Performance Profile

January - March 2018
Quarterly Report

Building a
Better Health
Service

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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 349,125 emergency presentations year to date compared to 338,272 for the same period last year, an increase of 3.2%.
- 95.2% of patients were seen within 24 hours year to date and 87.6% of those aged 75 years and over. 4,711 waited greater than 24 hours in March 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 1,426 in March.
- In March, 77.2% of patients waited 9 hours or less and 62.1% waited 6 hours or less to be admitted or discharged. In January it was 76.2% and 61.7% respectively.

Routine Colonoscopies/Urgent Colonoscopies

- 54.3% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were an increased number breaches for urgent colonoscopy procedures in March due to Storm Emma.

Inpatient, Day Case & Outpatient Waiting Lists

At the end of March compliance with waiting lists was as follows:
- Adult Inpatient < 15 months (target 90%), compliance 84.2%.
- Adult Day Case < 15 months (target 95%), compliance 91.2%.
- Children's Inpatient, 15 months (target 90%), compliance 88.6%.
- Children's Day Case < 15 months (target 90%), compliance 84.7%.
- Outpatients < 52 weeks (target 80%), compliance 71.2%.

Delayed Discharges

- Delayed Discharges at the end of March were 572 compared with 599 for the same period last year.

Cancer Services

- 90.9% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 79.5% for the same period last year.
- 73.4% of prostate cancer referrals were seen within 20 working days year to date compared with 42.2% for the same period last year.

Disability Services

- HIQA Inspection of Disability Residential Units met its target in 2017 with 80% compliance.
- 1,493,726 PA Hours were delivered in 2017, 5.6% ahead of expected activity.
- 2,874,382 Home Support were delivered in 2017, 4.2% ahead of expected activity.

Older Persons Services

- Home Support hours delivered year to date is 4,133,559, (-1%) below expected activity , however there is an increasing number of people, 52,236, in receipt of home support services, 3.4% above expected activity indicating that a higher number of people are in receipt of the available resource.
- 1,146 persons were supported through transitional care 30.4% above target, a reflection on the significant demand for services.
- 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.
- 96% of all Bed Days of Children were in CAMHS Units up to the end of March 2018 ahead of the target of 95%.

Primary Care Services

- CIT referrals remain ahead of ahead of target by 21.5%.
- 95% of physiotherapy referrals, 95.9% of speech and language referrals and 77.2% of occupational therapy referrals accessed the services within 52 weeks.
- 92.4% of babies received their developmental screening checks within 10 months and 96.9% of new born babies were visited by a Public Health Nurse within 72 hours.
- There have been 286,949 contacts with GP out of Hours services to the end of March; this is 7% ahead of expected activity and 9.1% more than the same period last year.

Health & Wellbeing Services

- Nationally, 53% of smokers are QUIT at on one month and this performance is ahead of the expected activity target YTD.
- 94.7% 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 Update

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2018	Cum Profile for Period Jan-Mar 2018	Expenditure for Period Jan-Mar 2018	Variance for Period Jan-Mar 2018	Expenditure in Qtr. 1 as % of Qtr. 1 Profile	Expenditure to Mar - as % of 2018 Annual Profile	Variance in Qtr. 1 as % of Qtr. 1 Profile
L2(1)	347.461	54.230	51.430	(2.800)	94.84%	14.80%	-5.16%
L2(2)	68.000	12.470	15.783	3.313	126.57%	23.21%	26.57%
L3	2.539	0.000	0.000	0.000	0.00%	0.00%	0.00%
	418.000	66.700	67.213	0.513	100.77%	16.08%	0.77%
L4	60.000	7.305	5.467	(1.838)	74.84%	9.11%	-25.16%
	478.000	74.005	72.680	(1.325)	98.21%	15.20%	-1.79%
Asset Disposals	1.344	1.344	0.000	1.344	0.00%	0.00%	100.00%
Net	479.344	75.349	72.680	0.019	96.46%	15.16%	0.02%

Construction - L2 (1)

Variance on construction projects for the first three months of the year is -5.16% (or €2.8m) behind profile. For Qtr. 1 the total expenditure of €51.430m represents 14.80% of the total annual profile.

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

Expenditure in the period Jan-Mar was €15.783m. This denotes spend of 26.57% (or €3.313m) above profile for the period under review and represents 23.21% of total annual profile.

ICT (L4)

Variance on ICT projects is €1.838m behind profile for the period Jan-Mar. Expenditure in Qtr. 1 of €5.467m equates to 74.84% of the Jan-Mar ICT profile having been expended in the period and 9.11% of the annual profile.

Asset Disposals

Receipts from Sale of Assets: The value of income received from sale proceeds in the period Jan-Mar was €1.344m.

Help Desk Queries

Q1 2018 Metrics	No of Helpdesk Queries 2018	No of Helpdesk Queries 2017	% Increase from 2017
Jan	149	139	7
Feb	114	149	-23
Mar	119	157	-24
Total	382	445	-14

Quality and Patient Safety

Quality and Patient Safety

	National	Acute Hospitals	Community Healthcare	Social Care	Mental Health	Primary Care	Other
Number of Serious Incidents reported as occurring - March 2018	37	22	15	4	11	0	0
% notified within 24 hours of occurrence - Mar 2018	*Note: new KPI 2018*						
Number of Serious Incidents occurred YTD 2018	130	71	59	11	46	0	2
% notified within 24 hours of occurrence – YTD 2018	*Note: new KPI 2018*						
% Serious Incidents requiring review completed within 125 calendar days of occurrence	*Note: data for March 2018 to be published in July 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 will be reported from the National Incident Management System, the primary reporting system across the HSE and HSE funded agencies. The system has been aligned to complement the new Incident Management Framework (IMF) which was launched on 24th January 2018. While the IMF is being rolled out across the system and workshops on-going, reporting on compliance will commence in Q2 2018

Serious Reportable Events

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

Division	Total SRE Occurrence
Acute Hospitals	27
Community Services	8
Grand Total	**35**

Medical Exposure Radiation Unit (MERU)

MERU	Mar	YTD
Radiation Safety Incidents Reported	3	12

Incident Management Training

Training	March	YTD
Systems Analysis Investigation	23	23

Appeals Service

612 new notifications of appeal were received. **599** appeals were processed in the period 1st January - 31st March 2018:

Appeal Type	Received	Processed
Medical / GP Card (General Scheme)	453	429
Medical / GP Visit Card (>70s scheme)	7	6
Nursing Home Support Scheme	96	97
CSAR	13	14
Home Care Package	3	5
Home Help	22	22
Other	18	26
Total	**612**	**599**

Healthcare Audit

36 audits were in progress during January - March 2018. **9** audits were completed during this time.

Complaints

Training	Mar	YTD
Number of complaints officers/support staff trained on the Complaints Management System	6	43
Number of Complaints logged on CMS	181	721
Number of Review Officers trained in YSYS review officer training	14	23

Complaints	Mar	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	54	225

National Complaints and Governance Learning Team – Annual Report 2017 – key findings

During 2017, there were **20,381** new complaints recorded. Of the complaints that were resolved, **81%** were addressed by Complaints Officers in **30** working days or less either informally, or through formal investigation.

The top **5** causes of complaints, accounting for **92%** of all issues recorded contained an issue relating to the following classification:
- **31%** related to **Access** (7410)
- **26%** related to **Safe and Effective Care** (6263)
- **20%** related to **Communication and Information** (4810)
- **11%** related to **Dignity and Respect** (2699)
- **4%** related to **Accountability** (908)

Incident Management Framework (IMF)

The HSE's Incident Management Framework (IMF) was launched on the 24th January 2018. Replacing the Safety Incident Management Policy (2014), the Incident Management Framework is designed to provide health and social care services with a practical and proportionate approach to the management of incidents.

The Incident Management Framework seeks to place a particular emphasis on supporting the needs of service users, families and staff in the aftermath of an incident.

The IMF is available at the following link:

https://www.hse.ie/eng/about/qavd/incident-management/hse-2018-incident-management-framework-guidance-stories.pdf

Since the launch, **20** briefing sessions were held nationally at which **1,200** staff attended. A further session was held at the request of the Disability Federation of Ireland at which **80** of their members attended.

After Action Review Training (AAR)

After Action Review (AAR) is most commonly used as a means of framing a structured facilitated discussion of an event that has occurred. The outcome of this discussion enables the individuals involved in the event to understand what went well and why and what didn't go well and why.

AAR Training has been developed in partnership with University College Hospital London and RCSI Institute for Leadership. 10 courses with 16 participants on each has been commissioned to the end of 2018 (3 course have been held to date).

Confidential Recipient Annual Report 2017

During 2017, the total number of formal concerns / complaints received by the Confidential Recipient was **196**, a slight reduction on 2016. **169** of these related to Social Care services, **22** to Mental Health and **5** to other services. (Acute, Private Nursing Homes, and Primary Care).

The type of concerns raised include safeguarding, client placement / planning, access to equipment, level of staff to support client, financial charges, staff behaviour, safety of care and other issues. The Confidential Recipient Report is available at the following link:

https://www.hse.ie/eng/services/news/media/pressrel/2017-annual-report-of-the-confidential-recipient-leigh-gath.html

Quality Improvement Division Update
Networking to Improve Decontamination Safety
Effective and reliable decontamination of surgical instruments and endoscopes plays a critical role in minimising the risk of Healthcare Acquired Infection. In Don Berwick's seminal work Controlling Unintended Variation in Healthcare (1991) he describes the many "what ifs" of an episode of care. To illustrate his point he tells the story of Kim, a three year old, in theatre undergoing open heart surgery, he says "all will be well if the sterilizer temperature gauge is calibrated so that the instruments are in fact sterile; if the pharmacy does not mix up two labels; and if when the surgeon says urgently, "Clamp, right now," there is a clamp on the tray".

With over 50 international standards governing decontamination practice, building the knowledge, skills and capability to apply these standards and improve the quality and reliability of practice, has become the cornerstone of the Quality Improvement Division's Decontamination Safety Programme.

Patient Safety Initiative
The HSE Service Plan (2018) identifies the vital role staff at all levels, play in addressing the many challenges in delivering services and recognises the importance of developing the skills and capacity for quality improvement, by training staff in the use of improvement techniques and encouraging them to identify and act on areas for improvement.

To engage and support staff at all levels working in the area of decontamination, the National Director of Quality Improvement provided funding to develop a Foundation Programme for Quality Improvement in Decontamination Practice. This programme teaches the skills and knowledge for improvement and is based on the curriculum delivered by the RCPI Diploma programme. In addition, the 6 drivers of the National Framework for Quality Improvement are used to support spread and sustainability of good practice and the teams were coached in frontline engagement and ownership of quality improvement.

A proof of concept and a pilot Foundation Programme commenced in September 2017 and ran one day a month over a 5 month period. Four hospitals were invited to participate and each team from the decontamination unit, needed to have, one supervisor or manager on the team and having a frontline member of staff on the team was a must, with the ethos of ensuring engagement for improvement by "do nothing about me without me" (Delbanco *et al.,* 2001) The teams were asked to identify one small improvement they would like to make.

Benefits and Outcomes
The second Decontamination Safety Programme Network Event was held in Dr Steeven's Hospital on the 26th and 27th March to celebrate and share the learning from each of the hospital teams who participated on the programme. The team's journey to improving the availability of endoscope equipment to support increased patient throughput, reducing the number of equipment errors and torn packaging ensuring sterile devices are delivered at the right time for every patient every time, were shared with 51 HSE and Voluntary hospitals, who attended over the two days. In addition, 10 private hospitals attended the event supporting the spread of good practice across all healthcare services. The Network event was summed up by one decontamination manager who said "we all share the same systems, processes and problems in decontamination here in Ireland, Europe and internationally; it is a great way to learn from each other". The QID Foundation Programme is now working with 4 new HSE hospitals and 1 Private hospital to spread, QI Knowledge and Skills. Internationally, the QID Decontamination Foundation Programme is the first of its kind to take this approach to improving decontamination practice.

https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/

HCAI Rates

Rates of health care associated infections (S. Aureus bloodstream infection and C. Difficile infection) 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 rates). 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 data hospitals are ordered by 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.

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

Figure 1 below is a statistical process control chart showing the national rate of hospital acquired new cases of S. Aureus bloodstream infection per 10,000 bed days used between January 2017 and March 2018.
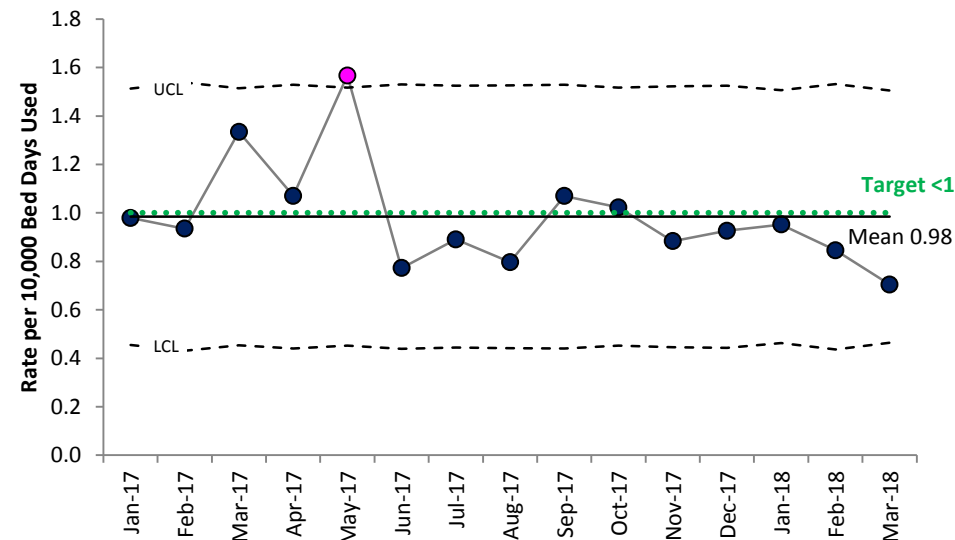

Figure 1 shows that the average rate of hospital acquired new cases of S. Aureus bloodstream infection since January 2017 is 0.98 cases per 10,000 bed days used. This equates to an average of 30 cases per month. The target for 2017 is less than 1 case per 10,000 bed days.

The variation in the rate of hospital acquired new cases of S. Aureus bloodstream infection from month to month is within the expected range with the exception of May 2017 where the rate of 1.57 cases per 10,000 bed days was above the upper control limit. This is a signal of special cause variation and indicates an unexpectedly high number of cases in that month. It is expected that the monthly rate will fluctuate between 0.45 and 1.5 cases per 10,000 bed days by chance alone.

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 (April 2017 – March 2018).
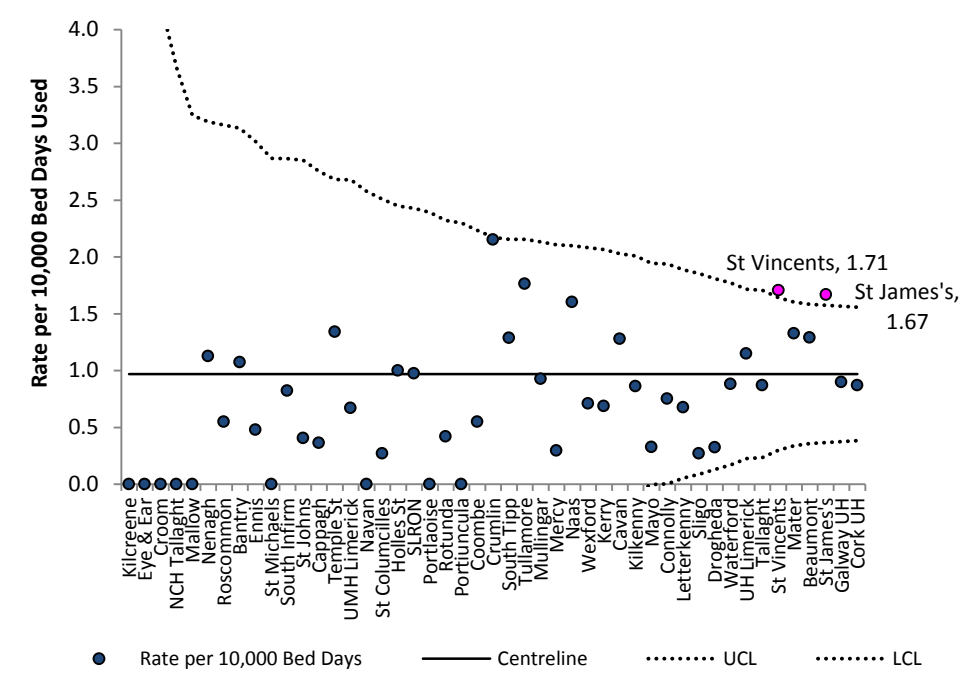
Note: Data for Louth County Hospital is not displayed due to the low number of bed days used.

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 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 March 2018.
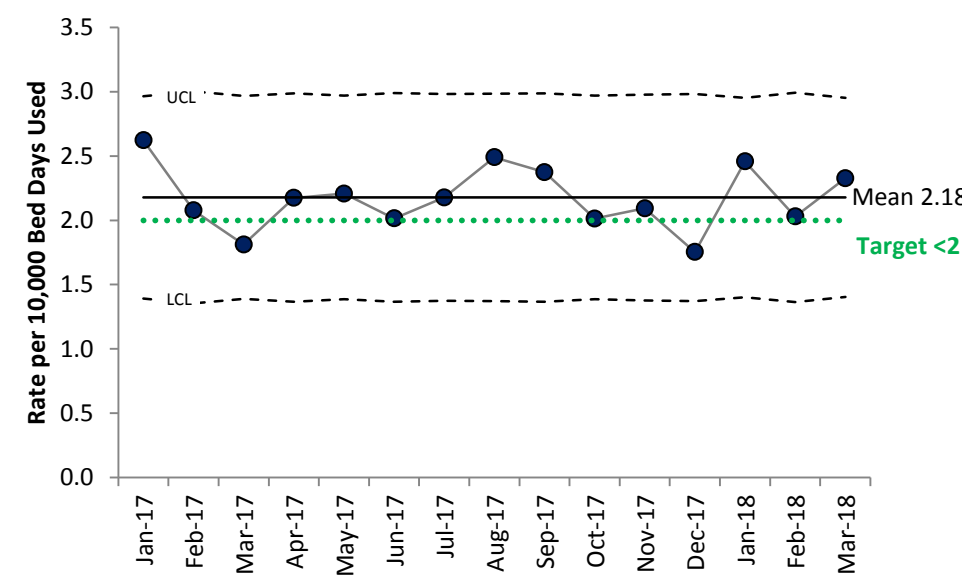

Figure 3 shows that the average rate of hospital acquired new cases of C. Difficile infection since January 2017 is 2.18 cases per 10,000 bed days used. This equates to an average of 67 cases per month. The target for 2017 is less than 2 cases per 10,000 bed days.

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 (April 2017 – March 2018).
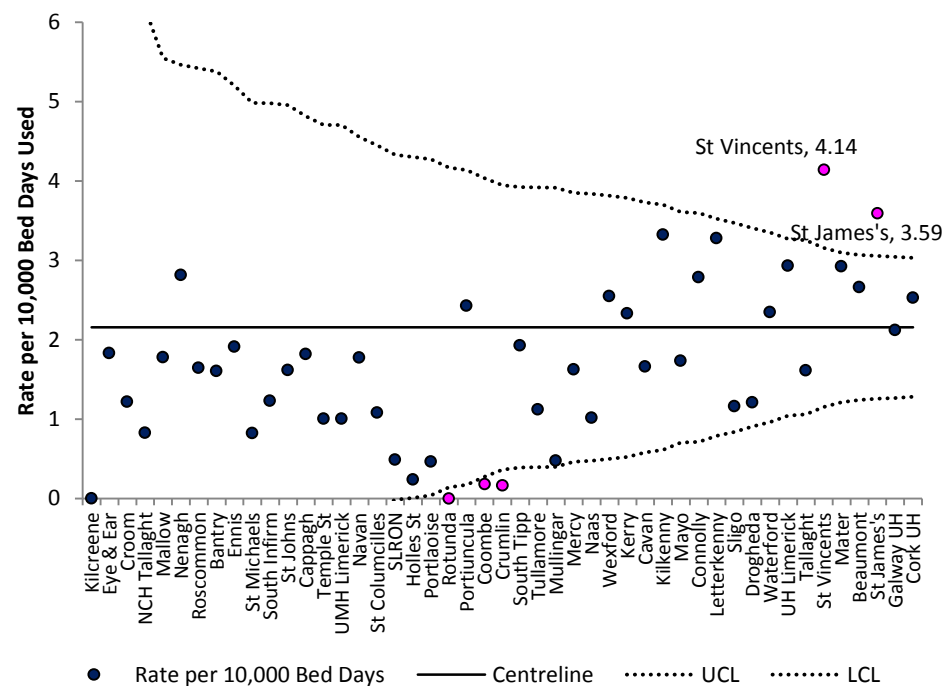
Note: Data for Louth County Hospital is not displayed due to the low number of bed days used.

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 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.

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[1]**																
	Review completed within 125 calendar days	M	90%														
	Service User Experience																
	Complaints investigated within 30 working days	Q	75%	37% [R]	-50.7%	0% [R]	30% [R]	0% [R]	60% [R]	0% [R]	10% [R]	0% [R]	0% [R]	0% [R]			
	Child Health																
	Child screening 10 months	M-1M	95%	92.4% [G]	-2.7%	90% [A]	89.4% [A]	88.6% [A]	94% [G]	91.7% [G]	92.9% [G]	92.8% [G]	94.7% [G]	94.1% [G]	91.7%	92.5%	92.4%
	New borns visited within 72 hours	Q	98%	96.9% [G]	-1.1%		99% [G]	98% [G]	99.8% [G]	99.5% [G]	83.6% [R]	99.4% [G]	96.4% [G]	94% [G]	98.8%	97.2%	96.9%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	92.2% [G]	-2.9%	92.8% [G]	94.4% [G]	92.5% [G]	92.8% [G]	93.7% [G]	91% [G]	92.5% [G]	92.5% [G]	88.8% [A]	92.1%	92.2%	92.3%
	CAMHs – Bed Days Used																
	Bed days used	M	95%	96% [G]	1.1%	82.6% [R]	100% [G]	98.2% [G]	94.9% [G]	75.1% [R]	100% [G]	98.9% [G]	99.6% [G]	96.8% [G]	95%	98%	95.3%
	Healthy Ireland																
	Smokers on cessation programme who were quit at one month	Q-1Q	45%	53% [G]	17.9%										52%	50.4%	58.8%
Access & Integration	**Therapy Waiting Lists**																
	SLT access within 52 weeks	M	100%	95.9% [G]	-4.1%	93.6% [A]	97.5% [G]	100% [G]	92.6% [A]	97.7% [G]	100% [G]	90.1% [A]	97.4% [G]	99% [G]	96.5%	96%	95.9%
	Physiotherapy access within 52 weeks	M	93%	95% [G]	2.1%	93.9% [G]	90.3% [G]	99.7% [G]	100% [G]	98% [G]	100% [G]	92.3% [G]	93.7% [G]	93.8% [G]	94.7%	95.1%	95%
	Occupational Therapy access within 52 weeks	M	85%	77.2% [A]	-9.2%	69% [R]	90% [G]	97.3% [G]	69.5% [R]	78% [R]	82.9% [G]	80.8% [G]	68.3% [R]	80.2% [A]	77.2%	76.8%	77.2%
	CAMHs – Access to First Appointment																
	First appointment within 12 months	M	100%	95% [A]	-5%	90.2% [A]	98.8% [G]	99% [G]	84.5% [R]	100% [G]	96% [G]	100% [G]	93% [A]	100% [G]	97%	97.2%	95%

[1] Reporting will commence in Q2 2018

		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	**Delayed Discharges**																
	Number of beds subject to Delayed Discharge (zero tolerance)	M	500	572 [R]	14.4%										519	568	572
	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	11.3% [R]	-88.7%	47.6% [R]	60.5% [R]	30.7% [R]	2.0% [R]	2.6% [R]	15.8% [R]	3.3% [R]	18.3% [R]	4.9% [R]	35.1%	12.7%	11.3%
	Home Support Hours																
	Number of hours provided	M	4,173,844	4,133,559 [G]	-1.0%	384,393 [R]	430,832 [A]	350,344 [G]	619,054 [G]	445,139 [G]	324,654 [G]	482,338 [G]	382,680 [R]	714,124 [G]	1,393,270	1,329,864	1,410,424
	Financial Management – Expenditure variance from plan [2]																
	Net expenditure (total)	M	≤0.1%	1,361,719	0.67% [A]	4.12% [R]	4.00% [R]	0.93% [R]	2.00% [R]	2.05% [R]	4.38% [R]	5.75% [R]	2.50% [R]	1.47% [R]	0.37%	1.58%	0.67%
	Gross expenditure (pay and non-pay)	M	≤0.1%	1,486,250	0.80% [R]	3.61% [R]	3.34% [R]	1.30% [R]	1.93% [R]	1.82% [R]	3.55% [R]	4.61% [R]	2.18% [R]	1.00% [R]	0.28%	1.40%	0.80%
	Non-pay expenditure	M	≤0.1%	808,178	1.48% [R]	11.45% [R]	4.27% [R]	3.65% [R]	4.26% [R]	3.28% [R]	5.29% [R]	9.17% [R]	4.91% [R]	3.43% [R]	0.88%	2.20%	1.48%
	Financial Management - Service Arrangements																
	Monetary value signed	M	100%	40.55%	59.45%										2.05%	9.06%	40.55%
	Governance and Compliance [3]																
	Internal Audit recommendations implemented within 12 mths	Q	95%														
Workforce	**Funded Workforce Plan**																
	Pay expenditure variance from plan	M	≤0.1%	678,072	0.00% [G]	0.66% [A]	2.39% [R]	-2.06% [G]	-0.31% [G]	0.51% [A]	2.21% [R]	1.73% [R]	0.31% [A]	-0.78% [G]	0.44%	0.45%	0.00%
	Attendance Management																
	% absence rates by staff category (overall)	M-1M	≤3.5%	5.91% [R]	-68.85%	7.42% [R]	5.29% [R]	6.56% [R]	4.78% [R]	6.41% [R]	5.26% [R]	5.57% [R]	6.74% [R]	5.97% [R]	5.23%	6.27%	5.54%

[2] National YTD includes CHO1-9 and other community services

[3] Quarter 1 data will be available mid-year

|	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
European Working Time Directive (EWTD) Compliance																	
<48 hour working week – Mental Health	M	95%	89.4% [A]	-5.9%	65.2% [R]	89.7% [A]	100.0% [G]	77.9% [R]	97.6% [G]	92.5% [G]	100.0% [G]	95.8% [G]	89.2% [A]		87.2%	88.0%	89.4%
<48 hour working week – Other Services	M	90%	90.5% [G]	0.6%							100.0% [G]		80.0% [R]		93.3%	92.0%	90.5%

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	8,338YTD/ 38,180FYT	M	10,131	8,828	+1,303	3,486	3,224	3,421	(%Var): CHO5 (57%), CHO6 (54.7%), CHO2 (51.3%)	(%Var): CHO7 (-8.5%)
Child Health - developmental screening 10 months	95%	M-1M	92.4%	93.7%	-1.3%	91.7%	92.5%	92.4%	CHO8 (94.7%), CHO9 (94.1%), CHO 4 (94%)	CHO3 (88.6%), CHO2 (89.4%), CHO1 (90%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	96.9%	98.4%	-1.5%	96.5%	96%	96.9%	CHO4 (99.8%), CHO5 (99.5%), CHO7 (99.4%)	CHO6 (83.6%), CHO9 (94%), CHO8 (96.4%)
Speech and Language Therapy access within 52 weeks	100%	M	95.9%	96.5%	-0.6%	96.5%	96%	95.9%	CHO3 (100%), CHO6 (100%), CHO 9 (99%)	CHO4 (92.6%), CHO1(93.6%), CHO7 (90.1%)
Physiotherapy access within 52 weeks	93%	M	95%	94.2%	+0.8%	94.7%	95.1%	95%	CHO4 (100%), CHO6 (100%), CHO3 (99.7%)	CHO2 (90.3%), CHO7(92.3%), CHO8 (93.7%)
Occupational Therapy access within 52 weeks	85%	M	77.2%	78.4%	-1.2%	77.2%	76.8%	77.2%	CHO3 (97.3%), CHO2 (90%), CHO6 (82.9%)	CHP8 (68.3%), CHO1 (69%), CHO4 (69.5%)
Access to palliative inpatient beds within 7 days	98%	M	98.4%	97.1%	1.3%	98.4%	97.6%	99.1%	CHO1 (100%), CHO2 (100%), CHO3 (100%)	CHO9 (93.6%), CHO7(97.5%), CHO6 (98%)
Access to palliative community services within 7 days	95%	M	94.5%	92.5%	2%	89.6%	91%	87.5%	CHO5 (100%), CHO9 (100%), CHO2 (99.2%)	CHO8 (83.9%), CHO6 (91%), CHO7 (92.9%)

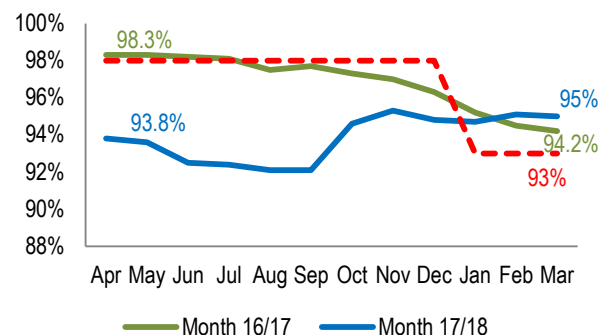**Child Health – developmental screening 10 months**
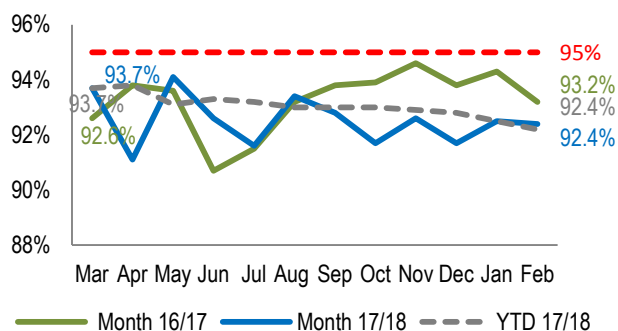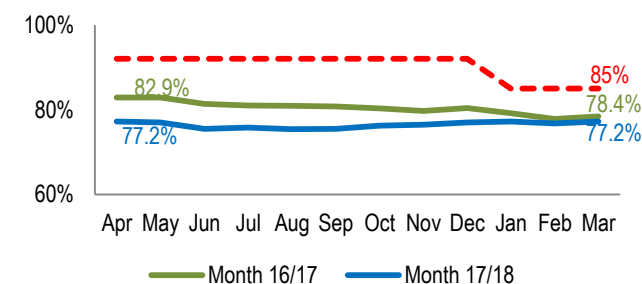

Child Health – new borns visited within 72 hours
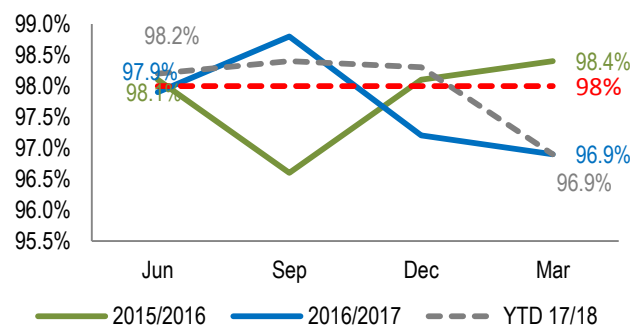
SLT access within 52 weeks
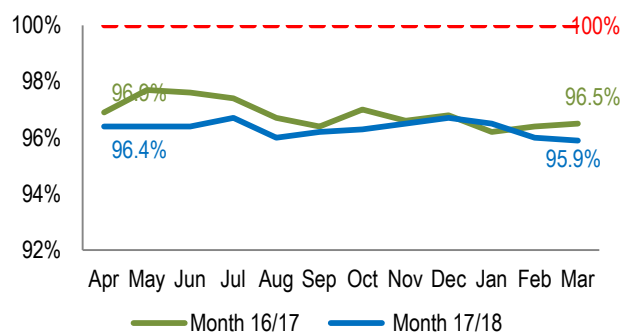
Physiotherapy access within 52 weeks

Occupational Therapy access within 52 weeks

No. of Patients Seen

	Current (-2)	Current (-1)	Current
Physiotherapy	49,024	46,983	42,741
Occupational Therapy	30,877	28,431	26,963
SLT	23,789	24,679	22,909
Podiatry	7,070	6,906	6,174
Ophthalmology	9,775	8,334	7,329
Audiology	4,484	4,505	3,537
Dietetics	5,623	5,422	4,695
Psychology	3,423	3,495	3,199

Assessment Waiting Lists

		Current (-2)	Current (-1)	Current
Physiotherapy	≤ 52 weeks	28,294	29,613	31,631
	> 52 weeks	1,578	1,518	1,665
	% > 52 weeks	5.3%	4.9%	5.0%
	Total	**29,872**	**31,131**	**33,296**
Occupational Therapy	≤ 52 weeks	23,791	22,898	24,165
	> 52 weeks	7,033	6,919	7,131
	% > 52 weeks	22.8%	23.2%	22.8%
	Total	**30,824**	**29,817**	**31,296**
Speech and Language Therapy	≤ 52 weeks	13,127	13,621	13,406
	> 52 weeks	480	568	575
	% > 52 weeks	**3.5%**	**4.0%**	**4.1%**
	Total	**13,607**	**14,189**	**13,981**

Treatment Waiting Lists

		Current (-2)	Current (-1)	Current
Speech and Language Therapy	≤ 52 weeks	7,372	7,484	7,402
	> 52 weeks	535	546	573
	% > 52 weeks	6.8%	6.8%	7.2%
	Total	**7,907**	**8,030**	**7,975**
Podiatry	≤ 52 weeks	2,499	2,573	3,051
	> 52 weeks	1,044	742	875
	% > 52 weeks	29.5%	22.4%	22.3%
	Total	**3,543**	**3,315**	**3,926**
Ophthalmology	≤ 52 weeks	11,893	12,003	10,495
	> 52 weeks	8,463	8,080	5,480
	% > 52 weeks	41.6%	40.2%	34.3%
	Total	**20,356**	**20,083**	**15,975**
Audiology	≤ 52 weeks	11,661	12,484	12,346
	> 52 weeks	1,802	1,713	1,980
	% > 52 weeks	13.4%	12.1%	13.8%
	Total	**13,463**	**14,197**	**14,326**
Dietetics	≤ 52 weeks	10,467	10,914	10,877
	> 52 weeks	4,718	4,736	4,740
	% > 52 weeks	31.1%	30.3%	30.4%
	Total	**15,185**	**15,650**	**15,617**
Psychology	≤ 52 weeks	5,681	5,660	5,973
	> 52 weeks	2,001	2,012	2,038
	% > 52 weeks	26.0%	26.2%	25.4%
	Total	**7,682**	**7,672**	**8,011**

Access to palliative inpatient beds

Data points: 98.6%, 99.1%, 98%, 97.5%, 96.6%, 98.4%, 97.1%

Legend: Month 16/17, Month 17/18, YTD 17/18

Access to palliative community services

Data points: 93.9%, 95%, 94.5%, 92.6%, 92.7%, 92.5%, 87.5%

Legend: Month 16/17, Month 17/18, YTD 17/18
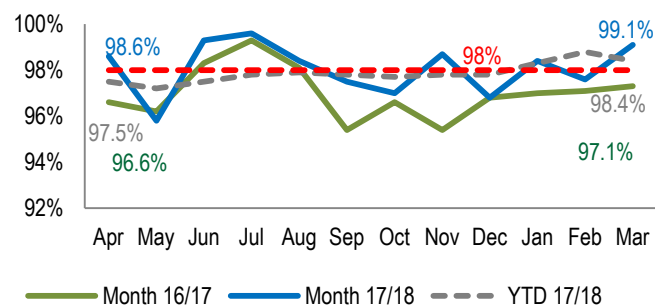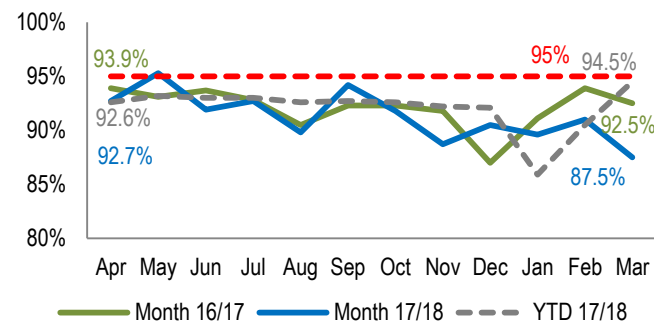
Number Accessing Palliative Care Services

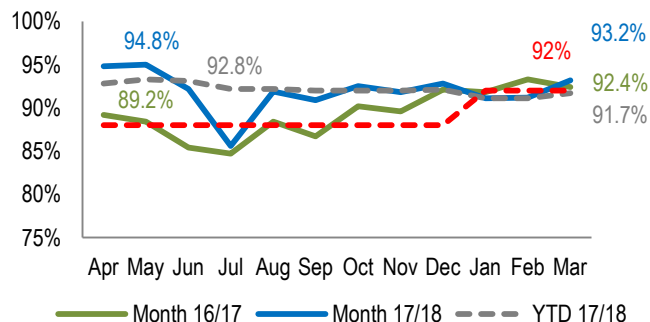|	Current (-2)	Current (-1)	Current
Specialist Inpatient Beds	366	285	325
Specialist treatment in normal place of residence	3,548	3,063	3,147

Access to substance misuse treatment (over 18 years)

Data points: 94.7%, 100%, 98.7%, 89.4%, 95%

Legend: Quarter 15/16, Quarter 16/17
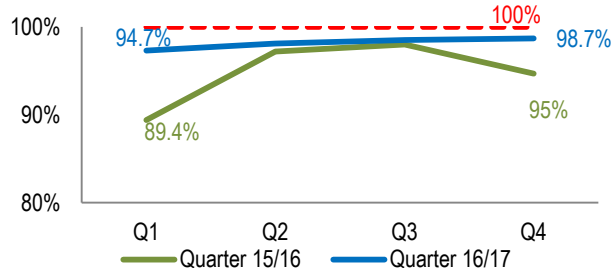
Access to substance misuse treatment (under 18 years)

Data points: 97.9%, 100%, 98%, 85.1%, 87.2%

Legend: Quarter 15/16, Quarter 16/17
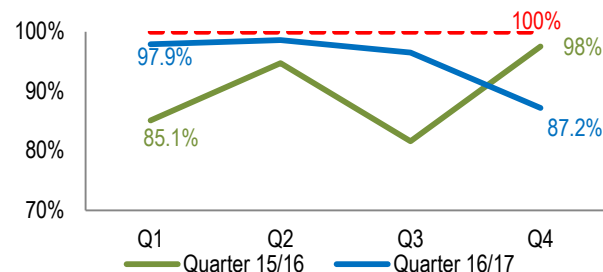
Homeless Services - Service Users health needs assessed within 2 weeks of admission

Data points: 72%, 73%, 83.7%, 71.5%, 70.1%

Legend: Quarter 16/17, Quarter 17/18
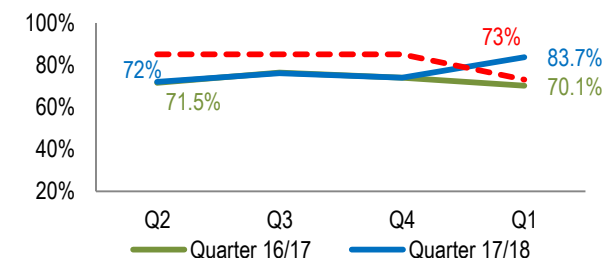
Oral Health - % of new patients who commenced treatment within 3 months

Data points: 94.8%, 93.2%, 92.8%, 89.2%, 92%, 92.4%, 91.7%

Legend: Month 16/17, Month 17/18, YTD 17/18

Orthodontics: % seen for assessment within 6 months

Data points: 64%, 49.8%, 49.3%, 46%, 38.4%

Legend: Quarter 16/17, Quarter 17/18
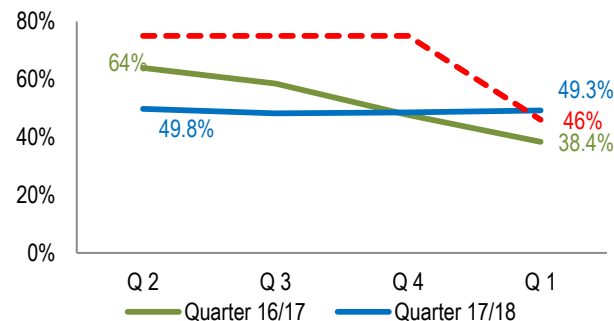
Orthodontics: proportion on treatment waiting list longer than four years

Data points: 5.9%, 4.7%, 3.2%, 2.9%, < 1%

Legend: Quarter 16/17, Quarter 17/18
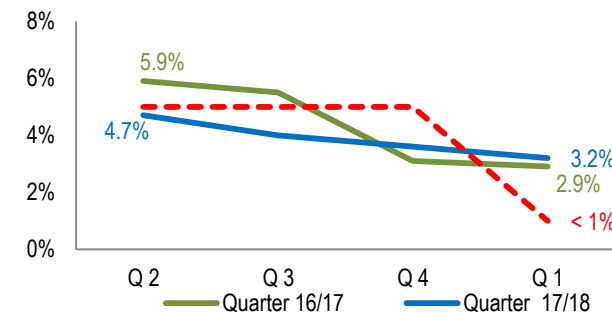
Mental Health Services

| 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	**70%**	69.8%	+0.2%	64%	73.3%	75%		
CAMHs Bed Days Used	95%	M	**96%**	95.7%	+0.3%	95%	98%	95.3%	CHO 1, 2,3,6,8 (100%)	CHO5 (82.6%), CHO4 (86.4%)
CAMHs waiting list	2,441	M	**2,691**	2,814	-123	2,579	2,603	2,691	CHO2 (24)	CHO4 (755), CHO6 (490), CHO8 (348)
CAMHs – first appointment within 12 months (new KPI)	100%	M	**95%**	97%	-2%	97%	97.2%	95%	CHO 5, 7, 9 (100%)	CHO4 (84.5%), CHO1 (90.2%), CHO8 (93%)
CAMHs waiting list > 12 months	0	M	**386**	282	+104	351	382	386	CHO 2,5,9 (0)	CHO4 (245), CHO8 (56), CHO3 (52)
Adult Mental Health – Seen within 12 weeks	75%	M	**71.4%**	75.7%	-4.3%	70.5%	70.6%	73.1%	CHO5 (86.7%), CHO2 (84.9%), CHO6 (84.1%)	CHO8 (59.8%), CHO9 (63.5%), CHO4 (67.4%)
Psychiatry of Later Life – Seen within 12 weeks	95%	M	**95.7%**	94.4%	+1.3%	94.4%	95.9%	97.1%	CHO6 (100%), CHO3 (99%), CHO1 (98.6%)	CHO7 (91.3%), CHO4 (93.8%)

CAMHs – % offered an appointment and seen within 12 weeks
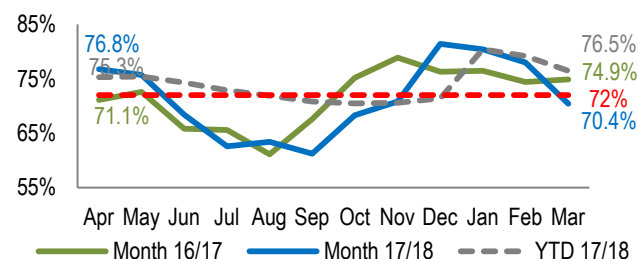
Adult Mental Health – % offered an appointment and seen within 12 weeks
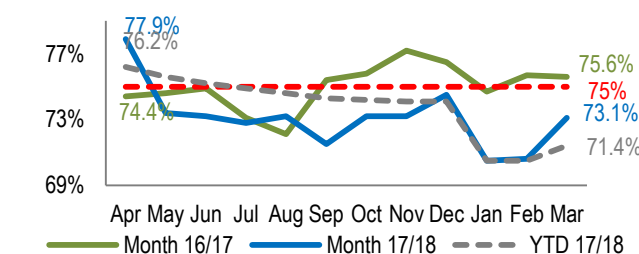
Psychiatry of Later Life – % offered an appointment and seen within 12 weeks
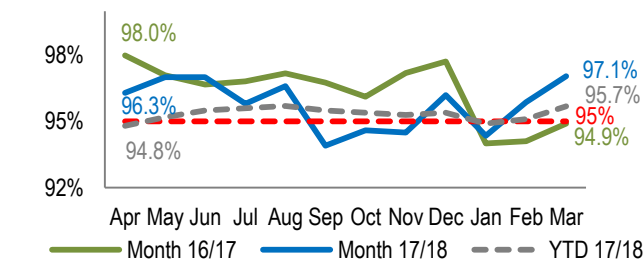
CAMHs – first appointment within 12 months
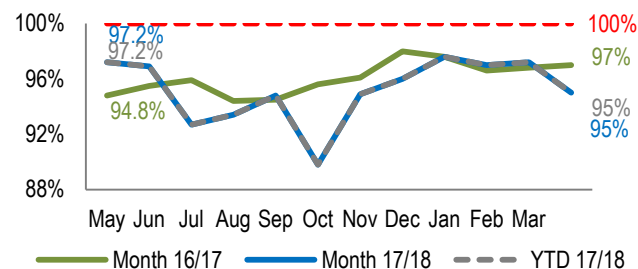
CAMHs waiting list > 12 months

Number of Referrals Seen

	Current (-2)	Current (-1)	Current
General Adult	2,296	2,198	2,145
Psychiatry of Later Life	764	733	662
CAMHs	1,023	853	821
Total	**4,083**	**3,784**	**3,628**

Disability Services

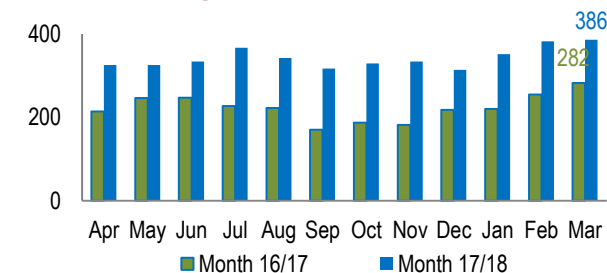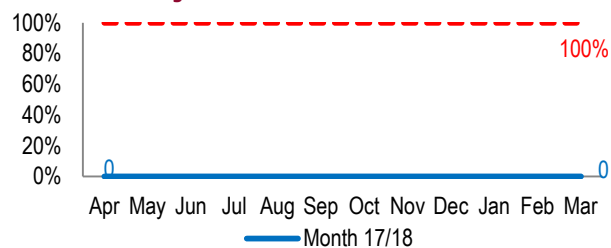| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of Disability Network Teams established	100%	M	**0%**	0	0	0%	0%	0%		
Number of Disability Network Teams established	0 YTD/ 82 FYT	M	**0**	0	0	0	0	0		
Congregated Settings	12 YTD/ 170FYT	Q	**29**	27	+2	17	50	29	(% Var): CHO2 (33.3%), CHO5 (0%)	(% Var): CHO8 (-37.5%)
Disability Act Compliance	100%	Q	**11.3%**	28.1%	-16.8%	35.1%	12.7%	11.3%		(% Var): CHO4 (-98%), CHO5 (-97.4%), CHO7 (-96.7%)
PA hours (Q4 2017)	1,413,954 YTD/ 1,413,954 FYT	Q-1M	**1,493,726**	1,510,116	-16,390	373,504	381,307	372,499	(% Var): CHO7 (74.6%), CHO5 (30.7%), CHO1 (10%)	(% Var): CHO4 (-17.9%), CHO6 (-11.1%), CHO9 (-2%)
Home Support (Q4 2017)	2,758,461 YTD/ 2,758,461 FYT	Q-1M	**2,874,382**	2,928,914	-54,532	734,809	753,522	654,733	(% Var): CHO7 (40.9%), CHO6 (18.3%), CHO5 (9.4%)	(% Var): CHO4 (-22.1%), CHO8 (-11.1%), CHO1 (-7.7%)
Respite No of day only respite sessions (Q4 2017)	40,998 YTD/ 40,998 FYT	Q-1M	**32,429**	43,143	-10,714	8,224	9,514	6,974	(% Var): CHO5 (82.8%), CHO8 (31.4%), CHO7 (1.9%)	(% Var): CHO3 (-50.1%), CHO6 (-45.5%), CHO1 (-30.5%)
Respite No of overnights (Q4 2017)	182,505 YTD/ 182,505 FYT	Q-1M	**158,296**	175,555	-17,259	41,635	42,757	33,266	(% Var): CHO2 (-5.1%), CHO3 (-7.5%), CHO8 (-9.4%)	(% Var): CHO5 (-25.6%), CHO4 (-22.7%), CHO6 (-21.6%)
HIQA Inspections (Q4 2017)	80%	Q-1M	**80%**	64.9%	+15.1%	77.8%	75.2%	84.7%		

New Emergency Places and Support Provided to People with a Disability

	Expected Activity Full Year	Expected Activity Q1 YTD	Current Period YTD	Current (-2)	Current (-1)	Current
No. of new emergency places provided to people with a disability	130	40	51	27	10	14
No. of new home support/ in home respite supports for emergency cases	255	104	58	15	24	19
Total no. of new Emergency and Support Cases	**385**	**144**	**109**	**42**	**34**	**33**

% of Disability Network Teams Established

Congregated Settings
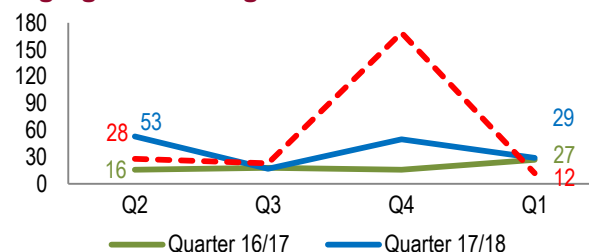
Disability Act Compliance

PA Hours (Q4 2017)

Home Support Hours (Q4 2017)

No. of Day only Respite (Q4 2017)

Respite No. of Overnights (Q4 2017)

HIQA Inspections (Q4 2017)

Older Persons' Services

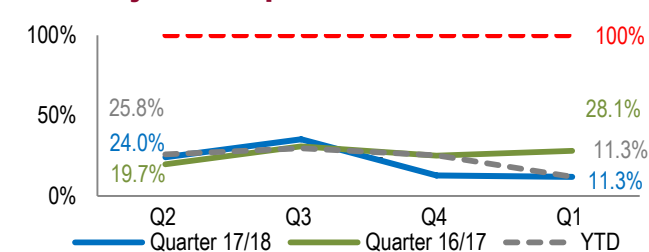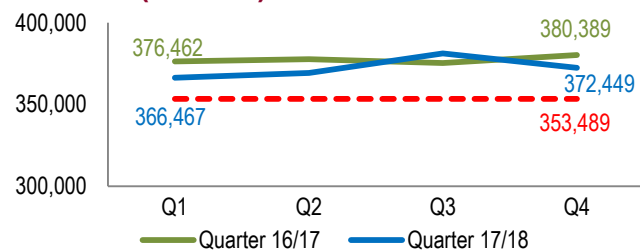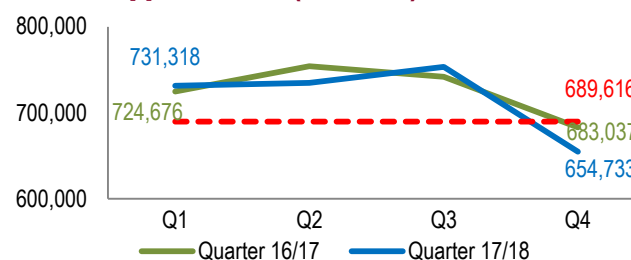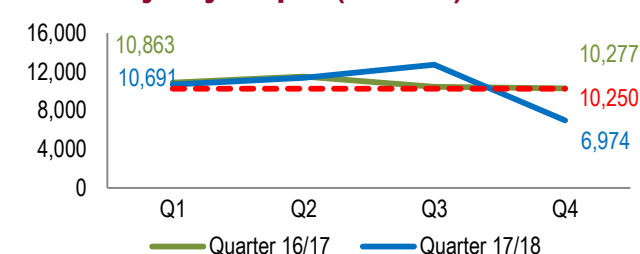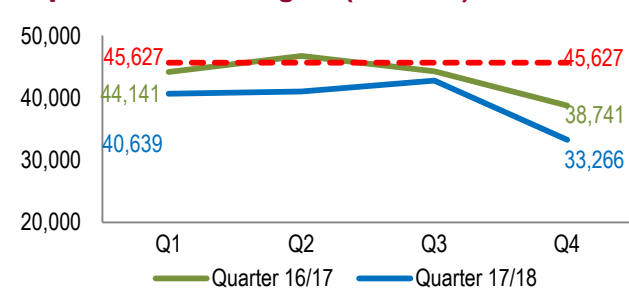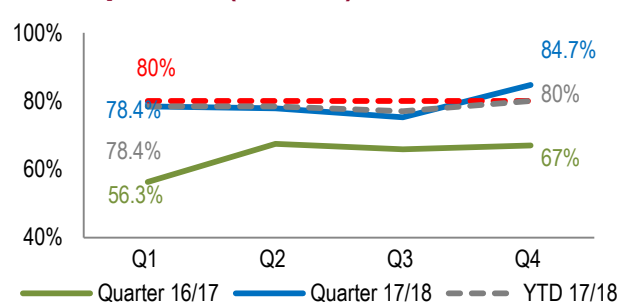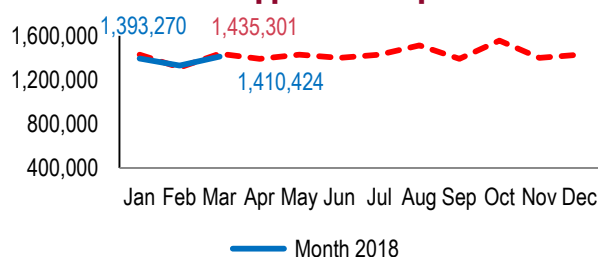| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours (new KPI)	4,173,844 YTD/ 17.094m FYT	M	**4,133,559**			1,393,270	1,329,864	1,410,424	(% Var):CHO6 (16%), CHO9 (14.2%), CHO7 (2.1%)	(% Var): CHO1 (-13.7%), CHO8 (-11.8%), CHO2 (-9.5%)
No. of people in receipt of Home Support (new KPI)	50,500 YTD/ 50,500 FYT	M	**52,236**			52,684	52,208	52,236	(% Var):CHO7 (97.5%), CHO2 (27.9%), CHO3 (9.3%)	(% Var): CHO9 (-21.4%), CHO1 (-11.7%), CHO6 (-10.6%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	**212**	206	+6	207	208	212		
No. of persons funded under NHSS in long term residential care	23,079 YTD/ 23,334 FYT	M	**22,795**	22,840	-45	23,006	22,642	22,795		
No. of NHSS beds in public long stay units	5,096 YTD/ 5,096 FYT	M	**4,973**	5,102	-129	4,974	4,975	4,973	(% Var):CHO1 (2.7%), CHO3 (0.3%)	(% Var):CHO2 (-7%) CHO9 (-5.2%), CHO5 (-3%)
No. of short stay beds in public long stay units	2,053 YTD/ 2,053 FYT	M	**1,995**	1,918	+77	1,994	1,968	1,995	(% Var):CHO5 (4.5%), CHO3 (2.2%) CHO6 reached target	(% Var): CHO7 (-16.8%), CHO9 (-6.4%), CHO8 (-5.7%)
Delayed Discharges	500	M	**572**	599	-27	519	568	572	Tallaght-Paeds, Mallow, Nenagh, St. John's (0)	SJH (60), Mater (49), Beaumont (47)
No. of people being supported through transitional care	879	M-1M	**1,146**	947	+199	975	1,224	1,146		

Number of Home Support Hours provided

1,393,270   1,435,301
1,410,424

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

—— Month 2018

Number of people in receipt of Home Support

52,684
52,236
52,208
50,500

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

—— Month 2018

Number waiting for funding for Home Support

6,172   6,458
5,495

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

—— No. Waiting for Funding
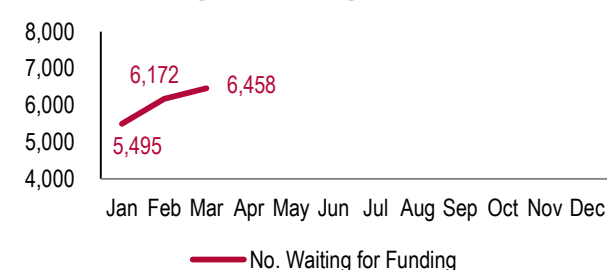
Number of persons funded under NHSS in long term residential care
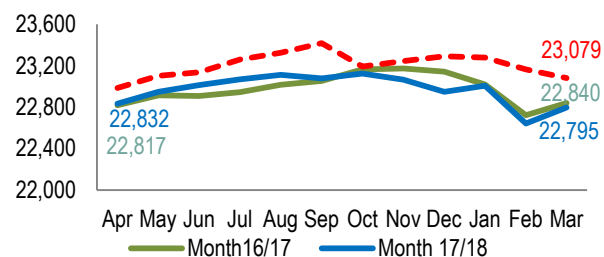
Delayed Discharges
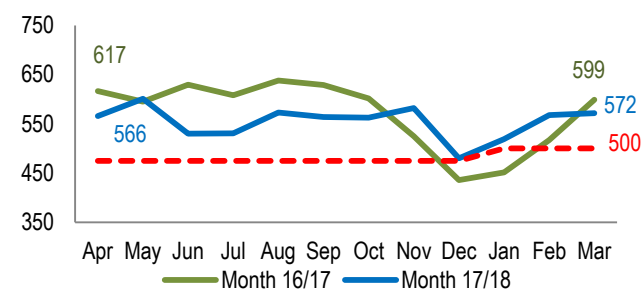
Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home*	75	38	113	19.8%
Long Term Nursing Care	296	37	333	58.2%
Other	77	49	126	22%
Total	**448**	**124**	**572**	**100%**

*This includes 63 people waiting for home supports; 12 of these have their applications processed and are waiting for funding (4 aged <65y & 8 aged 65 or over).

NHSS Overview

		Current YTD	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	2,919	1,096	913	910	948	-38
	National placement list for funding approval	278	454	422	278	257	+21
	Total no. people funded under NHSS in LTRC	22,795	23,006	22,642	22,795	22,840	-45
Private Units	No. of new patients entering scheme	1,742	621	517	604	619	-15
Private Units	No. of patients Leaving NHSS	1,934	586	799	549	512	+37
Private Units	Increase	-192	35	-282	55	107	-52
Public Units	No. of new patients entering scheme	595	207	160	228	183	+45
Public Units	No. of patients Leaving NHSS	518	164	231	123	151	-28
Public Units	Net Increase	77	43	-71	105	32	+73

*Note: In addition to the leavers above there were a further 39 leavers (7 in Mar) from Contract Beds/Subvention/Section 39 savers beds
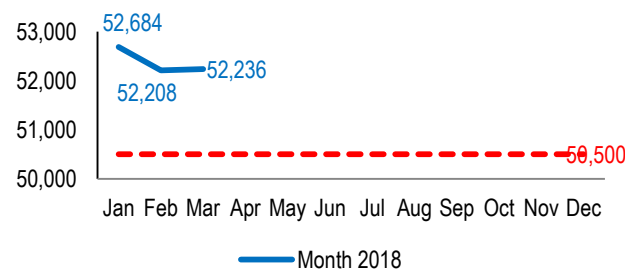
Health and Wellbeing Services

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	3,887 YTD/ 13,000 FYT	M	**3,121**	3,798	-677	1,298	924	899	(% Var): CHO9 (62.5%), SSW HG (30.6%)	(% Var): CHO4 (-73%), ULHG (-88.6%), CHO6 (-44.6%)
% of smokers on cessation programmes who were quit at one month	45%	Q-1Q	**53%**	49.7%	+3.3%	52%	50.4%	58.8%		
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	**94.7%**	94.9%	-0.2%	94.5%	94.5%	95%	(% Var): CHO2 (97.1%), CHO4 (95.8%), CHO3 (95.6%)	(% Var): CHO6 (92.6%), CHO5 (94.4%), CHO8 (94.4%)
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	**92.2%**	92.5%	-0.3%	92.1%	92.2%	92.3%	(% Var): CHO2 (95.2%)	(% Var): CHO8 (89.8%) CHO6 (90.8%),CHO9 (91.7%)
No. of people completing a structured patient education programme for diabetes	995 YTD/ 4,500 FYT	M	**663**	515	+148	60	217	386	(% Var): CHO4 (42.3%), CHO8 (19.7%)	(% Var): CHO5 (-100%), CHO3 (-54.1%), CHO9 (-50%)
No. of 5k Parkruns completed	115,790 YTD/ 377,001 FYT	M	**98,406**	95,625	+2,781	33,725	33,335	31,346	(% Var): CHO7 (19.4%)	(% Var): CHO9 (-26.6%), CHO8 (-26.3%), CHO5 (-21.2%)

Tobacco - smokers receiving intensive cessation support
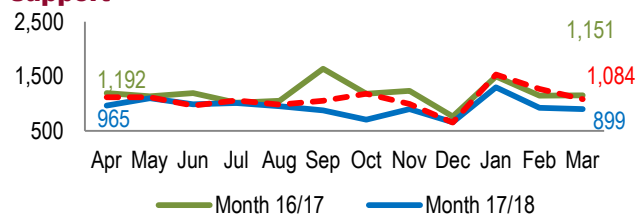
% of children aged 24 months who have received three doses of the 6 in 1 vaccine
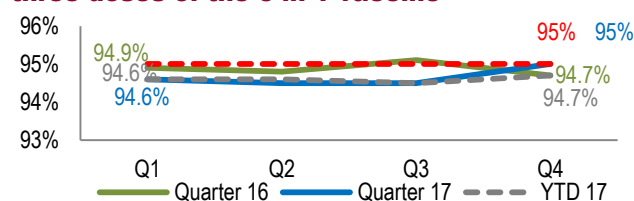
Number of people completing a structured patient education programme for diabetes

% 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

Quality and Patient Safety

There were no serious reportable events (SRE) reported in the month of March.

Community Intervention Teams (CIT)

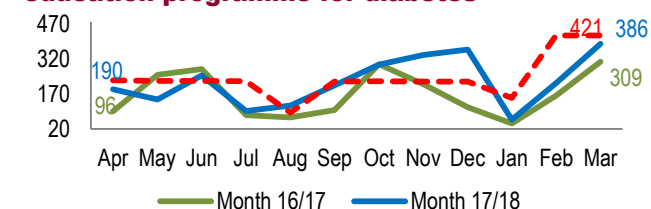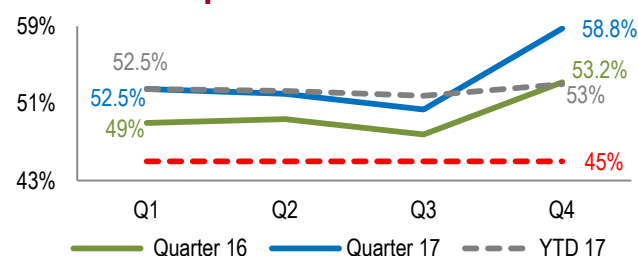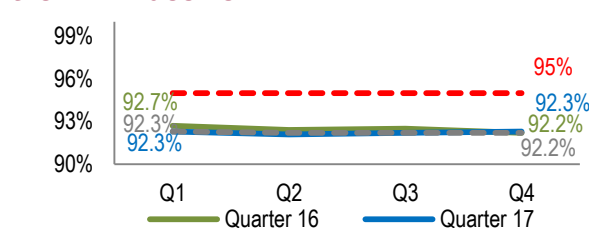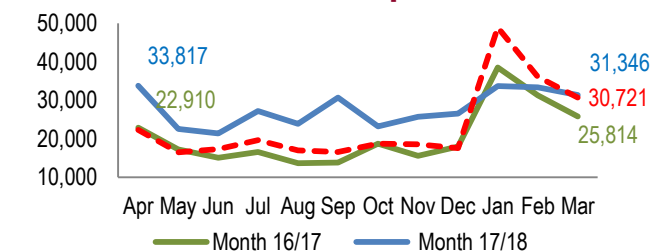There were 10,131 CIT referrals YTD which is 21.5% ahead of the expected activity YTD of 8,338. 7 of the Community Healthcare Organisations (CHOs) are ahead of target. CHO7 is 8.5% below target with activity YTD at 1,705 compared to the target of 1,863.

Child Health Developmental Screening 10 Months

The national YTD position is 92.4% compared to the target of 95%. The prior year outturn was 92.8%. 6 of the 9 CHOs are green on the National Scorecard and are within a range of 91.7% to 94.7%. Performance in CHO3 is amber on the National Scorecard with YTD performance at 88.6% compared to the target of 95%. This is a decline of 1.77% in performance compared to prior month performance of 90.2% and an improvement of 3.99% compared to the prior year outturn of 85.2%. There has been a vacant post in CHO3 since December 2016. It is expected that this post will be filled before the end of April 2018. The service has also been impacted by a number of sick leave absences which have reduced the availability of Doctors to provide this service and this continues to be reflected in the activity. The progression of the Nurse led developmental check and the commencement of the Senior Medical Officer will assist CHO3 in reaching the target. CHO1 and CHO2 are also amber on the National Scorecard with respective YTD performances at 90% and 89.4%. There was a data gap in Sligo/Leitrim in CHO1 in relation to this metric.

Speech and Language Therapy (SLT) Access within 52 weeks

The national YTD position is 95.9% compared to the target of 100%. Performance YTD has declined by 0.1% compared to the prior month YTD performance of 96.0%. The prior year outturn was 96.7%. CHO1, CHO4 and CHO7 are amber on the National Scorecard with YTD performances at 93.6%, 92.6% and 90.1% respectively. There are currently 575 clients awaiting initial assessment for longer than 12 months. 315 are aged 0-18; most of whom require a Multi-Disciplinary Team (MDT) assessment. Referrals YTD are 4.8% lower than expected activity and 7.4% lower than the same period last year. The number of clients waiting for initial assessment for longer than 52 weeks has increased by 1.23% from 568 in February 2018 to 575 in March 2018. The number of clients waiting for treatment for longer than 52 weeks has increased by 4.94% from 546 in February 2018 to 573 in March 2018.

Physiotherapy Access within 52 weeks

The national YTD position is 95% compared to the target of 93%. This is a decline in performance of 0.1% when compared to prior month YTD performance of 95.1%. The prior year outturn was 94.8%. The number of clients waiting longer than 52 weeks has increased by 9.7% from 1,518 in January 2018 to 1,665 in March 2018. Referrals YTD are 5% lower than expected activity and 4.7% lower than the same period last year. 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 77.2% compared to the target of 85%. This represents a marginal improvement in performance of 0.52% when compared to the prior month YTD performance of 76.8%. The prior year outturn was 77.0%. The number of clients waiting longer than 52 weeks increased by 3.06% from 6,919 in February 2018 to 7,131 in March 2018. Referrals YTD are 1.5% lower than expected activity YTD and 2.0% lower than the same period last year. CHOs have reported a number of contributing factors impacting on access to services including;

o   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.
o   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 and in many instances it can take a number of appointments to conduct an assessment or carry out an intervention.
- 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).

A National Occupational Therapy Service Review Group was established in 2017. One of the key terms of reference for the group was to agree a revised national model of Primary Care Occupational Therapy service provision that will be standardised across all Community Healthcare Organisations to include referral criteria, including condition specific care pathways, access criteria, assessment and treatment and standardisation of a prioritisation system. The Chair of the review group advises that the final report has now been submitted to the National Director for consideration. There is also provision within National Service Plan 2018 for the recruitment of an additional 40 Occupational Therapists which, when in post, will impact positively in terms of improving access to services and reducing waiting times.

Mental Health Update

Overall

The performance in both General Adult and Psychiatry of Old Age services is generally good however there are on-going challenges in recruitment which are detailed below.

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 is 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.

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 is working on the development of a Specialist Rehabilitation Initiative to support CHOs with this.

Child Adolescent Acute Inpatient Units (CAMHs)

There are on-going issues in terms of accessing CAMHS beds where although the numbers are low, lack of access when needed is a significant issue. There is considerable media and political interest in this issue. There is a planned capacity review for all four inpatient units which is currently being progressed by mental health management. This should identify necessary improvements. Recruitment issues identified above apply equally to CAMHs. This issue of staffing deficits with associated longer wait times is being reported though the CAMHS service improvement process and continues to be a high priority for Mental Health. A challenge arising will be to continue to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

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.

- To monitor / address the issue of CAMHS Consultant vacancies, a monthly CAMHS Consultant vacancy profiling exercise now takes place in order to gather data on CAMHS medical vacancies across all 69 community CAMHS teams.
- The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. CHO4 now has 63% of the national >12 month waiting list, followed by CHO8 at 14.5% and CHO3 at 13%. The initiatives in these areas particularly CHO4 are not showing the traction that we would expect at this stage.
- As has been indicated previously the increases in waiting lists relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.
- Recruitment processes for the new Assistant Psychologists in Primary Care were completed at the end of 2017 with a same day start date for all in March 2018. It remains to be seen whether this initiative will have a significant impact on building capacity within Primary Care to address early assessment and triage of young people that are currently being referred to CAMHs teams.
- Despite on-going recruitment campaigns, this work continues to present significant challenges while current vacancies, particularly in CAMHS Consultant posts and increasingly CAMHS nursing posts remain unfilled.

Disability Update

Progressing Disability Services (0-18 Teams)

- A total of 56 networks 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 is on-going. This is expected to conclude before the end of April 2018.

- The lack of Admin and Capital Funding: This is regarded as a significant factor which may inhibit optimum team performance (co-location of teams and access for service users).
- Additional supports at national level – A team of three National Disability Specialists (NDS) is now in place working with CHOs on a CHO basis in relation to Children's Disability Services. In addition the team members have been assigned individual responsibility in relation to Disability Compliance, IT Steering Group and the Access and Inclusion Model.
- Training and Support - A specialist training and support resource has been made available to the NDS team for deployment at CHO level. This will enable capacity building with frontline professionals.
- Disability Act Compliance – The percentage of Assessment Reports completed within statutory timelines is down on Q4 2017. However, the total number of applications 'overdue for completion' continued to reduce during first 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 to 30th April 2018. All CHO areas are progressing communication with key stakeholders to facilitate the implementation of this procedure.
- Improvement Plans at CHO level re Assessment of Need Waiting List - Each CHO needs to develop a revised improvement plan which sets out clear actions which will lead to an elimination of current waiting times. This plan must take account of the new Standard Operating Procedure and the impact of same. 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 29 people transitioned from congregated settings in Q1, which is in excess of the NSP target of 12. This reflects the fact that a number of people who were delayed in 2017, transitioned in the first Quarter of 2018. 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 Update – Disability Service

CHO 1

CHO1 has been in escalation in relation to its financial and overall performance since April. A Performance Notice was issued by the HSE to the Chief Officer of CHO1 on the 21st June 2017. The Notice set out the HSE's performance expectations in respect of CHO1's year-end financial position and its overall performance. A comprehensive improvement plan was put in place by the Chief Officer and his team. Additionally, oversight and support from the National Disability Office, including our Finance and HR Business Partners, took place in parallel with the implementation of the plan. This included liaison with the Regulator for assurance purposes. A final review meeting was held in CHO1 on 19 February along with the Chief Officer Mr John Hayes and his senior management team. Having regard to verifiable improvements across all the key indicators it is recommended that CHO 1 be de-escalated from a performance perspective.

CHO2 Aras Attracta

A Performance Notice was issued in July 2017 to the Chief Officer of CHO2 in respect of Aras Attracta. Since that time Community Operations monitored and supported CHO2 in relation to meeting the requirements of the Performance Notice through an Improvement Plan to address the underperformance and we can confirm substantial improvements, which can be summarised as follows:

- New onsite management and governance/ accountability regime substantially revised by the Chief Officer/ Head of Social Care
- Verifiable improvement in respect of safeguarding and engagement with the Regulator in terms of the standards applied
- Clear and focussed plans with regard to decongregation (9 service users have now transitioned with a plan in place to transition remaining residents over a reasonable timeframe)
- The Regulator recently conducted a 2 day onsite inspection (unannounced) and has invited CHO2 to apply for registration. Indications from the Regulator to CHO 2 and the National Disability Team has been positive and we expect a decision to be made shortly regarding same

A final review session was held with the Chief Officer and his team onsite at Aras Attracta on 19th February and having regard to the verifiable progress being made, it is strongly recommended that CHO 2 be de-escalated from a performance perspective.

St. John of God Community Services

As a result of a number of concerns of the HSE in relation to service delivery at SJOGCS which have been on-going and the subject of meetings, correspondence and reports, a First Notification Letter was issued to SJOGCS on the 26th July 2017 in accordance with the Service Arrangement. The Notification Letter sets out the HSE's performance expectations in respect of SJOGCS in relation to HIQA Regulatory Compliance, HSE Internal Audit Report Findings and Recommendations, Financial Management/Controls and Reported Deficits and Service Performance. The HSE and SJOGCS are concluding the National Task Forces process which will set out improvement actions across four key action improvement areas. The Board of SJOGCS will meet on 26th of April to sign off on the Improvement Plan and the Task Force will hold a final meeting shortly after same to formally adopt the Improvement pan following which the implementation phase will continue.

Older Persons Update

Delayed Discharges

The end of March 2018 Delayed Discharge figure is 572 (553 adults). The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place.

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 Feb is 1,005 with a total YTD of 2,161.

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 and with the additional funding provided in relation to Adverse Weather funding received in QI the full year target increases by 156,972 hours to 17.250m hours. In March it was expected that the new Home Support Service would deliver hours to 1,444,625 hours (including 9324 hrs relating to funding provided due to adverse weather). The data reported indicates that 1,410,424 hours were provided. As at the end of March there are 52,236 people in receipt of home support and while hours being delivered is 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 will continue 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.

It is intended to review Q1 data against targets (a) to validate that all activity is being accurately recorded and (b) to revise targets where necessary to ensure that they are more closely aligned to actual activity.

Whilst additional Home Care 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 March 2018 indicates that 6,458 people were waiting for home support funding. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

NHSS

In March 2018 the Nursing Homes Support Scheme funded 22,795 long term public and private residential places, and when adjusted for clients not in payment, there were 24,012 places supported under the scheme. There is a decrease of 45 in the number of people supported under the scheme when compared to the same period last year, a 0.2% decrease in activity year on year. The target for 2018 is for 23,334 people to be supported under the scheme at year end.

The target of maintaining the wait time for funding approval at no more than 4 weeks has consistently been achieved since April 2015. The number on the placement list at the end of March 2018 is 243 (March 2017 – 257), a significant reduction from the numbers waiting in October 2014 (2,135).

A total of 2,382 people were approved for funding under the scheme in the first three months of 2018 compared to 2,327 people approved for the same period last year. This is an increase of 55 approvals or 2.4% year on year.

In the first three months of 2018, 2,919 applications were received and 2,337 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 82 or 3.6% 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

Health & Well Being Update

Tobacco Smokers receiving intensive cessation support

The HSE QUIT Programme has one goal – to give smokers the help and support they need to quit smoking for good. 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. During Q1 2018, nationally a total of 3,121 smokers received intensive cessation support from a cessation counsellor. This is -19.7% below the YTD expected activity target of 3,887.

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.

Tobacco % of smokers quit at one month

This metric measure's the % smokers who signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks (expected activity target 45%). A structured support programme is provided to smokers prior to their quit date and each week for four weeks following this date. The QUIT date is the date a smoker plans to stop smoking completely with support from a stop smoking specialist as part of an assisted QUIT attempt. Nationally, 53% of smokers are QUIT at on one month and this performance is ahead of the expected activity target YTD.

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

Nationally, 94.7% of children aged 24 months have received 3 doses of the 6 in 1 vaccine and this performance is slightly behind the expected activity target of 95% for the reporting period Q4 2017. Performance by CHO does vary as follows; CHO 2 and CHO 4 are exceeding the target; CHO 5 and CHO 1 are on target and the remaining CHOs are all within 5% of the target.

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

Nationally, 92.2% of children aged 24 months have received the MMR vaccine during the reporting period Q4 2017 (Target: 95%). This performance is behind the target by -2.9% and -0.2% lower than the same period last year. All CHOs are within 5% of target with the exception of CHO 9 who achieved 88.8% at end of Q4 2017. The MMR uptake in CHO 9 has declined by -0.6% when compared to its performance at the end of Q4 2016 which was 89.4%.

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 Dietician 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 Dietician 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.

During Q1 2018 a total of 663 people completed a structured diabetes education programme against a target of 995. This is -33.4% 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.

Physical Activity Number of 5k Parkruns completed

Parkruns is a third party provider that organizes free weekly timed runs all over the country on weekend mornings which are open to the general public. In 2017, the RTE Programme Operation Transformation (OT) encouraged people to participate in local Parkruns and this contributed to demonstrable increase in participation during the year.

During Q1 2018 a total of 98,406 members of the general public completed a 5k Parkrun. This is -15% behind target (115,790) but represents an increase of +2.9% when compared to the same period last year.

National Healthy Ireland Programme

The drafting of the nine CHO healthy Ireland implementation plans continued in March. The CHO 4 plan was launched on 16th March 2018. Implementation plans for CHOs 3 and 9 are scheduled for launch during April. The 2018 Healthy Ireland 'Love Life Love Walk' took place on 14th February with participation from many sites across the system. This event incorporated themes from the Healthy Ireland Staff Health and Wellbeing Programme, the HSE Values in Action programme and the HSE Staff Engagement programme.

Making Every Contact Count (MECC)

The implementation of Making Every Contact Count programme has been identified as one of the key programmes to implement Healthy Ireland in the Health Service. 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 (Target 7,523).
- 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 (Target 1,505).

The overall annual target set for CHOs and Hospital Groups for both training modules is 9.028. 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 in May 2018. Consequently, the MECC targets for Q1 could not be delivered.

Acute Services

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality & Safety	**Serious Incidents[4]**														
	Review completed within 125 calendar days	M	90%												
	Service User Experience														
	Complaints investigated within 30 working days	Q	75%	51% [R]	-32%	0% [R]	6% [R]	15% [R]	35% [R]	13% [R]	31% [R]	0% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	< 1	0.7 [G]	-29.6%	1.1 [R]	1.7 [R]	1.0 [G]	0.2 [G]	0.4 [G]	0.2 [G]	0.4 [G]	1.0	0.8	0.7
	C Difficile (per 10,000 bed days)	M	< 2	2.3 [R]	16.3%	1.1 [G]	2.5 [R]	2.9 [R]	1.4 [G]	1.9 [G]	2.4 [R]	3.5 [R]	2.5	2.0	2.3
	CPE - number of new cases[5]	M		83		3	29	13	2	14	10	12	34	25	24
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	69 [R]		0 [G]	9 [R]	26 [R]	0 [G]	27 [R]	7 [G]	0 [G]	8	0	61
	Surgery														
	Hip fracture surgery within 48 hours	M-1M	95%	87.4% [A]	-8.0%		93.9% [G]	95.3% [G]	80.3% [R]	93.8% [G]	85.2% [R]	76.4% [R]	87.7%	88.4%	86.2%
Access & Integration	**Emergency Department Patient Experience Time**														
	75 years or older within 24 hours (zero tolerance)	M	100%	87.6% [R]	-12.4%		88.7% [R]	89.6% [R]	88.8% [R]	92.8% [R]	81% [R]	76.7% [R]	86.1%	87.9%	89%
	ED within 6 hours	M	75%	62.1% [R]	-17.2%	83.1% [G]	52.3% [R]	67.9% [A]	54.6% [R]	65.1% [R]	59.4% [R]	51.5% [R]	61.7%	62.4%	62.1%
	Waiting times for procedures														
	Adult waiting <15 months (inpatient)	M	90%	84.2% [A]	-6.4%		75.6% [R]	90.1% [G]	88.5% [G]	80.1% [R]	84.9% [A]	91.5% [G]	84.3%	84.8%	84.2%

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[4] Reporting will commence in Q2 2018

[5] CPE are quoted above but not RAG rated as the target has not been finalised

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Adult waiting <15 months (daycase)	M	95%	91.2% [G]	-4%		88.6% [A]	93.8% [G]	99% [G]	89.8% [A]	87.3% [A]	93.1% [G]		91.5%	91.3%	91.2%
Children waiting <15 months (inpatient)	M	90%	88.6% [G]	-1.6%	87.1% [G]	99% [G]	100% [G]	99.2% [G]	84.6% [A]	94.3% [G]	90.4% [G]		88.8%	88.9%	88.6%
Children waiting <15 months (daycase)	M	90%	84.7% [A]	-5.9%	79.9% [R]	100% [G]	100% [G]	100% [G]	87.1% [G]	92.8% [G]	92% [G]		85.2%	85.2%	84.7%
Outpatient < 52 weeks	M	80%	71.2% [R]	-11.1%	62.5% [R]	70.3% [R]	72.9% [A]	80.2% [G]	73.8% [A]	67.8% [R]	67.7% [R]		72.1%	71.7%	71.2%

Delayed Discharges

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Number of beds subject to Delayed Discharge[6] (zero tolerance site specific targets)	M	500	572 [R]	14.4%	19	124	160	119	77	68	5		519	568	572

Cancer

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Urgent Breast Cancer within 2 weeks	M	95%	90.9% [G]	-4.3%		76.1% [R]	99.2% [G]	100% [G]	98.1% [G]	72.2% [R]	100% [G]		95.4%	93.9%	81.7%
Lung Cancer within 10 working days	M	95%	85.9% [A]	-9.6%		97.9% [G]	100% [G]	100% [G]	95.6% [G]	75.8% [R]	59% [R]		83.9%	84%	90.8%
Prostate Cancer within 20 working days	M	90%	73.4% [R]	-18.5%		25.8% [R]	84.8% [A]	100% [G]	99.3% [G]	77.4% [R]	7.7% [R]		69.2%	77.9%	73.9%
Radiotherapy treatment within 15 working days	M	90%	74.3% [R]	-17.5%		81% [A]			80.9% [A]	49.7% [R]	95.3% [G]		70.3%	77.4%	82.5%

Ambulance Response Times

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
ECHO within 18 minutes, 59 seconds	M	80%	78.6% [G]	-1.8%									76.3%	83.2%	76.6%
Delta within 18 minutes, 59 seconds	M	80%	54.9% [R]	-31.4%									56.3%	56.7%	51.9%

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

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL		Current (-2)	Current (-1)	Current
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan** [7]															
	Net expenditure (total)	M	≤0.1%	1,283,221	5.06% [R]	7.90% [R]	3.61% [R]	7.03% [R]	4.75% [R]	4.69% [R]	5.35% [R]	8.98% [R]		4.98%	5.48%	5.06%
	Gross expenditure (pay and non-pay)	M	≤0.1%	1,487,104	2.78% [R]	3.60% [R]	0.77% [R]	3.98% [R]	2.84% [R]	3.03% [R]	3.39% [R]	5.66% [R]		2.77%	3.11%	2.78%
	Non-pay expenditure	M	≤0.1%	485,011	5.34% [R]	9.11% [R]	0.47% [A]	5.65% [R]	8.60% [R]	7.06% [R]	8.15% [R]	7.26% [R]		6.01%	6.42%	5.34%
	Financial Management - Service Arrangements															
	Monetary value signed	M	100%	7.53%	91.47%									0%	0%	7.53%
	Governance and Compliance [8]															
	Internal Audit recommendations implemented within 12 months	Q	95%													
Work-force	**Funded Workforce Plan**															
	Pay expenditure variance from plan	M	≤0.1%	1,002,093	1.59% [R]	1.34% [R]	0.93% [R]	3.19% [R]	0.57% [A]	1.20% [R]	1.22% [R]	4.85% [R]		1.29%	1.58%	1.59%
	Attendance Management															
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.93% [R]	-40.85%	4.91% [R]	4.89% [R]	4.43% [R]	4.98% [R]	4.73% [R]	4.70% [R]	6.60% [R]		4.45%	5.24%	4.6%
	European Working Time Directive (EWTD) Compliance															
	< 48 hour working week	M	95%	84.2% [R]	-11.4%	77.2% [R]	76.0% [R]	82.9% [R]	82.6% [R]	92.0% [G]	87.1% [A]	91.7% [G]		84.6%	84.3%	84.2%

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[7] Includes Hospital Groups, regional and National Cancer Control Programme, National Screening Service and Ambulance Services

[8] Quarter 1 data will be available mid-year

Acute Hospitals Services

Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Result YTD Mar 2018	Result YTD Mar 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	338,572	349,125	338,272	+3.2%	118,889	111,406	118,830
New ED Attendances	280,773	293,106	281,697	+4.1%	100,042	93,571	99,493
OPD Attendances	857,833	811,589	849,730	-4.5%	293,421	262,402	255,766

| Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Feb 2018	Expected Activity % Var	Result YTD Feb 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient [IP] Discharges *	101,393	104,580	+3.1%	101,537	+3%	52,738	53,564	51,016
Inpatient Weighted Units *	101,453	104,226	+2.7%	103,635	+0.6%	55,424	54,216	50,010
Daycase [DC] Discharges *	171,929	170,265	-1%	173,388	-1.8%	78,312	91,808	78,457
Daycase Weighted Units *	167,193	170,182	+1.8%	171,066	-0.5%	75,491	90,720	79,462
IP & DC Discharges *	273,322	274,845	+0.6%	274,925	0%	131,050	145,372	129,473
% IP	37.1%	38.1%		36.9%	+3%	40.2%	36.8%	39.4%
% DC	62.9%	61.9%		63.1%	-1.8%	59.8%	63.2%	60.6%
Emergency IP Discharges *	69,579	72,683	+4.5%	69,594	+4.4%	36,820	37,653	35,030
Elective IP Discharges *	13,661	14,548	+6.5%	13,779	+5.6%	6,814	6,794	7,754
Maternity IP Discharges *	18,153	17,349	-4.4%	18,164	-4.5%	9,104	9,117	8,232

* 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	**84.2%**	84.2%	+0%	84.3%	84.8%	84.2%	24 out of 40 hospitals reached target	Tullamore (73.5%), CUH (73.7%), Tallaght – Adults (75%)
Daycase adult waiting list within 15 months	95%	M	**91.2%**	89.3%	+1.9%	91.5%	91.3%	91.2%	25 out of 41 hospitals reached target	St Michael's (72.2%), CUH (80.6%), RUH (81.5%)
Inpatient children waiting list within 15 months	90%	M	**88.6%**	87.8%	+0.8%	88.8%	88.9%	88.6%	21 out of 25 hospitals reached target	OLCHC (80.8%), SUH (81.7%), GUH (87.7%)
Daycase children waiting list within 15 months	90%	M	**84.7%**	87.2%	-2.5%	85.2%	85.2%	84.7%	24 out of 29 hospitals reached target	OLCHC (76.3%), Tallaght - Paeds (80.5%), GUH (84.5%)
Outpatient waiting list within 52 weeks	80%	M	**71.2%**	78%	-6.8%	72.1%	71.7%	71.2%	19 out of 45 hospitals reached target	RVEEH (48.9%), Croom (51.7%), UHW (58%)

Inpatient and Daycase Waiting List (Adult & Child)
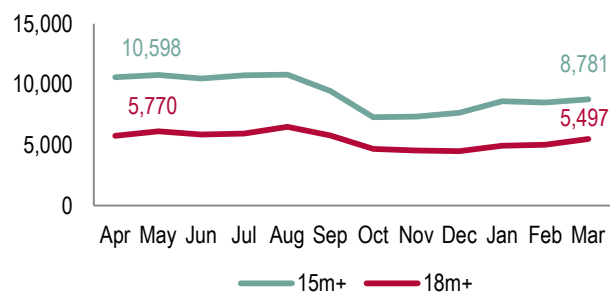
Outpatient Waiting List
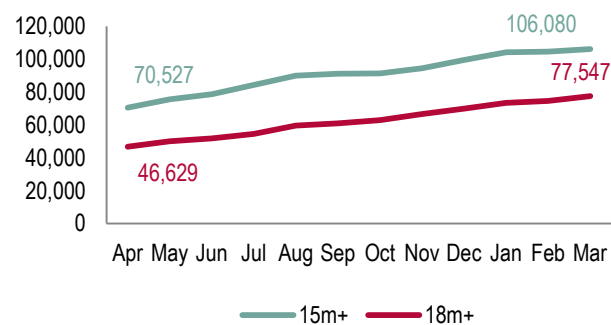
Waiting List Numbers

	Over 12 Months	Over 15 Months	Total
Adult IP	4,594	3,156	19,942
Adult DC	7,655	4,646	52,946
Adult IPDC	**12,249**	**7,802**	**72,888**
Child IP	588	344	3,021
Child DC	950	635	4,149
Child IPDC	**1,538**	**979**	**7,170**
OPD	145,429	106,080	504,111

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	**62.1%**	65.3%	-3.2%	61.7%	62.4%	62.1%	SLK (89.9%), St Michaels (89.6%), Tallaght – Paeds (87.8%)	Tallaght - Adults (36.4%), Connolly (45.6%), SJH (46.3%)
% in ED < 24 hours	100%	M	**95.2%**	96.2%	-1%	94.8%	95.3%	95.5%	St Michaels (100%), SLK, Tallaght Paeds, PUH (99.95%)	Sth Tipperary (87.7%), Naas (88.3%), UHK (90%)
% 75 years within 24 hours	100%	M	**87.6%**	90.3%	-2.7%	86.1%	87.9%	89%	St Michaels, SLK, PUH, Sligo (100%)	Naas (71.1%), UHL (72.6%), GUH (76.8%)

% patients admitted or discharged within 6 hours
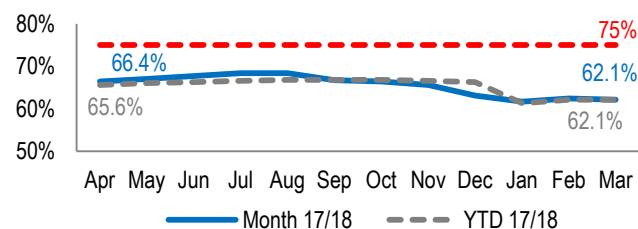
ED over 24 hours
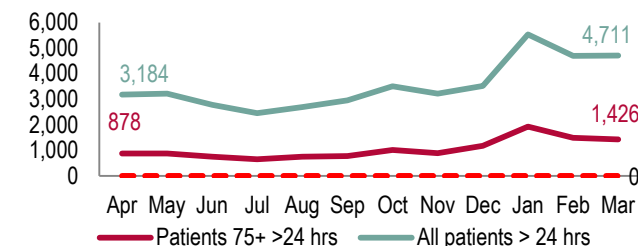
% 75 years old or older admitted or discharged within 24 hours
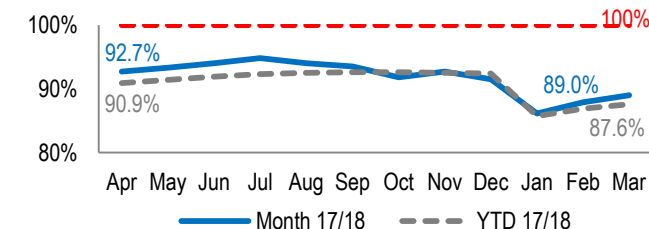
Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent colonoscopy – number of people waiting > 4 weeks	0	M	**69**	33	+36	8	0	61	31 out of 39 hospitals achieved target	MUH (27), SLK (15), SJH (7)
Routine Colonoscopy and OGD <13 weeks	70%	M	**54.3%**	58.4%	-4.1%	53.7%	53.1%	54.3%	17 out of 39 hospitals achieved target	Naas (26.7%), UHL (31.8%), Tallaght - Paeds (32.8%)

Urgent Colonoscopy – number of people waiting > 4 weeks
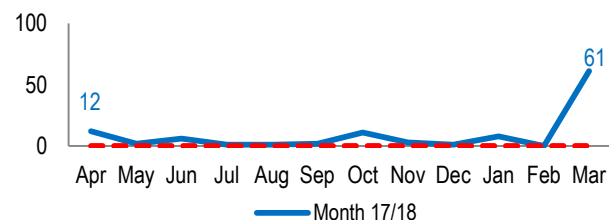
BowelScreen - Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	251	296	204
Number scheduled over 20 working days	110	97	112

Number on waiting list for GI Scopes

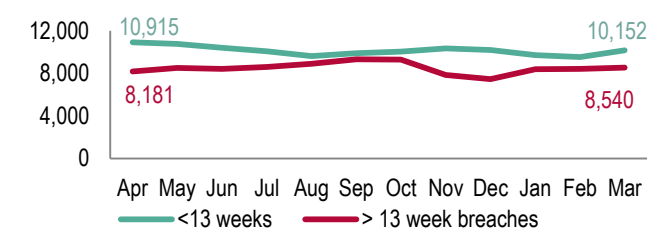| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HCAI – Rate of new cases of Staph. Aureus infection	<1	M	**0.7**	1.3	-0.6	1.0	0.8	0.7	39 out of 48 hospitals achieved target	Nenagh (6.6), Naas (4.7), Tallaght - Adults (2.8)
HCAI – rate of new cases of C Difficile infection	< 2	M	**2.3**	1.8	+0.5	2.5	2.0	2.3	27 out of 48 hospitals achieved target	Ennis (16.2), Bantry, Mallow (6.4), SVUH (5.7)
Number of new cases of CPE (new KPI)		M	**83**			34	25	24		
Ambulance Clearance Times < 60 minutes	95%	M	**87.9%**	91.2%	-3.3%	85.8%	86.7%	86.8%	9 out of 34 hospitals achieved target	CUH (68.1%), UHK (68.5%), SLK (71%)
Number of beds subject to Delayed Discharge	500	M	**572**	599	-27	519	568	572	Tallaght-Paeds, Mallow, Nenagh, St. John's (0)	SJH (60), Mater (49), Beaumont (47)
Hip fracture surgery within 48 hours	95%	M-1M	**87.4%**	87.9%	-0.5%	87.7%	88.4%	86.2%	6 out of 16 hospitals achieved target	MUH (0%), SUH (0%), Beaumont (50%)

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

Month 17/18

Delayed Discharges

Month 16/17 — Month 17/18
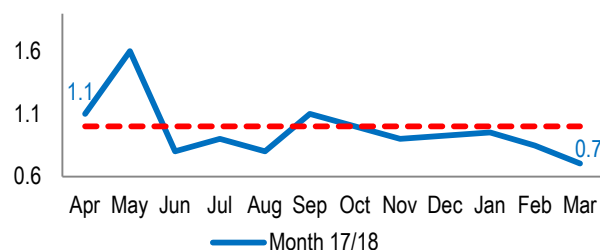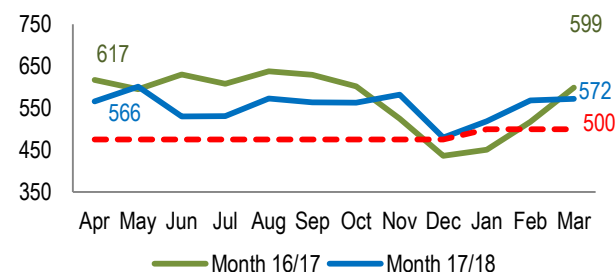
% of emergency hip fracture surgery carried out within 48 hours

Month 17/18 --- YTD 17/18
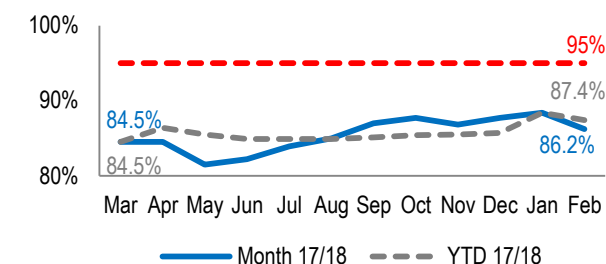
Rate of new cases of Clostridium Difficile associated diarrhoea in Acute Hospitals per 10,000 bed days used
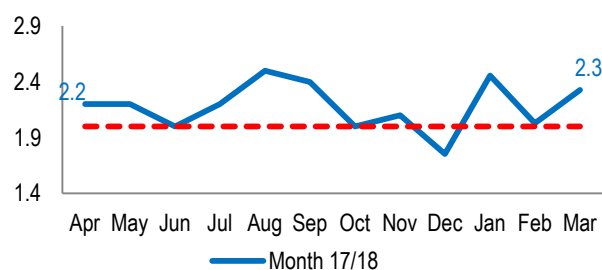
Month 17/18

Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	75	38	113	19.8%
Long Term Nursing Care	296	37	333	58.2%
Other	77	49	126	22%
Total	**448**	**124**	**572**	**100%**

Ambulance Turnaround Times

3-4 hours — 4-5 hours — 5 - 6 hours — > 3 hours
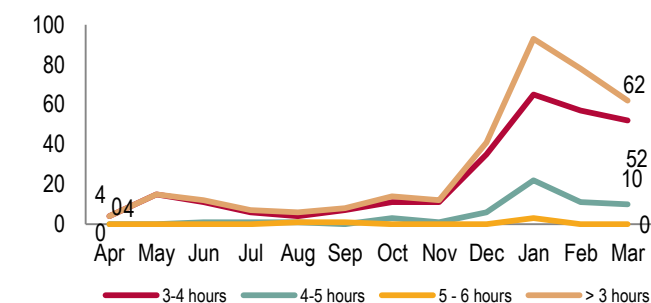
Cancer Services

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	**90.9%**	79.5%	+11.4%	95.4%	93.9%	81.7%	5 out of 9 hospitals reached target	SJH (22%), UHW(31.5%) & LUH(94.4%), CUH outstanding
Non-urgent breast cancer within 12 weeks	95%	M	**72.3%**	74.8%	-2.5%	70.9%	69.1%	78.4%	SVUH (100%), Beaumont (99.5%), GUH (96.1%)	UHW(34.8%), LUH (43.2%), MMUH (52.4%), CUH outstanding
Lung Cancer within 10 working days	95%	M	**85.9%**	85.4%	+0.5%	83.9%	84%	90.8%	5 out of 8 hospitals reached target	UHL (64.1%), CUH (82.5%). MMUH outstanding
Prostate cancer within 20 working days	90%	M	**73.4%**	42.2%	+31.2%	69.2%	77.9%	73.9%	Beaumont, SVUH, GUH (100%)	UHL (0%), SJH (39.6%), UHW (75%)
Radiotherapy within 15 working days	90%	M	**74.3%**	77.6%	-3.3%	70.3%	77.4%	75.4%	UHL (98%), UHW (95.7%)	CUH (38.9%), Altnagelvin (65.4%), SLRON (83.4%)

Results for Breast doesn't include CUH. Lung doesn't include MMUH data Jan, Feb, Mar 2018

Breast Cancer within 2 weeks

Lung Cancer within 10 working days
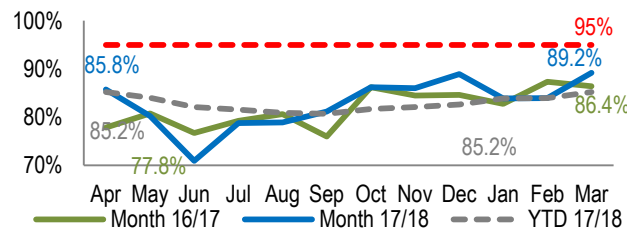
Prostate Cancer within 20 working days
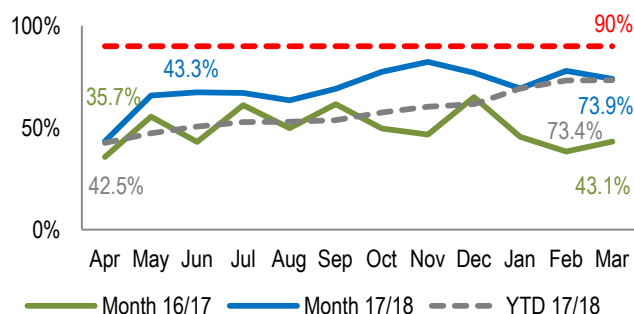
Radiotherapy within 15 working days
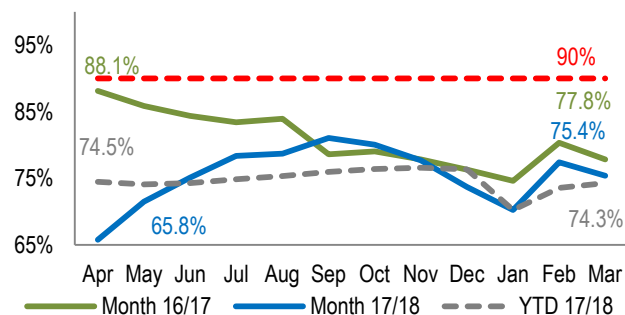
Volume of patients attending cancer clinics

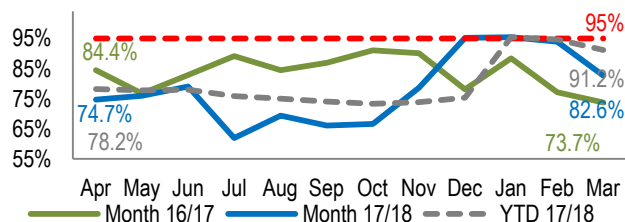| Service	Category	Current (-2)	Current (-1)	Current
Breast	Urgent	1,668	1,615	1,324
	Non urgent	2,025	1,733	1,372
Lung	Rapid Access Clinic	317	293	249
Prostate	Rapid Access Clinic	286	235	241
RT	Number completed treatment	427	403	406

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	41,600 YTD/ 170,000 FYT	M	**40,451**	40,965	-514	15,068	14,562	10,821
BreastCheck - % screening uptake rate	70%	Q-1Q	**71.7%**	73.4%	-1.7%	74.9%	71.5%	70.3%
CervicalCheck - number of eligible women who had screening	73,000 YTD/ 255,000 FYT	M	**79,120**	79,855	-735	27,172	30,261	21,687
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	**79.8%**	79.6%	+0.2%	79.7%	79.9%	80.1%
BowelScreen - number of people who completed a satisfactory FIT test	33,300 YTD / 125,000 FYT	M	**25,751**	33,324	-7,573	9,925	9,122	6,704
Bowelscreen - % client uptake rate	45%	Q-1Q	**41.8%**	38.1%	+3.7%	39.7%	42.9%	43.5%
Diabetic RetinaScreen - number of people who participated	21,877 YTD / 93,000 FYT	M	**23,928**	22,969	+959	8,326	8,400	7,202
Diabetic RetinaScreen - % uptake rate	56%	Q-1Q	**65.7%**	61%	+4.7%	71.6%	71.6%	60.5%

BreastCheck-number who had a mammogram
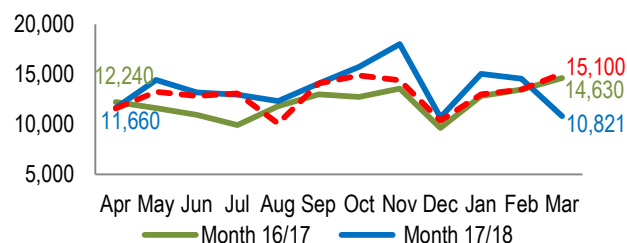
CervicalCheck-number who had screening

BowelScreen-number who had screening
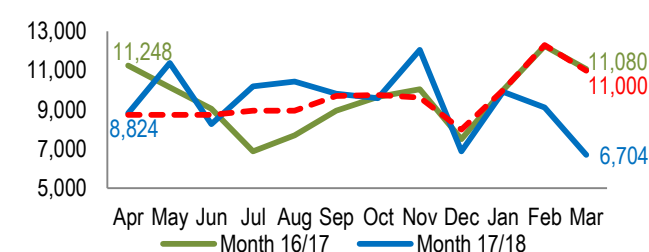
RetinaScreen-number who had screening
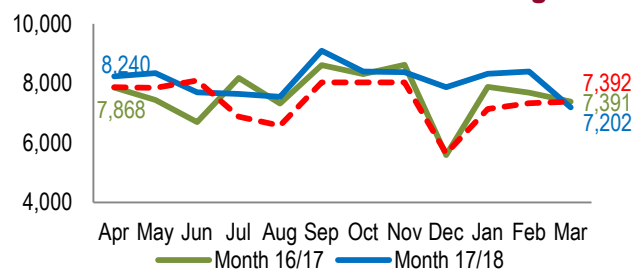
Pre-Hospital Emergency Care Services

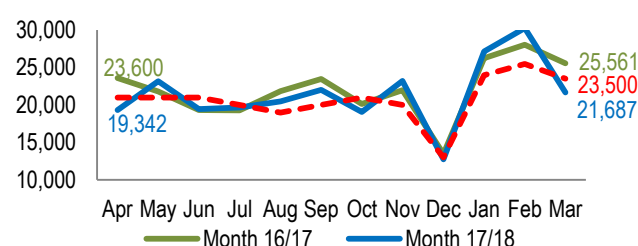| Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times - ECHO	80%	M	**78.6%**	83.4%	-4.8%	76.3%	83.2%	76.6%	North Leinster 84.2%, Dublin Fire Brigade 80.2%	South 72.1%, Western Area 58%
Response Times - DELTA	80%	M	**54.9%**	61.8%	-6.9%	56.3%	56.7%	51.9%	North Leinster 57.8%	Western Area 53.8%,Southern Area 53.8%, Dublin Fire Brigade 42.1%
Allocation of Resource within 90 seconds - ECHO	85%	M	**97.2%**	97.8%	-0.6%	97.7%	96.1%	97.9%	South 98.7%, West 100%, North Leinster 96.5%	
Allocation of Resource within 90 seconds - DELTA	85%	M	**88.8%**	92.5%	-3.7%	91.1%	89.3%	85.9%	West 89.7%,South 87.6% North Leinster 82.1%	
ROSC	40%	Q-1Q	**41.9%**	44.1%	-2.2%	43.6%	45.1%	40%		

Response Times (within 18 minutes, 59 seconds) – ECHO
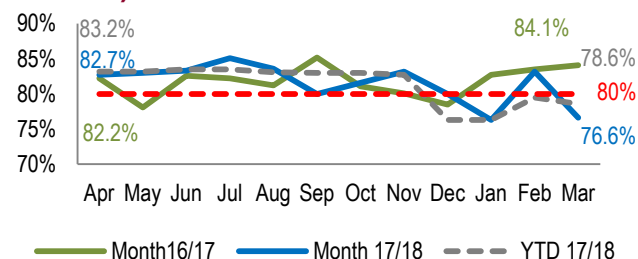
Response Times (within 18 minutes, 59 seconds) – DELTA
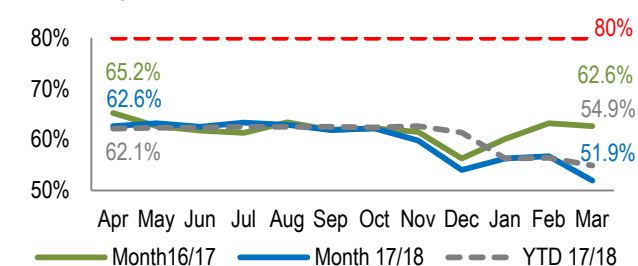
Call Volume (arrived at scene) – ECHO
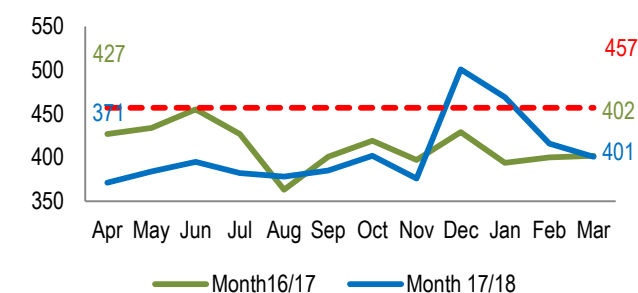
Call Volume (arrived at scene) – DELTA
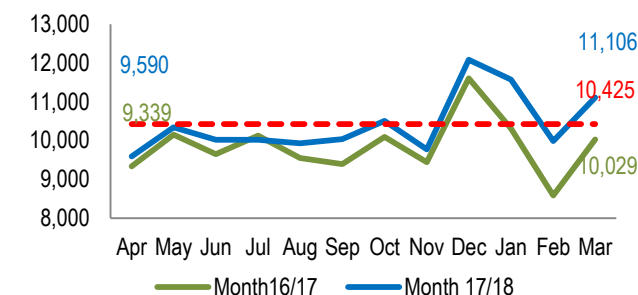
Allocation of Resource within 90 seconds - ECHO
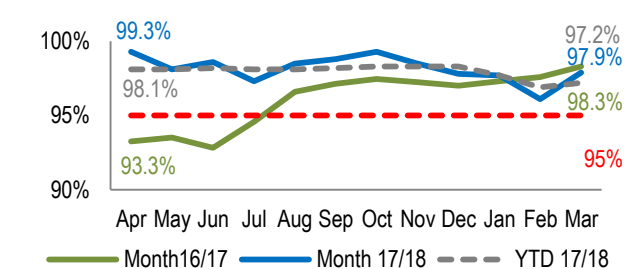
Allocation of Resource within 90 seconds - DELTA
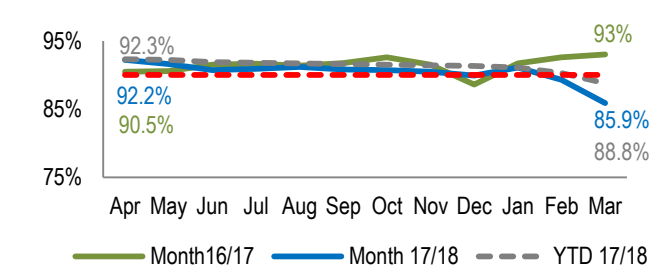
Acute Hospitals Services Updates

Emergency Department (ED) Performance

- There was 99,493 new ED attendances in March 2018 and 293,106 year to date March 2018. This is a 4.1% increase on the same period in 2017. In addition, there was a 4.4% increase in the year to date new ED attendances versus the target (280,773 attendances).
- ED PET less than 24 hours (all patients) was 95.5% and less than 9 hours was 77.2% in March 2018. Seven 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 89.0% in March 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 572 Delayed Discharges at the end of March 2018. This included 113 Delayed Discharges that were waiting to go home, 333 were waiting on long term nursing care and 126 complex patients that require bespoke care provision. Additional funding for winter 2017/2018 measures provided for the following;

- An extra 45 Home Care Packages per week for 15 weeks beginning in Oct 2017.
- 20 additional transitional care bed approvals per week for 12 acute hospitals from mid-October 2017 to support the discharge of patients from acute care, but may require further convalescence before returning home or for patients awaiting their application to be processed under the Nursing Home Support Scheme.

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 February 2018 was 170,265 versus 173,388 for the same period in 2017, that is, a decrease of 3,123 (1.8%) cases year to date and 1% lower than the target of 171,929.

Inpatient Discharges

The number of inpatient discharges was 104,580 year to date February which is 3% higher than the same period last year which had 101,537 cases. Inpatient discharges year to date February 2018 are 3.1% higher than the target of 101,393 cases for this period.

Elective Inpatient Discharges

There were 14,548 elective inpatient discharges year to date February 2018 versus 13,779 for the corresponding period in 2017, that is, an increase of 5.6%. Elective inpatient discharges were 6.5% higher than the target of 13,661.

Emergency Inpatient Discharges

There were 72,683 emergency inpatient discharges year to date February 2018 and 69,594 for the corresponding period in 2017, that is, an increase of 4.4%. Emergency discharges were 4.5% higher than the target of 69,579.

Maternity Inpatient Discharges

There were 17,349 maternity inpatient discharges year to date February 2018 which is a decrease of 4.5% on activity for the same period last year of 18,164 discharges. Maternity inpatient discharges were 4.4% less than the target of 18,153 year to date February 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 March was 84.2% and 91.2% respectively. In the case of the children's inpatient waiting list, 88.6% of children were waiting less than 15 months versus the NSP 2018 target of 90% and 84.7% 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;

I. Actions arising from self-assessment including requirements in relation to training, hospital policies and procedures will be substantially complete by March 2018 and fully complete by June 2018, assuming that there is no systems development required.

II. 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;

(i) 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.

(ii) Arrange 5,000 procedures across an expanded range of over 40 'other procedures'.

(iii) 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 71.2% in March 2018.

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.

Hospital Groups were required to validate 28,360 patients waiting 24+ months on the outpatients' waiting list in January 2018. Six of the Hospital Groups contacted 56,731 patients on the outpatients' waiting list as at 31 March and 10,113 (18%) patients have come 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.

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

Symptomatic Breast Cancer Clinics

Five 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;

- Mater Misericordiae University Hospital - 96.3%
- St Vincent's University Hospital - 100%
- Beaumont Hospital - 100%
- University Hospital Galway - 100%
- University Hospital Limerick - 100%

Rapid Access Clinics for lung cancer services

Five 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%
- St Vincent's University Hospital - 100%
- Beaumont Hospital - 100%
- University Hospital Galway - 96.3%
- University Hospital Waterford - 100%

Rapid Access Clinic for prostate cancer services

Three 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 - 98%

National Cancer Screening Service
BreastCheck

- The number of women who had a complete mammogram in the period (Mar 2018) was 10,821 behind the target of 15,100 by 28.3%.
- The number of women who had a complete mammogram YTD (Mar 2018) was 40,451 behind the target of 41,600 by 2.8%.
- The number of women aged 65+ who had a complete mammogram YTD (Mar 2018) was 6,778 ahead of the target of 3,300 by 105.4%.
- Uptake was measured at 70.3% (Dec 2017) 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 Pay and Numbers Strategy for 2018 has been agreed which will enable staff to be hired as expeditiously as possible subject to funding being available.

The poor weather experienced in March coupled with red weather warnings disrupted service delivery and prevented women from attending their screening appointments.

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period (Mar 2018) was 21,687 behind the target of 23,500 by 7.7%.
- The number of unique women who had one or more smear tests in a primary care setting YTD (Mar 2018) was 79,120 ahead of the target of 73,000 by 8.4%.
- Waiting times for urgent cases (2 weeks) in colposcopy are ahead of target of >95% and waiting times for high grade (4 weeks) and low grade (8 weeks) cases are ahead of target of >90%.
- Coverage of 80.1% was achieved (Dec 2017) against a target of 80%.

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

The poor weather experienced in March coupled with red weather warnings disrupted service delivery and prevented women from attending their screening appointments.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (Mar 2018) was 6,704 behind the target of 11,000 by 39.1%.
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (Mar 2018) was 25,751 behind the target of 33,300 by 22.7%.
- Uptake was measured at 43.5% (Dec 2017) against a target of 45%.

While screening numbers are behind target year to date it is expected that numbers will increase over the coming months and by the end of Q2 target levels of FIT tests taken will be achieved and sent for analysis.

Waiting times for a colonoscopy for those that have a FIT positive test (urgent) saw a disimprovement on the previous month with 42% (67% Feb) seen within 20 working days in March. St. James's Hospital wait times were impacted most in March. Overall, 57% (62% Feb) were seen within 20 working days during the period January 2018 to March 2018 behind the target of 90%.

Diabetic Retina Screen

- The number of diabetics screened with a final grading result in the period (Mar 2018) was 7,202 behind the target of 7,392 by 2.6%.
- The number of diabetics screened with a final grading result year to date (Mar 2018) was 23,928 ahead of the target of 21,877 by 9.4%.
- Uptake was measured at 60.5% (Dec 2017) behind the target of 56%.

Waiting times for routine retinopathy referrals and for detected non-diabetic eye disease are outside target in certain treatment centres (acute hospitals) 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 University Hospital is assisting with referrals in the South region.

Healthcare Associated Infections (HCAI)

There were 36 hospitals with no cases of Staphylococcus Aureus blood stream infection and 21 hospitals with no cases of Clostridium Difficile related diarrhoea reported in March. There were 23 cases of hospital acquired Staphylococcus Aureus blood stream Infections in HSE hospitals and 76 cases of Clostridium Difficile associated diarrhoea in March.

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.

Performance and Accountability Framework

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

The Mater Misericordiae University Hospital was escalated to Level 4 under the HSE's 2017 Performance and Accountability Framework following a review of its financial performance in Quarter 1 2017. The Ireland East Hospitals Group

continued to monitor the hospital's performance on a monthly basis thereafter. The Ireland East Hospitals Group subsequently issued a Performance Notice to the Hospital in June 2017. The Group commissioned a diagnostic review of the Hospital which examined internal process including patient flow, as well as financial performance. The review was completed in September. The Mater Misericordiae University Hospital accepted the recommendations and agreed a detailed work plan to deliver them. In summary, the plan was predicated on a reduction in activity during the second half of 2017 that would allow the hospital to close beds that were opened to deal with significantly increased ED attendances and admissions. Unfortunately the activity levels did not fall off in the period July to December and continued in 2018. The surge beds are mainly staffed with agency personnel.

The financial performance of the Mater Misericordiae University Hospital continues to be monitored and is on target. The Performance Notice remains in place.

St James's Hospital was escalated to Level 4 under the HSE's 2017 Performance and Accountability Framework in April 2017, based on a monthly assessment of its financial performance in Quarter 1/2017. The Dublin Midlands Hospitals Group subsequently issued a Performance Notice to the hospital in June. There was some stabilisation in financial performance in June and July with deterioration in its financial performance in August. A second Performance Notice was issued by the Dublin Midlands Hospitals Group CEO to St James's Hospital in September due to no evidence of traction in the cost containment areas identified in the Financial Stabilisation Plan. The 2017 financial outturn for the hospital was very favourable.

The Dublin Midlands Hospitals Group continued to monitor the implementation of the Financial Stabilisation Plan (FSP) in Quarter 1/2018 to ensure sustained improvement in performance. The core elements identified within the St James's Hospital Value Improvement Programme continued to show traction in line with timelines agreed with the Group. The Dublin Midlands Hospital Group will seek the approval of the National Performance Oversight Group to de-escalate St James's Hospital as it reported sustained financial improvement over the last five months.

National Ambulance Service

- Activity volume for AS1[9] and AS2[10] calls received in March increased by 1,943 (7%) since the same month last year.
- The daily average call rate for AS1[9] and AS2[10] calls received in March was 921.
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 77% in March. This is 6% reduction compared to February 2018.
- ECHO calls in March 2017 - 420.
- 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 52% in March. This has decreased by 5% since last month.
- Nationally there was a 12% (1,321) increase in DELTA call activity compared to the same month last year.
- 91% of inter hospital transfer requests were handled by the NAS Intermediate Care Service.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. 45% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 51% of vehicles being released within 30 minutes or less in March 2017.

Severe weather conditions including record snow levels in the 1st week of March impacted significantly on the NAS. This, together with unprecedented demand, has impacted the ability of the National Ambulance Service to achieve improvements in response levels post the winter period.

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[9] AS1 – 112/ 999 emergency and urgent calls
[10] AS2 - Urgent calls received from a general practitioner or other medical sources

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	99.1%	44.9%	+54.2%	99.1%	98.9%	99.1%
Number of persons covered by Medical Cards	1,600,653YTD/ 1,564,230FYT	M	1,592,195	1,649,005	-56,810	1,609,183	1602,401	1,592,195
Number of persons covered by GP Visit Cards	486,549YTD/ 492,293FYT	M	494,671	476,661	+18,010	492,121	493,618	494,671
Number of initial tobacco sales to minors test purchase inspections carried our	96 YTD/ 384 FYT	Q	107	71	+36	144	50	107
Number of official food control planned, and planned surveillance inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	6,593	7,785	-1,192	8,534	8,523	6,593

Medical card turnaround within 15 days
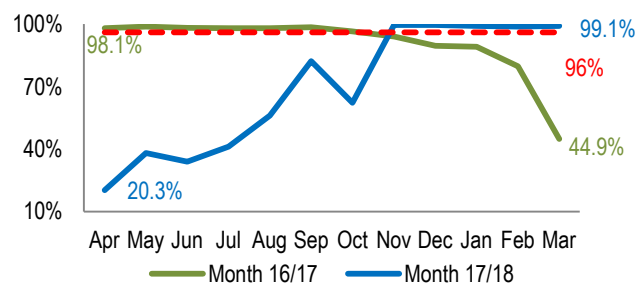
Number of persons covered by GP Visit cards
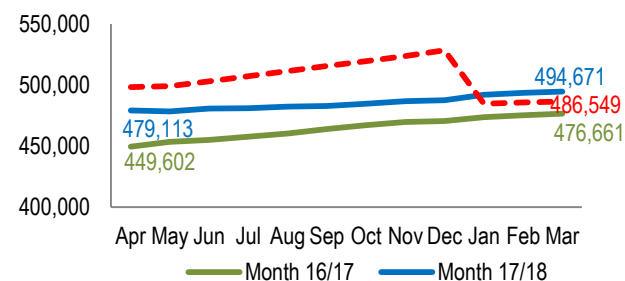
Number of official food control planned, and planned surveillance inspections of food businesses
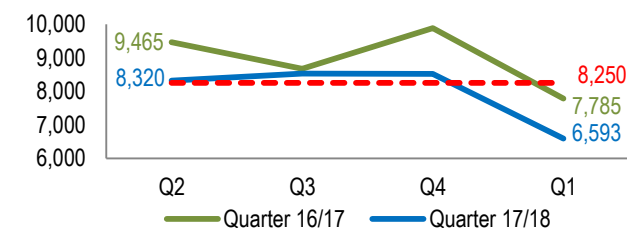
Number of persons covered by Medical Cards
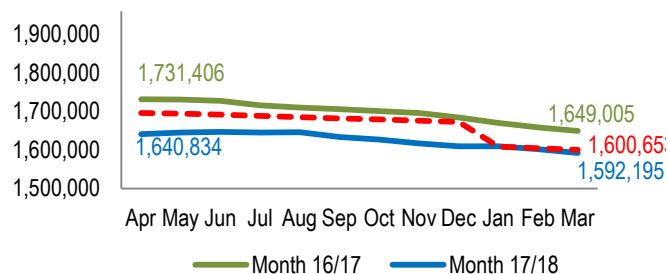
Number of initial tobacco sales to minors test
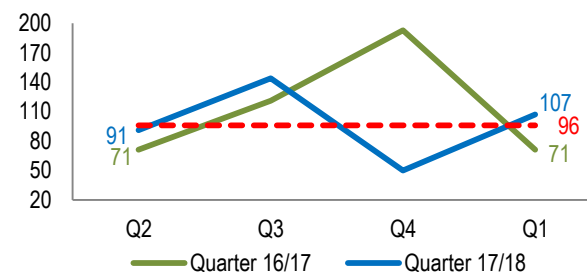
National Services Update

PCRS

What is evident from Q1 is that the number of eligible persons for Medical Cards has fallen below the expected fall but the number of those eligible for GP Visit Cards has risen beyond the expected rise. This is likely to be attributed to the improving economic situation and increased employment, lifting people over the MC threshold but leaving many still eligible to apply for a GP Visit Card, which has been made easier by the new facility to apply online.

Environmental Health

Food business establishments are routinely inspected to assess compliance with official food control requirements. A total of 6593 planned and planned surveillance inspections of food business establishments were carried out in quarter 1. This performance represents 19.97% of the annual target. Of those planned and planned surveillance inspections, 22% 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 107 initial tobacco sales to minors test purchase inspections were carried out in quarter 1. This is 27.86% of the annual target. This is 2.86% above the expected target at end of quarter 1 due to availability of minors to carry out test purchasing during quarter 1.

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. 19 out of 19 relevant consultation requests from planning authorities received a response from the Environmental Health Service which is on target for 2018 (target: 100%).

There were 4 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 in quarter 1. This is 40% of the target for quarter 1. This is a new KPI in 2018 and

drafting of compliance assessment tools has been on going to support the development of this area of activity.

There were 1097 complaints received in quarter 1 of which 1041 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 1, 599 drinking water samples have been taken to assess compliance which is 24.34% of the annual target (target: 2460 drinking water samples). 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

Emergency Management played a key role in coordinating the HSE response to Storm Emma at a National and Regional Crisis Management Team level. EM, in its interagency role, also coordinated the provision and tasking of external resources in order to maintain continuity of service across the whole of the HSE. The "Lessons Identified" process for Storm Emma commenced in March with responses due to be returned by close of business on the 13th of April.

The "Integrated Coordination response Framework for a Mass Casualty Incident (MCI) in the Greater Dublin Area" will be presented to the Leadership team in early May for their approval. In the latest draft dated April 12th, a HSE Communications have added detail on the management of External Communications. The MCI Working group continue to meet to consider the extension of the MCI plan nationally and to oversee implementation of the plan for the Greater Dublin Area.

Emergency Management, in conjunction with CAWT, ran a two day cross border workshop on Achieving Success in Medical Leadership. There was a particular emphasis on dealing with mass casualty incidents. The workshop was well received by clinicians and managers attending.

Emergency Management continued to meet its legislative requirements under Seveso legislation with one Seveso exercises having taken place in March.

EU and North South Unit
Brexit
- The Department of Health requested that the HSE contingency plan to prepare for possible scenarios including the possibility of a disorderly Brexit. As requested the EU & North South Unit is reviewing the (a) Joint Report, in particular the provision relating to Citizen's rights, and other issues and (b) The Commission Transition paper, with a view to a meeting with DoH regarding HSE's preparedness for Brexit.
- HSE Brexit Steering Group met to review the "Brexit implications for workforce qualifications and supply" document prepared by HSE HR. To be refined with comments and sent to DoH.
- DoH requested the EU & North South unit to compile 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. This work is on-going.
- Meeting with TD as part of two person HSE Brexit team.
- On-going presentations, PQ's, FOI's, etc on Brexit completed, as HSE's project Coordinator for Brexit.
- Preparations for HSE Senior Management for Brexit questions on Dáil Joint Committee on Health.
- Update on Brexit to be prepared for May HSE Leadership meeting.
- On-going Risk registry for Brexit co-ordination.

Cross Border Work
- Cross border Cardiology meeting in order to outline possibilities for future projects with cooperation of Cardiology Service North and South of the border.
- As requested by Dept. Health, start of 'blue sky' thinking for a possible next round of structural funds. Have started to look at joined up work, both possibly on an All Island exchequer funded basis and what is possible through an EU Structural fund basis. Have meet with HSE Clinicians offering to link with Northern Ireland on a possible Deep Brain Stimulation project. To be developed in coming months.
- Interreg VA – The HSE's North South Unit are the Lead Partner for 4 Interreg VA projects valued at approx. €30m. For this European money there are output requirements as per our legally binding Letters of Offer.
  - Launch of the Mental Health Project "iRecover "with Ministerial support.
  - Launch of the Community Paramedic project.
  - Continued Financial reporting to SEUPB as funders of €30m Interreg V health projects, with new EMS (Electronic Monitoring system – Europe wide).
- Risks being monitored on Risk Register of North South Unit.
- Co-ordination of Risk Workshop for North West region of HSE in April.
- Organised a joint meeting of the State Claims agency from Dublin with the Belfast equivalent to work out Clinical Indemnity for cross border work. Initial meeting taken place and further work to be done on both sides of the border.
- On-going 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 €14.462 billion. This represents an increase of €305.5m or 2.2% over the final 2017 budget (which included once-off supplementary funding).

Financial Performance

The HSE had expenditure of €3.662 billion against a budget of €3.546 billion for 2018 leading to a deficit of €116.5m or 3.3%.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,768,770	1,229,246	1,165,734	63,513	5.45%
National Ambulance Service	161,782	38,554	39,935	(1,381)	-3.46%
National Cancer Control Programme (NCCP)	8,596	861	1,023	(162)	-15.84%
National Screening Service	63,534	14,560	14,759	(199)	-1.35%
Acute Operations	5,002,682	1,283,221	1,221,451	61,770	5.06%
Primary Care Total	848,059	203,780	205,308	(1,528)	-0.74%
Social Inclusion Total	148,858	36,065	36,676	(611)	-1.67%
Palliative Care Total	80,930	19,805	19,960	(155)	-0.78%
Primary Care Division Total (Note 1)	1,077,847	259,650	261,944	(2,295)	-0.88%
Mental Health Division - Total	897,883	215,221	217,795	(2,574)	-1.18%
Older Persons Services - Total	826,697	206,425	198,989	7,436	3.74%
Nursing Home Support Scheme - Total	944,403	228,869	234,821	(5,952)	-2.53%

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Disability Services - Total	1,802,322	448,703	436,957	11,746	2.69%
CHO HQs & Community Services - Total	8,522	2,850	2,105	746	35.44%
Community Total (CHO & Regional/National)	5,557,675	1,361,719	1,352,612	9,107	0.67%
Clinical Strategy & Programmes Division	49,303	6,146	10,408	(4,263)	-40.96%
Quality Assurance & Verification	5,118	987	1,270	(283)	-22.28%
Quality Improvement Division	8,488	1,564	2,017	(453)	-22.48%
Health & Wellbeing Division	153,410	34,170	35,798	(1,627)	-4.55%
Emergency Management	1,551	307	384	(78)	-20.22%
Support Services	308,014	85,768	73,540	12,228	16.63%
Value Improvement Programme	(150,000)		(37,500)	37,500	-100.00%
Other Services	375,884	128,941	85,917	43,024	50.08%
Total Operational Service Areas	10,936,240	2,773,881	2,659,980	113,901	4.28%
Pensions	403,077	95,317	99,319	(4,002)	4.03%
State Claims Agency	274,000	75,670	68,500	7,170	10.47%
Primary Care Reimbursement Service (Note 1)	2,582,715	647,655	652,413	(4,758)	-0.73%
Demand Led Local Schemes (Note 1)	251,558	62,661	62,208	454	0.73%
Overseas Treatment	14,157	7,293	3,508	3,785	107.89%
Total Pensions & Demand Led Areas	3,525,508	888,595	885,947	2,648	0.30%
Overall Total	14,461,748	3,662,476	3,545,927	116,549	3.29%

Note 1 PCRS and Demand Led Schemes form part of the primary care division but are reported under Pensions and Demand led Areas

There is a net deficit within Operational Services of €113.9m or 4%. This includes a net deficit of €61.8m in Acute Operations or 5%.

Pensions have a year to date surplus of €4.0m. The Primary Care Reimbursement Service has a surplus of €4.8m while the State Claims Agency and Overseas Treatment have deficits of €7.2m and €3.8m respectively.

Acute Operations has expenditure of €1,283m against a budget of €1,221m leading to an adverse variance of €61.8m (5.1%).

€63.5m of deficit arises within the Acute Hospitals Division comprising €16.3m pay, €25.5m non-pay and €21.8m income billing.

Within non-pay, €3.4m relates to bad debt provision on private income.

Within income, there is a YTD adverse variance on maintenance charges of €24.5m (15.6%). Year on year, maintenance is €16.2m lower than last year, which represents a reduction of 10.9%.

VIP targets for acute hospitals are €141m for the full year which equates to €35m to the end of March.

Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	731,559	188,183	179,654	8,529	4.7%
Dublin Midlands	889,349	227,610	219,669	7,941	3.6%
Ireland East	933,394	247,104	230,883	16,222	7.0%
South / South West	806,748	210,349	199,673	10,676	5.3%
Saolta University Health Care	763,898	196,481	187,679	8,803	4.7%
UL Hospitals	309,072	82,415	75,624	6,791	9.0%
National Childrens Hospital	292,875	76,957	71,324	5,633	7.9%
Regional & National Services	41,874	147	1,228	(1,081)	-88.1%
Acute Hospitals Division	**4,768,770**	**1,229,246**	**1,165,734**	**63,513**	**5.4%**
National Ambulance Service	161,782	38,554	39,935	(1,381)	-3.5%
National Cancer Control Programme (NCCP)	8,596	861	1,023	(162)	-15.8%
National Screening Service	63,534	14,560	14,759	(199)	-1.3%
Total Acute Operations	**5,002,682**	**1,283,221**	**1,221,451**	**61,770**	**5.1%**

Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	80,562	20,491	19,391	1,100	5.7%
CHO 2	77,980	19,774	19,237	538	2.8%
CHO 3	70,590	17,084	17,131	(47)	-0.3%
CHO 4	125,182	31,657	30,949	708	2.3%
CHO 5	77,420	18,893	18,936	(43)	-0.2%
CHO 6	62,458	16,112	15,266	846	5.5%
CHO 7	93,542	26,047	22,507	3,540	15.7%
CHO 8	67,953	17,255	16,508	747	4.5%
CHO 9	105,534	27,882	26,456	1,426	5.4%
Regional & National	65,475	11,231	12,609	(1,379)	-10.9%
Subtotal	**826,697**	**206,425**	**198,989**	**7,436**	**3.7%**
NHSS	944,403	228,869	234,821	(5,952)	-2.5%
Overall Total	**1,771,100**	**435,295**	**433,811**	**1,484**	**0.3%**

Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	133,413	32,553	31,570	983	3.1%
CHO 2	171,042	42,626	42,071	555	1.3%
CHO 3	156,505	39,325	38,531	794	2.1%
CHO 4	231,064	58,176	56,845	1,330	2.3%
CHO 5	169,611	42,991	41,822	1,169	2.8%
CHO 6	190,044	47,771	46,764	1,007	2.2%
CHO 7	223,129	58,613	54,563	4,050	7.4%
CHO 8	216,214	54,773	53,127	1,646	3.1%
CHO 9	279,167	70,452	68,865	1,588	2.3%
Regional & National	32,134	1,422	2,798	(1,375)	-49.2%
Total	1,802,322	448,703	436,957	11,746	2.7%

Disability Services have expenditure of €448.7m against a budget of €437.0m leading to an adverse variance of €11.7m. This includes a deficit in non pay of €12.3m.

The main deficit drivers are Emergency placements and HIQA/De-congregation costs.

Older Persons core services - excluding NHSS -have expenditure of €206.4m against a budget of €198.9m leading to a deficit of €7.4m.

The main deficit drivers are: Public Residential care unit expenditure, reduced occupancy in NHSS Beds and Home Support levels in excess of budgets.

Variances reflect considerable demand from the acute system to deal with delayed discharges arising from winter pressures.

NHSS has expenditure of €228.9m against a budget of €234.8m leading to a surplus of €6.0m. €4.4m of this surplus arises in non-pay, with the remainder arising in income.

Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	74,633	17,801	17,962	(161)	-0.9%
CHO 2	105,724	26,627	25,946	681	2.6%
CHO 3	67,026	16,485	16,504	(20)	-0.1%
CHO 4	118,703	28,883	28,834	49	0.2%
CHO 5	99,528	24,606	24,425	181	0.7%
CHO 6	59,329	14,586	13,926	660	4.7%
CHO 7	93,327	22,280	22,521	(241)	-1.1%
CHO 8	95,696	23,584	23,504	80	0.3%
CHO 9	117,359	28,502	28,936	(435)	-1.5%
Central Mental Hospital	28,293	7,079	6,826	253	3.7%
Suicide Prevention	9,941	2,073	2,101	(28)	-1.3%
Regional & National	28,323	2,715	6,309	(3,594)	-57.0%
Total	897,883	215,221	217,795	(2,574)	-1.2%

The Mental Health division spent €215.2m against a budget of €217.8m, representing a surplus of €2.6m. This is mainly due to a favourable non-pay variance of €3.1m in National Services relating to Grant payments.

Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	153,410	34,170	35,798	(1,627)	-4.5%

The Health and Wellbeing division spent €34.2m versus a budget of €35.8m leading to a surplus of €1.6m. This includes a surplus in vaccines of €0.8m.

Primary Care

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	92,942	24,482	22,551	1,931	8.6%
CHO 2	99,858	26,824	24,144	2,680	11.1%
CHO 3	79,300	19,652	19,522	130	0.7%
CHO 4	130,886	33,331	32,429	901	2.8%
CHO 5	92,725	23,629	22,875	754	3.3%
CHO 6	62,828	16,503	15,271	1,233	8.1%
CHO 7	158,415	39,485	38,843	642	1.7%
CHO 8	129,498	32,111	31,823	288	0.9%
CHO 9	130,603	31,838	32,158	(320)	-1.0%
Regional	11,907	4,148	2,953	1,195	40.5%
National	88,885	7,647	19,374	(11,727)	-60.5%
Sub Total	**1,077,847**	**259,650**	**261,944**	**(2,295)**	**-0.9%**
PCRS	2,582,715	647,655	652,413	(4,758)	-0.7%
DLS	251,558	62,661	62,208	454	0.7%
Sub Total PCRS & DLS	2,834,274	710,316	714,620	(4,304)	-0.6%
Total Primary Care Division	**3,912,121**	**969,966**	**976,564**	**(6,599)**	**-0.7%**

The Primary Care division spent €970.0m versus a budget of €976.6m leading to a surplus of €6.6m. €4.8m of this surplus arose in PCRS.

Within Operational Primary Care, there is a YTD surplus of €2.3m. This includes a favourable variance of €11.7m on National and a €1.2m deficit on Regional, with adverse variances totalling €8.2m arising within the CHOs.

A significant deficit driver in the CHOs is the removal of Paediatric Home Care Package funding. It is currently being held centrally. It will transition to the CHOs in due course.

Other key drivers of CHO deficits are property related costs, medical supplies and grants to outside agencies.

The Regional deficit of €1.2m is mainly attributable to the National Virus Reference Laboratory.

National Support Services

The National Support Services Division spent €85.7m versus a budget of €73.5m leading to an adverse variance €12.2m. This heading includes national functional divisions such as HR, HBS, System Reform, Legal Services and CIO. The bulk of the costs and cost pressures giving rise to this spend and deficit level represent essential supports provided by the national functions to support direct service provision.

Pensions /Demand Lead Areas/State Claims (SAA)

Pensions and Demand Led areas are currently running broadly in line with original NSP expectations.

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

Pay and Numbers Strategy 2018

There are a number of emerging pay cost pressures eg. nurses agreement which require attention to mitigate the potential for unfunded costs.

Human Resources

Health Sector Workforce – Key Messages

The census reporting methodology has changed from the start of 2018 on direction from the Department of Health, in order to better align census reporting with pay reporting and the Pay & Staffing Strategy. Home Helps on HSE payroll are now included in overall census numbers and student nurses on their 4th year placement, previously discounted at 50%, are now returned at their actual WTE value.

At the end of March 2018, health services' employment (including Home Helps) stands at 115,960 WTEs. When compared with the February 2018 figure (115,467 WTEs), the change is an increase of +493 WTEs (+0.4%).

Reporting Methodology Impacts

Student Nurse WTE this month increased by +69 WTEs, for which +41WTEs is inclusive of the methodology change.

Other key findings

All Hospital Groups (HGs) with the exception of the Children's Hospital Group, along with all of the Community Healthcare Organisations (CHOs) with exception of CHO 2 recorded increases this month.

Two sectors recorded increases from last month; HSE +428 WTEs, (+0.6%), the Voluntary Agencies Hospitals Sector +79 WTEs (+0.3%) while the Voluntary Agencies (Non-Acute) reduced by -14 WTEs
(-0.1%).

The Year-to-Date figure is +1663 WTEs (1.5%).

Recorded employment levels have increased by +15,568 WTEs (+15%) since they bottomed out in October 2013 (100,392 WTEs, adjusted to exclude Children & Family Services, but now include Home Helps).

By Staff Group (*including Home Helps*)

(December figure: 114,058)

Division	WTE Mar 2018	change since Mar 2017	% change since Mar 2017	change since Dec 2017	% change since Dec 2017	change since Feb 2018
Total Health Service	**115,960**	**+4,606**	**+4.1%**	**+1,663**	**+1.5%**	**+493**
Acute Services	59,402	+2,763	+4.9%	+1,301	+2.2%	+311
Acute Hospital Services	*57,531*	*+2,651*	*+4.8%*	*+1,272*	*+2.3%*	*+282*
Ambulance Services	*1,872*	*+113*	*+6.4%*	*+29*	*+1.6%*	*+30*
Mental Health	10,037	+241	+2.5%	+239	+2.4%	+81
Primary Care	10,953	+106	+1.0%	+17	+0.2%	+20
Social Care	31,056	+1,262	+4.2%	+70	+0.2%	+42
Disabilities	*17,895*	*+675*	*+3.9%*	*+83*	*+0.5%*	*-0*
Older People	*13,160*	*+587*	*+4.7%*	*-13*	*-0.1%*	*+42*
Health & Wellbeing	1,459	+49	+3.5%	+9	+0.6%	+6
Corporate	1,540	+66	+4.5%	+5	+0.3%	+26
Health Business Services	1,513	+118	+8.5%	+23	+1.6%	+7

Staff Category /Group	WTE Mar 2018	change since Mar 2017	% change since Mar 2017	change since Dec 2017	% change since Dec 2017	change since Feb 2018
Total Health Service	115,960	+4,606	+4.1%	+1,663	+1.5%	+493
Medical/ Dental	**10,185**	**+406**	**+4.2%**	**+64**	**+0.6%**	**+65**
Consultants	2,992	+110	+3.8%	+21	+0.7%	+14
NCHDs	6,380	+289	+4.8%	+50	+0.8%	+53
Medical (other) & Dental	813	+6	+0.8%	-7	-0.9%	-2
Nursing	38,002	+1,566	+4.3%	+1,225	+3.3%	+145
Nurse Manager	7,529	+207	+2.8%	+95	+1.3%	+40
Nurse Specialist	1,753	+139	+8.6%	+47	+2.7%	+14
Staff Nurse	25,246	+429	+1.7%	-69	-0.3%	+25
Public Health Nurse	1,510	+25	+1.7%	-5	-0.3%	-2
Nursing Student	1,660	+762	+85.0%	+1,160	+231.9%	+69
Nursing (other)	305	+3	+1.1%	-2	-0.8%	-1
Health & Social Care	**16,070**	**+603**	**+3.9%**	**+120**	**+0.8%**	**+80**
Therapists (OT, Physio, SLT)	4,462	+181	+4.2%	+21	+0.5%	+13
Health Professionals (other)	11,609	+422	+3.8%	+99	+0.9%	+67
Management/ Admin	**17,891**	**+820**	**+4.8%**	**+177**	**+1.0%**	**+89**
Management (VIII+)	1,654	+156	+10.4%	+44	+2.7%	+25
Clerical & Supervisory (III to VII)	16,237	+663	+4.3%	+133	+0.8%	+64
General Support	**9,454**	**+55**	**+0.6%**	**+0**	**+0.0%**	**+25**
Patient & Client Care	**24,358**	**+1,156**	**+5.0%**	**+77**	**+0.3%**	**+89**
Ambulance	1,773	+106	+6.3%	+28	+1.6%	+30
Care	19,150	+746	+4.1%	+117	+0.6%	+65
Home Help	3,434	+305	+9.8%	-68	-1.9%	-6

Service Area	WTE Mar 2018	change since Mar 2017	% change since Mar 2017	change since Dec 2017	% change since Dec 2017	change since Feb 2018
Total Health Service	**115,960**	**+4,606**	**+4.1%**	**+1,663**	**+1.5%**	**+493**
Ambulance	1,872	+113	+6.4%	+29	+1.6%	+30
Children's	3,159	+162	+5.4%	+55	+1.8%	-7
Dublin Midlands	10,448	+287	+2.8%	+146	+1.4%	+39
Ireland East	11,697	+562	+5.0%	+315	+2.8%	+72
RCSI	8,993	+373	+4.3%	+216	+2.5%	+58
Saolta Healthcare	8,881	+315	+3.7%	%+208	+2.4%	+47
South/ South West	10,216	+520	+5.4%	+238	+2.4%	+53
University of Limerick	4,065	+417	+11.4%	+91	+2.3%	+18
other Acute Services	70	+14	+25.8%	+3	+4.2%	+0
Acute Services	**59,402**	**+2,763**	**+4.9%**	**+1,301**	**+2.2%**	**+311**
CHO 1	5,480	+106	+2.0%	+43	+0.8%	+33
CHO 2	5,387	+133	+2.5%	-4	-0.1%	-25
CHO 3	4,230	+98	+2.4%	+61	+1.5%	+30
CHO 4	8,025	+269	+3.5%	+42	+0.5%	+22
CHO 5	5,122	+359	+7.5%	+41	+0.8%	+22
CHO 6	3,758	-572	-13.2%	+4	+0.1%	+3
CHO 7	6,536	+846	+14.9%	+13	+0.2%	+6
CHO 8	6,135	+95	+1.6%	+24	+0.4%	+33
CHO 9	6,526	+244	+3.9%	+114	+1.8%	+16
Other Non-Acute	378	+23	+6.6%	-15	-3.7%	+1
PCRS	469	+6	+1.3%	+1	+0.2%	+1
Community Services	**52,046**	**+1,609**	**+3.2%**	**+325**	**+0.6%**	**+142**
Health & Wellbeing	1,459	+49	+3.5%	+9	+0.6%	+6
Corporate	1,540	+66	+4.5%	+5	+0.3%	+26
Health Business Services	1,513	+118	+8.5%	+23	+1.6%	+7

Absence Rate

Service	Med/Den	Nursing	Health & Social Care	Man/ Admin	General Support	Patient & Client Care	Overall	*Certified*
Acute Services	1.0%	5.1%	3.5%	4.6%	6.4%	6.8%	4.6%	4.6%
Mental Health	2.2%	5.6%	4.0%	4.6%	7.5%	5.9%	5.3%	5.3%
Primary Care	2.2%	5.6%	4.6%	4.4%	4.2%	7.4%	4.8%	4.8%
Social Care	1.2%	5.9%	4.7%	5.0%	6.3%	6.5%	5.9%	5.9%
Community Services	2.1%	5.8%	4.6%	4.6%	6.3%	6.5%	5.5%	5.5%
Health & Wellbeing	4.4%	2.2%	4.4%	5.0%	4.6%	1.7%	4.7%	4.7%
Corporate & HBS	0.0%	3.8%	1.1%	4.6%	4.2%	0.0%	4.5%	4.5%
Overall	1.3%	5.3%	4.0%	4.6%	6.3%	6.6%	5.0%	5.0%
Certified	84.1%	86.6%	87.7%	90.4%	91.2%	90.1%	88.6%	88.6%

Latest monthly figures

The February rate at 5.0% is lower than the January rate (5.7%). Previous February rates were 6.2% (2008), 5.0% (2009), 4.7% (2010), 4.9% (2011), 5.1% (2012), 4.8% (2013), 4.9% (2014), 4.6% (2015) and 4.9% (2016), 4.4% (2017).

February 2018 absence rate stands at 5.0%, an increase when compared with a rate of 4.4% for February 2017 & 4.9% for February 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 England absence rates for July 2017 recorded an overall rate of 4.0%, an increase from the previous one of 3.9% (June 2017). Scotland's NHS absence rate for the 2015/2016 financial year was 5.2% while in Wales the rate recorded was 5.0% for Q3 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%	84%
Mental Health Services	92%	89%
Other Agencies	100%	89%

- The data deals with 4,824 NCHDs – approximately 82% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in March 2017 was 5,634, in March 2016 it was 5,484;
- Compliance with a maximum 48 hour week is at 84% as of end March – down 1% from February;
- Compliance with 30 minute breaks is at 98% - down 1% from February;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from February;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 98% - up 2% from February;
- Compliance with a daily 11 hour rest period is at 98% - unchanged from February. This is closely linked to the 24 hour shift compliance above.

Pay and Staffing Strategy 2018

2018 Funded Workforce Plan is work-in progress

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report
Level 3/Level 4
May 2018
Version 0.3
02 05 18

Escalation Summary

1. Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Division

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**

Performance summary areas of escalation

Level 3 escalation

Breast Cancer within 2 weeks
Acute Hospitals
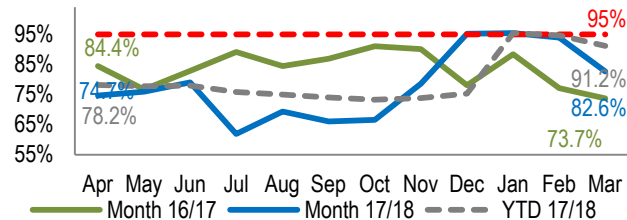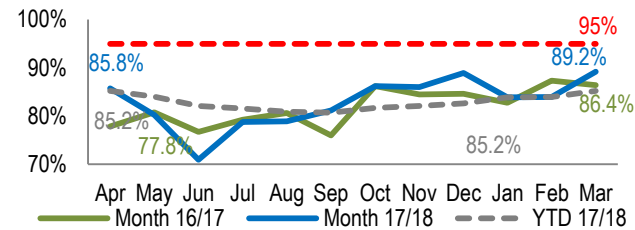
84.4%
74.7%
78.2%
95%
91.2%
82.6%
73.7%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 16/17 — Month 17/18 --- YTD 17/18

Lung Cancer within 10 working days
Acute Hospitals

100%
90%
80%
70%
85.8%
85.2%
77.8%
95%
89.2%
86.4%
85.2%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 16/17 — Month 17/18 --- YTD 17/18

Prostate Cancer within 20 working days
Acute Hospitals

100%
50%
0%
35.7%
43.3%
42.5%
90%
73.9%
73.4%
43.1%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 16/17 — Month 17/18 --- YTD 17/18

Radiotherapy within 15 working days
Acute Hospitals

95%
85%
75%
65%
88.1%
74.5%
65.8%
90%
77.8%
75.4%
74.3%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
— Month 16/17 — Month 17/18 --- YTD 17/18
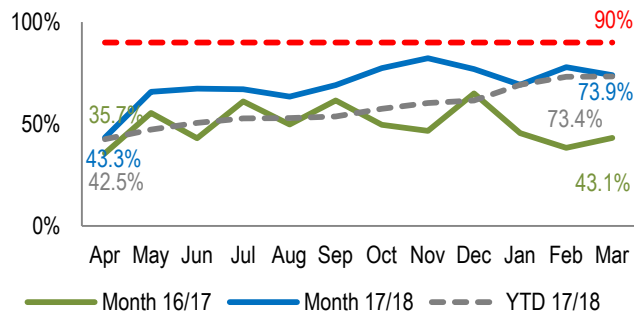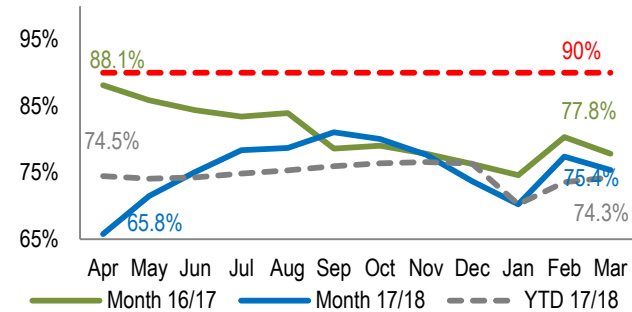
Inpatient and Day Case Waiting List
Acute Hospitals
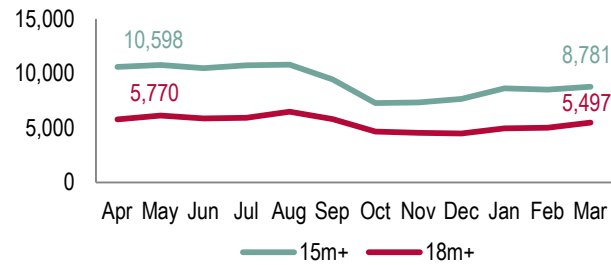
Outpatient Waiting List
Acute Hospitals
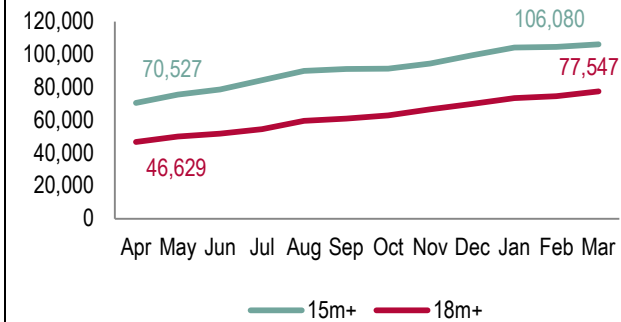
Total Number of SREs Reported
Acute Hospitals

Division	Total SRE Occurrence
Acute Hospitals	27

Disability Act Compliance
Social Care
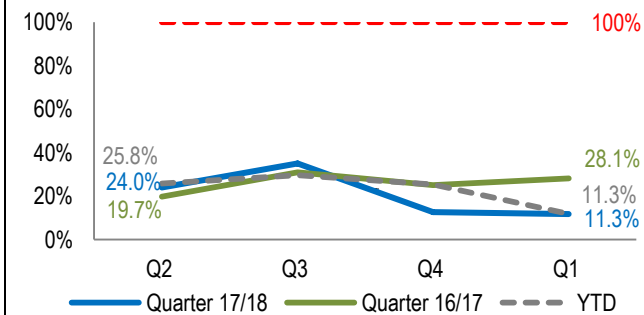
ED over 24 hours
Acute Hospitals
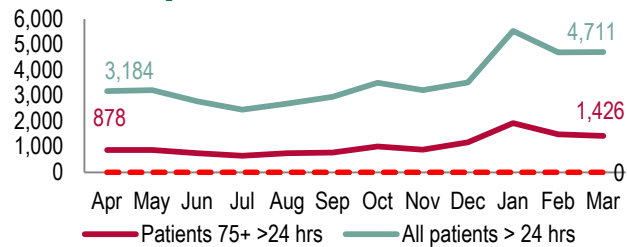
Legend: Patients 75+ >24 hrs — All patients > 24 hrs

Values shown: 3,184 — 4,711 — 878 — 1,426 — 0

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	1,283,221	1,221,451	61,770	5.1%

Urgent Colonoscopy patients greater than 4 weeks
Acute Hospitals

Legend: Month 17/18

Values shown: 12 — 61
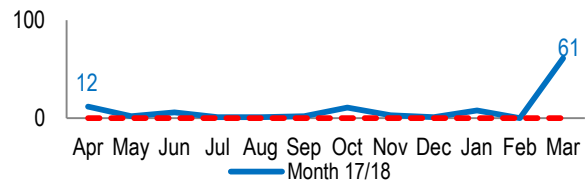
Number on waiting list for GI Scopes
Acute Hospitals

Legend: <13 weeks — > 13 week breaches

Values shown: 10,915 — 10,152 — 8,181 — 8,540
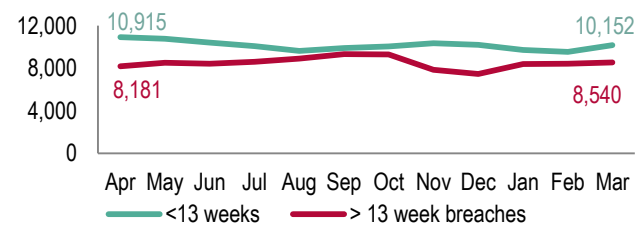
NPOG Review and Improvement process

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

Stage 1 Review: Identifying the problem

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

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

Stage 4 Improve: Planning for and implementing solutions
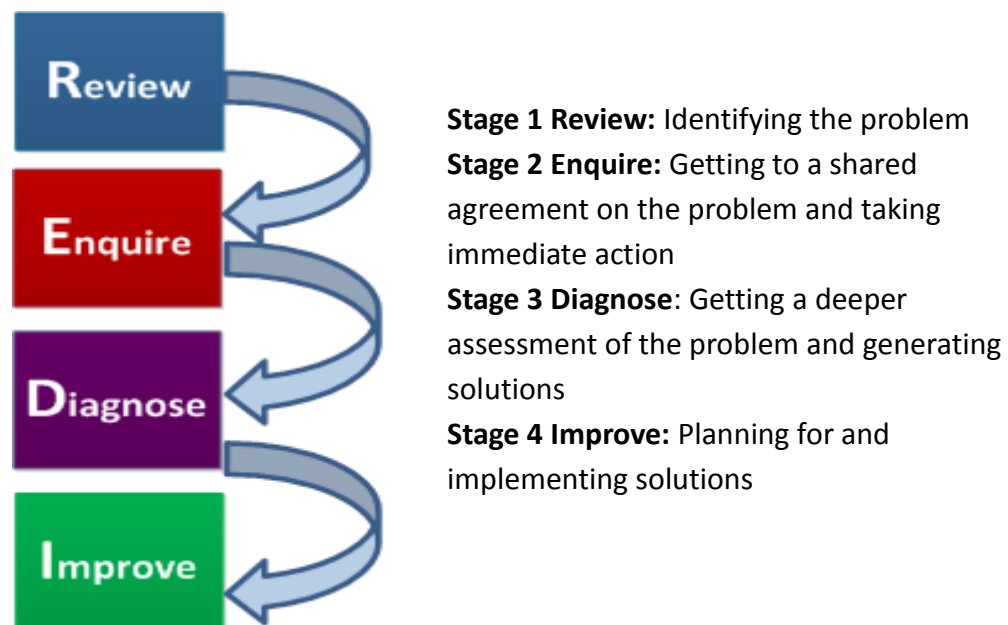
Areas of Level 3 Escalation [NPOG oversight]

General: Cancer Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)

Division	Escalation level	Date escalated	Reason for escalation		Responsible
Acute Hospitals/NCCP	3	[11]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:** ND NCCP to confirm that there is not backlog in the Prostate Cancer Services at SJH	10.04.18	01 05 18	Complete
3	**Review:** Predictive Tool Model to be implemented in CUH Radiotherapy RAC and UHL Prostate RAC and Lung RAC	01.05.18	05.06.18	

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

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[11] 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.

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
2	**Review:** Medication Incidents Report 2017 to be reviewed	01.05.18	05.06.18	

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	**Enquire:** ND HR will support the progression of the Disability Network Team Manager posts	04.10.17	03.04.18	Update provided
2	**Review:** ND to provide a report on assessment of longest waiters by CHO.	10.04.18	01 05 18	Update provided
3	**Improve:** ND to provide a progress report on Implementation of the Improvement Plan	10.04.18	01 05 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)	[12]March 2015	**Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies**	**ND AHD**

NPOG REDI elements		Date agreed	Due date	Status
1	**Review:** Monthly review of urgent colonoscopy breach data	07.06.17	on-going	on-going
2	**Review:** ND NCCP to provide a report on the number of FIT Test's sent out and uptake rates	10.04.18	01 05 18	Complete

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[12] Routine colonoscopies escalated Red to Black in September 2015

ED: Patients waiting in ED > <u>24 hours and people over 75 years</u>

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	Under management at operational level
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	Under management at operational level

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 – 27th April 2018

May 2018 (March 2018 data cycle) - Version 0.1 27 04 18			
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
Our Lady's Children's Hospital, Crumlin	**Helen Shortt**		
		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	**Orlagh Claffey**		
		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
		Prostate Cancer within 20 days	Level 3
Tallaght Hospital - Adults	**David Slevin**		
		ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3

Appendix 1: Services in Escalation – 27th April 2018

Service	Accountable Officer	Escalation Area	Level
May 2018 (March 2018 data cycle) - Version 0.1 27 04 18			
Ireland East Hospital Group (Accountable Officer - Mary Day CEO)			
Mater Misericordiae University Hospital	**Gordan Dunne**		
		ED > 24 hours	Level 3
MRH Mullingar	**Shona Schneemann**		
		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	**Prof. Michael Keane**		
		ED > 24 hours	Level 3
Wexford General Hospital	**Lily Byrnes**		
		ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO)			
Beaumont Hospital	**Ian Carter**		
		ED > 24 hours	Level 3
Cavan General Hospital	**Ray Bonar**		
		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)			

Appendix 1: Services in Escalation – 27th April 2018

Service	Accountable Officer	Escalation Area	Level
May 2018 (March 2018 data cycle) - Version 0.1 27 04 18			
Galway University Hospital	**Chris Kane**		
		ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
		ED > 75 yrs > 24 hours	Level 3
Letterkenny University Hospital	**Sean Murphy**		
		Routine Colonoscopy > 13 weeks	Level 3
Mayo University Hospital	**Catherine Donohoe**		
		Routine Colonoscopy > 13 weeks	Level 3
South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
Cork University Hospital	**Tony McNamara**		
		ED > 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Radiotherapy	Level 3
		Routine Colonoscopy > 13 weeks	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
		ED > 75 yrs > 24 hours	Level 3
UH Waterford	**Richie Dooley**		
		ED > 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3

Appendix 1: Services in Escalation – 27th April 2018

May 2018 (March 2018 data cycle) - Version 0.1 27 04 18			
Service	**Accountable Officer**	**Escalation Area**	**Level**
		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			
CHO 4	**Ger Reaney**		
		Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 7	**David Walsh**		
		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]

- 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 - EWTD
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	Dietetics No of Patients Seen % on waiting list for treatment < 12 weeks % on waiting list for treatment < 52 weeks	Non Return - CHO9 (North Dublin)
Primary Care	Ophthalmology No of Patients Seen % on waiting list for treatment < 12 weeks % on waiting list for treatment < 52 weeks	Non Return – CHO1 (Sligo/Leitrim), CHO9 (Dublin North Central)
Primary Care	Nursing No of Patients Seen % of new patients accepted onto the nursing caseload and seen within 12 weeks.	Non Return – CHO4 (North Lee, South Lee), CHO5 (South Tipperary, Waterford) CHO8 (Louth), CHO9 (Dublin North Central))
Primary Care	Psychology No of Patients Seen % on waiting list for treatment < 12 weeks % on waiting list for treatment < 52 weeks	Non Return - CHO8 (Louth)
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)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of hospital discharge	Non Return – CHO1 (Donegal, Sligo/Leitrim, Cavan/Monaghan)
Primary Care	Orthodontics % of Orthodontic patients seen for assessment within 6 months Reduce the proportion of Orthodontics patients (grade 4 and 5) on the treatment waiting list longer than 4 years (%)	Non Return – Midlands DML
Palliative Care	Community Services Access to specialist palliative care services in the community provided within seven days (normal place of residence) (during the reporting month)	Non Return – CHO2 (Roscommon)
Palliative Care	Day Care Palliative Care Services	Non Return – CHO3 (Limerick), (North Tipperary/East Limerick) (Clare)
Palliative Care	Adult Acute Palliative Care Services	Non Return – Sligo General, Mayo General, UH Limerick, Ennis Hospital, Nenagh Hospital, Kerry General, South Infirmary University Cork, St James's Hospital, St Johns Limerick, Beaumont Hospital
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 – CHO1 (Cavan/Monaghan), CHO5 (Carlow Kilkenny) (South Tipperary) (Waterford) (Wexford), CHO 8 – (Louth) (Meath) (Laois Offaly) (Longford Westmeath), CHO9 – (Dublin North West) (Dublin North Central) (Dublin North)

Service Area	Metric Name	Data Coverage Issue
Social Inclusion	Substance Misuse - % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	CHO 8 – (Louth) (Meath) (Laois Offaly) (Longford Westmeath)
Mental Health	<u>General Adult Teams</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 adult referrals (including re-referrals) seen by Mental Health Services	CHO8 – 2 teams – (Athlone, 3rd consecutive non-return) (Trim)
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, 2nd consecutive non-return)
Acute Hospitals	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	CUH outstanding for Mar 18.
Acute Hospitals	% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	CUH outstanding for Mar 18.
Acute Hospitals	% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	MMUH outstanding for Jan, Feb, Mar 18.
Acute Hospitals	CPE	Naas, Sth Tipperary CPE outstanding during March.
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	SSW Hospital Group outstanding

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Children's 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	CWIUH		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	OLOL			
	Rotunda Hospital	Rotunda			

Appendix 4: Community Health Organisations

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