

Building a high quality health service for a healthier Ireland

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Health Service

# Performance Report

## July 2016

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

# Key Performance Messages

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

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

## Emergency Care

- There were **796,498** emergency presentations year to date, an increase of **6.5%** on expected activity.
- **82%** of patients waited 9 hours or less in July, with **67.5%** admitted or discharged within 6 hours. In June, **84.2%** of patients waited 9 hours or less, with **70.3%** admitted or discharged within 6 hours.
- **2,452** waited greater than 24 hours in July with **2,077** in June. **669** patients over 75 years were waiting greater than 24 hours in July.

## Inpatient, Daycase and Outpatient Waiting lists

- Waiting lists for inpatient/daycase procedures and outpatient appointments have risen since December 2015.
- At the end of July there were **7,397** patients waiting greater than 15 months for inpatient/daycase procedures compared to **6,579** in June. Outpatient waiting lists over 15 months increased from **34,674** at the end of June to **39,103** in July.

## Delayed Discharges

- The number of delayed discharges in July was **608**, a decrease on June total of **630**.

## Cancer Services

- **89.2%** urgent breast cancer referrals seen within 2 weeks in July, an increase from June **82.8%** (Target 95%).
- **79.3%** rapid access lung referrals seen within 10 working days in July, an increase from June **76.7%** (Target 95%).
- **61.1%** rapid access prostate referrals seen within 20 working days in July, an increase from June **43.1%** (Target 90%).

## Home Care Services

- **6,197,215** home help hours have been provided YTD, **0.4%** ahead of target (**6,175,298**) and **108,687** hours more than July YTD 2015.
- **15,319** people received home care packages in July, **-0.8%** below target **15,450** and **843** people more than July 2015.

## Community Intervention Teams (CITs)

- **2,297** referrals to CITs in July, **2,298** in June (Target 1,998).

## Medical Card/GP Visit Card applications

- **98.1%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).

## 5k Parkruns completed by the general public

- **16,586** runs were completed, **15,072** in June (Target 10,699).

# Quality and Patient Safety

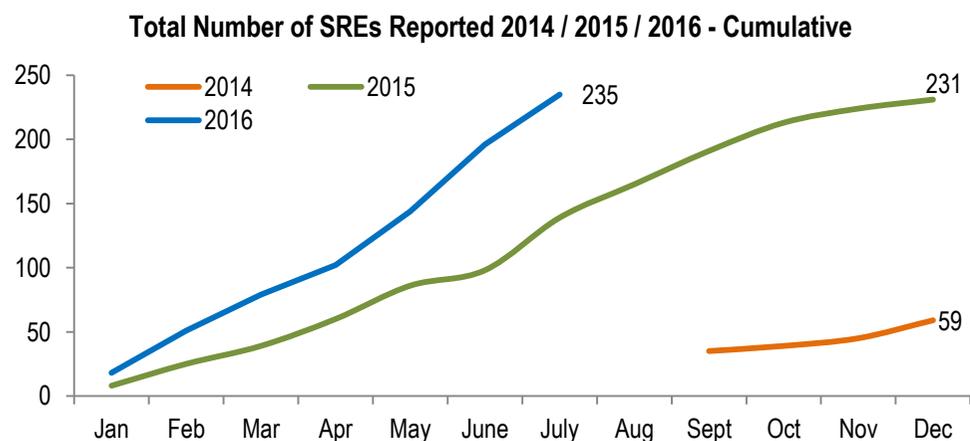
# Quality and Patient Safety

## National Incident Management Training

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

## Serious Reportable Events – National

- The total number of SREs reported during July 2016 was **39** (235 year to date).



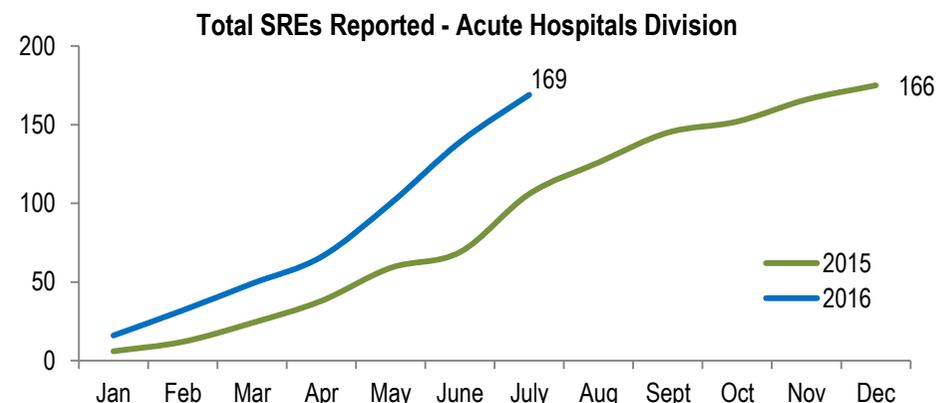
## Compliance

- **35%** of all Serious Reportable Events were notified within 24 hours to the Senior Accountable Officer to date in 2016.
- **48** SREs, which were reported during January - April 2016, were due to have Investigations completed by the end of July 2016. **0** completed.

## Serious Reportable Events – HSE Divisions

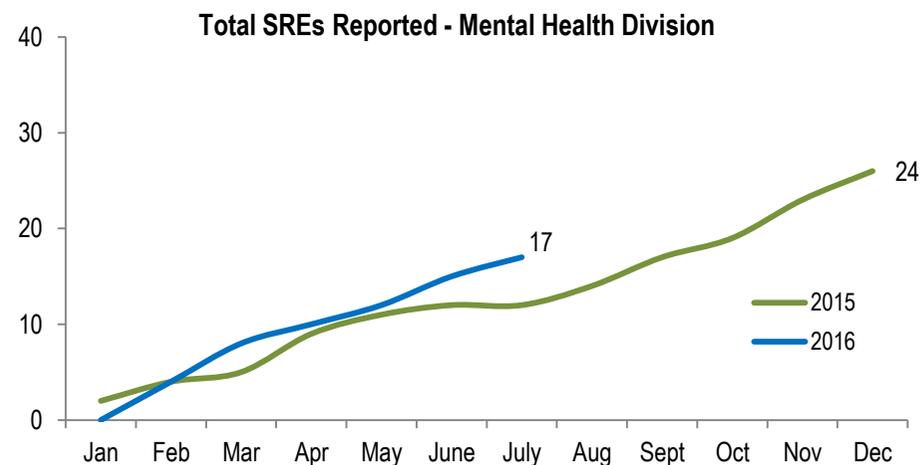
### Acute Hospitals Division

- The total number of SREs reported during July 2016 was **30**.



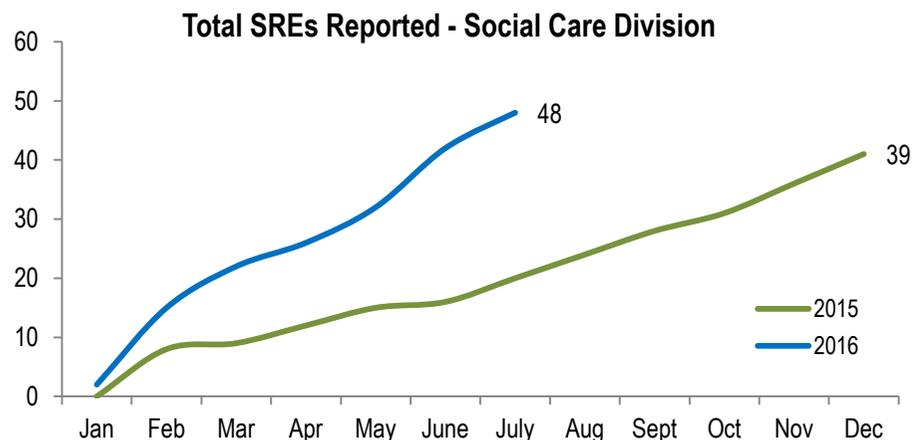
### Mental Health Division

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



## Social Care Division

- The total number of SREs reported during July 2016 was **6**.



## Other Divisions

1 new SREs was reported by Primary Care Division during July 2016.

## SRE Compliance (Cumulative 2016)

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

Division	Acute Hospitals	Social Care	Mental Health	Other	Total
% Compliance	34%	27%	65%	0%	35%

## National Incident Management System (NIMS)

Quarterly incident data from NIMS is being produced at a national level.

## Healthcare Audit

- A total of 29 audits have been completed across five areas of health and social care services year to date.
- 14 audits were ongoing during June 2016.

## Medical Exposure Radiation Unit

- The recording, review and analysis of medical ionizing radiation incidents are on-going. 18 notifiable incidents have been reported to MERU in 2016 to date.
- The MERU team continue to engage with the State Claims Agency on the pilot of radiological incident reporting framework for public hospitals.

## Complaints

- The first draft of the revised *Your Service Your Say* Policy has been circulated to the National Steering Team.
- The roll out of stage 1 Train the Trainer 'NIMS Complaints Module' programme within CHO/Hospital Groups is now complete with 31 Trainers trained.
- 45 Review Officers have been trained. Phase II training programme has been developed and circulated to Hospital Groups and CHOs.

## Appeals Service

- 1,563** new notifications of appeal were received year to date.
- 1,532** appeals were processed year to date.

Appeal Type	Received 2016	Processed 2016
Medical / GP Card (General Scheme)	1,019	993
Medical / GP Visit Card (>70s scheme)	59	66
Nursing Home Support Scheme	260	241
CSAR	28	33
Home Care Package	84	84
Home Help	54	48
Other	59	67
<b>Total</b>	<b>1,563</b>	<b>1,532</b>

## Person Centred Care Team

On Monday 4<sup>th</sup> July 2016, Our Lady's Ward of St Vincent's University Hospital launched the "***What Matters to You***" campaign. This was as a result of working in close partnership with both frontline staff in the ward, the Quality Improvement Division and the National Clinical Programme for Older People.

The "*What Matters to You*" campaign is a proactive, person centred and practical approach to try to reduce the stress of being in a hospital for both patients and their families. We have found that we can reduce stress, when we get to know the patient as a person and are aware of what matters to them. The "*What Matters to You*" initiative, involves staff asking patients to tell them what matters to them and then capturing some of that information at their bedside on a simple white board. By capturing this information by their bedside, all staff regardless of shift or duties will know what matters for each patient e.g. doctors, porters, cleaners, nurses etc.

Information that can be displayed could include: likes and dislikes; what name they would like to be called; family and friends; pets; hobbies; favourite holiday destinations; personal routines etc. Knowing a bit more about a patient will allow staff to get to know the patient as a person and will provide both staff and patient with the opportunity to discuss more than just their illness, and for staff to adapt their care, where possible, to allow patients to continue their routines. Patients have the choice whether they wish to participate or not

Through piloting this initiative the staff of Our Lady's Ward, the National Clinical Programme for Older people and QID are putting into action the HSE's values of Care, Compassion, Trust and Learning. Knowing the patient as a person and as an equal contributor to their care, where their opinions are sought and valued, is a real example of compassionate care. Through regarding the patient as an equal, trust can be built and both staff and patients can develop important learning from each other, which will lead to better care.

To ensure that we can effectively measure this initiative's impact, QID and the National Clinical Programme staff held baseline semi structured interviews with patients, and will be regularly monitoring their progress over the pilot period. Staff also participated in a context assessment index survey to give a baseline from their perspective. The pilot is due to run until January 2017, and all initial signs are very positive.

# Operational Performance Overview

## Performance RAG Rating

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

## Finance RAG Rating

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

## HR – Absence

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

## HR – Indicative workforce

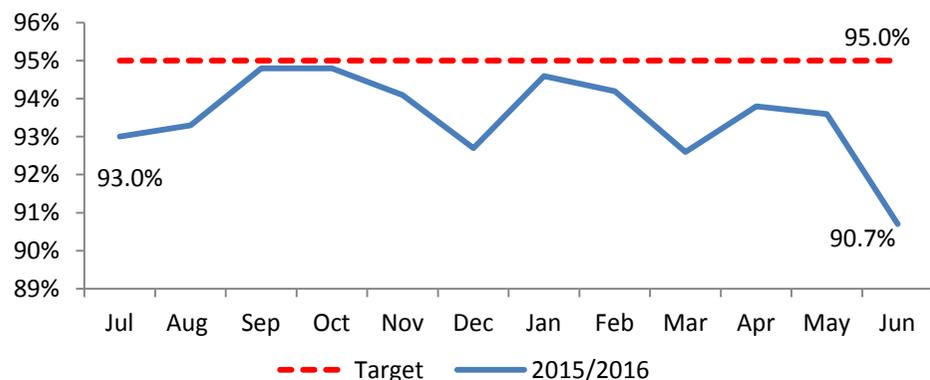
Red ● ≥ 1.5% of target  
Amber ● ≥ 0.5% < 1.5% of target  
Green ● < 0.5% of target

# Health and Wellbeing

## Child Health

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

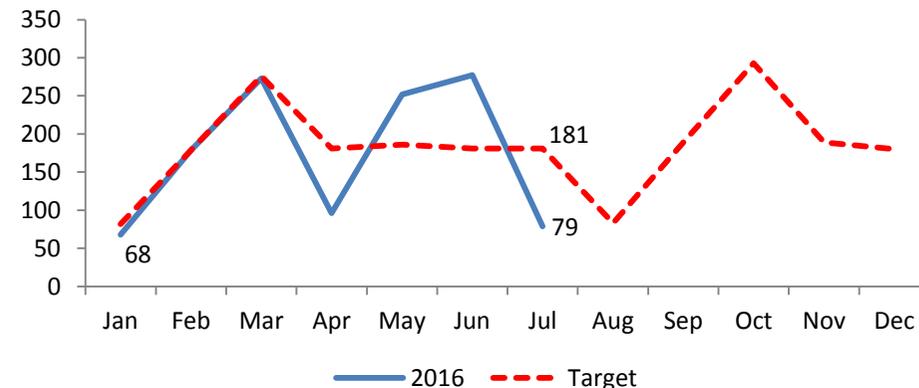
- **90.7%** before 10 months. **93.6%** in May. **93.3%** YTD (Target 95%)
- **Above target:** CHOs 5 and 8 were above the target YTD and all other CHOs were within 5% of the target YTD with the exception of CHO 3 84.2% YTD.



## Healthy Eating Active Living

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

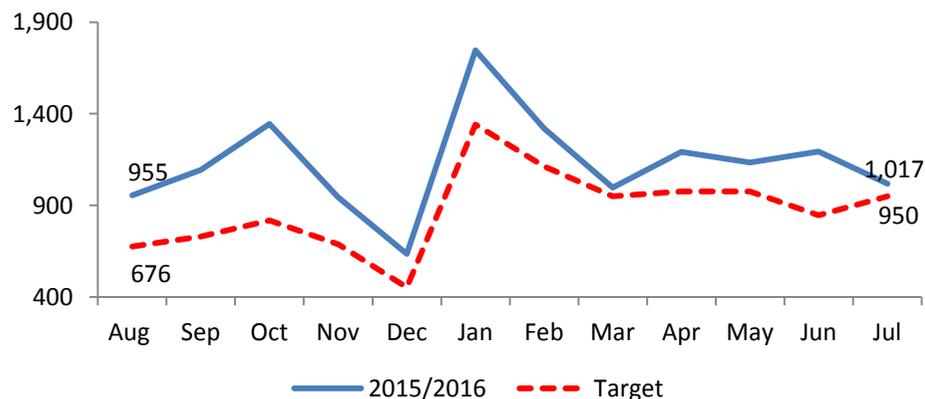
- **79** people completed education programmes, **277** in June. (Target 181)
- **1,224** YTD, -3.3% from YTD target (Target YTD 1,266)



## Tobacco

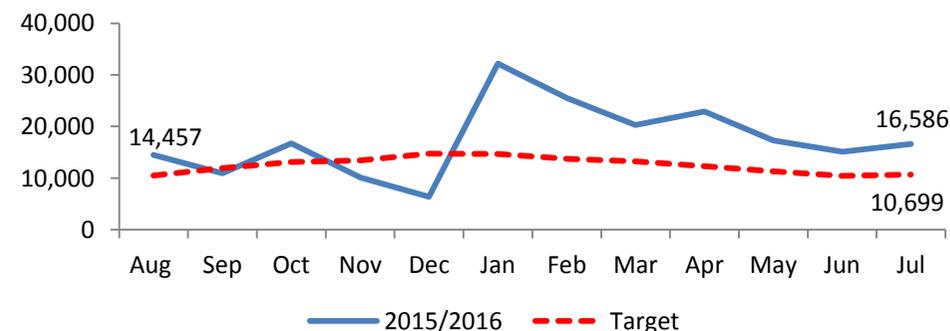
### Smokers receiving intensive cessation support

- **1,017** received cessation support. **1,194** in June. (Target 950)
- **8,598** YTD (Target YTD 7,149)



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

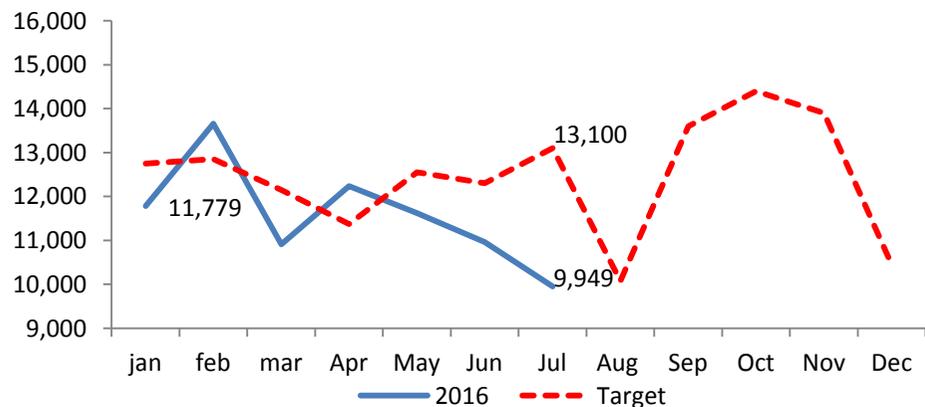
- **16,586** runs were completed, **15,072** in June. (Target 10,699)
- **149,774** YTD, 73.5% ahead of target (Target YTD 86,303)



# Screening Services

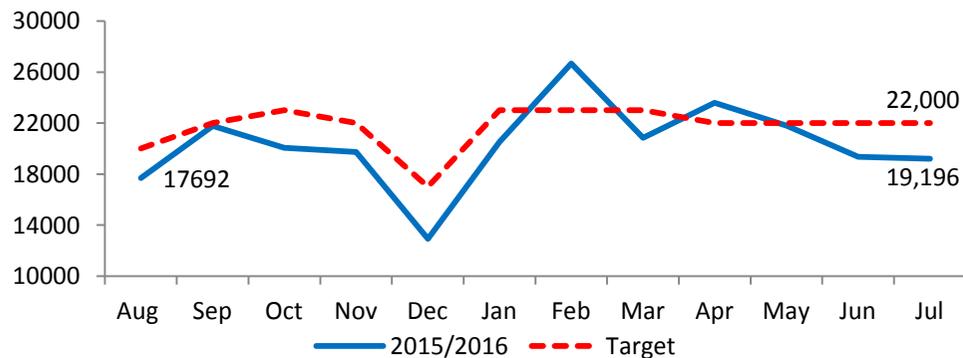
## BreastCheck

- **9,949** of eligible women had a mammogram. **10,958** in June. (Target 13,100)
- **81,117** YTD, -6.8% below target (Target YTD 87,075)



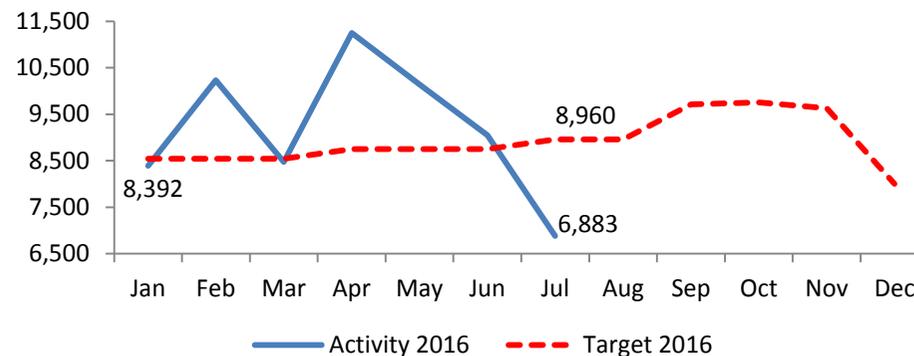
## CervicalCheck

- **19,196** women had CervicalCheck screening. **19,347** in June. (Target 22,000)
- **151,988** YTD, -3.2% below target (Target YTD 157,000)



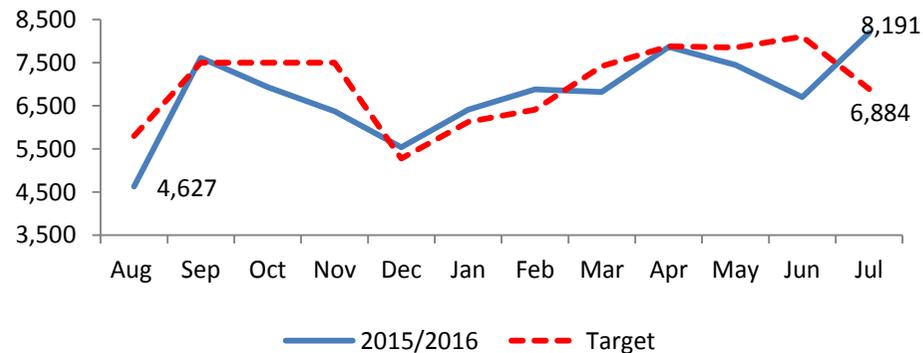
## BowelScreen

- **6,883** completed a satisfactory FIT test. **9,046** in June. (Target 8,960)
- **64,418** YTD, 5.9% above target (Target YTD 60,830)



## Diabetic RetinaScreen

- **8,191** participated in Diabetic RetinaScreen. **6,702** in June. (Target 6,884)
- **50,302** YTD, -0.7% below target (Target YTD 50,664)



# Health and Wellbeing Commentary

## Child Developmental Health Screening

There is a drop in performance in CHO 9 (outturn 79% vs. target of 95%). CHO 9 is attributing this performance to the level of staff vacancies in the service.

CHO3 has set out a plan to improve their performance by Q4 2016. Performance trends will continue to be monitored as the year progresses.

## National Screening Service

**BreastCheck:** The expected level of activity in the BreastCheck programme for the reporting period is below target, due to the ongoing challenges regarding the recruitment and retention of the required number of radiography staff.

An international recruitment campaign in September/October 2015, a rolling recruitment campaign on the HSE website and attendance at the Symposium Mammographicum in July are underway.

The uptake rate for the programme remains strong at 77.9% (Jun 2016), which is ahead of the target uptake rate of 70%. The programme is actively pursuing greater targeting of hard to reach groups to ensure uptake remains high, going forward.

**BowelScreen:** The programme has performed strongly in the first six months of the year (5.9% above target YTD). However, there are a number of areas where invites have paused, or have been reduced due to waiting lists for symptomatic services. Consequently, this is placing a challenge on the programme completing its 2 year screening round.

It is anticipated the work of the National Endoscopy Working Group will assist in addressing the capacity and waiting list issues that are currently being experienced.

Alternative options for the provision of screening endoscopy services are being examined at present to address these challenges.

**Cervical Check:** There has been a reduction in June and July compared with estimated activity levels. Activity YTD is 3.2% behind target, but here

is no indication there are any material risks to full year activity delivery, aside from seasonal fluctuations.

**Diabetic RetinaScreen:** Activity is on target YTD. Monthly performance trends across the screening programmes will continue to be monitored.

## Healthy Ireland

Implementation of Healthy Ireland in the Health Services 2015 -2017 is continuing to progress particularly with the recent publication of the UL Healthy Ireland Implementation Plan. The development of the RCSI plan is at an advanced stage with the launch planned for October. Ireland East hospital group Healthy Ireland staff communication sessions were held in each hospital site. An assessment of best practices and current resources was carried out and the outcome will inform the Ireland East hospital group implementation plan. Work has also commenced in CHO4 with the establishment of a Healthy Ireland Steering Group. Implementation continues in the Saolta group with the publication of their first Healthy Ireland Annual Report published in July.

A Staff Health and Wellbeing fund was identified which will be made available to each hospital group and CHO area for the advancement of the Healthy Ireland.

## Health Promotion – Tobacco

Smokers receiving cessation support is performing well at +20% above target YTD. The number of frontline staff trained in brief intervention smoking cessation varies significantly across the areas however overall the national uptake rate is performing at +17% above target.

# Health and Wellbeing Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Quality &amp; Safety</b>	<b>Serious Reportable Events</b>																
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)																
	M	99%	NA														
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer																
	M	90%	NA														
<b>Quality &amp; Safety</b>	<b>Service User Experience<sup>1</sup></b>																
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer																
	Q	75%	71%(i)	-5.3%													
	<b>National Screening Service</b>																
	Cervicalcheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic																
M in arrears	>90%	100%	11.1%											100%	No cases		
<b>Access</b>	<b>Public Health</b>																
	% of children reaching 10 months within the reporting period who have had a child developmental health screening on time or before reaching 10 months of age																
	M in arrears	95%	93.3%	-1.8%	94.6%	93.4%	84.2%	94.4%	95.6%	94.5%	92.8%	95.5%	92.2%	93.6%	90.7%		
	<b>Health Promotion and Improvement - Tobacco</b>																
	No. of smokers who received intensive cessation support from a cessation counsellor <sup>2</sup>																
M	7,149	8,598	20.3%	1,198	125	78	496	200	487	1,259	681	1,081	1,133	1,194	1,017		
<b>Finance</b>	<b>Budget Management including savings - Net Expenditure variance from plan (within budget Finance 0.33%)</b>																
	- % variance - from budget																
	M	€104,144	€102,206	-1.86%											-2.04%	-1.76%	-1.86%
	- % variance - Pay (Direct)																
	M	€53,336	€51,390	-3.65%											-3.53%	-3.49%	-3.65%
- % variance - Pay (Agency)																	
M	€157	€77	-50.57%											-45.92%	-49.25%	-50.57%	
- % variance - Pay (Overtime)																	
M	€143	€179	25.79%											-6.76%	13.75%	25.79%	

<sup>1</sup> This covers all Community Healthcare, (i) - incomplete data, See Appendix 2

<sup>2</sup> Tobacco Cessation: National quitline 2,993  
Health Service Performance Report July 2016

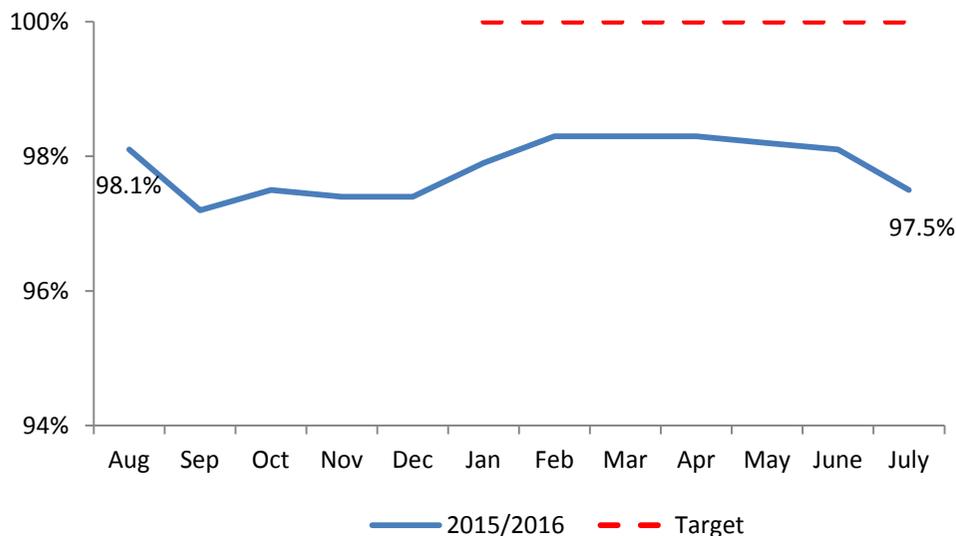
		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current		
HR	- % variance - Non Pay	M	€54,189	€54,202	0.02%										-0.54%	0.09%	0.02%		
	- % variance – Income	M	-€3,381	-€3,386	0.14%										-1.61%	0.71%	0.14%		
	<b>Service Arrangements</b>																		
	No and % of Service Arrangements signed (29/07/16)	M	100%	140 95.24%	4.76%											93.71%	94.44%	95.24%	
	€ value and % of Service Arrangements signed (29/07/16)	M	100%	€9,885 98.39%	1.61%											97.06%	96.96%	98.39%	
	<b>% Absenteeism</b>																		
	Overall	M in arrears	3.50%	4.52%	-29.14%											3.37%	3.66%		
	Medical/Dental			0.03%	99.14%												0.00%	0.00%	
	Nursing			0.93%	73.42%												2.38%	2.30%	
	Health and Social Care Professional			4.70%	-34.28%												3.16%	3.56%	
Management/Admin	5.20%			-48.57%												4.25%	4.03%		
General Support staff	1.97%			43.71%												0.00%	0.69%		
Other Patient and Client staff	2.79%			20.82%												2.60%	2.15%		
<b>Staffing Levels and Costs</b>																			
WTE change from previous month	M		1,386	1											9	2	1		
Variance from funding staffing thresholds	M	0.50%	Data not yet available																

## Primary Care

# Therapy Waiting Lists

## Physiotherapy Assessment Waiting List

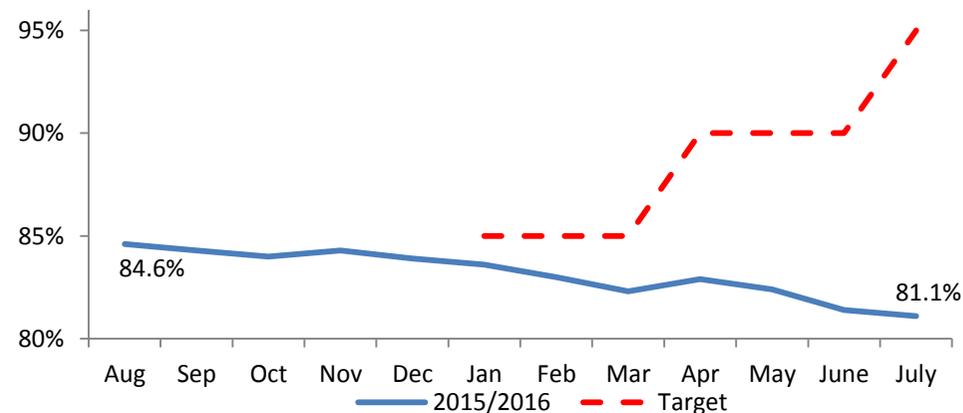
- **97.5% waiting ≤ 52 weeks.** **98.1%** in June (Target 100%)
- **Above target:** CHO6 (100%)
- **Below target:** CHO2 (93.1%), CHO3 (93.2%) & CHO1 (97.4%)
- Target applicable from 2016 only



Physiotherapy Assessment W/L	May	June	July
≤ 12 weeks	21,434	21,427	20,435
>12 weeks ≤ 26 weeks	6,195	6,409	7,310
>26 weeks ≤ 39 weeks	2,319	2,072	2,013
>39 weeks ≤ 52 weeks	1,010	1,066	1,036
> 52 weeks	562	602	794
<b>Total</b>	<b>31,520</b>	<b>31,576</b>	<b>31,588</b>

## Occupational Therapy Assessment Waiting List

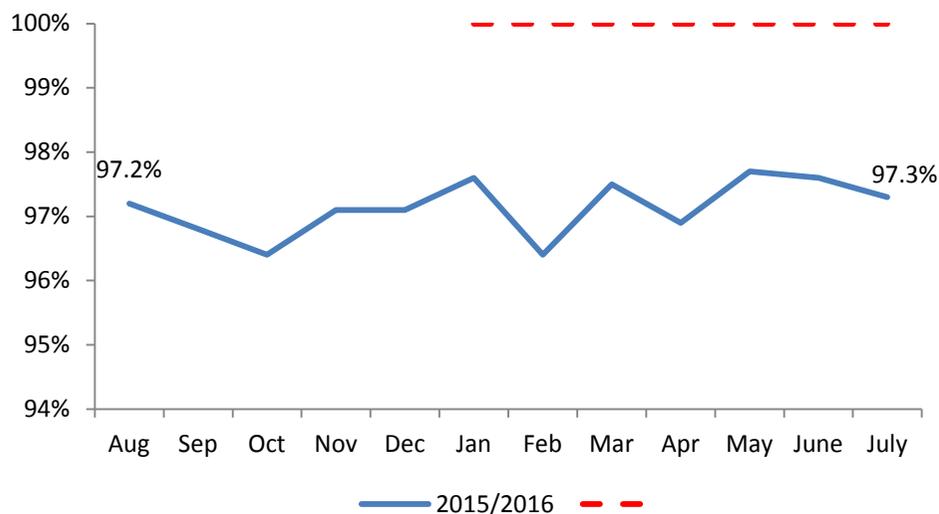
- **81.1% waiting ≤ 52 weeks.** **81.4%** in June (Q3 Target 95%)
- **Above target:** CHO3 (99.9%)
- **Below target:** CHO4 (69.1%), CHO8 (75.3%) & CHO5 (77.8%)
- Data gaps in 2015
- Data gaps Louth and South Tipperary
- Target applicable from 2016 only



OT Assessment W/L	May	June	July
≤ 12 weeks	9,128	9,359	8,798
>12 weeks ≤ 26 weeks	6,281	6,545	6,222
>26 weeks ≤ 39 weeks	3,727	3,357	3,232
>39 weeks ≤ 52 weeks	2,465	2,236	2,225
> 52 weeks	4,619	4,927	4,763
<b>Total</b>	<b>26,220</b>	<b>26,424</b>	<b>25,240</b>

## Speech and Language Therapy Assessment Waiting List

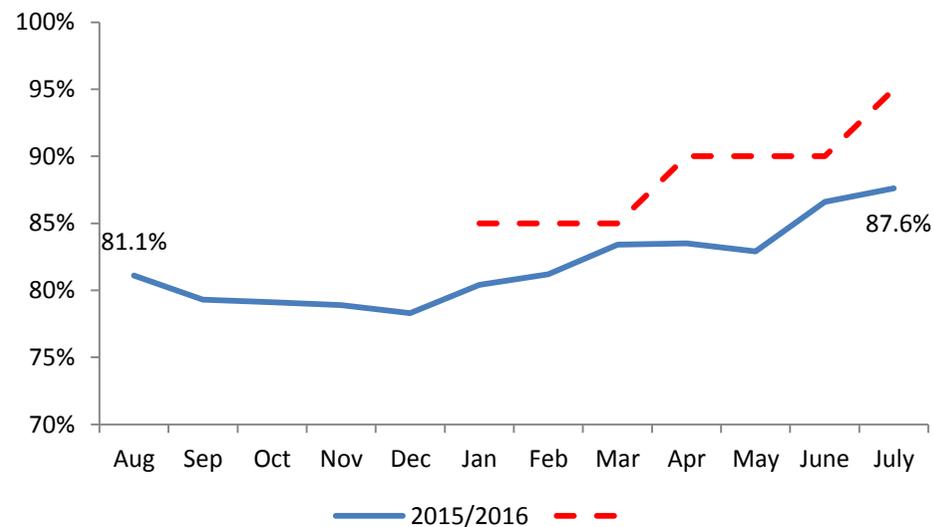
- **97.3%** waiting **≤ 52 weeks**. **97.6%** in June (Target 100%)
- **Above target:** CHO1 (100%) & CHO5 (100%)
- **Below target:** CHO6 (93.2%), CHO4 (95.1%) & CHO2 (94.7%)
- Target applicable from 2016 only



SLT Assessment W/L	May	June	July
≤ 52 weeks	14,727	14,722	13,687
> 52 weeks	341	359	382
<b>Total</b>	<b>15,068</b>	<b>15,081</b>	<b>14,069</b>

## Speech and Language Therapy Treatment Waiting List

- **87.6%** waiting **≤ 52 weeks**. **86.6%** in June (Q3 Target 95%)
- **Above target:** CHO1 (100%), CHO9 (98.7%) & CHO8 (98.5%)
- **Below target:** CHO5 (70.2%), CHO4 (84%) & CHO3 (91%)
- Data gap Meath
- Target applicable from 2016 only

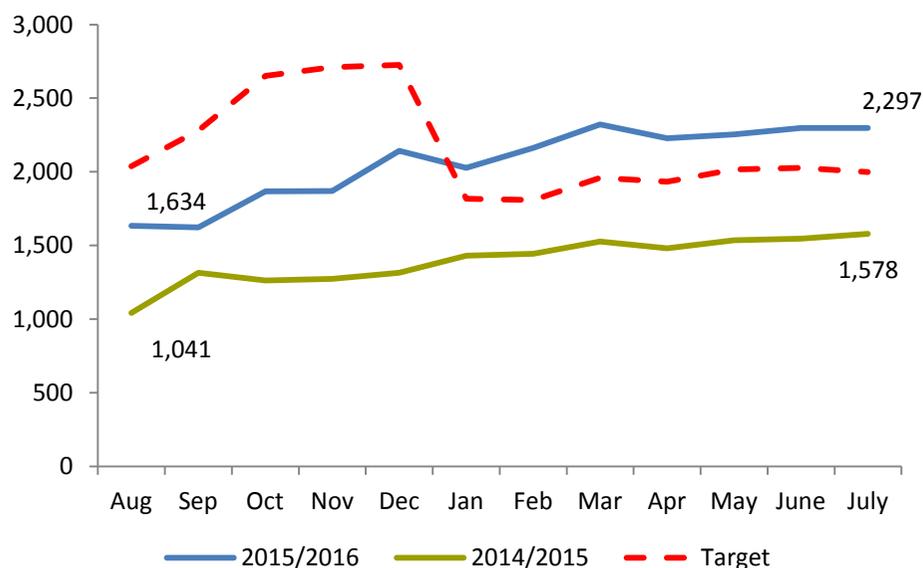


SLT Treatment W/L	May	June	July
≤ 52 weeks	7,333	7,302	7,392
> 52 weeks	1,509	1,133	1,047
<b>Total</b>	<b>8,842</b>	<b>8,435</b>	<b>8,439</b>

## Community Intervention Teams (CITs)

### Number of referrals

- **2,297** in July. **2,298** in June (Target 1,998)
- **15,584** year to date (Target YTD 13,558)
- **Above target:** CHO4 (115.9%), CHO7 (23.3%) and CHO2 (8.8%)
- **Below target:** CHO5 (-8.6%)

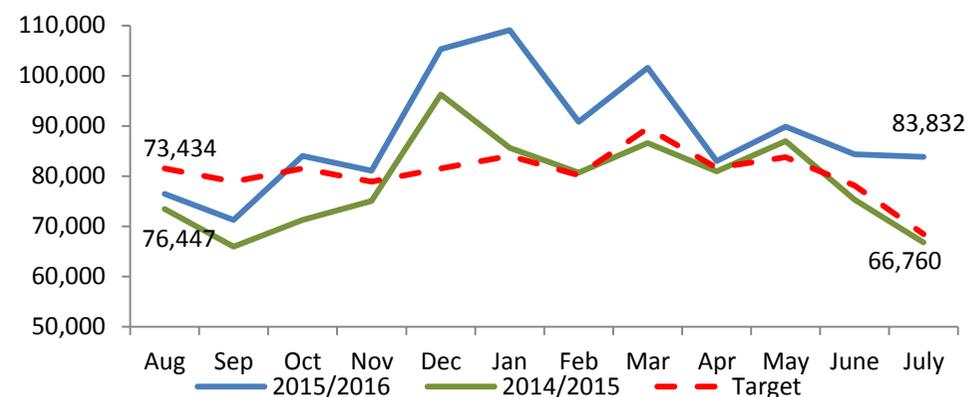


CITs	May	June	July
Admission Avoidance	69	74	70
Hospital Avoidance	1,487	1,537	1,516
Early Discharge	409	430	431
Unscheduled referrals from community sources	289	257	280
<b>National</b>	<b>2,254</b>	<b>2,298</b>	<b>2,297</b>

## GP Out of Hours Services

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

- **83,832** in July. **84,354** in June (Target 68,456)
- **642,465** year to date (Expected Activity YTD 565,665)
- **Above target:** CareDoc (24.7%) Shannondoc (17%), MIDoc (16.1%)
- CareDoc commenced new service in Sligo on 7<sup>th</sup> February, 2016



### Reduced Out of Hours Services

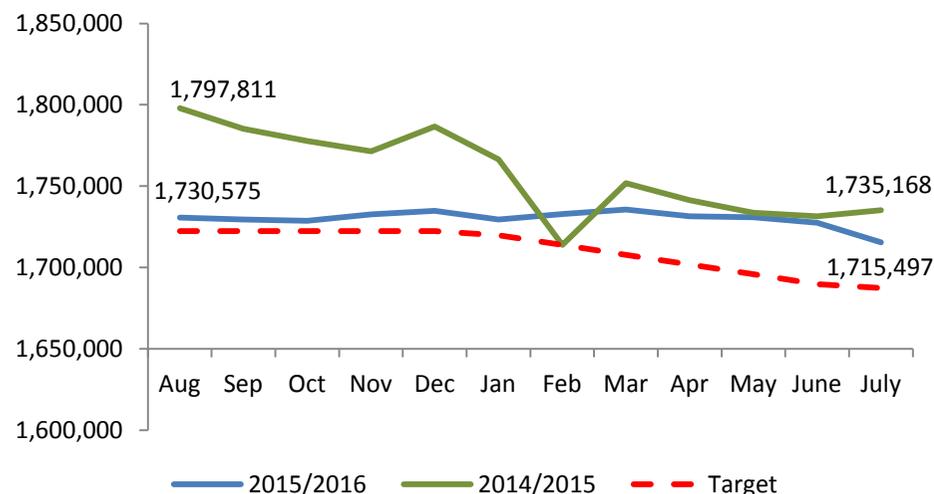
Additional hours from Reduced Out of Hours Services	May	June	July	YTD
National	4,912	4,557	4,637	36,365

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

## Medical Cards/GP Visit Cards

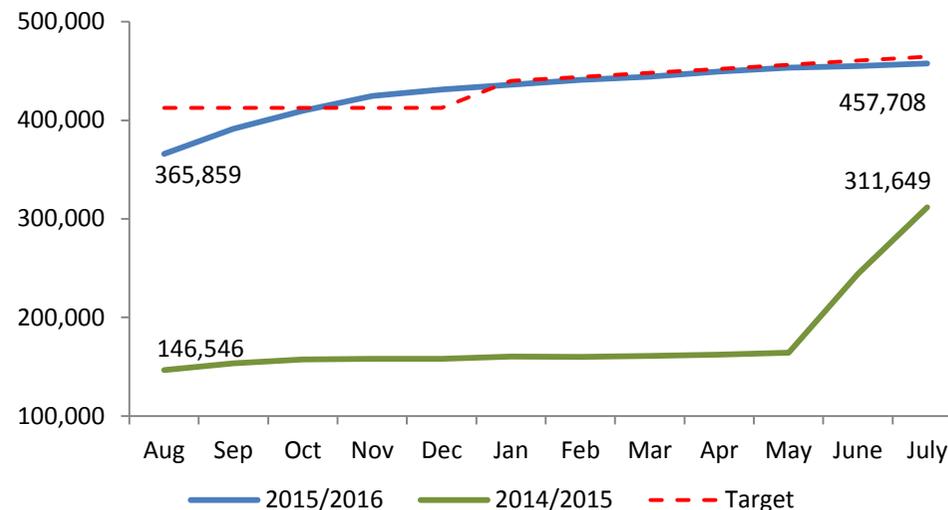
### Number of Persons covered by Medical Cards

- **1,715,497** people are covered. **1,727,551** in June (Target 1,687,443)
- Of these, **108,968** are covered by a discretionary medical card



### Number of persons covered by GP Visit Cards

- **457,708** people are covered. **454,952** in June (Target 464,606)
- Of these, **43,719** are covered by a discretionary GP Visit card



### Medical Card/GP Visit Card applications

- **98.1%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **93.8%** of Medical Card / GP visit card applications, assigned for Medical Officer review, **processed within 5 days** has been exceeded (Target 90%).
- **87.9%** of **Medical Card applications** were accurately processed by the National Medical card Unit staff (Target 95%). (based on a sample 5-10% of all applications processed)
- **92.9%** processed without financial error in July 2016. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

### Under 6 GP Visit Cards

- Became available on 1st July 2015
- **241,570** people are currently covered as at 1<sup>st</sup> August, 2016

### Over 70s GP Visit Cards

- Became available on 1st August 2015
- **87,559** people are currently covered as at 1<sup>st</sup> August, 2016

# Primary Care Commentary

## Quality Performance Indicators

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

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

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

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

## Community Intervention Teams

In addition to the 2,297 referrals in July, there were 43 patients referred to the CIT in South Tipperary which was set up on a short term basis on 20<sup>th</sup> January 2016, and 90 patients referred to the OPAT Programme.

## PCRS

The target for % of properly completed Medical Card / GP visit card applications processed within a 15 working day turnaround time has been exceeded at 98.1%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days has been exceeded at 93.8%.

The target for % of Medical Card applications which are accurately processed by the National Medical Card Unit staff has not been met at 87.9%. However, the % processed without financial error equals 93.1%.

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

## Social Inclusion

### Opioid Substitute Treatment (month in arrears)

- **9,597** patients received treatment (excluding prisons) as of the end of June which includes 4,114 patients being treated by 351 GPs in the community.
- **660** pharmacies dispensed treatment catering for **6,653** patients.
- **78** HSE clinics were providing treatment and an additional 10 prison clinics were provided in the prison service.
- **43** new patients commenced treatment during June (5 in General Practice, 33 in HSE clinics and 5 in the prison clinics).
- The majority of Opioid Substitution Treatment (OST) KPIs are on target with the exception of transfers. Reasons behind the below target transfer of stabilised clients to the lowest level of complexity (Level 1) from clinics and Level 2 GPs is being examined via Performance Meetings.

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

We are not in a position to provide a commentary due to a full suite of data not being returned. This has been brought to the attention of the CO's as part of the Primary Care Performance Meetings. Significant progress has been made in this regard as there is a full national return for the period January to May 2016 with one CHO area missing for June. See Appendix 2: Data Coverage Issues for further details.

# Primary Care Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Quality &amp; Safety</b>	<b>Serious Reportable Events</b>																
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)																
	M	99%	0%	-100%											NA	NA	
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer																
M	90%	NA	NA														
<b>Access</b>	<b>Service User Experience<sup>3</sup></b>																
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer																
	Q	75%	71%(i)	-5.3%													
	<b>Community Intervention Teams</b>																
Community Intervention Teams (number of referrals)																	
M	13,558	15,584	14.9%	No Service	530	2,756	1,701	1,589	721	4,645	643	2,999	2,254	2,298	2,297		
<b>Access</b>	<b>GP Activity</b>																
	No of contacts with GP Out of Hours service																
	M	565,665	642,465	13.6%											89,858	84,354	83,832
	<b>Speech &amp; Language Therapy</b>																
	% on waiting lists for assessment ≤ 52 weeks																
M	100%	97.3%	-2.7%	100%	94.7%	97.4%	95.1%	100%	93.2%	95.4%	99.9%	98.8%	97.7%	97.6%	97.3%		
% on waiting list for treatment ≤ 52 weeks*																	
M	Q3 95%	87.6%(i)	-7.8%	100%	96.3%	91.0%	84.0%	70.2%	92.4%	92.1%	98.5%(i)	98.7%	82.9%	86.6%	87.6%(i)		
<b>Physiotherapy</b>																	
% on waiting list for assessment ≤ 52 weeks																	
M	100%	97.5%	-2.5%	97.4%	93.1%	93.2%	99.9%	99.4%	100.0%	99.4%	98.6%	99.9%	98.2%	98.1%	97.5%		
<b>Occupational Therapy</b>																	
% on waiting list for assessment ≤ 52 weeks*																	
M	Q3 95%	81.1%(i)	-14.6%	81.6%	88.0%	99.9%	69.1%	77.8%(i)	91.6%	88.4%	75.3%(i)	82.6%	82.4%	81.4%	81.1%(i)		

<sup>3</sup> This covers all Community Healthcare, (i) - incomplete data, See Appendix 2  
Health Service Performance Report July 2016

	Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Primary Care Reimbursement Scheme</b>																
% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	M	95%	98.1%	3.2%										98.8%	98.2%	98.1%
No. of persons covered by Medical Cards	M	1,687,443	1,715,497	1.7%										1,730,859	1,727,551	1,715,497
No. of persons covered by GP Visit Cards	M	464,606	457,708	-1.5%										453,360	454,952	457,708
<b>Social Inclusion</b>																
Opioid substitution treatment (outside prisons)	M arrears	9,515	9,597	0.9%	91	135	282	441	460	986	3,673	578	2,951	9,608	9,597	
<b>Budget Management including savings – Net Expenditure variance from plan (within budget 0.33%)</b>																
% variance - from budget	M	€2,161,617	€2,161,049	-0.03%	5.35%	5.41%	3.16%	1.94%	3.07%	1.02%	0.06%	2.64%	2.09%	1.46%	0.17%	-0.03%
- % variance - Pay (Direct)	M	€353,471	€359,446	1.69%										1.56%	1.56%	1.69%
- % variance - Pay (Agency)	M	€6,214	€9,200	48.05%										39.57%	38.31%	48.05%
- % variance - Pay (Overtime)	M	€1,771	€2,017	13.86%										9.53%	14.70%	13.86%
- % variance - Non Pay	M	€1,890,949	€1,890,752	-0.01%										1.70%	0.23%	-0.01%
- % variance – Income	M	-€84,274	-€90,536	7.43%										6.92%	7.06%	7.43%
Primary Care	M	€447,174	€448,829	0.37%	4.86%	6.12%	4.28%	2.04%	3.66%	0.66%	0.51%	2.84%	3.23%	0.82%	0.57%	0.37%
Social Inclusion	M	€75,011	€75,477	0.62%	5.72%	-2.41%	0.08%	1.49%	-2.82%	9.88%	0.71%	-0.76%	0.16%	0.78%	0.72%	0.62%
Palliative Care	M	€43,851	€44,009	0.36%	11.61%	4.13%	0.36%	1.54%	4.81%	-5.05%	-2.69%	0.65%	0.38%	1.05%	1.63%	0.36%
PCRS	M	€1,454,587	€1,451,456	-0.22%										1.91%	0.00%	-0.22%
Community Demand Led Schemes	M	€140,994	€141,279	0.20%										-0.54%	-0.02%	0.20%
<b>Service Arrangements</b>																
No and % of Service Arrangements signed – Primary Care (29/07/16)	M	100%	173 86.07%	13.93%										99.42%	96.07%	86.07%
€ value and % of Service Arrangements signed- Primary Care (29/07/16)	M	100%	€39,316 98.46%	1.54%										98.65%	98.49%	98.46%

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	No and % of Service Arrangements signed – Social Inclusion (29/07/16)	M	100%	512 99.81%	0.19%										99.41%	99.22%	99.81%
	€ value and % of Service Arrangements signed- Social Inclusion (29/07/16)	M	100%	€82,736 99.26%	0.74%										99.25%	99.24%	99.26%
HR	<b>% Absenteeism</b>																
	Overall	M in arrears	3.50%	4.55%	-30.00%	5.10%	3.76%	5.24%	3.06%	4.70%	4.84%	4.75%	4.65%	4.71%	4.45%	4.24%	
	Medical/Dental			2.85%	18.57%	4.27%	1.86%	0.61%	2.01%	2.61%	4.20%	3.76%	1.51%	6.11%	2.43%	2.32%	
	Nursing			4.77%	-36.28%	5.14%	4.07%	5.16%	2.92%	6.01%	5.36%	4.79%	5.31%	4.79%	4.46%	5.00%	
	Health and Social Care Professional			3.99%	-14.00%	5.63%	3.81%	5.87%	2.96%	4.56%	4.83%	3.41%	4.14%	2.76%	4.02%	3.71%	
	Management/Admin			4.90%	-40.00%	5.03%	4.65%	5.04%	3.59%	4.39%	4.61%	5.16%	5.46%	4.36%	4.56%	4.13%	
	General Support staff			4.42%	-26.28%	5.37%	1.63%	5.75%	4.42%	5.51%	3.84%	3.84%	4.38%	5.63%	3.64%	4.35%	
	Other Patient and Client staff			2.77%	20.85%	4.03%	3.74%	7.18%	3.83%	2.93%	5.59%	7.39%	3.87%	13.56%	6.77%	5.61%	
	<b>Staffing Levels and Costs</b>																
	WTE change from previous month	M		10,429	-19	4	3	-3	-5	7	-8	5	-5	-14	-21	2	-19
Variance from funding staffing thresholds	M	0.50%	Data not yet available														

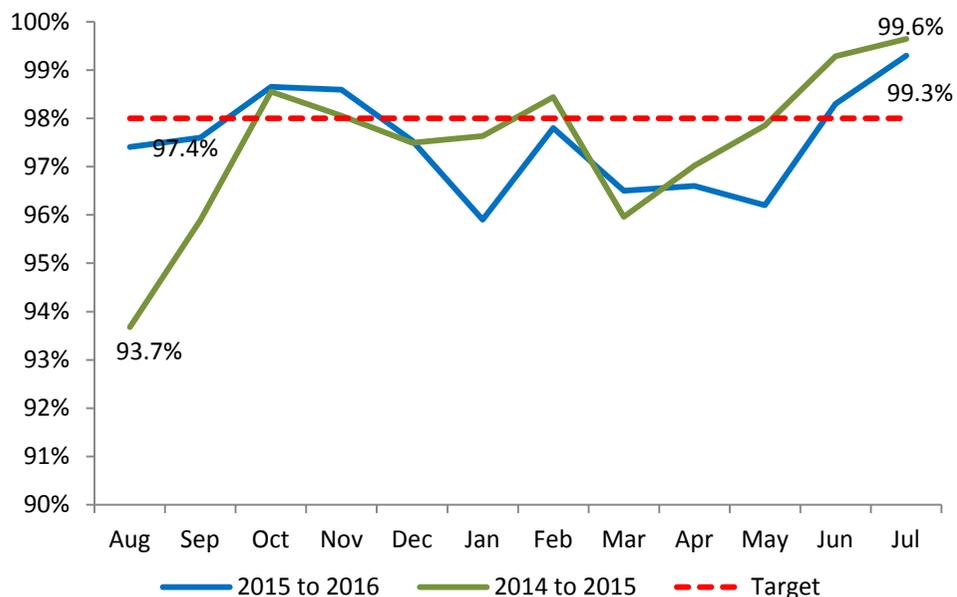
\*(i) – Incomplete data, see Appendix 2

## Palliative Care

# Access to Services

## Access to specialist inpatient bed

- **99.3%** waited ≤ 7 days. **98.3%** in June. **97.2%** YTD (Target 98%).
- Number of patients who waited <7days decreased from **297** in June to **283** in July
- **211** new patients admitted in July, **233** in June, **1,669** YTD
- **Above target:** CHO1, 2, 3, 4, 5 & 9 achieved 100%, CHO 7 98.1%
- **Below target:** CHO6 92.9%

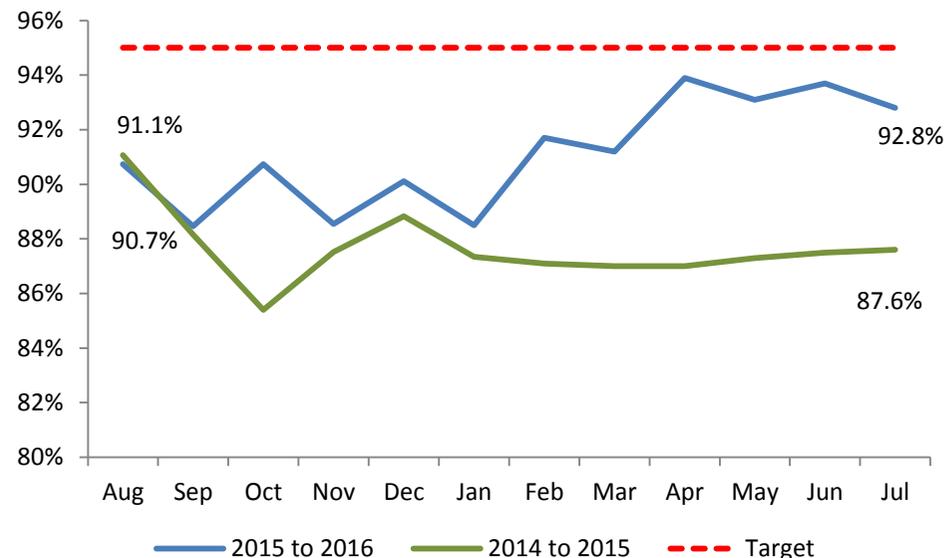


## Children in the care of the children’s outreach nursing team/specialist palliative care team

- **397** in the care of the Outreach Team, **393** in June. (Target 370)
- CHOs 1 & 9 are in process of recruiting an additional CNS each

## Specialist palliative care services in the community

- **92.8%** waited ≤ 7 days. **93.7%** in June. **92%** YTD (Target 95%).
- **Above target:** CHO1 98.2%, CHO5 96.9%
- **Below target:** CHO2 94.5%, CHO3 89.6%, CHO4 89.1%, CHO6 93.8%, CHO7 89.1%, CHO8 92.0%, CHO9 94.6%



- The number of new patients seen or admitted to community services decreased from **806** in June to **766** in July. Patients are triaged and are seen based on urgency.
- **3,515** patients in receipt of community services, **3,538** in June. (Target 3,309). Decrease of 25 on June.

# Palliative Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access	Access to specialist inpatient bed within 7 days	M	98%	97.2%	-0.8%	100.0%	96.5%	100.0%	100.0%	100.0%	87.7%	95.2%	No service	94.8%	96.2%	98.3%	99.3%
	Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	92.1%	-3.0%	94.9%	91.8%	92.5%	93.0%	96.9%	87.0%	85.6%	91.5%	93.8%	93.3%	93.7%	92.8%
	No of patients in receipt of specialist palliative care in the community (in month)	M	3,309	3,513	6.2%	371	397	494	578	440	280	212	445	291	3,609	3,543	3,513
	No. of children in the care of the children's outreach nursing team / specialist palliative care team) (in month)	M	370	397	7.3%	0	30	30	35	39	16	185	29	33	425	393	397
<b>Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)</b>																	
Finance	% variance - from budget	M	€43,851	€44,009	0.36%	11.61%	4.13%	0.36%	1.54%	4.81%	-5.05%	-2.69%	0.65%	0.38%	1.05%	1.63%	0.36%
	- % variance - Pay (Direct)	M	€21,816	€21,939	0.57%										1.17%	0.75%	0.57%
	- % variance - Pay (Agency)	M	€611	€568	-7.18%										2.99%	-4.41%	-7.18%
	- % variance - Pay (Overtime)	M	€419	€509	21.49%										3.79%	24.95%	21.49%
	- % variance - Non Pay	M	€27,010	€26,872	-0.51%										-0.25%	1.31%	-0.51%
	- % variance – Income	M	-€5,722	-€5,580	-2.48%										-6.28%	-4.12%	-2.48%
<b>Service Arrangements</b>																	
Finance	No and % of Service Arrangements signed (29/07/16)	M	100%	20 90.91%	9.09%										90.91%	90.91%	90.91%
	€ value and % of Service Arrangements signed (29/07/16)	M	100%	€58,359 99.50%	0.5%										99.50%	99.50%	99.50%

# Acute Hospitals

# Overview of key acute hospital activity

Activity Area	Result YTD July 2016	Against expected activity YTD	Result YTD July 2015	SPLY % Var	Result May 2016	Result June 2016	Result July 2016
<b>Emergency Presentations</b>	796,498	6.5% (48,690)	757,859	5.1% (38,639)	120,594	113,215	113,719
<b>New ED attendances</b>	673,672	5.4% (34,494)	639,270	5.4% (34,402)	101,462	95,150	96,352
<b>OPD Attendances</b>	1,945,704	2.4% (45,359)	1,933,489	0.6% (12,215)	288,332	288,008	259,085

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

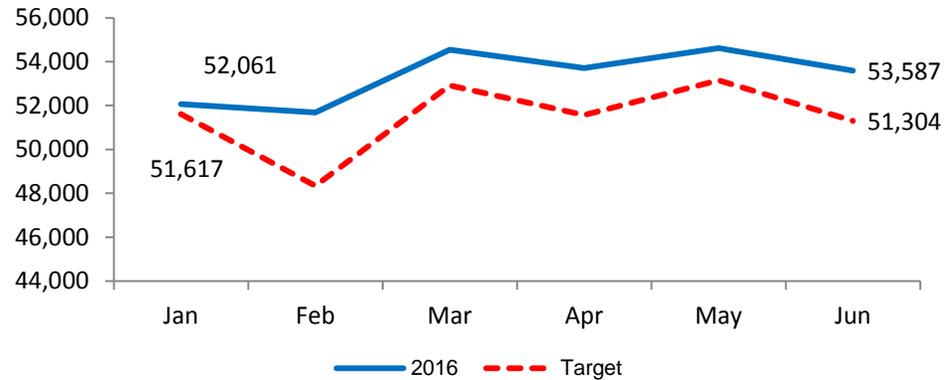
Activity Area	Result YTD June 2016	Against expected activity YTD	Result YTD June 2015	SPLY % Var	Result Apr 2016	Result May 2016	Result June 2016
<b>Inpatients discharges</b>	320,210	3.7% (11,309)	308,941	3.6% (11,269)	53,713	54,621	53,587
<b>Day case discharges</b>	526,844	4.2% (21,405)	506,457	4% (20,387)	88,556	89,456	87,130
<b>Inpatient &amp; Day Cases</b>	847,054	4% (32,714)	815,398	3.9% (31,656)	142,269	144,077	140,717
<b>% Inpatient</b>	37.8%		37.9%	-0.1%	37.8%	37.9%	37.4%
<b>% Day Cases</b>	62.2%		62.1%	0.1%	62.2%	62.1%	62.6%
<b>Elective Inpatient Discharges</b>	47,088	1.1% (501)	46,447	1.4% (641)	8,310	8,400	8,406
<b>Emergency Inpatient Discharges</b>	215,709	5.6% (11,395)	204,331	5.6% (11,378)	35,898	36,642	35,449
<b>Maternity Inpatient Discharges</b>	57,413	-1% (-587)	58,163	-1.3% (-750)	9,505	9,579	9,732

# Inpatient and Daycases

(Month in arrears)

## Inpatient Discharges

- **53,587** inpatient discharges. **54,621** reported in May, **320,210** YTD
- **3.6%** more than the same period last year YTD



## Elective Inpatient Discharges

- **8,406** elective discharges. **8,400** reported in May, **47,088** YTD
- **1.4%** more than the same period last year YTD

## Emergency Inpatient Discharges

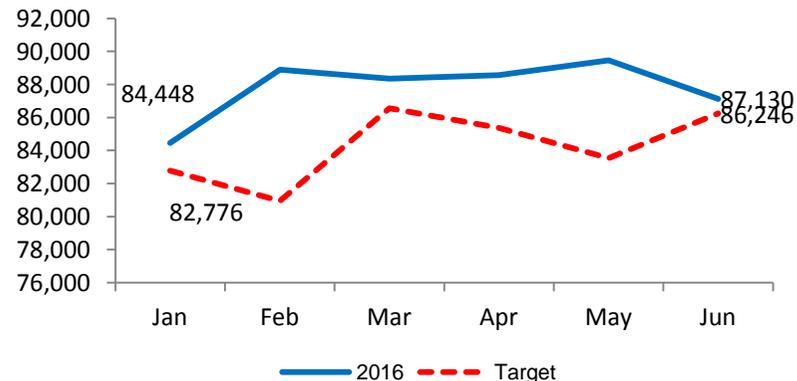
- **35,449** emergency discharges. **36,642** reported in May, **215,709** YTD
- **5.6%** more than the same period last year YTD

## Maternity Inpatient Discharges

- **9,732** maternity discharges. **9,579** reported in May, **57,413** YTD
- **1.3%** less than the same period last year YTD

## Day Cases

- **87,130** day cases. **89,456** reported in May, **526,844** YTD
- **4%** more than the same period last year YTD



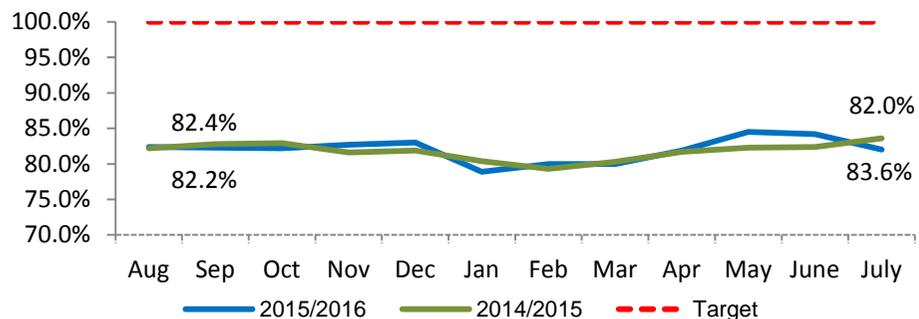
# Emergency Departments

## Numbers attending ED

- 104,365 attended ED, 103,238 in June (Expected 99,624)
- 728,868 YTD attended ED (Expected YTD 694,638)
- 96,352 were new attendances, 95,150 in June 673,672 YTD

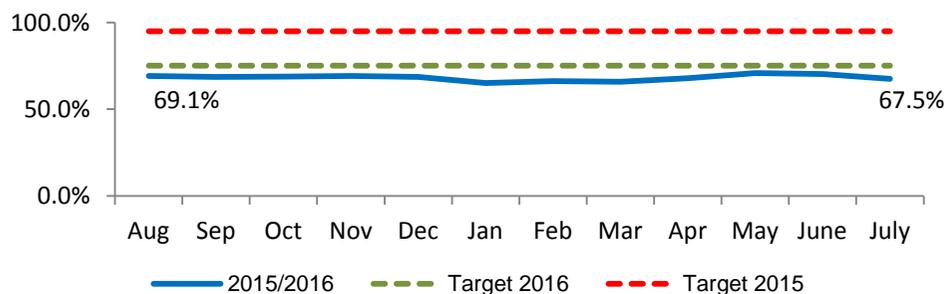
## Admitted or discharged within 9 hours

- 82,156 (82%) within 9 hours, 84,009 (84.2%) in June. (Target 100%)
- 573,183 (81.6%) YTD



## Admitted or discharged within 6 hours

- 67,560 (67.5%) within 6 hours, 70,209 (70.3%) in June. (Target 75%)
- 474,700 (67.6%) YTD

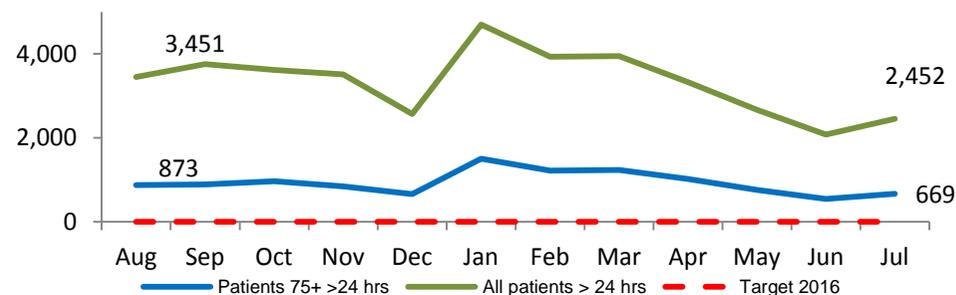


## Over 75 years admitted or discharged within 9 hours

- 7,785 (65.9%) within 9 hours, 7,824 (69.4%) in June (Target 100%)
- 4,031 (34.1%) waited over 9 hours, 3,457 (30.6%) in June. 29,990 (37.2%) YTD

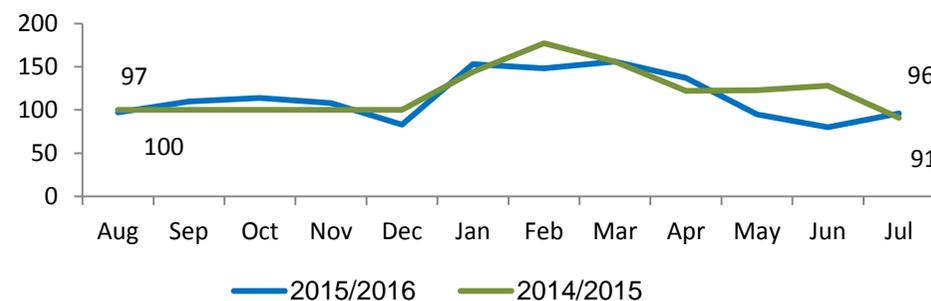
## ED over 24 hours

- 97,681 (97.6%) < 24 hours, 97,723 (97.9%) in June (Target 100%)
- 2,452 (2.4%) waited more than 24 hours, 2,077 (2.1%) in June
- 23,763 (3.4%) YTD
- 669 (5.7%) over 75 years of age waited for more than 24 hours. 543 (4.8%) in June. 7,161 (8.9%) YTD
- Below target > 24 hours (3 outliers): Mater Hospital 237, Drogheda 263 and Galway 255.
- Below target over 75 years of age (3 outliers): Mater 72, Limerick 100 and Galway 105.



## Average over 9 hours awaiting admission

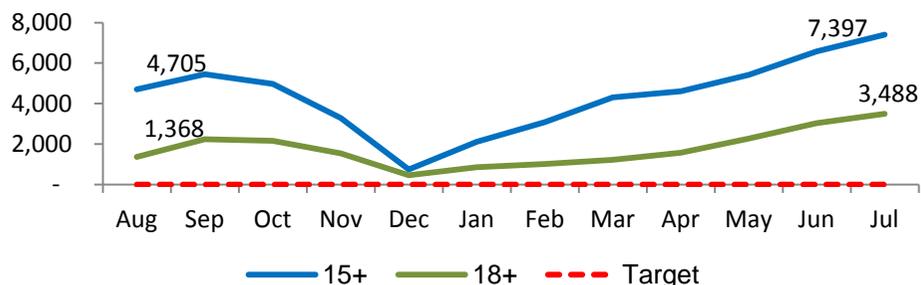
- 96 was the average daily number of patients waiting for over 9 hours, 80 in June.



# Waiting Lists

## Inpatient and Day case Waiting List

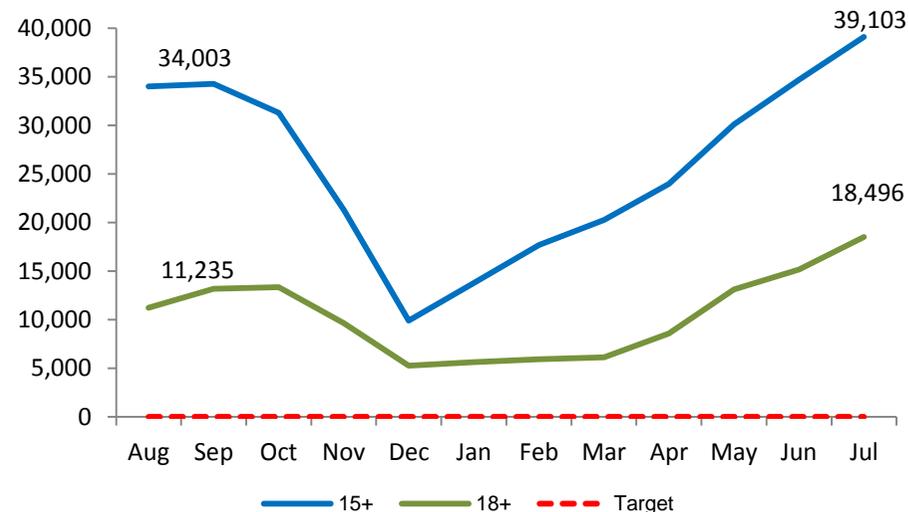
- **77,810** waiting for an inpatient/day case procedure. **76,696** in June
- **3,488 (4.5%)** waiting over **18 months**. **3,038 (4%)** in June
- **7,397 (9.5%)** waiting over **15 months**. **6,579 (8.6%)** in June
- **Below target** > 18 months: Galway (1,162) , Beaumont (515), Mater (438)
- **Below target** > 15 months: Galway (2,122), Beaumont (857), Mater (925)



Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		23,806	12,563	6,922	3,317	69,854
Child IPDC	4,076	2,484	1,072	475	171	7,956
OPD		137,245	70,880	39,103	18,496	430,573

## Outpatient Waiting List Update

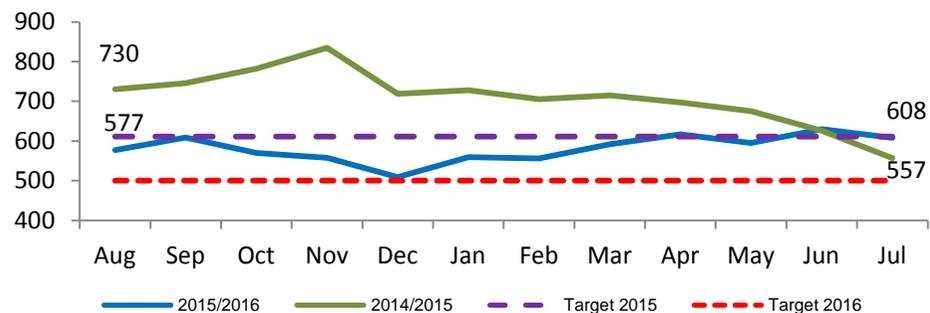
- **430,573** waiting for outpatient appointments. **420,545** in June
- **18,496 (4.3%)** waiting over **18 months**. **15,149 (3.6%)** in June
- **39,103 (9.1%)** waiting over **15 months**. **34,674 (8.2%)** in June
- **Below target** > 18 months: Beaumont (2,226), Waterford (2,310), Tallaght (1,535), Limerick (1,332), Galway (1,362), Cork (1,188) and South Infirmary (1,182)
- **Below target** > 15 months: Waterford (4,107), Beaumont (3,943), Galway (2,919), Limerick (2,876), Cork (2,501), Tallaght (2,504) and South Infirmary (2,151)



## Delayed Discharges

### Number of Delayed Discharges

- **608** delayed discharges. **630** in June (Target <500)
- **Best Performers:** Mullingar 0 (2), Ennis 1 (1), Mallow 1 (3)
- **Outliers:** St. James's 83 (65), Beaumont 87 (60), Mater 53 (49)



Delayed Discharges by Destination (26/07/2016)	Over 65	Under 65	Total No.	Total %
Home	111	28	139	22.9%
Long Term Nursing Care	345	39	384	63.2%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	59	26	85	14%
<b>Total</b>	<b>515</b>	<b>93</b>	<b>608</b>	<b>100.0%</b>

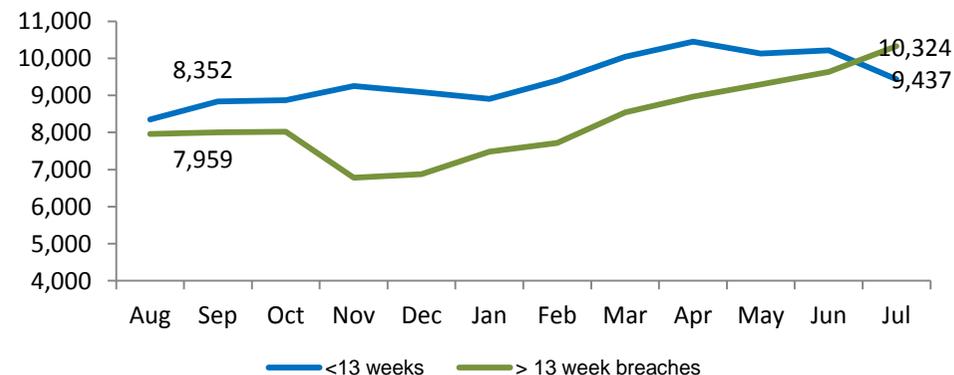
## GI Scopes

### Urgent Colonoscopy (<28 days)

- **1,508 (100%)** < 28 days, **1,495 (99.7%)** in June (Target 100%)
- **8** breaches in the month of July 2016 representing 6 new patients (Mater 4 and Bantry 2)
- All patients were seen by 29<sup>th</sup> July.

### Numbers on waiting list for GI Scopes

- **19,761** on the waiting list for routine colonoscopy or OGD. **19,850** in June
- **10,324** waiting over 13 weeks. **9,632** in June
- **47.8%** waiting less than 13 weeks. **51.5%** in June (Target 70%)



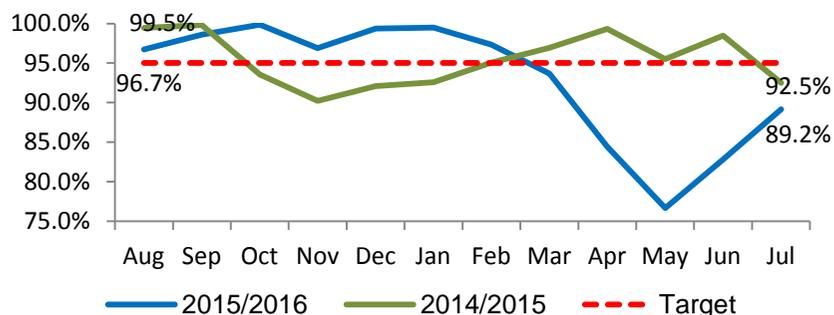
### Surveillance GI Scopes

- **5,738** planned GI scopes with date in the past, **5,669** in June
- **32,186** planned GI scopes with date in the future, **31,764** in June
- **723** planned without date, **731** in June

# Cancer Services

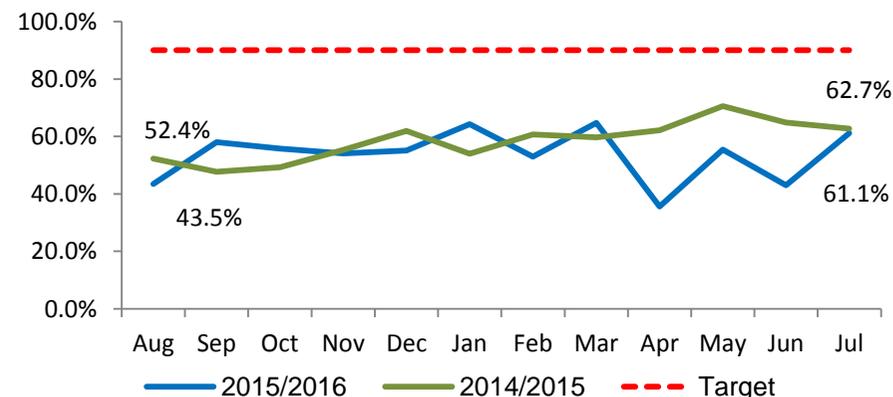
## Breast cancer assessment within 2 weeks

- **89.2%** were seen within 2 weeks of referral, **82.8%** in June. **89% YTD** (Target 95%).



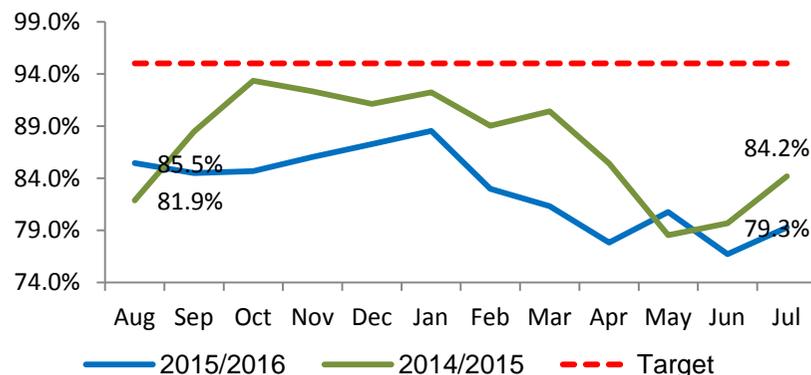
## Prostate cancer assessment within 20 working days

- **61.1%** were seen within 20 working days, **43.1%** in June. **53.2% YTD** (Target 90%).



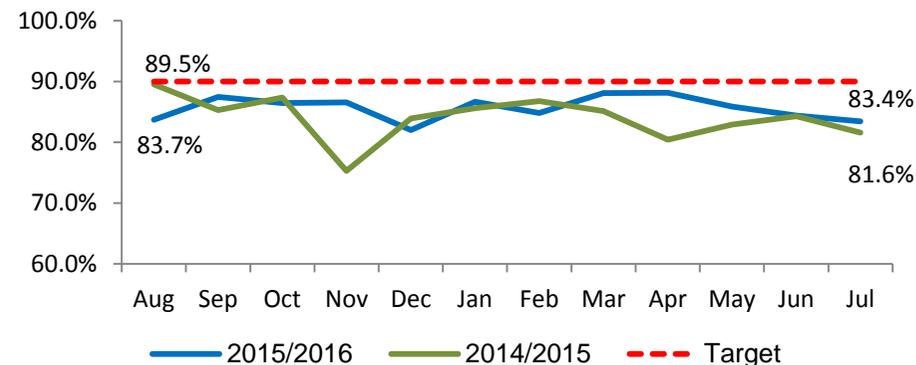
## Lung cancer assessment within 10 working days

- **79.3%** were seen within 10 working days, **76.7%** in June. **80.9% YTD** (Target 95%).



## Radiotherapy within 15 working days

- **83.4%** were seen within 15 working days, **84.4%** in June. **85.9% YTD** (Target 90%).

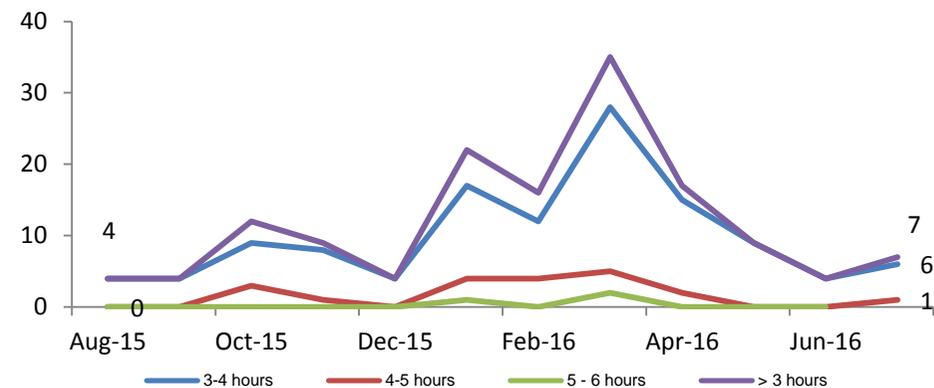


## Cancer Services

Performance data	Target 2016	July 2016	July YTD 2016	July YTD 2015	Best and Outliers
Breast	95%	89.2%	89.0%	95.7%	<ul style="list-style-type: none"> <li>8 out of the 9 centres have reached the target in July</li> <li>St James 23.1%</li> </ul>
Lung	95%	79.3%	80.9%	88.5%	<ul style="list-style-type: none"> <li>Four of the eight centres have met the target in July.</li> <li>St James 93.1%, Beaumont 63.9%, Limerick 54% and Cork 40%.</li> </ul>
Prostate	90%	61.1%	53.2%	62.2%	<ul style="list-style-type: none"> <li>St Vincent's and Mater reached the target</li> <li>Galway 87.8%, Beaumont 80%, Waterford 28.6%, Cork 16.7%, Limerick 15% and St James 10.3%</li> </ul>
Radiotherapy	90%	83.4%	85.9%	83.7%	<ul style="list-style-type: none"> <li>Galway 94.3%, SLRON 77.7%, and Cork 73.4%</li> <li>100% Waterford and Limerick 100%</li> </ul>

## Ambulance Turnaround Times

- 7 ambulances had turnaround times > 3 hours. 5 in June
- 18,882 (93.8%) ambulances had turnaround times within 60 mins; 18,162 (95.1%) June. (Target 95% ≤ 60mins)



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

# Acute Hospitals Commentary

## Emergency Department (ED) Performance

ED attendances in July 2016 were 4.7% higher than the corresponding period in 2015 with an increase of 7.3% for the over 75's. Adults aged 75 years plus represented 11.8% of all ED attendances in July 2016. Despite this increase the INMO 30 day moving average for trolleys in July 2016 was lower than the corresponding period in July 2015 by up to 29%.

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

- ED Directive – a conjoint directive was signed by the Minister for Health, the Director General and the National Director for the Acute Hospitals Division in November 2015. This was designed to ensure integrated, systematic and timely interventions to avert overcrowding and address long wait times. It provided for distinct stages of escalation with clearly delineated thresholds, actions and owners and the application of fines at individual hospital level for failing to implement the Directive appropriately.
- Reduction in delayed discharges from 830 at end of 2014 to 608 at the end of July 2016 as a result of targeted additional funding for home care packages, transitional care beds and maintaining the Fair Deal wait time at 4 weeks (from a high of 15 weeks at the end of 2014).

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

## European Working Time Directive (EWTD)

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

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, further improvements were observed during 2015 with an increase from 66% compliance in January 2015 to 79% in July 2016. The critical success factors were as follows;

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

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

## Inpatient/Day Case and Outpatient Waiting Times

- The National Service Plan 2016 target for inpatients and day cases is that 95% of adults and children will be waiting less than 15 months for an inpatient/day case procedure – actual compliance 90%.
- Hospitals were 84% compliant with the National Service Plan 2016 target that 85% of patients will be waiting less than 12 months for first access to outpatient services.
- Hospitals were 91% compliant with the National Service Plan 2016 target that 100% of patients will be waiting less than 15 months for first access to outpatient services.

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

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

## Colonoscopies

- Urgent colonoscopies – there were 6 breaches of the four week waiting time target for an urgent colonoscopy. There was no patient harm associated with the additional delay reported.
- Routine colonoscopies – compliance with 13 week target for routine patients was 48% in July.
- A National Endoscopy Working Group was established following the appointment of National Endoscopy Lead. The Working Group will address a number of areas including a national endoscopy referral pathway, process improvement and better waiting list management and a capacity/demand plan.

The National Treatment Purchase Fund Endoscopy Waiting List 2016 was launched in July following collaboration between the Department of

Health, the National Treatment Purchase Fund and the HSE. The aim of this initiative is to treat an extra 3,000 urgent cases.

## Cancer Data

- Lung cancer – 77% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate – 61.1% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer – 89.2% compliance with the target for attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals.
- Radiotherapy – 83.4% of patients undergoing radiotherapy treatment commenced treatment within 15 working days of being deemed ready to treat by the Radiation Oncologist.

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

# Acute Hospitals Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current	
Quality & Safety <sup>4</sup>	<b>Serious Reportable Events</b>															
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	34%	-65.6%								53%	28%	33%	
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0	-100%											
	<b>Service User Experience<sup>5</sup></b>															
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	78%(i)	4%											
	<b>Safe Care</b>															
	% maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month	M (2 mths in arrears)	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	<b>Colonoscopy / Gastrointestinal Service</b>															
	% of people waiting < 4 weeks for an urgent colonoscopy (zero tolerance)	M	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%	100%	99.9%	99.7%	100.0%
	<b>Re-admission</b>															
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M in arrears	10.8%	10.7%	-0.9%	10.9%	11.2%	10.8%	10.4%	8.8%	11.8%		10.0%	9.9%			
% of surgical re-admissions to the same hospital within 30 days of discharge	M in arrears	<3%	2.1%	30.0%	1.9%	3.0%	2.3%	1.9%	1.5%	1.9%		2.0%	2.0%			
<b>Surgery</b>																
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M in arrears	95%	86.0%	-9.5%	93.2%	84.5%	89.4%	81.5%	77.5%	89.8%		89.7%	82.4%			
% day case rate for Elective Laparoscopic Cholecystectomy	M in arrears	>60%	43.0%	-28.3%	58.7%	54.3%	48.4%	48.1%	6.0%	18.0%		42.5%	39.1%			
% of elective surgical inpatients who had principal procedure conducted on day of admission (Individual Hospital Group target)	M in arrears	75%	72.4%	-3.5%	83.6%	62.8%	61.7%	76.0%	86.6%	61.3%		71.7%	71.5%			

<sup>5</sup> (i) – Incomplete data, see Appendix 2  
Health Service Performance Report July 2016

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
<b>Emergency Care and Patient Experience Time</b>	% of all attendees at ED < 24 hours (zero tolerance)													
	M	100%	96.6%	-3.4%	96.6%	96.4%	94.9%	96.0%	93.5%	98.1%	99.7%	97.5%	97.9%	97.6%
	% of patients 75 years or over who were admitted or discharged from ED within 9 hours													
	M	100%	62.8%	-37.2%	66.9%	58.5%	54.5%	60.8%	42.4%	75.9%		67.5%	69.4%	65.9%
	<b>Average Length of Stay</b>													
	Medical patient average length of stay (contingent on < 500 delayed discharges)													
	M in arrears	7	6.8	2.9%	7.1	8.2	6.9	6.3	5.5	6.4		6.6	6.4	
	Surgical patient average length of stay (Individual Hospital Group target)													
	M in arrears	5.2	5.4	-3.8%	5.9	6.9	5.9	4.7	4.5	4.6		5.2	5.5	
	<b>Access</b>	<b>Outpatients</b>												
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)														
M		1:2	2.4	-20.0%	2.1	2.6	2.6	2.5	3.2	2.3	2.5	2.4	2.4	2.5
<b>Inpatient, Day Case and Outpatient Waiting Times</b>														
% of adults waiting < 15 months for an elective procedure (inpatient and day case)														
M		95%	90.1%	-5.2%	91.8%	89.8%	88.6%	90.7%	93.6%	88.1%		92.4%	91%	90.1%
% of children waiting < 15 months for an elective procedure (inpatient and day case)														
M		95%	94%	-1.0%	98.6%	100.0%	97.4%	93.7%	95.5%	89.8%	93.8%	96%	95.1%	94%
% of children waiting < 20 weeks for an elective procedure (inpatient and day case)														
M		60%	48.8%	-18.7%	64.1%	55.9%	50.1%	51.3%	55.9%	46.0%	47.2%	50.3%	49%	48.8%
% of people waiting < 52 weeks for first access to OPD services														
M	85%	83.5%	-1.7%	88.1%	84.6%	80.5%	81.8%	79.3%	84.8%	83.8%	85%	84.3%	83.5%	
<b>Colonoscopy / Gastrointestinal Service</b>														
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD														
M	70%	47.8%	-31.7%	44.2%	38.2%	39.6%	56.5%	83.4%	56.4%	69.6%	52.1%	51.5%	47.8%	
<b>Emergency Care and Patient Experience Time</b>														
% of all attendees at ED who are discharged or admitted within 6 hours of registration														
M	75%	67.6%	-9.9%	68.9%	59.3%	61.8%	66.0%	56.0%	71.2%	88.8%	70.9%	70.3%	67.5%	
% of all attendees at ED who are discharged or admitted within 9 hours of registration														
M	100%	81.6%	-18.4%	82.2%	76.2%	76.4%	79.7%	71.5%	86.3%	96.9%	84.5%	84.2%	82.0%	
<b>Delayed Discharges</b>														
No. of beds subject to delayed discharges (Individual Hospital Group target)														
M	<500	608	-21.6%	170	128	167	63	15	62	3	595	630	608	

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current	
<b>Symptomatic Breast Cancer Services</b> % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals (zero tolerance)	M	95%	89.0%	-6.3%	98.5%	53.7%	99.9%	89.5%	98.4%	88.5%		76.7%	82.8%	89.2%	
	<b>Lung Cancer</b> % of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres (zero tolerance)														
	M	95%	80.9%	-14.8%	99.1%	94.5%	85.4%	64.1%	53.3%	91.4%		80.8%	76.7%	79.3%	
	<b>Prostate Cancer</b> % of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres (zero tolerance)														
	M	90%	53.2%	-40.9%	83.4%	40.2%	43.9%	14.7%	14.9%	74.8%		55.4%	43.1%	61.1%	
	<b>Radiotherapy</b> % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) (zero tolerance)														
M	90%	85.9%	-4.5%		86.0%			73.0%		87.7%		85.9%	84.4%	83.4%	
<b>Ambulance Turnaround Times</b> % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)															
M	95%	93.3%	-1.8%	95.0%	96.2%	95.9%	91.1%	93.6%	87.6%	93.9%		94.2%	95.1%	93.8%	
<b>Finance</b>	<b>Budget Management including savings- Net Expenditure variance from plan (within budget ( 0.33%))</b>														
	- % variance - from budget	M	€2,528,540	€2,545,178	0.66%	-0.38%	0.98%	0.40%	0.62%	1.37%	1.54%	0.72%	7.06%	7.03%	0.66%
	- % variance - Pay (Direct)	M	€2,049,887	€2,050,133	0.01%	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.03%	3.90%	3.87%	0.01%
	- % variance - Pay (Agency)	M	€89,151	€120,266	34.90%	43.16%	47.75%	28.34%	22.19%	33.14%	27.63%	158.47%	32.92%	33.42%	34.90%
	- % variance - Pay (Overtime)	M	€87,016	€101,373	16.50%	17.02%	34.11%	9.00%	3.54%	41.28%	19.44%	8.02%	15.30%	15.94%	16.50%
	- % variance - Non Pay	M	€986,908	€988,742	0.19%	0.00%	0.93%	0.00%	0.00%	0.00%	0.00%	0.02%	7.95%	7.84%	0.19%
	- % variance – Income	M	-€576,231	-€559,853	-2.84%	1.54%	-3.79%	-1.80%	-2.44%	-5.23%	-9.86%	-3.34%	-2.61%	-2.68%	-2.84%
	Regional and National Services	M	€41,971	€42,515	1.30%								867.36%	-75.85%	1.30%
Net Expenditure variance from plan (incl Regional & National Services)	M	€2,570,511	€2,587,693	0.67%								8.97%	0.67%	0.67%	

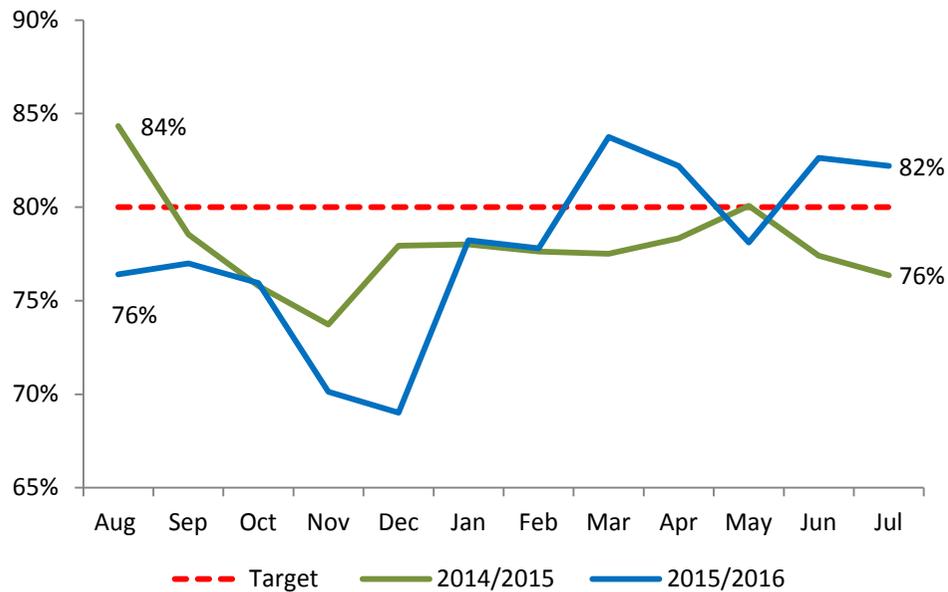
	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current	
NCCP	M	€1,485	€1,503	1.16%								2.14%	-1.12%	1.16%	
	M	90%15days by 31/12/2016	38	47%								47%	46%	47%	
	M	Acute Hospitals private income receipts variance from Actual v Plan	€386,683	0%									0%	0%	0%
	<b>Service Arrangements</b>														
	M	No and % of Service Arrangements signed (29/07/16)	17 100%	0%									94.12%	94.12%	100%
	M	€ value and % of Service Arrangements signed (29/07/16)	€1,751,618 100%	0%									97.41%	97.41%	100%
HR	<b>% Absenteeism</b>														
			4.12%	-17.71%	3.92%	3.81%	4.30%	4.01%	6.30%	3.85%	3.97%	3.75%	3.89%		
			0.92%	73.71%	0.66%	0.72%	0.96%	1.27%	0.92%	0.94%	1.24%	0.88%	0.95%		
			4.73%	-35.14%	4.36%	4.00%	5.37%	4.63%	7.00%	4.63%	4.43%	4.23%	4.52%		
		M in arrears	3.50%	3.27%	6.57%	3.19%	3.27%	2.63%	4.18%	3.84%	2.72%	3.32%	3.21%	3.19%	
			4.14%	-18.28%	4.03%	4.01%	4.54%	3.62%	5.20%	4.00%	4.44%	3.62%	3.59%		
			5.30%	-51.42%	5.69%	5.17%	5.03%	5.13%	6.38%	4.89%	6.08%	4.90%	5.13%		
			6.23%	-78.00%	5.65%	6.16%	7.37%	3.79%	10.52%	4.99%	5.56%	5.74%	5.76%		
	<b>Staffing Levels and Costs</b>														
	M	WTE change from previous month	53,308	-113	-5	-25	15	-34	-9	-45	-5	29	20	-113	
M	Variance from funding staffing thresholds	0.50%	Data not yet available												
<b>EWTD Compliance (37 out of 40 hospitals)</b>															
M	EWTD - <24 hour shift	100%	97%(i)	-3%	97%(i)	98%(i)	96%(i)	99%(i)	92%	97%	87%	97%(i)	97%(i)	97%(i)	
M	EWTD - <48 hour working week	95%	79%(i)	-16.8%	80%(i)	67%(i)	66%(i)	87%(i)	96%	92%	68%	80%(i)	80%(i)	79%(i)	

# National Ambulance Service

# Response Times

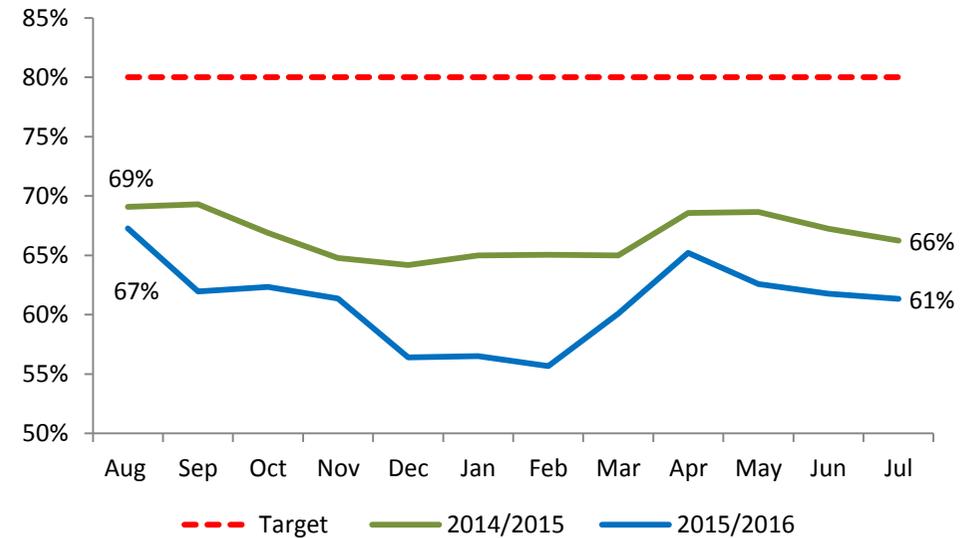
## ECHO Response Times

- **82% (351)** arriving at scene within 18 minutes, 59 seconds or less. **83% (376)** in June. **81% YTD (Target 80%)**.
- **Disimprovers:** Western Region 72%
- **95%** ECHO calls had a resource allocated within 90 seconds (target 85%)



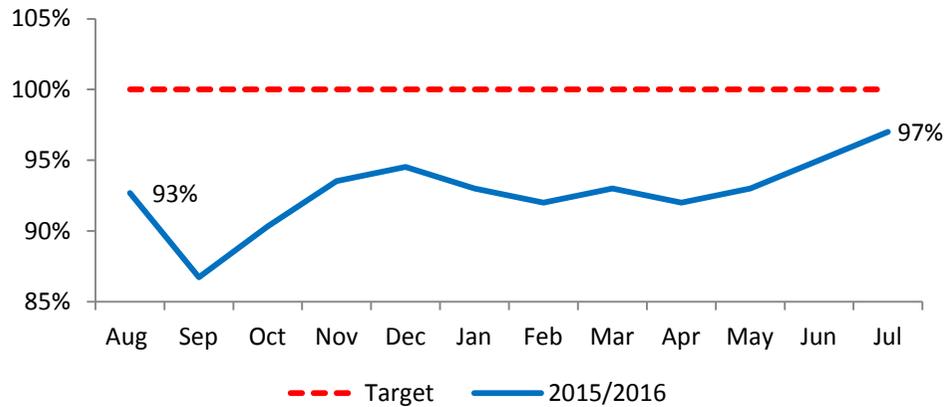
## DELTA Response Times

- **61% (6,211)** arriving at scene within 18 minutes, 59 seconds or less. **62% (5,961)** in June. **60% YTD (Target 80%)**.
- **Improvers:** Dublin Fire Brigade 61%,
- **Disimprovers:** North Leinster 62%, Western Area 60%,
- **92%** DELTA calls had a resource allocated within 90 seconds (target 85%)



## Volume of Escalations

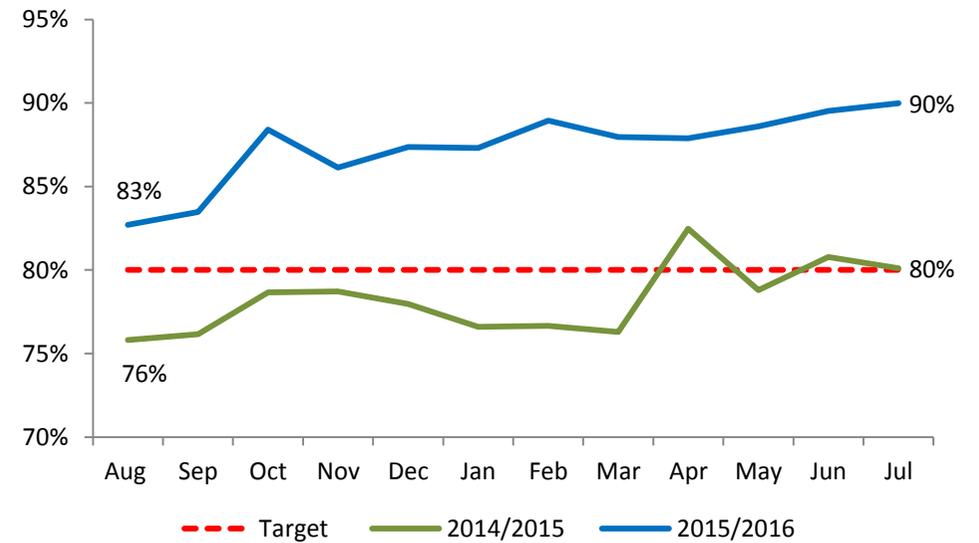
- **97%** of ambulance turnaround delays were escalated, **95%** in June. **94%** YTD (Target 100%)



## ICV Services

### Intermediate Care Vehicle (ICV) Transfers

- **90%** of transfers provided through ICV, **90%** in June. **89%** YTD (Target > 80%)



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

## Ambulance Services Commentary

The National Emergency Operations Centre (NEOC), Tallaght and Ballyshannon, was awarded ISO 9001:2008 registration related to the quality management system. The formal presentation of the award was made by Certificate Europe on 4th July last, to Mr. Tony O'Brien Director General of the HSE and staff within the NEOC.

An up-to-date suite of performance reports continues to be rolled out from the new CAD system. This month, the total number of AS1<sup>6</sup> and AS2<sup>7</sup> calls received was 26,188; activity volume this month is comparable to the same month last year but has increased by 4% year to date. The daily average call rate is 845 (31 days in this month).

ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 82% this month. This is down 1% on last month. ECHO calls have decreased by 67% (181), compared to the same month last year. Year to date activity has increased by 59%, despite the same level of resources being in place to meet this need.

DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 65% in 18 minutes and 59 seconds was at 61% this month.

In July, 90% of inter hospital transfers previously carried out by ambulances, were handled by the Intermediate Care Service.

Key challenges in achieving the performance target are:

- Nationally there was a 26% (2,157) increase in DELTA call activity compared to same month last year. Year to date activity has increased by 26% (14,971), with the same level of resources in place to meet this demand.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. In comparison to the same month last year there is an 11% increase in delays in vehicles being released and having crews and vehicles available to respond to further calls within 30 minutes or less. Currently 9 ambulances per day are not available due to Emergency Department pressures.
- Continued staffing pressures and an increase in the overall number of emergency calls, at 4% year to date.

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<sup>6</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>7</sup> AS2 - Urgent calls received from a general practitioner or other medical sources  
Health Service Performance Report July 2016

# Ambulance Services Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Reportable Events</b>											
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	NA								
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA								
	<b>Service User Experience</b>											
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	39%	-48%							
	<b>Audit</b>											
National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%					100%	100%	100%	
National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	91%	1%					92%	89%	91%	
Access	<b>Emergency Response</b>											
	% of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	81%	1%	83%	78%	74%	86%	78%	83%	82%
	% of Echo calls which have a resource allocated within 90 seconds of call start	M	85%	93%	9%					94%	93%	95%
	% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	60%	-25%	61%	59%	59%	61%	63%	62%	61%
	% of Delta calls which have a resource allocated within 90 seconds of call start	M	85%	87%	2%					91%	92%	92%
	<b>Intermediate Care Services:</b>											
	% of all transfers provided through the Intermediate Care Service	M	80%	89%	11%					89%	90%	90%
% of ambulance turnaround delays escalated, where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	M	100%	94%	-6%					93%	95%	97%	
Finance	<b>Budget Management including savings - Net Expenditure variance from plan (within budget) ( 0.33%)</b>											
	% variance - from budget	M	€87,675	€86,813	-0.98%					0.18%	-0.43%	-0.98%
	- % variance - Pay (Direct)	M	€64,943	€63,628	-2.03%					-1.51%	-1.70%	-2.03%
	- % variance - Pay (Agency)	M	€0	€243	100%					100%	100%	100%
	- % variance - Pay (Overtime)	M	€3,954	€9,845	149.00%					149.82%	146.36%	149.00%

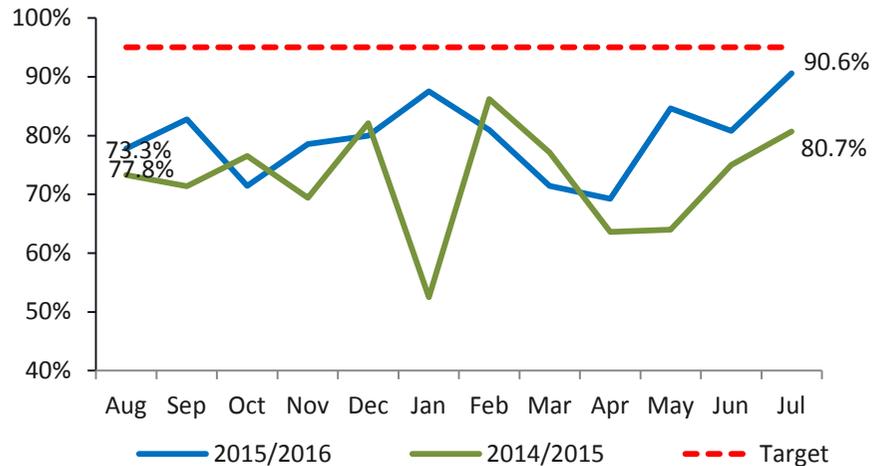
		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
	- % variance - Non Pay	M	€22,941	€23,403	2.01%					5.30%	3.33%	2.01%
	- % variance – Income	M	-€210	-€217	3.51%					32.09%	16.27%	3.51%
HR	<b>% Absenteeism</b>											
	Overall			6.97%	-99.145	8.98%	4.99%	5.77%		5.14%	6.01%	
	Management/Admin	M in arrears	3.50%	5.07%	-44.85%	1.30%	18.58%	5.78%		1.66%	0.28%	
	General Support staff			24.98%	-613.71%	26.90%	2.22%	33.39%		23.47%	12.81%	
	Other Patient and Client staff			6.07%	-73.42%	7.05%	5.18%	5.24%		5.19%	6.16%	
	<b>Staffing Levels and Costs</b>											
	WTE Change from previous month	M			1,711	0	5	-2	-6		0	12
Variance from funding staffing thresholds	M	0.50%		Data not yet available								

# Mental Health

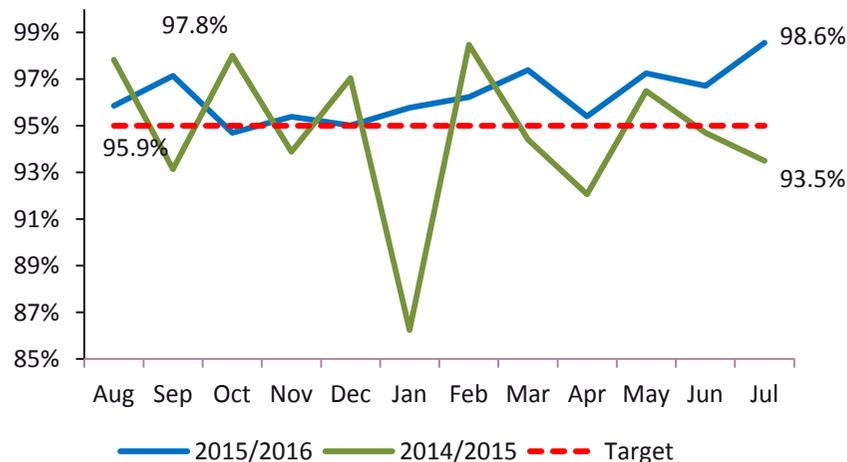
# Child and Adolescent Mental Health Services (CAMHs)

## Admission of children to CAMHs Inpatient Units

- 90.6% admitted, 80.8% in June. 80.7% YTD (Target 95%)

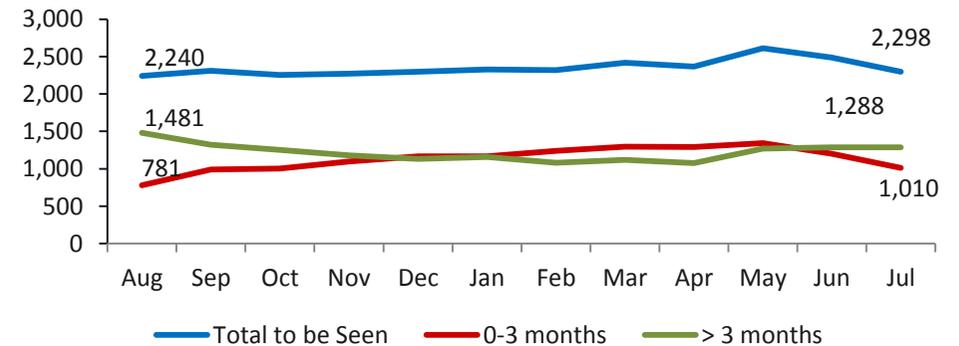


- 98.6% bed days used in Child Adolescent Acute Inpatient Units as a total of bed days. 96.7% in June. 96.7% YTD (Target 95%)

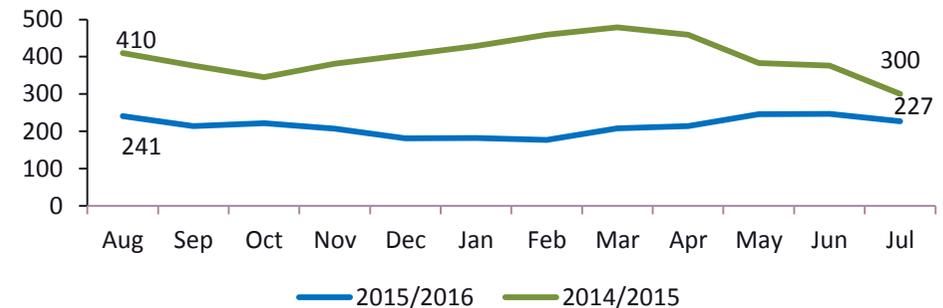


## CAMHs Waiting List

- 2,298 referred to be seen, 2,486 in June (down 188 on June)
- 1,288 waiting > 3 months for a first appointment, 1,286 in June (up 2 on June)
- Demand exceeds expected activity: CHO1 (322), CHO2 (11) CHO4 (342), CHO 5 (45), CHO8 (107) and CHO9 (130)
- Data gaps: CHO5 (2 teams);



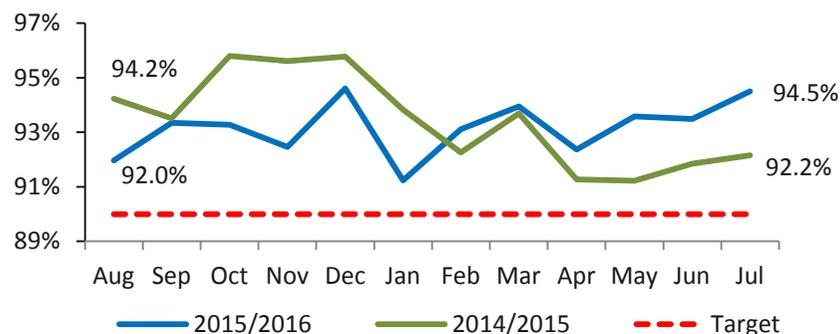
- 227 (10% of waiting list) waiting >12 months for an appointment. 247 in June. (Target 0)
- Outliers: CHO1(91), CHO3 (30), CHO4 (77) and CHO9 (29)
- Data gaps: CHO5 (2 teams)



## General Adult MH

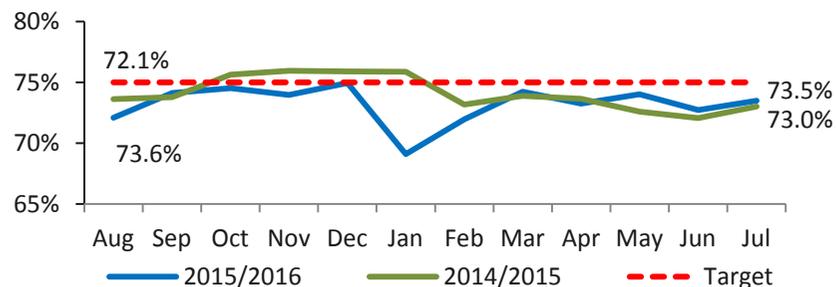
### Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **94.5%** of referrals/re-referrals, **93.5%** in June. **93.1%** YTD (Target >90%)
- **Above target:** CHOs 1 to 8 all performed above target with CHOs 5 and 6 achieving 100% and CHO2 performing at 99.7%.
- **Below target:** CHO9 at 85.9%, -4.6% variance from target.
- **Data gaps:** CHO2 (3 teams); CHOs 4, 5 and 7 (1 team).



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

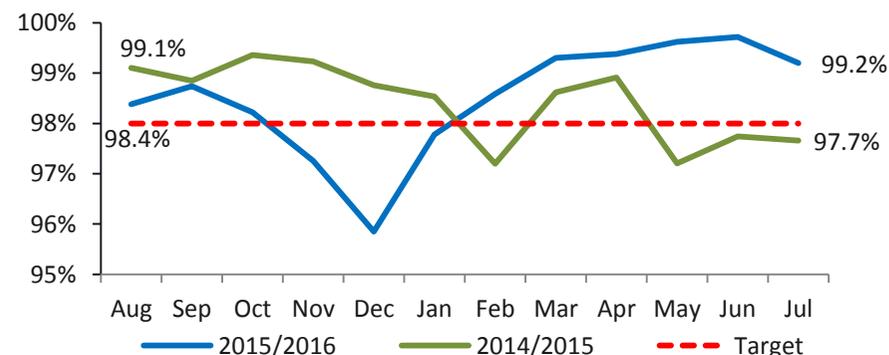
- **73.5%** of referrals/re-referrals, **72.7%** in June. **72.6%** YTD (Target >75%)
- **Above target:** CHO5 (92.6%), CHO2 (88.9%) & CHO6 (80.4%)
- **Below target:** CHO4 (62.3%), CHO8 (65.4%) & CHO9 (64.6%)
- **Data gaps:** CHO2 (3 teams); CHOs 4, 5 and 7 (1 team)



## Psychiatry of Old Age MH

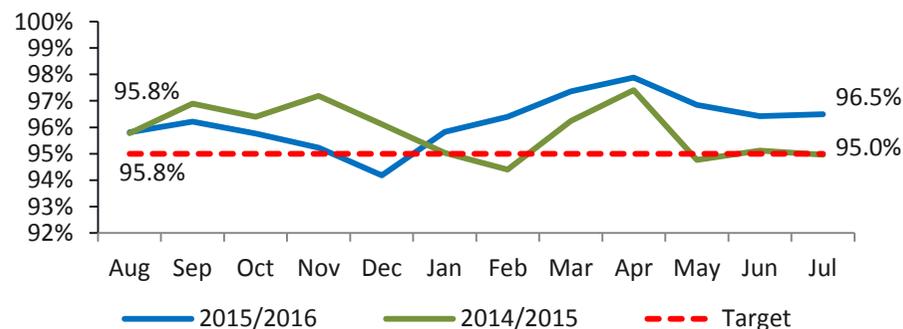
### Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **99.2%** of referrals/re-referrals, **99.7%** in June. **99.1%** YTD (Target >98%)
- **Above target:** CHOs 1, 2, 3, 5, 6, 7,9 with CHOs 2-7 at 100%
- **Below target:** CHO4 (97.9%), CHO8 (96.2%)
- **Data gaps:** CHOs 1 and 2 (1 team)



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

- **96.5%** of referrals/re-referrals, **96.4%** in June. **96.8%** YTD (Target >95%)
- **Above target:** CHOs 2,3,5,6,7,8,9, with CHOs 3,5,6,7 at 100%
- **Below target:** CHO1 (90.5%) and CHO4 (77.1%)
- **Data gaps:** CHO1 and CHO2 (1 team)



## Mental Health Commentary

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs.

The recent industrial action by the PNA which commenced at the end of June has resulted in higher than normal data gaps. The industrial action is now resolved and the Division is working with CHOs to ensure data gaps are filled.

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

### Child Adolescent Acute Inpatient Units (CAMHs)

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

- In July, 90.6% of children who were admitted were admitted to child and adolescent inpatient units, as against 80.7% in June.
- In July 2016, 98.6% of bed days used were in Child and Adolescent Acute Inpatient Units, against 96.7% in June.

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

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

In July, 74.6% of appointments were offered within 12 weeks/3 months (Target 78%), 76.6% in June. Of appointments offered and seen 65.8% were within 12 weeks/3 months (Target 72%), 66.2% in June. To date nationally, 14.3% of patients Did Not Attend (DNA) their first appointment offered.

The CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting. The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The waiting list increases are mostly restricted to CHO 1, 3, 4, and CHO 9. These increases relate significantly to availability of primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.

As reported last month, each CHO with waiting lists > 12 months has been written to by the National Director to provide management plans to address their respective lists. Work is currently taking place within each area and this seems to be producing positive results in the July waiting list figures. Within the >12 month list, a reduction of 20 cases have been noted across the 9 CHO areas. CHO 1, 3, 7, 8 and 6 all recorded a drop in their >12 lists. Across the entire waiting list for CAMHS, there were 218 fewer cases in July when compared with June. All CHO areas recorded a reduction in their overall waiting list figures with the biggest reductions in CHO 1, 4, 7, 8 and 9.

It remains too early to see if this downward trend in the July figures will continue into August. However ongoing oversight of the waiting list for CAMHS remains a key priority for the MH Division and performance management is continuing within this key performance area.

## Adult Mental Health Services

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

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

In July, performance against **% offered first appointment and seen within 12 weeks / 3 months** is below the 75% target at 73.5%. 23.2% of patients Did Not Attend (DNA) their first appointment offered, with high DNA rates ranging from 34% in CHO 4 to 31.6% in CHO 8. CHOs are reporting that they are making significant efforts in the management of DNAs some of which relate to areas with particular socioeconomic groups.

### Psychiatry of Old Age Team (POA)

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

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

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

## Development Posts:

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

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

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

155 or 62% of the 251.1 development posts for 2014 have started.

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

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

# Mental Health Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Quality & Safety <sup>8</sup>	<b>Serious Reportable Events</b>																	
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	65%	-34.3%											100%	100%	0%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0	-100%													
	<b>Service User Experience</b>																	
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	71%(i)	-5.3%													
	<b>CAMHs</b>																	
	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units.	M	95%	80.7%	-15.0%											84.6%	80.8%	90.6%
	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	M	95%	96.7%	1.8%	97.3%	100.0%	98.6%	97.5%	94.8%	99.8%	99.4%	85.5%	99.4%	97.2%	96.7%	98.6%	
	<b>% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:</b>																	
	General Adult Teams	M	90%	93.1% (i)	3.4%	89.8%	99.6%(i)	95.8%	91.1%(i)	92.8%(i)	97.9%	91.1%(i)	93.5%	85.9%	93.6%	93.5%	94.5%(i)	
Psychiatry of Old Age Teams	M	98%	99.1%(i)	1.1%	97.9%(i)	100.0%(i)	100.0%	92.0%	100.0%	100.0%	98.5%	98.8%	99.5%	99.6%	99.7%	99.2%(i)		
Child and Adolescent Community Mental Health Teams	M	78%	76.0% (i)	-2.6%	61.4%	97.4%	83.6%	67.5%	83.5% (i)	73.5%	62.5%	81.1%	71.0%	81.9%	76.6%	74.6%(i)		

<sup>8</sup> (i) – Incomplete data, see Appendix 2  
Health Service Performance Report July 2016

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:</b>																
General Adult Teams	M	75%	72.6%(i)	-3.2%	75.4%	85.3%(i)	70.6%	62.2%(i)	86.6%(i)	80.7%	75.6%(i)	65.6%	59.7%	74.0%	72.7%	73.5%(i)
Psychiatry of Old Age Teams	M	95%	96.8%(i)	1.8%	95.4%(i)	98.3%(i)	99.6%	79.8%	99.3%	100.0%	94.4%	93.4%	98.4%	96.9%	96.4%	96.5%(i)
Child and Adolescent Community Mental Health Teams	M	72%	66.0% (i)	-8.3%	59.3%	91.8%	80.0%	60.4%	71.5%(i)	56.8%	50.1%	68.3%	59.9%	72.6%	66.2%	65.8%(i)
<b>% of new (including re-referred) cases offered appointment and DNA in the current month</b>																
General Adult Teams	M	18%	22.8%(i)	26.7%	17.3%	14.4%(i)	26.9%	33.2%(i)	6.3%(i)	17.4%	17.7%(i)	29.8%	32.7%	21.7%	23.5%	23.2%(i)
Psychiatry of Old Age Teams	M	3%	2.5%(i)	-16.4%	3.2%(i)	1.7%(i)	0.4%	14.4%	0.7%	0.0%	4.1%	5.5%	1.1%	2.8%	3.4%	2.9%(i)
Child and Adolescent Community Mental Health Teams	M	10%	14.3%(i)	43.0%	4.1%	6.4%	3.6%	11.4%	13.5%(i)	22.3%	24.6%	17.4%	15.8%	12.0%	14.6%	13.3%(i)
<b>Access</b>																
<b>Total no. to be seen or waiting to be seen by CAMHS</b>																
Total no. to be seen for a first appointment at the end of each month	M	2,449	2,298(i)	-6.2%	437	22	255	536	103(i)	316	155	275	199	2,612	2,486	2,298(i)
Total no. to be seen (0-3 months)	M	1,308	1,010(i)	-22.8%	115	11	94	194	58(i)	200	101	168	69	1,342	1,200	1,010(i)
Total no. on waiting list for a first appointment waiting > 3 months	M	1,141	1,288(i)	12.9%	322	11	161	342	45(i)	116	54	107	130	1,270	1,286	1,288(i)
Total No. on waiting list for a first appointment waiting > 12 months	M	0	227(i)	>100%	91	0	30	77	0(i)	0	0	0	29	246	247	227(i)
<b>Finance</b>																
<b>Budget Management including savings</b>																
<b>Net Expenditure variance from plan (within budget 0.33%)</b>																
% variance - from budget	M	455,466	455,420	-0.01%	1.37%	6.82%	4.30%	1.99%	1.55%	5.44%	5.86%	6.96%	0.97%	0.06%	0.00%	-0.01%
- % variance - Pay (Direct)	M	€373,631	€368,730	-1.31%										-1.16%	-0.91%	-1.31%
- % variance - Pay (Agency)	M	€8,852	€23,597	166.59%										161.37%	163.98%	166.59%
- % variance - Pay (Overtime)	M	€8,967	€12,309	37.26%										34.10%	33.57%	37.26%
- % variance - Non Pay	M	€92,694	€96,098	3.67%										3.44%	2.11%	3.67%
- % variance – Income	M	-€11,364	-€10,188	-10.35%										-9.14%	-9.35%	-10.35%
<b>Service Arrangements</b>																
No and % of Service Arrangements signed (29/07/16)	M	100%	139 87.97%	12.03%										89.68%	89.68%	87.97%

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
€ value and % of Service Arrangements signed (29/07/16)	M	100%	€52,692 78.58%	21.42%										78.81%	78.81%	78.58%
<b>% Absenteeism</b>																
Overall			4.70%	-34.28%	5.78%	4.02%	6.12%	3.25%	4.95%	6.22%	5.81%	4.66%	3.69%	4.62%	4.49%	
Medical/Dental			2.59%	26.00%	1.89%	2.14%	0.88%	2.81%	4.74%	1.96%	4.46%	1.93%	1.28%	2.33%	2.71%	
Nursing			5.10%	-45.71%	6.30%	4.91%	8.16%	3.53%	4.58%	6.04%	6.64%	4.53%	3.78%	5.14%	5.02%	
Health and Social Care Professional	M in arrears	3.50%	3.85%	-10.00%	5.93%	3.84%	2.76%	2.72%	4.53%	0.80%	5.59%	4.39%	2.72%	3.08%	4.00%	
Management/Admin			4.30%	-22.85%	3.38%	3.13%	3.99%	2.94%	3.77%	5.23%	10.27%	3.56%	4.45%	3.11%	2.73%	
General Support staff			5.53%	-58.00%	7.45%	3.62%	4.16%	2.58%	6.59%	1.35%	7.86%	8.03%	6.07%	5.39%	4.53%	
Other Patient and Client staff			4.35%	-24.28%	6.04%	3.12%	8.08%	3.26%	5.77%	6.65%	2.28%	5.64%	3.92%	3.69%	6.16%	
<b>Staff Levels and Costs</b>																
WTE change from previous month	M		9,488	-26	-11	-6	5	0	-1	-6	-3	-0	-11	-17	-24	-26
Variance from funding staffing thresholds	M	0.50%	Data not yet available													
<b>EWTD Compliance (24 of 27 providers)</b>																
EWTD- <24 hour shift	M	100%	93%(i)	-7%										93%(i)	93%(i)	93%(i)
EWTD - <48 hour working week	M	95%	92%(i)	-3.2%										91%(i)	92%(i)	92%(i)

## Social Care

# Social Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety <sup>9</sup>	<b>Serious Reportable Events</b>																
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	27%	-72.7%										33%	10%	33%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0	-100%												
	<b>Service User Experience</b>																
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer <sup>10</sup>	Q	75%	71%(i)	-5.3%												

This heatmap relates to metrics that cover all of Social Care

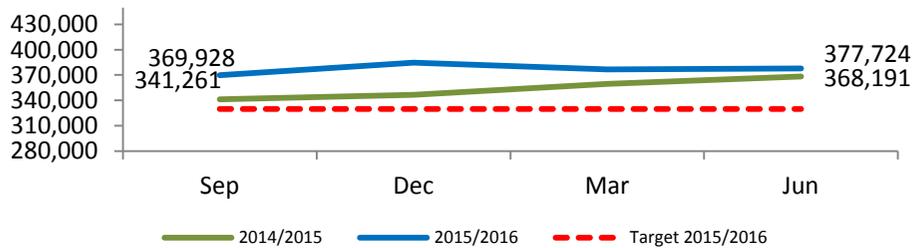
<sup>10</sup> (i) – Incomplete data, see Appendix 2  
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## **Social Care – Disability Services**

# Disability Services

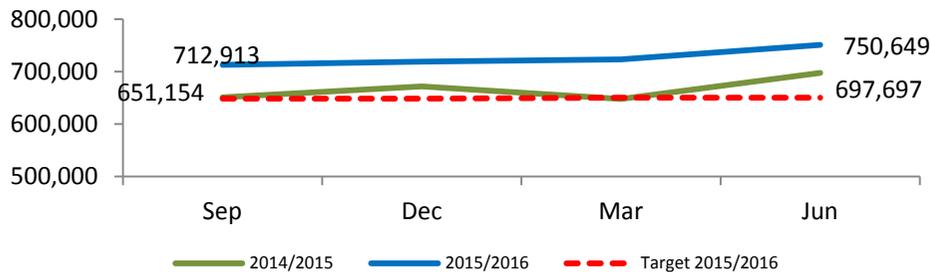
## Number of Personal Assistant (PA) Service hours delivered (Quarterly one month in arrears)

- **377,724** hours delivered. **376,462** in March. **754,186** YTD (Target 1,318,819, 659,402 YTD).
- **Above target** (% var YTD): CHO7 64.5%, CHO2 22%, and CHO3 18.3%
- **Below target** (% var YTD): CHO6 -11.5%
- CHO 9 Partial return (missing data from one agency)



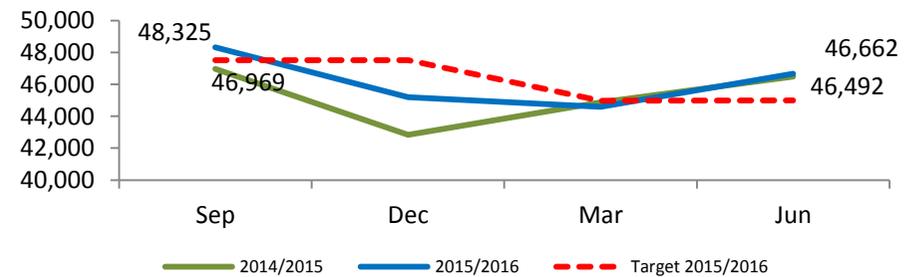
## Number of Home Support Hours delivered (Quarterly one month in arrears)

- **750,649** hours delivered. **723,198** in March. **1,473,847** YTD (Target 2,600,000, 1,299,967 YTD)
- **Above target** (% Var YTD): CHO5 63.4%, CHO8 40.4% and CHO4 23.2%
- **Below target** (% var YTD): CHO3 -11.8%, CHO1 -7%, CHO2 -3.1% and CHO9 - 1.8%
- CHO 9 Partial return (missing data from one agency)



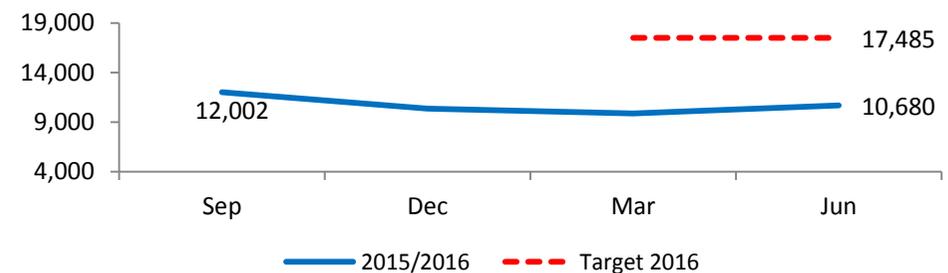
## Number of overnights (with or without day respite) accessed by people with a disability (Quarterly one month in arrears)

- **46,662** accessed respite. **44,591** in March. **91,253** YTD (Target 180,000, 89,697 YTD)
- **Above target** (% var YTD): CHO2 23.7%, CHO3 15.6% and CHO5 0.3%
- **Below target** (% Var YTD): CHO6 -15.8%, CHO9 -10.7%, CHO7 -3.7% and CHO4 -3.3%
- CHO 9 Partial return (missing data from one agency)



## No. of day only respite sessions accessed by people with a disability

- **10,680** sessions delivered. **9,870** in March. **20,550** year to date (Target 35,000, 17,485 YTD)
- **Above target** (% Var YTD): CHO5 100%, CHO3 67.5% and CHO7 18.9%
- **Below target** (% var YTD): CHO1 -53%, CHO2 -5.1% and CHO6 -4.2%



## No. of Childrens Disability Network Teams established (0-18s)

- 0 Disability Network Teams established. (Target YTD 25)
- No CHO was expected to establish a team in July.

## Disability Services Commentary

### PA and Home Support Hours

Activity in both Personal Assistance Hours and Home Support Hours delivered are ahead of target in Q2 2016. People with disabilities are now living longer and living with a range of complex needs. In line with policy, the focus in recent years, in line with *Transforming Lives*, has been to enable people with disabilities to live lives of their choosing. Provision of PA and HS hours is an important component of this.

Changing need for some people with disabilities and the need for an ongoing supply of emergency residential places is an ongoing issue for disability service providers. Recognising this need, NSP 2016 provided an additional funding for emergency places. While the additional funding is very welcome, it is acknowledged that it is insufficient to meet the full demand of emergency places (which has not received additional funding since 2008). CHOs are operating a prioritization system for access to emergency places, and in the absence of emergency placements being available, there is an additional reliance on PA and HS hours. This can be seen in the significant rise in both in Q1 and Q2 2016; although it is noted that this additional activity is unfunded.

Nationally, Home Support Hours are over 174,000 hours, and Personal Assistance Hours are over 94,800 hours ahead of target at Q2 – a combined total of over 268,800 this equates to over 10,000 hours per week over target – and costs approx €6.18m, which is being funded on a once off basis in 2016.

It is acknowledged that a number of these hours are being delivered to provide ‘in home’ respite, and to meet changing and ‘emergency’ needs.

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

- CHO6 and CHO8 had ‘target’ to establish teams by Q2, 2016.
- The establishment of new teams scheduled up to Q2 is behind schedule, with the main issue for delays being the lack of suitable accommodation for the re-configured teams (and funding for purchase/renovation/rental of same). Every effort is being made to progress these issues - with accommodation having already been sourced and funded in CHO1, CHO4 and CHO6.

## 2016 School Leavers and RT graduates requiring HSE funded Day Services August 2nd 2016

The below sets out the position as at August 2nd 2016, however as at today 30th August of 1,390 people that require day supports 1,323 have had their service confirmed.

- Negotiations are significantly advanced in regard to the process of attending to the needs of those young people leaving school in 2016 and those people graduating from Rehabilitation Training that require a HSE funded day service. As is usual at this time of year, there is some change in the data previously presented as some people are recently confirmed as being assigned an additional year in school and others are now confirmed as accessing mainstream services. At July 30th time 1,299 of the 1,393 people that require day service supports from September 2016 have had their service placement confirmed. Active engagement is on-going with service providers in respect of the remaining cohort whose placements have not been confirmed as yet.

# Disability Services Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Access</b>	<b>Progressing Disability Services for Children and Young People (0-18s) Programme</b>																
	No of children's disability network teams established	M	100% (129/129) Note 56 of 129 already established	0	-100.0%	0	0	0	0	0	0	0	0				
	<b>Personal Assistance*</b>																
	No. of PA Service hours delivered to adults with a physical and / or sensory disability	Q 1 mth in arrears	659,402	754,186(i)	14.37%	67,561	145,430	157,222	65,579	52,376	10,846	14,295	82,569	158,308(i)	384,727	376,462	377,724(i)
	<b>Home Support Service*</b>																
	No. of Home Support Hours delivered to persons with a disability	Q 1 mth in arrears	1,299,967	1,473,847(i)	13.4%	156,583	88,171	62,291	116,259	172,074	156,455	207,992	303,960	210,062(i)	718,963	723,198	750,649(i)
<b>Respite Services*</b>																	
No. of day only respite sessions accessed by people with a disability	Q 1 mth in arrears	17,485	20,550(i)	17.5%	1,175	2,966	8,235	1,196	1,029	1,051	2,612	510	1,776(i)	10,339	9,870	10,680(i)	
No. of overnights (with or without day respite) accessed by people with a disability	Q 1 mth in arrears	89,967	91,253(i)	1.4%	5,708	20,007	7,330	12,994	7,156	7,054	12,832	8,672	9,500(i)	45,196	44,591	46,662(i)	
<b>Finance</b>	<b>Budget Management including savings – Net Expenditure variance from plan (within budget)</b>																
	% variance - from budget	M	€928,620	€931,094	0.27%	6.85%	5.02%	4.67%	1.82%	7.59%	3.95%	8.88%	7.83%	3.29%	3.73%	0.00%	0.27%
	- % variance - Pay (Direct)	M	€350,593	€359,539	2.55%										2.01%	-6.48%	2.55%
	- % variance - Pay (Agency)	M	€14,401	€23,044	60.01%										49.61%	56.53%	60.01%
	- % variance - Pay (Overtime)	M	€3,275	€5,300	61.84%										62.09%	59.87%	61.84%
	- % variance - Non Pay	M	€618,220	€607,556	-1.72%										3.73%	3.57%	-1.72%
	- % variance – Income	M	-€54,935	-€51,957	-5.42%										-6.23%	-4.99%	-5.42%
	<b>Service Arrangements</b>																
No and % of Service Arrangements signed (29/07/16)	M	100%	657 96.33%	3.67%										97.45%	97.90%	96.33%	
€ value and % of Service Arrangements signed (29/07/16)	M	100%	€1,083,674 93.75%	6.25%										89.91%	90.03%	93.75%	

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
HR	<b>% Absenteeism</b>																	
	Overall			5.10%	-45.71%	6.97%	5.09%	5.71%	4.77%	5.60%	3.72%	5.04%	6.35%	4.20%	4.68%	4.81%		
	Medical/Dental			2.35%	32.85%	0.01%	0.24%	0.51%	0.08%	0.18%	3.82%	1.47%	0.00%	5.29%	0.74%	0.14%		
	Nursing			5.69%	-62.57%	6.91%	6.59%	5.84%	5.13%	6.08%	5.04%	5.07%	7.07%	4.66%	5.11%	5.18%		
	Health and Social Care Professional	M in arrears	3.50%	3.85%	-10.00%	4.80%	4.93%	4.81%	5.26%	5.77%	2.92%	3.30%	4.55%	2.88%	3.56%	3.49%		
	Management/Admin			3.69%	-5.42%	4.43%	3.89%	3.54%	4.21%	5.94%	3.03%	3.46%	4.12%	2.69%	3.78%	3.65%		
	General Support staff			4.67%	-33.42%	6.61%	3.68%	5.24%	4.49%	5.84%	2.22%	5.29%	5.04%	4.69%	4.20%	4.22%		
	Other Patient and Client staff			5.56%	-58.85%	7.59%	4.71%	5.98%	5.06%	5.22%	4.16%	5.51%	6.80%	4.86%	5.13%	5.36%		
	<b>Staffing Levels and Costs</b>																	
	WTE change from previous month	M		16,806	50	-0	13	11	9	4	12	16	-16	1	120	110	50	
Variance from funding staffing threshold	M	0.50%	Data not yet available															

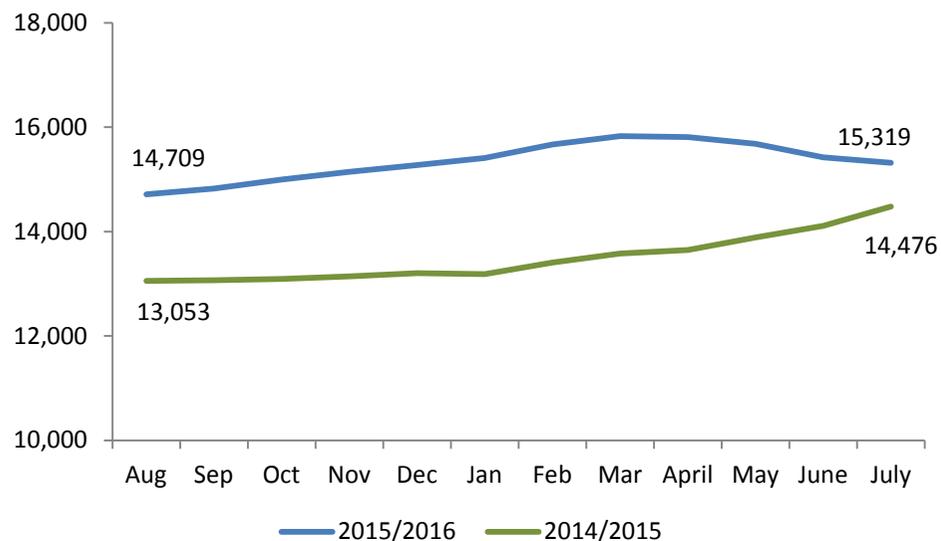
\*(i) – Incomplete data, see Appendix 2

## **Social Care – Older Persons**

# Home Care Packages

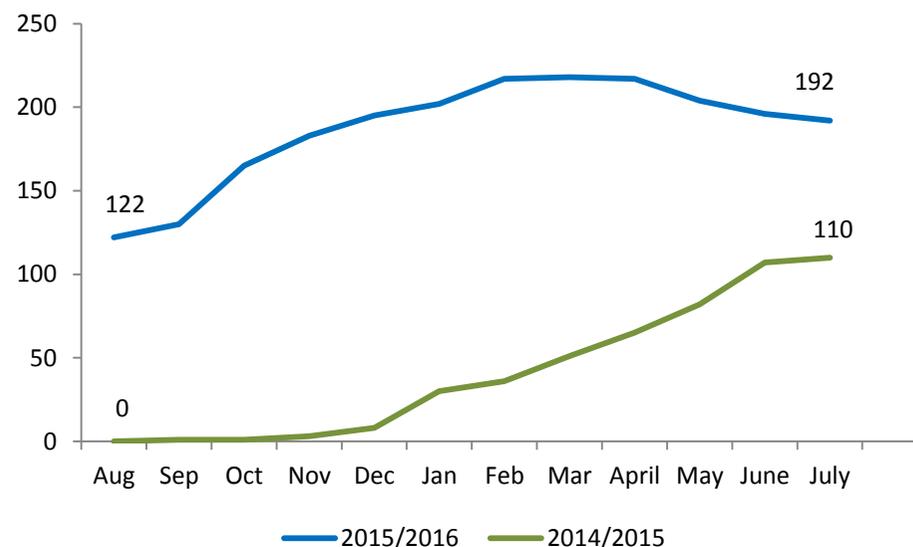
## Number of persons in receipt of a Home Care Package

- **15,319** persons in July, **15,421** persons in June, (Expected 15,450)
- **Above Expected:** CHO 1 (6.3%), CHO 8 (3.2%)
- **Below Expected** (% var YTD): CHO 2 (-1.4%), CHO 3 (-3.0%) CHO 4 (-0.6%) CHO 5 (-3.9%) CHO 6 (-1.1%) CHO 7(-3.5%) CHO 9 (-2.5%)
- Expected Activity Change from 13,200(13,800 with DDI HCPs included) in 2015 to 15,450(with DDI HCPs included) in 2016.
- To maintain the 2015 outturn in 2016 and provide some additionality in 2016, additional funding of €40m was announced by Minister Harris in June. Each CHO had been advised, pending formal notification from the DOH, of the position and arrangements commenced to finalise specific targets for each CHO. Activity and costs are being managed across the CHOs to ensure home care costs and budgets align at year end



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

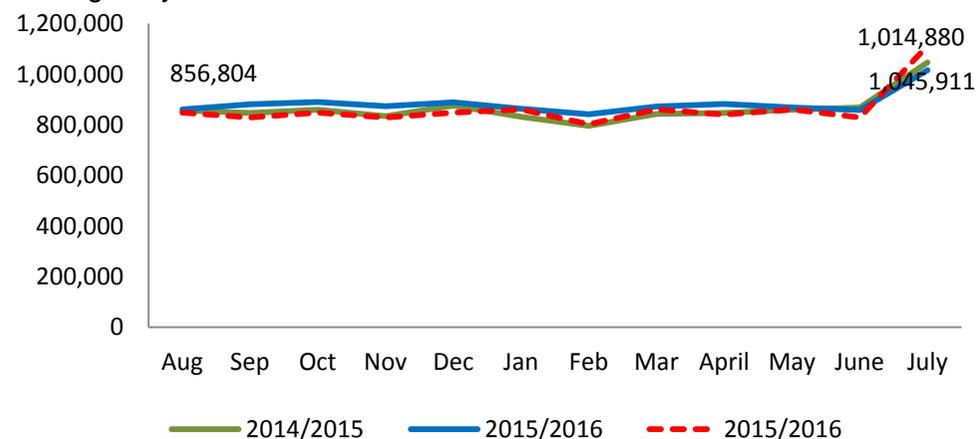
- **192** persons in July, **196** persons in June, (Expected 130)
- In July HSE funding was providing for **157** IHCPs
- In addition, Atlantic Philanthropies funding was providing for **35** IHCPs – total **192** IHCPs
- Expected Activity Change from 190 in 2015 to 130 in 2016 - graph shows actual activity however this is projected to reduce to year end to align with funding allocation.



## Home Help Hours

### Number of home help hours provided

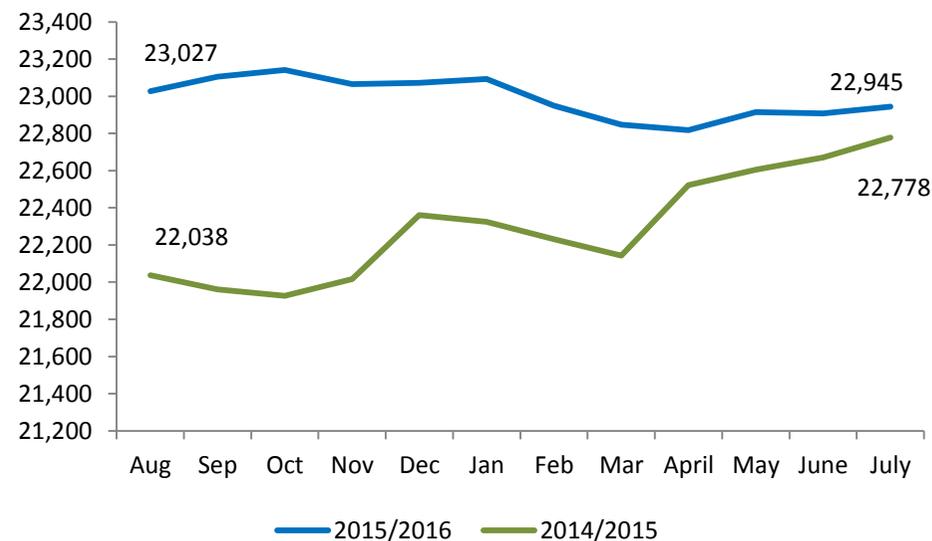
- **1,014,880** hours provided in July, **857,384** hours provided in June, (Expected Activity 1,112,267)
- **6,197,215 YTD** (Expected Activity YTD **6,175,298**)
- **Above target:** CHO1 (2.5%), CHO2 (11.1%), CHO3 (2.4%), CHO 8 (8.4%),
- **Below target:** (% var YTD): CHO4 (-8.1%), CHO 5 (-1.0%), CHO6 (-3.1%), CHO 7 (-5.6%) and CHO 9 (-1.2%)
- Expected Activity Change from 10,300,000 in 2015 to 10,437,000 in 2016. Peak in July 2015 graph below reflects additional pay period adjusted for in July in CHOs 1, 4 & 7 and will come back in line in August.
- To maintain the 2015 outturn in 2016 and provide some additionality in 2016, additional funding of €40m was announced by Minister Harris in June. Each CHO has been advised, pending formal notification from the DOH, of the position and arrangements commenced to finalise specific targets for each CHO. Activity and costs are being managed across the CHOs to ensure home care costs and budgets align at year end.



## Nursing Home Support Scheme

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

- **22,945** in July, **22,907** in June, (Expected Activity 23,450- revised to 22,989)
- Expected Activity has been revised to an average of 22,989 for 2016, based on trends for the six months to the end of June 2016.
- Anticipated that the revised target of 22,989 for 2016 will be met by year end assuming that the projected demographics are realised
- Wait times for July- 4 Weeks on target
- 167 more people than 2015 (.73% increase)
- 478 on the waiting list (↓ from 2135 October 2014)



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

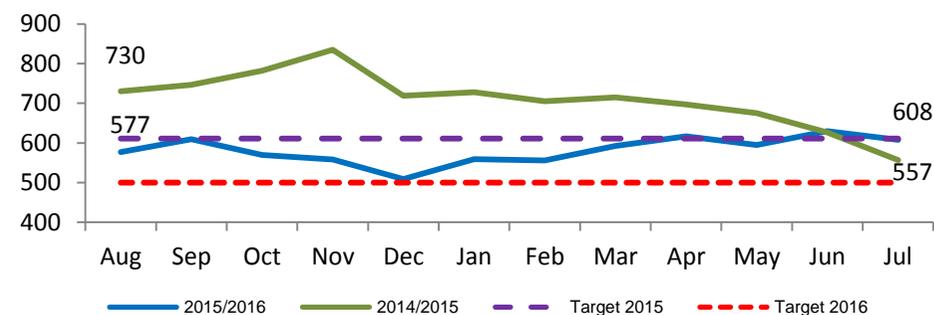
	Jan	Feb	Mar	April	May	Jun	July	YTD 2016	July-15
<b>No. of new applicants</b>	991	1,002	886	921	865	806	775	6,246	6,207
<b>National placement list for funding approval</b>	243	422	491	603	531	511	478	478	544
<b>Total no. people funded under NHSS in LTRC</b>	23,093	22,950	22,847	22,817	22,914	22,907	22,945	22,945	22,778
<b>Private Units</b>									
<b>No. of new patients entering scheme</b>	560	548	492	548	619	513	526	3,806	527
<b>No. of patients Leaving NHSS</b>	542	622	533	552	494	497	469	3,709	397
<b>Net Increase</b>	18	-74	-41	-4	125	16	57	97	130
<b>Public Units</b>									
<b>No. of new patients entering scheme</b>	172	167	110	153	127	142	140	1,011	136
<b>No. of patients Leaving NHSS</b>	144	205	156	159	148	153	147	1,112	138
<b>Net Increase</b>	28	-38	-46	-6	-21	-11	-7	-101	-2

Note: In addition to the leavers above there were a further 124 (12 in July) from Contract Beds/Subvention/Section 39 savers beds.

## Delayed Discharges

### Number of Delayed Discharges

- **608** delayed discharges. **630** in June (Target <500)
- **Best Performers:** Mullingar 0 (2), Ennis 1 (1), Mallow 1 (3)
- **Outliers:** St. James's 83 (65), Beaumont 87 (60), Mater 53 (49)



Delayed Discharges by Destination (26/07/2016)	Over 65	Under 65	Total No.	Total %
Home*	111	28	139	22.9%
Long Term Nursing Care	345	39	384	63.2%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	59	26	85	14%
<b>Total</b>	<b>515</b>	<b>93</b>	<b>608</b>	<b>100.0%</b>

\*Home (Of which 104 were waiting for home care (17 under 65y; 87 over 65y). 33 (3 under 65y) of the 104 were approved and waiting for funding for home care; 71 clients needs were being assessed/applications being processed (including 14 under 65y).

## Older Persons Commentary

The Service Plan 2016 recognised that activity levels in Home Help and Home Care Packages were running ahead of funded level as a consequence of providing dedicated support to acute hospital discharges as part of the Winter Plan agreed through the ED taskforce.

As a consequence, with the agreement of DOH, the HSE Service Plan provided for Time Related Savings of €20m from money held by DOH, to support home care provision to ensure that 2016 service delivery would not fall below the levels delivered in 2015.

In the context of the June 2016 notification of the revised estimate allocation, the requirement to re-profile downwards, the activity level was alleviated, and Social Care settled broadly on the May activity levels as the sustainable activity and funding position for the remainder of the year.

The revised estimates and Letter of Determination (LOD) of 19th July, provides €20m to replace the TRS funding reference in the NSP 2016 on a permanent basis and also provides for a further €20m inclusive of some Winter Initiative funding which together will maintain the higher activity levels of May for Home Help and Home Care Packages for the remainder of the year.

Revised 2016 Target	Total Additional Activity of €40m	Total Additional People Benefiting
10,570,000	270,000	1,236
15,800	2,000	3,000

CHOs will continue to prioritise discharge from acute hospitals, to facilitate discharge of those who are in a position to return home. With 74 people (week of 22<sup>nd</sup> August) recorded as awaiting Home Care in hospitals due to targeting of the resource provision in that way, the majority awaiting Home Care Service are currently residing at home

In addition, Social Care continues to address Delayed Discharges through the provision of:

### NHSS

Residential care is continuing to maintain the significant improvements made during 2015 and the waiting times for funding remain at 4 weeks and are not expected to increase during 2016.

The target under the scheme in 2016 is for an average of 22,989 people to be supported under the scheme and it is anticipated that this target will be reached during the year, assuming that the projected demographics 2016 are realised.

### Transitional care

Transitional Care continues to be approved in 2016. Current demands exceed the funded position- Social care continues to meet this requirement based on ED Taskforce plan arrangement.

Total approvals to the end of July 2016: **4,331**

# Older Persons Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
<b>Home Care Packages</b>																
Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	M	15,450	15,319	-0.8%	1,313	1,124	912	1,386	865	1,652	1,919	2,201	3,947	15,671	15,421	15,319
Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)	M	130	192	47.7%	3	37	12	26	7	16	16	15	60	204	196	192
<b>Home Help</b>																
No. home help hours provided for all care groups (excluding provision of hours from HCP's)	M	6,175,298	6,197,215	0.4%	855,754	822,217	550,479	1,204,179	713,559	227,467	411,724	757,632	654,205	868,315	857,384	1,014,880
No. of people in receipt of home help hours (excluding provision from HCPs)	M	47,800	48,038	0.5%	5,227	6,164	3,448	8,012	5,705	2,878	5,065	6,722	4,817	48,908	48,407	48,038
<b>NHSS</b>																
No. of people being funded under NHSS in long term residential care during the month	M	22,989	22,945	-0.2%	2,018	2,597	2,111	3,682	2,378	1,911	2,949	2,694	2,605	22,914	22,907	22,945
No. of NHSS beds in Public Long Stay Units	M	5,255	5,255	0.0%	534	609	346	1,046	556	386	642	629	507	5,255	5,255	5,255
No. of short stay beds in Public Long Stay Units	M	2,005	2,005	0.0%	395	254	184	336	275	165	199	96	101	2,005	2,005	2,005
<b>Budget Management including savings - Net Expenditure variance from plan (within budget)</b>																
% variance - from budget	M	€438,888	€438,917	0.01%	6.58%	18.02%	8.17%	1.18%	8.65%	8.91%	12.73%	11.86%	7.71%	6.76%	0.00%	0.01%
- % variance - Pay (Direct)	M	€388,539	€391,504	0.76%										0.86%	-1.75%	0.76%
- % variance - Pay (Agency)	M	€13,247	€18,843	42.24%										35.14%	39.00%	42.24%
- % variance - Pay (Overtime)	M	€3,541	€4,296	21.33%										22.53%	19.58%	21.33%
- % variance - Non Pay	M	€270,046	€264,221	-2.16%										8.88%	1.67%	-2.16%
- % variance – Income	M	-€222,697	-€219,997	-1.21%										-1.13%	-1.04%	-1.21%
<b>Service Arrangements</b>																
No and % of Service Arrangements signed (29/07/16)	M	100%	970 98.68%											99.38%	99.79%	98.68%
€ value and % of Service Arrangements signed (29/07/16)	M	100%	€166,946 99.97%											99.96%	99.99%	99.97%

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
HR	<b>% Absenteeism</b>																	
	Overall			5.10%	-45.71%	6.97%	5.09%	5.71%	4.77%	5.60%	3.72%	5.04%	6.35%	4.20%	4.68%	4.81%		
	Medical/Dental			2.35%	32.85%	0.01%	0.24%	0.51%	0.08%	0.18%	3.82%	1.47%	0.00%	5.29%	0.74%	0.14%		
	Nursing			5.69%	-62.57%	6.91%	6.59%	5.84%	5.13%	6.08%	5.04%	5.07%	7.07%	4.66%	5.11%	5.18%		
	Health and Social Care Professional	M in arrears	3.5%	3.85%	-10.00%	4.80%	4.93%	4.81%	5.26%	5.77%	2.92%	3.30%	4.55%	2.88%	3.56%	3.49%		
	Management/Admin			3.69%	-5.42%	4.43%	3.89%	3.54%	4.21%	5.94%	3.03%	3.46%	4.12%	2.69%	3.78%	3.65%		
	General Support staff			4.67%	-33.42%	6.61%	3.68%	5.24%	4.49%	5.84%	2.22%	5.29%	5.04%	4.69%	4.20%	4.22%		
	Other Patient and Client staff			5.56%	-58.85%	7.59%	4.71%	5.98%	5.06%	5.22%	4.16%	5.51%	6.80%	4.86%	5.13%	5.36%		
	<b>Staffing Levels and Costs</b>																	
	WTE change from previous month	M		9,757	6	-0	5	-4	5	12	-10	-4	-1	4	-6	17	6	
Variance from funding staffing thresholds	M	0.50%	Data not yet available															

# Finance

## Introduction

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

A Revised Estimate for Health was approved by the Oireachtas on July 7<sup>th</sup> 2016, representing a revised revenue allocation for Health of €13,489.9m for 2016. Within this amount a sum of €98.5m was held by the Department of Health to fund specific new developments outlined in NSP 2016 (€58.5m) and to support additional Winter Initiatives in 2016 (€40m). This funding is being released on the approval of implementation plans that support the additional service investment. The maximum amount of revenue expenditure that may be incurred by the HSE as at 31<sup>st</sup> July 2016 is €13,428.2m.

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

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

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

residual overruns against expenditure limits in 2016 will be applied as a first charge on the relevant budget in 2017.

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

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

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

## Financial Performance

As of the 31<sup>st</sup> of July 2016 the HSE has expenditure of €7.801 billion against a budget of €7.795 billion leading to a deficit of €5.8m or 0.1%.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,319,251	2,587,693	2,570,511	17,182	0.7%
National Ambulance Service & Emergency Mgt	152,878	86,813	87,675	(861)	-1.0%
Health & Wellbeing Division	203,671	102,206	104,144	(1,938)	-1.9%
Primary Care Division	983,915	568,314	566,036	2,278	0.4%
Mental Health Division	817,636	455,420	455,466	(45)	0.0%
Social Care Division	3,249,884	1,883,969	1,892,149	(8,180)	-0.4%
National Cancer Control Programme (NCCP)	15,581	1,503	1,485	17	1.2%
Clinical Strategy & Programmes Division	42,151	15,466	15,956	(490)	-3.1%
Quality Assurance & Verification	3,137	415	418	(3)	-0.7%
Quality Improvement Division	7,707	4,199	4,486	(286)	-6.4%
Other National Divisions / Services	297,667	162,033	161,300	733	0.5%
Pensions	328,473	185,141	189,910	(4,769)	-2.5%
Demand Led Areas	3,006,280	1,748,157	1,745,988	2,169	0.1%
<b>Grand Total</b>	<b>13,428,231</b>	<b>7,801,331</b>	<b>7,795,522</b>	<b>5,808</b>	<b>0.1%</b>
Grand Total (excl Demand Led Areas & Pensions)	10,093,478	5,868,032	5,859,624	8,408	0.1%

This July deficit primarily relates to an over spend against profile within Acute Hospitals of €17.2m, Primary Care €2.3m and Demand-Led Areas €2.2m with offsetting surpluses in NHSS and Health & Wellbeing.

Operational Service Areas represent €8.4m of the overall deficit with Pensions & Demand Led Areas contributing a net year to date surplus of €2.6m. These results are inclusive of revised funding approved by the Oireachtas on July 7<sup>th</sup> and advised to the HSE on July 19<sup>th</sup> 2016 of €500m.

The additional investment of €500m notified to the HSE is most welcome and represents a significant commitment to ensuring that our health and social care services are placed on a sustainable financial footing for 2016. The early notification of this additional funding is also helpful as it allows

the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements to underpin this level of investment.

## Acute Hospitals

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan (Note1)	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	633,371	396,238	394,652	1,586	0.4%
Dublin Midlands	772,758	480,369	475,722	4,647	1.0%
Ireland East	825,822	505,887	507,794	(1,907)	-0.4%
South / South West	709,077	433,389	430,715	2,675	0.6%
Saolta University Health Care	661,490	416,489	410,161	6,328	1.5%
UL Hospitals	261,000	168,206	165,927	2,279	1.4%
National Childrens Hospital	233,736	144,600	143,570	1,030	0.7%
Regional & National Services	221,998	42,515	41,971	544	1.3%
<b>Total</b>	<b>4,319,251</b>	<b>2,587,693</b>	<b>2,570,511</b>	<b>17,182</b>	<b>0.7%</b>

Note 1: The YTD plan figures for the Acute Hospital Division are based on the YTD maximum expenditure limit notified to the Hospital Groups

As of 31<sup>st</sup> of July 2016 the Acute Hospital Division has a deficit of €17.2m or 0.7%. The most significant element of the deficits recorded at hospital level relates to a shortfall on the achievement of stretched income targets over the first half of the year. The overrun in respect of once-off timing issues relating to the period between the initial assessment and subsequent treatment of patients under the 2015 waiting list initiative is currently being absorbed within Regional and National Services.

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

These conditions include a written commitment from each Hospital Group CEO to operate within notified maximum expenditure limits and sustained

implementation by each Hospital Group of a revised financial plan that demonstrates how a balanced position will be achieved at the year-end

## Social Care - Older Persons

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	75,761	46,816	43,923	2,892	6.6%
CHO 2	62,311	42,806	36,270	6,536	18.0%
CHO 3	59,590	37,652	34,807	2,845	8.2%
CHO 4	116,637	69,241	68,434	807	1.2%
CHO 5	62,131	39,316	36,186	3,130	8.6%
CHO 6	54,084	34,439	31,621	2,818	8.9%
CHO 7	78,978	52,688	46,740	5,948	12.7%
CHO 8	56,916	36,859	32,952	3,907	11.9%
CHO 9	89,587	56,475	52,432	4,043	7.7%
Regional & National	88,025	22,626	55,522	(32,896)	-59.2%
<b>Subtotal</b>	<b>744,019</b>	<b>438,918</b>	<b>438,888</b>	<b>30</b>	<b>0.0%</b>
NHSS	909,838	513,957	524,641	(10,684)	-2.0%
<b>Overall Total</b>	<b>1,653,857</b>	<b>952,875</b>	<b>963,529</b>	<b>(10,654)</b>	<b>-1.1%</b>

As of 31st of July 2016 Older Persons (including NHSS) has expenditure of €952.9m against a budget of €963.5m leading to a surplus of €10.7m / 1.1%.

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

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

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

This funding will be held at National Director / Regional Level in the first instance and will be released subject to a number of conditions and in line with the HSE's revised Performance and Accountability framework.

## Social Care - Disability Services

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	109,453	68,680	64,275	4,405	6.9%
CHO 2	147,795	91,601	87,220	4,381	5.0%
CHO 3	133,528	81,682	78,039	3,643	4.7%
CHO 4	193,215	114,486	112,445	2,041	1.8%
CHO 5	138,746	86,922	80,787	6,134	7.6%
CHO 6	211,641	127,827	122,971	4,856	3.9%
CHO 7	148,835	94,210	86,525	7,686	8.9%
CHO 8	178,095	112,221	104,071	8,151	7.8%
CHO 9	250,146	150,329	145,545	4,784	3.3%
Regional & National	84,574	3,135	46,742	(43,607)	-93.3%
<b>Total</b>	<b>1,596,027</b>	<b>931,094</b>	<b>928,620</b>	<b>2,474</b>	<b>0.3%</b>

As of 31st of July 2016 Disability Services has expenditure of €931.1m against a budget of €928.6m leading to a deficit of €2.5m / 0.3%.

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

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

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

## Mental Health

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	65,822	38,683	38,159	524	1.4%
CHO 2	92,616	57,531	53,860	3,672	6.8%
CHO 3	58,705	35,625	34,155	1,470	4.3%
CHO 4	105,419	62,552	61,334	1,218	2.0%
CHO 5	89,679	52,998	52,190	808	1.5%
CHO 6	52,237	31,792	30,151	1,641	5.4%
CHO 7	72,187	44,650	42,178	2,472	5.9%
CHO 8	80,450	49,970	46,718	3,253	7.0%
CHO 9	103,518	60,652	60,067	584	1.0%
Regional & National	97,002	20,966	36,653	(15,687)	-42.8%
<b>Total</b>	<b>817,636</b>	<b>455,420</b>	<b>455,466</b>	<b>(45)</b>	<b>0.0%</b>

The Mental Health Division spent €455.4m in the month ended 31st July 2016 against a budget of €455.5m, representing a year to date breakeven position.

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

## Primary Care

Primary Care Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	86,801	52,700	50,024	2,676	5.3%
CHO 2	92,438	56,711	53,800	2,912	5.4%
CHO 3	72,436	43,465	42,133	1,332	3.2%
CHO 4	119,908	71,201	69,849	1,352	1.9%
CHO 5	83,377	50,047	48,556	1,491	3.1%
CHO 6	55,603	32,614	32,285	330	1.0%
CHO 7	148,382	86,324	86,276	48	0.1%
CHO 8	121,331	72,480	70,614	1,866	2.6%
CHO 9	121,515	71,870	70,401	1,470	2.1%
Regional	16,785	14,119	9,661	4,458	46.1%
National	65,339	16,782	32,437	(15,655)	-48.3%
<b>Sub Total</b>	<b>983,915</b>	<b>568,314</b>	<b>566,036</b>	<b>2,278</b>	<b>0.4%</b>
PCRS	2,547,649	1,451,456	1,454,587	(3,131)	-0.2%
DLS	246,542	141,279	140,994	285	0.2%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,794,191</b>	<b>1,592,735</b>	<b>1,595,581</b>	<b>(2,846)</b>	<b>-0.2%</b>
<b>Total Primary Care Division</b>	<b>3,778,106</b>	<b>2,161,049</b>	<b>2,161,617</b>	<b>(568)</b>	<b>0.0%</b>

The Primary Care Division (PCD) spent €2.161bn versus a budget of €2.162bn in the period ending 31st of July 2016 leading to a surplus of €0.6m / 0.0%.

The year to date financial position reflects a net underspend of €2.9m within the demand-led areas of PCRS and Local Schemes which is offset by an overspend of €2.3m within the operational service areas. A total of €129m was provided for demand led services within the revised allocation advised to the HSE in July (Discussed under a separate heading below). The deficit in core services is driven by pay and staffing pressures in addition to expenditure on medical surgical supplies. There is also significant expenditure on paediatric home care packages.

CHO areas are working on implementing plans to address any potential over spend at year end. Breakeven across core services will also require

strict compliance with the HSE Funded workforce plan which will be applied across all areas having due regard to safe delivery of services.

## Health & Wellbeing

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>Total</b>	<b>203,671</b>	<b>102,206</b>	<b>104,144</b>	<b>(1,938)</b>	<b>-1.9%</b>

The overall outturn for the Health & Wellbeing Division for the year to date July 2016 was €102.2m against a year to date budget of €104.1m giving a favorable variance of €1.9m.

Pay year to date is showing actual expenditure of €51.4m against a budget of €53.3m resulting in a favourable variance of €1.9m. Non-pay is showing an adverse variance of €13k, income is showing a favourable variance of €5k. The Health & Wellbeing division anticipates that the current favourable trend will continue to the year-end.

## Pay and Staffing Framework

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

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

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

1. The PCRS budget for 2016 was framed by reference to a series of working assumptions. On the basis of revised assumptions / projections to year end a total of €125m has been provided by Government by way of additional funding. Expenditure in the PCRS budget will continue to be the subject of close monitoring and assessment for the remainder of 2016.
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provide for in relevant legislation. An additional allocation of €10m has been allocated to this area based on assessed pension costs for the remainder of 2016.
3. The SCA financial plan for 2016 is based on the assumption that in the event that cost trends in SCA costs vary from the funding level provided to the HSE this will be identified as early as possible during 2016. The SCA has been funded with an additional €70m for 2016 which brings its budget to within €7m of the 2015 full year expenditure.
4. The treatment abroad scheme relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect. An additional €5m has been provided in this respect of overseas treatment from within the additional funding received from Government.

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

# Human Resources

# Human Resources

## Workforce Position

Overall employment levels at the end of July stands at 105,641 WTEs down 114 WTEs from the previous month.

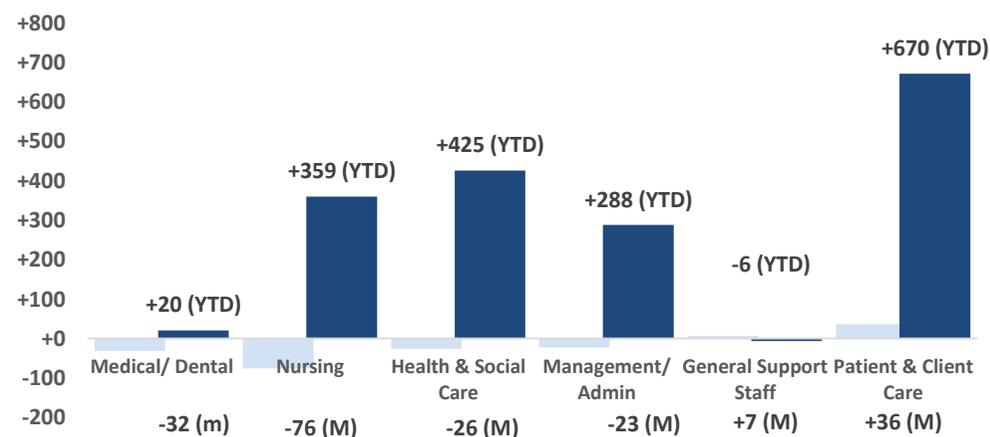
Division	WTE Dec 2015	WTE Jun 2016	WTE Jul 2016	change since Dec 2015	change since Jun 2016
<b>Total Health Service Staffing</b>	<b>103,884</b>	<b>105,755</b>	<b>105,641</b>	<b>+1,757</b>	<b>-114</b>
Acute Services	52,555	53,421	53,308	+753	-113
Mental Health	9,407	9,514	9,488	+81	-26
Primary Care	10,323	10,448	10,429	+106	-19
Disabilities	16,103	16,755	16,806	+702	+50
Older People	9,682	9,751	9,757	+75	+6
Social Care	25,786	26,507	26,563	+777	+56
Health & Wellbeing	1,370	1,385	1,386	+17	+2
Ambulance Services	1,709	1,710	1,711	+2	+0
Corporate & HBS	2,735	2,770	2,756	+21	-14

HSE/ Section 38	WTE Dec 2015	WTE Jun 2016	WTE Jul 2016	change since Dec 2015	change since Jun 2016
<b>Total Health Service Staffing</b>	<b>103,884</b>	<b>105,755</b>	<b>105,641</b>	<b>+1,757</b>	<b>-114</b>
Health Service Executive	66,260	67,350	67,153	+892	-197
Voluntary Hospitals	23,384	23,653	23,687	+303	+34
Voluntary Agencies (Non-Acute)	14,240	14,752	14,801	+561	+49

## Overview by staff group

Staff Group	WTE Dec 2015	WTE Jun 2016	WTE Jul 2016	WTE change since Jun 2016	% change since Jun 2016
Consultants	2,724	2,768	2,786	+18	+0.7%
NCHDs	5,717	5,726	5,678	-48	-0.8%
Medical other	895	895	893	-2	-0.2%
Nurse Manager	6,947	7,114	7,116	+2	+0.0%
Nurse Specialist	1,475	1,545	1,550	+5	+0.3%
Staff Nurse	24,749	24,479	24,440	-39	-0.2%
Public Health Nurse	1,501	1,468	1,459	-9	-0.6%
Nursing Student	387	881	848	-34	-3.8%
Nursing other	295	301	299	-2	-0.6%
Therapists (OT, Physio, SLT)	4,002	4,164	4,160	-4	-0.1%
HSCP other	10,576	10,865	10,843	-22	-0.2%
Management	5,043	5,221	5,237	+16	+0.3%
Clerical & Administrative	11,120	11,254	11,215	-39	-0.4%
Ambulance	1,601	1,612	1,608	-3	-0.2%
Care	17,359	17,983	18,022	+39	+0.2%
Support	9,494	9,481	9,487	+7	+0.1%
<b>Total</b>	<b>103,884</b>	<b>105,755</b>	<b>105,641</b>	<b>-114</b>	<b>-0.1%</b>

Staff Category Change month-on-month & YTD



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

	Target	June 2015	Full Year 2015	Previous Month	June 2016	YTD 2016	% Medically Certified (June 2016)
<b>Absence Rates</b>	3.50%	3.95%	4.21%	4.14%	4.2%	4.5%	88.77%

**Latest monthly figures (June 2016)**

The June rate at 4.2% is up on the May rate.

Previous June rates:

2008	2009	2010	2011	2012	2013	2014	2015
5.44%	4.64%	4.53%	4.87%	4.77%	4.43%	3.98%	3.95%

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

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- June 2016 absence rate stands at 4.2% and is up when compared with a rate of 3.95% for June 2015.
- The 2016 YTD rate is 4.5% up when compared to same period in 2015 at 4.22%. The 2015 full-year rate is 4.21% and is the lowest on record since annual reporting on a health sector-wide basis commenced in 2008. Despite the higher rates to date when compared with 2015, the rate of 4.5% puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to March 2016 recorded an overall rate of 4.37%, an increase from the previous year of 4.24%. Scotland’s NHS latest absence rate stands at 5.16% while in Wales the latest annual rate stands at 5.3%.

- The health sector workforce is extremely diverse in terms of occupations and skills compared with many other public and private sector employers. Work in health services is often physically and psychologically demanding, which increases the risks of illness and injury. The health services is also one of the few sectors that operate 24 hour services, for 365 days a year.

Annual rates:

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

The notional/opportunity cost of absenteeism for the health services for 2015, using DPER methodology, was assessed as being of the order of €181

**EWTD Compliance**

- The data deals with 5,067 NCHDs – approximately 92% 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 July 2014 from the same group of hospitals and agencies was 4,619, in July 2015 it was 5,193
- Compliance with a maximum 48 hour week is at 80% as of end July – down 1% from June
- Compliance with 30 minute breaks is at 100% - up 1% from June
- Compliance with weekly / fortnightly rest is at 99% - unchanged from June
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - down 1% from June
- Compliance with a daily 11 hour rest period is at 97% - unchanged from June. This is closely linked to the 24 hour shift compliance above.

# Escalation Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**National Performance Oversight Group**

# Escalation Report

**Level 3 Red**

**Level 4 Black**

## **NPOG September 2016**

**(July 2016 Reporting Cycle)**

**Final Version 27<sup>th</sup> September '16**

# Escalation summary

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

No.	Area of escalation	Division
1	Patients waiting in ED > 24 hours	Acute Hospitals
2	% of people waiting > 13 weeks for a routine colonoscopy/OGD	Acute Hospitals
3	Financial Position: Projected net expenditure to year end	Acute Hospitals
4	Financial Position: Pay control acute hospitals	Acute Hospitals

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

No.	Area of escalation	Division
1	Prostate Cancer - patients to be seen within 20 working days	Acute Hospitals
2	Lung Service - patients to be seen within 10 working days	Acute Hospitals
3	Breast Service – urgent patients to be seen within 2 weeks	Acute Hospitals
4	Radiotherapy – treatment within 15 working days	Acute Hospitals
5	Urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
6	Number of delayed discharges over 90 days	Acute Hospitals and Social Care
7	Serious Reportable Events (SREs)	Acute Hospitals
8	Waiting > 18 months for an elective procedure / Waiting >18 months for an OPD appointment	Acute Hospitals
9	Disability Act Compliance	Social Care
10	Occupational Therapy – Assessment Waiting list ≤ 52 weeks	Primary Care
11	Financial Position: Projected net expenditure to year end	Primary Care
12	Implement Electronic Health Record Solution	Chief Information Office

<b>I</b>	<b>Register: Areas deescalated from NPOG oversight</b>	
<b>ii</b>	<b>Register: Completed escalation actions</b>	

## Services in Escalation

Service	Accountable Officer	Escalation Area	Level
<b>Ireland East Hospital Group (Accountable Officer – Mary Day CEO)</b>			
Mater Hospital	Gordon Dunne	ED > 24 hours	Black
		Urgent Colonoscopy > 28 days	Red
Midland Regional Hospital Mullingar	Shona Schneeman	ED > 24 hours	Black
		Urgent Colonoscopy > 28 days	Red
St Luke's Hospital Kilkenny	Ann Slattery	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
St. Michael's Hospital	Seamus Murtagh	Routine Colonoscopy > 13 weeks	Black
St. Vincent's Hospital	Michael Keane	ED > 24 hours	Black
		Finance	Black
Wexford General Hospital	Lily Byrnes	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. Columcilles Hospital	Hilary Flynn	ED > 24 hours	Black
<b>Dublin Midlands Hospital Group (Accountable Officer – Susan O'Reilly CEO)</b>			
Midland Regional Hospital Portlaoise	Michael Knowles	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Midland Regional Hospital Tullamore	Orlagh Claffey	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Naas General Hospital	Alice Kinsella	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. James's Hospital	Lorcan Birthistle	ED > 24 hours	Black
		Prostate Cancer within 20 days	Red
		Breast Cancer within 2 weeks	Red
Tallaght Hospital	David Slevin	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
		Urgent Colonoscopy > 28 days	Red
<b>RCSI Hospital Group (Accountable Officer – Ian Carter CEO)</b>			
Beaumont Hospital	Ian Carter	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
		Prostate Cancer within 20 days	Red
Cavan General Hospital	Evelyn Hall	ED > 24 hours	Black
James Connolly Hospital	Margaret Boland	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Louth County Hospital	Catriona Crowley	Routine Colonoscopy > 13 weeks	Black
Our Lady of Lourdes Hospital Drogheda	Catriona Crowley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
<b>South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO)</b>			
Cork University Hospital	Tony McNamara	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red

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

<b>CHO 1 (Accountable Officer – John Hayes)</b>			
Primary Care	John Hayes	Finance	Red
<b>CHO 2 (Accountable Officer – Tony Canavan)</b>			
Primary Care	Tony Canavan	Finance	Red
<b>CHO 4 (Accountable Officer – Ger Reaney)</b>			
Primary Care	Ger Reaney	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
Social Care	Ger Reaney	Disability Act Compliance	Red
<b>CHO 5 (Accountable Officer – Aileen Colley)</b>			
Primary Care	Aileen Colley	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
<b>CHO 8 (Accountable Officer – Pat Bennett)</b>			
Primary Care	Pat Bennett	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
<b>CHO 9 (Accountable Officer – Gerry O'Neill)</b>			
Social Care	Gerry O'Neill	Disability Act Compliance	Red

# Areas of Black Escalation (DG oversight)

<b>ED: Patients waiting in ED &gt; 24 hours and people over 75 years</b>																													
Division		Date first escalated	Last date escalated/ deescalated		Escalation level																								
<b>Acute Hospitals</b>		May 2015																											
<p><i>Reason for escalation</i></p> <p>Data reported show continuing variation in performance below what is acceptable. . Data show performance improvement in May and June but figures have raised again in July. The number of those over 75 in ED more than 24 hours have fallen and this is to be welcomed.</p> <p>Remains in Black Escalation and is a focus of the ED Task Force which is co-chaired by Director General.</p>			<p><b>Current reported performance (July 2016)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Total</th> <th>&gt; 75 years</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>4,696</td> <td>1,499</td> </tr> <tr> <td>Feb</td> <td>3,931</td> <td>1,214</td> </tr> <tr> <td>Mar</td> <td>3,949</td> <td>1,236</td> </tr> <tr> <td>Apr</td> <td>3,326</td> <td>1,020</td> </tr> <tr> <td>May</td> <td>2,664</td> <td>762</td> </tr> <tr> <td>June</td> <td>2,077</td> <td>543</td> </tr> <tr> <td>July</td> <td>2,452</td> <td>669</td> </tr> </tbody> </table> <p><b>ED activity is 6.5% ahead of expected activity YTD</b></p>				Total	> 75 years	Jan	4,696	1,499	Feb	3,931	1,214	Mar	3,949	1,236	Apr	3,326	1,020	May	2,664	762	June	2,077	543	July	2,452	669
	Total	> 75 years																											
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June	2,077	543																											
July	2,452	669																											
<b>NPOG Agreed actions</b>			Responsible	Date agreed	Due date	Status																							
1	Monthly status report on application of fines for breaches > 24 hours where recommendations of SDU Audits not implemented, to be provided to NPOG		ND AHD	04.05.16	05.10.16																								
2	The effectiveness of Pilot project on streaming of patients > 75 years of age in ED within Beaumont Hospital to be evaluated. Report received and considered at NPOG Sept 7 <sup>th</sup> . Follow up with NDCSP with request for comments		ND AHD	04.05.16	06.07.16 (extended to 7.9.16)	Complete																							
4	Proposals for the development of a joint hospital/ community 2016/17 Winter Initiative Plan to be provided to NPOG. Winter Initiative Planning process between HG and CHOs underway. Report to be submitted by end of Sept. Wider plan to be provided to NPOG 05.10.16		ND AHD/ ND SC	08.06.16	31.09.16  05.10.16																								
5	An assessment of the level of increased ED activity January to May 2016 to be undertaken and Report provided to NPOG.		ND AHD	08.06.16	06.07.16 (extended to 7.9.16)	Complete																							
6	Root cause analysis review on the reasons behind the increased ED activity to be provided to NPOG. Initial update on the root cause analysis plan due for NPOG 05.10.16. Timeframe for complete report will be agreed at NPOG 05.10.16		ND AHD	07.09.16	05.10.16																								
7	SDU Action plans for 8/12 Hospitals in place. They will be the subject of increased monitoring and a further report will be provided to NPOG.		ND AHD	06.07.16	05.10.16																								

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

<b>Division</b> <b>Acute Hospitals</b>		<b>Date first escalated</b> March 2015	<b>Last date escalated/ deescalated</b> September 2015 (Red to Black)				<b>Escalation level</b>  Level 4				
<b>Reason for escalation</b> The large and growing number of patients waiting greater than 13 weeks for a routine colonoscopy/ OGD. The impact from and on targets for BowelScreen service.			<b>Current Description of performance (July 2016)</b>								
				Jan	Feb	Mar	Apr	May	June	July	
			<b>Total</b>	16,390	17,119	18,579	19,416	19,424	19,850	19,761	
			<b>&gt;13 w</b>	7,484	7,720	8,539	8,963	9,295	9,632	10,324	
<b>NPOG Agreed actions</b>			<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>					
1	Demand Capacity analysis and Improvement Plan to be undertaken and report presented to NPOG. Because of cross effect and dependencies with BowelScreen this will be part of any assessment of need and capacity. Update provided Sept 7 <sup>th</sup> - Demand/ Capacity analysis being undertaken by Endoscopy Working Group to be concluded by end of Q3 2016		ND AHD	03.02.16	06.04.16 (Extended 05.10.16 – Demand Capacity Plan 06.12.16 – Improvement Plan)						

# Financial position: Projected net expenditure to year end

<b>Division</b> <b>Acute</b> <b>Hospitals</b>		<b>Date first escalated</b> February 2016	<b>Last date escalated</b> 4 <sup>th</sup> May 2016 (NPOG)			<b>Escalation level</b>  Level 4				
<b>Reason for escalation</b>		<b>Current Description of performance (July 2016)</b>								
<p>Given the risks to financial performance within acute hospitals this has been escalated to Level 4 (Black). This means it will be the subject of direct DG oversight.</p>			<b>YTD Budget</b> €'000	<b>YTD Actual</b> €'000	<b>YTD Variance</b> €'000	<b>YTD % Var</b>	<b>Current Month Budget</b> €'000	<b>Current Month Actual</b> €'000	<b>Current Month Variance</b> €'000	<b>Current Month % Var</b>
		<b>Jan</b>	342,000	363,477	21,47	6.28%				
		<b>Feb</b>	772,660	673,855	48,806	7.24%	331,854	359,183	27,328	8.24%
		<b>Mar</b>	1,017,615	1,099,445	81,829	8.04%	343,761	376,785	33,024	9.61%
		<b>Apr</b>	1,354,622	1,466,767	112,145	8.28%	337,007	367,323	30,316	9.00%
		<b>May</b>	1,700,063	1,852,597	152,534	8.97%	345,441	385,830	40,389	11.69%
		<b>June*</b>	2,203,562	2,218,278	14,715	0.67%	503,499	365,680	(137,819)	(-27.37%)
		<b>July*</b>	2,570,511	2,587,693	17,182	0.67%	366,949	369,416	2,467	0.67%
		<p><b>*Note that the YTD budget for June and July includes a portion of the €185m of Acute Hospitals allocated as part of adjusted REV for 2016 by the Oireachtas.</b></p>								
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>					
<b>1</b>	National Director for Acute Hospitals to provide an update to NPOG in relation to particular areas of financial challenge.	ND AH	03.02.16	Monthly	Provided at NPOG and directly to CFO					
<b>2</b>	Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.	ND AHD	04.05.16	Ongoing						
<b>3</b>	Enhanced governance arrangements in relation to 'income' project to be agreed.	ND AHD	06.07.16	Ongoing	Complete					
<b>4</b>	Enhanced governance arrangements in relation to 'income' projects to be fully mobilised.	ND AHD	07.09.16	05.10.16						
<b>5</b>	Enhanced support arrangements including PMO support to be put in place to support cost management groups and to allow for delivery to be tracked. A full update to be provided to NPOG at October 2016 meeting.	ND AHD	03.08.16	05.10.16						

## Pay control: Acute Hospitals

Division		Date first escalated	Last date escalated	Reference	Escalation level	
<b>Acute Hospitals</b>		April 2016	20 <sup>th</sup> April 2016	NE1/4/16	<b>Level 4</b>	
<b>Reason for escalation</b> Interim pay control measures were introduced from the 1 <sup>st</sup> February 2016. The NPOG has determined together with the ND AHD that interim control measures have not been applied effectively across a number of hospitals. Following the NPOG meeting risks in relation to pay costs in the Acute Hospital system were considered to be such a significant risk that the Director General escalated these concerns to Level 4 Escalation (Black).			<b>Current Description of performance (July 2016)</b> The NPOG and ND AHD have limited confidence that interim pay controls are being applied across a number of hospitals.			
<b>Director General/ NPOG Agreed actions</b>			Responsible	Date agreed	Due date	Status
<b>1</b>	The Task Force will <b>(1)</b> put in place arrangements to provide assurance that interim controls are in place <b>(2)</b> Ensure plans are in place and being implemented by each Group to operate within agreed pay limits <b>(3)</b> Produce a report for the Steering Group (sub-committee of directorate), provide close out report to steering Group proposing how longer terms actions and controls should be addressed. Update provided by National Director at NPOG 07.09.16. Meeting of Steering Group being scheduled for September. NPOG update required post meeting.	ND AHD	20.04.16	25/04/16 to 31/07/16		
<b>2</b>	Meetings involving the AHD and HG will be held with the CEOs/ GMs of the hospitals in escalation	ND AHD	06.03.16	Ongoing		
<b>3</b>	Other control options including centralising new staff onto a single payroll system to be explored by the ND AHD	ND AHD	06.04.16	04.05.16	* see note below	
<b>Note:</b> * This action will be considered as part of wider range of actions being taken by the Task Force.						

# Areas of Level 3 Red Escalation

## Cancer

Specific cancers areas and delivery units have been the subject of focused scrutiny at NPOG over the past number of months. Because of the persistence and breadth of the issues it has been agreed that a systemic analysis, diagnostic and improvement plan be developed by October 2016. The National Director of NCCP is overseeing this programme of work. This does not remove accountability for on-going performance which continues to be managed in real time. Given the significant work involved including visits to each of the hospitals concerned, the NPOG has agreed this extension on the basis that the diagnostic and analysis will be completed in time for a detailed Recovery Plan to be available to NPOG by **Wednesday 26<sup>th</sup> October 2016 at the latest**. This applies to all cancer areas in escalation.

<b>Prostate Cancer: Patients to be seen within 20 working days</b>									
Division	Date first escalated	Last date escalated/ deescalated			Escalation level				
<b>Acute Hospitals</b>	July 2015	March 2016 Deescalated Black to Red			<b>Level 3</b>				
<i>Reason for escalation</i> Escalated due to low and variable performance at a number of Rapid Access Clinics.		<b>Current Description of performance (July 2016)</b>							
			Nat	CUH	WRH	UL	SJH	B'mont	Mater
		<b>Jan</b>	64.2%	33.3%	53.3%	14.3%	0.0%	27.3%	64.9%
		<b>Feb</b>	53.0%	25.0%	1.6%	20.0%	60.0%	60.0%	80.8%
		<b>Mar</b>	64.7%	5.3%	33.3%	11.1%	95.2%	28.6%	88.9%
		<b>Apr</b>	35.7%	6.3%	0%	31.6%	36.4%	15.8%	19.5%
		<b>May</b>	55.4%	14.8%	13.8%	12.0%	33.3%	40.0%	82.8%
		<b>June</b>	43.1%	21.1%	14.8%	0%	0%	57.4%	68.2%
		<b>July</b>	61.1%	16.7%	28.6%	15.0%	10.3%	80.0%	97.1%
<b>NPOG Agreed actions</b>		Responsible	Date agreed	Due date	Status				
1	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG	ND CCP/ ND AHD	06.04.16	04.05.16	Extension to 02.11.16				
2	Rapid Access Cancer Clinic Service Improvement Project to be established to assess current services and identify improvement actions to support the development of the recovery Plan	ND CCP/ ND AHD	04.05.16	03.08.16	* Extension to 02.11.16				

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

<b>Division</b> <b>Acute Hospitals</b>		<b>Date first escalated</b> May 2015	<b>Last date escalated/ deescalated</b>		<b>Escalation level</b> <b>Level 3</b>
<b>Reason for escalation</b> Escalated as performance continues to be a concern.			<b>Current Description of performance (July 2016)</b>		
				<b>Nat</b>	<b>CUH</b>
			<b>UL</b>	<b>GUH</b>	
			<b>Jan</b>	88.5%	97.0%
			<b>Feb</b>	83.0%	62.8%
			<b>Mar</b>	81.3%	44.4%
			<b>Apr</b>	77.8%	15.6%
			<b>May</b>	80.8%	13.3%
			<b>June</b>	76.7%	17.9%
			<b>July</b>	79.3%	40.0%
			<b>54.0%</b>	<b>100.0%</b>	
<b>NPOG Agreed actions</b>			<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>
<b>Status</b>					
<b>1</b>	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG		ND CCP/ ND AHD	06.04.16	04.05.16
<b>2</b>	Rapid Access Cancer Clinic Service Improvement Project to be established to assess current services and identify improvement actions to support the development of the recovery Plan (Action 2 above)		ND CCP/ ND AHD	04.05.16	03.08.16
					Extension to 02.11.16
					Extension to 02.11.16

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

<b>Division</b> <b>Acute Hospitals</b>		<b>Date first escalated</b> July 2016	<b>Last date escalated/ deescalated</b>		<b>Escalation level</b> <b>Level 3</b>
<b>Reason for escalation</b> Escalated as performance in St James Hospital and Cork University Hospital is cause for concern.			<b>Current Description of performance (July 2016)</b>		
				<b>Nat</b>	<b>CUH</b>
			<b>SJH</b>	<b>Letterkenny</b>	
			<b>Apr</b>	84.4%	92.1%
			<b>May</b>	76.7%	49.2%
			<b>June</b>	82.8%	51.8%
			<b>July</b>	89.2%	97.2%
			<b>23.1%</b>	<b>97.8%</b>	
<b>NPOG Agreed actions</b>			<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>
<b>Status</b>					
<b>1</b>	Preliminary diagnostic assessment of the performance issues involved to be provided to NPOG. Routine breast cancer services are to be added to this assessment in light of concerns raised by NPOG.		ND CCP/ ND AHD	06.07.16	03.08.16
					Extension to 02.11.16

## Radiotherapy: Treatment commenced within 15 working days

<b>Division</b> <b>Acute Hospitals</b>	<b>Date first escalated</b> September 2016	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b> <b>Level 3</b>																
<b>Reason for escalation</b> Escalated as performance in Cork has been below 75% for more than three consecutive months.		<b>Current Description of performance (July 2016)</b>																	
		<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Nat</th> <th>Cork</th> </tr> </thead> <tbody> <tr> <td><b>Apr</b></td> <td>88.1%</td> <td>72.6%</td> </tr> <tr> <td><b>May</b></td> <td>85.9%</td> <td>72.5%</td> </tr> <tr> <td><b>June</b></td> <td>84.4%</td> <td>70.0%</td> </tr> <tr> <td><b>July</b></td> <td>83.4%</td> <td>73.4%</td> </tr> </tbody> </table>				Nat	Cork	<b>Apr</b>	88.1%	72.6%	<b>May</b>	85.9%	72.5%	<b>June</b>	84.4%	70.0%	<b>July</b>	83.4%	73.4%
	Nat	Cork																	
<b>Apr</b>	88.1%	72.6%																	
<b>May</b>	85.9%	72.5%																	
<b>June</b>	84.4%	70.0%																	
<b>July</b>	83.4%	73.4%																	
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>															
1	Immediate review to look at short term actions to improve performance. Diagnostic assessment of the performance issues involved and Improvement Plan for sustainable change. Initial scoping report to be provided to NPOG by 21 <sup>st</sup> September with timeframe for completion of Improvement Plan to be provided.	ND CCP/ ND AHD	07.09.16																

## Other areas of acute hospital performance

### Urgent colonoscopy: Numbers waiting > 4 weeks

<b>Division</b> <b>Acute Hospitals</b>	<b>Date first escalated</b> March 2015	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b> <b>Level 3</b>																											
<b>Reason for escalation</b> Escalated due to ongoing breaches for urgent colonoscopies which have a 'zero tolerance' target		<b>Current Description of performance (July 2016)</b>																												
		<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> </tr> </thead> <tbody> <tr> <td><b>Total breaches</b></td> <td>15</td> <td>20</td> <td>15</td> <td>54</td> <td>24</td> <td>24</td> <td>8</td> </tr> <tr> <td><b>Total new pts breaches</b></td> <td>13</td> <td>3</td> <td>12</td> <td>51</td> <td>20</td> <td>19</td> <td>6</td> </tr> </tbody> </table> <p>This remains in Red escalation due to continued breaches – Mater (5) &amp; Bantry (3)</p>						Jan	Feb	Mar	Apr	May	June	July	<b>Total breaches</b>	15	20	15	54	24	24	8	<b>Total new pts breaches</b>	13	3	12	51	20	19	6
	Jan	Feb	Mar	Apr	May	June	July																							
<b>Total breaches</b>	15	20	15	54	24	24	8																							
<b>Total new pts breaches</b>	13	3	12	51	20	19	6																							
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>																									
1	Report on 2015 breaches to be prepared (no. of people breaching, no. breaching for > 20 days over target i.e. > 48 days and of those who went on to have a diagnosis of cancer. Report received. 0 cancers reported in those seen within 48 days. NDAH, NDCCP and NDCSP to review report and update NPOG if further action is required.	ND AHD	04.05.16	06.07.16 (Extension to 07.09.16)	Complete pending review																									
<b>Note:</b> *This area of escalation is to be read in conjunction with the Level 4 (Black) Escalation in relation to Routine Colonoscopy waiting times.																														

## Delayed discharges Number over 90 days

Division		Date first escalated	Last date escalated/ deescalated			Escalation level			
<b>Acute Hospitals and Social Care</b>		June 2015				<b>Level 3</b>			
<b>Reason for escalation</b> Escalated due to the target for Delayed Discharges > 90 being breached		<b>Current Description of performance (July 2016)</b>							
			Jan	Feb	Mar	Apr	May	June	July
		<b>Total</b>	559	556	592	617	595	630	608
	<b>&gt; 90 Days</b>	114	100	83	95	114	109	122	
<b>NPOG Agreed actions</b>		Responsible	Date agreed	Due date	Status				
1	A central booking arrangement to be in place across the greater Dublin area. Pilot completed, training schedule in place and 'go live' date of 3 <sup>rd</sup> October for CHOs 6 to 9.	ND AHD ND SC	02.03.16	31.07.16	Plan & Pilot – Complete Go Live – 03.10.16				
2	The Working Group on delayed discharges will develop a standard definition of what constitutes a delayed discharge for application across all hospitals.	ND AHD ND SC	06.04.16	08.06.16	Closed				
3	The Working Group on delayed discharges will develop a classification system for delayed discharge beds.	ND AHD ND SC	06.04.16	08.06.16	Closed				
4	The Working Group on delayed discharges will develop a Plan and estimate of current and future costs for responding to the needs of the cohort of patients who are long term in hospital. This work is now being undertaken as part of the Service Planning Process for 2017. Winter Plan addresses part of this requirement. Further requirements are included in the Estimates. NDSC to provide timeframe for providing this report to NPOG.	ND AHD ND SC	06.04.16	06.07.16					
5	Improvement project established and best practice processes to be rolled out across all sites. The definition and classification system will form part of this report. The improvement plan with timeframes involved to be provided to NPOG.	ND AHD ND SC	06.07.16 07.09.16	03.08.16  Extension to 05.10.16					
6	NPOG to make a recommendation to the Director General that the National Director Social Care be assigned responsibility for co-ordinating the overall response on Delayed Discharges.	NPOG	09.08.16	07.09.16	Complete				

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

Division	Date first escalated	Last date escalated/ deescalated	Escalation level							
<b>Acute Hospitals</b>	October 2015		<b>Level 3</b>							
<p><i>Reason for escalation</i></p> <p>Escalated due to focus on reducing &gt; 18 months waiting list and potential impact of number coming through &gt;15 months figures.</p> <p>Minister has stated a target of 50% reduction in &gt;18 month waiting lists for Inpatient and Day case by the end of Dec 2016 (3,700 cases).</p>		<b>Current Description of performance (July 2016)</b>								
		IPDC	Dec	Jan	Feb	Mar	Apr	May	June	July
		> 15 months	746	2,115	3,079	4,296	4,603	5,416	6,579	7,397
		> 18 months	459	847	1,015	1,214	1,567	2,263	3,038	3,488
		OPD	Dec	Jan	Feb	Mar	Apr	May	June	July
		> 15 months	9,887	13,763	17,693	20,267	23,956	30,095	34,674	39,103
		> 18 months	5,262	5,635	5,918	6,114	8,570	13,095	15,149	18,496
		<b>NPOG Agreed actions</b>		<b>Responsible</b>		<b>Date agreed</b>		<b>Due date</b>		<b>Status</b>
1	Waiting List Management Plan for 2016 being developed.			ND AHD		06.04.16		04.05.16 (Extended to 03.08.16)		Closed
2	Waiting List Management Plan to be reviewed and validated by AHD and update to be provided.			ND AHD		07.09.16		05.10.16		
3	Proposals for addressing waiting lists to be developed. This includes long term waiting lists in specific specialties (e.g. dermatology, orthopaedics, endoscopy etc.)			ND AHD		04.05.16 07.09.16		06.07.16 Extended to 21.10.16		
4	Short and medium term proposals for Galway and Waterford Hospitals to be submitted to NPOG by 30.09.16. Full plan due 21.10.16.			ND AHD		07.09.16		30.09.16 – Galway & Waterford update 21.10.16 – Full Report		
5	SDU working on a detailed implementation plan for all HGs to meet target of 50% reduction over 18 months by year end.	ND AHD								

## Serious Reportable Events (SREs)

<b>Division</b> <b>Acute Hospitals</b>		<b>Date first escalated</b> 03.03.15	<b>Last date escalated/ deescalated</b> April 2016 (Black to Red)			<b>Escalation level</b>  <b>Level 3</b>
<b>Reason for escalation</b> Escalated due to continued requirement to improve reporting levels across acute hospitals.		<b>Current Description of performance</b> Deescalated from Black to red in April on foot of actions set out by the ND AHD. SREs will remain continue to be the subject of NPOG oversight.				
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>	
<b>3</b>	Update report to be provided to NPOG on a monthly basis on progress in rolling out SRE reporting process.	ND AHD	06.04.16	Monthly	Ongoing	
<b>5</b>	A targeted programme of follow up will be undertaken with hospitals who have so far not reported any SREs. Report provided to NPOG. Report to be reviewed and validated by the National Director QAV.	ND AHD	06.07.16	07.09.16		

## Disability Act: Compliance

<b>Division</b> <b>Social Care</b>		<b>Date first escalated</b> August 2015	<b>Last date escalated/ deescalated</b>				<b>Escalation level</b>  <b>Level 3</b>
<b>Reason for escalation</b> Escalated based on continued poor performance.		<b>Current Description of performance (July 2016)</b>					
			<b>Q1 2015</b>	<b>Q2 2015</b>	<b>Q3 2015</b>	<b>Q4 2015</b>	<b>Q1 2016</b>
			%	39%	31%	33%	23%
						19.6%	19.7%
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>		
<b>1</b>	Expert National Group to be established	ND SC	03.02.16	08.06.16	Complete		
<b>2</b>	Implementation plan to be developed and provided to NPOG. Due to the recent appointment of Heads of Service in each CHO the ND social Care requested an extension to the due date for the implementation plan. The NPOG agreed to same.	ND SC	04.05.16	03.08.16 Extension to 05.11.16			

## Occupational Therapy: Assessment Waiting List ≤ 52 weeks

<b>Division</b> <b>Primary Care</b>	<b>Date first escalated</b> July 2016	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b>																																
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<b>Reason for escalation</b> Escalated based on continued poor performance (Q3 target 95%, year-end target 100%).		<b>Current Description of performance (July 2016)</b> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>National</th> <th>CHO 4</th> <th>CHO 5</th> <th>CHO 8</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>82.3%</td> <td>69.9%</td> <td>80.0%</td> <td>76.2%</td> </tr> <tr> <td>Apr</td> <td>82.9%</td> <td>71.4%</td> <td>78.9%</td> <td>76.8%</td> </tr> <tr> <td>May</td> <td>82.4%</td> <td>71.6%</td> <td>78.3%</td> <td>76.7%</td> </tr> <tr> <td>June</td> <td>81.4%</td> <td>69.2%</td> <td>77.8%</td> <td>76.3%</td> </tr> <tr> <td>July</td> <td>81.1%</td> <td>69.1%</td> <td>77.8%</td> <td>75.3%</td> </tr> </tbody> </table>					National	CHO 4	CHO 5	CHO 8	Mar	82.3%	69.9%	80.0%	76.2%	Apr	82.9%	71.4%	78.9%	76.8%	May	82.4%	71.6%	78.3%	76.7%	June	81.4%	69.2%	77.8%	76.3%	July	81.1%	69.1%	77.8%	75.3%
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<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>																														
1	Diagnostic assessment of the performance issues involved to be provided to NPOG	ND PC	06.07.16	05.10.16	Complete																														
2	Action plan for service improvement and timelines for its implementation to be completed and provided to NPOG.	ND PC	07.09.16	05.10.16																															

## Financial position:

<b>Division</b> <b>Primary Care</b>	<b>Date first escalated</b> July 2016	<b>Last date escalated</b>	<b>Escalation level</b>																	
			<b>Level 3</b>																	
<b>Reason for escalation</b> Given the risks to financial performance within CHOs 1 & 2 this has been escalated to Level 3 (Red).		<b>Current Description of performance (July 2016)</b> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YTD Budget €'000</th> <th>YTD Actual €'000</th> <th>YTD Variance €'000</th> <th>YTD % Var</th> </tr> </thead> <tbody> <tr> <td>CHO 1</td> <td>50,024</td> <td>52,700</td> <td>2,676</td> <td>5.35%</td> </tr> <tr> <td>CHO 2</td> <td>53,800</td> <td>56,711</td> <td>2,912</td> <td>5.41%</td> </tr> </tbody> </table>					YTD Budget €'000	YTD Actual €'000	YTD Variance €'000	YTD % Var	CHO 1	50,024	52,700	2,676	5.35%	CHO 2	53,800	56,711	2,912	5.41%
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<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>	<b>Completed</b>															
1	Diagnostic assessment and Recovery Plan to be provided to NPOG.	ND PC	06.07.16	03.08.16	Plan provided – will be reviewed for traction in coming months															

## Implement Electronic Health Record solution

<b>Division</b> <b>Chief Information Officer</b>	<b>Date first escalated</b> August 2016	<b>Last date escalated/ deescalated</b>	<b>Escalation level</b> <b>Level 3</b>	
<b>Reason for escalation</b> This is a critical priority for the HSE and has been escalated by NPOG as Electronic Health Record business case has still not been approved.		<b>Current Description of performance</b>		
<b>NPOG Agreed actions</b>		<b>Responsible</b>	<b>Date agreed</b>	<b>Due date</b>
1	CIO to request an update on the process for approving a business case in the Department of Health.	CIO	03.08.16	05.10.16

## Register: Areas deescalated from NPOG

No	Area of escalation	Division	Date escalated to NPOG	Date deescalated from NPOG	Notes
1	<b>Service Arrangements</b>	Acute Division	September 2015	06.07.16	SA for National Maternity Hospital signed
2	<b>Ambulance ECHO and DELTA Response Times</b>	National Ambulance Service	February 2016	08.06.16	Complete
3	<b>Properly completed Medical and GP Visit Cards not processed &gt; 3 months</b>	Primary Care	October 2016	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND PC
4	<b>European Working Time Directive (EWTD) 48 hours</b>	Acute Hospitals	March 2015	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND AHD
5	<b>Projected net expenditure 2015</b>	Social Care	2015	06.02.2016	Complete

# Appendices

## Appendix 1: Accountability Framework

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

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

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

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

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

The Escalation levels are:

### Level 1 (Yellow)

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

### Level 2 (Amber)

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

### Level 3 (Red)

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

### Level 4 (Black)

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

## Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
Primary Care	Full Occupational Therapy	Non Return – CHO 8, CHO 5
Primary Care	Full Speech & Language Therapy	Non Return – CHO 8
Social Inclusion	Average waiting time from referral to assessment, for OST. (days) (New KPI)	National – full CHO data return received from CHO 1, 2, 3, 5, 6, 7, 8, 9 and the National Drug Treatment Centre & National GP Co-ordinator. Non Returns CHO 4
Social Inclusion	Average waiting time from OST assessment criteria fulfilled, to exit from Waiting List or to treatment commenced (days)	National – full CHO data return received from CHO 1, 2, 3, 5, 6, 7, 8, 9 and the National Drug Treatment Centre & National GP Co-ordinator. Non Returns CHO 4
Mental Health	CAMHS Teams	CHO5 (2 teams)
Mental Health	Psychiatry of Old Age Teams	CHO1 and CHO2 (1 team)
Mental Health	General Adult Mental Health	CHO2 (3 teams); CHOs 4, 5 and 7 (1 team).
Social Care	Disability – PA Hours, Home Support Hours, Respite Overnights and all other quarterly KPIs	CHO 9 – Partial return (one agency missing)
		CHO 5 (Query with Respite, overnights, Home support Hours and PA Hours)
QAV	Complaints	Dublin Midlands HG, CHO6 and CHO7

## Appendix 3: Hospital Groups

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

## Appendix 4: Community Health Organisations

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