



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

May 2015



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



Performance Overview

Introduction

Focused improvement plans on key areas of underperformance identified through the accountability framework are being addressed to bring performance in line with National Service Plan 2015 expected activity.

The ED Task Force Report was finalised in March 2015 to respond to the significant pressures experienced in Emergency Departments (ED). An ED implementation plan with specific milestones and actions has been developed to implement the recommendation of the Task Force Report. These corrective actions continue to gain traction and relieve pressures on hospital emergency departments and reduce the number of patients delayed for discharge who are assessed as medically fit.

A draft implementation plan has also been developed in response to the HIQA Report on the Investigation into Maternity Services provided at Portlaoise Hospital.

In addition the Performance Management Assessments are now competed for 6 of the 7 hospital groups and the community healthcare organisations continue to be progressed.

Financial management continues to be a key focus and potential risks to breakeven at the end of the year are continually being assessed and remedial actions sought through the accountability framework.

Accountability Framework

The National Performance Oversight Group (NPOG) convened meetings with each of the National Directors to assess performance across the Balanced Scorecard on May data. There were two areas that remain escalated to the Director General, financial performance within both the Acute Hospital and Social Care divisions and reporting of Serious Reportable Events for Acute Hospitals.

In addition a number of areas of underperformance were raised at the NPOG process in accordance with the Accountability Framework which requires remedial action and specific focus. Measures are underway to address these including the following:

- Patients waiting greater than 24 hours in ED
- Non-compliance with the European Working Time Directive (EWTD) 48 hour working week
- Routine colonoscopies waiting greater than 13 weeks
- Children waiting greater than 12 months for an appointment with the Child and Adolescent Mental Health (CAMH's) Team
- Children admitted to adult mental health inpatient units
- Lung and Prostate cancer services seen within 10 and 20 days respectively
- Delayed discharges
- % of properly completed Medical/GP visit card applications processed within the 15 day turnaround
- Financial underperformance in Primary Care and Mental Health services
- Waiting lists – inpatient, daycare, and out patient

Financial cost containment plans are being developed to address financial underperformance.

Performance of urgent colonoscopies has had significant improvement with no breaches and has been deescalated.

In relation to waiting lists, €5m was allocated to deal with waiting list implementation plans for inpatient and daycare procedures and these have been reviewed by the NPOG for delivery.

Summary by Service Area

Acute Hospitals Services

Emergency Departments

The daily average emergency presentations to our hospitals decreased in May, these attendances are down -0.1% (-2 per day) compared to April 2015 and up 9.5% (+312 per day) when compared to January 2015. Overall emergency presentations year to date (YTD) are reported as 531,042 which is 1,639 (-0.3%) less than those reported for the same period in 2014 and 0.7% (3,683) below expected level of activity.

The Patient Experience Time (PET) during May show that 66,351 or 68.9% were either admitted or discharged within 6 hours and 79,267 or 82.3% within 9 hours, both an improvement on the position at the end of April. A total of 3,543 or 3.7% patients attending ED experienced delays of over 24 hours in May; April reported a total of 3,230 or 3.4%.

The highest number of all patients on trolleys recorded during May peaked at 351 on May 12th, the average number each day during the month of May was 307 and the lowest was 225 on May 1st. April peaked at 374 on April 14th the average number each day during the month was 311.

Emergency admissions¹ for May show a slight reduction on the daily average reported in April. Overall emergency admissions YTD data indicates a decrease in activity by 2.7% (5,219) when compared to the data provided for the same period in 2014.

January 2014 was an exceptionally busy month with respect to activity volume in acute hospitals, and as such is having a significant impact on comparative performance versus the same period last year.

The number of delayed discharges has fallen from a peak of 765 reported on January 20th to 675 reported on May 26th. The number reported in May is slightly lower than in April 2015 and it is lower than the numbers reported over the last 5 months of 2014 where the numbers ranged from between 719 to 835. The number of delayed discharges was reported as 611 on July 2nd.

The medical average length of stay shows a reduction from 7.1 days in January to 6.8 days in May. The surgical average length of stay in May is 5.0 days.

In May 64% of ambulances were clear from ED and available to take an emergency call within 30 minutes and 95% were clear within 60 minutes.

Progress to Date with Implementation of the €25 million Delayed Discharge Initiative

€10m allocated to NHSS to support an additional 300 places for full year and to reduce the waiting list from 15 to 11 weeks

This was achieved and the waiting list was maintained at 11 weeks from January to March 2015, following an additional allocation of funding, it was reduced to 4 weeks in April.

€8m additional funding to support Short Stay Residential

The 50 additional specific ring fenced beds were allocated to hospitals.

65 additional beds are to open in Mount Carmel on a phased basis, with all beds being open by the end of June. These beds are targeted initially at the northside Dublin hospitals providing rehabilitation, convalescence and step up/step down services. The first 5 beds opened at the end of April 2015, and by the end of May 2015, 25 beds had been opened.

€5m additional funding to support Home Care Packages (HCP's)

T400 HCP's are being utilised by the hospitals to which they were assigned on an on-going basis.

¹It should be noted that the introduction of a new hospital data reporting system (iPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. Work continues throughout 2015 to review and align data rule/reporting due to the introduction of the iPIMS reporting.

€2m additional funding to support Community Intervention Teams (CIT's)

The CIT service has been extended across the greater Dublin area and to Louth to support the acute hospitals.

Progress to date with implementation of €74m initiative

The ED Taskforce was convened by Minister Varadkar last December to provide focus and momentum, and to develop sustainable long-term solutions to ED overcrowding. The taskforce action plan published on April 2nd set out a range of time defined actions to optimise existing hospital and community capacity, develop internal capability and process improvement and improve leadership, governance, planning and oversight.

Based on the taskforce's action plan, and in view of experience to date, additional funding of €74m has been provided on a strictly ring-fenced basis and summary of progress is outlined below.

Nursing Homes Support Scheme (Target – provide an additional 1,604 NHSS places)

On the 2nd of April, 764 people transferred from acute care to the NHSS bringing the waiting list down from 11 to 4 weeks.

The balance of the 1604 (840) will be approved in line with the profile for the year and released on a weekly basis to maintain the NHSS waiting time at 4 weeks for the remainder of the year.

Reduce numbers waiting NHSS funding (Target 550-580)

The number of people on the waiting list at the end of May was 557, which is in line with the target of 550-580. The waiting time is being maintained at 4 weeks.

Transitional care beds (Target 1,513 transitional care beds quarter 1 2015)

1,513 transitional care beds were provided to 37 acute hospitals across the country as part of the additional measures required to address pressures on acute hospitals in quarter 1 2015. Following provision of the additional funding in April 2015, all of these patients have now either moved to NHSS funding arrangements or gone home following a period of convalescence.

Additional transitional care placements (Target 500)

The additional transitional care funding has allowed capacity for on going throughput of patients through the transitional care beds since the April 1st. This additional throughput has seen 500additional patients benefiting throughout April and May.

It is envisaged that the NHSS improved position of 4 week waiting will support the majority of the hospital system however, on going transitional care or home care will continue to be targeted to support specific hospitals such as Our Lady of Lourdes Drogheda, Beaumont, Mater, St. James's, St. Vincent's, Tallaght, James Connolly, Naas, Galway University Hospital, University Hospital Limerick and Cork University Hospital.

Public bed commitment (Target an additional 197 beds)

The public bed commitment was met by opening a further 173 community beds and an additional 24 beds private beds to allow discharge from acute hospitals of those who have completed acute phase of treatment.

125 of these community beds had been opened at the end of May. The remaining beds are all being progressed with rate limiting factors such as the staff recruitment or HIQA registration being processed as a matter of urgency. In addition all 24 contracted private beds are now in operation.

Ongoing monitoring and evaluation of €74m

The Social Care and Acute Hospitals divisions in conjunction with the Special Delivery Unit (SDU), continues to work closely in identifying issues which may be contributing to the delayed discharge numbers. This has commenced a process of joined visits from the Heads of Operations and SDU to each of the Dublin hospitals. As part of these visits, processes have been reviewed and streamlined to ensure the timely discharge to transitional care beds, long term care or home with supports.

In addition, funding has been approved for a number of highly complex cases who have been in acute hospital beds for prolonged periods of time.

Each Chief Officer has been advised of the need to continue to support acute hospitals in the provision of public beds and home care.

Since April 1st, 980 transitional care bed approvals have been allocated nationally to support the Acute Hospitals system and 125 public beds. Waiting time for the NHSS is being sustained at 4 weeks.

Waiting Lists

The National Service Plan (NSP) 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. It is expected that the objective of no patient waiting greater than 18 months for an inpatient or daycare procedure will be achieved with a small number of exceptions in specific specialties.

Adult waiting list

70.4% of adults were waiting less than 8 months for an inpatient or daycare procedure at the end of May. There were 1,603 adults (2.6%) waiting greater than 18 months and 251 adults (0.4%) waiting greater than 24 months, both an improvement on April performance.

Child waiting list

59.1% of children were waiting less than 20 weeks for an inpatient or daycare procedure in May. There are 147 children (2.3%) waiting greater than 18 months and 17 children (0.3%) waiting greater than 24 months.

Outpatient waiting list

79.5% (329,648) of patients were waiting less than 52 weeks for an outpatient appointment. 35.4% of patients (146,976) were waiting less than 3 months, 18.2% (75,629) between 3 and 6 months, 10.3% (42,671) between 6 and 8 months and 15.5% (64,372) between 8 and 12 months. At the end of May there were 33,496 patients (8.1%) waiting over 18 months and 11,609 patients (2.8%) waiting over 24 months for an outpatient appointment.

Colonoscopy

There is a 4 week access target for an urgent colonoscopy and a policy of zero tolerance applies to any breaches. On the 29th May it was reported that 1 person did not have their procedure within 4 weeks however their procedure was performed on the 3rd June.

Implementations plans are in place to deal will all urgent colonoscopies within 4 weeks. The latest report week ending 12th June 2015 shows no patients reported as breaching the target of no patient waiting greater than 28 days for their procedure.

Cancer Services

Nationally cancer services continue to develop and results for May show:

- Symptomatic breast cancer – 95.5% (1,340 of 1,403 attendances) seen within 2 weeks (target 95%). Within the Saolta Group additional appointment slots and clinics have been arranged to provide capacity to see additional patients at Letterkenny
- Lung cancer assessment – 78.5% (205 of 261 attendances) within 10 working days (target 95%). Achievement of target is affected by performances at Cork 25% and Limerick at 56.8%
- Prostate rapid access service – 70.6% (163 of 231 attendances), within 20 working days (target 90%). Areas of low performance for prostate cancer in May are Cork 6.3%, Waterford 14.3% and Limerick 25%. Appointment of a new consultant cancer urology oncologist has been approved for the South
- Radiotherapy – 82.9% (334 of 403 attendances) within 15 working days

There have been some improvements in achieving targets on poorer performing sites in May and they are actively being followed up and action plans being developed.

Pre Hospital Emergency Services: National Ambulance Services (NAS)

The move to a single national control centre in Tallaght has enabled more effective dynamic deployment of ambulance resources and there are improvements in the number of ECHO and DELTA incidences responded to within 18 minutes and 59 seconds or less compared to the same period last year.

Staffing additional ambulance stations in the West, in a phased approach commenced this month. It is envisaged that a full 24 / 7 service will be up and running in the coming months, dependent on recruitment and training time lines.

A quality assurance process is in place within the NAS which audits all emergency calls and how they were dealt with using Advanced Quality Assurance Audit (AQuA). 100% of the required levels of audits were carried out in April. Based on the audit individual cases are reviewed and management and staff are informed of the results as an essential part of the quality improvement and learning process

There has been an increase in the number of calls across the same period for ECHO which increased by 18% and DELTA calls by 7%.

The % of ECHO calls which arrived at scene within 18 minutes, 59 seconds was 78% against an expected activity of 80%. The southern region exceeded the target, with a result of 87%.

The % of DELTA calls which arrived at scene within 18 minutes, 59 seconds was 69% against an expected activity of 80%.

The % of patients transferred through the intermediate care services was 82% against an expected activity of 70%.

Restoration of spontaneous circulation (ROSC) is the first instance of NAS reporting on a clinical outcome indicator. The % of ROSC reported in March for quarter 4 2014 data is 24% against a target of 40%. As volumes are low it will require a full year's data to assess sustained performance. Quarter 1 2015 performance is expected to be reported in June.

Community Healthcare Services

Health & Wellbeing

Child Health

The latest YTD position in May shows 93.7% (20,689 out of 22,080) of children reaching 10 months have completed their child health developmental screening.

Screening

Screening activity up to the end of May show that:

- 60,562 women have had a mammogram screen as part of BreastCheck screening (expected activity YTD 58,450)
- 119,922 women have had a cervical smear test through CervicalScreen (expected activity YTD 122,500)
- 85,570 people have been invited to the BowelScreen programme (expected activity YTD 83,334)
- 31,579 people with diabetes have had a retina screen as part of Diabetic RetinaScreen (expected activity YTD 31,700)

Tobacco

The number of smokers YTD who received intensive smoking cessation support was 4,704. The number of frontline healthcare staff trained in brief intervention smoking cessation 512 YTD.

Primary Care

Primary care Services

Community Intervention Teams

1,535 patients availed of CIT services in May 2015. This is an increase of 27.6% (332) on May 2014 (1,203). There were an additional 154 patients treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services.

Activity has increased 24.1% with the same period in 2014 (Jan-May 2015 – 7415; Jan-May 2014 – 5975) however, it is below the expected activity of 9,707 set for this period. Capacity was available to accept additional referrals.

Comparing 2015 YTD with 2014 YTD shows that referrals from ED/hospital wards/units (excluding OPAT) have increased by 8.4%, a 55.9% increase in GP referrals, community referrals increased by 62%, OPAT referrals increased by 60.6%.

The national clinical lead and programme manager for the CIT OPAT programme have met with management and clinicians in a number of hospitals in the greater Dublin area to update them on their use of the CIT OPAT programme and to encourage referrals to the service.

A hospital liaison nurse has been made available to Naas General Hospital, Our Lady of Lourdes, and Navan to facilitate referrals from these sites.

Medical Cards/GP Visit Cards

As of the 31st May 2015, 1,733,639 people have a medical card and 164,087 people a GP Visit Card. In the week ending May 8th, 88% of patients who applied for a Medical/GP Visit Card were processed within 15 days.

Social Inclusion

Opioid Substitution Treatment

In the May reporting period 9,443 clients were in receipt of opioid substitute treatment outside of prison while 523 were in receipt of opioid substitute treatment inside prison. Opioid substitute treatment was dispensed by 638 pharmacies.

Palliative Care

Inpatient Palliative Care

98% of patients were admitted to a specialist palliative care bed within 7 days of referral.

Community Palliative Care

87% of patients received a service in the place where they live (community) within 7 days of referral. A total of 3,158 patients received specialist palliative care in the community in May. 366 patients attended a specialist palliative day care service and 370 children and families received support through paediatric palliative care services.

Mental Health

Mental Health Services - Adult and Older Persons

The General Adult Community Mental Health Teams are performing 2% YTD above the 90% target nationally in offering a first appointment within 12 weeks.

72% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks which is below the 75% target. A contributory factor in May is a significant 'did not attend' (DNA) rate of 23%.

In May, 98% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks.

In May, 93% of accepted referrals to Psychiatry of Old Age Teams nationally were seen with 12 weeks against a 95% target with a YTD position at 94%.

Child and Adolescent Mental Health

75% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 3% below targeted performance of 78% in the month while year to date the target is being exceeded.

In May 2015, 67% of referrals nationally were offered a first appointment and seen within 12 weeks with YTD performance of 71% slipping behind the target of 72%. The national ‘did not attend’ (DNA) rate was 12% in May.

In May, CAMHs Teams continue to implement the waiting list validation initiative with resources focussed on addressing the waiting lists over 12 months.

In May, there were 1,729 children and adolescents waiting for a first appointment for longer than three months, of which 383 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services.

Social Care

Disability Services

Rehabilitative training

Rehabilitative training (RT) programmes for people with disabilities are designed to equip participants with foundation level personal, social and work related skills that will enable them to progress to greater levels of independence and integration. As of May 2015, 2,583 RT places are provided to 2,855 participants. A place may be occupied by one or more participant making best use of available resources.

Older Persons Services

Intensive Home Care Packages (IHCPs)

An IHCPs refers to the enhanced level of community services and supports above the normal levels available from mainstream community services or HCPs. HCPs do not replace existing services. The actual IHCP provided to any individual may include paramedical, nursing, respite and/or home help and/or other services depending on the assessed care needs of the individual applicant. Working towards a year end target of 190, as of May 2015, 82 people are in receipt of an ICHP, an increase of 26% or 17 additional people since April.

Delayed discharge initiative 2015

This year acute hospitals have experienced increased overcrowding in ED, increased numbers of patients classified as “delayed discharges,” and the postponement of certain non-urgent procedures. It was clear these problems in hospitals were in large part “knock-on” effects from capacity issues in other parts of the health service. When the capacity of other services became stretched, the only option available to many was the hospital, which inevitably became overloaded in turn.

In response to these pressures, Government approved a €25m delayed discharge initiative 2015, which was included in the HSE NSP for the year. This initiative has been fully implemented and a summary of progress is outlined above.

Financial overview

Expenditure by Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD % Var vs Plan
HSE Funded Providers	1,714,606	739,690	714,760	24,930	3%
HSE Direct Provision	2,286,410	986,751	935,823	50,928	5%
Acute Hospitals Division	4,001,016	1,726,442	1,650,584	75,858	5%
National Ambulance Service	144,139	58,951	59,146	(195)	0%
Health & Wellbeing	200,741	74,427	74,547	(120)	0%
HSE Funded Providers	7,128	3,256	2,931	325	11%
HSE Direct Provision	739,486	302,897	302,304	593	0%
Primary Care	746,614	306,153	305,235	918	0%
HSE Funded Providers	0	0	0	0	
HSE Direct Provision	125,112	52,456	51,896	560	1%
Social Inclusion	125,112	52,456	51,896	560	1%
HSE Funded Providers	20,160	8,012	8,400	(388)	-5%
HSE Direct Provision	51,437	21,420	21,137	283	1%
Palliative Care	71,597	29,432	29,537	(105)	0%
Primary Care Division (Note 1)	943,323	388,041	386,668	1,373	0%
HSE Funded Providers	35,566	14,944	14,841	103	1%
HSE Direct Provision	721,678	294,138	293,598	540	0%
Mental Health Division	757,244	309,082	308,439	643	0%
HSE Funded Providers	29,803	13,783	12,581	1,202	10%
HSE Direct Provision	664,846	285,669	285,445	224	0%
Older Persons	694,648	299,452	298,026	1,426	0%
Nursing Home Support Scheme	828,291	343,973	344,031	(58)	0%
HSE Funded Providers	383,993	166,139	160,598	5,542	3%
HSE Direct Provision	1,083,738	451,526	447,222	4,305	1%
Disabilities	1,467,731	617,666	607,819	9,846	2%
Social Care Division	2,990,670	1,261,090	1,249,876	11,215	1%
CHO Corporate Community	4,299	1,908	1,791	116	6%
Community Healthcare Organisations (CHO) Total Divisions	4,695,536	1,960,121	1,946,775	13,346	1%
National Cancer Control Programme	9,284	1,199	1,112	87	8%
Clinical Strategy & Programmes (incl NMPDU)	35,012	8,335	8,891	(555)	-6%
Quality Improvement Division	7,749	2,018	2,042	(24)	-1%
National Services	295,894	117,789	110,467	7,322	7%
Total HSE Funded Providers (Note 2)	2,191,256	945,825	914,111	31,714	3%
Total HSE Direct Provision	7,198,113	3,003,457	2,939,452	64,006	2%
Total Direct Service Provision	9,389,369	3,949,282	3,853,562	95,720	2%
Statutory Pensions	433,661	182,827	178,793	4,034	2%
Pension Levy	(221,626)	(90,674)	(91,737)	1,064	-1%
Statutory Pensions & Pension Levy (Note 3)	212,034	92,153	87,055	5,098	6%
State Claims Agency	96,000	64,537	41,173	23,364	57%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	963,337	928,676	34,661	4%
Demand Led Local Schemes (Note 1)	218,344	95,270	90,542	4,728	5%
Overseas Treatment		1,078		1,078	100%
Non Core Services (Note 3)	2,582,452	1,124,222	1,060,392	63,831	6%
Total Non Core Services Provision (Note 3)	2,794,486	1,216,375	1,147,447	68,929	6%
Held Funds	1,025				
Accelerated Income (Note 4)	(50,000)				
Total	12,134,880	5,165,657	5,001,009	164,648	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,389,369	3,949,282	3,853,562	95,720	2%

- Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Non Core Services
 Note 2: Represents the majority of larger voluntary providers funded under Section 38 of the Health Act including all of the voluntary acute hospitals.
 Note 3: The non core services listed above are demand driven
 Note 4: This represents a HSE cash acceleration target

Financial Performance at May 2015

Budget 2015 provides a more realistic funding level for the health services as part of a two year programme to put the health services on a more sustainable financial footing. The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 **budget**. It provides funding levels similar to 2008/2009. Health services net **costs** can increase by a maximum of €77m in 2015 which is approximately 0.5%.

The NSP 2015 sets out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing/reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identified that in addition to this €130m the health services had a further residual financial challenge of circa €100m based on the projected 2014 closing expenditure level. Given the final 2014 expenditure level this residual challenge is now circa €140m.

This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

Agency by Division

Agency Pay by Division (€'000)	Mar-15 €'000	Apr-15 €'000	May-15 €'000	YTD May 15 €'000	YTD May 14 €'000	Variance €'000	% Diff
Acute Hospitals	17,929	17,841	16,699	89,260	91,861	-2,601	-3%
National Ambulance Service	71	62	32	269	756	-487	-64%
Health and Wellbeing	159	113	77	575	676	-101	-15%
Primary Care	1,518	1,723	1,600	7,958	6,485	1,473	23%
Mental Health	2,531	2,390	2,528	12,261	9,674	2,587	27%
Social Care	5,195	5,592	5,331	26,168	24,406	1,762	7%
Total for Health Service Divisions	27,403	27,721	26,267	136,491	133,858	2,633	2%

Overtime by Division

Overtime Pay by Division (€'000)	Mar-15 €'000	Apr-15 €'000	May-15 €'000	YTD May 15 €'000	YTD May 14 €'000	Variance €'000	% Diff
Acute Hospitals	13,207	14,011	13,302	67,693	63,898	3,795	6%
National Ambulance Service	1,581	1,212	1,127	6,331	3,730	2,601	70%
Health & Wellbeing	33	30	27	133	99	34	34%
Primary Care	277	273	211	1,248	1,234	14	1%
Mental Health	1,588	1,322	1,645	7,578	6,776	802	12%
Social Care	1,162	1,169	1,108	5,512	4,502	1,010	22%
Total Health Service	17,848	18,017	17,420	88,495	80,239	8,256	10%

WTE overview by Division

WTE Overview by Division	WTE Apr 2015	Indicative workforce May 2015	WTE May 2015	WTE Change since Apr 2015	WTE Variance May 2015	% WTE Variance May 2015
Acute Services	50,850	49,631	50,981	+131	+1,350	+2.7%
National Ambulance Service	1,617	1,611	1,623	+6	+12	+0.8%
Health & Wellbeing	1,246	1,279	1,254	+8	-25	-2.0%
Primary Care	10,100	10,344	10,180	+80	-164	-1.6%
Mental Health	9,350	9,262	9,342	-8	+80	+0.9%
Social Care	25,045	24,816	25,112	+67	+296	+1.2%
Corporate & HBS	2,673	2,598	2,660	-13	+62	+2.4%
Total Health Service	100,881	99,541	101,152	+271	+1,611	+1.6%

As of May 2015 the health service has recorded net spend on an income and expenditure basis of €5.166 billion against a budget of €5.001 billion. This leads to a total deficit of €164.6m of which i.e. circa €69m relates to the areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €95.8m within core services primarily within Acute Hospitals and Social Care.

2015 Service Level arrangements as at 31st May 2015

2015 Service Arrangements are completed for 456 out of 2,953 (15.41%)

2015 Service Arrangements are completed for €46.74m out of €3.16b (0.4%)

Conclusion

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

However the sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions up to May 2015 that the plan requires in part because our focus has been on opening/maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed. However, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on the 2015 overall outlook.

The impact of unfunded regulatory driven pressures is still a significant factor within the disability and elderly services that make up social care.

The €95.8m May deficit in our core services is located primarily within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.

Human Resources Overview

A draft People Strategy has been developed and was submitted to the Leadership Team for consideration in June 2015. Essential in the implementation of the strategy is the requirement for a detailed plan of action, which is currently being developed and will set out targets and timelines across the three year period of the People Strategy. It is intended that this implementation plan will be finalised by early autumn at which time the strategy will be formally launched.

In the meantime work has commenced on establishing a Programme Management Office (PMO) in the Office of the National Director of HR to ensure a planned project management approach is adapted to the implementation of the strategy and the new HR operating model planned as part of the strategy.

Workforce Planning (WFP)

On-going engagement is taking place with the Department of Health's WFP group on the development of the national integrated strategic framework for workforce planning, arising from Action 46 of Future Health. The output from the three HSE national WFP workshops has been circulated to all participants. The development and design of a WFP dashboard for the Critical Care Programme is at an advanced stage, in collaboration with the Clinical Programme Lead and Project Manager. A further engagement is planned for September. Work is on-going in respect of a Beaumont Hospital/Royal College of Surgeons in Ireland (RCSI) pilot programme for Physician Associates and the pilot is expected to commence in July.

European Working Time Directive (EWTD)

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD Taskforce. The Taskforce is focused on verification of actions to support compliance at hospital/agency level and progressing measures to achieve full compliance in line with joint Department of Health/HSE commitments. The European Court Judgement regarding the Commission's case against Ireland for breach of the EWTD in relation to NCHD's is due on 9th July. In that context acute hospitals and HR are working with Hospital Groups to identify the specific reconfiguration and recruitment actions required to achieve full EWTD compliance.

- Compliance with a maximum 48 hour week is at 73% as of end May. This has increased from April. Further meaningful improvements are dependent on acute service reconfiguration.
- Compliance with 30 minute breaks is at 98% - unchanged since April;
- Compliance with weekly/fortnightly rest is at 98% - unchanged from April;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged from April;
- Compliance with a daily 11 hour rest period is at 97% - unchanged from April. This is closely linked to the 24 hour shift compliance above.

European Working Time Directive (EWTD) in Acute Hospital Services

In May 2015 hospitals reported a 95% compliance rate with a maximum 24 hour shift for all NCHD's. 19 hospitals are 100% compliant in May with a further 11 hospitals reporting compliance at 90% or above. 6 hospitals are reporting below 90% compliance – Mullingar (72%), Mayo (89%), Our Lady of Lourdes Drogheda (89%), Tullamore (80%), Portlaoise (84%) and Louth (50%).

In May 2015 hospitals nationally have reported a 71% compliance with an average 48 hour working week for all NCHD's. 7 hospitals are 100% compliant (Cappagh, Royal Victoria Eye & Ear, St. Columcille's, St Luke's, Rotunda, Roscommon County Hospital Kerry General Hospital,). 5 hospitals are reporting below 50% compliance – Coombe (47%), Portlaoise (43%), Our Lady of Lourdes (48%), Tullamore (46%), and St Vincents (47%).

	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs
Cappagh National Orthopaedic Hospital	100%	100%
Mater Misericordiae University Hospital	100%	64%
Midland Regional Hospital Mullingar	72%	91%
National Maternity Hospital Holles Street	100%	69%
Our Lady's Hospital Navan	Not available	Not available
Royal Victoria Eye and Ear Hospital Dublin	100%	100%
St Colmcilles Hospital Loughlinstown	100%	100%
St Lukes Hospital Kilkenny	100%	81%
St. Vincents University Hospital Elm Park	100%	47%
Wexford General Hospital	100%	93%
Ireland East Hospital Group	97%	72%
Coombe Women's and Infants University Hospital	100%	47%
Midland Regional Hospital Portlaoise	84%	43%
Midland Regional Hospital Tullamore	80%	46%
Naas General Hospital	100%	33%
St James Hospital	100%	71%
St Lukes Hospital Rathgar	100%	100%
AMNCH	96%	59%
Dublin Midlands Hospital Group	95%	60%
Beaumont Hospital	98%	52%
Cavan General Hospital	96%	81%
Connolly Hospital Blanchardstown	97%	54%
Louth County Hospital	50%	50%
Our Lady of Lourdes Hospital Drogheda	89%	48%
Rotunda Hospital	94%	100%
RCSI Hospital Group	94%	54%
Bantry General Hospital	100%	83%
Cork University Hospital	94%	89%
Kerry General Hospital	100%	100%
Mercy University Hospital Cork	100%	94%
South Infirmary University Hospital Cork	100%	69%
South Tipperary General Hospital	100%	94%
Waterford Regional Hospital	Not available	Not available
South/South West Hospital Group	97%	91%
Limerick Regional	90%	81%
St John's Hospital	Not available	Not available
University of Limerick Hospital Group	90%	81%
Galway University Hospitals	98%	76%
Letterkenny General Hospital	97%	74%
Mayo General Hospital	89%	82%
Portiuncula Hospital General	100%	64%
Roscommon County Hospital	100%	100%
Sligo General Hospital	100%	92%

	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs
The Children's Hospital Group	93%	65%
Children's University Hospital Temple Street	94%	69%
Our Lady's Hospital for Sick Children Crumlin	92%	62%
Total	96%	71%

Workforce Position

WTE Overview by Division	WTE Apr 2015	Indicative workforce May 2015	WTE May 2015	WTE Change since Apr 2015	WTE Variance May 2015	% WTE Variance May 2015
Acute Services	50,850	49,631	50,981	+131	+1,350	+2.7%
National Ambulance Service	1,617	1,611	1,623	+6	+12	+0.8%
Health & Wellbeing	1,246	1,279	1,254	+8	-25	-2.0%
Primary Care	10,100	10,344	10,180	+80	-164	-1.6%
Mental Health	9,350	9,262	9,342	-8	+80	+0.9%
Social Care	25,045	24,816	25,112	+67	+296	+1.2%
Corporate & HBS	2,673	2,598	2,660	-13	+62	+2.4%
Total Health Service	100,881	99,541	101,152	+271	+1,611	+1.6%

The WTE overview by division table is broadly based on allocated direct pay budgets and is used throughout this report. This does not include overtime and agency pay expenditure or costs associated with planned new service developments, this national employment threshold is designed as an interim replacement of the previous employment Indicative workforce of 94,209 WTEs in 2014, as notified by the Department of Health. The initial notional figure has been identified at **99,541 WTEs** for 2015, but this is subject to on-going review and engagement between HR and Finance.

The reported workforce position as at end of May at **101,152 WTEs**, which indicates a variance of 1,611 WTEs (+1.6%) against the national threshold set suggests unless the current and further planned recruitment for 2015 is not offset by staff turnover and savings in agency and overtime expenditure are made, significant breaches of the allocated direct funded employment thresholds will occur and could pose significant financial and workforce challenges later in 2015. This will be a particular challenge for Acute Hospitals services.

Net starters over leavers in the first five months shows an increase of **+2,045 WTEs** and mirrors the growth in employment as recorded in the same period in the Health Service Personnel Census. Acute Hospitals accounted for 68.3% of starters and 65.3% of leavers, while clinical grades accounted for 84.5% of starters and 89% of leavers. Turnover based on the first five months would indicate an annual rate of 6.9% and is showing signs of an increase on previous levels, perhaps reflective of the wider improving employment market. Starters over the period fell into the following categories: 86.6% were made up of filling of vacancies, with 8.9% due to filling new service development posts and 4.5% is in respect of agency conversion.

Absence

The April national absence rate is 4.02%. This is a decrease on the March figure of 4.36% and is the lowest April rate on record. It shows a drop of -6.9% from the rate recorded in April 2014 and is part of a continuing downward trend overall. The 2015 year-to-date absence figure of 4.36% puts the health services generally inline 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 November 2014 recorded an overall rate of 4.48%, which is trending upwards. Scotland's NHS absence rate for 2013/2014 was 4.76% while NHS Wales recorded absence rate to end of 2014 was 5.9%, again showing an upward trend from previous.



Quality

Quality Improvement

The Report of the Quality and Safety Clinical Governance Development Initiative Primary Care: Sharing our Learning was published in April 2015

In 2014 two Primary Care Teams (PCTs) and associated Management Teams were nominated to participate in a National Primary Care Quality and Safety Clinical Governance Initiative which was a follow on to the Quality and Safety Clinical Governance Initiative : Sharing our Learning in 2014.

Over a fifteen month period both divisions worked closely with two Primary Care Action Projects on reviewing and strengthening their governance for quality and safety. Structures and processes for quality and safety were examined and a number of improvements were made by PCTs and Managers.

The main purpose of this report is to share the experience of the PTCs and Managers, to consolidate the learning and to assist other PCTs and Managers as they pursue their own quality and patient safety journeys and in meeting the requirements of the National Standards for Safer Better Healthcare (2012). The measurements incorporated in these projects demonstrate a significant improvement in participants' understanding before and after the projects (90% improvement in understanding of the ten principles for quality and safety, 81% in the eight processes for quality and safety and 78% in the term clinical governance for quality and safety). Quality does not happen by accident – across this initiative there was tremendous learning which is captured in this report.

Five key themes emerging from the project are:

- Theme 1: Leadership and governance matter, with visible and committed leadership at all levels.
- Theme 2: Keeping it clear and practical, through effective communication, realistic expectations and practical solutions.
- Theme 3: Obtaining wide inclusion, engagement, commitment, and the importance of a team approach which includes and engages with all stakeholders.
- Theme 4: Paying attention to motivating and sustaining changes by framing the project in terms of time, process, resources and outcomes.
- Theme 5: Providing the essential resources including guidance, training and time.

Using the learning from these action projects will facilitate the placement of quality and safety at the top of every agenda in the Primary Care Division setting and as part of all decision making.

Wound Care

A Health Service Executive/Royal College of Physicians of Ireland (RCPI) healthcare initiative aimed at tackling pressure ulcers has won a prestigious international award from the Journal of Wound Care.

Pressure Ulcers to Zero Collaborative a quality improvement collaborative that focused on reducing pressure ulcers within Dublin North East was undertaken in partnership with clinical teams from acute hospitals, primary care, and community and private nursing homes. This initiative commenced in February 2014 and ran until September 2014. It aimed to reduce pressure ulcers by 50% across participating teams.

The initiative reduced pressure ulcers by 73% which was a phenomenal achievement and was worthy of winning the award.

Following the success of this phase of the Pressure Ulcer to Zero Collaborative, it will be rolled out on a phased basis across the health system in partnership with hospital groups and community healthcare.

Quality Assurance and Verification

As described in the National Service Plan 2015, the National Quality Assurance and Verification Division (QAV) was established as a key component of the HSE's Quality Enablement Programme. This Programme is designed to strengthen both the Improvement and Assurance aspects of Quality.

Some key developments of the Division progressed during May 2015 include:

Health Care Audit

- The Healthcare Audit plan for 2015 is in place and to date a total of 22 audits have been completed
- Audits are currently ongoing in 5 areas of care. There are 13 site audits in progress at this point in time including audits on:
 - Audit of patient pregnancy protocols and diagnostic reference levels to support the safe and optimal use of medical ionising radiation as outlined in sections 4 and 7 of the Medical Exposure Radiation Unit's (MERU) Patient Radiation Protection Manual
 - Audit of compliance with Irish Maternity Early Warning Score (IMEWS) clinical practice guideline in MRH Portlaoise
 - Audit of compliance with the HSE Model Of Care for the Diabetic Foot in high risk diabetic patients in selected acute hospitals
 - Audit of compliance with safeguarding measures to ensure the protection of service users in Intellectual Disability (ID Services) from abuse

Medical Exposure Radiation

- The Medical Exposure Radiation Unit was established to fulfil the regulatory functions of the HSE under Statutory Instrument 478/SI 303. The Unit is also the executive and advisory unit for the National Radiation Safety Committee. The HSE regulates to protect patients from the harmful effects of exposure to ionising radiation.
- Preparation is underway for the International Atomic Energy Agency (IAEA) international peer review of Ireland's radiation protection regulatory infrastructure in September 2015. The paperwork on self-assessment is due to be submitted in June 2015.
- Draft updated Incident Management guidelines have been compiled and submitted to the National Radiation Safety Committee for review.

National Incident Management and Learning Team (NIMLT)

- NIMLT continues to deliver training in Safety Incident Management and System Analysis Investigations. In May 2015, 82 staff were trained in Systems Analysis Investigations.

National Incident Management System (NIMS)

- Implementation of the new National Incident Management System (NIMS) jointly with the State Claims Agency is a priority for 2015. 662 users have currently received NIMS training and of those 523 staff have 'gone live' and accessing NIMS.

Serious Reportable Events (SREs)

- Progress on reporting and investigation of SREs continues to be monitored on a monthly basis
- The total number of SREs reported between March 2014 and May 2015 was 144. The Acute Hospital division account for 70% of SREs reported, Mental Health division account for 16% while 13% relate to Social Care division. Both Health and Wellbeing and Primary Care divisions have no active SRE's under investigation at this time
- There were 26 new SREs notified in May of which 8 occurred in May 2015



Hospital & Pre Hospital Care



Acute Services



Acute Services

The reorganisation of the acute hospital system is a HSE reform priority in line with Government policy. The Hospital Groups continues to develop and progress the recommendations and associated governance and management arrangements of the report *The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts*.

The CEO's have been appointed to the 7 Hospital Groups with senior management teams including Finance, Director of Nursing and Chief Operating Officers. Operational responsibility for the hospitals is with the Hospital Group CEO with accountability to the Director of Acute Hospital Division for the provision of acute services in accordance with the HSE Accountability Framework and established assurance processes. A group strategic plan is being developed by each group that is underpinned by a model of integrated care that will meet the needs of patients with an increased focus on small hospitals managing routine or planned care locally and more complex care managed in the larger hub hospitals.

Forty eight acute hospitals form the seven Hospital Groups that provide the broad range of inpatient, outpatient, emergency and diagnostic services for a population of almost 4.6m people. Ireland is ageing faster than the rest of Europe and this is having the highest impact on demand for services.

The National Cancer Control programme (NCCP) will continue to implement the strategy for cancer control in Ireland and to plan, support and monitor the delivery of cancer services nationally.

Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare for Elective laparoscopic Cholecystectomy	>60%	39.0%	-35.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	86.0%	-9.5%
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	95.9%	1.0%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	87.2%	-8.2%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	61.6%	-31.5%
	Radiotherapy: % 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)	90%	84.1%	-6.6%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	70.4%	-29.6%
	% of children waiting <20 weeks for an elective procedure	100%	59.1%	-40.9%
Inpatient admissions	Elective inpatient admissions	41,131	41,561	1.0%
	Emergency inpatient admissions ²	191,186	184,936	-3.3%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	79.5%	-20.5%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.6	-30.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.0%	-29.5%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.7%	-19.3%
	% of all attendees at ED who are in ED >24 hours	0%	4.1%	-4.1%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	70.0%	0.0%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.8%	10.0%	-47.1%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	56.5%	-43.5%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	99.9%	-0.10%
Delayed Discharges	% reduction of people subject to delayed discharges	15% red	-10.5%	-10.5%

² January 2014 was an exceptionally busy month with respect to volume, and as such is having a significant impact on comparative performance versus the same period last year

Access		Target YTD	YTD	% Var YTD
Discharges	No of inpatient discharges	270,888	264,703	-2.3%
	No of daycare discharges	368,627	360,350	-2.2%
Ambulance Turnaround Times	% 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)	100%	95%	-5%
ALOS	Medical ALOS	5.8	7.3	-25.1%
	Surgical ALOS	5.1	5.3	-3.9%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (excluding Regional and National Services)	€1,644,561	€1,717,118	€72,557 4%
	Pay (excl Superannuation Pay)	€1,355,773	€1,398,803	€43,030 3%
	Pay - Agency	€58,073	€89,220	€31,147 54%
	Pay - Overtime	€61,989	€67,684	€5,696 9%
	Non-pay (including procurement savings)	€612,869	€653,415	€40,546 7%
	Income	-€366,963	-€380,390	-€13,427 4%
	Regional and National Services	€6,023	€9,324	€3,301 55%
	Net Expenditure variance from plan (including Regional and National Services)	€1,650,584	€1,726,442	€75,858 5%
	NCCP	€1,112	€1,199	€87 8%
	Acute Hospital private charges income and receipts			
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	0	100%
	€ value of 2015 Service Arrangements signed	100%	€0	100%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category	3.50%	4.42%	26.28%
	Medical/Dental		0.82%	-76.00%
	Nursing		5.20%	48.57%
	Health and Social Care Professional		3.28%	-6.28%
	Management/Admin		4.02%	14.85%
	General Support staff		5.59%	59.71%
	Other Patient and Client staff		6.83%	95%
Staffing levels	Variance from Indicative workforce	49,631	50,981	1,350(2.72%)
EWTD Compliance ³	EWTD - <24 hour shift	100%	96%	4%
	EWTD - <48 hour working week	100%	71%	29%
		National Result		Performance
Engagement	% Involvement	64%		60%
	% loyalty	56%		50%
	% Alignment	51%		31%
	% Overall Engagement	57%		47%

³ EWTD compliance is calculated on returns from 37 out of 40 hospitals (Table in overview)

Acute Services Heat Map

		National	Ireland East	Dublin Midlands	RCSI	South West	ULH	Saoilte	Children's
Quality	Surgery – % daycare for Elective Laparoscopic Cholecystectomy (>60%)	39.0%	48.0%	62.0%	41.0%	42.0%	5.0%	19.0%	
	Hip Fracture – % Emergency Surgery Within 48 hours (95%)	86.0%	90.0%	86.0%	78.0%	88.0%	88.0%	88.0%	
	Medical Readmission rates (<9.6%)	11.0%	11.0%	11.0%	11.0%	11.0%	9.0%	11.0%	6.0%
	Surgical Readmission rates (<3%)	2.0%	2.0%	3.0%	2.0%	2.0%	1.0%	2.0%	
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals (95%)	95.9%	100.0%	97.7%	100.0%	90.0%	98.4%	90.8%	
	Cancer Services – Lung within 10 working days (95%)	87.2%	98.5%	96.9%	100.0%	75.4%	76.5%	79.2%	
	Cancer Services – Prostate within 20 working days (90%)	61.6%	66.7%	92.4%	98.1%	12.1%	26.8%	72.5%	
	Cancer Services – Radiotherapy within 15 working days (90%)	84.1%		80.4%		83.3%		86.4%	
	Inpatient/Daycase waiting times – % Adult waiting < 8 months (100%)	70.4%	70.6%	64.8%	65.7%	70.4%	88.0%	72.1%	
Access	Inpatient/Daycase waiting times – % Children waiting < 20 weeks (100%)	59.1%	60.8%	59.1%	47.2%	66.7%	69.6%	60.0%	57.8%
	Outpatients – % people waiting < 52 weeks (100%)	79.5%	88.1%	76.3%	86.4%	72.9%	86.0%	74.1%	83.2%
	Outpatients – New: Return ratio (1:2)	1 : 2.6	1: 2.3	1: 2.9	1: 2.7	1: 2.8	1: 3.0	1: 2.3	1: 2.3
	Emergency Care – 6 hour PET (95%)	67.0%	68.2%	58.2%	60.3%	67.7%	56.6%	68.8%	87.3%
	Emergency Care – 9 hour PET (100%)	80.7%	81.3%	74.4%	75.2%	80.4%	72.0%	83.6%	96.2%
	Emergency Care – patients in ED GT 24 hours (0%)	4.1%	4.7%	4.4%	6.9%	3.9%	7.1%	2.7%	0.5%
	Surgical DOSA (70%)	70.0%	82.0%	59.0%	56.0%	74.0%	79.0%	60.0%	
	Surgical – Reduction in bed days utilisation (5% reduction)	-47.1%	-66.7%	-66.7%	-44.9%	-33.3%	-56.0%	-75.0%	
	GI – % waiting < 13 weeks routine colonoscopy/OGD (100%)	56.5%	67.7%	33.7%	50.0%	71.7%	89.3%	81.8%	97.7%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy (100%)	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%
	Delayed Discharges (15% reduction) ⁴	-10.5%	-13.1%	-21.6%	-8.6%	-8.0%	32.8%	9.5%	
	Ambulance Turnaround times < 60 mins (100%)	95%	96%	97%	95%	94%	97%	91%	95%
	ALOS – Medical (5.8 days)	7.3	7.5	8.8	7.7	6.5	5.7	6.7	
	ALOS – Surgical (5.1 days)	5.3	6.1	6.8	5.9	4.4	4.3	4.7	

Data note

St. James's has reclassified daycare and inpatient admissions from January 2015.

⁴ Results based on entity specific targets

		National	Ireland East	Dublin Midlands	RCSI	South West	ULH	Saolta	Children's
Finance	% variance - from budget	4%	5%	5%	6%	3%	1%	7%	3%
	% variance - Pay (Direct)	3%	3%	3%	3%	3%	4%	5%	2%
	% variance - Pay (Agency)	54%	40%	73%	30%	49%	39%	135%	108%
	% variance - Pay (Overtime)	9%	15%	19%	6%	2%	15%	1%	11%
	% variance - Non Pay (including procurement savings)	7%	6%	7%	6%	6%	5%	9%	7%
	% variance – Income	4%	3%	0%	-4%	9%	18%	3%	8%
	% of SA signed (100%)	0.00%							
	% value of SA signed (100%)	0.00%							
HR	% absenteeism rate - Medical/Dental	0.82%	0.92%	0.95%	0.96%	0.73%	0.45%	0.66%	1.24%
	% absenteeism rate – Nursing	5.20%	4.08%	3.97%	4.88%	4.81%	6.05%	4.92%	4.27%
	% absenteeism rate - Health and Social Care Professional	3.28%	2.93%	2.42%	2.92%	2.94%	4.20%	3.14%	3.24%
	% absenteeism rate - Management/Admin	4.02%	3.65%	4.14%	3.75%	3.44%	5.45%	3.82%	3.83%
	% absenteeism rate - General Support staff	5.59%	5.04%	4.22%	5.40%	5.31%	7.34%	4.97%	7.67%
	% absenteeism rate - Other Patient and Client staff	6.83%	5.13%	5.74%	6.78%	4.91%	9.28%	6.01%	4.08%
	Variance from Indicative workforce	2.7%	3.1%	2.4%	3.40%	2.8%	5.70%	1.40%	0.70%
	EWTD ⁵ - <24 hour shift	96%	97%	95%	95%	97%	85%	97%	93%
	EWTD - <48 hour working week	71%	72%	59%	54%	91%	81%	79%	65%

Performance RAG Rating

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

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% <0.5% of target
 Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
 Amber ● ≥ 4.02% < 4.73%
 Green ● < 4.02%

HR – Indicative workforce

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

⁵EWTD compliance is calculated on returns from 37 out of 40 hospitals (Table in overview)

Acute Services Update

Quality

Serious Reportable Events

- The total number of SREs reported up to May 2015 was 101 which includes 21 new SREs reported during May 2015. Of the 21 new SREs reported, 4 events actually occurred and were reported during May.
- 27 of the 48 hospitals have reported SREs meaning the remaining 21 hospitals have no SREs reported to date.
- At the end of May 2015, 38% of investigations were reported as compliant with 4 month timeline for investigation completion.

The % of emergency readmissions to the same hospital within 28 days (Target ≤9.6%)

- May 2015 10.0%, (May 2014 11.0%, -1.0%)
- May YTD 2015 11.0%, (May YTD 2014 11.0%, no change)
- April 2015 reported at 10%, therefore there has been no change since the last reporting period
- Variance from target -14.6%

The following hospitals have reported a result above 11% in May - 19% Bantry, 15% Mullingar and St Luke's Kilkenny, 13% Letterkenny and Sligo 12% Wexford, Waterford and Mayo.

Hospitals who have achieved the target are St Vincent's 8%, Limerick 9% and Portiuncula 7%. Although Beaumont at 11% and Cavan at 10% did not achieve the target they have seen an improvement on the April position of 13% and 11% respectively.

The % of surgical readmissions to the same hospital within 30 days (Target <3%)

- May 2015 2%, (May 2014 2%, no change)
- May YTD 2015, 2% (May YTD 2014 2%, no change)
- No change from last reporting period in April 2015 remaining at 2%
- Variance below target is 33.3%

The following hospitals have reported above the target of 3% in May –Eye and Ear 6%, St Luke's Kilkenny and Wexford 5%, Naas, and Cork at 4%.

In May 23 hospitals met the target of <3% this is an improvement on the April position of 20 hospitals.

Cancer Services

The % of people with symptomatic breast cancer seen within 2 weeks (Target 95%)

- May 2015 95.5% (1,340 of 1,403 attendances), (May 2014 97.9%, change -2.4%)
- May YTD 2015 95.9% (6,402 of 6,675 attendances), (May YTD 2014 94.5%, change 1.5%)
- Last reported period April 2015 reported at 99.3%, therefore a -3.8% change in performance
- Variance from target 1%

All centres except Cork and Letterkenny reported achieving target of 95% in May. In Cork this is due to leave arrangements and is expected to be corrected next month.

In the context of the Letterkenny within the Saolta Group, additional appointment slots and clinics have been arranged to provide capacity to see additional patients. Arrangements have been made for a Galway surgeon to do some clinics. Ongoing efforts are being made to recruit GP assistants to see selected patients at the clinic.

The percentage of new attendances to breast cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of breast cancer in May, is 11.3% and 10.8% year to date. % Detection rate can be quite low when looking at individual sites and can fluctuate significantly month to month so a year to date view is a more accurate reflection.

Galway is reporting a breast cancer detection rate of 15.6% for year to date and St. Vincent's 15.2% for new attendances at breast cancer clinics.

The % of people with access to lung cancer assessment within 10 working days (Target 95%)

- May 2015 78.5% (205 of 261 attendances), (May 2014 85.3%, change -6.8%)
- May YTD 2015 87.2% (1,182 of 1,356 attendances), (May YTD 2014 88.8%, change -1.6%)
- Last reported period April 2015 reported at 85.4%, therefore a reduction in performance of 7% since the last reporting period
- Variance from target -8.2%

Cork 25.0 % (8 of 32 attendances seen, 30 should have been seen to achieve target) and Limerick 56.8 % (21 of 37 attendances seen, 35 should have been seen to achieve target)

The percentage of new attendances to lung cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of lung cancer in May, is 22.2% and 28.8% year to date. Detection rate can be quite low when looking at individual sites and so can fluctuate significantly month to month so a year to date view is a more accurate reflection.

Mater is reporting detection rate of 36.6% year to date, St. Vincent's 46.2% and Waterford 35.5% for new attendances at lung cancer clinics.

In Cork patients have CT scans prior to their clinic appointment, while that creates a challenge in achieving access targets, overall time to diagnosis is not adversely affected. Same day CT scans are on day of attendance at the clinic for patients who might otherwise incur delay in receiving an appointment. Galway has begun working on clearing backlog in the rapid access clinics.

The % of patients attending prostate rapid access services within 20 working days (Target 90%)

- May 2015 70.6% (163 of 231 attendances), (May 2014 41.3%, change 29.3%)
- May YTD 2015 61.6% (687 of 1,115 attendances), (May YTD 2014 43.4%, change 18.2%)
- Last reporting period April 2015 reported at 62.2%, therefore an reduction in performance of -0.6% since the last reporting period
- Variance from target -31.8%

Nationally achievement of access targets is much improved compared to the same period in 2014. However, the Mater has resolved problems experienced in the earlier part of this year. Access to prostate cancer services continues to be low in some centres. Waterford has reported 14.3% (1 of 7 attendances seen, 6 should have been seen to achieve target) which represents an increase 6% while Limerick at 25% (4 of 16 attendances seen, 15 should have been seen to achieve target) represents a reduction in performance from April. Cork is at 6.3% (1 of 16 attendances seen, 15 should have been seen to achieve target).

The percentage of new attendances to prostate cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of prostate cancer in May, is 33.8% and 36.1% year to date. Detection rate numbers can vary from month to month when looking at individual sites.

YTD the Mater is reporting detection rate of 37.8%, St. James's 34.5%, Cork University Hospital 42.3% and Galway 42.1% for new attendances at prostate cancer clinics.

Cork has resource issues due to the volume of patients presenting. Appointment of a new consultant cancer urology oncologist for the South as approved in 2015 service plan will increase capacity in both Cork and Waterford. This is still ongoing.

A review of clinic processes and organisation is taking place in Limerick hospitals.

The % of patients receiving radiotherapy within 15 working days (Target 90%)

- May 2015 82.9% (334 of 403 attendances), (May 2014 87.8%, change -4.9%)
- May YTD 2015 84.1% (1,719 of 2,044 attendances), (May YTD 2014 90.6%, change -6.5%)
- Last reporting period April 2015 reported at 80.4%, therefore an increase in performance of 2.5% since the last reporting period
- Variance from target -6.6%

In St Luke's Radiation Oncology Network (SLRON) 74.6% of patients were seen within 15 working days and in Cork had 86.5% were seen within target.

Expansion of additional capacity in Cork and Galway has been sanctioned under the National Plan for Radiation Oncology. Local project teams have been established and enabling works have commenced.

Agreement has been reached to refurbish two bunkers and commission two additional Linear Accelerators at St. Luke's Radiation Oncology Network to provide additional capacity which will be required in the Dublin area from 2016 onwards.

Surgery

The % of emergency hip fracture undergoing surgery within 48 hours (Target 95%)

- May 2015 90%, (May 2014 80%, change 10%)
- May YTD 2015 86%, (May YTD 2014 82%, change 4%)
- April 2015 reported at 88%, therefore an improvement in performance of 2% since the last reporting period.
- Variance from target -9.5%

Hospitals reporting lower than national performance for May 2015 are Cork 60%, Mater 67% (only 3 cases therefore only one patient not achieving the target), Tallaght and Tullamore 73%, Mayo 89% and St Vincent's 92%.

Follow up underway with hospitals as this metric does not take into account patients with co morbidities that may require further investigations prior to surgery. Low rates being reported may be due to HIPE completion in individual hospitals.

Cholecystectomy (removal of the gall bladder) performed via laparoscopy (Target >60%) New KPI

- May 2015 43% (New KPI)
- May YTD 2015 39% (New KPI)
- April 2015 reported at 39%, therefore an increase in performance in May of 4% since last reporting period
- Variance from target -35.0%

In May 2015 the following hospitals did not have a Laparoscopic Cholecystectomy carried out as a daycase: Mayo, St. John's and South Tipperary.

In May Tullamore has reached over the target at 80%, this is an improvement on April outturn of 56%. Naas also met the target with an increase in patient numbers. Births

The total number of Births (Expected Activity 27,596 YTD)

- May 2015 5,530, (May 2014 5,711, change 181 (-3.2%))
- May YTD 2015 26,754, (May YTD 2014 27,289, change 535 (-2.0%))
- April 2015 reported at 5,198, therefore an increase of 332 (6.4%) on the last reporting period.
- Variance from expected activity -3.1%

There are 19 Maternity Units nationally. 6 hospitals have reported an increase in the number of births YTD when compared to the same period last year. The National Maternity Hospital has shown the largest increase YTD in births at 5.6% (203) while Mullingar has reported a decrease of 12.3% (124) YTD.

Caesarean Sections Rates (No expected activity figure)

- May 2015 1,667, (May 2014 1,694, change 27 (-1.6%))
- May YTD 2015 7,942, (May YTD 2014 7,980, change 38 (-0.5%))
- April 2015 reported at 1,596, therefore an increase of 71 (4.4%) on the last reporting period.

The YTD 2015 caesarean section rates are marginally higher at 29.7% when compared to 29.2% for the same period last year. Nine out of the 19 maternity units have a caesarean section rates above 31% Portiuncula (37.8%), South Tipperary (37.7%), Mullingar (37.4%), St Luke's Kilkenny (35.5%), Limerick (35.0%), Letterkenny (32.5%), Cavan (32.1%), Mayo (31.8%) and Kerry (31.4%).

This data is inclusive of elective caesarean sections.

Access

Emergency Departments

Issues around performance in Emergency departments are being addressed by the ED taskforce. Continued application of acute medical pathways and acute surgical pathways are necessary.

Patients who require prolonged observation can be admitted to a Clinical Decision Unit (CDU), but in the absence of this the observation may have to be provided within ED and will therefore be included in the Patient Experience Time (PET).

It is important to note that patients are being actively cared for during their ED attendance.

The overall emergency attendance for May is 111,905 which is an increase of 3,552 (3.3%) since April. Overall emergency attendances YTD are reported as 531,042 which is a decrease of 1,639 (-0.3%) when compared to the same period last year.

The % of people who are admitted or discharged from ED within 6 hours (Target 95%)

- May 2015 68.9% (66,351 out of 96,369 attendances), (May 2014 67.4%, change 1.5%)
- May YTD 2015 67% (303,257 out of 452,376 attendances), (April YTD 2014 65.3%, change 0.4%)
- April 2015 reported at 68.1%, therefore an improvement of 0.8% in performance since the last reporting period
- Variance from target -29%

While the national performance is 67% year to date, the following hospitals have reported performance below 60%; Beaumont 48.9%, Mater 56.2%, Tallaght 51.4%, and Galway 54%.

St James's Hospital is below 60% for May at 56.1% however this is an improvement on the April position.

The following hospitals are marginally above 60% and have shown improvement from the position at the end of April: Limerick 60.3%, and Cork 60.3%.

The % of people who are admitted or discharged from ED within 9 hours (Target 100%)

- May 2015 82.3% (79,267 out of 96,369 attendances), (May 2014 81.5%, change 0.8%)
- May YTD 2015 80.7% (365,274 out of 452,376 attendances), (May YTD 2014 79.6%, change 1.1%)
- April 2015 reported at 81.7%, therefore an improvement of 0.6% in performance since the last reporting period
- Variance from target -19.0%

While the national performance is 82.3% at the end of May, the following hospitals have reported performance below 70%: Beaumont 65.5%, Connolly 68.2% and Galway 69.2%.

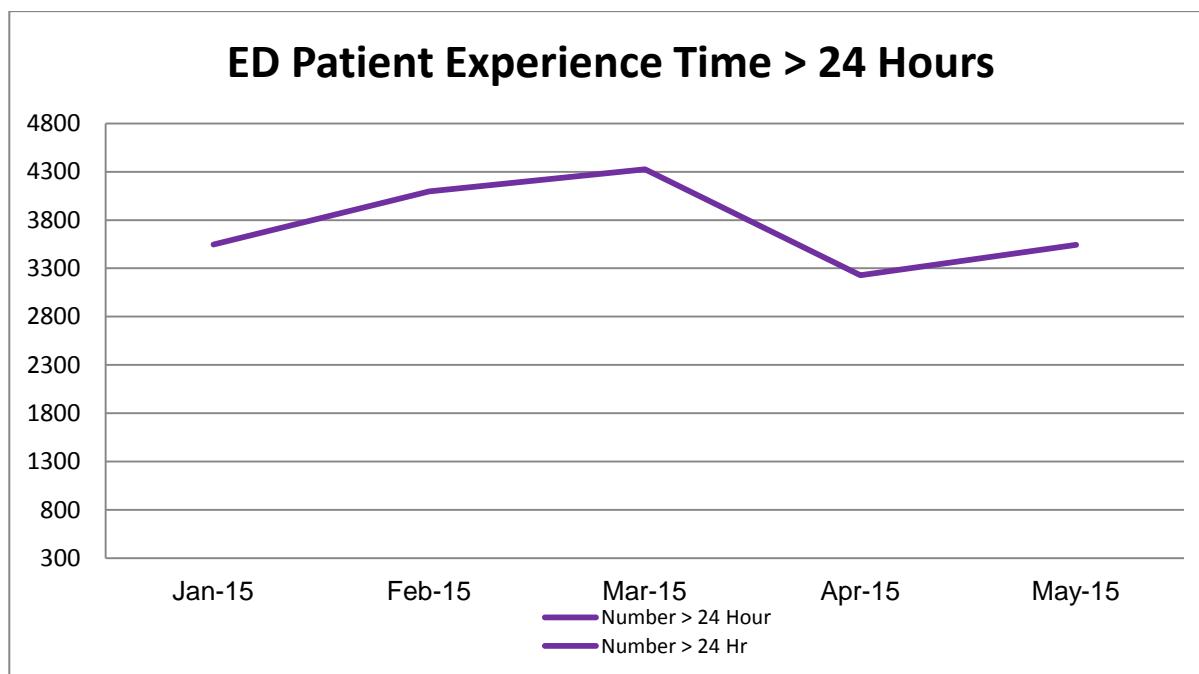
The following hospitals were below 70% in April and have shown improvement from that position: St James's 73.0%, and Limerick 75.1%.

ED 9 hour patient experience time is being addressed by the ED taskforce.

The % of people who are in the ED for more than 24 hours (Target 0%)

- May 2015 3.7% (3,543 out of 96,369 attendances), (May 2014 3.0%, change 0.7%)
- May YTD 2015 4.1% (18,734 out of 452,376 attendances), (May YTD 2014 4.1%, no change)
- April 2015 reported at 3.4%, therefore an improvement of 0.3%
- Variance from target -4.1%

A number of hospitals are in excess of 10% YTD: Beaumont 12.2% and Naas 10.5% have shown an improvement on April performance.



There were 991 patients over 75 years waiting > 24 hours in ED in May.

These results are based on the 23 hospitals that can provide an age breakdown for PET. The highest number of over 75 years waiting > 24 hours is at Beaumont 203 patients, Galway at 136 and Limerick at 109.

St Vincent's, Navan and Mullingar hospitals are currently unable to provide age category for PET.

The number of emergency inpatient admissions (Expected Activity 191,186 YTD)

- May 2015 37,494, (May 2014 37,911 change 417 (-1.1%))
- May YTD 2015 184,936, (May YTD 2014 190,155 change 5,219 (-2.7%))
- April 2015 reported at 36,53,9 therefore an increase of 955 (2.6%) since the last reporting period
- Variance from expected activity -3.3%

Overall emergency admissions data indicates a decrease in activity by approximately -2.7% (5,219) when compared to the data provided for the same period in 2014,

It should be noted however that the introduction of a new hospital data reporting system (iPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. Work continues throughout 2015 to review and align the data rule/reporting due to the introduction of the iPIMS reporting.

The number of elective inpatient admissions (Expected Activity 41,131 YTD)

- May 2015 8,477, (May 2014 9,143 change 666 (-7.3%))
- May YTD 2015 41,561, (May YTD 2014 41,497 change 64 (0.2%))
- April 2015 reported at 8,757, therefore a decrease of 280 (-3.2%) since the last reporting period
- Variance from expected activity 1.0%

The variance on expected levels is now at 1% at the end of May.

Overview of Key activity

Activity Area	Result YTD May 2015	Result YTD May 2014	Compared to SPLY	Against expected activity YTD	Result May 2015	Result May 2014	Monthly Compared to SPLY	Monthly Against expected activity
Inpatients discharges	264,703	270,475	-2.1% (5,772)	-2.3% (6,185)	54,498	55,571	-1.9% (1,073)	-2.1% (1,164)
Daycase discharges	360,350	362,017	-0.5% (1,667)	-2.2% (8,277)	71,484	73,869	-3.2% (2,385)	-5.3% (4,009)
New ED attendances	454,677	460,159	-1.2% (5,482)	-1.7% (8,042)	95,316	96,503	-1.2% (1,187)	-1.8% (1,748)
Emergency Admissions	184,936	190,155	-2.7% (5,219)	-3.3% (6,250)	37,494	37,911	-1.1% (417)	-1.6% (626)
Elective admissions	41,561	41,497	0.2% (64)	1.0% (430)	8,477	9,143	-7.3% (666)	-5.9% (528)
Bed Days Used	1,509,539	1,488,394	1.4% (21,145)		303,445	298,679	1.6% (4,766)	

Colonoscopy

Provision of urgent colonoscopy within 4 weeks (Target 100%)

- May 2015 (1 out of 1,500 patients breached) 99.9% (May 2014 100%, change -0.1%)
- April 2015 reported at 99.4% (9/1,465), therefore a change of 0.5% since the last reporting period
- Variance from target -0.1%

1 hospital (Our Lady's Hospital Crumlin) reported a breach at the end of May.
As of June 3rd the patient that breached has had their procedure.

Weekly monitoring of urgent colonoscopies is now in place and in addition to reporting current breaches; a prospective view of breaches for the following week is also reported so that future breaches can be identified early and acted upon.

Provision of routine colonoscopy/OGD within 13 weeks (Target 100%)

- May 2015 56.5% (6,856 /15,769 patients breached), (May 2014 79.3%, change -22.8%)
- April 2015 reported at 57.4% (6,192/14,519 patients breached), therefore a change of 0.9% in performance since the last reporting period
- Variance from target -43.5%

The following hospitals reported below the national figure of 56.5%: Tullamore 39.4%, Naas 32.5%, Tallaght 28.8%, and Waterford 47.9%.

Beaumont are reporting 30.9% but this is an improvement on reported April position.

There were 828 (a 60.5% increase on the number reported in April) patients waiting greater than 12 months across 6 hospitals. Most significant are Tallaght (366), Tullamore (42), Naas (167), and Beaumont (235)

There is a capacity issue in both Tallaght and Naas. A group management plan is being implemented between Beaumont and Connolly hospitals. Furthermore additional capacity is being introduced in Naas.

Waiting lists

The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. It is expected that the objective of no patient waiting greater than 18 months for an inpatient or daycare procedure will be achieved with a small number of exceptions in specific specialties.

All aspects of the Acute Hospitals division OPD clearance plan is progressing and every effort will be made to achieve the target of no patients waiting longer than 18 months for OPD appointment.

The % of adults waiting less than 8 months (Target 100%)

- May 2015 70.4% (18,047/60,937) adults breached), (May 2014 88.5%, change -18.1%)
- April 2015 70.5% (18,016/61,066 adults breached), therefore a change of -0.1% since the last reporting period
- Variance from target -29.6%

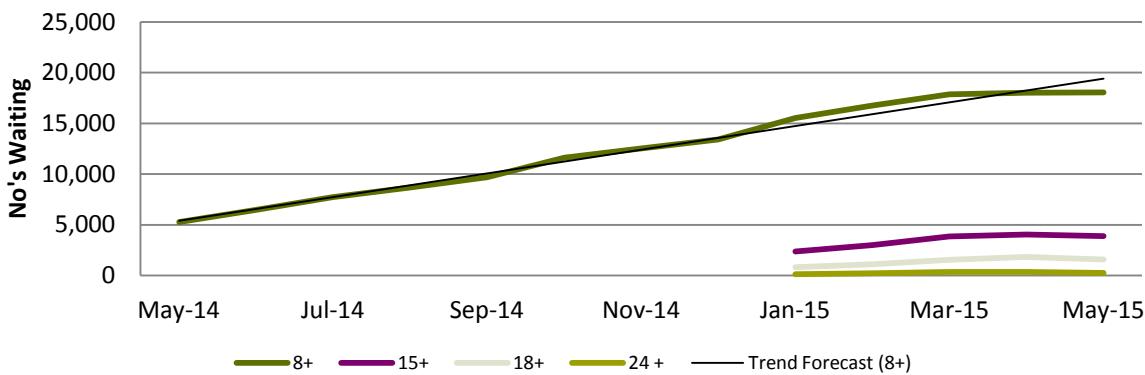
The following hospitals have reported below 70% for May 2015: Beaumont 61.1%, St. James's 56.9%, Waterford 60.8%, Cappagh 66.4% and Galway 64.5%.

While the following hospitals reported below national level for April they have improved from the reported position at the end of May: St Vincent's 76.9% and Tallaght 72.6%.

251 patients waiting greater than 24 months, most significant: St. Vincent's (19), Beaumont (100), St. James's (45), Galway (30), Tallaght (33), and Mater (18). These 251 patients are spread across 13 specialties; most significant are General Surgery (39), ENT (42), Neurosurgery (31) and Orthopaedic (32).

The Waiting List Plans for inpatient and daycases are being implemented and it is expected that the target of no patient waiting greater than 18 months will be achieved with the exception of 77 cases.

Adult WL



The % of children waiting less than 20 weeks (Target 100%)

- May 2015 59.1% (2,628/6,422) children breached, (May 2014 76.6%, change -17.5%)
- April 2015 56.1% (2,675/6,099) children breached, therefore an increase in performance of 3% since the last reporting period
- Variance from target -40.9%

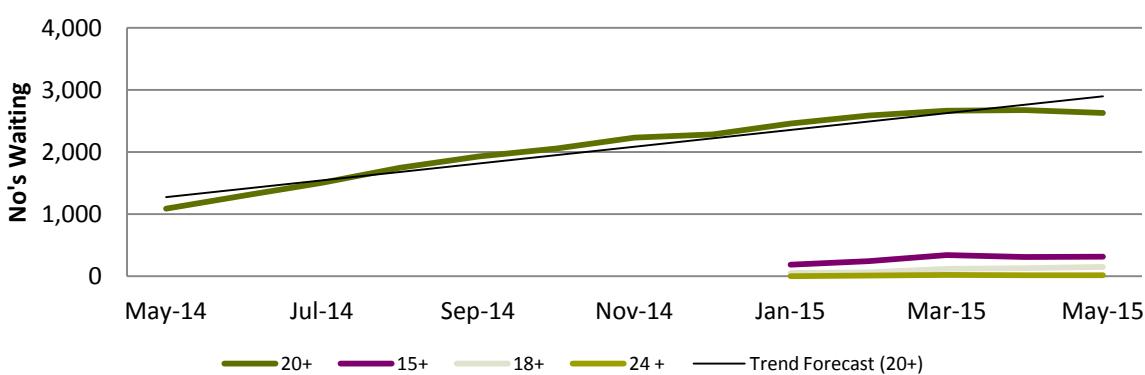
The following hospitals have reported below the national level for May 2015; Our Lady of Lourdes 35.2, Galway University Hospital 50.3%, Mercy Hospital Cork 51.4% and Crumlin 47.3%.

While the following hospitals have also reported below national level for May they have improved from the reported position at the end of April: Waterford 57.1%, Eye & Ear 54.2%, Cavan 52.5%, and Tullamore 58.4%.

147 children waiting greater than 18 months in the following hospitals: Crumlin (116), Waterford (8), South Infirmary (10), Beaumont (1), Cavan (4), Limerick (4) and Galway (4). These 147 patients are across 7 specialties, the highest being Ortholaryngology (ENT) (47), Respiratory (34), Orthopaedics (25), and Ophthalmology (18).

Spinal surgery waiting in Crumlin due to theatre and staffing issues – initiative is underway to address waiting list in 2015.

Child WL



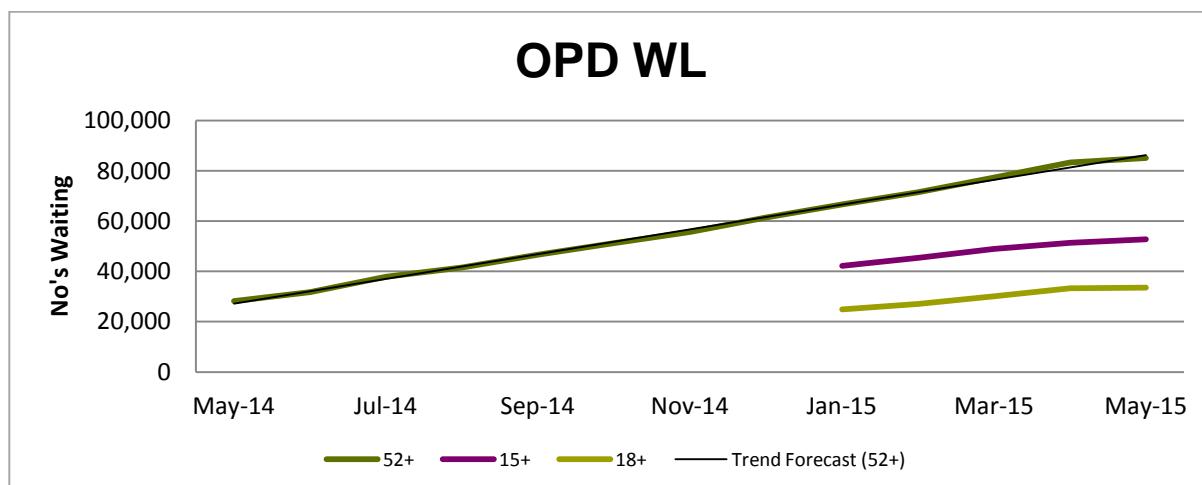
The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- May 2015 79.5% (85,130/414,778 patients breached), (May 2014 91.8%, change -12.3%)
- April 2015 79.8% (83,347/412,422 patients breached), therefore a change of -0.3% since the last reporting period
- Variance from target/expected activity -20.5%

The following hospitals have reported well below the national level for May 2015: Tallaght 64.4%, Waterford 59% and Letterkenny 65%

770 patients are waiting in excess of 48 months across 13 hospitals. Most significant are Waterford (452, over half of the national number waiting more than 48 months), Letterkenny (72), Galway (132), Cork Hospital (41). The 770 patients are spread across 12 specialties with the most significant being Dermatology (122), Orthopaedics (379), Plastic Surgery (61) and Urology (60).

In May 2015 the number of new referrals to the waiting list has increased by 2.9% (1,811 patients) compared to May 2014. Significant progress has also been achieved in the implementation of the out patient appointments plan with 4,201 patients waiting greater than 18 months for OPD appointments as of 30th June 2015.



Overview of waiting list number

Adult & Child Inpatient & Day Case Waiting List

Total	0-3 Months	3-6 Months	6-9 Months	9-12 Months	Over 12 months
67,359	25,420	14,722	10,971	7,066	9,180

Outpatient Waiting List

Total	0-3 Months	3-6 Months	6-12 Months	12-24 Months	24-36 Months	36-48 months	Over 48 Months
414,778	146,976	75,629	107,043	73,521	8,771	2,068	770

Adult Waiting List (In-patients and Daycases)	Total	0-3 Months	3-6 Months	Over 8 months	Over 9 months	Over 12 months	Over 15 months	Over 18 months	Over 24 months
Number Over	60,937	22,603	13,209	18,047	14,989	8,480	3,881	1,603	251
% Over		37.1%	21.7%	29.6%	24.6%	13.9%	6.4%	2.6%	0.4%
% Change to last month		0.2%	-0.1%	0.1%	-0.8%	-0.5%	-0.3%	-0.4%	-0.2%

Child Waiting List (In-patients and Daycases)	Total	0-3 Months	Over 20 Weeks	Over 9 months	Over 12 months	Over 15 months	Over 18 months	Over 24 months
Number Over	6,422	2,817	2,628	1,257	700	314	147	17
% Over		43.9%	40.9%	19.6%	10.9%	4.9%	2.3%	0.3%
% Change to last month		-0.4%	-2.9%	-0.9%	0.3%	-0.2%	0.2%	0%

Outpatient Waiting List	Total	0-3 Months	3-6 Months	6-8 Months	Over 9 months	Over 12 months	Over 15 months	Over 18 months	Over 24 months
Number Over	414,778	146,976	75,629	42,671	130,770	85,130	52,734	33,496	11,609
% Over		35.4%	18.2%	10.3%	31.5%	20.5%	12.7%	8.1%	2.8%
% Change to last month		-0.2%	0.1%	0%	-0.1%	0.3%	0.3%	0%	0.1%

The ratio of new to return patients seen in outpatients (Target 1:2)

- May 2015 is 1 : 2.6, (May 2014 1 : 2.6, no change)
- May YTD 2015 is 1 : 2.6, (May YTD 2014 1 : 2.6, no change)
- April 2015 reported at 1:2.6, therefore no change in performance on the last reporting period
- Variance from target -30%

There are wide variations in the new: return ratio reported by hospitals. A number of hospitals have reported well in excess of the 1:2.6 national ratios at the end of April: Eye & Ear 3.8, Portlaoise 5.2, Naas 4.1, Mercy 4.5, Tallaght 3.6, and Ennis 3.4.

Specialties with expected high return rate, Neurology, Rheumatology and Dermatology are all included.

The outpatient services performance improvement programme is working to roll out a new minimum data set that will enable a more accurate picture of new to review ratios. Current figures contain, for example, post-surgical/admission visits and pre-operative visits, with both relating to the inpatient or daycare episode of care. The programme has also conducted a capacity assessment in association with the HPO that will allow a detailed analysis, down to clinic level of the scheduling of new versus review patients. Finally, the programme has commenced its pathway of care work in association with the clinical programmes with a key output being specification by each specialty of the number of new and review patients that is expected to be seen by one consultant working alone or accompanied by junior medical staff.

These pieces of work will allow specialty-specific ratios to be set out and then accurate measurement of adherence to these ratios. This structure will function as a core component of the demand and capacity model of service-provision that is also being rolled out by the programme.

Average length of stay

The medical average length of stay for patients (Target 5.8 days)

- May 2015 6.8 days, (May 2014 6.7 days, 0.1 change (-1%))
- May YTD 2015 7.3 days, (May YTD 2014 6.8 days, change 0.5 days (-7.4%))
- April 2015 reported 6.9 days, therefore an improvement in performance of 0.1 days on the last reporting period
- Variance from target -25.1%

Significant variances against target in May for some of the major acute hospitals are Mater 9.7 days, St Michaels 10.5 days, St James 11.7 days, Beaumont 14.8 days, Waterford 11.3 days and Roscommon 11.3 days.

St Vincent's 10.8 days, St Michaels 10.5 days, St James 11.7 days and St John's 9.2 days although over the target have recorded a reduction in length of stay compared to the last reporting period.

The surgical average length of stay for patients (Target 5.1 days)

- May 2015 5 days, (May 2014 5.2 days, change 0.2 days (-3.8%))
- May YTD 2015 5.3 days, (May YTD 2014 5.3 days, no change)
- April 2015 reported at 5.2 days, therefore an improvement of 0.2 days compared to last reported position
- Variance from target -3.9%

Hospitals have individual targets which make up the national target of 5.1 days. Hospitals with variances of above 1 day away from entity specific target in May are St. Luke's Kilkenny 4.3 days, St. Vincent's 7.7 days (an improvement on April), Beaumont 7.1 days, South Infirmary 4.6 days, Waterford 5.1 days Limerick 5.1 days and Galway 6.2 days.

A number of hospitals who did not meet the target in the last reporting period have done so in May. These include the Mater 6.8 days, Mullingar 3.2 days, Portlaoise 2.2 days and Mayo 4.4 days.

The surgical ALOS is adjusted to take into account daycare conversion and this may have impacted on rates for May.

Surgery

The % of elective surgical inpatients that had principal procedure conducted on day of admission (Target 70%)

- May 2015 69%, (May 2014 66%, change 3%)
- May YTD 2015 70%, (April YTD 2014 70%, no change)
- April 2015 reported at 70%, therefore a 1% improvement on the last reporting period,
- Variance from target 0%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Hospitals reporting more than 6% below their entity specific target in May are the Mater 62%, St. Luke's Kilkenny 74%, Wexford 75%, Naas 75%, Cavan 68%, Kerry 44%, South Tipperary 75%, Mayo 73% and Portlaoise 60%.

The following hospitals achieved over their targets: Portlaoise 90%, Beaumont 62%, Drogheda 57% and Cork 72%

Discharges

The number of Inpatient Discharges (Expected Activity 270,888 YTD)

- May 2015 54,498, (May 2014 55,571, change 1,073 (-1.9%))
- May YTD 2015 264,703, (May YTD 2014 270,475, change 5,772 (-2.1%))
- April 2015 reported at 52,942, therefore an increase of 1,556 (2.9%) on the last reporting period.
- Variance from expected activity -2.3%

There are wide variances across a lot of hospitals and a -2.3% decrease on expected levels.

The number of daycare discharges (Expected Activity 368,627 YTD)

- May 2015 71,484, (May 2014 73,869 change 2,385 (-3.2%))
- May YTD 2015 360,350, (May YTD 2014 362,017, change 1,667 (-0.5%))
- April 2015 reported at 73,700, therefore a decrease of 2,216 (-3.0%) on the last reporting period
- Variance from expected activity -2.2%

Delayed Discharges

The numbers of people who are in hospital after being clinically discharged – Delayed Discharges (Target 15% reduction (611 patients))

- May 2015 675 (May 2014 665, change 10 (-1.5%))
- April 2015 reported at 697, therefore an improvement of 22 delayed discharges (3.2%) on the last reporting period
- Variance from target -10.5%

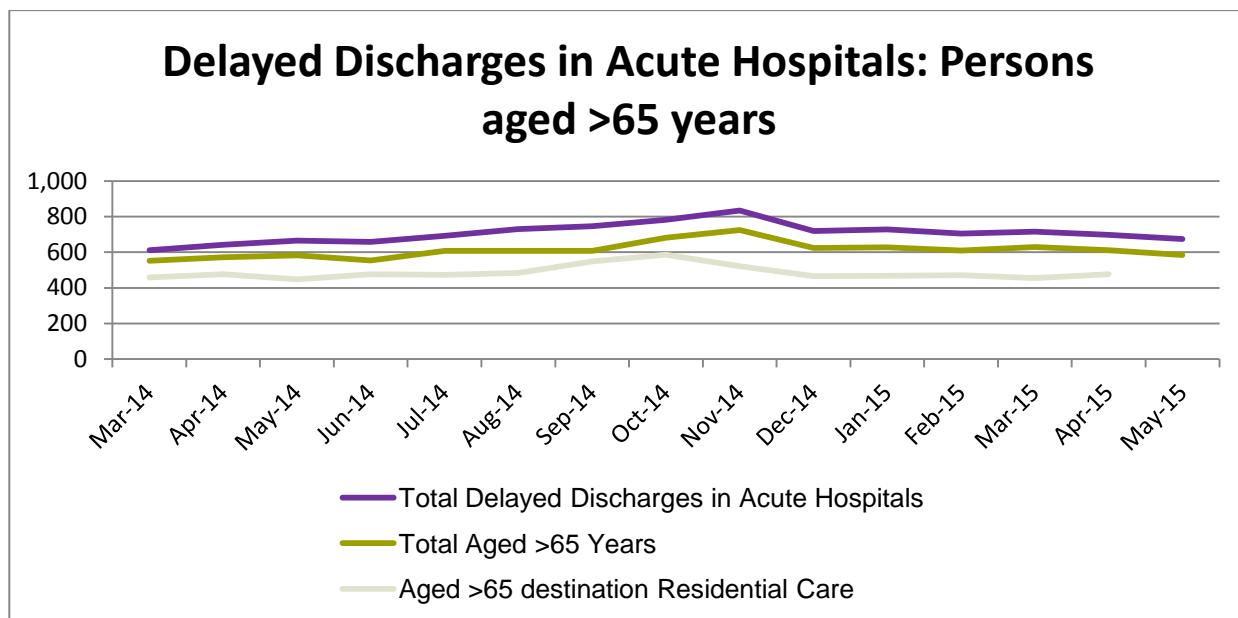
The hospitals who are more than 15% away from national result are St Michaels, St. Vincent's, Tullamore, Naas, Drogheda, Cork University Hospital, University Hospital Limerick, Mullingar, Mercy, Mater and Tallaght.

The number of people waiting over 90 days is now 180 which are a decrease from the end of April.

The number of people aged 65 and older medically discharged in acute hospitals

As of the end of May, there were 585 patients aged 65 and over medically discharged in acute hospitals. Of these 81.4% (476) are awaiting Long Term Residential Care, 0.2% decrease on May 2014 (source Delayed Discharges National Report, 26th May 2015).

Delayed Discharges by Destination (26/05/2015)	Over 65	Under 65	Total No.	Total %
Home	74	23	97	14.4%
Long Term Nursing Care	476	51	527	78.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	35	16	51	7.6%
Total	585	90	675	100%



Ambulances

The % of ambulances that have a time interval of less than 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call

Month	Clear in 0-30 Mins	%	Clear in 0-60 mins	%	Total Calls
January	12,979	65%	18,845	94%	19,990
February	11,648	63%	17,345	94%	18,542
March	12,729	64%	18,635	94%	19,823
April	12,284	65%	17,859	95%	18,797
May	12,857	64%	19,094	95%	20,086

The % delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process/flow path in the ambulance turnaround framework (Target 100%)

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (includes Dublin Fire Brigade). In May 2015 64% (decrease by 1%) of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less 95% of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

Ambulance turnaround data is currently manually aggregated across multiple CAD systems. The analogue system, where used, may not accurately record / reflect the data because it is an ageing technology and is one of the reasons NAS is migrating to digital platforms. NAS is developing a more robust solution to data requirement in the new national CAD being implemented as part of the NAS Control Centre.

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
RCSI Dublin North East	610,722	268,779	254,428	14,351	6%
Dublin Midlands	751,491	325,583	310,858	14,725	5%
Ireland East	785,137	343,742	328,912	14,830	5%
South / South West	692,043	294,470	286,939	7,530	3%
Saolta University Health Care	636,218	281,722	264,523	17,199	7%
UL Hospitals	257,390	108,210	106,671	1,539	1%
National Children's Hospital	221,156	94,611	92,228	2,383	3%
Regional & National Services	46,859	9,324	6,023	3,301	55%
Total	4,001,016	1,726,442	1,650,584	75,858	5%

Financial Commentary

Acute Hospitals are reporting spend of €1.726b against a budget of €1.650b resulting in a €75.8m deficit for the first five months. HSE direct provision hospitals account for €50.9m or 67% of this deficit with €24.9m or 33% being experienced in the Section 38 funded providers. The Saolta Group is showing the highest deficit of the seven groups of €17.2m with Ireland East €14.8m, and Dublin Midlands Group €14.7m showing the highest deficits after this. These three groups combined account for €39.9m or 62% of the total acute year to date deficit position.

Financial targets for 2015 included a reduction in excess capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. This has not been possible to achieve in the first five months with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. In addition, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on expenditure during the course of 2015.

It is clear that there has been exceptional pressure on management capacity and costs related to the very high level of delayed discharges and the necessary response to same. This has not facilitated any traction being achieved in relation to 2015 cost reductions particularly planned reductions in agency staff costs.

Whilst a more realistic budget for acute services was provided in 2015 it was not possible to provide a budget at the full level of the 2014 spend. The NSP 2015 set acute budgets at 0.8% below 2014 projected spend. Final expenditure levels for 2014 mean that costs in acute hospitals need to be reduced by approximately 1.2%-1.4% below 2014 expenditure levels.

Pay and other cost pressures must also be dealt with which indicates that Acute hospitals have an average minimum requirement to reduce their likely 2015 costs by 2% -2.5% below 2014 levels.

This is significant when we look at hospital cost patterns in Ireland and internationally and underpins why NSP2015 referenced exceptional focus and placed particular emphasis on reduction and conversions of agency spend. The 2015 accountability framework is being implemented to maximise assurance around overall performance including financial performance. Significant additional support is being provided in relation to pay and staffing level data and controls. This is part of the necessary actions to maximise agency and other staff cost reductions and is being monitored closely in 2015.

Service Arrangements Position as at 29th June 2015

2015 Service Arrangements are completed for 5 out of 17 (29.4%)

2015 Service Arrangements are completed for €541,265m out of €1,714,605m(31.6%).

Workforce overview

Human Resource Management	Children's	Dublin Midlands	Ireland East	RCSI HG	Saoita	South/ South West	University of Limerick	Acute Services
Direct Staff WTE	2,813	9,544	10,310	7,878	7,965	9,179	3,267	50,981
Direct Staff Indicative workforce number	2,794	9,317	9,997	7,616	7,858	8,932	3,091	49,631
Direct Staff WTE Indicative workforce number Variance	19	227	313	262	107	247	176	1,350
Direct Staff WTE Indicative workforce number Variance %	0.7%	2.4%	3.1%	3.4%	1.4%	2.8%	5.7%	2.7%
Funded Indicative workforce number								
2015 Development posts								30.5
pre-2015 Development posts								145
pre-2015 Development posts filled								81.8
% pre-2015 Development posts filled								56.4%
Direct Staff Headcount	3,291	10,640	11,218	8,448	8,894	10,125	3,526	56,167
Absence rates - Medical /Dental	1.37%	1.15%	0.75%	0.78%	0.43%	0.86%	0.64%	0.69%
Absence rates – Nursing	3.9%	4%	3.82%	4.66%	4.5%	4.26%	6.03%	4.89%
Absence rates - Health & Social Care	3.79%	2.06%	2.48%	2.47%	2.68%	2.88%	3.15%	2.89%
Absence rates - Management Admin	3.04%	3.4%	3.53%	3.39%	3.19%	3.17%	3.41%	3%
Absence rates - General Support Staff	9.65%	5%	4.6%	4.83%	4.42%	5.05%	6.22%	5.11%
Absence rates - Other Patient & Client Care	4.21%	5.82%	4.64%	5.65%	5.38%	5.54%	9.71%	6.47%
Absence rates – Overall	3.84%	3.45%	3.33%	3.68%	3.59%	3.68%	5.30%	4.06%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHD's	93%	95%	97%	94%	97%	97%	85%	95%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHD's	65%	60%	72%	54%	79%	91%	81%	71%



National Ambulance Service



National Ambulance Service

The National Ambulance Service (NAS) is the statutory pre-hospital emergency care provider for the HSE.

Serving a population of almost 4.6 million people, the service responds to over 290,000 ambulance calls each year. The NAS employs over 1,600 staff across 100 locations and has a fleet of approximately 500 vehicles.

The NAS is implementing a significant reform agenda which mirrors many of the strategic changes underway in ambulance services internationally as they strive for high performance, efficiency and cope with a continuously increasing demand on services.

Priorities in 2015 include the completion of the major National Control Centre Project, the elimination of on call in the West, the procurement of an electronic patient care record system and service costs associated with mechanical cardiopulmonary resuscitation (CPR) and defibrillator devices.

The migration to a modern single National Control Centre continues. This key project will deliver a modern National Emergency Control Centre across two sites, Rivers Building Tallaght (hub site) and Ballyshannon (resilience site) on a single computer based platform.

This process has progressed to a point where this month, one of the original nine sites remain in operation – Wexford

January 2015 marked a very big milestone in the history of the NAS with the opening of the new National Emergency Operations Centre (NEOC) in the NAS Rivers Building Tallaght.

NEOC now joins with Ballyshannon Control to provide ambulance ‘call taking’ and ‘dispatch’ ‘on a national digital platform.

National Ambulance Services Balanced Score Card

Quality		Target YTD	YTD	% Var0 YTD
Audit	% of control centres that carry out Advanced Quality Assurance Audits (100%)	100%	100%	0%
Access		Target YTD	YTD	% Var YTD
Emergency response Times	Emergency Response - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less. (80%)	80%	78%	3%
	Emergency Response - % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less. (80%) ⁶	80%	66%	18%
Intermediate Care Vehicles	% of all transfers which are provided through the Intermediate Care Vehicle Service (70%)	70%	82%	18%
Ambulance Turnaround Times	% 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 (100%)	100%	61%	39%
Finance		Budget YTD ('000)	YTD ('000)	% Var YTD ('000)
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€59,146	€58,951	-€195 0%
	Pay (excl superannuation pay)	€43,645	€43,368	-€278 -1%
	Pay – Agency	€0	€269	€269 100%
	Pay – Overtime	€2,447	€6,331	€3,884 159%
	Non-pay (including procurement savings)	€15,594	€15,645	€51 0%
	Income	-€93	-€61	€32 -34%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category	3.50%	4.76%	36%
	% absence rates by staff category - Management/Administration		2.94%	-16%
	% absence rates by staff category - General Support Staff		1.29%	-63.14%
	% absence rates by staff category - Other Patient and Client Care Staff		5.07%	44.85%
Staffing levels	Variance from HSE workforce indicative workforce number (within approved funding levels)	1,611	1,623	12 (0.8%)
		National Result	Performance	
Engagement	% Involvement	64%	55%	
	% loyalty	56%	48%	
	% Alignment	51%	24%	
	% Overall Engagement Score	57%	42%	

⁶The target for DELTA calls is 80% however the standard to be achieved in 2015 is 65%

National Ambulance Services Heat Map

		National	North Leinster	Dublin Fire Brigade	South	West
Quality	% of control centres that carry out Advanced Quality Assurance Audits (100%)	100%				
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	78%	83%	76%	79%	72%
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	66%	69%	66%	65%	62%
	Intermediate Care Services	82%				
	% 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	61%				
Finance	% variance - Pay (Excl superannuation pay)	-1%				
	% variance - Pay (Agency)	100%				
	% variance - Pay (Overtime)	159%				
	% variance - Non Pay (including procurement savings)	0%				
	% variance – Income	-34%				
HR	% absence rates rate - Management/Admin	2.94%				
	% absence rates rate - General Support staff	1.29%				
	% absence rates rate - Other Patient and Client staff	5.07%				
	% variance from Indicative workforce	0.8%				

Performance RAG Rating

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

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 0.5% of target
 Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
 Amber ● ≥ 4.02% < 4.73%
 Green ● < 4.02%

HR – Indicative workforce

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

Quality

Serious Reportable Events

- There was 1 serious reportable event for the NAS up to May 2015
- This event occurred in January 2015 and was reported in January 2015 and has now exceeded compliance timeline (4 months) for investigation completion

The % of Control Centres that carry out Advanced Quality Assurance Audits (Target 100%)

- May performance 100%, KPI commenced in January 15

Access

Total of AS1 and AS2 (Emergency Ambulance) calls – including ECHO and DELTA

	Nov-14	Dec-14	Jan-15	Feb-15	Mar -15	April -15
North Leinster	7,965	9,022	8,236	7,794	8,366	7,660
Dublin Fire Brigade	6,066	6,584	6,111	5,624	6,234	5,929
South	5,153	5,861	5,527	5,215	5,531	5,290
West	4,903	5,615	5,478	4,931	5,494	5,194
National	24,087	27,082	25,352	23,564	25,625	24,073

Daily average volume of AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA

	Feb	Mar	April
National 2014	841	793	782
National 2015	842	827	802
Days in Month	28	31	30

Outline of Demand Patterns

Total Activated Calls	April 14	April 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	23,471	24,073	602	3%	95,697	98,614	2,917	3%
ECHO	246	279	33	12%	1,044	1,228	184	18%
DELTA	7,440	7,898	458	6%	30,886	32,948	2,062	7%

% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes 59 seconds or less (Target 80%) (monthly in arrears)

- ECHO April 2015 78% of ambulances arriving at scene within the target timeframe, 75% in April 2014 activated calls within this time band. An increase of 3% from previous year.
- No change from March 2015
- Variance from expected activity -2%

The western region has the most significant variance from target at 63%, 17% below target. The southern region (87%) exceeded the target of 80%.

Region	April-15
North Leinster	82%
Dublin Fire Brigade	78%
South	87%
West	63%

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 18% (184) YTD, compared to last year

The outcome of the NAS capacity review will inform the strategic planning process.

Emergency Response Times –The % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes 59 seconds or less (Target 80%)⁷ (monthly in arrears)

- DELTA 69% in April 2015 arriving at scene (64.9% in April 2014 activated calls, 4.1% increase)
- 4% increase from March 2015
- Variance from expected activity -11%

Region	April-15
North Leinster	71%
Dublin Fire Brigade	70%
South	66%
West	67%

Nationally there was a 7% (2,062) increase in 2015 in the number of DELTA calls YTD (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

The outcome of the National Ambulance service capacity review will inform the strategic planning process, going forward; performance improvement action planning is ongoing.

The move to a single national control centre in Tallaght has enabled more effective dynamic deployment of ambulance resources and improvements in the number of ECHO and DELTA incidences responded to within 18 minutes and 59 seconds or less compared to the same period last year. There has also been an increase in the number of calls across the same period for ECHO at 18% and for DELTA calls at 7%.

This progress is understated as the improvement does not factor in the increase call volumes responded to which amounts to 2,917 from 2014 to April 2015.

Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (quarterly in arrears)

- Q 4 2014 (reported March 15) 24%
- Target 40%
- Variance from expected activity 16%

ROSC is the first instance of NAS reporting on a clinical outcome indicator. As volumes are low it will require a full year's data to assess sustained performance.

⁷ The target for DELTA calls is 80% however the standard to be achieved in 2015 is 65%

National AS3 (Patient Transfer) Call Volumes Emergency Ambulance and Intermediate Care Services

	EA	ICV	Total AS3 Calls	% ICV Transfer
Jul-14	943	3,136	4,079	77%
Aug-14	879	2,754	3,633	76%
Sep-14	968	3,093	4,061	76%
Oct-14	921	3,396	4,317	79%
Nov-14	832	3,076	3,908	79%
Dec-14	836	2,959	3,795	78%
Jan-15	903	2,954	3,857	77%
Feb-15	792	2,601	3,393	77%
Mar-15	847	2,724	3,571	76%
April-15	594	2,793	3,387	82%

The % of transfers which are provided through the Intermediate Care Services (ICV) service's (Target >70%)

- 82% in April 2015
- Change from March 2015 6% increase
- Variance from expected activity 12%

In April, 82% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Services. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

Total Number of Patient Transfer Calls Each Month

April 14	May 14	June 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	March 15	April 15
4,115	4,351	3,776	4,079	3,633	4,061	4,317	3908	3795	3,857	3,393	3,571	3,387

Ambulance Turnaround Times

The % delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process/flow path in the ambulance turnaround framework (Target 100%)

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (excludes Dublin Fire Brigade). In May 2015 64% (decrease by 1%) of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 95% (stable performance compared to the previous reporting period) of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

Ambulance turnaround data is currently manually aggregated across multiple CAD systems. The analogue system, where used, may not accurately record / reflect the data because it is an ageing technology and is one of the reasons NAS is migrating to digital platforms. NAS is developing a more robust solution to data requirement in the new national CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.

The % of delays escalated in April 2015 is 76%.

Finance

National Ambulance Services	Approved Allocation €'000	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Var vs Plan
Southern Regional Ambulance	18,517	8,387	7,680	707	9%
South Eastern Regional Ambulance	13,878	5,592	5,756	(164)	-3%
Western Regional Ambulance	14,345	6,088	5,781	307	5%
North Western Regional Ambulance	10,473	4,638	4,253	386	9%
Mid Western Regional Ambulance	11,970	5,386	4,959	427	9%
North Eastern Regional Ambulance	12,315	5,192	5,092	100	2%
South Western Regional Ambulance	0	0	0	0	0%
Midland Regional Ambulance	10,218	4,331	4,233	98	2%
East Coast Regional Ambulance	26,361	11,104	10,906	198	2%
Regional Ambulance Services	118,076	50,717	48,660	2,057	4%
Office of the National Director	7,198	1,408	2,875	(1,467)	-51%
National Ambulance College	1,992	756	824	(69)	-8%
Emergency Care Control	16,872	6,071	6,788	(717)	-11%
Office of the Assistant National Director	26,062	8,234	10,487	(2,252)	-21%
Total Regional Ambulance Service	144,139	58,951	59,146	(195)	0%

Financial Commentary

The National Ambulance service spent €58,951m against a budget of €59,146m an under spend of €195k.

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	1,623
	Direct Staff Indicative workforce number	1,611
	Direct Staff WTE Indicative workforce number Variance	12
	Direct Staff WTE Indicative workforce number Variance %	0.77%
Funded Indicative workforce number		
	2015 Development posts	67
	2015 Development posts filled	6
	% 2015 Development posts filled	8.96%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	72.7
	% pre-2015 Development posts filled	41.5%
	Direct Staff Headcount	29,114
	Absence rates –Management Admin	2.84%
	Absence rates –General Support Staff	0.56%
	Absence rates - Other Patient & Client Care	3.90%
	Absence rates - Overall	3.73%



Community Health Care



Health & Wellbeing



Health & Wellbeing

Improving the health and wellbeing of Ireland's population is a key Government priority and is one of four pillars of healthcare reform.

Collaborative working ensures that all reforms, strategic and service developments are focused to help people to stay healthy and well, reduce health inequalities and protect people from threats to their health and wellbeing.

In 2015, the focus is on key risk factors for chronic disease and ill-health in areas that can be modified. These include areas such as tobacco smoking, alcohol misuse, physical inactivity, obesity and wellbeing. These can be tackled through excellent governance and cross-divisional accountability and the further implementation of *Healthy Ireland* principles and actions across the organisation.

Health & Wellbeing Balanced Score Card

Access		Target YTD	YTD	% Var YTD
Child Health	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	93.7%	-1.4%
Screening	BreastCheck - No of women screened (no. of women aged 50-64 who have had a mammogram)	58,450	60,562	3.6%
	CervicalCheck - No of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	122,500	119,922	-2.1%
	Diabetic RetinaScreen - No of clients screened (no. of individuals known to the programme aged 12+ with diabetes screened)	31,700	31,579	-0.4%
Tobacco Control	No of smokers who received intensive cessation support from a cessation counsellor	4,235	4,705	11.1%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€74,547	€74,427	-€120 0%
	Pay (excl superannuation pay)	€37,375	€37,080	€-295 -1%
	Pay – Agency	€523	€575	€52 10%
	Pay – Overtime	€116	€133	€17 15%
	Non Pay	€39,778	€39,866	€88 0%
	Income	-€2,606	-€2,519	€87 -3%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	44(29.5%)	70.50%
	€ value of 2015 Service Arrangements signed	100%	€3,349 (34.6%)	65.40%
Human Resources		Target YTD	YTD	Var YTD
Absence⁸	% absence rates by staff category	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%
Staffing levels	Variance from Indicative workforce	1,279	1,254	-25 (-1.96%)
		National Result	Performance	
Engagement Score	% Involvement	64%	58%	
	% Loyalty	56%	52%	
	% Alignment	51%	30%	
	% Overall Engagement Score	57%	47%	

⁸ Absence rates are reflective of all Community Healthcare

Health & Wellbeing Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Child Health - development at 10 months (95%)	93.7%	96.3%	96.1%	92.2%	94.5%	93.0%	88.4%	94.3%	91.8%	95.3%
	BreastCheck screening (58,450)	60,562									
	CervicalCheck screening (122,500)	119,922									
	Diabetic RetinaScreening (31,700)	31,579									
	Tobacco Control (intensive cessation support) (4,235)	4,704									
Finance	% variance – Pay	-1%									
	% variance - Pay (Agency)	10%									
	% variance - Pay (Overtime)	15%									
	% variance - Non Pay (including procurement savings)	0%									
	% variance - Income	-3%									
	% of SA signed (100%)	29.9%									
	% value of SA signed (100%)	34.6%									
HR ⁹	Variance from indicative workforce number (\leq 0%)	1.96%									
	% absenteeism rate - Medical/Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.40%	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate - Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.84%	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%

Performance RAG Rating

- Red ● > 10% of target
- Amber ○ > 5% \leq 10% of target
- Green ● \leq 5% of target
- Grey ● No result expected

Finance RAG Rating

- Red ● 0.5% > of target
- Amber ○ $\geq 0.25\% < 0.5\%$ of target
- Green ● < 0.25% of target

HR – Absence

- Red ● $\geq 4.73\%$
- Amber ○ $\geq 4.02\% < 4.73\%$
- Green ● < 4.02%

HR – Indicative workforce

- Red ● $\geq 1.5\%$ of target
- Amber ○ $\geq 0.5\% < 1.5\%$ of target
- Green ● < 0.5% of target

⁹ Absence rates are reflective of all Community Healthcare

Health and Wellbeing Update

Quality

Serious Reportable Events

- No Serious Reportable Events have occurred or were reported for this Division during May 2015.

Access

Child Health

The % of children who have had 10 month developmental screening before reaching 10 months of age (Target 95%) (monthly in arrears)

- April result: 93.7% (5,242) children had developmental screening before 10 months
- 93.7% (20,689 out of 22,080 children) YTD 2015, 91.6% YTD 2014, 2.3% ahead of same period last year
- March 2015 was 93.4%, (change 0.3%)
- Variance from target YTD -1.4%

All CHO's with the exception of CHO 6 (88.4%) were above or within 5% of the 95% target for child developmental screening.

Figures for CHO 6 have been analysed and the low rate of screening rate relates to one particular area; Dublin South East. Improvement plans put in place have already shown progress with screening rates rising from 75.8% in April to 82% in May. This area will continue to be monitored to ensure targets are met.

Uptake rates by Screening Programme

Percentage uptake rates by screening programme are available after a screening round has been completed and the data has been collated. The duration of a screening round varies by screening programme for example - Diabetic RetinaScreen is a one year screening round, BreastCheck is a two year screening round, BowelScreen is a three year screening round, and CervicalCheck is a five year screening round.

The number of women who have had a BreastCheck screen (Expected Activity YTD 58,450)

- In May 11,561 women had mammogram screening as part of BreastCheck screening
- 60,562 women have been screened YTD 2015, this is 0.6% (347) above the same period last year
- April 2015 confirmed figures show 12,208 women screened, activity in May is below this by 647.
- Variance from target YTD is 3.6% ahead

The aim is to screen 140, 000 women during the year and is on target in the year to date.

The number of women who have had a CervicalCheck screen in a primary care setting (Expected Activity YTD 122,500)

- In May 20,659 women had CervicalCheck screening in a primary care setting
- 119,922 women were screened YTD 2015, this is -1.5% below the same period last year (121,713)
- April 2015 confirmed figures show 23,105 women screened, activity in May is below this by 2,446
- Variance from target YTD is -2.1%

The variance is due to the demand led nature of the programme and patterns of attendance.

The number of clients invited to BowelScreen (no. of first invitations sent to individuals in the eligible age range 60-69 known to the programme (Expected Activity YTD 83,334)

- In May 16,909 invites were sent to clients to participate in BowelScreen
- 85,570 clients were invited YTD 2015, this is -4.9% (4,430) less than the same period last year
- April 2015 showed 19,055 clients invited, activity in May is below this by 2,146
- Variance from target YTD is 2.7% ahead

BowelScreen is on track to meet its target of inviting 200,000 people by year end.

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Expected Activity YTD 31,700)

- In May 7,344 clients participated in Diabetic RetinaScreen
- 31,579 clients have been screened YTD 2015
- April 2015 showed 7,481 clients screened, activity in May is below the previous month (137)
- Variance from target YTD is -0.4%

The Q1 target had not been achieved due to a combination of operational challenges, in particular the rate of Did Not Attends. Evenings and Saturday appointments were made available to facilitate working people and this has shown improvements in the pattern of attendance which is demonstrable in the activity shown year to date.

The number of smokers who received cessation support from a counsellor (Target YTD 4,235)

- 747 Smokers received intensive cessation support in May 2015
- 4,704 smokers received support YTD 2015, 9.1% ahead of the same period last year (4,310)
- April 2015 shows 905 people receiving support, May activity is below the previous month by 158
- Variance from target YTD is 11.1% ahead

No cessation support for smokers has taken place in CHO 2 (including the Hospital Group in that area) during May and YTD.

In CHO and Hospital Group (HG) based in areas CHO 3, 5 and 6 just over 20 smokers received support during May.

The highest number receiving support this month is from CHO and HG 1 with 205 smokers receiving support, followed by CHO and Hospital Group in CHO 7 with 146 smokers receiving support.

The YTD position shows CHO and HG in CHOs 1 and 7 with the highest number supported at 965 and 812 respectively. The National Quit line has supported 788 smokers YTD.

Tobacco Control intensive cessation support data includes support provided within hospital groups, community services and the QUIT team. Since 1st January the QUIT team now provide an integrated support service over the phone, online, through social media, SMS, and email. The online service includes the interactive QUIT.ie website, talking to the QUIT team via Live Chat, and using our online QUITplan. This complements the face-to face HSE QUIT services provided in hospitals and community services around the country, providing one-to-one and group support for smokers.

The number of frontline healthcare staff trained in brief intervention smoking cessation (Target YTD 574)

- 60 healthcare staff were trained in brief intervention smoking cessation in May 2015
- 512 healthcare staff received training YTD, -19.4% (123) below the same period last year
- Variance from target YTD is -10.8%

In May no training has taken place in Community and Hospital Groups based in CHOs 1, 2, 3 and 7.

CHO 4 trained the highest number of frontline staff (28), the next highest number came from CHO 9 with 14 staff trained in May. The highest number of frontline staff trained YTD is in CHO 9 (including hospital group in that area) with 129 frontline staff trained to date.

Performance year to date relates to attendance rates at planned training sessions. An additional 61 undergraduate nurses were trained in May, (these are not included as they are not yet frontline staff). There were 7 courses cancelled during the month of May and no training has been delivered in the Children's Hospital Group YTD.

Analysis has been undertaken of the current training model to identify improvements to make it easier for staff to access the necessary training. There continues to be a focus on this with CHOs and Acute services. Any actions needed to address targets have been identified.

Key Activities for May

National Screening Service (NSS)

CervicalCheck

Between May 18th – 22nd two members of our CervicalCheck smeartaker training unit were invited to deliver a Train the Trainer programme for primary care health providers in Chisinau, Moldova. This training had been identified as a key critical component for the launch of a quality assured cervical screening programme for the Republic of Moldova. It provided the CervicalCheck Programme with an opportunity to showcase not just our training programme but all aspects of CervicalCheck and to share our professional learning to date with colleagues in Eastern Europe who aspire to have a quality assured programme of cervical screening, based on the Irish model.

Healthy Ireland

Health Promotion and Improvement

Conference on Donegal social prescribing for Health and Wellbeing

The Conference on Social Prescribing for Health & Wellbeing was held in the Clanree Hotel, Letterkenny, County Donegal on May 12th 2015 with 150 delegates from the Community and Voluntary Sector as well as the HSE in attendance. The keynote speaker's work has included advising the UK Government and the World Health Organisation, in the areas of mental health promotion and social justice.

Social Prescribing is a joint initiative of the Health Promotion and Improvement Department and the Social Inclusion Office aiming to promote the health and wellbeing of people by actively encouraging and supporting their participation in community-based activities and groups, such as Men's Sheds, Exercise, Art classes, Community Gardening and Support Groups. While it is relatively new to Ireland, Social Prescribing has been successfully implemented in six areas in Donegal since September 2013.

Young Social Innovators (YSI)

The Young Social Innovators (YSI) of the year awards took place at Citywest Hotel and Convention Centre, Dublin on Wednesday May 6th 2015. This event is the biggest celebration of social activism in Ireland. Over 6,000 young people took part in YSI 2015 developing and implementing over 400 projects. 5,000 of the 6,000 YSI participants attended this year's event, which is a celebration of their work. 65 of the YSI projects were shortlisted to showcase and be judged in front of a panel of judges. These 60 projects competed for Challenge Awards and for the overall title of Young Social Innovators of the Year 2015.

The overall winner for 2015 was 'LGBT – Let's Get By Together', Largy College, Clones, County Monaghan.

The HSE Crisis Pregnancy Programme has been an Education Sponsor Partner to YSI for a number of years. The Programme sponsored the Relationship and Sexual Health Challenge award and the overall winner in 2015 was 'REALationships', St. Angela's College, Cork.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Total	200,741	74,427	74,547	(120)	0%

Financial Commentary

Overall the HWB division is showing a positive variance of some €0.12m

Pay is showing an actual of €37.1m against a budget of €37.4m resulting in favorable variance of €0.295m. The pay variance relates to a slower than expected rate of recruitment of posts in the workforce plan.

Non pay in year to date May 2015 is showing an actual of €39.9m against a budget of €39.8m giving an adverse variance of €88k. This variance is arising due to a number of items showing a surplus, including lower than projected vaccines procurement.

Income shows an actual of €2.5m against a budget of €2.6m giving an adverse variance of €87k. Income targets may prove difficult for the division to achieve due to the unpredictable nature of the income generated. In addition the agency services income is dependant of the level of services required by the public authorities and is subject to fluctuation.

Projected year end position

Based on current trends the division would be projecting a break-even position subject to risks arising in relation to vaccines and fluoridation costs. The division will allocate some €8.5m budget in the last quarter to hospitals and other services in respect of service agreements.

Service Level Arrangements

Service Level Arrangements Position as at 29th June 2015.

2015 Service Arrangements are completed for 100 out of 154 (64.9%)

2015 Service Arrangements are completed for €6,511m out of €10,092m (64.5%)

Workforce overview

Human Resource Management	
Staff levels	Direct Staff WTE 1,254
	Direct Staff Indicative workforce number 1,279
	Direct Staff WTE Indicative workforce number Variance -25
	Direct Staff WTE Indicative workforce number Variance % -1.96%
Funded Indicative workforce number	
	2015 Development posts 24.4
	Absence rates ¹⁰ – Medical Dental 1.55%
	Absence rates –Nursing 4.90%
	Absence rates Health and Social Care professionals 2.80%
	Absence rates –Management Admin 4.24%
	Absence rates –General Support Staff 5.00%
	Absence rates - Other Patient & Client Care 5.44%
	Absence rates – Overall 4.56%

¹⁰ Absence rates are reflective of all Community Healthcare



Primary Care



Primary Care Services

The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

- Safe and of the highest quality
- Responsive and accessible to patients and clients
- Highly efficient and represent good value for money
- Well integrated and aligned with the relevant specialist services

Work has been underway to realise this vision whereby the health of the population is managed, as far as possible, within a primary care setting, with patients very rarely requiring admission to a hospital. This approach is now aligned with the *Healthy Ireland* framework, noting the importance of primary care to the delivery of health improvement gains.

A key priority for 2015 is the implementation of the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014*, including the establishment of CHOs.

Primary Care Balanced Scorecard

Quality		Target YTD	YTD	%Var YTD
Physiotherapy	% of referrals seen for assessment within 12 weeks	80%	Data Gap	
Occupational Therapy	% of referrals seen for assessment within 12 weeks	80%	Data Gap	
PCRS				
Medical Cards	% of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	87.8%	-2.4%
	% of Medical Cards/GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	90%	79.1%	-12.1%
Access		Target YTD	YTD	% Var YTD
Community Intervention Teams	Community Intervention Team Overall Activity	9,707	7,415	-23.6%
	Admission Avoidance (includes OPAT)	476	257	-46.0%
	Hospital Avoidance	5,101	4,232	-17.0%
	Early discharge (includes OPAT)	2,428	1,630	-32.9%
	Other	1,702	1,296	-23.9%
GP Activity	No. of contacts with GP Out of Hours	396,925	420,720	6.0%
Opioid substitution treatment	Total number of clients in receipt of opioid substitution treatment (outside prisons)	9,400	9,443	0.0%
	Total number of clients in receipt of opioid substitution treatment (prisons)	490	523	7.0%
Medical Cards	No of persons covered by Medical Cards as at 31st December	1,757,380	1,733,639	-1.4%
	No of persons covered by GP Visit Cards as at 31st December	146,546	164,087	12.0%
Finance		Target YTD €'000	YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€1,405,887	€1,446,649	€40,762 3%
	Pay (excl superannuation pay)	€243,182	€248,391	€5,209 2%
	Pay – Agency	€4,947	€7,958	€3,011 61%
	Pay – Overtime	€1,221	€1,310	€89 7%
	Non Pay	€1,226,906	€1,262,288	€35,382 3%
	Income	-€65,101	-€64,916	€185 0%
Primary Care	Net Expenditure variance from plan	€305,235	€306,153	€918 0%
Social Inclusion	Net Expenditure variance from plan	€51,896	€52,456	€560 1%
Palliative Care	Net Expenditure variance from plan	€29,537	€29,432	-€105 0%
PCRS	Net Expenditure variance from plan	€928,676	€963,337	€34,661 4%
Demand Led Schemes	Net Expenditure variance from plan	€90,542	€95,270	€4,728 5%

Finance		Target YTD €'000	YTD €'000	% Var YTD €'000
Service Arrangements (Primary Care)	% and number of 2015 Service Arrangements signed	100%	21(9.1%)	90.90%
	€ value of 2015 Service Arrangements signed	100%	€177(0.5%)	99.50%
Service Arrangements (Social Inclusion)	% and number of 2015 Service Arrangements signed	100%	67(14.3%)	85.70%
	€ value of 2015 Service Arrangements signed	100%	€5,021(7.3%)	92.70%
Human Resources		Target YTD	YTD	% Var YTD
Absence¹¹	% absence rates by staff category	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%
Staffing levels	Variance from HSE Indicative workforce number (within approved funding levels)	10,344	10,180	-164 (-1.59%)
		National Result	Performance	
Engagement Score	% Involvement	64%	59%	
	% Loyalty	56%	47%	
	% Alignment	51%	27%	
	% Overall Engagement Score	57%	44%	

Data note

The following **Improvement Plan** is in place and data performance reports will continue to improve

- Chief Officers have been circulated regarding the new metrics and data collection requirements generally; there is full awareness in the system
- The specific issues regarding the collection of data are subject to ongoing discussion between the National Director and Chief Officers.
- Chief Officers are developing local plans to address their local data collection issues
- Data pathways from the CHO delivery system to the BIU are being examined and clarified by BIU
- A review of the current processes for involvement of and engagement with CHO managers regarding all aspects of data collection is underway
- Further engagement with all Primary Care Metrics Leads to immediately address queries from the delivery system.
- A communications plan has provided further clarification on issues between the Data Manager/Office of Chief Officers and service managers regarding their metrics
- The Primary Care Business Analyst is liaising with all Metric Leads to map their existing systems for collecting metrics
- The Primary Care Division is implementing an IT based Workload Management System which will automatically generate all client-related metrics.
- Occupational Therapy and Physiotherapy metrics are under development and sufficient data was not available in the May performance cycle to provide a CHO or national view
- In May there were 53 non returns from 311 templates, 17% non compliance. Of these 34 (11%) were in Oral Health (21) and Public Health Nursing (13), services experiencing IR issues.

¹¹ Absence rates are reflective of all Community Healthcare

Primary Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Physiotherapy (80%) ¹²		84.8%	75.8%	77.1%	Data Gap	Data Gap	83.3%	85.5%	85.9%	Data Gap
	Occupational Therapy (80%)		88.2%	72.6%	81.2%	Data Gap	65.0%	82.5%	70.5%	84.5%	79.6%
	Opioid substitution treatment (outside prisons) (9,400)	9,443	83	106	255	383	407	982	3,728	557	2,942
	Opioid substitution treatment (prisons) (490)	523	0	6	36	17	0	0	183	103	178
Access	CIT - Overall Activity (9,707)	7415		188	1519	540	642	512	2,227	82	1705
	GP Activity (396,925)	420,720									
Finance	% variance – Expenditure	0%	6%	4%	2%	2%	1%	3%	4%	1%	2%
	% variance – Budget	3%									
	% variance – Pay	2%									
	% variance - Pay (Agency)	61%									
	% variance - Pay (Overtime)	7%									
	% variance - Non Pay (including procurement savings)	3%									
	% variance - Income	0%									
	% of SA signed (100%) - PC	9.1%									
	% value of SA signed (100%) - PC	0.5%									
	% of SA signed (100%) - SI	14.3%									
	% value of SA signed (100%) - SI	7.3%									
HR ¹³	Variance from Indicative workforce number ($\leq 0\%$)	1.59%									
	% absenteeism rate - Medical and Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.405	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate – Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.845	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%

Performance RAG Rating

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

Finance RAG Rating

Red	● 0.5% > of target
Amber	● ≥ 0.25% < 0.5% of target
Green	● < 0.25% of target

HR – Absence

Red	● ≥ 4.73%
Amber	● ≥ 4.02% < 4.73%
Green	● < 4.02%

HR – Indicative workforce

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

¹² Physiotherapy & Occupational Therapy results are for the current month and not YTD

¹³ Absence rates are reflective of all Community Healthcare

Primary Care Services

Quality

Serious Reportable Events

- No Serious Reportable Events have occurred or were reported for this division during May 2015.

Quality Performance Indicators

A Quality Dashboard is being developed by Primary Care to provide initial information to the National Director on the quality and safety of services within Primary Care. The information within the dashboard is collected within the framework for the National Standards for Safer Health Care that has been rolled out with the support of the national division over the last year.

The dashboard will be used by the National Director and the Chief Officers at Performance Meetings and will support accountability and provide assurances around the safety of primary care services. The dashboard can also be used as a performance assurance tool at CHO level as well as at the next level of management (old ISA areas).

The dashboard contains 4 National KPIs and 5 KPIs adapted from the National KPIs that were deemed collectable by the CHOs. In addition it consists of 25 other questions related to quality and safety to support the performance monitoring and assurance process. The dashboard has just gone live the first week of May and the information will be discussed at the May performance meetings. This dashboard is in its infancy and the information will need to be proofed for accuracy with the COs. Whilst the KPIs can be analysed for trends the remaining 25 questions will be primarily used for assurance and can change and adapt as required according to the National Directors priorities. Work is ongoing with the CHOs to strengthen the dashboard.

Access

Community Intervention Teams – total activity (includes OPAT provided by CITs) (Expected Activity YTD 9,707)

- 1,535 May 2015, 1,203 May 2014 (27.6% increase) (332)
- 7,415 YTD 2015, 5,975 YTD 2014 (24.1% increase) (1,440)
- 1,535 May 2015, 1,480 April 2015 (3.7% increase) (55)
- YTD variance from expected activity -23.6% (2,292)

Currently CIT services are available in all CHOs with the exception of CHO 1. May 2015 figures show the overall number of referrals have increased versus the same period in 2014 by 27.6% (332 patients). There has been an increase of 55 patients seen on the April figures. An additional 154 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services

Activity YTD has increased 24.1% compared with same period 2014 (Jan-May 2015 – 7,415; Jan-May 2014 – 5,975), however, it is below the target of 9,707 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/Hospital Wards/Units (excluding OPAT) have increased by 8.4%, a 55.9% increase in GP referrals, community referrals increased by 62%, and OPAT referrals increased by 60.6%).

The National Clinical Lead and Programme Manager for the CIT OPAT Programme has met with management and clinicians in a number of hospitals in the Greater Dublin area to update them on their use of the CIT OPAT Programme and to encourage referrals to the service.

A Hospital Liaison Nurse has been made available to Naas General Hospital, Our Lady of Lourdes and Navan to facilitate referrals from these sites.

Community Intervention Teams – Total Activity	Activity May 2015	Activity YTD 2015
Admission Avoidance	53	257
Hospital Avoidance	924	4,232
Early Discharge	307	1,630
Other	251	1,296
Total	1,535	7,415

Note: OPAT delivered by a CIT nurse is included both in the target and activity figures. OPAT delivered by a private provider is not included in either target or activity figures.

GP Activity – number of contacts with GP out of hours (Expected Activity YTD 396,925)

- 86,966 May 2015, 79,128 May 2014 (9.9% increase) (7,838)
- 420,720 YTD 2015, 409,822 YTD 2014 (2.7% increase) (10,898)
- 86,966 May 2015, 80,943 April 2015 (7.4% increase) (6,023)
- YTD variance from expected activity 6.0% (23,795)

The GP out of hour's service has not yet been mapped to CHOs. All services are performing above expected activity with Kdoc 20.9% above expected activity YTD (26,054 contacts, EA 21,544) and 15.5% (3,493 contacts) higher then same period 2014 (Jan-May) 22,561.

GP OOHs is a demand led service and activity levels are subject to external influences.

GP Out of Hours Service Review

The first meeting of the project group has taken place. The project plan has been developed and approved and work is progressing in respect of the following areas:

- Status report regarding the implementation of the recommendations in the report of the National Review of GP Out of Hours Services, 2010
 - Access and Coverage
 - Quality
 - Activity
 - Value for Money
 - Governance
 - Optimal Service Delivery Model
-

PCT – Primary Care Teams (Expected Activity YTD 485)

- 222 May 2015 / YTD, 323 May 2014 / YTD
- 222 May 2015, 275 April 2015
- YTD variance from expected activity

All CHOs are performing under target with CHO 4, 5 and CHO 8 significantly under target at -55.7%, -52.7% and -70.8% respectively. CHO 3 is the only CHO reporting on target with 41 teams in place 100%. The data reported excludes CHO 2.

Primary Care Teams are considered operational once GPs are attending the clinical team meetings. The non engagement of GPs at these meetings is reflected in the reduced numbers of teams reported in operation.

No. of patient referrals for a physiotherapy service (Expected Activity YTD 78,185)

- 15,731 May 2015, 16,224 May 2014 (-3% decrease) (493)
- 79,673 YTD 2015, 77,428 YTD 2014 (2.9% increase) (2,245)
- 15,731 May 2015, 16,529 April 2015 (-4.8% decrease) (798)
- YTD variance from expected activity 1.9% (1,488)

CHO 6 had 5,051 patient referrals against a YTD expected activity of 4,318 (17%)

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 66,797)

- 13,273 May 2015, 14,315 May 2014 (-7.3% decrease) (1,042)
- 64,777 YTD 2015, 66,591 YTD 2014 (-2.7% decrease) (1,814)
- 13,273 May 2015, 12,974 April 2015 (2.3% increase) (299)
- YTD variance from expected activity -3.0% (2,020)

CHO 6 saw 4,079 new patients for assessment YTD against an expected activity of 3,473 (17.4%). CHO 4 is reporting at -13.5% with 10,132 new patients seen against expected activity of 11,716.

No. of patients treated by the physiotherapy service in the month (Expected Activity 34,993)

- 35,573 May 2015/YTD, 36,096 May 2014/YTD (-1.4% decrease) (523)
- 35,573 May 2015, 35,204 April 2015 (1.0% increase) (369)
- YTD Variance from expected activity 1.7% (580)
- YTD variance same as monthly variance, point in time metric

CHO 4 treated 4,926 patients in May against expected activity of 5,646 (-12.8%)

No. of face to face contacts/visits by physiotherapy service (Expected Activity 323,237)

- 64,333 May 2015, 67,181 May 2014 (-4.2% decrease) (2,854)
- 314,654 YTD 2015, 323,307 YTD 2014 (-2.7% decrease) (8,653)
- 64,333 May 2015, 63,498 April 2015 (1.3% increase) (835)
- YTD variance from expected activity -2.7% (8,583)

CHO 3 reported 21,008 face to face contacts YTD against expected activity of 25,241 (-16.8%)

The % of referrals seen for a physiotherapy assessment within 12 weeks (Target YTD 80%)

Physiotherapy metrics are under development and sufficient data was not available in the May performance cycle to provide a national view. Data gaps in North Cork, North Lee, South Lee, West Cork, South Tipperary, Dublin North, Dublin North Central and Dublin North Central. CHO 4 is working with a contractor on a data collection system to support metric reporting.

No. of patients treated by the occupational therapy service in the month (Expected Activity 19,811)

- 19,868 May/YTD 2015, 20,498 May 2014/YTD (-3.1% decrease) (630)
- YTD variance from expected activity 0.3% (57)
- YTD variance same as monthly variance, point in time metric

There were 7,182 referrals to occupational therapy in May 2015, a reduction of 157 (-2.1%) from May 2014 (7,339). Due to a data gap in March 2015 returns (Mayo) a direct comparison with 2014 is not available. However based on the returns received to date there have been 37,111 referrals against the same period 2014 of 35,653, which is a 4.1% (1,458) increase on 2014.

In May 2015, 7,117 patients were seen for assessment, which is an increase of 2% (131) on May 2014 (6,986). Due to a data gap in March 2015 returns (Mayo) a direct comparison with 2014 is not available. However based on the returns received to date 35,515 patients have been assessed which is a 2.5% (866) increase on Jan-May 2014 (34,649).

The % of referrals seen for an occupational therapy assessment within 12 weeks (Target YTD 80%)

Occupational therapy metrics are under development and sufficient data was not available in the May performance cycle to provide a national view. Data gaps in Kerry, North Cork, North Lee, South Lee, and West Cork. CHO 4 is working with a contractor on a data collection system to support metric reporting.

Social Inclusion

The number of clients in receipt of opioid substitution treatment (outside of prison) (Expected Activity 9,400 Monthly)

- 9,443 May 2015 / YTD, 9,272 May 2014 / YTD (2% increase) (171)
- Variance from expected activity 0% (43)

9,443 patients received opioid substitute treatment (excluding prisons) for the May reporting period which includes (4,004) patients being treated by 346 GPs in the community.

Opioid substitute treatment was dispensed by 638 pharmacies catering for 6,470 patients for the reporting period.

No. of clients in receipt of opioid substitution treatment (prisons) (Expected Activity 490)

- 523 May 2015 / YTD, 488 May 2014 / YTD (7.1% increase) (35)
- Variance from expected activity 7% (33)

Primary Care Reimbursement Service Quality

88% of properly completed Medical/GP Visit Card applications were processed within the 15 day turnaround (Target YTD 90%)

- 88% May 2015 (7,916 applications/6,950 processed), 83% May 2014 (5% increase)
- 88% May 2015 (7,916 applications/6,950 processed), 85% April 2015 (4,489 applications/3,819 processed) (3% increase)

The applications waiting longer than greater than 3 months are receiving priority attention at the National Medical Card Unit, with additional staff assigned to deal with the issue. An ICT solution is required for some applications and this will be available by the 16th July 2015. It is expected that the backlog will be cleared by the end of July 2015.

Access

The number of persons covered by Medical Cards (Expected Activity YTD 1,757,380)

- 1,733,639 May 2015/YTD, 1,790,438 May 2014/YTD (-3.2% decrease) (56,799)
- 1,733,639 May 2015, 1,741,333 April 2015 (-0.4% decrease) (7,694)
- YTD variance from expected activity -1.4% (23,741)

Of the total number of persons covered by a medical card, 87,207 people were covered by a discretionary medical card.

No. persons covered by Medical Cards					
	Jan	Feb	Mar	Apr	May
National 2013	1,855,797	1,857,833	1,864,320	1,870,096	1,873,015
National 2014	1,840,760	1,826,578	1,799,103	1,800,182	1,790,438
National 2015	1,766,432	1,758,050	1,751,883	1,741,333	1,733,639
Expected Activity 2015	1,777,380	1,772,380	1,767,380	1,762,380	1,757,380

No. persons covered by discretionary Medical Cards					
	Jan	Feb	Mar	Apr	May
National 2013	62,445	61,417	60,976	60,144	59,012
National 2014	50,505	50,009	49,596	50,375	52,232
National 2015	78,932	81,265	83,450	85,396	87,207

The number of persons covered by GP Visit Cards (Expected Activity YTD 146,546)

- 164,087 May 2015/YTD, 134,130 May 2014/YTD (22% increase) (29,957)
- 164,087 May 2015, 162,240 April 2015 (1.1% increase) (1,847)
- YTD variance from expected activity 12.0% (17,541)

The target for 2015 was set inclusive of all children aged under 6 years becoming eligible for a GP visit card in April 2015. It is currently anticipated that these children will have eligibility for GP visit cards from July 2015. Of these 39,468 were covered by a discretionary GP Visit card.

No. persons covered by GP Visit Cards

	Jan	Feb	Mar	Apr	May
National 2013	130,301	130,169	128,589	128,812	128,180
National 2014	125,930	124,512	120,981	125,166	134,130
National 2015	160,276	160,004	161,054	162,240	164,087
Expected Activity 2015	146,546	146,546	146,546	146,546	146,546

No. persons covered by discretionary GP Visit Cards

	Jan	Feb	Mar	Apr	May
National 2013	16,347	17,230	17,476	18,409	19,186
National 2014	27,204	28,301	29,080	29,841	31,565
National 2015	35,776	36,874	38,293	38,969	39,468

Summary of Movement in Medical Cards

Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of May 2015	1,733,639
Net decrease	-35,061
Entirely new medical cards issued/upgraded	47,246
Medical cards reinstated	32,254
Medical cards not renewed or deemed ineligible	-102,778
Medical cards where eligibility moved to GP Visit	-11,782
Reconciliation	-1
Net decrease	-35,061

Summary of Removals in Medical Cards

Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	83,521 ¹⁴
Full response, no longer eligible	7,690
Deceased	9,588
Removed by GP	1,979
Total	102,778

Summary of Movement in GP Visit Cards

Movement in GPVCs	
GP Visit Cards as of 1 January 2015	159,576
GP Visit Cards at the end of May	164,087
Net increase	4,511
Entirely new GP Visit Cards issued	19,963
GP Visit Cards reinstated	6,914
GP Visit Cards not renewed or deemed ineligible	-11,456
GP Visit Cards where eligibility moved to Medical Card	-10,908
Reconciliation	-2
Net increase	4,511

¹⁴This is a year to date figure for the number of review requests sent to clients where no response has been received. The monthly breakdown is as follows: Jan = 11,234, Feb = 19,004, Mar = 16,164, April = 19,422, May = 17,697
A significant proportion of these clients subsequently reapply and this activity can be seen in the volumes for reinstated cards which runs at 32,254 YTD.

Finance

Primary Division (Incl. Primary Care, PCRS & Local Schemes)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
CHO 1	82,533	35,953	34,006	1,947	6%
CHO 2	88,881	38,126	36,763	1,363	4%
CHO 3	71,937	30,219	29,772	447	2%
CHO 4	117,562	49,632	48,689	942	2%
CHO 5	81,853	34,400	33,976	424	1%
CHO 6	53,639	22,853	22,131	722	3%
CHO 7	138,381	59,696	57,439	2,257	4%
CHO 8	105,578	44,025	43,622	404	1%
CHO 9	113,185	47,957	47,117	840	2%
Regional	52,152	20,668	21,636	(968)	-4%
National	37,622	4,511	11,517	(7,006)	-61%
Sub Total	943,323	388,041	386,668	1,373	0%
PCRS	2,268,108	963,337	928,676	34,661	4%
DLS	218,344	95,270	90,542	4,728	5%
Sub Total PCRS & DLS	2,486,452	1,058,607	1,019,218	39,389	4%
Total Primary Care Division	3,429,774	1,446,648	1,405,887	40,762	3%

Primary Care (incl. Multi Care)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
CHO 1	74,555	32,571	30,703	1,868	6%
CHO 2	77,599	33,423	32,095	1,327	4%
CHO 3	52,215	21,935	21,613	322	1%
CHO 4	95,269	40,297	39,445	852	2%
CHO 5	72,793	30,652	30,231	421	1%
CHO 6	50,443	21,516	20,809	708	3%
CHO 7	69,965	31,264	29,002	2,262	8%
CHO 8	97,305	40,710	40,194	516	1%
CHO 9	68,506	29,209	28,493	717	3%
Regional & National	87,964	24,575	32,650	(8,074)	-25%
Total	746,614	306,153	305,235	918	0%

Local Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Local Schemes	218,344	95,270	90,542	4,728	5%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Medical Cards	1,660,825	701,366	689,699	11,666	2%
Drug Payment Scheme	70,475	27,580	30,641	(3,061)	-10%
Long Term Illness Scheme	117,390	71,451	45,077	26,374	59%
High Tech	197,226	90,947	81,440	9,508	12%
Dental Treatment Services	75,981	29,146	32,198	(3,052)	-9%
Health Amendment Act	1,677	714	657	57	9%
Community Ophthalmic Scheme	32,182	12,404	12,583	(179)	-1%
Methadone Treatment	19,946	8,514	8,311	203	2%
Childhood Immunisation	8,449	2,557	3,517	(960)	-27%
Doctors Fees/ Allowances	8,037	990	1,531	(541)	-35%
Hardship	13,500	5,598	5,623	(25)	0%
OPAT	7,000	2,142	2,919	(777)	-27%
Oncology Drugs / Medicines	11,500	4,387	4,794	(407)	-8%
HEP C Drugs & Medicines	33,924	3,829	5,521	(1,692)	-31%
ADHD	9,996	1,712	4,165	(2,453)	-59%
Total	2,268,108	963,337	928,676	34,661	4%

Financial Commentary

The Primary Care Division (PCD) spent €1.447b versus a budget of €1.406b in the period ending 31st May showing a negative variance of €40.762m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (LS) the core PCD service deficit is €1.373m. The primary drivers of this core deficit are pay and staffing pressures in addition to a growing number of complex paediatric cases.

PCRS and Local Schemes are showing a combined deficit of €39.389m at the end of May 2015.

The main expenditure drivers within Local Schemes are hardship, drug refund and high tech medicines which represent 98% of the overall year to date deficit. The PCRS deficit is being driven by expenditure in long term illness €26.4m, high tech medicines €22.1m with small offsetting surpluses in a number of other areas including dental treatment and fees and allowances. The PCRS and Local Schemes represent a number of expenditure headings which, due to their legal or technical nature, were prepared on an agreed basis in NSP2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision.

Although the spend is over budget for the four months ended May 2015, there will be close monitoring and attention paid to emerging cost pressures with the necessary actions being taken if the budgetary situation does not improve. Given the potential year end deficit indicated by the year to date figures all CHO areas are working on implementing plans to address the potential over spend at year end.

Service Level Arrangements Position as at 29th June 2015

Primary Care 2015 Service Arrangements are completed for 69 out of 231 (9.1%)
 2015 Service Arrangements are completed for €769m out of €33,663m (29.9%)

Social Inclusion 2015 Service Arrangements are completed for 167 out of 479 (34.9%)
 2015 Service Arrangements are completed for € 23,379 out of €69,345m (33.7%)

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	10,180
	Direct Staff Indicative workforce number	10,344
	Direct Staff WTE Indicative workforce number Variance	-164
	Direct Staff WTE Indicative workforce number Variance %	-1.59%
Funded Indicative workforce number		
	2015 Development posts	37
	pre-2015 Development posts	282
	pre-2015 Development posts filled	265
	% pre-2015 Development posts filled	94.1%
	Direct Staff Headcount	12,121
	Absence rates ¹⁵ – Medical Dental	1.55%
	Absence rates –Nursing	4.90%
	Absence rates Health and Social Care professionals	2.80%
	Absence rates –Management Admin	4.24%
	Absence rates –General Support Staff	5.00%
	Absence rates - Other Patient & Client Care	5.44%
	Absence rates - Overall	4.56%

¹⁵ Absence rates are reflective of all Community Healthcare



Palliative Care



Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and management of pain and other physical, psychosocial and spiritual problems. In recent years, the scope of palliative care has broadened and includes not only cancer related diseases but also supporting people through non-malignant and chronic illness.

The HSE continues to work towards the implementation of the recommendations contained in national policy and strategic documents. In 2015 engagement will continue with the voluntary providers and the Irish Hospice Foundation to address the gaps identified in service provision.

The Integrated Care Programmes (ICPs) are core to operational delivery and reform. Palliative Care recognises the potential for the ICPs to improve integration of services, access and outcomes, and commits to actively supporting the development and implementation of the priority work streams of the five ICPs in 2015.

Palliative Care Balanced Score Card

Access		Target YTD	YTD	% Var YTD
Community Home Care	% of patients provided with a service in their place of residence within 7 days	95%	87%	-9%
	No of patients in receipt of specialist palliative care in the community	3248	3158	-3%
Inpatient waiting times	% of patients admitted within 7 days of referral	98%	97%	3%
Day Care		349	366	5%
Paediatric Services	No of children in care of the Children's Outreach Nursing services	320	370	16%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€29,537	€29,433	-€105 0%
	Pay (excl superannuation pay)	€14,903	€14,865	-€37 0%
	Pay – Agency	€505	€640	€135 27%
	Pay – Overtime	€298	€308	€9 3%
	Non Pay (including procurement savings)	€18,043	€18,212	€169 1%
	Income	-€3,951	-€4,090	-€140 4%
Service Arrangements	% of 2015 Service Arrangements signed	100%	44(29.5%)	70.50%
	€ value of 2015 Service Arrangements signed	100%	€3,379 (5.6%)	94.40%
Human Resources		Target YTD	YTD	% Var YTD
Absence¹⁶	% absence rates by staff category	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%

Data note

38 acute hospitals provide a specialist palliative care service. Of these

- 15 hospitals (39%) made a data return in May, and 23 hospitals (61%) did not.
- 22 hospitals (58%) have ever made a data return. 7 hospitals that have previously made a data return did not do so in May.
- 16 (42%) hospitals have never made a data return.

¹⁶ Absence rates are reflective of all Community Healthcare

Palliative Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days (95%)	87%	98%	93%	87%	92%	99%	73%	72%	93%	69%
	Community Home Care - No of patients in receipt of specialist palliative care in the community (3,248)	3158	352	386	351	475	424	240	238	452	237
	Inpatient waiting times - % of patients admitted within 7 days of referral (98%)	98%	90%	100%	100%	100%	100%	92%	100%		93%
	Day Care - No of patients in receipt of specialists palliative day care services (349)	366	14	47	30	133		36	35		71
	Paediatric Services - No of children in care of the Children's Outreach Nursing services (320)	370	14	22	29	28	40	14	146	48	29
Finance	% variance – from budget	0%	1%	3%	0%	1%	-2%	-13%	-2%	-3%	0%
	% variance – Pay	0%									
	% variance – Pay (Agency)	27%									
	% variance – Pay (Overtime)	3%									
	% variance – Non pay (including procurement savings)	1%									
	% variance – Income	4%									
	% of SA signed (100%)	29.50%									
	% value of SA signed (100%)	5.60%									
HR¹⁷	% absenteeism rate - Medical/Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.405	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate – Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.845	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care Professional	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%

Performance RAG Rating

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

Finance RAG Rating

- Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 0.5% of target
 Green ● < 0.25% of target

HR – Absence

- Red ● ≥ 4.73%
 Amber ● ≥ 4.02% < 4.73%
 Green ● < 4.02%

HR – Indicative workforce number

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

¹⁷ Absence rates are reflective of all Community Healthcare

Palliative Care Update

Quality

The % of patients provided with a specialist palliative care service in their place of residence within 7 days (Target 95%)

- 87.3% (644 of 738) May 2015, 85.0% (631 of 742) (May 2014) (2% increase) (13)
- 85.5% (3,280 of 3,791) YTD 2015, 87.8% (3,294 of 3,751) YTD 2014 (-0.4% decrease) (14)
- 87.3% (644 of 738) May 2015, 86.9% (714 of 821) April 2015. (9.8% decrease) (70)
- YTD variance from target -9% (321)

Two CHOs are performing well against target i.e. CHO's 1 & 5 (98% & 99% respectively) and have surpassed or met the national target. Seven CHO's (CHO 2 (93%), 3 (87%), 4 (92%), 6 (73%), 7 (72%), 8 (93%),& 9 (69%)) did not reach the target. Two of these CHO's (CHO 2 & 3) have made significant progress towards reaching the target while also increasing their numbers of patients seen within 7 days since the April reporting period. Six LHO's have made significant improvements since the April reporting period while also increasing their numbers of patients seen within 7 days. (Donegal, Clare, North Tipp, North Lee, Waterford and Kildare West Wicklow)

CHO 3: The service has indicated that there is an issue with the interpretation of the metric definition i.e. the date of acceptance of referral has been recorded instead of the date the patient is ready to receive a visit - some patients may wish to defer the first visit from the homecare team. The service has agreed to undertake a review and resubmit data since Jan 2015.

CHO 9: The service is experiencing staffing difficulties i.e. (sick leave and maternity leave) and efforts are being made to address this.

A target of 95% has been set for 2015 – an increase from the 82% target set in 2014. It is acknowledged that some areas have staffing issues and do not have capacity to reach the higher target set for 2015. Additional staff resources have been allocated, through NSP2015, but it will take some months for these posts to come on stream.

The posts have been allocated to areas in which service pressures had been identified as follows:

- CHO 4: 1 CNS for North Lee
- CHO 5: 1 CNS for Waterford - competition underway
- CHO 6: 1 CNS each for Wicklow and Dublin South/South East: recruitment process commenced
- CHO 7: 1 CNS each for Dublin West and Dublin South West: recruitment process commenced
- CHO 9: 2 CNS for Dublin North/North West/North City - nurses to commence in July and September

A second Palliative Medicine Consultant will be appointed to Community/Homecare in the Midlands.

The % of patients admitted to a specialist palliative care inpatient bed within 7 days of referral (Target 98%)

- 97.8% (274 of 280) May 2015, 97.6% (249 of 255) May 2014 (10.0% increase) (25)
- 97.2% (1377 of 1417) YTD 2015, 96.3% (1156 of 1200) YTD 2014 (19.1 % increase) (221)
- 97.8% (274 of 280) May 2015, 97.0% (293 of 302) April 2015 (6.5% decrease) (19)
- YTD variance from target 3.4% increase (45)

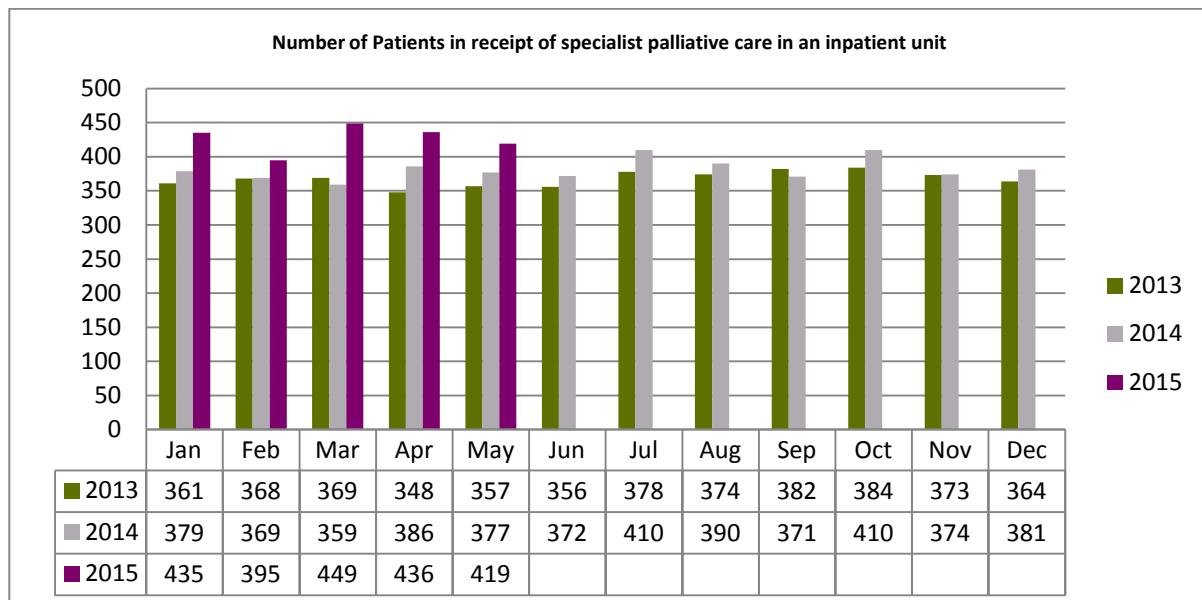
5 CHOs are performing well against target i.e. CHO's 2, 3, 4, 5& 7 and have surpassed the national target recording 100% productivity.

Access

The number of patients in receipt of a specialist palliative care service in an inpatient bed (Expected Activity 445 monthly)

- 419 May 2015, 377 May 2014 (11% increase) (42)
- 419 May 2015, 436 April 2015, (4% decrease) (17)
- YTD variance from expected activity -6% (26)

The numbers of patients receiving specialist palliative care treatment in an inpatient has increased by 11% (42) compared to the same period in 2014.



Referral (Location prior admission)

Acute Hospital 38% (May) YTD 45%.
 Patients Home 53% (May) YTD 52%.
 Other 3% (May) YTD 3%.

Diagnosis

Cancer 85% (May), YTD 87%
 Non Cancer 15% (May) YTD 13%

Age category

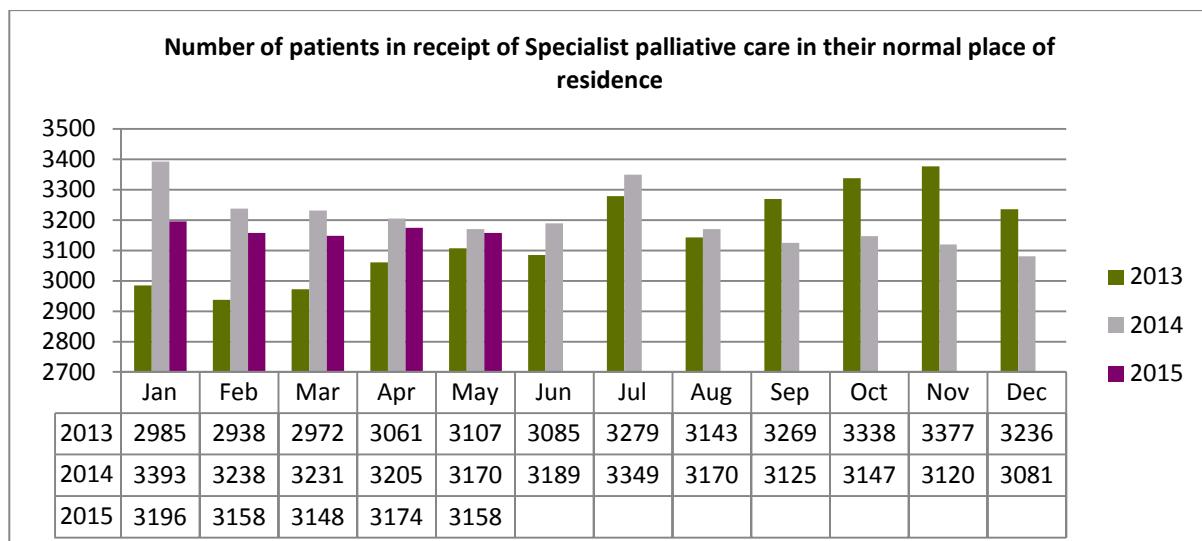
0-17 - <1%
 18-65 -32%
 65+ - 67%

Comparisons YTD show that there are greater numbers of patients accessing the service through referral from an acute hospital (457 YTD 2014, 498 YTD 2015, (9% increase) (41)).

The number of patients in receipt of a specialist palliative care service in the community (Expected Activity 3,248 monthly)

- 3,158 May 2015, 3170 May 2014 (-0.4% decrease) (12)
- 3,158 May 2015, 3,174 April 2015 (0.5% increase) (16)
- YTD variance from expected activity -2.7% (90)

The numbers of patients receiving specialist palliative care treatment in their place of residence (home, nursing home, non acute hospital) has decreased by 0.4% (12) compared to the same period in 2014.

**Diagnosis**

Cancer 68% (May) YTD 69%
Non Cancer 32% (May) YTD 31%

Age Category

0-17 - <1% (May) YTD <1%
18-65 - 19% (May) YTD 19%
65+ - 80% (May) YTD 80%

The number of children in care of the Children's Outreach Nursing services (Expected Activity 320 Monthly)

- 370 May 2015, 302 May 2014 (22.5% increase) (68)
- 370 May 2015, 366 April 2015 (1% increase) (4)
- YTD variance from expected activity is a 16% increase (50)

All CHOs are performing above target i.e. children's palliative care services are meeting expected activity.

Total number of new patients by diagnostic category (cancer/non cancer) in inpatient units

- 190 cancer, 27 non cancer May 2015. 190 cancer, 33 non cancer April 2015.

The percentage of patients with a non cancer disease being treated in an inpatient setting has increased steadily since 2010. In 2010 the ratio was 93% cancer to 7% non cancer. May 2015 YTD the ratio was cancer 87% (962) to non cancer 13% (146). This is a percentage increase on the same period YTD 2014, 88% cancer (869) to 12% non cancer (116).

Total number of new patients by diagnostic category (cancer/non cancer) in the community

- 501 cancer, 237 non cancer May 2015. 555 cancer, 266 non cancer April 2015.

The percentage of patients with a non cancer disease being treated in their normal place of residence has increased steadily since 2010. In 2010 the ratio was 83% cancer to 17% non cancer. May 2015 YTD the ratio was 69% cancer (2622) to 31% non cancer (1169). This is a percentage increase on the same period YTD 2014 of 72% cancer (2710) to 29% non cancer (1045) 28%.

Finance

Palliative Care Services	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	5,783	2,431	2,395	36	1%
CHO 2	5,164	2,198	2,136	62	3%
CHO 3	11,639	4,825	4,815	10	0%
CHO 4	8,124	3,417	3,382	34	1%
CHO 5	1,281	522	530	(9)	-2%
CHO 6	644	232	266	(34)	-13%
CHO 7	22,831	9,332	9,505	(173)	-2%
CHO 8	4,535	1,813	1,877	(64)	-3%
CHO 9	10,278	4,331	4,325	6	0%
Regional & National	1,317	331	305	27	9%
Total	71,597	29,432	29,537	(105)	0%

Service Level Arrangements as at 29th June 2015

2015 Service Arrangements are completed for 100 out of 154 (64.9%)

2015 Service Arrangements are completed for €4,505m out of €60,491m (7.4%)



Mental Health Services



Mental Health Services

The vision for Mental Health Services is to support the population to achieve their optimal mental health through the following key priorities:

- Ensure that the views of service users, family members and carers are central to the design and delivery of Mental Health services.
- Design integrated, evidence based and recovery focused Mental Health services.
- Deliver timely, clinically effective and standardised safe Mental Health services in adherence with statutory requirements.
- Promote the mental health of the population in collaboration with other services and agencies including reducing loss of life by suicide.
- Enable the provision of Mental Health services by highly trained and engaged staff with a fit for purpose infrastructure.

Mental Health Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Responsive Services	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units	>95%	69%	-28%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by			
	- General Adult Teams	>90%	92%	2%
	- Psychiatry of Old Age Teams	>99%	98%	-1%
	- Child and Adolescent Community mental Health Teams	>78%	79%	1%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by			
	- General Adult Teams	>75%	74%	-2%
	- Psychiatry of Old Age Teams	>95%	94%	-2%
	- Child and Adolescent Community Mental Health Teams	>72%	59%	-18%
Access		Target YTD	YTD	% Var YTD
CAMHS	Reduction in the number of children and adolescents on waiting lists to be seen by Community CAMHS teams			
	Target: Overall reduction of >/=5% (with a particular focus on the elimination of waiting lists of greater than 12 months)			
	Total no. to be seen	2,632	3,110	18%
	Total no. to be seen (0-3 months)	1,153	1,381	20%
	Wait List (i.e. those waiting >3 months)	1,479	1,729	17%
	No. on waiting list for first appointment at end of each month by wait time			
	i) 3-6 months	534	693	30%
	ii) 6-9 months	331	434	31%
	ii) 9-12 months	614	219	-64%
	iv) >12 months	0	383	>100%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€308,439	€309,082	€643 0%
	Pay (excl superannuation pay)	€250,528	€249,337	-€1,192 0%
	Pay – Agency	€6,865	€12,261	€5,396 79%
	Pay – Overtime	€6,252	€7,578	€1,326 21%
	Non Pay (including procurement savings)	€65,636	€67,083	€1,447 2%
	Income	-€8,164	-€7,762	€402 -5%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	33(16.9%)	83.10%
	€ value of 2015 Service Arrangements signed	100%	€920(1.6%)	98.40%
Human Resources		Target YTD	YTD	Var TYD
Absence¹⁸	% absence rates by staff category	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%

¹⁸ Absence rates are reflective of all Community Healthcare

Human Resources		Target YTD	YTD	Var YTD
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing levels	Variance from Indicative workforce	9,262	9,342	80(0.86%)
EWTD Compliance	EWTD - <24 hour shift	100%	91%	9%
	EWTD - <48 hour working week	100%	94%	6%
		National Result	Performance	
Engagement Score	% Involvement	64%	67%	
	% Loyalty	56%	51%	
	% Alignment	51%	30%	
	% Overall Engagement Score	57%	49%	

Data note

- Activity data contains a data gap of 1.4% as there were 204 returns out of 207

The three teams that didn't return data this month are:

- GAMHT – Kanturk – 6th month in a row no data return - Area Manager's Office following up
- GAMHT – Drimnagh - Data Contact has just commenced Maternity Leave and replacement person is awaited
- CAMHS – Waterford – Consultant has left the CAMHS Department and service being reviewed

Performance RAG Rating

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

Finance RAG Rating

Red	● 0.5% > of target
Amber	● ≥ 0.25% < 0.5% of target
Green	● < 0.25% of target

HR – Absence

Red	● ≥ 4.73%
Amber	● ≥ 4.02% < 4.73%
Green	● < 4.02%

HR – Indicative workforce number

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

Mental Health Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Admissions of children to adult MH units	69%									
	General Adult Community MHT's - offered appointment within 12 weeks		83%	93%	96%	Data Gap	99%	99%	Data Gap	93%	87%
	Psychiatry of Old Age MHT's - offered appointment within 12 weeks	98%	96%	100%	100%	90%	100%	100%	99%	99%	100%
	CAMHS offered appointment with 12 weeks	79%	72%	92%	85%	69%	88%	67%	78%	82%	71%
	General Adult Community MHT's - offered appointment and seen within 12 weeks		68%	83%	73%	Data Gap	91%	77%	Data Gap	68%	60%
	Psychiatry of Old Age MHT's - offered appointment and seen within 12 weeks	94%	93%	93%	100%	67%	100%	99%	98%	93%	98%
	CAMHS offered appointment and seen with 12 weeks	59%	66%	86%	85%	61%	77%	52%	68%	66%	61%
Access	Total no. to be seen	3,110	448	37	386	627	188	494	416	280	234
	Total no. to be seen (0-3 months)	1,729	254	9	261	385	120	209	231	130	130
	Wait List (i.e. those waiting >3 months)	1,381	194	28	125	242	68	285	185	150	104
	No. on waiting list for first appointment at end of each month by wait time										
	i) 3-6 months	693	95	5	95	126	28	137	118	56	33
	ii) 6-9 months	434	70	1	75	76	17	63	53	41	38
	ii) 9-12 months	219	37	2	30	55	19	9	25	33	9
	iv) >12 months	383	52	1	61	128	56	0	35	0	50
Finance	% variance - from budget	0%	0%	0%	0%	2%	3%	-1%	3%	1%	0%
	% variance - Pay	0%									
	% variance - Pay (Agency)	79%									
	% variance - Pay (Overtime)	21%									
	% variance - Non Pay (including procurement savings)	2%									
	% variance - Income	-5%									
	% of SA signed (100%)	16.90%									
HR ¹⁹	% value of SA signed (100%)	1.60%									
	Variance from indicative workforce number (<0%)	0.86%									
	% absenteeism rate - Medical/Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.405	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate - Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.845	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%
	EWTD % NCHD's on <24 hour shift	91%									
	EWTD % NCHD's on <48 working week	94%									

¹⁹ Absence rates are reflective of all Community Healthcare

Mental Health Update

The level of vacancies and difficulty in recruiting and retaining skilled staff poses a significant challenge to service provision, quality and access, particularly in Child and Adolescent Mental Health services.

The short term solution to this risk requires the use of agency staff and overtime. This in turn presents challenges in meeting targets in the area of finance and workforce. Even with this solution available, there is an increasing difficulty in accessing agency medical staff which is resulting in unfilled posts and consequent impacts on service delivery.

Quality

Serious Reportable Events

- Number of events reported up to May 2015 was 23 which includes 2 new SREs occurring and reported in May 2015
- At the end of May 2015, 43% of investigations were reported as compliant with 4 month timeline for investigation completion

The % of admissions of children to Child Adolescent Acute Inpatient Units (CAMHs) as a % of total number of admissions of children to Mental Health Acute Inpatient Units (Target 95%)

- 64% May 2015 (16 out of 25 admissions), 73% May 2014 (15 out of 23 admissions)
- 69% YTD 2015 (110 out of 160 admissions), 68% YTD 2014 (92 out of 135 admissions)
- 64% May 2015 (16 out of 25 admissions), 64% April 2015 (21 out of 33 admissions)
- YTD variance from target -28 %

In May, there were 25 child and adolescent acute inpatient admissions. Of these, 16 were to age appropriate CAMHs and 9 were to Adult Mental Health Inpatient Units/Approved Centres. Of these admissions, 3 (33%) were aged 17 years or older. The percentage of admissions of children to age appropriate units in May was 64% against the targeted 95%.

This represents a significant improvement from 55% in January and shows a decrease, month on month from March to May.

In 2015 to date, there had been a total of 160 children and adolescents admitted, 110 (69%) were to age appropriate CAMHs and 50 (31%) were to approved Adult Mental Health Inpatient Units. 92% (46) of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of the 50 admitted to Adult Approved Centres, 47 or 94% were 16/17 years old with 30% (15) of these discharged either the same day or within 2 days and 60% (30) within a week.

There are a range of factors which can influence the clinical decision to admit to an Adult Acute Inpatient Unit. Some of these admissions relate to a crisis admission where no adolescent bed is immediately available. Distance to the nearest CAMHs in-patient unit can also be a factor when immediate clinical assessment and treatment may be the requirement. In some cases, the presenting clinical needs of the young person (who may be nearly 18 years old) may be more appropriately assessed and treated in an adult unit.

The % of accepted General Adult Team's referrals offered first appointment within 12 weeks (Target 90%)

- 90% May 2015 (2,665 out of 2,961), 93% May 2014 (3,061 out of 3,291)
- 92% YTD 2015 (14,439 out of 15,597), 93% YTD 2014 (14,993 out of 16,122)
- 90% May 2015 (2,665 out of 2,961), 92% April 2015 (2,857 out of 3,072)
- YTD variance from target (2% increase)

The General Adult Community Mental Health Teams are performing 2% year to date above target nationally. All of the CHOs are exceeding the targets with the exception of CHO 1 (83%) and CHO 7 (86%).

However the performance issues for the underperforming teams relate to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment within 12 weeks (Target 99%)

- 98% May 2015 (805 out of 822), 97% May 2014 (842 out of 856)
- 98% YTD 2015 (3,938 out of 4,019), 97% YTD 2014 (3,798 out of 3,916)
- 98% May 2015 (805 out of 822), 100% April 2015 (764 out of 764)
- YTD variance from target (1% decrease)

In May, 98% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks. A significant outlier for this metric is CHO 4 (67%). This underperformance is arising from significant resource issues being experienced by one team.

Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted CAMHs Teams referrals offered first appointment within 12 weeks (Target 78%)

- 75% May 2015 (857 out of 1,143), 71% May 2014 (809 out of 1,139)
- 79% YTD 2015 (4,438 out of 5,618), 79% YTD 2014 (4,509 out of 5,707)
- 75% May 2015 (857 out of 1,143), 74% April 2015 (830 out of 1,122)
- YTD variance from target (1% increase)

75% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 3% below targeted performance in the month. However year to date the target is being exceeded. This slight reduction in performance is attributable to the significant focus in the month on the validation of the waiting lists. The best performing CHO is 2 (92%) with the most significant outlier for this metric being CHO 6 (67%).

Improvement in performance in CHO 6 is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted General Adult Team's referrals offered first appointment and seen within 12 weeks (Target 75%)

- 72% May 2015 (2,132 out of 2,961), 76% May 2014 (2,494 out of 3,291)
- 74% YTD 2015 (11,542 out of 15,597), 74% YTD 2014 (11,930 out of 16,122)
- 72% May 2015 (2,132 out of 2,961), 74% April 2015 (2,245 out of 3,034)
- YTD variance from target (2% decrease)

72% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks.

The best performing CHO is 5 (91%) with a significant outlier for this metric being CHO 9 (60%). CHO 9 are actively addressing the performance issues arising in the CHO but for some of the teams under performance relates to the types of resourcing issues mentioned above. A further factor in May is the significant 'did not attend' (DNA) rate of 23% in May.

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment and seen within 12 weeks (Target 95%)

- 93% May 2015 (764 out of 822), 96% May 2014 (826 out of 856)
- 94% YTD 2015 (3,778 out of 4,019), 96% YTD 2014 (2,965 out of 3,087)
- 93% May 2015 (764 out of 822), 96% April 2015 (753 out of 764)
- YTD variance from target activity (2% decrease)

In May, 93% of accepted referrals to Psychiatry of Old Age Teams nationally were seen within 12 weeks against a 95% target with a year to date position at 94%.

Performance nationally is affected by the significant outlier for this metric in CHO 4 (63%) and the 3% national DNA rate in May. The underperformance is directly related to resource issues outlined above and performance is unlikely to improve until these resourcing issues are resolved.

The % of accepted CAMHs Teams referrals offered first appointment & seen within 12 weeks (Target 72%)

- 67% May 2015 (766 out of 1,143), 67% May 2014 (763 out of 1,139)
- 59% YTD 2015 (3,314 out of 5,618), 70% YTD 2014 (3,995 out of 5,707)
- 67% May 2015 (766 out of 1,143), 68% April 2015 (763 out of 1,122)
- YTD variance from target (1% decrease)

In May 2015, 67% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 71% with YTD performance slipping behind the target of 72%.

The best performing CHO's are 2 (86%) and 3 (85%) with the significant outlier for this metric being CHO 6 (56%). This under performance relates to the types of resourcing issues mentioned above.

The national 'did not attend' (DNA) rate was 12% in May.

In May, the performance of the CAMHs Teams was impacted by the Waiting List Validation Initiative with resources focused on addressing the waiting lists over 12 months.

Access

In 2015, the National Service Plan objective for improved performance for the year is for >72% of accepted referrals to Child and Adolescent Community Mental Health Teams to be seen within three months together with an overall 5% reduction in the waiting list (2,632) combined with a position where no-one is waiting over 12 months at end December 2015.

In May, there were 1,729 children and adolescents waiting for a first appointment for longer than three months, of which 383 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the objective of offering first appointments and seeing individuals within three months is a priority for 2015. There may be a number of factors contributing to an individual waiting longer than 12 months. In the context of the CAMHs Service Improvement Project and in consultation with the CHOs locally, a validation exercise combined with analysis of those on this part of the waiting list was completed in April. A targeted waiting list initiative is ongoing focusing initially on those with more than 20 children waiting more than 12 months. A comparison of the numbers waiting in April against those for May shows that while the overall number waiting has increased by 32, the over 12 month waiting number has reduced by 76 and is now at 383.

Managing the increasing demand for CAMHs services

An analysis of the numbers waiting for Child and Adolescent Mental Health Services over the year from June 2014 to May 2015 shows a growth rate of 5.93% when compared to the number of referrals over the same period which has a growth rate of 49.39%. This comparison demonstrates the success of the Child and Adolescent Mental Health Services in managing a significant increase in demand for community mental health services and limiting the increase in the waiting list.

Waiting List numbers – change from June 2014 – May 2015 5.93%

Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
2936	2759	2627	2595	2634	2709	2869	2935	3088	3206	3078	3110

Referrals numbers change from June 2014 – May 2015 49.39%

Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
814	826	649	1250	1236	1235	1068	1190	1298	1359	1074	1216

Reduction in the number of children & adolescents waiting to be seen by Community CAMHS teams (Expected Activity 2,632)

- 3,110 May 2015, 3,029 May 2014 (3% increase) (81)
- 3,110 May 2015, 3,078 April 2015 (1% decrease) (32)
- Variance YTD from target (18% increase) (478)

The number of children & adolescents to be seen for first appointment at end of each month < 3 months (Expected Activity 1,153)

- 1,381 (44%) May 2015, 1,387 (46%) May 2014 (0.4% decrease) (6)
- 1,381 (44%) May 2015, 1,339 (44%) April 2015 (3% increase) (42)

The number of children & adolescents on waiting lists for first appointment at end of each month (Excluding < 3 months) (Expected Activity 1,479)

- 1,729 (56%) May 2015, 1,642 (54%) May 2014 (5% increase) (87)
- 1,729 (56%) May 2015, 1,739 (56%) April 2015 (0.5% decrease) (10)

The number and % of children & adolescents on waiting lists for first appointment at end of each month > 12 months (Expected Activity 0)

- 383 (12%) May 2015, 479 (16%) May 2014 (20% decrease) (96)
- 383 (12%) May 2015, 459 (15%) April 2015 (17% decrease) (76)
- Variance YTD from target activity (>100 % increase) (383)

The objective for this metric is that no team should have a child waiting longer than 12 months by the end of 2015. There are 383 (or 12% of the waiting list) individuals waiting more than 12 months for a first appointment. 63% (40) of teams have no children waiting longer than 12 months.

Of the 24 teams who have individuals waiting longer than 12 months, 13 teams comprise 82% (315) of those (383) waiting longer than 12 months. This issue is being addressed in the context of the CAMHs Service Improvement Project and in consultation with the CHOs locally. A validation exercise combined with analysis of those on this part of the waiting list has been completed and a targeted waiting list initiative is now underway focusing initially on those teams with more than 20 children waiting more than 12 months.

Outline of expected activities (by time band) for May 2015

	Outturn 2014	Expected Activity	Target	May 2015 No	% var YTD v Tgt / EA YTD	SPLY No	% var 2014 v YTD 2015
Total no. to be seen	2,869		2,632	3,110	18%	3,029	3%
Total no. to be seen (0-3 months)	1,158	1,153		1,381	20%	1,387	0%
Wait List (i.e. those waiting >3 months)	1,711	1,479		1,729	17%	1,642	5%
No. on waiting list for first appointment at end of each month by wait time							
No on CAMHS waiting list (3-6 months)	536	534		693	30%	560	24%
No on CAMHS waiting list (6-9 months)	447	331		434	31%	343	27%
No on CAMHS waiting list (9-12 months)	323	614		219	-64%	260	-16%
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	405		0	383	>100%	479	-20%

Finance

Mental Health	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
CHO 1	64,419	26,978	26,884	94	0%
CHO 2	89,869	37,131	37,141	(9)	0%
CHO 3	57,393	23,800	23,716	85	0%
CHO 4	100,161	42,327	41,655	672	2%
CHO 5	87,858	37,477	36,334	1,143	3%
CHO 6	51,808	21,339	21,488	(149)	-1%
CHO 7	70,668	30,125	29,271	853	3%
CHO 8	76,394	32,121	31,830	291	1%
CHO 9	101,159	42,190	42,092	99	0%
Regional & National	57,515	15,594	18,029	(2,435)	-14%
Total	757,244	309,082	308,439	643	0%

Financial Commentary

Mental Health services spent €309.1m in the five months ended May 2015 against a budget of €308.4m, a negative variance of €0.6m, representing 0.21 of 1%.

Pay is €1.2m under plan against a budget of €251.0m equating to 0.48 of 1%. The favorable variance in total pay is caused by significant overruns in agency and overtime pay which is being balanced by a reduction in direct pay due to an inability to hire, particularly medical posts.

Non-pay is €1.4m over plan and should come back closer to plan in subsequent months as energy costs reduce in the summer period. Income is €0.4m under plan which is due to reductions in long stay income and other income.

Given the spend is slightly over budget for the five months ended May 2015, there will be close monitoring and attention paid to emerging cost pressures as the year progresses with the necessary actions being taken if the budgetary situation does not improve. The Division forecast that it will be within budget at year end subject to the management of any increased expenditure that will arise due to the introduction of the new medical pay scales.

Service Level Arrangements Position as at 29th June 2015

2015 Service Arrangements are completed for 44 out of 200 (22%)

2015 Service Arrangements are completed for €1,715m out of €60,846m (2.8%)

Workforce Overview

Human Resource Management	
Staff levels	Direct Staff WTE 9,342
	Direct Staff Indicative workforce number 9,262
	Direct Staff WTE Indicative workforce number Variance 80
	Direct Staff WTE Indicative workforce number Variance % 0.86%
Funded Indicative workforce number	
	pre-2015 Development posts 1,144
	pre-2015 Development posts filled 883
	% pre-2015 Development posts filled 77.2%
	Direct Staff Headcount 10,152
	Absence rates ²⁰ – Medical Dental 1.55%
	Absence rates –Nursing 4.90%
	Absence rates Health and Social Care professionals 2.80%
	Absence rates –Management Admin 4.24%
	Absence rates –General Support Staff 5.00%
	Absence rates - Other Patient & Client Care 5.44%
	Absence rates - Overall 4.56%

Analysis of New Service Development Posts

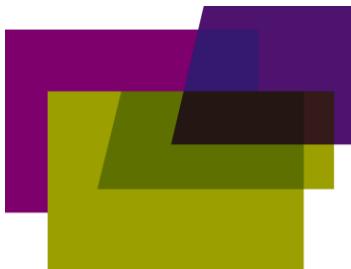
Of the 1,144 development posts for Mental Health from 2012 to 2014:

- 399.5 or 96% of the 416 development posts for 2012 have started.
- 420.5 or 88% of the 477 development posts for 2013 have started.
- Of the 251 posts allocated in 2014, 75 have been recruited of which 63 have started by 31st May 2015 and a further 78.5 are at various stages in the recruitment process.

²⁰ Absence rates are reflective of all Community Healthcare



Social Care Services



Social Care

Social Care services are focused on:

- Enabling people with disabilities to achieve their full potential including living as independently as possible, while ensuring that people are heard and involved in all stages of the process to plan and improve services.
- Maximising the potential of older people, their families and local communities to maintain people in their own homes and communities, within existing resources.

People with disabilities should have access to the supports they require to achieve optimal independence and control of their lives and to pursue activities and living arrangements of their choice.

The over-65 population is growing by approximately 20,000 each year; and the over-85 year's population is growing at a rate of 4% annually. A greater move towards primary and community services, as the principal means to meet people's home support and continuing care needs is required to address this growing demand and support acute hospital services.

Disability Services Balanced Score Card

Finance		Budget YTD €'000	Actual YTD €'000	% VarYTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€607,819	€617,666	€9,846 2%
	Pay (excl superannuation pay)	€241,482	€246,979	€5,497 2%
	Pay – Agency	€7,559	€13,577	€6,018 80%
	Pay – Overtime	€1,904	€3,062	€1,159 61%
	Non Pay (including procurement savings)	€400,676	€402,705	€2,029 1%
	Income	-€43,481	-€43,226	€254 -1%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	73 (9.7%)	90.30%
	€ value of 2015 Service Arrangements signed	100%	€29,696 (2.8%)	97.20%
Human Resources		Target YTD	YTD	% Var YTD
Absence²¹	% absence rates by staff category (M) (3.5%)	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%
Staffing levels	Variance from Indicative workforce	24,816	25,112	296 (1.19%)
		National Result	Performance	
Engagement Score	% Involvement	64%	61%	
	% Loyalty	56%	50%	
	% Alignment	51%	35%	
	% Overall Engagement Score	57%	49%	

²¹ Absence rates are reflective of all Community Healthcare

Disability Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Finance	% and € variance - from budget	2%	4%	4%	3%	1%	2%	3%	3%	4%	3%
	% and € variance - Pay	2%									
	% and € variance - Pay (Agency)	80%									
	% and € variance - Pay (Overtime)	61%									
	% and € variance - Non Pay (including procurement savings)	1%									
	% and € variance - Income	-1%									
	% of SA signed (100%)	9.70%									
	% value of SA signed (100%)	2.80%									
HR ²²	% absenteeism rate - Medical/Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.405	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate - Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.845	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care Professional	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%
	Variance from Indicative workforce	1.19%									

Performance RAG Rating

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

Finance RAG Rating

- | | |
|-------|----------------------------|
| Red | • 0.5% > of target |
| Amber | • ≥ 0.25% < 0.5% of target |
| Green | • < 0.25% of target |

HR – Absence

- | | |
|-------|-------------------|
| Red | • ≥ 4.73% |
| Amber | • ≥ 4.02% < 4.73% |
| Green | • < 4.02% |

HR – Indicative workforce number

- | | |
|-------|---------------------------|
| Red | • ≥ 1.5% of target |
| Amber | • ≥ 0.5% < 1.5% of target |
| Green | • < 0.5% of target |

²²Absence rates are reflective of all Community Healthcare

Social Care Services

Serious Reportable Events

- The total number of SREs reported up to May 2015 was 19 which includes 3 new SREs reported in May 2015.
- At the end of May 2015, 53% of investigations were reported as compliant with 4 month timeline for investigation completion.

Social Care: Disability Services

Quality

Service Updates

Áras Attracta

Recent unannounced HIQA inspection

An unannounced inspection carried out by HIQA inspectors at Áras Attracta in April 2015 found 'significant improvements' in the lives of many residents. HIQA reported that an intensive person-centred programme was now in place. Overall, the inspectors found that, in general, residents were safe and that the changes to the management structure ensured better monitoring of staff.

Update on progress of the McCoy Group

The McCoy group was set up to review and assure that the required standard of care is in place for the service users at Áras Attracta, following areas of poor practice reported in a Prime Time documentary in late 2014. The overall objective of the review is to provide assurance that the standards of care meet the needs of the service users.

The work of the group is to review reports, inspections and audits which have been carried out internally and externally and their recommendations. There have been in excess of 122 recommendations and there are more to be added. The group are analysing the recommendations based on implementation/outcomes and how the service has/will be improved.

The group are engaging with management, staff, residents and family members. Meetings are at public level and are held in groups and on individual basis; all involved have direct access to the review group and are able to outline any issues they may have and provide feedback good or bad, as well as expressing their ideas on how best they would like to see the service run in the future. To this end, a consultation workshop took place on May 6th 2015.

Questionnaires based on all the recommendation have been issued to senior management, staff, relatives of residents and GPs providing services to Áras Attracta.

The final outcome for the review group is to assure recommendations are in place and that the service has learned from them as well as ensuring that there is a safe standardised best practice environment for Áras Attracta and the wider disability services. It is planned to develop a Good Practice Handbook which can be used for the wider disability sector. The document which will be produced by this group will be the basis of a standardised learning document for the wider disability sector, which will standardise best practice throughout the sector and promote a quality safe environment.

Update on Progress of the SCD/QID Quality Improvement Enablement Teams – “Supporting Care Improvements in Residential Services for Adults with Intellectual Disabilities”

Since the March 9th 2015, the Social Care Division/Quality Improvement Division (SCD/QID) Quality Improvement Enablement Project Team assigned to this work have been progressing preliminary service visits in HSE residential services for adults with intellectual disabilities. Over 12 weeks, the teams have visited 95 houses/units comprised of 895 HIQA registered beds throughout the country.

Project Teams issue service reports detailing observations from their visits, which they discuss with the persons-in-charge at each service and then send to senior management including the CHO Chief Officer. This report identifies;

- Areas for improvement under the six key drivers for Quality Improvement
 - Leading for improvement
 - Being person centered
 - Supporting staff to improve
 - Delivering safe, effective, best value care
 - Measuring and learning for improvement
 - Governing for quality and safety
- Priority actions for improvement, as agreed with the services;
- Areas of good practice; and
- Any other critical information relating to the service visit.

All services are requested to establish quality teams to address areas identified for improvement, and in line with their HIQA Quality Improvement Plan (QIP). Further visits will be made to services once all initial preliminary HSE service visits have been completed.

In addition, the SCD/QID Project Team is progressing a number of initiatives to provide support and assistance to services. The following supports have been put in place to date:

- Validation of data regarding the number of units/houses and adult residents in ID residential services. This provides up-to-date, meaningful information for managers.
- Assistance to services with identifying priority areas for improvement, and in certain cases provided support, tools and resources to assist them with progressing initiatives locally.
- Two sub-groups have been established, led by project team members from the Social Care division, to progress identified key priorities over the next two months.
 - A Technical Advisory Group has been established to develop a SCD/QID Toolkit for quality and service improvements for adult ID residential services, to be completed in July. As part of this, the group will source and assess models of good practice to support the six drivers of Quality Improvement, including tools/resources that are currently being used in residential services for adults with ID. It will include, for example, guidance on HIQA self-assessment and addressing HIQA QIP; leadership and governance structures to support quality; samples of relevant person-centred documentation; and resources for engaging with staff and service users
 - A Medication Management Group has been established to prepare a position paper on areas for improvement in medication management based on the preliminary service visit observations. The National Lead for Medication Management, has agreed to work with Disability Services in moving this forward.
- Engagement with other divisions nationally and locally to provide the necessary organisational support for services i.e. Disability Nursing, the Office of Nursing and Midwifery Services Director, and Performance & Development.

Access

No. of rehabilitative training places provided (all disabilities) (Expected Activity 2,583)

- 2,583 May 2015 / YTD 2015, (2,583 May 2014)
- 2,583 April 2015

As seen from the analysis, the number of rehabilitative training places is exactly on target YTD. All CHOs are performing on target.

Rehabilitative training (training that is not linked to the labour force) and sheltered work are coordinated by the HSE. Rehabilitative training and sheltered work is provided largely in:

- Accredited training centres that are run by the HSE or by service providers contracted by the HSE
- Designated sheltered workshops

Rehabilitative training focuses on the development of an individual's life skills, social skills and basic work skills with the objective of enhancing the trainee's quality of life and general work capacity. The HSE has appointed Directors of Disability Services who are responsible, among other things, for the delivery of rehabilitative training services. The HSE have teams of guidance counsellors who offer information, advice and guidance on HSE training and sheltered work services.

No. of people (all disabilities) in receipt of rehabilitative training (Expected Activity 2,870)

- 2,885 May 2015 / YTD 2015, 2,855 May 2014 / YTD 2014 (1% increase) (30)
- 2,885 May 2015, 2,891 April 2015 (0.2% decrease) (6)
- YTD variance from expected activity 1% (15)

Overall performance is slightly above target. The following CHOs are performing above target CHO 1 (2%), CHO 2 (1%), CHO 4 (3%), CHO 6 (2%) and CHO 8 (7%). The CHOs performing below target are CHO 5 (-5%), CHO 7 (-1%) and CHO 9 (-1%).

The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability

The annual target for number of PA hours delivered to adults with a physical or sensory disability is 1.3 million hours. Service users who receive PA hours do so on an ongoing basis; this service is provided primarily by section 39 providers. This metric is reported on a quarterly basis with quarter 2 data available in the July report.

The number of Home Support Hours delivered to people with a disability

As per PA hours, service users who receive home support hours do so on an ongoing basis. For this reason, this metric is reported on a quarterly basis, with an annual target of 2.6 million hours for 2015. Quarter 2 data will be available in the July report.

The number of respite overnights accessed by people with a disability

This number of respite overnights accessed by people with a disability is reported on a quarterly basis, with an annual target of 190,000 for 2015. The quarter 2 data will be available in the July report.

0-18's Programme

In line with the objectives of the 0-18s disability programme, a two year phased approach to implementation is underway to ensure that all 24 Local Implementation Groups (LIG) have fully reconfigured their children's services into children's disability network teams by the end of 2015. The proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people is reported quarterly and will be available in the July report.

Congregated Settings: Facilitate the movement of people from congregated to community settings

The HSE is working towards the transition of up to 150 people to homes in the community in line with Time to Move on from Congregated Settings. All CHO Areas are working towards their target, as part of the overall national yearend expected activity of 150 to complete transition nationally. The target of 150 will not be achieved at monthly/quarterly intervals throughout the year but will be a cumulative year end figure, due to the variable rate of progress of the transitions throughout the year. As a result some CHO Areas will not identify that transitions are completed until the last quarter of the year.

Progress is currently monitored through the Social Care division/CHO Chief Officers monthly performance management meetings. A number of milestones have been recommended to facilitate interim tracking of the progress of individuals engaged in the transition process.

Finance

Social Care Disability Services	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	105,485	45,393	43,546	1,847	4%
CHO 2	137,870	59,589	57,031	2,557	4%
CHO 3	126,287	53,606	52,245	1,361	3%
CHO 4	184,271	77,337	76,219	1,118	1%
CHO 5	129,426	54,812	53,590	1,222	2%
CHO 6	202,410	87,566	84,838	2,728	3%
CHO 7	150,293	63,975	61,966	2,009	3%
CHO 8	164,652	71,006	68,448	2,557	4%
CHO 9	238,430	102,972	99,766	3,206	3%
Regional & National	28,607	1,411	10,169	(8,758)	-86%
Total	1,467,731	617,666	607,819	9,846	2%

Financial Commentary

Within the Social Care Division (SCD) Disability Services have spent €617.7m versus a budget of €607.8m in the period ending 31st May showing a negative variance of €9.85m.

The key cost pressure and financial risk issues which management in this service are seeking to address related predominately to HIQA standards compliance, where it is important to recognise that in the context of the inspection process, specific requirements are being placed on service providers, both voluntary and statutory, to improve practice, but also to provide additional staff, training and infrastructure improvements, which all have “in year” resource requirements.

Cost pressures arise also in the area of emergency placements, with an in year increase of approximately €6.2m, which are being put in place as the voluntary service providers are no longer in a position or feel that they can respond or accommodate these clients due to the regulatory requirements arising from the HIQA standards.

These factors are leading to significant costs arising in specific HSE and voluntary services, which are being managed in as cost effective manner as possible.

Service Level Arrangements Position as at 29th June 2015

2015 Service Arrangements are completed for 107 out of 743 (14.4%)

2015 Service Arrangements are completed for €39,008m out of €1,051,267m (2.8%)

Workforce overview

Human Resource Management	
Staff levels	Direct Staff WTE
	25,112
	Direct Staff Indicative workforce number
	24,816
	Direct Staff WTE Indicative workforce number Variance
	296
	Direct Staff WTE Indicative workforce number Variance %
	1.19%
Funded Indicative workforce number	
	2015 Development posts
	34.5
	pre-2015 Development posts
	175
	pre-2015 Development posts filled
	72.7
	% pre-2015 Development posts filled
	41.5%
	Direct Staff Headcount
	29,114
	Absence rates ²³ – Medical Dental
	1.55%
	Absence rates –Nursing
	4.90%
	Absence rates Health and Social Care professionals
	2.80%
	Absence rates –Management Admin
	4.24%
	Absence rates –General Support Staff
	5.00%
	Absence rates - Other Patient & Client Care
	5.44%
	Absence rates - Overall
	4.56%

²³ Absence rates are reflective of all Community Healthcare

Older Persons Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Elder Abuse	% of active cases reviewed within 6 months time frame	90%	86.60%	-3.70%
Access		Target	YTD	% Var
Home Care Packages	Total no. of persons in receipt of a HCP	13,200	13,894	5.26%
	Intensive HCPs - no. in receipt of an Intensive HCP at a point in time (capacity)	190	82	-56.84%
Home Help Hours	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	4,164,569	4,173,175	0.20%
Nursing Homes Support Scheme (NHSS)	No. of people being funded under NHSS in long-term residential care during the reporting month	22,361	22,605	1.09%
Public Beds	No of NHSS Beds in Public Long Stay Units	5,287	5,293	0.11%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€298,026	€299,452	€1,426 0%
	Pay (excl superannuation pay)	€266,422	€269,319	€2,897 1%
	Pay – Agency	€10,539	€12,591	€2,052 19%
	Pay – Overtime	€2,116	€2,450	€334 16%
	Non Pay (including procurement savings)	€183,097	€179,327	-€3,770 -2%
	Income	-€152,809	-€150,890	€1,919 -1%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	216 (19.3%)	80.70%
	€ value of 2015 Service Arrangements signed	100%	€4,203 (2.9%)	97.10%
Human Resources		Target YTD	YTD	% Var YTD
Absence ²⁴	% absence rates by staff category	3.50%	4.84%	38.28%
	Medical/Dental		2.06%	-41.14%
	Nursing		5.00%	42.85%
	Health and Social Care Professional		3.60%	2.85%
	Management/Admin		4.70%	34.28%
	General Support staff		5.40%	54.28%
	Other Patient and Client staff		5.47%	56%
Staffing levels	Variance from Indicative workforce	24,816	25,112	296 (1.19%)
		National Result	Performance	
Engagement Score	% Involvement	64%	63%	
	% Loyalty	56%	54%	
	% Alignment	51%	37%	
	% Overall Engagement Score	57%	51%	

²⁴Absence rates are reflective of all Community Healthcare

Older Persons Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	HCP - No of persons in receipt of a HCP (13,200)	13,894	1,245	967	839	1,408	789	1,417	1,707	1,939	3,583
	HCP - No of persons in receipt of an Intensive HCP (190)	82									
	Home Help Hours - hours provided (10.3m)	858,959	113,994	99,996	76,053	169,597	100,105	32,133	58,841	105,048	103,193
	NHSS Beds - no of people funded (22,361)	22,605									
	No of NHSS Beds in Public Long Stay Units (5,287)	5,293	562	607	346	1,038	567	391	651	660	471
Finance	% variance - from budget	0%	5%	6%	0%	4%	3%	3%	-2%	7%	3%
	% variance - Pay	1%									
	% variance - Pay (Agency)	19%									
	% variance - Pay (Overtime)	16%									
	% variance - income	-1%									
	% variance - Non Pay (including procurement savings)	-2%									
	% of SA signed (100%)	19.30%									
	% value of SA signed (100%)	2.90%									
HR ²⁵	% variance from Indicative workforce number (<0%)	1.19%									
	% absenteeism rate - Medical/Dental	2.06%	2.05%	2.49%	1.36%	2.03%	1.405	3.66%	2.43%	1.57%	2.03%
	% absenteeism rate - Nursing	5.00%	6.10%	5.03%	7.39%	3.82%	5.29%	3.845	4.69%	6.10%	3.94%
	% absenteeism rate - Health and Social Care	3.60%	3.65%	3.29%	4.17%	3.47%	4.15%	3.59%	3.47%	3.72%	3.42%
	% absenteeism rate - Management/Admin	4.70%	5.13%	5.01%	4.48%	3.89%	3.45%	4.02%	5.63%	5.61%	4.10%
	% absenteeism rate - General Support staff	5.40%	6.40%	5.96%	5.10%	3.92%	5.80%	4.04%	5.80%	6.02%	5.67%
	% absenteeism rate - Other Patient and Client staff	5.47%	6.89%	5.03%	6.47%	4.06%	5.05%	4.24%	5.59%	6.17%	5.89%

Performance RAG Rating

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

Finance RAG Rating

- Red • 0.5% > of target
- Amber • ≥ 0.25% < 0.5% of target
- Green • < 0.25% of target

HR – Absence

- Red • ≥ 4.73%
- Amber • ≥ 4.02% < 4.73%
- Green • < 4.02%

HR – Indicative workforce number

- Red • ≥ 1.5% of target
- Amber • ≥ 0.5% < 1.5% of target
- Green • < 0.5% of target

²⁵ Absence rates are reflective of all Community Healthcare

Social Care Services - Older Persons Services

Quality

The % of active Elder Abuse cases reviewed within six month timeframe (Target 90%)

- 80.2% of active cases were reviewed in May (182 out of 227)
- 182 cases were reviewed in May 2015 compared to 219 in April 2015 (decrease of 16.9%,37)
- YTD variance from expected activity -3.7% (36)

In May, 232 new referrals for elder abuse were received. Of all abuse type referrals, 10.9% relate to physical abuse, 37.3% psychological abuse, 27.3% financial abuse, 10.9% neglect and the remaining 13.6% are classified in other categories. The YTD total for new referrals stands at 967.

Access

Home Care Services

Mainstream Home Help (HH) is the basic home based service provided to maintain large numbers of older people in their homes. Home Care Package (HCP) and HH activity is managed in a flexible way to meet the immediate needs of priority cases within the growing older population and in a way that supports hospital discharges as a priority.

With increasing numbers of older people and no increase in hours provided (mainstream service has remained at 10.3m hours since 2012) the mainstream HH service focuses on those who are most dependent. Consequently the requirement to provide more hours at times outside of core hours, in the evenings and at weekends, brings increased costs. The challenge is to maintain activity in line with targets where the average cost per hour is increasing, due to non-core hour's activity, and exceeding available budgets.

As mainstream HH services become more stretched with the greater numbers of older very dependent people remaining at home & due to the commitment to support acute hospital discharges, two factors begin to impact:

- A greater number of people move to the HCP Scheme as mainstream services cannot meet their needs and the number of HCPs approved increases - this can be seen in the numbers of HCPs exceeding target with consequent increased costs arising for the HCP scheme
- It is expected that the average cost of a HCP will begin to rise as greater numbers of very dependent people opt to remain at home with a HCP that alters relative to their increasing need

The system taking all of the above into account is focused on managing the total home care resource across HH/HCP in a way which meets the priority needs within the overall resource available for home care. Accordingly activity on home help may have to be balanced against increased demand and approval of higher than average HCPs.

The total number of persons in receipt of a Home Care Package (Expected Activity 13,200)

- 13,894 May 2015, 12,762 May 2014 (increase 8.8%,1,132)
- 13,894 May 2015, 13,644 April 2015 (increase1.8%, 250)
- YTD variance from expected activity is 5.3% (694)

Overall performance is slightly above target. CHO's underperforming are CHO 2 (-14.0%), CHO 4 (-4.2%) and CHO 5 (-2.6%). CHO 3, CHO 7 and CHO 9 performances were significantly above the expected level of service at 16.5%, 18.5% and 13.2% respectively.

A Home Care Package (HCP) is an individualised package of community based services and supports which may comprise of services and supports such as Public Health Nursing, Day Care, Occupational Therapy, Physiotherapy, Home Help Services and Respite Care. A HCP may be allocated where the mainstream or core services available are not sufficient to support the older person.

Since January 2015, there has been an increase in the number of persons in receipt of a HCP. This is as a result of the increasing need to support acute hospitals by putting in place processes to support more elderly patients, with increased levels of dependency to go home rather than remain in acute hospitals classified as a delayed discharge.

The number in receipt of an Intensive Home Care Packages (IHCPs) at a point in time (Expected Activity190)

- 82 May 2015 / comparison with April 2014 not available as data collection did not commence until October 2014
- 82 May 2015, 65 April 2015, (increase 26%,17)
- YTD variance from expected activity is -56.8% (108)

Intensive Home Care Packages are being provided by CHO 2 (27), CHO 3 (8), CHO 4 (13), and CHO 5 (2) CHO 6 (5), CHO 7 (2) and CHO 9 (25).

An IHCP may include paramedical, nursing, respite and/or home help and/or other services depending on the assessed care needs of the individual applicant. This service relates to an enhanced level of community services and supports above the normal levels available from mainstream community services or through HCPs. HCPs is not intended to replace existing services.

IHCPs were introduced for the first time in 2015 and it is planned to provide 190 of them by year end. The 82 IHCPs provided to date are to patients with very high dependency levels, who were it not for the provision of an IHCP would remain in an acute hospital as a delayed discharge, or already have transferred to long term care.

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD 4,164,569, Annual 10.3m)

- 858,959 May 2015, 855,654 May 2014 (increase of 0.4%, 3,305)
- 4,173,175 YTD 2015, 4,200,380 YTD 2014 (decrease of 0.6%, 27,205)
- 858,959 May 2015, 845,939 April 2015 (increase 1.5%, 13,020)
- YTD variance from expected activity 0.2%(8,606)

CHOs not achieving their expected activity are CHO 2 (-5.1%), CHO 4 (-5.7%), CHO 6 (-6.8%) and CHO 7 (-0.6%). Kildare/West Wicklow (14.1%) and Dublin North (14.2%) are well ahead of target, resting at 14.1% and 14.2% respectively.

The number of home help hours is in line with target, and has increased by 1.5% between April and May 2015.

The number of people in receipt of home help hours (excluding provision of hours from HCPs) (Expected Activity 50,000)

- 47,816 May 2015/YTD 2015, 46,678 May 2014/YTD 2014 (increase of 2.4%,1,138)
- 47,816 May 2015, 47,773 April 2015 (increase of 0.09%, 43)
- YTD variance from expected activity -4.37% (2,184)

CHOs achieving their targets are CHO 8 (1.35%) and CHO 9 (0.91%). All other CHOs are not meeting their targets.

The number of people in receipt of home help hours has remained stable so far in 2015, and exceeds the number in receipt of the service in 2014.

The number of people being funded under NHSS in long-term residential care during the reporting month (Expected Activity 22,361)

- 22,605 May 2015 / YTD 2015, May 2014 / 22,254 YTD 2014 (1.6%, 351)
- YTD variance from expected activity (1.1%, 244)

In May 2015 the Nursing Homes Support Scheme funded 22,605 long term public and private residential places, and when adjusted for clients not in payment, there were 23,704 supported under the scheme. This is a net increase of 84 month on month, in the number of people supported under the scheme with 717 new clients entering the scheme and 633 existing clients leaving the scheme during the month. This is above the annual target of 22,361 due to the additional allocation of money in April 2015 to address emergency department overcrowding and delayed discharges. This additional funding will support an additional 1,604 NHSS places to year end, bringing the total number of people to be supported to 23,965 by the end of 2015. The remaining additional places under this initiative will be approved month by month to year end. Consequently, over the coming months the number of people supported under the scheme will increase on an ongoing basis.

A key target outlined in April 2015 when the additional €74m was allocated to address Emergency Department overcrowding and delayed discharges from acute hospitals, was to reduce the National Placement List for the NHSS to a stabilized level of 550 to 580 for the rest of the year, and to reduce the average wait time for approved applicants to 4 weeks. Both of these targets were achieved in April, and have been maintained in May, with a total of 557 on the waiting list at the end of May, with an average wait time of 4 weeks.

A total of 4,213 people were approved for funding under the scheme in the current year to date, compared to 2,478 people approved for the same period last year. This is a 70% increase on approvals year on year.

In the first five months of 2015, 4,573 applications were received and 3,766 new clients were funded under the scheme in public and private nursing homes. This is an increase of 1,121 or 42% in the number of new clients supported under the scheme when compared to the same period last year. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

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

Month	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	Private Units			Public Units		
				No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase	No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase
Jan	1,001	1,369	22,324	457	452	5	152	160	-8
Feb	959	1,378	22,231	484	510	-26	155	182	-27
Mar	947	1,308	22,142	511	511	0	145	181	-36
Apr	865	575	22,521	905	542	363	240	186	54
May	801	557	22,605	558	458 ²⁶	100	159	156	3
YTD 2015	4,573	557	22,605	2,915	2,473	442	851	865	-14

²⁶ In addition to the above there were a further 183 leavers (19 in May) from Contract Beds/Subvention/Section 39 savers beds.

The number of NHSS Beds in Public Long stay unit (Expected Activity 5,287)

- 5,293 May 2015 / YTD 2015, 5,319 May 2014 / YTD 2014 (-0.5%, 26)
- YTD variance from expected activity 0.1% (6)

The expected level of service is running slightly above target nationally. CHO 8 is positively impacting on this activity level as it is running above the target at +3%. Outliers for this metric are CHO 2 (-2.1%), CHO 4 (-1.2%) and CHO 9 (-0.6%).

Delayed Discharge Initiative 2015

This year Acute Hospitals have experienced increased overcrowding in Emergency Departments, increased numbers of patients classified as “delayed discharges,” and the postponement of certain non-urgent procedures. It was clear these problems in hospitals were in large part “knock-on” effects from capacity issues in other parts of the health service. When the capacity of other services became stretched, the only option available to many was the hospital, which inevitably became overloaded in turn.

In response to these pressures, Government approved a €25m delayed discharge initiative 2015, which was included in the HSE Service Plan for the year. This initiative has been fully implemented and a summary of progress is outlined below.

Progress to date with implementation of the €25 million delayed discharge initiative

€10m allocated to NHSS to support an additional 300 places for full year and to reduce the waiting list from 15 to 11 weeks

This was achieved and the waiting list was maintained at 11 weeks from January to March 2015, following additional allocation of funding, it was reduced to 4 weeks in April.

€8m additional funding to support Short Stay Residential

The 50 additional specific ring fenced beds were allocated to hospitals.

65 additional beds are to open in Mount Carmel on a phased basis, with all beds being open by the end of June. These beds are targeted initially at the northside Dublin hospitals providing rehabilitation, convalescence and step up/step down services. The first 5 beds opened at the end of April 2015, and by the end of May 2015, 25 beds had been opened.

€5m additional funding to support Home Care Packages (HCP's)

400 HCP's are being utilised by the hospitals to which they were assigned on an ongoing basis.

€2m additional funding to support Community Intervention Teams

The CIT service has been extended across the greater Dublin area and to Louth to support the acute hospitals.

Progress to date with implementation of €74m initiative

The Emergency Department Taskforce was convened by Minister Varadkar last December to provide focus and momentum, and to develop sustainable long-term solutions to ED overcrowding. The Taskforce Action Plan published on April 2nd set out a range of time defined actions to optimise existing hospital and community capacity, develop internal capability and process improvement and improve leadership, governance, planning and oversight.

Based on the Task Force's Action Plan, and in view of experience to date, additional funding of €74m has been provided on a strictly ring-fenced basis and summary of progress is outlined below.

Nursing Homes Support Scheme (Target – Provide an additional 1,604 NHSS places)

On the April 2nd 764 people transferred from acute care to the NHSS bringing the waiting list down from 11 to 4 weeks.

The balance of the 1604 (840) will be approved in line with the profile for the year and released on a weekly basis to maintain the NHSS waiting time at 4 weeks for the remainder of the year.

Reduce numbers waiting NHSS funding (Target 550-580)

The number of people on the waiting list at the end of May was 557, which is in line with the target of 550-580. The waiting time is being maintained at 4 weeks.

Transitional Care Beds (Target 1,513 Transitional Care Beds Quarter 1 2015)

1,513 Transitional care beds were provided to 37 acute hospitals across the country as part of the additional measures required to address pressures on acute hospitals in quarter 1 2015. Following provision of the additional funding in April 2015, all of these patients have now either moved to NHSS funding arrangements or gone home following a period of convalescence.

Additional Transitional Care Placements (Target 500)

The additional transitional care funding has allowed capacity for ongoing throughput of patients through the transitional care beds since the April 1st. This additional throughput has seen 500 additional patients benefiting throughout April and May.

It is envisaged that the NHSS improved position of 4 week waiting will support the majority of the hospital system however, ongoing transitional care or Home Care will continue to be targeted to support specific hospitals such as Our Lady of Lourdes, Beaumont, Mater, St. James's, St. Vincent's, Tallaght, Connolly, Naas, Galway University Hospital, University Hospital Limerick, and Cork University Hospital.

Public Bed Commitment (Target an additional 197 beds)

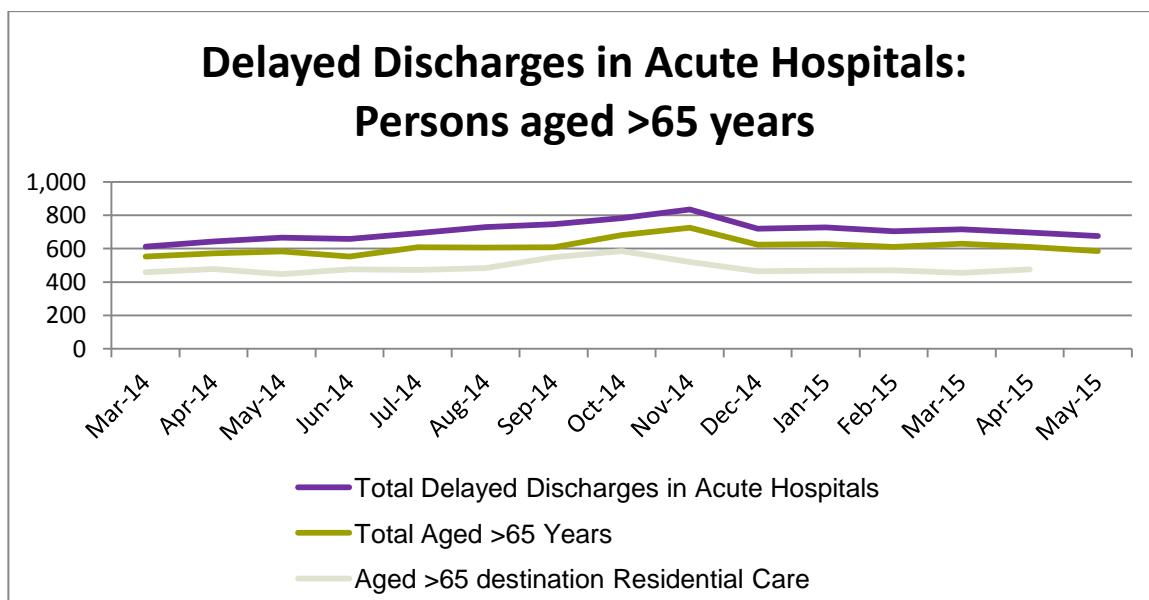
The public bed commitment was met by opening a further 173 community beds and an additional 24 beds to allow discharge from acute hospitals of those who have completed acute phase of treatment.

125 of these beds had been opened at the end of May. The remaining beds are all being progressed with rate limiting factors such as the recruitment of staff or HIQA registration being processed as a matter of urgency.

In addition all 24 contracted private beds are now in operation.

The number of people aged 65 and older medically discharged in acute hospitals

As of the end of May, there were 585 patients aged 65 and over medically discharged in acute hospitals. Of these 81.4% (476) are awaiting Long Term Residential Care, 0.2% decrease on May 2014 (source Delayed Discharges National Report, 26thMay 2015).



The Social Care and Acute Hospital division, in conjunction with the SDU, continue to work closely in identifying issues which may be contributing to the delayed discharge numbers. This has commenced a process of joined visits from the Heads of Operations and the SDU to each of the Dublin Hospitals. As part of these visits, processes have been reviewed and streamlined to ensure the timely discharge to transitional care beds, long term care or home with supports.

In addition, funding has been approved for a number of highly complex cases who have been in acute hospital beds for prolonged periods of time.

Each Chief Officer has been advised of the need to continue to support acute hospitals in the provision of public beds and home care.

Since April 1st, 980 transitional care bed approvals have been allocated nationally to support the Acute Hospitals system and additional 125 public beds, along with 24 private contracted beds. Waiting time for the NHSS is being sustained at 4 weeks.

Finance

Social Care Older Persons	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	73,711	32,445	30,986	1,459	5%
CHO 2	59,375	26,859	25,221	1,638	6%
CHO 3	57,677	24,350	24,347	3	0%
CHO 4	119,729	52,873	50,881	1,992	4%
CHO 5	60,100	26,301	25,543	759	3%
CHO 6	52,342	22,833	22,210	623	3%
CHO 7	78,576	33,496	34,246	(750)	-2%
CHO 8	52,993	24,835	23,279	1,556	7%
CHO 9	85,926	36,342	35,450	893	3%
Regional & National	54,221	19,117	25,864	(6,747)	-26%
Subtotal	694,648	299,452	298,026	1,426	0%
NHSS	828,291	343,973	344,031	(58)	0%
Overall Total	1,522,939	643,425	642,057	1,368	0%

Financial Commentary

Within the Social Care Division (SCD) Older Persons have spent €299.45m versus a budget of €298.03m in the period ending May 31st showing a negative variance of €1.43m.

The pressure caused by the exceptionally high level of delayed discharges in the early months of 2015 coupled with the level of management capacity being tied up in same is driving additional costs (including in home support) and mitigating against sufficient energy being available to address service improvement and cost reduction via skill mix changes.

Outside of this the key cost pressure and financial risk issues which management in this service are seeking to address are within home care provision with several cost reduction and efficiency measures being affected throughout the service. Traction is seen in certain targeted areas including reducing agency.

Financial challenges remain from a regulatory standpoint in addition to the delivery of the service improvement programme for public long stay units. It is intended to introduce a revised skill mix that makes best use of scarce clinical resources and brings costs more in line with the private sector when adjusted for structural issues and the somewhat higher complexity of residents catered for by the public units. There are very significant industrial relations and change management issues associated with this programme and negotiations are on-going with the Union and an LRC date is being arranged.

Service Level Arrangements as at 29th June 2015

2015 Service Arrangements are completed for 384 out of 1,125 (34.1%)

2015 Service Arrangements are completed for €11,351m out of €144,369m (7.9%)

Workforce Overview

Human Resource Management	
Staff levels	Direct Staff WTE 25,112
	Direct Staff Indicative workforce number 24,816
	Direct Staff WTE Indicative workforce number Variance 296
	Direct Staff WTE Indicative workforce number Variance % 1.19%
Funded Indicative workforce number	
	2015 Development posts 34.5
	pre-2015 Development posts 175
	pre-2015 Development posts filled 72.7
	% pre-2015 Development posts filled 41.5%
	Direct Staff Headcount 29,114
	Absence rates ²⁷ – Medical Dental 1.55%
	Absence rates –Nursing 4.90%
	Absence rates Health and Social Care professionals 2.80%
	Absence rates –Management Admin 4.24%
	Absence rates –General Support Staff 5.00%
	Absence rates - Other Patient & Client Care 5.44%
	Absence rates - Overall 4.56%

²⁷ Absence rates are reflective of all Community Healthcare



Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

Budget 2015, provides a more realistic funding level for the health services and is very welcome as part of a two year programme to put the health services on a more sustainable financial footing. The 2015 challenge comes at a time when the demand for health services is increasing every year, which in turn is driving costs upwards. Since 2006 the population has grown by 8%, the number of people over 65 years of age has increased by 14% however the very elderly population i.e. those over 85 years has increased by circa. 30%. This coupled with current economic conditions and the high level of Medical Cards means the demand for health services and the resulting cost pressures are increasing. Allied to this are the ongoing welcome advances in the development of medical technologies which improve patient outcomes but are very expensive. Examples of this include developments in interventional radiology, a curative drug for Hepatitis C, a new drug for cystic fibrosis, new oral anti-coagulant drugs and developments in orthopaedic implants.

The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 **budget**. It provides funding levels similar to 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,170m, an increase of 5.4%. This increase in funding will in the first instance enable the HSE to deal with the 2014 level of unfunded costs. When account is taken of the 2014 final net expenditure level health services net **costs** can increase by a maximum of €77m in 2015 which is approximately 0.5%.

The national service plan (NSP2015) sets out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identified that in addition to this €130m the health services had a further residual financial challenge of circa €100m based on the projected 2014 closing expenditure level. Given the final 2014 expenditure level this residual challenge is now circa €140m.

This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

The funding received has allowed the allocation of more realistic budgets in 2015 and brings with it a requirement for greater accountability to ensure services are delivered safely and, to the greatest extent possible, within the budget made available to the health service. Building on the work of recent years, the 2015 accountability framework will ensure that performance will be measured against agreed plans, which include financial and service delivery commitments in terms of access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account under this framework and under-performance will be identified and mitigated as early as possible in the year.

Financial Performance in May 2015

As of May 2015 the health service has recorded net spend on an income and expenditure basis of €5.166 billion against a budget of €5.001 billion. This leads to a total deficit of €164.6m of which i.e. circa €69m relates to the areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €95.8m within core services primarily within Acute Hospitals and Social Care. The early indications confirm the key financial risks are in acute hospitals and demand led areas. Acute hospitals, in particular, will require very close management using the measures specified in the Accountability Framework as set out in the NSP.

Expenditure by Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD % Var vs Plan
HSE Funded Providers	1,714,606	739,690	714,760	24,930	3%
HSE Direct Provision	2,286,410	986,751	935,823	50,928	5%
Acute Hospitals Division	4,001,016	1,726,442	1,650,584	75,858	5%
National Ambulance Service	144,139	58,951	59,146	(195)	0%
Health & Wellbeing	200,741	74,427	74,547	(120)	0%
HSE Funded Providers	7,128	3,256	2,931	325	11%
HSE Direct Provision	739,486	302,897	302,304	593	0%
Primary Care	746,614	306,153	305,235	918	0%
HSE Funded Providers	0	0	0	0	
HSE Direct Provision	125,112	52,456	51,896	560	1%
Social Inclusion	125,112	52,456	51,896	560	1%
HSE Funded Providers	20,160	8,012	8,400	(388)	-5%
HSE Direct Provision	51,437	21,420	21,137	283	1%
Palliative Care	71,597	29,432	29,537	(105)	0%
Primary Care Division (Note 1)	943,323	388,041	386,668	1,373	0%
HSE Funded Providers	35,566	14,944	14,841	103	1%
HSE Direct Provision	721,678	294,138	293,598	540	0%
Mental Health Division	757,244	309,082	308,439	643	0%
HSE Funded Providers	29,803	13,783	12,581	1,202	10%
HSE Direct Provision	664,846	285,669	285,445	224	0%
Older Persons	694,648	299,452	298,026	1,426	0%
Nursing Home Support Scheme	828,291	343,973	344,031	(58)	0%
HSE Funded Providers	383,993	166,139	160,598	5,542	3%
HSE Direct Provision	1,083,738	451,526	447,222	4,305	1%
Disabilities	1,467,731	617,666	607,819	9,846	2%
Social Care Division	2,990,670	1,261,090	1,249,876	11,215	1%
CHO Corporate Community	4,299	1,908	1,791	116	6%
Community Healthcare Organisations (CHO) Total Divisions	4,695,536	1,960,121	1,946,775	13,346	1%
National Cancer Control Programme	9,284	1,199	1,112	87	8%
Clinical Strategy & Programmes (incl NMPDU)	35,012	8,335	8,891	(555)	-6%
Quality Improvement Division	7,749	2,018	2,042	(24)	-1%
National Services	295,894	117,789	110,467	7,322	7%
Total HSE Funded Providers (Note 2)	2,191,256	945,825	914,111	31,714	3%
Total HSE Direct Provision	7,198,113	3,003,457	2,939,452	64,006	2%
Total Direct Service Provision	9,389,369	3,949,282	3,853,562	95,720	2%
Statutory Pensions	433,661	182,827	178,793	4,034	2%
Pension Levy	(221,626)	(90,674)	(91,737)	1,064	-1%
Statutory Pensions & Pension Levy (Note 3)	212,034	92,153	87,055	5,098	6%
State Claims Agency	96,000	64,537	41,173	23,364	57%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	963,337	928,676	34,661	4%
Demand Led Local Schemes (Note 1)	218,344	95,270	90,542	4,728	5%
Overseas Treatment		1,078		1,078	100%
Non Core Services (Note 3)	2,582,452	1,124,222	1,060,392	63,831	6%
Total Non Core Services Provision (Note 3)	2,794,486	1,216,375	1,147,447	68,929	6%
Held Funds	1,025				
Accelerated Income (Note 4)	(50,000)				
Total	12,134,880	5,165,657	5,001,009	164,648	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,389,369	3,949,282	3,853,562	95,720	2%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Non Core Services

Note 2: Represents the majority of larger voluntary providers funded under Section 38 of the Health Act including all of the voluntary acute hospitals.

Note 3: The non core services listed above are demand driven

Note 4: This represents a HSE cash acceleration target

Primary Care Reimbursement Service (PCRS), Local Demand Led Schemes (Local DLS), State Claims (SCA) and Pensions

There are a number of expenditure headings (PCRS, Local DLS and SCA) which, due to their legal or technical nature, were prepared on an agreed basis in NSP2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision. There is a deficit of €63.8m (including overseas treatment) on these areas at the end of May 2015.

In addition to these costs, similar consideration must be given to pensions costs provided within the HSE which cannot be readily controlled in terms of financial performance and are difficult to predict. As at May pensions are showing a deficit of €5.1m which represents retirements in excess of profiled expectations for the first four months and also represents an increase in the full year pensioner payroll costs in 2015. A number of scenarios are being considered in this respect. This is in addition to further analysis of potential full year income funding shortfalls as a result of new entrant's pension contributions not being available to HSE since January 2013. In addition to a statutory view an assessment of funded s.38 voluntary sector is ongoing to determine the scale of any likely pension issue in 2015.

The NSP 2015 was prepared on the basis that pension related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. The combined deficit from these combined areas is €69m at the end of May. Outside of these areas core services, primarily Acutes and Social Care, have deficits of €95.8m at the end of May.

Acutes

Acute Hospitals are reporting a €75.9m deficit for the month of May. It is clear that there have been exceptional pressures on management capacity and costs in January to May related to the very high level of delayed discharges over the first quarter and the necessary hospital response in maintaining additional capacity during the period. This has contributed to significant ongoing pressures within Pay and has restricted the ability of the sector to deliver planned capacity-related cost reductions in the early part of the year.

Specifically, financial targets for 2015 included a reduction in excess capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. This has not been possible to achieve in January to May with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. Recent announcements in relation to additional funding to deal with the delayed discharge issue should help to alleviate some of the pressure in this area over the remainder of the year.

Non Pay clinical costs are also showing overspends against budget, which reflects the increased complexity of acute activity over the period, as well as ongoing inflationary and technology-driven cost pressures in these areas.

Whilst a more realistic budget for acute services was provided in 2015 it was not possible to provide a budget at the full level of the 2014 spend. The NSP 2015 set acute budgets at 0.8% below 2014 **projected** spend. **Final** expenditure levels for 2014 mean that costs in Acute hospitals need to be reduced by approximately 1.2%-1.4% below 2014 expenditure levels.

Pay and other cost pressures must also be dealt with which indicates that Acute hospitals have an average **minimum** requirement to reduce their likely 2015 costs by 2% -2.5% below 2014 levels.

This is significant when we look at hospital cost patterns in Ireland and internationally and underpins why NSP2015 referenced exceptional focus and placed particular emphasis on reduction and conversions of

agency spend. The 2015 accountability framework is being implemented to maximise assurance around overall performance including financial performance. Significant additional support is being provided in relation to pay and staffing level data and controls. This is part of the necessary actions to maximise agency and other staff cost reductions and is being monitored closely in 2015.

Social Care – Older Persons

Older Persons has recorded a May Net deficit of €1.4m.

As already mentioned the recent announcements in relation to additional funding to deal with the delayed discharge issue will have a significant impact on service provision and full year outlook. The pressure caused by the exceptionally high level of delayed discharges in the early months of 2015 coupled with the level of management capacity being tied up in same driving additional costs (including in home support) and mitigating against sufficient energy being available to address service improvement and cost reduction via skill mix changes.

Outside of this the key cost pressure and financial risk issues which management in this service are seeking to address are within home care provision with several cost reduction and efficiency measures being effected throughout the service. Even after four months some traction has been seen in certain targeted areas including reducing agency.

Challenges do remain with delivery of the service improvement programme for public long stay units which are intended to introduce a revised skill mix. This makes best use of scarce clinical resources and brings costs more in line with the private sector when adjusted for structural issues and the typically higher complexity of residents catered for by the public units. There are very significant industrial relations and change management issues associated with this programme.

Social Care – Disability Services

This group of services has recorded a May net deficit of €9.8m. The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

Significant pay cost pressures around overnight residential staff. Environmental factors are also an ongoing issue with deployment of staff issues driving agency costs. Allied to this is significant staffing and capital/once-off pressures caused by the enhanced regulatory focus on disability residential services in the absence of the normal multi-annual investment programme. This would typically be a necessary part of the lead in to any regulatory development of this nature.

Significant additional costs in relation to the Áras Attracta service following on from issues identified in that service in recent months.

Agency / Pay

Under the pay heading agency spend represents the single biggest challenge this year with an exceptional focus required to deliver on the framework and the minimum savings targets outlined in NSP 2015. The first five months showed a small increase year on year with May showing a decrease. While the year to date overspend against budget is significant, there are indications that actual expenditure on agency has stabilised and is beginning to reduce in some hospital groups. However, it has not been possible to achieve the desired level of recruitment/conversion to date and the savings targets in this area remain challenging.

After a number of years of pay management through a moratorium the shift to managing staff numbers in line with funded levels will require organisational development and change management. Services who demonstrate an ability to manage within their overall pay funding including meeting targets to decrease agency spend will get greater autonomy over staffing decisions.

Agency Costs (Total Health Services including non divisional elements) - May 2015 vs May 2014

	Medical/ Dental €'000	Nurses €'000	Care Assistants Porters etc €'000	AHPs €'000	Central Support €'000	Total €'000
January 2015 cost	8,997	8,401	6,551	2,240	1,210	27,398
February 2015 cost	9,880	7,836	6,310	2,676	1,674	28,376
March 2015 cost	9,167	8,610	6,575	2,005	1,314	27,672
April 2015 cost	9,572	9,017	6,676	1,792	1,073	28,129
May 2015 cost	8,569	8,117	6,797	1,839	1,305	26,628
Year to Date Total 2015	46,185	41,981	32,909	10,552	6,575	138,202
Average monthly cost 2015	9,237	8,396	6,582	2,110	1,315	27,640
	Medical/ Dental €'000	Nurses €'000	Care Assistants Porters etc €'000	AHPs €'000	Central Support €'000	Total €'000
January 2014 cost	7,823	7,921	5,711	2,323	1,166	24,943
February 2014 cost	8,356	7,701	5,536	2,536	1,123	25,252
March 2014 cost	9,003	8,819	6,214	2,632	1,120	27,787
April 2014 cost	9,144	8,363	6,269	2,648	1,323	27,746
May 2014 cost	10,173	9,033	6,330	2,274	1,534	29,345
Year to Date Total 2014	44,498	41,836	30,060	12,413	6,266	135,073
Average monthly cost 2014 to date	8,900	8,367	6,012	2,483	1,253	27,015
Total Cost 2014	116,838	101,829	74,602	29,741	17,594	340,604
Change - YTD May 2015 vs YTD May 2014	4%	0%	9%	-15%	5%	2%
2015 full year forecast based on YTD 2015 Expenditure	111,639	101,477	79,548	25,507	15,893	334,064
2015 Forecast versus 2014 Actual Cost	(5,199)	(351)	4,945	(4,234)	(1,701)	(6,540)

National Services

National Services are reporting a combined year to date overspend of €7.3m. The most significant areas of overspend occur in respect of lease costs associated with Primary Care Centres and charges for treatments received by Irish citizens under the European Health Insurance Card Scheme.

Conclusion

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

However the sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions in January to May that the plan requires in part because our focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed. However, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on the 2015 overall outlook in addition to proposals on 15/18 month waiting list initiative and ED winter plan.

The impact of unfunded regulatory driven pressures is still a significant factor within the Disability and Older Persons services that make up social care.

The €95.8m deficit in our core services located primarily within the acute hospital and social care division is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.



Human Resources

Human Resources Overview

Workforce Position

WTE Overview by Division	WTE Apr 2015	Indicative workforce May 2015	WTE May 2015	WTE Change since Apr 2015	WTE Variance May 2015	% WTE Variance May 2015
Acute Services	50,850	49,631	50,981	+131	+1,350	+2.7%
Ambulance Services	1,617	1,611	1,623	+6	+12	+0.8%
Health & Wellbeing	1,246	1,279	1,254	+8	-25	-2.0%
Primary Care	10,100	10,344	10,180	+80	-164	-1.6%
Mental Health	9,350	9,262	9,342	-8	+80	+0.9%
Social Care	25,045	24,816	25,112	+67	+296	+1.2%
Corporate & HBS	2,673	2,598	2,660	-13	+62	+2.4%
Total Health Service	100,881	99,541	101,152	+271	+1,611	+1.6%

Overview of Workforce Position and Employment Control Framework – Key messages

Initial Indicative Direct Funded Employment Threshold Compliance/Pay Budgets

- In 2015, it is essential that compliance with allocated pay budgets/affordability is achieved and work is on-going with Finance to align with WTEs to Divisions, HGs, CHOs, NAS and Corporate/HBS. An initial indicative direct funded employment threshold of **99,541 WTEs** was identified, however this is currently under review and may change when budgets and affordability is further assessed.
- The Health Sector is **1,611 WTEs (+1.6%) above** this initial threshold of 99,541 WTEs.
- Most divisions are either below or marginally above their direct funded employment threshold. However Acute Services is **1,350 WTEs above** the 2015 average indicative direct funded employment threshold with an employment growth of **+1,238 WTEs** year to date.
- In addition there are a further **662 WTEs** new service development posts in process still to be filled.

Quarterly Turnover Rate

- The turnover rate at the end of quarter 1 this year is 6.95%. There have been significant increases in the number of leavers recorded during the quarter when compared with the same period in 2014 (+414 WTEs). Some of this may be attributed to under reporting in 2014 as not all agencies have been submitting data on leavers, nevertheless there has been an upward trend seen over recent months.
- The Ireland East Hospital Group turnover rate is highest among Hospital Groups at 14.58% compared with an average across the Acute Hospitals division of 9.83%. Community Healthcare Organisation 7 recorded at 6.31% is the highest within the Community Healthcare Organisations, with the lowest at 3.19% is CHO 8.
- Table below provides turnover by staff category showing Medical/Dental at 34.75% this mainly due to rotation of NCHD staff.

Staff Category	Leavers Quarter 1 2015	Turnover Rate
Medical/ Dental	766	34.75%
Nursing	478	5.54%
Health & Social Care Professionals	181	5.31%
Management/ Admin	92	2.44%
General Support Staff	62	2.63%
Other Patient & Client Care	148	3.32%
Total	1,727	6.95%

Outturns and change

- **100,152 WTEs** at end of May excluding Home Helps, up **+271 WTEs** from April and **1,824 WTEs** year-to-date.
- This compares with a decrease in same period in 2014 of **42 WTEs** and an increase of **1,006 WTEs** respectively. This is the tenth monthly increase month on month since July 2014.
-

European Working Time Directive

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD Taskforce. The Taskforce is focused on verification of actions to support compliance at hospital / agency level and progressing measures to achieve full compliance in line with joint Department of Health / HSE commitments. The European Court Judgement regarding the Commission's case against Ireland for breach of the EWTD in relation to NCHD's is due on 9th July. In that context Acute Hospitals and HR are working with Hospital Groups to identify the specific reconfiguration and recruitment actions required to achieve full EWTD compliance.

- Compliance with a maximum 48 hour week is at 71% as of end May. This has increased from April. As indicated previously, the rate of improvement in this area since the start of the year slowed significantly in September 2014 and the general assumption is that further meaningful improvements are dependent on acute service reconfiguration.
- Compliance with 30 minute breaks is at 98% - unchanged from April;
- Compliance with weekly / fortnightly rest is at 98% - unchanged from April;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged from April;
- Compliance with a daily 11 hour rest period is at 97% - unchanged from April. This is closely linked to the 24 hour shift compliance above.

Hospital Group Absence Rates April 2015

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Coombe Women & Infants University Hospital	0.00%	4.24%	1.92%	3.73%	4.87%	5.16%	3.73%	83.8%
Midland Regional Hospital, Portlaoise	1.45%	5.60%	1.13%	6.47%	9.45%	5.41%	4.99%	89.9%
Midland Regional Hospital, Tullamore	1.25%	5.22%	4.76%	3.35%	4.23%	7.58%	4.87%	88.2%
Naas General Hospital	0.35%	4.07%	0.45%	2.86%	6.96%	9.72%	4.25%	86.7%
St. James's Hospital	0.62%	3.22%	2.36%	3.63%	3.64%	3.33%	2.87%	84.9%
St. Luke's Hospital, Rathgar	5.60%	4.48%	1.37%	1.26%	9.48%	19.14%	5.13%	83.8%
Tallaght Hospital	1.69%	3.07%	1.69%	2.91%	4.20%	3.34%	2.76%	85.2%
Dublin Midlands HG	1.15%	3.73%	2.06%	3.35%	4.67%	5.82%	3.45%	85.8%
Cappagh National Orthopaedic Hospital	1.12%	2.46%	1.56%	2.08%	4.20%	6.30%	2.68%	85.1%
Mater Misericordiae University Hospital	1.07%	3.56%	2.77%	3.53%	6.32%	3.91%	3.39%	88.7%
Midland Regional Hospital, Mullingar	0.04%	5.23%	2.77%	4.13%	1.09%	5.72%	3.88%	90.4%
National Maternity Hospital	0.39%	3.01%	3.10%	3.25%	3.19%	4.21%	2.83%	87.9%
Our Lady's Hospital, Navan	0.00%	6.84%	7.51%	3.01%	5.04%	4.78%	5.00%	90.1%
Royal Victoria Eye & Ear Hospital	1.19%	2.46%	1.12%	5.44%	7.52%	0.60%	3.41%	91.8%
St. Columcille's Hospital	0.63%	3.32%	1.09%	2.10%	6.14%	0.13%	2.23%	86.0%
St. Luke's General Hospital	1.49%	5.16%	2.66%	4.59%	4.91%	2.23%	4.25%	89.3%
St. Michael's Hospital	0.00%	2.35%	0.59%	0.76%	1.12%	1.12%	1.50%	71.7%
St. Vincent's University Hospital	0.73%	3.29%	2.16%	2.85%	4.86%	6.60%	3.06%	86.6%
Wexford General Hospital	0.20%	4.45%	0.66%	6.17%	2.90%	2.96%	3.49%	88.2%
Ireland East HG	0.75%	3.82%	2.48%	3.53%	4.56%	4.64%	3.33%	88.1%
Beaumont Hospital	0.66%	3.36%	1.84%	3.35%	2.94%	4.29%	2.76%	89.0%
Cavan General Hospital	1.33%	6.75%	2.67%	2.37%	8.13%	5.19%	4.93%	89.7%
Connolly Hospital	1.09%	2.78%	4.03%	0.85%	7.58%	5.80%	3.32%	53.4%
Louth County Hospital	0.00%	8.55%	1.88%	3.85%	1.59%	8.26%	4.67%	89.7%
Monaghan General Hospital	0.00%	4.65%	0.00%	1.29%	0.00%	3.01%	2.57%	86.5%
Our Lady of Lourdes Hospital	0.63%	6.89%	3.61%	5.11%	7.92%	9.31%	5.02%	89.0%
The Rotunda Hospital	0.67%	3.65%	1.45%	3.87%	4.37%	4.27%	3.37%	83.3%
RCSI HG	0.78%	4.66%	2.47%	3.39%	4.83%	5.65%	3.68%	84.4%
Galway University Hospitals	0.59%	4.79%	3.45%	2.61%	3.16%	3.50%	3.37%	82.6%
Letterkenny General Hospital	0.31%	3.13%	1.91%	5.01%	5.75%	5.36%	3.63%	82.0%
Mayo General Hospital	0.28%	4.80%	3.11%	3.23%	3.30%	4.56%	3.63%	83.8%
Portiuncula Hospital	0.00%	4.34%	0.95%	0.71%	1.03%	6.12%	2.71%	82.4%
Roscommon County Hospital	0.55%	5.47%	0.23%	1.67%	8.86%	17.69%	5.12%	83.3%
Sligo Regional Hospital	0.36%	4.89%	2.02%	4.47%	4.84%	8.35%	4.14%	80.5%
Saolta Healthcare Group HG	0.43%	4.51%	2.68%	3.19%	4.42%	5.38%	3.59%	82.2%
Bantry General Hospital	0.00%	4.95%	0.00%	2.64%	2.00%	6.29%	3.98%	93.2%
Cork University Hospital	1.08%	3.20%	3.01%	2.97%	4.84%	4.81%	3.16%	85.0%
Kerry General Hospital	1.03%	5.00%	5.51%	4.39%	3.02%	0.00%	4.14%	23.7%
Lourdes Orthopaedic Hospital	0.00%	3.92%	0.00%	0.00%	5.63%	0.00%	3.81%	91.0%
Mallow General Hospital	0.46%	6.14%	0.00%	6.27%	2.84%	0.00%	4.16%	90.5%
Mercy University Hospital	0.00%	6.28%	2.47%	1.21%	3.85%	6.75%	3.92%	87.7%

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
South Infirmary-Victoria University Hospital	2.53%	2.57%	3.19%	2.99%	3.57%	6.77%	3.08%	91.3%
South Tipperary General Hospital	1.42%	5.11%	1.75%	5.34%	6.63%	9.64%	4.70%	92.2%
University Hospital Waterford	0.24%	4.96%	2.51%	3.09%	8.02%	8.92%	4.10%	89.6%
South/ South West HG	0.86%	4.26%	2.88%	3.17%	5.05%	5.54%	3.68%	80.9%
Croom Hospital	0.00%	6.99%	0.00%	4.73%	1.29%	7.17%	5.85%	85.5%
Ennis Hospital	0.35%	9.27%	0.52%	2.86%	1.08%	3.52%	5.51%	95.3%
Nenagh Hospital	0.00%	3.92%	0.45%	5.73%	0.74%	13.24%	5.30%	94.9%
St. John's Hospital	0.00%	3.01%	0.70%	4.92%	9.20%	0.27%	3.70%	94.5%
University Hospital Limerick, Dooradoyle	0.66%	6.27%	3.72%	2.94%	7.49%	10.46%	5.34%	86.1%
University Maternity Hospital	1.70%	5.87%	0.00%	2.69%	0.48%	17.88%	6.07%	89.6%
University of Limerick HG	0.64%	6.03%	3.15%	3.41%	6.22%	9.71%	0.64%	91%
Children's University Hospital	2.34%	2.83%	4.04%	2.92%	14.72%	3.16%	3.63%	92.4%
Our Lady's Children's Hospital	0.73%	4.50%	3.63%	3.14%	7.58%	4.68%	3.96%	92.2%
Children's Hospital Group HG	1.37%	3.90%	3.79%	3.04%	9.65%	4.21%	3.84%	92.3%

Community Health Organisation Absence Rates April 2015

HSE Area	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
CHO 1	1.14%	5.98%	3.56%	4.52%	5.11%	6.77%	5.56%	93.18%
CHO 2	2.61%	4.93%	2.48%	3.78%	5.09%	4.26%	4.13%	93.09%
CHO 3	0.91%	8.23%	4.21%	3.50%	3.31%	10.34%	6.60%	92.56%
CHO 4	1.51%	3.29%	1.81%	3.10%	3.06%	3.24%	3.03%	88.08%
CHO 5	1.44%	4.75%	3.54%	3.72%	5.59%	5.72%	4.60%	89.94%
CHO 6	2.47%	3.80%	3.26%	3.78%	4.01%	3.72%	3.68%	86.90%
CHO 7	2.24%	4.38%	1.28%	5.62%	6.25%	4.03%	4.33%	89.91%
CHO 8	1.31%	5.53%	3.42%	5.01%	6.53%	6.29%	5.23%	89.68%
CHO 9	0.62%	4.51%	2.05%	5.38%	6.42%	7.37%	4.60%	82.74%
PCRS			0.00%	3.31%	0.00%		3.24%	95.18%
Total	1.55%	4.90%	2.80%	4.24%	5.00%	5.44%	4.56%	89.91%



Appendices

Appendix 1:

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 East 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	South/ South East Hospital Group	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		Galway University Hospitals
University of Limerick Hospital Group	Croom Hospital	Saolta Hospital Group	Letterkenny General Hospital
	Ennis Hospital		Portiuncula Hospital General & Maternity Ballinasloe
	Nenagh Hospital		Mayo General Hospital
	St John's Hospital		Roscommon County Hospital
	University Hospital, Limerick		Sligo General Hospital
	University Maternity Hospital		
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children's Hospital, Tallaght		

Appendix 2:

Ireland East Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	48%	-20.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	90%	-5.3%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100.0%	5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	98.5%	3.73%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	66.7%	-25.93%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	70.6%	-29.4%
	% of children waiting <20 weeks for an elective procedure	100%	60.8%	-39.2%
Inpatient admissions	Elective inpatient admissions	6,940	7,325	5.6%
	Emergency inpatient admissions	37,765	36,682	-2.9%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	88.1%	-11.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.3	-15%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.2%	-28.2%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	81.3%	-18.7%
	% of all attendees at ED who are in ED >24 hours	0%	4.7%	-4.7%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	82.4%	82.0%	-0.5%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.0%	10.0%	-66.7%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	67.7%	-32.3%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-13.1%	-13.1%
Discharges	No of inpatient discharges	54,912	53,487	-2.6%
	No of daycare discharges	71,141	68,965	-3.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.5	-29.3%
	Surgical ALOS	5.5	6.1	-11.9%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€328,912	€343,742	(€14,830) 5%
	Pay (Exc superannuation Pay)	€271,606	€279,883	(€8,277)3%
	• Pay – Agency	€11,609	€16,221	(€4,612)40%
	• Pay – Overtime	€13,941	€15,974	(€2,033)15%
	• Non Pay (including procurement savings)	€120,755	€128,581	(€7,826)6%
	Income	-€77,849	-€80,058	(-€2,209)3%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.65%	4.28%
Staffing levels and Costs	Medical/Dental		0.92%	-73.70%
	Nursing		4.08%	16.57%
	Health and Social Care Professional		2.93%	-16.28%
	Management/Administration		3.65%	4.28%
	General Support Staff		5.04%	44.00%
	Other Patient and Client Care Staff		5.13%	46.57%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	9,997	10,310	313(3.1%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
	< 48 hour working week	100%	72%	28%

Dublin Midlands Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	62%	3.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	86%	-9.5%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-15%
	Surgery: % of surgical readmissions within 30 days	<3%	3%	0%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	97.7%	2.8%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	96.9%	2.0%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	92.4%	2.7%
	Radiotherapy: % 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)	90%	80.4%	-10.7%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	64.8%	-35.2%
	% of children waiting <20 weeks for an elective procedure	100%	59.1%	-40.9%
Inpatient admissions	Elective inpatient admissions	5,816	5,567	-4.3%
	Emergency inpatient admissions	29,113	26,068	-10.5%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	76.3%	-23.7%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.9	-45%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	58.2%	-38.7%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	74.4%	-25.6%
	% of all attendees at ED who are in ED >24 hours	0%	4.4%	-4.4%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	61.4%	59.0%	-3.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	4.8%	8.0%	-66.7%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	33.7%	-66.3%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-21.6%	-21.6%
Discharges	No of inpatient discharges	42,666	39,145	-8.3%
	No of daycare discharges	88,642	84,199	-5.0%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	8.8	-51.7%
	Surgical ALOS	6.2	6.8	-9.7%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€310,858	€325,583	(€14,725)5%
	Pay (Exc superannuation Pay)	€252,297	€258,861	(€6,564)3%
	• Pay – Agency	€11,148	€19,277	(€8,129)73%
	• Pay – Overtime	€9,626	€11,496	(€1,870)19%
	• Non Pay (including procurement savings)	€124,774	€133,027	(€8,252)7%
	Income	-€79,597	-€79,947	(-€349)0%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.61%	3.14%
Staffing levels and Costs	Medical/Dental		0.95%	-72.85%
	Nursing		3.97%	13.42%
	Health and Social Care Professional		2.42%	-30.85%
	Management/Administration		4.14%	18.28%
	General Support Staff		4.22%	20.57%
	Other Patient and Client Care Staff		5.74%	64.00%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	9,317	9,544	227(2.4%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	95%	5%
	< 48 hour working week	100%	60%	40%

RCSI Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	41%	-31.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	78%	-17.9%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100.0%	5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	100.0%	5.3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	98.1%	9.0%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	65.7%	-34.3%
	% of children waiting <20 weeks for an elective procedure	100%	47.2%	-52.8%
Inpatient admissions	Elective inpatient admissions	4,400	4,386	13.6%
	Emergency inpatient admissions	30,209	28,199	-7.7%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	86.4%	-13.6%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.7	-35%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	60.3%	-36.5%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	75.2%	-24.8%
	% of all attendees at ED who are in ED >24 hours	0%	6.9%	-6.9%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	59.7%	56.0%	-6.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.9%	10.0%	-44.9%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	50.0%	-50.0%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-8.6%	8.6%
Discharges	No of inpatient discharges	42,012	39,959	-4.9%
	No of daycare discharges	49,200	47,665	-3.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.7	-32.8%
	Surgical ALOS	5.3	5.9	-11.3%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€254,428	€268,779	(€14,351)6%
	Pay (Exc superannuation Pay)	€219,802	€226,653	(€6,851)3%
	• Pay – Agency	€15,801	€20,522	(€4,721)30%
	• Pay – Overtime	€11,560	€12,281	(€721)6%
	• Non Pay (including procurement savings)	€87,144	€92,209	(€5,065)6%
	Income	-€60,071	-€57,938	(€2,133)-4%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	4.05%	15.71%
Staffing levels and Costs	Medical/Dental		0.96%	-72.57%
	Nursing		4.88%	39.42%
	Health and Social Care Professional		2.92%	-16.57%
	Management/Administration		3.75%	7.14%
	General Support Staff		5.40%	54.28%
	Other Patient and Client Care Staff		6.78%	93.71%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	7,616	7,878	262 (3.4%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	94%	6%
	< 48 hour working week	100%	54%	46%

Saolta University Health Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	19.0%	-68.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88.0%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	90.8%	-4.4%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	79.2%	-16.7%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	72.5%	-19.5%
	Radiotherapy: % 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)	90%	86.4%	-4%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	72.1%	-27.9%
	% of children waiting <20 weeks for an elective procedure	100%	60.0%	-40.0%
Inpatient admissions	Elective inpatient admissions	5,618	5,565	-0.9%
	Emergency inpatient admissions	38,194	38,819	1.6%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	74.1%	-25.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.3	-20%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.8%	-27.6%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	83.6%	-16.4%
	% of all attendees at ED who are in ED >24 hours	0%	2.7%	-2.7%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	65.9%	60.0%	-9.0%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	8.0%	14.0%	-75.0%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	81.8%	-18.2%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.00%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	9.5%	9.50%
Discharges	No of inpatient discharges	46,631	47,090	1.0%
	No of daycare discharges	61,223	62,691	2.4%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	6.7	-15.5%
	Surgical ALOS	4.3	4.7	-9.3%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€264,523	€281,722	(€17,199)7%
	Pay (Exc superannuation Pay)	€207,969	€218,038	(€10,069)5%
	• Pay – Agency	€5,328	€12,536	(€7,208)135%
		€9,689	€9,743	(€54)1%
	• Pay – Overtime			
	• Non Pay (including procurement savings)	€95,604	€103,853	(€8,249)9%
Income		-€39,050	-€40,169	(-€1,119)3%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	4.05%	15.71%
Staffing levels and Costs	Medical/Dental		0.66%	-81.14%
	Nursing		4.92%	41%
	Health and Social Care Professional		3.14%	-10.28%
	Management/Administration		3.82%	9%
	General Support Staff		4.97%	42.00%
	Other Patient and Client Care Staff		6.01%	72%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	7,858	7,965	107 (1.4%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
	< 48 hour working week	100%	79%	21%

South / South West Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	42%	-30.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	90.0%	-5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	75.4%	-20.6%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	12.1%	-86.6%
	Radiotherapy: % 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)	90%	83.3%	-7.5%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	70.40%	-29.6%
	% of children waiting <20 weeks for an elective procedure	100%	66.70%	-33.3%
Inpatient admissions	Elective inpatient admissions	10,616	11,417	7.5%
	Emergency inpatient admissions	36,752	34,543	-6.0%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	72.90%	-27.1%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.8	-40%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.7%	-28.7%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.4%	-19.6%
	% of all attendees at ED who are in ED >24 hours	0%	3.9%	-3.9%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	72.5%	74.0%	2.1%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	7.5%	10.0%	-33.3%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	71.7%	-28.3%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-8.0%	-8%
Discharges	No of inpatient discharges	54,588	53,563	-1.88%
	No of daycare discharges	68,553	67,456	-1.60%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	6.5	-12.1%
	Surgical ALOS	4.8	4.4	8.3%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€286,939	€294,470	(€7,530)3%
	Pay (Exc superannuation Pay)	€239,595	€246,204	(€6,609)3%
	• Pay – Agency	€8,245	€12,261	(€4,016)49%
	• Pay – Overtime	€10,833	€11,019	(€185)2%
	• Non Pay (including procurement savings)	€109,425	€116,213	(€6,788)6%
	Income	-€64,818	-€70,676	(-€5,858)9%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.96%	13.14%
Staffing levels and Costs	Medical/Dental		0.73%	-79.14%
	Nursing		4.81%	37%
	Health and Social Care Professional		2.94%	-16.00%
	Management/Administration		3.44%	-2%
	General Support Staff		5.31%	51.70%
	Other Patient and Client Care Staff		4.91%	40%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	8,932	9,179	247 (2.8%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
	< 48 hour working week	100%	91%	9%

Children's Hospital Group Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.60%	6%	37.5%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of children waiting <20 weeks for an elective procedure	100%	57.8%	-42.2%
Inpatient admissions	Elective inpatient admissions	41,131	3,004	1.0%
	Emergency inpatient admissions	7,024	7,340	4.5%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	83.2%	-16.8%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 2.3	-20%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	87.3%	-8.1%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	96.2%	-8.1%
	% of all attendees at ED who are in ED >24 hours	0%	0.5%	-0.5%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	97.7%	-2.3%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	87.5%	-12.50%
Discharges	No of inpatient discharges	10,198	10,243	0.4%
	No of daycare discharges	11,423	11,410	-0.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€92,228	€94,611	(€2,383)3%
	Pay (Exc superannuation Pay)	€79,002	€80,270	(€1,268)2%
	• Pay – Agency	€227	€473	(€246)108%
	• Pay – Overtime	€3,138	€3,489	(€350)11%
	• Non Pay (including procurement savings)	€30,286	€32,265	(€1,979)7%
	Income	-	-€22,661	(€-1,588)8%
		€21,073		
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.86%	10.28%
Staffing levels and Costs	Medical/Dental		1.24%	-64.57%
	Nursing		4.27%	22%
	Health and Social Care Professional		3.24%	-7.40%
	Management/Administration		3.83%	9%
	General Support Staff		7.67%	119.00%
	Other Patient and Client Care Staff		4.08%	17%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	2,794	2,813	19 (0.7%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100	93 %	7%
	< 48 hour working week	100	65%	35%

University of Limerick Hospitals Services Balanced Score Card

Quality

		Target YTD	YTD	% Var YTD
Surgery	% daycare rate for Elective Laparoscopic Cholecystectomy	>60%	5.0%	-91.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88.0%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	9.0%	6.3%
	Surgery: % of surgical readmissions within 30 days	<3%	1.0%	66.7%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	98.4%	3.6%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	76.5%	-19.4%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	26.8%	-70.2%
Access		Target YTD	YTD	% Var YTD
Inpatient/Daycase waiting times	% of adults waiting <8 months for an elective procedure	100%	88.0%	-12.0%
	% of children waiting <20 weeks for an elective procedure	100%	69.6%	-30.4%
Inpatient admissions	Elective inpatient admissions	4,437	4,297	-3.1%
	Emergency inpatient admissions	12,128	13,285	9.5%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	86.0%	-14.0%
	Outpatients attendances – New: Return Ratio	1 : 2	1: 3.0	-50%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	56.6%	-43.4%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	72.0%	-8.0%
	% of all attendees at ED who are in ED >24 hours	0%	7.1%	-7.1%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	71.7%	79.0%	10.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	10.9%	17.0%	-56.0%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	89.3%	-10.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0.00%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	32.8%	32.8%
Discharges	No of inpatient discharges	19,881	21,216	6.7%
	No of daycare discharges	18,444	17,964	-2.6%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	5.7	0.00%
	Surgical ALOS	3.9	4.3	7.70%

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€106,671	€108,210	(€1,539)1%
	Pay (Exc superannuation Pay)	€85,503	€88,894	(€3,391)4%
	• Pay – Agency	€5,715	€7,930	(€2,215)39%
	• Pay – Overtime	€3,202	€3,684	(€482)15%
	• Non Pay (including procurement savings)	€44,880	€47,267	(€2,387)5%
	Income	-€24,505	-€28,942	(€-4,437)18%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	5.69%	62.57%
Staffing levels and Costs	Medical/Dental		0.45%	-87.14%
	Nursing		6.05%	73%
	Health and Social Care Professional		4.20%	20.00%
	Management/Administration		5.45%	56%
	General Support Staff		7.34%	109.70%
	Other Patient and Client Care Staff		9.28%	165%
Compliance with European Working Time Directive (EWTD)	Variance from HSE workforce indicative workforce number (within approved funding levels)	3,091	3,267	176 (5.7%)
	< 24 hour shift	100%	85%	15%
	< 48 hour working week	100%	81%	19%

Appendix 3:

Community Health Organisations

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