



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Profile

**October - December 2017
Quarterly Report**

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

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Corporate Updates

Clinical Strategy and Programmes

The following is an end of year brief update on progress against the priorities and priority actions from the National Service Plan.

Progress on the establishment and development of the Integrated Care Programmes (ICP)

- 2018 Programme plans for each of the ICP's have been approved by SMT
- The ICP Older People is progressing the Implementation of the 10 Step Framework at 6 existing Pioneer sites and on the development of 6 new sites using the 10 Step Framework. Integrated care teams were recruited in 5 new sites and governance arrangements were put in place with a 6th site commencing early 2018. An Implementation Guidance document was launched; 'Making a Start in Integrated Care for Older Persons'. This provided guidance to local governance groups, clinicians and managers to implement integrated care.
- The ICP for Chronic Disease have established their national and local governance structures to support the development and implementation of the Programme. On-going work in the 24 integrated care active sites across the country, where an integrated care approach for chronic disease is being tested, with staff delivering care between the community and acute settings. The programme has also launched the National Framework for Self-Management Support and a National Framework for Making Every Contact Count
- The ICP Patient Flow programme has progressed a number of initiatives that aim to improve patient flow through: improved discharge processes; application of operations management, best practice and quality improvement methodologies, including the National Patient Flow Improvement Programme (being tested in two proof of concept sites: Galway University Hospitals and University Hospital Limerick before phased national rollout). In 2017, the programme established the ICP-PF steering group. National Patient Flow Improvement Programmes were set up in both proof of concept sites with Programme Lead, Clinical Lead and Data Analyst roles in post. Phase 1 of the Transforming Urgent and Emergency Care Project (UEC) was completed in September 2017 and it delivered a validated blueprint for our UEC system and highlights the necessary components for an effective UEC system. Phase 2 is also well progressed, expanding on each of the components identified in the blueprint and how these can be translated into care for the population, ranging from prevention to acute episodes of care
- The ICP Children have progressed a number of service improvement initiatives. As part of the Waterford Paediatric initiative, two of the three consultant paediatrician posts have been offered with the successful incumbents due to commence in quarter 1 2018. Implementation of the hip ultrasound screening programme has commenced in 8 sites during 2017 and is operational in 5/8 sites. An integrated care pathway is being developed for children with neuromuscular disorders as well as infants with a permanent childhood hearing impairment. A care pathway for hepatitis B in the perinatal period has been completed. The Programme is also progressing the design of an implementation plan for the National Model of Care for Paediatric Healthcare Services.

Progress on developing further clinical programme models of care (MoC)

Within the NSP 2017 Clinical Strategy and Programmes aim to develop further service shaping documents such as models of care, guidelines and pathway, and support implementation of same across Hospital Groups and CHOs.

In 2017, the following models of care have been designed and there are a number of models of care that are nearing completion in 2018:

- NCP for Paediatrics and Neonatology
- NCP for Rehabilitation Medicine
- NCP for Eating Disorders

Progress on developing and implementing the Patient Narrative Project to guide the delivery of integrated services in order to create improved patient experience and outcomes.

Development and pilot of the Your Voice Matters framework which enables co-production in health and social care through the collation, and analysis of a high volume of patient and service user voices in a systematic way to be used to influence the design, delivery and improvement of integrated care at national and local levels was delivered in 2017.

Your Voice Matters, an innovative means to find out the extent to which person-centred coordinated care indicators developed by patients in May 2017, are experienced by health service users in their journeys across and within services was completed in Q3 and Q4 2017. The survey had 584 respondents which focused on the Integrated Care Programmes for Older Persons and the Prevention and Management of Chronic Conditions.

Office of Nursing and Midwifery Services Director (ONMSD)

The following is an end of year update on progress against the priorities and priority actions from the National Service Plan.

Nurses and midwives with authority to prescribe

Within NSP 2017 the Office of Nursing and Midwifery services priorities where to provide an increase to 940 the number of nurses and midwives with authority to provide medicines and increase to 310 the number of nurses and midwives with authority to prescribe ionising radiation (x-ray).

	2016 Baseline	Additional YTD 2017	Total at end of Dec 2017	Target 2017	Status
Medicine	870	120	990	940	Exceeded the target
Ionising	287	33	320	310	Exceeded the target

Caring Behaviours System for Ireland (CBAS-I)

Throughout 2017 the Caring Behaviours Assurance System-Ireland programme has been expanded to the Midland Regional Hospital Portlaoise and Naas General Hospital. A total of 30 quality champions have been trained from these hospitals. Second CBAS-I programmes were facilitated in Galway University Hospital and Portiuncula University Hospital. A total of 25 new quality champions were trained from these sites. Planning commenced for further expansion of the programme to University Maternity Hospital, Limerick.

Framework for staffing and Skill Mix for Nursing Update

- Project ongoing in three sites as directed by DoH (Beaumont Hospital - Dublin, Our Lady of Lourdes Hospital, Drogheda and St Columcilles Hospital, Loughlinstown). Further extension of the pilot to 10 additional wards on the 3 existing sites as directed by the Taskforce steering group undertaken in Q4 2017.
- Research into the project continues – led by Professor Jonathan Drennan in UCC. The following four components are being measured using both administrative and cross-sectional data:
 - Patient outcomes
 - Nurse staffing
 - Nurse workload
 - Working environment

Policy Development – Candidate ANP Recruitment

125 cANP's recruited to the Demonstrator Sites and are undertaking the education programme at NUIG, UCD, UCC and TCD.

Breakdown by Speciality	
Older Persons	X 42
Respiratory	X 20
Rheumatology	X 23
Unscheduled Care	X 39
Chronic Disease	X 1

Quality Care Metrics

Metrics and their respective indicators have been finalised for the following care areas – acute, midwifery, children's, older people, public health and community nursing, mental health and intellectual disability. A total of 95 metrics and 544 indicators will be uploaded to the Nursing and Midwifery Quality Care-Metrics system in 2018 and the ONMSD will be supporting acute hospitals and CHO's in the change-over.

Children First National Office

Introduction

2017 was a critical year in terms of the implementation of Children First compliance throughout the H.S.E. The full enactment of the Children First Act 2015 in December conferred new statutory obligations on the H.S.E. with the introduction of mandatory reporting and assisting. In particular, the new Act placed increased liability on the individual employee and staff member. In doing so it created the requirement that all staff must ensure that they equip themselves with the appropriate information and skills to dispense their statutory duty under the Act. As one of the largest and most complex organisation in the state with a wide range of diverse services providing treatment to children and families the H.S.E. was presented with a considerable challenge. The H.S.E. has a corporate liability as an employer to ensure that all employees and the staff of its funded and contracted agencies were provided with adequate information and access to training that would equip them to fulfil their duties under the Act.

The Children First National Office and team were established to oversee the implementation of Children First compliance across the organisation. Given that there was a gap in management and oversight for the first few months of the year, the C.F.N.O. has managed to end the year well on schedule in relation to its implementation programme and with all key actions either completed or significantly advanced. An Interim Children First Lead was appointed to the team in June and an intensive period of development, briefings and a multimedia communications/ awareness raising programme ensured. This resulted in the uptake for the elearning programme escalating from 28,000 in June to 68,00 at end of December 2018. Progress under specific key areas is outlined below and certain dependencies and risks are also identified.

Children First Governance Structure in Place and Implemented –

- National and Divisional Oversight Committees are in place
- Children First Implementation Committees have been established in all C.H.O.s and Hospital Groups and are meeting regularly.
- A HSE National Children First Office has been established and is being staffed with a team of Training and Development Officers to support each CHO, and Hospital Group in their implementation of Children First and to audit a number of Funded Agencies and a number of relevant Contracted Services . An Interim Children First Lead, Mary Kenny, was appointed in June 2017 and managed the team and implementation of Children First compliance to end of year.

HSE Child Protection and Welfare Policy

The Children First Act 2015 is due to be enacted in full on the 11/03/2018. The Act introduce new statutory obligations for H.S.E. employees and H.S.E. funded and contracted agencies. These are as follows:-

- All relevant services i.e. services defined by the Act as providing directly to children and families must display a Child Safeguarding Statement in their locations. This statement must outlined their commitment to protecting children from identified risks or potential risks when availing of their service. Underpinning this statement a suite of documents must be developed to include: A description of the services provided, an assessment of risks to children availing of the service and a list of policies and responses to mitigate or eliminate these risks.
- Mandatory Reporting against a defined threshold.
- Mandatory Assisting which includes the provision of reports, assessments, attendance and any other proportionate and reasonable assistance required by Tusla in investigating a mandatory report. The current 2016 Policy is currently being revised to incorporate the new statutory obligations conferred on H.S.E. employees and funded and contracted agencies. The revised policy will replace the 2016 Policy on the website.

The C.F.N.O. decided that a National Corporate Statement and a local statement by C.H.O.s and Hospitals would be developed by the H.S.E. to ensure its compliance with this requirement of the Act. The C.F.N.O. has completed a H.S.E. Corporate Safeguarding Statement and local Safeguarding Statements are being progressed in C.H.O.s and hospitals. The Corporate Statement will include a list of National H.S.E. procedures and policies that address risks identified and will assist local areas in developing their C.S.S. in that many of these National Statements also act as responses to local risks identified.

The H.S.E. Corporate Statement has been developed and the C.H.O. and hospital statements are being progressed.

Children First Training Strategy

Three videos have been developed and are currently being placed on the website. The topics covered are:

- Reasonable grounds for concern
- How to complete a Standard Report Form to report a child protection concern to the Child and Family Agency.
- Domestic violence impact on children and response of agencies

A fourth video has been added to the Children First Website which provides guidance to staff in how to relate sensitively and effectively with parents/ guardians in the event that they have to make a child protection report on their children.

A generic eLearning training programme is available on (<http://childrenfirst.hseland.ie/>). A specific elearning programme designed for staff directly employed by the H.S. E is available on www.hseland.ie. Both modules address how to identify, assess and if necessary report child protection issues .The programme on www.hseland.ie is mandatory for all staff employed within the H.S.E. The programme is interactive and staff are provided with a certificate of successful completion. The programme takes approximately 90 mins and can be completed in separate time slots.

Subsequent to an intense promotion and communications programme there has been a steep escalation in uptake of the e-learning programme with numbers increasing from 28,000 in June 2017 to 68,000 by year end.

An advanced briefing package has been developed for line managers. This briefing provides for more intensive insight into all aspects of H.S.E. obligations and issues arising from Children First legislation and will allow for an interactive discussion as the briefings will be delivered personally by the Training and Development Officers on the National Children First Team. Live briefings have begun in all C.H.O.s and are being rolled out to Hospitals. These briefings are being provided by training officers from the C.F.N.O.

A review of training will take place when the current programme of briefings are completed and this review will look at additional training need of staff and additional cohorts of staff that may need live briefings. This review will also take into account the capacity of the C.F.N.O. to deliver and the capacity of the service to support further training.

Communication Strategy and Children First Website

The C.F.N.O revised information and guidance on its Children First website in order to fully incorporate the additional statutory obligations conferred on staff by the enactment of the Children First Act 2015. The H.S.E. Children First Protection and Welfare Policy 2016 as outlined on the website is currently under review and is due for completion imminently. This revision will incorporate additional guidance for staff in relation to their new duties .All other aspects of the website have also been revised and are now up to date with the new legislation. These include: the e-learning programme, the Frequently Asked Questions and additional four videos. An additional and independent update has been placed on the site to inform staff who completed the unrevised e-learning programme of the implications for them of the Children First Act without compelling them to revisit the entire programme.

An intensive communications/ information strategy was conducted. This included the following:-

- System wide broadcasts from the C.F.N.O. and the Director General.
- Awareness raising days in Hospitals conducted by training officers from the C.F.N.O.
- The circulation of hardcopies of the Tusla Guidance in relation to mandatory reporting and assisting.
- The circulation of information leaflets to staff.
- Information and relevant documents provided to senior managers in C.H.O. and H.G.s informing them of their responsibilities under the Act.
- Update to primary care performance meetings.
- The insertion of an additional clause into service level agreements informing funded agencies of actions required of them in order to assure the H.S.E. of their compliance.

- Two articles in Health Matters

The website www.hse.ie/childrenfirst is the repository of most of the resources with leaflets setting out key responsibilities for staff, GP's, parents, children and other relevant parties.

Quality Assurance and Monitoring

A Quality Assurance Framework for all aspects of the Children First programme has been developed. The following are currently in place:

- Scoped reports for HSE systems and services completing or not completing the Children First e-Learning programme. Statistics have been greatly refined in this regard and are now specific to disciplines within services. The team is currently developing a K.P.I. in relation to e-learning uptake which will be supported by evidence from statistics gathered. This will embed the Children First training in the future performance management system for C.H.O.s and Hospital Groups and will act as a driver for elearning uptake.
- A Certification process for all staff who undertake the HSE Children First e-Learning programme and pass the 10 question sequence on completion is in place.
- An auditing process to ensure compliance of H.S.E. funded and contracted agencies is also in development and will involve funding managers and Children First Training officers.
- The C.F.N.O. is also in the process of ensuring that oversight and management of compliance with Children First is included in the Controls Assurance Process.

HSE Funded Agencies, HSE Contracted Services and Agency Staff

- An assurance process is in train to ensure that Children First compliance is stated in all service contracts with both funded and contracted services. This includes self-assessments by HSE Funded Agencies of their compliance with Children First. A compliance checklist has been developed by the C.F.N.O. to assist agencies in this regard. An auditing process involving funding managers and Children First Training officers is in development.
- Positive engagement has commenced with Irish Regulatory Bodies to advance the inclusion of Children First Training in the standards for registration and for CPD points.
- The Children First National Office is currently engaging with H.R. and other relevant functions to ensure that agency staff to be employed by the HSE must have undertaken Children First Training prior to taking up employment. National contracts with employment agencies are being amended as part of the national procurement process to reflect the requirement that all agency staff employed in the HSE have completed relevant training and if required, the HSE e-Learning module prior to taking up duty. This work is still in progress.

Risks/ Dependencies

- The 2017 allocation for the Children First National Office was insufficient. Non-pay was not adequate to cover staff mileage expenses.
- There are a significant number of vacancies on the team in what is a critical developmental period. These vacancies were generated during the gap in management oversight of the service from Jan to June 2017. Actions are being progressed to recruit.
- The introduction of mandatory assisting may create significant additional service pressure in the areas of child psychiatry, psychology, public health nursing, paediatrics and G.P.s
- It is critical in order to protect the liability of individual staff members and also corporate liability that an efficient recording system for child protection reports is established in local services.
- The rigid controls on information sharing amongst professionals in the C.F.A. 2015 is restrictive and problematic for the form of multidisciplinary team working which is a common form of service delivery throughout the H.S.E. This is the only condition in the Act the breach of which may incur a criminal sanction. Therefore a protocol must be developed between the H.S.E and Tusla to ensure that such controls do not act counter to collaborative working amongst professionals in the best interests of children.

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for Year	Cum Profile for Period - Jan - Dec	Expenditure for Period Jan - Dec	Variance for Period Jan - Dec	Expenditure to Dec - as a % of Profile	Expenditure to Dec - as a % of 2017 Total Profile	Variance as % of Profile Jan - Dec 2017
L2(1)	313.461	314.380	329.536	(15.156)	104.82%	105.13%	-4.82%
L2(2)	68.000	68.000	67.746	0.254	99.63%	99.63%	0.37%
L3	2.539	2.539	2.539	0.000	100.00%	100.00%	0.00%
	384.000	384.919	399.821	(14.903)	103.87%	104.12%	-3.87%
L4	55.000	55.000	54.915	0.085	99.85%	99.85%	0.15%
	439.000	439.919	454.736	(14.817)	103.37%	103.58%	-3.37%
Asset Disposals	2.613	2.613	0.000	2.613	0.00%	0.00%	100.00%
Net	441.613	442.532	454.736	(12.204)	102.76%	102.97%	-2.76%

CONSTRUCTION - L2(1)

In the year to December 2017, expenditure on construction projects exceeded allocation by € 15.156m. This additional expenditure was funded from Other Income / Contributions received in 2017 and in prior years. The excess was additionally funded through the sale of assets amounting to €2.163m and by the vire of the surplus on L2 (2) (new Children's Hospital) of € .254m.

CONSTRUCTION - L2(2) - (New Childrens Hospital)

Expenditure on the new Children's Hospital in the year to December 2017 amounted to € 67.746m, from a Department of Health allocation of €68m. It was agreed that the remaining surplus of € .254 should be vired to other construction projects to assist in reducing the additional expenditure incurred in this area.

ICT (L4)

Expenditure on ICT projects in the year to December 2017 amounted to € 54.915m or 99.85% of the allocated funding of € 55m.

Asset Disposals:

Receipts from Sale of Assets:

The value of sale proceeds in the year to December 2017 amounted to € 2.613m.

Internal Audit

	Total Report	No of Recommendations	75% implemented or superseded after 6 months	95% implemented or superseded after 12 months
2014	136	1281	N/A	91%
2015	116	1119	N/A	90%
2016	154	1761	63%	84%
2017	118	1364	36%	N/A

Help Desk Queries

Q4 2017	No of Helpdesk Queries 2017	No of Helpdesk Queries 2016	% Increase from 2016
Oct	165	131	26
Nov	140	105	33
Dec	91	71	28
Total	396	307	29

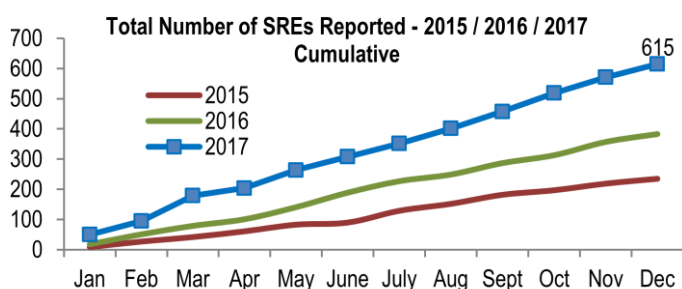
Quality and Patient Safety

Quality and Patient Safety

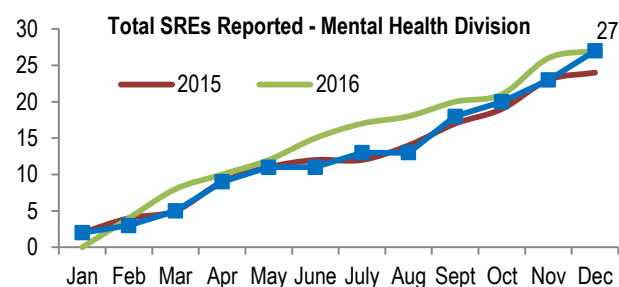
Serious Reportable Events	Acute Hospitals Division	Social Care Division	Mental Health Division	Other	Total
No. of SREs Reported December 2017	26	8	4	1	39
% Reported <24 hours December 2017	19%	63%	25%	100%	31%
No. of SREs Reported YTD 2017	442	140	27	6	615
% Reported <24 hours YTD 2017	23%	38%	33%	33%	27%
% compliance 120 day investigations completed*	7%	22%	9%	0%	12%

*based on September YTD 2017

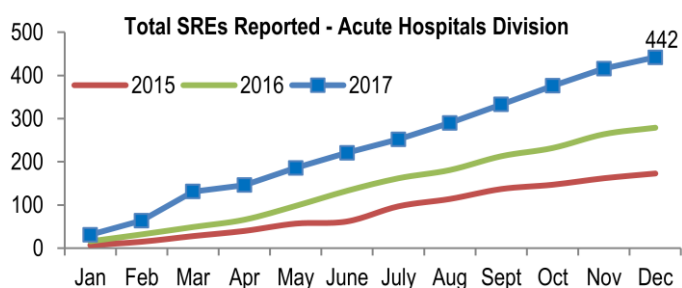
National



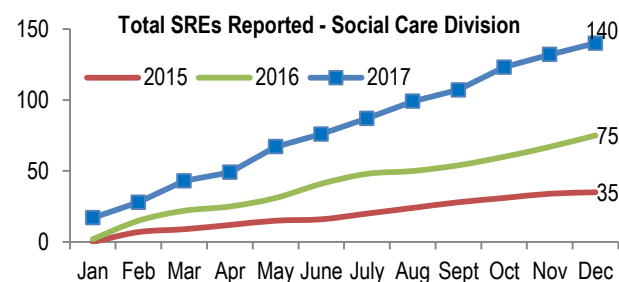
Mental Health Division



Acute Hospitals Division



Social Care Division



Quality Assurance Division Update

Incident Management Training

Training:	Dec.	YTD
Systems Analysis Investigation	14	312
Incident Management Training	0	16
Human Factors Training	0	16
Find the Evidence Training	0	14

Healthcare Audit

Healthcare Audits:	YTD
Audits in progress	45
Completed	33

Medical Exposure Radiation Unit (MERU)

MERU	Dec.	YTD
Radiation Safety Incidents Reported	3	51

Appeals Service

Appeal Type (YTD)	Received	Processed
Medical / GP Card	1,541	1,539
Medical / GP Visit Card	60	62
Nursing Home Support Scheme	391	366
CSAR	58	57
Home Care Package	132	133
Home Help	66	65
Other	115	98
Total	2,363	2,320

Complaints

Training:	Dec.	YTD
Number of complaints officers/support staff trained on the Complaints Management System	27	359
Number of Complaints logged on CMS	81	905
Number of Review Officers trained in YSYS review officer training	0	104

Complaints:	Dec.	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	68	522

Quality Improvement Division Update

Supporting improvement in Emergency Departments and Injury Units

The Quality Improvement Division in collaboration with the Emergency Medicine Program has been working for the last year with frontline staff in 10 Emergency Departments and one Injury Unit within 2 hospital groups. It is using a QI approach known as Clinical Microsystems, which recognises that multi-disciplinary frontline teams are the ones best placed to identify and improve aspects of care in their work setting. Training sessions have been delivered to teams within the RCSI and the DML hospital groups. This type of work has a particular emphasis on exploring the patient experience and the how these can be improved. The teams have been working on improvement initiatives which they identify as a unit and working closely together have been making important changes with a very positive impact for patients. Measuring change is built into the training, which is an integral part of Quality Improvement.

A Celebration Day held in November highlighted the variety of initiatives in the first hospital group which was the RCSI group, which was widely supported by HSE staff and showed how ED staff are responding to patient opinions and concerns. There were a variety of positive improvements showcased on the day. These include improving patient information, in particular medication information, along with both written and screen information. There was a wheelchair initiative which showed a remarkable measurable improvement with immediate positive improvement for both patients and staff. Another initiative which is on-going is a significant project focusing on the patient experience in the waiting room. There were also some process improvements discussed.

There has been very positive feedback from both patients and staff, and there is a strong emphasis on sustaining the improvements the teams have made. This work will be continuing in other hospital groups throughout 2018.

National Pressure Ulcer Prevention Safety Programme

49% reduction in ward acquired pressure ulcers across the 23 participating teams in six months

Phase 3 of the Pressure Ulcer to Zero (PUTZ) project was completed during 2017 having focused on the acute sector with 23 multidisciplinary teams from all acute hospitals in the South South-West Hospital Group (SSWHG) and Dublin Midlands Hospital Group (DMLHG). The collaborative is based on the Institute for Healthcare Improvement (IHI) (2003) Breakthrough Series Collaborative Model the Framework for Improving Quality (HSE, 2016), and was delivered by the Quality Improvement Division.

23 multidisciplinary teams from all hospitals in the SSWHG and DMLHG participated in two parallel collaboratives and achieved a 49% reduction in newly acquired pressure ulcers during the project up to September 2017.

The participating teams from the hospitals teams were brought through the improvement process by a team from the Quality Improvement Division (QID) with help from experts in tissue viability. Formal education sessions, local project support, and mentoring were provided by the QID team which enabled the local teams build up an expertise in quality improvement methodologies and apply that learning to address the very important patient safety issue of pressure ulcers.

The outcomes of this phase of the project include significant improvement in patient safety and patient experience within the hospitals; and staff trained in quality improvement methods which they can now apply to other patient safety initiatives.

Performance Overview

Heat Maps Key:

The table below provides details on the ruleset for the Red, Amber, Green (RAG) rating on the divisional heat maps

Performance RAG Rating	Finance RAG Rating	HR – Absence	HR – Indicative workforce
Red ● > 10% of target	Red ● ≥ 0.75% of target	Red ● ≥ 4%	Red ● ≥ 1.5% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target	Amber ● ≥ 3.7% < 4%	Amber ● ≥ 0.5% < 1.5% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target	Green ● < 3.7%	Green ● < 0.5% of target
Grey ● No result expected			

Graph Layout:

Target 2017

Trend 2016/2017

Trend 2015/2016



Design Layout:

The Performance Overview table provides an update on the YTD performance

The Graphs and Service Level Performance table provides an update on the in-month performance

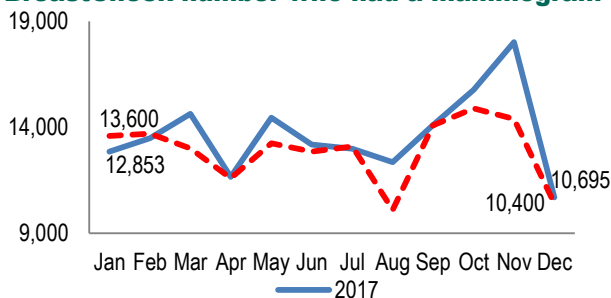
The Balanced Scorecard/Heat Map provides the YTD results with the results for last three months provided in the final three columns

Health and Wellbeing

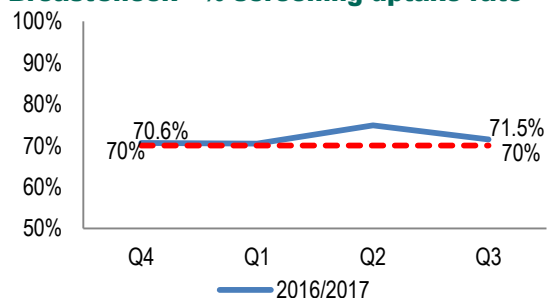
Health and Wellbeing Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Environmental Health – food inspections	33,000 YTD/ 33,000 FYT	Q	24,639	33,162	+8,523	35,651	-2,489 ↓
BreastCheck - number of eligible women who had a mammogram	155,000 YTD/ 155,000 FYT	M	153,492	164,187	+10,695	141,882	+22,305 ↑
BreastCheck - % screening uptake rate	>70%	Q-1Q	72.6%	72.2%	-0.4%	74.4%	-2.2% ↓
CervicalCheck - number of eligible women who had screening	242,000 YTD/ 242,000 FYT	M	246,267	259,007	+12,740	253,091	+5,916 ↑
CervicalCheck - % with at least one satisfactory screening in a five year period	>80%	Q-1Q	79.7%	79.8%	+0.1%	79.6%	+0.2% ↑
BowelScreen - number of people who completed a satisfactory FIT test	106,875 YTD/ 106,875 FYT	M	113,882	120,764	+6,882	108,285	+12,479 ↑
BowelScreen - % client uptake rate	>44% YTD/ >45% FYT	Q-1Q	40.5%	41.2%	-0.7%	38.1%	+3.1% ↑
Diabetic RetinaScreen - number of people who participated	87,000 YTD/ 87,000 FYT	M	88,367	96,239	+7,872	88,807	+7,432 ↑
Diabetic RetinaScreen - % uptake rate	>56%	Q-1Q	65.8%	67.7%	+1.9%	59.1%	+8.6% ↑

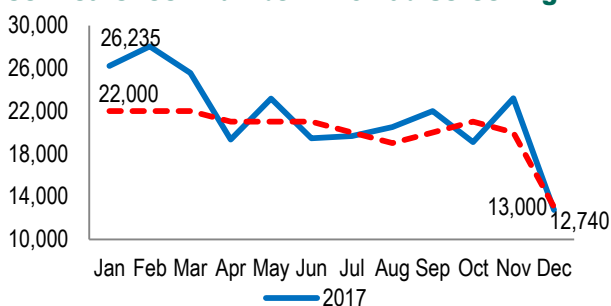
BreastCheck-number who had a mammogram



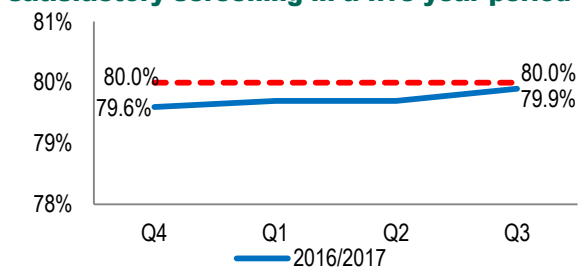
BreastCheck - % screening uptake rate



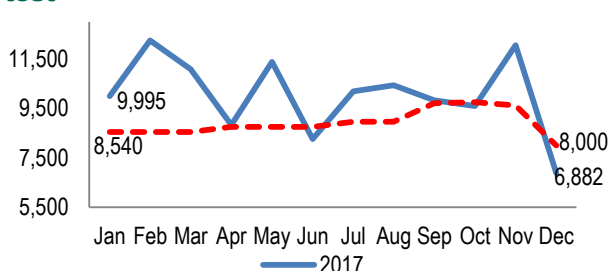
CervicalCheck-number who had screening



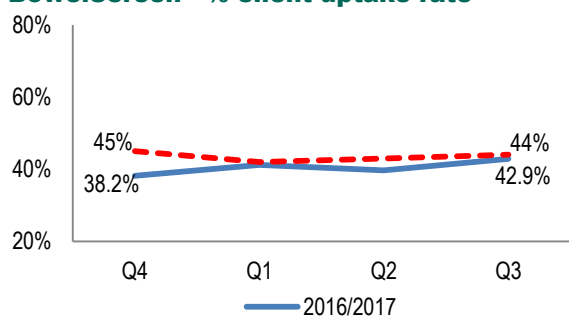
CervicalCheck- % with at least one satisfactory screening in a five year period



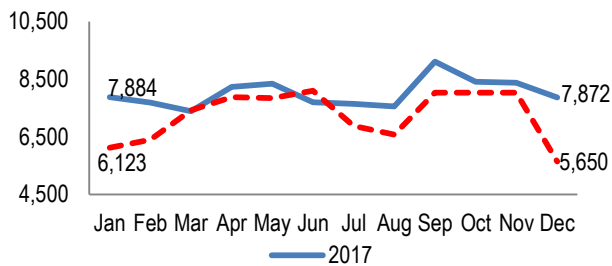
BowelScreen-number who completed a FIT test



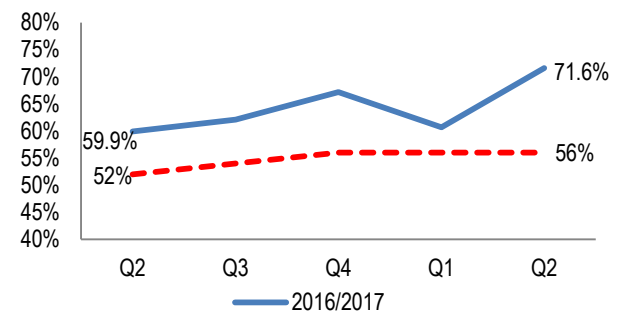
BowelScreen - % client uptake rate



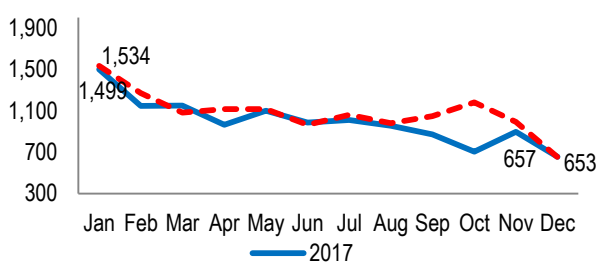
Diabetic RetinaScreen - number who participated



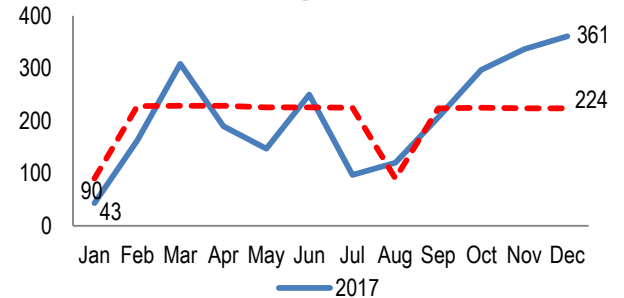
Diabetic RetinaScreen - % uptake rate



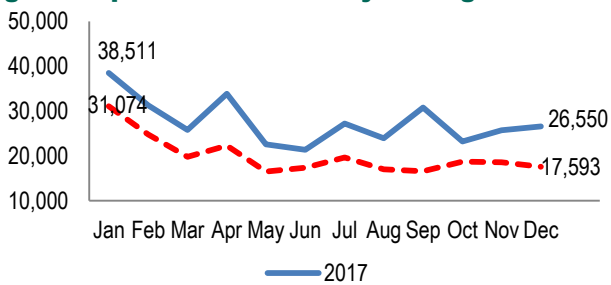
Tobacco - smokers receiving intensive cessation support



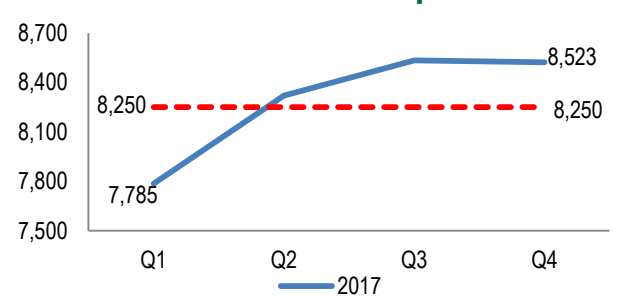
Number of people completing a structured patient education programme for diabetes



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



Environmental Health – food inspections



Divisional Update

Healthy Ireland (HI)

Patient Experience Survey

The results of the first ever National Patient Experience Survey were launched on in December by An Taoiseach and Minister for Health. The survey, a partnership between HIQA, the HSE and the Department of Health, took place during the month of May 2017, and gave almost 27,000 patients discharged from a public acute hospital throughout Ireland an opportunity to describe their experiences in order to improve our health service.

It is the largest single survey of the healthcare system in Ireland and received an exceptional 51% response rate. This is the first time the survey has been conducted and this information will be used as a baseline in order to track progress on patients experience over the next number of years.

Some 84% of the patients who completed the survey indicated that their overall experience of acute healthcare was either “good” or “very good”. However, one of the main objectives of the survey was to listen to the patient voice and understand how their experience of services could be improved. It is now important that these experiences are listened to and understood in order to make improvements to the quality and safety of Irish healthcare.

In response to the results of the survey, each hospital has developed an implementation plan setting out how they will improve patient experience based on patients’ feedback. Saolta, University Limerick, Ireland East and Dublin Midlands Hospital Groups implementation plans, identify the implementation of their Healthy Ireland (HI) plan as a key component for making a meaningful difference to improving the health and well-being of the people they serve while identifying the benefits of improving staff health and wellbeing for a better patient experience.

Healthy Ireland Campaign (www.gov.ie)

HSE national communications in collaboration with the HSE national policy priority programmes provided a range of information to support the Government’s new national initiative to promote health and wellbeing across the country. The Healthy Ireland campaign is encouraging people to get active, eat well and mind their mental wellbeing across radio, digital, social and print media with the message small changes can make a big difference to your physical and mental health and wellbeing.

Development and implementation of HI in Hospital Groups and CHOs

HI implementation is progressing well in the SAOLTA, Dublin Midlands, Ireland East, University Limerick and RCSI Hospital Groups. A key focus of their implementation this month was supporting the Flu Vaccine campaign and staff health & wellbeing initiatives.

Development of HI implementation plans by the 9 CHOs continued, with significant work undertaken to finalise the plans.

National Screening Services

BreastCheck

The numbers of eligible women have had a mammogram YTD is 164,187. This is ahead of the expected activity target YTD by +5.9% (YTD target: 155,000).

CervicalCheck

The number of women having one or more smear tests in a Primary Care setting YTD is 259,007. This performance is ahead of the expected activity target YTD by +7.0% (YTD target: 242,000). NSS are monitoring this increased activity.

BowelScreen

The number of clients who have completed a satisfactory FIT test is 120,764. This performance is ahead of the expected activity target YTD by +13.0% (YTD target: 106,875). Encouragingly more clients are returning completed FIT tests to the BowelScreen Programme and this increased activity is being monitored by NSS.

Diabetic RetinaScreen

The number of clients screened with final grading results is 96,239. This performance is ahead of the expected activity target YTD by +10.6% (YTD target: 87,000). More diabetic clients are attending screening than expected and this increased activity continues to be monitored by NSS

Immunisations (MMR and 6in1 at 24 months)

Nationally the uptake rate for 6in1 at 24 months YTD is 94.5% (target 95%) CHO 2, 4, 5, and 8 are exceeding the target YTD. CHO 1, 3, 6, 7, 9 are within 5% of target YTD.

Nationally the uptake rate for MMR at 24 months YTD is 92.2% (target 95%) CHO 1, 2, 3, 4, 5, 6, 7 and 8 are within 5% of target YTD whereas CHO 9 is performing at 87.9% YTD.

Chronic Disease Management

Completion of a structured patient education programme for diabetes:

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

1,781 people have completed the X-PERT programme YTD in CHO 4, 5, 6, 7, 8 & 9. This performance is ahead of the expected activity target YTD by +30.2% (YTD target: 1,368 people).

740 people completed the DESMOND structured patient education programme for diabetes in CHO 1, 2 and 3 YTD. This performance is behind the expected activity target YTD by -30.9% (YTD target: 1,072 people) and performance continues to be monitored. The main factor contributing to this performance relates to the availability of dieticians to support the delivery of these programmes in these areas. The Division is working with colleagues in the Primary Care Division to address this issue.

Tobacco

Smokers receiving intensive cessation support

The HSE Quit Programme has one goal - to give smokers the help and support they need to quit smoking for good. In December 2017, 657 smokers received intensive smoking cessation support. YTD 11,952 smokers have received intensive smoking cessation support. This performance is below the expected activity target YTD by -8.1% (YTD target: 13,000). This metric tracks the performance of intensive cessation support services through both the QUIT (telephone helpline and on line cessation services) and face to face cessation services. This KPI is sensitive to any temporary dip in face to face service provision resulting from a lack of cover for practitioners in cases of unplanned absence or vacancies which may arise.

Physical Activity

5km Parkruns completed by the general public in community settings

This year's Operation Transformation (OT) programme encouraged people to participate in local Parkruns. YTD 330,794 members of the general public have completed a 5km Parkrun. This performance is above the expected activity target YTD by +37.8% (YTD target: 240,000).

Environmental Health

Food business establishments are routinely inspected to assess compliance with official food control requirements. 33,162 official food control surveillance inspections of food businesses were carried out in 2017. This performance is ahead of the expected activity target 2017 by 162 inspections (target: 33,000). Of those planned and planned surveillance inspections, 20.7% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. This compares to 21.3% at the end of 2016.

The inspection activity in 2017 resulted in the following enforcement actions which were necessary in order to protect public health and assure compliance with food safety requirements. The table below is a breakdown by enforcement type for 2017.

Closure Orders	Improvement Notice	Notice Of Application To District Court For Improvement Order	Prohibition Orders	Seizure Removal & Detention Of Products	Voluntary Disposal Destruction Withdrawal Of Foodstuffs	Prosecutions	Total
64	261	1	3	1	1	11	342

There were 2818 food related complaints received - 501 food complaints and 2317 food business complaints. There were 7742 food samples taken for microbiological analysis and 3656 food samples taken for chemical analysis.

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. 356 retail premises have had an initial test purchase (tobacco) inspection in 2017. This performance is behind the expected activity target by 28 initial inspections in 2017 (target: 384). However, the total number of tobacco test purchases completed in 2017 was 442.

Test purchases of sunbed establishments are carried out in premises with volunteer minors to assess compliance with sunbed control legislation. 32 establishments had a test purchase (sunbed) inspection and the target for 2017 was achieved (target: 32). These establishments include any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds. Test purchase inspections can be impacted by the availability of volunteer minors during the year.

A mystery shopper inspection is conducted to test the compliance of a sunbed business with other parts of the legislation that may not be verified satisfactorily during a physical inspection. 32 establishments had a mystery shopper inspection for sunbeds in 2017 (target: 32).

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 37 out of 39 relevant consultation requests from planning authorities received a response from the Environmental Health Service which is (-5.2%) behind its target for 2017 (target: 100%).

Manufacturers, importers and distributors are required to notify the HSE of Electronic Cigarettes and/or Refill Containers that are not safe, not of good quality or not in conformity with the E.U. (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2016. The HSE, as the market surveillance authority, is required to assess the notifications and take appropriate action. No notifications were received during 2018.

96.47% of environmental health complaints received by the Environmental Health Service from the public were risk assessed within 1 working day in 2017 (target: 95%). Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. In 2017, 2,460 drinking water samples have been taken to assess compliance which is 168 samples behind target for 2017 (target: 2,628). Non achievement of the target was due to plants not fluoridating during the year, which is outside of the control of the HSE.

Health and Wellbeing Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	Investigations completed within 120 days ¹	M	90%	NA													
	Service User Experience																
	Complaints investigated within 30 working days ²	Q	75%	83%	10.7%												
Access	Environmental Health																
	Food Inspections	Q	33,000	33,162	0.5%										8,320	8,534	8,523
	National Screening																
	Breastcheck - % screening uptake rate	Q-1Q	>70%	72.2%	3.2%										70.5%	74.9%	71.5%
Finance	Cervicalcheck - % with at least one satisfactory screening in a five year period	Q-1Q	>80%	79.8%	-0.3%										79.7%	79.7%	79.9%
	Bowelscreen- % screening uptake rate	Q-1Q	>44%	41.2%	-6.3%										41.2%	39.7%	42.9%
	Diabetic RetinaScreen - % screening uptake rate	Q-1Q	>56%	67.7%	20.9%										60.7%	71.6%	71.6%
	Net Expenditure variance from plan																
HR	Total	M	€207,385	€204,546	-1.37%										-2.87%	-1.48%	-1.37%
	Pay	M	€100,337	€96,100	-4.22%										-3.85%	-4.14%	-4.22%
	Non-pay	M	€113,110	€114,464	1.20%										-1.96%	0.63%	1.20%
	Service Arrangements (05.01.2018)																
HR	Number signed	M	3.5%	96.73%	3.27%										90.7%	93.42%	96.73%
	Monetary value signed	M	3.5%	98.95%	1.05%										99%	98.36%	98.95%
	Absence																
	Overall	M-1M	3.5%	3.64%	-4%										3.73%	4.42%	

¹ Data under review

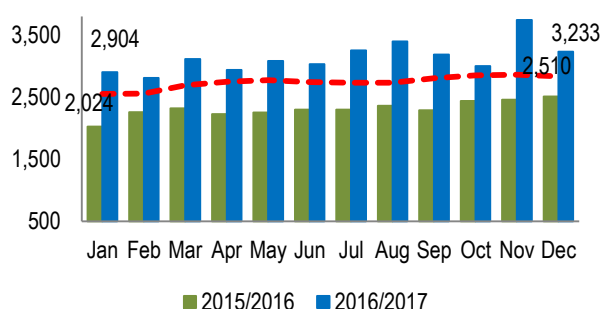
² This covers all of Community Healthcare

Primary Care

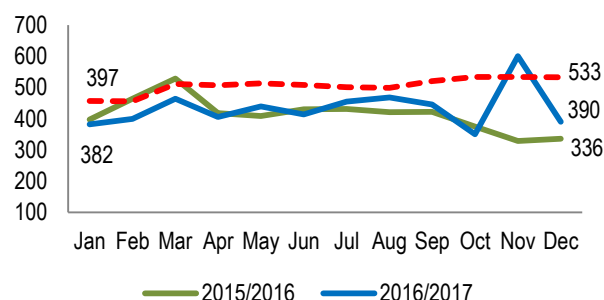
Primary Care Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Total CIT	32,860TD/ 32,860FYT	M	34,974	38,207	+3,233		27,834	+10,373	↑
Early Discharge CIT	6,072YTD/ 6,072FYT	M	4,933	5,323	+390		4,965	+358	↑
Child Health – new born visited within 72 hours	98%	Q	98.4%	98.1%	-0.3%	↓	97.7%	+0.4%	↑
Child Health - developmental screening 10 months	95%	M-1M	92.9%	92.8%	-0.1%	↓	93.3%	-0.5%	↓
Medical card turnaround within 15 days	96%	M	99.6%	99.6%			89.6%	+10%	↑
Speech and Language Therapy access within 52 weeks	100%	M	96.5%	96.7%	+0.2%	↑	96.8%	-0.1%	↓
Physiotherapy access within 52 weeks	98%	M	95.3%	94.8%	-0.5%	↓	95.9%	-1.1%	↓
Occupational Therapy access within 52 weeks	92%	M	76.5%	77%	+0.5	↑	80.4%	-3.4%	↓
Access to palliative inpatient beds	98%	M	97.8%	97.8%			96.8%	+1%	↑
Access to palliative community services	95%	M	92.3%	92.1%	-0.2%	↓	91.5%	+0.6%	↑
Access to substance misuse treatment (over 18 years)	100%	Q-1Q	98.1%	98.5%	+0.4%	↑	98%	+0.5%	↑
Access to substance misuse treatment (under 18 years)	100%	Q-1Q	98.6%	96.5%	-2.1%	↓	83%	+13.5%	↑

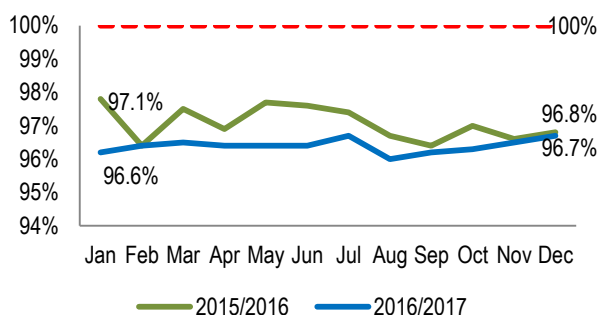
Total CITs



Early Discharge CIT



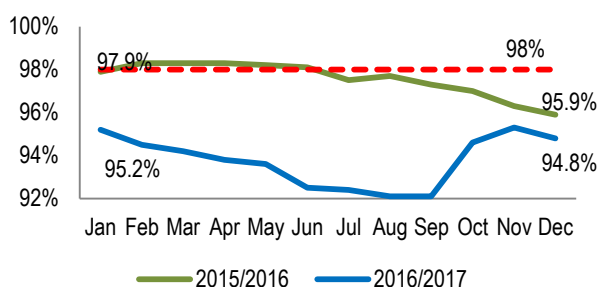
SLT access within 52 weeks



SLT waiting list

SLT	Assessment Waiting List			Treatment Waiting List		
	Oct	Nov	Dec	Oct	Nov	Dec
≤ 52 weeks	12,400	13,185	13,331	7,668	7,311	7,358
> 52 weeks	470	475	459	533	567	612
Total	12,870	13,660	13,790	8,201	7,878	7,970

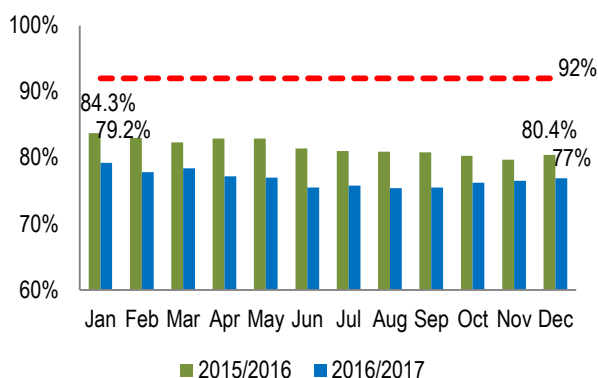
Physiotherapy access within 52 weeks



Physiotherapy Assessment Waiting List

Physiotherapy Assessment WL	Oct	Nov	Dec
≤ 12 weeks	20,576	20,389	19,033
>12 weeks ≤ 26 weeks	6,934	6,144	7,010
> 26 weeks ≤ 39 weeks	2,913	2,505	2,603
>39 weeks ≤ 52 weeks	1,304	1,237	1,374
> 52 weeks	1,811	1,506	1,646
Total	33,538	31,781	31,666

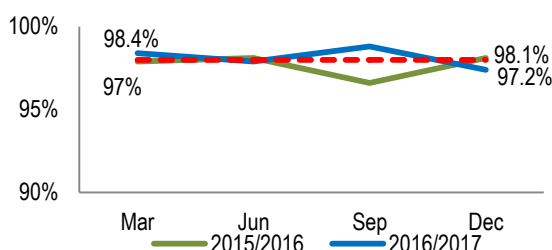
Occupational Therapy access within 52 weeks



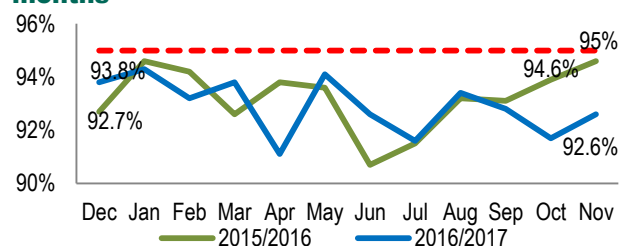
Occupational Therapy Assessment Waiting List

Occupational Therapy Assessment WL	Oct	Nov	Dec
≤ 12 weeks	8,969	8,873	8,926
>12 weeks ≤ 26 weeks	7,210	6,733	6,907
> 26 weeks ≤ 39 weeks	4,390	4,175	4,429
>39 weeks ≤ 52 weeks	2,886	2,820	3,145
> 52 weeks	7,316	6,927	6,976
Total	30,771	29,528	30,383

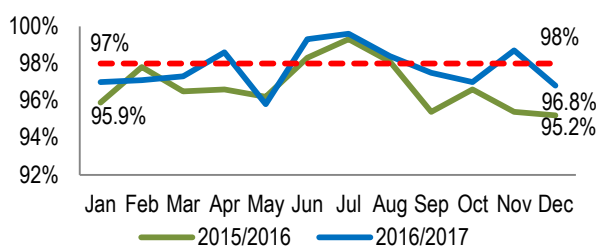
Child Health – new borns visited within 72 hours



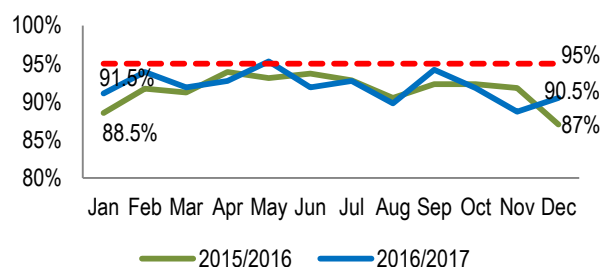
Child Health – developmental screening 10 months



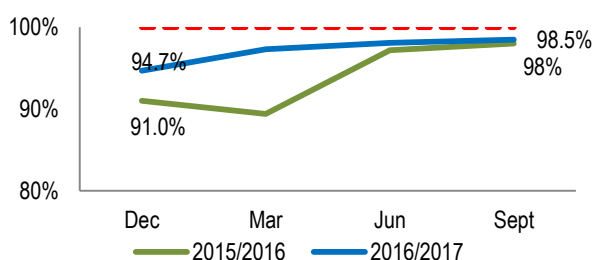
Access to palliative inpatient beds



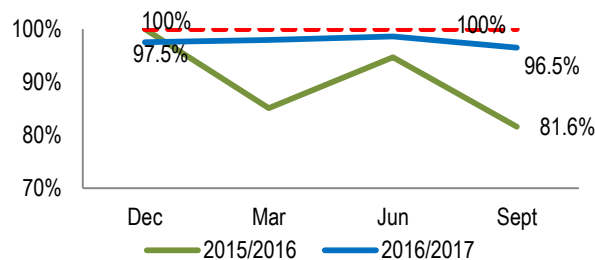
Access to palliative community services



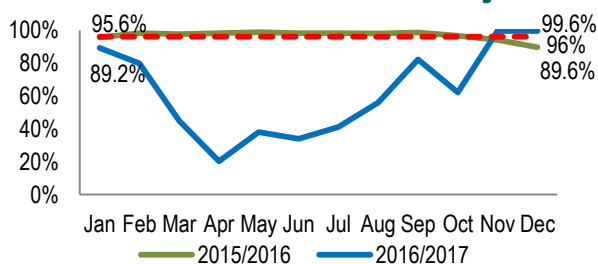
Access to substance misuse treatment (over 18 years)



Access to substance misuse treatment (under 18 years)



Medical card turnaround within 15 days



Service level performance

Performance area	Best performance	Outliers
Total CIT	CHO3 623, CHO7 593, CHO5 516	CHO6 166, CHO8 252, CHO1 305
Early Discharge CIT	CHO3 76, CHO4 73, CHO5 73	CHO6 8, CHO9 18, CHO7 22
Child Health – new born visited within 72 hours	CHO5 99.9%, CHO4 99.7%, CHO7 99.2%	CHO6 95.2%, CHO9 97.1%, CHO1 97.9%
Child Health – developmental screening 10 months	CHO9 94.9%, CHO7 94.2%, CHO2 94.2%	CHO3 85.3%, CHO6 90.9%, CHO1 91.7%
Speech and Language Therapy access within 52 weeks	CHO3 100%, CHO6 100%, CHO9 98.9%	CHO7 91.1%, CHO4 93.3%, CHO1 95.2%
Physiotherapy access within 52 weeks	CHO4 100%, CHO6 100%, CHO3 99.7%	CHO2 83.4%, CHO9 92.5%, CHO1 94%
Occupational Therapy access within 52 weeks	CHO2 98.4%, CHO3 97.3% CHO7 82.2%	CHO1 59.1%, CHO4 69.2%, CHO8 70.1%
Access to palliative inpatient beds	CHO3 100%, CHO4 100%, CHO5 100%	CHO9 93%. CHO7 96.5%, CHO6 97%
Access to palliative community services	CHO5 96.3%, CHO1 95.9%, CHO2 94.9%	CHO4 85.7%, CHO7 86.4%, CHO6 88.5%
Access to substance misuse treatment (over 18 years)	CHO2 100%, CHO4 100%, CHO6 100%	CHO8 88.2%, CHO3 90.5%, CHO5 98.7%
Access to substance misuse treatment (under 18 years)	CHO1 100%, CHO4 100%, CHO5 100%	CHO2 80%

Divisional Update - Primary Care

QPS Serious Reportable Events

There was one serious reportable event (SRE) reported to the National Primary Care Division for the month of December.

Community Intervention Teams

CIT referrals are 16.3% ahead of target. This represents a 37.3% increase compared to the same period last year.

CIT Early discharge is 12.3% below target at 5,323 compared to the target of 6,072. The number of referrals in the early discharge category has changed for a number of reasons including:

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

Child Health screening 10 months

CHO3 is red on the balanced scorecard and remains below target at 85.3%. CHO3 performance for the same period last year was 83.9%. Performance in the remaining CHOs is within a range of 90.9% to 94.9%. The remaining CHOs are therefore green on the balanced score card / heat map.

- CHO3 performance is 85.3%. In the December report, the 7-9 month assessment report was in respect of children born in January 2017 and reaching age 10 months in November 2017. As of 23/01/2018, 91.3% of babies born in the Mid-West have had their Developmental Assessment check.
- There has been one vacant post in CHO3 since December 2016. The post will be filled in April 2018. The service has also been impacted by a number of sick leave absences which has reduced the availability of doctors to provide the service.
- The Progression of the Nurse Led Developmental Check and the commencement of the Senior Medical Officer will also assist CHO3 in reaching the target in relation to Child Health Screening 10 Months.

PCRS Medical Card Turnaround within 15 days

Performance in December was 99.6% compared to a target of 96%. Performance in November was also 99.6%. The online application system for medical card applications is now live and the National Medical Card Unit is on track to process all completed applications within 15 working days.

Speech and Language Therapy (SLT) Access within 52 weeks

The National YTD position is 96.7% compared to a target of 100% and the prior month YTD position in November of 96.5%. The outturn in 2016 was 96.8%. CHO4 and CHO7 are amber on the balanced scorecard / heat map at 93.3%, and 91.1% respectively. There are currently 459 clients awaiting initial assessment for longer than 12 months. 281 are aged 0-18; most of whom require a Multi-Disciplinary Team (MDT) assessment. Referrals YTD are 1.0% lower than expected activity YTD and 1.9% lower than the same period last year. The number of clients waiting for initial assessment for longer than 52 weeks has decreased from 475 in November to 459 in December. The number of clients waiting for treatment for longer than 52 weeks has increased from 567 in November to 612 in December.

Physiotherapy Access within 52 Weeks

The National YTD position is 94.8%. The outturn in November was 95.3%. The outturn in 2016 was 95.9%. The number of clients waiting longer than 52 weeks has increased from 1,506 in November to 1,646 in December. Referrals YTD are 1.5% lower than expected activity YTD and 0.8% higher than the same period last year. CHO2 is red on the balanced scorecard at 83.4%. CHO9 is amber on the balanced scorecard at 92.5%.

Occupational Therapy Access within 52 weeks

The National YTD position is 76.9%. This is marginally improved on the prior month outturn of 76.5%. The outturn in 2016 was 80.40%. The number of clients waiting longer than 52 weeks increased from 6,927 in November to 6,976 in December. Referrals YTD are 3.8% lower than expected activity YTD and 1.7% lower than the same period last year. CHOs have reported a number of contributing factors impacting on access to services. The National Service Improvement Group has submitted a draft copy of their report to the National Director for consideration. Chief Officers and Heads of Primary Care have also prepared a diagnostic assessment of the issues specific to their CHO and their specific plans to address same. Work is on-going in this regard.

Palliative Care IPU

In December 2017, 96.8% of admissions (out of a target of 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Six CHOs performed at 100% for admissions within 7 days within the current month. The national YTD position is 97.8%. Compared to December 2016, access within 7 days to specialist palliative care inpatient beds improved by 1.5%. The percentage of people who had to wait over 7 days for admission decreased by 30.7% against the same period last year (9 vs. 13) and 32.2% against 2016 (78 vs. 115) in total.

Palliative Care Community

In December 2017, 90.5% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (out of a target of 95%). This is an increase of 1.8% compared to November (88.7%). Year to date performance is 92.1% which is a decrease of 0.6% against the same period last year. YTD Improvements are noted in six CHOs versus December YTD 2016. The percentage of people who had to wait over 7 days for service has decreased by 30.1% versus the same period last year (74 vs. 106) and 7.1% against 2016 (760 vs. 818) in total.

Substance Misuse

% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment

As at the end of the reporting period, the national performance target was 100% with an activity rate of 98.5% which is a variance of -1.5%. Of note, CHOs 2, 4, 6, 7 and 9 reached the target of 100% while CHO8 underperformed by -11.8%.

% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment

As at the end of the reporting period, the national performance target was 100% with an activity rate of 96.5% which is a variance of -3.5%. Of note, CHOs 1, 4, 5, 7, and 8 reached target of 100% while CHO 2 underperformed by -20% with 0 activity reported for CHO3. (Note CHO 6 is reported via CHO 7).

Opioid Substitution Treatment

- 9790 patients received Opioid Substitute Treatment (excluding prisons) for the reporting period which includes 4227 patients being treated by 359 GPs in the community.
- 703 pharmacies catering for 6890 patients.
- 81 clinics providing Opioid Substitute Treatment and an additional 9 prison clinics were provided in the prison service.
- 65 new patients commenced Opioid Substitute Treatment during the reporting period (5 in General Practice, 50 in HSE clinics and 10 in the prison clinics)
- The majority of Opioid Substitution Treatment (OST) KPIs are on target with the exception of transfers. Reasons behind the below target transfer of stabilised clients to the lowest level of complexity (Level 1) from clinics and Level 2 GPs have been discussed at CHO performance meetings and will be reviewed through the National Addiction Advisory Governance Group.

Opioid Substitute Treatment Waiting Times (month in arrears)

- During the reporting period, the national Average waiting time from Opioid Substitution Treatment assessment to exit from the waiting list or treatment commenced for the 145 people who exited the waiting list was 25.3 days. Of note, CHOs 2, 4, 5, 6, 7, 8 and 9 reported average waiting times of less than a month with CHOs 1 and 3 reporting waiting times of 39 days and 67.5 days respectively.

SAOR

- The expected number of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use for 2017 was 778. Of note are CHOs 1, 4 and 9 who had a variance of 655.6%, 139% and 143.3% respectively. CHO6 had a variance of -100% which can be attributed to the delivery of training and reporting on training for CHOs 6 and 7 in one return. To date, 1239 have been trained nationally, which is 59.3% more than expected for the year. The variance can be attributed to the SAOR Train the Trainer Programme which allowed for additional trainers in CHOs 1, 6, 7 and 9.

Needle Exchange

- Data quality issues for this metric are currently being reviewed nationally.

Homeless Services

At a national level all metrics are below target including;

- Service Users with Medical Cards performance is 67% (National Target 75%),
- Health Needs Assessments metric performance is 74% (Target 85%),
- Health Needs supported through the hostel network have increased to 77% (Target 80%).

Areas of Improvement/Areas of Risk

Primary Care

€5m full year funding was allocated to CHOs in June 2017 in relation to stretch metrics to facilitate the achievement of KPI targets.

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

The National Service Improvement group in relation to Physiotherapy has finalised and submitted their report to the National Director. The Occupational Therapy report is expected to be submitted shortly.

The continued prioritisation of AON referrals is impacting on waiting times for Primary Care referrals.

Primary Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	Investigations completed within 120 days ³	M	90%	NA													
	Service User Experience																
	Complaints investigated within 30 working days ⁴	M	75%	83%	10.7%												
	Community Intervention Teams																
	Total CIT	M	32,860	37,685	14.7%	No Service	2,856	6,618	6,856	6,898	1,833	7,594	2,448	5,582	2,999	3,742	3,233
	Early Discharge CIT	M	6,072	5,214	-14.1%	No Service	1,150	1,006	916	857	66	398	439	382	350	600	390
Access	Child Health																
	Child Health – new borns visited within 72 hours	Q	98%	98.2%	0.2%	97.9%	99%	95.8%	99.7%	99.9%	95.2%	99.2%	97.6%	97.1%	97.9%	98.8%	97.4%
	Child screening 10 months	M-1M	95%	92.8%	-2.3%	91.7%	94.2%	85.3%	93.8%	93.7%	90.9%	94.2%	93%	94.9%	92.8%	91.7%	92.6%
	PCRS																
	Medical card turnaround within 15 days	M	96%	99.6%	3.8%										62.2%	99.6%	99.6%
	Therapy Waiting Lists																
	SLT access within 52 weeks	M	100%	96.7%	-3.4%	95.2%	98.3%	100%	93.3%	98.6%	100%	91.1%	98.4%	98.9%	96.3%	96.5%	96.6%
	Physiotherapy access within 52 weeks	M	98%	94.8%	-3.3%	94%	83.4%	99.7%	100%	98.3%	100%	98.3%	96.3%	92.5%	94.6%	95.3%	94.8%
	Occupational Therapy access within 52 weeks	M	92%	76.9%	-16.4%	59.1%	98.4%	97.3%	69.2%	76.3%	78.8%	82.3%	70.1%	81.2%	76.2%	76.5%	76.9%
	Palliative Care																
Access	Access to palliative inpatient beds	M	98%	97.8%	-0.2%	99.7%	99.7%	100%	100%	100%	97%	96.5%	No Service	93%	97%	98.7%	96.8%
	Access to palliative community services	M	95%	92.1%	-3.1%	95.9%	94.9%	93.4%	85.7%	96.3%	88.5%	86.4%	94.8%	94%	91.7%	88.7%	90.5%
	Social Inclusion - access to substance misuse treatment																
	Access to substance misuse treatment (over 18 years)	Q-1Q	100%	98.5%	-1.5%	99.3%	100%	90.5%	100%	98.7%	100%	100%	88.2%	100%	94.7%	97.5%	98.5%
Access	Access to substance misuse treatment (under 18 years)	Q-1Q	100%	96.5%	-3.5%	100%	80%	No Service	100%	100%	No Service	100%	100%	100%	81.6%	97.5%	96.5%

³ Data under review.

⁴ This refers to all of Community Healthcare.

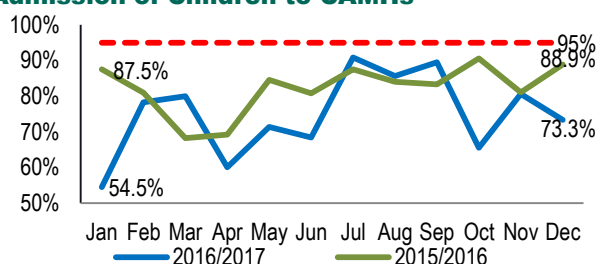
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Finance	Net Expenditure variance from plan																
	Total	M	€3,854,560	€3,858,558	0.10%	3.54%	4.59%	1.64%	0.58%	0.64%	0.35%	-2.19%	0.26%	-1.82%	0.00%	0.17%	0.10%
	Pay	M	€633,589	€619,851	-2.17%										-1.21%	-0.96%	-2.17%
	Non-pay	M	€3,247,078	€3,272,847	0.79%										0.47%	0.62%	0.79%
	Income	M	-€26,107	-€34,139	30.77%										28.90%	29.06%	30.77%
	Service Arrangements (05.01.2018)																
	Number signed – Primary Care	M	3.50%	80.63%	19.37%										63.19%	70.62%	80.63%
	Monetary value signed – Primary Care	M	3.50%	98.62%	1.38%										98.48%	95.59%	98.62%
	Number signed – Social Inclusion	M	3.50%	98.25%	1.75%										97.09%	97.86%	98.25%
	Monetary value signed – Social Inclusion	M	3.50%	99.08%	0.92%										98.90%	99.02%	99.08%
HR	Number signed – Palliative Care	M	3.50%	86.96%	13.04%										86.36%	86.36%	86.96%
	Monetary value signed – Palliative Care	M	3.50%	99.20%	0.80%										98.96%	98.97%	99.20%
	Absence																
	Overall	M-1M	3.5%	4.45%	-27.14%	4.76%	4.01%	5.03%	2.70%	4.38%	4.84%	4.84%	5.03%	7.34%	4.40%	4.47%	

Mental Health

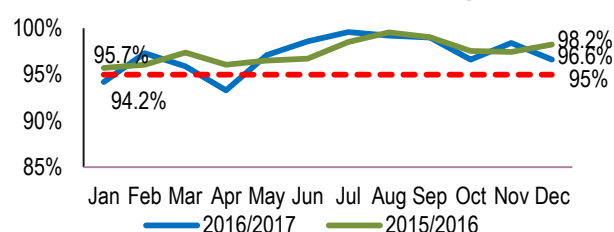
Mental Health Division

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change	
Admission of Children to CAMHs	95%	M	73.7%	73.7%		81.6%	-7.9%	↓
CAMHs Bed Days Used	95%	M	97%	96.9%	-0.1%	97.3%	-0.3%	↓
CAMHs waiting list	2,599	M	2,223	2,300	77	2,380	-157	↑
CAMHs waiting list > 12 months	0	M	334	314	-20	182	+152	↓
Adult Mental Health – time to first seen	75%	M	74.1%	74.1%		73.5%	+0.6%	↑
Psychiatry of Old Age – time to first seen	95%	M	95.3%	95.4%	0.1%	97%	-1.7%	↓

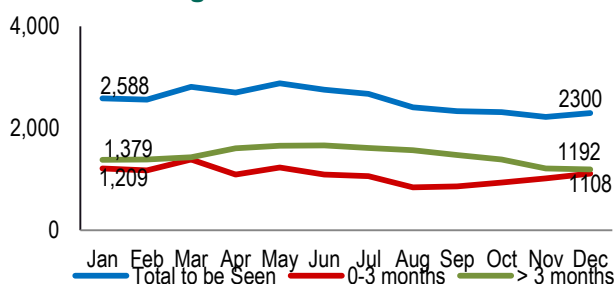
Admission of Children to CAMHs



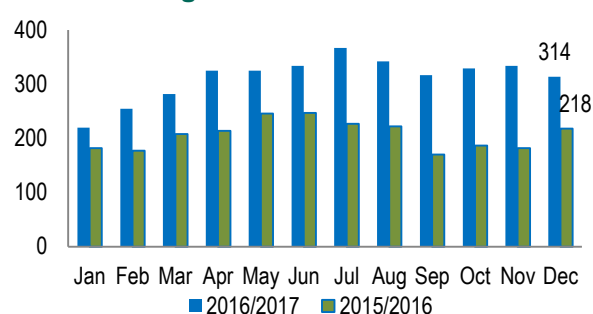
Bed days used in Child Adolescent Acute Inpatient Units as a total of bed days



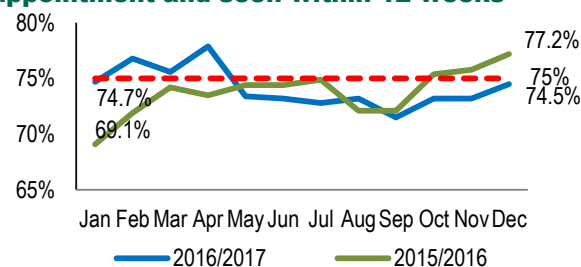
CAMHs waiting list



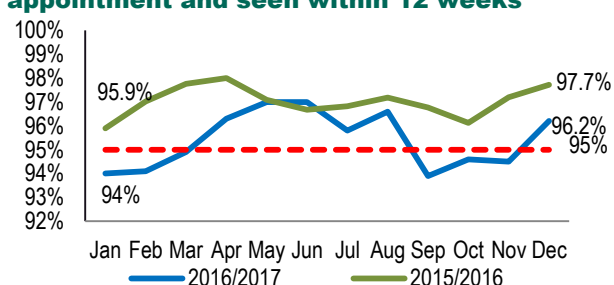
CAMHs waiting list > 12 months



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



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



Service level performance

Performance area	Best performance	Outliers
CAMHs Bed Days Used	CHO 6, 7 & 8 (100%)	CHO 3 (71.1%)
CAMHs waiting list > 12 months	CHO 2 (0)	CHO 4 (199), CHO 8(52) & CHO 3 (43)
Adult Mental Health – time to first seen	CHO 2 (92.3%), CHO 5(86.4%) & CHO 1 (85.1%)	CHO 9 (63.9%), CHO 8(65.5%) & CHO 4 (68.2%)
Psychiatry of Old Age – time to first seen	CHO 6, 1 & 3 (100%)	CHO 4 (77.5%), CHO 9 (89.9%) & CHO 7 (96.9%)

Divisional Update

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

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs. The MH Division continues to work with CHOs to maximise and ensure the most effective use of resources. There is work on-going with the HSE HR partners and the National Recruitment Service to attract and retain staff within mental health services. The recruitment challenges are having a significant budgetary impact in the CHO's as a result of high medical and nursing agency costs.

A related issue arising is the cost of external placements where no suitable service exists in the CHO's. This issue is causing concern as it is driving cost in the CHO's and is an issue that is being addressed by the MHD through the performance management process with the CHO's and the development of a Specialist Rehabilitation initiative.

Child Adolescent Acute Inpatient Units (CAMHs)

A related for CAMHS services are the recruitment issues identified above. This issue of staffing deficits with associated longer wait times is being addressed though the CAMHS service improvement process and is a high priority for the MHD. A challenge arising will be to continue to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

In December, 73.7% of children were admitted to child and adolescent inpatient units, as against 80.6% in November.

In December, 96.6% of the total bed days used for child admissions were in Child and Adolescent Acute Inpatient Units, against 98.4% in November, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to an absolute minimum. Performance year to date continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

Access to Child and Adolescent Mental Health Services

The CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting.

To monitor / address the issue of CAMHS Consultant vacancies, a monthly CAMHS Consultant vacancy profiling exercise now takes place in order to gather data on CAMHS medical vacancies across all 69 community CAMHS teams.

The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The >12 month waiting list increases are mostly restricted to CHO 1, 3, 4, and 8 with particular challenges in CHO 4.

As has been indicated previously the increases in waiting lists relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness. It is worth noting that the

Department of Public Expenditure have given approval to recruit 120 new Assistant Psychology posts into Primary Care who are coming on-stream in Q1 2018. This initiative will have a significant impact on building capacity within Primary Care to address early assessment and triage of young people that are currently being referred to CAMHS teams.

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

Mental Health Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	Investigations completed within 120 days ⁵	M	90%	9%	-90%												
	Service User Experience																
	Complaints investigated within 30 working days ⁶	M	75%	83%	10.7%												
Access	CAMHs																
	Admission of children to CAMHs inpatient units	M	95%	73.7%	-22.4%										65.5%	80.6%	73.3%
	Bed days used	M	95%	96.9%	2%	98.6%	99.5%	95%	98.7%	84.9%	100%	96.2%	98.3%	95.3%	96.6%	98.4%	96.6%
	Time to first seen																
Finance	General Adult Teams	M	75%	74.1%	-1.2%	76.6%	90.5%	71.9%	66.6%	86.5%	83.5%	67.7%	65.5%	61.9%	73.2%	73.2%	74.5%
	Psychiatry of Old Age Teams	M	95%	95.4%	0.4%	95.4%	99%	98.4%	85.4%	99%	98.9%	95.7%	95.3%	83.8%	94.6%	94.5%	96.2%
	CAMHs > 12 months																
	Waiting > 12 months	M	0	314	>100%	10	0	43	199	3	2	1	52	4	329	334	314
HR	Net Expenditure variance from plan																
	Total	M	€860,755	€860,372	-0.04%	-0.05%	6.91%	0.70%	1.02%	0.79%	1.93%	-0.17%	4.23%	-0.69%	1.10%	1.18%	-0.04%
	Pay	M	€686,052	€680,267	-0.84%										0.09%	0.00%	-0.84%
	Non-pay	M	€193,921	€199,486	2.87%										4.36%	4.91%	2.87%
HR	Income	M	-€19,218	-€19,381	0.84%										-1.85%	-2.94%	0.84%
	Service Arrangements (05.01.2018)																
	Number signed	M	3.50%	88.89%	11.11%										84.77%	87.24%	88.89%
	Monetary value signed	M	3.50%	66.66%	33.34%										66.32%	66.40%	66.66%
HR	Absence																
	Overall	M-1M	3.5%	4.42%	-26.28%	5.08%	3.62%	6.12%	3.17%	4.87%	4.24%	4.32%	4.99%	4.27%	4.46%	4.53%	
	EWTD Compliance																
	<24 hour shift	M	100%	91.4%	-8.6%	80.4%	100%	100%	89.9%	97.6%	93%	96.1%	100%	85.2%	93.5%	91.4%	91.4%
HR	<48 hour working week	M	95%	91%	-4.2%	76.1%	90.9%	100%	75.4%	95.2%	90.7%	98.7%	98.5%	91.4%	90.4%	87.2%	91%

⁵ Data under review.

⁶ This covers all of Community Healthcare

Social Care

Social Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	Investigations completed within 120 days ⁷	M	90%	22%	-75.6%												
	Service User Experience																
	Complaints investigated within 30 working days ⁸	M	75%	83%	10.7%												
	Safeguarding																
	% of Prelim Screenings for Adults Aged 65 Years and Older (new KPI)	Q-1Q	100%	95.8%	-4.2%	95%	100%	100%	100%	95.6%	100%	93.5%	92.5%	81.3%	78.5%	98.7%	95.8%
	% of Prelim Screenings for Adults Under 65 Years (new KPI)	Q-1Q	100%	98.4%	-1.6%	97%	97.1%	100%	98.9%	99.2%	97.2%	98.6%	98.4%	100%	83.9%	97.4%	98.4%
HR	Absence																
	Overall	M-1M	3.5%	5.17%	-47.71%	6.63%	5.21%	5.46%	4.65%	6.14%	4.07%	4.67%	6.46%	3.84%	5.19%	5.13%	

⁷ Data under review.

⁸ This refers to all of Community Healthcare

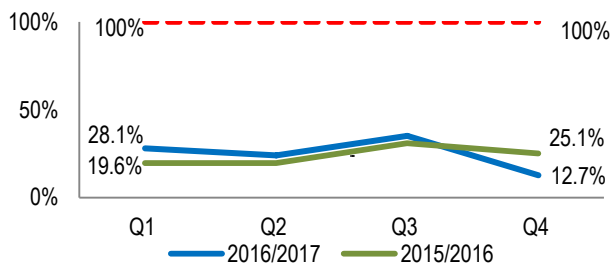
Social Care - Disabilities

Social Care Division- Disabilities

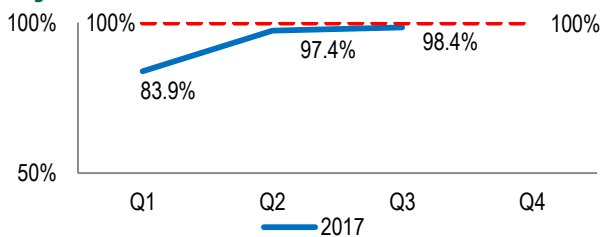
Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
% of Disability Network Teams established	100%	M	0	0		0	
Number of Disability Network Teams established*	73 YTD/ 73 FYT	M	0	0		0	
Disability Act Compliance	100%	Q	29.7%	25.3%	-4.4%	23.9%	1.4%
Congregated Settings	223 YTD/ 223 FYT	Q	97	147	50	73	74
% of Preliminary Screenings- Adults 65 years and older	100%	Q-1Q	98.7%	95.8%	-2.9%		
% of Preliminary Screenings – Adults under 65 years	100%	Q-1Q	97.4%	98.4%	+1%		
PA hours	1,060,464 YTD/ 1,413,954 FYT	Q-1M	742,818	1,124,125	381,307	1,129,727	-5,602
Home Support	2,068,845 YTD/ 2,758,461 FYT	Q-1M	1,466,127	2,219,649	753,522	2,207,910	-11,739
Respite No of overnights	136,877 YTD/ 182,505 FYT	Q-1M	82,274	125,030	42,757	135,112	-10,082
Respite No of day only respite sessions	30,752 YTD / 40,998 FYT	Q-1M	22,120	34,837	12,717	32,782	2,055
HIQA	80%	Q-1M	78.4%	77%	-1.4%	63.6%	13.4%

*Total of 129 teams, starting from a base of 56

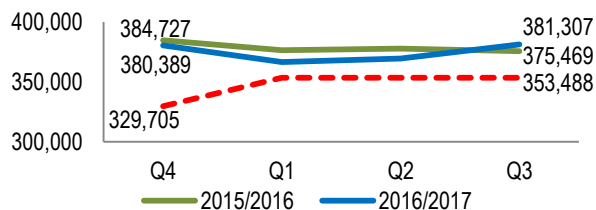
Disability Act Compliance



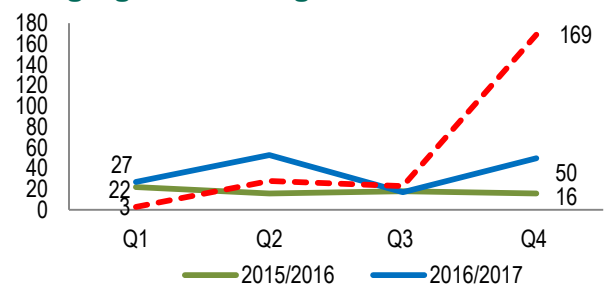
% of Preliminary Screenings for adults aged 65 years and over



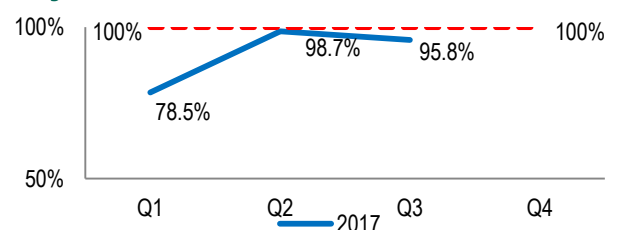
PA Hours



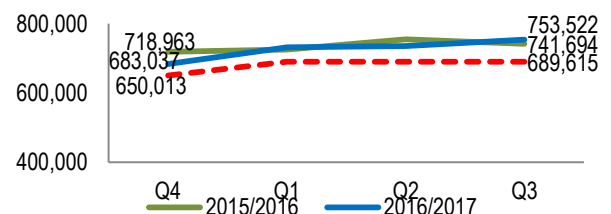
Congregated Settings



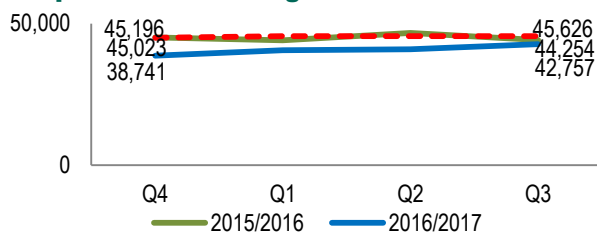
% of Preliminary Screenings for adults under 65 years



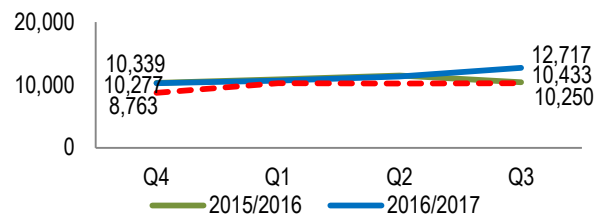
Home Support Hours



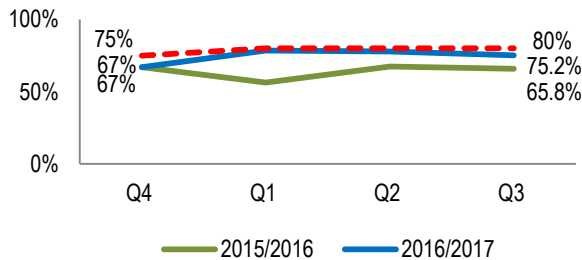
Respite No. of Overnights



Respite No. of day only Respite



HIQA



Emergency Places and Supports

New Emergency Places and Supports Provided to People with a Disability	Expected Activity 2017	Actual December YTD*
Number of new emergency places provided to people with a disability	185	176
Number of new home support/in home respite supports for emergency cases	210	147
Total number of new residential emergency and support places	395	323

* Data is indicative and pending validation at this point

Service level performance

Performance area	Best performance	Outliers
Disability Act Compliance	CHO 2 -14.5%, CHO 3 -37%, CHO 1 -59.2%.	CHO 7 -94.8%, CHO 6 -88.1%, CHO 9 -83.7%.
Congregated Settings	CHO 6 125%, CHO 9 37.5%, CHO 4 -7.3%.	CHO 1 -76.2%, CHO 2 -75.8%, CHO 7 -48.3%.
% of Preliminary Screenings- Adults 65 years and older	CHO's 2, 3, 4 & 6 achieved the target (100%).	CHO 9 81.3%, CHO 8 92.5%, CHO 7 93.5%.
% of Preliminary Screenings – Adults under 65 years	CHO 3 & CHO 9 achieved the target (100%), CHO 5, 99.2%.	CHO 1 97% CHO 2 97.1% CHO 6 97.2%.
PA Hours	CHO 7 78.8%, CHO 5 30.1%, CHO 3 7.6%	CHO 6 -11.4%, CHO 4 -2.4%, CHO 9 -1.1%
Home Support Hours	CHO 7 40.1%, CHO 6 19.1%, CHO 5 12.7%	CHO 1 -8.2%, CHO 8 -5%, CHO 9 -3.1%
Respite No. of Overnights	CHO 8, -2.4%	CHO 5 -20.7% , CHO 9 -17.7%, CHO 6 -17.3%
Respite No. of day only Respite	CHO 5 117.2%, CHO 3 65.7%, CHO 8 34.3%	CHO 6 -45.3% , CHO 1 -33.8% , CHO 9 -18.3%

Divisional Commentary

Emergency Places

The variation in target in relation to Emergency Cases is attributed to a lower number of cases being delivered with a higher cost value. The December submission has been completed following a validation exercise undertaken across all CHOs in relation to Emergency Cases.

Progressing Disability Services (0-18 Teams)

- A total of 56 network teams are in place. The appointment of Children's Disability Network Managers has been identified as a critical enabler to facilitate the continued roll out of this programme.
- **Children's Disability Network Manager Post(s):** A Forum has been established comprising representatives from Impact, HSE Corporate Employee Relations and HSE Disability Operations Team to progress the implementation and recruitment of these posts. All parties have committed to completing these negotiations by the end of January 2018.
- **Disability Act Compliance** rates are slowly improving with 25.3% compliance in Q4 2017, in comparison to 23.9% at Q4 2016. In addition the total number of applications 'overdue for completion' has reduced for the first time since the Act commenced.
- **Standardised approach to Assessment of Need Revised Standard Operating Procedures for Assessment of Need** have been approved by the Social Care Management Team and noted by the HSE Leadership Team. The revised procedures were circulated in December with an implementation date target of March 1st 2018. Training for Assessment Officers regarding the implementation of this procedure has commenced.
- **Improvement Plans at CHO level re Assessment of Need Waiting List** - Each CHO now has a specific improvement plan which sets out clear actions which will lead to an elimination of current waiting times. The Disability Act 2005 sets out the requirement for assessments to be completed within 6 months of the date of receipt in relation to this category. Work remains on-going across all 9 CHOs in relation to the improvement/elimination of waiting lists for assessments for clinical assessments, with specific focus on those areas with the largest waiting lists (Cork/Dublin areas).
- **Additional supports at national level** – A team of three National Disability Specialists (NDS) is now in place working with CHOs on a CHO basis in relation to Children's Disability Services. In addition the team members have been assigned individual responsibility in relation to Disability Compliance, IT Steering Group and the Access and Inclusion Model.
- **Training and Support** – A specialist training and support resource has been made available to the NDS team for deployment at CHO level. This will enable capacity building with frontline professionals.

Congregated Settings

Activity in relation to Q4 reflects a total of 147 people transitioned from congregated settings at the end of December 2017 – which is an increase of 50 on the Sept 2017 figure. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

Performance Notices

CHO1

CHO1 has been in escalation in relation to its financial and overall performance since April. A Performance Notice was issued by the HSE to the Chief Officer of CHO1 on the 21st June 2017. The Notice set out the HSE's performance expectations in respect of the CHO1's year-end financial position and its overall performance. To date the Social Care Division has provided extensive ongoing support to CHO1 through a programme of in-depth engagement and recommended improvement actions. Work is on-going with CHO1 in relation to the improvement plan to address the current underperformance and the CHO has met targets in relation to service provision. It is planned to review the performance of CHO1 at year end and consider the potential of closing out the Improvement Plan assuming that the CHO has met all targets set out.

CHO2 Aras Attracta

While it is acknowledged that significant progress has been made to date over the period 2015 & 2016 concerns have arisen as to 2017 performance in CHO2 Aras Attracta. Since these concerns emerged early in the year, the Social Care Division together with the support of the Quality Improvement Division have provided significant additional supports both by way of interventions and also capital and revenue resources. A Performance Notice was issued in July to the Chief Officer of CHO2 in respect of Aras Attracta in relation to the above matters and in particular Regulatory Concerns (HIQA) and underperformances issues in relation to same. The Division is continuing to monitor and support CHO2 in relation to meeting the requirements of the Performance Notice through the Improvement Plan to address the current underperformance.

St. John of God Community Services

As a result of a number of concerns of the HSE in relation to service delivery at SJOGCS which have been ongoing and the subject of meetings, correspondence and reports, a First Notification Letter was issued to SJOGCS on the 26th July 2017 in accordance with the Service Arrangement. The Notification Letter sets out the HSE's performance expectations in respect of SJOGCS in relation to HIQA Regulatory Compliance, HSE Internal Audit Report Findings and Recommendations, Financial Management/Controls and Reported Deficits and Service Performance. The HSE and SJOGCS are engaged in a National Task Forces process which clearly sets out improvement actions across four key action improvement areas. The HSE, and representatives of the Task Force, having met with the Chair and 2 non-executive Directors of SJOGs, issued the agreed final draft Improvement Plan to SJOGs on December 28th. Two meetings with SJOGs are scheduled for January 2018, to agree a final Implementation Plan for subsequent implementation by the Board of SJOGCS and which will be subject to oversight by Community Services.

Disabilities Balanced Scorecard/Heat Map

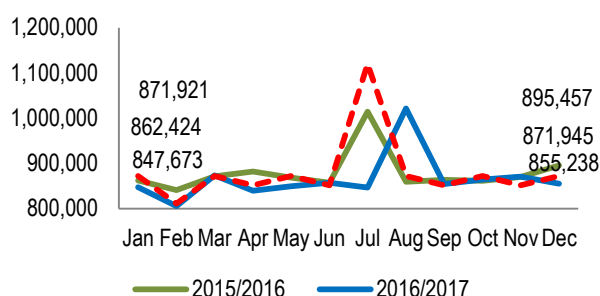
		Reporting Frequency	Expected Activity/Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	HIQA Compliance																
	HIQA Compliance	Q-1M	80%	77%	-3.7%										78.4%	77.8%	75.2%
Access	Disability Network Teams 0-18 years																
	% established	M	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Number established	M	73	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Disability Act																
	Disability Act Compliance	Q	100%	25.3%	-74.7%	40.8%	85.5%	63%	21.9%	20.8%	11.9%	5.2%	37.5%	16.3%	24%	35.1%	12.7%
	Congregated Settings																
	Congregated Settings	Q	223	147	-34.1%	5	8	7	38	25	9	15	29	11	53	17	50
	Supports in the Community																
	PA Hours	Q-1M	1,060,465	1,124,125	6%	103,596	208,976	236,412	90,151	97,845	16,289	30,923	120,891	219,042	369,314	373,504	381,307
	Home Support Hours	Q-1M	2,068,845	2,219,649	7.3%	231,780	142,892	110,826	160,649	203,764	274,481	417,788	366,588	310,882	731,318	734,809	753,522
Finance	Respite Overnights	Q-1M	136,877	125,030	-8.7%	7,710	29,521	10,707	18,491	8,305	8,535	17,501	13,183	11,077	40,639	41,635	42,757
	Respite Day Only Sessions	Q-1M	30,752	34,837	13.3%	2,907	5,058	14,318	2,046	1,970	1,055	4,026	1,023	2,434	10,691	11,429	12,717
	Net Expenditure variance from plan																
	Total	M	€1,695,195	€1,723,470	1.67%	3.39%	0.33%	2.10%	1.84%	1.86%	1.28%	4.14%	1.79%	1.68%	1.79%	1.89%	1.67%
	Pay	M	€640,895	€644,525	0.57%										1.46%	1.30%	0.57%
	Non-pay	M	€1,103,958	€1,135,577	2.86%										1.84%	2.16%	2.86%
	Income	M	-€49,658	-€56,631	14.04%										-1.48%	0.21%	14.04%
	Service Arrangements (05.01.2018)																
	Number signed	M	100%	87.21%	12.79%										86.12%	87.65%	87.21%
	Monetary value signed	M	100%	90.37%	9.63%										90.20%	90.37%	90.37%

Social Care – Older Persons

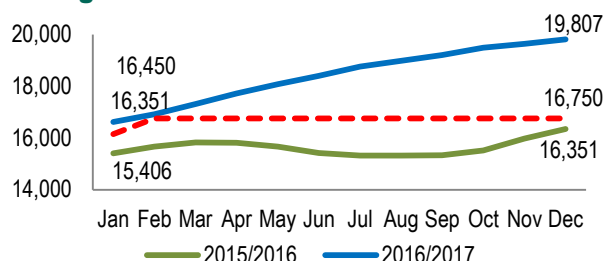
Social Care Division - Older Persons

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Home Help Hours	10.57m YTD /10.57m FYT	M	9,530,566	10,385,804	+855,238	10,546,733	-160,929 ↓
Home Care Packages	16,750 YTD 16,750 FYT	M	19,642	19,807	+165	16,351	+3,456 ↑
Number of people being funded under NHSS	23,292 YTD/ 23,292 FYT	M	23,066	22,949	-117	23,142	-193 ↓
Delayed Discharges	< 475	M	582	480	-102 ↑	436	+44 ↓
% of Preliminary Screenings – Adults 65 years and older (new KPI)	100%	Q-1Q	98.7%	95.8%	-2.9% ↓		
% of Preliminary Screenings – Adults under 65 years (new KPI)	100%	Q-1Q	97.4%	98.4%	+1% ↑		

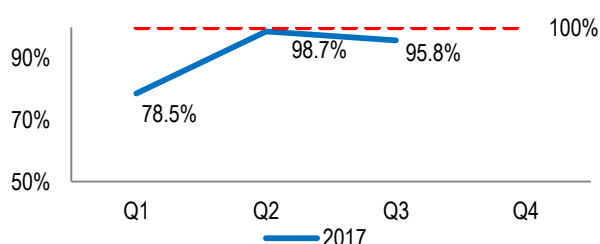
Number of home help hours provided



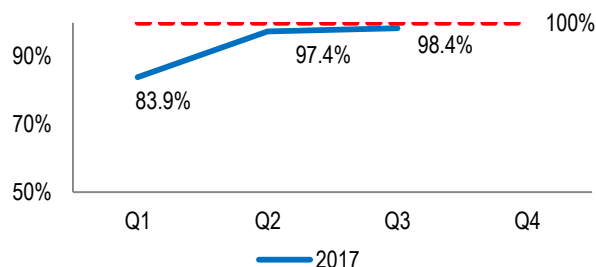
Number of persons in receipt of a Home Care Package



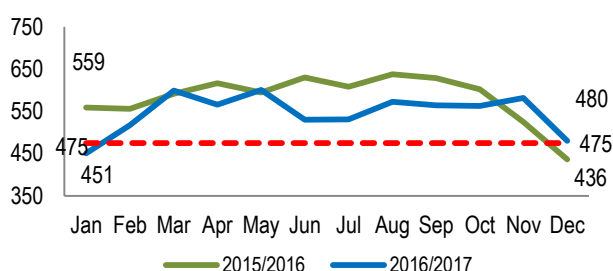
% of Preliminary Screenings for adults aged 65 years and over



% of Preliminary Screenings for adults under 65 years



Delayed Discharges

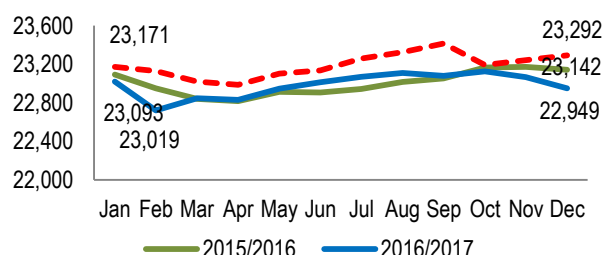


Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home *	70	34	104	21.7%
Long Term Nursing Care	238	40	278	57.9%
Other	49	49	98	20.4%
Total	357	123	480	100%

*(This includes 45 people waiting for home supports (12 aged <65y & 33 aged 65y or over); 5 of the 45 have their applications processed & are waiting for funding (all 5 aged <65y))

Number of persons funded under NHSS in long term residential care



NHSS Overview

		Oct	Nov	Dec	YTD 2017	Dec 16
	No. of new applicants	704	887	703	9,911	700
	National placement list for funding approval	466	562	537	537	400
	Total no. people funded under NHSS in LTRC	23,125	23,066	22,949	22,949	23,142
Private Units	No. of new patients entering scheme	505	512	460	6,310	520
	No. of patients Leaving NHSS	456	553	538	6,280	523
	Increase	49	-41	-78	30	-3
Public Units	No. of new patients entering scheme	135	142	104	1,763	139
	No. of patients Leaving NHSS	130	146	134	1,817	146
	Net Increase	5	-4	-30	-54	-7

*Note: In addition to the leavers above there were a further 169 (9 in Dec.) from Contract Beds/Subvention/Section 39 savers beds

Service level performance

Performance area	Best performance	Outliers
% of Preliminary Screenings- Adults 65 years and older	CHO's 2, 3, 4 & 6 achieved the target (100%)	CHO 9 81.3%, CHO 8 92.5%, CHO 7 93.5%,
% of Preliminary Screenings- Adults under 65 years	CHO 3 & CHO 9 achieved the target (100%), CHO 5 99.2%	CHO 1 97%, CHO 2 97.1%, CHO 6 97.2%
Home Help Hours	CHO 9 10.9%, CHO 2 4.6%, CHO 4 0.6%	CHO 6 -25.7%, CHO 7 -13%, CHO 5 -12%
Home Care Packages	CHO 2 52.5%, CHO 7 40.9%, CHO 6 28.8%	All CHO's exceeded their targets
Delayed Discharges	National Children's Hospital at Tallaght Hospital & Ennis (0), Mallow, Nenagh & St Johns (1)	St. James's Hospital (44), Beaumont Hospital (36) & Mater (36)

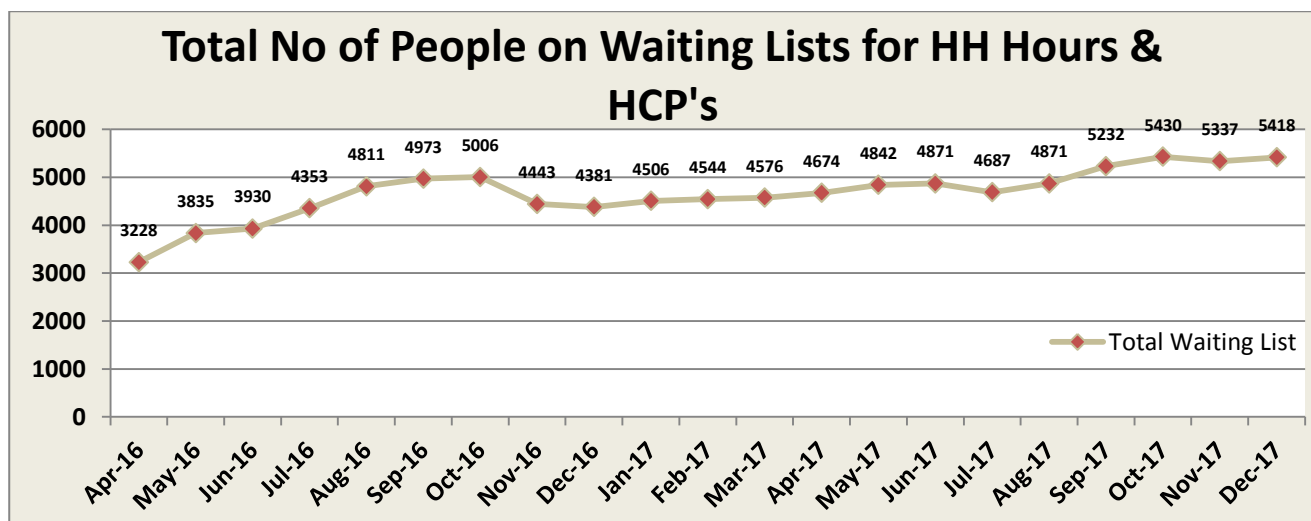
Divisional Update

Delayed Discharges

The end of December 2017 Delayed Discharge figure is 480. In December, there were 104 people waiting to go home and of these the number of people awaiting HH and HCP was 45 (5 were approved with funding awaited –all 5 aged under 65). The remaining people were awaiting a specific community provision, new or refurbished home, convalescent or other unspecified input. All hospitals continue to have access to an unlimited number of transitional Care Beds. The total national approved for Nov is 817 with a total YTD of 8,156.

Home Care

HCP activity is over target (+18.3%) and HH Hours activity is slightly under target (-1.7%) at the end of December. The HCP activity over target is reduced to 14.85% when the additional HCPs in December are taken into account. Some CHOs are experiencing capacity issues in terms of availability of home care staff. In such cases where appropriate, the home care service may be delivered through the HCP scheme to enable the person to return to, or remain at, home. This results in some CHOs being below target in relation to home help and above target on HCPs (CHO 3, 5, 6, 7 & CHO 8). CHO 2 & 9 are exceeding both HH and HCP targets this month as lower value HCPs are being approved but such arrangements are being carefully managed within the overall home care resources available in the CHO. Please note changes to Home Support Service will be implemented in 2018 which will streamline the data and make it clearer (Home Support Service section below).



Whilst additional Home Care funding is acknowledged and has been targeted to support home support services, (45 extra HCPs per week directed towards specific hospitals commenced in Oct) demand for home support continues to exceed the level of service that can be funded. Waiting lists for HH and HCP have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥ 80 years, within the over 65 years cohort. The CHO waiting lists for the end of December 2017 indicates that 5,418 people were waiting for home care funding. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised. The table above demonstrates the effect of increased demographics on home care services.

Home Support 2018 – a single funded service

With the approval of the Department of Health, the HSE has worked during 2017 to streamline the home care packages scheme and home help services and will move to a single funded service from 2018 which will be called “Home Support Service for Older People”. This new approach will provide significant benefits for the service users, the public and the health system. The services will be easier to understand and through the streamlining of the application processes there will be a requirement to make only one application and decision for home support services for older people. Service users will also be facilitated to move to changed levels of service as their assessed needs change without the need for an additional application process. This approach will also make activity data more transparent & accountable and it will be easier to understand as the key data to be collected will be number of hours and number of clients in receipt. Intensive Home Care Packages being funded separately and centralised, will remain separate for the time being.

Overall, in 2018, 17,094m home support hours are expected to be delivered to 50,500 people at any time. In addition, Intensive Home Care Packages will be delivered to approximately 235 people at any time and will deliver approximately 360,000 hours in the full year.

Given the importance of ensuring the robustness of comparative analysis, the 2017 national activity levels are also available in the new format so that direct comparisons can be made between 2017 and 2018 activity. In 2018, as stated above 17.094m home support hours are expected to be provided to 50,500 people at any time, which compares with 16.34m hours projected to be delivered to 50,000 people (reflecting home help and home care package funded hours/clients combined) in 2017, showing an increase of 754,000 hours and an increase of 500 people in receipt in 2018.

Safeguarding

The issue of noncompliance in % of Preliminary Screenings- Adults 65 years and older relates primarily to a reporting issue. On further examination it has been determined that this is inaccurate. The data will be revisited and updated data will be provided with the December data in the next reporting cycle. Overall compliance is 97% nationally.

Quality and Patient Safety

In relation to the % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People a review of CHO7 indicates resident committees are in place in majority of settings and work is on-going to ensure full compliance.

NHSS

In December 2017 the Nursing Homes Support Scheme funded 22,949 long term public and private residential places, and when adjusted for clients not in payment, there were 24,115 places supported under the scheme. There is a decrease of 193 in the number of people supported under the scheme when compared to the same period last year, a 0.8% decrease in activity year on year. The revised target for 2017 of 23,292 people to be supported under the scheme at year end has not been realised due mainly to a higher number of leavers than anticipated and a decrease in the number of applications received for financial support under the scheme.

The target of maintaining the wait time for funding approval at no more than 4 weeks is being achieved and this target has consistently been achieved since April 2015. The number on the placement list at the end of December 2017 is 537 (December 2016 – 400), a significant reduction from the numbers waiting in October 2014 (2,135).

A total of 8,168 people were approved for funding under the scheme in 2017 compared to 8,383 people approved in 2016, a decrease of 215 approvals or 2.6% year on year. In 2017, 9,911 applications were received and 8,073 new clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 48 or 0.6% in the number of new clients supported under the scheme when compared to 2016. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation and Government policy.

Older Persons Balanced Scorecard/Heat Map

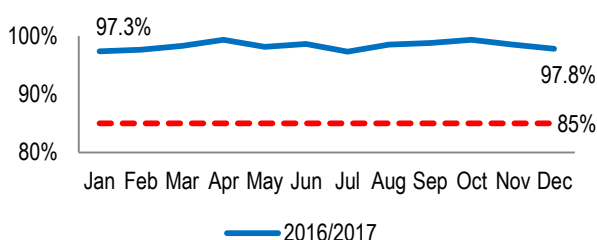
		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access	Home Care Services																
	Home Help Hours	M	10,570,000	10,385,804	-1.7%	1,442,142	1,353,387	922,108	1,995,759	1,146,958	337,968	638,601	1,249,355	1,299,527	864,266	870,433	855,238
	Home Care Packages	M	16,750	19,807	18.3%	1,378	1,912	1,149	1,557	1,242	2,221	3,060	2,681	4,607	19,486	19,642	19,807
	NHSS																
	Number of people funded under NHSS	M	23,292	22,949	-1.5%										23,125	23,066	22,949
Finance	Delayed Discharges																
	Number of people subject to Delayed Discharge	M	< 475	480	-1.1%										563	582	480
	Net Expenditure variance from plan																
	Total	M	€806,557	€803,920	-0.33%	-0.04%	3.12%	0.06%	-0.32%	0.32%	-0.52%	5.26%	0.76%	1.50%	2.08%	2.05%	-0.33%
	Pay	M	€699,614	€693,443	-0.88%										-0.87%	-0.02%	-0.88%
Finance	Non-pay	M	€490,171	€491,173	0.20%										4.05%	2.79%	0.20%
	Income	M	-€383,229	-€380,696	-0.66%										-0.83%	-0.74%	-0.66%
	Service Arrangements (05.01.2018)																
	Number signed	M	3.50%	99.07%	0.93%										99.35%	99.44%	99.07%
	Monetary value signed	M	3.50%	98.88%	1.12%										98.89%	98.88%	98.88%

National Ambulance Service

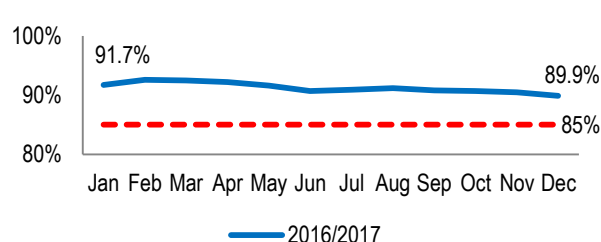
National Ambulance Service

Performance area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Allocation of Resource within 90 seconds - ECHO	85%	M	98.3%	98.2%	0.1%	↓	94.7%	3.5%	↑
Allocation of Resource within 90 seconds - DELTA	85%	M	91.5%	91.3%	0.2%	↓	88.8%	2.5%	↑
Response Times - ECHO	80%	M	82.9%	82.7%	0.2%	↓	80.9%	1.8%	↑
Response Times - DELTA	80%	M	62.2%	61.3%	0.9%	↓	60.5%	0.8%	↑
% turnaround delays escalated (where ambulances not cleared in 60mins)	100%	M	98.8%	98.7%	0.1%	↓	95.5%	3.2%	↑
ROSC	40%	Q-1Q	41.6%	42.6%	1.0%	↑	44.8%	2.2%	↓

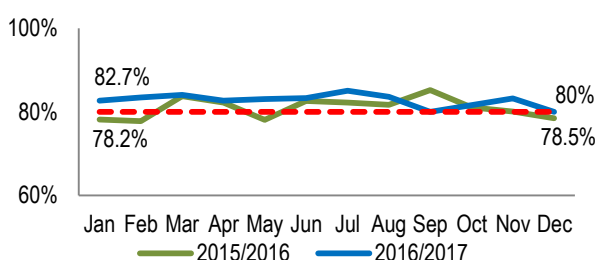
Allocation of Resource within 90 seconds - ECHO



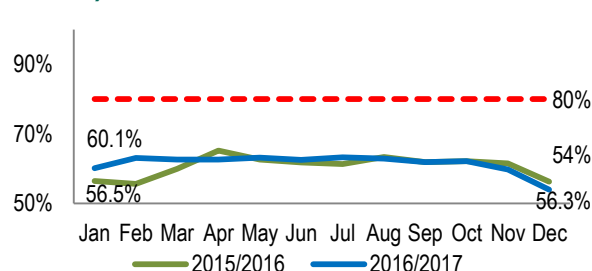
Allocation of Resource within 90 seconds - DELTA



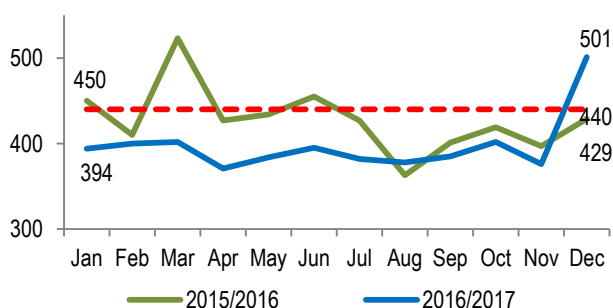
Response Times (within 18 minutes, 59 seconds) - ECHO



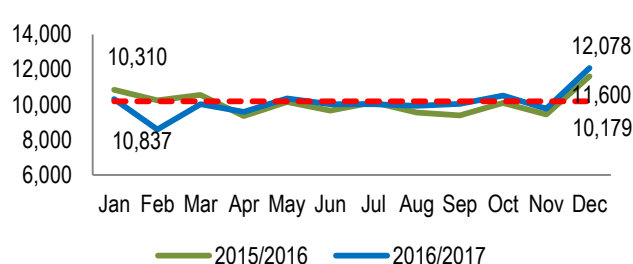
Response Times (within 18 minutes, 59 seconds) - DELTA



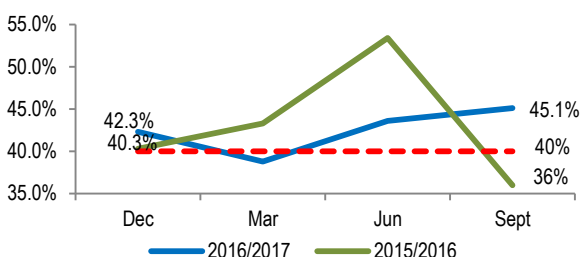
Call Volume (arrived at scene) - ECHO



Call Volume (arrived at scene) - DELTA



ROSC



Service level performance

Performance area	Best performance	Outliers
Allocation of Resource within 90 seconds - ECHO	South 99%, West 94.7 %, North Leinster 98.8 %	
Allocation of Resource within 90 seconds - DELTA	West 90%, South 92.2 %, North Leinster 88.2%	
Response Times - ECHO	North Leinster 86.9%, Dublin Fire Brigade 81.7%, South 81.2%	Western Area 64.8%
Response Times - DELTA	North Leinster 60.8%	Western Area 55.2%, Southern Area 57.6%, Dublin Fire Brigade 42.1%

Divisional Update

- Activity volume for AS1⁹ and AS2¹⁰ calls received this month has increased by 973 (3%) since the same month last year.
- The daily average call rate for AS1¹ and AS2² calls received this month was 997. (31 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was on target at 80% this month. This is ↓ 3% compared to last month.
- ECHO calls increased by 12% (58) compared to the same month last year.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was 54% this month. This has decreased by 6% since last month.
- Nationally there was a 6% (682) increase in DELTA call activity compared to the same month last year.

⁹ AS1 – 112/ 999 emergency and urgent calls

¹⁰ AS2 - Urgent calls received from a general practitioner or other medical sources

National Ambulance Service Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events											
	Investigations completed within 120 days	M	90%	NA								
	Service User Experience											
	Complaints investigated within 30 working days	M	75%	28%	-62.7%							
	Resource Allocation within 90 seconds											
	ECHO	M	85%	98.3%	15.6%	97.6%	99.1%	98.3%		99.3%	98.4%	97.8%
	DELTA	M	85%	91.3%	7.4%	89.1%	92.6%	93.1%		90.7%	90.5%	89.9%
Access	ROSC											
	Return of Spontaneous Circulation	Q-1Q	40%	42.6%	6.5%					43.6%	45.1%	
	Response Times - within 18 minutes, 59 seconds											
Finance	ECHO	M	80%	82.7%	3.3%	85.9%	80.1%	79.4%	83.2%	81.6%	83.4%	80%
	DELTA	M	80%	61.4%	-23.2%	64.9%	61.5%	62.4%	56.1%	62.2%	59.8%	54%
	Net Expenditure variance from plan											
HR	Total	M	€157,771	€157,000	-0.49%					-1.20%	-1.07%	-0.49%
	Pay	M	€118,828	€116,217	-2.20%					-1.66%	-1.62%	-2.20%
	Non-pay	M	€39,304	€42,078	7.06%					0.29%	0.74%	7.06%
HR	Absence											
	Overall	M-1M	3.50%	5.83%	-28.57%					5.95%	4.94%	

Acute Hospitals

Acute Hospitals

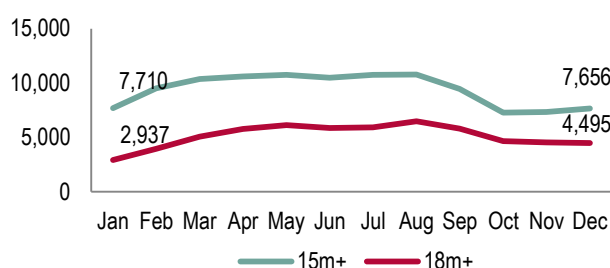
Overview of Key Acute Hospital Activity

Activity Area	Result YTD Dec 2017	Expected Activity YTD	Result YTD Dec 2016	SPLY % Var	Result Oct	Result Nov	Result Dec
Emergency Presentations	1,416,367	1,393,358	1,382,300	+2.5%	120,206	117,718	119,487
New ED Attendances	1,182,805	1,168,318	1,157,074	+2.2%	101,156	98,831	101,623
OPD Attendances	3,303,568	3,440,981	3,327,526	-0.7%	276,587	301,595	219,572

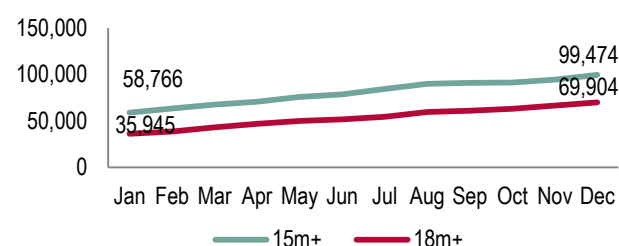
Activity Area (HIPE data month in arrears)	Result YTD Nov 2017	Expected Activity YTD	Result YTD Nov 2016	SPLY % Var	Result Sept	Result Oct	Result Nov
Inpatient [IP] Discharges	582,848	586,785	581,868	+0.2%	52,880	52,652	54,050
Day Case [DC] Discharges	993,713	980,386	976,214	+1.8%	89,409	89,506	96,095
IP & DC Discharges	1,576,561	1,567,171	1,558,082	+1.2%	142,289	142,158	150,145
% IP	37%	37.4%	37.3%	-0.3%	37.2%	37%	36%
% DC	63%	62.6%	62.7%	+0.3%	62.8%	63%	64%
Emergency IP Discharges	395,526	393,067	391,073	+1.1%	35,358	35,561	36,791
Elective IP Discharges	85,831	87,260	84,972	+1%	8,056	7,931	8,410
Maternity IP Discharges	101,491	106,458	105,822	-4.1%	9,466	9,160	8,849

Waiting Lists	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
Inpatient adult waiting list within 15 months	90%	M	85.8%	86.5%	+0.7%	91%	-4.5%
Daycase adult waiting list within 15 months	95%	M	93.2%	92.6%	-0.6%	93.2%	-0.6%
Inpatient children waiting list within 15 months	95%	M	88.9%	88.7%	-0.2%	94.1%	-5.4%
Daycase children waiting list within 15 months	97%	M	87.5%	85.9%	-1.6%	92.7%	-6.8%
Outpatient waiting list within 52 weeks	85%	M	72.9%	72.4%	-0.5%	80.7%	-8.3%

Inpatient and Day Case Waiting List

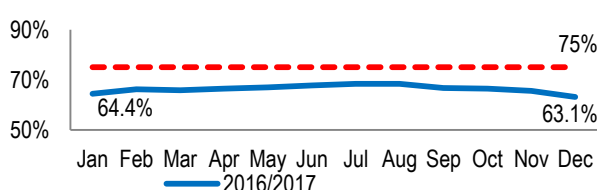


Outpatient Waiting List

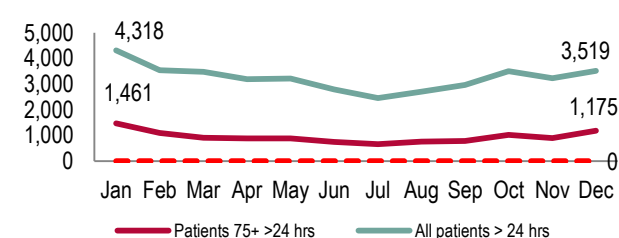


Patient Experience Time	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
% 75 years within 9 hours	100%	M	62.5%	62%	-0.5%	62.6%	-0.6%
% 75 years within 24 hours (new KPI)	100%	M	92.5%	92.4%	-0.1%		
% in ED < 24 hours	100%	M	96.9%	96.9%		96.7%	+0.2%
% within 6 hours	75%	M	66.6%	66.3%	-0.3%	67.3%	-1%
% who leave before completion of treatment	< 5%	M	5.5%	5.6%	+0.1%	5.3%	+0.3%

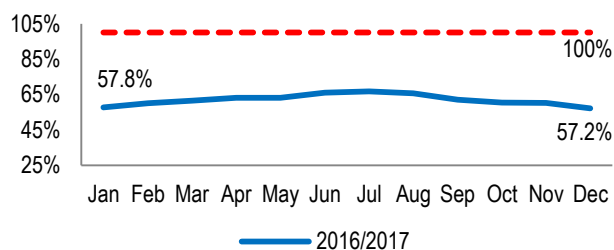
% patients admitted or discharged within 6 hours



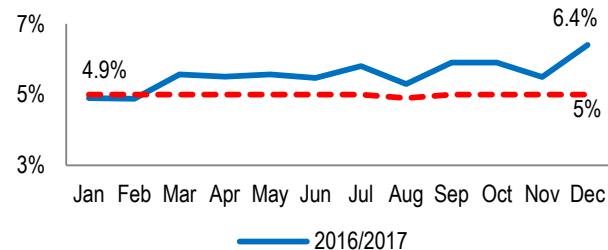
ED over 24 hours



% patients over 75 years admitted or discharged within 9 hours

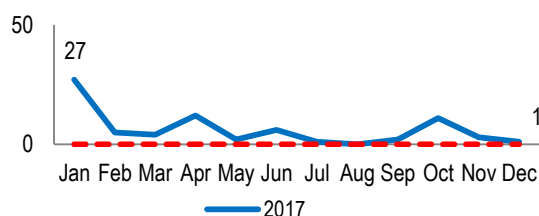


% of patients who leave before completion of treatment

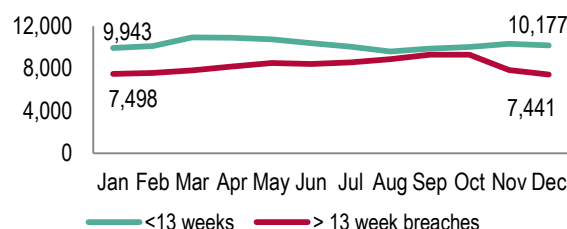


Colonoscopy	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Urgent colonoscopy – number of people waiting > 4 weeks (new KPI)	0	M	67	68	+1	↓			
Routine Colonoscopy within 13 weeks	70%	M	56.9%	57.8%	+0.9%	↑	58%	-0.2%	↓

Urgent Colonoscopy – number of people waiting > 4 weeks



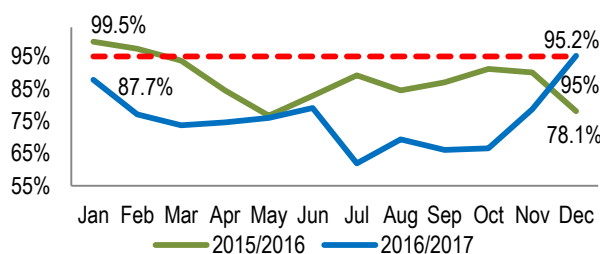
Number on waiting list for GI Scopes



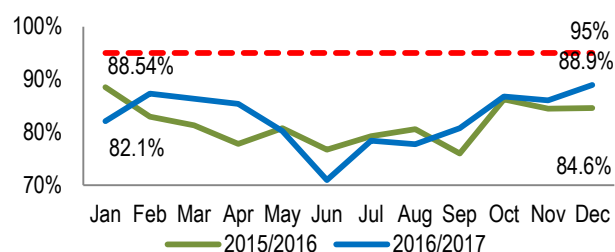
	Number deemed suitable for colonoscopy in December	Number scheduled over 20 working days in December
Bowel Screen Colonoscopy Activity	220	140

Cancer Services	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change		SPLY YTD	SPLY Change	
Urgent breast cancer within 2 weeks	95%	M	73.8%	75.3%	+1.5%	↑	87.9%	-12.6%	↓
Routine breast cancer within 12 weeks	95%	M	70.9%	71.1%	+0.2%	↑	72.7%	-1.6%	↓
Lung Cancer within 10 working days	95%	M	82%	82.3%	+0.3%	↑	81.5%	+1.1%	↑
Prostate cancer within 20 working days	90%	M	60.3%	61.5%	+1.2%	↑	53.4%	+8.1%	↑
Radiotherapy within 15 working days	90%	M	76.6%	76.3%	-0.3%	↓	83.1%	-6.8%	↓

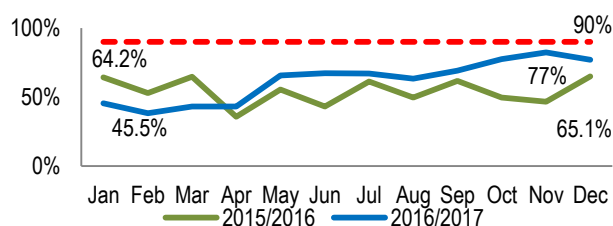
Breast Cancer within 2 weeks



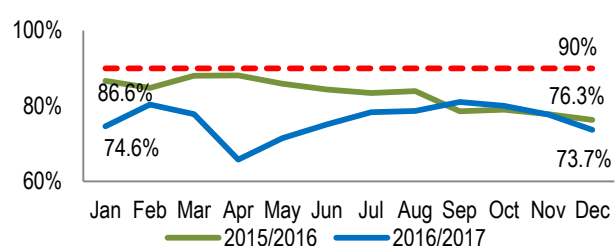
Lung Cancer within 10 working days



Prostate Cancer within 20 working days

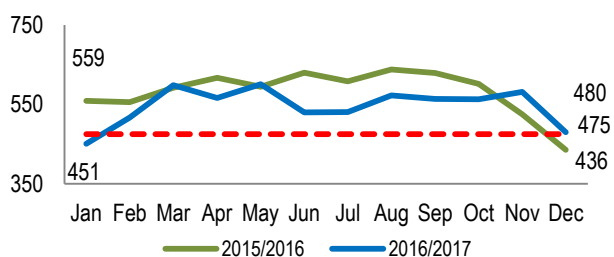


Radiotherapy within 15 working days



Performance Area	Target/ Expected Activity	Freq	Previous Period YTD	Current Period YTD	Change	SPLY YTD	SPLY Change
HCAI – Rate of new cases of Staph. Aureus infection (new KPI)	<1	M	0.9	0.9			
HCAI – rate of new cases of C Difficile infection (new KPI)	< 2	M	2.1	1.8	-0.3%	↑	
Maternity Safety Statements	100%	M-2M	84.2%	100%	+15.8%	94.7%	+5.3%
Medical Readmission Rates (new KPI)	11.1%	M-1M	11.1%	11.1%			
Surgical Readmission Rates	< 3%	M-1M	2%	2%		2.1%	-0.1%
Hip Fracture Surgery within 48 hours	95%	M-1M	85.4%	85.5%	+0.1%	85.4%	+0.1%
Medical Average Length of Stay	6.3 days	M-1M	6.8	6.8		6.8	
Surgical Average Length of Stay	5 days	M-1M	5.3	5.4	+0.1	5.4	
Ambulance Clearance Times < 60 minutes	95%	M	92.7%	92.4%	-0.3%	93%	-0.6%
Elective Laparoscopic Cholecystectomy	> 60%	M-1M	45.6%	45.5%	-0.1%	43.4%	-2.1%
Number of beds subject to Delayed Discharge	<475	M	582	480	-102	436	+44

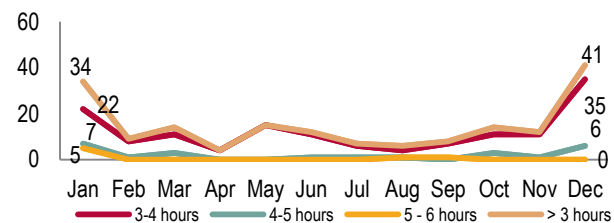
Delayed Discharges



Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	70	34	104	21.7%
Long Term Nursing Care	238	40	278	57.9%
Other	49	49	98	20.4%
Total	357	123	480	100%

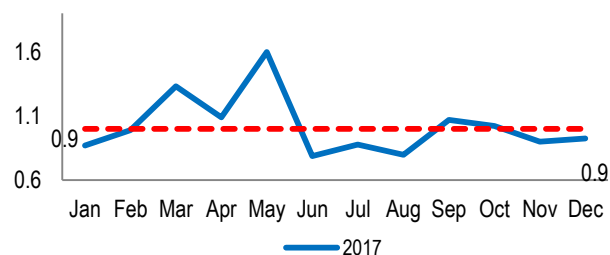
Ambulance Turnaround Times



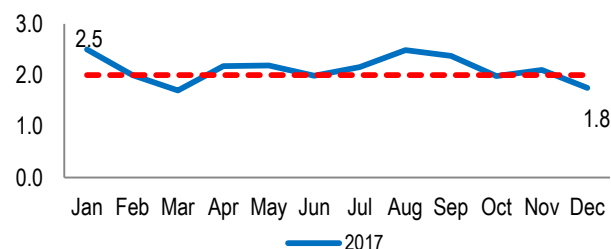
Ambulance Turnaround Times breakdown

	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
3-4 hours	11	6	4	7	11	11	35
4-5 hours	1	1	1	0	3	1	6
5 - 6 hours	0	0	1	1	0	0	0
> 3 hours	12	7	6	8	14	12	41

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



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



Service level performance

Performance Area	Best performance	Outliers
Inpatient adult waiting list within 15 months	25 out of 39 hospitals achieved target	Cork (75.1%), Galway (77.7%) & St James's (77.8%)
Daycase adult waiting list within 15 months	27 out of 41 hospitals achieved target	Roscommon (85%), University Hospital Limerick (85.8%) & Galway (87.8%)
Inpatient children waiting list within 15 months	17 out of 23 hospitals achieved target	OLH Crumlin (78.5%), Sligo (80.1%) & Galway (86.5%)
Daycase children waiting list within 15 months	25 out of 32 hospitals achieved target	OLH Crumlin (77%), National Children's Hospital at Tallaght (82.5%) & Galway (85.3%)
Outpatient waiting list within 52 weeks	10 out of 45 hospitals achieved target	RVEEH (52.7%), Croom (53.9%) & Waterford (58.8%)
% 75 years within 9 hours PET	St Luke's Hospital Kilkenny (95.7%), Portlaoise (86.3%) & Letterkenny (74.1%)	University Hospital Limerick (35.5%), Tallaght Adults (43.4%) & Beaumont (46.4%)
% 75 years within 24 hours PET	St Lukes' Kilkenny & Sligo (100%), Letterkenny (99.8%) & Portlaoise (99.7%)	University Hospital Limerick (75.5%), University Hospital Waterford (79.9%) & Naas (80.9%)
% within 6 hours PET	St Luke's Hospital Kilkenny (89.6%), OLH Crumlin (84.5%) & Portlaoise (79.8%)	Tallaght (37.7%), Beaumont (46.5%) & St James's (47.8%)
% who leave before completion of treatment	19 out of 30 hospitals achieved target	Mater (19.2%), St. James's (18%) & Tallaght (16.3%)
Urgent colonoscopy – number waiting > 4 weeks	38 out of 39 hospitals achieved target	Navan (1)
Routine Colonoscopy within 13 weeks	19 out of 39 hospitals achieved target	Naas (24.6%), Waterford (35.9%) & Limerick (37.9%)
Urgent breast cancer within 2 weeks	7 out of 9 hospitals achieved target	Waterford (57.1%) & Letterkenny (84.5%)
Routine breast cancer within 12 weeks	St Vincent's, Beaumont & Limerick (100%), Galway (97.8%)	Mater (25.2%), Waterford (32.8%), Letterkenny (37.2%), St James's (44.4%) & Cork (59.1%)
Lung Cancer within 10 working days	5 out of 8 hospitals achieved target	Limerick (58.7%) & Cork (83.3%) & Beaumont (94.7%)
Prostate cancer within 20 working days	Beaumont, St Vincent's, & Galway (100%) & Mater (97.4%) Waterford (95.7%)	Limerick (5.9%), St James's (6.3%) & Cork (41.4%)
Radiotherapy within 15 working days	UPMC, Whitfield, Waterford (100%) & Mid-Western Radiation Oncology Centre Limerick (98.2%)	Cork (50%), SLRON Network (71.9%) & Altnagelvin (75%)
HCAI rates - Staph. Aureus	37 out of 48 hospitals achieved target	OLH Crumlin (6.0), Tallaght (3.1) & Connolly (2.6)
HCAI rates – Cdiff	36 out of 48 hospitals achieved target	Mallow (6.6), St James's (4.7) & Tullamore (3.9)
Medical Readmission Rates	26 out of 38 hospitals achieved target	Letterkenny (14.7%), South Tipperary (13.8%) & Tullamore (13.1%)
Surgical Readmission Rates	38 out of 42 hospitals achieved target	Cork (3.4%), Kerry (3.2%) & Tullamore (3.1%)
Hip Fracture Surgery within 48 hours	6 out of 16 hospitals achieved target	Drogheda (60%) Cork (67.9%) & Limerick (72.2%)
Medical Average Length of Stay	9 out of 35 hospitals achieved target	Roscommon (13.7), Beaumont (11.7) & Tallaght Hospital - Adults (11.1)
Surgical Average Length of Stay	15 out of 34 hospitals achieved target	St. James's (9.5), Mater (8.9) & St. Vincent's (8.0)
Ambulance Clearance Times < 60 minutes	15 out of 34 hospitals achieved target	Letterkenny (71.7%), Mayo (77%) & Waterford (80.1%)
Elective Laparoscopic Cholecystectomy	12 out of 36 hospitals achieved target	10 out of 36 hospitals are at 0%
Number of beds subject to Delayed Discharge	National Children's Hospital at Tallaght Hospital & Ennis (0), Mallow, Nenagh & St Johns (1)	St. James's Hospital (44), Mater & Beaumont Hospital (36) & Drogheda (32)

Divisional Update

Emergency Department (ED) Performance

- New ED attendances increased by 2.2% when ED attendances Year to Date December 2017 are compared with Year to Date December 2016. New ED Attendances in December 2017 were 101,623 versus 97,645 in December 2016 on a national basis, that is, an increase of 4%.
- ED PET less than 24 hours (all patients) was 96.7% in December 2017. ED PET less than 24 hours for patients aged 75+ was 91.5% in December 2017.
- ED PET less than 9 hours (all patients) was 78.7% in December 2017.

ED Congestion Escalation Directive

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

Reduction in Delayed Discharges (DD)

There were 480 Delayed Discharges at the end of December 2017. Additional funding for winter 2017 measures will provide for the following;

- 45 additional home care packages every week for a 26 week period.
- 20 additional transitional care bed approvals per week for 12 acute hospitals from mid October 2017 to support the discharge of patients from acute care but may require further convalescence before returning home or for patients awaiting their application to be processed under the Nursing Home Support Scheme.

European Working Time Directive

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, and including representation from DOH, further improvements were observed during 2016 with an increase in compliance from 76% in December 2015 to 81% in December 2016 with an average 48 hour working week for all NCHDs. In 2017, the compliance has been consistent at 82%. Based on preliminary data for November 2017, the compliance is 83%.

The critical success factors in effecting sustained improvements are as follows;

- Targeting those sites where performance was well below the national average.
- Focus on increasing intern compliance in all sites.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had delivered sustained improvements.

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

Day Case Discharges (including dialysis)

The number of day case procedures Year to Date November 2017 was 993,713 versus 976,214 for the same period in 2016, that is, an increase of 17,499 (1.8%) cases. The number of day cases Year to Date November 2017 was 1.4% higher than the Year to Date target of 980,386. The number of day cases undertaken in the November 2017 was 96,095 versus 86,801 in November 2016, that is, an increase of 9,294 cases (10.7%).

Inpatient Discharges

The number of inpatient discharges was 582,848 Year to Date November 2017 versus 581,868 for the corresponding period in 2016, that is, an increase of 980 (0.2%) cases. The number of inpatient discharges in November 2017 was 54,050 versus 52,851 in November 2016, that is, an increase of 1,199 cases (2.3%).

Elective Inpatient Discharges

There were 85,831 elective inpatient discharges for the period January to November 2017 versus 84,972 for the same period in 2016, that is, an increase of 1%. Elective inpatient discharges were 1.6% lower than the target of 87,260 for the period January to November 2017.

Emergency Inpatient Discharges

There were 395,526 emergency inpatient discharges Year to Date November 2017 and 391,073 for the corresponding period in 2016, that is, an increase of 1.1%. Emergency discharges were 0.6% higher than the Year to Date November 2017 target of 393,067.

Maternity Inpatient Discharges

Maternity inpatient discharges were 101,491 Year to Date November 2017 and 105,822 for the corresponding period in 2016, that is, a decrease of 4,331 (4.1%) patient discharges.

It should be noted that the February 2017 data had one day less than February 2016 having regard to the fact that 2016 was a leap year.

Colonoscopies

There was a significant improvement in waiting times for routine colonoscopies between October and December 2017. The compliance rate improved from 51.9% in October 2017 to 57.8% in December 2017.

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

The following deliverables are complete;

- I. Capacity and Demand Analysis
The phase 1 Capacity and Demand study is complete. An independent assessment of future GI endoscopy capacity requirements across hospitals has been commissioned by the HSE to complement the Phase 1 Capacity and Demand study. The purpose of the study is as follows;
 - a. Outline the required endoscopy capacity for the next three to ten years across all Hospital Groups.
 - b. Provide further information for utilising the Smaller Hospitals Framework.
 - c. Inform likely future Bowel Screen requirements.
 - d. Support and contribute to the work of the National Endoscopy Working Group and the National Clinical Lead for Endoscopy.
- II. Referral Pathway
 - a. The NTPF published a GI Endoscopy direct referral pathway in January 2017. This pathway is a section of the overarching National Inpatient, Day Case, and Planned Procedure Waiting List Management Protocol. The protocol is complete and is applicable to referrals received by endoscopy units from outpatients, ED, private entities and GPs.
 - b. Phase 1 of a GP eReferral demonstrator project on Healthlink is complete. Phase 2 commenced with GP practices referring to St Vincent's University Hospital, Beaumont Hospital, Mater Misericordiae University Hospital and University Hospital Limerick.

Cancer Services

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

Phase 2 of the project will focus on the implementation of the improvement initiatives by the eight cancer sites. The improvement initiatives will be implemented in waves having regard to resource requirements and timeframe for delivery. The Wave I initiatives are currently being implemented in the eight cancer centres. The core objective of these initiatives is to drive process improvement, efficiency and enhance the patient pathway. The Wave I improvement initiatives were 78% complete at the end of December.

Seven of the eight cancer centres achieved or exceeded the 2017 National Service Plan (NSP) target in relation to urgent symptomatic breast patient referrals to Symptomatic Breast Cancer clinics. Five of the eight cancer centres complied with the NSP target for lung cancer referrals to Rapid Access Clinics for Lung Cancer. Five of the eight cancer centres complied with the NSP target for prostate cancer referrals to Rapid Access Clinics for prostate cancer.

Waiting Lists

Inpatient/Day Case Waiting Lists

The Department of Health approved an Inpatient/Day Case waiting list improvement plan for 2017. Under this Plan 31,600 patients have come off the waiting list at the 31st October which exceeded the target of 29,838. HSE also exceeded the target number waiting as of 31 October; it was agreed that the number waiting over 15 months at end October would be 9,151 and the number was 7,282.

The Department of Health notified the HSE in early October 2017 that it had ring fenced a further €10m in 2017 to support measures to reduce waiting times through a mixture of insourcing measures within the HSE and the purchase of private capacity via the National Treatment Purchase Fund. The HSE agreed the cases with the NTPF and the targeted areas were the longest waiters and complex cases such as cardio-thoracic, spinal, orthopaedic, neurosurgical and pain management cases.

Action Plan for Scoliosis

The Action Plan for Scoliosis aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. The Plan addresses treatment of children requiring both spinal fusion and other spinal procedures and includes insourcing in the Children's Hospital Group and the broader public hospital sector, as well as outsourcing initiatives, including private providers nationally and abroad. In tandem, the HSE is working to develop a long-term sustainable solution for scoliosis and paediatric orthopaedic cases. The HSE targeted over 400 procedures under this initiative to support the delivery of the agreed target. A total of 371 procedures (spinal fusion and other) were undertaken in 2017. A small number of patients declined treatment options in Ireland and overseas and opted to stay with their treating consultant. Every effort is being made to offer early appointments to these patients.

Healthcare Associated Infections (HCAI)

There were 36 hospitals with no cases of Staphylococcus Aureus Blood Stream Infection and 26 hospitals with no cases of Clostridium Difficile related diarrhoea reported in December. There were 28 hospital acquired Staphylococcus Aureus Blood Stream Infections in HSE hospitals and 53 cases of Clostridium Difficile associated diarrhoea.

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

A small number of hospitals have shown increased rates of Clostridium Difficile infection, particularly Level 4 hospitals. While it is accepted that there is a greater intrinsic risk of hospital acquired infection in Level 4 hospitals as they provide care for the most complex and vulnerable patients, the increased rate requires review and oversight to ensure that appropriate surveillance and isolation measures are being implemented fully. The Acute Hospitals Division is working with Health and Wellbeing and the individual hospitals to determine key causal factors and agree additional actions, as appropriate.

Performance and Accountability Framework

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

The Mater Misericordiae University Hospital was escalated to black escalation under the HSE's Performance and Accountability Framework following a review of its financial performance in January and February 2017. The Ireland East Hospitals Group continued to monitor the hospital's performance on a monthly basis thereafter. The Ireland East Hospitals Group subsequently issued a Performance Notice to the Hospital in June 2017. The Group commissioned a diagnostic review of the Hospital which examined internal process as well as financial performance and this was completed in September. The Mater Misericordiae University Hospital accepted the

recommendations and agreed a detailed work plan to deliver them. A Benefits Realisation model has been designed to track performance and ensure financial performance and process targets are met. The growth in complex activity such as transplant, interventional cardiology and urology is posing significant cost pressures in the current year as the activity is beyond the funding provided under ABF. The hospital continues to focus on reducing overtime and agency costs and effecting improvements in bed days used.

St James's Hospital was escalated to black escalation in April 2017 based on a monthly assessment of its financial performance in Quarter 1/2017. The Dublin Midlands Hospitals Group subsequently issued a Performance Notice to the hospital in June. There was some stabilisation in financial performance in June and July with deterioration in its financial performance in August. A second Performance Notice was issued by the Dublin Midlands Hospitals Group CEO to St James's Hospital in September due to no evidence of traction in the cost containment areas identified in the Financial Stabilisation Plan. The 2017 financial outturn for the hospital was very favourable. The Dublin Midlands Hospitals Group will continue to monitor the implementation of the Financial Stabilisation Plan in quarter 1/2018 to ensure sustained improvement in performance.

Acute Hospitals Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events Investigations completed within 120 days ¹¹	M	90%	7%	-92.2%										
	Service User Experience Complaints investigated within 30 working days	M	75%	72%	-4%										
	HCAI Rates - Staph. Aureus	M	< 1	0.9	7.4%	0.9	1.7	1.1	0.2	0.5	0.6	3.5	1.0	0.9	0.9
	HCAI Rates - C Difficile	M	< 2	1.8	12.4%	1.4	2.8	2.1	2.2	0.9	1.0	0.0	2.0	2.1	1.8
	% of ED patients who leave before completion of treatment	M	< 5%	5.6%	-12%	6.9%	9.3%	5%	4.2%	5.5%	3.7%	2.8%	5.9%	5.5%	6.4%
	Urgent colonoscopy - number waiting > 4 weeks (zero tolerance)	M	0	68		43	5	1	7	1	6	5	11	3	1
	Implementation of NEWS	Q	100%	96.7%	-3.3%	100%	83.3%	100%	100%	100%	100%		0%	0%	96.7%
	Implementation of IMEWS	Q	100%	100%	0%	100%	100%	100%		100%	100%		0%	0%	100%
	Maternity safety statements	M-2M	100%	100%	0%	100%	100%	100%	100%	100%	100%		84.2%		
	Readmission Rates - Medical	M-1M	11.1%	11.1%	0%	11%	11.1%	10.8%	11.2%	9.1%	12.6%		10.4%	10.5%	10.2%
	Readmission Rates - Surgical	M-1M	< 3%	2%	33.3%	1.7%	2.7%	2.4%	1.9%	1.4%	2%		1.8%	1.8%	1.9%
	Hip fracture surgery within 48 hours	M-1M	95%	85.5%	-10%	93.9%	90.3%	85.9%	79.5%	72.9%	90.5%		87%	87.7%	86.8%
	Avlos – Medical (site specific targets)	M-1M	6.3 days	6.8	-7.9%	6.8	8.6	7.2	6.4	5	6.4		6.5	6.9	7
	Avlos – Surgical (site specific targets)	M-1M	5 days	5.4	-8%	5.9	6.8	5.8	4.6	5	4.6		5.2	5.2	5.4
	Radiotherapy treatment within 15 working days	M	90%	76.3%	-15.2%		72%		68.9%	99.1%	88.5%		80%	77.7%	73.7%

¹¹ Data under review

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
Access	PET - 75 years or older within 9 hours	M	100%	62%	-38%	67.4%	59%	56.3%	57.6%	41.5%	73.2%		60.4%	60.3%	57.2%
	PET - 75 years or older within 24 hours (zero tolerance)	M	100%	92.4%	-7.6%	92.8%	93.4%	94.6%	90.3%	77.7%	95.5%		91.8%	92.7%	91.5%
	PET - ED within 24 hours (zero tolerance)	M	100%	96.9%	-3.1%	96.9%	96%	97.9%	95.3%	92.9%	98.2%	99.5%	96.7%	96.9%	96.7%
	PET - ED within 6 hours	M	75%	66.3%	-11.6%	69.2%	58.2%	61.6%	65.2%	56.2%	68.1%	86%	66.4%	65.6%	63.1%
	Routine Colonoscopy within 13 weeks	M	70%	57.8%	-17.5%	55.4%	50.7%	85.9%	65.6%	49.1%	51.1%	50%	51.9%	56.9%	56.9%
	Elective Laparoscopic Cholecystectomy	M-1M	>60%	45.5%	-24.2%	60.3%	54.7%	48.6%	45.8%	7.4%	26.2%		41.4%	45.8%	45.9%
	Inpatient Adult within 15 months	M	90%	86.5%	-3.9%	92%	79.6%	91.1%	86.8%	95.2%	81%		85.9%	85.8%	86.5%
	Daycase Adult within 15 months	M	95%	92.6%	-2.5%	95.3%	89.5%	99.9%	91.9%	91.5%	90.5%		93.5%	93.2%	92.6%
	Inpatient Child within 15 months	M	95%	88.7%	-6.6%	98.1%	100%	99.2%	96.1%	99.4%	82.8%	86.6%	87%	88.9%	88.7%
	Daycase Child within 15 months	M	97%	85.9%	-11.4%	100%	100%	100%	94.6%	100%	86.4%	81.2%	88.3%	87.5%	85.9%
	Outpatient within 52 weeks	M	85%	72.4%	-14.8%	76.1%	71.8%	78.8%	68.9%	69.5%	74%	64.7%	73.6%	72.9%	72.4%
	Ambulance Clearance Times within 60 minutes	M	95%	92.4%	-2.7%	93.5%	95.9%	96.3%	89.4%	94.9%	85.2%	97.8%	92.6%	92.5%	90%
	Number of beds subject to Delayed Discharge (zero tolerance site specific targets)	M	<475	480	-1.1%	140	100	98	67	9	55	11	563	582	480
	Urgent Breast Cancer within 2 weeks	M	95%	75.3%	-20.8%	82%	29%	99.9%	72.4%	100%	78.8%		66.5%	78.6%	95.2%
	Routine Breast Cancer within 12 weeks	M	95%	71.1%	-25.2%	82.4%	45.5%	99.8%	61.4%	98.6%	54%		71%	71.8%	74.2%
	Lung Cancer within 10 working days	M	95%	82.6%	-13.1%	99.2%	95.6%	74.4%	69.4%	61%	93.8%		86.8%	86%	88.9%
	Prostate Cancer within 20 working days	M	90%	61.5%	-31.7%	61.3%	2.3%	92%	50.1%	10%	99.3%		77.4%	82.3%	77%

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Ireland East	Midlands Dublin	RCSI	South West South/	UL	Saolta	Children's	Current (-2)	Current (-1)	Current
Finance	Net Expenditure variance from plan														
	Total	M	€4,593,523	€4,733,223	3.04%	4.04%	1.61%	3.73%	2.97%	7.03%	4.07%	1.04%	5.49%	5.52%	3.04%
	Pay	M	€3,709,503	€3,722,859	0.36%	1.00%	-0.77%	0.15%	-0.67%	3.44%	1.06%	0.17%	1.57%	1.60%	0.36%
	Non-pay	M	€1,783,946	€1,862,476	4.40%	5.92%	2.90%	7.77%	5.11%	4.35%	6.50%	1.95%	6.67%	6.47%	4.40%
	Income	M	-€899,927	-€852,111	-5.31%	-4.61%	-5.11%	-4.76%	-6.53%	-8.83%	-5.56%	-2.27%	-7.61%	-8.08%	-5.31%
	Service Arrangements (05.01.2018)														
	Number signed	M	3.50%	100%	0%								100%	100%	100%
	Monetary value signed	M	3.50%	100%	0%								100%	100%	100%
HR	Absence														
	Overall	M-1M	3.5%	3.98%	-13.71%	3.67%	3.78%	4.08%	3.95%	5.34%	3.75%	3.73%	4.05%	4.17%	
	European Working Time Directive (EWTD)														
	Within 24 hours	M	100%	98.5%	-1.5%	99.6%	98.7%	98.3%	99.5%	98.3%	97.2%	95.2%	97%	98.2%	98.5%
	< 48 hour working week	M	95%	83%	-12.6%	79.6%	76.8%	81.5%	87.7%	87.1%	92.1%	63.2%	83%	83.4%	83%

Finance

Introduction

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

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

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

A total of €208.3m once off funding was provided by way of a supplementary estimate for 2017. The letter of determination received on the 29th December indicated €75m was available for central pay awards, €50m for SCA, and €47.7m in relation to a shortfall on income. Additionally €35.6m was made available for winter access programme.

All figures quoted in this report are produced prior to the finalisation of the annual financial statements and as such are not considered final until that process has been completed and are subject to change.

Financial Performance

The HSE had expenditure of €14.322 billion against a budget of €14.156 billion for 2017 leading to a deficit of €165.9m or 1.17%.

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Variance €000s	
Acute Hospitals Division	4,593,523	4,733,224	4,593,523	139,701	3.0%
National Ambulance Service & Emergency Mgt	157,771	157,000	157,771	(771)	-0.5%
Health & Wellbeing Division	207,385	204,546	207,385	(2,839)	-1.4%
Primary Care Division (Note 1)	1,039,555	1,033,099	1,039,555	(6,456)	-0.6%
Mental Health Division	860,755	860,372	860,755	(383)	0.0%
Social Care Division	3,418,580	3,442,931	3,418,580	24,351	0.7%
National Cancer Control Programme (NCCP)	3,098	3,242	3,098	144	4.7%
Clinical Strategy & Programmes Division	35,179	35,245	35,179	67	0.2%
Quality Assurance & Verification	5,050	3,039	5,050	(2,012)	-39.8%
Quality Improvement Division	8,359	8,382	8,359	23	0.3%
Other National Divisions / Services	320,527	335,233	320,527	14,705	4.6%
Total Operational Service Areas	10,649,782	10,816,313	10,649,782	166,531	1.56%
Pensions	403,326	379,905	403,326	(23,421)	-5.8%
State Claims Agency	274,000	283,224	274,000	9,224	3.4%
Primary Care Reimbursement Service (Note 1)	2,565,708	2,565,664	2,565,708	(44)	0.0%
Demand Led Local Schemes (Note 1)	249,297	259,795	249,297	10,498	4.2%
Overseas Treatment	14,093	17,193	14,093	3,099	22.0%
Total Pensions & Demand Led Areas	3,506,425	3,505,781	3,506,425	(644)	-0.02%
Grand Total	14,156,207	14,322,095	14,156,207	165,887	1.17%

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

There is a net deficit within Operational Services of €166.5m or 1.56%. This includes a net deficit of €139.7m in Acute Hospitals.

Pensions and Demand Led Areas have a small surplus of €0.6m. Within this, the State Claims Agency has a deficit of €9m, Pensions have a surplus of (€23.4m), Primary Care Reimbursement Service has a surplus of (€0.04m), Demand Led Schemes have a deficit of €10.5m and Overseas Treatment has a deficit of €3.1m.

The following Pay Cost Pressures, totalling €88m, have crystallised and/or will have an impact on 2017. As previously noted, €75m has been made available as part of the once off supplementary estimate for 2017 for these pay cost pressures, which has been factored into these year-end figures.

1. €56.2m – The acceleration of public service pay restoration. The January 2017 agreement which brought forward to April the payment of a €1,000 increase (already due for payment in September 2017 under the LRA). This applies to public servants on annualised salaries up to €65,000 and who are parties to the Lansdowne Road agreement. The additional monthly cost to the HSE is approx. €11m per month for the period April – August 2017 or €56.8m, that was not anticipated or funded through the budgeting and service planning process.
2. €12m - NCHD Living Out Allowance,
3. €20m – Nursing Incremental Credits, Task Transfer & other allowances.

Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	707,874	734,282	707,874	26,408	3.7%
Dublin Midlands	868,604	882,631	868,604	14,027	1.6%
Ireland East	911,661	948,532	911,661	36,870	4.0%
South / South West	776,888	800,000	776,888	23,112	3.0%
Saolta University Health Care	731,729	761,509	731,729	29,780	4.1%
UL Hospitals	289,769	310,140	289,769	20,371	7.0%
National Children's Hospital	283,378	286,316	283,378	2,938	1.0%
Regional & National Services	23,621	9,815	23,621	(13,806)	-58.4%
Total	4,593,523	4,733,224	4,593,523	139,701	3.0%

Acute Hospital Division (AHD) has expenditure of €4,733m against a budget of €4,593m leading to an adverse variance of €139.7m (3.0%), which includes the supplementary funding for pay cost pressures, winter access and the shortfall on income.

The deficit of €139.7m is comprised of an income variance of €47.9m and a gross variance of €91.8m, of which €13.3m relates to Pay and €78.5m relates to Non Pay.

Of the total variance, €109.2m relates to direct provision of service with €30.5m representing HSE funded providers. 67% of the year to date deficit is concentrated in three Hospital Groups, Ireland East Hospital Group €36.8m, RCSI Hospital Group €26.4m and Saolta University Health Care Group €29.8m.

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

Social Care - Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	83,969	83,933	83,969	(36)	0.0%
CHO 2	75,579	77,936	75,579	2,357	3.1%
CHO 3	67,625	67,668	67,625	43	0.1%
CHO 4	123,419	123,018	123,419	(401)	-0.3%
CHO 5	74,776	75,012	74,776	236	0.3%
CHO 6	62,796	62,471	62,796	(325)	-0.5%
CHO 7	93,528	98,446	93,528	4,919	5.3%
CHO 8	67,108	67,615	67,108	507	0.8%
CHO 9	103,289	104,833	103,289	1,544	1.5%
Regional & National	54,468	42,986	54,468	(11,482)	-21.1%
Subtotal	806,557	803,920	806,557	(2,637)	-0.3%
NHSS	916,829	915,541	916,829	(1,288)	-0.1%
Overall Total	1,723,385	1,719,461	1,723,385	(3,924)	-0.2%

Core services excluding NHSS has expenditure of €803.9m against a budget of €806.5m leading to a surplus of €2.6m, which includes the supplementary funding for pay cost pressures and winter access.

NHSS had expenditure of €915.5m against a budget of €916.8m leading to a small surplus of (€1.3m).

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

Social Care – Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	125,072	129,313	125,072	4,240	3.4%
CHO 2	165,766	166,307	165,766	541	0.3%
CHO 3	149,221	152,351	149,221	3,130	2.1%
CHO 4	218,634	222,652	218,634	4,018	1.8%
CHO 5	159,260	162,225	159,260	2,965	1.9%
CHO 6	185,555	187,924	185,555	2,369	1.3%
CHO 7	211,870	220,633	211,870	8,764	4.1%
CHO 8	200,789	204,386	200,789	3,596	1.8%
CHO 9	268,206	272,704	268,206	4,498	1.7%
Regional & National	10,821	4,976	10,821	(5,845)	-54.0%
Total	1,695,195	1,723,470	1,695,195	28,276	1.7%

Disability Services has expenditure of €1,723.4m against a budget of €1,695.2m leading to an adverse variance of €28.2m, which includes the supplementary funding for pay cost pressures.

The NSP 2017 submission flagged €9m in very stretched savings targets with a high delivery risk, which crystallised during the year.

The variance detailed above is associated with 4 key issues:

1. Expenditure associated with HIQA compliance;
2. Specific challenges in a small number of larger voluntary providers;
3. Emergency placements ahead of target in some areas
4. Expected reductions in agency spend did not materialise.

Variations from plan are followed up with each Chief Officer through the HSE's Performance Process.

Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	73,608	73,572	73,608	(35)	0.0%
CHO 2	97,678	104,432	97,678	6,754	6.9%
CHO 3	64,289	64,739	64,289	449	0.7%
CHO 4	114,205	115,373	114,205	1,168	1.0%
CHO 5	95,684	96,444	95,684	760	0.8%
CHO 6	56,867	57,963	56,867	1,096	1.9%
CHO 7	87,659	87,510	87,659	(149)	-0.2%
CHO 8	90,238	94,059	90,238	3,821	4.2%
CHO 9	114,092	113,305	114,092	(787)	-0.7%
Central Mental Hospital	26,010	25,835	26,010	(174)	-0.7%
Suicide Prevention	9,929	8,717	9,929	(1,212)	-12.2%
Regional & National	30,496	18,423	30,496	(12,074)	-39.6%
Total	860,755	860,372	860,755	(383)	0.0%

The Mental Health Division spent €860.3m against a budget of €860.7m, representing a small surplus of €0.4m, which includes the supplementary funding for pay cost pressures.

Recruitment and retention programmes continued to be prioritised to maximise the delivery of Mental Health services in 2017, therefore the level of once-off savings achieved in 2016 were not available in the current year.

Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	207,385	204,546	207,385	(2,839)	-1.4%

The Health and Wellbeing Division spent €204.5m versus a budget of €207.3m leading to a surplus of (€2.8m) or (1.4%).

This underspend is reflective of difficulties in recruiting clinical staff such as public health doctors and radiographers. Also, vaccination programmes (Rotavirus, Men-B, Flu and HPV) created TRS earlier in the year, however, the uptake of the vaccines consumption increased over the winter months, particularly November and December.

Primary Care Division

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	92,979	96,271	92,979	3,292	3.5%
CHO 2	99,627	104,204	99,627	4,576	4.6%
CHO 3	80,360	81,674	80,360	1,314	1.6%
CHO 4	131,040	131,802	131,040	762	0.6%
CHO 5	93,354	93,952	93,354	598	0.6%
CHO 6	62,074	62,294	62,074	220	0.4%
CHO 7	159,778	156,275	159,778	(3,503)	-2.2%
CHO 8	129,233	129,571	129,233	337	0.3%
CHO 9	129,778	127,421	129,778	(2,357)	-1.8%
Regional	11,907	14,906	11,907	2,999	25.2%
National	49,424	34,728	49,424	(14,696)	-29.7%
Sub Total	1,039,555	1,033,099	1,039,555	(6,456)	-0.6%
PCRS	2,565,708	2,565,664	2,565,708	(44)	0.0%
DLS	249,297	259,795	249,297	10,498	4.2%
Sub Total PCRS & DLS	2,815,005	2,825,459	2,815,005	10,454	0.4%
Total Primary Care Division	3,854,560	3,858,558	3,854,560	3,998	0.1%

The Primary Care Division (PCD) spent €3,858m versus a budget of €3,854m leading to a deficit of €3.9m, which includes the supplementary funding for pay cost pressures and winter access (aids and appliances).

Core operational services within Primary Care, Social Inclusion and Palliative Care delivered a surplus of (€6.4m) with PCRS showing a surplus of €0.04m and Demand Led Schemes having a deficit of €10.5m.

The total variance is showing a once off benefit relating to time related savings where anticipated expenditure has not yet manifested. This relates mainly to Chronic Disease clinical posts, primary care leases and palliative care beds not coming on stream as anticipated. The timing benefit is also masked by cost pressures in core primary care services particularly within medical and surgical supplies, NVRL, GP training and paediatric home care packages to facilitate complex discharges.

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

National Services

The National Services Division spent €335.2m versus a budget of €320.5m leading to an adverse variance €14.7m. This heading includes national functional divisions such as HR, HBS, System Reform, Legal Services and CIO. The bulk of the costs and cost pressures giving rise to this spend and deficit level represent essential supports provided by the national functions to support direct service provision.

Pay and Staffing Framework

The 2017 pay framework provided Divisions with a realistic pay resource within which they were required to manage pay in 2017 and beyond.

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

1. The PCRS budget for 2017 was framed by reference to a series of working assumptions. These have been developed in detailed discussions with the DoH. Expenditure in the PCRS budget was the subject of close monitoring and assessment during 2017.

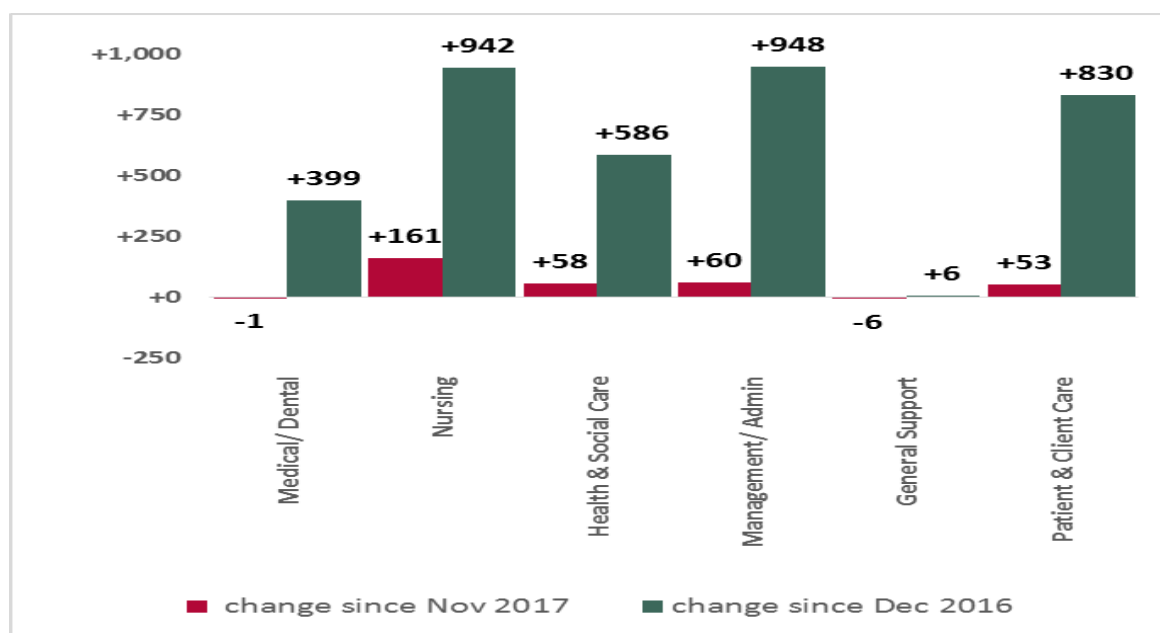
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provided for in relevant legislation. The funding available to the HSE in 2017 provided for the cost of 2016 retirees in addition to an estimated 2,850 new retirees, across both the statutory and voluntary sectors. Funding has been fully provided against the current forecast expenditure in this area. In the event that expenditure is higher, the HSE will seek, with the DoH, solutions which do not adversely impact services.
3. The SCA financial plan for 2017 was based on the assumption that, in the event of costs varying from the funding level provided to the HSE, this would be identified as early as possible. The letter of determination received on the 29th December indicated €50m will be made available for the SCA.
4. The Treatment Abroad Scheme (TAS) relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect. As with other demand-led services it is difficult to predict expenditure or activity patterns into the future with full accuracy.

Human Resources

Staff Category /Group	WTE Dec 2017	change since Dec 2016	% change since Dec 2016	change since Nov 2017
Total Health Service	110,795	+3,710	+3.5%	+325
Medical/ Dental	10,121	+399	+4.1%	-1
Consultants	2,971	+109	+3.8%	+2
NCHDs	6,331	+271	+4.5%	-1
Medical (other) & Dental	820	+19	+2.3%	-2
Nursing	36,777	+942	+2.6%	+161
Nurse Manager	7,434	+155	+2.1%	+37
Nurse Specialist	1,706	+127	+8.0%	+3
Staff Nurse	25,315	+547	+2.2%	+193
Public Health Nurse	1,514	+15	+1.0%	+1
Nursing Student	500	+95	+23.4%	-71
Nursing (other)	308	+2	+0.8%	-2
Health & Social Care	15,950	+586	+3.8%	+58
Therapists (OT, Physio, SLT)	4,441	+207	+4.9%	+18
Health Professionals (other)	11,509	+380	+3.4%	+39
Management/ Admin	17,714	+948	+5.7%	+60
Management (VIII+)	1,610	+165	+11.4%	+7
Clerical & Supervisory (III to VII)	16,105	+783	+5.1%	+54
General Support	9,454	+6	+0.1%	-6
Patient & Client Care	20,779	+830	+4.2%	+53
Ambulance	1,745	+105	+6.4%	-6
Care	19,034	+725	+4.0%	+59
Service Area	WTE Dec 2017	change since Dec 2016	% change since Dec 2016	change since Nov 2017
Total Health Service	110,795	+3,710	+3.5%	+325
Ambulance	1,843	+109	+6.3%	-7
Children's	3,104	+131	+4.4%	+7
Dublin Midlands	10,301	+229	+2.3%	+22
Ireland East	11,382	+411	+3.7%	-1
RCSI	8,777	+330	+3.9%	+1
Saolta Healthcare	8,674	+216	+2.6%	-6
South/ South West	9,979	+394	+4.1%	+32
University of Limerick	3,974	+378	+10.5%	+38
other Acute Services	68	+26	+62.6%	+0
Acute Services	58,102	+2,224	+4.0%	+87
CHO 1	4,875	+77	+1.6%	+13
CHO 2	4,943	+141	+2.9%	+12
CHO 3	3,997	+90	+2.3%	-1
CHO 4	6,850	+294	+4.5%	+31
CHO 5	4,453	+81	+1.8%	+20
CHO 6	3,762	-573	-13.2%	+18
CHO 7	6,363	+834	+15.1%	+33
CHO 8	5,705	+69	+1.2%	+42
CHO 9	6,412	+152	+2.4%	+22
Other Non-Acute	428	+21	+5.2%	+4
PCRS	392	+26	+7.1%	-3
Community Services	48,180	+1,212	+2.6%	+191
Health & Wellbeing	1,450	+67	+4.8%	-4
Corporate	1,567	+76	+5.1%	+6
Health Business Services	1,497	+132	+9.6%	+45

Health Sector Workforce: December 2017 – Key Messages

- At the end of December 2017, health services' employment stood at **110,795 WTEs**. When compared with the November 2017 figure (110,470 WTEs), the change is an increase of **+325 WTEs** and is **3,710 WTEs** of an increase in the last 12 months.
- The increase this month compares with an increase of **+276 WTEs** in December 2016. In December growth was seen across all Service Areas, with biggest increases in by Social Care at **+121 WTEs (+0.4%)** followed Acute Services at **+87 WTEs (+0.1%)**.
- Some of the more significant monthly increases in grade groups and individual grades were seen in; Staff Nurses +193 WTEs, Nurse Managers +37 WTEs, Main Therapy Grades +18 WTEs, Social Care/Social Workers +15 WTEs, Grades III to Grade VIIIs +54 WTEs and Healthcare Assistants +62 WTEs.

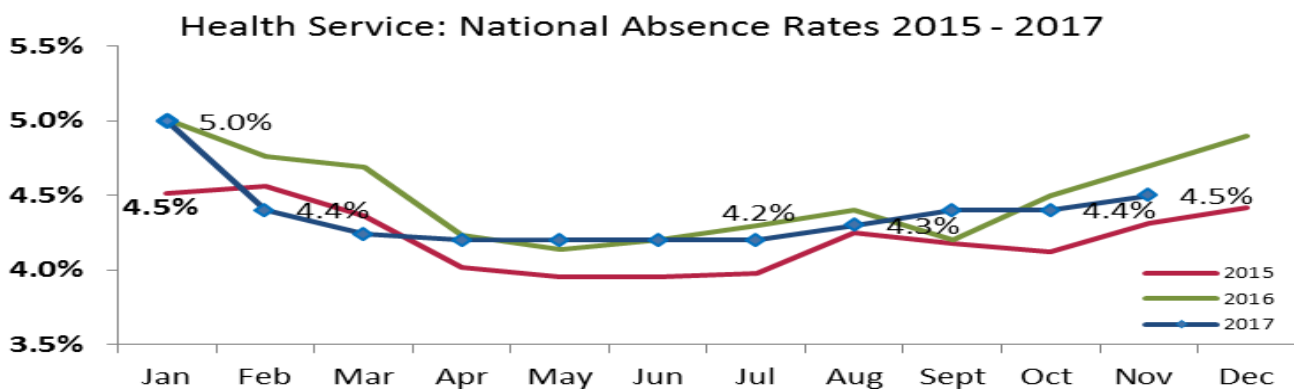


Pay and Staffing Strategy

- HSPC figure of 110,795 WTEs at end of December is **104 WTEs** above direct WTE level as set out in the 2017 Health Sector funded workforce plan (**December 2017 110,691 WTEs**) that was submitted in August. However this figure is to be adjusted upwards to take account of increased budget allocations in the latter part of 2017 and thus direct employment levels will be within this revised figure.
- All service divisions, with the exception of the Acute Hospitals Services (**+1,142 WTEs**) are within their projected direct employment profile at this time. It should be noted progress or otherwise in agency and overtime conversion impacts on the overall directly reported WTEs.
- Assessment of the overall position as at the end of 2017 is that despite increased agency expenditure and overtime expenditure running ahead of 2016 levels, with budget variances of the order of 31% and 16.5% respectively, the outturn of €7,625 billion is below overall pay budget by €23 million for 2017.

Absence Rates

Service	Medical /Dental	Nursing	Health & Social Care	Management Admin	General Support	Patient & Client Care	Overall
Acute Services	0.9%	4.7%	3.2%	4.2%	5.6%	6.1%	4.2%
Mental Health	2.1%	4.8%	4.0%	4.2%	6.0%	4.7%	4.5%
Primary Care	2.5%	5.0%	3.6%	4.7%	4.9%	5.9%	4.5%
Social Care	0.1%	5.4%	4.0%	4.2%	5.6%	5.4%	5.1%
Health & Wellbeing	4.6%	2.2%	4.0%	4.6%	8.4%	3.9%	4.4%
Corporate & HBS	0.0%	2.7%	0.0%	4.2%	5.1%	7.6%	4.1%
Overall	1.2%	4.8%	3.5%	4.34 %	5.6%	5.6%	4.5%
Certified	85.6%	86.7%	88.4%	90.1%	91.2%	89.4%	88.5%



- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time, albeit some reversal in 2016, but still well below earlier years' overall rates.
- The 2017 Year-To-Date rate is **4.4%**. Lower than the same period last year at **4.7%**. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- Latest NHS England absence rates for September 2016 recorded an overall rate of 4.0%, an increase from the previous one of 3.8%. Scotland's NHS absence rate for 2015/2016 was 5.2% while in Wales the rate recorded to November 2016 was 4.8%.
- Of course it needs to be recognised that health sectors' workforce, both here and across Britain, is extremely diverse in terms of occupation and skills when compared with many other public and private sector employers. For instance health sector work is often physically and psychologically demanding, which increases the risk of illness and injury and of course is one of few sectors that operate 24 hours services, for 365 days a year.
- Annual rates; 2008 – 5.8%, 2009 – 5.1%, 2010 – 4.7%, 2011 – 4.9%, 2012 – 4.8%, 2013 – 4.7%, 2014 – 4.3%, 2015 – 4.2% and 2016 - 4.5%.

European Working Time Directive (EWTB)

National	% Compliance with 24 hour shift – All NCHDs	% Compliance with 48 hour working week - All NCHDs
Acute Services	99%	83%
Mental Health	91%	91%

- The data deals with 5,769 NCHDs – approximately 100% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in December 2015 was 5,314, in December 2016 it was 5,603;
- Compliance with a maximum 48 hour week is at 84% as of end December – unchanged from November;
- Compliance with 30 minute breaks is at 98% - up 2% from November;
- Compliance with weekly / fortnightly rest is at 99% - up 2% since November;
- Compliance with a maximum 24 hour shift (not an EWTB target) is at 98% - unchanged from November;
- Compliance with a daily 11 hour rest period is at 98% - up 2% from November. This is closely linked to the 24 hour shift compliance above.

Escalation Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Performance Oversight Group [NPOG]

Escalation Report

Level 3 Red

**Level 4
Black**

**NPOG February 2018
(December 2017 Reporting Cycle)**

Version 27th February 2018

Escalation Summary

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

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

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

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

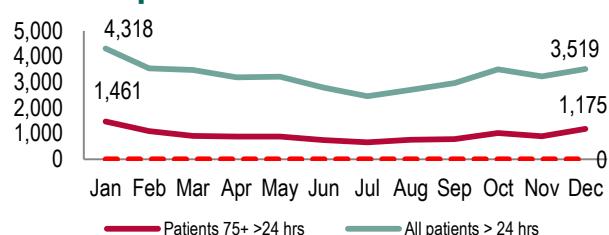
i	Appendix 1: Services in Escalation
ii	Appendix 2: Areas deescalated from NPOG oversight

Performance summary areas of escalation

Level 4 [Black] escalation

ED over 24 hours

Acute Hospitals

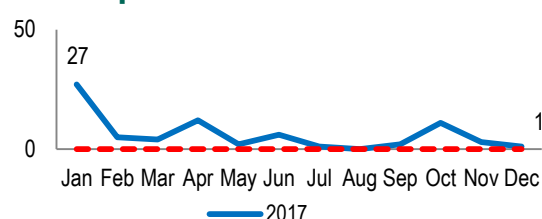


Financial position: projected net expenditure to year end including pay management – Acute Hospitals

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Acute Hospitals Division	4,733,224	4,593,523	139,701	3.04%

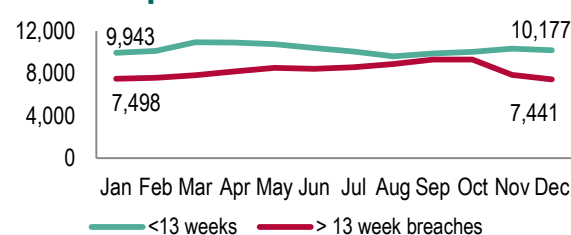
Urgent Colonoscopy patients greater than 4 weeks

Acute Hospitals



Number on waiting list for GI Scopes

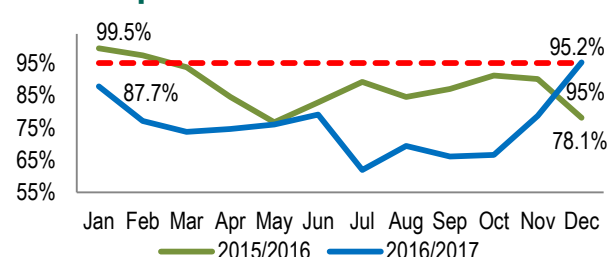
Acute Hospitals



Level 3 [Red] escalation

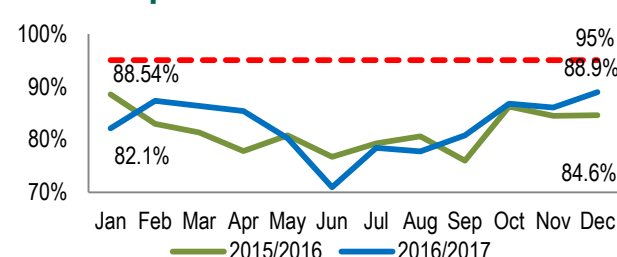
Breast Cancer within 2 weeks

Acute Hospitals



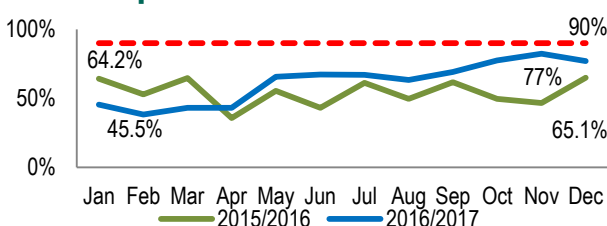
Lung Cancer within 10 working days

Acute Hospitals



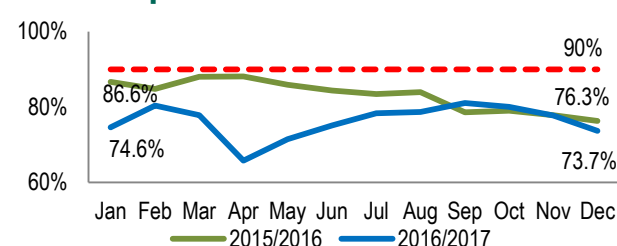
Prostate Cancer within 20 working days

Acute Hospitals

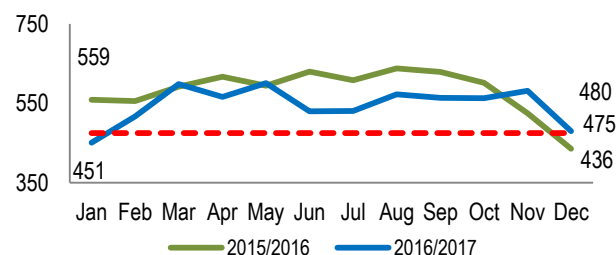


Radiotherapy within 15 working days

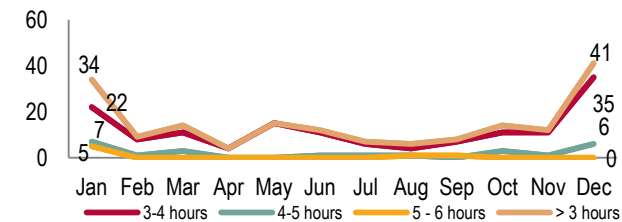
Acute Hospitals



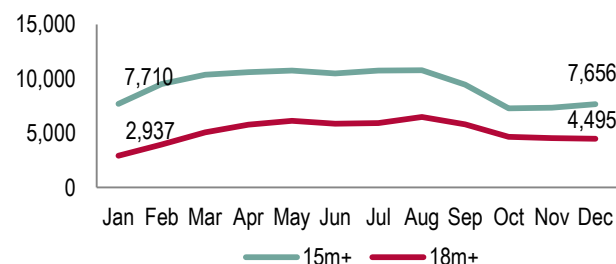
Delayed Discharges Acute Hospitals and Social Care



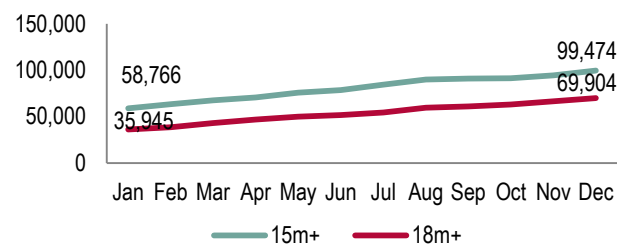
Ambulance Turnaround Times Acute Hospitals and NAS



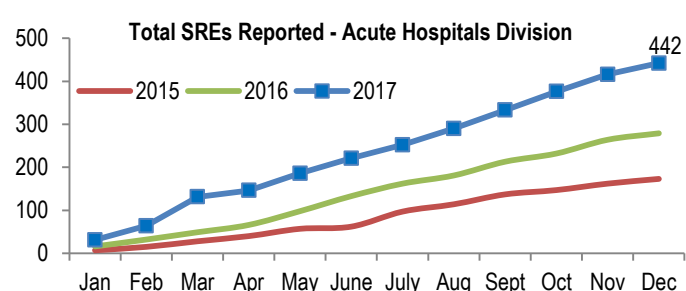
Inpatient and Day Case Waiting List Acute Hospitals



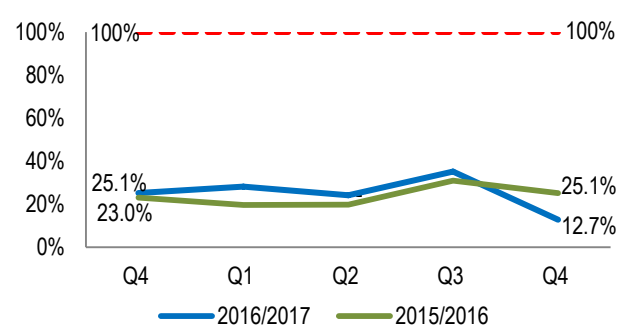
Outpatient Waiting List Acute Hospitals



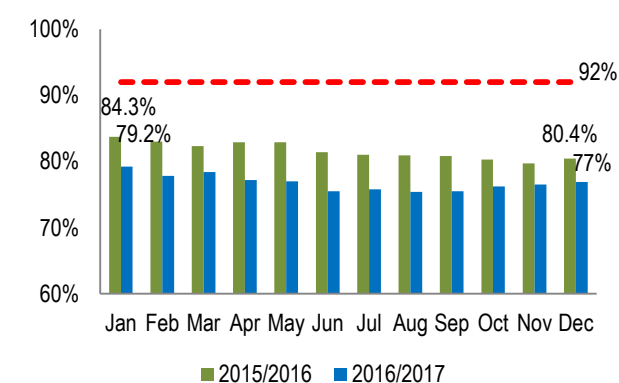
Total Number of SREs Reported Acute Hospitals



Disability Act Compliance Social Care



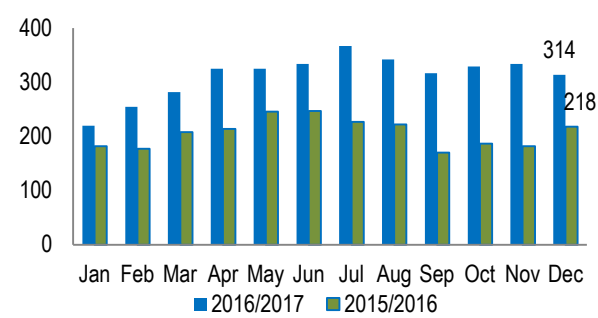
Occupational Therapy – Assessment waiting list ≤ 52 weeks



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

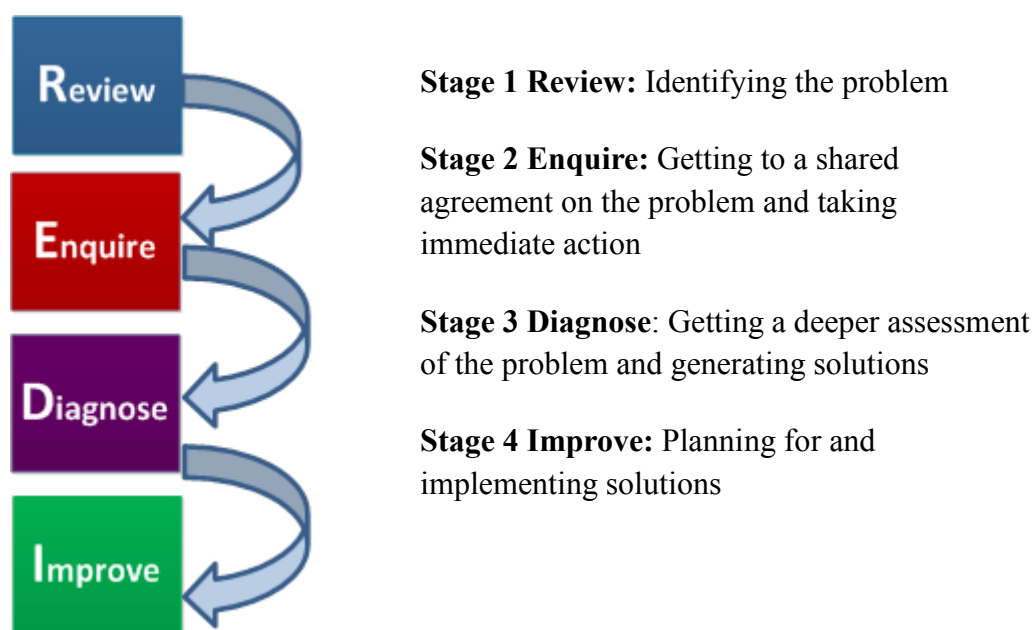
	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Social Care (Disabilities)	1,723,470	1,695,195	28,276	1.67%

CAMHs waiting list > 12 months



NPOG Review and Improvement process

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



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

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

Colonoscopy: [% of people waiting > 13 weeks and Urgent]						
Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals			¹² March 2015	Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies	ND AHD	
NPOG REDI elements				Date agreed	Due date	Status
1	Review: Monthly review of urgent colonoscopy breach data			07.06.17	on-going	on-going

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

¹² Routine colonoscopies escalated Red to Black in September 2015

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

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

Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals/NCCP		¹³ May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AHD ND CCP	
NPOG REDI elements			Date agreed	Due date	Status
1	Improve: Trajectory for service improvement cognisant of planning assumptions to be completed		05.04.17	06.12.17	Update provided
2	Improve: RAC performance will be monitored by NPOG on a monthly		06.12.17	on-going	
3	Review: Testing implementation of the Predictive Tool will be completed in DMHG		09.01.18	06.02.18	

Delayed Discharges

Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care and Acute Hospitals			June 2015	Escalated due to the target for Delayed Discharges > 90 days being breached	ND SC and ND AHD	
NPOG REDI elements				Date agreed	Due date	Status
1	Review: ND AHD to identify opportunities for process improvement in relation to the completion of nursing home applications			06.09.17	01.11.17	Complete

Waiting Lists: > 18 months Inpatient & Day Case and Outpatient

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

¹³ Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.

Ambulance Turnaround Times

Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals			February 2017	Escalated due to long turnaround in certain hospitals impacting on availability of ambulances for other calls	ND AHD	
NPOG REDI elements				Date agreed	Due date	Status
1	Improve: Improvement Plan inclusive of trajectory for service improvement to be developed			08.02.17	04.10.17	Complete

Serious Reportable Events [SREs]

Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals			March 2015	Escalated due to concerns about the reporting and investigation of SREs	ND AHD	
NPOG REDI elements				Date agreed	Due date	Status
1	Review: SRE compliance will be monitored by NPOG on a monthly basis			05.07.17	on-going	on-going
2	Enquire: ND QAVD to correspond with system following launch of new framework to outline expectations including requirement to audit existing SRE's in line with framework			09.01.18	06.03.18	Complete

Assessment of Need (Disability Act Compliance) and Network Teams

Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Social Care			August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND SC	
NPOG REDI elements				Date agreed	Due date	Status
1	Enquire: ND HR will support the progression of the Disability Network Team Manager posts			04.10.17	03.04.18	

Occupational Therapy: Assessment Waiting List ≤ 52 weeks

Division		Escalation level	Date escalated	Reason for escalation	Responsible	
Primary Care			July 2016	Escalated based on continued poor performance	ND PC	
NPOG REDI elements				Date agreed	Due date	Status
1	Improve: Action plan for service improvement and timelines for its implementation to be completed			07.09.16	04.10.17	Update provided

Financial position: Social Care (Disabilities)

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

CAMHS

Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Mental Health		June 2017	Dis-improvement in performance (admission to Adult Units and Waiting Lists)	ND MH ND HR	
NPOG REDI elements			Date agreed	Due date	Status
1	Improve: Improvement trajectory for waiting lists > 12 months to be included in relevant CHO Performance Agreements		09 01 17	06.03.18	

Appendix 1: Services in Escalation – 2nd February 2018

Service	Accountable Officer	Escalation Area	Level
Ireland East Hospital Group (Accountable Officer – Mary Day CEO)			
Mater Misericordiae University Hospital	Gordon Dunne	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Breast Cancer within 2 weeks	Red
		Finance	Black
Midland Regional Hospital Mullingar	Shona Schneemann	Finance	Black
St Luke’s Hospital Kilkenny	Ann Slattery	Routine Colonoscopy > 13 weeks	Black
		Finance	Black
Wexford General Hospital	Lily Byrnes	Routine Colonoscopy > 13 weeks	Black
National Maternity Hospital	Dr Rhona Mahony (Master)	Finance	Black
Dublin Midlands Hospital Group (Accountable Officer – Susan O’Reilly CEO)			
Midland Regional Hospital Portlaoise	Michael Knowles	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Midland Regional Hospital Tullamore	Orlagh Claffey	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Naas General Hospital	Alice Kinsella	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. James’s Hospital	Lorcan Birthistle	Prostate Cancer within 20 days	Red
		Breast Cancer within 2 weeks	Red
		Routine Colonoscopy >13 weeks	Black
		Finance	Black
Tallaght Hospital	David Slevin	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St Luke’s Radiation Oncology Network	Dr Orla McArdle	Radiotherapy	Red
RCSI Hospital Group (Accountable Officer – Ian Carter CEO)			
Beaumont Hospital	Ian Carter	Lung Cancer within 10 working days	Red
		Finance	Black
Connolly Hospital	Margaret Boland	Finance	Black
Rotunda Hospital	Prof Fergal Malone (Master)	Finance	Black
South/South West Hospital Group (Accountable Officer – Gerry O’Dwyer CEO)			
Cork University Hospital	Tony McNamara	Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
		Radiotherapy within 15 working days	Red
Mercy University Hospital Cork	Sandra Daly	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Black
University Hospital Kerry	Fearghal Grimes	ED > 24 hours	Black
University Hospital Waterford	Richard Dooley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Breast Cancer within 2 weeks	Red
University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO)			
University Hospital Limerick	Colette Cowan	ED > 24 hours	Black

Service	Accountable Officer	Escalation Area	Level
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
		Routine Colonoscopy > 13 weeks	Black
St John's Hospital Limerick	John Cummins	Routine Colonoscopy > 13 weeks	Black
University of Limerick Hospital Group including (ULH/ULMH/Nenagh/Ennis) and St John's Hospital Limerick	Colette Cowan/John Cummins	Finance	Black
Saolta Hospital Group (Accountable Officer – Maurice Power CEO)			
University Hospital Galway	Chris Kane	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
Letterkenny University Hospital	Sean Murphy	Routine Colonoscopy > 13 weeks	Black
Mayo General Hospital	Catherine Donohoe	Routine Colonoscopy > 13 weeks	Black
Sligo University Hospital	Grainne McCann	Finance	Black
Portiuncula University Hospital	James Keane	Finance	Black
Children's Hospital Group (Accountable Officer – Eilish Hardiman CEO)			
Our Lady's Children's Hospital Crumlin	Helen Shortt	Routine Colonoscopy > 13 weeks	Black

Service	Accountable Officer	Escalation Area	Level
CHO 1 (Accountable Officer – John Hayes)			
Primary Care	John Hayes	OT Assessment waiting list ≤ 52 weeks	Red
CHO 4 (Accountable Officer – Ger Reaney)			
Primary Care	Ger Reaney	OT Assessment waiting list ≤ 52 weeks	Red
Social Care	Ger Reaney	Assessment of Need (Disability Act Compliance) and Network Teams	Red
CHO 5 (Accountable Officer – Aileen Colley)			
Primary Care	Aileen Colley	OT Assessment waiting list ≤ 52 weeks	Red
CHO 6 (Accountable Officer – Martina Queally)			
Primary Care	Aileen Colley	OT Assessment waiting list ≤ 52 weeks	Red
CHO 7 (Accountable Officer – David Walsh)			
Social Care	David Walsh	Assessment of Need (Disability Act Compliance) and Network Teams	Red
CHO 8 (Accountable Officer – Pat Bennett)			
Primary Care	Pat Bennett	OT Assessment waiting list ≤ 52 weeks	Red
CHO 9 (Accountable Officer – Gerry O'Neill)			
Social Care	Gerry O'Neill	Assessment of Need (Disability Act Compliance) and Network Teams	Red
Social Care (Accountable Officer – Pat Healy)			
Social Care (Disabilities)	Pat Healy	Finance	Red

Appendices

Appendix 1: Performance and Accountability Framework

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

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

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

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

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

There are four levels of escalation

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

Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
Primary Care	Dietetics % on waiting list for treatment \leq 12 weeks % on waiting list for treatment \leq 52 weeks	Non Return – CHO 9 (North Dublin)
	PHN (% of new patients accepted onto the caseload and seen within 12 weeks)	Non return – CHO2 (Mayo)
		Non return – CHO3 (North Tipperary / East Limerick, Clare)
		Non Return - CHO 7 (Dublin South West, Kildare West Wicklow)
		Non Return - CHO 8 (Laois Offaly)
	Psychology % on waiting list for treatment \leq 12 weeks % on waiting list for treatment \leq 52 weeks	Non Return – CHO 8 (Louth)
Palliative Care	Orthodontics % of referrals seen for assessment within 6 months Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grade 4 and 5)	Non Return – DML South West, Midlands
	Health Amendment Act No. of Health Amendment Act cardholders who were reviewed	Non Return - National
	Access to specialist palliative care services in the community provided within 7 days Access to specialist inpatient bed within 7 days	Non Return - Kerry
Social Inclusion	No. of unique individuals attending pharmacy needle exchange	Non Return - National
Mental Health	General Adult Teams % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 2 - 2 teams CHO 4 - 1 team
	General Adult Teams % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 2 - 2 teams CHO 4 - 1 team
	General Adult Teams % of new (including re-referred) cases offered appointment and DNA in the current month	CHO 2 - 2 teams CHO 4 - 1 team
	CAMHs Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute	CHO 4 – 1 Team

Division	Metric Name	Data Coverage Issue
	inpatient units.	
	CAMHs % of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	CHO 4 – 1 Team
	General Adult Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	CHO 4 – 1 Team
	General Adult Teams % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	CHO 4 – 1 Team
	General Adult Teams %. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	CHO 4 – 1 Team
Acute Hospitals	% of hospitals with implementation of IMEWS for pregnant patients	South/Southwest data outstanding

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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