Performance Profile October - December 2019

Contents

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

Executive Summary

Executive Summary

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

Emergency Care

- There were 1,506,343 emergency presentations year to date December 2019. This is a 2.6% increase on emergency presentations for the corresponding period in 2018 and exceeded the target of 1,475,136 by 2.1%.
- Emergency Department attendances year to date are 2.6% (34,667) ahead of target and 2.94% (38,921) greater than last year (year to date December 2018).
- 95.8% of all patients were seen within 24 hours in EDs in December and 96.1% year to date.
- 88.8% of patients aged 75 years and over were seen within 24 hours in EDs in December and 90.2% year to date.
- 76.1% of all patients waited 9 hours or less to be seen in EDs in December and 78.1% year to date.

Inpatient Discharges

Elective Inpatient Discharges

There were 84,726 elective inpatient discharges year to date November 2019 versus 84,979 for the corresponding period in 2018, that is, a decrease of 0.3%. Elective inpatient discharges were 6.9% higher than the target of 79,231.

Emergency Inpatient Discharges

There were 400,848 emergency inpatient discharges year to date November 2019 versus 402,240 for the corresponding period in 2018, that is, a decrease of 0.3%. Emergency inpatient discharges were 1.5% lower than the target of 406,841. The HPO is examining the effect of the increase in delayed discharges on emergency discharges.

Day Case Discharges (including dialysis)

The number of day case procedures year to date November 2019 was 1,022,994 versus 996,025 for the same period in 2018, that is, an increase of 26,969 (2.7%) cases. The number of day case procedures undertaken year to date November 2019 was 3.1% above the target of 992,284 cases for this period.

Delayed Discharges

There were 545 Delayed Discharges in December 2019. This is 14.5% higher than the same month in 2018 (476).

Inpatient, Day Case & Outpatient Waiting Lists

At the end December compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 85%), compliance 86.0%.
- Adult Day Case < 15 months (target 95%), compliance 93.3%.
- Children's Inpatient, 15 months (target 85%), compliance 91.9%.
- Children's Day Case < 15 months (target 90%), compliance 85.4%.
- Outpatients < 52 weeks (target 80%), compliance 68.9%.
- The total number of patients waiting for an inpatient or day case procedure at the end of December 2019 was 66,563. The total number of people waiting for inpatient and day case procedures is down by 5.19% (3,641 patients) when the waiting list in December 19 is compared with December 18.
- The total number of people waiting more than 15 months was down by 785 (11%) when December 19 is compared with December 18.
- Total number of people waiting for Outpatient appointment was in 553,433 in December 19, this is down from 563.410 (0.18%) in November 19. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action.

Routine/Urgent Colonoscopies

- In December 55.4% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 4 new urgent patient breaches in December.

Cancer Services

- 66.9% of prostate cancer referrals were seen within 20 working days year to date compared with 78.1% for the same period last year.
- 86.7% of lung cancer referrals were seen within 10 working days year to date compared with 88.2% for the same period last year.
- 70.0% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 75.7% for the same period last year.

Primary Care Services

- CIT referrals remain ahead of target by 15.5%.
- 92% of physiotherapy referrals, 91.6% of speech and language referrals and 70.8% of occupational therapy referrals accessed the services within 52 weeks.
- 92.2% of babies received their developmental screening checks within 10 months and 98.7% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 1,124,100 contacts with GP out of Hours services year to date.
- The number of psychology patients seen is 8.3% ahead of plan.

Disability Services

- 1,247,417 PA hours were delivered year to date to September, 31,759 more than the same period last year.
- 2,343,839 Home Support Hours were delivered year to date to September, 18,836 hours less than the same period last year.

Older Persons Services

- Home Support hours delivered year to date was 17,485,463 (-2.3%) below expected activity. The number of people, in receipt of home support services at the end of December was 51,345.
- 815 persons were supported through transitional care in November and 9,283 approved for transitional care from January to November 2019.
- The current wait time for NHSS funding approval in 2019 is 3 weeks.

Mental Health Services

- Children and Adolescent Community Mental Health Teams (CAMHS) targets for first appointment offered and first appointments seen are on or ahead of national targets year to date.
- 95.4% of all Bed Days of Children were in CAMHS Units up to the end of December 2019 in line with the target of 95%.

Health & Wellbeing Services

- Nationally year to date to September, 48.3% of smokers are QUIT at on one month ahead of the National target of 45%.
- 93.4% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to September while 91% of children aged 24 months received the MMR vaccine year to date to September behind the 95% targets.

Corporate Updates

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2019	Cum Profile for Period Jan-Dec 2019	Expenditure for Period Jan – Dec 2019	Variance for Period Jan- Dec 2019	Expenditure to Dec 19 as % of Dec 19 2019 Profile	Expenditure to Dec as % of 2019 2019 Annual Profile	Variance to 'Dec 19 as % of '19 YTD Profile
M2 (1) - Buildings & Equipment	392.000	392.000	392.740	0.740	100.19%	100.19%	0.19%
M2 (2) - New Children's Hospital	250.000	250.000	201.423	(48.577)	80.57%	80.57%	-19.43%
	642.000	**642.000**	**594.164**	**(47.836)**	**92.55%**	**92.55%**	**-7.45%**
M4 - Info Systems for Health Agencies	85.000	85.000	84.597	(0.403)	99.53%	99.53%	-0.47%
	727.000	**727.000**	**678.761**	**(48.239)**	**93.36%**	**93.36%**	**-6.64%**
Asset Disposals	3.013	3.013	0.000	3.013	0.00%	0.00%	100.00%
Net	730.013	730.013	678.761	(51.252)	92.98%	92.98%	-7.02%

CONSTRUCTION - M2(1)

The variance on general construction projects for the year to December 2019 is 0.19% (or €.740m) ahead of profile. In the year the total expenditure of € 392.740m represents 100.19% of the total annual profile for 2019.

CONSTRUCTION - M2(2) - (New National Children's Hospital)

The variance on the New National Children's Hospital project for the year to December 2019 is -19.43% (or € 48.577m) behind profile. In the year the total expenditure of € 201.423m represents 80.57% of the total annual profile for 2019

ICT (M4)

The variance on ICT projects for the year to December 2019 is -0.47% (or €.403m) behind profile.In the year the total expenditure of € 84.597m represents 99.53% of the total annual profile for 2019.

Asset Disposals

Income from sale of assets in the year to December 2019 amounted to € 3.013m.

Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Acute Hospitals(Hospital groups)	€ 77,768,340	€88,615,824	€95,567,281	€ 86,132,151	€ 341,294,933	€ 340,328,125	€ 366,898,256	€ 348,690,524
Community Healthcare	€ 21,462,434	€22,026,497	€19,484,515	€ 26,869,024	€ 93,779,956	€ 201,355,563	€ 214,826,179	€230,104,196
National Services	€ 947,551,613	€946,993,092	€863,907,778	€ 907,517,667	€567,628,507	€ 560,677,082	€ 568,915,489	€ 623,685,357
Total SUM	**€ 1,046,782,387**	**€1,057,635,413**	**€978,959,574**	**€ 1,020,518,842**	**€ 1,002,703,396**	**€ 1,102,360,770**	**€1,150,639,924**	**€1,202,480,077**

Q4 2019 Key points

- Increase in coverage (vs Q3) for both Community Healthcare & National Services.
- Drop in coverage for Acute hospitals due to some hospital specific contracts expiring.
- Overall SUM increase of € 51,840,153

Helpdesk Queries

Q4 2019	No of Helpdesk Queries 2019	No of Helpdesk Queries 2018	% Increase from 2018
October	184	132	39
November	146	107	36
December	71	94	-24
Total	**401**	**333**	**20**

Internal Audit

	75% Implemented or Superseded within 6 months					95% Implemented or Superseded within 12 months			
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019
Total	**62%**	**51%**	**87%**	**61%**	**76%**	**92%**	**81%**	**89%**	**89%**
CHO 1	100%	100%	100%	100%	38%	100%	84%	100%	100%
CHO 2	71%	88%	N/A	0%	N/A	N/A	85%	90%	95%
CHO 3	83%	71%	86%	40%	53%	90%	90%	93%	90%
CHO 4	53%	44%	87%	0%	100%	92%	97%	88%	88%
CHO 5	25%	69%	88%	100%	50%	100%	100%	100%	89%
CHO 6	49%	71%	89%	0%	93%	N/A	26%	87%	87%
CHO 7	78%	14%	100%	100%	100%	100%	97%	98%	100%
CHO 8	69%	35%	98%	67%	80%	0%	99%	93%	96%
CHO 9	81%	86%	94%	100%	100%	100%	68%	81%	84%
National Mental Health	N/A	10%	76%	N/A	N/A	N/A	N/A	N/A	77%
National Primary Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Community Services	**69%**	**51%**	**90%**	**78%**	**76%**	**95%**	**86%**	**92%**	**92%**
Dublin Midlands Hospital Group	N/A	37%	100%	67%	89%	72%	72%	72%	89%
Ireland East Hospital Group	67%	75%	50%	50%	50%	25%	55%	77%	73%
National Children's Hospital Group	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	62%	50%	N/A	100%	100%	N/A	65%	86%	86%
Saolta Hospital Group	76%	63%	64%	67%	62%	N/A	92%	95%	85%
South South West Hospital Group	4%	25%	75%	N/A	100%	100%	100%	23%	48%
University of Limerick Hospital Group	100%	83%	80%	80%	100%	100%	100%	100%	96%
National Ambulance Service	63%	0%	N/A	N/A	N/A	N/A	82%	96%	96%
Total Acute Hospitals	**61%**	**46%**	**82%**	**79%**	**88%**	**76%**	**80%**	**82%**	**80%**

	75% Implemented or Superseded within 6 months					95% Implemented or Superseded within 12 months			
	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2019 Position at 30th September 2019	2019 Position at 31st December 2019	2018 Position at 31st March 2019	2018 Position at 30th June 2019	2018 Position at 30th September 2019	2018 Position at 31st December 2019
Chief Information Officer	16%	40%	70%	14%	58%	100%	43%	80%	84%
Compliance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Estates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finance	35%	100%	N/A	80%	74%	N/A	0%	100%	100%
HBS - Estates	77%	76%	100%	100%	100%	N/A	100%	85%	86%
HBS - Finance	52%	100%	N/A	N/A	N/A	100%	85%	96%	96%
HBS - HR	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
HBS - Procurement	20%	33%	33%	95%	95%	100%	77%	92%	90%
Health and Wellbeing	100%	100%	N/A	N/A	100%	100%	100%	100%	100%
Human Resources	82%	N/A	N/A	17%	83%	N/A	82%	88%	100%
National Screening Service	0%	0%	N/A	N/A	N/A	N/A	N/A	22%	22%

Quality and Patient Safety

Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq		Current Period YTD	Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National				**843**	**69**	**58**	**34**
	Acute Hospitals (incl NAS, NSS & NCCP)				477	33	34	21
	Community Healthcare				366	36	24	13
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	**37%**	**42%**	**50%**	**29%**
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	40%	39%	44%	38%
	Community Healthcare	80%	M	●	33%	44%	58%	15%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	**19%**	**19%**	**18%**	**19%**
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	24%	24%	23%	24%
	Community Healthcare	80%	M	●	5%	4%	5%	5%

* Current - reflecting compliance YTD August 2019 (-1 YTD July 2019), (-2 YTD June 2019)

KPI - % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer was introduced in 2018 and is defined as any incident that results in a rating of major or extreme severity. Data is reported from the National Incident Management System, the primary reporting system across the HSE and HSE funded agencies. The report is run by date of occurrence and figures are subject to change. The system has been aligned to complement the new Incident Management Framework (IMF), **While the IMF was being rolled out across the system and workshops on-going during Q1 2018, reporting on compliance commenced in Q2 2018**

Serious Reportable Events

22 SREs were reported on the National Incident Management System (NIMS) as occurring during December 2019.

Division	Total SRE Occurrence
Acute Hospitals (inc. Ambulance Service)	18
Community Services	4
Grand Total	**22**

12 SREs reported as patient falls and the remaining 10 SREs reported comprised **4** SRE categories.

Healthcare Audit

Healthcare Audit	In Progress	Complete
Healthcare Audits in progress / completed	33	30

- 30 Healthcare Audits were completed during 2019, including:
- Audit of compliance with the Guidance relating to **Carbapenemase Producing Enterobacterales (CPE) for Long Term Care Facilities for Older People**.
- Audit of compliance with selected criteria from the HSE PPPGs 003/4/8 on the **home births service**.
- Audit of compliance of HIQA **National Quality Standards for Food and Nutrition** for Residential Care Settings for Older People in Ireland, and

- Audit of compliance with the HSE **Policy on the Prevention and Management of Work-related Aggression and Violence** (2018).

Complaints

The following complaints were received and resolved under Part 2 of the Disabilities Act 2005.

Complaints:	Q4	YTD
Number of complaints received under Part 2 Disabilities Act 2005	373	1244
Number of complaints resolved under Part 2 Disabilities Act 2005	174	1040

Appeals Service

2,105 new notifications of appeal were received. **2,184** appeals were processed in the period 1st January - 31st December 2019:

Appeal Type	Received	Processed	Approved	Partial Approval	% Approved
Medical / GP Visit Card (General Scheme)	1,160	1,225	338	122	38%
Medical / GP Visit Cards (Over 70's Scheme)	172	169	39	3	25%
16 to 25 Year Old Medical Card (*from 1st July 2019)	104	93	51	4	59%
Nursing Home Support Scheme	493	507	55	60	23%
CSAR	48	51	4	0	8%
Home Care Package	10	12	1	1	17%
Home Help	34	39	2	0	5%
RSSMAC	29	35	5	2	20%
Other	55	53	3	0	6%
Total	**2,105**	**2,184**	**498**	**192**	**32%**

Note: *A separate coding for 16 to 25 Year Old Medical Card appeals commenced from 1st July 2019.*

Quality, Risk and Safety - Training

Training	Q1	Q2	Q3	Q4	Total
Managing an Incident	10	66	0	17	10
Managing a Risk in Healthcare	10	44	15	18	25
System Analysis	29	98	0	14	29
Report Writing	51	38	0	18	51
Excel Risk Register		48	9	11	57
Facilitation Skills Day 1	29	17	11	11	40
Facilitation Skills Day 2	4	16	5	10	19
After Action Review [AAR] Day 1	30	40	15	32	45
After Action Review [AAR] Day 2	10	48	0	41	10
Total	**173**	**48**	**55**	**10**	**286**

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	**Serious Incidents**																
	Incidents notified within 24 hours of occurrence	M	80%	33% [R]	-58.8%										44%	58%	15%
	Review completed within 125 calendar days[1]	M	80%	5% [R]	-93.8%										4%	5%	5%
	Service User Experience(Q3 data)																
	Complaints investigated within 30 working days	Q	75%	52.7% [R]	-29.7%	90.9% [G]	25.0% [R]	53.3% [R]	23.1% [R]	100% [G]	24.4% [R]	77.3% [G]	51.5% [R]	38.9% [R]			
	Child Health																
	Child screening 10 months	M-1M	95%	92.2% [G]	-2.9%	91.5% [G]	85.4% [R]	83.5% [R]	93.3% [G]	88.4% [A]	93.9% [G]	95.8% [G]	95.9% [G]	95.3% [G]	92.4%	92.4%	92.6%
	New borns visited within 72 Hours	Q	98%	98.7% [G]	0.7%	99.1% [G]	99.7% [G]	100% [G]	100% [G]	99% [G]	96.2% [G]	98.7% [G]	96.4% [G]	97.8% [G]	98.3%	98.4%	98.8%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91% [G]	-4.3%	88.9% [A]	93.5% [G]	91.8% [G]	91.7% [G]	91.2% [G]	87.9% [A]	90.4% [G]	91.8% [G]	90.5% [G]	90.9%	91.2%	90.8%
	CAMHs – Bed Days Used																
	Bed days used	M	95%	95.4% [G]	0.4%	86.3% [A]	100% [G]	94.5% [G]	90.9% [G]	97.3% [G]	100% [G]	99.8% [G]	94.2% [G]	98.3% [G]	94%	96.9%	96.9%
	HIQA Inspection Compliance																
	Disability Residential Services	Q-2Q	80%	89.4% [G]	11.8%										91.9%	89.4%	89.5%
	Older Persons Residential Services	Q-2Q	80%	75.4% [A]	-5.8%										82.1%	68.4%	80.5%
	Chronic Disease Management																
	No. of people who have completed a structured patient education programme for type 2 diabetes	M	4,190	3,580 [R]	-14.6%	419 [R]	344 [R]	441 [R]	428 [G]	401 [G]	322 [R]	389 [A]	439 [R]	397 [G]	516	429	220
	Healthy Ireland																
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	48.3% [G]	7.2%										49.7%	49%	45.7%

[1] * Current - reflecting compliance YTD August 2019 (-1 YTD July 2019), (-2 YTD June 2019)

Access & Integration

	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
Therapy Waiting Lists																
SLT access within 52 weeks	M	100%	91.6% [A]	-8.4%	93.6% [A]	97.5% [G]	92.8% [A]	89.4% [R]	99.4% [G]	92.1% [A]	78% [R]	94.3% [A]	93.2% [A]	91.8%	92%	91.6%
Physiotherapy access within 52 weeks	M	95%	92% [G]	-3.1%	91.9% [G]	88.1% [A]	90.7% [G]	97.3% [G]	93.9% [G]	98% [G]	86.2% [A]	96.2% [G]	90.7% [G]	91.4%	92.3%	92%
Occupational Therapy access within 52 weeks	M	85%	70.8% [R]	-16.7%	64.6% [R]	69.9% [R]	98% [G]	68.2% [R]	64.9% [R]	75.2% [R]	66.3% [R]	73.5% [R]	74.8% [R]	72%	71.7%	70.8%
Psychology treatment within 52 weeks	M	81%	67.7% [R]	-16.4%	88.5% [G]	45.6% [R]	74.7% [A]	61% [R]	76.8% [A]	92.1% [G]	46.9% [R]	99.2% [G]	64.2% [R]	70.5%	68.9%	67.7%
CAMHs – Access to First Appointment																
First appointment within 12 months	M	95%	95.8% [G]	0.9%	95.6% [G]	99.9% [G]	94.8% [G]	86.6% [A]	94% [G]	97.8% [G]	98.8% [G]	98.3% [G]	97% [G]	97.8%	97.9%	98.6%
% of urgent referrals to CAMHS responded to within 3 working days[2]	M	100%	76.3% [R]	-23.7%	71.7% [R]	42.8% [R]	100% [G]	81% [R]	83.3% [R]	100% [G]	83.3% [R]	86.7% [R]	100% [G]	79.8%	89.5%	86.5%
Disability Act Compliance																
Assessments completed within timelines	Q	100%	9.8% [R]	-90.2%	16.7% [R]	51.8% [R]	22.2% [R]	4.8% [R]	8.9% [R]	4.8% [R]	3.8% [R]	9.2% [R]	3% [R]	10.6%	13.8%	8.8%
Number of requests for assessment of need received for children	Q	5,065	6,596 [G]	30.2%	240 [G]	285 [G]	719 [G]	1,349 [G]	432 [G]	340 [G]	921 [G]	879 [G]	1,431 [G]	1,706	1,431	1,882
Disability Network Teams																
% of teams established[3]	M	100%	0% [R]	-100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Home Support Hours																
Number of hours provided	M	17,900,000	17,485,463 [G]	-2.3%	1,671,908 [G]	1,847,400 [A]	1,504,922 [G]	2,730,758 [G]	1,942,502 [G]	1,364,889 [G]	2,024,615 [G]	1,717,794 [G]	2,680,675 [G]	1,573,087	1,464,671	1,439,885
Nursing Home Support Scheme (NHSS)																
Number of persons funded under NHSS in long term residential care	M	23,042	23,629 [G]	2.5%										23,554	23,648	23,629
Delayed Transfers of Care																
Number of beds subject to Delayed Transfers of Care	M	≤550	545 [G]	-0.9%										680	682	545

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[2] Data results provided for CHO2 under review and may be subject to change
[3] Disability Network Teams – No CHO Targets received

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	6,010,292	-0.10% [G]	2.67% [R]	4.33% [R]	1.75% [R]	1.78% [R]	3.02% [R]	1.04% [R]	1.96% [R]	1.52% [R]	1.50% [R]	1.05%	0.96%	-0.10%
	Gross expenditure (pay and non-pay)	M	≤0.1%	6,542,652	0.34% [A]	1.96% [R]	3.77% [R]	1.62% [R]	1.77% [R]	2.98% [R]	1.03% [R]	2.25% [R]	2.09% [R]	1.84% [R]	1.34%	1.30%	0.34%
	Non-pay expenditure	M	≤0.1%	3,631,197	1.53% [R]	5.61% [R]	3.62% [R]	2.24% [R]	4.12% [R]	2.95% [R]	1.00% [R]	4.45% [R]	3.79% [R]	6.27% [R]	2.91%	2.84%	1.53%
	Financial Management - Service Arrangements (30.12.19)																
	Monetary value signed	M	100%	74.5%	-25.5%										72.30%	87.44%	74.5%
	Internal Audit																
	Recommendations implemented within 12 months	Q	95%	92% [G]	-3.2%										86%	92%	92%
Workforce	**Funded Workforce Plan**																
	Pay expenditure variance from plan	M	≤0.1%	2,911,455	-1.12% [G]	0.47% [a]	3.93% [R]	0.70% [R]	-0.63% [G]	3.00% [R]	1.06% [R]	0.76% [R]	0.87% [R]	-1.33% [G]	-0.53%	-0.56%	-1.12%
	Attendance Management																
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.98% [R]	42.28%	6.37% [R]	4.42% [R]	5.44% [R]	3.96% [A]	5.26% [R]	4.48% [R]	5.27% [R]	5.69% [R]	4.39% [R]	5.02%	5.21%	5.15%
	European Working Time Directive (EWTD) Compliance																
	<48 hour working week – Mental Health	M	95%	93.3% [G]	-1.8%	98% [G]	90% [A]		83.3% [R]	90.9% [G]	100% [G]	100% [G]	97.1% [G]	100% [G]	92.6%	91.4%	93.3%
	<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	11.1%	100% [G]				100% [G]		100% [G]			96.3%	100%	100%

# Primary Care Services

Primary Care Therapies

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	🟡 **91.6%**	93.6%	-2%	91.8%	92%	91.6%	CHO5 (99.4%), CHO2 (97.5%), CHO8 (94.3%)	CHO7 (78%), CHO4 (89.4%), CHO6 (92.1%)
Physiotherapy access within 52 weeks	95%	M	🟢 **92%**	94.3%	-2.3%	91.4%	92.3%	92%	CHO6 (98%), CHO4 (97.3%), CHO8 (96.2%)	CHO7 (86.2%), CHO2 (88.1%) CHO3 & CHO9 (90.7%)
Occupational Therapy access within 52 weeks	85%	M	🔴 **70.8%**	74.4%	-3.6%	72%	71.7%	70.8%	CHO3 (98%), CHO6 (75.2%), CHO9 (74.8%)	CHO1 (64.6%), CHO5 (64.9%), CHO7 (66.3%)
Psychology access within 52 weeks	81%	M	🔴 **67.7%**	75.8%	-8.1%	70.5%	68.9%	67.7%	CHO8 (99.2%), CHO6 (92.1%), CHO1 (88.5%)	CHO2 (45.6%), CHO7 (46.9%), CHO4 (61%)

SLT Access within 52 weeks
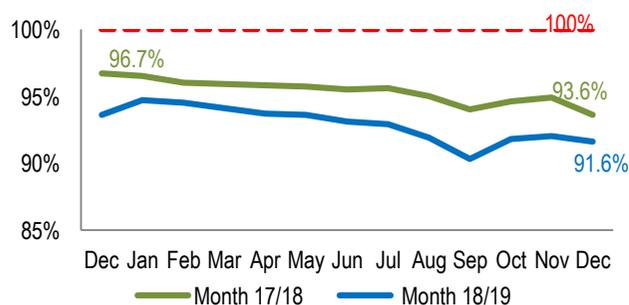
Psychology Access within 52 weeks
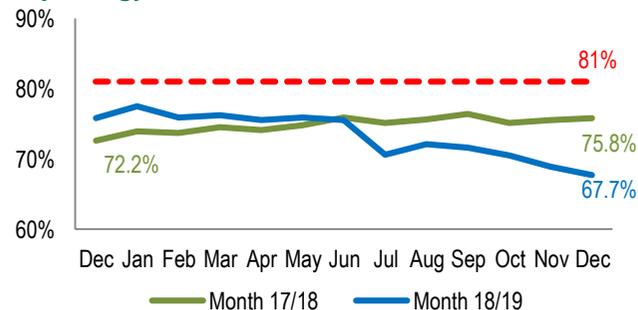
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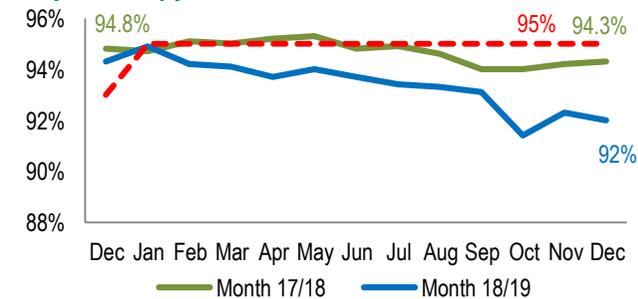
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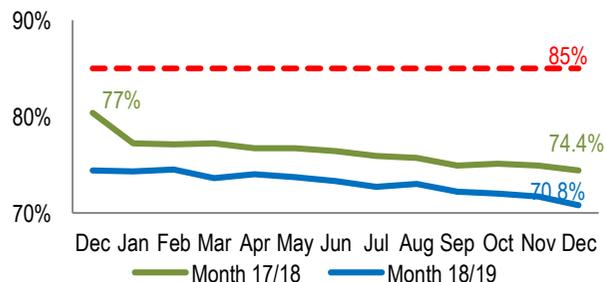
Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	581,661	**568,736**	-2.2%	576,409	-7,673
Total number waiting	34,023	**38,177**	12.2%	36,706	1,471
% waiting < 12 weeks		50.2%		56.5%	-6.4%
Number waiting > 52 weeks		**3,051**		2,092	959
Occupational Therapy					
Number seen	356,314	**382,219**	7.3%	356,716	25,503
Total number waiting	31,220	**34,343**	10.0%	31,867	2,476
% waiting < 12 weeks		**26.7%**		28.9%	-2.2%
Number waiting > 52 weeks		**10,017**		8,170	1,847
Speech & Language Therapy					
Number seen	279,803	**273,639**	-2.2%	276,343	-2,704
Total number waiting	14,236	**16,710**	17.4%	15,661	1,049
Number waiting > 52 weeks		**1,410**		998	412

Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	7,939	**9,039**	13.9%	8,454	585
Number waiting > 52 weeks		**1,617**		**792**	825
Psychology					
Number seen	41,484	**44,939**	8.3%	42,375	2,564
Total number waiting	7,919	**10,092**	27.4%	8,087	2,005
% waiting < 12 weeks	36%	22.4%	-37.9%	27.1%	-4.7%
Number waiting > 52 weeks		**3,258**		1,958	1,300
Podiatry					
Number seen	83,100	**82,380**	-0.9%	83,917	-1,537
Total number waiting	3,654	**3,504**	-4.1%	3,174	330
% waiting < 12 weeks	32.0%	**30.7%**	-4.2%	29.5%	1.2%
Number waiting > 52 weeks		**970**		985	-15
Ophthalmology					
Number seen	99,192	**99,884**	0.7%	101,405	-1,521
Total number waiting	20,203	**15,119**	-25.2%	18,806	-3,687
% waiting < 12 weeks	26.0%	**28.9%**	11.2%	**25.7%**	3.2%
Number waiting > 52 weeks		**4,976**		7,291	-2,315
Audiology					
Number seen	52,548	**55,526**	5.7%	51,573	3,953
Total number waiting	15,088	**17,110**	13.4%	16,692	418
% waiting < 12 weeks	41.0%	**29.0%**	-29.2%	35.6%	-6.6%
Number waiting > 52 weeks		**2,806**		2,285	521
Dietetics					
Number seen	63,382	**70,428**	11.1%	64,402	6,026
Total number waiting	16,085	**18,535**	15.2%	15,645	2,890
% waiting < 12 weeks	37.0%	**35.3%**	-4.6%	39.8%	-4.5%
Number waiting > 52 weeks		**4,252**		3,491	761

SLT reports on both assessment and treatment waiting list

Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 92.2%	92.9%	-0.7%	92.4%	92.4%	92.6%	CHO7 (97.3%), CHO8 (96.5%), CHO4 (95.9%)	CHO3 (81.8%), CHO2 (82.5%), CHO5 (90.1%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	● 98.7%	97.3%	+1.4%	98.3%	98.4%	98.8%	CHO1 & CHO3 (100%), CHO4 (99.8%), CHO2 (99.7%)	CHO9 (95.8%), CHO8 (97.2%), CHO7 (99%)

Development screening 10 months
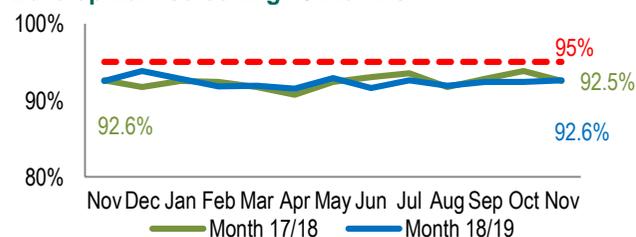

New borns visited within 72 hours
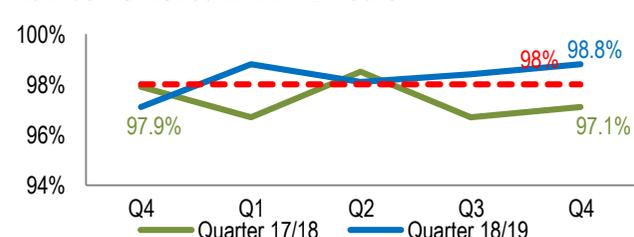
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.1%	98.1%	0	98.1%	98.7%	97.1%	7 CHOs reached target	CHO9 (85.4%)
Access to palliative community services within 7 days	90%	M	● 85.9%	86.7%	-0.8%	86.5%	86%	82.8%	CHO1 (94.6%), CHO7 (91.7%), CHO6 (91.4%)	CHO4 (74.2%), CHO5 (75.9%), CHO8 (79.1%)
Number accessing inpatient beds	3,809	M	● 3,674	3,764	-90	304	304	297		
Treatment in normal place of residence	3,405	M	● 3,484	3,461	+23	3,600	3,490	3,484		

Access to palliative inpatient beds

Access to palliative community services
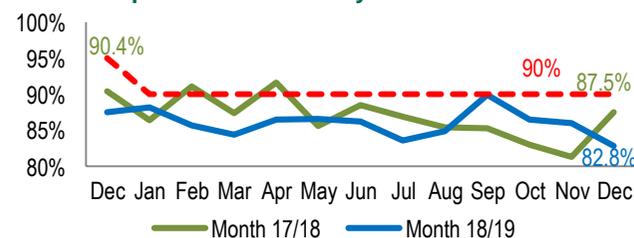
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	90%	M	🟢	**91.9%**	90%	+1.9%	92.2%	93.5%	93.4%	CHO6 (100%), CHO9 (99.2%), CHO3 (99.1%)	CHO2 & CHO8 (82.5%), CHO1 (88.8%), CHO5 (90.1%)
Orthodontics - % seen for assessment within 6 months	46%	Q	🔴	**31.2%**	29.1%	+2.1%	30.5%	33.5%	31.2%	No area reached target	West (24.8%), DNE (26.5%), DML (33.7%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	🔴	**11.6%**	6.4%	+5.2%	7.6%	11.3%	11.6%	West (3.9%)	DML (19%), DNE (15.1%), South (8.1%)

Oral Health: % of new patients who commenced treatment within 3 months
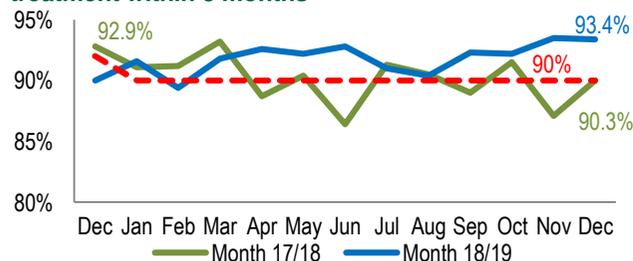
Orthodontics: % seen for assessment within 6 months
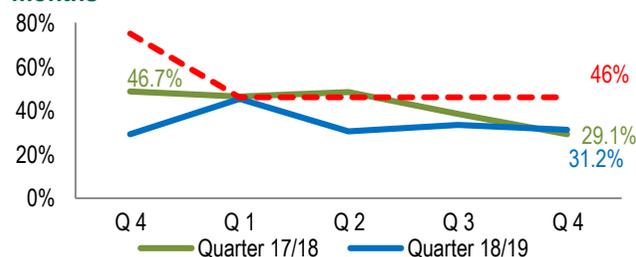
Orthodontics: treatment waiting list > four years
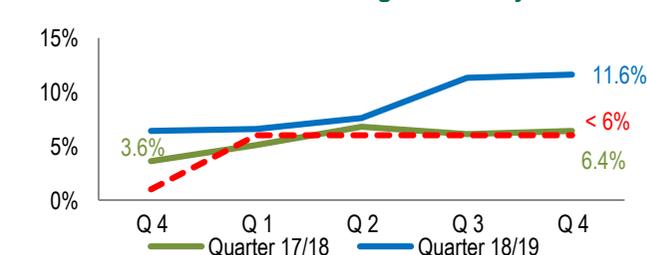
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	🟢	**95.2%**	92.2%	+3%	95.6%	94.1%	95.9%	CHO 1, 2, 5, 8 (100%)	CHO3 (66.7%), CHO9 (85.3%), CHO6 (89.3%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	🟢	**95.5%**	97.6%	-2.1%	91.1%	100%	96.6%	6 CHOs reached target	CHO9 (93.5%)

Access to substance misuse treatment (> 18 years)
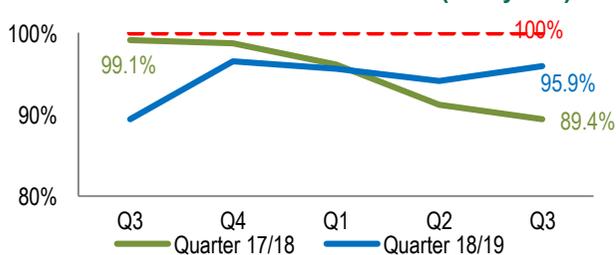
Access to substance misuse treatment (<18 years)
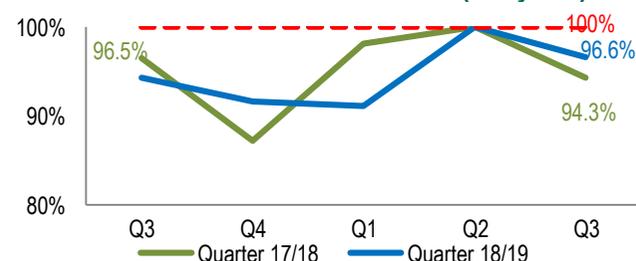
Mental Health Services

Child and Adolescent Community Mental Health Teams

Performance Area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Admission of Children to CAMHs	75%	M	🟢	**83.7%**	70.7%	+13%	77.8%	89.3%	90.5%		
CAMHs Bed Days Used	95%	M	🟢	**95.4%**	93.7%	+1.7%	94%	96.9%	96.9%	CHO1, 2, 4, 5, 6, 7, 8, 9 reached target	CHO3 (84.2%)
CAMHs – first appointment within 12 months	95%	M	🟢	**95.8%**	95.6%	+0.2%	97.8%	97.9%	98.6%	CHO1, 2, 3, 5, 6, 7, 8, 9 reached target	CHO4 (91.6%)
CAMHs waiting list	2,498	M	🟡	**2,327**	2,526	-199	2,099	2,158	2,327	CHO2 (35), CHO5 (144), CHO7 (144)	CHO4 (619), CHO6 (412), CHO1 (329)
CAMHs waiting list > 12 months	0	M	🔴	**212**	314	-102	202	195	212	CHO2 (0), CHO7 (0), CHO9 (0)	CHO4 (145), CHO1 (39), CHO6 (19)
No of referrals received	18,128 YTD 18,128 FYT	M	🟢	**18,831**	18,650	+181	1,726	1,700	1,258		
Number of new seen	10,833 YTD 10,833 FYT	M	🟢	**11,139**	10,796	+343	1,037	972	731		
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	100%	M	🔴	**76.3%**	-	-	79.8%	89.5%	86.5%	CHO1, 3, 6, 9 reached target	CHO2 (52.2%), CHO5 (85.7%), CHO7 (90.9%)

% offered an appointment and seen within 12 weeks
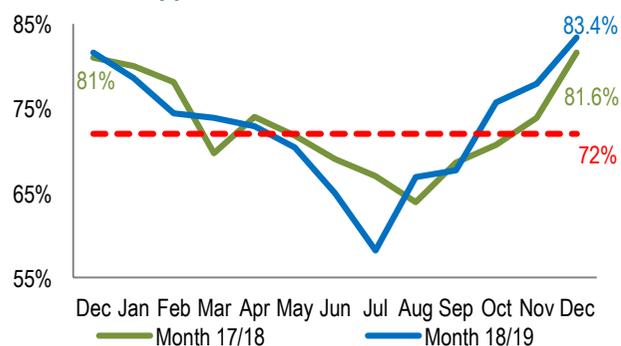
First appointment within 12 months
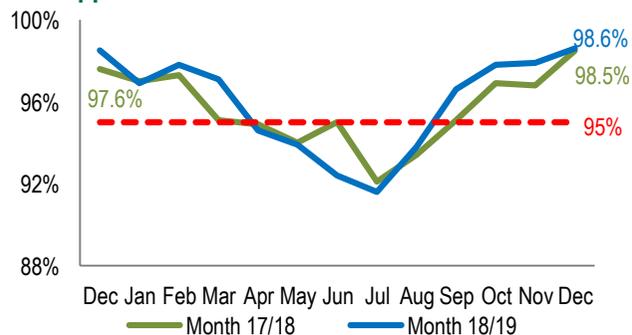
Waiting list > 12 months
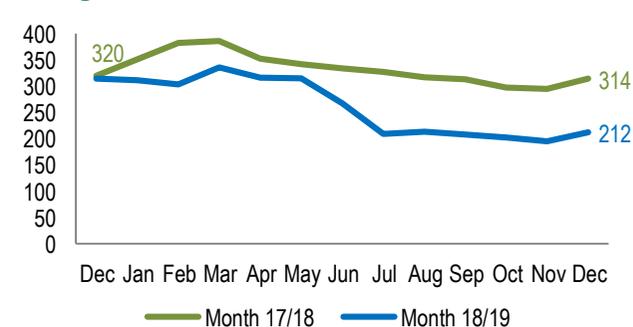
General Adult Mental Health

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	43,819 YTD 43,819 FYT	M	🟢	**43,680**	43,505	+175	4,152	3,738	2,887		
Number of referrals seen	28,716 YTD 28,716 FYT	M	🟠	**26,878**	27,124	-246	2,418	2,332	1,862		
% seen within 12 weeks	75%	M	🟢	**72.9%**	72.7%	+0.2%	74%	74.6%	72%	CHO2, 1 & 6 reached target	CHO9 (59.1%), CHO5 (64.7%), CHO7 (64.8%)

Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	12,455 YTD 12,455 FYT	M	🟢	**12,423**	12,215	+208	1,040	1,142	853		
Number of referrals seen	8,896 YTD 8,896 FYT	M	🟢	**8,921**	8,553	+368	769	786	563		
% seen within 12 weeks	95%	M	🟢	**94%**	95.2%	-1.2%	92.8%	92.8%	93.3%	CHO2, 3, 5, 6 & 9 reached target	CHO7 (71.9%), CHO4 (85%), CHO8 (87.1%)

Adult Mental Health - % offered an appointment and seen within 12 weeks
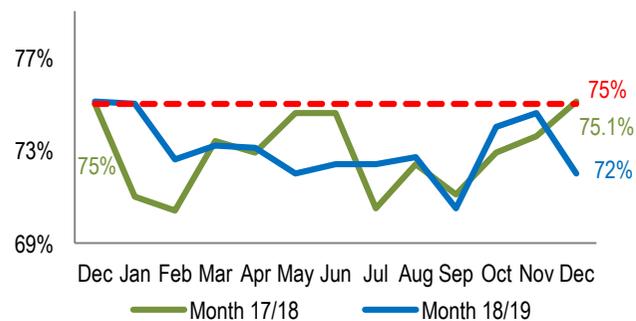
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks
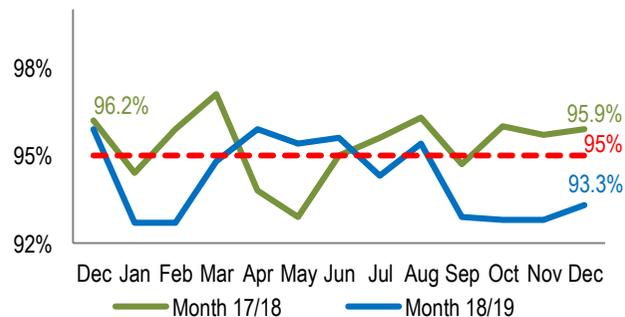
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	🔴	**9.8%**	8.7%	+1.1%	10.6%	13.8%	8.8%		(% Var): CHO9 (3.6%), CHO4 (4.2%), CHO6 (4.5%)
Number of requests for assessment of need received for Children	5,065 YTD/ 5,065 FYT	Q	🟢	**6,596**	5,060	+1,536	1,706	1,431	1,882	All CHO's achieved target	
Congregated Settings	160 YTD/ 160 FYT	Q	🔴	**103**	155	-52	11	19	25	(% Var): CHO8 (75%), CHO9 (75%), CHO1 (25%)	(% Var): CHO3 (-100%), CHO7 (-78.9%), CHO4 (-73.1%)
% of Disability Network Teams established	100%	M	🔴	**0%**	0%	0	0%	0%	0%		
Number of Disability Network Teams established	80	M	🔴	**0**	0	0	0	0	0		

Disability Act Compliance
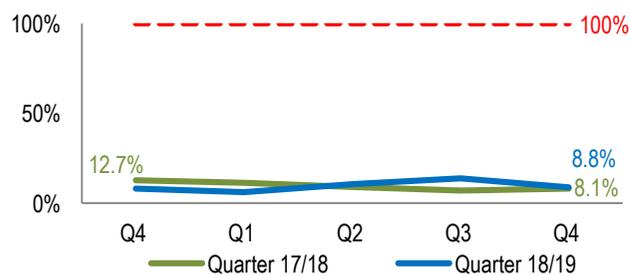
Assessment of Need Requests
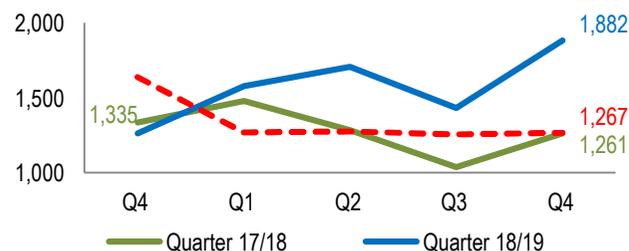
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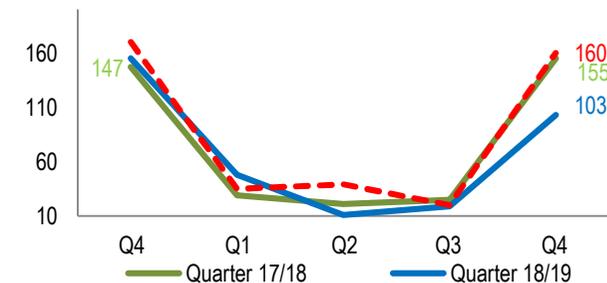
Residential and Emergency Places and Support Provided to People with a Disability

	Expected Activity Full Year	Expected Activity YTD	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of residential places provided to people with a disability	8,568	8,568	🟢	**8,190**					
Number of new emergency places provided to people with a disability	90	90	🔴	**80**	132	-52	9	6	5

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite – Number of day only respite Sessions	24,468 YTD/ 32,622 FYT	Q-1M	🟢	**26,924**	26,009	+915	8,601	8,265	10,058	(% Var): CHO5 (110.2%), CHO1 (47.9%), CHO4 (38.5%)	(% Var): CHO7 (-48.1%), CHO9 (-6.7%), CHO8 (-6.3%)
Respite – Number of overnights	136,880 YTD/ 182,506 FYT	Q-1M	🔴	**121,339**	120,092	+1,247	38,897	41,379	41,064	(% Var): CHO6 (3.2%)	(% Var): CHO1 (-48%), CHO4 (-15.5%), CHO8 (-13.4%)
Home Support Hours	2,310,006 YTD/ 3,080,000 FYT	Q-1M	🟢	**2,343,839**	2,362,675	-18,836	782,107	758,787	802,945	(% Var): CHO3 (18.2%), CHO4 (13.6%), CHO9 (12.4%)	(% Var): CHO2 (-15.6%), CHO7 (-11.8%), CHO5 (-7.4%)
Personal Assistance Hours	1,222,504 YTD/ 1,630,000 FYT	Q-1M	🟢	**1,247,417**	1,215,658	+31,759	406,588	420,834	419,996	(% Var): CHO7 (52.8%), CHO9 (3.7%), CHO3 (3%)	(% Var): CHO5 (-9.1%), CHO1 (-1.7%)

Respite Day Only (Q3 data)
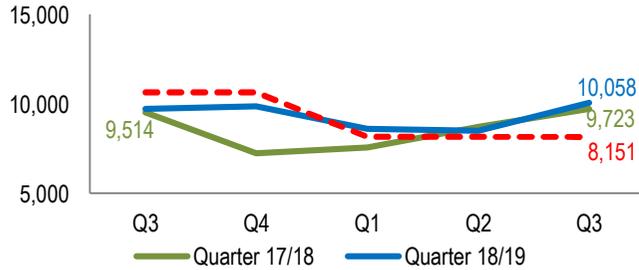
Respite Overnights (Q3 data)
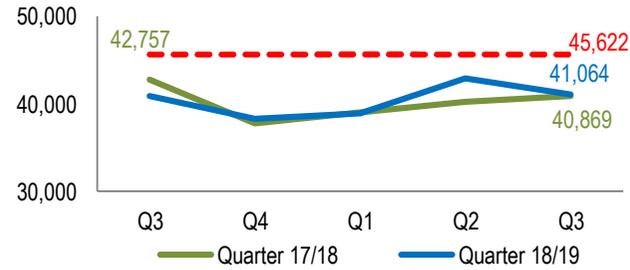
Home Support Hours (Q3 data)
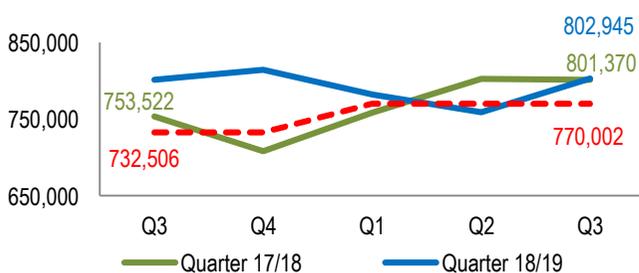
Personal Assistance Hours (Q3 data)
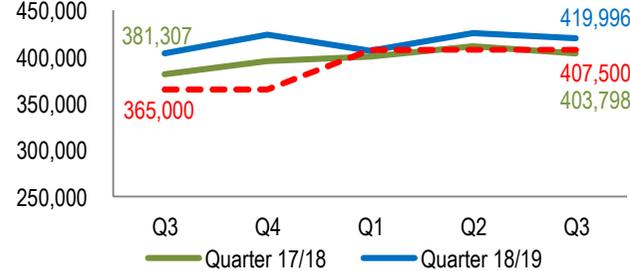
Older Person's Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	17,900m YTD/ 17,900m FYT	M	🟢	**17,485,463**	17,130,453	+355,010	1,573,087	1,464,671	1,439,885	(% Var): CHO3 (2%), CHO6 (1.1%),	(% Var): CHO2 (-6.8%), CHO7 (-4.9%), CHO9 (-4.7%)
No. of people in receipt of Home Support	53,182 YTD/ 53,182 FYT	M	🟢	**51,345**	53,016	-1,671	51,297	51,447	51,345	(% Var): CHO7 (7.4%), CHO9 (0.2%)	(% Var): CHO3 (-10%), CHO8 (-9%), CHO5 (-8.6%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	🔴	**188**	250	-62	212	198	188		
No. of persons funded under NHSS in long term residential care	23,042 YTD/ 23,042 FYT	M	🟢	**23,629**	23,305	+324	23,554	23,648	23,629		
No. of NHSS beds in public long stay units	4,900 YTD/ 4,900 FYT	M	🟢	**4,945**	4,961	-16	4,959	4,952	4,945	(% Var): CHO6 (2.2%) CHO8 (1.7%), CHO1 (1.3%)	(% Var): CHO9 (-0.3%)
No. of short stay beds in public long stay units	1,850 YTD/ 1,850 FYT	M	🟢	**1,867**	1,946	-79	1,875	1,871	1,867	(% Var): CHO8 (21.6%), CHO5 (9.2%), CHO1 (8%)	(% Var): CHO3 (-17.6%), CHO9 (-5.6%), CHO2 (-2.2%)
No. of beds subject to Delayed Transfers of Care	≤550	M	🟢	**545**	476	+69	680	682	545	Ennis (0), Mullingar, PUH, Mallow, UHK, St. John's (2)	SJH (71), Beaumont (55), OLOL, Tallaght-Adults (42)
No. of people being supported through transitional care	1,160	M-1M	🔴	**815**	957	-142	682	866	815		

Number of Home Support Hours Provided

Month 18 — Month 18/19

Number of people in receipt of Home Support

Month 18 — Month 18/19
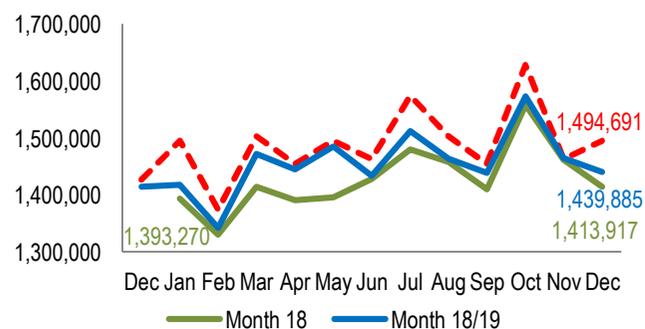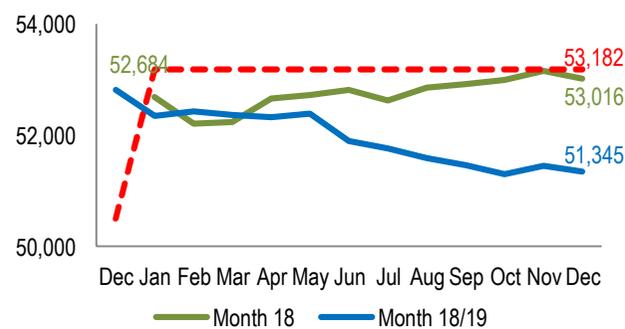
Number waiting on funding for Home Support
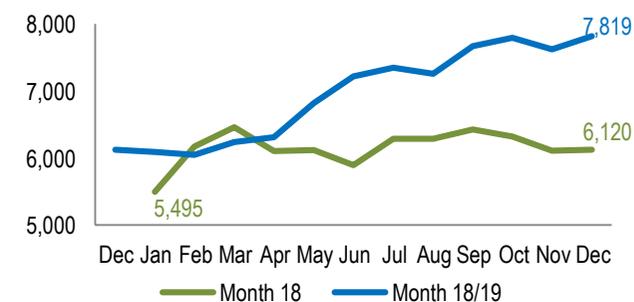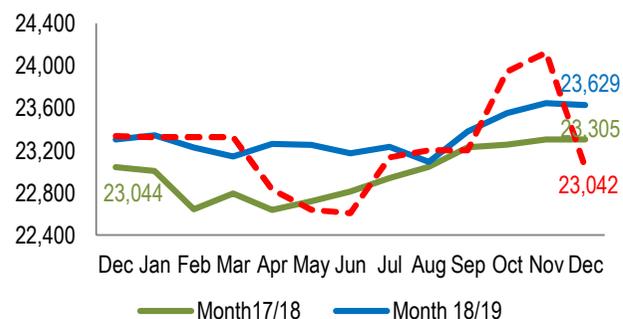
Month 18 — Month 18/19

Number of persons funded under NHSS in long term residential care

Values shown: 24,400 / 24,000 / 23,600 / 23,200 / 22,800 / 22,400. Data points: 23,629, 23,305, 23,042, 23,044. X-axis: Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec. Legend: Month17/18, Month 18/19

Delayed Transfers of Care

Values shown: 850 / 750 / 650 / 550 / 450. Data points: 480, 550, 545, 476. X-axis: Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec. Legend: Month 17/18, Month 18/19
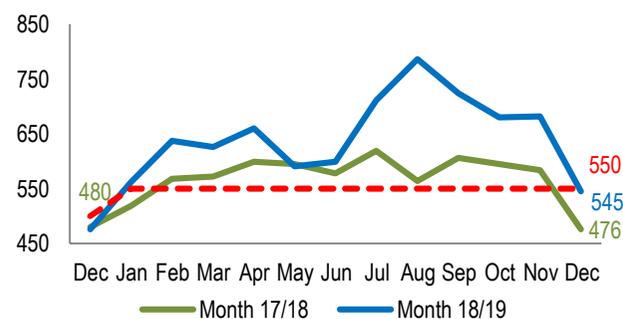
Delayed Transfers of Care by Destination

	Over 65	Under 65	Total	Total %
Home	66	35	101	18.5%
Long Term Nursing Care	306	40	346	63.5%
Other	52	46	98	18%
Total	**424**	**121**	**545**	**100%**

NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	10,177	10,221	-44	881	828	802	631	+171
	National placement list for funding approval	463	530	-67	609	621	463	530	-67
	Waiting time for funding approval	3 weeks	3-4 weeks	-0-1 weeks	4 weeks	4 weeks	3 weeks	3-4 weeks	-0-1 weeks
	Total no. people funded under NHSS in LTRC	23,629	23,305	+324	23,554	23,648	23,629	23,305	+324
Private Units	No. of new patients entering scheme	6,804	7,053	-249	650	652	612	542	+70
	No. of patients Leaving NHSS	6,427	6,635	-208	503	572	583	518	+65
	Increase	+377	+418	-41	+147	+80	+29	+24	+5
Public Units	No. of new patients entering scheme	1,692	1,975	-283	148	163	155	128	+27
	No. of patients Leaving NHSS	1,745	1,930	-185	123	149	203	141	+62
	Net Increase	-53	+45	-98	+25	+14	-48	-13	-35

Disability and Older Persons' Services
Safeguarding

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	🟢	**97.6%**	98.5%	-0.9%	98%	98.4%	97.6%	CHO2, 3, 7 and 9 achieved target	CHO5 (92.9%), CHO1 (93.1%), CHO8 (96.7%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	🟢	**99.1%**	98.8%	+0.3%	99.6%	99.4%	99.1%	CHO2, 3, 4, 7 and 9 achieved target	CHO5 (96.1%), CHO8 (98.9%), CHO1 (99.3%)

% of prelim screenings for adults aged 65 and over (Q3 data)
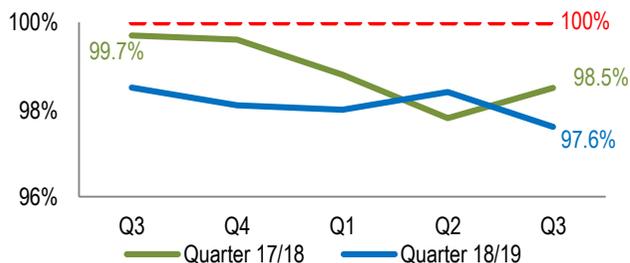
% of prelim screenings for adults under 65 (Q3 data)
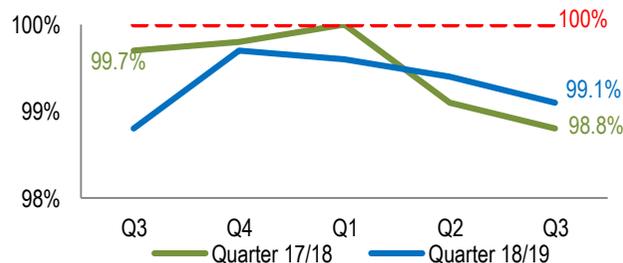
HIQA Inspections

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	🟢	**89.4 %**	87%	+2.4%	91.9%	89.4%	89.5%		
HIQA Inspections (Older Persons)	80%	Q-2Q	🟡	**75.4%**	84.9%	-9.5%	82.1%	68.4%	80.5%		

HIQA - Disabilities
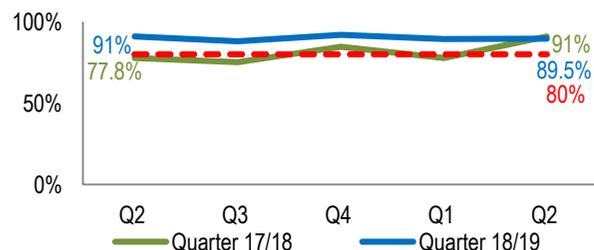
HIQA Inspections – Older Persons
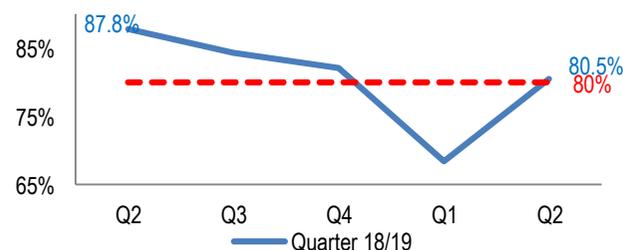
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number who have completed a structured patient education programme for type 2 diabetes	4,190YTD/ 4,190 FYT	M	●	**3,580**	3,259	+321	516	429	220	(% Var): CHO9 (90%), CHO5 (16.2%), CHO4 (9.2%)	(%Var): CHO2 (-46.8%), CHO1 (-35.5%), CHO8 (-27.4%)
Tobacco smokers who have received intensive cessation support	9,000 YTD/ 11,500 FYT	Q-1Q	●	**7,198**	8,440	-1,242	3,105	2,015	2,078	(% Var): CHO4 (107.7%), CHO9 (83.9%), CHO1 (32.1%)	(% Var): UL HG (-80%), SAOLTA HG (-74.9%), CHO6 (-37.5%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	●	**48.3%**	48.8%	-0.5%	49.7%	49%	45.7%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	●	**91%**	92.3%	-1.3%	90.9%	91.2%	90.8%	CHO2 (93.4%), CHO4 & CHO8 (91.7%), CHO3 (91.5%)	CHO6 (88.6%), CHO1 (89.1%), CHO9 (89.9%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	**93.4%**	94.5%	-1.1%	93.4%	93.6%	93.2%	CHO2 (96%), CHO4 (94.6%), CHO8 (94.2%)	CHO6 (90.1%), CHO1 (91.6%), CHO9 (92.1%)

Number who have completed type 2 diabetes education programme
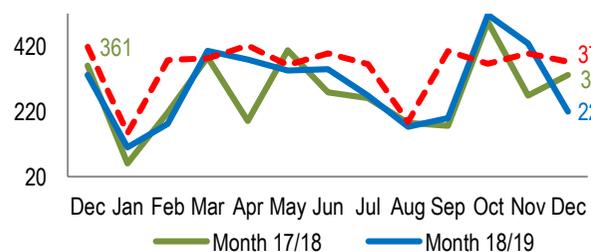
Tobacco smokers – intensive cessation support
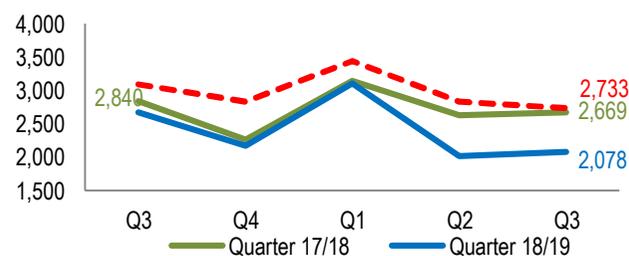
% of smokers quit at four weeks
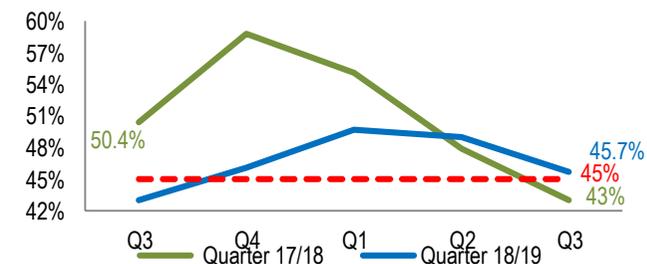
% of children 24 months – (MMR Vaccine)
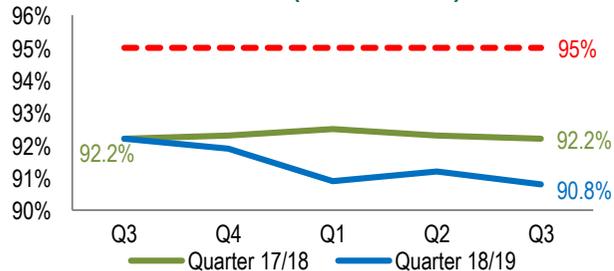
% of children 24 months – 3 doses of 6 in 1 vaccine
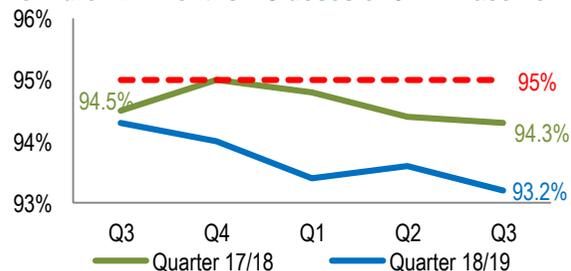
Community Healthcare Update

Primary Care Services

Community Intervention Teams (CIT)

There were 52,454 CIT referrals in 2019 which is 15.5% ahead of the expected activity for the year of 45,432. Eight of the 9 Community Healthcare Organisations (CHOs) are ahead of target in 2019. CHO4 with activity in 2019 of 4,734 is 21.4% below the full year target of 6,024. CHO 4 is below target as additional staff were not recruited as planned and this is being addressed by the Head of Service in CHO 4.

Child Health Developmental Screening 10 Months

The national performance at December 2019 is 92.2% compared to a target of 95.0%. The prior year outturn was 92.9%. Six of the nine CHOs are green on the National Scorecard and are within a range of 91.5% to 95.9%.

Performance in CHO3 is red on the National Scorecard with performance in 2019 at 83.5% compared to the target of 95%. CHO 3 is unique in that the screening is currently undertaken exclusively by the doctors and performance is affected as one doctor retired and the national recruitment campaign for a replacement was unsuccessful. CHO 3 has noted that the progression of the Nurse Led Developmental check will assist the CHO to meet the metric target.

CHO 2 is red at 85.4% which represents a drop in performance having been amber in November. The main issue is in Roscommon with performance of 49.6%. CHO 2 prepared an Action Plan to address performance in Roscommon which includes a re-distribution of the Senior Medical Officers across the county and focus on children in the 7-9 months age category. CHO has noted staff vacancies as a challenge to achieving target.

Speech and Language Therapy (SLT) Access within 52 weeks

The national position at December 2019 is amber at 91.6% compared to the target of 100%. The prior year outturn was 93.6%. At the end of December 2019 there are 1,410 clients awaiting initial assessment for longer than 52 weeks. The number of clients waiting for initial assessment for longer than 52 weeks has increased by 10.2% from 1,280 in November to 1,410 in December.

Comments on specific CHO Areas performance at December 2019 re SLT Access within 52 weeks;

- CHO 4 is red at 89.4% compared to 89.5% in the prior month. Performance in South Lee of 73.0% being the main issue. CHO 4 prepared an Action Plan setting out measures to address performance including working with Disabilities agencies on measures to address the waiting lists. Performance improvement in CHO 4 has been noted with overall performance at December of 89.4% compared to 84.5% in September and performance in South Lee has improved to 73.0% from 63.3% over the same period.
- CHO 7 YTD performance is 78% (red) compared to the prior month YTD performance of 79.7% Performance in CHO7 is affected by the Therapies in School project which is being demonstrated in CHO7 and which has been extended for a 2nd year commencing August 2019. It's estimated that 75% of the staff recruited to date for this project are from CHO7 mainly from Primary Care. The CHO7 posts are being filled by agency where possible but significant staffing issues remain.

Physiotherapy Access within 52 weeks

The national position at December 2019 YTD is green at 92.0% compared to the target of 95%. The prior month YTD performance was 92.3%. The number of clients waiting longer than 52 weeks has increased by 2.7% from 3,029 in November to 3,051 in December. Seven CHOs are green on the national scorecard with performance within a range of 90.7% to 98%. CHO 2 is amber in December at 88.1% having been red at 81.9% in October. CHO 7 is amber at 86.2% in December having been red at 85.5% in the prior month.

Occupational Therapy (OT) Access within 52 weeks

The national December YTD position is 70.8% (red) compared to the target of 85% and performance of 71.1% in the prior month YTD. The number of clients waiting longer than 52 weeks increased by 1,272 (14.6%) from 8,745 in November to 10,017 in December. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 is red at 64.6% compared to 66.3% (red) in the prior month. The CHO reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care. In addition, referrals to Occupational Therapy for CHO 1 in full year 2019 are 14.0% higher than the prior year. CHO 1 prepared an action plan to address performance including

local actions and identifying additional resources needed for Social Care for paediatric services including admin resources and OT Assistants.

- CHO 2 is red at 69.9% compared to 70.3% (red) in the prior month. CHO 2 prepared an action plan to address performance which includes staff moving between bases to prioritise long waiters and efficiency measures to minimise time spent on administration.
- CHO 4 is red at 68.2% compared to 69.7% in the prior month. CHO 4 prepared an action plan to address performance in Cork which focused on reducing the paediatric waiting list by 1,100 by the end of 2019. The action plan assumed no increase in paediatric referrals compared to prior year however actual paediatric referrals increased by 577 (26.7%) year on year. The increased paediatric referrals in 2019 reduced the impact of the waiting list initiative and the actual paediatric waiting list only reduced by 248 at the end of 2019 compared to end of 2018.
- CHO 5 is red at 64.9% compared to 65.5% in the previous month. CHO 5 prepared an action plan to address performance including;
  - Each OT in Primary Care is undertaking to dedicate 1 day per month to P3 (long waiting) clients.
  - Roll out adult outpatient clinics in all networks and provide dedicated 'long waiters' clinics to address the needs of the population in more timely manner and sustain reduction in waiting lists.
- CHO 6 is red at 75.2% at December 2019 compared to 77.0% amber in November. CHO 6 has advised staffing vacancies are driving the drop in performance.
- CHO 7 is red at 66.3% compared to 65.1% in the prior month.
- CHO 8 is red at 73.5% having been 74.4% (red) in the prior month. CHO 8 prepared an action plan which is dependent on additional OT resources.
- CHO 9 is red at 74.8% in December having been amber at 80.4% in the prior month.

Psychology Access within 52 weeks

The national December YTD position is 67.7% (red) compared to the target of 81% and compared to 68.9% in the prior month. Three of the 9 CHOs are green on the national scorecard with performance in a range from 88.5% to 99.2%. CHOs 2, 4, 7 & 9 are red on the Heatmap. CHO 2 has prepared an Action Plan to address performance which includes local measures such as cross cover and utilising Assistant Psychologists in group work programmes. CHO 4 has noted significant challenges including recruitment and retention of Psychologists and Assistant Psychologists and a 16.9% year on year increase in referrals compared to 2018. CHO 7 is red on the Heatmap and an action plan for Psychology is being developed. CHO 9 is red on the Heatmap at 64.2% which is improved from 67.0% from the prior month. In CHO 9 in 2019 referrals to Psychology has increased by 20.6% compared to the prior year.

Numbers of Patients Seen

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

Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	581,661	568,736	-2.2%
Occupational Therapy	356,314	382,219	7.3%
SLT	279,803	273,639	-2.2%
Podiatry	83,100	82,380	-0.9%
Ophthalmology	99,192	99,884	0.7%
Audiology	52,548	55,526	5.7%
Dietetics	63,382	70,428	11.1%
Psychology	41,484	44,939	8.3%

Palliative Care

Access to Palliative Inpatient Beds

In December 2019, the YTD position is 98.1% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Five CHO's met or surpassed the target of 98% and three of these CHOs performed at 100% with all admissions within 7 days during the current month. Performance in December 2018 YTD was 98.1% for access within 7 days to specialist palliative care inpatient beds.

Access to Palliative Community Services

In December 2019, the YTD position is 85.9% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) compared to performance of 86.7% at December 2018 YTD. In December 2019, 2 CHO's performed above the target. Across the CHOs 13 LHO

areas reached/surpassed the target. Six CHO's (CHO 2, 3, 4, 5, 6, 7 & 8) did not reach the target.

Children's Palliative Care.

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in July 2019 has decreased by 32 children on the same period last year (68 in July 2018 Vs 36 in July 2019). Our Lady's Children's Hospital Crumlin and Temple Street Hospital have not returned data for August 2019 through November 2019 and this is being followed up. The number of children in the care of the Children's Nurse Co-Ordinators was 308 at December 2019 which is above the target of 280.

Mental Health

Finance

Engagements with each of the CHOs have taken place to review the position relating to the year-end agreed deficit/ surplus position to ensure finance remained on track for a breakeven position. The preliminary figures show that Mental Health overall has come in at year end with a slight surplus of €200k. The engagement call also provided an opportunity to discuss planned savings measures in each of the CHOs. These were not completed until after the calls. Finally, developments for 2020 were discussed in the context of the need to balance new developments against the necessity to deliver a break even position at the end of 2020. The specific development posts that can be progressed in each CHO were discussed in order to ensure a shared understanding. There is now an agreed position with each of the CHOs. The impact of this on clinical programs and service improvement initiatives has been noted.

The availability of minor capital is a significant issue in all of the CHOs and this relates to challenges in regulatory compliance. There are also some CHOs where major capital is needed to meet regulatory conditions e.g. CHO4. This is being addressed both locally and nationally where HoS, COs and the AND for MH Ops and QPS are working together.

Payroll surpluses in mental health relate to the CHO's inability to recruit staff, this payroll surplus is predominately relating to Nursing (mainly approved centres) along with Medical (mainly community teams where the clinical lead post is essential for the team to function). Deficits in agency & overtime are arising from the agency premium paid as a result of filling replacement post vacancies with agency & overtime. While every effort is being made to reduce agency & overtime, there is a reality that staff are choosing to work this way in a sector where there is full employment. Non pay deficits are being driven mainly by unavoidable capitation payments.

Adult mental health services KPIs

- 73% of patients were offered an appointment and seen within 12 weeks in general adult mental health in 2019 (where the target is 75%). Outliers are CHOs 9, 8,7, and 3. This will be discussed on engagement calls in February where action plans can be reviewed as the data was unavailable for engagement calls in January.
- 94% of people in Psychiatry of Old Age services were offered an appointment and seen within 12 weeks in 2019 (where the target is 95%).

Additional comments:

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This has been exacerbated by the derogation process. CHOs are reporting that the extension of the derogation from 3 to 6 months should impact positively on this. Concerns expressed that the current financial constraints mean that essential services e.g. inpatient are maintained but strategic developments and preventative interventions in the community cannot be progressed and so there are more people whose needs escalate so that they need inpatient services. This may be an unintended consequence which is in direct contrast to the strategic direction of both VfC and Slaintecare. There are particular concerns around losses of HSCP posts which have not been traditionally supported by agency and so are not available for savings through agency conversion
- Recent MHC publications on seclusion and restraint and also on care planning were discussed on all engagement calls.

CAMHS Inpatient Units

Nationally there are 56 children admitted to CAMHS in-patient units on the 27.01.20, with 8 children on the waiting list and 18 children in triage some of whom will not require admission. Close weekly monitoring at national level of the

activity and wait list for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. The provision of CAMHS inpatient services depends on a combination of HSE and agency staff in the context of maintaining safe levels of staffing including meeting the needs of complex cases requiring special arrangements.

Admissions of children to child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient unit's activity YTD continues above target (75%) at 90.5% [in month] in December 2019.

Activity YTD at end of December 2019 for percentage 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 is above target at 96.9% [in month.]

CAMHS Admission to Adult Units
The number of children admitted to adult mental health units has reduced during 2019. Latest available data to the end of 2019 indicates a running total of 50 child admissions to adult units. This is compared to a total of 84 child admissions to adult units in 2018. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise length of stay.

Community CAMHS
Uncertainty about our ability to recruit and delays in recruitment are impacting significantly on services where waiting lists are now developing where they haven't existed before. Three CHOs (2, 7 & 9) have no children waiting longer than 12 months to be seen by CAMHS. CHO1 have 39, CHO3 4, CHO4 145 CHO5 3, CHO6 19 and CHO8 have 2 children waiting longer than 12 months to be seen by CAMHS.

New initiatives to address this and sustain improvement into the future are currently being examined within CHOs as follows;

- CHO1 – Waiting list >12 months arising from 1.5 WTE vacant NCHD post and time lag re vacant Consultant post in Donegal. High level engagement with key stakeholders including Heads of Discipline is on-going to improve the situation with expected improvements visible in January 2020.
- CHO4 – Waiting list challenges continue particularly for two teams where there has been no consultant in place for extended periods. On-going service improvement initiatives continue including activity targets aligned to resources with management oversight, resources to reduce dependence on medical staff where there are vacancies, electronic diary management and monitoring of all clinical contacts per WTE.
- CHO6 - The 2 & ½ teams that cover CHNs 3, 4, 5 & 6 have maintained a service in the greater Dun Laoghaire area without one of the Consultant Psychiatrists due to a retirement for the last few months. However, a new Consultant has commenced on the 6th January 2020. The service has taken this opportunity to reorganise and realign the CAMHs service. Currently all Dun Laoghaire area waiting lists for what were 2.5 teams are being reallocated to the two new teams. This in effect will also target those cases approaching or exceeding 12 months waiting times. It is anticipated that we should see a reversal of the number of cases approaching or exceeding 12 months waiting time from the end of February 2020.

Nationally there was an increase of 169 children on the waiting list for community mental health services continues from 2,158 in November to 2,327 in December 2019. However, there is an overall reduction of 199 children on the waiting list for community mental health services for the same period last year.

Latest data available from December 2019 indicate that YTD 78.4% of referrals accepted by child and adolescent teams nationally were offered an appointment within 12 weeks on target. 96% of young people referred were seen within 12 months in community CAMHS services YTD December 2019.

Nationally 87% of urgent referrals to CAMHS were responded to within three working days, below the 100% target. This variance is largely driven by one area CHO2 and is due to the inputting of data as opposed to not responding to urgent referrals. This situation is being addressed by CHO2.

Disabilities Services

Financial Challenges in Vol Org Disability Services

Last year's Disability NPOG report highlighted substantial deficit challenges within S38/39 provider organisations and made reference to a high level review which has evidenced significant financial risk not only for the entities concerned but also in the context of HSE and NSP deliverables in terms of services. This matter remains a high level risk.

December update:

- D/ Health have established a Joint HSE and DoH Subgroup tasked with a) examine financial overruns against profile in disability services to date, b) identify measures to limit potential deficits in 2019 and c) examine the financial situation in disability services in more depth, including multi-annual analysis of budgets/ outturn/ WQTEs as well as activity/ demand; the purpose being to better evidence performance in the sector and facilitate the forthcoming estimates process

- Certain large scale disability providers have commenced escalation action utilising the service arrangement process with regard to their perspective on "under funding issues" - i.e. Commencement of transfer of services to the HSE and/ or invoking the "dispute resolution clause". Given a number of large scale support providers are escalating actions relating to financial challenges and which NSP 2019 will not be in a position to resolve, NPOG will need to flag to D/ Health the need to set out an agreed process/ principles by which Voluntary Provider organisations deficit challenges can be resolved over the long term.

Progressing Disability Services (0-18 Teams)

- Forsa T/U and HSE were engaged in a conciliation process under the auspices of the WRC during March and April. This process has not proved successful in terms of agreement on the reporting arrangements for Children's Disability Network Managers. Following a joint referral to the Labour Court in May 2019, a hearing was held on 14th August 2019. The Labour Court recommended on 30th October that the HSE proposals regarding an interdisciplinary model for the delivery of services to children with disabilities should be accepted and that overall implementation of these arrangements should proceed. This is a critically important recommendation

that underpins essential reform of Children's Disability Services under the Progressing Disability Services Policy. The appointments of CDNMs will be progressed in Q1 2020. This will support the reconfiguration of children's disability services into Children's Disability Network Teams.

- 100 new therapy grade posts sanctioned as part of NSP 2019 have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 90 of these posts were in place at 31/12/2019. The remaining posts will be in place in Q1 2020.

- The following key issues remain.
  - **Limited and in some cases, lack of Admin support** is compromising team effectiveness and efficiency with clinicians' time spent on administration duties. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.
  - **Lack of Capital Funding**: preventing colocation of therapists to deliver an interdisciplinary, child and family centred service is significantly reducing optimum team performance and outcomes for children with disabilities and their families. Submissions will be made via the estimates process to respond to this area on the basis of need/ priority.

Disability Act Compliance

- **Disability Act Compliance –**The total number of applications 'overdue for completion' rose again during Quarter 4, 2019. This is due in part to the significant increase in the number of applications for assessment of need received in 2019 (6,596) compared with 5,060 applications in 2018 – a 30% increase. However, the numbers have been decreasing steadily in CHO 4 from early 2017. This area has historically had the highest numbers of overdue assessments.

- **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. This procedure will be implemented from 15th January 2020. HSE

remains of the view that the implementation of the SOP is a critical enabler to achieving Disability Act compliance (i.e. in addition to full roll out of CDNTs and extra therapy resources).

- **Improvement Plans at CHO level re Assessment of Need Waiting List** - Each CHO has developed an updated improvement plan which sets out clear actions which will lead to an elimination of current waiting times. Implementation of these plans is linked to the implementation of the Standard Operating Procedure and requires additional resources to address backlogs. The Disability Act 2005 sets out the requirement for assessments to be completed within 6 months of the date of receipt in relation to this category. Work remains on-going across all 9 CHOs in relation to the improvement/elimination of waiting lists for assessments for clinical assessments, with specific focus on those areas with the largest waiting lists (Cork/Dublin areas). The allocation of 100 new therapy posts is aligned to alleviating the backlog / delay in completing AONs.

- There continues to be a steady flow of legal cases seeking enforcement orders in the Circuit Court as part of the statutory complaints mechanism under the Act. The hearing dates for three lead Judicial Review cases scheduled for October 2019 were deferred following legal argument in the High Court. Rescheduled dates have not yet been secured.

Congregated Settings
A total of 103 people transitioned from congregated settings to homes in the Community in 2019. In addition, a further 21 people were discharged from congregated settings to other appropriate services in line with their PCP. **This means that 124 people transitioned in 2019 against a target of 160 for the full year.** Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, the population in congregated settings at the year end will be 50% lower than those identified in the original report with less than 2,000 people remaining in congregated settings. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational.

Emergency Places
At end December, a total of 80 new emergency places were developed across the 9 CHOs (NSP target = 90 places and funding committed @ €15m). The value of total placements made was €12.7m.

A number of actions were implemented in 2019 as follows: (1) Establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places, in particular any emergency residential provision (2) Scoping exercise across all CHOs in terms of increased utilisation of existing capacity. However, it is noted that limited opportunities have been garnered in this respect. A further round of review will be undertaken with the delivery system. (3) The Tender for Procurement of Residential places within the "For Profit Sector" is now in place and fully operational. It is noted that the tender provides for maximum/ capped costs & transparency of unit cost make up. (4) A programme around intensive in-home transition supports is being rolled out as an alternative to high cost placements with better outcomes for service users and their families.

Performance Notice Updates - Disability Services
St. John of God Community Services:
- . A Validation exercise referring to the substantial claim from SJOG CS for an additional €29.7m in 2019 was completed and internal reports issued to HSE Task Force Member and Community Operations on the 31st July 2019. SJOG CS SJOG CS is currently reviewing the contents of said report with a view to reverting with a 'right to reply'. SJOG CS submitted the response to the Validation Report early December 2019. The HSE will now review that response and reply accordingly.
- With reference to the Dispute Resolution process the HSE have sought a legal position on this matter and seek legal clarification regarding the validity of implementing a dispute resolution process whilst a full engagement process referring to improvements and sustainability is ongoing between the HSE and SJOG CS. The Dispute Resolution as of December 2019 appears to be on hold at this time as other matters have taken precedence.
- On the 26th November 2019 the National Disability Operations office was notified verbally by the CEO SJOG CS of four matters referring to Pensions (2 matters) , Audit findings, and alleged fraud- specifically referring to one

service operational area within CHO 8 and have sought written correspondence to be issued by the CEO, SJOG CS to the Head of Operations, Disability Community Services as soon as possible, confirming; the matters raised, current actions which have taken place to date including involvement with the Board of Directors, and processes which will be put in place by SJOG CS to mitigate this risks moving into the future. In December 2019 SJOG CS provided formal correspondence regarding the matters raised on 26th November. These matters are now for further review and response within the HSE and also await the outcomes from the investigations SJOG CS report to be in place. The HSE will monitor the progress of the delivery of the reports.

Stewarts Care (SC):
- CHO 7 continues to monitor progress against "First Notification" letter (issued May 2018) regarding the performance management of the service provider in respect of;
  - Financial Review
  - Financial Governance and reported deficits
  - HIQA Regulatory Compliance
- CHO 7 continue to monitor Stewarts Care around aspects of:

Financial Review:
Independent review is on-going referring to inappropriate use of client funds, the final draft report continues to remain with Stewarts for review. It is important to flag at this point that the Report is expected to underpin a significant level of "client refund" which will add to a significant deficit situation for SC.

Financial Governance:
- CHO 7 and the National Disability Operations Office have completed a review of unapproved expenditure costs within Stewarts Care Ltd across 2017 and 2018
- NSP 2019 Budget with new allocation given to SC along with VIP targets to be monitored by CHO7
- SC have advised HSE that the funding requirement for service delivery in 2019 is €52,040,000, whereas a budget allocation of €50,900,000 is now agreed. This leaves a €1,140,000 funding gap (not inclusive of SCs use of a

€2,300,000 overdraft facility) which will require to be monitored closely throughout 2019 by CHO 7. A breakeven plan is in place between CHO7 and SC; however, this incudes hard VIP measures which will result in service impacting issues. Final decisions relating to HSEs approach to dealing with the current known disability funding gap are required prior to responding to the significant financial gap flagged by CHO7 re SC.

Older Persons
Delayed Transfers of Care
- The end of December Delayed Transfer of Care (DTOC) figure is 545 (537 adults)
- The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place. An additional 550 home support packages and €0.5m funding for transitional care was allocated under the Winter Initiative 2018/2019
- The HSE was allocated an additional €26m of funding in October 2019 to manage increased demand for services through Winter 2019/2020. Of the €26m, €13m was allocated to NHSS to maintain awaiting funding period at 4-weeks to 31st December, €4.2m allocated to Transitional Care to increase the number of approvals to 250 per week and €2m allocated to Home Support (510 Home Support Packages (HSPs) for hospital egress and 600 HSPs assigned to the Community Home Support Waiting List)
- At end December of the DTOC's, there were 101 people waiting for discharge home, and of these, the number of people awaiting Home Support was 56 (11 were approved with funding awaited – 7 over 65 and 4 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

Transitional Care
- There has been a significant increase in demand for Transitional Care since the start of January 2019.
- To ensure the most efficient use of resources for the remainder of the year and to have adequate supports in place for Winter 2019, a managed controlled allocation has been put for the remainder of the year. This has been further supplemented with additional winter funding of €4.2m.
- The total number of approvals for TCBs in November is 850

NHSS

- In December 2019 the Nursing Homes Support Scheme funded 23,629 long term public and private residential places, and when adjusted for clients not in payment, there were 24,751 places supported under the scheme. The number of people funded under the scheme is above the original profile for December of 23, 042 which was updated to 24,112 and reflects activity on basis of extra funding provided in Q4 under the Winter Plan 2019/2020.
- There is an increase of 324 in the number of people supported under the scheme when compared to the same period last year. This is a 1.4% increase in activity year on year.
- The number on the placement list at the end of December 2019 is 463 (December 2018 - 530) This is a decrease of 67 (12.4%) on the same period last year.
- A total of 8,508 people were approved for funding under the scheme in the twelve months of 2019 compared to 8,725 people approved for the same period last year. This is a decrease of 217 approvals or 2.5% year on year.
- In the twelve months of 2019, 10,177 applications were received and 8,496 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 532 or 5.9% in the number of starters supported under the scheme when compared to 2018. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2019.

Home Support

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

NSP 2019 provides for 17.9m home support hours to be delivered to 53,182 people inclusive of 410,000 hours/550 home support packages funded under the Winter Initiative 2018/2019. The additional hours over the level provided for in 2018 (17.094m hours) relates to additional activity funded during 2018 and 2019

to support service pressures during the winter months. Additional funding of €2m under Winter Plan 2019/2020 will provide for an additional 1,110 home support packages by year end, based on an average HSP. As at end December 2019, 1,476 additional home support packages have been allocated under Winter Plan 2019/2020 (714 for hospital egress and 762 from the community Home Support Waiting List).

In December, it was expected that the Home Support Service would deliver 1,494,691 hours. The data reported indicates that 1,439,885 hours were provided, a variance of -2.3%. Home support hours provided in 2019 per the data reported is 17,485,463 and including home support hours provided through Intensive Home Care Packages the overall total number of hours provided is 17,862,128, a variance of -0.2%. There were no data coverage issued in the December reporting cycle. As at the end of December 2019 there were 51,345 people in receipt of home support and 188 people in receipt of an Intensive Home Care Package.

Work continues to ensure that each CHO fully reports all activity funded from the Home Support Service allocation, and to ensure that the allocation of new and additional service hours is undertaken in the most economical way possible having regard to clients assessed needs and service provider capacity. A full review of activity against 2018 targets was undertaken in advance of targets being set for 2019. In 2019, activity data against targets continues to be kept under review to confirm that all activity funded from the Home Support allocation is being accurately recorded. Data coverage issues arising in Q4 2019 were escalated and addressed with the CHOs involved.

Cost pressures including the impact of Tender 2018 and the implementation of the revised contract for directly employed home support staff has been a significant factor in achieving target and remaining in a balanced position at year end. A review of activity against expenditure is on-going on a monthly basis with further clarification being sought from the CHOs to understand the varying issues arising, as required.

Despite the significant resource allocated to home support demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the

growing numbers of people aged ≥80years, within the over 65 years' cohort. The CHO waiting lists for the end of December indicates that 7.819 people were waiting for home support funding, (preliminary data) with 762 clients allocated home support services under Winter Plan 2019/2020 in the period October to December 2019. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

Health & Wellbeing Services

Number who have completed type 2 diabetes education programme

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

- X-PERT is a 15-hour group structured patient education programme delivered by 1 Community Dietician educator over a six-week period commencing in February. A patient must complete a minimum of 4 X-PERT sessions (out of 6 sessions) over the six-week period for the attendance to be reflected in this metric.
- DESMOND is a 6 hour structured programme jointly facilitated by 2 educators (i.e. a Community Dietician and/ or a Diabetes Nurse Specialist). A patient must complete all sessions (i.e. 2 out of 2 sessions) for the activity to be reflected in this metric.

YTD 3,580 people have completed an SPE programme for type 2 diabetes which is -610 people (-14.6%) below target (4,190). In the month of December, 220 people completed a structured patient education programme for type 2 diabetes which is 152 people or 40.8% below target (372). Performance varies across the CHOs. The best performer is CHO 9. They are exceeding their target by (+90%). In contrast, the performance outliers are CHO 2 (-46.8%), CHO 1 (-35.5%) and CHO 8 (-27.4%). Underperformance can be attributed to the following issues; (1) local community dietician capacity constraints within Primary Care; (2) the requirement to prioritise nutrition support services in Primary Care community dietetic services and (3) poor course uptake and attendance in some CHO areas.

At national level a number of initiatives were progressed to understand, promote and increase participant recruitment to these programmes. Locally, patients were sent reminders and phoned to understand the reason for non- attendance. A new programme adapted for better impact is also being introduced. The relevant CHOs also prioritised the allocation of dietetic Clinical Nurse Specialist resources where possible within their service based upon clinical need and the requirement to deliver a breakeven financial position by year end.

Tobacco smokers – intensive cessation support

Intensive cessation support is a consultation of more than ten minutes provided by a trained tobacco cessation specialist to a smoker in an acute or community setting. It can be delivered in a variety of ways – face to face (one to one), group or via telephone. Smoking cessation is a highly cost effective intervention. Seven out of ten smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully.

Nationally, 7,198 smokers received face to face or telephone intensive cessation support from a cessation counsellor during the reporting period (performance is reported quarterly in arrears i.e. Q3 performance is reported in Q4), which is 1,802 smokers or 20% below the target of 9,000 for the period.

Four of the nine CHOs are achieving or exceeding their targets YTD with the best performers being CHO4 (+107.7%); CHO9 (83.9%); CHO8 (+21.3%) and CHO1 (+32.1%). In contrast, the performance outliers are UL Hospital Group (-80%), Saolta Hospital Group (-74.9%) and CHO 7 (-37.5%). CHO 5 and Limerick currently have no intensive cessation support service. The Tobacco Free Ireland (TFI) programme continue to engage with Hospital Groups and CHOs in relation to smoking cessation support. National radio adverts are being aired to increase awareness of the QUIT services available.

% of smokers quit at four weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. 48.3% of smokers on cessation programmes were quit at four weeks which is 7.2% ahead of target (45%) during the reporting

period (performance is reported quarterly in arrears i.e. Q3 performance is reported in Q4).

Population Health Protection - Vaccinations

The World Health Organisation (WHO) has listed vaccine hesitancy among 10 global health threats in 2019. The WHO said that vaccination currently prevents up to three million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved. The Minister for Health launched the Vaccine Alliance aimed at boosting the uptake of childhood vaccines and reducing vaccine hesitancy. It will include healthcare professionals, policymakers, patient advocates, students and representatives from groups most affected by vaccine hesitancy.

Vaccination uptake below targeted levels presents a public health risk in terms of the spread of infectious disease and outbreaks as herd immunity declines. Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity.

Public Health and the National Immunisation Office are engaging with Community Healthcare Operations to support them to maximise the uptake of all publicly funded immunisation programmes through (1) the provision of advice regarding best practice and standardised delivery of immunisation programmes and (2) the development of national communication campaigns designed to promote immunisation uptake rates and provide accurate and trusted information to the public, healthcare professionals and staff, including working with the Vaccine Alliance. This approach is similar to the successful approach taken to increase the uptake of HPV vaccine in girls over recent years.

% of children 24 months – (MMR Vaccine)

The MMR vaccine protects children against Measles, Mumps and Rubella (also called German measles). The vaccine works by stimulating the immune system to build up protection against these diseases. Measles, Mumps and Rubella have become less common since the vaccine was introduced. However, outbreaks can still occur if not enough children have been vaccinated. Nationally, 90.8% of children received the MMR vaccine at 24 months during the reporting period (uptake is reported quarterly in arrears i.e. Q3 uptake is reported

in Q4). This is 4.4% below the 95% uptake target. YTD uptake has declined by 1.5% relative to same period last year. No CHO has achieved the 95% uptake target. CHOs 2, 3, 4, 5, 7, 8 and 9 are within 5% of target. CHOs 1 and 6 are within 10% of target. High numbers of mumps cases continue to be reported as part of the national mumps outbreak. This outbreak started in 2018, spread to all areas in 2019 and continues in 2020. Most cases are in teenagers and young adults. The MMR vaccination is the best protection against mumps.

% of children 24 months – (3 doses of 6 in 1 vaccine)

The 6 in 1 vaccine protects children against six diseases: diphtheria, hepatitis B, haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death. Nationally, 93.2% of children received the 6 in 1 vaccine at 24 months during the reporting period (uptake is reported quarterly in arrears i.e. Q3 uptake is reported in Q4). This is 1.9% below the 95% uptake target. YTD uptake has declined by 1.1% relative to same period last year. Uptake performance against the 95% target varies significantly across the CHOs. CHO2 is exceeding the target; CHOs 3, 4 and 8 are within 1% of target; CHOs 1, 5, 7, and 9 are within 5% of target and CHO 6 is within 10% of target.

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Quality & Safety	**Serious Incidents**														
	Incidents notified within 24 hours of occurrence	M	80%	40% [R]	-50%								39%	44%	38%
	Review completed within 125 calendar days[4]	M	80%	24% [R]	-70%								24%	23%	24%
	Service User Experience (Q3 data)														
	Complaints investigated within 30 working days	Q	75%	54.8% [R]	-26.9%	70.9% [G]	79.7% [G]	64.5% [R]	64.2% [R]	48.9% [R]	31.8% [R]	32.2% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	< 1	1.0 [G]	-0.3%	2.0 [R]	0.7 [G]	1.4 [R]	1.7 [R]	0.4 [G]	0.7 [G]	0.5 [G]	1.0	1.1	1.0
	C Difficile (per 10,000 bed days)	M	< 2	2.6 [R]	29.3%	3.1 [R]	2.8 [R]	1.7 [G]	3.3 [R]	2.1 [G]	3.0 [R]	3.2 [R]	2.9	2.4	2.6
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	74.5% [R]	-25.5%	0% [R]	100% [G]	63.6% [R]	83.3% [R]	66.7% [R]	60% [R]	100% [G]	70.2%	74.5%	74.5%
	Medical														
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.4% [G]	2.7%		10.8% [G]	11.5% [G]	10.9% [G]	12.7% [R]	11.4% [G]	10.2% [G]	10.3%	10.5%	9.9%
	Surgery														
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	43.7% [R]	-27.2%		57.5% [G]	53.8% [R]	46.3% [R]	22.2% [R]	47.7% [R]	13.6% [R]	43.5%	39.1%	41.2%
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82%	75.4% [A]	-8%		60.1% [R]	86.9% [G]	71.1% [A]	63.3% [R]	79.5% [G]	90.2% [G]	76.4%	79.1%	78.4%
	Surgical re-admissions within 30 days of discharge	M-1M	≤3%	2% [G]	-33.3%		2.7% [G]	1.7% [G]	2.1% [G]	2.1% [G]	1.9% [G]	1.2% [G]	1.7%	1.9%	1.7%
	Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.4% [R]	-10.1%		82.9% [G]	78.9% [A]	95.1% [G]	77.6% [A]	85.7% [G]	76.3% [R]	77.4%	75.2%	76.7%
	Ambulance Turnaround														
	% of ambulance turnaround delays escalated – 30 minutes	M	95%	59.2% [R]	-37.7%								62.5%	64%	58.1%

4 * Current - reflecting compliance YTD August 2019 (-1 YTD July 2019), (-2 YTD June 2019)

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
Urgent colonoscopy														
Number waiting > 4 weeks (new) (zero tolerance)	M	0	209 [R]		2 [R]	6 [R]	7 [R]	98 [R]	36 [R]	51 [R]	9 [R]	5	25	4
Routine Colonoscopy														
Waiting < 13 weeks for routine colonoscopy or OGD	M	70%	55.4% [R]	-20.8%	48.9% [R]	41.7% [R]	66% [A]	99.6% [G]	46.3% [R]	74.7% [G]	33.2% [R]	50.3%	54.4%	55.4%
Emergency Department Patient Experience Time														
ED within 6 hours	M	75%	62.7% [R]	-16.4%	86.4% [G]	51.1% [R]	68.6% [A]	54.2% [R]	64.7% [R]	60.1% [R]	54.9% [R]	62.7%	60%	60.2%
ED within 24 hours	M	99%	96.1% [G]	-2.9%	99.7% [G]	94.8% [G]	96.6% [G]	97.2% [G]	97.4% [G]	93.8% [A]	91.7% [A]	95.7%	95.1%	95.8%
75 years or older within 24 hours (zero tolerance)	M	99%	90.2% [R]	-8.9%		90.3% [R]	92.2% [R]	92.8% [R]	93.6% [R]	84.6% [R]	77.6% [R]	89.7%	87%	88.8%
Waiting times														
Adult waiting <15 months (inpatient)	M	85%	86% [G]	1.2%		84.2% [G]	88.8% [G]	96% [G]	75.8% [R]	87.6% [G]	99.8% [G]	84.8%	85.5%	86%
Adult waiting <15 months (day case)	M	95%	93.3% [G]	-1.8%		88.7% [A]	95.6% [G]	100% [G]	91.2% [G]	89.6% [A]	100% [G]	92.3%	92.9%	93.3%
Children waiting <15 months (inpatient)	M	85%	91.9% [G]	8.1%	90.5% [G]	100% [G]	93.4% [G]	98.8% [G]	89.9% [G]	100% [G]	100% [G]	91.8%	91.5%	91.9%
Children waiting <15 months (day case)	M	90%	85.4% [A]	-5.1%	81.4% [A]	100% [G]	96.4% [G]	100% [G]	87% [G]	93.7% [G]	99.5% [G]	83%	84.6%	85.4%
Outpatient < 52 weeks	M	80%	68.9% [R]	-13.8%	62.7% [R]	66.6% [R]	70.9% [R]	90.8% [G]	68.5% [R]	64.7% [R]	59% [R]	68.6%	68.7%	68.9%
Delayed Transfers of Care[5]														
Number of beds subject to Delayed Transfers of Care (site specific targets)	M	≤550	545 [G]	-0.9%	8	133	128	127	52	79	18	680	682	545
Cancer														
Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	71.7% [R]	-24.5%		49.4% [R]	69.1% [R]	99.7% [G]	72.7% [R]	68% [R]	82.5% [R]	74.9%	71.8%	68.2%
Urgent Breast Cancer within 2 weeks	M	95%	70% [R]	-26.3%		39.5% [R]	61% [R]	99.6% [G]	72.2% [R]	73% [R]	94.9% [G]	74.4%	69.8%	67%
Non-urgent breast within 12 weeks	M	95%	70.6% [R]	-25.7%		65.3% [R]	81.1% [R]	99.3% [G]	66.7% [R]	50.4% [R]	54.8% [R]	67.7%	73.9%	75%

Access and Integration

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

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current
	Lung Cancer within 10 working days	M	95%	86.7% [A]	-8.7%		97.1% [G]	99.6% [G]	100% [G]	91.1% [G]	82.4% [R]	55.2% [R]	88.7%	87.1%	87.2%
	Prostate Cancer within 20 working days	M	90%	66.9% [R]	-25.7%		51.8% [R]	92.9% [G]	100% [G]	62.8% [R]	28% [R]	73.2% [R]	64.1%	68%	54.7%
	Radiotherapy treatment within 15 working days	M	90%	84.3% [A]	-6.3%		81.7% [A]			84.9% [A]	83.5% [A]	98.3% [G]	83.8%	82.9%	74.9%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	79.5% [G]	-0.6%								79.4%	79.1%	75.9%
	Delta within 18 minutes, 59 seconds	M	80%	55.6% [R]	-30.5%								56%	53%	48.9%
Finance, Governance & Compliance	**Financial Management – Expenditure variance from plan**														
	Net expenditure (pay + non-pay - income)	M	≤0.1%	5,638,019	0.67% [R]		0.31% [A]	0.72% [A]	1.46% [R]	0.56% [A]	1.17% [R]	0.45% [A]	0.69% [A]	2.53%	1.54%	0.67%
	Gross expenditure (pay and non-pay)	M	≤0.1%	6,518,692	0.80% [R]		-0.15% [G]	1.19% [R]	1.66% [R]	0.21% [A]	1.13% [R]	0.94% [R]	0.62% [A]	2.42%	1.49%	0.80%
	Non-pay expenditure	M	≤0.1%	2,098,645	2.12% [R]		0.11% [A]	0.27% [A]	1.37% [R]	2.81% [R]	2.87% [R]	4.35% [R]	-2.41% [G]	4.47%	2.42%	2.12%
	Financial Management - Service Arrangements (30.12.19)														
	Monetary value signed	M	100%	100%	0%								100%	100%	100%
	Internal Audit														
	Recommendations implemented within 12 months	Q	95%	80% [R]	-18.7%								80%	82%	80%
Workforce	**Funded Workforce Plan**														
	Pay expenditure variance from plan	M	≤0.1%	4,420,047	0.19% [A]		-0.26% [G]	1.69% [R]	1.79% [R]	-0.85% [G]	0.30% [A]	-0.64% [G]	2.13% [R]	1.47%	1.05%	0.19%
	Attendance Management														
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.30% [R]	22.86%		4.13% [R]	4.20% [R]	3.73% [A]	4.02% [R]	4.58% [R]	4.38% [R]	6.26% [R]	4.35%	4.43%	4.50%
	European Working Time Directive (EWTD) Compliance														
	< 48 hour working week	M	95%	83.6% [R]	-12%		80.1% [R]	80.8% [R]	80.2% [R]	76.9% [R]	91.5% [R]	90.4% [G]	80.4% [R]	82.9%	82.2%	83.6%

Acute Hospital Services

Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Result YTD Dec 2019	% Var YTD	Result YTD Dec 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,475,136	1,506,343	+2.1%	1,467,646	+2.6%	126,687	124,572	128,971
New ED Attendances	1,228,415	1,251,405	+1.9%	1,224,495	+2.2%	104,780	103,413	107,925
OPD Attendances	3,339,859	3,354,168	+0.4%	3,337,048	+0.5%	304,370	290,594	234,027

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Nov 2019	% Var YTD	Result YTD Nov 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	584,475	582,946	-0.3%	588,844	-1.0%	51,771	54,325	53,557
Inpatient weight units	583,801	579,005	-0.8%	591,174	-2.1%	50,925	53,161	51,767
Day case (includes dialysis)	992,284	1,022,994	+3.1%	996,025	+2.7%	92,674	97,974	95,271
Day case weight units (includes dialysis)	963,431	997,813	+3.6%	978,683	+2%	89,819	94,517	91,029
IP & DC Discharges	1,576,759	1,605,940	+1.9%	1,584,869	+1.3%	144,445	152,299	148,828
% IP	37.1%	36.3%		37.2%	-2.3%	35.8%	35.7%	36%
% DC	62.9%	63.7%		62.8%	+1.4%	64.2%	64.3%	64%
Emergency IP discharges	406,841	400,848	-1.5%	402,240	-0.3%	34,966	37,027	36,752
Elective IP discharges	79,231	84,726	+6.9%	84,979	-0.3%	7,840	8,637	8,856
Maternity IP discharges	98,403	97,372	-1%	101,625	-4.2%	8,965	8,661	7,949

Inpatient, Day case and Outpatient Waiting Lists

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	85%	M	●	**86%**	84.3%	+1.7%	84.8%	85.5%	86%	28 out of 37 hospitals reached target	RUH (66.7%), GUH (69.1%), Tullamore (77.8%)
Day case adult waiting list within 15 months	95%	M	●	**93.3%**	92.9%	+0.4%	92.3%	92.9%	93.3%	30 out of 41 hospitals reached target	MUH (84.6%), UHW (85.4%), SJH (85.7%)
Inpatient children waiting list within 15 months	85%	M	●	**91.9%**	89.8%	+2.1%	91.8%	91.5%	91.9%	19 out of 19 hospitals reached target	
Day case children waiting list within 15 months	90%	M	●	**85.4%**	83.9%	+1.5%	83%	84.6%	85.4%	23 out of 26 hospitals reached target	CHI (81.4%), GUH (84.7%), UHW (86.7%)
Outpatient waiting list within 52 weeks	80%	M	●	**68.9%**	70.4%	-1.4%	68.6%	68.7%	68.9%	16 out of 43 hospitals reached target	Croom (46.9%), RVEEH (51.9%), UHW (56.5%)

Inpatient & Day Case Waiting List

6,897 · 6,112 (15m+)
4,921 · 4,419 (18m+)
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— 15m+ — 18m+

Outpatient Waiting List

117,557 · 132,827 (15m+)
89,950 · 102,924 (18m+)
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— 15m+ — 18m+

Inpatient & Day Case Waiting

70,204 · 66,563
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— Total

Outpatient Waiting List Total

516,162 · 553,433
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
— Total
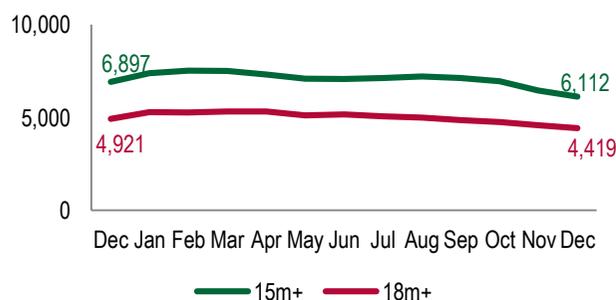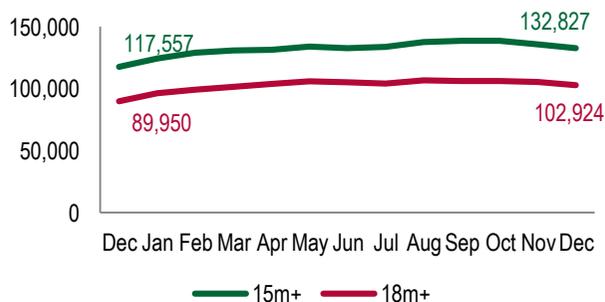
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	17,459	17,530	-71	3,344	2,444
Adult DC	42,243	46,350	-4,107	4,514	2,843
Adult IPDC	**59,702**	**63,880**	**-4,178**	**7,858**	**5,287**
Child IP	2,765	2,350	415	403	225
Child DC	4,096	3,974	122	856	600
Child IPDC	**6,861**	**6,324**	**537**	**1,259**	**825**
OPD	553,433	516,162	37,271	171,897	132,827
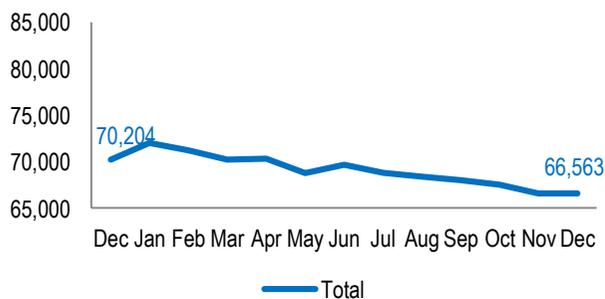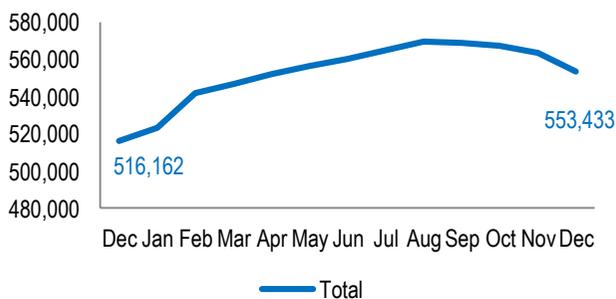
ED Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	75%	M	🔴	**62.7%**	64.6%	-1.9%	62.7%	60%	60.2%	SLK (91.7%), St Michael's (88.9%), CHI (80.4%)	Tallaght - Adults (33.5%), Beaumont (37.4%), Naas (39.3%)
% in ED < 24 hours	99%	M	🟢	**96.1%**	96.5%	-0.4%	95.7%	95.1%	95.8%	11 out of 28 hospitals achieved target	Naas (88.9%), Mercy (89.4%), UHK (90.1%)
% 75 years within 24 hours	99%	M	🔴	**90.2%**	91.5%	-1.3%	89.7%	87%	88.8%	8 out of 27 hospitals achieved target	Mercy (74.6%), Naas (74.8%), GUH (75.3%)

% patients admitted or discharged within 6 hours
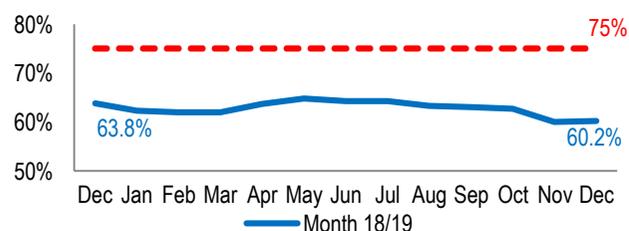
ED over 24 hours
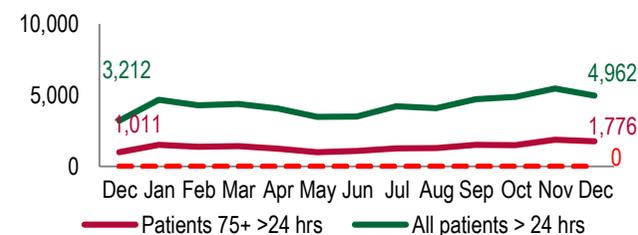
% 75 years old or older admitted or discharged
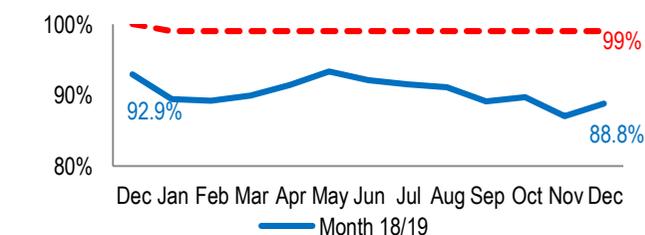
Colonoscopy

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – number of people waiting > 4 weeks (new)	0	M	🔴	**209**	253	-44	5	25	4	36 out of 37 hospitals achieved target	UHK (4)
Bowelscreen – number colonoscopies scheduled > 20 working days		M		**577**	1416	-839	78	57	58	8 hospitals have 0	Wexford (25), Mater (22), GUH (5)
Routine Colonoscopy and OGD <13 weeks	70%	M	🔴	**55.4%**	59.1%	-3.7%	50.3%	54.4%	55.4%	16 out of 37 hospitals achieved target	Nenagh (11%), UHL (29.6%), Tallaght - Adults (33.1%)

Urgent Colonoscopy - number of people waiting (new)
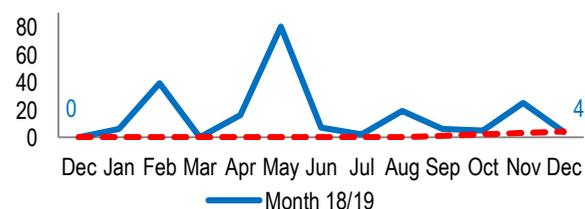
BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	296	315	249
Number scheduled over 20 working days	78	57	58

Number on waiting list for GI Scopes
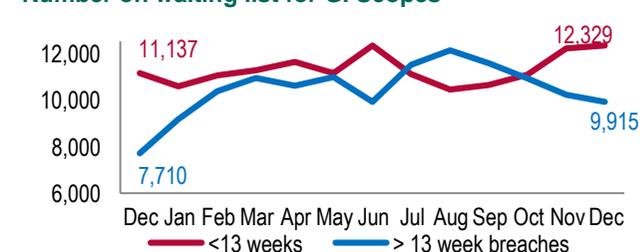
HCAI Performance

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<1	M	🟢	**1.0**	1.0	0	1.0	1.1	1.0	37 out of 47 hospitals achieved target	MMUH, Navan (3.5), OLOL (3.3)
Rate of new cases of C Difficile infection	<2	M	🔴	**2.6**	2.1	+0.5	2.9	2.4	2.6	27 out of 47 hospitals achieved target	Mallow (7.2), RUH (6.1), Bantry (5.9)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	🔴	**74.5%**	53.3%	+21.2%	70.2%	74.5%	74.5%	35 out of 47 hospitals achieved target	12 hospitals did not achieve the target

Rate of Staph. Aureus bloodstream infections
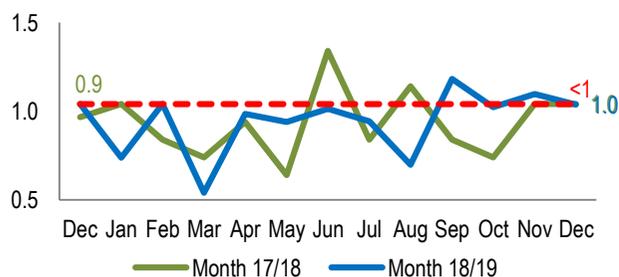
Rate of new cases of C Difficile associated diarrhoea
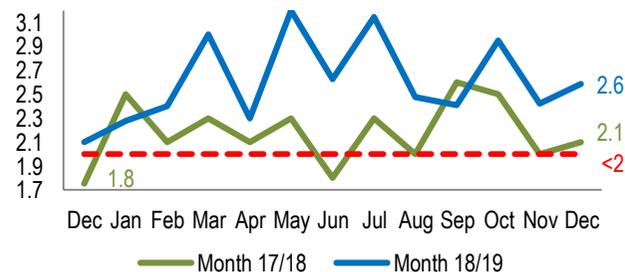
Requirements for screening with CPE Guidelines
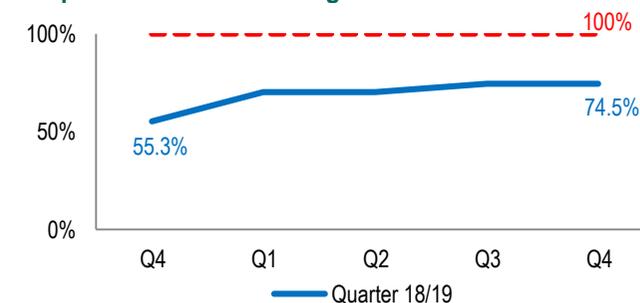
Delayed Transfers of Care

Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to Delayed Transfers of Care	≤550	M	🟢	**545**	476	+69	680	682	545	Ennis (0), Mullingar, PUH, Mallow, UHK, St. John's (2)	SJH (71), Beaumont (55), OLOL, Tallaght- Adults (42)

Delayed Transfers of Care
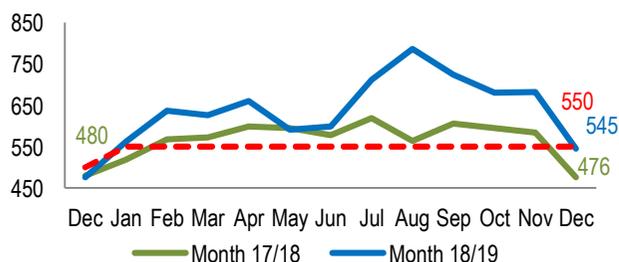
Delayed Transfers of Care by Destination

	Over 65	Under 65	Total	Total %
Home	66	35	101	18.5%
Long Term Nursing Care	306	40	346	63.5%
Other	52	46	98	18%
Total	**424**	**121**	**545**	**100%**

Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	🟢	**11.4%**	11.3%	+0.1%	10.3%	10.5%	9.9%	26 out of 34 hospitals achieved target	Ennis (17.7%), Columcille's (14.5%), LUH (14.1%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	🟡	**75.4%**	74.6%	+0.8%	76.4%	79.1%	78.4%	14 out of 35 hospitals achieved target	UHK (64.1%), Sth Tipperary (73.1%), Tallaght- Adults (71.4%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	🔴	**43.7%**	45.3%	-1.6%	43.5%	39.1%	41.2%	12 out of 34 hospitals achieved target	7 Hospitals that had cases at 0%
Surgical re-admissions within 30 days of discharge	≤3%	M-1M	🟢	**2%**	2%	0%	1.7%	1.9%	1.7%	35 out of 38 hospitals achieved target	SLK (3.8%), OLOL (3.3%), Portlaoise (3.1%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	🔴	**76.4%**			77.4%	75.2%	76.7%	7 out of 16 hospitals achieved target	UHW (55.6%), CUH (56.4%), OLOL (59.1%)

Emergency re-admissions within 30 days
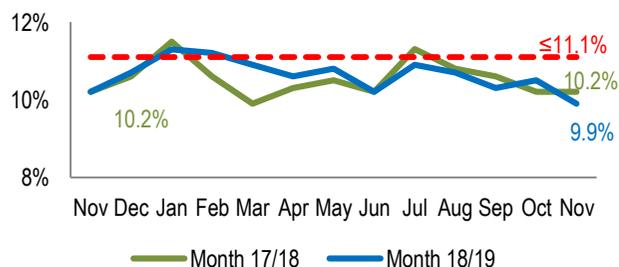
Procedure conducted on day of admissions
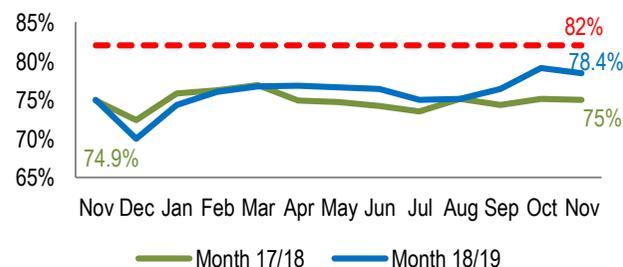
Hip fracture surgery within 48 hours
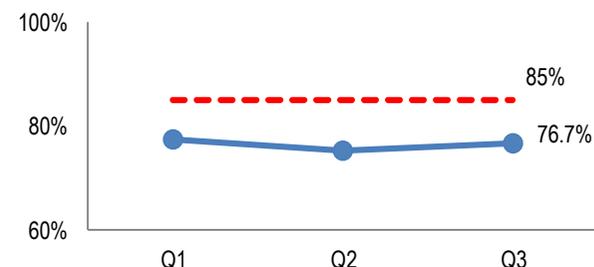
Laparoscopic Cholecystectomy day case rate
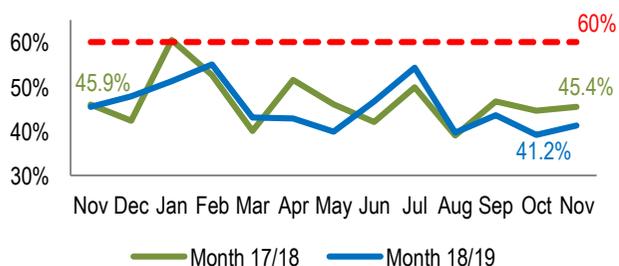
Surgical re-admissions within 30 days
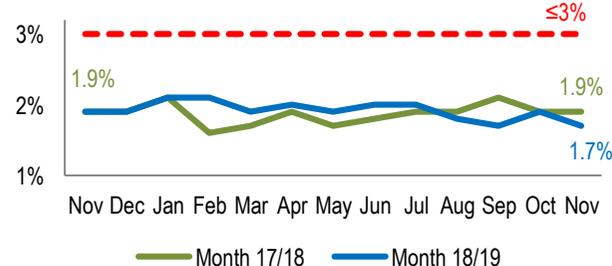
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD		SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	🔴	**71.7%**			74.9%	71.8%	68.2%	SVUH, Beaumont, LUH (100%)	CUH (32.1%), SJH (41.2%), MMUH (44.7%)
Urgent breast cancer within 2 weeks	95%	M	🔴	**70%**	75.7%	-5.7%	74.4%	69.8%	67%	SVUH, LUH, GUH, Beaumont (100%)	SJH (28.6%), CUH (30.4%), MMUH (33.7%)
Non-urgent breast within 12 weeks	95%	M	🔴	**70.6%**	67.6%	+3%	67.7%	73.9%	75%	SVUH, Beaumont (100%)	LUH (23.9%), UHW (41.2%), SJH (59%)
Lung Cancer within 10 working days	95%	M	🟡	**86.7%**	88.2%	-1.4%	88.7%	87.1%	87.2%	SVUH, Beaumont, SJH, MMUH (100%)	UHL (38.5%), CUH (83.3%), GUH (88.1%)
Prostate cancer within 20 working days	90%	M	🔴	**66.9%**	78.1%	-11.2%	64.1%	68%	54.7%	Beaumont, SVUH (100%)	UHW (8.3%), CUH (17.8%), GUH (32.2%), SJH (34.8%)
Radiotherapy within 15 working days	90%	M	🟡	**84.3%**	82.3%	+2.1%	83.8%	82.9%	74.9%	UHL, UHW (100%)	CUH (25.5%), SLRON (73.8%), Altnagelvin (77.8%)

Rapid Access within recommended timeframe
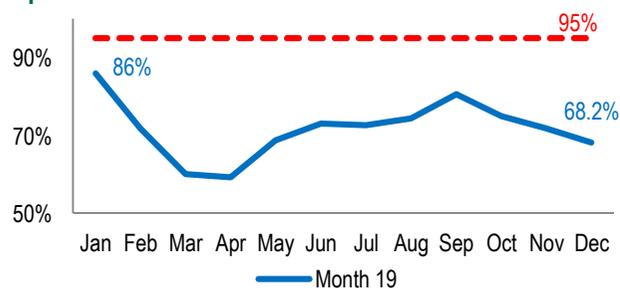
Breast Cancer within 2 weeks
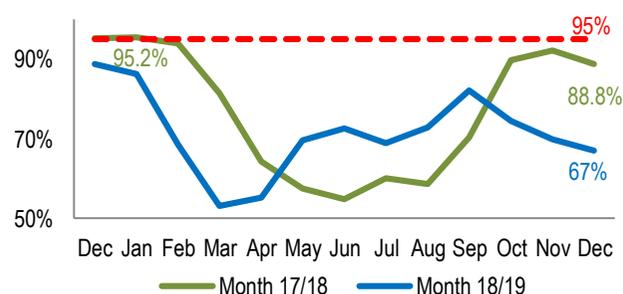
Non-urgent breast within 12 weeks
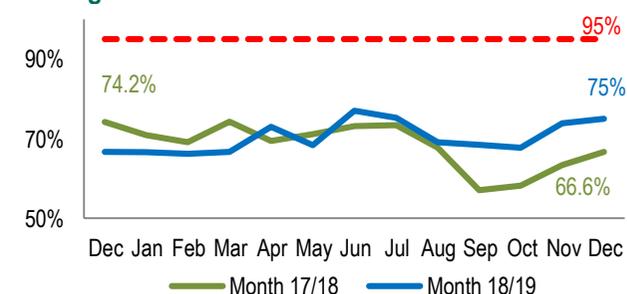
Lung Cancer within 10 working days
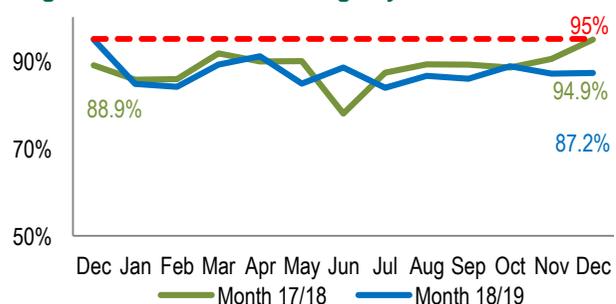
Prostate Cancer within 20 working days
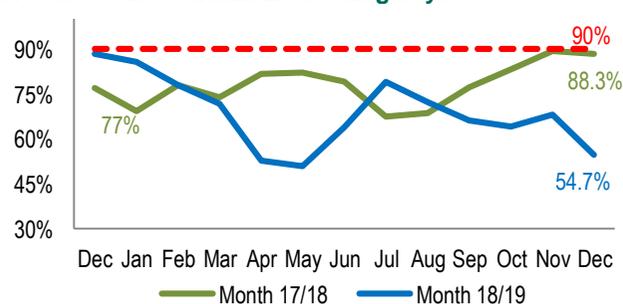
Radiotherapy within 15 working days
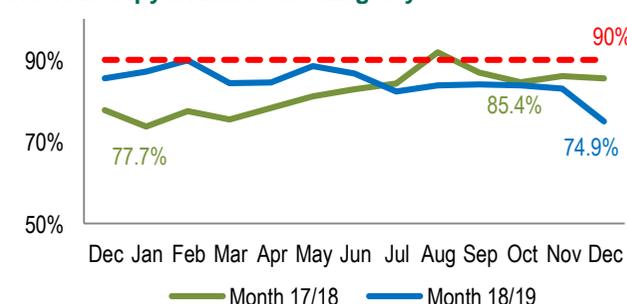
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times – ECHO	80%	M	●	**79.5%**	79.5%	0%	79.4%	79.1%	75.9%	North Leinster (80%) Dublin Fire Brigade(78%)	Western Area (69.1%), South (73.4%)
Response Times – DELTA	80%	M	●	**55.6%**	57.4%	-1.8%	56%	53%	48.9%	North Leinster (58.2%),	Southern Area (47.3%) Western Area (53.9%), Dublin Fire Brigade (33.3%)
Ambulance Turnaround % delays escalated within 30 minutes	95%	M	●	**59.2%**	52.9%	+6.3%	62.5%	64%	58.1%		
Ambulance Turnaround % delays escalated within 60 minutes	95%	M	●	**97.8%**	97.1%	+0.7%	98.4%	97.3%	96.2%		
Return of spontaneous circulation (ROSC)	40%	Q-1	●	**43.6%**	47.1%	-3.5%	36.8%	47.7%	45%		

Ambulance Turnaround - within 30 minutes
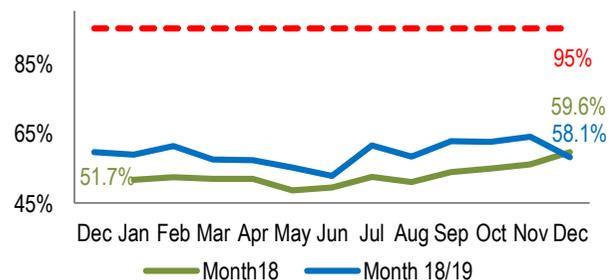
Response Times – ECHO
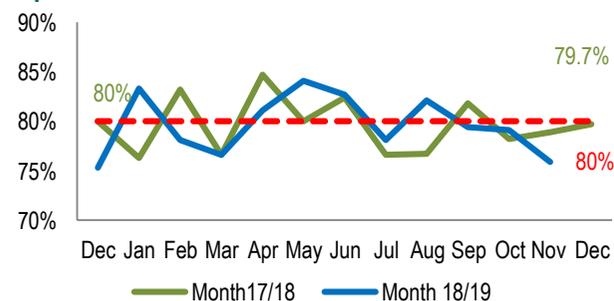
ROSC
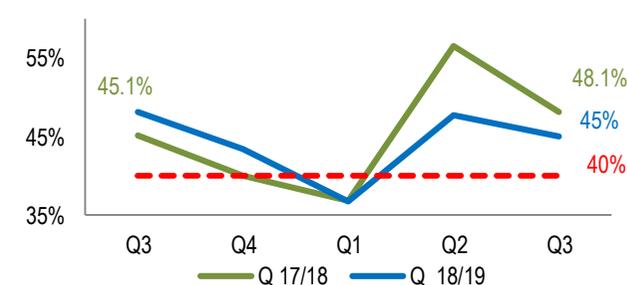
Ambulance Turnaround - within 60 minutes
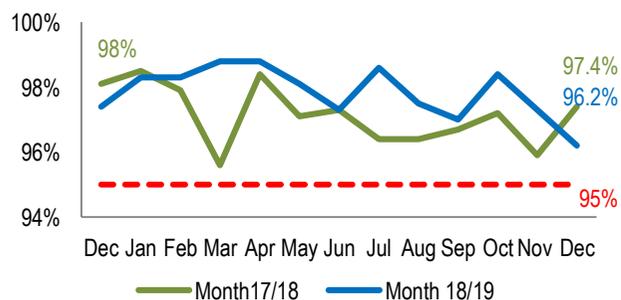
Response Times – DELTA
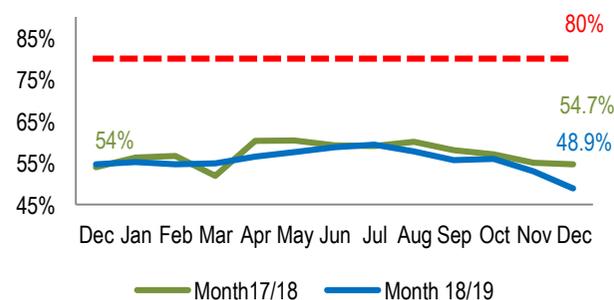
Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	4,940	4,965	0.5%	4,877	88
DELTA	129,000	132,775	2.9%	128,574	4,201

Acute Hospital Services Update

Emergency Department (ED) Performance

- There were 1,506,343 emergency presentations year to date December 2019. This is a 2.6% increase on emergency presentations for the corresponding period in 2018 and exceeded the target of 1,475,136 by 2.1%.
- Emergency Department Attendances year to date December 2019 are 2.6% (34,667) ahead of target and 2.9 % (38,921) greater than the same period last year (year to date December 2019. Ten of the Emergency Departments excluding Children's Health Ireland reported ED PET less than 24 hours compliance greater than 99%.
- ED PET less than 24 hours for patients aged 75+ was 88.8% in December.

An additional 75 beds were approved under the Winter Plan 2018/2019. Sixty six of these beds were open in December. The additional beds were funded to support winter pressures on a part year basis, but remain open due to sustained pressures in terms of ED attendances and growth in Delayed Discharges. 75 beds are open in January 2020.

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. The final stage in the escalation process is to place additional beds on acute wards. As a result of sustained increase in ED admissions and a growth in Delayed Discharges this Escalation Directive is in use in most Hospitals on an on-going basis with an associated demand for agency staffing.

Delayed Transfers of Care (DTOC)

There were 545 Delayed Transfer of Care at the end of December 2019. This included 101 Delayed Discharges waiting to go home, 346 waiting on long term nursing care and 98 complex patients that require bespoke care provision.

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

Day Case Discharges (including dialysis)

The number of day case procedures year to date November 2019 was 1,022,994 versus 996,025 for the same period in 2018, that is, an increase of 26,969 (2.7%) cases. The number of day case procedures undertaken year to date November 2019 was 3.1% above the target of 992,284 cases for this period.

Inpatient Discharges

The number of inpatient discharges was 582,946 year to date November 2019 versus 588,844 for the corresponding period in 2018, that is, a decrease of 5,898 (1%) cases. Inpatient discharges year to date November 2019 were 0.3% lower than the target of 584,475.

Elective Inpatient Discharges

There were 84,726 elective inpatient discharges year to date November 2019 versus 84,979 for the corresponding period in 2018, that is, a decrease of 0.3%. Elective inpatient discharges were 6.9% higher than the target of 79,231.

Emergency Inpatient Discharges

There were 400,848 emergency inpatient discharges year to date November 2019 versus 402,240 for the corresponding period in 2018, that is, a decrease of 0.3%. Emergency inpatient discharges year to date were 1.5% lower than the target of 406,841. The HPO is examining the effect of the increase in delayed transfers of care on emergency discharges. The increase in the numbers treated and discharged from ED is also being reviewed in this context.

Maternity Inpatient Discharges

There were 97,372 maternity inpatient discharges year to date November 2019 and 101,625 for the corresponding period in 2018 which is a decrease of 4,253. (-4.2%). Maternity inpatient discharges were 1% less than the target of 98,403

Out Patient Department Attendances

- The number of new and return outpatient attendances was 3,354,168 year to date December versus 3,337,048 for the corresponding period in 2018 that is an increase of 0.5%.
- New and return outpatient attendances year to date were 0.4% higher than the target of 3,339,859.

Impact of industrial action on acute activity and access to services

The one day INMO strike action in January, the two days in February and the SIPTU action in June had a significant impact on inpatient and day case activity with an associated impact on waiting lists.

- Almost 9,500 inpatient day case procedures were lost as a result of industrial action to date in 2019.
- In relation to outpatients, it is estimated that over 45,000 appointments were lost as a result of the 4 days of industrial action year to date.

Waiting Lists

Inpatient/Day Case Waiting Lists

The National Service Plan (NSP) 2019 target is that 85% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure and 95% will wait less than 15 months for a day case procedure. By end December, HSE had delivered or exceeded its wait time targets as set out below:

Waiting times

- Adult Inpatients Waiting List Compliance was 86.0% ahead of target of 85%
- Adult Day Waiting List Compliance was 93.3% which was marginally below target of 95%
- Childrens Inpatient Waiting List Compliance was 91.9% ahead of target of 85%
- Children's Day Case Waiting List Compliance was 85.4% below target of 90%.

Volume of patients waiting

- The total number of patients waiting for an inpatient or day case procedure at the end of December 2019 was 66,563, down by 5.2% (3,641 patients) when the waiting list in December 19 is compared with December 18.

- The total number of people waiting more than 15 months was down by 785 (11.4%) when December 19 is compared with December 18.

Improving access for patients is a key priority for the HSE. Despite the challenges in terms of ED presentations, increased delayed transfers of care and the 4 days of strike action, the analysis of wait time and volume highlight the continued progress that is being made by the HSE in collaboration with the National Treatment Purchase Fund in delivering on this priority.

Outpatient Waiting Lists

Wait time target

The National Service Plan 2019 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 68.9% in December 2019. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action. In December 19, 47% of people waiting for an Outpatient appointment (259,698) were waiting less than 6 months and 60% waiting less than 9 months.

Volume of patients waiting

Total number of people waiting for an Outpatient appointment was in 553,434 in December 19, this is down from 563,410 (1.8%) in November 19. We have seen a reduction in October, November and December as a result of the HSE's Action Plan and collaborative work with NTPF

For 2020, HSE is developing targeted initiatives in five specialties mainly focused on increased community supports that will reduce reliance on requirement to access acute services. These are Dermatology, Ophthalmology, Otolaryngology (ENT), Orthopaedics and Urology. At the end of December 2019, patients waiting for appointments for these specialities accounted for 44.3% of all Outpatient Waiting List.

Cancer Services

Symptomatic Breast Cancer Clinics

Four Symptomatic Breast Cancer Clinics exceeded the National Service Plan 2019 target where 95% patients that were triaged as urgent were seen within two weeks of referral:

- St Vincent's University Hospital – 100%
- Beaumont Hospital – 100%
- Galway University Hospital – 100%
- Letterkenny University Hospital – 100%

One hospital was close to the target:

- University Hospital Limerick – 92.1%

Four hospitals were below the target:

- St James's Hospital – 28.6%
- University Hospital Waterford – 76.6%
- Cork University Hospital – 30.4%
- Mater Misericordiae University Hospital – 33.7%

Rapid Access Clinics for Lung Cancer Services

Five Rapid Access Clinics for lung cancer exceeded the National Service Plan 2019 target where 95% of patients were offered an appointment within 10 working days of receipt of referral.

Five hospitals achieved compliance with the target of 95%:

- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- Mater Misericordiae University Hospital – 100.0%
- University Hospital Waterford – 95.7%
- St James's Hospital – 100.0%

Three hospitals were below the target:

- University Hospital Limerick – 38.5%
- Cork University Hospital – 83.3%
- Galway University Hospitals – 88.1%

Rapid Access Clinic for Prostate Cancer Services

Three Rapid Access Clinics for prostate cancer exceeded the National Service Plan 2019 target where 90% patients were offered an appointment within 20 working days of receipt of referral.

Three hospitals delivered 100% compliance:

- St Vincent's University Hospital – 100%
- Beaumont Hospital - 100%
- Mater Misericordiae University Hospital – 92.9%

Five hospitals were below target:

- St James's Hospital – 34.8%
- Galway University Hospitals – 32.2%
- Cork University Hospital – 17.8%
- University Hospital Waterford – 8.3%
- University Hospital Limerick – 53.3%

Radiotherapy

Two of the five radiotherapy centres complied with the NSP 2019 target that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat. The Mid-Western Radiation Oncology Centre, Limerick, and UPMC, Whitfield, Waterford complied with the target in December. Galway University Hospitals were marginally behind target at 86.5%.

Performance and Accountability Framework

A number of areas were escalated under the Performance and Accountability Framework and were subject to review by NPOG

St James's Hospital Cancer Rapid Access Services

The Dublin Midlands Hospital Group issued a Performance Notice to St James's Hospital in October 2018 having regard to its non-compliance with the access targets for referrals to the symptomatic breast cancer clinic and the BowelScreen service.

St. James's Hospital Breast Cancer Rapid Access Service

The Hospital implemented an agreed improvement plan and reported full compliance with the access target for urgent Breast referrals in Quarter 4 2018. However, performance deteriorated in the early part of 2019 and remains below target. Arising from escalation at NPOG, it was agreed that National Cancer Control Programme and Acute Operations would convene escalation meetings with St James's Hospital and the Dublin Midlands Hospital Group to agree an improvement plan and trajectory. The first of these meetings was held in July.

Following these meetings, the Hospital and the Group were required to attend NPOG meeting of 01st October to agree a sustainable improvement plan and trajectory. This was submitted to NPOG. The hospital remains in Level 3 escalation pending delivery of full compliance. The hospital's end of year report to NPOG confirms that it is implementing the agreed measures to deliver full compliance.

St James's Hospital Prostate Cancer Rapid Access Service

In relation to the Prostate Cancer Rapid Access Service, the deterioration in performance in 2019 resulted in escalation of St James's Hospital under the Performance and Accountability Framework. Escalation meetings were convened with the Dublin Midlands Hospital Group in July and in August with a requirement for them to agree and oversee an improvement plan for Prostate Cancer. Given the sustained challenges, the Group and Hospital were required to attend the NPOG meeting in October 2019.

The overall improvement between June and August was noted. As a result of the slight deterioration in performance in September and the fact that the hospital remains below the agreed compliance target, it was agreed that it would remain at Level 3 Escalation for a further period.

Arising from the meeting with NPOG in October 2019, the Group has submitted NPOG its end of year progress report on the areas of escalation. The Prostate Cancer Rapid Access Service at St James's Hospital was 100% compliant in November. Its performance deteriorated in December 2019 due to annual leave issues. The hospital end of year report confirms its commitment to deliver on the agreed improvements.

St James's Hospital BowelScreen Service

It should be noted that the Group has removed the Performance Notice for Bowel Screen as a result of continued compliance with the BowelScreen targets.

Cork University Hospital – Cancer Rapid Access Services
Breast and Prostate Cancer Rapid Access Services

Arising from the August escalation meeting with the Group, the hospital and the Chief Clinical Officer, the improvements in performance for the breast and prostate cancer Group were noted. The hospital has set out its proposals to enable full compliance on an on-going, sustained basis and maintained in Breast and Prostate Cancer. The issues in relation to annual leave for September were noted but the hospital was asked to address the scheduling of annual leave in line with the NCCP Improvement Plan recommendations.

In relation to Lung Cancer, it is noted that Cork University Hospital carries out an MRI test prior to the Rapid Access Clinic which affects performance against the KPI. NCCP continues to oversee this to ensure patient access timeframes are met.

Waterford University Hospital Cancer Rapid Access Services
Prostate Cancer Rapid Access Service

As a result of continued non -compliance with the access target, the Hospital was asked to set out its proposals for an improvement plan and trajectory. The hospital set out the key causal factors in its response at the end of June 2019. A performance improvement plan was requested and received.

Healthcare Associated Infections (HCAI)

There were 32 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 83 cases of Clostridium Difficile associated diarrhoea reported by hospitals in December.

It is important to acknowledge that national averages and uniform targets do not take full account of extreme variation in the case mix of hospitals. One might expect for example that there is a greater intrinsic risk of hospital acquired Staphylococcus Aureus blood stream infection in level 4 hospitals that provide care for the most complex and vulnerable patients. Adjustments based on bed

days therefore do not fully account for variations between hospitals. It is important therefore to consider results for each Hospital Group and each hospital in the context of its own baseline and to consider that some month to month variation is to be expected.

There were 55 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in December. In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHET). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

National Ambulance Service
- Activity volume for AS1[6] and AS2[7] calls received this month has increased by 3,080 calls (10%) since the same month last year (December 2018)
- The daily average call rate for AS1 and AS2 calls received this month was 1,089. (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 below target at 76% this month. This is 3% on last month i.e. November 2019
- ECHO calls increased by 18% (99) 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 49% this month. This shows a decrease of 4% compared to last month, November 2019.
- Nationally there was a 10% increase (1,327 calls) in DELTA call activity compared to the same month last year.
- 88% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Continuous monitoring of Emergency Departments' turnaround times is displaying a negative in relation to releasing ambulances, and a downward

trajectory is noted. As a result there is pressure in achieving response time targets, which can compromise patient care and service delivery.
- 34% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 43% of vehicles being released within 30 minutes or less last year (December 2018).
- 80% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 88% of vehicles being released within 60 minutes or less last year (December 2018).
- There is a noticeable decline in the ability to turn around ambulances from hospitals within both the 30 and 60 minutes. This is being closely monitored and reported on and is having a negative impact on response times nationally.

Review of ambulance turnaround times
- Review in Letterkenny arising from the coroner recommendations
- Review with SSW, Acute Operations and Ambulance Service of ambulance response times in SSW hospitals.

Human Resources
The 2019 WTE limits were notified to the Hospital Groups. A core principle of the approach in 2019 is the primacy of pay and overall budget over any WTE value. Therefore, the affordability assessment and resultant approach to budget setting requires an appropriate budget to be in place for both agency and overtime with the WTE limit used as a control indicator.

The initial limit for Acute Hospitals based on an affordability assessment at the start of the year, including ambulance services is 60,450. This limit excludes these WTEs associated with new developments in 2019. The revised limit as of December 2019 is 61,513, Based on the December WTE Report, Acute Hospitals including Ambulance Services reported 61,997 WTEs.

Hospital Groups were requested to implement interim controls to manage WTE and pay expenditure levels. This includes the management of any risk associated with the additional controls including the re-prioritisation of existing staff resource as necessary.

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

In December 2019, the number of WTE in Acute Hospitals (including National Ambulance Service) increased by 135 (excluding pre registration nurses).

Examination of the WTE movement shows growth in the following:
- Increase of 26 WTEs - approved service developments
- Increase of 20 WTEs - agency conversions
- Increase of 71 due to unavoidable starter/ returns- return from unpaid leave, maternity and sick leave
- 18 Approved posts under the control process

National Services

National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	🟢	**99.8%**	99.8%	0%	99.9%	99.9%	99.8%
Number of persons covered by Medical Cards	1,541,667 YTD/ 1,541,667 FYT	M	🟢	**1,544,374**	1,565,049	-20,675	1,551,750	1,549,432	1,544,374
Number of persons covered by GP Visit Cards	528,079 YTD/ 528,079 FYT	M	🟢	**524,494**	503,329	+21,165	522,525	524,298	524,494
Number of initial tobacco sales to minors test purchase inspections carried out	384 YTD/ 384 FYT	Q	🟢	**391**	390	+1	146	161	46
Number of official food control planned, and planned surveillance inspections of food businesses	33,000 YTD/ 33,000 FYT	Q	🟡	**31,108**	32,252	-1,144	7,604	7,978	8,851

Medical card turnaround within 15 days
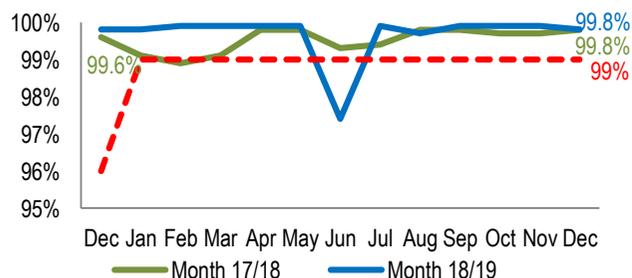
Number of persons covered by GP Visit cards
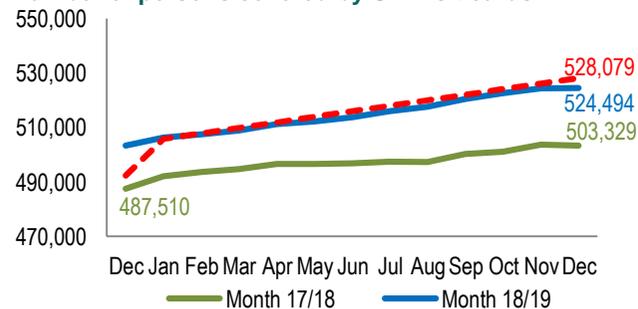
Number of persons covered by Medical Card
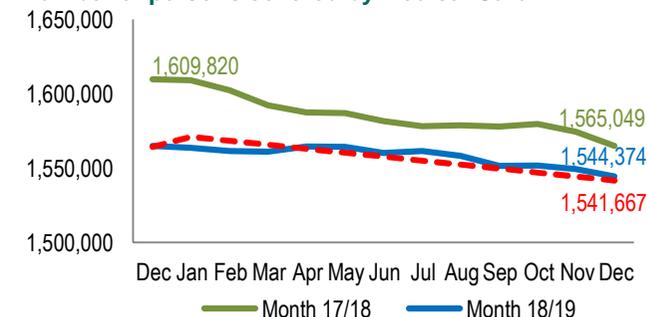
Number of initial tobacco sales to minors
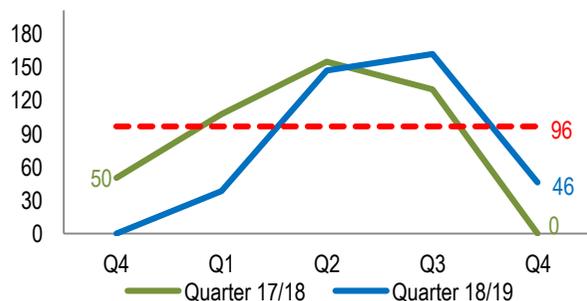
Number of inspections of food businesses
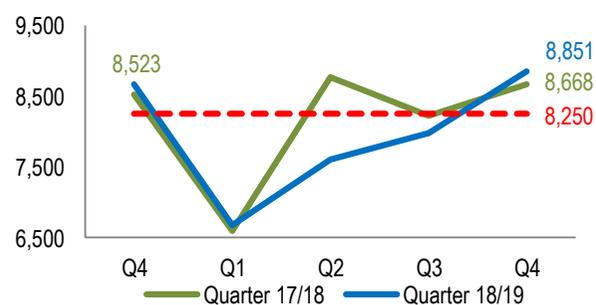
National Services Update

PCRS

The number of people who held Medical Card eligibility on 31 Dec 2019 was 1,544,374, a decrease of 5,058 on the previous month. The total number of persons with eligibility for a GP Visit Card on 31 Dec 2019 was 524,494, an increase of 196 on the previous month. As at 31 Dec 2019, 2,068,868 or 42.6% of the population had Medical Card or GP Visit Card eligibility, an overall decrease of 4,862 on the previous month.

There was a notable reduction in the number of people holding MC eligibility in Dec. This is reflective of the increased number of reviews sent in September in respect of cards expiring at the end of the year, plus the fact that there were less new cards issued in December than previous months.

Overall for 2019, there were 20,675 less MC and 21,165 more GPVC, representing an increase of 490 in overall eligibility numbers for the year.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 31108 Planned and Planned Surveillance Inspections were carried out by the end of Q4. This represents 94.3% of yearly target. Of those Planned and Planned Surveillance inspections, 21% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory)

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 391 initial tobacco sales to minors test purchase inspections were completed by end of Q4 which is 1.8% above annual target of 384Test Purchase Inspections. Increased activity completed during summer months due to availability of minors.

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. 96% of relevant consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q4. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

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.

97% of all complaints received by the EHS by the end of Q4 were risk assessed within 1 working day which is above target of 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.

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. By the end of Q4, 2377 drinking water samples were taken to assess compliance which is 97% of the target. Non achievement of the target was due to plants being offline and not fluoridating which is outside of the control of the HSE.

242 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is 100% of target.

32 Mystery Shopper Inspection to Sunbed Establishments were completed to end of Q4 which is 100% of target.

32 Sunbed Test Purchases to Sunbed Establishments were completed to end of Q4 which is 100% of target.

40 inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed which is 100% of target.

In general, considerable focus continued to be applied to Brexit preparation during Quarters 1-4 and this has impacted on performance.

Emergency Management

The HSE Emergency Management function (EM) assists leaders and managers across all levels of the HSE to generate resilience in the face of identified risks that threaten to disrupt the provision of Health Services.

Mass Casualty Incident (MCI) working group

HSE EM co-chairs this group along with the National Clinical Advisor for Acute hospitals. An MCI clinical advisor has been appointed and is working with acute operations in relation to MCI procurement, patient pathways and exercises.

Severe Weather Checklist and Associated Guidance

The revised HSE Severe weather guidance has been finalised and is updated on the HSE website. A broadcast message has also been circulated. Emergency Management is currently preparing the HSE section of the 'Be Summer Ready' campaign.

Emerging Viral Threats group

Both development and inter-operability work continues on the Repatriation protocol sub-protocols which are required in the event of a need to repatriate an Irish Citizen with confirmed Ebola Virus Disease from abroad. Medevac planning continues through participation in the European Civil Protection Mechanism Medevac planning task team and through National work with other Government departments and agencies. High consequence infectious disease planning in line with ECDC guidance initiated. A staff member attended WHO Emergency Medical team coordinator training following an invitation from DG ECHO in Brussels in December.

CBRN

The CBRN needs analysis has been completed and HSE EM continues to seek a date to brief the Senior Operations Team on its findings.

Engagement with the Principal Response Agencies (PRA's)

HSE EM continues to engage with a range of bodies through the structures established under a Framework for Major Emergency Management. HSE EM attended the Government Taskforce on Emergency Planning on December 11th 2019.

Crowd Events

HSE EM continues to meet its legislative requirement under the planning and development act for licenced Crowd Events (both Licenced and Unlicensed). There were 5 licenced large crowd events held nationally in the month of December.

Seveso

HSE EM continued to meet its legislative requirements under The Control of Major Accident Hazards Regulations 2015 (known as "Seveso"). The Local Competent Authorities of which the HSE is one, have reviewed and exercised the external emergency plan for 15 upper tier sites in 2019. The final exercise for 2019 took place in December completing the 2019 cycle.

Trauma Review Implementation Group

HSE EM continues to engage with this group in planning for implementation of the two-major trauma centres. The International Assessment Group have submitted their recommendations to the Minister for Health for his consideration.

Brexit Oversight Group

EM continues to participate in the preparations for a Brexit Response. The HSE is engaged as part of a whole government response and management of BREXIT. HSE Brexit Risks and Issues spreadsheet to be updated in the week of 13/01/20. Brexit timelines to be amended to reflect an end date of 31 December 2020. A HSE Brexit communication will issue to all stakeholders as an update on progress towards the end of January.

EU & North South Unit

The HSE EU & North South Unit is a National Service and a key Health Service enabler. Working for the HSE across boundaries and borders, this Unit aims to contribute to the health and wellbeing of people living in the border region and beyond and to enable better access to health and social care services through cross-border, all-island working and multi-country working.

- As Brexit Co-Ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure HSE preparedness for same.
- Being both Partner and in instances, Lead Partner ensure successful implementation of the various projects under the EU Interreg VA programme with partners in NI & Scotland.
- Continue to develop practical solutions to common health challenges and develop new ways to improve health and social care services for the wellbeing of people on the island, where appropriate.
- Positively engage Government Depts., NSMC, SEUPB and other relevant Agencies on future of EU Structural funds available for health & social care services along the border.

Brexit

Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.

- Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and ongoing HSE Brexit meetings
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's
- DoH Brexit Action Plan returned for North South Unit.
- Brexit "Roadshow – CHO1, CHO 8, Saolta Executive Council, RCSI Hospital Group SMT, Letterkenny University Hospital
- Scenario Planning – CHO1, CHO 8, Ambulance Service, RCSI Hospital Group, Letterkenny University Hospital
- Second appearance as a witness before the Joint Committee on Health on Brexit preparedness with DOH in September
- Attended Brexit meeting with Sec. General in DoH as requested

- Attended meeting in DoH Belfast with DoH Dublin regarding Common Travel Area future arrangements
- Attended HSE Brexit Briefing for Suppliers
- For HSE DPO, co-ordinated HSE GDPR SCC compliance list

Cross Border Work

- Commenced work on new EU funded project (i-Simpathy) as requested by DoH.
- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Attended Steering Committee meetings of NI Graduate Entry Medical School (NIGEMS)
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as HSE is Interreg VA Lead Partner.
- As directed by DoH and DPER, continued internal HSE consultation with CHO1, CHO8, and the RCSI and Saolta Hospital Groups on possible blue-sky ideas for future rounds of EU funding.
- Attendance at Co-Sync Community Facilitator Graduation in Omagh
- Ongoing work with external CAWT Governance Consultants Board Excellence.
- Attended SEUPB Interreg VA Health and Social Care Mid-Term Conference

Next Steps & Key Outcomes – 1st Quarter 2020

- As both Partner and in instances, Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Finalise the mapping of cross border and all-island services (SLAs and MOUs) through the HSE governance structure to the DoH. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right

associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore, HSE is to seek DOH assurance of continuity of service in a no deal scenario, including Brexit-proofing of SLAs/MOUs by HSE legal services.

- As part of Brexit preparations, ensure GDPR SCC compliance list is complete as requested by HSE DPO.
- Finalise HSE's blue-sky thinking list of ideas in preparation for overlapping this list with NI blue-sky thinking, in preparation for NI and Scotland engagement to decide collectively on Peace Plus health ideas. This will lead to a submission to the Peace Plus public consultation in Q1 2020.

National Screening Service

National Screening Service

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	185,000YTD/ 185,000 FYT	M	🟠	**170,955**	170,583	+372	16,124	15,185	10,200
BreastCheck - % screening uptake rate	70%	Q-1Q	🟢	**72.5%**	74.5%	-2%	72.2%	69.3%	75.9%
CervicalCheck - number of eligible women who had screening	255,000YTD/ 255,000 FYT	M	🔴	**206,252**	339,161	-132,909	18,936	18,226	10,985
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	🟢	**79.1%**	79.5%	-0.4%	79.1%	79.1%	78.9%
BowelScreen - number of people who completed a satisfactory FIT test	125,000YTD/ 125,000 FYT	M	🟢	**122,726**	105,416	+17,310	10,408	12,884	8,090
Bowelscreen - % client uptake rate	44%YTD/ 45% FYT	Q-1Q	🟢	**42.5%**	40%	+2.5%	42.1%	44.5%	40.9%
Diabetic RetinaScreen - number of people screened	104,000YTD/ 104,000 FYT	M	🟢	**109,405**	100,000	+9,405	10,288	9,535	7,772
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	🟢	**66.6%**	63.9%	+2.7%	62.6%	66.5%	70.5%

BreastCheck-number who had a mammogram
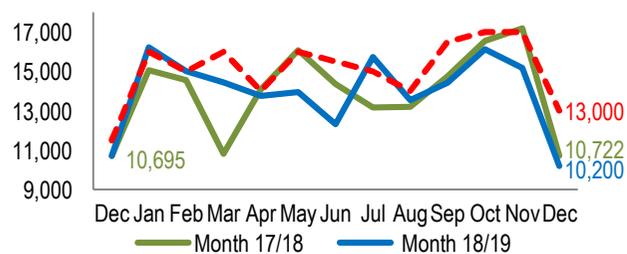
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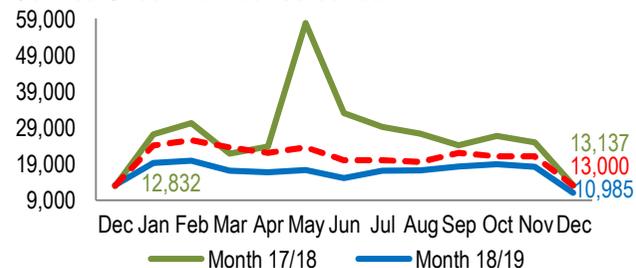
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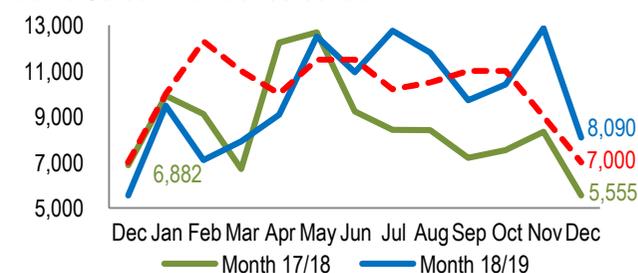
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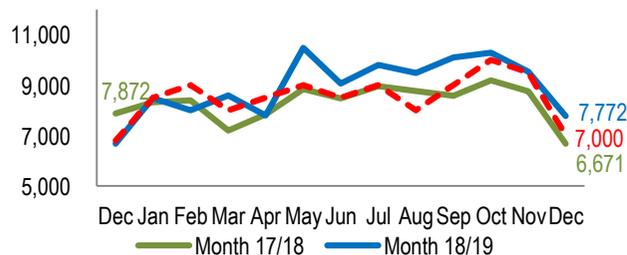
National Screening Service Update

BreastCheck

- The number of women who had a complete mammogram YTD (Jan-Dec 2019) was 170,955 which is behind the target of 185,000 by 14,045 (7.6%).
- The number of women aged 65+ who had a complete mammogram YTD (Jan-Dec 2019) was 28,631 which is behind the target of 32,500 by 11.9%.
- The uptake for Q3 was 75.9% which is ahead of the target of 70%. This is an increase of 6.6% on Q2 uptake.

The proportion of women offered an assessment appointment within 2 weeks has risen to 89.6% in Q3 which just below the target of 90%.

Recruitment of additional staff to support the age extension to women aged 65+ remains a key priority for the programme during 2019.

The proportion of women waiting > 24 months for an invitation for breast screening during 2019 has decreased. Currently 51% of eligible women aged 50-68 have been invited for breast screening within 24 months. Further efforts to reduce this over the course of the year include the hiring of additional radiography and radiology staff with a plan to hire locums pending permanent appointments. This however may not be possible due to the lack of suitable candidates for Consultant Radiology posts. There is a similar issue with available radiographers. So a solution is complex and not at all straightforward and will impact numbers screened and the backlog in BreastCheck.

While the rate of recall for assessment following mammographic screening for subsequent women remains stable the rate for initial women is high and outside target (<7%).

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period (December 2019) notified to report date was 10,985 which was behind the target of 13,000 by 15.5%.

- The number of unique women who had one or more smear tests in a primary care setting YTD (Jan-Dec 2019) was 206,252 behind the target of 255,000 by 19.1%
- Coverage at the end of Q3 was 78.9% against a target of 80%

The numbers screened are those notified by report date, the average wait for test result in December was 3.4 weeks. The increase in the number of women screened in 2018 had an impact on waiting times in colposcopy where the service remains under severe pressure, with currently 75% of women high grade outcomes being offered an appointment within 4 weeks against a target of 90%.

Planning for the implementation of the HIQA HTA on HPV testing as the primary screening tool for the detection of cervical cancer in Ireland is continuing. A Steering Committee and a project working group has been established, a project plan agreed with identified activities and tasks to be delivered in advance of full implementation. The delivery of these are to be co-ordinated by dedicated workstream leads supported by multidisciplinary teams.

BowelScreen

BowelScreen completed two years (round three) on the 31/12/2019.

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (December 2019) was 8,090 which is ahead of the target of 7,000 for the month by 15.6%.
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (Jan-Dec 2019) was 122,726 which is behind the target of 125,000 by 1.8%.
- Uptake in Q3 was 40.9%

Overall numbers are behind target for the year by 2,274 (3,364 in November).
Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was under the ≥90% target at 76.6% within 20 working days in December. Nine (nine in November) of the thirteen contracted colonoscopy centres met the expected KPI of 90% within 20 days.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period December 2019 was 7,772 which is ahead of the target of 7,000 by 772 clients (11.0%).
- The number of diabetics screened with a final grading result YTD (Jan-Dec 2019) was 109,405 which is ahead of the target of 104,000 by 5,405 (5.2%)
- Uptake in Q3 was 70.5% ahead of the target of 68% and an increase of 4% on Q2

Screening numbers are exceeded the target for the year by 5.2%.

Waiting times for routine retinopathy referrals continue to be outside target in certain treatment clinics.

CUH; the programme is working closely with the hospital to ensure plans are put in place in order that patients are seen within agreed referral timeframes. For example; a private provider is seeing the NDED referrals, patients in excess of one year on the CUH waiting list had the option to be rescreened. CUH management have given patients wating in excess of one year with Diabetic Retinopathy an option to attend an external provider for their first treatment visit.

MMUH has reduced its backlog significantly, however the NDED cohort of patients continues to be outsourced to a private provider and requires ongoing management and monitoring.

The Digital Surveillance screening pathway has commenced nationally.

Finance

Introduction

The HSE is required to use the resources available to it to deliver the type and volume of services provided for in the national service plan (NSP) while prioritising improving the health of the population through promoting wellness and the provision of safe health and social care services for the citizens of Ireland. 2019 was a year of continued challenges for the HSE driven by the complexities of on-going demand for services in our acute, community and social care services, however despite the challenges faced by the HSE, progress is being made in key areas, which will bring real benefits to our patients and service users.

In 2019, a core assumption in the financial management and planning process with service providers during the year was that any excess costs incurred above budgets would have to be dealt with by the relevant community health organisation (CHO), hospital group or voluntary organisation. Therefore, all senior managers were requested to tighten financial and staffing controls. There was an enhanced focus on financial management, and better controls on the management of agency, overtime and overall staffing levels and pay costs within affordable limits. A similar level of focus on financial management and planning, managing the balance between providing access to high quality care and remaining within budget, is a key aspect of the role of health managers and will be maintained, and where necessary, strengthened in 2020.

This focus on delivering the activity, access, improvement and other targets set out in the NSP, within the affordable staffing level and without exceeding the overall budget, reflects the HSE's legal obligation and is also consistent with the need to build trust and confidence in the organisation.

Since the early part of 2020, the population of Ireland, and indeed the world, have been experiencing the impact of the Coronavirus pandemic, or Covid-19 as it has been designated by the WHO. The HSE's current priority is to continue to implement measures to reduce the spread of this disease. The HSE has clearly flagged that it will not be possible to deliver on many of the savings measures set out in NSP 2020. This is due to the need to maintain all existing capacity, open additional capacity as part of that response and the need to divert management attention to operationalising the Covid-19 response. Preliminary work is underway

in terms of planning for any gradual return to more essential elements of "business as usual" however this cannot detract from our efforts to manage the Covid-19 pandemic.

At the start of 2019, via the NSP, the HSE received revenue funding of €16.1 billion for the provision of health and social care services. This represented an increase of circa €0.8 billion or 5.4% over the 2018 final allocation. By the end of 2019 the total revenue budget was €16.5 billion, which included the allocation of once-off net additional funding of €426m (see table 1 below). Overall this represented an increase of circa €1.2 billion or an 8.2% increase over the 2018 final allocation.

Table 1: 2019 Net Additional Funding

2019 Budget	€m
2019 NSP	16,050.1
Community Mental Health Fund Initiative	(3.0)
DoH Vote (additional released during the year)	10.0
Care Redesign (reverted back DoH)	(12.0)
Vote Provision Before Supplementary	**16,045.0**
2019 Final LoD	16,471.0
Net Additional Funding (once-off)	**426.0**

Overall Financial Performance 2019

The HSE had expenditure of €16,414.2 billion against a budget of €16,471.0 billion for 2019 leading to a year-end surplus of (€56.8m) or (0.3%), which arose primarily as a result of one-off funding measures and savings that are not expected to be replicated in 2020. There is a year-end surplus within operational services of (€28.4m) or (0.2%). This includes a net deficit of €38.8m in acute operations or 0.7% and a surplus in community services of (€16.3m) or (0.3%). Within the demand led areas, pensions have a year-end deficit of €3.6m, the primary care reimbursement service has a year-end surplus of (€13.2m) while the state claims agency and treatment abroad/cross border directive/EHIC have year-end variances of €1.7m and (€18.6m) respectively.

In line with the Health Act 2014 (as amended), provision must be made in the subsequent financial year for the statutory part of any year-end deficit/surplus. The €149.4m 2018 1st charge in table 2 below is the 2018 incoming statutory 1st charge related to HSE directly provided services which was dealt with in 2019. Similarly, the 2019 incoming statutory 1st surplus of (€56.8m) will be carried forward into 2020.

Table 2: Overall Performance by Care Area

December 2019	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
Acute Operations	**5,670.5**	**54.9**	**5,654.4**	**5,709.3**	**5,670.5**	**38.8**	**0.7%**
Community Total (CHO & Regional/National)	**6,016.2**	**(10.4)**	**6,010.3**	**5,999.9**	**6,016.2**	**(16.3)**	**-0.3%**
Clinical Design & Innovation	9.8	(7.2)	7.5	0.3	9.8	(9.5)	-96.6%
Office of Nursing & Midwifery Services	34.0	0.0	31.0	31.0	34.0	(3.1)	-9.0%
Quality Assurance & Verification	6.1	(0.5)	5.2	4.7	6.1	(1.5)	-23.9%
Quality Improvement Division	9.6	(1.0)	9.6	8.6	9.6	(1.1)	-11.0%
National Doctors Training & Planning	16.7	5.4	26.6	32.0	16.7	15.3	92.0%
National Cancer Control Programme (NCCP)	6.5	0.9	5.5	6.5	6.5	(0.0)	-0.2%
Chief Clinical Office Total	**82.8**	**(2.3)**	**85.4**	**83.0**	**82.8**	**0.2**	**0.3%**
National Screening Service	81.0	4.2	77.8	82.0	81.0	1.0	1.3%
Health & Wellbeing Division	115.4	(5.4)	111.1	105.7	115.4	(9.7)	-8.4%
Environmental Health	49.0	0.3	47.7	48.1	49.0	(0.9)	-1.9%
Emergency Management	1.9	0.0	1.9	2.0	1.9	0.1	4.3%

December 2019	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
National Services Total	**50.9**	**0.4**	**49.7**	**50.0**	**50.9**	**(0.8)**	**-1.6%**
Support Services	290.9	(5.1)	254.3	249.2	290.9	(41.7)	-14.3%
Other Operations/Services	**620.9**	**(8.2)**	**578.2**	**570.0**	**620.9**	**(50.9)**	**-8.2%**
Total Operational Service Areas	**12,307.5**	**36.3**	**12,242.9**	**12,279.2**	**12,307.5**	**(28.4)**	**-0.2%**
Pensions	536.5	24.8	515.2	540.0	536.5	3.6	0.7%
State Claims Agency	390.0	(1.3)	393.0	391.7	390.0	1.7	0.4%
Primary Care Reimbursement Service	2,888.0	76.7	2,798.0	2,874.8	2,888.0	(13.2)	-0.5%
Demand Led Local Schemes	262.8	0.6	269.4	270.0	262.8	7.2	2.7%
Treatment Abroad and Cross Border Healthcare	55.9	7.8	33.8	41.6	55.9	(14.3)	-25.6%
EHIC (European Health Insurance Card)	21.2	4.4	12.5	16.9	21.2	(4.3)	-20.1%
Total Pensions & Demand Led Areas	**4,154.3**	**113.1**	**4,021.9**	**4,135.0**	**4,154.3**	**(19.3)**	**-0.5%**
Winter Plan	9.1	0.0	-	0.0	9.1	(9.1)	-100.0%
Overall Total	**16,471.0**	**149.4**	**16,264.8**	**16,414.2**	**16,471.0**	**(56.8)**	**-0.3%**

The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2019 for the HSE's directly provided services. The 2019 first surplus of (€56.8m) in table 2 can be related to the 2019 final AFS figure of (€60.5m) as per table 3 below:

Table 3: 2019 Reconciliation of 2019 Final 1st Surplus to 2019 Final AFS

	€m
2019 Full Year Variance	(56.8)
Remove s.38 Voluntary Deficits	(12.9)
Remove s.38 Voluntary Pension Surpluses	2.3
Adjust for Consultant Contract Surplus	10.7
Adjust for Special I&E (not incl in the PR)	(1.8)
Adjust "Other Movements"	(2.0)
2019 AFS Variance	**(60.5)**

Service Areas

Table 4: Acute Operations

Acute Operations	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
RCSI Hospital Group	834.4		839.0	839.0	834.4	4.7	0.6%
Dublin-Midlands Hospital Group	987.4		994.5	994.5	987.4	7.1	0.7%
Ireland East Hospital Group	1,083.7		1,099.5	1,099.5	1,083.7	15.8	1.5%
South-South West Hospital Group	926.9		931.1	931.1	926.9	4.2	0.5%
Saolta University Health Care Group	866.3		876.4	876.4	866.3	10.2	1.2%
University of Limerick Hospital Group	367.7		370.3	370.3	367.7	2.6	0.7%
Children's Health Ireland	346.7		347.8	347.8	346.7	1.1	0.3%

Acute Operations	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
Regional and National Services	86.7	53.6	24.5	78.1	86.7	(8.6)	-9.9%
Total excluding National Ambulance Service	5,499.8	53.6	5,483.2	5,536.8	5,499.8	37.0	0.7%
National Ambulance Service	170.7	1.3	171.2	172.5	170.7	1.8	1.0%
Acute Operations Total	**5,670.5**	**54.9**	**5,654.4**	**5,709.3**	**5,670.5**	**38.8**	**0.7%**

Acute operations has year-end expenditure of €5,709.3m (after account is taken of an incoming first charge of (€54.9m) against a budget of €5,670.5m, which is inclusive of any supplementary funding received, leading to a year-end first charge into 2020 of €38.8m (0.7%). €37m of the year-end first charge arises within the acute hospital care division. The national ambulance service (NAS) has a year-end first charge of €1.8m. The performance by hospital group is illustrated in table 4 above.

Operational service pressures drove increased clinical non pay costs, particularly drugs and laboratory. Other non-pay cost pressures include cleaning and maintenance, which are related to increased infection control and compliance requirements. From an income perspective, the continued reduction in receipts from hospital private maintenance charges continues to be a challenge.

Acute services are provided for adults and children within six hospital groups, Children's Health Ireland and the NAS. These services include scheduled care (planned care), unscheduled care (unplanned / emergency care), diagnostics, cancer treatment, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS. Acute hospitals continually work to improve access to healthcare, whilst striving to ensure that quality and patient safety issues - including the management of infection - are prioritised within allocated budgets. The six hospital groups provide the structure to deliver

an integrated hospital network of acute care to the adult population in each geographic area. Children's Health Ireland provides paediatric services in the greater Dublin area and incorporates the National Paediatric Hospital Development Board which is responsible for overseeing the building of the new children's hospital.

The Health (Regulation of Termination of Pregnancy) Act 2018, which was signed into law in 2018, broadens the circumstances in which termination of pregnancy may be legally permitted in Ireland and the service, which went live on 1 January 2019, is now provided in acute care services and community across the country.

The volume of In-patient activity was marginally below the target set out in NSP 2019 (0.1%), although overall complexity was slightly higher than planned (0.2%). Daycase activity exceeded the targets set out in NSP 2019, in terms of both activity volume and overall complexity (3.5% and 4.3% respectively). Out-patient activity was also ahead of NSP 2019 target (0.4%). The higher than expected operational costs experienced is a direct consequence of this level of service delivery.

The total number of people waiting for an inpatient or day case appointment fell in 2019, notwithstanding the impact of four strike days resulting in a loss of over 9,500 cases. Our outpatient waiting lists remains a significant challenge. The total number of people waiting for a first outpatient appointment increased during 2019. Again, the impact of the strike was significant, resulting in a loss of 45,000 outpatient appointments. The HSE and NTPF continue to focus on both the total number of waiters and the longest waiters and will seek in 2020 to agree individual assessment and, as appropriate, associated treatment plans for patients within the public system or externally where appropriate.

Table 5: Community Services

Community	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
Primary Care Division Total	1,146.9	(1.8)	1,134.8	1,133.0	1,146.9	(13.9)	-1.2%
Mental Health Division - Total	986.1	(0.0)	986.8	986.8	986.1	0.7	0.1%
Older Persons Services Total	889.5	(5.1)	889.2	884.1	889.5	(5.4)	-0.6%
Nursing Home Support Scheme Total	989.9	(0.8)	986.2	985.4	989.9	(4.4)	-0.4%
Older Persons Services Division - Total	**1,879.4**	**(5.9)**	**1,875.4**	**1,869.6**	**1,879.4**	**(9.8)**	**-0.5%**
Disability Services - Total	1,983.3	(4.5)	1,992.6	1,988.1	1,983.3	4.8	0.2%
CHO HQs & Community Services - Total	20.4	1.8	20.6	22.4	20.4	2.0	9.8%
Community Total	**6,016.2**	**(10.4)**	**6,010.3**	**5,999.9**	**6,016.2**	**(16.3)**	**-0.3%**

Community services has year-end expenditure of €5,999.9m (after account is taken of an incoming first surplus of (€10.4m)) against a budget of €6,016.2m, which is inclusive of any supplementary funding received, leading to a year-end first surplus into 2020 of (€16.3m) (-0.3%). The performance by care area is illustrated in table 5 above.

Community healthcare services are currently delivered across nine Community Healthcare Organisations (CHOs). Community healthcare services include primary care, social inclusion, disability services, mental health, older persons' services and palliative care services, and are provided for children and adults. Services are provided through primary care teams and Community Healthcare Networks (CHNs).

There have been significant cost pressures within our community services in recent years; therefore managing the year on year growth in demand for community-based services remained a key challenge in 2019.

Primary Care Division

Core operational services within primary care, social inclusion and palliative care (excluding PCRS & demand led local schemes) has year-end expenditure of €1,133.0m (after account is taken of an incoming first surplus of (€1.8m)) against a budget of €1,146.9m leading to a year-end first surplus into 2020 of (€13.9m) (-1.2%), mostly attributable to once off time related savings relating to the delay / deferral of staff recruitment.

In relation to service delivery there were a number of improvements and developments progressed in 2019, these include;
- Access to occupational therapy, podiatry, ophthalmology, oral health and orthodontic services improved.
- Nine CHNs learning sites were agreed & staff recruited: development of these sites will inform the future roll out of the 96 CHNs across the 9 CHOs. CHNs will enable a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports.
- Termination of Pregnancy Services.
- Building capacity in general practice: agreement on GP contractual reform, and modernisation measures including the areas of eHealth, medicines management and multidisciplinary working.
- Roll out of the National Dental Record and Information system was completed.
- Hepatitis C: six new community treatment sites were developed.
- Initiatives to improve health outcomes for the most vulnerable in society: Addiction services, Homeless services and the Traveller, refugee, asylum seeker and Roma communities.

Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. Of the 341 prioritised locations identified in 2012, 129 are operational at the end of 2019 with 74 in the process of development. Whilst the opening of these primary cares centres over recent years have placed additional pressure on the primary care operational cost base, these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care.

Mental Health Division

Mental Health (MH) has year-end expenditure of €986.8m against a budget of €986.1m leading to a year-end first charge into 2020 of €0.7m (0.1%).

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHs, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds, opening in 2020.

In relation to service delivery there were a number of improvements and developments progressed in 2019, these include;
- A new 24-hour free phone service which provides information on how to access services was launched.
- A new text-based active listening service, Crisis Text Line, is being established for people who are feeling suicidal or facing a mental health crisis. In 2019, 255 volunteers were trained and there were 3,300 engagements with service users.
- €6m of investment in service infrastructure.
- The advancement of the new National Forensic Mental Health Services capital project.
- The commencement of agreed eMental Health digital responses.
- Specialist rehabilitation unit fully operational with access to 27 beds.
- Further progression of clinical programmes.
- Further enhance the community mental health team capacity in line with the recommendations of a refresh of A Vision for Change.

- The process of recruiting 10 CAMHs advanced nurse practitioners commenced.

Notwithstanding the above developments MH also have a number of financial challenges, namely a high level of agency & overtime due to reduced ability to recruit staff into available posts, and an increasing level of high cost residential placements with external private providers. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients and capacity constraints within the public system.

Social Care – comprising Disability Services and Older Persons Services

The challenge in 2019 for the social care services was to continue to meet the rising demand for services as a result of an aging population with a longer life expectancy. The change in demographics in Ireland has meant that the Health Service has to adapt to the changing needs of its service users and patients including providing services for an increasing number of older people presenting with complex health challenges such as disabilities, cognitive loss and chronic disease.

Older Persons Services

Older persons services, including NHSS, has year-end expenditure of €1,869.6m (after account is taken of an incoming first surplus of (€5.9m)) against a budget of €1,879.4m leading to a year-end first surplus into 2020 of (€9.8m) (-0.5%).

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 2019. The largest increase in Ireland's population is in the age range of 65 and over, presenting a particular challenge for serving a growing, ageing and increasingly diverse population with more complex service needs. Older persons services provide a wide range of services including home supports, community supports, intermediate care (both residential and in the home), as well as short stay and long stay care when remaining at home is no longer feasible (Nursing Homes Support Scheme). This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

In relation to service delivery there were a number of improvements and developments progressed in 2019, these include;

- As part of winter planning, an additional 410,000 home support hours were provided to enhance service delivery during the winter months (including 550 home support packages).
- Through the transitional care scheme 11,094 people were supported to move from acute hospitals to private nursing homes while waiting for their NHSS application to be finalised or for a period of convalescence of up to four weeks to support their return home.
- The design and development of a statutory home support scheme and regulation was established and work is being progressed (jointly with DoH).
- Implementation of the Integrated Care Programme for Older People.
- Implementation of the National Carers' Strategy.
- Implementation of the interRAI Ireland System, a system which provides a comprehensive assessment of an individual's healthcare needs to support personalised care planning.
- Improving services and supports for people with dementia.

Disability Services

Disability Services has year-end expenditure of €1,988.1m (after account is taken of an incoming first surplus of (€4.5m)) against a budget of €1,983.3m, which is inclusive of any supplementary funding received, leading to a year-end first charge of into 2020 of €4.8m (0.2%).

Disability services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistants, home support, multi-disciplinary and other community supports. The costs of providing residential care to people with an intellectual disability, including the provision of emergency placements, where individual placements can cost up to €0.5m, continued to be a significant financial pressure for this service area in 2019. The cost is primarily driven by the clients need and the complexity of each individual case presenting. Another significant increased spend in 2019 related to the cost associated with home support hours compared to other years in order to mitigate high cost residential placements.

In relation to service delivery there were a number of improvements and developments progressed in 2019, these include;

- Time to move on from congregated settings – A Strategy for Community Inclusion: In 2019, 103 people transitioned from institutional settings to residential homes with on-going support in their community.
- New Directions – improving day services to enable people to have choice and options about how they live their lives and how they spend their time. Additional new service development funding of €12m benefited 1,416 school leavers and those leaving rehabilitation training in 2019.
- Services for children and young people ensuring one clear pathway of services: 90 additional therapy posts were put in place to support assessment of need services.
- Respite support for those with disabilities and their families: During 2019 additional facilities opened across the CHOs providing 12 new houses, resulting in an additional 6,455 bed nights delivered to 763 people.
- Neuro-Rehabilitation Strategy.
- Implementing the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders.
- Improved compliance with regulations following HIQA inspections.

Work continues in order to bring greater transparency and comparability to the underlying unit costs associated with staffing and other inputs, particularly within higher cost residential provision. This is necessary to ensure the maximum number of service users in need of residential care can be appropriately supported within the limits of the funding available.

Chief Clinical Office
Chief Clinical Office (CCO) has year-end expenditure of €83.0m (after account is taken of an incoming first surplus of (€2.3m)) against a budget of €82.8m leading to a year-end first charge into 2020 of €0.2m (0.3%).

A key function of the CCO is to connect, align and integrate clinical leadership across the HSE, by supporting and further initiating programmes of work across the following 3 key pillar areas:

- Strengthen clinical leadership and expertise,
- Develop and nurture collaboration with patients and service users,
- Improve and assure safety and improve the patient and service user experience.

These areas are managed across a number of divisions within the remit of the CCO including: clinical design and innovation (CDI), office of nursing & midwifery services (OMNSD), quality assurance & verification (QAV), quality improvement division (QID), national doctors training & planning (NDTP), and the national cancer control programme (NCCP).

NDTP has three key domains under its remit: medical education and training, medical workforce planning, and the consultant approval process. The combined objective of the three core functions of NDTP is to ensure that the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care.

The NCCP manages, organises and delivers cancer control on a whole population basis. Its aims are to reduce cancer incidence; treat cancer, to reduce cancer mortality and morbidity; and to improve the quality of life of people living with cancer.

National Screening Service
National Screening Service (NSS) has year-end expenditure of €82.0m (after account is taken of an incoming first charge of €4.2m) against a budget of €81.0m leading to year-end first charge into 2020 of €1.0m (1.3%).

The NSS provides population-based screening programmes for BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

Health & Wellbeing

Health & Wellbeing (H&W) has year-end expenditure of €105.7m (after account is taken of an incoming surplus of (€5.4m)) against a budget of €115.4m leading to a year-end first surplus into 2020 of (€9.7m) (-8.4%).

H&W support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within H&W support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population.

National Services

The Environmental Health Service (EHS) has year-end expenditure of €48.1m (after account is taken of an incoming first charge of €0.3m) against a budget of €49.0m leading to a year-end first surplus into 2020 of (€0.9m) (-1.9%).

The EHS plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water.

Emergency Management (EM) has year-end expenditure of €2.0m (after account is taken of an incoming first charge of €0.01m) against a budget of €1.9m leading to a year-end first charge into 2020 of €0.1m (4.3%).

EM assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation. It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.

Table 6: Support Services

Support Services	Approved Allocation	2018 1st Charge / 1st Surplus	YTD Actual	Total Expenditure (incl 1st Charge/ Surplus c/f into 2019)	YTD Budget	YTD Variance	YTD Variance
	€m	€m	€m	€m	€m	€m	%
Health Business Services	140.6	2.6	139.0	141.6	140.6	1.0	0.7%
Finance	41.5	(11.6)	38.6	27.1	41.5	(14.4)	-34.7%
Human Resources	45.0	1.9	41.5	43.3	45.0	(1.7)	-3.7%
Board of the HSE & Office of the CEO	4.0	0.0	3.0	3.0	4.0	(1.0)	-24.8%
Health System Reform	9.5	0.3	7.5	7.8	9.5	(1.8)	-18.3%
Legal Services	17.7	0.4	18.1	18.5	17.7	0.7	4.0%
Office of the COO & Office of the CSO	8.5	(2.9)	7.5	4.6	8.5	(4.0)	-46.3%
Compliance	1.3	(0.5)	0.8	0.3	1.3	(1.1)	-80.0%
Communications	14.8	1.1	15.1	16.2	14.8	1.4	9.5%
Audit	4.3	(0.4)	3.6	3.2	4.3	(1.1)	-25.3%
Health Repayment Scheme	0.5	(0.2)	0.1	(0.0)	0.5	(0.5)	-108.0%
(0.2)Chief Information Officer	49.1	3.9	45.5	49.4	49.1	0.4	0.7%
Regi3.9onal Services	22.0	0.4	1.9	2.3	22.0	(19.7)	-89.5%
Prior Year Provisions	(68.0)	-	(68.0)	(68.0)	(68.0)	-	0.0%
Support Services Total	**290.9**	**(5.1)**	**254.3**	**249.2**	**290.9**	**(41.7)**	**-14.3%**

Support services has year-end expenditure of €249.2m (after account is taken of an incoming first surplus of (€5.1m)) against a budget of €290.9m leading to a year-end first surplus into 2020 of (€41.7m) (-14.3%). The performance by support service area is illustrated in table 6 above.

It should be noted that (€19.7m) of the year-end surplus in support services includes a surplus on the consultant contract of €10.7m and also €9.0m of funding received as part of the 2019 supplementary estimate, which when both of

these are excluded reduces the overall year-end first surplus to (€22.0m). The surplus of (€19.7m) is currently held in regional services pending decisions on its use, and will be carried forward into 2020 as part of the 2019 incoming statutory 1st surplus.

There are year-end first charges of €1.0m in health business services (HBS), €0.7m in legal services, €1.4m in communications and €0.4m in chief information officer. There are year-end first surpluses of (€14.4m) in finance, (€1.7m) in human resources and (€4.0m) in the office of the COO & office of the CSO, (€19.7m) in regional services, along with minor surpluses in other areas.

The bulk of the costs giving rise to the spend represents essential supports provided by the national functions to support direct service provision.

Demand Led Areas

Demand led areas has year-end expenditure of €4,135.0m (after account is taken of an incoming first charge of €113.1m) against a budget of €4,154.3m, which is inclusive of any supplementary funding received, leading to a year-end first surplus into 2020 of (€19.3m) (-0.5%).

Expenditure in demand led areas such as Pensions, State Claims Agency, Primary Care Reimbursement Service and Treatment Abroad/Cross Border Healthcare is driven primarily by eligibility, legislation, policy, demographic and economic factors. Accordingly it is not amendable to normal management controls in terms of seeking to limit costs to a specific budget limit. In some cases it can also be difficult to predict with accuracy in any given year and can vary from plan depending on a number of factors outside of the health services direct control.

Pensions

Pensions has year-end expenditure of €540.0m (after account is taken of an incoming first charge of €24.8m) against a budget of €536.5m, which is inclusive of any supplementary funding received, leading to a year-end first charge into 2020 of €3.5m (0.7%).

Pensions provided within the HSE and HSE funded agencies (section 38) are based on statutory schemes the rules for which are decided centrally for the public service in general. They cannot readily be controlled in terms of financial performance and can be difficult to predict. There is a strict requirement on the health service, as is the case across the public sector, to ring fence public pension related funding and costs and keep them separate from mainstream service costs. Pension costs and income are monitored carefully and reported on regularly.

State Claims Agency (SCA)

SCA has year-end expenditure of €391.7m (after account is taken of an incoming first surplus of (€1.3m)) against a budget of €390.0m, which is inclusive of any supplementary funding received, leading to a year-end first charge into 2020 of €1.7m (0.4%).

The SCA is a separate legal entity which manages and settles claims on behalf of government departments and public bodies, including the HSE. The HSE reimburses the SCA for costs arising from claims under the clinical and general indemnity schemes and had an allocated 2019 budget for this reimbursement of €390m. Precise cost prediction in this area has proven to be extremely challenging and variances have been met in recent years by way of supplementary funding at year-end. There is a significant and on-going focus on mitigating in so far as is practical the underlying risks and issues which give rise to claims.

Primary Care Reimbursement Service (PCRS)

The PCRS has year-end expenditure of €2,874.8m (after account is taken of an incoming first charge of €76.7m) against a budget of €2,888.0m, which is inclusive of any supplementary funding received, leading to a year-end first surplus into 2020 of (€13.2m) (-0.5%). This is mainly due to the demand-led nature of the services provided.

The PCRS supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or

arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and/or government policy. The PCRS continues to face significant financial challenges and increased demand for its services.

Demand Led Local Schemes

Demand led local schemes has year-end expenditure of €270.0m (after account is taken of an incoming first charge of €0.6m) against a budget of €262.8m, leading to a year-end first charge into 2020 of (€7.2m) (2.7%).

The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures.

Treatment Abroad & Cross Border Healthcare

Treatment abroad & cross border healthcare has year-end expenditure of €41.6m (after account is taken of an incoming first charge of €7.8m) against a budget of €55.9m, which is inclusive of any supplementary funding received, leading to a year-end first surplus into 2020 of (€14.3m) (-25.6%).

The treatment abroad scheme provides for the referral of patient's to another EU/EEA country or Switzerland for a treatment that is not available in Ireland. The cross border directive entitles persons ordinarily resident in Ireland who have an appropriate referral for public healthcare to opt to avail of that healthcare in another EU/EEA country or Switzerland. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes.

European Health Insurance Card (EHIC)

EHIC has year-end expenditure of €16.9m (after account is taken of an incoming first charge of €4.4m) against a budget of €21.2m, which is inclusive of any supplementary funding received, leading to a year-end first surplus into 2020 of (€4.3m) (-20.1%).

The EHIC is used for instances where you are travelling to another EU State. If you fall ill or injured during such a trip your EHIC will cover any necessary care you might need. Again, due to the demand led nature of these schemes it is difficult to predict expenditure accurately.

Conclusion

Despite the on-going challenges outlined above, during 2019 the HSE has reported progress in key service areas including:

- The NSP 2019 has over 125 priorities with 555 supporting actions across all areas of service delivery and enabling functions. 80% of those actions were on schedule to be delivered to the timeline set out in the NSP, almost 20% delayed and 1% not progressed.
- Overall activity in acute hospitals increased in 2019 over 2018 reflecting the increasing demands being placed on our services – this demand continues to grow as the population expands and ages and as technological advances facilitate new interventions in disease management.
- Development of the new children's hospital and paediatric services: In January 2019, the three children's hospitals in Dublin and the Children's Hospital Group transitioned from four separate, independently governed entities into one new single organisation, Children's Health Ireland. The new paediatric outpatient and urgent care centre at Connolly Hospital opened in July, providing a range of services and it is expected to see 17,000 patients when it is fully operational.
- 2019 Winter Plan: €26m additional investment that flowed from the Winter Plan, which supported patient flow in acute hospitals by providing additional transitional care, home support and community response services.
- Sláintecare: In 2019, the HSE worked closely with the Sláintecare Programme Implementation Office (SPIO, DoH) and wider stakeholders to play its part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. The vast majority of 2019 actions in the Sláintecare Action Plan have progressed in line with expectations, and a new multi-annual action plan is in development that aims to focus on the most fundamental reforms and support a medium-term lens to successful delivery. In 2019, Sláintecare

integration funding of approximately €20m was awarded to 91 projects from HSE or HSE funded services. This is the first year of an annual initiative with selected projects being funded for a 12-month period. The objective of the integration fund is to test and then scale projects that are capable of achieving health or service improvements at a whole population level within the areas of chronic disease management and prevention, older person's services, health promotion and moving more care to the community.

- Brexit planning: In 2019, the HSE put in place a comprehensive package of measures to mitigate against the risk of a 'no-deal' Brexit. These preparations are continuing into 2020 and we will continue to work with the DoH and partner agencies to prepare for the end of the transition period and the new deadline date of end-December 2020.

- Significant improvements have been made in relation to Antimicrobial Resistance (AMR) and infection control across the health service, including CPE screening (carbapenemase-producing enterobacterales) rolled out in acute hospitals. In 2019, the first Director of Nursing for Infection Control and Prevention for the HSE was appointed.

The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with the Sláintecare Programme and the Department of Health to deliver this change. The Sláintecare Report acknowledges that in order to achieve the best outcomes for our population, safe, quality services must be provided in an integrated way, where and when they are needed. Sláintecare sets out the vision to deliver a transformation in the way care is organised, delivered and experienced in Ireland over the next 8 to 10 years, which aims to achieve more positive experiences and better outcomes for patients, service users and local communities. The HSE is currently in the process of developing a new corporate plan, which will have a five-year focus, be aligned with Sláintecare, and will focus on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders. It is intended that the Corporate Plan will be published later in 2020.

Human Resources

Health Sector Workforce

At the end of December 2019 Health Services employment levels stand at **119,817** whole-time equivalents (WTE).

Overall headlines this month

- When compared with the **November 2019 figure (119,532 WTE)**, the change this month shows an **increase** of **+286 WTE.** *Excluding* pre-registration nursing and midwifery interns the change is **+303 WTE.** Overall this month's increase is largely attributable to the growth in nursing and midwifery (+204 WTE, Staff Nurse/Staff Midwife), likely related to the retention of graduating nurses and midwives.

- This month's growth is considerably lower than the same period last year **(+477 WTE)** albeit it is marginally higher than the 5year average of +224 WTE.

- **Year to date** growth stands at **+1,960 WTE** and is substantially **lower** compared to the same period in 2018, reported at **+3,560 WTE.** On a quarterly basis, trends show a significant decrease when compared to same period in 2018 Quarter 4 2018 (**+1,361 WTE**) while Quarter 4 2019 (**+691 WTE**).

- **Excluding** pre-registration nursing and midwifery interns, the **YTD** growth is **+1,956 WTE.** This is also significantly **lower** when compared to last years' YTD growth for December of **+3,527 WTE.**

Overarching key findings this month

- Five of the six staff categories are showing growth this month, the largest of which is Nursing & Midwifery (**+103 WTE**). The largest staff group change in nursing and midwifery this month, is seen in Staff Nurse/ Staff Midwife, (**+204 WTE**). This month's increase however, is lower than that reported in 2018 (+119 WTE).

- Of the remaining staff categories showing growth; Health & Social Care Professionals is **+78 WTE**, with Social Care +21 and H&SC other +29 WTE including +16 WTE Environmental Health Officers. Medical & Dental is reporting **+22 WTE** with Consultants continuing to show month on month growth, at **+6 WTE** this month. Patient Client Care is reporting **+85 WTE** this

month mainly due to Health Care Assistants +41 WTE and Home Help +31 WTE, with Management & Administrative **+4 WTE.** General Support is the only staff category showing a decrease this month at **– 6 WTE**.

- This month's growth is seen across all three sectors; HSE **+145 WTE (+0.02%),** Section 38 Hospitals **+42 WTE (+0.2%)** and Section 38 Voluntary Agencies **+98 WTE (+0.6%).**

- At a divisional level, Acute Services (**+136 WTE**), Community Services **(+132 WTE)** and H&WB, Corporate & National Services **(+17 WTE**) are all showing growth this month.

Operations key findings this month

Overall this month, **Acute Services** is showing an increase of **+136 WTE.** *Excluding* pre-registration nursing and midwifery interns the change is **+165 WTE**. All staff categories are showing increases this month. Nursing and Midwifery is the largest (**+64 WTE**), likely owing to the retention of graduating nurses and midwives, with a corresponding increase in staff nurse/ midwife group of **+176 WTE**. Medical & Dental is **+1 WTE**, Health & Social Care Professionals is **+26 WTE** (largely owing to Pharmacy **+7 WTE** and H&SCP trainees **+11 WTE**). Patient Client Care is **+25 WTE** (largely due to an increase in Health Care Assistants **+28 WTE**) with Management & Administrative **+7 WTE**.

- *Excluding* pre-registration nursing and midwifery interns, the overall change for Acute Services (**+165 WTE**) is **lower** than the 5year average trend for December of **+200 WTE**. Similarly, YTD growth (**+1,603 WTE**) is considerably **lower** compared to both 2018 (+2,261 WTE) and the 5-year average December trend (+2,163 WTE).

- This months' increase in WTEs is distributed across four Hospital Groups and CHI, with the largest increase in Dublin Midlands Hospital Group (+52 WTE). Two Hospital Groups, Saolta (-12 WTE) and IEHG (-5 WTE) along with the National Ambulance Services (-7 WTE) are showing a decrease this month.

- The change within **Community Services** this month is an increase of **+132 WTE.** *Excluding* pre-registration nursing and midwifery interns the change is **+121 WTE.**

- *Excluding* pre-registration nursing and midwifery interns, the YTD change (**+160 WTE**) is **substantially lower** than both December 2018 (+1,133 WTE) and that of the 5 year December trend (+1,099 WTE), albeit the change in the month (+121 WTE) is higher than the 5 year average (+43WTE).

- Four of the six staff categories are showing increases this month. Patient & Client Care is showing the largest **(+60 WTE)** mainly related to Home Helps +31 WTE and Health Care Assistants +13 WTE. Health & Social Care Professionals is **+42 WTE** (largely owing to an increase in Social Care +21 WTE). Nursing & Midwifery is **+ 41 WTE** (largely due to Staff Nurse/Staff Midwife +27 WTE), and Medical & Dental is **+20 WTE** (largely owing to +14 WTE Medical/Dental Other). Both General Support (-25 WTE) and Management/Administrative (-5 WTE) decreased this month.

- Eight of the nine CHOs are showing increases this month, with CHO 2 showing the largest increase (+40 WTE). At a divisional level, Disabilities (+138 WTE), Mental Health (+26 WTE) and Older People (+18 WTE) are showing an increase, while Primary Care is showing a decrease (-50 WTE).

Division/ Care Group	WTE Dec 2018	WTE Nov 2019	WTE Dec 2019	WTE change since Nov 2019	% change since Nov 2019	WTE change since Dec 2018	% change since Dec 2018
Total Health Service	**117,857**	**119,532**	**119,817**	**+286**	**+0.2%**	**+1,960**	**+1.7%**
Acute Hospital Service	58,578	60,004	60,147	+143	+0.2%	+1,569	+2.7%
Ambulance Service	1,887	1,940	1,933	-7	-0.4%	+46	+2.4%
Acute Services	**60,466**	**61,944**	**62,080**	**+136**	**+0.2%**	**+1,614**	**+2.7%**
Mental Health	9,898	9,928	9,954	+26	+0.3%	+56	+0.6%
Primary Care	10,931	10,650	10,599	-50	-0.5%	-331	-3.0%
Disabilities	18,260	18,621	18,760	+138	+0.7%	+500	+2.7%
Older Persons	13,305	13,215	13,233	+18	+0.1%	-72	-0.5%
Social Care	31,564	31,836	31,992	+156	+0.5%	+428	+1.4%

Division/ Care Group	WTE Dec 2018	WTE Nov 2019	WTE Dec 2019	WTE change since Nov 2019	% change since Nov 2019	WTE change since Dec 2018	% change since Dec 2018
Community Services	**52,393**	**52,414**	**52,546**	**+132**	**+0.3%**	**+153**	**+0.3%**
Health & Wellbeing (H&WB)	576	574	574	-0	+0.0%	-3	-0.5%
Corporate	2,859	3,020	3,035	+15	+0.5%	+176	+6.2%
Health Business Services	1,563	1,580	1,583	+3	+0.2%	+20	+1.3%
H&WB, Corporate & National Services	**4,998**	**5,174**	**5,191**	**+17**	**+0.3%**	**+193**	**+3.9%**

Absence Rates

	Benchmark / Target	Nov 2018	Full Year 2018	Oct 2019	Nov 2019	% Medically Certified (November 2019)
Rates	*3.5%*	4.5%	4.6%	4.8%	4.8%	88%

Latest monthly figures (November 2019)

- November 2019 absence rate stands at 4.8**%,** higher when compared with the equivalent month in 2018 (4.5%), no change from the previous month (October 2019 at 4.8 %).

- Over the past four years November rates were as follows: 4.3% (2015) and 4.7% (2016), 4.5% (2017), 4.5% (2018).

Annual Rate for 2018 and Trend Analysis from 2008

Absence rates have shown a general downward trend since 2008. Annual rates are as follows:

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%	4.6%

- The 2018 full year rate is 4.6% higher than the 2017 figure at 4.4%. 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.

- Nonetheless, it is important to note that Health Sector absence is not directly comparable to other sectors as the nature of the work, demographic of employees, and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations.

- The latest NHS England absence rate for December 2018 was 4.51%, while the 2017 annual rate was 4.61%. NHS Scotland reported an absence rate of 5.5% December 2017, and a yearly average of 5.39%, up from 5.20% in the previous year. While in NHS Wales, the June 2018 absence rate was 4.8%. As with our international counterparts, sickness absence shows wide seasonal variation throughout the year with the rate lower in summer and higher in winter.

- Health service absence rates are detailed in the attached report.

  *Notes: **Absence Rate** is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. Methodology has been updated in-line with instruction laid out by the Department of Public Expenditure & Reform (DPER) to show absence rates based on % lost hours (previously lost WTE) with effect from 1st January 2017. Some previously published figures are restated.*

  *The HSE's **National Service Plan 2019** sets absence rates as a key result area (KRA) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies. The HSE continues to review its current sick leave policies and procedures as well as having a range of current supports and interventions to address challenges being encountered in the whole area of attendance management and absence rates through ill health. The objective of all these actions is to enhance the health sector's capacity to*

address and manage more effectively absence rates, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absence.

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.1%	83.6%
Mental Health Services	98.3%	93.3%
Other Agencies	100%	100%

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report

Level 3/Level 4

February 2020

December 2019 Data Cycle

EMT Version 0.3 04 02 20

Escalation Summary

Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Service

Areas of Level 3 Escalation (NPOG oversight)

No.	Area of escalation	Service
1	**Cancer Services** – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Operations
2	**Waiting Lists** - % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services	Acute Operations
3	**Assessment of Need** (**Disability Act Compliance) and Network Teams**	Community Operations
4	**Emergency Department** - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	Acute Operations
5	**Colonoscopy** - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy	Acute Operations
6	**Financial Position** - Projected net expenditure to year end including pay management	Acute Operations
7	**Pay and Numbers** - WTE variance to limit within Hospital Groups	Acute Operations

i	**Appendix 1:** Services in Escalation (Hospitals and Community Health Organisations)
ii	**Appendix 2:** Areas deescalated from NPOG oversight
iii	**Appendix 3:** Areas assigned by NPOG
IV	**Appendix 4:** Areas re-categorised by NPOG to align with NSP KPI's 2019

NPOG Review and Improvement process

The NPOG Framework for Performance Review and Improvement follows a 4 stage process. These stages are Review, Enquire, Diagnose and Improve [REDI]
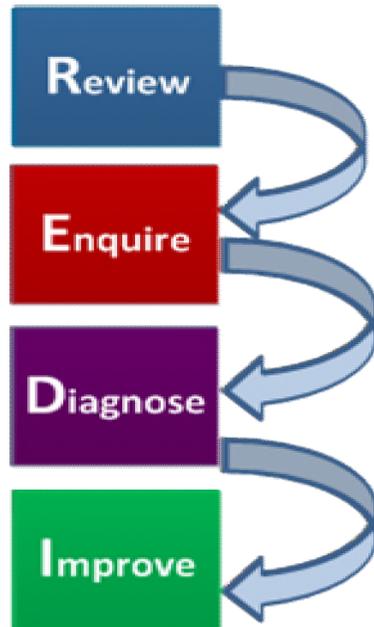
Stage 1 Review: Identifying the problem

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

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

Stage 4 Improve: Planning for and implementing solutions

Areas of Level 3 Escalation [NPOG oversight]

General: **Cancer Rapid Access Clinics** (Prostate, Lung, Breast and Radiotherapy)				
Service	**Escalation level**	**Date escalated**	**Reason for escalation**	**Responsible**
Acute Operation s/NCCP	**3**	**8May 2015**	**Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services**	**ND AO** **ND CCP**
Improvement Plan				
- National Cancer Control Programme *Rapid Access Clinics Performance Review and Improvement Plan* inclusive of recommendations and improvement plan 2017 – 2019 to be fully implemented. - Continue focus on the NCCP Rapid Access Clinic KPI improvement recommendations for breast, lung and prostate cancers. - Development, approval and monitoring of site specific improvement plans inclusive of demand/capacity profiles and trajectories for performance improvement. - Hospital Groups to maximise hospital site compliance within resources available to the group. - NCCP Review of GP Referral Guidelines. - NCCP proposed Investment Plans informed by best practice, service demand and capacity.				
Performance Data				

Breast Cancer within 2 weeks

Lung Cancer within 10 working days

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8 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.

Prostate Cancer within 20 working days
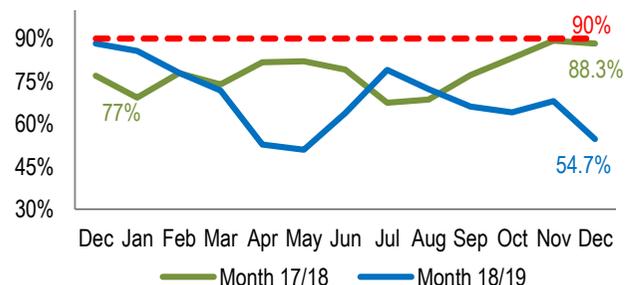
Radiotherapy within 15 working days
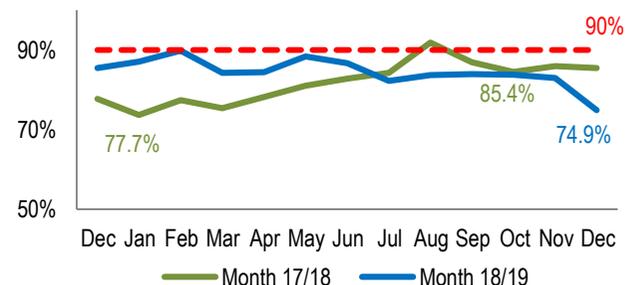
NPOG REDI elements		Date agreed	Due date	Status
1	**Improve:** RAC performance will be monitored by NPOG on a monthly	06.12.17	on-going	
2	**Improve:** NCCP will issue guidance (breast service) to the system including guidance on triage such that performance across all sites is improved.	07.05.19	02.07.19	Complete
3	**Improve:** Actions agreed to improve performance, including performance improvement trajectory, particularly in the Prostate and Breast services at St James's Hospital will be monitored on a monthly basis.	01 10 .19	on-going	Amended 07 11 19
4	**Improve:** Improvement Plan for University Hospital Waterford is to be completed.	07.11.19	03.12.19	Complete
5	**Improve:** Actions agreed to improve performance, including performance improvement trajectory, at the Mater Misericordiae University Hospital will be monitored on a monthly basis.	07.11.19	on-going	Complete
6	**Improve:** NDs NCCP and AO will review Improvement Plans and provide an update to NPOG with regard to requirements relative to performance, configuration and resources.	05.02.20	04.03.20	

Waiting Lists: % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3	October 2015	Escalated due to the continued growth in waiting lists and waiting times	ND AO

Improvement Plan

- Implementation of agreed DoH waiting list action plans for inpatient and day case procedures and outpatient appointments.
- Working with NTPF ensuring all long waiters (> 36 months) are treated at the earliest practical date.
- Ongoing work between the centralised validation unit in NTPF and hospitals which will provide clean, accurate and up to date waiting lists.
- Ensure focus on maximising existing capacity. Active management of delayed transfers of care (delayed discharges) to minimise impact on patient flow and scheduled care.
- Identifying and securing resources for additional capacity options for 2020.

Performance Data

Inpatient and Day Case Waiting List (Adult & Child 15m+ and 18m+)
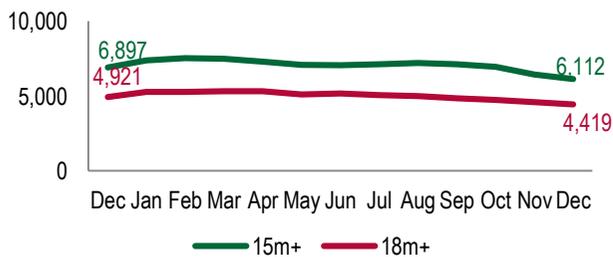
Outpatient Waiting List (15m + and 18m+)
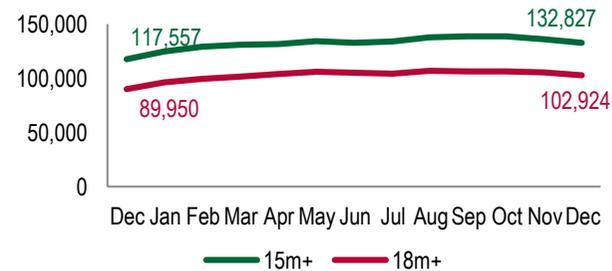
Inpatient and Day Case Waiting List (Adult & Child Total)
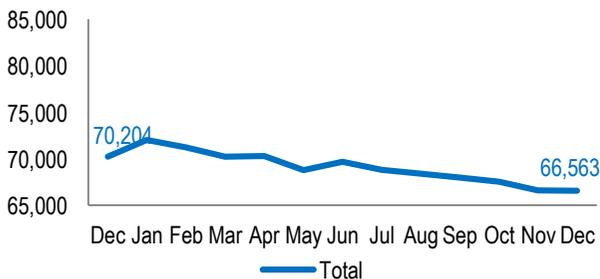
Outpatient Waiting List (Total)
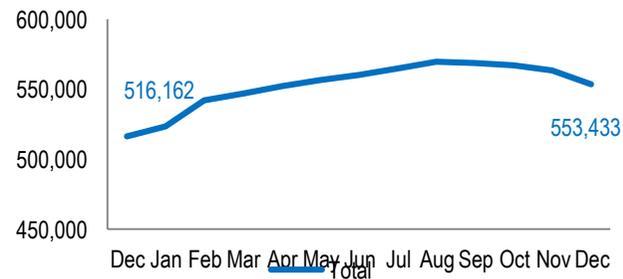
NPOG REDI elements		Date agreed	Due date	Status
1	**Improve:** Improvement plans for patients waiting over 36 months (inpatients, day cases and out-patients) to be monitored on a monthly basis	04.06.19	on-going	on-going

Assessment of Need (Disability Act Compliance) and Network Teams

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Community Operations	3	August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND CO

Improvement Plan

- Roll-out of Progressing Disability Services (0 – 18 Teams) Programme.
- Appointment of Children's Disability Network Managers.
- Progress recruitment of 100 additional therapy posts.
- Provision of specialist training and support resource to CHO's.
- Monitoring numbers and timely processing of Assessment of Need applications in accordance with revised standard operating procedure.
- Improving performance on the number of assessments overdue for completion.

Performance Data

Disability Act Compliance

NPOG REDI elements		Date agreed	Due date	Status
1	**Improve:** Revised SOP for Assessment of Need to be implemented from January 2020.	06.08.19	07.01.20	Text Updated 03 12 19
2	**Improve:** Improvement Plans are being developed across all CHOs and will be monitored by Community Operations. An update on progress relative to plans will be provided to the May NPOG meeting.	05.02.20	06.05.20	

Emergency Department - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	May 2015	Due to the number of people continuing to wait in ED for > 24 hours	ND AO

Improvement Plan

- - Implementation of the Winter Plan 2019/20 with particular focus on demand management, operational flow and egress management.
- - Review key demand/supply factors in terms of their impact on available capacity in order to target appropriate improvements at individual hospital sites.
- - Plan activity and ensure alignment with the *Sláintecare* Implementation strategy to anticipate and manage critical demand pressure within agreed resources.
- - Continue focus on patient flow initiatives such as the Five fundamentals, SAFER Bundle and Red2Green.
- - Integrated working with community services to improve the following;
  - Timely access to transitional care, home support and NHSS.
  - Develop admission avoidance pathways by providing care closer to home and improving services for frail elderly in acute hospitals.
  - Improve clinical pathways for patients admitted to ensure that variances in average length of stay, in particular medical patients, are monitored and reduced where feasible.

Performance Data

ED over 24 hours

% of 75 year old or older admitted or discharged within 24 hours of registration

NPOG REDI elements		Date agreed	Due date	Status
1	**Review:** Monthly review of USC performance	02.07.19	on-going	on-going

Colonoscopy - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy						

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	[9]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 AO**

Improvement Plan

- Progress implementation of HSE Endoscopy Programme Action Plan within available resources. Champion extra resources to address additional requirements to maintain and improve performance.
- Working with relevant Clinical Programmes and supporting all hospital sites to deliver colonoscopy services within target timeframes.
- Development, approval and monitoring of Hospital Group improvement plans inclusive of demand/capacity profiles and trajectories for performance improvement.
- Continue to prioritise consistent achievement of urgent colonoscopy and BowelScreen targets within available resources.
- National Acute Operations to engage with the NTPF to leverage additional capacity to support continued compliance with National Service Plan and JAG targets.
- In order to maximise compliance with BowelScreen targets, Hospital Groups to ensure that 2019 hospital level MOUs with the National BowelScreen Programme (NBS) align with capacity.
- National Acute Operations to engage with NBS to align assessed need/demand/capacity going forward and ensure that MOUs are reflective of output within available resources.
- Hospitals to seek support from the National Treatment Purchase Fund to treat long waiters for routine procedures.

Performance Data

Urgent Colonoscopy patients greater than 4 weeks (new)
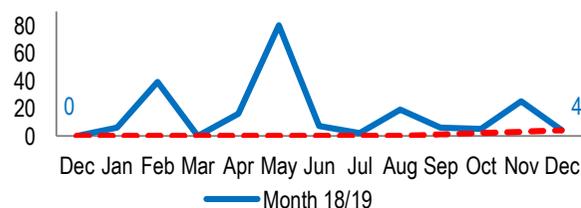
Number on waiting list for GI Scopes
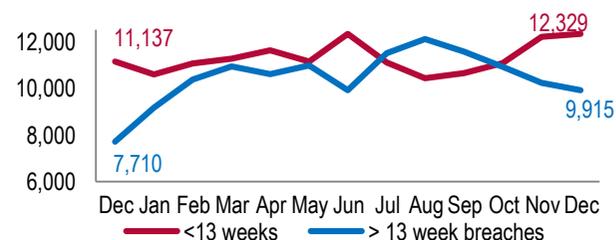
	NPOG REDI elements	Date agreed	Due date	Status
1	**Review:** Monthly review of urgent colonoscopy breach data	07.06.17	on-going	on-going
2	**Review:** Endoscopy Improvement Plans received to be completed	06.08.19	01.10.19	Completed
3	**Review:** National Endoscopy Improvement Plan to be refreshed reflective of updated position	05.02.20	01.04.20	

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

Financial Position - Projected net expenditure to year end including pay management

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	February 2016	Due to the risks to financial performance within acute hospitals	ND AO

Improvement Plan

- Review monthly gross and net expenditure at Hospital Group and hospital level to determine reasons for financial surpluses/deficits.
- Monitor budget versus actual expenditure in month and year to date in relation to direct pay and agency and overtime costs.
- Implementation of enhanced financial management focus including additional focus on staffing controls.

Performance Data

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

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Acute Hospitals Care	5,465,323	5,429,785	35,538	0.65%

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	on-going

Pay and Numbers – WTE variance to limit within Hospital Groups

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3	June 2019	Due to WTE variance to limit within Hospital Groups – compliance with pay and staffing/numbers control measures	ND AO

Improvement Plan

- Review monthly WTE's and assessment of growth to establish a view of performance and compliance with pay and staffing control measures.
- Assessment of compliance with Interim Control Measures.
- Monitor actual WTEs versus profile by Hospital Group.

Performance Data

Extract (Table 4) from FINAL Consolidated Pay and Number Strategy Report – December 2019

Acute Operations Variance to the WTE Limit View:-

		Original Control Limit	Dec-19	Dec 19 Control Limit	Dec 19 Variance
	Acute Hospital Group including NAS	**WTE**	**Actual WTE***	**WTE**	**WTE**
	HG Dublin Midlands	11,578	10,811	10,639	172
	HG Ireland East	10,224	12,020	11,722	298
	HG National Childrens	9,196	3,590	3,580	10
	HG RCSI	3,372	9,661	9,523	138
CORE REPORTING LIMIT	HG Saolta	10,207	9,252	9,351	(99)
	HG South/ South West	3,969	10,497	10,587	(90)
	HG University of Limerick	8,902	4,143	4,016	127
	National	96	91	44	47
	NAS	2,003	1,933	2,051	(118)
	Core WTE Limit	**59,547**	**61,997**	**61,513**	**484**
	Acute National Held Developments	903		393	(393)
	Nationally Held Developments	**903**	**-**	**393**	**(393)**
	Total Acute (excluding DOH Developments)	**60,450**	**61,997**	**61,906**	**92**
External	DOH Development Posts Held	539		-	
to HSE	**Total Acute (including DOH Developments)**	**60,989**	**61,997**	**61,906**	**92**

NPOG REDI elements		Date agreed	Due date	Status
1	**Review:** Monthly review of WTE's by Hospital Group to assess compliance with pay and staffing control measures	04.06.19	on-going	on-going

Appendix 1: Services in Escalation – 29th January 2020

Service	Accountable Officer	Escalation Area	Level
Acute Operations - Service in Escalation Table - February 2020 (December 2019 data cycle)			
Children's Health Ireland (Accountable Officer - Eilish Hardiman CEO)			
Children's Health Ireland	**Eilish Hardiman**		
		OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
Dublin Midlands Hospital Group (Accountable Officer - Trevor O'Callaghan (Acting CEO)			
Dublin Midlands Hospital Group	**Trevor O'Callaghan**		
		Financial Position	Level 3
		Pay and Numbers	Level 3
MRH Portlaoise	**Michael Knowles**		
		Routine Colonoscopy < 13 weeks	Level 3
MRH Tullamore	**Noreen Hynes**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
Naas General Hospital	**Alice Kinsella**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
St. James's Hospital	**Lorcan Birthistle**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
		Prostate Cancer within 20 days	Level 3
Tallaght Hospital - Adults	**Lucy Nugent**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3

Acute Operations - Service in Escalation Table - February 2020 (December 2019 data cycle)			
Service	Accountable Officer	Escalation Area	Level
Ireland East Hospital Group (Accountable Officer - Prof. Mary Day CEO)			
Ireland East Hospital Group	**Prof. Mary Day**		
		Financial Position	Level 3
		Pay and Numbers	Level 3
Mater Misericordiae University Hospital	**Alan Sharpe**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
MRH Mullingar	**Shona Schneemann**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
Our Lady's Hospital Navan	**Ken Fitzgibbon**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Royal Victoria Eye and Ear Hospital	**Donal Brosnan**		
		OPD Waiting List < 52 weeks	Level 3
St. Columcille's Hospital	**Linda O'Leary**		
		Routine Colonoscopy < 13 weeks	Level 3
St. Michael's Hospital	**Cathal Flynn**		
		Routine Colonoscopy < 13 weeks	Level 3
St. Vincent's University Hospital	**Kay Connolly**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Wexford General Hospital	**Lily Byrnes**		
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO)			
RCSI Hospital Group	**Ian Carter**		
		Financial Position	Level 3
		Pay and Numbers	Level 3

Acute Operations - Service in Escalation Table - February 2020 (December 2019 data cycle)			
Service	**Accountable Officer**	**Escalation Area**	**Level**
Beaumont Hospital	**Ian Carter**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Cavan General Hospital	**David Lynch**		
		ED > 75 yrs < 24 hours	Level 3
Connolly Hospital	**Marie Murray**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Our Lady of Lourdes Hospital	**Fiona Brady**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Saolta University Health Care Group (Accountable Officer - Tony Canavan (CEO)			
Saolta University Health Care Group	**Tony Canavan**		
		Financial Position	Level 3
		Pay and Numbers	Level 3
Galway University Hospitals	**Chris Kane**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
Letterkenny University Hospital	**Sean Murphy**		
		Routine Colonoscopy < 13 weeks	Level 3
Mayo University Hospital	**Catherine Donohoe**		
		OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
South/South West Hospital Group	**Gerry O'Dwyer**		
		Financial Position	Level 3
		Pay and Numbers	Level 3
Cork University Hospital	**Gerard O'Callaghan**		
		Prostate Cancer within 20 days	Level 3

Acute Operations - Service in Escalation Table - February 2020 (December 2019 data cycle)			
Service	**Accountable Officer**	**Escalation Area**	**Level**
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
Mercy University Hospital	**Sandra Daly**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
South Infirmary Victoria University Hospital	**Helen Donovan**		
		OPD Waiting List < 52 weeks	Level 3
UH Kerry	**Fearghal Grimes**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Urgent Colonoscopy > 28 days	Level 3
UH Waterford	**Grace Rothwell**		
		Prostate Cancer within 20 days	Level 3
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
University of Limerick Hospital Group (Accountable Officer - Colette Cowan CEO)			
University of Limerick Hospital Group	**Prof Colette Cowan**		
		Financial Position	Level 3
		Pay and Numbers	Level 3
Croom Orthopaedic Hospital	**Prof Colette Cowan**		
		OPD Waiting List < 52 weeks	Level 3
Ennis Hospital	**Prof Colette Cowan**		
		Routine Colonoscopy < 13 weeks	Level 3
Nenagh Hospital	**Prof Colette Cowan**		
		Routine Colonoscopy < 13 weeks	Level 3

Acute Operations - Service in Escalation Table - February 2020 (December 2019 data cycle)			
Service	**Accountable Officer**	**Escalation Area**	**Level**
St. John's Hospital Limerick	**Emer Martin**		
		Routine Colonoscopy < 13 weeks	Level 3
UH Limerick	**Prof Colette Cowan**		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
		Lung Cancer within 10 working days	Level 3

Community Operations - Services in Escalation Table – December 2019 (September 2019 data cycle)			
Service	**Accountable Officer**	**Escalation Area**	**Level**
CHO 4	**Ger Reaney**		
		Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 7	**Ann O'Shea**		
		Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 9	**Mellany McLoone**		
		Assessment of Need (Disability Act Compliance) and Network Teams	Level 3

Appendices

Appendix 1: Report Design

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

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

Heat Maps:

- Heat Map provided for Community Healthcare and Acute Hospitals
- The heat maps provide the YTD position for the metrics listed on the National Scorecard in the NSP (Performance and Accountability Framework metrics) and a small subset of metrics taken from appendix 3 in the Service Plan
- The results for last three months are provided in the final three columns Current, Current (-1) and Current (-2)
- Metrics relevant to the current performance cycle under review are only displayed on the heat map i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)
- [R], [A] and [G] are added after the results on the heat map to comply with visualisation requirements for colour vision deficiencies

1.1 [R]	0.9 [G]

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

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

Performance Table:

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

Graphs:

- The graphs provide an update on in month performance for metrics with percentage based targets over a period of 13 months
- The result labels on the graphs are colour coded to match the relevant line colour on the graph to make it clearer which results refer to which lines on the graph
- The legend below provides an update on the graph layout. Solid lines are used to represent in-month performance and dashed lines represent the target/expected activity

Graph Layout:	
Target	-------
Month 18/19	———
Month 17/18	———

Service Commentary:

A service update for Community Services, Acute Services, National Services and National Screening Services will be provided each cycle.

Appendix 2: Data Coverage Issues

The table below provides a list of the year to date data coverage issues

Service Area	Metric Name	Data Coverage Issue
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment ≤ 52 weeks No of physiotherapy patients seen	Non Return (Aug, Sep, Oct, Nov, Dec) - CHO8 (Longford/Westmeath)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks. % of Audiology patients on the waiting list for treatment < 52 weeks. No of Audiology patients seen	Non Return (Sep, Oct, Nov, Dec) - CHO8 (Laois/Offaly)
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks. % of Ophthalmology patients on the waiting list for treatment < 52 weeks. No of Ophthalmology patients seen	Non Return (Sep, Oct, Nov, Dec) - CHO8 (Meath) Non Return (Dec) - CHO1 (Donegal)
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return (Jan, Feb, Mar, April, May, Jun, Jul, Aug, Sep, Oct, Nov) – CHO7 (Dublin West) Non Return (Aug, Sep, Oct, Nov) - CHO2 (Galway) Non Return (Nov) - CHO7 (Kildare/West Wicklow)
Primary Care	Psychology % of Psychology patients on waiting list for treatment ≤ to 52 weeks % of Psychology patients on waiting list for treatment ≤ to 12 weeks No of Psychology patients seen	Non Return (December) - CHO2 (Mayo)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return (Jan, Feb, Mar, April, May, June, July, Aug, Sept, Oct, Nov) - CHO7 (Dublin West)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return (Q3, Q4) CHO1 (Cavan/Monaghan) Non Return (Q3, Q4) CHO9 (Dublin North West)
Palliative Care	Access to specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun, Jul, Aug, Sept, Oct, Nov, Dec)– CHO1 (Donegal)
Palliative Care	Number accessing specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun, Jul, Aug,Sept, Oct, Nov, Dec)– CHO1 (Donegal)

Service Area	Metric Name	Data Coverage Issue
Social Inclusion	Substance Misuse - access to treatment (over 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1, Q2 & Q3 2019) - CHO8 (Louth & Meath)
Social Inclusion	Substance Misuse - access to treatment (under 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1, Q2 & Q3 2019) - CHO8 (Louth & Meath)
Mental Health CAMHS	Admission of Children to CAMHS	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb ,Mar, Apr, May, Jun, July, August, September, October, November, December)
Mental Health CAMHS	CAMHs Bed Days Used	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb ,Mar, Apr, May, Jun, July, August, September, October, November, December)
Mental Health General Adult	Number of referrals received	Non Returns CHO5 Wexford North July, Aug, Sep, Oct, Nov, Dec
Mental Health General Adult	Number of referrals seen	Non Returns CHO5 Wexford North July, Aug, Sep, Oct, Nov, Dec
Mental Health General Adult	% seen within 12 weeks	Non Returns CHO5 Wexford North July, Aug, Sep, Oct, Nov, Dec
Disabilities	No. of residential places for people with a disability	Data returned as quarterly, quarter one, quarter two, quarter three & quarter four data received.
Disabilities	No of new emergency places provided to people with a Disability	CHO 1 data not returned for December.
Acute	% maternity hospitals / units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team / Hospital Group / NWIHP meetings each month	Outstanding hospital - Wexford & LUMH Oct 19
Acute	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Outstanding data- Mullingar, GUH March 2019. GUH April 2019. Naas, Ennis, May 2019. Naas, Mullingar, UHL June 2019, St John's Aug 19, Navan Oct 19, Cork Dec 19
Acute	% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Data currently unavailable for Q2 2019 due to validation (NOCA)
Acute	% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Data currently unavailable for Q2 2019 due to validation (NOCA)
Acute	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Data currently unavailable for Q2 2019 due to validation (NOCA)
Acute	% of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	27 of 42 hospitals have responded
Acute	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	CUH Outstanding for Dec 2019
Acute	No. of new cases of CPE	South Infirmary Victoria University Hospital Dec-19 data outstanding

Service Area	Metric Name	Data Coverage Issue
Acute	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Mercy University Hospital data is outstanding
Acute	% of acute hospitals implementing the national policy on restricted antimicrobial agents	Mercy University Hospital data is outstanding
Acute	% of Hospitals with implementation of PEWS (Paediatric Early Warning System)	Beaumont, Cavan, OLOL and Letterkenny data outstanding
Acute	% of Hospitals with implementation of NEWS in all clinical areas of acute hospitals (as per 2019 definition)	Beaumont, Cavan, Connolly, Louth, Monaghan, OLOL, Rotunda and Letterkenny data outstanding
Acute	% of maternity units/hospitals with implementation of IMEWS (as per 2019 definition)	Cavan, OLOL, Rotunda, Letterkenny and South Tipp data outstanding
Acute	% of hospitals with implementation of IMEWS (as per 2019 definition)	Mater, Beaumont, Cavan, Connolly, Louth, Monaghan, OLOL, Letterkenny and Bantry data outstanding

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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