



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

April 2015



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Performance Overview

Introduction

Implementation plans for the following report are being developed:

- The ED Task Force Report was finalised in March 2015 to respond to the significant pressures experienced in Emergency Departments. An ED Implementation Plan with specific milestones and actions has been developed to implement the recommendation of the Task Force Report.

A draft Implementation Plan has also been developed in response to the HIQA Report on the Investigation into Midland Regional Hospital, Portlaoise.

The Waiting List Plans for Inpatient and Day Cases are being implemented and it is expected that the objective of no patient waiting greater than 18 months will be achieved with the exception of a small number of cases in specific specialities.

Accountability Framework

As part of the Accountability Framework 2015, the National Performance Oversight Group convened meetings with each of the National Directors to assess performance across the Balanced Scorecard. A number of areas of underperformance were raised in accordance with the Escalation Framework which requires remedial action and specific focus. Measures are underway to address these including the following:

- Urgent Colonoscopy
- Patients waiting greater than 24 hours in Emergency Departments
- Emergency Ambulances delayed by more than 2 hours at Emergency Departments
- Non-compliance with the European Working Time Directive
- Children waiting greater than 12 months for an appointment with the Child and Adolescent Mental Health Team
- Financial underperformance in Primary Care and Mental Health services

There were also three areas requiring escalation to the Director General, including financial performance within both the Acute Hospital and Social Care Divisions and waiting lists for inpatient and day case procedures.

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

In relation to waiting lists, €5m was allocated to develop Waiting List Implementation Plans for Inpatient and Day Case procedures and these have been reviewed by the National Performance Oversight Group for delivery. Specific plans to address Outpatient waiting lists are also being developed.

Summary by Service Area

Acute Hospitals Services

Emergency Departments

In April ED attendances are up 1% (+36 per day) compared to March 2015 and up 9.6% (+318 per day) when compared to January 2015. Overall emergency attendances year to date are reported as 419,549, which is 2,053 (0.5%) less than those reported in the same period in 2014.

The Patient Experience Time (PET) during April show that 64,113 or 68.1% were either admitted or discharged within 6 hours and 76,877 or 81.7% within 9 hours, both an improvement on the position at the end of March.

A total of 3,230 or 3.4% patients attending ED experienced delays of over 24 hours which compares to the March figure of 4,326 or 4.6%.

The highest number of patients recorded during April on trolleys peaked at 374 on 14th April, the average number each day during the month of April was 311. March peaked at 416 on 3rd March the average number each day during the month was 334.

Emergency admissions^[1] for April show a slight reduction on the daily average reported in March. Overall emergency admissions data indicates a decrease in activity by 3.2% (4,810) when compared to the data provided for the same period in 2014

The number of delayed discharges peaked at 835 at the end of January, and has improved with reported activity of 697 on April 30th 2015 and is now at 640.

The medical average length of stay shows a reduction from 7.1 days in January to 6.9 days in April. The surgical average length of stay in April is 5.2 days

ED Taskforce

With regard to the ED Task Force and investment of €74m, the following has been achieved to date:

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

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

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

Reduce numbers waiting NHSS funding (Target 550-580)

The number of people on the waiting list at the end of April was 575 and waiting time is being maintained at 4 weeks.

Transitional Care Beds (Target 1,513 Transitional Care Beds Quarter 1 2105)

At the end of April 2015, 1,356 of patients in these 1,513 Transitional Care Beds had either moved to NHSS funding arrangements or gone home following a period of convalescence.

Additional Transitional Care Placements (Target 500)

The Additional Transitional Care Placements has seen 418 additional patients benefiting throughout April.

Public Bed Commitment (Target an additional 197 beds)

At the end of April, an additional 104 Public beds had been opened and the additional 24 contracted private beds are now in operation.

^[1]It should be noted that the introduction of a new hospital data reporting system (iPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

In April 65% (19,142) ambulances were clear from ED and available to take an emergency call within 30 minutes and 95% were clear in 60 minutes.

Waiting Lists

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

Adult waiting list

70.5% (18,016) of adults were waiting less than 8 months for an inpatient or day case procedure at the end of April. There were 1,848 adults (3.0%) waiting greater than 18 months and 367 adults (0.6%) waiting greater than 24 months, both an increase on March.

Child waiting list

56.1% (2,675) of children were waiting less than 20 weeks for an inpatient or day case procedure in April, however there are 130 children (2.1%) waiting greater than 18 months and 17 children (0.3%) waiting greater than 24 months.

Outpatient waiting list

79.8% (329,075) of patients were waiting less than 52 weeks for an outpatient appointment. 35.7% of patients (147,053) were waiting less than 3 months, 18.1% (74,792) between 3 and 6 months, 10.3% (42,437) between 6 and 8 months and 15.7% (64,793) between 8 and 12 months. There are now 33,252 patients (8.1%) are waiting over 18 months and 11,077 patients (2.7%) waiting over 24 months for an outpatient appointment. Plans are being developed and put in place including the provision of services in the private sector.

Colonoscopy

There is a 4 week access target for an urgent colonoscopy and a policy of zero tolerance applies to any breaches. On the 24th April it was reported that 9 people did not have their procedure within 4 weeks however all of these had their procedure by the 30th April. All these breaches were new compared to numbers reported at the end of March.

Implementations plans are in place to deal with all urgent colonoscopies within 4 weeks.

The latest report week ending 22nd May 2015 shows 1 patient reported as breaching the target of no patient waiting greater than 28 days for their procedure (This patient had their procedure).

Cancer Services

Nationally cancer services results for April show:

- Symptomatic breast cancer – 99.3% (1,348 of 1,357 attendances) seen within 2 weeks (target 95%). All cancer centres reported above target for urgent referrals for symptomatic breast in April.
- Lung cancer assessment – 85.4% (205 of 240 attendances) within 10 working days (target 95%)
- Prostate rapid access service – 62.2% (120 of 193 attendances), within 20 working days (Target 90%)
- Radiotherapy – 80.4% (341 of 424 attendances) within 15 working days

The national results do however mask some low performance areas in specific sites and for specific cancer areas. Cork has reported 68.8% urgent referrals for lung and 21.1% for prostate accessing service within target time. Other areas of low performance for prostate cancer in April are Waterford 8.3% and Limerick 26.3%. There have been some improvements in these sites in April and they are actively being followed up and action plans being developed.

Review of clinic processes and organisation for Prostate services is taking place in Mater and MWUL hospitals. Mater figures improved to 88.9% in April compared to an average of 16% in the Jan-Mar period. An extra clinic was run in March in the Mater to deal with the back log, attendances in April were lower than

usual and small numbers attending the clinic overall (about 28 per month) all contribute to a dramatic improvement in target achievement for April

Pre Hospital Emergency Services National Ambulance Services

National Ambulance Services

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

Staffing additional ambulance stations in the West, in a phased approach commenced this month. On Friday April 3rd 2015 Tuam ambulance station opened (12 / 7 basis, 7am to 7pm) followed promptly with the opening of Mulranny ambulance station on Tuesday 7th April (12 / 7 basis, 7am to 7pm). It is envisaged that a full 24 / 7 service will be up and running in the coming months, dependent on recruitment and training time lines.

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

There has been an increase in the number of calls across the same period for ECHO which increased by 19% and DELTA calls by 7%.

Performance is understated as the improvement does not factor in the increase call volumes responded to which amounts to 1,055 from March 2014 to March 2015.

- The % of ECHO calls which arrived at scene within 18 minutes 59 seconds was 78% against a target of 80%. North Leinster exceeded the target, with a result of 85%.
- The % of DELTA calls which arrived at scene within 18 minutes 59 seconds was 65% against a target of 80%.
- The % of patients transferred through the intermediate care services was 76% against a target of 70%.
- ROSC is the first instance of NAS reporting on a clinical outcome indicator. The % of ROSC reported in March for quarter 4 2014 data is 24% against a target of 40%. As volumes are low it will require a full year's data to assess sustained performance.

Community Healthcare Services

Health & Wellbeing

Child Health

The latest YTD position in April shows 93.1% (20,295 out of 21,789) of children reaching 10 months have completed their child health 10 month developmental screening.

Screening

Screening activity up to the end of April shows that:

- 49,002 women have had a mammogram screen as part of BreastCheck screening (Target YTD 46,600)
- 99,206 women have had a cervical smear test through CervicalScreen (Target YTD 98,000)
- 68,661 people have been invited to the BowelScreen programme (Target YTD 66,667)
- 24,235 people with diabetes have had a retina screen as part of Diabetic RetinaScreen (Target YTD 24,700)

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

Tobacco

The number of smokers YTD who received intensive smoking cessation support was 3,956.

No. of frontline healthcare staff trained in brief intervention smoking cessation 452 YTD.

Primary Care

Community Intervention Teams (CIT) had 1,480 contacts with people requiring service in the community in April, 229 more than in April 2014. In addition 153 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services.

Of those patients who applied for a medical or GP visit card in 2015 85% (4,489) were processed within 15 days. 1,741,333 people have a medical card and 162,240 a GP visit card¹.

General Practitioners (GPs)'out of hours' services received 80,943 contacts outside their core hours of work in April, YTD there were 333,754 contacts an increase on the same period last year of 3,060 contacts outside of core hours.

Palliative Care

3,174 people received specialist palliative care in their place of residence in the community 87.1% (725 of 832), 12% (100) received the service within 8-28 days.

436 patients received treatment in specialist palliative care inpatient units. 97% (293 out of 302) of patients admitted in March were admitted within 7 days against a target of 98%. 301 admissions were within 28 days.

366 children received an outreach palliative care service.

Mental Health

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

The short term solution to this risk requires the use of agency staff and overtime. This in turn presents challenges in meeting targets in the area of finance and workforce. Even with this solution available, there is an increasing difficulty in accessing agency medical staff which is resulting in unfilled posts and has a consequent impact on service delivery. There is now an urgent need to progress both a national and international recruitment campaign to fill medical and nursing grades

Mental Health Services - Adult and Older Persons

74% YTD (9,322 out of 12,597) of adult mental health referrals which were accepted were seen within 12 weeks.

94% YTD (3,005 out of 3,197) of people who had their referral accepted by the psychiatry of old age service were seen within 12 weeks.

Child and Adolescent Mental Health

In 2015, the objective for improved performance for the year is for >72% of accepted referrals to Child and Adolescent Community Mental Health Teams to be seen within three months, an overall 5% reduction in the overall waiting list, and that no one to waits more than 12 months by end December 2015.

72 % YTD (3,206 out of 4,453) of children and adolescents, whose referrals were accepted, were seen within 12 weeks.

¹Medical Card turnaround times are a weekly metric published online. The values in this report corresponds to the workload received by the HSE in week ending 4th May 2015

It is anticipated that 1,339 children and adolescent will be offered a first appointment and be seen within 3 months. There were an additional 1,739 children and adolescents waiting for a first appointment for longer than three months, of these, 459 children or adolescents were waiting more than 12 months for a first appointment.

Social Care

Disability Services

0-18's

In line with the objectives of the 0-18s disability programme, a two year phased approach to implementation is underway to ensure that all 24 Local Implementation Groups (LIG) have fully reconfigured their children's services into children's disability network teams by the end of 2015. A strong project management structure is in place to assist with this significant reform programme. Progress on this reform programme is monitored quarterly. This will be next reported in the July performance report.

Respite Services

In Q1 2015, 45,058 Respite Nights were delivered to 6,168 people with a disability. The number of overnight respite stays is below target at -5%, 5% above Q4 2014 and 0.7% above the same period in 2014. The total number of respite overnights to March 2015 at (45,058 nights) compares favorably with the figure at the same date in 2014 (44,744 nights).

Personal Assistant Hours (PA)

In Q1 2015, 357,609 Personal Assistant Hours were delivered to 2,285 adults with a physical and sensory disability. The number of hours delivered is 8% above target, 3% above Q4 2014, and 14% above the same period in 2014.

The Key Performance Indicator Development Programme also reviewed definitions for PA and Home Support services which has resulted in a degree of client reclassification within both services. Given that there may be some potential for discrepancy in the categorisation of support hours to persons with disabilities as either PA (8% over target) or HS hours (-1% below target), when the combined total of hours is analysed, it is 2% above target in Q1 2015.

Home Support (HS) Hours

In Q1 2015, 641,241 Home Support Hours were delivered to 6,683 people with a disability. The number of hours delivered is slightly below target at -1%, 5% below Q4 2014 and 1% above the same period in 2014.

Services for Older People

13,642 Older People received a home care package in April 2015 ahead of expected levels of 13,200.

845,749 home help hours were provided in April. The overall expenditure in Home Help and Home Care Packages (HCP) is over target at the end of April 2015. This relates in particular to HCPs having been provided to 442 persons more than provided for in the Service Plan expected activity and to a growing requirement to provide home help and HCP services outside of core hours, in the evenings and at weekends.

The total home care capacity, across home help hours and home care packages, is being managed in a way to meet priority needs for home care. Accordingly activity on home help may have to be balanced against increased demand and approval of higher than average HCPs.

Residential care waiting time for NHSS funding has reduced from 11 weeks to 4 weeks with the allocation of additional funding in April 2015.

Financial overview

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

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

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

Financial Performance in April 2015

As of April 2015 the health service has recorded net spend on an income and expenditure basis of €4.116 billion against a budget of €3.980 billion. This leads to a total deficit of €136.6m of which i.e. circa €60m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €76.6m within core services primarily within Acute Hospitals and Social Care.

Expenditure by Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD % Var vrs Plan
<i>HSE Funded Providers</i>	1,712,909	601,297	580,172	21,125	4%
<i>HSE Direct Provision</i>	2,288,148	784,067	743,960	40,107	5%
Acute Hospitals Division	4,001,057	1,385,364	1,324,133	61,231	5%
National Ambulance Service	144,139	47,052	46,691	360	1%
Health & Wellbeing	200,741	58,612	59,420	(808)	-1%
<i>HSE Funded Providers</i>	7,128	2,499	2,297	202	9%
<i>HSE Direct Provision</i>	739,148	241,668	238,064	3,604	2%
Primary Care	746,275	244,167	240,360	3,806	2%
<i>HSE Funded Providers</i>	0	0	0	0	
<i>HSE Direct Provision</i>	125,112	41,650	41,347	303	1%
Social Inclusion	125,112	41,650	41,347	303	1%
<i>HSE Funded Providers</i>	20,160	6,273	6,720	(447)	-7%
<i>HSE Direct Provision</i>	51,437	16,993	16,853	140	1%
Palliative Care	71,597	23,266	23,573	(307)	-1%
Primary Care Division (Note 1)	942,984	309,082	305,280	3,802	1%
<i>HSE Funded Providers</i>	35,566	11,915	11,804	111	1%
<i>HSE Direct Provision</i>	721,632	233,321	232,789	532	0%
Mental Health Division	757,198	245,236	244,593	643	0%
<i>HSE Funded Providers</i>	29,803	11,134	10,060	1,074	11%
<i>HSE Direct Provision</i>	664,748	228,392	227,392	1,000	0%
Older Persons	694,551	239,526	237,452	2,074	1%
Nursing Home Support Scheme	828,657	272,957	273,588	(631)	0%
<i>HSE Funded Providers</i>	383,864	132,714	128,790	3,923	3%
<i>HSE Direct Provision</i>	1,084,079	353,412	349,956	3,456	1%
Disabilities	1,467,943	486,126	478,746	7,380	2%
Social Care Division	2,991,151	998,609	989,786	8,823	1%
CHO Corporate Community	4,299	1,513	1,431	82	6%
Community Healthcare Organisations (CHO) Total Divisions	4,695,633	1,554,441	1,541,090	13,351	1%
National Cancer Control Programme	9,416	946	888	57	6%

Expenditure by Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD % Var vrs Plan
Clinical Strategy & Programmes (incl NMPDU)	29,895	6,661	6,726	(65)	-1%
Quality Improvement Division	7,777	1,570	1,575	(5)	0%
National Services	291,285	91,167	88,711	2,456	3%
Total HSE Funded Providers (Note 2)	2,189,430	765,832	739,843	25,988	4%
Total HSE Direct Provision	7,190,512	2,379,980	2,329,391	50,589	2%
Total Direct Service Provision	9,379,942	3,145,812	3,069,234	76,577	2%
Statutory Pensions	432,905	144,818	141,619	3,199	2%
Pension Levy	(220,870)	(72,455)	(72,695)	240	0%
Statutory Pensions & Pension Levy (Note 3)	212,034	72,364	68,924	3,439	5%
State Claims Agency	96,000	53,095	32,000	21,095	66%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	769,795	737,505	32,290	4%
Demand Led Local Schemes (Note 1)	218,344	75,322	72,084	3,238	4%
Non Core Services (Note 3)	2,582,452	898,213	841,589	56,623	7%
Total Non Core Services Provision (Note 3)	2,794,486	970,576	910,514	60,063	7%
Held Funds	10,452				
Accelerated Income (Note 4)	(50,000)				
Total	12,134,880	4,116,388	3,979,748	136,640	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,379,942	3,145,812	3,069,234	76,577	2%

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

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

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

Note 4: This represents a HSE cash acceleration target

Agency and Overtime by Division

Agency Pay by Division (€'000)								
Division	Jan-15	Feb-15	Mar-15	Apr-15	YTD Apr 15	YTD Apr 14	Variance YTD Apr 15 vrs YTD Apr 14	% Diff
Acute Hospitals	17,868	18,923	17,929	17,841	72,561	72,300	261	0%
Health & Wellbeing	127	99	159	113	498	520	-22	-4%
<i>Primary Care (incl Multi Care)</i>	1,252	1,356	1,189	1,435	5,232	4,028	1,204	30%
<i>Social Inclusion</i>	182	115	134	149	580	628	-48	-8%
<i>Palliative Care</i>	108	104	195	139	546	500	46	9%
Total Primary Care	1,542	1,575	1,518	1,723	6,358	5,156	1,202	23%
Mental Health	2,426	2,386	2,531	2,390	9,733	7,260	2,473	34%
<i>Older Persons</i>	2,588	2,326	2,583	2,798	10,295	11,242	-947	-8%
<i>Disabilities</i>	2,555	2,581	2,612	2,794	10,542	7,770	2,772	36%
Total Social Care	5,143	4,907	5,195	5,592	20,837	19,012	1,825	10%

Overtime Pay by Division (€'000)								
Division	Jan-15	Feb-15	Mar-15	Apr-15	YTD Apr 15	YTD Apr 14	Variance	% Diff
	€000s	€000s	€000s	€000s	€000s	€000s	€000s	
Acute Hospitals	14,277	12,896	13,207	14,011	54,391	51,037	3,354	7%
Health & Wellbeing	17	26	33	30	106	76	30	39%
<i>Primary Care (incl Multi Care)</i>	71	87	96	83	337	330	7	2%
<i>Social Inclusion</i>	105	107	118	111	441	376	65	17%
<i>Palliative Care</i>	68	49	63	79	259	251	8	3%
Total Primary Care	244	243	277	273	1,037	957	80	8%
Mental Health	1,913	1,110	1,588	1,322	5,933	5,096	837	16%
<i>Older Persons</i>	390	465	585	530	1,970	1,737	233	13%
<i>Disabilities</i>	615	603	577	639	2,434	1,775	659	37%
Total Social Care	1,005	1,068	1,162	1,169	4,404	3,512	892	25%

WTE overview by Division

WTE Overview by Division	WTE Mar 2015	Threshold Apr 2015	WTE Apr 2015	WTE Change since Mar 2015	WTE Variance Apr 2015	% WTE Variance Apr 2015
Acute Services	50,582	49,631	50,850	+267	+1,219	+2.5%
Ambulance Services	1,605	1,611	1,617	+12	+6	+0.4%
Health & Wellbeing	1,237	1,279	1,246	+9	-33	-2.6%
Primary Care	10,099	10,344	10,100	+1	-244	-2.4%
Mental Health	9,343	9,262	9,350	+7	+88	+1.0%
Social Care	24,959	24,816	25,045	+85	+229	+0.9%
Corporate & HBS	2,614	2,598	2,673	+59	+75	+2.9%
Total Health Service	100,439	99,541	100,881	+442	+1,340	+1.4%

Conclusion

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

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

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

The €76.6m April deficit in our core services is located primarily within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.

2015 Service Level arrangements as at 08.05.15

2015 Service Arrangements are completed for 351 out of 2,969 (11.8%)

2015 Service Arrangements are completed for €14.1m out of €3.16b (0.4%)

Human Resources Overview

Development of a People Strategy

A draft people strategy has been developed and circulated through another series of engagements with key staff and Union stakeholders. It has a planned launch date for the end of June 2015. It has been informed by the results of the first National Staff Survey as well as an extensive series of engagement workshops and is embedded in best practice People Management/Human Capital Management. The themes of the strategy as developed are as follows:

- Staff Engagement
- Workforce and Process Optimisation
- Leadership and Management Development.
- Learning and Development
- Knowledge, Planning, Data, Accessibility with two supporting themes; developing and harnessing e-HR, and developing HR structures and workforce.

A key development strand under number 5; is a review and overhaul of the current HR and workforce metrics as reported in performance reports (PR) and in other HR and workforce metrics reported at all levels in the HSE. These metrics are being based on a balanced scorecard approach within the Human Resources quadrant with the initial focus on HR performances in the areas of; Culture, HR Management, Training & Development and Leadership. These revised metrics will continue to be rolled-out and reported on over the coming months as this work is further developed and this month sees the initial metrics relevant to staff engagement/staff survey published in April for the first time in 2015.

Staff engagement and Culture

Following the publication of the first ever health service wide employee engagement survey in April 2015, work has commenced with each Hospital Group CEO, each Chief Officer in the Community Healthcare Organisations (CHO), the National Ambulance Service (NAS) and HSE Corporate to develop Staff Engagement Improvement Plans to be implemented at delivery level. These plans are focusing on the seven areas identified in the survey results as requiring improvement and are being developed following further consultation with staff through Focus Groups, being held in May 2015, with the intention to have a plan for each Hospital Group and CHO and the NAS, and over overall plan for the health service signed off by the Leadership Team in June 2015.

From the results of the survey, and in line with the Ipsos Engagement Model adopted for the survey, four key engagement scores are now being measured as part of the Balance Scorecard, as follows:

- Overall engagement
- Involvement – relationship with job
- Loyalty – relationship with organisation
- Alignment – relationship with management

These scores will remain static for the rest of 2015 and will be updated from the results of the second survey planned for early 2016.

e-HR

The draft 'Peoples Strategy' has set out as a supporting theme, the requirement to develop an e-HR plan to maximise the contribution of automation in the management of personnel and pension records, payroll, talent management, training and development, staff rostering and recruitment.

Workforce Planning (WFP)

Further engagement has taken place with the Department of Health's Workforce Planning group on the development of the national integrated strategic framework for workforce planning. The output from the three HSE national WFP workshops and implications there from has been circulated to all participants. The development and design of a WFP dashboard for the Critical Care Programme is at an advanced stage, in collaboration with the Clinical Programme Lead and Project Manager.

European Working Time Directive (EWTD)

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD Taskforce. The Taskforce is focused on verification of actions to support compliance at hospital / agency level and progressing measures to achieve full compliance in line with joint Department of Health / HSE commitments. In 2015 the HSE is moving its focus to achievement of compliance with the maximum average 48 hour working week. This will include planning and implementing consolidation of acute services and recruitment of additional Consultant staff to support full compliance.

As of April 2015:

- Compliance with a maximum 48 hour week is at 70% as of end April. As indicated previously, the rate of improvement in this area since the start of the year slowed significantly in September 2014 and the general assumption is that further meaningful improvements are dependent on acute service reconfiguration.
- Compliance with 30 minute breaks is at 98% - unchanged from March;
- Compliance with weekly / fortnightly rest is at 98% - unchanged from March;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% ,a 1% increase from March
- Compliance with a daily 11 hour rest period is at 97% - unchanged from March. This is closely linked to the 24 hour shift compliance above.

	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs
Cappagh National Orthopaedic Hospital	100%	100%
Mater Misericordiae University Hospital	100%	62%
Midland Regional Hospital Mullingar	72%	91%
National Maternity Hospital Holles Street	98%	69%
Our Lady's Hospital Navan		
Royal Victoria Eye and Ear Hospital Dublin	100%	100%
St Colmcilles Hospital Loughlinstown	100%	100%
St Lukes Hospital Kilkenny	100%	82%
St. Vincents University Hospital Elm Park	100%	47%
Wexford General Hospital	100%	94%
Ireland East Hospital Group	97%	71%
Coombe Women's and Infants University Hospital	100%	38%
Midland Regional Hospital Portlaoise	84%	43%
Midland Regional Hospital Tullamore	80%	46%
Naas General Hospital	100%	33%
St James Hospital	100%	71%
St Lukes Hospital Rathgar	100%	100%
AMNCH	96%	46%

	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs
Dublin Midlands Hospital Group	96%	54%
Beaumont Hospital	98%	52%
Cavan General Hospital	95%	83%
Connolly Hospital Blanchardstown	54%	99%
Louth County Hospital	50%	50%
Our Lady of Lourdes Hospital Drogheda	91%	34%
Rotunda Hospital		
RCSI Hospital Group	96%	50%
Bantry General Hospital	100%	83%
Cork University Hospital	93%	88%
Kerry General Hospital	100%	100%
Mercy University Hospital Cork	100%	94%
South Infirmary University Hospital Cork		
South Tipperary General Hospital	100%	94%
Waterford Regional Hospital	95%	63%
South / South West Hospital Group	96%	85%
Limerick Regional	90%	81%
St John's Hospital		
University of Limerick Hospital Group	91%	81%
Galway University Hospitals	98%	75%
Letterkenny General Hospital	94%	80%
Mayo General Hospital	89%	82%
Portiuncula Hospital General	100%	64%
Roscommon County Hospital	100%	85%
Sligo General Hospital	100%	92%
Saolta Hospital Group	97%	79%
Children's University Hospital Temple Street	94%	69%
Our Lady's Hospital for Sick Children Crumlin	92%	62%
The Children's Hospital Group	93%	65%
Total	96%	69%

In April 2015 hospitals reported a 96% compliance rate with a maximum 24 hour shift for all NCHD's. 18 hospitals are 100% compliant in April with a further 12 hospitals reporting compliance at 90% or above. 6 hospitals are reporting below 90% compliance –Mullingar (72%), Mayo (89%), Louth County Hospital (50%), Connolly (54%), Tullamore (80%) and Portlaoise (84%).

In April 2015 hospitals nationally have reported a 69% compliance with an average 48 hour working week for all NCHD's. 5 hospitals are 100% compliant (Cappagh, Eye & Ear, St. Columcille's, St Luke's, and Kerry General Hospital,). 6 hospitals are reporting below 50% compliance – Coombe (38%), Portlaoise (43%), AMNCH (46%), OLOL (34%), Tullamore 46%, Naas 33% and SVUH (47%).

Workforce Position

The table below sets out the key outputs from the Health Service Personnel Census at the end of April:

WTE Overview by Division	WTE Mar 2015	Threshold Apr 2015	WTE Apr 2015	WTE Change since Mar 2015	WTE Variance Apr 2015	% WTE Variance Apr 2015
Acute Services	50,582	49,631	50,850	+267	+1,219	+2.5%
Ambulance Services	1,605	1,611	1,617	+12	+6	+0.4%
Health & Wellbeing	1,237	1,279	1,246	+9	-33	-2.6%
Primary Care	10,099	10,344	10,100	+1	-244	-2.4%
Mental Health	9,343	9,262	9,350	+7	+88	+1.0%
Social Care	24,959	24,816	25,045	+85	+229	+0.9%
Corporate & HBS	2,614	2,598	2,673	+59	+75	+2.9%
Total Health Service	100,439	99,541	100,881	+442	+1,340	+1.4%

Included in the table above is performance against an initial overall notional employment threshold expressed in WTEs. This is broadly based on allocated direct pay envelopes (not including overtime and agency pay expenditure or costs associated with planned new service developments), and is used throughout this report. It is designed as an interim replacement of the previously notified employment indicative workforce of 94,209 WTEs in 2014, by the Department of Health. The initial figure was identified at **99,541 WTEs** for 2015, but is subject to on-going review and engagement between HR and Finance. April recorded employment levels indicates a variance of 1,340 WTEs (+1.35%).

The reported workforce position as at end of April at **100,881 WTEs** suggests, [bearing in mind the levels of recruitment currently in progress and continuing levels of overtime and agency expenditure] that unless the additional recruitment and further planned recruitment in 2015, is not offset by staff turnover as well as savings in agency and overtime expenditure, significant breaches of the allocated direct funded employment thresholds, particularly in the Acute Hospitals Division will occur and could pose significant financial and workforce challenges later in 2015.

Absence

The March national absence rate at 4.36% is down on the previous month of 4.56% and is the lowest March rate on record. It shows a drop of -6.2% from the rate recorded in March 2014. The 2015 YTD of 4.47% rate puts the Health Services generally in-line with the rates reported by Irish Small and Medium Enterprises (ISME) for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the absence rate recorded in September 2014 stood at 5.5%.



Quality

Quality Improvement

From its inception, with the National Office of Clinical Audit (NOCA) Leads, HSE Quality Improvement Division identified that clinical audit in isolation without the rigor of governance and action on output would be ineffective. For this reason the NOCA team continue to work with clinical and executive leads of the HSE, Hospital Groups and local hospital quality and patient safety committees to ensure quality data collection and in turn audit output is interpreted and used to direct quality improvement to the benefit of patients.

Over the last two years, NOCA have successfully tested governance and escalation processes to the point where action and learning from audit output can be measured at hospital level.

NOCA hosted its Inaugural Conference on Monday 18th May 2015 in the Royal College of Surgeons, Ireland. The conference marked the third anniversary since the launch of NOCA by [then] Minister for Health Dr James Reilly. Since inception, the NOCA Team have established strong alliances with international leaders in quality improvement, whom travelled to share their international experience of clinical audit and quality improvement. NOCA has and will continue to look to international expertise for evidenced based methodologies and systems of clinical audit.

The President of Medical Council of Ireland spoke on the value of clinical audit for professional competence and stated that the event and NOCA were singularly the most important initiatives to have emerged in Irish health for the last 100 years. He commended the combined leadership of RCSI and the HSE Quality Improvement Division in bringing about such a shift in culture and providing tools and supports to clinicians to use their own clinical information to improve outcomes.

NOCA has now fully commissioned and is now supporting data monitoring through established governance structures for:

- Major Trauma Audit – from 25 of 26 acute receiving trauma hospitals, St James Hospital is yet to appoint a local data coordinator. Once appointed NOCA will train to allow data collection and commence licensing of TARN.
- Irish Hip Fracture Database - from 16 trauma receiving hospitals. Following publication of IHFD 2013 National Report, clinical leads would like to publish 2014 data within this calendar year; NOCA is working with hospitals to ensure data completeness can be achieved.

Deployment is underway in the following national streams:

- National Audit of Hospital Mortality – to all 42 acute hospitals, training of clinical directors, CEO's and risk managers continues nationwide.
- National ICU Audit - Mater Misericordiae University Hospital and University Hospital Limerick both are collecting full ICU Audit dataset and will commence submission for analysis to ICNARC UK in June 2015.
- Implementation is now underway with Our Lady of Lourdes Hospital Drogheda with expected commencement of data collection in June 2015.
- In parallel NOCA are working to bring Galway University Hospital and Tallaght Hospital into implementation over July/August. These next two sites are heavily reliant on interfacing with existing ICT. Data collection is expected to commence in September.

Audit streams in final development:

- Separately to fulfil requirements of Organ Donation programme, NOCA have developed an online web based portal to collect audit data relation to the management of organ donation in Ireland. NOCA will work to implement the audit tool over the next 6 months.
- Irish National Orthopaedic Register (INOR) – User acceptance testing has commenced in South Infirmary Victoria University Hospital. From this testing, INOR will be signed off for phased deployment to both public and independent elective arthroplasty centres.
- NQAIS Medicine – Working with HSE Health Intelligence Unit, Prof Garry Courtney, it is intended NOCA will lead deployment of NQAIS Medicine.

Additional Governance Support:

- National Paediatric Audits Governance Committee

- In order to ensure all national paediatric audit is reviewed by relevant leads, NOCA in consultation with The Children's Hospital Group and all Hospital Group CEO's will convene a National Paediatric Governance Committee. In addition to data from the Major Trauma Audit, ICU Audit, and Audit of Hospital Mortality, it is intended to work with clinical leads to bring the Paediatric Mortality Register of Ireland into this Governance Committee, to allow full triangulation of all audit output
- More recently NOCA commenced work with the National Perinatal Epidemiology Centre and are providing governance and support to ensure output of their valuable audits are returned and used at hospital level to improve outcomes for mothers and newborns nationally. NPEC have now launched their Severe Maternal Mobility Audit 2012/2013, their first report to come through the NOCA Governance Board for sign off

Quality Assurance and Verification

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

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

Health Care Audit

- The healthcare audit function has transferred to the QAV Division and is a core element of the overall approach to quality assurance
- The Healthcare Audit plan for 2015 is in place and audits continue to be progressed. There are currently six audit subjects and 24 audits in progress.
- The Healthcare audit team continue to advise services on self audit in line with standards for level 1 assurance.

Medical Exposure Radiation

- The Medical Exposure Radiation Unit was established to fulfil the regulatory functions of the HSE under Statutory Instrument 478/SI 303. The Unit is also the executive and advisory unit for the National Radiation Safety Committee. The HSE regulates to protect patients from the harmful effects of exposure to ionising radiation
- Preparation is underway for the International Atomic Energy Agency (IAEA) international peer review of Ireland's radiation protection regulatory infrastructure in September 2015. The paperwork on self-assessment due to be submitted June 2015.
- An Audit of patient pregnancy protocols and diagnostic reference levels as outlined in the Medical Exposure Radiation Unit's (MERU) Patient Radiation Protection Manual in progress.

National Incident Management and Learning Team (NIMLT)

- NIMLT has transferred to QAV and is supporting HSE Services in managing a range of serious incidents.
- NIMLT continues to deliver training in Safety Incident Management and System Analysis Investigations. In April 2015 68 staff were trained in Incident Management

National Incident Management System (NIMS)

Implementation of the new National Incident Management System (NIMS) jointly with the State Claims Agency is a priority for 2015. 743 users across all hospital groups and CHO's are currently being trained on the new system.

Serious Reportable Events (SREs)

- Progress on reporting and investigation of SREs continues to be monitored on a monthly basis
- The total number of SREs reported between March 2014 and April 2015 was 118. The Acute Hospital Division account for 68% of SREs reported. Mental Health Division account for 18% while 14% relate to Social Care Division. Both Health and Wellbeing and Primary Care Divisions have no active SRE's under investigation at this time.
- There were 21 new Serious Reportable Events notified in April of which 9 occurred in April 2015



Hospital & Pre Hospital Care



Acute Services



Acute Services

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

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

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

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

Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Surgery	% day case for Elective laparoscopic Cholecystectomy	>60%	38.0%	-36.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	87.0%	-8.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	96.0%	1.1%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	89.2%	-6.1%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	59.3%	-34.1%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	84.4%	-6.2%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.5%	-29.5%
	% of children waiting <20 weeks for an elective procedure	100%	56.1%	-43.9%
Inpatient admissions	Elective inpatient admissions	32,125	33,082	3.0%
	Emergency inpatient admissions*	153,066	147,435	-3.7%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	79.8%	-20.2%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.6	-30.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	66.5%	-30.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.3%	-19.7%
	% of all attendees at ED who are in ED >24 hours	0%	4.3%	-4.3%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	69.0%	-1.4%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.8%	10.0%	-47.1%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	57.4%	-42.6%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	99.4%	-0.61%
Delayed Discharges	% reduction of people subject to delayed discharges	611 (15% red)	-14.1%	-14.1%
Discharges	No of inpatient discharges	215,226	210,204	-2.3%
	No of day case discharges	293,134	288,746	-1.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%		Data Not Available

Access		Target YTD	YTD	% Var YTD
ALOS	Medical ALOS	5.8	7.3	-25.4%
	Surgical ALOS	5.1	5.4	-5.9%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (excluding Regional and National Services)	€1,319,183	€1,378,531	(€59,348) 4%
	Pay (excl Superannuation Pay)	€1,088,321	€1,122,818	(€34,496) 3%
	Pay - Agency	€47,345	€72,561	(€25,217) 53%
	Pay - Overtime	€49,683	€54,383	(€4,701) 9%
	Non-pay (including procurement savings)	€488,300	€522,290	(€33,990) 7%
	Income	-€292,233	-€302,772	(€-10,539) 4%
	Regional and National Services	€4,949	€6,833	(€1,884) 38%
	Net Expenditure variance from plan (including Regional and National Services)	€1,324,133	€1,385,364	(€61,231) 5%
	NCCP	€888	€946	(€57) 6%
		Acute Hospital private charges income and receipts		
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	0(0%)	100%
	€ value of 2015 Service Arrangements signed	100%	€0	100%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.54%	29.70%
	Medical/Dental		0.86%	-75.00%
	Nursing		5.30%	51.40%
	Health and Social Care Professional		3.41%	-2.57%
	Management/Admin		4.21%	20.28%
	General Support staff		5.75%	64.20%
	Other Patient and Client staff		6.95%	99%
Staffing levels	Variance from Indicative workforce	49,631	50,850	1,219 (2.46%)
EWTB Compliance	EWTB - <24 hour shift	100%	96%	4%
	EWTB - <48 hour working week	100%	69%	31%
		National Result	Performance	
Engagement	% Involvement	64%	60%	
	% loyalty	56%	50%	
	% Alignment	51%	31%	
	% Overall Engagement	57%	47%	

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

Data quality and validity

Mullingar has been unable to submit complete Outpatient Attendance returns for March and April due to system reporting issues.

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

Acute Services Heat Map April 2015

	National	Ireland East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's	
Quality	Surgery – % day case for Elective Laparoscopic Cholecystectomy (>60%)	38.00%	45.00%	63.00%	43.00%	40.00%	4.00%	20.00%	
	Hip Fracture – % Emergency Surgery Within 48 hours (95%)	87.00%	91.00%	88.00%	77.00%	90.00%	88.00%	88.00%	
	Medical Readmission rates (<9.6%)	11.00%	11.00%	11.00%	11.00%	11.00%	9.00%	11.00%	4.00%
	Surgical Readmission rates (<3%)	2.00%	2.00%	3.00%	2.00%	2.00%	1.00%	2.00%	
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals (95%)	96.00%	100.00%	97.50%	100.00%	90.20%	97.90%	91.50%	
	Cancer Services – Lung within 10 working days (95%)	89.20%	98.60%	97.30%	100.00%	79.70%	82.40%	80.90%	
	Cancer Services – Prostate within 20 working days (90%)	59.30%	56.80%	92.60%	97.60%	12.60%	27.10%	76.90%	
	Cancer Services – Radiotherapy within 15 working days (90%)	84.40%		81.80%		82.40%		85.90%	
Access	Inpatient/Day Case waiting times – % Adult waiting < 8 months (100%)	70.50%	70.00%	64.00%	66.80%	71.10%	88.90%	72.70%	
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks (100%)	56.10%	55.30%	53.60%	43.40%	61.10%	70.70%	60.70%	54.90%
	Outpatients – % people waiting < 52 weeks (100%)	79.80%	88.00%	77.00%	87.10%	73.20%	86.80%	73.70%	83.10%
	Outpatients – New: Return ratio (1:2)	01:02.6	1 : 2.3	1 : 3	1 : 2.8	1 : 2.8	1 : 3	1 : 2.4	1 : 2.4
	Emergency Care – 6 hour PET (95%)	66.50%	68.00%	57.00%	60.20%	67.50%	55.70%	68.00%	86.50%
	Emergency Care – 9 hour PET (100%)	80.30%	81.10%	73.20%	75.00%	80.30%	71.20%	83.00%	95.80%
	Emergency Care – patients in ED GT 24 hours (0%)	4.30%	4.80%	4.90%	7.00%	3.90%	7.30%	2.80%	0.50%
	Surgical DOSA (70%)	69.00%	80.00%	60.00%	56.00%	74.00%	79.00%	59.00%	
	Surgical – Reduction in bed days utilisation (5% reduction)	-47.10%	-50.00%	-66.70%	-30.40%	-33.30%	-74.30%	-75.00%	
	GI – % waiting < 13 weeks routine colonoscopy/ODG (100%)	57.40%	69.80%	35.00%	49.40%	72.50%	87.80%	57.40%	98.80%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy (100%)	99.40%	97.20%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Delayed Discharges (15% reduction)	-14.10%	-13.60%	-19.20%	-20.70%	-10.70%	44.00%	-2.60%	
	Ambulance Turnaround times (100%)		Data gap	Data gap			Data gap	Data gap	Data gap
	ALOS – Medical (5.8 days)	7.3	7.6	8.6	7.7	6.5	5.8	6.8	
	ALOS – Surgical (5.1 days)	5.4	6.4	6.8	5.9	4.4	3.8	4.8	
	Finance	% variance - from budget	5%	5%	4%	6%	3%	1%	7%
% variance - Pay (Direct)		3%	3%	2%	3%	3%	4%	5%	2%
% variance - Pay (Agency)		53%	41%	74%	29%	47%	40%	130%	108%
% variance - Pay (Overtime)		9%	15%	20%	7%	2%	15%	0%	11%
% variance - Non Pay (including procurement savings)		7%	8%	7%	6%	6%	5%	9%	5%
% variance - Income		4%	2%	1%	-4%	9%	21%	3%	7%
No of 2015 SA signed		0%							
€ value of 2015 SA signed		0%							

		National	Ireland East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
HR	% absenteeism rate - Medical/Dental	0.86%	0.93%	1.08%	0.98%	0.96%	0.12%	0.50%	1.46%
	% absenteeism rate - Nursing	5.07%	4.02%	4%	4.32%	4.95%	5.87%	4.80%	4.60%
	% absenteeism rate - Health and Social Care Professional	3.52%	2.86%	2.49%	3.18%	2.78%	4.68%	3.25%	3.06%
	% absenteeism rate - Management/Admin	4%	3.83%	4.20%	3.76%	3.59%	5.08%	4.04%	4.30%
	% absenteeism rate - General Support staff	5.71%	4.60%	4%	6.20%	5.39%	7.86%	4.91%	6.29%
	% absenteeism rate - Other Patient and Client staff	6.65%	4.41%	5.36%	6.60%	4.37%	10.25%	5.36%	3%
	Variance from Indicative workforce	2.50%	2.30%	2.10%	3.50%	3.00%	4.10%	1.30%	0.90%
	EWTD - <24 hour shift	96%	97%	96%	96%	96%	91%	97%	93%
	EWTD - <48 hour working week	69%	71%	54%	50%	85%	81%	79%	65%

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce

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

Acute Services Update

Quality

Serious Reportable Events

- The total number of SREs reported up to April 2015 was 80 which includes 14 new SREs reported during April 2015. Of the 14 new SREs reported, 4 events actually occurred and were reported during April.
- 26 of the 49 hospitals have reported Serious Reportable Events meaning the remaining 23 hospitals have no SREs reported to date.
- At the end of April 2015, 34% of investigations were reported as compliant with 4 month timeline for investigation completion.

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

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

The following hospitals have reported a result above 11% in April - 17% Bantry, 14% Letterkenny, 13% Beaumont and Mayo, 12% Wexford, Connolly, Portiuncula, St. Luke's Kilkenny, and Tullamore.

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

- April 2015 2% (April 2015 2%, No Change)
- April YTD 2015 2% (April YTD 2014 2%, No Change)
- No change from last reporting period in March 2015 remaining at 2%
- Variance below target is 33%

The following hospitals have reported above the target of 3% in April - Wexford 5%, Cork University Hospital and Portlaoise at 4%.

Cancer Services

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

- April 2015 99.3% (1,348 of 1,357 attendances), (April 2014 93.4%, Change 5.9%)
- April YTD 2015 96.0% (5,062 of 5,272 attendances) (April YTD 2014 93.7%, Change 2.3%)
- Last reported period March 2015 reported at 96.9% therefore a 2.4% improvement in performance
- Variance from target 1.1%

All centres have reported achieving target of 95% in April

The percentage of new attendances to breast cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of breast cancer in April, is 11.1% and 10.6% year to date. %. Detection rate numbers can be quite low when looking at individual sites and so can fluctuate significantly month to month so a year to date view is a more accurate reflection.

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

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

- April 2015 85.4% (205 of 240 attendances), (April 2014 90.8%, Change -5.4%)
- April YTD 2015 89.2% (977 of 1,095 attendances), (April YTD 2014 89.7%, Change -0.5%)
- Last reported period March 2015 reported at 90.4% therefore a reduction in performance of 5% since the last reporting period
- Variance from target -6.1%

Cork 68.8 % (22 of 32 attendances seen, 30 should have been seen to achieve target) and Limerick 60.7 % (17 of 28 attendances seen, 27 should have been seen to achieve target)

The percentage of new attendances to lung cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of lung cancer in April, is 26.7% and 29.9% year to date. Detection rate can be quite low when looking at individual sites and so can fluctuate significantly month to month so a year to date view is a more accurate reflection.

Mater is reporting detection rate of 39.8% year to date, St. Vincent's 44.8% and Waterford 37.5% for new attendances at lung cancer clinics.

Cork is setting up an additional OPD clinic to address needs and achieve targets. Same day CT scans are being scheduled on day of attendance at the clinic for patients that require a CT scan. Galway has begun working on clearing backlog in the rapid access clinics.

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

- April 2015 62.2% (120 of 193 attendances), (April 2014 38.6%, Change 23.6%)
- April YTD 2015 59.3% (524 of 884 attendances), (April YTD 2014 43.9%, Change 15.4%)
- Last reporting period March 2015 reported at 59.7% therefore an increase in performance of 2.5% since the last reporting period
- Variance from target -34.4%

Access to prostate cancer services continues to be low in some centres. Waterford has reported 8.3% (2 of 24 attendances seen, 22 should have been seen to achieve target) and Limerick 26.3% (5 of 19 attendances seen, 17 should have been seen to achieve target) are both showing a reduction on performance from March. Cork 21.1% (4 of 19 attendances seen, 17 should have been seen to achieve target).

The percentage of new attendances to prostate cancer clinics nationally, triaged as urgent, which have a subsequent diagnosis of prostate cancer in April, is 5% and 21.2% year to date. Detection rate numbers can be quite low when looking at individual sites and so can fluctuate significantly month to month so a year to date view is a more accurate reflection.

Year to date the Mater is reporting detection rate of 40%, St. James's 34.3%, Cork 40.3% and Galway 53.1% for new attendances at prostate cancer clinics.

Cork has resource issues due to the volume of patients presenting. Appointment of a new consultant cancer urologist for the South in 2015 will increase capacity.

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

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

- April 2015 80.4% (341 of 424 attendances) (April 2014 91.2%, Change -11%)
- April YTD 2015 84.4% (1,385 of 1,641 attendances) (April YTD 2014 91.4%, Change -7%)
- Last reporting period March 2015 reported at 85.1% therefore a reduction in performance of 4.7% since the last reporting period
- Variance from target -6.2%

St Luke's Radiation Oncology Network (SLRON) 73.5% and Cork University Hospital 83.8%.

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

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

Surgery

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

- April 2015 88% (April 2014 80%, Change 8%)
- April YTD 2015 87% (April YTD 2014 83%, Change 4%)
- March 2015 reported at 87% therefore an improvement in performance of 1% since the last reporting period
- Variance from target -7%

Hospitals reporting lower than national performance for April 2015 is St James's Hospital 86%, Tullamore 83% and Our Lady of Lourdes 82% (an improvement on March), Cork University Hospital 75%, Limerick 50%, and Letterkenny 80%.

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

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

- April 2015 39% (New KPI)
- April YTD 2015 38% (New KPI)
- March 2015 reported at 34% therefore a increase in performance in April of 5% since last reporting period
- Variance from target -36.7%

In April 2015 4 hospitals (where there were more than 2 such procedures carried out) that carried out this procedure on all patients on an inpatient basis (St. Michael's, Portlaoise, Our Lady of Lourdes and Kerry).

Access

Emergency Departments

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

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

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

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

- April 2015 68.1% (64,113 out of 94,106 attendances) (April 2014 66.7%, Change 1.4%)
- April YTD 2015 66.5% (236,907 out of 356,008 attendances) (April YTD 2014 64.2%, Change 2.3%)
- March 2015 reported at 66.2% therefore an improvement of 1.9% in performance since the last reporting period
- Variance from target -30.0%

While the national performance is 66.5% year to date, the following hospitals have reported performance below 60%; Beaumont 50.9%, Mater 56.3%, Connolly 47.4%, and University Hospital Limerick 55.7%.

The following hospitals are also below 60% but have shown improvement from the position at the end of March – Naas 52.1%, St. James's 51.8%, Tullamore 48.5%, Cork University Hospital 58.5%, and Galway University Hospital 53.6%

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

- April 2015 81.7% (76,877 out of 94,106 attendances) (April 2014 81.1%, Change 0.6%)
- April YTD 2015 80.3% (286,009 out of 356,008 attendances) (April YTD 2014 78.7%, Change 1.6%)
- March 2015 reported at 80.3% therefore an improvement of 1.4% in performance since the last reporting period
- Variance from target -19.7%

While the national performance is 80.3% at the end of April, the following hospitals have reported performance below 70% - St. James's 68.4% and Connolly 66.4%

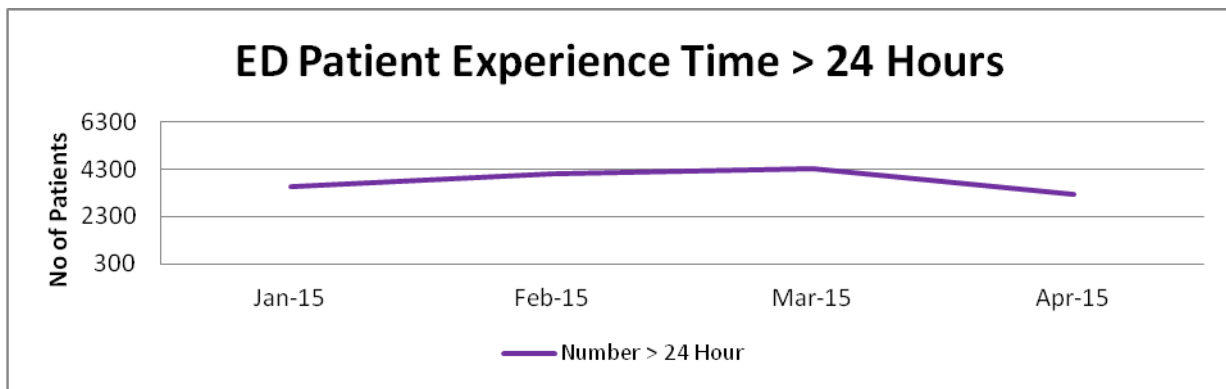
The following hospitals are also below 70% but have shown improvement from the position at the end of March, Tallaght 69.2%, Naas 66.2%, Beaumont 66.1% and Galway University Hospital 69%.

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

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

- April 2015 3.4% (3,230 out of 94,106 attendances) (April 2014 3.5%, Change 0.1%)
- April YTD 2015 4.3% (15,190 out of 356,008 attendances)(April YTD 2014 4.3%, No Change)
- March 2015 reported at 4.6% therefore an improvement of 1.2%
- Variance from target -4.3%

A number of hospitals are in excess of 10% year to date. St. Vincent's 10.2%, Naas 11.7% and Beaumont 12.4% have all shown an improvement on March performance.



The number of emergency inpatient admissions (Expected Activity 153,066 YTD)

- April 2015 36,520 (April 2014 37,389 Change 869 (-2.3%))
- April YTD 2015 147,435 (April YTD 2014 152,245 Change 4,810 (-3.2%))
- March 2015 reported at 38,142 therefore a decrease of 1,622 (-4.2%) since the last reporting period
- Variance from expected activity -3.7%

Overall emergency admissions data indicates a decrease in activity by approximately -3.2% (4,810) when compared to the data provided for the same period in 2014,

It should be noted however that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

The number of elective inpatient admissions (Expected Activity 32,125 YTD)

- April 2015 8,754 (April 2014 8,232 Change 522 (6.3%))
- April YTD 2015 33,082 (April YTD 2014 32,329 Change 753 (2.3%))
- March 2015 reported at 8,513 therefore an increase of 241 (2.8%) since the last reporting period
- Variance from expected activity 3.0%

The variance on expected levels is now at 3.0% at the end of April which is a significant change from the end of January when there was a -5.1% variance to expected activity

Overview of Key activity

Activity Area	Result YTD April 2015	Result YTD April 2014	Compared to SPLY	Against expected activity YTD	Result April 2015	Result April 2014	Monthly Compared to SPLY	Against expected activity
Inpatients discharges	210,204	214,904	-2.2% (4,700)	-2.3% (5,022)	52,942	53,471	-1.0% (-529)	-1.1% (-584)
Day case discharges	288,746	288,151	0.2% (595)	-1.5% (4,380)	73,691	72,517	1.6% (1174)	-0.2% (-159)
New ED attendances	359,629	363,588	-1.1% (3,959)	-1.6% (6,026)	92,810	92,868	-0.1% (-58)	-0.6% (-582)
Emergency Admissions	147,435	152,245	-3.2% (4,810)	-3.7% (5,631)	36,520	37,389	-2.3% (869)	-2.7% (-1,022)
Elective admissions	33,082	32,329	2.3% (753)	3.0% (957)	8,754	8,232	6.3% (522)	7.2% (586)

Colonoscopy

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

- April 2015 (9 out of 1,465 patients breached) 99.4% (March 2014 100%, Change -0.6%)
- March 2015 reported at 96.6% (47/1,393) therefore a change of 2.8% since the last reporting period
- Variance from target -0.6%

1 hospital (St. Luke's Kilkenny) reported breaches at the end of April.

All 9 patients breaching had their procedure by the end of April.

Weekly monitoring of urgent Colonoscopies is now in place and in addition to reporting current breaches; a prospective view of breaches for the following week is also reported so that future breaches can be identified early and acted upon. Tallaght have put a management action plan in place to manage breaches.

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

- April 2015 57.4% (6,192 /14,519 patients breached), (April 2014 83.6%, Change -26.2%)
- March 2015 reported at 57.3% (6,066/ 14,206 patients breached) therefore a change of 0.1% in performance since the last reporting period
- Variance from target -42.6%

The following hospitals reported below the national figure of 57.4%: Tullamore 40.8%, Naas 35.2%, Beaumont 24.5%, Tallaght 28.6%, and Wexford 54.7%.

Waterford are reporting 47.2% but this is an improvement on reported March position

There were 516 (an 83.6% increase on the number reported in March) patients waiting greater than 12 months across 6 hospitals. Most significant are Tallaght (232), Tullamore (42), Naas (95), and Beaumont (142)

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

Waiting lists

A focused waiting lists plans for scheduled care is being implemented and it is anticipated that only a small number of patients will breach no patients waiting greater than 18 months for an inpatient or day case procedure.

A plan is currently being drafted to address the out patient waiting list.

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

- April 2015 70.5% (18,016/61,066 adults breached), (April 2014 90.3%, Change -19.8%)
- March 2015 70.6% (17,863/60,668 adults breached) therefore a change of -0.1% since the last reporting period
- Variance from target -29.5%

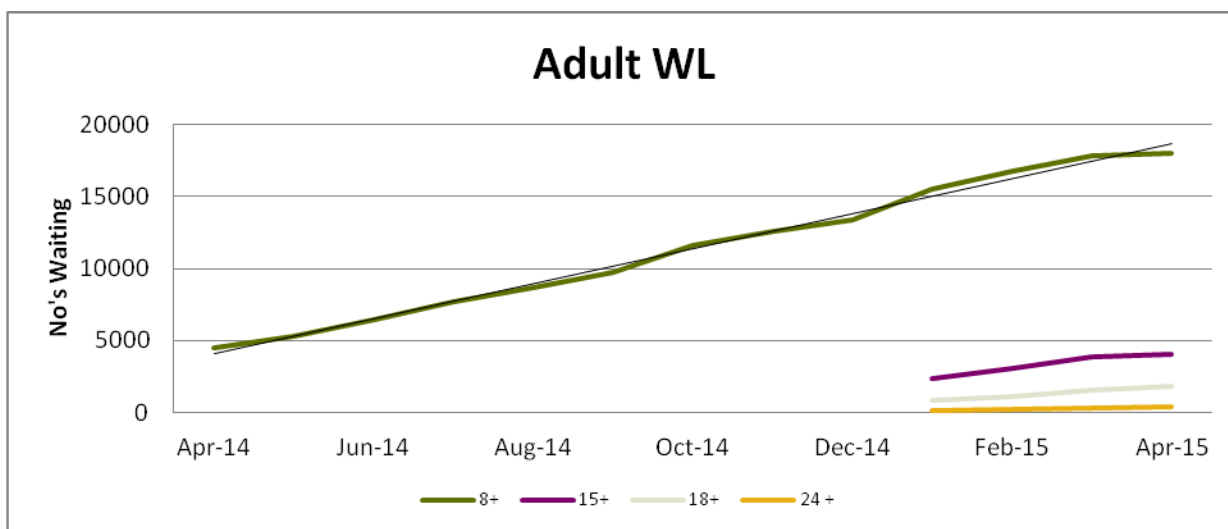
The following hospitals have reported below 70% for April 2015. Beaumont 61.8%, St. James's 57.7%, Waterford 63.6%, Our Lady of Lourdes 57.7%, Cappagh 66%, St. Vincent's 69.8% and Tallaght 68.9%.

While the following hospitals have also reported below national level for April they have improved from the reported position at the end of March - Mater 64.2% and Tullamore 69.7%.

367 patients waiting greater than 24 months, most significant– St. Vincent's (95), Beaumont (65), St. James's (105), Galway (52), Tallaght (24), Mater (17). These 367 patients are spread across 14

specialties most significant are General Surgery (116), Gynaecology (34), Maxillofacial (61), Vascular Surgery (7), ENT (32), Neurosurgery (21), Plastic Surgery (14), Orthopaedic (24), and Urology (32).

A national action plan has been drafted to address patients waiting longer than 18 months.



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

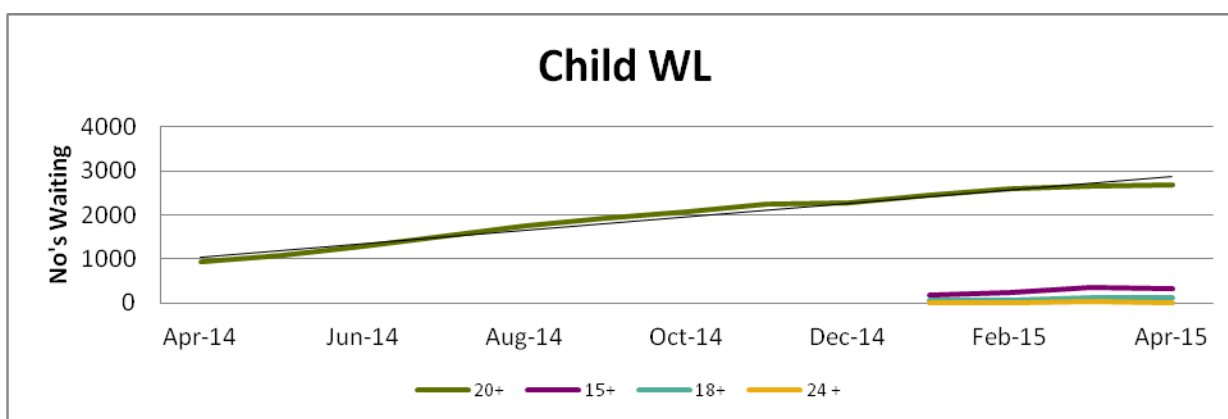
- April 2015 56.1% (2,675/6,099 children breached), (April 2014 79.5%, Change -23.4%)
- March 2015 57.1% (2,663/6,204 children breached), therefore a decrease in performance of 1% since the last reporting period
- Variance from target -43.9%

The following hospitals have reported below the national level for April 2015; Our Lady of Lourdes 35.5% and Crumlin 44.8%.

While the following hospitals have also reported below national level for April they have improved from the reported position at the end of March - Waterford 52.6%, Eye & Ear 47.4%, Cavan 42.6%, Mercy 54.3%, Galway University Hospital 53% and Tullamore 53%.

130 children waiting greater than 18 months – Crumlin (103), Waterford (10), South Infirmary (10), Beaumont (4) and Galway (3). These 130 patients are across 4 specialties – Orthopaedics (45), Respiratory (37), ENT (27), and Ophthalmology (21).

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



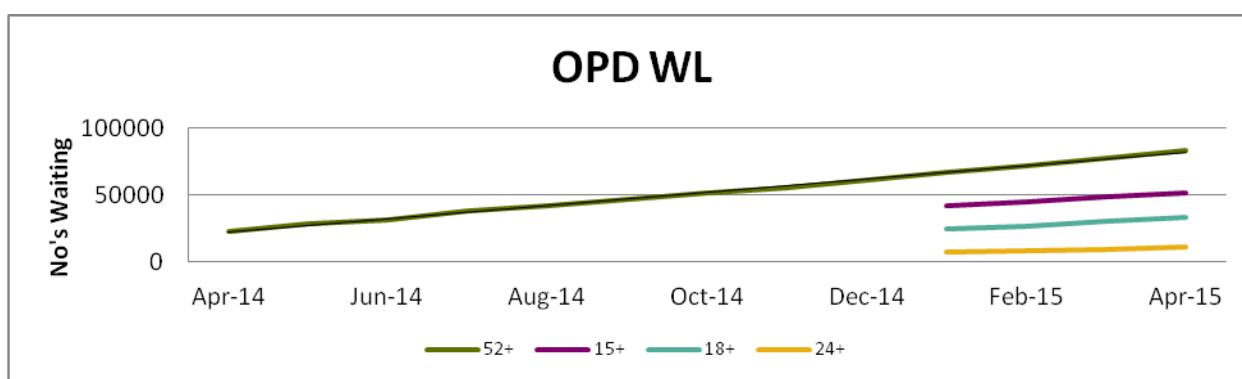
The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- April 2015 79.8% (83,347/412,422 patients breached), (April 2014 93.3%, Change -13.5%)
- March 2015 80.9% (77,319/405,501 patients breached) therefore a change of -1.1% since the last reporting period
- Variance from target/expected activity -20.2%

The following hospitals have reported well below the national level for April 2015 Tallaght 65.5%, Waterford 59%

778 patients are waiting in excess of 48 months across 14 hospitals. Most significant are Waterford (423, over half of the national number waiting more than 48 months), Letterkenny (73), Galway (141), Cork University Hospital (61) The 778 patients are spread across 11 specialties with the most significant being Dermatology (114), Orthopaedics (343), Plastic Surgery (67), Urology (67), Diabetes Mellitus (61) and ENT (32)

In April 2015 the number of new referrals to the waiting list has increased by 2.5% (1,464 patients) compared to April 2014.



Overview of waiting list number

Adult Waiting List	Number Over	Total on WL	% Over	% Change to last month
0-3 Months	22,508	61,066	36.90%	2.1%
3-6 Months	13,315	61,066	21.80%	-3.2%
Over 8 months	18,016	61,066	29.50%	1.1%
Over 15 months	4,045	61,066	6.60%	1.5%
Over 18 months	1,848	61,066	3.00%	1.2%
Over 24 Months	367	61,066	0.60%	0.2%
Child Waiting List	Number Over	Total on WL	% Over	% Change to last month
0-3 Months	2,698	6,099	44.20%	3.5%
Over 20 Weeks	2,675	6,099	43.90%	0.9%
Over 15 months	311	6,099	5.10%	-0.4%
Over 18 months	130	6,099	2.10%	0.2%
Over 24 Months	17	6,099	0.30%	0.0%

Outpatient Waiting List	Number Over	Total on WL	% Over	% Change to last month
0-3 Months	147,053	412,422	35.70%	1.8%
3-6 Months	74,792	412,422	18.10%	-2.5%
6-8 Months	42,437	412,422	10.30%	0.1%
Over 12 months	83,347	412,422	20.20%	1.1%
Over 15 months	51,313	412,422	12.40%	0.4%
Over 18 months	33,252	412,422	8.10%	0.6%
Over 24 Months	11,077	412,422	2.70%	0.3%

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

- April 2015 is 1 : 2.6 (April 2014 1 : 2.6, No Change)
- April YTD 2015 is 1 : 2.6 (April YTD 2014 1 : 2.6, No Change)
- March 2015 reported at 1:2.5 therefore an reduction in performance of 0.1 on the last reporting period
- Variance from target -30%

There are wide variations in the new: return ratio reported by hospitals. A number of hospitals have reported well in excess of the 1:2.6 national ratio at the end of March. Eye & Ear 4.0, Portlaoise 4.4, Naas 4.1, Mercy 4.5, Tallaght 3.6, and Ennis 3.6.

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

Implementation of OPD guidelines will improve the new: return ratio during 2015 and improve performance.

Average length of stay

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

- April 2015 6.9 days (April 2014 6.7 days, Change 0.2 days (-3.0%))
- April YTD 2015 7.3 days (April YTD 2014 6.9 days, Change 0.4 days (-5.8%))
- March 2015 reported 6.8 days therefore a reduction in performance of 0.1 days on the last reporting period
- Variance from target -25.4%

Significant variances in April for some of the major acute hospitals are Mater 9.7 days, St. Vincent's 11.8 days, St. James's 12.9 days, Waterford 8.5 days, Beaumont 11.9 days, and Connolly 9.0 days.

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

- April 2015 5.2 days (April 2014 4.5 days, Change 0.7 days (-15.6%))
- April YTD 2015 5.4 days (April YTD 2014 5.0 days, Change 0.4 days (-8.0%))
- March 2015 reported at 5.3 days therefore a change of -0.1 days compared to last reported position
- Variance from target -5.9%

Hospitals have individual targets which make up the national target of 5.1 days. Hospitals with variances of above 1 day away from target in April are Beaumont 7.3 days, Galway 6.3 days, Mater 13.1 days, St. Vincent's 11 days, Portlaoise 4.2 days, Connolly 7.1 days and St. John's 4 days.

The Surgical ALOS is adjusted to take into account day case conversion and this may have impacted on rates for April.

Surgery

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

- April 2015 70% (April 2014 66%, Change 4%)
- April YTD 2015 69% (April YTD 2014 65%, Change 4%)
- March 2015 reported at 71% therefore a decrease in performance of 1% on the last reporting period
- Variance from target -1.4%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Hospitals reporting more than 6% below their own targets in April are Mater 70%, Cavan 67%, South Tipperary 70%, Mayo 74%, Navan 78%, Mullingar 73%, Connolly 68%, Kerry 47% and Portlinculla 65%.

Discharges

The number of inpatient discharges (Expected Activity 215,226 YTD)

- April 2015 52,942 (April 2014 53,471, Change 529 (-0.9%))
- April YTD 2015 210,204 (April YTD 2014 214,904, Change 4,700 (2.2%))
- March 2015 reported at 54,370 therefore a decrease of 1,428 (-2.6%) on the last reporting period.
- Variance from expected activity -2.3%

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

The number of day case discharges (Expected Activity 293,134 YTD)

- April 2015 73,691 (April 2014 72,517 Change 1,174 (1.6%))
- April YTD 2015 288,746 (April YTD 2014 288,151, Change 595 (0.2%))
- March 2015 reported at 74,689 therefore a decrease of 998 (1.3%) on the last reporting period
- Variance from expected activity -1.5%

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

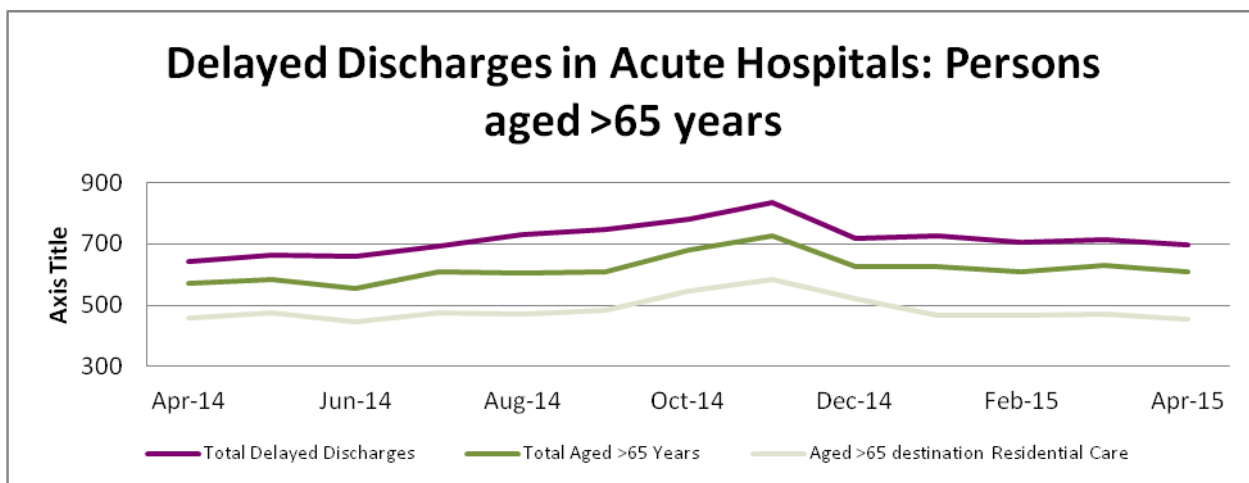
- April 2015 697 (April 2014 642, Change 55 (-8.6%))
- March 2015 reported at 715 therefore an improvement of 18 delayed discharges (2.5%) on the last reporting period
- Variance from target -14.1%

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

The number of people waiting over 90 days is now 155 which is an increase from the end of March position but a decrease from February position.

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

As of the end of April, there were 611 patients aged 65 and over medically discharged in acute hospitals. Of these 74.3% (454) are awaiting Long Term Residential Care, 1.1% decrease on April 2014 (source Delayed Discharges National Report, 28th April 2015).



Ambulances

The % of ambulances that have a time interval of less than 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (Target 100%)

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

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

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (includes Dublin Fire Brigade). In April 2015 65% (increase by 1%) of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less 95% (increase of 1%) of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

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

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
RCSI Dublin North East	610,226	214,830	202,927	11,903	6%
Dublin Midlands	751,491	267,419	256,462	10,957	4%
Ireland East	784,704	276,895	262,970	13,926	5%
South / South West	691,665	234,321	228,222	6,098	3%
Saolta University Health Care	635,821	224,142	210,021	14,121	7%
UL Hospitals	256,687	85,592	84,909	683	1%
National Children's Hospital	219,915	75,332	73,673	1,659	2%
Regional & National Services	50,549	6,833	4,949	1,884	38%
Total	4,001,057	1,385,364	1,324,133	61,231	5%

Financial Commentary

Acute Hospitals are reporting spend of €1.385bn against a budget of €1.324bn resulting in a €61m (4.6% of budget) deficit for the first four months. HSE direct provision hospitals account for €40.1m or 66% of this deficit with €21.5m or 34% being experienced in the Section 38 funded providers. The Saolta Group is showing the highest deficit of the seven groups of €14.1m with Ireland East €13.9m, and RCSI Group €11.9m showing the highest deficits after this. These three groups combined account for €39.9m or 65% of the total acute year to date deficit position.

Within the HSE Accountability Framework outlined in NSP 2015 there is an escalation process in progress which addresses non compliant financial performance on a differentiated basis.

Financial targets for 2015 included a significant reduction in agency spend which in turn would facilitate reduction in excess capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. While there has been some success in conversion of agency to HSE staff with resultant savings the outright reduction in agency staffing has not been possible to achieve in the first four months with significant pressure on the system to retain existing full capacity to address the delayed discharges/ ED pressures. In addition, recent announcements in relation to additional funding within Social Care to deal with the delayed discharge issue should, when takes full traction, facilitate reduction in capacity and consequently reduced agency spend during remainder of 2015.

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

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

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

Service Arrangements Position as at 25th May 2015

There are no service arrangements signed for 2015.

Workforce overview

Human Resource Management	Children's	Dublin Midlands	Ireland East	RCSI HG	Saolta	South/ South West	University of Limerick	Acute Services
Direct Staff WTE	2,820	9,516	10,227	7,886	7,960	9,198	3,217	50,580
Direct Staff Indicative workforce number	2,794	9,317	9,997	7,616	7,858	8,932	3,091	49,631
Direct Staff WTE Indicative workforce number Variance	26	199	230	270	102	266	126	1,219
Direct Staff WTE Indicative workforce number Variance %	0.90%	2.10%	2.30%	3.50%	1.30%	3.00%	4.10%	2.50%
2015 Development posts								
2015 Development posts filled								85
% 2015 Development posts filled								
pre-2015 Development posts								145
pre-2015 Development posts filled								79
% pre-2015 Development posts filled								54.34%
Direct Staff Headcount								
Absence rates - Medical /Dental	1.46%	1.08%	0.93%	0.98%	0.50%	0.96%	0.12%	0.86%
Absence rates - Nursing	4.64%	3.83%	4.02%	4.32%	4.77%	4.95%	5.87%	5.07%
Absence rates - Health & Social Care	3.06%	2.49%	2.86%	3.18%	3.25%	2.78%	4.68%	3.52%
Absence rates - Management Admin	4.30%	4.16%	3.83%	3.76%	4.04%	3.59%	5.08%	4.15%
Absence rates - General Support Staff	6.29%	4.18%	4.56%	6.20%	4.91%	5.39%	7.86%	5.71%
Absence rates - Other Patient & Client Care	3.40%	5.36%	4.41%	6.60%	5.36%	4.37%	10.25%	6.65%
Absence rates - Overall	3.97%	3.53%	3.53%	3.98%	3.95%	4.02%	5.73%	4.41%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	93%	96%	97%	95%	97%	96%	91%	95%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	65%	54%	71%	45%	79%	85%	68%	67%



**National Ambulance
Service**



National Ambulance Service

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

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

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

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

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

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

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

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

National Ambulance Services Balanced Score Card

Quality		Target YTD	YTD	% Var0 YTD
Serious Reportable Events	Performance reporting in development			
Audit	% of control centres that carry out Advanced Quality Assurance Audits (100%)	100%	100%	0%
Access		Target YTD	YTD	% Var YTD
Emergency response Times	Emergency Response - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less. (80%)	80%	78%	3%
	Emergency Response - % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less. (80%) ²	80%	65%	19%
Intermediate Care Vehicles	% of all transfers which are provided through the Intermediate Care Vehicle Service (70%)	>70%	76%	9%
Ambulance Turnaround Times	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework (100%)	100%	57%	43%
Finance		Budget YTD ('000)	YTD ('000)	% Var YTD ('000)
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€46,691	€47,052	(€360) 1%
	Pay (excl superannuation pay)	€34,499	€34,582	(€83)0%
	Pay – Agency	€0	€237	(€237)100%
	Pay – Overtime	€1,945	€5,204	(€3260)168%
	Non-pay (including procurement savings)	€12,266	€12,526	(€260) 2%
	Income	-€74	-€56	(€18) -24%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category	3.50%	5.11%	46%
	% absence rates by staff category - Management/Administration	3.50%	2.97%	-15.14%
	% absence rates by staff category - General Support Staff	3.50%	1.53%	-56.28%
	% absence rates by staff category - Other Patient and Client Care Staff	3.50%	5.46%	56%
Staffing levels	Variance from HSE workforce indicative workforce number (within approved funding levels)	1,611	1,617	(6) 0.39%
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
		National Result	Performance	
Engagement	% Involvement	64%	55%	
	% loyalty	56%	48%	
	%Alignment	51%	24%	
	% Overall Engagement Score	57%	42%	

²The target for DELTA calls is 80% however the standard to be achieved in 2015 is 65%

National Ambulance Services Heat Map

		National	North Leinster	Dublin Fire Brigade	South	West
Quality	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes or less	78%	85%	77%	70%	77%
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes or less	65%	68%	66%	65%	61%
Access	Intermediate Care Services	76%				
	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	69%				
Finance	% variance - Pay (Direct/Agency/Overtime)	0%				
	% variance – Income	-24%				
HR	% absence rates rate - Management/Admin	2.73%				
	% absence rates rate - General Support staff	1.13%				
	% absence rates rate - Other Patient and Client staff	5.74%				
	% variance from Indicative workforce	0.39%				

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce

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

Quality

Serious Reportable Events

- 1 event was reported up to April 2015
- This event which occurred in January 2015 and was reported in February 2015, is currently within compliance timeline (4 months) for investigation completion

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

- April performance 100%, KPI commenced in Jan 15

Access

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

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar -15
North Leinster	8,197	7,965	9,022	8,236	7,794	8,366
Dublin Fire Brigade	5,948	6,066	6,584	6,111	5,624	6,234
South	5,246	5,153	5,861	5,527	5,215	5,531
West	5,391	4,903	5,615	5,478	4,931	5,494
National	24,782	24,087	27,082	25,352	23,564	25,625

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

	Jan	Feb	Mar
National 2014	778	841	793
National 2015	818	842	827
Days in Month	31	28	31

Outline of Demand Patterns

Total Activated Calls	Mar 14	Mar 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	24,570	25,625	1,055	4%	72,226	74,541	2,315	3%
ECHO	285	327	42	13%	798	949	151	19%
DELTA	8,007	8,589	582	7%	23,446	25,050	1,604	7%

Emergency Response Times

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

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

The Southern region has the most significant variance from target at 70%, 10% below target. North Leinster achieved a performance above the 80% target of 85%.

Region	March-15
North Leinster	85%
Dublin Fire Brigade	77%
South	70%
West	77%

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 19% (151) YTD, compared to last year

The outcome of the National Ambulance Service Capacity Review will inform the strategic planning process.

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

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

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

Emergency Response Times –The % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes 59 seconds or less (Target 80%³)

- DELTA 65% in March 2015 arriving at scene (64% in March 2014 activated calls, 2% increase)
- No Change from February 2015
- Variance from expected activity -15%

Region	March-15
North Leinster	68%
Dublin Fire Brigade	66%
South	65%
West	61%

³The target for DELTA calls is 80% however the standard to be achieved in 2015 is 65%

Nationally there was a 7% (1,604) increase in 2015 in the number of DELTA calls YTD (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

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

The move to a single national control centre in Tallaght has enabled more effective dynamic deployment of ambulance resources and improvements in the number of ECHO and DELTA incidences responded to within 18 minutes and 59 seconds or less compared to the same period last year. There has also been an increase in the number of calls across the same period for ECHO at 19% and for DELTA calls at 7%.

This progress is understated as the improvement does not factor in the increase call volumes responded to which amounts to 2,315 from March 2014 to March 2015.

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

- 76% in March 2015
- Change from February 2015 1% decrease
- Variance from expected activity 6%

Intermediate Care Services

In March, 76% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Services.

This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

Total Number of Patient Transfer Calls Each Month

March 14	Apr 14	May 14	June 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	March 15
4,083	4,115	4,351	3,776	4,079	3,633	4,061	4,317	3908	3795	3,857	3,393	3,571

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

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

Ambulance Turnaround Times

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

The % of delays escalated in March 2015 is 69%.

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (includes Dublin Fire Brigade). In April 2015 65% (increase by 1%) of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 95% (stable performance compared to the previous reporting period) of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

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

Finance

Southern Regional Ambulance	18,457	6,684	6,079	604	10%
South Eastern Regional Ambulance	13,648	4,398	4,493	(95)	-2%
Western Regional Ambulance	14,330	4,834	4,535	298	7%
North Western Regional Ambulance	10,463	3,727	3,338	389	12%
Mid Western Regional Ambulance	11,970	4,300	3,934	365	9%
North Eastern Regional Ambulance	12,270	4,247	4,031	216	5%
South Western Regional Ambulance	0	0	0	0	0%
Midland Regional Ambulance	10,218	3,502	3,365	137	4%
East Coast Regional Ambulance	26,361	8,835	8,667	168	2%
Regional Ambulance Services	117,716	40,526	38,444	2,082	5%
Office of the National Director	7,558	1,077	2,266	(1,188)	-52%
National Ambulance College	1,992	623	655	(32)	-5%
Emergency Care Control	16,872	4,825	5,327	(502)	-9%
Office of the Assistant National Director	26,422	6,526	8,247	(1,722)	-21%
Total Regional Ambulance Service	144,139	47,052	46,691	360	1%

Financial Commentary

The National Ambulance service spent €47,052m against a budget of €49,691m an overspend of €360k. Total pay (excluding superannuation) is €83k ahead of profiled budget.

Workforce Overview

Human Resource Management National Ambulance Service	
Direct Staff WTE	1,605
Direct Staff Indicative workforce number	1,611
Direct Staff WTE Indicative workforce number Variance	-6
Direct Staff WTE Indicative workforce number Variance %	-0.39%
2015 Development posts	67
2015 Development posts filled	6
% 2015 Development posts filled	8.96%
pre-2015 Development posts	
pre-2015 Development posts filled	183.7
% pre-2015 Development posts filled	98.2%
Direct Staff Headcount	
Absence rates - Management Admin	2.73%
Absence rates - General Support Staff	1.13%
Absence rates - Other Patient & Client Care	5.74%
Absence rates - Overall	5.27%



Community Health Care



Health & Wellbeing



Health & Wellbeing

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

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

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

Health & Wellbeing Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Child Health	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age (95%)	95%	93.1%	-2.0%
Screening	BreastCheck - No of women screened (no. of women aged 50-64 who have had a mammogram)	46,600	49,002	5.2%
	CervicalCheck - No of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	98,000	99,206	1.2%
	Diabetic RetinaScreen - No of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	24,700	24,235	-1.9%
Tobacco Control	No of smokers who received intensive cessation support from a cessation counsellor	3,463	3,956	14.2%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€59,420	€58,612	(€-808) -1%
	Pay (excl superannuation pay)	€29,729	€29,469	(€-259) -1%
	Pay – Agency	€440	€498	(€58) 13%
	Pay – Overtime	€91	€106	(€16) 17%
	Non pay	€31,768	€30,976	(-€792) -2%
	Income	-€2,076	-€1,833	(€243) -12%
Service Arrangements	% of 2015 Service Arrangements signed	100%	44(29.5%)	70.5%
	€ value of 2015 Service Arrangements signed	100%	€3,349(34.6%)	65.4%
Human Resources		Target YTD	YTD	Var YTD
HR development areas	Performance reporting in development			
Absence⁴	% absence rates by staff category (M) (3.5%)	3.50%	4.91%	40.28%
	Medical/Dental		2.22%	36.57%
	Nursing		5.03%	43.70%
	Health and Social Care Professional		3.80%	8.50%
	Management/Admin		4.83%	38.00%
	General Support staff		5.51%	57.40%
	Other Patient and Client staff		5.48%	57%
Staffing levels	Variance from HSE Indicative workforce number(within approved funding levels)	≤0% (1,279)	1,246	-33 (-2.57%)
		National Result	Performance	
Engagement Score	% Involvement	64%	58%	
	% Loyalty	56%	52%	
	% Alignment	51%	30%	
	% Overall Engagement Score	57%	47%	

⁴ Absence rates are reflective of all Community Healthcare

Health & Wellbeing Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Child Health - development at 10 months (95%)	93.1%	96.8%	96.3%	91.7%	94.0%	92.5%	88.5%	94.5%	92.2%	95.3%
	BreastCheck screening (46,600)	49,002									
	CervicalCheck screening (98,000)	99,206									
	Diabetic RetinaScreening (24,700)	24,235									
	Tobacco Control (intensive cessation support) (1,940)	3,956									
Finance	% and € variance - Pay	-1%									
	% and € variance - Pay (Agency)	13%									
	% and € variance - Pay (Overtime)	17%									
	% and € variance - Non Pay (including procurement savings)	-2%									
	% and € variance - Income	-12%									
	% and of 2015 SA signed (100%)	29.5%									
	€ Value of 2015 SA signed (100%)	34.6%									
HR	% absence rates rate – Medical and Dental	2.00%	2.32%	1.69%	1.56%	2.11%	1.45%	4.01%	2.02%	083%	2.73%
	% absence rates rate – Nursing	4.87%	5.99%	5.07%	7.32%	3.30%	5.38%	3.83%	4.14%	6.25%	3.65%
	% absence rates rate – Health & Social Care	3.52%	3.31%	2.88%	4.11%	3.83%	4.65%	3.10%	3.70%	3.18%	3.48%
	% absence rates rate - Management Admin	4.72%	4.80%	5.73%	5.00%	3.78%	3.15%	3.68%	5.18%	5.52%	4.15%
	% absence rates rate –General Support Staff	5.48%	6.07%	4.64%	5.49%	3.94%	6.72%	3.80%	5.48%	6.14%	6.44%
	% absence rates rate – Other Patient and Client Care	5.49%	6.88%	5.22%	6.35%	3.88%	5.46%	4.21%	5.66%	6.03%	5.86%
	Variance from indicative workforce number (≤0%)	-2.57%									

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence⁵

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

HR – Indicative workforce number

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

⁵ Absence rates are reflective of all Community Healthcare

Health and Wellbeing Update

Quality

Serious Reportable Events

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

Access

Child Health

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

- April reporting shows 93.4% (5,348) children had developmental screening before 10mths
- 93.1% (20,295 out of 21,789 children) YTD 2015, 91.6% YTD 2014, 1.7% ahead of same period last year
- March 2015 was 94.4%, (change 1%)
- Variance from target YTD -2%

At CHO level:

- CHOs 1, 2, 3, 4, 5, 7, 8 and 9 were above or within 5% of the target of 95%.
- CHO 6 is within between 5% and 10% of the target at 88.5% YTD

Figures for CHO 6 have been analysed and the low rate of screening rate relates to one particular area; Dublin South East. Work is continuing there to address the current challenges. A meeting was held recently with some of the Child Health teams in the area and it focussed on identifying improvement actions.

Uptake rates by Screening Programme

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

The number of women who have had a BreastCheck screen (Target YTD 46,600)

- In April 12,209 women had mammogram screening as part of BreastCheck screening
- 49,002 women have been screened YTD 2015, this is 1.1% (538) above the same period last year
- March 2015 confirmed figures show 12,911 women screened, activity in April is below this by 702
- Variance from target YTD is 5.2% ahead

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

The number of women who have had a CervicalCheck screen in a primary care setting (Target YTD 98,000)

- In April 23,048 women had CervicalCheck screening in a primary care setting
- 99,206 women were screened YTD 2015, this is .8% ahead of the same period last year (98,448)
- March 2015 confirmed figures show 23,201 women screened, activity in April is below this by 153
- Variance from target YTD is 1.2% ahead

The variance is due to the demand led nature of the programme and patterns of attendance rather than a trend of increasing participation.

The number of clients invited to BowelScreen (no. of first invitations sent to individuals in the eligible age range 60-69 known to the programme) (Target YTD 66,667)

- In April 19,055 invites were sent to clients to participate in BowelScreen
- 68,661 clients were invited YTD 2015, this is -5.8% (4,239) less than the same period last year
- March 2015 showed 17,134 clients invited, activity in April is ahead of this by 1,921
- Variance from target YTD is 3.0% ahead

The number of people being invited to the BowelScreen programme has been increasing each month since February this year. BowelScreen is on track to meet its target of inviting 200,000 people by year end.

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Target YTD 24,700)

- In April 7,481 clients participated in Diabetic RetinaScreen
- 24,235 clients have been screened YTD 2015
- March 2015 showed 6,369 clients screened, activity in April is 1,112 people ahead of the previous month
- Variance from target YTD is -1.9%

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

The number of smokers who received cessation support from a counsellor (Target YTD 3,463)

- 905 Smokers received intensive cessation support in April 2015
- 3,956 smokers received support YTD 2015, 12.9% ahead of the same period last year (3,503)
- March 2015 showed 898, in April activity is ahead by 7
- Variance from target YTD is 14.2% ahead

Tobacco Control intensive cessation support data includes support provided within hospital groups, community services and the QUIT team.

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

The number of frontline healthcare staff trained in brief intervention smoking cessation (Target YTD, 444)

- 105 healthcare staff were trained in brief intervention smoking cessation in April 2015
- 452 healthcare staff received training YTD, -9.4% (47) below the same period last year
- Variance from target YTD is 1.8% ahead

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

Key Activities for April National Screening Service (NSS)

CervicalCheck

An eLearning module on HPV testing and triage was launched and can be accessed by Health Professionals on the CervicalCheck website.

Clinical Updates took place around the country between the 15th and 30th April 2015. Clinical updates provide smear takers with an opportunity to keep their knowledge base up to date with the best practice in cervical screening. These updates focused on the imminent introduction of HPV testing for the triage of low grade abnormalities.

BreastCheck

The BreastCheck age extension project team continues to meet to ensure target of 1,000 women to be invited in Q4 2015 is achieved.

Procurement of equipment and recruitment of additional human resources is ongoing and on track.

Healthy Ireland

Cork Sports Ability Day

Approximately 300 people attended an event in the Mardyke Arena Cork on 18th April 2015 aimed at creating awareness of improving health and well being through involvement in sport. In attendance were Minister Kathleen Lynch, John Tracey CEO of ISC, Paralympics athlete Orla Barry, people with disabilities and their families, healthcare professionals, sports coaches and special needs assistants.

Men's Health Symposium

This event took place on the 15th April 2015 in Dr Steevens Hospital with over 70 people in attendance including the Minister of State at the Department of Social Protection, Kevin Humphreys. The report on the National Men's Health Policy was reviewed and the recent outputs in men's health were showcased. The event also launched the Larkin Centre Toolkit.

Action on Alcohol Week 2015

Action on Alcohol Week 2015 took place this year from Monday, 20th April to Friday, 24th April, 2015. This year's theme was the 'Right to Information - being in the know about Alcohol harms', focussing on the impact of alcohol on mental health, women and girls, acute harm and young people and parents. The week is coordinated by a steering group of representatives from the Alcohol Forum, Alcohol Action Ireland, Drugs.ie and the Royal College of Physicians Ireland and provides an opportunity for all individuals and different organizations to contribute to raising awareness and increasing understanding of the issue.

Cavan General Hospital and Monaghan Hospital hosted Alcohol Awareness days during the week with addiction service and health promotion staff providing information on local alcohol support services. In Cavan members of the Cavan Youth reach and the Traveller Women's Health Initiative showcased their own alcohol awareness projects.

Health Schools – Health Promoting Schools Learning Event

Thirteen post-primary schools in Donegal were represented at the Health Promoting School Learning Event which took place on 22nd April in the Regional Cultural Centre, Letterkenny. In addition to students and staff from the schools, others who work within and link to the education sector in Donegal were present on the day to view the work the schools seeking national Health Promoting Schools recognition are completing. Activities in the schools address various aspects of health.

The work presented included displays, consultation results, portfolios, and presentations and focused on both the physical and mental health of the whole school community.

Organisations supporting health and wellbeing in schools in Donegal were also available to discuss how they might link with the work the schools are addressing as their Health Promoting School theme. This allowed the schools present to consider how they might forge partnerships with organisations in their local community. Inputs on the day were provided by student members of the Health Promoting School Team from GairmScoilChúUladh,

These inputs provided a great opportunity for new schools in the county who are interested in working to become a Health Promoting School to hear about the process from those currently involved.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Total	200,741	58,612	59,420	(808)	-1%

Financial Commentary

Overall the H&WB division is showing a positive variance of some €0.808m

Pay is showing an actual of €29.469m against a budget of €29.729m resulting in favourable variance of €0.259m. The pay variance relates to a slower than expected rate of recruitment of posts in the workforce plan.

Non pay in year to date April 2015 is showing an actual of €30.976m against a budget of €31.768m giving a favourable variance of €0.792m. This variance is arising due to a number of items showing a surplus, including lower than projected vaccines procurement.

Income shows an actual of €1.833m against a budget of €2.076m giving an adverse variance of €0.243m. Income targets may prove difficult for the division to achieve due to the unpredictable nature of the income generated. In addition the agency services income is dependant of the level of services required by the public authorities and is subject to fluctuation.

Projected year end position

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

Service Level Arrangements

Service Level Arrangements Position as at 25th May 2015

2015 Service Arrangements are completed for 44 out of 149 (29.5%)

2015 Service Arrangements are completed for €3,349m out of €9,680m (34.6%)

Workforce overview

HWB Human Resource Management	
Direct Staff WTE	1,246
Direct Staff Indicative workforce number	1,279
Direct Staff WTE Indicative workforce number Variance	-33
Direct Staff WTE Indicative workforce number Variance %	-2.57%
Funded Indicative workforce number	
2015 Development posts	34
2015 Development posts filled	
% 2015 Development posts filled	
pre-2015 Development posts	
pre-2015 Development posts filled	
% pre-2015 Development posts filled	
Direct Staff Headcount	
Absence rates ⁶ – Medical Dental	2.00%
Absence rates - Nursing	4.87%
Absence rates – Health and Social Care Professionals	3.52%
Absence rates - Management Admin	4.72%
Absence rates - General Support Staff	5.47%
Absence rates - Other Patient & Client Care	5.49%
Absence rates - Overall	4.84%

⁶Absence rates refers to all of Community Healthcare



Primary Care



Primary Care Services

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

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

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

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

Primary Care Balanced Scorecard

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Primary Care				
Physiotherapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Occupational Therapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Oral Health	% of new patients whose treatment is completed within 9 months of assessment		N/A	
PCRS				
Medical Cards	% of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	85.1%	-5.4%
	% of Medical Cards/GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	90%	80.9%	-10.1%
Access		Target YTD	YTD	% Var YTD
Community Intervention Teams	Community Intervention Team Overall Activity	7,592	5,880	-22.55%
	Admission Avoidance (includes OPAT)	368	204	-44.57%
	Hospital Avoidance	3,998	3,308	-17.3%
	Early discharge (includes OPAT)	1,905	1,323	-30.6%
	Other	1,321	1,045	-20.9%
GP Activity	No. of contacts with GP Out of Hours	315,437	333,754	5.8%
Opioid substitution treatment	Total number of clients in receipt of opioid substitution treatment (outside prisons)	9,400	9,427	0%
	Total number of clients in receipt of opioid substitution treatment (prisons)	490	533	9%
Medical Cards	No of persons covered by Medical Cards as at 31st December	1,762,380	1,741,333	-1.2%
	No of persons covered by GP Visit Cards as at 31st December	146,546	162,240	-60.7%
Finance		Target YTD €'000	YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€1,091,297	€1,130,933	(€49,636)4%
	Pay (excl superannuation pay)	€181,411	€185,595	(€4,185) 2%
	Pay – Agency	€3,579	€5,812	(€2,232) 62%
	Pay – Overtime	€733	€778	(€45)6%
	Non pay	€958,558	€993,758	(€35,200)4%
	Income	-€48,955	-€48,706	(€250) -1%
Primary Care	Net Expenditure variance from plan	€240,360	€244,167	(€3,806) 2%
Social Inclusion	Net Expenditure variance from plan	€41,347	€41,650	(€303) 1%
PCRS	Net Expenditure variance from plan	€737,505	€769,795	(€32,290) 4%
Demand Led Schemes	Net Expenditure variance from plan	€72,084	€75,322	(€3,238) 4%
Service Arrangements (Primary Care)	% and number of 2015 Service Arrangements signed	100%	16(6.9%)	93.1%
	€ value of 2015 Service Arrangements signed	100%	€161(0.5%)	99.5%
Service Arrangements (Social Inclusion)	% and number of 2015 Service Arrangements signed	100%	58(12.2%)	87.8%
	€ value of 2015 Service Arrangements signed	100%	3,236(4.7%)	95.3%

Human Resources		Target YTD	YTD	Var YTD
Absence⁷	% absence rates by staff category	3.50%	4.91%	40.28%
	Medical/Dental		2.22%	36.57%
	Nursing		5.03%	43.70%
	Health and Social Care Professional		3.80%	8.50%
	Management/Admin		4.83%	38.00%
	General Support staff		5.51%	57.40%
	Other Patient and Client staff		5.48%	57%
Staffing levels	Variance from HSE Indicative workforce number (within approved funding levels)	10,344	10,100	(-244) -2.36%
		National Result	Performance	
Engagement Score	% Involvement	64%	59%	
	% Loyalty	56%	47%	
	% Alignment	51%	27%	
	% Overall Engagement Score	57%	44%	

Data Quality and Validity

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

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

⁷Absence rates are reflective of all Community Healthcare

Primary Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Physiotherapy (80%)		84.5%	79.9%	81.4%	Data Gap	Data Gap	87.7%	88.5%	84.0%	Data Gap
	Occupational Therapy (80%)		87.0%	60.7%	80.2%	Data Gap	74.2%	Data Gap	77.2%	83.1%	82.2%
	Opioid substitution treatment (outside prisons) (9,400)	0%	9%	-12%	-7%	4%	4%	3%	0%	2%	-1%
	Opioid substitution treatment (prisons) (490)	9%									
Access	CIT - Overall Activity (7,592)	5880		139	1178	423	521	418	1,754	72	1375
	GP Activity (315,437)	333,754									
Finance	% variance - Budget	4%									
	% and € variance - Pay	2%									
	% and € variance - Pay (Agency)	62%									
	% and € variance - Pay (Overtime)	6%									
	% and € variance - Non Pay (including procurement savings)	4%									
	% and € variance - Income	-1%									
	% variance of 2015 SA signed (100%)	6.9%									
	% variance € value of 2015 SA signed (100%)	0.5%									
HR	% absence rates rate – Medical and Dental	2.00%	2.32%	1.69%	1.56%	2.11%	1.45%	4.01%	2.02%	083%	2.73%
	% absence rates rate – Nursing	4.87%	5.99%	5.07%	7.32%	3.30%	5.38%	3.83%	4.14%	6.25%	3.65%
	% absence rates rate – Health & Social Care	3.52%	3.31%	2.88%	4.11%	3.83%	4.65%	3.10%	3.70%	3.18%	3.48%
	% absence rates rate - Management Admin	4.72%	4.80%	5.73%	5.00%	3.78%	3.15%	3.68%	5.18%	5.52%	4.15%
	% absence rates rate – General Support Staff	5.48%	6.07%	4.64%	5.49%	3.94%	6.72%	3.80%	5.48%	6.14%	6.44%
	% absence rates rate – Other Patient and Client Care	5.49%	6.88%	5.22%	6.35%	3.88%	5.46%	4.21%	5.66%	6.03%	5.86%
	Variance from indicative workforce number (≤0%)	-2.36%									

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence⁸

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

HR – Indicative workforce number

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

⁸ Absence rates are reflective of all Community Healthcare

Primary Care Services Quality

Serious Reportable Events

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

Quality Performance Indicators

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

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

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

Access

Community Intervention Teams – total activity (includes OPAT provided by CITs) (Expected Activity YTD 7,592)

- 1,480 April 2015, 1,251 April 2014 (18.3% increase) (229)
- 5,880 YTD 2015, 4,772 YTD 2014 (23.2% increase) (1,108)
- 1,480 April 2015, 1,527 March 2015 (-3.1% decrease) (47)
- YTD variance from expected activity -22.6% (1,712)

Currently CIT services are available in all CHOs with the exception of CHO 1. YTD 2015, CIT's have increased the overall number of referrals versus the same period in 2014 by 18.3% (229 patients). There has been an increase of 47 patients seen on the March figures.

Activity has increased 23.2% compared with comparable time period in 2014 (Jan-April 2015 – 5880; Jan-Apr 2014 – 4772), however, it is below the target of 7592 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/ Hospital Wards/ Units (excluding OPAT) have increased by 6.4%, a 55.2% increase in GP referrals, Community referrals increased by 67.5%, and OPAT referrals increased by 68.1%.

Necessary facilities work has been approved so that the infusion suite can proceed in Dublin North, and meetings are underway to plan for the implementation of a CIT service in County Meath.

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

GP Activity – number of contacts with GP out of hours (Expected Activity YTD 315,437)

- 80,943 April 2015, 80,801 April 2014 (0.2% increase) (142)
- 333,754 YTD 2015, 330,694 YTD 2014 (0.9% increase) (3,060)
- 80,943 April 2015, 86,549 March 2015 (-6.5% decrease) (5,606)
- YTD variance from expected activity 5.8% (18,317)

The GP out of hour's service has not yet been mapped to CHOs. All services are performing above expected activity with Kdoc 25.0% (21,399 contacts EA 17,121 and Ddoc 11.7% (31,102 contacts YTD EA YTD 27,841).

GP Out of Hours Service Review

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

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

PCT – Primary Care Teams (Expected Activity YTD 485)

- 275 April 2015 / YTD, 334 April 2014 / YTD (-177% decrease) (59)
- 275 April 2015, 276 March 2015 ((-0.4% decrease) (1)
- YTD variance from expected activity (-43.3% decrease) (210)

425 primary care team arrangements are in place across to enable primary care providers to coordinate care for patients.

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

All CHOs are performing under target with CHO 4, 5 and CHO 8 significantly under target at -55.7%, -50.9% and -63.1% respectively.

No. of patient referrals for a physiotherapy service (Expected Activity YTD 61,704)

- 16,529 April 2015, 15,572 April 2014 (6.1% increase) (957)
- 63,942 YTD 2015, 61,204 YTD 2014 (4.5% increase) (2,738)
- 16,529 April 2015, 16,179 March 2015 (2.2% increase) (350)
- YTD variance from expected activity 3.6% (2,238)

CHO 6 had 4,019 patient referrals against a YTD expected activity of 3,366 (19.4%)

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 52,335)

- 12,974 April 2015, 12,884 April 2014 (0.7% increase) (90)
- 51,504 YTD 2015, 52,276 YTD 2014 (-1.5% decrease) (772)
- 12,974 April 2015, 12,284 March 2015 (5.6% increase) (690)
- YTD variance from expected activity -1.6% (831)

CHO 6 saw 3,229 new patients for assessment YTD against an expected activity of 2,717 (18.8%). CHO 4 is reporting at -12.1% with 8,080 new patients seen against expected activity of 9,195.

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

- 35,204 April 2015 / YTD, 34,817 April 2014 / YTD (1.1% increase) (387)
- 35,204 April 2015, 35,015 March 2015 (0.5% increase) (189)
- YTD Variance from expected activity 0.6% (211)
- YTD variance same as monthly variance, point in time metric

CHO 4 treated 4,900 patients in April against expected activity of 5,646 (-13.2%)

No. of face to face contacts/visits by physiotherapy service (Expected Activity 253,646)

- 63,498 April 2015, 63,127 April 2014 (0.6% increase) (371)
- 250,321 YTD 2015, 256,120 YTD 2014 (-2.2% decrease) (5,799)
- 63,498 April 2015, 62,904 March 2015 (0.9% increase) (594)
- YTD variance from expected activity -1.3% (3,325)

CHO 3 reported 16,677 face to face contacts YTD against expected activity of 19,922 (-16.3%)

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

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

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

- 20,376 April/YTD 2015, 19,247 April 2014/YTD (5.9% increase) (1,129)
- YTD Variance from expected activity 2.9% (565)
- YTD variance same as monthly variance, point in time metric

Information has not been provided on occupational therapy referrals, or new patients seen as there are data gaps due to a non return by Mayo in March.

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

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

Social Inclusion Access

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

- 9,427 April 2015 / YTD, 9,271 April 2014 / YTD (2% increase) (56)
- Variance from expected activity 0% (27)

CHO 1 increased activity in Cava / Monaghan, target of 66 currently 70. CHO 2 higher target set for 2015, 121 as compared with 108 in 2014, currently 106. CHO 3 has a higher target set for 2015, 270 as compared with 246 in 2014, currently 255 (slight increase in relation to last year).

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

- 533 April 2015 / YTD, 502 April 2014 / YTD (6.2% increase) (31)
- Variance from expected activity 9% (64)

9,427 patients received opioid substitute treatment (excluding prisons) for the April reporting period which includes (3,993) patients being treated by 344 GPs in the community.

Opioid substitute treatment was dispensed by 640 pharmacies catering for 6,453 patients for the reporting period.

At the end of the March reporting period there were 74 HSE clinics providing opioid substitute treatment and an additional 11 prisons clinics were provided in the prison service.

76 new patients commenced opioid substitute treatment during the April reporting period (7 in General Practice, 49 in HSE clinics and 20 in the prison clinics)

The HSE is nationally on target but likely to over perform as year progresses – over performance in prisons which is outside of the HSE domain and control.

Primary Care Reimbursement Service Quality

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

- 85% April 2015 (4,489 applications / 3,819 processed), 95.1% April 2014 (10% decrease)
- 85% April 2015 (4,489 applications / 3,819 processed), 93% March 2015 (7,465 applications/ 7,086 processed) (-7.9% decrease)

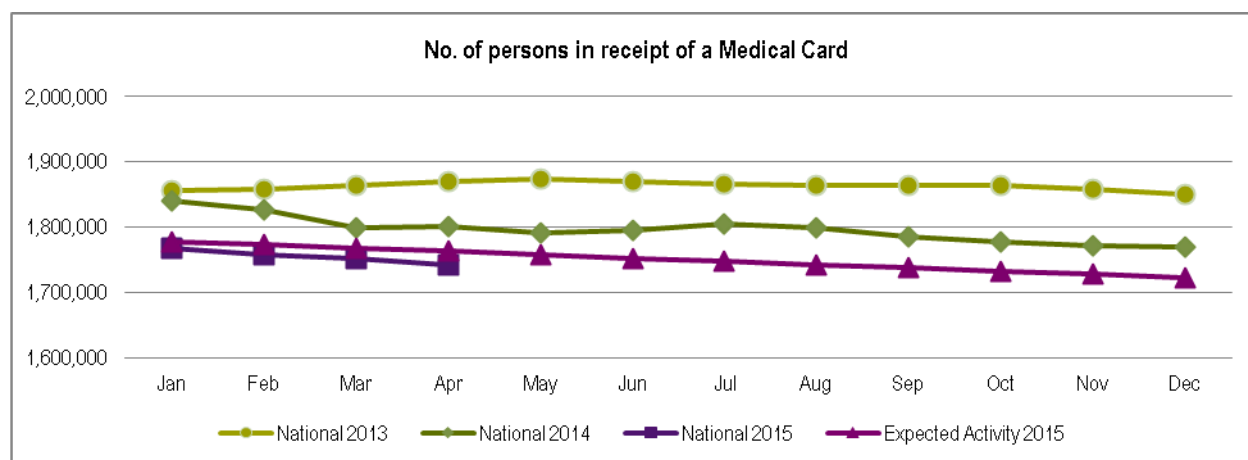
Medical Card turnaround times are a weekly metric published online. The values in this report correspond to the workload received by the HSE in week ending 4th May 2015.

Access

The number of persons covered by Medical Cards (Expected Activity YTD 1,762,380)

- 1,741,333 April 2015 / YTD, 1,800,182 April 2014 / YTD (-3.2% decrease) (58,849)
- 1,741,333 April 2015, 1,751,883 March 2015 (-0.6% decrease) (10,550)
- YTD variance from expected activity -1.2% (21,047)

Of the total number of persons covered by a medical card, 85,396 people were covered by a discretionary medical card.



No. persons covered by Medical Cards

	Jan	Feb	Mar	Apr
National 2013	1,855,797	1,857,833	1,864,320	1,870,096
National 2014	1,840,760	1,826,578	1,799,103	1,800,182
National 2015	1,766,432	1,758,050	1,751,883	1,741,333
Expected Activity 2015	1,777,380	1,772,380	1,767,380	1,762,380

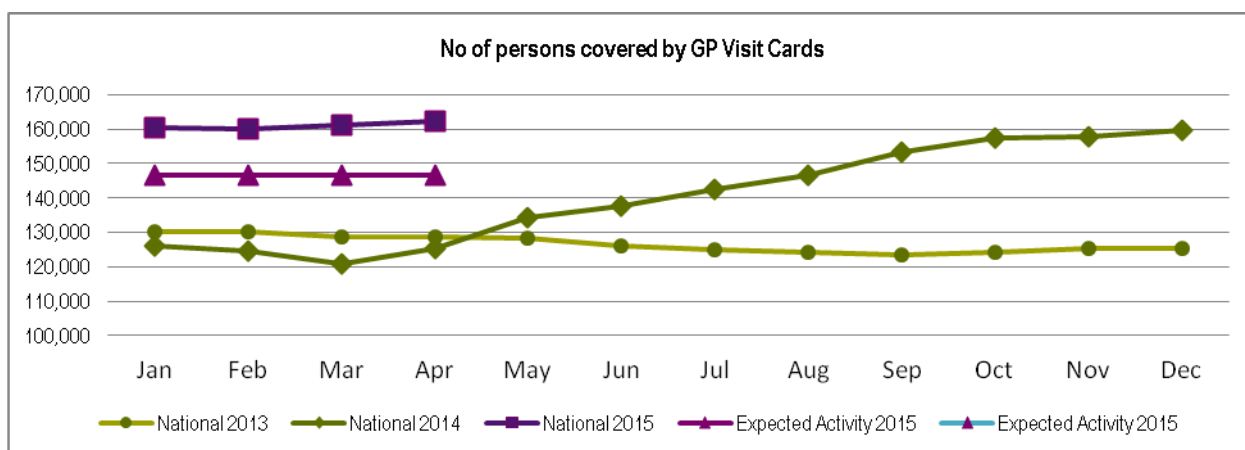
No. persons covered by discretionary Medical Card

	Jan	Feb	Mar	Apr
National 2013	62,445	61,417	60,976	60,144
National 2014	50,505	50,009	49,596	50,375
National 2015	78,932	81,265	83,450	85,396

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

- 162,240 April 2015 / YTD, 125,166 April 2014 / YTD (29.6% increase) (37,074)
- 162,240 April 2015, 161,054 March 2015 (0.7% increase) (1,186)
- YTD variance from expected activity 10.7% (15,694)

The target for 2015 was set inclusive of all children aged under 6 years becoming eligible for a GP visit card in April 2015. It is currently anticipated that these children will have eligibility for GP visit cards from July 2015. Of these 38,969 were covered by a discretionary GP Visit card.



No. persons covered by GP Visit Cards

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

No. persons covered by discretionary GP Visit Cards

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

Summary of Movement in Medical Cards

Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of April 2015	1,741,333
Net decrease	-27,367
Entirely new medical cards issued/upgraded	38,187
Medical cards reinstated	25,666
Medical cards not renewed or deemed ineligible	-82,080
Medical cards where eligibility moved to GP Visit	-9,138
Reconciliation	-2
Net decrease	-27,367

Summary of Removals in Medical Cards

Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	65,824
Full response, no longer eligible	6,659
Deceased	7,977

Removed by GP	1,620
Total	82,080

Summary of Movement in GP Visit Cards	
Movement in GPVCs	
GP Visit Cards as of 1 January 2015	159,576
GP Visit Cards at the end of April	162,240
Net increase	2,664
Entirely new GP Visit Cards issued	15,706
GP Visit Cards reinstated	5,198
GP Visit Cards not renewed or deemed ineligible	-9,313
GP Visit Cards where eligibility moved to Medical Card	-8,926
Reconciliation	-1
Net increase	2,664

Finance

Primary Care (incl Multi Care)	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	74,569	25,941	24,404	1,538	6%
CHO 2	77,495	26,571	25,477	1,094	4%
CHO 3	52,213	17,385	17,170	214	1%
CHO 4	95,269	32,080	31,316	764	2%
CHO 5	72,793	24,270	24,039	231	1%
CHO 6	50,407	17,142	16,531	612	4%
CHO 7	69,965	24,746	23,073	1,673	7%
CHO 8	97,260	32,325	31,946	380	1%
CHO 9	68,467	23,085	22,652	433	2%
Regional & National	87,838	20,620	23,753	(3,132)	-13%
Total	746,275	244,167	240,360	3,806	2%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Medical Cards	1,660,825	561,550	547,986	13,564	2%
Drug Payment Scheme	70,475	22,060	24,577	(2,517)	-10%
Long Term Illness Scheme	117,390	56,638	35,052	21,586	62%
High Tech	197,226	72,455	64,781	7,674	12%
Dental Treatment Services	75,981	22,777	25,296	(2,519)	-10%
Health Amendment Act	1,677	572	526	46	9%
Community Ophthalmic Scheme	32,182	10,026	10,147	(121)	-1%
Methadone Treatment	19,946	6,727	6,648	79	1%
Childhood Immunisation	8,449	2,018	2,812	(794)	-28%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Doctors Fees/ Allowances	8,037	838	1,386	(548)	-40%
Hardship	13,500	4,330	4,499	(169)	-4%
OPAT	7,000	1,656	2,336	(680)	-29%
Oncology Drugs / Medicines	11,500	3,197	3,836	(639)	-17%
HEP C Drugs & Medicines	33,924	3,402	4,291	(889)	-21%
ADHD	9,996	1,361	3,332	(1,971)	-59%
OPIT	0	188	0	188	0%
Total	2,268,108	769,795	737,505	32,290	4%

Local Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Local Schemes	218,344	75,322	72,084	3,238	4%

Financial Commentary

The Primary Care Division (PCD) spent €1.154m versus a budget of €1.114m in the period ending 30th April showing a negative variance of €39.3m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (LS) the core PCD service deficit is €3.8m. The primary drivers of this core deficit are pay and staffing pressures in addition to a growing number of complex paediatric cases.

There is a deficit of €35.527m in the two specific areas of PCRS and LS at the end of April 2015. The main expenditure drivers within LS are hardship and high tech medicines which represent 89% of the overall year to date deficit. The PCRS deficit is being driven by expenditure in long term illness €21.6m, high tech medicines €11.1m, pharmacy drugs and medicines €4.6m with small offsetting surpluses in the areas of dental treatment and fees and other allowances. The PCRS and LS represent a number of expenditure headings which, due to their legal or technical nature, were prepared on an agreed basis in NSP2015. There will be no impact on the funding available for the other areas of service provision should the actual 2015 costs vary from the amounts provided by way of budget.

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

Service Level Arrangements Position as at 25th May 2015

Primary Care:	2014 Service Arrangements are completed for 16 out of 231 (6.9%)
	2014 Service Arrangements are completed for €161m out of €33,771m (0.5%)
Social Inclusion:	2014 Service Arrangements are completed for 58 out of 475 (12.2%)
	2014 Service Arrangements are completed for €3,236m out of €68,906m (0.5%)

Workforce Overview

Primary Care Human Resource Management	
Direct Staff WTE	10,100
Direct Staff Indicative workforce number	10,344
Direct Staff WTE Indicative workforce number Variance	-244
Direct Staff WTE Indicative workforce number Variance %	-2.36%
Funded Indicative workforce number	
2015 Development posts	17
2015 Development posts filled	
% 2015 Development posts filled	
pre-2015 Development posts	282
pre-2015 Development posts filled	264
% pre-2015 Development posts filled	93.8%
Direct Staff Headcount	10,100
Absence rates ⁹ – Medical Dental	2.00%
Absence rates - Nursing	4.87%
Absence rates – Health and Social Care Professionals	3.52%
Absence rates - Management Admin	4.72%
Absence rates - General Support Staff	5.47%
Absence rates - Other Patient & Client Care	5.49%
Absence rates - Overall	4.84%

⁹Absence rates refers to all of Community Healthcare



Palliative Care



Palliative Care

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

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

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

Palliative Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Community Home Care	% of patients provided with a service in their place of residence within 7 days	95%	87%	-9%
	No of patients in receipt of specialist palliative care in the community	3,248	3,174	-2%
Inpatient waiting times	% of patients admitted within 7 days of referral	98%	97%	0%
Day Care	No of patients in receipt of specialists palliative day care services	349	360	3%
Paediatric Services	No of children in care of the Children's Outreach Nursing services	320	366	14%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€23,573	€23,266	(-€307) -1%
	Pay (Excl superannuation pay)	€11,889	€11,810	(€-79) -1%
	Pay – Agency	€403	€546	(€144) 36%
	Pay – Overtime	€238	€259	(€21) 9%
	Non pay (including procurement savings)	€14,409	€14,304	(€-105) -1%
	Income	-€3,158	-€3,204	(-€45) 1%
Service Arrangements	% of 2015 Service Arrangements signed	100%	44(29.5%)	70.5%
	€ value of 2015 Service Arrangements signed	100%	€3,379 (5.6%)	94.4%

Palliative Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days (95%)	87%	93%	88%	76%	84%	97%	84%	75%	96%	84%
	Community Home Care - No of patients in receipt of specialist palliative care in the community (3,248)	3174	374	398	359	507	413	220	244	428	227
	Inpatient waiting times - % of patients admitted within 7 days of referral (98%)	97%	97%	97%	100%	100%	100%	100%	94%		97%
	Day Care - No of patients in receipt of specialists palliative day care services (349)	360	15	38	34	123		33	43		73
	Paediatric Services - No of children in care of the Children's Outreach Nursing services (320)	366	14	20	26	34	40	16	142	45	29
Finance	% variance – from budget	-1%									
	% variance – Pay (Direct/Agency/Overtime)	-1%									
	% variance – Non pay (including procurement savings)	-1%									
	% variance – Income	1%									
	% variance of 2015 SA signed (100%)	29.5%									
	% variance of € value of 2015 SA signed (100%)	5.6%									

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce number

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

Palliative Care Update

Quality

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

- 87.1% (725 of 832) April 2015, 84.9% (April 2014) (627 of 738) (15.6% increase) (98)
- 86.0% (2,646 of 3,075) YTD 2015, 88.8% (2,663 of 3009) YTD 2014 (-0.6% decrease) (17)
- 87.1% (725 of 832) April 2015. 85.5% (622 of 727) March 2015 (16.5% increase) (103)
- YTD variance from target -9% (260)

Two CHOs are performing well against target i.e. CHO's 5 & 8 (97% & 96% respectively) and have surpassed or met the national target. Seven CHO's (CHO 1, 2, 3, 4, 6, 7 & 9, 93%, 88%, 76%, 84%, 84%, 75% & 84% respectively) did not reach the target. However all of these CHO's with the exception of CHO4 increased the numbers of patients seen within 7 days since the March reporting period.

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

Through the 2015 Palliative Care Service Plan a total of 11 additional specialist palliative care staff will be recruited. The posts have been allocated to areas in which service pressures had been identified.

Specialist Palliative Community / Homecare Services

CHO 4: 1 CNS for North Lee

CHO 5: 1 CNS for Waterford

CHO 6: 1 CNS each for Wicklow and Dublin South / South East

CHO 7: 1 CNS each for Dublin West and Dublin South West

CHO 9: 2 CNS for Dublin North / North West / North City

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

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

- 97.0% (293 of 302) April 2015, 98.3% (227 of 232) April 2014 (29.1% increase) (66)
- 97.1% (1088 of 1121) YTD 2015, 97.8% (907 of 945) YTD 2014 (19.9% increase) (181)
- 97.0% (293 of 302) April 2015, 96.6% (254 of 263) March 2015 (15.3% increase) (39)
- YTD variance from target 0% (5)

All CHOs are performing well against target i.e. CHO's 3, 4, 5 & 6 have surpassed the national target and recorded 100% productivity. One CHO (CHO 7, 94%, 64 of 68 patients) did not reach the target. However CHO 7 activity increased from 55 to 64 patients seen within 7 days since the March reporting period.

The numbers of patients receiving treatment in specialist palliative care inpatients units has increased by 13% (50) compared to the same period in 2014.

Referral (Location prior admission)

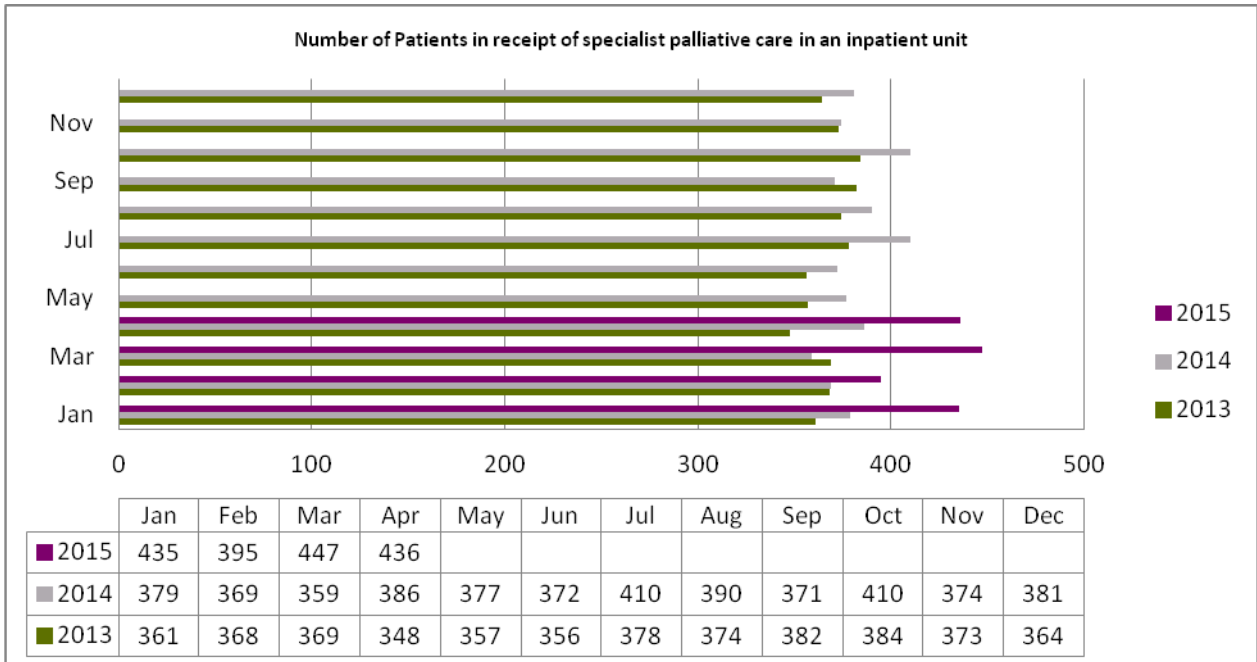
Acute Hospital	38%	YTD 44%.
Patients Home	53%	YTD 53%.
Other	3%	YTD 3%.

Diagnosis

Cancer	85%, YTD 87%
Non Cancer	15%, YTD 13%

Age Category

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

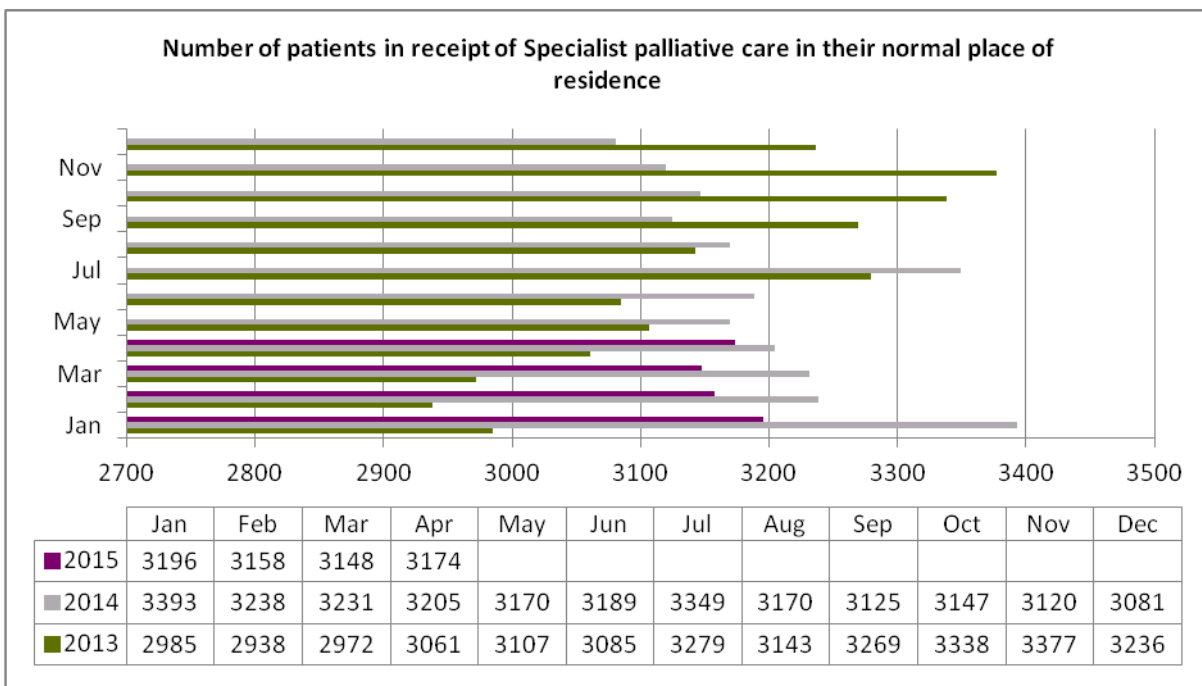


Access

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

- 3,174 April 2015, 3,205 April 2014 (-0.9% decrease) (31)
- 3,174 April 2015, 3,148 March 2015 (0.8% increase) (26)
- YTD variance from expected activity -2% (74)

The numbers of patients receiving specialist palliative care treatment in their place of residence (home, nursing home, non acute hospital) has decreased by 1% (31) compared to the same period in 2014.



348 patients availed of specialist palliative day care services in March (348 in February).

Diagnosis		Age Category	
Cancer	68%, YTD 69%	0-17 - <1%, YTD <1%	
Non Cancer	32%, YTD 31%	18-65 - 19%, YTD 19%	
		65+ - 80%, YTD 80%	

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

- 366 April 2015, 303 April 2014 (20.7% increase) (63)
- 366 April 2015, 341 March 2015 (7.3% decrease) (25)
- YTD variance from expected activity is a 14% increase (46)

All CHOs are performing above target i.e. The Community Occupational Nurses are meeting the expected activity.

An additional Children's Outreach Nurse for life-limiting conditions will be appointed to both Donegal (Letterkenny) and Dublin (Children's Hospital Group).

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

- 190 cancers, 33 non cancers April 2015. 203 cancers, 27 non cancers March 2015.

The percentage of patients with a non cancer disease being treated in an inpatient setting has increased steadily since 2010. In 2010 the cancer/non Cancer ratio was 93% cancer to 7% non cancer. April 2015 YTD the cancer/non Cancer ratio was 85% cancer to 15% non cancer. YTD 2015 the ratio was Cancer 86% (772) to non Cancer 14% (119). This is a percentage decrease on the same period YTD 2014, 88% cancer (692) to 12% non Cancer (91).

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

- 555 cancers, 266 non cancers April 2015. 516 cancers, 213 non cancers March 2015.

The percentage of patients with a non cancer disease being treated in their normal place of residence has increased steadily since 2010. In 2010 ratio was 83% cancer to 17% non cancer. April 2015 YTD the ratio was 69% cancer (2121) to 31% non cancer (932). This is a percentage increase on the same period YTD 2014 of 71% cancer (2139) to 29% non cancers (29%).

Finance

Palliative Care Services	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	5,783	1,913	1,902	11	1%
CHO 2	5,164	1,688	1,698	(10)	-1%
CHO 3	11,639	3,835	3,827	8	0%
CHO 4	8,124	2,724	2,704	20	1%
CHO 5	1,281	410	421	(11)	-3%
CHO 6	644	181	212	(30)	-14%
CHO 7	22,831	7,308	7,598	(290)	-4%
CHO 8	4,535	1,503	1,492	11	1%
CHO 9	10,278	3,468	3,477	(9)	0%
Regional & National	1,317	236	242	(7)	-3%
Total	Total	71,597	23,266	23,573	(307)

Service Level Arrangements: Position as at 25th May 2015

2015 Service Arrangements are completed for 44 out of 149 (29.5%)

2015 Service Arrangements are completed for €3,379m out of €60,339m (5.6%)



Mental Health Services



Mental Health Services

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

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

Mental Health Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Responsive Services	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units	>95%	70%	-27%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by			
	- General Adult Teams	>90%	93%	3%
	- Psychiatry of Old Age Teams	>99%	98%	-1%
	- Child and Adolescent Community mental Health Teams	>78%	80%	2%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by			
	- General Adult Teams	>75%	74%	-1%
	- Psychiatry of Old Age Teams	>95%	94%	-1%
	- Child and Adolescent Community Mental Health Teams	>72%	72%	0%
Access		Expected Activity YTD	Activity YTD	% Var YTD
CAMHS	Reduction in the number of children and adolescents on waiting lists to be seen by Community CAMHS teams			
	Target: Overall reduction of >=5% (with a particular focus on the elimination of waiting lists of greater than 12 months)			
	Total no. to be seen	2,632	3,078	17%
	Total no. to be seen (0-3 months)	1,153	1,339	16%
	Wait List (i.e. those waiting >3 months)	1,479	1,739	18%
	No on waiting list for first appointment at end of each month by wait time			
	i) 3-6 months	534	661	24%
	ii) 6-9 months	331	377	14%
	iii) 9-12 months	614	242	-61%
	iv) >12 months	0	459	>100%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€244,593	€245,236	(€643)0.26%
	Pay (excl superannuation pay)	€198,922	€198,008	(€913)0.46%
	Pay – Agency	€5,770	€9,733	(€3,963) 69%
	Pay – Overtime	€4,974	€5,933	(€959) 19%
	Non pay (including procurement savings)	€51,869	€52,912	(€1042) 1%
	Income	-€6,489	-€5,964	(€525) -8%
Service Arrangements	% of 2015 Service Arrangements signed	100%	30(15.4%)	84.6%
	€ Value of 2015 Service Arrangements signed.	100%	€798 (1.4%)	98.6%

Human Resources		Target YTD	YTD	% Var YTD
Absence¹⁰	% absence rates by staff category (M) (3.5%)	3.50%	4.91%	40.28%
	Medical/Dental		2.22%	36.57%
	Nursing		5.03%	43.70%
	Health and Social Care Professional		3.80%	8.50%
	Management/Admin		4.83%	38.00%
	General Support staff		5.51%	57.40%
	Other Patient and Client staff		5.48%	57%
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Compliance with European Working Time Directive (EWTB)	< 24 hour shift	100%	92%	8%
	< 48 hour working week	100%	98%	2%
Staffing Levels	Variance from HSE workforce Indicative workforce number (within approved funding levels)	9,262	9,350	(88) 0.95%
		National Result	Performance	
Engagement Score	% Involvement	64%	67%	
	% Loyalty	56%	51%	
	% Alignment	51%	30%	
	% Overall Engagement Score	57%	49%	

Data Quality and Validity

- Activity data contains a data gap of 1.9% as there were 203 returns out of 207

¹⁰ Absence rates are reflective of all Community Healthcare

Mental Health Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Admissions of children to adult MH units (>95%)	70%									
	General Adult Community MHT's - offered appoint within 12 weeks (>90%)		84%	95%	96%	Data Gap	99%	99%	85%	94%	88%
	Psychiatry of Old Age MHT's - offered appoint within 12 weeks (>99%)	98%	95%	100%	100%	91%	100%	100%	99%	98%	100%
	CAMHS offered appoint within 12 weeks (>78%)		75%	92%	87%	66%	87%	68%	79%	83%	Data Gap
	General Adult Community MHT's - offered appoint and seen within 12 weeks (>75%)		69%	84%	72%	Data Gap	92%	75%	72%	68%	62%
	Psychiatry of Old Age MHT's - offered appoint and seen within 12 weeks (>75%)	94%	94%	92%	100%	69%	100%	99%	98%	92%	98%
	CAMHS offered appoint and seen with 12 weeks (>72%)		69%	85%	87%	59%	77%	58%	69%	67%	Data Gap
Access	No on CAMHS waiting list (2,632)		429	50	409	578	238	496	384	293	Data Gap
	No on CAMHS waiting list (excluding < 3 months)		241	19	274	346	170	196	203	138	Data Gap
	No on CAMHS waiting list (< 3 months) (1,153)		188	31	135	232	68	300	181	155	Data Gap
	No on CAMHS waiting list (3-6 months) (534)		92	7	103	113	35	124	75	68	Data Gap
	No on CAMHS waiting list (6-9 months) (331)		43	3	58	54	30	67	43	39	Data Gap
	No on CAMHS waiting list (9-12 months) (614)		42	1	42	61	24	5	24	31	Data Gap
	No on CAMHS waiting list (> 12 months) (Zero Tolerance)		64	8	71	118	81	0	61	0	Data Gap
Finance	% variance - from budget	0.26%									
	% variance - Pay	0.46%									
	% variance - Pay (Agency)	69%									
	% variance - Pay (Overtime)	19%									
	% variance - Non pay (including procurement savings)	1%									
	% variance – Income	-8%									
	% variance of 2015 SA signed (100%)	15.4%									
	% variance € value of 2015 SA signed (100%)	1.4%									
HR	% variance from Indicative workforce number (<0%)	0.95%									
	% absence rates rate – Medical and Dental	2.00%	2.32%	1.69%	1.56%	2.11%	1.45%	4.01%	2.02%	0.83%	2.73%
	% absence rates rate – Nursing	4.87%	5.99%	5.07%	7.32%	3.30%	5.38%	3.83%	4.14%	6.25%	3.65%
	% absence rates rate – Health & Social Care	3.52%	3.31%	2.88%	4.11%	3.83%	4.65%	3.10%	3.70%	3.18%	3.48%
	% absence rates rate - Management Admin	4.72%	4.80%	5.73%	5.00%	3.78%	3.15%	3.68%	5.18%	5.52%	4.15%
	% absence rates rate –General Support Staff	5.48%	6.07%	4.64%	5.49%	3.94%	6.72%	3.80%	5.48%	6.14%	6.44%
	% absence rates rate – Other Patient and Client Care	5.49%	6.88%	5.22%	6.35%	3.88%	5.46%	4.21%	5.66%	6.03%	5.86%
	EWTD % NCHD's on <24 hour shift (100%)	92%									
	EWTD % NCHD's on <48 working week (100%)	98%									

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce number

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

¹¹ Absence rates are reflective of all Community Healthcare

Mental Health Update

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

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

Quality

Serious Reportable Events

- The total number of SREs reported up to April 2015 was 21 which include 4 new SREs occurring and reported in April 2015.
- At the end of April 2015, 48% of investigations were reported as compliant with 4 month timeline for investigation completion.

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

- 64% (21 out of 33 admissions) April 2015, 73% (24 out of 36 admissions) April 2014
- 70% (94 out of 135 admissions) YTD 2015, 68% (77 out of 113 admissions) YTD 2014
- 64% (21 out of 33 admissions) April 2015, 77% (27 out of 35 admissions) March 2015
- YTD variance from target -27 %

In April, there were 33 child and adolescent acute inpatient admissions. Of these, 21 were to age appropriate Child and Adolescent Acute Inpatient Units and 12 were to Adult Mental Health Inpatient Units/Approved Centres. Of these admissions, 6 (50%) were 17 years or older. The percentage of admissions of children to age appropriate units in April was 64% against the targeted 95%.

This represents both an improvement on the same period last year and a significant improvement from 55% in January. However, it shows a decrease, month on month from March to April.

In 2015 to date, there had been a total of 135 children and adolescents admitted, 94 (70%) were to age appropriate Acute Child and Adolescent Inpatient Units and 41 (30%) were to approved Adult Mental Health Inpatient Units. The majority of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of these 93 % (38 out of 41 admissions) were 16/17 years old and approximately one third (14) were discharged within 2 days and two thirds (27) within a week.

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

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

- 92% April 2015 (2,791 out of 3,034), 94% (2,849 out of 3,045) April 2014
- 93% YTD 2015 (11,715 out of 12,597), 93% YTD 2014 (11,946 out of 12,845)
- 92% April 2015 (2,791 out of 3,034), 94% March 2015 (2,953 out of 3,142)
- YTD variance from target (3% increase)

The General Adult Community Mental Health Teams are performing 3% year to date above target nationally. There can be variations in performance at team level and the outliers for this metric are CHO 1 (84%) and CHO 7 (85%) increasing from 80% in January.

However the performance is reducing in 5 of the 21 teams relating to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

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

- 100% April 2015 (764 out of 764), 100% (757 out of 757) April 2014
- 98% YTD 2015 (3,188 out of 3,197), 98% YTD 2014 (3,025 out of 3,087)
- 100% April 2015 (764 out of 764), 99% March 2015 (750 out of 797)
- YTD variance from target (1% decrease)

In April all of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks.

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

- 74% April 2015 (822 out of 1,111), 82% (903 out of 1,103) April 2014
- 80% YTD 2015 (3,562 out of 4,453), 80% YTD 2014 (3,640 out of 4,550)
- 74% April 2015 (822 out of 1,111), 82% March 2015 (924 out of 1,127)
- YTD variance from target (2% increase)

83% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 5% above targeted performance. Outliers for this metric are CHO 4 (73%) and CHO 9 (71%) where across both CHO's, 6 of the 16 teams performance is reducing the overall performance and relates to specific resource issues for those teams.

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

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

- 74% April 2015 (2,245 out of 3,034), 73% (2,214 out of 3,045) April 2014
- 74% YTD 2015 (9,322 out of 12,597), 74% YTD 2014 (9,505 out of 12,845)
- 74% April 2015 (2,245 out of 3,034), 72% March 2015 (2,262 out of 3,142)
- YTD variance from target (1% decrease)

74% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks. Outliers for this metric are CHO 8 (68%) and CHO 9 (62%). Additionally, service levels have deteriorated in CHO 1 from 75% in January to 69% in April.

Under performance relates to the types of resourcing issues mentioned above with a further factor being the 'did not attend' (DNA) rate of 21%.

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

- 96% April 2015 (753 out of 764), 96% (725 out of 757) April 2014
- 94% YTD 2015 (3,005 out of 3,197), 96% YTD 2014 (2,965 out of 3,087)
- 96% April 2015 (753 out of 764), 95% March 2015 (778 out of 797)
- YTD variance from target activity (1% decrease)

The majority of the Psychiatry of Old Age Teams nationally 92% (24 out of 26 teams) have offered a first appointment within 12 weeks. Individuals who do not attend for appointments have an impact on this measure with the 'did not attend' (DNA) rate currently running at 3%. An outlier for this metric is CHO 4 (69%).

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

- 68% April 2015 (755 out of 1,111), 71% (780 out of 1,103) April 2014
- 72% YTD 2015 (3,206 out of 4,453), 71% YTD 2014 (3,230 out of 4,550)
- 68% April 2015 (755 out of 1,111), 75% March 2015 (845 out of 1,127)
- YTD variance from target (2% increase)

In April 2015, 68% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 72% with YTD performance consistently ahead of the target of 72%. Outliers for this metric are CHO 4 (59%), CHO 6 (58%) and CHO 9 (62%). The CHO 4 underperformance is related to the resourcing issued outlined above.

Access

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

In April, there were 1,739 children and adolescents waiting for a first appointment for longer than three months, of which 459 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the objective of offering first appointments and seeing individuals within three months is a priority for 2015. There may be a number of factors contributing to an individual waiting longer than 12 months. In the context of the CAMHs Service Improvement Project and in consultation with the CHOs locally, a validation exercise combined with analysis of those on this part of the waiting list was completed in April.

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

- 3,078 April 2015, 2,932 April 2014 (5% increase) (146)
- 3,078 April 2015, 3,206 March 2015 (4% decrease) (128)
- Variance YTD from target (17% increase) (446)

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

- 1,339 April 2015, 1,317 (45%) April 2014 (2% increase) (22)
- 1,339 April 2015, 1,405 (44%) March 2015 (5% decrease) (66)

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

- 1,739 April 2015, 1,615 (53%) April 2014 (8% increase) (124)
- 1,739 April 2015, 1,801 (56%) March 2015 (3% decrease) (62)

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

	2014	Expected Activity	Target	Apr-15		Same period last year 2014	
	Outturn			No.	% var YTD v Tgt / EA YTD	No.	% var YTD 2014 v YTD 2015
No on CAMHS waiting list	2,869		2,632	3,078	17%	2,932	5%
No on CAMHS waiting list (< 3 months)	1,158	1,153		1,339	16%	1,317	2%
No. on CAMHS waiting list (excluding < 3 months)	1,711	1,479		1,739	18%	1,615	8%
No on CAMHS waiting list (3-6 months)	536	534		661	24%	567	17%
No on CAMHS waiting list (6-9 months)	447	331		377	14%	324	16%
No on CAMHS waiting list (9-12 months)	323	614		242	-61%	254	-5%
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	405		0	459	>100%	470	-2%

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

- 459 (15%) March 2015, 470 (16%) March 2014 (2% decrease) (11)
- 459 (15%) April 2015, 479 (15%) March 2015 (4% decrease) (20)
- Variance YTD from target activity (>100 % increase) (459)

The objective for this metric is that no team should have a child waiting longer than 12 months by the end of 2015. There are 459 (or 15% of the waiting list) individuals waiting more than 12 months for a first appointment. 63%¹² (40) of teams have no children waiting longer than 12 months.

Of the 30 teams who have individuals waiting longer than 12 months, 12 teams comprise 87% (399) of those (459) waiting longer than 12 months. This issue is being addressed in the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally. A validation exercise combined with analysis of those on this part of the waiting list has been completed and a targeted waiting list initiative is now underway focusing initially on those teams with more than 20 children waiting more than 12 months.

¹²62 out of 63 teams returned data in April (no return from Linn Dara Castleknock CAMHS)

Finance

Mental Health	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
CHO 1	64,301	21,342	21,356	(14)	-0.07%
CHO 2	89,506	29,322	29,383	(61)	-0.21%
CHO 3	57,336	18,876	18,794	82	0.44%
CHO 4	100,091	33,476	33,100	376	1.14%
CHO 5	87,775	29,693	28,875	818	2.83%
CHO 6	51,767	17,025	17,129	(104)	-0.61%
CHO 7	72,667	24,141	23,958	183	0.76%
CHO 8	76,299	25,567	25,341	226	0.89%
CHO 9	101,096	33,639	33,470	169	0.50%
Regional & National	56,360	12,156	13,186	(1,030)	-7.81%
Total	757,198	245,237	244,592	645	0.26%

Financial Commentary

Mental Health Services spent €245.2m in the four months ended April 2015 against a budget of €244.6m, a negative variance of €0.6m, representing 0.26% of 1%.

Pay is €0.9m under plan on a budget of €199.2m equating to 0.46% of 1%. The favourable variance in Total Pay is caused by significant overruns in Agency and Overtime Pay which is being balanced by a reduction in Direct Pay due to an inability to hire, particularly medical posts.

Non-Pay is €1.0m over plan and should come back into line in subsequent months as energy costs reduce in the summer period.

Income is €0.5m under plan and is due to reductions in Long Stay Income and Other Income.

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

Service Level Arrangements Position as at 25th May 2015

2015 Service Arrangements are completed for 30 out of 195 (15.4%)

2015 Service Arrangements are completed for €798m out of €56,649m (1.4%)

Workforce Overview

Mental Health Human Resource Management	
Direct Staff WTE	9,350
Direct Staff Indicative workforce number	9,262
Direct Staff WTE Indicative workforce number Variance**	88
Direct Staff WTE Indicative workforce number Variance %	0.95%
Funded Indicative workforce number	
2015 Development posts	
2015 Development posts filled	
% 2015 Development posts filled	
pre-2015 Development posts ¹³	1,144
pre-2015 Development posts filled	864
% pre-2015 Development posts filled	75.5%
Direct Staff Headcount	
Absence rates ¹⁴ – Medical Dental	2.00%
Absence rates - Nursing	4.87%
Absence rates – Health and Social Care Professionals	3.52%
Absence rates - Management Admin	4.72%
Absence rates - General Support Staff	5.47%
Absence rates - Other Patient & Client Care	5.49%
Absence rates - Overall	4.84%

Mental Health Analysis of New Service Development Posts (provided by MH division)

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

- 397.5 or 95.5% of the 416 development posts for 2012 have started.
- 405.5 or 85% of the 477 development posts for 2013 have started.
- Of the 251 posts allocated in 2014, 52 have been hired of which 31 have started by 31st March 2015 and a further 70.5 are at various stages in the recruitment process.

¹³ Pre 2015 Development posts relates to the coding of WTEs and funding relating to a former non statutory provider EVE Holdings now part of the HSE but where it is recorded as Mental Health for Headcount but as Social Care for Finance purposes. This will be rectified in later reports.

¹⁴ Absence rates refers to all of Community Healthcare



Social Care Services



Social Care

Social care services are focused on:

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

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

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

Serious Reportable Events

- The total number of SREs reported up to April 2015 was 16 which include 3 new SREs reported in April 2015.
- At the end of April 2015, 56% of investigations were reported as compliant with 4 month timeline for investigation completion.

Service Updates

Social Care hosted a National Summit on Empowering and Safeguarding Vulnerable People in Residential Centres on the 9th of April 2015.

Following on from the first Social Care National Summit held in December 2014, the Social Care Operational Plan 2015 outlined that an additional 3 such summits would be held in 2015, with the focus on improving “Client Safety, Dignity, and Respect& Culture Change”.

Over 240 delegates attended the summit at the Aviva Stadium, the theme of which was ‘Leadership and Change Management’. Delegates were provided the opportunity to hear progress at Aras Attracta, as well as the implementation of the system wide programme of change across our disability services which commenced in December 2014, the challenges emerging, and to discuss solutions to ensure best outcomes for services users. It is planned that the outcome from the National Summit will inform the work of the National Implementation Task Force for the coming quarter, incorporating feedback and learning as we proceed with the implementation of the six step change programme.

Opened by Minister Lynch, and attended by the DG and Deputy DG, speakers at the summit included a representative from HIQA, who provided an opportunity to hear the regulators perspective on progress of new HIQA regulations, the HSE Confidential Recipient (recently appointed), and a relative of one of the residents in Aras Attracta.

The summit held three sessions that included updates in the following areas:

Aras Attracta

- **Investigation Update** – The investigation is progressing on schedule, having received clearance from an Garda Siochana to recommence its work. The aim is to have the investigation work completed by end of May, with findings and final report completed by end June 2015.
- **Assurance Review** - One step of our change programme relates to the assurance review of Aras Attracta being carried out by Dr Kevin McCoy and his team. Dr McCoy outlined his programme of work for the year. The review team are currently engaging with residents, family members, staff and management. The next phase will involve wider consultation with external parties, service providers, academics and interest groups.
- In addition to recommending specific plans for each centre in Aras Attracta, the output from the review team will help to inform our system wide programme of improvement.
- **Governance** – A new governance structure is being implemented at Aras Attracta, with a new Director of Service post advertised. Under the leadership of the new Director, three distinct centres will operate within the campus, headed by a new person in charge of each centre
 - One centre providing services to residents with intellectual disability with complex health needs and high physical dependency,
 - A second centre supporting residents with intellectual disability and behaviours that challenge,
 - The third centre providing support to residents with an intellectual disability and medium levels of dependency.

This governance structure brings management closer to the point of service delivery, providing opportunities to concentrate on improving standards of care, delivering better outcomes for the residents.

- **Residents Council**– As part of the national volunteer advocacy programme, the first resident’s council is being established in Aras Attracta, which will play an important part in the advocacy support for residents and families. The council will be independently chaired by a family member and will concern themselves with the welfare of residents and will seek to protect residents’ rights and to enable them to participate in matters that affect their daily lives. The new council will be involved with local management in shaping the future of the centre in response to the needs of the residents and will be empowered to raise any concerns with local management, HSE national management, HIQA or the confidential recipient.

Safeguarding Vulnerable Persons at Risk of Abuse

The “Safeguarding Vulnerable Persons at Risk of Abuse” policy launched in December 2014 provides one overarching policy to which all Social Care Services, including those provided directly or funded by the HSE, will subscribe to and implement;

- A consistent approach to protecting vulnerable people
- A “No Tolerance” approach to any form of abuse and
- A culture which supports this ethos.

The National Safeguarding Office has been established, which will

- Ensure implementation of the policy
- Collect and collate data on referrals of abuse and neglect
- Develop staff training programmes in relation to the policy

Nine Safeguarding and Protection teams are being established. Each team, one per Community Healthcare Organisation, will be led by a Principal Social Worker and supported by social work team leaders and social workers. Recruitment of 20 additional social work posts has commenced.

Quality Improvement Enablement Teams

The Quality Improvement Enablement Teams are in place and are focused on supporting our centres, in transferring HIQA standards into good practice in front line services. The initial phase has prioritised HSE residential centres with the team visiting over 50 centres, delivering services to 448 people (almost 25% of HSE residential services).

It is proposed to hold the next Summit on July 1st 2015.

Disability Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Metric under development			
Access		Target YTD	YTD	% Var YTD
Personal Assistance (PA) Hours	No. of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability (Q reported one month in arrears)	329,705	357,609	8%
Home Support Hours	No. of Home Support Hours delivered to people with a disability (Q reported one month in arrears)	648,174	641,241	-1%
Respite Services	No. of overnight (with or without day respite) accessed by people with a disability (Quarterly reported one month in arrears)	47,501	45,058	-5%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€478,746	€486,126	(€7,380) 1%
	Pay (excl superannuation pay)	€192,451	€191,825	(€626) 0%
	Pay – Agency	€5,607	€10,542	(€4,935) 87%
	Pay – Overtime	€1,502	€2,434	(€932) 62%
	Non Pay (including procurement savings)	€313,709	€319,717	(€6,007) 1%
	Income	-€34,568	-€34,146	(€422) -1%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	45(6.0%)	94%
	€ value of 2015 Service Arrangements signed	100%	29,437(2.8%)	97.2%
Human Resources		Target YTD	YTD	Var YTD
Absence¹⁵	% absence rates by staff category (M) (3.5%)	3.50%	4.91%	40.28%
	Medical/Dental		2.22%	36.57%
	Nursing		5.03%	43.70%
	Health and Social Care Professional		3.80%	8.50%
	Management/Admin		4.83%	38.00%
	General Support staff		5.51%	57.40%
	Other Patient and Client staff		5.48%	57%
Staffing levels	Variance from Indicative workforce	24,816	25,045	(229) 0.92%
		National Result	Performance	
Engagement Score	% Involvement	64%	61%	
	% Loyalty	56%	50%	
	% Alignment	51%	35%	
	% Overall Engagement Score	57%	49%	

¹⁵ Absence rates are reflective of all Community Healthcare

Disabilities Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	PA Hours	357,609	33,241	74,228	68,078	29,787	24,185	5,367	5,769	39,703	77,251
	Home Support Hours	641,241	78,848	38,707	23,801	52,302	60,813	72,182	89,466	123,086	102,036
	Respite Services - Bed Nights	45,058	2,749	9,168	3,113	6,557	3,653	3,678	6,318	4,002	5,820
Finance	% and € variance - from budget	1%									
	% and € variance - Pay (Direct/Agency/Overtime)	0%									
	% and € variance - Non Pay (including procurement savings)	1%									
	% and € variance – Income	-1%									
	% of 2015 SA signed	6%									
	€ value of 2015 SA signed	2.8%									
	% absenteeism rate	4.84%									
HR	% absence rates rate – Medical and Dental	2.00%	2.32%	1.69%	1.56%	2.11%	1.45%	4.01%	2.02%	0.83%	2.73%
	% absence rates rate – Nursing	4.87%	5.99%	5.07%	7.32%	3.30%	5.38%	3.83%	4.14%	6.25%	3.65%
	% absence rates rate – Health & Social Care	3.52%	3.31%	2.88%	4.11%	3.83%	4.65%	3.10%	3.70%	3.18%	3.48%
	% absence rates rate - Management Admin	4.72%	4.80%	5.73%	5.00%	3.78%	3.15%	3.68%	5.18%	5.52%	4.15%
	% absence rates rate – General Support Staff	5.48%	6.07%	4.64%	5.49%	3.94%	6.72%	3.80%	5.48%	6.14%	6.44%
	% absence rates rate – Other Patient and Client Care	5.49%	6.88%	5.22%	6.35%	3.88%	5.46%	4.21%	5.66%	6.03%	5.86%
	Variance from Indicative workforce	0.92%									

Performance Rating

- Red ● > 10% of target
- Amber ● > 5% ≤ 10% of target
- Green ● ≥ 5% of target

RAG

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce number

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

¹⁶ Absence rates are reflective of all Community Healthcare

Social Care Services Disability Services

Access

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

- 2,583 April 2015 YTD 2015, (2,583 April 2014)
- 2,583 March 2015

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

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

- 2,891 April 2015 / YTD 2015, 2,864 April 2014 / YTD 2014 (1% increase) (27)
- 2,891 April 2015, 2,911 March 2015 (0.7% decrease) (20)
- YTD variance from expected activity 1% (21)

Overall performance is slightly above target. Outliers are CHO 5 (95%) and CHO 9 (99%). All other CHOS are performing at or above target.

The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability (Expected Activity YTD 329,705 reported quarterly one month in arrears)

- 357,609 March/YTD 2015 (reported in April 2015), 313,959 March/YTD 2014 (14% increase, 43,650)
- 357,609 March 2015, 346,646 December 2014 (3% increase, 10,963)
- YTD variance from expected activity 8% over target (27,904)

Overall performance is above target at 8%. All CHOs are performing above target with exception of CHO 6 (79%).

A review of KPI definitions in relation to PA and Home Support (HS) took place in 2014 which has led to some client reclassification within PA and HS services. Given that there may be some potential for discrepancy in the categorisation of support hours to persons with disabilities as either PA or HS hours, when the combined total of hours is analysed, it is 2% above target in Q1 2015.

The number of Home Support Hours delivered to people with a disability (Expected Activity YTD 648,174 reported quarterly one month in arrears)

- 641,241 March/YTD 2015 (reported in April 2015), 637,610 March/YTD 2014 (1 % increase, 3,631)
- 641,241 March 2015, 671,986 December 2014 (5% decrease, 30,745)
- YTD variance from expected activity -1% under target (6,933).

Overall performance is slightly below target at -1%. Outliers under target are CHO 3 (68%), CHO 2 (85%), CHO 1 (94%), and CHO 6 (95%) All other CHOs are above target.

As above, KPI definitions regarding whether a client is receiving a PA or HS results in client movement between the two categories. When the combined total of hours is analysed, it is 2% above target in Q1 2015.

The number of respite overnights accessed by people with a disability (Expected Activity YTD 47,501 reported quarterly one month in arrears)

- 45,058 March/YTD 2015 (reported in April 2015), 44,744 March/YTD 2014 (0.7% increase, 314)
- 45,058 March 2015, 42,849 December 2014 (5% increase 2,229)
- YTD variance from expected activity -5% under target (2,757).

Overall performance is below target at -5%. Outliers are CHO 1 (89%), CHO 3 (93%), CHO 4 (92%), CHO 5 (97%), CHO 6 (83%), CHO 7 (90%) and CHO 8 (87%).

The total number of respite overnights to March 2015 at 45,058 nights compares favourably with the figure at the same date in 2014 (44,744 nights). Demand for, and delivery of, respite overnights tends to increase in Q2 and Q3 when compared to Q1 – whereas the Q1 target simply reflects 25% of the annual target.

Following a 2014 review of KPI definitions in relation to respite, reporting now defines respite as either overnight or day respite. Day respite activity has not been collected heretofore. For 2015, overnight respite is now inclusive of respite provided by host families.

In addition, in 2015 the Disability Services have commenced collecting data on the number of people with a disability who are in receipt of 30 overnights continuous respite. This data is in development and pending validation will be available quarterly in 2016. Preliminary data for Q1 2015 indicates that 58 people exceeded their planned respite with stays of more than 30 overnights continuous respite. This has an impact on the bed availability for planned respite stays.

As identified in the National Service Plan 2015, it is anticipated that there will be a reduction in the volume of overnight respite stays as services more in line with person centered models are delivered. This is evidenced in the data relating to the number of day only (non overnight) respite sessions which has been collected for the first time in Q1. As of the end of March 7,779 day only sessions had been delivered to persons with a disability. Data validation is on-going as we transition to the new data measures.

0-18's Programme

The HSE, Department of Health and the Department of Education and Skills are working collaboratively in the rollout of the Progressing Disability Services for Children and Young People Programme.

Work is underway in reconfiguring children's disability services into geographically-based Children's Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams) The objective of the Programme is to provide one clear referral pathway for all children (0-18s), irrespective of their disability, where they live or the school they attend.

In 2014, the roll out of the Progressing Disability Services for Children and Young People (0-18s) Programme entailed targeted investment of €4m and the provision of 80 additional therapy staff (including 31 Speech and Language Therapists almost 40%), to increase services for children with all disabilities. A further €6m allocation was announced in 2015 for the reconfiguration of children's disability services, which will enable us to drive implementation of the Progressing Disability Services for Children and Young People Programme through new staff appointments 120 posts, to reconfigured multi-disciplinary, geographic-based teams. These measures will have a positive impact on the provision of clinical services for all children requiring access to health related supports.

When all the 2014 and 2015 posts are in place there will be a total of 1123 WTE therapists working on the 0-18yrs programme.

The HSE commissioned the NDA to undertake a further report on Children's Disability Services in Ireland, which will shortly be published and which identifies the additional level of resource required. The report suggests that the geographical distribution of any new posts should encourage the reconfiguration of children's disability services in line with the 0-18 programme and the creation of broadly similar ratios of therapists to children in different regions and geographical areas. When the additional 200 posts provided over 2014 and 2015 are in place, the report identifies that an additional 350-400 posts is now required to ensure complete roll out of the programme across the country in a standardised way.

Finance

Social Care Disability Services	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	105,168	36,082	34,497	1,585	5%
CHO 2	137,768	47,129	45,287	1,842	4%
CHO 3	126,289	42,409	41,520	889	2%
CHO 4	184,136	61,199	60,517	683	1%
CHO 5	128,961	43,412	42,460	952	2%
CHO 6	202,110	69,871	67,995	1,876	3%
CHO 7	149,961	51,180	49,282	1,897	4%
CHO 8	164,399	56,357	54,489	1,868	3%
CHO 9	237,958	82,413	79,888	2,524	3%
Regional & National	31,193	(3,926)	2,810	(6,736)	-240%
Total	1,467,943	486,126	478,746	7,380	2%

Financial Commentary

Within the Social Care Division (SCD) Disability Services have spent €486.1m versus a budget of €478.7m in the period ending 30th April showing a negative variance of €7.3m.

The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

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

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

Service Level Arrangements Position as at 25th May 2015

2015 Service Arrangements are completed for 45 out of 755 (6%)

2015 Service Arrangements are completed for €29,437m out of €1,050,366m (2.8%)

Workforce overview

Social Care Human Resource Management ¹⁷	
Direct Staff WTE	25,045
Direct Staff Indicative workforce number	24,816
Direct Staff WTE Indicative workforce number Variance	229
Direct Staff WTE Indicative workforce number Variance %	0.92%
Funded Indicative workforce number	
2015 Development posts	32.5
2015 Development posts filled	
% 2015 Development posts filled	
pre-2015 Development posts	175
pre-2015 Development posts filled	66.7
% pre-2015 Development posts filled	38.1%
Direct Staff Headcount	
Absence rates ¹⁸ – Medical Dental	2.00%
Absence rates - Nursing	4.87%
Absence rates – Health and Social Care Professionals	3.52%
Absence rates - Management Admin	4.72%
Absence rates - General Support Staff	5.47%
Absence rates - Other Patient & Client Care	5.49%
Absence rates - Overall	4.84%

¹⁷Work force overview is inclusive of Disability and Older People Services

¹⁸Absence rates refers to all of Community Healthcare

Older Persons Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Elder Abuse	% of active cases reviewed within 6 months time frame	90%	88.30%	-1.80%
Access		Target YTD	YTD	% Var YTD
Home Care Packages	Total no. of persons in receipt of a HCP	13,200	13,642	3.35%
	Intensive HCPs - no. in receipt of an Intensive HCP at a point in time (capacity)	190	65	-65.79%
Home Help Hours	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	3,316,354	3,316,387	0.00%
Nursing Homes Support Scheme (NHSS)	No. of people being funded under NHSS in long-term residential care during the reporting month	22,361	22,521	0.72%
Public Beds	No of NHSS Beds in Public Long Stay Units	5,287	5,314	0.50%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€237,452	€239,526	(€2,074)1%
	• Pay (excl superannuation pay)	€211,769	€214,415	(€2,646) 1%
	• Pay – Agency	€8,788	€10,295	(€1,506) 17%
	• Pay – Overtime	€1,674	€1,970	(€296) 18%
	Non Pay (including procurement savings)	€149,045	€143,467	(€5,578) -4%
	Income	-€124,423	-€119,698	(€4,725)-4%
Service Arrangements	% and number of 2015 Service Arrangements signed	100%	194(17.3%)	82.7%
	€ value of 2015 Service Arrangements signed	100%	€3,627(2.5%)	97.5%
Human Resources		Target YTD	YTD	Var YTD
Absence¹⁹	% absence rates by staff category (M) (3.5%)	3.50%	4.91%	40.28%
	Medical/Dental		2.22%	36.57%
	Nursing		5.03%	43.70%
	Health and Social Care Professional		3.80%	8.50%
	Management/Admin		4.83%	38.00%
	General Support staff		5.51%	57.40%
	Other Patient and Client staff		5.48%	57%
Staffing levels	Variance from Indicative workforce	24,816	25,045	(229) 0.92%
		National Result	Performance	
Engagement Score	% Involvement	64%	63%	
	% Loyalty	56%	54%	
	% Alignment	51%	37%	
	% Overall Engagement Score	57%	51%	

¹⁹ Absence rates are reflective of all Community Healthcare

Older Persons Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	HCP - No of persons in receipt of a HCP (13,200)	13,642	1,237	948	802	1,360	775	1,390	1,721	1,897	3,512
	HCP - No of persons in receipt of an Intensive HCP (190)	65									
	Home Help Hours - hours provided (10.3m)	845,749	112,000	101,313	78,118	174,983	99,754	30,961	56,532	100,338	91,752
	NHSS Beds - no of people funded (22,361)	22,521									
	No of NHSS Beds in Public Long Stay Units (5,287)	5,314	562	607	346	1,039	567	411	651	660	471
Finance	% variance - from budget	1%									
	% variance - Pay	1%									
	% variance - Pay (Agency)	17%									
	% variance - Pay (Overtime)	18%									
	% and € variance - Non Pay (including procurement savings)	-4%									
	% and € variance - income	-4%									
	% variance of 2014 SA signed (100%)	17.3%									
	% variance € value of 2014 SA signed (100%)	2.5%									
HR	% variance from Indicative workforce number (<0%)	0.92%									
	% absence rates rate – Medical and Dental	2.00%	2.32%	1.69%	1.56%	2.11%	1.45%	4.01%	2.02%	0.83%	2.73%
	% absence rates rate – Nursing	4.87%	5.99%	5.07%	7.32%	3.30%	5.38%	3.83%	4.14%	6.25%	3.65%
	% absence rates rate – Health & Social Care	3.52%	3.31%	2.88%	4.11%	3.83%	4.65%	3.10%	3.70%	3.18%	3.48%
	% absence rates rate - Management Admin	4.72%	4.80%	5.73%	5.00%	3.78%	3.15%	3.68%	5.18%	5.52%	4.15%
	% absence rates rate – General Support Staff	5.48%	6.07%	4.64%	5.49%	3.94%	6.72%	3.80%	5.48%	6.14%	6.44%
	% absence rates rate – Other Patient and Client Care	5.49%	6.88%	5.22%	6.35%	3.88%	5.46%	4.21%	5.66%	6.03%	5.86%

Performance Rating

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

RAG

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce number

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

¹Absence rates refer to all of Community Health Care

Social Care Services - Older Persons Services

Quality

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

- 84.6% of active cases were reviewed in April (219 out of 259)
- 219 cases were reviewed in April 2015 compared to 179 in March 2015 (22.4% increase) (40)
- YTD variance from expected activity -1.8%(13)

In April, 76 new referrals for Elder Abuse were received. Of all abuse type referrals, 7.4% relate to Physical Abuse, 38.2% Psychological Abuse, 26.5% Financial Abuse, 10.3% Neglect and the remaining 17.6% are classified in other categories. The YTD total for new referrals stands at 726.

The number of active cases reviewed in April has fallen just below the target of 90% with 84.6% of cases reviewed within this timeframe in April. The lead for this service is conducting a review to establish if causal issues and explanations can be identified, or if this is due to fluctuations in the scheme given that it is demand led by nature.

Access

Home Care Services

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

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

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

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

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

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

- 13,642 April 2015, 12,610 April 2014 (increase 8.2%, 1,032)
- 13,642 April 2015 , 13,577 March 2015 (increase 0.5%, 65)
- YTD variance from expected activity is 3.4% (442)

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

The increased demand for HCPs evidenced in Q1 2015 to assist in hospital discharges & which resulted in a 2.9% (380 HCPs) increase over target (13,200) has continued in April with HCPs now 3.4% (442 HCPs) over target, representing an additional 65 HCPs in place at the end of April when compared to the end of March 2015. 1,032 more HCPs were provided YTD in April 2015 than in April 2014, representing an 8.2% increase. This is also reflected in the financial summary, with associated higher costs reflecting the increasing level of dependency of patients supported with HCPs and subsequent service requirements to enable discharge during this period of increased demand.

Under the Service Plan 2015, €25m was allocated specifically to alleviate delayed discharges in Acute Hospitals with a focus particularly on DATH Hospitals and Our Lady of Lourdes Hospital. €5m of this has been allocated for Standard Home Care Packages provision to provide 400 Home Care Packages, which will benefit 600 additional clients.

These 400 Home Care Packages (not included in the above analysis or targets) have been allocated under this funding to the following acute hospitals as set out below:

Hospital	Ring fenced HCP Provision No. of HCPs at any one time	Estimated People benefiting over 2015
St James's	76	114
Mater Misericordiae	76	114
Beaumont	74	111
St Vincent's	74	111
Connolly	60	90
Our Lady of Lourdes	40	60
Total HCP	400 HCP	600 people

The number in receipt of an Intensive Home Care Packages (iHCPs) at a point in time (Expected Activity 190)

- 65 April 2015 / comparison with April 2014 not available as data collection did not commence until October 2014
- 65 April 2015, 51 March 2015, (increase 27.5%, 14)
- YTD variance from expected activity is -65.8% (125)

Intensive Home Care Packages are being provided by CHO 2 (22), CHO 3 (9), CHO 4 (11), CHO 6 (3), CHO 7 (1) and CHO 9 (19).

The target for iHCPs is 190 persons in receipt at any time when fully implemented. As demonstrated in the data there is a significant increase in the number of iHCPs provided in April over March position(+27.5%) which is reflective of the identification of suitable patients, and corresponding suitable services being provided to meet the complex needs of these patients being discharged home from targeted acute hospitals.

Contractual arrangements for delivering these intensive home care packages are still under negotiation. It is planned that they will be in place later in the year.

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD 3,316,354, Annual 10.3m)

- 845,749 April 2015, 842,126 April 2014 (0.4%, 3,623)
- 3,316,387 YTD 2015, 3,344,726 YTD 2014 (-0.8%, 28,339)
- 845,749 April 2015, 842,353 March 2015 (0.4%, 3,396)
- YTD variance from expected activity (0%, 33)

CHOs not achieving their expected activity are CHO 2 (-5.3%), CHO 4 (-5.8%), and CHO 6 (-6.9%).

Mainstream home help hours activity is increasing month on month across most CHOs in support of acute hospital discharges and to prevent inappropriate admissions/A&E attendances in particular.

Expenditure in relation to home help hours has increased to support the discharge of patients from acute hospitals due to the increase in dependency levels of patients discharged, with increased demand for higher cost home help hours at weekends and for overnight support. This is reflected in the activity and expenditure data.

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

- 47,774 April 2015 / YTD 2015, 46,668 April 2014 / YTD 2014 (2.3%, 1,106)
- YTD variance from expected activity -4.45% (2,226)

The number of people receiving a home help service has increased considerably on the same period last year (1,106), 717 clients above outturn level for 2014 which was 47,057, and 205 clients more than was provided for in March 2015. In line with the delayed discharge initiative, additional supports are being put in place to facilitate discharge of patients with higher dependency levels than were previously supported in the home. This has resulted in greater levels of night time and weekend support, resulting in higher cost home help hours being provided. In addition as evidenced from the HCP client numbers there is a growing requirement for enhanced levels of support beyond mainstream levels which are provided through the HCP scheme.

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

- 22,521 April 2015 / YTD 2015, 22,380 April 2014 / YTD 2014 (-0.6%, 141)
- YTD variance from expected activity (0.7%, 160)

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients									
Month 2015	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	Private Units			Public Units		
				No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase	No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase
Jan	1,001	1,369	22,324	457	452	5	152	160	-8
Feb	959	1,378	22,231	484	510	-26	155	182	-27
Mar	947	1,308	22,142	511	511	0	145	181	-36
Apr	865	575	22,521	905	542	363	240	186	54
YTD 2015	3,772	575	22,521	2,357	2,015	342	692	709	-17

In April 2015 the NHSS funded 22,521 long term public and private residential places. When adjusted for clients not in payment there were 23,701 supported under the scheme. The target of 22,361 of patients being funded under NHSS has been exceeded by 160 as some clients are not go into long term care as quickly as expected.

As previously reported, the additional 300 places funded through the delayed discharge initiative in December 2014 reduced the wait time for NHSS funding to 11 weeks. At the end of March, there were 1,308 people on the national placement list. In April, the HSE was allocated a further funding (see below) to deliver on a number of key targets to deal with the NHSS and Emergency Department overcrowding. Funding allocated to NHSS will support an additional 1,604 people this year, bringing the total number of people to be supported to 23,965 by year end. This will also facilitate reduction of the National Placement List to a stabilised level of 550 to 580 for the rest of the year, with an average wait time for approved applicants of 4 weeks.

As a result of these two initiatives, the number on the placement list has reduced from a high of 2,135 in October 2014 to 575 at the end of April, and wait time has reduced from 15 weeks in October 2014 to 4 weeks at the end of April 2015.

In the first four months of 2015, 3,772 applications were received and 3,049 new clients were funded under the scheme in public and private nursing homes. This is an increase of 847 or 38% in the number of new clients supported under the scheme when compared to the same period last year.

The average processing time to determine NHSS applications was four weeks YTD in 2015.

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

- 5,314 April 2015 / YTD 2015, 5,320 April 2014 / YTD 2014 (-0.1%, 6)
- YTD variance from expected activity 0.5% (27)

Delayed Discharge Initiatives 2015

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

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

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

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

This was achieved and the waiting list was maintained at 11 weeks from January to March 2015.

€8m additional funding to support Short Stay Residential

The 50 additional specific ring fenced beds are allocated to the hospitals that benefited from the resource.

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

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

These 400 HCP's are being utilised by the Hospitals on an ongoing basis.

€2m additional funding to support Community Intervention Teams

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

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

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

Progress to Date with Implementation of €74m initiative

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

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

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

The table below shows the number of people who were approved for NHSS funding during April.

Date of NHSS Approvals	Numbers Approved
2nd April	764
6th April	236
13th April	157
20th April	163
27th April	144
Total	1,464

Reduce numbers waiting NHSS funding (Target 550-580)

The number of people on the waiting list at the end of April was 575, which is in line with the target of 550-580.

The waiting time is being maintained at 4 weeks.

Transitional Care Beds (Target 1,513 Transitional Care Beds Quarter 1 2105)

1,513 Transitional care beds were provided to 37 acute hospitals across the country as part of the additional measures required to address pressures on acute hospitals in quarter 1 2015. At the end of April 2015, 1,356 of patients in these 1,513 Transitional Care Beds had either moved to NHSS funding arrangements or gone home following a period of convalescence.

Additional Transitional Care Placements (Target 500)

The additional transitional care funding has allowed capacity for ongoing throughput of patients through the transitional care beds since the 1st of April. This additional throughput has seen 418 additional patients benefiting throughout April.

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

Public Bed Commitment (Target an additional 197 beds)

Open a further 173 community beds to allow discharge from acute hospitals of those who have completed acute phase of treatment, and an additional 24 beds.

At the end of April, 104 of these beds had been opened and the remaining beds are all being progressed with rate limiting factors such as the recruitment of staff or HIQA registration being processed as a matter of urgency.

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

Ongoing Monitoring and Evaluation

Throughout April, the HSE were working to finalize oversight and management arrangements for the ED Taskforce Action Plan at national (HSE Directorate), Hospital Group/CHO and local level. Some immediate actions are being taken to effect a reduction in delayed discharges with a particular focus on specific hospitals where the levels continue to be a significant problem.

A number of specific measures underway included:

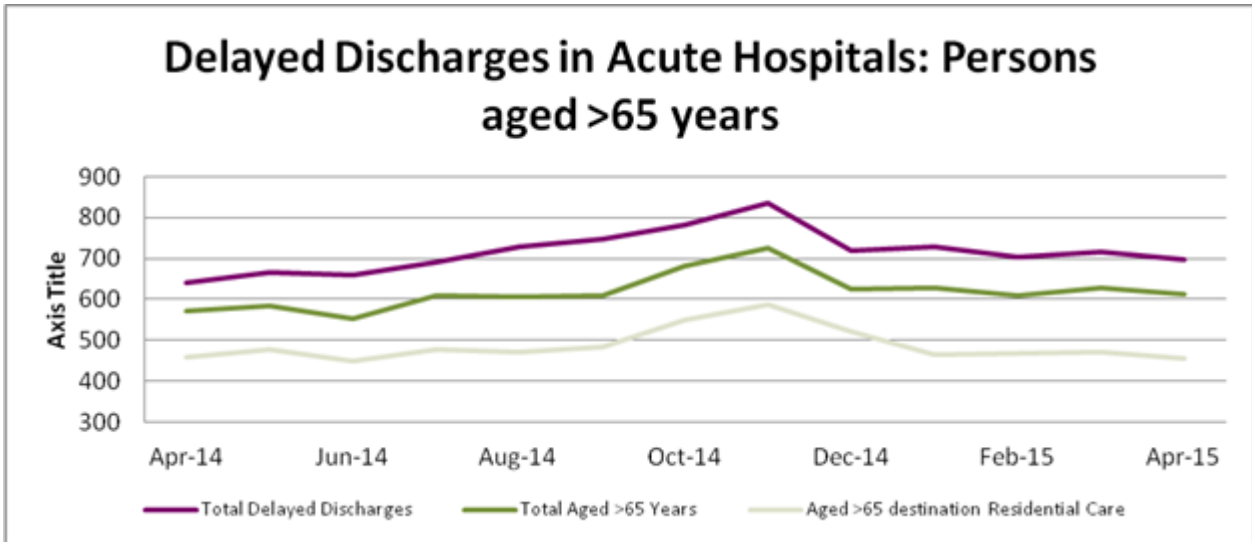
- Full implementation of an integrated care model across hospital and community which provides appropriate clinical pathways particularly for dependent older people, reducing admission requirement or length of stay
- Targeted focus placed on convalescent and/or home adaptation requirements
- Focus on improved discharge planning and the NHSS application process within the hospitals and community. It is intended to rationalize the number of NHSS application offices from 17 to 4 or 5 to assist with streamlining of the process.
- Development of target time-lined reductions on delayed discharge numbers with specific hospital CEO's/Managers in conjunction with senior managers from the acute and social care divisions for hospitals who continue to experience large numbers of delayed discharges.
- Targeting Transitional Care and Home Care to support these specific hospitals on an ongoing basis and identifying any obstacles in the discharge process and providing solutions to same.

It has been recognised from the early planning of this initiative that the Delayed Discharge challenge is not evenly distributed across the country. For a variety of reasons, including adequate access to egress, the challenge is more significant in some locations, particularly the greater Dublin area. Progress against the

various actions in the plan, including the €74m Delayed Discharges Initiative will be reported on a monthly basis to the ED Taskforce.

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

As of the end of April there were 611 patients aged 65 and over medically discharged in acute hospitals. Of these 74.3% (454) are awaiting Long Term Residential Care, 6.1% increase on April 2014 (source Delayed Discharges National Report, 28th April 2015).



Finance

Social Care Older Persons	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	72,921	25,548	23,952	1,597	7%
CHO 2	58,519	21,214	19,375	1,839	9%
CHO 3	57,374	19,267	19,084	183	1%
CHO 4	119,029	42,010	39,974	2,036	5%
CHO 5	59,354	20,813	19,739	1,074	5%
CHO 6	52,178	18,247	17,573	673	4%
CHO 7	78,010	26,891	27,198	(307)	-1%
CHO 8	51,814	19,847	17,605	2,242	13%
CHO 9	85,789	28,956	28,378	578	2%
Regional & National	59,563	16,732	24,575	(7,843)	-32%
Subtotal	694,551	239,526	237,452	2,074	1%
NHSS	828,657	272,957	273,588	(631)	0%
Overall Total	1,523,208	512,483	511,040	1,443	0%

Financial Commentary

Within the Social Care Division (SCD) Older Persons have spent €239.5m versus a budget of €237.4m in the period ending 30th April showing a negative variance of €2.0m.

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

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

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

Service Level Arrangements

Position as at 25th May 2015

2015 Service Arrangements are completed for 194 out of 1,119 (17.3%)

2015 Service Arrangements are completed for €3,627m out of €143,286 (95.6%)

Workforce Overview

Social Care Human Resource Management ²⁰	
Direct Staff WTE	25,045
Direct Staff Indicative workforce number	24,816
Direct Staff WTE Indicative workforce number Variance	229
Direct Staff WTE Indicative workforce number Variance %	0.92%
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Direct Staff Headcount	
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Absence rates - Nursing	4.87%
Absence rates – Health and Social Care Professionals	3.52%
Absence rates - Management Admin	4.72%
Absence rates - General Support Staff	5.47%
Absence rates - Other Patient & Client Care	5.49%
Absence rates - Overall	4.84%

²⁰Work force overview is inclusive of Disabilities and Older People Services

²¹Absence rates refers to all of Community Healthcare



Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

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

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

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

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

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

Financial Performance in April 2015

As of April 2015 the health service has recorded net spend on an income and expenditure basis of €4.116 billion against a budget of €3.980 billion. This leads to a total deficit of €136.6m of which i.e. circa €60m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €76.6m within core services primarily within Acute Hospitals and Social Care. The early indications confirm the key financial risks are in acute hospitals and demand led areas. Acute hospitals, in particular, will require very close management using the measures specified in the Accountability Framework as set out in the NSP.

Expenditure by Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD % Var vrs Plan
<i>HSE Funded Providers</i>	1,712,909	601,297	580,172	21,125	4%
<i>HSE Direct Provision</i>	2,288,148	784,067	743,960	40,107	5%
Acute Hospitals Division	4,001,057	1,385,364	1,324,133	61,231	5%
National Ambulance Service	144,139	47,052	46,691	360	1%
Health & Wellbeing	200,741	58,612	59,420	(808)	-1%
<i>HSE Funded Providers</i>	7,128	2,499	2,297	202	9%
<i>HSE Direct Provision</i>	739,148	241,668	238,064	3,604	2%
Primary Care	746,275	244,167	240,360	3,806	2%
<i>HSE Funded Providers</i>	0	0	0	0	
<i>HSE Direct Provision</i>	125,112	41,650	41,347	303	1%
Social Inclusion	125,112	41,650	41,347	303	1%
<i>HSE Funded Providers</i>	20,160	6,273	6,720	(447)	-7%
<i>HSE Direct Provision</i>	51,437	16,993	16,853	140	1%
Palliative Care	71,597	23,266	23,573	(307)	-1%
Primary Care Division (Note 1)	942,984	309,082	305,280	3,802	1%
<i>HSE Funded Providers</i>	35,566	11,915	11,804	111	1%
<i>HSE Direct Provision</i>	721,632	233,321	232,789	532	0%
Mental Health Division	757,198	245,236	244,593	643	0%
<i>HSE Funded Providers</i>	29,803	11,134	10,060	1,074	11%
<i>HSE Direct Provision</i>	664,748	228,392	227,392	1,000	0%
Older Persons	694,551	239,526	237,452	2,074	1%
Nursing Home Support Scheme	828,657	272,957	273,588	(631)	0%
<i>HSE Funded Providers</i>	383,864	132,714	128,790	3,923	3%
<i>HSE Direct Provision</i>	1,084,079	353,412	349,956	3,456	1%
Disabilities	1,467,943	486,126	478,746	7,380	2%
Social Care Division	2,991,151	998,609	989,786	8,823	1%
CHO Corporate Community Community Healthcare Organisations (CHO) Total Divisions	4,299	1,513	1,431	82	6%
National Cancer Control Programme Clinical Strategy & Programmes (incl NMPDU)	9,416	946	888	57	6%
Quality Improvement Division	29,895	6,661	6,726	(65)	-1%
National Services	7,777	1,570	1,575	(5)	0%
Total HSE Funded Providers (Note 2)	2,189,430	765,832	739,843	25,988	4%
Total HSE Direct Provision	7,190,512	2,379,980	2,329,391	50,589	2%
Total Direct Service Provision	9,379,942	3,145,812	3,069,234	76,577	2%
Statutory Pensions	432,905	144,818	141,619	3,199	2%
Pension Levy	(220,870)	(72,455)	(72,695)	240	0%
Statutory Pensions & Pension Levy (Note 3)	212,034	72,364	68,924	3,439	5%
State Claims Agency	96,000	53,095	32,000	21,095	66%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	769,795	737,505	32,290	4%
Demand Led Local Schemes (Note 1)	218,344	75,322	72,084	3,238	4%
Non Core Services (Note 3)	2,582,452	898,213	841,589	56,623	7%
Total Non Core Services Provision (Note 3)	2,794,486	970,576	910,514	60,063	7%
Held Funds	10,452				
Accelerated Income (Note 4)	(50,000)				
Total	12,134,880	4,116,388	3,979,748	136,640	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,379,942	3,145,812	3,069,234	76,577	2%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division

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

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

Note 4: This represents a HSE cash acceleration target

Agency / Pay

Agency Costs – March 2015 vs March 2014	Total €'000
January 2015 cost	27,398
February 2015 cost	28,376
March 2015 cost	27,672
YTD Total 2015	83,445.2
Average monthly cost 2015	27,815
January 2014 cost	24,943
February 2014 cost	25,252
March 2014 cost	27,787
Year to Date Total 2014	77,982
Average monthly cost 2014 to date	25,994
Total Cost 2014	340,604
Change - YTD Mar 2015 vs YTD Mar 2014	7%
2015 full year forecast based on YTD 2015 Expenditure	338,417
2015 Forecast versus 2014 Actual Cost	(2,188)

Conclusion

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

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

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

The €76.6m April deficit in our core services located primarily within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.



Human Resources

Human Resources Overview

Workforce Position

WTE Overview	WTE Mar 2015	Threshold Apr 2015	WTE Apr 2015	WTE Change since Mar 2015	WTE Variance Apr 2015	% WTE Variance Apr 2015
Total Health Service	100,439	99,541	100,881	+442	+1,340	+1.4%

WTE Overview by Division	WTE March 2015	Indicative employment threshold	WTE April 2015	WTE monthly change	WTE Variance	% WTE Variance
Acute Services	50,582	49,631	50,850	268	1,219	2.46%
Ambulance Services	1,605	1,611	1,617	12	6	0.39%
Health & Wellbeing	1,237	1,279	1,246	9	-33	-2.57%
Primary Care	10,099	10,344	10,100	1	-244	-2.36%
Mental Health	9,343	9,262	9,350	7	88	0.95%
Social Care	24,959	24,816	25,045	86	229	0.92%
Corporate & HBS	2,614	2,598	2,673	59	75	2.87%
Total Health Service	100,439	99,541	100,881	442	1,340	1.35%

Overview of Workforce Position and Employment Control Framework – Key messages

Outturns and change

- 100,881 WTEs at end of April excluding Home Helps, up +442 WTEs from March and 1,553 WTEs year-to-date.
- This compares with an increase in same period in 2014 of 99 WTEs and 1,049 WTEs respectively.

Initial Indicative Direct Funded Employment Threshold Compliance/Pay Envelopes

- In 2015, key is compliance with allocated pay envelopes/affordability and work is on-going with Finance to align with WTEs, to Divisions, HGs, CHOs, NAS and Corporate/HBS. An initial indicative direct funded employment threshold of 99,541 WTEs has been identified, but this is under review and may change when budgets and affordability is further assess.
- The Health Sector is 1,340 WTEs (+1.4%) above this initial threshold of 99,541 WTEs.
- Most Divisions are below or marginally above their direct funded employment threshold. Acute Services are some 1,219 WTEs above their 2015 average indicative direct funded employment threshold with employment growth of +1,107 WTEs YTD
- There are now some 798 WTEs of new service developments in process still to be filled.

Quarterly Turnover Rate

- The turnover rate at the end of Quarter 1 2015 for the HSE stands at 6.95%. There have been significant increases in number of leavers recorded in Quarter 1 2015 when compared with the same period in 2014 (+414 WTEs). Some of this may be due to under reporting (2014 not all agencies were submitting leaver data) nevertheless there has been an upward trend seen over recent months.
- The Ireland East Hospital Group turnover rate is highest among Hospital Groups standing at 14.58% compared against Acute Hospitals Division of 9.83%. Community Healthcare Organisation Area 7 at

6.31% is the highest within the Community Healthcare Organisations and the lowest at 3.19% is CHO 8.

- Table below provides turnover by staff category showing Medical/Dental at 34.75% this mainly due to rotation of NCHD staff.

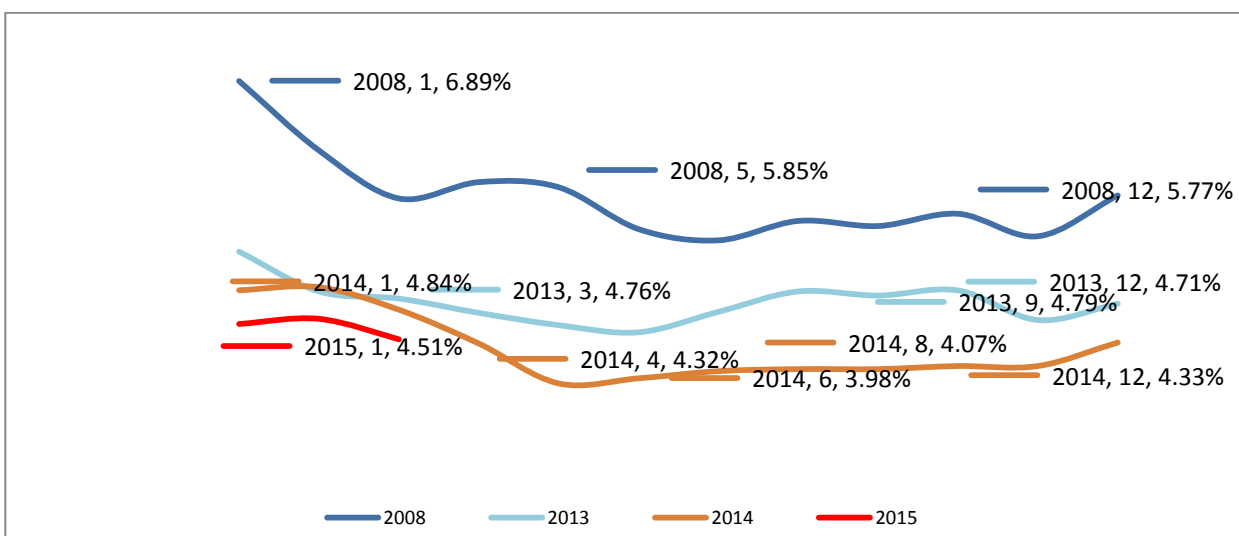
Staff Category	Leavers Quarter 1 2015	Turnover Rate
Medical/ Dental	766	34.75%
Nursing	478	5.54%
Health & Social Care Professionals	181	5.31%
Management/ Admin	92	2.44%
General Support Staff	62	2.63%
Other Patient & Client Care	148	3.32%
Total	1,727	6.95%

Latest monthly figures (March2015)

- The March rate at 4.36% is down on the February rate of 4.56% is the lowest March rate on record. Previous March rates were 5.74% (2008), 4.76% (2009), 4.80% (2010), 4.85% (2011), 4.94% (2012), 4.76% (2013) and 4.65% (2014).

Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- March 2015 absence rate stands at 4.36% down from a rate of 4.56% for February 2014.
- The 2015 YTD rate is 4.47%, and puts the Health Services generally in- line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the rate recorded to September 2014 was 5.5%
- Annual rates; 2008 – 5.74%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.27%
- The notional/opportunity cost of absenteeism for the health services for 2014, using DPER methodology, was assessed as being of the order of €168 million.



This office continues to review national reporting of absence rates in the light of changing structures and with the objective of improved and more relevant reports. We continue to engage with among others; the

Department of Public Expenditure and Reform (DPER), Department of Health, HBS/ERP/SAP-HR, CERS, Divisions and other interested parties, in developing new reporting templates for use in 2015.

Hospital Group Absence Rates March 2015

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Coombe Women & Infants University Hospital	0.00%	4.62%	1.61%	5.11%	3.80%	4.91%	3.89%	81.9%
Midland Regional Hospital, Portlaoise	1.90%	4.82%	8.16%	6.06%	1.95%	4.64%	4.69%	85.9%
Midland Regional Hospital, Tullamore	2.50%	5.72%	5.95%	8.03%	3.51%	6.22%	5.56%	88.0%
Naas General Hospital	1.44%	5.63%	1.19%	3.63%	3.17%	13.67%	5.87%	91.3%
St. James's Hospital	0.66%	3.29%	1.89%	3.41%	3.59%	3.10%	2.75%	83.7%
St. Luke's Hospital, Rathgar	2.94%	2.93%	2.47%	4.42%	3.81%	4.10%	3.27%	80.6%
Tallaght Hospital	0.97%	2.96%	2.12%	3.54%	5.72%	3.37%	2.93%	87.7%
Dublin Midlands HG	1.08%	3.83%	2.49%	4.16%	4.18%	5.36%	3.53%	86.0%
Cappagh National Orthopaedic Hospital	0.00%	4.79%	1.74%	1.20%	8.16%	2.23%	3.42%	86.0%
Mater Misericordiae University Hospital	1.58%	3.70%	3.06%	5.56%	4.51%	4.34%	3.69%	86.6%
Midland Regional Hospital, Mullingar	1.28%	5.33%	3.08%	3.30%	1.96%	9.03%	4.64%	89.6%
National Maternity Hospital	0.41%	3.59%	1.90%	3.35%	2.32%	1.67%	2.84%	88.7%
Our Lady's Hospital, Navan	0.33%	4.24%	4.18%	3.06%	6.04%	4.65%	3.71%	82.1%
Royal Victoria Eye & Ear Hospital	0.21%	3.40%	2.18%	1.68%	8.87%	7.80%	3.24%	85.5%
St. Columcille's Hospital	0.58%	2.64%	2.58%	2.86%	5.34%	1.10%	2.69%	82.0%
St. Luke's General Hospital	1.88%	6.30%	2.86%	3.59%	5.18%	5.39%	4.81%	90.0%
St. Michael's Hospital	0.00%	3.06%	2.11%	1.07%	1.94%	2.40%	2.22%	75.4%
St. Vincent's University Hospital	0.65%	3.32%	2.83%	3.06%	5.67%	3.00%	3.05%	85.8%
Wexford General Hospital	0.09%	4.58%	3.00%	6.18%	3.10%	2.33%	3.67%	83.4%
Ireland East HG	0.93%	4.02%	2.86%	3.83%	4.56%	4.41%	3.53%	86.3%
Beaumont Hospital	1.10%	3.26%	2.22%	4.17%	3.67%	7.56%	3.29%	87.9%
Cavan General Hospital	0.59%	5.93%	2.51%	3.38%	7.46%	6.68%	4.77%	86.7%
Connolly Hospital	1.97%	1.88%	4.63%	2.21%	7.80%	7.77%	3.60%	92.3%
Louth County Hospital	0.00%	7.89%	8.68%	6.82%	7.37%	2.85%	6.48%	90.9%
Monaghan General Hospital	0.00%	4.37%	1.76%	0.91%	0.63%	7.25%	3.48%	82.1%
Our Lady of Lourdes Hospital	0.50%	6.73%	3.94%	4.11%	11.84%	5.17%	5.09%	85.7%
The Rotunda Hospital	0.76%	3.23%	4.29%	2.72%	4.80%	2.89%	3.24%	85.3%
RCSI HG	0.98%	4.32%	3.18%	3.76%	6.20%	6.60%	3.98%	87.5%
Galway University Hospitals	0.53%	4.65%	3.49%	3.49%	4.34%	5.16%	3.65%	81.0%
Letterkenny General Hospital	1.18%	3.93%	2.52%	4.18%	5.63%	3.82%	3.80%	82.0%
Mayo General Hospital	0.28%	4.83%	4.91%	4.52%	4.18%	3.11%	3.90%	85.9%
Portiuncula Hospital	0.00%	6.25%	1.07%	3.71%	5.63%	4.36%	4.43%	82.6%
Roscommon County Hospital	0.54%	4.82%	2.53%	0.51%	7.30%	22.50%	4.67%	88.5%
Sligo Regional Hospital	0.24%	5.05%	3.07%	6.10%	4.20%	8.97%	4.45%	78.5%
Saolta Healthcare Group HG	0.50%	4.77%	3.25%	4.04%	4.91%	5.36%	3.95%	81.8%

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Bantry General Hospital	2.51%	3.48%	0.00%	6.66%	3.37%	4.07%	3.48%	84.5%
Cork University Hospital	0.84%	4.39%	3.11%	3.03%	5.11%	5.18%	3.75%	84.1%
Kerry General Hospital	2.44%	5.10%	1.78%	5.18%	3.12%	0.00%	4.18%	79.4%
Lourdes Orthopaedic Hospital	0.00%	2.80%	0.00%	3.09%	5.99%	0.00%	3.54%	93.6%
Mallow General Hospital	0.66%	8.25%	0.00%	6.06%	0.20%	0.00%	4.33%	95.9%
Mercy University Hospital	0.00%	8.59%	2.47%	2.84%	3.45%	4.97%	4.87%	83.8%
South Infirmary-Victoria University Hospital	0.12%	2.22%	2.07%	3.60%	5.28%	3.88%	2.86%	90.1%
South Tipperary General Hospital	2.22%	5.48%	6.23%	4.71%	5.55%	7.09%	4.95%	86.4%
University Hospital Waterford	0.66%	4.85%	2.50%	3.19%	8.98%	6.35%	4.19%	88.9%
South/ South West HG	0.96%	4.95%	2.78%	3.59%	5.39%	4.37%	4.02%	85.5%
Croom Hospital	0.00%	5.66%	0.00%	8.15%	1.41%	9.20%	5.99%	92.8%
Ennis Hospital	0.00%	7.27%	0.57%	5.07%	1.46%	7.05%	5.54%	93.9%
Nenagh Hospital	0.00%	3.19%	0.00%	7.92%	0.00%	12.12%	5.01%	94.6%
St. John's Hospital	0.00%	3.01%	0.70%	4.92%	9.20%	0.27%	3.70%	94.5%
University Hospital Limerick, Dooradoyle	0.14%	6.08%	5.64%	4.85%	8.97%	11.46%	5.94%	86.2%
University Maternity Hospital	0.21%	7.12%	0.00%	2.63%	7.66%	12.29%	6.60%	84.4%
University of Limerick HG	0.12%	5.87%	4.68%	5.08%	7.86%	10.25%	5.73%	87.7%
Children's University Hospital	2.10%	2.94%	3.88%	4.07%	7.81%	1.86%	3.52%	91.6%
Our Lady's Children's Hospital	1.04%	5.57%	2.56%	4.48%	5.65%	4.11%	4.24%	86.7%
Children's Hospital Group HG	1.46%	4.64%	3.06%	4.30%	6.29%	3.40%	3.97%	88.3%

Community Health Organisation Absence Rates March 2015

HSE Area	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	certified
CHO 1	2.32%	5.99%	3.31%	4.80%	6.07%	6.88%	5.76%	92.74%
CHO 2	1.69%	5.07%	2.88%	5.73%	4.64%	5.22%	4.66%	93.71%
CHO 3	1.56%	7.32%	4.11%	5.00%	5.49%	6.35%	5.98%	92.05%
CHO 4	2.11%	3.30%	3.83%	3.78%	3.94%	3.88%	4.00%	66.28%
CHO 5	1.45%	5.38%	4.65%	3.15%	6.72%	5.46%	5.07%	90.93%
CHO 6	4.01%	3.83%	3.10%	3.68%	3.80%	4.21%	3.66%	86.19%
CHO 7	2.02%	4.14%	3.70%	5.18%	5.48%	5.66%	4.92%	89.33%
CHO 8	0.83%	6.25%	3.18%	5.52%	6.14%	6.03%	5.43%	91.34%
CHO 9	2.73%	3.65%	3.48%	4.15%	6.44%	5.86%	4.32%	85.50%
PCRS			0.00%	6.58%	0.00%		6.64%	95.18%
Total	2.00%	4.87%	3.52%	4.72%	5.47%	5.49%	4.84%	87.65%

European Working Time Directive

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD Taskforce. The Taskforce is focused on verification of actions to support compliance at hospital / agency level and progressing measures to achieve full compliance in line with joint Department of Health / HSE commitments. In 2015 the HSE is moving its focus to achievement of compliance with the maximum average 48 hour working week. This will include planning and implementing consolidation of acute services and recruitment of additional Consultant staff to support full compliance.

As of April 2015:

- Compliance with a maximum 48 hour week is at 70% as of end April. As indicated previously, the rate of improvement in this area since the start of the year slowed significantly in September 2014 and the general assumption is that further meaningful improvements are dependent on acute service reconfiguration.
- Compliance with 30 minute breaks is at 98% - unchanged from March;
- Compliance with weekly / fortnightly rest is at 98% - unchanged from March;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% , a 1% increase from March
- Compliance with a daily 11 hour rest period is at 97% - unchanged from March. This is closely linked to the 24 hour shift compliance above.



Appendices

Appendix 1: Hospital Groups

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

Appendix 2:

Ireland East Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	45%	-25.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	91%	-4.2%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	-33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100.0%	5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	98.6%	3.81%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	56.8%	-36.91%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.0%	-30.0%
	% of children waiting <20 weeks for an elective procedure	100%	55.3%	-44.7%
Inpatient admissions	Elective inpatient admissions	5,341	5,825	9.1%
	Emergency inpatient admissions	30,084	29,151	-3.1%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	88.0%	-12.0%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.3	-15%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.0%	-28.4%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	81.1%	-18.9%
	% of all attendees at ED who are in ED >24 hours	0%	4.8%	-4.8%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	82.4%	80.0%	-2.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.0%	9%	-50.0%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	69.8%	-30.2%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	97.2%	-2.8%

Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-13.6%	-13.6%
Discharges	No of inpatient discharges	43,669	42,382	-2.9%
	No of day case discharges	56,343	54,993	-2.4%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.6	-31.0%
	Surgical ALOS	5.5	6.4	-17.4%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€262,970	€276,895	(€13,926)5%
	Pay (Excl superannuation Pay)	€216,943	€223,321	(€6,378)3%
	Pay – Agency	€9,228	€12,985	(€3,757)41%
	Pay – Overtime	€11,095	€12,779	(€1,684) 15%
	Non Pay (including procurement savings)	€96,622	€104,565	(€7,943)8%
	Income	-€62,125	-€63,128	(€-1,003) 2%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.76%	7.42%
Staffing levels and Costs	Medical/Dental	3.50%	0.98%	-72.00%
	Nursing	3.50%	4.16%	18.85%
	Health and Social Care Professional	3.50%	3.08%	-12.00%
	Management/Administration	3.50%	3.69%	66.50%
	General Support Staff	3.50%	5.20%	48.57%
	Other Patient and Client Care Staff	3.50%	5.30%	51.42%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	9,997	10,227	230(2.3%)
Engagement Scores	% involvement	64%	58%	9.3%
	% Loyalty	56%	51%	8.9%
	% Alignment	51%	32%	39.2%
	% Overall Engagement Score	57%	47%	17.5%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
	< 48 hour working week	100%	71%	29%

Dublin Midlands Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	63%	-5.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-15%
	Surgery: % of surgical readmissions within 30 days	<3%	3%	0%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	97.5%	2.7%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	97.3%	2.4%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	92.59%	2.9%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	81.75%	-9.2%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	64.0%	-36.0%
	% of children waiting <20 weeks for an elective procedure	100%	53.6%	-46.4%
Inpatient admissions	Elective inpatient admissions	4,561	4,354	-4.5%
	Emergency inpatient admissions	23,373	20,766	-11.2%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	77.0%	-23.0%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3	-50%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	57.0%	-40.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	73.2%	-26.8%
	% of all attendees at ED who are in ED >24 hours	0%	4.9%	-4.9%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	61.4%	60.0%	-2.3%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	4.8%	8.0%	-66.7%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine	100%	35.0%	-65.0%

	colonoscopy or OGD			
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-19.2%	-19.2%
Discharges	No of inpatient discharges	33,894	31,003	-8.5%
	No of day case discharges	70,472	67,464	-4.3%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	8.6	-48.3%
	Surgical ALOS	6.2	6.8	-9.7%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€256,462	€267,419	(€10,957) 4%
	Pay (Excl superannuation Pay)	€208,989	€214,043	(€5,054)2%
	Pay – Agency	€8,944	€15,526	(€6,582)74%
	Pay – Overtime	€7,906	€9,471	(€1,565)20%
	Non Pay (including procurement savings)	€99,430	€105,972	(€6,542) 7%
	Income	-€63,158	-€64,012	(€-854) 1%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.67%	4.80%
Staffing levels and Costs	Medical/Dental	3.50%	0.89%	-74.57%
	Nursing	3.50%	4.05%	15.70%
	Health and Social Care Professional	3.50%	2.55%	-27.14%
	Management/Administration	3.50%	4.40%	25.71%
	General Support Staff	3.50%	4.07%	16.28%
	Other Patient and Client Care Staff	3.50%	5.71%	63.14%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	9,317	9,516	199(2.1%)
Engagement Scores	% involvement	64%	58%	9.37%
	% Loyalty	56%	48%	14.2%
	% Alignment	51%	29%	43.1%
	% Overall Engagement Score	57%	45%	21.0%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	96%	4%
	< 48 hour working week	100%	54%	46%

RCSI Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	43%	28.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	77%	-18.9%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100.0%	5.3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	100.0%	5.3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	97.65%	8.5%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	66.8%	-33.2%
	% of children waiting <20 weeks for an elective procedure	100%	43.4%	-56.6%
Inpatient admissions	Elective inpatient admissions	131	151	15.3%
	Emergency inpatient admissions	8,587	7,926	-7.7%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	87.1%	-12.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.8	-40%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	60.2%	-36.6%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	75.0%	-25.0%
	% of all attendees at ED who are in ED >24 hours	0%	7.0%	-7.0%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	59.7%	56.0%	-6.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.9%	9.0%	-30.4%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	49.4%	-50.6%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-20.7%	20.7%
Discharges	No of inpatient discharges	33,380	31,662	-5.1%
	No of day case discharges	39,130	38,303	-2.1%

Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.7	-32.8%
	Surgical ALOS	5.3	5.9	-11.3%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€202,927	€214,830	(€11,903)6%
	Pay (Exc superannuation Pay)	€175,437	€181,042	(€5,605) 3%
	Pay – Agency	€13,018	€16,769	(€3,750)29%
	Pay – Overtime	€9,222	€9,845	(€624) 7%
	Non Pay (including procurement savings)	€69,527	€73,620	(€4,093) 6%
	Income	-€48,062	-€46,135	(€1,927)-4%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	4.27%	22.00%
Staffing levels and Costs	Medical/Dental	3.50%	1.05%	-70.00%
	Nursing	3.50%	5.28%	50.85%
	Health and Social Care Professional	3.50%	3.02%	13.70%
	Management/Administration	3.50%	3.94%	12.57%
	General Support Staff	3.50%	5.28%	50.85%
	Other Patient and Client Care Staff	3.50%	7.45%	112.85%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	7,616	7,886	270(3.5%)
Engagement Scores	% involvement	64%	60%	6.25%
	% Loyalty	56%	49%	5.35%
	% Alignment	51%	30%	41.1%
	% Overall Engagement Score	57%	46%	19.2%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	96%	4%
	< 48 hour working week	100%	50%	50%

Saolta University Health Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	20.0%	66.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88.0%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	91.5%	-3.7%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	80.9%	-14.8%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	76.9%	-14.5%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	Data Gap	#VALUE!
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	72.7%	-27.3%
	% of children waiting <20 weeks for an elective procedure	100%	60.7%	-39.3%
Inpatient admissions	Elective inpatient admissions	4,411	4,373	-0.9%
	Emergency inpatient admissions	30,428	30,910	1.6%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	73.7%	-26.3%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.4	-20%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.0%	-28.5%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	83.0%	-17.0%
	% of all attendees at ED who are in ED >24 hours	0%	2.8%	-2.8%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	65.9%	59.0%	-10.5%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	8.0%	14.0%	-75.0%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	57.4%	-42.6%

	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.00%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-2.6%	-2.56%
Discharges	No of inpatient discharges	36,950	37,301	1.0%
	No of day case discharges	48,724	50,219	3.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	6.8	-17.2%
	Surgical ALOS	4.3	4.8	-11.6%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€210,021	€224,142	(€14,121)7%
	Pay (Exc superannuation Pay)	€165,402	€173,391	(€7,989)5%
	Pay – Agency	€4,514	€10,375	(€5,861)130%
	Pay – Overtime	€7,716	€7,718	(€2)0%
	Non Pay (including procurement savings)	€75,705	€82,687	(€6,982)9%
	Income	-€31,086	-€31,936	(€-850)3%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	4.21%	20.28%
Staffing levels and Costs	Medical/Dental	3.50%	0.74%	-78.85%
	Nursing	3.50%	5.06%	45%
	Health and Social Care Professional	3.50%	3.29%	-6.00%
	Management/Administration	3.50%	4.03%	15%
	General Support Staff	3.50%	5.15%	47.14%
	Other Patient and Client Care Staff	3.50%	6.22%	78%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	7,858	7,960	102(1.3%)
Engagement Scores	% involvement	64%	62%	3.12%
	% Loyalty	56%	53%	5.3%
	% Alignment	51%	29%	43.1%
	% Overall Engagement Score	57%	48%	15.7%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
	< 48 hour working week	100%	79%	21%

South / South West Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	40%	33.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	90%	-5.3%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	90.2%	-5.1%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	79.7%	-16.2%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	12.6%	-86.0%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	82.4%	-8.4%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	71.10%	-28.9%
	% of children waiting <20 weeks for an elective procedure	100%	61.10%	-38.9%
Inpatient admissions	Elective inpatient admissions	8,154	9,169	12.4%
	Emergency inpatient admissions	29,459	27,662	-6.1%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	73.20%	-26.8%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.8	-40%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.5%	-29.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.3%	-19.7%
	% of all attendees at ED who are in ED >24 hours	0%	3.9%	-3.9%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	72.5%	74.0%	2.1%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	7.5%	10.0%	-33.3%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	72.5%	-27.5%

	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-10.7%	-11%
Discharges	No of inpatient discharges	43,200	42,646	-1.28%
	No of day case discharges	54,636	54,268	-0.67%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	6.5	-12.1%
	Surgical ALOS	4.8	4.4	8.3%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€228,222	€234,321	(€6,098) 3%
	Pay (Excl superannuation Pay)	€190,572	€195,908	(€5,336) 3%
	Pay – Agency	€6,786	€9,981	(€3,195)47%
	Pay – Overtime	€8,601	€8,748	(€147)2%
	Non Pay (including procurement savings)	€86,932	€92,324	(€5,392)6%
	Income	-€51,478	-€56,077	(€-4,599)9%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	4.06%	16.00%
Staffing levels and Costs	Medical/Dental	3.50%	0.68%	-80.57%
	Nursing	3.50%	4.99%	43%
	Health and Social Care Professional	3.50%	2.96%	-15.42%
	Management/Administration	3.50%	3.53%	1%
	General Support Staff	3.50%	5.40%	54.28%
	Other Patient and Client Care Staff	3.50%	4.70%	34%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	8,932	9,198	266(3%)
Engagement Scores	% involvement	64%	61%	4.68%
	% Loyalty	56%	49%	10.9%
	% Alignment	51%	31%	39.2%
	% Overall Engagement Score	57%	47%	17.5%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	96%	4%
	< 48 hour working week	100%	85%	5%

Children's Hospital Group Acute Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.60%	4%	58.3%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of children waiting <20 weeks for an elective procedure	100%	54.9%	-45.1%
Inpatient admissions	Elective inpatient admissions	32,125	2,383	3.0%
	Emergency inpatient admissions	5,707	5,905	3.5%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	83.1%	-16.9%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.4	-20%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	86.5%	-8.9%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	95.8%	-8.9%
	% of all attendees at ED who are in ED >24 hours	0%	0.5%	-0.5%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	98.8%	-1.2%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.00%
Discharges	No of inpatient discharges	8,159	8,171	0.2%
	No of day case discharges	9,088	9,136	0.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€73,673	€75,332	(€1,659)2%
	Pay (Excl superannuation Pay)	€62,910	€64,333	(€1,424)2%
	Pay – Agency	€182	€378	(€197)108%
	Pay – Overtime	€2,511	€2,789	(€278)11%
	Non Pay (including procurement savings)	€24,392	€25,524	(€1,132)5%
	Income	-€16,840	-€17,953	(€-1113)7%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	3.87%	10.57%
Staffing levels and Costs	Medical/Dental	3.50%	1.20%	-65.71%
	Nursing	3.50%	4.39%	25%
	Health and Social Care Professional	3.50%	3.05%	-12.85%
	Management/Administration	3.50%	4.10%	17%
	General Support Staff	3.50%	7.01%	100.20%
	Other Patient and Client Care Staff	3.50%	4.04%	15%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	2,794	2,820	26(0.9%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	93%	7%
	< 48 hour working week	100%	65%	35%

University of Limerick Hospitals Services Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
	% of mandatory investigations commenced within 48 hours of event occurrence		No Data Available	
	% of mandatory investigations completed within 4 months of notification of event occurrence		No Data Available	
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	4.0%	93.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88.0%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	9.0%	6.3%
	Surgery: % of surgical readmissions within 30 days	<3%	1.0%	66.7%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	97.9%	3.1%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	82.4%	-13.3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	27.1%	-69.9%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	88.9%	-11.1%
	% of children waiting <20 weeks for an elective procedure	100%	70.7%	-29.3%
Inpatient admissions	Elective inpatient admissions	3,554	3,462	-2.6%
	Emergency inpatient admissions	9,828	10,609	7.9%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	86.8%	-13.2%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3	-50%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	55.7%	-44.3%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.2%	-8.0%
	% of all attendees at ED who are in ED >24 hours	0%	7.3%	-7.3%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	71.7%	79.0%	10.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	10.9%	19.0%	-74.3%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	88%	-12.2%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0.00%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	44.0%	44.0%
Discharges	No of inpatient discharges	15,975	17,039	6.7%
	No of day case discharges	14,741	14,363	-2.6%

Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	5.8	0.00%
	Surgical ALOS	3.9	3.8	7.70%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€84,909	€85,592	(€683) 1%
	Pay (Excl superannuation Pay)	€68,067	€70,778	(€2,711)4%
	Pay – Agency	€4,673	€6,548	(€1,875) 40%
	Pay – Overtime	€2,632	€3,033	(€401) 15%
	Non Pay (including procurement savings)	€35,693	€37,599	(€1,906) 5%
	Income	-€19,484	-€23,531	(€-4,047)21%
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category (3.5%)	3.50%	5.83%	66.57%
Staffing levels and Costs	Medical/Dental	3.50%	0.39%	-88.85%
	Nursing	3.50%	6.06%	73%
	Health and Social Care Professional	3.50%	4.56%	30.28%
	Management/Administration	3.50%	6.17%	76%
	General Support Staff	3.50%	7.71%	120.00%
	Other Patient and Client Care Staff	3.50%	9.13%	160%
	Variance from HSE workforce indicative workforce number (within approved funding levels)	3,091	3,274	126(4.1%)
Engagement Scores	% involvement	64%	50%	21.87%
	% Loyalty	56%	41%	26.78%
	% Alignment	51%	27%	47.05%
	% Overall Engagement Score	57%	39%	36.84%
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	91%	9%
	< 48 hour working week	100%	81%	19%

Appendix 3: Community Health Organisations

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