

Health Service Performance Report

September Performance Report

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

Key performance message

Acute Hospitals

HCAIs

Quarterly reports on HCAIs indicate that the national rates of MRSA bloodstream infection and C. difficile infection continue to fall. However vigilance needs to be maintained as the overall rates of bloodstream infections and antimicrobial resistance are increasing.

Emergency Departments

Emergency Departments continued to be extremely busy during September. Year to date emergency presentations are 6,593 more than the same period in 2014.

The proportion of ED attendances who were discharged or admitted within nine hours of registration has increased slightly on the year to September from 81% to 81.6%.

Between January and September 2015 the proportion of people who had completed their visit to the Emergency Department within nine hours was 82.3%. During the month 110 people on average waited more than nine hours for admission each day. A total of 3,688 patients waited greater than 24 hours in the Emergency Department and 864 of these were aged 75 years or over.

By end of November it is expected that 120 beds will re-open and an additional 300 beds are due to come on stream which will improve patient flow through the ED and alleviate capacity problems within the acute hospital sector.

Delayed Discharges

While the September figures for the number of delayed discharges was 609, up from 577 in August, the latest figure from 3rd November show delayed discharges at 567, one of the lowest levels for many years.

Waiting Lists for in patient, day case and outpatient appointments

The maximum wait time for inpatient and day case procedures and for outpatient appointments was set at 18 months up to the end June and 15 months by the end of the year.

During September 2,244 patients were waiting greater than 18 months for an inpatient and day case procedure and 5,442 were waiting greater than 15 months.

In relation to outpatients, 13,176 patients were waiting greater than 18 months for an appointment and 34,263 were waiting longer than 15 months.

The funding being provided for out-sourcing and in-sourcing is being immediately targeted at over 18 month waiters to ensure ongoing compliance with the 18 month maximum wait time. The HSE has imposed financial penalties on those hospitals that breached the 18 month maximum wait time at the end of August to the annual equivalent of \in 5.8m which equates to a monthly amount of \in 1.158m. The September figure has been calculated at \in 1.687m.

Mental Health Services

Mental Health service provision continues to be affected in some areas by a difficulty in recruiting staff. All efforts are being made to address this issue.

The positive trend in reducing the number of young people waiting over 12 months for a first appointment continued during September. The total waiting list is down 26.7% since March 2015 and the numbers waiting longer than 12 months has more than halved from 479 in March to 214 in September.

Social Care

The Social Care Division is leading on a number of key priorities that will support older persons in community and long term care settings. The level of home support services being provided is currently ahead of planned levels of activity which has meant that services are spending more than their allocation at this point in the year.

In the Disability Sector costs arising relate to meeting the standards and regulatory requirements for Disability Services and this has put pressure on money available for service provision. The Social Care Division continues to hold discussions with the Department of Health in this regard.

A positive development is meeting the 2015 target set for the provision of day supports and services for young people with disabilities who have continuing support needs. Of the 1,340 school leavers all but 23 have had their placements confirmed, and there is ongoing engagement with these remaining young adults and their families.

Organisation wide

At the beginning of November completion rates for the funding provided in relation to Service Arrangements remains poor at 60.4% nationally. Completion rates are particularly poor for Social Care 31.4% and Mental Health 68.7%. Formal communication has issued to the system advising that cash curtailments will have to be imposed if Service Arrangements are not signed by Friday 13th November 2015.

Community Healthcare organisations are now responsible for providing an integrated health service for populations ranging from 364,464 to 674,071. The fulfilment of this role requires support structures and resources to be put in place and as this is done their impact will continue to grow over 2015 and 2016.

Performance update

Acute Hospitals Services

The number of elective admissions is 76,637 and the number of outpatient attendances is 2,477,950 year to date. There has been a 1.7% (1,305) increase in the number of elective admissions and a 3% (71,448) increase in the number of outpatient attendances against expected activity year to date.

Emergency presentations are up by 6,593 on 2014. The ED admission rate year to date is 25.4%.

The proportion of all of the people seen between January and September 2015 who had completed their visit to the Emergency Department within 9 hours was 81.6%, this is an improvement on the figure reported up to the end of August.

| Acute activity overview | Result YTD Jan – Sept 2014 | Result YTD Jan - Sept 2015 | SPLY % Var | Against expected activity YTD | Result July 2015 | Result Aug 2015 | Result Sept 2015 |
|-------------------------------------|----------------------------------|----------------------------------|-------------------|--|------------------------|-----------------------|------------------------|
| Inpatients discharges | 481,468 | 478,790 | -0.6% (-2,678) | -0.7% (-3,484) | 55,285 | 51,296 | 54,853 |
| Day case discharges | 648,548 | 658,635 | 1.6% (10,087) | -0.4% (-2,314) | 77,600 | 68,666 | 78,241 |
| Inpatient & Day Cases | 1,130,016 | 1,137,425 | 0.7% (7,409) | -0.5% (-5,797) | 132,885 | 119,962 | 133,094 |
| Average Length of Stay (Medical) | 6.8 | 7.1 | 4.4% (0.3) | 22.4% (1.3) | 6.6 | 6.6 | 6.1 |
| Emergency Presentations | 960,113 | 966,706 | 0.7% (6,593) | -3.4% (-34,221) | 107,593 | 107,241 | 110,672 |
| New ED attendances | 828,779 | 824,744 | -0.5% (-4,035) | -1% (-8,716) | 91,594 | 91,336 | 94,223 |
| Emergency Admissions | 336,898 | 332,049 | -1.4% (-4,849) | -1.9% (-6,495) | 37,224 | 35,960 | 37,400 |
| ED Admissions* | 210,741 | 209,439 | -0.6% (-1,302) | | 22,909 | 22,499 | 22,884 |
| Elective Admissions | 75,891 | 76,637 | 1% (746) | 1.7% (1,305) | 9,049 | 7,881 | 9,111 |
| OPD Attendances | 2,452,071 | 2,477,950 | 2.2% (25,879) | 3% (18,569) | 283,749 | 255,087 | 295,634 |

*Note: ED Admissions recorded in 2014 were higher than those in 2015 in some hospitals due to a different recording protocol. Standardisation is 2015 has resulted in a difference of c 2,700 due this data definition change.

In addition to the day case figures in the table above a further 131,363 dialysis treatments have been carried out year to date compared to 131,072 for same period last year.

Outsourcing of services

This activity was in addition to the services described in the table above. The planning process to assist with the achievement of the 18 month maximum wait time for inpatient/day case procedures and outpatient appointments included outsourcing of the following cases to private providers:

- Inpatients/Day Cases 1,393
- Outpatients 16,073

Patient experience in ED

102,283 (895,760 YTD) people registered for an ED service in September, 94,223 of these were new attendances.

| ED Patient Experience | January | February | March | April | Мау | June | July | August | Sept |
|--|---------|----------|-------|-------|-----|------|------|--------|------|
| Avg no. of patients on trolleys for over 9 hours in ED waiting admission (Target ≤ 70) | 144 | 177 | 156 | 122 | 123 | 128 | 91 | 97 | 110 |

110 was the average daily number of patients in ED waiting for admission/discharge for over 9 hours. The average daily number in August was 97 (Target \leq 70).

| ED Patient Experience | January | February | March | April | Мау | June | July | August | Sept |
|-----------------------|---------|----------|-------|-------|-------|-------|-------|--------|-------|
| 2015 | 80.3% | 79.2% | 80.1% | 81.6% | 82.2% | 82.6% | 83.6% | 82.4% | 82.3% |
| 2014 | 77.8% | 77.7% | 78.3% | 81.1% | 81.5% | 82.6% | 81.7% | 82.2% | 82.8% |
| YTD 2015 | 80.3% | 79.7% | 79.7% | 80.2% | 80.6% | 81.2% | 81.3% | 81.5% | 81.6% |
| YTD 2014 | 77.8% | 77.7% | 77.8% | 78.7% | 79.6% | 80.1% | 80.5% | 80.7% | 81.0% |

% of people admitted or discharged within 9 hrs from ED (Target 100%)

Overview of patient experience numbers

- 64,975 (68.6%) of the people seen were admitted or discharged within 6 hours (Target 95%)
- 77,905 (82.3%) of the people seen were admitted or discharged within 9 hours (Target 100%)
- 3,430 patients over 75 years were waiting in ED for admission/discharge for over 9 hours (based on 23 of 26 hospitals)
- 864 over 75 years of age where waiting in ED for more than 24 hours out of a (total >24 hours 3,688). The number waiting > 24 hours in August was 3,330 with 859 over 75 years of age.

Cancer Services

There is a focus on access to assessment and treatment for specific cancer types in some centres where targets are not being met.

| Performance data | September result | Same period last year | September YTD 2015 | Best and Outliers |
|---|---------------------|--------------------------------|--------------------------|---|
| Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%) | 98.6% | 94.8% | 96.2% | Waterford 92.9% All other centres have reached the target in September |

| Performance data | September result | Same period last year | September YTD 2015 | Best and Outliers |
|--|---------------------|--------------------------------|--------------------------|---|
| Lung (rapid access clinic) People who were offered an appointment/ attended a RAC within 10 working days of referral. (Target 95%) | 84.5% | 88.5% | 85.5% | Limerick 42.9%, Waterford 90.5% 100% Beaumont, Mater and St Vincent's |
| Prostate: People who were offered an appointment / attended a cancer centre within 20 working days of referral. (Target 95%) | 58.3% | 47.8% | 59.8% | Cork 0%, Waterford 10.5%, Limerick 13.8%, St James's 37.5%, Mater 63% and Galway 78.6 100% Beaumont and St Vincent's |
| Radiotherapy: Commence treatment within 15 working days of being deemed ready to treat (Target 90%) | 87.4% | 85.3% | 84.2% | Galway 84.1%, SLRON 84.2% and Cork 89.2% 100% Waterford and Limerick |

Waiting Lists

| Waiting list numbers by time band | Over 20 Weeks | Over 8 Months | Over 12 Months | Over 15 Months | Over 18 Months | Total |
|-----------------------------------|------------------|------------------|-------------------|-------------------|-------------------|---------|
| Adult IPDC | | 18,632 | 9,391 | 5,057 | 2,107 | 62,007 |
| Child IPDC | 3,078 | 1,568 | 752 | 385 | 137 | 7,069 |
| OPD | | 124,417 | 64,985 | 34,263 | 13,176 | 401,496 |

The Waiting list over 18 months has risen each month since the end of June.

| Waiting List numbers by month, in time bands | Jan | Feb | Mar | Apr | Мау | Jun | July | Aug | Sept | Targ et |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|
| Adult Waiting list > 15 months | 2,379 | 3,022 | 3,847 | 4,045 | 3,881 | 2,926 | 3,739 | 4,368 | 5,057 | 0 Dec |
| Of which Adult Waiting list > 18 months | 832 | 1,105 | 1,557 | 1,848 | 1,603 | 77 | 607 | 1,317 | 2,107 | 0 June |
| Child Waiting list > 15 months | 183 | 241 | 340 | 311 | 314 | 152 | 229 | 337 | 385 | 0 Dec |
| Of which Child Waiting list > 18 months | 49 | 64 | 117 | 130 | 147 | 1 | 16 | 51 | 137 | 0 June |
| Outpatient Waiting list > 15 months | 42,157 | 45,402 | 49,000 | 51,313 | 52,734 | 37,567 | 33,221 | 34,003 | 34,263 | 0 Dec |
| Of which Outpatient Waiting list > 18 months | 24,847 | 27,001 | 30,092 | 33,252 | 33,496 | 15,542 | 10,162 | 11,235 | 13,176 | 0 June |

GI Waiting List

| Month | 0 -1 Month | 1 - 2 Months | 2 Months – 13 Weeks | Total under 13 weeks | 13 Weeks – 3 Months | 3-6 Months | 6-12 Months | 12+ Months | Total Over 13 weeks | Overall Total |
|--------|---------------|-----------------|---------------------------|----------------------------|---------------------------|---------------|----------------|---------------|------------------------|------------------|
| Мау | 4,303 | 2,750 | 1,860 | 8,913 | 56 | 2,972 | 3,000 | 828 | 6,856 | 15,769 |
| June | 3,789 | 2,836 | 1,966 | 8,591 | 86 | 3,258 | 2,909 | 1,081 | 7,334 | 15,925 |
| July | 3,887 | 2,473 | 1,906 | 8,266 | 73 | 3,390 | 3,095 | 1,162 | 7,720 | 15,986 |
| August | 3,779 | 2,639 | 1,934 | 8,352 | 52 | 3,443 | 3,154 | 1,310 | 7,959 | 16,311 |
| Sept | 4,197 | 2,723 | 1,919 | 8,839 | 125 | 3,233 | 3,215 | 1,427 | 8,000 | 16,839 |

There are 8,000 breaches of the target of 13 weeks in September. There is an increase of 41 in September over the number of breaches in August. The overall numbers being referred for routine colonoscopy are increasing and the proportion of those waiting over 12 months has risen from 5.3% in May to 8.5% in September. An Endoscopy Improvement Working Group has been established to define and co-ordinate improvement actions across all hospitals.

Delayed Discharge and NHSS

The delayed discharge figure at the end of September was 609, up from the August figure of 577. The number of bed days lost through Delayed Discharge has reduced by 23% since January – a gain of 5,029 bed days.

| | January | February | March | April | Мау | June | July | August | Sept | Target |
|--------------------|---------|----------|-------|-------|-----|------|------|--------|------|--------|
| Delayed Discharges | 728 | 705 | 715 | 697 | 675 | 626 | 557 | 577 | 609 | 500 |

Delayed Discharge Initiative

As part of the Delayed Discharge Initiative an additional €25m was provided and the following service improvements have taken place:

- 300 additional NHSS places are now operational
- 50 additional ring fenced short stay residential beds opened
- In addition, 65 short stay beds have also opened up and are being used in Mount Carmel
- An additional 400 Home Care Packages are being utilised by Hospitals to alleviate delayed discharges.
- The Community Intervention Teams service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals.

Emergency Department Taskforce Initiative

As part of the Emergency Department Taskforce Initiative an additional €74m has been provided and the following service improvements have taken place:

NHSS

- 300 additional NHSS places, (funded under the €10m provided in December 2014) are operational and 746 of the additional 2015 planned 1,604 NHSS places are now operational
- The number on the placement list waiting for NHSS approval has reduced to 197 (target 550 580).
- The waiting time for approval is being maintained at no more than 4 weeks

Transitional beds

- 1,513 additional transitional care beds have been approved for people being discharged from acute care.
- 2,677 people have availed of transitional care beds since April this is significantly above the target of 500 placements.

Public & Private beds

149 additional public beds and 24 additional private contracted beds are operational

National Ambulance Service

- AS1 (112/999 emergency and urgent calls) and AS2 (urgent calls received from a general practitioner or other medical sources) calls received were 25,451, up 3% (6,408) year to date.
- ECHO calls (life-threatening cardiac or respiratory arrest) are up 7% (149) year to date. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds was 76% (static).
- DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) activity is up 7% (4,642) year to date. DELTA incidents responded to within the target timeframe of 18 minutes and 59 seconds was 67% (an increase of 1% from July).

NAS activity between January and September includes:

- 327 Emergency Aero Medical Service calls, 303 Irish Coast Guard calls, 88 Air Ambulance calls
- Transfers: 62 adult transplant patient transfers, 432 Neonatal Retrievals; 54 Paediatric Retrievals; 67 Mobile Intensive Care; 36 transfers via the Children's Ambulance Service.
- Support for 134 Community First Responder Groups in 18 counties nationally and 1,292 CFR engagements.

| | | ····· ~) ··· | | | | | | |
|----------------------------------|-------|---------------|-------|-------|-------|-------|-------|-------|
| | Jan | Feb | March | April | May | June | July | Aug |
| Number of Patient Transfer Calls | 3,857 | 3,393 | 3,571 | 3,387 | 3,005 | 3,037 | 2,996 | 2,810 |
| ICV | 2,954 | 2,601 | 2,724 | 2,793 | 2,368 | 2,453 | 2,400 | 2,324 |
| % ICV Transfer | 77% | 77% | 76% | 82% | 79% | 81% | 80% | 83% |

Patient transfer Calls and proportion dealt with by Intermediate Care Vehicles

Community Healthcare

Health & Wellbeing

Immunisations and Vaccines

- June result shows the percentage of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine YTD was 92.5%.
- The percentage of children YTD aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3) hepatitis B (HepB3) (6 in 1) was 91.4%.
- 87.5% of children aged 24 months received 3 doses Meningococcal C (MenC3) vaccine YTD, (target 95%).

Child Health

 In August 93.3% (5,365 out of 5,750) of children reaching 10 months have completed their child health developmental screening (target 95%).

Screening

Screening activity up to the end of September shows that expected activity has been exceeded:

- BreastCheck screening, YTD 108,729 (expected activity 104,000)
- BowelScreen programme, invited YTD 166,429 (expected activity 150,000)

Primary Care

Medical Cards

There are currently 1,517 persons waiting for a medical card. Of these 13.6% require a response from the applicant.

Under 6 and over 70s GP Visit Cards

- The under 6's GP visit cards went live 1st July 2015. 200,204 cards have been issued up to October 22nd
- The over 70's GP visit cards went live 1st August 2015 and 42,329 cards have been issued up to October 22nd

Community Intervention Teams

€2m additional funding to support Community Intervention Teams

The CIT service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals. September activity was 1,623 in the month, bringing the YTD position to 13,796, an increase in CIT activity of 27.3% compared with the same period last year. Further extension is planned into Waterford for quarter 4.

Mental Health

Recruitment

The level of vacancies and the difficulty in recruiting and retaining skilled staff continues to pose a significant challenge to service provision, quality and access, particularly in CAMHs. The short term management of this risk through the use of agency staff and overtime is impacting on performance targets in the area of finance and workforce. At the same time there is an increasing difficulty in accessing medical agency staff resulting in unfilled posts and impacting on service delivery.

| | January 2015 | February 2015 | March 2015 | April 2015 | May 2015 | June 2015 | July 2015 | Aug 2015 | Sept 2015 |
|--|-----------------|------------------|---------------|---------------|-------------|--------------|--------------|-------------|--------------|
| Total no. to be seen | 2,886 | 3,001 | 3,206 | 3,078 | 3,110 | 2,909 | 2,542 | 2,240 | 2,309 |
| Total no. to be seen (0-3 months) | 1,199 | 1,300 | 1,405 | 1,339 | 1,381 | 1,174 | 1,045 | 781 | 990 |
| Wait List (i.e. those waiting >3 months) | 1,687 | 1,701 | 1,801 | 1,739 | 1,729 | 1,735 | 1,497 | 1,459 | 1,319 |
| No. on waiting list for first appointmen | it at end of | each mon | th by wa | it time | | | | | |
| No on CAMHS waiting list (3-6 months) | 535 | 610 | 648 | 661 | 693 | 781 | 679 | 641 | 550 |

CAMHs Waiting List by time bands 2015

| | January 2015 | February 2015 | March 2015 | April 2015 | May 2015 | June 2015 | July 2015 | Aug 2015 | Sept 2015 |
|--|-----------------|------------------|---------------|---------------|-------------|--------------|--------------|-------------|--------------|
| No on CAMHS waiting list (6-9 months) | 377 | 342 | 375 | 377 | 434 | 404 | 354 | 356 | 345 |
| No on CAMHS waiting list (9-12 months) | 346 | 311 | 299 | 242 | 219 | 174 | 164 | 221 | 210 |
| No on CAMHS waiting list (> 12 months) (Zero Tolerance) | 429 | 438 | 479 | 459 | 383 | 376 | 300 | 241 | 214 |

There has been a significant improvement in the number of patients waiting over 12 months for a first appointment with the Child and Adolescent Mental Health Services. There were 214 people waiting over 12 months in September 2015 compared to 376 in June 2014, a reduction of 43%.

Admission of Children to Child Adolescent Acute Inpatient Units (CAMHs)

Between January and September 2015, 269 young people received acute inpatient mental health care. Of these 195 were admitted to child and adolescent mental health units directly and 74 (28%) were initially admitted to an adult unit. Of the 74, five (6.8%) were aged 16 or younger.

Between January and September 2014, 211 young people received acute inpatient mental health care. Of these 142 were admitted to child and adolescent mental health units directly and 69 (32.7%) were initially admitted to an adult unit. Of the 69, eight (11.6%) were aged 16 or younger.

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by September 2015, 72.5% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

| Mental Health Service | Mental Health Services: 2015 Operational Plan Targets | | | | | | | | | | | |
|--|---|-----|------------|------------|------------|-----|-----|-----|-------------------------------|-----------------------------------|-----|---------------------------------------|
| Performance Area | Outturn 2015 Target 2014 / EA | | May- 15 | Jun- 15 | Jul- 15 | | | | Same period last year 2014 | | | |
| National | No. | No. | YTD | No. | No. | No. | No. | No. | No. | % var YTD v Tgt / EA YTD | No. | % var YTD 2014 v YTD 2013 |
| No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units | 201 | 231 | 135 | 16 | 15 | 24 | 21 | 25 | 195 | 12.60% | 142 | 37.30% |
| No. of children / adolescents admitted to adult HSE mental health inpatient units | 89 | 30 | 18 | 9 | 5 | 5 | 6 | 5 | 74 | >100% | 69 | 7.20% |
| i). <16 years | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | >100% | 8 | - 37.50% |
| ii). <17 years | 27 | 0 | 0 | 6 | 2 | 1 | 3 | 2 | 29 | >100% | 22 | 31.80% |
| iii). <18 years | 53 | 30 | 18 | 3 | 3 | 4 | 3 | 2 | 40 | 77.80% | 39 | 2.60% |

Of the 74 children admitted to Adult Approved Centres in September, 69 or 93% were 16/17 years old with 43% (32) of these discharged either the same day or within 3 days and 66% (49) within a week.

All admissions of young people under the age of 18 years are notified to the Mental Health Commission in accordance with regulations. All such admissions are also notified to a CAMHs Service Improvement lead within the Mental Health division. The CAMHs Service Improvement Lead works closely with local CAMHs in-patient services to ensure that the clinical needs of the young person are assessed and addressed within the most appropriate setting for that young person and their family.

Mental Health Services - Adult and Older Persons

The General Adult Community Mental Health Teams are exceeding the 90% target for the year to date (92.4%) in offering a first appointment within 12 weeks.

In September, 98.7% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks.

In September, 95.7% of accepted referrals to Psychiatry of Old Age Teams nationally were seen with 12 weeks against a 95% target with a YTD position at 95.4%.

Social Care

Disability Services

Disability Act Assessments

34.2% assessments year to date were completed within the timelines as provided for in the regulations (target 100%), which is a slight decrease compared with the same period last year (34.7%).

Older Persons

Home Care Services for Elderly Persons

- 47,589 people were in receipt of Home Help Hours at the end of September 2015 (expected activity 50,000)
- 7,820,435 hours have been provided YTD, this is 0.6% ahead of expected activity (expected activity YTD 7,774,482)

Home Care Package (HCP)

 14,845 people were in receipt of Home Care Packages at the end of September 2015 (expected activity 13,200)

Elder Abuse

• In September, 91% of active Elder Abuse cases were reviewed within six months, which exceed the target of 90%.

Nursing Home Support Scheme (NHSS)

| NHSS O | NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients | | | | | | | | | | | |
|-------------|--|--|-----------------------------------|---|---------------------------------------|-----------------|---|---------------------------------------|-----------------|--|--|--|
| | | National | | | nits | | Public Units | | | | | |
| Month | No. of new applicants | placement list for funding approval | people funded under NHSS | 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 | | | |
| YTD 2015 | 7,703 | 197 | 23,106 | 5,169 | 4,164 | 1,005 | 1,451 | 1,415 | 36 | | | |
| Sept- 15 | 768 | 197 | 23,106 | 522 | 440 | 82 | 142 | 125 | 17 | | | |
| Sept- 14 | 843 | 2040 | 21961 | 293 | 311 | -18 | 103 | 134 | -31 | | | |

There is a net increase of 99 new clients (private and public units) entering scheme in September 2015 compared to a net decrease of -49 in September 2014.

Financial Overview

Summary Financial Overview

The 2015 Estimates provided a more realistic funding level for health and social care services as part of a two year programme to put the health services on a more sustainable financial footing. The HSE's 2015 budget is similar to the funding level in place in 2008/2009 i.e. up by €590m or 5.1% above the 2014 original budget. This level of budget, given the shortfall between budget and spending in 2014, means that the HSE can spend a maximum of €77m or 0.5% more on services in 2015 than it spent in 2014. While very welcome, this level of spending increase is below the circa €170m / 1.3% year on year spending increase necessary to keep pace with the impact of "pure demographics" i.e. our growing and ageing population. This is before consideration of any new or additional quality / safety, activity or price driven cost pressures.

The National Service Plan (NSP2015) set 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 required 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, within core services, of circa €100m based on the projected 2014 closing expenditure level (estimated using figures available to the end of September). Given the final 2014 expenditure level this residual challenge within core services increased to a minimum of €140m.

Financial Performance to end of September 2015

As of September 2015 the health service has recorded net spend on an income and expenditure basis of €9.448 billion against a budget of €9.063 billion. This leads to a total deficit of €385.4m / 4.25% of which:

- 45.0% or circa €173m relates to the areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision.
- 55.0% or circa €212m within core services, primarily within Acute Hospitals (€137.3m) and Social Care (€61.3m).

Within Acute Hospitals the sustained pressures caused by seeking to deal with high levels of ED / Trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk related reports such as that into maternity services at Portlaoise has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams. On a positive note the focus on agency reduction is gaining traction in the hospital division with a forecast overall €25m reduction on agency by year end compared to last year. Those hospitals that are reducing agency are on track to deliver a €39m reduction by year end whereas those where agency is increasing will have circa €14m more in agency costs this year compared to 2014. Of this €14m, €10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

Within Social Care the exceptional level of unfunded additional costs arising out of HIQA inspections of residential facilities continues to contribute to the increasing variance within Disability Services. Also, in September, the year to date expenditure incurred against the commitment to make available an additional €74m for Older People Services and NHSS is reflected in the emerging overspends in these areas. This expenditure will be offset on receipt of the additional funding allocation which is expected to be issued to the HSE as part of the supplementary process for 2015.

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.

Through the new accountability framework introduced in 2015 significant efforts are being made to address deficits in the quality of our services and the access to them while seeking to mitigate financial overruns. Additional focus is being applied to seek to accelerate agency reduction and control unfunded pay growth within the Acute Hospital division in particular.

Within our core services, despite significant pressures, it is expected that most of our divisions will be at or close to breakeven by year end albeit in the case of Mental Health and Primary Care this will involve a level of once off measures that will not be sustainable into 2016.

Acute Hospitals and Social care are the exception to this with expected deficits expected.

In addition there are significant deficits expected by year end within pensions and the demand led headings (PCRS, State Claims Agency, Local Community Schemes and Overseas Treatment) however due to the nature of these areas they do not reflect on the financial performance management of the HSE.

Human Resources Overview

Workforce position

September employment census shows an increase of **329 WTEs** from August 2015 and **2,918 WTEs** YTD. This compares with increases of **168 WTEs** and **1,161 WTEs** when compared with same periods in 2014. The overall changes in divisions and staff category terms are summarised in the tables below and includes initial indicative direct funded employment level thresholds, linked to pay envelope allocation reporting, in place of previous employment ceiling compliance reporting, and which remains work-in-progress.

| Headline Figures: Sep 2015 | WTE | WTE change month | Direct Employment Threshold | Threshold Variance | % Threshold Variance |
|--|-----------------|------------------------|-----------------------------------|-------------------------|-------------------------------|
| Compared to a August figure of 101,917 | 102,245 | +329 | 99,541 | +2,704 | +2.7% |
| Acute Services | 51,669 | +118 | 49,631 | +2,038 | +4.1% |
| Mental Health | 9,316 | +8 | 9,262 | +54 | +0.6% |
| Primary Care | 10,294 | +83 | 10,344 | -50 | -0.5% |
| Social Care | 25,366 | +60 | 24,816 | +550 | +2.2% |
| Health & Wellbeing | 1,261 | +22 | 1,279 | -18 | -1.4% |
| Ambulance Services | 1,662 | +19 | 1,611 | +51 | +3.2% |
| Corporate & HBS | 2,677 | +18 | 2,598 | +79 | +3.0% |
| | WTE Sep 2015 | WTE change month | % Change - Month | WTE change Dec 14 | % change since Dec 2014 |
| Total Health Service Staffing | 102,245 | +329 | +0.32% | +2,918 | +2.94% |
| Medical/ Dental | 9,232 | +99 | +1.1% | +415 | +4.7% |
| Nursing | 34,852 | -102 | -0.3% | +343 | +1.0% |
| Health & Social Care Professionals | 14,178 | +168 | +1.2% | +538 | +3.9% |
| Management/ Admin | 15,535 | +82 | +0.5% | +714 | +4.6% |
| Professional & Technical | 315 | +2 | +0.6% | +24 | +7.6% |
| Management/Admin | 15,220 | +82 | +0.5% | +714 | +4.6% |
| General Support Staff | 9,493 | +11 | +0.1% | +73 | +0.8% |
| Patient & Client Care | 18,640 | +69 | +0.4% | +811 | +4.6% |

Absence

The August 2015 absence rate stands at 4.25% marginally up from a rate of 4.07% for August 2014. The 2015 YTD rate is 4.19%, 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%.

National Overview of European Working Time Directive Performance

Compliance with a maximum 48 hour week is at 74% (rounded) as of end September. This represents a 1% decrease since August. Inclusion of outstanding data may alter this result.

Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged since August.

Quality & Safety

Quality & Safety

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 and Patient Safety.

Some key developments across the division during September 2015 include:

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 to the end of September 2015 was 241. Acute Hospitals account for 179 of the SREs reported. Mental Health services account for 28 while 32 relate to Social Care services and 1 each in Primary Care services and the National Ambulance Service. The Health and Wellbeing Division have reported no SREs. There were 26 new Serious Reportable Events notified in September 2015.

Health Care Audit

As of 30 September 2015 a total of 42 audits (30 carried over from 2014) have been completed across 10 areas of health and social care services requiring assurance, for example:

- Early Warning Score Policy;
- National Ambulance Service;
- Healthcare Records Management; and
- Incident Reporting.

There are 19 audits ongoing at present although two of these are likely to close. Audits in a further three areas will commence during Quarter 4 2105.

Medical Exposure Radiation

Under SI 478, the Minister is the Competent Authority and the HSE is the Regulator for Radiation Safety in Healthcare in Ireland. Between the 31st August and the 9th September 2015 the International Atomic Energy Agency (IAEA) undertook a regulatory inspection mission to assess the country's compliance with its legal obligations in relation to the regulation of Radiation Safety. This inspection included radiation safety in healthcare.

Prior to the visit the QAV Division commissioned the following audits;

- Patient pregnancy protocols in Radiology
- Diagnostic Reference Levels Audit
- Incident Reporting Audit
- Dosimetry Radiotherapy Audit

National Incident Management and Learning Team (NIMLT)

The QAV Division's National Incident Management and Learning Team continue to deliver training in Safety Incident Management and System Analysis Investigations. In September 2015, 60 staff participated in Systems Analysis Investigations training.

7 staff from the HSE National Ambulance Service staff received Safety Incident Management Training.

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. During September NIMS access was established for a further 12 users. Engagement is also ongoing with the State Claims Agency regarding the launch of an online NIMS training module for new users. In conjunction with the State Claims Agency the QAV Division is preparing plans for the second phase of NIMS Implementation.

Quality Improvement

National Guidelines on Accessible Health and Social Care Services

In January 2015 the HSE published National Guidelines in Accessible health and social care services in partnership with the National Disability Authority. These new guidelines give practical guidance to all health and social care staff about how they can provide accessible services to patients and clients with disabilities. Access in our services is everyone's responsibility and is about big and small things – like access to buildings, how consent is obtained, how medication is explained, how appointments are managed and assigned and how bad news is broken, whether a person is blind, deaf, has autism or any other condition. All HSE staff have a role- whether you are the person the patient meets at the reception desk, the hospital porter, the nurse, the catering staff, the cleaner, the junior doctor or the medical consultant - what you do and how you do it can not only influence a patients experience positively but can ensure that their patient journey is safer. We also need to remember that in some instances it may not be the patient that has the disability, but their carer or family members.

The implementation of these guidelines has been supported by the appointment of 220 Access Officers across all Acute Hospitals, Community Healthcare Organisations, the National Ambulance Service, the National Screening Programmes and the Primary Care Reimbursement Service (PCRS) in compliance with the Disability Act 2005. There are gaps in the accessibility of some services, and it is fact that some of our facilities are not easily accessible to those with disabilities. Access Officers will help us systematically work to address these gaps and ensure that future services and facilities comply with national guidelines, standards and legislation, and are fully accessible to everyone.

Accountability Framework

In implementing the HSE's Accountability Framework 2015 the National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2015.

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

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

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

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

The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:

- Level 4 (Black) is at Director General level.
 - Level 3 (Red) is at National Performance Oversight Group level
- **Level 3 (Red-Amber)** indicates performance improvement from Red Escalation

During the month of September a number of service issues have been escalated or remain in escalation. The actions taken and the progress made has also been set out in the attached table below at a summary level.

Areas of Black Escalation (Director General) under the Escalation & Intervention Framework 2015

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for BLACK Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|---|--------------------|-----------------------|---|--|---|--|
| Projected net expenditure to year end | Acute Hospital | Finance | Breakeven to 0.75% deficit | Escalated based on the year to date and projected year end deficit. Year to date deficit €137.3M (4.6%), a deterioration in position for 8 months. | Controls are in place to manage the financial position within the Acute Hospital Division and specific actions are being progressed in relation to (a) pay and staffing levels, (b) non-pay and (c) income. Differentiated engagement will continue in the short term including restrictions on recruitment and increased frequency of performance meetings for the poorer performing hospitals. | Current Deficit against Budget, Acute Hospitals €150.00 €100.00 €50.00 €0.00 July August September €'000 |
| Serious Reportable Event - 'No Event Declaration' | Acute Hospitals | Quality & Safety | Not provided to the NPOG within Q1 | Escalated based on the need to supply a 'No Event Declaration' | The Acute Hospital Division has commenced a review of NIMS with each individual hospital to capture SRE's reported as incidents locally. Following this each Group CEO will sign off on the SRE Declaration Form. | |
| Projected net expenditure to year end | Social Care | Finance | Breakeven to 0.75% deficit | Escalated based on the year to date and projected year end deficit. Year to date deficit €61.2M | Costs arising relate to meeting the standards and regulatory requirements for Disability Services. The Social Care Division continues to hold discussions with the Department of Health in this regard. | Year to date deficit, Social Care €100.00 €61.20 €50.00 €14.30 €29.20 €0.00 June July August Sep €'000 €'000 €'000 €'000 €'000 |

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for BLACK Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|---|--|--|---------------------------------------|---|--|---|
| Patients waiting in ED for > 24 hours | Acute Hospitals | Quality & Safety | 0 | Escalated based on continued poor performance and a significant deterioration in performance during the month | An instruction is being issued from the Director General and the National Director for acute Hospitals requiring ongoing active management of trolleys and penalties in the event of breaches of escalation protocols. By end of November it is expected that 120 beds will re-open and this will improve patient flow through the emergency departments. An additional 300 beds are due to come on stream during November to improve patient flow through the ED and alleviate capacity problems within the Acute sector. Winter Plans have been received from all Hospital Groups including mitigating actions against identified risks and collaborative working between Primary Care, Social Care and Acute Hospitals. | Patients in ED for > 24 hours |
| Service Level Arrangements 2015 | Social Care and Mental Health | Access Quality & Safety Finance HR | | Escalated on the basis of continued poor performance | All National Directors have been requested to write formally to Providers who have not yet signed Service Arrangements with the expectation that all outstanding Arrangements will be signed during the week beginning 9 th November. Cash curtailments may apply following this deadline. | Completion - Service Arrangements (As at 19th October 2015) 80.0% 71.0% 72.7% 60.0% 29.3% 54.8% 61.0% 57.8% 40.0% 29.3% 54.8% 61.0% 57.8% 0.0% 50.0\% 5 |

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for BLACK Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|---|--------------------|-----------------------|--|---|---|--|
| % of people waiting < 13 weeks for a routine colonoscopy/ OGD. | Acute Hospitals | Access | 80% of patients received their procedure within 13 weeks | Escalated from Red to Black escalation based on continued poor performance. During September there were 8,000 patients waiting greater than 13 weeks, a compliance rate of 52.5% | The Acute Hospital Division has engaged with the National Treatment Purchase Fund (NTPF) regarding a targeted initiative to provide part of an overall response to this issue. The initiative will apply to 3 hospitals and facilitate approximately 3,500 patients waiting longer than 12 months. Work continues to establish the Endoscopy Improvement Working Group to target waiting list increases | Routine GI Waiting List 20,000 15,925 15,986 16,311 16,839 10,000 5,000 0 June July August Sept Total Waiting List >13 weeks |

Areas of Red Escalation (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for RED Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|--|--------------------|-----------------------|--|--|--|--|
| Urgent colonoscopy - % of people waiting < 4 weeks | Acute Hospitals | Access | 0 | During September there was one breach. | Vigilance continues in relation to urgent colonoscopy monitoring. | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| Lung Service - patients to be seen within 10 working days | Acute Hospitals | Access | Hospital or HG <80% for 3 consecutive months or missing data for 2 consecutive months | Escalated based on continued poor performance for Limerick University Hospitals (42.9%) which is below the 80% threshold | The 4 additional CTs provided by the South Infirmary to Cork University Hospital each week from September appears to have resolved the issue as performance for September was 95.5%. In relation to Limerick, additional patient numbers were seen during September clinics to address the backlog from the summer period. The number of patients waiting not seen within 10 working days is 32 and those waiting to be seen over 20 days is 9. | 120% 100% 80% 60% 40% 20% 0% June July August Sept June CUH UL |

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for RED Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|---|--|-----------------------|---|---|---|---|
| Prostate Cancer - patients to be seen within 20 working days | Acute Hospitals | Access | If the hospital or HG falls below <80% for 3 consecutive months or has missing data for 2 consecutive months | Cork, Waterford, Limerick and Galway University Hospitals have performed below the 80% threshold Access to prostate cancer services continues to be particularly low in Waterford Regional, Cork University and Limerick Hospitals. | Waterford Regional Hospital has outsourced a number of prostate referrals to the private sector to assist with clearing the backlog and work is ongoing with the Hospital group to increase access to diagnostics for the prostate service. Cork University Hospital - work is progressing on employing a locum urology consultant pending the appointment of a permanent filling. An initiative similar to Waterford Regional outsourcing is under consideration and clinical assessment of suitable patients for outsourcing has commenced. Approximately 22 patients have been identified to date. The clinical team and CEO in University Hospital Limerick are exploring options to increase clinic capacity to manage increased demand which has risen by 30% compared to 2014. | 90% 60% 60% 60% 60% 60% 60% 60% 60% 60% 6 |
| Number of discharges delayed by more than 90 days | Acute Hospitals & Social Care | Access | No delayed discharges > 90 days | During September there were 131 breaches over 90 days | A working group comprising the relevant divisions has been established to look at the complex needs of these individuals and develop appropriate plans including policy issues in relation to rehab care in the community for those aged under 65 years. | 800 600 400 200 June July August Sept Total Delayed Discharges > 90 Days |

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for RED Escalation | Actions to address and mitigate underperformance | PR September Results/ Quarterly Trend |
|---|--------------------|-----------------------|---|--|---|--|
| European Working Time Directive | Acute Hospitals | Human Resources | 100% of NCHDs have a working week of 48 hours or less | Compliance remains low at 74% which is below the European standards | Six hospital sites are subject to targeted action in conjunction with the Irish Medical Organisation and Improvement Plans are in place | 100% 75% 50% 25% 0% June July August Sept National Acute Hospitals |
| Properly completed Medical and GP Visit Cards not processed > 3 months | Primary Care | Access/ Quality | >3 months | Escalated based on continued poor performance 1,167 remain over the 3 month threshold up from 908 in August | A project plan is in place to clear the backlog of applications that remain outstanding for greater than 3 months. It is expected that this issue will take 2-3 months to resolve. The positive issue is that it is amenable to a solution, working right to left and this is being actively progressed. | 1500 948 908 500 0 July August Sept 3 months |
| Disability Act Compliance - % of assessments completed within the timelines as provided for in the regaulations | Social Care | Access/ Quality | | Escalated based on continued poor performance 32.8% compliance achieved for Q3 (284 of 864 assessments completed on time) | A significant process of reconfiguration is underway within Children's Disability Network Teams. Services that have been already reconfigured into Children's Network Teams are performing better in terms of completing assessments within the timelines as provided for in the regulations. A targeted action plan is being developed for CHO 4, 8 and 9. | 60.0% 40.0% 20.0% 0.0% Q1 Q2 Q3 • % assessments completed on time |

Areas of Red-Amber Escalation (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for RED Escalation | Actions to address and mitigate underperformance | PR September Results/Quarterly Trend |
|---|-------------------|-----------------------|---|---|---|--|
| Adults and children waiting > 18 months for an elective procedure | Acute Hospital | Access/ Quality | Any patient waiting > 18 months after June | During September 2,107 adults and 137 children were waiting longer than the maximum wait time of 18 months 5,057 adults and 385 children were waiting greater than 15 months | The HSE are working with the Hospital Groups to agree clearance plans to achieve full compliance with the 15 month maximum wait time by year end. The funding being provided for out-sourcing and in-sourcing is being immediately targeted at over 18 month waiters to ensure ongoing compliance with the 18 month maxima. The HSE has imposed financial penalties on those hospitals that breached the 18 month maximum wait time at the end of August to the annual equivalent of €5.8m which equates to a monthly amount of €1.158m. The September figure has been calculated at €1.687m. Hospitals have been requested to focus on the longest waiters in terms of outsourcing. | Adults & Children Inpatient & Day Case |

| Key Performance Indicators | Division | Balanced Scorecard | Escalation Threshold/ Tolerance | Reason for RED Escalation | Actions to address and mitigate underperformance | PR September Results/Quarterly Trend |
|--|--------------------|-----------------------|---------------------------------------|---|--|--|
| Persons waiting >18 months for an OPD appointment | Acute Hospitals | Access/ Quality | 0 | At the end of September 13,176 people were waiting greater than the maximum wait time of 18 months. 34,263 people were waiting greater than 15 months. | | Outpatient Waiting List 40,000 35,000 25,000 25,000 15,542 10,162 11,235 13,176 10,000 5,000 0 June July August Sept >18 months > 15 months |

Performance Overview by Service Provider

Performance RAG Rating

| Red | ٠ | > 10% of target |
|-------|---|----------------------|
| Amber | • | > 5% ≤ 10% of target |
| Green | ٠ | ≤ 5% of target |
| Grey | • | No result expected |

Finance RAG Rating
RedHR - Absence
RedHR - Indicative workforce
RedRed0.5% > of targetRed $\geq 4.73\%$ Amber $\geq 0.25\% < 0.5\%$ of targetAmber $\geq 4.02\% < 4.73\%$ Green< 0.25% of targetGreen< 4.02%Green< 0.25% of targetGreen< 4.02%

Acute Services Balanced Score Card – Quality/Safety & Access

| | | Target/ Expected Activity | National YTD | % Var YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South South West YTD | ULH YTD | Saolta YTD | Children's YTD | National July | National August | National Sept |
|-----------------|--|---------------------------------|-----------------|--------------|--|--|--|--|--|--|-------------------|------------------|--------------------|------------------|
| ety | Number of SREs reported | NA | 179 | | | | | | | | | | | |
| Quality &Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | 77% | | | | | | | | | | | |
| Quali | Surgery – % day case for Elective Laparoscopic Cholecystectomy | > 60% | 39.1% | - 34.8% | 48.8% | 60.6% | 43.3% | 41.3% | 6.7% | 15.0% | | 42% | 33.8% | 38.4% |
| | Hip Fracture – % Emergency Surgery Within 48 hr | 95% | 84.2% | - 11.4% | 91.6% | 84.3% | 78.1% | 81.2% | 83.7% | 88.0% | | 74.5% | 86.8% | 84.4% |
| | Medical Readmission rates | < 9.6% | 10.8% | - 12.5% | 10.6% | 10.9% | 11.1% | 11.1% | 8.9% | 11.3% | 2.3% | 9.8% | 9.8% | 10% |
| | Surgical Readmission rates | < 3% | 2.0% | 33.3% | 1.8% | 2.9% | 2.2% | 1.9% | 1.4% | 2.1% | | 2% | 2% | 2.1% |
| | Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals | 95% | 96.2% | 1.2% | 99.9% | 98.2% | 99.6% | 89.0% | 98.0% | 95.1% | | 92.5% | 96.7% | 98.8% |
| | Cancer Services – Lung within 10 working days | 95% | 85.5% | - 10.0% | 99.0% | 96.3% | 99.3% | 76.0% | 62.5% | 79.9% | | 84.2% | 85.5% | 84.5% |
| | Cancer Services – Prostate within 20 working days | 90% | 59.8% | - 33.5% | 74.9% | 75.7% | 99.0% | 12.0% | 26.1% | 70.4% | | 63.0% | 43.1% | 58.3% |
| | Cancer Services – Radiotherapy within 15 working days | 90% | 84.2% | -6.5% | | 79.1% | | 86.5% | | 85.4% | | 81.6% | 83.7% | 87.4% |
| | Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q) | < 2.5 | 2.3 | 4.0% | 2.3 | 3.2 | 2.2 | 2.7 | 1.6 | 1.9 | | 2.2 (Q1) | 2.2 (Q2) | 2.3 (Q3) |
| | % STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) | 85% | 89% | 4.7% | Hospital Group Data Not Available | | 85.3% (Q1) | 83% (Q2) | 89% (Q3) |
| | % of hospitals with full implementation of NEWS in all clinical areas. (Q) | 100% | 100% | 0% | 100% | 100% | 100% | 100% | 100% | 100% | | 100% (Q1) | 100% (Q2) | 100% (Q3) |
| | % of maternity units/hospitals with full implementation of IMEWS (Q) | 100% | 100% | 0% | 100% | 100% | 100% | 100% | 100% | 100% | | 78% (Q1) | 100% (Q2) | 100% (Q3) |

| | | Target/ Expected Activity | National YTD | % Var ҮТD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South South West YTD | ULH YTD | Saolta YTD | Children's YTD | National July | National August | National Sept |
|---------------------|---|---------------------------------|-----------------|--------------|---------------------|---------------------------|-------------|-------------------------|------------|---------------|-------------------|------------------|--------------------|------------------|
| Access ¹ | Inpatient/Day Case waiting times – % Adult waiting < 8 months | 100% | 70.0% | - 30.0% | 71.2% | 68.2% | 66.4% | 68.1% | 83.1% | 69.4% | | 70.5% | 69.2% | 70.0% |
| Acc | Inpatient/Day Case waiting times – % Children waiting < 20 weeks | 100% | 56.5% | - 43.5% | 57.6% | 70.9% | 53.9% | 61.8% | 51.4% | 49.1% | 55.9 % | 57.6% | 57.7% | 56.5% |
| | Outpatients – % people waiting < 52 weeks | 100% | 83.8% | - 16.2% | 90.8% | 82.6% | 86% | 81.0% | 85.4% | 78.7% | 84.7 % | 83.4% | 83.6% | 83.8% |
| | Outpatients - New: Return ratio | 1:2 | 1 : 2.6 | - 30.0% | 1 : 2.3 | 1 : 2.9 | 1 : 2.8 | 1 : 2.7 | 1 : 3.2 | 1 : 2.3 | 1 : 2.3 | 1 : 2.5 | 1 : 2.6 | 1 : 2.6 |
| | Emergency Care – 6 hour PET | 95% | 68.1% | - 28.3% | 68.7% | 61.3% | 60.9% | 68.7% | 56.8% | 70.1% | 89.5 % | 70.2% | 69.1% | 68.6% |
| | Emergency Care – 9 hour PET | 100% | 81.6% | - 18.4% | 81.6% | 77.1% | 75.4% | 81.6% | 71.9% | 84.7% | 97.1 % | 83.6% | 82.4% | 82.3% |
| | Emergency Care – patients in ED GT 24 hours | 0% | 4.0% | -4.0% | 4.9% | 3.9% | 6.7% | 3.4% | 7.5% | 2.6% | 0.3% | 2.8% | 3.6% | 3.9% |
| | Surgical DOSA | 70% | 68.8% | -1.7% | 80.1% | 57.0% | 56.9% | 72.8% | 79.1% | 60.8% | | 69.0% | 64.4% | 67.5% |
| | Surgical – Reduction in bed days utilization | 5% red | 10.6% | - 55.9% | 9.9% | 8.1% | 9.5% | 9.9% | 17.5% | 14.0% | | 12.1% | 12.7% | 10.5% |
| | GI – % waiting < 13 weeks routine colonoscopy/OGD | 100% | 52.5% | - 47.5% | 56.7% | 33.8% | 42.0% | 69.2% | 87.6% | 73.8% | 63.6 % | 51.7% | 51.2% | 52.5% |
| | Colonoscopy – % waiting < 4 weeks urgent colonoscopy | 100% | 99.9% | -0.1% | 99.6% | 100% | 100% | 100% | 100% | 100.0% | 100% | 100.0% | 99.9% | 99.9% |
| | Delayed Discharges | 15% red | 0.3% | 0.3% | 4.3% | -2.6% | -1.9% | -9.3% | 55.2% | -8.6% | | 8.8% | 5.6% | 0.3% |
| | Ambulance Turnaround times – 60 minutes | 100% | 94% | -6% | | | | | | | | | | |
| | ALOS – Medical | 5.8 days | 7.1 | - 22.4% | 7.2 | 8.7 | 7.7 | 6.2 | 5.6 | 6.4 | | 6.6 | 6.6 | 6.1 |
| | ALOS – Surgical | 5.1 days | 5.4 | -5.9% | 6.1 | 5.4 | 6 | 4.6 | 4.4 | 4.7 | | 5.3 | 5.3 | 5.1 |

¹ Zero tolerance rule applied for cancer, 24 hour PET and urgent colonoscopy, Performance RAG rating rules applied to entity specific targets for surgical ALOS, surgical DOSA, hip fracture surgery & surgical bed days utilization

Acute Services Balanced Score Card Finance & HR

| | - | | | | | | | | | | | |
|---------|---|--------------------------------|---------------------|-----------------|-------------------|---------------------|---------------------------|----------|----------------------------|---------|------------|-------------------|
| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Ireland East YTD | Dublin Midlands YTD | RCSI YTD | South South West YTD | ИСН ҮТD | Saolta YTD | Children's YTD |
| nce | Net Expenditure variance from plan (excluding Regional and National Services) | €2,970,177 | €3,118,474 | €148,297 | 4.99% | 5.11% | 4.73% | 6.03% | 2.77% | 1.94% | 7.99% | 4.49% |
| Finance | Pay (excl Superannuation Pay) | €2,444,153 | €2,531,869 | €87,716 | 3.59% | 3.90% | 2.96% | 3.32% | 3.03% | 4.02% | 5.37% | 1.83% |
| | Pay (Agency) | €100,793 | €156,299 | €55,507 | 55.07% | 33.93% | 75.10% | 24.54% | 58.73% | 40.48% | 163.15% | 128.73% |
| | Pay (Overtime) | €111,398 | €122,193 | €10,795 | 9.69% | 15.70% | 19.10% | 5.98% | 0.88% | 22.62% | 2.01% | 9.27% |
| | Non Pay (incl procurement savings) | €1,111,892 | €1,194,879 | €82,987 | 7.46% | 7.76% | 5.65% | 8.24% | 7.29% | 4.31% | 10.63% | 6.86% |
| | Income | -€664,257 | -€694,378 | -€30,121 | 4.53% | 5.11% | 0.62% | 0.32% | 11.56% | 14.53% | 0.57% | 3.25% |
| | Regional and National Services | €24,666 | €13,668 | -€10,998 | -44.59% | | | | | | | |
| | Net Expenditure variance from plan (including Regional and National Services) | €2,994,842 | €3,132,142 | €137,299 | 4.58% | | | | | | | |
| | NCCP | €2,104 | €2,100 | -€4 | -0.20% | | | | | | | |
| | % and number of 2015 Service Arrangements signed | 100% | 12 70.6% | | 29.4% | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €1,386,999 80.9% | | 19.1% | | | | | | | |
| HR | Absenteeism - Medical/Dental | 3.5% | 0.85% | 2.65% | -75.71% | 0.79% | 0.92% | 0.87% | 0.85% | 0.55% | 0.76% | 1.33% |
| - | Absenteeism – Nursing | | 4.41% | 0.91% | 26% | 3.80% | 3.86% | 4.76% | 4.52% | 5.71% | 4.83% | 4.29% |
| | Absenteeism - Health and Social Care Professional | | 2.84% | 0.66% | -18.85% | 2.73% | 2.29% | 2.84% | 2.99% | 3.95% | 3.10% | 3.31% |
| | Absenteeism - Management/Admin | | 3.64% | 0.14% | 4% | 3.41% | 3.65% | 3.90% | 3.31% | 4.90% | 3.57% | 3.47% |
| | Absenteeism - General Support staff | | 5.03% | 1.53% | 43.71% | 5.11% | 4.15% | 4.64% | 5.13% | 7.00% | 4.98% | 7.64% |
| | Absenteeism - Other Patient and Client staff | | 5.87% | 2.37% | 67.71% | 5.06% | 5.82% | 5.90% | 4.71% | 9.61% | 5.72% | 5.52% |
| | Absenteeism- Total | | 3.81% | 0.31% | 8.85% | 3.47% | 3.46% | 3.84% | 3.81% | 5.44% | 3.97% | 3.90% |
| | Variance from Indicative workforce | 49,631 | 51,669 | 2,038 | 4.1% | 5.3% | 2.7% | 6.0% | 3.6% | 7.9% | 2.4% | 1.4% |
| | EDWT ² - <24 hour shift | 100% | 96% | -4% | 96% | 97% | 96% | 94% | 99% | 91% | 97% | 92% |
| | EDWT - <48 hour working week | 100% | 74% | -26% | 74% | 66% | 63% | 59% | 89% | 97% | 87% | 69% |

² EWTD compliance is calculated on returns from 38 out of 39 hospitals

National Ambulance Services Balanced Score Card

| | | Target/ Expected Activity | National YTD | % Variance YTD | North Leinster YTD | Dublin Fire Brigade YTD | South YTD | West YTD | National July | National August | National Sept |
|---------|--|---------------------------------|-----------------|----------------------|--------------------------|----------------------------------|--------------|-------------|------------------|--------------------|------------------|
| ≥ | Number of SREs reported | NA | 1 | | | | | | | | |
| &Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | 100% | | | | | | | | |
| ť Se | % of control centres that carry out Advanced Quality Assurance Audits | 100% | 100% | 0% | | | | | | | |
| Quality | 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) | 40% | 40% | 0% | | | | | | | |
| Access | Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less | 80% | 78% | -3% | 80% | 81% | 75% | 72% | 77% | 76% | 76% |
| Ac | Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less | 80% | 67% | -17% | 69% | 68% | 65% | 63% | 67% | 66% | 67% |
| | Intermediate Care Services | 70% | 83% | 18% | | | | | 81% | 80% | 83% |
| | % delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework | 100% | 75% | -25% | | | | | 93% | 92% | 93% |

| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | North Leinster YTD | Dublin Fire Brigade YTD | South YTD | West YTD |
|----------|--|-----------------------------------|------------------------|-----------------|----------------------|--------------------------|----------------------------------|--------------|-------------|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €107,552 | €108,456 | €905 | 0.84% | | | | |
| nar | Pay (excl superannuation pay) | €79,413 | €79,463 | €50 | 0.06% | | | | |
| Ϊ | Pay – Agency | €0 | €452 | €452 | 100% | | | | |
| | Pay – Overtime | €4,424 | €12,355 | €7,931 | 179.25% | | | | |
| | Non-pay (incl procurement savings) | €28,307 | €29,186 | €879 | 3.11% | | | | |
| | Income | -€168 | -€192 | -€24 | 14.35% | | | | |
| HR | Absenteeism - Management/Admin | 3.5% | 2.63% | -0.87% | -24.85% | 1.0% | | 5.3% | 3.3% |
| – | Absenteeism - General Support staff | | 1.61% | -1.89% | -54% | 1.4% | | 0.7% | 6.3% |
| | Absenteeism - Other Patient and Client staff | | 5.11% | 1.61% | 46% | 5.5% | | 3.8% | 5.5% |
| | Absenteeism- Total | | 4.82% | 1.32% | 37.7% | 5.1% | | 3.4% | 5.4% |
| | Variance from Indicative workforce | 1,611 | 1,662 | 51 | 3.2% | | | | |

Community Healthcare Balanced Score Card – Absenteeism

| | | Budget YTD €′000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) |
|----------|--|--------------------------------|---------------------|--------------|----------------|--|-------------------------------|---|---|---|---|--|---|---|
| HR^{3} | Absenteeism - Medical/Dental | 3.5% | 2.12% | -1.38% | - 39.42% | 1.63% | 1.90% | 1.79% | 2.05% | 1.46% | 3.70% | 2.81% | 1.54% | 2.47% |
| | Absenteeism – Nursing | 3.5% | 4.86% | 1.36% | 38.85% | 5.70% | 5.14% | 6.60% | 3.75% | 5.04% | 4.00% | 4.71% | 5.76% | 3.81% |
| | Absenteeism - Health and Social Care Professional | 3.5% | 3.57% | 0.07% | 2% | 4.30% | 3.29% | 3.89% | 3.42% | 4.11% | 3.34% | 3.22% | 3.86% | 3.42% |
| | Absenteeism - Management/Admin | 3.5% | 4.25% | 0.75% | 21.42% | 4.31% | 4.18% | 4.50% | 3.60% | 3.53% | 3.49% | 4.44% | 5.26% | 4.00% |
| | Absenteeism - General Support staff | 3.5% | 4.99% | 1.49% | 42.57% | 6.24% | 4.79% | 4.39% | 3.84% | 6.13% | 3.97% | 5.12% | 5.76% | 4.69% |
| | Absenteeism - Other Patient and Client staff | 3.5% | 5.21% | 1.71% | 48.85% | 6.65% | 4.93% | 6.08% | 3.94% | 4.71% | 3.77% | 5.12% | 6.06% | 5.52% |
| | Absenteeism- Total | 3.5% | 4.63% | 1.13% | 32.28% | 5.60% | 4.45% | 5.46% | 3.75% | 4.66% | 3.78% | 4.72% | 5.35% | 4.14% |

³ Absenteeism results provided include Primary Care, Mental Health and Social Care divisions

Health & Wellbeing Balanced Score Card

| | | Target/ Expected Activity | National YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) | National July | National August | National Sept |
|-----------------|--|---------------------------------|--------------|----------------|---|-------------------------------|--|---|---|---|---|--|---|------------------|--------------------|------------------|
| ety | Number of SREs reported | NA | 0 | | | | | | | | | | | | | |
| Quality &Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | | | | | | | | | | | | | | |
| Qual | Environmental Health - No. of planned surveillance inspections of food business | 24,750 | 26,682 | 7.8% | | | | | | | | | | | | 9,001 |
| Access | Child Health - development at 10 months | 95% | 93.5% | -1.6% | 96.3% | 96.1% | 92.5% | 94.7% | 93.4% | 89.3% | 91.9% | 92.0% | 95.5% | 94.2% | 93.0% | 93.3% |
| Ace | Child Health - PHN visit in 72 hours | 97% | 97.7% | 0.7% | 96.9% | 99.5% | 95.3% | 99.8% | 100.9% | 97.3% | 97.7% | 96.2% | 95.9% | | | 98.3% |
| | Child health - % children aged 12 months who receive the 6 in 1 vaccine | 95% | 91.4% | -3.8% | 93.0% | 94.5% | 92.1% | 90.3% | 91.1% | 91.2% | 90.6% | 93.4% | 88.8% | | | 91.5% |
| | BreastCheck screening | 104,000 | 108,729 | 4.5% | | | | | | | | | | 12,739 | 10,805 | 13,345 |
| | CervicalCheck screening | 209,000 | 206,019 | -5.7% | | | | | | | | | | 18,492 | 17,692 | 21,720 |
| | Diabetic Retina Screening | 58,045 | 57,409 | -1.1% | | | | | | | | | | 6,234 | 4,627 | 7,610 |
| | Tobacco Control (intensive cessation support) ⁴ | 7,044 | 9,026 | 28.1% | 1,598 | 0 | 353 | 703 | 189 | 643 | 1,476 | 792 | 1,334 | 1349 | 955 | 1,094 |

⁴ National figures include the National Quitline result of 1,655

Health & Wellbeing Balanced Score Card – Finance & HR

| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) |
|---------|---|--------------------------------|---------------------|-----------------|----------------|---|-------------------------------|--|---|---|---|---|--|--|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €138,922 | €137,781 | -€1,142 | -0.82% | | | | | | | | | |
| Fin | Pay (excl superannuation pay) | €68,415 | €66,829 | -€1,586 | -2.32% | | | | | | | | | |
| | Pay – Agency | €1,006 | €1,084 | €78 | 7.75% | | | | | | | | | |
| | Pay – Overtime | €219 | €218 | -€1 | -0.51% | | | | | | | | | |
| | Non-pay (incl procurement savings) | €75,207 | €75,526 | €318 | 0.42% | | | | | | | | | |
| | Income | -€4,700 | -€4,575 | €126 | -2.68% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed | 100% | 124 81% | | 19% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €8,288 84.5% | | 15.5% | | | | | | | | | |
| HR | Variance from Indicative workforce | 1,279 | 1,261 | -18 | -1.4% | | | | | | | | | |

Primary Care Balanced Score Card – Quality/Safety & Access

| | | Target/ Expected Activity | National YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) | National July | National August | National Sept |
|-----------|--|------------------------------|--------------|----------------|---|-------------------------------|---|---|---|---|---|---|---|------------------|--------------------|------------------|
| Ę | Number of SREs reported | NA | 1 | | | | | | | | | | | | | |
| & Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | 0% | | | | | | | | | | | | | |
| Quality & | Physiotherapy within 12 weeks | 80% | Data Gap | | 83.1% | 74.9% | 82.9% | 92.0% | Data Gap | 75.3% | 80.4% | 81.5% | 61.6% | Data Gap | Data Gap | Data Gap |
| Bu | Occupational Therapy within 12 weeks | 80% | Data Gap | | 85.4% | 71.8% | 88.7% | 69.3% | Data Gap | 82.8% | 74.9% | 79.6% | 66.7% | | | |
| | % of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround | 90% | 98.1% | 9.0% | | | | | | | | | | 98.1% | 97.3% | 98.1% |
| | % of Medical Cards/GP Visit Card applications, assigned for medical Officer review, processed within 5 days | 90% | 88.3 | -1.9% | | | | | | | | | | 98.6% | 96.3% | 88.3% |
| Access | Opioid substitution treatment (outside prisons) | 9,402 | 9,477 | 1.4% | | | | | | | | | | | | |
| Acc | Opioid substitution treatment (prisons) | 490 | 547 | 14.2% | | | | | | | | | | | | |
| | CIT - Overall Activity | 18,258 | 13,796 | - 24.4% | | 389 | 2,652 | 975 | 1,095 | 893 | 4,353 | 288 | 3,151 | 1,578 | 1,634 | 1,623 |
| | CIT - Admission Avoidance (includes OPAT) | 848 | 473 | - 44.2% | | 40 | 85 | 75 | 50 | 52 | 24 | 28 | 119 | 41 | 59 | 62 |
| | CIT - Hospital Avoidance | 9,746 | 8,132 | - 16.6% | | 5 | 1,472 | 312 | 733 | 613 | 3,913 | 0 | 1,084 | 949 | 960 | 1,025 |
| | CIT - Early Discharge (includes OPAT) | 4,450 | 2,832 | - 36.4% | | 342 | 551 | 189 | 285 | 191 | 416 | 255 | 603 | 300 | 352 | 263 |
| | CIT Activity – Other | 3,210 | 2,359 | - 26.5% | | 2 | 544 | 399 | 27 | 37 | 0 | 5 | 1,345 | 288 | 263 | 273 |
| | Number of contacts with GP OOH | 717,620 | 710,51 3 | -1.0% | | | | | | | | | | 66,760 | 76,447 | 71,283 |

Primary Care Balanced Score Card – Finance & HR

| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) |
|---------|---|--------------------------------|---------------------|--------------|----------------|---|-------------------------------|---|---|---|---|---|---|---|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €2,552,198 | €2,642,290 | €90,093 | 3.53% | 5.44% | 4.39% | 1.25% | 1.67% | 0.83% | 2.51% | -0.35% | 4.36% | 2.72% |
| Fin | Pay (excl superannuation) | €442,759 | €447,692 | €4,933 | 1.11% | | | | | | | | | |
| | Pay – Agency | €8,735 | €13,469 | €4,734 | 54.20% | | | | | | | | | |
| | Pay – Overtime | €2,186 | €2,471 | €285 | 13.04% | | | | | | | | | |
| | Non-pay (incl procurement savings) | €2,224,130 | €2,308,868 | €84,738 | 3.81% | | | | | | | | | |
| | Income | -€116,313 | -€116,120 | €193 | -0.17% | | | | | | | | | |
| | Net Expenditure variance from plan - Primary Care | €555,495 | €558,410 | €2,915 | 0.52% | | | | | | | | | |
| | Net Expenditure variance from plan – Social Inclusion | €95,115 | €96,494 | €1,380 | 1.45% | | | | | | | | | |
| | Net Expenditure variance from plan – PCRS | €1,684,880 | €1,759,389 | €74,509 | 4.42% | | | | | | | | | |
| | Net Expenditure variance from plan - Demand Led Schemes | €163,253 | €174,017 | €10,765 | 6.59% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed – Primary Care | 100% | 196 74% | | 26% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed – Primary Care | 100% | €16,013 47.8% | | 52.2% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed – Social Inclusion | 100% | 354 64.4% | | 35.6% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed – Social Inclusion | 100% | €49,092 65.5% | | 35.5% | | | | | | | | | |
| HR | Variance from Indicative workforce | 10,344 | 10,294 | -50 | -0.5% | | | | | | | | | |

Palliative Care Balanced Score Card

| | | Target/ Expected Activity | National YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) | National | July | National August | National Sept |
|--------|--|---------------------------------|--------------|-------------------|---|-------------------------------|---|---|---|---|---|---|---|----------|------|--------------------|------------------|
| Access | Community Home Care - % of patients provided with a service in their place of residence within 7 days | 95% | 88% | -7.3% | 91% | 90.4% | 94.2% | 90.5% | 98.1% | 78.8% | 75.6% | 90.7% | 75.7% | 88. | 5% | 90.7% | 88.5% |
| 4 | Community Home Care - No of patients in receipt of specialist palliative care in the community | 3,248 | 3,232 | -0.60% | 373 | 362 | 400 | 489 | 441 | 237 | 241 | 433 | 255 | 3,2 | 64 | 3,164 | 3,232 |
| | Inpatient waiting times - % of patients admitted within 7 days of referral | 98% | 97.9% | -0.2% | 97.1% | 96.1% | 100% | 100% | 100% | 90.1% | 98.6% | | 94.1% | 99. | 6% | 97.4% | 97.6% |
| | Day Care - No of patients in receipt of specialists palliative day care services | 349 | 334 | -4.40% | 9 | 36 | 37 | 115 | | 38 | 36 | | 63 | 33 | 6 | 297 | 334 |
| | Paediatric Services - No of children in care of the Children's Palliative Care Services | 320 | 373 | 16.60% | 12 | 26 | 32 | 23 | 39 | 14 | 154 | 46 | 27 | 38 | 2 | 369 | 373 |

| | | Budget YTD €'000/ Target | vctual ∕TD €′000 | /ariance ′TD | « Variance ТD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | alway, Mayo oscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | orth & West Cork orth & South Lee erry (4) | aterford, Wexford arlow, Kilkenny pperary South (5) | ublin South East un Laoghaire īcklow (6) | ublin South City ublin West ublin South West ildare, West ficklow (7) | aois, Offaly ongford, estmeath outh , Meath (8) | ublin North entral ublin North West ublin North (9) |
|---------|--|--------------------------------|---------------------|-----------------------|------------------|---|-----------------------------|--|--|---|--|---|--|--|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | Ш ≻ ⊢ €53,456 | ₹ 53,980 | > ≻ €525 | 0.98% | 6.08% | <u>පී සී</u> 2.14% | <u>0 z ෆ</u> 0.21% | <u>2 2 2 2</u> 0.85% | -1.83% | -12.45% | -1.67% | 4.77% | 1.94% |
| าลท | Pay (excl superannuation pay) | €27,008 | €27,160 | €152 | 0.56% | | | | | | | | | |
| Ē | Pay – Agency | €944 | €926 | - €17 | -1.84% | | | | | | | | | |
| | Pay – Overtime | €538 | €587 | €49 | 9.04% | | | | | | | | | |
| | Non Pay (including procurement savings) | €32,587 | €33,276 | €690 | 2.12% | | | | | | | | | |
| | Income | -€7,114 | -€7,414 | -€300 | 4.22% | | | | | | | | | |
| | % of 2015 Service Arrangements signed | 100% | 12 52.2% | | 47.8% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €17,121 28.3% | | 71.7% | | | | | | | | | |
| HR | Variance from indicative workforce | | | | | | | | | | | | | |

Mental Health Balanced Score Card – Quality/Safety & Access

| | | Target/ Expected Activity | National YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) | National July | National August | National Sept |
|---------|--|---------------------------------|--------------|-------------------|---|-------------------------------|--|---|---|---|---|--|---|------------------|--------------------|------------------|
| Ę | Number of SREs reported | NA | 28 | | | | | | | | | | | | | |
| &Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | 79% | | | | | | | | | | | | | |
| Quality | 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% | 72.5% | | | | | | | | | | | 80.0% | 77.8% | 83.3% |
| | | | % of ac | cepted re | eferrals/re | -referrals | offered firs | st appoint | ment with | nin 12 wee | eks/3 months | by: | | | | |
| | General Adult Teams | 90% | Data Gap | | 85.9% | 96.3% | 96.4% | 93.7% | 97.8% | 98.1% | Data Gap | 93.6% | 80.9% | 92.2% | 92.0% | 93.4% |
| | Psychiatry of Old Age Teams | 99% | Data Gap | | 94.1% | 100.0 % | 100.0% | 91.7% | 100.0 % | 98.0% | Data Gap | 97.7% | 98.7% | 97.7% | 98.4% | 98.7% |
| | Child and Adolescent Community mental Health Teams | 78% | 75.7% | -2.9% | 58.7% | 94.9% | 85.7% | 67.6% | 80.4% | 65.9% | 69.1% | 75.6% | 65.9% | 69.0% | 67.8% | 70.0% |
| | | % | 6 of accept | ed referra | als/re-refe | rrals offer | red first ap | pointment | and seer | n within 12 | 2 weeks/3 mo | nths by: | | | | |
| | General Adult Teams | 75% | Data Gap | | 71.0% | 85.6% | 70.4% | 69.2% | 90.3% | 77.9% | Data Gap | 67.0% | 56.3% | 73.0% | 72.1% | 74.2% |
| | Psychiatry of Old Age Teams | 95% | Data Gap | | 93.2% | 94.9% | 99.3% | 70.0% | 99.6% | 97.2% | Data Gap | 92.4% | 95.7% | 95.0% | 95.8% | 96.0% |
| | Child and Adolescent Community Mental Health Teams | 72% | 67.7% | -6.0% | 55.3% | 87.1% | 85.7% | 59.4% | 67.1% | 54.2% | 60.3% | 61.0% | 55.7% | 61.8% | 61.3% | 63.2% |
| SSS | Total no. to be seen | 2,632 | 2,309 | - 12.3% | 383 | 43 | 281 | 524 | 112 | 379 | 203 | 199 | 185 | 2,542 | 2,262 | 2,309 |
| Access | Total no. to be seen (0-3 months) | 1,153 | 990 | - 14.1% | 112 | 36 | 83 | 163 | 64 | 223 | 100 | 125 | 84 | 1,045 | 781 | 990 |
| A | Wait List (i.e. those waiting >3 months) | 1,479 | 1,319 | 10.8% | 271 | 7 | 198 | 361 | 48 | 156 | 103 | 74 | 101 | 1,497 | 1,481 | 1,319 |
| | | | | No. on w | vaiting list | t for first a | appointme | nt at end o | of each m | onth by w | ait time: | | | | | |
| | 3-6 months | 534 | 550 | 2.9% | 91 | 4 | 79 | 111 | 23 | 104 | 35 | 60 | 43 | 679 | 641 | 550 |
| | 6-9 months | 331 | 345 | 4.2% | 97 | 1 | 50 | 94 | 13 | 47 | 11 | 12 | 20 | 354 | 356 | 345 |
| | 9-12 months | 614 | 210 | - 65.8% | 58 | 2 | 52 | 49 | 4 | 5 | 18 | 2 | 20 | 164 | 221 | 210 |
| | >12 months | 0 | 214 | >100 % | 25 | 0 | 17 | 107 | 8 | 0 | 39 | 0 | 18 | 300 | 241 | 214 |

Mental Health Balanced Score Card – Finance & HR

| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) |
|---------|---|--------------------------------|---------------------|--------------|-------------------|---|-------------------------------|--|---|---|---|---|--|--|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €562,035 | €562,920 | €885 | 0.16% | 2.23% | 0.68% | 1.24% | 1.41% | 1.11% | 0.11% | 0.22% | 3.72% | 0.22% |
| Fin | Pay (excl superannuation pay) | €457,344 | €453,260 | -€4,083 | -0.89% | | | | | | | | | |
| | Pay – Agency | €11,300 | €23,905 | €12,604 | 111.54% | | | | | | | | | |
| | Pay – Overtime | €11,279 | €14,453 | €3,174 | 28.14% | | | | | | | | | |
| | Non-pay (incl procurement savings) | €118,695 | €122,575 | €3,881 | 3.27% | | | | | | | | | |
| | Income | -€14,731 | -€13,601 | €1,129 | -7.67% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed | 100% | 97 48.7% | | 51.3% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €22,971 38.6% | | 61.4% | | | | | | | | | |
| HR | Variance from Indicative workforce | 9,262 | 9,316 | 54 | 0.6% | | | | | | | | | |
| | EWTD - <24 hour shift⁵ | 100% | 94% | 6% | 94% | | | | | | | | | |
| | EWTD - <48 hour working week | 100% | 92% | 8% | 92% | | | | | | | | | |

 $^{^{5}}$ EWTD results are based on returns from 20 of 29 service providers

Social Care Balanced Score Card – Quality/Safety & Access

| | | Target/ Expected Activity | National YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | Dublin South East Dun Laoghaire Wicklow (6) | Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) | National July | National August | National Sept |
|-----------------|--|------------------------------|----------------|----------------|--|-------------------------------|---|---|---|---|--|---|---|------------------------|------------------------|------------------------|
| ety | Number of SREs reported | NA | 32 | | | | | | | | | | | | | |
| Quality &Safety | % of mandatory investigations exceeding 4 month target for completion | < 10% | 71% | | | | | | | | | | | | | |
| Qual | Disability Act assessments completed (Q) | 100% | 34.2% | - 65.8 % | 77.5% | 87.4% | 54.3% | 18.8% | 31.9% | 75.0% | 19.8% | 45.4% | 13.1% | 38.9% (Q1) | 31.2% (Q2) | 32.9% (Q3) |
| | Congregated Settings (Q) | 150 | 84 | - 44% | 5 | 5 | 1 | 15 | 8 | 18 | 8 | 16 | 8 | 27 (Q1) | 11 (Q2) | 46 (Q3) |
| | Elder abuse cases - % of active cases reviewed within 6 month timeframe | 90% | 88.0% | - 2.2 % | 93.4% | 94.7% | 85.5% | 89.0% | 66.7% | 96.5% | 88.4% | 96.9% | 81.4% | 91.1% | 86.5% | 91% |
| Access | 0-18s Programme | 24 out of 24 | 6 out of 24 | - 75% | 1 out of 3 | 1 out of 3 | 1 out of 1 | 2 out of 4 | 0 out of 4 | 0 out of 3 | 0 out of 2 | 1 out of 3 | 0 out of 1 | 5 out of 24 (Q1) | 5 out of 24 (Q2) | 5 out of 24 (Q3) |
| AC | HCP – Total no. of persons in receipt of a HCP | 13,200 | 14,845 | 12.5 % | 1,324 | 1,108 | 931 | 1,416 | 842 | 1,511 | 1,863 | 2,027 | 3,823 | 14,476 | 14,709 | 14,845 |
| | HCP – No. of persons in receipt of an Intensive HCP at a point in time (capacity) | 190 | 130 | - 31.6 % | | | | | | | | | | 110 | 122 | 130 |
| | Home Help Hours – No. of hours provided (excluding provision of hours from HCP's) | 7,774, 482 | 7,820, 435 | 0.6 % | 1,037,527 | 945,708 | 701,127 | 1,647,619 | 901,934 | 286,876 | 529,833 | 918,493 | 851,318 | 1,045,9 11 | 860,542 | 872195 |
| | NHSS Beds - no of people funded | 22,361 | 23,106 | 3.3 % | 2,035 | 2,610 | 2,180 | 3,784 | 2,390 | 1,923 | 2,916 | 2,689 | 2,579 | 22,778 | 23,027 | 23,106 |
| | No of NHSS Beds in Public Long Stay Units | 5,287 | 5,257 | - 0.6 % | 562 | 607 | 346 | 1,042 | 558 | 386 | 651 | 635 | 470 | 5,294 | 5,262 | 5,257 |

Social Care (Disabilities) Balanced Score Card – Finance & HR

| | | Budget YTD €'000/ Target | Actual YTD €'000 | /ariance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick V Tipp, E Limerick (3) | Vorth & West Cork Vorth & South _ee Cerry (4) | Naterford, Nexford Zarlow, Kilkenny Tipperary South 5) | ∆ublin South East Dun Laoghaire Vicklow (6) | Jublin South City Jublin West Jublin South Nest Kildare, West Nicklow (7) | aois, Offaly -ongford, Vestmeath -outh , Meath (8) | Jublin North Central Jublin North Vest Jublin North (9) |
|---------|---|-----------------------------------|---------------------|-----------------|----------------------|--|-------------------------------|--|---|--|--|---|---|---|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €1,090,558 | €1,127,450 | €36,892 | 3.38% | 4.64% | 5.85% | 3.54% | 2.87% | 4.69% | 3.99% | 5.20% | 4.92% | 4.89% |
| Fin | Pay (excl superannuation pay) | €428,295 | €443,724 | €15,429 | 3.60% | | | | | | | | | |
| | Pay – Agency | €13,601 | €27,034 | €13,432 | 98.76% | | | | | | | | | |
| | Pay – Overtime | €3,463 | €5,839 | €2,376 | 68.62% | | | | | | | | | |
| | Non-pay (incl procurement savings) | €719,072 | €736,041 | €16,969 | 2.36% | | | | | | | | | |
| | Income | -€74,529 | -€73,416 | €1,113 | -1.49% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed | 100% | 293 38.4% | | 61.6% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €164,037 14.6% | | 85.4% | | | | | | | | | |
| HR | Variance from Indicative workforce | 24,816 | 25,366 | 550 | 2.2% | | | | | | | | | |

Social Care (Older Persons) Balanced Score Card – Finance & HR

| | | Budget YTD €'000/ Target | Actual YTD €'000 | Variance YTD | % Variance YTD | Cavan, Monaghan Sligo, Leitrim, Donegal (1) | Galway, Mayo Roscommon (2) | Clare, Limerick N Tipp, E Limerick (3) | North & West Cork North & South Lee Kerry (4) | Waterrord, Wexford Carlow, Kilkenny Tipperary | Dublin South East Dun Wicklow (6) | Dublin South City Dublin West Dublin South West Wicklow (7) | Laois, Offaly Longford, Westmeath Louth , Meath (8) | Dublin North Central Dublin North West Dublin North (9) |
|---------|---|-----------------------------------|------------------------|-----------------|----------------------|--|----------------------------------|---|---|---|--|--|---|--|
| Finance | Net Expenditure variance from plan (budget) – YTD and Projected to year end | €526,114 | €541,268 | €15,154 | 2.88% | 6.92% | 10.75% | 4.43% | 5.20% | 4.37% | 3.80% | -0.25% | 12.83% | 1.49% |
| Fin | Pay (excl superannuation pay) | €487,095 | €494,249 | €7,155 | 1.47% | | | | | | | | | |
| | Pay – Agency | €17,050 | €23,649 | €6,599 | 38.71% | | | | | | | | | |
| | Pay – Overtime | €4,079 | €4,679 | €600 | 14.71% | | | | | | | | | |
| | Non-pay (incl procurement savings) | €318,035 | €320,591 | €2,555 | 0.80% | | | | | | | | | |
| | Income | -€282,082 | -€277,288 | €4,794 | -1.70% | | | | | | | | | |
| | % and number of 2015 Service Arrangements signed | 100% | 803 70.1% | | 29.9% | | | | | | | | | |
| | € value of 2015 Service Arrangements signed | 100% | €53,340 37.8% | | 62.2% | | | | | | | | | |
| HR | Variance from Indicative workforce | 24,816 | 25,366 | 550 | 2.2% | | | | | | | | | |

Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

The 2015 Estimates provided a more realistic funding level for health and social care 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 included an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 budget. This provides for a budget allocation similar to the funding levels in place in 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%. While welcome, this level of spending increase is below the circa €170m / 1.3% year on year spending increase necessary to keep pace with the impact of "pure demographics" (i.e. our growing and ageing population) before consideration of any new or additional quality / safety, activity or price-driven cost pressures.

The national service plan (NSP2015) set 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 \in 130m (plus an increased income generation / collection - EU Charges of \in 10m). It also identified that, in addition to this \in 130m, the health service had a further residual financial challenge of circa \in 100m within core services, based on projected 2014 closing expenditure. Given the final 2014 expenditure level this residual challenge is now circa \in 140m.

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. 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 September 2015

As of September 2015 the health service has recorded net spend on an income and expenditure basis of \in 9.448 billion against a budget of \in 9.063 billion. This results in a total deficit of \in 385.4m. Approximately \in 173.4m relates to the demand-led areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. NSP 2015 makes clear that due to the nature of these areas any overruns would not impact on funding available for other core areas of health service provision. The deficit within core performance areas at the end of September totals \in 212m. This deficit is attributable primarily to overruns within Acute Hospitals (\in 137.3m) and Social Care (\in 61.3m).

Within Acute Hospitals the sustained pressures caused by seeking to deal with high levels of ED / trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This

coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk-related reports, such as that into maternity services at Portlaoise, has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams.

On a positive note the focus on agency reduction is gaining traction in the hospital division with a forecast overall \in 25m reduction on agency by year end compared to last year. Those hospitals that are reducing agency are on track to deliver a \in 39m reduction by year end whereas those where agency is increasing will have circa \in 14m more in agency costs this year compared to 2014. Of this \in 14m, \in 10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

Within Social Care the exceptional level of unfunded additional costs arising out of HIQA inspections of residential facilities continues to contribute to the increasing variance within Disability Services. Overspends are also emerging within Older People Services and NHSS. In order to address the difficulties experienced in emergency departments and fair deal waiting times in the early part of the year, a commitment to make available €74m of additional funding was made in April 2015. The year to date deficit within Older People Services and NHSS is inclusive of the expenditure incurred to date against this commitment and will be offset on receipt of the allocation. The allocation is expected to be made available to the HSE as part of the supplementary process for 2015.

| Description | Full Year 2015 Budget €000s | YTD Spend €000s | YTD Budget €000s | YTD Variance €000s | YTD Variance % | % of Total Variance % |
|--|--------------------------------------|-----------------------|------------------------|--------------------------|----------------------|--------------------------------|
| Acute Hospitals Division National Ambulance | 4,008,444 | 3,132,142 | 2,994,842 | 137,300 | 4.58% | 35.63% |
| Service | 144,139 | 108,456 | 107,552 | 905 | 0.84% | 0.23% |
| Health & Wellbeing Division | 197,411 | 137,781 | 138,922 | (1,142) | -0.82% | -0.30% |
| Primary Care | 751,344 | 558,410 | 555,495 | 2,915 | 0.52% | 0.76% |
| Social Inclusion | 127,084 | 96,494 | 95,115 | 1,380 | 1.45% | 0.36% |
| Palliative Care | 71,752 | 53,980 | 53,456 | 525 | 0.98% | 0.14% |
| Primary Care Division (Note 1) | 950,180 | 708,884 | 704,065 | 4,819 | 0.68% | 1.25% |
| Mental Health Division | 759,284 | 562,920 | 562,035 | 885 | 0.16% | 0.23% |
| Older Persons Services | 701,519 | 541,268 | 526,114 | 15,154 | 2.88% | 3.93% |
| Nursing Home Support Scheme ("Fair Deal") | 831,118 | 631,770 | 622,565 | 9,205 | 1.48% | 2.39% |
| Disability Services | 1,460,311 | 1,127,450 | 1,090,558 | 36,892 | 3.38% | 9.57% |
| Social Care Division | 2,992,947 | 2,300,488 | 2,239,238 | 61,251 | 2.74% | 15.89% |
| CHO Corporate Community | 4,411 | 3,519 | 3,306 | 212 | 6.41% | 0.06% |
| National Cancer Control Programme (NCCP) | 7,526 | 2,100 | 2,104 | (4) | -0.20% | 0.00% |
| Clinical Strategy & Programmes Division | 30,212 | 19,403 | 19,414 | (12) | -0.06% | 0.00% |
| Quality Assurance & Verification | 584 | 213 | 371 | (158) | -42.51% | -0.04% |
| Quality Improvement | 6,943 | 4,139 | 3,576 | 563 | 15.74% | 0.15% |

| Division | | | | | | |
|--|------------|-----------|-----------|---------|--------|--------|
| Other National Divisions/Services | 283,143 | 209,334 | 201,962 | 7,372 | 3.65% | 1.91% |
| Total Direct Service Provision | 9,385,224 | 7,189,378 | 6,977,387 | 211,990 | 3.04% | 55.01% |
| Statutory Pensions | 433,522 | 343,749 | 323,944 | 19,805 | 6.11% | 5.14% |
| Pension Levy | (221,626) | (164,314) | (165,798) | 1,484 | -0.89% | 0.39% |
| Pensions | 211,895 | 179,435 | 158,146 | 21,289 | 13.46% | 5.52% |
| State Claims Agency | 96,000 | 140,386 | 74,938 | 65,448 | 87.34% | 16.98% |
| Primary Care Reimbursement Scheme (Note 1) | 2,268,166 | 1,759,389 | 1,684,880 | 74,509 | 4.42% | 19.33% |
| Demand Led Local Schemes (Note 1) | 218,080 | 174,017 | 163,253 | 10,765 | 6.59% | 2.79% |
| Overseas Treatment | 5,516 | 5,514 | 4,125 | 1,388 | 33.65% | 0.36% |
| Demand Led Services | 2,587,761 | 2,079,306 | 1,927,196 | 152,110 | 7.89% | 39.47% |
| Total Pensions & Demand Led Services | 2,799,657 | 2,258,741 | 2,085,342 | 173,399 | 8.32% | 44.99% |
| Held Funds | 0 | | | | | |
| Accelerated Income (Note 2) | (50,000) | | | | | |
| Overall Total | 12,134,880 | 9,448,118 | 9,062,729 | 385,389 | 4.25% | 100% |

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Non Core Services Note 2: This represents a HSE cash acceleration target

HSE Direct Provision vrs S.38 Funded Providers

| | | HSE Direc | t Provision | S.38 Funded Providers | |
|---|-----------------------------------|--------------------------|----------------------|-----------------------|---------------|
| Description | Full Year 2015 Budget €000s | YTD Variance €000s | YTD Variance % | Variance €000s | Variance % |
| Acute Hospitals Division | 4,008,444 | 86,394 | 5.07% | 50,906 | 3.94% |
| National Ambulance Service | 144,139 | 905 | 0.84% | 0 | 0.00% |
| Health & Wellbeing Division | 197,411 | (1,142) | -0.82% | 0 | 0.00% |
| Primary Care | 751,344 | 2,297 | 0.42% | 618 | 11.41% |
| Social Inclusion | 127,084 | 1,380 | 1.45% | 0 | 0.00% |
| Palliative Care | 71,752 | 869 | 2.27% | (345) | -2.27% |
| Primary Care Division (Note 1) | 950,180 | 4,545 | 0.67% | 273 | 1.33% |
| Mental Health Division | 759,284 | 400 | 0.07% | 485 | 1.82% |
| Older Persons Services | 701,519 | 13,675 | 2.75% | 1,479 | 5.02% |
| Nursing Home Support Scheme ("Fair Deal") | 831,118 | 9,205 | 1.48% | 0 | 0.00% |
| Disability Services | 1,460,311 | 21,277 | 2.64% | 15,615 | 5.51% |
| Social Care Division | 2,992,947 | 44,157 | 2.29% | 17,093 | 5.47% |
| CHO Corporate Community | 4,411 | 212 | 6.41% | 0 | 0.00% |

CHO Corporate Community

Note: The "S.38 Funded Providers" figures relate to a subset of the larger voluntary providers funded by the HSE under S.38 of the Health Act 2004 including all 16 voluntary hospitals. The HSE's monthly performance assurance report incorporates pay, non pay and income detail as reported by these providers to the HSE. Expenditure related to the remainder of the voluntary providers funded by the HSE under S.38 and S.39 of the Health Act 2004 is shown under non pay based on the amounts paid out by the HSE.

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

There are a number of expenditure headings (PCRS, Local DLS, Overseas Treatment and SCA) which, due to their legal or technical nature, were prepared on an agreed basis in NSP 2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision. There is a deficit of \leq 152.1m in these areas at the end of September 2015.

In addition to these costs, similar consideration must be given to pensions costs provided within the HSE which cannot be readily controlled in terms of financial performance and are difficult to predict. As at September pensions are showing a deficit of €21.3m which represents retirements in excess of profiled expectations and also represents an increase in the full year pensioner payroll costs in 2015. A number of scenarios are being considered in this respect. This is in addition to further analysis of income shortfalls as a result of new entrants' pension contributions not being available to the HSE since January 2013. In addition to the review of the statutory sector, an assessment of funded s.38 voluntary sector is underway to determine the scale of these issues within the relevant voluntary organisations in 2015.

The NSP 2015 was prepared on the basis that pension-related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. The combined deficit from these combined areas is €160.1m at the end of September.

Acutes

While 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 outturn. 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 similar international jurisdictions.

Acute Hospitals are reporting a €137.3m deficit for the nine-month period to 30th September 2015. It is clear that there has been exceptional, sustained pressure on capacity and costs, particularly during the first four months, relating to the high level of delayed discharges in the system, the numbers waiting in ED and the knock on effect for those waiting to receive scheduled care. This militated against early traction being achieved in relation to 2015 cost reduction initiatives.

Specifically, financial targets for 2015 included a reduction in excess or unfunded capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. This has not been possible to achieve as planned with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. In addition, the impact of risk-related reports such as that into maternity services at Portlaoise, and difficulties in recruiting and retaining medical and nursing staff has put strong upward pressure on pay costs in some hospitals.

Similar to the known pay cost pressures coming in to the year, there are significant non-pay cost pressures which are impacting the September year to-date position. Overall, based on year to date September 2015 data, non-pay is projected to grow by 5.5% in 2015 over 2014 (4.4%

excluding growth in the provision for bad and doubtful debts). This is consistent with the opening financial challenge which has been estimated at €56m.

Within non-pay, clinical costs are expected to grow by 4.4% and non-clinical costs by 4.2% (excluding bad debts). The main clinical cost drivers occur in the areas of Drugs & Medicines, Medical & Surgical Supplies and Laboratory. Significant increases in non-clinical costs are being experienced in the areas of Heat, Light & Power and Patient Transport.

In general, under each of the non-pay headings, typically 80+% of the non-pay cost growth in 2015 is concentrated in between 5-10 of the 49 hospitals. In many cases, these are the larger hospitals which carry out more complex work and the growth in non-pay costs can be attributed to the nature of the sites and their specific workload.

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

Social Care – Older Persons/NHSS

Older People Services are reporting a year to date September net deficit of €15.2m. NHSS is showing an overspend of €9.2m.

In order to address the difficulties experienced in emergency departments and fair deal waiting times in the early part of the year, a commitment to make available €74m of additional funding was made in April 2015. The year to date deficit within Older People Services and NHSS is inclusive of the expenditure incurred to date against this commitment and will be offset on receipt of the allocation. The allocation is expected to be made available to the HSE as part of the supplementary process for 2015.

Other key cost pressures which the services are seeking to address occur within home care provision with several cost reduction and efficiency measures being effected throughout the service. Some traction has been seen in certain targeted areas including reducing agency.

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

Social Care – Disability Services

This group of services has recorded a YTD September net deficit of €36.9m. Key cost pressures and financial risks include significant pay cost pressures which continue in respect of overnight residential staff. Environmental factors are also an ongoing issue with deployment of staff driving agency costs. Allied to this are significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multi-annual investment programme.

Agency / Pay

Under the pay heading, agency spend represents the single biggest challenge this year with an exceptional focus required to deliver on the framework and the minimum savings targets outlined in NSP 2015. After a number of years of pay management through a moratorium the shift to

managing staff numbers in line with funded levels will require organisational development and change management.

On the positive side, the focus on agency reduction has started to make an impact within the hospital division with a forecast overall \in 25m reduction on agency by year-end compared to last year. Those hospitals that are reducing agency are on track to deliver a \in 39m reduction by year-end, whereas those where agency is increasing will have circa \in 14m more in agency costs this year compared to 2014. Of this \in 14m, \in 10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

| | Acute Hospitals €000s | Health & Wellbeing €000s | National Ambulance Service €000s | Primary Care €000s | Social Care €000s | Mental Health €000s | Other Services incl NCCP & QID €000s | Total €000s |
|--|-----------------------------|--------------------------------|---|--------------------------|-------------------------|---------------------------|---|----------------|
| Jan-15 | 17,868 | 127 | 83 | 1,542 | 5,144 | 2,426 | 208 | 27,398 |
| Feb-15 | 18,923 | 99 | 21 | 1,575 | 4,907 | 2,386 | 465 | 28,376 |
| Mar-15 | 17,929 | 160 | 71 | 1,518 | 5,195 | 2,531 | 270 | 27,672 |
| Apr-15 | 17,841 | 113 | 62 | 1,724 | 5,592 | 2,389 | 372 | 28,093 |
| May-15 | 16,699 | 77 | 32 | 1,600 | 5,331 | 2,528 | 398 | 26,665 |
| Jun-15 | 16,466 | 192 | 63 | 1,687 | 5,470 | 2,609 | 756 | 27,243 |
| Jul-15 | 16,777 | 163 | 38 | 1,318 | 6,089 | 3,025 | 383 | 27,793 |
| Aug-15 | 17,118 | 93 | 42 | 1,310 | 5,996 | 2,993 | 353 | 27,905 |
| Sep-15 | 16,794 | 62 | 41 | 1,196 | 6,958 | 3,016 | 338 | 28,404 |
| Total 2015 YTD | 156,415 | 1,084 | 452 | 13,469 | 50,681 | 23,905 | 3,542 | 249,549 |
| Average monthly cost 2015 to date | 17,379 | 120 | 50 | 1,497 | 5,631 | 2,656 | 394 | 27,728 |
| Jan-14 | 17,005 | 143 | 147 | 1,245 | 4,632 | 1,447 | 323 | 24,943 |
| Feb-14 | 17,601 | 149 | 195 | 1,327 | 4,173 | 1,757 | 49 | 25,252 |
| Mar-14 | 18,867 | 87 | 77 | 1,283 | 5,292 | 1,954 | 227 | 27,787 |
| Apr-14 | 18,826 | 141 | 163 | 1,301 | 4,916 | 2,102 | 299 | 27,746 |
| May-14 | 19,562 | 156 | 174 | 1,330 | 5,395 | 2,415 | 314 | 29,345 |
| Jun-14 | 19,956 | 119 | 131 | 1,470 | 4,705 | 2,042 | 322 | 28,746 |
| Jul-14 | 20,467 | 112 | 154 | 1,445 | 5,676 | 2,487 | 193 | 30,535 |
| Aug-14 | 18,655 | 123 | 153 | 1,339 | 5,405 | 2,570 | 442 | 28,687 |
| Sep-14 | 19,177 | 111 | 168 | 992 | 5,600 | 2,653 | 268 | 28,969 |
| Total 2014 YTD | 170,116 | 1,141 | 1,363 | 11,732 | 45,793 | 19,426 | 2,438 | 252,010 |
| Average monthly cost 2014 to date | 18,902 | 127 | 151 | 1,304 | 5,088 | 2,158 | 271 | 28,001 |
| Change - YTD 2015 vrs 2014 | (13,701) | (57) | (911) | 1,737 | 4,888 | 4,479 | 1,104 | (2,461) |
| 2015 full year cost based on YTD 2015 Expenditure | 209,127 | 1,449 | 604 | 18,008 | 67,761 | 31,960 | 4,736 | 333,646 |

Agency Costs by Divisions – 2015 verses 2014

| 2015 forecast | | | | | | | | |
|---------------|----------|----|---------|-------|-------|-------|-------|----------|
| versus 2014 | | | | | | | | |
| actual cost | (25,365) | 35 | (1,077) | 1,506 | 7,760 | 5,142 | 1,506 | (10,493) |

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.

Through the new accountability framework introduced in 2015 significant efforts are being made to address deficits in the quality of our services and the access to them while seeking to mitigate financial overruns. Additional focus is being applied to seek to accelerate agency reduction and control unfunded pay growth within the Acute Hospital division in particular.

Within our core services, despite significant pressures, it is expected that most of our divisions will be at or close to breakeven by year end albeit in the case of Mental Health and Primary Care this will involve a level of once off measures that will not be sustainable into 2016.

Acute Hospitals and Social Care are the exception to this with deficits expected.

In addition there are significant deficits expected by year end within pensions and the demand led headings (PCRS, State Claims Agency, Local Community Schemes and Overseas) however due to the nature of these areas they do not reflect on the financial performance management of the HSE.

Human Resources

Human Resources

Development of a People Strategy

"People Strategy 2015 – 2018 Leaders in Public Services" has been finalised and draft work plans are in progress. Workshop scheduled for November, 2015 with HR Leadership Team to progress with planning implementation.

Task Transfer

This project which was originally identified in HRA and revisited under LRA has commenced under an independent chairperson. The process involves an evaluation of the savings that might accrue from the transferring of certain tasks currently undertaken by NCHD's to Nurses. These tasks include; a) IV Cannulation, b) administration of first dose medications, c) Phlebotomy, d) delayed discharges. The process will also look at the wider benefits to the health service of this method of working and is expected to conclude by end November.

Staff engagement and Culture

In Collaboration with the Quality Improvement Division, a pilot of the 'Listening into Action' programme is due to conclude shortly. Initial assessment of the programme from staff and management is highly positive. This programme will be made more widely available in Q4, 2015.

There has been full mapping of the Employee Assistance Programme which has been included on HSE website and circulated to ensure that all staff irrespective of location (voluntary / agency etc.) can contact their relevant service directly.

Interim Pay Award – Group Director of Nursing and Midwifery

Correspondence giving effect to this interim temporary pay supplement to Group Directors of Nursing and Midwifery, following conclusion of arbitration process arising from Chairmans notes under the Lansdowne Road Agreement, has recently been issued to all relevant employers.

European Week for Safety and Health 2015

Commencing October 2015, the campaign will showcase highlighted themes for Health care Workers on an ongoing basis to end Q2 2016.

CJEU Ruling on Working Time and Travel (the "Tyco case")

A recent decision of the Court of Justice of the European Union (the CJEU) found that certain categories of workers who travel from their homes to customers' premises are considered to be working, for the purposes of the EU Working Time Directive, while making those journeys. The decision applies to workers who do not have a fixed place of work and are required by their employers to travel to service clients. The Employee Relations Advisory Services (ERAS) are currently reviewing the potential implications of this decision for health service employers, with particular reference to categories of employees who do not have a designated work base. In the meantime existing arrangements should continue to apply in the health sector.

Workforce position

September employment census shows an increase of **329 WTEs** from August 2015 and **2,918 WTEs** YTD. This compares with increases of **168 WTEs** and **1,161 WTEs** when compared with same periods in 2014. The overall changes in Divisions and staff category terms are summarised in the tables below and includes initial indicative direct funded employment level thresholds, linked to pay envelope allocation reporting, in place of previous employment ceiling compliance reporting, and which remains work-in-progress.

| Headline Figures: Sep 2015 | WTE | WTE change month | Direct Employment Threshold | Threshold Variance | % Threshold Variance |
|--|---|---|--|---|--|
| Compared to a August figure of 101,917 | 102,245 | +329 | 99,541 | +2,704 | +2.7% |
| Acute Services | 51,669 | +118 | 49,631 | +2,038 | +4.1% |
| Mental Health | 9,316 | +8 | 9,262 | +54 | +0.6% |
| Primary Care | 10,294 | +83 | 10,344 | -50 | -0.5% |
| Social Care | 25,366 | +60 | 24,816 | +550 | +2.2% |
| Health & Wellbeing | 1,261 | +22 | 1,279 | -18 | -1.4% |
| Ambulance Services | 1,662 | +19 | 1,611 | +51 | +3.2% |
| Corporate & HBS | 2,677 | +18 | 2,598 | +79 | +3.0% |
| | | | , | | |
| | WTE Sep 2015 | WTE change month | % Change - Month | WTE change Dec 14 | % change since Dec 2014 |
| Total Health Service Staffing | | change | | change | since Dec |
| | 2015 | change month | Month | change Dec 14 | since Dec 2014 |
| Total Health Service Staffing | 2015 102,245 | change month +329 | Month +0.32% | change Dec 14 +2,918 | since Dec 2014 +2.94% |
| Total Health Service Staffing Medical/ Dental | 2015 102,245 9,232 | change month +329 +99 | Month +0.32% +1.1% | change Dec 14 +2,918 +415 | since Dec 2014 +2.94% +4.7% |
| Total Health Service Staffing Medical/ Dental Nursing | 2015 102,245 9,232 34,852 | change month +329 +99 -102 | Month +0.32% +1.1% -0.3% | change Dec 14 +2,918 +415 +343 | since Dec 2014 +2.94% +4.7% +1.0% |
| Total Health Service Staffing Medical/ Dental Nursing Health & Social Care Professionals | 2015 102,245 9,232 34,852 14,178 | change month +329 +99 -102 +168 | Month +0.32% +1.1% -0.3% +1.2% | change Dec 14 +2,918 +415 +343 +538 | since Dec 2014 +2.94% +4.7% +1.0% +3.9% |
| Total Health Service StaffingMedical/ DentalNursingHealth & Social Care ProfessionalsManagement/ Admin | 2015 102,245 9,232 34,852 14,178 15,535 | change month + 329 +99 -102 +168 +82 | Month +0.32% +1.1% -0.3% +1.2% +0.5% | change Dec 14 +2,918 +415 +343 +538 +714 | since Dec 2014 +2.94% +4.7% +1.0% +3.9% +4.6% |
| Total Health Service StaffingMedical/ DentalNursingHealth & Social Care ProfessionalsManagement/ AdminProfessional & Technical | 2015 102,245 9,232 34,852 14,178 15,535 315 | change month +329 +99 -102 +168 +82 +82 | Month +0.32% +1.1% -0.3% +1.2% +0.5% +0.6% | change Dec 14 + 415 +343 +538 +714 +24 | since Dec 2014 +2.94% +4.7% +1.0% +3.9% +4.6% +7.6% |

National Overview of European Working Time Directive Performance

Compliance with a maximum 48 hour week is at 74% (rounded) as of end September. This represents a 1% decrease since August. Inclusion of outstanding data may alter this result.

Compliance with 30 minute breaks is at 100% - unchanged since August;

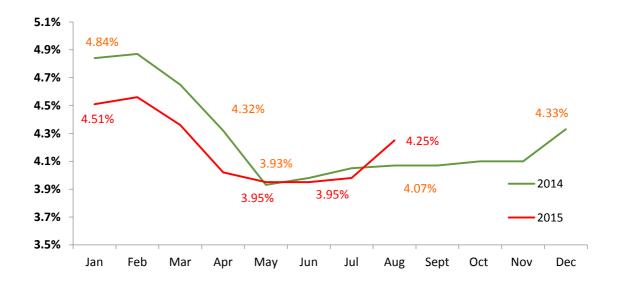
Compliance with weekly / fortnightly rest is at 99% - unchanged since August;

Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged since August;

Compliance with a daily 11 hour rest period is at 98% - up 1% since August. This is closely linked to the 24 hour shift compliance above.

Absence

The August 2015 absence rate stands at 4.25% marginally up from a rate of 4.07% for August 2014. The 2015 YTD rate is 4.19%, 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%.



Health Service: National Absence Rates 2014/2015

Appendices

Appendix 1: Hospital Groups

| | Hospital | | Hospital | | | | |
|-----------------------------------|--|----------------------------------|---|--|--|--|--|
| | Cappagh National Orthopaedic Hospital | dno | Coombe Women and Infants University Hospital | | | | |
| | Mater Misericordiae University Hospital Midland Regional Hospital – Mullingar | | Midland Regional Hospital – Portlaoise | | | | |
| | | | Midland Regional Hospital – Tullamore | | | | |
| roup | National Maternity Hospital Holles Street | Dublin Midlands Hospital Group | Naas General Hospital | | | | |
| pital G | Our Lady's Hospital – Navan | blin M | St James Hospital | | | | |
| st Hos | Royal Victoria Eye and Ear Hospital Dublin | Du | Tallaght Hospital | | | | |
| Ireland East Hospital Group | St. Columcille's Hospital Loughlinstown | | Bantry General Hospital | | | | |
| Irel | St. Luke's Hospital Kilkenny | South/ South West Hospital Group | Cork University Hospital | | | | |
| | St Michael's Hospital Dun Laoghaire | | Kerry General Hospital | | | | |
| | St Vincent's University Hospital Elm Park | lo spit: | Lourdes Orthopaedic Hospital Kilcreene | | | | |
| | Wexford General Hospital | West I | Mallow General Hospital | | | | |
| | Beaumont Hospital including St Josephs | | Mercy University Hospital Cork | | | | |
| RCSI Hospital Group | Cavan General Hospital | outh/ S | South Tipperary General Hospital | | | | |
| ospital | Connolly Hospital | Š | South Infirmary University Hospital Cork | | | | |
| CSI H¢ | Our Lady of Lourdes Hospital Drogheda | | Waterford Regional Hospital | | | | |
| R | Rotunda Hospital | | Galway University Hospitals | | | | |
| _ | Croom Hospital | pital Group | Letterkenny General Hospital | | | | |
| k Hospital | Ennis Hospital | | Portiuncula Hospital General & Maternity Ballinasloe | | | | |
| imeric | Nenagh Hospital | Saolta Hospit | Mayo General Hospital | | | | |
| University of Limerick H Group | St John's Hospital | Saol | Roscommon County Hospital | | | | |
| iversit | University Hospital, Limerick | | Sligo General Hospital | | | | |
| 5 | University Maternity Hospital | | | | | | |
| -s _= | Children's University Hospital Temple Street | | | | | | |
| Children's Hospital Group | Our Lady's Hospital for Sick Children Crumlin | | | | | | |
| Chi G H | National Children's Hospital, Tallaght | | | | | | |

Appendix 2: Community Health Organisations

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