



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

January 2015



Accountability Framework 2015

The January Performance Report for 2015 reflects the strengthened accountability processes that have been put in place as part of the new **Accountability Framework** and **Balanced Scorecard** approach which will be the basis for the Performance Reports each month.

This enhanced governance and accountability framework for 2015 makes explicit the responsibilities of all managers to deliver on the targets set out in the National Service Plan.

The Balanced Scorecard

The Balanced Score Card is an approach to strategic performance measurement and management that is designed to improve overall organisational performance by linking service delivery to the organisation's strategic priorities.

The HSE's Balanced Score Card looks at performance in four ways;

1. **Access** to services;
2. The **quality** and **safety** of those services,
3. **Financial** resources expended to provide services
4. **Workforce** and Human Resources.

The introduction of this Framework is an important development and one which will support the implementation of our new health service structures, the Community Healthcare Organisations and the Hospital Groups.



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Performance Overview

Introduction

The Health Service was allocated a budget of €12.13 billion in 2015 for the delivery of health and social care services. This allocation included a modest but welcome increase and follows seven years of budgetary reductions to the health service. This increase in funding has facilitated the allocation of more realistic budgets to hospital and community healthcare services which puts the health service on a more sustainable financial footing.

The allocation of more realistic budgets brings with it a requirement for greater accountability to ensure, to the fullest extent possible that services are delivered within the funding provided. To achieve this an enhanced governance and accountability framework has been put in place. This framework clearly sets out the responsibilities of all managers to deliver on the targets set out in the Service Plan as reflected in the balanced scorecards. The results against the balanced scorecard have been captured in the January Performance Report.

Throughout the month of January, the healthcare system continued to experience significant demand for both hospital and community services and this has had an impact on services across a range of areas including waiting lists, access to long-term care and on emergency departments (EDs).

Specific challenges were also experienced in recruiting medical and nursing staff in certain areas, particularly Child and Adolescent Mental Health services. Work is underway to address these challenges, including an international recruitment campaign.

Summary by Service Area

The summary by service area provides an overview of the January position for activity performance under quality and access for Hospital, Pre Hospital and Community Health services.

Acute Hospitals Services

Emergency Departments

Emergency Departments remained exceptionally busy and under pressure during the month of January. The highest number of patients recorded during January on trolleys peaked at 513 on 6th January. 66.8% of patients were either admitted or discharged within 6 hours and 80.4% of patients were admitted or discharged within 9 hours.

The data for emergency admissions in January 2015 suggests a reduction in the number of people admitted as emergencies. Emergency admission relates to people who are admitted through the emergency department, people who are admitted through medical, surgical or paediatric assessment units and other unscheduled admissions to the hospital. There has been a refinement of the guidelines for collecting and reporting information on emergency admissions across all of the areas involved and this means that data for January 2015 is not directly comparable to that reported in January 2014. A review is underway to assess the effect of the data changes.

It is known that the age profile of patients attending and being admitted to hospitals during the month changed considerably with a significantly higher number of older patients with complex medical needs who required longer stays in hospital. The proportion of emergency admissions aged 65 years and over has increased by 6.8% compared to last year. The number of patients who had finished their acute stay and whom were assessed as requiring alternative care, long term care, rehabilitation or home care support, was recorded at 728 at the end of January. The term “delayed discharges” is used to describe this delay.

The number of delayed discharges had an impact on medical average length of stay which increased to 7.1 days compared to 6.8 days in January 2014.

An additional €25m was allocated to alleviate the pressures caused by delayed discharges and overcrowded emergency departments. This funding was used to provide additional transitional care beds and home care supports. Emergency department overcrowding continues to be a key area of focus.

Waiting Lists

The National Service Plan 2015 prioritises a reduction in wait times for unscheduled care with a focus on those waiting the longest so that by year end nobody will wait longer than 15 months for inpatient and day case treatment or for an outpatient appointment.

73.2% of adults were waiting less than 8 months for an inpatient or daycase procedure during the month. There were 330 patients waiting greater than 24 months. At the end of January 2,379 adults were waiting over 15 months, 832 over 18 months and 130 over 24 months.

57% of children were waiting less than 20 weeks for an inpatient or daycase procedure in January and there were 49 children waiting greater than 9 months. 183 children were waiting over 15 months and 49 over 18 months.

In relation to outpatients, the number of new referrals increased by 3.4% (1,828 patients) compared to January 2014. 83.2% of patients were waiting less than 52 weeks while 6.3% were waiting over 18 months. 42,157 people were waiting over 52 weeks for an outpatient appointment, 24,847 over 18 months and 7,530 over 24 months.

Colonoscopy

There is a 4 week access target for any urgent colonoscopy and a policy of a zero tolerance applies to patients who have had an urgent referral. At the end of January it was reported that 43 people did not have their urgent colonoscopy procedure within 4 weeks. All patients have now been seen for the January performance cycle.

Reports on the numbers of patients with an urgent referral for colonoscopy are considered serious and any breaches are now circulated on a weekly basis with immediate follow up by acute hospitals. Centralisation of the management of endoscopy referrals is being progressed. Planned reorganisation will significantly improve performance for urgent and routine endoscopy procedures in the immediate and longer term. 28 day breaches will reduce and patients will be scheduled in chronological order and based on clinical priority.

Tallaght hospital has been unable to see all of its patients within 4 weeks over the past 2 months. This has resulted in a serious incident being declared in March and a formal action plan is now in place, overseen by the Director of Acute Hospitals, the National Director of Quality Assurance and Verification and the hospital CEO. Prospective planning is being introduced to prevent future breaches.

Cancer Services

Cancer services for breast (urgent seen within 2 weeks) and lung (seen within 10 working days) were within 3% of targeted activity in January.

Access targets for prostate cancer service are below the expected performance levels which set out that 90% of people should access the service within 20 working days. Hospitals that were significantly below the target were: the Mater at 3.6%, University Hospital Waterford at 4.5%, Cork University Hospital at 11.1% and Limerick University Hospital at 16%.

Pre Hospital Emergency Services

The 28th of January marked a milestone for the National Ambulance Service (NAS) with the migration of the Ambulance Control from Townsend Street to the new National Emergency Operations Centre (NEOC) in the NAS Rivers Building Tallaght. This means that the NEOC now joins with Ballyshannon Control to provide ambulance 'call taking' and 'dispatch' in a Single National Control Centre across two sites with Ballyshannon being the resilience site. This replaces the control centres for Navan, Cork, Kerry, Limerick, Tralee, Castlebar, Wicklow, Kildare and Townsend Street. Only two remain for transition, Wexford and Tullamore.

The National Ambulance Command and Control Centre at Tallaght Rivers Building was awarded an accreditation by the International Academies of Emergency Medical Dispatch as a centre of excellence during the month.

December 2014 was the busiest month of the year for the NAS and the level of daily average emergency (AS1 and AS2) calls, recorded at 874, was higher than at any time since 2009.

There has been a 4% increase in call volume compared to the same period last year. 78% of Ambulance Echo calls and 64% of Delta calls were responded to within the 18 minutes 59 second response times. This compares to 69% and 60% the previous year.

3,795 people were transported between healthcare facilities in December; of which 76% were transferred in **Intermediate Care Vehicles**, higher than the expected rate of 70%.

Reporting of Out-Of-Hospital Cardiac Arrest (OHCA) outcomes will be the first clinical key performance indicator for the NAS in 2015 (quarterly in arrears). The National Out-Of-Hospital Cardiac Arrest Register is hosted by the Department of Public Health Medicine in the HSE West, with the NAS as the major funder

This initiative is supported by a major quality improvement project to drive performance, which is currently being finalised.

Community Healthcare Services

During the month of January the transition to 9 Community Healthcare Organisations commenced with the appointment of Chief Officers. Community Healthcare Organisations are responsible for the delivery of all community, social care, mental health and primary care services as well as health and wellbeing.

The January performance against target across a number of areas in the 9 Community Healthcare Organisations is outlined below.

Health & Wellbeing

Child health screening was carried out on 91.6% of children reaching 10 months against a target of 95%

The **tobacco control** programme provided 979 smokers with intensive smoking cessation support

The **national screening service** carried out 11,589 mammograms, 26,156 cervical smear tests, and 5,255 diabetic retina screenings.

Primary Care

Therapy metrics are under development and sufficient data was not available in the January performance cycle to provide a CHO or national view.

Community Intervention Teams, carried out 1,417 contacts in January, 193 more than in the same period in 2014.

Medical cards were held by 1,768,700 people and GP visit cards were held by 159,576 people at the end of January and 98% of completed **Medical and GP Visit Card** applications were processed within 15 days against a target of 90%.

Palliative Care

Palliative care services were provided to 98% of patients in a specialist inpatient bed and 84% of patients in their own homes within 7 days of being referred for the service.

Mental Health

The level of vacancies and difficulty in recruiting and retaining skilled staff poses a risk to service provision, quality and access, particularly in Child and Adolescent Mental Health services. The inability to recruit and retain appropriate levels of staff has a significant impact on the quality of services provided and access to these services. The temporary solution to this risk is the use of agency staff and overtime which also presents challenges in meeting targets in the area of finance and workforce.

74% of accepted **Child and Adolescent Mental Health** referrals were offered a first appointment and seen within 12 weeks against a target of 72%.

The numbers waiting for more than 12 months for a first appointment with the child and adolescent team numbered 429. It is aimed to have nobody waiting more than 12 months at the end of the year.

The number of accepted referrals offered an appointment within 12 weeks for both **adult and psychiatry of old age** are within expected levels of activity.

Social Care

Disability Services

Disability metrics are currently reported quarterly, one month in arrears.

35.7% of **disability assessments** were completed within the timelines as provided under the Disability Act regulations, this is significantly lower than the target of 100%.

90, out of a planned 150 people, moved to supported **community living accommodation** from 'congregated' settings over the course of 2014.

1,335,760 hours of personal assistance and 2,612,263 **home support hours** were delivered to people with a physical and/or sensory disability in 2014 and 180,649 **respite** hours were provided to people with a disability

All **school leavers** (1,365) of received a placement that met their needs in 2014.

Older Persons services

13,187 home care packages were provided to people in the community in January

829,474 hours of Home Help assistance were provided to provide support to people in January

The number of people funded under the Nursing Home Support Scheme(NHSS) is 22,324 at the end of January in line with expected levels.

- Although **home help hours** are running 4% below (2,040 hours) expected activity, the number of people receiving the service has increased by 1,447 since January 2014.
- The number of people funded under the **Nursing Home Support Scheme** in long-term residential care was 22,324 during January.

Quality Assurance and Verification

Quality improvement and patient and service user safety is a priority for the health services.

International best practice points to the need for leadership in the area of quality and patient safety at a corporate level to support staff to embed a culture of quality and safety within their services.

The HSE has in this context redesigned its national Quality and Patient Safety function and has established a Quality and Patient Safety Enablement Programme, the overall goal of which is to improve the quality of its services. Two new Divisions, Quality Assurance and Verification and Quality Improvement have been established to provide strengthened corporate leadership for this new Programme.

As part of this new Programme the HSE requires that all serious incidents resulting in death and serious harm are managed, reported and investigated in line with the HSE's Safety Incident Management policy. One subset of all serious incidents are described by the HSE as *Serious Reportable Events (SREs)*. These are *serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*. A list of SREs was published by the HSE in January 2015 and it is now a mandatory requirement that all SREs are reported and that systems analysis investigations are undertaken to ensure that services learn from these incidents and improve the delivery of services.

There were 3 serious reportable events notified in January, one in Acute Hospital services, and two in Mental Health services. All incidents are being investigated and follow up is in line with the HSE policy for SREs.

Financial overview

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

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

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

Financial Performance in January 2015

As of January 31st 2015 the health service has recorded net spend on an income and expenditure basis of €1.037 billion against a budget of €1.013 billion. This leads to a total deficit of €24.4m the bulk of which is approximately €13m relates to the demand led areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these demand led areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €11.6m within core services primarily within Acute Hospital services and Social Care services.

	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	Variance €'000	% Var Act v Tar
Acute Services					
Acute Hospitals Division	4,000,871	346,680	335,996	10,684	3.18%
Per Hospital Emergency Services					
Ambulance	144,139	12,245	11,953	292	2.44%
Community Healthcare Service					
Health & Wellbeing Division	201,129	15,568	15,887	(319)	-2.01%
Primary Care Division	943,687	80,006	79,475	531	0.67%
Mental Health Care Division	756,565	62,363	62,677	(314)	-0.50%
Social Care Division	2,989,417	253,120	249,496	3,624	1.45%
National Services					
Clinical, Quality & Other National Services	337,363	21,679	24,621	(2,942)	-11.95%
Statutory Pensions & Statutory Pension Levy	212,034	16,211	17,610	(1,398)	-7.94%
Demand Led Services (Note 1)	2,589,860	229,610	215,297	14,313	6.65%
Held Funds	5,935				
Accelerated Income	(50,000)				
Grand Total	12,131,000	1,037,483	1,013,013	24,470	2.42%
Grand Total (excl Demand Led Services & Pensions)	9,329,106	791,661	780,106	11,556	1.48%

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

Conclusion

The areas of risk to the delivery of its services within budget in 2015 are those already clearly flagged in NSP 2015, as approved by the Minister.

The sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions in January that NSP2015 set out, in part because the focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015.

The impact of unfunded regulatory driven pressures is also a significant factor for the disability and older persons services within social care.

The €11.6m January deficit in our core services within the acute services and social care services, is a cause for concern. Efforts are underway to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.

Human Resources Overview

Work is now well advanced on the development of a national *People Strategy* for the public health sector. This is informed by the results of the first national Staff Survey and embedded in best practice people management. Further work is being undertaken on the development of a revised structure and operating model for the HR teams across the HSE.

The *People Strategy* is currently being developed through a series of engagement processes with key staff and union stakeholders but the themes of the strategy are developing as follows:

1. Staff engagement
2. Work optimisation
3. Leadership and management development
4. Learning and development

5. Knowledge management and business intelligence

A key development strand under knowledge management and business intelligence will be an overhaul of the people metrics reported in the performance report (PR) and other HSE reports. These will be based on a balanced scorecard with focus on performance in the areas of culture, HR management, training & development and leadership.

The metrics reported in the performance report will be enhanced once this work is completed.

Workforce position

WTE Overview by Division	WTE Dec 2014	Direct Employment Indicative workforce number Jan 2015	WTE Jan 2015	WTE Change since Dec 2014	WTE Variance Jan 2015	% WTE Variance Jan 2015
Acute Services	50,357	50,245	50,452	+95	+207	+0.41%
Ambulance Services	1,623	1,611	1,613	-10	+2	+0.14%
Health & Wellbeing	1,237	1,279	1,236	-1	-43	-3.33%
Primary Care	9,488	9,730	9,478	-10	-252	-2.59%
Mental Health	9,192	9,262	9,273	+81	+11	+0.12%
Social Care	24,831	24,816	24,834	+4	+18	+0.07%
Corporate & HBS	2,599	2,598	2,618	+18	+20	
Total Health Service	99,327	99,541	99,505	+177	-36	

There were the equivalent of 99,505 full time staff working within the health system at end of January (excluding Home Helps).

December 2014 employment figures have been revised to include grades previously excluded from the employment control framework (+1,535). After this adjustment January employment census shows an increase of 177 whole time equivalents (WTEs) from December 2014.

Employment in the health services has reduced by 13,239 WTEs approximately from the peak (-11%) in 2007, this takes in to account adjustments for the reconfiguration of certain staff.

Absence

Latest monthly National Absence rate for December 2014 is 4.33%, up on last month reflecting seasonal factors, and the lowest for the month of December to date. This compares with previously published December rates of 5.77% (2008), 5.03% (2009), 4.86% (2010), 5.09% (2011), 4.78% (2012) and 4.71% (2013). In addition to continued management focus on attendance management, the impact of the changes to the paid sick leave scheme effective from the 31st March 2014, appear to have accelerated the downward trend seen over the last number of years.

New Service Developments

There are approximately 782 WTE new service development posts planned or in the process of being filled, which rolled forward from 2014. These reflect posts from agreed service developments over the period of 2010 – 2014.

The Mental Health service reports that 868.5 out of a total 1,144 development posts from the years 2012 - 2014 have been recruited, where 731.5 had started before end of Feb 2015 and the remainder will start in the coming months.

European Working Time Directive

In January 2015 hospitals nationally have reported a 93.6% compliance rate with a maximum 24 hour shift for all NCHD's. 17 hospitals are 100% compliant in January with a further 15 hospitals reporting compliance at 90% or above. 7 hospitals are reporting below 90% compliance – Our Ladys' Hospital Navan (29%), Mullingar (51%), Louth County (67%), Tullamore (82%), Portlaoise (84%), OLOL (88%), Mayo (89%)

In January 2015 hospitals nationally have reported a 57.4% compliance with an average 48 hour working week for all NCHD's. 6 hospitals are 100% compliant (Cappagh, Our Lady's Hospital Navan, Eye & Ear, St. Columcille's, Bantry, St. Luke's Radiation Oncology Network). 7 hospitals are reporting below 50% compliance – Coombe (0%), Portlaoise (43%), Tallaght (44%), Louth County (33%), OLOL (22%), Portincola (43%).

Graduate Nurses

Nurse Graduate Programme at end of January stood at 247 WTEs down 51 WTEs from December 2014 and is showing a continuing downward trend seen since numbers in the programme peaked at 470 WTEs in February 2014. The monthly reduction from December was the greatest reduction seen to date. The greatest reductions were seen in acute services where the numbers declined from a high in February 2014 of 278 WTEs to 82 WTEs in January 2015.



Hospital & Pre Hospital Care



Acute Services



Acute Services

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

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

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

Acute Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	10.5%	-9%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	92.1%	-3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	91.7%	-3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	54.7%	-39%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	85.6%	-5%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	73%	-27%
	% of children waiting <20 weeks for an elective procedure	100%	57%	-43%
Inpatient admissions	Elective inpatient admissions	8,282	7,857	-5%
	Emergency inpatient admissions	40405	37,908	-6%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	83%	-17%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.7	-35%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	66.8%	-30%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.4%	-20%
	% of all attendees at ED who are in ED >24 hours	0%	4.0%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	68%	-2.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	5% red	Data Not Yet Available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	60%	-40%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	97.3%	-3%
Delayed Discharges	% reduction of people subject to delayed discharges	15% red	-19%	-19%
Discharges	No of inpatient discharges	55865	53,252	-4.7%
	No of day case discharges	71235	65,907	-7.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	Data Not Available
ALOS	Medical ALOS	5.8	7.1	-22.4%
	Surgical ALOS	5.1	5.1	0%

Finance		Target YTD €'000	YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€335,997	€346,681	€10,684 (3%)
	• Pay	€277,563	€284,499	€6,962 (3%)
	• Pay – Agency	€13,158	€17,868	€4,771 (36%)
	• Pay – Overtime	€12,781	€14,277	€1,496 (12%)
	Income	€73,921	€73,984	€64 (0%)
Service Arrangements	% and number of 2014 Service Arrangements signed	100%	14 (81.3%)	18.7%
	€ value of 2014 Service Arrangements signed	100%	€1,310m (78.9%)	21.1%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.50%	-28.00%
Absence Staffing levels and Costs	Medical/Dental		0.80%	77.00%
	Nursing		5.20%	-48.00%
	Health and Social Care Professional		3.40%	3.00%
	Management/Administration		4.00%	-14.00%
	General Support Staff		5.80%	-65.00%
	Other Patient and Client Care Staff		6.70%	-91.00%
	Variance from HSE workforce Indicative workforce number(within approved funding levels)	≤0%	0.41%	51 (-0.41%)
Compliance with European Working Time Directive (EWTd)	< 24 hour shift	100%	93.60%	-6.40%
Compliance with European Working Time Directive (EWTd)	< 48 hour working week	100%	67.40%	-32.60%

Data quality and validity

All hospitals have completed returns for January 2015.

St. James's has reclassified day case and inpatient admissions in January 2015. A meeting has been arranged with St. James's to discuss reclassification and impact on activity.

Surgery KPI should be reported on from February onwards.

Dublin Midlands Breast Cancer data not available and Surgery Bed days lost data not available for January

Acute Services Heat Map

		National	Ireland East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
Quality	Surgery – % day case for Elective Laparoscopic Cholecystectomy	41%	46%	82%	27%	41%	0%	10%	
	Hip Fracture – % Emergency Surgery Within 48 hours	87%	81%	91%	76%	98%	100%	84%	
	Surgical Readmission rates	2%	2%	3%	2%	2%	1%	2%	2%
	Medical Readmission rates	11%	11%	11%	10%	10%	9%	11%	
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals	92.1%	100%	Data gap	100%	77%	92%	92%	
	Cancer Services – Lung within 10 working days	91.7%	100%	98%	100%	79%	81%	91%	
	Cancer Services – Prostate within 20 working days	54.7%	43%	87%	95%	6%	16%	79%	
	Cancer Services – Radiotherapy within 15 working days	85.6%		83%		79%		88%	
Access	Inpatient/Day Case waiting times – % Adult waiting < 8 months	73.2%	72.3%	66.7%	70.0%	72.7%	84.1%	78.5%	
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks	57.0%	59.0%	48.0%	45.4%	58.5%	69.7%	59.7%	58.0%
	Outpatients – % people waiting < 52 weeks	83.2%	91.0%	80.0%	90.9%	77.0%	90.3%	77.0%	86.6%
	Outpatients – New: Return ratio	1 : 2.7	1 : 2.3	1 : 3.1	1 : 2.8	1 : 2.7	1 : 3.1	1 : 2.3	1 : 2.6
	Emergency Care – 6 hour PET	66.8%	68.4%	54.3%	59.9%	69.4%	57.6%	68.0%	86.7%
	Emergency Care – 9 hour PET	80.4%	81.2%	71.5%	74.2%	82.2%	71.8%	82.5%	96.1%
	Emergency Care – patients in ED GT 24 hours	4.0%	4.4%	4.2%	7.9%	3.0%	7.3%	2.6%	0.5%
	Surgical DOSA	68%	77%	65%	60%	75%	72%	55%	53%
	Surgical – Reduction in bed days utilisation		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	GI – % waiting < 13 weeks routine colonoscopy/ODG	59.7%	80.0%	37.3%	53.3%	65.5%	89.3%	86.6%	96.9%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy	97.3%	98.0%	98.0%	96.0%	96.0%	100.0 %	100.0 %	
	Delayed Discharges	-19%	-11%	-22%	-26%	-25%	38%	-45%	
	Ambulance Turnaround times		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	ALOS – Medical	7.1	8.4	5.9	7.9	7.2	6.0	6.9	
	ALOS – Surgical	5.1	6.2	4.8	4.5	5.0	3.9	5.5	
	Finance	% variance – from budget	3%	2%	5%	5%	2%	4%	2%
% variance – Pay		3%	1%	3%	4%	2%	2%	3%	2%
% variance – Pay Agency		63%	94%	74%	60%	56%	24%	60%	
% variance – Pay Overtime		103%	369%	312%	154%	10%	15%	10%	
% variance – Income		0%	-1%	-1%	-6%	5%	3%	0%	7%
% variance of 2014 SA signed		81.3%							
& variance € value of 2014 SA signed		78.9%							
HR	% absence rates rate – Medical Dental	0.80%	0.80%	0.70%	0.80%	0.90%	0.80%	0.50%	1.70%
	% absence rates rate – Nursing	5.20%	4.00%	4.00%	5.00%	5.00%	5.80%	4.70%	4.60%
	% absence rates rate – Health and Social Care	3.40%	3.10%	2.60%	2.70%	2.70%	5.20%	3.30%	3.50%
	% absence rates rate – Management/Admin	4.00%	4.00%	4.10%	4.00%	4.00%	5.80%	4.00%	4.80%
	% absence rates rate – General Support Staff	5.80%	4.50%	4.00%	5.10%	5.60%	9.20%	5.10%	6.80%
	% absence rates rate – Other Patient and Client Services	6.70%	5.50%	5.70%	7.70%	6.00%	7.90%	4.80%	4.00%
	Variance from Indicative workforce number	0.40%	0.60%	0.50%	-0.7%	0.70%	1.64%	-0.7%	-0.4%
	EDWT – <24 hour shift	93.6%	92.0%	96.0%	94.0%	95.0%	90.0%	96.0%	93.0%
	EDWT – <48 hour working week	67.4%	72.0%	52.0%	45.0%	79.0%	84.0%	76.0%	68.0%

Performance RAG Rating

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

Finance RAG Rating

Red	● > 0.5% of target
Amber	● > 0.25% ≤ 0.5% of target
Green	● ≤ 0.25% of target

HR – Absence

Red	● > 4.73%
Amber	● > 4.02% ≤ 4.73%
Green	● ≤ 4.02%

HR – Ceiling

Red	● > 1.5% of target
Amber	● > 0.5% ≤ 1.5% of target
Green	● ≤ 0.5% of target

Acute Services

Quality

Serious Reportable Events

- The number of SREs reported March 2014 to January 2015 was 48 (5 are prior to 2014).
- 1 new events reported in January 2015.
- 20 of the 49 hospitals have reported Serious Reportable Events on IIMS (41%). That means 29 hospitals have no SRE's reported.

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

- January 2015 10.5% (January 2014 11%, Change 0.5%)
- December 2014 reported at 9% therefore there has been a deterioration of 1.5% in performance since the last reporting period
- Variance from target -9.

The following hospitals have reported a result above 11% - 15% Tullamore, 14% Mullingar, Letterkenny & Bantry. 13% St Luke's Kilkenny. 12% Naas and Navan.

A more focused analysis to look at trends in these hospitals in more depth is being undertaken.

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

- January 2015 2%(January 2014 2%, No Change)
- No change from last reporting period in December 2014 remaining at 2%
- Variance from target 33

The following hospitals have reported above the target of 3% - Mullingar, Portlaoise, Tullamore and St. Luke's Kilkenny all reporting 4%

Variance is within acceptable range and within international norms.

Cancer Services

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

- January 2015 92.1% (January 2014 94.7%, Change -2.6%)
- Last reported period Q4 2014 reported at 92% therefore broadly in line with the last reporting period
- Variance from target -3%

No data received from St. James's centre.

Cork reporting 64.3% and Letterkenny General Hospital 78.9% One Consultant in Cork is undertaking additional clinics which have improved access. Discussions are taking place in Letterkenny General Hospital to address the issues.

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

- January 2015 91.7% (January 2014 89.3%, Change 2.4%)
- Last reported period Q4 2014 reported at 92% therefore a marginal deterioration of 0.3% since the last reporting period
- Variance from target -3.3%

There are wide variances across a lot of hospitals and a 5.1% decrease on expected levels. January is too early to tell if this is going to be a continuous trend for 2015.

Cork 67.6% and Limerick 80.6%. The delay in Cork is due to need for patients to have CT scan prior to attending the clinic. Second CT scanner has improved waiting times along with use of other CT scanners in the region

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

- January 2015 54.7% (January 2014 40.9%, Change 13.8%)
- Last reporting period Q4 2014 reported at 63% therefore a deterioration of 8.3% since the last reporting period
- Variance from target -35.3%

Access to prostate cancer services is low in some centres. Mater 3.6%, Waterford 4.5%, Cork 11.1% and Limerick 16%

Cork have resource issues due to the volume of patients presenting. Approval received in the South for recruitment of consultant cancer Urologist which will be filled in April 2015. To address the backlog a group of patients has been transferred by Waterford to a private centre.

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

- January 2015 85.6% (January 2014 88.7%, Change -3.1%)
- Last reporting period Q4 2014 reported at 82% therefore an improvement of 3.6% since the last reporting period
- Variance from target -4.4%

ST Luke's Radiation Oncology Network (SLRON) 83.4%, Cork 79.5% and Galway 88.2%. Expansion of additional capacity in Cork and Galway has been sanctioned.

Surgery

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

- January 2015 87% (January 2014 92%, Change -5%)
- December 2014 reported at 85% therefore an improvement of 2% since the last reporting period
- Variance from target -8%

Hospitals reporting lower than national performance for January 2015 are Mater 73%, Tullamore 65%, OLOL 56%, Galway 82% and Letterkenny 73%

These hospitals also had high trolley and high waiting times in ED times in January. Follow up underway with hospitals, this metric does not take into account patients with co morbidities that may require further investigations prior to surgery

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

- January 2015 41% (New KPI, no comparator available)
- Variance from target -32%

In January 2015 there were 9 hospitals that carried out this procedure on all of their patients on an inpatient basis, Beaumont, CUH, St. Michael's, South Tipperary, Mayo, St. John's, Letterkenny, Sligo and Naas

3 of these hospitals had fewer than 3 procedures, Naas, Letterkenny, St. John's. Curtailment of elective surgery to alleviate ED pressures will have been a factor in day case rates for Lap Cholecystectomy in January as day beds and day of surgery admission (DOSAs) lounges not available in many centers

Access

Emergency Care

Issues around performance in emergency departments (EDs) are being addressed by the Emergency Department Taskforce.

Continued application of acute medical pathways and acute surgical pathways are necessary.

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

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

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

- January 2015 66.8% (58,764 out of 88,004 attendances) (January 2014 62.9%, Change 3.9%)
- December 2014 reported at 68.2% therefore a deterioration of 1.4% since the last reporting period
- Variance from target -29.7%

While the national performance is 66.8% for January, the following hospitals have reported performance below 60%. Mater 57.6%, Naas 51.3%, St. James's 51.3%, Tallaght 48.1%, Beaumont 51.2%, Connolly 47.7%, CUH 59.4%, UHL 57.6% and Galway 56.7%

It is important to note that patients are not 'waiting' for the 6 or 9 hour period, but are being actively cared for during their attendance.

Issues being addressed by ED taskforce

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

- January 2015 80.4% (70,744 out of 88,004 attendances) (January 2014 77.8%, Change 2.6%)
- December 2014 reported at 81.9% therefore a deterioration of 1.5% since the last reporting period
- Variance from target -19.6%

While the national performance is 77.8% for January, the following hospitals have reported performance below 70%. St. James's 69.3%, Tallaght 68.4%, Beaumont 66%, Connolly 66.1%

It is important to note that patients are not 'waiting' for the 6 or 9 hour period, but are being actively cared for during their attendance. ED 9 hour patient experience time is being addressed by the ED taskforce.

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

- January 2015 4.0% (3,546 out of 88,004 attendances)(January 2014 4.6%, Change 0.6%)
- December 2014 reported at 3.4% therefore a deterioration of 0.6% since the last reporting period
- Variance from target -4%

A number of hospitals have reported in excess of 10% for January 2015. St. Vincent's 10.1%, Naas 11.7%, Beaumont 12.6% and Connolly 11.2%

The number of emergency inpatient admissions (Expected Activity 451,157 Annually)

- January 2015 37,908 (January 2014, 40,194, Change 2,286 (-5.7%))
- December 2014 reported at 38,859 therefore a reduction of 951 (2.4%) since the last reporting period
- Variance from expected activity -6.2%

The data above for emergency admissions in January 2015 shows a reduction in the number of people admitted as emergencies in the month. Emergency admission relates to people who are admitted through the emergency department, people who are admitted through medical, surgical or paediatric assessment units and other unscheduled admissions to the hospital.

There has been a refinement of the guidelines for collecting and reporting information on emergency admissions across all of the areas involved and this means that data for January 2015 is not directly comparable to that reported in January 2014. A review is underway to assess the effect of the data changes and any changes required will be reflected in future months.

The number of elective inpatient admissions (Expected Activity 99,973 Annually)

- January 2015, 7,857 -5% (January 2014 8,399, Change 542 (-6.5%))
- December 2014 reported at 7,143 therefore an increase of 714 (10%) since the last reporting period
- Variance from expected activity -5.1%

There are wide variances across a lot of hospitals and a 5.1% decrease on expected levels. January is too early to tell if this is going to be a continuous trend for 2015.

Curtailement of elective admissions due to ED pressures

Overview of Key activity

Activity Area	Result in Jan 2015	Result in Jan 2014	Compared to SPLY	Against expected activity YTD
Inpatients discharges	53,252	56,030	-5% (2,778)	-4.7% (2,613)
Day case discharges	65,907	69,951	-5.8% (4,044)	-7.5 (5,328)
New ED attendances	87,669	91,895	-4.6% (4,226)	-5.1% (4,758)
Emergency Admissions	37,908	40,194	-5.7% (2,286)	-6.2% (2,497)
Elective admissions	7,857	8,399	-6.5% (542)	-5.1% (425)

Colonoscopy

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

- January 2015 (43 / 1,610 patients breached) 97.3% (January 2014 100%, Change -2.7%)
- December 2014 reported at 98.6% (19 / 1,378) therefore a deterioration of 1.3% since the last reporting period
- Variance from target -2.7%

5 hospitals reported breaches at the end of January. OLOL 22, Tallaght 10, St. Vincent's 5, South Tipperary 3 and Waterford 3

As of February 27th only one of the 43 patients remains in breach of target (1 patient in Tallaght) and this patient is due to have their procedure on 16th March.

Extra capacity has been provided in OLOL and patients also were referred to Louth County for their procedure. Additional capacity was also identified at Waterford .

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

- January 2015 60% (January 2014 92.7%, Change -32.7%)
- December 2014 reported at 62.6% therefore a deterioration of 2.6% since the last reporting period
- Variance from target -40%

The following hospitals reported below the national figure of 60%: Tullamore 46.8%, Naas 44.6%, Tallaght 26.1% and Beaumont 33.6%

There were 57 patients waiting greater than 12 months across 9 hospitals. Most significant are Tullamore (23), Tallaght (10), Portlaoise (8) and Galway (6)

There is a capacity issue in both Tallaght and Naas. Group solutions need to be identified between Beaumont and Connolly hospitals. A business case is awaited to address breaches. Furthermore additional capacity is being introduced in Naas.

Waiting lists

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

- January 2015 73.2% (January 2014 95.9%, Change -22.7%)
- December 2014 reported at 76.6% therefore a reduction of 3.4% since the last reporting period
- Variance from target -26.8%

The following hospitals have reported below the national level for January 2015. Beaumont 65.4%, Tallaght 69.5%, St. James's 62.2%, Mater 64%, Tullamore 69.5%, UHL 68.7%, CUH 66.4%, OLOL 65.5% and Ennis 69.1%.

130 patients waiting greater than 24 months, most significant– Beaumont (39), St. James's (39), Galway (20), Tallaght (13), Mater (11). These 130 patients are spread across 11 specialties most significant are Vascular Surgery (26), ENT (23), Neurosurgery (19), General Surgery (16), Orthopaedic (10)

Cancellation of elective surgery in January has impacted on waiting lists. Full application of the waiting list management policy, model of care for elective surgery and HIQA HTA's should improve waiting lists. Hospital Group solutions to tackle specialist waiting lists will be sought.

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

- January 2015 57.0% (January 2014 88.5%, Change -31.5%)
- December 2014 reported at 60.4% therefore a deterioration of 3.4% since the last reporting period
- Variance from target -43%

The following hospitals have reported below the national level for January 2015. Beaumont 50.4%, Cavan 33.6%, Tullamore 47.3%, UHL 46.4%, OLOL 49.6% , Eye & Ear 53.9% and Crumlin 49.7%

49 children waiting greater than 18 months – Crumlin (46), Beaumont (2) and Galway (1). These 49 patients are across 5 specialties – Orthopaedics (28), Respiratory (16), ENT (3), General Surgery (1) and Cardiology (1)

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

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

- January 2015 83.2% (January 2014 96.9%, Change -13.7%)
- December 2014 reported at 84.1% therefore a deterioration of 0.9% since the last reporting period
- Variance from target/expected activity -16.8%

The following hospitals have reported well below the national level for January 2015. Eye & Ear 67.3%, Tallaght 68.6%, Waterford 65.6%, Letterkenny 69.3%

482 patients are waiting in excess of 48 months across 15 hospitals. Most significant are Waterford (112), Letterkenny (101), Galway (90), CUH (65) and St. Columille's (46). The 482 patients are spread across 19 specialties with the most significant being General Surgery (90), Dermatology (81), Orthopaedics (62) and Endocrinology (58)

In January 2015 the number of new referrals has increased by 3.4% (1,828) patients compared to January 2014.

Overview of numbers waiting over 15 months and 18 months

Adult	Number Over	Total on WL	% Over
Over 15 months	2379	58024	4.1%
Over 18 months	832	58024	1.4%
Over 24 Months	130	58024	0.2%
Children	Number Over	Total on WL	% Over
Over 15 months	183	5716	3.2%
Over 18 months	49	5716	0.9%
Over 24 Months	1	5716	0.0%
OPD	Number Over	Total on WL	% Over
Over 15 months	42157	395720	10.7%
Over 18 months	24847	395720	6.3%
Over 24 Months	7530	395720	1.9%

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

- January 2015 is 1 : 2.7 (January 2014 1 : 2.6, Change 0.1)
- December 2014 reported at 1 : 2.6 therefore a reduction of 0.1 on the last reporting period
- Variance from target -35%

There are wide variations in the new : return ratio reported by hospitals. A number of hospitals have reported well in excess of the 1 : 2.7 national ratio for January. Mullingar 3.7, Eye & Ear 4.8, Portlaoise 5.6, Naas 4.1, Mercy 4.3

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

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

Average length of stay

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

- January 2015 7.1 days (January 2014 6.8, Change 0.3 days (-4.4%))
- December 2014 reported at 6.7 days therefore a deterioration of 0.4 days on the last reporting period
- Variance from target -22.4%he medical average length of stay for patients (Target 5.8 days)

Significant variances in January for some of the major acute hospitals are Mater 10.2 days , St. Vincent's 11.5 days, St. James's 11.6 days, Beaumont 14.3 days, Waterford 9.6 days.

Mater and St. Vincent's to increase MAU operation to 7 days in 2015.

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

- January 2015 5.1 days (January 2014 4.8 Change 0.3 days (-6.3%))
- December 2014 reported at 5.0 days therefore a deterioration of 0.1 days on the last reporting period
- Variance from target 0%

Significant variances in January for some of the hospitals are Mater 14.4 days, St. Vincent's 5.9 days, St. James's 6.2 days, Beaumont 6.0 days, Wexford 5.5 days, OLOL 7.0 days, CUH 6.9 days, Mercy 6.5 days, Galway 6.8 days and Portiuncula 7.9 days

The Surgical ALOS is adjusted to take into account day case conversion and this may have impacted on rates for January. Follow up required with the hospitals above.

Surgery

% of elective surgical in patients who had principal procedure conducted on day of admission (Target 70%)

- January 2015 68% (January 2014 68%, No Change)
- December 2014 reported at 65% therefore an improvement of 3% on the last reporting period
- Variance from target -2.9%he % of people admitted on the day of their surgery (Target 70%)

The hospitals who are reporting well below national figures in January are Mater 41%, St. Luke's Kilkenny 38%, St. James's 39%, OLOL 22%, Kerry 42% and Crumlin 34%.

Discharges

The number of Inpatient Discharges (Expected Activity 643,748 Annually)

- January 2015 53,252 (January 2014 56,030, Change 2,778 (-5%))
- December 2014 reported at 54,560 therefore a decrease of 1,308 (2.4%) on the last reporting period
- Variance from expected activity -4.7%

There are wide variances across a lot of hospitals and a 4.7% decrease on expected levels. January is too early to tell if this is going to be a continuous trend for 2015.

The number of day case discharges (Expected Activity 824,317 Annually)

- January 2015 65,907 (January 2014 69,951, Change 4,044 (-5.8%))
- December 2014 reported at 60,884 therefore an increase of 5,023 (8.3%) on the last reporting period
- **Variance** from expected activity -7.5%

There are wide variances across a lot of hospitals and a 7.5% decrease on expected levels. January is too early to tell if this is going to be a continuous trend for 2015.

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

- January 2015 728 (January 2014 620, Change 108 (-17.4%))
- December 2014 reported at 719 therefore 9 additional patients are delayed (1.3%) on the last reporting period
- Variance from target -19%

The hospitals who are more than 19% away from national result are Naas, Tallaght, Connolly, OLOL, CUH, Waterford and Galway

Additional funding from the allocation of €25m to address delayed discharges was used to support 121 patients to be discharged in January and to reduce waiting times to 11 weeks. Additional beds in Mount Carmel will open Q2 2015

Ambulances

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

- January 2015 65% of ambulances were clear within 30 minutes
- December 2014 66% of ambulances were clear within 30 minutes.

In January 2015 94% of the 19,990 calls had crews and vehicles clear within 60 minutes

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	Plan €'000	Variance €'000	% Variance Actual v Target €'000
RCSI Dublin North East	610,112	53,744	51,257	2,488	5%
Dublin Midlands	749,086	65,529	62,651	2,878	5%
Dublin East	784,675	68,570	67,327	1,243	2%
South / South West	685,282	59,275	58,055	1,220	2%
Saolta University Health Care	637,603	55,911	54,693	1,218	2%
UL Hospitals	256,550	23,040	22,131	910	4%
Children's Hospital Group	219,208	18,645	18,352	293	2%
Regional & National Services	58,355	1,965	1,532	433	28%
Total	4,000,871	346,680	335,996	10,684	3%

Financial Commentary

Hospital services spent €346.7m in January against a budget of €335.9m a variance of €10.7m or 3%. Total pay (excluding superannuation) is ahead of profile budget by €7m or 3%. Included in this are adverse variances of €7m both in agency costs and overtime costs. Income is on target at the end of January.

It has not been possible to implement staff reductions or agency cost reductions in light of the very challenging position in hospitals in January and February. In fact agency had to grow temporarily to meet the service needs.

Whilst a more realistic budget for acute services was provided in 2015 it was not possible to provide a budget at the full level of 2014 spend. The NSP 2015 set acute budgets at 0.8% below 2014 projected spend. Pay cost pressures must also be dealt with and- an average minimum of a 2% challenge exists across the 4 billion budget allocation to acute hospitals. This is significant when we look at hospital cost patterns in Ireland and internationally and why NSP2015 referenced exceptional focus and placed particular emphasis on reduction and conversions of agency spend. This will be tracked closely over the span of 2015 to assist in the most cost effective service delivery and ensure that targeted savings are achieved throughout 2015.

Service Level Arrangements

- 2014 Service Arrangements are completed for 13 out of 16 (81.3%)
- 2014 Service Arrangements are completed for €1,310m out of €1,660m (67.3%)

Position 23rd February 2015

- 100 % of 2014 Service Arrangements are completed to the value of €1,698m

Human Resources

EWTD and the level of compliance numbers outliers and those with good performance

In January 2015 hospitals nationally have reported a 93.6% compliance rate with a maximum 24 hour shift for all NCHD's. 17 hospitals are 100% compliant in January with a further 15 hospitals reporting compliance at 90% or above. 7 hospitals are reporting below 90% compliance – Our Ladys' Hospital Navan (29%), Mullingar (51%), Louth County (67%), Tullamore (82%), Portlaoise (84%), OLOL (88%), Mayo (89%).

In January 2015 hospitals nationally have reported a 57.4% compliance with an average 48 hour working week for all NCHD's. 6 hospitals are 100% compliant (Cappagh, Our Lady's Hospital Navan, Eye & Ear, St. Columcille's, Bantry, St. Luke's Radiation Oncology Network). 7 hospitals are reporting below 50% compliance – Coombe (0%), Portlaoise (43%), Tallaght (44%), Louth County (33%), OLOL (22%), Portincula (43%)

Human Resources Management		Children's HG	Dublin Midlands HG	Ireland East HG	RCSI HG	Saolta Healthcare University HG	South/South West HG	University of Limerick HG	Acute Services
Staffing levels and Costs	Direct Staff WTE	2,783	9,362	10,059	7,671	7,802	8,996	3,142	50,452
	Direct Staff Ceiling	2,794	9,317	9,997	7,616	7,858	8,932	3,091	50,245
	Direct Staff WTE Ceiling Variance	-11	+45	+62	+55	-56	+64	+51	+207
	Direct Staff WTE Ceiling Variance %	-0.38%	+0.48%	+0.62%	+0.72%	-0.72%	+0.71%	+1.64%	+0.41%
	Funded Ceiling	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	2015 Development posts	0	0	0	0	0	0	0	85
	2015 Development posts <i>filled</i>	0	0	0	0	0	0	0	0
	% 2015 Development posts <i>filled</i>	0	0	0	0	0	0	0	0
	pre-2015 Development posts	0	0	0	0	0	0	0	570
	pre-2015 Development posts <i>filled</i>	0	0	0	0	0	0	0	449.8
% pre-2015 Development posts <i>filled</i>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	78.90%	
Direct Staff Headcount	3,302	10,522	11,265	8,577	8,929	10,284	3,587	57,216	
Absence Rates	Absenteeism - Medical /Dental	1.7%	0.7%	0.8%	0.8%	0.5%	0.9%	0.8%	0.8%
	Absenteeism - Nursing	4.6%	4.0%	3.6%	5.0%	4.7%	5.0%	5.8%	5.2%
	Absenteeism - Health & Social Care Professionals	3.5%	2.6%	3.1%	2.7%	3.3%	2.7%	5.2%	3.4%
	Absenteeism - Management Admin	4.8%	4.1%	3.6%	3.9%	3.6%	3.6%	5.8%	4.0%
	Absenteeism - General Support Staff	6.8%	3.9%	4.5%	5.1%	5.1%	5.6%	9.2%	5.8%
	Absenteeism - Other Patient & Client Care	3.7%	5.7%	5.5%	7.7%	4.8%	6.0%	7.9%	6.7%
	Absenteeism - Overall	4.1%	3.6%	3.4%	4.1%	4.0%	4.1%	5.7%	4.5%
	Absenteeism - Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



National Ambulance Service



National Ambulance Service

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

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

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

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

The new NAS national emergency operations centre opened in Tallaght during January as a result of a significant capital and personnel investment. This was a seamless move from the existing regional control centres with a project team involving NAS, estates, ICT, HR and procurement

National Ambulance Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Audit	% of control centers that carry out Advanced Quality Assurance Audits	100%	100%	0%
ROSC	Metric reporting in development			
Access		Target YTD	YTD	% Var YTD
Emergency response Times	Emergency Response - % of Clinical Status 1 ECHO	80%	76%	-5%
	Emergency Response - % of Clinical Status 1 Delta	80%	65%	-19%
Intermediate Care Vehicles	% of transfers which are provided through the ICV services	70%	76%	9%
Finance		Target YTD €'000	YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€11,953	€12,245	€292 (2%)
	• Pay	€8,830	€8,956	€126 (1%)
	• Pay – Agency	€0	€83	€83 (100%)
	• Pay – Overtime	€719	€1,221	€502 (70%)
	Income	-€19	-€14	€6 (-29%)
Human Resources		Target YTD	YTD	% Var YTD
Absence	% absence rates by staff category	3.5%	5.80%	-65.00%
	% absence rates by staff category -Management/Administration		3.80%	-8.00%
	% absence rates by staff category - General Support Staff		2.30%	34.00%
	% absence rates by staff category - Other Patient and Client Care Staff		5.90%	-68.00%
Staffing levels	Variance from HSE workforce Indicative workforce number (within approved funding levels)	≤0%	0.14%	0.14%
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			

National Ambulance Services Heat Map

		National	North Leinster	Dublin Fire Brigade	South	West
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes or less	78%	82%	78%	83%	69%
	Emergency Response - % of Clinical Status 1 Delta responded to by a patient carrying vehicle in 18 minutes or less	64%	69%	61%	66%	60%
	Intermediate Care Vehicles	78%				
Finance	% variance - Pay (Direct/Agency/Overtime)	1%				
	% variance – Income	-29%				
HR	% absence rates rate - Management/Admin	3.80%				
	% absence rates rate - General Support staff	2.30%				
	% absence rates rate - Other Patient and Client staff	5.90%				
	% variance from Indicative workforce number	0.14%				

Performance RAG Rating

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

Finance RAG Rating

Red ● > 0.5% of target
 Amber ● > 0.25% ≤ 0.5% of target
 Green ● ≤ 0.25% of target

HR – Absence

Red ● > 4.73%
 Amber ● > 4.02% ≤ 4.73%
 Green ● ≤ 4.02%

HR – Ceiling

Red ● > 1.5% of target
 Amber ● > 0.5% ≤ 1.5% of target
 Green ● ≤ 0.5% of target

National Ambulance Services

Quality

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

- December performance 100%, KPI commenced in Jan 15
- Change from last reporting period 0%
- Variance from expected activity 0%

Access

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

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
National	24,421	24,105	24,018	24,782	24,087	27,082
North Leinster	7,964	7,652	7,759	8,197	7,965	9,022
Dublin Fire Brigade	6,059	5,829	6,178	5,948	6,066	6,584
South	5,322	5,329	5,066	5,246	5,153	5,861
West	5,076	5,295	5,015	5,391	4,903	5,615

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

	Aug -14	Sep -14	Oct -14	Nov -14	Dec -14	YTD
National 2009	666	700	710	719	810	724
National 2010	730	751	706	662	752	726
National 2011	697	711	699	691	783	698
National 2012	715	723	717	723	819	732
National 2013	730	788	775	751	816	770
National 2014	778	801	799	803	874	803
Days in Month	31	30	31	30	31	365

December 2014 was the busiest month of the year for the NAS and the level of daily average emergency (AS1 and AS2) calls, recorded at 874, was higher than at any time since 2009.

Outline of Demand Patterns

Total Activated Calls	Dec 13	Dec 14	% Diff	Number Diff	YTD 2013	YTD 2014	% Diff	Number Diff
AS1 & AS2	25,076	27,082	7.9%	2,006	280,776	293,095	4%	12,319
ECHO	258	294	14%	36	2,923	3,135	7%	212
DELTA	7,927	9,301	17%	1,374	86,050	95,378	11%	9,328

Emergency Response Times

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

- ECHO December 2014 78% of ambulances arriving at scene within the target timeframe, 69% in Dec 2013 activated calls within this time band, Change 9% increase
- Change from November 2014 +4%
- Variance from expected activity -2%

The Western region has the most significant variance from target at 69%, 11% below target . North Leinster and the Southern region achieve a performance above the 80% target of 82% and 83% respectively.

Region	Dec -14
North Leinster	82%
Dublin Fire Brigade	78%
South	83%
West	69%

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 7% (212), compared to last year

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

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

- DELTA 64% in December 2014 arriving at scene (60% in December 2013 activated calls, 4% increase)
- Change from November 2014 1% decrease
- Variance from expected activity 16%

Nationally there was an 11% (9,328) increase in 2014 in the number of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

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

The % of transfers which are provided through the Intermediate Care Vehicles (ICV) services (Target >70%)

- 78% in December 2014, commenced recording in Sept 2013, 44% at that time, change +34%
- Change from November 2014 1% decrease
- Variance from expected activity 8%

Intermediate Care Services

In December, 78% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles.

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

Total Number of Patient Transfer Calls Each Month

Jan	Feb	March	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
4,411	4,023	4,083	4,115	4,351	3,776	4,079	3,633	4,061	4,317	3,908	3795

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

	EA	ICV	Total AS3 Calls	% ICV Transfer
Jul-14	943	3,136	4,079	77%
Aug-14	879	2,754	3,633	76%
Sep-14	968	3,093	4,061	76%
Oct-14	921	3,396	4,317	79%
Nov-14	832	3,076	3,908	79%
Dec-14	836	2,959	3,795	78%

Ambulance Turnaround Times

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

- This is a new KPI for 2015 and will be reported monthly in arrears. Data will available in February

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In January 2015, 65% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

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

Finance

National Ambulance Service	Approved Allocation €'000	YTD Actual €'000	Plan €'000	Variance €'000	% Variance Actual v Target €'000
North Leinster	48,849	4,433	4,150	283	7%
South	31,605	2,910	2,672	238	9%
West	36,763	3,145	3,015	130	4%
Office of the AND	26,922	1,757	2,116	(359)	-17%
Total	144,139	12,245	11,953	292	2%

Financial Commentary

The National Ambulance service spent €12.2m in January against a budget of €11.9m, a variance of €0.292m or 2%. Total pay (excluding superannuation) is €0.1m or 1% ahead of profiled budget. Within this, there is an adverse variance of €0.5m in overtime.

Overtime levels in January have increased significantly in all Areas Managers have been made aware and are fully focused on addressing the issue and reducing the upward trend.

Some areas of non pay have also increased and cost containment measures have now been initiated to manage this.

Human Resources

Human Resource Management		National Ambulance Service
Staff levels and costings	Direct Staff WTE	1,613
	Direct Staff Indicative workforce number	1,611
	Direct Staff WTE Indicative workforce number Variance	+2
	Direct Staff WTE Indicative workforce number Variance %	+0.14%
	Funded Indicative workforce number	N/A
	2015 Development posts	67
	2015 Development posts filled	0
	% 2015 Development posts filled	0
	pre-2015 Development posts	187
	pre-2015 Development posts filled	177.7
	% pre-2015 Development posts filled	95.0%
	Direct Staff Headcount	1,660
	Absence rates - Management Admin	3.8%
	Absence rates - General Support Staff	2.3%
	Absence rates - Other Patient & Client Care	5.9%
	Absence rates - Overall	5.8%
Absence rates - Cost	N/A	



Community Health Care



Health & Wellbeing



Health & Wellbeing

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

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

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

Health & Wellbeing Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Child Health	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	92.3%	-2.8%
Screening	BreastCheck - No of women screened (no. of women aged 50-64 who have had a mammogram)	24,400		
	CervicalCheck - No of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	48,000		
	Diabetic RetinaScreen - No of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	11,200		
Tobacco Control	No of smokers who received intensive cessation support from a cessation counsellor	1,940	2,154	11.0%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€29,116	€28,367	-3%
	• Pay	€14,774	€14,487	-2%
	• Pay – Agency	€15,467	€ 14,715	-5%
	• Pay – Overtime	€1,125	€835	-26%
Service Arrangements	% of 2014 Service Arrangements signed	100%	150 (93.8%)	2.9%
	€ value of 2014 Service Arrangements signed	100%	€9,430 (97.1%)	-3%
Human Resources		Target YTD	YTD	Var YTD
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Absence **	% absence rates by staff category	3.5%	3.70%	-5.00%
	Health and Social Care Professional		3.50%	0.00%
	Management/Administration		5.20%	-48.00%
	General Support Staff		1.90%	54.00%
Staffing levels	Variance from HSE workforce Indicative workforce number(within approved funding levels)	≤0%	1,236	43 (-3.3%)

**Absence refers to Environmental Health only

Data quality and validity

Tobacco intensive cessation support service is provided in CHOs, Hospital Groups and from National QUIT team. In January no data was received from 8 service areas, these include 6 hospitals and 2 community service areas. No further action is required as the uptake will increase when the outstanding January returns are included. Work is ongoing with the individual services to improve the timeliness of data returns.

Health & Wellbeing Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Child Health - development at 10 months (95%)	91.6%	96.4%	97.1%	87%	95.4%	85.7%	86.8%	89.4%	91.5%	93.5%
	BreastCheck screening (140,000)	11,589									
	CervicalCheck screening (271,000)	26,156									
	Diabetic RetinaScreening (78,300)	5,255									
	Tobacco Control (intensive cessation support) 9,000	979									
Finance	% variance - Pay	0%									
	% variance - Pay (Agency)	13%									
	% variance - Pay (Overtime)	-22%									
	% variance - Income	-7%									
	% variance of 2014 SA signed	64%									
	% variance of € value of 2014 SA signed	67%									
HR	% absence rates rate*	3.70%									
	% absence rates rate -Health and Social Care*	3.50%									
	% absence rates rate - Management/Admin*	5.20%									
	% absence rates rate - General Support staff*	1.90%									
	% variance from Indicative workforce number	-3.3%									

**Absence refers to Environmental Health only

Performance RAG Rating

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

Finance RAG Rating

Red ● > 0.5% of target
 Amber ● > 0.25% ≤ 0.5% of target
 Green ● ≤ 0.25% of target

HR – Absence

Red ● > 4.73%
 Amber ● > 4.02% ≤ 4.73%
 Green ● ≤ 4.02%

HR – Ceiling

Red ● > 1.5% of target
 Amber ● > 0.5% ≤ 1.5% of target
 Green ● ≤ 0.5% of target

Health and Wellbeing

Access

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

- January 2015 91.6% (January 2014 90.2%, Change 1.4%)
- December 2014 91.4% (Change 0.2%)
- Variance from target -3.4%

Latest outturn is 91.6% nationally, marginally higher than the same period last year (90.2%).

At CHO level:

- Areas 1, 2, 4, 8 and 9 were above or within 5% of the target of 95%.
- Areas 3, 5, 6, and 7 were within between 5% and 10% of the target.

Within the CHO's, there are variations across geographical areas with regard to the achievement of the target. These outlying performance areas can be attributed to a number of factors, including staffing.

The reasons for lower than expected performance has been raised with the relevant CHOs (areas 3, 5, 6 and 7) at our monthly meetings. We are working with CHOs in areas where the reasons for underperformance are known and understood. Where new issues have emerged, we have requested further analysis of the data and requested improvement plans where necessary, which will be supported by Health and Wellbeing.

The number of women who have had a BreastCheck screen (Target YTD 12,100)

- January 2015 11,589 women were screened
- Variance from target -4.2%

The aim is to screen 140,000 women during the year.

The number of women who have had a CervicalCheck screen in a primary care setting (Target YTD 23,000)

- January 2015 26,156 women were screened
- Variance from target 13.7%

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

The number of clients aged 12+ who have had a Diabetic RetinaScreen (Target YTD 5,500)

- January 2015 5,255 clients had a Diabetic RetinaScreen
- Variance from target -4.5%

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

The number of smokers who received cessation support from a counsellor (Target YTD 1,060)

- January 2015 979 sought support (January 2014 971 Change 0.01%)
- December 2014 493% (Change 98.5%)
- Variance from target -7.6%

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

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

Key Activities for January

Brief Intervention Training for Smoking Cessation

38 front line staff received training in Brief Intervention Smoking Cessation in the first month of 2015 compared to 95 (target was 50) for the same period in 2014 (24% below target). Attendance at training is seasonal with higher uptake in mid-spring and mid-Autumn traditionally. Additional training courses are scheduled for February and March

National Screening Service (NSS)

CervicalCheck

A number of initiatives took place for the IFPA “Pearl of Wisdom” campaign as part of the annual “European Cervical Cancer Awareness” week including a stakeholder event hosted by NSS on 12 January. “Pearl of Wisdom” brooches were offered to callers to the CervicalCheck Information Line which increased the volume of calls thus boosting awareness of the CervicalCheck programme.

Health Promotion and Improvement

GAA Healthy Club Initiative

The Healthy Club Project is one of the GAA’s flagship community initiatives and is being rolled out in partnership with the Irish health sector, including Healthy Ireland, the HSE, and the National Office for Suicide Prevention. The initial commitment by Irish Life is for a three year period which will see the scheme move from its current pilot stage to a phased national roll-out making it available to clubs across the 32 counties.

Details of the Irish Life investment and the completion of the pilot phase of the Healthy Club Project were announced at a briefing held in CrokePark on Wednesday, 14 January, 2015. The Minister for Health, Leo Varadkar, TD, was guest of honour at the announcement along with An Uachtarán Cumann Luthchleas Gael, Liam O’Neill, and Dr. Tony Holohan, Chief Medical Officer at the Department of Health.

The Healthy Club Project was initially launched in March 2013 with seed capital and professional support provided by the HSE. 18 clubs were selected to participate in the two-year pilot phase. It is being independently evaluated by a team from Waterford IT’s Centre for Health Behaviour Research. Findings from their one-year interim report have proven very positive.

Operation Transformation Castlebar

As part of Get Ireland Active Health Promotion and Improvement took part in the Operation Transformation Walk on January 17th which was attended by An Taoiseach, Enda Kenny, in Castlebar town with approximately 70 participants. This was held in conjunction with Mayo Local Sports Partnership. HP&I promoted Get Ireland Active with banners and they distributed resources with Get Ireland Active, Get Ireland Walking and HSE logos.

Health Promoting Schools (HPS) Training

The HealthPromotingSchool model has a current participation of 465 schools implementing the model and its processes. The model will seek to recruit an additional 78 (2%) to reach a target of 14% of schools in 2015.

Donegal HPS coordinator and team training took place on Wednesday 21st January 2015. Eight schools were represented at the full day training, with thirteen teachers and 30 student members of HPS teams attending the event. Participants engaged in a number of activities both with their own schools and with HPS teams from other schools. National updates on the HPS were provided by the facilitators.

HPS will have an opportunity to share the work they are completing on their particular theme in the final HPS event of this academic year which is scheduled to take place in the third term. Additional post-primary schools have been invited to this event in order to highlight the advantages to the health of the whole school community of participating in the HPS initiative.

Staff Event

The final of the 3 planned winter events for staff in the Health and Wellbeing Division took place in Cork this month. The event was well attended and provided an opportunity to reflect on 2014 successes, update colleagues on significant developments since the Summer events and discuss 2015 priority actions.

Healthy Ireland(HI)

Work continued on the development of the HSE 3 year Healthy Ireland implementation plan. The plan is on target to be completed by Q1 2015.

The membership and role of the Saolta Healthy Ireland Steering Group is being reviewed due the recent changes in senior management within the group. An implementation group has been established and is currently carrying out an analysis of the current status of the actions identified within the HI Plan across sites.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Variance Act v Tar
Total	201,129	15,568	15,887	(319)	-2%

Financial Commentary

Health and Wellbeing spent €15.5m in January against a budget of €15.8m leading to a positive variance of €0.3m or 2% below expected levels. Within pay, total, agency and overtime, are effectively on budget at the end of January. The Division is monitoring agency and income trends against profile closely.

Service Level Arrangements

- 2014 Service Arrangements are completed for 87 out of 136 (64%)
- 2014 Service Arrangements are completed for €6.43m out of €9.563m (67.3%)

Position 23rd February 2015

- 2014 Service Arrangements are completed for 131 out of 146 (91.6%)
- 2014 Service Arrangements are completed for €9.1m out of €9.7m (94%)

Considerable focus has been directed towards ensuring that Service Arrangements are signed on a timely basis. The January position referenced above understates the actual status of SA's within Health and Wellbeing, which were not reflected in the SPG system.

Human Resources

Human Resource Management		H & WB
Staff levels and costings	Direct Staff WTE	1,236
	Direct Staff Indicative workforce number	1,279
	Direct Staff WTE Indicative workforce number Variance	-43
	Direct Staff WTE Indicative workforce number Variance %	-3.33%
	Funded Indicative workforce number	N/A
	2015 Development posts	34**
	2015 Development posts filled	0
	% 2015 Development posts filled	0
	Direct Staff Headcount	1,375
Absence Rates*	Absence rates - Medical /Dental	0.0%
	Absence rates - Nursing	0.0%
	Absence rates - Health & Social Care Professionals	3.5%
	Absence rates - Management Admin	5.2%
	Absence rates - General Support Staff	1.9%
	Absence rates - Other Patient & Client Care	0.0%
	Absence rates - Overall	3.7%
	Absence rates - Cost	N/A

*Absence rates refers to Environmental Health only

**This figure will be amended following finalisation of the Health and Wellbeing funded workforce plan for 2015.



Primary Care



Primary Care Services

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

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

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

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

Primary Care Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Primary Care				
Physiotherapy	% of referrals seen for assessment within 12 weeks	80%	*N/A	
Occupational Therapy	% of referrals seen for assessment within 12 weeks	80%	*N/A	
Oral Health	% of new patients whose treatment is completed within 9 months of assessment		*N/A	
PCRS				
Medical Cards	% of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	97.9%	8.8%
Access		Target YTD	YTD	% Var YTD
Community Intervention Teams	Admission Avoidance (includes OPAT)	97	47	-51.5%
	Hospital Avoidance	1,480	787	-46.8%
	Early discharge (includes OPAT)	376	336	-10.6%
	Other	264	247	-6.4%
GP Activity	No. of contacts with GP Out of Hours	81,488	85,601	5.0%
Podiatry	Data collection in Q1 2015			
Ophthalmology				
Dietetics				
Audiology				
Psychology				
Nursing				
Opioid substitution treatment	Total number of clients in receipt of opioid substitution treatment (outside prisons)	9,400	9,369	0%
	Total number of clients in receipt of opioid substitution treatment (prisons)	490	469	-4%
Medical Cards	No of persons covered by Medical Cards as at 31st December	1,722,395	1,766,432	2.6%
	No of persons covered by GP Visit Cards as at 31st December	*412,588	160,276	-61.2%

**Target inclusive of U6 cohort

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings**	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€288,545	€297,856	€9,311 (3%)
	• Pay	€49,620	€50,685	€1,064 (2%)
	• Pay – Agency	€1,017	€1,542	€524 (52%)
	• Pay – Overtime	€220	€250	€30 (14%)
	Income	€13,159	€13,512	€353 (3%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	419 (69.4%)	30.6%
	€ value of 2014 Service Arrangements signed	100%	€100m (65.1%)	34.9%
Human Resources		Target YTD	YTD	Var YTD
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing levels	Variance from HSE workforce Indicative workforce number (within approved funding levels)	0%	9,730	252(-2.6%)

** Inclusive of Palliative Care

Data quality and validity

Therapy metrics are under development and sufficient data was not available in the January performance cycle to provide a CHO or national view.

Primary Care Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality & Safety	Physiotherapy	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Occupational Therapy	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Opioid substitution treatment (outside prisons)	9,369	74	108	246	361	372	976	3,743	546	2,943
	Opioid substitution treatment (prisons)	469									
Access	CIT - Admission Avoidance (includes OPAT)	47		0	16	3	6	5	4	0	13
	CIT - Hospital Avoidance	787		0	134	40	66	40	402	0	105
	CIT - Early discharge (includes OPAT)	336		21	84	31	41	18	41	7	93
	CIT Activity - Other	247		0	66	29	2	2	0	0	148
	GP Activity	85,601									
Finance	% variance - Pay	3.0%									
	% variance - Pay (Agency)	2.0%									
	% variance - Pay (Overtime)	52.0%									
	% variance - from budget	14.0%									
	% variance - Income	3.0%									
	% variance of 2014 SA signed	69.40%									
	% variance of € value of 2014 SA signed	65.10%									
HR	% variance from Indicative workforce number	-2.59%									

Performance RAG Rating

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

Finance RAG Rating

Red ● > 0.5% of target
 Amber ● > 0.25% ≤ 0.5% of target
 Green ● ≤ 0.25% of target

HR – Absence

Red ● > 4.73%
 Amber ● > 4.02% ≤ 4.73%
 Green ● ≤ 4.02%

HR – Ceiling

Red ● > 1.5% of target
 Amber ● > 0.5% ≤ 1.5% of target
 Green ● ≤ 0.5% of target

Primary Care Services

Quality

Serious Reportable Events

- The number of events reported March 2014 to January 2015 was 1
- There were no new events listed in January 2015

Access

Community Intervention Teams – Total (includes Outpatient Parenteral Antimicrobial Therapy OPAT) (Target YTD 2,217)

- January 2015 1,417 (1,224 in January 2014) Change +15.8% (n=193)
- Change from December 2014 +103
- Variance from expected activity-36% (n= -800)

For the month of January, 2015, CIT's have increased the overall number of referrals versus the same period in 2014 by 16% (193 patients). This increase in referral numbers has been largely due to the increased efforts of CITs nationwide in ramping up their operations in terms of resources, hours of service and available capacity.

There has been an increase of 103 patients seen in the December figures. These figures do not also include the CIT direct contracted services as part of the OPAT programme which accounted for 187 patient referrals in January 2015; these will be included from February onwards.

The additional €2m funding combined with the revised CIT OPAT contract (operable from April, 2015) was predicted to support 8,000 additional patient referrals. This target was averaged evenly across the 12 months which is challenging for first quarter reporting.

The admission avoidance & early discharge variances are relatively small reflecting the emphasis on targeting patients' movement out from hospital environments to their homes. The hospital avoidance targets are predicated on the co-operation and involvement of GPs and nursing homes in facilitating the co-ordination of patient care of CITs at the patient's place of residence.

The GP industrial relations environment has not been conducive to date in progressing this to targeted levels. However, some progress has been made in recent weeks and there has been engagement with the Out of Hours co ops in regard to utilising the CIT services.

Positive engagement has taken place with Nursing Homes Ireland (NHI) to progress direct referrals to CITs in the Dublin area initially which will increase both hospital and admission avoidance activity.

Progress has also been made with GPs in agreeing a standard electronic referral form which will enable GPs to refer directly from their patient management systems to the CIT via healthlink.

Community Intervention Teams – Admission Avoidance (includes OPAT) (Target 1,196 Annually errata in Service Plan)

- January 2015 47 (55 in January 2014) Change 14.5% (n=8)
- Change from last reporting period 11.3% (n=6)
- Variance from expected activity 51.5% (n=50)

Community Intervention Teams – Hospital Avoidance (Target 17,890 Annually errata in Service Plan)

- Latest performance January 2015 787 (675 in January 2014) Change +16.6% (n=112)
- Change from last reporting period -0.9% (n=7)
- Variance from expected activity -46.8% (n=693)

Community Intervention Teams – Early Discharge (includes OPAT) (Target 4,215 Annually errata in service plan)

- January 2015 336 (271 in January 2014) Change +24.0% (n=65)
- Change from last reporting period 32.0% (n=82)
- Variance from expected activity 10.6% (n=40)

Community Intervention Teams –Other (Target 3,054 Annually errata in service plan)

- Change from last reporting period +16.0% (n=34)
- January 2015 247 (223 in January 2014) Change (+10.8% (n=24)
- Variance from target -6.4% (n=17)

GP Activity – number of contacts with GP out of hours (959,455)

- Change from last reporting period -11.1% (n=10,668)
- January 2015 85,601 (80,769 in January 2014) Change +6.0% (n=4,832)
- Variance from expected activity +5.0% (n=4,113)

K Doc is 31.7% above target

PCT – Primary Care Teams

- Latest performance result January 2015 242 (339 in January 2014) Change (-28.6% (n=970)
- Change from last reporting period +16.8% (n=49)
- Variance from target -50.1% (n=243)

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

Social Inclusion

Access

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

- January 2015 9,369 9,116 people January 2014, 3% (n=253)
- Increase of <1% (n=30) since December 2014
- Variance from expected activity <1% (n=31)

The number of clients in receipt of opioid substitution treatment (in prison) (Target 490 Monthly)

- January 2015 469 539 people in January 2014, -15% (n=70)
- Decrease of -3% (n=14) since December 2014
- Variance from expected activity -4% (n=21)

Primary Care Reimbursement Service

Quality

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

- Latest performance result 97.9% (95.2% in January 2014) Change 2.9%
- Change from last reporting period 1.5%
- Variance from target/expected activity +8.8%

Access

The number of persons covered by Medical Cards (Target 1,722,395 Annually)

- Number of medical cards at the end of January 2015 1766,432 (1,840,760 in January 2014) Change -4.0% (n=74,328)
- Change from last reporting period -0.1% (n=2,268)
- Variance from expected activity +2.6 % (n=44,037)

Of these 78,932 people were covered by a discretionary medical card

The number of persons covered by GP Visit Cards (Target 412,588 Annually) as at 31st December

- Latest performance in January 2015 160,276 (125,930 in January 2014) Change +27.3% (n=34,346)
- Change from last reporting period +0.4 % (n=700)
- Variance from expected activity -61.2 %

Of these 35,776 were covered by a discretionary GP Visit card.

Summary of Movement in Medical Cards	
Medical cards at the start of January 2015	1,768,700
Medical cards at the end of January 2015	1,766,432
Net decrease	-2,268
Entirely new medical cards issued/upgraded	9,955
Medical cards reinstated	6,621
Medical cards not renewed or deemed ineligible	-16,388
Medical cards where eligibility moved to GP Visit	-2,454
Reconciliation	-2
Net decrease	-2,268

Summary of Removals in Medical Cards	
Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	11,234
Full response, no longer eligible	2,738
Deceased	1,974
Removed by GP	442
Total	16,388

Summary of Movement in GP Visit Cards	
Movement in GPVCs	
GP Visit cards at the start of January 2015	159,576
GP Visit cards at the end of January 2015	160,276
Net increase	700
Entirely new GP visit cards issued	4,215
GP Visit cards reinstated	1,377
GP Visit cards not renewed or deemed ineligible	-2,349
GP Visit Cards where eligibility moved to Medical Card	-2,543
Reconciliation	0
Net increase	700

Finance

Primary Care (incl Multi Care)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	74,380	6,394	6,275	119	2%
CHO 2	77,408	6,605	6,574	30	0%
CHO 3	52,190	4,381	4,433	(52)	-1%
CHO 4	95,389	8,397	8,147	250	3%
CHO 5	72,522	6,280	6,196	84	1%
CHO 6	50,602	4,406	4,255	152	4%
CHO 7	69,132	6,163	5,865	297	5%
CHO 8	96,204	8,248	8,172	76	1%
CHO 9	67,782	5,820	5,741	80	1%
Regional & National	92,442	6,787	7,324	(537)	-7%
Total	748,050	63,481	62,983	499	1%

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,682,630	146,458	144,940	1,518	1%
Drug Payment Scheme	62,849	5,942	4,873	1,069	22%
Long Term Illness Scheme	117,459	14,526	8,410	6,116	73%
High Tech	197,738	19,451	17,028	2,423	14%
Dental Treatment Services	75,000	4,020	5,622	(1,602)	-28%
Health Amendment Act	1,775	144	126	18	14%
Community Ophthalmic Scheme	31,577	2,255	2,367	(112)	-5%
Methadone Treatment	19,966	1,649	1,496	153	10%
Childhood Immunisation	7,785	422	583	(161)	-28%
Doctors Fees/ Allowances	6,675	364	503	(139)	-28%
Hardship	13,455	928	1,260	(332)	-26%
OPAT	5,511	325	515	(190)	-37%
Oncology Drugs / Medicines	11,500	574	1,077	(503)	-47%

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
HEP C Drugs & Medicines	30,000	1,471	1,468	3	0%
ADHD	4,188	349	348	1	100%
Total	2,268,108	198,878	190,616	8,262	4%

Local Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Local Schemes	217,752	18,973	18,454	519	2%

Social Inclusion	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	2,180	186	185	1	1%
CHO 2	6,118	509	520	(11)	-2%
CHO 3	8,083	706	687	19	3%
CHO 4	14,169	1,238	1,203	34	3%
CHO 5	7,753	644	659	(14)	-2%
CHO 6	2,552	205	217	(12)	-6%
CHO 7	45,148	3,867	3,795	72	2%
CHO 8	3,739	298	316	(18)	-6%
CHO 9	33,859	2,781	2,840	(59)	-2%
Regional & National	506	37	43	(6)	-13%
Total	124,107	10,471	10,463	8	0%

Financial Commentary

Primary Care services spent €297.8m in January against a budget of €288.5m resulting in a variance of €9.3m or 3%. Total pay (excluding superannuation) is reported to be ahead of budget by €1.06m or 2% of which agency accounts for €0.5m.

Service Level Arrangements

- 2014 Service Arrangements are completed for 419 out of 604 (69.4%)
- 2014 Service Arrangements are completed for €100m out of €153.5 (65.1%)

Position of SLA 2014 23rd February 2015

- 2014 Service Arrangements are completed for 490 out of 606 (80.9%)
- 2014 Service Arrangements are completed for €129.1m out of €158.5m (81.5%)

Human Resources

Human Resources Management		Primary Care
Staffing levels and Costs	Direct Staff WTE	9,478
	Direct Staff Indicative workforce number	9,730
	Direct Staff WTE Indicative workforce number Variance	-252
	Direct Staff WTE Indicative workforce number Variance %	-2.59%
	Funded Indicative workforce number	N/A
	2015 Development posts	12
	2015 Development posts <i>filled</i>	0
	% 2015 Development posts <i>filled</i>	0
	pre-2015 Development posts	287
	pre-2015 Development posts <i>filled</i>	269
	% pre-2015 Development posts <i>filled</i>	93.7%
	Direct Staff Headcount	11,329



Palliative Care



Palliative Care

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

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

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

Palliative Care Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Access		Target YTD	YTD	% Var YTD
Community Home Care	% of patients provided with a service in their place of residence within 7 days	95%	85%	-10%
	No of patients in receipt of specialist palliative care in the community	3248	3134	-4%
Inpatient waiting times	% of patients admitted within 7 days of referral	98%	98%	-2%
Day Care	No of patients in receipt of specialists palliative day care services	349	335	-4%
Paediatric Services	No of children in care of the Children's Outreach Nursing services	320	319	0%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€6,029	€6,054	€25 (-0%)
	• Pay	€2,996	€3,059	€63 (-2%)
	• Pay – Agency	€41	€108	€67 (-166%)
	• Pay – Overtime	€33	€68	€35 (-108%)
	Income	€792	€869	€77(10%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	13 (59.1%)	40.1%
	€ value of 2014 Service Arrangements signed	100%	€47.9m (88%)	12%
Human Resources		Target YTD	YTD	% Var YTD
HR Development Areas	Performance reporting in development (Workforce and Action Plan, Absence, Staffing levels, Culture and Staff Engagement, and Learning and Development)			

Palliative Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days	85%	82%	93%	85%	96%	77%	89%	68%	90%	70%
	Community Home Care - No of patients in receipt of specialist palliative care in the community	3,134	364	306	385	533	396	229	247	431	241
	Inpatient waiting times - % of patients admitted within 7 days of referral	98%	100%	92%	100%	100%	100%		98%		91%
	Day Care - No of patients in receipt of specialists palliative day care services	335	6	29	35	131		22	39		73
	Paediatric Services - No of children in care of the Children's Outreach Nursing services	319	12	20	26	27	35	12	111	44	32
Finance	% variance – from budget	0%									
	% variance – Pay	2%									
	% variance – Pay (Agency)	166%									
	% variance – Pay (Overtime)	108%									
	% variance – Income	10%									
	% variance of 2014 SA signed	59.1%									
	% variance of € value of 2014 SA signed	88.0%									

Performance RAG Rating

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

Finance RAG Rating

Red	●	> 0.5% of target
Amber	●	> 0.25% ≤ 0.5% of target
Green	●	≤ 0.25% of target

HR – Absence

Red	●	> 4.73%
Amber	●	> 4.02% ≤ 4.73%
Green	●	≤ 4.02%

HR – Ceiling

Red	●	> 1.5% of target
Amber	●	> 0.5% ≤ 1.5% of target
Green	●	≤ 0.5% of target

Palliative Care Services

Quality

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

- January 2015 85% (643 out of 756) January 2014 91% (754 out of 826) Change -15% (n=111)
- December 2014 89% (643 out of 722) Change from December 2014 0% (n=0)
- Variance from target -10

The target set for 2015 is 95% - a significant increase from the 88% target set in 2014. The aim is to improve access for patients over the course of the year. It is acknowledged that some CHOs have staffing issues and may be challenged to reach the higher target set for 2015. Additional Clinical Nurse Specialists are being allocated through the 2015 Operational Plan to CHOs 5, 6, 7 and 9. It will take some months for these posts to come on stream.

The % of patients admitted within 7 days of referral (Target 98%)

- January 2015 98% (289 out of 296) January 2014 94% (238 out of 253) Change 21% (n=51)
- December 2014 97% (272 out of 280) Change from December 2014 6% (n=17)
- Variance from target -1%

Access

The number of patients in receipt of specialist palliative care in the community (Target 3,248 Monthly)

- January 2015 3,134 (3,393 in January 2014) Change -259 (-8%)
- Change from December 2014 +51 (2%)
- Variance from expected activity -114 or -4%

It is challenging to achieve a set target for this community service as palliative care patients can deteriorate rapidly at any time and may not be well enough to travel to Day Care. Therefore activity is very much driven by demand in any given month.

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

- January 2015 319 (288 in January 2014) Change 31 (11%)
- Change from December 2014 -2 (-1%)
- Variance from expected activity -1 or 0%

Finance

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	5,783	501	490	10	2%
CHO 2	5,164	428	439	(11)	-3%
CHO 3	11,639	989	989	(0)	0%
CHO 4	8,123	682	678	4	1%
CHO 5	1,281	109	109	1	1%
CHO 6	644	42	55	(13)	-24%
CHO 7	22,766	1,965	1,901	64	3%
CHO 8	4,535	371	384	(13)	-3%
CHO 9	7,878	939	922	17	2%
Regional & National	3,717	29	62	(34)	-54%
Total	71,530	6,054	6,029	24	0%

Financial Commentary

Palliative Care services spent €6.054m in January against a budget of €6.029m, resulting in a variance of €0.025m. Total pay (excluding superannuation) is ahead of profiled budget by €0.063 or 2%. This can be accounted for by agency costs.

Service Level Arrangements

- 2014 Service Arrangements are completed for 13 out of 22 (59.1%)
- Service Arrangements are completed for €47.9m out of €54.4m (88%)

Position 23rd February 2015

- 2014 Service Arrangements are completed for 15 out of 146 (68.2%)
- 2014 Service Arrangements are completed for €48m out of €54.4m (88.4%)



Mental Health Services



Mental Health Services

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

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

Mental Health Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Responsive Services	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units	>95%	58%	-39%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by			
	- General Adult Teams	>90%	94%	4%
	- Psychiatry of Old Age Teams	>99%	96%	-3%
	- Child and Adolescent Community mental Health Teams	>78%	83%	7%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by			
	- General Adult Teams	>75%	76%	0%
	- Psychiatry of Old Age Teams	>75%	91%	-5%
- Child and Adolescent Community Mental Health Teams	>72%	74%	3%	
Access		Target YTD	YTD	% Var YTD
CHAM's	Reduction in the number of children and adolescents on waiting lists to be seen by Community CAMHS teams			
	Target: Overall reduction of >=5% (with a particular focus on the elimination of waiting lists of greater than 12 months)	2,632	2,886	10%
	No. And % on waiting list for first appointment at end of each month by wait time			
	i) <3 months	1,153	1,199	4%
	ii) 3-6 months	534	535	0%
	iii) 6-9 months	331	377	14%
	iv) 9-12 months	614	346	-44%
v) >12 months	0	429	>100%	
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€62,677	€62,363	(-€314) -1%
	• Pay	€50,815	€51,364	€549 (1%)
	• Pay – Agency	€1,839	€2,426	€588 (32%)
	• Pay – Overtime	€1,279	€1,913	€633 (50%)
	Income	-€1,687	-€1,512	€174 (10%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	86 (61.40%)	38.6%
	€ value of 2014 Service Arrangements signed	100%	€15.1 m (26.70%)	73.3%

Human Resources		Target YTD	YTD	% Var YTD
Absence	Variance from HSE workforce Indicative workforce number (within approved funding levels)	<0%	0.12%	11 (0.12%)
HR development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Compliance with European Working Time Directive (EWTB)	• < 24 hour shift (M) (100%)	100%	90%	10%
	• < 48 hour working week (M) (100%)	100%	92%	8%

Mental Health Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Admissions of children to adult MH units (>95%)	58%									
	General Adult Community MHT's - offered appoint within 12 weeks (>90%)	94%	90%	97%	98%	94%	100%	99%	80%	95%	90%
	Psychiatry of Old Age MHT's - offered appoint within 12 weeks (>99%)	96%	96%	100%	100%	75%	100%	100%	98%	98%	100%
	CAMHS offered appoint within 12 weeks (>78%)	83%	77%	93%	93%	73%	94%	79%	70%	84%	74%
	General Adult Community MHT's - offered appoint and seen within 12 weeks (>75%)	76%	75%	86%	72%	73%	94%	79%	69%	67%	67%
	Psychiatry of Old Age MHT's - offered appoint and seen within 12 weeks (>95%)	91%	96%	100%	100%	75%	100%	100%	100%	98%	100%
	CAMHS offered appoint and seen with 12 weeks (>72%)	74%	70%	83%	93%	63%	81%	72%	61%	66%	62%
Access	No and % on CAMHS waiting list (< 3 months) (1,153)	4%	1%	24%	65%	16%	-20%	23%	-31%	4%	1%
	No and % on CAMHS waiting list (3-6 months) (534)	0%	-27%	-12%	9%	-18%	5%	-5%	4%	48%	39%
	No and % on CAMHS waiting list (6-9 months) (331)	14%	-6%	10%	8%	43%	-24%	-17%	36%	67%	40%
	No and % on CAMHS waiting list (9-12 months) (614)	-44%	-49%	>100%	-17%	-39%	-78%	-40%	-30%	>100%	-64%
	No and % on CAMHS waiting list (> 12 months) (Zero Tolerance)	429	43	9	81	107	81	10	61	4	33
Finance	% variance - from budget	-1%									
	% variance - Pay	1%									
	% variance - Pay (Agency)	32%									
	% variance - Pay (Overtime)	50%									
	% variance – Income	-10%									
	% variance of 2014 SA signed	61.4%									
	% variance € value of 2014 SA signed	26.7%									
HR	% variance from Indicative workforce number	0.12%									
	EWTD % NCHD's on <24 hour shift	90%									
	EWTD % NCHD's on <48 working week	92%									

Performance RAG Rating

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

Finance RAG Rating

Red ● > 0.5% of target
 Amber ● > 0.25% ≤ 0.5% of target
 Green ● ≤ 0.25% of target

HR – Absence

Red ● > 4.73%
 Amber ● > 4.02% ≤ 4.73%
 Green ● ≤ 4.02%

HR – Ceiling

Red ● > 1.5% of target
 Amber ● > 0.5% ≤ 1.5% of target
 Green ● ≤ 0.5% of target

Mental Health Services

Quality

Serious Reportable Events

- Number of events reported March 2014 to January 2015 was 15
 - 2 new events occurred in January 2015
-

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

- January 2015 performance is 58% (52% January 2014)
- December 2014 81%
- Variance from target -39 %

There were 15 admissions of children to approved adult mental health inpatient units. Of these admissions, 10 (75%) were 17 years or older.

By the end of January, there had been a total of 36 children and adolescents admitted, of which 21 (58%) were to age appropriate Acute Child and Adolescent Inpatient Units and 15 (42%) to approved adult mental health inpatient units, the majority as voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001.

Approximately 85% of these were 16/17 years old and a third were discharged within 2 days and two thirds within a week.

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

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

- January 2015 performance 94% (94% January 2014)
- December 2014 96%
- Variance from target (+4) %

The General Adult Community Mental Health Teams are performing 4% above target nationally. This national figure can disguise variances in performance at Team level.

An outlier for this metric is CHO 7 with a result of 80%.

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

- January 2015 performance 96% (98% January 2014)
- December 2014 99%
- Variance from target -3 %

The majority of POA teams nationally offer a first appointment within 12 weeks.

An outlier for this metric is CHO 4 with a result of 75%

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

- January 2015 performance 83% (81% January 2014)
- December 2014 90%
- Variance from target +7%

83% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 7% above targeted performance.

Outliers for this metric are CHO 4 and 7 with results of 73% and 70% respectively

The % of accepted General Adult Teams referrals offered first appointment & seen within 12 weeks (Target 75%)

- January 2015 performance 76% (75% January 2014)
- December 2014 78%
- Variance from target +1%

76% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks which is above the target of 75%. Outliers for this metric are CHO 7 with a result of 69% and CHO 8 and 9 with results of 67%.

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

- January 2015 performance (91%) (94% January 2014)
- December 2014 96%
- Variance from target activity -5 %

The vast majority of teams offer a first appointment within 12 weeks, those patients who do not attend their appointments have an impact on this measure with the DNA rate currently running at 3%.

An outlier for this metric is CHO 4 with a result at 75%

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

- January 2015 performance 74% (74% January 2014)
- December 2014 78%
- Variance from target activity (+3 %)

The vast majority of teams offer a first appointment within 12 weeks, those patients who do not attend their appointments have an impact on this measure with the DNA rate currently running at 3%.

There are a number of outliers for this metric; CHO 4 – 63%; CHO 7 – 61%; CHO 8 – 66%; CHO 9 – 62%

Access

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

- January 2015 performance 2,886 (2,661 January 2014)
- December 2014 – (+17) (1%)
- Variance from target +254 (10%)

The Child and Adolescent Mental Health Service waiting list has increased to 2,866 cases in January, an 8% increase on January last year (2,661) but an overall 5.5% increase over the previous 12 months and this is largely relating to a 6% increase in referrals accepted by the service over the same period.

CAMHS Teams are expected to offer a first appointment and see individuals within three months and 42% of the numbers reported as waiting are within that time period. The CAMHS team will see as many people as possible within three months and also have no people waiting greater than 12 months to be seen.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the target of offering first appointments and seeing individuals within three months, is a priority for 2015.

There may be a number factors contributing to a patient waiting longer than 12 months and, in the context of the CAMHS Service Improvement Project, and in consultation with the CHOs locally, a validation exercise combined with analysis of those on this part of the waiting list will be undertaken.

The number and % of children & adolescents on waiting lists for first appointment at end of each month < 3 months (Expected Activity 1,153 (44%))

- January 2015 performance 1,199 (42%) (1,191 (45%) January 2014) Change 8 (1%)
- December 2014 41 (4%)
- Variance from expected activity 46 (4%)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 3-6 months (Expected Activity 534)

- January 2015 performance 535 (19%) (437 (22%) January 2014) Change 98 (22%)
- December 2014 -1 (0%)
- Variance from expected activity +1 (0%)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 6-9 months (Expected Activity 331)

- January 2015 performance 377 (13%) (January 2014) Change 69(22%)
- December 2014 -70 (16%)
- Variance from expected activity +46 (14%)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 9-12 months (Expected Activity 614 (23%))

- January 2015 performance 346 (12%) (290 (11%) January 2014) Change 56 (19%)
- December 2014 23 (7%)
- Variance from expected activity -268 (-44 %)

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

- January 2015 performance 429 (19%) (435 JANUARY 2014) Change -6 (-1%)
- December 2014 14 (3%)
- Variance from target activity 429 (>100 %)

This metric has a target that no team should have a child waiting longer than 12 months.

59% (37) of teams have no -one waiting more than 12 months although there are 429 (or 19% of the waiting list) individuals waiting more than 12 months. .

Of the 26teams who have patients waiting greater than 12 months 10 make up 73% (313) of the 429waiting longer than 12 months. This is comprised of one team in CHO 1, two teams in CHO 3, three teams in CHO 4, one team in CHO 5, two teams in CHO 7 and one team in CHO 9 this issue is actively being addressed.

Finance

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	63,797	5,543	5,484	58	1%
CHO 2	88,394	7,449	7,527	(79)	-1%
CHO 3	57,070	4,931	4,845	86	2%
CHO 4	99,140	8,737	8,419	318	4%
CHO 5	87,306	7,608	7,430	179	2%
CHO 6	73,564	6,368	6,253	115	2%
CHO 7	72,017	6,066	6,159	(94)	-2%
CHO 8	75,118	6,361	6,510	(150)	-2%
CHO 9	100,494	8,386	8,561	(175)	-2%
Regional & National	39,664	915	1,488	(573)	-38%
Total	756,565	62,363	62,677	(314)	-1%

Financial Commentary

Mental Health services spent €62.3m in January against a budget of €62.6m, a positive variance of €0.3m, 1% less than expected levels.

Total pay (excluding superannuation) is ahead of budget by €0.5m or 1%. Within this there is an adverse variance on both agency and overtime costs of €0.6m.

Although the actual spend is under budget in January 2015 there will be close monitoring and attention paid to trends in Medical Agency and Nursing Overtime costs in some areas where there are continuing challenges in recruitment and retention of staff for particular teams and services.

Service Level Arrangements

- 2014 Service Arrangements are completed for 86 out of 140 (61.4%)
- 2014 Service Arrangements are completed for €15.1m out of €56.8m (26.7%)

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- 2014 Service Arrangements are completed for 99 out of 138 (71.7%)
- 2014 Service Arrangements are completed for €30.8m out of €56.6m (54.4%)

Human Resources

Human Resources		Mental Health
Staffing levels and Costs	Direct Staff WTE	9,273
	Direct Staff Indicative workforce number	9,262
	Direct Staff WTE Indicative workforce number Variance	+11
	Direct Staff WTE Indicative workforce number Variance %	+0.12%
	Funded Indicative workforce number	N/A
	2015 Development posts	0
	2015 Development posts <i>filled</i>	0
	% 2015 Development posts <i>filled</i>	0
	pre-2015 Development posts	1210
	pre-2015 Development posts <i>filled</i>	731.5
	% pre-2015 Development posts <i>filled</i>	60.5%
	Direct Staff Headcount	10,036

Programme for Government Investment in Mental Health 2012-2014 – Progress on Recruitment

Pre 2015 development posts

The number of posts which have completed the recruitment process, where 731.5 have started before the end of February 2015 and the remainder have start dates in the coming months, are outlined below.

- 416 WTEs allocated for 2012 401.5 or 96.5% of the allocation have been recruited. The remaining 14.5 posts are mainly in psychology which have proven difficult to fill.
- 477 WTES allocated for 2013 403 or 84% of the allocation have been recruited. Others at various stages of recruitment with some difficulties in identifying some outstanding candidates for geographic and qualification reasons.
- 251 posts allocated for 2014 64 or 25% of the allocation have accepted posts and a further 58 are at various stages of recruitment.

Future Recruitment

The Mental Health Division is acutely aware of the need to focus on recruitment of frontline staff and is working closely with the Human Resources and the National Recruitment Service to address difficulties attracting candidates to particular parts of the country. Multiple national and international recruitment campaigns are currently underway for medical consultant posts, senior and staff nurses as well as a range of required Allied Health Professionals and Support staff to deliver a multidisciplinary based Mental Health Service”.



Social Care Services



Social Care

Social care services are focused on:

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

The over-65 population is growing by approximately 20,000 each year, while the over-85 years population, which places the largest pressure on services is growing by some 4% annually. A greater move towards primary and community services, as the principal means to meet people's home support and continuing care needs is required to address this growing demand and support acute hospital services.

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

Disability Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Disability Act	% of assessments completed within the timelines as provided for in the regulations (Q4 2014)	100%	35.70%	-64.30%
Congregated Settings	Facilitate the movement of people from congregated to community setting (Q4 2014)	150	90	-40%
Access		Target YTD	YTD	% Var YTD
0-18s Programme Personal Assistance (PA) Hours	Proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people (Q)	24 out of 24	5 of 24	-79%
	No. of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability (Q4 2014)	1,279,445	1,335,760	4%
Home Support Hours	No. of Home Support Hours delivered to people with a disability (Q4 2014)	2,392,609	2,612,263	9%
Respite Services	No. of overnight (with or without day respite) accessed by people with a disability (Q 2014)	243,260	180,649	-26%
Day Services	% of school leavers and RT graduates who have received a placement which meets their needs (Q4 2014)	100%	100%	0%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€122,354	€123,352	€998 (1%)
	• Pay	€48,428	€49,544	€1,116 (2%)
	• Pay – Agency	€788	2,555	€1,767 (224%)
	• Pay – Overtime	€241	€615	€375 (156%)
	Income	€8,600	€8,692	€93 (1%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	237 (72.5%)	17.5%
	€ value of 2014 Service Arrangements signed	100%	€466m (42.2%)	58.8%
Human Resources		Target YTD	YTD	Var YTD
HR - development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing Levels	Variance from HSE Workforce Indicative workforce number (within approved funding levels)	<0%	0.07%	18 (0.07%)

Disability Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Disability Act assessments completed (Q)	36%	74%	92%	50%	17%	43%	50%	26%	30%	28%
	Congregated Settings (Q)	150									
Access	0-18s Programme (Q)	5 of 24									
	PA Hours (Q - 1 month in arrears)	1.3	123k	241.7k	274k	115k	95.5k	24.4k	16.9k	152.6k	289.9k
	Home Support Hours (Q - 1 month in arrears)	2.6m	338.8k	182.6k	145.3k	189.6k	220k	307k	369k	437.3k	422.7k
	Respite Services - Bed Nights (Q - 1 month in arrears)	180.6k	11.6k	32.2k	12.8k	26.6k	15.3k	16.8k	26k	17.6k	21.6k
	Day Services (Q) (100%)	100%									
Finance	% variance - from budget	2%									
	% variance - Pay	2%									
	% variance - Pay (Agency)	244%									
	% variance - Pay (Overtime)	156%									
	% variance of 2014 SA signed	72.5%									
	% variance € value of 2014 SA signed	42.2%									
HR	Variance from Indicative workforce number	0.07%									

Performance RAG Rating

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

Finance RAG Rating

- Red ● > 0.5% of target
- Amber ● > 0.25% ≤ 0.5% of target
- Green ● ≤ 0.25% of target

HR – Absence

- Red ● > 4.73%
- Amber ● > 4.02% ≤ 4.73%
- Green ● ≤ 4.02%

HR – Ceiling

- Red ● > 1.5% of target
- Amber ● > 0.5% ≤ 1.5% of target
- Green ● ≤ 0.5% of target

Social Care Disability Services

Quality

Serious Reportable Events

- The number of events reported March 2014 to January 2015 was 4
- No new events listed for January 2015

Disability Act Compliance: % of assessments completed within the timelines as provided for in the regulations (target 2014 100%)

Q4 2014 performance 36% (n = 277)

Q3 2014 performance 43% (n = 342)

The Disability Act 2005 provides for an assessment of needs for people with a disability that are eligible. This assessment must commence within three months of receipt of a completed application and must be completed within a further three months.

Requests for Disability Assessments	2012	2013	2014
Total children aged <5 years	2,409	2,590	2,771
Total children aged >5 years	1,096	1,671	2,137
Total all ages	3,505	4,261	4,908
% children aged >5 years	31%	39%	44%

1,348 applications for a disability assessment were received by the HSE in Q4. Of these 775 were completed in Q4 and 36% of those were completed within the timelines as provided for in the regulations; a reduction on Q3 where 43% was achieved. A number of areas achieved compliance of 100%: Roscommon, South Tipperary and Louth. Performance >75% Donegal (75%), Galway (82%), Mayo (96%), Clare (75%). A number of LHOs did complete assessments but failed to complete any within the timelines as set out in the regulations therefore presenting 0%: West Cork, Waterford, Wexford, Dublin South City and Laois / Offaly.

Congregated Settings: Facilitate the movement of people from congregated to community settings (Target 2014 150)

Q4 2014 performance 60 people (-60% against target)

DML 13, DNE 14, South 16, West 17 (work has commenced to collect by CHO in 2015). 88 clients are currently awaiting the resolution of housing issues

Delays have been addressed through the allocation (Nov 2014) of once-off funding from the Department of Health (DoH) and the Department of Environment, Community and Local Government (DoECLG) towards the purchase of properties and to meet essential adaptation costs.

These clients with disabilities awaiting resolution are now commencing the transition as planned and it is expected to be completed Q1-Q2 2015

Access

Proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people (Target 24 out of 24)

- 2014 performance 5 out of 24 teams
- Variance from target: -79%

In line with the objectives of the programme, and two year (2014 / 2015) phased approach to implementation, 5 of the Local Implementation Groups (LIGs) have fully reconfigured their children's services into children's disability network teams (Meath, Cork West, Kerry, Mid West and Galway).

A further 8 have completed their implementation plans and reconfigured their Early Intervention Services. Plans are in place to reconfigure the School Age Services in early 2015, (Cavan Monaghan, Donegal, Sligo Leitrim West Cavan, Galway, Roscommon, Mayo, S. Tipperary, Midlands and Louth).

The remaining 11 LIGs are progressing development of their Implementation Plans (North Lee/South Lee, North Cork, Carlow Kilkenny, Wexford, Wicklow, Dublin South/South East, Dublin West/South City, Dublin South West, Waterford, and North Dublin).

There are 55 children's disability network teams now reconfigured under Progressing Disability Services for Children and Young People and an estimated additional 72 teams to reconfigure

Training and other supports were provided in Mid-West, Meath, West Cork, Cavan/Monaghan and Midlands.

Funding has been allocated to ISA's throughout the country for the implementation of the programme. This funding supported the provision of training for in excess of 400 staff along with essential therapy equipment. Specific initiatives are also being put in place to address significant waiting lists, e.g. use of temporary staff, waiting lists initiatives etc.

The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability (Expected Activity 1.2m 2014)

- 2014 activity 1,335,760 hours (1,273,376 in 2013) 5% (n=62,383) increase on 2013.
- Q4 2014 activity 346,645 hours, 2% (n=5,384) increase on Q3 2014.
- Variance from target: 4%

The 2014 national variance from target 4%. LHOs reporting a higher than national % variance include Mayo (18%), West Cork (28%), Carlow / Kilkenny (50%), South Tipp (>100%), Wicklow (51%), Dublin SW (45%), Laois / Offaly (40%), Longford / Westmeath (25%).

Number of adults with a physical and/or sensory disability benefiting from PA hours 2,222 (Q4 2014). 2,057 (Q4 2013).

There is a review of definitions and targets underway

The number of Home Support Hours delivered to people with a disability (Expected Activity 2.4m 2014)

- 2014 activity 2,612,263 hours (1,097,828 to people with ID and/or autism) (1,514,435 to people with a physical or sensory disability).
- Q4 2014 activity 667,326 hours (3% increase on Q3 2014).
- Variance from target: 9%

As of December 2014 there were 7,452 people benefiting from home support hours (4,611 persons with an ID and or autism / 2,841 persons with a physical and / or sensory disability). This is an increase of 140 persons since Q3 2014.

The number of respite overnights accessed by people with a disability (Expected Activity 243,260 in 2014)

- 2014 activity 180,649
- Variance from target: -26%

The only LHOs that are meeting or exceeding their target are as follows: North Tipperary East Limerick (15% above target), Wexford (15% above target), South Tipperary (13% above target), Waterford (9% above target), Kildare West Wicklow (4% above target) and Mayo (0% from target).

The following LHOs are well below their target: Dublin South East (100% below target), Wicklow (73% below target), Dun Laoghaire (51% below target) all other LHOs are below target.

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of respite services and the corresponding number of respite nights are down against target and down against previous activity. However, this drop in overnight respite is counterbalanced by the 19% variance (from target) in home support hours for people with ID and/or autism and 3% increase in home support hours for people with a physical and/or sensory disability. This reflects new models of respite care that are now being delivered (home respite, extended day care, etc).

A significant quantum of respite service is delivered as day or non overnight respite. Data on day respite services will be captured for the first time in 2015 (first data expected May 2015). Data will also be captured on the number people exceeding 30 continuous nights in respite which can reduce service availability for other clients.

% of school leavers and RT graduates who have received a placement which meets their needs

- 2014 performance: 100%. New KPI 2014.
- Variance from target: 0%

The HSE committed to advising all school leavers and their families of the placement location and service they will be receiving in September 2014 no later than 30 June 2014. The target was met – with the families of the 1,365 clients advised of such placements.

Finance

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	105,159	8,676	8,863	(188)	-2%
CHO 2	137,777	12,067	11,702	365	3%
CHO 3	126,407	10,908	10,736	172	2%
CHO 4	184,136	15,714	15,638	75	0%
CHO 5	128,961	11,093	10,982	111	1%
CHO 6	201,713	18,020	17,317	702	4%
CHO 7	148,433	12,472	12,048	425	4%
CHO 8	167,785	13,986	13,813	173	1%
CHO 9	235,483	20,167	19,913	253	1%
Regional & National	26,020	251	1,341	(1,090)	-81%
Total	1,461,875	123,352	122,354	998	1%

Financial Commentary

Disability services spent €123.3m in January against a budget of €122.3m, a variance of €0.9m against budget or 1%. Total pay (excluding superannuation) is ahead of budget by €1.1m or 2%. Within this, agency costs are ahead of budget by €1.8m.

Disability services still have significant unfunded cost pressures; work is continuing to deliver on the VFM agenda.

Agency is running as per 2014 levels with savings forecast from March for disabilities. Comprehensive agency management and conversion plans to address expenditure are in place in the division.

Service Level Arrangements (end of January 2014)

- 2014 Service Arrangements are completed for 237 out of 327 (72.5%)
- 2014 Service Arrangements are completed for €446m out of €1,105m (42.2%)

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- 2014 Service Arrangements are completed for 262 out of 329 (79.6%)
- 2014 Service Arrangements are completed for €553m out of €1,109m (49.9%)

Human Resources

Human Resources*		
Human Resources Management		Social Care
Staffing levels and Costs	Direct Staff WTE	24,834
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	+18
	Direct Staff WTE Indicative workforce number Variance %	+0.07%
	Funded Indicative workforce number	N/A
	2015 Development posts	0
	2015 Development posts <i>filled</i>	0
	% 2015 Development posts <i>filled</i>	0
	pre-2015 Development posts	175
	pre-2015 Development posts <i>filled</i>	36.5
	% pre-2015 Development posts <i>filled</i>	20.9%
	Direct Staff Headcount	29,358

* Human Resources data inclusive of Disability Services and Older Persons

Older Persons Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Elder Abuse	% of active cases reviewed within 6 months time frame	90%	91.5%	1.70%
Access		Target YTD	YTD	% Var YTD
Home Care Packages	Total no. of persons in receipt of a HCP	13,800	13,187	-4.40%
	Intensive HCPs - no. in receipt of an Intensive HCP at a point in time (capacity)	190	12	-93.70%
Home Help Hours	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	858,333	829,474	-3.40%
Nursing Homes Support Scheme (NHSS)	No. of people being funded under NHSS in long-term residential care during the reporting month	22,361	22,324	-0.2%
Public Beds	No of NHSS Beds in Public Long Stay Units	5,287	5,292	0.10%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan	€56,763	€59,366	€2,603 (-5%)
	“ Pay	€54,321	€54,690	€369 (-1%)
	“ Pay - Agency	€2,351	€2,588	€237 (-10%)
	“ Pay - Overtime	€374	€390	€17 (-4%)
Service Arrangements	% of 2014 Service Arrangements signed	100%	668 (71%)	29%
	€ value of 2014 Service Arrangements signed	100%	€91m (64.2%)	35.8%
Human Resources		Target YTD	YTD	Var YTD
HR - development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
Staffing Levels	Variance from HSE Workforce Indicative workforce number (within approved funding levels)	<0%	0.07%	18 (0.07%)

Older People Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	HCP - No of persons in receipt of a HCP (13,200)	13187	1177	1078	736	1314	792	1389	1537	1840	3324
	HCP - No of persons in receipt of an Intensive HCP (190) (Targets not available by CHO)	12	0	3	3	1	0	4	1	0	0
	Home Help Hours - hours provided (10.3m)	829.5k	108.6k	96.6k	74.2k	163.1k	96.6k	31.6k	60.0k	104.0k	94.6k
	NHSS Beds - no of people funded (22,361)	22324									
	No of NHSS Beds in Public Long Stay Units (5,287)	5292	562	607	346	1038	567	391	646	660	475
Finance	% variance - from budget	2%									
	% variance - Pay (Direct)	1%									
	% variance - Pay (Agency)	10%									
	% variance - Pay (Overtime)	4%									
	% variance of 2014 SA signed	71%									
	% variance € value of 2014 SA signed	64.2%									
HR	% variance from Indicative workforce number	0.07%									

Performance RAG Rating

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

Finance RAG Rating

Red	●	> 0.5% of target
Amber	●	> 0.25% ≤ 0.5% of target
Green	●	≤ 0.25% of target

HR – Absence

Red	●	> 4.73%
Amber	●	> 4.02% ≤ 4.73%
Green	●	≤ 4.02%

HR – Ceiling

Red	●	> 1.5% of target
Amber	●	> 0.5% ≤ 1.5% of target
Green	●	≤ 0.5% of target

Social Care Older Persons Services

Quality

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

- January 2015 performance: 91.5% (New KPI 2014)
- 94.8% December 2014
- Variance from target 1.7%

Access

The total number of persons in receipt of a Home Care Package (Target 13,800 – National Target includes 600 HCPs from Delayed Discharge Initiative)

- January 2015: 13,187 (10.2% above January 2014)
- December 2014: 13,199
- -0.1% below the YTD target of 13,200

The number in receipt of an Intensive Home Care Packages at a point in time (capacity) (Target 190)

- January 2015 12 (0 in January 2014)
- 6 in December 2014 93.7% below the target of 190 people.

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

In the meantime this dedicated fund is being used for transitional and short term beds to meet the need of people who require support before returning home

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Target 10.3m)

- January 2015 activity: 829,474 (853,320 in January 2014)
- 876,199 in December 2014 3.36% below the YTD target of 858,333.

The number of people in receipt of home help hours (excluding provision of hours from HCPs) (Target 10.3m)

- January 2015 activity: 47,960 (46,513 in January 2014) change of 1,447
- 47,057 in December 2014, an additional 903 since December
- -4% below the YTD target of 50,000

Although home help hours are running slightly below the expected activity, the number of people receiving the service has increased by 1,447 on the same period last year and an additional 903 people are receiving a service since December 2014. More importantly from a budget perspective, the cost of maintaining high dependent older people at home, having been discharged from hospital, has meant greater levels of night time and weekend support, resulting in higher cost home help hours being provided.

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

- January 2015 activity: 22,324 (22,959 in January 2014)
- 22,360 in December 2014 -0.2% below target

As of 27 Jan 2015 there were 465 patients aged 65 and over medically discharged in hospitals awaiting Long Term Residential care (*source Delayed Discharges National Report, 27 Jan 2015*).

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

- January 2015 activity: 5,292 (5,237 January 2014)
- 5,290 in December 2014
- 0.1% variance from target

Finance

Social Older Persons	Care	Approved Allocation	YTD			% Act v Tar
			Actual	Plan	Variance	
			€'000	€'000	€'000	
CHO 1		71,791	6,118	6,144	(26)	0%
CHO 2		55,400	5,355	4,750	605	13%
CHO 3		57,374	4,956	4,953	3	0%
CHO 4		118,886	10,484	10,363	121	1%
CHO 5		59,354	5,331	5,117	214	4%
CHO 6		50,964	4,614	4,392	222	5%
CHO 7		76,941	6,910	7,030	(120)	-2%
CHO 8		50,084	4,889	4,506	383	9%
CHO 9		83,937	7,388	7,086	301	4%
Fair Deal		828,657	70,402	70,379	23	0%
Regional & National		74,154	3,323	2,421	901	37%
Total*		1,527,542	129,768	127,142	2,626	2%

Financial Commentary

Older Persons [excluding Fair Deal] services spent €59.4m in January against a budget of €56.7m, a variance of €2.6m or 5%. Total pay (excluding superannuation) is €0.4m ahead of budget or 1%. Within this, agency costs are ahead of budget by €0.2m.

The way we provide service to older people is constantly under review and development. In 2015 it is planned that this will include an enhancement of the team approach to providing services and a greater

mix of the skills each team member brings. This will in turn provide a more sustainable cost base for the services. The benefits of this change will not be visible in the early part of the year as the services concentrate on providing appropriate care for those being discharged from acute care.

Agency is running as per 2014 levels with savings forecast from February for older persons. Comprehensive agency management and conversion plans to address expenditure are in place in the division

Service Level Arrangements

- 2014 Service Arrangements are completed for 668 out of 941 (71%)
- 2014 Service Arrangements are completed for €100m out of €141.7m (64.2%)

Position 23rd February 2015

- 2014 Service Arrangements are completed for 786 out of 938 (83.8%)
- 2014 Service Arrangements are completed for €122.7m out of €140.8m (87.2%)

Human Resources

Human Resources*		Social Care
Staffing levels and Costs	Direct Staff WTE	24,834
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	+18
	Direct Staff WTE Indicative workforce number Variance %	+0.07%
	Funded Indicative workforce number	N/A
	2015 Development posts	0
	2015 Development posts <i>filled</i>	0
	% 2015 Development posts <i>filled</i>	0
	pre-2015 Development posts	175
	pre-2015 Development posts <i>filled</i>	36.5
	% pre-2015 Development posts <i>filled</i>	20.9%
	Direct Staff Headcount	29,358

* Human Resources data inclusive of Disability Services and Older Persons



Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

Budget 2015, provides a more realistic funding level for the health services and is very welcome as part of a two year programme to put the health services on a more sustainable financial footing. The 2015 challenge comes at a time when the demand for health services is increasing every year, which in turn is driving costs upwards.

Since 2006 the population has grown by 8%, the number of people over 65 years of age has increased by 14% however the very elderly population i.e. those over 85 years has increased by circa. 30%. This coupled with current economic conditions and the high level of Medical Cards means the demand for health services and the resulting cost pressures are increasing.

Allied to this are the ongoing welcome advances in the development of medical technologies which improve patient outcomes but are very expensive. Examples of this include developments in interventional radiology, a curative drug for Hepatitis C, a new drug for cystic fibrosis, new oral anti-coagulant drugs and developments in orthopaedic implants.

The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 **budget**. It provides funding levels similar to 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,166m, an increase of 5.4%. This increase in funding will in the first instance enable the HSE to deal with the 2014 level of unfunded costs. When account is taken of the 2014 final net expenditure level health services net **costs** can increase by a maximum of €77m in 2015 which is approximately 0.5%.

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

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

The funding received has allowed the allocation of more realistic budgets in 2015 and brings with it a requirement for greater accountability to ensure services are delivered safely and, to the greatest extent possible, within the budget made available to the health service.

Building on the work of recent years, the 2015 accountability framework will ensure that performance will be measured against agreed plans, which include financial and service delivery commitments in terms of access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account under this framework and under-performance will be identified and mitigated as early as possible in the year.

Financial Performance in January 2015

As of January 31st 2015 the health service has recorded net spend on an income and expenditure basis of €1.037 billion against a budget of €1.013 billion. This leads to a total deficit of €24.4m the bulk of which i.e. circa €13m relates to the demand led areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these demand led areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €11.5m within core services primarily within Acute Hospitals and Social Care.

Net Expenditure by Services January 2015

	Approved Allocation €'000	YTD Actual €'000	YTD Budget €000	Variance €'000
Hospital Services				
Acute Hospitals	4,000,871	346,680	335,996	10,684
Pre Hospital Emergency Services				
National Ambulance Service	144,139	12,245	11,953	292
Community Health Organisations				
Health and Wellbeing	201,129	15,568	15,887	(319)
Primary Care	748,050	63,481	62,983	499
Social Inclusion	124,107	10,471	10,463	8
Palliative Care	71,530	6,054	6,029	24
Primary Care Services	943,687	80,006	79,475	531
Mental Health Services	756,565	62,363	62,677	(314)
Social Care Services	2,989,417	253,120	249,496	3,624
Services for Older People	698,885	59,366	56,763	2,603
Fair Deal	828,657	70,402	70,379	23
Disabilities	1,461,875	123,352	122,354	998
Social Care Services	2,989,417	253,120	249,496	3,624
Total Direct Services	9,035,808	769,983	755,485	14,497
National Cancer Control Programme	11,357	233	895	(661)
Clinical Strategy & Programmes	29,049	1,340	1,780	(440)
Quality Improvement Division	7,840	240	471	(232)
National Services	289,117	19,866	21,475	(1,609)
Statutory Pensions & Statutory Pension Levy	212,034	16,211	17,610	(1,398)
State Claims Agency	104,000	11,759	6,227	5,532
Primary Care Reimbursement Scheme (Note 1)	2,268,108	198,878	190,616	8,262
Demand Led Local Schemes (Note 1)	217,752	18,973	18,454	519
Demand Led Services	2,589,860	229,610	215,297	14,313
Held Funds	5,935			
Accelerated Income	(50,000)			
Total	12,131,000	1,037,483	1,013,013	24,470
Core Services Budget (i.e. Total excluding Demand Led Services & Pensions)	9,329,106	791,661	780,106	11,556

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

National Services January 2015

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000
Health Business Services	103,681	9,165	8,711	454
Finance	41,095	2,926	2,684	242
Human Resources	48,583	2,555	3,271	(717)
National Contracts Office	13,734	112	1,150	(1,038)
Office of Director General & System Reform	22,992	815	1,063	(248)
Corporate Community	4,755	292	328	(36)
Office of Deputy Director General (Including PBI)	6,175	190	161	29
Communications	10,853	683	918	(236)
Audit	3,669	214	335	(121)
Other Regional Services	4,255	398	170	228
Health Repayment Scheme	1,000	236	236	0
Chief Information Officer	28,325	2,278	2,446	(168)
Total	289,117	19,866	21,475	(1,609)

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

There are a number of expenditure headings (PCRS, Local DLS and SCA) which, due to their legal or technical nature, are considered to be “demand led” and were prepared in NSP2015 on an agreed basis. 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 €14.3m on these areas at the end of January 2015.

In addition to these demand led 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. 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. There is no reported deficit on pension costs at the end of January (small positive variance) however assessment within the statutory and funded s.38 voluntary sector is ongoing to determine the scale of any likely pension issue in 2015.

The combined deficit from demand led cost and pensions is circa €13m at the end of January.

Outside of these areas core services, primarily Acutes and Social Care, have deficits of €11.6m at the end of January.

Acute Services

Acute Hospitals are reporting a €10.6m deficit for the month of January. It is too early to draw any conclusions as to the likely year end position based on 1 months' data. However it is clear that there has been exceptional pressures on management capacity and costs in January and February related to the very high level of delayed discharges and the necessary response to same. This has not facilitated any traction being achieved in January in relation to 2015 cost reductions.

Specifically, financial targets for 2015 included a reduction in excess capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. This has not been possible to achieve in January with significant pressure on the system to bring on additional staff to maintain / expand bed capacity.

Whilst a more realistic budget for acute services was provided in 2015 it was not possible to provide a budget at the full level of the 2014 spend. The NSP 2015 set acute budgets at 0.8% below 2014

projected spend. **Final** expenditure levels for 2014 mean that costs in Acute hospitals need to be reduced by approximately 1.2%-1.4% below 2014 expenditure levels.

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

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

Social Care – Older Persons Services

This group of services has recorded a January Net deficit of €2.6m. The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

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

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

Social Care – Disability Services

This group of services has recorded a January Net deficit of €1.0. The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

The underlying cost base which was partly addressed via once-off measures in 2014. There are also significant pay cost pressures around overnight residential staff.

Significant staffing and capital / once-off pressures caused by the enhanced regulatory focus on disability residential services in the absence of the normal multi-annual investment programme which would typically be a necessary part of the lead in to any regulatory development of this nature.

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

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. January showed no signs of a significant sustained reduction, although it is too early to draw a conclusion from this.

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

Agency Costs	Total
January 2015 Cost	€27.4m
Average Monthly Cost 2014	€28.9m
January 2014 Cost	€24.9m
Full Year Cost 2014	€340.6m

Conclusion

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

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

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

The €11.6m January deficit in our core services is located entirely within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.

Hospital Groups Financial Position

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000
Beaumont Hospital	242,498	20,944	20,205	739
Our Lady's of Lourdes Hospital, Drogheda	129,512	11,828	11,027	801
Connolly Hospital, Blanchardstown	87,027	7,993	7,548	445
Cavan General Hospital	78,369	6,415	6,212	203
Louth County Hospital	19,031	1,784	1,651	132
Monaghan General Hospital	7,922	682	647	35
Rotunda Hospital	45,752	4,098	3,967	131
RCSI Hospital Group Dublin-North East	610,112	53,744	51,257	2,488
St. James's Hospital	312,786	26,361	25,771	590
St. Luke's Hospital, Rathgar	41,002	3,413	3,469	(56)
Tallaght Hospital - AMNCH (Acute Only)	159,570	14,208	13,298	911
Midland Regional Hospital, Tullamore	83,349	7,057	7,004	53
Naas General Hospital	54,477	4,877	4,627	250
Midland Regional Hospital, Portlaoise	49,751	4,327	4,279	48
Coombe Women & Infants University Hospital	48,151	5,286	4,203	1,083
Dublin-Midlands Hospital Group	749,086	65,529	62,651	2,878

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000
Mater Misericordiae University Hospital	221,165	19,149	18,633	516
St Vincent's University Hospital, Elm Park	204,752	18,236	17,885	352
Midland Regional Hospital, Mullingar	57,876	5,430	5,079	351
St. Luke's Hospital, Kilkenny	54,110	5,089	4,609	480
Wexford General Hospital	50,853	4,487	4,434	53
National Maternity Hospital, Holles Street	45,081	3,758	3,855	(97)
Our Lady's Hospital, Navan	41,125	3,470	3,479	(9)
St. Columcilles Hospital, Loughlinstown	34,276	2,560	2,911	(351)
St. Michael's Hospital, Dun Laoghaire	23,941	2,221	2,257	(35)
Cappagh National Orthopaedic Hospital	29,061	2,295	2,278	17
Royal Victoria Eye & Ear Hospital, Dublin	22,480	1,874	1,906	(32)
Ireland East Hospital Group	784,675	68,570	67,327	1,243
Cork University Hospital	264,628	22,642	22,599	43
Waterford Regional Hospital	146,480	13,021	12,449	572
Kerry General Hospital	69,183	6,150	5,824	327
Mercy University Hospital, Cork	64,406	5,695	5,487	207
South Tipperary General Hospital	49,970	4,407	4,295	112
South Infirmary University Hospital, Cork	49,786	3,986	4,000	(15)
Bantry General Hospital	16,925	1,390	1,370	20
Mallow General Hospital	17,251	1,397	1,465	(68)
Lourdes Orthopaedic Hospital, Kilcreene	6,653	587	565	22
South-South West Hospital Group	685,282	59,275	58,055	1,220
Galway University Hospitals	271,562	23,225	23,134	91
Sligo General Hospital	105,708	9,374	9,076	297
Letterkenny General Hospital	107,486	9,525	9,228	296
Mayo General hospital	83,337	7,321	7,122	199
Portiuncula Hospital General and Maternity	51,716	4,790	4,586	204
Roscommon County Hospital	17,794	1,676	1,546	131
Saolta University Health Care Group	637,603	55,911	54,693	1,218
Limerick University Hospital	171,708	16,174	14,967	1,207
Ennis Hospital	16,539	1,271	1,424	(153)
Nenagh Hospital	15,230	1,336	1,334	1
St. John's Hospital	19,394	1,553	1,527	26
University Maternity Hospital, Limerick	19,068	1,562	1,628	(66)
Croom Hospital	12,212	974	1,047	(74)
Mid Western Regional Acute Services	2,399	172	204	(32)
University of Limerick Hospital Group	256,550	23,040	22,131	910
Temple Street, Children's University Hospital	87,776	7,474	7,359	115
Our Lady's Hospital for Sick Children, Crumlin	116,055	9,889	9,711	178
National Childrens Hospital, Tallaght	15,377	1,281	1,281	0
The Children's Hospital Group	219,208	18,645	18,352	293
Regional and National Services	58,355	1,965	1,532	433
Total Hospital Groups	4,000,871	346,680	335,996	10,684

Community Health Organisation Financial Position

CHO's	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000
LHO Cavan/Monaghan	76,621	6,810	6,494	317
LHO Donegal	127,484	10,460	10,807	(346)
LHO Sligo/Leitrim	118,985	10,146	10,142	4
CHO 1	323,090	27,417	27,442	(26)
LHO Galway	197,852	17,034	16,819	215
LHO Mayo	124,169	11,274	10,574	701
LHO Roscommon	48,239	4,109	4,119	(10)
CHO 2	370,261	32,418	31,512	906
LHO Clare	75,227	6,553	6,413	140
LHO Limerick	131,958	11,345	11,248	96
LHO North Tipperary	105,579	8,972	8,980	(8)
CHO 3	312,764	26,870	26,642	229
LHO Kerry	84,396	7,375	7,245	131
LHO North Cork	77,853	6,397	6,621	(224)
LHO North Lee	70,072	6,638	5,961	677
LHO South Lee	80,730	7,322	6,987	335
LHO West Cork	205,105	17,329	17,447	(118)
Cork Dental Hospital	1,686	190	188	1
CHO 4	519,842	45,251	44,449	802
LHO Carlow/Kilkenny	115,471	10,178	9,866	313
LHO South Tipperary	69,681	6,109	5,958	152
LHO Waterford	95,055	8,099	8,088	11
LHO Wexford	76,970	6,680	6,582	98
CHO 5	357,178	31,067	30,493	574
LHO Dublin South East	98,753	8,696	8,405	290
LHO Dun Laoghaire	37,156	3,107	3,156	(49)
LHO Wicklow	72,273	6,096	6,108	(12)
Central Mental Hospital	22,088	2,054	1,881	173
Dublin Dental School and Hospital	5,442	448	419	28
Leopardstown Park Hospital Board	3,550	509	302	207
National Rehabilitation Hospital	25,392	2,459	2,408	51
St John of God - Disabilities	58,376	5,333	4,958	375
St John of God - Mental Health	22,326	1,880	1,880	0
Sunbeam House Services	19,315	1,740	1,610	130
The Children's Sunshine Home	3,703	287	309	(21)
The Royal Hospital Donnybrook	11,665	1,046	1,054	(8)
CHO 6	380,039	33,655	32,489	1,166
LHO Dublin South West	34,058	3,018	2,894	124
LHO Dublin West	114,931	10,098	9,902	195
LHO Kildare/West Wicklow	102,705	8,880	8,951	(71)
Cheeverstown House Ltd	21,330	1,784	1,604	180
Kare	15,554	1,256	1,232	23
Our Lady's Hospice Harold's Cross	23,754	2,047	1,979	68
Peamount Hospital	20,878	1,697	1,668	29
Stewarts Hospital Services Ltd	41,050	3,474	3,430	44

CHO's	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000
CHO 7	434,437	37,443	36,799	644
LHO Laois/Offaly	93,019	7,986	7,988	(2)
LHO Longford/Westmeath	95,808	8,342	8,215	126
LHO Louth	106,645	9,036	9,058	(22)
LHO Meath	60,500	5,229	4,983	246
Sisters of Charity of Jesus and Mary	41,618	3,577	3,468	109
CHO 8	397,591	34,169	33,712	457
LHO Dublin North	120,291	10,178	10,122	56
LHO Dublin North Central	118,305	9,915	9,938	(22)
LHO Dublin North West	134,145	11,799	11,597	202
Central Remedial Clinic	13,576	1,132	1,131	1
Clontarf Orthopaedic Hospital	9,800	840	739	101
Daughters of Charity	54,602	4,809	4,637	171
St Michael's House	67,352	5,835	5,824	11
St Vincent's Hospital Fairview	13,241	1,141	1,112	29
CHO 9	531,311	45,649	45,100	550
Regional Services	85,591	9,478	7,060	2,418
Grand Total	3,712,103	323,416	315,697	7,719



Human Resources

Human Resources Overview

Work is now well advanced on the development of a National 'People' Strategy for the Health Public Sector, this is informed by the results of the first National Staff Survey and embedded in best practice People Management. Further work is being undertaken on the development of a revised structure and operating model for the HR teams across the HSE at the same time.

The People Strategy is currently being developed through a series of engagement processes with key staff and Union stakeholders but the themes of the strategy are developing as follows:

6. Staff Engagement
7. Work Optimisation
8. Leadership and Management development
9. Learning and Development
10. Knowledge Management and Business Intelligence

A key development strand under Knowledge Management and Business Intelligence will be an overhaul of the people metrics reported in the performance report (PR) and indeed the people metrics reported at all levels in the HSE. These will be based on a balanced scorecard with focus on performance in the areas of Culture, HR Management, Training & Development and Leadership.

The metrics reported in the performance report will be enhanced once this work is completed.

Workforce position

WTE Overview by Division	WTE Dec 2014	Direct Employment Indicative workforce number Jan 2015	WTE Jan 2015	WTE Change since Dec 2014	WTE Variance Jan 2015	% WTE Variance Jan 2015
Acute Services	50,357	50,245	50,452	+95	+207	+0.41%
Ambulance Services	1,623	1,611	1,613	-10	+2	+0.14%
Health & Wellbeing	1,237	1,279	1,236	-1	-43	-3.33%
Primary Care	9,488	9,730	9,478	-10	-252	-2.59%
Mental Health	9,192	9,262	9,273	+81	+11	+0.12%
Social Care	24,831	24,816	24,834	+4	+18	+0.07%
Corporate & HBS	2,599	2,598	2,618	+18	+20	
Total Health Service	99,327	99,541	99,505	+177	-36	

There were the equivalent of 99,505 full time staff working within the health system at end of January (excluding Home Helps).

December 2014 employment figures have been revised to include grades previously excluded from the employment control framework (+1,535). After this adjustment January employment census shows an increase of 177 whole time equivalents (WTEs) from December 2014.

Employment in the health services has reduced by 13,239 WTEs approximately from the peak (-11%) in 2007, this takes in to account adjustments for the reconfiguration of certain staff.

Absence

Latest monthly National Absence rate for December 2014 is 4.33%, up on last month reflecting seasonal factors, and the lowest for the month of December to date. This compares with previously published December rates of 5.77% (2008), 5.03% (2009), 4.86% (2010), 5.09% (2011), 4.78% (2012) and 4.71% (2013).

In addition to continued management focus on attendance management, the impact of the changes to the paid sick leave scheme effective from the 31st March this year, appear to have accelerated the downward trend seen over the last number of years.

Employment Indicative workforce number Compliance

The Health Sector is 36 WTEs below the direct employment Indicative workforce number of 99,541 WTEs.

Most Divisions are below or marginally above their direct funded employment Indicative workforce number. Acute Services are some 207 WTEs above their 2015 average direct funded employment Indicative workforce number level.

New Service Developments

There are approximately 782 WTE new service development posts planned or in the process of being filled, which rolled forward from 2014. These reflect posts from agreed service developments over the period of 2010 – 2014.

The Mental Health service reports that 868.5 out of a total 1,144 development posts from the years 2012 -2014 have been recruited, some may have future start dates.

European Working Time Directive

In January 2015 hospitals nationally have reported a 93.6% compliance rate with a maximum 24 hour shift for all NCHD's. 17 hospitals are 100% compliant in January with a further 15 hospitals reporting compliance at 90% or above. 7 hospitals are reporting below 90% compliance – Our Ladys' Hospital Navan (29%), Mullingar (51%), Louth County (67%), Tullamore (82%), Portlaoise (84%), OLOL (88%), Mayo (89%)

In January 2015 hospitals nationally have reported a 57.4% compliance with an average 48 hour working week for all NCHD's. 6 hospitals are 100% compliant (Cappagh, Our Lady's Hospital Navan, Eye & Ear, St. Columcille's, Bantry, St. Luke's Radiation Oncology Network). 7 hospitals are reporting below 50% compliance – Coombe (0%), Portlaoise (43%), Tallaght (44%), Louth County (33%), OLOL (22%), Portincola (43%).

Graduate Nurses

Nurse Graduate Programme at end of January stood at 247 WTEs down 51 WTEs from December 2014 and is showing a continuing downward trend seen since numbers in the programme peaked at 470 WTEs in February 2014. The monthly reduction from December was the greatest reduction seen to date. The greatest reductions were seen in Acute Hospitals where the numbers declined from a high in February 2014 of 278 WTEs to 82 WTEs in January 2015.

Hospital Group Absence Rates December 2014

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Coombe Women & Infants University Hospital	0.00%	3.72%	3.73%	2.28%	3.21%	7.89%	3.29%	75.0%
Midland Regional Hospital, Portlaoise	0.17%	7.41%	1.73%	4.28%	0.47%	4.72%	4.82%	90.0%
Midland Regional Hospital, Tullamore	1.74%	5.93%	5.45%	4.53%	4.87%	6.86%	5.32%	84.9%
Naas General Hospital	0.20%	3.23%	1.79%	1.61%	1.36%	9.83%	3.69%	91.1%
St. James's Hospital	0.20%	3.10%	1.80%	3.70%	4.60%	5.30%	2.90%	83.5%
St. Luke's Hospital, Rathgar	3.33%	3.67%	2.01%	3.29%	6.33%	1.81%	3.38%	82.7%
Tallaght Hospital	1.24%	4.15%	3.51%	5.44%	3.19%	3.13%	3.67%	86.3%
Dublin Midlands HG	0.74%	4.02%	2.62%	4.07%	3.93%	5.69%	3.57%	84.9%
Cappagh National Orthopaedic Hospital	3.22%	3.29%	2.96%	3.81%	6.81%	7.51%	4.27%	92.4%
Mater Misericordiae University Hospital	1.28%	3.26%	3.76%	4.00%	3.85%	5.07%	3.33%	87.2%
Midland Regional Hospital, Mullingar	1.13%	5.63%	3.97%	3.08%	8.33%	8.08%	4.97%	93.0%
National Maternity Hospital	0.00%	3.63%	0.94%	5.20%	4.59%	4.53%	3.48%	87.4%
Our Lady's Hospital, Navan	0.59%	4.31%	4.84%	1.05%	7.48%	5.91%	3.86%	86.4%
Royal Victoria Eye & Ear Hospital	1.34%	0.92%	0.00%	9.24%	2.79%	0.00%	2.91%	96.6%
St. Columcille's Hospital	0.28%	2.80%	1.64%	1.68%	4.70%	1.22%	2.31%	65.4%
St. Luke's General Hospital	1.89%	6.11%	3.45%	2.30%	4.71%	7.99%	4.60%	88.8%
St. Michael's Hospital	0.03%	2.55%	1.17%	0.68%	2.37%	4.58%	1.97%	86.0%
St. Vincent's University Hospital	0.00%	2.20%	3.15%	3.32%	4.27%	4.79%	2.56%	84.5%
Wexford General Hospital	0.24%	5.20%	0.51%	5.05%	4.44%	4.27%	4.05%	86.4%
Ireland East HG	0.80%	3.57%	3.11%	3.64%	4.47%	5.45%	3.39%	87.2%
Beaumont Hospital	0.45%	3.18%	2.75%	3.22%	3.60%	7.54%	3.01%	85.8%
Cavan General Hospital	0.80%	7.31%	0.50%	4.51%	3.62%	7.05%	5.10%	86.7%
Connolly Hospital	1.07%	4.58%	2.83%	3.10%	6.96%	7.13%	4.07%	92.4%
Louth County Hospital	0.00%	9.56%	0.69%	5.50%	7.58%	5.92%	6.49%	93.0%
Monaghan General Hospital	0.00%	3.18%	3.27%	7.65%	6.41%	6.91%	4.98%	92.6%
Our Lady of Lourdes Hospital	0.59%	6.00%	4.78%	6.08%	8.94%	12.20%	5.25%	87.3%
The Rotunda Hospital	2.55%	6.35%	1.28%	1.68%	2.66%	1.36%	3.79%	86.3%
RCSI HG	0.75%	5.03%	2.74%	3.91%	5.10%	7.70%	4.06%	87.7%
Galway University Hospitals	0.30%	4.90%	3.34%	4.01%	3.58%	4.82%	3.69%	80.7%
Letterkenny General Hospital	0.38%	4.32%	4.04%	3.67%	4.80%	2.81%	4.43%	99.2%
Mayo General Hospital	0.32%	3.03%	3.26%	3.22%	4.65%	6.30%	3.10%	80.5%
Portiuncula Hospital	0.37%	5.82%	0.51%	1.80%	5.01%	4.28%	3.85%	77.1%
Roscommon County Hospital	0.00%	3.47%	6.72%	3.50%	3.69%	10.65%	3.69%	74.5%
Sligo Regional Hospital	1.35%	5.84%	3.13%	3.57%	8.08%	5.54%	5.00%	99.1%
Saolta Healthcare Group HG	0.49%	4.74%	3.26%	3.55%	5.14%	4.79%	3.99%	87.8%

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Bantry General Hospital	0.00%	2.68%	0.00%	5.28%	0.75%	7.79%	3.45%	82.8%
Cork University Hospital	1.09%	4.87%	3.32%	3.16%	6.37%	5.60%	4.16%	84.5%
Kerry General Hospital	0.96%	4.69%	1.95%	4.39%	5.08%	5.08%	3.99%	75.2%
Lourdes Orthopaedic Hospital	0.00%	14.33%	0.00%	0.00%	0.46%	0.00%	7.71%	97.6%
Mallow General Hospital	0.00%	5.94%	0.22%	6.88%	4.69%	4.69%	4.75%	94.5%
Mercy University Hospital	0.00%	6.15%	1.82%	3.80%	5.04%	5.25%	4.19%	86.0%
South Infirmary-Victoria University Hospital	1.93%	3.67%	1.57%	2.54%	5.33%	2.26%	3.23%	92.2%
South Tipperary General Hospital	2.10%	5.19%	1.99%	2.66%	3.99%	10.46%	4.16%	89.9%
University Hospital Waterford	0.19%	5.03%	3.26%	4.64%	6.22%	7.64%	4.23%	85.8%
South/ South West HG	0.86%	5.00%	2.72%	3.64%	5.59%	5.95%	4.11%	85.4%
Croom Hospital	0.35%	5.52%	2.76%	8.78%	2.34%	4.63%	4.78%	89.1%
Ennis Hospital	0.00%	7.42%	5.54%	9.56%	13.02%	7.28%	7.58%	82.6%
Nenagh Hospital	12.82%	3.76%	0.50%	1.60%	5.86%	14.23%	5.95%	98.0%
St. John's Hospital	0.00%	3.01%	0.70%	4.92%	9.20%	0.27%	3.70%	94.5%
University Hospital Limerick, Dooradoyle	0.16%	5.57%	5.80%	6.20%	10.16%	8.78%	5.61%	85.2%
University Maternity Hospital	5.05%	8.14%	0.00%	2.77%	5.12%	6.22%	6.97%	93.4%
University of Limerick HG	0.77%	5.76%	5.19%	5.84%	9.23%	7.94%	5.68%	87.5%
Our Lady's Hospice & Care Services	0.00%	3.85%	4.31%	4.54%	5.36%	6.15%	4.62%	90.3%
Palliative Care HG	0.00%	3.85%	4.31%	4.54%	5.36%	6.15%	4.62%	90.3%
Children's University Hospital	2.38%	3.40%	4.33%	4.48%	7.95%	5.89%	3.91%	91.0%
Our Lady's Children's Hospital	1.16%	5.21%	3.07%	5.12%	6.23%	2.72%	4.28%	87.1%
Children's Hospital Group HG	1.66%	4.57%	3.54%	4.84%	6.75%	3.72%	4.14%	88.5%

Community Health Organisation Absence Rates December 2014

HSE Area	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	certified
Carlow/ Kilkenny/ South Tipperary	3.84%	5.27%	3.68%	4.93%	7.40%	5.46%	5.24%	88.47%
Cavan/Monaghan	0.48%	6.66%	6.22%	4.42%	5.71%	8.99%	6.81%	92.62%
Cork	1.45%	4.32%	4.28%	3.72%	3.23%	4.46%	3.98%	92.65%
Donegal	5.17%	6.11%	5.96%	5.92%	7.68%	6.25%	6.19%	93.17%
Dublin City North	2.88%	3.10%	3.75%	4.08%	4.20%	4.72%	3.80%	90.17%
Dublin North	0.17%	4.03%	2.23%	3.28%	7.14%	5.91%	4.25%	93.11%
Dublin South Central	5.30%	3.56%	5.21%	5.52%	6.28%	6.71%	5.16%	85.16%
Dublin South East/ Wicklow	2.93%	3.18%	2.81%	4.16%	3.37%	4.35%	3.61%	84.53%
Dublin South West/Kildare	4.85%	5.12%	3.83%	5.25%	5.70%	6.50%	5.56%	90.00%
Galway/Roscommon	1.06%	5.06%	4.10%	4.15%	3.98%	4.02%	4.21%	92.45%
Kerry	5.28%	3.19%	2.13%	4.51%	3.28%	2.18%	3.13%	88.70%
Louth/ Meath	3.17%	6.57%	4.09%	4.99%	3.72%	5.92%	5.54%	92.58%
Mayo	1.30%	6.00%	5.00%	2.80%	3.00%	4.40%	4.80%	91.30%
Midlands	3.49%	5.76%	4.01%	5.84%	2.32%	5.63%	5.21%	88.06%
Mid West	1.28%	5.40%	4.32%	4.06%	5.12%	6.43%	5.26%	91.13%
Sligo-Leitrim/West Cavan	1.34%	5.51%	3.87%	4.32%	6.11%	7.04%	5.62%	94.75%
Waterford/ Wexford	1.69%	6.27%	3.37%	1.90%	4.00%	5.39%	4.84%	87.75%
PCRS			0.00%	4.85%	0.00%		4.85%	74.75%
Total	2.64%	4.79%	3.91%	4.40%	4.72%	5.46%	4.70%	90.10%



Appendices

Appendix 1:

Hospital Groups

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

Appendix 2:

Ireland East Hospital Group Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days		11%	-15%
	Surgery: % of surgical readmissions within 30 days	2%	2%	33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100%	5%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	100%	5%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	43%	-53%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	72%	-28%
	% of children waiting <20 weeks for an elective procedure	100%	59%	-41%
Inpatient admissions	Elective inpatient admissions	17,266	1,325	-3%
	Emergency inpatient admissions	266,536	7,516	-6%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	91%	-9%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.3	-15%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68.4%	-28%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	81.2%	-19%
	% of all attendees at ED who are in ED >24 hours	0%	4.4%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	77%	10%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	80%	-20%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	98%	-2%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	-11%	-11%
Discharges	No of inpatient discharges	130,769	10,804	-4.7%
	No of day case discharges	14,139	13,194	-6.7%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS	5.8 days	8.4	-45%
	Surgical ALOS	5.1 days	6.2	-22%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€67,327	€68,570	2%
	• Pay	€56,066	€56,787	1%
	• Pay – Agency	€1,563	€3,040	94%
	• Pay – Overtime	€693	€3,252	369%
	Income	€15,508	€15,303	-1%
Human Resources		Target YTD	YTD	Var YTD
Absence and Staffing levels	% absence rates by staff category (M) (3.5%)	3.5%	3.39%	
	Medical/Dental		0.80%	
	Nursing		3.57%	
	Health and Social Care Professional		3.11%	
	Management/Administration		3.64%	
	General Support Staff		4.47%	
	Other Patient and Client Care Staff		4.27%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	62 (0.62%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	92%	-8%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	72%	-28%

Dublin Midlands Hospital Group Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days		11%	-15%
	Surgery: % of surgical readmissions within 30 days	95%	3%	0%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	Data not available	
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	98%	3%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	87%	-4%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	95%	83%	-7%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	67%	-33%
	% of children waiting <20 weeks for an elective procedure	100%	48%	-52%
Inpatient admissions	Elective inpatient admissions	14,057	1,008	-15%
	Emergency inpatient admissions	192,352	5,433	-10%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	80%	-20%
	Outpatients attendances – New: Return Ratio		1 : 3.1	-55%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	54.3%	-43%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.5%	-29%
	% of all attendees at ED who are in ED >24 hours	0%	4.2%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	65%	-7%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	37%	-63%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	98%	-2%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	-22%	-22%
Discharges	No of inpatient discharges	101,427	7,942	-7.3%
	No of day case discharges	14,225	12,266	-13.8%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS	5.8 days	5.9	-2%
	Surgical ALOS	5.1 days	4.8	6%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€62,651	€65,529	5%
	• Pay	€51,226	€52,528	3%
	• Pay – Agency	€2,090	€3,627	74%
	• Pay – Overtime	€582	€2,400	312%
	Income	-€15,972	-€15,856	-1%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	3.57%	
Absence Staffing levels and Costs	Medical/Dental		0.74%	
	Nursing		4.02%	
	Health and Social Care Professional		2.62%	
	Management/Administration		4.07%	
	General Support Staff		3.93%	
	Other Patient and Client Care Staff		5.69%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	45 (0.48%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	96%	-4%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	52%	-48%

RCSI Hospital Group Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days		10%	-0.4%
	Surgery: % of surgical readmissions within 30 days	2%	2%	33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	100%	5%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	100%	5%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	95%	6%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70%	-30%
	% of children waiting <20 weeks for an elective procedure	100%	45%	-55%
Inpatient admissions	Elective inpatient admissions	10,642	840	-0.7%
	Emergency inpatient admissions	176,649	5,706	-11%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	91%	-9%
	Outpatients attendances – New: Return Ratio		1:2.8	-40%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	59.9%	-37%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	74.2%	-26%
	% of all attendees at ED who are in ED >24 hours	0%	7.9%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	60%	-14%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	53%	-47%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	96%	-4%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	-26%	-26%
Discharges	No of inpatient discharges	99263	7,955	-9.7%
	No of day case discharges	9,827	9,360	-4.8%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS		7.9	-36%
	Surgical ALOS		4.5	12%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€51,257	€53,744	5%
	• Pay	€44,383	€46,214	4%
	• Pay – Agency	€2,802	€4,474	60%
	• Pay – Overtime	€1,064	€2,700	154%
	Income	-€12,066	-€11,361	-6%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.06%	
Absence Staffing levels and Costs	Medical/Dental		0.75%	
	Nursing		5.03%	
	Health and Social Care Professional		2.74%	
	Management/Administration		3.91%	
	General Support Staff		5.10%	
	Other Patient and Client Care Staff		7.70%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	55 (0.72%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	94%	-6%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	45%	-55%

Saolta University Health Care Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days		11%	-15%
	Surgery: % of surgical readmissions within 30 days	95%	2%	33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	92%	-3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	91%	-4%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	79%	-11%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	95%	88%	-2%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	79%	-21%
	% of children waiting <20 weeks for an elective procedure	100%	60%	-40%
Inpatient admissions	Elective inpatient admissions	13,921	993	-6%
	Emergency inpatient admissions	208,849	7,855	-1%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	77%	-23%
	Outpatients attendances – New: Return Ratio		1:2.3	-15.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	68%	-28%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	82.5%	-18%
	% of all attendees at ED who are in ED >24 hours	0%	2.6%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	55%	-21%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	87%	-13%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	-45%	-45%
Discharges	No of inpatient discharges	111,026	9,211	-2.6%
	No of day case discharges	12,582	12,018	-4.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS	5.8 days	6.9	-19%
	Surgical ALOS	5.1 days	5.5	-8%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€54,693	€55,911	2%
	• Pay	€43,188	€44,338	3%
	• Pay – Agency	€1,512	€2,423	60%
	• Pay – Overtime	€2,015	€2,211	10%
	Income	-€8,016	-€8,044	0%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	3.99%	
Absence Staffing levels and Costs	Medical/Dental		0.49%	
	Nursing		4.74%	
	Health and Social Care Professional		3.26%	
	Management/Administration		3.55%	
	General Support Staff		5.14%	
	Other Patient and Client Care Staff		4.79%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	-56 (-0.72%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	96%	-4%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	76%	-24%

South / South West Hospital Group Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days		10%	-0.4%
	Surgery: % of surgical readmissions within 30 days	2%	2%	33%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	77%	-19%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	79%	-16%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	6%	-84%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	95%	79%	-12%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	73%	-27%
	% of children waiting <20 weeks for an elective procedure	100%	59%	-41%
Inpatient admissions	Elective inpatient admissions	26,276	2,244	5%
	Emergency inpatient admissions	233,711	7,159	-9%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	77%	-23%
	Outpatients attendances – New: Return Ratio		1:2.7	-35%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	69.4%	-27%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	82.2%	-18%
	% of all attendees at ED who are in ED >24 hours	0%	3.0%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	75%	7%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	66%	-35%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	96%	-4%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	-25%	-25%
Discharges	No of inpatient discharges	129,999	10,987	-2.0%
	No of day case discharges	14,300	13,377	-6.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS	5.8 days	7.2	-24%
	Surgical ALOS	5.1 days	5	2%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€58,055	€59,275	2%
	• Pay	€48,980	€50,066	2%
	• Pay – Agency	€1,702	€2,658	56%
	• Pay – Overtime	€1,919	€2,117	10%
	Income	-€13,142	-€13,781	5%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.11%	
Absence Staffing levels and Costs	Medical/Dental		0.86%	
	Nursing		5.00%	
	Health and Social Care Professional		2.72%	
	Management/Administration		3.64%	
	General Support Staff		5.59%	
	Other Patient and Client Care Staff		5.95%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	64 (0.71%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	95%	-5%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	79%	-21%

Children's Hospital Group Acute Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	10%	0.4%
	Surgery: % of surgical readmissions within 30 days	2%	2%	33%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%		
	% of children waiting <20 weeks for an elective procedure	100%	58%	-42%
Inpatient admissions	Elective inpatient admissions	7,537	583	-6%
	Emergency inpatient admissions	113,697	1,539	-2%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	87%	-13%
	Outpatients attendances – New: Return Ratio		1 : 2.6	-30%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	86.7%	-9%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	96.1%	-4%
	% of all attendees at ED who are in ED >24 hours	0%	0.5%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	53%	-24%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	97%	-3%
Discharges	No of inpatient discharges	24,196	2,078	-2.7%
	No of day case discharges	2,296	2,215	-3.5%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€18,352	€18,645	2%
	• Pay	€15,644	€15,921	2%
	• Pay – Agency		€54	
	• Pay – Overtime		€713	
	Income	€4,187	-€4,470	7%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	4.14%	
Absence Staffing levels and Costs	Medical/Dental		1.66%	
	Nursing		4.57%	
	Health and Social Care Professional		3.54%	
	Management/Administration		4.84%	
	General Support Staff		6.75%	
	Other Patient and Client Care Staff		6.75%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	-11 (-0.38%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	93%	-7%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	68%	-32%

University of Limerick Hospitals Services Balanced Score Card

Quality and Safety		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development		No Data Available	
Re-admission rates	Medical: % of emergency readmissions within 28 days		9%	6%
	Surgery: % of surgical readmissions within 30 days	95%	1%	67%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	92%	-3%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres		81%	-15%
	Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre		16%	-82%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	84%	-16%
	% of children waiting <20 weeks for an elective procedure	100%	70%	-30%
Inpatient admissions	Elective inpatient admissions	10,275	864	-12%
	Emergency inpatient admissions	85,647	2,700	3%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	90.3%	-9.7%
	Outpatients attendances – New: Return Ratio		1:3.1	-55%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	57.6%	-39%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.8%	-28%
	% of all attendees at ED who are in ED >24 hours	0%	7.3%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	72%	3%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure		Data not available	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	89%	-11%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% reduction	38%	38%
Discharges	No of inpatient discharges	47,068	4,275	1.9%
	No of day case discharges	3,867	3,477	-10.1%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available	
ALOS	Medical ALOS		6	-3%
	Surgical ALOS		3.9	24%

Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€22,131	€23,040	4%
	• Pay – Direct	€17,816	€18,172	2%
	• Pay – Agency	€1,270	€1,577	24%
	• Pay – Overtime	€768	€885	15%
	Income	-€5,030	-€5,180	3%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.5%	5.68%	
Absence Staffing levels and Costs	Medical/Dental		0.77%	
	Nursing		5.76%	
	Health and Social Care Professional		5.19%	
	Management/Administration		5.84%	
	General Support Staff		9.23%	
	Other Patient and Client Care Staff		7.94%	
	Variance from HSE workforce ceiling (within approved funding levels)	≤0%	51 (1.64%)	
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	90%	-10%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	84%	-16%

Appendix 3:

Community Health Organisations

	Areas included CHO's		Areas included CHO's
CHO 1	Cavan/Monaghan	CHO 6	Dublin South East (2)
	Donegal		Dun Laoghaire (1)
	Sligo/Leitrim/West Cavan		Wicklow (10)
CHO 2	Galway	CHO 7	Dublin South City (3)
	Roscommon		Dublin West (5)
	Mayo		Dublin South West (4)
CHO 3	Clare	CHO 8	Kildare/West Wicklow (9)
	Limerick		Laois/Offaly (11)
	North Tipp/East Limerick		Longford/Westmeath (12)
CHO 4	North Cork	CHO 8	Louth
	North Lee		Meath
	South Lee	CHO 9	Dublin North Central (7)
	West Cork		Dublin North West (6)
	Kerry		Dublin North (8)
CHO 5	Waterford		
	Wexford		
	Carlow/Kilkenny		
	Tipperary South		