



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

March 2015



Accountability Framework 2015

The March 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.

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

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

March provides an overview of key quarterly metrics. Included in these are areas which give additional information about the quality and safety of our acute services such as:

- The implementation of the National Early Warning Score and the Irish Maternity Early Warning score (IMEWS) which has been implemented in all hospitals.
- Healthcare acquired infection metrics, for example the rate of new illness caused by clostridium Difficile (CDiff) where results nationally are ahead of the target of <2.1.
- Primary percutaneous coronary intervention (PPCI) rates for the treatment for people who have had a myocardial infarction (STEMI) which were reported at 85.3%, ahead of target.
- Within primary care the timely follow up with mothers and new born babies in the community is considered an important quality indicator. The quarterly results show that 97.5% of visits were carried out within 72 hours, ahead of target.

An implementation plan for the ED taskforce report is being completed and this will provide an action plan with key milestones to improve ED patient experience.

A waiting list management initiative is being finalised and introduced with the actions required to ensure that no one is waiting over 18 months for an inpatient or day case appointment at the end of June.

Accountability Framework

In line with the Accountability Framework 2015, the Escalation process was activated for areas of underperformance in respect of March data.

Escalation took place in relation to financial underperformance for Social Care.

In Acute Hospitals escalation took place in respect of financial underperformance and waiting lists. Remedial action plans and financial recovery plans have been requested in respect of individual underperforming hospitals

The response to underperformance will be differentiated and includes:

- Staffing decisions
- Monitoring of improvement actions
- Access to additional funding for development and capital funding
- Participation in additional activities
- Further detail in relation to the escalation process will be reported on in the April performance report.

Summary by Service Area

Acute Hospitals Services

Emergency Departments

There is an increase in daily average attendances in the Emergency Departments, these are up 3% (+105 per day) in March 2015 compared to February 2015 and up 8.5% (+282 per day) when compared to January 2015. Overall emergency attendances year to date are reported as 311,010, which is 2,783 (0.9%) less than those reported in the same period in 2014.

The Patient Experience Time (PET) during March show that 64,161 or 65.9% were either admitted or discharged within 6 hours and 77,793 or 79.9% within 9 hours, both an improvement on the position at the end of February. A total of 4,769 or 4.9% patients attending ED experienced delays of over 24 hours; February reported a total of 4,097 or 4.9%.

The highest number of patients recorded during March on trolleys peaked at 416 on 3rd March, the average number each day during the month of March was 334. February peaked at 446 on 18th February the average number each day during the month was 375.

Emergency admissions¹ for March show a slight reduction on the daily average reported in February but remain higher than January. Overall emergency admissions data indicates a decrease in activity by 3.3% (3,596) when compared to the data provided for the same period in 2014.

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

The number of delayed discharges has fallen from a peak of 773 reported on 6th and 28th of January to 715 reported on March 31st. While the number reported in March is slightly higher than in February 2015, it remains lower than the numbers reported over the last 5 months of 2014 where the numbers ranged from 719 to 835.

The medical average length of stay shows a reduction from 7.1 in January to 6.8 days in March. The surgical average length of stay in March is 5.3.

The percentage occupancy nationally is reported at 97.2% for the month of March, this compares to 98.1% reported in February

In March 64% ambulances were clear from ED and available to take an emergency call within 30 minutes and 94% were clear in 60 minutes.

Waiting Lists

The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. Waiting list plans are currently being finalised to ensure no patients are waiting long than 18 months by the end of June and no patients will be waiting longer than 15 months by year end for an inpatient, day case treatment or for an outpatient appointment.

Adult waiting list

70.6% of adults were waiting less than 8 months for an inpatient or day case procedure during the month. There were 1,557 adults (2.6%) waiting greater than 18 months and 344 adults (0.6%) waiting greater than 24 months, both an increase on February.

Child waiting list

57.1% of children were waiting less than 20 weeks for an inpatient or day case procedure in March, a slight improvement on February, however there are 117 children (1.9%) waiting greater than 18 months and 18 children (0.3%) waiting greater than 24 months.

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

Outpatient waiting list

80.9% (328,182) of patients were waiting less than 52 weeks for an outpatient appointment. 33.8% of patients (137,212) were waiting less than 3 months, 20.7% (83,761) between 3 and 6 months, 10.1% (41,125) between 6 and 8 months and 16.3% (66,084) between 8 and 12 months. There are now 30,092 patients (7.4%) are waiting over 18 months and 9,569 patients (2.4%) waiting over 24 months for an outpatient appointment.

Colonoscopy

There is a 4 week access target for an urgent colonoscopy and a policy of zero tolerance applies to any breaches. At the end of March it was reported that 47 people did not have their procedure within 4 weeks however all of these had their procedure by April 22nd. These 47 new breaches were across three hospitals: Tallaght Hospital 23, St. Luke's Hospital Kilkenny 19 and Mercy University Hospital 5.

Implementations plans are in place to deal with all urgent colonoscopies within 4 weeks and further improvements will be seen in April.

The latest report week ending 1st May 2015 shows 6 patients reported as breaching the target of no patient waiting greater than 28 days for their procedure and this is spread across 2 hospitals – St Luke's Hospital Kilkenny (5) and Portlaoise (1). All hospitals have provided patients with dates for their procedures.

Cancer Services

Nationally cancer services continue to develop and results show:

- Symptomatic breast cancer – 96.9% (1,257 of 1,297 attendances) seen within 2 weeks (target 95%)
- Lung cancer assessment – 90.4% (292 of 323 attendances) within 10 working days (target 95%). Between 2008 and 2014, there has been a 93% increase in the number of primary resection procedures for lung cancer. In 2014, 99% of these procedures took place in one of the four designated surgical centres.
- Prostate rapid access service – 59.7% (148 of 248 attendances), within 20 working days (Target 90%). There have been additional consultant appointments made [due to be filled in April and June 2015] to deal with capacity issues in Waterford. There has also been a submission from Cork to have an additional consultant appointed. Review of clinic processes in Mater and Limerick is taking place.
- Radiotherapy – 85.7% (311 of 363 attendances) within 15 working days

The national results do however mask some low performance areas in specific sites and for specific cancer areas. Symptomatic Breast access for urgent referrals within 2 weeks in Letterkenny in March is 57.3%. Cork has reported 70.8% urgent referrals for lung and 18.8% for prostate accessing service within target time. Other areas of low performance for prostate cancer in March are Waterford 15.8%, Mater 27.9% and Limerick 31.3%. There have been some improvements in these sites in March and they are actively being followed up and action plans being developed.

Service Updates

Cancer Services

Lung cancer is the third most common invasive cancer in both women and men in Ireland, with almost 2,400 new cases diagnosed per year. The number of lung cancer cases is projected to increase by at least 88% by 2040 (NCRI, 2014). Lung cancer has the highest mortality rate of all cancers, with 1,801 deaths in 2012. Lung cancer overtook breast cancer in women as the cancer with the highest mortality rate in 2007. In the period 1994 to 1999, 5 year survival for lung cancer was 10%; this had increased to 15% by 2006-2011.

Over 90% of lung cancer in Ireland may be attributed to smoking tobacco and so is preventable. The NCCP with the Health and Well-Being Directorate recently launched an aide memoir for doctors to help patients stop smoking. This involves recording smoking status, advising about quitting, giving information, and a referral or prescription.

The NCCP established a rapid access lung clinic in each of the eight cancer centres in 2011. General practice referral guidelines and standardised referral forms were also developed. From 2011 to the end of 2014, 10,711 patients attended the rapid access clinics and 3,501 of those were diagnosed with a primary

lung cancer. In addition, over 500 patients were diagnosed with other types of cancer in the lung. In 2014, 2,894 of 3,060 (94.5%) were seen within 15 working days of referral.

Multidisciplinary discussion is central to optimal treatment planning in cancer control. In 2014, over 96% of patients diagnosed with a primary lung cancer in the cancer centres were discussed at a lung cancer multidisciplinary meeting.

In 2015, the 3rd Lung Cancer Quality and Audit Forum was held. This meeting helps the eight cancer centres to function as a clinical network for the purpose of clinical audit, sharing of good practice and problem solving. In 2015, the completeness of pathology reporting was audited for the first time and reported to be excellent in all eight cancer centres. The timeliness of treatment interventions, timeliness of multidisciplinary conference and completeness of recording of clinical staging were identified as requiring improvement.

Cochlear Implants

The National Bilateral Cochlear Implant Programme is now providing bilateral simultaneous cochlear implants to all new patients that are clinically suitable. Sequential implants are being offered to those who already have one based on a clinical prioritisation protocol.

Since July 2014 36 patients have received sequential implants and 25 patients have received simultaneous implants.

Recruitment of additional staff is almost complete and upgrading of current facilities in Beaumont is currently underway.

Clinical Strategy and Programmes Division

Clinical Strategy and Programmes has been established to improve and standardise patient care throughout the organisation by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of HSE services.

Currently the division has thirty three National Clinical Programmes aimed at improving the Quality, Access and Value of clinical care. Multi-disciplinary programme teams identify opportunities for improvement at all stages of the patient care pathway. The following deliverables are examples to demonstrate the significant progress that has been made in delivering programme objectives year to date.

National Clinical Programme for Anaesthesia

A Model of Care for Paediatric Anaesthesia was published in April 2015. The Model of Care for Paediatric Anaesthesia proposes the redesign of paediatric anaesthesia services, in order to provide better, safer and more sustainable care to children in Ireland who need anaesthesia. It complements the National Model of Care for Paediatrics, which will guide the reorganisation of hospitals that deliver Paediatric services.

National Clinical Programme for Obstetrics and Gynaecology

A Clinical Practice Guideline on Bacterial Infections Specific to Pregnancy was published and launched in April 2015. This guideline was developed through the National Clinical Programme in Obstetrics and Gynaecology and endorsed by the Institute of Obstetricians and Gynaecologists and by the HSE. The guideline is one of a suite of over 30 guidelines that have been developed by the National Clinical Programme over the last five years to further improve the quality of maternity care in Ireland.

The guideline serves as an introduction to a suite of clinical guidelines which addresses infection in pregnancy, and puts an emphasis on the prevention of pregnancy-specific bacterial infections in the first instance. Related guidelines targeting specific infections in pregnancy are under development and are due to be published later in 2015.

National Clinical Programmes for Palliative Care and Emergency Medicine

A project in the Emergency Department of St. Vincent's University Hospital is being undertaken jointly by the Departments of Palliative Medicine and Emergency Medicine, and sponsored/funded through the National Clinical Programmes for Palliative Care and Emergency Medicine.

The project has a number of elements. One element of the project will look at the impact of making available earlier input from the Palliative Medicine team to patients presenting for admission through the Emergency Department. The project team have developed a protocol to help identify patients already known to Palliative Care services, as well as some guidelines to encourage referral of patients not already known to Palliative Care services, which will be in place in the Emergency Department.

Pre Hospital Emergency Services

National Ambulance Services

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

In line with NSP 2015, the return of spontaneous circulation on arrival at hospital, NAS Out of Hospital Cardiac Arrests (OHCA) cases for Quarter 4 2014 is 24% (15/62) against a target of 40% stated below. This is the first instance of NAS reporting on a clinical outcome indicator.

The move to a single national control centre in Tallaght has enabled more effective dynamic deployment of ambulance resources and improvements in the number of Echo and Delta incidences responded to within 18 minutes and 59 seconds or less compared to the same period last year. There has been an increase in the number of calls across the same period for Echo which increased by 21% and Delta calls by 7%.

This progress is understated as the improvement does not factor in the increase call volumes responded to which amounts to 1,260 from February 2014 to February 2015.

The % of ECHO calls which arrived at scene within 18 minutes 59 seconds was 78% against a target of 80%. North Leinster and the South exceeded the target, with a result of 81% and 82% respectively.

The % of ECHO incidents have increased from 72.5% in February 2014 to 78% in February 2015, a % increase of 7.5%.

The % of DELTA calls which arrived at scene within 18 minutes 59 seconds was 65% against a target of 80%.

The % of patients transferred through the intermediate care services was 77% against a target of 70%.

Community Healthcare Services

Health & Wellbeing

Immunisations and Vaccines

The reported position in March shows the percentage of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine YTD was 93%.

The percentage of children YTD aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus Influenza type b (Hib3), Polio (Polio3) hepatitis B (HepB3) (6 in 1) was 92.1%.

87.9% of children aged 24 months received 3 doses Meningococcal C (MenC3) vaccine.

Child Health

97.5% of newborn babies were visited by a PHN within 72 hours of hospital discharge in March, just ahead of the 97% target.

The latest YTD position in March shows 93.0% (14,907 out of 16,029) of children reaching 10 months have completed their child health developmental screening.

53.2% of babies were being breastfed (exclusively and not exclusively) at first PHN visit and 34.2% were being breastfed (exclusively and not exclusively) at 3 month PHN visit.

Screening

Screening activity up to the end of March shows the following

- 36,791 women have had a mammogram screen as part of BreastCheck screening
- 76,086 women have had a cervical smear test through CervicalScreen
- 49,606 people have been invited to the BowelScreen programme
- 16,754 people with diabetes have had a retina screen as part of Diabetic RetinaScreen

Tobacco

- Up to end of March 2015;
- 2,979 smokers received intensive smoking cessation support.
- 347 frontline healthcare staff were trained in brief intervention smoking cessation.
- The number of sales to minors, test purchases carried out was 120

Environmental Health

In the first quarter;

- 7,930 planned surveillance inspections of food businesses were carried out.
- 38 inspections of sunbed establishments in the first quarter.

Primary Care

Community Intervention Teams (CIT) had 1,527 contacts with people requiring service in the community in March, 406 more than in March 2014. In addition 140 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services.

Of those who applied for a medical or GP visit card in 2015 93% were processed within 15 days. 1,751,883 people have a medical card and 161,054 a GP visit card².

General Practitioners (GPs)'out of hours' services received 86,549 contacts outside their core hours of work in March, YTD there were 252,811 contacts an increase on the same period last year of 16,233 contacts outside of core hours.

Palliative Care

3,076 people received specialist palliative care in their place of residence in the community. 85.6% (622) of the patients who received this service in March were provided with this within 7 days against a target of 95%. 13.6% (99) received the service within 8-28 days.

447 patients received treatment in specialist palliative care inpatient units. 96.6% (254 out of 263) of patients admitted in March were admitted within 7 days against a target of 98%. All admissions were within 28 days.

341 children received an outreach palliative care service.

Mental Health

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

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

²Medical Card turnaround times are a weekly metric published online. The values in this report corresponds to the workload received by the HSE in week ending 13th March 2015

Mental Health Services - Adult and Older Persons

74%, YTD, (March, 73%) of adult mental health referrals which were accepted, were seen within 12 weeks, against a target of >75%.

95%, YTD, (March, 93%) of people who had their referral accepted by the psychiatry of old age service were seen within 12 weeks against a target of >95%.

Child and Adolescent Mental Health

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

74%, YTD, (March, 75%) of children and adolescents whose referrals were accepted, were seen within 12 weeks against a target of >72%.

It is anticipated that 1,398 children and adolescent will be offered a first appointment and be seen within 3 months. There were an additional 1,736 children and adolescents waiting for a first appointment for longer than three months, of these, 439 children or adolescents were waiting more than 12 months for a first appointment.

Social Care

Disability Services

Significant reform of disability services is underway through reform programmes such as the 0-18s disability programme, the transition of clients from congregated to community settings, and the VFM programme. Progress against the agreed action plan for each, along with progress on the balanced scorecard, is used in monthly performance reviews with Community Health Chief Officers.

The % of disability assessments completed has improved but is still very low. It is noted that the rate of referral has increased by 18.5% on Q1 2014.

Older Persons Services

13,580 people received a home care packages in March 2015 ahead of expected levels of 13,200.

839,335 home help hours were provided in March. The overall expenditure in Home Help and Home Care Packages (HCP) is over target at the end of March 2015. This relates in particular to HCPs having been provided to 380 persons more than provided for in the Service Plan expected activity and to a growing requirement to provide home help and HCP services outside of core hours, in the evenings and at weekends.

The total home care capacity, across home help hours and home care packages, is being managed in a way to meet priority needs for home care. Accordingly activity on home help may have to be balanced against increased demand and approval of higher than average HCPs. Residential care waiting time for NHSS funding has reduced to 11 weeks.

Delayed Discharge Initiative 2015

Under the Service Plan 2015, €25m was allocated specifically to alleviate delayed discharges in Acute Hospitals with a focus particularly on Dublin Academic Teaching Hospitals (DATH) and Our Lady of Lourdes Hospital.

The funding was targeted in the following areas of service provision:

- Nursing Home Support Scheme (NHSS),
- Short Stay Beds,
- Home Care Packages.

In addition, as part of this initiative, quarter one 2015 saw additional measures taken to support services for people whose care could more appropriately be provided outside the acute hospital system. This resulted in 1,513 additional transitional care beds being funded to provide a service for people being discharged from 37 hospitals around the country.

Financial overview

Summary Financial Overview

Budget 2015 provides for a more realistic level of funding which, as part of a two-year programme, aims 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) set out clearly the risks to the delivery of the plan. It outlines a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identifies that 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 directly employed staffing.

Financial Performance in March 2015

As of March 2015 the health service has recorded net spend on an income and expenditure basis of €3.073 billion against a budget of €2.982 billion. This leads to a total deficit of €91m of which €36m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas, any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €55m within core services primarily within Acute Hospitals and Social Care.

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 Q1 that the plan requires in part because our focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed. However, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on the 2015 overall outlook.

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

The €55m March deficit in our core services located primarily within the acute hospital and social care services are 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.

2014 Service Level arrangements as at 30.03.15

- The number of 2014 Service Arrangements completed is 2,838 out of 3,067 (92.5%)
- The Euro value of 2014 Service Arrangements completed is €3,054m out of €3,180m (96.1%)

2015 Service Level arrangements as at 14.05.15

- The number of 2015 Service Arrangements completed is 351 out of 2,969 (11.8%)

- The Euro value of 2015 Service Arrangements completed is €14.2 million out of €3.2 billion (0.4%)

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €000	Variance €'000	YTD % var vrs Plan
HSE Funded Providers	1,707,990	443,788	427,796	15,992	4%
HSE Direct Provision	2,290,814	586,002	559,046	26,957	5%
Acute Hospitals Division	3,998,804	1,029,790	986,841	42,949	4%
National Ambulance Service	144,139	35,315	34,752	563	2%
Health & Wellbeing	201,315	42,884	43,234	(350)	-1%
HSE Funded Providers	7,128	1,862	1,721	141	8%
HSE Direct Provision	739,316	181,301	178,461	2,840	2%
Primary Care	746,444	183,162	180,182	2,981	2%
HSE Funded Providers	0	0	0	0	
HSE Direct Provision	124,096	30,987	30,769	218	1%
Social Inclusion	124,097	30,986	30,769	217	1%
HSE Funded Providers	20,160	4,572	5,040	(468)	-9%
HSE Direct Provision	51,437	12,820	12,655	165	1%
Palliative Care	71,597	17,392	17,695	(303)	-2%
Primary Care Division (Note 1)	942,138	231,541	228,646	2,895	1%
HSE Funded Providers	35,566	8,912	8,857	55	1%
HSE Direct Provision	721,535	174,420	172,753	1,667	1%
Mental Health Division	757,101	183,332	181,610	1,722	1%
HSE Funded Providers	29,803	8,405	7,528	877	12%
HSE Direct Provision	670,956	173,388	172,375	1,012	1%
Older Persons	700,759	181,793	179,903	1,889	1%
Nursing Home Support Scheme	828,657	204,021	205,139	(1,118)	-1%
HSE Funded Providers	383,170	98,817	96,461	2,357	2%
HSE Direct Provision	1,078,856	267,476	263,834	3,642	1%
Disabilities	1,462,025	366,294	360,295	5,999	2%
Social Care Division	2,991,441	752,107	745,337	6,771	1%
National Cancer Control Programme	10,664	777	703	73	10%
Clinical Strategy & Programmes (incl NMPDU)	29,941	4,459	4,912	(453)	-9%
Quality Improvement Division	7,777	848	788	61	8%
National Services	295,914	70,075	69,353	723	1%
Total HSE Funded Providers (Note 2)	2,183,816	566,356	547,402	18,954	3%
Total HSE Direct Provision	7,195,415	1,784,773	1,748,772	36,001	2%
Community Healthcare Organisations	3,726,662	953,783	923,374	30,409	3%
Total Direct Service Provision	9,379,232	2,351,128	2,296,175	54,953	2%
Statutory Pensions	432,905	110,019	105,980	4,039	4%
Pension Levy	(220,870)	(53,777)	(54,521)	743	-1%
Statutory Pensions & Pension Levy (Note 3)	212,034	56,241	51,459	4,782	9%
State Claims Agency	96,000	33,633	32,128	1,505	5%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	575,557	548,534	27,023	5%
Demand Led Local Schemes (Note 1)	218,375	56,728	54,072	2,656	5%
Non Core Services (Note 3)	2,582,483	665,918	634,734	31,184	5%
Total Non Core Services Provision (Note 3)	2,794,518	722,160	686,193	35,966	5%
Held Funds	7,250				
Accelerated Income (Note 4)	(50,000)				
Total	12,131,000	3,073,288	2,982,368	90,919	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,379,232	2,351,128	2,296,175	54,953	2%

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

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

Note 3: The noncore services listed above are demand driven

Note 4: This represents a HSE cash acceleration target

Human Resources Overview

Development of a People Strategy

Work is now well advanced on the development of a National 'People' Strategy for the Health Public Sector. This is being 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 also currently being developed through a series of engagements with key staff and Union stakeholders and the themes of the strategy are developing as follows:

1. Staff Engagement
2. Workforce and Process Optimisation
3. Leadership and Management Development.
4. Learning and Development
5. Knowledge, Planning, Data, Accessibility

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

e-HR

An e-rostering pilot is currently being rolled out in Letterkenny General Hospital, Saolta Healthcare Group, initially focusing on nursing rosters, under the procurement framework of 2014. It is anticipated that it will be rolled out to the wider Hospital Group and to other staff grades, in particular to NCHDs, and will also address electronic time and attendance management where possible. Work is also on-going in a number of other Hospital Groups and within the Mental Health Services Division.

Workforce Planning (WFP)

The terms of reference of the Department of Health's workforce planning group is being finalised with on-going engagement with the workforce planning Analysis & Informatics unit of the National HR Directorate. The output from the three HSE national WFP and implications there from has been completed and is being circulated to all participants at present. The development and design of a WFP dashboard for the Critical Care Programme is at an advanced stage, in collaboration with the Clinical Programme Lead and Project Manager.

Workforce position

See table below setting out the key outputs from the Health Service Personnel Census at the end of March:

WTE Overview by Division	WTE Feb 2015	Indicative employment threshold	WTE March 2015	WTE monthly change	WTE Variance	% WTE Variance
Acute Services	50,251	49,631	50,582	331	951	1.92%
Ambulance Services	1,603	1,611	1,605	1	-6	-0.39%
Health & Wellbeing	1,235	1,279	1,237	2	-42	-3.28%
Primary Care	10,130	10,344	10,099	-31	-245	-2.37%
Mental Health	9,332	9,262	9,343	11	81	0.88%
Social Care	24,935	24,816	24,959	25	143	0.58%
Corporate & HBS	2,615	2,598	2,614	-2	16	0.60%
Total Health Service	100,102	99,541	100,439	336	898	0.90%

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

The reported workforce position as at end of March at 100,439 WTEs suggests, bearing in mind the levels of recruitment currently in progress, that unless this additional recruitment and further planned recruitment in 2015 is offset by staff turnover, early and significant breaches of the allocated direct funded employment threshold, particularly in the Acute Hospitals Division will occur and could pose financial and workforce challenges later in 2015.

Absence

The February national absence rate at 4.56% is up on the previous month of 4.33% reflective of seasonal factors in the main and is the lowest February rate on record. As 2015 Year-To-Date of 4.44% rate is reflective of just two months data, it is inappropriate to use it for external comparative purposes. Using the full-year 2014 National Absence rate of 4.27% puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the absence rate recorded in September 2014 stood at 5.5%

European Working Time Directive

In March 2015 hospitals / agencies reported a 94% compliance rate with a maximum 24 hour shift for all NCHD's. 18 hospitals are 100% compliant in March with a further 14 hospitals reporting compliance at 90% or above. 5 hospitals are reporting below 90% compliance – Mullingar (72%), Tullamore (80%), Portlaoise (84%), Mayo (89%), and OLOL (89%).

In March 2015 hospitals / agencies nationally have reported a 70% compliance with an average 48 hour working week for all NCHD's. 6 hospitals are 100% compliant (Cappagh, Eye & Ear, St. Columcille's, St Luke's, Rotunda and Kerry General Hospital.). 6 hospitals are reporting below 50% compliance – Coombe (35%), Portlaoise (43%), Louth County (33%), OLOL (35%), Tullamore 46%, and Naas 33%.

Separately, hospitals and agencies reported 98% compliance with 30 minute breaks, 98% compliance with weekly / fortnightly rest and 97% compliance with a daily 11 hour rest period.

Monthly EWTD data since September 2014 illustrates that the pace of EWTD compliance (in terms of compliance with the maximum average 48 hour week) is static – and has almost flat lined. In that context, following substantial work practice changes, introduction of new rosters, introduction of a cohort of protected training time, significant NCHD recruitment (over 400 additional NCHDs in the last two years) and other measures we are working on the basis that the system has probably reached the full extent of EWTD compliance possible in the current service configuration.



Quality

Quality Improvement

Arising from the Aras Attracta incident, the Health Service Executive (HSE) Social Care Division (SCD) has commenced a system-wide programme of measures to address the quality and safety of residential centres for people with disabilities. The Quality Improvement teams commenced work with the Social Care Division (SCD) in February to implement a Quality Improvement Programme in Disability Residential Centres. This involves assessing the transfer of Standards of Care into practice in services provided by approximately 90 service providers, who deliver residential services in over 900 designated residential centres regulated by HIQA as part of the Task Force six point action plan for Disabilities. Phase 1 is targeted at HSE services.

The objectives of the programme are to:

1. Give residential services support and advice on how to address issues identified during the course of the site visits, as they relate to quality of care.
2. Advise Social Care Division - Disability Services on how to source relevant and specific supports to enable them to deliver on the implementation of their QI plans and projects.
3. Work with residential services on their existing HIQA self-assessments and QIPs to enable them to address HIQA National Standards for Residential Services for Children and Adults with Disabilities that are within scope of this Project (2013).
4. Assist Social Care Division - Disability Services in identifying and sharing national and local learning arising from the Project.

Ongoing preliminary site visits completed to date (9th March - 23rd April 2015)

Service Area	Houses / Units	No. service users
Donegal	24	139
Westmeath/Longford/Laois	24	130
Cork	5	99
Dublin	7	85
Wexford	5	53
Cavan / Monaghan	8	53
Meath / Louth	8	45
Kerry	1	28
Tipperary / Kilkenny	3	14
TOTAL	85	646

The purpose of these visits is to:

- Introduce the HSE residential services to members of the QI Enablement Project Team who have been assigned to work with them, their staff, and service users.
- View sites and engage with staff and services to get a broad sense of structures, practices and culture in each in order to gauge services' readiness to participate in QI Enablement Project.
- Share information about the project in advance of in-depth site visits, and clarify subject matters which Project Teams can assist with and areas that are outside of the project scope. Clarify the distinction between QI work, as opposed to audit, inspection or research.
- Advise local sites as to priority areas in which sites should commence service improvements.

It is envisaged that the remaining services will be completed by the end of June 2015. All services have been requested to establish quality teams to develop improvement plans to address areas identified for improvement.

Further visits will be made to services once all initial preliminary HSE service visits have been completed. The Social Care Division will lead the work in partnership with QID and are engaging with other support Divisions (HR including OD, Nursing and Midwifery etc) nationally and locally to provide the necessary

organisational support for successful implementation of the project. Implementation of the programme will be monitored through the HSE Accountability framework.

Quality Assurance and Verification

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

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

Health Care Audit

- The healthcare audit function has transferred to Quality Assurance Verification Division and is a core element of the overall approach to quality assurance.
- Audit plan for 2015 is in place and audits continue to be progressed.

National Incident Management and Learning Team (NIMLT)

- NIMLT has transferred to QAV and is supporting Divisions in managing a range of serious incidents.
- NIMLT continues to deliver training in Safety Incident Management and System Analysis Investigations. In 2015 to date, 83 staff has been trained in Incident Management and 115 staff has attended the first day (3 day course) of System Analysis Investigation training in 2015. (a further 52 staff have attended Day 2 / Day 3)

Serious Reportable Events (SREs)

- Progress on reporting and investigation of SREs continues to be monitored on a monthly basis.
- The total number of SREs reported between March 2014 and March 2015 was 98.
- There were 14 new Serious Reportable Events notified in March of which 7 occurred in March 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		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Surgery	% day case for Elective laparoscopic Cholecystectomy	>60%	39.0%	-35.0%
	% of emergency hip fracture surgery carried out within 48 hours	95%	86.0%	-9.5%
Re-admission rates	Medical: % of emergency readmissions within 28 days	<9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	94.9%	-0.1%
	Lung: % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	90.3%	-5.0%
	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%	58.5%	-35.0%
	Radiotherapy: % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	86.0%	-4.4%
Reducing Healthcare Acquired Infection	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q)	<2.5	2.1	16.0%
	Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (B)	83	86.4	-4.1%
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85.3%	0.4%
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100.0%	0.0%
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100.0%	0.0%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.6%	-29.4%
	% of children waiting <20 weeks for an elective procedure	100%	57.1%	-42.9%
Inpatient admissions	Elective inpatient admissions	23,681	24,137	1.9%
	Emergency inpatient admissions*	110,942	106,872	-3.7%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	80.9%	-19.1%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.6	-30.0%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	66.0%	-30.6%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	79.8%	-20.2%
	% of all attendees at ED who are in ED >24 hours	0%	4.6%	-4.6%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	70%	69.0%	-1.4%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.8%	10.0%	-47.1%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	57.3%	-42.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	96.6%	-3.40%
Delayed Discharges	% reduction of people subject to delayed discharges	15%	-17.0%	-17.0%
Discharges	No of inpatient discharges	155,873	152,269	-2.3%
	No of day case discharges	217,380	213,075	-2.0%

Access		Target YTD	YTD	% Var YTD
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%	64%	36%
	% of ambulances that have a time interval of <60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	94%	6%
ALOS	Medical ALOS	5.8	7.2	-24.1%
	Surgical ALOS	5.1	5.4	-5.9%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD €'000
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€986,841	€1,029,790	(€42,950) 4%
	• Pay	€810,969	€834,142	(€23,172) 3%
	• Pay – Agency	€36,584	€54,720	(€18,136) 50%
	• Pay – Overtime	€37,288	€40,380	(€3,092) 8%
	Non Pay	€369,147	€391,612	(€22,465) 6%
	Income	-€218,902	-€222,901	(-€3,999) 2%
	NCCP	€703	€777	(€73)10%
Service Arrangements	% and number of 2014 Service Arrangements signed	100%	17(100%)	0.00%
	€ value of 2014 Service Arrangements signed	100%	€1,698,166	0.00%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.61%	31.71%
	Medical/Dental	3.50%	0.86%	-75.40%
	Nursing	3.50%	5.42%	54.85%
	Health and Social Care Professional	3.50%	3.35%	-4.2%
	Management/Admin	3.50%	4.24%	21.14%
	General Support staff	3.50%	5.77%	64.8%
	Other Patient and Client staff	3.50%	7.10%	102%
Staffing levels	Variance from Indicative workforce	≤0% (49,631)	50,582	1.92% (951)
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			
EWTB Compliance	EDWT - <24 hour shift	100%	94%	6%
	EDWT - <48 hour working week	100%	70%	30%

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

Data quality and validity

Mullingar has been unable to submit complete returns for March due to system reporting issues.

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

Cork Radiotherapy data not available for March.

Acute Services Heat Map

		National	East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
Quality	Surgery – % day case for Elective Laparoscopic Cholecystectomy (>60%)	39.0%	41.0%	65.0%	46.0%	41.0%	4.0%	20.0%	
	Hip Fracture – % Emergency Surgery Within 48 hours (95%)	86.0%	88.0%	88.0%	75.0%	91.0%	89.0%	87.0%	
	Medical Readmission rates (<9.6%)	11.0%	11.0%	11.0%	11.0%	11.0%	9.0%	11.0%	2.0%
	Surgical Readmission rates (<3%)	2.0%	2.0%	3.0%	2.0%	2.0%	1.0%	2.0%	
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals (95%)	94.9%	100.0%	97.3%	100.0%	87.2%	97.1%	89.0%	
	Cancer Services – Lung within 10 working days (95%)	90.3%	99.4%	96.6%	100.0%	79.4%	88.7%	83.1%	
	Cancer Services – Prostate within 20 working days (90%)	58.5%	46.2%	91.0%	96.9%	12.0%		81.6%	
	Cancer Services – Radiotherapy within 15 working days (90%)			84.5%		Data Gap		88.5%	
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q) (<2.5)	2.1							
	Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (B) (83)	86.4							
	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) (85%)	85.3%							
	% of hospitals with full implementation of NEWS in all clinical areas. (Q) (100%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of maternity units/hospitals with full implementation of IMEWS (Q) (100%)	100%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	
Access	Inpatient/Day Case waiting times – % Adult waiting < 8 months (100%)	70.6%	70.1%	64.4%	66.7%	70.4%	86.5%	73.6%	
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks (100%)	57.1%	55.8%	52.3%	42.1%	62.0%	69.3%	57.4%	58.0%
	Outpatients – % people waiting < 52 weeks (100%)	80.9%	88.8%	78.6%	88.5%	74.5%	88.3%	74.5%	84.3%
	Outpatients – New: Return ratio (1:2)	1 : 2.6	1 : 2.2	1 : 3	1 : 2.7	1 : 2.8	1 : 3	1 : 2.3	1 : 2.4
	Emergency Care – 6 hour PET (95%)	66.0%	67.5%	55.1%	60.2%	66.7%	56.0%	67.4%	85.5%
	Emergency Care – 9 hour PET (100%)	79.8%	80.5%	71.8%	74.7%	79.7%	71.4%	82.3%	95.4%
	Emergency Care – patients in ED > 24 hours (0%)	4.6%	5.6%	5.3%	7.4%	4.4%	7.4%	3.0%	0.6%
	Surgical DOSA (70%)	69.0%	80.0%	59.0%	56.0%	75.0%	79.0%	58.0%	
	Surgical – Reduction in bed days utilisation (5% reduction)	-47.1%	-66.7%	-45.8%	-44.9%	-33.3%	-65.1%	-75.0%	
	GI – % waiting < 13 weeks routine colonoscopy/ODG (100%)	57.3%	72.1%	37.6%	49.3%	68.5%	85.5%	57.3%	96.6%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy (100%)	96.6%	94.2%	93.3%	100.0%	97.0%	100.0%	100.0%	
	Delayed Discharges (15% reduction)	-17.0%	-28.9%	-22.4%	-18.9%	14.2%	21.6%	-5.6%	
	Ambulance Turnaround times within 30 mins (100%)	64%							
	Ambulance Turnaround times within 60 mins (100%)	94%							
	ALOS – Medical (5.8 days)	7.2	7.6	8.0	7.9	6.5	5.8	6.9	
	ALOS – Surgical (5.1 days)	5.4	6.3	6.9	5.8	4.4	3.6	4.9	

		National	East	Dublin Midlands	RCSI	South South West	ULH	Saolta	Children's
Finance	% variance - from budget	4%	4%	4%	6%	2%	4%	5%	2%
	% variance - Pay (Direct)	3%	3%	2%	3%	2%	4%	4%	2%
	% variance - Pay (Agency)	50%	38%	71%	30%	41%	42%	106%	72%
	% variance - Pay (Overtime)	8%	14%	16%	7%	1%	13%	0%	11%
	% variance - Non Pay (including procurement savings)	6%	7%	6%	6%	5%	6%	7%	6%
	% variance - Income	2%	3%	-1%	-6%	7%	5%	3%	8%
	No of SA signed	100%	100%	100%	100%	100%	100%	100%	100%
	€ value of SA signed	100%	100%	100%	100%	100%	100%	100%	100%
HR	% absenteeism rate - Medical/Dental	0.86%	1%	0.79%	1.05%	0.54%	0.52%	0.86%	1.07%
	% absenteeism rate - Nursing	5.42%	4.24%	4.17%	5.28%	5.01%	6.15%	5.21%	4.27%
	% absenteeism rate - Health and Social Care Professional	3.35%	3.19%	2.58%	3.02%	3.06%	4.49%	3.30%	3.05%
	% absenteeism rate - Management/Admin	4.24%	3.61%	4.53%	3.94%	3.51%	6.73%	4.03%	4.00%
	% absenteeism rate - General Support staff	5.77%	5.52%	4%	5.28%	5.40%	7.63%	5.27%	7.38%
	% absenteeism rate - Other Patient and Client staff	7.10%	5.75%	5.89%	7.45%	4.87%	8.55%	6.66%	4.36%
	Variance from Indicative workforce	1.9%	1.7%	1.9%	2.90%	2.2%	2.70%	1.00%	1.00%
	EWTD - <24 hour shift	94%	97%	96%	95%	96%	90%	95%	93%
	EWTD - <48 hour working week	70%	75%	55%	50%	84%	84%	75%	65%

Performance RAG Rating

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

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

Acute Services Update

Quality

Serious Reportable Events

- Number of events reported up to March 2015 was 66.
- 12 new SREs were reported in March 2015. Of these 6 events occurred and were reported in March 2015 and 6 events occurred in February 2015 and were reported in March 2015
- In 40 cases (62%) the 4 month target for completion of investigations are non-compliant
- 23 of the 49 hospitals have reported Serious Reportable Events. That means 26 hospitals have no SREs reported.
- In 9 cases SRE classification code has been reported as 'to be confirmed'

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

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

The following hospitals have reported a result above 11% in March - 16% Bantry, 13% Mullingar, Wexford, Waterford.

The following hospitals reported a result of 12% - Mayo and St. Luke's Kilkenny but this is an improvement on the position reported in February

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

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

The following hospitals have reported above the target of 3% - Naas, Our Lady of Lourdes and Mullingar at 4%. Mullingar and Our Lady of Lourdes showing an improvement from February reported position.

Cancer Services

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

- March 2015 96.9% (1,257 of 1,297 attendances), (March 2014 95.4%, Change 1.4%)
- March YTD 2015 94.9% (3,709 of 3,910 attendances) (March YTD 2014 93.4%, Change 1.5%)
- Last reported period February 2015 reported at 95.1% therefore a 1.8% improvement in performance
- Variance from target -0.1%

Letterkenny reporting 57.3% (43 of 75 attendances seen, 71 should have been seen to achieve target) in March compared to 78.9% in January and 60% in February.

There are capacity issues in Letterkenny with a plan now in place to address backlog with additional clinics being made available.

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

- March 2015 90.4% (292 of 323 attendances), (March 2014 85.1%, Change 5.3%)
- March YTD 2015 90.3% (772 of 855 attendances), (March YTD 2014 89.3%, Change 1%)
- Last reported period February 2015 reported at 89.0% therefore an improvement of 1.4% since the last reporting period
- Variance from target -5.0%

Cork 70.8 % (34 of 48 attendances seen, 46 should have been seen to achieve target) and Galway 83.6 % (61 of 73 attendances seen, 69 should have been seen to achieve target) while remaining below target have both improved performance since February.

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

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

- March 2015 59.7% (148 of 248 attendances), (March 2014 52.0%, Change 7.7%)
- March YTD 2015 58.5% (404 of 691 attendances), (March YTD 2014 45.4%, Change 13.1%)
- Last reporting period February 2015 reported at 60.7% therefore a reduction in performance of 1.0% since the last reporting period
- Variance from target -35.3%

Access to prostate cancer services continues to be low in some centres. Waterford has reported 15.8% (3 of 19 attendances seen, 17 should have been seen to achieve target) and Limerick 31.3% (10 of 32 attendances seen, 29 should have been seen to achieve target) are both showing a reduction on performance from February. Cork 18.8% (3 of 16 attendances seen, 14 should have been seen to achieve target), Mater 27.9% (12 of 43 attendances seen, 39 should have been seen to achieve target) have both improved performance since February.

The percentage of new attendances to prostate clinics with a subsequent diagnosis of prostate cancer is high in 2 of the centres with Cork reporting 43.8% and Galway 39.1% in March.

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

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

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

- March 2015 85.7% (311 of 363 attendances) (March 2014 94.6%, Change -8.9%)
- March YTD 2015 86.0% (984 of 1,144 attendances) (March YTD 2014 91.9%, Change -5.9%)
- Last reporting period February 2015 reported at 86.7% therefore a reduction in performance of 1% since the last reporting period
- Variance from target -4.4%

No data received from Cork

ST Luke's Radiation Oncology Network (SLRON) 83.9% and Galway 86.7%.

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

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

Surgery

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

- March 2015 87.0% (March 2014 79.0%, Change 8.0%)
- March YTD 2015 86.0% (March YTD 2014 84.0%, Change 2.0%)
- February 2015 reported at 85.0% therefore an improvement in performance of 2% since the last reporting period
- Variance from target -9.5%

Hospitals reporting lower than national performance for March 2015 are Beaumont 55%, Limerick 67%, Letterkenny 67%, Tullamore 77% (an improvement on February), Our Lady of Lourdes 79% (an improvement on February), Sligo 80% and Waterford 86% (an improvement on February).

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

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

- March 2015 34% (New KPI)
- March YTD 2015 39% (New KPI)
- February 2015 reported at 44% therefore a reduction in performance in March of 10% since last reporting period
- Variance from target -35.0%

In March 2015 there were 5 hospitals (where there were more than 2 such procedures carried out) that carried out this procedure on all of their patients on an inpatient basis, St. Luke's, St. Michael's, South Tipperary, Mayo and St. John's

Healthcare Acquired Infection

Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q in arrears) (Target <2.5)

- December 2014 data reported in March 2015 is 2.1, (December 2013 reported March 2014 2.1. No Change)
- September 2014 data reported in December 2014 is 2.2 therefore improvement of 0.1 in performance since last reported period.
- Variance from target 16%

This dataset is reported quarterly in arrears and the following hospitals have reported negatively above the target, Roscommon 13.3, Nenagh 9.8, Portlincula 4.6, South Tipperary 4.5, Galway 4.1, Waterford 3.9, University Hospital Limerick 3.4, Mercy 3.3, Beaumont 2.8, St. James's 2.8, St. John's 2.8 and Mayo 2.7

Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) (Bi-Annual, Q in arrears) (Target 83)

- December 2014 data reported in March 2015 86.4, (December 2013 reported March 2014 84.4, Change 2.0 (-2.4%)
- June 2014 data reported in September 2014 84.3 therefore change in performance of 2.1 (-2.5%)
- Variance from target -4.1%

Data not currently available at hospital level.

Acute Coronary Syndrome

% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) (Target 85%)

- Q1 2015 85.3%, (Q1 2014 87.9%, Change -2.6%)
- March YTD 2015 85.3%, (March YTD 2014 87.9%, Change -2.6%)
- Q4 2014 reported 84.1% therefore an improvement in performance of 1.2% on last reporting period
- Variance from target 0.4%

Data currently only available at national level, no individual hospital level data is available at this time.

National Early Warning Score

% of hospitals with full implementation of NEWS in all clinical areas (Q) (Target 100%)

- Q1 2015 100%, (Q1 2014 65%, Change 35%)
- Q4 2014 reported 98% therefore an improvement of 2% to reach 100% of hospitals with full implementation
- Variance from target 0%

All hospitals reporting full implementation of NEWS in all clinical areas

% of maternity units/hospitals with full implementation of iMEWS (Q) (Target 100%)

- Q1 2015 100% (New KPI)
- March YTD 100% (New KPI)
- Variance from target

All maternity units / hospitals reporting full implementation of iMEWS.

Access

Emergency Departments

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

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

- March 2015 65.9% (64,161 out of 97,329 attendances) (March 2014 63.9%, Change 2.0%)
- March YTD 2015 66.0% (177,462 out of 269,015 attendances) (March YTD 2014 61.1%, Change 4.9%)
- February 2015 reported at 65.5% therefore an improvement of 0.4% in performance since the last reporting period
- Variance from target -30.5%

While the national performance is 66.0% year to date, the following hospitals have reported performance below 60%. Naas 50.3%, Beaumont 51.0%, Tallaght 47.9%, St. James's 51.3%, Mercy 59.4%, Cork University Hospital 58.0%, and Galway 52.9%.

The following hospitals are also below 60% but have shown improvement from the position at the end of February – Connolly 48.2%, Mater 56.3%, UHL 56.0%

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

- March 2015 79.9% (77,793 out of 97,329 attendances) (March 2014 78.3%, Change 1.6%)
- March YTD 2015 79.8% (214,689 out of 269,015 attendances) (March YTD 2014 77.8%, Change 2.0%)
- February 2015 reported at 79.3% therefore an improvement of 0.6% in performance since the last reporting period
- Variance from target -20.2%

While the national performance is 79.8% at the end of March, the following hospitals have reported performance below 70% - St. James's 68.5%, Beaumont 65.8% and GUH 68.1%.

The following hospitals are also below 70% but have shown improvement from the position at the end of February, Tallaght 68.2%, Naas 64.6% and Connolly 66.7%.

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%)

- March 2015 4.9% (4,769 out of 97,329 attendances) (March 2014 4.2%, Change -0.7%)
- March YTD 2015 4.6% (12,525 out of 269,015 attendances)(February YTD 2014 4.6%, No Change)
- February 2015 reported at 4.9% therefore no change since the last reporting period
- Variance from target -4.6%

A number of hospitals are in excess of 10% year to date. St. Vincent's 11.2%, Naas 13% (an improvement on February) and Beaumont 12.9% (an improvement on February).

The number of emergency inpatient admissions (Expected Activity 110,942 YTD)

- March 2015 36,701 (March 2014, 37,085, Change 384 (-1.0%))
- March YTD 2015 106,872 (March YTD 2014, 110,468, Change 3,596 (-3.3%))
- February 2015 reported at 33,591 therefore an increase of 3,110 (9.3%) since the last reporting period
- Variance from expected activity -3.7%

Overall emergency admissions data indicates a decrease in activity by approximately 3.3% (3,596) when compared to the data provided for the same period in 2014,

It should be noted however that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the

number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

The number of elective inpatient admissions (Expected Activity 23,681 YTD)

- March 2015, 8,524(March 2014 8,045, Change 479 (6.0%))
- March YTD 2015, 24,137 (March YTD 2014 23,808, Change 329 (1.4%))
- February 2015 reported at 7,825 therefore an increase of 699 (8.9%) since the last reporting period
- Variance from expected activity 1.9%

The variance on expected levels is now at 1.9% at the end of March which is a significant change from the end of January when there was a -5.1% variance to expected activity

Overview of Key activity

Activity Area ³	Result YTD March 2015	Result YTD March 2014	Compared to SPLY	Against expected activity YTD
Inpatients discharges	152,269	156,339	-2.6% (4,070)	-2.3% (3,604)
Day case discharges	213,075	213,678	-0.3% (603)	-2.0% (4,305)
New ED attendances	266,819	270,720	-1.4% (3,901)	-2% (5,445)
Emergency Admissions	106,872	110,468	-3.3% (3,596)	-3.7% (4,070)
Elective admissions	24,137	23,808	1.4% (329)	1.9% (456)

Colonoscopy

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

- March 2015 (47/ 1,393 patients breached) 96.6% (March 2014 100%, Change -3.4%)
- February 2015 reported at 92.8% (114 / 1,581) therefore a change of 3.8% since the last reporting period
- Variance from target -3.4%

3 hospitals reported breaches at the end of March. Tallaght 23, St. Luke's 19 and Mercy 5.

As of April 22nd all of the 47 patients that breached have had their procedure.

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

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

- March 2015 57.3% (6,066 /14,206 patients breached), (February 2014 84.0%, Change -26.7%)
- February 2015 reported at 58.2% (5,729/13,706 patients breached) therefore a change of -0.9% in performance since the last reporting period
- Variance from target -42.7%

³Due to unavailability of March 2015 data the table above excludes data for Midland Regional Hospital Mullingar with the exception of New ED Attendances for which data is available.

The following hospitals reported below the national figure of 57.3%: Tullamore 44.9%, Naas 36.9%, Beaumont 29.8% and Waterford 37.9%.

Tallaght are reporting 33.3% but this is an improvement on both preceding months

There were 281 patients waiting greater than 12 months across 10 hospitals. Most significant are Tallaght (101), Tullamore (35), Naas (51) and Beaumont (81)

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

Waiting lists

The Minister for Health has set revised targets for scheduled care in 2015. The Minister's priorities are to develop and implement a plan to address waiting lists with a focus on very long waiters such that:

- By mid-year, no patient will wait longer than 18 months for inpatient and day case treatment or an outpatient appointment,
- By year end no patients waiting greater than 15 months

In order to achieve waiting list targets as identified by the Minister for Health a focused plan has been developed with defined aims and objectives. This involves a structured approach at National and Group level to oversee the achievement of the national targets for waiting lists.

This approach for will involve a hospital group solution, with a collaborative national drive from the acute hospitals division and working in close collaboration with the clinical programme in surgery.

Progress reports of actual validated data will be used against the initial data of the number of patients waiting greater than 18 and 15 months as of end of January 2015 to the end of December 2015 for inpatient and day care treatment.

Use of validated data throughout the lifespan of the project will be crucial to ensure that a performance improvement or performance deterioration trajectory is monitored in the weekly reports.

Other measures in place to improve access and to achieve scheduled care targets include:

- Strict adherence to the National Waiting List Protocols.
- Progress the movement of patients to the appropriate settings – overnight to day-care and day-care to minor ops rooms as outlined in the National Clinical Programme in Surgery
- Continued efforts to reduce the AvLOS for surgery.
- Strict adherence to chronological scheduling.
- Routine validation of all waiting lists
- Continuous validation of lists for all patients waiting >6 months.
- Introduction of centralised booking systems where required.
- Pooling of lists where clinically appropriate.
- Effective utilisation of Model 2 Hospitals for low complexity day case/ambulatory care procedures or OPD clinics where it is deemed clinically appropriate.

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

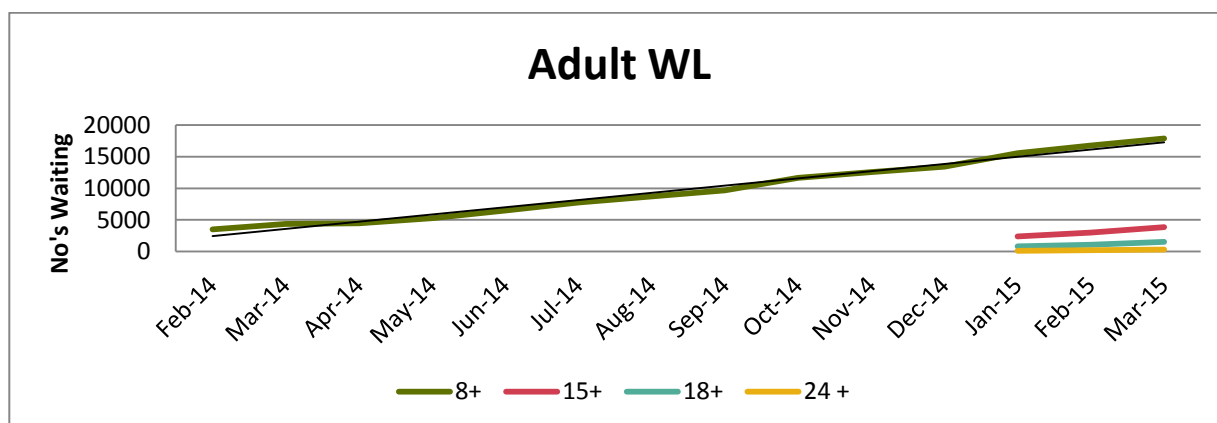
- March 2015 70.6% (17,863/60,668 adults breached), (March 2014 90.5%, Change -19.9%)
- February 2015 71.6% (16,760/58,980 adults breached) therefore a change of -1.0% since the last reporting period
- Variance from target -29.4%

The following hospitals have reported below the national level for March 2015. Beaumont 62.6%, St. James's 58.1%, Tullamore 67.4%, Waterford 64.1%, Our Lady of Lourdes 58.2%, Cappagh 68.4%.

While the following hospitals have also reported below national level for March they have improved from the reported position at the end of February - Tallaght 69.9%, Cork University Hospital 67.6% and Mater 63.9%

344 patients waiting greater than 24 months, most significant– St. Vincent's (87), Beaumont (62), St. James's (95), Galway (59), Tallaght (15), Mater (17). These 344 patients are spread across 16 specialties most significant are General Surgery (110), Gynaecology (41), Maxillofacial (49), Vascular Surgery (29), ENT (29), Neurosurgery and Plastic Surgery (20), Orthopaedic (18), Urology (24).

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



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

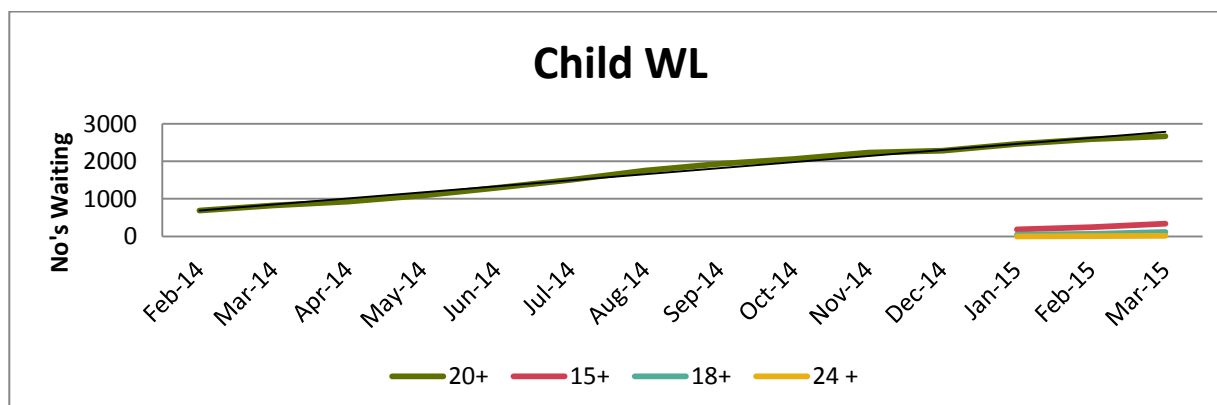
- March 2015 57.1% (2,663/6,204 children breached), (March 2014 81.9%, Change -24.8%)
- February 2015 56.2% (2,590/5,912 children breached), therefore an improvement in percentage breaches of 0.9 since the last reporting period
- Variance from target -42.9%

The following hospitals have reported below the national level for March 2015. Cavan 29.0%, Tullamore 51.7%, Our Lady of Lourdes 40.7%, Letterkenny 40.9% and Galway University Hospital 51.8%

While the following hospitals have also reported below national level for March they have improved from the reported position at the end of February - Beaumont 55.5%, Waterford 48.9%, Eye & Ear 47.2% and Crumlin 48.4%

117 children waiting greater than 18 months – Crumlin (100), Waterford (8), South Infirmary (4), Beaumont (2) and Galway (3). These 117 patients are across 6 specialties – Orthopaedics (49), Respiratory (30), ENT (18), Ophthalmology (13), Cardiology (5) and maxillofacial (2)

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



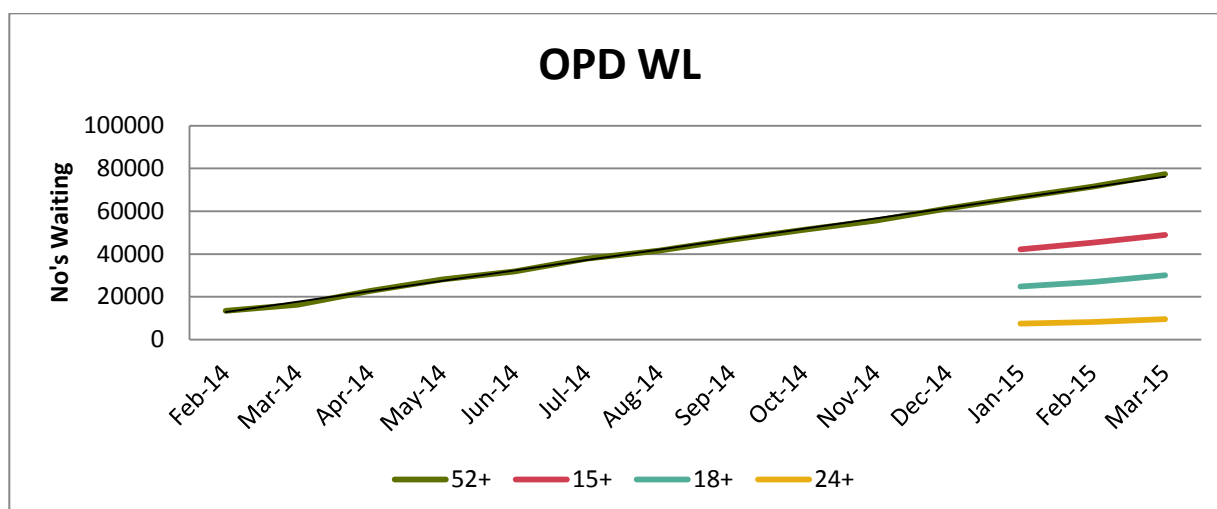
The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- March 2015 80.9% (77,319/405,501 patients breached), (March 2014 95.1%, Change -14.2%)
- February 2015 82.1% (71,547/399,399 patients breached) therefore a change of -1.2% since the last reporting period
- Variance from target/expected activity -19.1%

The following hospitals have reported well below the national level for March 2015. Eye & Ear 63.3%, Tallaght 67.1%, Waterford 60.7%, Letterkenny 66.7%

678 patients are waiting in excess of 48 months across 10 hospitals. Most significant are Waterford (349, over half of the national number waiting more than 48 months), Letterkenny (70), Galway (124), Cork University Hospital (69) The 678 patients are spread across 15 specialties with the most significant being General Surgery (48), Dermatology (99), Orthopaedics (267), Plastic Surgery (63), Urology (53) and Diabetes Mellitus (69)

In March 2015 the number of new referrals has decreased by 1.6% (972 patients) compared to March 2014.



Overview of numbers waiting over 15 months and 18 months

Adult Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 8 Months	17,863	60,668	29.4%	1%
Over 15 months	3,847	60,668	6.3%	1.2%
Over 18 months	1,557	60,668	2.6%	0.7%
Over 24 Months	344	60,668	0.6%	0.2%
Child Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 20 weeks	2,663	6,204	42.9%	0.9%
Over 15 months	340	6,204	5.5%	1.4%
Over 18 months	117	6,204	1.9%	0.8%
Over 24 Months	18	6,204	0.3%	0.1%

Outpatient Waiting List	Number Over	Total on WL	% Over	% Change to last month
Over 52 weeks	77,319	405,501	19.1%	1.2%
Over 15 months	49,000	405,501	12.1%	0.7%
Over 18 months	30,092	405,501	7.4%	0.6%
Over 24 Months	9,569	405,501	2.4%	0.3%

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

- March 2015 is 1 : 2.5 (March 2014 1 : 2.5, No Change)
- March YTD 2015 is 1 : 2.6 (March YTD 2014 1 : 2.5, Change -0.1)
- February 2015 reported at 1 : 2.5 therefore no change on the last reporting period
- Variance from target -30%

There are wide variations in the new: return ratio reported by hospitals. A number of hospitals have reported well in excess of the 1: 2.6 national ratio at the end of March. Eye & Ear 3.9, Portlaoise 4.6, Naas 4.1, Mercy 4.4

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 percentage occupancy nationally is reported at 97.2% for the month of March, this compares to 98.1% reported in February

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

- March 2015 6.8 days (March 2014 6.9 days, Change 0.1 days (1.4%))
- March YTD 2015 7.2 days (March YTD 2014 7.0 days, Change -0.2 days (-2.9%))
- February 2015 reported 7.0 days therefore an improvement in performance of 0.2 days on the last reporting period
- Variance from target -24.1%

Significant variances in March for some of the major acute hospitals are Mater 9.3 days, St. Vincent's 10 days, St. James's 11.2 days, Waterford 10.2 days and Beaumont 12.9 days all of which are an improvement on position reported in February.

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

- March 2015 5.3 days (March 2014 4.4 days, Change 0.9 days (-20.5%))
- March YTD 2015 5.4 days (March YTD 2014 5.0 days, Change 0.4 days (-8.0%))
- February 2015 reported at 5.1 days therefore a change of -0.2 days compared to last reported position
- Variance from target -5.9%

Hospitals have individual targets which make up the national target of 5.1 days. Hospitals with variances of above 1 day away from target in March are Beaumont 9.7 days, OLOL 6.2 days, Galway 7.2 days, Navan 8.9 days, Naas 10.5 days, Cork University Hospital 7.4 days, Waterford 5.2 days and Cappagh 8days

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

Surgery

The % of elective surgical inpatients that had principal procedure conducted on day of admission

- March 2015 71% (March 2014 69%, Change 2%)
- March YTD 2015 69% (March YTD 2014 66%, Change 3%)
- February 2015 reported at 70% therefore an improvement in performance of 1% on the last reporting period and performance exceeding target for the month of March
- Variance from target -1.4%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Hospitals reporting more than 6% below their own targets in March are Mater 56%, Cavan 53%, St. Luke's 78%, South Tipperary 71%, Portlaoise 78%, Mayo 68%, Sligo 71%, Navan 78% and Portlinculla 60%

Discharges

The number of Inpatient Discharges (Expected Activity 155,873 YTD)

- March 2015 52,642 (March 2014 52,713, Change 71 (-0.1%))
- March YTD 2015 152,269 (March YTD 2014 156,339, Change 4,070 (-2.6%))
- February 2015 reported at 48,168 therefore an increase of 4,474 (9.3%) on the last reporting period. However March is a longer month.
- Variance from expected activity -2.3%

*Due to unavailability of March 2015 data the summary above excludes data for Midland Regional Hospital Mullingar

There are wide variances across a lot of hospitals and a 2.3% decrease on expected levels. This is an improvement on the position at the end of February when activity was -3.7% from expected levels.

The number of day case discharges (Expected Activity 217,380 YTD)

- March 2015 74,030 (March 2014 70,475, Change 3,555 (5.0%))
- March YTD 2015 213,075 (March YTD 2014 213,678, Change 603 (-0.3%))
- February 2015 reported at 69,443 therefore an increase of 4,587 (6.6%) on the last reporting period
- Variance from expected activity -2%

Due to unavailability of March 2015 data the summary above excludes data for Midland Regional Hospital Mullingar

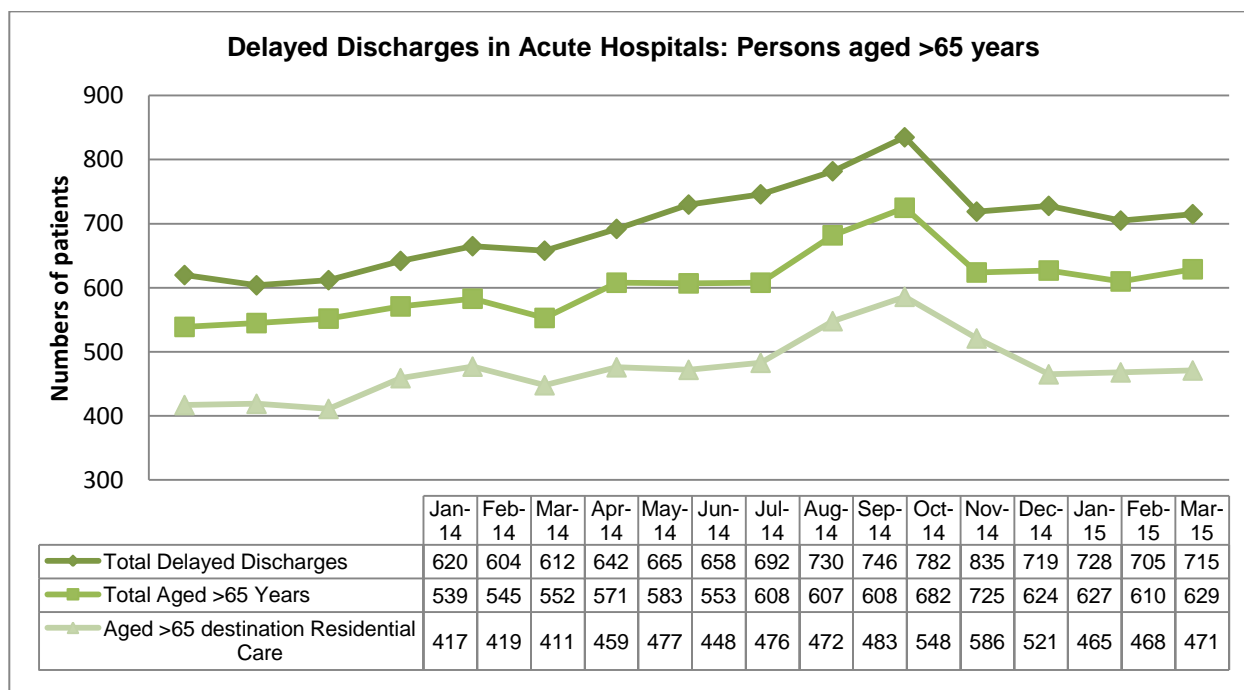
The numbers of people who are in hospital after being clinically discharged – Delayed Discharges (Target 15% reduction)

- March 2015 715 (March 2014 612, Change 103 (14.4%))
- February 2015 reported at 705 therefore an increase of 10 delayed discharges (-1.4%) on the last reporting period
- Variance from target -17%

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

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

As of the end of March, there were 629 patients aged 65 and over medically discharged in acute hospitals. Of these 74.9% (n=471) are awaiting Long Term Residential Care, 0.4% increase on March 2014 (source Delayed Discharges National Report, 31 Mar 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

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

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (includes Dublin Fire Brigade). In March 2015 64% [increase by 1%] of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% [stable performance compared to the previous reporting period] of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

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

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
RCSI Dublin North East	610,781	161,704	152,375	9,329	6%
Dublin Midlands	749,702	193,142	185,293	7,849	4%
Dublin East	784,216	206,033	197,438	8,595	4%
South / South West	691,278	175,249	171,137	4,112	2%
Saolta University Health Care	635,498	166,283	157,775	8,507	5%
UL Hospitals	256,526	66,691	63,942	2,749	4%
Children's Hospital Group	218,785	56,126	55,081	1,045	2%
Regional & National Services	52,019	4,563	3,800	763	20%
Total	3,998,804	1,029,790	986,841	42,949	4%

Financial Commentary

Acute Hospitals are reporting spend of €1.029b against a budget of €986.8m resulting in a €43m deficit for the month of March. HSE direct provision hospitals account for €26.9m or 62% of this deficit with €15.9m or 38% being experienced in the Section 38 funded providers. The RCSI Group is showing the highest deficit of the seven groups of €9.3m with Ireland East €8.59m, Saolta €8.50m and Dublin Midlands Group €7.8m showing the highest deficits after this. These four groups combined account for €34.2m or 80% of the total acute year to date deficit position.

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 Q1 with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. In addition, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on expenditure during the course of 2015.

It is clear that there has been exceptional pressure on management capacity and costs in Q1 related to the very high level of delayed discharges and the necessary response to same. This has not facilitated any traction being achieved in relation to 2015 cost reductions particularly planned reductions in Agency staff costs.

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

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

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

Service Arrangements

100% of 2014 service arrangements are completed to the value of to the value of €1,698

Workforce overview

Human Resource Management	Children's	Dublin Midlands	Ireland East	RCSI HG	Saolta	South/ South West	University of Limerick	Acute Services
Direct Staff WTE	2,823	9,494	10,165	7,836	7,933	9,132	3,174	50,582
Direct Staff Indicative workforce number	2,794	9,317	9,997	7,616	7,858	8,932	3,091	49,631
Direct Staff WTE Indicative workforce number Variance	29	177	168	220	75	200	83	951
Direct Staff WTE Indicative workforce number Variance %	1.00%	1.90%	1.70%	2.90%	1.00%	2.20%	2.70%	1.90%
Direct Staff Headcount	3,355	10,739	11,535	8,880	9,060	10,521	3,682	57,800
Absence rates - Medical /Dental	1.04%	0.95%	1.10%	1.15%	0.91%	0.68%	0.37%	0.96%
Absence rates - Nursing	4.31%	3.98%	4.33%	5.17%	5.58%	4.97%	6.41%	5.51%
Absence rates - Health & Social Care	2.96%	2.51%	3.27%	3.34%	3.64%	3.13%	4.23%	3.51%
Absence rates - Management Admin	4.23%	5.23%	3.83%	4.07%	4.79%	3.45%	6.72%	4.38%
Absence rates - General Support Staff	7.89%	3.84%	5.81%	5.55%	5.50%	5.32%	6.96%	5.72%
Absence rates - Other Patient & Client Care	3.75%	5.73%	5.75%	7.47%	6.92%	4.81%	8.59%	6.95%
Absence rates - Overall	3.85%	3.73%	3.98%	4.35%	4.69%	4.06%	5.88%	4.68%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	93%	96%	97%	95%	95%	96%	90%	94%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	65%	55%	95%	50%	75%	84%	84%	70%



National Ambulance Service



National Ambulance Service

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

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

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

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

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

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

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

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

National Ambulance Services Balanced Score Card

Quality		Target YTD	YTD	% YTD	Var0
Serious Reportable Events	Performance reporting in development				
Audit	% of control centres that carry out Advanced Quality Assurance Audits	100%	100%	0%	
ROSC	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	40%	24%	-40%	
Access		Target YTD	YTD	% YTD	Var
Emergency response Times	Emergency Response - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less.	80%	78%	-3%	
	Emergency Response - % of Clinical Status 1 Delta incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less. ⁴	80%	65%	-19%	
Intermediate Care Vehicles	% of all transfers which are provided through the Intermediate Care Vehicle Service	70%	77%	10%	
Ambulance Turnaround Times	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	100%	51%	-49%	
Finance		Target YTD ('000)	YTD ('000)	% YTD ('000)	Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€34,751	€35,315	(€563) 2%	
	• Pay	€25,689	€25,854	(€164) 1%	
	• Pay – Agency	0	€175	(€175) 100%	
	• Pay – Overtime	€1,459	€3,992	(€2,533) 174%	
	Non-pay (including procurement savings)	€9,118	€9,515	(€397) 4%	
	Income	€56	€54	(€1) -3%	
Human Resources		Target YTD	YTD	% YTD	Var
Absence	% absence rates by staff category	3.5%	5.03%	43.7%	
	% absence rates by staff category - Management/Administration		3.10%	-11.4%	
	% absence rates by staff category - General Support Staff		1.73%	-50.5%	
	% absence rates by staff category - Other Patient and Client Care Staff		5.32%	52%%	
Staffing levels	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (1,611)	1,605	-6(-0.39%)	
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)				

⁴ The target for Delta calls is 80% however the standard to be achieved in 2015 is 65%

National Ambulance Services Heat Map

		National	North Leinster	Dublin Fire Brigade	South	West
Quality	ROSC	24%				
	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes or less	78%	81%	74%	82%	73%
	Emergency Response - % of Clinical Status 1 Delta responded to by a patient carrying vehicle in 18 minutes or less	65%	69%	64%	66%	60%
Access	Intermediate Care Services	77%				
	% delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	61%				
Finance	% variance - Pay (Direct/Agency/Overtime)	2%				
	% variance – Income	-3%				
HR	% absence rates rate - Management/Admin	3.10%				
	% absence rates rate - General Support staff	1.73%				
	% absence rates rate - Other Patient and Client staff	5.32%				
	% variance from Indicative workforce	0.39%				

Performance RAG Rating

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

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce

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

National Ambulance Services Update

Quality

Serious Reportable Events

- Number of events reported up to March 2015 was 1
- This event occurred in January 2015 and was reported in February 2015.

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

- February performance 100%, KPI commenced in Jan 15
- Change from last reporting period

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

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

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

Access

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

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Leinster	7,759	8,197	7,965	9,022	8,236	7,794
Dublin Fire Brigade	6,178	5,948	6,066	6,584	6,111	5,624
South	5,066	5,246	5,153	5,861	5,527	5,215
West	5,015	5,391	4,903	5,615	5,478	4,931
National	24,018	24,782	24,087	27,082	25,352	23,564

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

	Sep	Oct	Nov	Dec	Jan	Feb
National 2009	700	710	719	810	747	740
National 2010	751	706	662	752	756	718
National 2011	711	699	691	783	643	673
National 2012	723	717	723	819	708	783
National 2013	788	775	751	816	765	768
National 2014	801	799	803	874	778	841
National 2015					818	842
Days in Month	30	31	30	31	31	28

Outline of Demand Patterns

Total Activated Calls	Feb 14	Feb 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	23,542	23,564	22	0%	47,656	48,916	1,260	3%
ECHO	255	311	56	18%	513	622	109	21%
DELTA	7,705	8,052	347	4%	15,439	16,461	1,022	7%

Emergency Response Times

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

- ECHO February 2015 78% of ambulances arriving at scene within the target timeframe, 72.5% in Feb 2014 activated calls within this time band. Change 5.5% increase
- No Change from January 2015
- Variance from expected activity -2%

The Western region has the most significant variance from target at 73%, 7% below target. North Leinster and the Southern region achieved a performance above the 80% target of 81% and 83% respectively.

Region	Feb-15
North Leinster	81%
Dublin Fire Brigade	74%
South	82%
West	73%

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 21% (109) YTD, 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 minutes or less (Target 80%⁵)

- DELTA 65% in February 2015 arriving at scene (62.2% in January 2014 activated calls, 3% increase)
- No Change from January 2015
- Variance from expected activity -15%

Region	Feb-15
North Leinster	69%
Dublin Fire Brigade	64%
South	66%
West	60%

Nationally there was a 7% (1,022) increase in 2015 in the number of DELTA calls YTD (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

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

The move to a single national control centre in Tallaght has enabled more effective dynamic deployment of ambulance resources and improvements in the number of Echo and Delta incidences responded to within 18 minutes and 59 seconds or less compared to the same period last year. There has been an increase in the number of calls across the same period for Echo which increased by 21% and Delta calls by 7%.

This progress is understated as the improvement does not factor in the increase call volumes responded to which amounts to 1,260 from February 2014 to February 2015.

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

- 77% in February 2015
- Change from January 2015 0% increase
- Variance from expected activity 7%

In February, 77% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Services.

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

Total Number of Patient Transfer Calls Each Month

Feb 14	March 14	Apr 14	May 14	June 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb15
4,023	4,083	4,115	4,351	3,776	4,079	3,633	4,061	4,317	3908	3795	3,857	3,393

⁵The target for Delta calls is 80% however the standard to be achieved in 2015 is 65%

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

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

Ambulance Turnaround Times

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

The % of delays escalated in February was 61%.

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (includes Dublin Fire Brigade). In March 2015 64% [increase by 1%] of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% [stable performance compared to the previous reporting period] of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

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

Finance

National Ambulance Service	Approved allocation €'000	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Var vrs Plan
Southern Regional Ambulance	18,057	5,002	4,461	541	12%
South Eastern Regional Ambulance	13,548	3,294	3,345	(52)	-2%
Western Regional Ambulance	14,330	3,569	3,336	233	7%
North Western Regional Ambulance	10,463	2,778	2,466	312	13%
Mid Western Regional Ambulance	11,970	3,225	2,952	272	9%
North Eastern Regional Ambulance	12,270	3,208	3,023	186	6%
South Western Regional Ambulance	0	0	0	0	0%
Midland Regional Ambulance	10,218	2,627	2,524	103	4%
East Coast Regional Ambulance	26,361	6,676	6,500	176	3%
Regional Ambulance Services	117,216	30,378	28,607	1,771	6%
Office of the National Director	8,058	840	1,741	(901)	-52%
National Ambulance College	1,992	439	491	(52)	-11%
Emergency Care Control	16,872	3,658	3,913	(255)	-7%
Office of the Assistant National Director	26,922	4,937	6,145	(1,208)	-20%
Total Regional Ambulance Service	144,139	35,315	34,752	563	2%

Financial Commentary

The National Ambulance service spent €35,314m in March against a budget of €34,751m an overspend of €0.563m. Total pay (excluding superannuation) is €0.165m ahead of profiled budget.

Overtime levels in March 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.

NAS remains under financial pressure due to utilisation of overtime to maintain existing level of service from 2014 and through increased staff attrition. This will impact on the implementation of some of the 2015 developments. Further work is being done to identify the specific impact.

Workforce Overview

Human Resource Management National Ambulance Service	
Direct Staff WTE	1,605
Direct Staff Indicative workforce number	1,611
Direct Staff WTE Indicative workforce number Variance	-6
Direct Staff WTE Indicative workforce number Variance %	-0.39%
2015 Development posts	67
2015 Development posts filled	0
% 2015 Development posts filled	0%
pre-2015 Development posts	187
pre-2015 Development posts filled	182.7
% pre-2015 Development posts filled	97.7%
Direct Staff Headcount	1,639
Absence rates - Management Admin	2.75%
Absence rates - General Support Staff	0.55%
Absence rates - Other Patient & Client Care	4.58%
Absence rates - Overall	4.18%



Community Health Care



Health & Wellbeing



Health & Wellbeing

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

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

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

Health & Wellbeing Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Environmental Health	No. of planned surveillance inspections of food business (Q)	8,250	7,930	-3.9%
Access		Target YTD	YTD	% Var YTD
Child Health	% newborn babies visited within 72 hours of hospital discharge (Q)	100%	97.5%	0.5%
	% 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%	93.0%	-2.1%
Screening	BreastCheck - No of women screened (no. of women aged 50-64 who have had a mammogram)	36,000	36,791	2.2%
	CervicalCheck - No of women screened (no. of unique women who have had one or more smear tests in a primary care setting)	73,000	76,086	4.2%
	Diabetic RetinaScreen - No of clients screened (no. of individuals known to the programme aged 12+ with diabetes who have been screened)	17,700	16,754	-5.3%
Tobacco Control	No of smokers who received intensive cessation support from a cessation counsellor	2,691	2,979	10.7%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€43,234	€42,884	(€-350) -1%
	• Pay	€22,391	€22,079	(€-312) -1%
	• Pay – Agency	€ 328	385	(€57) 17%
	• Pay – Overtime	€71	€76	(€5) 7%
	Non pay	€22,403	€22,102	(€-301) -1%
	Income	-€1,560	-€1,297	(€263) -17%
Service Arrangements	% of 2014 Service Arrangements signed	100%	152 (94.4%)	-5.60%
	€ value of 2014 Service Arrangements signed	100%	€9,581 (97.7%)	-2.30%
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%	4.95%	41.42%
Staffing levels	Variance from HSE Indicative workforce number (within approved funding levels)	≤0% (1,279)	1,237	-42 (-3.28%)

Health & Wellbeing Services Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Environmental Health - No. of planned surveillance inspections of food business	7,930									
Access	Child Health - development at 10 months (95%)	93.0%	97.0%	96.3%	90.0%	94.3%	91.1%	88.8%	93.2%	91.7%	94.3%
	Child Health - PHN visits in 72 hours	97.5%	97.7%	99.8%	95.6%	100.0%	99.6%	98.0%	98.6%	96.7%	93.0%
	Child health - aged 12 months 3rd dose 6 in 1 vaccine	92.1%	93.4%	94.1%	92.4%	90.5%	92.4%	92.7%	92.4%	94.0%	88.7%
	BreastCheck screening (36,000)	36,791									
	CervicalCheck screening (73,000)	76,086									
	Diabetic RetinaScreening (17,700)	16,754									
	Tobacco Control (intensive cessation support) (1,940)	2,979									
Finance	% and € variance - Pay	-1%									
	% and € variance - Pay (Agency)	17%									
	% and € variance - Pay (Overtime)	7%									
	% and € variance - Non Pay (including procurement savings)	-1%									
	% and € variance - Income	-17%									
	% and of SA signed (100%)	94.4%									
	€ Value of SA signed (100%)	97.7%									
HR	% absence rates rate (3.5%)	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate –General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%
	Variance from indicative workforce number (≤0%)	-3.28%									

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% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

Absence rates refer to all of Community Health Care

Health and Wellbeing Update

Quality

Serious Reportable Events

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

The no. of planned surveillance inspections of food businesses (Expected Activity YTD 8,250)

- March reporting shows 7,930 food businesses had a planned, planned surveillance inspection YTD
- YTD 2015 is 6.4% ahead of the same period last year (n=7,456)
- Variance from target YTD is -3.9%

Examples of work carried out during the quarter include:

- 2,952 food samples taken
- 1,296 export certificates issued
- 522 complaints received
- 828 food borne illness visits completed

The latest information based on planned and planned surveillance inspections is based on live data and as of the end April 1,833 inspections were categorised as satisfactory, a further 4,424 had minor non-compliance and 25 inspections were categorised as unsatisfactory: serious.

Access

Immunisations and Vaccines

The % of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (Target 95%) (Quarterly in arrears)

- December data reported in March 2015 shows 93.2% (16,477 out of 17,679) children received the MMR vaccine
- 93% of children YTD received the MMR vaccine, marginally ahead of the same period last year (92.6%)
- September data reported in December 2014 reported 93.1%.
- Variance from target YTD -2.1%
- As data is reported quarterly in arrears, the YTD data is also the 2014 end of year outturn position

All CHOs were within 5% of the 95% target.

The % of children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus Influenza type b (Hib3) Polio (Polio3) Hepatitis (HepB3) (6in1) (Target 95%) (Quarterly in arrears)

- December data reported in March 2015 shows 92.3% (16,206 out of 17,552) children received the 6 in 1 vaccine
- As data is reported quarterly in arrears, this data is also the 2014 end of year outturn position
- 92.1% of children YTD received the 6in1 vaccine, 1% ahead of the same period last year
- Variance from target YTD -3.1%

Most CHOs were within 5% of the 95% target with the exception of CHO 9 who was within 10% of target at 88.7% YTD (8,865 out of 9,907 children YTD). The issue was raised with the CHO at its monthly meeting with Health and Wellbeing and some follow up actions have been identified to understand the deviation from target.

The % of children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine (Target 95%) (Quarterly in arrears)

- December data reported in March 2015 shows 88.2% (15,557 out of 17,638) of children received 3 doses of MenC3 vaccine
- As data is reported quarterly in arrears, the YTD data is also the 2014 end of year outturn position
- 87.9% of children YTD received the MenC3 vaccine, 86.7% YTD 2013, 1.4% ahead of the same period last year
- Variance from target YTD -7.5%

CHO 2 is within 5% of target at 92.3% YTD.

CHOs 1, 3, 4, 5, 6, 7, 8, 9 were within 10% of the 95% target YTD with CHO 9 reporting the lowest performance at 85.5% (8,686 out of 10,157 children).

MenC3 uptake at 24 months declined to 80% in 2010 following the introduction of the new primary childhood schedule. Following the decline, the NIO developed new information and training materials and is working with health professionals to increase MenC3 uptake. Since then MenC3 has increased steadily and is now at 88%. In addition, there will be a change to the Primary Childhood Immunisation Programme from July 2015, which reduces the number of MenC injections to two (one at 4 months and one at 13 months). Alongside this, a booster MenC is now being given to all secondary school first year students.

Child Health

% of Newborn babies visited by a PHN within 72 hours of hospital discharge (Target 97%) (Quarterly)

- March 2015 shows 97.5% of babies were visited by a PHN within 72 hours of hospital discharge YTD
- YTD 2015 is marginally ahead of same period last year, 0.2% ahead at 97.3%
- Variance from target YTD .5%

Most CHOs are ahead of target apart from CHOs 3, 8 and 9 who are all within 5% of the 97% target.

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

- February data reported in March 2015 shows 94.4% (n= 5,089) children had developmental screening before 10mths
- 93% (14,907 out of 16,029 children) YTD 2015, 91.5% YTD 2014, 1.6% ahead of the same period last year
- January data reported in February 2015 was 93%, (change 1.4%)
- Variance from target YTD -2.1%

At CHO level:

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

Within the CHOs, there are variations across geographical areas with regard to the achievement of the target. There have been improvements made in performance across this indicator over the last few months, with notable improvements in CHO 3. Overall, CHOs 3 and 5 moved from lower than expected activity (in February) to within 5% of the target this month.

The reason for lower than expected performance has been raised again with CHO 6 at the monthly performance meeting with them. A monthly analysis of defaulters has been undertaken with the biggest cohort related to families moving out of the area.

Work is continuing to improve performance in this area.

% of babies breastfed (exclusively and not exclusively) at first PHN visit (Target 56%)

- 53.2% of babies were breastfed (exclusively and not exclusively) at first PHN visit YTD
- YTD 2015 is 1.1% ahead of same period last year, December 2014 52.6%
- Variance from target YTD is -5%

% of babies breastfed (exclusively and not exclusively) at three month PHN visit (Target 38%)

- 34.2% of babies were breastfed (exclusively and not exclusively) at three month PHN visit YTD
- December 2014 YTD was 0.9% below this at 33.9%
- Variance from target YTD is -10%

This is the first time that Breastfeeding rates have been reported. The overall aim is to increase the rate of breastfeeding at 1st and 3 month PHN visit by 2% nationally for 2015.

The figures for the first quarter show that, overall, rates are slightly behind target. In the first quarter, 53.2% of babies seen at the first PHN visit were breastfed falling 2.8% short of the national annual target of 56%.

34.2% of babies seen at the 3 month PHN assessment were breastfed, behind the target of 38%.

A Breastfeeding Action Plan is being developed, based on the findings of the Institute of Public Health and will be completed at the end of Q2

In addition, a range of initiatives / supports are in place or underway to support an increase in breastfeeding rates in Ireland. These include:

- 200 breastfeeding support groups provided by Lactation Consultants, PHNs and voluntary breastfeeding organisations.
- A Breastfeeding Competencies Framework is being developed in partnership with Trinity College Dublin and will be completed mid May which will assist in directing training and skills development for staff to meet the competencies.
- An Online support service via the HSE website www.breastfeeding.ie commenced this month. The on-line service is provided by an IBCLC (International Board Certified Lactation Consultant) to support mothers who are experiencing breastfeeding challenges, assist them to overcome challenges and continue to breastfeed, and linking them to community supports.
- A Breastfeeding Policy for Primary Care Teams and Community Healthcare settings has recently been approved by Leadership team.

The number of women who have had a BreastCheck screen (Expected Activity YTD 36,000)

- In March 12,911 women had mammogram screening as part of BreastCheck screening
- 36,791 women were screened YTD 2015, this is -1.8% (n=676) less than the same period last year
- February 2015 confirmed figures show 12,291 women screened, March data shows an increase in the numbers screened (n=620)
- Variance from target YTD is 2.2%

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

The number of women who have had a CervicalCheck screen in a primary care setting (Expected Activity YTD 73,000)

- In March 23,129 women had CervicalCheck screening in a primary care setting
- 76,086 women were screened YTD 2015, this is 1.1% ahead of the same period last year (n=75,291)
- February 2015 confirmed figures show 26,525 women screened, ahead of March activity (n=3,396)

- Variance from target YTD is 4.2%

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

The number of clients invited to BowelScreen (number of first invitations sent to individuals in the eligible age range 60-69 known to the programme) (Expected Activity YTD 50,000)

- In March 17,134 invites were sent to clients to participate in BowelScreen
- 49,606 clients were invited YTD 2015, this is -1.9% (n=944) less than the same period last year
- February 2015 showed 16,228 clients invited, marginally below March invites (n=906)
- Variance from target YTD is -0.8%

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Expected Activity YTD 17,700)

- In March 6,369 clients participated in Diabetic RetinaScreen
- 16,754 clients have been screened YTD 2015
- February 2015 showed 5,130 clients screened, marginally below March (n=1,239)
- Variance from target YTD is -5.3%

The target of 17,700 in Q1 has not been achieved due to a combination of a number of operational challenges and in particular, the rate of Did Not Attends. Evening and Saturday appointments are available to facilitate working people. Improvements in the pattern of attendance were already evident in the outturn for March.

The number of smokers who received cessation support from a counsellor (Expected Activity YTD 2,691)

- 826 Smokers received intensive cessation support in March 2015
- 2,979 smokers received support YTD 2015, 6.4% ahead of same period last year (n= 2,799)
- February 2015 showed 987, 161 smokers above the March return
- Variance from target YTD is 10.7% ahead

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

Since 1st January the QUIT team now provide an integrated support service over the phone, online, through social media, SMS, and email. The online service includes the interactive QUIT.ie website, talking to the QUIT team via Live Chat, and using our online QUITplan. This 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.

The number of frontline healthcare staff trained in brief intervention smoking cessation (Expected Activity YTD, 300)

- 104 healthcare staff were trained in brief intervention smoking cessation in March 2015
- 347 healthcare staff received training YTD, -19.7% (n=85) below of same period last year
- Variance from target YTD is 15.7%

The number of frontline healthcare staff continues to exceed expected activity. To continue with this positive performance there are a number of initiatives continuing including;

- A newly appointed lead for Tobacco who will focus attention on staff training.
 - An analysis has also been undertaken of the current training model to identify improvements which can be made to make it easier for staff to access the necessary training.
-

The number of sales to minors test purchases carried out (Expected Activity YTD, 120)

- 120 test purchases, sales to minors was carried out YTD
- YTD 2014 was 21.2% below this (n=99)
- Variance from target YTD is 0%

This is consistent with target.

Key Activities for March

National Screening Service (NSS)

CervicalCheck

An eLearning module on Human Papilloma Virus testing and triage is being developed. Filming for video sections has taken place and expected delivery of the module is April 2015.

Healthy Ireland

Galway University Hospital wins Smarter Travel Workplace of the Year

The winners of the inaugural Smarter Travel Awards organised by the National Transport Authority were announced on March 26th 2015 with Galway University Hospital being awarded the overall Smarter Travel Workplace of the Year.

The awards recognise and celebrate the efforts that workplaces and campuses make to promote sustainable travel. Awards were presented in 14 categories across different modes of transport, sustainable champions and overall workplace and campus. Health Promotion and Improvement officers on campus provided strategic input to ensuring GUH were effective in the implementation of smarter travel to work.

Johnny's got you Covered

The 'Johnny's got you covered' campaign won a bronze award under the Category 'Best Collaboration between Agency and Media Owner – Broadcast' at the Media Awards 2015. The award was for the radio partnership work with Carat (our media agency) and Media Central (spin 1038, Spin SW, IRadio, Red Fm, and Beat) in 2014.

Healthy Schools

Currently there are 465 Health Promoting Schools, the goal for 2015 is to increase this by an additional 78 schools. Cappawhite National School is the first school in South Tipperary to be awarded recognition as a Health Promoting school. The school applied for recognition as a health promoting school in January 2015. This recognition was awarded in March 2015 and Cappawhite National School was presented with a Health Promoting School Flag; the school will commemorate this award at an end of school celebration day in June.

Value for the HSE - Health is directly linked to educational achievement, quality of life and economic prosperity.

Environmental Health

6 Statutory Instruments (including a commencement order) came into force on the 2nd of March 2015 as part of Phase II of the implementation of the Public Health (Sun beds) Act 2014. The purpose of which is to both protect young people from a high-risk carcinogen, and to promote more informed choice amongst adults in relation to the use of sun beds.

The emphasis to date for the Environmental Health Service has been primarily upon processing incoming notifications, compliance building and responding to complaints. Positive feedback has been received from the Department of Health regarding the introduction and roll out of this legislation by the Environmental Health Service.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Variance Act v Tar
Emergency Planning	1,166	344	287	57	20%
Health Surveillance Protection Service	3,773	844	930	(86)	-9%
Health Protection Vaccines	36,718	5,215	5,355	(140)	-3%
Public Health	14,474	3,634	3,571	63	2%
Health Promotion	18,204	4,239	4,504	(265)	-6%
Office of Tobacco Control	118	41	29	12	40%
Environmental Health	37,928	9,954	9,360	594	6%
Health Intelligence	2,086	504	515	(11)	-2%
Health & Wellbeing - (Regional)	9,096	2,297	2,243	54	2%
Crisis Pregnancy Agency	5,927	1,385	1,481	(96)	-6%
National Cancer Screening Service	61,564	13,801	13,778	23	0%
HWB ND Office	10,259	625	1,180	(554)	-47%
Grand Total	201,315	42,884	43,234	(350)	-1%

Financial Commentary

The Health & Wellbeing Division spent €42.8m versus a budget of €43.2m in the period to 31st March showing a positive variance of €0.35m.

A small positive pay variance within Division relates to a slower than expected rate of recruitment of posts in the workforce plan. In addition the crystallisation of arrears in relation to HRA regularisation has been slower than anticipated in the year to date. This has been offset somewhat by agency charges which are showing an adverse variance of €0.067m in the year to date. The main contributor in this respect is in the local health & wellbeing functions which are being investigated.

The division will be allocating some €9m budget in the last quarter to hospitals and other services in respect of service agreements. Additionally the main cohort of outstanding recruitment is projected to arise in the second half of the year. Based on current trends the division would be projecting a year end break-even position in 2015.

Service Level Arrangements

Position as at 30th March 2015

2014 Service Arrangements are completed for 152 out of 161 (94.4%)

2014 Service Arrangements are completed for €9,581m out of €9,803m (98.3%)

Workforce overview

HWB Human Resource Management	
Direct Staff WTE	1,237
Direct Staff Indicative workforce number	1,279
Direct Staff WTE Indicative workforce number Variance	-42
Direct Staff WTE Indicative workforce number Variance %	-3.28%
2015 Development posts	34
2015 Development posts filled	0
% 2015 Development posts filled	0%
pre-2015 Development posts	0
pre-2015 Development posts filled	0
% pre-2015 Development posts filled	0
Direct Staff Headcount	1,380
Absence rates ⁶ – Medical Dental	2.81%
Absence rates - Nursing	5.09%
Absence rates – Health and Social Care Professionals	3.99%
Absence rates - Management Admin	5.03%
Absence rates - General Support Staff	5.34%
Absence rates - Other Patient & Client Care	5.62%
Absence rates - Overall	4.94%

⁶ Absence rates refers to all of Community Healthcare



Primary Care



Primary Care Services

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

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

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

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

Primary Care Balanced Scorecard

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Primary Care				
Physiotherapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Occupational Therapy	% of referrals seen for assessment within 12 weeks	80%	N/A	
Oral Health	% of new patients whose treatment is completed within 9 months of assessment		N/A	
PCRS				
Medical Cards	% of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	93.0%	3.3%
	% of Medical Cards/GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	90%	70.3%	-21.9%
Access		Target YTD	YTD	% Var YTD
Community Intervention Teams	Community Intervention Team Overall Activity	5,427	4,400	-18.92%
	Admission Avoidance (includes OPAT)	281	159	-43.42%
	Hospital Avoidance	2,815	2,452	-12.9%
	Early discharge (includes OPAT)	1,372	1,023	-25.4%
	Other	959	766	-20.1%
GP Activity	No. of contacts with GP Out of Hours	236,578	252,811	6.9%
Opioid substitution treatment	Total number of clients in receipt of opioid substitution treatment (outside prisons)	9,399	9,399	0%
	Total number of clients in receipt of opioid substitution treatment (prisons)	490	563	15%
Medical Cards	No of persons covered by Medical Cards as at 31st December	1,722,395	1,751,883	1.7%
	No of persons covered by GP Visit Cards as at 31st December	412588	161,054	-61.0%
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	€813,557	€846,434	(€32,877) 4%
	• Pay	€136,005	€138,775	(€2,770) 2%
	• Pay – Agency	€2,778	€4,228	(€1,450) 52%
	• Pay – Overtime	€551	€584	(€34) 6%
	Non pay	€714,126	€743,648	(€29,522) 4%
	Income	-€36,787	-€36,204	(€584) -2%
Primary Care	Net Expenditure variance from plan	€180,182	€183,162	(€2,981) 2%
Social Inclusion	Net Expenditure variance from plan	€30,769	€30,986	(€217) 1%
PCRS	Net Expenditure variance from plan	€548,534	€575,557	(€27,023) 5%
Demand Led Schemes	Net Expenditure variance from plan	€54,072	€56,728	(€2,656) 5%
Service Arrangements	% and number of 2014 Service Arrangements signed	100%	817 (86.2%)	13.80%
	€ value of 2014 Service Arrangements signed	100%	€137,397 (86.3%)	13.80%
Human Resources		Target YTD	YTD	Var YTD
Absence Rate	% absence rates by staff category	3.5%	4.95%	41.42%
Staffing levels	Variance from HSE Indicative workforce number (within approved funding levels)	10,344	10,099	(-245) -2.37%
HR Development areas	Performance reporting in development (Workforce and Action Plan, Culture and Staff Engagement, and Learning and Development)			

Primary Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Quality	Physiotherapy (80%)		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Occupational Therapy (80%)		Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap	Data gap
	Opioid substitution treatment (outside prisons) (9,400)	0%	5%	-11%	-7%	1%	-1%	3%	1%	1%	-1%
	Opioid substitution treatment (prisons) (490)	15%									
Access	CIT - Overall Activity (5,427)	4,400		101	895	303	394	312	1320	56	1019
	CIT - Admission Avoidance (includes OPAT) (281)	159			40	24	18	20	9		48
	CIT - Hospital Avoidance (2,815)	2,452		1	416	121	250	188	1168		308
	CIT - Early discharge (includes OPAT) (1,372)	1023		100	226	62	116	90	143	56	230
	CIT Activity - Other (959)	766			213	96	10	14			433
	GP Activity (236,578)	252,811									
Finance	% variance - Budget	4%									
	% and € variance - Pay	2%									
	% and € variance - Pay (Agency)	52%									
	% and € variance - Pay (Overtime)	6%									
	% and € variance - Non Pay (including procurement savings)	4%									
	% and € variance - Income	-2%									
	% variance of SA signed (100%)	86.20%									
	% variance € value of SA signed (100%)	86.30%									
HR	Variance from Indicative workforce number (≤0%)	-2.37%									
	% absence rates rate (3.5%) ⁷	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate –General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%

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% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

⁷ Absence rates refer to all of Community Health Care

Data Quality and Validity

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

- Chief Officers have been circulated regarding the new metrics and data collection requirements generally; there is full awareness in the system
- The specific issues regarding the collection of data are subject to ongoing discussion between the National Director and Chief Officers.
- Chief Officers continue to implement their local plans to address local data collection issues
- Data pathways from the CHO delivery system to the BIU have being examined and clarified by BIU
- A review of the current processes for involvement of and engagement with CHO managers regarding all aspects of data collection is underway
- Ongoing engagement with all Primary Care Metrics Leads to immediately address queries from the delivery system.
- A communications plan has provided further clarification on issues between the Data Manager/Office of Chief Officers and service managers regarding their metrics
- The Primary Care Business Analyst is liaising with all Metric Leads to map their existing systems for collecting metrics
- The Primary Care Division is implementing an IT based Workload Management System which will automatically generate all client-related metrics.
- Conjoint working group established between Primary Care Division and BIU to addressed data process and metrics development

Primary Care Services

Serious Reportable Events

- Number of events reported up to March 2015 was 1
- For this one case listed, an investigation has been completed and the Division are currently implementing recommendations from this report.

Primary Care Quality and Safety Dashboard

A Quality Dashboard has been developed by Primary Care to provide initial information to the National Director on the quality and safety of services within Primary care. The information within the dashboard is collected within the framework for the National Standards for Safer Health Care that has been rolled out with the support of the National Division over the last year. The dashboard will be used by the National Director and the Chief Officers at Performance Meetings and will support accountability and provide assurances around the safety of primary care services. The dashboard can also be used as a performance assurance tool at CHO level as well as at the next level of management (old ISA areas).

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

Access

Community Intervention Teams – total activity (includes OPAT provided by CITs) (Expected Activity YTD 5,427)

- 1,527 March 2015, 1,121 March 2014 (36.2% increase) (n=406)
- 4,400 YTD 2015, 3,521 YTD 2014 (25% increase) (n=879)
- 1,527 March 2015, 1,443 February 2015 (5.8% increase) (n=84)
- YTD variance from expected activity -18.9% (n=1,027)

Currently CIT services are available in all CHOs with the exception of CHO 1. YTD 2015, CIT's have increased the overall number of referrals versus the same period in 2014 by 36.2% (406 patients). There has been an increase of 84 patients seen on the February figures.

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

GP Activity – number of contacts with GP out of hours (Expected Activity YTD 236,578)

- 86,549 March 2015, 90,972 March 2014 (-4.8% decrease) (n=4,423)
- 252,811 YTD 2015, 249,893 YTD 2014 (1.2% increase) (n=2,918)
- 86,549 March 2015, 80,661 February 2015 (7.2% increase) (n=5,888)
- YTD variance from expected activity 6.9% (n=16,233)

The GP Out of hour's service has not yet been mapped to CHOs. All services are performing above expected activity with Kdoc 31.0% above expected activity and Ddoc 13.3% above target.

PCT – Primary Care Teams (Expected Activity YTD 485)

- 276 March 2015 / YTD, 330 March 2014 / YTD (-16.3% decrease) (n=54)
- 276 March 2015, 272 February 2015 (1.4% increase) (n=4)
- YTD variance from expected activity -43.1% (n=209)

425 primary care team arrangements are in place across to enable primary care providers to coordinate care for patients. Of these 276 are considered structured Primary Care Teams (PCTs), where formal clinical meetings take place with the GP in attendance.

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

All CHOs are performing under target with CHO 4, 7 and CHO 8 significantly under target at -55.7%, -73.4 and -58.5% respectively.

No. of patient referrals for a physiotherapy service (Expected Activity YTD 45,805)

- 16,179 March 2015, 15,015 March 2014 (7.7% decrease) (n=1,164)
- 47,413 YTD 2015, 45,632 YTD 2014 (3.9% increase) (n=1,781)
- 16,179 March 2015, 15,717 February 2015 (2.9% increase) (n=462)
- YTD variance from expected activity 3.5% (n=1,608)

CHO 6 had 2,979 patient referrals against a YTD target of 2,453 (21.5% above target)

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 38,961)

- 12,284 March 2015, 12,341 March 2014 (-0.4% decrease) (n=57)
- 38,530 YTD 2015, 39,392 YTD 2014 (-2.1% decrease) (n=862)
- 12,284 March 2015, 12,395 February 2015 (-0.8% decrease) (n=111)
- YTD variance from expected activity -1.1% (n=431)

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

- 35,015 March 2015 / YTD, 34,760 March 2014 / YTD (0.7% increase) (n=255)
- 35,015 March 2015, 35,526 February 2015 (-1.4% decrease) (n=511)
- YTD variance same as monthly variance, point in time metric

No. of face to face contacts/visits by physiotherapy service (Expected Activity 190,281)

- 62,904 March 2015, 62,587 March 2014 (0.5% increase) (n=317)
- 186,823 YTD 2015, 192,993 YTD 2014 (-3.2% decrease) (n=6,170)
- 62,904 March 2015, 63,708 February 2015 (-1.2% decrease) (n=804)
- YTD variance from expected activity -1.8% (n=3,458)

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

Physiotherapy metrics are under development and sufficient data was not available in the March performance cycle to provide a CHO or national view. Data gaps in Cavan/Monaghan, North Cork, North Lee, South Lee, West Cork, South Tipperary, Dublin North, Dublin North Central and Dublin North Central

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

Occupational Therapy metrics are under development and sufficient data was not available in the March performance cycle to provide a CHO or national view. Data gaps in Mayo, Kerry, North Cork, North Lee, South Lee, West Cork, Dublin South East, Dun Laoghaire, Wicklow, Dublin West, Dublin North, Dublin North Central and Dublin North West.

Orthodontics⁸ – Reduce the proportion of patients on the treatment waiting list longer than 4 years (Target <5% on waiting list over 4 years)

- 997 (5.5%) March 2015 / YTD, 647 (4.1%) March 2014 / YTD (54.1% increase) (n=350)
- 997 (5.5%) March 2015, 877 (5.0%) December 2014 (13.6% increase) (n=120)
- YTD variance from expected activity 10.6%

DNE has the highest number waiting over 4 years for treatment 672 out of 3,969 (16.9%). The Midlands is next with 195 out of 1,879 patients 10.4% of their waiting list waiting over 4 years for treatment.

A procurement programme is in train which will target those long waiters of more than 4 years in order to achieve the 5% target.

Orthodontics - % of Referrals seen for assessment within 6 months (Target 75%)

Returns were received from the South East, South, Mid Western Area, Western Area and Former East Coast, North Western Area. DNE and Midlands did not provide data. The former South Western Area was able to provide data on overall numbers assessed but is not in a position to align to wait bands at the present time. DNE is unable to extract number assessed by wait band from their database. Of those that returned 1,184 of 1,784 patients 66% were seen within 6 months.

Social Inclusion

Access

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

- 9,399 March 2015 / YTD, 9,250 March 2014 / YTD (2% increase) (n=149)
- Variance from expected activity 0% (n=1)

⁸This metric is returned by former RDPI regions and not Community Health Organisations

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

- 563 March 2015 / YTD, 475 March 2014 / YTD (19% increase) (n=88)
- Variance from expected activity 15% (n=73)

9,399 patients received Opioid Substitute Treatment (excluding prisons) for the March reporting period which includes (3,991) patients being treated by 344 GPs in the community.

Opioid Substitute Treatment was dispensed by 635 pharmacies catering for 6,434 patients for the reporting period.

At the end of the March reporting period there were 74 HSE clinics providing Opioid Substitute Treatment and an additional 11 prisons clinics were provided in the prison service.

52 new patients commenced Opioid Substitute Treatment during the March reporting period (5 in General Practice, 32 in HSE clinics and 15 in the prison clinics)

No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment (Target 100%)

- 1,130 March 2015 (94%) YTD, 1,188, March 2014 (97%) YTD (-5% decrease) (n=58)
- Variance from expected activity 3% (n=30)

1,130 people over 18 years commenced treatment following assessment during the reporting period. 94% received their treatment within one calendar month (CHO 1, 2, 4, 6 are 100%, CHO 5 is 98%, CHO 7 is 93%, CHO 8 is 84%, and CHO 3.66%).

No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment (Target 100%)

- 76 March 2015 (96%) YTD, 86 March 2014 (99%) YTD (-12% decrease) (n=10)
- Variance from expected activity 153% (n=46)

76 people under 18 years commenced treatment following assessment during the reporting period. 96% received their treatment within one week (CHO 1, 3, 5, 6, 7).

No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission (Target 85%)

- 1,224 of 1,511 (81%) March 2015 YTD, 1,308 of 1,868 (70%) March 2014 YTD (-6% decrease) (n=84)
- Variance from expected activity -5% (n=59)

There has been a significant improvement on the national figure of 81% (Target 85%) reported in March 2015.

No. of individuals attending pharmacy needle exchange per month (Expected Activity 700)

- 1,415 March 2015 YTD, 1,141 March 2014 / YTD (23% increase) (n=274)
- Variance from expected activity 100% (n=715)

Recruitment of pharmacies is complete as service user needs have been met i.e. pharmacies are in place in major towns/cities and smaller towns where a need was identified outside of the Dublin Addiction Service Areas. This will remain under review.

Primary Care Reimbursement Service

Quality

93% of properly completed Medical/GP Visit Card applications were processed within the 15 day turnaround (Target YTD 90%)

- 93% March 2015, 90.3% March 2014 (2.7% increase)
- 93% March 2015, 96% February 2015 (-3% decrease)

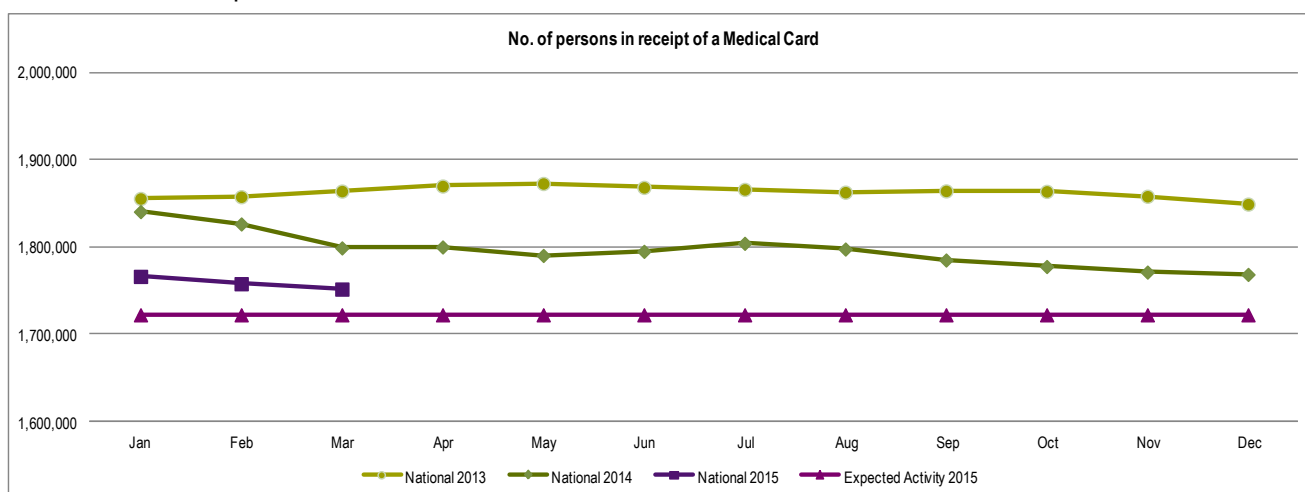
Medical Card turnaround times are a weekly metric published online. The values in this report correspond to the workload received by the HSE in week ending 13th March 2015.

Access

The number of persons covered by Medical Cards (Expected Activity YTD 1,722,395)

- 1,751,883 March 2015 / YTD, 1,799,103 March 2014 / YTD (-2.6% decrease) (n=47,220)
- 1,751,883 March 2015, 1,758,050 February 2015 (-0.3% decrease) (n=6,167)
- YTD variance from expected activity 1.7% (n=29,488)

Of the total number of persons covered by a medical card, 83,450 people were covered by a discretionary medical card. The Eligibility and Schemes Unit are completing a reforecast for 2015 which will be concluded by the end of April. The forecast number of cards and monthly profile will be updated when the re-forecast is completed.

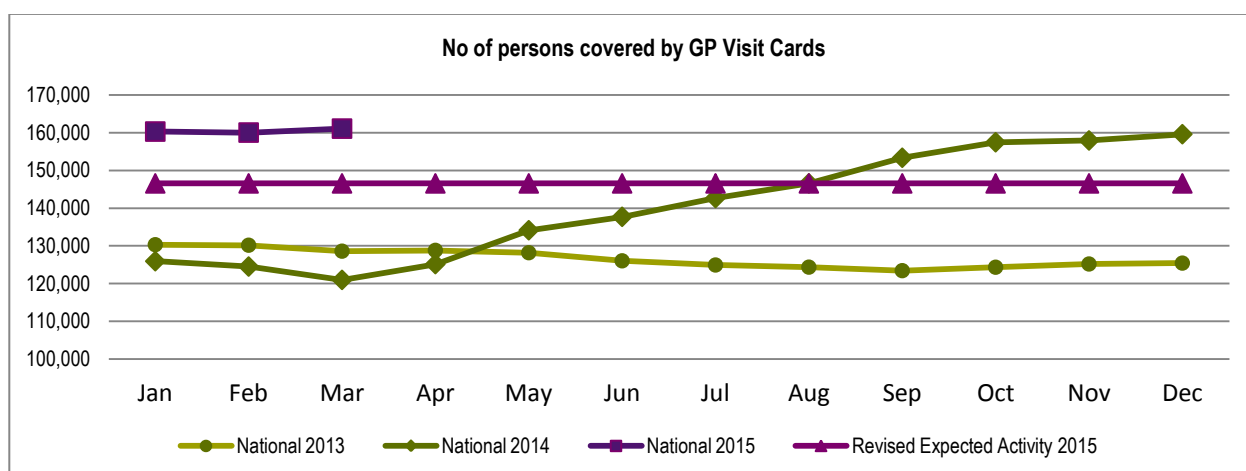


The number of persons covered by GP Visit Cards (Expected Activity YTD 412,588, revised expected activity YTD 146,546)⁹

- 161,054 March 2015 / YTD, 120,981 March 2014 / YTD (33.1% increase) (n=40,073)
- 161,054 March 2015, 160,004 February 2015 (0.6% increase) (n=1,050)
- YTD variance from original expected activity -61.0% (n=251,534)
- YTD variance from revised expected activity +9.9% (n=14,508)

⁹ The target for 2015 was set inclusive of all children aged under 6 years becoming eligible for a GP visit card in January 2015. This target will be reforecast to reflect the revised target date (July 2015) for this cohort coming on stream.

Of the total number of persons covered by a GP visit card, 38,293 were covered by a discretionary GP Visit card. The Eligibility and Schemes Unit are completing a reforecast for 2015 which will be concluded by the end of April. The forecast number of cards and monthly profile will be updated when the re-forecast is completed.



Summary of Movement in Medical Cards

Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of March 2015	1,751,883
Net decrease	-16,817
Entirely new medical cards issued/upgraded	29,764
Medical cards reinstated	19,775
Medical cards not renewed or deemed ineligible	-59,531
Medical cards where eligibility moved to GP Visit	-6,822
Reconciliation	-3
Net decrease	-16,817

Summary of Removals in Medical Cards

Breakdown in Medical Cards that were not renewed or deemed ineligible

Medical cards removed (no or insufficient response)	46,402
Full response, no longer eligible	5,644
Deceased	6,212
Removed by GP	1,273
Total	59,531

Summary of Movement in GP Visit Cards	
Movement in GPVCs	
GP Visit cards as of 1 January 2015	159,576
GP Visit cards at the end of March	161,054
Net increase	1,478
Entirely new GP visit cards issued	11,940
GP Visit cards reinstated	3,985
GP Visit cards not renewed or deemed ineligible	-7,288
GP Visit Cards where eligibility moved to Medical Card	-7,159
Reconciliation	0
Net increase	1,478

Finance

Primary Care	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Variance Act v Tar
CHO 1	74,569	19,233	18,306	927	5%
CHO 2	77,350	19,726	19,069	657	3%
CHO 3	52,213	12,940	12,889	52	0%
CHO 4	95,251	24,025	23,498	527	2%
CHO 5	72,771	18,236	18,033	203	1%
CHO 6	50,407	12,899	12,380	518	4%
CHO 7	69,910	18,269	17,251	1,018	6%
CHO 8	97,089	24,146	23,868	278	1%
CHO 9	68,341	17,287	16,935	352	2%
Regional & National	88,544	16,401	17,953	(1,552)	-9%
Total	746,444	183,162	180,182	2,981	2%
Primary Care Reimbursement Scheme	2,268,108	575,557	548,534	27,023	4.93%
Local Schemes	218,375	56,728	54,072	2,656	4.91%
Total PCRS and Schemes	2,486,483	632,285	602,606	29,679	4.93%
Total Primary Care division	3,232,928	815,447	782,788	32,660	4.17%

Social Inclusion	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
CHO 1	2,180	591	538	53	10%
CHO 2	6,118	1,499	1,509	(10)	-1%
CHO 3	8,083	2,053	1,993	60	3%
CHO 4	14,169	3,500	3,494	6	0%
CHO 5	7,779	1,908	1,914	(6)	0%
CHO 6	2,552	639	629	9	1%
CHO 7	45,185	11,264	11,225	38	0%
CHO 8	3,739	893	926	(33)	-4%
CHO 9	33,859	8,496	8,426	70	1%
Regional & National	433	144	115	29	25%
Total	124,097	30,986	30,769	217	1%

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,660,825	420,291	406,998	13,293	3%
Drug Payment Scheme	70,475	16,811	18,453	(1,642)	-9%
Long Term Illness Scheme	117,390	41,972	25,643	16,329	64%
High Tech	197,226	53,688	48,566	5,122	11%
Dental Treatment Services	75,981	16,793	19,141	(2,348)	-12%
Health Amendment Act	1,677	425	395	30	8%
Community Ophthalmic Scheme	32,182	7,311	7,485	(174)	-2%
Methadone Treatment	19,946	5,080	4,985	95	2%
Childhood Immunisation	8,449	1,531	2,109	(578)	-27%
Doctors Fees/ Allowances	8,037	709	1,197	(488)	-41%
Hardship	13,500	3,413	3,374	39	1%
OPAT	7,000	1,004	1,752	(748)	-43%
Oncology Drugs / Medicines	11,500	2,555	2,877	(322)	-11%
HEP C Drugs & Medicines	33,924	2,957	3,061	(104)	-3%
ADHD	9,996	1,016	2,499	(1,483)	-59%
Total	2,268,108	575,556	548,534	27,022	5%

Financial Commentary

The Primary Care Division (PCD) spent €815.4m versus a budget of €782.7m in the period ending 31st March showing a negative variance of €32.6m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (LS) the core PCD service deficit is €2.9m. The primary drivers of this core deficit are pay and staffing pressures in addition to a growing number of complex paediatric cases.

There is a deficit of €29.6m in these two specific areas of PCRS and Local Schemes at the end of March 2015. The main expenditure drivers within Local Schemes are hardship and high tech medicines which represent 77% of the overall year to date deficit. The PCRS deficit is being driven by expenditure in long term illness €16.3m, high tech medicines €11.8m, pharmacy drugs and medicines €5.2m with small offsetting surpluses in the areas of dental treatment and fees and allowances. The PCRS and Local

Schemes represent a number of expenditure headings which, due to their legal or technical nature, were prepared on an agreed basis in NSP2015. 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.

Although the spend is over budget for the three months ended March 2015, there will be close monitoring and attention paid to emerging cost pressures with the necessary actions being taken if the budgetary situation does not improve.

Service Level Arrangements

Position as at 30th March 2015

2014 Service Arrangements are completed for 817 out of 948 (86.2%)

2014 Service Arrangements are completed for €137.3 m out of €159.8m (88.3%)

Workforce Overview

Primary Care Human Resource Management	
Direct Staff WTE	10,099
Direct Staff Indicative workforce number	10,344
Direct Staff WTE Indicative workforce number Variance	-245
Direct Staff WTE Indicative workforce number Variance %	-2.37%
2015 Development posts	12
2015 Development posts filled	0
% 2015 Development posts filled	0%
pre-2015 Development posts	287
pre-2015 Development posts filled	269
% pre-2015 Development posts filled	93.7%
Direct Staff Headcount	12,029
Absence rates ¹⁰ – Medical Dental	2.81%
Absence rates - Nursing	5.09%
Absence rates – Health and Social Care Professionals	3.99%
Absence rates - Management Admin	5.03%
Absence rates - General Support Staff	5.34%
Absence rates - Other Patient & Client Care	5.62%
Absence rates - Overall	4.94%

¹⁰ Absence rates refers to all of Community Healthcare



Palliative Care



Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and management of pain and other physical, psychosocial and spiritual problems. In recent years, the scope of palliative care has broadened and includes not only cancer related diseases but 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		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%	86%	-9%
	No of patients in receipt of specialist palliative care in the community	3,248	3,127	-4%
Inpatient waiting times	% of patients admitted within 7 days of referral	98%	97%	0%
Day Care	No of patients in receipt of specialists palliative day care services	349	348	0%
Paediatric Services	No of children in care of the Children's Outreach Nursing services	320	341	7%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€17,695	€17,392	(€-302) -2%
	• Pay	€8,917	€8,764	(€-152) -2%
	• Pay – Agency	€302	€407	(€105)35%
	• Pay – Overtime	€178	€180	(€2) 1%
	Non pay	€10,822	€10,841	(€19) 0%
	Income	-€2,369	-€2,491	(-€122) 5%
Service Arrangements	% of 2014 Service Arrangements signed	100%	152 (94.4%)	5.60%
	€ value of 2014 Service Arrangements signed	100%	€48,368 (88.9%)	11.10%
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)			

Palliative Care Heat Map

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days (95%)	86%	85%	95%	81%	94%	98%	80%	75%	85%	63%
	Community Home Care - No of patients in receipt of specialist palliative care in the community (3,248)	3127	353	369	376	514	421	218	254	386	234
	Inpatient waiting times - % of patients admitted within 7 days of referral (98%)	97%	100%	85%	100%	100%	100%	100%	100%		93%
	Day Care - No of patients in receipt of specialists palliative day care services (349)	348	10	43	35	121	0	33	39	0	65
	Paediatric Services - No of children in care of the Children's Outreach Nursing services (320)	341	13	19	26	29	37	14	131	42	30
Finance	% variance – from budget	-2%									
	% variance – Pay (Direct/Agency/Overtime)	-2%									
	% variance – Non pay (including procurement savings)	0%									
	% variance – Income	5%									
	% variance of 2014 SA signed (100%)	94%									
	% variance of € value of 2014 SA signed (100%)	88%									
HR	% absence rates rate (3.5%) ¹¹	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate –General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%

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% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

¹¹ Absence rates refer to all of Community Health Care

Palliative Care Update

Quality

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

- 85.6% (n=622) March 2015, 87.5% (March 2014) (n=617) (0.8% increase) (n=5)
- 85.6% (n=1,921) YTD 2015, 90.9% (n=2,036) YTD 2014 (-5.6% decrease) (n=115)
- 85.6% (n=622) March 2015, 86.6% (n=626) February 2015 (0.6% decrease) (n=4)
- YTD variance from target -9% (n=199)

Three CHOs are performing well against target i.e. CHO 2 (95%), CHO 4 (94%) and CHO 5 (98%). Two CHOs are significantly underperforming i.e. CHO 7 (75%) and CHO 9 (63%); however CHO 7 has improved by 8% since February.

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

Comments on CHOs performing at less than 90% CHO 1 (82%) - there appears to be a problem in one LHO rather than across the CHO. This will be addressed with the service.

- CHO 3 (85%) - an issue has been identified regarding the interpretation / reporting of the metric. This will be resolved for March.
- CHO 5 (88%) - there appears to be a problem in one LHO rather than across the CHO with activity down in February. However, since the beginning of the year 43 patients have been seen against the target of 47 and this is an increase on the same period last year. An additional CNS has been allocated.
- CHO 6 (88%) - 2 out of the 3 LHOs will struggle to meet the target. An additional CNS has been allocated.
- CHO 7 (67%) - 3 out of the 4 LHOs will struggle to meet the target. 2 additional CNSs have been allocated.
- CHO 8 (90%) - there is a problem in one LHO rather than across the CHO. A recruitment process commenced at the end of 2014.
- CHO 9 (72%) - performance has improved significantly in two LHOs i.e. January was 53% and 77% and February was 88% and 86% so activity is going in the right direction. One LHO has deteriorated since January 71% vs 65%. If there is an increased number of urgent referrals in one LHO area that will mean less non-urgent referrals will be seen in another LHO. The CHO 2 will struggle to meet the target and 2 additional CNSs have been allocated.

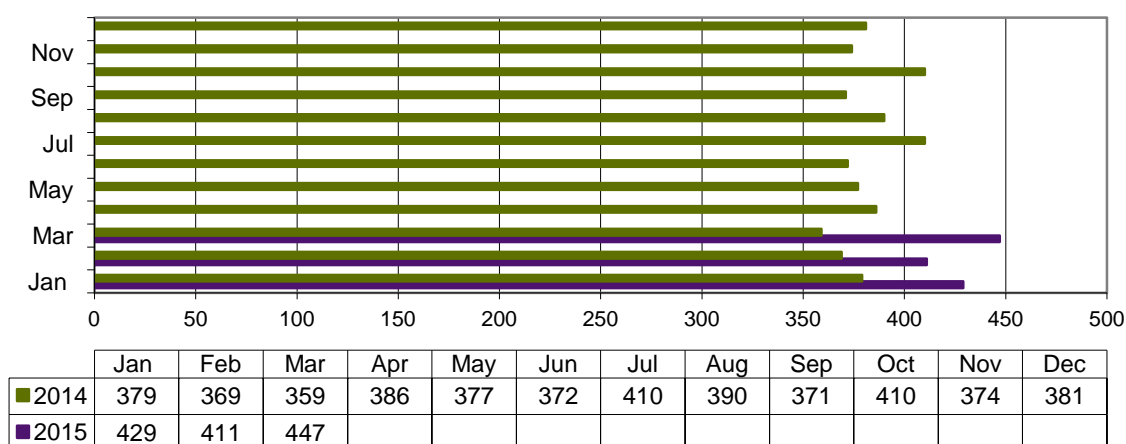
The % of patients admitted to a specialist palliative care inpatient bed within 7 days of referral (Target 98%)

- 96.6% (n=254) March 2015, 96.0% (n=214) March 2014 (18.7% increase) (n=40)
- 96.6% (n=795) YTD 2015, 95.4% (n=680) YTD 2014 (16.9% increase) (n=115)
- 96.6% (n=254) March 2015, 96.9% (n=252) February 2015 (0.8% increase) (n=2)
- YTD variance from target 0% (n=-3)

Six CHOs are performing at 100%. CHO 2 performance was 85%; 26 patients required a service and 22 received it within the 7 days target and 4 within 8-28 days. CHO 9 performance was 93%. CHO 8 does not have a specialist inpatient unit.

The numbers of patients receiving treatment in specialist palliative care inpatient units has increased by 25% (n=88) compared to the same period in 2014.

No. of Patients in receipt of specialist palliative care services in an inpatient unit



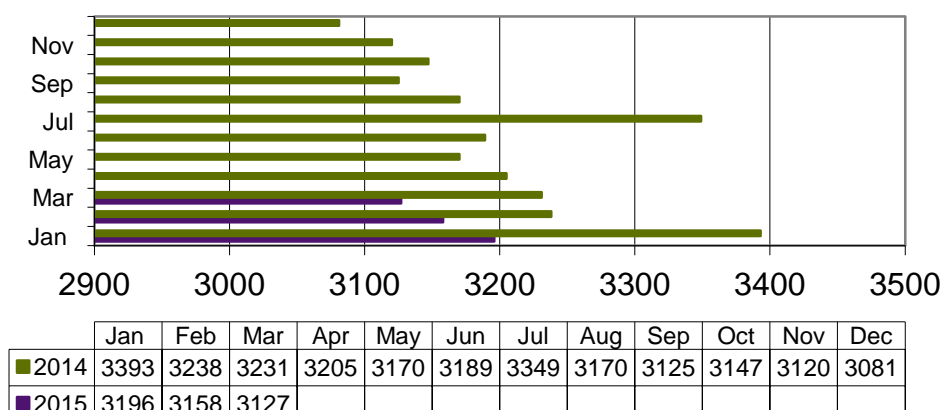
Access

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

- 3,076 March 2015, 3,231 March 2014 (-6.3% decrease) (n=204)
- 3,076 March 2015, 3,158 February 2015 (-2.6% decrease) (n=82)
- YTD variance from expected activity -5.3% (n=172)

The numbers of patients receiving specialist palliative care treatment in their place of residence (home, nursing home, non acute hospital) has decreased by 4.8% (n=155) compared to the same period in 2014.

Number of patients in receipt of Specialist palliative care in their normal place of residence.



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

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

- 341 March 2015, 287 February 2014 (18.5% increase) (n=53)
- 341 March 2015, 363 February 2015 (6.1% decrease) (n=22)
- YTD variance from expected activity is a 6.6% increase (n=21)

Total number of new patients by diagnostic category (Cancer/Non Cancer) in Inpatient units

- 203 Cancer, 27 Non Cancer March 2015. 170 Cancer, 26 Non Cancer February 2015.

The percentage of patients with a non Cancer disease being treated in an inpatient setting has increased steadily since 2010. In 2010 the cancer/non Cancer ratio was 93% cancer to 7% non cancer. March 2015 YTD the cancer/non Cancer ratio was 87% cancer to 13% non cancer

Total number of new patients by diagnostic category (Cancer/Non Cancer) in the Community

- 516 Cancer, 213 Non Cancer March 2015. 516 Cancer, 213 Non Cancer February 2015.

The percentage of patients with a non Cancer disease being treated in their normal place of residence has increased steadily since 2010. In 2010 the cancer/non Cancer ratio was 83% cancer to 17% non cancer. March 2015 YTD the cancer/non Cancer ratio was 70% cancer to 30% non cancer

Finance

Palliative Services	Care	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1		5,783	1,414	1,426	(13)	-1%
CHO 2		5,164	1,262	1,273	(12)	-1%
CHO 3		11,639	2,876	2,870	6	0%
CHO 4		8,124	2,052	2,028	24	1%
CHO 5		1,281	312	316	(4)	-1%
CHO 6		644	132	159	(27)	-17%
CHO 7		22,831	5,348	5,699	(351)	-6%
CHO 8		4,535	1,155	1,119	36	3%
CHO 9		10,278	2,679	2,623	56	2%
Regional & National		1,317	163	182	(19)	-10%
Total		71,596	17,393	17,695	(304)	2%

Service Level Arrangements: Position as at 30th March 2015

2014 Service Arrangements are completed for 152 out of 161 (94.4%)

2014 Service Arrangements are completed for €48.8m out of €54.7m (88.9%)



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		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%	72%	-25%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by			
	- General Adult Teams	>90%	93%	3%
	- Psychiatry of Old Age Teams	>99%	98%	-1%
	- Child and Adolescent Community mental Health Teams	>78%	82%	5%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by			
	- General Adult Teams	>75%	74%	-1%
	- Psychiatry of Old Age Teams	>95%	93%	-2%
	- Child and Adolescent Community Mental Health Teams	>72%	74%	2%
Access		Target YTD	YTD	% Var YTD
CAMHS	Reduction in the number of children and adolescents on waiting lists to be seen by Community CAMHS teams			
	Target: Overall reduction of $\geq 5\%$ (with a particular focus on the elimination of waiting lists of greater than 12 months)			
	Total no. to be seen	2,632	3,206	22%
	Total no. to be seen (0-3 months) ¹²	1,153	1,405	22%
	Wait List (i.e. those waiting >3 months)	1,479	1,801	22%
	No. And % on waiting list for first appointment at end of each month by wait time			
	i) 3-6 months	534	648	21%
	ii) 6-9 months	331	375	13%
	iii) 9-12 months	614	299	-51%
	iv) >12 months	0	479	>100%

¹² A targeted approach to addressing the needs of those waiting over 3 months and beyond 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 an individual waiting longer than these times. 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 is in train with an expected completion date at the end of April

Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€181,610	€183,332	(€1,722) 1%
	• Pay	€147,499	€148,157	(€658) 0%
	• Pay – Agency	€4,621	€7,343	(€2,722) 59%
	• Pay – Overtime	€3,738	€4,611	(€874) 23%
	Non pay	€38,753	€39,376	(€623) 2%
	Income	-€4,870	-€4,419	(€451) -9%
Service Arrangements	% of 2014 Service Arrangements signed	100%	184(90.2%)	9.80%
	€ Value of 2014 Service Arrangements signed.	100%	€53,549(94.7%)	5.30%
Human Resources		Target YTD	YTD	% Var YTD
Absence	Variance from HSE workforce Indicative workforce number (within approved funding levels)	<3.5%		
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 (EWTD)	< 24 hour shift	100%	87%	13%
	< 48 hour working week	100%	90%	10%
Staffing Levels	Variance from HSE workforce Indicative workforce number (within approved funding levels)	9,262	9,343	(91) 0.88%

Data Quality and Validity

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

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%)	72%									
	General Adult Community MHT's - offered appoint within 12 weeks (>90%)		85%	97%	96%	Data Gap	99%	99%	83%	Data Gap	89%
	Psychiatry of Old Age MHT's - offered appoint within 12 weeks (>99%)	98%	94%	100%	100%	88%	100%	100%	99%	98%	100%
	CAMHS offered appoint within 12 weeks (>78%)		77%	93%	91%	73%	90%	75%	76%	82%	Data Gap
	General Adult Community MHT's - offered appoint and seen within 12 weeks (>75%)		70%	85%	72%	Data Gap	93%	74%	71%	Data Gap	62%
	Psychiatry of Old Age MHT's - offered appoint and seen within 12 weeks (>75%)	93%	93%	92%	100%	66%	100%	99%	97%	90%	98%
	CAMHS offered appoint and seen with 12 weeks (>72%)	74%	70%	87%	90%	62%	79%	64%	68%	65%	59%
Access	No on CAMHS waiting list (2,632)		425	57	428	568	323	508	412	294	Data Gap
	No. on CAMHS waiting list (excluding < 3 months)		239	22	312	338	172	198	220	149	Data Gap
	No and % on CAMHS waiting list (< 3 months) (1,153)		186	35	116	230	151	310	192	145	Data Gap
	No and % on CAMHS waiting list (3-6 months) (534)		89	7	111	104	34	110	70	75	Data Gap
	No and % on CAMHS waiting list (6-9 months) (331)		45	3	54	54	32	68	41	46	Data Gap
	No and % on CAMHS waiting list (9-12 months) (614)		41	3	53	66	21	16	45	26	Data Gap
	No and % on CAMHS waiting list (> 12 months) (Zero Tolerance)		64	9	94	114	85	4	64	2	Data Gap
Finance	% variance - from budget	1%									
	% variance - Pay	0%									
	% variance - Pay (Agency)	59%									
	% variance - Pay (Overtime)	23%									
	% variance - Non pay (including procurement savings)	2%									
	% variance – Income	-9%									
	% variance of 2014 SA signed (100%)	90%									
	% variance € value of 2014 SA signed (100%)	95%									

		National	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
HR	% variance from Indicative workforce number (<0%)	0.88%									
	% absence rates rate (3.5%) ¹³	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate –General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%
	EWTD % NCHD's on <24 hour shift (100%)	87%									
	EWTD % NCHD's on <48 working week (100%)	90%									

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% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

¹³ Absence rates refer to all of Community Health Care

Mental Health Update

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

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

Quality

Serious Reportable Events

- Number of events reported up to March 2015 was 17
- Of these, 1 event was reported in March 2015 but occurred in November 2014
- In 13 cases (76%) the 4 month target for completion of investigations are non-compliant

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%)

- 77% (n=27) March 2015, 73% (n=22) March 2014 (23% increase) (n=5)
- 72% (n=73) YTD 2015, 66% (n=53) YTD 2014
- 77% (n=27) March 2015, 86% (n=25) February 2015 (8% decrease)
- YTD variance from target -25 %

In March, there were 35 Child and Adolescent acute inpatient admissions. Of these, 27 were to age appropriate Child and Adolescent Acute Inpatient Units and 8 were to adult mental health inpatient units/Approved Centres. Of these admissions, 4 (50%) were 17 years or older. The percentage of admissions of children to age appropriate units in March was 77% against the targeted 95%.

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

In 2015 to date, there had been a total of 102 children and adolescents admitted, 73 (72%) were to age appropriate Acute Child and Adolescent Inpatient Units and 29 (29%) were to approved adult mental health inpatient units.

The majority of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of these 90% were 16/17 years old and a third were discharged within 2 days and two thirds within a week.

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

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

- 94% March 2015
- 93% YTD 2015, 93% YTD 2014
- 94% March 2015, 92% February 2015 (2% increase)
- YTD variance from target (3% increase)

The General Adult Community Mental Health Teams are performing 3% year to date above target nationally. There can be variations in performance at team level and the outliers for this metric are CHO 1 (85%) and CHO 7 (83%) increasing from 80% in January and where performance in five of the 21 teams is reducing the overall performance relating to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover

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

- 99% March 2015
- 98% YTD 2015, 99% YTD 2014
- 99% March 2015, 98% February 2015 (1% increase)
- YTD variance from target (1% decrease)

The majority of the Psychiatry of Old Age teams nationally offer a first appointment within 12 weeks. An outlier for this metric is CHO 4 (88%). The POA team has been short consultant, nursing and administrative support staff negatively affecting performance and additional resources are planned to address these gaps.

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

- 83% March 2015,
- 82% YTD 2015 79% YTD 2014
- 83% March 2015, 80% February 2015 (3% decrease)
- YTD variance from target (5% increase)

83% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 5% above targeted performance. Outliers for this metric are CHO 4 (73%) and CHO 9 (71%) where across both CHO's, 6 of the 16 teams performance is reducing the overall performance and relates to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

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

- 73% March 2015
- 74% YTD 2015, 74% YTD 2014
- 73% March 2015, 73% February 2015 (0%)
- YTD variance from target (1% decrease)

73% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks which is on target of 75%. Outliers for this metric are CHO 7 (71%), CHO 8 (68%) and CHO 9 (62%). Additionally, service levels have deteriorated in CHO 1 from 75% in January to 68% in March. Under performance relates to the types of resourcing issues mentioned above with a further factor being the 'did not attend' (DNA) rate of 21%.

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

- 95% March 2015
- 93% YTD 2015, 95% YTD 2014
- 95% March 2015, 93% February 2015 (2% increase)
- YTD variance from target activity (2% decrease)

The vast majority of teams offer a first appointment within 12 weeks. Individuals who do not attend for appointments have an impact on this measure with the 'did not attend' (DNA) rate currently running at 3%. An outlier for this metric is CHO 4 (66%).

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

- 75% March 2015
- 74% YTD 2015, 71% YTD 2014
- 75% March 2015, 72% February (3% increase)
- YTD variance from target activity (2% increase)

In March 2015, 75% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 72% with YTD performance consistently ahead of the target of 72%. Outliers for this metric are CHO 4 (62%) and CHO 9 (59%). The CHO 4 underperformance is related to the resourcing issued outlined above.

Access

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

In March, there were 1,801 children and adolescents waiting for a first appointment for longer than three months, of which 479 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services.

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

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

- 3,206 March 2015, 2,916 March 2014 (10% increase) (n=290)
- 3,206 March 2015, 3,088 February 2015 (1% increase) (n=118)
- Variance from target (22% increase) (n=574)

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

- 1,405 (44%) March 2015, 1,367 (47%) March 2014 (3% increase) (n=38)
- 1,405 (44%) March 2015, 1,333 (43%) February 2015 (5% increase) (n=72)
- Variance from expected activity (22% increase) (n=252)

The number and % of children & adolescents on waiting lists for first appointment at end of each month (Excluding < 3 months) (Expected Activity 1,479, 56%)

- 1,801 (56%) March 2015, 1,549 (53%) March 2014 (16% increase) (n= 252)
- 1,801 (56%) March 2015, 1,755 (57%) February 2015 (3% increase) (n=46)
- Variance from expected activity (22% increase) (n=90)

This is broken down as follows;

The number and % of children & adolescents on waiting lists for first appointment at end of each month 3-6 months (Expected Activity 534, 20%)

- 648 (21%) March 2015, 526 (18%) March 2014 (23% increase) (n= 122)
- 648 (21%) March 2015, 630 (20%) February 2015 (3% increase) (n=18)
- Variance from expected activity (21% increase) (n=114)

The number and % of children & adolescents on waiting lists for first appointment at end of each month 6-9 months (Expected Activity 331 (13%))

- 375 (12%) March 2015, 327 (11%) February 2014 (15% increase) (n= 48)
- 375 (12%) March 2015, 348 (11%) February 2015 (8% increase) (n=27)
- Variance from expected activity (13% increase) (n=44)

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

- 299 (9%) March 2015, 243 (8%) March 2014 (23% increase) (n= 56)
- 299 (9%) March 2015, 318 (10%) February 2015 (6% decrease) (n=19)
- Variance from expected activity (51% decrease) (n=315)

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

- 479 (15%) March 2015, 453 (16%) March 2014 (6% increase) (n=26)
- 479 (15%) March 2015, 459 (15%) February 2015 (4% increase) (n=20)
- Variance from target activity (>100 % increase) (n=479)

The objective for this metric is that no team should have a child waiting longer than 12 months by the end of 2015. 55%* (n=34) of teams have no children waiting longer than 12 months although there are 479 (or 15% of the waiting list) individuals waiting more than 12 months.

Of the 30 teams who have individuals waiting longer than 12 months, 10 teams comprise 77% (367) of those (479) waiting longer than 12 months. This issue is being addressed in the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally. A validation exercise combined with analysis of those on this part of the waiting list has an expected completion date of 24th April.

* 62 out of 63 teams returned data in March (no return from Linn Dara Castleknock CAMHS)

Finance

Mental Health	Approved Allocation €'000	YTD Actual €'000	YTD Plan€'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	63,893	16,078	15,987	91	1%
CHO 2	88,795	21,895	21,891	5	0%
CHO 3	57,073	14,168	14,085	83	1%
CHO 4	99,544	25,050	24,544	506	2%
CHO 5	87,626	22,247	21,636	611	3%
CHO 6	51,476	12,707	12,787	(80)	-1%
CHO 7	72,159	18,103	17,915	188	1%
CHO 8	75,192	18,799	18,837	(39)	0%
CHO 9	100,793	25,223	25,085	138	1%
Regional & National	60,549	9,061	8,843	218	2%
Total	757,101	183,332	181,610	1,722	1%

Financial Commentary

Mental Health Services spent €183.3m in the three months ended March 2015 against a budget of €181.6m, a negative variance of €1.7m, representing .95 of 1%.

Pay is €0.65m over plan on a budget of €147.7m equating to 0.44% of 1%. The overrun in Total Pay is caused by significant overruns in Agency and Overtime Pay which is being balanced by a reduction in Direct Pay due to an inability to hire, particularly medical posts.

Non-Pay is €0.62m over plan and should come back into line in subsequent months as energy costs reduce in the summer period.

Income is €0.45m under plan and is due to reductions in Long Stay Income and Other Income.

Although the spend is over budget for the three months ended March 2015, there will be close monitoring and attention paid to emerging cost pressures with the necessary actions being taken if the budgetary situation does not improve. The Division would still forecast that it will be within budget at year end.

Service Level Arrangements Position as at 30th March 2015

2014 Service Arrangements are completed for 184 out of 204 (90.2%)

2014 Service Arrangements are completed for €53.549m out of €56.527m (94.7%)

Workforce Overview

Mental Health Human Resource Management	
Direct Staff WTE	9,343
Direct Staff Indicative workforce number	9,262
Direct Staff WTE Indicative workforce number Variance**	81
Direct Staff WTE Indicative workforce number Variance %	0.88%
2015 Development posts	
2015 Development posts filled	
% 2015 Development posts filled	
pre-2015 Development posts ¹⁴	1,144
pre-2015 Development posts filled	834
% pre-2015 Development posts filled	62.3%
Direct Staff Headcount	10,269
Absence rates ¹⁵ – Medical Dental	2.81%
Absence rates - Nursing	5.09%
Absence rates – Health and Social Care Professionals	3.99%
Absence rates - Management Admin	5.03%
Absence rates - General Support Staff	5.34%
Absence rates - Other Patient & Client Care	5.62%
Absence rates - Overall	4.94%

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

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

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

¹⁴ Pre 2015 Development posts relates to the coding of WTEs and funding relating to a former non statutory provider EVE Holdings now part of the HSE but where it is recorded as Mental Health for Headcount but as Social Care for Finance purposes. This will be rectified in later reports.

¹⁵ Absence rates refers to all of Community Healthcare



Social Care Services



Social Care

Social care services are focused on:

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

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

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

Disability Services Balanced Score Card

Quality		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	100%	35.70%	-64.30%
Congregated Settings	Facilitate the movement of people from congregated to community setting	150	31	-79%
Access		Target YTD	YTD	% Var YTD
0-18s Programme	Proportion of Local Implementation Groups which have local implementation plans for progressing disability services for children and young people (24 of 24 /100%) (Q)	24 out 24 (100%)	Data Gap	
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan	€360,295	€366,294	(€5,999) 2%
	" Pay (excl. Statutory Superannuation Pay)	€143,535	€143,655	(€120) 0%
	" Pay - Agency	€4,593	€7,748	(€3,155) 69%
	" Pay - Overtime	€1,141	€1,795	(€654) 57%
Service Arrangements	" Non-pay (including procurement savings)	€236,728	€241,250	(€4,521) 2%
	Income	-€25,637	-€25,148	(€489) -2%
	% and number of 2014 Service Arrangements signed	100%	607(79.1%)	20.90%
	€ value of 2014 Service Arrangements signed	100%	€877,523 (78.8%)	21.20%
Human Resources ¹⁶		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	% and cost of absence rates by staff category			
Staffing levels and Cost	Variance from HSE indicative funded workforce(within approved funding levels)	24,816	24,935	143(0.58%)
	Variance from end 2014, current, month, change			104

¹⁶ HR data is total social care variance(not broken between Older persons and Disabilities)

Disabilities 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	39%	84%	89%	64%	20%	35%	62%	25%	59%	15%
	Congregated Settings	31	3	1	0	6	2	5	0	13	1
Access	0-18s Programme		Data Gap	3 out of 4		Data Gap	Data Gap	0 out of 4	0 out of 2	1 out of 3	0 out of 1
Finance	% and € variance - from budget	2%									
	% and € variance - Pay (Direct/Agency/overtime)	0%									
	% and € variance –Non Pay (Including procurement savings)	2%									
	% and € variance income	-2%									
	% of 2014 SA signed	79.1%									
	€ value of 2014 SA signed	78.80%									
HR	% absence rates rate (3.5%) ¹⁷	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate – General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%
	Variance from Indicative workforce	0.5%									

Performance Rating

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

RAG

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

¹⁷ Absence rates refer to all of Community Health Care

Social Care Services Disability Services

Quality

Serious Reportable Events

- Number of events reported up to March 2015 was 13
- 1 new SRE was occurred reported in March 2015.
- In 7 cases (54%) the 4 month target for completion of investigations are non-compliant.

The Division of Social Care has established a Quality Improvement Enablement Programme, aimed at supporting care improvements in residential services for adults with intellectual disabilities. This partnership is between the Divisions of Social Care and the Quality Improvement. The programme focuses on six key drivers of quality improvement:

1. Leadership for quality improvement
2. Supporting person-centred care
3. Supporting staff to improve care
4. Safe care above all
5. Learning and measuring for improvement
6. Governance for quality and safety

In February 2015, seven staff in QID were identified to participate in this project, combining extensive knowledge and competencies in the areas of audit and evaluation, quality improvement, disability services, and clinical expertise. Expressions of interest have been reviewed by the Social Care Division in respect of Disability Service staff interested in and available to work as part of the interdisciplinary project, and two staff members from Disability Services are due to join the team in May.

The enablement project involves QID staff visiting HSE residential services for adults with disabilities. The purpose of these visits are to:

- Introduce the HSE residential services to members of the QI Enablement Project Team who have been assigned to work with them, their staff, and service users.
- View sites and engage with staff and services to get a broad sense of structures, practices and culture in each site in order to gauge services' readiness to participate in QI Enablement Project.
- Share information about the project in advance of in-depth site visits, and clarify subject matters which Project Teams can assist with and areas that are outside of the project scope. Clarify the distinction between QI work, as opposed to audit, inspection or research.
- Advise local sites as to priority areas in which sites should commence service improvements.

Inform the methodological approach to the overall project, as outlined in the project proposal. By the end of March 2015, visits to 50 units/houses, comprising of 440 HIQA registered beds had been completed. It is expected that the remaining services (approximately 81 units/houses) will be completed by the end of June.

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

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

- 39% (295 of 758 assessments) March 2015/ YTD 2015, 36% (277 of 775 assessments December 2014/Q4 2014 (3% increase)
- 30% (238 of 803 assessments) YTD 2014
- 36% (277 of 775 assessments December 2014 December 2014/Q4 2015)
- YTD variance from expected activity is on -61% from target

All CHOs are performing well below target as follows: CHO 1 (84%), CHO 2 (89%), CHO 3 (64%), CHO 4 (20%), CHO 5 (35%), CHO 6 (62%), CHO 7 (25%), CHO 8 (59%), and CHO 9 (15%).

Q1 2015 saw a marginal improvement in the % of Disability Act assessments completed within the timelines as provided for in the regulations, improving from 36% in Q4 2014 to 39% in Q1 2015. The requirement for assessments continues to increase significantly year on year with 1,649 applications for assessment received in the first quarter of 2015 versus 1,348 in Q4 2014 (22% increase) and 1,392 in 2014 (18.5% increase).

Compliance with the timelines provided for in the regulations remains an ongoing challenge for several of the CHOs. This issue is being worked through with the Chief Officers of the areas involved at their performance meetings.

In relation to the number of applications for an Assessment of Need received by the HSE under the Disability Act, activity has increased significantly year on year.

There was an 8% increase in applications in 2011 when compared to 2010. In 2012, 3,505 applications were received. This was a 5% increase on 2011. This rose again to 4,261 in 2013 – an increase of 22% on 2012 – and rose again in 2014 to 4,908 - a 15% increase on 2013. The activity level has risen again in the first quarter of 2015 with 1,649 applications received, an 18.5% on the same period for 2014

As applications for an Assessment of Need are in response to relatively new legislation, while it is intended that children under the age of six would be referred, applications are now being received on behalf of 13 year old children. In the first quarter of 2015, applications on behalf of school-aged children comprised 51% of all applicants.

Congregated Settings: Facilitate the movement of people from congregated to community settings (Expected Activity YTD 150)

- 31 March 2015/ YTD 2015, 2014 comparison not available as data was collected bi-annually in 2014
- 90 December 2014/ YTD 2014
- YTD variance from expected activity is -79% from target

By the nature of the transition process, the annual target will not be achieved in equal incremental phases during the year i.e. 150 per annum equates to 37 or 38 per quarter. The target timeframes for the transitions planned in 2015 are likely to be predominantly Q3 and Q4 2015. On this basis, in order to provide some evidence of progress, a number of interim milestones are being considered, that will allow progress of the planned transitions to be tracked throughout the year. Once these are agreed nationally and rolled out, it will be possible to provide further commentary to support this KPI on a quarterly basis.

Access

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

- 2,583 March 2015 YTD 2015, (2,583 March 2014)
- 2,583 February 2015
- Expected YTD activity on target

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

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

- 2,911 March 2015 / YTD 2015, 2,882 March 2014 / YTD 2014 (1% increase) (n=29)
- 2,911 March 2015, 2,894 February 2015 (0.6% increase) (n=17)
- YTD variance from expected activity 1% (n=41)

Overall performance is slightly above target. Outliers are CHO 5 (97%) and CHO 1 (99%). All other CHOS are performing at or above target.

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

The Progressing Disabilities 0-18 programme (which is a multi-year programme up to 2016/2017) is progressing in line with the Programme and the National Service Plan 2015, with areas having different target dates for re-configuration - from Q2 (e.g. Cavan/Monaghan & North/South Lee) to Q4 (e.g. North Cork, Wexford, Waterford, North & South Dublin) – see full list of target dates for each Area in NSP 2015. In Q1 2015, 21 of the 24 local implementation groups provided an update on their implementation plans for progressing disability services for children and young people. In order to meet the criteria of having an implementation plan in place, each LIG must have an Implementation Plan comprising of 4 components (Principles and Values, Policies, Governance Structure and Detailed Implementation Plan) developed and submitted to the National Steering Group for sign off. Of the 21 LIGs who submitted returns for March, 6 now have full implementation plans in place, with others working towards an implementation date of Q4 2015.

The allocation of the 120 development posts attached to this programme in 2015 will be decided by May 2015, with posts being allocated to facilitate the roll out of the programme, as outlined in NSP 2015.

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

The annual target for this is 1.3 million hours. Service users who receive PA hours do so on an ongoing basis; this service is provided primarily by section 39 providers. This metric is reported on a quarterly basis, one month in arrears, so Q1 2015 performance data will be available in the April report.

The number of Home Support Hours delivered to people with a disability

As per PA hours, service users who receive home support hours do so on an ongoing basis. For this reason, this metric is reported on a quarterly basis, with an annual target of 2.6 million hours for 2015. This metric is reported on a quarterly basis, one month in arrears, so Q1 2015 performance data will be available in the April report.

The number of respite overnights accessed by people with a disability

This number of respite overnights accessed by people with a disability is reported on a quarterly basis; with an annual target of 190,000 for 2015. This metric is reported one month in arrears, so Q1 2015 performance data will be available in the April report.

Finance

Social Care Disability Services	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	105,168	26,868	25,885	983	4%
CHO 2	137,768	35,233	33,963	1,269	4%
CHO 3	126,371	31,857	31,147	710	2%
CHO 4	184,136	45,986	45,388	598	1%
CHO 5	128,961	32,307	31,858	450	1%
CHO 6	202,110	52,261	50,840	1,420	3%
CHO 7	149,961	37,884	36,708	1,176	3%
CHO 8	164,399	41,994	40,805	1,189	3%
CHO 9	237,958	61,871	60,260	1,611	3%
Regional & National	25,193	34	3,441	(3,407)	-99%
Total	1,462,025	366,294	360,295	5,999	2%

Financial Commentary

Disability Services have spent €366.2m versus a budget of €360.2m in the period ending 31st March showing a negative variance of €5.9m.

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

Significant pay cost pressures include;

- Overnight residential staff
- Environmental factors
- significant staffing and capital / once-off pressures caused by the enhanced regulatory focus on disability residential services
- Aras Attracta service following on from issues identified in that service in recent months.

Service Level Arrangements Position as at 30th March 2015

2014 Service Arrangements are completed for 607 out of 767 (79.1%)

2014 Service Arrangements are completed for €877.523m out of €1,113.252m (78.8%)

Workforce overview

Social Care Human Resource Management ¹⁸	
Direct Staff WTE	24,959
Direct Staff Indicative workforce number	24,816
Direct Staff WTE Indicative workforce number Variance	143
Direct Staff WTE Indicative workforce number Variance %	0.58%
2015 Development posts	2
2015 Development posts filled	0
% 2015 Development posts filled	0%
pre-2015 Development posts	175
pre-2015 Development posts filled	58.7
% pre-2015 Development posts filled	33.5%
Direct Staff Headcount	29,665
Absence rates ¹⁹ – Medical Dental	2.81%
Absence rates - Nursing	5.09%
Absence rates – Health and Social Care Professionals	3.99%
Absence rates - Management Admin	5.03%
Absence rates - General Support Staff	5.34%
Absence rates - Other Patient & Client Care	5.62%
Absence rates - Overall	4.94%

¹⁸Work force overview is inclusive of Disability and Older People Services

¹⁹ Absence rates refers to all of Community Healthcare

Social Care Services - Older Persons Services

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting in development			
Elder Abuse	% of active cases reviewed within 6 months time frame	90%	90.13%	0.14%
Access		Target YTD	YTD	% Var YTD
Home Care Packages	Total no. of persons in receipt of a HCP	13,200	13,580	2.90%
	Intensive HCPs - no. in receipt of an Intensive HCP at a point in time (capacity)	190	52	-72.60%
Home Help Hours	No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	2,487,266	2,452,385	-1.40%
Nursing Homes Support Scheme (NHSS)	No. of people being funded under NHSS in long-term residential care during the reporting month			
Public Beds	No of NHSS Beds in Public Long Stay Units	5,287	5,293	0.10%
Finance		Budget YTD €'000	Actual YTD €'000	% Var YTD
Budget Management including savings	Net Expenditure variance from plan	€179,903	€181,793	(€1,889) 1%
	" Pay	€158,791	€159,992	(€1,201) 1%
	" Pay - Agency	€6,662	€7,497	(€835) 13%
	" Pay - Overtime	€1,259	€1,440	(€181) 14%
	Non pay	€113,619	€110,008	(€3,610) -3%
	Income	-€93,298	-€89,247	(€4,051) -4%
Service Arrangements	% of 2014 Service Arrangements signed	100%	1001(88.7%)	11.30%
	€ value of 2014 Service Arrangements signed	100%	€124,725 (88.6%)	11.40%
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 Indicative workforce number (within approved funding levels)	<0% (24,816)	24,959	143(0.58%)

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)	13,580	1,217	1,084	780	1,337	784	1,400	1,645	1,884	3,409
	HCP - No of persons in receipt of an Intensive HCP (190)	52									
	Home Help Hours - hours provided (10.3m)	2,439,274	326,033	282,317	219,625	495,156	109,902	92,629	175,870	303,530	267,767
	NHSS Beds - no of people funded (22,361)	22,142									
	No of NHSS Beds in Public Long Stay Units (5,287)	5,293	562	607	346	1,039	567	391	646	660	475
Finance	% variance - from budget	1%									
	% variance - Pay	1%									
	% variance - Pay (Agency)	13%									
	% variance - Pay (Overtime)	14%									
	% and € variance - income	-4%									
	% and € variance - Non Pay (including procurement savings)	-3%									
	% variance of 2014 SA signed (100%)	88.70%									
	% variance € value of 2014 SA signed (100%)	88.60%									
HR	% variance from Indicative workforce number (<0%)	0.58%									
	% absence rates rate (3.5%) ²⁰	4.95%	6.14%	4.72%	5.34%	4.03%	4.77%	4.37%	5.54%	5.70%	4.22%
	% absence rates rate – Medical and Dental	2.33%	2.39%	2.84%	1.61%	2.24%	1.38%	4.07%	2.74%	2.07%	2.31%
	% absence rates rate – Nursing	5.11%	6.21%	5.06%	6.92%	4.30%	5.50%	3.87%	5.13%	6.26%	3.90%
	% absence rates rate – Health & Social Care	3.94%	3.86%	3.77%	4.19%	3.81%	4.16%	4.01%	4.19%	4.10%	3.69%
	% absence rates rate - Management Admin	4.89%	5.60%	5.20%	4.75%	4.26%	3.47%	4.31%	5.87%	5.92%	3.68%
	% absence rates rate –General Support Staff	5.53%	7.21%	6.97%	6.01%	4.22%	5.45%	4.17%	5.83%	5.79%	5.11%
	% absence rates rate – Other Patient and Client Care	5.47%	6.96%	5.19%	5.27%	4.37%	4.79%	4.52%	6.13%	6.19%	5.55%

Performance Rating

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

RAG

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 5% of target
 Green ● < 0.25% of target

HR – Absence

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

HR – Indicative workforce number

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

²⁰ Absence rates refer to all of Community Health Care

Social Care Services - Older Persons Services

Quality

Serious Reportable Events

- Number of events reported up to March 2015 was 13
- 1 new SRE occurred and was reported in March 2015.
- In 7 cases (54%) the 4 month target for completion of investigations are non-compliant.

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

- 88.6% of active cases were due for review in March (179 out of 202)
- 179 cases were reviewed in March 2015 compared to 154 in February 2015 (16% increase) (n=25)
- YTD variance from expected activity 0.1%(n=1)

In March, 126 new referrals for Elder Abuse were received. Of the total number of abuse type referrals, 9.4% relate to physical abuse, 31.1% relate to psychological abuse, 16.2% relate to financial abuse, 17.6% relate to neglect and the remaining 25.7% are classified in other categories. The YTD total for new referrals stands at 599.

Access

Home Care Services

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

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

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

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

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

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

- 13,580 March 2015, 12,401 March 2014 (9.51% increase, n=1,179)
- 13,580 March 2015, 13,407 February 2015 (1.2% increase, n=173)
- YTD variance from expected activity is 2.9% (n=380)

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

The increased demand for HCPs in Quarter 1 2015 to assist in hospital discharges has resulted in a 2.9% (380 HCPs) increase over target (13,200) with an additional 173 HCPs in place at the end of March when compared to the end of February 2015. 1,179 more HCPs were provided in March 2015 than in March 2014, representing a 9.5% increase. This is also reflected in the financial summary, with associated higher costs reflecting the increasing level of dependency of patients supported with HCPs and subsequent service requirements to enable discharge during this period of increased demand.

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

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

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

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

- 51 March 2015 / YTD 2015, comparison with 2014 not available as data collection did not commence until April 2014
- 51 March 2015, 36 February 2015, (41.7% increase n=15)
- YTD variance from expected activity – 73.2% (n=139)

Intensive Home Care Packages are being provided by CHO 2 (17), CHO 3 (6), CHO 4 (6) and CHO 6 (5), CHO 7 (1), CHO 9 (16).

The target for iHCPs is 190 for 2015 when fully implemented. As demonstrated in the data there is a significant increase in the number of iHCPs provided in March over February position (+41.7%) which is reflective of the identification of suitable patients, and corresponding suitable services being provided to meet the complex needs of these patients being discharged home from targeted acute hospitals.

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

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD 2,487,266 Annual 10.3m)

- 839,335 March 2015, 835,658 March 2014 (0.4%, n=3677)
- 2,452,385 YTD 2015, 2,502,600 YTD 2014 (-2.0%, n=50215)
- 839,335 March 2015, 779,925 February 2015 (7%, n=59,410)
- YTD variance from expected activity -1.4% (n=34,881).

CHOs not achieving their expected activity are CHO 2 (-7.1%), CHO 4 (-7.2%), CHO 5 (-3.2%) and CHO 6 (-7%).

Issues affecting data collation in South Tipperary have resulted in a likely under collection of home help hours in the region of approximately 10,000 hours for February 2015. Processes are currently being reviewed in that area and the situation has been resolved for March. If this is factored in, the adjustment would bring YTD activity to approximately 2,462,385 hours which is -1% from target YTD. Mainstream home help hours activity is increasing month on month across most CHOs in support of acute hospital discharges and to prevent inappropriate admissions/A&E attendances in particular.

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

The data (activity and expenditure) reflects the fact that clients are requiring mainstream home help at higher costs (outside of normal hours) and there is an emerging trend towards an increased requirement overall for home care (mainstream home help, nursing etc) and community supports (respite, therapies, aids and appliances) which can be supported through the HCP scheme and is being reflected in the numbers in receipt of HCP exceeding the YTD target.

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

- 47,569 March 2015 / YTD 2015, 46,622 March 2014 / YTD 2014 (2%, n=947)
- YTD variance from expected activity -4.86% (n=2,431)

The number of people receiving the service has increased considerably on the same period last year (947) and 512 clients above outturn level for 2014 which was 47,057. In line with the delayed discharge initiative, additional supports are being put in place to facilitate discharge of patients with higher dependency levels than were previously supported in the home. This has resulted in greater levels of night time and weekend support, resulting in higher cost home help hours being provided. In addition as evidenced from the HCP client numbers there is a growing requirement for enhanced levels of support beyond mainstream levels which are provided through the HCP scheme.

While number of clients appears to have reduced in March (47,569) over February (48,117) this related to an error in numbers reported in one LHO which has been rectified in March.

The key point is that numbers receiving home help have increased over the same period last year and over 2014 outturn.

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

- 22,142 March 2015 / YTD 2015, 22,553 March 2014 / YTD 2014 (-1.8%, n=411)
- YTD variance from expected activity (-1.0%, n=219)

In March 2015 the NHSS funded 22,142 long term public and private residential places. When adjusted for clients not in payment there were 23,037 supported under the scheme. The numbers in payment are slightly below (n=219) the target of 22,361 due to some clients not going into long term care as quickly as anticipated.

As a result of the additional 300 places accelerated in December 2014 as part of the Delayed Discharges Initiative, the wait time for NHSS funding has reduced to 11 weeks and it was maintained at that level throughout March. At the end of March, there were 1,308 people on the national placement list.

In the first three months of 2015, 2,907 applications were received and 1,904 new clients were funded under the scheme in public and private nursing homes. This was a net decrease of 218 clients in payment during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. Due to the impact of the ageing population (4% annual growth in over 85s) the demand for places is greater than the resources currently available. The additional funding of €5 million for home care packages in 2015 and the additional 300 places from December 2014 is assisting in addressing some pressures.

In March 2015 the percentage of the population over 65 years funded in NHSS/Saver beds was 4% or 22,102 (based on the 2011 census figures). During the reporting month, the average processing time to determine an application was four weeks.

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

- 5,293 March 2015 / YTD 2015, 5,321 March 2014 / YTD 2014 (-5%, n=28)
- YTD variance from expected activity 0.1% (n=6)

Delayed Discharge Initiative 2015

Under the Service Plan 2015, €25m was allocated specifically to alleviate delayed discharges in Acute Hospitals with a focus particularly on Dublin Academic Teaching Hospitals (DATH) and Our Lady of Lourdes Hospital. The funding was targeted as follows:

- Nursing Home Support Scheme (NHSS): €10m to support 300 additional long stay care places. This additional funding enabled a reduction in the waiting time for funding from 15 weeks in October 2014 to 11 weeks by January 2015, with a corresponding reduction in the number on the placement list from 2,135 in October 2014 to 1,308 on the waiting list at the end of March. This 11 week wait time has been maintained since January.
- Short Stay Beds: €8m of funding was targeted towards increasing access to short stay beds. Up to the end of March 2015, an additional 50 transitional care beds had been provided, on a named patient basis, in the greater Dublin area, as follows:
 - St. James's Hospital (10 beds)
 - Beaumont Hospital (10 beds)
 - Mater Misericordiae (10 beds)
 - St. Vincent's University Hospital (5 beds)
 - Connolly Hospital (5 beds)
 - Tallaght Hospital (5 beds)
 - Our Lady of Lourdes Hospital (5 beds)

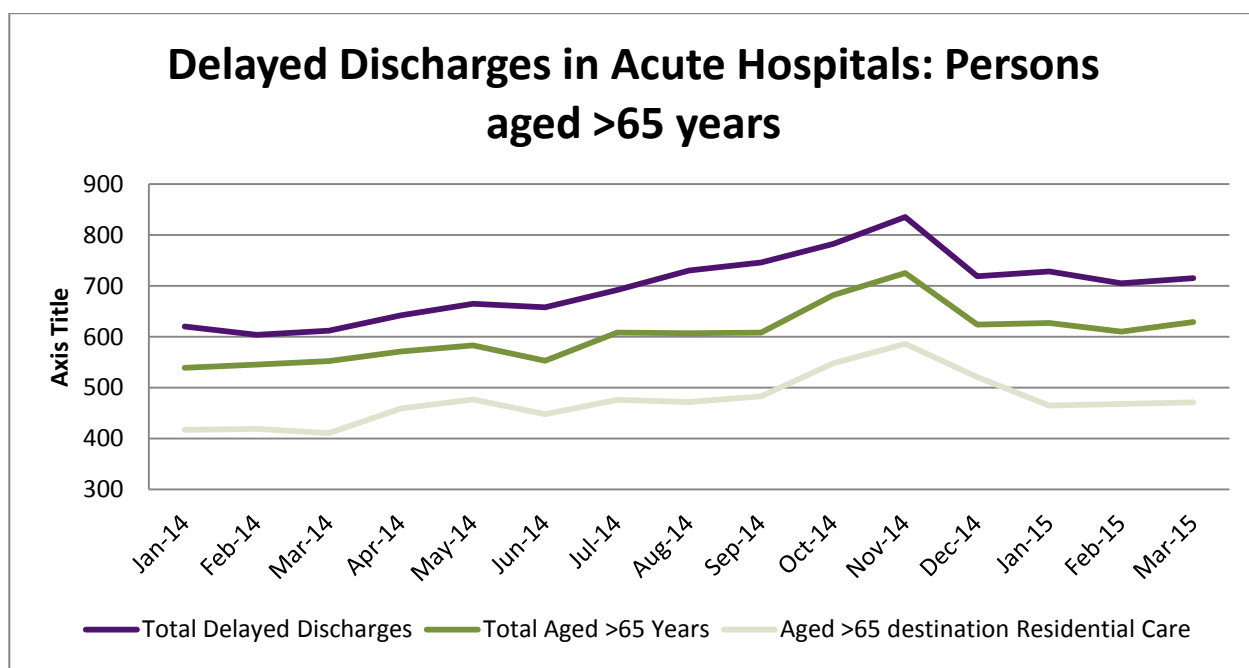
- Planning is underway to provide an additional 65 beds at the former Mount Carmel hospital site on a phased basis from April 2015.
- Home Care Packages: €5m of this has been allocated for Standard Home Care Packages provision to provide 400 Home Care Packages which will benefit 600 additional clients. As detailed above, all 400 of these HCPs have been allocated and are being fully utilised by the DATHS and Our Lady of Lourdes Hospital.

The remaining €2m was allocated to provide additional Community Intervention Teams (CITs) across Dublin, detail of which can be obtained from the Primary Care Division.

In addition to what is outlined above in relation to initiatives funded by the additional €23 million, quarter one 2015 saw a nationwide requirement for additional measures to alleviate the pressures placed on acute hospitals. This resulted in additional measures being put in place by the Division of Social Care, resulting in 1,513 additional transitional care beds being funded to alleviate pressure on 37 different hospitals around the country.

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

As of the end of March, there were 629 patients aged 65 and over medically discharged in acute hospitals. Of these 74.9% (n=471) are awaiting Long Term Residential Care, 14.6% increase on March 2014 (source Delayed Discharges National Report, 31 Mar 2015).



Finance

Social Care Older Persons	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
CHO 1	72,921	18,967	17,979	988	5%
CHO 2	58,519	15,861	14,541	1,320	9%
CHO 3	57,374	14,302	14,328	(26)	0%
CHO 4	119,029	31,442	30,041	1,401	5%
CHO 5	59,354	15,619	14,821	798	5%
CHO 6	52,178	13,714	13,123	591	5%
CHO 7	78,010	20,137	20,521	(384)	-2%
CHO 8	50,059	14,586	12,991	1,595	12%
CHO 9	85,789	21,780	21,480	299	1%
NHSS	828,657	204,021	205,139	(1,118)	-1%
Regional & National	67,525	15,386	20,079	(4,693)	-23%
Total	1,529,415	385,814	385,042	772	0%

Financial Commentary

Within the Social Care Division (SCD) Elderly Services have spent €181.7m versus a budget of €179.9m in the period ending 31st March showing a negative variance of €1.9m.

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

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

Challenges do remain with 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.

Service Level Arrangements

Position as at 30th March 2015

2014 Service Arrangements are completed for 1,001 out of 1,128 (88.7%)

2014 Service Arrangements are completed for €124.725m out of €140.813m (88.6%)

Workforce overview

Social Care Human Resource Management ²¹	
Direct Staff WTE	24,959
Direct Staff Indicative workforce number	24,816
Direct Staff WTE Indicative workforce number Variance	143
Direct Staff WTE Indicative workforce number Variance %	0.58%
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2015 Development posts filled	0
% 2015 Development posts filled	0%
pre-2015 Development posts	175
pre-2015 Development posts filled	58.7
% pre-2015 Development posts filled	33.5%
Direct Staff Headcount	29,665
Absence rates ²² – Medical Dental	2.81%
Absence rates - Nursing	5.09%
Absence rates – Health and Social Care Professionals	3.99%
Absence rates - Management Admin	5.03%
Absence rates - General Support Staff	5.34%
Absence rates - Other Patient & Client Care	5.62%
Absence rates - Overall	4.94%

²¹Work force overview is inclusive of Disabilities and Older People Services

²² Absence rates refers to all of Community Healthcare



Finance

Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

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

The letter of non-capital allocation received by the HSE includes an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 budget. It provides funding levels similar to 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,166m, 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 outlines a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation /collection - EU Charges of €10m). It also identifies 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 March 2015

As of March 2015 the health service has recorded net spend on an income and expenditure basis of €3.073 billion against a budget of €2.982 billion. This leads to a total deficit of €91m of which i.e. circa €36m relates to the areas of PCRS, Local Schemes, State Claims and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision. In addition there is a deficit of €55m within core services primarily within Acute Hospitals and Social Care. The early indications confirm the key financial risks are in acute hospitals and demand led areas. Acute hospitals, in particular, will require very close management using the measures specified in the Accountability Framework as set out in the NSP.

	Approved Allocation €'000	YTD Actual €'000	YTD 'Budget €'000	Variance €'000	YTD % var vrs Plan
HSE Funded Providers	1,707,990	443,788	427,796	15,992	4%
HSE Direct Provision	2,290,814	586,002	559,046	26,957	5%
Acute Hospitals Division	3,998,804	1,029,790	986,841	42,949	4%
National Ambulance Service	144,139	35,315	34,752	563	2%
Health & Wellbeing	201,315	42,884	43,234	(350)	-1%
HSE Funded Providers	7,128	1,862	1,721	141	8%
HSE Direct Provision	739,316	181,301	178,461	2,840	2%
Primary Care	746,444	183,162	180,182	2,981	2%
HSE Funded Providers	0	0	0	0	
HSE Direct Provision	124,096	30,987	30,769	218	1%
Social Inclusion	124,097	30,986	30,769	217	1%
HSE Funded Providers	20,160	4,572	5,040	(468)	-9%
HSE Direct Provision	51,437	12,820	12,655	165	1%
Palliative Care	71,597	17,392	17,695	(303)	-2%
Primary Care Division (Note 1)	942,138	231,541	228,646	2,895	1%
HSE Funded Providers	35,566	8,912	8,857	55	1%
HSE Direct Provision	721,535	174,420	172,753	1,667	1%
Mental Health Division	757,101	183,332	181,610	1,722	1%
HSE Funded Providers	29,803	8,405	7,528	877	12%
HSE Direct Provision	670,956	173,388	172,375	1,012	1%
Older Persons	700,759	181,793	179,903	1,889	1%
Nursing Home Support Scheme	828,657	204,021	205,139	(1,118)	-1%
HSE Funded Providers	383,170	98,817	96,461	2,357	2%
HSE Direct Provision	1,078,856	267,476	263,834	3,642	1%
Disabilities	1,462,025	366,294	360,295	5,999	2%
Social Care Division	2,991,441	752,107	745,337	6,771	1%
National Cancer Control Programme	10,664	777	703	73	10%
Clinical Strategy & Programmes (incl NMPDU)	29,941	4,459	4,912	(453)	-9%
Quality Improvement Division	7,777	848	788	61	8%
National Services	295,914	70,075	69,353	723	1%
Total HSE Funded Providers (Note 2)	2,183,816	566,356	547,402	18,954	3%
Total HSE Direct Provision	7,195,415	1,784,773	1,748,772	36,001	2%
Community Healthcare Organisations	3,726,662	953,783	923,374	30,409	3%
Total Direct Service Provision	9,379,232	2,351,128	2,296,175	54,953	2%
Statutory Pensions	432,905	110,019	105,980	4,039	4%
Pension Levy	(220,870)	(53,777)	(54,521)	743	-1%
Statutory Pensions & Pension Levy (Note 3)	212,034	56,241	51,459	4,782	9%
State Claims Agency	96,000	33,633	32,128	1,505	5%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	575,557	548,534	27,023	5%
Demand Led Local Schemes (Note 1)	218,375	56,728	54,072	2,656	5%
Non Core Services (Note 3)	2,582,483	665,918	634,734	31,184	5%
Total Non Core Services Provision (Note 3)	2,794,518	722,160	686,193	35,966	5%
Held Funds	7,250				
Accelerated Income (Note 4)	(50,000)				
Total	12,131,000	3,073,288	2,982,368	90,919	3%
Core Services Budget (i.e. Total excluding Pensions & Non Core Services)	9,379,232	2,351,128	2,296,175	54,953	2%

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

Note2: Represents the majority of larger voluntary providers funded under Section.38 of the Health Act including all of the voluntary acute hospitals

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

Note 4: This represents a HSE cash acceleration target

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, were prepared on an agreed basis in NSP2015. 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 €31.1m on these areas at the end of March 2015

In addition to these costs, similar consideration must be given to pensions costs provided within the HSE which cannot be readily controlled in terms of financial performance and are difficult to predict. As at March pensions are showing a deficit of €4m which represents retirements in excess of profiled expectations for the first quarter and also represents an increase in the full year pensioner payroll costs in 2015. A number of scenarios are being considered in this respect. This is in addition to further analysis of potential full year income funding shortfalls as a result of new entrant's pension contributions not being available to HSE since January 2013. In addition to a statutory view an assessment of funded s.38 voluntary sector is ongoing to determine the scale of any likely pension issue in 2015.

The NSP 2015 was prepared on the basis that pension related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. The combined deficit from these combined areas is €36m at the end of March. Outside of these areas core services, primarily Acutes and Social Care, have deficits of €55m at the end of March.

Acutes

Acute Hospitals are reporting a €43m deficit for the month of March. It is clear that there has been an exceptional pressure on management capacity and costs in Q1 related to the very high level of delayed discharges and the necessary response to same. This has not facilitated any traction being achieved 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 Q1 with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. Recent announcements in relation to additional funding to deal with the delayed discharge issue should help to alleviate the impact on the acute sector over the remainder of 2015

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

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

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

Social Care – Elderly Services

Elderly services have recorded a March Net deficit of €1.9m.

As already mentioned the recent announcements in relation to additional funding to deal with the delayed discharge issue will have a significant impact on service provision and full year outlook. The pressure caused by the exceptionally high level of delayed discharges in the early months of 2015 coupled with the

level of management this consumes has driven up costs (including in home support) and mitigate against progress in the areas of service improvement and cost reduction via skill mix changes.

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

Challenges do remain with 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.

Social Care – Disability Services

This group of services has recorded a March Net deficit of €6m. The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

- Significant pay cost pressures around overnight residential staff.
- Deployment of staff issues driving agency costs is significant.
- Staffing and capital / once-off pressures caused by the enhanced regulatory focus on disability residential services.

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. The first two months showed a small increase year on year with March now also increasing, however in light of the sustained level of delayed discharges it would be challenging to draw a conclusion from this in isolation.

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

Conclusion

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

However the sustained exceptional level of delayed discharges, the cost pressures these are causing and the level of management time and capacity taken up with dealing with this issue within our acute and social care services is beyond the level anticipated in the service plan. It has not been possible to deliver the necessary cost reductions in Q1 that the plan requires in part because our focus has been on opening / maintaining additional bed and other capacity. This capacity is not funded in NSP 2015 and was intended to be closed. However, recent announcements in relation to additional funding to deal with the delayed discharge issue will impact on the 2015 overall outlook.

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

The €55m March deficit in our core services located primarily within the acute hospital and social care services is a cause for concern. Efforts are being renewed both to address the delayed discharge issue and also to intensify efforts to gain traction with the necessary cost reduction measures over the remainder of the year.



Human Resources

Human Resources Overview

Overview of Workforce Position and Employment Control Framework – Key messages

Outturns and change

- 100,438 WTEs at end of March excluding Home Helps, up +336 WTEs from February and 1,111 WTEs year-to-date.
- This compares with an increase in same period in 2014 of 283 WTEs and 950 WTEs respectively.
- March is the eight month in a row, from August 2014, to record growth in employment levels and in that time recorded employment is +2,467 WTEs (+2.5%).

Initial Indicative Direct Funded Employment Threshold Compliance/Pay Envelopes

- In 2015, compliance assessment with allocated pay envelopes/affordability is replacing compliance with Employment Indicative workforce as notified by the Department of Health. This work is on-going with Finance, to assign direct funded employment thresholds expressed in notional WTEs, to Divisions, HGs, CHOs, NAS and Corporate/HBS. An initial indicative direct funded employment threshold of 99,541 WTEs has been identified, and remains under review, and may change when budgets and affordability are further assessed.
- The Health Sector is 898 WTEs (+0.9%) above this initial threshold of 99,541 WTEs.
- Most Divisions are below or marginally above their direct funded employment threshold. However Acute Services are some 951 WTEs (+1.9%) above their 2015 average indicative direct funded employment threshold with employment growth of +840 WTEs YTD.
- There are some 718 WTEs of new service developments planned/in process to be filled, rolled forward from 2014.
- In overall terms the health services are marginally above the initial indicative direct funded employment threshold. This would suggest, bearing in mind the levels of recruitment currently in progress, that unless this additional recruitment and further planned recruitment in 2015 is not offset by staff turnover, early and significant breaches of the allocated direct funded employment threshold, particularly in the Acute Hospitals Division will occur and could pose financial and workforce challenges later in 2015.

Turnover Rate (new metric) March 2015

- The turnover rate at the end of Quarter 1 2015 for the HSE stands at 6.95%. There have been significant increases in number of leavers recorded in Quarter 1 2015 when compared with the same period in 2014 (+414 WTEs). Some of this may be due to under reporting as in 2014 not all agencies were submitting leaver data, nevertheless there has been an upward trend seen over recent months.
- The Ireland East Hospital Group turnover rate is highest among Hospital Groups standing at 14.58% compared against Acute Hospitals Division of 9.83%. Community Healthcare Organisation Area 7 at 6.31% is the highest within the Community Healthcare Organisations and the lowest at 3.19% is CHO 8.
- Table below provides turnover by staff category showing Medical/Dental at 34.75% this is partially also due to rotation of NCHD staff.

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

Absence

Table below sets out some of the key absence data for the month of February

	Target	February 2014	Full Year 2014	Previous month	February 2015	YTD 2015	% Medically Certified (Feb 2015)	% Medically Certified (YTD 2015)
Absence Rates	3.50%	4.87%	4.27%	4.51%	4.56%	4.53%	85.82%	86.49%

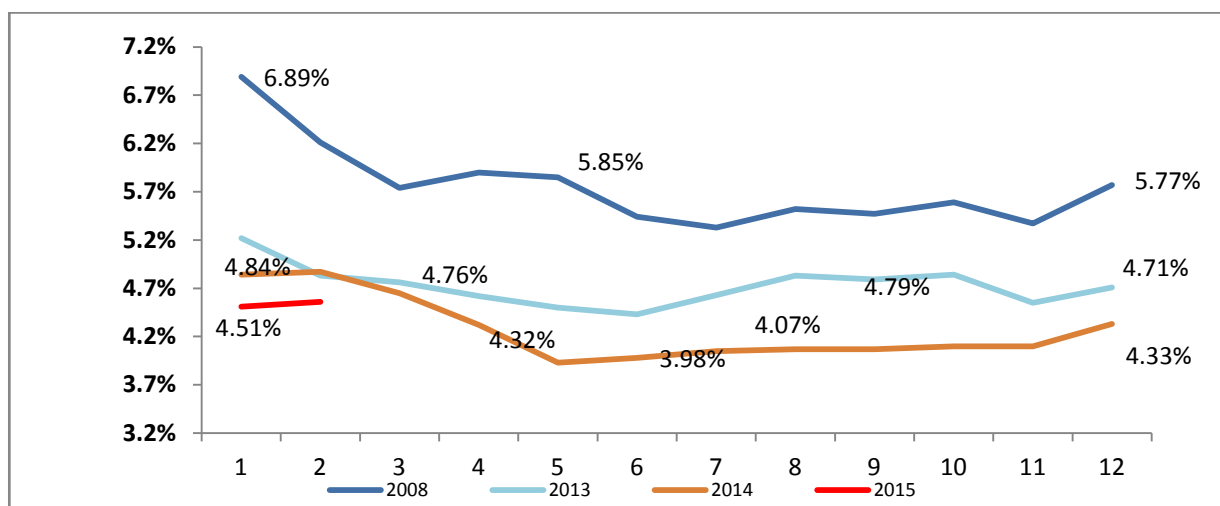
Note: Absence rates are reported one month in arrears.

Latest monthly figures (February 2015)

- The February rate at 4.56% is up on the January rate of 4.51% reflecting seasonal factors and is the lowest February rate on record. Previous February rates were 6.21% (2008), 4.97% (2009), 4.74% (2010), 4.91% (2011), 5.12% (2012), 4.83% (2013) and 4.87% (2014).
- It would appear that the changes in the paid sick leave scheme which came into effect from the 31st March 2014 are having a measurable positive effect in recorded absence, and is building on the general downward trend seen in recent years.

Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- February 2015 absence rate stands at 4.56% down from a rate of 4.87% for February 2014, a reduction of 6.8%.
- The 2015 YTD rate is 4.53%, but as for just two months is too short for external comparison purpose. The 2014 full year rate at 4.27% puts the Health Services generally in- line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the rate recorded to September 2014 was 5.5%
- Annual rates; 2008 – 5.74%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.27%
- Table below shows absence rates trends over a number of years.



Medical Retention

In accordance with the progress report on the *Strategic Review of Medical Training and Career Structure (McCraith Reports 1, 2 & 3)* published by the Department of Health 10th February 2015 and HSE National Service plan 2015, quarterly reporting of Consultant and Non Consultant Hospital Doctor retention rates will occur in the HSE Performance Assurance Report insofar as is feasible.

The HSE are in the process of developing a Consultant and NCHD Database which, when fully populated and operational in 2016 will provide information on numbers of medical staff whom remain working in the HSE after training. In the interim, information will be provided on existing numbers of medical staff by service area, by specialty (consultants) and grade (NCHDs) and changes in same per quarter. See tables below for details as of end March 2015.

Consultants & NCHD summary: December 2014 to March 2015

HG & Division	Consultants		NCHDs	
	WTE Mar 2015	WTE change since Dec 2014	WTE Mar 2015	WTE change since Dec 2014
Children's HG	154	-2	234	+3
Dublin Midlands HG	384	-1	780	+6
Ireland East HG	443	+5	962	+21
RCSI HG	343	+6	774	+36
Saolta Healthcare University HG	348	-1	766	+18
South/ South West HG	405	+3	859	+12
University of Limerick HG	130	-3	257	+7
Acute Services	2,206	+7	4,632	+101
Mental Health	306	+1	410	+11
Primary Care	43	-1	285	-7
Social Care	46	+0	50	-3
Health & Wellbeing	37	+1	22	+0
Ambulance Services	1	+0		
Corporate & HBS	3	+0	6	+0
Total	2,642	+8	5,404	+102

European Working Time Directive

In March 2015 hospitals / agencies nationally have reported a 70% compliance with an average 48 hour working week for all NCHD's. 6 hospitals are 100% compliant (Cappagh, Eye & Ear, St. Columcille's, St Luke's, Rotunda and Kerry General Hospital.). 6 hospitals are reporting below 50% compliance – Coombe (35%), Portlaoise (43%), Louth County (33%), OLOL (35%), Tullamore 46%, and Naas 33%.

Separately, hospitals and agencies reported 98% compliance with 30 minute breaks, 98% compliance with weekly / fortnightly rest and 97% compliance with a daily 11 hour rest period.

Monthly EWTD data since September 2014 illustrates that the pace of EWTD compliance (in terms of compliance with the maximum average 48 hour week) is static – and has almost flat lined. In that context, following substantial work practice changes, introduction of new rosters, introduction of a cohort of protected training time, significant NCHD recruitment (over 400 additional NCHDs in the last two years) and other measures we are working on the basis that the system has probably reached the full extent of EWTD compliance possible in the current service configuration.

In March 2015 hospitals / agencies reported a 94% compliance rate with a maximum 24 hour shift for all NCHD's. 18 hospitals are 100% compliant in March with a further 14 hospitals reporting compliance at 90% or above. 5 hospitals are reporting below 90% compliance –Mullingar (72%), Tullamore (80%), Portlaoise (84%), Mayo (89%), and OLOL (89%)

Hospital Group Absence Rates February 2015

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Coombe Women & Infants University Hospital	0.38%	4.37%	0.90%	5.00%	3.43%	6.39%	3.75%	78.2%
Midland Regional Hospital, Portlaoise	0.86%	6.92%	2.89%	7.13%	1.01%	6.47%	5.64%	87.6%
Midland Regional Hospital, Tullamore	2.15%	5.39%	4.04%	8.37%	3.14%	6.66%	5.28%	89.2%
Naas General Hospital	0.00%	4.57%	2.10%	3.96%	3.32%	8.39%	4.34%	89.4%
St. James's Hospital	0.78%	3.76%	2.16%	4.64%	4.07%	4.97%	3.36%	82.2%
St. Luke's Hospital, Rathgar	0.27%	3.28%	2.67%	6.58%	5.55%	2.84%	3.73%	70.6%
Tallaght Hospital	1.20%	2.74%	2.83%	4.84%	3.83%	3.81%	3.06%	84.2%
Dublin Midlands HG	0.95%	3.98%	2.51%	5.23%	3.84%	5.73%	3.73%	83.8%
Cappagh National Orthopaedic Hospital	0.21%	5.44%	1.37%	2.32%	10.55%	4.71%	4.34%	86.8%
Mater Misericordiae University Hospital	1.31%	3.88%	3.71%	5.64%	5.76%	5.25%	4.01%	88.0%
Midland Regional Hospital, Mullingar	2.57%	4.18%	3.14%	3.17%	4.18%	10.65%	4.81%	88.8%
National Maternity Hospital	0.75%	3.54%	4.29%	1.80%	4.06%	10.43%	3.35%	83.9%
Our Lady's Hospital, Navan	1.41%	7.26%	6.72%	1.44%	7.42%	6.59%	5.49%	81.6%
Royal Victoria Eye & Ear Hospital	2.13%	3.35%	3.86%	4.52%	6.52%	7.58%	3.93%	87.1%
St. Columcille's Hospital	0.28%	4.42%	1.74%	3.60%	6.12%	1.23%	3.42%	81.5%
St. Luke's General Hospital	2.31%	5.75%	1.64%	4.04%	6.15%	7.53%	4.87%	89.5%
St. Michael's Hospital	0.29%	3.82%	2.15%	2.15%	2.08%	2.16%	2.78%	77.3%
St. Vincent's University Hospital	0.44%	4.02%	3.31%	3.38%	6.98%	3.43%	3.59%	84.2%
Wexford General Hospital	0.41%	4.49%	2.08%	4.37%	4.77%	3.63%	3.81%	86.1%
Ireland East HG	1.10%	4.33%	3.27%	3.83%	5.81%	5.75%	3.98%	86.1%

Agency	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	Certified
Beaumont Hospital	0.77%	4.44%	3.24%	5.18%	4.26%	8.53%	4.03%	88.3%
Cavan General Hospital	1.13%	6.58%	1.91%	1.63%	2.33%	7.43%	4.41%	84.0%
Connolly Hospital	1.10%	3.46%	5.32%	2.09%	6.14%	4.55%	3.60%	87.9%
Louth County Hospital	0.00%	5.24%	3.29%	3.83%	9.51%	3.51%	5.44%	91.4%
Monaghan General Hospital	0.00%	3.01%	0.80%	5.74%	0.00%	13.55 %	5.18%	96.5%
Our Lady of Lourdes Hospital	1.42%	7.29%	4.24%	4.35%	9.82%	9.13%	5.55%	82.1%
The Rotunda Hospital	2.78%	4.03%	0.41%	3.39%	4.19%	3.75%	3.53%	82.6%
RCSI HG	1.15%	5.17%	3.34%	4.07%	5.55%	7.47%	4.35%	85.9%
Galway University Hospitals	0.53%	5.49%	3.88%	4.13%	4.20%	7.17%	4.25%	82.1%
Letterkenny General Hospital	1.25%	4.74%	2.41%	4.32%	5.39%	4.83%	4.23%	79.6%
Mayo General Hospital	1.60%	5.88%	4.26%	4.42%	3.02%	6.05%	4.75%	81.4%
Portiuncula Hospital	0.15%	6.38%	2.65%	5.31%	8.05%	5.51%	5.27%	81.4%
Roscommon County Hospital	3.10%	2.71%	5.06%	3.05%	3.36%	20.27 %	3.88%	74.9%
Sligo Regional Hospital	1.14%	6.49%	3.76%	7.38%	7.55%	9.57%	5.97%	82.3%
Saolta Healthcare Group HG	0.91%	5.58%	3.64%	4.79%	5.50%	6.92%	4.69%	81.4%
Bantry General Hospital	0.00%	2.70%	0.00%	2.15%	0.00%	5.59%	2.61%	78.8%
Cork University Hospital	0.48%	4.76%	2.68%	2.47%	5.53%	4.76%	3.79%	84.6%
Kerry General Hospital	1.45%	3.76%	5.23%	4.91%	4.98%	0.00%	3.93%	82.2%
Lourdes Orthopaedic Hospital	0.00%	4.78%	0.00%	0.00%	6.38%	0.00%	4.48%	92.8%
Mallow General Hospital	0.00%	8.02%	1.81%	7.64%	7.73%	0.00%	6.42%	93.7%
Mercy University Hospital	0.39%	6.88%	2.08%	4.00%	2.70%	7.40%	4.54%	84.0%
South Infirmery-Victoria University Hospital	0.43%	3.48%	4.35%	3.85%	5.58%	3.00%	3.63%	88.1%
South Tipperary General Hospital	1.38%	5.47%	4.13%	3.64%	4.39%	8.09%	4.41%	90.2%
University Hospital Waterford	0.79%	5.44%	3.68%	3.24%	6.95%	5.84%	4.31%	86.8%
South/ South West HG	0.68%	4.97%	3.13%	3.45%	5.32%	4.81%	4.06%	85.8%
Croom Hospital	0.76%	8.66%	0.00%	9.50%	6.66%	7.91%	7.47%	95.7%
Ennis Hospital	0.00%	5.98%	1.03%	9.32%	1.76%	5.55%	5.46%	80.6%
Nenagh Hospital	1.09%	5.03%	0.90%	11.13%	0.00%	12.49 %	6.68%	87.3%
St. John's Hospital	0.00%	3.01%	0.70%	4.92%	9.20%	0.27%	3.70%	94.5%
University Hospital Limerick, Dooradoyle	0.30%	6.94%	5.01%	6.53%	7.91%	9.83%	6.14%	85.2%
University Maternity Hospital	1.16%	6.31%	0.00%	2.82%	2.79%	5.96%	5.28%	82.4%
University of Limerick HG	0.37%	6.41%	4.23%	6.72%	6.96%	8.59%	5.88%	86.0%
Our Lady's Hospice & Care Services	2.23%	2.88%	3.25%	3.96%	11.36%	2.23%	3.48%	88.0%
Palliative Care HG	0.27%	5.08%	2.78%	4.44%	6.45%	4.42%	4.06%	83.2%
Children's University Hospital	1.04%	4.31%	2.96%	4.23%	7.89%	3.75%	3.85%	84.8%
Our Lady's Children's Hospital	0.76%	8.66%	0.00%	9.50%	6.66%	7.91%	7.47%	95.7%
Children's Hospital Group HG	0.00%	5.98%	1.03%	9.32%	1.76%	5.55%	5.46%	80.6%

Community Health Organisation Absence Rates February 2015

HSE Area	Medical /Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Staff	Other Patient & Client Care	Total	certified
Area 1	2.79%	5.99%	3.83%	5.51%	6.59%	7.13%	6.04%	91.67%
Area 2	4.84%	4.92%	3.83%	5.60%	4.33%	5.30%	4.71%	91.53%
Area 3	1.63%	7.12%	4.08%	4.81%	5.83%	5.51%	5.63%	91.47%
Area 4	2.37%	3.94%	3.76%	4.22%	5.04%	4.50%	4.01%	71.65%
Area 5	1.71%	5.42%	4.91%	3.58%	4.80%	5.29%	4.65%	91.02%
Area 6	2.89%	3.84%	4.22%	4.04%	4.61%	4.35%	4.15%	88.06%
Area 7	4.06%	5.30%	4.24%	5.71%	5.60%	5.95%	5.40%	89.23%
Area 8	1.72%	6.00%	4.06%	6.09%	5.37%	6.33%	5.65%	88.97%
Area 9	3.29%	3.94%	3.52%	4.37%	5.55%	5.83%	4.35%	87.26%
PCRS			0.00%	6.58%	0.00%		6.50%	86.88%
Total	2.81%	5.09%	3.99%	5.03%	5.34%	5.62%	4.94%	87.79%



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	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent's University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
RCSI Hospital Group	Beaumont Hospital including St Josephs		Mercy University Hospital Cork
	Cavan General Hospital		South Tipperary General Hospital
	Connolly Hospital		South Infirmary University Hospital Cork
	Our Lady of Lourdes Hospital Drogheda		Waterford Regional Hospital
	Rotunda Hospital	Sacla Hospital Group	Galway University Hospitals
University of Limerick Hospital Group	Croom Hospital		Letterkenny General Hospital
	Ennis Hospital		Portiuncula Hospital General & Maternity Ballinasloe
	Nenagh Hospital		Mayo General Hospital
	St John's Hospital		Roscommon County Hospital
	University Hospital, Limerick		Sligo General Hospital
	University Maternity Hospital		
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children's Hospital, Tallaght		

Appendix 2:

Ireland East Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	41%	-31.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	88%	-7.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	-33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	11%	14.6%
	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	<3%	2%	-33.3%
	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	95%	100%	5.3%
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85.3%	0.4%
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100%	0%
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100%	0.0%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.1%	-29.9%
	% of children waiting <20 weeks for an elective procedure	100%	55.8%	-44.2%
Inpatient admissions	Elective inpatient admissions	3,764	4,074	8.2%
	Emergency inpatient admissions	18,291	17,961	-1.8%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	88.8%	-11.2%
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.2	-10%
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	67.5%	-29.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	80.5%	-19.5%
	% of all attendees at ED who are in ED >24 hours	0%	5.6%	-5.6%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	82.4%	80.0%	-2.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.0%	10%	-66.7%

Access		Target YTD	YTD	% Var YTD
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	72.1%	-27.9%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	94.2%	-5.8%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-28.9%	-28.9%
Discharges	No of inpatient discharges	27,166	26,779	-1.4%
	No of day case discharges	39,800	38,909	-2.2%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.6	-31.0%
	Surgical ALOS	5.5	6.3	-15.6%
Finance		Target YTD	YTD	% Var YTD
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€197,438	€206,033	(€8,595)4%
	• Pay	€162,642	€166,967	(€4,325)3%
	• Pay – Agency	€6,956	€9,605	(€2,649)38%
	• Pay – Overtime	€8,407	€9,584	(€1,177)14%
	Non Pay	€72,512	€77,315	(€4,802)7%
	Income	-€46,433	-€47,682	(-€1,249)3%
Human Resources		Target YTD	YTD	% Var YTD
Absence and Staffing levels	% absence rates by staff category (3.5%)	3.50%	3.88%	10.85%
	Medical/Dental		1.00%	-71.40%
	Nursing		4.24%	21.14%
	Health and Social Care Professional		3.19%	-8.85%
	Management/Administration		3.61%	3.14%
	General Support Staff		5.52%	57.70%
	Other Patient and Client Care Staff		5.75%	64.20%
	Variance from HSE workforce indicative workforce number(within approved funding levels)	≤0% (9,997)	10,165	168 (1.7%)
Compliance with European Working Time Directive (EWTD)	< 24 hour shift	100%	97%	3%
Compliance with European Working Time Directive (EWTD)	< 48 hour working week	100%	95%	5%

Dublin Midlands Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% YTD	Var
Serious Reportable Events	Performance reporting under development				
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	65%	-8.3%	
	% of emergency hip fracture surgery carried out within 48 hours	95%	88%	-7.4%	
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-15%	
	Surgery: % of surgical readmissions within 30 days	<3%	3%	0%	
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	11%	-15%	
	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	<3%	3%	0%	
	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	95%	97.3%	2.4%	
	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%	96.6%	1.7%	
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	90%	91.01%	1.1%	
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	90%	84.47%	-6.1%	
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	85%	85.3%	0.40%	
Access		Target YTD	YTD	% YTD	Var
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	64.4%	-35.6%	
	% of children waiting <20 weeks for an elective procedure	100%	52.3%	-47.7%	
Inpatient admissions	Elective inpatient admissions	3,273	3,180	-2.8%	
	Emergency inpatient admissions	17,637	15,672	-11.1%	
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	78.6%	-21.4%	
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3	-50%	
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	55.1%	-42.0%	
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.8%	-28.2%	
	% of all attendees at ED who are in ED >24 hours	0%	5.3%	-5.3%	

Access		YTD	% YTD	Var	Target YTD
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	61.4%	59.0%		-3.9%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	4.8%	7.0%		-45.8%
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	37.6%		-62.4%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	93.3%		-6.7%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-22.4%		-22.4%
Discharges	No of inpatient discharges	53,097	50,342		-5.2%
	No of day case discharges	100%	Data Not Available		
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)	5.8	8.0		-37.9%
ALOS	Medical ALOS	6.2	6.9		-11.3%
Finance		Target YTD	YTD	% YTD	Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€185,293	€193,142	(€7,849)4%	
	• Pay	€150,274	€153,310	(€3,036)2%	
	• Pay – Agency	€6,736	€11,491	(€4,756) 71%	
	• Pay – Overtime	€5,796	€6,736	(€940)16%	
	Non pay	€74,429	€78,727	(€4,297) 6%	
	Income	-€47,310	-€46,983	(€327) -1%	
Human Resources		Target YTD	YTD	Var YTD	
Absence	% absence rates by staff category (M) (3.5%)	3.50%	3.74%		6.85%
Absence Staffing levels and Costs	Medical/Dental		0.79%		-77.42%
	Nursing		4.17%		19.10%
	Health and Social Care Professional		2.58%		-26.20%
	Management/Administration		4.53%		29.40%
	General Support Staff		4.02%		14.85%
	Other Patient and Client Care Staff		5.89%		68.20%
	Variance from HSE workforce indicative workforce number(within approved funding levels)	≤0% (9,317)	9,494		177(1.90%)
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%	55%		45%

RCSI Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% YTD Var
Serious Reportable Events	Performance reporting under development			
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	46%	23.3%
	% of emergency hip fracture surgery carried out within 48 hours	95%	75%	-21.1%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	11%	-14.6%
	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	<3%	2%	33.3%
	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	95%	100.0%	5.3%
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85.3%	0.4%
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100%	0%
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100%	0.0%
Access		Target YTD	YTD	% YTD Var
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	66.7%	-33.3%
	% of children waiting <20 weeks for an elective procedure	100%	42.1%	-57.9%
Inpatient admissions	Elective inpatient admissions	101	126	24.7%
	Emergency inpatient admissions	6,510	5,893	-9.5%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	88.5%	-11.5%
	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%	60.2%	-36.7%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	74.7%	-25.3%
	% of all attendees at ED who are in ED >24 hours	0%	7.4%	-7.4%
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	59.7%	56.0%	-6.2%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	6.9%	10.0%	-44.9%

Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	49.30%	-50.7%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-18.9%	18.9%
Discharges	No of inpatient discharges	25,311	23,663	-6.5%
	No of day case discharges	29,204	28,798	-1.4%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	7.9	-36.2%
	Surgical ALOS	5.3	5.8	-9.4%
Finance		Target YTD	YTD	% YTD Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€152,375	€161,704	(€9,329) 6%
	• Pay	€131,693	€135,705	(€4,012) 3%
	• Pay – Agency	€9,944	€12,889	(€2,945) 30%
	• Pay – Overtime	€6,897	€7,387	(€490) 7%
	Non pay	€51,961	€54,886	(€2,925) 6%
	Income	-€35,811	-€33,559	(€2,251) - 6%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.27%	22%
Absence Staffing levels and Costs	Medical/Dental		1.05%	-70%
	Nursing		5.28%	50.85%
	Health and Social Care Professional		3.02%	-13.70%
	Management/Administration		3.94%	12.57%
	General Support Staff		5.28%	50.85%
	Other Patient and Client Care Staff		7.45%	112.85%
	Variance from HSE workforce indicative workforce number(within approved funding levels)	≤0% (7,616)	7,836	220 (2.9%)
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%	50%	50%

Saolta University Health Care Balanced Score Card

Quality		Target YTD	YTD	% Var YTD
Serious Reportable Events	Performance reporting under development			
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	20.0%	66.7%
	% of emergency hip fracture surgery carried out within 48 hours	95%	87.0%	-8.4%
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11.0%	-14.6%
	Surgery: % of surgical readmissions within 30 days	<3%	2.0%	33.3%
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	11.0%	-14.6%
	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	<3%	2.0%	33.3%
	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	95%	89.0%	-6.3%
	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%	83.1%	-12.5%
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85%	0%
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100%	0%
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100%	0.0%
Access		Target YTD	YTD	% Var YTD
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	73.6%	-26.4%
	% of children waiting <20 weeks for an elective procedure	100%	57.4%	-42.6%
Inpatient admissions	Elective inpatient admissions	3,279	3,135	-4.4%
	Emergency inpatient admissions	22,516	23,039	2.3%
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	74.5%	-25.5%
	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%	67.4%	-29.0%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	82.3%	-17.7%
	% of all attendees at ED who are in ED >24 hours	0%	3.0%	-3.0%

Access		Target YTD	YTD	% YTD	Var
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	65.9%	58.0%	-12.0%	
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	8.0%	14.0%	-75.0%	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	57.3%	-42.7%	
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100.0%	0.00%	
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	-5.6%	-5.58%	
Discharges	No of inpatient discharges	27,349	27,640	1.1%	
	No of day case discharges	36,293	37,359	2.9%	
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available		
ALOS	Medical ALOS	5.8	6.9	-19.0%	
	Surgical ALOS	4.3	4.9	-14.0%	
Finance		Target YTD	YTD	% YTD	Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€157,775	€166,283	(€8,507) 5%	
	• Pay	€124,340	€129,623	(€5,283) 4%	
	• Pay – Agency	€3,721	€7,681	(€3,960) 106%	
	• Pay – Overtime	€5,806	€5,782	(€24) 0%	
	Non pay	€56,880	€60,770	(€3,891) 7%	
	Income	-€23,444	-€24,111	(-€667) 3%	
Human Resources		Target YTD	YTD	Var YTD	
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.34%	24%	
Absence Staffing levels and Costs	Medical/Dental		0.86%	-75.40%	
	Nursing		5.21%	48.85%	
	Health and Social Care Professional		3.30%	-5.71%	
	Management/Administration		4.03%	15.10%	
	General Support Staff		5.27%	50.57%	
	Other Patient and Client Care Staff		6.66%	90.20%	
	Variance from HSE workforce indicative workforce number (within approved funding levels)	≤0% (7,858)	7,933	75 (1%)	
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%	75%	25%	

South / South West Hospital Group Balanced Score Card

Quality		Target YTD	YTD	% YTD	Var
Serious Reportable Events	Performance reporting under development				
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	41%	31.7%	
	% of emergency hip fracture surgery carried out within 48 hours	95%	91%	-4.2%	
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	11%	-14.6%	
	Surgery: % of surgical readmissions within 30 days	<3%	2%	33.3%	
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	11%	-14.6%	
	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	<3%	2%	33.3%	
	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	95%	87.2%	-8.2%	
	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%	79.4%	-16.4%	
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85.3%	0.4%	
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100%	0%	
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100%	0.0%	
Access		Target YTD	YTD	% YTD	Var
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	70.40%	-29.6%	
	% of children waiting <20 weeks for an elective procedure	100%	62.00%	-38.0%	
Inpatient admissions	Elective inpatient admissions	6,115	6,855	12.1%	
	Emergency inpatient admissions	22,298	20,906	-6.2%	
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	74.50%	-25.5%	
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.8	-40%	
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	66.7%	-29.7%	
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	79.7%	-20.3%	
	% of all attendees at ED who are in ED >24 hours	0%	4.4%	-4.4%	

Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	72.5%	75.0%	3.4%
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	7.5%	10.0%	-33.3%
Access		Target YTD	YTD	% YTD Var
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	68.5%	-31.5%
	% of people waiting <4 weeks for an urgent colonoscopy	100%	97%	-3%
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	14.2%	14%
Discharges	No of inpatient discharges	32,492	32,029	-1.42%
	No of day case discharges	41,290	40,272	-2.46%
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available	
ALOS	Medical ALOS	5.8	6.5	-12.1%
	Surgical ALOS	4.8	4.4	8.3%
Finance		Target YTD	YTD	% YTD Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€171,137	€175,249	(€4,112) 2%
	• Pay	€142,998	€146,470	(€3,472) 2%
	• Pay – Agency	€5,403	€7,603	(€2,200) 41%
	• Pay – Overtime	€6,416	€6,457	(€41)1%
	Non pay	€65,226	€68,669	(€3,442) 5%
	Income	-€38,685	-€41,446	(-€2,761) 7%
Human Resources		Target YTD	YTD	Var YTD
Absence	% absence rates by staff category (M) (3.5%)	3.50%	4.07%	16.20%
	Medical/Dental		0.54%	-84.50%
	Nursing		5.01%	43.10%
	Health and Social Care Professional		3.06%	-12.57%
	Management/Administration		3.51%	0.28%
	General Support Staff		5.40%	54.20%
	Other Patient and Client Care Staff		4.87%	39.10%
	Variance from HSE workforce indicative workforce number(within approved funding levels)	≤0% (8,932)	9,132	200 (2.2%)
Compliance with Working Time Directive (EWTD)	< 24 hour shift	100%	96%	4%
Compliance with Working Time Directive (EWTD)	< 48 hour working week	100%	84%	16%

Children's Hospital Group Acute Services Balanced Score Card

Quality		Target YTD	YTD	% YTD	Var
Serious Reportable Events	Performance reporting under development				
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.60%	2%	79.2%	
	Surgery: % of surgical readmissions within 30 days	<3.0%			
Access		Target YTD	YTD	% YTD	Var
Inpatient/Day case waiting times	% of children waiting <20 weeks for an elective procedure	100%	58.0%	-42.0%	
Inpatient admissions	Elective inpatient admissions	23,681	1,714	1.9%	
	Emergency inpatient admissions	4,388	4,553	3.8%	
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	84.3%	-15.7%	
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 2.4	-20%	
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	85.5%	-10.0%	
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	95.4%	-10.0%	
	% of all attendees at ED who are in ED >24 hours	0%	0.6%	-0.6%	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	96.6%	-3.4%	
Discharges	No of inpatient discharges	6,177	6,148	-0.5%	
	No of day case discharges	6,760	6,783	0.3%	
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data not available		
Finance		Target YTD	YTD	% YTD	Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€55,081	€56,126	(€1,045) 2%	
	• Pay	€47,162	€48,041	(€879) 2%	
	• Pay – Agency	€136	€234	(€98) 72%	
	• Pay – Overtime	€1,883	€2,087	(€204) 11%	
	Non pay	€18,118	€19,120	(€1,003) 6%	
	Income	€-12,607	€-13,664	(€1,058) 8%	
Human Resources		Target YTD	YTD	Var YTD	
Absence	% absence rates by staff category (M) (3.5%)	3.50%	3.81%	8.85%	
Absence Staffing levels and Costs	Medical/Dental		1.07%	-69.40%	
	Nursing		4.27%	22%	
	Health and Social Care Professional		3.05%	-12.80%	
	Management/Administration		4.00%	14.20%	
	General Support Staff		7.38%	110%	
	Other Patient and Client Care Staff		4.36%	24.50%	

Human Resources		Target YTD	YTD	Var YTD
	Variance from HSE workforce indicative workforce number(within approved funding levels)	2,794	2,823	29(1%)
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%	65%	35%

University of Limerick Hospitals Services Balanced Score Card

Quality		Target YTD	YTD	% YTD	Var
Serious Reportable Events	Performance reporting under development				
Surgery	% day case rate for Elective Laparoscopic Cholecystectomy	>60%	4.0%	93.3%	
	% of emergency hip fracture surgery carried out within 48 hours	95%	89.0%	-6.3%	
Re-admission rates	Medical: % of emergency readmissions within 28 days	9.6%	9.0%	6.3%	
	Surgery: % of surgical readmissions within 30 days	<3%	1.0%	66.7%	
Cancer Services	Symptomatic Breast: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	9.6%	9.0%	6.3%	
	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	<3%	1.0%	66.7%	
	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	95%	97.1%	2.2%	
Acute Coronary Syndrome	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q)	85%	85.3%	0.4%	
National Early Warning Score (NEWS)	% of hospitals with full implementation of NEWS in all clinical areas. (Q)	100%	100%	0%	
Irish Maternity Early Warning Score	% of maternity units/hospitals with full implementation of IMEWS (Q)	100%	100%	0.0%	
Access		Target YTD	YTD	% YTD	Var
Inpatient/Day case waiting times	% of adults waiting <8 months for an elective procedure	100%	86.5%	-13.5%	
	% of children waiting <20 weeks for an elective procedure	100%	69.3%	-30.7%	
Inpatient admissions	Elective inpatient admissions	2,678	2,592	-3.2%	
	Emergency inpatient admissions	7,482	7,948	6.2%	
Outpatients	% of people waiting <52 weeks for first access to OPD services	100%	88.3%	-11.7%	
	Outpatients attendances – New: Return Ratio	1 : 2	1 : 3	-50%	
Emergency Care and Patient Experience Time	% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	56.0%	-44.0%	
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	71.4%	-8.0%	
	% of all attendees at ED who are in ED >24 hours	0%	7.4%	-7.4%	
Surgery	% of elective surgical inpatients who had principal procedure conducted on a day of admission	71.7%	79.0%	10.2%	
	% of bed days utilisation by acute surgical admissions that do not have a surgical primary procedure	10.9%	18.0%	-65.1%	
Colonoscopy/Gastrointestinal Service	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	100%	86%	-14.5%	
	% of people waiting <4 weeks for an urgent colonoscopy	100%	100%	0.00%	
Delayed Discharges	% reduction of people subject to delayed discharges	15% Reduction	21.6%	21.6%	

Access		Target YTD	YTD	% YTD	Var
Discharges	No of inpatient discharges	12,099	12,816	5.9%	
	No of day case discharges	10,936	10,612	-3.0%	
Ambulance Turnaround Times	% of ambulances that have a time interval of <30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	100%	Data Not Available		
ALOS	Medical ALOS	5.8	5.8	0.00%	
	Surgical ALOS	3.9	3.6	7.70%	
Finance		Target YTD	YTD	% YTD	Var
Budget Management including savings	Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)	€63,942	€66,691	(€2,749) 4%	
	• Pay – Direct	€51,296	€53,238	(€1,942) 4%	
	• Pay – Agency	€3,662	€5,183	(€1,522) 42%	
	• Pay – Overtime	€2,079	€2,341	(€262) 13%	
	Non pay	€26,786	€28,300	(€1,514) 6%	
	Income	-€14,613	-€15,395	(€-782) 5%	
Human Resources		Target YTD	YTD	Var YTD	
Absence	% absence rates by staff category (M) (3.5%)	3.50%	5.87%	67.70%	
Absence Staffing levels and Costs	Medical/Dental		0.52%	-85.10%	
	Nursing		6.15%	75.70%	
	Health and Social Care Professional		4.49%	28.20%	
	Management/Administration		6.73%	92.20%	
	General Support Staff		7.63%	118%	
	Other Patient and Client Care Staff		8.55%	144%	
	Variance from HSE workforce indicative workforce number(within approved funding levels)	≤0% (3,091)	3,174	83 (2.7%)	
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 9	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		