



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

October Performance Report

Contents

Performance Update	4
Quality & Safety	17
Accountability Framework	20
Performance Overview by Service Provider	29
Finance	44
Human Resources	52
Appendices	56
Appendix 1: Hospital Groups	57
Appendix 2: Community Health Organisations	58

Data used in this report refers to the latest performance information, for the performance cycle, available at the time of compilation

Key performance areas

Emergency Departments

Emergency Departments continued to be extremely busy during October. Year to date emergency presentations are 10,777 more than the same period in 2014.

Between January and October the proportion of people who had completed their visit to the Emergency Department within nine hours was 81.7%. During the month 114 people on average waited more than nine hours for admission each day. There was a reduction in the number of people who waited greater than 24 hours in the Emergency Department from 3,688 in September to 3,499 in October.

Delayed Discharges

The number of delayed discharges in October was 570, which is down from 609 in September. The number of bed days lost through delayed discharges has reduced by 22% since January, a gain of 4,826 bed days.

Waiting Lists for inpatient, day case and outpatient appointments

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

During October a reduction was seen in the number of patients waiting greater than 18 months for an inpatient and day case procedure (2,161) and in the number waiting greater than 15 months (4,969).

In relation to outpatients, 13,353 patients were waiting greater than 18 months for an appointment and 31,289 were waiting longer than 15 months.

Finance

A supplementary estimate of €665m was approved on 8th December 2015. Of this amount €16m was retained by the Department of Health in respect of legal settlements. The remaining €649m will be issued to the HSE to fund additional initiatives approved during 2015 (e.g. delayed discharges, waiting lists, winter planning) and projected operational deficits in the region of €550m.

The most significant components of the projected operational deficit include:

€307m (56%) - relating to an estimated shortfall in Pensions (€53m) and the other demand-led areas of PCRS (€140m), State Claims Agency (€100m) and Local Schemes (€14m);

€50m (9%) – in respect of a historic accelerated cash collection target;

€188m (34%) - approximately one third of the projected deficit relates to areas that are performance managed by the HSE. These include Acute Hospitals (€150m), which experienced sustained pressure during the year in respect of emergency departments and waiting times and Social Care Disability services (€38m) where an exceptional level of unfunded costs were incurred in respect of compliance with HIQA registration and inspection processes.

Performance update

Acute Hospitals Services

Acute Activity

The number of elective admissions is 85,569 and the number of outpatient attendances is 2,757,117 year to date. There has been a 1.4% (1,222) increase in the number of elective admissions and a 2.5% (66,172) increase in the number of outpatient attendances against expected activity year to date.

Emergency presentations are up by 10,777 on 2014, the proportion of these who are admitted has remained constant at 34.0%.

The proportion of all of the people seen between January and October 2015 who had completed their visit to the Emergency Department within 9 hours was 81.7%.

Inpatient discharges has reduced by 2,102 patients YTD against target, this can be attributed to several service changes including application of hospital avoidance measures, increased provision of CIT services which support IV drug administration in the home, a shift towards day case management in line within international best practice which supports the increased provision of care within ambulatory care units and on day case basis and a reduction of 2,161 in births in 2015 YTD compared with the same period last year.

Daycase activity has increased by 9,108 cases in 2015 YTD compared with 2014, and is less than 1% off projected target for YTD.

The combined number of inpatients and day cases has increased by 7,824 which are significant when taken in the context of a reduced birth rate, an increase in admissions of patients over 65 years of age and an increase in complexity of emergency presentations.

Provision of additional services

The planning process to assist with the achievement of the 18 month maximum wait time for inpatient/day case procedures and outpatient appointments included outsourcing of the following cases to private providers:

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

This activity is in addition to that described in the following table.

In addition, hospitals have identified the future need to outsource the following indicative number of cases to assist with the achievement of the maximum wait time of 15 months for inpatient/day case procedures and outpatient appointments:

- Inpatients/Day Cases - 3,859
- Outpatients - 12,134

Overview of key acute hospital activity

Activity Area	Result YTD Jan - Oct 2014	Result YTD Jan - Oct 2015	SPLY % Var	Against expected activity YTD	Result Aug 2015	Result Sept 2015	Result Oct 2015
Inpatients discharges	536,884	535,600	-0.2% (-1,284)	-0.4% (-2,102)	51,296	54,832	55,086
Day case discharges	724,267	733,375	1.3% (9,108)	-0.7% (-2,102)	68,666	78,256	74,725
Inpatient & Day Cases	1,261,151	1,268,975	0.6% (7,824)	-0.6% (-7,020)	119,962	133,088	129,811
% Inpatient	42.6%	42.2%	0.4%		42.8%	41.2%	42.4%
% Day Cases	57.4%	57.8%	-0.4%		57.2%	58.8%	57.6%
Emergency Presentations	1,067,108	1,077,885	1% (10,777)	0.7% (6,985)	107,241	110,672	111,179
New ED attendances	920,485	919,389	-0.1% (-1,096)	-0.7% (-6,275)	91,336	94,223	94,645
Emergency Admissions	374,737	371,443	-0.9% (-3,294)	-1.3% (-5,037)	35,960	37,429	37,780
ED Admissions *	234,911	233,012	-0.8% (-1,899)		22,499	22,884	23,573
Elective Admissions	84,964	85,569	0.7% (605)	1.4% (1,222)	7,881	9,256	8,669
OPD Attendances	2,711,562	2,757,117	1.7% (45,555)	2.5% (66,172)	284,594	255,106	280,183

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

Patient experience in ED

102,899 (998,659 YTD) people registered for an ED service in October, 94,645 of these were new attendances.

ED Patient Experience	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
Avg no. of patients on trolleys for over 9 hours in ED waiting admission (Target ≤ 70)	144	177	156	122	123	128	91	97	110	114

114 was the average daily number of patients in ED waiting for admission/discharge for over 9 hours in October. The average daily number in September was 110. (Target ≤ 70)

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

ED Patient Experience	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
Oct 2015	80.4%	79.3%	80.3%	81.7%	82.3%	82.4%	83.6%	82.4%	82.3%	82.2%
Oct 2014	77.8%	77.7%	78.3%	81.1%	81.5%	82.6%	81.7%	82.2%	82.8%	82.9%
YTD 2015	80.3%	79.7%	79.7%	80.2%	80.6%	81.2%	81.3%	81.5%	81.6%	81.7%
YTD 2014	77.8%	77.7%	77.8%	78.7%	79.6%	80.1%	80.5%	80.7%	81.0%	81.2%

Overview of patient experience numbers

- 65,731 (68.8%) of the people seen were admitted or discharged within 6 hours (Target 95%)
- 78,495 (82.2%) of the people seen were admitted or discharged within 9 hours (Target 100%)
- 3,501 patients over 75 years were waiting in ED for admission/discharge for over 9 hours (based on 23 of 26 hospitals)
- 925 over 75 years of age were waiting in ED for more than 24 hours out of a (total >24 hours 3,499). The number waiting > 24 hours in September was 3,688 with 869 over 75 years of age.

Cancer Services

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

Performance data	October YTD 2015	Oct 2014	October 2015	Best and Outliers (in the reporting month)
Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%)	96.6%	93.6%	99.9%	<ul style="list-style-type: none"> • All centres have reached the target in October
Lung (rapid access clinic) People who were offered an appointment/ attended a RAC within 10 working days of referral. (Target 95%)	85.5%	93.4%	84.7%	<ul style="list-style-type: none"> • Limerick 32.3%, Cork 64% • 100% Beaumont, St James's, Waterford and St Vincent's
Prostate: People who were offered an appointment / attended a cancer centre within 20 working days of referral. (Target 90%)	59.5%	49.3%	56.4%	<ul style="list-style-type: none"> • Cork 0%, Waterford 21.1%, Limerick 4.5%, St James's 26.7%, Beaumont 46.4% and Galway 87.3% • 100% St Vincent's, Mater 90.9%
Radiotherapy: Commence treatment within 15 working days of being deemed ready to treat (Target 90%)	84.4%	87.3%	86.5%	<ul style="list-style-type: none"> • Galway 84.8%, SLRON 82.2% and Cork 88.6% • 100% Waterford and Limerick

Waiting Lists

Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		18,254	8,792	4,598	1,993	61,883
Child IPDC	3,161	1,556	657	371	168	7,163
OPD		120,284	59,977	31,289	13,353	396,571

The waiting list numbers have improved when the year to date October data is compared with the year to date September results. The improvements in waiting lists are as follows:

- The total number of people waiting for outpatient appointments has fallen below 400,000 for the first time this year.
- There is a reduction of almost 5,000 in the total number of outpatients waiting for an outpatient appointment and a small reduction in the total number of inpatient/day cases waiting.

Waiting List numbers by month, in time bands	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct
Adult Waiting list > 15 months (0 by Dec)	2,379	3,022	3,847	4,045	3,881	2,926	3,739	4,368	5,057	4,598
Of which Adult Waiting list > 18 months (0 by June)	832	1,105	1,557	1,848	1,603	77	607	1,317	2,107	1,993
Child Waiting list > 15 months (0 by Dec)	183	241	340	311	314	152	229	337	385	371
Of which Child Waiting list > 18 months (0 by June)	49	64	117	130	147	1	16	51	137	168
Outpatient Waiting list > 15 months (0 by Dec)	42,157	45,402	49,000	51,313	52,734	37,567	33,221	34,003	34,263	31,289
Of which Outpatient Waiting list > 18 months (0 by June)	24,847	27,001	30,092	33,252	33,496	15,542	10,162	11,235	13,176	13,353

- In terms of the numbers waiting over 15 months there was a reduction in the number of outpatients waiting for appointments and the number of patients waiting for inpatient/day case procedures.
- The projected numbers to be treated by year end to meet the 15 month target have also fallen since end September.
- The number of inpatients/day cases waiting over 18 months has also decreased
- The number of people waiting over 18 months for outpatient services has increased slightly. The HSE directed all hospitals to prioritise these cases within the overall outsourcing programme. The application of fines is also aimed at incentivising improved performance in relation to the longest waiters.

GI Waiting List

Month	0 -1 Month	1 - 2 Months	2 Months – 13 Weeks	Total under 13 weeks	13 Weeks – 3 Months	3-6 Months	6-12 Months	12+ Months	Total Over 13 weeks	Overall Total
May	4,303	2,750	1,860	8,913	56	2,972	3,000	828	6,856	15,769
June	3,789	2,836	1,966	8,591	86	3,258	2,909	1,081	7,334	15,925
July	3,887	2,473	1,906	8,266	73	3,390	3,095	1,162	7,720	15,986
August	3,779	2,639	1,934	8,352	52	3,443	3,154	1,310	7,959	16,311
Sept	4,197	2,723	1,919	8,839	125	3,233	3,215	1,427	8,000	16,839
Oct	4,244	2,813	1,814	8,871	72	3,333	3,166	1,449	8,020	16,891

There are 8,020 breaches of the target of 13 weeks in October. There is an increase of 20 in October over the number of breaches in September. The overall numbers being referred for routine colonoscopy are increasing and the proportion of those waiting over 12 months has risen from 5.3% in May to 8.6% in October. An Endoscopy Improvement Working Group has been established to define and co-ordinate improvement actions across all hospitals.

Delayed Discharge and Emergency Task Force Initiatives

Delayed Discharges

The delayed discharge figure at the end of October was 570, down from the September figure of 609. The number of bed days lost through Delayed Discharge has reduced by 22% since January – a gain of 4,826 bed days.

	January	February	March	April	May	June	July	August	Sept	Oct	Target
Delayed Discharges	728	705	715	697	675	626	557	577	609	570	500

Delayed Discharge Initiative

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

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

Emergency Department Taskforce Initiative

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

NHSS

- 300 additional NHSS places, (funded under the €10m provided in December 2014) are operational and 782 of the additional 2015 planned 1,604 NHSS places are now operational

- The number on the placement list waiting for NHSS approval has reduced to 108 (target 550 – 580).
- The waiting time for approval is being maintained at no more than 4 weeks

Transitional beds

- 1,513 additional transitional care beds have been approved for people being discharged from acute care.
- 3,108 people have availed of transitional care beds since April this is significantly above the target of 500 placements.

Public & Private beds

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

National Ambulance Service

- AS1 (112/999 emergency and urgent calls) and AS2 (urgent calls received from a general practitioner or other medical sources) calls received were 25,043, up 3% (7,433) year to date.
- ECHO calls (life-threatening cardiac or respiratory arrest) are up 18% (421) year to date. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds was 77% (up 1%).
- DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) activity is up 8% (5,720) year to date. DELTA incidents responded to within the target timeframe of 18 minutes and 59 seconds was 62% (a decrease of 5% from last month).

The drop in performance can be attributed this month to the change of the Computer Aided Dispatch system which caused down time of technology systems. Internationally it is accepted that such a huge change can cause a drop of 5% in performance and NAS has experienced this for the month of September.

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

	Feb-15	Mar-15	April-15	May-15	June-15	July-15	Aug-15	Sept-15
North Leinster	7,794	8,366	7,660	8,302	7,807	7,801	7,859	7,826
Dublin Fire Brigade	5,624	6,234	5,929	6,413	6,241	6,273	6,292	6,449
South	5,215	5,531	5,290	5,665	5,550	5,203	5,705	5,453
West	4,931	5,494	5,194	5,441	5,397	5,376	5,595	5,315
National	23,564	25,625	24,073	25,821	24,995	24,653	25,451	25,043

NAS activity between January and October includes:

- 364 Emergency Aero Medical Service calls, 333 Irish Coast Guard calls, 93 Air Ambulance calls
- Transfers: 64 adult transplant patient transfers, 485 Neonatal Retrievals; 63 Paediatric Retrievals; 80 Mobile Intensive Care; 48 transfers via the Children's Ambulance Service.
- Support for 131 Community First Responder Groups in 18 counties nationally and 1,416 CFR engagements.

Patient transfer Calls and proportion dealt with by Intermediate Care Vehicles

	Jan	Feb	March	April	May	June	July	Aug	Sept
Number of Patient Transfer Calls	3,857	3,393	3,571	3,387	3,005	3,037	2,996	2,810	2,661
ICV	2,954	2,601	2,724	2,793	2,368	2,453	2,400	2,324	2,221
% ICV Transfer	77%	77%	76%	82%	79%	81%	80%	83%	83%

Community Healthcare

Health & Wellbeing

Immunisations and Vaccines

Reported annually, 85% (26,326 out of 30,985) of first year girls received two doses of HPV vaccine during the 2014/2015 school year (Target 80%). Overall this performance is very good as we have exceeded the annual target by 5%. This data relates to the 2014/2015 school year and also includes girls who are home-schooled.

Child Health

In September 94.8% (5,092 out of 5,373) children reaching 10 months have had their child health developmental screening (target 95%)

Tobacco

In October 2015, 1,344 smokers received intensive cessation support from a cessation counsellor, YTD 10,370 smokers have received support (Target YTD 7,861).

Screening

- In October 13,001 women have had a mammogram screen as part of BreastCheck screening, 121,728 women YTD have been screened (Target YTD 117,400).
- 19,949 women had a CervicalCheck screen in a primary care setting in October and 217,190 YTD (Target YTD 232,000).
- In October 20,314 invites were sent to clients to participate in BowelScreen. 186,743 clients were invited YTD. (Target YTD 166,667).
- 6,929 clients participated in Diabetic RetinaScreen during October and 64,338 have participated YTD (Target YTD 65,545).

Primary Care

Medical Cards

There are currently 1,484 persons with a medical card application on hold for greater than 3 months (as of 17th November). Of these 11% require a response from the applicant.

Under 6 and over 70s GP Visit Cards

- The under 6's GP visit cards became available on 1st July 2015 and 211,129 cards have been issued as at 19th November.
- The over 70's GP visit cards became available on 1st August 2015 and 46,417 cards have been issued as at 19th November.

Community Intervention Teams

€2m additional funding to support Community Intervention Teams

The CIT service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals. October activity was 1,867 in the month, bringing the YTD position to 15,663, an increase in CIT activity of 29.4% compared with the same period last year. Further extension is planned into Waterford for quarter 4.

Mental Health

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

Between January and October 2015, 303 young people received acute inpatient mental health care. Of these 219 were admitted to child and adolescent mental health units directly and 84 (27.7%) were initially admitted to an adult unit. Of the 84, seven (7.3%) were aged 16 or younger.

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by October 2015, this proportion had increased to 72.3%.

Of the 84 children admitted to Adult Approved Centres up to October, 69 or 91.7% were 16/17 years old with 42.9% (36) of these discharged either the same day or within 3 days and 66.7% (56) within a week.

Mental Health Services: 2015 Operational Plan Expected Activity													
Performance Area		Outturn 2014	2015 Target / EA		Jun- 15	Jul- 15	Aug- 15	Sept- 15	Oct- 15	Year to date 2015		Same period last year 2014	
		No.	No.	YTD	No.	No.	No.	No.	No.	No.	% var YTD v Tgt / EA YTD	No.	% var YTD 2014 v YTD 2013
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units													
	National	201	231	193	15	24	21	24	25	219	13.8%	155	41.3%
No. of children / adolescents admitted to adult HSE mental health inpatient units													
	National	89	30	25	5	6	6	5	10	84	>100%	73	15.1%
i). <16 years	National	9	0	0	0	0	0	1	2	7	>100%	8	-12.5%
ii). <17 years	National	27	0	0	2	1	3	2	1	30	>100%	22	36.4%
iii). <18 years	National	53	30	25	3	5	3	2	7	47	88.0%	43	9.3%

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

CAMHs Waiting List by time bands 2015

The numbers waiting over 12 months increased slightly this month from 214 to 222 (8). There are 222 individuals waiting over 12 months in October 2015 compared to 459 in April 2015, when the Wait list initiative began, resulting in a reduction of 52% in that period.

	Jan 2015	Feb 2015	March 2015	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015
Total no. to be seen	2,886	3,001	3,206	3,078	3,110	2,909	2,542	2,240	2,309	2,252
Total no. to be seen (0-3 months)	1,199	1,300	1,405	1,339	1,381	1,174	1,045	781	990	1,001
Wait List (i.e. those waiting >3 months)	1,687	1,701	1,801	1,739	1,729	1,735	1,497	1,459	1,319	1,251

	Jan 2015	Feb 2015	March 2015	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015
No. on waiting list for first appointment at end of each month by wait time										
No on CAMHS waiting list (3-6 months)	535	610	648	661	693	781	679	641	550	464
No on CAMHS waiting list (6-9 months)	377	342	375	377	434	404	354	356	345	374
No on CAMHS waiting list (9-12 months)	346	311	299	242	219	174	164	221	210	191
No on CAMHS waiting list (> 12 months)	429	438	479	459	383	376	300	241	214	222

Mental Health Services - Adult and Older Persons

The General Adult Community Mental Health Teams are exceeding the 90% target for the year to date (92.5%) in offering a first appointment within 12 weeks.

74.6% of accepted referrals to the General Adult Community Mental Health Teams in October were offered a first appointment and seen within 12 weeks which is slightly below the 75% target. A contributory factor in October is a significant 'did not attend' (DNA) rate of 22%.

In October, 98.2% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks.

In October, 95.8% of accepted referrals to Psychiatry of Old Age Teams nationally were seen with 12 weeks against a 95% target with a YTD position at 95.5%.

Social Care

Older Persons

Elder Abuse

- In October 75.4% of active elder abuse cases were reviewed within six months; performance year to date stands at 86.9%. The target is set at 90%. All cases are risk assessed and those requiring greatest attention are prioritized

Home Care Service for Older People

- 47,701 People were in receipt of Home Help Services at the end of October 2015 (under expected level of activity by 2,299 but above the level of provision in 2014 by 755). The number of people that can be supported by the home help service is dependent on the volume of service required by each individual approved client so the number of clients may be above or below the stated expected level of activity.
- 8,699,434 home help hours have been provided YTD, 0.9% above the expected service level of activity (expected activity YTD 8,622,697). The challenge is to maintain this level of activity while the cost per hour of service has increased due to increasing requirements for weekend and evening hours.

Home Care Package (HCP)

- 14,996 people were in receipt of a Home Care Package at the end of October 2015 (expected activity 13,200). The activity levels have been increased in order to support the acute hospitals system and the challenge will be to maintain this level of activity going forward if additional resources are not provided.

Nursing Home Support Scheme (NHSS)

- The number of people in receipt of financial support under the Nursing Homes Support Scheme is 23,142 which is ahead of the NSP target of 22,361 due to additional funding allocated in April 2015 to meet demographic need.
- At the end of October, there were 108 people on the NHSS national placement list awaiting funding approval and the targeted wait time that no person should be waiting no longer than 4 weeks for funding is being achieved.
- There are 628 new clients (private and public units) entering scheme in October 2015 compared to 476 new clients in October 2014.

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients									
Month 2015	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	Private Units			Public Units		
				No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase	No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase
YTD 2015	8,436	108	23,142	5,670	4,604	1,066	1,578	1,538	40
Oct. 15	733	108	23,142	501	440	61	127	123	4
Oct. 14	807	2,135	21,926	357	359	-2	119	103	16

Note: In addition to the above there were a further 324 leavers (29 in October) from Contract Beds/Subvention/Section 39 savers beds.

Disability Services

Home Support

There was 2,002,865 YTD Home Support Hours provided to people with a disability (expected activity 1,944,522), which is 3% above target and an increase of 3.1% compared to the same period last year.

Respite

The provision of residential respite overnights for people with a disability is 3.4% below target (137,690 provided to the end of September, expected activity 142,502). As anticipated there is a reduction in overnight respite as the model of service provision transitions towards home based support services and extended day care rather than overnight residential services.

Personal Assistant (PA Hours)

1,082,394 PA hours have been delivered to adults with a physical and/or sensory disability up to the end of September (expected activity 989,114). This is an increase of 9.4% YTD 2015 when compared to the same period last year.

Financial Overview

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

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

Financial Performance to end of October 2015

As of October 2015 the health service has recorded net spend on an income and expenditure basis of €10.534 billion against a budget of €10.097 billion. This leads to a total deficit of €437.2m / 4.33% of which:

- 44.4% or circa €194.3m relates to the areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision.
- 55.6% or circa €242.9m within core services, primarily within Acute Hospitals (€153.9m) and Social Care (€75.9m).

Within Acute Hospitals the sustained pressures caused by seeking to deal with high levels of ED / Trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk related reports such as that into maternity services at Portlaoise has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams.

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

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

Conclusion

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

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

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

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

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

Human Resources Overview

October employment census shows an increase of **799 WTEs** from September 2015 and **3,717 WTEs** year to date. This is the fifteenth monthly increase in a row and since July 2014 the health sector has increased employment figures by **5,073 WTEs**. Recorded employment levels since they leveled in November 2013 (**96,760 WTEs**, adjusted to exclude Children & Family Services which transferred to Tulsa at start of 2014) have increased by **+6,284 WTEs** (+6.5%) over the last 2 years.

WTE Overview by Division	WTE Sep 2015	Ceiling Oct 2015	WTE Oct 2015	WTE Change since Sep 2015	WTE Variance Oct 2015	% WTE Variance Oct 2015
Acute Services	51,669	49,631	52,081	+412	+2,450	+4.9%
Mental Health	9,316	9,262	9,347	+31	+85	+0.9%
Primary Care	10,294	10,344	10,484	+190	+140	+1.4%
Social Care	25,366	24,816	25,485	+119	+669	+2.7%
Health & Wellbeing	1,261	1,279	1,291	+30	+12	+0.9%
Ambulance Services	1,662	1,611	1,661	-2	+50	+3.1%
Corporate & HBS	2,677	2,598	2,696	+19	+98	+3.8%
Total Health Service	102,245	99,541	103,044	+799	+3,503	+3.5%

Absence Rates in the Health Sector to September 2015

Target	September 2014	2014 Total	August 2015	September 2015	YTD 2015	% Medically Certified (September 2015)	% Medically Certified (YTD 2015)
3.50%	4.07%	4.27%	4.25%	4.18%	4.19%	87.6%	86.9%

Latest monthly figures (September 2015)

The September rate at 4.18% is down on the August rate.

National Overview of European Working Time Directive Performance

Compliance with a maximum 48 hour week is at 77% as of end October. This represents a 2% increase since September.

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

Quality & Safety

Quality & Safety

Quality Assurance and Verification

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

Some key developments across the Division during October 2015 include:

Appeals Service

The Appeals Service provides an internal, independent and impartial review of decisions taken by personnel of the HSE relating to applications by members of the public for specified services and entitlements, where applicants are dissatisfied with the outcome of their application.

A total of 2,931 notifications of appeal were received by the Appeals Service up to the 31st October 2015. 3,414 appeals were processed during this time period (these include appeals carried forward from 2014) leaving a current balance of 195 open appeals.

Appeal Type	Received	Processed
Medical / GP Card (General Scheme)	2,134	2,402
Medical / GP Visit Card (Over 70s scheme)	183	381
Nursing Home Support Scheme	314	334
CSAR	41	37
Home Care Package	123	113
Home Help	27	39
Other	109	108
Total	2,931	3,414

Medical Cards (General Scheme and over 70s) made up the majority of Notifications of Appeal received by the Appeals Service, with 79% of appeals relating to medical card eligibility. The next largest group of appeals relate to statutory NHSS appeals which make up nearly 11% of all appeals received.

National Incident Management System (NIMS)

NIMs went live across the HSE and its funded agencies at the end of June 2015. Planning for phase two of NIMS development is now well advanced. The objectives of phase two are to:

- Further roll out the use of NIMS across the HSE and its funded Agencies
- Develop reporting capability of the system to support local and national understanding and management of incidents
- Ensure that NIMS becomes the system for recording of Serious Reportable Events(SREs)
- Implement a new complaints module
- Test functionality of investigations and recommendations

This phase of the implementation of NIMS will be supported by a project team with membership drawn from the QAV Division, hospital and community services and the States Claims Agency.

Safety Incident Management

The National Incident Management and Learning Team continue to deliver training in Safety Incident Management and System Analysis Investigations. During October 2015, 44 staff received training on Systems Analysis Investigations and 27 staff received Safety Incident Management training.

Serious Reportable Events

Progress on reporting and investigation of SREs continues to be monitored on a monthly basis. The total number of SREs recorded for the period March 2014 to October 2015 was 258. The Acute Hospitals Division account for 191 of SREs reported, Social Care Division 35, Mental Health Division 30 and 2 others.

Quality Improvement

Medication Safety Programme

Medication safety is an important priority for the HSE. The HSE Quality Improvement Division appointed the Clinical Lead of the National Medication Safety Programme in the HSE Quality Improvement Division (QID) in May 2015.

In partnership with the Irish Medication Safety Network (IMSN) and the Rotunda Hospital the Quality Improvement Division sponsored and coordinated a two day Medication Safety Intensive course which was delivered by the Institute for Safe Medication Practices (ISMP). The ISMP is a US not-for-profit organisation renowned as world experts in the field of medication safety. It is the first time that the course has been run in Europe. The course was attended by over 100 pharmacists, nurses, doctors and risk managers from Irish acute hospitals.

The two-day course was followed by a one day National Medication Safety Summit, which brought together over 250 healthcare professionals, health service leaders and representatives from bodies connected to medication safety and Irish and international speakers.

The medication safety course and summit sought to bring about shared understanding of medication error and harm and how to design systems and use information to minimise future risks.

The medication safety programme will build on the outcomes of these events to plan and deliver on a number of initiatives to reduce harm from medication in 2016.

Accountability Framework

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

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

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

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

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


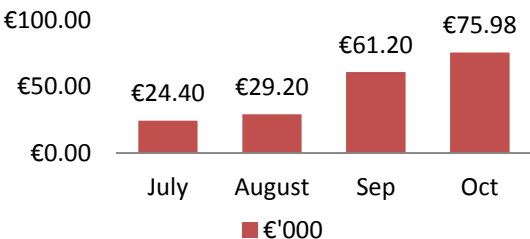

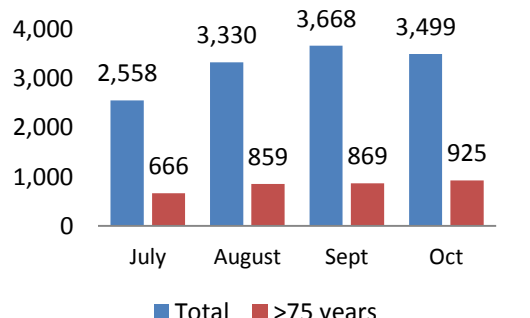
The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:


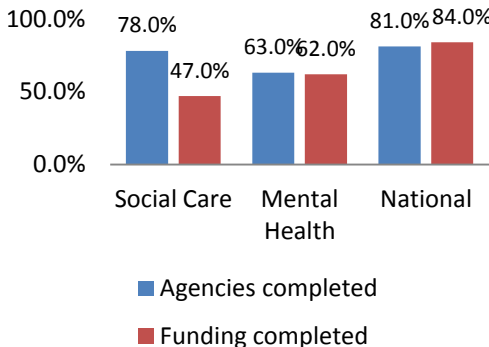

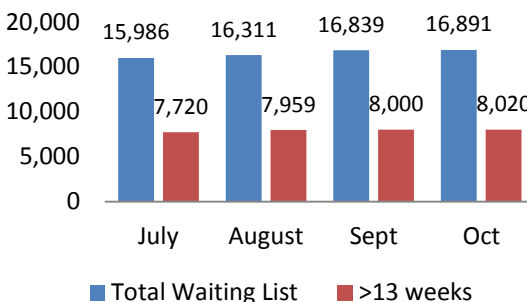
- **Level 4 (Black)** is at Director General level.
- **Level 3 (Red)** is at National Performance Oversight Group level
- **Level 3 (Red-Amber)** indicates performance improvement from Red Escalation

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

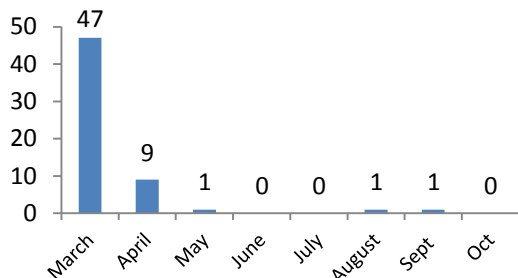
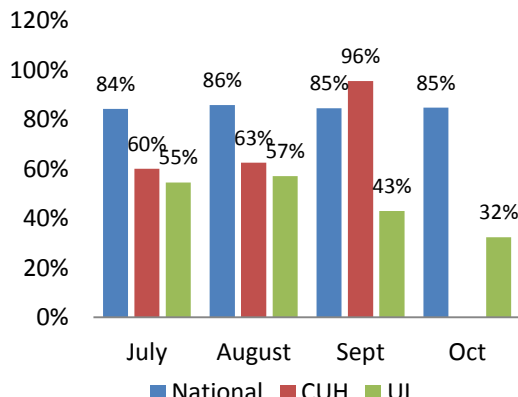
Areas of Black Escalation (Director General) under the Escalation & Intervention Framework 2015


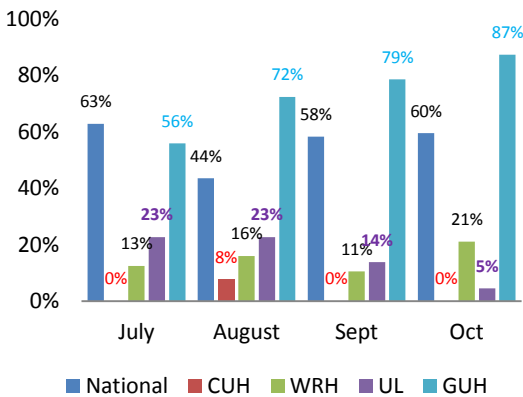

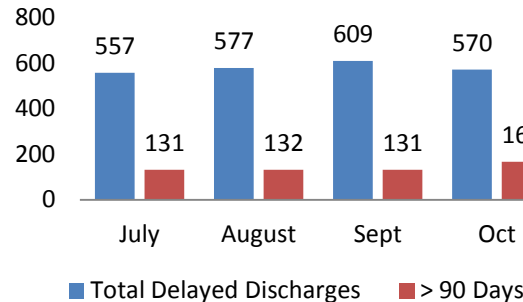
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR October Results/Trend																																								
<div>Projected net expenditure to year end</div> <div><div></div></div>	Acute Hospital	Finance	Breakeven to 0.75% deficit	<div>Escalated based on the year to date and projected year end deficit.</div> <div>Year to date deficit €153.9M (4.6%), a deterioration in position for 10 months.</div>	<div>Controls are in place to manage the financial position within the Acute Hospital Division. Specific actions are being progressed in relation to pay and staffing levels, non-pay and income.</div> <div>Differentiated engagement continues including restrictions on recruitment.</div>	<div>Current Deficit against Budget, Acute Hospitals</div> <div><div></div><table><tr><td>€200.00</td><td></td><td></td><td></td><td></td></tr><tr><td>€150.00</td><td></td><td></td><td></td><td></td></tr><tr><td>€100.00</td><td></td><td></td><td></td><td></td></tr><tr><td>€50.00</td><td></td><td></td><td></td><td></td></tr><tr><td>€0.00</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>July</td><td>August</td><td>September</td><td>October</td></tr><tr><td></td><td>€112.40</td><td>€122.43</td><td>€137.30</td><td>€153.9</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table><div>■ €'000</div></div>	€200.00					€150.00					€100.00					€50.00					€0.00						July	August	September	October		€112.40	€122.43	€137.30	€153.9					
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<div>Serious Reportable Event - 'No Event Declaration'</div> <div><div></div></div>	Acute Hospitals	Quality & Safety	Not provided to the NPOG within Q1	Escalated based on the need to supply a 'No Event Declaration'	A review of the National Incident Management System (NIMIS) to capture SREs reported locally has commenced with the first review now completed for Bantry General Hospital. All SRE declaration forms will be certified following completion of reviews at each hospital site.																																									


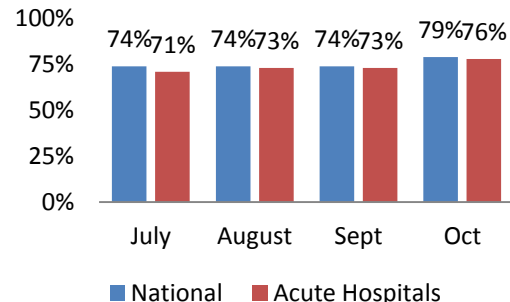

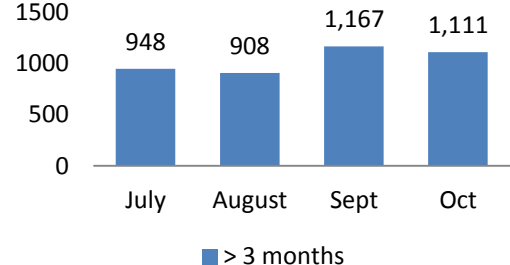
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR October Results/Trend															
<div>Projected net expenditure to year end</div> <div></div>	Social Care	Finance	Breakeven to 0.75% deficit	<div>Escalated based on the year to date and projected year end deficit.</div> <div>Year to date deficit €75.9M</div>	Costs arising relate to meeting the standards and regulatory requirements for Disability Services. The Social Care Division continues to hold discussions with the Department of Health in this regard.	<div>Year to date deficit, Social Care</div>  <table><caption>Year to date deficit, Social Care (€'000)</caption><thead><tr><th>Month</th><th>Deficit</th></tr></thead><tbody><tr><td>July</td><td>€24.40</td></tr><tr><td>August</td><td>€29.20</td></tr><tr><td>Sep</td><td>€61.20</td></tr><tr><td>Oct</td><td>€75.98</td></tr></tbody></table>	Month	Deficit	July	€24.40	August	€29.20	Sep	€61.20	Oct	€75.98					
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<div>Patients waiting in ED for > 24 hours</div> <div></div>	Acute Hospitals	Quality & Safety	0	<div>Escalated based on continued poor performance and a significant deterioration in performance during the month</div> <div>A Directive issued from the Director General and the National Director for Acute Hospitals under the terms of the Accountability Framework. This sets out the financial implications of non-compliance which is a deduction of €10,000 for each breach event. This is balanced by changes to the ‘fines’ regime for scheduled care.</div>	<div>As part of the ED Winter Planning Initiative 108 beds were re-opened during November and a further 10 beds are planned to open in Sligo General Hospital.</div>	<div>Patients in ED for > 24 hours</div>  <table><caption>Patients in ED for > 24 hours</caption><thead><tr><th>Month</th><th>Total</th><th>>75 years</th></tr></thead><tbody><tr><td>July</td><td>2,558</td><td>666</td></tr><tr><td>August</td><td>3,330</td><td>859</td></tr><tr><td>Sep</td><td>3,668</td><td>869</td></tr><tr><td>Oct</td><td>3,499</td><td>925</td></tr></tbody></table>	Month	Total	>75 years	July	2,558	666	August	3,330	859	Sep	3,668	869	Oct	3,499	925
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR October Results/Trend															
<div>Service Level Arrangements 2015</div> <div></div>	Social Care and Mental Health	Access Quality & Safety Finance HR		Escalated on the basis of continued poor performance	There is ongoing engagement with S38 Agencies in relation to the completion of Service Arrangements. The level of compliance has improved from 58% in October to 84% as at 1 st December, however, completion rates should be closer to 100% for this time of year. During November National Directors formally wrote to Chief Officers advising that cash curtailments may be applied if agencies failed to sign outstanding Service Arrangements	<div>Completion - Service Arrangements (As at 1st December 2015)</div>  <table><thead><tr><th>Category</th><th>Agencies completed</th><th>Funding completed</th></tr></thead><tbody><tr><td>Social Care</td><td>78.0%</td><td>47.0%</td></tr><tr><td>Mental Health</td><td>63.0%</td><td>62.0%</td></tr><tr><td>National</td><td>81.0%</td><td>84.0%</td></tr></tbody></table>	Category	Agencies completed	Funding completed	Social Care	78.0%	47.0%	Mental Health	63.0%	62.0%	National	81.0%	84.0%			
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<div>% of people waiting < 13 weeks for a routine colonoscopy/ OGD.</div> <div></div>	Acute Hospitals	Access	80% of patients received their procedure within 13 weeks	<div>Escalated from Red to Black escalation based on continued poor performance.</div> <div>During October there were 8,020 patients waiting greater than 13 weeks, a compliance rate of 52.5%</div>	<div>A targeted initiative to provide part of an overall response to this issue is underway with the National Treatment Purchase Fund (NTPF). This initiative applies to three hospitals and will facilitate the 2,652 patients waiting longer than 12 months for their procedure.</div> <div>To date 1,949 of patients waiting longer than 12 months have been seen and it is expected that the remaining 703 patients will be seen before the end of the year.</div>	<div>Routine GI Waiting List</div>  <table><thead><tr><th>Month</th><th>Total Waiting List</th><th>>13 weeks</th></tr></thead><tbody><tr><td>July</td><td>15,986</td><td>7,720</td></tr><tr><td>August</td><td>16,311</td><td>7,959</td></tr><tr><td>Sept</td><td>16,839</td><td>8,000</td></tr><tr><td>Oct</td><td>16,891</td><td>8,020</td></tr></tbody></table>	Month	Total Waiting List	>13 weeks	July	15,986	7,720	August	16,311	7,959	Sept	16,839	8,000	Oct	16,891	8,020
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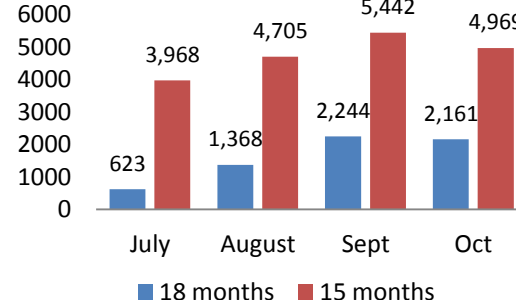

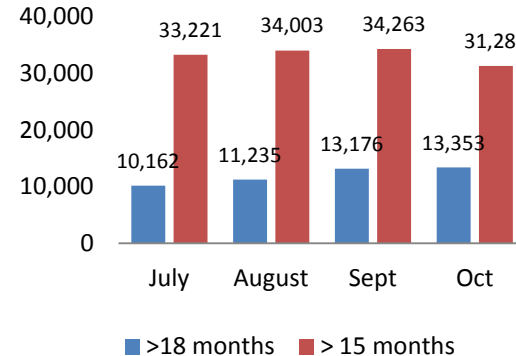
Areas of **Red Escalation** (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR October Results/Trend																				
<p>Urgent colonoscopy - % of people waiting < 4 weeks</p> <div><div></div></div>	Acute Hospitals	Access	0	During October there were zero breaches.	<p>This area remains in escalation as there were two breaches during the week of 23rd November, 1 in the Mater Hospital and 1 in the Midland Regional Hospital Portlaoise. There was a further 3 breaches in the Mater Hospital during the week beginning 4th December.</p> <p>The patient in Portlaoise Hospital has since been seen. The four patients in the Mater Hospitals have all been scheduled for an appointment between now and early January.</p>	 <table><caption>PR October Results/Trend - Urgent colonoscopy</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>March</td><td>47</td></tr><tr><td>April</td><td>9</td></tr><tr><td>May</td><td>1</td></tr><tr><td>June</td><td>0</td></tr><tr><td>July</td><td>0</td></tr><tr><td>August</td><td>1</td></tr><tr><td>Sept</td><td>1</td></tr><tr><td>Oct</td><td>0</td></tr></tbody></table>	Month	Value	March	47	April	9	May	1	June	0	July	0	August	1	Sept	1	Oct	0		
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<p>Lung Service - patients to be seen within 10 working days</p> <div><div></div></div>	Acute Hospitals	Access	Hospital or HG <80% for 3 consecutive months or missing data for 2 consecutive months	Escalated based on continued poor performance for Limerick University Hospital (32.3%) which is below the 80% threshold	<p>Performance at Cork University Hospital continues to improve with the provision of 4 additional CTs each week by the South Infirmary.</p> <p>In relation to Limerick, performance was discussed at a recent National Cancer Control Programme network meeting and the CEO has agreed that a full review of the clinic processes will be undertaken.</p>	 <table><caption>PR October Results/Trend - Lung Service</caption><thead><tr><th>Month</th><th>National</th><th>CUH</th><th>UL</th></tr></thead><tbody><tr><td>July</td><td>84%</td><td>60%</td><td>55%</td></tr><tr><td>August</td><td>86%</td><td>63%</td><td>57%</td></tr><tr><td>Sept</td><td>85%</td><td>96%</td><td>43%</td></tr><tr><td>Oct</td><td>85%</td><td></td><td>32%</td></tr></tbody></table>	Month	National	CUH	UL	July	84%	60%	55%	August	86%	63%	57%	Sept	85%	96%	43%	Oct	85%		32%
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR October Results/Trend																														
Prostate Cancer - patients to be seen within 20 working days 	Acute Hospitals	Access	If the hospital or HG falls below <80% for 3 consecutive months or has missing data for 2 consecutive months	Cork, Waterford, Limerick and Galway University Hospitals have performed below the 80% threshold Access to prostate cancer services continues to be particularly low in Waterford Regional, Cork University and Limerick Hospitals.	Waterford Regional Hospital continues to outsource a number of prostate referrals to the private sector to assist with clearing the current backlog. Work continues within the Group to increase access to diagnostics for the prostate service. In Cork University Hospital work is progressing on employing a locum urology consultant pending the appointment of a permanent filling. An outsourcing initiative is planned and appropriate patients are currently being contacted in this regard. In relation to University Hospital Limerick , a full review of the clinic processes will be undertaken.	 <table><caption>Prostate Cancer PR October Results/Trend</caption><thead><tr><th>Month</th><th>National</th><th>CUH</th><th>WRH</th><th>UL</th><th>GUH</th></tr></thead><tbody><tr><td>July</td><td>63%</td><td>0%</td><td>13%</td><td>23%</td><td>56%</td></tr><tr><td>August</td><td>44%</td><td>8%</td><td>16%</td><td>23%</td><td>72%</td></tr><tr><td>Sept</td><td>58%</td><td>0%</td><td>11%</td><td>14%</td><td>79%</td></tr><tr><td>Oct</td><td>60%</td><td>0%</td><td>21%</td><td>5%</td><td>87%</td></tr></tbody></table>	Month	National	CUH	WRH	UL	GUH	July	63%	0%	13%	23%	56%	August	44%	8%	16%	23%	72%	Sept	58%	0%	11%	14%	79%	Oct	60%	0%	21%	5%	87%
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Sept	58%	0%	11%	14%	79%																															
Oct	60%	0%	21%	5%	87%																															
Number of discharges delayed by more than 90 days 	Acute Hospitals & Social Care	Access	No delayed discharges > 90 days	During October there were 167 breaches over 90 days	The Acute Hospital Division and Social Care have had direct engagement with those hospitals that have the highest number of delayed discharges. The additional €74m allocated to Social Care has had a positive impact on overall numbers	 <table><caption>Number of discharges delayed by more than 90 days PR October Results/Trend</caption><thead><tr><th>Month</th><th>Total Delayed Discharges</th><th>> 90 Days</th></tr></thead><tbody><tr><td>July</td><td>557</td><td>131</td></tr><tr><td>August</td><td>577</td><td>132</td></tr><tr><td>Sept</td><td>609</td><td>131</td></tr><tr><td>Oct</td><td>570</td><td>167</td></tr></tbody></table>	Month	Total Delayed Discharges	> 90 Days	July	557	131	August	577	132	Sept	609	131	Oct	570	167															
Month	Total Delayed Discharges	> 90 Days																																		
July	557	131																																		
August	577	132																																		
Sept	609	131																																		
Oct	570	167																																		

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR October Results/Trend															
European Working Time Directive 	Acute Hospitals	Human Resources	100% of NCHDs have a working week of 48 hours or less	Compliance remains low at 76% which is below the European standards	There is continued engagement with specific individual sites that are below the national average level of compliance. Six hospitals are subject to targeted action with the Irish Medical Organisation and improvement plans are in place.	 <table><thead><tr><th>Month</th><th>National (%)</th><th>Acute Hospitals (%)</th></tr></thead><tbody><tr><td>July</td><td>74%</td><td>71%</td></tr><tr><td>August</td><td>74%</td><td>73%</td></tr><tr><td>Sept</td><td>74%</td><td>73%</td></tr><tr><td>Oct</td><td>74%</td><td>76%</td></tr></tbody></table>	Month	National (%)	Acute Hospitals (%)	July	74%	71%	August	74%	73%	Sept	74%	73%	Oct	74%	76%
Month	National (%)	Acute Hospitals (%)																			
July	74%	71%																			
August	74%	73%																			
Sept	74%	73%																			
Oct	74%	76%																			
Properly completed Medical and GP Visit Cards not processed > 3 months 	Primary Care	Access/Quality	>3 months	Escalated based on continued poor performance 1,111 remain over the 3 month threshold down from 1,167 in September	A plan is in place to clear the backlog of applications by approximately 600 by the end of the year and further measures will be put in place to deal with the remaining applications	 <table><thead><tr><th>Month</th><th>> 3 months</th></tr></thead><tbody><tr><td>July</td><td>948</td></tr><tr><td>August</td><td>908</td></tr><tr><td>Sept</td><td>1,167</td></tr><tr><td>Oct</td><td>1,111</td></tr></tbody></table>	Month	> 3 months	July	948	August	908	Sept	1,167	Oct	1,111					
Month	> 3 months																				
July	948																				
August	908																				
Sept	1,167																				
Oct	1,111																				

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

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR October Results/Trend															
Adults and children waiting > 18 months for an elective procedure 	Acute Hospital	Access/Quality	Any patient waiting > 18 months by June 2015 and >15 months by year end	During October 1,993 adults and 168 children were waiting longer than 18 months 4,598 adults and 371 children were waiting greater than 15 month	The HSE continues to work with the Hospital Groups to agree clearance plans to achieve full compliance with the 15 month maximum wait time by year end. Additional funding has been provided to support in-sourcing and out-sourcing of patients waiting greater than 18 months in this first instance in order to achieve the 15 month maxima by year end.	Adults & Children Inpatient & Day Case  <table><thead><tr><th>Month</th><th>18 months</th><th>15 months</th></tr></thead><tbody><tr><td>July</td><td>623</td><td>3,968</td></tr><tr><td>August</td><td>1,368</td><td>4,705</td></tr><tr><td>Sept</td><td>2,244</td><td>5,442</td></tr><tr><td>Oct</td><td>2,161</td><td>4,969</td></tr></tbody></table>	Month	18 months	15 months	July	623	3,968	August	1,368	4,705	Sept	2,244	5,442	Oct	2,161	4,969
Month	18 months	15 months																			
July	623	3,968																			
August	1,368	4,705																			
Sept	2,244	5,442																			
Oct	2,161	4,969																			
Persons waiting >18 months for an OPD appointment 	Acute Hospitals	Access/Quality	0	At the end of October 13,353 people were waiting greater than the maximum wait time of 18 months. 31,289 people were waiting greater than 15 month	The HSE imposed financial penalties on those hospitals that breached the 18 month maximum wait time. This amounted to €1.68m in September and a further €1.72m in October.	Outpatient Waiting List  <table><thead><tr><th>Month</th><th>>18 months</th><th>> 15 months</th></tr></thead><tbody><tr><td>July</td><td>10,162</td><td>33,221</td></tr><tr><td>August</td><td>11,235</td><td>34,003</td></tr><tr><td>Sept</td><td>13,176</td><td>34,263</td></tr><tr><td>Oct</td><td>13,353</td><td>31,289</td></tr></tbody></table>	Month	>18 months	> 15 months	July	10,162	33,221	August	11,235	34,003	Sept	13,176	34,263	Oct	13,353	31,289
Month	>18 months	> 15 months																			
July	10,162	33,221																			
August	11,235	34,003																			
Sept	13,176	34,263																			
Oct	13,353	31,289																			

Performance Overview by Service Provider

Performance RAG Rating

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

Finance RAG Rating

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

HR – Absence

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

HR – Indicative workforce

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

Acute Services Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Var YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	Saolta YTD	ULH YTD	Children's YTD	National August	National September	National October
Quality & Safety	Number of SREs reported	NA	191											
	% of mandatory investigations exceeding 4 month target for completion	< 10%	82%		84%	57%	51%	51%	90%	71%	100%			
	Surgery – % day case for Elective Laparoscopic Cholecystectomy	> 60%	39.3%	- 34.5%	50.3%	60.2%	43.7%	40.5%	15.7%	6.5%		33.8%	38.4%	38.0%
	Hip Fracture – % Emergency Surgery Within 48 hr	95%	84.4%	- 11.2%	92.2%	85.0%	78.7%	80.6%	88.8%	83.3%		86.8%	84.4%	85.6%
	Medical Readmission rates	< 9.6%	10.7%	- 11.5%	10.7%	10.9%	11.0%	11.0%	11.2%	8.8%	2.5%	9.8%	10.0%	9.6%
	Surgical Readmission rates	< 3%	2.1%	30.0%	1.8%	2.9%	2.2%	1.9%	2.1%	1.4%		2.0%	2.1%	2.2%
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals	95%	96.6%	1.7%	99.9%	98.4%	99.6%	90.3%	95.7%	98.2%		96.7%	98.6%	99.9%
	Cancer Services – Lung within 10 working days	95%	85.5%	- 10.0%	98.9%	96.6%	99.4%	76.2%	80.8%	59.8%		85.5%	84.5%	84.7%
	Cancer Services – Prostate within 20 working days	90%	59.5%	- 33.9%	76.6%	70.5%	92.2%	12.2%	72.1%	24.2%		43.1%	58.3%	56.4%
	Cancer Services – Radiotherapy within 15 working days	90%	84.4%	-6.2%		79.4%		86.7%	85.3%			84%	87%	86%
Access ¹	Inpatient/Day Case waiting times – % Adult waiting < 8 months	100%	70.5%	- 29.5%	71.5%	69.6%	67.7%	67.9%	70.3%	81.2%		69.2%	70.0%	70.5%
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks	100%	55.9%	- 44.1%	59.7%	67.3%	55.6%	62.8%	49.0%	50.2%	54.9%	57.7%	56.5%	55.9%
	Outpatients – % people waiting < 52 weeks	100%	84.9%	- 15.1%	90.4%	85.0%	85.9%	82.4%	80.3%	86.3%	86.5%	83.6%	83.8%	84.9%
	Outpatients – New: Return ratio	1:2	1 : 2.6	- 30.0%	1 : 2.3	1 : 2.9	1 : 2.7	1 : 2.7	1 : 2.3	1 : 3.2	1 : 2.3	1 : 2.6	1 : 2.6	1 : 2.6
	Emergency Care – 6 hour PET	95%	68.2%	- 28.2%	69.1%	61.2%	61.0%	68.8%	70.1%	56.8%	89.5%	69.1%	68.6%	68.8%
	Emergency Care – 9 hour PET	100%	81.7%	- 18.3%	81.9%	77.1%	75.5%	81.7%	84.7%	71.8%	97.1%	82.4%	82.3%	82.2%
	Emergency Care – patients in ED GT 24 hours	0%	3.9%	-3.9 %	4.7%	3.9%	6.7%	3.4%	2.6%	7.6%	0.3%	3.6%	3.9%	3.7%
	Surgical DOSA	70%	68.7%	-1.9%	80.2%	57.0%	56.8%	72.7%	60.6%	79.1%		64.4%	67.5%	67.2%
	Surgical – Reduction in bed days utilization	5% red	10.6%	- 55.9%	10.0%	8.1%	9.4%	9.9%	14.1%	16.9%		12.7%	10.5%	11.8%

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

		Target/ Expected Activity	National YTD	% Var YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	Saolta YTD	ULH YTD	Children's YTD	National August	National September	National October
	GI – % waiting < 13 weeks routine colonoscopy/OGD	100%	52.5%	- 47.5%	58.0%	33.0%	42.2%	70.8%	71.0%	85.3%	65.7%	51.2%	52.5%	52.5%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%	99.9%	100.0%	100.0%
	Delayed Discharges	15% red	6.7%	6.7%	17.0%	-9.8%	8.4%	11.4%	-8.6%	4.8%		5.6%	0.3%	6.7%
	Ambulance Turnaround times – 60 minutes	100%	95%	-5%										
	ALOS – Medical	5.8 days	7.1	- 22.4%	7.2	9.0	7.6	6.2	6.4	5.6		6.6	6.1	6.5
	ALOS – Surgical	5.1 days	5.4	-5.9%	6.1	5.4	6.1	4.6	4.7	4.5		5.3	5.1	5.4

Acute Services Balanced Score Card Finance & HR

		Budget YTD €'000/Target	Actual YTD €'000	Variance YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	ULH YTD	Saolta YTD	Children's YTD
Finance	Net Expenditure variance from plan (excluding Regional and National Services)	€3,303,671	€3,472,256	€168,585	5.10%	5.30%	4.64%	6.03%	3.06%	2.11%	8.20%	4.36%
	Pay (excl Superannuation Pay)	€2,719,697	€2,819,351	€99,654	3.66%	4.11%	2.84%	3.39%	3.16%	4.26%	5.48%	1.63%
	Pay (Agency)	€111,629	€173,161	€61,532	55.12%	32.13%	75.38%	23.88%	60.69%	40.52%	166.49%	149.81%
	Pay (Overtime)	€124,077	€135,958	€11,881	9.58%	15.99%	17.70%	5.85%	1.75%	23.23%	1.39%	8.77%
	Non Pay (incl procurement savings)	€1,236,565	€1,333,107	€96,543	7.81%	8.16%	5.50%	8.60%	8.13%	4.67%	10.88%	7.35%
	Income	-€739,998	-€776,282	-€36,283	4.90%	5.69%	0.54%	0.98%	12.17%	15.12%	0.30%	3.81%
	Regional and National Services	€28,565	€13,895	-€14,670	-51.36%							
	Net Expenditure variance from plan (including Regional and National Services)	€3,332,237	€3,486,151	€153,915	4.62%							
	NCCP	€2,232	€2,354	€122	5.45%							
	% and number of 2015 Service Arrangements signed	100%	70.6% 12		29.4%							
	€ value of 2015 Service Arrangements signed	100%	€1,386,999 80.9%		19.1%							
HR	Absence Rates - Medical/Dental	3.5%	0.86%	-2.64%	-75.42%	0.79%	0.89%	0.86%	0.87%	0.67%	0.79%	1.38%
	Absence Rates– Nursing	3.5%	4.38%	0.88%	25.14%	3.79%	3.88%	4.66%	4.47%	5.69%	4.77%	4.35%
	Absence Rates- Health and Social Care Professional	3.5%	2.87%	-0.63%	-18%	2.75%	2.32%	2.83%	3.16%	3.88%	3.07%	3.26%
	Absence Rates - Management/Admin	3.5%	3.69%	0.19%	5.42%	3.46%	3.74%	3.95%	3.32%	4.76%	3.68%	3.50%
	Absence Rates - General Support staff	3.5%	5.06%	1.56%	44.57%	5.15%	4.32%	4.56%	5.10%	7.05%	5.06%	7.55%
	Absence Rates - Other Patient and Client staff	3.5%	5.82%	2.32%	66.28%	5.03%	5.94%	5.70%	4.55%	9.60%	5.49%	5.76%
	Absence Rates- Total	3.5%	3.81%	0.31%	8.85%	3.48%	3.51%	3.78%	3.80%	5.41%	3.95%	3.93%
	Variance from Indicative workforce	49,631.0	52,080.9	2,449.9	4.94%							
	EDWT ² - <24 hour shift	100%	96%		-4%	96%	97%	94%	99%	91%	98%	92%
	EDWT - <48 hour working week	100%	76%		-24%	73%	66%	59%	89%	100%	88%	69%

² EWT D compliance is calculated on returns from 39 out of 40 hospitals

National Ambulance Services Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD	National August	National September	National October
Quality & Safety	Number of SREs reported	NA	1								
	% of mandatory investigations exceeding 4 month target for completion	< 10%	100%								
	% of control centres that carry out Advanced Quality Assurance Audits	100%	100%								
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	78%	-3%	79%	82%	75%	72%			
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	66%	-17%	68%	67%	65%	63%			
	Intermediate Care Services	70%	83%	19%							
	% delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework	100%	76%	-24%							

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€119,857	€121,396	€1,539	1.28%				
	Pay (excl superannuation pay)	€88,513	€88,619	€105	0.12%				
	Pay – Agency	€0	€481	€481	100%				
	Pay – Overtime	€4,927	€13,830	€8,903	180.71%				
	Non-pay (incl procurement savings)	€31,531	€32,988	€1,458	4.62%				
	Income	-€187	-€211	-€24	12.76%				
HR	Absence Rates - Management/Admin	3.5%	2.75%	-0.75%	-21.42%	1.0%	7.2%	3.1%	2.8%
	Absence Rates - General Support staff	3.5%	2.56%	-0.94%	-26.85%	2.6%	0.7%	5.6%	2.6%
	Absence Rates - Other Patient and Client staff	3.5%	5.28%	1.78%	50.85%	5.7%	3.9%	5.5%	5.3%
	Absence Rates - Total	3.5%	4.99%	1.49%	42.57%	5.4%	3.6%	5.4%	5.0%
	Variance from Indicative workforce	1611.0	1660.5	49.5	3.1%				

Community Healthcare Balanced Score Card – Absenteeism

		Target YTD	Actual YTD	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
HR ³	Absence Rates - Medical/Dental	3.50%	2.17%	-1.33%	-38%	1.59%	1.81%	1.87%	2.09%	1.43%	3.94%	2.87%	1.51%	2.69%
	Absence Rates – Nursing	3.50%	4.85%	1.35%	38.57%	5.66%	5.18%	6.48%	3.75%	5.07%	3.98%	4.65%	5.69%	3.92%
	Absence Rates - Health and Social Care Professional	3.50%	3.59%	0.09%	2.57%	4.51%	3.33%	3.93%	3.44%	4.15%	3.31%	3.24%	3.78%	3.43%
	Absence Rates - Management/Admin	3.50%	4.24%	0.74%	21.14%	4.31%	4.23%	4.41%	3.62%	3.57%	3.40%	4.39%	5.15%	4.05%
	Absence Rates - General Support staff	3.50%	4.94%	1.44%	41.14%	6.33%	4.75%	4.41%	3.82%	5.96%	3.83%	5.08%	5.64%	4.65%
	Absence Rates - Other Patient and Client staff	3.50%	5.19%	1.69%	48.28%	6.66%	4.93%	5.93%	3.97%	4.74%	3.73%	5.12%	6.08%	5.43%
	Absence Rates- Total	3.50%	4.62%	1.12%	32.00%	5.62%	4.47%	5.36%	3.75%	4.67%	3.75%	4.67%	5.30%	4.16%

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

Health & Wellbeing Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National August	National September	National October
Quality & Safety	Number of SREs reported	NA	0													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	NA													
	Environmental Health - No. of planned surveillance inspections of food business	24,750	26,682	7.8%											9,001	
Access	Child Health - development at 10 months	95%	93.6%	-1.5%	96.2%	96.1%	92.4%	94.7%	93.5%	89.7%	92.3%	92.2%	95.5%	93.0%	93.3%	94.8%
	Child Health - PHN visit in 72 hours	97%	97.7%	0.7%	96.9%	99.5%	95.3%	99.8%	100.9%	97.3%	97.7%	96.2%	95.9%		98.3%	
	Child health - % children aged 12 months who receive the 6 in 1 vaccine	95%	91.4%	-3.8%	93.0%	94.5%	92.1%	90.3%	91.1%	91.2%	90.6%	93.4%	88.8%		91.5%	
	BreastCheck screening	117,400	121,728	3.7%										10,805	13,345	13,001
	CervicalCheck screening	232,000	217,190	-6.4%										17,692	21,720	19,949
	Diabetic Retina Screening	65,545	64,338	-1.8%										4,627	7,610	6,929
	Tobacco Control (intensive cessation support) ⁴	7,861	10,370	31.9%	1,768	0	376	769	209	722	1,625	892	1,488	955	1,094	1,344

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

Health & Wellbeing Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€156,307	€153,119	-€3,187	-2.04%									
	Pay (excl superannuation pay)	€76,351	€74,562	-€1,789	-2.34%									
	Pay – Agency	€1,034	€1,146	€112	10.81%									
	Pay – Overtime	€242	€245	€2	1.03%									
	Non-pay (incl procurement savings)	€85,085	€83,651	-€1,434	-1.69%									
	Income	-€5,130	-€5,094	€36	-0.69%									
	% and number of 2015 Service Arrangements signed	100%	130 86.7%		13.3%									
	€ value of 2015 Service Arrangements signed	100%	€8,586 87.8%		12.2%									
HR	Variance from Indicative workforce	1,279.0	1,290.8	11.8	0.92%									

Primary Care Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth , Meath (8)	Dublin North Central Dublin North West Dublin North (9)		National August	National September	National October
Quality & Safety	Number of SREs reported	NA	0														
	% of mandatory investigations exceeding 4 month target for completion	< 10%	NA														
	Physiotherapy within 12 weeks	80%	Data Gap		87.3%	81.4%	78.5%	90.6%	Data Gap	82.7%	75.3%	83.1%	65.2%	Data Gap	Data Gap	Data Gap	
	Occupational Therapy within 12 weeks	80%	Data Gap		85.4%	61.3%	84.9%	74.2%	Data Gap	83.4%	73.3%	75.8%	73.5%	Data Gap	Data Gap	Data Gap	
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	90%	99.5%	10.6%										97.3%	98.1%	99.5%	
	% of Medical Cards/GP Visit Card applications, assigned for medical Officer review, processed within 5 days	90%	78.7%	-12.6%										96.3%	88.3%	78.7%	
Access	Opioid substitution treatment (outside prisons)	9,402	9,498	1%													
	Opioid substitution treatment (prisons)	490	478	-2.4%													
	CIT - Overall Activity	20,919	15,663	-25.1%		453	3,002	1,142	1,248	1,007	4,964	352	3,495	1,634	1,623	1,867	
	CIT - Admission Avoidance (includes OPAT)	956	547	-42.8%		53	91	82	54	56	26	34	151	59	62	74	
	CIT - Hospital Avoidance	11,204	9,250	-17.4%		5	1,660	382	857	708	4,442	0	1,196	960	1,025	1,118	
	CIT - Early Discharge (includes OPAT)	5,086	3,205	-37%		379	631	217	309	205	496	310	658	352	263	373	
	CIT Activity – Other	3,673	2,661	-27.6%		16	620	461	28	38	0	8	1,490	263	273	302	
	Number of contacts with GP OOH	799,108	Data gap											76,447	71,283	Data Gap	

Primary Care Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€2,844,937	€2,953,463	€108,526	3.81%	6.22%	4.78%	1.98%	1.77%	0.96%	2.51%	0.05%	4.05%	2.31%
	Pay (excl superannuation)	€493,634	€500,131	€6,496	1.32%									
	Pay – Agency	€9,571	€14,956	€5,385	56.27%									
	Pay – Overtime	€2,442	€2,709	€267	10.92%									
	Non-pay (incl procurement savings)	€2,478,600	€2,578,207	€99,606	4.02%									
	Income	-€129,099	-€126,853	€2,246	-1.74%									
	Net Expenditure variance from plan - Primary Care	€620,760	€622,962	€2,201	0.35%									
	Net Expenditure variance from plan – Social Inclusion	€106,557	€108,433	€1,876	1.76%	5.33%	-1.12%	6.61%	1.53%	0.23%	4.14%	1.20%	-2.47%	1.84%
	Net Expenditure variance from plan – PCRS	€1,876,309	€1,968,727	€92,418	4.93%									
	Net Expenditure variance from plan - Demand Led Schemes	€181,683	€192,869	€11,186	6.16%									
	% and number of 2015 Service Arrangements signed – Primary Care	100%	203 77.2%		22.8%									
	€ value of 2015 Service Arrangements signed – Primary Care	100%	€24,022 72.5%		27.5%									
	% and number of 2015 Service Arrangements signed – Social Inclusion	100%	405 70.2%		29.8%									
	€ value of 2015 Service Arrangements signed – Social Inclusion	100%	€54,593 68.7%		31.3%									
HR	Variance from Indicative workforce	10,344.0	10,483.8	139.8	1.35%									

Palliative Care Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National August	National September	National October
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days	95%	88.3%	-7.1%	91.5%	89.9%	94.7%	90.3%	98.1%	79%	76.5%	91%	76.9%	90.7%	88.5%	88.3%
	Community Home Care - No of patients in receipt of specialist palliative care in the community	3,248	3,143	-3.4%	359	359	398	481	444	218	240	384	259	3,164	3,232	3,143
	Inpatient waiting times - % of patients admitted within 7 days of referral	98%	97.9%	-0.1%	97.4%	96%	100%	100%	100%	91.4%	98.4%		94.6%	97.4%	97.6%	98.7%
	Day Care - No of patients in receipt of specialists palliative day care services	349	314	-4.4%	10	34	38	94		31	37		70	297	334	314
	Paediatric Services - No of children in care of the Children's Palliative Care Services	320	Data gap	19.4%	12	26	34	Data gap	38	14	154	47	27	369	373	Data gap

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€59,628	€60,473	€845	1.42%	7.44%	8.81%	0.21%	0.88%	-1.82%	-12.19%	-1.65%	4.27%	0.63%
	Pay (excl superannuation pay)	€29,900	€30,352	€453	1.51%									
	Pay – Agency	€914	€1,077	€163	17.79%									
	Pay – Overtime	€599	€645	€46	7.68%									
	Non Pay (including procurement savings)	€36,551	€37,302	€751	2.06%									
	Income	-€7,906	-€8,206	-€300	3.79%									
	% of 2015 Service Arrangements signed	100%	15 65.2%		34.8%									
	€ value of 2015 Service Arrangements signed	100%	€35,400 58.5%		41.5%									
HR	Variance from indicative workforce													

Mental Health Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National August	National September	National October
Quality & Safety	Number of SREs reported	NA	30													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	71%		100%	20%		100%	50%		43%	60%	50%			
	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%	72.3%	- 23.9%										77.8%	83.3%	71.4%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:															
	General Adult Teams	90%	Data Gap	2.8%	86.5%	96.5%	96.5%	93.2%	97.7%	98.3%	Data Gap	93.9%	80.7%	92.0%	93.3%	Data Gap
	Psychiatry of Old Age Teams	99%	Data Gap	-0.9%	94.4%	Data Gap	100.0%	85.2%	100.0 %	98.2%	97.7%	97.8%	98.8%	98.4%	98.7%	Data Gap
	Child and Adolescent Community mental Health Teams	78%	75.7%	-2.9%	57.9%	95.4%	86.4%	67.6%	79.9%	64.8%	69.4%	75.5%	65.4%	67.8%	70.0%	75.9%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:															
	General Adult Teams	75%	Data Gap	2.8%	71.7%	85.8%	70.5%	68.6%	90.2%	78.5%	Data Gap	67.6%	56.1%	72.1%	74.1%	Data Gap
	Psychiatry of Old Age Teams	95%	Data Gap	-0.9%	93.5%	Data Gap	99.3%	65.8%	99.3%	97.5%	96.8%	92.2%	95.9%	95.8%	96.1%	Data Gap
Access	Child and Adolescent Community Mental Health Teams	72%	67.8%	-2.9%	54.5%	88.1%	86.2%	59.9%	67.3%	53.1%	60.4%	61.0%	55.7%	61.3%	63.2%	69.1%
	Total no. to be seen	2,632	2,252	- 14.4%	372	29	269	504	144	374	177	192	191	2,262	2,309	2,252
	Total no. to be seen (0-3 months)	1,153	1,001	- 13.2%	90	25	92	146	110	236	98	120	84	781	990	1,001
	Wait List (i.e. those waiting >3 months)	1,479	1,251	- 15.4%	282	4	177	358	34	138	79	72	107	1,481	1,319	1,251
	No. on waiting list for first appointment at end of each month by wait time:															
	3-6 months	534	464	- 13.1%	95	3	60	110	19	73	10	55	39	641	550	464
	6-9 months	331	374	13.0%	101	1	62	94	14	54	10	14	24	356	345	374
	9-12 months	614	191	- 68.9%	55	0	38	55	0	7	15	3	18	221	210	191
	>12 months	0	222	>100 %	31	0	17	99	1	4	44	0	26	241	214	222

Mental Health Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€627,645	€628,242	€596	0.10%	2.26%	0.90%	1.30%	1.83%	0.84%	0.23%	0.22%	4.61%	0.58%
	Pay (excl superannuation pay)	€510,594	€505,478	-€5,116	-1.00%									
	Pay – Agency	€12,413	€27,109	€14,696	118.39%									
	Pay – Overtime	€12,556	€16,170	€3,613	28.78%									
	Non-pay (incl procurement savings)	€132,661	€137,105	€4,444	3.35%									
	Income	-€16,405	-€15,093	€1,312	-8.00%									
	% and number of 2015 Service Arrangements signed	100%	119 60.7%		39.3%									
	€ value of 2015 Service Arrangements signed	100%	€43,238 68.7%		31.3%									
HR	Variance from Indicative workforce	9,262.0	9,346.9	85.0	0.92%									
	EWTD - <24 hour shift ⁵	100%	90%		-10%									
	EWTD - <48 hour working week	100%	91%		-9%									

⁵ EWTD results are based on returns from 17 of 29 service providers

Social Care Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National August	National September	National October
Quality & Safety	Number of SREs reported	NA	35													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	80%													
	PA Hours (Q)	989,114	Data Gap		103,133	222,135	212,213	90,961	75,194	14,623	22,772	117,920	Data Gap	359,651 Q1	367,791 Q2	Data Gap
	Home Support Hours (Q)	1,944,522	Data Gap		240,900	115,066	78,733	164,470	208,342	216,302	301,935	403,243	Data Gap	651,540 Q1	701,304 Q2	Data Gap
	Respite Services – Bed nights (Q)	142,502	Data Gap		8,721	29,004	10,108	21,769	12,180	10,829	18,804	10,978	Data Gap	44,878 Q1	46,492 Q2	Data Gap
	Elder abuse cases - % of active cases reviewed within 6 month timeframe	90%	87.0%	- 3.3 %	93.9%	91.3%	86.3%	87.6%	66.2%	95.3%	85.9%	96.5%	81.5%	86.5%	91%	75.4%
Access	HCP – Total no. of persons in receipt of a HCP	13,200	14,996	13.6 %	1,290	1,136	943	1,404	852	1,516	1,947	2,049	3,859	14,709	14,822	14,996
	HCP – No. of persons in receipt of an Intensive HCP at a point in time (capacity)	190	165	- 13.2 %										122	130	165
	Home Help Hours – No. of hours provided (excluding provision of hours from HCP's)	8,622,697	8,78,717	0.9 %	1,157,251	1,062,943	783,469	1,803,640	1,003,257	320,584	591,242	1,023,367	953,682	860,542	872,478	878,717
	NHSS Beds - no of people funded	22,361	23,142	3.5 %	2,046	2,619	2,186	3,793	2,375	1,916	2,927	2,700	2,580	23,027	23,106	23,142
	No of NHSS Beds in Public Long Stay Units	5,287	5,258	- 0.5 %	562	609	346	1,042	557	386	651	635	470	5,262	5,257	5,258

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

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford, Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€1,214,618	€1,259,445	€44,827	3.69%	4.91%	6.05%	4.19%	3.31%	5.23%	4.04%	5.55%	5.05%	4.53%
	Pay (excl superannuation pay)	€476,830	€494,030	€17,200	3.61%									
	Pay – Agency	€15,095	€30,234	€15,138	100.28%									
	Pay – Overtime	€3,852	€6,647	€2,796	72.59%									
	Non-pay (incl procurement savings)	€800,423	€823,545	€23,122	2.89%									
	Income	-€82,963	-€81,682	€1,281	-1.54%									
	% and number of 2015 Service Arrangements signed	100%	400 52.5%		47.5%									
	€ value of 2015 Service Arrangements signed	100%	€327,283 29.1%		70.9%									
HR	Variance from Indicative workforce	24,816.0	25,485	669	2.70%									

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

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford, Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€583,131	€601,714	€18,583	3.19%	7.38%	11.85%	5.03%	5.05%	4.96%	3.20%	-0.09%	14.45%	-0.05%
	Pay (excl superannuation pay)	€542,601	€550,244	€7,643	1.41%									
	Pay – Agency	€18,377	€26,312	€7,935	43.18%									
	Pay – Overtime	€4,549	€5,229	€680	14.94%									
	Non-pay (incl procurement savings)	€351,602	€356,337	€4,735	1.35%									
	Income	-€314,459	-€309,076	€5,384	-1.71%									
	% and number of 2015 Service Arrangements signed	100%	856 75.6%		24.4%									
	€ value of 2015 Service Arrangements signed	100%	€71,173 49.1%		50.9%									
HR	Variance from Indicative workforce	24,816.0	25,485	669	2.70%									

Finance

Detailed Financial overview

The 2015 Estimates provided a more realistic funding level for health and social care services as part of a two year programme to put the health services on a more sustainable financial footing.

The letter of non-capital allocation received by the HSE included an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 budget. This provides for a budget allocation similar to the funding levels in place in 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,170m, an increase of 5.4%. This increase in funding will in the first instance enable the HSE to deal with the 2014 level of unfunded costs. When account is taken of the 2014 final net expenditure level health services net costs can increase by a maximum of €77m in 2015 which is approximately 0.5%. While welcome, this level of spending increase is below the circa €170m / 1.3% year on year spending increase necessary to keep pace with the impact of “pure demographics” (i.e. our growing and ageing population) before consideration of any new or additional quality / safety, activity or price-driven cost pressures.

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

The funding received has allowed the allocation of more realistic budgets in 2015 and brings with it a requirement for greater accountability to ensure services are delivered safely and, to the greatest extent possible, within the budget made available to the health service. Building on the work of recent years, the 2015 accountability framework will ensure that performance will be measured against agreed plans, which include financial and service delivery commitments in terms of access targets, service quality and volumes.

Financial Performance in October 2015

As of October 2015 the health service has recorded net spend on an income and expenditure basis of €10.534 billion against a budget of €10.097 billion. This results in a total deficit of €437.2m. Approximately €194.3m relates to the demand-led areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. NSP 2015 makes clear that due to the nature of these areas any overruns would not impact on funding available for other core areas of health service provision. The deficit within core performance areas at the end of October totals €242.9m. This deficit is attributable primarily to overruns within Acute Hospitals (€153.9m) and Social Care (€75.9m).

Within Acute Hospitals the sustained pressures caused by seeking to deal with high levels of ED / Trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk-related reports, such as that into maternity services at Portlaoise, has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams.

On a positive note the focus on agency reduction is gaining traction in the hospital division with a forecast overall €25m reduction on agency by year end compared to last year. Those hospitals

that are reducing agency are on track to deliver a €39m reduction by year end whereas those where agency is increasing will have circa €14m more in agency costs this year compared to 2014. Of this €14m, €10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

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

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Acute Hospitals Division	4,011,398	3,486,151	3,332,237	153,914	4.62%	35.20%
National Ambulance Service	144,139	121,396	119,857	1,539	1.28%	0.35%
Health & Wellbeing Division	191,990	153,119	156,307	(3,187)	-2.04%	-0.73%
Primary Care	748,877	622,962	620,760	2,201	0.35%	0.50%
Social Inclusion	128,004	108,433	106,557	1,876	1.76%	0.43%
Palliative Care	71,819	60,473	59,628	845	1.42%	0.19%
Primary Care Division (Note 1)	948,700	791,868	786,945	4,922	0.63%	1.13%
Mental Health Division	759,433	628,242	627,645	596	0.10%	0.14%
Older Persons Services	701,348	601,714	583,131	18,583	3.19%	4.25%
Nursing Home Support Scheme ("Fair Deal")	831,118	705,417	692,846	12,571	1.81%	2.88%
Disability Services	1,460,497	1,259,445	1,214,618	44,827	3.69%	10.25%
Social Care Division	2,992,963	2,566,576	2,490,595	75,982	3.05%	17.38%
CHO Corporate Community	4,411	3,943	3,677	266	7.24%	0.06%
National Cancer Control Programme (NCCP)	7,448	2,354	2,232	122	5.45%	0.03%
Clinical Strategy & Programmes Division	30,212	21,831	22,281	(450)	-2.02%	-0.10%
Quality Assurance & Verification	584	190	442	(253)	-57.11%	-0.06%
Quality Improvement Division	6,943	4,625	3,927	698	17.77%	0.16%
Other National Divisions/Services	282,891	235,757	226,960	8,797	3.88%	2.01%
Total Direct Service Provision	9,381,111	8,016,052	7,773,106	242,946	3.13%	55.57%
Statutory Pensions	433,522	381,343	360,860	20,483	5.68%	4.69%
Pension Levy	(221,626)	(182,679)	(184,592)	1,914	-1.04%	0.44%
Pensions	211,895	198,664	176,268	22,397	12.71%	5.12%
State Claims Agency	96,000	146,098	81,338	64,760	79.62%	14.81%

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Primary Care Reimbursement Scheme (Note 1)	2,268,166	1,968,727	1,876,309	92,418	4.93%	21.14%
Demand Led Local Schemes (Note 1)	218,080	192,869	181,683	11,186	6.16%	2.56%
Overseas Treatment	9,629	11,502	8,013	3,489	43.54%	0.80%
Demand Led Services	2,591,874	2,319,195	2,147,342	171,853	8.00%	39.31%
Total Pensions & Demand Led Services	2,803,769	2,517,859	2,323,609	194,250	8.36%	44.43%
Held Funds	0					
Accelerated Income (Note 2)	(50,000)					
Overall Total	12,134,880	10,533,911	10,096,715	437,196	4.33%	100%

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

Note 2: This represents a HSE cash acceleration target

HSE Direct Provision vrs S.38 Funded Providers

Description	Full Year 2015 Budget €000s	HSE Direct Provision		S.38 Funded Providers	
		YTD Variance €000s	YTD Variance %	Variance €000s	Variance %
Acute Hospitals Division	4,011,398	97,725	5.16%	56,189	3.91%
National Ambulance Service	144,139	1,539	1.28%	0	0.00%
Health & Wellbeing Division	191,990	(3,187)	-2.04%	0	0.00%
Primary Care	748,877	1,457	0.24%	745	12.39%
Social Inclusion	128,004	1,876	1.76%	0	0.00%
Palliative Care	71,819	1,170	2.73%	(325)	-1.93%
Primary Care Division (Note 1)	948,700	4,502	0.59%	420	1.84%
Mental Health Division	759,433	(19)	0.00%	616	2.07%
Older Persons Services	701,348	17,105	3.11%	1,478	4.51%
Nursing Home Support Scheme ("Fair Deal")	831,118	12,571	1.81%	0	0.00%
Disability Services	1,460,497	28,132	3.13%	16,696	5.29%
Social Care Division	2,992,963	57,808	2.70%	18,174	5.21%
CHO Corporate Community	4,411	266	7.24%	0	0.00%

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

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

There are a number of expenditure headings (PCRS, Local DLS, Overseas Treatment and SCA) which, due to their legal or technical nature, were prepared on an agreed basis in NSP 2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact

on the funding available for other areas of service provision. There is a deficit of €171.8m in these areas at the end of October 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 October pensions are showing a deficit of €22.4m which represents retirements in excess of profiled expectations and also represents an increase in the full year pensioner payroll costs in 2015. A number of scenarios are being considered in this respect. This is in addition to further analysis of income shortfalls as a result of new entrants' pension contributions not being available to the HSE since January 2013. In addition to the review of the statutory sector, an assessment of funded s.38 voluntary sector is underway to determine the scale of these issues within the relevant voluntary organisations in 2015.

The NSP 2015 was prepared on the basis that pension-related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. The combined deficit from these combined areas is €194.3m at the end of October.

Acute Hospital Service

While a more realistic budget for acute services was provided in 2015, it was not possible to provide a budget at the full level of the 2014 outturn. The NSP 2015 set acute budgets at 0.8% below 2014 **projected** spend. **Final** expenditure levels for 2014 mean that costs in Acute hospitals need to be reduced by approximately 1.2%-1.4% below 2014 expenditure levels. Pay and other cost pressures must also be dealt with which indicates that Acute hospitals have an average **minimum** requirement to reduce their likely 2015 costs by 2% - 2.5% below 2014 levels. This is significant when we look at hospital cost patterns in Ireland and similar international jurisdictions.

Acute Hospitals are reporting a €153.9m deficit for the ten-month period to 31st October 2015. It is clear that there has been exceptional, sustained pressure on capacity and costs, particularly during the first four months, relating to the high level of delayed discharges in the system, the numbers waiting in ED and the knock on effect for those waiting to receive scheduled care. This militated against early traction being achieved in relation to 2015 cost reduction initiatives.

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

Similar to the known pay cost pressures coming in to the year, there are significant non-pay cost pressures which are impacting the October year to-date position. Overall, based on year to date October 2015 data, non-pay is projected to grow by 5.5% in 2015 over 2014 (4.4% excluding growth in the provision for bad and doubtful debts). This is consistent with the opening financial challenge which has been estimated at €56m.

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

In general, under each of the non-pay headings, typically 80+% of the non-pay cost growth in 2015 is concentrated in between 5-10 of the 49 hospitals. In many cases, these are the larger

hospitals which carry out more complex work and the growth in non-pay costs can be attributed to the nature of the sites and their specific workload.

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

Social Care – Older Persons

Older People Services are reporting a year to date October net deficit of €18.6m. NHSS is showing an overspend of €12.6m.

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

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

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

Social Care – Disability Services

This group of services has recorded an YTD October net deficit of €44.8m. Key cost pressures and financial risks include significant pay cost pressures which continue in respect of overnight residential staff. Environmental factors are also an ongoing issue with deployment of staff driving agency costs. Allied to this are significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multi-annual investment programme.

Agency / Pay

Under the pay heading, agency spend represents the single biggest challenge this year with an exceptional focus required to deliver on the framework and the minimum savings targets outlined in NSP 2015. After a number of years of pay management through a moratorium the shift to managing staff numbers in line with funded levels will require organisational development and change management.

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

Agency Costs by Divisions – 2015 verses 2014

	Acute Hospitals	Health & Wellbeing	National Ambulance Service	Primary Care	Social Care	Mental Health	Other Services incl NCCP & QID	Total
	€000s	€000s	€000s	€000s	€000s	€000s	€000s	€000s
Jan-15	17,868	127	83	1,542	5,144	2,426	208	27,398
Feb-15	18,923	99	21	1,575	4,907	2,386	465	28,376
Mar-15	17,929	160	71	1,518	5,195	2,531	270	27,672
Apr-15	17,841	113	62	1,724	5,592	2,389	372	28,093
May-15	16,699	77	32	1,600	5,331	2,528	398	26,665
Jun-15	16,466	192	63	1,687	5,470	2,609	756	27,243
Jul-15	16,777	163	38	1,318	6,089	3,025	383	27,793
Aug-15	17,118	93	42	1,310	5,996	2,993	353	27,905
Sep-15	16,794	62	41	1,196	6,958	3,016	338	28,404
Oct-15	16,895	61	29	1,487	5,863	3,205	360	27,900
Total 2015 YTD	173,310	1,146	481	14,956	56,544	27,109	3,902	277,449
Average monthly cost 2015 to date	17,331	115	48	1,496	5,654	2,711	390	27,745
Jan-14	17,005	143	147	1,245	4,632	1,447	323	24,943
Feb-14	17,601	149	195	1,327	4,173	1,757	49	25,252
Mar-14	18,867	87	77	1,283	5,292	1,954	227	27,787
Apr-14	18,826	141	163	1,301	4,916	2,102	299	27,746
May-14	19,562	156	174	1,330	5,395	2,415	314	29,345
Jun-14	19,956	119	131	1,470	4,705	2,042	322	28,746
Jul-14	20,467	112	154	1,445	5,676	2,487	193	30,535
Aug-14	18,655	123	153	1,339	5,405	2,570	442	28,687
Sep-14	19,177	111	168	992	5,600	2,653	268	28,969
Oct-14	19,447	40	119	1,441	5,010	2,421	409	28,888
Total 2014 YTD	189,563	1,181	1,482	13,173	50,803	21,847	2,847	280,898
Average monthly cost 2014 to date	18,956	118	148	1,317	5,080	2,185	285	28,090
Change - YTD 2015 vrs 2014	(16,253)	(36)	(1,001)	1,783	5,741	5,262	1,055	(3,449)
2015 full year cost based on YTD 2015 Expenditure	208,086	1,375	578	17,957	67,891	32,549	4,685	333,121
2015 forecast versus 2014 actual cost	(25,365)	(39)	(1,104)	1,455	7,890	5,730	1,455	(9,977)

Conclusion

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

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

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

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

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

Human Resources

Human Resources

People Strategy 2015 – 2018 Leaders in People Services

People Strategy has been finalised and formal implementation will begin on Monday, 14th December, 2015 with a workshop led by an OD Consultant to ensure approaches to staff engagement are aligned across Divisions.

Coaching & Mentoring

The HSE Director General and the Chief Executive of the Kings Fund launched A Guide to Coaching at HR Masterclass on 5th November, 2015. This document is the first in a series of coaching and coachee supports. It has been prepared to provide a practical guide intended to meet the needs of two different audiences, coaches and clients. The intent is to outline basic principles and approaches used within this area so that readers can see the different perspectives and choose what is most suitable for their needs. Developing coaching skills and competencies and increasing the availability of trained coaches and mentors is a key area for action for HR. To support this requirement, the rollout of the new Guide to Coaching is planned and briefing sessions for managers are being carried out across a number of service locations in the month of November.

HR Newsletter

The first edition of the HSE HR Staff Newsletter was circulated on 13th November. It is hoped the Newsletter will be both engaging and informative to read and a positive step towards more effective communication and engagement with all staff across the HR Division and the wider Health Services. The Newsletter will also be available to view online and will issue bi-monthly.

Positive Work Environment in our Health Service

The Guide includes guidance to managers on minimising the potential for conflicts in the workplace and on managing conflicts if and when they arise. Launched by the Chief Executive of the Kings Fund and Director General of the HSE the guide emphasises the need for early intervention by line managers to prevent workplace conflicts escalating. Creating a positive workplace environment and managing conflict at work if it should arise is an integral part of good people management. The principles and good practice outlined in this Guide is a useful aid to managers and employees of the HSE. A good relationship among employees leads to improved teamwork and, in turn, to a more responsive client/patient-focused service.

Workforce position

October employment census shows an increase of **799 WTEs** from September 2015 and **3,717 WTEs** year to date. This is the fifteenth monthly increase in a row and since July 2014 the health sector has increased employment figures by **5,073 WTEs**. Recorded employment levels since they leveled in November 2013 (**96,760 WTEs**, adjusted to exclude Children & Family Services which transferred to Tulsa at start of 2014) have increased by **+6,284 WTEs** (+6.5%) over the last 2 years.

Acute Hospitals Division recorded an increase of **+2,338 WTEs** from end of 2014. This increase is equivalent to 63% of overall recorded growth. All Hospital Groups have recorded employment increases since end of 2014, with Ireland East HG recording the largest WTE growth of **+625 WTE** (+6.3%), but two other HGs have recorded higher percentage increases; University of Limerick HG +8.4% (**+260 WTEs**) and RCSI HG +6.7% (**+512 WTEs**).

The overall changes in divisions and staff category terms are summarised in the tables below

WTE Overview by Division	WTE Sep 2015	Ceiling Oct 2015	WTE Oct 2015	WTE Change since Sep 2015	WTE Variance Oct 2015	% WTE Variance Oct 2015
Acute Services	51,669	49,631	52,081	+412	+2,450	+4.9%
Mental Health	9,316	9,262	9,347	+31	+85	+0.9%
Primary Care	10,294	10,344	10,484	+190	+140	+1.4%
Social Care	25,366	24,816	25,485	+119	+669	+2.7%
Health & Wellbeing	1,261	1,279	1,291	+30	+12	+0.9%
Ambulance Services	1,662	1,611	1,661	-2	+50	+3.1%
Corporate & HBS	2,677	2,598	2,696	+19	+98	+3.8%
Total Health Service	102,245	99,541	103,044	+799	+3,503	+3.5%

Initial Indicative Direct Funded Employment Threshold Compliance/Pay Envelopes

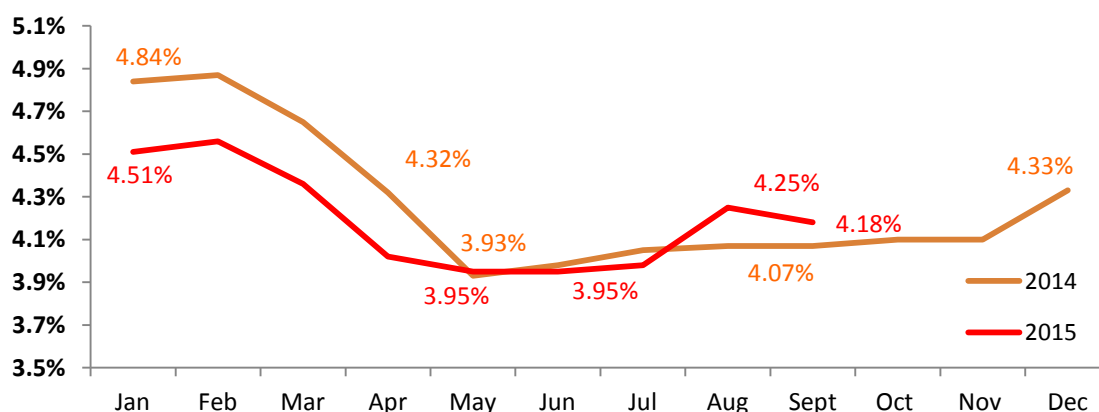
In 2015, key is compliance with allocated pay envelopes/affordability and work is on-going with Finance to align with WTEs, to Divisions, HGs, CHOs, NAS and Corporate/HBS. An initial *indicative direct funded employment threshold* of **99,541 WTEs** was identified, but this is under review when budgets and affordability is further assessed.

The Health Sector is **3,503 WTEs (+3.5%) above** this initial threshold of 99,541 WTEs. All Divisions are now above their direct funded employment threshold. There are now some **779 WTEs** of new service developments in process still to be filled.

Absence Rates in the Health Sector to September 2015

Target	September 2014	2014 Total	August 2015	September 2015	YTD 2015	% Medically Certified (September 2015)	% Medically Certified (YTD 2015)
3.50%	4.07%	4.27%	4.25%	4.18%	4.19%	87.6%	86.9%

Health Service: National Absence Rates 2014/2015



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. September 2015 absence rate stands at **4.18%** marginally up from a rate of **4.07%** for September 2014. The 2015 YTD rate is **4.19%**, and puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to October 2014 recorded an overall rate of 4.42%, an increase from the previous year of 4.18%. Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the rate recorded to September 2014 was 5.5%.

Absence Rate refers to unscheduled employee absences from the workplace, and is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. The HSE's **National Service Plan 2015** sets absence rates as a key result area (KRA) with a target of 3.5%. The objective is to reduce the impact and cost of absence. Ongoing work is underway to review supports and policies and procedures for sick leave. The aim is to enhance capacity to manage absence more effectively, support managers and support staff to regain fitness resume work in a positive and supportive environment alongside reducing the impact and cost of absence.

National Overview of European Working Time Directive Performance

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD National Verification Group. The Taskforce is focused on verification of actions to support compliance at hospital / agency level and progressing measures to achieve full compliance in line with joint Department of Health / HSE commitments. The European Court Judgement regarding the Commission's case against Ireland for breach of the EWTD in relation to NCHDs issued on 9th July. It found that protected training time (implemented as per HR guidance) was not working time, that the legislation transposing the EWTD for NCHDs into Irish law and NCHD Contract 2010 were both compliant with the EWTD and most importantly, that the Commission had not proved its case against Ireland regarding breach of the EWTD. The judgement established an important legal precedent on what constitutes working time, means that the level of compliance reported is accurate, vindicate the drafting of NCHD Contract 2010 and the legislation transposing the EWTD and has resulted in the dismissal of the Commission's case against Ireland. Nevertheless, the Commission continues to require a performance framework for achieving full EWTD compliance and in that context Acute Hospitals and HR are working with the Department of Health to identify the specific reconfiguration and recruitment actions required to achieve full EWTD compliance.

- Compliance with a maximum 48 hour week is at 77% as of end October. This represents a 2% increase since September.
- Compliance with 30 minute breaks is at 100% - unchanged since September;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from September;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged from September.
- Compliance with a daily 11 hour rest period is at 97% - unchanged since September. This is closely linked to the 24 hour shift compliance above.

Appendices

Appendix 1: Hospital Groups

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital - Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady's Hospital - Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West 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	Saula 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: Community Health Organisations

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