



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

November Performance Report

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

Key performance message

Emergency Departments

Emergency Departments continued to be extremely busy during November. Year to date emergency presentations are 15,170 more than the same period in 2014.

Between January and November the proportion of people who had completed their visit to the Emergency Department within nine hours was 81.6%. During the month 108 people on average waited more than nine hours for admission each day, which is an improvement on 114 people in October. There was a reduction in the number of people who waited greater than 24 hours in the Emergency Department to 3,514 in November from 3,620 in October.

Delayed Discharges

The number of delayed discharges in November was 558, which is down from 570 in October. The number of bed days lost through delayed discharges has reduced by 27.7% since January, a gain of 6,073 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 November a reduction was again seen in the number of patients waiting greater than 18 months for an inpatient and day case procedure (1,533) and in the number waiting greater than 15 months (3,293).

In relation to outpatients, 9,618 patients were waiting greater than 18 months for an appointment and 21,282 were waiting longer than 15 months.

Mental Health Services

The positive trend in reducing the number of young people waiting over 12 months for a first appointment continued during November. The numbers waiting longer than 12 months has more than halved from 479 in March to 207 in November.

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 94,955 and the number of outpatient attendances is 3,047,850 year to date. There has been a 1.3% (1,184) increase in the number of elective admissions and a 2.5% (75,114) increase in the number of outpatient attendances against expected activity year to date.

Emergency presentations are up by 15,170 on 2014, the proportion of these who are admitted is 35%.

The proportion of all of the people seen between January and November 2015 who had completed their visit to the Emergency Department within 9 hours was 81.6%.

Inpatient discharges has increased by 1,043 patients YTD compared to same period last year and by 269 against target despite a reduction of 2,272 in births in 2015.

Day case activity has increased by 14,373 cases in 2015 YTD compared with 2014.

The combined number of inpatients and day cases has increased by 15,416 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.

Outsourcing of services

Hospitals are supported by the HSE through additional funding to support outsourcing and additional in sourced capacity to focus on reducing long waiters and achieve a 15 month maximum wait time by year end.

Waiting list numbers for both inpatient/day case procedures and outpatient appointments have improved significantly. In summary, waiting lists have reduced as follows;

- The total number of people waiting for an inpatient/day case procedure at the end of November was 68,824, a reduction of 222 people when the year to date November inpatient/day case procedure waiting lists are compared with the respective waiting lists for October.
- The number of people waiting over 18 months for an inpatient day case procedure was 1,533 at the end of November, a reduction of 628 on the October waiting list numbers.
- In terms of the number of people waiting over 15 months there was an overall reduction of 1,676 people waiting for inpatient/day case procedures. The total number of people waiting over 15 months at the end of November was 3,293.

Hospitals identified the 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;

- Inpatient/Day cases – 5,145
- Outpatients – 16,350

Waiting lists are being managed in order to ensure that those patients waiting the longest are scheduled within the available capacity and having regard to the known capacity deficits.

Overview of key acute hospital activity

Activity Area	Result YTD Jan - Nov 2014	Result YTD Jan - Nov 2015	SPLY % Var	Against expected activity YTD	Result Sept 2015	Result Oct 2015	Result Nov 2015
Inpatients discharges	588,628	589,671	0.2% (1,043)	0% (269)	54,832	55,092	54,065
Day case discharges	795,712	810,085	1.8% (14,373)	-0.1% (-708)	78,203	74,725	77,052
Inpatient & Day Cases	1,384,340	1,399,756	1.1% (15,416)	0% (-439)	133,035	129,817	131,117
% Inpatient	42.5%	42.1%	0.4%(diff)		41.2%	42.4%	41.2%
% Day Cases	57.5%	57.9%	-0.4% (diff)		58.8%	57.6%	58.8%
Emergency Presentations	1,169,233	1,184,403	1.3% (15,170)	0.9% (11,010)	110,672	111,179	106,321
New ED attendances	1,008,719	1,009,832	0.1% (1,113)	-0.4% (-4,540)	94,223	94,645	90,443
Emergency Admissions	410,652	408,734	-0.5% (-1,918)	-0.9% (-3,789)	37,429	37,816	37,239
ED Admissions *	258,465	256,081	-0.9% (-2,384)		22,884	23,573	23,069
Elective Admissions	93,771	94,955	1.3% (1,184)	2.1% (1,958)	9,256	8,673	9,382
OPD Attendances	2,972,736	3,047,850	2.5% (75,114)	3.3% (98,418)	296,241	280,183	290,733

*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

106,321 (1,184,403 YTD) people registered for an ED service in November, 90,443 of these were new attendances.

ED Patient Experience	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
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	108

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

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

ED Patient Experience	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Nov 2015	80.4%	79.3%	80.3%	81.7%	82.3%	82.4%	83.6%	82.4%	82.3%	82.2%	82.7%
Nov 2014	77.8%	77.7%	78.3%	81.1%	81.5%	82.6%	81.7%	82.2%	82.8%	82.9%	81.6%
YTD 2015	80.3%	65.9%	79.7%	80.2%	80.6%	81.1%	81.3%	81.5%	81.6%	81.7%	81.6%
YTD 2014	77.8%	77.7%	77.8%	78.7%	79.6%	80.1%	80.5%	80.7%	81.0%	81.2%	81.2%

Overview of patient experience numbers

- 68,956 (69.1%) of the people seen were admitted or discharged within 6 hours (Target 95%)
- 82,542 (82.7%) of the people seen were admitted or discharged within 9 hours (Target 100%)
- 3,523 patients over 75 years were waiting in ED for admission/discharge for over 9 hours (based on 24 of 25 hospitals)
- 843 over 75 years of age were waiting in ED for more than 24 hours (out of a total >24 hours 3,514). The number waiting > 24 hours in October was 3,620 with 964 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	November YTD 2015	Nov 2014	Nov 2015	Best and Outliers (in the reporting month)
Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%)	96.6%	90.3%	96.9%	<ul style="list-style-type: none"> • St Vincents 91.9%, St James 90.1% and Cork 93.3% • All other centres have reached the target
Lung (rapid access clinic) People who were offered an appointment/ attended a RAC within 10 working days of referral. (Target 95%)	85.5%	92.3%	86%	<ul style="list-style-type: none"> • 100% St Vincents, St James and Waterford • Beaumont 93.8%, Mater 96.8%, Cork 79.5%, Limerick 51.2% and Galway 80.9%
Prostate: People who were offered an appointment / attended a cancer centre within 20 working days of referral. (Target 90%)	59%	55.3%	53.8%	<ul style="list-style-type: none"> • Beaumont 24.1%, Mater 84.4%, St James 22.9% Waterford 12.5%, Cork 8.3%, Limerick 16.7% and Galway 86.6% • 100% St Vincents
Radiotherapy: Commence treatment within 15 working days of being deemed ready to treat (Target 90%)	84.6%	75.3%	86.5%	<ul style="list-style-type: none"> • Galway 85.1%, SLRON 82.6% and Cork 88.8% • 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		16,767	7,303	3,101	1,431	61,701
Child IPDC	3,116	1,460	476	192	102	7,123
OPD		108,022	48,488	21,282	9,618	385,507

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

- The total number of people waiting for outpatient appointments has fallen below 390,000.
- There is a reduction of just over 11,000 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	Nov
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	3,101
Of which > 18 months (0 by June)	832	1,105	1,557	1,848	1,603	77	607	1,317	2,107	1,993	1,431
Child Waiting list											
> 15 months (0 by Dec)	183	241	340	311	314	152	229	337	385	371	192
Of which > 18 months (0 by June)	49	64	117	130	147	1	16	51	137	168	102
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	21,282
Of which > 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	9,618

- 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 October.
- 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 decreased. 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
Nov	4,188	3,125	1,942	9,255	60	3,030	3,242	451	6,783	16,038

There are 6,783 breaches of the target of 13 weeks in November. There is a decrease of 1,237 in November over the number of breaches in October. The overall numbers being referred for routine colonoscopy are increasing and the proportion of those waiting over 12 months has reduced from 5.3% in May to 2.8% in November. 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 November was 558, down from the October figure of 570. The number of bed days lost through Delayed Discharge has reduced by 27.7% since January – a gain of 6,073 bed days.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Target
Delayed Discharges	728	705	715	697	675	626	557	577	609	570	558	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 705 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 244 (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.
- 3,178 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 25,884, up 4% (8,495) year to date.
- ECHO calls (life-threatening cardiac or respiratory arrest) are up 19% (483) year to date. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds was 76% (down 1% from last month).
- DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) activity is up 9% (6,769) year to date. DELTA incidents responded to within the target timeframe of 18 minutes and 59 seconds was 62% (static from last month).

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

	Feb-15	Mar-15	Apr-15	May-15	Jun -15	July-15	Aug-15	Sept-15	Oct-15
North Leinster	7,794	8,366	7,660	8,302	7,807	7,801	7,859	7,826	7,943
Dublin Fire Brigade	5,624	6,234	5,929	6,413	6,241	6,273	6,292	6,449	6,583
South	5,215	5,531	5,290	5,665	5,550	5,203	5,705	5,453	5,746
West	4,931	5,494	5,194	5,441	5,397	5,376	5,595	5,315	5,572
National	23,564	25,625	24,073	25,821	24,995	24,653	25,451	25,043	25,844

NAS activity between January and October includes:

- 379 Emergency Aero Medical Service calls, 364 Irish Coast Guard calls, 97 Air Ambulance calls
- Transfers: 67 adult transplant patient transfers, 534 Neonatal Retrievals; 71 Paediatric Retrievals; 89 Mobile Intensive Care; 65 transfers via the Children's Ambulance Service.
- Support for 131 Community First Responder Groups in 18 counties nationally (static with last month) and 1,547 YTD CFR engagements.

Patient transfer Calls and proportion dealt with by Intermediate Care Vehicles

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
Number of Patient Transfer Calls	3,857	3,393	3,571	3,387	3,005	3,037	2,996	2,810	2,661	2,605
ICV	2,954	2,601	2,724	2,793	2,368	2,453	2,400	2,324	2,221	2,303
% ICV Transfer	77%	77%	76%	82%	79%	81%	80%	83%	83%	88%

Community Healthcare

Health and Wellbeing

Child Health

In October 94.8% (5,167 out of 5,450) children reaching 10 months have had their child health developmental screening (target 95%).

Tobacco

In November 2015, 925 smokers received intensive cessation support from a cessation counsellor, YTD 11,296 smokers have received support (Target YTD 8,549).

The number of frontline healthcare staff trained in brief intervention smoking cessation during November is 206 and 1,185 YTD. (Target YTD 1,300).

Screening

- In November 13,659 women have had a mammogram screen as part of BreastCheck screening, 135,389 women YTD have been screened (Target YTD 130,400).
- 19,619 women had a CervicalCheck screen in a primary care setting in November and 236,925 YTD (Target YTD 254,000).
- In November 21,822 invites were sent to clients to participate in BowelScreen. 208,565 clients were invited YTD (Target YTD 183,334).
- 6,375 clients participated in Diabetic RetinaScreen during November and 70,713 have participated YTD (Target YTD 73,045).

Primary Care

Medical Cards

There are currently 953 persons with a medical card application on hold for greater than 3 months (as of 18th December). Of these 28% 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 220,135 cards have been issued as at 17th December.
- The over 70's GP visit cards became available on 1st August 2015 and 42,252 cards have been issued as at 17th December.

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. November activity was 1,870 in the month, bringing the YTD position to 17,533, an increase in CIT activity of 31.1% 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 November 2015, 331 young people received acute inpatient mental health care. Of these 241 were admitted to child and adolescent mental health units directly and 90 (27.2%) were initially admitted to an adult unit. Of the 90, eight (8.9%) were aged 16 or younger.

Between January and November 2014, 263 young people received acute inpatient mental health care. Of these 179 were admitted to child and adolescent mental health units directly and 84 (32%) were initially admitted to an adult unit. Of the 84, eight (9.5%) 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 November 2015, 72.8% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

Mental Health Services: 2015 Operational Plan Expected Activity													
		Outturn 2014	2015 Target / EA		Jul- 15	Aug- 15	Sept- 15	Oct- 15	Nov- 15	Year to date 2015		Same period last year 2014	
Performance Area		No.	No.	YTD.	No.	No.	No.	No.	No.	No.	% var YTD v Tgt / EA YTD	No.	% var YTD v SPLY YTD
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units													
Total	National	201	231	212	24	25	24	25	22	241	13.8%	179	34.6%
No. of children / adolescents admitted to adult HSE mental health inpatient units													
Total	National	89	30	25	5	10	5	10	6	90	>100%	84	7.1%
<16 years	National	9	0	0	1	2	1	2	1	8	>100%	8	0%
<17 years	National	27	0	0	2	1	2	1	2	32	>100%	25	28%
<18 years	National	53	30	25	2	7	2	7	3	50	100%	51	-2%

Of the 90 children admitted to Adult Approved Centres up to November, 82 or 91.1% were 16/17 years old with 41.1% (37) of these discharged either the same day or within 3 days and 65.6% (59) within a week.

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

CAMHs Waiting List by time bands 2015

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
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	2,273
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	1,096
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	1,177
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	412
No on CAMHS waiting list (6-9 months)	377	342	375	377	434	404	354	356	345	374	363
No on CAMHS waiting list (9-12 months)	346	311	299	242	219	174	164	221	210	191	195
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	429	438	479	459	383	376	300	241	214	222	207

There are 207 individuals waiting over 12 months in November 2015 compared to 459 in April 2015, when a waiting list initiative began, resulting in a reduction of 55%.

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% of accepted referrals to the General Adult Community Mental Health Teams in November were offered a first appointment and seen within 12 weeks which is below the 75% target. A contributory factor in November is a significant 'did not attend' (DNA) rate of 20%.

In November, 97.2% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks.

In November, 95.2% of accepted referrals to Psychiatry of Old Age Teams nationally were seen with 12 weeks against a 95% target with an YTD position at 95.5%.

Child and Adolescent Mental Health (CAMHs)

80.3% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks in November which is above the targeted performance of 78%. Year to date is 76.2% which is on target when taking the seasonal factors into account.

In November 2015, 65.5% of referrals nationally were offered a first appointment and seen within 12 weeks with YTD performance of 67.5%. This is behind the target of 72%. The national 'did not attend' (DNA) rate was 19% in November.

In November, CAMHs Teams continued to implement the waiting list initiative with resources focussed on addressing the waiting lists over 12 months.

In November, there were 1,177 children and adolescents waiting for a first appointment for longer than three months, of which 207 children or adolescents were waiting more than 12 months representing a decrease of 15 or 6.7% compared to October 2015.

Social Care

Disability Services

RT Training

There were 2,827 people with a disability in receipt of Rehabilitative Training in November 2015 (1.5% below target). The slightly below target number of people in training reflects the fact that larger numbers of new entrants are availing of a full time placement, with fewer 'part-time' – i.e. it is the 'mix' of trainees that has changed – not the number of available places)

Older Persons

Elder Abuse

- In November 90.6% of active Elder Abuse cases were reviewed within six months, which is above the target of 90%.

Home Care Services for Elderly Persons

- 47,773 People were in receipt of Home Help Services at the end of November 2015 (under expected level of activity by 2,227) 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.
- 9,566,577 home help hours have been provided YTD, 1.2% above the expected service level of activity (expected activity YTD 9,451,785). This level of activity remains within the projected outturn levels of 10.4m hours for 2015.

Home Care Package (HCP)

- 15,144 people were in receipt of a Home Care Package at the end of November 2015 (expected activity 13,200) (expected activity 13,800 including Delayed Discharges Initiative HCPs). The activity levels have been increased in order to support the acute hospitals system and November data is in line with the projected outturn figure of 15,450 clients in receipt on 31st December 2015.

Nursing Home Support Scheme (NHSS)

- The number of people in receipt of financial support under the Nursing Homes Support Scheme is 23,065 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 November, there were 224 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 608 new clients (private and public units) entering scheme in November 2015 compared to 631 new clients in November 2014.
- There is a net decrease of 53 new clients (private and public units) entering scheme in November 2015 compared to a net increase of 119 in November 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	9,217	244	23,065	6,165	5,100	1,065	1,691	1,703	-12
Nov-15	781	244	23065	495	496	-1	113	165	-52
Nov-14	729	1,898	22,016	491	391	100	140	121	19

Note: In addition to the leavers above there were a further 348 leavers (24 in November) from Contract Beds/Subvention/Section 39 savers beds.

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 November 2015

As of November 2015 the health service has recorded net spend on an income and expenditure basis of €11.639 billion against a budget of €11.118 billion. This leads to a total deficit of €521.1m / 4.69% of which:

- 47.7% or circa €248.6m relates to Pensions and the demand-led areas of PCRS, Local Schemes, State Claims and Overseas Treatment. 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.
- 52.2% or circa €272.5m arises within services that are performance-managed by the HSE, primarily within Acute Hospitals (€172.5m) and Social Care (€95.1m). The overspends in these areas also reflect year to date costs in excess of €70m, incurred against additional in-year commitments made in respect of Waiting Lists and Winter Planning within Acute services and Delayed Discharge initiatives within Social Care. The additional expenditure associated with these initiatives has been funded as part of the supplementary process for 2015.

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 November, the year to date expenditure incurred against the additional commitments made in respect of delayed discharges is reflected in the overspend within Older People and NHSS. This expenditure will be offset on release of the additional funding which has been allocated 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.

Compliance Statements Update

Number of Annual Compliance Statements signed	44
% of Annual Compliance Statements signed	100%

Human Resources Overview

WTE Overview by Division	WTE Oct 2015	Ceiling Nov 2015	WTE Nov 2015	WTE Change since Oct 2015	WTE Variance Nov 2015	% WTE Variance Nov 2015
Acute Services	52,081	49,631	52,365	285	2,734	5.51%
Mental Health	9,347	9,262	9,349	2	87	0.94%
Primary Care	10,484	10,344	10,421	-62	77	0.75%
Social Care	25,485	24,816	25,702	217	886	3.57%
Health & Wellbeing	1,291	1,279	1,303	12	24	1.84%
Ambulance Services	1,661	1,611	1,669	8	58	3.59%
Corporate & HBS	2,696	2,598	2,716	20	118	4.54%
Total Health Service	103,044	99,541	103,526	482	3,985	4.00%

At the end of November, health services' employment stood at **103,526 WTEs** and is **+3,985 WTEs** above the initial indicative direct funded employment threshold, with significant employment growth of **+4,199 WTEs** year-to-date and with Acute Hospitals Division playing a significant factor in both. This would suggest, bearing in mind levels of recruitment currently in progress, and continuing levels of overtime and agency expenditure, that unless the additional recruitment and further planned recruitment in 2015 and 2016, is not offset by staff turnover as well as savings in agency and overtime expenditure, higher breaches of the allocated direct funded employment thresholds, particularly in the Acute Hospitals Division will occur, and will pose significant financial and workforce challenges into 2016.

Employment levels have grown month-on-month since July 2014, with the growth from October being +482 WTEs with overall growth of 5,554 WTEs (+5.67%). It is still some **9,245 WTEs (-8.2%)** below the recorded levels as returned at the end of September 2007. Health sector employment as returned in the Health Service Personnel Census (HSPC) stood at **112,771 WTEs**, at that time. It is assessed that employment levels 'bottomed-out' in October 2013, when employment as returned in the HSPC, excluding Children and Family Services (formal transition to Tulsa was in January 2014) stood at **96,760 WTEs** and therefore the November reported employment levels is showing an increase of **6,766 WTEs (+7%)** since that time.

Absence Rates in the Health Sector to September 2015

	Target	October 2014	2014 Total	September 2015	October 2015	YTD 2015	% Medically Certified (October 2015)	% Medically Certified (YTD 2015)
Absence Rates	3.50%	4.10%	4.27%	4.18%	4.12%	4.18%	88.04%	87%

Latest monthly figures (October 2015)

- The October rate at 4.1% is down on the September rate. Previous October rates were 5.59% (2008), 5.51% (2009), 4.80% (2010), 4.97% (2011), 4.74% (2012), 4.84% (2013) and 4.10% (2014).

European Working Time Directive

- Compliance with a maximum 48 hour week is at 77% as of end November. This is unchanged since October and indicates that the progress made in this area is robust; ;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 94% - down 2% since October. Inclusion of outstanding data may increase this slightly;

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 November 2015 include:

Serious Reportable Events

During November 2015 the HSE published a report titled '**Special Report: Serious Reportable Events (SREs)**'. This publication is the second-phase in the reporting process and provides a snapshot of SREs reported nationally for the 19 month period between March 2014 and September 2015 by HSE run and HSE funded services. The first phase in this process was the publication of SRE data in the HSE's monthly Performance Report which commenced in January 2015.

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 November 2015 was **270**.

Division	Total Sept 2015	Total Oct 2015	New SREs Reported Nov 2015	Closed Nov 2015	Total Nov 2015
Acute Hospitals	174	191	14	8	197
Mental Health	28	30	4	0	34
Social Care	30	35	5	2	38
Other	1	1	0	0	1
Health and Wellbeing	0	0	0	0	0
Total	233	257	23	10	270

Medical Exposure Radiation Unit (MERU)

Progress on reporting, reviewing and analysis of medical radiation incidents continues to be monitored on a monthly basis. The total number of notifiable incidents for the period January 2015 to November 2015 was **51**. Work is ongoing with the State Claims Agency to further develop the NIMS reporting framework for radiology incidents.

Healthcare Audit

The Healthcare Audit team continued the programme of audit for 2015, with **43** audits completed between January and November 2015. Audits have been undertaken in Acute Hospitals, Clinical Programmes, Social Care and the National Ambulance Service. A further **27** audits were in progress including the Medical Exposure Radiation Unit, Mental Health, and compliance with the implementation of HIQA recommendations in selected acute hospitals. A review of the implementation of recommendations of audits completed in the period June 2014 to July 2015 was commenced.

Corporate Risk Register

A review of the Corporate Risk Register commenced. Each risk is being re-assessed to ensure that they conform to the requirements of the HSE's Integrated Risk Management Policy. Work has also commenced in relation to the development of a software solution to underpin the monitoring process required to ensure that risks are managed and mitigated in a structured and verifiable manner.

Safety Incident Management

The National Incident Management and Learning Team continue to deliver training in Safety Incident Management and System Analysis Investigations. During November 2015, **14** staff received training in System Analysis Investigation.

NIMS Complaints Management module

The 'Early Adopter' phase of the National Incident Management System (NIMS) Complaints Module is underway. Training for early adopters took place in late October 2015. User activities on the Complaints Module are currently being monitored and will be evaluated and reported on in January as will system administration and governance issues.

Early Adopters will be closely involved in the evaluation including survey responses and meetings to establish user acceptance issues, initial training issues, and system issues. An Online Toolkit has been developed for users and has links have been circulated to current participants.

'Train the Trainer' Course Material has been developed and courses are scheduled to start in January 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:


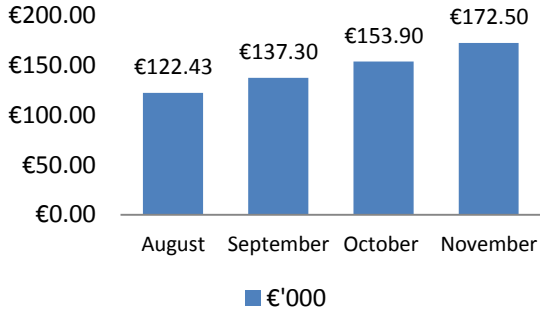

- Places patients or service users at risk
- Fails to meet the required standards for that service
- Departs from what is considered normal practice


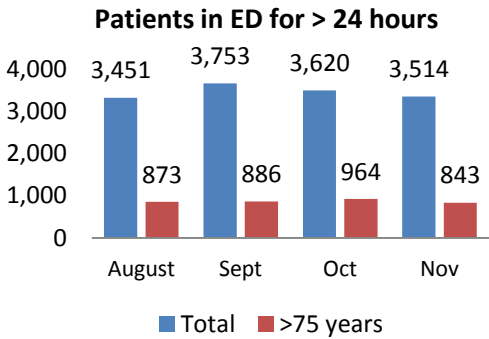

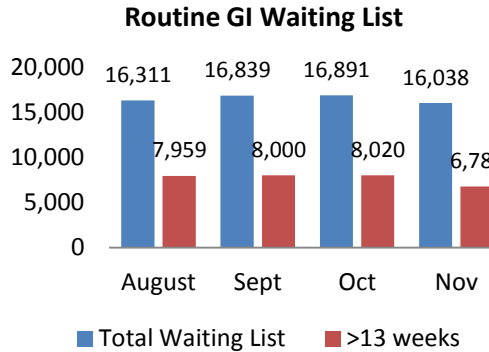
The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:


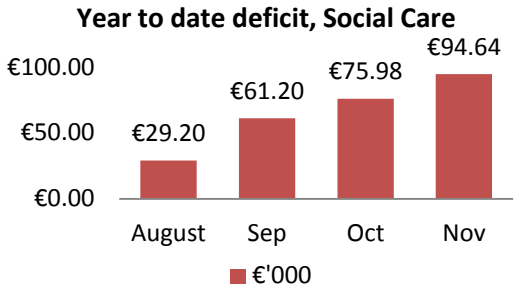

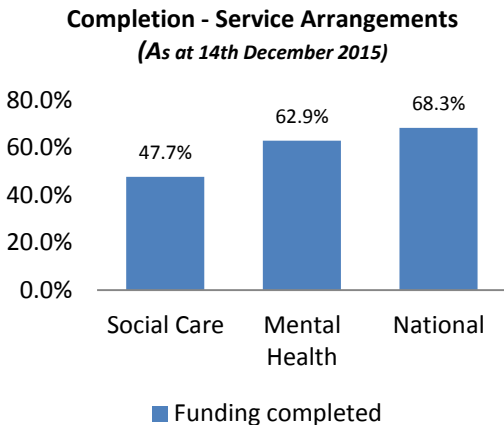
- **Level 4 (Black)** is at Director General level.
- **Level 3 (Red)** is at National Performance Oversight Group level
- **Level 3 (Red-Amber)** indicates performance improvement from Red Escalation

During the month of November 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)


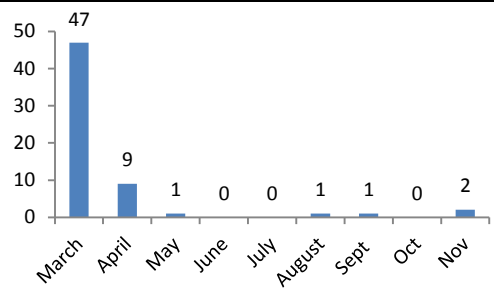

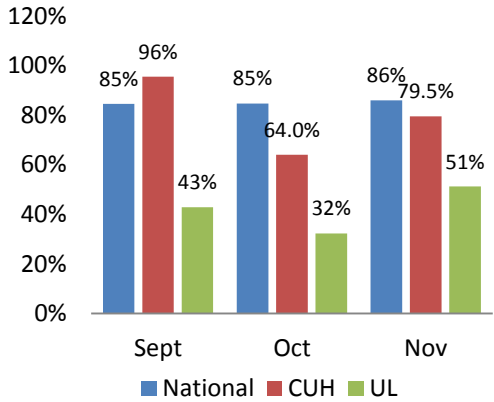
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR November Results/Trend										
<p>Projected net expenditure to year end</p> 	Acute Hospital	Finance	Breakeven to 0.75% deficit	<p>Escalated based on the year to date and projected year end deficit.</p> <p>Year to date deficit €172.5m (4.7%), deterioration in position for 11 months.</p>	<p>Controls are in place to continue 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.</p> <p>Differentiated engagement continues including restrictions on recruitment.</p>	<p>Current Deficit against Budget, Acute Hospitals</p>  <table border="1"> <caption>Current Deficit against Budget, Acute Hospitals</caption> <thead> <tr> <th>Month</th> <th>Deficit (€'000)</th> </tr> </thead> <tbody> <tr> <td>August</td> <td>€122.43</td> </tr> <tr> <td>September</td> <td>€137.30</td> </tr> <tr> <td>October</td> <td>€153.90</td> </tr> <tr> <td>November</td> <td>€172.50</td> </tr> </tbody> </table>	Month	Deficit (€'000)	August	€122.43	September	€137.30	October	€153.90	November	€172.50
Month	Deficit (€'000)															
August	€122.43															
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<p>Serious Reportable Event - 'No Event Declaration'</p> 	Acute Hospital	Quality & Safety	Not provided to the NPOG within Q1	<p>Escalated based on the need to supply a 'No Event Declaration'</p>	<p>SRE reports discussed as part of Performance Meetings with HGs.</p> <p>National Director QAV has commissioned audit of SRE process and reporting in Acute Hospitals.</p>											


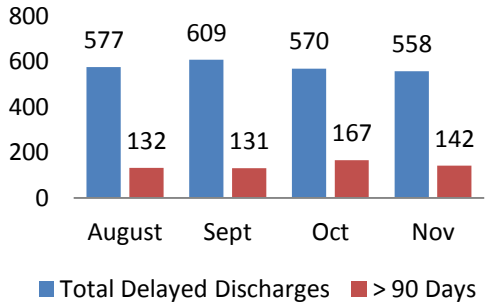

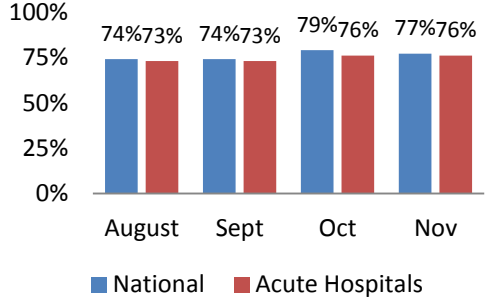
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR November Results/Trend
Patients waiting in ED for > 24 hours 	Acute Hospital	Quality & Safety	0	Escalated based on continued poor performance during the month of November There were 3,514 patients who waited greater than 24 hours in ED during November and 843 (24%) of these were aged over 75 years. This is a modest decrease over October where 26.6% were > 75 years but remains higher than September 23.6%	As part of the ED Winter Planning Initiative 106 beds were re-opened during November. During November a Directive issued from the Director General and the National Director for Acute Hospitals under the terms of the Accountability Framework which sets out the financial implications of non-compliance which is a deduction of €10,000 for each breach event. Eight hospitals have specific identified actions to ensure focus on achievement of the ED targets identified by the Minister.	Patients in ED for > 24 hours 
% of people waiting < 13 weeks for a routine colonoscopy/ OGD. 	Acute Hospital	Access	80% of patients received their procedure within 13 weeks	Escalated based on continued performance in relation to performance threshold. During November there were 16,038 patients on the GI waiting list and 6,783 (42.3%) of these were waiting in excess of 13	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 and 89% were seen by the end of November. The NTPF are	Routine GI Waiting List 


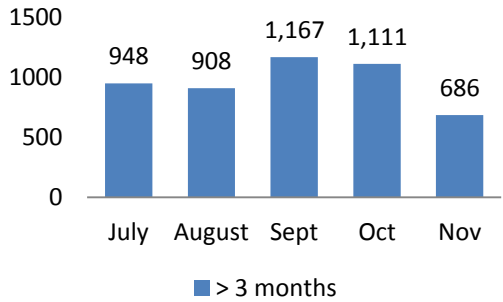
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR November Results/Trend										
				weeks.	actively pursuing the remainder before the end of the year specifically in Beaumont, Tallaght and Naas hospitals	<i>There was a reduction in the overall waiting list of 853 in the month. The reduction waiting > 13 weeks was 1,237. Total of 451 patients remain on the waiting list for > 12 months</i>										
Projected net expenditure to year end 	Social Care	Finance	Breakeven to 0.75% deficit	Escalated based on the year to date and projected year end deficit. Year to date deficit €94.6m (3.5%)	Costs arising relate to meeting the standards and regulatory requirements for Disability Services.	<p>Year to date deficit, Social Care</p>  <table border="1"> <caption>Year to date deficit, Social Care</caption> <thead> <tr> <th>Month</th> <th>Deficit (€'000)</th> </tr> </thead> <tbody> <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> <tr> <td>Nov</td> <td>€94.64</td> </tr> </tbody> </table>	Month	Deficit (€'000)	August	€29.20	Sep	€61.20	Oct	€75.98	Nov	€94.64
Month	Deficit (€'000)															
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Nov	€94.64															
Service Level Arrangements 2015 	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. Completion rates should be closer to 100% for this time of year.	<p>Completion - Service Arrangements (As at 14th December 2015)</p>  <table border="1"> <caption>Completion - Service Arrangements (As at 14th December 2015)</caption> <thead> <tr> <th>Category</th> <th>Completion Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Social Care</td> <td>47.7%</td> </tr> <tr> <td>Mental Health</td> <td>62.9%</td> </tr> <tr> <td>National Health</td> <td>68.3%</td> </tr> </tbody> </table>	Category	Completion Rate (%)	Social Care	47.7%	Mental Health	62.9%	National Health	68.3%		
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR November Results/Trend																									
Prostate Cancer - patients to be seen within 20 working days	Acute Hospital	Access	If the hospital or HG falls below <80% for 3 consecutive months or has missing data for 2 consecutive months	<p><i>Escalated from Red to Black during November due to continued poor performance.</i></p> <p>Cork, Waterford, Limerick and Galway University Hospitals and St. James's have performed below the 80% threshold for 3 months and deteriorating performance in Beaumont for 2 months.</p>	The National Directors for Acute Hospitals and the NCCP to prepare an overall assessment and plan for addressing the waiting times for prostate rapid access.	<table border="1"> <caption>PR November Results/Trend Data</caption> <thead> <tr> <th>Month</th> <th>National</th> <th>CUH</th> <th>WRH</th> <th>UL</th> </tr> </thead> <tbody> <tr> <td>August</td> <td>43.5%</td> <td>7.7%</td> <td>16.0%</td> <td>22.7%</td> </tr> <tr> <td>Sept</td> <td>58.3%</td> <td>0.0%</td> <td>10.5%</td> <td>13.8%</td> </tr> <tr> <td>Oct</td> <td>59.5%</td> <td>0.0%</td> <td>21.1%</td> <td>4.5%</td> </tr> <tr> <td>Nov</td> <td>53.8%</td> <td>8.3%</td> <td>12.5%</td> <td>16.7%</td> </tr> </tbody> </table>	Month	National	CUH	WRH	UL	August	43.5%	7.7%	16.0%	22.7%	Sept	58.3%	0.0%	10.5%	13.8%	Oct	59.5%	0.0%	21.1%	4.5%	Nov	53.8%	8.3%	12.5%	16.7%
Month	National	CUH	WRH	UL																											
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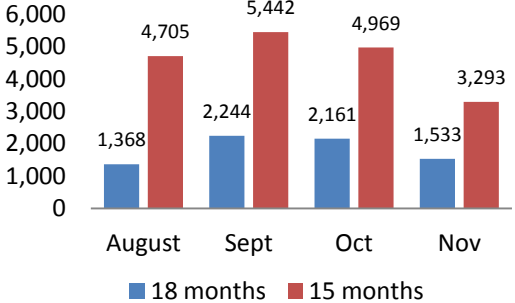
Areas of Red Escalation (National Performance Oversight Group)

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR November Results/Trend																				
<p>Urgent colonoscopy - % of people waiting < 4 weeks</p> 	Acute Hospital	Access	0	During November there were 2 breaches.	This area remains in escalation as there were two breaches during the week of 23 rd November, in the Mater and Portlaoise. Both procedures were carried out during the first week in December.	 <table border="1"> <caption>PR November 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> <tr><td>Nov</td><td>2</td></tr> </tbody> </table>	Month	Value	March	47	April	9	May	1	June	0	July	0	August	1	Sept	1	Oct	0	Nov	2
Month	Value																									
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June	0																									
July	0																									
August	1																									
Sept	1																									
Oct	0																									
Nov	2																									
<p>Lung Service - patients to be seen within 10 working days</p> 	Acute Hospital	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 (51%) 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>The National Director NCCP has confirmed that systems are in place to address issues for all centres apart from Limerick and evidence of this should be demonstrated in the December data.</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 border="1"> <caption>PR November Results/Trend - Lung Service</caption> <thead> <tr> <th>Month</th> <th>National</th> <th>CUH</th> <th>UL</th> </tr> </thead> <tbody> <tr> <td>Sept</td> <td>85%</td> <td>96%</td> <td>43%</td> </tr> <tr> <td>Oct</td> <td>85%</td> <td>64.0%</td> <td>32%</td> </tr> <tr> <td>Nov</td> <td>86%</td> <td>79.5%</td> <td>51%</td> </tr> </tbody> </table>	Month	National	CUH	UL	Sept	85%	96%	43%	Oct	85%	64.0%	32%	Nov	86%	79.5%	51%				
Month	National	CUH	UL																							
Sept	85%	96%	43%																							
Oct	85%	64.0%	32%																							
Nov	86%	79.5%	51%																							

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR November Results/Trend															
Number of discharges delayed by more than 90 days 	Acute Hospital & Social Care	Access	No delayed discharges > 90 days	During November there were 142 breaches over 90 days During November there was an improvement in performance over the previous month from 167 delayed by over 90 days to 142.	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 The total number of delayed discharges continues to fall and is now at 558 for November. Further reduction during November also with 509 recorded at the end of December..	 <table border="1"> <caption>PR November Results/Trend - Delayed Discharges</caption> <thead> <tr> <th>Month</th> <th>Total Delayed Discharges</th> <th>> 90 Days</th> </tr> </thead> <tbody> <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> <tr> <td>Nov</td> <td>558</td> <td>142</td> </tr> </tbody> </table>	Month	Total Delayed Discharges	> 90 Days	August	577	132	Sept	609	131	Oct	570	167	Nov	558	142
Month	Total Delayed Discharges	> 90 Days																			
August	577	132																			
Sept	609	131																			
Oct	570	167																			
Nov	558	142																			
European Working Time Directive 	Acute Hospital	Human Resources	100% of NCHDs have a working week of 48 hours or less	Compliance remains low at 77% 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 border="1"> <caption>PR November Results/Trend - Compliance</caption> <thead> <tr> <th>Month</th> <th>National</th> <th>Acute Hospitals</th> </tr> </thead> <tbody> <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>79%</td> <td>76%</td> </tr> <tr> <td>Nov</td> <td>77%</td> <td>76%</td> </tr> </tbody> </table>	Month	National	Acute Hospitals	August	74%	73%	Sept	74%	73%	Oct	79%	76%	Nov	77%	76%
Month	National	Acute Hospitals																			
August	74%	73%																			
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR November Results/Trend												
Properly completed Medical and GP Visit Cards not processed > 3 months 	Primary Care	Access/Quality	>3 months	Escalated based on continued poor performance 686 remain over the 3 month threshold down from 1,111 in October	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 There has been active correspondence with the applicants to provide additional information to enable completion of the process. PCRS continue to work systematically to reduce the numbers and this is evidenced with good progress in recent months.	 <table border="1"> <caption>PR November Results/Trend</caption> <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> <tr> <td>Nov</td> <td>686</td> </tr> </tbody> </table>	Month	> 3 months	July	948	August	908	Sept	1,167	Oct	1,111	Nov	686
Month	> 3 months																	
July	948																	
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Sept	1,167																	
Oct	1,111																	
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Areas of Red-Amber Status (National Performance Oversight Group)

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR November Results/Trend															
<p>Adults and children waiting > 18 months for an elective procedure</p> 	Acute Hospital	Access/ Quality	Any patient waiting > 18 months by June 2015 and >15 months by year end	<p>During November 1,431 adults and 102 children were waiting longer than 18 months</p> <p>3,101 adults and 192 children were waiting greater than 15 month.</p> <p>Improvement in performance across both time bands. Reduction in the month of 1,676 waiting over 15 months.</p>	<p>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.</p> <p>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.</p> <p>The HSE imposed financial penalties on those hospitals that breached the 18 month maximum wait time. This amounted to €1.72m in November and a further €1.68m was imposed in October.</p> <p>Outpatient care is being purchased on an ongoing basis</p>	<p>Adults & Children Inpatient & Day Case</p>  <table border="1" style="margin-top: 10px;"> <caption>Adults & Children Inpatient & Day Case - Wait Times</caption> <thead> <tr> <th>Month</th> <th>18 months</th> <th>15 months</th> </tr> </thead> <tbody> <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> <tr> <td>Nov</td> <td>1,533</td> <td>3,293</td> </tr> </tbody> </table>	Month	18 months	15 months	August	1,368	4,705	Sept	2,244	5,442	Oct	2,161	4,969	Nov	1,533	3,293
Month	18 months	15 months																			
August	1,368	4,705																			
Sept	2,244	5,442																			
Oct	2,161	4,969																			
Nov	1,533	3,293																			

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR November Results/Trend															
Persons waiting >18 months for an OPD appointment	Acute Hospital	Access/Quality	0	<p>At the end of November 9,618 people were waiting greater than the maximum wait time of 18 months.</p> <p>21,282 people were waiting greater than 15 month – an improvement in the month of over 10,000 waiting > 15 months</p>	as part this initiative	<p>Outpatient Waiting List</p> <table border="1"> <caption>Outpatient Waiting List Data</caption> <thead> <tr> <th>Month</th> <th>>18 months</th> <th>>15 months</th> </tr> </thead> <tbody> <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> <tr> <td>Nov</td> <td>9,618</td> <td>21,282</td> </tr> </tbody> </table>	Month	>18 months	>15 months	August	11,235	34,003	Sept	13,176	34,263	Oct	13,353	31,289	Nov	9,618	21,282
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August	11,235	34,003																			
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Oct	13,353	31,289																			
Nov	9,618	21,282																			

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 September	National October	National November
Quality & Safety	Number of SREs reported	NA	197											
	% of mandatory investigations exceeding 4 month target for completion	< 10%	81%											
	Surgery – % day case for Elective Laparoscopic Cholecystectomy	>60%	39.5%	-34.2%	49.9%	59.8%	43.6%	41.0%	15.7%	6.3%		38.4%	38%	43.5%
	Hip Fracture – % Emergency Surgery Within 48 hr	95.0%	84.6%	-10.9%	91.9%	85.4%	79.2%	80.6%	89.7%	82.8%		84.4%	85.6%	85.3%
	Medical Readmission rates	<9.6%	10.7%	-11.5%	10.9%	10.8%	11.0%	10.9%	11.2%	8.8%	2.5%	10%	9.6%	9.9%
	Surgical Readmission rates	<3%	2.1%	30.0%	1.8%	2.9%	2.2%	1.9%	2.1%	1.4%		2.1%	2.2%	2%
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals	95.0%	96.6%	1.7%	99.5%	97.4%	99.6%	90.8%	96.3%	98.4%		98.6%	99.9%	96.9%
	Cancer Services – Lung within 10 working days	95.0%	85.5%	-10.0%	98.9%	96.9%	98.7%	77.1%	80.8%	58.9%		84.5%	84.7%	86%
	Cancer Services – Prostate within 20 working days	90.0%	59.0%	-34.5%	78.0%	65.2%	84.3%	12.1%	73.6%	23.6%		58.3%	56.4%	53.8%
	Cancer Services – Radiotherapy within 15 working days	90.0%	84.6%	-6.0%		79.7%		86.9%	85.3%			87%	86%	87%
Access ¹	Inpatient/Day Case waiting times – % Adult waiting < 8 months	100.0%	72.8%	-27.2%	73.7%	73.1%	72.1%	70.0%	71.2%	82.4%		70%	70.5%	72.8%
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks	100.0%	56.3%	-43.7%	60.6%	59.8%	56.9%	62.6%	50.7%	47.1%	56.4%	56.5%	55.9%	56.3%
	Outpatients – % people waiting < 52 weeks	100.0%	87.4%	-12.6%	91.9%	87.1%	87.2%	86.4%	84.4%	86.5%	88.6%	83.8%	84.9%	87.4%
	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	95.0%	68.1%	-28.3%	68.5%	61.3%	61.1%	68.8%	70.1%	56.9%	89.3%	68.6%	68.8%	69.1%
	Emergency Care – 9 hour PET	100.0%	81.6%	-18.4%	81.3%	77.2%	75.5%	81.8%	84.8%	71.9%	97.0%	82.3%	82.2%	82.7%
	Emergency Care – patients in ED GT 24 hours	0.0%	4.0%	-4.0%	5.1%	3.8%	6.7%	3.3%	2.5%	7.5%	0.3%	3.9%	3.7%	3.5%
	Surgical DOSA	70.0%	68.9%	-1.6%	80.5%	58.0%	57.0%	72.7%	60.5%	79.1%		67.5%	67.2%	68.2%
	Surgical – Reduction in bed days utilization	6.8%	10.6%	-55.9%	10.1%	8.2%	9.3%	10.0%	14.1%	16.9%		10.5%	11.8%	11.4%
	GI – % waiting < 13 weeks routine colonoscopy/OGD	100.0%	57.7%	-42.3%	60.5%	38.3%	47.3%	71.5%	73.8%	88.4%	63.3%	52.5%	52.5%	57.7%

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
 Health Service Performance Report November 2015

	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
Colonoscopy – % waiting < 4 weeks urgent colonoscopy	100.0%	99.9%	-0.1%	99.6%	99.5%	100%	100%	100%	100%	100%
Delayed Discharges	15% reduction	8.7%	8.7%	21.6%	9.2%	2.4%	3.1%	-44.8%	44.0%	
Ambulance Turnaround times – 60 minutes	100%	95%	5%							
ALOS – Medical	5.8	7.0	-20.7%	7.2	8.7	7.6	6.1	6.4	5.6	
ALOS – Surgical	5.1	5.4	-5.9%	6.1	5.4	6.1	4.6	4.6	4.6	

National September	National October	National November
100%	100%	99.9%
0.3%	6.7%	8.7%
6.1	6.5	6.3
5.1	5.4	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)	€3,642,084	€3,826,153	€184,070	5.05%	5.09%	4.63%	6.16%	2.88%	1.99%	8.25%	4.42%
	Pay (excl Superannuation Pay)	€2,991,669	€3,104,296	€112,626	3.76%	4.17%	3.00%	3.48%	3.23%	4.52%	5.46%	1.97%
	Pay (Agency)	€122,644	€188,916	€66,272	54.04%	29.98%	76.01%	23.16%	62.01%	40.21%	152.88%	156.63%
	Pay (Overtime)	€136,157	€150,224	€14,068	10.33%	17.41%	18.70%	6.19%	2.39%	25.09%	1.41%	9.23%
	Non Pay (incl procurement savings)	€1,369,551	€1,474,609	€105,058	7.67%	7.75%	5.38%	8.76%	7.54%	4.66%	11.23%	7.23%
	Income	-€815,027	-€858,555	-€43,527	5.34%	6.00%	1.06%	1.03%	12.62%	16.49%	0.74%	4.39%
	Regional and National Services	€26,961	€15,393	-€11,568	-42.91%							
	Net Expenditure variance from plan (including Regional and National Services)	€3,669,044	€3,841,546	€172,502	4.70%							
	NCCP	€2,561	€2,523	-€37	-1.46%							
	% and number of 2015 Service Arrangements signed	100%	82.4% 14		17.6%							
	€ value of 2015 Service Arrangements signed	100%	€1,438,383 83.9%		16.1%							
HR	Absence Rates - Medical/Dental	3.5%	0.86%	-2.64%	-75.42%	0.80%	0.90%	0.82%	0.90%	0.66%	0.78%	1.38%
	Absence Rates- Nursing	3.5%	4.35%	0.85%	24.28%	3.79%	3.89%	4.70%	4.48%	5.24%	4.65%	4.40%
	Absence Rates- Health and Social Care Professional	3.5%	2.88%	-0.62%	-17.7%	2.80%	2.36%	2.85%	3.25%	3.53%	2.99%	3.21%
	Absence Rates - Management/Admin	3.5%	3.69%	0.19%	5.42%	3.53%	3.74%	3.99%	3.30%	4.23%	3.72%	3.65%
	Absence Rates - General Support staff	3.5%	5.06%	1.56%	44.57%	5.27%	4.39%	4.56%	5.06%	6.46%	5.02%	7.55%
	Absence Rates - Other Patient and Client staff	3.5%	5.71%	2.21%	63.14%	5.03%	5.95%	5.64%	4.37%	8.51%	5.39%	5.90%
	Absence Rates- Total	3.5%	3.78%	0.28%	8%	3.51%	3.52%	3.79%	3.80%	4.92%	3.88%	3.97%
	Variance from Indicative workforce	49,631	52,365	2,734	5.51%	6.3%	3.8%	7.5%	5.1%	9.8%	4.3%	2.8%
	EDWT ² - <24 hour shift	100%	94%		6%	88%	97%	92%	99%	91%	96%	92%
EDWT - <48 hour working week	100%	76%		24%	71%	67%	59%	90%	100%	87%	69%	

² EWT D compliance is calculated on returns from 37 out of 40 hospitals
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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 September	National October	National November
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%	0%							
	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	40%	42%	4%							
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	77%	-3%	79%	82%	74%	72%			
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	66%	-18%	67%	67%	64%	63%			
	Intermediate Care Services	70%	88%	12%							
	% delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework	100%	78%	-22%							

		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	€131,787	€133,067	€1,280	0.97%				
	Pay (excl superannuation pay)	€97,327	€97,484	€158	0.16%				
	Pay – Agency	€0	€506	€506	100%				
	Pay – Overtime	€5,413	€15,101	€9,688	178.97%				
	Non-pay (incl procurement savings)	€34,666	€35,803	€1,137	3.28%				
	Income	-€206	-€220	-€15	7.23%				
HR	Absence Rates - Management/Admin	3.5%	2.61%	-0.89%	-25.42%	1.2%		6.4%	2.9%
	Absence Rates - General Support staff	3.5%	3.32%	-0.18%	-5.14%	3.6%		0.6%	5.1%
	Absence Rates - Other Patient and Client staff	3.5%	5.40%	1.9%	54.28%	5.8%		4.2%	5.5%
	Absence Rates - Total	3.5%	5.10%	1.6%	45.71%	5.5%		3.9%	5.4%
	Variance from Indicative workforce	1,611	1,669	58	3.59%				

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%	2.16%	-1.34%	-38.28%	1.67%	1.73%	1.76%	2.13%	1.44%	4.17%	2.71%	1.54%	2.63%
	Absence Rates – Nursing	3.50%	4.85%	1.35%	38.57%	5.64%	5.20%	5.97%	3.80%	5.09%	4.05%	4.73%	5.66%	4.00%
	Absence Rates - Health and Social Care Professional	3.50%	3.63%	0.13%	3.17%	4.74%	3.37%	3.78%	3.53%	4.07%	3.48%	3.29%	3.83%	3.37%
	Absence Rates - Management/Admin	3.50%	4.24%	0.74%	21.14%	4.36%	4.18%	3.98%	3.68%	3.55%	3.58%	4.40%	5.06%	4.20%
	Absence Rates - General Support staff	3.50%	5.03%	1.53%	43.71%	6.48%	4.78%	4.20%	3.86%	5.88%	3.69%	5.81%	5.62%	4.69%
	Absence Rates - Other Patient and Client staff	3.50%	5.22%	1.72%	49.14%	6.83%	4.91%	5.63%	4.07%	4.80%	3.80%	5.19%	6.12%	5.32%
	Absence Rates- Total	3.50%	4.62%	1.12%	32.00%	5.72%	4.48%	5.01%	3.80%	4.68%	3.82%	4.73%	5.30%	4.17%

³ Absenteeism results provided include Primary Care, Mental Health and Social Care divisions
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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 September	National October	National November
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%	93.8%	-1.3%	96.3%	96.2%	92.2%	94.7%	93.8%	90.1%	92.5%	92.7%	95.5%	93.3%	94.8%	94.8%
	BreastCheck screening	130,400	135,389	3.8%										13,343	13,003	13,659
	CervicalCheck screening	254,000	236,925	-6.7%										21,773	20,065	19,619
	Diabetic Retina Screening	73,045	70,713	-3.2%										7,610	6,929	6,375
	Tobacco Control (intensive cessation support) ⁴	8,549	11,296	32.1%	1,983	0	388	796	227	784	1,746	999	1,645	1,094	1,344	925

⁴ National figures include the National Quitline result of 2,727

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	€173,749	€169,001	-€4,748	-2.73%									
	Pay (excl superannuation pay)	€84,157	€81,887	-€2,270	-2.70%									
	Pay – Agency	€1,131	€1,199	€68	6.06%									
	Pay – Overtime	€264	€265	€1	0.38%									
	Non-pay (incl procurement savings)	€95,230	€92,658	-€2,572	-2.70%									
	Income	-€5,638	-€5,544	€94	-1.66%									
	% and number of 2015 Service Arrangements signed	100%	90.8% 138		9.2%									
	€ value of 2015 Service Arrangements signed	100%	€9,243 93.2%		6.8%									
HR	Variance from Indicative workforce	1,279	1,303	24	1.84%									

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 September	National October	National November	
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		83.2%	75.2%	79.1%	92.1%	Data Gap	81.5%	81.8%	87.2%	57.4%	Data Gap	Data Gap	Data Gap	
	Occupational Therapy within 12 weeks	80%	Data Gap		87.3%	75.6%	86.5%	62.5%	Data Gap	79.3%	77.1%	75.5%	74.1%	Data Gap	Data Gap	Data Gap	
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	90%	99.3%	10.3 %											98.1%	99.5%	99.3%
	% of Medical Cards/GP Visit Card applications, assigned for medical Officer review, processed within 5 days	90%	94.7%	5.2 %											88.3%	78.7%	94.7%
Access	Opioid substitution treatment (outside prisons)	9,400	9,452	1%													
	Opioid substitution treatment (prisons)	490	517	5.5%													
	CIT - Overall Activity	23,629	17,533	- 25.8 %		502	3,369	1,318	1,389	1,115	5,585	407	3,848	1,623	1,867	1,870	
	CIT - Admission Avoidance (includes OPAT)	1,075	608	- 43.4 %		67	99	95	59	61	29	39	159	62	74	61	
	CIT - Hospital Avoidance	12,677	10,430	- 17.7 %		5	1,859	472	969	795	4,978	0	1,352	1,025	1,118	1,180	
	CIT - Early Discharge (includes OPAT)	5,723	3,562	- 37.8 %		414	698	251	332	220	578	350	719	263	373	357	
	CIT Activity – Other	4,154	2,933	- 29.4 %		16	713	500	29	39	0	18	1,618	273	302	272	
	Number of contacts with GP OOH	877,958	875,595												71,283	84,024	81,058

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, Ofaly 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	€3,133,412	€3,257,115	€123,704	3.95%	6.43%	5.35%	2.05%	1.76%	1.36%	2.73%	0.14%	4.44%	2.20%
	Pay (excl superannuation)	€543,073	€550,427	€7,354	1.35%									
	Pay – Agency	€10,522	€16,160	€5,637	53.58%									
	Pay – Overtime	€2,692	€2,968	€275	10.23%									
	Non-pay (incl procurement savings)	€2,730,128	€2,851,855	€121,727	4.46%									
	Income	-€141,769	-€147,486	-€5,716	4.03%									
	Net Expenditure variance from plan - Primary Care	€679,270	€678,613	-€657	-0.10%									
	Net Expenditure variance from plan – Social Inclusion	€117,171	€119,275	€2,104	1.80%	5.53%	-0.99%	6.57%	1.81%	0.06%	4.49%	0.97%	0.92%	1.83%
	Net Expenditure variance from plan – PCRS	€2,071,700	€2,178,965	€107,265	5.18%									
	Net Expenditure variance from plan - Demand Led Schemes	€199,677	€214,081	€14,404	7.21%									
	% and number of 2015 Service Arrangements signed – Primary Care	100%	86.8% 264		13.2%									
	€ value of 2015 Service Arrangements signed – Primary Care	100%	€32,270 96.5%		3.5%									
	% and number of 2015 Service Arrangements signed – Social Inclusion	100%	83.4% 502		16.6%									
	€ value of 2015 Service Arrangements signed – Social Inclusion	100%	€66,711 80.4%		19.6%									
HR	Variance from Indicative workforce	10,344	10,421	77	0.75%									

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 September	National October	National November	
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days	95%	88.3%	-7.0%	91.8%	90.2%	95.0%	90.4%	98.1%	77.6%	76.9%	90.6%	78.0%	88.5%	90.7%	88.5%
	Community Home Care - No of patients in receipt of specialist palliative care in the community	3,250	3,245	-0.2%	360	409	399	475	440	247	240	409	266	3232	3143	3245
	Inpatient waiting times - % of patients admitted within 7 days of referral	98%	98.0%	0.0%	97.6%	96.4%	100.0%	100.0%	100.0%	92.1%	98.0%		95.1%	97.6%	98.7%	98.6%
	Day Care - No of patients in receipt of specialists palliative day care services	349	336	-3.7%	9	31	36	117		31	39		73	334	314	336
	Paediatric Services - No of children in care of the Children's Palliative Care Services	320	343	7.5%		30	33		40	15	174	23	28	383	390	343

	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	€65,594	€66,181	€587	0.89%	6.51%	9.90%	0.22%	0.76%	-1.77%	-17.63%	-3.15%	4.54%	0.70%
	Pay (excl superannuation pay)	€32,874	€33,439	€565	1.72%									
	Pay – Agency	€1,004	€1,124	€119	11.86%									
	Pay – Overtime	€658	€714	€56	8.52%									
	Non Pay (including procurement savings)	€40,225	€41,039	€814	2.02%									
	Income	-€8,696	-€9,579	-€883	10.16%									
	% of 2015 Service Arrangements signed	100%	78.3% 18		21.7%									
€ value of 2015 Service Arrangements signed	100%	€35,614 58.8%		41.2%										
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)	Laos, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National September	National October	National November	
Quality & Safety	Number of SREs reported	NA	34														
	% of mandatory investigations exceeding 4 month target for completion	< 10%	62%														
	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%	72.8%	-23.4%											83.3%	71.4%	78.6%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:																
	General Adult Teams	90%	92.5%	2.8%	86.4%	96.7%	96.6%	93.0%	97.4%	98.4%	87.6%	93.9%	81.0%	93.3%	93.3%	92.5%	
	Psychiatry of Old Age Teams	99%	98.0%	-1.0%	93.8%	100%	100%	85.0%	100%	98.1%	97.8%	97.9%	98.7%	98.7%	98.2%	97.2%	
	Child and Adolescent Community mental Health Teams	78%	Data gap		58.2%	95.8%	86.2%	67.1%	79.6%	70.7%	Data Gap	75.6%	65.6%	70.0%	75.9%	Data gap	
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:																
	General Adult Teams	75%	73.6%	-1.9%	72.0%	86.0%	70.7%	67.9%	90.0%	79.3%	71.3%	67.7%	56.1%	74.1%	74.5%	74%	
	Psychiatry of Old Age Teams	95%	95.5%	0.5%	92.9%	95.8%	99.4%	67.7%	99.1%	97.4%	97.1%	92.1%	95.9%	96.1%	95.8%	95.2%	
Child and Adolescent Community Mental Health Teams	72%	Data gap		54.8%	88.6%	86.0%	59.6%	67.4%	53.0%	Data Gap	61.3%	55.9%	63.2%	69.1%	Data gap		
Access	Total no. to be seen	2,632	2,273	-13.6%	403	33	278	518	145	344	166	193	193	2,309	2,252	2,273	
	Total no. to be seen (0-3 months)	1,153	1,096	-4.9%	113	31	106	191	127	198	113	127	90	990	1,001	1,096	
	Wait List (i.e. those waiting >3 months)	1,479	1,177	-20.4%	290	2	172	327	18	146	53	66	103	1,319	1,251	1,177	
	No. on waiting list for first appointment at end of each month by wait time:																
	3-6 months	534	412	-22.9%	92	0	52	85	8	67	23	50	35	550	464	412	
	6-9 months	331	363	9.6%	99	0	66	85	10	58	6	13	26	345	374	363	
	9-12 months	614	195	-68.2%	56	1	37	58	0	21	5	3	14	210	191	195	
>12 months	0	207	>100%	43	1	17	99	0	0	19	0	28	214	222	207		

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	€697,370	€696,614	-€756	-0.11%	2.42%	1.01%	1.20%	1.61%	0.87%	0.55%	0.20%	5.03%	0.19%
	Pay (excl superannuation pay)	€562,822	€556,250	-€6,572	-1.17%									
	Pay – Agency	€13,491	€30,009	€16,519	122.44%									
	Pay – Overtime	€13,811	€17,962	€4,151	30.06%									
	Non-pay (incl procurement savings)	€151,709	€156,515	€4,806	3.17%									
	Income	-€18,024	-€16,969	€1,055	-5.85%									
	% and number of 2015 Service Arrangements signed	100%	68.9% 142		31.1%									
	€ value of 2015 Service Arrangements signed	100%	€44,259 69%		31%									
HR	Variance from Indicative workforce	9,262	9,349	87	0.94%									
	EWTD - <24 hour shift ⁵	100%	89%		11%									
	EWTD - <48 hour working week	100%	90%		10%									

⁵ EWTD results are based on returns from 20 of 29 service providers
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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 September	National October	National November	
Quality & Safety	Number of SREs reported	NA	38														
	% of mandatory investigations exceeding 4 month target for completion	< 10%	81%														
	Elder abuse cases - % of active cases reviewed within 6 month timeframe	90%	87.3%	-3.1%	94.4%	91.8%	87.5%	87.8%	67.5%	95.1%	84.4%	96.1%	83.1%	91%	75.4%	90.6%	
Access	HCP – Total no. of persons in receipt of a HCP	13,200	15,144	14.7%	1,281	1,142	949	1,393	868	1,552	1,984	2,089	3,886	14,822	14,997	15,144	
	HCP – No. of persons in receipt of an Intensive HCP at a point in time (capacity)	190	183	-3.7%										130	165	183	
	Home Help Hours – No. of hours provided (excluding provision of hours from HCP's)	9,451,785	9,566,577	1.2%	1,285,427	1,178,981	862,966	1,955,798	1,103,660	352,467	650,117	1,128,860	1,048,300	872,478	880,890	864,970	
	NHSS Beds - no of people funded	22,361	23,065	3.1%											23,106	23,142	23,065
	No of NHSS Beds in Public Long Stay Units	5,287	5,244	-0.8%	562	597	346	1,041	556	386	651	635	470	5,257	5,258	5,244	

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	€1,340,135	€1,386,454	€46,319	3.46%	5.40%	6.17%	4.25%	3.22%	6.04%	4.25%	6.19%	5.45%	4.38%
	Pay (excl superannuation pay)	€524,891	€544,378	€19,487	3.71%									
	Pay – Agency	€16,558	€33,780	€17,222	104.02%									
	Pay – Overtime	€4,232	€7,403	€3,171	74.93%									
	Non-pay (incl procurement savings)	€884,637	€906,758	€22,120	2.50%									
	Income	-€91,651	-€90,510	€1,141	-1.25%									
	% and number of 2015 Service Arrangements signed	100%	66.2% 513		33.8%									
€ value of 2015 Service Arrangements signed	100%	€544,530 48.4%		51.6%										
HR	Variance from Indicative workforce	24,816	25,702	886	3.57%									

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	€636,583	€665,555	€28,972	4.55%	8.08%	12.52%	14.51%	5.53%	5.77%	3.72%	0.82%	15.82%	0.85%
	Pay (excl superannuation pay)	€595,445	€605,064	€9,619	1.62%									
	Pay – Agency	€19,824	€28,947	€9,123	46.02%									
	Pay – Overtime	€4,988	€5,750	€762	15.27%									
	Non-pay (incl procurement savings)	€383,883	€396,533	€12,651	3.30%									
	Income	-€346,447	-€340,666	€5,781	-1.67%									
	% and number of 2015 Service Arrangements signed	100%	79.8% 916		20.2%									
€ value of 2015 Service Arrangements signed	100%	€73,215 50.6%		49.4%										
HR	Variance from Indicative workforce	24,816	25,702	886	3.57%									

Finance

Detailed Financial overview

Financial Performance in November 2015

Introduction and Context – National Service Plan 2015 & Financial Challenges

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

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

The national service plan (NSP2015) set out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €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. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account under this framework and under-performance will be identified and mitigated as early as possible in the year. This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

Financial Performance in November 2015

As of November 2015 the health service has recorded net spend on an income and expenditure basis of €11.639 billion against a budget of €11.118 billion. This results in a total deficit of €521.1m. Approximately €248.6m 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 November totals €272.5m, attributable primarily to overspends within Acute Hospitals (€172.5m) and Social Care (€95.1m). The overspends in these areas also reflect year to date costs in excess of €70m, incurred against additional in-year commitments made in respect of Waiting Lists and Winter Planning within Acute services and Delayed Discharge initiatives within Social Care. The

additional expenditure associated with these initiatives has been funded as part of the supplementary process for 2015.

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 EWTB 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 additional funding up to €74m 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 release of the additional funding which has been allocated to the HSE as part of the supplementary process for 2015.

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Acute Hospitals Division	4,016,071	3,841,546	3,669,044	172,502	4.70%	33.13%
National Ambulance Service	144,139	133,067	131,787	1,280	0.97%	0.25%
Health & Wellbeing Division	192,390	169,001	173,749	(4,748)	-2.73%	-0.91%
Primary Care	749,062	678,613	679,270	(657)	-0.10%	-0.13%
Social Inclusion	127,954	119,275	117,171	2,104	1.80%	0.40%
Palliative Care	71,869	66,181	65,594	587	0.89%	0.11%
Primary Care Division (Note 1)	948,885	864,070	862,035	2,035	0.24%	0.39%
Mental Health Division	783,454	696,614	697,370	(756)	-0.11%	-0.15%
Older Persons Services	701,341	665,555	636,583	28,972	4.55%	5.56%
Nursing Home Support Scheme ("Fair Deal")	831,118	781,117	761,312	19,806	2.60%	3.80%
Disability Services	1,464,114	1,386,454	1,340,135	46,319	3.46%	8.89%

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Social Care Division	2,996,573	2,833,126	2,738,030	95,097	3.47%	18.25%
CHO Corporate Community	4,411	4,280	4,041	239	5.91%	0.05%
National Cancer Control Programme (NCCP)	2,504	2,523	2,561	(37)	-1.46%	-0.01%
Clinical Strategy & Programmes Division	30,248	23,981	24,862	(881)	-3.54%	-0.17%
Quality Assurance & Verification	584	232	513	(281)	-54.79%	-0.05%
Quality Improvement Division	6,943	5,085	5,093	(8)	-0.17%	0.00%
Other National Divisions/Services	282,525	257,495	249,419	8,077	3.24%	1.55%
Total Direct Service Provision	9,408,727	8,831,021	8,558,504	272,517	3.18%	52.30%
Statutory Pensions	431,884	420,602	395,049	25,553	6.47%	4.91%
Pension Levy	(221,626)	(200,882)	(202,830)	1,949	-0.96%	0.37%
Pensions	210,258	219,720	192,219	27,502	14.31%	5.28%
State Claims Agency	96,000	183,033	87,202	95,831	109.89%	18.39%
Primary Care Reimbursement Scheme (Note 1)	2,268,166	2,178,965	2,071,700	107,265	5.18%	20.58%
Demand Led Local Schemes (Note 1)	218,101	214,081	199,677	14,404	7.21%	2.76%
Overseas Treatment	9,629	12,407	8,813	3,594	40.78%	0.69%
Demand Led Services	2,591,896	2,588,486	2,367,392	221,094	9.34%	42.43%
Total Pensions & Demand Led Services	2,802,153	2,808,206	2,559,611	248,596	9.71%	47.70%
Held Funds	0					
Accelerated Income (Note 2)	(50,000)					
Overall Total	12,160,880	11,639,227	11,118,115	521,112	4.69%	100%

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	4,016,071	109,175	5.23%	63,327	4.00%
National Ambulance Service	144,139	1,280	0.97%	0	0.00%
Health & Wellbeing Division	192,390	(4,748)	-2.73%	0	0.00%
Primary Care	749,062	(1,573)	-0.23%	917	13.98%
Social Inclusion	127,954	2,104	1.80%	0	0.00%
Palliative Care	71,869	1,245	2.64%	(658)	-3.56%
Primary Care Division (Note 1)	948,885	1,776	0.21%	259	1.03%
Mental Health Division	783,454	(1,536)	-0.23%	780	2.39%
Older Persons Services	701,341	27,571	4.59%	1,402	3.95%
Nursing Home Support Scheme ("Fair Deal")	831,118	19,806	2.60%	0	0.00%
Disability Services	1,464,114	27,616	2.78%	18,703	5.39%
Social Care Division	2,996,573	74,992	3.18%	20,105	5.25%
CHO Corporate Community	4,411	239	5.91%	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 €221m in these areas at the end of November 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 November pensions are showing a deficit of €27.5m 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 €248.6m at the end of November.

Acutes

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

Acute Hospitals are reporting a €172.5m deficit for the eleven-month period to 30th November 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 November 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 November net deficit of €28.9m. NHSS is showing an overspend of €19.8m.

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 up to €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 release of the additional funding which has been allocated to the HSE as part of the supplementary process for 2015.

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

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

Social Care – Disability Services

This group of services has recorded a YTD November net deficit of €46.3m. 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 Division - 2015 versus 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

Agency Costs by Division - 2015 versus 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
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
Nov-15	15,769	54	24	1,204	6,182	2,900	545	26,677
Total 2015 YTD	189,079	1,199	506	16,160	62,726	30,009	4,447	304,126
Average monthly cost 2015 to date	17,189	109	46	1,469	5,702	2,728	404	27,648
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
Nov-14	19,053	110	106	1,628	3,784	2,289	3,449	30,421
Dec-14	22,340	123	93	1,700	5,413	2,682	(3,066)	29,285
Total 2014 YTD	208,617	1,292	1,588	14,802	54,587	24,136	6,296	311,318
Average monthly cost 2014 to date	18,965	117	144	1,346	4,962	2,194	572	28,302
Change - YTD 2015 vrs 2014	(19,538)	(92)	(1,083)	1,358	8,139	5,873	(1,849)	(7,193)
2015 full year cost based on YTD 2015 Expenditure	206,628	1,311	553	17,659	68,548	32,794	4,860	332,353
2015 forecast versus 2014 actual cost	(25,365)	(104)	(1,129)	1,158	8,547	5,976	1,630	(9,287)

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

Consultant Recruitment

The Public Appointment Service have reported that arising from the decision to reduce Consultant interview board size to 5 members that the average time taken to 'complete' a Consultant post (from receipt to recommending a candidate to the HSE) reduced from an average of 351 days in 2014 to 176 days in 2015, achieving a 50% reduction.

Health Service Excellence Awards 2015 – 2016

The aim of the Health Service Excellence Awards is to encourage and inspire people to develop better services that result in easier access and high quality care for patients and to promote pride among staff in relation to our services.

The Awards are open to all staff working in the public health system directly run or funded by the HSE. These may include any service provided directly to the public including clinical services, primary care or social / family support; support services including catering, portering, security, clerical and management to include people management processes, information technology or service management initiatives.

Applications may be submitted to healthserviceexcellenceawards@hse.ie with a closing date of 13th January, 2016.

Medical Workforce Planning

In September 2015, a report on the future medical workforce required for General Practice was published. The report detailed the first in-depth specialty-based planning exercise carried out by the NDTP in projecting specialist demand to over a 10 year timeframe. A draft workforce planning report has been prepared for the specialty of Paediatrics to include future demand based on a new model of care for the specialty and the requirements of the new children's hospital. This report is due for completion in the near future. The NDTP is also currently working on projecting the demand for specialists in Emergency Medicine and expect to have this workforce planning exercise completed by the end of January 2016.

Workforce position

WTE Overview by Division	WTE Oct 2015	Ceiling Nov 2015	WTE Nov 2015	WTE Change since Oct 2015	WTE Variance Nov 2015	% WTE Variance Nov 2015
Acute Services	52,081	49,631	52,365	285	2,734	5.51%
Mental Health	9,347	9,262	9,349	2	87	0.94%
Primary Care	10,484	10,344	10,421	-62	77	0.75%
Social Care	25,485	24,816	25,702	217	886	3.57%
Health & Wellbeing	1,291	1,279	1,303	12	24	1.84%
Ambulance Services	1,661	1,611	1,669	8	58	3.59%
Corporate & HBS	2,696	2,598	2,716	20	118	4.54%
Total Health Service	103,044	99,541	103,526	482	3,985	4.00%

At the end of November, health services' employment stood at **103,526 WTEs** and is **+3,985 WTEs** above the initial indicative direct funded employment threshold, with significant employment growth of **+4,199 WTEs** year-to-date and with Acute Hospitals Division playing a

significant factor in both. This would suggest, bearing in mind levels of recruitment currently in progress, and continuing levels of overtime and agency expenditure, that unless the additional recruitment and further planned recruitment in 2015 and 2016, is not offset by staff turnover as well as savings in agency and overtime expenditure, higher breaches of the allocated direct funded employment thresholds, particularly in the Acute Hospitals Division will occur, and will pose significant financial and workforce challenges into 2016.

Employment levels have grown month-on-month since July 2014, with the growth from October being +482 WTEs with overall growth of 5,554 WTEs (+5.67%). It is still some **9,245 WTEs (-8.2%)** below the recorded levels as returned at the end of September 2007. Health sector employment as returned in the Health Service Personnel Census (HSPC) stood at **112,771 WTEs**, at that time. It is assessed that employment levels 'bottomed-out' in October 2013, when employment as returned in the HSPC, excluding Children and Family Services (formal transition to Tulsa was in January 2014) stood at **96,760 WTEs** and therefore the November reported employment levels is showing an increase of **6,766 WTEs (+7%)** since that time.

Absence Rates in the Health Sector to October 2015

	Target	October 2014	2014 Total	September 2015	October 2015	YTD 2015	% Medically Certified (October 2015)	% Medically Certified (YTD 2015)
Absence Rates	3.50%	4.10%	4.27%	4.18%	4.12%	4.18%	88.04%	87%

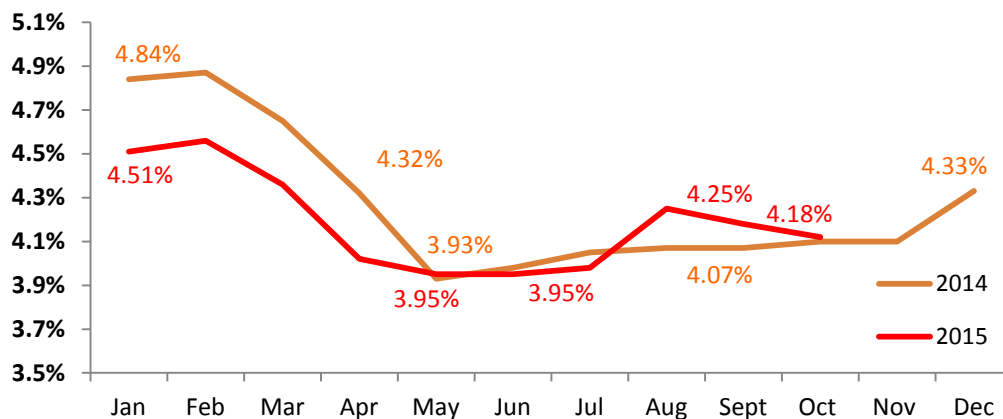
Latest monthly figures (October 2015)

- The October rate at 4.1% is down on the September rate. Previous October rates were 5.59% (2008), 5.51% (2009), 4.80% (2010), 4.97% (2011), 4.74% (2012), 4.84% (2013) and 4.10% (2014).

Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- October 2015 absence rate stands at 4.12% marginally up from a rate of 4.10% for October 2014.
- The 2015 YTD rate is 4.18%, 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 October 2014 was 5.5%
- Annual rates; 2008 – 5.76%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.37%
- The notional/opportunity cost of absenteeism for the health services for 2014, using DPER methodology, was assessed as being of the order of €150 million.

Health Service: National Absence Rates 2014/2015



This office continues to review national reporting of absence rates in the light of changing structures and with the objective of improved and more relevant reports. We continue to engage with among others; the Department of Public Expenditure and Reform (DPER), Department of Health, HBS/ERP/SAP-HR, CERS, Divisions and other interested parties, in developing new reporting templates for use in 2015.

*Note: **Absence Rate** is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate 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 the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies. The HSE continues to review its current sick leave policies and procedures as well as having a range of current supports and interventions to address challenges being encountered in the whole area of attendance management and absence rates through ill health. The objective of all these actions is to enhance the health sector's capacity to address and manage more effectively absence rates, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absence.*

European Working Time Directive (EWTG)

- The data deals with 5,106 NCHDs. It is expected that some limited additional Acute Hospital and Mental Health division data will be returned. For example, final October data related to 5,295 NCHDs;
- Compliance with a maximum 48 hour week is at 77% as of end November. This is unchanged since October and indicates that the progress made in this area is robust;
- Compliance with 30 minute breaks is at 99% - down 1% since October;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from October;
- Compliance with a maximum 24 hour shift (not an EWTG target) is at 94% - down 2% since October. Inclusion of outstanding data may increase this slightly;
- Compliance with a daily 11 hour rest period is at 96% - down 1% since October. 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
Beaumont Hospital including St Josephs	Mercy University Hospital Cork		
Cavan General Hospital	South Tipperary General Hospital		
Connolly Hospital	South Infirmary University Hospital Cork		
Our Lady of Lourdes Hospital Drogheda	Waterford Regional Hospital		
Rotunda Hospital	Saoilta Hospital Group		Galway University Hospitals
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		