

Building a high quality health service for a healthier Ireland

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Health Service

Performance Report

March/April 2016

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

Key Performance Messages

The Performance Report for 2016 has been designed to provide an overview of key metric data with trends for each division. It covers:

- Key Performance Areas
- High level commentary providing diagnosis, context and action around particular key performance areas
- Balanced Scorecard metrics presented on a Heat Map
- Areas of Escalation - Red (National Performance Oversight Group) or Black (Director General).

Emergency Care

- There were **448,969** emergency presentations year to date, an increase of **6.8%** on expected activity.
- **81.9%** of patients waited 9 hours or less in April, with **67.8%** admitted or discharged within 6 hours. In March, **80%** of patients waited 9 hours or less, with **65.9%** admitted or discharged within 6 hours.
- **3,326** waited greater than 24 hours in April with **3,949** in March. **1,020** patients over 75 years were waiting greater than 24 hours in April.

Inpatient, Daycase and Outpatient Waiting lists

- Waiting lists for inpatient/daycase procedures and outpatient appointments have risen since December 2015.
- At the end of April there were **4,603** patients waiting greater than 15 months for inpatient/daycase procedures compared to **4,296** in March. Outpatient waiting lists over 15 months increased from **20,267** at the end of March to **23,956** in April.

Delayed Discharges

- The number of delayed discharges in April was **617**, an increase on March total of **592**.

Cancer Services

- **84.4%** urgent breast cancer referrals seen within 2 weeks in April, a decrease from March **93.7%** (Target 95%).
- **77.8%** rapid access lung referrals seen within 10 working days in April a decrease from March **81.3%** (Target 95%).
- **35.7%** rapid access prostate referrals seen within 20 working days in April, a decrease from March **64.7%** (Target 90%).

Ambulance ECHO and DELTA Response Times

82% of ECHO calls and **65%** of DELTA calls were responded to within 18 minutes, 59 seconds in April, an improvement from 78% and 57% respectively in January. Ambulance response times have been de-escalated to Amber (Level 2) by the National Performance Oversight Group due to improvement in performance in recent months.

Home Care Services

- **3,457,224** home help hours have been provided YTD, **2.8%** ahead of target (**3,362,274**) and **142,178** hours more than April YTD 2015.
- **15,812** people received home care packages in April, **2.3%** ahead of target **15,450** and **2,168** people more than April 2015.

Community Intervention Teams (CITs)

- **2,228** referrals to CITs in April, a decrease from **2,321** in March (Target 1,933).

Finance

- The figures (and deficits) set out in this report do not take account of any potential increase in funding arising from the Governments recent proposal to increase funding to the HSE.

Quality and Patient Safety

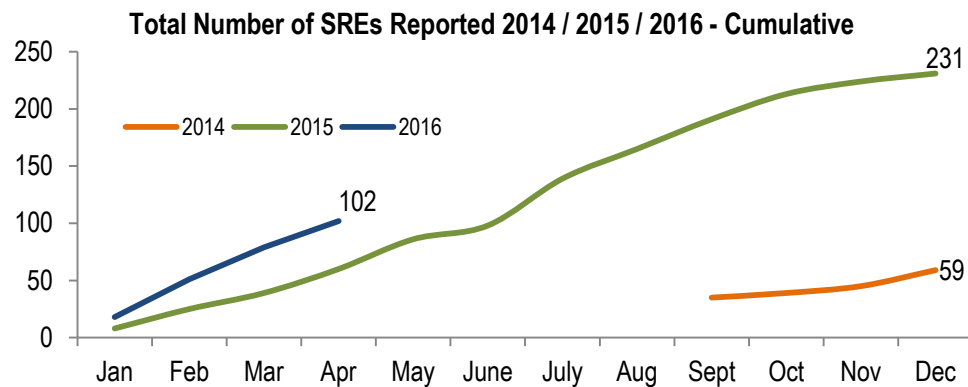
Quality and Patient Safety

National Incident Management Training

- **115** staff completed *Day 1* Systems Analysis Investigation training year to date. A further **48** staff completed *Day 2* and **26** staff completed the full *3 Day* Systems Analysis Investigation training programme.
- **66** staff were trained in Safety Incident Management year to date.

Serious Reportable Events – National

- The total number of SREs reported during April 2016 was **23** (102 year to date).



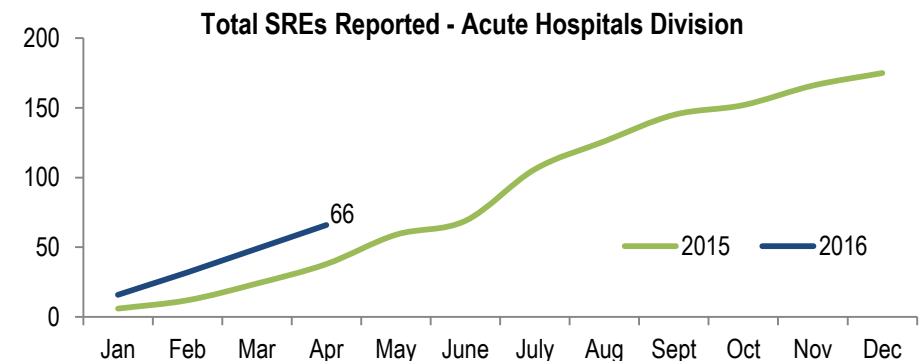
Compliance

- **32%** of all Serious Reportable Events were notified within 24 hours to the Senior Accountable Officer to date in 2016.
- **6** SREs, which occurred in January 2016, were due to have Systems Analysis Investigations completed by the end of April 2016. **0** completed.

Serious Reportable Events – HSE Divisions

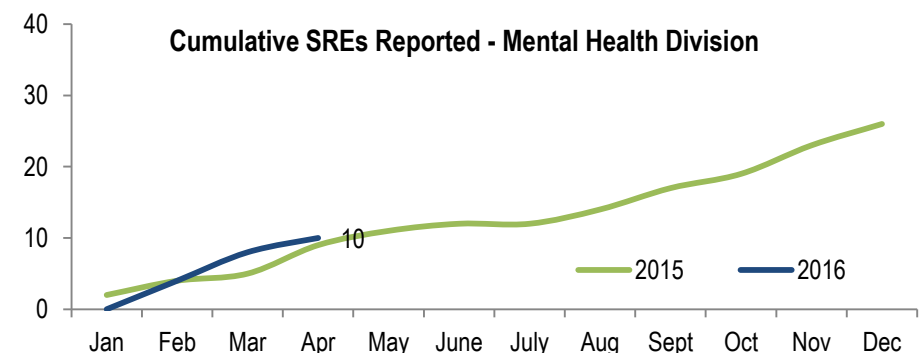
Acute Hospitals Division

- The total number of SREs reported during April 2016 was **17**.
- Since reporting commenced **274** SREs have been reported by the Division



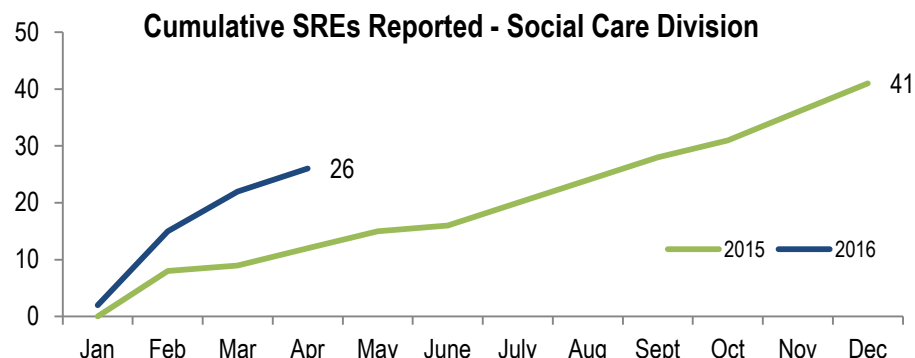
Mental Health Division

- There were **2** new SREs reported during April 2016.
- Since reporting commenced **47** SREs have been reported by the Division.



Social Care Division

- The total number of SREs reported during April 2016 was **4**.
- Since reporting commenced **69** SREs have been reported by the Division.



Other Divisions

- There were no new SREs reported during April 2016.

SRE Compliance (Cumulative 2016)

% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer

Division	Acute Hospitals	Social Care	Mental Health	Other	Total
% Compliance	29%	31%	60%	-	32%

National Incident Management System (NIMS)

Quarterly incident data from NIMS is being produced at a national level.

Healthcare Audit

- 26 audits across 5 themes on-going in April.
- 6 audits were completed in April.

Medical Exposure Radiation Unit

- Review and analysis of patient radiation safety incidents reported by public hospitals to the National Incident Management System is in progress. Analysis of safety incidents reported directly to MERU by private locations is also on-going.
- 13 notifiable incidents have been reported to MERU so far this year.

Complaints

- Continue to work with the Office of the Ombudsman to commence development of *Elearning Tool for Complaint Officer* training.
- 'Your Service Your Say' Review Officer training programme within each of the CHO / Hospital Groups is in progress with **38** Review Officers trained to date.
- The roll out of the *Train the Trainer* 'NIMS Complaints Module' programme commenced within CHO / Hospital Groups.

Appeals Service

- 867** new notifications of appeal were received year to date.
- 908** appeals were processed year to date.

Appeal Type	Received 2016	Processed 2016
Medical / GP Card (General Scheme)	563	601
Medical / GP Visit Card (>70s scheme)	40	48
Nursing Home Support Scheme	143	135
CSAR	15	21
Home Care Package	47	45
Home Help	16	16
Other	43	42
Total	867	908

Operational Performance Overview

Performance RAG Rating

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

Finance RAG Rating

Red ● 1.0% > of target
Amber ● ≥ 0.33% < 1.0% of target
Green ● < 0.33% of target

HR – Absence

Red ● ≥ 4%
Amber ● ≥ 3.7% < 4%
Green ● < 3.7%

HR – Indicative workforce

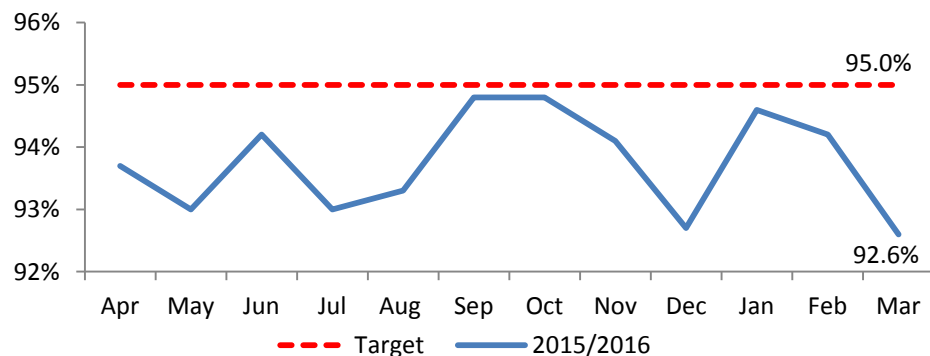
Red ● ≥ 1.5% of target
Amber ● ≥ 0.5% < 1.5% of target
Green ● < 0.5% of target

Health and Wellbeing

Child Health

Child development health screening (month in arrears)

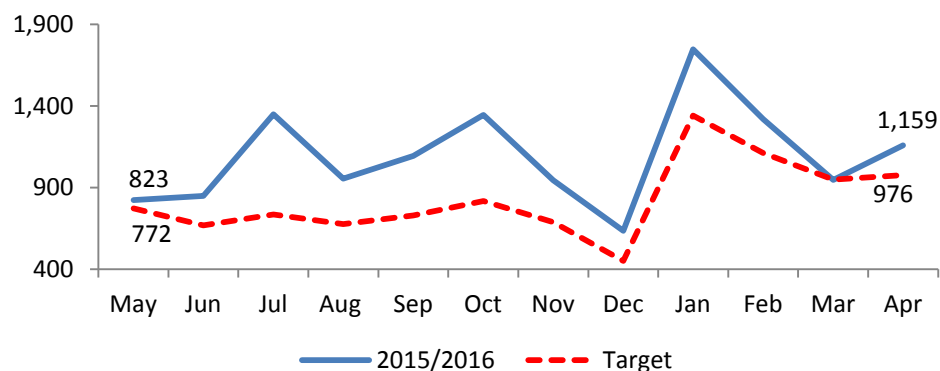
- **92.6%** before 10 months. **94.2%** in February. **93.8%** YTD (Target 95%)
- **Above target:** CHOs 4, 5, 8 and 9 were above the target YTD and all other CHOs were within 5% of the target YTD with the exception of CHO 3 88.4% YTD



Tobacco

Smokers receiving intensive cessation support

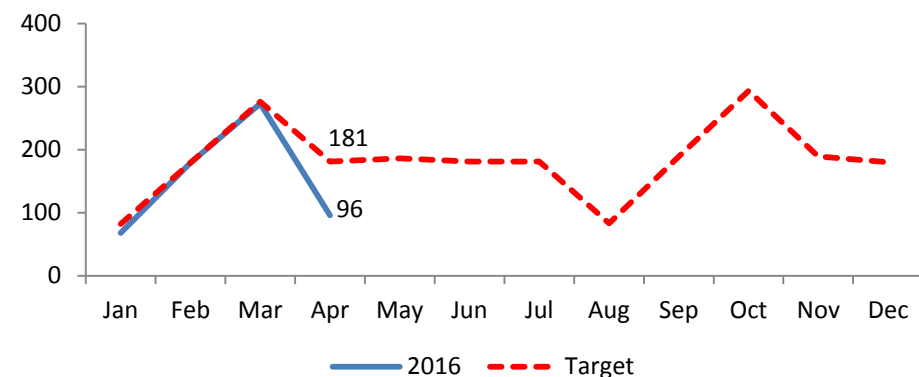
- **1,159** received cessation support. **947** in March. (Target 976)
- **5,171** YTD (Target YTD 4,378)



Healthy Eating Active Living

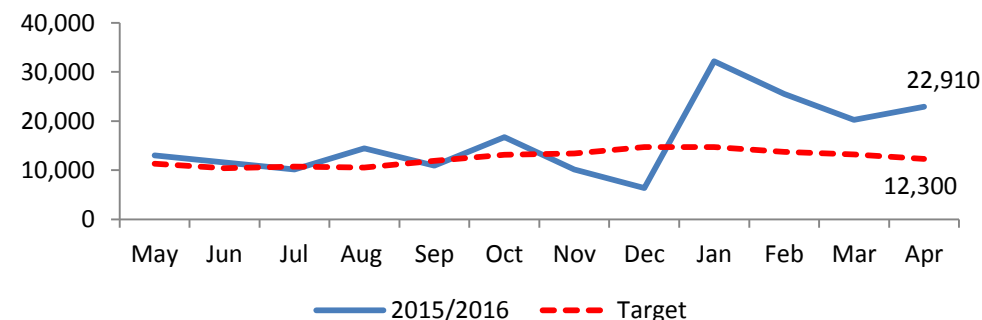
No. of people completing a structured patient education programme for diabetes

- **96** people completed education programmes, **273** in March. (Target 181)
- **616** YTD, -14.2% from YTD target (Target YTD 718)



No. of 5k Parkruns completed by the general public in community settings

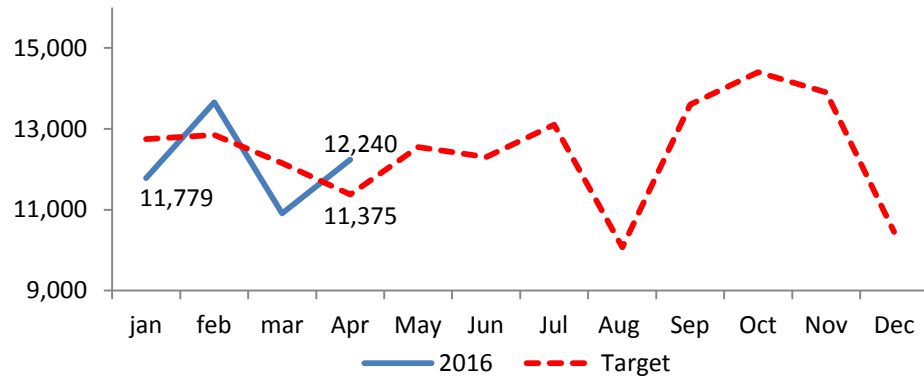
- **22,910** runs were completed, **20,255** in March. (Target 12,300)
- **100,836** YTD, 87.1% ahead of target (Target YTD 53,890)



Screening Services

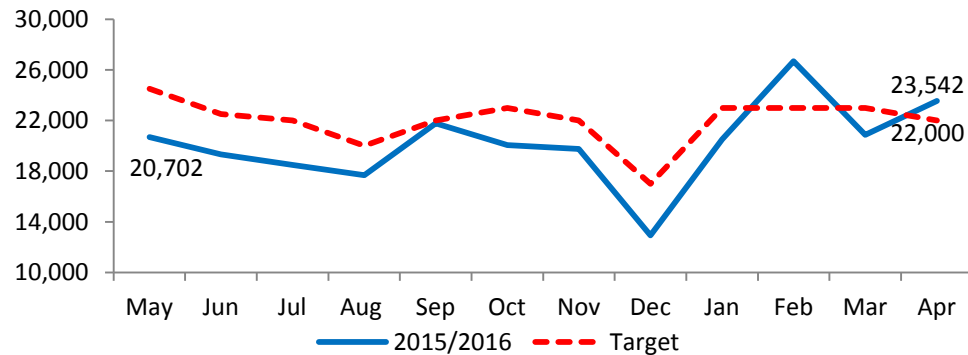
BreastCheck

- **12,240** of eligible women had a mammogram. **10,912** in March. (Target 11,375)
- **48,588** YTD, 1.1% below target (Target YTD 49,125)



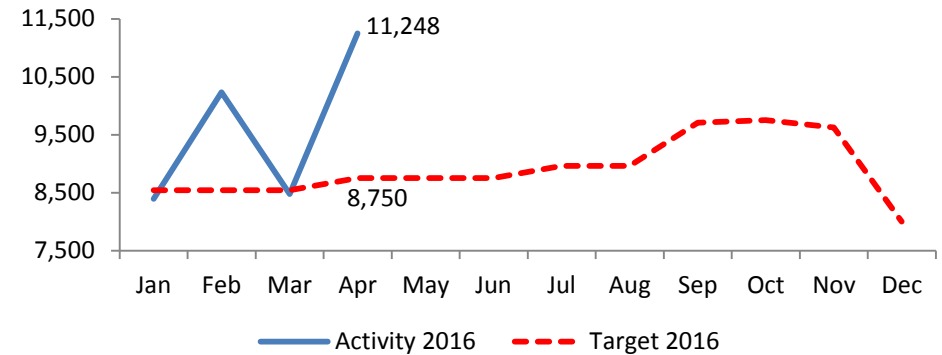
CervicalCheck

- **23,542** women had CervicalCheck screening. **20,854** in March. (Target 22,000)
- **91,590** YTD, 0.6% above target (Target YTD 91,000)



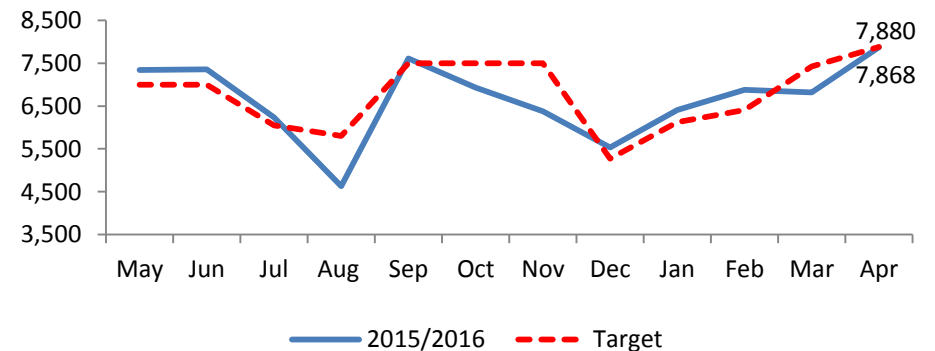
BowelScreen

- **11,248** completed a satisfactory FIT test. **8,474** in March. (Target 8,750)
- **38,347** YTD, 11.6% above target (Target YTD 34,370)



Diabetic RetinaScreen

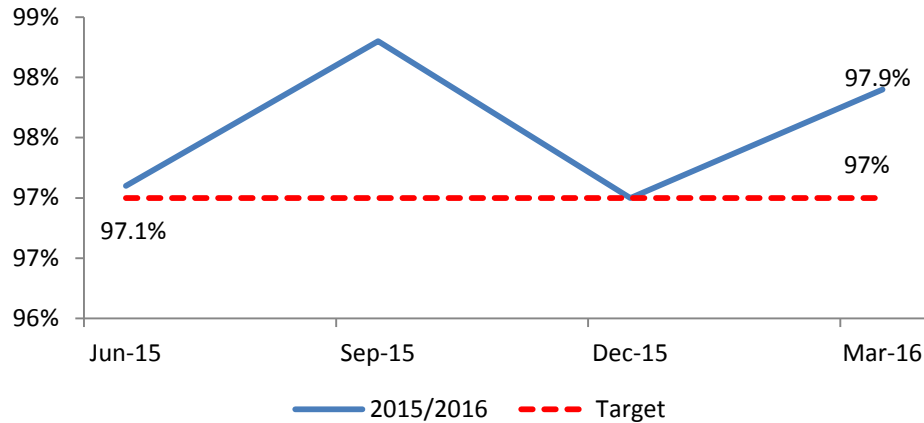
- **7,868** participated in Diabetic RetinaScreen. **6,816** in March. (Target 7,880)
- **27,965** YTD, 0.5% above target (Target YTD 27,829)



Child Health

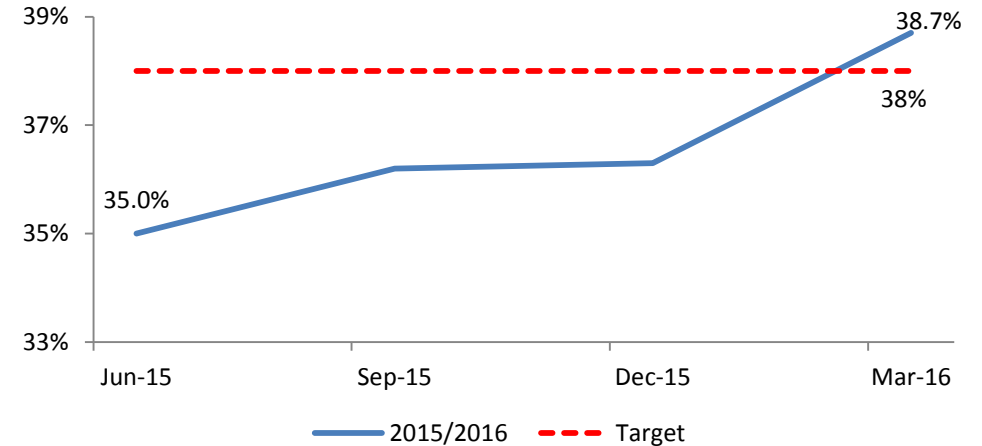
% of babies visited by a PHN within 72 hours (Quarterly)

- **97.9%** visited within 72hrs. **97%** in Q4 2015. (Target 97%)
- All CHOs reported above 97% target in March except CHO's 3 and 7 who reported 96.4% and 94.8% respectively.



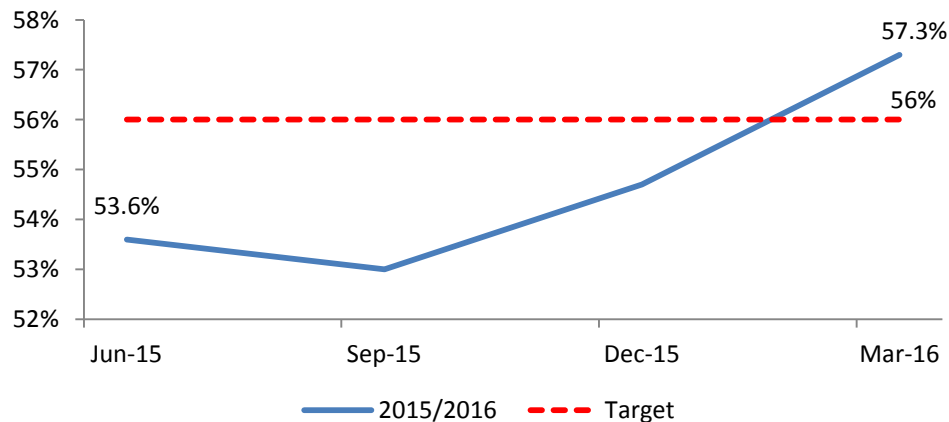
% of babies breastfed at 3 month PHN visit (Quarterly)

- **38.7%** breastfed at 3mth visit. **36.3%** in Q4 2015 (Target 38%)
- CHOs 1,2,3,5 and 7 reported below target, CHO1 the lowest at 22.5% and highest reported was CHO4 with 54.4%



% of babies breastfed at first PHN visit (Quarterly)

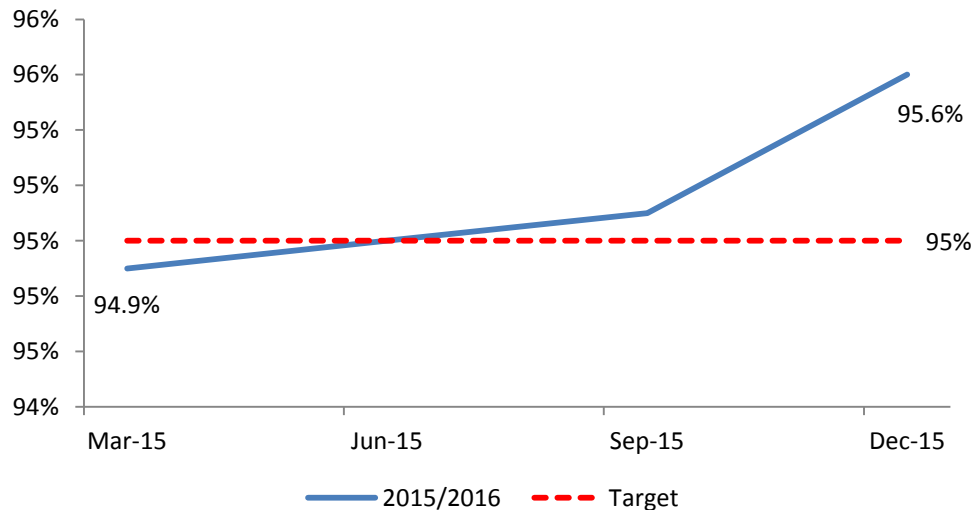
- **57.3%** breastfed at first visit. **54.7%** in Q4 2015 (Target 56%)
- CHOs 1,2,3,5 and 7 reported below target, CHO1 the lowest at 44.6% and highest reported was CHO6 with 71.4%



Immunisations and Vaccines

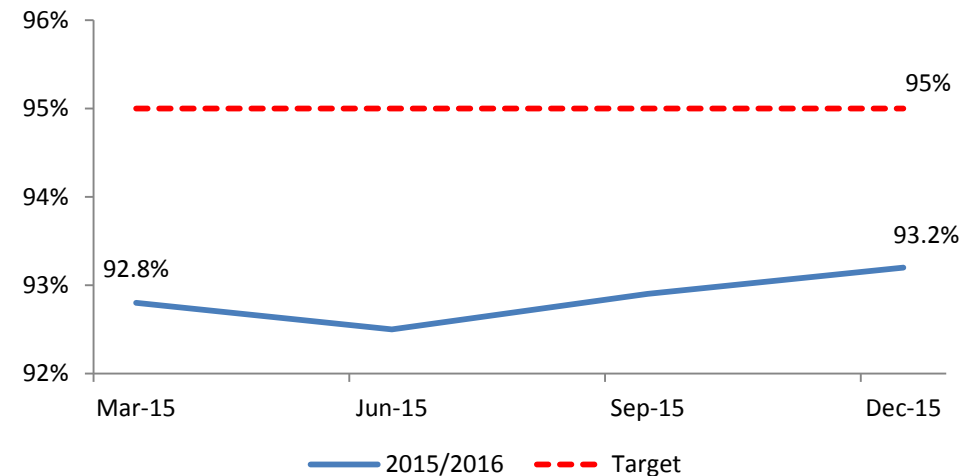
% of children aged 24mths who have received (6 in 1) (Quarterly in arrears)

- **95.6%** of children received the 6 in 1 vaccine. **95.1%** in Q3 2015 (Target 95%)
- Year end 2015 CHOs 3, 6 and 9 reported below target at 93.6%, 94.5% and 92.7% respectively. CHO2 reported the highest number vaccinated at 97.7%



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

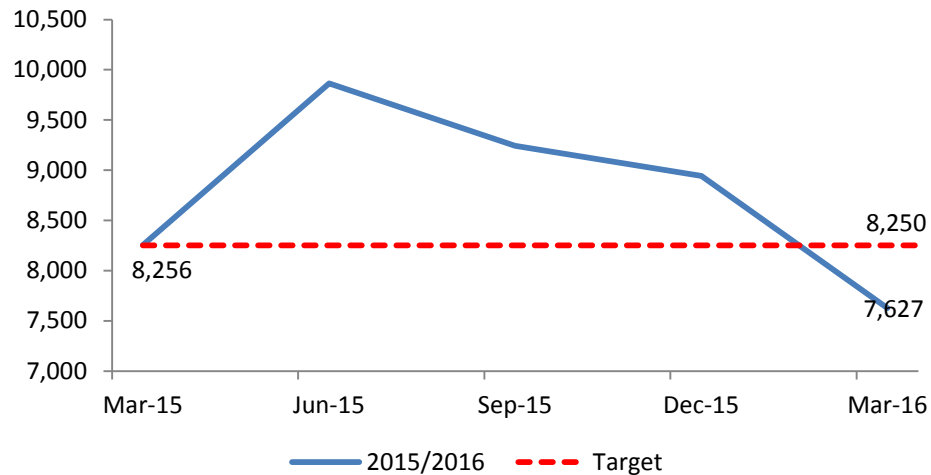
- **93.2%** of children received the MMR vaccine. **92.9%** in Q3 2015 (Target 95%)
- Year end 2015 all CHOs reported below target except CHO2 95.5%. The lowest reported result was CHO9 at 90.1% YTD



Environmental Health

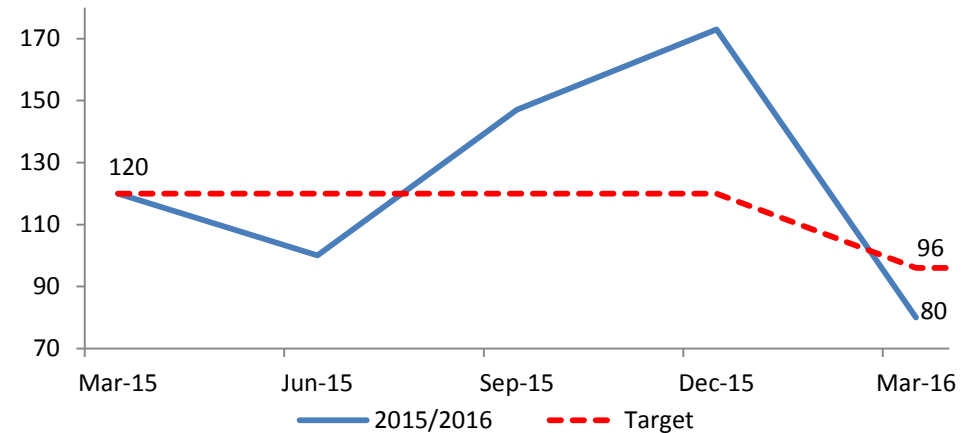
Food control planned and planned surveillance inspections of food businesses (Quarterly)

- **7,627** inspections, **8,942** in Q4 2015 (Target 8,250)
- **8,256** same period 2015 (-7.6% from target YTD)



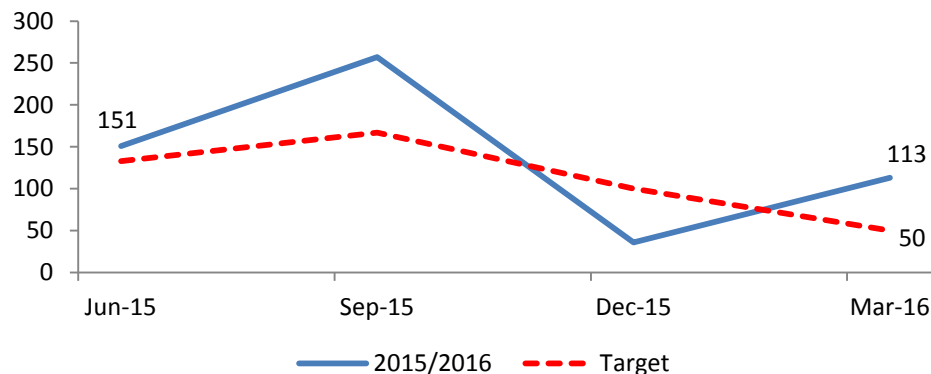
Tobacco sales to minors test purchase inspections (Quarterly)

- **80** test purchases, **173** in Q4 2015 (Target 96)
- **120** same period 2015 (-16.7% from target YTD)



Establishments inspected under Sunbeds Act (Quarterly)

- **113** establishments inspected, **36** in Q4 2015 (Target 50)
- **48** same period 2015 (126% above target)



Health and Wellbeing Commentary

Healthy Ireland

Implementation of Healthy Ireland in the Health Services 2015 – 2017 continued with Saolta, UL, RCSI, Ireland East Hospital Groups and CHO Area 4. Staff communications sessions were held in UL Hospitals Group. The first draft of HI Implementation Plans in the UL Hospital Group was developed and circulated for feedback.

Child developmental health screening

A number of CHOs continue to demonstrate strong uptake rates and this is reflected in the national uptake figures at 93.8% YTD. Regular engagement with the underperforming CHOs indicates a shortage of staff resources in some areas is challenging the achievement of the targets YTD. Performance trends will continue to be monitored as the year progresses.

National Screening Service

CervicalCheck, BowelScreen and Diabetic RetinaScreen programmes are all performing above target YTD. The BreastCheck programme is performing slightly below target at -1.1% YTD. A further analysis shows the number of eligible women who have had a mammogram is exceeding the expected level of activity for April by +7.6% or +865 women. Monthly performance trends in the BreastCheck programme will continue to be monitored as the year progresses.

Health Promotion – Tobacco

Overall the number of frontline staff trained in Brief Intervention Smoking Cessation (BISC) is performing ahead of target at +18.1 % YTD. A further analysis shows performance varies across the CHOs. Through our regular engagement with the CHOs, the Health and Wellbeing Division is encouraging all COs to support frontline staff to attend BISC training.

Healthy Eating Active Living

The performance trends for the new Physical Activity and Dietetic metrics which are being reported for the first time in 2016 will continue be monitored as they develop during the year. The number of 5km Parkruns completed by the general public in community settings is performing strongly and is +87.1% ahead of its target YTD.

Health and Wellbeing Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	NA													
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA													
	Service User Experience																
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer ¹	Q	75%	74.9%	-0.1%												74.9%
Access	National Screening Service																
	Cervicalcheck: % urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	M in arrears	>90%	100%	11.1%										100%	100%	
	Public Health																
Finance	% of children reaching 10 months within the reporting period who have had a child developmental health screening on time or before reaching 10 months of age	M in arrears	95%	93.8%	-1.3%	95.0%	92.6%	88.4%	95.1%	95.1%	94.4%	92.0%	95.2%	95.3%	94.2%	92.6%	
	Health Promotion and Improvement - Tobacco																
Finance	No. of smokers who received intensive cessation support from a cessation counsellor ²	M	4,378	5,171	18.1%	640	0	49	238	112	292	806	399	638	1,319	947	1,159
	Budget Management including savings																
	Net Expenditure variance from plan (within budget Finance 0.33%)																
	- % variance - from budget	M	€60,249	€59,121	-1.87%										-2.47%	-2.03%	-1.87%
	- % variance - Pay (Direct)	M	€30,174	€29,105	-3.54%										-3.52%	-3.35%	-3.54%
	- % variance - Pay (Agency)	M	€93	€56	-39.41%										-32.07%	-33.87%	-39.41%
	- % variance - Pay (Overtime)	M	€81	€68	-16.11%										-24.74%	-17.38%	-16.11%
Finance	- % variance - Non Pay	M	€31,999	€31,979	-0.06%										-1.31%	0.15%	-0.06%
	- % variance – Income	M	-€1,924	-€1,962	2.01%										-0.82%	12.17%	2.01%

¹Quarter 1 return, reflective of all Community Healthcare

²Tobacco cessation: National Quitline 1,997

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Health and Wellbeing Balanced Scorecard/Heat Map Quarterly Metrics

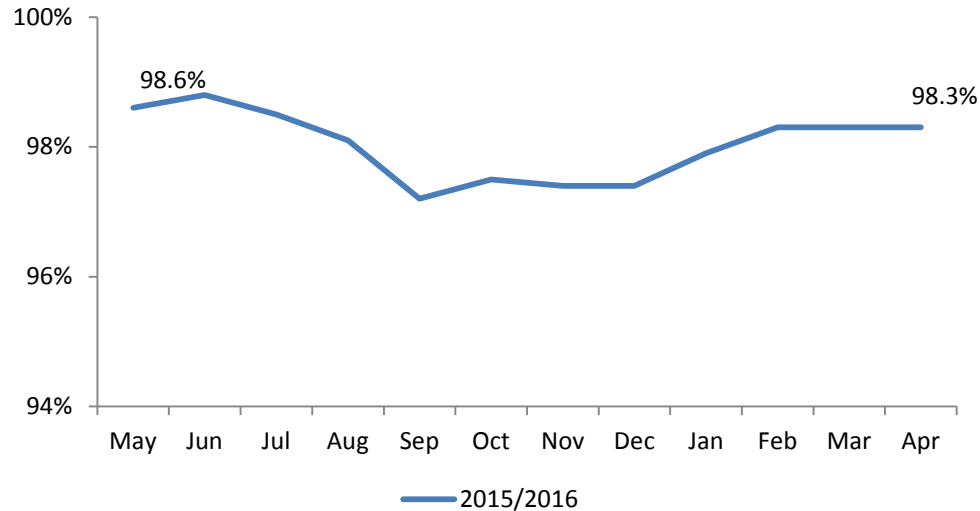
		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Health Promotion and Improvement % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	97.9%	0.9%	97.3%	99.7%	96.4%	100.2%	98.9%	98.6%	94.8%	97.5%	98.3%			97.9%
	National Screening Service Cervical Check: % eligible women with at least one satisfactory Cervicalcheck screening in a 5 year period	Q	>80%	>80%	78.9%	-1.4%											78.9%
Access	Environmental Health Service - Food Safety No. of official food control planned, and planned surveillance inspections of food business	Q	8,250	7,627	-7.6%												7,627

Primary Care

Therapy Waiting Lists

Physiotherapy Assessment Waiting List

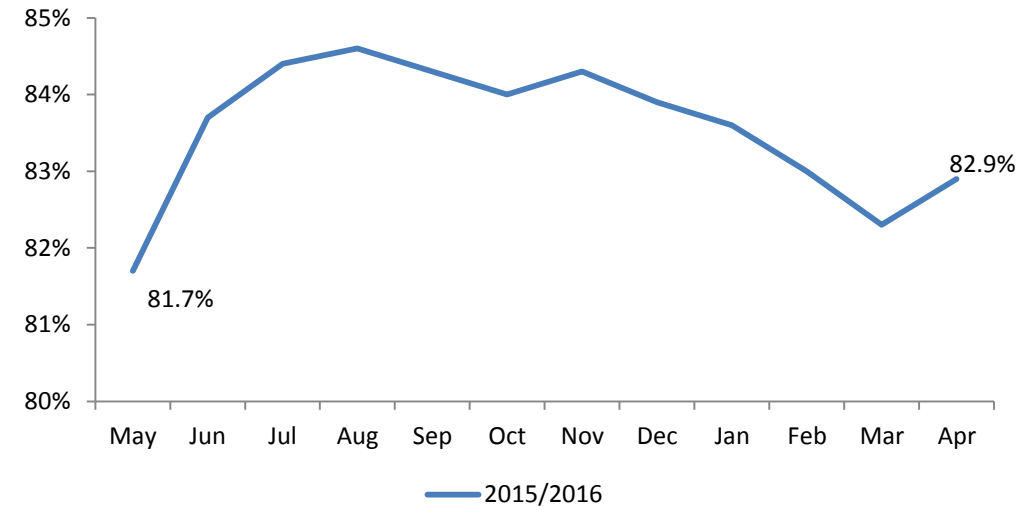
- **98.3% waiting ≤ 52 weeks.** 98.3% in March. (Target 100%)
- **Above target:** CHO6 (100%)
- **Below target:** CHO3 (95%), CHO2 (96.6%) & CHO1 (98.2%)



Physiotherapy Assessment W/L	Feb	Mar	Apr
≤ 12 weeks	18,741	20,484	21,707
>12 weeks ≤ 26 weeks	5,963	5,604	5,682
>26 weeks ≤ 39 weeks	1,869	2,205	2,047
>39 weeks ≤ 52 weeks	711	765	978
> 52 weeks	470	491	515
Total	27,754	29,549	30,929

Occupational Therapy Assessment Waiting List

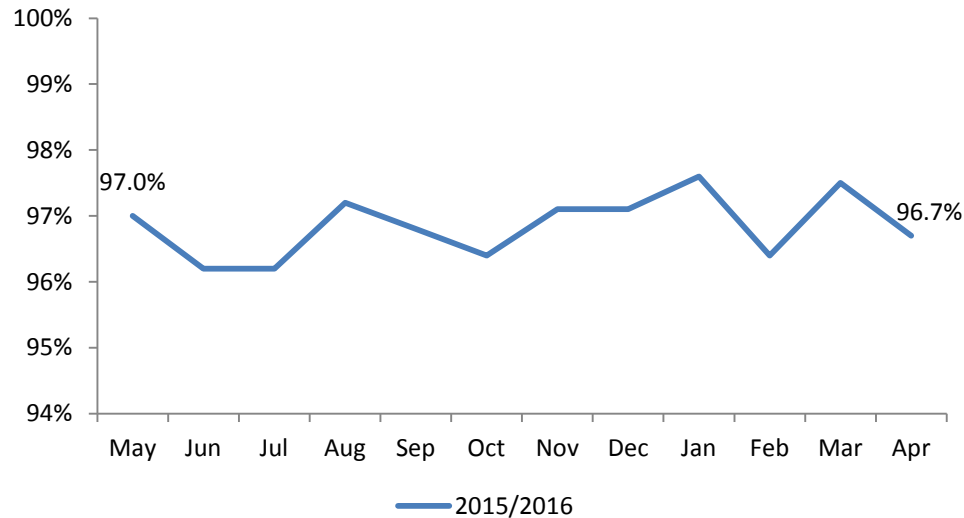
- **82.9% waiting ≤ 52 weeks.** 82.3% in March (Q2 Target 90%)
- **Above target:** CHO3 (99.9%), CHO6 (95.5%) & CHO9 (90.1%)
- **Below target:** CHO4 (71.4%), CHO8 (76.8%) & CHO5 (78.9%)
- Data gaps in 2015



OT Assessment W/L	Feb	Mar	Apr
≤ 12 weeks	8,796	9,438	9,270
>12 weeks ≤ 26 weeks	6,046	5,597	5,977
>26 weeks ≤ 39 weeks	3,350	3,358	3,338
>39 weeks ≤ 52 weeks	2,182	2,493	2,565
> 52 weeks	4,159	4,481	4,370
Total	24,533	25,367	25,520

Speech and Language Therapy Assessment Waiting List

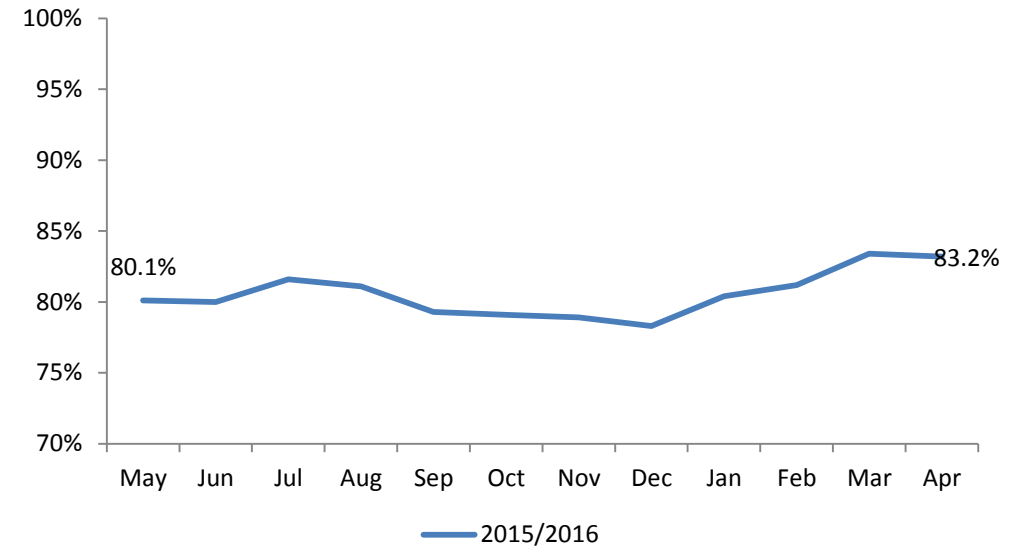
- **96.7% waiting ≤ 52 weeks. 97.5% in March (Target 100%)**
- **Above target:** CHO1 (100%), CHO5 (100%)
- **Below target:** CHO6 (83.3%), CHO2 (93.3%) & CHO4 (94.9%)
- Data gap Meath



SLT Assessment W/L	Feb	Mar	Apr
≤ 52 weeks	13,812	13,280	12,706
> 52 weeks	519	345	430
Total	14,331	13,625	13,136

Speech and Language Therapy Treatment Waiting List

- **83.2% waiting ≤ 52 weeks. 83.4% in March (Q2 Target 90%)**
- **Above target:** CHO1 (100%), CHO6 (97.6%) & CHO9 (96.7%)
- **Below target:** CHO5 (64.7%), CHO4 (79.3%) & CHO7 (87.6%)
- Data gap Meath

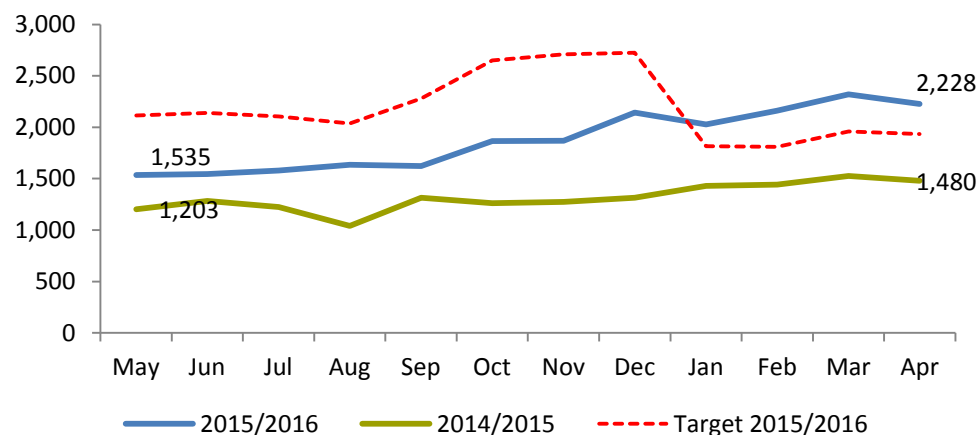


SLT Treatment W/L	Feb	Mar	Apr
≤ 52 weeks	7,416	7,394	6,929
> 52 weeks	1,721	1,471	1,398
Total	9,137	8,865	8,327

Community Intervention Teams (CITs)

Number of referrals

- **2,228** in April. **2,321** in March (Target 1,933)
- **8,735** year to date (Target YTD 7,519)
- **Above target:** CHO4 (109.7%), CHO7 (36.4%) and CHO8 (22.7%)
- **Below target:** CHO5 (-14.9%) and CHO3 (-5%)

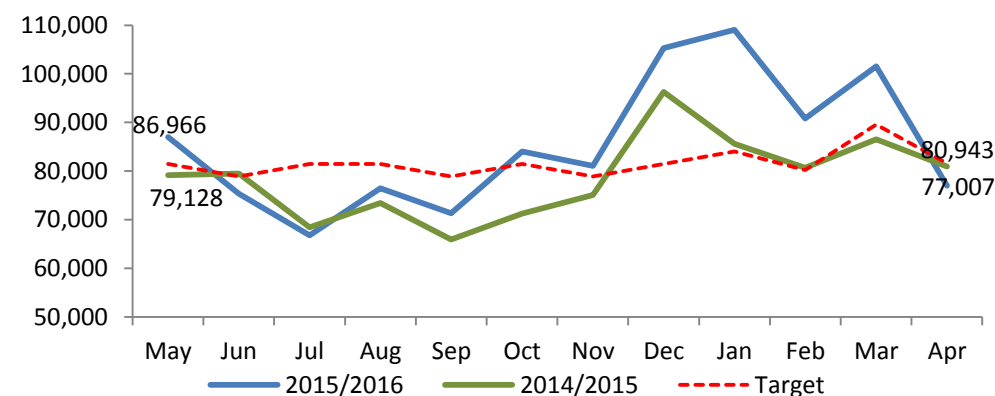


CITs	Feb	Mar	Apr
Admission Avoidance	66	73	78
Hospital Avoidance	1,389	1,468	1,437
Early Discharge	446	529	418
Unscheduled referrals from community sources	261	251	295
National	2,162	2,321	2,228

GP Out of Hours Services

No. of contacts with GP Out of Hours Services

- **77,007** in April. **101,578** in March. (Target 81,611)
- **378,451** year to date (Expected Activity YTD 335,355)
- **Above target:** CareDoc (24.2%), Shannondoc (16.2%) MIDoc (17.7%)
- CareDoc commenced new service in Sligo on 7th February, 2016.
- Data gap Westdoc



Reduced Out of Hours Services

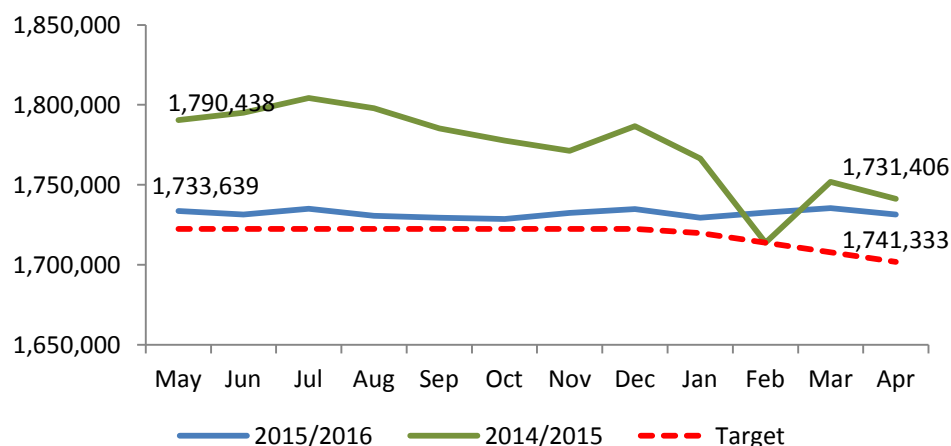
Additional Hours from Reduced Out of Hours Services	Feb	Mar	Apr
National	5,173	5,754	4,823

Reduced hours services operate from 6pm-10pm on weekdays and 10am-6pm on weekends and bank holidays

Medical Cards/GP Visit Cards

Number of Persons covered by Medical Cards

- **1,731,406** people are covered. **1,735,524** in March (Target 1,701,772)
- Of these, 104,671 are covered by a discretionary medical card

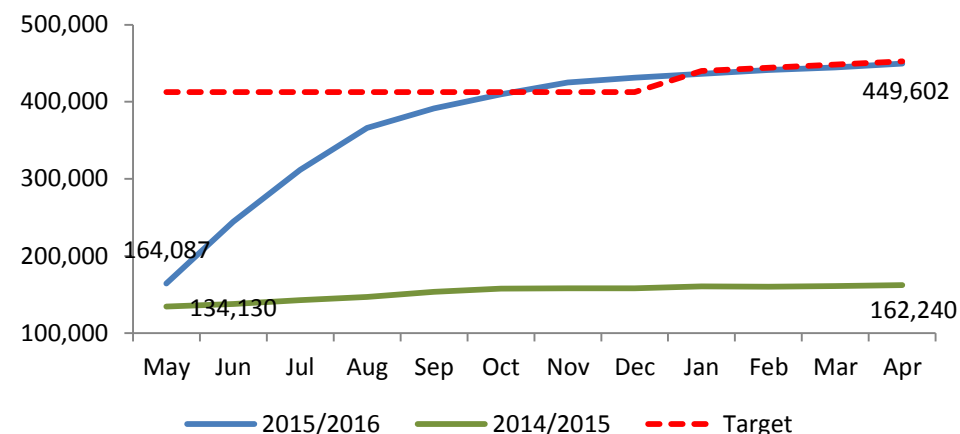


Medical Card/GP Visit Card applications

- **98.1%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **90.8%** of Medical Card / GP visit card applications, assigned for Medical Officer review, **processed within 5 days** has been exceeded (Target 90%).
- **90.4%** of **Medical Card applications** were accurately processed by the National Medical card Unit staff (Target 95%). (based on a sample 5-10% of all applications processed)
- **93.7%** processed without financial error in April 2016. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

Number of persons covered by GP Visit Cards

- **449,602** people are covered. **444,426** in March (Target 452,254)
- Of these, **42,636** are covered by a discretionary GP Visit card



Under 6 GP Visit Cards

- Became available on 1st July 2015
- **239,593** people are currently covered as at 1st May, 2016

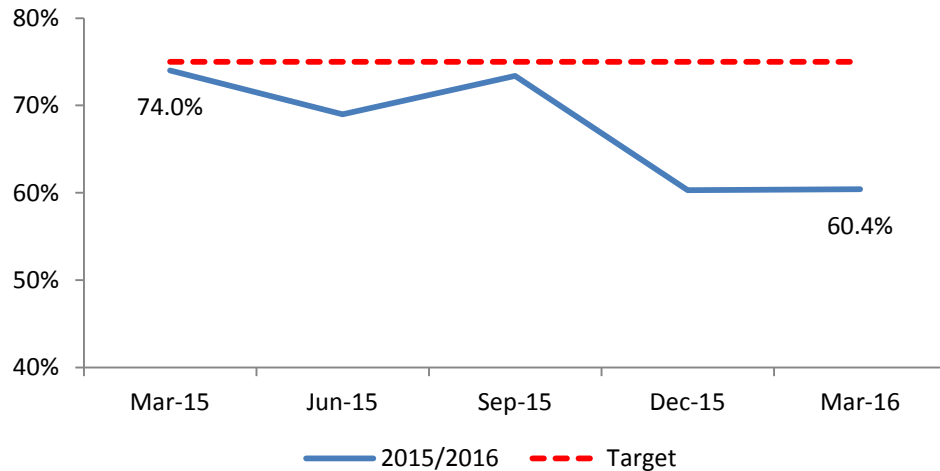
Over 70s GP Visit Cards

- Became available on 1st August 2015
- **85,057** people are currently covered as at 1st May, 2016

Orthodontics

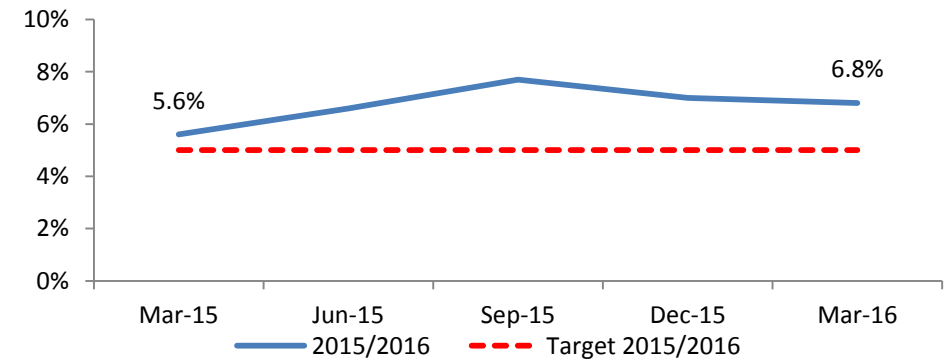
% of Referrals seen for assessment within 6 months (Quarterly)

- **2,103 (60.4%)** in March, **2,300 (60.3%)** in Q4 2015 (Target 75%)
- **Above target:** DML (75.5%) and DNE (100%)
- **Below target:** South (65.1%) and West (27%)



Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V) (Quarterly)

- **1,229 (6.8%)** in March, **1,104 (7.0%)** in Q4 2015 (Target <5%)
- **Above target:** DML (9.8%) and DNE (14.2%)
- **Below target:** South (4.1%) and West (0.4%)



Social Inclusion

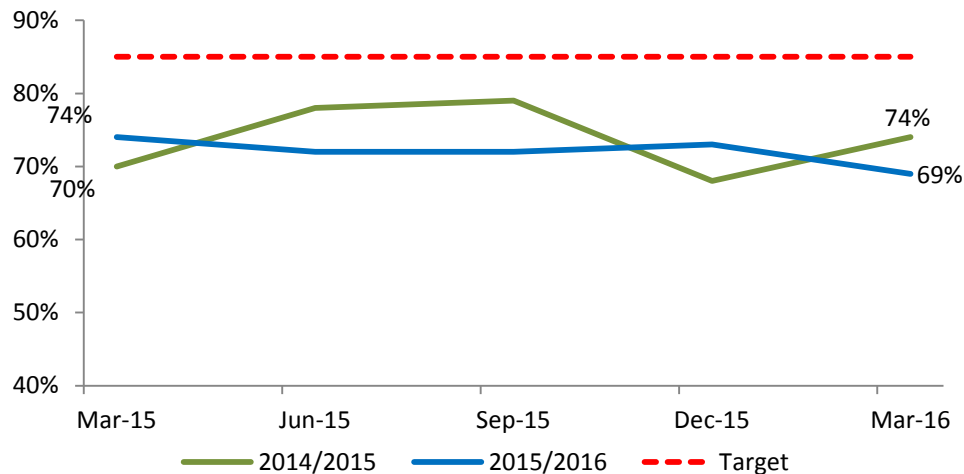
Traveller Health

Awareness of type 2 Diabetes & Cardiovascular health (Quarterly)

- **3,274** in March, **3,272** in Q4 2015 (Target **3,470**)
- **Above target:** CHO4 (201.6%), CHO5 (110.1%) & CHO9 (37.8%)
- **Below target:** CHO1,2,3,6,7,& 8

Homeless services

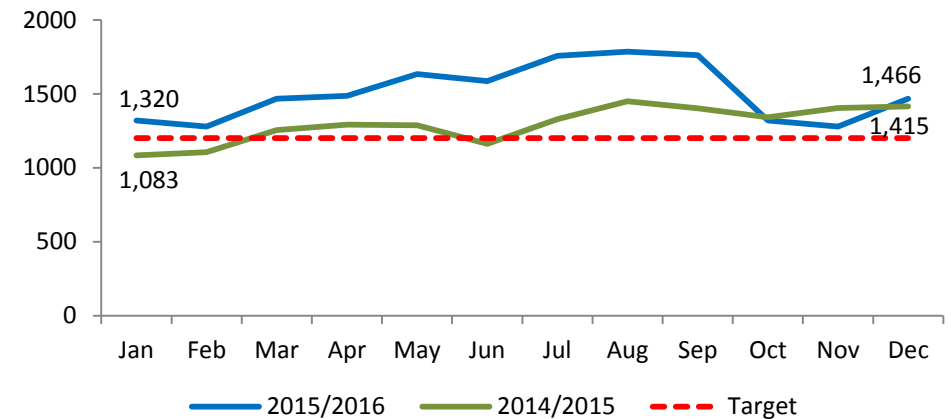
- **Admitted and assessed as part of HNA within 2 weeks (Quarterly)**
- **69%** in March 2016, **73%** in Q4 2015 (Target **85%**)
- **Above target:** CHO2 (94%), & CHO7 (94%)
- **Below target:** CHO1,3,4,5,6,& 9



Needle exchange

Individuals attending needle exchange (Quarterly in arrears)

- **1,669** in December, **1,531** in November (Target 1200)
- **Below target:** CHO3 268 (Target 271)
- Data returned tri monthly, quarterly in arrears



Primary Care Commentary

Quality Performance Indicators

No serious reportable events were reported for this Division during April 2016.

The National Primary Care Quality and Safety Dashboard will be reviewed quarterly at Performance Meetings with the Chief Officers commencing April 2016. Each CHO area continues to submit monthly quality & safety returns and now have access to the monthly and summary reporting function of the dashboard.

A collaborative and cross divisional approach between the Divisions, State Claims Agency, Quality Assurance and Verification Division and Communications will focus on driving phase 2 of NIMS rollout during 2016.

Community Intervention Teams

In addition to the 2,228 referrals in April, there were 34 patients referred to the CIT in South Tipperary which was set up on a short term basis on 20th January 2016, and 83 patients referred to the OPAT Programme.

PCRS

The target for % of properly completed Medical Card / GP visit card applications processed within a 15 working day turnaround time has been exceeded at 98.1%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days has been exceeded at 90.8%.

The target for % of Medical Card applications which are accurately processed by the National Medical card Unit staff has not been met at 90.4%. However, the % processed without financial error equals 93.7%. All errors detected during the QA process are corrected before a final decision is made on the application and, therefore, do not affect cardholders.

Social Inclusion

Opioid Substitute Treatment (month in arrears)

- **9,563** patients received treatment (excluding prisons) as of the end of March which includes **4,103** patients being treated by **351** GPs in the community.
- **652** pharmacies dispensed treatment catering for **6,646** patients.
- **77** HSE clinics were providing treatment and an additional **11** prison clinics were provided in the prison service.
- **59** new patients commenced treatment during March (13 in General Practice, 34 in HSE clinics and 12 in the prison clinics).
- The majority of Opioid Substitution Treatment (OST) KPIs are on target with the exception of transfers. Reasons behind the below target transfer of stabilised clients to the lowest level of complexity (Level 1) from clinics and Level 2 GPs is being examined via Performance Meetings.

Opioid Substitute Treatment Waiting Times (month in arrears):

We are not in a position to provide a commentary due to a full suite of data not being returned. This has been brought to the attention of the CO's as part of the Primary Care Performance Meetings. See Appendix 2: Data Coverage Issues for further details.

Primary Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9		Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events																	
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	NA														
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA														
	Service User Experience																	
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer ³	Q	75%	74.9%	-0.1%													74.9%
Access	Community Intervention Teams																	
	Community Intervention Teams (number of referrals)	M	7,519	8,735	16.2%	No service	277	1,447	948	820	410	2,736	384	1,713		2,162	2,321	2,228
	GP Activity																	
	No of contacts with GP Out of Hours service	M	335,355	378,451(i)	13.4%											90,803	101,578	77,007(i)
	Speech & Language Therapy																	
	% on waiting lists for assessment ≤ 52 weeks	M	100%	96.7%(i)	-3.3%	100%	93.3%	98.7%	94.9%	100.0%	83.3%	96.8%	99.8%(i)	96.8%		96.4%	97.5%	96.7%(i0)
	% on waiting list for treatment ≤ 52 weeks	M	Q2 90%	83.2%(i)	-7.5%	100%	96.2%	92.2%	79.3%	64.7%	97.6%	87.6%	88.8%(i)	96.7%		81.2%	83.4%	83.2%(i)
	Physiotherapy																	
	% on waiting list for assessment ≤ 52 weeks	M	100%	98.3%	-1.7%	98.2%	96.6%	95.0%	99.9%	99.9%	100.0%	98.5%	98.9%	99.3%		98.3%	98.3%	98.3%
	Occupational Therapy:																	
	% on waiting list for assessment ≤ 52 weeks	M	Q2 90%	82.9%	-7.9%	84.1%	87.7%	99.9%	71.4%	78.9%	95.5%	88.8%	76.8%	90.1%		83.0%	82.3%	82.9%
	Primary Care Reimbursement Scheme																	
% of properly completed Medical/GP Visit Card	M	95%	98.1%	3.2%											98.2%	97.6%	98.1%	

³ Quarter 1 return, reflective of all Community Healthcare Health Service Performance Report March/April 2016

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	applications processed within the 15 day turnaround																
	No. of persons covered by Medical Cards	M	1,701,772	1,731,406	1.7%										1,732,749	1,735,524	1,731,406
	No. of persons covered by GP Visit Cards	M	452,254	449,602	-0.6%										441,054	444,426	449,602
	Social Inclusion																
	Opioid substitution treatment (outside prisons)	M arrears	9,515	9,563	0.5%	90	131	282	428	458	991	3,690	564	2,929	9,542	9,563	
Finance	Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)																
	% variance - from budget	M	€1,211,962	€1,230,385	1.52%	5.01%	5.26%	3.59%	1.45%	1.61%	2.17%	1.29%	3.52%	2.05%	0.51%	0.75%	1.52%
	- % variance - Pay (Direct)	M	€200,784	€204,053	1.63%										2.41%	1.64%	1.63%
	- % variance - Pay (Agency)	M	€3,870	€5,312	37.24%										31.41%	32.98%	37.24%
	- % variance - Pay (Overtime)	M	€1,007	€1,082	7.46%										6.73%	9.06%	7.46%
	- % variance - Non Pay	M	€1,058,754	€1,077,019	1.73%										0.32%	0.79%	1.73%
	- % variance – Income	M	-€48,332	-€51,394	6.33%										4.12%	5.23%	6.33%
	Primary Care	M	€250,727	€253,575	1.14%	4.43%	5.75%	4.76%	1.42%	2.44%	1.84%	1.97%	3.48%	2.46%	1.22%	1.12%	1.14%
	Social Inclusion	M	€42,437	€42,957	1.23%	14.32%	-0.46%	0.78%	1.57%	-6.21%	10.88%	0.92%	-0.02%	1.77%	0.86%	0.56%	1.23%
	Palliative Care	M	€24,782	€25,050	1.08%	9.13%	4.68%	0.37%	1.54%	1.11%	-5.50%	-0.25%	7.41%	0.07%	3.73%	3.46%	1.08%
	PCRS	M	€813,955	€828,777	1.82%										0.29%	0.84%	1.82%
	Community Demand Led Schemes	M	€80,062	€80,026	-0.04%										-0.67%	-2.05%	-0.04%
	Service Arrangements																
	No and % of Service Arrangements signed – Primary Care (05/05/16)	M	100%	168 97.11%	2.89%										9.68%	84.00%	97.11%
	€ value and % of Service Arrangements signed- Primary Care (05/05/16)	M	100%	€38,683 97.64%	2.36%										20.16%	95.70%	97.64%
	No and % of Service Arrangements signed – Social Inclusion (05/05/16)	M	100%	505 99.41%	0.59%										31.98%	96.07%	99.41%
	€ value and % of Service Arrangements signed- Social Inclusion (05/05/16)	M	100%	€82,337 99.25%	0.75%										33.77%	98.62%	99.25%

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9		Current (-2)	Current (-1)	Current
HR	% Absenteeism																	
	Overall	M in arrears	3.50%	4.85%	38.57%	5.55%	3.96%	5.17%	3.50%	5.08%	4.68%	5.19%	4.92%	4.94%		4.90%	4.81%	
	Medical/Dental			3.26%	-6.85%	4.79%	2.41%	0.72%	2.49%	2.83%	5.05%	3.44%	1.48%	8.08%		3.33%	3.04%	
	Nursing			4.96%	41.71%	5.43%	4.60%	5.01%	3.14%	6.05%	3.34%	5.54%	5.94%	4.79%		5.15%	4.69%	
	Health and Social Care Professional			4.19%	19.71%	5.30%	3.80%	6.22%	3.35%	5.06%	4.62%	4.04%	4.49%	2.80%		4.44%	4.16%	
	Management/Admin			5.42%	54.85%	6.13%	4.89%	5.40%	4.31%	4.72%	5.77%	4.97%	5.73%	4.74%		5.39%	5.36%	
	General Support staff			4.80%	37.14%	6.69%	1.87%	6.07%	6.79%	7.51%	4.56%	4.04%	4.54%	3.85%		5.27%	4.50%	
	Other Patient and Client staff			1.96%	-44%	4.63%	2.67%	7.73%	3.82%	4.12%	5.33%	8.67%	3.76%	16.02%		0.69%	7.93%	
	Staffing Levels and Costs																	
	WTE change from previous month	M		10,544	55	12	5	2	2	11	-1	7	11	-1		26	31	55
Variance from funding staffing thresholds	M		Data not yet available															

Primary Care Balanced Scorecard/Heat Map Quarterly Metrics

		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Safety Incident reporting⁴																
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	37%	-58.9%	42%	49%	65%	28%	25%	49%	19%	41%	8%			37%
Access	Orthodontics:																
	% of referrals seen for assessment within 6 months	Q	75%	60.4%	-19.5%												60.4%
	Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	Q	<5%	6.8%	36.6%												6.8%

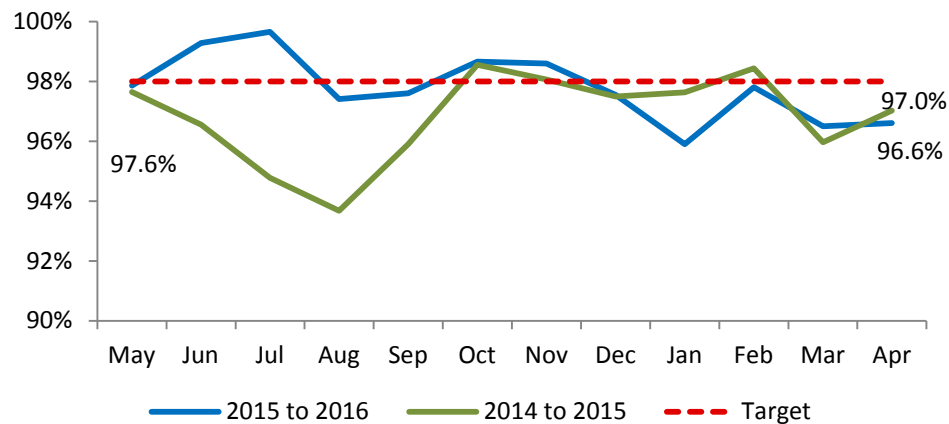
⁴ Safety Incidents is reflective of all of Community Healthcare Health Service Performance Report March/April 2016

Palliative Care

Access to Services

Access to specialist inpatient bed

- **96.6%** waited ≤ 7 days. **96.5%** in March. **96.6%** YTD (Target 98%)
- Number of patients waiting decreased from **299** in March to **288** in April
- **235** new patients admitted in April, **253** in March, **989** YTD
- **Above target:** CHO1, 3, 4, 5 & 6 achieved 100%.
- **Below target:** CHO9 90.3%, CHO7 95.3% & CHO2 96.6%

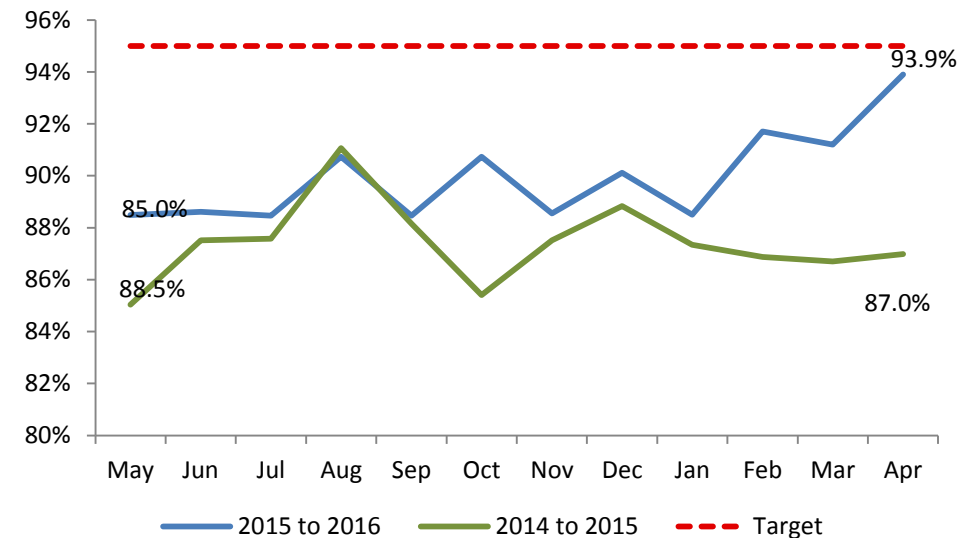


Children in the care of the children's outreach nursing team/specialist palliative care team

- **430** in the care of the Outreach Team, **420** in March. (Target 370)
- **Above target:** 7 CHO's reported performance above target. CHOs 1 & 9 are in process of recruiting an additional CNS each

Specialist palliative care services in the community

- **93.9%** waited ≤ 7 days. **90.7%** in March. **91.3%** YTD (Target 95%)
- **Above target:** CHO3 100%, CHO6 100% & CHO5 98.9%
- **Below target:** CHO2 86.1%, CHO9 90.9%, CHO8 91.9%, CHO4 92.1%, CHO1 93.3% & CHO7 93.8%



- The number of new patients seen or admitted to community services decreased from **838** in March to **824** in April
- **3,581** patients in receipt of community services, **3,488** in March. (Target 3,309). Increase of 93 (2.6%) on March. Patients are triaged and are seen based on urgency.

Palliative Care Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Access	Access to specialist inpatient bed within 7 days	M	98%	96.6%	-1.4%	100%	94.2%	100%	100%	100%	89.4%	93.3%	No service	94.6%	97.8%	96.5%	96.6%
	Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	91.3%	-3.9%	94%	93.1%	91.3%	94.5%	96%	81.3%	82.4%	92.2%	91.2%	91.7%	90.7%	93.9%
	No of patients in receipt of specialist palliative care in the community (in month)	M	3,309	3,581	8.2%	374	407	491	623	442	261	231	439	313	3,460	3,367	3,581
	No. of children in the care of the children's outreach nursing team / specialist palliative care team) (in month)	M	370	430	16.2%	13	30	32	42	36	16	181	50	30	430	420	430
Finance	Budget Management including savings																
	Net Expenditure variance from plan (within budget 0.33%)																
	% variance - from budget	M	€24,782	€25,050	1.08%	9.13%	4.68%	0.37%	1.54%	1.11%	-5.50%	-0.25%	7.41%	0.07%	3.73%	3.46%	1.08%
	- % variance - Pay (Direct)	M	€12,227	€12,377	1.23%										2.36%	1.37%	1.23%
	- % variance - Pay (Agency)	M	€332	€390	17.32%										22.69%	15.25%	17.32%
	- % variance - Pay (Overtime)	M	€236	€257	9.09%										2.84%	17.21%	9.09%
	- % variance - Non Pay	M	€15,395	€15,349	-0.30%										2.79%	3.09%	-0.30%
	- % variance – Income	M	-€3,267	-€3,029	-7.28%										-7.59%	-8.81%	-7.28%
	Service Arrangements																
	No and % of Service Arrangements signed (05/05/16)	M	100%	20 90.91%	9.09%										31.82%	86.36%	90.91%
	€ value and % of Service Arrangements signed (05/05/16)	M	100%	€58,359 99.50%	0.50%										22.41%	99.12%	99.50%

Acute Hospitals

Overview of key acute hospital activity

Activity Area	Result YTD April 2016	Against expected activity YTD	Result YTD April 2015	SPLY % Var	Result Feb 2016	Result Mar 2016	Result Apr 2016
Emergency Presentations	448,969	6.8% (28,436)	424,785	5.7% (24,184)	108,158	115,965	113,862
New ED attendances	380,707	6.0% (21,397)	359,446	5.9% (21,261)	91,564	98,420	96,380
OPD Attendances	1,118,080	3.8% (41,072)	1,095,751	2.0% (22,329)	282,956	274,879	288,388

From January 2016 all metrics in the table below are using HIPE data which replaces PAS data that was used in published reports in previous years. For comparison purposes 2016 reports will compare against equivalent HIPE data in 2015. In accordance with Healthcare Pricing Office (HPO) requirements hospitals are expected to have all cases coded within 30 days of discharge e.g. all March discharges fully coded by the end of April.

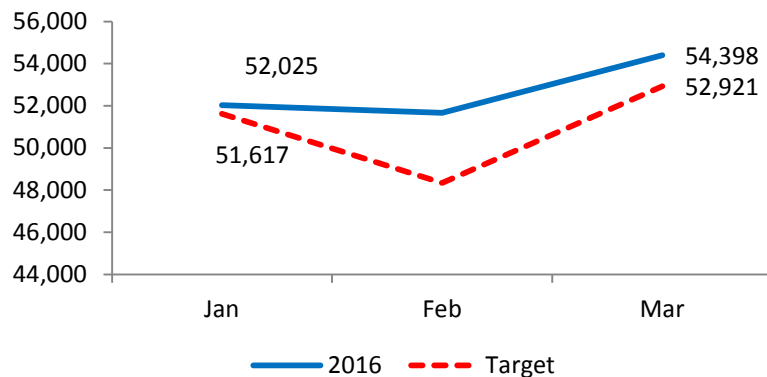
Activity Area	Result YTD March 2016	Against expected activity YTD	Result YTD March 2015	SPLY % Var	Result Jan 2016	Result Feb 2016	Result Mar 2016
Inpatients discharges*	158,081	3.4% (5,204)	152,893	3.4% (5,188)	52,025	51,658	54,398
Day case discharges*	261,635	4.5% (11,365)	250,777	4.3% (10,858)	84,392	88,909	88,334
Inpatient & Day Cases*	419,716	4.1% (16,569)	403,670	4.0% (16,046)	136,417	140,567	142,732
% Inpatient*	37.7%		37.9%	-0.2%	38.1%	36.7%	38.1%
% Day Cases*	62.3%		62.1%	0.2%	61.9%	63.3%	61.9%
Elective Inpatient Discharges	22,046	0.3% (69)	21,957	0.4% (89)	6,769	7,670	7,607
Emergency Inpatient Discharges	107,689	5.9% (6,002)	101,710	5.9% (5,979)	35,582	34,886	37,221
Maternity Inpatient Discharges	28,346	-3.0% (-867)	29,226	-3.0% (-880)	9,674	9,102	9,570

Inpatient and Daycases

(Month in arrears)

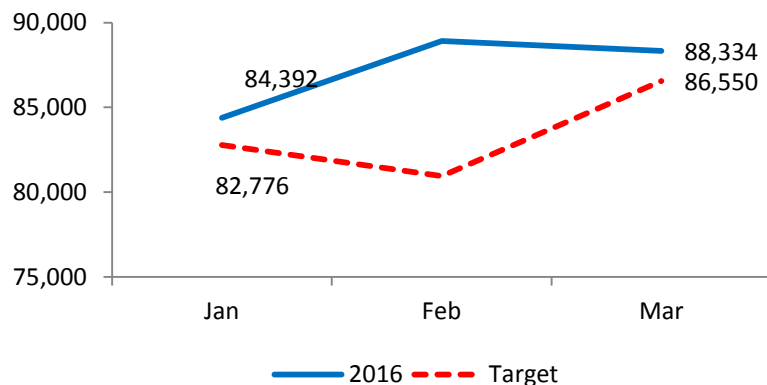
Inpatient Discharges

- **54,398** inpatient discharges, **51,658** reported in February (158,081 YTD)
- **3.4%** more than the same period last year (YTD)



Day Cases

- **88,334** day cases, **88,909** reported in February (261,635 YTD)
- **4.3%** more than the same period last year (YTD)



Elective Inpatient Discharges

- **7,607** elective discharges, **7,670** reported in February (22,046 YTD)
- **0.4%** more than the same period last year (YTD)

Emergency Inpatient Discharges

- **37,221** emergency discharges, **34,886** reported in February (107,689 YTD)
- **5.9%** more than the same period last year (YTD)

Maternity Inpatient Discharges

- **9,570** maternity discharges, **9,102** reported in February (28,346 YTD)
- **3.0%** less than the same period last year (YTD)

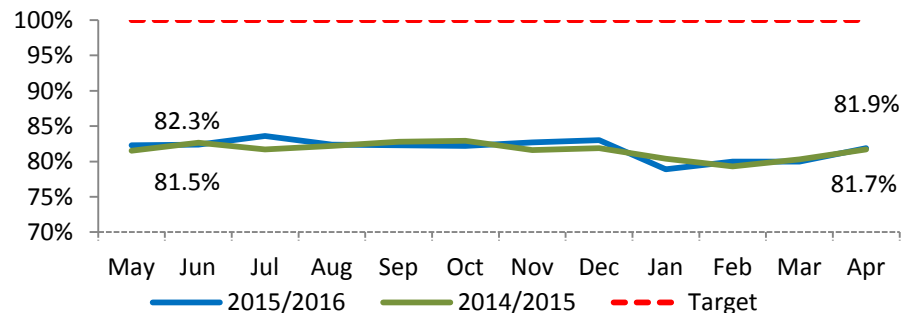
Emergency Departments

Numbers attending ED

- **104,386** attended ED, **106,245** in March (Target 100,654)
- **411,325** YTD attended ED (Target YTD 390,070)
- **96,380** were new attendances, **98,420** in March (380,707 YTD)

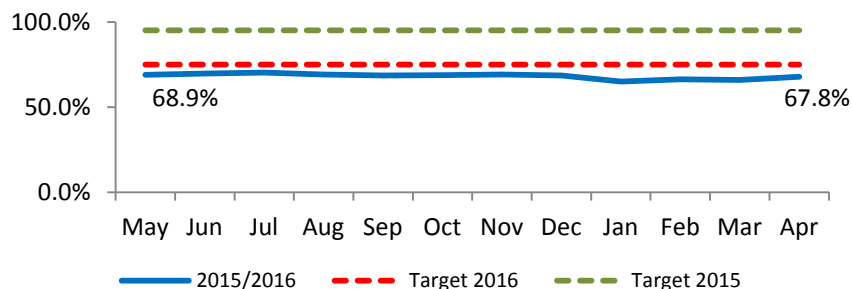
Admitted or discharged within 9 hours

- **81,592 (81.9%)** within 9 hours, **81,851 (80%)** in March. (Target 100%)
- **317,404 (80.1%)** YTD



Admitted or discharged within 6 hours

- **67,492 (67.8%)** within 6 hours, **67,406 (65.9%)** in March. (Target 75%)
- **261,856 (66.1%)** YTD

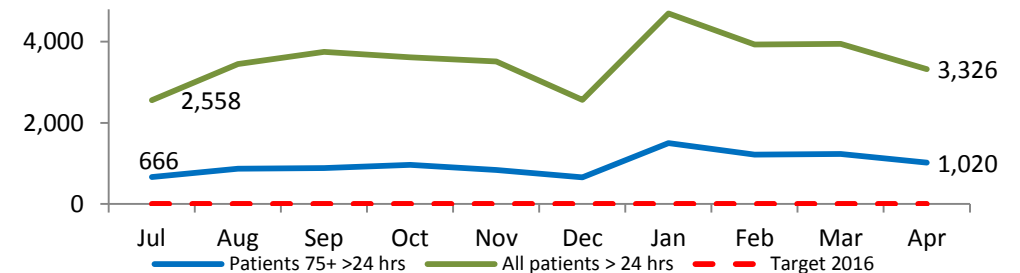


Over 75 years admitted or discharged within 9 hours

- **7,082 (63.1%)** within 9 hours in April (Target 100%)
- **4,148 (36.9%)** waited over 9 hours, **4,868 (40.9%)** in March. **18,635 (40.8%)** YTD

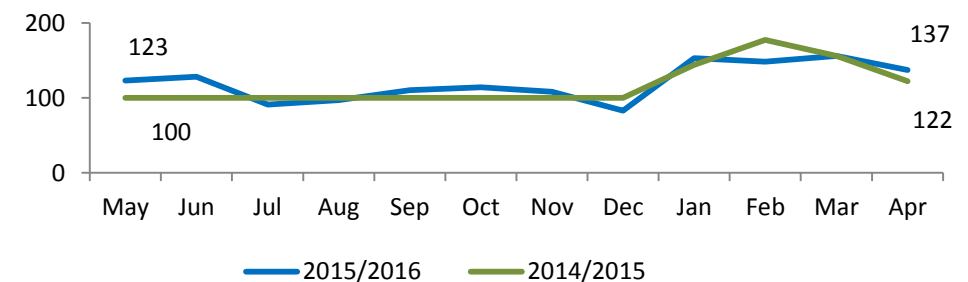
ED over 24 hours

- **96,287 (96.7%)** < 24 hours Target 100%
- **3,326 (3.3%)** waited more than 24 hours, **3,949 (3.9%)** in March
- **16,473 (4.2%)** YTD
- **1,020 (9.1%)** over 75 years of age waited for more than 24 hours. **1,235 (10.4%)** in March. **5,157 (11.3%)** YTD
- **Below target > 24 hours** (3 outliers): Galway 343, Limerick 363 and Beaumont 468
- **Below target over 75 years of age** (3 outliers): Limerick 117, Galway 138 and Beaumont 189



Average over 9 hours awaiting admission

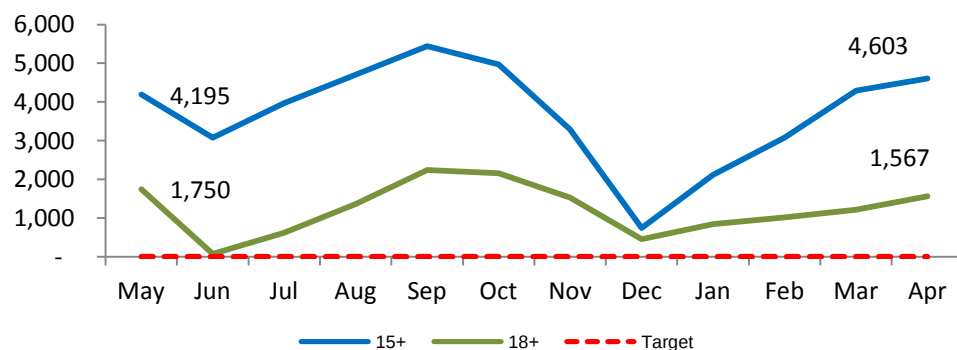
- **137** was the average daily number of patients waiting for over 9 hours, **156** in March



Waiting Lists

Inpatient and Day case Waiting List

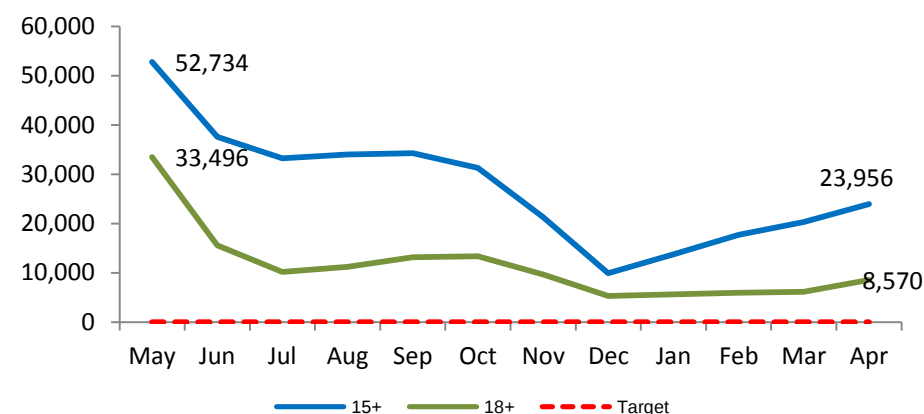
- **74,274** waiting for an inpatient/day case procedure. **72,881** in March
- **1,567 (2.1%)** waiting over **18 months**. **1,214 (1.7%)** in March
- **4,603 (6.2%)** waiting over **15 months**. **4,296 (5.9%)** in March
- **Below target** > 18 months: Drogheda (64), Beaumont (332), Galway (501)
- **Below target** > 15 months: Drogheda (113), Beaumont (657), Galway (1,290)



Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		19,993	9,491	4,342	1,462	66,487
Child IPDC	3,987	2,026	763	261	105	7,787
OPD		120,031	56,167	23,956	8,570	407,257

Outpatient Waiting List Update

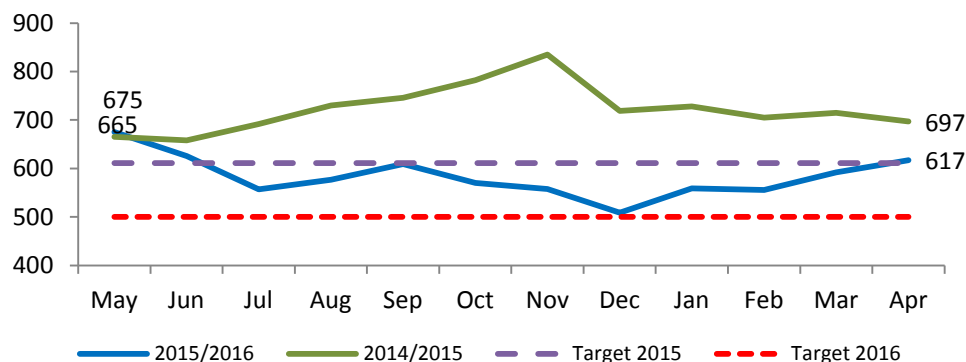
- **407,257** waiting for outpatient appointments. **399,086** in March
- **8,570 (2.1%)** waiting over **18 months**. **6,114 (1.5%)** in March
- **23,956 (5.9%)** waiting over **15 months**. **20,267 (5.1%)** in March
- **Below target** > 18 months: St Columcille's (365), Letterkenny (711), Mayo (359), Beaumont (1,646)
- **Below target** > 15 months: St Columcille's (489), Beaumont (3,129) & Mayo (704)



Delayed Discharges

Number of Delayed Discharges

- **617** delayed discharges. **592** in March (Target <500)
- **Best Performers:** Cappagh 0 (4), Sligo 4 (5), Naas 7 (8)
- **Outliers:** St. James's 72 (65), Mater 51 (49), Drogheda 44 (38)



Delayed Discharges by Destination (26/04/2016)	Over 65	Under 65	Total No.	Total %
Home	85	17	102	16.5%
Long Term Nursing Care	357	52	409	66.3%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	76	30	106	17.2%
Total	518	99	617	100.0%

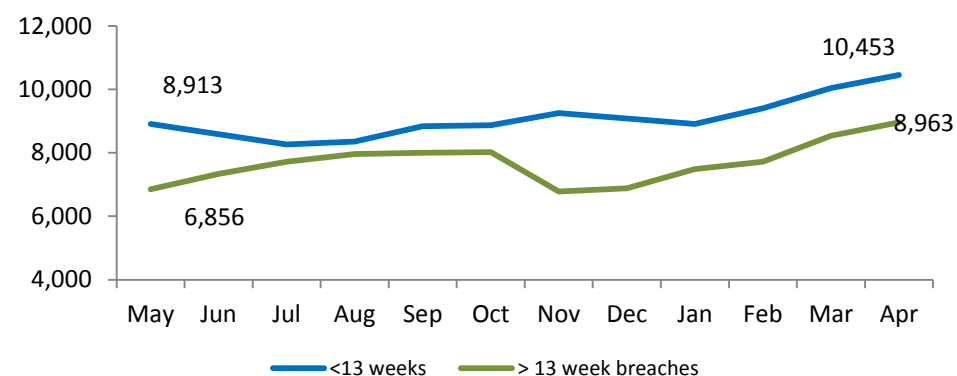
GI Scopes

Urgent Colonoscopy (<28 days)

- **1,554 (99.7%)** < 28 days, **1,368 (99.9%)** in March (Target 100%)
- **54** breaches in the month of April 2016 representing 51 new patients (3 Tullamore, 35 St James, 13 Tallaght)
- All patients except five were seen in April and the five remaining patients were seen by 23rd May

Numbers on waiting list for GI Scopes

- **19,416** on the waiting list for routine colonoscopy. **18,579** in March
- **8,963** waiting over 13 weeks. **8,539** in March
- **53.8%** waiting less than 13 weeks. **54%** in March (Target 70%)



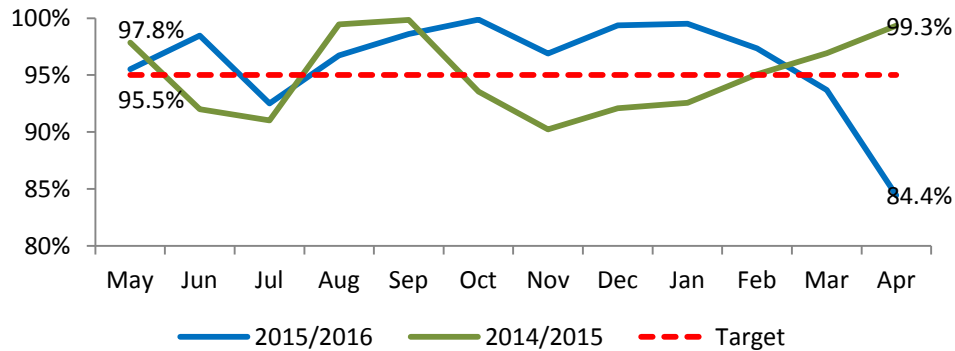
Surveillance GI Scopes

- **5,062** planned GI scopes with date in the past, **4,895** in March
- **30,027** planned GI scopes with date in the future, **29,828** in March
- **2,115** planned without date, **2,469** in March

Cancer Services

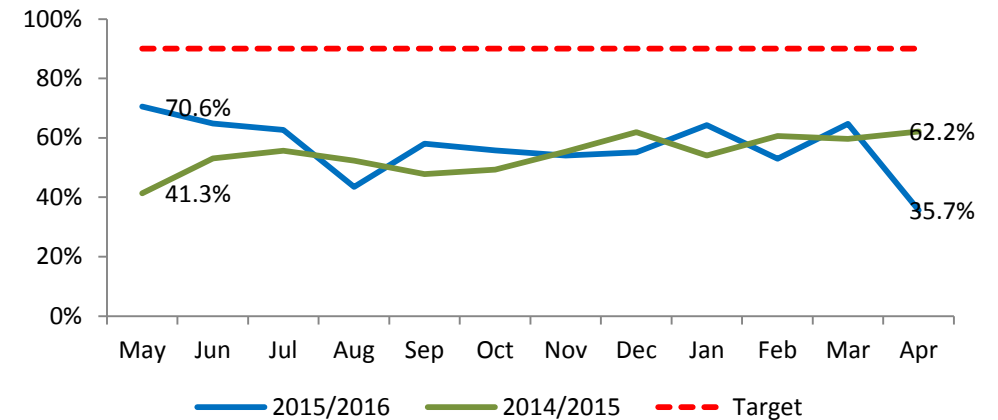
Breast cancer assessment within 2 weeks

- **84.4%** were seen within 2 weeks of referral, **93.7%** in March. **93.7%** YTD (Target 90%).



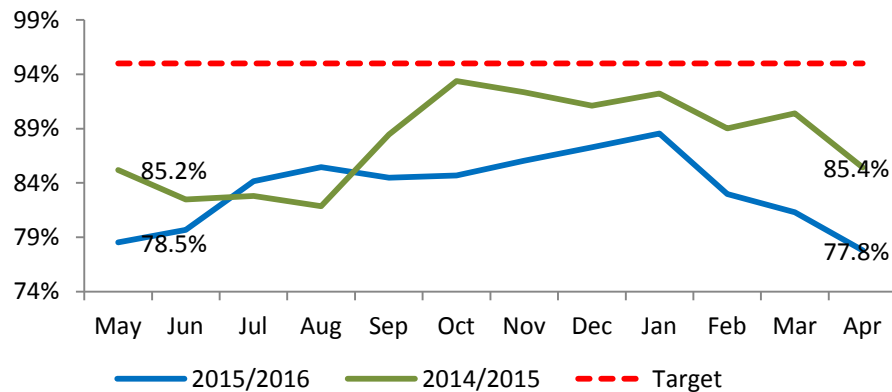
Prostate cancer assessment within 20 working days

- **35.7%** were seen within 20 working days, **64.7%** in March. **53.2%** YTD (Target 90%).



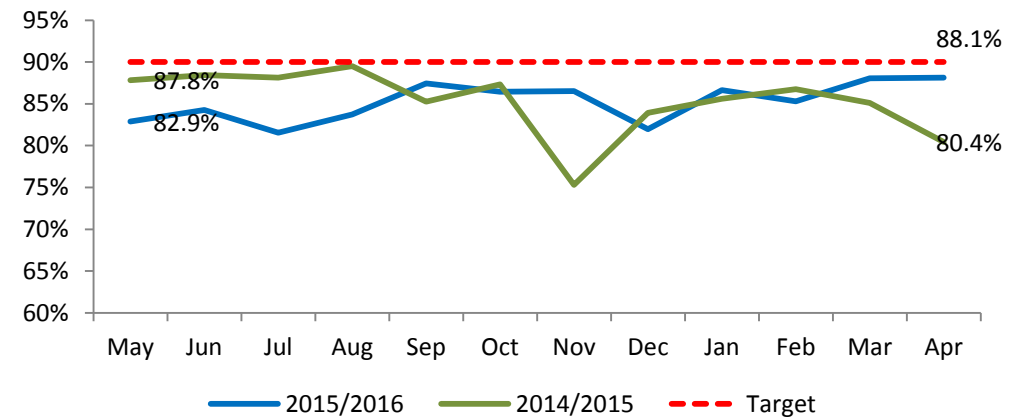
Lung cancer assessment within 10 working days

- **77.8%** were seen within 10 working days, **81.3%** in March. **82.4%** YTD (Target 95%).



Radiotherapy within 15 working days

- **88.1%** were seen within 15 working days, **88.1%** in March. **87.1%** YTD (Target 90%).

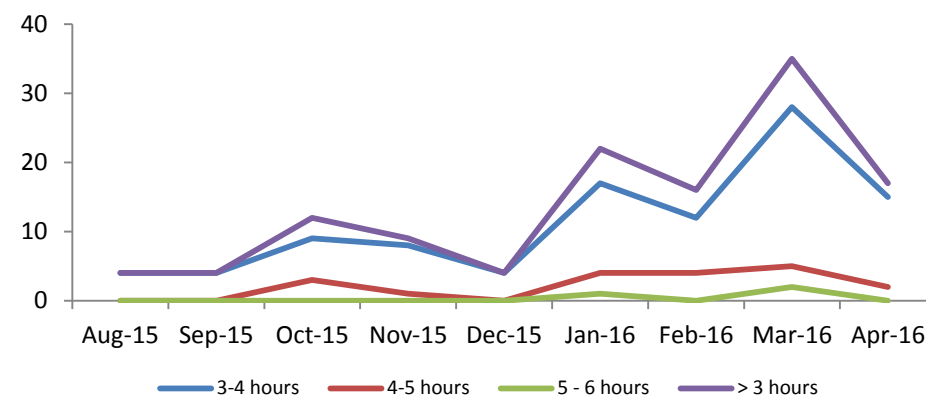


Cancer Services

Performance data	Target 2016	April 2016	April YTD 2016	April YTD 2015	Best and Outliers
Breast	95%	84.4%	93.7%	96%	• Six out of the 9 centres have reached the target in April • 27.9% St James's, 41.1% Letterkenny and Cork 92.1%
Lung	95%	77.8%	82.4%	89.4%	• Five of the eight centres have met the target in April. • Cork 15.6%, Limerick 55.2% and Galway 92.9%.
Prostate	90%	35.7%	53.2%	59.2%	• St Vincent' reached the target • Waterford 0%, Cork 6.3%, Mater 19.5%, Limerick 31.6% Galway 35.7%, Beaumont 15.8% and St James 36.4%.
Radiotherapy	90%	88.1%	87.1%	84.4%	• SLRON 89.1%, Galway 88.2% and Cork 72.6% • 100% Waterford and Limerick

Ambulance Turnaround Times

- 17 ambulances had turnaround times > 3 hours. 35 in March
- 17,596 (93%) ambulances had turnaround times within 60 mins; 19,009 (92%) in March. (Target 95% ≤ 60mins)

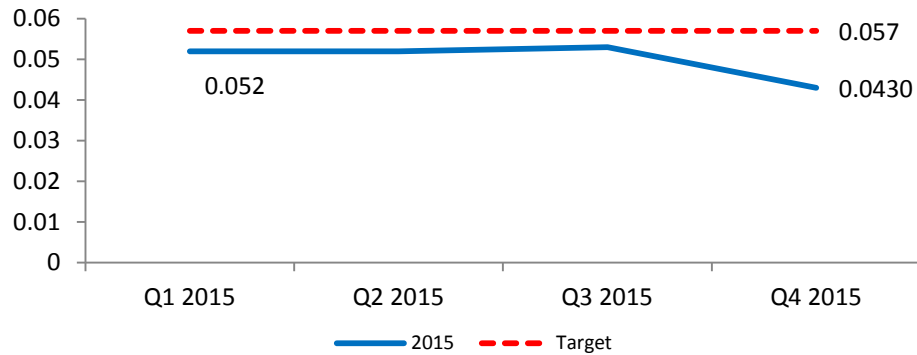


Turnaround Times	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
3-4 hours	4	9	8	4	17	12	28	15
4-5 hours	0	3	1	0	4	4	5	2
5 - 6 hours	0	0	0	0	1	0	2	0
> 3 hours	4	12	9	4	22	16	35	17

Health Care Associated Infections

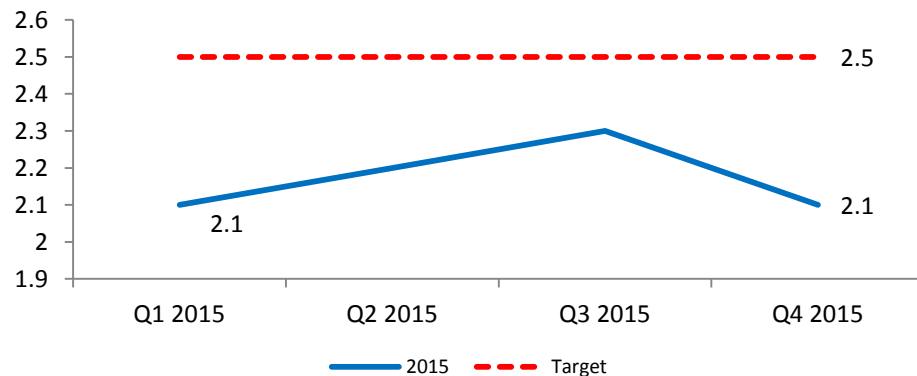
Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days (Quarterly in arrears)

- **0.0430** Q4 2015, **0.053** Q3 2015 (Target <0.057)



Rate of new cases of Clostridium Difficile associated diarrhea in acute hospitals per 10,000 bed days used (Quarterly in arrears)

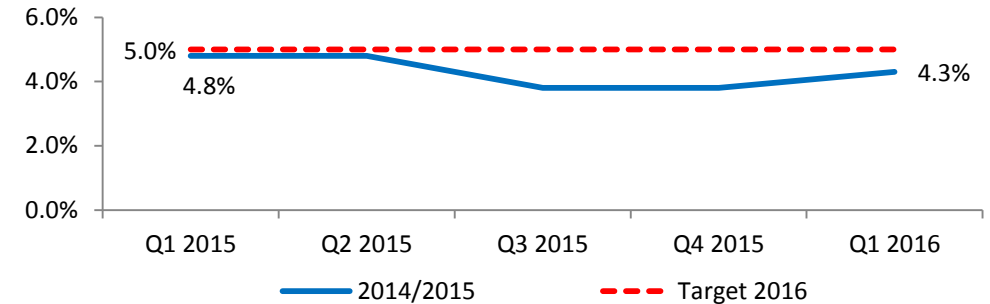
- **2.3** Q4 2015, **2.3** Q3 2015 (Target <2.5)



Emergency Departments

% of ED patients who leave before completion of treatment (Quarterly)

- **4.3%** for Q1 2016, **3.9%** Q4 2015 (Target <5%)



Acute Hospitals Commentary

Emergency Department (ED) Performance

ED attendances in April 2016 were 2.8% higher than the corresponding period in 2015 with an increase of 4% for the over 75's. There was a 2.9% increase in ED admissions for this age cohort in April 2016 when compared with the corresponding period in 2015. Despite this increase the INMO 30 day moving average for trolleys in April 2016 was lower than the corresponding period in April 2015 with the exception of two weeks which were only marginally higher. There has been a sustained increase in all attendances, particularly out of hours and more prevalence in the 0-6 age category.

The ED Task Force identified a number of key actions to be undertaken in order to address the challenges in ED. Specifically the following initiatives were adopted;

- Winter Planning – earlier/whole system approach across the 7 hospital groups and CHOs. Funding for 302 beds was provided of which 248 were open at the end of April. A further 100 closed beds re-opened at the end of 2015.
- Reduction in delayed discharges from 830 at end of 2014 to 617 at the end of April 2016 as a result of targeted additional funding for home care packages, transitional care beds and maintaining the Fair Deal wait time at 4 weeks (from a high of 15 weeks at the end of 2014)
- ED Directive – a conjoint directive was signed by the Minister for Health, the Director General and the National Director for the Acute Hospitals Division in November 2015. This was designed to ensure integrated, systematic and timely interventions to avert overcrowding and address long wait times. It provided for distinct stages of escalation with clearly delineated thresholds, actions and owners and the application of fines at individual hospital level for failing to implement the Directive appropriately.

The Winter Planning process 2015/2016 had a positive impact in terms of integrated discharge planning between hospitals and community services, improved collaboration regarding the identification of patients for discharge, targeting additional community capacity, intensifying the use of CIT/OPAT and earlier implementation of hospital internal escalation processes. Since February there has been an upward pressure on delayed discharges. Key factors relate to challenges in securing appropriate long stay facilities in certain areas and an increase in the number of patients with complex care needs.

European Working Time Directive (EWTD)

The target set in the National Service Plan 2016 is that 95% of Non Consultant Hospital Doctors (NCHDs) will work a 48 hour week.

As a result of a robust joint verification process led by the Acute Hospitals Division and the IMO, further improvements were observed during 2015 with an increase from 66% compliance in January 2015 to 78% in April 2016. The critical success factors were as follows;

- Targeting those sites where performance was well below the national average.
- Application of fines in respect of noncompliance with 24 hour targets.
- Site visits and robust interrogation of performance data and rosters.
- Shared learning from those sites that had effected sustained improvements, particularly where they may have suffered from structural challenges such as peripherality.

The Acute Hospitals Division has developed a plan to achieve full compliance. It includes targeted actions in terms of under-performing sites, development of clinical networks and national or supra-regional specialist services.

Inpatient/Day Case and Outpatient Waiting Times

- Hospitals were 93.8% compliant with the National Service Plan 2016 target that 95% of adults and children will be waiting less than 15 months for an inpatient/day case procedure
- Hospitals were 100% compliant with the National Service Plan 2016 target that 85% of patients will be waiting less than 12 months for first access to outpatient services – actual compliance 86.20%.
- Hospitals were 94.1% compliant with the National Service Plan 2016 target that 100% of patients will be waiting less than 15 months for first access to outpatient services.

A process improvement programme is required in hospitals that have patients waiting in excess of 15 months for an inpatient/day case procedure or first access to outpatient services. This includes chronological scheduling, clinical and administrative validation and optimisation of existing capacity.

There are two conjoint initiatives in planning between the Acute Hospitals and Primary Care Divisions. The first initiative is the re-direction of 10,000 minor operations to primary care settings. There are 24 GPs participating in the progression of this programme and it is expanding. The second initiative is offering GP diagnostic services to reduce the referrals to the Outpatients Department for such services. GP diagnostics - ultrasounds are now available across ten sites nationally.

Colonoscopies

- Urgent colonoscopies – there were 54 breaches of the four week waiting time target for an urgent colonoscopy. There was no patient harm associated with the additional delay reported.
- Routine colonoscopies – compliance with 13 week target for routine patients was 54% in April.
- A National Endoscopy Working Group was established following the appointment of National Endoscopy Lead. The Working Group will

examine demand capacity management, standardised referral criteria, process improvement in scheduling and validation.

Cancer Data

- Lung cancer – 77.8% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate – 35.7% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer – 84.4% compliance with the target for attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals.
- Radiotherapy – 88.1% of patients undergoing radiotherapy treatment commenced treatment within 15 working days of being deemed ready to treat by the Radiation Oncologist.

The key challenge continues to be attracting and retaining consultant staff particularly to urology. The growth in referrals for all specialties is also a challenge.

Acute Hospitals Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events														
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	29%	-70.7%										
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	-100%										
	Service User Experience														
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer (Q1 return)	Q	75%	66%	-12%	66%	81%	64%	57%	54%	72%				66%
	Colonoscopy / Gastrointestinal Service														
	% of people waiting < 4 weeks for an urgent colonoscopy (zero tolerance)	M	100%	99.7%	-0.3%	100%	98.6%	100%	100%	100%	100%	100%	99.9%	99.9%	99.7%
	Re-admission														
	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M in arrears	10.8%	10.7%	0.9%	10.8%	11.1%	10.5%	10.6%	8.6%	12%		10.1%	9.8%	
	% of surgical re-admissions to the same hospital within 30 days of discharge	M in arrears	<3%	2.0%	33.3%	1.9%	2.9%	2.2%	1.9%	1.5%	1.8%		1.8%	1.9%	
	Surgery														
	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M in arrears	95%	86.4%	-9.1%	93.5%	83.5%	90.2%	82.4%	77.2%	91.5%		83.9%	90.8%	
	% day case rate for Elective Laparoscopic Cholecystectomy	M in arrears	>60%	43.4%	-27.8%	65.5%	65%	46.7%	44.6%	4%	16.4%		42.6%	43.1%	
	% of elective surgical inpatients who had principal procedure conducted on day of admission	M in arrears	75%	72.8%	-2.9%	84.4%	61.9%	61.7%	75.2%	87.9%	62.7%		73.5%	72.5%	
	Emergency Care and Patient Experience Time														
% of all attendees at ED < 24 hours (zero tolerance)	M	100%	95.8%	-4.1%	95.7%	95.5%	93.9%	95.3%	92.7%	97.5%	99.7%	95.8%	96.1%	96.7%	
% of patients 75 years or over who were admitted or discharged from ED within 9 hours	M	100%	59.2%	-40.6%	63.8%	54.6%	51.0%	57.8%	39.0%	72.5%		57.7%	59.1%	63.1%	
Average Length of Stay															

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
	Medical patient average length of stay (contingent on < 500 delayed discharges)	M in arrears	7	6.9	1.4%	7.2	8.4	6.9	6.3	5.7	6.5		6.9	7	
	Surgical patient average length of stay	M in arrears	5.2	5.4	-3.8%	6	6.8	5.6	4.7	4.7	4.5		5.4	5.5	
Access	Outpatients														
	Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	M	1:2	2.5	-25.0%	2.1	2.7	2.6	2.6	3.6	2.4	2.6	2.4	2.5	2.4
	Inpatient, Day Case and Outpatient Waiting Times														
	% of adults waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	93.5%	-1.6%	95.1%	93%	90.8%	94.0%	97.2%	92.3%		95.5%	93.8%	93.5%
	% of children waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	96.6%	1.7%	98%	99.8%	97.7%	97.9%	96.1%	91.4%	97.2%	97.5%	96.6%	96.6%
	% of children waiting < 20 weeks for an elective procedure (inpatient and day case)	M	60%	48.8%	-18.7%	60.1%	57.4%	53.6%	54%	50.4%	51.3%	45.6%	52.2%	52.2%	48.8%
	% of people waiting < 52 weeks for first access to OPD services	M	85%	86.2%	1.4%	89.9%	86.2%	83.5%	85.6%	85.7%	86.1%	85.7%	88.2%	86.9%	86.2%
	Colonoscopy / Gastrointestinal Service														
	% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	M	70%	53.8%	-23.4%	52.3%	47%	39.5%	61.1%	81.2%	69%	69%	54.9%	54.0%	53.8%
	Emergency Care and Patient Experience Time														
	% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	75%	66.1%	-11.9%	67.7%	57.9%	60.0%	65.0%	50.9%	69.4%	88.3%	66.2%	65.9%	67.8%
	% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	100%	80.1%	-19.9%	80.9%	74.3%	74.5%	78.7%	67.7%	84.6%	96.7%	79.8%	80.0%	81.9%
	Delayed Discharges														
	No. of beds subject to delayed discharges	M	<500	617	-23.4%	162	120	167	89	10	68	1	556	592	617
	Symptomatic Breast Cancer Services														
	% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals (zero tolerance)	M	95%	93.7%	-1.4%	97.4%	71.1%	99.9%	97.2%	98.8%	94.2%		97.4%	93.7%	84.4%
	Lung Cancer														

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
	% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres (zero tolerance)	M	95%	82.4%	-13.3%	98.3%	94.9%	90.3%	72.1%	49.7%	90.4%		83.0%	81.3%	77.8%
	Prostate Cancer														
	% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres (zero tolerance)	M	90%	53.2%	-40.8%	77.8%	63.8%	32.3%	13.3%	19.3%	78.9%		53.0%	64.7%	35.7%
	Radiotherapy														
	% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) (zero tolerance)	M	90%	87.1%	-3.2%		88.2%		73.7%		88.8%		85.3%	88.1%	88.1%
Finance	Ambulance Turnaround Times														
	% of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	M	95%	92.5%	-2.9%	94.4%	95.6%	94.8%	90.3%	92.2%	86.8%	93%	92.8%	92.0%	93%
	Budget Management including savings														
	Net Expenditure variance from plan (within budget (0.33%))														
	- % variance - from budget	M	€1,342,023	€1,441,559	7.42%	6.65%	7.16%	7.35%	4.89%	15.23%	8.95%	5.92%	6.67%	7.05%	7.42%
	- % variance - Pay (Direct)	M	€1,115,288	€1,163,850	4.35%	4.39%	4.51%	4.86%	1.81%	8.04%	5.75%	2.44%	3.48%	4.12%	4.35%
	- % variance - Pay (Agency)	M	€50,823	€67,471	32.76%	47.42%	41.78%	20.58%	21.82%	39.83%	25.09%	159.07%	32.65%	30.79%	32.76%
	- % variance - Pay (Overtime)	M	€49,815	€57,382	15.19%	19.02%	35.72%	5.84%	0.43%	33.01%	17.35%	7.79%	12.16%	15.00%	15.19%
	- % variance - Non Pay	M	€518,672	€558,452	7.67%	7.75%	5.90%	7.29%	7.15%	15.63%	6.71%	9.13%	6.24%	7.11%	7.67%
	- % variance – Income	M	-€328,500	-€319,058	-2.87%	1.45%	-3.32%	-2.42%	-1.78%	-5.17%	-11.10%	-3.58%	-5.48%	-3.30%	-2.87%
	Regional and National Services	M	€12,599	€25,208	100.08%								67.13%	107.73%	100.08%
	Net Expenditure variance from plan (incl Regional & National Services)	M	€1,354,622	€1,466,767	8.28%								7.24%	8.04%	8.28%
	NCCP	M	€844	€835	-1.04%								-4.53%	-7.06%	-1.04%
	Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	90%15days by 31/12/2016	38	47%								57%	56%	47%
	Acute Hospitals private income receipts variance from Actual v Plan	M	≤5%	€228,313	0%								0%	0%	0%
	Service Arrangements														

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
	No and % of Service Arrangements signed (05/05/16)	M	100%	14 82.35%	17.65%								0.00%	70.59%	82.35%
	€ value and % of Service Arrangements signed (05/05/16)	M	100%	€1,470,921 84.03%	15.97%								0.00%	67.06%	84.03%
HR	% Absenteeism														
	Overall	M in arrears	3.50%	4.41%	26.00%	4.17%	4.07%	4.35%	4.32%	7.29%	4.20%	4.13%	4.42%	4.20%	
	Medical/Dental			0.90%	-74.29%	0.80%	0.69%	0.75%	1.21%	0.67%	1.09%	1.12%	0.89%	0.88%	
	Nursing			5.04%	44.00%	4.57%	4.26%	5.61%	5.16%	7.68%	4.88%	4.47%	5.06%	4.84%	
	Health and Social Care Professional			3.40%	-2.86%	3.31%	3.44%	2.84%	4.43%	3.32%	2.90%	3.44%	3.57%	3.21%	
	Management/Admin			4.62%	32.00%	4.48%	4.56%	4.74%	3.53%	7.26%	4.64%	4.92%	4.78%	4.28%	
	General Support staff			5.62%	60.57%	6.22%	5.66%	4.75%	5.44%	6.93%	5.50%	6.10%	5.57%	5.78%	
	Other Patient and Client staff			6.67%	90.57%	5.57%	6.48%	7.10%	4.49%	12.54%	5.53%	6.81%	6.42%	6.08%	
	Staffing Levels and Costs														
	WTE change from previous month	M		53,358	105	23	35	-1	1	3	39	3	528	186	105
	Variance from funding staffing thresholds	M	0.50%	Data not yet available											
	EWTD Compliance														
	EWTD - <24 hour shift ⁵	M	100%	96%(i)	-4%	98%	98%	94%	99%	92%	95%(i)	86%	96%(i)	96%(i)	96%(i)
	EWTD - <48 hour working week	M	95%	78%(i)	-17.9%	78%	69%	60%	90%	98%	91%(i)	68%	79%(i)	80%(i)	78%(i)

Acute Hospitals Balanced Scorecard/Heat Map Quarterly

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
Quality & safety	Safety Incident reporting														
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	45%	-50%	55%	41%	53%	28%	38%	58%	49%			45%

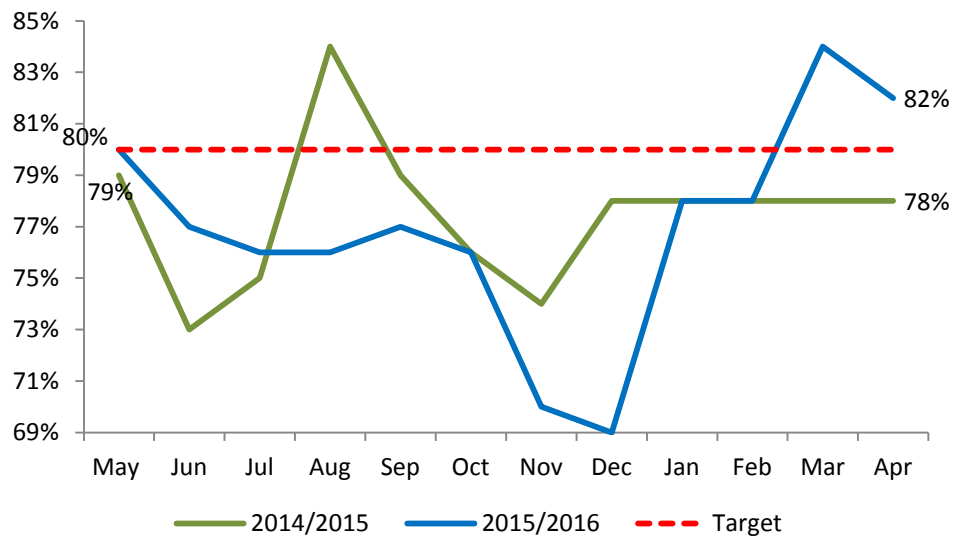
⁵ EWTD compliance is calculated on returns from 39 out of 40 hospitals
Health Service Performance Report March/April 2016

National Ambulance Service

Response Times

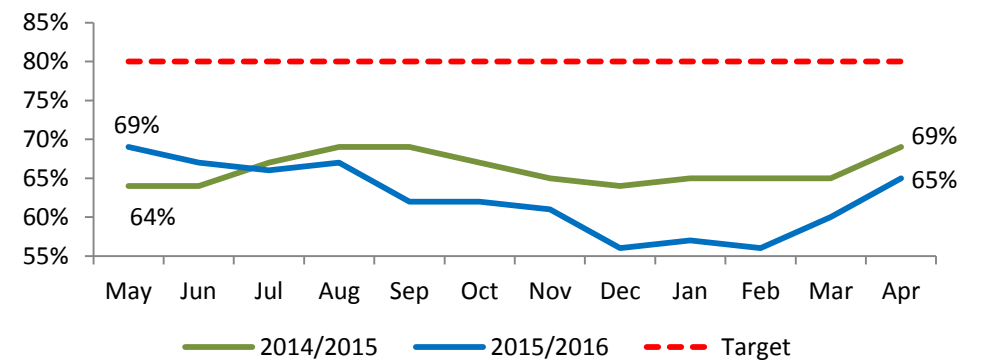
ECHO Response Times

- **82% (351)** arriving at scene within 18 minutes, 59 seconds or less. **84% (438)** in March. **81% YTD (Target 80%)**
- **Improvers:** North Leinster 87%, Western Area 76%
- **Disimprovers:** Southern Area 74%
- **93%** ECHO calls had a resource allocated within 90 seconds (Target 85%)



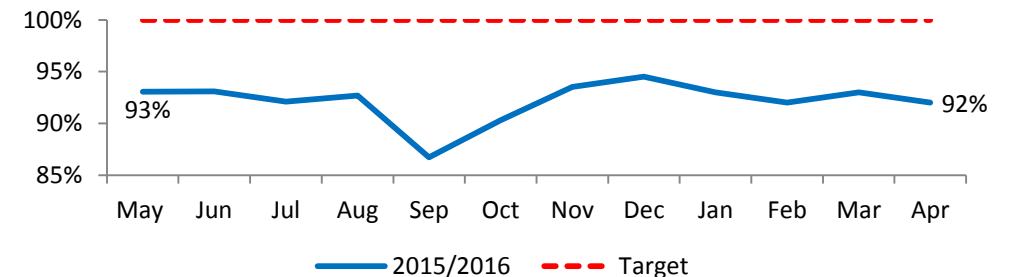
DELTA Response Times

- **65% (6,091)** arriving at scene within 18 minutes, 59 seconds or less. **60% (6,335)** in March. **59% YTD (Target 80%)**
- **Improvers:** Dublin Fire Brigade 68%, North Leinster 66%, Southern Area 63%, Western Area 63%
- **90%** DELTA calls had a resource allocated within 90 seconds (Target 85%)



Volume of Escalations

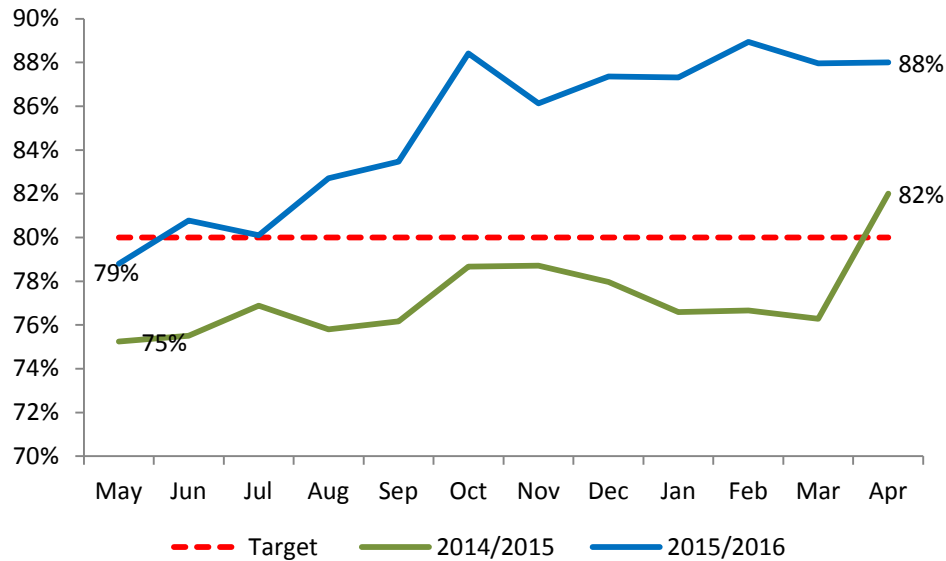
- **92%** of ambulance turnaround delays were escalated, **93%** in March. **92% YTD (Target 100%)**



ICV Services

Intermediate Care Vehicle (ICV) Transfers

- **88%** of transfers provided through ICV, **88%** in March. **88% YTD** (Target > 80%)

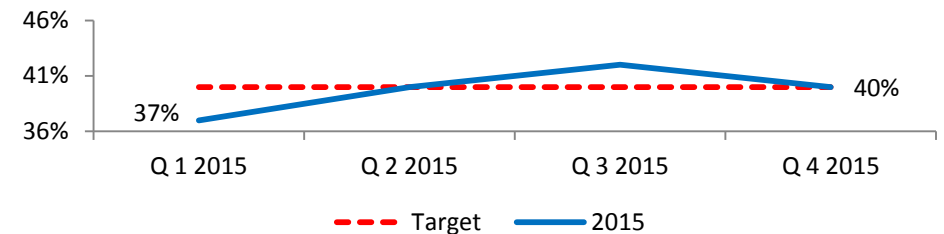


	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of Patient Transfer Calls	2,605	2,214	2,286	2,671	2,506	2,451	2,367
ICV	2,303	1,907	1,997	2,332	2,229	2,156	2,080
% ICV Transfer	88%	86%	87%	87%	89%	88%	88%

ROSC

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

- **40%** in Q4. **42%** in Q3



Ambulance Services Commentary

On April 12th 2016, the NRSO3787 student paramedic recruitment campaign went live. We expect a panel as a result of this campaign to go live in June 2016. An up-to-date suite of performance reports continues to be rolled out this month to the operational managers as part of the second phase of the new computer system implementation in the National Emergency Operations Centre (NEOC) in Tallaght and Ballyshannon. This will be completed by the end of June for North Leinster and the South are completed. We are awaiting an update on the West.

Our performance for the outcome of patients with life-threatening cardiac arrest (ECHO incidents) is on target in that 40% of our patients who have a witnessed cardiac arrest have a pulse on arrival at hospital, called ROSC. This is the first patient outcome measure for pre-hospital emergency care services in Ireland.

This month, the total number of AS1⁶ and AS2⁷ calls received was 24,549; activity has increased by 2% (476) compared to the same month last year and by 5% year to date. The daily average call rate is 818.

ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 82% this month. ECHO calls have increased by 65% (180), compared to the same month last year. Year to date activity has increased by 54%, despite the same level of resources being in place to meet this need.

DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity of 65% in 18 minutes and 59 seconds was at 65% this month. This is on target for the first time this year and an improvement of 5% on last month. We have corrected a systems issue that had caused an under reporting of performance and this has been independently assured. Key challenges in maintaining the 65% expected activity are:

- Nationally there is a 21% (1,681) increase in DELTA call activity compared to same month last year and a 28% (9,323) increase year to date, with the same level of resources in place to meet this demand. Some of the increase can be partially attributed to a change in triage protocols implemented in January 2016 that brings a higher number of calls into the DELTA call category.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. In comparison to the same month last year there is an 8% increase in delays in vehicles being released and having crews and vehicles available to respond to further calls within 30 minutes or less. Currently 9 ambulances per day are not available due to Emergency Department pressures.
- Continued staffing pressures with 120 vacancies and an increase in the overall number of emergency calls, at 6% year to date.

A project group was established to review and develop an appropriate set of measures for pre hospital emergency care to strike a balance between patient outcomes, response times and patient satisfaction. This group will be chaired by the National Director of the Quality Improvement Division. This is a critical piece of work and was a key recommendation of the HIQA review in 2014. It is expected to take up to six months to complete the project.

⁶ AS1 – 112/ 999 emergency and urgent calls

⁷ AS2 - Urgent calls received from a general practitioner or other medical sources
Health Service Performance Report March/April 2016

Ambulance Services Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events											
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	NA								
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	NA								
	Service User Experience											
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer (Q1 return)	Q	75%	56%	-25.3%							56%
	Audit											
Access	National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%							
	National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	91%	2%							
	Emergency Response											
	% of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	81%	1%	82%	77%	74%	88%	78%	84%	82%
	% of Echo calls which have a resource allocated within 90 seconds of call start	M	85%	93%	10%					94%	93%	93%
	% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	59%	-26%	59%	58%	58%	62%	56%	60%	65%
	% of Delta calls which have a resource allocated within 90 seconds of call start	M	85%	90%	5%					84%	82%	90%
	Intermediate Care Services:											
	% of all transfers provided through the Intermediate Care Service	M	80%	88%	10%					89%	88%	88%
	% of ambulance turnaround delays escalated, where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework	M	100%	92%	-8%					92%	93%	92%
	Budget Management including savings											
	Net Expenditure variance from plan (within budget) (0.33%)											

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade		Current (-2)	Current (-1)	Current
Finance	% variance - from budget	M	€49,346	€49,476	0.26%						-0.04%	0.46%	0.26%
	- % variance - Pay (Direct)	M	€36,201	€36,085	-0.32%						0.22%	0.21%	-0.32%
	- % variance - Pay (Agency)	M	€0	€162	100%						100%	100%	100%
	- % variance - Pay (Overtime)	M	€2,246	€5,762	156.53%						151.21%	158.69%	156.53%
	- % variance - Non Pay	M	€13,265	€13,552	2.17%						1.44%	2.58%	2.17%
	- % variance – Income	M	-€119	-€162	35.98%						545.49%	346.02%	35.98%
HR	% Absenteeism												
	Overall	M in arrears	3.50%	8.02%	129.14%	9.74%	4.76%	7.84%			8.03%	7.45%	
	Management/Admin			5.73%	63.71%	1.24%	20.07%	6.60%			2.42%	3.11%	
	General Support staff			25.84%	638.28%	25.48%	2.48%	83.48%			25.86%	24.82%	
	Other Patient and Client staff			6.57%	87.71%	6.96%	4.86%	8.29%			7.91%	7.12%	
	Staffing Levels and Costs												
	WTE Change from previous month	M	1,687	7		-3	2	7			-14	7	7
Variance from funding staffing thresholds	M	0.50%	Data not yet available										

Ambulance Services Balanced Scorecard/Heat Map 2015

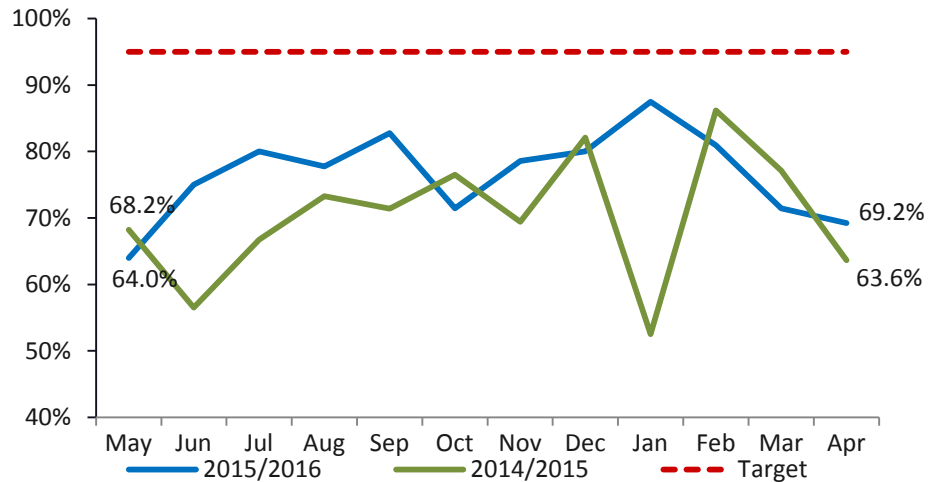
	Metrics in Arrears	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Q2	Q3	Q4
Quality & Safety	ROSC											
	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	Q in arrears	40%	40%	0%					40%	42%	40%

Mental Health

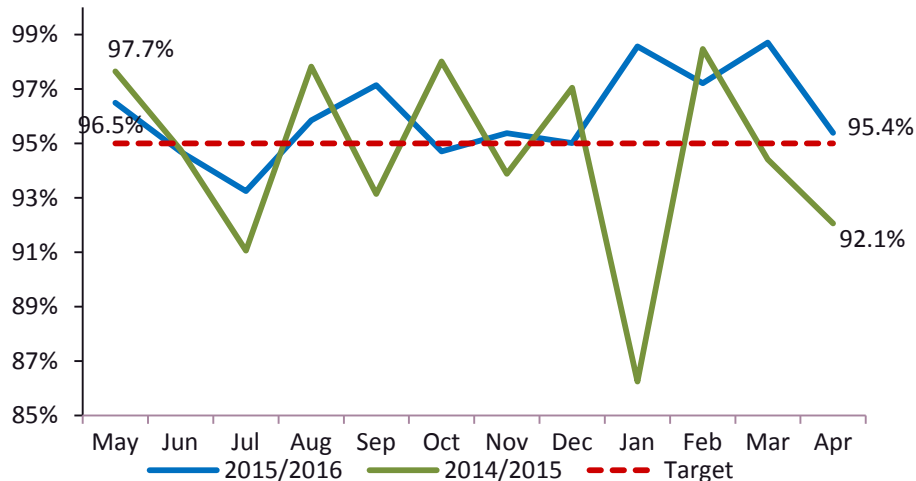
Child and Adolescent Mental Health Services (CAMHs)

Admission of children to CAMHs Inpatient Units

- **69.2% admitted to Child Adolescent Acute Inpatient Units** down from **71.4%** in March. **77% YTD (Target 95%)**

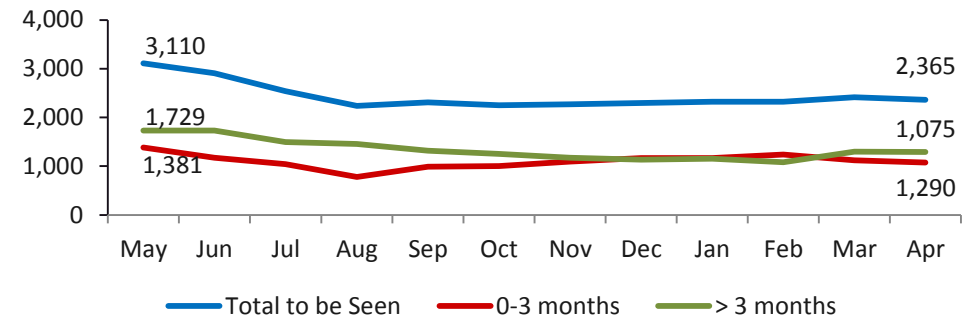


- **95.4% bed days used** in Child Adolescent Acute Inpatient Units as a total of bed days. **98.7%** in March. **97.4% YTD (Target 95%)**

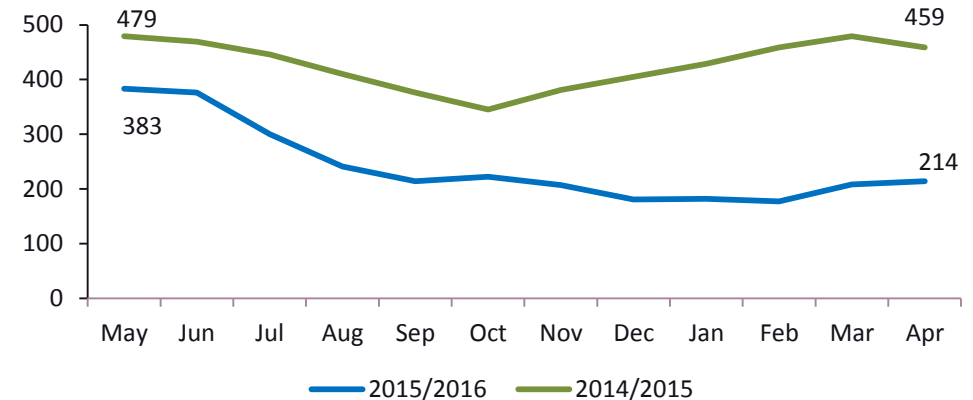


CAMHs Waiting List

- **2,365** referred to be seen by CAMHS Teams in April, **2,416** in March (down 51 on March)
- **1,075** waiting longer than 3 months for a first appointment, **1,119** in March (down 44 on March)
- **Demand exceeds expected activity:** CHO1 (288), CHO4 (277) & CHO9 (118)



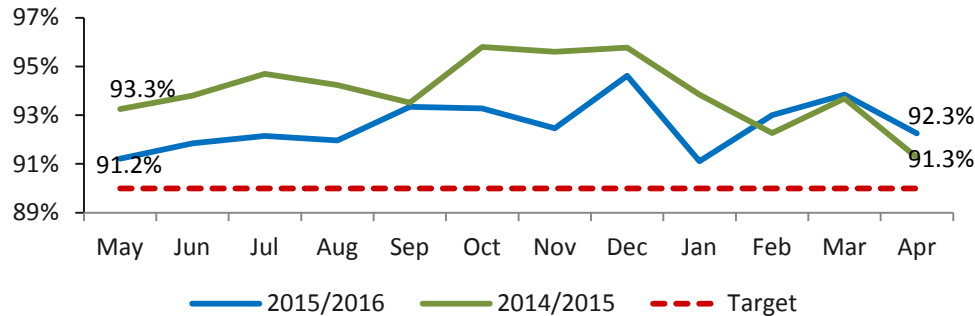
- **214** (9% of waiting list) **waiting more than 12 months** for an appointment. **208** in March. (Target 0)
- **Outliers:** CHO1(86), CHO3 (27), CHO4 (57), CHO7(11) & CHO9 (33)



General Adult MH

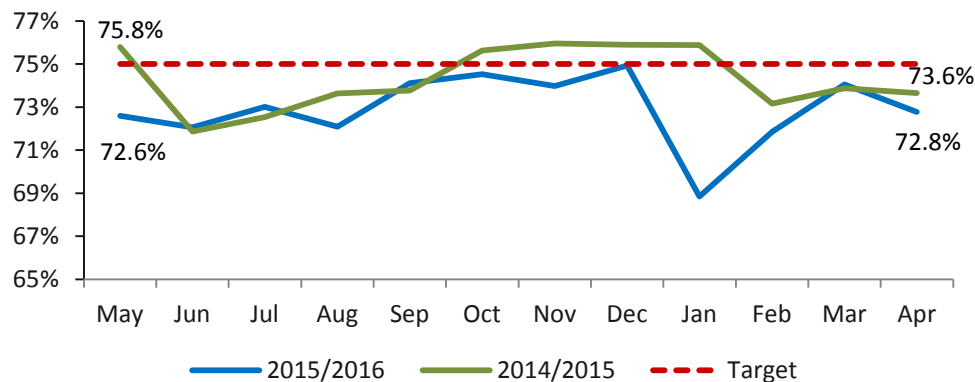
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **92.3%** of referrals/re-referrals. **93.8%** in March. **92.6%** YTD (Target 90%)
- **Above target:** CHO2 & 6 (100%), CHO3 (94.3%) & CHO8 (92.5%)
- **Below target:** CHO5 (85.1%), CHO4 (88.8%) & CHO1 (89%)



Referrals / re-referrals offered first appointment and Seen within 12 weeks / 3 months

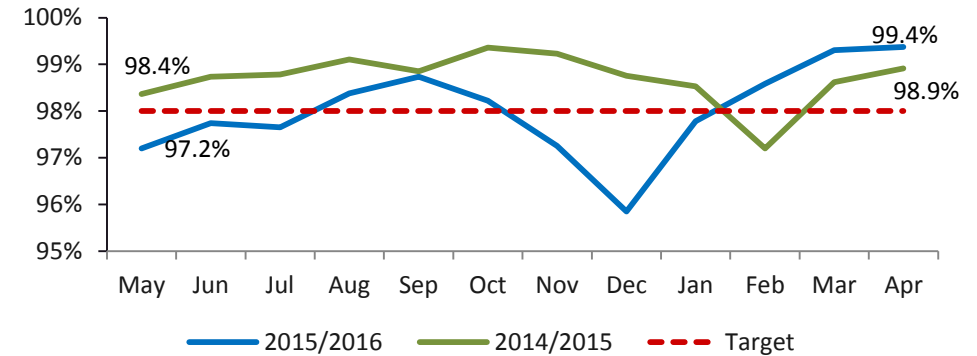
- **72.8%** of referrals/re-referrals. **74.1%** in March. **71.9%** YTD (Target 75%)
- **Above target:** CHO2 (89.8%), CHO6 (83.1%) & CHO5 (81.6%)
- **Below target:** CHO4 (55.7%), CHO9 (63.5%) & CHO8 (67%)



Psychiatry of Old Age MH

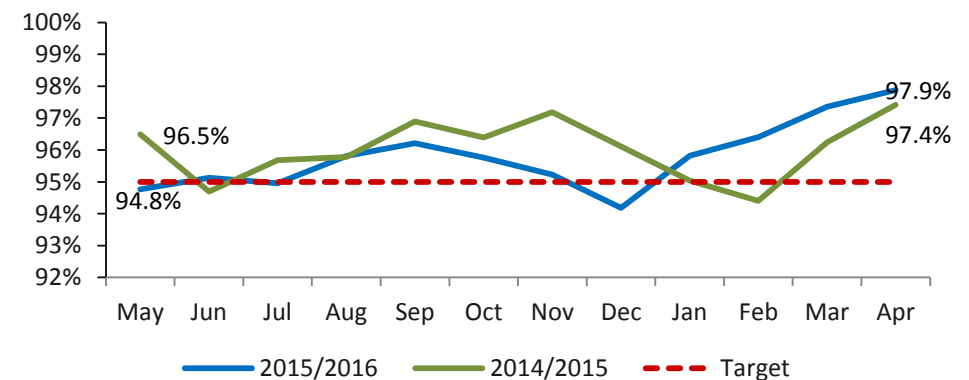
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **99.4%** of referrals/re-referrals. **99.3%** in February. **98.8%** YTD (Target 98%)
- **Above target:** CHO 1, 2, 3, 5, 6 & 8 (100%)
- **Below target:** CHO4 (92.3%)



Referrals/re-referrals offered first appointment and Seen within 12 weeks / 3 months

- **97.9 %** of referrals/re-re-referrals. **97.4%** in March. **96.9%** YTD (Target 95%)
- **Above target:** CHO1 (100%), CHO5 (100%) & CHO6 (100%)
- **Below target:** CHO4 (76.9%)



Mental Health Commentary

The level of vacancies and difficulty in recruiting and retaining skilled staff, particularly nursing and medical staff, poses a significant challenge for the provision of Mental Health Services. This is impacting on the delivery of services, and reflected in underperformance within CHOs.

Mental Health Services can expect a higher than average DNA rate linked to clinical presentation. However, the Division continues to work with CHOs to maximise attendance to ensure the most effective use of resources.

Child Adolescent Acute Inpatient Units (CAMHs)

The priority for the Division is to reduce the numbers of children admitted to adult acute inpatient units and to minimise the length of stay.

- In April, 69.2% of children who were admitted were admitted to child and adolescent inpatient units, as against 71.4% in March.
- In April 2016, 95.4% of bed days used were in Child and Adolescent Acute Inpatient Units, against 98.7% in March.
Performance continues to be above the target of 95%, indicating that where a child has been admitted to an adult acute inpatient unit, the length of stay has been kept to a minimum.

CAMHS

Access to Child and Adolescent Mental Health Services

In April, 75.8% of appointments were offered within 12 weeks/3 months (Target 78%), 78.2% in March. Of appointments offered and seen 71.2% were within 12 weeks/3 months (Target 72%), 69% in March. To date nationally, 14.7% of patients Did Not Attend (DNA) their first appointment offered.

The CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months is continuing despite the challenges presented by the level of vacancies and the difficulty in recruiting. The CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. The waiting list increases are mostly restricted to CHO 1 and CHO 9. Each CHO has been written to by the National Director asking for detailed plans on how they intend to address these increasing trends. For CHO 1, they have submitted a business case to employ an additional clinical psychologist to target specific cases such as ADHD, which they believe will greatly reduce their waiting list over 12 months. They are currently carrying a number of vacancies due to maternity leave which is having a negative impact.

CHO 9 particularly in the Mater CAMHS team, where the list exists, have identified that the majority of their cases require Primary Care Service such as Psychology and Occupational Therapy. As well as there being a deficit in these services being available because of vacancies, there is an added problem with the lack of suitable accommodation for teams to operate out of. Again, the CHO has been written to requesting a detailed plan.

Adult Mental Health Services

General Adult Community Mental Health Team (GAMHT)

Nationally, performance against % **offered first appointment within 12 weeks / 3 months** exceeds the target.

In April, performance against % **offered first appointment and seen within 12 weeks / 3 months** is below the target 72.8%. 21.8% of patients Did Not Attend (DNA) their first appointment offered, with high DNA rates ranging from 31.1% in CHO 9 to 38.6% in CHO 4. CHOs are reporting that they are making significant efforts in the management of DNAs some of which relate to areas with particular socioeconomic groups.

Psychiatry of Old Age Team (POA)

Nationally performance exceeds target for % **offered first appointment within 12 weeks / 3 months.**

Nationally performance exceeds target for % **offered first appointment and Seen within 12 weeks / 3 months.**

CHOs which had been underperforming are beginning to improve their performance as their recruitment challenges are being addressed.

Development Posts:

The position at the end of April 2016 was as follows:-

402.5 or 97% of the 416 development posts for 2012 have started.

438 or 92% of the 477.5 development posts for 2013 have started.

145 or 58% of the 251.1 development posts for 2014 have started.

The allocation of the posts from the 2015 Programme for Government €35m has been finalised. 8 of the new development posts have started with the majority of remainder notified to NRS.

Mental Health Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Quality & Safety	Serious Reportable Events																	
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)		M	99%	60%	-39.4%												
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer		M	90%	NA													
	Service User Experience																	
	% of complaints investigated within 30 working days of being acknowledged by the complaints officer ⁸		Q	75%	74.9%	-0.1%												74.9%
	CAMHs																	
	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units.		M	95%	77.0%	-19.0%										81.0%	71.4%	69.2%
	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		M	95%	97.4%	2.6%	97.3%	100.0%	99.8%	95.8%	97.7%	99.7%	93.1%	96.0%	99.5%	97.2%	98.7%	95.4%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:																	
	General Adult Teams		M	90%	92.6%(i)	2.9%	90.1%	99.9%(i)	95.1%	91.2%(i)	90.7%	96.5%	89.6%	92.7%	84.2%	93.0%	93.8%	92.3%(i)
Psychiatry of Old Age Teams		M	98%	98.8%	0.8%	97.0%	100.0%	100.0%	88.4%	100.0%	100.0%	97.4%	99.0%	99.7%	98.6%	99.3%	99.4%	
Child and Adolescent Community Mental Health Teams		M	78%	74.7%	-4.2%	63.2%	99.7%	83.0%	64.8%	83.0%	72.0%	59.9%	82.5%	70.3%	70.2%	78.2%	75.8%	
% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:																		

⁸ Quarter 1 return, reflective of all Community Healthcare Health Service Performance Report March/April 2016

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	General Adult Teams	M	75%	71.9%(i)	-4.1%	77.1%	82.7%(i)	70.7%	61.3%(i)	84.1%	80.3%	74.2%	64.8%	57.5%	71.9%	74.1%	72.8%(i)
	Psychiatry of Old Age Teams	M	95%	96.9%	2.0%	97.0%	98.9%	99.7%	78.7%	99.2%	100.0%	92.2%	93.2%	98.5%	96.4%	97.4%	97.9%
	Child and Adolescent Community Mental Health Teams	M	72%	64.6%	-10.3%	61.9%	94.0%	81.4%	58.9%	71.3%	53.1%	48.1%	71.6%	60.6%	58.4%	69.0%	71.2%
	% of new (including re-referred) cases offered appointment and DNA in the current month																
	General Adult Teams	M	18%	23.1%(i)	28.3%	15.9%	17.1%(i)	26.2%	34.2%(i)	6.8%	16.5%	18.2%	29.9%	33.8%	23.2%	22.1%	21.8%(i)
	Psychiatry of Old Age Teams	M	3%	2.2%	-28.2%	1.1%	1.1%	0.3%	12.3%	0.8%	0.0%	5.2%	5.8%	1.2%	2.2%	2.4%	1.6%
	Child and Adolescent Community Mental Health Teams	M	10%	14.7%	47.0%	2.7%	5.7%	1.6%	10.2%	13.3%	25.4%	24.6%	14.4%	13.9%	16.9%	13.0%	9.8%
Access	Total no. to be seen or waiting to be seen by CAMHS																
	Total no. to be seen for a first appointment at the end of each month	M	2,449	2,365	-2.8%	437	33	254	504	120	337	207	267	206	2,320	2,416	2,365
	Total no. to be seen (0-3 months)	M	1,308	1,290	-1.4%	149	24	123	227	97	248	145	189	88	1,241	1,297	1,290
	Total no. on waiting list for a first appointment waiting > 3 months	M	1,141	1,075	-4.5%	288	9	131	277	23	89	62	78	118	1,079	1,119	1,075
	Total No. on waiting list for a first appointment waiting > 12 months	M	0	214	>100%	86	0	27	57	0	0	11	0	33	177	208	214
Finance	Budget Management including savings Net Expenditure variance from plan (within budget 0.33%)																
	% variance - from budget	M	€257,779	€257,934	0.06%	1.91%	7.24%	4.31%	2.05%	0.57%	4.58%	4.87%	7.63%	1.33%	0.06%	0.05%	0.06%
	- % variance - Pay (Direct)	M	€211,578	€208,971	-1.23%										0.01%	-1.34%	-1.23%
	- % variance - Pay (Agency)	M	€5,028	€13,171	161.93%										163.50%	155.50%	161.93%
	- % variance - Pay (Overtime)	M	€5,069	€6,813	34.42%										31.59%	33.65%	34.42%
	- % variance - Non Pay	M	€52,406	€54,285	3.59%										-1.08%	3.92%	3.59%
	- % variance – Income	M	-€6,493	-€5,875	-9.51%										-10.30%	-11.03%	-9.51%
	Service Arrangements																
	No and % of Service Arrangements signed (05/05/16)	M	100%	139 89.68%	10.32%										13.22%	88.31%	89.68%
	€ value and % of Service Arrangements signed (05/05/16)	M	100%	€52,666 78.81%	21.19%										3.04%	78.67%	78.81%

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
HR	% Absenteeism																
	Overall	M in arrears	3.50%	4.88%	39.42%	6.01%	4.80%	6.01%	3.28%	5.24%	5.86%	5.61%	4.78%	4.07%	4.78%	4.73%	
	Medical/Dental			2.56%	-26.85%	2.17%	3.40%	1.18%	2.25%	4.09%	0.00%	4.00%	1.35%	2.14%	3.25%	2.15%	
	Nursing			5.12%	46.28%	6.43%	5.55%	7.89%	3.47%	4.64%	5.74%	6.01%	4.69%	3.90%	4.91%	5.01%	
	Health and Social Care Professional			4.48%	28.00%	6.62%	4.93%	3.32%	2.49%	5.18%	0.00%	6.87%	4.14%	4.18%	4.30%	3.98%	
	Management/Admin			5.71%	63.14%	2.91%	3.30%	3.70%	3.10%	4.31%	8.61%	23.59%	3.62%	5.83%	9.71%	2.94%	
	General Support staff			6.11%	74.57%	8.37%	4.67%	5.51%	3.59%	7.60%	2.53%	7.88%	7.43%	5.34%	6.44%	6.06%	
	Other Patient and Client staff			4.22%	20.57%	6.13%	4.01%	6.64%	3.86%	6.12%	3.88%	0.00%	6.59%	3.92%	3.66%	4.81%	
	Staff Levels and Costs																
	WTE change from previous month	M		9,553	-3	0	2	2	0	-7	5	1	-1	-6	113	38	-3
	Variance from funding staffing thresholds	M	0.50%	Data not yet available													
	EWTD Compliance																
EWTD ⁹ - <24 hour shift	M	100%	92%(i)	-8%										92%(i)	92%(i)	92%(i)	
EWTD - <48 hour working week	M	95%	92%(i)	-3.2%										92%(i)	93%(i)	92%(i)	

⁹ EWTD compliance is calculated on returns from 24 of 27 providers
Health Service Performance Report March/April 2016

Mental Health Balanced Scorecard/Heat Map Quarterly

		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Safety Incident reporting ¹⁰																
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO																
	Q	90%	37%	-58.9%	42%	49%	65%	28%	25%	49%	19%	41%	8%				37%

¹⁰ Safety Incidents is reflective of all of Community Healthcare Health Service Performance Report March/April 2016

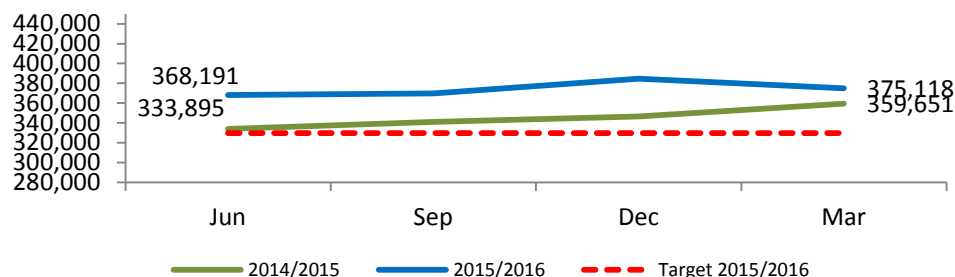
Social Care – Disability Services

Disability Services

(Quarterly one month in arrears)

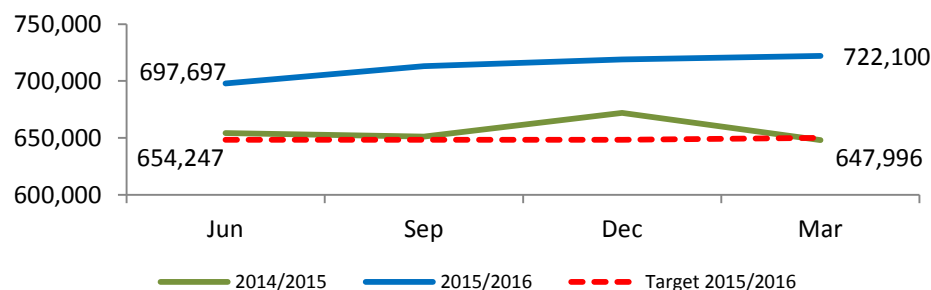
Number of Personal Assistant (PA) Service hours delivered

- **375,118** hours delivered, **384,727** in Q4 2015. **375,118** YTD (Target YTD 329,696)
- **Above target (% var YTD):** CHO7 63.7%, CHO2 22.3%, & CHO3 17.1%
- **Below target (% var YTD):** CHO6 -11.3%



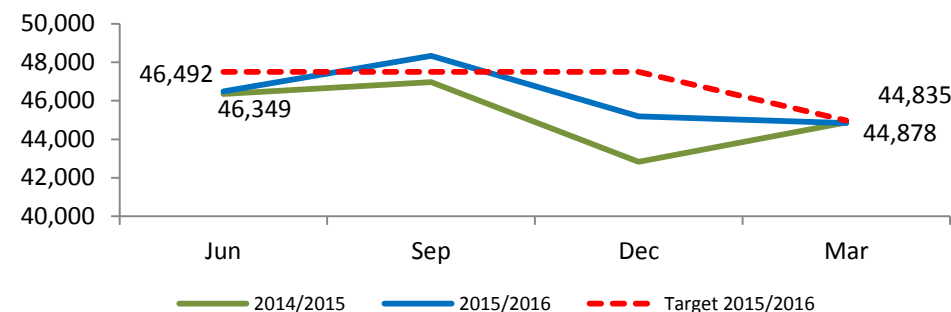
Number of Home Support Hours delivered

- **722,100** hours delivered, **718,963** in Q4 2015. **722,100** YTD (Target YTD 649,974)
- **Above target (% var YTD):** CHO8 42.5%, CHO5 30.8% & CHO4 24%
- **Below target (% var YTD):** CHO3 -14.3%, CHO2 -4.6%, CHO1 -4.6% and CHO9 -2.6%
- CHO 5 Wexford data under review by the CHO



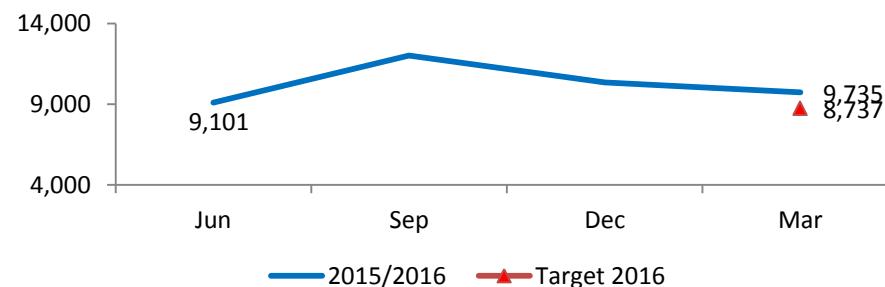
Number of overnights (with or without day respite) accessed by people with a disability

- **44,835** accessed respite, **45,196** in Q4 2015. **44,835** YTD (Target YTD 44,978)
- **Above target (% var YTD):** CHO2 18.4%, CHO5 10.6% & CHO3 7.3%
- **Below target (% var YTD):** CHO6 -15.3%, CHO9 -10.3% & CHO4 -7.8%



No. of day only respite sessions accessed by people with a disability

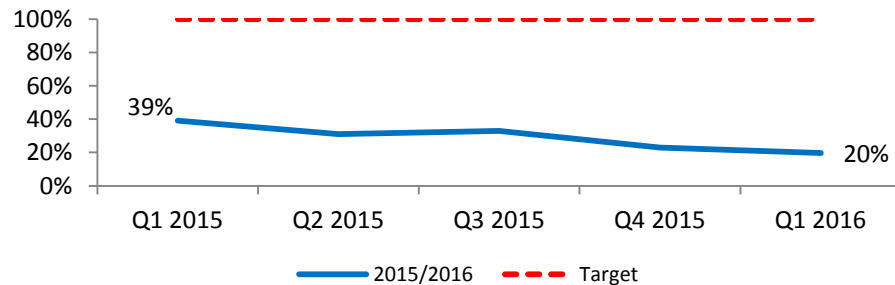
- **9,735** sessions delivered. **10,339** in Q4 2015. **9,735** YTD (Target YTD 8,737)
- **Above target (% var YTD):** CHO5 97.7%, CHO3 59.4% and CHO8 18.6%
- **Below target (% var YTD):** CHO1 -54.6%, CHO4 -29.9% and CHO2 -6.0%



Disability Services

Disability Act Compliance (Quarterly)

- **19.6%** assessments completed within timelines, **23%** in Q4 2015, **19.6%** YTD (Target 100%)
- **Outliers:** All CHOs performing below target, ranging from CHO2 61.5% to CHO9 2.2%



Number of people who transitioned from Congregated to Community settings (Quarterly)

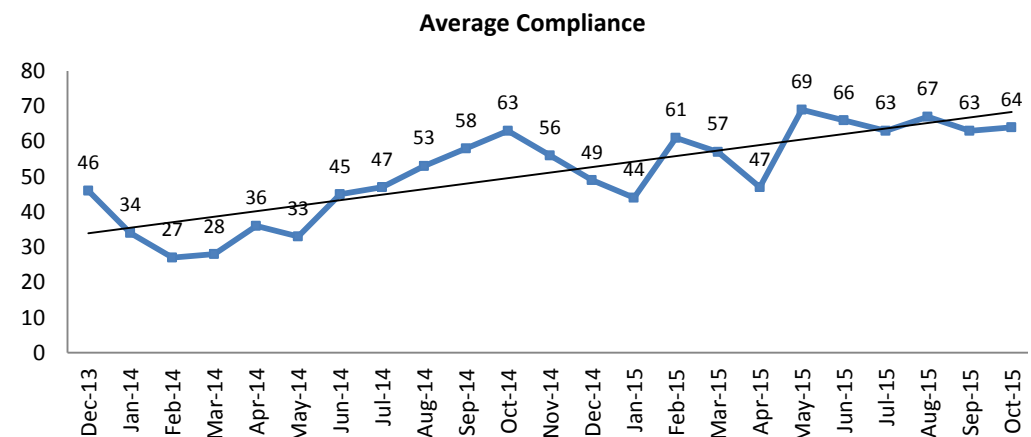
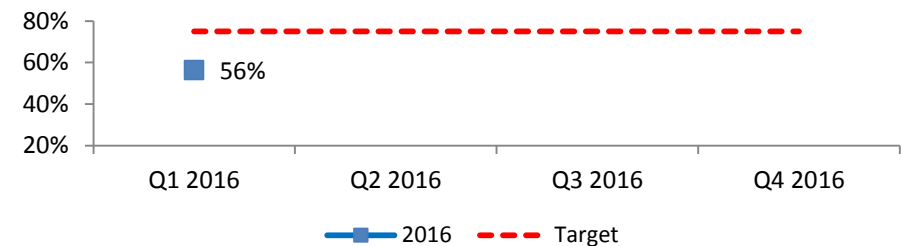
- **22** people transitioned, **22** people YTD (Target 161,7 YTD)
- Target for Q1 only applicable for CHO4 with no individuals expected to transition in all the other CHOs in Q1; those who did complete transitions in CHOs 1,5,6,7 and 9 completed their transition ahead of schedule
- Above target: CHO 4 (43%), CHO1, CHO5, CHO6, CHO7, and CHO 9 all had a target of zero however some people transitioned to community settings in Q1

Number of Children's Disability Network Teams established (0-18s) (Quarterly)

- **0** Disability Network Teams established (Target 75, 15 YTD)
- Target only applicable for CHO1 and CHO2 with all other CHOs not expected to establish Disability Network Teams in Q1

% compliance with inspected outcomes following HIQA inspection of Disability Residential Units (Quarterly)

- **56.3%** of outcomes assessed by HIQA were compliant (Target 75%)
- **Above target:** CHO2 86.3%
- **Below target:** All other CHOs below target ranging from CHO4 59.9% to CHO8 40.2%
- New metric



Disability Services Commentary

Activity in both Personal Assistance Hours and Home Support Hours delivered are ahead of target in Q1 2016. People with disabilities are now living longer and living with a range of complex needs. In line with policy, the focus in recent years, in line with *Transforming Lives*, has been to enable people with disabilities to live lives of their choosing. Provision of PA and HS hours is an important component of this.

Changing need for some people with disabilities and the need for an ongoing supply of emergency residential places is an ongoing issue for disability service providers. Recognizing this need, NSP 2016 provided an additional €16.5 million for emergency places. While the additional funding is very welcome, it is acknowledged that it is insufficient to meet the full demand of emergency places (which has not received additional funding since 2008). CHOs are operating a prioritization system for access to emergency places, and in the absence of one being available, there is an additional reliance on PA and HS hours. This can be seen in the rise in both in over the last year; although it is noted that this additional activity is unfunded.

Disability Services Balanced Scorecard/Heat Map

	Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	Serious Reportable Events¹¹															
	% of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)															
	M	99%	31%	-68.7%												
Access	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer															
	M	90%	NA													
	Service User Experience															
Finance	% of complaints investigated within 30 working days of being acknowledged by the complaints officer ¹²															
	Q	75%	74.9%	-0.1%												74.9%
	Personal Assistance															
Access	No. of PA Service hours delivered to adults with a physical and / or sensory disability															
	Q 1 mth in arrears	329,696	375,118	13.78%	33,379	72,875	77,779	32,824	24,332	5,434	7,110	41,687	79,698	369,928	384,727	375,118
	Home Support Service															
Finance	No. of Home Support Hours delivered to persons with a disability															
	Q 1 mth in arrears	649,974	722,100(i)	11.1%	80,245	43,382	30,284	58,511	68,841(i)	77,779	104,613	154,231	104,214	712,913	718,963	722,100(i)
	Respite Services															
Finance	No. of day only respite sessions accessed by people with a disability															
	Q 1 mth in arrears	8,737	9,735	11.4%	567	1,469	3,916	354	506	524	1,262	255	882	12,002	10,339	9,735
	No. of overnights (with or without day respite) accessed by people with a disability															
Finance	Q 1 mth in arrears															
		44,978	44,835	-0.3%	2,942	9,574	3,401	6,194	3,945	3,551	6,254	4,204	4,770	48,325	45,196	44,835
	Budget Management including savings															
Finance	Net Expenditure variance from plan (within budget)															
	% variance - from budget															
	M	€510,765	€527,183	3.21%	5.50%	3.71%	4.38%	3.75%	7.03%	3.42%	7.85%	7.03%	1.69%	2.27%	2.46%	3.21%
Finance	- % variance - Pay (Direct)															
	M	€200,342	€203,628	1.64%										1.03%	1.40%	1.64%
Finance	- % variance - Pay (Agency)															
	M	€9,385	€13,300	41.72%										73.37%	41.62%	41.72%

¹¹ This covers all Social Care

¹² Quarter 1 return, reflective of all Community Healthcare Health Service Performance Report March/April 2016

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	- % variance - Pay (Overtime)	M	€1,867	€3,016	61.56%										54.19%	49.55%	61.56%
	- % variance - Non Pay	M	€332,535	€344,228	3.52%										2.66%	2.49%	3.52%
	- % variance – Income	M	-€30,026	-€29,348	-2.26%										0.11%	-1.77%	-2.26%
	Service Arrangements																
	No and % of Service Arrangements signed (05/05/16)	M	100%	648 97.30%	2.70%										18.02%	94.09%	97.30%
	€ value and % of Service Arrangements signed (05/05/16)	M	100%	€1,024,874 88.68%	11.32%										3.34%	87.23%	88.68%
HR	% Absenteeism																
	Overall			5.33%	52.28%	7.49%	5.56%	6.18%	5.14%	5.97%	3.98%	5.11%	6.67%	4.54%	5.04%	5.51%	
	Medical/Dental			3.40%	-2.85%	0.03%	0.00%	0.57%	0.16%	0.36%	4.48%	0.90%	0.00%	8.32%	4.27%	1.26%	
	Nursing			6.06%	73.14%	7.71%	6.59%	6.02%	5.56%	7.00%	5.50%	5.17%	7.46%	5.11%	5.84%	6.03%	
	Health and Social Care Professional	M in arrears	3.50%	4.16%	18.85%	5.42%	6.01%	5.63%	5.42%	5.86%	3.16%	3.92%	5.08%	3.04%	4.03%	4.11%	
	Management/Admin			3.75%	7.14%	4.20%	4.29%	3.78%	4.73%	5.79%	3.07%	3.81%	3.73%	3.23%	3.76%	3.80%	
	General Support staff			4.91%	40.28%	7.29%	3.53%	5.59%	4.28%	6.74%	2.18%	6.32%	6.54%	5.32%	4.12%	5.47%	
	Other Patient and Client staff			5.81%	66.00%	8.12%	5.24%	6.54%	5.59%	5.26%	4.48%	5.33%	7.06%	5.05%	5.71%	5.92%	
	Staffing Levels and Costs																
	WTE change from previous month	M		26,266	127	35	-8	24	-4	-1	16	-6	-2	71	198	155	127
	Variance from funding staffing threshold	M	0.50%	Data not yet available													

Disability Services Balanced Scorecard/Heat Map Quarterly

	Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Safety Incident reporting¹³															
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO															
	Q	90%	37%	-58.9%	42%	49%	65%	28%	25%	49%	19%	41%	8%			37%
	Safeguarding															
	% compliance with inspected outcomes following HIQA inspection of Disability Residential Units															
	Q	75%	56.3%	-24.9%	59.5%	83.6%	48.2%	59.9%	48.9%	41.0%	46.3%	40.2%	56.6%			56.3%
	Congregated Settings															
	Facilitate the movement of people from congregated to community settings															
	Q	160	22(i)	214.3%	1	0	0	10 (i)	4	1 (i)	5 (i)	0	1	46	53	22
Access	Progressing Disability Services for Children and Young People (0-18s) Programme															
	No of children's disability network teams established															
	Q	100% (129/129) Note 56 of 129 already established	0% (0/15)	-100.0%	0% (0/8)	0% (0/7)	0	0	0	0	0	0	0			0% (0/15)
	Disability Act Compliance															
	% of assessments completed within the timelines as provided for in the regulations															
	Q	100%	19.6%	-80.4%	46.2%	61.5%	57.4%	16.3%	16.0%	29.4%	5.6%	22.7%	2.2%	32.9%	23.0%	19.6%

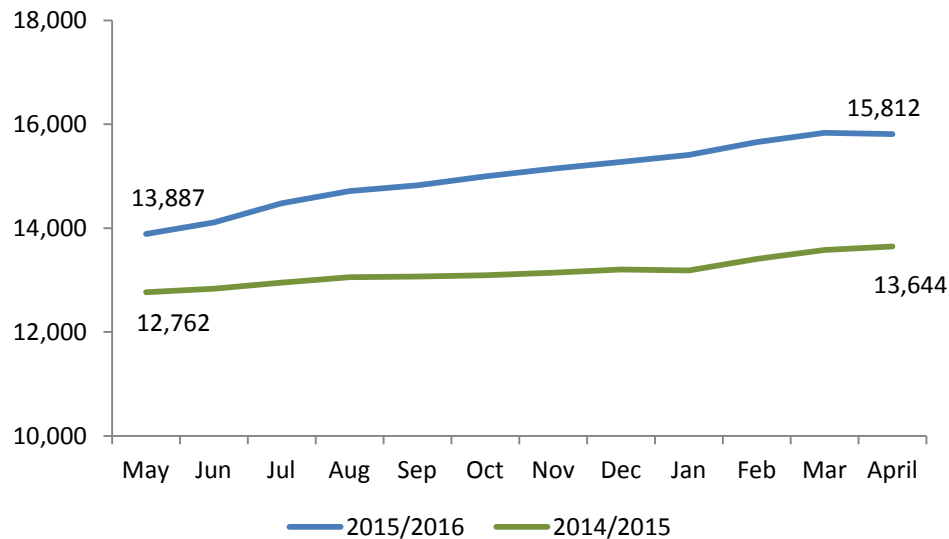
¹³ Safety Incidents is reflective of all of Community Healthcare Health Service Performance Report March/April 2016

Social Care – Older Persons

Home Care Packages

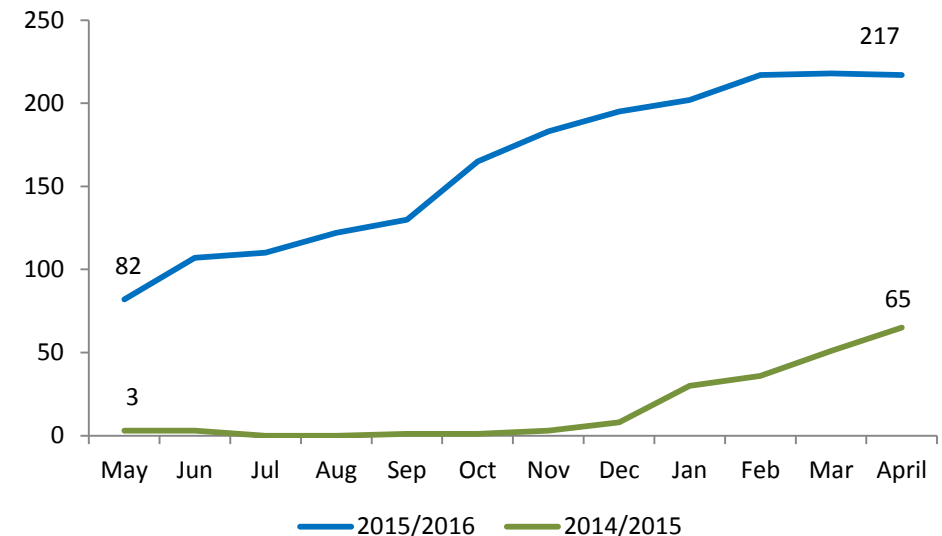
Number of persons in receipt of a Home Care Package

- **15,812** persons in April, **15,830** persons in March, (Expected 15,450)
- **Above Expected:** (% var YTD): CHO 7 (7.6%), CHO 1 (7.0%), CHO 3 (4.3%), CHO 2 (3.4%), CHO 8 (5.4%) and CHO 9 (0.7%).
- **Below Expected** (% var YTD): CHO 5 (-4.9%), CHO 6 (-2.5%) & CHO 4 (-0.9%)
- Expected Activity Change from 13,200 (13,800 with DDI HCPs included) in 2015 to 15,450(with DDI HCPs included) in 2016.
- Activity and costs are being managed across the CHOs to ensure home care costs and budgets align at year end.



Number of persons in receipt of an Intensive Home Care Package

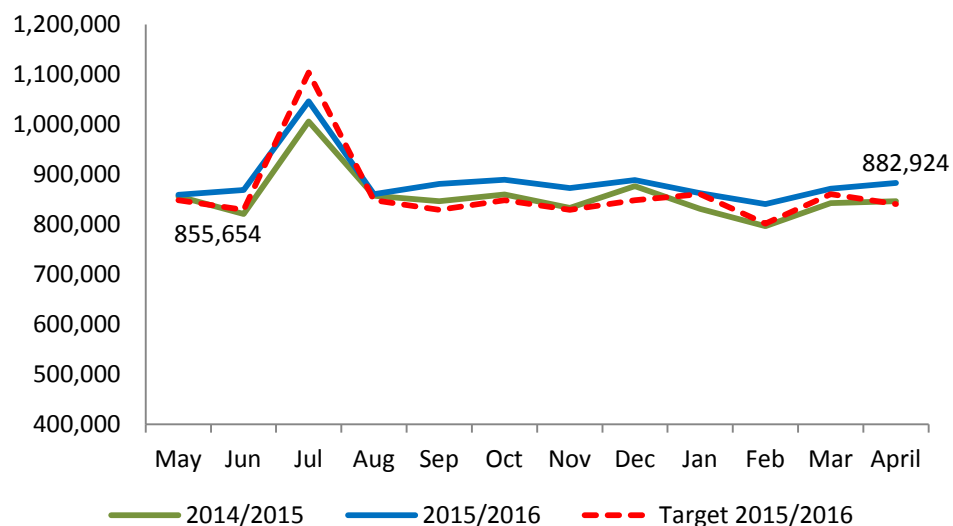
- **217** persons in April, **218** persons in March, (Expected 130 HSE funded plus 60 AP funded)
- In April HSE funding was providing for approx. 173 IHCPs and Atlantic Philanthropies funding was providing for approx. 44 IHCPs – total 217 IHCPs
- Expected Activity Change from 190 in 2015 to 130 in 2016 - graph shows actual activity however this is projected to reduce to year end to align with funding allocation.



Home Help Hours

Number of home help hours provided

- **882,924** hours provided in April, **871,153** hours provided in March, (Expected Activity 840,569)
- **3,457,224** YTD (Expected Activity YTD **3,362,274**) Activity over target by 94,950 hours YTD
- **Above target** (% var YTD): CHO1 (13.3%) CHO 2 (13.0%), CHO 8 (8.4%), CHO 3 (6.8%), CHO 5 (4.1%)
- **Below target** (% var YTD): CHO4 (-11.0%), CHO 7 (-2.4%), CHO6 (-2.1%), and CHO 9 (-1.0%)
- Peak in July in graph below reflects additional pay period adjusted for in July in CHOs 1, 4 & 7
- Activity is being managed across the CHOs having regard to cost of care, increasing demand for services as population ages and overall cost of home care services in order to align overall home care spend with budget allocation to year end.



Nursing Home Support Scheme

Number of persons being funded under NHSS in long term residential care

- **22,817** in April, **22,847** in March, (Expected Activity 23,450)
- Expected Activity Change from 22,361 in 2015 to 23,450 in 2016
- 22,817 April 2016, 22,521 April 2015
- 296 more than April 2015 (1.3% increase)
- Anticipated that the target of 23,450 will be met by year end assuming demographic increase of 3.1%
- Wait times for April- 4 weeks on target
- 603 on the waiting list (↓ from 2,135 October 2014)

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients

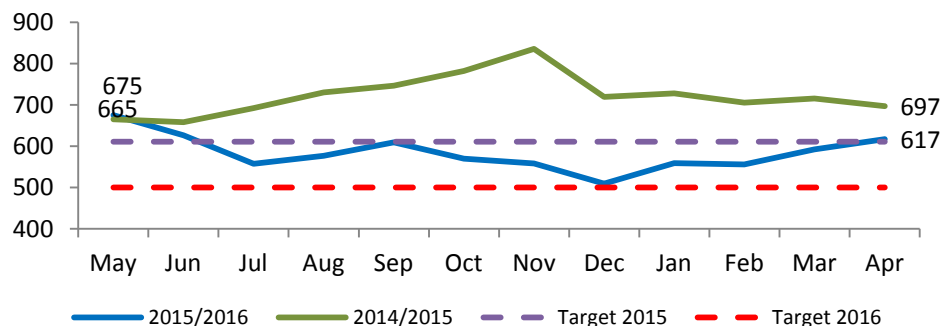
		Jan	Feb	Mar	April	YTD 2016	April-15
	No. of new applicants	991	1,002	886	921	3,800	865
	National placement list for funding approval	243	422	491	603	603	575
	Total no. people funded under NHSS in LTRC	23,093	22,950	22,847	22,817	22,817	22,521
Private Units	No. of new patients entering scheme	560	548	492	548	2,148	905
	No. of patients Leaving NHSS	542	622	533	552	2,249	542
	Net Increase	18	-74	-41	-4	-101	363
Public Units	No. of new patients entering scheme	172	167	110	153	602	240
	No. of patients Leaving NHSS	144	205	156	159	664	186
	Net Increase	28	-38	-46	-6	-62	54

Note: In addition to the leavers above there were a further 93 leavers (20 in March) from Contract Beds/Subvention/Section 39 savers beds.

Delayed Discharges

Number of Delayed Discharges

- 617 delayed discharges. **592** in March (Target 500)
- **Best Performers:** Cappagh 0 (4), Sligo 4 (5), Naas 7 (8)
- **Outliers:** St. James's 72 (65), Mater 51 (49), Drogheda 44 (38)



Delayed Discharges by Destination (26/04/2016)	Over 65	Under 65	Total No.	Total %
Home*	85	17	102	16.5%
Long Term Nursing Care	357	52	409	66.3%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	76	30	106	17.2%
Total	518	99	617	100.0%

*of which 55 are waiting for home care (8 under 65y; 47 over 65y). 21 (3 under 65y) of the 55 were approved and waiting for funding for home care; 34 applications being processed

The national delayed discharge figure while relatively constant for the first two months of the year has begun to increase since March. The increase is reflected in increasing numbers of patients who have been listed as delayed discharge home but for whom the process of application for NNSS has not yet been commenced (25% of the total DD) and also due to an increasing number of patients with complex rehabilitation requirements who are either waiting for rehab in NRH or rehab locally (11% of the total DD). This month's figure of 617 is an 11% reduction on the same period last year (697)

Social Care continues to address Delayed Discharges through the provision of:

- NHSS – Residential care is continuing to maintain the significant improvements made during 2015 and the waiting times for funding remain at 4 weeks and are not expected to increase during 2016.
- Transitional care
 - Transitional Care continues to be approved to all hospitals in 2016. Current demands exceeds the funded position- Social care continues to meet this requirement based on Winter plan arrangement
 - Total no of approvals - 2,649
 - This allows transfer while awaiting NHSS funding or convalescence instead of remaining in an acute hospital bed.
 - The demand monitored weekly by social care/acute hospital
- Home Care
 - Prioritised to support discharged from acute services
 - Joint working with Acute Hospital Division (AHD) and Primary Care (PC)
 - A group has been convened to address the issue of standardising the overall discharge planning and management in all hospitals and CHO areas. The group which will look at amongst other things the definition and classification of delayed discharges are due to meet in May and will target two hospitals (CUH and Beaumont) to compare discharge processes

Older Persons Commentary

The 2016 funding available provides for 10.4m home help hours and for 15,450 clients to be in receipt of Home Care Packages (HCPs). An additional €20m has been allocated for Home Care in 2016 which will be used in supporting older people to return home, or remain at home, for as long as possible where this is their wish. However it is important to note that the allocation of funding for home care across the system, though significant, it is finite and must be delivered within the funding available.

The level of activity and associated costs is being managed in each of the 9 Community Healthcare Organisations in a way that ensures those with the greatest needs are supported and that the overall expenditure on home care services by the HSE does not exceed the funding available.

During the ED crisis in the first Q of 2016 – CHOs supported Acute Hospitals by providing additional HCPs to support the discharge of older people, to their home. Consequently funding spent on HCPs for the first quarter of the year was ahead of the budget based on planned seasonal requirement, and activity will be flexed over the coming months to ensure there is sufficient availability of Home Care particularly over the winter period 2016-2017. It is expected that this situation will balance itself out over the next few months. It is not intended to withdraw services from existing clients who have a need for same. Clients who cannot be provided with a service following assessment will have their names placed on a waiting list pending resources becoming available. However the waiting list in the community is likely to grow during the year with current average waiting times of approximately 2-4 weeks set to increase.

Older Persons Balanced Scorecard/Heat Map

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Access	Home Care Packages																	
	Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs		M	15,450	15,812	2.3%	1,322	1,179	980	1,383	856	1,629	2,139	2,247	4,077	15,655	15,830	15,812
	Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)		M	130	217	66.9%	3	49	14	27	7	15	18	17	67	217	218	217
	Home Help																	
	No. home help hours provided for all care groups (excluding provision of hours from HCP's)		M	3,362,274	3,457,224	2.8%	487,130	473,382	325,157	602,658	409,195	130,000	229,778	428,786	371,139	840,723	871,153	882,924
	No. of people in receipt of home help hours (excluding provision from HCPs)		M	47,800	48,638	1.8%	5,158	6,198	3,829	7,809	5,837	2,888	5,196	6,844	4,879	48,435	48,689	48,638
	NHSS																	
	No. of people being funded under NHSS in long term residential care during the month		M	23,450	22,817	-2.7%										22,950	22,847	22,817
	No. of NHSS beds in Public Long Stay Units		M	5,255	5,255	0.0%	534	609	346	1,046	556	386	642	629	507	5,255	5,255	5,255
	No. of short stay beds in Public Long Stay Units		M	2,005	2,005	0.0%	395	254	184	336	275	165	199	96	101	2,005	2,005	2,005
Finance	Budget Management including savings																	
	Net Expenditure variance from plan (within budget)																	
	% variance - from budget		M	€233,363	€249,701	7.00%	6.19%	19.95%	10.55%	0.93%	7.01%	9.43%	11.99%	11.43%	6.76%	5.09%	6.88%	7.00%
	- % variance - Pay (Direct)		M	€219,566	€222,144	1.17%										0.09%	0.83%	1.17%
	- % variance - Pay (Agency)		M	€7,677	€10,270	33.78%										28.65%	33.91%	33.78%
	- % variance - Pay (Overtime)		M	€2,015	€2,564	27.25%										14.41%	22.92%	27.25%
	- % variance - Non Pay		M	€138,703	€149,864	8.05%										6.23%	7.79%	8.05%
	- % variance – Income		M	-€126,546	-€124,192	-1.86%										-2.22%	-2.64%	-1.86%
	Service Arrangements																	
No and % of Service Arrangements signed (05/05/16)		M	100%	961 98.97%	1.03%										21.70%	93.33%	98.97%	
€ value and % of Service Arrangements signed (05/05/16)		M	100%	€166,540 99.93%	0.07%										13.45%	95.20%	99.93%	

		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
HR	% Absenteeism																
	Overall	M in arrears	3.5%	5.33%	52.28%	7.49%	5.56%	6.18%	5.14%	5.97%	3.98%	5.11%	6.67%	4.54%	5.04%	5.51%	
	Medical/Dental			3.40%	-2.85%	0.03%	0.00%	0.57%	0.16%	0.36%	4.48%	0.90%	0.00%	8.32%	4.27%	1.26%	
	Nursing			6.06%	73.14%	7.71%	6.59%	6.02%	5.56%	7.00%	5.50%	5.17%	7.46%	5.11%	5.84%	6.03%	
	Health and Social Care Professional			4.16%	18.85%	5.42%	6.01%	5.63%	5.42%	5.86%	3.16%	3.92%	5.08%	3.04%	4.03%	4.11%	
	Management/Admin			3.75%	7.14%	4.20%	4.29%	3.78%	4.73%	5.79%	3.07%	3.81%	3.73%	3.23%	3.76%	3.80%	
	General Support staff			4.91%	40.28%	7.29%	3.53%	5.59%	4.28%	6.74%	2.18%	6.32%	6.54%	5.32%	4.12%	5.47%	
	Other Patient and Client staff			5.81%	66.00%	8.12%	5.24%	6.54%	5.59%	5.26%	4.48%	5.33%	7.06%	5.05%	5.71%	5.92%	
	Staffing Levels and Costs																
	WTE change from previous month	M		26,266	127	35	-8	24	-4	-1	16	-6	-2	71	198	155	127
	Variance from funding staffing thresholds	M	0.50%	Data not yet available													

Finance

Introduction

The figures (and deficits) set out in this report do not take account of any potential increase in funding arising from the Governments recent proposal to increase funding to the HSE

As part of Budget 2016 the HSE will receive a total revenue allocation of €12,987m to provide health and social care services. This represents an overall increase of €817m (6.7%) on the 2015 allocation. Of this amount €97m has been earmarked for specific new service developments, which leaves €12,890m available to the HSE to maintain existing services in 2016. This represents an increase in the region of €67m (0.5%) on the actual expenditure incurred in 2015.

Budget 2016 is the second part of a multiyear programme to put the health services on a more sustainable footing and accordingly this is the second year in which an additional budget allocation has been made available to the health services. Following the years of austerity this additional funding is particularly welcome.

The cost of providing the existing services at the 2015 level will grow in 2016 due to a variety of factors including national pay agreements / public pay policy requirements, quality and safety requirements, new drug and other clinical non pay costs, price rises etc. A total of €316.1m has been provided towards the expected growth in costs in 2016 of existing services with the balance of 2016 expected cost growth to be dealt with by way of additional savings and other financial measures and assumptions. In respect of all savings and other financial measures the underlying assumptions and the risks around the challenging nature of same particularly in the demand driven PCRS area, have been agreed via extensive engagements with the DoH.

Within Acute Hospitals it is for the HSE and the Hospital Groups to ensure that appropriate management effort and attention is applied to maximising the delivery of savings measures and overall budgetary performance. Thereafter the HSE and DoH acknowledge the shared risks inherent in the extent of the savings targets and the assumptions underpinning them, which have been mutually agreed following extensive engagement in light of the alternative which is service reductions.

Overall the HSE has prioritised its efforts around strengthening payroll controls, reducing waste and increasing productivity in order to mitigate the continuing annual growth in health and social care costs experienced in Ireland and internationally. Thereafter, to the greatest extent practicable and consistent with the safe delivery of services, we will deliver services at 2015 levels or at an increased level where this is supported by the funding available. The HSE fully acknowledges the requirement to operate within the limits of the funding notified to it and will ensure this receives the very significant management focus required in 2016.

Given the scale of the demographic, regulatory and other service pressures it is estimated that across the acute and community healthcare service areas there is a substantial financial risk being managed. Particular attention in the context of the Accountability Framework will be focused in conjunction with the Hospital Groups on driving financial performance across our acute hospitals in light of the scale of the financial challenge.

In addition to the performance areas there are significant financial pressures in the PCRS and other demand led areas that arise as a result of the demographic, economic and other factors. There will also be particular challenges in meeting compliance with regulatory requirements in both the disability and older persons sectors within the funding available. While it is not possible to eliminate these financial risks in full, the HSE will make every effort to manage them to the greatest extent possible within the resources provided.

Financial Performance

As of the 30th of April 2016 the HSE has expenditure of €4.392 billion against a budget of €4.222 billion leading to a deficit of €170.2m or 4.0%. This April deficit primarily relates to an over spend against profile within Acute Hospitals of €112.1m, Social Care €27.3m, Demand Led Areas €33.7m.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,123,348	1,466,767	1,354,622	112,145	8.3%
National Ambulance Service & Emergency Mgt	152,785	49,475	49,346	129	0.3%
Health & Wellbeing Division	204,114	59,122	60,250	(1,128)	-1.9%
Primary Care Division	970,454	321,582	317,946	3,636	1.1%
Mental Health Division	795,189	257,934	257,779	155	0.1%
Social Care Division	3,182,111	1,067,803	1,040,521	27,282	2.6%
National Cancer Control Programme (NCCP)	29,678	835	844	(9)	-1.0%
Clinical Strategy & Programmes Division	43,978	7,880	7,914	(34)	-0.4%
Quality Assurance & Verification	3,178	219	254	(35)	-13.7%
Quality Improvement Division	7,689	1,851	1,870	(20)	-1.1%
Other National Divisions / Services	300,151	89,993	89,818	175	0.2%
Pensions	321,880	98,111	103,923	(5,812)	-5.6%
Demand Led Areas	2,796,875	970,827	937,090	33,737	3.6%
Grand Total	12,931,431	4,392,399	4,222,175	170,223	4.0%
Grand Total (excl Demand Led Areas & Pensions)	9,812,676	3,323,460	3,181,162	142,298	4.5%

Acute Hospitals

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	627,987	225,237	209,810	15,427	7.4%
Dublin Midlands	769,387	271,163	253,034	18,129	7.2%
Ireland East	814,363	286,830	268,940	17,891	6.7%
South / South West	705,451	244,434	233,036	11,398	4.9%
Saolta University Health Care	654,407	235,788	216,425	19,363	8.9%
UL Hospitals	255,114	96,664	83,887	12,777	15.2%
National Children's Hospital	230,879	81,443	76,891	4,552	5.9%
Regional & National Services ¹⁴	65,760	25,208	12,599	12,609	100.1%
Total	4,123,348	1,466,767	1,354,622	112,145	8.3%

As of 30th of April 2016 the Acute Hospital Division has a deficit of €112.1m or 8.3%. The NSP 2016 set budgets at €88m¹⁵ or 2% below 2015 spend which is significant in itself but the acute system must also deal with cost pressures going forward. When account is taken of the 2015 cost of services and expected cost growths in 2016 this leaves a preliminary financial risk in the region of €225m before cost-saving and efficiency measures which is currently being validated by hospital groups. The division will take a number of measures to control costs, reduce waste and improve efficiency aimed at minimising any impact on services.

A National Steering Group and associated working groups (WG) has been established to examine potential savings measures within hospitals. These WG are assessing and agreeing proposed savings measures in addition to identifying challenges, risks and dependency issues which will be communicated, from a governance standpoint through a defined monthly reporting arrangement. The targets that need to be achieved in relation to these measures are very challenging and carry significant

¹⁴ Regional and National services comprises corporate offices

¹⁵ NSP 2016 outlined €4,137.4m in available funding as a result of internally commissioned services from other divisions.

delivery risk albeit each of the measures represent areas of focus that the HSE would have intended to pursue in 2016 in any event.

Social Care - Older Persons

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	75,759	26,199	24,671	1,528	6.2%
CHO 2	62,258	24,684	20,579	4,105	19.9%
CHO 3	59,442	21,818	19,736	2,082	10.6%
CHO 4	116,608	39,422	39,060	361	0.9%
CHO 5	62,103	21,998	20,557	1,440	7.0%
CHO 6	53,755	19,572	17,885	1,687	9.4%
CHO 7	78,956	30,014	26,800	3,214	12.0%
CHO 8	56,910	21,014	18,859	2,156	11.4%
CHO 9	89,584	31,960	29,935	2,025	6.8%
Regional & National	58,911	13,020	15,280	(2,259)	-14.8%
Subtotal	714,288	249,701	233,363	16,339	7.0%
NHSS	909,838	290,919	296,393	(5,474)	-1.8%
Overall Total	1,624,125	540,620	529,755	10,865	2.1%

As of 30th of April 2016 Older Persons (including NHSS) has expenditure of €540.6m against a budget of €529.8m leading to a deficit of €10.9m / 2.1%.

Managing the year on year growth in demand for community-based social services is one of the key challenges for Older Persons services in 2016. The additional funding received in this area, while welcome, does not allow the services to keep pace with the increasing demand and demographic pressures within the community. In the case of home care and transitional care beds the HSE will utilise €20m in expected time related savings from the €58.5m new initiatives monies held by the DoH to keep activity at appropriate levels for 2016. Given the demographic pressures demand and capacity will be reviewed on an on-going basis during the year.

Social Care - Disability Services

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	109,291	38,650	36,636	2,014	5.5%
CHO 2	147,006	51,571	49,728	1,842	3.7%
CHO 3	132,719	45,800	43,877	1,923	4.4%
CHO 4	192,938	66,176	63,785	2,391	3.7%
CHO 5	138,460	48,995	45,775	3,220	7.0%
CHO 6	211,533	72,089	69,704	2,385	3.4%
CHO 7	148,582	53,535	49,639	3,896	7.8%
CHO 8	177,795	63,797	59,609	4,188	7.0%
CHO 9	249,306	85,193	83,779	1,413	1.7%
Regional & National	50,357	1,376	8,231	(6,855)	-83.3%
Total	1,557,986	527,183	510,765	16,418	3.2%

As of 30th of April 2016 Disability Services has expenditure of €527.2m against a budget of €510.8m leading to a deficit of €16.4m / 3.2%.

There has been very significant investment in disability services in 2016 to support the full year cost of approved compliance work and emergency places commenced in 2015. The implementation of quality improvements and action plans arising from HIQA inspection reports will be ranked and prioritised in 2016. These priorities will need to be kept under review as further demands arise, having regard to the available funding and the relevant regulatory legislation. The increasing demand for additional / emergency residential placements as well as the changing needs of existing clients will need to be managed within the existing numbers and funding. New service users will be accommodated as existing placements become free and additional requirements being included in future funding submissions where they cannot be accommodated within the existing funding level.

Mental Health

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	65,642	21,990	21,577	413	1.9%
CHO 2	92,300	32,702	30,495	2,207	7.2%
CHO 3	58,621	20,220	19,384	836	4.3%
CHO 4	105,218	35,497	34,786	711	2.0%
CHO 5	89,575	29,783	29,614	169	0.6%
CHO 6	51,923	17,773	16,995	778	4.6%
CHO 7	71,893	25,213	24,042	1,171	4.9%
CHO 8	79,670	28,373	26,362	2,011	7.6%
CHO 9	103,295	34,675	34,219	456	1.3%
Regional & National	77,052	11,708	20,305	(8,598)	-42.3%
Total	795,189	257,934	257,779	155	0.1%

The Mental Health Division spent €257.8m in the month ended 30th April 2016 against a budget of €257.8m, a variance of €155k, representing 0.06 of 1%. The Division forecasts that it will be within budget at year end. However cost pressures, such as Nursing and Medical Agency and the increasing costs of Private Placements, are likely to be balanced by savings arising from the difficulty in hiring some new / replacement posts.

Primary Care Division

Primary Care Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	86,667	29,745	28,326	1,420	5.0%
CHO 2	92,464	32,177	30,569	1,608	5.3%
CHO 3	72,436	24,808	23,948	860	3.6%
CHO 4	119,866	40,231	39,655	575	1.5%
CHO 5	83,087	27,937	27,495	442	1.6%
CHO 6	55,312	18,641	18,246	396	2.2%
CHO 7	148,197	49,550	48,919	631	1.3%
CHO 8	120,721	41,428	40,019	1,409	3.5%
CHO 9	121,066	40,771	39,953	818	2.0%
Regional	16,785	7,901	5,570	2,331	41.8%
National	53,854	8,393	15,246	(6,853)	-45.0%
Sub Total	970,454	321,582	317,946	3,636	1.1%
PCRS	2,417,149	828,777	813,955	14,822	1.8%
DLS	242,636	80,026	80,062	(36)	0.0%
Sub Total PCRS & DLS	2,659,785	908,803	894,017	14,786	1.7%
Total Primary Care Division	3,630,239	1,230,385	1,211,962	18,423	1.5%

The Primary Care Division (PCD) spent €1.230bn versus a budget of €1.212bn in the period ending 30th of April 2016 showing an adverse variance of €18.4m / 1.5%. If we exclude demand led services the core PCD service deficit reduces to €3.6m / 1.1%. This deficit in core services is driven by pay and staffing pressures in addition to expenditure on medical surgical supplies. There is also significant expenditure on paediatric home care packages. The main expenditure drivers within PCRS are GMS Pharmacy Fees and High Tech Drugs/Medicines with adverse variances of €10.3m and €4.8m respectively.

CHO areas are working on implementing plans to address any potential over spend at year end. Breakeven across core services will also require

strict compliance with the HSE Funded workforce plan which will be applied across all areas having due regard to safe delivery of services.

Health & Wellbeing

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	204,114	59,122	60,250	(1,128)	-1.9%

The overall outturn for the Health & Wellbeing Division for the year to date April 2016 was €59.1m against a year to date budget of €60.2m giving a favorable variance of €1.1m.

Pay year to date is showing an actual of €29m against a budget of €30m resulting in a favourable variance of €1.1m. Overall non pay is showing an actual of €31.9m against a budget of €31.9m giving favourable variance of €20k. Income shows an actual of €1.9m against a budget of €1.9m giving a favourable variance of €39k.

The Health & Wellbeing division would be projecting a break-even position at year end.

Pay and Staffing Framework

As part of its measures to prioritise its efforts around strengthening payroll controls the HSE's 2016 pay bill management & control framework has been introduced throughout the system, which builds on the 2015 pay and numbers strategy. This framework has as an overriding requirement that Divisions and CHOs operate within notified pay budgets. Stringent interim measures have been instituted that seek to control the pay bill until detailed funded workforce plans are available. Funded workforce plans when available will include a realistic forecast of pay and staffing levels before remedial actions and also outline plans to bring pay in line with available budget. This represents part of a wider effort to mitigate the continuing annual growth in health and social care costs.

Demand Led Services: PCRS & DLS / State Claims (SCA) and Pensions

These costs are difficult to predict with accuracy and the ability to influence financial performance in these areas is limited. The HSE will seek to ensure that these schemes continue to be managed tightly within the eligibility and other provisions set down in the legislation.

1. The PCRS budget for 2016 has been framed by reference to a series of working assumptions. These have been developed in detailed discussion with the DoH. Expenditure in the PCRS budget will be the subject of close monitoring and assessment from the beginning of 2016.
2. Pension costs incurred within the HSE and HSE-funded agencies (Section 38) are determined by individuals' service and their eligibility under the relevant public pension scheme as provide for in relevant legislation.
3. The SCA financial plan for 2016 is based on the assumption that in the event that cost trends in SCA costs vary from the funding level provided to the HSE this will be identified as early as possible during 2016.
4. The treatment abroad scheme relates to the provision of clinically urgent care and treatment abroad and the legislation which underpins it does not facilitate the operation of the scheme within any particular cash limit. The Cross Border Directive scheme is similar in this latter respect.

The implications of any emerging variations from the working assumptions underpinning the above budgets will be the subject of engagement with the DoH through the reporting and oversight arrangements which operate in relation to the NSP

Human Resources

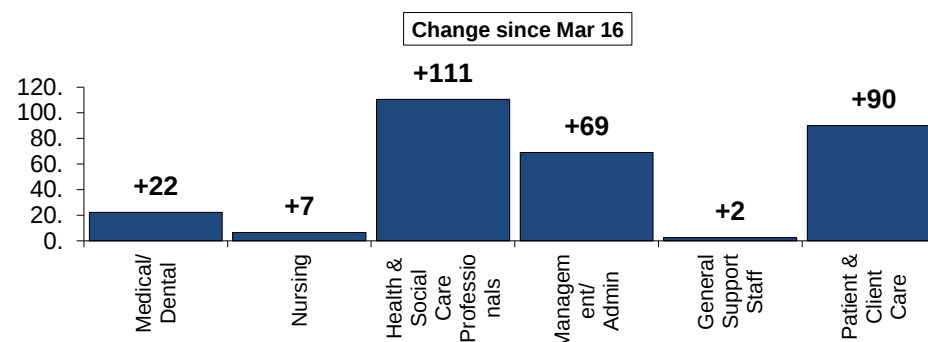
Human Resources

Human Resources Workforce Position

Overall employment levels at the end of April stands at 105,484 WTEs up 301 WTEs from the previous month

Division	WTE Dec 15	WTE Mar 16	WTE Apr 16	Change since Mar 16	Change since Dec 15
Total Health Services	103,884	105,183	105,484	+301	+1,600
Acute Services	52,539	53,253	53,358	+105	+819
Ambulance Services	1,694	1,680	1,687	+7	-7
Health & Wellbeing	1,326	1,317	1,326	+9	-1
Primary Care	10,398	10,488	10,544	+55	+146
Mental Health	9,405	9,557	9,553	-3	+148
Social Care	25,786	26,139	26,266	+127	+480
Corporate & HBS	2,735	2,749	2,751	+2	+16
Voluntary Agencies (Non-Acute)	14,240	14,470	14,545	+75	+305

Overview by staff group



Staff Group	WTE Apr 2016	WTE Change Month	% change -month	WTE Change Dec 15	% change Since Dec 2015
Consultants	2,762	+3	0.1%	+37	1.4%
NCHDs	5,756	+20	0.3%	+39	0.7%
Medical other	892	-0	-0.01%	-3	-0.3%
Nurse Manager	7,079	+40	0.6%	+133	1.9%
Nurse Specialist	1,526	+7	0.4%	+51	3.4%
Staff Nurse	24,663	-19	-0.1%	-86	-0.4%
Public Health Nurse	1,479	-7	-0.5%	-21	-1.4%
Nursing Student	881	-12	-1.3%	+495	128%
Nursing other	296	-2	-0.7%	+1	0.2%
Therapists (OT, Physio, SLT)	4,112	+39	1.0%	+110	2.8%
HSCP other	10,826	+72	0.7%	+250	2.4%
Management	5,178	+51	1.0%	+135	2.7%
Clerical & Administrative	11,249	+18	0.2%	+123	1.1%
Ambulance	1,598	+7	0.5%	-3	-0.2%
Care	17,709	+83	0.5%	+356	2.1%
Support	9,478	+2	0.0%	-16	-0.2%
Total Health Service Staffing	105,484	+301	0.3%	+1,600	1.5

Absence Rates

Target	March 2015	Full Year 2015	Previous Month	March 2016	YTD 2016	% Medically Certified(March 2016)	Target
3.50%	4.36%	4.21%	4.76%	4.69%	4.81%	86.57%	3.50%

Latest monthly figures (March 2016)

The March rate at 4.69% is down on the February of 4.76% rate.

Previous March rates

2008	2009	2010	2011	2012	2013	2014	2015
5.74%	4.76%	4.80%	4.85%	4.94%	4.76%	4.65%	4.36%

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.
- March 2016 absence rate stands at **4.69%** and is up when compared with a rate of **4.36%** for March 2015.
- January, February and March normally record some of the highest monthly rates of absence and in this instance may also be impacted by higher reported levels of influenza seen in the general population in the early part of 2016. This is less likely to impact on absence rates over the coming months.
- The 2016 YTD rate is **4.81%**, but as it is for just three months, may still be too short for external comparison purpose. The 2015 full-year rate is **4.21%**, and is the lowest on record since annual reporting on a health sector-wide basis commenced in 2008. It 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 2015 recorded an overall rate of 4.24%, a decrease from the previous year of 4.42%.

Scotland's NHS absence rate for 2013/2014 was 4.76% while in Wales the rate recorded to November 2014 was 5.5%

Annual rates

2008	2009	2010	2011	2012	2013	2014	2015
5.76%	5.05%	4.70%	4.90%	4.79%	4.73%	4.27%	4.21%

- The notional/opportunity cost of absenteeism for the health services for 2015, using DPER methodology, was assessed as being of the order of €171 million.

EWTD Compliance

- The data deals with 5,471 NCHDs – approximately 99% of the total eligible for inclusion. Note that this is calculated on the basis that the number of NCHDs is increasing on a month by month basis. The number of NCHDs included in April 2014 from the same group of hospitals and agencies was 4,448, in April 2015 it was 5,043
- Compliance with a maximum 48 hour week is at 80% as of end April – unchanged since March
- Compliance with 30 minute breaks is at 99% - unchanged since March
- Compliance with weekly / fortnightly rest is at 99% - unchanged from March
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged from March
- Compliance with a daily 11 hour rest period is at 97% - unchanged from March. This is closely linked to the 24 hour shift compliance above.

Escalation Report

National Performance Oversight Group

Escalation Report

Levels 3 & 4 (Red & Black)

NPOG June 2016

(April 2016 Reporting Cycle)

Post NPOG Version 8th June '16

Escalation summary

1.Areas of Level 4 Escalation **Black** (DG oversight)

No.	Area of escalation	Division
1	Patients waiting in ED > 24 hours	Acute Hospitals
2	% of people waiting > 13 weeks for a routine colonoscopy/OGD	Acute Hospitals
3	Service Arrangements 2015 and 2016	Acute Hospitals (National Maternity Hospital)
4	Financial Position: Projected net expenditure to year end	Acute Hospitals
5	Financial Position: Pay control acute hospitals	Acute Hospitals

2.Areas of Level 3 Escalation **RED** (NPOG oversight)

No.	Area of escalation	Division
1	Prostate Cancer - patients to be seen within 20 working days	Acute Hospitals
2	Lung Service - patients to be seen within 10 working days	Acute Hospitals
3	Urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
4	Number of delayed discharges over 90 days	Acute Hospitals and Social Care
5	Serious Reportable Events (SREs)	Acute Hospitals
6	Waiting > 18 mts for an elective procedure / Waiting >18 months for an OPD appointment	Acute Hospitals
7	Disability Act Compliance	Social Care

I	Register: Areas deescalated from NPOG oversight	
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Areas of Black Escalation (DG oversight)

ED: Patients waiting in ED > 24 hours

Division Acute Hospitals		Date first escalated May 2015	Last date escalated/ deescalated		Escalation level	
Reason for escalation Escalated based on continued poor performance. Improvement in performance during April 2016. Remains in Black Escalation as the work of the ED Task Force continues to be led by the Director General.			Current Description of performance (April 2016)			
				Total	> 75 years	
			Dec	2,537	661	
			Jan	4,696	1,499	
			Feb	3,931	1,220	
			Mar	3,949	1,235	
			Apr	3,326	1,020	
			ED activity is 6.8% ahead of expected activity YTD			
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	Monthly status report on application of fines for breaches > 24 hours where recommendations of SDU Audits not implemented, to be provided to NPOG		ND AHD	04.05.16	Monthly	
2	The effectiveness of Pilot project on streaming of patients > 75 years of age in ED within Beaumont Hospital to be evaluated		ND AHD	04.05.16	06.07.16	
3	Improvement Plan Proposal to target waiting times for those over 75 years of age, particularly in the most challenged hospitals (Galway, Limerick and Beaumont) to be provided to NPOG.		ND AHD	08.06.16	15.06.16	
4	Proposals for the development of a joint hospital/ community 2016/17 Winter Initiative Plan to be provided to NPOG.		ND AHD/ ND SC	08.06.16	15.06.16	
5	An assessment of the level of increased ED activity January to May 2016 to be undertaken and Report provided to NPOG		ND AHD	08.06.16	06.07.16	

Routine colonoscopy: % of people waiting > 13 weeks

Division		Date first escalated	Last date escalated/ deescalated			Escalation level			
Acute Hospitals		March 2015	September 2015 (Red to Black)			Level 4			
Reason for escalation This was escalated due to the large and growing number of patients waiting greater than 13 weeks for a routine colonoscopy/ OGD			Current Description of performance (April 2016)						
				Nov	Dec	Jan	Feb	Mar	Apr
			Total	16,038	15,961	16,390	17,119	18,579	19,416
			>13 w	6,783	6,877	7,484	7,720	8,539	8,963
NPOG Agreed actions			Responsible	Date agreed	Due date		Completed		
1	Demand Capacity analysis to be undertaken and report presented to NPOG		ND AHD	03.02.16	06.04.16		Extension to 06.07.16		
3	The AHD to seek formal approval from NTPF to implement the action plan submitted in May 2016.		ND AHD	08.06.16	06.07.16				
4	A Report on the resourcing and mobilisation of the National Endoscopy Improvement Working Group to be provided to NPOG		ND AHD	08.06.16	06.07.16				
Note: This area of escalation is to be read in conjunction with the Level 3 (Red) Escalation in relation to Urgent Colonoscopies									

Service Arrangements 2015 and 2016

Division		Date first escalated	Last date escalated/ deescalated		Escalation level	
National Maternity Hospital, Holles Street		06.10.15	06.10.15 (Red to Black)		Level 4	
Reason for escalation Escalated in 2015 on the basis of continued poor performance			Current Description of performance (April 2016) This remains in Black Escalation on the basis that 1 hospital has yet to sign their Service Arrangement.			
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	Delegated authority for managers to fund agencies above 80% of their approved allocation where a signed Service Arrangement is not in place has been revoked. This authority will be exercised directly by the Director General from the 1st March 2016.		DG	02.03.16	14.04.16	
2	ND AHD to ensure that Funding to the one hospital remaining to sign their Service Arrangement is restricted to 80% of their approved allocation until signed.		ND AHD	17.05.16	17.05.16	Complete
3	Confirmation to be provided to the Director General when Service Arrangement is signed.		ND AHD	08.06.16	Ongoing	

Financial position: Projected net expenditure to year end

Division		Date first escalated	Last date escalated				Escalation level				
Acute Hospitals		February 2016	4 th May 2016 (NPOG)				Level 4				
Reason for escalation			Current Description of performance (April 2016)								
Given the risks to financial performance within acute hospitals this has been escalated to Level 4 (Black). This means it will be the subject of direct DG oversight.				YTD Budget €'000	YTD Actual €'000	YTD Variance €'000	YTD % Var	Current Month Budget €'000	Current Month Actual €'000	Current Month Variance €'000	Current Month % Var
			J	342,000	363,477	21,477	6.28%				
			F	7 72,660	673,855	48,806	7.24%	331,854	359,183	27,328	8.24%
			M	1,017,615	1,099,445	81,829	8.04%	343,761	376,785	33,024	9.61%
			A	1,354,622	1,466,767	112,145	8.28%	337,007	367,323	30,316	9.00%
NPOG Agreed actions			Responsible		Date agreed		Due date		Completed		
1	National Director for Acute Hospitals to provide an update to NPOG in relation to particular areas of financial challenge.		ND AH		03.02.16		Monthly				
2	A Report setting out the National Director's assessment of the progress being made by the seven cost management groups and additional actions required to ensure they are in a position to deliver on their responsibilities is to be provided to NPOG.		ND AHD		06.04.16		07.04.16		Overdue		
3	NPOG have requested the National Director to provide a plan to strengthen the cost management groups to ensure the development and delivery of short and medium term savings targets.		ND AHD		04.05.16		08.06.16		Overdue		
4	Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		ND AHD		04.05.16		Ongoing				
5	A Report on the mobilisation of the Cost Management Groups to be provided to the NPOG		ND AHD		08.06.16		15.06.16				
Note: Hospitals in escalation are, (1) St. Vincents, (2) Kilkenny, (3) Beaumont, (4) Limerick, (5) Tallaght, (6) Galway, (7) Letterkenny, (8) Sligo											

Pay control: Acute Hospitals

Division		Date first escalated	Last date escalated	Reference	Escalation level	
Acute Hospitals		April 2016	20 th April 2016	NE1/4/16	Level 4	
Reason for escalation Interim pay control measures were introduced from the 1 st February 2016. The NPOG has determined together with the ND AHD that interim control measures have not been applied effectively across a number of hospitals. Following the NPOG meeting risks in relation to pay costs in the Acute Hospital system were considered to be such a significant risk that the Director General escalated these concerns to Level 4 Escalation (Black).			Current Description of performance (April 2016) The NPOG and ND AHD have limited confidence that interim pay controls are being applied across a number of hospitals.			
Director General/ NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	The Task Force will (1) put in place arrangements to provide assurance that interim controls are in place (2) Ensure plans are in place and being implemented by each Group to operate within agreed pay limits (3) Produce a report for the Steering Group, provide close out report to steering Group proposing how longer terms actions and controls should be addressed.		ND AHD	20.04.16	25/04/16 to 31/07/16	
2	Meetings involving the AHD and HG will be held with the CEOs/ GMs of the hospitals in escalation		ND AHD	06.03.16	Ongoing	
3	Other control options including centralising new staff onto a single payroll system to be explored by the ND AHD		ND AHD	06.04.16	Update due 04.05.16	Overdue

Areas of Level 3 Red Escalation

Prostate Cancer: Patients to be seen within 20 working days										
Division Acute Hospitals		Date first escalated July 2015	Last date escalated/ deescalated March 2016 Deescalated Black to Red			Escalation level				
						Level 3				
Reason for escalation Escalated due to deteriorating performance at a number of Rapid Access Clinics			Current Description of performance (April 2016)							
				Nat	CUH	WRH	UL	SJH	B'mont	Mater
			J	64.2%	33.3%	53.3%	14.3%	0.0%	27.3%	64.9%
			F	53.0%	25.0%	1.6%	20.0%	60.0%	60.0%	80.8%
			M	64.7%	5.3%	33.3%	11.1%	95.2%	28.6%	88.9%
			A	35.7%	6.3%	0%	31.6%	36.4%	15.8%	19.5%
NPOG Agreed actions			Responsible		Date agreed		Due date		Completed	
1	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG		ND CCP/ ND AHD		06.04.16		04.05.16		Extension to 03.08.16	
2	Rapid Access Cancer Clinic Service Improvement Project to be established to assess current services and identify improvement actions to support the development of the recovery Plan (Action 4 above)		ND CCP/ ND AHD		04.05.16		03.08.16			

Lung Service: Patients to be seen within 10 working days							
Division Acute Hospitals		Date first escalated May 2015	Last date escalated/ deescalated		Escalation level		
					Level 3		
Reason for escalation Escalated as performance continues to be a concern.			Current Description of performance (April 2016)				
				Nat	CUH	UL	GUH
			Jan	88.5%	97.0%	52.9%	93.2%
			Feb	83.0%	62.8%	56.3%	82.0%
			Mar	81.3%	44.4%	38.6%	96.7%
			Apr	77.8%	15.6%	55.2%	92.9%
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed	
1	A full recovery plan including actions and setting out a trajectory for improvement to be provided to NPOG		ND CCPI/ ND AHD	06.04.16	04.05.16	Extension to 03.08.16	
2	Rapid Access Cancer Clinic Service Improvement Project to be established to assess current services and identify improvement actions to support the development of the recovery Plan (Action 2 above)		ND CCPI/ ND AHD	04.05.16	03.08.16		

Urgent colonoscopy: Numbers waiting > 4 weeks

Division Acute Hospitals		Date first escalated March 2015	Last date escalated/ deescalated		Escalation level Level 3															
Reason for escalation Escalated due to ongoing breaches for urgent colonoscopies which have a 'zero tolerance' target.			Current Description of performance (April 2016)																	
			<table><tr><td></td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td></tr><tr><td>Total breaches</td><td>15</td><td>20</td><td>15</td><td>54</td></tr><tr><td>Total new pts breaches</td><td>13</td><td>3</td><td>12</td><td>51</td></tr></table>				Jan	Feb	Mar	Apr	Total breaches	15	20	15	54	Total new pts breaches	13	3	12	51
				Jan	Feb	Mar	Apr													
Total breaches	15	20	15	54																
Total new pts breaches	13	3	12	51																
This remains in Red escalation due to continued breaches. Two Hospitals primarily SJH (35) Tallaght (13)																				
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed														
1	Report on 2015 breaches to be prepared (no. of people breaching, no. breaching for > 20 days over target i.e. > 48 days and of those who went on to have a diagnosis of cancer.		ND AHD	04.05.16	06.07.16															
2	Hospitals to be notified that Fines will be introduced for each breach of the urgent colonoscopy target and reports to be provided to NPOG on the application of fines.		ND AHD	04.05.16	09.05.16	Overdue														
Note: This area of escalation is to be read in conjunction with the Level 4 (Black) Escalation in relation to Routine Colonoscopy waiting times.																				

Delayed discharges Number over 90 days

Division		Date first escalated	Last date escalated/ deescalated					Escalation level					
Acute Hospitals and Social Care		June 2015						Level 3					
Reason for escalation			Current Description of performance (April 2016)										
Escalated due to the target for Delayed Discharges > 90 being breached				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
			Total	609	570	558	509	559	556	592	617		
			> 90 Days	131	167	142	126	114	100	83	95		
NPOG Agreed actions			Responsible		Date agreed		Due date		Completed				
1	A central booking arrangement to be in place across the greater Dublin area.		ND AH		02.03.16		31.07.16						
2	The Working Group on delayed discharges will develop a standard definition of what constitutes a delayed discharge for application across all hospitals.		ND AHD/ ND SC		06.04.16		08.06.16		Overdue				
3	The Working Group on delayed discharges will develop a classification system for delayed discharge beds.		ND AHD/ ND SC		06.04.16		08.06.16		Overdue				
4	The Working Group on delayed discharges will develop a Plan and estimate of current and future costs for responding to the needs of the cohort of patients who are long term in hospital.		ND AHD/ ND SC		06.04.16		06.07.16						

Serious Reportable Events (SREs)

Division Acute Hospitals		Date first escalated 03.03.15	Last date escalated/ deescalated April 2016 (Black to Red)		Escalation level	
			Level 3			
Reason for escalation Escalated due to continued requirement to improve reporting levels across acute hospitals.			Current Description of performance Deescalated from Black to red in April on foot of actions set out by the ND AHD. SREs will remain continue to be the subject of NPOG oversight.			
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	The AHD has commenced a review of data gaps on IIMS with each individual hospital to capture SREs reported as incidents locally. Following this each Group CEO will sign of on the SRE declaration form.		ND AH	01.11.15	06.07.16	
2	ND AH to revert to the NPOG with a definitive set of actions at HG level for improving the reporting of SRE's. These actions are to include 1. Processes to be put in place at HG level and 2. Wider communication to the hospital system.		ND AH	03.02.16	06.04.16	Overdue
3	Update report to be provided to NPOG on a monthly basis on progress in rolling out SRE reporting process.		ND AHD	06.04.16	Monthly	Overdue
4	Audit of SRE process to be undertaken in Acute Hospitals.		ND QAV	12.15	30.06.16	

Waiting Lists: > 18 Inpatient & Day Case/Out patient

Division Acute Hospitals		Date first escalated October 2015	Last date escalated/ deescalated		Escalation level				
					Level 3				
Escalated in 2015 due to focus on reducing > 18 months waiting list by June 2015 and >15 months by December 2015.			Current Description of performance (April 2016)						
			IPDC	Nov	Dec	Jan	Feb	Mar	Apr
			> 15 months	3,293	746	2,115	3,079	4,296	4,603
			> 18 months	1,533	459	847	1,015	1,214	1,567
			OPD	Nov	Dec	Jan	Feb	Mar	Apr
			> 15 months	21,282	9,887	13,763	17,693	20,267	23,956
			> 18 months	9,618	5,262	5,635	5,918	6,114	8,570
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed			
1	Waiting List Management Plan for 2016 to be developed		ND AHD	06.04.16	04.05.16	Overdue			
2	Short and medium term proposals for addressing long term waiting lists in specific specialties (e.g. dermatology, orthopaedics, endoscopy etc) to be developed		ND AHD	04.05.16	06.07.16				

Disability Act: Compliance

Division Social Care		Date first escalated August 2015	Last date escalated/ deescalated			Escalation level		
						Level 3		
Reason for escalation Escalated based on continued poor performance.			Current Description of performance (March 2016)					
				Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016
			%	39%	31%	33%	23%	19.6%
NPOG Agreed actions			Responsible	Date agreed	Due date		Completed	
1	Expert National Group to be established		ND SC	03.02.16	08.06.16		Underway	
2	Implementation plan to be developed and provided to NPOG		ND SC	04.05.16	03.08.16			

Register: Areas deescalated from NPOG

No	Area of escalation	Division	Date escalated to NPOG	Date deescalated from NPOG	Notes
1	Ambulance ECHO and DELTA Response Times	National Ambulance Service	February 2016	08.06.16	Complete
2	Properly completed Medical and GP Visit Cards not processed > 3 months	Primary Care	October 2016	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND PC
3	European Working Time Directive (EWTD) 48 hours	Acute Hospitals	March 2015	04.05.2016	Remains in Level 2 (Amber) escalation under the oversight of ND AHD
4	Projected net expenditure 2015	Social Care	2015	06.02.2016	Complete

Appendices

Appendix 1: Accountability Framework

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 2016.

The performance indicators against which Divisional performance is monitored are set out in the Balanced Score Cards grouped under Access, Quality & Safety, 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 levels are:

Level 1 (Yellow)

A variance emerges. A variance from plan is identified (Escalated at the level of CHO Chief Officer/ Hospital Group CEO)

Level 2 (Amber)

The problem persists. It becomes harder to fix and potentially spreads to other organizations (Escalated at the level of National Director)

Level 3 (Red)

The problem becomes critical. Accountability to determine support, intervention and recommend sanctions to Director General sits with NPOG

Level 4 (Black)

The actions determined by NPOG do not achieve the necessary impact and actions taken by Director General

Appendix 2: Data Coverage Issues

Division	Metric Name	Data Coverage Issue
General Adult Teams	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 2 – 1 team CHO 4 – 2 teams
General Adult Teams	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 2 – 1 team CHO 4 – 2 teams
General Adult Teams	% of new (including re-referred) cases offered appointment and DNA in the current month	CHO 2 – 1 team CHO 4 – 2 teams
Primary Care	GPOOH	Non Return – WestDoc
Primary Care	Full SLT	Non Return – CHO 8 (Meath)
Social Inclusion	Average waiting time from referral to assessment, for OST. (days) (New KPI)	National – full CHO data return received from CHO 1, 4, 5, 6, 7, 8, 9 and the National Drug Treatment Centre. No return CHO 1 (Cavan/Monaghan), CHO 2 (Galway), CHO 3 (Limerick) and from the National GP Coordinator.
Social Inclusion	Average waiting time from OST assessment criteria fulfilled, to exit from Waiting List or to treatment commenced (days)	National – full CHO data return received from CHO 1, 4, 5, 6, 7, 8, 9 and the National Drug Treatment Centre. No return CHO 1 (Cavan/Monaghan), CHO 2 (Galway), CHO 3 (Limerick) and from the National GP Coordinator.
Social Care	Disability, Home Support Hours, under review by the services in Wexford	CHO 5 (Wexford)

Appendix 3: Hospital Groups

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

Appendix 4: 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		