

Building a high quality health service for a healthier Ireland

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Health Service

Performance Report

May/June 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 **683,042** emergency presentations year to date, an increase of **6.4%** on expected activity.
- **84.2%** of patients waited 9 hours or less in June, with **70.3%** admitted or discharged within 6 hours. In May, **84.5%** of patients waited 9 hours or less, with **70.9%** admitted or discharged within 6 hours.
- **2,077** waited greater than 24 hours in June with **2,664** in May. **543** patients over 75 years were waiting greater than 24 hours in June.

Inpatient, Daycase and Outpatient Waiting lists

- Waiting lists for inpatient/daycase procedures and outpatient appointments have risen since December 2015.
- At the end of June there were **6,579** patients waiting greater than 15 months for inpatient/daycase procedures compared to **5,416** in May. Outpatient waiting lists over 15 months increased from **30,095** at the end of May to **34,674** in June.

Delayed Discharges

- The number of delayed discharges in June was **630**, an increase on May total of **595**.

Cancer Services

- **82.8%** urgent breast cancer referrals seen within 2 weeks in June, an increase from May **76.7%** (Target 95%).
- **76.7%** rapid access lung referrals seen within 10 working days in June, a decrease from May **80.8%** (Target 95%).
- **43.1%** rapid access prostate referrals seen within 20 working days in June, a decrease from May **55.4%** (Target 90%).

Home Care Services

- **5,181,241** home help hours have been provided YTD, **2.3%** ahead of target (**5,063,031**) and **138,624** hours more than June YTD 2015.
- **15,425** people received home care packages in June, **-0.2%** below target **15,450** and **1,318** people more than June 2015.

Community Intervention Teams (CITs)

- **2,298** referrals to CITs in June, an increase from **2,254** in May (Target 2,026).

Electronic Referrals Update

- All public funded hospitals can now receive electronic referrals (eReferrals) from GP's.
- The volume of eReferrals has doubled from **8%** of OPD referrals in January 2016 to **16%** in June 2016.
- The vast majority of GPs can send eReferrals.
- The projected annual print/post cost saving if all referrals were transmitted electronically securely and efficiently would be approximately €1.3 million.

Finance

- The figures set out in this report take account of an additional €500m increase in funding arising from the Governments recent decision to increase funding to the HSE.

Quality and Patient Safety

Quality and Patient Safety

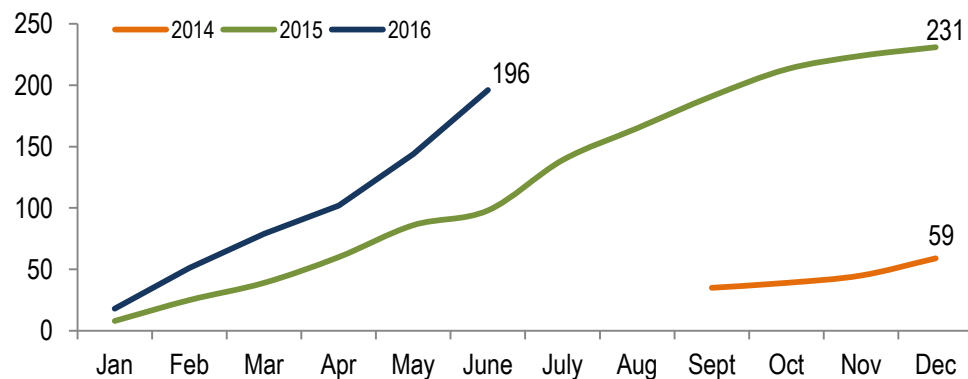
National Incident Management Training

- **115** staff completed *Day 1* Systems Analysis Investigation training year to date. A further **96** staff completed *Day 2* and **26** staff completed the full *3 Day* programme.
- **118** staff have been trained in Safety Incident Management year to date.

Serious Reportable Events – National

- The total number of SREs reported during June 2016 was **52** (196 year to date).

Total Number of SREs Reported 2014 / 2015 / 2016 - Cumulative



Compliance

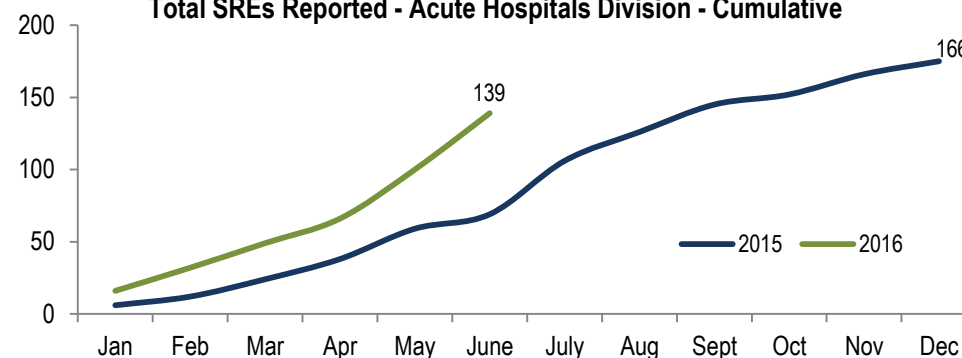
- **36%** of all Serious Reportable Events were notified within 24 hours to the Senior Accountable Officer to date in 2016.
- **34** SREs, which were reported during January - March 2016, were due to have Investigations completed by the end of June 2016. **0** completed.

Serious Reportable Events – HSE Divisions

Acute Hospitals Division

- The total number of SREs reported during June 2016 was **39**.

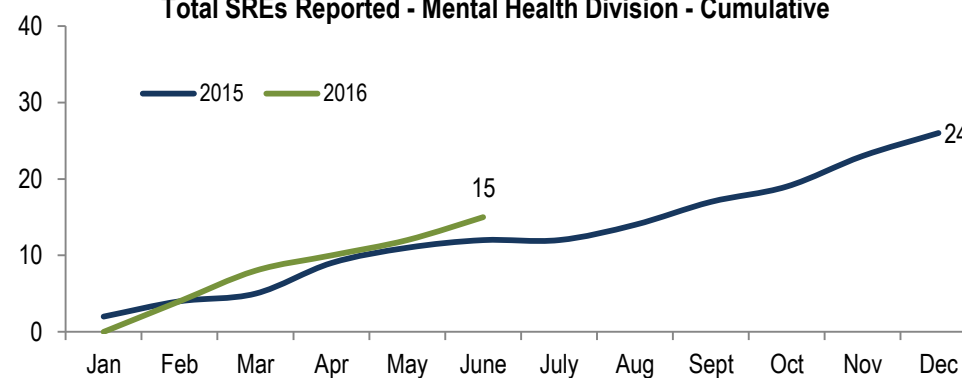
Total SREs Reported - Acute Hospitals Division - Cumulative



Mental Health Division

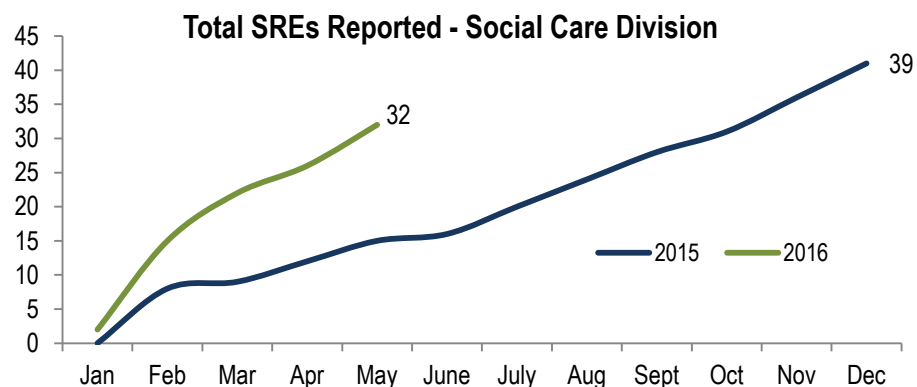
- The total number of SREs reported during June 2016 was **3**.

Total SREs Reported - Mental Health Division - Cumulative



Social Care Division

- The total number of SREs reported during June 2016 was **10**.



Other Divisions

There were no new SREs reported during May 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	35%	26%	73%	-	36%

National Incident Management System (NIMS)

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

Healthcare Audit

- A total of 29 audits have been completed across five areas of health and social care services year to date.
- 14 audits were ongoing during June 2016.

Medical Exposure Radiation Unit

- The recording, review and analysis of medical ionizing radiation incidents are on-going. 16 notifiable incidents have been reported to MERU in 2016 to date.

Complaints

- 'Your Service Your Say' Review Officer training programme within each of the CHOs and Hospital Groups is in progress.
- The roll out of stage 1 Train the Trainer 'NIMS Complaints Module' programme within CHO/Hospital Groups is now complete with 31 Trainers trained.
- A procurement process has commenced for both ELearning Complaint Officer Training Tool and Accredited Complaint Investigator Training.
- 43 Review Officers have been trained.

Appeals Service

- 1,334** new notifications of appeal were received year to date.
- 1,323** appeals were processed year to date.

Appeal Type	Received 2016	Processed 2016
Medical / GP Card (General Scheme)	867	861
Medical / GP Visit Card (>70s scheme)	55	62
Nursing Home Support Scheme	219	202
CSAR	24	29
Home Care Package	72	72
Home Help	46	35
Other	51	62
Total	1,334	1,323

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

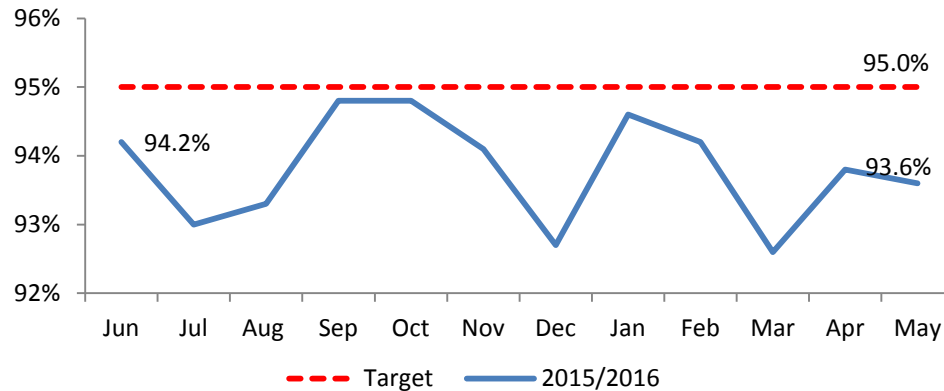
Red ● ≥ 1.5% of target
Amber ● ≥ 0.5% < 1.5% of target
Green ● < 0.5% of target

Health and Wellbeing

Child Health

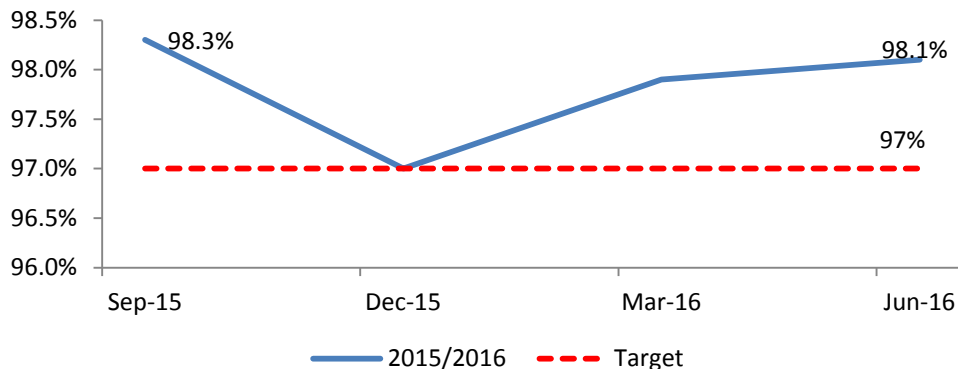
Child development health screening (month in arrears)

- **93.6%** before 10 months, **93.8%** in April. **93.8%** YTD (Target 95%)
- **Above target:** CHOs 5, 6 and 8 were above the target YTD and all other CHOs were within 5% of the target except CHO3 at 85.9%.



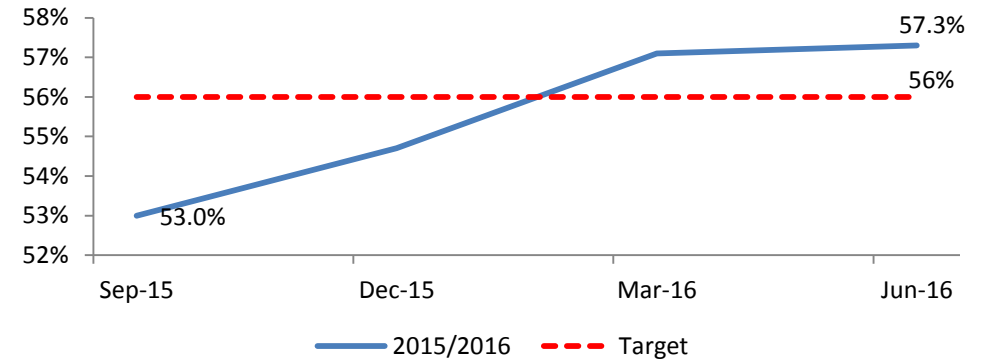
% of babies visited by a PHN within 72 hours (Quarterly)

- **98.1%** visited within 72hrs. **97.9%** in Q1 2016. (Target 97%)
- YTD all CHOs reported above 97% target except CHO's 1, 3 and 7 who reported 96.6%, 95.6% and 96.6% respectively.



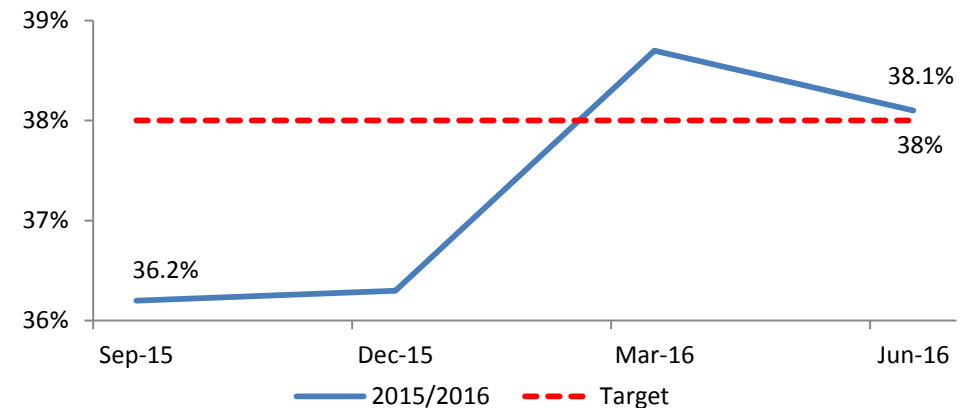
% of babies breastfed at first PHN visit (Quarterly)

- **57.3%** breastfed at first visit. **57.1%** in Q1, **57.2%** YTD (Target 56%)
- CHOs 1,2,3,5 and 7 reported below target, CHO1 the lowest at 43.7% and highest reported was CHO6 with 72%.



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

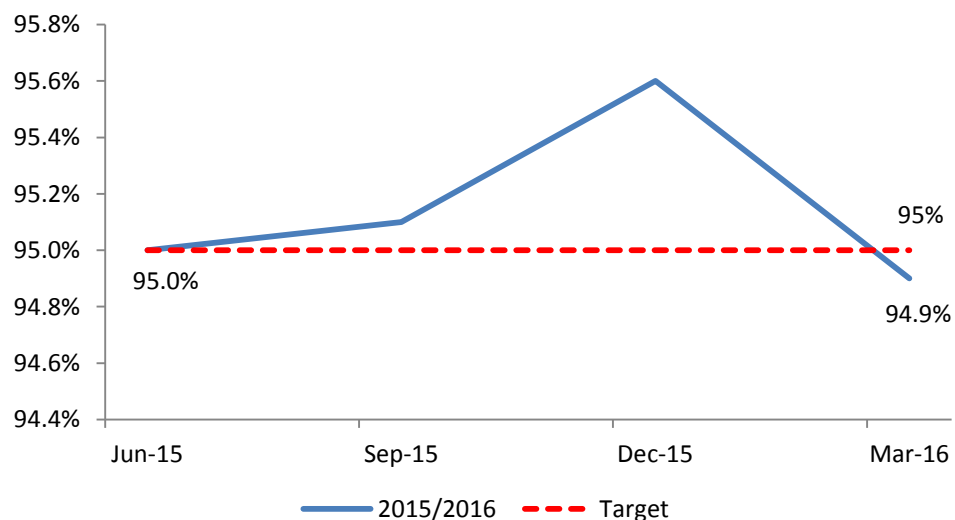
- **38.1%** breastfed at 3mth visit. **38.7%** in Q1, **38.4%** YTD (Target 38%)
- YTD CHOs 1, 2,3,5,6 and 7 reported below target, CHO1 the lowest at 23.2% and highest reported was CHO4 with 56.1%.



Immunisations and Vaccines

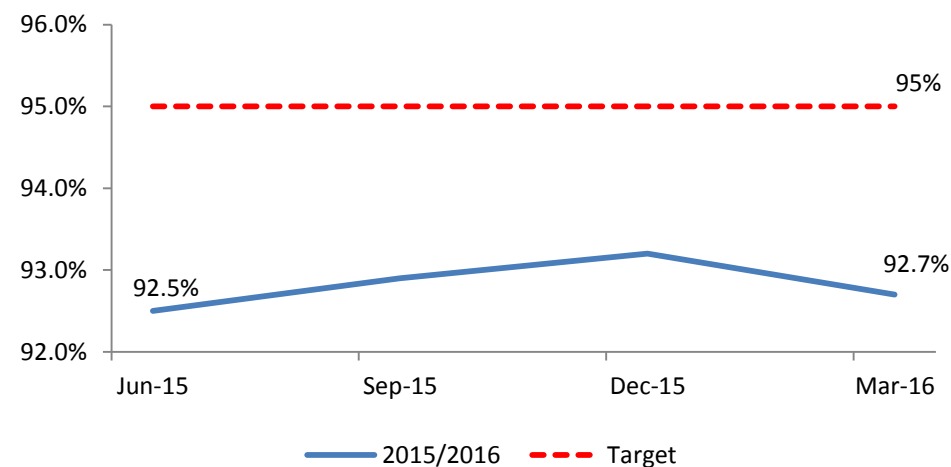
% of children aged 24mths who have received (6 in 1) (Quarterly in arrears)

- **94.9%** of children received the 6 in 1 vaccine. **95.6%** in Q4 2015 (Target 95%)
- In Q1 CHOs 5, 6, 7 and 9 reported below target at 94.8%, 93.8%, 94.7% and 92.0% respectively. CHO2 reported the highest number vaccinated at 97.1%.



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

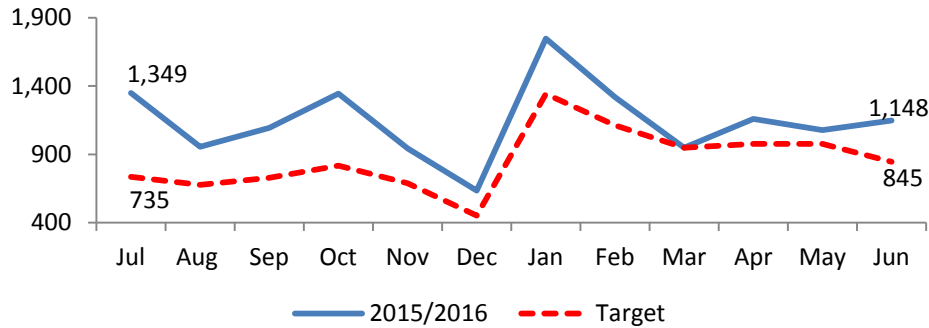
- **92.7%** of children received the MMR vaccine. **93.2%** in Q4 2015 (Target 95%)
- In Q1 CHOs reported below target except CHO2 95.3%. The lowest reported result was CHO9 at 89.2%.



Tobacco

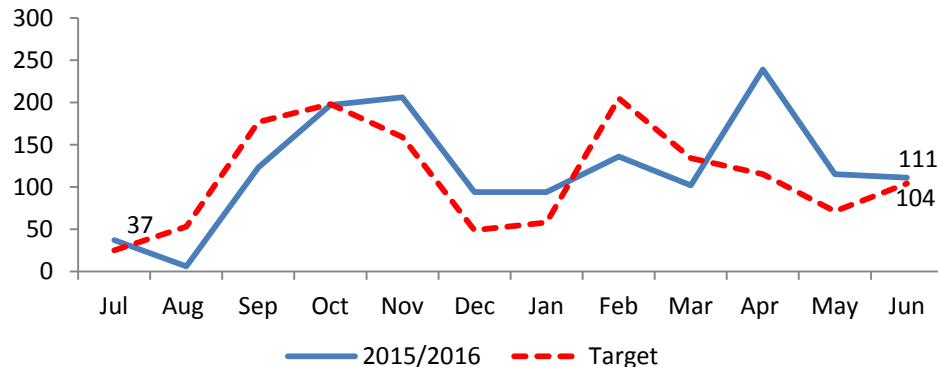
Smokers receiving intensive cessation support

- **1,148** received support. **1,076** in May. (Target 845)
- **7,395** YTD (Target YTD 6,199)
- YTD CHOs 1, 3, 4 and 6 are below target with the National Quitline performing at 80% variance above target.



Frontline staff trained in brief intervention smoking cessation

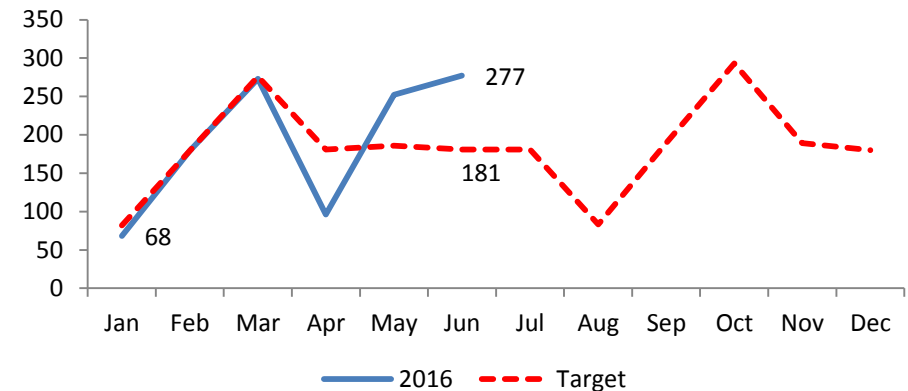
- **111** received training. **115** in May (Target 104)
- **797** received training YTD, +16% above YTD (Target YTD, 687)
- YTD CHOs 1, 5, 7 and 8 are below target with CHO5 reporting a -79.5% variance below target.



Healthy Eating Active Living

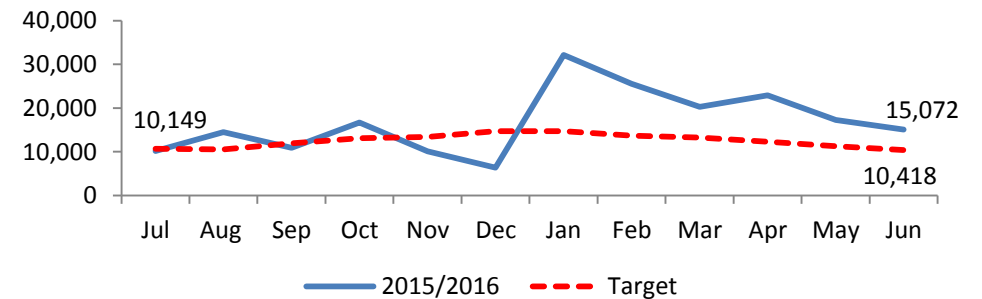
No. of people completing a structured patient education programme for diabetes

- **277** people completed education programmes. **252** in May. (Target 181)
- **1,145** YTD, +5.5% above YTD target (Target YTD 1,085)



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

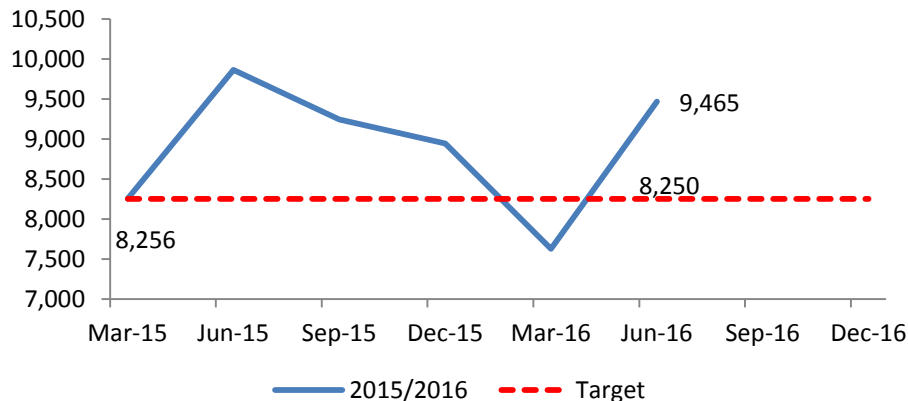
- **15,072** runs were completed in June. **17,280** in May (Target 10,418)
- **133,188** runs YTD, 76% ahead of target (Target YTD 75,604)



Environmental Health

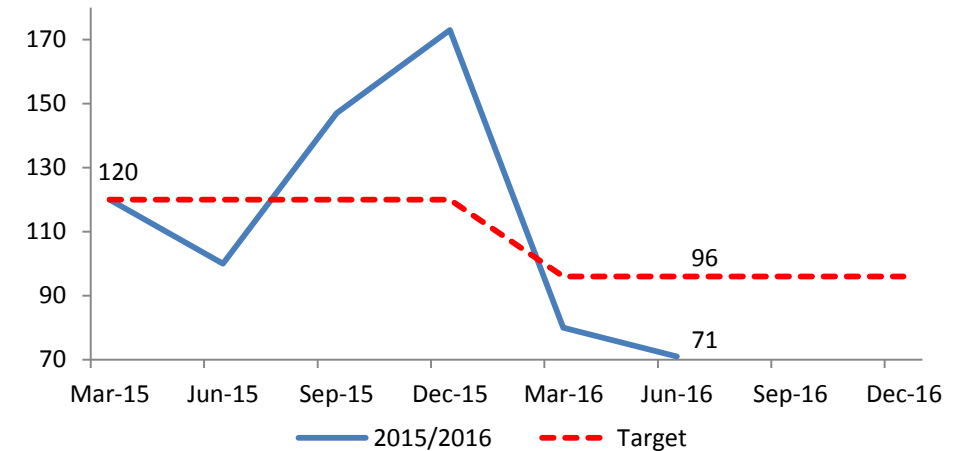
Food control planned and planned surveillance inspections of food businesses (Quarterly)

- **9,465** inspections. **7,627** in March 2016 (Target 8,250)
- **17,092** YTD, +3.6% ahead of target (Target YTD 16,500)



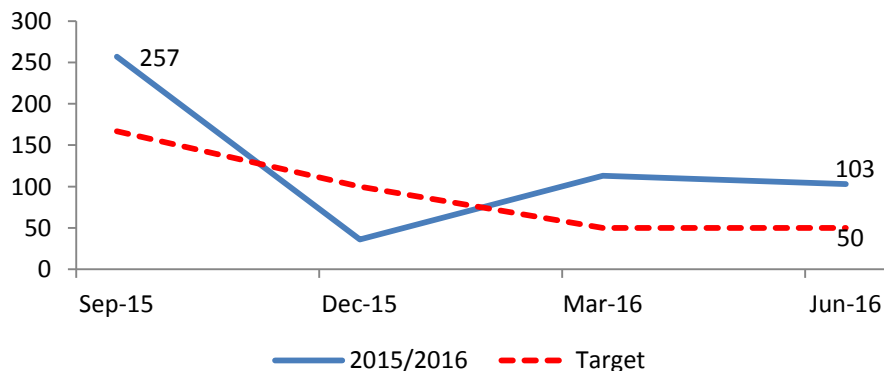
Tobacco sales to minors test purchase inspections (Quarterly)

- **71** test purchases. **80** in March 2016 (Target 96)
- **151** YTD, -21.4% from target (Target YTD 192)



Establishments inspected under Sunbeds Act (Quarterly)

- **103** establishments inspected. **113** in March 2016 (Target 50)
- **216** YTD, +116% ahead of target (Target YTD 100)



Screening Services

National Screening uptake rates (Quarterly in arrears)

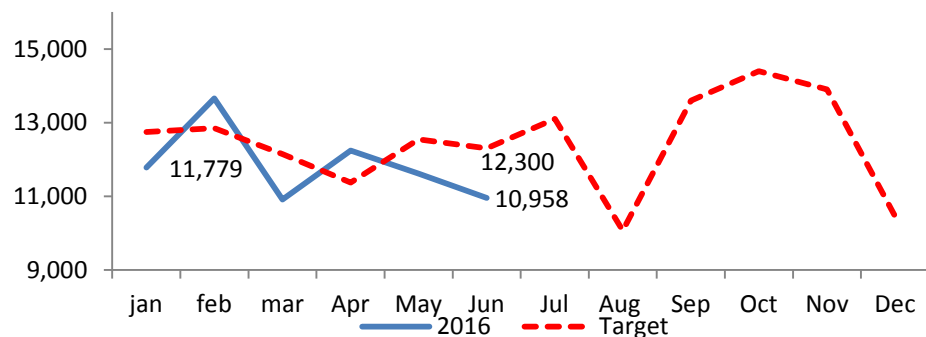
- Reported for the first time 2016.

National Screening Uptake Rates	Expected Activity / Target	National YTD	% Var YTD
% BreastCheck screening uptake rate	>70%	77.9%	11.3%
% of client uptake rate in the BowelScreen programme	>42%	37.3%	-11.2%
% Diabetic RetinaScreen uptake rate	>50%	55.2%	6.2%

Screening Services

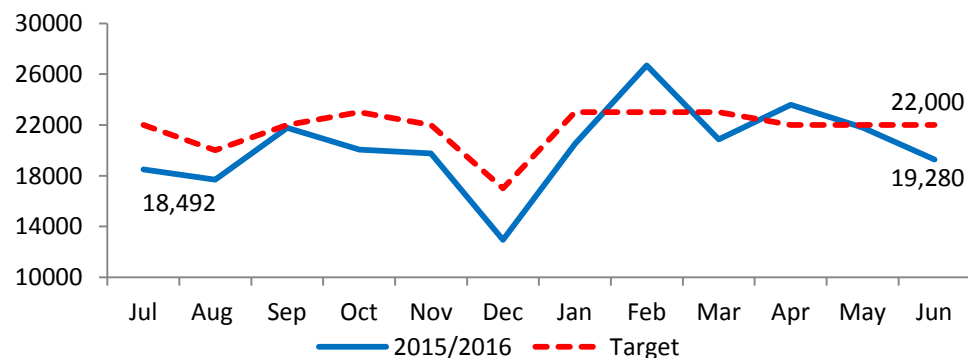
BreastCheck

- **10,958** of eligible women had a mammogram. **11,621** in May. (Target 12,300)
- **71,167** YTD, -3.8% below target (Target YTD 73,975)



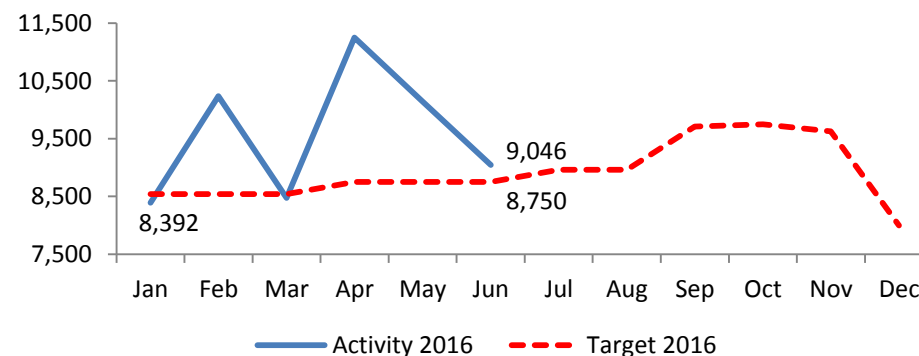
CervicalCheck

- **19,280** women had CervicalCheck screening. **21,797** in May. (Target 22,000)
- **132,725** YTD, -1.7% below target (Target YTD 135,000)



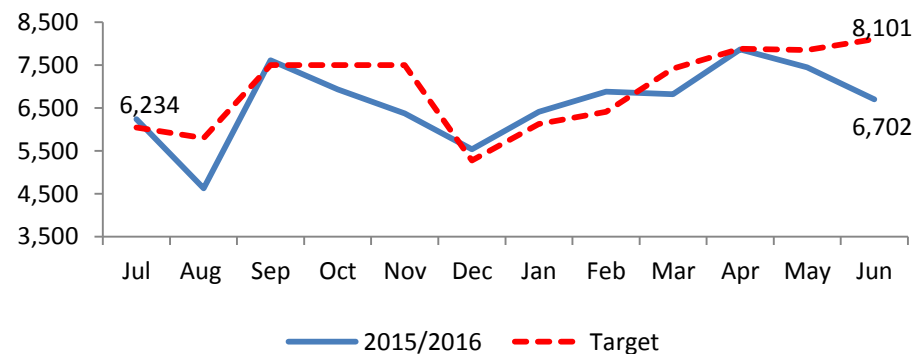
BowelScreen

- **9,046** completed a satisfactory FIT test. **10,142** in May. (Target 8,750)
- **57,535** YTD, +10.9% above target (Target YTD 51,870)



Diabetic RetinaScreen

- **6,702** participated in Diabetic RetinaScreen. **7,444** in May. (Target 8,101)
- **42,111** YTD, -3.8% below target (Target YTD 43,780)



Health and Wellbeing Commentary

Healthy Ireland

University of Limerick Healthy Ireland Plan was launched on 17th June by Keith Wood, Chair of the Healthy Ireland Council. Work continued in Saolta with the implementation of their plan. Ireland East and RCSI continued with the development of their plans.

National Screening Service

The screening uptake rates for the BreastCheck and Diabetic Retina Screen programmes are currently ahead of their expected activity targets YTD. The BowelScreen uptake rate is currently behind its expected activity target YTD. BowelScreen advertising and promotion is ongoing and encourages all eligible clients to participate in the programme by completing and returning their home test kit. Performance across the screening programmes continues to be closely monitored.

Child Developmental Health Screening

The majority of CHOs continue to demonstrate strong uptake rates, which is reflected in the National figures at 93.8% YTD, which is an increase of +0.3% on the outturn 2015. CHOs 5, 6 and 8 were above the target YTD of 95% and all other CHOs were within 5% of the target with the exception of CHO3 at 85.9% YTD. CHO3 have set out a plan to improve their performance in this area by Q4 2016. Routine engagement continues to support those CHOs that are within 5% of the national target.

% of Babies Breastfed at 1st and 3 month PHN visits

Performance varies across the areas with some CHOs reporting very strong uptake rates. This is reflected in the national uptake rates which are ahead of the expected targets for both visits YTD by +2.1% and +1.1% respectively.

% of Babies Visited by a PHN within 72 hours

The majority of CHOs continue to demonstrate strong performances against the 97% target and this is reflected in the overall national figure at 98.0% YTD. The majority of CHOs are performing above target YTD with the exception of CHO3 which is slightly behind target by -1.5% YTD.

Health Promotion – Tobacco

Smokers receiving cessation support is performing well at +19.3% above target. The number of frontline staff trained in brief intervention smoking cessation varies significantly across the areas. The national uptake rates are performing at +16% above target. Regular engagement with the underperforming CHOs continues to encourage the local areas to move towards the achievement of their targets.

Immunisations

The majority of CHOs continue to demonstrate strong uptake rates in MMR at 24 months and 6 in1 at 24 months, which is reflected in the National uptake figures for March 2016 of 92.7% and 94.9% respectively. A pro-active programme of regular engagement with the underperforming CHOs is continuing to support the local areas achieve the national uptake target of 95%.

Environmental Health

Sunbed inspection activity continues to perform well to date with 216 establishments inspected which is +116% against target YTD. Tobacco Control test purchase inspections are dependent on minor availability which fluctuates during the year thus impacting on performance. Performance trends will be closely monitored for these metrics over the coming months. The number of food inspections carried out is +3.6% above target YTD.

Healthy Eating Active Living

15,072 Parkruns were completed in June. It is clear just how much the weekly 5km events have become part of the local communities, supporting local people to achieve their 30 minutes of moderate physical activity on 5 days of the week as outlined in the National Physical Activity Guidelines for adults. This is reflected in the National figures which are performing at +76.2% ahead of target. Overall the number of people completing a structured patient education programme for diabetes is performing above target nationally at +5.5% 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%	99%	NA													
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer																
	M	90%	90%	NA													
	National Screening Service																
	Breastcheck: % women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer																
	Bi 1 qtr in arrears	>90%	93.1%	3.4%												93.1%	
	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 – Immunisation																	
% children aged 24 months who have received 3 doses of the 6 in 1 vaccine																	
Q in arrears	95%	94.9%	-0.1%	96.0%	97.1%	95.6%	95.8%	94.8%	93.8%	94.7%	95.7%	92.0%		94.9%			
% children aged 24 months who have received the MMR vaccine																	
Q in arrears	95%	92.7%	-2.4%	93.1%	95.3%	92.6%	93.8%	93.3%	92.9%	91.9%	93.8%	89.2%		92.7%			
Health Promotion and Improvement																	
% of smokers on cessation programmes who were quit at one month																	
Q in arrears	45%	49.0%	8.9%											49.0%			
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services																	
Q	97%	98.0%	1.0%	96.6%	99.8%	95.6%	99.9%	99.4%	98.3%	96.6%	97.3%	98.2%	97.9%	97.9%	98.1%		
Public Health																	
% 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%	94.5%	93.0%	85.9%	94.5%	95.6%	95.2%	93.1%	95.3%	94.7%	93.8%	93.6%			
Access																	
National Screening Service																	
Breastcheck: % Breastcheck screening uptake rate																	
Q in arrears	>70%	77.9%	11.3%											77.9%			
Cervical Check: % eligible women with at least one satisfactory Cervicalcheck screening in a 5 year period																	
Q	>79.4%	79.3%	-0.4%										78.9%	78.9%	79.3%		

		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	
	BowelScreen: % of client uptake rate in the Bowelscreen programme	Q in arrears	>42%	37.3%	-11.2%											37.3%		
	Diabetic Retinascreen: % Diabetic Retinascreen uptake rate	Q in arrears	>52%	55.2%	6.2%											55.2%		
	Health Promotion and Improvement - Tobacco																	
	No. of smokers who received intensive cessation support from a cessation counsellor ¹	M	6,199	7,395	19.3%	877	87	61	376	171	427	1,141	591	171	1,159	1,076	1,148	
Environmental Health Service - Food Safety																		
No. of official food control planned, and planned surveillance inspections of food business	Q	16,500	17,092	3.6%												7,627	9,465	
Finance																		
Budget Management including savings - Net Expenditure variance from plan (within budget Finance 0.33%)																		
- % variance - from budget	M	€88,902	€87,338	-1.76%											-1.87%	-2.04%	-1.76%	
- % variance - Pay (Direct)	M	€45,493	€43,905	-3.49%											-3.54%	-3.53%	-3.49%	
- % variance - Pay (Agency)	M	€136	€69	-49.25%											-39.41%	-45.92%	-49.25%	
- % variance - Pay (Overtime)	M	€122	€139	13.75%											-16.11%	-6.76%	13.75%	
- % variance - Non Pay	M	€46,301	€46,344	0.09%											-0.06%	-0.54%	0.09%	
- % variance – Income	M	-€2,891	-€2,912	0.71%											2.01%	-1.61%	0.71%	
Service Arrangements																		
No and % of Service Arrangements signed (04/07/16)	M	100%	136 94.44%	5.56%											91.61%	93.71%	94.44%	
€ value and % of Service Arrangements signed (04/07/16)	M	100%	€9,692 96.96%	3.04%											97.88%	97.06%	96.96%	
HR																		
% Absenteeism																		
Overall				4.70%	-34.28%										4.04%	3.37%		
Medical/Dental				0.03%	99.14%										0.00%	0.00%		
Nursing				0.67%	80.85%										0.24%	2.38%		
Health and Social Care Professional Management/Admin	M in arrears	3.50%		4.96%	-41.71%										4.33%	3.16%		
General Support staff				5.44%	-55.42%										4.90%	4.25%		
Other Patient and Client staff				2.27%	35.14%										0.72%	0.00%		
				2.92%	16.57%										0.40%	2.60%		

¹ Tobacco Cessation: National quitline 2,696
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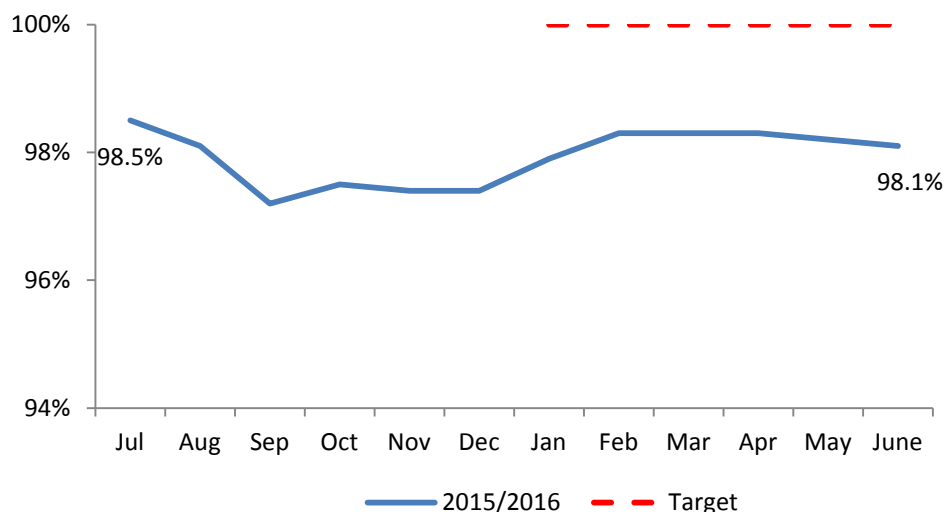
	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Staffing Levels and Costs																
WTE change from previous month	M		1,385	2										9	9	2
Variance from funding staffing thresholds	M	0.50%	Data not yet available													

Primary Care

Therapy Waiting Lists

Physiotherapy Assessment Waiting List

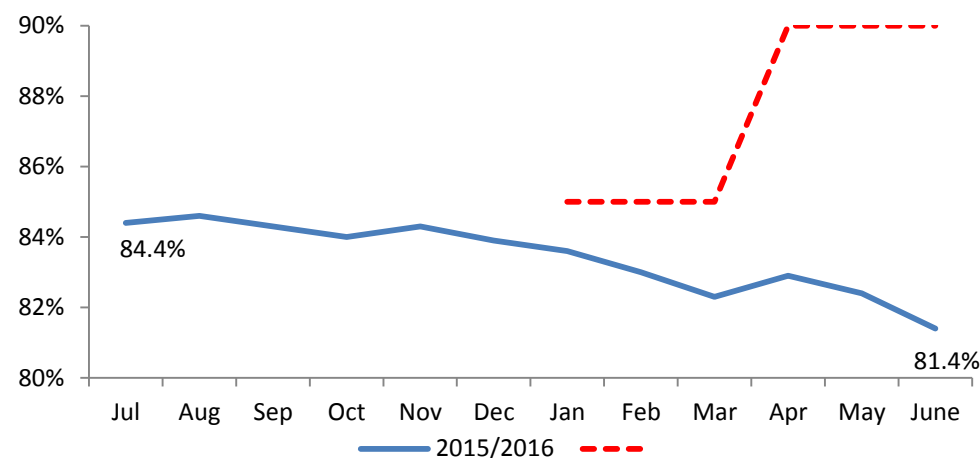
- **98.1%** waiting **≤ 52 weeks**. **98.2%** in May (Target 100%)
- **Above target:** CHO 4 (100%) & CHO6 (100%)
- **Below target:** CHO3 (94.3%), CHO2 (95.2%) & CHO1 (97.7%)
- Target applicable from 2016 only



Physiotherapy Assessment W/L	Apr	May	June
≤ 12 weeks	21,707	21,434	21,427
>12 weeks ≤ 26 weeks	5,682	6,195	6,409
>26 weeks ≤ 39 weeks	2,047	2,319	2,072
>39 weeks ≤ 52 weeks	978	1,010	1,066
> 52 weeks	515	562	602
Total	30,929	31,520	31,576

Occupational Therapy Assessment Waiting List

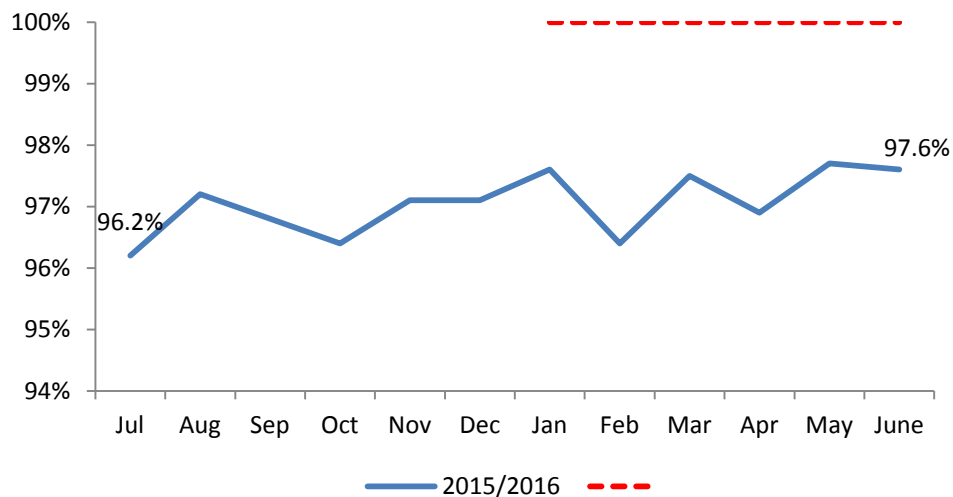
- **81.4%** waiting **≤ 52 weeks**. **82.4%** in May (Q2 Target 90%)
- **Above target:** CHO3 (100%) & CHO6 (93.1%)
- **Below target:** CHO4 (69.2%), CHO8 (76.3%) & CHO5 (77.8%)
- Data gaps in 2015
- Target applicable from 2016 only



OT Assessment W/L	Apr	May	June
≤ 12 weeks	9,270	9,128	9,359
>12 weeks ≤ 26 weeks	5,977	6,281	6,545
>26 weeks ≤ 39 weeks	3,338	3,727	3,357
>39 weeks ≤ 52 weeks	2,565	2,465	2,236
> 52 weeks	4,370	4,619	4,927
Total	25,520	26,220	26,424

Speech and Language Therapy Assessment Waiting List

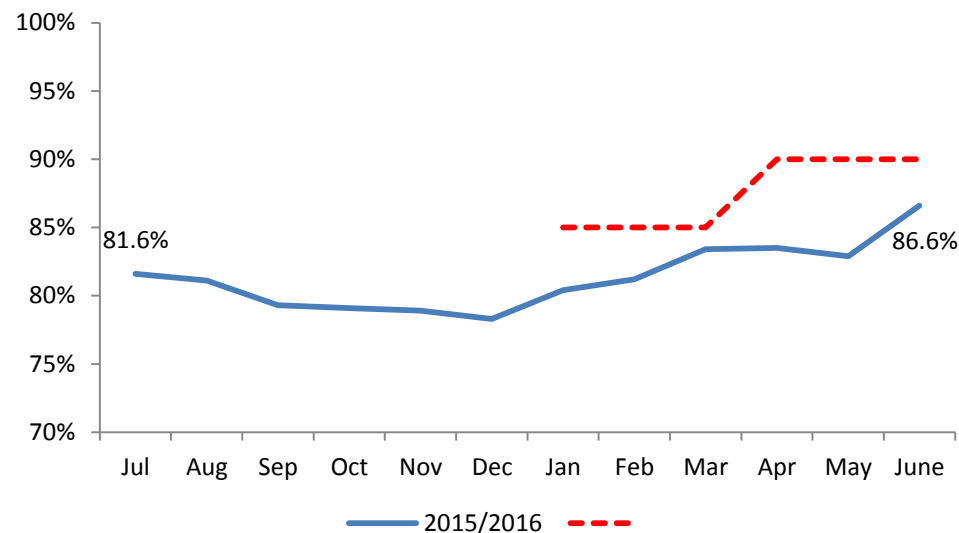
- **97.6%** waiting \leq 52 weeks. **97.7%** in May (Target 100%)
- **Above target:** CHO1 (100%) & CHO5 (100%)
- **Below target:** CHO4 (94.2%), CHO7 (95.5%) & CHO2 (96.1%)
- Target applicable from 2016 only



SLT Assessment W/L	Apr	May	June
\leq 52 weeks	13,576	14,727	14,857
$>$ 52 weeks	438	341	359
Total	14,014	15,068	15,216

Speech and Language Therapy Treatment Waiting List

- **86.6%** waiting \leq 52 weeks. **82.9%** in May (Q2 Target 90%)
- **Above target:** CHO1 (100%), CHO9 (98.5%) & CHO2 (96%)
- **Below target:** CHO5 (70.6%), CHO4 (80.4%) & CHO7 (89.8%)
- Target applicable from 2016 only

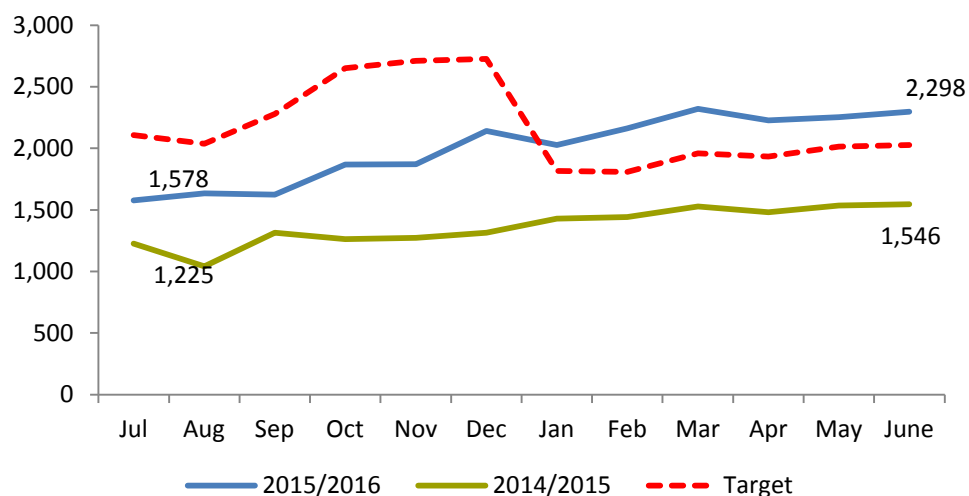


SLT Treatment W/L	Apr	May	June
\leq 52 weeks	7,100	7,333	7,302
$>$ 52 weeks	1,398	1,509	1,133
Total	8,498	8,842	8,435

Community Intervention Teams (CITs)

Number of referrals

- **2,298** in June. **2,254** in May (Target 2,026)
- **13,287** year to date (Target YTD 11,560)
- **Above target:** CHO4 (116.4%), CHO7 (27.2%) and CHO9 (9%)
- **Below target:** CHO5 (-11.4%) and CHO3 (-2.8%)

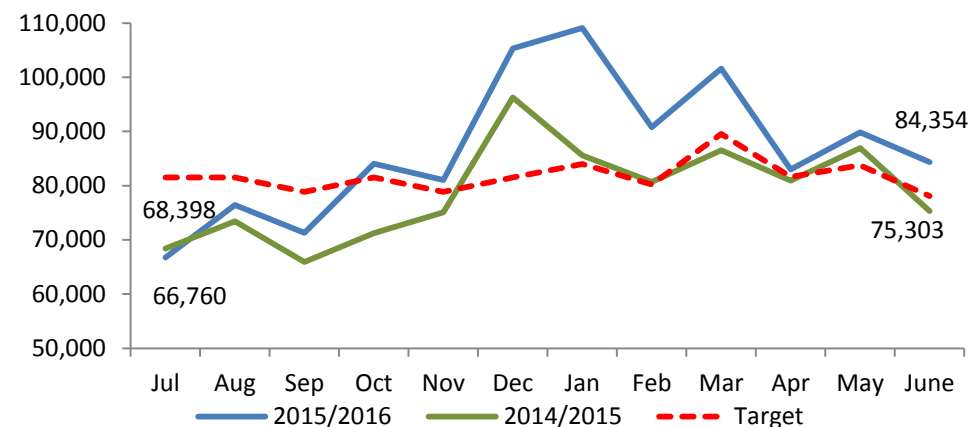


CITs	Apr	May	June
Admission Avoidance	78	69	74
Hospital Avoidance	1,437	1,487	1,537
Early Discharge	418	409	430
Unscheduled referrals from community sources	295	289	257
National	2,228	2,254	2,298

GP Out of Hours Services

No. of contacts with GP Out of Hours Services

- **84,354** in June. **89,858** in May. (Target 78,083)
- **558,633** year to date (Expected Activity YTD 497,209)
- **Above target:** CareDoc (22.8%) MIDoc (15.2%), DDoc (14.1%)
- CareDoc commenced new service in Sligo on 7th February, 2016



Reduced Out of Hours Services

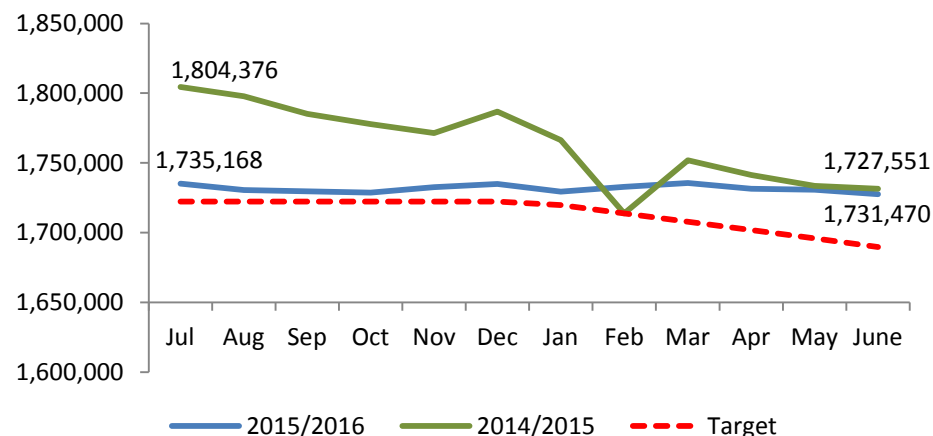
Additional hours from Reduced Out of Hours Services	Apr	May	June	YTD
National	4,823	4,912	4,557	31,728

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

Medical Cards/GP Visit Cards

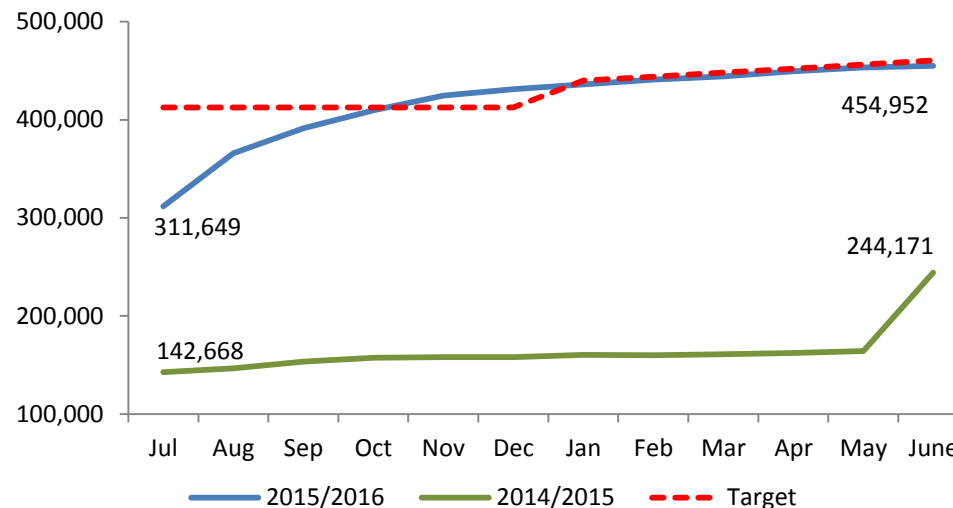
Number of Persons covered by Medical Cards

- **1,727,551** people are covered. **1,730,859** in May (Target 1,689,775)
- Of these, **107,679** are covered by a discretionary medical card



Number of persons covered by GP Visit Cards

- **454,952** people are covered. **453,360** in May (Target 460,489)
- Of these, **43,403** are covered by a discretionary GP Visit card



Medical Card/GP Visit Card applications

- **98.2%** of properly completed Medical Card / GP visit card applications processed within a **15 working day turnaround time** has been exceeded (Target 95%).
- **93.2%** of Medical Card / GP visit card applications, assigned for Medical Officer review, **processed within 5 days** has been exceeded (Target 90%).
- **89.6%** 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)
- **93.1%** processed without financial error in June 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.

Under 6 GP Visit Cards

- Became available on 1st July 2015
- **240,772** people are currently covered as at 1st July, 2016

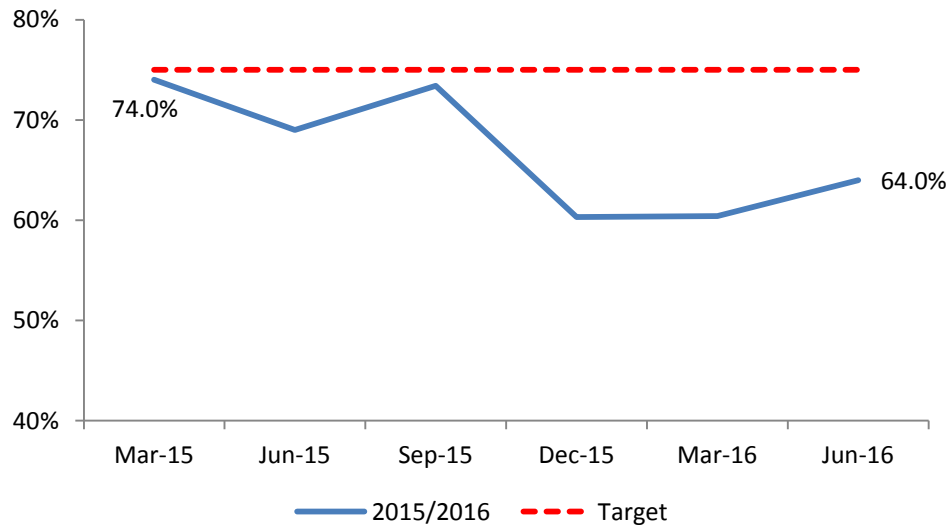
Over 70s GP Visit Cards

- Became available on 1st August 2015
- **86,812** people are currently covered as at 1st July, 2016

Orthodontics

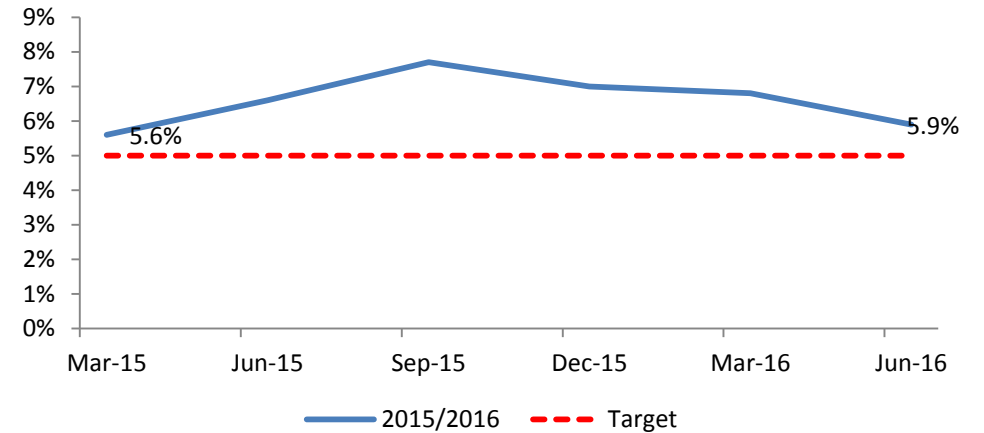
% of Referrals seen for assessment within 6 months (Quarterly)

- 2,246 (64%) in Q2, 2,103 (60.4%) in Q1 2016 (Target 75%)
- Above target: DML (83%)
- Below target: DNE (44.2%) and West (59.5%)



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

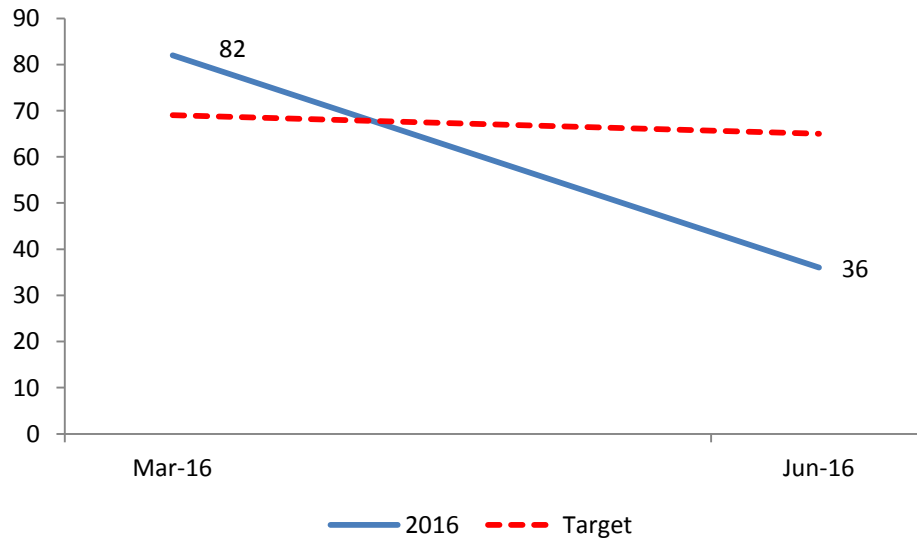
- 1,047 (5.9%) in Q2, 1,229 (6.8%) in Q1 2016 (Target <5%)
- Above target: DNE (11.5%), DML (8.1%) & South (5.5%)
- Below target: West (0.5%)



Health Amendment Act: Services to Persons with State acquired Hepatitis C

No. of patients who were reviewed (Quarterly)

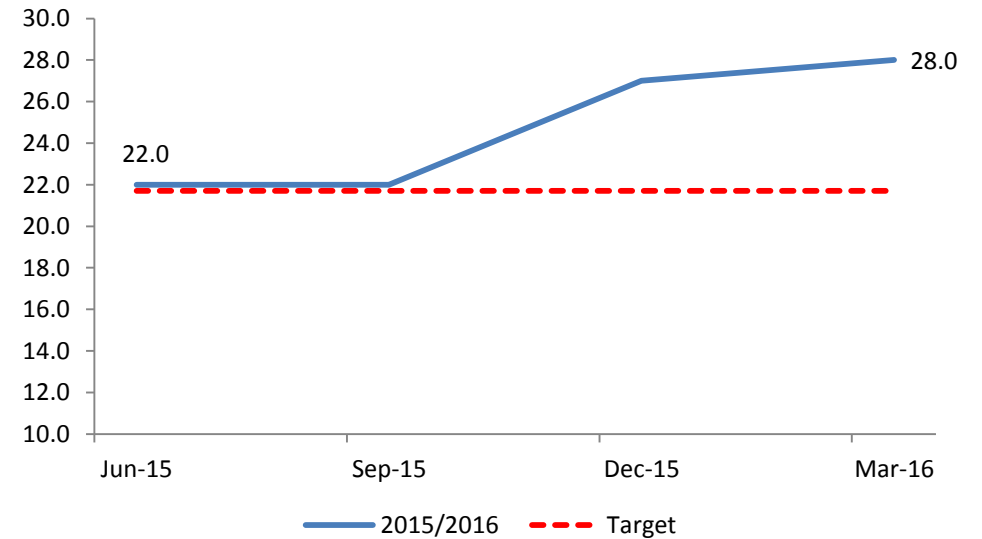
- 36 in Q2, 82 in Q1 2016, 118 YTD. (Target 199)



Healthcare Associated Infections: Medication Management

Consumption of antibiotics in community settings (defined daily doses per 1,000 population) (Quarterly in arrears)

- 28 in Q1, 27 in Q4 2015 (Target <21.7)



Social Inclusion

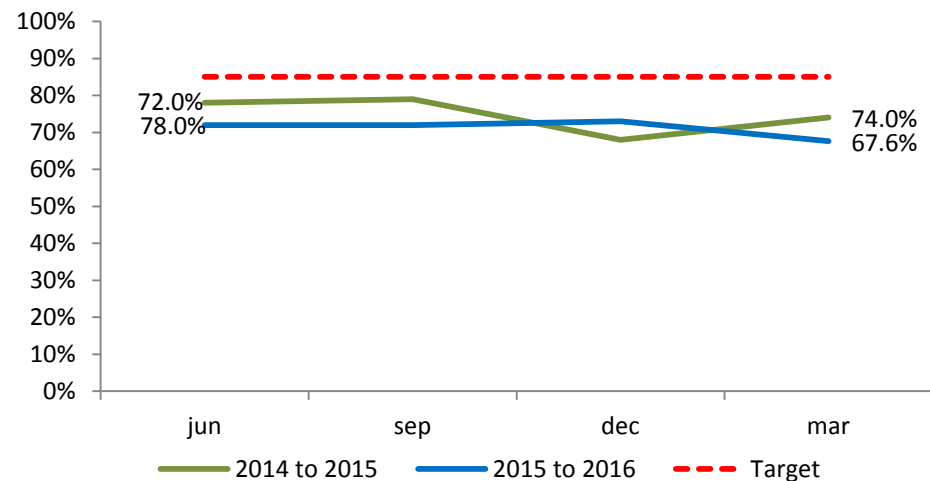
Traveller Health

Awareness of type 2 Diabetes & Cardiovascular health (Quarterly)

- **3,689** in Q2, **3,272** in Q1 2016 (Target 3,470)
- **Above target:** CHO4 298.1%, CHO5 82.3% & CHO9 62.9%
- **Below target:** CHO1,2,3,6,7,& 8

Homeless services

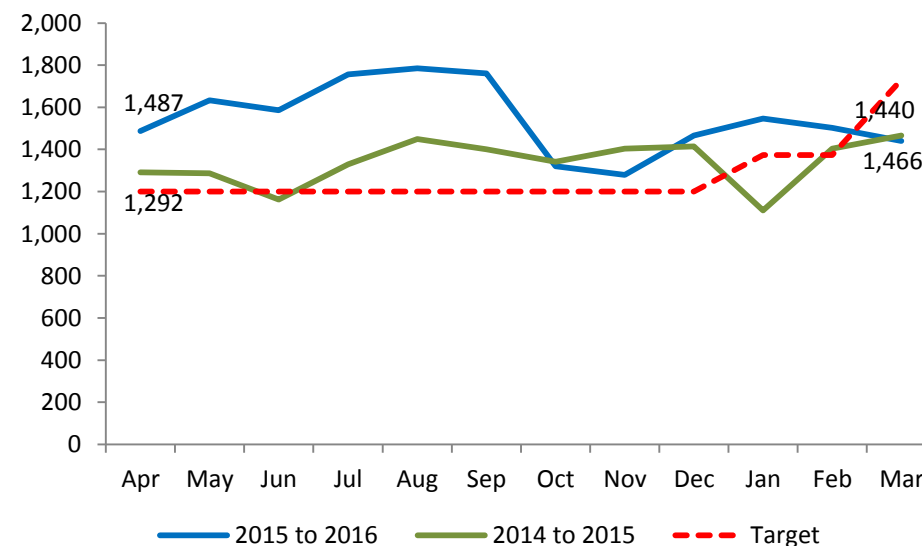
- **Admitted and assessed as part of HNA within 2 weeks (Quarterly)**
- **67.6%** in Q2, **69.2%** in Q1 2016 (Target 85%)
- **Above target:** CHO2 98.9%, CHO7 97.2%, CHO6 87.5%, CHO3 85.1% & CHO5 85.8%
- **Below target:** CHO1,4, 8 & 9



Needle exchange

Individuals attending needle exchange (Quarterly in arrears)

- **1,440** in Q1 2016, **1,669** in Q4 2015 (Target 1,731)
- **Below target:** CHO1 21 (Target 58), CHO2 115 (Target 129), CHO3 266 (Target 314) CHO4 308 (Target 393) CHO5 334 (Target 372) CHO8 396 (Target 465)
- Data returned tri monthly, quarterly in arrears



Primary Care Commentary

Quality Performance Indicators

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

The National Primary Care Quality and Safety Dashboard is reviewed quarterly at Performance Meetings with the Chief Officers.

10 key dashboard indicators have been selected for monitoring and review by the National Primary Care Quality and Safety Committee. The National Primary Care Quality and Safety Committee have also commenced work on identifying potential Primary Care outcome measures for development in 2nd half 2016.

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 2,298 referrals in June, there were 24 patients referred to the CIT in South Tipperary which was set up on a short term basis on 20th January 2016, 1 referral to CIT Sligo and 88 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 98.2%.

The target for % of Medical Card / GP visit card applications, assigned for Medical Officer review, processed within 5 days has been exceeded at 93.2%.

The target for % of Medical Card applications which are accurately processed by the National Medical Card Unit staff has not been met at 89.6%. However, the % processed without financial error equals 93.1%. 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)

- 9,608 patients received treatment (excluding prisons) as of the end of May which includes 4,098 patients being treated by 353 GPs in the community.
- 663 pharmacies dispensed treatment catering for 6,633 patients.
- 77 HSE clinics were providing treatment and an additional 10 prison clinics were provided in the prison service.
- 71 new patients commenced treatment during May (11 in General Practice, 40 in HSE clinics and 20 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 and it is anticipated that this will be resolved for the July report. There is a full national return for the period January to March '16 with one CHO area missing for April and May which represents significant progress from last month. See Appendix 2: Data Coverage Issues for further details.

Substance Misuse (quarter in arrears)

- 1,326 treatment episodes (over 18's) commenced during the reporting of which 89.4% commenced treatment within one calendar month following assessment.
- 87 treatment episodes (under 18's) commenced during the reporting period of which 81.5% commenced treatment within one week following assessment.

Alcohol (quarter in arrears)

- 856 treatment episodes (over 18's) commenced during the reporting of which 86.3% commenced treatment within one calendar month following assessment.
- 9 treatment episodes (under 18's) commenced during the reporting period of which 77.8% commenced treatment within one week following assessment.

Pharmacy Needle Exchange (quarter in arrears)

Currently operating at 108 pharmacies which is 11 less than yearly target. Plans to recruit additional pharmacies in Cork, Waterford, Limerick, and Kerry next quarter.

- The number of unique individuals attending pharmacy needle exchange appears to have reached a plateau at around 1,500 a month (9% above target nationally) with a slight variance over monthly reporting periods.
- The number of needle exchange provided remains consistent at around 3,800 a month (8% above target nationally). Ratio of balance of 10 packs to 3 packs is approx 1:1.7.
- Nationally the average no. of needle/syringe packs per person has declined from last year and may be influenced by a number of factors including clients in treatment accessing packs (this has been reported and discussed at pharmacist training sessions); clients may be getting packs from different pharmacies; and clients may not be regular injectors/users.

- The percentage rate of needles returned remains below target. Return rates differ in each CHO area which may indicate that culture and geography (distance to the service) may play a role in returns. Drug Related Litter (DRL) reports have decreased which may be due PNEx pharmacist education of clients and also due to multi-disciplinary focus groups in place in many areas e.g. Limerick, Cork, Midlands, Waterford.

Homeless Services

At a national level, it is evident that the homeless KPI's for Quarter 2, 2016 have improved in overall terms compared to Quarter 1 2016 but are still below target in that:

- Service Users with Medical Cards have increased from 72% to 74 % (National Target 75%)
- Services Users assisted to acquire a Medical Card have remained the same at 54% (National Target 70%),
- Health Needs Assessed have decreased marginally from 69% to 68% (Target 85%) and
- Health Needs Supported through the hostel network have increased from 73% to 78% (Target 80%).

Whilst the transient and often chaotic nature of homelessness, the lack of bed capacity currently in the system and other related issues pertaining to homelessness can justifiably explain variances in targets, there is scope for improvement. The Homeless Advisory Governance Group recently developed a guidance document which should ensure better consistency in the collection of data and will continue to seek improved performance in achieving targets for the remainder of 2016.

Traveller Health

Primary Healthcare Projects continue to achieve and exceed targets in relation to targeted health information and awareness raising sessions with members of the Travelling community. A full review of Traveller KPIs is currently underway and new KPIs are in development.

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														
	Safety Incident reporting																
% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO ²																	
Q	90%	40.7%	-54.7%	43.8%	53.1%	63.3%	30.2%	20.5%	55.2%	19.5%	47.3%	28.3%		37%	44%		
Healthcare Associated Infections: medication Management																	
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)																	
Q in arrears	<21.7	28	27.2%											28			
Health Amendment Act: Services to persons with state acquired Hepatitis C																	
No. of patients who were reviewed																	
Q	798	118	-40.7%											82	36		
Community Intervention Teams																	
Community Intervention Teams (number of referrals)																	
M	11,560	13,287	14.9%	No Service	445	2,263	1,463	1,312	621	4,032	551	2,600	2,228	2,254	2,298		
GP Activity																	
No of contacts with GP Out of Hours service																	
M	M	497,209	558,633	12.4%											82,977	89,858	
Speech & Language Therapy																	
% on waiting lists for assessment ≤ 52 weeks																	
M	100%	97.6%	-2.4%	100%	96.1%	98.6%	94.2%	100.0%	99.2%	95.5%	99.8%	98.2%	96.9%	97.7%	97.6%		
% on waiting list for treatment ≤ 52 weeks																	
M	Q2 90%	86.6%	-3.8%	100%	96.0%	90.2%	80.4%	70.6%	92.2%	89.8%	94.9%	98.5%	83.5%	82.9%	86.6%		

² Safety incidents is reflective of all Community Healthcare Health Service Performance Report May/June 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	
Physiotherapy % on waiting list for assessment ≤ 52 weeks	M	100%	98.1%	-1.9%	97.7%	95.2%	94.3%	100.0%	99.4%	100.0%	98.5%	99.7%	99.5%	98.3%	98.2%	98.1%	
	Occupational Therapy:																
	% on waiting list for assessment ≤ 52 weeks	M	Q2 90%	81.4%	-9.6%	79.80%	89.4%	100.0%	69.2%	77.8%	93.1%	87.7%	76.3%	85.2%	82.9%	82.4%	81.4%
		Orthodontics:															
	% of referrals seen for assessment within 6 months	Q	75%	62.2%	-17.1%											60.4%	64.0%
		Q	<5%	5.9%	17.9%											6.8%	5.9%
	Primary Care Reimbursement Scheme																
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	M	95%	98.2%	3.4%										98.1%	98.8%	98.2%
		No. of persons covered by Medical Cards	M	1,689,775	1,727,551	2.2%									1,731,406	1,730,859	1,727,551
		No. of persons covered by GP Visit Cards	M	460,489	454,952	-1.2%									449,602	453,360	454,952
Social Inclusion																	
Opioid substitution treatment (outside prisons)	M arrears	9,515	9,608	1.00%	91	131	274	440	455	989	3,709	578	2,941	9,562	9,608		
Budget Management including savings – Net Expenditure variance from plan (within budget 0.33%)																	
Finance	% variance - from budget	M	€1,840,400	€1,843,599	0.17%	6.28%	5.46%	3.44%	1.71%	2.42%	1.32%	0.48%	3.07%	2.28%	1.52%	1.46%	0.17%
	- % variance - Pay (Direct)	M	€302,533	€307,238	1.56%										1.63%	1.56%	1.56%
	- % variance - Pay (Agency)	M	€5,826	€8,059	38.31%										37.24%	39.57%	38.31%
	- % variance - Pay (Overtime)	M	€1,515	€1,738	14.70%										7.46%	9.53%	14.70%
	- % variance - Non Pay	M	€1,608,917	€1,612,653	0.23%										1.73%	1.70%	0.23%
	- % variance – Income	M	-€72,314	-€77,417	7.06%										6.33%	6.92%	7.06%
	Primary Care	M	€381,864	€384,029	0.57%	5.73%	6.15%	4.64%	1.76%	3.12%	0.93%	1.36%	3.23%	3.46%	1.14%	0.82%	0.57%
	Social Inclusion	M	€64,071	€64,530	0.72%	6.55%	-2.51%	0.23%	1.52%	-3.83%	10.43%	0.66%	0.25%	0.35%	1.23%	0.78%	0.72%

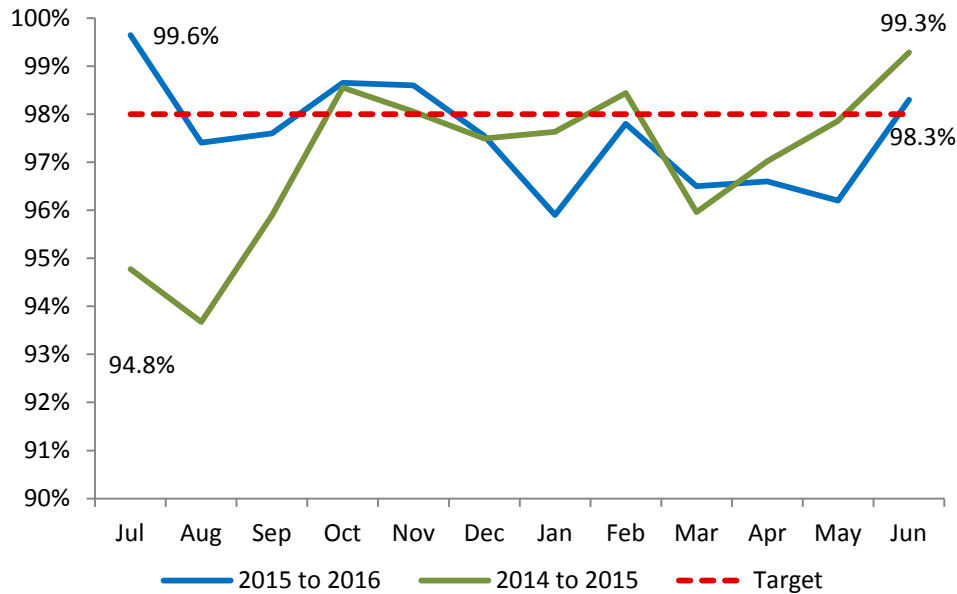
		Reporting Frequency	Expected Activity/Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
HR	Palliative Care	M	€36,997	€37,599	1.63%	13.43%	4.44%	0.37%	1.54%	0.29%	-3.48%	-2.77%	1.71%	0.29%	1.08%	1.05%	1.63%	
	PCRS	M	€1,237,059	€1,237,059	0.00%										1.82%	1.91%	0.00%	
	Community Demand Led Schemes	M	€120,410	€120,382	-0.02%										-0.04%	-0.54%	-0.02%	
	Service Arrangements																	
	No and % of Service Arrangements signed – Primary Care (04/07/16)	M	100%	171 96.07%	3.93%											97.11%	99.42%	96.07%
	€ value and % of Service Arrangements signed- Primary Care (04/07/16)	M	100%	€39,161 98.49%	1.51%											97.64%	98.65%	98.49%
	No and % of Service Arrangements signed – Social Inclusion (04/07/16)	M	100%	507 99.22%	0.78%											99.41%	99.41%	99.22%
	€ value and % of Service Arrangements signed- Social Inclusion (04/07/16)	M	100%	€82,567 99.24%	0.76%											99.25%	99.25%	99.24%
	% Absenteeism																	
	Overall	M in arrears	3.50%	4.61%	31.71%	5.26%	3.76%	5.37%	3.15%	4.72%	4.87%	4.76%	4.67%	4.78%	4.02%	4.45%		
Medical/Dental	2.95%			-15.71%	4.34%	2.04%	0.70%	2.24%	2.63%	4.68%	3.97%	1.28%	6.43%	2.54%	2.43%			
Nursing	4.72%			34.85%	5.06%	4.02%	5.19%	2.88%	5.99%	5.02%	4.80%	5.31%	4.75%	4.28%	4.46%			
Health and Social Care Professional	4.04%			15.42%	5.72%	3.82%	5.65%	3.11%	4.48%	4.80%	3.53%	4.42%	2.67%	3.60%	4.02%			
Management/Admin	5.05%			44.28%	5.53%	4.70%	5.22%	3.83%	4.44%	5.02%	4.90%	5.42%	4.68%	4.43%	4.56%			
General Support staff	4.43%			26.57%	5.34%	1.66%	5.76%	4.89%	5.97%	4.37%	3.84%	4.16%	5.19%	4.13%	3.64%			
Other Patient and Client staff	2.54%			-27.42%	4.33%	3.37%	7.81%	3.37%	3.28%	5.22%	7.59%	3.77%	14.56%	4.40%	6.77%			
Staffing Levels and Costs																		
WTE change from previous month	M		10,448	2	3	2	-8	5	1	2	-5	5	-1	55	-21	2		
Variance from funding staffing thresholds	M	0.50%	Data not yet available															

Palliative Care

Access to Services

Access to specialist inpatient bed

- **98.3%** waited ≤ 7 days. **96.2%** in May. **96.8%** YTD (Target 98%).
- Number of patients who waited <7days increased from **278** in May to **296** in June
- **233** new patients admitted in June, **236** in May, **1,458** YTD
- **Above target:** CHO1, 2, 3, 4, 5 & 9 achieved 100%, CHO 7 98.5%
- **Below target:** CHO6 63.6%

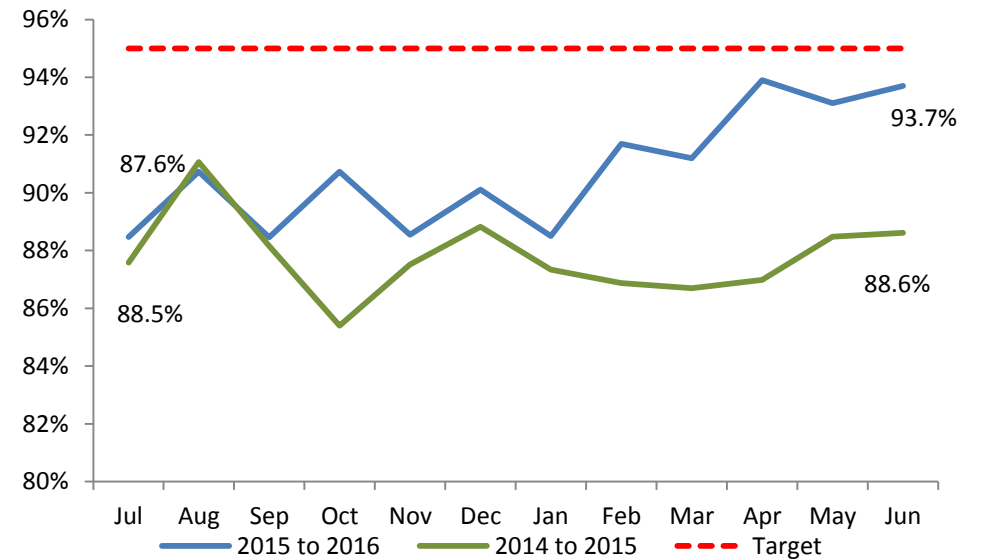


Children in the care of the children’s outreach nursing team/specialist palliative care team

- **393** in the care of the Outreach Team, **425** in May. (Target 370)
- CHOs 1 & 9 are in process of recruiting an additional CNS each

Specialist palliative care services in the community

- **93.7%** waited ≤ 7 days. **93.3%** in May. **92%** YTD (Target 95%).
- **Above target:** CHO9 100%, CHO5 97.9%, CHO6 96.9%
- **Below target:** CHO8 86.8%, CHO2 90.5%, CHO3 91.7%, CHO7 91.9%, CHO4 94.2% & CHO1 94.7%



- The number of new patients seen or admitted to community services decreased from **841** in May to **806** in June. Patients are triaged and are seen based on urgency.
- **3,543** patients in receipt of community services, **3,609** in May. (Target 3,309). Decrease of 66 on May

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%	96.8%	-1.2%	100.0%	96.0%	100.0%	100.0%	100.0%	87.0%	94.7%	No service	94.0%	96.6%	96.2%	98.3%
	Access to specialist palliative care services in the community provided within 7 days (home, nursing home, non-acute hospital)	M	95%	92.0%	-3.1%	94.5%	91.3%	92.9%	93.6%	96.9%	85.9%	85.1%	91.4%	93.7%	93.9%	93.1%	93.7%
	No of patients in receipt of specialist palliative care in the community (in month)	M	3,309	3,543	9.1%	395	393	497	607	426	270	225	429	301	3,581	3,609	3,543
	No. of children in the care of the children's outreach nursing team / specialist palliative care team) (in month)	M	370	393	6.2%	0	31	30	37	39	16	183	27	30	430	425	393
Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)																	
Finance	% variance - from budget	M	€36,997	€37,599	1.63%	13.43%	4.44%	0.37%	1.54%	0.29%	-3.48%	-2.77%	1.71%	0.29%	1.08%	1.05%	1.63%
	- % variance - Pay (Direct)	M	€18,650	€18,790	0.75%										1.23%	1.17%	0.75%
	- % variance - Pay (Agency)	M	€524	€501	-4.41%										17.32%	2.99%	-4.41%
	- % variance - Pay (Overtime)	M	€359	€448	24.95%										9.09%	3.79%	24.95%
	- % variance - Non Pay	M	€22,610	€22,907	1.31%										-0.30%	-0.25%	1.31%
	- % variance – Income	M	-€4,903	-€4,701	-4.12%										-7.28%	-6.28%	-4.12%
Service Arrangements																	
Finance	No and % of Service Arrangements signed (04/07/16)	M	100%	20 90.91%	9.09%										90.91%	90.91%	90.91%
	€ value and % of Service Arrangements signed (04/07/16)	M	100%	€58,359 99.50%	0.50%										99.50%	99.50%	99.50%

Acute Hospitals

Overview of key acute hospital activity

Activity Area	Result YTD June 2016	Against expected activity YTD	Result YTD June 2015	SPLY % Var	Result Apr 2016	Result May 2016	Result June 2016
Emergency Presentations	683,042	6.4% (41,103)	648,918	5.3% (34,124)	113,862	120,779	113,293
New ED attendances	577,320	5.4% (29,770)	547,676	5.4% (29,644)	96,380	101,462	95,150
OPD Attendances	1,686,619	4.1% (66,504)	1,648,446	2.3% (38,173)	288,332	288,008	280,368

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.

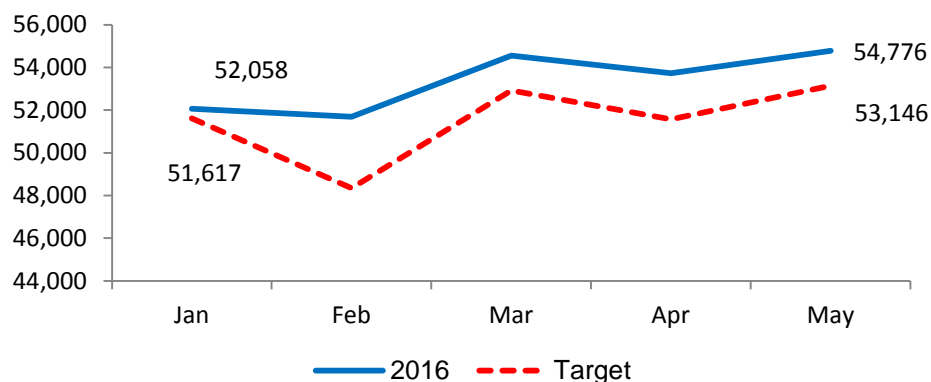
Activity Area	Result YTD May 2016	Against expected activity YTD	Result YTD May 2015	SPLY % Var	Result Mar 2016	Result Apr 2016	Result May 2016
Inpatients discharges*	266,812	3.6% (9,215)	257,630	3.6% (9,182)	54,555	53,733	54,776
Day case discharges*	439,256	4.8% (20,063)	420,015	4.6% (19,241)	88,351	88,499	89,118
Inpatient & Day Cases*	706,068	4.3% (29,278)	677,645	4.2% (28,423)	142,906	142,232	143,894
% Inpatient*	37.8%		38.0%	-0.2%	38.2%	37.8%	38.1%
% Day Cases*	62.2%		62.0%	0.2%	61.8%	62.2%	61.9%
Elective Inpatient Discharges	38,933	1.2% (453)	38,402	1.4% (531)	7,599	8,351	8,589
Emergency Inpatient Discharges	180,394	5.7% (9,761)	170,652	5.7% (9,742)	37,284	35,908	36,721
Maternity Inpatient Discharges	47,485	-2.1% (-999)	48,576	-2.2% (-1,091)	9,672	9,474	9,466

Inpatient and Daycases

(Month in arrears)

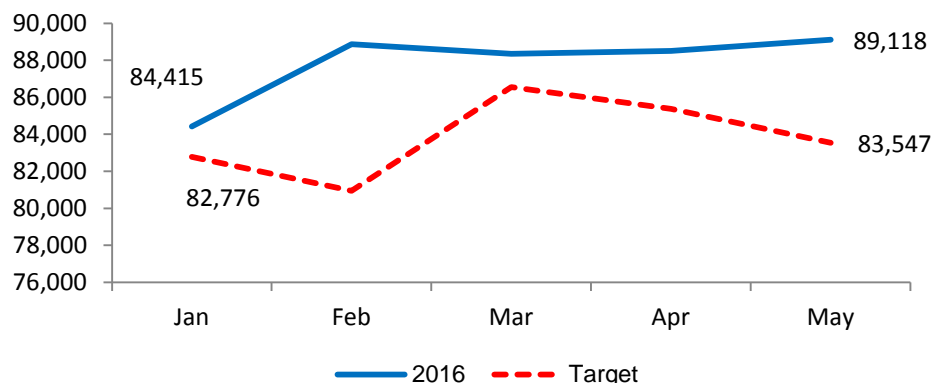
Inpatient Discharges

- **54,776** inpatient discharges. **53,733** reported in April, **266,812** YTD
- **3.6%** more than the same period last year YTD



Day Cases

- **89,118** day cases. **88,499** reported in April, **439,256** YTD
- **4.6%** more than the same period last year YTD



Elective Inpatient Discharges

- **8,589** elective discharges. **8,351** reported in April, **38,933** YTD
- **1.4%** more than the same period last year YTD

Emergency Inpatient Discharges

- **36,721** emergency discharges. **35,908** reported in April, **180,394** YTD
- **5.7%** more than the same period last year YTD

Maternity Inpatient Discharges

- **9,466** maternity discharges. **9,474** reported in April, **47,485** YTD
- **2.2%** less than the same period last year YTD

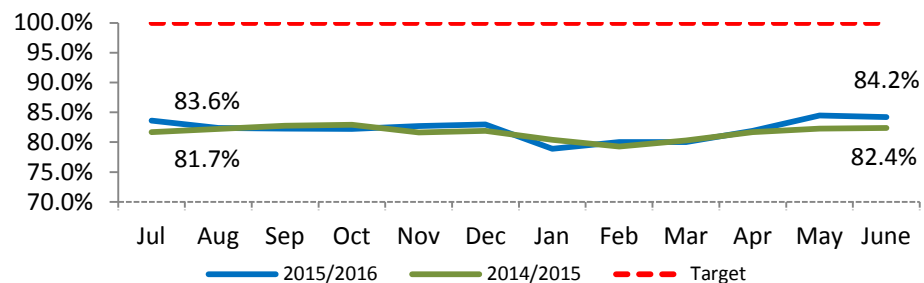
Emergency Departments

Numbers attending ED

- 103,238 attended ED, 109,939 in May (Expected 101,038)
- 624,503 YTD attended ED (Expected YTD 595,014)
- 95,150 were new attendances, 101,462 in May, 577,320 YTD

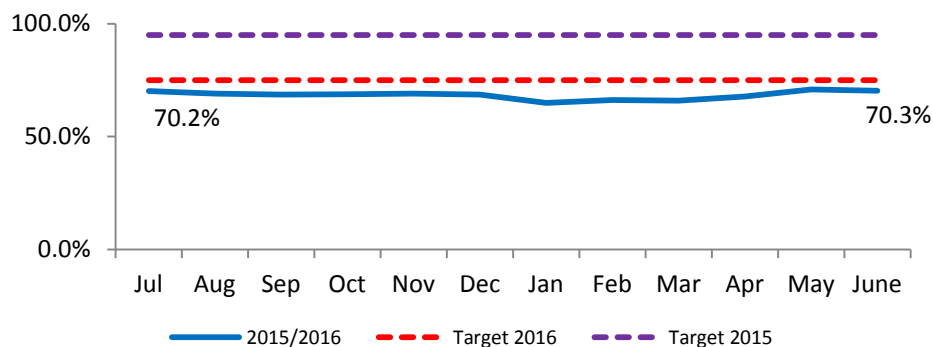
Admitted or discharged within 9 hours

- 84,009 (84.2%) within 9 hours, 89,080 (84.5%) in May. (Target 100%)
- 490,877 (81.5%) YTD



Admitted or discharged within 6 hours

- 70,209 (70.3%) within 6 hours, 74,657 (70.9%) in May. (Target 75%)
- 407,012 (67.6%) YTD

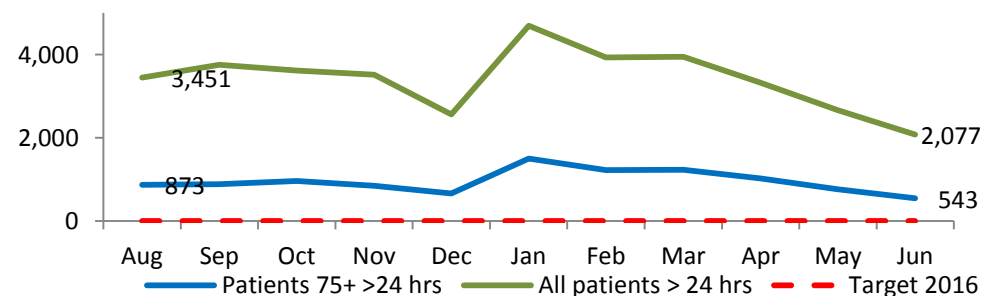


Over 75 years admitted or discharged within 9 hours

- 7,824 (69.4%) within 9 hours, 7,790 (67.5%) in May (Target 100%)
- 3,457 (30.6%) waited over 9 hours, 3,755 (32.5%) in May. 25,942 (37.8%) YTD

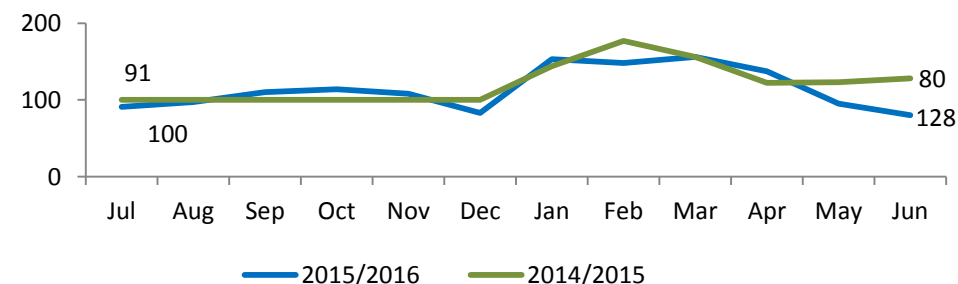
ED over 24 hours

- 97,723 (97.9%) < 24 hours, 102,706 (97.5%) in May (Target 100%)
- 2,077 (2.1%) waited more than 24 hours, 2,664 (2.5%) in May
- 21,322 (3.5%) YTD
- 543 (4.8%) over 75 years of age waited for more than 24 hours. 762 (6.6%) in May. 6,490 (9.4%) YTD
- Below target > 24 hours (3 outliers): Mercy 132, Mater Hospital 178, and Beaumont 307.
- Below target over 75 years of age (3 outliers): Mater 50, Limerick 89 and Beaumont 116.



Average over 9 hours awaiting admission

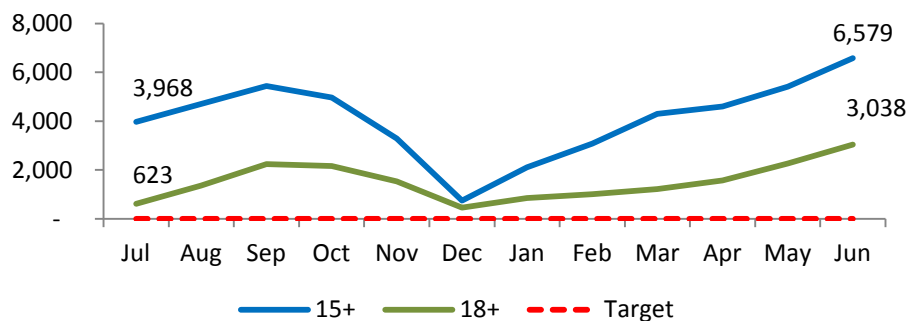
- 80 was the average daily number of patients waiting for over 9 hours, 95 in May.



Waiting Lists

Inpatient and Day case Waiting List Update

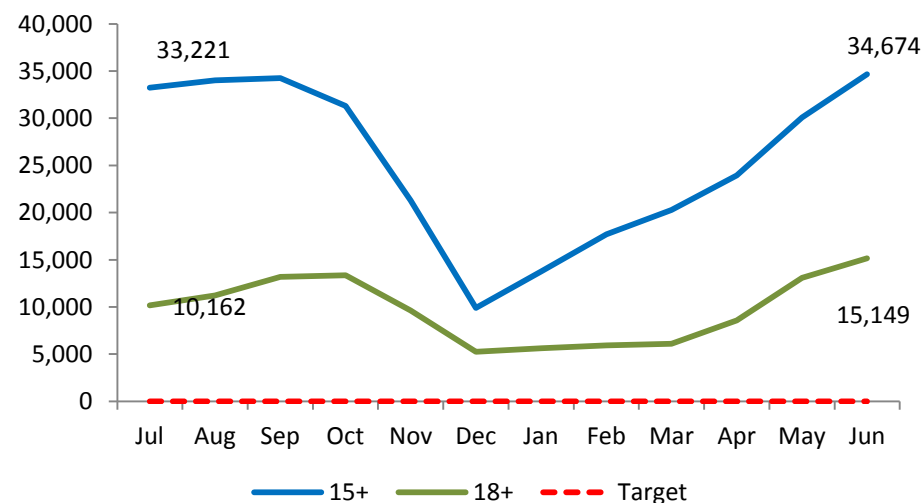
- **76,696** waiting for an inpatient/day case procedure. **74,986** in May
- **3,038 (4%)** waiting over **18 months**. **2,263 (3%)** in May
- **6,579 (8.6%)** waiting over **15 months**. **5,416 (7.2%)** in May
- **Below target** > 18 months: Galway (1,093) , Beaumont (448), Mater (346)
- **Below target** > 15 months: Galway (2,030), Beaumont (772), Mater (777)



Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		22,495	11,599	6,192	2,888	68,773
Child IPDC	4,038	2,406	1,001	387	150	7,923
OPD		129,164	65,863	34,674	15,149	420,545

Outpatient Waiting List Update

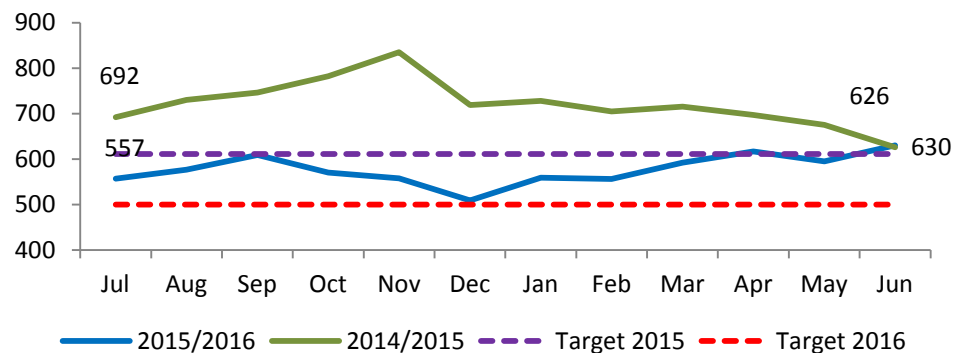
- **420,545** waiting for outpatient appointments. **415,584** in May
- **15,149 (3.6%)** waiting over **18 months**. **13,095 (3.2%)** in May
- **34,674 (8.2%)** waiting over **15 months**. **30,095 (7.2%)** in May
- **Below target** > 18 months: Beaumont (2,137), Waterford (2,187), Galway (1,245), Tallaght (1,276), Cork (1,025) and South Infirmary (902)
- **Below target** > 15 months: Beaumont (3,891), Waterford (3,923), Galway (2,608), Cork (2,309), Tallaght (2,216) and South Infirmary (1,801)



Delayed Discharges

Number of Delayed Discharges

- **630** delayed discharges. **595** in May (Target <500)
- **Best Performers:** Mullingar 0 (2), Portiuncula 1 (2), Roscommon 2 (3)
- **Outliers:** St. James's 79 (65), Beaumont 75 (60), Galway 29 (11)



Delayed Discharges by Destination (28/06/2016)	Over 65	Under 65	Total No.	Total %
Home	112	17	129	20.5%
Long Term Nursing Care	349	42	391	62.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	79	31	110	17.5%
Total	540	90	630	100.0%

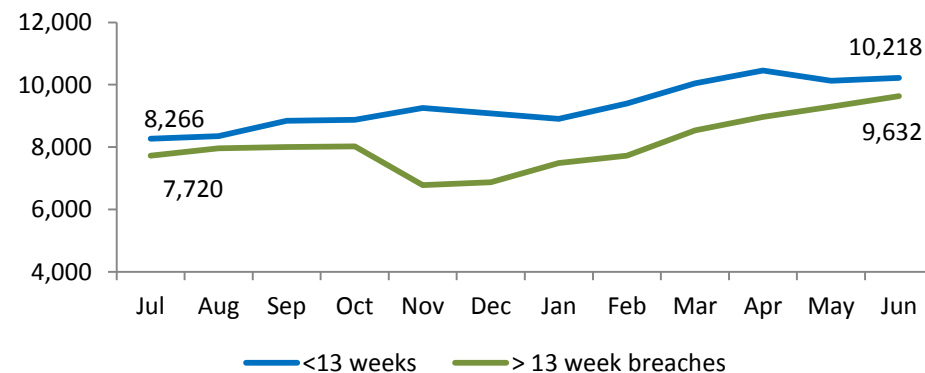
GI Scopes

Urgent Colonoscopy (<28 days)

- **1,495 (99.7%)** < 28 days, **1,558 (99.9%)** in May (Target 100%)
- **24** breaches in the month of June 2016 representing 19 new patients (Mater 1, Tallaght 17 and Letterkenny 1)
- All patients were seen by 30th June
- Fines for breaches have been introduced in July

Numbers on waiting list for GI Scopes

- **19,850** on the waiting list for routine colonoscopy or OGD. **19,424** in May
- **9,632** waiting over 13 weeks. **9,295** in May
- **51.5%** waiting less than 13 weeks. **52.1%** in May (Target 70%)



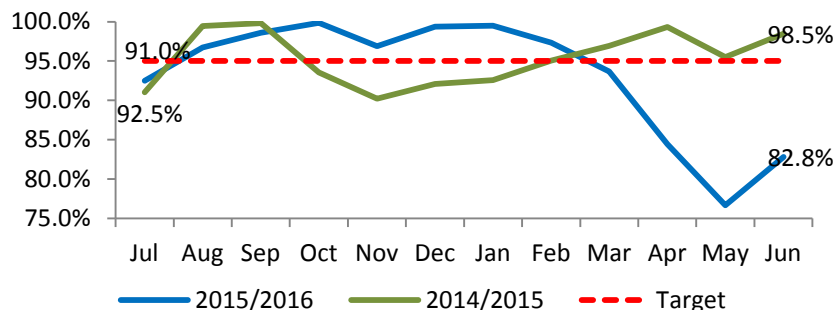
Surveillance GI Scopes

- **5,669** planned GI scopes with date in the past, **5,475** in May
- **31,764** planned GI scopes with date in the future, **31,606** in May
- **731** planned without date, **851** in May

Cancer Services

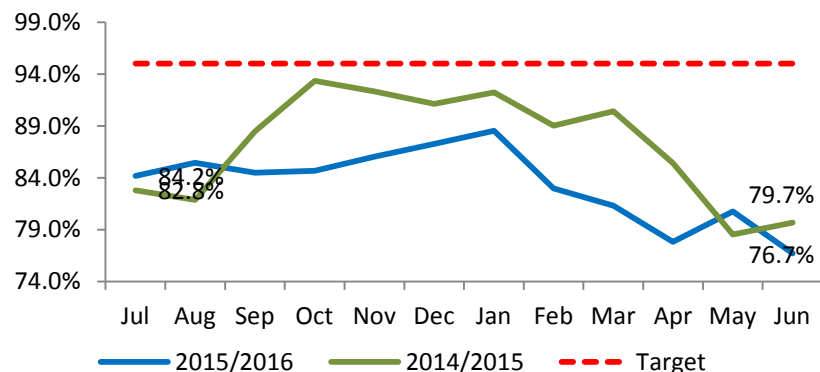
Breast cancer assessment within 2 weeks

- **82.8%** were seen within 2 weeks of referral, **76.7%** in May. **89%** YTD (Target 95%).



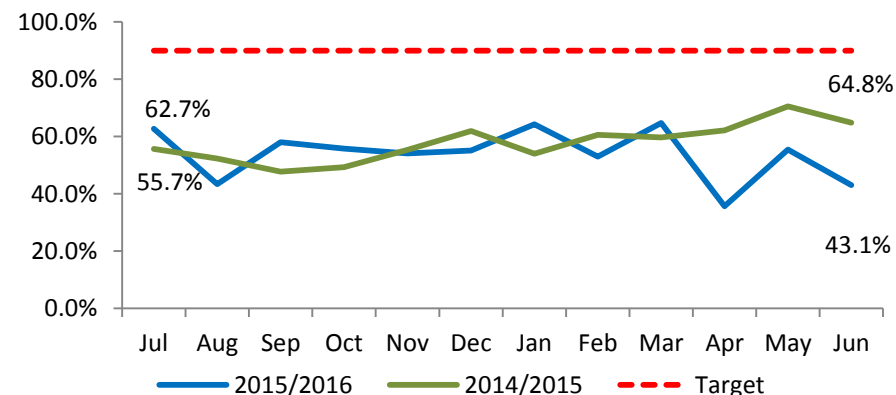
Lung cancer assessment within 10 working days

- **76.7%** were seen within 10 working days, **80.8%** in May. **81.2%** YTD (Target 95%).



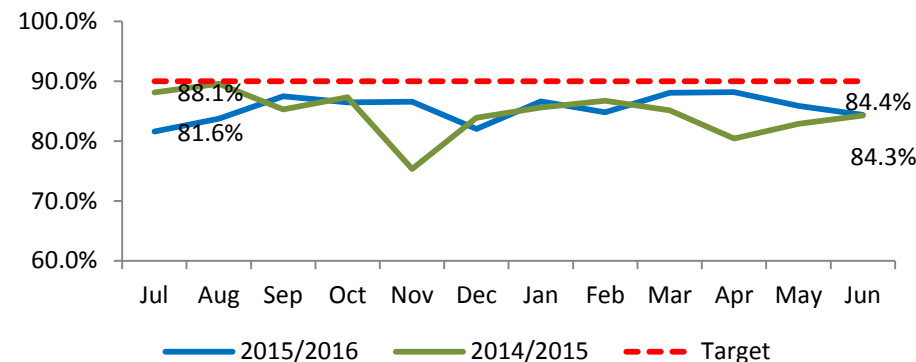
Prostate cancer assessment within 20 working days

- **43.1%** were seen within 20 working days, **55.4%** in May. **52%** YTD (Target 90%).



Radiotherapy within 15 working days

- **84.4%** were seen within 15 working days, **85.9%** in May. **86.4%** YTD (Target 90%).

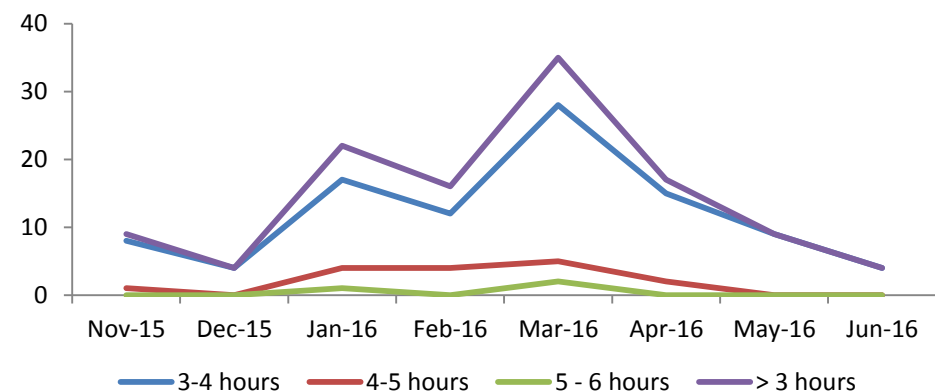


Cancer Services

Performance data	Target 2016	June 2016	June YTD 2016	June YTD 2015	Best and Outliers
Breast	95%	82.8%	89%	96.4%	<ul style="list-style-type: none"> Six out of the nine centres have reached the target in June St James 44.5%, Letterkenny 61.1% and Cork 51.8%.
Lung	95%	76.7%	81.2%	85.8%	<ul style="list-style-type: none"> Two of the eight centres have met the target in June. Galway 89.5%, Waterford 88.2%, St James 87%, Beaumont 77.5%, Limerick 55.1% and Cork 17.9%.
Prostate	90%	43.1%	52%	62.1%	<ul style="list-style-type: none"> St Vincent's reached the target Mater 68.2%, Beaumont 57.4%, Galway 41.3%, Cork 21.1%, Waterford 14.8%, St James 0% and Limerick 0%.
Radiotherapy	90%	84.4%	86.4%	84.1%	<ul style="list-style-type: none"> SLRON 85%, Galway 78.7% and Cork 70% 100% Waterford and Limerick 100%

Ambulance Turnaround Times

- 5 ambulances had turnaround times > 3 hours. 9 in May
- 18,162 (95.1%) ambulances had turnaround times within 60 mins; 19,062 (94.2%) May. (Target 95% ≤ 60mins)

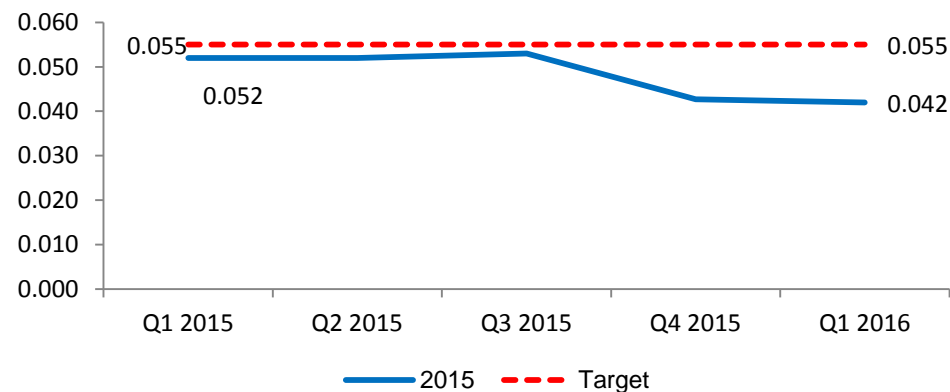


Turnaround Times	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	June 16
3-4 hours	8	4	17	12	28	15	9	4
4-5 hours	1	0	4	4	5	2	0	0
5 - 6 hours	0	0	1	0	2	0	0	0
> 3 hours	9	4	22	16	35	17	9	5

Health Care Associated Infections

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

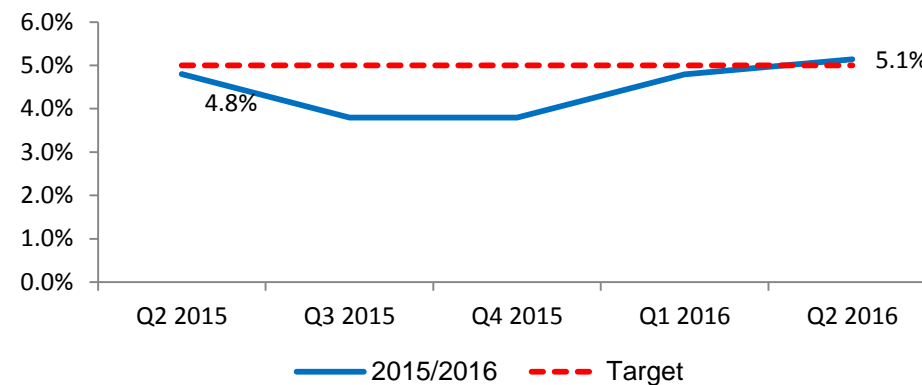
- **0.042** Q1 2016, **0.043** Q4 2015 (Target 0.055)



Emergency Department (Quarterly)

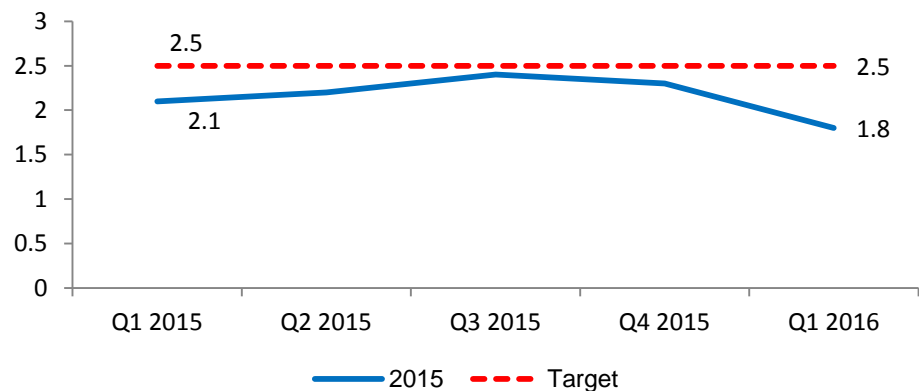
% of ED patients who leave before completion of treatment

- **5.1%** for Q2 2016, **4.8%** Q1 2016 (Target <5%)



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

- **1.8** Q1 2016, **2.3** Q4 2015 (Target 2.5)



Acute Hospitals Commentary

Emergency Department (ED) Performance

ED attendances in June 2016 were 3.3% higher than the corresponding period in 2015 with an increase of 13% for the over 75's. Adults aged 75 years plus represented 12% of all ED attendances in June 2016. Despite this increase the INMO 30 day moving average for trolleys in June 2016 was lower than the corresponding period in June 2015 by up to 30%.

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;

- 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.
- Winter Planning – earlier/whole system approach across the 7 hospital groups and CHOs. Funding for 302 beds was provided of which 252 were open at the end of June. A further 100 closed beds re-opened at the end of 2015.
- Reduction in delayed discharges from 830 at end of 2014 to 630 at the end of June 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) .

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, an increase in the number of patients with complex care needs as well as the need to restore access to late 2015/early 2016 levels for Home Care packages, Intensive Home Care packages and home help hours.

European Working Time Directive (EWTB)

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 80% in June 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 non compliance 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

- The National Service Plan 2016 target for inpatients and day cases is that 95% of adults and children will be waiting less than 15 months for an inpatient/day case procedure – actual compliance 91%.
- Hospitals were 84% 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.
- Hospitals were 92% 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.

It is vital to effectively manage waiting lists so that those waiting the longest are scheduled within the available capacity, once emergency and urgent cases have been dealt with. This increases the need for a process improvement programme in hospitals that will address patients waiting in excess of 15 months for an inpatient/day case procedure or first access to outpatient services. The programme will include chronological scheduling, clinical and administrative validation, day of surgery admission 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 19 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 51% in June.
- A National Endoscopy Working Group was established following the appointment of National Endoscopy Lead. The Working Group will address a number of areas including a national endoscopy referral pathway, process improvement and better waiting list management and a capacity/demand plan.

The National Treatment Purchase Fund Endoscopy Waiting List was launched in July. It is expected that 3,000 patients will be cared for under this initiative which was developed following collaboration between the Department of Health, the National Treatment Purchase Fund and the HSE.

Cancer Data

- Lung cancer – 76.7% of patients were offered an appointment within ten working days of receipt of referral in the cancer centre.
- Prostate – 43.1% of patients were offered an appointment within twenty working days of receipt of referral in the cancer centre.
- Breast cancer – 82.8% 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 – 84.4% 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 & Safety³	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%	35%	-64.6%							24%	53%	28%
		% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	-100%									
		Safety Incident reporting													
		% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	47.6%	-47.1%	59.7%	41.5%	58.1%	28.6%	42.7%	61.7%	40.5%	45%	51%
		Safe Care													
		% maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month	M (2 mths in arrears)	100%											
		Health Care Associated Infections													
		Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used	Q in arrears	<0.057	0.042	25.9%	0.015	0.054	0.056	0.049	0.074	0.043	0.038	0.043	0.042
		Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Q in arrears	<2.5	1.8	28.0%	2.4	1.5	1.8	1.5	0.7	2.4	0.0	2.3	1.8
	Colonoscopy / Gastrointestinal Service														
	% of people waiting < 4 weeks for an urgent colonoscopy (zero tolerance)	M	100%	99.7%	0%	99.6%	98.6%	100%	100%	100%	100%	99.7%	99.9%	99.7%	
	Acute Coronary Syndrome														
	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	3 mths in arrears	85%	89.7%(i)	4.7%							89.4%	89.7%(i)		
	Re-admission														
	% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M in arrears	10.8%	10.8%	0.0%	11.0%	11.4%	10.8%	10.5%	8.4%	11.9%	10.2%	10.0%		

³ (i) - Incomplete data, see Appendix 2

	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	
Surgery	% of surgical re-admissions to the same hospital within 30 days of discharge	M in arrears	<3%	2.1%	30.0%	1.9%	3.1%	2.2%	1.9%	1.5%	1.9%	1.9%	2.0%		
	% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M in arrears	95%	86.7%	-8.7%	92.0%	82.4%	90.7%	83.4%	81.1%	90.5%	83.9%	89.7%		
	% day case rate for Elective Laparoscopic Cholecystectomy	M in arrears	>60%	43.6%	-27.3%	61.0%	58.3%	48.2%	47.1%	4.2%	18.2%	44.7%	42.5%		
	% of elective surgical inpatients who had principal procedure conducted on day of admission (Individual Hospital Group target)	M in arrears	75%	72.5%	-3.3%	83.8%	62.5%	62.0%	75.7%	87.2%	61.6%	72.5%	71.7%		
	Emergency Care and Patient Experience Time														
	% of all attendees at ED < 24 hours (zero tolerance)	M	100%	96.5%	-3.5%	96.4%	96.2%	94.7%	95.8%	93.3%	98.0%	99.7%	96.7%	97.5%	97.9%
	% of patients 75 years or over who were admitted or discharged from ED within 9 hours	M	100%	62.2%	-37.8%	66.6%	57.8%	53.7%	60.1%	41.5%	75.7%		63.1%	67.5%	69.4%
	Average Length of Stay														
	Medical patient average length of stay (contingent on < 500 delayed discharges)	M in arrears	7	6.8	2.9%	7.2	8.2	7.0	6.4	5.5	6.4		7.0	6.6	
	Surgical patient average length of stay (Individual Hospital Group target)	M in arrears	5.2	5.3	-1.9%	5.9	6.7	5.7	4.7	4.6	4.6		5.2	5.2	
Access	Outpatients														
	Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	M	1:2	2.4	-21.8%	2.1	2.6	2.6	2.5	3.2	2.3	2.6	2.4	2.4	2.4
	Inpatient, Day Case and Outpatient Waiting Times														
	% of adults waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	91%	-4.2%	92.9%	90.9%	89.1%	91.9%	95.3%	88.6%		93.5%	92.4%	91%
	% of children waiting < 15 months for an elective procedure (inpatient and day case)	M	95%	95.1%	0.1%	99.4%	100.0%	97.9%	95.2%	92.3%	90.4%	95.5%	96.6%	96.0%	95.1%
	% of children waiting < 20 weeks for an elective procedure (inpatient and day case)	M	60%	49%	-18.3%	65.4%	59.7%	49.9%	53.9%	45.5%	50.2%	46.7%	48.8%	50.3%	49.0%
% of people waiting < 52 weeks for first access to OPD services	M	85%	84.3%	-0.8%	88.6%	85.7%	81%	82.9%	81.5%	84.9%	84.5%	86.2%	85.0%	84.3%	
Colonoscopy / Gastrointestinal Service															
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	M	70%	51.5%	-26.4%	52.1%	43.6%	41.1%	59.1%	84.4%	59.5%	85.4%	53.8%	52.1%	51.5%	

	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saoita YTD	Children's YTD	Current (-2)	Current (-1)	Current
Emergency Care and Patient Experience Time														
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	75%	67.6%	-9.9%	69.1%	59.2%	61.8%	65.9%	55.0%	71.5%	88.5%	67.8%	70.9%	70.3%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	100%	81.5%	-18.5%	82.3%	76.0%	76.2%	79.5%	70.9%	86.4%	96.7%	81.9%	84.5%	84.2%
Delayed Discharges														
No. of beds subject to delayed discharges (Individual Hospital Group target)	M	<500	630	-26%	168	131	172	81	17	58	3	617	595	630
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%	89%	-6.6%	98.3%	58.3%	99.9%	88.2%	98.3%	87.2%		84.4%	76.7%	82.8%
Lung Cancer														
% 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%	81.2%	-14.6%	98.9%	94.7%	89.1%	63.5%	53.2%	90.0%		77.8%	80.8%	76.7%
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%	52.0%	-42.2%	81.7%	51.3%	40.6%	14.2%	14.8%	72.7%		35.7%	55.4%	43.1%
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%	86.4%	-4.0%		87.5%		73.0%		86.5%		88.1%	85.9%	84.4%
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%	93.2%	-1.9%	95%	96.1%	95.7%	91%	93.1%	87.6%	93.7%	93.0%	94.2%	95.1%
Finance														
Budget Management including savings- Net Expenditure variance from plan (within budget (0.33%))														
- % variance - from budget	M	€2,034,363	€2,177,420	7.03%	5.31%	8.01%	7.38%	4.84%	12.08%	8.19%	6.73%	7.42%	7.06%	7.03%
- % variance - Pay (Direct)	M	€1,688,082	€1,753,371	3.87%	3.27%	4.41%	4.37%	2.03%	6.55%	5.20%	2.00%	4.35%	3.90%	3.87%

	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
- % variance - Pay (Agency)	M	€76,129	€101,573	33.42%	41.23%	46.16%	25.73%	20.96%	36.18%	25.61%	149.65%	32.76%	32.92%	33.42%
- % variance - Pay (Overtime)	M	€74,497	€86,371	15.94%	17.00%	34.16%	8.37%	3.04%	36.81%	18.31%	9.17%	15.19%	15.30%	15.94%
- % variance - Non Pay	M	€784,677	€846,214	7.84%	6.73%	8.25%	7.72%	6.67%	11.99%	6.74%	12.92%	7.67%	7.95%	7.84%
- % variance – Income	M	-€493,280	-€480,073	-2.68%	1.68%	-3.32%	-3.42%	-1.62%	-4.46%	-9.31%	-3.09%	-2.87%	-2.61%	-2.68%
Regional and National Services	M	€169,199	€40,858	-75.85%								100.08%	867.36%	-75.85%
Net Expenditure variance from plan (incl Regional & National Services)	M	€2,203,562	€2,218,278	0.67%								8.28%	8.97%	0.67%
NCCP	M	€1,256	€1,242	-1.12%								-1.04%	2.14%	-1.12%
Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	90%15days by 31/12/2016	37	46%								47%	47%	46%
Acute Hospitals private income receipts variance from Actual v Plan	M	≤5%	€326,946	0%								0%	0%	0%
Service Arrangements														
No and % of Service Arrangements signed (04/07/16)	M	100%	16 94.12%	5.88%								82.35%	94.12%	94.12%
€ value and % of Service Arrangements signed (04/07/16)	M	100%	€1,705,151 97.41%	2.59%								84.03%	97.41%	97.41%
% Absenteeism														
Overall			4.17%	19.14%	3.96%	3.89%	4.33%	4.00%	6.44%	3.93%	3.96%	3.83%	3.75%	
Medical/Dental			0.91%	-74%	0.71%	0.70%	0.87%	1.23%	0.87%	0.98%	1.27%	0.97%	0.88%	
Nursing			4.77%	36.28%	4.41%	4.11%	5.41%	4.59%	7.07%	4.72%	4.36%	4.48%	4.23%	
Health and Social Care Professional	M in arrears	3.50%	3.28%	-6.28%	3.17%	3.34%	2.70%	4.12%	3.72%	2.76%	3.37%	2.99%	3.21%	
Management/Admin			4.25%	21.42%	4.11%	4.18%	4.60%	3.60%	5.58%	4.12%	4.63%	3.73%	3.62%	
General Support staff			5.33%	52.28%	5.77%	5.25%	5.07%	5.18%	6.26%	4.93%	5.59%	4.76%	4.90%	
Other Patient and Client staff			6.33%	80.85%	5.60%	6.22%	7.51%	4.04%	10.83%	5.08%	5.66%	5.72%	5.74%	
Staffing Levels and Costs														
WTE change from previous month	M		53,421	20	-3	49	-42	-4	17	6	-2	105	29	20
Variance from funding staffing thresholds	M	0.50%	Data not yet available											
EWTD Compliance (38 out of 40 hospitals)														
EWTD - <24 hour shift	M	100%	97%(i)	-3%	97%(i0)	98%	98%	99%	91%	99%(i)	86%	96%(i)	97%(i)	97%(i)
EWTD - <48 hour working week	M	95%	80%(i)	-15.8%	78%(i)	64%	71%	90%	97%	93%(i)	68%	78%(i)	80%(i)	80%(i)

Acute Hospitals Balanced Scorecard/Heat Map

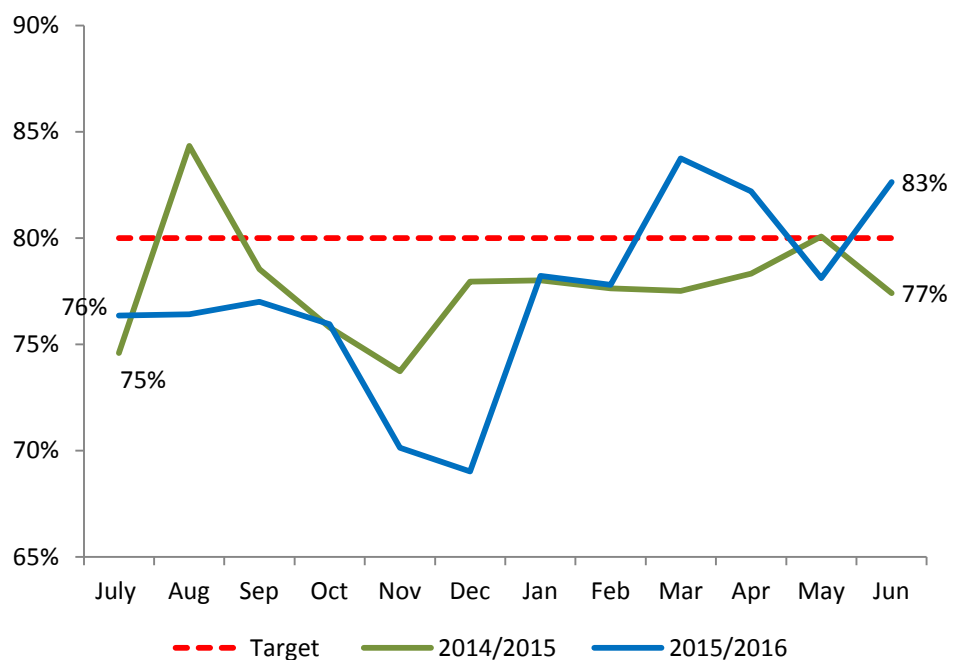
Metrics in Arrears 2015		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South/South West YTD	UL YTD	Saolta YTD	Children's YTD	Current (-2)	Current (-1)	Current
Quality & Safety	Effective Care														
	Stroke														
	% of patients with confirmed ischaemic stroke who receive thrombolysis	Q6 months in arrears	9%	10.5% (i)	1.5%										

National Ambulance Service

Response Times

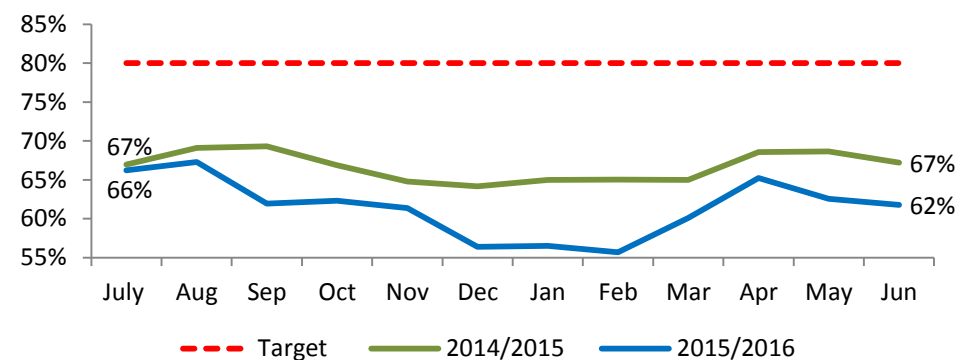
ECHO Response Times

- **83% (376)** arriving at scene within 18 minutes, 59 seconds or less. **78% (339)** in May. **81%YTD** (Target 80%).
- **Improvers:** Western Region 81%, Southern Region 82%, North Leinster 85%
- **93%** ECHO calls had a resource allocated within 90 seconds (target 85%)



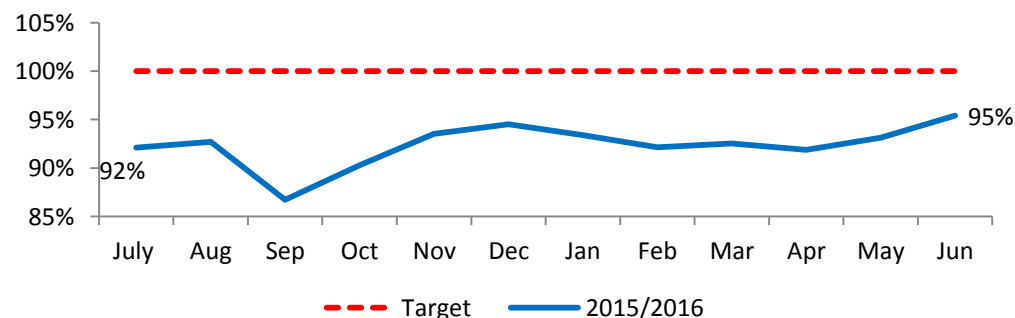
DELTA Response Times

- **62% (5,961)** arriving at scene within 18 minutes, 59 seconds or less. **63% (6,350)** in May. **60%YTD** (Target 80%).
- **Improvers:** Western Area 63%
- **Disimprovers:** North Leinster 63%, Dublin Fire Brigade 59%,
- **92%** DELTA calls had a resource allocated within 90 seconds (target 85%)



Volume of Escalations

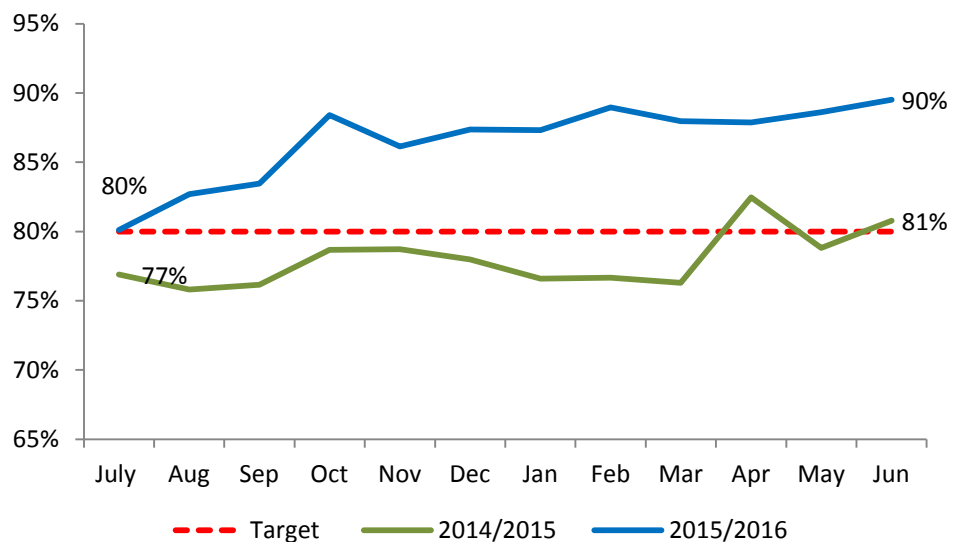
- **95%** of ambulance turnaround delays were escalated (YTD **93%**), **93%** in May (Target 100%)



ICV Services

Intermediate Care Vehicle (ICV) Transfers

- 90% of transfers provided through ICV (YTD 88%), 89% in May (Target > 80%)

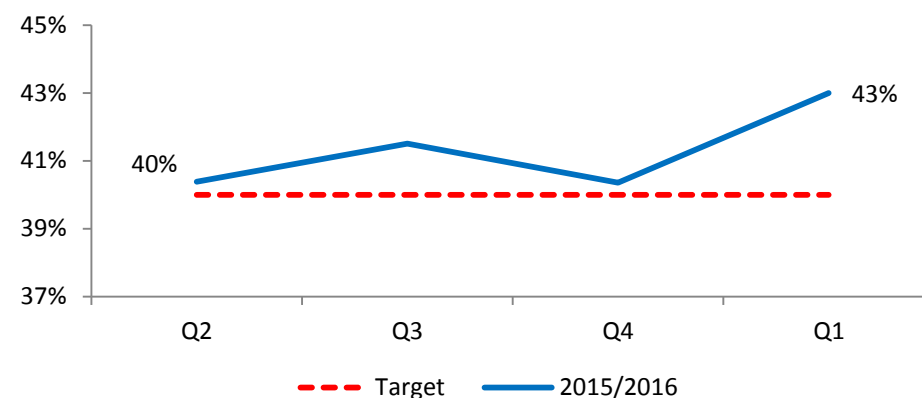


	Dec	Jan	Feb	Mar	Apr	May	June
Number of Patient Transfer Calls	2,286	2,671	2,506	2,451	2,367	2,570	2,384
ICV	1,997	2,332	2,229	2,156	2,080	2,277	2,134
% ICV Transfer	87%	87%	89%	88%	88%	89%	90%

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)

- 43% in Q1. 40% in Q4 2015.



Ambulance Services Commentary

The National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon was awarded ISO 9001:2008 registration related to the quality management system, in May 2016. ISO 9001:2008 is the key internationally agreed standard for an organisation's internal quality management. Achieving ISO 9001 confirms that NEOC Tallaght and Ballyshannon have excellent quality management policies and systems in place. This accolade is a global acknowledgment of NEOC's ability to meet quality requirements and is a very significant milestone. Gaining the ISO 9001 is testimony to the effort and commitment of the NEOC Tallaght and Ballyshannon team members.

The NAS is a major funder of the National Out-Of-Hospital Cardiac Arrest (OHCA) Register hosted by the Department of Public Health Medicine in the HSE West. Reporting of OHCA outcomes is the first clinical KPI for the NAS. Reporting on this indicator represents a significant development for NAS in that this is the first time in pre hospital care in Ireland that a clinical outcome indicator has been introduced and publically reported. The launch of the ONE LIFE Project, an initiative undertaken by the NAS, has the clear aim of increasing out of OHCA survival rates in Ireland. Return of Spontaneous Circulation (ROSC) performance, in Quarter 1 2016 at 43%, has exceeded the target set (40%) and there has been a continuous upward trajectory since the One Life Project was launched

An up-to-date suite of performance reports continues to be rolled out from the new CAD system. This month, the total number of AS1⁴ and AS2⁵ calls received was 24,980; activity volume this month is comparable to the same month last year but has increased by 4% year to date. The daily average call rate is 833 (30 days in this month).

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 83% this month. This is a 5% improvement on last month. ECHO calls have increased by 69% (197), compared to the same month

last year. Year to date activity has increased by 58%, 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 timeframe of 65% in 18 minutes and 59 seconds was at 62% this month.

Key challenges in achieving the performance target are:

- Nationally there was a 20% (1,651) increase in DELTA call activity compared to same month last year. Year to date activity has increased by 26% (12,814), with the same level of resources in place to meet this demand.
- 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 a 5% increase in delays in vehicles being released and having crews and vehicles available to respond to further calls within 30 minutes or less. Currently 8 ambulances per day are not available due to Emergency Department pressures.
- Continued staffing pressures and an increase in the overall number of emergency calls, at 4% 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

⁴ AS1 – 112/ 999 emergency and urgent calls

⁵ AS2 - Urgent calls received from a general practitioner or other medical sources
Health Service Performance Report May/June 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								
	Audit											
	National Emergency Operations Centre : % of control centres that carry out Advanced Quality Assurance Audits	M	100%	100%	0%					100%	100%	100%
Access	National Emergency Operations Centre: % Medical Priority Dispatch System (MPDS) Protocol Compliance	M	90%	92%	2%					91%	92%	89%
	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	40%	43%	3%					42%	40%	43%
	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%	86%	82%	78%	83%
Finance	% of Echo calls which have a resource allocated within 90 seconds of call start	M	85%	93%	9%					93%	94%	93%
	% of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	M	80%	60%	-25%	61%	59%	59%	61%	65%	63%	62%
	% of Delta calls which have a resource allocated within 90 seconds of call start	M	85%	87%	2%					90%	91%	92%
	Intermediate Care Services:											
	% of all transfers provided through the Intermediate Care Service	M	80%	88%	10%					88%	89%	90%
Finance	% 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%	93%	-7%					92%	93%	95%
	Budget Management including savings - Net Expenditure variance from plan (within budget) (0.33%)											
	% variance - from budget	M	€74,465	€74,144	-0.43%					0.26%	0.18%	-0.43%
	- % variance - Pay (Direct)	M	€55,170	€54,230	-1.70%					-0.32%	-1.51%	-1.70%
- % variance - Pay (Agency)	M	€0	€225	100%					100%	100%	100%	

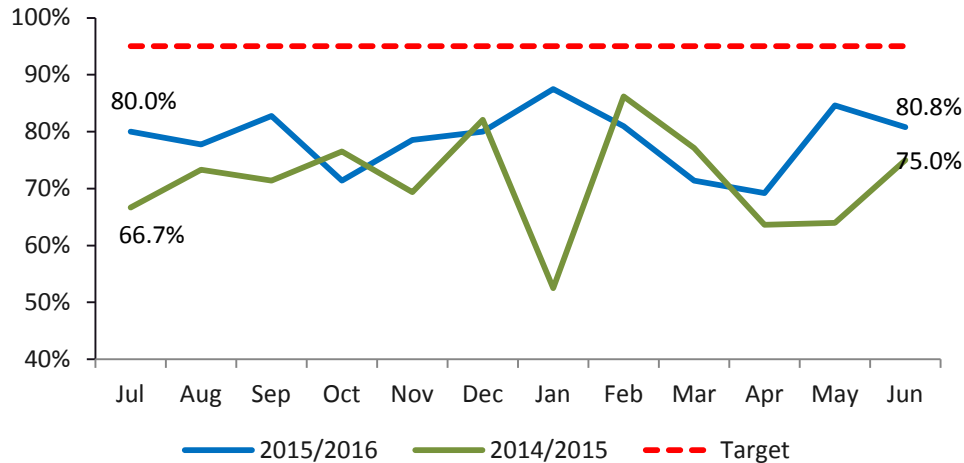
		Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	North Leinster	South	West	Dublin Fire Brigade	Current (-2)	Current (-1)	Current
	- % variance - Pay (Overtime)	M	€3,378	€8,323	146.36%					156.53%	149.82%	146.36%
	- % variance - Non Pay	M	€19,475	€20,123	3.33%					2.17%	5.30%	3.33%
	- % variance – Income	M	-€179	-€209	16.27%					35.98%	32.09%	16.27%
HR	% Absenteeism											
	Overall			7.15%	104.28%	9.27%	4.87%	5.88%		6.24%	5.14%	
	Management/Admin	M in arrears	3.50%	5.50%	57.14%	1.32%	19.13%	6.01%		1.81%	1.66%	
	General Support staff			26.93%	669.42%	28.52%	2.78%	41.74%		34.63%	23.47%	
	Other Patient and Client staff			6.06%	73.14%	7.03%	5.02%	5.19%		5.01%	5.19%	
	Staffing Levels and Costs											
	WTE Change from previous month	M		1,710	12	-2	-1	-1		7	0	12
	Variance from funding staffing thresholds	M	0.50%	Data not yet available								

Mental Health

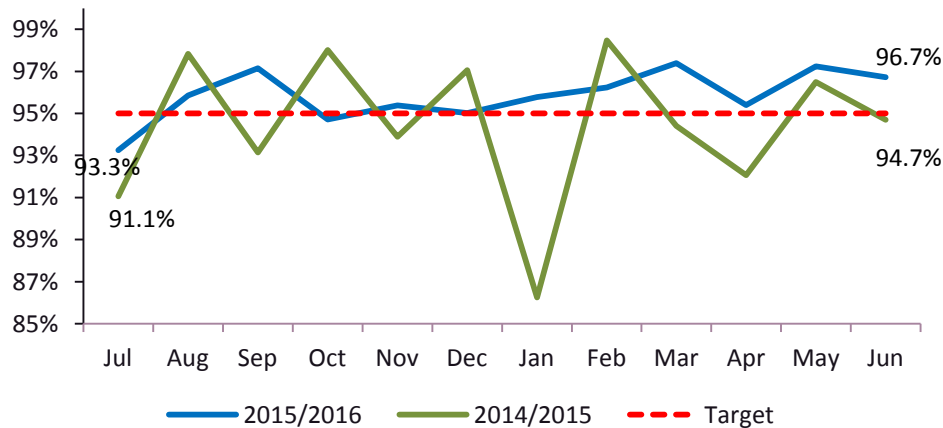
Child and Adolescent Mental Health Services (CAMHs)

Admission of children to CAMHs Inpatient Units

- 80.8% admitted, 84.6% in May. 79.1% YTD (Target 95%)

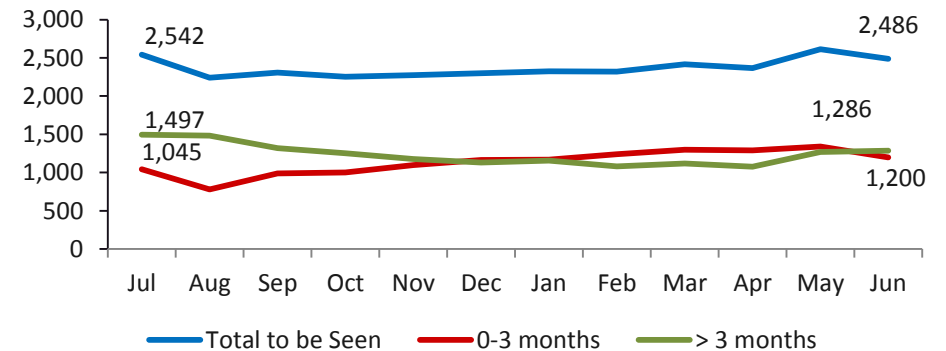


- 96.7% bed days used in Child Adolescent Acute Inpatient Units as a total of bed days. 97.2% in May. 96.5% YTD (Target 95%)

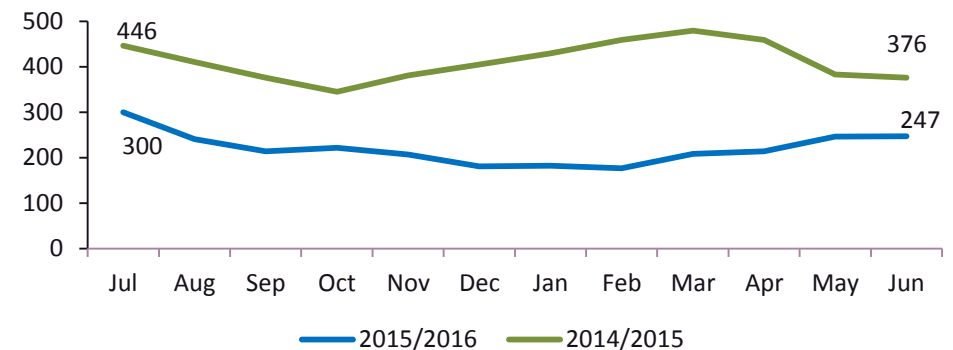


CAMHs Waiting List

- 2,486 referred to be seen, 2,612 in May (down 126 on May)
- 1,286 waiting > 3 months for a first appointment, 1,270 in May (up 16 on May)
- Demand exceeds expected activity: CHO1 (330), CHO4 (314), CHO8 (116) & CHO9 (135)



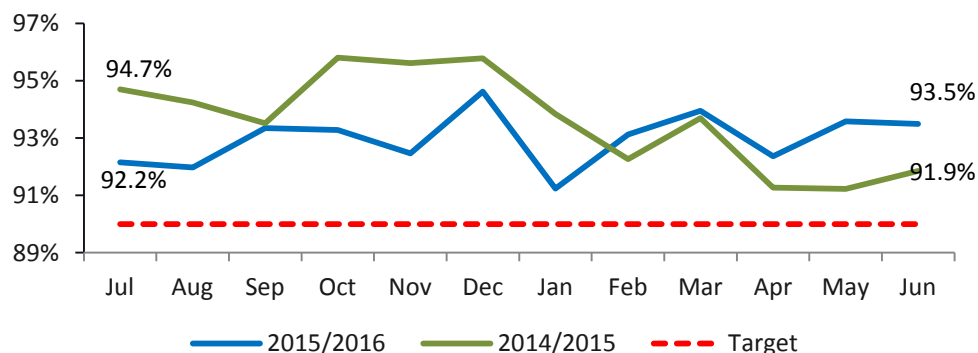
- 247 (10% of waiting list) waiting >12 months for an appointment. 246 in May. (Target 0)
- Outliers: CHO1(97), CHO3 (36), CHO4 (68), CHO7(10), CHO 8 (1) & CHO9 (35)



General Adult MH

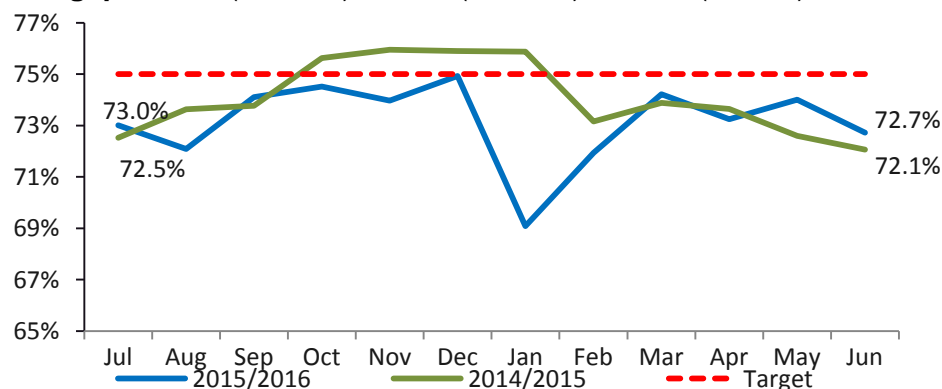
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **93.5%** of referrals/re-referrals. **93.6%** in May. **92.9%** YTD (Target 90%)
- **Above target:** CHO 6 (99.1%), CHO2 (98.5%) & CHO 3 (97.7%)
- **Below target:** CHO 4 (86.1%) CHO9 (88.4%) & CHO 1 (88.6%)
- **Data gap:** CHO2(3 teams); CHO4 (2 teams); CHO% (1 team)



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

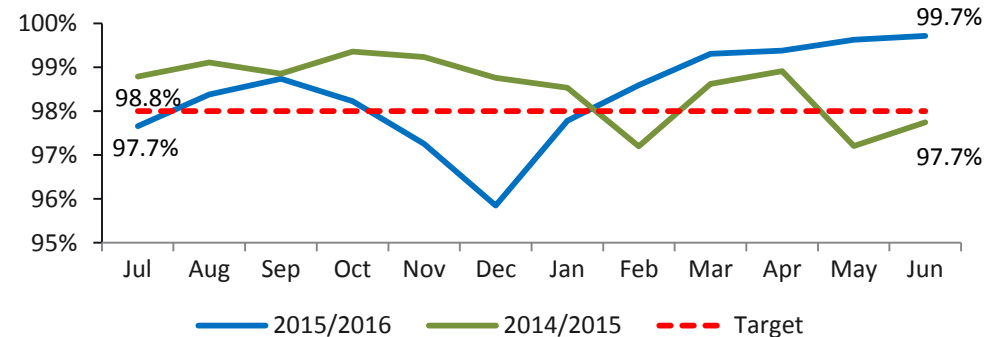
- **72.7%** of referrals/re-referrals. **74%** in May. **72.5%** YTD (Target 75%)
- **Above target:** CHO5 (93.1%), CHO2 (91.7%) & CHO6 (80.2%)
- **Below target:** CHO4 (59.7%), CHO9 (61.4%) & CHO9 (66.4%)
- **Data gap:** CHO2(3 teams); CHO4 (2 teams); CHO% (1 team)



Psychiatry of Old Age MH

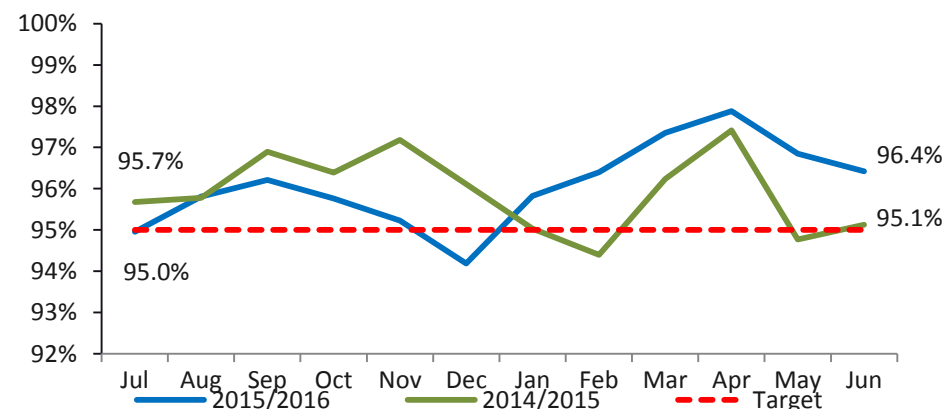
Referrals / re-referrals offered first appointment within 12 weeks / 3 months

- **99.7%** of referrals/re-referrals. **99.6%** in May. **99.1%** YTD (Target 98%)
- **Above target:** CHO 1, 2, 3, 5, 6, 7 & 9 (100%)
- **Below target:** CHO4 (96.8%)
- **Data gap:** CHO1 (1 team)



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

- **96.4%** of referrals/re-re-referrals. **96.9%** in May. **96.9%** YTD (Target 95%)
- **Above target:** CHO 6 (100%), CHO 5 (99.2%), CHO 3 & 9 (98.7%)
- **Below target:** CHO4 (83.9%)
- **Data gap:** CHO1 (1 team)



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.

The recent industrial action by the PNA which commenced at the end of June has resulted in higher than normal data gaps. The industrial action is ongoing and the Division is working with CHOs to minimise the impact on services.

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 June, 80.8% of children who were admitted were admitted to child and adolescent inpatient units, as against 84.6% in May.
- In June 2016, 96.7% of bed days used were in Child and Adolescent Acute Inpatient Units, against 97.2% in May.

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 June, 76.6% of appointments were offered within 12 weeks/3 months (Target 78%), 81.7% in May. Of appointments offered and seen 66.2% were within 12 weeks/3 months (Target 72%), 72.5% in May. To date

nationally, 14.3% 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, 4, 8 and CHO 9. These increases relate significantly to availability of primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.

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 June, performance against % offered first appointment and seen within 12 weeks / 3 months is below the 75% target at 72.7%. 23.5% of patients Did Not Attend (DNA) their first appointment offered, with high DNA rates ranging from 33.4% in CHO 4 to 32.2% in CHO 9. 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 June 2016 was as follows:-

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

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

154 or 61% 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. Approximately 390 posts have been funded from the €35m in 2015 including 60 previously unfunded posts already in place.

13 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 ⁶	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%	73%	-26.3%											50%	100%	100%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	-100%													
	Safety Incident reporting																	
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO ⁷	Q	90%	40.7%	-54.7%	43.8%	53.1%	63.3%	30.2%	20.5%	55.2%	19.5%	47.3%	28.3%		37%	44%	
	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%	79.1%	-16.8%											69.2%	84.6%	80.8%
	% 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%	96.5%	1.5%	97.1%	100.0%	98.1%	97.2%	97.8%	99.8%	99.3%	83.9%	99.3%	95.4%	97.2%	96.7%	
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:																	
	General Adult Teams	M	90%	92.9%(i)	3.2%	89.6%	99.6%(i)	95.5%	90.9%(i)	91.9%(i)	97.6%	91.1%	93.4%	85.9%	92.4%(i)	93.6%(i)	93.5%(i)	
Psychiatry of Old Age Teams	M	98%	99.1%(i)	1.1%	97.9%(i)	100.0%	100.0%	90.7%	100.0%	100.0%	98.3%	99.1%	99.6%	99.4%	99.6%	99.7%(i)		
Child and Adolescent Community Mental Health Teams	M	78%	76.1%(i)	-2.4%	63.2%	98.0%	84.2%	66.0%	83.3%(i)	73.1%	62.3%	83.0%	70.5%	76.1%	81.9%	76.6%(i)		

⁶ (i) – Incomplete data, see Appendix 2

⁷ Safety incidents is reflective of all of Community Healthcare Health Service Performance Report May/June 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
% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:																
General Adult Teams	M	75%	72.5%(i)	-3.3%	75.5%	84.9%(i)	71.1%	62.2%(i)	85.8%(i)	80.7%	75.3%	65.7%	59.0%	73.3%(i)	74.0%(i)	72.7%(i)
Psychiatry of Old Age Teams	M	95%	96.8%(i)	1.9%	95.9%(i)	98.3%	99.6%	80.5%	99.2%	100.0%	93.5%	93.0%	98.4%	97.9%	96.9%	96.4%(i)
Child and Adolescent Community Mental Health Teams	M	72%	66.0%(i)	-8.3%	61.3%	92.3%	80.2%	59.4%	71.1%(i)	55.9%	49.8%	70.6%	60.1%	71.1%	72.6%	66.2%(i)
% of new (including re-referred) cases offered appointment and DNA in the current month																
General Adult Teams	M	18%	22.8%(i)	26.7%	17.1%	14.8%(i)	26.1%	33.1%(i)	6.2%(i)	17.1%	17.9%	29.6%	33.5%	21.4%(i)	21.7%(i)	23.5%(i)
Psychiatry of Old Age Teams	M	3%	2.5%(i)	-17.9%	2.7%(i)	1.7%	0.4%	12.6%	0.8%	0.0%	4.8%	6.1%	1.2%	1.6%	2.8%	3.4%(i)
Child and Adolescent Community Mental Health Teams	M	10%	14.4%(i)	44.0%	4.2%	6.1%	4.0%	11.1%	13.4%(i)	23.0%	25.3%	15.6%	14.5%	10.2%	12.0%	14.6%(i)
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	2,486(i)	1.5%	457	28	260	552	112(i)	342	195	300	240	2,365	2,612	2,486(i)
Total no. to be seen (0-3 months)	M	1,308	1,200(i)	-8.3%	127	22	103	223	81(i)	240	115	184	105	1,290	1,342	1,200(i)
Total no. on waiting list for a first appointment waiting > 3 months	M	1,141	1,286(i)	12.7%	330	6	157	329	31(i)	102	80	116	135	1,075	1,270	1,286(i)
Total No. on waiting list for a first appointment waiting > 12 months	M	0	247(i)	>100%	97	0	36	68	0(i)	0	10	1	35	214	246	247(i)
Budget Management including savings - Net Expenditure variance from plan (within budget 0.33%)																
% variance - from budget	M	389,588	389,583	0.00%	1.20%	7.16%	4.67%	1.98%	1.13%	5.37%	5.74%	7.26%	1.23%	0.06%	0.06%	0.00%
- % variance - Pay (Direct)	M	€318,230	€315,348	-0.91%										-1.23%	-1.16%	-0.91%
- % variance - Pay (Agency)	M	€7,563	€19,966	163.98%										161.93%	161.37%	163.98%
- % variance - Pay (Overtime)	M	€7,662	€10,234	33.57%										34.42%	34.10%	33.57%
- % variance - Non Pay	M	€80,656	€82,359	2.11%										3.59%	3.44%	2.11%
- % variance – Income	M	-€9,729	-€8,819	-9.35%										-9.51%	-9.14%	-9.35%
Service Arrangements																
No and % of Service Arrangements signed (04/07/16)	M	100%	139 89.68%	10.32%										89.68%	89.68%	89.68%

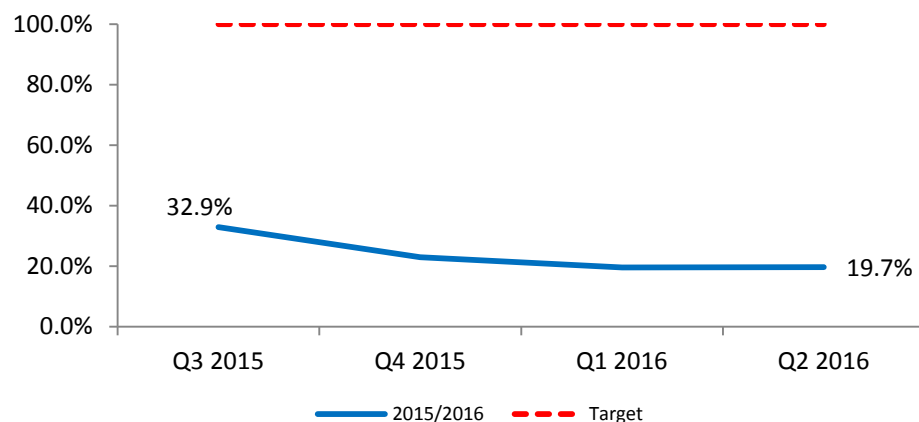
	Reporting Frequency	Expected Activity / Target	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
€ value and % of Service Arrangements signed (04/07/16)	M	100%	€52,671 78.81%	21.19%										78.81%	78.81%	78.81%
% Absenteeism																
Overall			4.74%	35.42%	5.82%	4.19%	5.87%	3.27%	4.98%	6.26%	5.90%	4.67%	3.76%	4.51%	4.62%	
Medical/Dental			2.57%	26.57%	2.21%	2.37%	0.76%	2.58%	4.41%	2.24%	4.43%	1.60%	1.39%	2.80%	2.33%	
Nursing			5.11%	46%	6.25%	5.13%	7.80%	3.63%	4.58%	5.99%	6.67%	4.59%	3.71%	5.14%	5.14%	
Health and Social Care Professional	M in arrears	3.50%	3.82%	9.14%	5.94%	3.89%	2.72%	2.47%	4.23%	0.89%	5.79%	3.98%	3.09%	2.78%	3.08%	
Management/Admin			4.60%	31.42%	3.48%	3.26%	3.85%	3.15%	3.81%	5.51%	11.97%	3.52%	4.84%	3.01%	3.11%	
General Support staff			5.73%	63.71%	7.68%	3.69%	4.75%	2.62%	6.90%	1.61%	8.95%	8.29%	5.79%	4.96%	5.39%	
Other Patient and Client staff			4.01%	14.57%	6.09%	3.24%	7.36%	3.25%	6.04%	6.86%	0.00%	5.86%	4.13%	3.71%	3.69%	
Staff Levels and Costs																
WTE change from previous month	M		9,514	-24	-7	-4	1	-3	4	0	-2	-7	-4	-3	-17	-24
Variance from funding staffing thresholds	M	0.50%	Data not yet available													
EWTD Compliance (25 of 27 providers)																
EWTD- <24 hour shift	M	100%	93%(i)											92%(i)	93%(i)	93%(i)
EWTD - <48 hour working week	M	95%	92%(i)											92%(i0)	91%(i)	92%(i)

Social Care – Disability Services

Disability Services

Disability Act Compliance - % Assessments completed within the timelines as provided for in the regulations (Quarterly)

- **19.7%** assessments completed within timelines. **19.6%** in Q1 2016. **19.7%** YTD (Target 100%)
- **Above target:** All CHOs performing below target
- **Below target:** CHO 9 (2.2%), CHO 7 (8.1%), CHO 5 (10.9%), CHO 6 (13.3%), CHO 4 (17.3%), CHO 3 (30.4%), CHO 1 (37.8%), CHO 2 (64.8%)

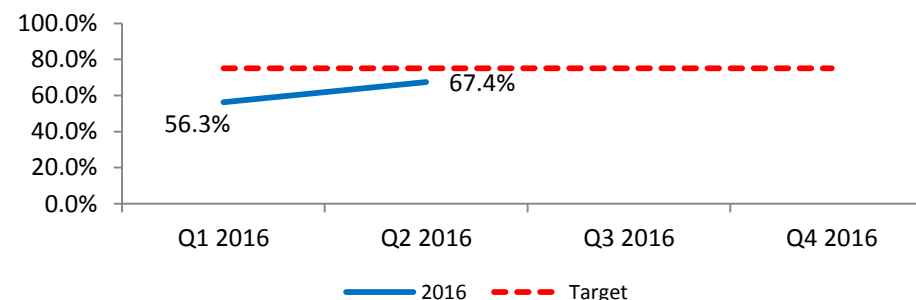


Number of Children's Disability Network Teams established (0-18s)

- 0 established in June, 0 in May (Target 8)
- June target applicable for CHO6 (3) and CHO8 (5)
- 0 established YTD (Target YTD 25)

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

- **67.4%** of outcomes assessed by HIQA were compliant. (Target 75%)
- Data only available for April and May in Quarter two



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

- **16** people transitioned. **38** people YTD (Target YTD.24)
- **Below target:** CHO 4 (-27%)
- **Above target:** CHO 5 (75%), and CHO 8 (25%)
- Target for Q2 only applicable for CHO4, CHO5, CHO6 and CHO8 with no individuals expected to transition in all the other CHOs, however 1 person transitioned in CHO1, 5 in CHO 7 and 1 in CHO9

% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan (Quarterly in arrears)

- **85%** June (target 100%)
- **Above target:** CHO 6 on target (0%)
- **Below target:** CHO 7 (-25.4%), CHO 4 (-25%), CHO 8 (-16.2%)
- This covers all of Social Care

% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy (Quarterly)

- **22%** (target 100%)
- This covers all of Social Care
- Both CHO 4 & 5 can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy
- Safeguarding teams established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- Heads of Social Care will chair the CHO Safeguarding & Protection Committee on appointment.

% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in 9.2 of the policy (Quarterly)

- Safeguarding teams established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- In 2015, 1,238 staff attended training, between January and end of March 2016, a further 2,190 staff attended training.
- A National Intersectoral Safeguarding Committee has been established, chaired by Ms Patricia Rickard Clarke – Former Law Reform Commissioner with involvement of the HSE National Lead for Disabilities, National Lead for Older Persons and National Safeguarding Lead. The committee has representation from a number of organisations, both within and external to the HSE, and will give strategic direction on developments to promote the protection of vulnerable adults.

In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF (Bi-Annual)

- **39.1%** of agencies June (target 100%)
- **10.8%** of agencies are working towards a recognised quality improvement methodology

Transforming Lives – VFM Policy Review (Bi-Annual)

- **8%** June (Target YTD 17%, Year End Target 100%)
- Reform programme is aligned to and informed by the wider context and reform of the health services. The changes involve transitioning to new models of support underpinned by more effective methods of assessing need, allocating resources and monitoring resource use.

Service Improvement Team Process - % of service improvement priorities implemented (Bi-Annual)

- **69%** June (Target YTD 28%, Year End Target 100%)
- Building national capacity to support evidence decision making: linking funding provided, to activity and outputs, cost, quality and outcomes, involving a comparative analysis of 45 organisations. (Section 38 & Section 39)

Disability Services Commentary

Disability Act Compliance

Since the commencement of Part 2 of the Disability Act in June 2007 the HSE has endeavoured to meet its legislative requirements as set out in the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children aged five and over, and therefore of school-going age, has risen steadily as a percentage of all applications received.

This is reflected in the increasing number of applications for assessment received under the Act each year since the Act was introduced, as outlined in the table below:

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of Completed Applications Received	1,137	2,535	2,525	3,100	3,349	3,505	4,261	4,908	5,818
Assessment Reports Completed	61	1392	1700	2104	2592	2291	2422	3251	3318
Service Statements Completed					2560	2225	2470	2343	2239

The number of applications received in Q1 and Q2 2016 was 3,082 – which would indicate that more than 6,000 applications will be received in 2016.

The Act outlines the statutory timelines under which applications under the Act are to have assessments completed. The HSE National Service Plan 2016 (page 84) sets a target of 100% ‘assessments completed within the timelines as provided for in the regulation’. This target of 100% has never been achieved and the number of applications for assessments under the Act has increased significantly since its implementation.

It has been agreed to establish a ‘Working Group’ to examine the issues/current practice involved in the continued poor performance against targets in this activity with a view to identifying best practice and issuing recommendations and updating guidelines to improve performance against this measure.

Representation on this Group relates to the areas where good practice exists as well as areas where significant challenges have emerged which have affected the Areas ability to deliver in line with Part 2 of the Act. The first meeting of the group will take place in August. Given the issues involved it is expected that the work of the group will take three months. It should also be noted that the Department of Health as part of its workplan for 2016 has agreed to review the Implementation of Part two of the Disability Act. The outcome of this review will also have implications for the HSE.

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

Only CHO6 and CHO8 had ‘target’ to establish teams by Q2, 2016. Below is a summary of the issues contributing to ‘delays’ in meeting Q2 target in these 2 areas.

In CHO6, Dublin S/SE were to re-configure into 4 0 – 18 teams by Q2 2016. However, delays have been experienced in locating suitable premises for one of the teams (Team 2), and funding has been sought to refurbish accommodation for Teams 3 and 4. Discussions are also on-going with Beechpark Autism re the inclusion of their services within the re-configured team. Similarly, funding has been requested for accommodation for the 3 teams in Wicklow.

In CHO8, discussions are on-going between the HSE and SJOG services on the transfer of staff and client files to a re-configured team are on-going. Accommodation, and funding for same – (fit-out and rental costs) has also been identified as a major issue delaying the process.

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

HIQA Information Management

Following engagement with HIQA over the past months a regular schedule of reports has been arranged to help communicate to the Quality & safety team information to include:

- Location listing for Disability and Older Persons (OSV listings)
- Monitoring Reports (All inspections including legacy information and monthly going forward)
- Actions (all actions following inspections with due dates)

Work will now begin to develop a platform to help manage and report on this information

HIQA Disability Inspections - % Compliance Run Chart

There were 1,428 inspection reports published from January 2014 to the end of May 2016 (HSE provided and HSE-funded). The 2016 Service Plan target for compliance with inspected outcomes following HIQA inspection of Disability Residential Units is 75%. Please Note that the data is captured from Inspection Reports published on the HIQA website and as it takes on average four to five months from date of inspection to date of publication only data up to February 2016 is represented.

Number of people who transitioned from Congregated to Community settings

The number of people 'transitioned' from congregated settings is >50% above target nationally - (38 actual V 24 target).

All Areas are continuing to make progress against targets for people to transition to community living. Due to the fluid processes involved in supporting individuals to move, the estimated timeframes can be impacted, leading to some moves progressing more quickly and others encountering delays.

Blockages and delays can arise due to:

- Delays in acquisition and fit out of accommodation
- HIQA registration delays
- Personal choice of residents and their families
- Unforeseen changes in support needs (person's care needs substantially change i.e. require hospital admission)

Currently all CHO Areas are continuing to work towards targets and it is anticipated they will be fully met.

RT Training

A number of 'Mental Health' day places have been included in CHO 2 over the last number of years and in May 2016 they were removed from the 'Disability' data return.

Respite Community Settings

Review of current services complete, this review will inform proposed future model of respite with host families in community settings.

Confidential Recipient

First report on the work of the Confidential Recipient published. 106 concerns raised with the Confidential Recipient in 2015, 64% of which were resolved / closed within a month.

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 ⁸	Serious Reportable Events⁹																
	% 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%	26%	-73.7%										25%	33%	10%
	% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	-100%												
	Safety Incident reporting																
	% of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO ¹⁰	Q	90%	40.7%	-54.7%	43.8%	53.1%	63.3%	30.2%	20.5%	55.2%	19.5%	47.3%	28.3%		37%	44%
	Safeguarding¹¹																
	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan	Q in arrears	100%	85.0%	-15.0%	95.4%	90.1%	90.9%	75.0%	85.1%	100.0%	74.6%	83.8%	90.2%			
	% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy	Q	100%	22%	-88%												
% compliance with inspected outcomes following HIQA inspection of Disability Residential Units	Q	75%	63.4%(i)	-15.5%											56.3%	67.4%(i)	
Service Improvement Team Process																	
Deliver on Service Improvement priorities.	Bi-annual	28%	69%	146%													

⁸(i) Incomplete data, see Appendix 2

⁹ & ¹¹ This covers all Social Care

¹⁰ Safety incidents is reflective of all of Community Healthcare

	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	
	Transforming Lives - VFM Policy Review																
	Deliver on VFM Implementation priorities.																
	Bi-annual	17%	8%	-53%													
	Congregated Settings																
	Facilitate the movement of people from congregated to community settings																
	Q	160	38(i)	58.3%	1	1	1	11(i)	7	1	10	5	1(i)	53	22	16	
	Effective Care																
	In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF																
	Bi-annual	100%	39.1%	-60.9%											Data gap	Data gap	39.1%
Access	Progressing Disability Services for Children and Young People (0-18s) Programme																
	No of children's disability network teams established																
	M	100% (129/129) Note 56 of 129 already established	0	0%	0	0	0	0	0	0	0	0	0	0	0	0	0
	Disability Act Compliance																
	% of assessments completed within the timelines as provided for in the regulations																
	Q	100%	19.7%	-80.3%	41.0%	63.2%	43.6%	16.9%	12.5%	19.1%	6.6%	16.7%	2.2%	23.0%	19.6%	19.7%	
Finance	Budget Management including savings - Net Expenditure variance from plan (within budget)																
	% variance - from budget																
	M	€795,191	€795,192	0.00%	6.63%	4.38%	4.62%	1.81%	7.43%	3.49%	8.91%	7.93%	3.58%	3.21%	3.73%	0.00%	
	- % variance - Pay (Direct)																
	M	€329,059	€307,739	-6.48%											1.64%	2.01%	-6.48%
	- % variance - Pay (Agency)																
	M	€12,733	€19,932	56.53%											41.72%	49.61%	56.53%
	- % variance - Pay (Overtime)																
M	€2,804	€4,483	59.87%											61.56%	62.09%	59.87%	
- % variance - Non Pay																	
M	€500,785	€518,684	3.57%											3.52%	3.73%	3.57%	
- % variance – Income																	
M	-€46,994	-€44,651	-4.99%											-2.26%	-6.23%	-4.99%	
	Service Arrangements																
	No and % of Service Arrangements signed (04/07/16)																
	M	100%	652 97.90%	2.1%											97.30%	97.45%	97.90%
€ value and % of Service Arrangements signed (04/07/16)																	
M	100%	€1,039,912 90.03%	9.97%											88.68%	89.91%	90.03%	
HR	% Absenteeism																
	Overall																
	M in arrears	3.50%	5.15%	47.14%	7.08%	5.29%	5.77%	4.86%	5.61%	3.80%	5.06%	6.38%	4.29%	5.01%	4.68%		
Medical/Dental																	
			2.71%	22.57%	0.02%	0.14%	0.52%	0.10%	0.22%	4.05%	1.56%	0.00%	6.28%	0.77%	0.74%		

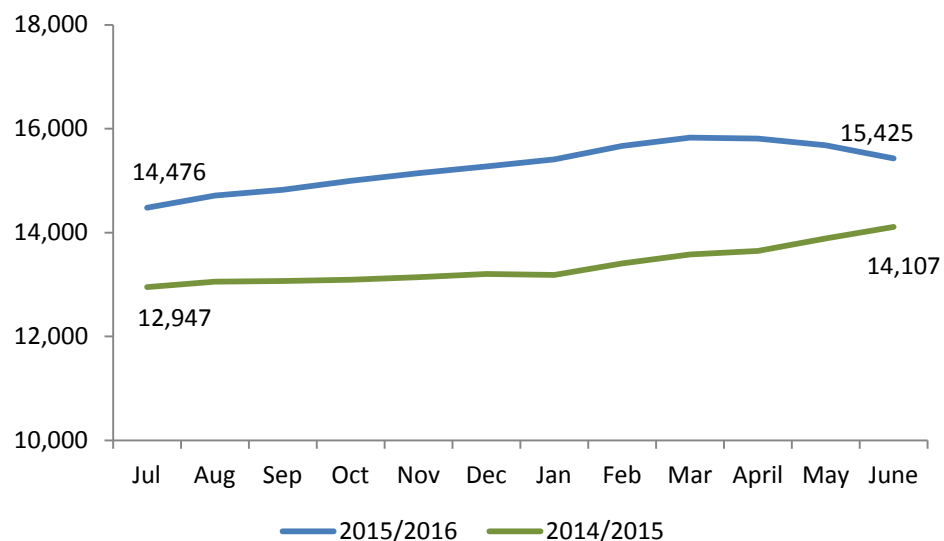
		Reporting Frequency	Expected Activity / Target YTD	National YTD	% Variance YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
	Nursing			5.78%	65.14%	7.07%	6.67%	5.70%	5.17%	6.25%	5.19%	5.12%	7.13%	4.86%	5.45%	5.11%	
	Health and Social Care Professional			3.93%	12.28%	4.56%	5.43%	5.05%	5.26%	5.62%	3.02%	3.35%	4.61%	2.99%	3.50%	3.56%	
	Management/Admin			3.69%	5.42%	4.29%	3.78%	3.46%	4.45%	6.02%	3.16%	3.52%	3.85%	2.78%	3.40%	3.78%	
	General Support staff			4.76%	36.00%	6.88%	3.75%	4.95%	4.68%	6.12%	2.17%	5.45%	5.40%	4.87%	4.79%	4.20%	
	Other Patient and Client staff			5.60%	60.00%	7.72%	4.86%	6.10%	5.16%	5.11%	4.23%	5.48%	6.78%	4.85%	5.35%	5.13%	
Staffing Levels and Costs																	
	WTE change from previous month	M		16,755	110	-3	24	-31	20	42	10	18	57	-26	127	120	110
	Variance from funding staffing threshold	M	0.50%	Data not yet available													

Social Care – Older Persons

Home Care Packages

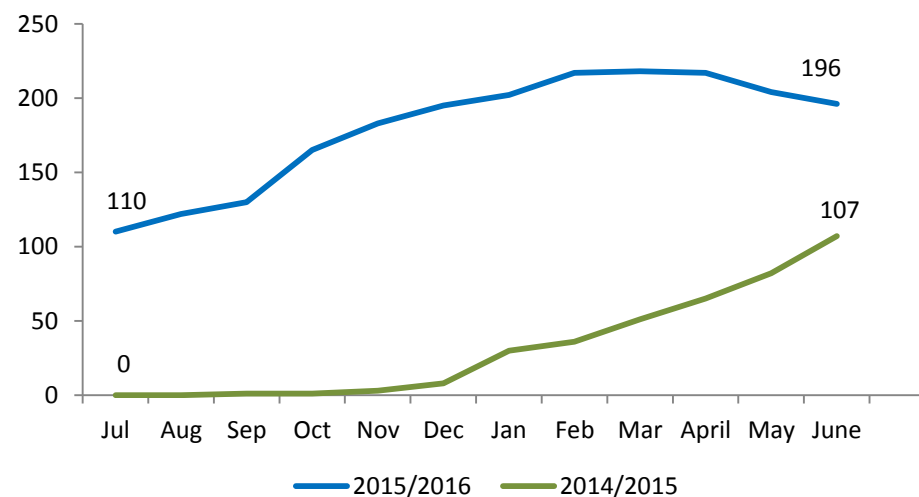
Number of persons in receipt of a Home Care Package

- **15,425** persons in June, **15,671** persons in May, (Expected 15,450)
- **Above Expected:** CHO 1 (6.6%), CHO 8 (4.1%)
- **Below Expected** (% var YTD): CHO 2 (-0.7%), CHO 3 (-1.7%) CHO 4 (0.4%) CHO 5 (-3.7%) CHO 6 (-1.6%) CHO 9 (-2.6%)
- 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. Details of additional funding for home care announced by Minister Harris in June pending.



Number of persons in receipt of an Intensive Home Care Package

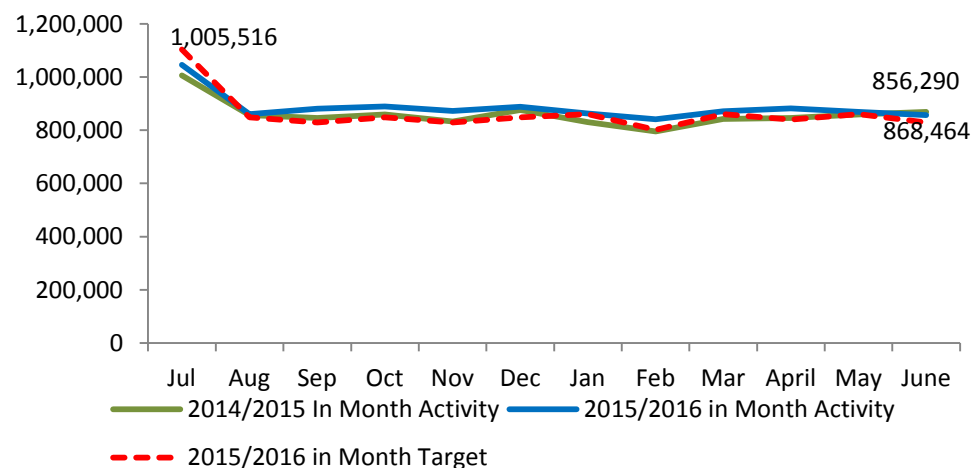
- **161** persons in June, **167** persons in May (Expected 130)
- In June HSE funding was providing for 161 IHCPs
- In addition, Atlantic Philanthropies funding was providing for **35** IHCPs – total **196** IHCPs
- Expected Activity Change from 190 in 2015 to 130 in 2016 - graph shows actual activity however this is projected to reduce to year end to align with funding allocation.



Home Help Hours

Number of home help hours provided

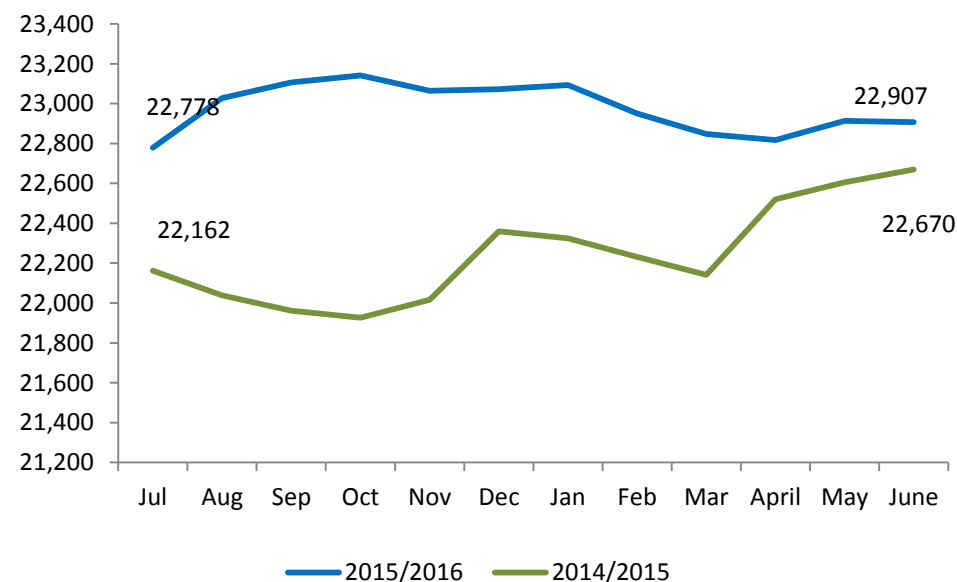
- **856,290** hours provided in June, **868,315** hours provided in May, (Expected Activity 840,569)
- **5,181,241** YTD (Expected Activity YTD 5,063,031)
- **Above target:** CHO1 (13.8%), CHO2 (12.0%), CHO3 (3.6%), CHO 5 (3.6%) CHO 8 (8.1%),
- **Below target:** (% var YTD): CHO4 (-10.8%), CHO6 (-2.8%), CHO 7 (-1.3%) and CHO 9 (-2.3%)
- Expected Activity Change from 10,300,000 in 2015 to 10,437,000 in 2016. Peak in July 2015 graph below reflects additional pay period adjusted for in July in CHOs 1, 4 & 7
- Home Help & Home Care Packages Activity is being managed across the CHOs having regard to cost of care, increasing demand for services as population ages, overall cost of home care services together with consideration of the additional funding for home care announced in June by Minister Harris.



Nursing Home Support Scheme

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

- **22,907** in June, **22,914** in May, (Expected Activity 23,450)
- Expected Activity Change from 22,361 in 2015 to 23,450 in 2016
- **491** (25th June) on the waiting list (from 2,135 October 2014)
- Anticipated that the target of 23,450 will be met by year end assuming demographic increase of 3.1%
- Wait times for May- 4 Weeks on target
- **244** more people than 2015 (1.07% increase)



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

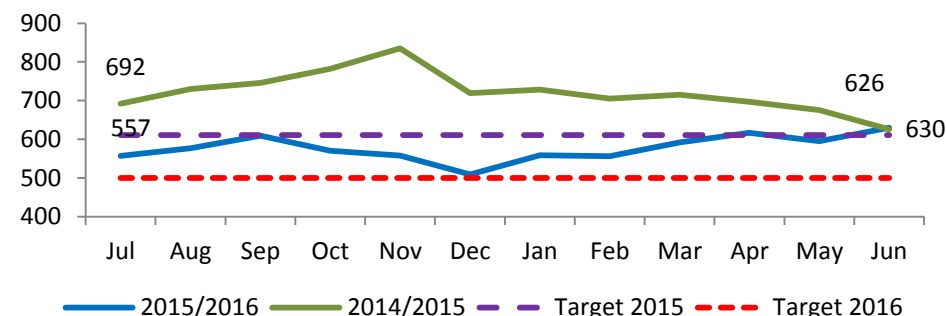
		Jan	Feb	Mar	April	May	Jun	YTD 2016	Jun-15
	No. of new applicants	991	1,002	886	921	865	806	5471	818
	National placement list for funding approval	243	422	491	603	531	511	511	576
	Total no. people funded under NHSS in LTRC	23,093	22,950	22,847	22,817	22,914	22,907	22,907	22,670
Private Units	No. of new patients entering scheme	560	548	492	548	619	513	3,280	590
	No. of patients Leaving NHSS	542	622	533	552	494	497	3,240	494
	Net Increase	18	-74	-41	-4	125	16	40	96
Public Units	No. of new patients entering scheme	172	167	110	153	127	142	871	167
	No. of patients Leaving NHSS	144	205	156	159	148	153	965	161
	Net Increase	28	-38	-46	-6	-21	-11	-94	6

Note: In addition to the leavers above there were a further 112 leavers (12 in June) from Contract Beds/Subvention/Section 39 savers beds.

Delayed Discharges

Number of Delayed Discharges

- **630** delayed discharges. **595** in May (Target <500)
- **Best Performers:** Mullingar 0 (2), Portiuncula 1 (2), Roscommon 2 (3)
- **Outliers:** St. James's 79 (65), Beaumont 75 (60), Galway 29 (11)



Delayed Discharges by Destination (28/06/2016)	Over 65	Under 65	Total No.	Total %
Home	112	17	129	20.5%
Long Term Nursing Car*	349	42	391	62.1%
Other*	79	31	110	17.5%
Total	540	90	630	100.0%

*(inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)

The national delayed discharge figure while relatively constant for the first two months of the year has begun to increase since March, with a slight decrease in May. The increase is reflected in a slight rise in the number of home help/home care packages applications currently being processed 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). However, it should be noted that NHSS applications not yet submitted to local NHSS offices still accounts for the majority of delayed discharges at 21.4%. This month's figure of 630 is a 0.6% increase on the same period last year (626).

% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan (Quarterly in arrears)

- **85%** June (target 100%)
- **Above target:** CHO 6 on target (0%)
- **Below target:** CHO 7 (-25.4%), CHO 4 (-25%), CHO 8 (-16.2%)
- This covers all of Social Care

% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy (Quarterly)

- **22%** (target 100%)
- This covers all of Social Care
- Both CHO 4 & 5 can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy
- Safeguarding teams established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- Heads of Social Care will chair the CHO Safeguarding & Protection Committee on appointment.

% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy as set out in 9.2 of the policy (Quarterly)

- Safeguarding teams established in each of the 9 CHOs led by a Principal Social Worker, with 33 additional staff appointed.
- In 2015, 1,238 staff attended training, between January and end of March 2016, a further 2,190 staff attended training.
- A National Intersectoral Safeguarding Committee has been established, chaired by Ms Patricia Rickard Clarke – Former Law Reform Commissioner with involvement of the HSE National Lead for Disabilities, National Lead for Older Persons and National Safeguarding Lead. The committee has representation from a number of organisations, both within and external to the HSE, and will give strategic direction on developments to promote the protection of vulnerable adults.

% of Service Improvement Priorities implemented (Bi-Annual)

- **50%** June (Target YTD 50%, Year End Target 100%)

Older Persons Commentary

The Minister for Health announced additional home care funding in June.

As at 30th June the details of the allocation are pending.

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.
- The target under the scheme in 2016 is for an average of 23,450 people to be supported under the scheme and it is anticipated that this target will be reached during the year, assuming that the expected demographic increase of 3.1% for 2016 is realised.

Transitional care

- Transitional Care continues to be approved in 2016. Current demands exceed the funded position- Social care continues to meet this requirement based on ED Taskforce plan arrangement.
- Total approvals to the end of June 2016 - 3,749
- 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.

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.

Dementia Strategy

- Cross divisional working group established to implement the strategy.
- On the 14th of June, 2016, the HSE and partners hosted an event to help shape our planned communications and awareness campaign to make Ireland more Dementia Friendly. Guests on the day included those living with dementia, their carers and families plus representatives from community groups, the HSE, The Alzheimer Society of Ireland and Genio.

Medication Management Policy

Draft prepared for roll out in Older People Services in Q3 which will include a suite of documents specific to anti- psychotic medication. Discussions ongoing with QID in relation to developing a Social Care Medication Management Policy.

Models of Living Care

Research has commenced, Waterford Institute of Technology, into Irish existing “Models of Living with Care” outside of the standard residential care setting. Boarding out working group established & recommendations of model of care being finalized

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	
Quality and Safety	Safeguarding¹²																
	% of Preliminary Screenings with an outcome of reasonable grounds for concern that are submitted to the Safeguarding and Protection Teams accompanied by an interim Safeguarding Plan																
	Q	100%	85.0%	-15.0%	95.4%	90.1%	90.9%	75.0%	85.1%	100.0%	74.6%	83.8%	90.2%				
	% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse Policy throughout the CHO as set out in Section 4 of the policy																
	Q	100%	22%	-88%													
Access	Service Improvement Team Process																
	Deliver on Service Improvement priorities																
	Bi-Annual	50%	50%														
	Home Care Packages																
	Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs																
	M	15,450	15,425	-0.2%	1,316	1,132	924	1,389	867	1,644	1,988	2,220	3,945	15,809	15,671	15,425	
	Intensive HCPs: Total No. of persons in receipt of an Intensive HCP at a point in time (capacity)																
	M	130	196	50.8%	3	38	13	26	7	16	16	16	61	217	204	196	
Home Help																	
No. home help hours provided for all care groups (excluding provision of hours from HCP's)																	
M	5,063,031	5,181,241	2.3%	735,022	707,510	475,706	907,590	613,699	194,686	349,855	645,132	552,042	882,337	868,315	856,290		
No. of people in receipt of home help hours (excluding provision from HCPs)																	
M	47,800	48,407	1.3%	4,902	6,292	3,502	8,063	5,801	2,883	5,122	6,976	4,866	48,636	48,908	48,407		
NHSS																	
No. of people being funded under NHSS in long term residential care during the month																	
M	23,450	22,907	-2.3%	2,011	2,583	2,119	3,682	2,394	1,913	2,936	2,691	2,578	22,817	22,914	22,907		
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		

¹² This covers all of Social Care
Health Service Performance Report May/June 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	
Budget Management including savings - Net Expenditure variance from plan (within budget)																	
Finance	% variance - from budget	M	€375,341	€375,341	0.00%	6.56%	18.55%	8.95%	0.96%	8.79%	9.56%	12.49%	11.71%	7.31%	7.00%	6.76%	0.00%
	- % variance - Pay (Direct)	M	€340,561	€334,592	-1.75%										1.17%	0.86%	-1.75%
	- % variance - Pay (Agency)	M	€11,437	€15,897	39.00%										33.78%	35.14%	39.00%
	- % variance - Pay (Overtime)	M	€3,028	€3,621	19.58%										27.25%	22.53%	19.58%
	- % variance - Non Pay	M	€222,705	€226,421	1.67%										8.05%	8.88%	1.67%
	- % variance – Income	M	-€190,328	-€188,354	-1.04%										-1.86%	-1.13%	-1.04%
Service Arrangements																	
No and % of Service Arrangements signed (04/07/16)	M	100%	970 99.79%	0.21%										98.97%	99.38%	99.79%	
€ value and % of Service Arrangements signed (04/07/16)	M	100%	€166,719 99.99%	0.01%										99.93%	99.96%	99.99%	
% Absenteeism																	
HR	Overall			5.15%	47.14%	7.08%	5.29%	5.77%	4.86%	5.61%	3.80%	5.06%	6.38%	4.29%	5.01%	4.68%	
	Medical/Dental			2.71%	-22.57%	0.02%	0.14%	0.52%	0.10%	0.22%	4.05%	1.56%	0.00%	6.28%	0.77%	0.74%	
	Nursing			5.78%	65.14%	7.07%	6.67%	5.70%	5.17%	6.25%	5.19%	5.12%	7.13%	4.86%	5.45%	5.11%	
	Health and Social Care Professional	M in arrears	3.5%	3.93%	12.28%	4.56%	5.43%	5.05%	5.26%	5.62%	3.02%	3.35%	4.61%	2.99%	3.50%	3.56%	
	Management/Admin			3.69%	5.42%	4.29%	3.78%	3.46%	4.45%	6.02%	3.16%	3.52%	3.85%	2.78%	3.40%	3.78%	
	General Support staff			4.76%	36.00%	6.88%	3.75%	4.95%	4.68%	6.12%	2.17%	5.45%	5.40%	4.87%	4.79%	4.20%	
	Other Patient and Client staff			5.60%	60.00%	7.72%	4.86%	6.10%	5.16%	5.11%	4.23%	5.48%	6.78%	4.85%	5.35%	5.13%	
Staffing Levels and Costs																	
WTE change from previous month	M		9,751	17	11	3	1	-11	10	2	-2	1	1	127	-6	17	
Variance from funding staffing thresholds	M	0.50%	Data not yet available														

Finance

Introduction

Budget 2016 was the second part of a multiyear programme to place the health services on a more sustainable financial footing and accordingly this is the second year in which an additional budget allocation was made available to the health services.

A Revised Estimate for Health was approved by the Oireachtas on July 7th 2016, representing a revised revenue allocation for Health of €13,489.9m for 2016. Within this amount a sum of €98.5m was held by the Department of Health to fund specific new developments outlined in NSP 2016 (€58.5m) and to support additional Winter Initiatives in 2016 (€40m). This funding is being released on the approval of implementation plans that support the additional service investment. The maximum amount of revenue expenditure that may be incurred by the HSE is currently €13,428.2m.

The additional investment of €500m notified to the HSE is most welcome and represents a significant commitment to ensuring that our health and social care services are placed on a sustainable financial footing for 2016.

The early notification of this additional funding is also helpful as it allows the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements to underpin this level of investment.

The HSE has revised the Performance and Accountability Framework to reflect recommendations made in the recent review and also to incorporate enhanced accountability arrangements in respect of this additional €500m investment in 2016. The revised framework has been agreed with the Department of Health and the Department of Public Expenditure & Reform and enhanced monitoring, reporting, supports and interventions are being introduced alongside the revised service allocations. A staged allocation process has been designed to control the release of these additional funds in 2016 with funding being contingent on evidence of sustained delivery against credible financial plans. Any

residual overruns against expenditure limits in 2016 will be applied as a first charge on the relevant budget in 2017.

Within Operational Services it is for the HSE and the Hospital Groups / Community Healthcare Organisations to ensure that appropriate management effort and attention is applied to maximising the delivery of agreed measures and overall budgetary performance. The additional investment allows for achievable targets to be set, initially via notification of maximum expenditure limits and requires written commitments to be received from each Hospital Group CEO and Chief Officer that they will operate within the limits of the funding now being notified. Underpinning these commitments will be a set of credible financial plans which demonstrate how a balanced financial position will be achieved by year end and outline the associated reporting, monitoring and control arrangements.

Allied to this the HSE has also prioritised its efforts around strengthening payroll controls through the development of its Pay and Numbers Strategy. These controls, in addition to measures targeted at reducing waste and increasing productivity, will seek to mitigate the on-going 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.

Financial Performance

As of the 30th of June 2016 the HSE has expenditure of €6.668 billion against a budget of €6.662 billion leading to a deficit of €6.5m or 0.1%.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	€000s
Acute Hospitals Division	4,313,287	2,218,278	2,203,562	14,715	0.7%
National Ambulance Service & Emergency Mgt	152,873	74,144	74,465	(322)	-0.4%
Health & Wellbeing Division	203,678	87,338	88,902	(1,565)	-1.8%
Primary Care Division	983,779	486,158	482,932	3,227	0.7%
Mental Health Division	817,132	389,583	389,588	(4)	0.0%
Social Care Division	3,248,146	1,609,544	1,617,757	(8,213)	-0.5%
National Cancer Control Programme (NCCP)	19,317	1,242	1,256	(14)	-1.1%
Clinical Strategy & Programmes Division	44,322	12,890	13,487	(596)	-4.4%
Quality Assurance & Verification	3,178	355	363	(7)	-2.0%
Quality Improvement Division	7,660	3,054	3,078	(23)	-0.8%
Other National Divisions / Services	298,030	138,006	139,283	(1,277)	-0.9%
Pensions	330,455	158,305	157,813	492	0.3%
Demand Led Areas	3,006,375	1,489,566	1,489,528	38	0.0%
Grand Total	13,428,231	6,668,463	6,662,012	6,451	0.1%
Grand Total (excl Demand Led Areas & Pensions)	10,091,402	5,020,592	5,014,671	5,921	0.1%

This June deficit primarily relates to an over spend against profile within Acute Hospitals of €14.7m, Primary Care €3.2m with offsetting surpluses in NHSS, Health & Wellbeing and National Services.

Operational Service Areas represent €5.9m of this overall deficit with Pensions & Demand Led Areas contributing €0.5m. These results are inclusive of revised funding approved by the Oireachtas on July 7th and advised to the HSE on July 19th 2016 of €500m.

The additional investment of €500m notified to the HSE is most welcome and represents a significant commitment to ensuring that our health and social care services are placed on a sustainable financial footing for 2016.

The early notification of this additional funding is also helpful as it allows the HSE to set realistic budgetary targets for service managers and to implement enhanced performance monitoring and accountability arrangements to underpin this level of investment.

Acute Hospitals

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	632,979	339,729	316,390	23,339	7.4%
Dublin Midlands	771,709	412,092	381,543	30,549	8.0%
Ireland East	825,189	432,501	410,700	21,801	5.3%
South / South West	707,946	369,635	352,560	17,076	4.8%
Saolta University Health Care	661,038	355,381	328,467	26,914	8.2%
UL Hospitals	260,276	144,659	129,069	15,590	12.1%
National Childrens Hospital	233,723	123,422	115,634	7,787	6.7%
Regional & National Services	220,428	40,858	169,199	(128,341)	-75.9%
Total	4,313,287	2,218,278	2,203,562	14,715	0.7%

As of 30th of June 2016 the Acute Hospital Division has a deficit of €14.7m or 0.7%. The deficit is reflective of a year to date shortfall in achieving stretched income targets in 2016 and once-off timing issues arising from the period between the initial assessment and subsequent treatment of patients under the 2015 waiting list initiative.

A total of €185m has been provided to the Acute Division as part of the overall additional funding provided by Government in July 2016. As illustrated in the above Table the additional funding is held at National Director / Regional Level in the first instance. It will be released subject to a number of conditions and in line with the requirements of the HSE's revised Performance and Accountability framework.

These conditions include a written commitment from each Hospital Group CEO to operate within revised maximum expenditure limits and implementation by each Hospital Group of a revised financial plan that demonstrates how a balanced position will be achieved at the year-end.

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	75,761	39,839	37,384	2,454	6.6%
CHO 2	62,282	36,710	30,964	5,745	18.6%
CHO 3	59,500	32,347	29,691	2,656	8.9%
CHO 4	116,637	59,127	58,567	560	1.0%
CHO 5	62,131	33,644	30,925	2,720	8.8%
CHO 6	53,845	29,478	26,906	2,571	9.6%
CHO 7	78,978	45,111	40,104	5,007	12.5%
CHO 8	56,916	31,550	28,242	3,308	11.7%
CHO 9	89,587	48,206	44,922	3,284	7.3%
Regional & National	88,157	19,329	47,635	(28,306)	-59.4%
Subtotal	743,793	375,341	375,341	(0)	0.0%
NHSS	909,838	439,012	447,225	(8,213)	-1.8%
Overall Total	1,653,631	814,352	822,565	(8,213)	-1.0%

As of 30th of June 2016 Older Persons (including NHSS) has expenditure of €814.4m against a budget of €822.6m leading to a surplus of €8.2m / 1.0%.

The year to date surplus arises within the Nursing Home Support Scheme (NHSS/Fair Deal) and is reflective of a lower than anticipated number of clients in receipt of support than was originally forecast.

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. To that end a total of €30m has been provided to Older Persons as part of the overall additional funding provided by Government in July 2016.

The additional investment allows for achievable targets to be set and requires written commitments to be received from each CHO Chief Officer that they will operate within the limits of the funding now being notified.

This funding will be held at National Director / Regional Level in the first instance and will be released subject to a number of conditions and in line with the HSE's revised Performance and Accountability framework.

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	109,401	58,562	54,920	3,642	6.6%
CHO 2	147,443	77,862	74,596	3,267	4.4%
CHO 3	132,929	69,279	66,216	3,063	4.6%
CHO 4	193,108	97,767	96,026	1,741	1.8%
CHO 5	138,741	74,173	69,042	5,131	7.4%
CHO 6	211,567	109,018	105,346	3,672	3.5%
CHO 7	148,619	80,703	74,097	6,605	8.9%
CHO 8	178,082	96,374	89,294	7,080	7.9%
CHO 9	249,682	128,763	124,316	4,447	3.6%
Regional & National	84,942	2,691	41,339	(38,648)	-93.5%
Total	1,594,515	795,192	795,191	0	0.0%

As of 30th of June 2016 Disability Services has expenditure of €795.2m against a budget of €795.2m leading to a year to date breakeven position.

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. Within the overall additional provision of the revised allocation provided by Government €31m has been provided for disability services.

As in the case of other Social Care services this additional funding is held at National Director / Regional Level in the first instance and will be in line with the HSE's revised Performance and Accountability framework and subject to a number of conditions.

Any increasing demand for additional / emergency residential placements as well as the changing needs of existing clients will need to be managed within the funding provided in 2016.

Mental Health

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	65,822	33,039	32,648	391	1.2%
CHO 2	92,478	49,212	45,923	3,290	7.2%
CHO 3	58,705	30,532	29,170	1,362	4.7%
CHO 4	105,419	53,439	52,402	1,037	2.0%
CHO 5	89,679	45,098	44,594	504	1.1%
CHO 6	52,018	27,115	25,733	1,383	5.4%
CHO 7	72,187	38,156	36,085	2,070	5.7%
CHO 8	80,411	42,836	39,938	2,898	7.3%
CHO 9	103,208	52,009	51,376	633	1.2%
Regional & National	97,206	18,147	31,719	(13,573)	-42.8%
Total	817,132	389,583	389,588	(4)	0.0%

The Mental Health Division spent €389.6m in the month ended 30th June 2016 against a budget of €389.6m, representing a year to date breakeven position.

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	86,758	45,417	42,735	2,683	6.3%
CHO 2	92,462	48,486	45,978	2,508	5.5%
CHO 3	72,436	37,261	36,020	1,240	3.4%
CHO 4	119,903	60,712	59,690	1,022	1.7%
CHO 5	83,087	42,357	41,357	1,000	2.4%
CHO 6	55,602	27,925	27,561	365	1.3%
CHO 7	148,197	73,989	73,636	353	0.5%
CHO 8	121,315	62,216	60,361	1,855	3.1%
CHO 9	120,838	61,614	60,242	1,371	2.3%
Regional	16,785	12,158	8,267	3,891	47.1%
National	66,395	14,023	27,086	(13,063)	-48.2%
Sub Total	983,779	486,158	482,932	3,227	0.7%
PCRS	2,547,649	1,237,059	1,237,059	(0)	0.0%
DLS	246,636	120,382	120,410	(28)	0.0%
Sub Total PCRS & DLS	2,794,285	1,357,441	1,357,469	(28)	0.0%
Total Primary Care Division	3,778,065	1,843,599	1,840,400	3,199	0.2%

The Primary Care Division (PCD) spent €1.844bn versus a budget of €1.840bn in the period ending 30th of June 2016 showing an adverse variance of €3.2m / 0.2%. A total of €129m was provided for demand led services within the revised allocation advised to the HSE in July (Discussed under a separate heading below). 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.

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	203,678	87,338	88,902	(1,565)	-1.8%

The overall outturn for the Health & Wellbeing Division for the year to date June 2016 was €87.3m against a year to date budget of €88.9m giving a favorable variance of €1.6m.

Pay year to date is showing actual expenditure of €43.9m against a budget of €45.5m resulting in a favourable variance of €1.6m. Non-pay is showing an adverse variance of €44k, income is showing a favourable variance of €20k.

The Health & Wellbeing division would be projecting the current expenditure trends to continue to 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 were instituted to control the pay bill until detailed funded workforce plans were available. The 2016 Funded Workforce Plans have now been completed and have been submitted to Department of Health Officials. Funded workforce plans 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 criteria and other provisions set down in the legislation.

1. The PCRS budget for 2016 was framed by reference to a series of working assumptions. On the basis of revised assumptions / projections to year end a total of €125m has been provided by Government by way of additional funding. Expenditure in the PCRS budget will continue to be the subject of close monitoring and assessment for the remainder 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 provided for in relevant legislation. An additional allocation of €10m has been allocated to this area based on assessed pension costs for the remainder of 2016.
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. The SCA has been funded with an additional €70m for 2016 which brings its budget to within €7m of the 2015 full year expenditure.
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. An additional €5m has been provided in respect of overseas treatment from within the additional funding received from Government.

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 2016.

Quarter 2 analysis of Capital and ICT Expenditure

Allocation / Expenditure Analysis Quarter 2 2016 – Construction & ICT							
	Total Allocation (Profile) for Year	Allocation (Profile) for Period	Expenditure for Period	Variance for Period	Expenditure in Jan- June as a % of Allocation	Expenditure in Jan- June as a % of 2016 Total Allocation	Variance as % of Allocation Jan - June 2016
Net	399.000	133.966	133.940	(0.026)	99.98%	33.57%	-0.02%

Human Resources

Human Resources

Workforce Position

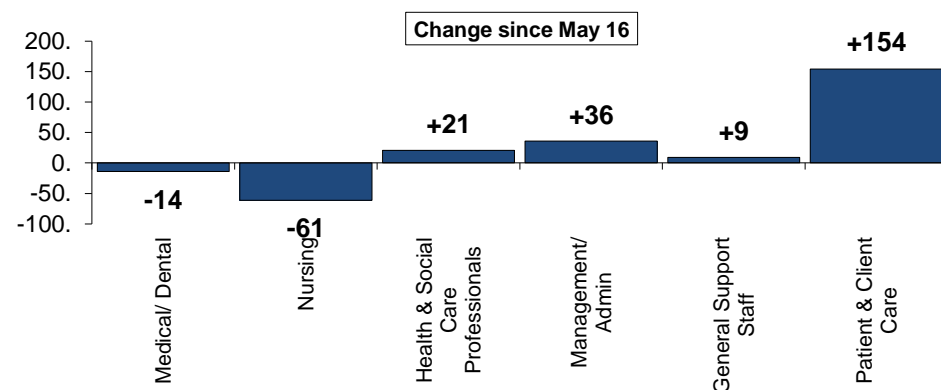
Overall employment levels at the end of June stands at **105,755 WTEs** up **145 WTEs** from the previous month

Division	WTE Jun 16	change since May 16	% change since May 16	change since Dec 15	% change since Dec 15
Total Health Service Staffing	+105,755	+145	0.1%	+1,871	1.8%
Acute Services	+53,421	+20	0.0%	+866	1.7%
Mental Health	+9,514	-24	-0.3%	+106	1.1%
Primary Care	+10,448	+2	0.0%	+125	1.2%
Disabilities	+16,755	+110	0.7%	+652	4.1%
Older People	+9,751	+17	0.2%	+69	0.7%
Social Care	+26,507	+127	0.5%	+721	2.8%
Health & Wellbeing	+1,385	+2	0.2%	+15	1.1%
Ambulance Services	+1,710	+12	0.7%	+2	0.1%
Corporate & HBS	+2,770	+7	0.3%	+35	1.3%

HSE/ Section 38	WTE Jun 16	change since May 16	% change since May 16	change since Dec 15	% change since Dec 15
Total Health Service Staffing	+105,755	+145	0.1%	+1,871	1.8%
Health Service Executive	+67,350	+52	0.1%	+1,089	1.6%
Voluntary Hospitals	+23,653	-3	0.0%	+269	1.2%
Voluntary Agencies (Non-Acute)	+14,752	+96	0.7%	+512	3.6%

Overview by staff group

Staff Group	WTE Jun 16	change since May 16	% change since May 16	change since Dec 15	% change since Dec 15
Total Health Service Staffing	+105,755	+145	0.1%	+1,871	1.8%
Consultants	+2,768	+3	0.1%	+43	1.6%
NCHDs	+5,726	-26	-0.5%	+9	0.2%
Medical other	+895	+9	1.0%	-0	0.0%
Nurse Manager	+7,114	+50	0.7%	+168	2.4%
Nurse Specialist	+1,545	+5	0.3%	+70	4.7%
Staff Nurse	+24,479	-81	-0.3%	-270	-1.1%
Public Health Nurse	+1,468	-7	-0.5%	-33	-2.2%
Nursing Student	+881	-30	-3.3%	+495	128.0%
Nursing other	+301	+2	0.6%	+6	2.0%
Therapists (OT,Physio,SLT)	+4,164	+25	0.6%	+162	4.1%
HSCP other	+10,865	-4	0.0%	+289	2.7%
Management	+5,221	+20	0.4%	+178	3.5%
Clerical & Administrative	+11,259	+16	0.1%	+132	1.2%
Ambulance	+1,612	+13	0.8%	+11	0.7%
Care	+17,978	+142	0.8%	+625	3.6%
Support	+9,481	+9	0.1%	-13	-0.1%



Absence Rates

	Target	May 2015	Full Year 2015	Previous Month	May 2016	YTD 2016	% Medically Certified (May 2016)
Absence Rates	3.50%	3.95%	4.21%	4.23%	4.14%	4.57%	87.94%

Latest monthly figures (May 2016)

- The May rate at 4.14% is down on the April rate.

Previous May rates

2008	2009	2010	2011	2012	2013	2014	2015
5.85%	4.54%	4.38%	4.63%	4.81%	4.50%	3.93%	3.95%

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.
- May 2016 absence rate stands at **4.14%** and is up when compared with a rate of **3.95%** for May 2015.
- The 2016 YTD rate is **4.57%** up when compared to May 2015 at **4.28%**. 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 €181 million

EWTD Compliance

- The data deals with 5,388 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 May 2014 from the same group of hospitals and agencies was 4,009, in May 2015 it was 5,001
- Compliance with a maximum 48 hour week is at 81% as of end June – unchanged from May
- Compliance with 30 minute breaks is at 99% - unchanged from May
- Compliance with weekly / fortnightly rest is at 99% - unchanged from May
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 97% - up 1% from May
- Compliance with a daily 11 hour rest period is at 96% - down 1% from May. This is closely linked to the 24 hour shift compliance above.

No of calls that were received by the National Health and Safety Helpdesk

No of Helpdesk Queries			
	Q1 2016	Q2 2016	
January	60	April	58
February	86	May	97
March	61	June	99
Total	207	Total	254

Escalation Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Performance Oversight Group

Escalation Report

Level 3 Red

Level 4 Black

NPOG August 2016

(June 2016 Reporting Cycle)

Post NPOG Version 8th September '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	Financial Position: Projected net expenditure to year end	Acute Hospitals
4	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	Breast Service – urgent patients to be seen within 2 weeks	Acute Hospitals
4	Urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
5	Number of delayed discharges over 90 days	Acute Hospitals and Social Care
6	Serious Reportable Events (SREs)	Acute Hospitals
7	Waiting > 18 mts for an elective procedure / Waiting >18 months for an OPD appointment	Acute Hospitals
8	Disability Act Compliance	Social Care
9	Occupational Therapy – Assessment Waiting list ≤ 52 weeks	Primary Care
10	Financial Position: Projected net expenditure to year end	Primary Care
11	Implement Electronic Health Record Solution	Chief Information Office

I	Register: Areas deescalated from NPOG oversight	
ii	Register: Completed escalation actions	

Services in Escalation

Service	Accountable Officer	Escalation Area	Level
Ireland East Hospital Group (Accountable Officer – Mary Day CEO)			
Mater Hospital	Gordon Dunne	ED > 24 hours	Black
		Urgent Colonoscopy > 28 days	Red
Midland Regional Hospital Mullingar	Shona Schneeman	ED > 24 hours	Black
		Urgent Colonoscopy > 28 days	Red
St Luke's Hospital Kilkenny	Ann Slattery	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
St. Michael's Hospital	Seamus Murtagh	Routine Colonoscopy > 13 weeks	Black
St. Vincent's Hospital	Michael Keane	ED > 24 hours	Black
		Finance	Black
Wexford General Hospital	Lily Byrnes	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. Columcilles Hospital	Hilary Flynn	ED > 24 hours	Black
Dublin Midlands Hospital Group (Accountable Officer – Susan O'Reilly CEO)			
Midland Regional Hospital Portlaoise	Michael Knowles	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Midland Regional Hospital Tullamore	Orlagh Claffey	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Naas General Hospital	Alice Kinsella	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
St. James's Hospital	Lorcan Birthistle	ED > 24 hours	Black
		Breast Cancer within 2 weeks	Red
Tallaght Hospital	David Slevin	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
		Urgent Colonoscopy > 28 days	Red
RCSI Hospital Group (Accountable Officer – Ian Carter CEO)			
Beaumont Hospital	Ian Carter	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
		Prostate Cancer within 20 days	Red
Cavan General Hospital	Evelyn Hall	ED > 24 hours	Black
James Connolly Hospital	Margaret Boland	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Louth County Hospital	Catriona Crowley	Routine Colonoscopy > 13 weeks	Black
Our Lady of Lourdes Hospital Drogheda	Catriona Crowley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
South/South West Hospital Group (Accountable Officer – Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
Mercy University Hospital Cork	Sandra Daly	ED > 24 hours	Black

Service	Accountable Officer	Escalation Area	Level
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Black
University Hospital Kerry	Maria Godley	ED > 24 hours	Black
University Hospital Waterford	Richie Dooley	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Prostate Cancer within 20 days	Red
University of Limerick Hospital Group (Accountable Officer – Collette Cowan CEO)			
University Hospital, Limerick	Colette Cowan	ED > 24 hours	Black
		Finance	Black
		Prostate Cancer within 20 days	Red
		Lung Cancer within 10 working days	Red
Saolta Hospital Group (Accountable Officer – Maurice Power CEO)			
Galway University Hospitals	Chris Kane	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
		Finance	Black
Letterkenny General Hospital	Sean Murphy	Finance	Black
		Breast Cancer within 2 weeks	Red
Mayo General Hospital	Catherine Donohoe	ED > 24 hours	Black
		Routine Colonoscopy > 13 weeks	Black
Portiuncula Hospital Ballinasloe	James Keane	ED > 24 hours	Black
Sligo Regional Hospital	Grainne McCann	ED > 24 hours	Black
		Finance	Black
Childrens Hospital Group (Accountable Officer – Eilish Hardiman CEO)			
Children's University Hospital Temple Street	Mona Baker	ED > 24 hours	Black
National Children's Hospital at Tallaght Hospital	David Slevin	ED > 24 hours	Black
Our Lady's Children's Hospital, Crumlin	Helen Shortt	ED > 24 hours	Black

CHO 1 (Accountable Officer – John Hayes)			
Primary Care	John Hayes	Finance	Red
CHO 2 (Accountable Officer – Tony Canavan)			
Primary Care	Tony Canavan	Finance	Red
CHO 4 (Accountable Officer – Ger Reaney)			
Primary Care	Ger Reaney	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
Social Care	Ger Reaney	Disability Act Compliance	Red
CHO 5 (Accountable Officer – Aileen Colley)			
Primary Care	Aileen Colley	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
CHO 8 (Accountable Officer – Pat Bennett)			
Primary Care	Pat Bennett	Occupational Therapy Assessment waiting list ≤ 52 weeks	Red
CHO 9 (Accountable Officer – Gerry O'Neill)			
Social Care	Gerry O'Neill	Disability Act Compliance	Red

Areas of Black Escalation (DG oversight)

ED: Patients waiting in ED > 24 hours																										
Division		Date first escalated	Last date escalated/ deescalated		Escalation level																					
Acute Hospitals		May 2015																								
Reason for escalation Escalated based on continued poor performance. Improvement in performance during June 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 (June 2016) <table border="1"> <thead> <tr> <th></th> <th>Total</th> <th>> 75 years</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>4,696</td> <td>1,499</td> </tr> <tr> <td>Feb</td> <td>3,931</td> <td>1,214</td> </tr> <tr> <td>Mar</td> <td>3,949</td> <td>1,236</td> </tr> <tr> <td>Apr</td> <td>3,326</td> <td>1,020</td> </tr> <tr> <td>May</td> <td>2,664</td> <td>762</td> </tr> <tr> <td>June</td> <td>2,077</td> <td>543</td> </tr> </tbody> </table>				Total	> 75 years	Jan	4,696	1,499	Feb	3,931	1,214	Mar	3,949	1,236	Apr	3,326	1,020	May	2,664	762	June	2,077	543
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Apr	3,326	1,020																								
May	2,664	762																								
June	2,077	543																								
			ED activity is 6.4% 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	05.10.16																						
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 (extended to 7.9.16)	* See note below																					
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	** See note below																					
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 (extended to 7.9.16)	*** See note below																					
6	SDU Action plans for 12 Hospitals In place. They will be the subject of increased monitoring and a further report will be provided to NPOG.	ND AHD	06.07.16	05.10.16																						
Notes: * Report produced and being evaluated by National Clinical Advisor (AHD) ** Winter Initiative Planning process commenced and draft funding plan produced. *** Report provided to NPOG showing increase in activity. Additional analysis to be provided to NPOG 07.09.16																										

Routine colonoscopy: % of people waiting > 13 weeks

Division Acute Hospitals		Date first escalated March 2015	Last date escalated/ deescalated September 2015 (Red to Black)		Escalation level 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 (June 2016)																								
			<table border="1"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>16,390</td> <td>17,119</td> <td>18,579</td> <td>19,416</td> <td>19,424</td> <td>19,850</td> </tr> <tr> <td>>13 w</td> <td>7,484</td> <td>7,720</td> <td>8,539</td> <td>8,963</td> <td>9,295</td> <td>9,632</td> </tr> </tbody> </table>					Jan	Feb	Mar	Apr	May	June	Total	16,390	17,119	18,579	19,416	19,424	19,850	>13 w	7,484	7,720	8,539	8,963	9,295	9,632
	Jan	Feb	Mar	Apr	May	June																					
Total	16,390	17,119	18,579	19,416	19,424	19,850																					
>13 w	7,484	7,720	8,539	8,963	9,295	9,632																					
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 (Extended 05.10.16)	** See note below																					
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	Complete ***																					
Note:																											
* This area of escalation is to be read in conjunction with the Level 3 (Red) Escalation in relation to Urgent Colonoscopies.																											
** Report provided. Remaining Demand/ Capacity analysis being undertaken by Endoscopy Working Group to be concluded by end of Q3 2016																											
*** Funding plan for remainder of 2016 agreed																											

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 (June 2016)								
<p>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.</p>				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
			Jan	342,000	363,477	21,477	6.28%				
			Feb	7,72,660	673,855	48,806	7.24%	331,854	359,183	27,328	8.24%
			Mar	1,017,615	1,099,445	81,829	8.04%	343,761	376,785	33,024	9.61%
			Apr	1,354,622	1,466,767	112,145	8.28%	337,007	367,323	30,316	9.00%
			May	1,700,063	1,852,597	152,534	8.97%	345,441	385,830	40,389	11.69%
			June	2,203,562	2,218,278	14,715	0.67%	503,499	365,680	(137,819)	(-27.37%)
			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	Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		ND AHD	04.05.16	Ongoing						
3	Enhanced governance arrangements in relation to 'income' project to be agreed.		ND AHD	06.07.16	03.08.16	Overdue					
4	Enhanced support arrangements including PMO support to be put in place to support cost management groups and to allow for delivery to be tracked. A full update to be provided to NPOG at October 2016 meeting.		ND AHD	03.08.16	05.10.16						

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		Current Description of performance (June 2016)			
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).		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	04.05.16	* see note below
Note:					
* This action will be considered as part of wider range of actions being taken by the Task Force (Confirmation required on progress on this action)					

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 (June 2016)																																																											
				<table border="1"> <thead> <tr> <th></th> <th>Nat</th> <th>CUH</th> <th>WRH</th> <th>UL</th> <th>SJH</th> <th>B'mont</th> <th>Mater</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>64.2%</td> <td>33.3%</td> <td>53.3%</td> <td>14.3%</td> <td>0.0%</td> <td>27.3%</td> <td>64.9%</td> </tr> <tr> <td>Feb</td> <td>53.0%</td> <td>25.0%</td> <td>1.6%</td> <td>20.0%</td> <td>60.0%</td> <td>60.0%</td> <td>80.8%</td> </tr> <tr> <td>Mar</td> <td>64.7%</td> <td>5.3%</td> <td>33.3%</td> <td>11.1%</td> <td>95.2%</td> <td>28.6%</td> <td>88.9%</td> </tr> <tr> <td>Apr</td> <td>35.7%</td> <td>6.3%</td> <td>0%</td> <td>31.6%</td> <td>36.4%</td> <td>15.8%</td> <td>19.5%</td> </tr> <tr> <td>May</td> <td>55.4%</td> <td>14.8%</td> <td>13.8%</td> <td>12.0%</td> <td>33.3%</td> <td>40.0%</td> <td>82.8%</td> </tr> <tr> <td>June</td> <td>43.1%</td> <td>21.1%</td> <td>14.8%</td> <td>0%</td> <td>0%</td> <td>57.4%</td> <td>68.2%</td> </tr> </tbody> </table>					Nat	CUH	WRH	UL	SJH	B'mont	Mater	Jan	64.2%	33.3%	53.3%	14.3%	0.0%	27.3%	64.9%	Feb	53.0%	25.0%	1.6%	20.0%	60.0%	60.0%	80.8%	Mar	64.7%	5.3%	33.3%	11.1%	95.2%	28.6%	88.9%	Apr	35.7%	6.3%	0%	31.6%	36.4%	15.8%	19.5%	May	55.4%	14.8%	13.8%	12.0%	33.3%	40.0%	82.8%	June	43.1%	21.1%	14.8%	0%	0%	57.4%	68.2%
	Nat	CUH	WRH	UL	SJH	B'mont	Mater																																																								
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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 05.11.16																																																								
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	* Extension to 05.11.16																																																								
Note: * Given the significant work involved including visits to each of the hospitals concerned. The NPOG has agreed this extension on the basis that the diagnostic and analysis will be completed in time for a detailed Recovery Plan to be available to NPOG by Wednesday 26th October 2016 at the latest.																																																															

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 (June 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%
			May	80.8%	13.3%	68.6%	89.4%
			June	76.7%	17.9%	55.1%	89.5%
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 05.11.16	
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 CCP/ ND AHD	04.05.16	03.08.16	Extension to 05.11.16	
Note: * Given the significant work involved including visits to each of the hospitals concerned. The NPOG has agreed this extension on the basis that the diagnostic and analysis will be completed in time for a detailed Recovery Plan to be available to NPOG by Wednesday 26th October 2016 at the latest.							

Breast Service: Urgent patients to be seen within two weeks

Division Acute Hospitals		Date first escalated July 2016	Last date escalated/ deescalated		Escalation level Level 3		
Reason for escalation Escalated as performance in St James Hospital and Cork University Hospital is cause for concern			Current Description of performance (June 2016)				
				Nat	CUH	SJH	Letterkenny
			Apr	84.4%	92.1%	27.9%	41.1%
			May	76.7%	49.2%	25.6%	13.8%
			June	82.8%	51.8%	44.5%	61.1%
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed	
1	Preliminary diagnostic assessment of the performance issues involved to be provided to NPOG		ND CCP/ ND AHD	06.07.16	03.08.16	Extension to 05.11.16	
Note: * Given the significant work involved including visits to each of the hospitals concerned. The NPOG has agreed this extension on the basis that the diagnostic and analysis will be completed in time for a detailed Recovery Plan to be available to NPOG by Wednesday 26th October 2016 at the latest.							

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 (June 2016)																								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #2c5e8c; color: white;"> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> </tr> </thead> <tbody> <tr> <td>Total breaches</td> <td style="text-align: center;">15</td> <td style="text-align: center;">20</td> <td style="text-align: center;">15</td> <td style="text-align: center;">54</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> <tr> <td>Total new pts breaches</td> <td style="text-align: center;">13</td> <td style="text-align: center;">3</td> <td style="text-align: center;">12</td> <td style="text-align: center;">51</td> <td style="text-align: center;">20</td> <td style="text-align: center;">19</td> </tr> </tbody> </table>					Jan	Feb	Mar	Apr	May	June	Total breaches	15	20	15	54	24	24	Total new pts breaches	13	3	12	51	20	19
	Jan	Feb	Mar	Apr	May	June																				
Total breaches	15	20	15	54	24	24																				
Total new pts breaches	13	3	12	51	20	19																				
		This remains in Red escalation due to continued breaches. Tallaght (17), Letterkenny (1) & Mater (1)																								
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	Extension to 07.09.16																					
Note: *This area of escalation is to be read in conjunction with the Level 4 (Black) Escalation in relation to Routine Colonoscopy waiting times.																										

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
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	Ongoing
5	A targeted programme of follow up will be undertaken with hospitals who have so far not reported any SREs.	ND AHD	06.07.16	07.09.16	

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 (June 2016)						
Escalated due to the target for Delayed Discharges > 90 being breached								
			Jan	Feb	Mar	Apr	May	June
		Total	559	556	592	617	595	630
		> 90 Days	114	100	83	95	114	109
NPOG Agreed actions		Responsible	Date agreed	Due date	Completed			
1	A central booking arrangement to be in place across the greater Dublin area.	ND AHD ND SC	02.03.16	31.07.16	***see note below			
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	* See note below			
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	* See note below			
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	** See note below			
5	Improvement project established and best practice processes to be rolled out across all sites. The improvement plan with timeframes involved to be provided to NPOG	ND AHD ND SC	06.07.16	03.08.16	Overdue			
6	NPOG to make a recommendation to the Director General that the National Director Social Care be assigned responsibility for co-ordinating the overall response on Delayed Discharges.	NPOG	09.08.16	07.09.16				
Note:								
* These actions will now be undertaken in the context of the improvement project (action 5 above).								
** This work is now being undertaken as part of the Service Planning Process for 2017.								
*** Pilot completed, training schedule in place and 'go live' date of 3 rd October for CHOs 6 to 9.								

Waiting Lists: > 18 Inpatient & Day Case/ Outpatient

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 (June 2016)							
		IPDC	Dec	Jan	Feb	Mar	Apr	May	June
		> 15 months	746	2,115	3,079	4,296	4,603	5,416	6,579
		> 18 months	459	847	1,015	1,214	1,567	2,263	3,038
		OPD	Dec	Jan	Feb	Mar	Apr	May	June
> 15 months	9,887	13,763	17,693	20,267	23,956	30,095	34,674		
> 18 months	5,262	5,635	5,918	6,114	8,570	13,095	15,149		
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 (Extended to 03.08.16)	Overdue * See note below				
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	** see note below				
Note: * Partially completed. To be reviewed and validated by AHD. ** Superseded: This action will now be addressed as part of the service Planning process and waiting list initiative.									

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 (June 2016)						
			Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016
		%	39%	31%	33%	23%	19.6%	19.7%
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	* Extension to 05.11.16			
Note: * Due to the recent appointment of Heads of Service in each CHO the ND social Care requested an extension to the due date for the implementation plan. The NPOG agreed to same.								

Occupational Therapy: Assessment Waiting List ≤ 52 weeks

Division Primary Care		Date first escalated July 2016	Last date escalated/ deescalated		Escalation level Level 3		
Reason for escalation Escalated based on continued poor performance (Q2 target 90%, year-end target 100%).			Current Description of performance (June 2016)				
				National	CHO 4	CHO 5	CHO 8
			Mar	82.3%	69.9%	80.0%	76.2%
			Apr	82.9%	71.4%	78.9%	76.8%
			May	82.4%	71.6%	78.3%	76.7%
			June	81.4%	69.2%	77.8%	76.3%
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed	
1	Diagnostic assessment of the performance issues involved to be provided to NPOG		ND PC	06.07.16	05.10.16		

Financial position:

Division Primary Care		Date first escalated July 2016	Last date escalated		Escalation level Level 3		
Reason for escalation Given the risks to financial performance within CHOs 1 & 2 this has been escalated to Level 3 (Red).			Current Description of performance (June 2016)				
				YTD Budget €'000	YTD Actual €'000	YTD Variance €'000	YTD % Var
			CHO 1	42,735	45,417	2,683	6.28%
			CHO 2	45,978	48,486	2,508	5.46%
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed	
1	Diagnostic assessment and Recovery Plan to be provided to NPOG.		ND PC	06.07.16	03.08.16		

Implement Electronic Health Record solution

Division Chief Information Officer		Date first escalated 03.08.16	Last date escalated/ deescalated		Escalation level Level 3	
Reason for escalation This is a critical priority for the HSE and has been escalated by NPOG as Electronic Health Record business case has still not been approved.			Current Description of performance			
NPOG Agreed actions			Responsible	Date agreed	Due date	Completed
1	CIO to request an update on the process for approving a business case in the Department of Health.		CIO	03.08.16	05.10.16	

Register: Areas deescalated from NPOG

No	Area of escalation	Division	Date escalated to NPOG	Date deescalated from NPOG	Notes
1	Service Arrangements	Acute Division	September 2015	06.07.16	SA for National Maternity Hospital signed
2	Ambulance ECHO and DELTA Response Times	National Ambulance Service	February 2016	08.06.16	Complete
3	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
4	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
5	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
Social Inclusion	Average waiting time from referral to assessment, for OST. (days) (New KPI)	No Returns CHO 2 (Galway)
Social Inclusion	Average waiting time from OST assessment criteria fulfilled, to exit from Waiting List or to treatment commenced (days)	No Returns CHO 2 (Galway)
General Adult Teams	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 2 – 3 teams CHO 4 - 2 teams CHO 5 – 1 team
General Adult Teams	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 2 – 3 teams CHO 4 - 2 teams CHO 5 – 1 team
General Adult Teams	% of new (including re-referred) cases offered appointment and DNA in the current month	CHO 2 – 3 teams CHO 4 - 2 teams CHO 5 – 1 team
Psych of Old Age	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 1 – 1 team
Psych of Old Age	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 1 – 1 team
Psych of Old Age	% of new (including re-referred) cases offered appointment and DNA in the current month	CHO 1 – 1 team
CAMHS	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months	CHO 5 - 1 team
CAMHS	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months	CHO 5 - 1 team
CAMHS	% of new (including re-referred) cases offered appointment and DNA in the current month	CHO 5 - 1 team
CAMHS	Total no. on waiting list for first appointment	CHO 5 - 1 team
CAMHS	Total no. on waiting list for first appointment 0 – 3 Months	CHO 5 - 1 team
CAMHS	Total no. on waiting list for first appointment > 3 Months	CHO 5 - 1 team
CAMHS	Total no. on waiting list for first appointment > 12 Months	CHO 5 - 1 team
Acute Hospitals	Acute Coronary Syndrome	This reflects 9 Acute Hospitals
Social care	% compliance with inspected outcomes following HIQA inspection of Disability Residential Units	Data only available for April and May

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	Saoilta Hospital Group	Galway University Hospitals
Croom Hospital	Letterkenny General Hospital		
Ennis Hospital	Portiuncula Hospital General & Maternity Ballinasloe		
Nenagh Hospital	Mayo General Hospital		
St John's Hospital	Roscommon County Hospital		
University Hospital, Limerick	Sligo General Hospital		
University of Limerick Hospital Group	University Hospital, Limerick		
	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		