



Performance Profile

July - September 2018
Quarterly Report

Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

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Executive Summary

Executive Summary

The Performance Profile is published on a quarterly basis and provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources. The results for key performance indicators are provided on a heat map and in table and graph format together with a commentary update on performance.

Emergency Care

- There were 1,098,269 emergency presentations year to date compared to 1,060,037 for the same period last year, an increase of 3.6%.
- 96.9% of all patients were seen within 24 hours in EDs in September and 96.4% year to date September.
- 92.6% of patients aged 75 years and over were seen within 24 hours in EDs in September and 91.2% year to date September.
- 80.1% of all patients waited 9 hours or less to be seen in EDs in the month of September and 79.4% year to date September
- 65.4% of all patients waited 6 hours or less to be seen in EDs and 64.6% year to date September

Inpatient, Day Case & Outpatient Waiting Lists

At the end of September compliance with waiting lists was as follows:

- Adult Inpatient < 15 months (target 90%), compliance 82.6%.
- Adult Day Case < 15 months (target 95%), compliance 90.6%.
- Children's Inpatient, 15 months (target 90%), compliance 84.6%.
- Children's Day Case < 15 months (target 90%), compliance 82.2%.
- Outpatients < 52 weeks (target 80%), compliance 71%.
- The total number of people waiting for inpatient and day case procedures is down by 12.4 % and 10,319 patients when the waiting list in September '18 is compared with September '17 (72,718 versus 83,037).
- The total number of people waiting more than 15 months was down by 669 (7.1%) when September '18 is compared with September '17 (8,789 versus 9,458).

Delayed Discharges

- Delayed Discharges at the end of September were 606 compared with 564 for the same period last year.

Routine/Urgent Colonoscopies

- In September 53.3% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 227 new urgent patient breaches between January and September and 27% were attributable to the impact of storm Emma.
- The total number of people awaiting scopes has reduced by 8.7% (1,662) when September '18 is compared with September '17 (17,528 versus 19,190).

Cancer Services

- 74.9% of prostate cancer referrals were seen within 20 working days year to date September 2018 compared with 55.9% for the same period last year, an improvement of 19%.
- 87.3% of lung cancer referrals were seen within 10 working days year to date compared with 81.4% for the same period last year which is an improvement of 5.9%.
- 70.0% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 74.2% for the same period last year.

Healthcare Associated Infections (HCAI)

- 119,359 tests for Carbapenemase Producing Enterobacteriaceae (CPE) have been performed year to date.

Disability Services

- 774,353 PA Hours were delivered by the end of quarter 2, 34,383 hours more than the same period last year.
- 1,442,190 Home Support were delivered by end of quarter 2, 23,937 less than the same period last year.

Older Persons Services

- Home Support hours delivered year to date is 12,706,220, (-0.1%) below expected activity , however the number of people, in receipt of home support services continues to increase with 52,891 people availing of the service in September, 4.7% above expected activity .
- 915 persons were supported through transitional care in August.
- The target of maintaining the wait time for NHSS funding approval at no more than 4 weeks has consistently been achieved since April 2015 with a current wait time in 2018 of 2.5 - 3.5 weeks.

Mental Health Services

- CAMHS and Psychiatry of Later Life targets for first appointments offered and first appointments seen year to date were all on or ahead of national targets in 2018 to date.
- 94.6% of all Bed Days of Children were in CAMHS Units up to the end of September 2018 in line with the target of 95%.

Primary Care Services

- CIT referrals remain ahead of ahead of target by 18.3%.
- 94% of physiotherapy referrals, 93.9% of speech and language referrals and 74.9% of occupational therapy referrals accessed the services within 52 weeks.
- 92.6% of babies received their developmental screening checks within 10 months and 97.3% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 779,622 contacts with GP out of Hours services to the end of September; this is 5.3% ahead of expected activity and 1.5% more than the same period last year.

Health & Wellbeing Services

- Nationally year to date, 51.8% of smokers are QUIT at on one month ahead of the National target of 45%.
- 94.6% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date while 92.4% of children aged 24 months received the MMR vaccine year to date.
- The total number of Parkruns completed by member of the public YTD September is 308,052 which is ahead of target by 11,464 (target 296,588).

Corporate Updates

Corporate Updates

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2018	Cum Profile for Period Jan-Sept 2018	Expenditure for Period Jan-Sept 2018	Variance for Period Jan-Sept 2018	Expenditure in Qtr 3 as % of Qtr 3 Profile	Expenditure to Sept as % of 2018 Annual Profile	Variance in Qtr 3 as % of Qtr 3 Profile
L2(1) Buildings & Equipment	347.461	199.505	198.741	(0.764)	99.62%	57.20%	-0.38%
L2(2) – New Children's Hospital	68.000	68.000	70.545	2.545	103.74%	103.74%	3.74%
L3- Buildings and Equipment (National Lottery)	2.539	0.000	0.000	0.000	0.00%	0.00%	0.00%
Total	418.000	267.505	269.286	1.781	100.67%	64.42%	0.67%
L4 – Info Systems for Health Agencies	60.000	35.104	41.715	6.611	118.83%	69.52%	18.83%
	478.000	302.609	311.001	8.392	102.77%	65.06%	2.77%
Asset Disposals	4.019	4.019	0.000	4.019	0.00%	0.00%	100.00%
Net	482.019	306.628	311.001	12.411	101.43%	64.52%	4.05%

Construction - L2 (1)

Variance on construction projects for the first nine months of the year is - 0.38% (or €0.764m) behind profile. At end of Qtr 3 the total expenditure of €198.741m represents 57.20% of the total annual profile.

Construction - L2 (2) - (New Children's Hospital)

Expenditure in the period Jan - Sept amounted to €70.545m which is €2.545m ahead of profile and above the approved funding for the period / year to date. This level of expenditure represents 103.74% of the total agreed annual profile of €68m. The additional expenditure incurred was funded from Other / Deferred Income and not Department of Health funding.

ICT (L4)

Variance on ICT projects is €6.611m ahead of profile for the period Jan-Sept. Expenditure to end Qtr 3 of €41.715m equates to 118.83% of the Jan-Sept ICT profile having been expended in the period and 69.52% of the annual profile.

Asset Disposals

Receipts from Sale of Assets: The value of income received from sale proceeds in the period Jan-Sept was €4.019m.

Help Desk Queries

Q3 2018	No of Helpdesk Queries 2018	No of Helpdesk Queries 2017	% Increase from 2017
July	144	127	13
August	163	170	-4
September	140	194	-28
Total	447	491	-9

Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	Q3 2018	% increase
Acute Hospitals (Hospital Groups)	77,768,340	88,615,824	95,567,281	7.84%
Community Healthcare	21,462,434	22,026,497	19,484,515	-11.54%
National Services	947,551,613	946,993,092	863,907,778	-8.77%
Total	1,046,782,387	1,057,635,413	978,959,574	-7.44%

Internal Audit (as at 30th June 2018)

95% Implemented or Superseded within 12 months	2014	2015	2016	2017
Total Report	136	116	154	146
Total Recommendations	1,281	1,119	1,761	1,669
Total	98%	95%	88%	80%
CHO 1	89%	97%	96%	100%
CHO 2	100%	97%	90%	100%
CHO 3	93%	100%	100%	88%
CHO 4	97%	83%	97%	84%
CHO 5	100%	90%	92%	100%
CHO 6	N/A	100%	93%	70%
CHO 7	100%	100%	98%	80%
CHO 8	100%	90%	80%	58%
CHO 9	100%	100%	88%	96%
Dublin Midlands Hospitals	100%	97%	100%	N/A
Ireland East Hospitals	100%	92%	42%	N/A
National Children's Hospital	100%	N/A	N/A	81%
RCSI Hospitals	100%	68%	N/A	N/A
Saolta Hospitals	89%	100%	100%	N/A
South South West Hospitals	100%	91%	49%	62%
ULHG	100%	100%	100%	68%
Chief Information Officer	100%	100%	52%	76%
Communications	100%	100%	100%	89%
Finance	100%	100%	75%	67%
HBS - Finance	100%	98%	83%	92%
HBS - HR	100%	100%	88%	88%
HBS - Procurement	89%	100%	100%	100%
Human Resources	100%	100%	100%	100%
National Ambulance Service	100%	93%	100%	87%
PCRS	97%	100%	88%	61%

Quality and Patient Safety

Quality and Patient Safety

	National	Acute Hospitals	NAS	Community Healthcare	Social Care	Mental Health	Health & Wellbeing	Primary Care
Number of Serious Incidents reported as occurring - September 2018	48	21	0	27	7	20	0	0
% notified within 24 hours of occurrence – September 2018	13%	19%	-	7%	14%	5%	-	-
Number of Serious Incidents reported as occurring YTD 2018	601	356	6	239	43	189	0	7
% notified within 24 hours of occurrence - YTD 2018	21%	22%	33%	19%	30%	17%	-	14%
% Serious Incidents requiring review completed within 125 calendar days of occurrence*	2%	2%	25%	2%	0%	1%	-	17%

* reflecting compliance YTD May 2018

* claims not previously reported as incidents have been excluded (YTD May 2018)

KPI - % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer was introduced in 2018 and is defined as any incident that results in a rating of major or extreme severity. Data is reported from the National Incident Management System, the primary reporting system across the HSE and HSE funded agencies. The report is run by date of occurrence and figures are subject to change. The system has been aligned to complement the new Incident Management Framework (IMF), which was launched in January 2018 and is being rolled out across the system.

Serious Reportable Events

21 SREs were reported on the National Incident Management System (NIMS) as occurring during September 2018.

Division	Total SRE Occurrence
Acute Hospitals (inc. Ambulance Service)	14
Community Services	7
Grand Total	21

12 SREs reported as patient falls and 5 as Stage 3 or 4 Pressure Ulcers. The remaining 4 SREs reported comprised 6 SRE categories with a volume of <5 in each category.

Medical Exposure Radiation Unit (MERU)

MERU	September	YTD
Radiation Safety Incidents Reported	3	44

Appeals Service

1,805 new notifications of appeal were received. 1,735 appeals were processed in the period 1 January - 30th September 2018:

Appeal Type	Received	Processed
Medical /GP Visit Card (General Scheme)	1,177	1,149
Medical/GP Visit Card (Over 70's Scheme)	43	42
Nursing Home Support Scheme	397	359
CSAR	36	36
Home Care Package	14	18
Home Help	69	61
Other	69	70
Total	1,805	1,735

Healthcare Audit

Healthcare Audits	In Progress	Completed
Healthcare Audits in progress / completed YTD	9	36

Complaints

Training:	Sept	YTD
Number of complaints officers/support staff trained on the Complaints Management System	45	202
Number of Complaints logged on CMS	382	2,580
Number of Review Officers trained in YSYS review officer training	0	51

Complaints:	Sept	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	57	671

Note: updated YTD figure for Complaints Resolved under Part 2 Disabilities Act 2005 following audit conducted.

Quality Improvement Division Update

Statistical Process Control Analysis

Rates of health care associated infections (S. Aureus bloodstream infection and C. Difficile infection) and admissions to Child & Adolescent Mental Health Units have been analysed and displayed using Statistical Process Control (SPC) methods. An SPC chart consists of data plotted in order, usually over time (months for the HCAI and CAMHS data). It includes a centre line based on the average of the data. It also includes upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

SPC charts are used internationally in healthcare to distinguish between special and common causes of variation. Common cause variation is the expected or random variation that occurs throughout the healthcare system. Special cause variation is unusual or unexpected variation that can occur because of specific circumstances, and is unlikely to have occurred by chance alone. The probability of any data point falling outside of the control limits due to random variation is very small, and is a signal of special cause or unexpected variation. In addition to a point outside of the control limits, there are four other SPC rules which suggest variation very unlikely to occur by chance alone. Identifying and examining special cause variation may provide an opportunity to learn from the cause of the variation and to take action that will lead to an improvement.

An SPC funnel plot is an SPC chart showing variation across a system (e.g. variation among hospitals). Data are ordered by denominator size rather than by time. In the case of the HCAI and CAMHS data hospitals are ordered by bed days used from lowest to highest. Data points that are above or below the control limits in a funnel plot are an indication of special cause variation.

Statistical Process Control methods are already in use in some hospitals and areas within the HSE. In addition the National Performance Oversight Group has used SPC in recent performance review cycles. Feedback from these groups has been extremely positive. QID will continue to work in partnership to extend

the use of Statistical Process Control methods in HSE. Further information on SPC and resources are available on www.hse.ie/eng/about/who/qid/.

Child & Adolescent Mental Health Services (CAMHS)

Figure 1 below is a statistical process control chart showing the national rate of admissions of children to CAMHS inpatient units as a proportion of the total admissions of children to mental health inpatient units between January 2017 and September 2018.

Figure 1: National percentage of admissions of children to CAMHS

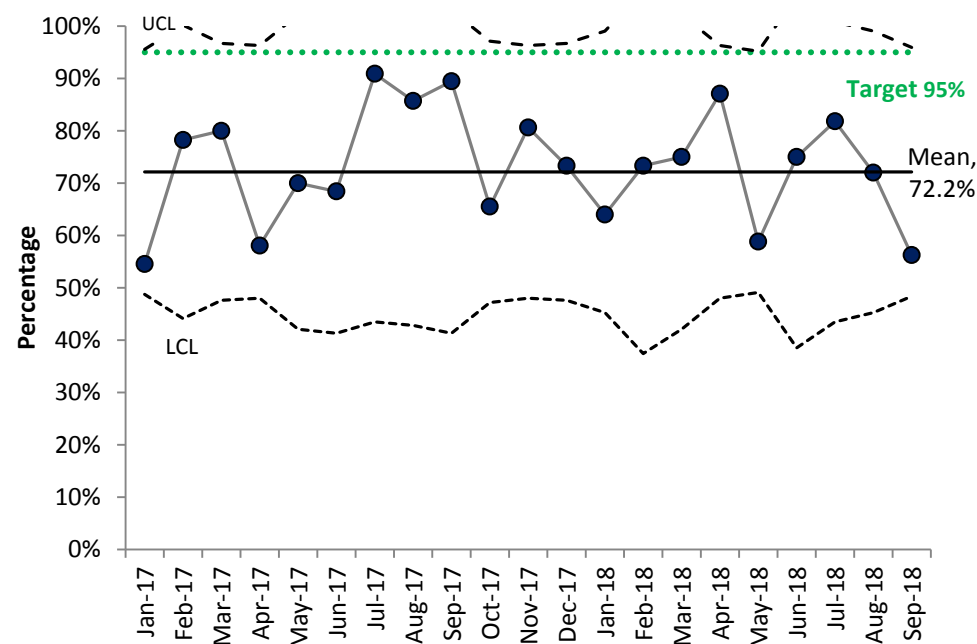


Figure 1 shows that the national rate of admissions of children to CAMHS inpatient units as a proportion of the total admissions of children to mental health inpatient units since January 2017 is 72.2%. There is an average of around 25 admissions of children per month to HSE mental health inpatient units, and so

this equates to an average of almost 7 admissions of children to adult mental health inpatient units each month. The target for 2018 is for 95% of admissions of children to be to CAMHS units.

The variation in the rate of admissions of children to CAMHS units from month to month is within the expected range; i.e. the rate is stable, although below the target. No data points fall outside the control limits. Due to the relatively small number of admissions per month, it can be expected that the monthly rate will fluctuate between approximately 45% and 100%. Therefore the target may be achieved on occasion by chance alone and may not necessarily indicate a real improvement.

Figure 2 below is a statistical process control chart showing the national rate of bed days used in CAMHS inpatient units as a proportion of the total bed days of children in mental health inpatient units between January 2017 and September 2018.

Figure 2: National bed days used in CAMHS units as a percentage of total bed days

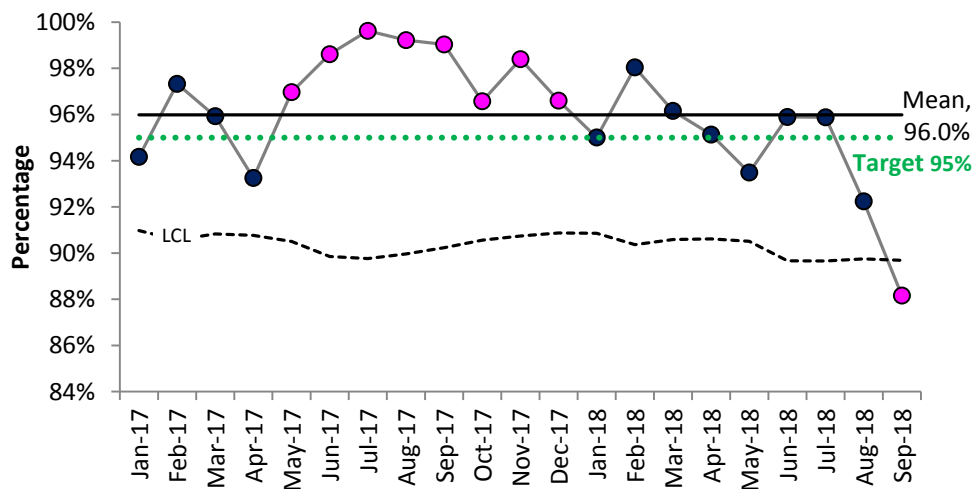


Figure 2 shows that since January 2017, 96% of bed days used by children in HSE mental health inpatient units have been in CAMHS inpatient units. This is above the target of 95%. This equates to an average of around 1,650 bed days of children per month in HSE mental health inpatient units, with 66 of these spent in adult mental health inpatient units each month.

However in September 2018, the rate of 88% was below the lower control limit. This is an indication of unexpected variation and suggests that something unusual occurred during this month. The reason for this should be investigated as it may provide an opportunity to learn from the cause of the variation. In addition, the SPC chart shows a shift in performance in 2017 (a series of 8 points above the average) that is also unlikely to have occurred by chance. This suggested an increase in the proportion of bed days in CAMHS units; however this improvement has not been sustained.

Figure 3 below is a funnel plot showing the variation in the rate of bed days used in CAMHS inpatient units as a proportion of the total bed days rate among CHOs for the most recent 3 months (July - September 2018).

Figure 3: Bed days used in CAMHS units as a percentage of total bed days by CHO

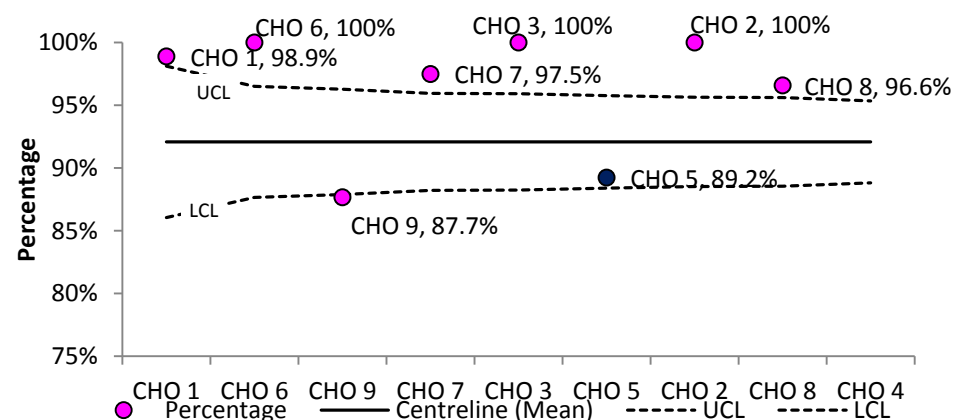


Figure 3 shows that the variation in the proportion of bed days used in CAMHS units among CHOs over the last 3 months is greater than expected, with the rates for 8 of the 9 CHOs falling outside the control limits. The rates for CHOs 1, 2, 3, 6, 7 and 8 were above the upper control limit indicating performance that is better than expected relative to the national average. The rate for CHO 9 was below the lower control limit indicating an unexpectedly low rate of bed days used in CAMHS unit as a percentage of total bed days in this CHO. This variation is unlikely to have occurred by chance alone.

HCAI Rates

Hospital acquired new cases of *S. Aureus* bloodstream infection per 10,000 bed days used

Figure 4 below is a statistical process control chart showing the national rate of hospital acquired new cases of *S. Aureus* bloodstream infection per 10,000 bed days used between January 2017 and September 2018. Pink data points indicate special cause variation i.e. variation that cannot be attributed to chance.

Figure 4: National rate of hospital acquired new cases of *S. Aureus* bloodstream infection

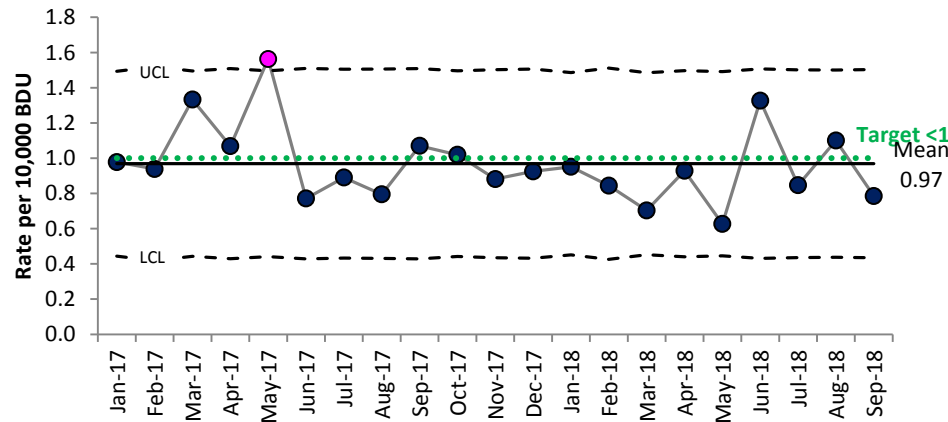
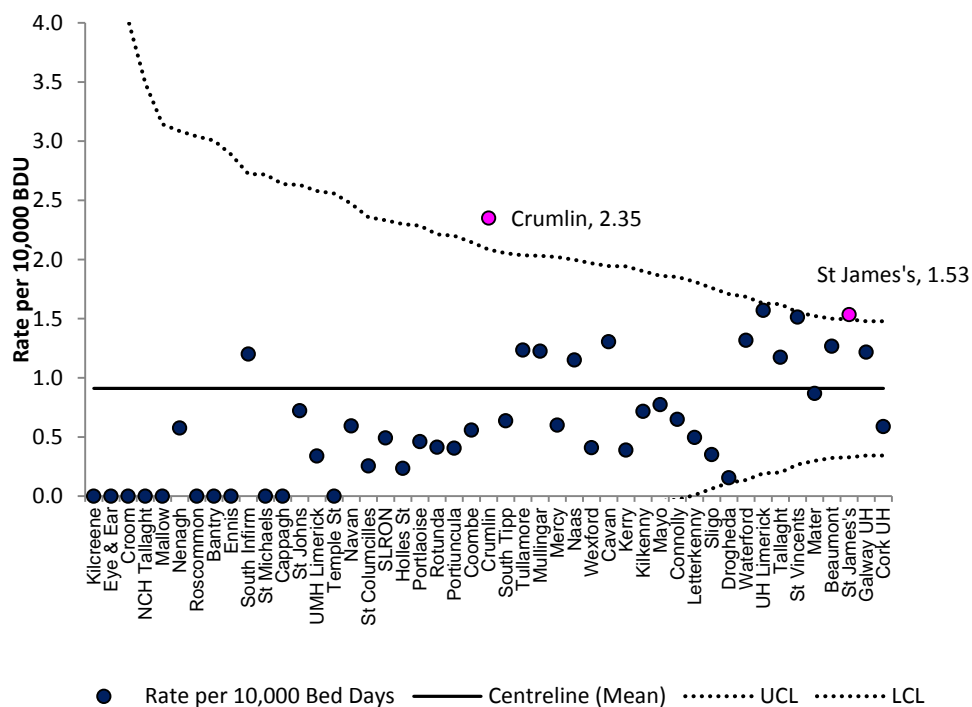


Figure 4 shows that the average rate of hospital acquired new cases of *S. Aureus* bloodstream infection since January 2017 is 0.97 cases per 10,000 bed days used. This equates to an average of 30 cases per month. The target for 2018 is less than 1 case per 10,000 bed days.

The variation in the rate of hospital acquired new cases of *S. Aureus* bloodstream infection from month to month is within the expected range with the exception of May 2017 where the rate of 1.57 cases per 10,000 bed days was above the upper control limit. This is a signal of special cause variation and indicates an unexpectedly high number of cases in that month. It is expected that the monthly rate will fluctuate between 0.45 and 1.5 cases per 10,000 bed days by chance alone.

Figure 5 below is a funnel plot showing the variation in the rate of hospital acquired new cases of *S. Aureus* bloodstream infection among hospitals for the past 12 months (October 2017 – September 2018).

Figure 5: Rate of hospital acquired new cases of S. Aureus bloodstream infection by hospital



Note: Data for Louth County Hospital is not displayed due to the low number of bed days used.

The rates for all hospitals were within the expected range of variation for this indicator, with the exception of Our Lady's Children's Hospital Crumlin and St James's Hospital where the total rates of hospital acquired cases of S. Aureus bloodstream infection over the past 12 months were above the upper control limit. This is unlikely to have occurred by chance alone and is an indicator of unexpected variation. The rates for all other hospitals were within the control limits.

Hospital acquired new cases of C. Difficile infection per 10,000 bed days used
Figure 6 below is a statistical process control chart showing the national rate of hospital acquired new cases of C. Difficile infection per 10,000 bed days used between January 2017 and September 2018.

Figure 6: National rate of hospital acquired new cases of C. Difficile infection

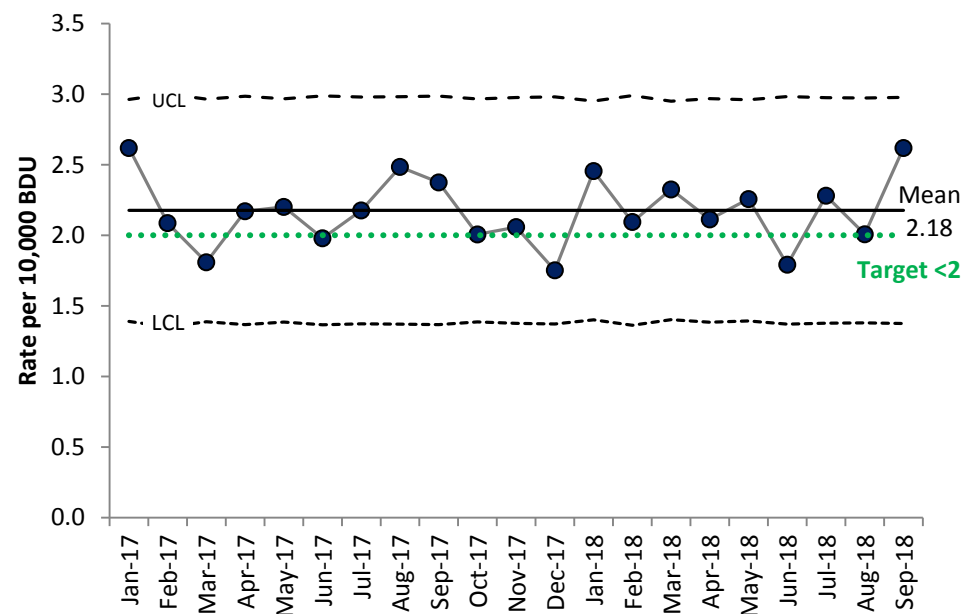


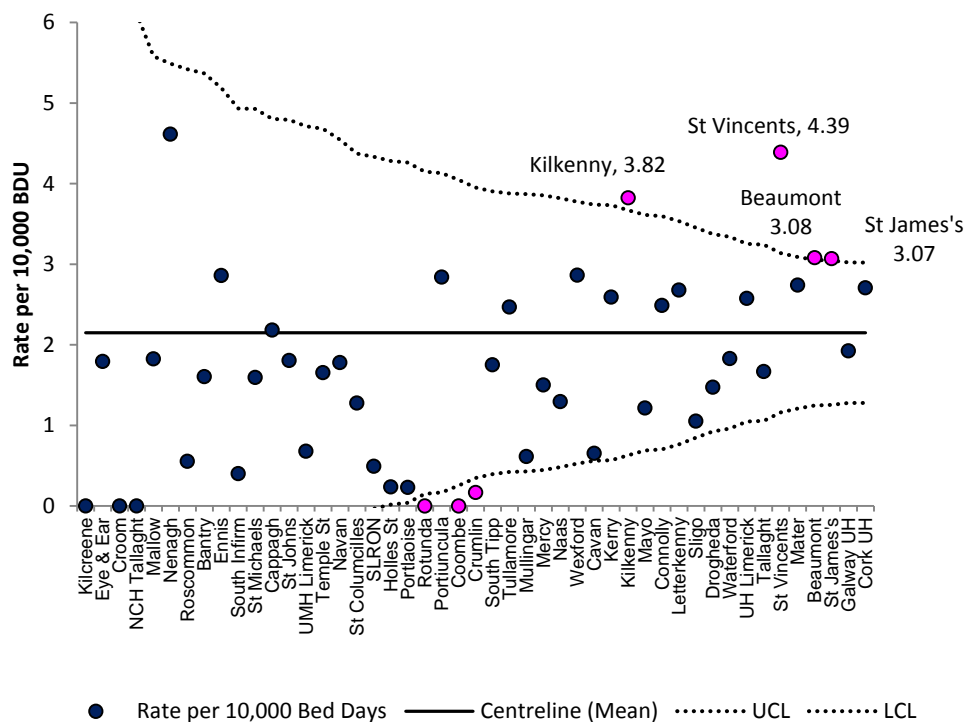
Figure 6 shows that the average rate of hospital acquired new cases of C. Difficile infection since January 2017 is 2.18 cases per 10,000 bed days used. This equates to an average of 66 cases per month. The target for 2018 is less than 2 cases per 10,000 bed days.

The variation in the rate of hospital acquired new cases of C. Difficile infection from month to month is within the expected range; i.e. the rate is stable. No data

points fall outside the control limits. It is expected that the monthly rate will fluctuate between 1.4 and 3 cases per 10,000 bed days by chance alone.

Figure 7 below is a funnel plot showing the variation in the rate of hospital acquired new cases of C. Difficile infection among hospitals for the past 12 months (October 2017 – September 2018).

Figure 7: Rate of hospital acquired new cases of C. Difficile infection by hospital



Note: Data for Louth County Hospital is not displayed due to the low number of bed days used.

Figure 7 shows that the total rates of hospital acquired new cases of C. Difficile infection over the past 12 months for four hospitals (St Luke's Hospital Kilkenny, St Vincent's Hospital, Beaumont Hospital and St James's Hospital) were above the upper control limit, indicating an unexpectedly high number of cases. The rates for the Rotunda Hospital, the Coombe Women and Infants University Hospital, and Our Lady's Children's Hospital, Crumlin were below the lower control limit. The rates for all other hospitals were within the expected range of variation for this indicator.

Performance Overview

Community Healthcare

Community Healthcare Services National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var 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 Incidents																
	Review completed within 125 calendar days	M	90%	2.0% [R]	-97.7%												
	Service User Experience																
	Complaints investigated within 30 working days	Q	75%	49% [R]	-34.6%	0% [R]	40% [R]	50% [R]	31% [R]	73% [G]	55% [R]	0% [R]	69% [A]	17% [R]			
	Child Health																
	Child screening 10 months	M-1M	95%	92.6% [G]	-2.5%	90.1% [A]	91.1% [G]	84.6% [R]	92% [G]	92.5% [G]	91.8% [G]	95.2% [G]	95.1% [G]	94.7% [G]	93%	93.5%	91.7%
	New borns visited within 72 hours	Q	98%	97.3% [G]	-0.7%	96% [G]	98.8% [G]	98.9% [G]	99.7% [G]	99.5% [G]	89.2% [A]	98.9% [G]	96.9% [G]	95% [G]	96.7%	98.5%	96.7%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	92.4% [G]	-2.7%	91.6% [G]	94.5% [G]	93.1% [G]	92.7% [G]	93.1% [G]	88.3% [A]	91.9% [G]	94.4% [G]	92% [G]	92.3%	92.5%	92.3%
	CAMHs – Bed Days Used																
	Bed days used	M	95%	94.6% [G]	-0.4%	92.3% [G]	100% [G]	99.2% [G]	83.6% [R]	84.4% [R]	100% [G]	98.8% [G]	97.9% [G]	95% [G]	95.9%	92.2%	88.2%
HIQA Inspection Compliance																	
% compliance with regulations following HIQA inspection	Q-2Q	80%	77.7% [G]	-2.9%										75.2%	84.7%	77.7%	
Healthy Ireland																	
Smokers on cessation programme who were quit at one month	Q-1Q	45%	51.8% [G]	15.2%										58.8%	55.1%	47.9%	
Access & Integration	Therapy Waiting Lists																
	SLT access within 52 weeks	M	100%	93.9% [A]	-6.1%	93.8% [A]	95.9% [G]	99.6% [G]	82.8% [R]	99.1% [G]	100% [G]	85% [R]	98.7% [G]	98.6% [G]	95.6%	95%	93.9%
	Physiotherapy access within 52 weeks	M	93%	94% [G]	1%	93.2% [G]	90.7% [G]	96.2% [G]	99.9% [G]	93.4% [G]	100% [G]	89.4% [G]	95.3% [G]	92.9% [G]	94.9%	94.6%	94%
	Occupational Therapy access within 52 weeks	M	85%	74.9% [R]	-11.9%	65.6% [R]	86.2% [G]	99.5% [G]	64.8% [R]	75.1% [R]	81.3% [G]	76.8% [A]	69.2% [R]	77.2% [A]	75.6%	75.7%	74.9%
	CAMHs – Access to First Appointment																
First appointment within 12 months	M	100%	94.9% [A]	-5.1%	94% [A]	99.9% [G]	96% [A]	81.7% [R]	99.4% [G]	97.5% [G]	98.2% [G]	95.9% [G]	96.2% [G]	92.1%	93.2%	95.1%	

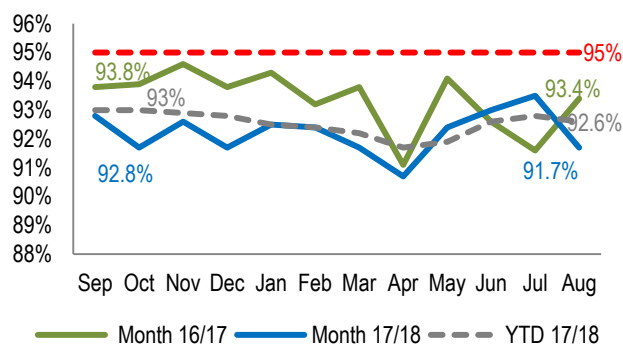
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Delayed Discharges Number of beds subject to Delayed Discharge (zero tolerance)	M	500	606 [R]	21.2%										619	564	606	
	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	8.9% [R]	-91.1%	30.6% [R]	57.9% [R]	34.5% [R]	1.5% [R]	5% [R]	21.3% [R]	2.1% [R]	16.5% [R]	3% [R]	11.3%	9%	6.9%
	Home Support Hours																
Number of hours provided	M	12,713,478	12,706,220 [G]	-0.1%	1,233,281 [A]	1,324,940 [A]	1,082,771 [G]	1,944,682 [G]	1,420,107 [G]	972,787 [G]	1,430,186 [G]	1,199,483 [A]	2,097,982 [G]	1,479,417	1,457,719	1,418,363	
Financial Management – Expenditure variance from plan ¹																	
Net expenditure (total)	M	≤0.1%	4,195,295	1.43% [R]	3.04% [R]	4.06% [R]	0.94% [R]	2.16% [R]	3.42% [R]	1.83% [R]	3.99% [R]	2.32% [R]	1.91% [R]	1.39%	1.41%	1.43%	
Gross expenditure (pay and non-pay)	M	≤0.1%	4,579,939	1.63% [R]	2.54% [R]	3.38% [R]	1.23% [R]	2.09% [R]	2.94% [R]	1.77% [R]	3.56% [R]	2.55% [R]	1.70% [R]	1.55%	1.59%	1.63%	
Non-pay expenditure	M	≤0.1%	2,508,748	2.97% [R]	8.35% [R]	4.72% [R]	3.26% [R]	3.95% [R]	5.11% [R]	2.92% [R]	7.18% [R]	5.15% [R]	4.66% [R]	2.74%	2.79%	2.97%	
Financial Management - Service Arrangements (27.09.18)																	
Monetary value signed	M	100%	87.79%	12.21%										84.99%	85.10%	87.79%	
Funded Workforce Plan																	
Pay expenditure variance from plan	M	≤0.1%	2,071,191	0.06% [G]	0.27% [A]	2.01% [R]	-1.73% [G]	0.28% [A]	0.94% [R]	0.88% [R]	1.23% [R]	0.77% [R]	-0.46% [G]	0.16%	0.18%	0.06%	
Attendance Management																	
% absence rates by staff category (overall)	M-1M	≤3.5%	5.02% [R]	-43.42%	6.42% [R]	4.31% [R]	5.81% [R]	4.10% [R]	5.62% [R]	4.51% [R]	4.87% [R]	5.79% [R]	4.28% [R]	4.63%	4.86%	4.93%	
European Working Time Directive (EWTD) Compliance																	
<48 hour working week – Mental Health	M	95%	91.2% [G]	1.09%	67.3% [R]	87.3% [A]	97.7% [G]		95.2% [G]	100% [G]	100% [G]	100% [G]	87.8% [A]	92%	91%	91%	
<48 hour working week – Other Agencies (Social Care)	M	90%	88.2% [G]	2.22%	100% [G]				100% [G]		84.6% [G]			100%	100%	88%	

¹ National YTD includes CHO1-9 and other community services

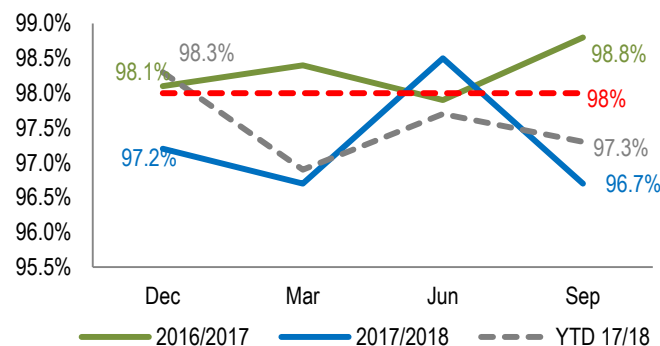
Primary Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Total CIT	27,325YTD/ 38,180FYT	M	32,313	27,737	+4,576	3,792	3,927	3,595	(%Var): CHO6 (56.2%), CHO3 (51.5%), CHO2 (45.7%)	(%Var): CHO1 (-14.7%), CHO8 (-10.4%), CHO7 (-3.1%)
Child Health - developmental screening 10 months	95%	M-1M	92.6%	93%	-0.4%	93%	93.5%	91.7%	CHO9 (95.5%), CHO7 (93.9%), CHO8 (93.3%)	CHO2 (87%), CHO5 (87.4%), CHO4 (89%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	97.3%	98.4%	-1.1%	96.7%	98.5%	96.7%	CHO4 (99%), CHO2 (98.9%), CHO3 (98.5%)	CHO8 (77.1%), CHO6 (86.4%), CHO9 (94.7%)
Speech and Language Therapy access within 52 weeks	100%	M	93.9%	96.2%	-2.3%	95.6%	95%	93.9%	CHO6 (100%), CHO3 (99.6%), CHO5 (99.1%)	CHO4 (82.8%), CHO7 (85%), CHO1 (93.8%)
Physiotherapy access within 52 weeks	93%	M	94%	92.1%	+1.9%	94.9%	94.6%	94%	CHO6 (100%), CHO4 (99.9%), CHO3 (96.2%)	CHO7 (89.4%), CHO2 (90.7%), CHO9 (92.9%)
Occupational Therapy access within 52 weeks	85%	M	74.9%	75.5%	-0.6%	75.6%	75.7%	74.9%	CHO3 (99.5%), CHO2 (86.2%), CHO6 (81.3%)	CHO4 (64.8%), CHO1 (65.6%), CHO8 (69.2%)
Access to palliative inpatient beds within 7 days	98%	M	98.2%	97.8%	+0.4%	96.3%	98.1%	98.3%	6 out of 8 CHOs reached target	CHO9 (92.5%)
Access to palliative community services within 7 days	95%	M	87.6%	92.7%	-5.1%	86.9%	85.4%	85%	CHO6 (97.3%), CHO1 (95.5%) CHO7 (95.1%)	CHO4 (68.8%), CHO3 (75.4%), CHO9 (78.9%)

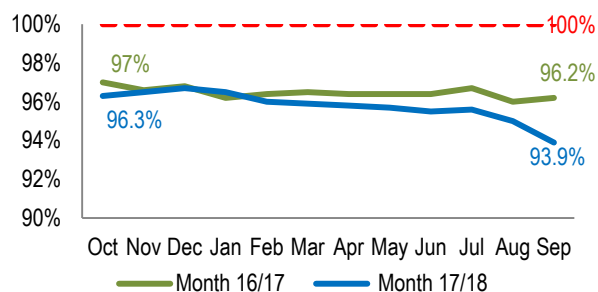
Child Health – developmental screening 10 months



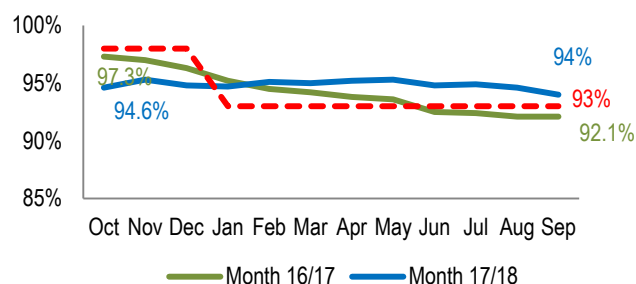
Child Health – new borns visited within 72 hours



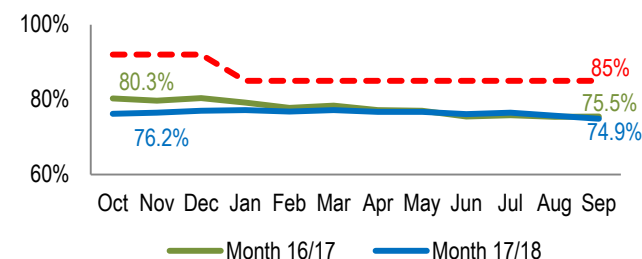
SLT access within 52 weeks



Physiotherapy access within 52 weeks



Occupational Therapy access within 52 weeks



No. of Patients Seen

	Current (-2)	Current (-1)	Current
Physiotherapy	48,155	46,850	47,640
Occupational Therapy	28,959	27,496	29,519
SLT	21,734	20,352	20,519
Podiatry	7,417	6,416	6,573
Ophthalmology	8,597	7,175	7,486
Audiology	4,375	4,416	3,768
Dietetics	5,162	4,805	5,569
Psychology	3,463	3,152	3,349

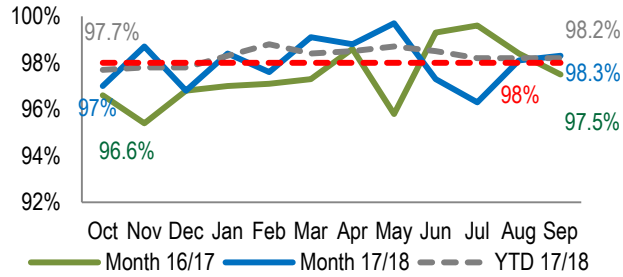
Assessment Waiting Lists

		Current (-2)	Current (-1)	Current
Physiotherapy	≤ 52 weeks	34,062	35,114	34,448
	> 52 weeks	1,841	2,005	2,216
	% > 52 weeks	5.1%	5.4%	6.0%
	Total	35,903	37,119	36,664
Occupational Therapy	≤ 52 weeks	23,537	24,132	23,015
	> 52 weeks	7,617	7,750	7,729
	% > 52 weeks	24.4%	24.3%	25.1%
	Total	31,154	31,882	30,744
Speech and Language Therapy	≤ 52 weeks	14,128	13,217	12,501
	> 52 weeks	646	700	808
	% > 52 weeks	4.4%	5.0%	6.1%
	Total	14,774	13,917	13,309

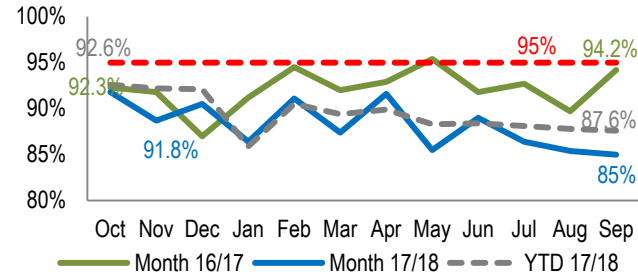
Treatment Waiting Lists

		Current (-2)	Current (-1)	Current
Speech and Language Therapy	≤ 52 weeks	7,458	7,442	6,942
	> 52 weeks	577	745	704
	% > 52 weeks	7.2%	9.1%	9.2%
	Total	8,035	8,187	7,646
Podiatry	≤ 52 weeks	2,824	2,685	2,561
	> 52 weeks	919	923	955
	% > 52 weeks	24.6%	25.6%	27.2%
	Total	3,743	3,608	3,516
Ophthalmology	≤ 52 weeks	11,172	10,962	11,462
	> 52 weeks	8,554	8,422	7,949
	% > 52 weeks	43.4%	43.4%	41.0%
	Total	19,726	19,384	19,411
Audiology	≤ 52 weeks	13,694	14,070	14,095
	> 52 weeks	2,040	2,124	2,249
	% > 52 weeks	13.0%	13.1%	13.8%
	Total	15,734	16,194	16,344
Dietetics	≤ 52 weeks	11,166	12,314	12,334
	> 52 weeks	4,754	5,057	5,165
	% > 52 weeks	29.9%	29.1%	29.5%
	Total	15,920	17,371	17,499
Psychology	≤ 52 weeks	6,016	5,720	5,586
	> 52 weeks	1,991	1,846	1,620
	% > 52 weeks	24.9%	24.4%	22.5%
	Total	8,007	7,566	7,206

Access to palliative inpatient beds



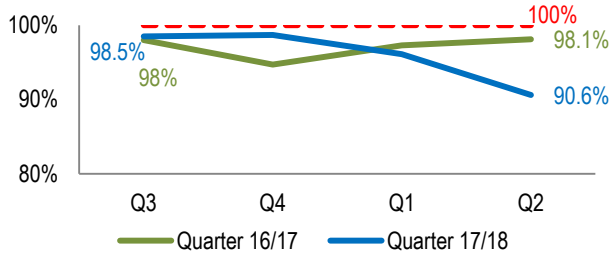
Access to palliative community services



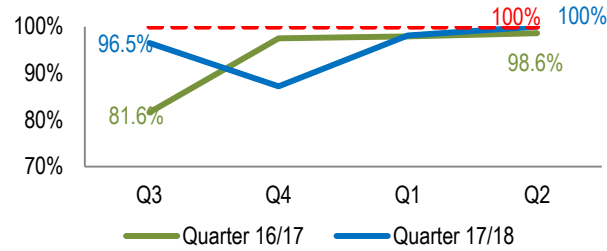
Number Accessing Palliative Care Services

	Current (-2)	Current (-1)	Current
Specialist Inpatient Beds	311	316	290
Specialist treatment in normal place of residence	3,598	3,452	3,437

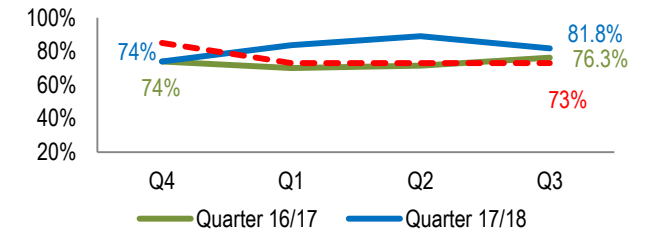
Access to substance misuse treatment (over 18 years)



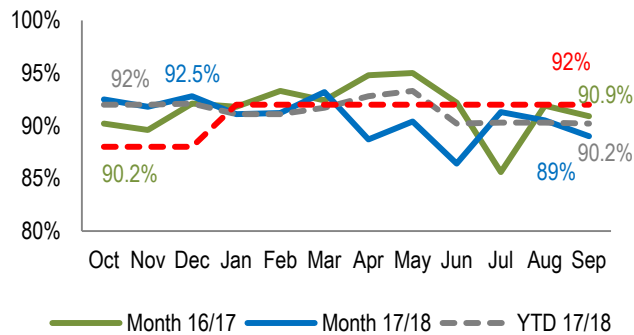
Access to substance misuse treatment (under 18 years)



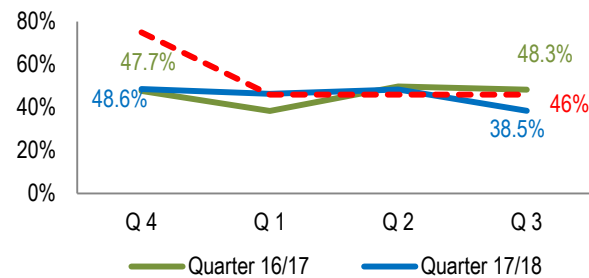
Homeless Services - Service Users health needs assessed within 2 weeks of admission



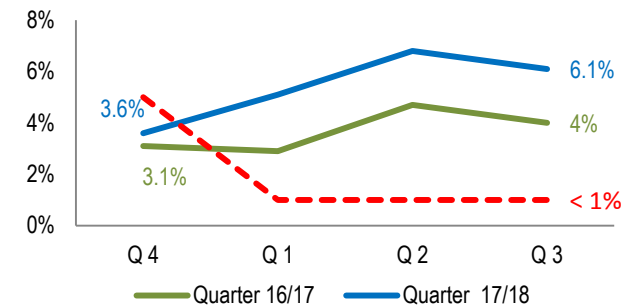
Oral Health - % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



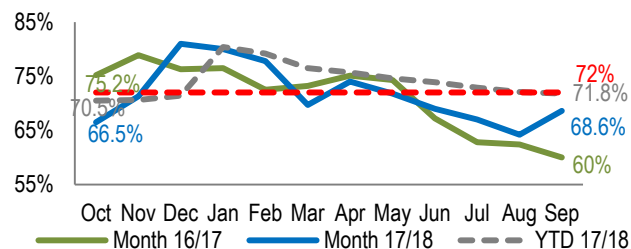
Orthodontics: proportion on treatment waiting list longer than four years



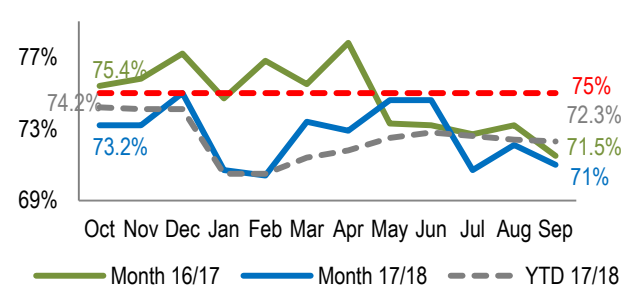
Mental Health Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Admission of Children to CAMHs	95%	M	70.5%	73.5%	-3%	81.8%	72%	56.3%		
CAMHs Bed Days Used	95%	M	94.6%	96.8%	-2.2%	95.9%	92.2%	88.2%	CHO 2,3,6 (100%)	CHO4 (69.5%), CHO5 (76.1%) CHO9 (84%),
CAMHs waiting list	2,441	M	2,453	2,333	+120	2,621	2,403	2,453	CHO2 (24), CHO7 (201), CHO3 (236)	CHO4 (656), CHO6 (443), CHO8 (346)
CAMHs – first appointment within 12 months (new KPI)	100%	M	94.9%	95.2%	-0.3%	92.1%	93.2%	95.1%	CHO 2, 5, (100%) CHO6 (98.9%)	CHO4 (81.9%), CHO9 (87.3%), CHO1 (96.7%)
CAMHs waiting list > 12 months	0	M	313	317	-4	327	317	313	CHO 2,7,9 (0)	CHO4 (174), CHO3 (66), CHO8 (50)
Adult Mental Health – Seen within 12 weeks	75%	M	72.3%	74.3%	-2%	70.7%	72.1%	71%	CHO2 (90%), CHO5 (82.1%), CHO6 (81.3%)	CHO9 (54.7%), CHO8 (59.6%), CHO4 (62.7%)
Psychiatry of Later Life – Seen within 12 weeks	95%	M	95.1%	95.5%	-0.4%	95.6%	96.3%	95%	CHO3 (98.7%), CHO2 (98.4%), CHO7 (96.2%)	CHO5 (90.4%), CHO6 (92.4%), CHO4 (94.1%)

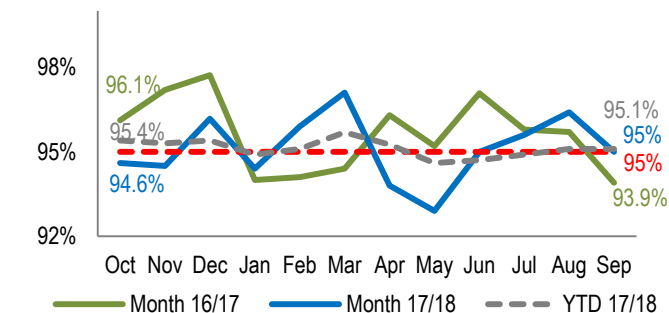
CAMHs – % offered an appointment and seen within 12 weeks



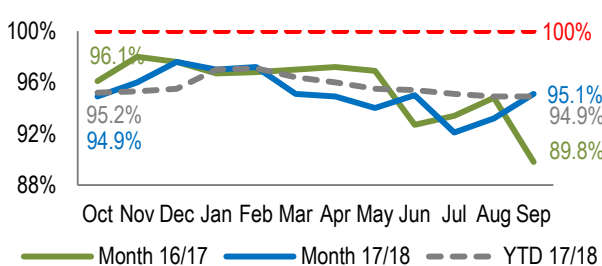
Adult Mental Health – % offered an appointment and seen within 12 weeks



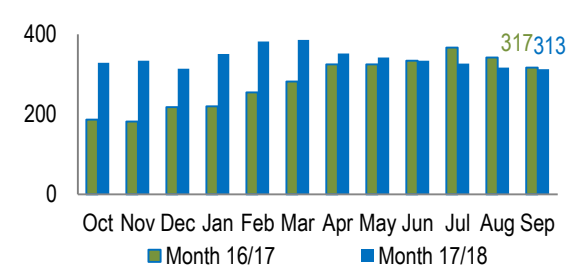
Psychiatry of Later Life – % offered an appointment and seen within 12 weeks



CAMHs – first appointment within 12 months



CAMHs waiting list > 12 months



Number of Referrals Seen

	Current (-2)	Current (-1)	Current
General Adult	2,110	2,278	2,070
Psychiatry of Later Life	754	709	662
CAMHs	720	725	774
Total	3,584	3,712	3,506

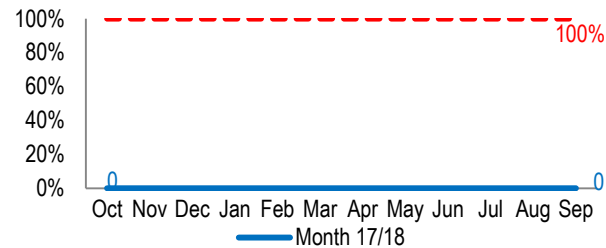
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of Disability Network Teams established	100%	M	0%	0%	0	0%	0%	0%		
Number of Disability Network Teams established	0 YTD/ 82 FYT	M	0	0	0	0	0	0		
Disability Act Compliance	100%	Q	8.9%	29.7%	-20.8%	11.3%	9.0%	6.9%		(% Var):CHO4 (-98.5%), CHO7 (-97.9%), CHO9 (-97%)
Congregated Settings	45YTD/ 170FYT	Q	73	97	24	29	22	22	(% Var): CHO4 (125%) CHO1 (75%)	(% Var):CHO5 (-75.9%), CHO6 (-66.7%),CHO8 (-65.2%)
HIQA Inspections	80%	Q-2Q	77.7%	78.4%	-0.7%	75.2%	84.7%	77.7%		
Respite No of day only respite sessions	21,270 YTD/ 42,552 FYT	Q-1M	15,903	15,941	-38	7,233	7,564	8,339	(% Var): CHO8 (11.4%), CHO7 (5.8%).	(% Var): CHO3 (-54.8%), CHO4 (-26.1%), CHO9 (-23.0%)
Respite No of overnights	91,258 YTD/ 182,505 FYT	Q-1M	76,038	82,274	-6,236	37,749	39,014	37,024		(% Var): CHO5 (-36.3%), CHO6 (-27.3%), CHO7 (-23.4%).
Home Support Hours	1,464,994 YTD/ 2,930,000 FYT	Q-1M	1,442,190	1,466,127	-23,937	707,998	754,630	687,561	(% Var): CHO7 (25.1%), CHO5 (11.2%), CHO6 (9.4%).	(% Var): CHO8 (-27.7%), CHO1 (-14.2%), CHO4 (-9.6%).
Personal Assistance Hours	729,997YTD/ 1,460,000 FYT	Q-1M	774,353	739,970	+34,383	395,450	400,297	374,056	(% Var): CHO7 (65.5%), CHO5 (21.1%), CHO8 (13.4%)	(% Var): CHO4 (-17.3%), CHO6 (-14.2%)

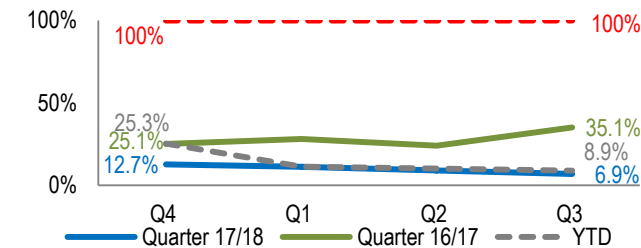
New Emergency Places and Support Provided to People with a Disability

	Expected Activity Full Year	Expected Activity Q3 YTD	Current Period YTD	Current (-2)	Current (-1)	Current
No. of new emergency places provided to people with a disability	130	106	169	23	13	24
No. of new home support/ in home respite supports for emergency cases	255	216	195	40	18	11
Total no. of new Emergency and Support Cases	385	322	364	63	31	35

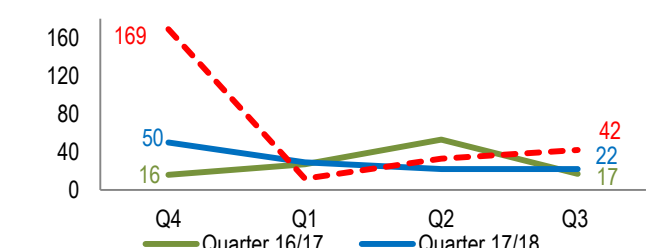
% of Disability Network Teams Established



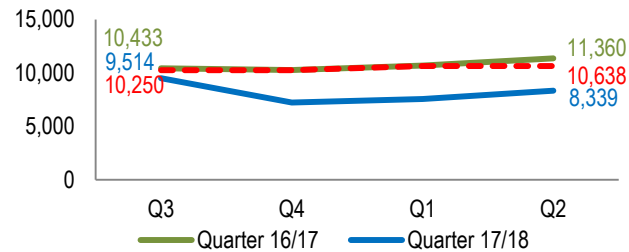
Disability Act Compliance



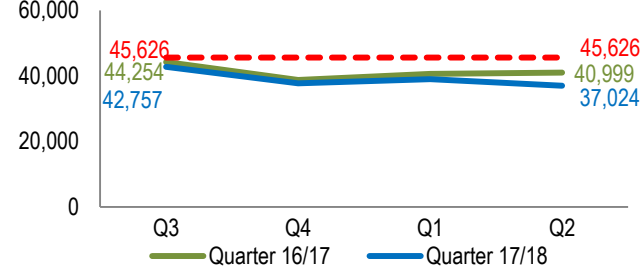
Congregated Settings



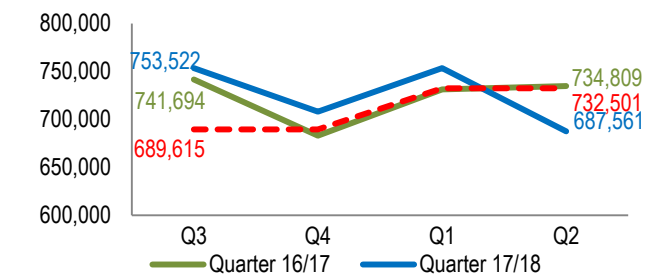
Respite Day Only (Q2 2018)



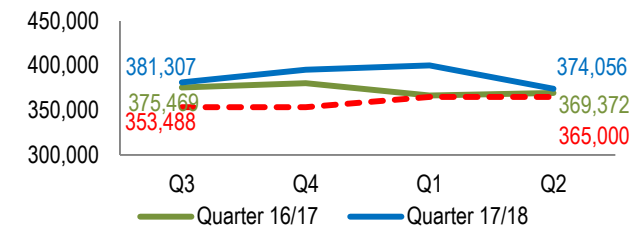
Respite Overnights (Q2 2018)



Home Support Hours (Q2 2018)



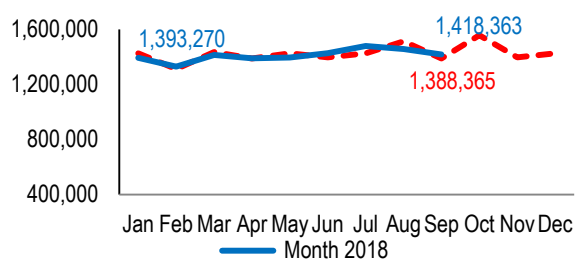
Personal Assistance Hours (Q2 2018)



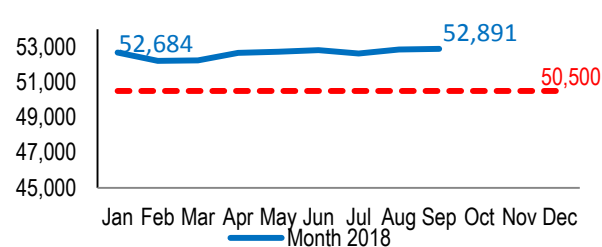
Older Persons' Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours (new KPI)	12,713,478YTD 17.094m FYT	M	12,706,220			1,479,417	1,457,719	1,418,363	(% Var):CHO6 (14.6%), CHO9 (10.7%), CHO3 (0.6%)	(% Var):CHO8 (-8.9%), CHO1 (-8.5%), CHO2 (-8.2%)
No. of people in receipt of Home Support (new KPI)	50,500 YTD/ 50,500 FYT	M	52,891			52,624	52,851	52,891	(% Var):CHO7 (71.4%), CHO2 (31.4%), CHO3 (16.3%)	(% Var):CHO9 (-21.9%), CHO1 (-15.3%), CHO6 (-7.8%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	229	228	+1	233	229	229		
No. of persons funded under NHSS in long term residential care	23,018YTD/ 23,334 FYT	M	23,233	23,078	+155	22,941	23,047	23,233		
No. of NHSS beds in public long stay units	5,096 YTD/ 5,096 FYT	M	4,960	4,962	-2	4,989	4,985	4,960	(% Var):CHO1 (3.9%), CHO3 (0.9%)	(% Var):CHO9 (-13.1%), CHO2 (-5.9%), CHO5 (-3%)
No. of short stay beds in public long stay units	2,053 YTD/ 2,053 FYT	M	1,941	2,015	-74	1,974	1,964	1,941	(% Var):CHO3 (2.2%), CHO5 (0.8%), CHO1 reached target	(% Var):CHO8 (-23%), CHO7 (-18.3%), CHO6 (-8.8%)
Delayed Discharges	500	M	606	564	+42	619	564	606	Tallaght – Paeds , Ennis (0), MUH, Mallow, Nenagh, St John's (1)	SJH (77), Beaumont (66), MMUH (48)
No. of people being supported through transitional care	879	M-1M	915	737	+178	1,123	1,147	915		

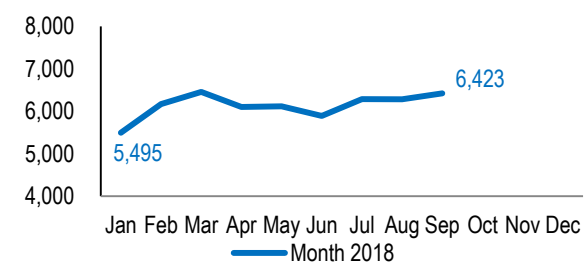
Number of Home Support Hours provided



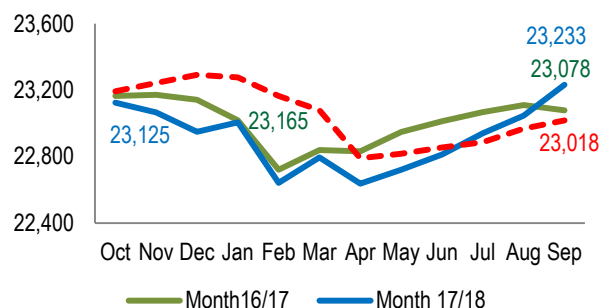
Number of people in receipt of Home Support



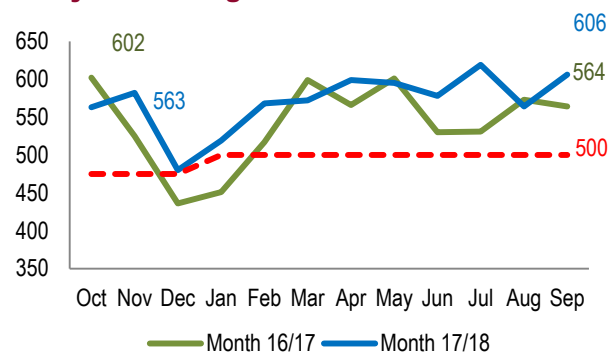
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Discharges



Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	114	30	144	23.8%
Long Term Nursing Care	302	40	342	56.4%
Other	67	53	120	19.8%
Total	483	123	606	100%

In September, of the 606 DD's there were 114 people waiting to go home and of these the number of people awaiting Home Support was 97 (39 were approved with funding awaited – 35 over 65 and 4 under 65).

NHSS Overview

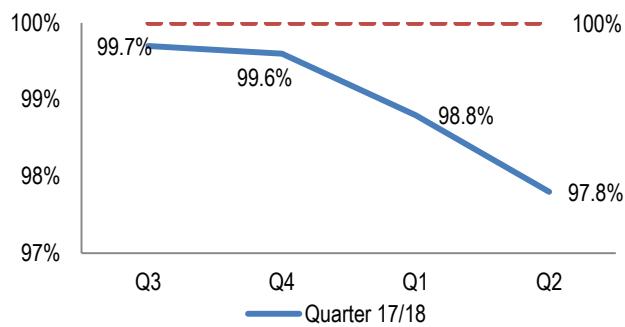
	Current YTD	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
No. of new applicants	7,996	823	833	750	751	-1
National placement list for funding approval	384	409	455	384	510	-126
Total no. people funded under NHSS in LTRC	23,233	22,941	23,047	23,233	23,078	+155
Private Units						
No. of new patients entering scheme	5,362	614	591	603	474	+129
No. of patients Leaving NHSS	5,096	517	491	450	478	-28
Increase	266	97	100	153	-4	+157
Public Units						
No. of new patients entering scheme	1,592	176	149	176	120	+56
No. of patients Leaving NHSS	1,485	137	135	133	129	+4
Net Increase	107	39	14	43	-9	+52

*Note: In addition to the leavers above there were a further 88 leavers (10 in Sept) from Contract Beds/Subvention/Section 39 savers beds

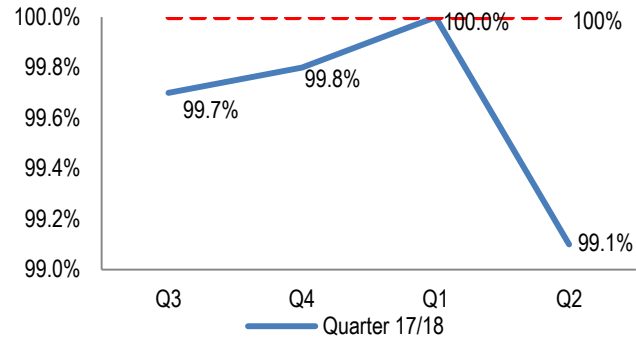
Disability and Older Persons' Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	97.8%	98.7%	-0.9%	99.6%	98.8%	97.8%	CHO 2, 3, 7, 8 and 9 achieved target.	CHO4 (95.7%), CHO6 (96.2%), CHO5 (97.1%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	99.1%	97.4%	+1.7%	99.8%	100%	99.1%	CHO 2, 4, 7 and 9 achieved target	CHO6 (97.1%), CHO3 (98.5%), CHO5 (98.8%)

% of preliminary screenings for adults aged 65 years and over (Q2 2018)



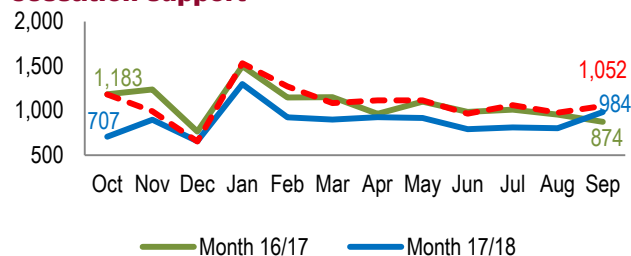
% of preliminary screenings for adults under 65 years (Q2 2018)



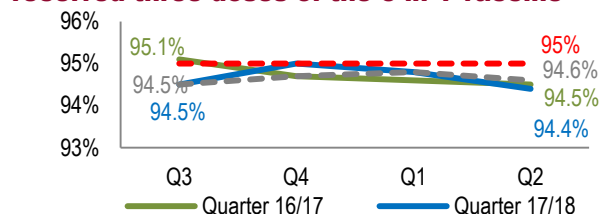
Health and Wellbeing Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Tobacco smokers receiving intensive cessation support	10,173 YTD/ 13,000 FYT	M	8,354	9,690	-1,336	812	803	984	(% Var): SW HG (12.3%), CHO9 (9.4%)	(% Var): UL HG (-51.9%) CHO3 (-40.3%) National Quitline (-31.8%)
% of smokers on cessation programmes who were quit at one month	45%	Q-1Q	51.8%	52.3%	-0.5%	58.8%	55.1%	47.9%		
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	94.6%	94.6%	0%	95%	94.8%	94.4%	CHO2 (95.9%), CHO8 (95.4%), CHO4 (95.2%)	CHO6 (90.4%), CHO3 (93.5%), CHO1 (94.3%)
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	92.4%	92.2%	+0.2%	92.3%	92.5%	92.3%	CHO2 (94.2%), CHO8 (93.6%), CHO5 (93.5%)	CHO6 (87.6%), CHO1 (90.9%), CHO7 (92.3%)
No. of people completing a structured patient education programme for diabetes	3,245 YTD/ 4,500 FYT	M	2,163	1,526	+637	261	185	176	(% Var): CHO7 (-2.4%), CHO4 (-13.2%), CHO8 (-25.6%)	(% Var): CHO5 (-49.8%), CHO9 (-49.5%), CHO2 (-48.1%)
No. of 5k Parkruns completed	296,588 YTD/ 377,001 FYT	M	308,052	255,278	+52,774	29,476	33,336	39,033	(% Var): CHO 7 (28.9%) CHO4 (15.6%) CHO2 (14.9%)	(% Var): CHO9 (-8.6%) CHO8 (-7.5%), CHO6 (-5.3%)

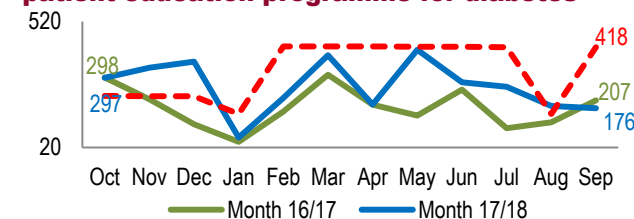
Tobacco - smokers receiving intensive cessation support



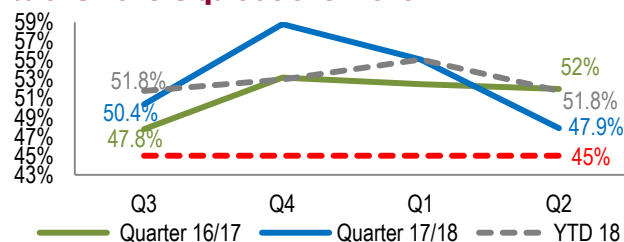
% of children aged 24 months who have received three doses of the 6 in 1 vaccine



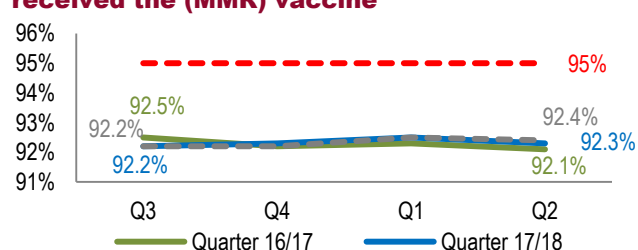
Number of people completing a structured patient education programme for diabetes



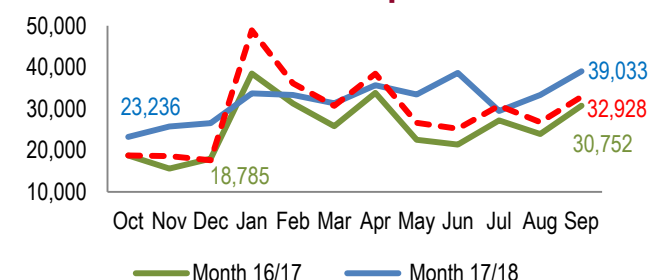
% of smokers quit at one month



% of children aged 24 months who have received the (MMR) vaccine



Number of 5k Parkruns completed



Community Healthcare Services Update

Primary Care Services

Community Intervention Teams (CIT)

There were 32,313 CIT referrals YTD which is 18.3% ahead of the expected activity YTD of 27,325. Five of the 9 Community Healthcare Organisations (CHOs) are on or ahead of target. CHO7 with activity YTD at 5,631 is 3.1% below the target of 5,811. CHO8 is 10.4% below target with activity YTD of 1,988 compared to the target of 2,218, CHO8 note this issue is recruitment related and is expected to improve in coming weeks in line with recruitment.

Child Health Developmental Screening 10 Months

The national YTD position is 92.6% compared to the target of 95%. The prior year outturn was 93.0%. Seven of the nine CHOs are green on the National Scorecard and are within a range of 91.1% to 95.2%. Performance in CHO3 remains red on the National Scorecard with YTD performance at 84.6% compared to the target of 95%. CHO3 performance at September YTD is an improvement on prior month and in the month of September alone 2 of the 3 areas, Co. Clare and North Tipperary, exceeded target with performance of 96.8% and 96.0% respectively. Limerick city and county performance in September was 85.8%. CHO3 has a plan in place to achieve target by the end of November 2018 and the progression of the Nurse Led Developmental check will assist CHO3 in achieving target.

% of newborn babies visited by a PHN within 75 hours

The national September YTD position of 97.3% is green on the heat map and compares to a target of 98.0%. Eight of the 9 CHO Areas are green on the heat map with September YTD performance ranging between 95.0% and 99.5%. One CHO is amber on the heat map at September YTD – CHO6 performance is 89.2%.

Speech and Language Therapy (SLT) Access within 52 weeks

The national YTD position is amber at 93.9% compared to the target of 100%. Performance YTD has declined compared to the prior month YTD performance of 95.0% which was green on the heat map. The prior year outturn was 96.2%. CHO4 remains in the red in September with YTD performance of 82.8%

compared to 86.7% in the prior month YTD. CHO7 remains in red in September with YTD performance of 85.0% compared to 87.4% in the prior month YTD. CHO1 remains amber on the National Scorecard with YTD performance of 93.8%. CHO 9 has returned to green in September with YTD performance of 98.6%.

At September YTD there are 808 clients awaiting initial assessment for longer than 52 weeks. The number of clients waiting for initial assessment for longer than 52 weeks has increased by 15.4% from 700 in August 2018 to 808 in September 2018. The number of clients waiting for treatment for longer than 52 weeks has decreased by 41 or 5.5% from 745 in August 2018 to 704 in September 2018.

Comments on specific CHO Areas performance at September YTD re SLT Access within 52 weeks;

- CHO1 YTD performance of 93.8% is a slight improvement on previous month of 93.7%. The main issue is in Donegal with YTD performance at 86.1% which is a decline from the prior month YTD performance of 86.9%. CHO 1 reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care.
- CHO4 YTD performance at 82.8% is a reduction from 86.7% in the prior month. Service provision for SLT clients in CHO 4 is primarily provided by 2 external organisations and the following plans are in place to address waiting lists;

Service Provider A – Two new therapists allocated to this organisation commenced on 3rd September and they are working to the plan agreed with Primary Care which should yield the following results over a 12 month period – 150 clients (SLT only) waiting over 18 months have been identified for an intervention. A further 239 clients (SLT only) waiting over 24 months to commence wait list validation and it is likely the remaining clients will require an MDT intervention.

Service Provider B – Primary Care management in CHO 4 are currently engaging with the service provider to agree target numbers for long waiters in the context of a proposal for an additional SLT and a 0.5 WTE Clerical officer resource.

- CHO7 YTD performance declined to 85.0% when compared to the prior month YTD performance of 87.4%. Performance in CHO7 is being affected by the recent commencement of Therapies in School project which is being demonstrated in CHO7. It's estimated that 75% of the staff recruited to date for this project are from CHO7 mainly from Primary Care. The CHO7 posts are being filled by agency where possible but significant staffing issues remain. CHO7 advises a number of issues which continue to impact on waiting lists including;
- AON backlogs, the completion of AON assessments and the associated backdating of clients on waiting lists
- MDT interventions, the lack of capacity within MDT teams and the complexity of caseloads
- Staff movement resulting in vacancies within both core staffing and initiative staffing
- Maternity leave vacancies
- Delays in the recruitment process
- Areas of high level of social deprivation and the challenges arising from demographics requiring increased levels of support from clinicians

Physiotherapy Access within 52 weeks

The national YTD position is 94.0% compared to the target of 93%. This is a decrease from prior month YTD performance of 94.6%. The prior year outturn was 92.1%. The number of clients waiting longer than 52 weeks has increased by 10.5% from 2,005 in August 2018 to 2,216 in September 2018. All CHOs are green on the national scorecard in relation to this metric and each CHO performance is within a range of 89.4% to 100.0%.

Occupational Therapy (OT) Access within 52 weeks

The national YTD position is 74.9% compared to the target of 85%. This is a decline from the prior month YTD performance of 75.7%. The prior year YTD outturn was 75.5%. The number of clients waiting longer than 52 weeks

decreased by 21 or 0.2% from 7,750 in August 2018 to 7,729 in September 2018. Referrals YTD are 2.3% higher than expected activity YTD and 4.2% higher than the same period last year. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 is red at 65.6% and the CHO reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care
- CHO4 is red at 64.8% and the CHO reported that a centralised model of care will be in place by October to address waiting lists
- CHO5 is red at 75.1% and the CHO reported a number of reasons for this including recruitment delays and lack of access to appropriate Clinical accommodation which is impacting adversely on some team's capacity

Numbers of Patients Seen

The following is an analysis of the number of patients seen year to date within the therapy disciplines;

Number of Patients Seen YTD September 2018			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	437,196	431,772	-1.2%
Occupational Therapy	252,280	265,015	5.0%
SLT	210,766	208,435	-1.1%
Podiatry	55,557	62,321	12.2%
Ophthalmology	72,457	74,384	2.7%
Audiology	39,039	38,004	-2.7%
Dietetics	47,929	47,410	-1.1%
Psychology	29,963	31,138	3.9%

Palliative Care Update

Access to Palliative Inpatient Beds

In September 2018, 98.3% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Six CHO's met or surpassed the target of 98% and five CHOs performed at 100% with all admissions within 7 days during the current month. Compared to September 2017, access within 7 days to specialist palliative care inpatient beds increased by 0.8%.

Access to Palliative Community Services

In September 2018 85% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 95%). This is a decline of 9.2% when compared to September 2017. In September 2018 three CHOs performed above the target. Ten individual LHO's across the CHOs reached or surpassed the target. 12 individual areas performed within the accepted 5% variance RAG range. Improvements were noted in 8 LHO's compared to the same period in 2017. 106 people waited over 7 days for services compared to 47 in the same period last year. The total number of people in receipt of specialist palliative care services in the home has increased by 1.1% (37) on the same period last year.

Children's Palliative Care

The number of children in the care of the specialist palliative care team in Our Lady's Children's Hospital Crumlin in September 2018 has decreased by 29 children on the same period last year (88 vs 59).

In the community there were three staff absences with data returned by eight out of 11 staff. In the context of the available data, the number of children in the care of the Children's Nurse Co-Ordinators has increased by 1.9% (4 children) on September 2017.

Mental Health Update

CAMHS Inpatient Units

- There are on-going challenges in relation to accessing Acute CAMHS beds although the annual trend is that demand reduces in the summer months but increased demand is expected from Sept onwards.

- Measures to accommodate young people with complex needs including significant behavioural challenges impact on overall bed capacity as other beds in the units are often closed down to ensure the safety of the young people and staff.
- Three of the four existing CAMHS inpatient units have access to seclusion/high obs area. The unit in Cork is currently planning to improve capacity around this.
- Two of the four inpatient units have consultant recruitment issues impacting on bed capacity and a third unit has nursing staffing issues which are currently covered by agency.

Access to CAMHS

- The CAMHS Waiting List Initiative focussing on ensuring that no-one is waiting over 12 months is on-going.
- CHOs with individuals waiting over 12 months are taking focussed actions to meet the target. There is a particular focus on CHO4 and also on CHO8 and CHO3.
- Nationally there was a reduction of 168 children on the waiting list between July and September from 2,621 to 2,453.
- For children waiting in September 27% of these are in CHO4 where there is significant effort to improve wait times.
- CHO4 has made improvements on some teams however other teams remain problematic and there is one team with no consultant that remains closed to new referrals. Significant efforts have been made to recruit.
- Waiting lists for CAMHS relate significantly to availability of appropriately trained specialist mental health staff. However CAMHS wait lists are also related to capacities in other parts of the system particularly primary care psychology and disability services where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

Adult Mental Health Services

- The performance in both General Adult and Psychiatry of Old Age services is generally good with performance targets being met.

Additional comments - Recruitment and retention

- The level of vacancies and difficulty in recruiting and retaining skilled staff continues as a significant challenge. This is impacting on the delivery of services, and reflected in underperformance within CHOs. National Mental Health continues to work with CHOs to maximise and ensure the most effective use of resources. Despite on-going recruitment campaigns current vacancies, particularly in CAMHS Consultant posts and increasingly CAMHS inpatient nursing posts remain unfilled. Enhancing supports in primary care and digital supports may allow us to utilise the available workforce more effectively.
- Recruitment challenges are having a significant budgetary impact in the CHOs as a result of high medical and nursing agency costs.
- A related issue arising is the cost of external placements where no suitable service exists in the CHOs. This issue is causing concern as it is driving cost in the CHOs. National Mental Health have developed a Specialist Rehabilitation Initiative to support CHOs with this however specialist child placements are difficult to obtain.

Older Persons Services

Delayed Discharge – September

The end of September 2018 Delayed Discharge figure is 606 (596 adults) The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place. In September, of the 606 DD's there were 114 people waiting to go home and of these the number of people awaiting Home Support was 97 (39 were approved with funding awaited – 35 over 65 and 4 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

Transitional Care

All hospitals continue to have access to an unlimited number of transitional Care Beds. The winter initiative 2017/2018 facilitated an extra 20 approvals per week to designated hospitals. The total national approved for August is 811 with a total YTD of 7,685.

NHSS

- In September 2018 the Nursing Homes Support Scheme funded 23,233 long term public and private residential places, and when adjusted for clients not in payment, there were 24,155 places supported under the scheme. The number of people funded under the scheme is slightly above the profile for September 23,018.
- There is an increase of 155 in the number of people supported under the scheme when compared to the same period last year. This is a 0.7% increase in activity year on year.
- The target for 2018 is for 23,334 people to be supported under the scheme at year end and it is anticipated that this target will be achieved, assuming that the projected demographics are realised.
- The target of maintaining the wait time for funding approval at no more than 4 weeks is being achieved, a significant reduction from the October 2014 wait time of 15 weeks. This target has consistently been achieved since April 2015 mainly due to additional funding provided for the scheme. The number on the placement list at the end of September 2018 is 384 (September 2017 –510), again a significant reduction from the numbers waiting in October 2014 (2,135).
- A total of 6,908 people were approved for funding under the scheme in the first nine months of 2018 compared to 6,276 people approved for the same period last year. This is an increase of 632 approvals or 10.07% year on year.
- In the first nine months of 2018, 7,996 applications were received and 6,954 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 739 or 11.89% in the number of new clients supported under the scheme when compared to 2017. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation and Government policy.

Home Support

- Activity data for Home Support for Older People in 2018 reflects for the very first time the total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency in relation to

activity going forward. The bringing together of activity for these two separately funded services was and remains a considerable undertaking, principally in ensuring an accurate reflection of activity in terms of hours.

- The NSP 2018 provides for the provision of 17.094m hours. Additional funding provided in relation to Adverse Weather funding received in Q1 and a further allocation to CHO 7 in April increases the full year target by 213,212 hours to 17.307m hours. In September it was expected that the Home Support Service would deliver 1,418,877 hours (including 20,512 hours relating to funding provided due to adverse weather & additional allocation to CHO 7). The data reported indicates that 1,418,363 hours were provided (preliminary data). As at the end of September there are 52,891 people in receipt of home support there is an increasing number of people in receipt of home support services indicating that a higher number of people are in receipt of the available resource.
- Work continues to ensure that each CHO has fully reported all activity funded from the Home Support Service allocation, and to ensure that the allocation of new and additional service hours are undertaken in the most economical way possible having regard to clients assessed needs and service provider capacity. Activity data against targets is kept under review to (a) to confirm that all activity is being accurately recorded and (b) to consider a revision of targets where necessary to ensure that they are more closely aligned to actual activity. A full review of activity against this year's targets will be undertaken in advance of targets being set for 2019.
- Despite the significant resource, demand for home support continues to exceed the level of service that can be funded. Waiting lists for Home Support have become a feature of the service as resources have not kept pace with population growth, or with the increasing dependency of the growing numbers of people aged ≥ 80 years, within the over 65 years cohort. The CHO waiting lists for the end of September 2018 indicates that 6,423 (prelim data) people were waiting for home support funding. All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

Disability Services Update

Progressing Disability Services (0-18 Teams)

- A total of 56 network teams of the 138 network teams planned are in place. The appointment of Children's Disability Network Managers has been identified as a critical enabler to facilitate the continued roll out of Progressing Disability Services (0-18 Teams) programme. Although an agreement regarding grading for these posts was reached in January 2018 a mediation process with Section 38 and Section 39 agencies was required and concluded on June 26th. The National Disability Operations Team is now working closely with HBS Recruit to progress recruitment of these posts. It is intended that the posts will be advertised in November 2018.
- **Limited and in some cases, lack of Admin support** is compromising team effectiveness and efficiency with clinicians time spent on administration duties.
- **Lack of Capital Funding:** preventing colocation of therapists to deliver an interdisciplinary, child and family centred service is significantly reducing optimum team performance and outcomes for children with disabilities and their families.
- **Additional supports at national level:** A team of three National Disability Specialists (NDS) is now in place working with CHOs on a CHO basis in relation to Children's Disability Services. In addition the team members have been assigned individual responsibility in relation to Disability Compliance, IT Steering Group and the Access and Inclusion Model.

Disability Act Compliance

- **Disability Act Compliance:** The percentage of Assessment Reports completed within statutory timelines is down on Q2 2018. However, the total number of applications 'overdue for completion' continued to reduce during third Quarter 2018. There has also been a significant reduction in the number of 'Applications Received' compared to same period last year. There has however been a significant increase in the number of Assessments delayed at Stage 1. These delays are primarily in CHO7.
- **Standardised approach to Assessment of Need:** Revised Standard Operating Procedures for Assessment of Need have been approved by the Social Care Management Team and noted by the HSE Leadership Team.

Implementation of this procedure has been deferred pending the outcome of an industrial relation consultation with Forsa. Engagement with relevant professional bodies is also continuing.

- **Improvement Plans at CHO level re Assessment of Need Waiting List:** Each CHO has developed an updated improvement plan which sets out clear actions which will lead to an elimination of current waiting times. Implementation of these plans is linked to the implementation of the Standard Operating Procedure and requires additional resources to address backlogs. The Disability Act 2005 sets out the requirement for assessments to be completed within 6 months of the date of receipt in relation to this category. Work remains on-going across all 9 CHOs in relation to the improvement/elimination of waiting lists for assessments for clinical assessments, with specific focus on those areas with the largest waiting lists (Cork/Dublin areas).

Congregated Settings

A total of 22 people transitioned from congregated settings in Q3; which means the target to date has not been reached. Work remains on-going to address the key challenges arising in relation to the procurement of appropriate housing in a buoyant housing market, and the undertaking of necessary works to ensure HIQA compliance – which must be secured before any new facility can become operational. Efforts are being made within the CHO Areas to deliver target by year end.

Emergency Places

The activity for emergency placements is broadly ahead of target in Quarter 3, particularly the number of Residential placements, which has significantly exceeded target to date. This has given rise to concerns of an overspend in this area. The final decision regarding residential placement lies with CHOs, who are actively managing and mitigating the relevant risk issues through lower-cost non-residential interventions, active case-management & inter-agency cooperation. However, it is not possible in all cases to balance the aforementioned with the prevailing risk/safeguarding/health & safety issues, and the CHOs have no discretion but to immediately procure a residential placement. Nevertheless, CHOs have been advised that all placements put in place from now until year

end are 'unfunded', and therefore will be 'first charge' in 2019. This has become an agenda item in the monthly engagements with the CHO Areas.

Performance Notice Updates - Disability Services

St. John of God Community Services

The Oversight Implementation Group continues to monitor the approved 'Implementation Plan' on a monthly basis regarding the following:

- i) Governance – SJOG CS continue to work towards the recruitment of a senior management team with responsibility to the CEO of SJOG CS
- ii) Regulatory Compliance – St Raphael's Celbridge, Co Kildare and St Marys are engaged with HIQA regarding the reconfiguration of services and subsequent closure of identified Designated Centres in order to meet registration compliance by end month October 31st 2018.
- iii) Service Reform – SJOG CS continue to develop a cost neutral reconfiguration of services which will be presented to the HSE in November 2018 for review
- iv) Financial Sustainability – Relating to the HSE internal Audit Report:
 - Public Pay Compliance, and
 - Recommendation 6 of the HSEs IA Report

Progress is on-going (involving HSE HR, Compliance, Finance and Disability Operations, and SJOG Board and Management) in addressing both of the above issues.

Stewarts Care

- i) Since CHO 7 issued Stewarts Care with a "First Notification" letter in May 2018 continued engagement occurs regarding the performance management of the service provider across:
 - Financial Review
 - Financial Governance and reported deficits
 - HIQA Regulatory Compliance
- ii) CHO 7 continue to monitor Stewarts Care around aspects of:

Financial Review

- Independent review process has commenced referring to the unacceptable use of client funds.

Financial Governance

- The detailed account of the 2018 projected deficit expenditure in addition to a cost containment plan. This account clarifies steps Stewart Care Ltd will implement in response to the projected deficit of c. €5m in 2018. Both CHO 7 and National Disability Operations will review.
- An on-going process refers to engagement between Stewarts Care Ltd, the HSE and Regulator to put a stay on expenditure which legitimately could be deferred in 2018 on the basis that consideration is given to same in the context of the 2019 estimates process.
- Outline in detail the Financial Controls and Accountability policies in place within the organisation. This should include a detailed account of the “approvals process” between the Executive in Stewarts Care Ltd. and the Board regarding budgetary matters.
- Give a written commitment to the HSE that Stewarts Care Ltd will in future not accede to any level of unauthorised expenditure unless it has written approval by the Chief Officer in CHO7.
- Provide the CHO7 with both evidence and assurance that the measures have been implemented. Where there are outstanding items for implementation relevant to this area Stewarts are to submit a timeframe for completion.

HIQA Regulatory Compliance

- Provide the HSE with the current Regulatory Improvement Plans for review in light of the above area.
- Provide assurances to the HSE that areas of non-compliance that are not resource dependent, are being worked on pro-actively by Stewarts Care Ltd.

Health and Wellbeing Services

Tobacco - smokers receiving intensive cessation support

Seven out of every 10 smokers want to quit smoking and four out of ten make a quit attempt every year. Research indicates that smoking cessation is a highly cost effective intervention with support doubling a smoker's chance of quitting successfully. The Tobacco Free Ireland Framework emphasises the need to monitor and evaluate cessation services. In this context, this metric measures the number of smokers who receive intensive cessation support from a cessation counsellor each month and cumulatively against the target trajectory set for the specified period. Intensive cessation support is a consultation of greater than 10

minutes provided by a trained tobacco cessation specialist to a smoker either in an acute or community setting. It can be delivered in a number of ways – face to face (i.e. one to one), group or via the Quit telephone helpline.

Year to date September 2018, nationally a total of 8,354 smokers received intensive cessation support from a cessation counsellor. This is -17.9% below the YTD expected activity target of 10,173. Capacity to deliver a face to face cessation support service varies widely across the Hospital Groups/Community Healthcare Organisations and KPI performance is sensitive to any temporary reduction in face to face capacity resulting from a lack of cover for practitioners in cases of vacancies and unplanned absences which may arise during the reporting period. Tighter monthly monitoring of this metric is now in place so that timely corrective action can be progressed. This has proved successful again in September with gaps in targets reducing in some Community Healthcare Organisations and Hospital Groups.

The number of smokers accessing the National Quit Helpline year to date September is 1,639 compared to a year to date target of 2,403 (-31.8%). Coyne research - *The State of Tobacco Control in Ireland, HSE Tobacco Free Ireland Programme, 2018* recently presented an evaluation of the HSE QUIT service campaign which overall demonstrated effectiveness, but with clients moving away from the phone service. Visitors to the Quit website appear to be focusing on text and/or email support only. With GDPR regulations visitors to the website now have to “opt in” to be contacted, and this is a barrier, resulting in lower levels of activity. The most effective way of highlighting the benefits of the call back phone on *Quit.it* are being explored to address this issue.

% of smokers quit at one month

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at four weeks. It is measured on a quarterly basis (1 quarter in arrears) with a target of 45%. Year to date June 51.8% of smokers remained quit at one month, +15.2% ahead of expected performance.

Number of people completing a structured patient education programme for diabetes

The HSE delivers two national structured patient education programmes for diabetes; the X-PERT Programme and the DESMOND Programme. Both programmes have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self-manage their diabetes

- X-PERT is a 15 hour group structured patient education programme delivered by 1 Community Dietician educator over a 6 week period with performance reporting 2018 commencing in February. A patient must complete a minimum of 4 X-PERT sessions (out of 6 sessions) for the activity to be reflected in this metric.
- DESMOND is a 6 hour structured programme jointly facilitated by 2 educators (i.e. a Community Dietician and/ or Diabetes Nurse specialist). A patient must complete all sessions (i.e. 2 out of 2 sessions) for the activity to be reflected in this metric.

The 2018 target set for diabetes structured patient education (SPE) is 4,500 people. This target was derived from the existing 2,400 level of service provided in previous years plus an additional new 2,100 people completing the SPE delivered by an additional new 18 WTEs that were appointed in 2017/18.

Performance in relation to this KPI has been behind target for the first three quarters of 2018. YTD September a total of 2,163 people completed a structured patient education programmes in diabetes against a target of 3,245 (-33.3%). Capacity to deliver these programmes varies across the Community Healthcare Organisations and the KPI performance is sensitive to any reduction in capacity in cases of unfilled vacancies and unplanned absences which may arise during the reporting period. A total of 125 SPE courses are planned to take place between October and December 2018 which will narrow the gap somewhat between performance and target. Assuming a minimum of 8-10 people per course, this has the potential to deliver SPE in diabetes to an additional 1,000 people between now and year end.

Number of frontline staff to complete the online training and face to face training module of the Making Every Contact Count (MECC) in brief intervention

The National Service Plan 2018 includes two new metrics for Making Every Contact Count (MECC) training programme for CHOs and Hospital Groups;

- Number of frontline staff to complete the online MECC training in brief intervention, and
- Number of frontline staff to complete the face to face module of the MECC training in brief intervention, which is 20% of those completing the online module.

The overall annual target set for CHOs and Hospital Groups is 7,523. This target was based on the training programme being available to staff from the 1st January 2018. Due to unforeseen delays, the MECC training programme only became available to staff on the 6th June 2018 and this will have an adverse impact on the achievement of the full year MECC training targets 2018.

Number of 5k Park runs completed

Parkrun events are free, weekly, 5km timed runs/walks currently held in 33 locations around Ireland. This metric counts the total number of runs completed by registered participants in all Parkrun events each month. The total number of Parkruns completed YTD September is 308,052 (target of 296,588).

% of children aged 24 months who have received three doses of the 6 in 1 vaccine

Immunisation is a proven, safe and effective public health measure to protect against serious diseases. The World Health Organisation (WHO) recommends that immunisation uptake rates should reach at least 95% to ensure that community and population immunity is achieved and to provide individual protection. The 6-in-1 vaccine protects children against six diseases; diphtheria, hepatitis B, haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus.

The 6-in-1 vaccine is given to babies at 2, 4 and 6 months. The vaccines are timed to give children the best possible protection. Three doses are needed to make sure the child develops strong immunity against the diseases. Every time another dose of the vaccine is given, the body's immune response increases. It

is important that children are vaccinated at the right age to make sure that they are protected as early as possible from serious disease.

This metric is measured quarterly (1 quarter in arrears). During Q2 2018 the national performance uptake rate for the 6-in-1 vaccine at 24 months was 94.6%. However, performance varies across CHOs with uptake rates ranging from 96.2% to 90.5%. Overall performance at 24 months was good with all CHOs within 5% of target YTD June 2018 and four CHOs at or exceeding the 95% target.

% of children aged 24 months who have received the (MMR) vaccine

The MMR vaccine protects children against Measles, Mumps and Rubella. The vaccine works by stimulating the immune system to build up protection against these diseases. Measles,

Measles, Mumps and Rubella are viral diseases and are highly infectious. They are spread when the virus is passed from somebody who has the disease to somebody who has no protection against it. It has taken many years to get MMR uptake rates up to the current 92.4% as at June 2018. However, performance varies across CHOs with uptake rates ranging from 94.5% to 88.3%. Overall performance at 24 months was good with eight of the nine CHOs within 5% of target YTD June 2018.

Number of infectious disease (ID) outbreaks notified under the national ID reporting schedule

Year to date a total of 579 infectious disease outbreaks were notified under the national ID reporting schedule with 124 of these notified in Q3 2018. The number of outbreaks notified is much higher than the expected YTD level of activity of 375 (+54.4%). It would seem that this has been driven by the high number of ID outbreaks notified during Q1 2018 which was 300.

% of identified TB contacts, for whom screening was indicated, who were screened

Early case detection as a result of contact tracing reduces the period in which cases are infectious and the risk of infection being transmitted to others. Evaluation of highest risk contacts can infer recent transmission if infection or

disease is detected. Evidence of recent infection supports the extension of the contact investigation to progressively lower-risk contacts. Screening should be concluded when levels of infection detected in the tiers of at risk contacts equate to those in the general community. Activity YTD is ahead of target at 91.5% (target $\geq 80\%$).

Acute Services

Acute Hospitals National Scorecard/Heatmap

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
Quality & Safety	Serious Incidents														
	Review completed within 125 calendar days	M	90%	2.0% [R]	-97.7%										
	Service User Experience														
	Complaints investigated within 30 working days	Q	75%	66% [R]	-12.0%	79% [G]	77% [G]	58% [R]	69% [A]	56% [R]	57% [R]	21% [R]			
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	< 1	0.8 [G]	-21.5%	2.4 [R]	0.7 [G]	0.9 [G]	0.4 [G]	1.1 [R]	0.4 [G]	0.9 [G]	0.8	1.1	0.8
	C Difficile (per 10,000 bed days)	M	< 2	2.6 [R]	+30.9%	1.2 [G]	2.6 [R]	2.9 [R]	4.3 [R]	1.7 [G]	2.7 [R]	0.5 [G]	2.3	2.0	2.6
	CPE - number of new cases ²	M		349		4	96	46	39	64	46	54	56	50	49
	Urgent colonoscopy														
	Number waiting > 4 weeks (zero tolerance)	M	0	227 [R]		0 [G]	11 [R]	119 [R]	0 [G]	86 [R]	11 [R]	0 [G]	29	21	18
Surgery															
Hip fracture surgery within 48 hours	M-1M	95%	87.5% [A]	-7.9%		89.7% [A]	95.3% [G]	89.2% [A]	89.9% [A]	85.3% [R]	67.6% [R]	88.9%	83.8%	85.9%	
Emergency Department Patient Experience Time															
75 years or older within 24 hours (zero tolerance)	M	100%	91.2% (R)	-8.8%		91.8% (R)	93.2% (R)	93.2% (R)	94.1% (R)	87% (R)	79.1% (R)	94.2%	93.6%	92.6%	
ED within 6 hours	M	75%	64.6% (R)	-13.9%	86.9% (G)	55.3% (R)	70.1% (A)	57.4% (R)	66.6% (R)	61.9% (R)	54.2% (R)	66.2%	66.2%	65.4%	
Waiting times for procedures															
Adult waiting <15 months (inpatient)	M	90%	82.6% [A]	-8.2%		77.8% [R]	88.2% [G]	86.6% [G]	74.9% [R]	86.2% [G]	85.7% [G]	82.9%	82.1%	82.6%	
Adult waiting <15 months (day case)	M	95%	90.6% [G]	-4.6%		83.5% [R]	91.6% [G]	98.8% [G]	90.7% [G]	88% [A]	95.9% [G]	90.9%	90.6%	90.6%	
Children waiting <15 months (inpatient)	M	90%	84.6% [A]	-6%	85.8% [G]	100% [G]	100% [G]	94.3% [G]	74.3% [R]	90% [G]	71.2% [R]	85.8%	83.8%	84.6%	
Access & Integration															

² CPE are quoted above but not RAG rated as the target has not been finalised
Health Service Performance Profile July to September 2018 Quarterly Report

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Sao Ita	South/ South West	UL	Current (-2)	Current (-1)	Current	
Finance, Governance & Compliance	Children waiting <15 months (day case)	M	90%	82.2% [A]	-8.7%	78.1% [R]	100% [G]	98.9% [G]	100% [G]	84.7% [A]	89.1% [G]	87.4% [G]	84.5%	82.9%	82.2%	
	Outpatient < 52 weeks	M	80%	71% [R]	-11.3%	62% [R]	69.4% [R]	72.9% [A]	82.1% [G]	72.1% [A]	68% [R]	67.7% [R]	70.9%	71.2%	71%	
	Delayed Discharges															
	Number of beds subject to Delayed Discharge ³ (zero tolerance site specific targets)	M	500	606 (R)	21.2%	10	141	161	145	52	87	10	619	564	606	
	Cancer															
	Urgent Breast Cancer within 2 weeks	M	95%	70% [R]	-26.3%		38.2% [R]	71.4% [R]	100% [G]	96.1% [G]	43% [R]	99.5% [G]	60.1%	58.6%	70.3%	
	Lung Cancer within 10 working days	M	95%	87.3% [A]	-8.1%		97.9% [G]	99.6% [G]	98.7% [G]	95.2% [G]	76.1% [R]	59% [R]	87.3%	89.2%	89.1%	
	Prostate Cancer within 20 working days	M	90%	74.9% [R]	-16.8%		61.9% [R]	73.9% [R]	99.6% [G]	99.6% [G]	77.7% [R]	12.6% [R]	67.4%	68.6%	77.2%	
	Radiotherapy treatment within 15 working days	M	90%	81.2% [A]	-9.8%		86.5% [G]			84.4% [A]	61.2% [R]	97.6% [G]	84.2%	91.8%	86.9%	
	Ambulance Response Times															
	ECHO within 18 minutes, 59 seconds	M	80%	79.7% [G]	-0.12%									76.6%	76.7%	81.8%
	Delta within 18 minutes, 59 seconds	M	80%	57.9% [R]	-27.6%									59.1%	60.1%	58.1%
Financial Management – Expenditure variance from plan⁴																
Net expenditure (total)	M	≤0.1%	3,881,386	5.61% [R]	5.66% [R]	4.10% [R]	6.99% [R]	5.75% [R]	6.03% [R]	5.19% [R]	8.74% [R]	5.87%	5.96%	5.61%		
Gross expenditure (pay and non-pay)	M	≤0.1%	4,502,553	3.11% [R]	1.37% [R]	1.78% [R]	4.15% [R]	3.24% [R]	4.23% [R]	2.54% [R]	5.30% [R]	3.61%	3.71%	3.11%		
Non-pay expenditure	M	≤0.1%	1,469,495	6.95% [R]	8.43% [R]	3.39% [R]	7.46% [R]	9.42% [R]	9.88% [R]	6.47% [R]	4.99% [R]	7.63%	7.79%	6.95%		
Financial Management - Service Arrangements(27.09.18)																
Monetary value signed	M	100%	100%	0%									100%	100%	100%	

³ Delayed Discharges figures are quoted above but not RAG rated as the site specific targets have not been finalised

⁴ Includes Hospital Groups, regional and National Cancer Control Programme and Ambulance Services

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
Workforce	Funded Workforce Plan															
	Pay expenditure variance from plan	M	≤0.1%	3,033,058	1.35% [R]	-1.45% [G]	0.92% [R]	2.62% [R]	0.81% [R]	1.66% [R]	0.74% [R]	5.45% [R]	1.75%	1.85%	1.35%	
	Attendance Management															
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.22% [R]	-20.57%	3.96% [A]	4.11% [R]	3.79% [R]	4.10% [R]	4.28% [R]	3.96% [R]	5.84% [R]	3.89%	3.95%	4.47%	
European Working Time Directive (EWTD) Compliance																
< 48 hour working week	M	95%	82.4% [R]	-13.7%	81.6% [R]	77.5% [R]	77.4% [R]	78.9% [R]	92.8% [G]	85.5% [R]	78.3% [R]	79%	80%	82%		

Acute Hospitals Services

Overview of Key Acute Hospital Activity

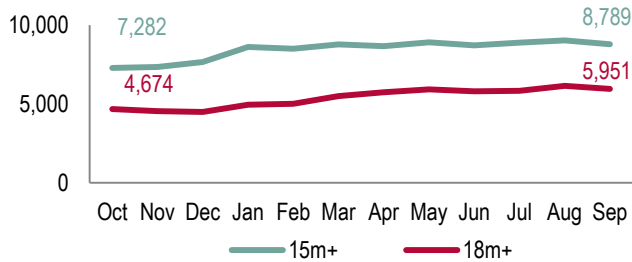
Activity Area	Expected Activity YTD	Result YTD Sept 2018	Result YTD Sept 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,059,820	1,098,269	1,060,037	+3.6%	126,264	122,451	120,486
New ED Attendances	878,449	914,580	881,231	+3.8%	104,260	101,774	100,444
OPD Attendances	2,532,263	2,501,514	2,489,014	+0.5%	282,034	281,949	270,955

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Aug 2018	Expected Activity % Var	Result YTD Aug 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient [IP] Discharges *	422,763	426,798	+1%	423,246	+0.8%	52,789	53,797	55,348
Inpatient Weighted Units *	423,305	429,342	+1.4%	432,983	-0.8%	53,671	53,312	54,036
Daycase [DC] Discharges *	712,719	721,646	+1.3%	718,751	+0.4%	88,299	91,416	90,452
Daycase Weighted Units *	693,571	707,208	+2%	709,518	-0.3%	86,314	89,719	88,983
IP & DC Discharges *	1,135,482	1,148,444	+1.1%	1,141,997	+0.6%	141,088	145,213	145,800
% IP	37.2%	37.2%		37.1%	+0.3%	37.4%	37%	38%
% DC	62.8%	62.8%		62.9%	-0.2%	62.6%	63%	62%
Emergency IP Discharges *	287,986	292,519	+1.6%	287,714	+1.7%	35,456	36,517	37,990
Elective IP Discharges *	61,000	61,865	+1.4%	61,378	+0.8%	8,260	8,144	8,300
Maternity IP Discharges *	73,777	72,414	-1.8%	74,154	-2.3%	9,073	9,136	9,058

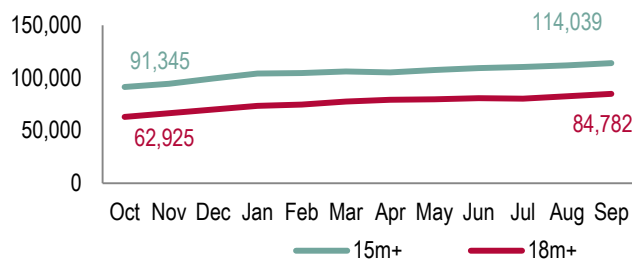
* Activity targets in the Operational Plan differ slightly (0.03%-0.8%) from those published in NSP 2018 following analysis by Health Pricing Office based on a later version of the national HIPE file

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Inpatient adult waiting list within 15 months	90%	M	82.6%	83.6%	-1%	82.9%	82.1%	82.6%	21 out of 40 hospitals reached target	RUH (61.5%), GUH (73%), UHL (74.1%)
Daycase adult waiting list within 15 months	95%	M	90.6%	91.1%	-0.5%	90.9%	90.6%	90.6%	26 out of 41 hospitals reached target	Columcille's (68.2%), St Michaels (75%), Tallaght - Adults (81.2%)
Inpatient children waiting list within 15 months	90%	M	84.6%	82.2%	+2.4%	85.8%	83.8%	84.6%	21 out of 27 hospitals reached target	UHL (70.9%), GUH (71.3%), SUH (76%)
Daycase children waiting list within 15 months	90%	M	82.2%	87.2%	-5%	84.5%	82.9%	82.2%	24 out of 31 hospitals reached target	Tallaght – Paeds (68.9%), OLCHC (75.6%), GUH (81%)
Outpatient waiting list within 52 weeks	80%	M	71%	73.9%	-2.9%	70.9%	71.2%	71%	18 out of 45 hospitals reached target	RVEEH (52.5%), Croom (52.8%), TSCUH (59.3%)

Inpatient and Daycase Waiting List (Adult & Child) 15m+ and 18m+



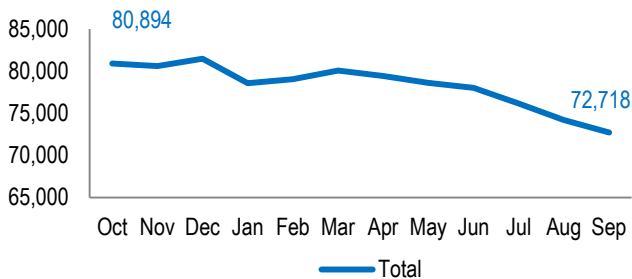
Outpatient Waiting List 15m+ and 18m+



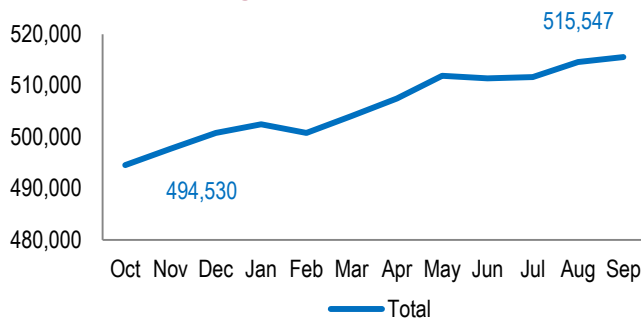
Waiting List Numbers

	Over 12 Months	Over 15 Months	Total
Adult IP	4,419	3,229	18,521
Adult DC	6,895	4,482	47,807
Adult IPDC	11,314	7,711	66,328
Child IP	529	381	2,472
Child DC	982	697	3,918
Child IPDC	1,511	1,078	6,390
OPD	149,766	114,039	515,547

Inpatient and Daycase Waiting List (Adult & Child) Total

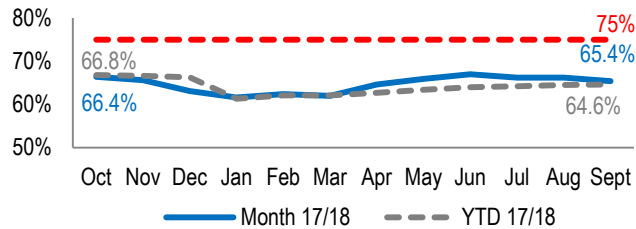


Outpatient Waiting List Total

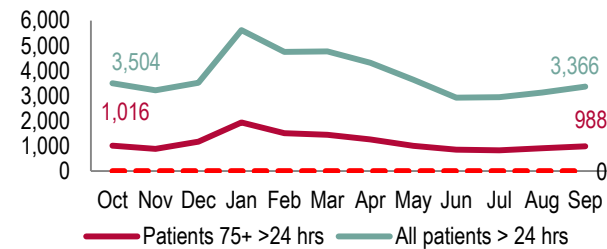


Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	75%	M	64.6%	66.8%	-2.2%	66.2%	66.2%	65.4%	Tallaght – Paeds (95.1%), St Michael's (94.5%), SLK (92.3%)	Naas (44.3%), Connolly (45.1%), Beaumont (47%)
% in ED < 24 hours	100%	M	96.4%	96.9%	-0.5%	97.4%	97.2%	96.9%	Tallaght - Paeds, SLK, St Michaels (100%), OLCHC & SUH (99.9%)	Naas (90%), GUH (91.2%), UHL (92.6%)
% 75 years within 24 hours	100%	M	91.2%	92.6%	-1.4%	94.2%	93.6%	92.6%	SLK, St. Michael's, PUH, SUH, (100%), SJH (99.8%)	Naas (74.9%), GUH (75.6%), UHL (80.5%)

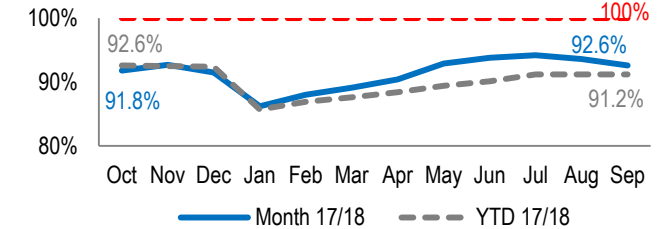
% patients admitted or discharged within 6 hours



ED over 24 hours

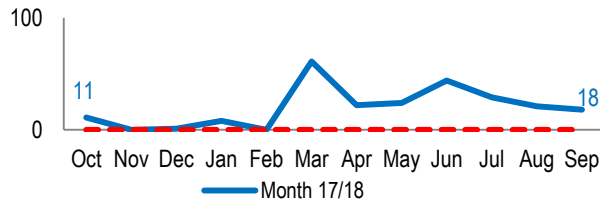


% 75 years old or older admitted or discharged within 24 hours



Performance area	Target/Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent Colonoscopy – number of people waiting > 4 weeks	0	M	227	56	+171	29	21	18	36 out of 38 hospitals achieved target	Columcille's (17), UHK (1)
Bowelscreen – number colonoscopies scheduled > 20 working days		M	1,246			200	99	111	RGH, Sth Tipperary, Connolly, UHK, Mercy (0)	GUH (35), MMUH (29), Wexford (13)
Routine Colonoscopy and OGD <13 weeks	70%	M	53.3%	51.5%	+1.8%	54.9%	52.7%	53.3%	19 out of 39 hospitals achieved target	Naas (23.5%), UHL (26.6%), Nenagh (29.6%)

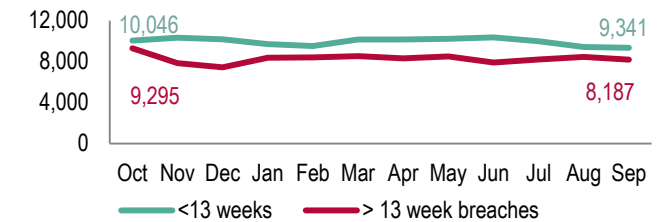
Urgent Colonoscopy – number of people waiting > 4 weeks



BowelScreen - Urgent Colonoscopies

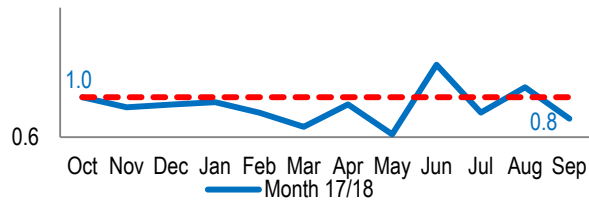
	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	294	223	229
Number scheduled over 20 working days	200	99	111

Number on waiting list for GI Scopes

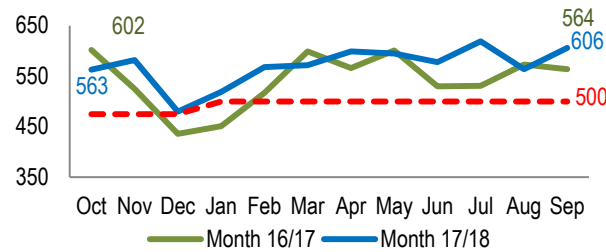


Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HCAI – Rate of new cases of Staph. Aureus infection	<1	M	0.8	1.1	-0.3	0.8	1.1	0.8	35 out of 48 hospitals achieved target	OLCHC (4.1), Navan (4.0), Mullingar (3.7)
HCAI – Rate of new cases of C Difficile infection	< 2	M	2.6	2.4	+0.2	2.3	2.0	2.6	31 out of 48 hospitals achieved target	Tullamore (9.5), Connolly (8.0), Bantry (7.2)
Number of new cases of CPE (new KPI)		M	349			56	50	49		
Ambulance Clearance Times < 60 minutes	95%	M	89.5%	92.7%	-3.2%	90.3%	90.0%	90.5%	13 out of 34 hospitals' achieved target	CUH (77.6%), LUH (78.6%), Mercy (82%)
Number of beds subject to Delayed Discharges	500	M	606	564	+42	619	564	606	Tallaght – Paeds, Ennis (0), MUH, Mallow, Nenagh, St John's (1)	SJH (77), Beaumont (66), MMUH (48)
Hip fracture surgery within 48 hours	95%	M-1M	87.5%	84.9%	+2.6%	88.9%	83.8%	85.9%	4 out of 16 hospitals achieved target	UHL (69.2%), UHK (71.4%), Tullamore, MMUH (75%)

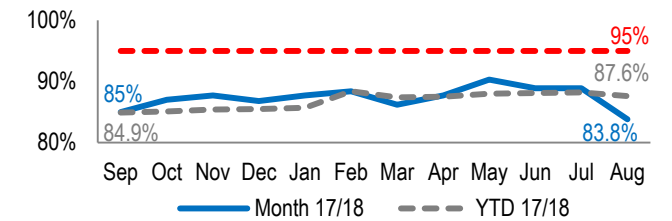
Rate of Staph. Aureus bloodstream infections in Acute Hospital per 10,000 bed days



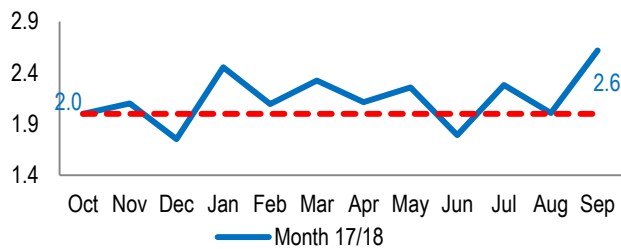
Delayed Discharges



% of emergency hip fracture surgery carried out within 48 hours



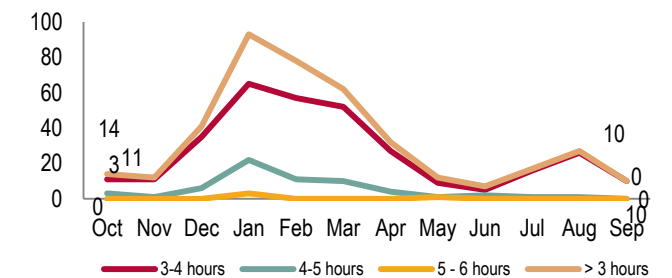
Rate of new cases of Clostridium Difficile associated diarrhoea in Acute Hospitals per 10,000 bed days used



Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	114	30	144	23.8%
Long Term Nursing Care	302	40	342	56.4%
Other	67	53	120	19.8%
Total	483	123	606	100%

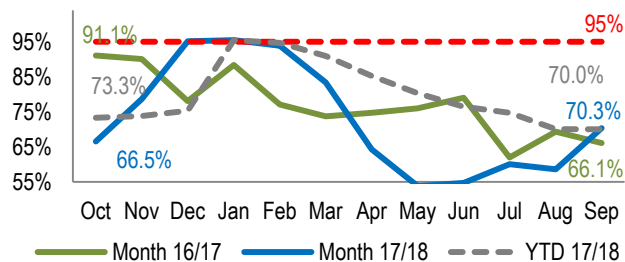
Ambulance Turnaround Times



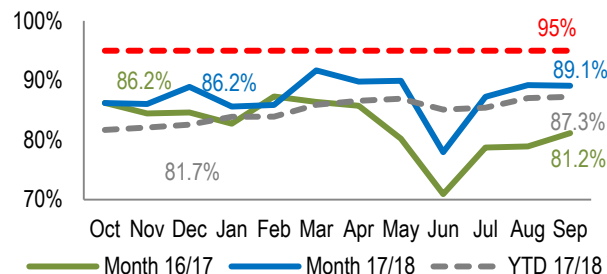
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Urgent breast cancer within 2 weeks	95%	M	70%	74.2%	-4.2%	60.1%	58.6%	70.3%	5 out of 9 hospitals reached target	CUH (20.3%), MMUH (43.2%), SJH (43.6%)
Non-urgent breast cancer within 12 weeks	95%	M	69.9%	70.7%	-0.8%	73.4%	67.7%	57.1%	SVUH (99.3%), UHL (99.2%), Beaumont (99%)	LUH (12.7%), SJH (13.9%), UHW (21.1%)
Lung Cancer within 10 working days	95%	M	87.3%	81.4%	+5.9%	87.3%	89.2%	89.1%	4 out of 8 hospitals reached target	UHL (58.6%), CUH (88.9%), Beaumont (92%)
Prostate cancer within 20 working days	90%	M	74.9%	55.9%	+19%	67.4%	68.6%	77.2%	5 out of 8 hospitals reached target	CUH (30%), UHL (31%), SJH (88%)
Radiotherapy within 15 working days	90%	M	81.2%	76%	+5.2%	84.2%	91.8%	86.9%	UHW, UHL (100%), SLRON (90.3%)	CUH (72.5%), GUH (82.8%), Altnagelvin (87.5%)

Breast Cancer within 2 weeks



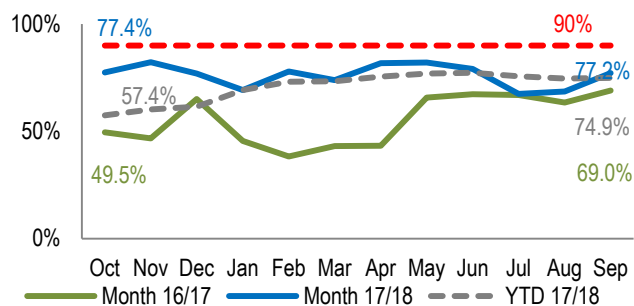
Lung Cancer within 10 working days



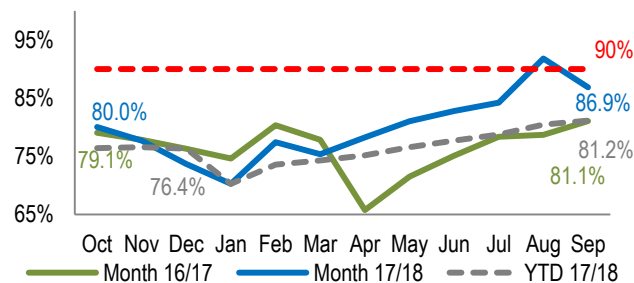
Volume of patients attending cancer clinics

Service	Category	Current (-2)	Current (-1)	Current
Breast	Urgent	1,572	1,772	1,669
	Non urgent	1,769	1,637	1,786
Lung	Rapid Access Clinic	314	278	294
Prostate	Rapid Access Clinic	301	328	267
RT	Number completed treatment	501	465	450

Prostate Cancer within 20 working days



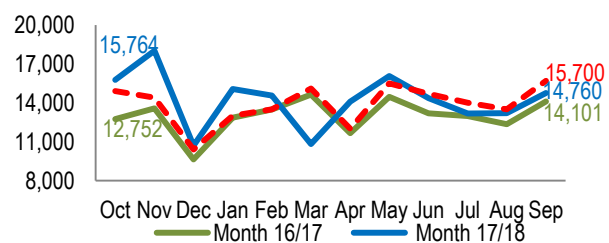
Radiotherapy within 15 working days



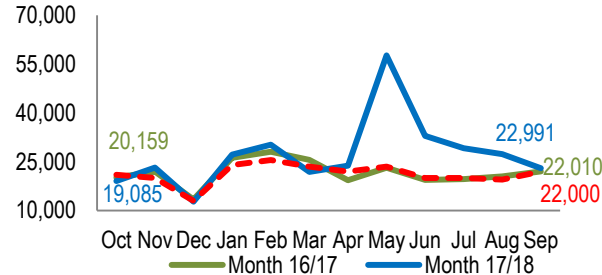
National Screening Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
BreastCheck - number of eligible women who had a mammogram	127,000 YTD/ 170,000 FYT	M	126,110	119,708	+6,402	13,173	13,203	14,760
BreastCheck - % screening uptake rate	70%	Q-1Q	76.3%	72.6%	+3.7%	70.3%	76.3%	76.2%
CervicalCheck - number of eligible women who had screening	200,000 YTD/ 255,000 FYT	M	273,244	203,984	+69,290	29,146	27,353	22,991
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	79.8%	79.7%	+0.1%	80.1%	79.8%	79.8%
BowelScreen - number of people who completed a satisfactory FIT test	98,000 YTD / 125,000 FYT	M	83,965	92,238	-8,273	8,432	8,408	7,206
Bowelscreen - % client uptake rate	45%	Q-1Q	39.9%	40.5%	-0.6%	43.5%	38.7%	41.1%
Diabetic RetinaScreen - number of people who participated	69,240 YTD / 93,000 FYT	M	75,388	71,578	+3,810	8,960	8,763	8,583
Diabetic RetinaScreen - % uptake rate	65%	Q-1Q	66.2%	65.8%	+0.4%	60.5%	61.4%	71.2%

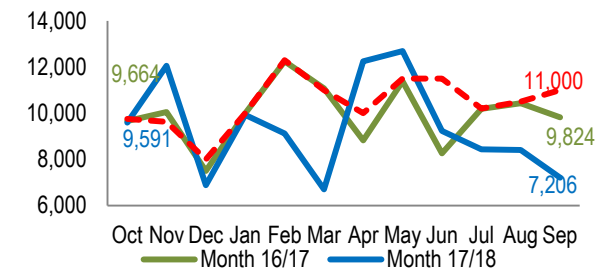
BreastCheck-number who had a mammogram



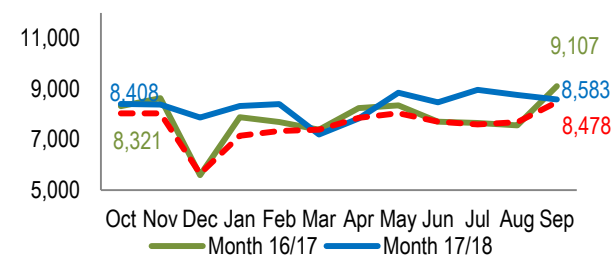
CervicalCheck-number who had screening



BowelScreen-number who had screening



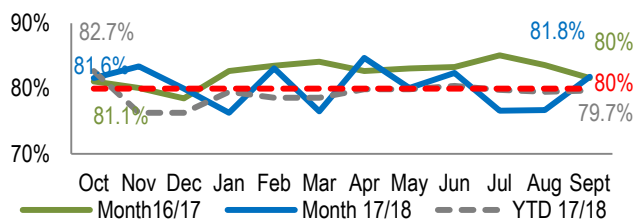
RetinaScreen-number who had screening



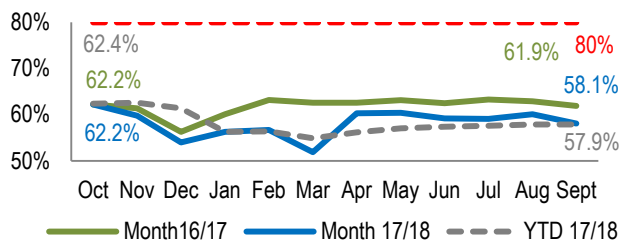
Pre-Hospital Emergency Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Response Times - ECHO	80%	M	79.7%	83.1%	-3.4%	76.6%	76.7%	81.8%	North Leinster (86.3%), Dublin Fire Brigade (82.7%)	Western Area (75.7%), South (79.5%)
Response Times - DELTA	80%	M	57.9%	62.4%	-4.5%	59.1%	60.1%	58.1%	North Leinster (64%)	Dublin Fire Brigade (49.9%), Southern Area (56.1%), Western Area (61.6%)
Allocation of Resource within 90 seconds - ECHO	95%	M	97.4%	98.2%	-0.8%	97.9%	96.7%	96.4%	South (97.3%), (West 94.7%), North Leinster (96.8 %)	
Allocation of Resource within 90 seconds - DELTA	90%	M	88%	91.6%	-3.6%	86.8%	85.5%	87.5%	West (88.5%), South (90.5%), North Leinster (84.6%)	
ROSC	40%	Q-1Q	46.7%	41.6%	+5.1%	40%	36.7%	56.5%		

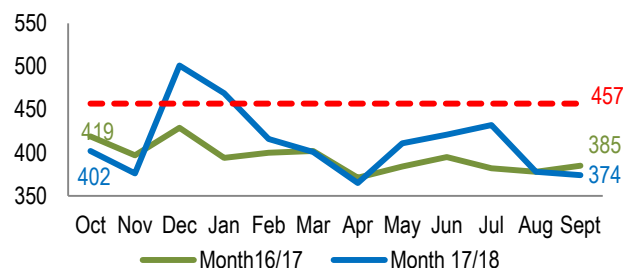
Response Times (within 18 minutes, 59 seconds) – ECHO



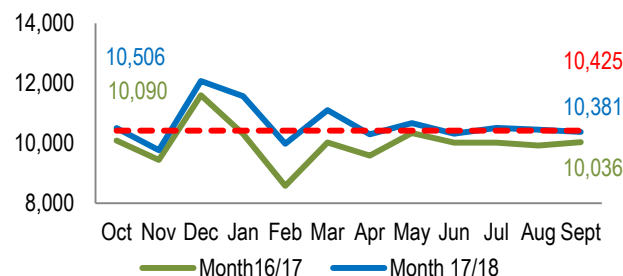
Response Times (within 18 minutes, 59 seconds) – DELTA



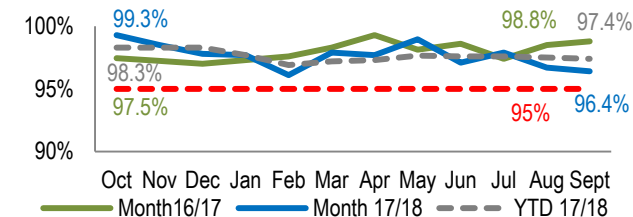
Call Volume (arrived at scene) – ECHO



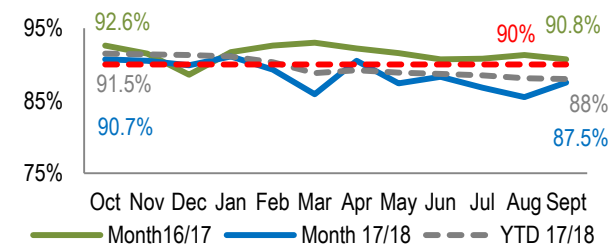
Call Volume (arrived at scene) – DELTA



Allocation of Resource within 90 seconds - ECHO



Allocation of Resource within 90 seconds - DELTA



Acute Hospitals Services Update

Emergency Department (ED) Performance

- There were 120,486 ED attendances in September 2018 and 1,098,269 year to date September 2018. This is a 3.6% increase on ED attendances year to date September 2017. In addition, there was a 3.6% increase in the year to date September ED attendances versus the target (1,059,820 attendances).
- ED PET less than 24 hours (all patients) was 96.9% and less than 9 hours was 80.1% in September 2018. Nine of the Emergency Departments excluding the Children's Hospital Group reported ED PET less than 24 hours compliance greater than 99%.
- ED PET less than 24 hours for patients aged 75+ was 92.6% in September.

A conjoint Directive was signed by the Minister for Health, the Director General and the National Director for Acute Hospital Services in November 2015. It provides for distinct stages of escalation with clearly delineated thresholds, actions and owners.

Reduction in Delayed Discharges (DD)

There were 606 Delayed Discharges at the end of September 2018. This included 144 Delayed Discharges that were waiting to go home, 342 were waiting on long term nursing care and 120 complex patients that require bespoke care provision.

Inpatient/Day Case Discharges (based on HIPE data which is one month in arrears)

Day Case Discharges (including dialysis)

The number of day case procedures year to date August 2018 was 721,646 versus 718,751 for the same period in 2017, that is, an increase of 2,895 (0.4%) cases. The number of cases year to date August 2018 is 1.3% higher than the target of 712,719 cases for this period.

Inpatient Discharges

The number of inpatient discharges was 426,798 year to date August which is 0.8% higher than the same period last year which had 423,246 cases. Inpatient discharges year to date August 2018 are 1.0% higher than the target of 422,763 cases for this period.

Elective Inpatient Discharges

There were 61,865 elective inpatient discharges year to date August 2018 versus 61,378 for the corresponding period in 2017, that is, an increase of 0.8%. Elective inpatient discharges were 1.4% higher than the target of 61,000.

Emergency Inpatient Discharges

There were 292,519 emergency inpatient discharges year to date August 2018 and 287,714 for the corresponding period in 2017, that is, an increase of 1.7%. Emergency inpatient discharges were 1.6% higher than the target of 287,986.

Maternity Inpatient Discharges

There were 72,414 maternity inpatient discharges year to date August 2018 which is a decrease of 1,740 (2.3%) on activity for the same period last year. Maternity inpatient discharges were 1.8% less than the target of 73,777 year to date August 2018.

Waiting Lists

Inpatient/Day Case Waiting Lists

The National Service Plan (NSP) 2018 target is that 90% of adults on the inpatient waiting list will wait less than 15 months for an inpatient procedure and 95% will wait less than 15 months for a day case procedure. Compliance with these targets in September was 82.6% and 90.6% respectively. In the case of the children's inpatient waiting list, 84.6% of children were waiting less than 15 months versus the NSP 2018 target of 90% and 82.2% of children on the day case waiting list waited less than 15 months versus the NSP 2018 target of 90%.

The HSE NSP 2018 sets out a planned activity level for 2018 which encompassed the requirement to deliver 1.14m elective discharges. The NTPF was allocated €50m in respect of 2018. It is proposed that €40m of this funding will be used to remove 17,000 long waiting patients from the Active inpatient and day case (IPDC) waiting list between January and October 2018 and an additional 3,000 patients will be removed from the waiting list in November and December 2018. In total 20,000 patients will be removed from the Active IPDC waiting list in 2018, having accepted offers of treatment funded by the NTPF.

The NTPF will do the following;

- (i) Offer 13,800 treatments to all patients who are clinically suitable for outsourcing who are waiting more than 9 months in relation to seven high volume procedures.
- (ii) Arrange 5,000 procedures across an expanded range of over 40 'other procedures'.
- (iii) Engage with the HSE and the public hospitals to seek solutions for very long waiters either in the private sector or through insourcing and plan to fund treatment for 1,200 patients in 2018 through this mechanism.

Outpatients Waiting Lists

The National Service Plan 2018 target is that 80% of people on the outpatients' waiting list will be waiting less than 52 weeks for an outpatients' appointment. Compliance with this target was 71.0% in September 2018.

The Acute Operations Unit submitted a proposal to the Department of Health in October 2017 for consolidating and validating hospital waiting lists. It was agreed with the Department of Health and the National Treatment Purchase Fund that the focus of validation will be on the outpatients' waiting list, having regard to the additional resources targeted at patients on the inpatient/day case waiting lists which will require patient contact. A phased approach to outpatient waiting list validation was agreed as follows;

- Phase 1 - All patients waiting greater than 24 months will be subject to validation (n=28,360). This phase was to be completed by the end of January 2018.
- Phase 2 - All patients waiting 12 to 24 months will be subject to validation (n=104,573). This phase is to be completed by the end of April 2018.
- Phase 3 - All patients waiting 6 to 12 months will be subject to validation (n=117,021). This phase is to be completed by the end July 2018.

The total number targeted through the validation process was 349,118 which is almost 100,000 over the agreed target. The total number of patients removed from the outpatients waiting list through the validation process was 69,836.

Cancer Services

Symptomatic Breast Cancer Clinics

Five of the nine Symptomatic Breast Cancer Sites achieved or exceeded the 2018 National Service Plan (NSP) target in relation to urgent patient referrals to Symptomatic Breast Cancer Clinics. The following hospitals complied with the NSP target for urgent referrals;

- St Vincent's University Hospital – 100.0%
- Beaumont Hospital – 100.0%
- University Hospital Limerick – 100.0%
- University Hospital Galway - 95.3%
- Letterkenny University Hospital – 99.2%

Rapid Access Clinic for Lung Cancer Services

Four of the eight cancer centres complied with the NSP 2018 access target for referrals to Rapid Access Clinics for Lung cancer. The following hospitals complied with the NSP target;

- St Vincent's University Hospital – 100%
- University Hospital Galway – 97.4%
- University Hospital Waterford - 100%
- St. James's Hospital – 97%

Rapid Access Clinic for Prostate Cancer Services

Five of the eight cancer centres complied with the NSP 2018 access target for referrals to Rapid Access Clinics for prostate cancer. The following hospitals complied with the NSP target;

- Mater Misericordiae University Hospital 94.7%
- St Vincent's University Hospital – 97.4%
- Beaumont Hospital – 96.8%
- University Hospital Galway – 100%
- University Hospital Waterford - 100%

Radiotherapy

Three of the five radiotherapy centres complied with the NSP 2018 target that patients commence treatment within 15 working days of the patient being

deemed ready to treat. The hospitals that complied with the NSP 2018 target were as follows:

- St Luke's Radiation Oncology Network – 90.3%
- UPMC, Whitfield, Waterford - 100%
- Mid-Western Radiation Oncology Centre, Limerick – 100%

Healthcare Associated Infections (HCAI)

There were 32 hospitals with no cases of Staphylococcus Aureus blood stream infection and 26 hospitals with no cases of Clostridium Difficile related diarrhoea reported in September. There were 24 cases of hospital acquired Staphylococcus Aureus blood stream Infections in HSE hospitals and 80 cases of Clostridium Difficile associated diarrhoea in September.

It is important to acknowledge that national averages and uniform national targets do not take full account of extreme variation in the case mix of hospitals. One might expect for example that there is a greater intrinsic risk of hospital acquired Staphylococcus Aureus blood stream infection in level 4 hospitals that provide care for the most complex and vulnerable patients. Adjustments based on bed days therefore do not fully account for variations between hospitals. It is important therefore to consider results for each hospital group and each hospital in the context of its own baseline and to consider that some month to month variation is to be expected.

There were 49 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) in September.

In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHE). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

Performance Notice – St James Hospital

The Dublin Midlands Hospital Group issued a Performance Notice to St James's Hospital in October having regard to its non-compliance with the access targets for referrals to the symptomatic breast cancer clinic and the BowelScreen service. The Hospital Group CEO advised the National Director for Acute Operations in October that the Group would be issuing a Performance Notice to St James's Hospital. The National Director for Acute Operations subsequently notified the National Performance Oversight Group (NPOG) in November and it was subsequently ratified by NPOG.

The hospital was compliant with the access targets in relation to urgent referrals to the Symptomatic Breast Cancer Clinic in January and was marginally below the target in February. The hospital reported a significant deterioration in performance between March (22%) and August (17.4%) which was mainly attributable to equipment failure and other capacity issues. The hospital commissioned a new mammography machine in August. The hospital reported improved compliance with the access target for urgent referrals in September (43.6%) but it was still well below the access target.

St James's Hospital also reported low levels of compliance with the access targets for BowelScreen procedures year to date September. This was partly attributable to a data reporting issue which did not capture patients who declined their initial BowelScreen appointment. The system was since upgraded to record details of patients who decline their initial appointment. The loss of key staff was also a contributory factor.

The Dublin Midlands Hospital Group had regular meetings with the hospital Senior Management team in order to identify the issues resulting in non-compliance. At the request of the National Director for Acute Operations, the hospital developed an improvement plan for the respective services and it was agreed with the Hospital Group.

While the Group and the National Director for Acute Operations were satisfied with the improvement plan and trajectory, given the consistent non-compliance with the access targets it was deemed appropriate to issue a Performance

Notice. The Group will continue to support the hospital in order to deliver sustained improvement in performance. Monthly meetings are scheduled by the Group with the hospital. The Performance Notice will remain in place until the hospital demonstrates sustained improvement in performance in respect of both services.

National Ambulance Service

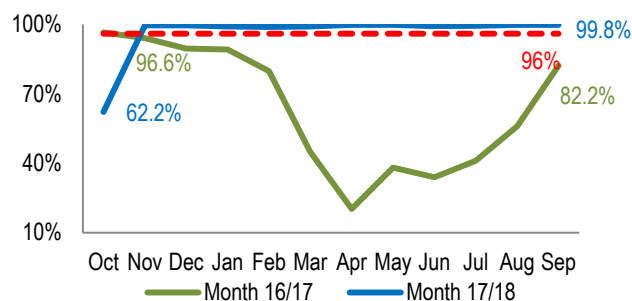
- Activity volume for AS11 and AS22 calls received this month increased by 732 calls (2.8%) when compared with September 2017.
- The daily average call rate for AS11 and AS22 calls this month was 909 (30 days this month).
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 81.8% this month.
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 80% in 18 minutes and 59 seconds was at 58.1%.
- 90.6% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact.
 - 46.9% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 53.2% of vehicles being released within 30 minutes or less last year (September 2017).
 - 90.5% of vehicles were released from Emergency Departments and had their crews and vehicles available to respond to further calls within 60 minutes or less, compared to 93.5% of vehicles being released within 60 minutes or less last year (September 2017).

National Services

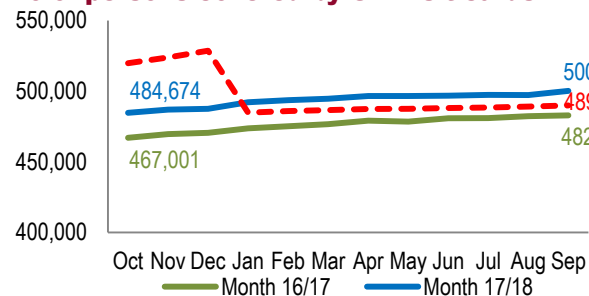
National Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	96%	M	99.8%	82.2%	+17.6%	99.4%	99.8%	99.8%
No of persons covered by Medical Cards	1,576,590YTD/ 1,564,230FYT	M	1,578,015	1,633,895	-55,880	1,578,155	1,578,742	1,578,015
No of persons covered by GP Visit Cards	489,874YTD/ 492,293FYT	M	500,234	482,869	+17,365	497,359	497,223	500,234
Number of initial tobacco sales to minors test purchase inspections carried out	288 YTD/ 384 FYT	Q	390	306	+84	107	154	129
Number of official food control planned, and planned surveillance inspections of food businesses	24,750 YTD/ 33,000 FYT	Q	23,584	24,639	-1,055	6,593	8,769	8,222

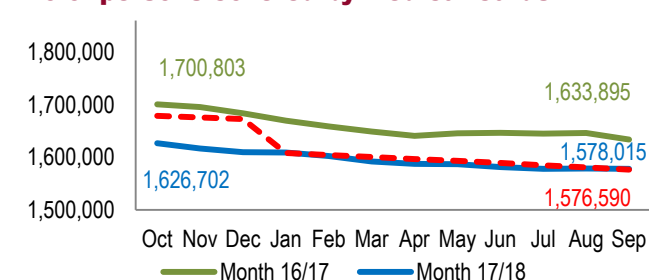
Medical card turnaround within 15 days



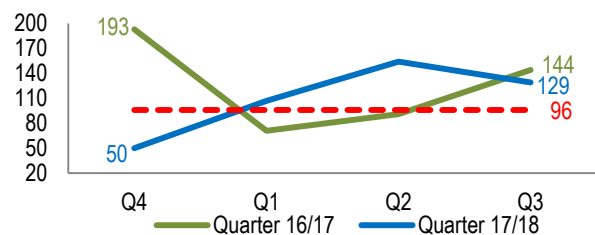
No of persons covered by GP Visit cards



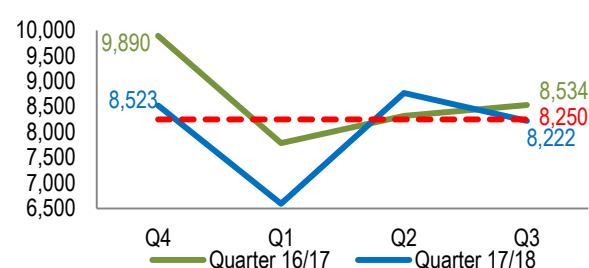
No of persons covered by Medical Cards



Number of initial tobacco sales to minors test purchase inspections carried out



Number of official food control planned, and planned surveillance inspections of food businesses



National Services Update

PCRS

Carers in receipt of Carer's Allowance or Benefit gained automatic entitlement for a GP Visit Card from 1st Sept 2018. New eligibility was granted in respect of approximately 2,000 carers in September. Everyone Over 70 already has entitlement to a GP Visit Card, so carers who benefit under this arrangement are all under the age of 70. Applications can be made online at www.mymedicalcard.ie.

Environmental Health

Food business establishments are routinely inspected to assess compliance with official food control requirements. A total of 23,584 planned and planned surveillance inspections have been carried out YTD. This is 95.28% of the YTD target and 71.46% of annual target.

Of those planned and planned surveillance inspections, 20.92% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome.

Test purchases of cigarettes are carried out in retail premises with volunteer minors to assess compliance with tobacco control legislation. A total of 390 initial tobacco sales to minors test purchase inspections have been carried out YTD. This is 35.41% above the YTD target and 1.56% above the annual target. Traditionally test purchase activity increases during Summer months due to availability of minors hence the increase in the volume of activity.

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant consultation requests from planning authorities received a response from the Environmental Health Service (Target: 95%).

There have been 3,647 complaints received YTD. 95.91% of all complaints received YTD were risk assessed within 1 working Day which is on target.

Health Service Performance Profile July to September 2018 Quarterly Report

Complaints must be risk assessed to determine what course of action (if any) should be taken within one working day of receipt of the complaint. Complaints are received from members of the public regarding matters that a complainant considers to be a risk to public health for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled and substandard cosmetic products.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. In quarter 3,599 drinking water samples have been taken to assess compliance which is 97.39% of the YTD target. Non achievement of the target was due to plants not fluoridating during the quarter, which is outside of the control of the HSE.

Emergency Management

Emergency Management chairs the Business Continuity Management Working Group. The group met again in September and agreed further changes to the policy document which will ultimately be submitted to leadership for approval.

HSE EM sits on the Emerging Viral threats group which looks at potential biological threats. As part of its work, Emergency Management chairs the Repatriation Working Group which is coordinating and progressing operational readiness in the event of a requirement to repatriate an Irish Citizen with a confirmed Viral Haemorrhagic Fever to the National Isolation unit in the Mater Hospital. A number of work streams are in progress and the group met regularly in September. The group has some common membership with the HSE Port Health Network and through that network HSE requirements at Dublin Airport are being progressed with the Dublin Airport Authority. Plans are also in place to re-establish the HSE Emerging Viral Threats planning and coordination group which will also be chaired by Emergency Management and will include membership from all relevant HSE services and functions.

Trauma Review Implementation Group (TRIG) HSE EM continues to engage with this group in planning for implementation of the two major trauma centres. EM

has provided advice in relation to the needs for incorporating resilient on site communications systems for use in emergencies, visual display units with live update on incoming casualties, provision for Hazmat and CBRN decontamination and for dealing with mass casualty incidents.

BREXIT: HSE EM continues its engagement with the Brexit working group in September. EM has a focus on the continuity of service arrangements in particular relating to our Health Service Colleagues in Northern Ireland. This is being facilitated through existing working relationships EM has with colleagues in the North and through the work of the Health Cross Border Emergency Management Group.

Emergency Management continues to work with the Mental Health function in planning for, responding to and meeting the psychosocial and mental health needs of persons affected in the aftermath of Major Emergencies. A Principle Psychology Lead has been identified for each CHO area and this person is a member of the CHO Emergency Management planning and response team.

Emergency Management continues to support the work of interagency Mass Fatality Management, in conjunctions with the Local Authority and An Garda Síochána. An interagency Mass Fatality Workshop was planned for, organised and held in the OBI on Sept 20th. Work continues with HSE corporate hospitals to determine hospital capacity and capability in the area of body holding, post mortem and supporting a Category III response

HSE EM has continued its work through the CBRN WG. A number of HSE staff representing Emergency Management, National Ambulance Service, Public Health and Emergency Departments attended an Interagency CBRN open day hosted by the Defence Forces in the Curragh camp.

HSE EM continued to meet its legislative requirements under Seveso legislation. HSE EM continued to meet its legislative requirement regarding Crowd Events (both Licenced and Unlicensed). HSE EM is awaiting outputs by the MEM National Working Group in regard to the interagency crowd events guidance and PHEEC in relation to their guidance on the provision of clinical care at events.

HSE will align its guidance on crowd events with any guidelines or practices recommended by either group.

Emergency Management continues to engage with a range of bodies through the structures established under a Framework for Major Emergency Management. On the 26th of September HSE staff from EM and NAS participated in an interagency table top exercise as part of “Operation Barracuda”. The scenario involved a marauding terrorist firearms attack and a hostile vehicle leading to a mass casualty incident. This forms part of the preparations for a live exercise in November, HSE EM are leading on the health element of the exercise The HSE MCI working group have been invited to attend the live exercise in November.

Emergency Management have been requested by DDG Operations to assist in the drafting process for the Winter Plan 2018/2019. This plan, when agreed, will be used to alleviate pressures on Emergency Departments during the normally busy winter period.

EU & North/South Unit

Brexit

- Ongoing meetings, presentations, PQ's, FOI's, etc. on Brexit completed as HSE's project Coordinator for Brexit
- Co-ordinator of Brexit Workshop involving HSE, DoH North and DoH South Brexit lead speakers on 16th August
- Ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on compilation of the list of SLA's and MOU's on a North South and East West basis
- DoH Brexit Action Plan template distributed to all areas within the HSE.
- DoH Brexit Action Plan returned for North South Unit
- Collation of DoH Action Plan and return to DoH – September
- Two Brexit Estimates collated from all HSE areas and returned to DoH as requested
 - Under a Central Case Scenario
 - Under a Disorderly Brexit

Cross Border Work

- On-going Interreg V Project Board meetings
- Attended Steering Committee meeting of Derry's Graduate Entry Medical School
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Meetings with SEUPB/CAWT as Interreg VA Lead Partner
- Launch of Interreg VA MACE project in Derry
- Ongoing work on a PEACE IV project with DPER and Northern Ireland colleagues on a possible cross border Mental Health project involving CHO1.

Finance

Introduction

The net revenue budget for the HSE in 2018 is €14.500 billion. This represents an increase of €344m or 2.4% over the final 2017 budget (which included once-off supplementary funding).

2018 Risk and First Charge

Following the finalisation of the audit of the Annual Financial Statements of the HSE, the recorded deficit for 2017 is €139m. Under Section 10 of the Health Service Executive (Financial Matters) Act, any excess expenditure must be charged to the Income and Expenditure Account the following year and is effectively a first charge on the following year's budget, and is a first draw on cash in 2018. In addition some voluntary providers are also experiencing cash flow challenges. Both the statutory and the voluntary sector have required cash accelerations to manage their working capital. This situation is particularly evident in the acute & disability sector and is being kept under on-going review.

As part of the 2018 service planning process, the HSE set targets for improving efficiency within the services being delivered totalling €346m under a Value Improvement Programme. Through the Value Improvement Programme we will target improvement opportunities to address the overall financial challenge while maintaining levels of activity. The Programme, seeks to improve services while also seeking to mitigate the operational financial challenge in services for 2018. This will only be delivered via realistic and achievable measures that do not adversely impact services. The HSE is engaging closely with Department of Health with the aim of securing increased delivery of these value improvement savings in line with the National Service Plan

The primary risks in each care area are as follows;

Within Acute Hospitals in the case of some services, there is a requirement to respond to service need. This primarily applies to emergency and maternity services.

Within disability services the main service and financial risk is in the area of residential places and emergency cases. This relates primarily to the costs of

providing residential care to people with an intellectual disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts.

Within primary care services this principally relates to the provision of support for complex paediatric discharges, medical & surgical supplies and virus reference laboratory services.

Specific pressures are also evident in the areas of the NHSS, home support, and short stay and transitional care beds, where the level of provision is directly determined by the funding available.

Mental Health Services will rely on a combination of the timing of funded development posts and adherence to funded workforce plans to break even financially.

Costs within demand led areas are largely demand driven, including drug costs in relation to HIV and statutory allowances such as Blind Welfare allowance, and are therefore not amenable to normal budgetary control measures.

Financial Performance

The HSE had expenditure of €11.301 billion against a budget of €10.770 billion for 2018 leading to a deficit of €531.3m or 4.9%.

There is a net deficit within Operational Services of €402.3m or 4.9%. This includes a net deficit of €206.1m in Acute Operations or 5.6%.

Pensions have a year to date deficit of €1.8m. The Primary Care Reimbursement Service has a deficit of €73.2m while the State Claims Agency and Treatment Abroad/Cross Border Directive/EU Schemes have deficits of €21.8m and €28.4m respectively.

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Varian ce €000s	
Acute Hospitals Division	4,800,142	3,759,998	3,552,963	207,035	5.83%
National Ambulance Service	164,691	121,389	122,363	(974)	-0.80%
Acute Operations	4,964,832	3,881,386	3,675,326	206,061	5.61%
Primary Care Total	851,061	624,472	626,895	(2,423)	-0.39%
Social Inclusion Total	155,939	114,600	114,399	202	0.18%
Palliative Care Total	80,986	60,346	60,421	(75)	-0.12%
Primary Care Division Total (Note 1)	1,087,985	799,418	801,715	(2,297)	-0.29%
Mental Health Division - Total	907,635	669,348	671,515	(2,168)	-0.32%
Older Persons Services - Total	834,145	637,370	610,796	26,574	4.35%
Nursing Home Support Scheme - Total	944,403	704,536	705,618	(1,082)	-0.15%
Disability Services - Total	1,817,004	1,374,858	1,339,165	35,693	2.67%
CHO HQs & Community Services - Total	9,729	9,765	7,323	2,442	33.35%
Community Total (CHO & Regional/National)	5,600,902	4,195,295	4,136,132	59,163	1.43%
Clinical Strategy &	47,290	25,440	29,123	(3,683)	-12.65%

Expenditure by Category and Division	Approved Allocation €000s	YTD			% Var Act v Tar €000s
		Actual €000s	Plan €000s	Varian ce €000s	
Programmes Division					
Quality Assurance & Verification	5,530	3,424	4,218	(794)	-18.82%
Quality Improvement Division	8,443	5,004	5,653	(649)	-11.49%
National Cancer Control Programme (NCCP)	8,471	2,804	2,955	(152)	-5.13%
National Screening Service	64,255	50,406	47,215	3,190	6.76%
Health & Wellbeing Division	109,397	77,924	80,095	(2,171)	-2.71%
Environmental Health	41,442	31,185	30,988	197	0.64%
Office of Tobacco Control	452	261	330	(69)	-20.90%
Emergency Management	1,551	999	1,159	(161)	-13.85%
Support Services	292,734	242,557	213,725	28,833	13.49%
Value Improvement Programme	(150,000)	-	(112,500)	112,500	-
Other Operations/Services	429,564	440,003	302,962	137,041	45.23%
Total Operational Service Areas	10,995,298	8,516,684	8,114,420	402,264	4.96%
Pensions	403,076	305,925	304,048	1,876	-0.62%
State Claims Agency	274,000	227,324	205,500	21,824	10.62%
Primary Care Reimbursement Service (Note 1)	2,579,589	2,011,927	1,938,717	73,209	3.78%
Demand Led Local Schemes (Note 1)	251,425	191,841	188,179	3,661	1.95%
Treatment Abroad and Cross Border Healthcare	14,157	30,558	10,599	19,959	188.30%
EU Schemes: EHIC and E127	11,851	17,357	8,886	8,470	95.32%
Total Pensions & Demand Led Areas	3,534,099	2,784,931	2,655,930	129,001	4.86%
Overall Total	14,529,397	11,301,615	10,770,350	531,265	4.93%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Pensions & Demand Led

Acute Hospitals

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	733,974	577,336	545,936	31,401	5.8%
Dublin Midlands	893,341	692,336	665,057	27,279	4.1%
Ireland East	944,588	753,200	704,013	49,187	7.0%
South / South West	815,898	639,206	607,644	31,562	5.2%
Saolta University Health Care	766,690	606,852	572,357	34,495	6.0%
UL Hospitals	311,965	252,333	232,061	20,271	8.7%
National Children's Hospital	297,879	233,144	220,649	12,496	5.7%
Regional & National Services	35,806	5,589	5,246	343	6.5%
Acute Hospitals Division	4,800,142	3,759,998	3,552,963	207,035	5.8%
National Ambulance Service	164,691	121,389	122,363	(974)	-0.8%
Total Acute Operations	4,964,832	3,881,386	3,675,326	206,061	5.6%

Acute Operations has expenditure of €3,881m against a budget of €3,675m leading to an adverse variance of €206.1m (5.6%). €207m of the deficit arises within the Acute Hospitals Division. The National Ambulance Service has a surplus of €0.974m. The Acute Hospitals deficit is comprised of €42.5m pay, €94.1m non pay and €70.4m income.

Within non-pay, there is a €15m deficit on bad debts. The income deficit is driven by maintenance charges which have a year to date adverse variance of €80.9m. Year on year, maintenance income is €41.05m lower than last year - this represents a reduction of 9.5%.

Older Persons

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	81,222	64,064	59,466	4,598	7.7%
CHO 2	78,446	60,803	58,430	2,373	4.1%
CHO 3	70,621	52,776	52,662	114	0.2%
CHO 4	124,753	95,117	93,412	1,705	1.8%
CHO 5	79,027	60,724	58,794	1,930	3.3%
CHO 6	62,537	47,411	46,586	826	1.8%
CHO 7	95,962	78,708	68,968	9,740	14.1%
CHO 8	67,709	51,185	49,821	1,365	2.7%
CHO 9	106,137	84,014	79,527	4,486	5.6%
Regional & National	67,733	42,567	43,130	(563)	-1.3%
Subtotal	834,145	637,370	610,796	26,574	4.4%
NHSS	944,403	704,536	705,618	(1,082)	-0.2%
Overall Total	1,778,548	1,341,906	1,316,414	25,492	1.9%

Older Persons core services - excluding NHSS - have expenditure of €637.4m against a budget of €610.8m leading to a deficit of €26.6m. This is comprised of €3.2m in pay, €24m in non-pay and (€0.6m) in income.

The main deficit drivers within services for Older Persons are: Home Support (Home Support levels in excess of budgets) and Residential care Units of €17.1m.

NHSS has expenditure of €704.5m against a budget of €705.6m leading to a surplus of €1.08m. Within this, non-pay has a deficit of €3.72m while income has a surplus of €4.8m.

Disabilities

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	135,014	98,869	98,458	411	0.4%
CHO 2	172,687	131,708	128,810	2,898	2.3%
CHO 3	158,141	120,700	117,904	2,796	2.4%
CHO 4	232,821	179,263	174,054	5,209	3.0%
CHO 5	172,439	135,544	129,652	5,892	4.5%
CHO 6	191,040	142,916	141,793	1,122	0.8%
CHO 7	228,219	178,430	168,253	10,177	6.0%
CHO 8	216,364	166,706	159,831	6,874	4.3%
CHO 9	283,167	215,891	210,920	4,971	2.4%
Regional & National	27,113	4,833	9,490	(4,657)	-49.1%
Total	1,817,004	1,374,858	1,339,165	35,693	2.7%

Disability Services have expenditure of €1,374.8m against a budget of €1,339.1m leading to an adverse variance of €35.7m. This is driven by a deficit in pay €6.2m, non-pay €30.6m and surplus income €1.1m.

Emergency placements remain a significant financial risk area due to a combination of the full year cost of 2017 placements and a considerable number of High & Medium support places put in place in the current year.

Financial pressures are also arising in relation to HIQA costs.

Mental Health

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	75,027	55,343	54,904	439	0.8%
CHO 2	106,314	81,099	79,132	1,967	2.5%
CHO 3	67,364	49,193	49,756	(563)	-1.1%
CHO 4	118,953	89,879	88,422	1,457	1.6%
CHO 5	100,617	76,466	75,006	1,460	1.9%
CHO 6	59,514	44,706	43,614	1,093	2.5%
CHO 7	93,775	68,021	69,451	(1,430)	-2.1%
CHO 8	96,543	72,463	72,014	449	0.6%
CHO 9	117,557	87,628	87,722	(94)	-0.1%
Central Mental Hospital	28,446	20,910	21,191	(280)	-1.3%
Suicide Prevention	9,414	6,167	7,288	(1,121)	-15.4%
Regional & National	34,113	17,472	23,015	(5,544)	-24.1%
Total	907,635	669,348	671,515	(2,168)	-0.3%

The Mental Health division spent €669.3m against a budget of €671.5m, representing a net surplus of €2.2m. This is mainly due to a favourable non-pay variance related to grant funding.

Primary Care

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
CHO 1	96,128	73,564	70,418	3,146	4.5%
CHO 2	102,278	82,357	75,705	6,652	8.8%
CHO 3	82,090	61,617	61,316	301	0.5%
CHO 4	136,895	103,789	102,250	1,538	1.5%
CHO 5	96,044	73,127	71,483	1,644	2.3%
CHO 6	64,381	49,174	47,740	1,433	3.0%
CHO 7	164,661	120,672	121,938	(1,266)	-1.0%
CHO 8	133,548	97,919	98,986	(1,067)	-1.1%
CHO 9	134,967	98,789	99,041	(252)	-0.3%
Regional	12,276	11,885	9,192	2,693	29.3%
National	64,718	26,525	43,645	(17,120)	-39.2%
Sub Total	1,087,985	799,418	801,715	(2,297)	-0.3%
PCRS	2,579,589	2,011,927	1,938,717	73,209	3.8%
DLS	251,425	191,841	188,179	3,661	1.9%
Sub Total PCRS & DLS	2,831,014	2,203,767	2,126,896	76,871	3.6%
Total	3,919,000	3,003,185	2,928,611	74,574	2.5%

The Primary Care division spent €3,003.1m versus a budget of €2,928.6m leading to a deficit of €74.5m.

Within Operational Primary Care, there is a year to date surplus of €2.3m. This is made up of a surplus on National of €17.1m and a deficit of €12.1m across the CHOs. This nationally held funding will transition to CHO's at various times during 2018.

There is also a deficit of €2.6m in Regional which mainly relates to the National Virus Reference Laboratory.

Other key drivers of CHO deficits are property related costs and medical and surgical supplies. In addition there are funding issues related to the running costs of Primary Care centres opened pre 2017.

Health & Wellbeing

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	109,397	77,924	80,095	(2,171)	-2.7%

The Health and Wellbeing division - which no longer includes Environmental Health - spent €77.9m versus a budget of €80m leading to a surplus of €2.1m.

Within this there is a surplus in Public Health of (€0.8m), a surplus of (€0.9m) in Health Promotion and small surpluses in other areas.

National Support Services

The September results for Support Services show net expenditure of €242.5m against the available budget reported at €213.7m. This gives rise to year to date deficit of €28.8m or 13.5%.

The main areas showing a deficit are HBS €15.4m, Legal Services €10.3m, Human Resources €7.8m, Health System Reform €2.4m and CIO €2.9m.

A VIP target of €7.6m has been applied in 2018.

Pensions/Demand Led Areas/State Claims (SCA)

Expenditure in demand led areas such as Pensions, State Claims Agency (SCA), Overseas Treatment and the Primary Care Reimbursement Service is typically difficult to predict with accuracy in any given year and can vary from plan depending on a number of factors outside of the Health Services direct control.

Pensions and Demand Led areas are currently running a little ahead of NSP expectations. The likely outlook for the State Claims Agency is being kept under review.

Human Resources

Health Sector Workforce – Key Messages

As at the end of September 2018 Health Services employment levels (including Home Helps), stands at **116,496 WTEs**. When compared with the **August 2018 figure (116,379 WTEs)**, the change is an increase of **+117 WTEs (+0.01%)**.

Reporting Methodology Impacts

- As advised last month, the reporting methodology of pre-registration student nurses and midwives, on their 4th year clinical placement has reverted to the previously discounted 50% WTE value. As previously advised, all reports for 2018 have been restated to reflect this change.
- Again this month, in light of the above, for ease of comparison, an additional table reflecting the overall monthly employment levels from January 2018 to date has been included.

Key findings

- The pace of growth this month is lower, compared to not only last month (+279), but equally when compared to the same period last year is substantially lower (+388). Additionally, it is also lower when further compared to previous years trends of 2016 and 2015 (+469 (2016), +322 (2015)).
- The lower pace of growth is reflected in decreases across four of the Hospital Groups (HGs) with an overall decreased WTE in Acute Services. Notwithstanding a reduction across three of the Community Healthcare Organisations (CHO's), six reflect increases, with an overall increase across Community Services.
- The HSE and the Voluntary Agencies (Non-Acute) sectors recorded increases from last month at **+139 WTEs (+0.2%)**, and **+61 WTEs (+0.4%)** while the Voluntary Hospitals decreased from last month at **-83 WTEs (-0.3%)**.
- The Year-to-Date figure is **+2,199 WTEs (+1.9%)** while the year on year increase is **+3,867 WTEs (+3.4%)**.

Staff Category & Staff Group Changes – growth/change factors:

- Four staff categories with the exception of Nursing and General Support recorded growth this month. Medical/Dental staff category recorded the greatest increase at +93 WTEs (+0.9%) with the main increases seen in NCHDs +45 WTEs and Consultants +34 WTEs (+1.1%).
- Nursing decreased by **-125 WTEs** this month. This is largely attributable to the reduction in pre-registration nurse students at the end of the academic year. It should be noted that on a year on year basis, the recorded growth in nursing is **+1050 WTEs** while Year to Date shows an increase **+ 443 WTEs**. In addition to directly employed nurses, expenditure on nursing agency continues to be a significant resource and based on August 2018 expenditure data, the derived figure in WTEs was assessed at **1,392 WTEs**. Using this figure as a proxy a more correct WTE figure for Nursing at end of September is **38,612 WTEs**.
- Some of the other notable monthly changes in staff groups and individual grades were seen in; Nurse Specialist +24 WTEs, PHNs +31 WTEs, Physiotherapists +20 WTEs, Clerical & Supervisory (III to VII) +68 WTEs, Pharmacy +17 WTEs and Radiographers +11 WTEs.

Pay and Staffing Strategy 2018

- Discussions on the Funded Workforce Plan 2018 continues with the Department of Health, alongside current engagement on the development of a process for reporting to year end.

European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.4%	82.4%
Mental Health Services	94.3%	91.2%
Other Agencies	100%	88.2%

The following tables and charts provide more detail on employment levels and trends, in respect of employment data, by Staff Category, Grade Group, Sector, Division and Service Delivery Unit

Organisation Structure - New Ways of Working Structure

The Strategic Workforce Planning & Intelligence Unit (SWF&I) are currently working on building the new structure issued from the Director General on the 21st December 2017, in order to report on the New Ways of Working.

All cost centres will be examined on a case by case basis to determine alignment within the new organisational structure and to ensure all staff are reported correctly under the new structure. In order to complete this piece of work this office will collaborate with Finance and HBS and all other relevant stakeholders to ensure all systems are aligned.

By Staff Group including Home Helps: Sept 2018 (Aug 116,379)

Staff Category /Group	WTE Sep 2018	WTE change since Sep 17	% change since Sep 17	WTE change since Dec 17	% change since Dec 17	WTE change since Aug 18
Total Health Service	116,496	+3,867	+3.4%	+2,199	+1.9%	+117
Medical/ Dental	10,400	+362	+3.6%	+279	+2.8%	+93
Consultants	3,065	+115	+3.9%	+95	+3.2%	+34
NCHDs	6,537	+251	+4.0%	+206	+3.3%	+45
Medical (other) & Dental	798	-3	-0.4%	-22	-2.7%	+14
Nursing	37,220	+1,050	+2.9%	+443	+1.2%	-125
Nurse Manager	7,705	+300	+4.1%	+271	+3.6%	+9
Nurse Specialist	1,815	+151	+9.0%	+109	+6.4%	+24
Staff Nurse	25,088	+548	+2.2%	-227	-0.9%	-64
Public Health Nurse	1,549	+35	+2.3%	+35	+2.3%	+31
Nursing Student	755	+11	+1.4%	+255	+50.9%	-126
Nursing (other)	308	+6	+2.0%	+1	+0.2%	-0
Health & Social Care	16,193	+561	+3.6%	+243	+1.5%	+64
Therapists (OT, Physio, SLT)	4,469	+142	+3.3%	+28	+0.6%	+19
Health Professionals (other)	11,724	+419	+3.7%	+215	+1.9%	+44
Management/ Admin	18,196	+717	+4.1%	+482	+2.7%	+65
Management (VIII+)	1,690	+118	+7.5%	+81	+5.0%	-3
Clerical & Supervisory (III to VII)	16,505	+599	+3.8%	+401	+2.5%	+68
General Support	9,476	-24	-0.3%	+22	+0.2%	-15
Patient & Client Care	25,011	+1,202	+5.1%	+731	+3.0%	+35
Ambulance	1,794	+81	+4.7%	+49	+2.8%	-13
Care	19,661	+856	+4.6%	+627	+3.3%	+20
Home Help	3,556	+265	+8.1%	+54	+1.6%	+28

By Division: September 2018

Division	WTE Sep 2018	WTE change since Sep 17	% change since Sep 17	WTE change since Dec 17	% change since Dec 17	WTE change since Aug 18
Total Health Service	116,496	+3,867	+3.4%	+2,199	+1.9%	+117
Acute Services	59,673	+2,310	+4.0%	+1,570	+2.7%	-42
<i>Acute Hospital Services</i>	57,776	+2,225	+4.0%	+1,516	+2.7%	-31
<i>Ambulance Services</i>	1,897	+85	+4.7%	+54	+2.9%	-11
Mental Health	9,830	+95	+1.0%	+39	+0.4%	+0
Primary Care	11,173	+205	+1.9%	+248	+2.3%	+125
Social Care	31,311	+1,140	+3.8%	+306	+1.0%	+24
<i>Disabilities</i>	18,034	+548	+3.1%	+221	+1.2%	+21
<i>Older People</i>	13,277	+592	+4.7%	+85	+0.6%	+3
Health & Wellbeing	568	+3	+0.5%	-13	-2.2%	+2
Corporate	2,406	+26	+1.1%	+4	+0.2%	+13
Health Business Services	1,534	+88	+6.1%	+44	+3.0%	-5

By Administration: September 2018

HSE/Section 38	WTE Sep 2018	WTE change since Sep 17	% change since Sep 17	WTE change since Dec 17	% change since Dec 17	WTE change since Aug 18
Overall	116,496	+3,867	+3.4%	+2,199	+1.9%	+117
HSE	75,564	+2,571	+3.5%	+1,454	+2.0%	+139
Voluntary Hospitals	24,904	+750	+3.1%	+475	+2.0%	-83
Voluntary Agencies (Non-Acute)	16,028	+545	+3.5%	+270	+1.7%	+61

By Service Delivery Area: September 2018

Service Area	WTE Sep 2018	WTE change since Sep 17	% change since Sep 17	WTE change since Dec 17	% change since Dec 17	WTE change since Aug 18
Total Health Service	116,496	+3,867	+3.4%	+2,199	+1.9%	+117
Ambulance	1,897	+85	+4.7%	+54	+2.9%	-11
Children's	3,271	+216	+7.1%	+166	+5.4%	+14
Dublin Midlands	10,351	+120	+1.2%	+50	+0.5%	-5
Ireland East	11,621	+425	+3.8%	+239	+2.1%	-57
RCSI	9,098	+412	+4.7%	+322	+3.7%	+2
Saolta Healthcare	8,978	+340	+3.9%	+304	+3.5%	+58
South/ South West	10,273	+437	+4.4%	+294	+3.0%	-19
University of Limerick	4,100	+273	+7.1%	+125	+3.2%	-26
other Acute Services	85	+3	+3.5%	+16	+23.3%	+3
Acute Services	59,673	+2,310	+4.0%	+1,570	+2.7%	-42
CHO 1	5,481	+85	+1.6%	+25	+0.5%	+12
CHO 2	5,439	+94	+1.8%	+47	+0.9%	+15
CHO 3	4,266	+118	+2.8%	+97	+2.3%	-5
CHO 4	8,053	+180	+2.3%	+70	+0.9%	-8
CHO 5	5,209	+457	+9.6%	+129	+2.5%	+20
CHO 6	3,775	+60	+1.6%	+2	+0.1%	+3
CHO 7	6,514	+184	+2.9%	+108	+1.7%	+65
CHO 8	6,065	+18	+0.3%	-27	-0.4%	-2
CHO 9	6,542	+190	+3.0%	+104	+1.6%	+39
PCRS	402	+24	+6.4%	+9	+2.3%	-1
Other Non-Acute	570	+31	+5.8%	+29	+5.4%	+12
Community Services	52,314	+1,441	+2.8%	+594	+1.1%	+149
Health & Wellbeing	568	+3	+0.5%	-13	-2.2%	+2
Corporate*	2,406	+26	+1.1%	+4	+0.2%	+13
Health Business Services	1,534	+88	+6.1%	+44	+3.0%	-5

*Health and wellbeing, Environmental Health services and National Screening are reported under corporate services

Overview of Monthly Employment Levels as restated from Jan to September 2018

	Sep 18	Aug 18	Jul 18	Jun-18	May-18	Apr-18	Mar-18	Feb-18	Jan-18	YTD
Acute	-42	+308	+25	+132	+100	+148	+313	+346	+240	+1,570
Community	+149	-8	-27	+30	+96	+221	+137	+143	-148	+594
Other	+10	-22	+11	-11	-0	+11	+39	+3	-5	+35
<i>Medical/Dental</i>	<i>+93</i>	<i>+177</i>	<i>-17</i>	<i>-26</i>	<i>-8</i>	<i>-5</i>	<i>+65</i>	<i>+55</i>	<i>-57</i>	<i>+279</i>
<i>Nursing</i>	<i>-125</i>	<i>-63</i>	<i>-36</i>	<i>-66</i>	<i>+31</i>	<i>+72</i>	<i>+143</i>	<i>+316</i>	<i>+171</i>	<i>+443</i>
<i>Health/Social Care</i>	<i>+64</i>	<i>+21</i>	<i>-32</i>	<i>+14</i>	<i>+0</i>	<i>+56</i>	<i>+80</i>	<i>+16</i>	<i>+24</i>	<i>+243</i>
<i>Mgt/Admin</i>	<i>+65</i>	<i>+60</i>	<i>+67</i>	<i>+28</i>	<i>-5</i>	<i>+89</i>	<i>+89</i>	<i>+34</i>	<i>+55</i>	<i>+482</i>
<i>General Support</i>	<i>-15</i>	<i>+12</i>	<i>-35</i>	<i>+56</i>	<i>+7</i>	<i>-3</i>	<i>+25</i>	<i>-5</i>	<i>-19</i>	<i>+22</i>
<i>Patient and Client Care</i>	<i>+35</i>	<i>+71</i>	<i>+62</i>	<i>+145</i>	<i>+170</i>	<i>+171</i>	<i>+89</i>	<i>+75</i>	<i>-87</i>	<i>+731</i>
Total	+117	+279	+9	+150	+196	+380	+490	+492	+87	+117

Absence Rate

Service	Med/Den	Nursing	Health & Social Care	Man/ Admin	General Support	Patient & Client Care	Overall	Certified
Acute Services	0.7%	4.5%	3.0%	4.0%	5.6%	6.9%	4.1%	88.7%
Mental Health	2.3%	4.7%	3.5%	3.5%	4.9%	4.6%	4.3%	91.6%
Primary Care	3.1%	5.4%	4.0%	4.8%	5.6%	5.5%	4.8%	94.1%
Social Care	1.7%	5.5%	4.2%	3.5%	5.5%	5.6%	5.2%	92.8%
Community Services	2.6%	5.2%	4.0%	4.3%	5.4%	5.5%	4.9%	93.0%
Health & Wellbeing	5.6%	0.4%	1.8%	2.2%	0.0%	0.5%	3.1%	59.9%
Corporate & HBS	0.0%	2.7%	3.8%	4.4%	6.1%	0.4%	4.3%	91.4%
Overall	1.1%	4.8%	3.5%	4.2%	5.6%	6.0%	4.5%	
Certified	83.8%	89.1%	92.0%	92.2%	92.6%	91.5%	90.7%	90.7%

Latest monthly figures

Latest monthly figures (August 2018)

- The August rate at 4.5% is higher than the July rate (4.3%). Previous August rates were 5.5% (2008), 5.1% (2009), 4.8% (2010), 4.9% (2011), 4.7% (2012), 4.8% (2013), 4.1% (2014), 4.3% (2015) and 4.4% (2016), 4.3% (2017).
- August 2018 absence rate stands at **4.5%**, exhibiting a similar trend to 2017 and in 2016.

Annual Rate for 2017 and Trend Analysis from 2008

- The 2017 full year rate is 4.4% which is down from 4.5% in 2016. 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.
- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time. The 2017 absence rate across the Health Services was **4.4%**, an improvement on the 2016 full year rate of 4.5%. Care should be taken in the comparison of these figures to other sectors, as the nature of the work, demographic of employees, and diversity of the organisation needs to be recognised. Health sector work can be physically and psychologically demanding, increasing the risk of work related illness and injury. However, these trends are generally in-line with international public healthcare organisations. The latest NHS England absence rate for March 2018 was 4.05%, while the 2017 annual rate was 4.13%, up from 4.05% the previous year. NHS Scotland reported an absence rate of 5.5% December 2017, and a yearly average of 5.39%, up from 5.20% in the previous year. While in NHS Wales, the 2017 absence rate was 5.1%. As with our international counterparts, sickness absence shows wide seasonal variation throughout the year with the rate lower in summer and higher in winter.

Annual rates are as follows:

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report

Level 3/Level 4

November 2018

Leadership Version 0.3 06 11 18

Escalation Summary

1. Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Division
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2. Areas of Level 3 Escalation (NPOG oversight)

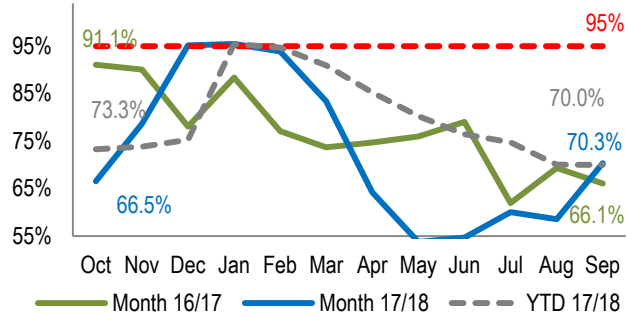
No.	Area of escalation	Division
1	Cancer Services – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Hospitals
2	Waiting List > 18 months for an elective procedure / Waiting List >18 months for an OPD appointment	Acute Hospitals
3	Serious Reportable Events (SREs)	Acute Hospitals
4	Assessment of Need (Disability Act Compliance) and Network Teams	Social Care
5	Patients waiting in ED > 24 hours and people over 75 years	Acute Hospitals
6	Colonoscopy - % of people waiting > 13 weeks for a routine colonoscopy/OGD and urgent colonoscopy - % of people waiting < 4 weeks	Acute Hospitals
7	Financial Position: Projected net expenditure to year end including pay management	Acute Hospitals

i	Appendix 1: Services in Escalation
ii	Appendix 2: Areas deescalated from NPOG oversight
iii	Appendix 3: Areas assigned by NPOG

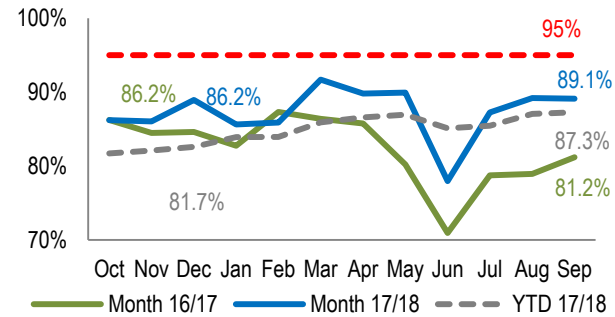
Performance summary areas of escalation

Level 3 escalation

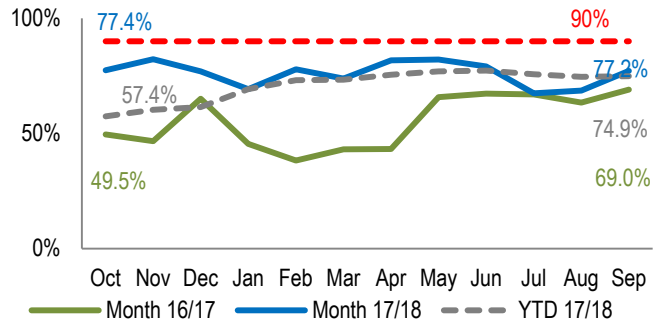
Breast Cancer within 2 weeks Acute Hospitals



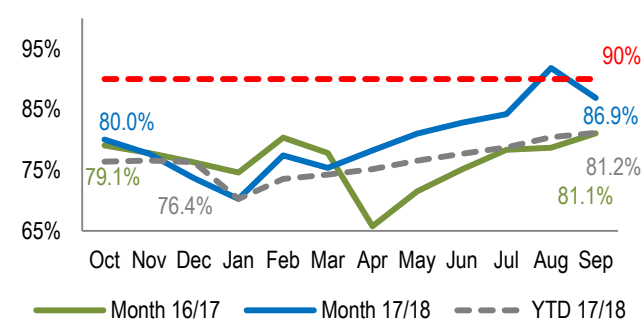
Lung Cancer within 10 working days Acute Hospitals



Prostate Cancer within 20 working days Acute Hospitals

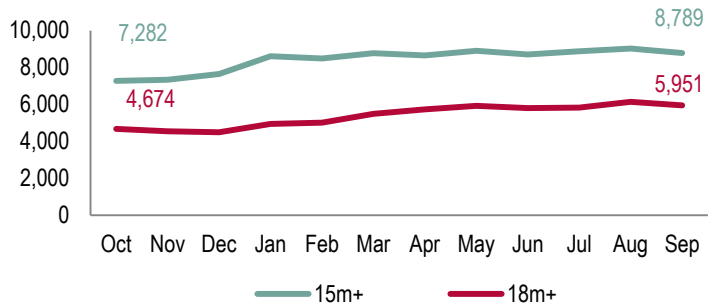


Radiotherapy within 15 working days Acute Hospitals

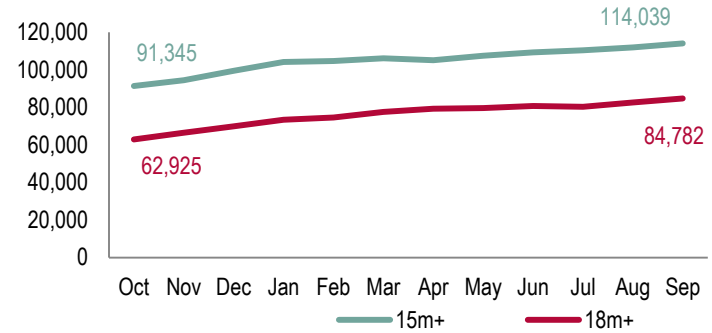


Inpatient and Day Case Waiting List (Adult & Child 15m+ and 18m+)

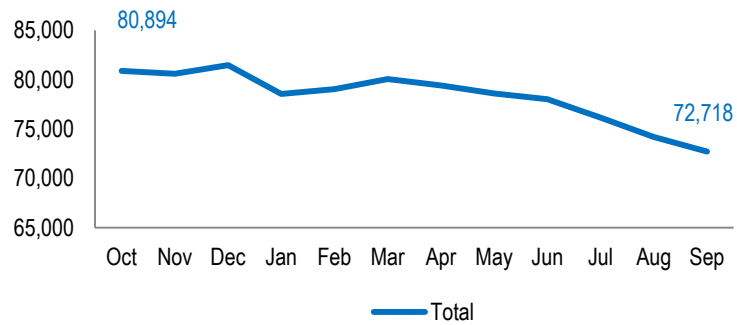
Acute Hospitals



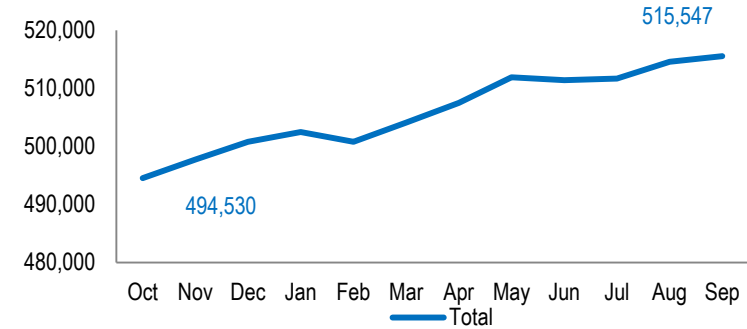
Outpatient Waiting List (15m + and 18m+) Acute Hospitals



Inpatient and Day Case Waiting List (Adult & Child Total) - Acute Hospitals



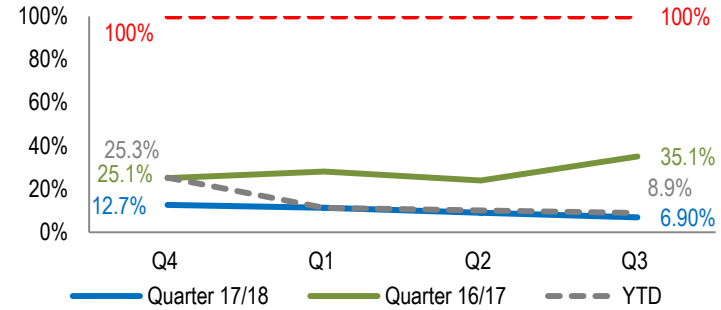
Outpatient Waiting List (Total) Acute Hospitals



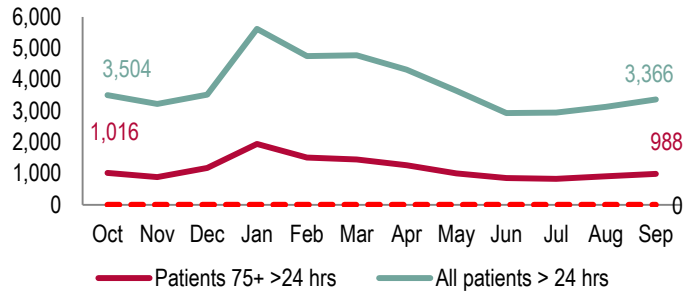
Total Number of SREs Reported Acute Hospitals

Division	Total SRE Occurrence
Acute Hospitals	14

Disability Act Compliance Social Care



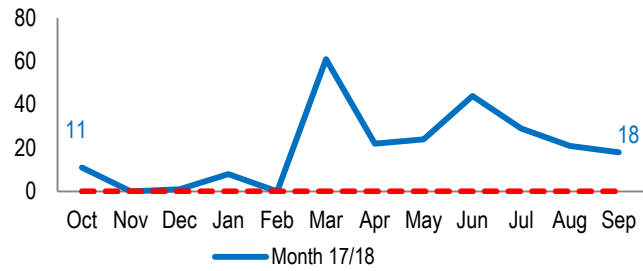
ED over 24 hours Acute Hospitals



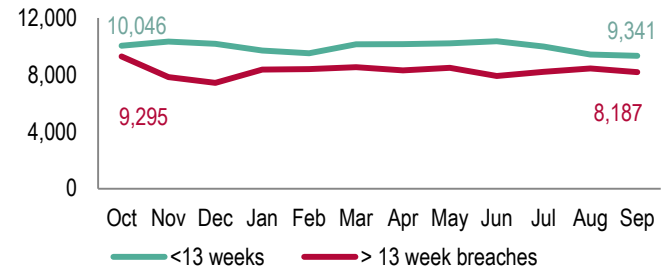
Financial position: projected net expenditure to year end including pay management Acute Hospitals

	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance
Acute Hospitals Division	3,759,998	3,552,963	207,035	5.83%

Urgent Colonoscopy patients greater than 4 weeks Acute Hospitals

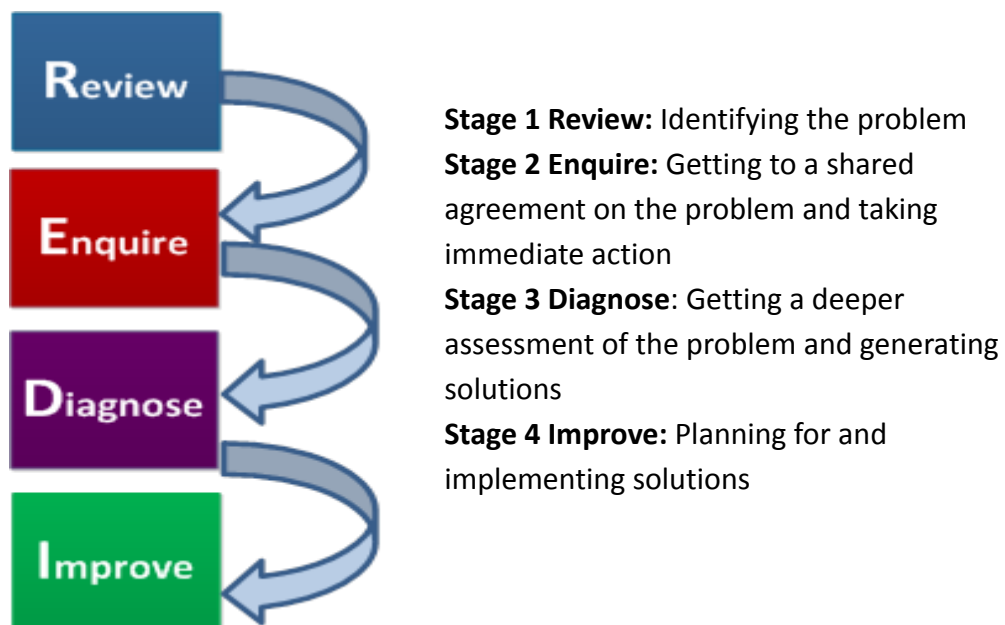


Number on waiting list for GI Scopes Acute Hospitals



NPOG Review and Improvement process

The NPOG Framework for Performance Review and Improvement follows a 4 stage process. These stages are Review, Enquire, Diagnose and Improve [REDI]



Areas of Level 3 Escalation [NPOG oversight]

General: Cancer Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals/NCCP	3	⁵ May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AHD ND CCP	
NPOG REDI elements			Date agreed	Due date	Status
1	Improve: RAC performance will be monitored by NPOG on a monthly		06.12.17	on-going	
2	Review: Predictive Tool Model to be implemented in CUH Radiotherapy RAC and UHL Prostate RAC and Lung RAC		01.05.18	05.06.18	Implemented in UHL
3	Improve: Improvement Plans for breast, prostate and lung cancer services have been agreed with a number of hospital sites where performance is below target. These will be monitored on a monthly basis.		02.10.18	On-going	
4	Improve: Update on the implementation of recommendations in the <i>NCCP Rapid Access Clinics Performance Review and Improvement Plan</i> to be provided		06.11.18	04.12.18	

⁵ Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.
Health Service Performance Profile July to September 2018 Quarterly Report

Waiting Lists: > 18 months Inpatient & Day Case and Outpatient

Division	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Hospitals	3	October 2015	Escalated due to the continued growth in waiting lists and waiting times	ND AHD

NPOG REDI elements		Date agreed	Due date	Status
1	Diagnosis: Escalation actions in relation to scheduled and un-scheduled care will be aligned with the work on the 3 Year Plan which has been commissioned by the DDG Operations	06.09.17	on-going	Under management at operational level

Serious Reportable Events [SREs]

Division	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Hospitals	3	March 2015	Escalated due to concerns about the reporting and investigation of SREs	ND AHD

NPOG REDI elements		Date agreed	Due date	Status
1	Review: SRE compliance will be monitored by NPOG on a monthly basis	05.07.17	on-going	on-going

Assessment of Need (Disability Act Compliance) and Network Teams

Division	Escalation level	Date escalated	Reason for escalation	Responsible
Social Care	3	August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND SC

NPOG REDI elements		Date agreed	Due date	Status
1	Review: ND to provide a report on assessment of longest waiters by CHO.	10.04.18	03 07 18	Update provided
2	Improve: ND to provide a progress report on Implementation of the Improvement Plan	10.04.18	03 07 18	Progress Report provided

Colonoscopy: [% of people waiting > 13 weeks and Urgent]

Division	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Hospitals	3 (re-assigned Jan 2018)	⁶ March 2015	Due to the number of patients waiting greater than 13 weeks for a routine colonoscopy/OGD and on-going breaches in urgent colonoscopies	ND AHD

NPOG REDI elements		Date agreed	Due date	Status
1	Review: Monthly review of urgent colonoscopy breach data	07.06.17	on-going	on-going
2	Improve: Immediate solution is sought from IEHG regarding urgent colonoscopy challenges in St Columcille's Hospital	02.10.18	06.11.18	Progress Report provided

⁶ Routine colonoscopies escalated Red to Black in September 2015
 Health Service Performance Profile July to September 2018 Quarterly Report

ED: Patients waiting in ED > 24 hours and people over 75 years					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals	3 (re-assigned Jan 2018)	May 2015	Due to the number of people continuing to wait in ED for > 24 hours	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	Diagnosis: Under the auspices of the National Patient Flow Improvement Programme the diagnostic, actions and projections for service improvement for projects at Galway and UL hospitals will be completed		07.06.17	on-going	Under management at operational level
2	Diagnosis: Escalation actions in relation to scheduled and un-scheduled care will be aligned with the work on the 3 Year Plan which has been commissioned by the DDG Operations		06.09.17	on-going	Under management at operational level

Financial position including pay management					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals	3 (re-assigned Jan 2018)	February 2016	Due to the risks to financial performance within acute hospitals	ND AHD	
NPOG REDI elements			Date agreed	Due date	Status
1	Enquire: Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.		04.05.16	on-going	Complete

Appendix 1: Services in Escalation – 6th November 2018

Acute Services - Services in Escalation Table - NOVEMBER 2018 (September 2018 data cycle)			
Service	Accountable Officer	Escalation Area	Level
Children's Hospital Group (Accountable Officer - Eilish Hardiman CEO)			
National Children's Hospital at Tallaght Hospital	David Slevin	Routine Colonoscopy > 13 weeks	Level 3
Dublin Midlands Hospital Group (Accountable Officer - Trevor O'Callaghan (Acting CEO))			
MRH Portlaoise	Michael Knowles	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
MRH Tullamore	Noreen Hynes	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
Naas General Hospital	Alice Kinsella	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
St. James's Hospital	Lorcan Birthistle	Breast Cancer within 2 weeks	Level 3
Tallaght Hospital - Adults	David Slevin	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
Ireland East Hospital Group (Accountable Officer - Mary Day CEO)			
Mater Misericordiae University Hospital	Gordan Dunne	ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
		Breast Cancer within 2 weeks	Level 3
		Prostate Cancer within 20 days	Level 3

MRH Mullingar	Shona Schneemann		
		ED > 24 hours	Level 3
Our Lady's Hospital Navan	Ken Fitzgibbon		
		ED > 24 hours	Level 3
St Columcille's Hospital	Linda O'Leary		
		Urgent Colonoscopy > 28 days	Level 3
St. Michael's Hospital	Seamus Murtagh		
		Routine Colonoscopy > 13 weeks	Level 3
St. Vincent's University Hospital	Kay Connolly		
		ED > 24 hours	Level 3
Wexford General Hospital	Lily Byrnes		
		ED > 24 hours	Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO))			
Beaumont Hospital	Ian Carter		
		ED > 24 hours	Level 3
Connolly Hospital	Margaret Boland		
		ED > 24 hours	Level 3
Our Lady of Lourdes Hospital	Catriona Crowley		
		ED > 24 hours	Level 3
Saolta University Health Care Group (Accountable Officer - Maurice Power (CEO))			
Galway University Hospitals	Chris Kane		
		ED > 24 hours	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
Letterkenny University Hospital	Sean Murphy		
		Routine Colonoscopy > 13 weeks	Level 3
Mayo University Hospital	Catherine Donohoe		
		Routine Colonoscopy > 13 weeks	Level 3

South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara	ED > 24 hours	Level 3
		Radiotherapy	Level 3
		Lung Cancer within 10 working days	Level 3
		Breast Cancer within 2 weeks	Level 3
Mercy University Hospital	Sandra Daly	ED > 24 hours	Level 3
South Tipperary General Hospital	Maria Barry	ED > 24 hours	Level 3
UH Kerry	Fearghal Grimes	ED > 24 hours	Level 3
UH Waterford	Alice Medjaou	ED > 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
University of Limerick Hospital Group (Accountable Officer - Colette Cowan CEO)			
Nenagh Hospital	Prof Colette Cowan	Routine Colonoscopy > 13 weeks	Level 3
St. John's Hospital Limerick	John Cummins	Routine Colonoscopy > 13 weeks	Level 3
UH Limerick	Prof Colette Cowan	ED > 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Lung Cancer within 10 working days	Level 3
		Routine Colonoscopy > 13 weeks	Level 3
		ED > 75 yrs > 24 hours	Level 3

Community Services - Services in Escalation Table - NOVEMBER 2018 (September 2018 data cycle)

Service	Accountable Officer	Escalation Area	Level
CHO 4	Ger Reaney	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 7	Ann O'Shea	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
CHO 9	Mary Walshe	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3

Appendices

Appendix 1: Report Design Overview

The Performance Profile provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources. It will be published quarterly together with the Management Data Report for each performance cycle.

An update on year to date (YTD) performance is provided on the heat map for each metric on the National Scorecard. The service area updates provide an update on performance in graph and table format for the metrics on the National Scorecard and also for other key metrics taken from the National Service Plan (NSP).

Heat Maps:

- Heat Map provided for Community Healthcare and Acute Hospital Services
- The heat maps provide the YTD position for the metrics listed on the National Scorecard in the NSP (Performance and Accountability Framework metrics)
- The results for last three months are provided in the final three columns Current, Current (-1) and Current (-2)
- Metrics relevant to the current performance cycle under review are only displayed on the heat map i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)
- [R], [A] and [G] are added after the results on the heat map to comply with visualisation requirements for colour vision deficiencies



- The table below and across the page provides details on the rulesets in place for the Red, Amber, Green (RAG) ratings being applied on the heat maps. A Green rating is added in cases where the YTD performance is on or exceeds target or is within 5% of the target

Performance RAG Rating	Finance RAG Rating
Red ● > 10% of target	Red ● ≥ 0.75% of target
Amber ● > 5% ≤ 10% of target	Amber ● ≥ 0.10% < 0.75% of target
Green ● ≤ 5% of target	Green ● < 0.10% of target

Workforce – Absence	Workforce – Funded Workforce Plan	Workforce - EWTD
Red ● ≥ 4%	Red ● ≥ 0.75% of target	Red ● > 10% of target
Amber ● ≥ 3.7% < 4%	Amber ● ≥ 0.10% < 0.75% of target	Amber ● > 5% ≤ 10% of target
Green ● < 3.7%	Green ● < 0.10% of target	Green ● ≤ 5% of target

Performance Table:

- The Performance Overview table provides an overview on the YTD and in month performance
- In-month results for the current and previous two cycles added are present to facilitate trends review
- Details of the three best performers and outliers are presented alongside the results of the metric
- Metrics relevant to the current performance cycle under review are only displayed on the table i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)

Graphs:

- The graphs provide an update on in month and YTD performance for metrics with percentage based targets
- The result labels on the graphs are colour coded to match the relevant line colour on the graph to make it clearer which results refer to which lines on the graph
- The legend below provides an update on the graph layout. Solid lines are used to represent in-month performance and dashed lines represent the YTD performance and target/expected activity

Graph Layout:	
Target	-----
Month 17/18	—————
Month 16/17	—————
YTD 17/18	-----

Service Commentary:

- Service update for Community Services, Acute Services and National Services will be provided each cycle

Appendix 2: Data Coverage Issues

Service Area	Metric Name	Data Coverage Issue
Primary Care	Psychology No of Patients Seen % on waiting list for treatment \leq 12 weeks % on waiting list for treatment \leq 52 weeks	Non Return – CHO2 (Galway)
Primary Care	Child Health Quarterly % of new-born babies visited by a PHN within 72 hours of hospital discharge	Non Return – CHO1 (Sligo/Leitrim), CHO2 (Galway), CHO7 (Dublin South City)
Primary Care	Child Health % of children reaching 10 months within the reporting period who have had child developmental health screening on time or before reaching 10 months of age.	Non Return – CHO1 (Sligo/Leitrim) , CHO7 (Dublin South City)
Palliative Care	Children Community No of children in the care of the Clinical Nurse Co-ordinator for Children with Life Limiting Conditions (children's outreach nurse)	Non Return – CHO5 (Carlow/Kilkenny, South Tipperary, Waterford, Wexford), CHO8 (Laois Offaly, Longford Westmeath) CHO9 (Dublin North West, Dublin North Central, Dublin North)
Social Inclusion	Average waiting time (days) from referral to assessment for opioid substitution treatment Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	Non Return – CHO2 (Galway, Mayo, Roscommon)
Social Inclusion	No of unique individuals attending pharmacy needle exchange	Non Return (All CHOs)
Social Inclusion	% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Non Return – CHO5 (Carlow Kilkenny, South Tipperary, Waterford, Wexford)
Health & Wellbeing	Immunisations & Vaccines % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1)	Non Return – CHO1 (Cavan/Monaghan); CHO8 (Louth), (Meath)
Health & Wellbeing	Immunisations & Vaccines % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Return – CHO1 (Cavan/Monaghan); CHO8 (Louth), (Meath)
Mental Health	<u>General Adult Teams</u> % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months % of new (including re-referred) cases offered appointment and DNA in the current month	CHO3 - 2 Teams - (Nenagh, Limerick Sector A) CHO5 -1 Team - Wexford North

Service Area	Metric Name	Data Coverage Issue
	No. of adult referrals (including re-referrals) seen by Mental Health Services	
Mental Health	<u>Psychiatry of Later Life</u> % of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months % of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months % of new (including re-referred) cases offered appointment and DNA in the current month No. of PLL (including re-referrals) seen by Mental Health Services	CHO4 -2 Teams - West Cork, North Lee POA
Acute Hospitals	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration (MDR report)	Mercy, Mullingar, LUH, St. John's outstanding during Sep-18
Acute Hospitals	Breast Cancer detection rates	CUH data outstanding
Acute Hospitals	Prostate Cancer detection rates	Beaumont , CUH outstanding
Acute Hospitals	% of maternity units/ hospitals with implementation of IMEWS	Louth, Tallaght – Paeds, Temple Street
Acute Hospitals	% of hospitals with implementation of IMEWS	Louth, Tallaght – Paeds, Temple Street
Acute Hospitals	Clinical Handover (NSP KPI's)	Contacted hospitals, however low data coverage so not reported

Appendix 3: Hospital Groups

	Hospital	Short Name for Reporting		Hospital	Short Name for Reporting
Childrens Hospital Group	National Children's Hospital at Tallaght University Hospital	Tallaght - Paeds	Saolta University Health Care Group	Galway University Hospitals	GUH
	Our Lady's Children's Hospital, Crumlin	OLCHC		Letterkenny University Hospital	LUH
	Temple Street Children's University Hospital	TSCUH		Mayo University Hospital	MUH
Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital	CWUIH		Portiuncula University Hospital	PUH
	Midland Regional Hospital Portlaoise	Portlaoise		Roscommon University Hospital	RUH
	Midland Regional Hospital Tullamore	Tullamore		Sligo University Hospital	SUH
	Naas General Hospital	Naas	South/South West Hospital Group	Bantry General Hospital	Bantry
St. James's Hospital	SJH	Cork University Hospital		CUH	
St. Luke's Radiation Oncology Network	SLRON	Cork University Maternity Hospital		CUMH	
Tallaght University Hospital	Tallaght - Adults	Lourdes Orthopaedic Hospital Kilcreene		Kilcreene	
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Cappagh		Mallow General Hospital	Mallow
	Mater Misericordiae University Hospital	MMUH		Mercy University Hospital	Mercy
	Midland Regional Hospital Mullingar	Mullingar	South Infirmary Victoria University Hospital	SIVUH	
	National Maternity Hospital	NMH	South Tipperary General Hospital	Sth Tipperary	
	Our Lady's Hospital Navan	Navan	University Hospital Kerry	UHK	
	Royal Victoria Eye and Ear Hospital	RVEEH	University Hospital Waterford	UHW	
	St Luke's General Hospital Kilkenny	SLK	University of Limerick Hospital Group	Croom Orthopaedic Hospital	Croom
	St. Columcille's Hospital	Columcille's		Ennis Hospital	Ennis
	St. Michael's Hospital	St. Michael's		Nenagh Hospital	Nenagh
	St. Vincent's University Hospital	SVUH		St. John's Hospital Limerick	St. John's
Wexford General Hospital	Wexford	University Hospital Limerick		UHL	
		University Maternity Hospital Limerick		LUMH	
RCSI Hospitals Group	Beaumont Hospital	Beaumont			
	Cavan General Hospital	Cavan			
	Connolly Hospital Blanchardstown	Connolly			
	Louth County Hospital	Louth			
	Monaghan Hospital	Monaghan			
	Our Lady of Lourdes Hospital Drogheda	LOL			
Rotunda Hospital	Rotunda				

Appendix 4: Community Health Organisations

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