



Performance Profile

October – December 2018

Quarterly Report

Building a
Better Health
Service

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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

Acute hospitals are challenged in addressing increased demand in terms of the number of patients presenting to hospitals and the complexity of their conditions. Total population growth for 2018-2019 was projected to increase by 1% with adults aged 65 years and over projected to increase by 3.3%. Bed utilisation rates are greater than 90%, particularly in larger hospitals where discharge by 11 am is promoted to improve admission times for patients from ED.

Hospital Groups and Community Healthcare Organisations collaborated and developed integrated winter preparedness plans for Winter 2018/2019 including a 4 week enhanced focus period from 17 December to the 13th January 2019. The focus period has a suite of enhanced measures targeted at 9 focus sites and their associated Community Healthcare Organisations. The enhanced actions during this period include the following;

- Winter ready services targeted at older persons and persons with chronic disease including flu vaccine and routine health checks.
- Expanded services in Local Injury Units.
- Increasing diagnostic access for GPs for acute presentations and extended hours of service in acute hospitals.
- Enhanced Senior Decision Making presence in AMAUs with corresponding enhanced arrangements in Diagnostics (Radiology and Cardiology) to support admission avoidance.
- Provision of Frailty Intervention Team in EDs. This is a key enabler to patient flow and supports the principle of 'keeping patients at home'.
- Reducing surgical inpatient capacity to enable medical short stay, where feasible. This will enable medical short stay, that is, less than 48 hours which can positively impact on available capacity.

- Enhanced Senior Decision Making presence at ward level to support improved patient flow, including out of hours and at weekends to facilitate discharges.
- There were 1,470,541 emergency presentations in 2018 compared to 1,417,892 in 2017, an increase of 3.7%.
- 97.1% of all patients were seen within 24 hours in EDs in December and 96.5% year to date.
- 92.9% of patients aged 75 years and over were seen within 24 hours in EDs in December and 91.5% year to date December.
- 79.5% of all patients waited 9 hours or less to be seen in EDs in the month of December and 79.4% year to date December
- 63.8% of all patients waited 6 hours or less to be seen in EDs and 64.6% year to date December

Inpatient, Day Case & Outpatient Waiting Lists

Improving access for patients is a key priority for the HSE and despite challenges in terms of access; the data below highlights the continued progress that is being made by the HSE in collaboration with the NTPF in delivering on this priority. The figures also show that significant progress is being made in meeting the Sláintecare recommendation that patients should wait no longer than 12 weeks for an inpatient procedure. Since July 2017 the number of patients waiting longer than 3 months has fallen from 57,998 to 40,231 in December 2018 which is a reduction of 30% and are now at their lowest level since 2014.

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

- Adult Inpatient < 15 months (target 90%), compliance 84.3%.
- Adult Day Case < 15 months (target 95%), compliance 92.9%.
- Children's Inpatient, 15 months (target 90%), compliance 89.8%.
- Children's Day Case < 15 months (target 90%), compliance 83.9%.
- Outpatients < 52 weeks (target 80%), compliance 70.4%.
- The total number waiting for inpatient and day case procedures reduced from 81,468 people to 70,204 people which are a reduction of 13.8% year on year.
- The total number waiting more than 15 months for an inpatient and day case procedure reduced from 7,656 people to 6,897 people which is a reduction of 9.9% (759).

Delayed Discharges

- Delayed Discharges at the end of December were 476 compared with 480 for the same period last year.

Routine/Urgent Colonoscopies

The HSE's Acute Operations Unit continues to work with the HSE's National Endoscopy programme on a range of actions to improve capacity and effectiveness across the service. The Acute Operations Unit is also working in collaboration with the National Treatment Purchase Fund (NTPF) to align its strategic and operational needs for capacity enhancement. The referral of long waiter appointments for routine colonoscopy via the NTPF can free up capacity for the urgent and screening endoscopy patient cohorts. Twenty five percent of the new patient breaches in 2018 were attributable to storm Emma.

Hospitals are progressing with the recruitment of additional staff for endoscopy units as per the HSE's National Service Plan 2018. Demonstrator validation projects were implemented in a number of hospitals to review the effectiveness of referral management practices which will assist in ensuring that available capacity is directed towards patients with a standardised threshold of urgent status.

- In December 59.1% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 253 new urgent patient breaches in 2018.
- The total number of people awaiting scopes has increased by 7% (1,229) when December '18 is compared with December '17 (18,847, versus 17,618).

Cancer Services

- 78.3% of prostate cancer referrals were seen within 20 working days year to date December 2018 compared with 61.5% for the same period last year, an improvement of 16.8%.
- 88.2% of lung cancer referrals were seen within 10 working days year to date compared with 82.7% for the same period last year which is an improvement of 5.5%.

- 75.6% of urgent breast cancer referrals were seen within 2 weeks in 2018, which was in line with 2017.

Primary Care Services

- CIT referrals remain ahead of target by 16.3%.
- 94.3% of physiotherapy referrals, 93.6% of speech and language referrals and 74.4% of occupational therapy referrals accessed the services within 52 weeks.
- 92.9% of babies received their developmental screening checks within 10 months and 96.5% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 1,065,567 contacts with GP out of Hours services to the end of December; this is 4% ahead of expected activity and in line with the same period last year.
- Podiatry - Number of Patients seen 14.1% ahead of plan.
- 14 new Primary Care Centres became operational in 2018.
- 198 GP Trainees commenced training in 2018.
- 3 new CIT teams commenced in 2018.
- OPAT programme referrals made in 2018 saved 28,865 bed days.

Disability Services

- €10 million Respite investment - 10 New Designated Respite Centres and 866 Community Respite sessions.
- 1.63 million personal assistant hours, 3.0.8million home support hours and 159,480 respite overnights provided.
- 1,209,014 PA Hours were delivered by the end of quarter 3, 87,737 hours more than the same period last year.
- 2,162,223 Home Support were delivered by end of quarter 3, 57,426 less than the same period last year.

Older Persons Services

- Home Support hours delivered 17,130,453 in 2018, (0.2%) above expected activity. The number of people, in receipt of home support services continues to increase, with 53,016 people availing of the service in

- December, 5% above expected activity.
- 926 persons were supported through transitional care in November. Jan-November 11,076 cases approved and convalescent care is higher proportion than long term care showing a more effective use of resources. New funding provided for 20 additional approvals per week and conversion of 30 beds in CUH to Community beds which are all now open.
- 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 3 - 4 weeks.

Social Inclusion

- Homeless Services - No. of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission - ahead of expect activity by 5.8% January – November.
- Continued expansion of Suboxone programme to 220 clients in 2018 with approximately 95 additional GPs trained to prescribe Suboxone.

Mental Health Services

- Over 2,000 development posts have been approved since 2012 and by the end of 2018, this included a further 229 WTEs across a range of services/ disciplines for existing or new teams in CAMHs, GA, POA, MHID, 7/7 services, community and in-patient rehabilitation, forensic services etc.
- 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.
- 93.7% of all Bed Days of Children were in CAMHS Units up to the end of December 2018 in line with the target of 95%.

Health & Wellbeing Services

- Nationally year to date, 48.8% of smokers are QUIT at on one month ahead of the National target of 45%.
- 94.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date while 92.3% of children aged 24 months received the MMR vaccine year to date.

- The total number of Parkruns completed by member of the public in 2018 is 412,908 which is ahead of target by 35,907 (target 377,001).
- Further implementation of the MECC programme ensuring chronic disease prevention and management is an integral and routine part of clinical care by a greater proportion of healthcare professionals.
- Preparation and beginning of transition of Health promotion and Improvement staff to CHOs supporting the implementation of the Healthy Ireland plans within the CHOs.

Corporate Updates

Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2018	Cum Profile for Period Jan-Dec 2018	Expenditure for Period Jan-Dec 2018	Variance for Period Jan-Dec 2018	Expenditure in 2018 as % of 2018 Profile	Variance in 2018 as % of 2018 Profile
L2 - Buildings & Equipment	372.602	372.602	364.801	(7.801)	97.91%	-2.09%
L2 - New Children's Hospital	68.000	68.000	107.846	39.846	158.60%	58.60%
	440.602	440.602	472.648	32.046	107.27%	7.27%
L4 - Info Systems for Health Agencies	60.000	60.000	59.593	(0.407)	99.32%	-0.68%
	500.602	500.602	532.240	31.638	106.32%	6.32%
Vired from L4	0.407	0.000	0.407	(0.407)		
Deferred/Other Income	31.231	0.000	31.231	(31.231)		

Construction - L2

The variance on construction projects for 2018 was -2.09% (or €7.801m) behind profile for the year. At the end of 2018 the total expenditure of €364.801m represented 97.91% of the total annual profile.

Construction - L2 - (New Children's Hospital)

Expenditure for the New Children's Hospital in 2018 amounted to €107.846m. €68m of this expenditure was funded from the proceeds of the sale of the National Lottery (L2) and the balance of the additional expenditure was funded through other income to the value of €31.638m with the remainder coming from unutilised funding on general construction and ICT in the amounts of €7.801m and €0.407m respectively. The total allocation for the New Children's Hospital in the HSE's 2018 Capital Plan was €120m.

ICT (L4)

The variance on ICT projects for the year was €0.407m or 0.68% behind profile. The expenditure incurred of €59.593m represents a spend of 99.32% of the total 2018 profile. This underspend on ICT was vired to construction at end of 2018.

Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	Q3 2018	Q4 2018	% increase
Acute Hospitals (Hospital Groups)	77,768,340	88,615,824	95,567,281	86,132,151	+11%
Community Healthcare	21,462,434	22,026,497	19,484,515	26,869,024	+25%
National Services	947,551,613	946,993,092	863,907,778	907,517,667	-4%
Total	1,046,782,387	1,057,635,413	978,959,574	1,020,518,842	-2.5%

Help Desk Queries

Q4 2018	No of Helpdesk Queries 2018	No of Helpdesk Queries 2017	% Increase from 2017
October	132	165	-20%
November	107	140	-24%
December	94	91	3%
Total	333	396	-16%

Internal Audit

	95% Implemented or Superseded within 12 months 2017 ¹ (as at 30 th June 2018)	95% Implemented or Superseded within 12 months 2017 (as at 30 th September 2018)	75% Implemented or Superseded within 12 months 2018 (as at 30 th September 2018)
Total	80%	84%	59%
CHO 1	100%	96%	50%
CHO 2	100%	61%	N/A
CHO 3	88%	89%	31%
CHO 4	84%	89%	92%
CHO 5	100%	100%	100%
CHO 6	70%	100%	N/A
CHO 7	80%	86%	100%
CHO 8	58%	58%	87%
CHO 9	96%	97%	68%
National Primary Care		93%	N/A
National Mental Health		100%	N/A
Dublin Midlands Hospital Group	81%	86%	72%
Ireland East Hospital Group	N/A	75%	25%
National Children's Hospital Group	N/A	N/A	N/A
RCSI Hospital Group	62%	82%	60%
Saolta Hospital Group	68%	66%	67%
South South West Hospital Group	76%	80%	100%
University of Limerick Hospital Group	89%	90%	22%
Chief Information Officer	67%	70%	13%
Compliance	92%	100%	N/A
Estates	88%	88%	N/A
Finance	100%	100%	N/A

¹ The results as of 30th June 2018 have been updated from those originally reported in the September reports
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	95% Implemented or Superseded within 12 months 2017 ¹ (as at 30 th June 2018)	95% Implemented or Superseded within 12 months 2017 (as at 30 th September 2018)	75% Implemented or Superseded within 12 months 2018 (as at 30 th September 2018)
HBS - Estates	100%	68%	N/A
HBS - Finance	87%	87%	83%
HBS - HR	61%	77%	N/A
HBS - Procurement	100%	100%	100%
Health and Wellbeing	100%	100%	86%
Human Resources	38%	38%	N/A
National Ambulance Service	17%	38%	0%
National Screening Service			N/A

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 - December 2018	33	16	0	17	4	13	0	0
% notified within 24 hours of occurrence - December 2018	30%	25%	-	35%	50%	31%	-	-
Number of Serious Incidents reported as occurring YTD 2018	817	465	7	345	75	261	0	9
% notified within 24 hours of occurrence - YTD 2018	24%	23%	29%	25%	39%	21%	-	11%
% Serious Incidents requiring review completed within 125 calendar days of occurrence*	2%	1%	17%	1%	0%	1%	-	14%

Section 38 Voluntary Agencies data included (commencement October 2018)

*** reflecting compliance YTD August 2018**

*** claims not previously reported as incidents have been excluded**

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

22 SREs were reported on the National Incident Management System (NIMS) as occurring during December 2018

Division	Total SRE Occurrence
Acute Hospitals (inc. Ambulance Service)	17
Community Services	5
Grand Total	22

8 SREs reported as patient falls and **8** as Stage 3 or 4 Pressure Ulcers. The remaining **6** SREs reported comprised **6** SRE categories.

Medical Exposure Radiation Unit (MERU)

MERU	December	YTD
Radiation Safety Incidents Reported	4	65

Appeals Service

The National Appeals Office provides an internal, independent and impartial review of decisions taken by HSE in relation to applications for specific services and entitlements. **2,393** new notifications of appeal were received during 2018. **2,330** appeals were processed, **564** were approved and **168** partially approved

Appeal Type	Received	Processed	Approved	Partial Approval
Medical / GP Visit Card (General Scheme)	1,549	1,515	453	105
Medical / GP Visit Cards (Over 70's Scheme)	85	79	20	1
Nursing Home Support Scheme	510	486	55	41
CSAR	53	53	3	0
Home Care Package	17	22	7	6
Home Help	87	85	18	11
Other	92	90	8	4
Total	2,393	2,330	564	168

Healthcare Audit

45 site audits were completed by the end of 2018 in the areas such as Records Management, National Early Warning Score, Clinical Hand-Over, National Counselling Service and Safety Incident Management Policy.

26 audits as part of the 2018 / 2019 Audit Plan were on-going as of December 2018.

Complaints

In November 2018 the Ombudsman published his progress report on the implementation of Learning to Get Better Investigation Report published in 2015. The Report recognises the body of work undertaken by the HSE, with 27 of the 33 recommendations (relating to the HSE) implemented fully or with progress underway.

A gap analysis is currently being completed on these recommendations and an action plan will be developed to ensure areas requiring further improvement is progressed in 2019.

The following table sets out the number of people who attended training in 2018:

Training:	Dec	YTD
Number of complaints officers/support staff trained on the Complaints Management System	0	258
Number of Complaints logged on CMS	262	3,786
Number of Review Officers trained in YSYS review officer training	0	72

Complaints:	Dec	YTD
Number of complaints resolved under Part 3 Disabilities Act 2005	93	1,118

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

Q3 2018 - % of complaints investigated within 30 working days of being acknowledged by the Complaints Officer

NSP 2018 KPI	Q3 2018
% of complaints investigated within 30 working days of being acknowledged by the Complaints Officer (Source CMS)	51%

Developments 2018

Key developments during 2018 include:

Incident Management Framework [IMF]

The Incident Management Framework [IMF] was launched in early 2018 [formerly Safety Incident Management Policy 2014]. 22 briefing sessions were held nationally at which in excess of 1500 staff attended. The framework can be accessed through this link: <https://www.hse.ie/eng/about/qavd/incident-management/>

Falls / Pressure Ulcers - Practical Guides

The introduction of two concise incident specific [Falls / Pressure Ulcers] review tools, developed to provide services with a practical approach to reviewing these incident types were launched in April 2018.

Patient Safety Stories

In October 2018, QAV launched its first Patient Safety Stories videos. This initiative supports the further development of a person centred approach to incident management as identified in the HSE's Incident Management Framework. The videos of these stories describe how individual patients, families and staff felt when they were involved in a patient safety incident. Stories can be accessed through this link: <https://www.hse.ie/eng/about/qavd/incident-management/patient-safety-videos.html>

National Incident Management System [NIMS]

Phase 3 implementation of NIMS commenced during 2018. Hospital Group level incident reports were introduced during 2018. These are targeted to promote learning in acute services, detail incident volumes, types, trends and claims at the service / hospital level and disseminated on a quarterly basis to the Hospital Groups CEOs / individual hospital managers.

An online training module for staff using NIMS Incident Review Screens was launched in July 2018. To date 710 staff were trained on this module and a further 161 attended face to face training hosted by the State Claims Agency.

Managing Risks and Incidents in Everyday Practice

In October 2018 the QAV Team launched the new *Managing Risks and Incidents in Everyday Practice* module on the HSE's eLearning Portal. The module offers information on managing risk and incidents and provides for interactive assessment at the end.

National Patient Safety Strategy

A co-design group was established in 2018 to progress the development of a National Patient Safety Strategy. This strategy is expected to be completed during Quarter 1 2019.

After Action Reviews

After Action Review training was introduced to provide a mechanism for staff to de-brief and to identify early learning from incidents so this can be immediately acted on by the service. Since the introduction of AAR training **157** staff were trained as AAR Facilitators. It is planned to train a further **160** staff in 2019.

National Patient Experience Survey [NPES]

The results of the second National Patient Experience Survey were published by the Minister for Health in November 2018. This is a joint initiative by the HSE, HIQA and the Department of Health and is the largest single survey of the healthcare system in Ireland. One of the main objectives of the survey is to listen to the patient voice and understand how their experience of acute services could be improved.

26,752 people who spent a minimum of 24 hours in a public acute hospital and were discharged in May 2018 were invited to participate in the survey. In total, **13,404** people took part, resulting in a participation rate of over **50%**, compared to the **51%** response rate achieved in 2017. The survey was also expanded in 2018 to include 16 to 18 year old participants.

The HSE also published its improvement plan in response to the report findings, highlighting how services have and continue to improve patient's experience. The National Patient Experience Survey Report 2018 can be accessed through this link: <https://www.patientexperience.ie/>

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% [R]	-97.8%												
	Child Health																
	Child screening 10 months	M-1M	95%	92.9% [G]	-2.2%	91.1% [G]	91.8% [G]	86.1% [A]	92.2% [G]	92.3% [G]	91.5% [G]	95.4% [G]	95.2% [G]	94.6% [G]	94.3%	93.8%	92.5%
	New borns visited within 72 hours	Q	98%	96.5% [G]	-1.5%	96.1% [G]	99.1% [G]	97.9% [G]	94.6% [G]	99.1% [G]	90.7% [A]	98.8% [G]	96.9% [G]	93.9% [G]	98.5%	97%	93.9%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	92.3% [G]	-2.8%	91.3% [G]	94.6% [G]	93.3% [G]	92.3% [G]	92.9% [G]	89.2% [A]	91.2% [G]	94.6% [G]	92.1% [G]	92.5%	92.3%	92.2%
	CAMHs – Bed Days Used																
	Bed days used	M	95%	93.7% [G]	-1.4%	85.5% [A]	100% [G]	98.8% [G]	81.3% [R]	88.1% [A]	100% [G]	98.7% [G]	97.1% [G]	93.3% [G]	87.5%	91.2%	93.4%
	HIQA Inspection Compliance																
	Compliance with regulations	Q-2Q	80%	87% [G]	8.8%										84.7%	77.7%	91%
Access & Integration	Healthy Ireland																
	Smokers on cessation programme who were quit at one month	Q-1Q	45%	48.8% [G]	8.4%										55.1%	47.9%	43%
	Therapy Waiting Lists																
	SLT access within 52 weeks	M	100%	93.6% [A]	-6.4%	94.4% [A]	98.6% [G]	98.7% [G]	86.2% [R]	97.4% [G]	97.9% [G]	85.5% [R]	94% [A]	98.1% [G]	94.6%	94.9%	93.6%
	Physiotherapy access within 52 weeks	M	93%	94.3% [G]	1.4%	92.1% [G]	92.8% [G]	96.5% [G]	99.5% [G]	91.7% [G]	100% [G]	90.8% [G]	96.4% [G]	93.7% [G]	94%	94.2%	94.3%
	Occupational Therapy access within 52 weeks	M	85%	74.4% [R]	-12.5%	58.1% [R]	76.4% [R]	99.2% [G]	64.3% [R]	73.5% [R]	78.4% [A]	74.2% [R]	73.5% [R]	81% [G]	75.1%	74.9%	74.4%
CAMHs – Access to First Appointment																	
First appointment within 12 months	M	100%	95.6% [G]	-4.4%	95.2% [G]	99.9% [G]	96.2% [G]	83% [R]	99.5% [G]	97.9% [G]	98.6% [G]	96.5% [G]	97% [G]	96.9%	96.8%	98.4%	
Delayed Discharges																	
Number of beds subject to Delayed Discharge (zero tolerance)	M	500	476 [G]	-4.8%										595	584	476	

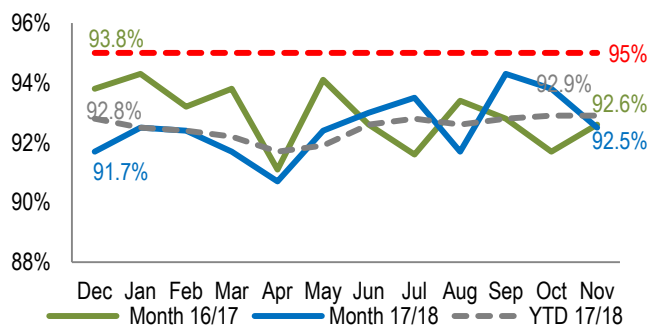
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
Finance, Governance & Compliance	Disability Act Compliance																
	Assessments completed within timelines	Q	100%	8.7% [R]	-91.3%	16.2% [R]	59% [R]	35.3% [R]	2.6% [R]	3.8% [R]	21.9% [R]	1.7% [R]	14.9% [R]	2.7% [R]	9%	6.9%	8.1%
	Home Support Hours																
	Number of hours provided	M	15,667,456	17,130,453 [G]	0.2%	1,694,036 [A]	1,787,709 [A]	1,456,803 [G]	2,707,162 [G]	1,927,217 [G]	1,301,981 [G]	1,880,560 [G]	1,616,808 [A]	2,758,176 [G]	1,557,779	1,461,343	1,413,917
	Financial Management – Expenditure variance from plan ²																
	Net expenditure (total)	M	≤0.1%	5,687,882	-0.12% [G]	1.13% [R]	2.77% [R]	0.33% [A]	0.68% [A]	1.45% [R]	0.35% [A]	-0.79% [G]	0.81% [R]	0.15% [A]	1.42%	1.57%	-0.12%
	Gross expenditure (pay and non-pay)	M	≤0.1%	6,210,249	0.37% [A]	0.72% [A]	2.33% [R]	0.43% [A]	0.81% [R]	1.61% [R]	0.84% [R]	-0.15% [G]	1.29% [R]	0.42% [A]	1.67%	1.85%	0.37%
	Non-pay expenditure	M	≤0.1%	3,415,865	1.27% [R]	2.55% [R]	2.59% [R]	2.21% [R]	2.44% [R]	1.44% [R]	1.94% [R]	0.84% [R]	2.80% [R]	1.60% [R]	3.00%	2.94%	1.27%
	Financial Management - Service Arrangements (03.01.2019)																
	Monetary value signed	M	100%	89.45%	10.55%										88.76%	89.15%	89.45%
Workforce	Funded Workforce Plan																
	Pay expenditure variance from plan	M	≤0.1%	2,794,384	-0.70% [G]	-0.04% [G]	2.05% [R]	-2.21% [G]	-0.79% [G]	1.78% [R]	-0.07% [G]	-0.83% [G]	0.23% [A]	-0.47% [G]	0.10%	0.55%	-0.70%
	Attendance Management																
	% absence rates by staff category (overall)	M-1M	≤3.5%	5.03% [R]	-43.71%	6.48% [R]	4.36% [R]	5.83% [R]	4.06% [R]	5.48% [R]	4.48% [R]	4.80% [R]	5.90% [R]	4.41% [R]	4.89%	5.48%	4.87%
European Working Time Directive (EWTD) Compliance																	
<48 hour working week – Mental Health	M	95%	90.6% [G]	-4.9%	75% [R]	90% [A]		69.2% [R]	90.5% [G]	97.6% [G]	95.5% [G]	100% [G]	92.2% [G]				
<48 hour working week – Other Agencies (Social Care)	M	90%	100% [G]	+11.1%	100% [G]						100% [G]						

² National YTD includes CHO1-9 and other community services
Health Service Performance Profile October to December 2018 Quarterly Report

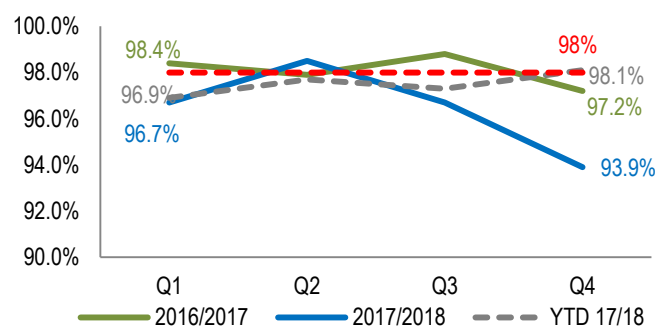
Primary Care Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Total CIT	38,180YTD/ 38,180FYT	M	44,406	38,207	+6,199	4,173	4,109	3,811	(%Var): CHO6 (56.8%), CHO3 (54.2%), CHO2 (44.1%)	(%Var): CHO1 (-29.9%), CHO8 (-12.8%), CHO9 (-4.3%)
Child Health - developmental screening 10 months	95%	M-1M	92.9%	92.8%	+0.1%	94.3%	93.8%	92.5%	CHO7 (95.7%), CHO8 (95.5%), CHO9 (94.9%)	CHO3 (87.3%), CHO5 (87.6%), CHO6 (87.9%)
% of newborn babies visited by a PHN within 72 hours	98%	Q	96.5%	98.3%	-1.8%	98.5%	97%	93.9%	CHO2 (99.5%), CHO7 (98.1%), CHO5 (98%)	CHO4 (81.4%), CHO9 (90.5%), CHO3 (95%)
Speech and Language Therapy access within 52 weeks	100%	M	93.6%	96.7%	-3.1%	94.6%	94.9%	93.6%	CHO3, (98.7%), CHO2 (98.6%), CHO9 (98.1%)	CHO7 (85.5%), CHO4 (86.2%), CHO8 (94%)
Physiotherapy access within 52 weeks	93%	M	94.3%	94.8%	-0.5%	94%	94.2%	94.3%	CHO6 (100%), CHO4 (99.5%), CHO3 (96.5%)	CHO7 (90.8%), CHO5 (91.7%), CHO1 (92.1%)
Occupational Therapy access within 52 weeks	85%	M	74.4%	77%	-2.6%	75.1%	74.9%	74.4%	CHO3 (99.2%), CHO9 (81%), CHO6 (78.4%)	CHO1 (58.1%), CHO4 (64.3%), CHO5 (73.5%)
Access to palliative inpatient beds within 7 days	98%	M	98.1%	97.8%	+0.3%	98.4%	97.6%	97.9%	CHO1 (100%), CHO3 (100%), CHO4 (100%)	CHO2 (93.8%), CHO9 (90.7%)
Access to palliative community services within 7 days	95%	M	86.6%	92.1%	-5.5%	82.8%	81.3%	87.5%	CHO9 (100%), CHO1 (98.4%), CHO6 (95%)	CHO4 (66.4%), CHO3 (81.9%), CHO2 (83.9%)

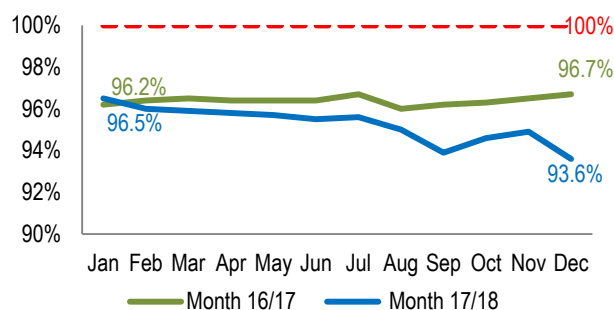
Child Health – developmental screening 10 months



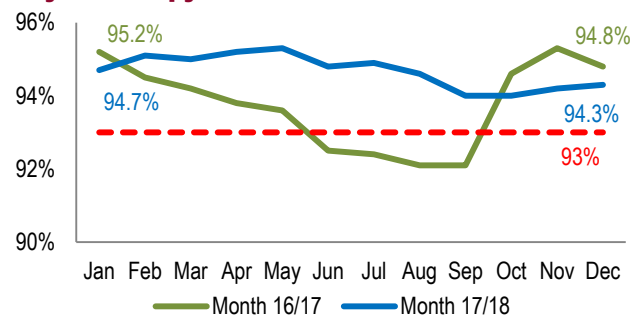
Child Health – new borns visited within 72 hours



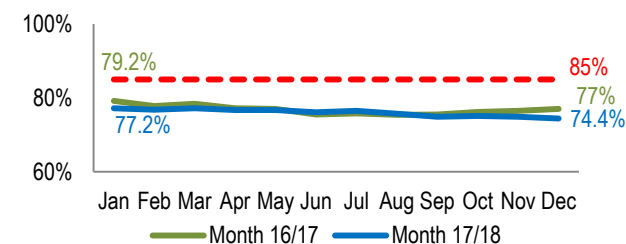
SLT access within 52 weeks



Physiotherapy access within 52 weeks



Occupational Therapy access within 52 weeks



No. of Patients Seen

	Current (-2)	Current (-1)	Current
Physiotherapy	51,448	53,411	39,778
Occupational Therapy	32,556	32,998	25,759
SLT	24,838	24,859	17,636
Podiatry	7,380	7,925	5,947
Ophthalmology	8,711	10,196	7,092
Audiology	4,972	5,021	3,528
Dietetics	6,370	6,365	4,257
Psychology	3,388	3,989	3,384

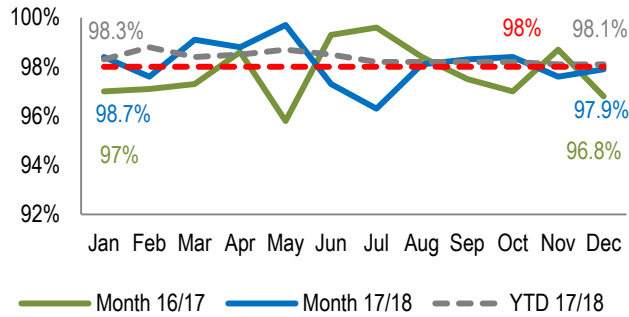
Assessment Waiting Lists

		Current (-2)	Current (-1)	Current
Physiotherapy	≤ 52 weeks	33,882	33,930	34,614
	> 52 weeks	2,154	2,098	2,092
	% > 52 weeks	6.0%	5.8%	5.7%
	Total	36,036	36,028	36,706
Occupational Therapy	≤ 52 weeks	24,109	23,612	23,697
	> 52 weeks	7,993	7,909	8,170
	% > 52 weeks	24.9%	25.1%	25.6%
	Total	32,102	31,521	31,867
Speech and Language Therapy	≤ 52 weeks	13,724	14,794	14,663
	> 52 weeks	777	793	998
	% > 52 weeks	5.4%	5.1%	6.4%
	Total	14,501	15,587	15,661

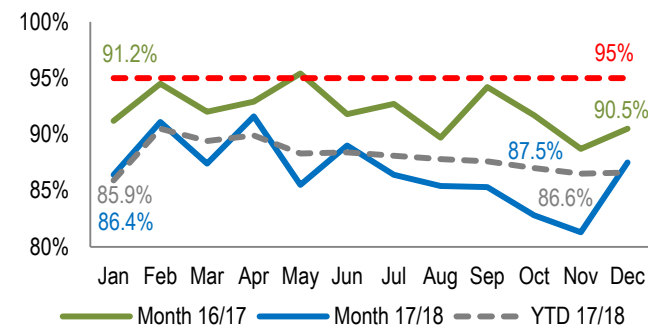
Treatment Waiting Lists

		Current (-2)	Current (-1)	Current
Speech and Language Therapy	≤ 52 weeks	7,350	7,270	7,662
	> 52 weeks	637	657	792
	% > 52 weeks	8.0%	8.3%	9.4%
	Total	7,987	7,927	8,454
Podiatry	≤ 52 weeks	2,560	2,188	2,023
	> 52 weeks	940	950	926
	% > 52 weeks	26.9%	30.3%	31.4%
	Total	3,500	3,138	2,949
Ophthalmology	≤ 52 weeks	11,626	11,901	11,515
	> 52 weeks	7,710	7,360	7,291
	% > 52 weeks	39.9%	38.2%	38.8%
	Total	19,336	19,261	18,806
Audiology	≤ 52 weeks	14,134	13,725	14,407
	> 52 weeks	2,344	2,150	2,285
	% > 52 weeks	14.2%	13.5%	13.7%
	Total	16,478	15,875	16,692
Dietetics	≤ 52 weeks	11,680	11,768	12,154
	> 52 weeks	3,860	3,598	3,491
	% > 52 weeks	24.8%	23.4%	22.3%
	Total	15,540	15,366	15,645
Psychology	≤ 52 weeks	5,822	6,040	6,129
	> 52 weeks	1,926	1,958	1,958
	% > 52 weeks	24.9%	24.5%	24.2%
	Total	7,748	7,998	8,087

Access to palliative inpatient beds



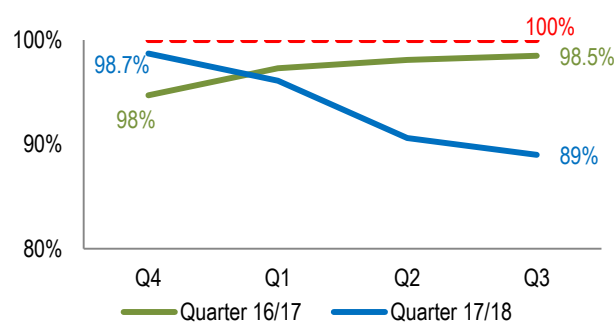
Access to palliative community services



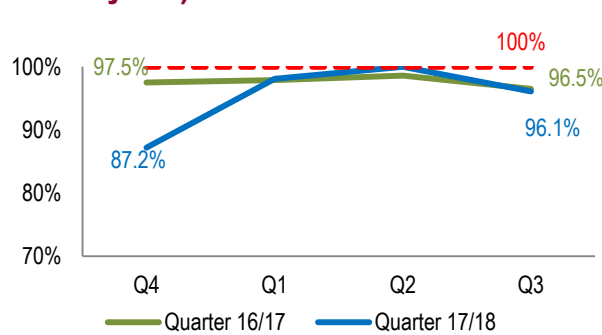
Number Accessing Palliative Care Services

	Current (-2)	Current (-1)	Current
Specialist Inpatient Beds	307	324	269
Specialist treatment in normal place of residence	3,611	3,721	3,465

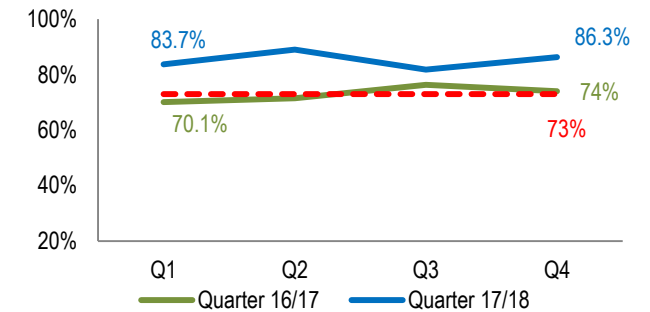
Access to substance misuse treatment (over 18 years)



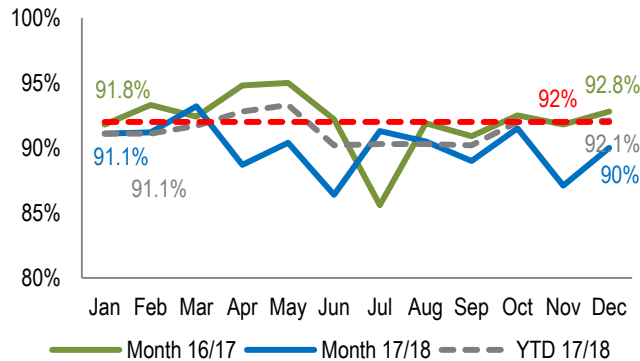
Access to substance misuse treatment (under 18 years)



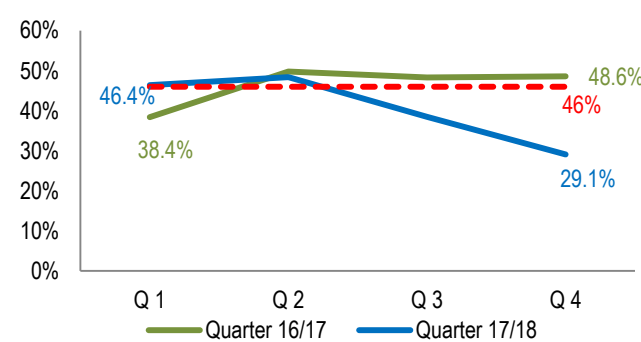
Homeless Services - Service Users health needs assessed within 2 weeks of admission



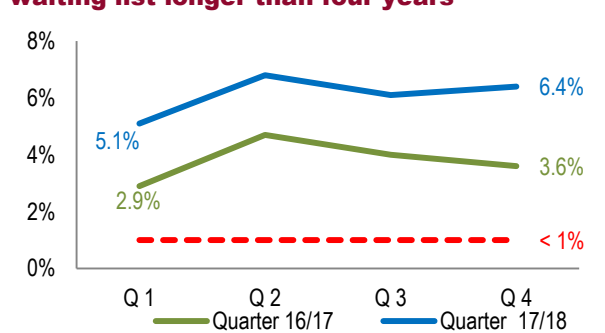
Oral Health - % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



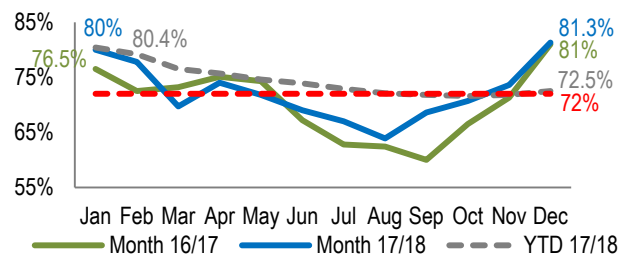
Orthodontics: proportion on treatment waiting list longer than four years



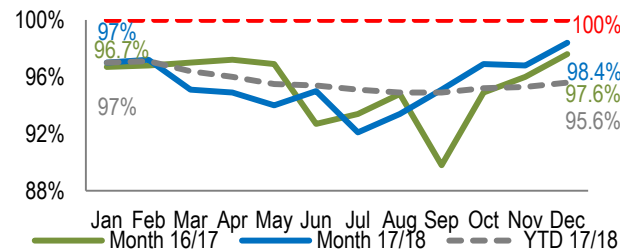
Mental Health Services

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	71.2%	73.9%	-2.7%	75%	72.7%	73.7%		
CAMHs Bed Days Used	95%	M	93.7%	96.9%	-3.2%	87.5%	91.2%	93.4%	CHO 2,6 (100%), CHO3 (98.8%)	CHO4 (81.3%), CHO1 (85.5%), CHO5 (88.1%)
CAMHs waiting list	2,441	M	2,517	2,419	+98	2,368	2,593	2,517	CHO2 (29), CHO7 (174), CHO5 (186)	CHO4 (752), CHO6 (353), CHO8 (329)
CAMHs – first appointment within 12 months (new KPI)	100%	M	95.6%	95.5%	+0.1%	96.9%	96.8%	98.4%	CHO 2 (99.9%), CHO5 (99.5%), CHO7 (98.6%)	CHO4 (83%), CHO1 (95.2%), CHO3 (96.2%)
CAMHs waiting list > 12 months	0	M	314	320	-6	297	295	314	CHO 2,7 (0), CHO9 (3)	CHO4 (163), CHO3 (68), CHO 5,8 (31)
Adult Mental Health – Seen within 12 weeks	75%	M	72.7%	74.1%	-1.4%	72.9%	73.6%	75.1%	CHO2 (88.5%), CHO5 (86.6%), CHO6 (83.2%)	CHO9 (58.2%), CHO8 (62%), CHO4 (67.2%)
Psychiatry of Later Life – Seen within 12 weeks	95%	M	95.2%	95.4%	-0.2%	96%	95.7%	95.8%	CHO2 (98.8%), CHO3 (98.1%), CHO6 (97.2%)	CHO4 (86%), CHO9 (89.7%), CHO7 (91.2%)

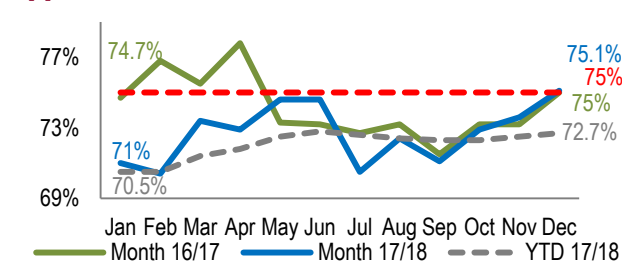
CAMHs – % offered an appointment and seen within 12 weeks



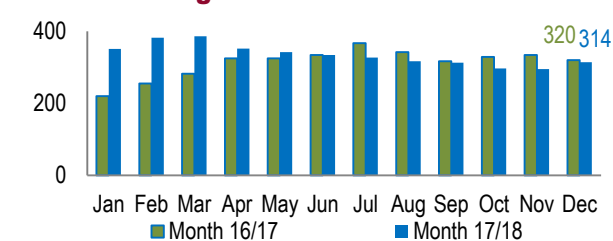
CAMHs – first appointment within 12 months



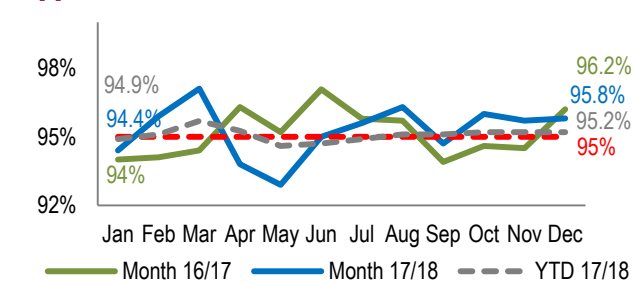
Adult Mental Health – % offered an appointment and seen within 12 weeks



CAMHs waiting list > 12 months



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



Number of Referrals Seen

	Current (-2)	Current (-1)	Current
General Adult	2,419	2,401	1,748
Psychiatry of Later Life	733	779	511
CAMHs	1,173	1,047	763
Total	4,325	4,227	3,022

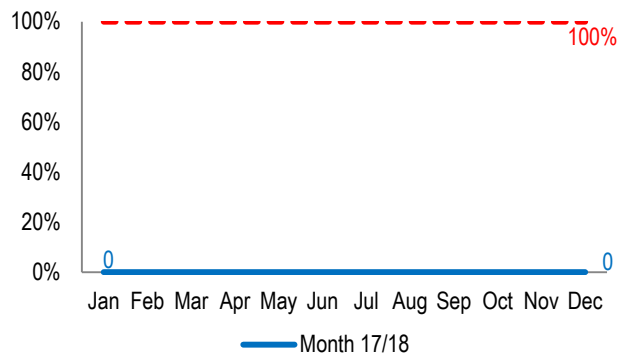
Disability Services

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	8.7%	25.3%	-16.6%	9%	6.9%	8.1%		(% Var):CHO7 (-98.3%), CHO4 (-97.4%),CHO9 (-97.3%)
Congregated Settings	170YTD/ 170FYT	Q	155	147	+8	21	25	80	(% Var): CHO7 (300%), CHO9 (275%), CHO4 (12.5%)	(% Var):CHO6 (-75%), CHO2 (-68.6%),CHO1 (-30%)
HIQA Inspections	80%	Q-2Q	87%	78.4%	8.6%	84.7%	77.7%	91%		
Respite No of day only respite sessions (Q3 2018)	31,920 YTD/ 42,552 FYT	Q-1M	24,887	25,455	-568	7,564	8,723	8,600	(% Var):CHO6 (111%),CHO9 (26.4%), CHO1 (13.6%)	(% Var): CHO5 (-38.1%),CHO3 (-22.2%),CHO8 (-21.8%)
Respite No of overnights (Q3 2018)	136,877 YTD/ 182,505 FYT	Q-1M	113,631	125,030	-11,399	39,014	39,144	35,473	(% Var):CHO9 (13.6%),CHO5 (2%),CHO3 (0.5%)	(% Var):CHO7 (-32.3%), CHO8 (-28.6%),CHO6 (-11.1%)
Home Support Hours (Q3 2018)	2,197,502 YTD/ 2,930,000 FYT	Q-1M	2,162,223	2,219,649	-57,426	754,630	749,040	658,554	(% Var):CHO5 (51.1%),CHO9 (12.2%),CHO3 (7%)	(%Var):CHO8 (-34.3%), CHO7 (-18.4%),CHO4 (-2.7%)
Personal Assistance Hours (Q3 2018)	1,095,002 YTD/ 1,460,000 FYT	Q-1M	1,209,014	1,121,277	+87,737	400,297	414,242	394,476	(% Var):CHO5 (42.2%),CHO8 (11.6%),CHO9 (7.9%)	(% Var):CHO7 (-17.8%), CHO6 (-0.7%),CHO1 (-0.7%)

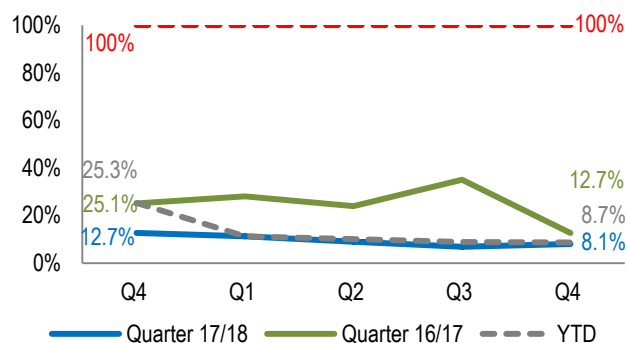
New Emergency Places and Support Provided to People with a Disability

	Expected Activity Full Year	Expected Activity Q4 YTD	Current Period YTD	Current (-2)	Current (-1)	Current
No. of new emergency places provided to people with a disability	130	130	132	14	18	5
No. of new home support/ in home respite supports for emergency cases	255	255	121	9	8	3
Total no. of new Emergency and Support Cases	385	385	253	23	26	8

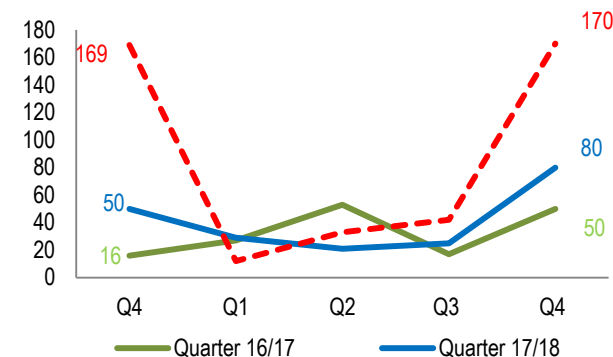
% of Disability Network Teams Established



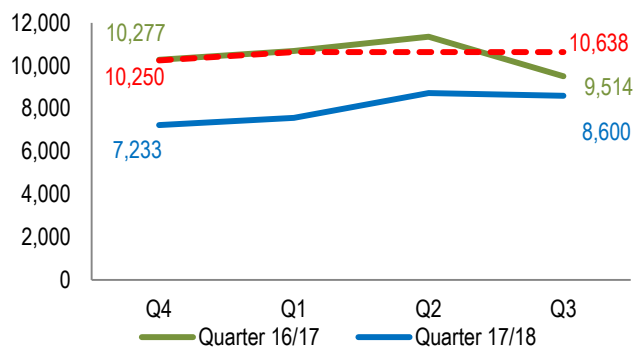
Disability Act Compliance



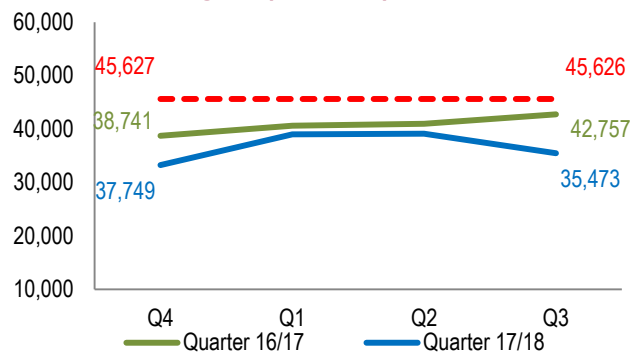
Congregated Settings



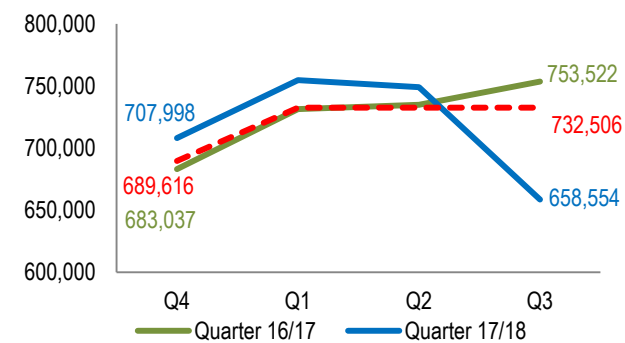
Respite Day Only (Q3 2018)



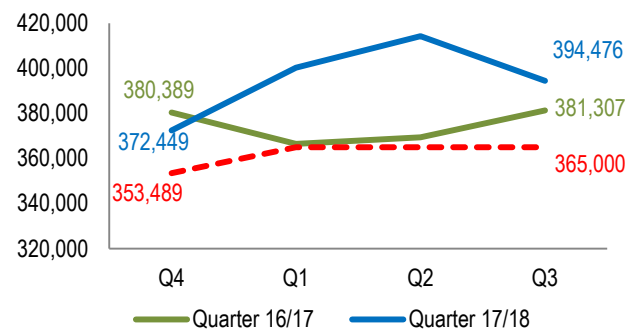
Respite Overnights (Q3 2018)



Home Support Hours (Q3 2018)



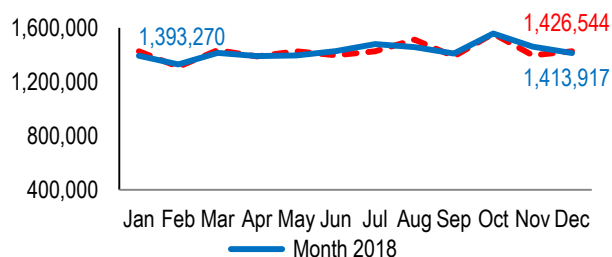
Personal Assistance Hours (Q3 2018)



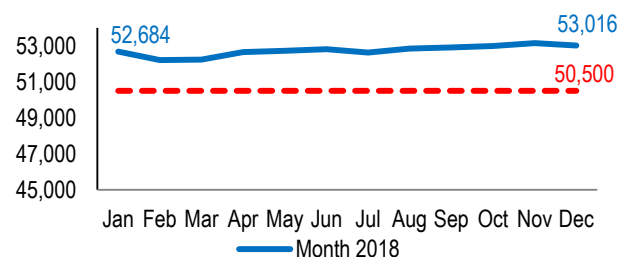
Older Persons' Services

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)	17.094m YTD 17.094m FYT	M	17,130,453			1,557,779	1,461,343	1,413,917	(% Var):CHO6 (14.7%), CHO9 (8.8%), CHO5 (2.5%)	(% Var):CHO8 (-8.1%), CHO2 (-7.4%), CHO1 (-5.9%)
No. of people in receipt of Home Support (new KPI)	50,500 YTD/ 50,500 FYT	M	53,016			52,992	53,153	53,016	(% Var): CHO7 (72.2%), CHO2 (32.1%), CHO3 (19.6%)	(% Var):CHO9 (-22.6%), CHO1 (-17.4%), CHO6 (-9.3%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	250	224	+26	236	245	250		
No. of persons funded under NHSS in long term residential care	23,334 YTD/ 23,334 FYT	M	23,305	22,949	+356	23,255	23,304	23,305		
No. of NHSS beds in public long stay units	5,096 YTD/ 5,096 FYT	M	4,961	4,973	-12	4,949	4,959	4,961	(% Var):CHO1 (3.3%), CHO3 (0.9%)	(% Var):CHO9 (-16.1%), CHO2 (-5.9%), CHO4 (-2.8%)
No. of short stay beds in public long stay units	2,053 YTD/ 2,053 FYT	M	1,946	1,998	-52	1,937	1,945	1,946	(% Var):CHO3 (2.2%), CHO1 (1.5%), CHO5 (0.8%)	(% Var):CHO8 (-24.1%), CHO7 (-18.3%),CHO6 (-8.8%)
Delayed Discharges	500	M	476	480	-4	595	584	476	Ennis, St. John's (0), Tallaght – Paeds, PUH, RUH, Mullingar (1)	SJH (61), OLOL (46), MMUH (42)
No. of people being supported through transitional care	879	M-1M	957	885	+72	888	1,081	957		

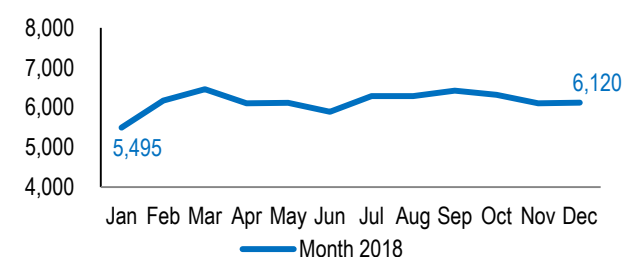
Number of Home Support Hours provided



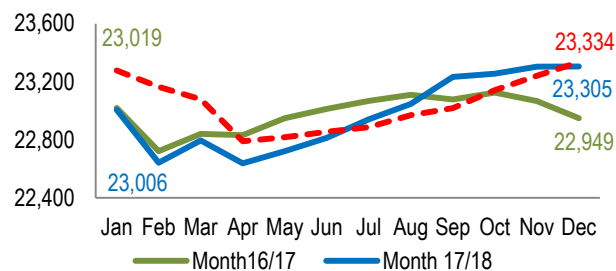
Number of people in receipt of Home Support



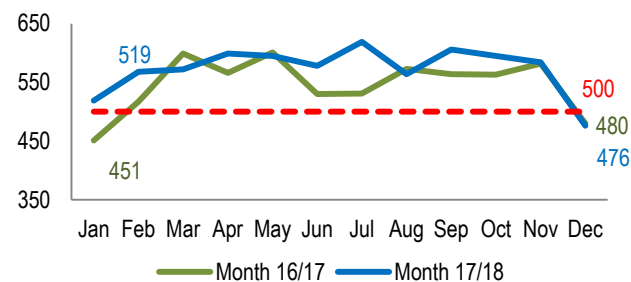
Number Waiting on Funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Discharges



Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	68	23	91	19.1%
Long Term Nursing Care	250	42	292	61.3%
Other	58	35	93	19.5%
Total	376	100	476	100%

NHSS Overview

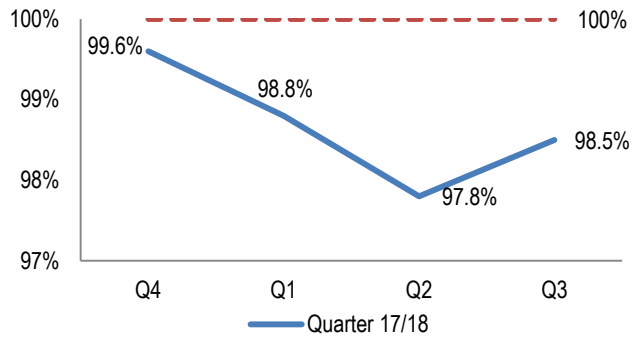
	Current YTD	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
No. of new applicants	10,221	740	854	631	703	-72
National placement list for funding approval	530	573	536	530	537	-7
Total no. people funded under NHSS in LTRC	23,305	23,255	23,304	23,305	22,949	+356
Private Units						
No. of new patients entering scheme	7,053	559	590	542	460	+82
No. of patients Leaving NHSS	6,635	487	534	518	538	-20
Increase	418	72	56	24	-78	+102
Public Units						
No. of new patients entering scheme	1,975	116	139	128	104	+24
No. of patients Leaving NHSS	1,930	164	140	141	134	+7
Net Increase	45	-48	-1	-13	-30	+17

*Note: In addition to the leavers above there were a further 106 leavers (10 in December) from Contract Beds/Subvention/Section 39 savers beds

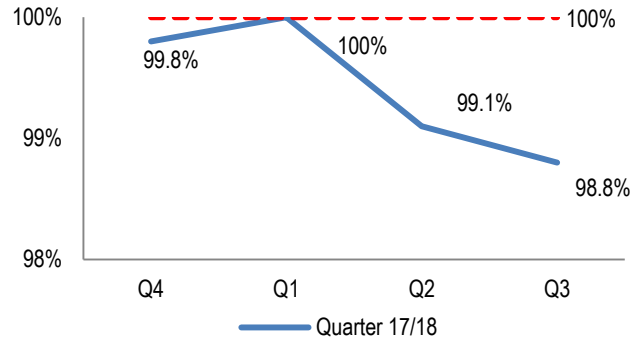
Disability and Older Persons' Services

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 (Q3 2018)	100%	Q-1M	98.5%	99.7%	-1.2%	98.8%	97.8%	98.5%	CHO 1,2,3,6,8 and 9 achieved target	CHO7 (91.7%), CHO4 (95.7%), CHO5 (96.4%)
% of preliminary screenings for adults under 65 years (Q3 2018)	100%	Q-1M	98.8%	99.7%	-0.9%	100%	99.1%	98.8%	CHO 4,7 and 8 achieved target	CHO9 (95.8%), CHO2 (96.3%), CHO3 (96.9%)

% of preliminary screenings for adults aged 65 years and over (Q3 2018)



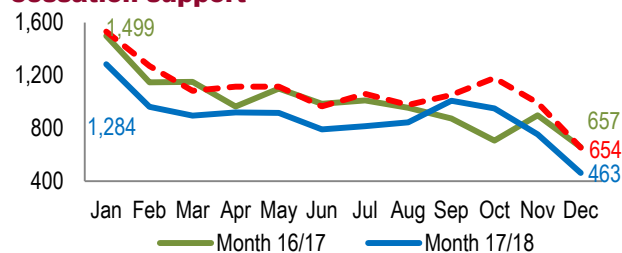
% of preliminary screenings for adults under 65 years (Q3 2018)



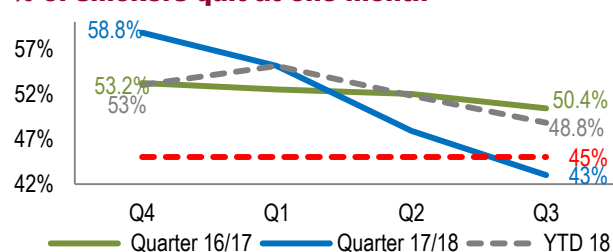
Health and Wellbeing Services

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	13,000 YTD/ 13,000 FYT	M	10,608	11,952	-1,344	951	754	463	(% Var): SSW HG (15.3%)	(% Var): UL HG (-52%), CHO3 (-44.3%), CHO5 (-43.5%)
% of smokers on cessation programmes who were quit at one month	45%	Q-1Q	48.8%	51.8%	-3%	55.1%	47.9%	43%		
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	94.5%	94.5%	0%	94.8%	94.4%	94.3%	CHO8 (96.6%),CHO2 (96.5%),CHO3 (95.4%)	CHO6 (92.1%), CHO7 (92.9%), CHO5 (93.8%)
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	92.3%	92.2%	+0.1%	92.5%	92.3%	92.2%	CHO8 (95.1%),CHO2 (94.7%),CHO3(93.6%)	CHO7 (89.9%),CHO1 (90.7%),CHO6 (91%)
No. of people completing a structured patient education programme for diabetes	4,500 YTD/ 4,500 FYT	M	3,259	2,521	+738	495	269	332	(% Var):CHO7 (5.9%), CHO4(-6.1%), CHO8(-13.4%) No CHO reached target	(% Var): CHO2 (-46.7%), CHO3 (-38.7%), CHO5 (-36.8%)
No. of 5k Parkruns completed	377,001 YTD/ 377,001 FYT	M	412,908	330,794	+82,114	32,452	34,509	37,895	(% Var): CHO3 (31.4%), CHO7(31.1%), CHO4 (25.6%)	(% Var): CHO9 (-4.9%), CHO6 (-2.8%)

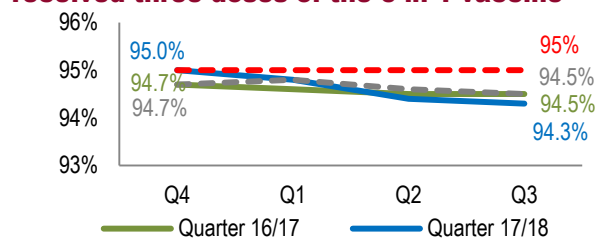
Tobacco - smokers receiving intensive cessation support



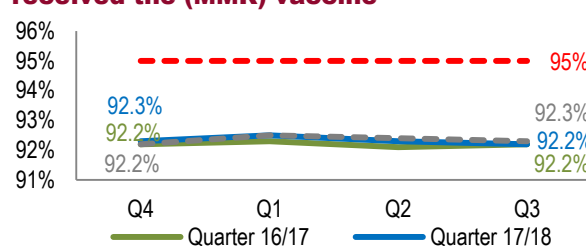
% of smokers quit at one month



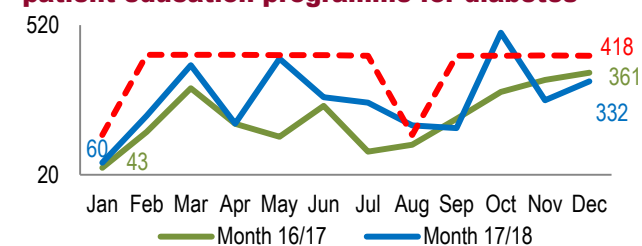
% of children aged 24 months who have received three doses of the 6 in 1 vaccine



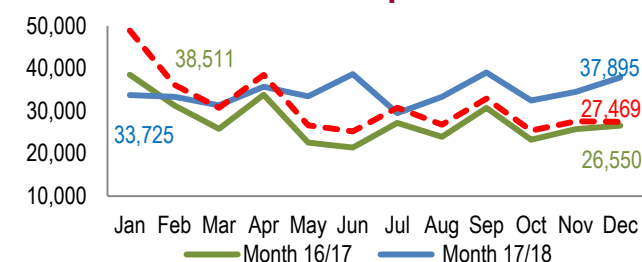
% of children aged 24 months who have received the (MMR) vaccine



Number of people completing a structured patient education programme for diabetes



Number of 5k Parkruns completed



Community Healthcare Services Update

Primary Care Services

Community Intervention Teams (CIT)

There were 44,406 CIT referrals YTD which is 16.3% ahead of the expected activity YTD of 38,180. Four of the 9 Community Healthcare Organisations (CHOs) are ahead of target. CHO7 with activity YTD at 7,614 is 3.6% below the target of 7,896. CHO8 is 12.8% below target with activity YTD of 2,870 compared to the target of 3,290 with recruitment delays being the main factor in performance being below target.

Child Health Developmental Screening 10 Months

The national YTD position is 92.9% compared to the target of 95%. The prior year outturn was 92.8%. Eight of the nine CHOs are green on the National Scorecard and are within a range of 91.1% to 95.4%. Performance in CHO3 is amber on the National Scorecard with YTD performance at 86.1% compared to the target of 95%. Performance in CHO 3 has been affected by the retirement of one staff member and another staff member who is on maternity leave – replacements for both posts are being progressed by the NRS. The progression of the Nurse Led Development Check will also assist CHO 3 to meet target.

% of newborn babies visited by a PHN within 72 hours

The national December YTD position (for this quarterly reported metric) of 96.5% 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 December YTD performance ranging between 93.9% and 99.1%. CHO 6 is amber on the heat map at December YTD with performance of 90.7% which is an improvement from 89.2% at September YTD.

Speech and Language Therapy (SLT) Access within 52 weeks

The national YTD position at December is amber at 93.6% compared to the target of 100%. The prior year outturn was 96.7%. CHO4 remains in the red in December with YTD performance of 86.2%. CHO7 also remains in red in December with YTD performance of 85.5%. CHO1 remains amber on the National Scorecard with YTD performance of 94.4% and CHO 8 has moved from

green to amber in December with YTD performance of 94.0% compared to 97.3% in the prior month YTD.

At December YTD there are 998 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 25.9% from 793 in November 2018 to 998 in December. The number of clients waiting for treatment for longer than 52 weeks has increased by 135 or 20.5% from 657 in November 2018 to 792 in December 2018.

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

- CHO1 YTD performance of 94.4% compared to 94.5% in the prior month. The main issue is in Donegal with YTD performance at 86.8% compared to the prior month YTD performance of 87.4%. CHO 1 reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care. A pilot project was undertaken in Donegal in 2018 to address waiting lists by introducing group therapy rather than 1:1 and it is anticipated that this project will continue into 2019. In Cavan Monaghan an SLT initiative has been piloted in collaboration with national schools in the area.
- CHO4 YTD performance at 86.2% compared to 88.6% in the prior month. In CHO 4 the waiting list includes children waiting for SLT services from specialist disability services. The CHO is undertaking a waiting list validation exercise to extract the list of those requiring Primary Care services only – the remaining clients require an MDT approach and SLT in Primary Care would not be appropriate. 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 in 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 its 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 1.0 WTE SLT and a 0.5 WTE Clerical officer resource.

- CHO7 YTD performance is 85.5% compared to the prior month YTD performance of 86.6%. 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. A validation of the current waiting list is required to ensure no child is on a waiting list for two services i.e. HSE and Therapies in School.

Physiotherapy Access within 52 weeks

The national YTD position is 94.3% compared to the target of 93%. This is a slight improvement from prior month YTD performance of 94.2%. The prior year outturn was 94.8%. The number of clients waiting longer than 52 weeks has decreased by 0.3% from 2,098 in November to 2,092 in December 2018. All CHOs are green on the national scorecard in relation to this metric and each CHO performance is within a range of 90.8% to 100.0%.

Occupational Therapy (OT) Access within 52 weeks

The national YTD position is 74.4% compared to the target of 85%. This is a slight decrease from the prior month YTD performance of 74.9%. The prior year YTD outturn was 77.0%. The number of clients waiting longer than 52 weeks increased by 261 or 3.3% from 7,909 in November 2018 to 8,170 in December 2018. Referrals YTD are 3.0% higher than expected activity YTD and 4.4% 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 58.1% and the CHO reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care. A paediatric wait list initiative is due to commence in Cavan Monaghan in conjunction with Physiotherapy services to target children waiting on assessments longer than 2 years.
- CHO4 is red at 64.3% and the CHO reported that a centralised model of care is in place to address waiting lists. CHO4 is also progressing a waiting list initiative for children waiting for on OT service for more than 52 weeks.
- CHO5 is red at 73.5% and the CHO reported a number of reasons for this including recruitment delays and complexity of caseload e.g. 64% of the adult OT caseload in CHO5 is complex.

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 December 2018			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	581,663	576,409	-0.9%
Occupational Therapy	336,836	356,716	5.9%
SLT	279,811	276,343	-1.2%
Podiatry	74,207	83,789	12.9%
Ophthalmology	96,404	101,405	5.2%
Audiology	52,548	51,573	-1.9%
Dietetics	63,383	64,402	1.6%
Psychology	40,024	42,375	5.9%

Palliative Care

Access to Palliative Inpatient Beds

In December 2018, 97.9% 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 these six CHOs performed at 100% with all admissions within 7 days during the current month. Compared to December 2017, access within 7 days to specialist palliative care inpatient beds increased by 0.1%.

Access to Palliative Community Services

In December 2018 87.5% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 95%) Vs 92.1% in 2017. In December 2018 three CHO's performed above the target. Fourteen individual LHO's across the CHOs reached or surpassed the target and an additional 11 areas performed within the accepted 5% variance RAG range. Improvements were noted in 13 LHO's compared to the same period in 2017. The total number of people in receipt of specialist palliative care services in the home has increased by 4% (134) 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 December 2018 has decreased by twenty children on the same period last year (55 vs 35).

Due to staff absences in the community data was received for nine out of 11 areas. The number of children in the care of the Children's Nurse Co-Ordinators was 253. In the context of available data this shows an increased by 4.8% against target.

Mental Health Services

CAMHS Inpatient Units

- In 2018 a small number of adolescents presented with very complex needs including challenging behaviour with comorbid severe mental health difficulties who required treatment within our specialist adolescent inpatient facilities. Accommodating the particular needs of this cohort of young people required additional nursing staffing in order to ensure the safety of all of the young people in the units and the staff. It was also the case that there were times when the needs of these young people required that they be separated from other young people for health and safety reasons. This resulted in beds being closed. Additionally it proved difficult on a number of occasions to acquire ongoing placements for these young people. This meant that they stayed in inpatient settings for longer than might otherwise have been necessary. Taken together the difficulties described above had a significant impact on capacity within the child and adolescent inpatient system in 2018.

- The possible impact of Brexit on the child and adolescent inpatient system is as yet unknown although services are attempting to mitigate any possible negative effects to the best of their ability. The particular issue of concern here is the availability of very specialist mental health treatment in the UK e.g. child and adolescent inpatient forensic mental health treatment.
- There has been a recent improvement in the number of available beds in the inpatient CAMHS system and there is currently capacity within the system again.
- Three of the four existing CAMHS inpatient units have access to seclusion/high obs areas. The unit in Cork is currently planning to improve capacity around this.
- Nursing and medical recruitment issues are impacting on bed capacity. Allied disciplines are also needed to ensure the appropriate range of therapies are available.
- 71.2% of young people were admitted to Child and Adolescent Acute Inpatient Units in 2018 (as a % of the total number of admissions of children to mental health acute inpatient units). This is below target and relates to capacity issues described above.
- 93.7% of bed days were used in HSE Child and Adolescent Acute Inpatient Units in 2018 (as a total of Bed days used by children in mental health acute inpatient units). This is below target and relates to capacity issues described above.
- Currently inpatient capacity issues are being evaluated nationally using 2018 inpatient data with a view to ensuring maximum efficiency is achieved within current resources.

Access to CAMHS

- Nationally there was a decrease in the number of children on the waiting list this month for community services from 2,593 in November to 2,517 at year end.
- 79.6 % of young people were offered a first appointment within 12 weeks in community CAMHS settings in 2018. This exceeds the target of 78%.
- 95.6% of young people were seen within 12 months in community CAMHS services in 2018. This is below the 100% target.

- The CAMHS Waiting List Initiative focussing on ensuring that no-one is waiting over 12 months is on-going with CHOs with individuals waiting over 12 months taking focussed actions to meet the target
- Nationally in December there were 314 children waiting more than 12 months for an appointment in community CAMHS. 52% of these were in CHO4 while a further 22% were in CHO3.
- CHOs 2 and 7 have no children waiting over 12 months for CAMHS.
- 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

- 92.3% of patient were offered an appointment within 3 months in general adult mental health settings at year end. This exceeds the target of 90%.
- 97.7% of patients in Psychiatry of later life services were offered an appointment within 3 months, at year end which meets the target of 98%.

Additional comments - Recruitment and Retention

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This is impacting on the delivery of services, and reflected in underperformance within CHOs. National MH continues to work with CHOs to maximise and ensure the most effective use of resources. 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
- External placements are also driving costs in the CHOs. National MH have developed a Specialist Rehabilitation Initiative to support CHOs with this however specialist child placements are difficult to obtain and Brexit may impact further on this.

Older Persons Services

Delayed Discharge – December

- The end of December 2018 Delayed Discharge figure is 476 (471 adults).
- The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place. An additional 300 home support packages and 0.5m funding for transitional care has been allocated under the Winter Initiative 2018/2019 for the 6-week period up to 31st Dec 2018.
- In December of the 476 DD's there were 91 people waiting to go home and of these the number of people awaiting Home Support was 56 (19 were approved with funding awaited – 17 over 65 and 2 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.
- An additional €0.5m has been allocated for transitional care as part of Winter Initiative 2018/2019 for the 6-week period up to 31st Dec 2018 to maximise the availability of this resource.
- The total national approved for November is 926 with a total year to date of 10,209

NHSS

- In December 2018 the Nursing Homes Support Scheme funded 23,305 long term public and private residential places, and when adjusted for clients not in payment, there were 24,153 places supported under the scheme. The number of people funded under the scheme is slightly below the profile for December 23,334.
- There is an increase of 356 in the number of people supported under the scheme when compared to the same period last year. This is a 1.5% increase in activity year on year.
- 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 December 2018 is 530 (December 2017 - 537), again a significant reduction from the numbers waiting in October 2014 (2,135).

- A total of 8,725 people were approved for funding under the scheme in the twelve months of 2018 compared to 8,168 people approved for the same period last year. This is an increase of 557 approvals or 6.8% year on year.
- In the twelve months of 2018, 10,221 applications were received and 9,028 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 955 or 11.8% 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.

As part of the 2018/2019 Winter Plan a total of 550 additional home support packages have been allocated across the CHOs; 300 to be delivered in the 6-week period to end December 2018 and the balance of 250 early 2019. These home support packages are being prioritised for patient flow and the reduction of hospital pressures. Nine specific hospitals and associated CHOs have been identified as priority sites, however it should be noted that all hospitals within a CHO could benefit depending on discharge priority. The nine hospital sites are Tallaght University Hospital (CHO 7), Naas General Hospital (CHO 7), St Vincent's University Hospital (CHO 6), Mater Misericordiae University Hospital

(CHO 9), Midland Regional Hospital Tullamore (CHO 8), Galway University Hospital (CHO 2), Cork University Hospital (CHO4) and University Hospital Waterford (CHO 5).

The criteria for allocation of one of these additional home support packages is hospital discharge, in the first instance from one of the target hospitals or from another hospital within the relevant CHO, and thereafter from rehabilitation or transitional care discharge that would in turn create opportunities for patient flow. After these priorities are met, hospital avoidance is the next priority.

As at end December 2018, 446 home support packages/4,694 hours per week have been allocated and of these 246/2,456 hours per week have commenced.

In December it was expected that the Home Support Service would deliver 1,442,896 hours (including 16,352 hours relating to funding provided due to adverse weather & additional allocation to CHO 7). The data reported indicates that 1,413,917 hours were provided (preliminary data). As at the end of December 2018 there are 53,016 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. Overall in 2018, 17,130,453 home support hours were provided (preliminary data), a variance of - 1.1% on the total 2018 target of 17.3m hours (including hours relating to additional funding received for Adverse Weather), delivered to 53,016 people.

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 is being 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 ≥80years, within the over 65 years cohort. The CHO waiting lists for the end of December 2018 indicates that 6,120 (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

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. The posts were 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 slightly up on last quarter, however at 8.1% this still remains low. The total number of applications 'overdue for completion' continued to reduce during fourth Quarter 2018 and has been decreasing steadily from early 2017. This decrease is particularly evident in CHO4. There were 5,060 applications for AON received in 2018. This represents the lowest number of applications since 2014 and is the first time there has been a marked decrease in the numbers of applications since the Act was implemented in 2007. There has also been a decrease in the number of Assessments delayed at Stage 1. These delays are primarily in CHO7 and CHO 9.
- **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 155 people transitioned from congregated settings in 2018 against a target of 170. 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.

Emergency Placements 2018 – Review of Returns

In the National Service Plan 2018, a projected target of 385 was identified in relation to Emergency Placements. This target when disaggregated related to; 130 emergency residential places, 135 home supports as an emergency response and 120 in-home respite support packages.

Based on returns from the CHO Areas, we had reported in October 2018 that 194 new emergency residential places had been developed together with a combined figure of 203 support packages for home supports and in-home respite support. We also indicated in the NSP 2019 that the projected outturn for 2018 in relation to new emergency residential placements would be 169.

However, when Disability Operations undertook a preliminary analysis of the data, it came to light that practically all returns had been incorrectly classified and needed to be examined further. As part of our monthly engagements with the CHO Areas, Disability Operations requested each CHO to review and amend their emergency residential returns (i.e. full 2018 review) as a matter of priority.

The revised data indicates that 132 new emergency residential places were developed in 2018. In addition, 99 new home supports were put in place together with 22 new in-home respite support packages.

A new revised method of seeking these returns in 2019 has been developed and piloted in the CHO Areas. One of the key learnings from the review was the need for revised definitions for emergency residential placements and these have been agreed and incorporated into the new template.

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.

A particular challenge in 2019 will be to maximise the capacity of the service to respond to residential care needs. A total of 8,568 places will be provided in 2019, representing an increase of 39 on the expected outturn for 2018. The service will seek to maximise current residential and respite capacity to ensure an appropriate response to emerging needs during the year. Emergency cases will continue to be addressed on an individual prioritised basis.

In recognising the service pressures and capacity issues in the sector, for 2019, each CHO and all providers of residential services will be required to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years and these arrangements will be further enhanced in 2019 to ensure that all service providers at local level prioritise the placement of the most urgent cases. In addition, in order to achieve this objective, the HSE will establish an improvement programme involving the establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places including the most effective use of 90 placements provided for in NSP 2019.

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:

- Governance – SJOG CS continue to work towards the recruitment of a senior management team with responsibility to the CEO of SJOG CS
- Regulatory Compliance – St Raphael's Celbridge, Co Kildare and St Marys have met registration requirements as per month end October 2018.
- Service Reform – SJOG CS continue to develop a cost neutral reconfiguration of services which was presented to the HSE in November 2018 for review. This review is ongoing
- 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

- 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
- CHO 7 continue to monitor Stewarts Care around aspects of:

Financial Review:

- Independent review is ongoing referring to the unacceptable use of client funds.

Financial Governance:

- The National Disability Operations Office has commenced a review of unapproved expenditure costs within Stewarts Care Ltd across 2017 and 2018
- Projected deficit outturn for 2018 indicates an increase in deficit to €6.2m- this requires further validation and we will have a clearer picture when the accounts are finalised in January.
- The terms of reference for the review take into account the following:
 - Detail account of projected deficit
 - Ensure that there is a stay on further expenditure which can be referred to in 2018 and seek this assurance in writing
 - 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
 - Provide assurance to the system is CHO 7 and HSE Corporate that measures will be implemented

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

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 reporting 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, SMS text message or email support.

Year to date December 2018, nationally a total of 10,608 smokers received intensive smoking cessation support (-18.4% below the 2018 expected activity target of 13,000) with 463 additional smokers receiving intensive cessation support during December.

Capacity to deliver face to face cessation support service varies widely across Hospital Groups (HGs) / Community Healthcare Organisations (CHOs) 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 unplanned absence or vacancies which may arise during the reporting period.

The Tobacco Free Ireland Programme (TFI) routinely monitors this metric and they are taking action to support improved QUIT activity.

To address the capacity challenges identified, work is on-going to build and implement a national IT patient management system which is due for completion by the end of December 2019. The new system will facilitate the transfer of

patients between services and will provide continuity of service during periods of unplanned absences.

% of smokers quit at one month

This metric measures the percentage of smokers who signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. A structured support programme is provided to smokers prior to their quit date and each week for four weeks following this date. The QUIT date is the date a smoker plans to stop smoking completely with support from a stop smoking specialist as part of an assisted QUIT attempt. Nationally, 48.8% of smokers are QUIT at one month and this performance is ahead of the expected activity target of 45%.

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 Dietitian 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.

Nationally, YTD December 3,259 people completed a structured patient education programme versus a target of 4,500 people, a shortfall of -1,241 (-27.6%). Capacity to deliver this service varies widely across CHOs and KPI performance is sensitive to any reduction capacity in cases of unfilled vacancies and unplanned absences which may arise during the reporting period.

Performance varies across the CHOs but the main reasons for the underperformance can be summarised as follows;

- Non-backfilling of community dietician posts on statutory leave
- Prioritisation of other clinical risks in primary care community dietetics
- A lack of administrative support for community dieticians
- Poor course uptake / attendance in some areas
- A lack of implementation of an agreed care pathway from hospitals to community dietetic programmes in some areas

% 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.

This metric is measured quarterly (1 quarter in arrears). Year to date nationally, performance uptake rate for the 6-in-1 vaccine at 24 months is 94.5%. Performance varies across CHOs with uptake rates ranging from 91.0% to 96.3%. YTD September 2018, 5 CHOs are reporting performance within 5% of target and 4 CHOs are either achieving the uptake target of 95% or are exceeding it.

% 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, 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. This metric is measured quarterly (1 quarter in arrears). Year to date nationally, the overall uptake rate for the MMR vaccine at 24 months is 92.3%. Performance varies

across CHOs with uptake rates ranging from 89.2% to 94.6%. YTD September 2018, 8 out of the 9 CHOs are reporting performance within 5% of the uptake target of 95%.

Number of 5k Parkruns completed

Parkrun events are free, weekly, 5km timed runs/walks held in multiple locations around Ireland. The total number of Parkrun events completed by members of the public during 2018 is 412,908. This level of participation is ahead of the full year expected activity of 377,001 (+9.5%). A cluster of new events came onto the network during Q3 2018 which had a positive impact on the volume of overall Parkruns completed by the general public during the year.

Acute Services

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Childrens	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% [R]	-97.8%										
	HCAI Rates														
	Staph. Aureus (per 10,000 bed days)	M	< 1	0.9 [G]	-9.9%	1.1 [R]	1.5 [R]	1.0 [G]	0.6 [G]	0.6 [G]	0.7 [G]	0.9 [G]	0.7	1.0	0.9
	C Difficile (per 10,000 bed days)	M	< 2	2.1 [A]	+5.6%	0.0 [G]	2.4 [R]	2.5 [R]	2.7 [R]	1.9 [G]	2.0 [G]	0.9 [G]	2.5	2.0	2.1
	CPE - number of new cases ³	M		531		6	136	62	71	103	85	68	81	72	29
	Urgent colonoscopy														
Number waiting > 4 weeks (zero tolerance)	M	0	253 [R]		0 [G]	12 [R]	128 [R]	0 [G]	102 [R]	11 [R]	0 [G]	25	1	0	
Surgery															
Hip fracture surgery within 48 hours	M-1M	95%	86.6% [A]	-8.8%		90% [A]	96% [G]	88.6% [A]	89.7% [A]	82.4% [R]	68.9% [R]	83.8%	83.6%	84.8%	
Access & Integration	Emergency Department Patient Experience Time														
	75 years or older within 24 hours (zero tolerance)	M	100%	91.5% [R]	-8.5%		92.1% [R]	93.3% [R]	93.5% [R]	94% [R]	88.1% [R]	78.2% [R]	92.6%	91.6%	92.9%
	ED within 6 hours	M	75%	64.6% [R]	-13.9%	86.7% [G]	55% [R]	70.2% [A]	57.1% [R]	66.1% [R]	62.3% [R]	54% [R]	65.8%	63.6%	63.8%
	Waiting times for procedures														
	Adult waiting <15 months (inpatient)	M	90%	84.3% [A]	-6.3%		82% [A]	86.7% [G]	90.2% [G]	76.1% [R]	88.5% [G]	99.5% [G]	82.6%	82.9%	84.3%
	Adult waiting <15 months (day case)	M	95%	92.9% [G]	-2.2%		86.6% [A]	94.1% [G]	99.9% [G]	92.1% [G]	91.1% [G]	98.6% [G]	91.6%	92.1%	92.9%
	Children waiting <15 months (inpatient)	M	90%	89.8% [G]	-0.2%	90.5% [G]	100% [G]	100% [G]	96.5% [G]	75.7% [R]	96.3% [G]	100% [G]	86.8%	88.4%	89.8%
Children waiting <15 months (day case)	M	90%	83.9% [A]	-6.8%	79% [R]	100% [G]	98% [G]	100% [G]	84.3% [A]	90.7% [G]	99.6% [G]	81.9%	82.9%	83.9%	
Outpatient < 52 weeks	M	80%	70.4% [R]	-12%	60.5% [R]	68.2% [R]	72.3% [A]	85.6% [G]	70.8% [R]	67.7% [R]	66.5% [R]	70.7%	70.5%	70.4%	

³ CPE are quoted above but not RAG rated as the target has not been finalised

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Childrens	Dublin Midlands	Ireland East	RCSI	Saolta	South/ South West	UL	Current (-2)	Current (-1)	Current	
Delayed Discharges Number of beds subject to Delayed Discharge ⁴ (zero tolerance site specific targets)	M	500	476 [G]	-4.8%	5	114	141	107	48	53	8	595	584	476	
	Cancer														
	Urgent Breast Cancer within 2 weeks	M	95%	75.7% [R]	-20.3%		54.1% [R]	77.5% [R]	100% [G]	87.1% [A]	55.4% [R]	99.7% [G]	89.7%	92.1%	88.8%
	Lung Cancer within 10 working days	M	95%	88.2% [A]	-7.2%		97.5% [G]	99.7% [G]	99% [G]	95.7% [G]	78.1% [R]	59.5% [R]	88.5%	90.5%	94.9%
	Prostate Cancer within 20 working days	M	90%	78.3% [R]	-13%		61.5% [R]	80.8% [R]	97.4% [G]	99.6% [G]	79.6% [R]	32.5% [R]	83%	89.2%	88.4%
	Radiotherapy treatment within 15 working days	M	90%	82.3% [A]	-8.6%		86.2% [G]			81.6% [A]	67.1% [R]	97.7% [G]	84.5%	86%	85.4%
	Ambulance Response Times														
	ECHO within 18 minutes, 59 seconds	M	80%	79.5% [G]	-0.6%								78.2%	78.9%	79.7%
	Delta within 18 minutes, 59 seconds	M	80%	57.4% [R]	-28.3%								57.1%	55.1%	54.7%
	Financial Management – Expenditure variance from plan⁵														
Finance, Governance & Compliance	Net expenditure (total)	M	≤0.1%	5,235,131	1.83% [R]	1.52% [R]	1.90% [R]	2.02% [R]	1.14% [R]	1.68% [R]	2.04% [R]	2.50% [R]	5.51%	5.45%	1.83%
	Gross expenditure (pay and non-pay)	M	≤0.1%	6,079,231	1.63% [R]	0.55% [A]	1.56% [R]	1.52% [R]	1.36% [R]	2.02% [R]	1.78% [R]	1.83% [R]	3.20%	3.24%	1.63%
	Non-pay expenditure	M	≤0.1%	2,001,312	4.70% [R]	2.62% [R]	3.71% [R]	2.30% [R]	7.74% [R]	6.04% [R]	5.23% [R]	1.14% [R]	7.21%	7.39%	4.70%
	Financial Management - Service Arrangements (03.01.2019)														
Monetary value signed	M	100%	100%	0%								100%	100%	100%	
Funded Workforce Plan															
Workforce	Pay expenditure variance from plan	M	≤0.1%	4,077,919	0.18% [A]	-0.35% [G]	0.39% [A]	1.15% [R]	-1.18% [G]	0.14% [A]	0.16% [A]	2.18% [R]	1.35%	1.32%	0.18%
	Attendance Management														
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.26% [R]	-21.7%	4.05% [R]	4.15% [R]	3.82% [A]	4.10% [R]	4.30% [R]	4.02% [R]	5.95% [R]	4.12%	4.58%	4.31%
European Working Time Directive (EWTD) Compliance															
< 48 hour working week	M	95%	81% [R]	-14.7%	81.3% [R]	75% [R]	79.9% [R]	78.1% [R]	91.7% [G]	81.5% [R]	80.6% [R]				

⁴ Delayed Discharges figures are quoted above but not RAG rated as the site specific targets have not been finalised

⁵ Includes Hospital Groups, regional and National Cancer Control Programme and Ambulance Services

Acute Hospitals Services

Overview of Key Acute Hospital Activity

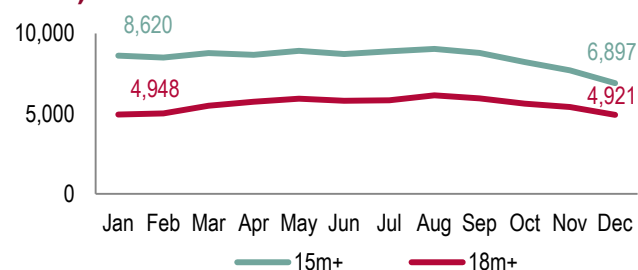
Activity Area	Expected Activity YTD	Result YTD Dec 2018	Result YTD Dec 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,416,645	1,470,541	1,417,892	+3.7%	126,481	121,608	121,067
New ED Attendances	1,178,977	1,227,294	1,182,844	+3.8%	105,586	101,747	102,583
OPD Attendances	3,337,967	3,333,762	3,287,693	+1.4%	305,261	303,465	221,968

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Nov 2018	Expected Activity % Var	Result YTD Nov 2017	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient [IP] Discharges *	579,929	589,535	+1.7%	582,255	+1.3%	52,389	55,699	55,529
Inpatient Weighted Units *	580,885	589,543	+1.5%	597,095	-1.3%	50,814	54,380	54,393
Daycase [DC] Discharges *	978,735	995,701	+1.7%	994,669	+0.1%	86,329	97,303	95,966
Daycase Weighted Units *	952,150	977,012	+2.6%	983,001	-0.6%	84,557	95,873	93,405
IP & DC Discharges *	1,558,664	1,585,236	+1.7%	1,576,924	+0.5%	138,718	153,002	151,495
% IP	37.2%	37.2%		36.9%	+0.8%	37.8%	36.4%	36.7%
% DC	62.8%	62.8%		63.1%	-0.5%	62.2%	63.6%	63.3%
Emergency IP Discharges *	393,644	402,741	+2.3%	394,685	+2%	35,237	38,129	37,884
Elective IP Discharges *	84,451	86,215	+2.1%	85,479	+0.9%	7,854	8,575	8,802
Maternity IP Discharges *	101,834	100,579	-1.2%	102,091	-1.5%	9,298	8,995	8,843

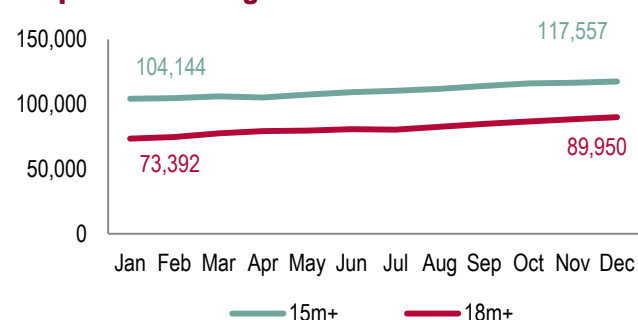
* Activity targets in the Operational Plan differ slightly (0.03%-0.8%) from those published in NSP 2018 following analysis by Health Pricing Office based on a later version of the national HIPE file

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	84.3%	86.5%	-2.2%	82.6%	82.9%	84.3%	25 out of 40 hospitals reached target	SUH (73.2%) ,GUH (74.3%), RUH (75%)
Daycase adult waiting list within 15 months	95%	M	92.9%	92.6%	+0.3%	91.6%	92.1%	92.9%	27 out of 41 hospitals reached target	SJH (83.7%), CUH (86%), Tallaght - Adults (86.8%)
Inpatient children waiting list within 15 months	90%	M	89.8%	88.7%	+1.1%	86.8%	88.4%	89.8%	17 out of 21 hospitals reached target	MUH (0%), GUH (67.4%), SUH (81%),
Daycase children waiting list within 15 months	90%	M	83.9%	85.9%	-2%	81.9%	82.9%	83.9%	24 out of 28 hospitals reached target	Tallaght – Paeds (65.8%), OLCHC (77.4%), GUH (80.2%)
Outpatient waiting list within 52 weeks	80%	M	70.4%	72.4%	-2%	70.7%	70.5%	70.4%	19 out of 45 hospitals reached target	Croom (52.1%), RVEEH (53.1%), TSCUH (58.8%)

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



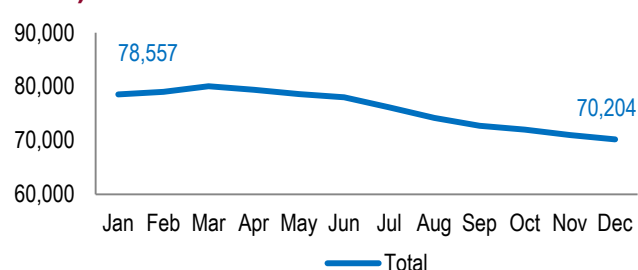
Outpatient Waiting List 15m+ and 18m+



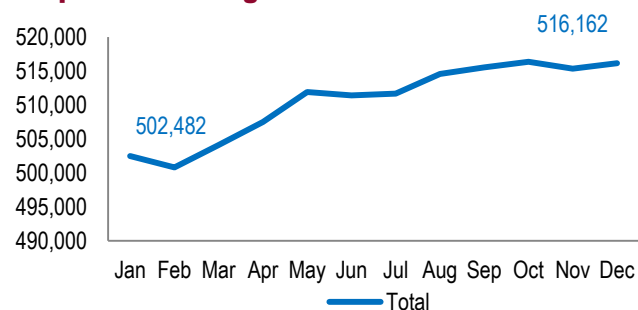
Waiting List Numbers

	Over 12 Months	Over 15 Months	Total
Adult IP	3,558	2,747	17,530
Adult DC	5,275	3,269	46,350
Adult IPDC	8,833	6,016	63,880
Child IP	372	240	2,350
Child DC	856	641	3,974
Child IPDC	1,228	881	6,324
OPD	152,940	117,557	516,162

Inpatient and Daycase Waiting List (Adult & Child) Total

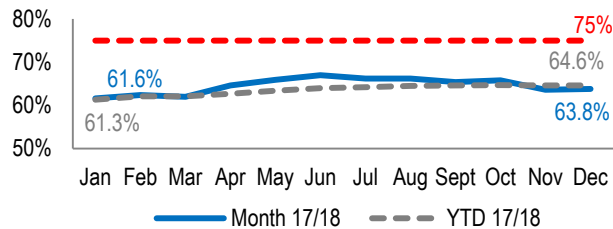


Outpatient Waiting List Total

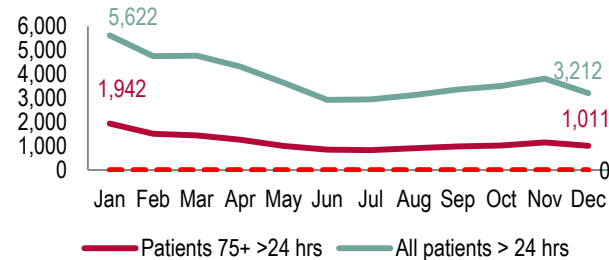


Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	75%	M	64.6%	66.3%	-1.7%	65.8%	63.6%	63.8%	SLK (92.3%), St Michael's (90.9%), TSCUH (88.1%)	Beaumont (41.9%), Tallaght-Adults (42.5%), GUH (47.2%)
% in ED < 24 hours	100%	M	96.5%	96.9%	-0.4%	96.9%	96.6%	97.1%	SLK, St Michaels (100%), Tallaght – Paeds, Wexford, LUK (99.9%)	GUH (90.9%), UHL (92%), MMUH (93%)
% 75 years within 24 hours	100%	M	91.5%	92.4%	-0.9%	92.6%	91.6%	92.9%	SLK, St. Michael's, LUH, Sth Tipperary (100%)	GUH (75.8%), UHL (79%), MMUH (81.9%)

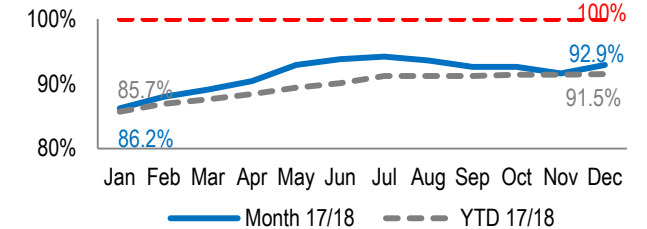
% patients admitted or discharged within 6 hours



ED over 24 hours

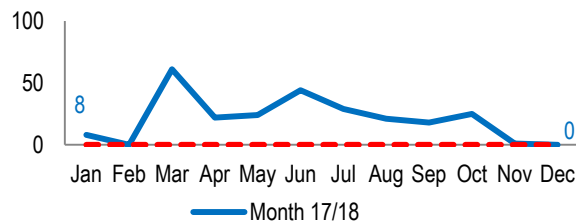


% 75 years old or older admitted or discharged within 24 hours



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	253	68	+185	25	1	0	38 out of 38 hospitals achieved target	
Bowelscreen – number colonoscopies scheduled > 20 working days		M	1,417			88	45	37	7 hospitals have 0	MMUH, Mercy, SUH (8), Ennis (6)
Routine Colonoscopy and OGD <13 weeks	70%	M	59.1%	57.8%	+1.3%	57.3%	58.5%	59.1%	20 out of 39 hospitals achieved target	TSCUH (0%), MMUH (29.5%), UHL (30%)

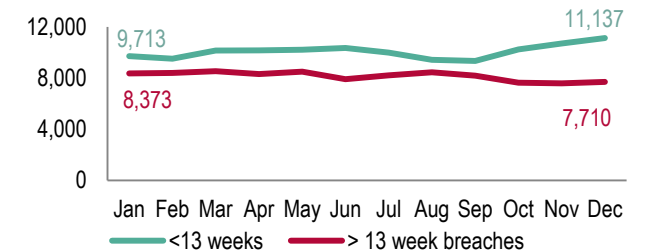
Urgent Colonoscopy – number of people waiting > 4 weeks



BowelScreen - Urgent Colonoscopies

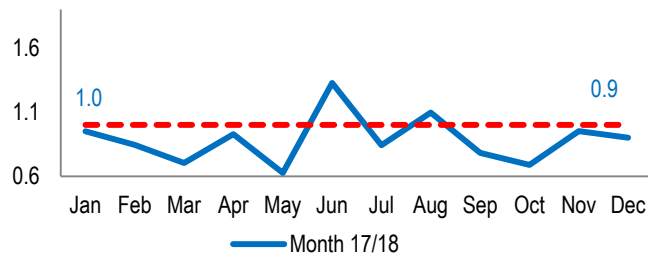
	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	231	216	141
Number scheduled over 20 working days	88	45	37

Number on waiting list for GI Scopes

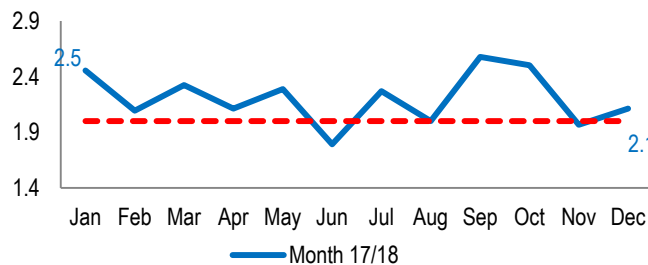


Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HCAI – Rate of new cases of Staph. Aureus infection	<1	M	0.9	0.9	0.0	0.7	1.0	0.9	34 out of 48 hospitals achieved target	CWUIH (6.9), St. Michael's (5.3), SLRON (3.0)
HCAI – Rate of new cases of C Difficile infection	< 2	M	2.1	1.8	+0.4	2.5	2.0	2.1	33 out of 48 hospitals achieved target	Tullamore (5.7), Beaumont (4.6), SLK (4.5)
Number of new cases of CPE (new KPI)		M	29			81	72	29		
Ambulance Clearance Times < 60 minutes	95%	M	89.2%	85.8%	+3.4%	89.6%	87.8%	88.4%	13 out of 34 hospitals achieved target	Mercy (69.7%), CUH (78.1%), Wexford (76.6%)
Number of beds subject to Delayed Discharges	500	M	476	480	-4	595	584	476	Ennis, St. John's (0), Tallaght – Paeds, PUH, RUH, Mullingar (1)	SJH (61), OLOL (46), MMUH (42)
Hip fracture surgery within 48 hours	95%	M-1M	86.6%	85.5%	+1.1%	83.8%	83.6%	84.8%	3 out of 16 hospitals achieved target	CUH (73.7%), Tullamore, OLOL, UHK (80%)

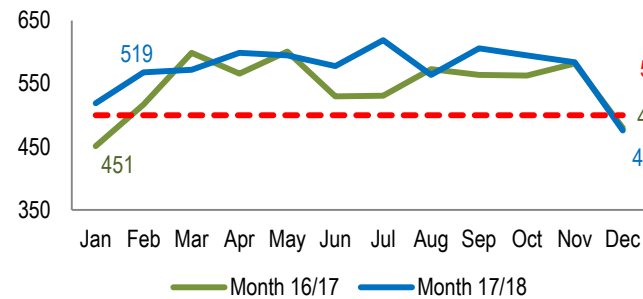
Rate of Staph. Aureus bloodstream infections in Acute Hospital per 10,000 bed days



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



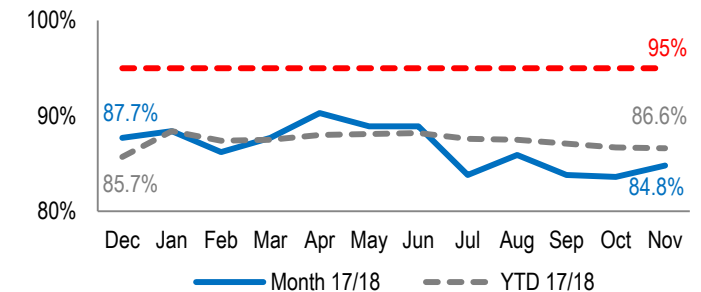
Delayed Discharges



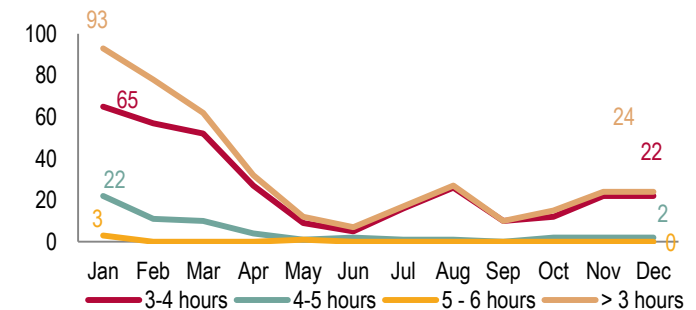
Delayed Discharges by destination

	Over 65	Under 65	Total	Total %
Home	68	23	91	19.1%
Long Term Nursing Care	250	42	292	61.3%
Other	58	35	93	19.5%
Total	376	100	476	100.0%

% of emergency hip fracture surgery carried out within 48 hours



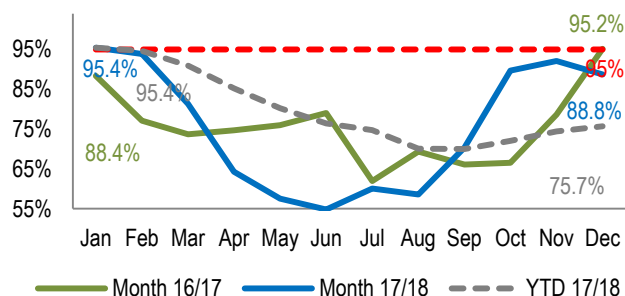
Ambulance Turnaround Times



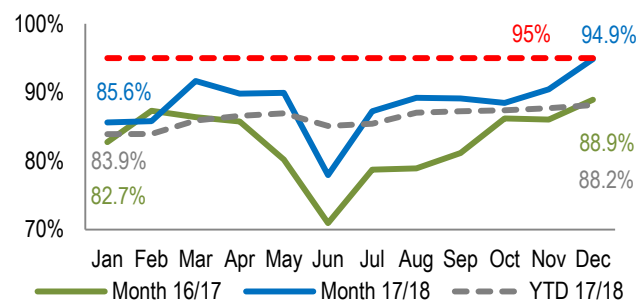
Cancer Services

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	75.7%	75.4%	+0.3%	89.7%	92.1%	88.8%	7 out of 9 hospitals reached target	GUH (36.2%),CUH (94.8%)
Non-urgent breast cancer within 12 weeks	95%	M	67.6%	71%	-3.4%	58.2%	63.4%	66.6%	SVUH, UHL (100%), Beaumont (99.5%)	UHW (20.5%), LUH (21.5%), SJH (40.4%), GUH (50.7%)
Lung Cancer within 10 working days	95%	M	88.2%	82.7%	+5.4%	88.5%	90.5%	94.9%	5 out of 8 hospitals reached target	CUH (75%), UHL (75.9%), UHW (93.8%)
Prostate cancer within 20 working days	90%	M	78.3%	61.5%	+16.8%	83%	89.2%	88.4%	7 out of 8 hospitals reached target	SJH (31.1%)
Radiotherapy within 15 working days	90%	M	82.3%	76.3%	+6%	84.5%	86%	85.4%	WUH (100%), UHL (98%)	Altnagelvin (20%), GUH (70.9%), SLRON (86.2%)

Breast Cancer within 2 weeks



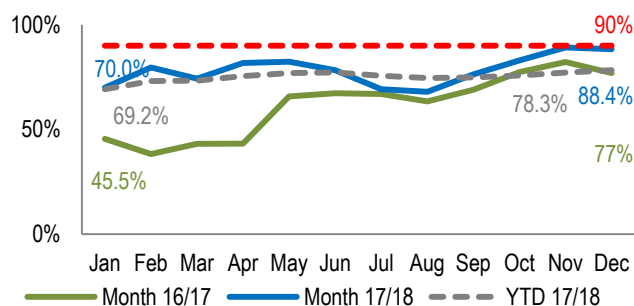
Lung Cancer within 10 working days



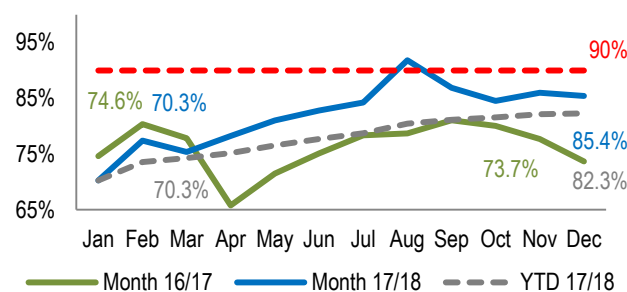
Volume of patients attending cancer clinics

Service	Category	Current (-2)	Current (-1)	Current
Breast	Urgent	1,915	2,053	1,503
	Non urgent	2,258	2,401	1,478
Lung	Rapid Access Clinic	338	346	253
Prostate	Rapid Access Clinic	318	324	267
RT	Number completed treatment	517	521	460

Prostate Cancer within 20 working days



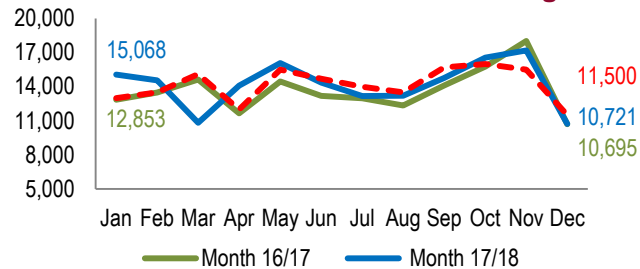
Radiotherapy within 15 working days



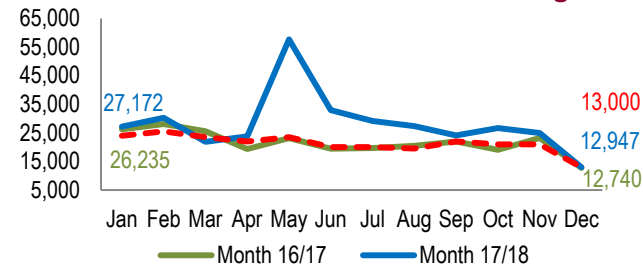
National Screening Services

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	170,000 YTD/ 170,000 FYT	M	170,582	164,187	+6,395	16,555	17,195	10,721
BreastCheck - % screening uptake rate	70%	Q-1Q	74.5%	72.2%	+2.3%	76.3%	76.2%	71.1%
CervicalCheck - number of eligible women who had screening	255,000 YTD/ 255,000 FYT	M	338,971	259,099	+79,872	26,713	24,954	12,947
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	79.5%	79.8%	-0.3%	79.8%	79.8%	78.9%
BowelScreen - number of people who completed a satisfactory FIT test	125,000 YTD / 125,000 FYT	M	105,416	120,764	-15,348	7,547	8,349	5,555
Bowelscreen - % client uptake rate	44% YTD 45% FYT	Q-1Q	40%	41.2%	-1.2%	38.7%	41.1%	40.3%
Diabetic RetinaScreen - number of people who participated	93,000 YTD/ 93,000 FYT	M	100,000	96,239	+3,761	9,184	8,757	6,671
Diabetic RetinaScreen - % uptake rate	65%	Q-1Q	63.9%	67.7%	-3.8%	61.4%	71.2%	59.4%

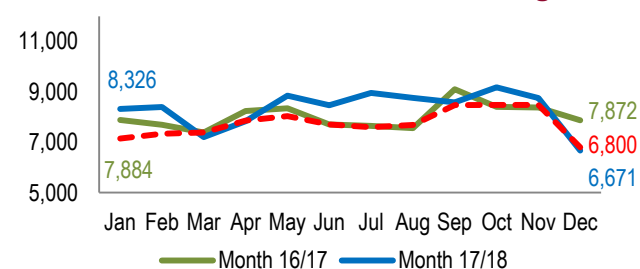
BreastCheck-number who had a mammogram



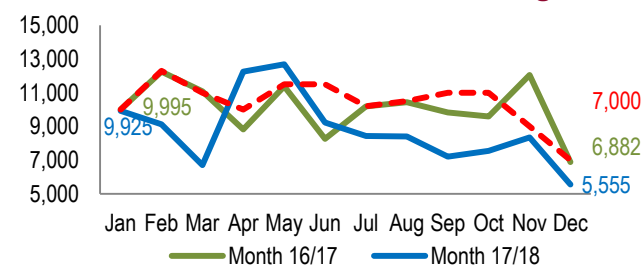
CervicalCheck-number who had screening



RetinaScreen-number who had screening



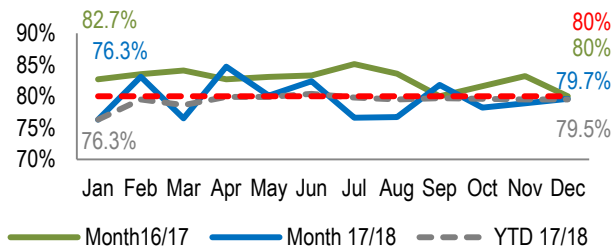
BowelScreen-number who had screening



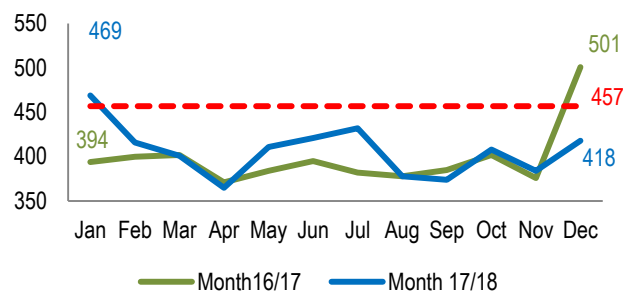
Pre-Hospital Emergency Care Services

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	79.5%	82.7%	-3.2%	78.2%	78.9%	79.7%	North Leinster (85.9%) Dublin Fire Brigade (80%)	Western Area (72%), South (76.2%),
Response Times - DELTA	80%	M	57.4%	61.4%	-4%	57.1%	55.1%	54.7%	North Leinster (61.1%)	Western Area (57.8%), Southern Area (53.4%), Dublin Fire Brigade (45.1%)
Allocation of Resource within 90 seconds - ECHO	95%	M	97.2%	98.3%	-1.1%	96.4%	97.2%	96.8%	South (98.8%), West(96.4%), North Leinster (95.9%)	
Allocation of Resource within 90 seconds - DELTA	90%	M	87.7%	91.3%	-3.6%	87.2%	86.2%	87.2%	West (91%), South (87.9%), North Leinster (83.9%)	
ROSC	40%	Q-1Q	47.1%	42.6%	4.5%	36.7%	56.5%	48.1%		

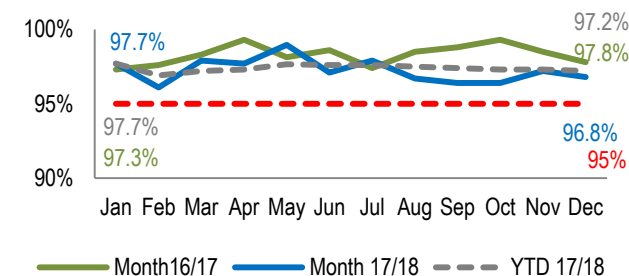
Response Times (within 18 minutes, 59 seconds) – ECHO



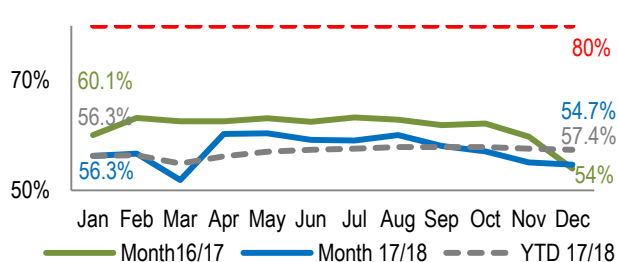
Call Volume (arrived at scene) – ECHO



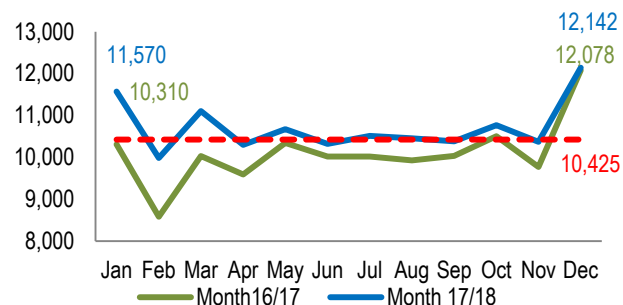
Allocation of Resource within 90 seconds – ECHO



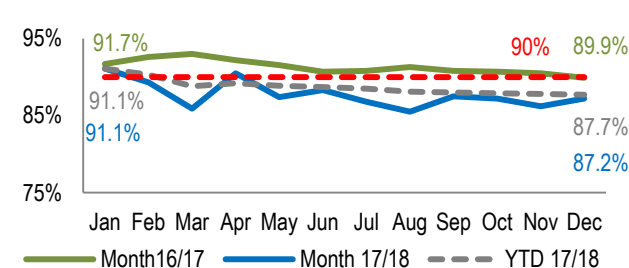
Response Times (within 18 minutes, 59 seconds) – DELTA



Call Volume (arrived at scene) – DELTA



Allocation of Resource within 90 seconds – DELTA



Acute Hospitals Services Updates

Emergency Department (ED) Performance

- There were 121,067 ED attendances in December 2018 and 1,470,541 in 2018. This is a 3.7% increase on ED attendances in 2017. In addition, ED attendances in 2018 exceeded the target of 1,416,645 by 3.8%.
- ED PET less than 24 hours (all patients) was 97.1% and less than 9 hours was 79.5% in December 2018. Ten 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 92.9% in December.

There was an increase in ED presentations of 3.7 % in 2018 when compared with 2017. This is coupled with the increasing complexity and co-morbidity of patients requiring multiple inputs in EDs.

The HSE identified nine Emergency Department focus sites for the Winter period. Measures being implemented to alleviate pressures at these EDs include the following;

- MRI and ultrasound insourcing at weekends
- Additional Emergency Medicine Registrar cover
- Extended opening hours of Acute Medical Assessment Units from 12/7 to 24/7
- Increase in Community Intervention Teams for defined periods
- Increased Senior Decision Maker presence for targeted specialties
- Additional emergency theatres running weekdays and at weekends
- Community diagnostics
- Additional patient transfers to support inter hospital transfers
- Purchase of additional bed capacity

In addition to the above, an additional 75 beds will be opened under the Winter Plan 2018/2019. Forty of these beds were opened.

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 476 Delayed Discharges at the end of December 2018. This included 91 Delayed Discharges waiting to go home, 292 waiting on long term nursing care and 93 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 November 2018 was 995,701 versus 994,669 for the same period in 2017, that is, an increase of 1,032 (0.1%) cases. The number of cases year to date November 2018 was 1.7% above the target of 978,735 cases for this period.

Inpatient Discharges

The number of inpatient discharges was 589,535 year to date November which is 1.3% higher than the same period last year which had 582,255 cases. Inpatient discharges year to date November 2018 are 1.7% higher than the target of 579,929 cases for this period.

Elective Inpatient Discharges

The number of elective inpatient discharges year to date November 2018 was 86,215, an increase of 0.9% on the corresponding period in 2017. Elective inpatient discharges were 2.1% higher than the target of 84,451.

Emergency Inpatient Discharges

There were 402,741 emergency inpatient discharges year to date November 2018 and 394,685 for the corresponding period in 2017, that is, an increase of 2%. Emergency inpatient discharges were 2.3% higher than the target of 393,644.

Maternity Inpatient Discharges

There were 100,579 maternity inpatient discharges year to date November 2018 which is a decrease of 1,512 (1.5%) on activity for the same period last year. Maternity inpatient discharges were 1.2% less than the target of 101,834 year to date November 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 December was 84.3% and 92.9% respectively. In the case of the children's inpatient waiting list, 89.8% of children were waiting less than 15 months versus the NSP 2018 target of 90% and 83.9% of children on the day case waiting list waited less than 15 months versus the NSP 2018 target of 90%.

The number of patients waiting for an inpatient or day case procedure at the end of December was 70,204. Improving access for patients is a key priority for the HSE and despite challenges in terms of access, these figures highlight the continued progress that is being made by the HSE in collaboration with the National Treatment Purchase Fund in delivering on this priority. This was significant improvement in the number of patients waiting over 9 months which almost halved from 28,100 in July 2017 to 14,900 in December 2018. This reduction must be considered in the context of the specialties which were a key focus in the 2018 Inpatient/Day Case Action plan. These include the numbers waiting over 9 months for a cataract procedure which have fallen by 87% since July 2017, the numbers waiting 9 months for a tonsillectomy have fallen by 84% in the same period and angiograms have fallen by 88%.

The figures also show that significant progress is being made in meeting the Slaintecare recommendation that patients should wait no longer than 12 weeks for an inpatient procedure. Since July 2017, the number of patients waiting longer than 3 months fell from 58,000 to 40,200, that is, a decrease of 31%.

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 70.4% in December 2018.

Cancer Services

Symptomatic Breast Cancer Clinics

Six of the nine Symptomatic Breast Cancer clinics 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%
- St James's Hospital - 100%
- Mater Misericordiae University Hospital - 100%
- Beaumont Hospital - 100%
- University Hospital Limerick - 100%
- University Hospital Waterford - 96.3%

Rapid Access Clinics for Lung Cancer Services

Five 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%
- St James's Hospital - 97.7%
- Mater Misericordiae University Hospital - 100%
- Beaumont Hospital - 100%
- Galway University Hospitals - 100%

Rapid Access Clinic for Prostate Cancer Services

Seven 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;

- Beaumont - 100%
- Mater Misericordiae University Hospital - 100%
- St Vincent's University Hospital - 100%

- University Hospital Galway - 100%
- University Hospital Waterford - 100%
- Cork University Hospital - 100%
- University Hospital Limerick - 100%

Radiotherapy

Two 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 Mid-Western Radiation Oncology Centre, Limerick and UPMC, Whitfield, Waterford complied with the target in December.

Performance and Accountability Framework

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. While the Group and the National Director for Acute Operations were satisfied with the hospital's improvement plan and trajectory for these services, given the consistent non compliance with the access targets it was deemed appropriate to issue a Performance Notice. 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 is continuing to implement its improvement plan and reported improved compliance with the access target for urgent referrals in September (43.6%). The hospital reported full compliance with the access target in quarter 4 2018.

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.

At the request of the National Director for Acute Operations, the hospital developed an improvement plan for the BowelScreen service and it was agreed with the Hospital Group. The hospital was compliant with the BowelScreen target in Quarter 4 2018.

The Group continues 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.

Healthcare Associated Infections (HCAI)

There were 31 hospitals with no cases of Staphylococcus Aureus blood stream infection and 26 hospitals with no cases of Clostridium Difficile related diarrhoea reported in December. There were 26 cases of hospital acquired Staphylococcus Aureus blood stream Infections in HSE hospitals and 61 cases of Clostridium Difficile associated diarrhoea in December.

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 29 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) in December.

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 (NPHET). 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.

National Ambulance Service

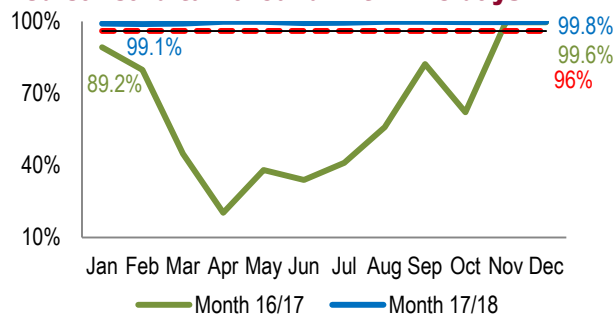
- Activity volume for AS1¹ and AS2² calls received in December decreased by 232 calls (1%) when compared with the same month in 2017.
- The daily average call rate for AS1¹ and AS2² calls in December was 989.
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was on target at 80% in December. This shows an increase of 1% compared to November 2018.
- 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 below target at 55%.
- 90% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service in December.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact.
- 43% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 49% of vehicles being released within 30 minutes or less in the December 2017
- 88% 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 90% of vehicles being released within 60 minutes or less in December 2017.

National Services

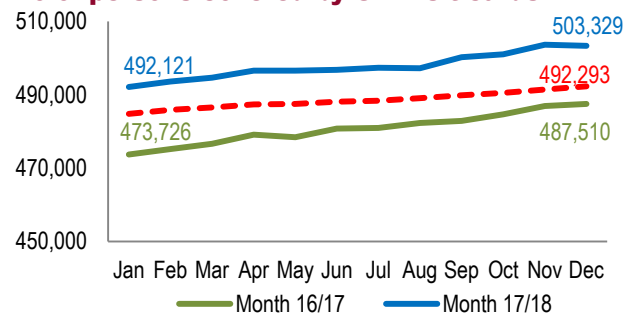
National Services

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%	99.6%	+0.2%	99.7%	99.7%	99.8%
No of persons covered by Medical Cards	1,564,230YTD/ 1,564,230FYT	M	1,565,049	1,609,820	-44,771	1,579,693	1,574,507	1,656,049
No of persons covered by GP Visit Cards	492,293YTD/ 492,293FYT	M	503,329	487,510	+15,819	501,025	503,651	503,329
Number of initial tobacco sales to minors test purchase inspections carried our	384 YTD/ 384 FYT	Q	390	356	+34	154	129	0
Number of official food control planned, and planned surveillance inspections of food businesses	33,000YTD/ 33,000 FYT	Q	32,252	33,162	-910	8,769	8,222	8,668

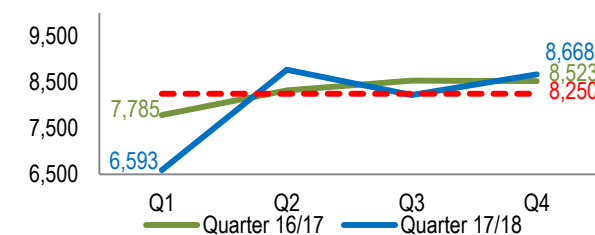
Medical card turnaround within 15 days



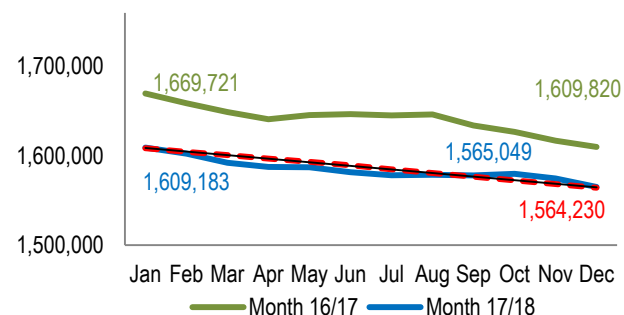
No of persons covered by GP Visit cards



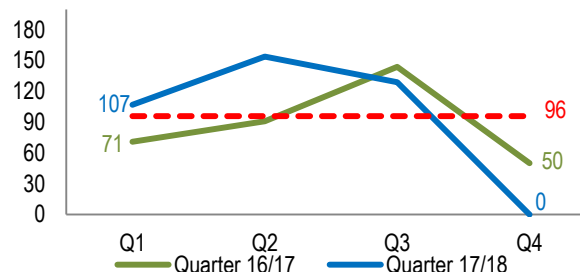
Number of official food control planned, and planned surveillance inspections of food businesses



No of persons covered by Medical Cards



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



National Services Update

PCRS

Primary Care Reimbursement Service

Key achievements include the rollout in January 2018 of the online application for eligibility for Medical and GP Visit cards with the facility for applicants to upload their supporting documentation and for GPs to accept applicants onto their panel electronically.

Upgrades in respect of free GP care for carers in receipt of Carer's Allowance or Benefit from 1st Sept 2018 were incorporated into the application process following legislation extending eligibility to these cohorts. An increase in the disregard threshold from €120 to €427 for those on Disability Allowance took effect from 1st Dec 2018 in line with government policy on Making Work Pay.

The Drugs Payment Scheme (DPS) was centralised into PCRS in November 2018. Future enhancements will see DPS and Long Term Illness (LTI) cards issued as part of an integrated application process where service users, who may not be eligible under the GMS scheme, will have their eligibility for DPS or LTI assessed without the need for a separate application so that they will not lose out on their entitlements.

A new interface for the sharing of data with the Department of Employment Affairs & Social Protection was established, replacing the old Infosys system with a new API system.

A Burden of Illness assessment tool was developed with guidance from the Clinical Advisory Group to make the assessment of discretionary cards more consistent. Guidelines in respect of the Deciding Officer and Medical Officer roles were drawn up and two additional Medical Officers were appointed.

A new Medical Card Application Form was developed and reviewed by NALA. A new file retention policy was also developed and forms updated to ensure obligations under General Data Protection Regulations (GDPR), which came into effect on 25 May 2018, were met.

Stemming from a C&AG recommendation and a review conducted of High Tech Drugs, a HTD hub was established in PCRS to order and monitor the prescriptions of high tech drugs for those patients who are registered and receive their drugs through community pharmacies. The project is being rolled out on a phased basis and was extended to the Pulmonary Arterial Hypertension (PAH) therapeutic area and Cystic Fibrosis (CF) in 2018.

PCRS extended its reimbursement arrangements to hospitals to include medicines provided under local demand led schemes. Payments to hospitals via NDMS now cover Oncology, MS and Hep C.

A number of enhancements were also made to the online claim system for contractors to allow claims to be submitted electronically and reduce the need for paper, manual handling and storage. Technical enhancements that will enable a fully electronic claiming interface for all types of pharmacy claims will facilitate going paperless by 2020. About 2 million claims involving 6.4 million items were processed by PCRS every month in 2018.

Implementation of the provisions of the Framework Agreement on the Supply and Pricing of Medicines saw the price of all qualifying medicines realigned downward on 1st July 2018. This is part of a four-year Drug Framework Agreement with the Irish Pharmaceutical Healthcare Association (IPHA) aimed at reducing the price the HSE pays for medicines and ensuring supply. As part of the Agreement, there was also increased income generated from manufacturer rebates. Reduction also took place in respect of patent-expired, non-exclusive, biologic and non-biologic medicines.

In conjunction with the Medicines Management Programme, PCRS contacted GPs in relation to increasing utilisation of programme preferred drugs. The key Medicine Management Programme savings initiative in 2018 was implementation of controls surrounding Versatis.

The Probity Unit in PCRS undertook enhanced levels of inspections and carried out investigations where necessary to provide assurance in relation to the use of public monies.

During 2018, a number of information exchange sessions in relation to the Medical Card / GP Visit Card eligibility assessment process were conducted in all Community Care Organisation (CHO) areas for CHO front line staff, locally elected public representatives, GPs and their practice staff. Other briefings took place at Regional Health Forums and Patient Forums and a briefing session for elected representatives was held in the Oireachtas. Customer satisfaction surveys were also carried out with a sample of 1,000 customers and positive feedback was received.

A number of PCRS reports were made available on the website through Open Data. This is part of an initiative to improve access to data for health researchers, service providers and other stakeholders. A new Customer Charter, Privacy Statement and Statement of Purpose were all developed and published online in 2018.

Work to achieve “Excellence through People” certification for PCRS Accreditation concluded in December 2018 with a positive recommendation. ISO 9001:2015 certification for NMCU and CRM will be conveyed in January 2019. A staff recognition programme was introduced and training conducted with staff across all grades.

A new Strategy for PCRS is being prepared for 2019 - 2021.

Environmental Health

Food business establishments are routinely inspected to assess compliance with official food control requirements. A total of 32,252 planned and planned surveillance inspections were carried out by 2018 year end. This is 97.7% of the annual target (Target 33,000). This target was not met due to unforeseen circumstances such as severe weather events, Brexit preparation and external third party audits in 2018.

Of those planned and planned surveillance inspections, 20.5% had either an unsatisfactory, unsatisfactory significant, unsatisfactory serious outcome. (Target <25% unsatisfactory)

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 were completed by year end which is 1.6% above the annual target of 384.

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. 95.2% of relevant consultation requests from planning authorities received a response from the Environmental Health Service in 2018. This is 0.3% above the annual target of 95%.

96.7% of all complaints received by the EHS in 2018 were risk assessed within 1 working Day which is 1.8% above the target of 95%. 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. By year end 2,399 drinking water samples were taken to assess compliance which is 97.5% of the annual target of 2,460. Non achievement of the target was due to plants not fluoridating which is outside of the control of the HSE.

Emergency Management

HSE Emergency Management (EM) is central to the generation of resilience across the organisation, for major incidents and emergencies. It achieves this by providing counsel and advice to management across all HSE functions in regard to Emergency Management and by engaging with the other Principle Response Agencies (PRAs), Government departments and external bodies in order to ensure coordinated national resilience.

Mass Casualty Incident (MCI) working group

HSE EM co-chairs this group along with the National Clinical Advisor for Acute hospitals. Emergency Management prepared and delivered a table top exercise to members of the group on December 20th. The lessons identified from this exercise will be incorporated into a revision of the MCI Framework due in Q1 2019. HSE EM is also preparing to roll out a regional MCI Framework to Hospitals and CHO's outside of Dublin in consultation with clinical colleagues.

Chemical Biological Radiological and Nuclear (CBRN)

The needs assessment is now complete and is ready to be submitted to the Senior Operations Team for their consideration. This may then lead to the development of work streams focused on skills development, education, capability development and harmonisation of practice across the organisation. These work streams will develop in parallel to closer liaison and cooperation with external organisations/departments.

Business continuity management (BCM) working group

HSE EM chairs the BCM group which is preparing a policy document on Business Continuity across the HSE. The chair meet with the Quality Assurance and Verification (QAV) function in December and QAV's comments have been incorporated into an updated draft of the policy. This draft will be reviewed in Q1 2019.

Cross border groups

HSE EM current sit on two cross border groups, The Cross Border Emergency Management Group (Multiagency) and The Cross Border Medical Representatives Group (Health Specific). The health group met in late November and both groups are currently focussed on identifying and mitigating

potential operational impacts arising from the United Kingdom's vote to leave the European Union ("Brexit"). In a parallel work stream HSE EM continues its engagement with the Brexit working group. EM has a focus on the continuity of service arrangements in particular relating to our Health Service Colleagues in Northern Ireland.

Engagement with the Principal Response Agencies (PRA's)

HSE EM continues to engage with a range of bodies through the structures established under a Framework for Major Emergency Management. This work will be on-going in 2019.

Major Emergency Management Risk Assessment

The regional risk assessment for each of the eight Major Emergency Management regions were reviewed and updated in 2018. HSE EM is represented on all regional steering groups and regional working groups and prepared the HSE input for these regional risk assessments.

Crowd Events

In 2018_HSE EM continued to meet its legislative requirement under the planning and development act for licenced Crowd Events (both Licenced and Unlicensed). In 2018 The Medical Advisory Committee of PHECC established a subgroup to review, make recommendations and develop practice for "clinical care" at events. HSE EM is represented on that group. Similarly the National Steering Group and National Working Group for Major Emergency Management are preparing updated PRA guidance for crowd events. HSE EM will align its guidance on crowd events with appropriate guidelines or practices recommended by both groups when they report.

Seveso

HSE EM continued to meet its legislative requirements under The Control of Major Accident Hazards Regulations 2015 (known as "Seveso"). The Local Competent Authorities in the East and South East carried out tests of the external emergency plan for two "Seveso" sites in December.

Emerging Viral Threats Group

HSE EM sits on the EVT 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. There are a number of work streams underway to progress preparedness for repatriation and these will continue in 2019

National Mass Fatality Working Group (MFWG)

Emergency Management continues to support the work of National Mass Fatality Working Group. HSE EM is undertaking a Mortuary capacity review within all HSE hospitals. The findings will support further planning by the HSE and PRA's in this area. In December the MFWG issued draft Standard Operation Guidance for the activation and operation of a temporary mortuary for consultation.

Review of "A Framework for Major Emergency Management

HSE EM held a workshop with the full EM team in November. The purpose was to examine the draft, 2018, Framework review and to provide feedback on the document. Arising from that workshop HSE EM has prepared a draft proposal as regards revised interagency governance arrangements for Major Emergency Management at a national level. HSE EM will meet with the Directorate of Fire and Emergency Management in January to discuss these proposals.

Trauma Review Implementation Group

HSE EM continues to engage with this group in planning for implementation of the two major trauma centres and in December the Public Consultation Document was finalised. This consultation will be launched in January 2019.

HSE Winter Plan 2018/2019

Emergency Management contributed to the drafting of the Augmented Winter Plan 2018/2019. HSE EM participated in winter plan meetings throughout December and will continue to do so in 2019 while the health service remains under increased pressure due to the impact of Influenza.

EU & North/South Unit

The HSE EU & North South Unit is a National Service and a key Health Service enabler. Working for the HSE across boundaries and borders, this Unit aims to contribute to the health and wellbeing of people living in the border region and beyond and to enable better access to health and social care services through cross-border, all-island working and multi-country working.

- As Brexit Co-Ordinator, continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- As lead Partner, ensures successful implementation of the various projects under the EU Interreg VA programme with partners in NI & Scotland.
- Continue to develop practical solutions to common health challenges and develop new ways to improve health and social care services for the wellbeing of people on the island, where appropriate.
- Positively engage Government Depts., NSMC, SEUPB and other relevant Agencies on future of EU Structural funds available for health & social care services along the border.

Brexit

- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator for Brexit.
- Presented to the CHO Chief Officer Group meeting in Tullamore with Brexit Lead.
- Attending CTA meetings, involving DoH Ireland, Belfast and London as HSE rep.
- Weekly DoH meetings and Steering Committee meetings.
- Circulation and ongoing updating of Risk register for Brexit co-ordination.
- Ongoing work on mapping of the list of SLA's and MOU's on a North South and East West basis
- DoH Brexit High Risk template distributed to all areas within the HSE.
- DoH Brexit Action Plan returned for North South Unit.

Cross Border Work

- On-going Interreg V Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended Steering Committee meetings of NI Graduate Entry Medical School (NIGEMS)
- Facilitated briefing by NIGEMS Leadership Team to HSE's Clinical Lead
- Prepared briefing for HSE Acute National Director on progress of NIGEMS
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Meetings with SEUPB and CAWT as HSE is Interreg VA Lead Partner.
- Facilitated Chief Clinical Officer NI two-day visit to see cross border working between Derry & Donegal and a visit to the new Primary Centre in Omagh.
- Participation in EPSON workshops – evaluation tool for EU funding programme
- Participation in Cardiology Steering Group meetings as HSE rep.

Next Step and Key outcomes first Quarter 2019

- As Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets. Complete financial reporting submission for period 10 claims on the 28th January.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Escalate mapped Cross border and all island services (Service Level Agreements & Memorandums of Understanding) through the HSE Governance structure to the Dept of Health. The Common Travel Area (CTA) underpins these services, allowing British and Irish citizens to access health services within each other's jurisdiction. While EU membership facilitated and overlaid the approach to healthcare right associated with the CTA, these bilateral arrangements predate either the UK's or Ireland's accession to the EU. Therefore HSE is to seek DOH assurance of continuity of service in a no deal scenario. January 2019.
- As directed by DOH, HSE communications on Brexit needs to formally commence. Establish HSE comms contact and advise them on terms of reference.

- Escalate mapped cross border & all island service to HSE Legal Services, for assurance of continuity of services post Brexit. This is for HSE's legal services to consider how Brexit proof the current SLA's and MOU's are. First quarter 2019.
- Provide up to date Risk Registers to HSE Brexit Lead from across the high risk areas in the HSE. January 2019.
- First quarter 2019, provide an update on current patient beneficiaries and value for money to the National Director Value Improvement Programme as requested. Working with NCCP to consider current through put of Donegal patients to the jointly funded (North & South) North West Cancer centre and how this might improve.

Finance

Introduction

The HSE acknowledges its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it and by making the most efficient and effective use of those resources. 2018 was in many ways a challenging year for the HSE with significant pressures on acute, community and social care services contributing to a financial overrun by year end. A value improvement programme was established in 2018 which sought to improve services while also seeking to mitigate the operational financial challenge. Despite the challenges faced by the HSE, progress is being made in key areas, which will bring real benefits to our patients and service users.

At the start of 2018, via the national service plan, the HSE received revenue funding of €14.6 billion for the provision of health and social care services. This represented an increase of circa €0.4 billion or 2.8% over the 2017 final allocation. By the end of 2018 the total revenue budget was €15.2 billion. This final budget includes the receipt of €625m of additional recurring revenue funding provided by way of a supplementary estimate for 2018.

Overall Financial Performance 2018

The HSE had expenditure of €15.260 billion against a budget of €15.221 billion for 2018 leading to a deficit of €178.9m or 1.2%. The HSE Annual Report incorporates the HSE Annual Financial Statements (AFS) and provides a final audited financial position for 2018 for the HSE's directly provided services. The deficit of €178.8m in Table 1 can be related to the final AFS 2018 as follows; €178.8m – €29.4m s.38 voluntary provision deficits - €68m provision movement + €3.7m special I&E movement = €85.1m HSE AFS deficit.

Overall Performance by Care Area⁶

Division	Annual Budget €m	YTD Actual Spend vrs YTD Budget			YTD Variance %
		YTD Spend €m	YTD Budget €m	YTD Variance €m	
Operational Service Areas					
Acute Operations	5,141.1	5,235.1	5,141.1	94.1	1.8%
Community Services Total	5,694.6	5,687.9	5,694.6	(6.8)	-0.1%
Clinical Strategy & Programmes	47.0	39.9	47.0	(7.2)	-15.3%
Quality Assurance & Verification	5.5	5.0	5.5	(0.5)	-8.8%
Quality Improvement Division	8.5	7.5	8.5	(1.0)	-11.8%
National Cancer Control Programme (NCCP)	3.4	4.3	3.4	0.9	28.2%
National Screening Service	65.7	70.0	65.7	4.2	6.4%
Health & Wellbeing Division	108.6	103.2	108.6	(5.4)	-5.0%
Environmental Health	41.4	41.9	41.4	0.4	1.1%
Office of Tobacco Control	0.5	0.4	0.5	(0.1)	-21.3%
Emergency Management	1.6	1.6	1.6	0.0	0.7%
Support Services	333.7	334.1	333.7	0.3	0.1%
Total Operational Service Areas	11,451.6	11,530.7	11,451.6	79.1	0.7%

Note re 1st Charge: In line with the Health Act 2014 (as amended), provision must be made in the subsequent financial year for the statutory part of any in year deficit. The €139.9m in Table 1 above is the 2017 incoming statutory 1st charge related to HSE directly provided services which was dealt with in 2018. Similarly the statutory 1st charge incoming from 2018 will fall to be addressed in 2019 and the National Service Plan 2019 made an estimated provision in this regard.

Division	Annual Budget €m	YTD Actual Spend vrs YTD Budget			YTD Variance %
		YTD Spend €m	YTD Budget €m	YTD Variance €m	
Pensions & Demand Led Services					
Total Pensions	403.0	414.5	403.0	11.5	2.8%
State Claims Agency	320.0	318.7	320.0	(1.3)	-0.4%
Primary Care Reimbursement Service	2,619.0	2,695.8	2,619.0	76.7	2.9%
Local Demand Led Schemes	257.0	257.6	257.0	0.6	0.2%
Treatment Abroad and Cross Border Healthcare	19.2	27.0	19.2	7.8	40.9%
EU Schemes: EHIC and E127	11.9	16.3	11.9	4.4	36.7%
Total Pensions & Demand Led Services	3,630.2	3,729.9	3,630.2	99.7	2.7%
First Charge	139.9		-	-	
Total	15,221.6	15,260.6	15,081.8	178.9	1.2%

There is a net deficit within Operational Services of €79.1m or 0.7%. This includes a net deficit of €94.1m in Acute Operations or 1.8% and an operational surplus in Community Services of (€6.7m) or 0.12%.

Within the demand led areas pensions have a year-end deficit of €11.4m, the Primary Care Reimbursement Service has a deficit of €76.7m while the State Claims Agency and Treatment Abroad/Cross Border Directive/EU Schemes have year-end variances of (€1.3m) and €12.2m respectively.

In with legislation an incoming 1st charge from 2017 of €139.9m has been provided for in the 2018 results.

Service Areas Acute Hospitals

Acute Service Operations	Approved Allocation €m	YTD			% Var Act v Tar
		Actual €m	Plan €m	Variance €m	%
RCSI Dublin North East	768.7	777.4	768.7	8.8	1.14%
Dublin Midlands	916.7	934.2	916.7	17.5	1.90%
Ireland East	995.2	1,015.3	995.2	20.1	2.02%
South / South West	843.5	860.7	843.5	17.2	2.04%
Saolta University Health Care	805.0	818.5	805.0	13.5	1.68%
UL Hospitals	331.9	340.2	331.9	8.3	2.50%
National Children's Hospital	309.8	314.5	309.8	4.7	1.52%
Regional & National Services	5.6	8.4	5.6	2.8	50.27%
Total Excluding Ambulance	4,976.3	5,069.1	4,976.3	92.8	1.9%
National Ambulance Service	164.8	166.1	164.8	1.3	0.78%
Overall Total	5,141.1	5,235.1	5,141.1	94.1	1.83%

Acute service include emergency care, urgent care, short term stabilisation, scheduled care, trauma, acute surgery, ambulance services as well as critical care and pre-hospital care for adults and children. Hospitals continually work to improve access to both scheduled and unscheduled care and to maximise the provision of safe, quality services within the allocated budget. The seven Hospital Groups provide the structure to deliver an integrated hospital network of acute care in each geographic area.

Acute Operations has expenditure of €5,235m against a budget of €5,141m leading to an adverse variance of €94.1m (1.8%) which is inclusive of any supplementary funding received. €92.8m of the deficit arises within the Acute Hospitals Division. The National Ambulance Service has a deficit of €1.3m.

This is reflective of a challenging year impacted by reduced income from hospital private maintenance changes, increased impact of bad debt provisioning as well as additional expenditure arising from required operational services and cost increases in clinical non pay. Despite the impact of Storm Emma, activity delivery in most areas was higher than the targets set out in NSP 2018, in terms of both activity volume and overall complexity.

Community Services

There have been significant cost pressures within our community services in recent years; therefore managing the year on year growth in demand for community-based services remained a key challenge across primary care, mental health, disability and older person's services in 2019.

Community Services has expenditure of €5,687m against a budget of €5,694m leading to a positive variance of €6.8m (0.12%) which is inclusive of any supplementary funding received. The performance by care area is illustrated in table 3 below.

Community Services	Approved Allocation	YTD Actual Spend Vrs YTD Budget			YTD % Var vrs Plan
		YTD Actual	YTD Budget	YTD Variance	
	€m	€m	€m	€m	%
Primary Care Division	1,104.6	1,106.5	1,104.6	1.9	0.2%
Mental Health Division	910.3	912.8	910.3	2.5	0.3%
Older Persons Services	866.4	861.5	866.4	(4.9)	-0.6%
Disability Services	1,870.1	1,864.6	1,870.1	(5.5)	-0.3%
Community Healthcare Organisations Total	4,751.4	4,745.4	4,751.4	(6.0)	-0.1%
Nursing Home Support Scheme ("Fair Deal")	943.3	942.5	943.3	(0.8)	-0.1%
Community Divisional Total	5,694.6	5,687.9	5,694.6	(6.8)	-0.1%

Social Care – Comprising Disability and Older Persons Services

The challenge in 2018 for the Social Care Services was to continue to meet the rising demand for services as a result of an aging population with a longer life expectancy. The change in demographics in Ireland has meant that the Health Service has to adapt to the changing needs of its service users and patients including providing services for an increasing number of people with a disability or multiple illnesses requiring more complex service requirements.

Older Persons Services

Managing the year on year growth in demand for community-based social services has been one of the key challenges for Older Persons services in 2018. The largest increase in Ireland's population is in the age range of 65 and over, presenting a particular challenge for serving a growing, ageing and increasingly diverse population with more complex service needs. Older Persons Services provide a wide range of services including home supports, short stay and long stay residential care (Nursing Homes Support Scheme). In addition both transitional care and day care services are provided where specific pressures exist.

This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people.

Disability Services

The costs of providing residential care to people with an intellectual disability, including the provision of emergency placements, where individual placements can cost up to €0.5m, continued to be a significant financial pressure for this service area in 2018. The cost is primarily driven by the clients need and the complexity of each individual case presenting. Work is underway to bring greater transparency and comparability to the underlying unit costs associated with staffing and other inputs, particularly within higher cost residential provision. This is necessary to ensure the maximum number of service users in need of residential care can be appropriately supported within the limits of the funding

available. Another very significant and related financial pressure in 2018 was the cost associated with the implementation of quality improvements and action plans arising from the Health Information and Quality Authority (HIQA) inspection and compliance requirements. HIQA has advised the HSE that all 1,149 disability centres are now registered as at 31st October 2018 under the national standards for residential services for children and adults with disabilities. This has been a substantial achievement for the sector.

Mental Health Services

In relation to service delivery there were a number of developments progressed in Mental Health in 2018, these include;

- €6m of investment in service infrastructure.
- The advancement of the new National Forensic Mental Health Services capital project.
- 23.5 new individual placement support workers were employed to support people who have attended mental health services returning to work.
- 9 new housing coordinators were employed to support people with mental health needs to live independently.
- The process of recruiting 10 CAMHS Advanced Nurse practitioners commenced.
- Seven day community mental health services were enhanced in all CHO areas.
- 10,734 children / adolescents; 27,124 adults and 8,537 psychiatry of old age patients were seen by mental health services.

Notwithstanding the above developments MH also have a number of financial challenges, namely a high level of agency & overtime due to reduced ability to recruit staff into available posts, and an increasing level of high cost residential placements with external private providers. The level of expenditure on external high cost residential placements is growing year on year due to the increasing complexity of patients, along with the inability of our own services to cater for high need clients due to capacity and staffing constraints.

Primary Care Services

Core operational services within Primary Care, Social Inclusion and Palliative Care (excluding PCRS) reported a largely balanced result at the end of 2018, mostly attributable to once off time related savings relating to development funding.

Whilst the opening of multiple primary care centres over recent years have placed additional pressure on the primary care operational cost base, these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care.

Health & Wellbeing Services (H&WB)

The final outturn in 2018 for the Health & Wellbeing Division, including National Screening Service and Environmental Health Service, was €214m, reflecting a range of required services which support our whole population to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The final outturn was broadly in line with overall expectations.

Support Services

The December results for Support Services show net expenditure of €334.2m against the available budget reported at €333.7m. This gives rise to year-end overall deficit of €0.5m or 0.14%. The main areas showing a deficit are Health Business Services (HBS) €2.5m, Legal Services €2.7m, Human Resources €7.2m and CIO €4.1m. The bulk of the costs and cost pressures giving rise to this spend and deficit level represents essential supports provided by the national functions to support direct service provision.

Demand Led Areas: PCRS / DLS / State Claims & Pensions

Expenditure in demand led areas such as Pensions, State Claims Agency (SCA), Overseas Treatment and the Primary Care Reimbursement Service is driven primarily by legislation, policy, demographic and economic factors. Accordingly it is not amendable to normal management controls in terms of seeking to limit costs to a specific budget limit. In some cases it can also be 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. The December results for Demand Led Areas show net expenditure of €3.72b against the available budget reported at €3.63b. This gives rise to year-end deficit of €99.7m or 2.7%.

HSE Pensions

Pensions provided within the HSE and HSE funded agencies (section 38) are based on statutory schemes the rules for which are decided centrally for the public service in general. There is a strict requirement on the health service, as is the case across the public sector, to ring fence public pension related funding and costs and keep them separate from mainstream service costs. Pension costs and income are monitored carefully and reported on regularly.

In the event that actual expenditure emerges in any given year at a level higher than the notified budget level, the DoH and HSE seek to engage to seek solutions which do not adversely impact services.

State Claims Agency (SCA)

The State Claims Agency (SCA) is a separate legal entity which manages claims on behalf of government departments and public bodies, including the HSE. The HSE reimburses the SCA for costs arising from claims under the clinical and general indemnity schemes and had an allocated 2018 budget for this reimbursement of €320m. Precise cost prediction in this area has proven to be extremely challenging and variances have been met in recent years by way of supplementary funding at year end.

Primary Care Reimbursement Service (PCRS)

The PCRS continues to face significant financial challenges and increased demand for its services. In summary, the various schemes, including the medical card scheme, are operated by the HSE PCRS on the basis of legislation as well as policy and direction provided by the DoH.

Treatment Abroad / EU Schemes and Cross Border Healthcare

The Treatment Abroad Scheme provides for the referral of patient's to another EU/EEA country or Switzerland for a treatment that is not available in Ireland. The Cross Border Directive entitles persons ordinarily resident in Ireland who have an appropriate referral for public healthcare to opt to avail of that healthcare in another EU/EEA country or Switzerland. As with other demand-led services it is difficult to predict with accuracy the expenditure and activity patterns of these schemes.

Conclusion

Despite the on-going challenges outlined above, during 2018 the HSE has reported progress in key service areas including:

- A decrease in inpatient and day case waiting lists (scheduled hospital care).
- The provision of more integrated services for older people building on the work of the Integrated Care Programme for Older People
- Introduction of initiatives aimed at improving unscheduled hospital care, such as the Five Fundamentals Programme (leadership, governance, patient flow (pre and post admission), integrated services and using information to measure and monitor improvement.
- Introduction of a number of initiatives in respect to nursing and midwifery services during 2018, acknowledging the importance of the skills and services delivered by our Nursing staff who make up almost a third of the HSEs workforce and who are the forefront of the delivery of services.

In order to create the conditions within which the health service can maximise its ability to attract the investment envisaged by Sláintecare, it is necessary to get to the position where operating within the limits of the available budget is the norm that is delivered each year. This would exclude technical issues such as pensions and recognised demand led schemes, in year government decisions around public pay etc. This includes improving our management of staffing levels so that staffing growth in 2019 is within the level that can be afforded and is therefore sustainable.

Human Resources

Health Sector Workforce

At the end of December 2018 Health Services employment levels (including Home Helps), stands at **117,857 WTEs**. When compared with the **November 2018 figure (117,380 WTEs)**, the change is an increase of **+477 WTEs (+0.4%)**.

Key findings

- The Year-to-Date figure is **+3,560 WTEs (+3.1%)** which is substantially less (478 WTEs) when compared to that of 2017 which recorded year to date growth of 4,038 WTEs.
- The overall growth this month across Acute and Community Services is reasonably comparable +240 WTEs and +219 WTEs. All of the Seven Hospital Groups (HGs) this month are showing an increase, with the largest increase seen in South/South West Hospital Group (+68 WTEs). Seven out of nine Community Healthcare Organisations (CHO's) have increased this month, with the largest increase in CHO 8 (+47 WTEs).
- The HSE, Voluntary Hospitals and Voluntary Agencies (Non-Acute) sectors all recorded increases from last month at **+330 WTEs (+0.4%)**, **+62 WTEs (+0.2%)** and **+86 WTEs (+0.5%)**.

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

- All staff categories recorded growth this month. Nursing staff category recorded the greatest increase at +119 WTEs (+0.3%). In headcount terms Nursing has increased by an additional **1,042** from the start of the year, against an increase of **867 WTEs**.
- Pre-registration Student Nurses decreased further as expected by **-63 WTEs**. The most significant growth in the Nursing Staff Category is that of the Staff Nurse Grade group **+156 WTEs**, which is largely attributable to the retention of graduating nurses and midwives. Nurse Managers/Specialist increased by **61 WTEs**. In addition to directly employed nurses, expenditure on nursing agency continues to be a significant resource and based on November 2018 expenditure data, the derived figure in WTEs was assessed at **1,390 WTEs**. Using this figure as a proxy, a more correct WTE figure for Nursing at end of December is **39,034 WTEs**.

- Some of the other notable monthly changes in staff groups and individual grades were seen in; Nurse Managers and Specialist +61 WTEs, Health/Care Assistants +76 WTEs, Medical Student Scientist +14 WTEs, Physiotherapist +21 WTEs and Grade V-VII +60 WTEs.

Pay and Staffing Strategy 2018

Further to ongoing engagement with the Department of Health on the pay and numbers strategy, an affordability assessment of employment levels to year end, yielded an end of year WTE limit, of 116,712 WTEs, for which there is ongoing separate reporting and monitoring.

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

	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18	YTD
Acute	+240	+272	+177	-42	+308	+25	+132	+100	+148	+313	+346	+240	+2,259
Community	+219	+183	+187	+149	-8	-27	+30	+96	+221	+137	+143	-148	+1,183
Other	+18	+15	+51	+10	-22	+11	-11	-0	+11	+39	+3	-5	+119
<i>Medical/Dental</i>	+7	+18	+42	+93	+177	-17	-26	-8	-5	+65	+55	-57	+346
<i>Nursing</i>	+119	+177	+128	-125	-63	-36	-66	+31	+72	+143	+316	+171	+867
<i>Health/Social Care</i>	+100	+59	+144	+64	+21	-32	+14	+0	+56	+80	+16	+24	+546
<i>Mgt/Admin</i>	+72	+108	+128	+65	+60	+67	+28	-5	+89	+89	+34	+55	+789
<i>General Support</i>	+74	-35	-61	-15	+12	-35	+56	+7	-3	+25	-5	-19	+1
<i>Patient and Client Care</i>	+106	+142	+32	+35	+71	+62	+145	+170	+171	+89	+75	-87	+1,011
Total (change from previous mth)	+477	+469	+415	+117	+279	+9	+150	+196	+380	+490	+492	+87	+3,560

By Staff Group including Home Helps December 2018

Staff Category /Group	WTE Dec 2018	WTE change since Dec 17	% change Dec since 17	WTE change since Nov 18	% change since Nov 18
Total Health Service	117,857	+3,560	+3.1%	+477	+0.4%
Medical/ Dental	10,467	+346	+3.4%	+7	+0.1%
Consultants	3,096	+125	+4.2%	-2	-0.1%
NCHDs	6,552	+221	+3.5%	+3	+0.0%
Medical (other) & Dental	820	-0	-0.0%	+6	+0.7%
Nursing	37,644	+867	+2.4%	+119	+0.3%
Nurse Manager	7,799	+366	+4.9%	+42	+0.5%
Nurse Specialist	1,860	+154	+9.0%	+19	+1%
Staff Nurse	25,595	+279	+1.1%	+156	+0.6%
Public Health Nurse	1,541	+26	+1.7%	-13	-0.8%
Nursing Student	533	+33	+6.5%	-86	-13.9%
Nursing (other)	317	+9	+3.0%	+0	+0.1%
Health & Social Care	16,496	+546	+3.4%	+100	+0.6%
Therapists (OT, Physio, SLT)	4,546	+105	+2.4%	+31	+0.7%
Health Professionals (other)	11,950	+441	+3.8%	+69	+0.6%
Management/ Admin	18,504	+789	+4.5%	+72	+0.4%
Management (VIII+)	1,747	+137	+8.5%	+11	+0.7%
Clerical & Supervisory (III to VII)	16,757	+653	+4.1%	+60	+0.4%
General Support	9,454	+1	+0.0%	+74	+0.8%
Patient & Client Care	25,292	+1,011	+4.2%	+106	+0.4%
Ambulance	1,782	+37	+2.1%	+1	+0.1%
Care	19,958	+924	+4.9%	+104	+0.5%
Home Help	3,552	+50	+1.4%	+0	+0.0%

By Division: December 2018

Division	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18	% WTE change since Nov 18
Total Health Service	117,857	+3,560	+3.1%	+477	+0.4%
Acute Services	60,361	+2,259	+3.9%	+240	+0.4%
<i>Acute Hospital Services</i>	58,474	+2,214	+3.9%	+240	+0.4%
<i>Ambulance Services</i>	1,887	+44	+2.4%	+1	0.0%
Mental Health	9,898	+107	+1.1%	+41	+0.4%
Primary Care	11,353	+427	+3.9%	+37	+0.3%
<i>Disabilities</i>	18,260	+447	+2.5%	+79	+0.4%
<i>Older People</i>	13,393	+201	+1.5%	+62	+0.5%
Community Services	52,903	+1,183	+2.3%	+219	0.4%
Health & Wellbeing	576	-5	-0.9%	+2	+0.4%
Corporate	2,453	+50	+2.1%	+3	+0.1%
Health Business Services	1,563	+74	+5.0%	+13	+0.9%

By Administration: December 2018

HSE/Section 38	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 17	% change since Nov 17
Overall	117,857	+3,560	+3.1%	+477	+0.4%
HSE	76,372	+2,262	+3.1%	+330	+0.4%
Voluntary Hospitals	25,228	+799	+3.3%	+62	+0.2%
Voluntary Agencies (Non-Acute)	16,258	+499	+3.2%	+86	+0.5%

By Service Delivery Area: December 2018

Service Area	WTE Dec 2018	WTE change since Dec 17	% change since Dec 17	WTE change since Nov 18	% change since Nov 18
Total Health Service	117,857	+3,560	+3.1%	+477	+0.4%
Ambulance	1,887	+44	+2.4%	+1	+0.0%
Children's HG	3,382	+277	+8.9%	+50	+1.5%
Dublin Midlands HG	10,424	+123	+1.2%	+12	+0.1%
Ireland East HG	11,773	+391	+3.4%	+13	+0.1%
RCSI HG	9,205	+428	+4.9%	+35	+0.4%
Saolta Healthcare HG	9,062	+389	+4.5%	+28	+0.3%
South/ South West HG	10,386	+407	+4.1%	+68	+0.7%
University of Limerick HG	4,155	+180	+4.5%	+31	+0.8%
other Acute Services	88	+19	+28.1%	+1	+1%
Acute Services	60,361	+2,259	+3.9%	+240	+0.4%
CHO 1	5,524	+68	+1.2%	+25	+0.5%
CHO 2	5,575	+184	+3.4%	+37	+0.7%
CHO 3	4,310	+141	+3.4%	-1	+0%
CHO 4	8,138	+155	+1.9%	+30	+0.4%
CHO 5	5,231	+151	+3%	+2	+0%
CHO 6	3,808	+36	+1%	-8	-0.2%
CHO 7	6,557	+151	+2.4%	+36	+0.6%
CHO 8	6,128	+36	+0.6%	47	+0.8%
CHO 9	6,634	+196	+3%	+46	+0.7%
PCRS	406	+14	+3.4%	+7	+1.8%
Other community services	593	+52	+9.6%	-1	-0.2%
Community Services	52,908	+1,183	+2.3%	+219	+0.4%
Health & Wellbeing	576	-5	-0.9%	+2	+0.4%
Corporate*	2,453	+50	+2.1%	+3	+0.1%
Health Business Service	1,563	+74	+5%	+13	+0.9%

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

Absence Rate

Service	Med/ Den	Nursing	Health & Social Care	Man/ Admin	General Support	Patient & Client Care	Overall	Certified
Acute Services	0.95%	4.81%	3.19%	4.36%	6.06%	6.21%	4.31%	86.16%
Mental Health	1.82%	5.18%	3.02%	4.13%	6.63%	5.17%	4.59%	88.61%
Primary Care	2.79%	5.61%	4.10%	5.13%	4.64%	6.01%	4.69%	90.99%
Social Care	0.91%	5.30%	3.96%	3.12%	5.57%	5.51%	5.03%	89.94%
Community Services	2.19%	5.33%	3.87%	4.49%	5.66%	5.52%	4.87%	89.98%
Health & Wellbeing	3.70%	3.03%	3.18%	5.41%	1.96%	3.59%	4.48%	91.49%
Corporate & HBS	0.17%	3.60%	4.47%	4.41%	0.90%	1.27%	4.18%	89.91%
Overall	1.22%	5.00%	3.59%	4.43%	5.85%	5.73%	4.55%	
Certified	85.86%	86.43%	88.66%	89.05%	90.72%	88.58%	88.08%	88.08%

Latest monthly figures (November 2018)

The November rate at 4.5% is lower than the October rate (5.0%). Previous November rates were 5.4% (2008), 5.5% (2009), 4.6% (2010), 5.0% (2011), 4.7% (2012), 4.6% (2013), 4.1% (2014), 4.3% (2015), 4.7% (2016) and 4.5% (2017).

November 2018 absence rate stands at 4.5%, exhibiting the same trend to 2017 but slightly higher 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 April 2018 was 3.83%, 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 June 2018 absence rate was 4.8%. 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%

European Working Time Directive (EWTB)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	95.4%	81%
Mental Health Services	94%	90.6%
Other Agencies	100%	100%

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report

Level 3/Level 4

February 2019

Leadership Version 0.5 18 02 19

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)

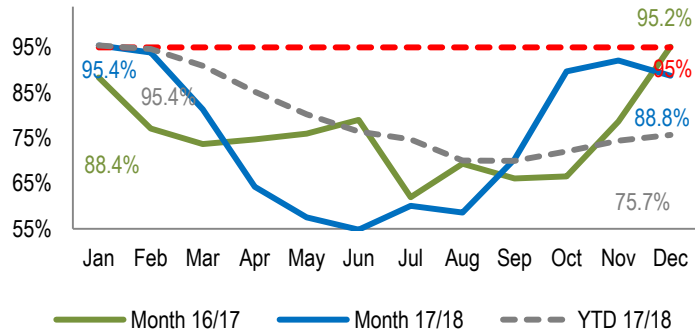
No.	Area of escalation	Division
1	Cancer Services – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Hospitals
2	Waiting List > 18 months for an elective procedure / Waiting List >18 months for an OPD appointment	Acute Hospitals
3	Assessment of Need (Disability Act Compliance) and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

i	Appendix 1: Services in Escalation
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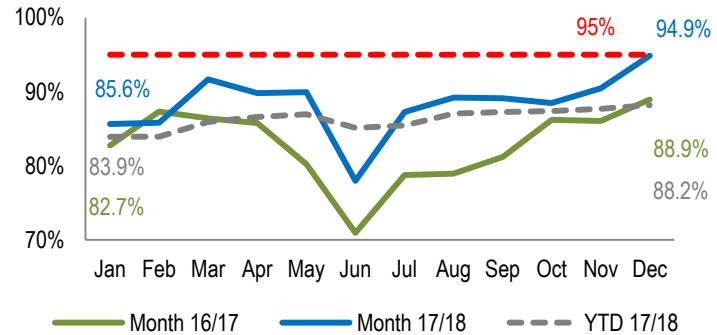
Performance summary areas of escalation

Level 3 escalation

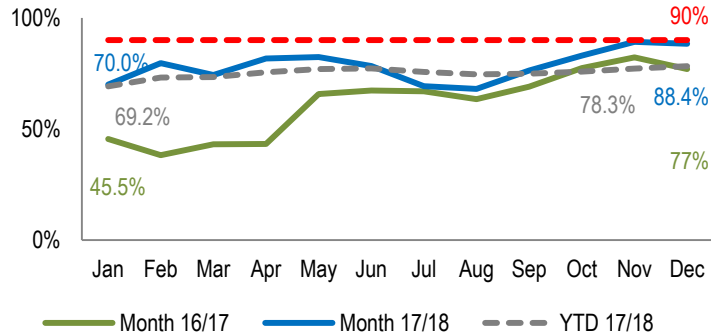
**Breast Cancer within 2 weeks
Acute Hospitals**



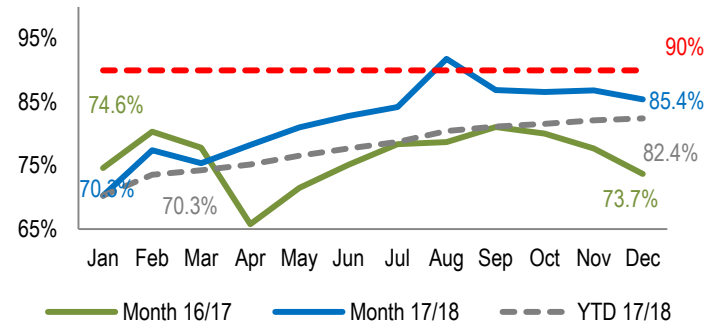
**Lung Cancer within 10 working days
Acute Hospitals**



**Prostate Cancer within 20 working days
Acute Hospitals**

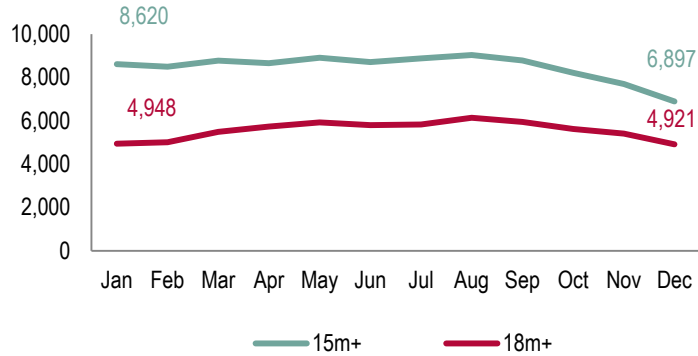


**Radiotherapy within 15 working days
Acute Hospitals**

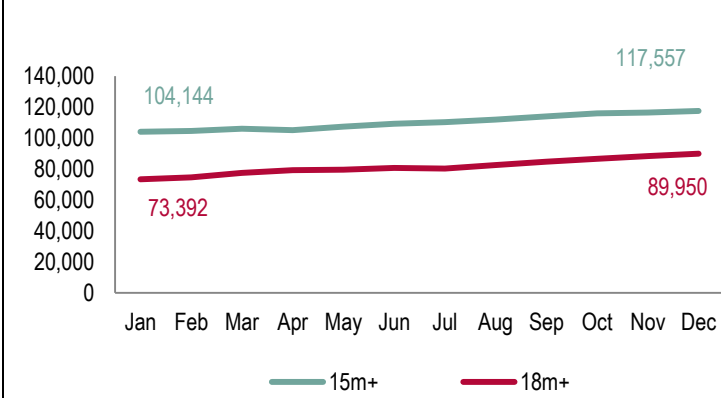


Inpatient and Day Case Waiting List (Adult & Child 15m+ and 18m+)

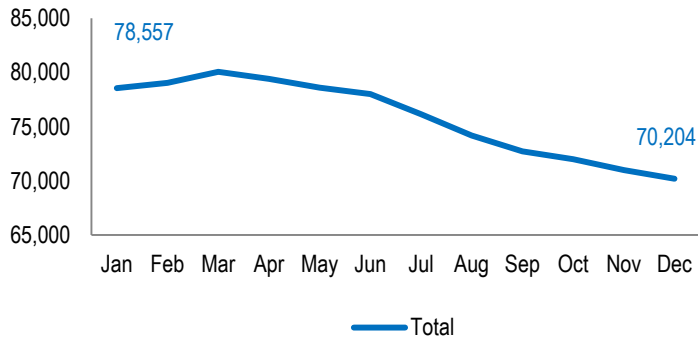
Acute Hospitals



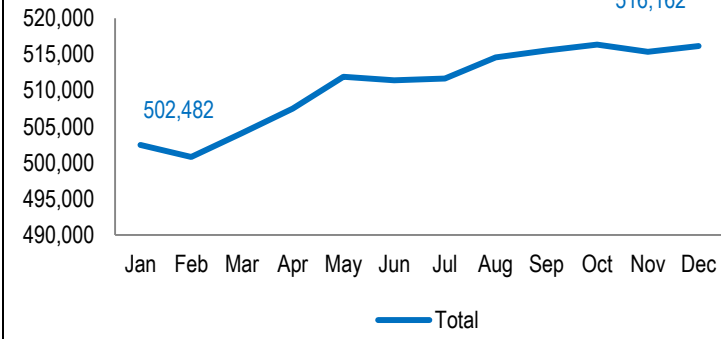
Outpatient Waiting List (15m + and 18m+) Acute Hospitals



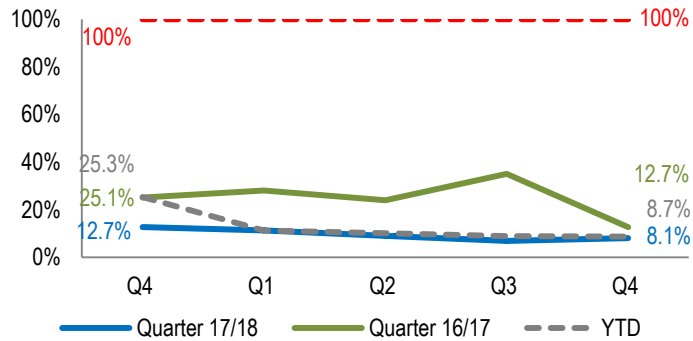
Inpatient and Day Case Waiting List (Adult & Child Total) - Acute Hospitals



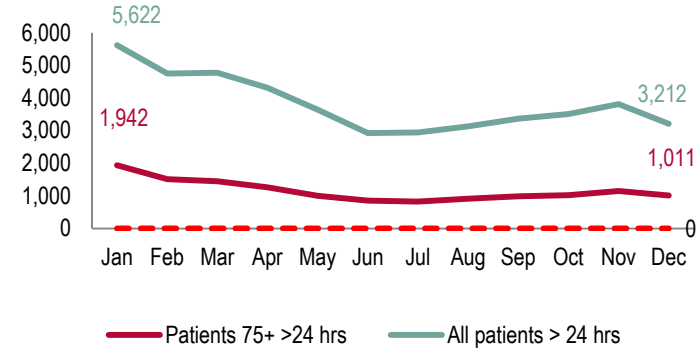
Outpatient Waiting List (Total) Acute Hospitals



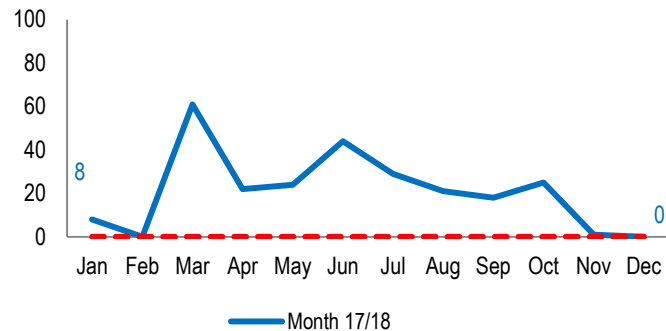
Disability Act Compliance Social Care



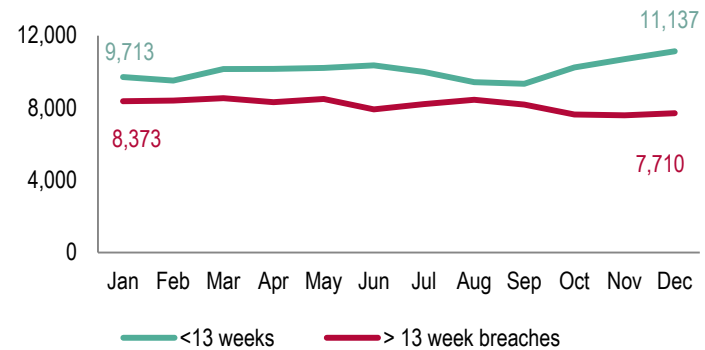
ED over 24 hours Acute Hospitals



Urgent Colonoscopy patients greater than 4 weeks Acute Hospitals



Number on waiting list for GI Scopes 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	5,069,056	4,976,269		92,788	1.86%

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]



Stage 1 Review: Identifying the problem

Stage 2 Enquire: Getting to a shared agreement on the problem and taking immediate action

Stage 3 Diagnose: Getting a deeper assessment of the problem and generating solutions

Stage 4 Improve: Planning for and implementing solutions

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	⁷ 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	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	
3	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	Update Received

⁷ 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 October to December 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

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

ED: Patients waiting in ED > <u>24 hours and people over 75 years</u>					
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

Colonoscopy: [% of people waiting > 13 weeks and Urgent]					
Division	Escalation level	Date escalated	Reason for escalation	Responsible	
Acute Hospitals	3 (re-assigned Jan 2018)	⁸ 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

⁸

Routine colonoscopies escalated Red to Black in September 2015

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 – 12th February 2019

Acute Services - Services in Escalation Table - FEBRUARY 2019 (December 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
Temple Street Children's University Hospital	Mona Baker		
		ED > 24 hours	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		
		ED > 24 hours	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

MRH Mullingar	Shona Schneemann		
Our Lady's Hospital Navan	Ken Fitzgibbon	ED > 24 hours	Level 3
St Columcille's Hospital	Linda O'Leary	ED > 24 hours	Level 3
St. Michael's Hospital	Seamus Murtagh	Routine Colonoscopy > 13 weeks	Level 3
St. Vincent's University Hospital	Kay Connolly	Routine Colonoscopy > 13 weeks	Level 3
		ED > 24 hours	Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO))			
Beaumont Hospital	Ian Carter		
Cavan General Hospital	David Lynch	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
		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
Letterkenny University Hospital	Sean Murphy	Routine Colonoscopy > 13 weeks	Level 3
Mayo University Hospital	Catherine Donohoe	Routine Colonoscopy > 13 weeks	Level 3
		ED > 24 hours	Level 3

South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara	ED > 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
		Radiotherapy	Level 3
Mercy University Hospital	Sandra Daly	ED > 24 hours	Level 3
UH Kerry	Fearghal Grimes	ED > 24 hours	Level 3
UH Waterford	Alice Medjaou	ED > 24 hours	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 - DECEMBER 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

1.1 [R]	0.9 [G]
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- 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	Occupational Therapy No of Patients Seen % on waiting list for treatment \leq 12 weeks % on waiting list for treatment \leq 52 weeks	Non Return – CHO1 (Sligo/Leitrim)
Primary Care	Oral Health % of new Oral Health patients who commenced treatment within three months of scheduled oral health assessment	Non Return - CHO6 (One return)
Primary Care	Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks No of Nursing patients seen	Non Return – CHO7 (Dublin West)
Primary Care	Podiatry No of Patients Seen % on waiting list for treatment \leq 12 weeks % on waiting list for treatment \leq 52 weeks	Non Return – (Carlow/Kikenny)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of hospital discharge	Non Return - CHO7 (Dublin West)
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 - CHO7 (Dublin West)
Palliative Care	Access to specialist inpatient bed within seven days(during the reporting month) No. accessing specialist inpatient bed within seven days (during the reporting month) % of patients triaged within one working day of referral (Inpatient Unit) % of patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	Non Return – CHO1 (Donegal)
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)	CHO8 (Laois Offaly, Longford Westmeath), CHO9 (Dublin North West, Dublin North Central, Dublin North)
Social Inclusion	Opioid Substitution Total no. of clients in receipt of opioid substitution treatment (outside prisons) 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 – All CHOs

Service Area	Metric Name	Data Coverage Issue
Social Inclusion	No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Non Return – CHO8 (Louth, Meath)
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)
Mental Health	<u>CAMHS</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 CAMHS referrals (including re-referrals) received by Mental Health Services No. of CAMHS referrals (including re-referrals) seen by Mental Health Services	CHO2 – 1 Team – West Galway CHO7 – 1 Team – Linn Dara West Kildare
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	CHO2 – 1 Team – (Mayo POA)
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)

Service Area	Metric Name	Data Coverage Issue
Acute Hospital Division	% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration (MDR report)	Mercy, LUH outstanding during Dec -18
Acute Hospital Division	Prostate Cancer detection rates	MMUH outstanding Sept & Dec 18, SVUH Nov 18, Beaumont Dec 18
Acute Hospital Division	HCAI Rate of new cases of Hospital acquired S. Aureus bloodstream infection	MMUH data outstanding for Dec-18
Acute Hospital Division	HCAI Rate of new cases of Hospital acquired new cases of C. difficile infection	MMUH data outstanding for Dec-18
Acute Hospital Division	HCAI - Number of new cases of CPE	MMUH data outstanding for Dec-18 Navan data outstanding for Nov-18
Acute Hospital Division	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines – data outstanding Q4 2018	Tullamore, MMUH outstanding
Acute Hospital Division	% of acute hospitals implementing the national policy on restricted anti-microbial agents – data outstanding Q4 2018	Tullamore, MMUH, Croom, Ennis, Nenagh, UHL, LUMH outstanding
Acute Hospital Division	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	UHW outstanding Q4
Acute Hospital Division	% reperfused STEMI patients (or LBBB) who get timely PPCI	UHW outstanding Q4

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	CWIUH		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	
RCSI Hospitals Group	Beaumont Hospital	Beaumont	University Maternity Hospital Limerick	LUMH	
	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		