



Performance
Profile
January - March
2019
Quarterly Report

Contents

Executive Summary	3
Corporate Updates	6
Quality and Patient Safety	9
Performance Overview	12
Community Healthcare	13
Community Healthcare Services National Scorecard/Heatmap	14
Primary Care Services	17
Mental Health Services	21
Disability Services	23
Older Person's Services	25
Disability and Older Persons' Services	27
Population Health and Wellbeing	28
Community Healthcare Update	29
Acute Hospitals	38
Acute Hospitals National Scorecard/Heatmap	39
Acute Hospital Services	42
Cancer Services	47
Pre-Hospital Emergency Care Services	48
Acute Hospital Services Update	49
National Services	53
National Services Update	55
National Screening Service	59
National Screening Update	61
Finance	63
Human Resources	71
Escalation Report	80
Appendices	95
Appendix 1: Report Design	96
Appendix 2: Data Coverage Issues	97
Appendix 3: Hospital Groups	100
Appendix 4: Community Health Organisations	101

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

Executive Summary

Executive Summary

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

Emergency Care

- There were 372,139 emergency presentations year to date compared to 348,209 in 2018, an increase of 6.9%.
- 96.3% of all patients were seen within 24 hours in EDs in March and 96.1% year to date.
- 89.9% of patients aged 75 years and over were seen within 24 hours in EDs in March and 89.5% year to date.
- 77.8% of all patients waited 9 hours or less to be seen in EDs in the month of March and 77.7% year to date
- 62% of all patients waited 6 hours or less to be seen in EDs and 62.1% year to date

Inpatient Discharges

Elective Inpatient Discharges: The National Service Plan 2019 target for elective inpatient discharges is 85,660 and the Year to Date February target is 13,092. The actual elective inpatient discharges for this period is 13,009. The actual elective inpatient discharges for the same period in 2018 was 13,762. The reduction in activity is attributable to the growth in emergency attendances and admissions including an increase in the over 75 year old patient cohort. There was a 6.9% increase in emergency presentations Year to Date March 19 when compared with the same period in 2018.

Emergency Inpatient Discharges: The National Service Plan 2019 target for emergency inpatient discharges is 444,010 and the Year to Date February target is 72,600. The actual emergency inpatient discharges for this period is 74,209. This is 2.2% above target and 3.3% higher than the same period in 2018.

Day Cases (including dialysis): The National Service Plan 2019 target for day cases is 1,069,702 and the Year to Date February target is 176,298 cases. The number of cases undertaken Year to Date February is 175,175 and is 0.6% below target.

Delayed Discharges

The National Service Plan 2019 target is to have less than 550 Delayed Discharges. There were 626 Delayed Discharges in March 2019. This is 9.4% (572) higher than the same month in 2018. The number of bed days lost in March due to delayed discharges is 19,048.

Inpatient, Day Case & Outpatient Waiting Lists

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

- Adult Inpatient < 15 months (target 85%), compliance 83.8%.
- Adult Day Case < 15 months (target 95%), compliance 92.1%.
- Children's Inpatient, 15 months (target 85%), compliance 89%.
- Children's Day Case < 15 months (target 90%), compliance 83.4%.
- Outpatients < 52 weeks (target 80%), compliance 69.6%.
- The total number waiting for inpatient and day case procedures reduced from 80,058 people to 70,219 people which is a reduction of 12.3% on same period last year.
- The total number waiting more than 15 months for an inpatient and day case procedure reduced from 8,781 people in March 18 to 7,488 people in March 19 which is a reduction of 14.7% (1,293).

Routine/Urgent Colonoscopies

- In March 50.7% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 45 new urgent patient breaches to the end of March.

Cancer Services

- 78.3% of prostate cancer referrals were seen within 20 working days year to date compared with 73.4% for the same period last year, an improvement of 4.9%.
- 86% of lung cancer referrals were seen within 10 working days year to date compared with 87.4% for the same period last year.

- 69.4% of urgent breast cancer referrals were seen within 2 weeks year to date, compared with 90.5% for the same period last year.

CPE Screening

The total number of CPE screens undertaken Year to Date March was 60,542. The estimated laboratory consumables cost is €484,336.

Primary Care Services

- CIT referrals remain ahead of target by 9.3%.
- 94.1% of physiotherapy referrals, 94.1% of speech and language referrals and 73.2% of occupational therapy referrals accessed the services within 52 weeks.
- 92.4% of babies received their developmental screening checks within 10 months and 98.1% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 280,500 contacts with GP out of Hours services year to date.
- Psychology - Number of Patients seen 17.8% ahead of plan.

Disability Services

- In accordance with our National Service Plan 2019, the additional investment of €10 million made in 2018 in respite provided for the equivalent of 12 new houses, 1 in each CHO Area, and 3 in the Greater Dublin area.
- Eleven new or additional centre-based respite centres have opened to date with one additional Centre due to open in Quarter 2 2019, resulting in an additional 6,455 bed nights delivered to 763 people in 2018.
- In addition, Community-Based, alternative respite projects delivered 15,144 'in home' Respite Hours, to 400 users and 1,296 Saturday/Evening/Holiday Club 'sessions' to 1,500 people in 2018.
- 1,636,883 PA Hours were delivered by the end of 2018, 120,156 hours more than the same period last year.
- 3,138,939 Home Support were delivered by end of 2018, 211,292 more than the same period last year.

Older Persons Services

- Home Support hours delivered year to date was 4,215,754, (3.6%) below expected activity. The number of people, in receipt of home support services at the end of March was 52,360
- 1,276 persons were supported through transitional care in February and 3,014 approved for transitional care from January to March 2019.
- The current wait time for NHSS funding approval in 2019 is 4 - 5 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 8% to the end of March.

Mental Health Services

- Children and Adolescent Community Mental Health Teams (CAMHS) targets for first appointment offered and first appointments seen are on or ahead of national targets year to date.
- 94% of all Bed Days of Children were in CAMHS Units up to the end of March 2019 in line with the target of 95%.

Health & Wellbeing Services

- Nationally year to date, 48.2% of smokers are QUIT at on one month ahead of the National target of 45%.
- 94.3% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date while 92.2% of children aged 24 months received the MMR vaccine year to date.

Corporate Updates

Capital - Allocation/Expenditure Analysis

2019 Allocation / Expenditure Analysis - Capital							
	Total Allocation (Profile) for 2019	Cum Profile for Period Jan - Mar 2019	Expenditure for Period Jan - Mar 2019	Variance for Period Jan - Mar 2019	Expenditure in Qtr 1 as % of Qtr 1 Profile	Expenditure to Mar as % of 2019 Annual Profile	Variance in Qtr 1 as % of Qtr 1 Profile
M2(1) - Buildings & Equipment	389.461	55.598	58.864	3.266	105.87%	15.11%	5.87%
M2(2) - New Children's Hospital	250.000	32.520	41.760	9.240	128.41%	16.70%	28.41%
M3 - Buildings & Equipment (National Lottery)	2.539	0.000	0.000	0.000	0.00%	0.00%	0.00%
	642.000	88.118	100.624	12.506	114.19%	15.67%	14.19%
M4 - Info Systems for Health Agencies	85.000	14.500	16.499	1.999	113.79%	19.41%	13.79%
	727.000	102.618	117.123	14.505	114.14%	16.11%	14.14%
Asset Disposals	0.000	0.000	0.000	0.000	0.00%	0.00%	0.00%

CONSTRUCTION - M2(1)

The variance on general construction projects for the first three months of the year is 5.87% (or €3.266m) ahead of profile. For Qtr 1 the total expenditure of €58.864m represents 15.11% of the total annual profile.

CONSTRUCTION - M2(2) - (New National Children's Hospital)

Expenditure in the period Jan-Mar was €41.760m. This indicates spend is 28.41% (€9.240m) above profile for the period under review and represents 16.70% of total annual profile.

ICT (M4)

Variance on ICT projects for the period Jan-Mar amounted to €1.999m. Expenditure in Qtr 1 of €16.499m is equal to 113.79% of the ICT profile having been expended in the period and 19.41% of the total annual profile.

Asset Disposals

Receipts from Sale of Assets: There was no income from sale of assets in the period under review.

Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Acute Hospitals (Hospital Groups)	77,768,340	88,615,824	95,567,281	86,132,151	341,294,933
Community Healthcare	21,462,434	22,026,497	19,484,515	26,869,024	93,779,956
National Services	947,551,613	946,993,092	863,907,778	907,517,667	567,628,507
Total	1,046,782,387	1,057,635,413	978,959,574	1,020,518,842	1,002,703,396

Help Desk Queries

Q1 2019 Metrics	No of Helpdesk Queries 2019	No of Helpdesk Queries 2018	% Increase from 2018
Jan	173	149	16
Feb	292	114	156
Mar	200	119	68
Total	665	382	74

Internal Audit

	95% Implemented or Superseded within 12 months 2017 (as at 31 st December 2018)	75% Implemented or Superseded within 12 months 2018 (as at 31 st December 2018)
Total	86%	70%
CHO 1	93%	65%
CHO 2	92%	85%
CHO 3	100%	86%
CHO 4	96%	97%
CHO 5	100%	100%
CHO 6	97%	26%
CHO 7	96%	88%
CHO 8	46%	93%
CHO 9	99%	92%
National Primary Care	93%	N/A
National Mental Health	97%	N/A
Dublin Midlands HG	92%	72%
Ireland East HG	75%	55%
National Children's HG	N/A	N/A
RCSI HG	82%	65%
Saolta HG	70%	77%
South South West HG	78%	100%
University of Limerick HG	96%	100%
Chief Information Officer	76%	37%
Compliance	100%	N/A
Estates	88%	N/A
Finance	100%	0%
HBS - Estates	100%	66%
HBS - Finance	94%	51%
HBS - HR	81%	0%
HBS - Procurement	100%	79%
Health and Wellbeing	100%	86%
Human Resources	60%	71%
National Ambulance Service	83%	45%
National Screening Service		N/A

Quality and Patient Safety

Quality and Patient Safety

Performance area	Reporting Level	Target/ Expected Activity	Freq	Current Period YTD		Current (-2)	Current (-1)	Current
Serious Incidents – Number of incidents reported as occurring	National			182		78	61	43
	Acute Hospitals (incl NAS, NSS & NCCP)			100		48	32	20
	Community Healthcare			82		30	29	23
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	28%	29%	28%	26%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	35%	33%	38%	35%
	Community Healthcare	80%	M	●	20%	23%	17%	17%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	2%	1%	1%	2%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	2%	2%	2%	2%
	Community Healthcare	80%	M	●	1%	0%	1%	1%

* Current - reflecting compliance YTD November 2018 (-1 YTD October 2018), (-2 YTD September 2018)

KPI - % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer was introduced in 2018 and is defined as any incident that results in a rating of major or extreme severity. Data is reported from the National Incident Management System, the primary reporting system across the HSE and HSE funded agencies. The report is run by date of occurrence and figures are subject to change. The system has been aligned to complement the new Incident Management Framework (IMF), **While the IMF was being rolled out across the system and workshops on-going during Q1 2018, reporting on compliance commenced in Q2 2018**

Serious Reportable Events

26 SREs were reported on the National Incident Management System (NIMS) as occurring during March 2019.

Division	Total SRE Occurrence
Acute Hospitals (inc. Ambulance Service)	17
Community Services	9
Grand Total	26

17 SREs reported as patient falls and 7 as Stage 3 or 4 Pressure Ulcers. The remaining 2 SREs reported comprised 2 SRE categories.

Radiation Protection Office

Radiation Safety	March 2019	YTD 2019
Incidents Reported	2	6

Appeals Service

562 new notifications of appeal were received. 635 appeals were processed in the period 1st January – 31st March 2019:

Appeal Type	Received	Processed	Approved	Partial Approval
Medical / GP Visit Card (General Scheme)	349	420	124	38
Medical / GP Visit Cards (Over 70's Scheme)	41	42	6	1
Nursing Home Support Scheme	116	115	12	14
CSAR	11	13	1	0
Home Care Package	6	6	1	1
Home Help	17	14	1	0
RSSMAC	10	15	1	0
Other	12	10	1	0
Total	562	635	147	54

Healthcare Audit

Healthcare Audit	In Progress	Complete
Healthcare Audits in progress / completed YTD	21	2

Quality, Risk and Safety – Training

In Progress	Number of Attendees
Managing an Incident	10
Managing a Risk in Healthcare	10
System Analysis	29
Report Writing	51
Facilitation Skills Day 1	29
Facilitation Skills Day 2	4
After Action Review [AAR] Day 1	30
After Action Review [AAR] Day 2	10

Complaints

The following table sets out the number of people who attended training during Q1 2019

Complaints	Q1 2019
Number of complaints officers / support staff trained on the Complaints Management System	258
Number of Complaints Logged on Complaint Management System	725
Number of complaints resolved under Part 2 Disabilities Act 2005	130

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																	
		Incidents notified within 24 hours of occurrence	M	80%	20% [R]	-75%												
		Review completed within 125 calendar days	M	80%	1% [R]	-98.8%												
	Child Health																	
		Child screening 10 months	M-1M	95%	92.4% [G]	-2.8%	92% [G]	86.8% [A]	83.3% [R]	92% [G]	90.3% [G]	95.1% [G]	96.2% [G]	94.7% [G]	95.6% [G]	93.8%	92.8%	92%
		New borns visited within 72 Hours	Q	98%	98.1% [G]	0.1%	96.2% [G]	99.7% [G]	99.3% [G]	100% [G]	96.2% [G]	96% [G]	98.7% [G]	96.2% [G]	98.3% [G]	97%	97.1%	98.1%
		Children aged 24 months who have received MMR vaccine	Q-1Q	95%	92.2% [G]	-2.9%	91.3% [G]	94.2% [G]	93.7% [G]	92.4% [G]	92.1% [G]	89.8% [A]	91.4% [G]	93% [G]	92.2% [G]	92.3%	92.2%	91.9%
	CAMHS – Bed Days Used																	
		Bed days used ¹	M	95%	94% [G]	-1%	65.5% [R]	100% [G]	96.7% [G]	93.3% [G]	96.4% [G]	100% [G]	99.7% [G]	91.5% [G]	99.3% [G]	93.7%	95.1%	93.4%
	HIQA Inspection Compliance																	
	Disability Residential Services	Q-2Q	80%	87.4% [G]	9.3%										7.7%	91%	88%	
	Older Persons Residential Services ²	Q-2Q	80%												79.7%	87.8%		
Chronic Disease Management																		
	No. of people who have completed a structured patient education programme for type 2 diabetes	M	913	693 [R]	-24.1%	85 [R]	94 [R]	61 [R]	72 [A]	71 [G]	62 [R]	53 [R]	101 [R]	94 [G]	110	182	401	
Healthy Ireland																		
	Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	48.2% [G]	7.2%										47.9%	43%	46.1%	
Access & Integration	Therapy Waiting Lists																	
		SLT access within 52 weeks	M	100%	94.1% [A]	-5.9%	93.9% [A]	95.8% [G]	99.7% [G]	89% [R]	97.5% [G]	98% [G]	85.7% [R]	94.2% [A]	98.6% [G]	94.7%	94.5%	94.1%
		Physiotherapy access within 52 weeks	M	95%	94.1% [G]	-0.9%	91.5% [G]	95.3% [G]	97.8% [G]	99.2% [G]	89.5% [A]	99.8% [G]	90.3% [G]	97.2% [G]	91.2% [G]	94.9%	94.2%	94.1%

¹ CAMHS Bed Days Used – Service issue notified to BIU, St. Josephs is a non return Jan to Mar

² Non return of data

	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
Occupational Therapy access within 52 weeks	M	85%	73.2% [R]	-13.9%	69.6% [R]	76.6% [A]	98.7% [G]	64.6% [R]	71.5% [R]	81.2% [G]	72.1% [R]	72.8% [R]	73.1% [R]	74.3%	74.5%	73.2%
Psychology treatment within 52 weeks	M	81%	76.2% [A]	-5.9%	88.3% [G]	71.5% [R]	65.1% [R]	63.2% [R]	83.3% [G]	97% [G]	63% [R]	87.7% [G]	79.5% [G]	77.5%	75.9%	76.2%
CAMHS – Access to First Appointment																
First appointment within 12 months	M	95%	97.3% [G]	2.4%	92.9% [G]	99.7% [G]	97.3% [G]	92.7% [G]	98.8% [G]	98.9% [G]	98.3% [G]	98.2% [G]	97.9% [G]	96.9%	98%	97%
% of urgent referrals to CAMHS responded to within 3 working days ³	M	100%	70.1% [R]	-29.9%	54.6% [R]	29.8% [R]	100% [G]	79.8% [R]	61.5% [R]	100% [G]	94.5% [A]	86.8% [R]	100% [G]	79.6%	67%	64.5%
Disability Act Compliance																
Assessments completed within timelines	Q	100%	6.1% [R]	-93.9%	3.3% [R]	45.5% [R]	18.9% [R]	4% [R]	20% [R]	0% [R]	1.2% [R]	7.1% [R]	0% [R]	6.9%	8.1%	6.1%
Number of requests for assessment of need received for children	Q	1,268	1,577 [G]	24.4%	44 [G]	83 [G]	157 [G]	345 [G]	69 [G]	88 [G]	231 [G]	208 [G]	352 [G]	1,037	1,261	1,577
Disability Network Teams																
% of teams established ⁴	M	100%	0%		0%	0%	0%	0%	0%		0%		0%	0%	0%	0%
Home Support Hours																
Number of hours provided	M	4,371,560	4,215,754 [G]	-3.6%	431,668 [G]	447,569 [A]	361,036 [G]	631,753 [G]	495,671 [G]	320,297 [G]	459,308 [R]	410,947 [G]	657,505 [A]	1,413,053	1,337,494	1,465,207
Nursing Home Support Scheme (NHSS)																
Number of persons funded under NHSS in long term residential care	M	23,326	23,143 [G]	-0.8%										23,345	23,228	23,143
Delayed Discharges																
Number of beds subject to Delayed Discharge	M	≤550	626 [R]	13.8%										562	637	626
Financial Management – Expenditure variance from plan																
Net expenditure (pay + non-pay - income)	M	≤0.1%	1,446,048	1.24% [R]	5.88% [R]	7.90% [R]	3.07% [R]	4.12% [R]	5.08% [R]	2.62% [R]	2.98% [R]	5.15% [R]	3.11% [R]	1.16%	1.86%	1.24%
Gross expenditure (pay and non-pay)	M	≤0.1%	1,575,949	1.47% [R]	4.78% [R]	6.99% [R]	3.15% [R]	3.57% [R]	4.67% [R]	2.23% [R]	3.07% [R]	4.91% [R]	2.96% [R]	1.21%	2.00%	1.47%
Non-pay expenditure	M	≤0.1%	870,338	2.79% [R]	9.81% [R]	7.27% [R]	4.52% [R]	7.24% [R]	6.70% [R]	1.82% [R]	7.11% [R]	8.27% [R]	6.85% [R]	2.14%	3.16%	2.79%

³ % of urgent referrals to CAMHS responded to within 3 working days – New KPI 2019 Data in development

⁴ Disability Network Teams – No CHO Targets received

	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
Financial Management - Service Arrangements (04.04.19)																
Monetary value signed	M	100%	32.08%	-67.92%										0.79%	10.53%	32.08%
Internal Audit																
Recommendations implemented within 12 months ⁵	Q	95%	89% [A]	-6.3%												
Funded Workforce Plan																
Pay expenditure variance from plan	M	≤0.1%	705,611	-0.11% [G]	2.80% [R]	6.71% [R]	1.11% [R]	-0.14% [G]	2.66% [R]	2.56% [R]	0.49% [A]	2.55% [R]	0.14% [A]	0.09%	0.59%	0.11%
Attendance Management																
% absence rates by staff category (overall)	M-1M	≤3.5%	4.87% [R]	39.14%	7.27% [R]	4.62% [R]	5.29% [R]	4.15% [R]	5.41% [R]	4.43% [R]	5.16% [R]	5.96% [R]	4.16% [R]	5.07%	5.09%	4.82%
European Working Time Directive (EWT) Compliance																
<48 hour working week – Mental Health	M	95%	86.9% [A]	-8.5%	74% [R]	90.3% [G]		81.4% [R]	95.2% [G]	100% [G]	93.7% [G]	95.4% [G]	73.9% [R]	91.5%	91.4%	86.9%
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	0%	100% [G]						100% [G]			100%	100%	100%

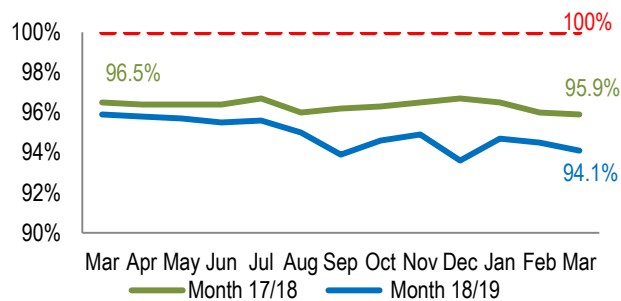
⁵ Performance against National Service Plan 2018 Volume Activity and Key Performance Indicators

Primary Care Services

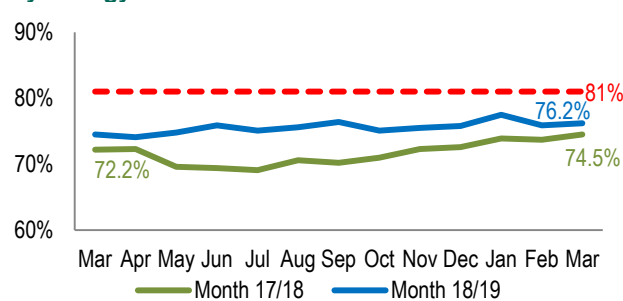
Primary Care Therapies

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Speech and Language Therapy access within 52 weeks	100%	M	●	94.1%	95.9%	-1.8%	94.7%	94.5%	94.1%	CHO3 (99.7%), CHO9 (98.6%), CHO6 (98%)	CHO7 (85.7%), CHO4 (89%), CHO1 (93.9%)
Physiotherapy access within 52 weeks	95%	M	●	94.1%	95%	-0.9%	94.9%	94.2%	94.1%	CHO6 (99.8%), CHO4 (99.2%), CHO3 (97.8%)	CHO5 (89.5%), CHO7 (90.3%), CHO9 (91.2%)
Occupational Therapy access within 52 weeks	85%	M	●	73.2%	77.2%	-4%	74.3%	74.5%	73.2%	CHO3 (98.7%), CHO6 (81.2%), CHO2 (76.6%)	CHO4 (64.6%), CHO1 (69.6%), CHO5 (71.5%)
Psychology access within 52 weeks	81%	M	●	76.2%	74.5%	+1.7%	77.5%	75.9%	76.2%	CHO6 (97%), CHO1 (88.3%), CHO8 (87.7%)	CHO7 (63%), CHO4 (63.2%), CHO3 (65.1%)

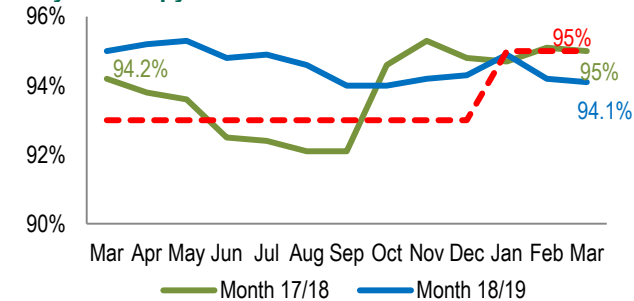
SLT Access within 52 weeks



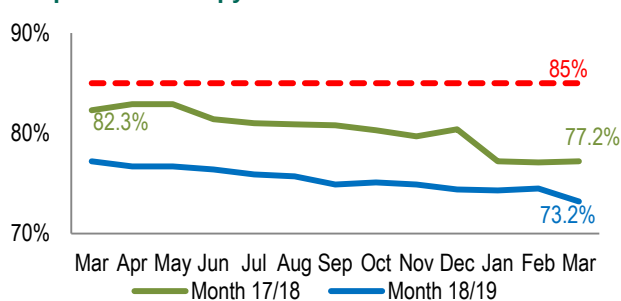
Psychology Access within 52 weeks



Physiotherapy Access within 52 weeks



Occupational Therapy access within 52 weeks



Therapy Waiting Lists

Assessment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
Physiotherapy					
Number seen	144,661	149,328	3.2%	140,508	8,820
Total number waiting	34,023	37,392	9.9%	33,358	4,034
% waiting < 12 weeks		59.9%		64.0%	-4.1%
Number waiting > 52 weeks		2,200		1,665	535
Occupational Therapy					
Number seen	89,097	95,032	6.7%	86,519	8,513
Total number waiting	31,220	31,776	1.8%	31,296	480
% waiting < 12 weeks		31.9%		32.0%	-0.1%
Number waiting > 52 weeks		8,530		7,131	1,399
Speech & Language Therapy					
Number seen	70,647	72,666	2.9%	71,377	1,289
Total number waiting	14,236	16,126	13.3%	13,981	2,145
Number waiting > 52 weeks		956		575	381

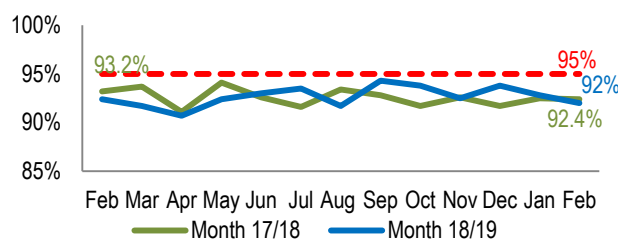
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
*Speech & Language Therapy					
Total number waiting	7,939	7,732	-2.6%	7,975	-243
Number waiting > 52 weeks		687		573	114
Psychology					
Number seen	10,398	12,247	17.8%	10,331	1,916
Total number waiting	7,919	8,820	11.4%	8,142	678
% waiting < 12 weeks		29.3%		25.8%	3.5%
Number waiting > 52 weeks		2,096		2,075	21
Podiatry					
Number seen	20,968	21,707	3.5%	20,237	1,470
Total number waiting	3,654	3,383	-7.4%	3,972	-589
% waiting < 12 weeks		31.0%		31.8%	-0.8%
Number waiting > 52 weeks		1,047		875	172
Ophthalmology					
Number seen	24,985	26,537	6.2%	25,786	751
Total number waiting	20,203	17,515	-13.3%	20,707	-3,192
% waiting < 12 weeks		28.5%		24.5%	4.0%
Number waiting > 52 weeks		6,361		8,603	-2,242
Audiology					
Number seen	13,294	14,448	8.7%	12,574	1,874
Total number waiting	15,088	16,193	7.3%	14,326	1,867
% waiting < 12 weeks		38.1%		37.0%	1.1%
Number waiting > 52 weeks		2,084		1,980	104
Dietetics					
Number seen	15,733	17,053	8.4%	15,740	1,313
Total number waiting	16,085	14,963	-7.0%	15,617	-654
% waiting < 12 weeks		40.6%		33.3%	7.3%
Number waiting > 52 weeks		3,222		4,740	-1,518

*SLT reports on both assessment and treatment waiting lists

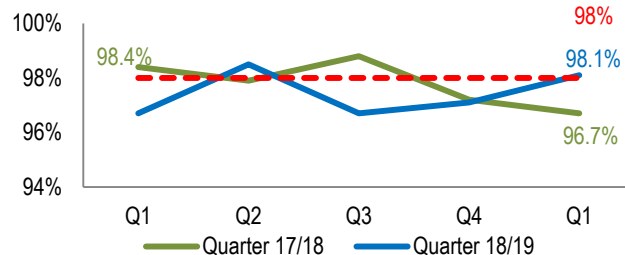
Child Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Developmental screening 10 months	95%	M-1M	● 92.4%	92.4%	0%	93.8%	92.8%	92%	CHO6 (97.1%), CHO9 (95.7%), CHO5 (95%)	CHO3 (81%), CHO2 (81.8%), CHO4 (89%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	● 98.1%	96.7%	+1.4%	97%	97.1%	98.1%	CHO4 (100%), CHO2 (99.7%), CHO3 (99.3%)	CHO6 (96%), CHO1 (96.2%), CHO5 (96.2%)

Development screening 10 months



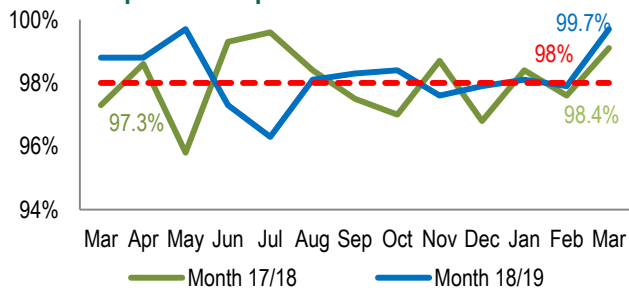
New borns visited within 72 hours



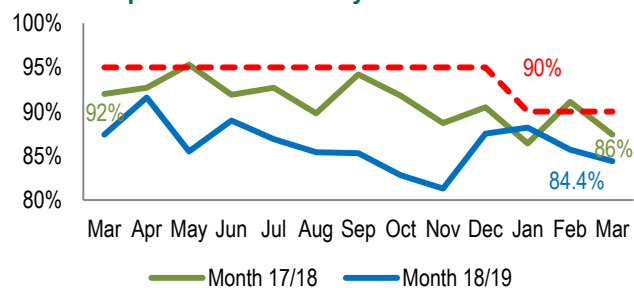
Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.6%	98.3%	+0.3%	98.1%	97.9%	99.7%	8 CHOs achieved target	8 CHOs achieved target
Access to palliative community services within 7 days	90%	M	● 86.2%	88.2%	-2.0%	88.2%	85.7%	84.4%	CHO2 (97.8%), CHO8 (92%), CHO5 (89.8%)	CHO4 (63.1%), CHO6 (81.4%), CHO (83.9%)
Number accessing inpatient beds	942	M	● 913	981	-68	318	286	309		
Treatment in normal place of residence	3,405	M	● 3,493	3,213	+280	3,645	3,433	3,493		

Access to palliative inpatient beds



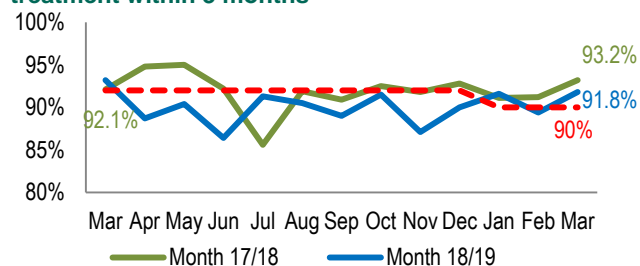
Access to palliative community services



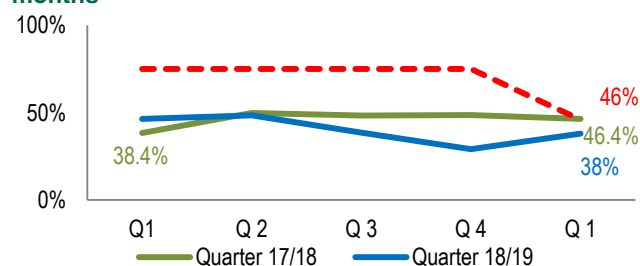
Oral Health and Orthodontics

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Oral Health - % of new patients who commenced treatment within 3 months	90%	M	● 90.9%	91.7%	-0.8%	91.6%	89.4%	91.8%	CHO9 (99.9%), CHO6 (99.7%), CHO4 (97.6%)	CHO5 (56.2%), CHO1 (85.2%), CHO3 (93.5%)
Orthodontics - % seen for assessment within 6 months	46%	Q	● 38%	46.4%	-8.4%	38.5%	29.1%	38%	DML (70%), DNE (63.3%)	South (24.8%), West (29.4%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	● 7.2%	5.1%	+2.1%	6.1%	6.4%	7.2%	West (0.8%)	DNE (16.5%), DML (7.7%), South (6.7%)

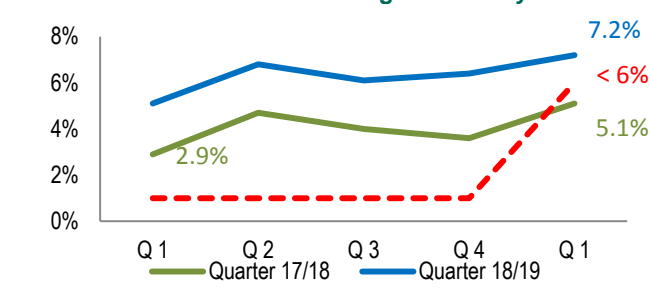
Oral Health: % of new patients who commenced treatment within 3 months



Orthodontics: % seen for assessment within 6 months



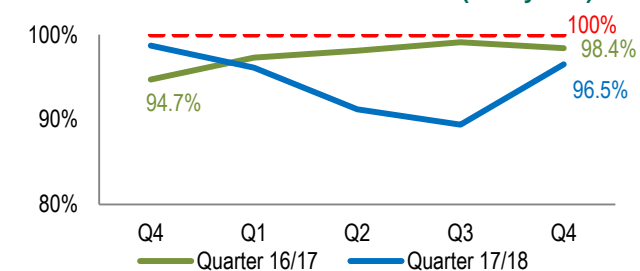
Orthodontics: treatment waiting list > four years



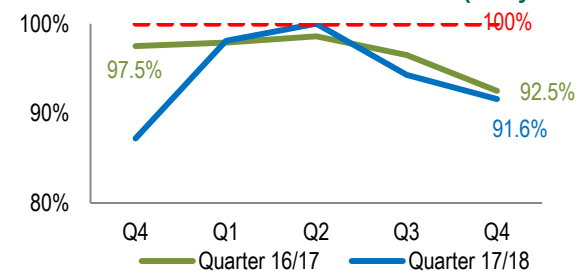
Social Inclusion

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Substance Misuse - access to treatment (over 18 years)	100%	Q-1Q	● 96.5%	98.4%	-1.9%	91.2%	89.4%	96.5%	CHO 2, 5, 6, 7 (100%)	CHO8 (65.6%), CHO3 (81%), CHO4 (97.6%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	● 91.6%	92.5%	-0.9%	100%	94.3%	91.6%	CHO 1, 2, 5, 6, 7 (100%)	CHO4 (83.3%), CHO9 (83.8%)

Access to substance misuse treatment (> 18 years)



Access to substance misuse treatment (<18 years)

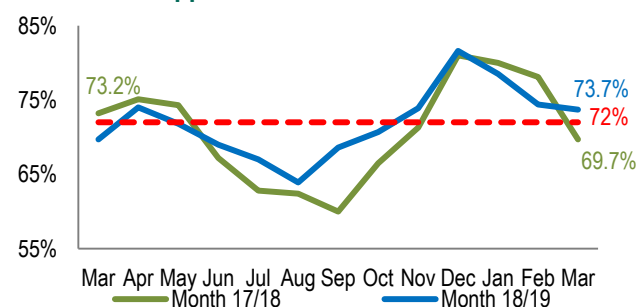


Mental Health Services

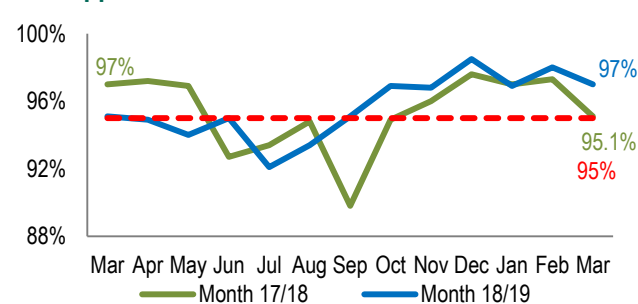
Child and Adolescent Community Mental Health Teams

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	75%	M	●	80.2%	70%	+10.2%	74.2%	85.3%	80.6%		
CAMHs Bed Days Used	95%	M	●	94%	96.3%	-2.3%	93.7%	95.1%	93.4%	CHO6 (100%), CHO2 (100%), CHO7 (99.7%)	CHO1 (65.5%), CHO8 (91.5%), CHO4 (93.3%)
CAMHs – first appointment within 12 months	95%	M	●	97.3%	96.5%	+0.8%	96.9%	98%	97%	CHO2 (99.7%), CHO6 (98.9%), CHO5 (98.8%)	CHO4 (92.7%), CHO1 (92.9%)
CAMHs waiting list	2,498	M	●	2,738	2,710	+28	2,576	2,623	2,738	CHO2 (17), CHO7 (176), CHO3 (214)	CHO8 (393), CHO6 (491), CHO4 (698)
CAMHs waiting list > 12 months	0	M	●	336	386	-50	311	303	336	CHO1, CHO2, CHO7 (0)	CHO4 (209), CHO3 (61), CHO5 (52)
No of referrals received	4,536 YTD 18,128 FYT	M	●	5,579	5,233	+346	1,828	1,866	1,885		
Number of new seen	2,718 YTD 10,833 FYT	M	●	2,969	2,736	+233	1,056	977	936		
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	100%	M	●	70.1%	-	-	79.6%	67%	64.5%		

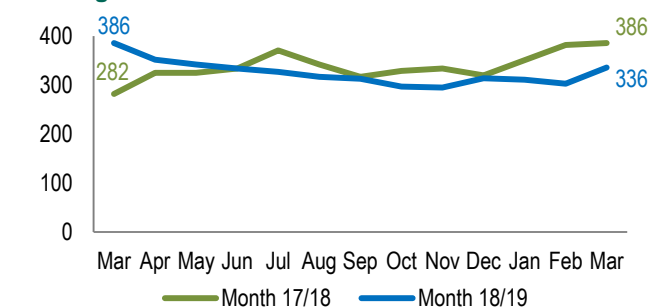
% offered an appointment and seen within 12 weeks



First appointment within 12 months



Waiting list > 12 months



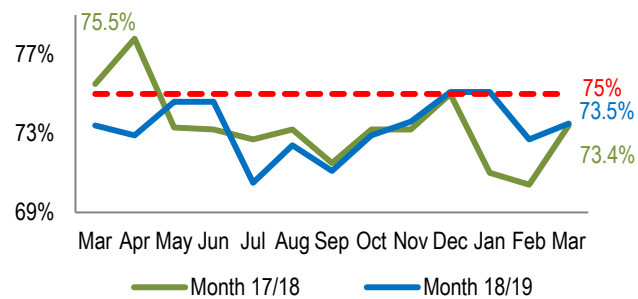
General Adult Mental Health

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of referrals received	10,955 YTD 43,819 FYT	M	●	11,041	11,255	-214	3,914	3,557	3,570	
Number of referrals seen	7,191 YTD 28,716 FYT	M	●	6,832	6,784	+48	2,417	2,241	2,174	
% seen within 12 weeks	75%	M	●	73.8%	71.5%	+2.3%	75.1%	72.7%	73.5%	CHO2 (88.7%), CHO5 (84.9%), CHO1 (78.8%)

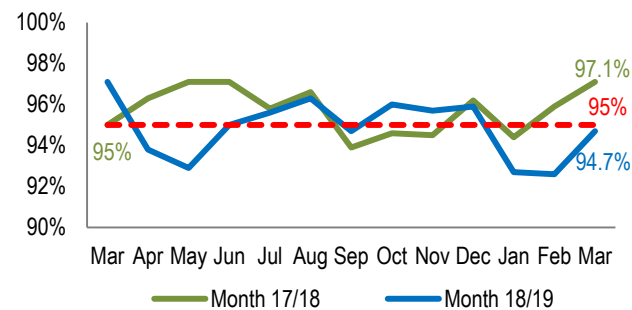
Psychiatry of Later life

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of referrals received	3,115 YTD 12,455 FYT	M	●	3,126	3,160	-34	1,152	1,007	967	
Number of referrals seen	2,230 YTD 8,896 FYT	M	●	2,384	2,176	+208	876	754	754	
% seen within 12 weeks	95%	M	●	93.3%	95.7%	-2.4%	92.7%	92.6%	94.7%	CHO2 (99.7%), CHO3 (98.7%), CHO1 (97.4%)

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



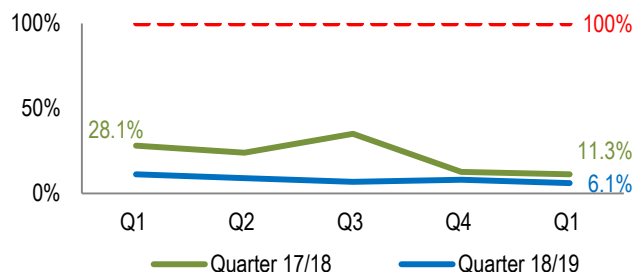
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



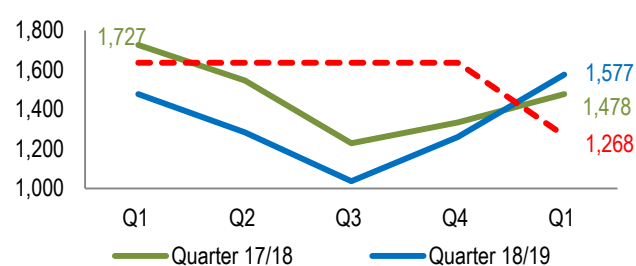
Disability Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Disability Act Compliance	100%	Q	● 6.1%	11.3%	-5.2%	6.9%	8.1%	6.1%		(% Var): CHO6 (0%), CHO9 (0%), CHO7 (1.2%)
Number of requests for assessment of need received for Children	1,268 YTD/ 5,065 FYT	Q	● 1,577	1,478	+99	1,037	1,261	1,577	(% Var): All CHO's achieved target	
Congregated Settings	35 YTD/ 160 FYT	Q	● 49	29	+20	25	80	49	CHO1 (15), CHO9 (14), CHO2&8 (6)	(% Var): CHO5 (-91%), CHO7 (-85.7%), CHO6 (-14.3%)
% of Disability Network Teams established	100%	M	● 0%	0%	0	0%	0%	0%		
Number of Disability Network Teams established	80	M	● 0	0	0	0	0	0		

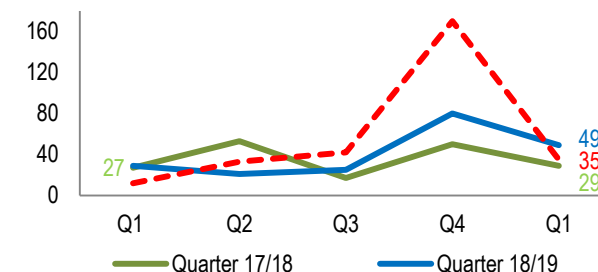
Disability Act Compliance



Assessment of Need Requests



Congregated Settings

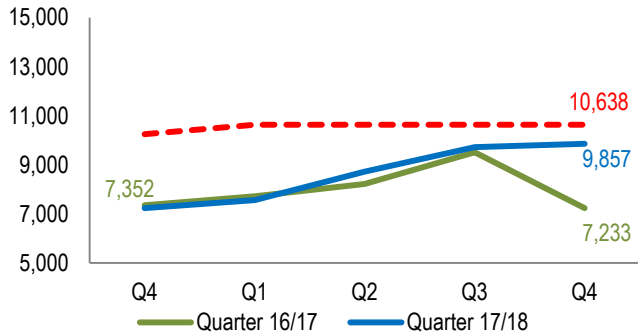


Residential and Emergency Places and Support Provided to People with a Disability

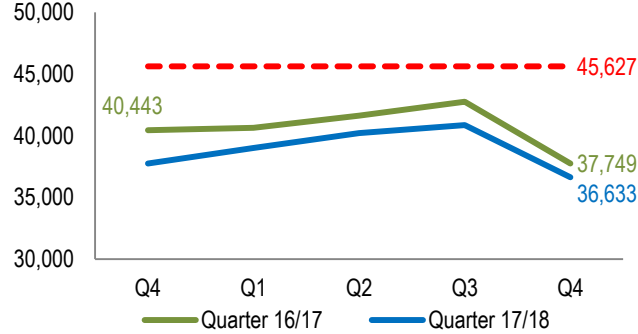
	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of residential places provided to people with a disability	8,568	8,568						
Number of new emergency places provided to people with a disability	90	23	● 26	42	-16	3	12	11

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Respite - Number of day only respite Sessions	42,552	Q-1M	●	35,866	32,688	+3,178	8,722	9,723	9,857	CHO5 (24.7%), CHO9 (21.1%), CHO7 (20.6%)	CHO3 (-54.8%), CHO1 (-23%), CHO2 (-21.6%)
Respite - Number of overnights	182,506	Q-1M	●	156,725	162,779	-6,054	40,209	40,869	36,633		CHO7 (-27.5%), CHO6 (-25.1%), CHO1 (-19.1%)
Home Support Hours	2,930,000	Q-1M	●	3,138,939	2,927,647	+211,292	802,701	801,370	776,264	CHO5 (89.2%), CHO7 (13.2%), CHO6 (11.6%)	CHO8 (-14.6%), CHO1 (-10.4%), CHO4 (-7.6%)
Personal Assistance Hours	1,460,000	Q-1M	●	1,636,883	1,516,727	+120,156	411,563	403,798	421,225	CHO5 (74.6%), CHO7 (62.3%), CHO2 (11.6%)	CHO6 (-13.5%), CHO4 (-2.7%)

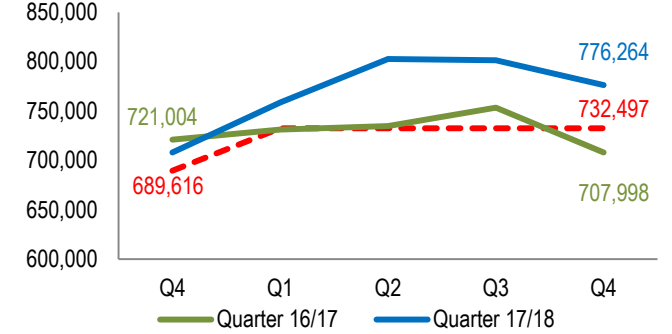
Respite Day Only



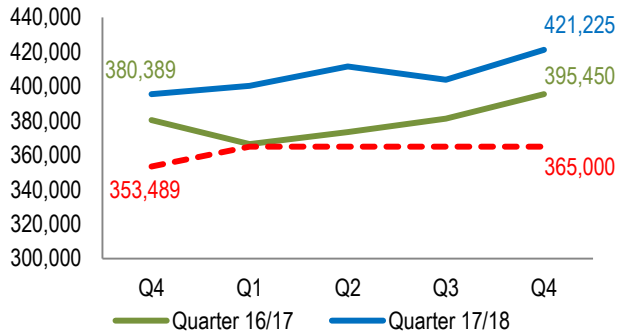
Respite Overnights



Home Support Hours



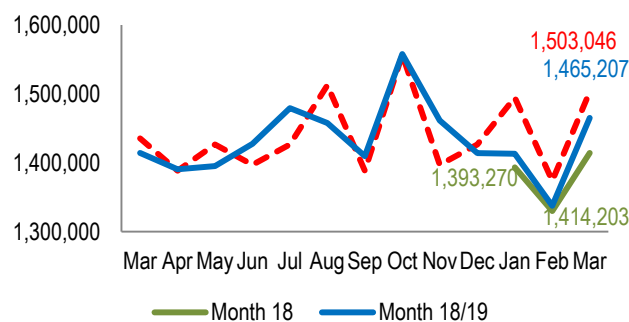
Personal Assistance Hours



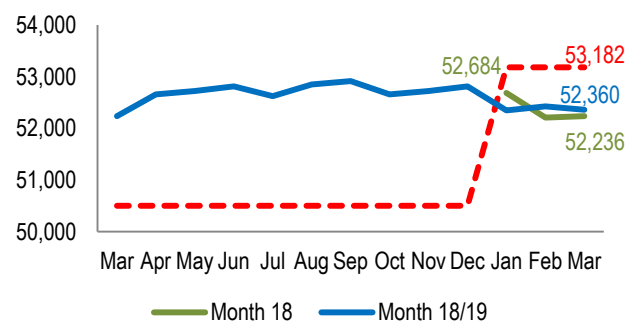
Older Person's Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	4,371,560 YTD/ 17,900m FYT	M	●	4,215,754	4,137,338	+78,416	1,413,053	1,337,494	1,465,207	(% Var): CHO5 (3.1%), CHO1 (1.4%)	(% Var): CHO7 (-12.5%), CHO2 (-8.4%), CHO9 (-5.2%)
No. of people in receipt of Home Support	53,182 YTD/ 53,182 FYT	M	●	52,360	52,236	+124	52,347	52,424	52,360	(% Var): CHO8 (0.7%), CHO7 (0.5%), CHO5 (0.4%)	(% Var): CHO6 (-6.7%), CHO3 (-5.8%), CHO1 (-4.9%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	244	212	+32	250	250	244		
No. of persons funded under NHSS in long term residential care	23,326 YTD/ 23,042 FYT	M	●	23,143	22,795	+348	23,345	23,228	23,143		
No. of NHSS beds in public long stay units	4,900 YTD/ 4,900 FYT	M	●	4,971	4,973	-2	4,958	4,953	4,971	(% Var): CHO2 (4.1%), CHO 6 (2.2%), CHO1 (1.9%)	(% Var):CHO9 (-0.3%)
No. of short stay beds in public long stay units	1,850 YTD/ 1,850 FYT	M	●	1,948	1,995	-47	1,943	1,940	1,948	(% Var):CHO8 (25.5%), CHO1 (10.7%), CHO5 (9.6%)	(% Var): CHO7 (-16.2%)
Delayed Discharges	≤550	M	●	626	572	+54	562	637	626	Mullingar, Mallow (0), PUH, RUH Ennis & St John's (1)	SJH (78), MMUH (49), Beaumont (46)
No. of people being supported through transitional care	1,160	M-1M	●	1,276	1,146	+130	991	1,242	1,276		

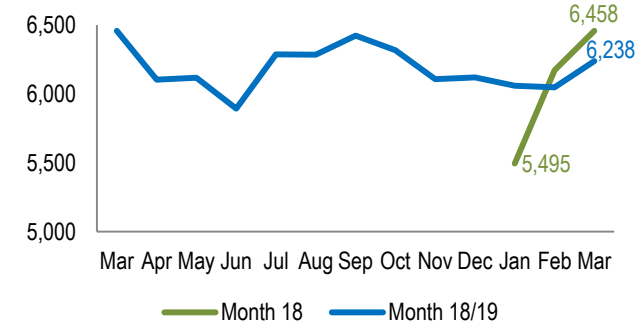
Number of Home Support Hours Provided



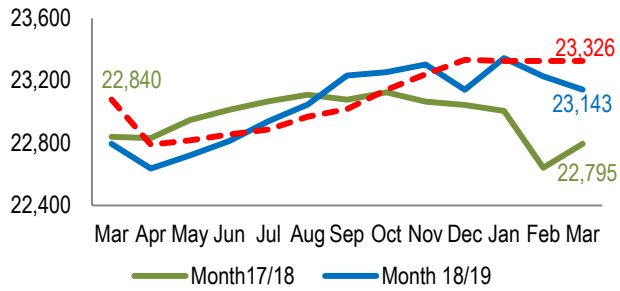
Number of people in receipt of Home Support



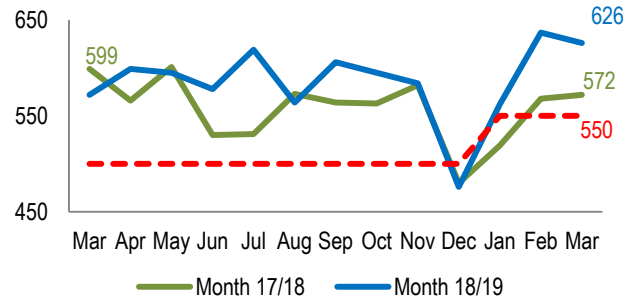
Number waiting on funding for Home Support



Number of persons funded under NHSS in long term residential care



Delayed Discharges



Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	117	28	145	23.2%
Long Term Nursing Care	318	37	355	56.7%
Other	79	47	126	20.1%
Total	514	112	626	100%

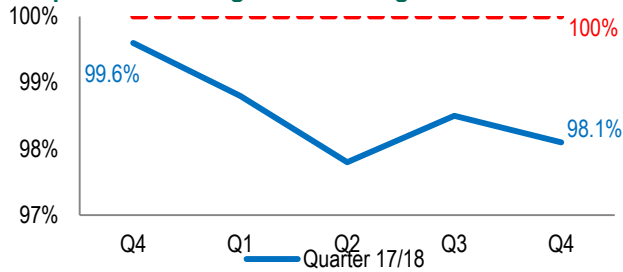
NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	2,839	2,919	-80	1,005	967	867	910	-43
	National placement list for funding approval	800	278	+522	533	653	800	278	+522
	Waiting time for funding approval	4-5 weeks	2-3 weeks	+2 weeks	3-4 weeks	3-4 weeks	4-5 weeks	2-3 weeks	+2 weeks
	Total no. people funded under NHSS in LTRC	23,143	22,795	+348	23,345	23,228	23,143	22,795	+348
Private Units	No. of new patients entering scheme	1,622	1,742	-120	607	531	484	604	-120
	No. of patients Leaving NHSS	1,724	1,934	-210	579	609	536	549	-13
	Increase	-102	-192	+90	28	-78	-52	55	-107
Public Units	No. of new patients entering scheme	431	595	-164	161	145	125	228	-103
	No. of patients Leaving NHSS	491	518	-27	149	184	158	123	+35
	Net Increase	-60	77	-137	12	-39	-33	105	-138

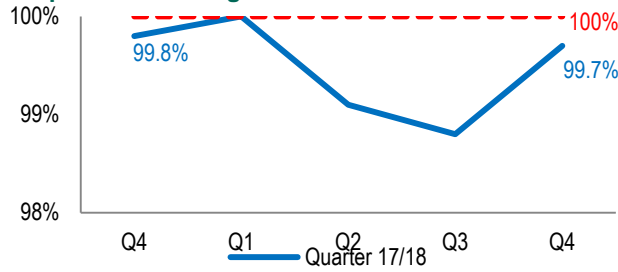
Disability and Older Persons' Services Safeguarding

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of preliminary screenings for adults aged 65 years and over	100%	Q-1M	●	98.1%	99.6%	-1.5%	97.8%	98.5%	98.1%	CHO2, 3, 4, 6, 7 and 9 achieved target	CHO5 (84.6%), CHO1 (95%), CHO8 (97.7%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	99.7%	99.8%	-0.1%	99.1%	98.8%	99.7%	CHO1, 2, 3, 6, 8 and 9 achieved target	CHO7 (96.7%), CHO5 (99.2%), CHO4 (99.6%)

% of prelim screenings for adults aged 65 and over



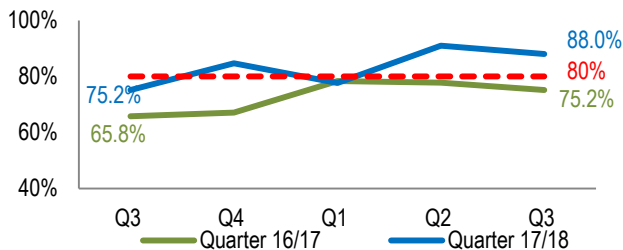
% of prelim screenings for adults under 65



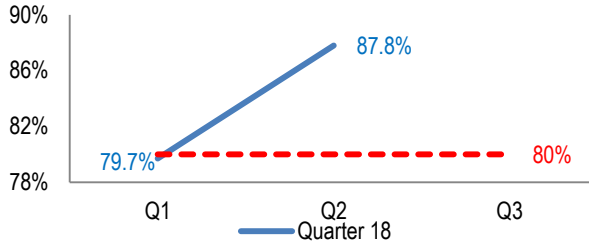
HIQA Inspections

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
HIQA Inspections (Disabilities)	80%	Q-2Q	●	87.4%	77%	+10.4%	77.7%	91%	88%		
HIQA Inspections (Older Persons)	80%	Q-2Q					79.7%	87.8%			

HIQA - Disabilities



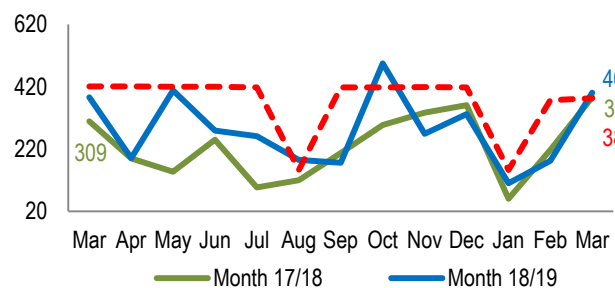
HIQA Inspections – Older Persons



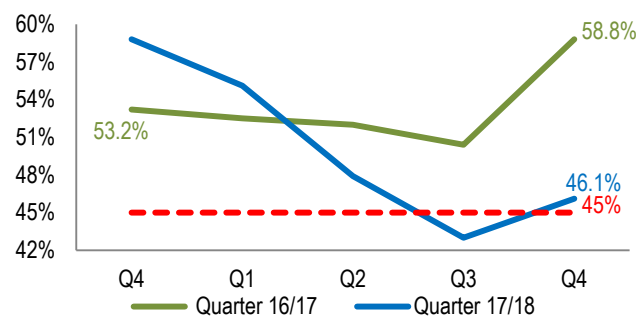
Population Health and Wellbeing

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers	
Number who have completed a structured patient education programme for type 2 diabetes	913 YTD/ 4,190 FYT	M	●	693	663	+30	110	182	401	(% Var): CHO9 (123.8%), CHO5 (1.4%)	(%Var): CHO3 (-54.8%), CHO1 (-47.5%), CHO2 (-42%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	●	48.2%	53%	-4.8%	47.9%	43%	46.1%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	●	92.2%	92.2%	0	92.3%	92.2%	91.9%	CHO3 (95.1%), CHO2 (93.1%), CHO4 (92.5%)	CHO5 (89.5%), CHO8 (90.7%), CHO1 (91.4%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	●	94.3%	94.7%	-0.4%	94.4%	94.3%	94%	CHO2 & CHO3 (95.1%), CHO4 (94.7%)	CHO5 (92.1%), CHO6 (92.6%), CHO1 (93.5%)

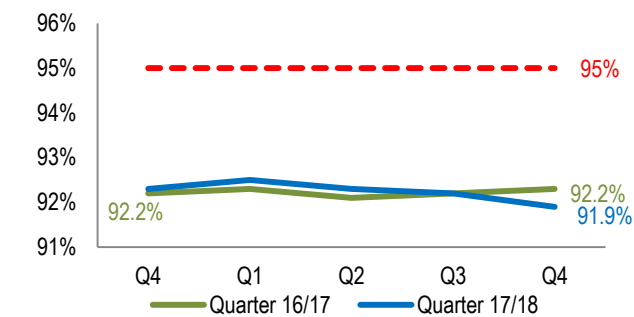
Number who have completed type 2 diabetes education programme



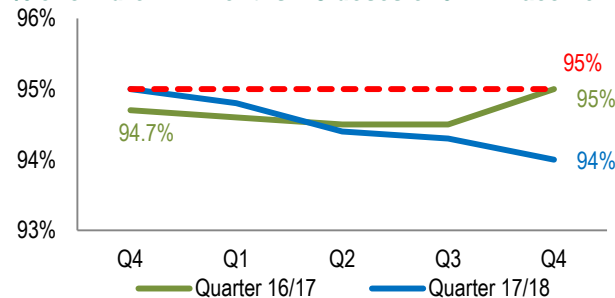
% of smokers quit at four weeks



% of children 24 months – (MMR) vaccine



% of children 24 months – 3 doses of 6 in 1 vaccine



Community Healthcare Update

Primary Care Services

Community Intervention Teams (CIT)

There were 12,415 CIT referrals YTD which is 9.3% ahead of the expected activity YTD of 11,358. Six of the 9 Community Healthcare Organisations (CHOs) are on or ahead of target. CHO4 with activity YTD of 1,200 is 20.3% below the target of 1,506. CHO8 is 15.6% below target with activity YTD of 906 compared to the target of 1,074 with performance in Laois/Offaly being 62.3% below target YTD. CHO 8 has noted the poor uptake for CIT in Tullamore hospital and steps are being taken to raise the awareness of the service in the hospital. CHOs where underperformance is considered to be a continued issue are being asked for improvement action plans.

Child Health Developmental Screening 10 Months

The national YTD position is 92.4% compared to a target of 95%. The prior year outturn was 93.0%. Seven of the nine CHOs are green on the National Scorecard and are within a range of 90.3% to 95.6%. Performance in CHO3 is red on the National Scorecard with YTD performance at 83.3% compared to the target of 95%. Performance in CHO 3 has been affected by 2 vacant posts one permanent vacancy and one maternity leave and NRS has been unable to fill vacancies. CHO 3 has prepared an action plan to address performance and actions include;

- Principal Medical Officer will ensure longest waiters are targeted
- Additional clinics will be held when HPV schools campaign is completed
- Service will have additional capacity when staff member returns from maternity leave at the end of April 2019
- Permission sought to hold a local recruitment campaign.

CHO 2 is amber on the National Scorecard at 86.8% with the main issue being Roscommon with performance of 77.9% and a remedial action plan is being sought.

% of newborn babies visited by a PHN within 72 hours

The national March YTD position (for this quarterly reported metric) of 98.1% is green on the heat map and compares to a target of 98.0%. All 9 CHO Areas are green on the heat map with performance ranging between 96.0% and 100.0%.

CHO 6 was amber at December 2018 but is now green with performance of 96.0%.

Speech and Language Therapy (SLT) Access within 52 weeks

The national YTD position at April is amber at 94.1% compared to the target of 100%. The prior year outturn was 93.6%. CHO 1 remains amber in March with YTD performance of 93.9% and CHO 8 remains in amber in March with YTD performance of 94.2% compared to 92.5% in the prior month YTD. CHO7 remains in red in March with YTD performance of 85.7% compared to 85.0% in the prior month. CHO 4 is red at 89% compared to 100% in the prior month.

At March 2019 YTD there are 956 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 12.3% from 851 in February to 956 in March. The number of clients waiting for treatment for longer than 52 weeks has decreased by 95 or 12.1% from 782 in February to 687 in March (this was 855 in January).

Comments on specific CHO Areas performance at March 2019 YTD re SLT Access within 52 weeks are provided below, however, improvement is unlikely to be visible in the coming months without prioritisation of additional staff resources and this may not take place until later in the year;

- CHO 1 YTD performance of 93.9% (amber) compared to 93.5% in the prior month. The main issue is in Donegal with YTD performance at 87.2% which is unchanged from prior month. CHO 1 reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care.
- CHO 4 CHO 4 is red at 89% compared to 100% in the prior month with a drop in performance in South Lee to 72.3% in March compared to 100% in the prior month which may be due to data issues.
- CHO 7 YTD performance is 85.7% (red) compared to the prior month YTD performance of 85.0%. Performance in CHO7 is being affected by the 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. National Primary Care is awaiting an action plan from CHO 7 which sets out measures to ensure CHO achieves KPI target.

- CHO 8 YTD performance is amber at 94.2% compared to 92.5% in the prior month. Performance in Meath is affecting overall CHO performance with Meath performance of 87.5% in March which is an improvement from prior month of 86.1%.

Physiotherapy Access within 52 weeks

The national YTD position is green at 94.1% compared to the target of 95%. The prior month YTD performance was 94.2%. The number of clients waiting longer than 52 weeks has increased by 12.9% from 1,948 in February to 2,200 in March. All CHOs are green on the national scorecard except CHO 5 with performance in March of 89.5% (amber) down from 90.3% in the prior month and will remain under review.

Occupational Therapy (OT) Access within 52 weeks

The national March YTD position is 73.2% (red) compared to the target of 85% and performance of 74.5% in the prior month YTD. The number of clients waiting longer than 52 weeks increased by 544 (6.8%) from 7,986 in February to 8,530 in March. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 is red at 69.6% which is an increase from 68.6% in January. 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. CHO 1 has been asked to prepare an action plan to set out measures to address performance.
- CHO4 is red at 64.6% which is an increase from 64.0% in the previous month. CHO 4 has prepared an action plan to address performance in Cork which noted that 4 additional OTs have commenced in Cork since January 2019 in addition to 2 OTs recruited in September 2018. A decrease has been noted in the waiting list for children for first time assessments and further

performance improvements are expected regarding the paediatric waiting list. In addition all OTs in Cork have recently moved to a centralised location.

- CHO5 is red at 71.5% compared to 71.9% in the previous month. CHO 5 has prepared an action plan to address performance including
 - Each OT in Primary Care is undertaking to dedicate 1 day per month to P3 (long waiting) clients.
 - Roll out adult outpatient clinics in all networks and provide dedicated 'long waiters' clinics to address the needs of the population in more timely manner and sustain reduction in waiting lists.
- CHO 7 is red at 72.1% compared to 72.6% in the prior month. CHO has been asked to submit an action plan to address performance.
- CHO 8 is red at 72.8% compared to 75.6% in the prior month. CHO has been asked to submit an action plan to address performance.
- CHO 9 is red at 73.1% compared to 78.1% (amber) in the prior month. CHO will be asked to submit an action plan to address performance.

Psychology Access within 52 weeks

The national March YTD position is 76.2% compared to the target of 81%. Five of the 9 CHOs are green on the national scorecard with performance in a range from 79.5% to 97.0%. CHOs 2, 3, 4 & 7 are red on the Heatmap. CHO 4 has advised that recruitment and retention of both Psychologists and Assistant Psychologists is a significant challenge. CHO 4 is following up with NRS as a matter of urgency to progress recruitment and local options are also being explored to fill vacancies. It is anticipated that there will not be any significant increase in staffing until Q3 2019. CHOs 2, 3 & 7 will be asked to submit action plans to address performance.

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 March 2019			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	144,661	149,328	3.2%
Occupational Therapy	89,097	95,032	6.7%
SLT	70,647	72,666	2.9%
Podiatry	20,968	21,707	3.5%
Ophthalmology	24,985	26,537	6.2%
Audiology	13,294	14,448	8.7%
Dietetics	15,733	17,053	8.4%
Psychology	10,398	12,247	17.8%

Palliative Care

Access to Palliative Inpatient Beds

In March 2019, 99.7% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Seven CHO's met or surpassed the target of 98% and six of these seven CHO's performed at 100% with all admissions within 7 days during the current month. Compared to March 2018, access within 7 days to specialist palliative care inpatient beds increased by 0.8%.

Access to Palliative Community Services

In March 2019 84.4% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) Vs 87.4% in 2018. In March 2019 two CHO's performed above the target. across the CHO's reached or surpassed the target and an additional 3 areas performed within the accepted 5% variance RAG range. Improvements were noted in 14 LHO's compared to the same period in 2018. Seven CHO's (CHO 1, 3, 4, 5, 6, 7 & 9) did not reach the target. The total number of people in receipt of specialist palliative care services in the home has increased by 5.8% (193) 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 March 2019 has decreased by twenty-nine children on the same period last year (67 vs 38).

The number of children in the care of the Children's Nurse Co-Ordinators was 273. This is within RAG range of the target (280).

Mental Health Services

Finance

- Following recent engagements many of the CHO's are on target to breakeven on projected year end position however the areas with the largest current overspends are as follows;
 - CHO 2 YTD March overspend €2.8m
 - CHO 4 YTD March overspend €1.65m
 - CHO 5 YTD March overspend €1.6m
- In addition CHO6 have a deficit arising in non pay which is due to an issue in SJOG relating to the number of beds and price per bed purchased from Private Hospital and this is part of ongoing national discussions including a financial validation process.
- CHO8 is on profile however we are aware that there are a number of pending placements which may put this at significant risk and remains a concern and under review in balancing service (court related) and financial risk.
- Managing medical and nursing agency costs are essential to deliver safe services.

CAMHS Inpatient Units

- Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHO's and are monitored and discussed weekly with national management where any instances are targeted to minimise length of stay.
- By the close of March, 48 of the 74 operational beds were filled, compared to 36 at end of Dec18 resulting in increased capacity for children experiencing mental health acute needs, however, responses to those with complex co-morbid presentations were a challenge resulting in a continued undesirable

length of stay for one 17-year old in an adult unit, now placed in a more appropriate setting. National integrated Mental Health and Disability initiatives are progressing as well as plans for new CAMHS Forensic beds and these will in time assist with these challenges.

- Three of the four existing CAMHS inpatient units have access to seclusion/high obs areas. The unit in Cork is currently improving capacity around this.

Access to CAMHS

- Nationally there was a slight increase in the number of children on the waiting list this month for community services from 2623 to 2738 this month and will remain under review.
- 81.2% of young people were offered a first appointment within 12 weeks in community CAMHS settings year to date i.e. 4 out of 5 young people.
- 97.3% of young people were seen within 12 months in community CAMHS services year to date which is ahead of target
- Nationally in March there were 336 children waiting more than 12 months for an appointment in community CAMHS, 62% of these were in CHO4. CHO4 are showing slow but steady improvements here and any changes in Consultant cover due to leave can negatively impact on monthly performance.
- CHOs 1, 2, and 7 have no children waiting over 12 months for CAMHS.

Adult Mental Health Services

- 92.8% of patients were offered an appointment within 12 weeks in general adult mental health year to date. This exceeds the target of 90%.
- 95.4% of people in Psychiatry of Old Age services were offered an appointment within 12 weeks year to date which is ahead of target, however, continued focus is on those offered appointment and seen which is at 93.3% against a target of 95% where CHOs 4,7 and 8 are underperforming.

Additional comments - Human resources

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. Enhancing supports in primary care and digital supports may allow us to utilise the available workforce more effectively. Recruitment and

retention as well as sick leave and other leave is impacting on the delivery of services.

- Additionally other service improvement initiatives aim to improve capacity and resource use within the system e.g. Talk Therapies, Adult Service User Journey etc.

Older Persons Services

Delayed Discharges

- The end of March Delayed Discharge figure is 626 (621 adults).
- In March, of the 626 DD's, there were 145 people waiting to go home and of these the number of people awaiting Home Support was 90 (45 were approved with funding awaited – 41 over 65 and 5 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

Transitional Care

- All hospitals currently continue to have access to an unlimited number of Transitional Care Beds.
- An additional €1m has been allocated for transitional care in 2019 and there is currently a validation of performance year to date to ensure management of demand within budget.

NHSS

- In March 2019 the Nursing Homes Support Scheme funded 23,143 long term public and private residential places, and an additional 761 people are approved but not in payment at this time. The number of people funded under the scheme is slightly below the profile for March 23,326.
- There is an increase of 348 in the number of people supported under the scheme when compared to the same period last year. This is a 1.52% increase in activity year on year.
- The number on the placement list at the end of March 2019 is 800 (March 2018 - 243). This is an increase of 557 (229%) on the same period last year.
- In the first three months of 2019, 2,839 applications were received and 2,053 clients went into care and were funded under the scheme in public and

private nursing homes. This is a decrease of 284 or 12.15% in the number of starters supported under the scheme when compared to 2018.

- The waiting time for NHSS approval has been maintained at 4 weeks
- While the number of persons funded under NHSS in long term residential care is on target the cost of the scheme is ahead of profile to the value of €5.676/2.63%. At the request of the Minister an analysis of the potential out-turn 2019 is nearing completion. While the anticipated over-run is better than expected, there is still a potential for a negative out-turn which will require intervention to achieve a break-even position and HSE continues to work with DoH in this regard.
- HSE is engaging with DoH on management of totality of available resources for remainder of the year.

Home Support

The NSP 2019 provides for the provision of 17.9m home support hours to be delivered to 53,182 people inclusive of 410,000 hours/550 home support packages funded under the Winter Initiative 2018/2019. The additional hours over the level provided for in 2018 (17.094m hours) relates to additional activity funded during 2018 and 2019 to support service pressures during the winter months.

As part of the 2018/2019 Winter Plan a total of 550 additional home support packages have been allocated and delivered across the CHOs. These home support packages were prioritised for patient flow and the reduction of hospital pressures.

As at end March 2019, under the Winter Plan 2018/2019, 1,081 home support packages/9,704 hours per week have been allocated and of these 857 packages/7,755 hours per week have commenced. Of the 857 cases commenced to end March, 296 were discharged from target hospital sites, 522 from other hospitals and 39 were hospital avoidance.

In March it was expected that the Home Support Service would deliver 1,503,046 hours. The data reported indicates that 1,465,207 hours were provided (preliminary data). As at the end of March 2019 there are 52,360 people in

receipt of home support. As part of delivery plans, each CHO is required to provide a level of services within affordable limits.

Having regard for the full year Home Support Allocation and Sanctioned Overspend (WI €10m) (excluding IHCPs) expenditure March YTD is 1.4% over-budget with activity -3.6% under target March YTD. Cost pressures including the impact of Tender 2018 and the implementation of the revised contract for directly employed home support staff will be a significant factor in achieving target and remaining in a balanced position at year end. A review of activity against expenditure in Q1 is currently underway and will be reported in the May report.

Despite the significant resource allocated to home support 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 March 2019 indicates that 6,238 people were waiting for home support funding (preliminary data). All those waiting are assessed and people being discharged from acute hospitals, who are in a position to return home with supports, are prioritised.

Disabilities

Financial Challenges in Vol Org Disability Services

Decembers Disability NPOG report highlighted substantial deficit challenges within S38/39 provider organisations and made reference to a high level review which has evidenced significant financial risk not only for the entities concerned but also in the context of HSE and NSP deliverables in terms of services. This matter remains a high level risk and which has been reported to the relevant line division in the Dept of Health.

Update at May 7th:

- Department of Health are to establish a Joint HSE and DoH Subgroup tasked with a) examine financial overruns against profile in disability services to date, b) identify measures to limit potential deficits in 2019 and c) examine the financial situation in disability services in more depth, including multi-annual analysis of budgets/ outturn/ WQTEs as well as activity/demand; the

purpose being to better evidence performance in the sector and facilitate the forthcoming estimates process.

- Certain large scale disability providers are intending to commence escalation action utilising the service arrangement process with regard to their perspective on “under funding issues” - i.e. Commencement of transfer of services to the HSE and/or invoking the “dispute resolution clause”. Given a number of large scale service providers are escalating actions relating to financial challenges and which NSP 2019 will not be in a position to resolve, the HSE will raise with the Department of Health the need to set out an agreed process/principles by which Voluntary Provider organisations deficit challenges can be resolved over the medium term.

Progressing Disability Services (0-18 Teams)

- Forsa T/U and HSE were engaged in a conciliation process under the auspices of the WRC during April. This process has not proved successful in terms of agreement on the condition which the Networks will operate. A joint referral is to be made to the Labour Court in May 2019.
- 100 new therapy grade posts have been sanctioned as part of NSP 2019. CHOs have profiled grade type and commencement date as per agreed allocation via National Disability Ops. The additional referred to posts have been profiled across the 9 CHOs to December (i.e. as full year cost will not be available until 2020). Community Operations are awaiting formal approval from Strategy and Planning in order to generate permissions for each CHO to utilise the existing employment panels (i.e. for SLT, OT etc).
- The following key issues remain.
 - **Limited and in some cases, lack of Admin support** is compromising team effectiveness and efficiency with clinicians’ time spent on administration duties. Submissions will be made via the estimates process to respond to this area on the basis of need/priority.
 - **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. Submissions will be made via the estimates process to respond to this area on the basis of need/priority.

Disability Act Compliance

- **Disability Act Compliance**
The total number of applications ‘overdue for completion’ continued to reduce during first Quarter 2019 and has been decreasing steadily from early 2017. This decrease is particularly evident in CHO4 which has the highest level of non-compliance with the Disability Act in the state. This is indicative of the improvement plan being implemented
- **Standardised approach to Assessment of Need**
HSE remains of the view that the implementation of the SOP is a critical enabler to achieving Disability Act compliance (i.e. in addition to full roll out of CDNTs and extra therapy resources) and has provided independent Senior Council as well as Clinical Opinion which supports the SOP and the approach being taken. A meeting was held with Senior Forsa Officials on April 24th as part of the consultation process and where Forsa have confirmed their necessity to seek legal opinion. HSE has indicated its desire to commence the SOP in July 2019.
- **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). The allocation of 100 new therapy posts is aligned to alleviating the backlog/delay in completing AONs.

IMPORTANT NOTE: Trajectory regarding Improvements in AON Compliance

Having regard to the above improvement actions, co-terminus with conclusion to the IR process regarding Disability Network Managers posts, Disability Operations advises that significant improvements to AON Compliance is dependent on successful conclusions being reached with regard to the above which is likely to be year-end 2019. The current escalation status of CHOs is not being revised this month but will be reviewed again for position on April data.

Congregated Settings

A total of 49 people transitioned from congregated settings in Q1 2019 against a target of 160 for the full year. 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. At present, de-congregation targets are on trend to meet the agreed NSP 2019 target.

Emergency Places

A total of NSP 2019 has provided for €15m investment (90 places) in respect of the provision of planned responses under this category. Critical VIP actions are also agreed in this area that will a) seek to maximise existing capacity to address unmet need and b) cross community procurement approach to purchasing places within the for profit sector using existing “frameworks” (this element being dependent on procurement acting as the enabler).

26 new places have been provided in the first Quarter 2019.

Disability operations undertook a scoping exercise with CHOs in terms of part (a) above [i.e. utilising existing capacity] and which has demonstrated limited opportunity in this area. NSP 2019 VIP measures re further examination is taking place with a view to ascertaining whether further bed capacity can be yielded; however, it remains the case that caution is advised here as it is unlikely to yield significant new capacity on a cost neutral basis which would result in there being continuing pressure regarding responding to existing demands to meet residential care need.

Performance Notice Updates - Disability Services

St. John of God Community Services:

- Final Deloitte reports have issued to the Board of SJOGCS
- SJOGCS have submitted a business case regarding financial sustainability which is the subject of significant concern for HSE and which is currently being validated/ assessed (i.e. an additional revenue increase is requested up to c. €32m).

- The Implementation Task Force process is expected to conclude its process by June 2019 with recommendations for HSE Leadership in respect of next steps/ closing out on the Improvement plan remaining actions, including matters relating to the funding gap/ pension issues etc.
- Important Note: SJOGCS has commenced to “dispute resolution process” in respect of its assessment of the financial challenge notwithstanding the fact the aforementioned process has not concluded. At this point, Disability Operations is flagging a concern relating to further levels of escalation by the Board of SJOGCS, including potential for ultimate action in terms of seeking to transfer services to the state. Attention is drawn to the above section dealing with Voluntary Organisational deficits in this regard.

Stewarts Care (SC):

- Since CHO 7 continues to monitor progress against “First Notification” letter (issued May 2018) regarding the performance management of the service provider in respect of;
 - 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 on-going referring to inappropriate use of client funds. This was expected to close out during Feb 2019 in terms of a final report which may have financial implications for Stewarts in terms of funding owing. The revised completion date is now end May 2019. It is important to flag at this point that the Report is expected to underpin a significant level of “client refund” which will add to a significant deficit situation for SC. The final report is awaited in order to determine the precise impact in this area.

Financial Governance

- CHO 7 and the National Disability Operations Office have completed a review of unapproved expenditure costs within Stewarts Care Ltd across 2017 and 2018.

- NSP 2019 Budget with new allocation given to SC along with VIP targets to be monitored by CHO7.
- SC have advised HSE that the funding requirement for service delivery in 2019 is €52,040,000, whereas a budget allocation of €50,900,000 is now agreed. This leaves a €1,140,000 funding gap (not inclusive of SCs use of a €2,300,000 overdraft facility) which will require to be monitored closely throughout 2019 by CHO 7. A breakeven plan is in place between CHO7 and SC; however, this includes hard VIP measures which will result in service impacting issues. Final decisions relating to HSEs approach to dealing with the current known disability funding gap are required prior to respond to the significant financial gap flagged by CHO7 re SC.

HIQA Regulatory Compliance

- Remains in compliance but with conditions attached. The above budget measures may impact on SCs ability to maintain registration with the Regulator. HSE has flagged to the Regulator the conditions upon which NSP 2019 will be implemented, inclusive of agreed actions relating to D/ Health and HIQA (see section dealing with the Financial Challenge).

Population Health & Wellbeing

Number who have completed type 2 diabetes education programme

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 commencing in February. A patient must complete a minimum of 4 X-PERT sessions (out of 6 sessions) over the 6 week period for the attendance to be reflected in this metric.
- DESMOND is a 6 hour structured programme jointly facilitated by 2 educators (i.e. a Community Dietician and/ or Diabetes Nurse Specialist). A patient must complete all sessions (i.e. 2 out of 2 sessions) for the activity to be reflected in this metric.

In the month of March, 401 people have completed a structured patient education programme for type 2 diabetes. This performance is +18 people (+4.7%) ahead of the expected activity target 383 for the month. YTD March, 693 people have completed an SPE programme for type 2 diabetes YTD target of 913 which is -220 people (-24.1%) behind target.

Making Every Contact Count (MECC)

During the 2019 planning process, Health and Wellbeing agreed MECC targets at HG level with Saolta, RCSI, UL and Midland HGs. No MECC targets were agreed at CHO level for 2019. To address this Health & Wellbeing agreed to set MECC targets at national level with all MECC training activity at CHO/HG level being reported against the national targets. The 2019 national MECC target was set at 1,709 frontline staff (split: 1,425 e-learning and 284 face to face training). In this context, 422 frontline staff completed the e-learning MECC training module in brief intervention during Q1 2019. This is +242 staff (+134.4%) ahead of the target set for Q1 of 180 staff. A total of 57 frontline staff went on to complete the face to face module in MECC training which is +21 staff (+58.3%) ahead of the target set for Q1.

These targets, and reported delivery, are across both acute and community services where community uptake needs targeted improvement. This will be delivered through the identification and establishment of MECC learning sites, where currently 35 sites across all care groups are commencing implementation. Targets and delivery will be more meaningfully reported and reviewed where these learning sites are implemented as 2019 progresses

% of smokers quit at four weeks

7 out of 10 smokers want to quit and 4 out of 10 make a quit attempt every year. Behavioural support is proven to double a smoker's chance of quitting successfully and is a cost effective intervention. This metric measures the % 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. The QUIT date is the date a smoker plans to stop smoking completely as part of a supported QUIT attempt. A structured behavioural support programme is provided to smokers prior to their quit date and each week for four weeks

following this date. Nationally, 48.2% of smokers are QUIT at 4 weeks and this performance is +7.2% ahead of the expected activity target of 45% YTD.

% of children 24 months – (MMR) vaccine

Measles can be a serious long term illness and is highly infectious. The only way to prevent measles is by getting two doses of the MMR (Measles, Mumps and Rubella) vaccine.

Nationally, the percentage of children aged 24 months who have received the MMR vaccine in Q4 2018 was 91.9% (reported quarterly in arrears) against a target of 95%. Eight of the nine CHOs were within 5% of target with one CHO within 10% of target.

% of children 24 months – 3 doses of 6 in 1 vaccine

Nationally, the percentage of children aged 24 months who have received 3 doses of the 6 in 1 vaccine was 94% in Q4 2018 (reported quarterly in arrears) against a target of 95%. All CHOs were within 5% of target with the lowest uptake being 92.1%.

Acute Hospitals

Acute Hospitals National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current		
Quality & Safety	Serious Incidents																
	Incidents notified within 24 hours of occurrence	M	80%	35% [R]	-56.3%												
	Review completed within 125 calendar days	M	80%	2% [R]	-97.5%												
	HCAI Rates																
	Staph. Aureus (per 10,000 bed days)	M	< 1	0.4 [G]	-60%	0.0 [G]	0.5 [G]	0.4 [G]	0.2 [G]	0.4 [G]	0.2 [G]	0.9 [G]	0.7	1.0	0.4		
	C Difficile (per 10,000 bed days)	M	< 2	2.9 [R]	45%	1.1 [G]	3.2 [R]	1.7 [G]	4.3 [R]	3.2 [R]	2.9 [R]	3.1 [R]	2.3	2.4	2.9		
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	59.6% [R]	-40.4%								48.9%	55.3%	59.6%		
	Medical																
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.6% [G]	4.5%		11% [G]	11.6% [G]	11.2% [G]	13.4% [R]	11.3% [G]	10.2% [G]	10.7%	11.3%	11.2%		
	Surgery																
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	53.3% [R]	-11.2%		68.1% [G]	63.1% [G]	54.9% [A]	40.4% [R]	54.5% [A]	15.6% [R]	47.8%	51.2%	55%		
	Procedure conducted on day of admission (DOSAs) (site specific targets)	M-1M	82%	74.8% [A]	-8.8%		57.2% [R]	87.1% [G]	66.4% [R]	58.8% [R]	80.4% [G]	90% [G]	70%	74.3%	76%		
	Surgical re-admissions within 30 days of discharge	M-1M	≤3%	2.2% [G]	-26.7%		2.9% [G]	1.9% [G]	2.4% [G]	2.3% [G]	1.9% [G]	1.5% [G]	1.9%	2.1%	2.1%		
	Hip fracture surgery within 48 hours of initial assessment ⁶	Q-1Q	85%														
	Ambulance Turnaround																
	% of ambulance turnaround delays escalated – 30 minutes	M	95%	59.2% [R]	-37.7%								58.8%	61.3%	57.5%		
Urgent colonoscopy																	
Number waiting > 4 weeks (new) (zero tolerance)	M	0	45 [R]		0 [G]	5 [R]	5 [R]	11 [R]	11 [R]	4 [R]	9 [R]	6	39	0			

⁶ New metric for 2019. Data will be reported in the June cycle

	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current
Routine Colonoscopy														
Waiting < 13 weeks for routine colonoscopy or OGD	M	70%	50.7% [R]	-27.5%	47.9% [R]	35.9% [R]	57.8% [R]	86.7% [G]	46.2% [R]	67% [G]	31.7% [R]	53.6%	51.6%	50.7%
Emergency Department Patient Experience Time														
ED within 6 hours	M	75%	62.1% [R]	-17.2%	83.2% [G]	50.4% [R]	69.7% [A]	52.5% [R]	63.4% [R]	60.2% [R]	51.8% [R]	62.3%	62%	62%
ED within 24 hours	M	99%	96.1% [G]	-2.9%	99.7% [G]	94.3% [G]	96.7% [G]	97.1% [G]	97.4% [G]	94% [A]	91.2% [A]	96%	95.9%	96.3%
75 years or older within 24 hours (zero tolerance)	M	99%	89.5% [R]	-9.6%		89.7% [R]	92.3% [R]	91.7% [R]	93.7% [R]	83.6% [R]	74.1% [R]	89.4%	89.2%	89.9%
Waiting times														
Adult waiting <15 months (inpatient)	M	85%	83.8% [G]	-1.4%		81.1% [G]	86.7% [G]	89.1% [G]	76.9% [A]	88% [G]	88.7% [G]	84.2%	83.9%	83.8%
Adult waiting <15 months (day case)	M	95%	92.1% [G]	-3.1%		84.4% [R]	93.7% [G]	99.6% [G]	90.9% [G]	90.4% [G]	96.8% [G]	92.5%	92.2%	92.1%
Children waiting <15 months (inpatient)	M	85%	89% [G]	4.7%	89.2% [G]	100% [G]	100% [G]	96.1% [G]	80.2% [A]	97.4% [G]	86.6% [G]	89.2%	88.8%	89%
Children waiting <15 months (day case)	M	90%	83.4% [A]	-7.3%	79.3% [R]	100% [G]	98.9% [G]	100% [G]	84.3% [A]	90.3% [G]	92.6% [G]	84.1%	83%	83.4%
Outpatient < 52 weeks	M	80%	69.6% [R]	-13.1%	59.5% [R]	67% [R]	71.5% [R]	86.8% [G]	70.5% [R]	66.2% [R]	63.6% [R]	69.7%	69.6%	69.6%
Delayed Discharges⁷														
Number of beds subject to Delayed Discharge (site specific targets)	M	≤550	626 [R]	13.8%	5	149	167	133	53	98	21	562	637	626
Cancer														
Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	72.6% [R]	-23.6%		62% [R]	78.9% [R]	99.1% [G]	57.4% [R]	62.1% [R]	88.6% [A]	86%	71.8%	60%
Urgent Breast Cancer within 2 weeks	M	95%	69.4% [R]	-27%		58.9% [R]	74.4% [R]	98.8% [G]	46.7% [R]	61.2% [R]	97.2% [G]	86.3%	68.6%	53.1%
Non-urgent breast within 12 weeks	M	95%	66.6% [R]	-29.9%		31.9% [R]	83.4% [R]	99.2% [G]	58.1% [R]	47.3% [R]	76.2% [R]	66.7%	66.4%	66.6%
Lung Cancer within 10 working days	M	95%	86% [A]	-9.4%		96.3% [G]	100% [G]	100% [G]	84.6% [R]	81.5% [R]	62.8% [R]	84.7%	83.9%	89.1%
Prostate Cancer within 20 working days	M	90%	78.3% [R]	-13%		40% [R]	91.1% [G]	100% [G]	94.1% [G]	44.9% [R]	90.8% [G]	85.6%	78.3%	71.1%

⁷ Delayed Discharges figures are quoted above but not RAG rated as the site specific targets have not been finalised

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	Children's Health Ireland	Dublin Midlands	Ireland East	RCSI	Saolta	South/South West	UL	Current (-2)	Current (-1)	Current	
	Radiotherapy treatment within 15 working days	M	90%	87.1% [G]	-3.3%		85.8% [G]			83.1% [A]	87.9% [G]	96.5% [G]	87.1%	89.9%	84.3%	
	Ambulance Response Times															
	ECHO within 18 minutes, 59 seconds	M	80%	78.9% [G]	-1.4%								75.3%	83.3%	78.1%	
	Delta within 18 minutes, 59 seconds	M	80%	55% [R]	-31.3%								55.2%	54.7%	54.9%	
Finance, Governance & Compliance	Financial Management – Expenditure variance from plan															
	Net expenditure (pay + non-pay - income)	M	≤0.1%	1,353,714	2.15% [R]	3.99% [R]	2.46% [R]	3.54% [R]	4.04% [R]	3.77% [R]	4.42% [R]	5.60% [R]	3.20%	3.08%	2.15%	
	Gross expenditure (pay and non-pay)	M	≤0.1%	1,562,970	2.25% [R]	3.37% [R]	2.50% [R]	2.92% [R]	4.52% [R]	4.04% [R]	4.23% [R]	4.91% [R]	3.15%	3.02%	2.25%	
	Non-pay expenditure	M	≤0.1%	502,384	4.68% [R]	8.05% [R]	3.54% [R]	4.55% [R]	9.80% [R]	6.45% [R]	10.11% [R]	6.00% [R]	4.94%	5.71%	4.68%	
	Financial Management - Service Arrangements (04.04.19)															
	Monetary value signed	M	100%	35.50%	-64.50%									0%	0%	35.50%
Workforce	Internal Audit															
	Recommendations implemented within 12 months ⁸	Q	95%	82% [R]	-13.7%											
	Funded Workforce Plan															
	Pay expenditure variance from plan	M	≤0.1%	1,060,586	1.14% [R]	1.48% [R]	1.96% [R]	2.16% [R]	2.42% [R]	2.92% [R]	1.56% [R]	4.37% [R]	2.32%	1.79%	1.14%	
Workforce	Attendance Management															
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.62% [R]	32%	4.49% [R]	4.71% [R]	3.95% [R]	4.25% [R]	4.97% [R]	4.56% [R]	4.69% [R]	4.54%	4.66%	4.56%	
	European Working Time Directive (EWTD) Compliance															
< 48 hour working week	M	95%	81.2% [R]	-14.5%	83.3% [R]	71.5% [R]	77.8% [R]	78.1% [R]	87.4% [A]	90.3% [G]	79.8% [R]	82.4%	81.9%	81.2%		

⁸ Performance against National Service Plan 2018 Volume Activity and Key Performance Indicators

Acute Hospital Services

Overview of Key Acute Hospital Activity

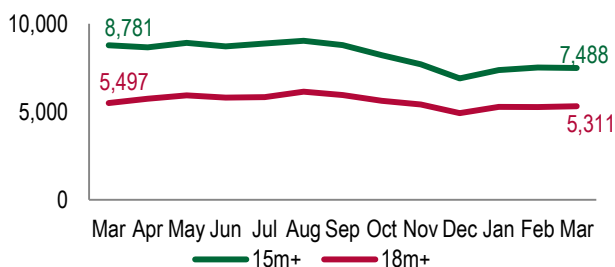
Activity Area	Expected Activity YTD	Result YTD Mar 2019	% Var YTD	Result YTD Mar 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	349,432	372,139	+6.5%	348,209	+6.9%	127,931	115,446	128,762
New ED Attendances	292,646	312,918	+6.9%	292,259	+7.1%	107,638	97,532	107,748
OPD Attendances	813,345	814,270	+0.1%	812,306	+0.2%	291,157	246,627	276,486

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Feb 2019	% Var YTD	Result YTD Feb 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient [IP] Discharges	103,295	104,171	+0.8%	103,273	+0.9%	53,124	54,851	49,320
Inpatient Weighted Units	104,153	99,583	-4.4%	104,756	-4.9%	53,751	52,489	47,094
Day Case [DC] Discharges (includes dialysis)	176,298	175,175	-0.6%	176,427	-0.7%	77,877	92,788	82,387
Day Case Weighted Units (includes dialysis)	173,415	168,938	-2.6%	173,701	-2.7%	74,865	90,592	78,346
IP & DC Discharges	279,593	279,346	-0.1%	279,700	-0.1%	131,001	147,639	131,707
% IP	36.9%	37.3%		36.9%	+1%	40.6%	37.2%	37.4%
% DC	63.1%	62.7%		63.1%	-0.6%	59.4%	62.8%	62.6%
Emergency IP Discharges	72,600	74,209	+2.2%	71,848	+3.3%	37,219	38,993	35,216
Elective IP Discharges	13,092	13,009	-0.6%	13,762	-5.5%	6,832	6,655	6,354
Maternity IP Discharges	17,603	16,953	-3.7%	17,663	-4%	9,073	9,203	7,750

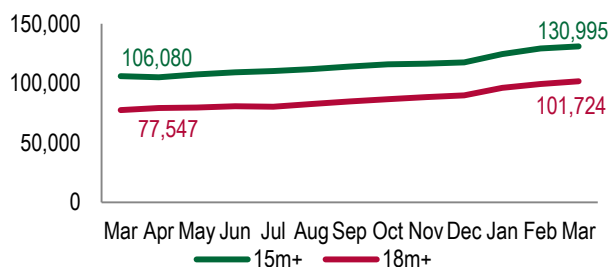
Inpatient, Daycase and Outpatient Waiting Lists

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	85%	M	● 83.8%	84.2%	-0.4%	84.2%	83.9%	83.8%	30 out of 40 hospitals reached target	RUH (27.3%), SUH (73.5%), GUH (75%)
Day case adult waiting list within 15 months	95%	M	● 92.1%	91.2%	+0.9%	92.5%	92.2%	92.1%	26 out of 41 hospitals reached target	Tallaght – Adults (82.2%), SJH (84.2%), CUH (86.1%)
Inpatient children waiting list within 15 months	85%	M	● 89%	88.6%	+0.4%	89.2%	88.8%	89%	18 out of 20 hospitals reached target	Mayo (66.7%), GUH (69.2%)
Day case children waiting list within 15 months	90%	M	● 83.4%	84.7%	-1.3%	84.1%	83%	83.4%	23 out of 28 hospitals reached target	CHI (79.3%), GUH (80%), UHW (87.1%)
Outpatient waiting list within 52 weeks	80%	M	● 69.6%	71.2%	-1.6%	69.7%	69.6%	69.6%	18 out of 43 hospitals reached target	Croom (50.7%), RVEEH (53.7%), Tullamore, UHW (58.1%)

Inpatient & Day Case Waiting List



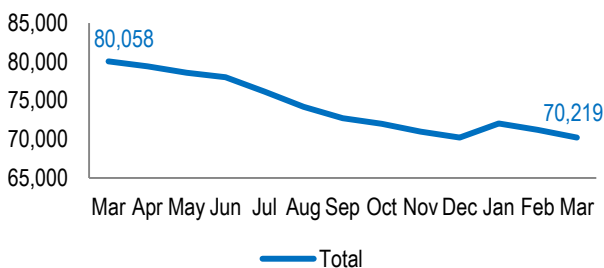
Outpatient Waiting List



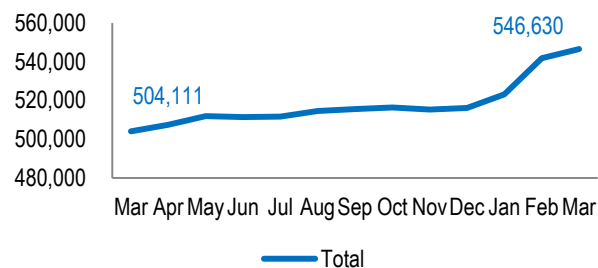
Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	18,487	19,942	-1,455	3,945	2,990
Adult DC	45,629	52,946	-7,317	5,519	3,618
Adult IPDC	64,116	72,888	-8,772	9,464	6,608
Child IP	2,365	3,021	-656	390	259
Child DC	3,738	4,149	-411	857	621
Child IPDC	6,103	7,170	-1,067	1,247	880
OPD	546,630	504,111	42,519	166,399	130,995

Inpatient & Day Case Waiting List Total



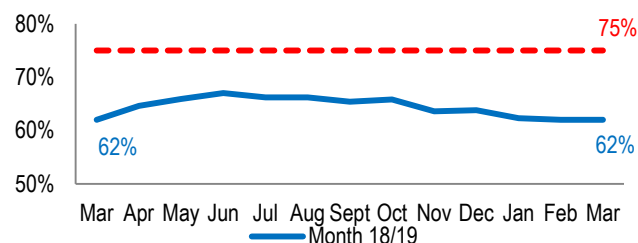
Outpatient Waiting List Total



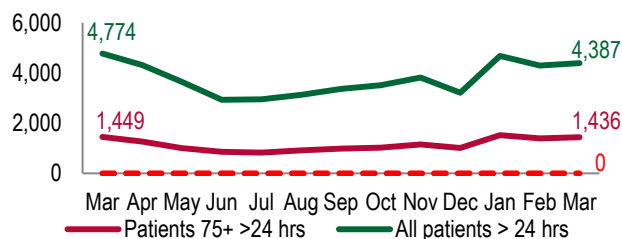
ED Performance

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	● 62.1%	62.1%	0%	62.3%	62%	62%	SLK (93.6%), St Michael's (93.3%), CHI (84.1%)	Tallaght - Adults (36.7%), Beaumont (39.4%), Naas (42.9%)
% in ED < 24 hours	99%	M	● 96.1%	95.2%	+0.9%	96%	95.9%	96.3%	11 out of 28 hospitals achieved target	Naas (89.8%), UHL (91%), UHK (91.3%)
% 75 years within 24 hours	99%	M	● 89.5%	87.6%	+1.9%	89.4%	89.2%	89.9%	9 out of 27 hospitals achieved target	GUH & UHL (74%), Naas (75.9%), UHK (79.2%)

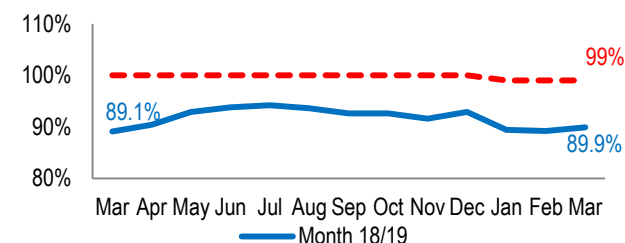
% patients admitted or discharged within 6 hours



ED over 24 hours



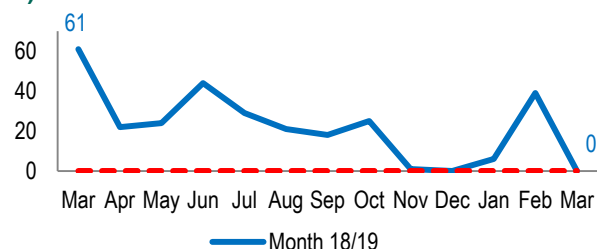
% 75 years old or older admitted or discharged



Colonoscopy

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 (new)	0	M	● 45	69	-24	6	39	0	37 out of 37 hospitals achieved target	
Bowelscreen – number colonoscopies scheduled > 20 working days		M	● 102	319	-217	35	52	15	10 hospitals have 0	GUH (9), Wexford (3), Mater & SUH (2)
Routine Colonoscopy and OGD <13 weeks	70%	M	● 50.7%	54.3%	-3.6%	53.6%	51.6%	50.7%	14 out of 37 hospitals achieved target	Nenagh (24.6%), UHL (26%), Naas (26.2%)

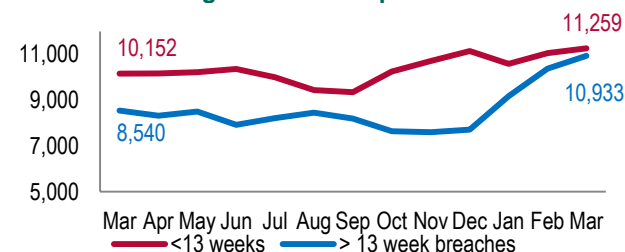
Urgent Colonoscopy - number of people waiting (new)



BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	200	229	176
Number scheduled over 20 working days	35	52	15

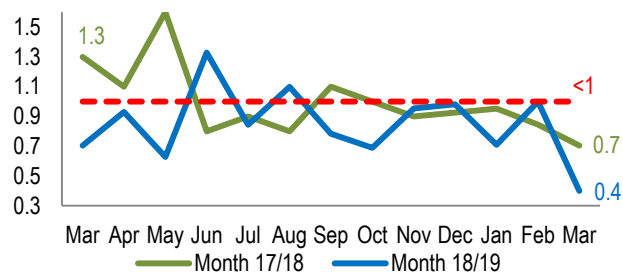
Number on waiting list for GI Scopes



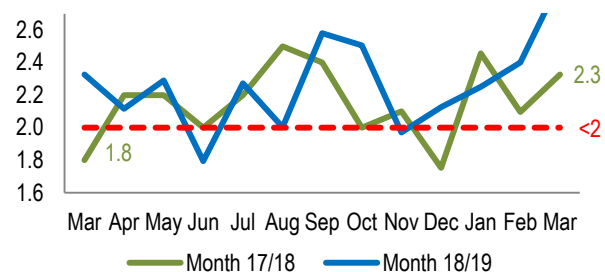
HCAI Performance

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<1	M	●	0.4	0.7	-0.3	0.7	1.0	0.4	40 out of 47 hospitals achieved target	Naas (1.6), Portiuncula (2.3), Portlaoise (2.7)
Rate of new cases of C Difficile infection	<2	M	●	2.9	2.3	+0.6	2.3	2.4	2.9	28 out of 47 hospitals achieved target	Beaumont (8.3), Naas (9.3), Louth (3333.3)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	59.6%	27.7%	+31.9%	48.9%	55.3%	59.6%	28 out of 47 hospitals achieved target	

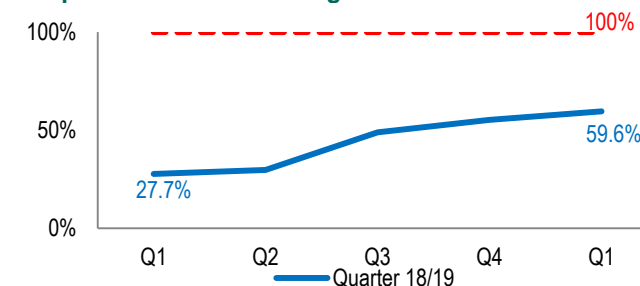
Rate of Staph. Aureus bloodstream infections



Rate of new cases of C Difficile associated diarrhoea



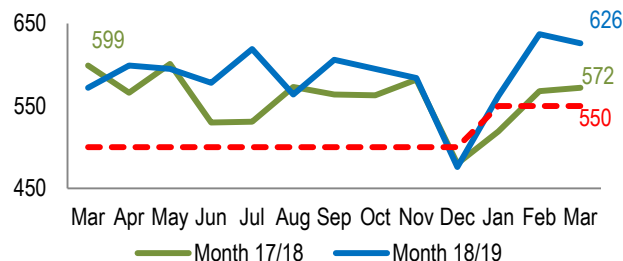
Requirements for screening with CPE Guidelines



Delayed Discharges

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Number of beds subject to Delayed Discharges	≤550	M	●	626	572	+54	562	637	626	Mullingar, Mallow (0), PUH, RUH Ennis & St John's (1)	SJH (78), MMUH (49), Beaumont (46)

Delayed Discharges



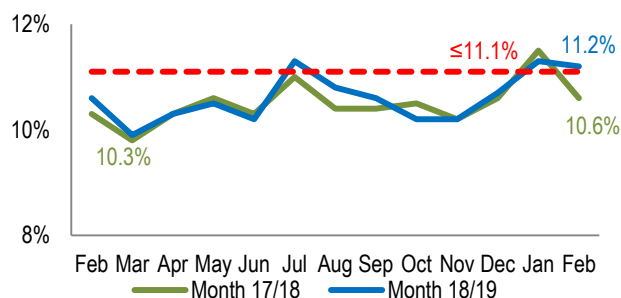
Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	117	28	145	23.2%
Long Term Nursing Care	318	37	355	56.7%
Other	79	47	126	20.1%
Total	514	112	626	100%

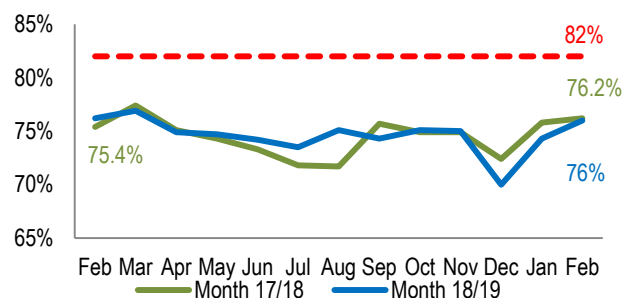
Surgery and Medical Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Emergency re-admissions within 30 days of discharge	≤11.1%	M-1M	● 11.6%	11.5%	+0.1%	10.7%	11.3%	11.2%	19 out of 34 hospitals achieved target	SUH (16.9%), Tullamore (15%), LUH (14.4%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	● 74.8%	75.8%	-1%	70%	74.3%	76%	11 out of 35 hospitals achieved target	PUH (61.1%), Tallaght- Adults (63%), Beaumont (61.1%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 53.3%	60.5%	-7.2%	47.8%	51.2%	55%	16 out of 34 hospitals achieved target	10 Hospitals that had cases are at 0%
Surgical re-admissions within 30 days of discharge	≤3%	M-1M	● 2.2%	2.1%	+0.1%	1.9%	2.1%	2.1%	27 out of 38 hospitals achieved target	SLK (7.5%), OLOL (4.8%) LUH (4.3%)

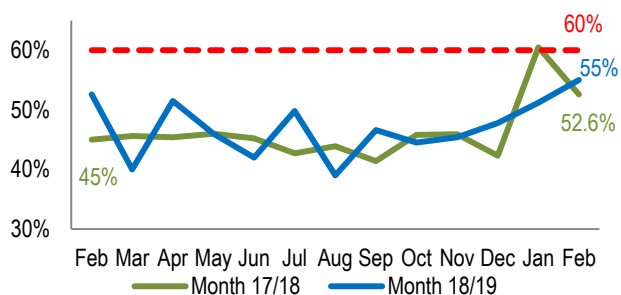
Emergency re-admissions within 30 days



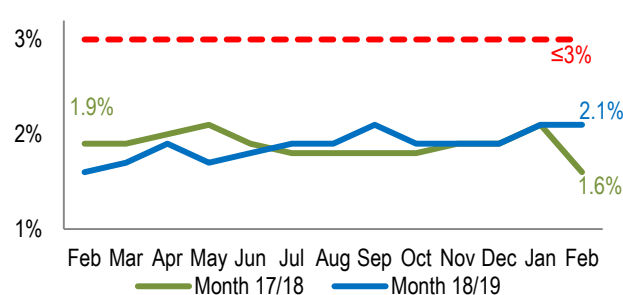
Procedure conducted on day of admissions



Laparoscopic Cholecystectomy day case rate



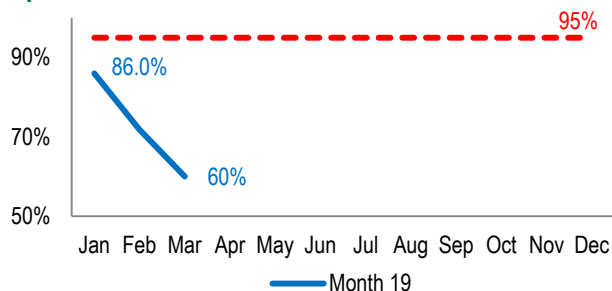
Surgical re-admissions within 30 days



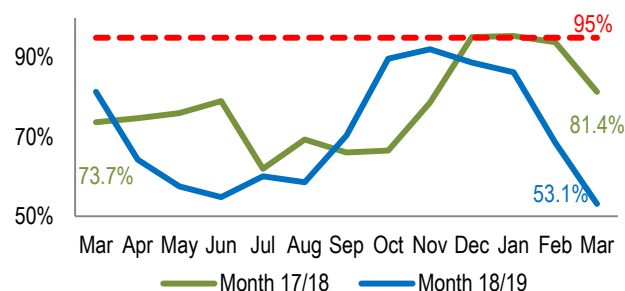
Cancer Services

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% of new patients attending Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	95%	M	● 72.6%			86%	71.8%	60%	Beaumont (99.3%), UHL (86.8%), SVUH (80.6%)	MMUH (32%), SJH (36.2%), GUH (39.4%)
Urgent breast cancer within 2 weeks	95%	M	● 69.4%	90.5%	-21.1%	86.3%	68.6%	53.1%	UHL (99.3%), Beaumont (99.1%)	GUH (16.4%), MMUH (16.9%), SJH (23.7%)
Non-urgent breast within 12 weeks	95%	M	● 66.6%	71.3%	-4.7%	66.7%	66.4%	66.6%	SVUH (100%), Beaumont (99.7%)	UHW (14.7%), LUH (27.7%), SJH (39.5%)
Lung Cancer within 10 working days	95%	M	● 86%	87.4%	-1.4%	84.7%	83.9%	89.1%	5 out of 8 hospitals reached target	UHL (66.7%), GUH (87%), CUH (93.9%)
Prostate cancer within 20 working days	90%	M	● 78.3%	73.4%	+5%	85.6%	78.3%	71.1%	4 out of 8 hospitals reached target	UHW (6.3%), CUH (25.8%), SJH (39.4%)
Radiotherapy within 15 working days	90%	M	● 87.1%	74.3%	+12.8%	87.1%	89.9%	84.3%	UHW (100%), GUH (96.9%), UHL (94.5%)	Altnagelvin (77.8%), SLRON (79.8%), CUH (83.1%)

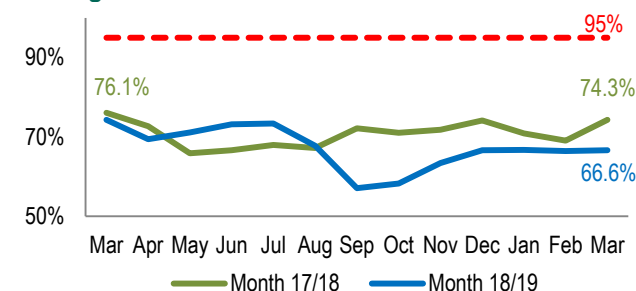
Rapid Access within recommended timeframe



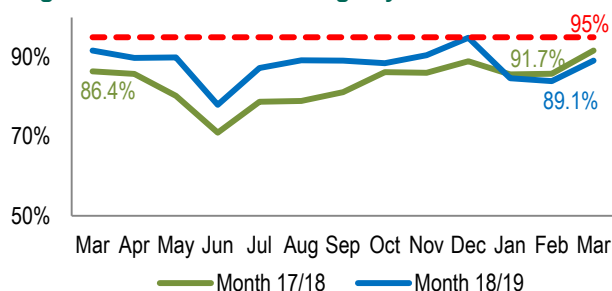
Breast Cancer within 2 weeks



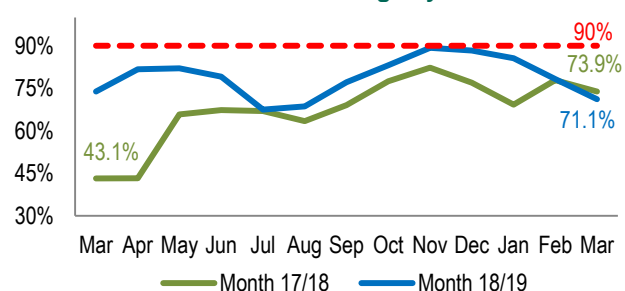
Non-urgent breast within 12 weeks



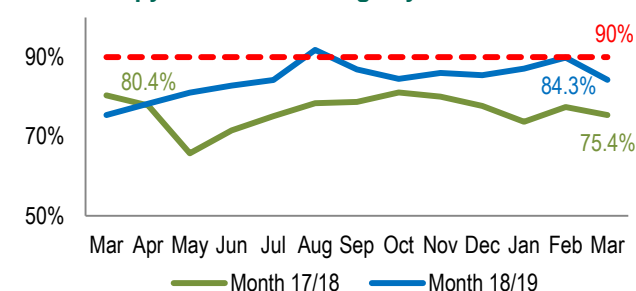
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



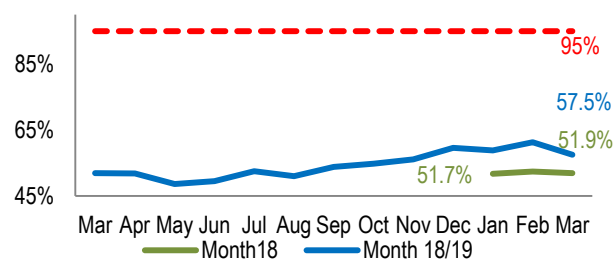
Radiotherapy within 15 working days



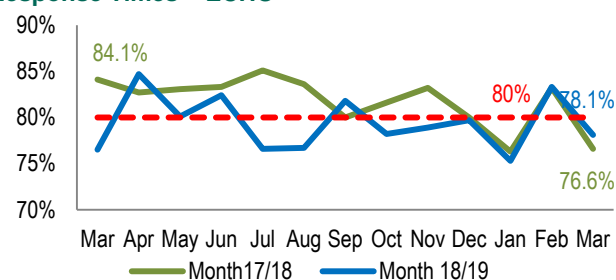
Pre-Hospital Emergency Care Services

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	● 78.9%	78.6%	+0.3%	75.3%	83.3%	78.1%	North Leinster (88%), Dublin Fire Brigade (80%), South (69%)	Western Area (68.9%),
Response Times – DELTA	80%	M	● 55%	54.9%	+0.1%	55.2%	54.7%	54.9%	North Leinster (60.1%)	Dublin Fire Brigade (45.4%), Southern Area (54.4%), Western Area (58%)
Ambulance Turnaround % delays escalated within 30 minutes	95%	M	● 59.2%	52%	+7.2%	58.8%	61.3%	57.5%		
Ambulance Turnaround % delays escalated within 60 minutes	95%	M	● 98.5%	97.4%	+1.1%	98.3%	98.3%	98.8%		
Return of spontaneous circulation (ROSC)	40%	Q-1Q	● 46%	42%	+4%	56.5%	48.1%	43.4%		

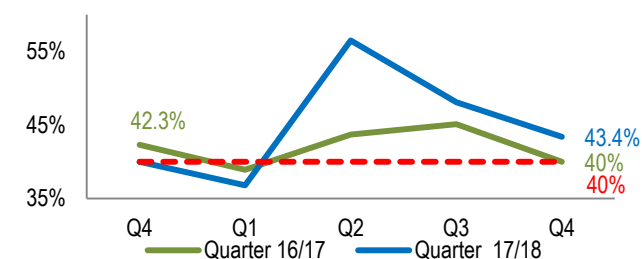
Ambulance Turnaround - within 30 minutes



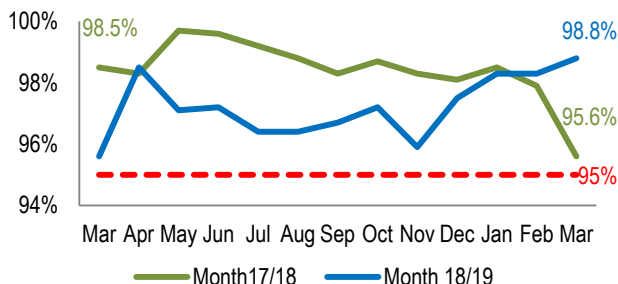
Response Times – ECHO



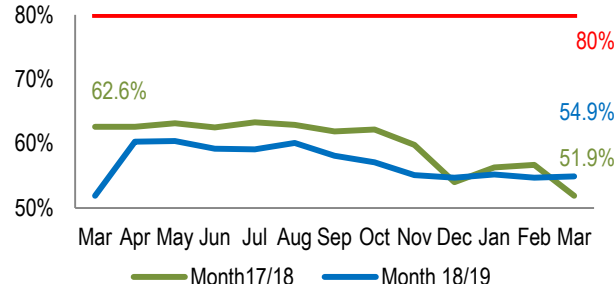
ROSC



Ambulance Turnaround - within 60 minutes



Response Times – DELTA



Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	1,233	1,221	-1%	1,286	-65
DELTA	32,250	32,415	+0.5%	32,659	-244

Acute Hospital Services Update

Emergency Department (ED) Performance

- There were 372,139 ED attendances year to date March 2019. This is a 6.9% increase on ED attendances for the corresponding period in 2018 and exceeded the target of 349,432 by 6.5%.
- ED PET less than 24 hours (all patients) was 96.3% and less than 9 hours was 77.8% in March 2019. Ten of the Emergency Departments excluding Children's Health Ireland reported ED PET less than 24 hours compliance greater than 99%.
- ED PET less than 24 hours for patients aged 75+ was 89.9% in March.

There was an increase in ED presentations of 6.9% year to date March 2019 versus the corresponding period in 2018. 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 implemented to alleviate pressures at these EDs were as follows;

- 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 were approved under the Winter Plan 2018/2019. Fifty eight of these beds are open. The additional beds are funded on a part year basis and they will be closed once the allocation is utilised by the relevant hospitals.

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.

Delayed Discharges (DD)

There were 626 Delayed Discharges at the end of March 2019. This included 145 Delayed Discharges waiting to go home, 355 waiting on long term nursing care and 126 complex patients that require bespoke care provision.

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

The one day INMO strike action in January and the two days in February had an impact on inpatient and day case discharges with a knock on impact on waiting lists.

Day Case Discharges (including dialysis)

The number of day case procedures year to date February 2019 was 175,175 versus 176,427 for the same period in 2018, that is, a decrease of 1,252 (-0.7%) cases. The number of day case procedures undertaken year to date February 2019 was 0.6% below the target of 176,298 cases for this period.

Inpatient Discharges

The number of inpatient discharges was 104,171 year to date February 2019 versus 103,273 for the corresponding period in 2018, that is, an increase of 898 (0.9%) cases. Inpatient discharges year to date February 2019 were 0.8% higher than the target of 103,295.

Elective Inpatient Discharges

There were 13,009 elective inpatient discharges year to date February 2019 versus 13,762 for the corresponding period in 2018, that is, a decrease of 5.5%. Elective inpatient discharges were 0.6% lower than the target of 13,092.

Emergency Inpatient Discharges

There were 74,209 emergency inpatient discharges year to date February 2019 versus 71,848 for the corresponding period in 2018, that is, an increase of 3.3%. Emergency inpatient discharges were 2.2% higher than the target of 72,600.

Maternity Inpatient Discharges

There were 16,953 maternity inpatient discharges year to date February 2019 and 17,663 for the corresponding month in 2018 which is a decrease of 710 (-4.0%). Maternity inpatient discharges were 3.7% less than the target of 17,603.

Waiting Lists

Inpatient/Day Case Waiting Lists

The National Service Plan (NSP) 2019 target is that 85% 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 March was 83.8% and 92.1% respectively. In the case of the children's inpatient waiting list, 89% of children were waiting less than 15 months versus the NSP 2019 target of 85% and 83.4% of children on the day case waiting list waited less than 15 months versus the NSP 2019 target of 90%.

The total number of patients waiting for an inpatient or day case procedure at the end of March was 70,219. 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.

Outpatients Waiting Lists

The National Service Plan 2019 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 69.6% in March 2019.

Cancer Services

Symptomatic Breast Cancer Clinics

The following two Symptomatic Breast Cancer Clinics seen patients that were triaged as urgent within two weeks of referral;

- Beaumont Hospital - 99.1%
- University Hospital Limerick - 99.3%

Rapid Access Clinics for Lung Cancer Services

The following five Rapid Access Clinics for lung cancer offered patients an appointment within 10 working days of receipt of referral;

- St James's Hospital - 100%
- Mater Misericordiae University Hospital - 100%
- St Vincent's University Hospital - 100%
- University Hospital Waterford – 97.1%
- Beaumont Hospital – 100%

Rapid Access Clinic for Prostate Cancer Services

The following four Rapid Access Clinics for prostate cancer offered patients an appointment within 20 working days of receipt of referral;

- St Vincent's University Hospital – 95.7%
- Beaumont Hospital - 100.0%
- Mater University Hospital – 90.9%
- University Hospital Galway – 90.7%

Radiotherapy

Three of the five radiotherapy centres complied with the NSP 2019 target that patients commence treatment within 15 working days of the patient being deemed ready to treat. Galway University Hospitals, the Mid-Western Radiation Oncology Centre, Limerick and UPMC, Whitfield, Waterford complied with the target in March.

Performance and Accountability Framework

The Dublin Midlands Hospital Group issued a Performance Notice to St James's Hospital in October 2018 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 is continuing to implement its improvement plan and reported improved compliance with the access target for urgent referrals in September (43.6%) and full compliance in quarter 4 2018. The hospital reported deterioration in compliance with the target from 61.6% in February to 23.7% in March.

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. 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 and Quarter 1 2019.

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 12 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 94 cases of Clostridium Difficile associated diarrhoea reported by hospitals in March.

It is important to acknowledge that national averages and uniform 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 48 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in March. In October 2017 the Minister for Health declared a national public health emergency in relation to CPE. As a result, a National Public Health Emergency Team was established (NPHE). The HSE also established a National CPE Oversight Group, chaired by the Chief Clinical Officer and a National CPE Implementation team led by HCAI/AMR Lead. Acute Operations is represented on both groups.

National Ambulance Service

- AS1⁹ and AS2¹⁰ calls decreased by 44 calls (-0.1%) when March 2019 (28,520) is compared with March 2018 (28,564).
- The daily average call rate for AS1 and AS2 calls in March 2019 was 920.
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 78% in March. This shows a decrease of 5% compared to February 2019.
- ECHO calls decreased by 7% (31) when March 2019 (389) is compared with the same month in 2018 (420).
- 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%. This is the same as February 2019. The number of DELTA calls activated in March 2019 was 11,914 which is a decrease of 0.08% (9) compared with the same month in 2018 (11,923).
- 89% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service in March.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. Eighty five percent 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 87% of vehicles being released within 60 minutes or less in March 2018.

⁹ 112/ 999 emergency and urgent calls

¹⁰ Urgent calls received from a general practitioner or other medical sources

Human Resources

The 2019 WTE limits were notified to the Hospital Groups. A core principle of the approach in 2019 is the primacy of pay and overall budget over any WTE value. Therefore, the affordability assessment and resultant approach to budget setting requires an appropriate budget to be in place for both agency and overtime with the WTE limit used as a control indicator. This could result in headcount reduction in the Hospital Groups. All Hospital Groups are at an advanced stage of producing financial plans. Any escalation of Hospitals on the basis of financial performance will be reviewed in the context of these plans.

Pay budget (core, agency and overtime) versus actual expenditure is a key metric and the WTE limit is a mechanism to assist underpinned by the alignment and synchronisation of budget, cost and HR WTE.

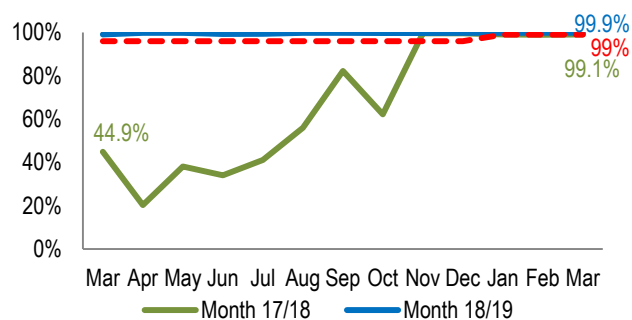
Hospital Groups were requested to implement interim controls to manage WTE and pay expenditure levels. This includes the management of any risk associated with the additional controls including the re-prioritisation of existing staff resource as necessary.

National Services

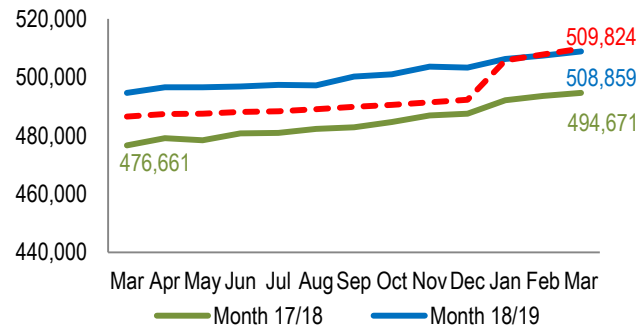
National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	99.9%	99.1%	+0.8%	99.8%	99.9%	99.9%
Number of persons covered by Medical Cards	1,565,754 YTD/ 1,541,667FYT	M	●	1,561,008	1,592,195	-31,187	1,563,611	1,561,519	1,561,008
Number of persons covered by GP Visit Cards	509,824 YTD/ 528,079FYT	M	●	508,859	494,671	+14,188	506,263	507,415	508,859
Number of initial tobacco sales to minors test purchase inspections carried our	96 YTD/ 384 FYT	Q	●	38	107	-69	129	0	38
Number of official food control planned, and planned surveillance inspections of food businesses	8,250 YTD/ 33,000 FYT	Q	●	6,675	6,593	+82	8,222	8,668	6,675

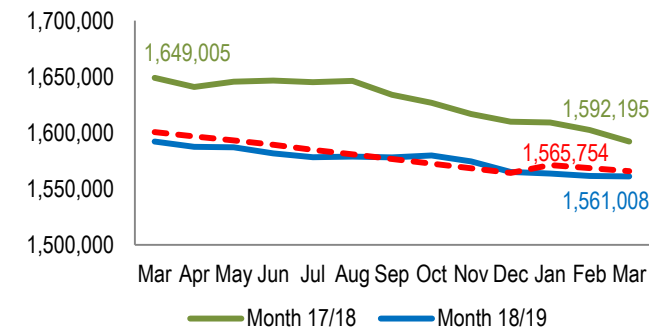
Medical card turnaround within 15 days



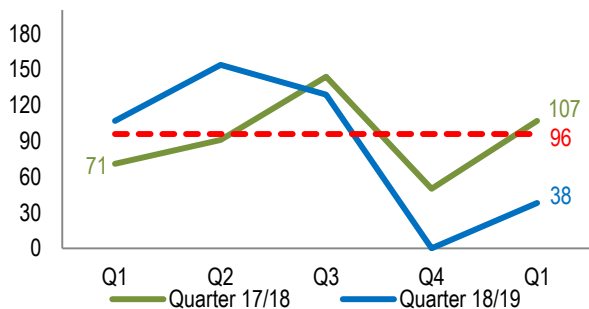
Number of persons covered by GP Visit cards



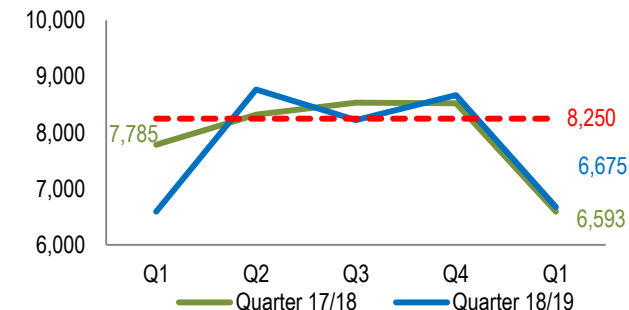
Number of persons covered by Medical Cards



Number of initial tobacco sales to minors



Number of inspections of food businesses



National Services Update

PCRS

During the month of March 2019, 99.9% of medical card applications were processed within 15 working days. The number of people who held medical card eligibility on 31st March 2019 was 1,561,008, a reduction of 511 on the previous month. The total number of persons with eligibility for a GP visit card on 31st March 2019 was 508,859, an increase of 1,444 on the previous month. As at 31st March 2019, 2,069,867 or 42.6% of the population had medical card or GP visit card eligibility, an overall increase of 933 on the previous month.

There were slightly more upgrades from GP Visit Cards to Medical Cards than expected and this brought down the overall number of Medical Cards removed. Reinstatement of Medical Cards also reduced the overall number of Medical Cards removed.

Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 6,675 Planned and Planned Surveillance Inspections were carried out in Q1 2019. This is 80.91% of the Q1 Target (Target 8,250). Of those Planned and Planned Surveillance inspections, 21.39% 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 38 initial tobacco sales to minors test purchase inspections were completed by end of Q1 which is 40% of the Q1 target of 96. Key factors affecting achievement is availability of minors, therefore, activity is usually completed during school holidays. It is anticipated that the annual target will be achieved by year end.

Under the Planning and Development Acts, Planning Authorities are required to consult with the HSE for developments accompanied by an environmental impact statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from these developments. 100% of relevant

consultation requests from planning authorities received a response from the Environmental Health Service in Q1.

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.

96.6% of all complaints received by the EHS in 2018 were risk assessed within 1 working day which is above 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.

The Environmental Health Service carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies Regulations 2007 to ensure compliance with the statutory range of concentration of fluoride in fluoridated public drinking water supplies. In Q1 593 drinking water samples were taken to assess compliance which is 96.42% of the Q1 target of 615. Non achievement of the target was due to plants being offline and not fluoridating which is outside of the control of the HSE.

47 Establishments received a planned Inspection in Q1 to assess compliance with the Sunbeds Act.

6 Mystery Shopper Inspection to Sunbed Establishments were completed. This is 88% of Q1 Target (Target 8). This is a Bi Annual Target and is expected to be achieved as it was in 2018.

7 Sunbed Test Purchases to Sunbed Establishments were completed. This is 87.5% of Q1 Target (Target 8). This is a Bi Annual Target and is expected to be achieved as it was in 2018.

Inspections to E Cigarette Manufactures, Importers, Distributors and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations have not yet commenced. Activity in Q1 was focused on reactive work such as complaints/queries and closing out on 2018 actions. It will

continue to be monitored but it is expected that the target will be achieved by year end.

In general, considerable focus was applied in Q1 to Brexit preparation and this has impacted on performance particularly in relation to official food safety controls

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. The MCI working group and procurement sub group met in March to review progress on a number of work streams.

Severe Weather Checklist and Associated Guidance

The regional EM Offices continues to work working with the Area Emergency Planning Groups across the nine CHO geographic areas to develop transport coordination subgroups as a means to address some of the challenges that arose during storm Emma.

Emerging Viral Threats group

HSE EM sits on the EVT, chaired by the DOH, which looks at potential biological threats. As part of its work, Emergency Management chairs the Repatriation Working Group. This group met during March to continue to advance work of Repatriation work streams. Work on the Protocol for Repatriation of an Irish Citizen with Viral Haemorrhagic Fever continues to progress.

CBRN

The issue was highlighted following a hoax biological threat to the Department of Health. HSE EM met with DOH and other stakeholders including the Directorate

of Fire and Emergency Planning, An Garda Síochána and HSE Public Health. The objective is to review current protocols and ensure they are up to date and fit for purpose. One recommendation from the meeting was to establish a new CBRN working group under the GTF to update all protocols and processes relating to CBRN response, including communications.

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. A number of exercises took place in March including one in Cork Airport based on a Public Health scenario. Two EM staff participated in Crisis Media training with other GTF members which was facilitated by the Office for Emergency Planning.

Crowd Events

HSE EM continues to meet its legislative requirement under the planning and development act for licenced Crowd Events (both Licenced and Unlicensed). HSE EM has once again raised the issue of a lack of up to date guidance and the absence of legislation in this area at the National Working Group (NWG). This was support by NWG members with several instances cited by AGS of crowd event risks identified this year.

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 of which the HSE is one, will review and exercise the external emergency plan for 15 upper tier sites in 2019. The schedule for these exercises has been prepared with some dates to be finalised.

Trauma Review Implementation Group

HSE EM continues to engage with this group in planning for implementation of the two major trauma centres.

Brexit Oversight Group

HSE EM continues to work as part of this team looking to identify and where possible mitigate potential risks rising from the UKs decision to leave the European Union. EM has been requested, if required, to support "HSE Live" with

a small team of personnel from different disciplinary backgrounds within the HSE, to act on queries received on the Brexit@hse.ie email address. This support will involve provision of an Area Crisis Management Team facility and support staff.

Civil Defence

HSE EM met with the Department of Defence, Civil Defence Branch, in March to examine options for a joint Memorandum of Understanding whereby Civil Defence would support the HSE in ensuring Service Continuity in the event of a Major Emergency or other event with the potential to disrupt the provision of services to clients across the Health Community.

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.
- Being 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

- Acting Brexit Lead for a two-week period to cover annual leave of Brexit Lead
- Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator.
- Witness at Joint Committee on Health hearing with DoH's Sec. General and delegation

- Attended CTA meetings, involving DoH Ireland, Belfast and London as HSE rep.
- Weekly DoH Sec. Gen. meetings accompanied by DG HSE
- Attended joint industry briefing from the Department of Health, HSE and HPRA
- Chaired weekly HSE 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
- DoH Brexit High Risk template distributed to all areas within the HSE.
- DoH Brexit Action Plan returned for North South Unit.
- Ensure HSE Brexit communications roll out as planned, in conjunction with DoH Brexit Comms. roll-out.

Cross Border Work

- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings
- Attended NWCC Monitoring Group meeting
- Attended SEUPB Lead Partner Expenditure Forecasting Workshop
- Attended Steering Committee meetings of NI Graduate Entry Medical School (NIGEMS)
- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB 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 Steps & Key Outcomes – 2nd 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 11 claims on 28th June.

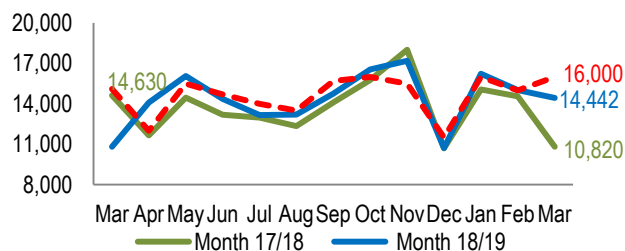
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Escalate mapped Cross border and all island services (Service Level Agreements & Memorandums of Understanding) through the HSE Governance structure to the Dept 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, including Brexit-proofing of SLAs/MOUs by HSE legal services.
- Provide up to date Risk Registers to HSE Brexit Lead from across the high risk areas in the HSE.
- Provide an update on current patient beneficiaries and value for money to the National Director Value Improvement Programme as requested on the cross border North West Cancer Centre.
- 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.

National Screening Service

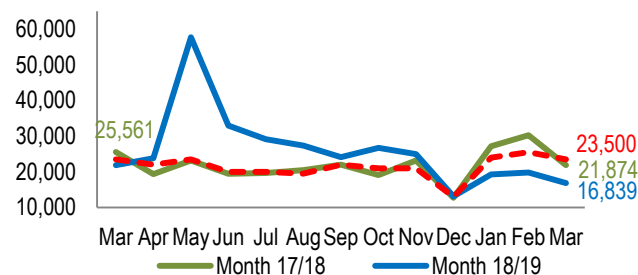
National Screening Service

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	47,000 YTD/ 185,000 FYT	M	●	45,693	40,450	+5,243	16,228	15,023	14,442
BreastCheck - % screening uptake rate	70%	Q-1Q	●	72.8%	71.7%	+1.1%	76.2%	71.1%	68.4%
CervicalCheck - number of eligible women who had screening	73,000 YTD/ 255,000 FYT	M	●	55,947	79,307	-23,360	19,280	19,828	16,839
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	79.3%	79.8%	-0.5%	79.8%	78.9%	78.7%
BowelScreen - number of people who completed a satisfactory FIT test	33,300 YTD/ 125,000 FYT	M	●	24,507	25,751	-1,244	9,486	7,104	7,917
Bowelscreen - % client uptake rate	45%	Q-1Q	●	39.9%	41.8%	-1.9%	41.1%	40.3%	39.6%
Diabetic RetinaScreen - number of people screened	25,500 YTD/ 104,000 FYT	M	●	25,081	23,928	+1,153	8,489	8,002	8,590
Diabetic RetinaScreen - % uptake rate	65%	Q-1Q	●	61.8%	65.7%	-3.9%	71.2%	59.4%	56.4%

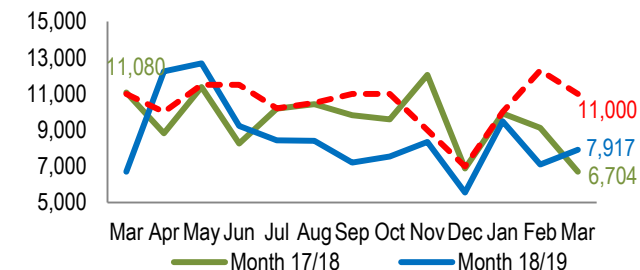
BreastCheck-number who had a mammogram



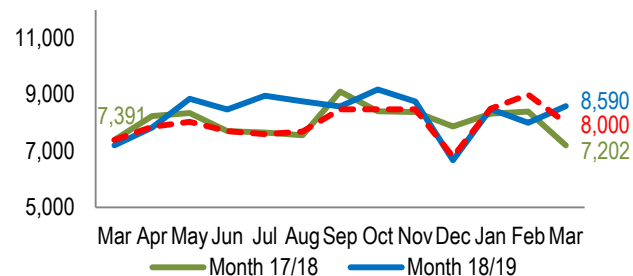
CervicalCheck-number screened



BowelScreen-number screened



RetinaScreen-number screened



National Screening Update

BreastCheck

- The number of women who had a complete mammogram in the period (Mar 2019) was 14,442 behind the target of 16,000 by 1,558 women (9.7%)
- The number of women who had a complete mammogram YTD (Jan/Mar 2019) was 45,693 behind the target of 47,000 by 1,307 (2.8%)
- The number of women aged 65+ who had a complete mammogram YTD (Jan/Mar 2019) was 7,979 behind the target of 8,200 by 2.7%
- Uptake was measured at 68.4% (Dec 2018) below the target of 70%

Recruitment of additional staff to support the age extension to women aged 65+ remains a key priority for the programme during 2019.

Numbers screened in March were behind the target for the period by 1,558 and overall numbers screened in 2019 are behind target by 2.8%.

Age extension to a portion of women aged 68 years will result in an increase in the backlog of women waiting > 24 months for an invitation for breast screening during 2019 with the intention to reduce this over the course of the year with the hiring of additional radiography and radiology staff with a plan to hire locums pending permanent appointments. Currently 42.6% of eligible women aged 50-68 have been invited for breast screening within 24 months. Consideration is currently being given to facilitating Saturday clinics to assist.

CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period (Mar 2019) notified to report date was 16,839 which was behind the target of 23,500 by 28.3%.
- The number of unique women who had one or more smear tests in a primary care setting YTD (Mar 2019) was 55,947 behind the target of 73,000 by 23.4%
- Coverage of 78.7% was achieved (Dec 2018) against a target of 80%

The numbers screened are those notified by report date – the cytology backlog in laboratories ca. 78,000 tests has resulted in delays in notifying results to women

and currently the average wait stands at 10 weeks with some women waiting up to 33 weeks. The increase in the number of women screened in 2018 had an impact on waiting times in colposcopy but improvements had been made in the latter half of 2018, however, the service still remains under severe pressure.

Planning for the implementation of the HIQA HTA on HPV testing as the primary screening tool for the detection of cervical cancer in Ireland is continuing. A working group has been established, a project plan agreed with identified activities and tasks co-ordinated by workstream leads.

A Periodic Indicative Notice (PIN) was published in the OJEU putting the market on notice of our intention to procure a suitably qualified laboratory provider to provide HPV primary screening and secondary screening by way of liquid based cytology. A Contract Notice has commenced since last reporting.

A further PIN was published for the provision of additional cytology services to assist with the capacity deficit being experienced currently.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (Mar 2019) was 7,917 behind the target of 11,000 by 28%
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (Jan/Mar 2019) was 24,507 behind the target of 33,300 by 26.4%
- Uptake was measured at 39.6% (Oct-Dec 2018) against a target of 45%

Screening numbers are behind target for the year by 8,793. Targeted campaigns to improve uptake are ongoing by the Screening Promotion team with various initiatives including BowelCancer Awareness Month (April 2019).

Waiting times for a colonoscopy for those that have a FIT positive test was recorded at 91.5% offered within 20 working days in March. Ten of the fourteen contracted colonoscopy centres met the expected KPI of 90% within 20 days. The four remaining units are experiencing challenges in meeting the 20 day target. However, 100% of clients were offered an appointment within 30 days.

Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period (Mar 2019) was 8,590 ahead of the target of 8,000 by 590 (7.4%)
- The number of diabetics screened with a final grading result YTD (Jan/Mar 2019) was 25,081 behind the target of 25,500 by 419 (1.6%)
- Uptake was measured at 56.4% (Dec 2018) behind the target of 65%

Screening numbers are marginally behind the target for the year by 1.6%.

Waiting times for routine retinopathy referrals and for detected non-diabetic eye disease (NDED) continue to be outside target in certain treatment clinics e.g. CUH, MMUH. The programme is working closely with those hospitals to ensure that plans are put in place so that patients are seen within agreed referral timeframes. For example, Kerry General is assisting with referrals in the South region, a private provider has been sourced to assist with NDED referrals and patients in excess of one year on the CUH waiting list will have the option to be rescreened. To date nine patients who have taken up the offer of re-screening have been referred-in as urgent cases.

MMUH has reduced its backlog however it continues to have a backlog that requires ongoing managing and monitoring.

To assist in the management of the backlog in the South, CUH introduced a new injection room which opened in October and additional consultant sessions were also added so that more patients can be treated.

The contracts for the implementation of digital surveillance have been awarded and in time will enhance a specific cohort of patients' screening pathway by removing the requirement of a hospital outpatient appointment. In addition, digital surveillance clinics will assist in de-stressing the ophthalmology clinics nationally.

Finance

Introduction

The HSE's 1st priority for implementing its 2019 National Service Plan (NSP) is to maximise the safety of the services it can deliver within the available budget. Thereafter the priority, consistent with the Slaintecare programme, is to deliver on the activity, access, improvement and other targets set out in the NSP albeit this must be done within the affordable staffing level and without exceeding the overall budget.

Delivering on these priorities will require a significantly enhanced focus on financial management, and better controls on the management of agency, overtime and overall staffing levels and pay costs within affordable limits. Senior Managers will be supported and held to account in this regard.

This includes delivery on the range of savings measures set out in the approved NSP under the headings of cost reduction, limit cost growth and technical. These measures, along with any additional measures that may be needed as further cost pressures emerge, are being followed up on an ongoing basis through the HSE's performance management process.

This focus on delivering financial breakeven reflects the HSE's legal obligation and is also consistent with the need to build trust and confidence in the organisation. This is necessary so that additional investment in our public health and social care services, over and above the "cost of standing still", can be secured over the next 5 to 10 years. This will enable the vision set out in the Slaintecare report to be realised.

This internal performance focus is supplemented by monthly external performance engagements with the Department of Health (DOH) and also with DOH and DPER via the Health Budget Oversight Group.

Financial Performance

The HSE's final financial position for 2019, prepared on an income and expenditure basis (I&E), shows net expenditure of €3.9 billion against the available budget reported at €3.8 billion. This gives rise to an I/E deficit of €82.7m which represents 2.1% of the total available budget. Of this €44.8m, or the equivalent of 1.5% of the total available budget, is in respect of greater than expected expenditure on operational service areas, which includes a net deficit of €28.4m in Acute Operations and a deficit of €17.6m in Community Services.

In cases where deficits appear in operational service areas, the relevant national director, CHO Chief Officer or Hospital Group CEO has been directed to identify and put in place additional measures to enable delivery of an overall financial breakeven by year end. This has been supported by a series of additional interim controls around agency, overtime and staffing albeit all 2018 and 2019 developments approved and funded by the Department of Health are proceeding. There is also a deficit of €38m in pensions and demand led areas. Options to limit deficits in these areas are being explored albeit they are primarily driven by legislation, policy and demographic factors and are therefore not generally amenable to normal management control efforts.

Fuller detail by Division is illustrated in Table 1 below and within the accompanying narrative.

Summary Financial Performance

	Annual Budget	Year To Date 2019			
		Actual	Plan	Variance	Variance
		€000s	€000s	€000s	%
Acute Hospital Care	5,294.2	1,314.9	1,285.4	29.5	2.3%
National Ambulance Service	169.8	38.8	39.9	(1.1)	-2.7%
Acute Operations	5,464.0	1,353.7	1,325.3	28.4	2.1%
Primary Care Division Total (Note 1)	1,137.9	268.3	271.1	(2.8)	-1.0%
Mental Health Division	959.9	229.9	230.9	(1.0)	-0.4%
Older Persons Services	873.9	221.6	215.9	5.7	2.6%
Nursing Home Support Scheme	976.3	239.4	239.5	(0.1)	0.0%
Older Persons Services Division	1,850.2	461.0	455.4	5.6	1.2%
Disability Services	1,892.6	481.3	467.5	13.8	3.0%
CHO HQs & Community Services - Total	13.9	5.5	3.5	2.0	57.6%
Community Total (CHO & Regional/National)	5,854.4	1,446.0	1,428.4	17.6	1.2%
Chief Clinical Office Total	81.2	10.9	12.4	(1.5)	-12.2%
National Screening Service	80.9	13.9	15.7	(1.8)	-11.4%
Health & Wellbeing Division	115.0	25.5	27.5	(2.0)	-7.3%
National Services	46.2	10.9	11.3	(0.3)	-2.69%
Support Services and Winter Plan	445.5	87.8	83.5	4.3	5.13%
Other Operations/Services	758.7	149.0	150.4	(1.3)	-0.9%
Total Operational Service Areas	12,077.2	2,948.8	2,904.0	44.8	1.5%

	Annual Budget	Year To Date 2019			
		Actual	Plan	Variance	Variance
		€000s	€000s	€000s	%
Pensions	487.9	123.1	120.3	2.8	2.3%
State Claims Agency	340.0	88.4	83.8	4.6	5.5%
Primary Care Reimbursement Service (Note 1)	2,666.9	694.3	673.2	21.1	3.1%
Demand Led Local Schemes (Note 1)	262.4	64.2	64.9	(0.7)	-1.1%
Treatment Abroad and Cross Border Healthcare	22.9	16.5	5.9	10.6	178.8%
EU Schemes: EHIC - E125 and E127	14.2	3.2	3.5	(0.4)	-10.4%
Total Pensions & Demand Led Areas	3,794.3	989.7	951.7	38.0	4.0%
Overall Total	15,881.5	3,938.5	3,855.7	82.7	2.1%

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

Acute Operations

	Approved Allocation €'000	YTD			% Var Act v Tar €'000
		Actual €'000	Plan €'000	Variance €'000	
RCSI Dublin North East	788.4	202.3	194.5	7.9	4.0%
Dublin Midlands	943.7	239.6	233.8	5.8	2.5%
Ireland East	1,024.1	263.3	254.3	9.0	3.5%
South / South West	871.9	225.3	215.8	9.5	4.4%
Saolta University Health Care	825.0	211.3	203.6	7.7	3.8%
UL Hospitals	342.3	88.4	83.7	4.7	5.6%
Children's Health Ireland	323.2	83.4	80.2	3.2	4.0%
Regional & National Services	175.6	1.2	19.4	(18.2)	-93.7%
Total Acute Hospitals Division	5,294.2	1,314.9	1,285.4	29.5	2.3%
National Ambulance Service	169.8	38.8	39.9	(1.1)	-2.68%
Total Acute Operations	5,464.0	1,353.7	1,325.3	28.4	2.15%

Acute Operations has expenditure of €1,353.7m against a budget of €1,325.3m leading to an adverse variance of €28.4m (2.1%). Acute operations includes a small temporary surplus of €1m on the national ambulance services and a €29.5m over run on acute hospitals services.

This over run within acute hospitals can be adjusted to €22m-€24m when an estimate of the funding due in respect of NTPF work and the 2018/2019 winter plan is factored in, with the bulk of the funding due related to pay costs.

An income surplus YTD of €6m relates to larger than expected levels of reimbursable drugs costs and offsets a related deficit in non-pay. This leaves an adjusted €17m variance in non-pay, of which €9m is related to clinical costs including drugs & medicines and laboratory. The non-clinical non pay variance is c.€8m with €5.8m of that relating to bad debts on private income, a significant portion of which relates to the ongoing actions of insurers. Emergency department presentations are up 6.9% versus same period last year and 6.5%

versus the Q1 2019 target. The nurses strike has also adversely impacted the level of elective activity.

Hospital Group Chief Executive Officers have been directed to intensify their efforts to bring their staffing levels within affordable limits, to reduce costs through economy and efficiency measures and to limit cost growth to what their budgets can sustainably accommodate. This will require appropriate reprioritisation within overall hospital group resources given the continued upward demand pressure. CEOs will not have the capacity, even after maximising economy and efficiency measures, to respond fully to all demand in the current year, and therefore, will be supported to prioritise accordingly.

Community Operations

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 (CS) has expenditure of €1,446m against a budget of €1,428.4m leading to an adverse variance of €17.6m. This represents a variance of 1.2% year to date.

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Primary Care	894.6	209.7	210.9	(1.2)	-0.6%
Social Inclusion	158.9	37.8	39.4	(1.7)	-4.2%
Palliative Care	84.4	20.8	20.8	0.0	0.2%
Primary Care Division	1,137.9	268.3	271.1	(2.8)	-1.0%
Mental Health Division	959.9	229.9	230.9	(1.0)	-0.4%
Older Persons Services	873.9	221.6	215.9	5.7	2.6%
Nursing Home	976.3	239.4	239.5	(0.1)	0.0%

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Support Scheme					
Older Persons Services Division	1,850.2	461.0	455.4	5.6	1.2%
Disability Services	1,892.6	481.3	467.5	13.8	3.0%
Regional	13.9	5.5	3.5	2.0	57.6%
Community Total	5,854.4	1,446.0	1,428.4	17.6	1.2%

The variance to date in Community Services is reflective of the risks in each of the service areas as follows;

Within **Disability Services** the service and financial risk will primarily relate to residential places and emergency cases. Within **Primary Care Services** this principally relates to the provision of support for complex paediatric discharges, medical & surgical supplies and virus reference laboratory services.

Managing the year on year growth in demand for community-based social services is one of the key challenges for **Older Person's Services** in 2019. **Mental Health Service**. The key financial challenge for 2019 will be around managing the level of growth in agency and emergency residential placements beyond funded levels while also managing service risk.

The Chief Officers of the Community Healthcare Organisations have been directed to intensify their efforts to bring their staffing levels within affordable limits, to reduce costs through economy and efficiency measures and to limit cost growth to what their budgets can sustainably accommodate. This requirement applies most significantly to the Disability and Older Persons care groups given the nature of the continued upward demand pressure. Chief Officers will not have the capacity, even after maximising economy and efficiency measures, to respond fully to all demand in the current year, and therefore, will be supported to prioritise accordingly.

Chief Clinical Officer

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Clinical Strategy & Programmes	12.1	1.2	1.5	(0.4)	-25.0%
Office of Nursing & Midwifery services	32.8	5.4	6.3	(0.9)	-14.0%
Quality Assurance & Verification Services	5.6	1.1	1.1	(0.1)	-4.4%
Quality Improvement Division	8.9	2.0	2.1	(0.1)	-5.1%
National Cancer Control Programme (NCCP)	21.7	1.2	1.3	(0.1)	-6.5%
Chief Clinical Officer Total	81.2	10.9	12.4	(1.5)	-12.2%

The Chief Clinical Officer has expenditure of €10.9m against a budget of €12.4m leading to a positive variance of (€1.5m). This represents a variance of (12.2%) year to date which is representative of the timing of service initiatives in year.

National Screening Service

The National Screening Service provides population-based screening programmes for BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
National Screening Service	80.9	13.9	15.7	(1.8)	-11.4%

The NSS has an overall surplus of (€1.8m) for March 2019 YTD. (€1.5m).The current surplus relates to reduced laboratory and professional services costs. We

anticipate these costs will realign as laboratories are addressing their backlogs in Q2 and Q3.

Health & Wellbeing

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Health Surveillance Protection Service	4.1	1.2	1.0	0.1	14.7%
Health Protection Vaccines	46.8	9.9	10.2	(0.2)	-2.4%
Public Health	18.4	4.2	4.6	(0.3)	-7.5%
Health Promotion	17.0	3.9	4.2	(0.4)	-8.3%
Health Intelligence	3.1	0.6	0.7	(0.1)	-8.0%
National Library Service	4.6	1.1	1.1	(0.1)	-4.8%
Health & Wellbeing - (Regional)	8.7	2.0	2.1	(0.1)	-4.1%
Crisis Pregnancy Agency	5.6	2.1	2.3	(0.2)	-7.5%
Health & Wellbeing Nat Dir Off	6.7	0.4	1.3	(0.9)	-67.5%
Health & Wellbeing Division	115.0	25.5	27.5	(2.0)	-7.3%

The services within Health and Wellbeing support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population.

The H&WB function is showing a surplus of (€2m) for March 2019 YTD. Within this there is a surplus in Public Health of (€0.3m), (€0.4m) in Health Promotion and small surpluses in other areas. These variances are being driven by timing in specific service areas.

National Services (Excl PCRS)

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Environmental Health	44.15	10.47	10.75	(0.28)	-2.6%
Office of Tobacco Control	0.46	0.08	0.11	(0.03)	-26.6%
Emergency Management	1.58	0.40	0.39	0.01	2.4%
National Services Total	46.19	10.95	11.25	(0.30)	-2.7%

The National Services function is showing a surplus of (€0.3m) for March 2019 YTD which is manifesting principally in Environmental Health of (€0.3m). A summary of services provided under each service area is enclosed below.

The services within National Services

- Aim to protect the health of the public by controlling and preventing factors in the environment which may cause ill health or reduced quality of life.
- Enforce much of the tobacco control legislation in Ireland.
- Aim to generate resilience across the organisation, for major incidents and emergencies.

Support Services

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Health Business Services	137.7	34.9	33.9	1.1	3.1%
Finance	123.1	9.2	10.7	(1.5)	-14.1%
Human Resources	67.7	18.3	16.8	1.5	9.1%
Office of Director General	4.1	0.5	0.5	(0.0)	-0.9%
Health System Reform	11.0	2.5	2.6	(0.1)	-5.2%
Legal Services	17.5	5.3	4.4	0.9	21.4%
Office of Deputy Director General	7.2	1.5	1.7	(0.2)	-10.2%
Compliance	1.3	0.2	0.2	(0.0)	-6.2%
Communications	11.0	1.8	1.7	0.1	5.1%
Audit	4.3	0.8	0.9	(0.1)	-13.9%
Health Repayment Scheme	0.5	0.0	0.1	(0.1)	-73.1%
Chief Information Officer	43.2	12.2	9.1	3.1	34.6%
Regional Services	6.8	0.5	0.9	(0.4)	-45.0%
Support Services Total	435.5	87.8	83.5	4.3	5.1%

The March results for Support Services (SS) shows net expenditure of €87.8m against the available budget reported at €83.5m. This gives rise to year to date deficit of €4.3m or 5.1%. Within this there is a deficit of €3.1m in Chief Information Officer, €1.5m in Human Resources, €1.1m in Health Business Services, €0.9m in Legal Services and €0.1m in Communications along with surpluses in other areas. The bulk of the costs and cost pressures giving rise to this spend represents supports provided by the national functions to support direct service provision.

The relevant support services divisions are intensifying their efforts to reduce costs through economy and efficiency measures, to limit cost growth to what their budgets can sustainably accommodate and to charge out appropriate costs that relate directly to other divisions and services.

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

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Pensions	487.9	123.1	120.3	2.8	2.3%
State Claims Agency	340.0	88.4	83.8	4.6	5.5%
Primary Care Reimbursement Service	2,666.9	694.3	673.2	21.1	3.1%
Demand Led Local Schemes	262.4	64.2	64.9	(0.7)	-1.1%
Treatment Abroad and Cross Border Healthcare	22.9	16.5	5.9	10.6	178.8%
EU Schemes: EHIC and E127	14.2	3.2	3.5	(0.4)	-10.4%
Total Pensions & Demand Led Areas	3,794.3	989.7	951.7	38.0	4.0%

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 March results for Demand Led Areas show net expenditure of €989.7m against the available budget reported at €951.7m. This gives rise to year to date deficit of €38.0m or 4.0%.

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 2019 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.

As part of NSP2019 an additional €86.9m has been assigned to pensions bringing the budget available in 2019 to €488m.

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 2019 budget for this reimbursement of €340m. 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 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.

An additional budget of €118.1m (including allocation within supplementary 2018) has been assigned by the DoH to support the schemes run by PCRS.

The PCRS have expenditure of €694.3m against a profiled budget of €673.2m leading to a year to date adverse variance of €21.1m. This variance is illustrated by scheme in the accompanying management data report.

The National Director with responsibility for PCRS is accelerating efforts to generate cost saving measures within the areas where management control efforts can have an impact including biosimilar medicines adoption, probity across all schemes and generic medicine adoption. Thereafter, further cost reductions would require policy or legislative initiatives. Financial and related general performance within PCRS is reviewed on a monthly basis with officials from DOH and DPER.

Treatment Abroad 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 exceptionally difficult to predict with accuracy the expenditure and activity patterns of these schemes.

EU Schemes: EHIC

The EHIC is used for instances where you are travelling to another EU State. If you fall ill or injured during such a trip your EHIC will cover any necessary care you might need. Again, due to the demand led nature of these schemes it is extremely difficult to predict expenditure accurately.

EU Schemes annual budget is €2.2m greater than the 2018 budget; however it is less than the 2018 full year spend. EU Schemes is showing a surplus of (€0.4m) for March 2019 YTD, €0.6m of this relates to non-pay and an income surplus of (€1m).

Human Resources

Health Sector Workforce: March 2019 Key Messages

At the end of March 2019 Health Services employment levels stand at **118,984 WTEs**. When compared with the **February 2019 figure (118,096 WTEs)**, the change is an increase of **+888 WTEs (+0.8%)**.

Pay and Numbers Strategy

As advised last month, the approach to the 2019 Pay and Staffing Strategy is underpinned by the setting of WTE limits. The Total Health Service limit currently reported against on a monthly basis is 117,858 WTEs (i.e. limit excluding WTE associated with 2019 development funding and Pre-registration Student Nurse/Midwife Interns). The WTE limit table below shows the total health service WTE for this month, the monthly WTE excluding Pre-Registration Student Nurse/Midwife Interns, with variance to this latter WTE. Overall, this month shows a variance of **+486 WTEs** above the total health service limit. At divisional level both Acute (+332 WTEs) and Community Services (+450 WTEs) are reporting variance beyond the limit. H&WB, Corporate and National Services reported WTE levels this month are -297 WTEs variance to limit.

March 2019 WTE vs WTE Limit

Division	WTE Limit	WTE March 2019	WTE March 19 excl pre-reg Nurse/Midwife intern	WTE Change Feb 2019	Variance March 2019 (under-/Over+)
Total Health Service	117,858	118,984	118,344	+888	+486
<i>National Ambulance Services</i>	2,003	1,889	1,889	+10	-114
<i>Acute Hospital Services</i>	58,447	59,335	58,893	+484	+446
Acute Services	60,450	61,224	60,782	+494	+332
Mental Health	9,808	10,078	9,951	+69	+143
Primary Care	10,982	10,955	10,955	+146	-27
<i>Disabilities</i>	18,057	18,339	18,268	+87	+211
<i>Older People</i>	13,188	13,310	13,310	+63	+122
Social Care	31,245	31,649	31,579	+150	+334
Community Services	52,035	52,683	52,485	+365	+450
Health & Wellbeing	609	580	580	-2	-29
Corporate	3,212	2,875	2,875	+15	-337
Health Business Service	1,552	1,622	1,622	+15	+70
H &W, Corporate and National Services	5,373	5,076	5,076	+29	-297

Key Findings this month

- Overall this month, there is growth of +888 WTEs. This is by far the highest reported growth for March, whereby the 5 year average is +317 WTEs. The greatest increase this month is seen in the Nursing & Midwifery staff category (+533 WTEs), with 60% of this month's growth attributable to this staff category. Similarly to last month, this month's growth patterns are impacted by the fluctuations in this staff category, likely attributable to the recent industrial action. Last month, this staff category reported atypical large decreases, conversely mirrored again this month, with atypical large increases. This is likely to be attributable to the normalisation of this WTE subsequent to industrial action impact. Notably the growth of +888 WTEs this month is reflected in just +381 growth in total headcount, further showing the potential distortion in WTE due to these fluctuations.
- Of note, the growth this month in Nursing & Midwifery is +533 WTEs, which compares atypically with a 5 year average of +86 WTEs. Pre-registration nurse & midwife interns this month are of less impact to the overall position, at just +5 WTEs. Notably last month, excluding this staff group, Nursing and Midwifery fell by -435 WTEs compared with an increase of +528 WTEs, which is a variance of +93 WTEs. This figure is more comparable to the 5 year average trend of +86 WTEs. Given the fluctuations in Nursing & Midwifery, excluding this staff category altogether, shows growth of **+355 WTEs**. Applying the same analysis over the last 5 years, the trend in this month is +231 WTEs, therefore, in similarity again to last month's analysis is showing growth higher than the average trend for this month.
- All staff categories grew this month, with Patient & Client Care showing the second highest growth of +110 WTEs (secondary to +94 WTE growth in Health Care Assistant group), which is atypical for this group based on a 5 year average March trend of +19 WTE growth. Of note however, this staff category can be subject to large fluctuations as previously shown in monthly trends.
- As noted in last month's report, the expected normalisation in the NCHD figures (Registrars, SHO/Interns), largely attributable to NCHD rotation, has occurred this month, and is showing a total increase this month of +56 WTEs. This is typical for this month, with the 5 year average for this month +40 WTEs. The total increase for Medical & Dental is +67 WTEs.

- Management Admin and Health & Social Care Professionals are also showing increases at +89 and +55 WTEs respectively.
- The Year-to-Date figure is **+1,127 WTEs (+1.0%)** which is comparable to the 5 year average of 1,087 WTEs, while the year on year increase is +3,619 WTEs (+3.1%). The year on year increase is significantly lower than for the same period last year which saw an increase of +4,011 WTEs. Nonetheless, the quarterly comparison shows Q1 2019 as the second highest Q1 growth in the last 5 years.
- All sectors recorded increases from last month; HSE at **+753 WTEs (+1.0%)**, Voluntary Hospitals at **+66 WTEs (+0.3%)** and Voluntary Agencies (Non-Acute) at **+68 WTEs (+0.4%)**.
- Overall this month, Acute (+494 WTEs), Community (+365 WTEs), Corporate (+15 WTEs) and Health Business Services (+15 WTEs) are all showing increases.

Operations key findings this month:

- The change within **Acute Services** (as shown in the tables further below) this month is an increase of **+494 WTEs**. This compares to *March 2018* growth of +315 WTEs and an average 5 year pattern of +271 WTEs for this month. For reasons as outlined above, this is likely influenced by the normalisation seen in Nursing & Midwifery of +331 WTEs, compared to a 5 year March average of +76 WTEs, hence showing an atypical pattern this month also. Last month this staff category fell by -260 WTEs (excl. pre-registration nurse & midwife interns), compared with an increase of +326 WTEs this month, a difference of +66 WTEs.
- Taking the approach outlined above (i.e. excluding Nursing & Midwifery altogether) the change shows growth of +163 WTEs this month, compared to an average 5 year March trend of +195 WTEs.
- After Nursing & Midwifery, the largest increase this month in Acute Services is in Medical & Dental, again attributable to the re-growth in NCHDs, likely attributable to NCHD rotation at +53 WTE. This is followed by General Support (+39 WTEs) and Management Admin (+34 WTEs) predominantly in Grade V-VII.
- All Hospital Groups and CHI are showing increases this month and all showing increases in Nursing & Midwifery, the largest in SSWHG, Saolta and

Dublin Mid Leinster (DML). SSWHG also shows the largest growth in Medical & Dental, again in NCHD (+21 WTEs), with DML showing the largest increase in Management Admin, along with IEHG and RCSI showing the largest increases in General Support.

- The change within **Community Services** (as shown in the tables further below) this month is an increase of **+365 WTEs**, which is lower than *March 2018* growth of +490 WTEs and marginally above the average 5 year pattern of +317 WTEs for this month. For reasons as outlined above, this too is likely influenced by the normalisation seen in Nursing & Midwifery of +197 WTEs, compared to a 5 year March average of just +10 WTEs, hence showing an atypical pattern this month also. Last month this staff category fell by -168 WTEs (excl. pre-registration nurse & midwife interns), compared with an increase of +197 WTEs this month, a difference of +29 WTEs.
- Taking the approach outlined above (i.e. excluding Nursing & Midwifery altogether) the change shows growth of +168 WTEs this month, compared to an average 5 year March trend of +26 WTEs.
- After Nursing & Midwifery, the largest increase this month in Community Services is seen in Patient & Client Care at +88 WTEs (+80 WTEs in Health Care Assistant Group) followed by Health & Social Care Professionals (+39 WTEs) and Management Admin (+35 WTEs) with Medical & Dental +14 WTEs of which 15 WTEs are Consultants in Psychiatry.
- Seven out of nine CHOs are showing growth this month, with both CHO 2 and CHO 6 showing decreases. Seven out of nine CHOs are showing increases in Nursing & Midwifery, with the largest in CHOs 4 & 5 (+45, +59 WTEs). Similarly seven out of nine CHOs are showing increases in Patient & Client Care, with CHOs 1 & 8 showing the largest increase, and CHO 2 showing the largest decrease (-52WTEs).

By Division: March 2019

Division	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change Since March 2018	% change since March 2018
Total Health Service	118,984	+888	+0.8%	+1,127	+1.0%	+3,619	+3.1%
<i>Ambulance Services</i>	1,889	+10	+0.5%	+2	+0.1%	+17	+0.9%
<i>Acute Hospital Services</i>	59,335	+484	+0.8%	+757	+1.3%	+2,104	+9.0%
Acute Services	61,224	+494	+0.8%	+759	+1.3%	+2,121	+2.0%
Primary Care	10,955	+146	+1.3%	+25	+0.2%	+403	+2.2%
Mental Health	10,078	+70	+0.7%	+180	+1.8%	+174	+4.7%
Disabilities	18,339	+87	+0.5%	+79	+0.4%	+513	+4.1%
Older People	13,310	+63	+0.5%	+6	+0.0%	+219	+3.6%
Social Care	31,649	+150	+0.5%	+85	+0.3%	+732	+2.4%
Community Services	52,683	+365	+0.7%	+290	+0.6%	+1,309	+2.5%
Health & Well-being	580	-2	-0.3%	+3	+0.6%	-11	-1.9%
Corporate	2,875	+15	+0.5%	+16	+0.6%	+90	+3.2%
Health Business Service	1,622	+15	+0.9%	+58	+3.7%	+109	+7.2%
H&WB	5,076	+29	+0.6%	+78	+1.6%	+188	+3.8%

*Following their move from Health and Wellbeing, Environmental Health Services, PCRS and National Screening are reported under Corporate Services

By Staff Group including Home Helps: March 2019

Staff Category /Group	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Total Health Service	118,984	+888	+0.8%	+1,127	+1.0%	+3,619	+3.1%
Medical & Dental	10,493	+67	+0.7%	+26	+0.3%	+308	+3.0%
Consultants	3,110	+16	+0.5%	+15	+0.5%	+119	+4.0%
Registrars	3,581	+23	+0.6%	+22	+0.6%	+125	+3.6%
SHO/ Interns	3,061	+33	+1.1%	-15	-0.5%	+55	+1.8%
Medical/ Dental, other	741	-4	-0.5%	+4	+0.6%	+11	+1.5%
Nursing & Midwifery	38,216	+533	+1.4%	+572	+1.5%	+809	+2.2%
Nurse/ Midwife Manager	7,823	+116	+1.5%	+24	+0.3%	+294	+3.9%
Nurse/ Midwife Specialist & AN/MP	1,917	+56	+3.0%	+56	+3.0%	+164	+9.3%
Staff Nurse/ Staff Midwife	25,684	+316	+1.3%	+89	+0.4%	+438	+1.7%
Public Health Nurse	1,525	+78	+5.4%	-15	-1.0%	+16	+1.0%
<i>Pre-registration Nurse/ Midwife Intern</i>	640	+5	+0.8%	+506	+378.0%	+2	+0.3%
<i>Post-registration Nurse/ Midwife Student</i>	262	+0	+0.1%	-4	-1.5%	-55	-17.4%
<i>Nursing/ Midwifery awaiting registration</i>	51	-46	-47.5%	-82	-61.6%	-59	-53.4%
Nursing/ Midwifery Student	952	-41	-4.1%	+419	+78.7%	-112	-10.5%
Nursing/ Midwifery other	316	+8	+2.7%	-1	-0.3%	+11	+3.5%
Health & Social Care	16,604	+55	+0.3%	+108	+0.7%	+534	+3.3%

Staff Category /Group	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Therapy Professions	5,277	+11	+0.2%	+45	+0.9%	+197	+3.9%
Health Science/ Diagnostics	4,427	+15	+0.3%	+10	+0.2%	+117	+2.7%
Social Care	2,633	+17	+0.6%	+26	+1.0%	+148	+5.9%
Social Workers	1,169	-2	-0.2%	-3	-0.2%	+4	+0.4%
Psychologists	1,010	+10	+1.0%	+25	+2.6%	+29	+3.0%
Pharmacy	974	+4	+0.4%	-1	-0.1%	+50	+5.4%
H&SC, Other	1,113	+2	+0.2%	+4	+0.4%	-11	-1.0%
Management & Administrative	18,751	+89	+0.5%	+247	+1.3%	+860	+4.8%
Management (VIII & above)	1,775	+20	+1.1%	+28	+1.6%	+121	+7.3%
Administrative/ Supervisory (V to VII)	4,993	+57	+1.2%	+136	+2.8%	+471	+10.4%
Clerical (III & IV)	11,983	+12	+0.1%	+83	+0.7%	+268	+2.3%
General Support	9,478	+34	+0.4%	+24	+0.3%	+25	+0.3%
Support	8,296	+37	+0.4%	+22	+0.3%	+26	+0.3%
Maintenance/ Technical	1,182	-3	-0.3%	+2	+0.2%	-1	-0.1%
Patient & Client Care	25,440	+110	+0.4%	+149	+0.6%	+1,082	+4.4%
Health Care Assistants	17,219	+94	+0.6%	+128	+0.8%	+882	+5.4%
Home Help	3,525	+12	+0.3%	-27	-0.8%	+91	+2.6%
Ambulance Staff	1,787	+8	+0.5%	+5	+0.3%	+14	+0.8%
Care, other	2,910	-4	-0.1%	+43	+1.5%	+96	+3.4%

Note: Therapy Profession now includes: Dieticians, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists & Chiropodists, and Speech Therapists & Language Therapists. Health Science/Diagnostics is made up of Medical Laboratory, Physicists, Biochemists, Radiographers and Radiation Therapists.

By Administration: March 2019

HSE /Section 38	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Total Health Service	118,984	+888	+0.8%	+1,127	+1.0%	+3,619	+3.1%
Health Service Executive	77,178	+753	+1.0%	+806	+1.1%	+2,277	+3.0%
Section 38 Hospitals	25,495	+66	+0.3%	+267	+1.1%	+739	+3.0%
Section 38 Voluntary Agencies	16,311	+68	+0.4%	+53	+0.3%	+603	+3.8%

By Service Delivery Area: March 2019

Service Area	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change Since March 2018	% Change since March 2018
Total Health Service	118,984	+888	+0.8%	+1,127	+1.0%	+3,619	+3.1%
National Ambulance Service	1,889	+10	+0.5%	+2	+0.1%	+17	+0.9%
Children's Health Ireland	3,444	+35	+1.0%	+62	+1.8%	+285	+9.0%
Dublin Midlands HG	10,589	+98	+0.9%	+165	+1.6%	+211	+2.0%
Ireland East HG	11,868	+52	+0.4%	+96	+0.8%	+255	+2.2%
RCSI HG	9,345	+64	+0.7%	+141	+1.5%	+420	+4.7%
Saolta HG	9,281	+81	+0.9%	+114	+1.2%	+364	+4.1%
South/South West HG	10,501	+105	+1.0%	+115	+1.1%	+365	+3.6%
UL HG	4,217	+46	1.1%	+62	+1.5%	+186	+4.6%
Other Acute Services	89	+2	+2.5%	+2	+1.8%	+18	+25.2%

Service Area	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change Since March 2018	% Change since March 2018
Acute Services	61,224	+494	+0.8%	+759	+1.3%	+2,121	+3.6%
CHO 1	5,495	+54	+1.0%	+59	+1.1%	+106	+2.0%
CHO 2	5,488	-18	-0.3%	-71	-1.3%	+132	+2.5%
CHO 3	4,336	+5	+0.1%	+26	+0.6%	+122	+2.9%
CHO 4	8,204	+98	+1.2%	+65	+0.8%	+201	+2.5%
CHO 5	5,275	+99	+1.9%	+44	+0.8%	+174	+3.4%
CHO 6	3,816	-12	-0.3%	+8	+0.2%	+40	+1.1%
CHO 7	6,595	+44	+0.7%	+37	+0.6%	+192	+3.0%
CHO 8	6,194	+54	+0.9%	+66	+1.1%	+107	+1.8%
CHO 9	6,686	+36	+0.5%	+52	+0.8%	+179	+2.8%
Other Community Services	595	+5	+0.8%	+2	+0.4%	+55	+10.2%
Community Services	52,683	+365	+0.7%	+290	+0.6%	+1,309	+2.5%
Health & Wellbeing	580	-2	-0.3%	+3	+0.6%	-11	-1.9%
Corporate*	2,875	+15	+0.5%	+16	+0.6%	+90	+3.2%
Health Business Services	1,622	+15	+0.9%	+58	+3.7%	+109	+7.2%
H/WB, Corporate and National Services	5,076	+29	+0.6%	+78	+1.6%	+188	+3.8%

*Following their move from Health and Wellbeing, Environmental Health Services, PCRS and National Screening are reported under Corporate Service

Acute Service by Staff Group: March 2019

Acute Services	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Total Acute Services	61,224	+494	+0.8%	+759	+1.3%	+2,121	+3.6%
Medical & Dental	8,253	+52	+0.6%	+27	+0.3%	+264	+3.3%
Consultants	2,650	+0	+0.0%	+4	+0.2%	+111	+4.4%
Registrars	2,828	+21	+0.7%	+43	+1.5%	+100	+3.7%
SHO/ Interns	2,715	+32	+1.2%	-21	-0.8%	+47	+1.8%
Medical/ Dental, other	60	-1	-1.6%	+1	+2.3%	+5	+9.8%
Nursing & Midwifery	23,043	+331	+1.5%	+453	+2.0%	+809	+3.6%
Nurse/ Midwife Manager	4,536	+82	+1.8%	+10	+0.2%	+239	+5.6%
Nurse/ Midwife Specialist & AN/MP	1,230	+40	+3.4%	+39	+3.3%	+119	+10.7%
Staff Nurse/ Staff Midwife	16,414	+237	+1.5%	+100	+0.6%	+519	+3.3%
Public Health Nurse	1	+0	+2.2%	+1	+56.8%	+0	+38.0%
<i>Pre-registration Nurse/ Midwife Intern</i>	442	+4	+1.0%	+371	+521.7%	-2	-0.4%
<i>Post-registration Nurse/ Midwife Student</i>	173	-1	-0.4%	+0	+0.0%	-13	-7.1%
<i>Nursing/ Midwifery awaiting registration</i>	44	-38	-46.4%	-69	-61.0%	-61	-58.0%
Nursing/ Midwifery Student	659	-35	-5.0%	+302	+84.4%	-76	-10.4%
Nursing/ Midwifery other	203	+7	+3.5%	+2	+0.9%	+8	+4.1%
Health & Social Care	7,515	+16	+0.2%	+38	+0.5%	+265	+3.7%

Acute Services	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Therapy Professions	1,907	-2	-0.1%	+14	+0.8%	+100	+5.6%
Health Science/ Diagnostics	4,139	+15	+0.4%	+11	+0.3%	+106	+2.6%
Social Care	2	+0	+0.0%	-0	-1.6%	+0	+1.6%
Social Workers	328	-0	-0.0%	-1	-0.4%	+5	+1.5%
Psychologists	81	+1	+1.6%	+2	+2.9%	+6	+8.3%
Pharmacy	841	+4	+0.5%	+6	+0.7%	+48	+6.1%
H&SC, Other	218	-2	-1.0%	+6	+3.0%	-0	-0.1%
Management & Administrative	9,307	+34	+0.4%	+99	+1.1%	+384	+4.3%
Management (VIII & above)	495	+5	+1.0%	-4	-0.7%	+38	+8.4%
Administrative/ Supervisory (V to VII)	2,195	+26	+1.2%	+58	+2.7%	+198	+9.9%
Clerical (III & IV)	6,617	+3	+0.0%	+45	+0.7%	+147	+2.3%
General Support	6,076	+39	+0.7%	+52	+0.9%	+113	+1.9%
Support	5,575	+40	+0.7%	+54	+1.0%	+112	+2.0%
Maintenance/ Technical	501	-1	-0.2%	-2	-0.3%	+1	+0.3%
Patient & Client Care	7,030	+23	+0.3%	+89	+1.3%	+286	+4.2%
Health Care Assistants	5,073	+13	+0.3%	+66	+1.3%	+249	+5.2%
Ambulance Staff	1,787	+8	+0.5%	+5	+0.3%	+14	+0.8%
Care, other	170	+1	+0.6%	+18	+11.6%	+23	+15.6%

Note therapy professions now include: Dietitians, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists & Chiropodists, speech & language Therapists. Health Science. Diagnostics is made up of Medical laboratory, Physicians, Biochemists, Radiographers and Radiation Therapists.

Community Services by staff group: March 2019

Community Services	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Total Community Services	52,683	+365	+0.7%	+290	+0.6%	+1,309	+2.6%
Medical & Dental	2,036	+14	+0.7%	+0	+0.0%	+40	+2.0%
Consultants	417	+15	+3.7%	+10	+2.5%	+8	+2.0%
Registrars	694	+2	+0.2%	-15	-2.1%	+22	+3.3%
SHO/ Interns	345	+1	+0.2%	+6	+1.9%	+8	+2.3%
Medical/ Dental, other	579	-3	-0.5%	-1	-0.2%	+2	+0.3%
Nursing & Midwifery	14,981	+197	+1.3%	+121	+0.8%	+3	+0.0%
Nurse/ Midwife Manager	3,174	+33	+1.0%	+16	+0.5%	+61	+2.0%
Nurse/ Midwife Specialist & AN/MP	671	+14	+2.1%	+17	+2.6%	+45	+7.2%
Staff Nurse/ Staff Midwife	9,266	+79	+0.9%	-12	+0.1%	-82	-0.9%
Public Health Nurse	1,520	+77	+5.4%	-15	-1.0%	+16	+1.1%
Pre-registration Nurse/ Midwife Intern	197	+1	+0.4%	+135	+215.0%	+4	+1.8%
Post-registration Nurse/ Midwife Student	89	+1	+1.0%	-4	-4.3%	-42	-32.1%
Nursing/ Midwifery awaiting registration	7	-8	-53.6%	-13	-65.0%	+3	+56.3%
Nursing/ Midwifery Student	293	-6	-2.1%	+118	+67.2%	-36	-10.9%
Nursing/ Midwifery other	56	-0	-0.3%	-3	-5.5%	-2	-2.6%

Community Services	WTE March 2019	change since Feb 2019	% change since Feb 2019	change since Dec 2018	% change since Dec 2018	change since March 2018	% change since March 2018
Health & Social Care	8,366	+39	+0.5%	+78	+0.9%	+255	+3.2%
Therapy Professions	3,353	+13	+0.4%	+31	0.9%	+96	+2.9%
Health Science/ Diagnostics	97	-1	-0.6%	-1	-1.0%	+2	+2.1%
Social Care	2,632	+17	+0.6%	+26	+1.0%	+148	+5.9%
Social Workers	836	-2	-0.3%	-0	-0.1%	+4	+0.4%
Psychologists	927	+8	+0.9%	+23	+2.5%	+23	+2.6%
Pharmacy	102	-0	-0.2%	-5	-4.6%	-6	-6.0%
H&SC, Other	419	+4	+1.0%	+4	+0.9%	-11	-2.5%
Management & Administrative	5,907	+35	+0.6%	+77	+1.3%	+323	+5.8%
Management (VIII & above)	603	+6	+1.0%	+15	+2.5%	+31	+5.5%
Administrative/ Supervisory (V to VII)	1,501	+15	+1.0%	+38	+2.6%	+170	+12.8%
Clerical (III & IV)	3,802	+14	+0.4%	+24	+0.6%	+121	+3.3%
General Support	3,040	-9	-0.3%	-46	-1.5%	-114	-3.6%
Support	2,603	-7	-0.3%	-53	-2.0%	-109	-4.0%
Maintenance/ Technical	437	-2	-0.5%	+7	+1.6%	-4	-1.0%
Patient & Client Care	18,353	+88	+0.5%	+60	+0.3%	+803	+4.6%
Health Care Assistants	12,135	+80	+0.7%	+62	+0.5%	+636	+5.5%
Home Help	3,525	+12	+0.3%	-27	-0.8%	+91	+2.6%
Care, other	2,693	-4	-0.2%	+25	+0.9%	+76	+2.9%

Note therapy professions now include: Dietitians, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists & Chiropodists, speech & language Therapists. Health Science. Diagnostics is made up of Medical laboratory, Physicians, Biochemists, Radiographers and Radiation Therapists.

Absence Rate

	Benchmark/ Target	February 2018	Full year 2018	Jan 2019	Feb 2019	% Medically Certified (February 2019)
Rates	3.5%	5.0%	4.6%	5.0%	4.8%	86%

Latest monthly figures (February 2018)

- February 2019 absence rate stands at **4.8%**, a decrease when compared with the equivalent month in 2018 (5.0%) and also a decrease on the previous month (January 2019 at 5.0%).
- Over the past four years February rates were as follows: 4.6% (2015) and 4.9% (2016), 4.4% (2017), 5.0% (2018).

Annual Rate for 2018 and Trend Analysis from 2008

Absence rates have shown a general downward trend since 2008. Annual rates are as follows

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
5.8%	5.1%	4.7%	4.9%	4.8%	4.7%	4.3%	4.2%	4.5%	4.4%	4.6%

- The 2018 full year rate is 4.6% higher than the 2017 figure at 4.4%. 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.
- Nonetheless, it is important to note that Health Sector absence is not directly comparable 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.

Note: The HSE's National Service Plan 2019 sets absence rates as a key result area (KRA) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies. The HSE continues to review its current sick leave policies and procedures as well as having a range of current supports and interventions to address challenges being encountered in the whole area of attendance management and absence rates through ill health. The objective of all these actions is to enhance the health sector's capacity to address and manage more effectively absence rates, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absence.

European Working Time Directive (EWTB)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.3%	81.2%
Mental Health Services	93%	86.9%
Other Agencies	100%	100%

Escalation Report

National Performance Oversight Group (NPOG)

Escalation Report

Level 3/Level 4

May 2019

March 2019 Data Cycle

Version 0.5 23 05 19

Escalation Summary

Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Service
-----	--------------------	---------

Areas of Level 3 Escalation (NPOG oversight)

No.	Area of escalation	Service
1	Cancer Services – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Operations
2	Waiting Lists - % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services	Acute Operations
3	Assessment of Need (Disability Act Compliance) and Network Teams	Community Operations
4	Emergency Department - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	Acute Operations
5	Colonoscopy - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy	Acute Operations
6	Financial Position: Projected net expenditure to year end including pay management	Acute Operations

i	Appendix 1: Services in Escalation (Hospitals and Community Health Organisations)	
---	--	--

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)

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operation s/NCCP	3	11 May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AO ND CCP

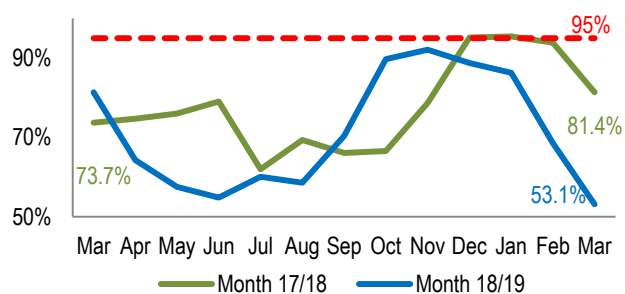
Improvement Plan

National Cancer Control Programme *Rapid Access Clinics Performance Review and Improvement Plan* inclusive of recommendations and improvement plan 2017 – 2019 fully implemented

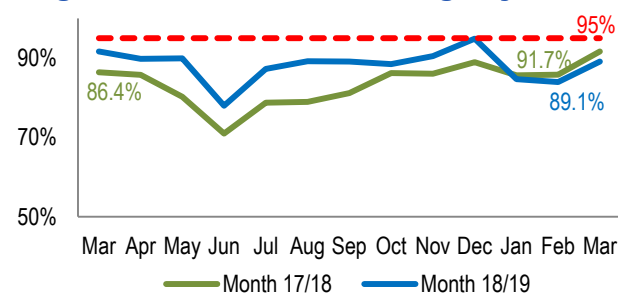
- Performance Review is complete – implementation in 2 phases:-
 - Phase 1 - Wave 1 Improvement Initiatives – 87% completion nationally
 - Phase 2 – Wave 2 Improvement Initiatives – Summary Report and Workforce Analysis complete to inform future service planning process.
- NCCP provided revenue funding in 2017 and 2018 to fund additional WTE's.
- Capital funding allocated to four hospitals in 2018 to purchase replacement equipment.
- Continue focus on the NCCP Rapid Access Clinic KPI improvement recommendations for breast, lung and prostate cancers and specifically site specific improvement plans and trajectories for performance improvement.

Performance Data

Breast Cancer within 2 weeks

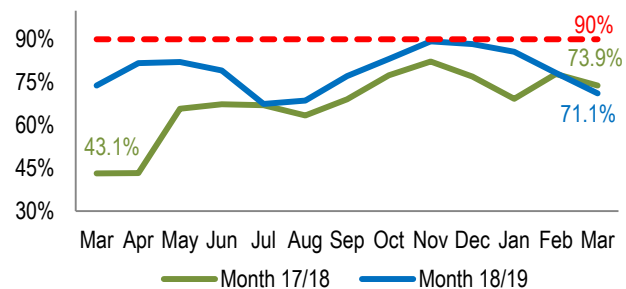


Lung Cancer within 10 working days

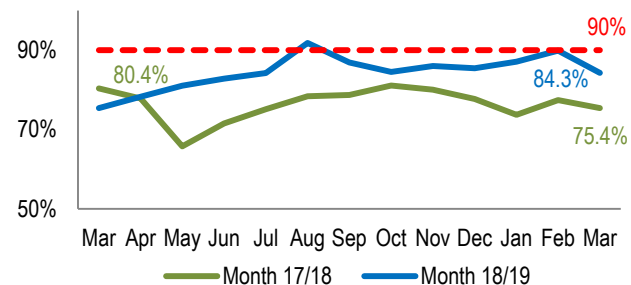


11 Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.

Prostate Cancer within 20 working days



Radiotherapy within 15 working days



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	Diagnose: CCO and/or ND NCCP and ND Acute Operations will undertake 2 site visits to facilitate a round-table comprehensive review and assessment of performance	07.05.18	02.07.19	
4	Improve: NCCP will issue guidance to the system including guidance on triage such that performance across all sites is improved.	07.05.18	02.07.19	

Waiting Lists: % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services

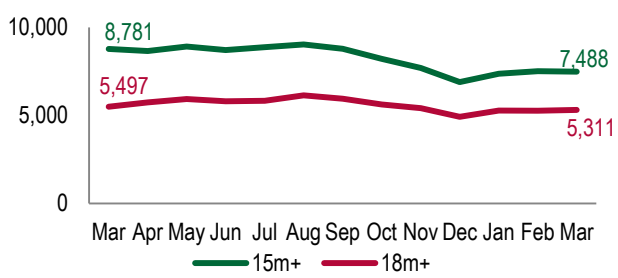
Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3	October 2015	Escalated due to the continued growth in waiting lists and waiting times	ND AO

Improvement Plan

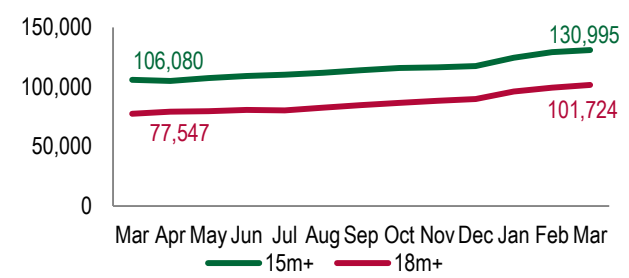
- Implementation of agreed DoH waiting list action plans for inpatient and day case procedures and outpatient appointments.
- Ensure all long waiters are treated at the earliest practical date.
- Ongoing work in the centralised validation unit in NTPF with hospitals which will provide clean, accurate and up to date waiting lists.

Performance Data

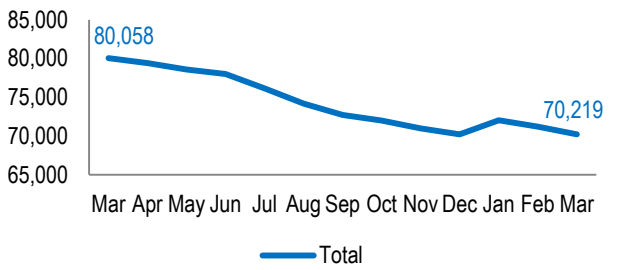
Inpatient and Day Case Waiting List (Adult & Child 15m+ and 18m+)



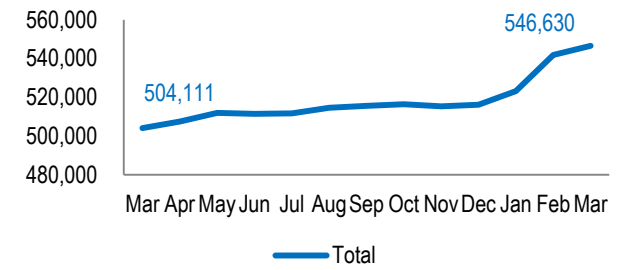
Outpatient Waiting List (15m + and 18m+)



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



Outpatient Waiting List (Total)



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																						
Service	Escalation level	Date escalated	Reason for escalation	Responsible																		
Community Operations	3	August 2015	Escalated based on continued underperformance in compliance with Disability Act assessments	ND CO																		
Improvement Plan																						
<ul style="list-style-type: none"> - Roll-out of Progressing Disability Services (0 – 18 Teams) Programme - Appointment of Children’s Disability Network Managers - Provision of specialist training and support resource to CHO’s - Monitoring numbers and timely processing of Assessment of Need applications in accordance with revised standard operating procedure - Improving performance on the number of assessments overdue for completion 																						
Performance Data																						
Disability Act Compliance																						
<table border="1"> <caption>Disability Act Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Quarter 17/18 (%)</th> <th>Quarter 18/19 (%)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>28.1%</td> <td>~10%</td> </tr> <tr> <td>Q2</td> <td>~20%</td> <td>~8%</td> </tr> <tr> <td>Q3</td> <td>~35%</td> <td>~8%</td> </tr> <tr> <td>Q4</td> <td>~10%</td> <td>~8%</td> </tr> <tr> <td>Q1</td> <td>11.3%</td> <td>6.1%</td> </tr> </tbody> </table>					Quarter	Quarter 17/18 (%)	Quarter 18/19 (%)	Q1	28.1%	~10%	Q2	~20%	~8%	Q3	~35%	~8%	Q4	~10%	~8%	Q1	11.3%	6.1%
Quarter	Quarter 17/18 (%)	Quarter 18/19 (%)																				
Q1	28.1%	~10%																				
Q2	~20%	~8%																				
Q3	~35%	~8%																				
Q4	~10%	~8%																				
Q1	11.3%	6.1%																				
NPOG REDI elements			Date agreed	Due date	Status																	
1	Improve: ND to provide a progress report on Implementation of the Improvement Plan		10.04.18	03 07 18	Progress Report provided																	

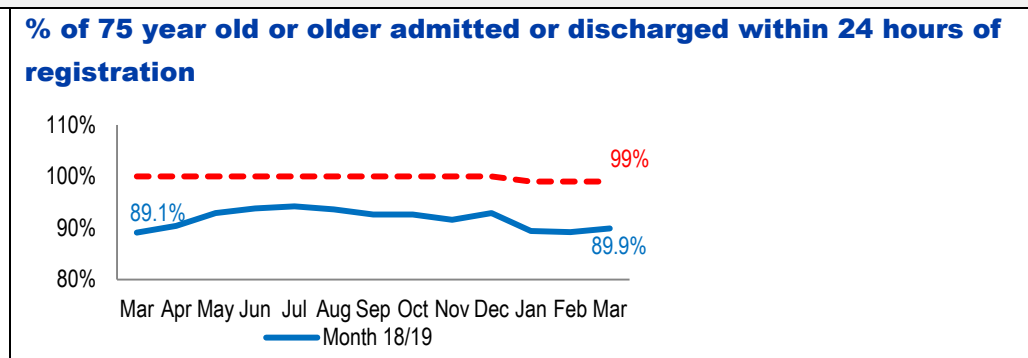
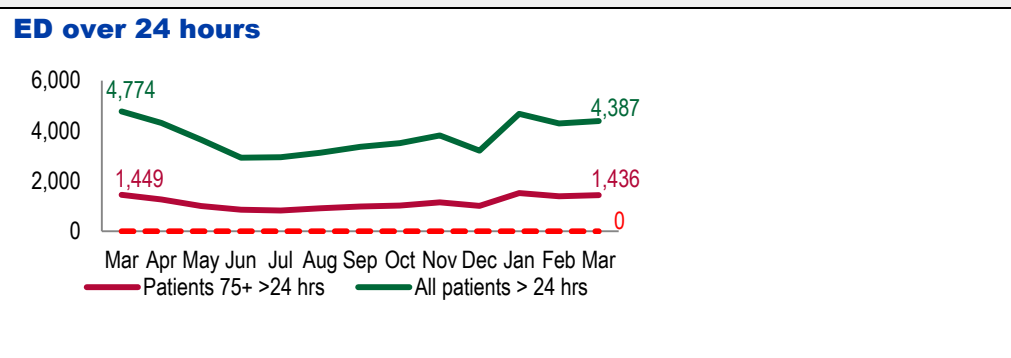
Emergency Department - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	May 2015	Due to the number of people continuing to wait in ED for > 24 hours	ND AO

Improvement Plan

- Implementation of the Winter Plan 2018/19 including improving access through integrated working with community services.
- Plan activity and ensure alignment with the *Sláintecare* Implementation strategy to anticipate and manage critical demand pressure including increased acute bed capacity of 75 beds (part year in 10 locations) in Winter 2018/2019.
- Integrated working with community services to improve the following;
 - Improved access to diagnostics
 - Develop admission avoidance pathways by providing care closer to home and improving services for frail elderly in acute hospitals
 - Improve clinical pathways for patients admitted to ensure that variances in average length of stay, in particular medical patients, are monitored and reduced where feasible.

Performance Data



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

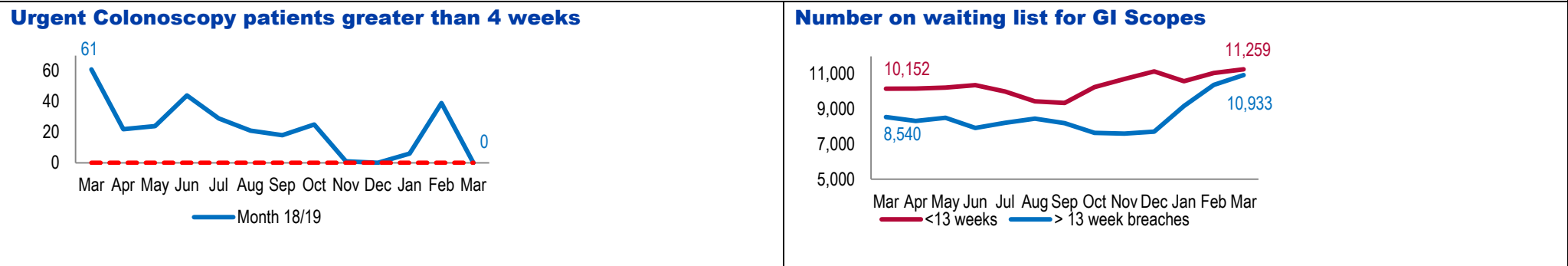
Colonoscopy - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	¹² 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 AO

Improvement Plan

- Hospital Groups to ensure that hospital MOUs with the National BowelScreen programme align with capacity in order to comply with BowelScreen targets.
- Hospitals to seek support from the National Treatment Purchase Fund to treat long waiters for routine procedures.

Performance Data



NPOG REDI elements		Date agreed	Due date	Status
1	Review: Monthly review of urgent colonoscopy breach data	07.06.17	on-going	on-going

¹² Routine colonoscopies escalated Red to Black in September 2015

Financial position including pay management							
Service	Escalation level	Date escalated	Reason for escalation			Responsible	
Acute Operations	3 (re-assigned Jan 2018)	February 2016	Due to the risks to financial performance within acute hospitals			ND AO	
Improvement Plan							
<ul style="list-style-type: none"> - Review monthly gross and net expenditure at hospital level to determine reasons for financial surpluses/deficits. - Monitor actual WTEs versus profile by hospital. - Monitor budget versus actual expenditure in month and year to date in relation to direct pay and agency and overtime costs. 							
Performance Data							
Financial position: projected net expenditure to year end including pay management							
			YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance	
		Acute Hospitals Care	1,314,890	1,285,390	29,500	2.30%	
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 – 8th May 2019

Acute Operations - Services in Escalation Table - MAY 2019 (March 2019 data cycle)			
Service	Accountable Officer	Escalation Area	Level
Children's Health Ireland (Accountable Officer - Eilish Hardiman CEO)			
Children's Health Ireland	Eilish Hardiman	Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
Dublin Midlands Hospital Group (Accountable Officer - Trevor O'Callaghan (Acting CEO))			
MRH Portlaoise	Michael Knowles	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
MRH Tullamore	Noreen Hynes	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
Naas General Hospital	Alice Kinsella	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
St. James's Hospital	Lorcan Birthistle	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
Tallaght Hospital - Adults	Lucy Nugent	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	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
		ED > 75 yrs < 24 hours	Level 3

Acute Operations - Services in Escalation Table - MAY 2019 (March 2019 data cycle)			
MRH Mullingar	Shona Schneemann	Routine Colonoscopy < 13 weeks	Level 3
		ED < 24 hours	Level 3
Royal Victoria Eye and Ear Hospital	Daniel Dunne	ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
St Columcille's Hospital	Linda O'Leary	Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	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
Wexford General Hospital	Luilly Byrnes	ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
RCSI Hospitals Group (Accountable Officer - Ian Carter (CEO))			
Beaumont Hospital	Ian Carter	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Cavan General Hospital	David Lynch	ED > 75 yrs < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Connolly Hospital	Margaret Boland	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Our Lady of Lourdes Hospital	Fiona Brady	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
Saolta University Health Care Group (Accountable Officer - Maurice Power (CEO))			
Galway University Hospitals	Chris Kane	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3

Acute Operations - Services in Escalation Table - MAY 2019 (March 2019 data cycle)			
Letterkenny University Hospital	Sean Murphy		
		Routine Colonoscopy < 13 weeks	Level 3
Mayo University Hospital	Catherine Donohoe		
		Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)			
Cork University Hospital	Tony McNamara		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
		Lung Cancer within 10 working days	Level 3
Mercy University Hospital	Sandra Daly		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
South Infirmary Victoria University Hospital	Helen Donovan		
		OPD Waiting List < 52 weeks	Level 3
UH Kerry	Fearghal Grimes		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
UH Waterford	Grace Rothwell		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
University of Limerick Hospital Group (Accountable Officer - Colette Cowan CEO)			
Croom Orthopaedic Hospital	Prof Colette Cowan		
		OPD Waiting List < 52 weeks	Level 3
Nenagh Hospital	Prof Colette Cowan		
		Routine Colonoscopy < 13 weeks	Level 3
St. John's Hospital Limerick	John Cummins		
		Routine Colonoscopy < 13 weeks	Level 3

Acute Operations - Services in Escalation Table - MAY 2019 (March 2019 data cycle)			
UH Limerick	Prof Colette Cowan	ED < 24 hours	Level 3
		ED > 75 yrs < 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

Community Operations - Services in Escalation Table – May 2019 (March 2019 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	Mellany McLoone	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3

Appendices

Appendix 1: Report Design

The Performance Profile provides an update on key performance areas for Community Healthcare, Acute Hospitals, National Services and National Screening 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 Hospitals
- The heat maps provide the YTD position for the metrics listed on the National Scorecard in the NSP (Performance and Accountability Framework metrics) and a small subset of metrics taken from appendix 3 in the Service Plan
- The results for last three months are provided in the final three columns Current, Current (-1) and Current (-2)
- Metrics relevant to the current performance cycle under review are only displayed on the heat map i.e. quarterly metrics will be listed on the heat map in the quarterly cycles (March, June, September, December cycles)
- [R], [A] and [G] are added after the results on the heat map to comply with visualisation requirements for colour vision deficiencies



- The table below 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

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 performance for metrics with percentage based targets over a period of 13 months
- 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 target/expected activity

Graph Layout:	
Target	-----
Month 18/19	—————
Month 17/18	—————

Service Commentary:

- A service update for Community Services, Acute Services, National Services and National Screening Services will be provided each cycle

Appendix 2: Data Coverage Issues

The table below provides a list of the year to date data coverage issues

Service Area	Metric Name	Data Coverage Issue
Primary Care	Public Health Nursing % of new patients accepted onto the Nursing caseload and seen within 12 weeks. No of Nursing patients seen	Non Return – (Jan, Feb) 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 - (Jan, Feb) - CHO7 (Dublin West)
Primary Care	Child Health Quarterly % of babies breastfed (exclusively and not exclusively) at first PHN visit % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit % of babies breastfed exclusively at first PHN visit % of babies breastfed exclusively at three PHN visit	Non Return - (Q1) CHO5 (Waterford) Non Return - (Q1) CHO7 (Dublin West)
Primary Care	Ophthalmology % of new Ophthalmology patients seen for assessment within 12 weeks % of new Ophthalmology patients on waiting list for assessment ≤ 52 weeks No of Ophthalmology patients seen	Non Return – (Mar) CHO1 (Sligo/Leitrim)
Palliative Care	Access to specialist inpatient bed within seven days during the reporting year	Non Return - (Jan, Feb, Mar) – CHO1 (Donegal)
Palliative Care	Number accessing inpatient beds	Non Return - (Jan Feb, Mar) – CHO1 (Donegal)
Social Inclusion	Substance Misuse - access to treatment (over 18 years) Substance Misuse - access to treatment (under 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath)
Mental Health CAMHS	Admission of Children to CAMHS	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb ,Mar)
Mental Health CAMHS	CAMHs Bed Days Used	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb, Mar)
Mental Health CAMHS	CAMHs – first appointment within 12 months	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan
Mental Health CAMHS	CAMHs waiting list	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan
Mental Health CAMHS	CAMHs waiting list > 12 months	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan

Service Area	Metric Name	Data Coverage Issue
Mental Health CAMHS	No of referrals received	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan
Mental Health CAMHS	Number of new seen	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non Returns CHO 5 Wexford South CHO7 Linn Dara Clondalkin CHO7 Linn Dara Mid Kildare (Feb, Mar) CHO7 Linn Dara Lucan
Mental Health General Adult	Number of referrals received	Non Returns CHO5 Wexford South CHO7 Owendoher
Mental Health General Adult	Number of referrals seen	Non Returns CHO5 Wexford South CHO7 Owendoher
Mental Health General Adult	% seen within 12 weeks	Non Returns CHO5 Wexford South CHO7 Owendoher
Disabilities	% of Children's Disability Network Teams established	Feb: CHO 6 Non Return Mar: CHO 2, CHO 6 & CHO 8 Non Return
Disabilities	No of Children's Disability Network Teams established	Feb: CHO 6 Non Return Mar: CHO 2, CHO 6 & CHO 8 Non Return
Disabilities	No. of residential places for people with a disability	Jan Feb & Mar Non Return
Disabilities	Congregated Settings	Q1: CHO 4 Non Return
Older Persons	% of compliance with Regulations following HIQA inspection of HSE direct-provided Older Persons Residential Services	Non Return - National Data
Health & Wellbeing	Immunisations & Vaccines – HWB4 % 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), (6in1)	Non Return Q1 – Q3 2018 – CHO1 (Cavan/Monaghan); Non Return Q1 – Q3 2018 – CHO8 (Louth) & CHO8 (Meath)

Service Area	Metric Name	Data Coverage Issue
Health & Wellbeing	Immunisations & Vaccines – HWB8 % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	Non Return Q1 – Q3 2018 –CHO1 (Cavan/Monaghan); Non Return Q1 – Q3 2018 – CHO8 (Louth) & CHO8 (Meath)
Acute	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	St Johns outstanding for February 2019. Mullingar, St Vincents, GUH & St Johns outstanding March 2019.
Acute	Rate of new cases of hospital acquired Staph. aureus bloodstream infection	CUMH HCAI data is outstanding for Jan-19, Feb-19 and Mar-19. Bantry data is outstanding for Mar-19. Bed days are removed for providers have data outstanding for that particular month when calculating the national rate
Acute	Rate of new cases of hospital acquired C. difficile infection	CUMH HCAI data is outstanding for Jan-19, Feb-19 and Mar-19. Bantry data is outstanding for Mar-19. Bed days are removed for providers have data outstanding for that particular month when calculating the national rate
Acute	HCAI - Number of new cases of CPE	CUMH CPE data is outstanding for Jan-19, Feb-19 and Mar-19. Bantry, SJH and Sth Tipperary outstanding for Mar-19.
Acute	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Outstanding hospitals in Q1 2019 MMUH, LUH, Bantry, CUH, St. John's
Acute	% of acute hospitals implementing the national policy on restricted antimicrobial agents	Outstanding hospitals in Q1 2019 MMUH, LUH, Bantry, CUH, St. John's

Appendix 3: Hospital Groups

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

Appendix 4: Community Health Organisations

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