



# Performance Profile April - June 2019 Quarterly Report

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*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 749,858 emergency presentations year to date compared to 718,255 in 2018, an increase of 2.1%.
- 96.7% of all patients were seen within 24 hours in EDs in June and 96.4% year to date.
- 92.1% of patients aged 75 years and over were seen within 24 hours in EDs in June and 90.9% year to date.
- 79.2% of all patients waited 9 hours or less to be seen in EDs in June and 78.5% year to date.
- 64.4% of all patients waited 6 hours or less to be seen in EDs in June and 63.2% 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 May target is 34,888. The actual elective inpatient discharges for this period is 37,508. The actual elective inpatient discharges for the same period in 2018 was 36,858. There was a 2.1% increase in emergency presentations Year to Date June 2019 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 May target is 72,600. The actual emergency inpatient discharges for this period is 186,443. This is 0.7% above target and 2.9% 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 May target is 452,804 cases. The number of cases undertaken Year to Date May is 461,532 and is 1.9% below

target.

### Delayed Discharges

The National Service Plan 2019 target is to have less than 550 Delayed Discharges. There were 599 Delayed Discharges in June 2019. This is 3.6% (578) higher than the same month in 2018. The number of bed days lost in June due to delayed discharges is 18,895.

### Inpatient, Day Case & Outpatient Waiting Lists

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

- Adult Inpatient < 15 months (target 85%), compliance 84.5%.
- Adult Day Case < 15 months (target 95%), compliance 92.5%.
- Children's Inpatient, 15 months (target 85%), compliance 90.1%.
- Children's Day Case < 15 months (target 90%), compliance 83.9%.
- Outpatients < 52 weeks (target 80%), compliance 68.9%.
- The total number waiting for inpatient and day case procedures reduced from 78,014 people to 69,671 people which is a reduction of 10.7% on same period last year.
- The total number waiting more than 15 months for an inpatient and day case procedure reduced from 8,716 people in June 18 to 7,058 people in June 19 which is a reduction of 19% (1,658).

### Routine/Urgent Colonoscopies

- In June 49.6% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 148 new urgent patient breaches to the end of June.

### Cancer Services

- 66.4% of prostate cancer referrals were seen within 20 working days year to date compared with 77.3% for the same period last year, a reduction of 14.1%.
- 86.8% of lung cancer referrals were seen within 10 working days year to date compared with 86.7% for the same period last year.
- 67.5% of urgent breast cancer referrals were seen within 2 weeks year to date, compared with 74% for the same period last year.

### Primary Care Services

- CIT referrals remain ahead of target by 10.4%.
- 93.8% of physiotherapy referrals, 92.8% of speech and language referrals and 73.3% of occupational therapy referrals accessed the services within 52 weeks.
- 92.2% of babies received their developmental screening checks within 10 months and 98.5% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 547,534 contacts with GP out of Hours services year to date.
- Psychology - Number of Patients seen 13.5% 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.
- 406,770 PA hours were delivered year to date to March, 6,473 more than the same period last year.
- 774,069 Home Support Hours were delivered year to date to March, 15,464 hours more than the same period last year.

### Older Persons Services

- Home Support hours delivered year to date was 8,591,543, (2.1%) below expected activity. The number of people, in receipt of home support services at the end of June was 51,896.
- 1,421 persons were supported through transitional care in May and 5,019 approved for transitional care from January to May 2019.
- The current wait time for NHSS funding approval in 2019 is 5.5 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 – is 75.7% at the end of June 13% below the target of 87%.

### 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.
- 94.7% of all Bed Days of Children were in CAMHS Units up to the end of June 2019 in line with the target of 95%.

### Health & Wellbeing Services

- Nationally year to date to March, 49.7% of smokers are QUIT at on one month ahead of the National target of 45%.
- 93.4% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to March while 90.9% of children aged 24 months received the MMR vaccine year to date to March behind the 95% targets.

# Corporate Updates

## Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2019	Cum Profile for Period Jan – June 2019	Expenditure for Period Jan – June 2019	Variance for Period Jan – June 2019	Expenditure to June as % of June 2019 Profile	Expenditure to June as % of 2019 Annual Profile	Variance to June '19 as % of June '19 YTD Profile
M2 - Buildings & Equipment	389.461	133.598	147.708	14.110	110.56%	37.93%	10.56%
M2 - New Children's Hospital	250.000	90.520	92.107	1.587	101.75%	36.84%	1.75%
M3 - Buildings & Equipment (National Lottery)	2.539	0.000	0.000	0.000	0.00%	0.00%	0.00%
	642.000	224.118	239.816	15.698	107.00%	37.35%	7.00%
M4 - Info Systems for Health Agencies	85.000	30.500	32.720	2.220	107.28%	38.49%	7.28%
	727.000	254.618	272.536	17.918	107.04%	37.49%	7.04%
Asset Disposals	0.346	0.346	0.000	(0.346)	0.00%	0.00%	-100.00%
Net	727.346	254.964	272.536	17.572	106.89%	37.47%	6.89%

### CONSTRUCTION - M2(1)

The variance on general construction projects for the first six months of the year is 10.56% (or €14.110m) ahead of profile. In the six months to June the total expenditure of €147.708m represents 37.93% of the total annual profile.

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

Expenditure in the period Jan - June was €92.107m. Spending is 1.75% (or €1.587m) ahead of profile for the period under review and represents 36.84% of the total annual profile.

### ICT (M4)

The variance on ICT projects for the six months to June amounted to €2.220m or 7.28% ahead of profile. Total expenditure of €32.720m represents 38.49% of the annual ICT profile.

### Asset Disposals

Receipts from Sale of Assets: Income from asset disposals in the period amounted to €0.346m.

## Procurement - expenditure (non-pay) under management

Service Area	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019
Acute Hospitals(Hospital groups)	77,768,340	88,615,824	95,567,281	86,132,151	341,294,933	201,355,563
Community Healthcare	21,462,434	22,026,497	19,484,515	26,869,024	93,779,956	340,328,125
National Services	947,551,613	946,993,092	863,907,778	907,517,667	567,628,507	560,677,082
Total SUM	1,046,782,387	1,057,635,413	978,959,574	1,020,518,842	1,002,703,396	1,102,360,770

### Internal Audit – Position as at 31<sup>st</sup> March 2019

	95% Implemented or Superseded within 12 months 2017	75% Implemented or Superseded within 6 months 2018	95% Implemented or Superseded within 12 months 2018
<b>Total</b>	<b>88%</b>	<b>62%</b>	<b>95%</b>
CHO 1	97%	100%	100%
CHO 2	95%	71%	0%
CHO 3	100%	83%	100%
CHO 4	96%	53%	100%
CHO 5	100%	25%	100%
CHO 6	97%	49%	0%
CHO 7	97%	78%	100%
CHO 8	46%	69%	0%
CHO 9	99%	81%	100%
National Mental Health	100%	0%	0%
National Primary Care	100%	0%	0%
<b>Total Community Services</b>	<b>90%</b>	<b>69%</b>	<b>100%</b>
Dublin Midlands HG	91%	0%	72%
Ireland East HG	75%	67%	25%
National Children's HG	0%	0%	0%
RCSI HG	82%	62%	0%
Saolta HG	77%	76%	0%
South South West HG	78%	4%	100%
University of Limerick HG	100%	100%	100%
National Ambulance Service	85%	63%	0%
<b>Total Acute Services</b>	<b>84%</b>	<b>61%</b>	<b>76%</b>
Chief Information Officer	78%	16%	100%
Compliance	100%	0%	0%
Estates	88%	0%	0%
Finance	100%	35%	0%
HBS - Estates	100%	77%	0%
HBS - Finance	94%	52%	100%
HBS - HR	88%	100%	0%
HBS - Procurement	100%	20%	100%
Health and Wellbeing	100%	100%	100%
Human Resources	63%	82%	0%
National Screening Service	0%	0%	0%

### Helpdesk Queries

Q2 2019	No of Helpdesk Queries 2019	No of Helpdesk Queries 2018	% Increase from 2018
April	163	177	-8
May	186	193	-4
June	158	179	-12
<b>Total</b>	<b>507</b>	<b>549</b>	<b>-8</b>



# 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			396		66	62	37
	Acute Hospitals (incl NAS, NSS & NCCP)			225		32	42	21
	Community Healthcare			171		34	20	16
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	35%	38%	37%	27%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	41%	41%	43%	33%
	Community Healthcare	80%	M	●	27%	35%	25%	19%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	2%	2%	2%	2%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	3%	2%	3%	3%
	Community Healthcare	80%	M	●	0%	1%	0%	0%

\* Current - reflecting compliance YTD February 2019 (-1 January 2019), (-2 YTD December 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

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

Division	Total SRE Occurrence
Acute Hospitals (incl Ambulance Service)	22
Community Services	5
Grand Total	27

14 SREs reported as patient falls. The remaining 13 SREs reported comprised 2 SRE categories.

### Radiation Protection Office

Radiation Safety	June 2019	YTD 2019
Incidents Reported	7	22

### Appeals Service

1,082 new notifications of appeal were received. 1,174 appeals were processed in the period 1st January – 30<sup>th</sup> June 2019:

Appeal Type	Received	Processed	Approved	Partial Approval
Medical / GP Visit Card (General Scheme)	657	723	204	71
Medical / GP Visit Cards (Over 70's Scheme)	86	87	22	1
Nursing Home Support Scheme	234	252	29	29
CSAR	22	25	1	0
Home Care Package	10	12	1	1
Home Help	28	33	2	0
RSSMAC	16	22	1	0
Other	29	20	1	0
<b>Total</b>	<b>1,082</b>	<b>1,174</b>	<b>261</b>	<b>102</b>

### Healthcare Audit

Healthcare Audit	In Progress	Complete
Healthcare Audits in progress / completed YTD	13	13

### Quality, Risk and Safety – Training

In Progress	Q2	YTD
Managing an Incident	66	76
Managing a Risk in Healthcare	44	54
System Analysis	98	127
Report Writing	38	89
Excel Risk Register	48	48
Facilitation Skills Day 1	17	46
Facilitation Skills Day 2	16	20
After Action Review [AAR] Day 1	40	70
After Action Review [AAR] Day 2	48	58

### Complaints

The following table sets out the number of people who attended training during Q2 2019 and complaints logged / resolved under Part 2, Disabilities Act 2005.

Complaints	Q2 2019	YTD
Number of complaints officers / support staff trained on the Complaints Management System	41	114
Number of Complaints Logged on Complaint Management System	1041	1766
Number of complaints resolved under Part 2 Disabilities Act 2005	290	420

# 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	
<b>Serious Incidents</b>																	
Quality & Safety	Incidents notified within 24 hours of occurrence	M	80%	27% [R]	-66.3%									35%	25%	19%	
	Review completed within 125 calendar days	M	80%	0% [R]	-100%									1%	0%	0%	
	<b>Service User Experience (Q1 data)</b>																
	Complaints investigated within 30 working days <sup>1</sup>	Q	75%	49% [R]	-34.7%	92% [G]		50% [R]	30% [R]	42% [R]	20% [R]	43% [R]	58% [R]	56% [R]			
	<b>Child Health</b>																
	Child screening 10 months	M-1M	95%	92.2% [G]	-3%	90.8% [G]	84.4% [R]	84.5% [R]	92.2% [G]	88.3% [A]	94.3% [G]	96.4% [G]	95.1% [G]	95.9% [G]	91.9%	91.5%	92.9%
	New borns visited within 72 Hours	Q	98%	98.5% [G]	0.5%	98.5% [G]	99.6% [G]	100% [G]	100% [G]	99% [G]	95.5% [G]	98.6% [G]	96.5% [G]	97.7% [G]	97.1%	98.8%	98.1%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	90.9% [G]	-4.3%	89.1% [A]	94.7% [G]	92.5% [G]	90.7% [G]	90.9% [G]	86.6% [A]	90.9% [G]	91.2% [G]	90.7% [G]	92.2%	91.9%	90.9%
	<b>CAMHs – Bed Days Used</b>																
	Bed days used	M	95%	94.7% [G]	-0.3%	77.2% [R]	100% [G]	98.7% [G]	91.3% [G]	96.6% [G]	100% [G]	99.9% [G]	91% [G]	98.4% [G]	92.7%	96.5%	96.8%
<b>HIQA Inspection Compliance</b>																	
Disability Residential Services	Q-2Q	80%	88.9% [G]	11.1%										91%	88%	91.9%	
Older Persons Residential Services	Q-2Q	80%	84% [G]	5%										87.8%	84.3%	82.1%	
<b>Chronic Disease Management</b>																	
No. of people who have completed a structured patient education programme for type 2 diabetes	M	2,096	1,759 [R]	-16.1%	207 [R]	183 [R]	176 [R]	232 [G]	149 [R]	149 [R]	192 [A]	268 [R]	203 [G]	379	337	350	
<b>Healthy Ireland</b>																	
Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	49.7% [G]	10.4%										43%	46.1%	49.7%	

<sup>1</sup>CHO2 complaints not logged on CMS

	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
<b>Therapy Waiting Lists</b>																
SLT access within 52 weeks	M	100%	92.8% [A]	-7.2%	94.4% [A]	96.9% [G]	98.6% [G]	86% [R]	98.6% [G]	97.1% [G]	84.7% [R]	93.9% [A]	94.6% [A]	93.7%	93.6%	92.8%
Physiotherapy access within 52 weeks	M	95%	93.8% [G]	-1.2%	90.7% [G]	91.2% [G]	96.3% [G]	98.7% [G]	93.8% [G]	99.6% [G]	90.3% [G]	96.7% [G]	91.5% [G]	93.7%	94.2%	93.8%
Occupational Therapy access within 52 weeks	M	85%	73.3% [R]	-13.7%	65.5% [R]	73.9% [R]	98.7% [G]	66.1% [R]	69.2% [R]	80.8% [G]	70.1% [R]	76.1% [R]	77.2% [A]	74%	73.7%	73.3%
Psychology treatment within 52 weeks	M	81%	75.5% [A]	-6.8%	88.6% [G]	69.1% [R]	70.5% [R]	60% [R]	81.7% [G]	91.7% [G]	63.5% [R]	90% [G]	75.2% [A]	75.5%	75.9%	75.5%
<b>CAMHs – Access to First Appointment</b>																
First appointment within 12 months	M	95%	95.5% [G]	0.5%	95% [G]	99.8% [G]	94.8% [G]	88.7% [A]	90.6% [G]	97.6% [G]	98.2% [G]	97.8% [G]	96.5% [G]	94.4%	93.8%	92.1%
% of urgent referrals to CAMHS responded to within 3 working days	M	100%	70.4% [R]	-29.6%	53.6% [R]	33.8% [R]	100% [G]	77.7% [R]	74.7% [R]	100% [G]	92% [A]	82.4% [R]	100% [G]	65.2%	74.8%	73.4%
<b>Disability Act Compliance</b>																
Assessments completed within timelines	Q	100%	8.5% [R]	-91.5%	17.7% [R]	45.8% [R]	20.2% [R]	5% [R]	11.3% [R]	2.4% [R]	2.3% [R]	8.4% [R]	1.9% [R]	8.1%	6.1%	10.6%
Number of requests for assessment of need received for children	Q	2,543	3,283 [G]	29.1%	88 [G]	165 [G]	351 [G]	703 [G]	188 [G]	156 [G]	468 [G]	449 [G]	715 [G]	1,261	1,577	1,706
<b>Disability Network Teams</b>																
% of teams established <sup>2</sup>	M	100%	0% [R]	-100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Home Support Hours</b>																
Number of hours provided	M	8,783,412	8,591,543 [G]	-2.2%	844,226 [G]	903,697 [A]	757,850 [G]	1,283,783 [G]	1,011,389 [G]	666,538 [G]	962,686 [A]	841,659 [G]	1,319,716 [A]	1,445,037	1,484,983	1,433,400
<b>Nursing Home Support Scheme (NHSS)</b>																
Number of persons funded under NHSS in long term residential care	M	22,608	23,173 [G]	2.5%										23,263	23,252	23,173
<b>Delayed Discharges</b>																
Number of beds subject to Delayed Discharge	M	≤550	599 [A]	8.9%										660	591	599

<sup>2</sup> 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	
Finance, Governance & Compliance	<b>Financial Management – Expenditure variance from plan</b>																	
	Net expenditure (pay + non-pay - income)	M	≤0.1%	2,934,119	1.33% [R]	4.94% [R]	6.42% [R]	3.04% [R]	4.16% [R]	4.73% [R]	3.28% [R]	3.84% [R]	4.88% [R]	2.10% [R]	1.61%	2.08%	1.33%	
	Gross expenditure (pay and non-pay)	M	≤0.1%	3,196,706	1.60% [R]	4.07% [R]	5.64% [R]	3.04% [R]	3.74% [R]	4.32% [R]	2.77% [R]	4.04% [R]	4.92% [R]	1.95% [R]	1.86%	2.30%	1.60%	
	Non-pay expenditure	M	≤0.1%	1,763,428	2.54% [R]	10.08% [R]	5.72% [R]	4.20% [R]	7.06% [R]	5.31% [R]	2.73% [R]	8.25% [R]	8.52% [R]	5.47% [R]	3.17%	3.61%	2.54%	
	<b>Financial Management - Service Arrangements (24.06.19)</b>																	
Monetary value signed	M	100%	62.45%	-37.55%											51.74%	61.69%	62.45%	
Workforce	<b>Internal Audit (Q1 update)</b>																	
	Recommendations implemented within 12 months (2018 data)	Q	95%	100% [G]	0%													
	<b>Funded Workforce Plan</b>																	
	Pay expenditure variance from plan	M	≤0.1%	1,433,277	0.47% [A]	1.73% [R]	5.56% [R]	1.31% [R]	0.36% [R]	3.33% [R]	2.80% [R]	1.34% [R]	2.45% [R]	-0.55% [G]	0.28%	0.74%	0.47%	
	<b>Attendance Management</b>																	
% absence rates by staff category (overall)	M-1M	≤3.5%	4.91% [R]	40.29%	6.62% [R]	4.41% [R]	5.33% [R]	3.90% [A]	5.24% [R]	4.37% [R]	5.14% [R]	5.50% [R]	4.20% [R]	4.76%	4.80%	4.82%		
<b>European Working Time Directive (EWT) Compliance</b>																		
<48 hour working week – Mental Health	M	95%	88.9% [A]	-6.4%	73.7% [R]	91.5% [G]		81.9% [R]	100% [G]		95.2% [G]	89.2% [A]	100% [G]	85%	80.3%	88.9%		
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	11.1%						100% [G]				87.5%	100%	100%		

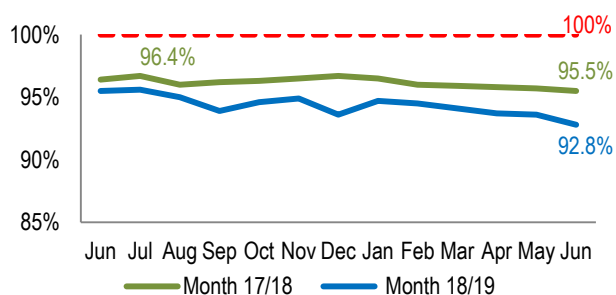


# Primary Care Services

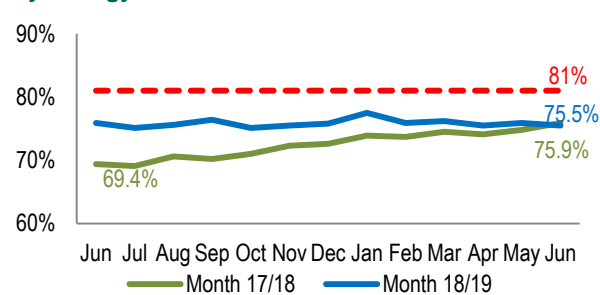
## Primary Care Therapies

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	● 92.8%	95.5%	-2.7%	93.7%	93.6%	92.8%	CHO3 (98.6%), CHO5 (98.6%), CHO6 (97.1%)	CHO7 (84.7%), CHO4 (86%), CHO8 (93.9%)
Physiotherapy access within 52 weeks	95%	M	● 93.8%	94.8%	-1%	93.7%	94.2%	93.8%	CHO6 (99.6%), CHO4 (98.7%), CHO8 (96.7%)	CHO7 (90.3%), CHO1 (90.7%), CHO2 (91.2%)
Occupational Therapy access within 52 weeks	85%	M	● 73.3%	76.4%	-3.1%	74%	73.7%	73.3%	CHO3 (98.7%), CHO6 (80.8%), CHO9 (77.2%)	CHO1 (65.5%), CHO4 (66.1%), CHO5 (69.2%)
Psychology access within 52 weeks	81%	M	● 75.5%	75.9%	-0.4%	75.5%	75.9%	75.5%	CHO6 (91.7%), CHO8 (90%), CHO1 (88.6%)	CHO4 (60%), CHO7 (63.5%), CHO2 (69.1%)

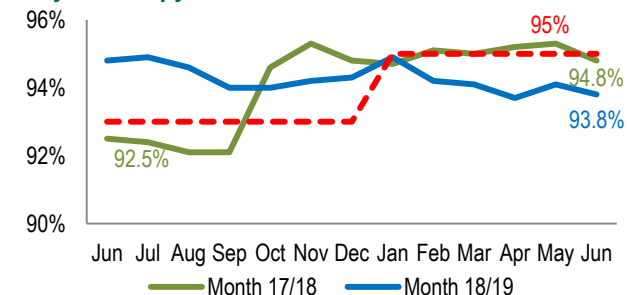
**SLT Access within 52 weeks**



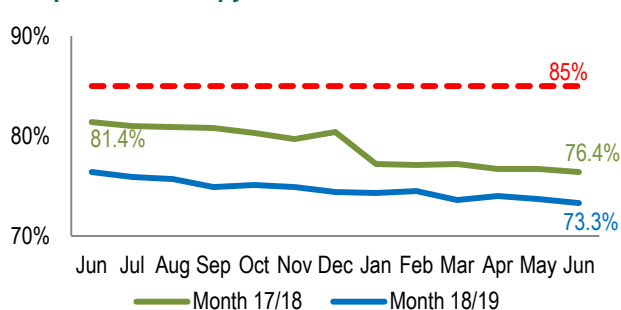
**Psychology Access within 52 weeks**



**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
<b>Physiotherapy</b>					
Number seen	290,237	<b>295,085</b>	1.7%	289,127	5,958
Total number waiting	34,023	<b>40,749</b>	19.8%	34,161	6,588
% waiting < 12 weeks		55.3%		64.7%	-9.4%
Number waiting > 52 weeks		<b>2,472</b>		1,792	680
<b>Occupational Therapy</b>					
Number seen	178,383	<b>193,079</b>	8.2%	179,041	14,038
Total number waiting	31,220	<b>32,889</b>	5.3%	31,934	955
% waiting < 12 weeks		30.6%		33.0%	-2.4%
Number waiting > 52 weeks		<b>8,767</b>		7,531	1,236
<b>Speech &amp; Language Therapy</b>					
Number seen	141,025	<b>143,961</b>	2.1%	145,830	-1,869
Total number waiting	14,236	<b>14,318</b>	0.6%	15,030	-712
Number waiting > 52 weeks		<b>1,037</b>		672	365

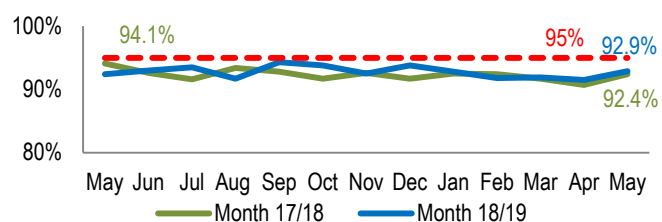
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	7,939	<b>7,483</b>	-5.7%	7,894	-411
Number waiting > 52 weeks		<b>831</b>		628	203
<b>Psychology</b>					
Number seen	20,890	<b>23,700</b>	13.5%	21,551	2,149
Total number waiting	7,919	<b>8,498</b>	7.3%	8,055	443
% waiting < 12 weeks	36%	26.9%	-25.2%	29.7%	-2.8%
Number waiting > 52 weeks		<b>2,086</b>		1,938	148
<b>Podiatry</b>					
Number seen	41,588	<b>41,851</b>	0.6%	42,054	-203
Total number waiting	3,654	<b>3,733</b>	2.2%	3,752	-19
% waiting < 12 weeks	32%	35.3%	10.4%	35.7%	-0.4%
Number waiting > 52 weeks		<b>843</b>		959	-116
<b>Ophthalmology</b>					
Number seen	49,668	<b>51,534</b>	3.8%	51,126	408
Total number waiting	20,203	<b>17,044</b>	-15.6%	21,149	-4,105
% waiting < 12 weeks	26%	27.1%	4.4%	25.2%	1.9%
Number waiting > 52 weeks		<b>5,690</b>		8,675	-2,985
<b>Audiology</b>					
Number seen	26,441	<b>27,259</b>	3.1%	25,493	1,766
Total number waiting	15,088	<b>17,107</b>	13.4%	15,740	1,367
% waiting < 12 weeks	41%	36.5%	-11.0%	39.2%	-2.7%
Number waiting > 52 weeks		<b>2,290</b>		2,095	195
<b>Dietetics</b>					
Number seen	31,442	<b>34,889</b>	11.0%	31,874	3,015
Total number waiting	16,085	<b>17,360</b>	7.9%	16,168	1,192
% waiting < 12 weeks	37%	36.7%	-0.7%	35.5%	1.2%
Number waiting > 52 weeks		<b>3,373</b>		4,925	-1,552

\*SLT reports on both assessment and treatment waiting list

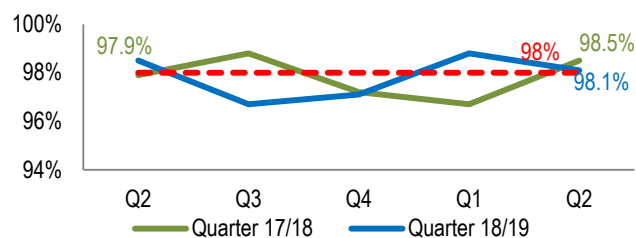
## Child Health

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	● 92.2%	92.6%	-0.4%	91.9%	91.5%	92.9%	CHO7 (99.3%), CHO8 (94.9%), CHO9 (94.7%)	CHO2 (85%), CHO3 (87.2%), CHO5 (87.8%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	● 98.5%	97.6%	+0.9%	97.1%	98.8%	98.1%	CHO5 (100%), CHO4 (99.8%), CHO2 (99.4%)	CHO3 (96.7%), CHO6 (96.7%), CHO8 (96.8%)

### Development screening 10 months



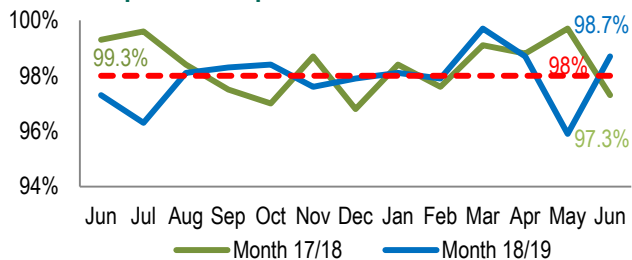
### New borns visited within 72 hours



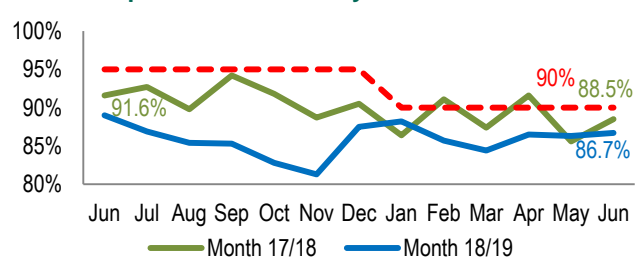
## Palliative Care

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	● 98.2%	98.5%	-0.3%	98.7%	95.9%	98.7%	6 CHOs reached target	CHO7 (95.7%), CHO2 (96.2%)
Access to palliative community services within 7 days	90%	M	● 86.4%	88.4%	-2%	86.5%	86.6%	86.7%	CHO9 (98.7%), CHO1 (96.2%), CHO3 (90%)	CHO4 (74.1%), CHO6 (76.2%), CHO5 (85.3%)
Number accessing inpatient beds	1,874	M	● 1,833	1,940	-107	306	307	307		
Treatment in normal place of residence	3,405	M	● 3,395	3,521	-126	3,587	3,604	3,395		

### Access to palliative inpatient beds



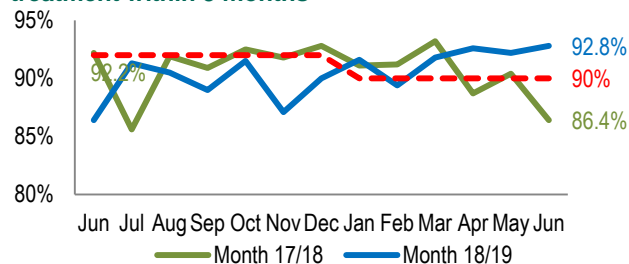
### Access to palliative community services



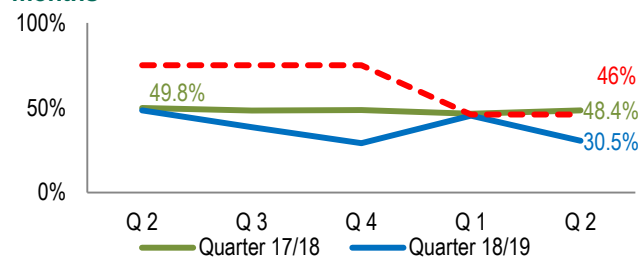
## Oral Health and Orthodontics

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	●	<b>91.7%</b>	90.3%	+1.4%	92.6%	92.3%	92.8%	CHO6 (99.5%), CHO3 (99.1%), CHO9 (99%)	CHO5 (73.4%), CHO2 (81%), CHO1 (87.1%)
Orthodontics - % seen for assessment within 6 months	46%	Q	●	<b>30.5%</b>	48.4%	-17.9%	29.1%	45.3%	30.5%	DNE (61.3%)	DML (25.7%), South (27.4%), West (40.1%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	●	<b>7.6%</b>	6.8%	+0.8%	6.4%	6.6%	7.6%	West (0.4%)	DNE (14.2%), South (9.4%), DML (7.4%)

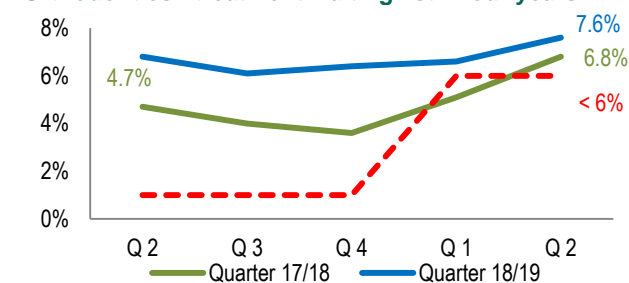
**Oral Health: % of new patients who commenced treatment within 3 months**



**Orthodontics: % seen for assessment within 6 months**



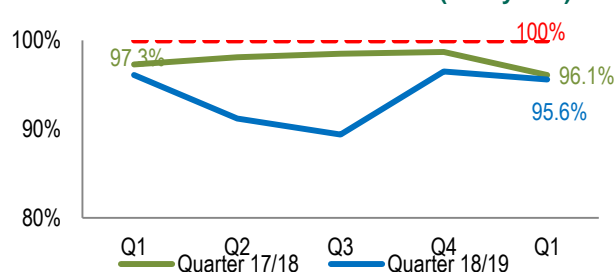
**Orthodontics: treatment waiting list > four years**



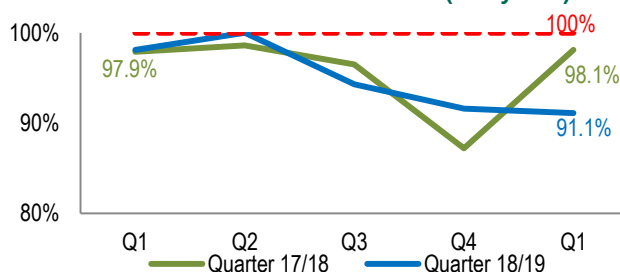
## Social Inclusion

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	●	<b>95.6%</b>	96.1%	-0.5%	89.4%	96.5%	95.6%	CHO 2, 4, 7 (100%)	CHO8 (70%), CHO3 (79.4%), CHO1 (90.7%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	●	<b>91.1%</b>	98.1%	-7%	94.3%	91.6%	91.1%	CHO 2, 5, 6, 7, 9 (100%)	CHO1 (69.2%)

**Access to substance misuse treatment (> 18 years)**



**Access to substance misuse treatment (<18 years)**

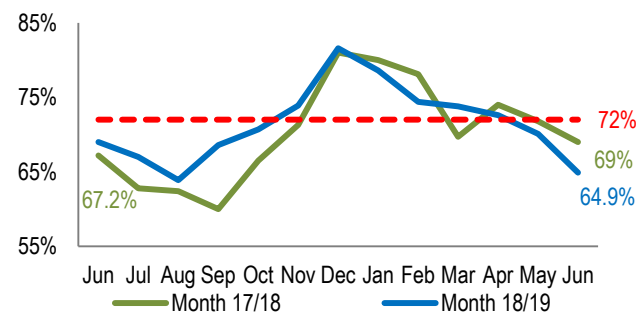


# Mental Health Services

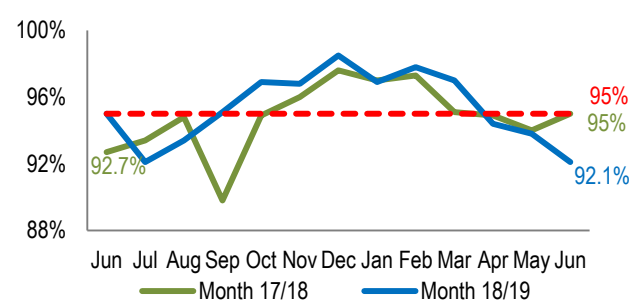
## Child and Adolescent Community Mental Health Teams

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	● 82.5%	71.1%	+11.4%	82.4%	92.9%	80%		
CAMHs Bed Days Used	95%	M	● 94.7%	95.6%	-0.9%	92.7%	96.5%	96.8%	CHO1, 2, 3, 6, 7, 8 & 9 reached target	CHO4 (90.1%), CHO5 (94.9%)
CAMHs – first appointment within 12 months	95%	M	● 95.5%	95.5%	0	94.4%	93.8%	92.1%	CHO2, 7, & 8 reached target	CHO3 (78.6%), CHO4 (84.3%), CHO5 (93.1%)
CAMHs waiting list	2,498	M	● 2,440	2,738	-298	2,606	2,471	2,440	CHO2 (19), CHO5 (162), CHO7 (177)	CHO4 (646), CHO8 (358), CHO6 (353)
CAMHs waiting list > 12 months	0	M	● 267	334	-67	316	315	267	CHO2 (0), CHO7 (0), CHO9 (0)	CHO4 (192), CHO3 (45), CHO1 (16)
No of referrals received	9,087 YTD 18,128 FYT	M	● 10,163	9,940	+223	1,718	1,591	1,190		
Number of new seen	5,436 YTD 10,833 FYT	M	● 5,812	5,546	+266	981	1,000	800		
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	100%	M	● 70.4%	-	-	65.2%	74.8%	73.4%	CHO 3, 6 & 9 reached target	CHO2 (50.8%), CHO8 (68.4%), CHO1 (69.2%)

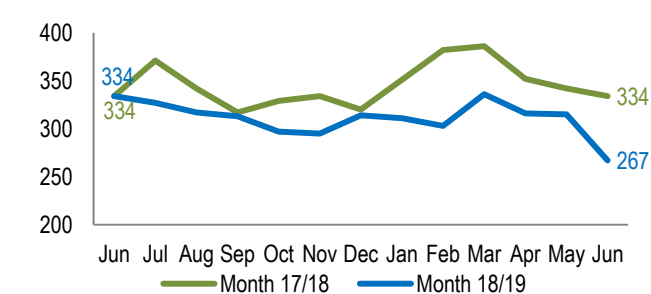
**% offered an appointment and seen within 12 weeks**



**First appointment within 12 months**



**Waiting list > 12 months**



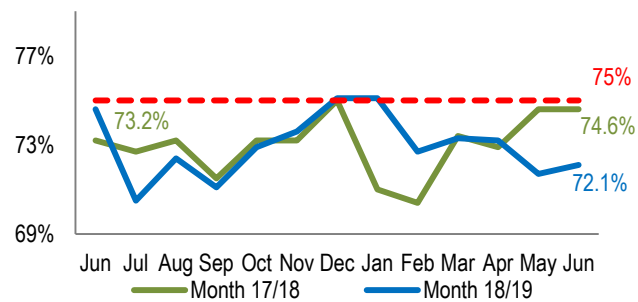
## General Adult Mental Health

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	21,946 YTD 43,819 FYT	M	●	21,695	22,232	-537	3,611	3,687	3,271		
Number of referrals seen	14,389 YTD 28,716 FYT	M	●	13,200	13,914	-714	2,298	2,167	1,884		
% seen within 12 weeks	75%	M	●	73%	72.8%	+0.2%	73.2%	71.7%	72.1%	CHO1, 2, 5 & 6 all reached target	CHO8 (60.2%), CHO3 (62.2%), CHO7 (62.4%)

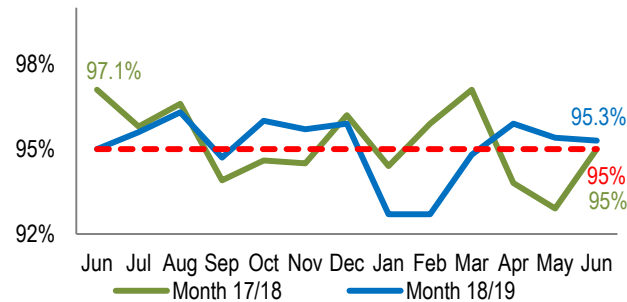
## Psychiatry of Later Life

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	6,238 YTD 12,455 FYT	M	●	6,249	6,329	-80	1,012	1,174	903		
Number of referrals seen	4,456 YTD 8,896 FYT	M	●	4,577	4,365	+212	695	822	647		
% seen within 12 weeks	95%	M	●	94.4%	94.8%	-0.4%	95.9%	95.4%	95.3%	CHO1, 2, 3, 5 & 7 all reached target	CHO4 (87.5%), CHO8 (88.1%), CHO9 (92.1%)

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



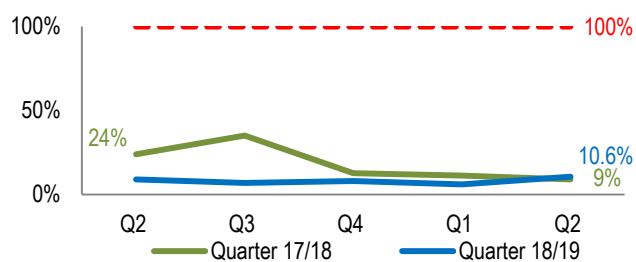
Psychiatry of Later Life - % offered an appointment and seen within 12 weeks



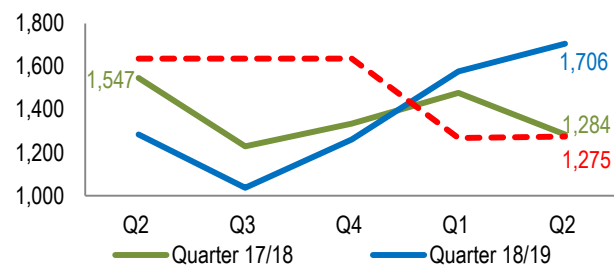
## Disability Services

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	● 8.5%	10.1%	-1.6%	8.1%	6.1%	10.6%		(% Var): CHO7 (3.3%), CHO5 (3.6%), CHO9 (4.3%)
Number of requests for assessment of need received for Children	2,543 YTD/ 5,065 FYT	Q	● 3,283	2,762	+521	1,261	1,577	1,706	(% Var): All CHO's achieved target	
Congregated Settings	74 YTD/ 160 FYT	Q	● 59	50	+9	80	48	11	(% Var): CHO1 (300%), CHO9 (250%)	(% Var): CHO7 (-91.7%), CHO4 (-90%),CHO5 (-66.7%)
% 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		

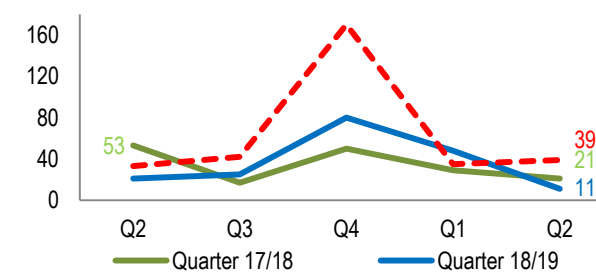
### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings

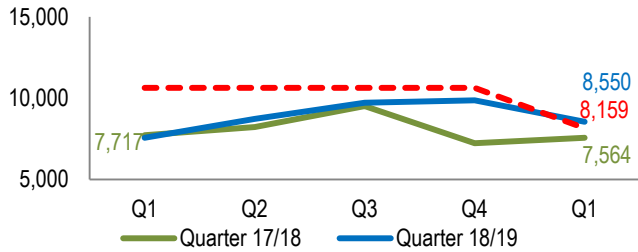


## Residential and Emergency Places and Support Provided to People with a Disability

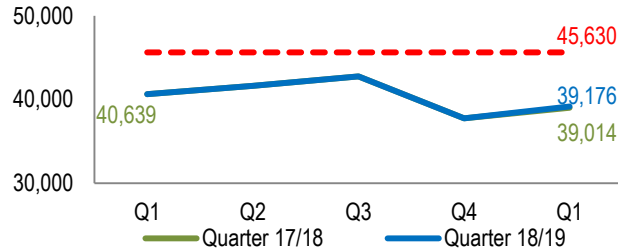
	Expected Activity Full Year	Expected Activity YTD	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of residential places provided to people with a disability	8,568	8,568	8,226					
Number of new emergency places provided to people with a disability	90	45	● 44.5	65	-20.5	6.5	8	7

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	8,159 YTD/ 32,622 FYT	Q-1M	●	<b>8,550</b>	7,564	+986	9,723	9,867	8,550	(% Var): CHO5 (77%), CHO6 (31.6%), CHO1 (28.8%)	(% Var): CHO7 (-60.4%), CHO2 (-6.3%)
Respite – Number of overnights	45,630 YTD/ 182,506FYT	Q-1M	●	<b>39,176</b>	39,014	+162	40,869	38,276	39,176		(% Var): CHO1 (-48.8%), CHO4 (-26.3%), CHO5 (-16.8%)
Home Support Hours	770,005 YTD/ 3,080,000 FYT	Q-1M	●	<b>774,069</b>	758,605	+15,464	801,370	814,121	774,069	(% Var): CHO4 (28.5%), CHO9 (12.5%), CHO8 (9.9%)	(% Var): CHO7 (-21.9%), CHO1 (-9%), CHO5 (-8.9%)
Personal Assistance Hours	407,503 YTD/ 1,630,000 FYT	Q-1M	●	<b>406,770</b>	400,297	+6,473	403,798	423,823	406,770	(% Var): CHO2 (11.4%), CHO8 (8.1%), CHO3 (2.1%)	(% Var): CHO7 (-36.2%), CHO9 (-11.1%), CHO5 (-3.3%)

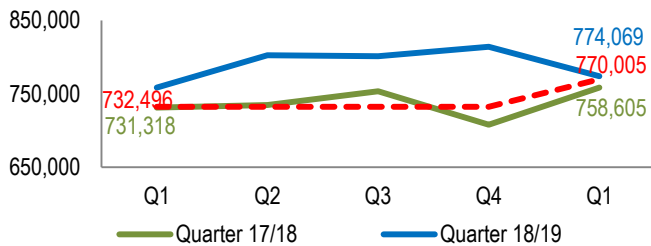
**Respite Day Only**



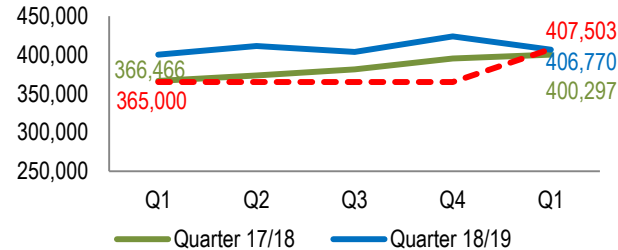
**Respite Overnights**



**Home Support Hours**



**Personal Assistance Hours**

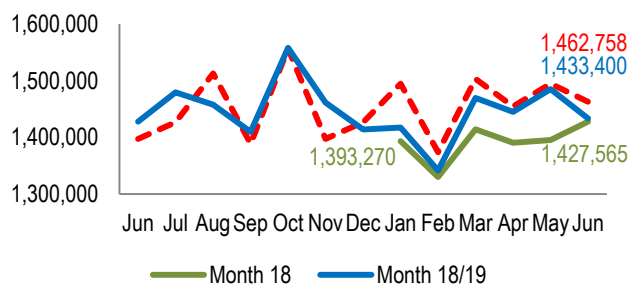




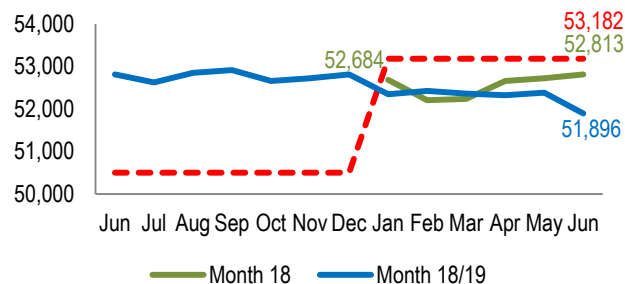
## Older Person's Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	8,783,412 YTD/ 17,900m FYT	M	●	<b>8,591,543</b>	8,350,721	+240,822	1,445,037	1,484,983	1,433,400	(% Var):CHO5 (4.6%), CHO3 (3.6%), CHO4 (0.8%)	(% Var):CHO7 (-8.9%), CHO2 (-8.1%), CHO9 (-5.4%),
No. of people in receipt of Home Support	53,182 YTD/ 53,182 FYT	M	●	<b>51,896</b>	52,813	-917	52,322	52,384	51,896	(% Var): CHO8 (0.7%)	(% Var): CHO1 (-8.9%), CHO3 (-6.4%), CHO6 (-2.9%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	<b>233</b>	226	+7	242	238	233		
No. of persons funded under NHSS in long term residential care	22,608 YTD/ 23,042 FYT	M	●	<b>23,173</b>	22,813	+360	23,263	23,252	23,173		
No. of NHSS beds in public long stay units	4,900 YTD/ 4,900 FYT	M	●	<b>4,966</b>	4,997	-31	4,971	4,978	4,966	(% Var):CHO2 (4.1%), CHO6 & CHO8 (2.2%)	(% Var):All CHO's achieved target
No. of short stay beds in public long stay units	1,850 YTD/ 1,850 FYT	M	●	<b>1,943</b>	1,979	-36	1,943	1,948	1,943	(% Var): CHO8 (17.6%), CHO1 (11.4%), CHO5 (9.6%)	(% Var):CHO7 (-17.8%)
Delayed Discharges	≤550	M	●	<b>599</b>	578	+21	660	591	599	Mullingar, Ennis (0)	SJH (59), MMUH (52), OLOL (46)
No. of people being supported through transitional care	1,160	M-1M	●	<b>1,421</b>	1,169	+252	1,327	1,387	1,421		

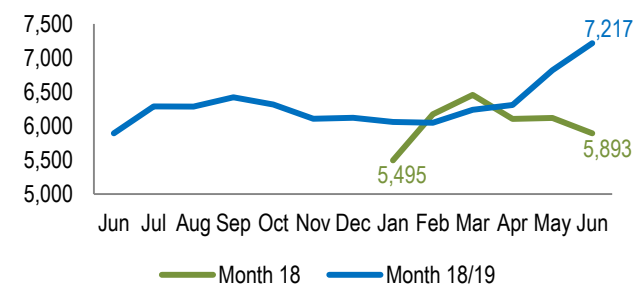
Number of Home Support Hours Provided



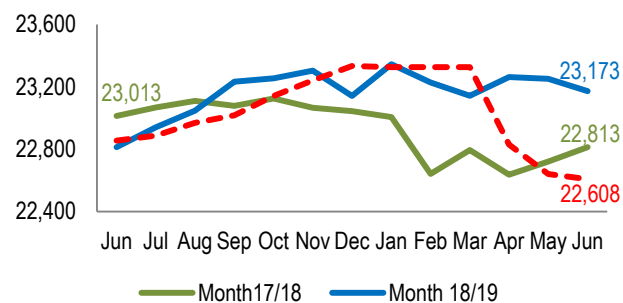
Number of people in receipt of Home Support



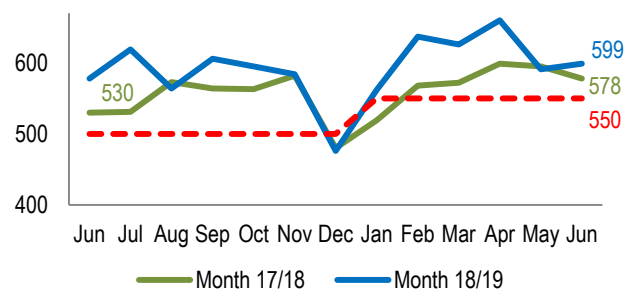
Number waiting on funding for Home Support



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



### Delayed Discharges



### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	104	39	143	23.9%
Long Term Nursing Care	304	49	353	58.9%
Other	57	46	103	17.2%
<b>Total</b>	<b>465</b>	<b>134</b>	<b>599</b>	<b>100%</b>

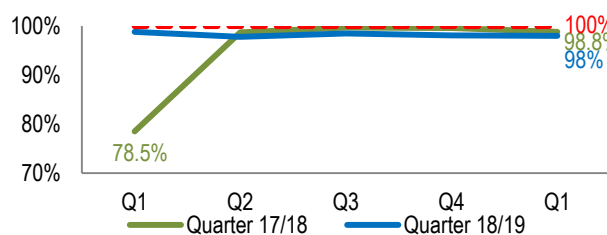
### NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	5,284	5,590	-306	876	896	673	768	-95
	National placement list for funding approval	984	430	+554	726	805	984	430	+554
	Waiting time for funding approval	5.5 weeks	2-3 weeks	+2-2.5 weeks	4 weeks	4 weeks	5.5 weeks	2-3 weeks	+2-2.5 weeks
	Total no. people funded under NHSS in LTRC	23,173	22,813	+360	23,263	23,252	23,173	22,813	+360
Private Units	No. of new patients entering scheme	3,239	3,554	-315	577	546	494	589	-95
	No. of patients Leaving NHSS	3,318	3,638	-320	522	549	523	484	+39
	Increase	-79	-84	+5	+55	-3	-29	105	-134
Public Units	No. of new patients entering scheme	858	1,091	-233	177	142	108	136	-28
	No. of patients Leaving NHSS	911	1,080	-169	112	150	158	138	+20
	Net Increase	-53	+11	-64	+65	-8	-50	-2	-48

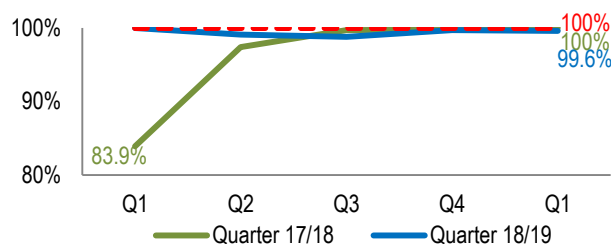
## Disability and Older Persons' Services Safeguarding

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	●	<b>98%</b>	98.8%	-0.8%	98.5%	98.1%	98%	CHO1, 2,4, 5, 7 and 8 achieved target	CHO9 (90.9%), CHO3 (93.3%), CHO6 (95.2%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	<b>99.6%</b>	100%	-0.4%	98.8%	99.7%	99.6%	CHO1, 2, 3, 5, 6 & 7 achieved target	CHO9 (98.9%), CHO4 (99.2%), CHO8 (99.3%)

% of prelim screenings for adults aged 65 and over



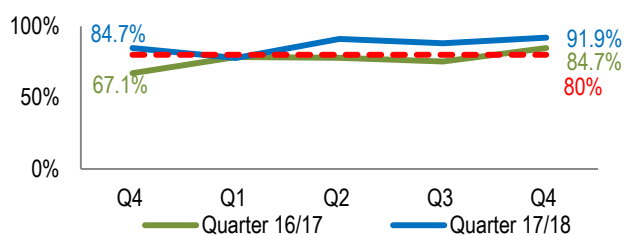
% of prelim screenings for adults under 65



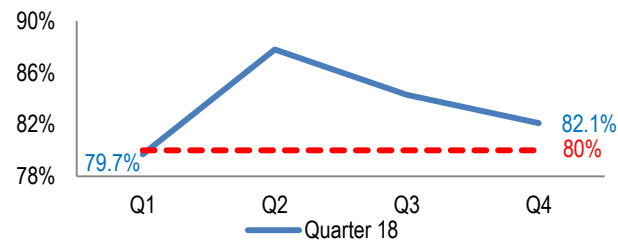
## HIQA Inspections

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	●	<b>88.9%</b>	80%	+8.9%	91%	88%	91.9%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	<b>84%</b>	83.3%	+0.7%	87.8%	84.3%	82.1%		

HIQA - Disabilities



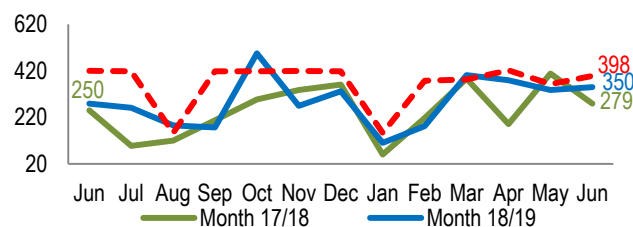
HIQA Inspections – Older Persons



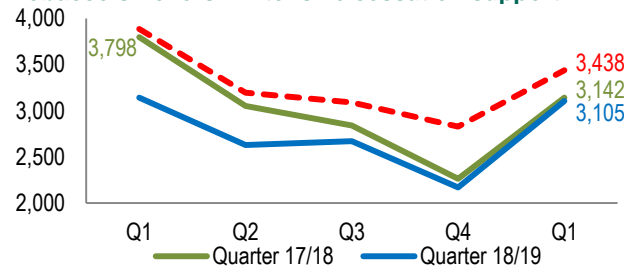
## Population Health and Wellbeing

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	2,096 YTD/ 4,190 FYT	M	● 1,759	1,541	+218	379	337	350	(% Var): CHO9 (93.3%), CHO4 (17.8%)	(%Var): CHO2 (-43.5%), CHO1 (-36.1%), CHO3 (-34.8%)
Tobacco smokers who have received intensive cessation support	3,438 YTD/ 11,500 FYT	Q-1Q	● 3,105	3,142	-37	2,669	2,168	3,105		
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 49.7%	55.1%	-5.4%	43%	46.1%	49.7%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 90.9%	92.5%	-1.6%	92.2%	91.9%	90.9%	CHO2 (94.7%), CHO3 (92.5%), CHO8 (91.2%)	CHO6 (86.6%), CHO1 (89.1%), CHO4 & CHO9 (90.7%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.4%	94.8%	-1.4%	94.3%	94.0%	93.4%	CHO2 (96.4%), CHO3 (94.7%), CHO4 (94.5%)	CHO6 (88.8%), CHO2 (92.3%), CHO7 & CHO9 (93%)

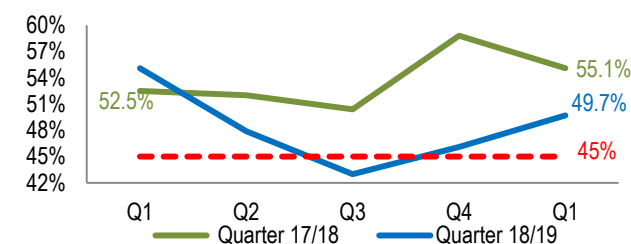
Number who have completed type 2 diabetes education programme



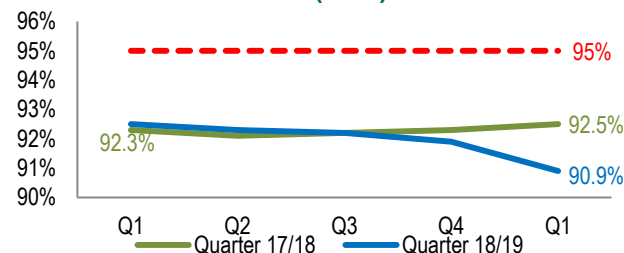
Tobacco smokers – intensive cessation support



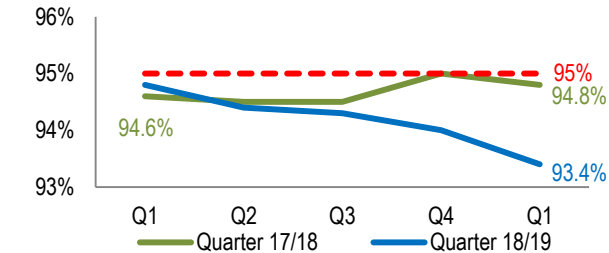
% of smokers quit at four weeks



% 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 25,068 CIT referrals YTD which is 10.4% ahead of the expected activity YTD of 22,716. Six of the 9 Community Healthcare Organisations (CHOs) are on or ahead of target. CHO4 with activity YTD of 2,391 is 20.6% below the target of 3,012. CHO8 is 10.5% below target with activity YTD of 1,922 compared to the target of 2,148 with performance in Laois/Offaly being 55.6% below target YTD. CHO 8 has taken steps to raise the awareness of the service in Tullamore hospital and activity in Laois/Offaly is 36% higher in quarter 2 compared to quarter 1.

#### Child Health Developmental Screening 10 Months

The national YTD position is 92.2% compared to a target of 95.0%. The prior year outturn was 92.6%. Six of the nine CHOs are green on the National Scorecard and are within a range of 90.8% to 96.4%. Performance in CHO3 is red on the National Scorecard with YTD performance at 84.5% 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 prepared an action plan to address performance and actions include the following and in transitioning to a nurse-led model is dependent on national roll out of Nurture Programme and associated staff training;

- 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
- Permission sought to hold a local recruitment campaign.

CHO 2 is red at 84.4%. The main issue is in Roscommon with performance of 57.7%. CHO 2 prepared an Action Plan to address performance in Roscommon which includes a re-distribution of the Senior Medical Officers across the county and focus on children in the 7-9 months age category.

#### % of newborn babies visited by a PHN within 72 hours

The national June YTD position (for this quarterly reported metric) of 98.5% 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 95.5% and 100.0%.

#### Speech and Language Therapy (SLT) Access within 52 week

The national YTD position at June is amber at 92.8% compared to the target of 100%. The prior year outturn was 95.5%. CHO 1 remains amber in June with YTD performance of 94.4% compared to 94.7% in the prior month. CHO 8 remains in amber in June with YTD performance of 93.9%. CHO 9 is amber in June at 94.6% having been green at 96.7% in the prior month. CHO7 remains in red in June with YTD performance of 84.7% compared to 84.3% in the prior month. CHO 4 is red at 86.0% compared to 89.3% in the prior month.

At June 2019 YTD there are 1,037 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 3.1% from 1,006 in May to 1,037 in June. The number of clients waiting for treatment for longer than 52 weeks has increased by 34 or 4.3% from 797 in May to 831 in June.

Comments on specific CHO Areas performance at June 2019 YTD re SLT access within 52 weeks;

- CHO 1 YTD performance of 94.4% (amber) compared to 94.7% (amber) in the prior month. The main issue is in Donegal with YTD performance at 86.0% compared to 86.4% in the 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 is red at 86.0% compared to 89.3% in the prior month. Performance in South Lee of 69.7% being the main issue. CHO 4 has prepared an Action Plan setting out measures to address performance including setting of targets for 2 external providers to focus on long waiters.
- CHO 7 YTD performance is 84.7% (red) compared to the prior month YTD performance of 84.3%. Performance in CHO7 is affected by the Therapies in School project which is being demonstrated in CHO7 and which has been extended for a 2<sup>nd</sup> year commencing August 2019. 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. CHO 7 is to prepare an Action Plan setting out measures to address performance.

- CHO 8 YTD performance is amber at 93.9% compared to 93.1% in the prior month. Performance in Meath is affecting overall CHO performance with Meath performance of 87.8% in June compared to 86.4% in the prior month. There is also a high level of maternity leaves which is having an impact.

#### Physiotherapy Access within 52 weeks

The national YTD position is green at 93.8% compared to the target of 95%. The prior month YTD performance was 94.8%. The number of clients waiting longer than 52 weeks has increased by 7.2% from 2,300 in May to 2,472 in June. Nine CHOs are green on the national scorecard with performance within a range of 90.7% to 99.6%.

#### Occupational Therapy (OT) Access within 52 weeks

The national June YTD position is 73.3% (red) compared to the target of 85% and performance of 73.7% in the prior month YTD. The number of clients waiting longer than 52 weeks increased by 47 (0.5%) from 8,720 in May to 8,767 in June. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 is red at 65.5% compared to 66.4% (red) in the prior month. The CHO reported that waiting lists are not solely a Primary Care issue and are due to limited resources from Social Care. CHO 1 has prepared an action plan to address performance including local actions and identifying additional resources needed for Social Care for paediatric services including admin resources and OT Assistants. There are service impacts relating to the requirement to manage staffing levels within available budgets and associated delays in approvals to recruit.
- CHO 2 is red at 73.9% compared to 76.1% (red) in the prior month. CHO 2 has prepared an action plan to address performance which includes staff moving between bases to prioritise long waiters and efficiency measures to minimise time spent on administration.
- CHO 4 is red at 61.1% compared to 65.4% in the prior 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. The focus is on reducing the paediatric

waiting list by 1,100 by the end of 2019. Substantially increasing referrals rate, an overall 8%, but 39% for under 18s, negatively impacts on the improvement in waiting list management, compounded by 7 paediatric OT vacancies.

- CHO 5 is red at 69.2% compared to 70.7% in the previous month. CHO 5 has prepared an action plan to address performance including the actions below notwithstanding the challenges of high staff vacancies and increased levels of referral and complexity;
  - 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 70.1% compared to 69.7% in the prior month. CHO has been asked to submit an action plan to address performance where the significant issues relate to access for children and specifically in DSW and KWW and where the MDT approach for children accessing disability services and school age teams is impacting service provision. There is a review of the OT service underway towards a tiered approach to provision. Group work will be utilised to maximise efficiency but remains effective.
- CHO 8 is red at 76.1% in June having been 77.4% (amber) in the prior month. CHO 8 has prepared an action plan which is dependent on additional OT resources some of which have been approved and should improve performance as the year progresses.
- CHO 9 is amber at 77.2% compared to 76.1% (red) in the prior month. CHO has submitted an action plan to address performance including local actions and additional performance improvement that is dependent on additional resources as it is currently operating 255 below staffing capacity. Approval for these additional staff could result in staffing in place in Sept and improved performance by year end.

#### Psychology Access within 52 weeks

The national June YTD position is 75.5% (amber) compared to the target of 81%. Four of the 9 CHOs are green on the national scorecard with performance in a range from 81.7% to 91.7%. CHOs 2, 3, 4 & 7 are red on the Heatmap. CHO 3 has prepared an action plan which includes validation of Co Clare waiting list,



group interventions for parents to continue to be offered and cross cover across areas with group interventions having a positive impact but responding to TUSLA and statutory requirements negatively impacting on primary care psychology referrals. CHO 4 has completed a waiting list validation in North Lee and is following up with NRS as a matter of urgency to progress recruitment and local options are also being explored to fill vacancies and targeting trainee doctorate students. It is anticipated that there will not be any significant increase in staffing until Q3 2019. CHO 2 has prepared an Action Plan to address performance which includes local measures such as cross cover as well as identifying additional resources required. CHO 7 is prioritising any vacancies as well as reviewing the service model to target high priorities, running drop-in clinics for parents and utilising group work where effective.

#### Number 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 June 2019			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	290,237	295,085	1.7%
Occupational Therapy	178,383	193,079	8.2%
SLT	141,025	143,961	2.1%
Podiatry	41,588	41,851	0.6%
Ophthalmology	49,668	51,534	3.8%
Audiology	26,441	27,259	3.0%
Dietetics	31,442	34,889	11.0%
Psychology	20,890	23,700	13.5%

### Palliative Care

#### Access to Palliative Inpatient Beds

In June 2019, 98.7% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Six CHO's met or surpassed the target of 98% and these six CHO's performed at 100% with all admissions within 7 days during the current month. Performance in June 2018 was 97.3% for access within 7 days to specialist palliative care inpatient beds.

#### Access to Palliative Community Services

In June 2019 86.7% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) Vs 88.5% in 2018. In June 2019 three CHO's performed above the target. Across the CHO's 17 areas reached or surpassed the target and an additional 4 areas performed within the accepted 5% variance RAG range. Six CHO's (CHO 2,4,5,6,7 & 8) did not reach the target. The total number of people in receipt of specialist palliative care services in the home has decreased by 3.6% (126) 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 June 2019 has decreased by fourteen children on the same period last year (58 in June 2018 vs 44 in June 2019).

The number of children in the care of the Children's Nurse Co-Ordinators was 264 v target of 280.

### Mental Health Services

#### Finance

Reassurance was sought from all CHO's on recent engagements that the plans submitted to the DG in May re forecasts for the rest of the year remains on track; projecting spend, budget, savings and net outcome for the year, the priority being to break even. Additional spend not in the existing run rate or included in plan submitted will impact on break even plan. The CHO's are confident projections forecasted will be achieved by year end. Pressures and risks to this include high levels of acuity, cases requiring 24 hours specials and new placements emerging not included in the plan including those mandated by the courts including the high court. CHO's are trying to ensure the delivery of safe services within budget which is challenging in the context of essential levels of service which means unavoidable agency costs at times. CHO's ability to recruit to save on agency costs is essential and CHO's are reporting approval of posts for this purpose. Delivering on budget in circumstances such as this will have significant implications for other parts of the service which may lead to increased waiting lists and closure of beds.

### CAMHS Inpatient Units

- On the 21<sup>st</sup> July 2019, 50 of the 74 registered beds were filled, compared to 36 at end of December 2018. On this date there were three children on the waiting list for an inpatient bed while 7 young people were in active triage.
- Capacity of the Eist Linn Unit in Cork is reduced temporarily from 20 to 8 operational beds due to building works underway. Capacity is also currently reduced from 20 operational beds to 14 in Merlin Park due to staff shortage however recent approval of nursing posts required will remedy this situation in time. Capacity in St Joseph's Unit (S38) continues to operate at a reduced level with 10 beds filled currently out of the 12 registered beds. The two larger inpatient units Linn Dara and Galway have consistently provided a response to young people with complex needs when there is a service imperative to access an inpatient bed. Often these complex cases will require additional nursing staff in the form of nurse specials and there will be a need to ensure a full complement of nursing staff which may entail agency nursing. The current issues of recruitment and the imperative to deliver services on budget are impacting on capacity particularly to respond to high risk and complex cases.
- In order to meet the complex needs of specific young people where there is on-going High Court oversight, CHO7 are currently providing agency nursing to their inpatient unit at a cost of €30,000 per week and this is expected to last until mid-August. This unit was the only one in a position to provide a bed to a young person with significant needs this month where there was no alternative within or outside the state.
- The Running total of child admissions to all adult units from 1<sup>st</sup> January to the 30<sup>th</sup> June 2019 is 29, compared to a total of 84 child admissions to adult units in 2018.
- 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 CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise length of stay.
- The AND MH Ops plans to meet with HoS and CDs to review the four CAMHS inpatient units in terms of capacity, staffing and their ability to respond to presenting needs in the coming months.

### Access to CAMHS

- Uncertainty about our ability to recruit and delays in recruitment are impacting significantly on services where waiting lists are likely to develop where they haven't existed before e.g. CHO2.
- Nationally there was a continued decrease in the number of children on the waiting list for community mental health services from 2471 in May 2019 to 2440 in June 2019.
- 71.6% of young people were offered a first appointment within 12 weeks in community CAMHS settings in June 2019 which is below target and a slight decrease from the previous month however this occurs in a context of a 3.4% increase in referrals to CAMHS this year compared to the same period last year.
- 92% of young people were seen within 12 months in community CAMHS services in June 2019 which is below target of 95%.
- Nationally in June 2019 there were 267 children waiting more than 12 months for an appointment in community CAMHS which is a decrease on previous months. 192 of these children were in CHO4. This issue is longstanding. CHO4 have attempted to address this but gains on some teams have been offset by losses in other teams and these are related to staffing issues where consultant recruitment continues to be a challenge. New initiatives to address this and sustain improvement into the future are currently being examined.
- CHOs 2, 7 and 9 currently have no children waiting over 12 months for CAMHS while in CHO5 there is 1 child waiting over 12 months.
- Admissions of children to child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient units continues above target at 80% and relates to specific cases early in 2019 still affecting YTD figures as well as the above referenced CAMHS in-patient capacity.
- Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units remains above target in June at 97%.



### Adult mental health services

- 94% of patients were offered an appointment within 12 weeks in general adult mental health in June 2019. This exceeds the target of 90%.
- 98% of people in Psychiatry of Old Age services were offered an appointment within 12 weeks in June 2019 which is on target.
- DNA rates in GA and POA are high. From discussions with CHOs it was ascertained that in returning KPI data, criteria for DNA's has not been rigidly followed in some areas so work is underway to rectify this.
- There is a need for clarity around the funding position for SJOG in CHO6 specifically relating to bed costs as the SJOG budget for beds runs out on the 17th August 2019. There is an on-going validation exercise which spans both mental health and disability however there is a service imperative for certainty around the budget for mental health beds in order to ensure on-going service delivery in a context where there are no alternatives to the beds in SJOG.

### Additional comments - Human resources

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This is particularly true for medical and nursing staff.
- 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.

### Disabilities

#### Financial Challenges in Vol Org Disability Services

December's 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 to the Dept of Health.

#### June Update:

- D/Health have established 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 have commenced 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 support providers are escalating actions relating to financial challenges and which NSP 2019 will not be in a position to resolve, HSE will need to flag to D/Health the need to set out an agreed process/ principles by which Voluntary Provider organisations deficit challenges can be resolved over the long 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 March and April. This process has not proved successful in terms of agreement on the reporting arrangements for Children's Disability Network Managers. A joint referral was made to the Labour Court in May 2019. A hearing date has been scheduled for 14<sup>th</sup> August 2019.
- 100 new therapy grade posts have been sanctioned as part of NSP 2019. A phased recruitment of these posts has been agreed. CHOs have profiled grade type 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). Formal approval was received from Strategy and Planning on 17/5/2019. This was required to generate permissions for each CH to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers.
- 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' rose slightly during second Quarter 2019. However, the numbers have been decreasing steadily in several areas from early 2017. This decrease is particularly evident in CHO4.

- **Standardised approach to Assessment of Need**

Revised Standard Operating Procedures for Assessment of Need have been approved by the Social Care Management Team and noted by the HSE Leadership Team. It is intended that this procedure will be implemented in Q4 2019. This is subject to final consultation with Forsa in late August, 2019. 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).

- **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 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.

- There continues to be a steady flow of legal cases seeking enforcement orders in the Circuit Court as part of the statutory complaints mechanism under the Act. In addition hearing dates have been scheduled for October

2019 for three lead Judicial Review cases in the High Court.

### Congregated Settings

A total of 59 people transitioned from congregated settings in the first half of 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.

### Emergency Places

At end June, a total of 44.5 emergency places were developed across the 9 CHOs (NSP target = 90 places and funding committed @ €15m).

Whilst the number of placements made at end June suggests that the delivery system is on trend, concern is now raised with regard to the value of total placements made which is @ €9.75m.

A number of mitigating actions are being implemented as follows: (1) Establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places, in particular any emergency residential provision (2) Scoping exercise across all CHOs in terms of increased utilisation of existing capacity. However, it is noted that limited opportunities have been garnered in this respect. A further round of review will be undertaken with the delivery system. (3) The Tender for Procurement of Residential places within the "For Profit Sector" is now in place and fully operational. It is noted that the tender provides for maximum/ capped costs & transparency of unit cost make up.

### Performance Notice Updates - Disability Services

#### St. John of God Community Services

- A Validation exercise referring to the substantial claim from SJOG CS for additional funding in 2019 is in process. It is expected that this process will conclude end of July 2019.
- The Implementation Task Force process is concluding its process by the end of July 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.

### Stewarts Care (SC)

- 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 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 final draft report is currently for review by Stewarts. A revised completion date for this process has been agreed between Stewarts and the HSE of end September 2019 where conclusions regarding precise impact for the area will be known.

#### 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 Stewarts Care along with VIP targets to be monitored by CHO7
- A breakeven plan is in place between CHO7 and SC; however, this includes hard VIP measures which will result in service impacting issues.

## Older Persons Services

### Delayed Discharges

- The end of June Delayed Discharge figure is 599 (593 adults)
- The additional supports (additional HCPs and TC beds) as part of the Winter Initiative 2017/2018 remain in place. An additional 550 home support packages and 0.5m funding for transitional care has been allocated under the Winter Initiative 2018/2019
- At end June, of the 599 DD’s, there were 143 people waiting for discharge home, and of these, the number of people awaiting Home Support was 85 (31 were approved with funding awaited – 27 over 65 and 4 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

### Transitional Care

- All hospitals continue to have access to an unlimited number of Transitional Care Beds
- The winter initiative 2017/2018 facilitated an extra 20 approvals per week to designated hospitals
- The current baseline of approvals is 211 per week
- The total national approved for May 2019 is 1,037.

### NHSS

- In June 2019 the Nursing Homes Support Scheme funded 23,173 long term public and private residential places, and when adjusted for clients not in payment, there were 24,027 places supported under the scheme. The number of people funded under the scheme is above the profile for June 22,608.
- There is an increase of 360 in the number of people supported under the scheme when compared to the same period last year. This is a 1.6% increase in activity year on year.
- The number on the placement list at the end of June 2019 is 984 (June 2018 - 430). This is an increase of 554 (128.8%) on the same period last year.
- A total of 3,913 people were approved for funding under the scheme in the first six months of 2019 compared to 4,661 people approved for the same period last year. This is a decrease of 748 approvals or 16.0% year on year.

- In the first six months of 2019, 5,284 applications were received and 4,097 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 548 or 11.8% in the number of starters supported under the scheme when compared to 2018. The scheme took on new clients within the limits of the resources available, in accordance with the legislation and Government policy and HSE Service Plan 2019.

### Home Support

Activity data for Home Support for Older People in 2018 reflected for the very first time the total hours and clients across the Home Support Service, being the totality of the amalgamated former Home Help Service and the HCP Scheme. This provides a much greater level of transparency in relation to activity going forward. The bringing together of activity for these two separately funded services was and remains a considerable undertaking, principally in ensuring an accurate reflection of activity in terms of hours.

The NSP 2019 provides for 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.

In June it was expected that the Home Support Service would deliver 1,462,758 hours. The data reported indicates that 1,433,400 hours were provide, a variance of 2% (preliminary data). As at the end of June 2019 there are 51,896 people in receipt of home support, a reduction of 488 on last month which is due primarily to a data clean up in one CHO.

Work continues to ensure that each CHO fully reports all activity funded from the Home Support Service allocation, and to ensure that the allocation of new and additional service hours are undertaken in the most economical way possible having regard to clients assessed needs and service provider capacity. A full review of activity against 2018 targets was undertaken in advance of targets being set for 2019. In 2019, activity data against targets continues to be kept

under review to confirm that all activity funded from the Home Support allocation is being accurately recorded.

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 is on-going on a monthly basis with further clarification being sought from the CHOs to understand the varying issues arising, as required.

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 June 2019 indicates that 7,217 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.

### Escalation Watch list item

% of clients in receipt of an IHCP with a Key Worker Assigned - The variance in activity v target for % of clients in receipt of an IHCP with key worker assigned in CHO 5 relates to an under-reporting of data in one area. This matter is being followed up with the CHO to ensure improved reporting & will be corrected in next month's return.

## Population Health & Wellbeing

### Chronic Disease Management - No. people who have completed a structured patient education for type 2 diabetes

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

- X-PERT is a 15 hour group structured patient education programme delivered by 1 Community Dietician educator over a 6 week period 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 a 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.

YTD 1,759 people have completed an SPE programme for type 2 diabetes which is -337 people (-16.1%) below target (2,096). In the month of June, 350 people completed a structured patient education programme for type 2 diabetes which is 48 people (-12.1%) below target (398). Performance varies across the CHO's. CHO 4 and CHO 9 are exceeding their target YTD. All other CHOs are behind target with CHOs 1, 2 and 3 being significantly below target. Underperformance can be attributed to the following issues; (1) local community dietician capacity constraints within Primary Care; (2) the requirement to prioritise nutrition support services in Primary Care community dietetic services and (3) poor course uptake and attendance in some CHO areas. At national level a number of initiatives are being progressed to understand, promote and increase participant recruitment to these programmes. Locally, patients are sent reminders and phoned to understand reason for non-attendance and new programmes adapted for better impact are also being introduced. The relevant CHOs are also prioritising the allocation of dietetic and diabetic CNS resources where possible within their service based upon clinical need and the requirement to deliver a breakeven financial position by year end.

### Healthy Ireland: Tobacco Free Ireland

#### No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor

Intensive cessation support is a consultation of more than ten minutes provided by a trained tobacco cessation specialist to a smoker in an acute or community setting. It can be delivered in a variety of ways – face to face (one to one), group or via telephone. Smoking cessation is a highly cost effective intervention. Seven out of ten smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully.

The number of smokers who received face to face or telephone intensive cessation support from a cessation counsellor during Q1 2019 (reported quarterly in arrears) was 3,105 which is -333 people (-9.7%) below target (3,438).

Underperformance is largely being driven by the Hospital Groups where only Ireland East Hospital Group is achieving its target. In contrast, six of the nine CHOs are achieving or exceeding their targets. CHO 5 and Limerick currently have no intensive cessation support service. The Tobacco Free Ireland (TFI) Programme continue to engage with Hospital Groups and CHOs. National radio adverts are currently being aired to increase awareness of the QUIT services available.

#### % of smokers QUIT at 4 weeks

This metric measures the percentage of smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. YTD March (reported quarterly in arrears), 49.7% of smokers on cessation programmes were quit at four weeks which is +10.4% ahead of target (45%).

### Health Protection Vaccines

The World Health Organisation (WHO) has listed "vaccine hesitancy" among 10 global health threats in 2019. The WHO said that vaccination currently prevents up to three million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved. The DoH is establishing a "vaccine alliance" of healthcare workers, policymakers, patient advocates, parents and educators. They will be tasked with making sure that accurate, evidence-based



and consistent messages about vaccination are spread to mitigate the public health risk posed by “vaccine hesitancy”.

Vaccination uptake below targeted levels presents a public health risk in terms of the spread of infectious disease and outbreaks as herd immunity declines. Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity. The Head of Public Health and National Immunisation Office are engaging with Community Healthcare Operations to support them to maximise the uptake of all publicly funded immunisation programmes through (1) the provision of advice regarding best practice and standardised delivery of immunisation programmes and (2) the development of national communication campaigns designed to promote immunisation uptake rates and provide accurate and trusted information to the public, healthcare professionals and staff, including working with the ‘new’ Vaccine Alliance. This approach is similar to the successful approach taken to increase the uptake of HPV vaccine in girls over recent years.

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

The 6 in 1 vaccine protects children against six diseases: diphtheria, hepatitis B, haemophilus influenza type b (Hib), pertussis (whooping cough), polio and tetanus, all of which are very serious illnesses that can lead to death.

Nationally, during Q1 2019 (reported quarterly in arrears), 93.4% of children received the 6 in 1 vaccine at 24 months. This is -1.7% below the 95% target. YTD March, CHO 2 is exceeding the target; CHOs 1, 3 and 4 are within 1% of target; CHOs 5, 7, 8 and 9 are within 5% of target and CHO 6 is within 10% of target.

#### **% of children 24 months – (MMR Vaccine)**

The MMR vaccine protects children against Measles, Mumps and Rubella (also called German Measles). The vaccine works by stimulating the immune system to build up protection against these diseases. Measles, Mumps and Rubella have become less common since the vaccine was introduced. However, outbreaks can still occur if not enough children are vaccinated.

Nationally, during Q1 2019 (reported quarterly in arrears), 90.9% of children received the MMR vaccine at 24 months which is -4.3% below the 95% target. YTD uptake has declined in all CHOs relative to same period last year. No CHO has achieved their target for the reporting period. CHOs 2, 3, 4, 5, 7, 8 and 9 are within 5% of target. CHOs 1 and 6 are within 10% of target.

# 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	<b>Serious Incidents</b>															
	Incidents notified within 24 hours of occurrence	M	80%	41% [R]	-48.8%								41%	43%	33%	
	Review completed within 125 calendar days	M	80%	3% [R]	-96.3%								2%	3%	3%	
	<b>Service User Experience (Q1 data)</b>															
	Complaints investigated within 30 working days <sup>3</sup>	Q	75%	59% [R]	-21.3%		81% [G]	56% [R]	74% [G]	64% [R]	40% [R]	40% [R]				
	<b>HCAI Rates</b>															
	Staph. Aureus (per 10,000 bed days)	M	< 1	1.0 [G]	-3.4%	0.0 [G]	2.0 [R]	1.1 [A]	0.2 [G]	1.0 [G]	0.2 [G]	1.9 [R]	1.0	0.9	1.0	
	C Difficile (per 10,000 bed days)	M	< 2	2.7 [R]	34.9%	0.0 [G]	2.1 [A]	3.2 [R]	4.2 [R]	1.5 [G]	1.7 [G]	5.3 [R]	2.3	3.2	2.7	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	70.2% [R]	-29.8%								53.3%	70.2%	70.2%	
	<b>Medical</b>															
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.7% [A]	5.4%		11.1% [G]	11.7% [A]	11.6% [G]	13.3% [R]	11.3% [G]	10.2% [G]	10.9%	10.6%	10.8%	
	<b>Surgery</b>															
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	44.5% [R]	-25.8%		57.8% [G]	58% [G]	46.3% [R]	23.8% [R]	45.9% [R]	13.9% [R]	43%	42.8%	39.8%	
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82%	75.5% [A]	-7.9%		59.4% [R]	86.9% [G]	69.6% [A]	61.8% [R]	81% [G]	90.7% [G]	76.7%	76.8%	76.6%	
	Surgical re-admissions within 30 days of discharge	M-1M	≤3%	2.1% [G]	-30%		3% [G]	2% [G]	2.3% [G]	2.2% [G]	1.9% [G]	1.3% [G]	1.9%	2%	1.9%	
Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	77.4% [A]	-8.9%		81.7% [G]	91.8% [G]	72.5% [R]	80.6% [A]	69.4% [R]	76.3% [R]			77.4%		
<b>Ambulance Turnaround</b>																
% of ambulance turnaround delays escalated – 30 minutes	M	95%	57.2% [R]	-39.8%								57.3%	55.2%	52.8%		

<sup>3</sup> CHI complaints not logged on CMS



		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	
Access and Integration	<b>Urgent colonoscopy</b>															
	Number waiting > 4 weeks (new) (zero tolerance)	M	0	148 [R]		1 [R]	5 [R]	6 [R]	98 [R]	23 [R]	6 [R]	9 [R]	16	80	7	
	<b>Routine Colonoscopy</b>															
	Waiting < 13 weeks for routine colonoscopy or OGD	M	70%	49.6% [R]	-29.2%	22.5% [R]	39.1% [R]	53.9% [R]	85.6% [G]	42.9% [R]	73.1% [G]	29.6% [R]	52.3%	50.4%	49.6%	
	<b>Emergency Department Patient Experience Time</b>															
	ED within 6 hours	M	75%	63.2% [R]	-15.7%	86.2% [G]	50.4% [R]	69.9% [A]	54.4% [R]	65.1% [R]	61% [R]	55.4% [R]	63.7%	64.8%	64.4%	
	ED within 24 hours	M	99%	96.4% [G]	-2.6%	99.8% [G]	94.4% [G]	97.1% [G]	97.5% [G]	97.6% [G]	94.8% [G]	91.9% [A]	96.4%	97.1%	96.7%	
	75 years or older within 24 hours (zero tolerance)	M	99%	90.9% [R]	-8.2%		89.7% [R]	93.3% [R]	93.1% [R]	94.2% [R]	86.7% [R]	78.4% [R]	91.4%	93.3%	92.1%	
	<b>Waiting times</b>															
	Adult waiting <15 months (inpatient)	M	85%	84.5% [G]	-0.6%		81.3% [G]	88.1% [G]	90.4% [G]	76.5% [A]	88.3% [G]	90.3% [G]	84.1%	84.5%	84.5%	
	Adult waiting <15 months (day case)	M	95%	92.5% [G]	-2.6%		86% [A]	95.7% [G]	99.4% [G]	90.5% [G]	90% [A]	96.8% [G]	92.3%	92.4%	92.5%	
	Children waiting <15 months (inpatient)	M	85%	90.1% [G]	6%	89.6% [G]	100% [G]	98.4% [G]	98.4% [G]	83.8% [G]	99.3% [G]	89.1% [G]	89.6%	90.2%	90.1%	
	Children waiting <15 months (day case)	M	90%	83.9% [A]	-6.8%	80.3% [R]	100% [G]	96.6% [G]	100% [G]	85.7% [G]	93.5% [G]	87.9% [G]	83.7%	83%	83.9%	
	Outpatient < 52 weeks	M	80%	68.9% [R]	-13.8%	59.6% [R]	66.7% [R]	70.9% [R]	87.2% [G]	69.8% [R]	65.2% [R]	61.5% [R]	69.3%	68.9%	68.9%	
	<b>Delayed Discharges<sup>4</sup></b>															
	Number of beds subject to Delayed Discharge (site specific targets)	M	≤550	599 [A]	8.9%	6	123	164	120	59	105	22	660	591	599	
	<b>Cancer</b>															
Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	69.7% [R]	-26.6%		43.1% [R]	70.3% [R]	99.5% [G]	61.7% [R]	70.4% [R]	83.9% [R]	59.3%	69%	73.2%		
Urgent Breast Cancer within 2 weeks	M	95%	67.5% [R]	-28.9%		36.8% [R]	62.4% [R]	99.4% [G]	54.8% [R]	75.9% [R]	95.6% [G]	55.2%	69.6%	72.5%		
Non-urgent breast within 12 weeks	M	95%	69.8% [R]	-26.5%		57.3% [R]	84.1% [R]	99.1% [G]	58.6% [R]	48.8% [R]	68.6% [R]	73%	68.4%	76.8%		

<sup>4</sup> 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	
	Lung Cancer within 10 working days	M	95%	86.8% [A]	-8.7%		97.6% [G]	100% [G]	100% [G]	88.8% [A]	84.5% [R]	58.4% [R]	91%	83.5%	88.4%	
	Prostate Cancer within 20 working days	M	90%	66.4% [R]	-26.2%		26.8% [R]	94% [G]	100% [G]	76.4% [R]	30.6% [R]	75.2% [R]	52.9%	55%	64.2%	
	Radiotherapy treatment within 15 working days	M	90%	86.8% [G]	-3.6%		85.6% [G]			83.3% [A]	86.8% [G]	96.5% [G]	84.4%	88.4%	86.7%	
	<b>Ambulance Response Times</b>															
	ECHO within 18 minutes, 59 seconds	M	80%	79.7% [G]	-0.4%									76.6%	81.1%	84.1%
	Delta within 18 minutes, 59 seconds	M	80%	56.3% [R]	-29.7%									56.5%	57.6%	58.8%
<b>Finance, Governance &amp; Compliance</b>																
<b>Financial Management – Expenditure variance from plan</b>																
Net expenditure (pay + non-pay - income)	M	≤0.1%	2,770,602	3.23% [R]	2.11% [R]	3.01% [R]	3.34% [R]	4.74% [R]	2.76% [R]	2.76% [R]	4.30% [R]		2.97%	3.26%	3.23%	
Gross expenditure (pay and non-pay)	M	≤0.1%	3,196,228	3.08% [R]	1.28% [R]	2.83% [R]	2.96% [R]	4.80% [R]	3.31% [R]	2.64% [R]	3.49% [R]		3.00%	3.42%	3.08%	
Non-pay expenditure	M	≤0.1%	1,022,498	5.62% [R]	4.74% [R]	2.96% [R]	4.45% [R]	10.59% [R]	7.43% [R]	6.95% [R]	2.27% [R]		6.08%	6.95%	5.62%	
<b>Financial Management - Service Arrangements (24.06.19)</b>																
Monetary value signed	M	100%	87.17%	-12.83%									87.17%	87.17%	87.17%	
<b>Internal Audit (Q1 update)</b>																
Recommendations implemented within 12 months (2018 data)	Q	95%	76% [R]	-20%												
<b>Workforce</b>																
<b>Funded Workforce Plan</b>																
Pay expenditure variance from plan	M	≤0.1%	2,173,730	1.93% [R]	-0.06% [G]	2.76% [R]	2.26% [R]	2.52% [R]	1.43% [R]	0.70% [A]	4.09% [R]		1.60%	1.83%	1.93%	
<b>Attendance Management</b>																
% absence rates by staff category (overall)	M-1M	≤3.5%	4.28% [R]	22.29%	4.18% [R]	4.27% [R]	3.68% [R]	4.01% [R]	4.48% [R]	4.39% [R]	6.15% [R]		4.05%	4.10%	4.05%	
<b>European Working Time Directive (EWTB) Compliance</b>																
< 48 hour working week	M	95%	82.6% [R]	-13.1%	75.2% [R]	80.2% [R]	74.5% [R]	85.2% [R]	89.4% [A]	90.6% [G]	78.6% [R]		81.8%	83.1%	82.6%	

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

Activity Area	Expected Activity YTD	Result YTD June 2019	% Var YTD	Result YTD June 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	734,463	749,858	+2.1%	718,579	+4.4%	126,214	131,503	119,610
New ED Attendances	611,352	626,472	+2.5%	607,745	+3.1%	105,200	108,900	99,454
OPD Attendances	1,666,495	1,648,882	-1.1%	1,664,335	-0.9%	279,879	299,974	251,458

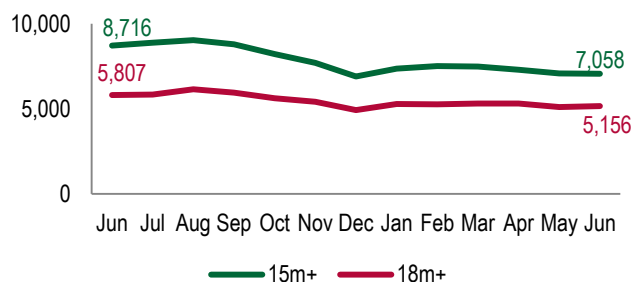
Please note for OPD Attendances Crumlin has data outstanding for April, May & June 2019

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD May 2019	% Var YTD	Result YTD May 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	266,657	268,627	+0.7%	264,741	+1.5%	54,206	53,870	56,867
Inpatient weight units	266,713	262,311	-1.7%	268,475	-2.3%	53,064	52,322	55,399
Day case (includes dialysis)	452,804	461,532	+1.9%	445,645	+3.6%	92,046	95,210	98,680
Day case weight units (includes dialysis)	437,096	448,559	+2.6%	437,737	+2.5%	89,895	92,318	94,409
IP & DC Discharges	719,461	730,159	+1.5%	710,386	+2.8%	146,252	149,080	155,547
% IP	37.1%	36.8%		37.3%	-1.3%	37.1%	36.1%	36.6%
% DC	62.9%	63.2%		62.7%	+0.8%	62.9%	63.9%	63.4%
Emergency IP discharges	186,443	187,691	+0.7%	182,359	+2.9%	37,204	37,390	39,409
Elective IP discharges	34,888	37,508	+7.5%	36,858	+1.8%	8,227	7,980	8,894
Maternity IP discharges	45,326	43,427	-4.2%	45,524	-4.6%	8,774	8,500	8,564

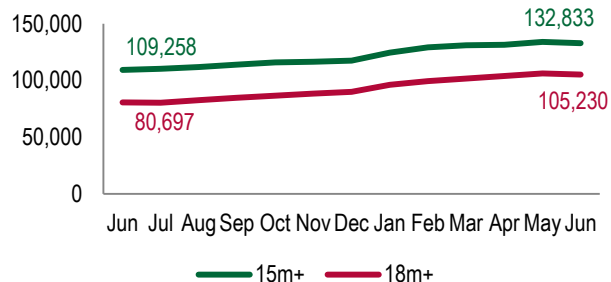
## Inpatient, Day case and Outpatient Waiting Lists

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	●	<b>84.5%</b>	83.1%	1.4%	84.1%	84.5%	84.5%	29 out of 40 hospitals reached target	RUH (40%), SUH (73.4%), GUH (73.8%)
Day case adult waiting list within 15 months	95%	M	●	<b>92.5%</b>	91.4%	1.1%	92.3%	92.4%	92.5%	27 out of 41 hospitals reached target	Tallaght- Adults (80.7%), MUH (84.9%), UHW (85.7%)
Inpatient children waiting list within 15 months	85%	M	●	<b>90.1%</b>	86.8%	3.3%	89.6%	90.2%	90.1%	20 out of 21 hospitals reached target	GUH (75.8%)
Day case children waiting list within 15 months	90%	M	●	<b>83.9%</b>	85.4%	-1.5%	83.7%	83.0%	83.9%	23 out of 28 hospitals reached target	MUH (75%), CHI (80.3%), GUH (80.7%)
Outpatient waiting list within 52 weeks	80%	M	●	<b>68.9%</b>	71.0%	-2.1%	69.3%	68.9%	68.9%	16 out of 43 hospitals reached target	Croom (50.2%), RVEEH (54.4%), UHW (56.4%)

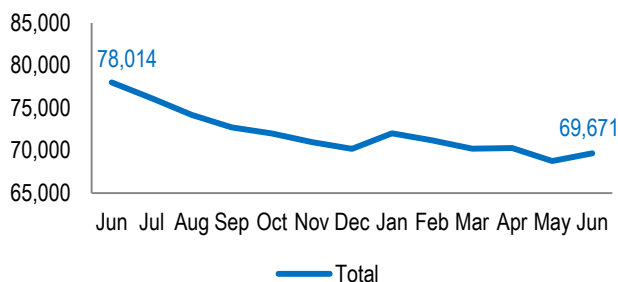
### Inpatient & Day Case Waiting List



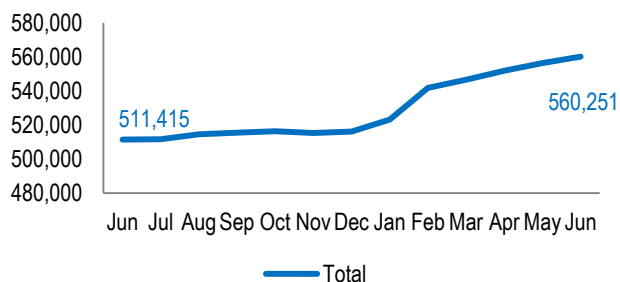
### Outpatient Waiting List



### Inpatient & Day Case Waiting



### Outpatient Waiting List Total



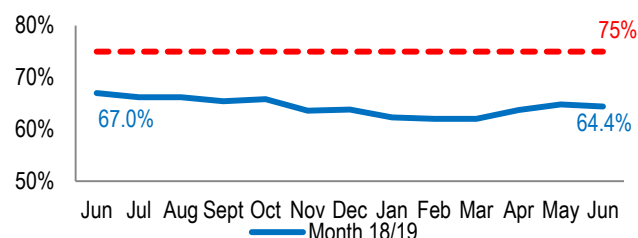
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	18,036	19,509	-1,473	3,832	2,787
Adult DC	45,147	51,531	-6,384	5,398	3,377
Adult IPDC	<b>63,183</b>	71,040	-7,857	<b>9,230</b>	<b>6,164</b>
Child IP	2,467	2,888	-421	397	245
Child DC	4,021	4,086	-65	915	649
Child IPDC	<b>6,488</b>	6,974	-486	<b>1,312</b>	<b>894</b>
OPD	560,251	511,415	48,836	174,002	132,833

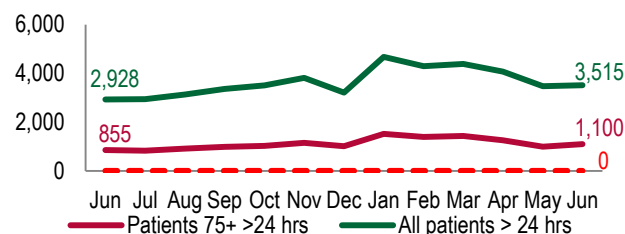
## ED Performance

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	●	<b>63.2%</b>	64%	-0.8%	63.7%	64.8%	64.4%	SLK (93.2%), St Michael's (92.3%), CHI (91.9%)	Tallaght - Adults (35.5%), Naas (37.5%), Beaumont (42.1%)
% in ED < 24 hours	99%	M	●	<b>96.4%</b>	96%	+0.4%	96.4%	97.1%	96.7%	14 out of 28 hospitals achieved target	Naas (90.3%), Tallaght - Adults (92%), UHK (92.3%)
% 75 years within 24 hours	99%	M	●	<b>90.9%</b>	90.1%	+0.8%	91.4%	93.3%	92.1%	12 out of 27 hospitals achieved target	Naas (75.1%), GUH (79.1%), UHW (82.1%)

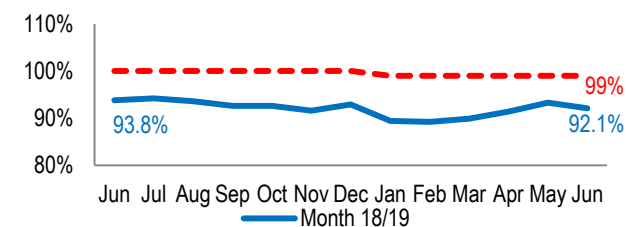
### % patients admitted or discharged within 6 hours



### ED over 24 hours



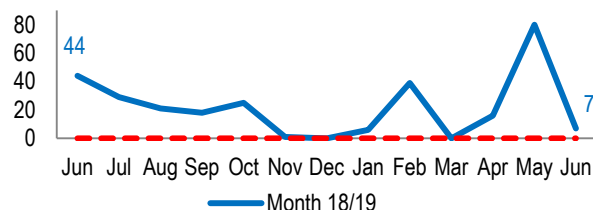
### % 75 years old or older admitted or discharged



## 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	●	<b>148</b>	159	-11	16	80	7	32 out of 37 hospitals achieved target	LUH (3), SVUH, CUH, UHK, SUH (1)
Bowelscreen – number colonoscopies scheduled > 20 working days		M		<b>163</b>	828	-665	16	10	30	6 hospitals have 0	Wexford, Ennis & SUH (7), UHK & SVUH (3), Mercy (1)
Routine Colonoscopy and OGD <13 weeks	70%	M	●	<b>49.6%</b>	56.7%	-7.1%	52.3%	50.4%	49.6%	15 out of 37 hospitals achieved target	CHI (22.5%), UHL (22.9%), Naas (27.2%)

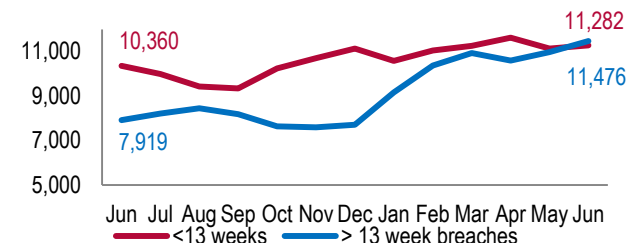
### Urgent Colonoscopy - number of people waiting (new)



### BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	225	316	288
Number scheduled over 20 working days	16	10	30

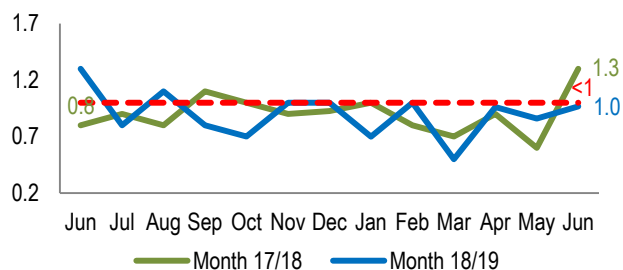
### Number on waiting list for GI Scopes



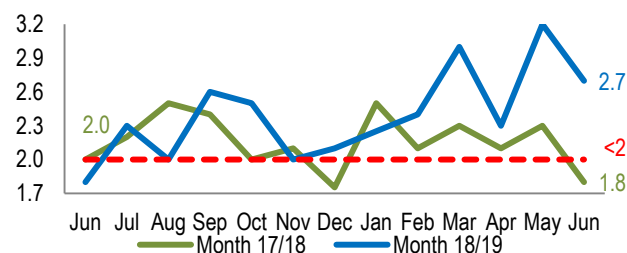
## HCAI Performance

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	●	1.0	0.8	+0.2	1.0	0.9	1.0	35 out of 47 hospitals achieved target	RUH (6.8), SJH (4.0), UHL (3.2)
Rate of new cases of C Difficile infection	<2	M	●	2.7	1.8	+0.9	2.3	3.2	2.7	27 out of 47 hospitals achieved target	St. John's (10.0), Beaumont (7.4), RUH (6.8)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	70.2%	29.8%	+40.4%	55.3%	70.2%	70.2%	33 out of 47 hospitals achieved target	

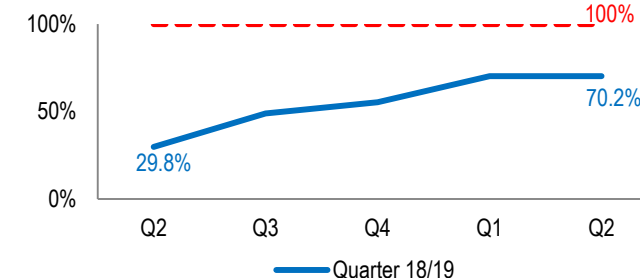
### Rate of Staph. Aureus bloodstream infections



### Rate of new cases of C Difficile associated diarrhoea



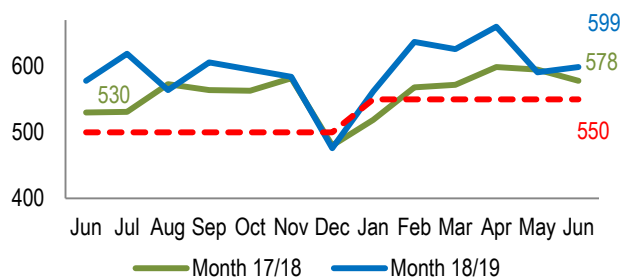
### Requirements for screening with CPE Guidelines



## 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	●	599	578	+21	660	591	599	Mullingar, Ennis (0)	SJH (59), MMUH (52), OLOL (46)

### Delayed Discharges



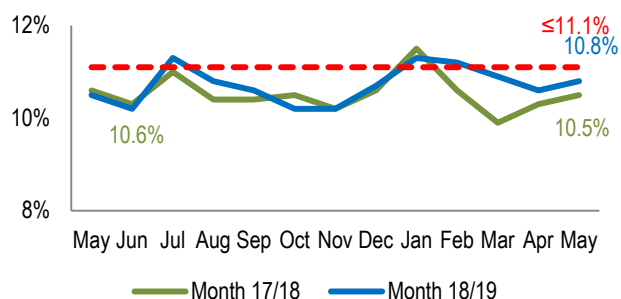
### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	104	39	143	23.9%
Long Term Nursing Care	304	49	353	58.9%
Other	57	46	103	17.2%
<b>Total</b>	<b>465</b>	<b>134</b>	<b>599</b>	<b>100%</b>

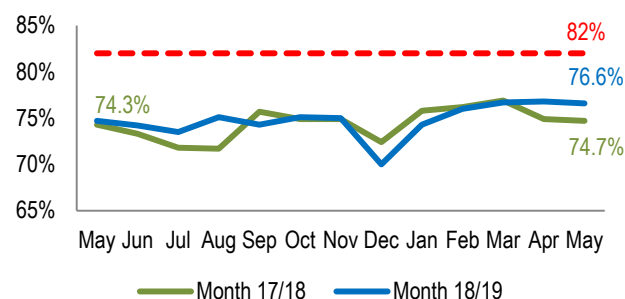
## Surgery and Medical Performance

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	● 11.7%	11.2%	+0.5%	10.9%	10.6%	10.8%	21 out of 34 hospitals achieved target	Sth Tipperary (16.2%), SUH (15.7%), MUH (14.9%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	● 75.5%	75.3%	+0.2%	76.7%	76.8%	76.6%	18 out of 35 hospitals achieved target	GUH (37.8%), PUH (66.7%), Connolly (75.6%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	● 44.5%	49.6%	-5.1%	43%	42.8%	39.8%	9 out of 34 hospitals achieved target	9 Hospitals that had cases at 0%
Surgical re-admissions within 30 days of discharge	≤3%	M-1M	● 2.1%	2%	+0.1%	1.9%	2%	1.9%	29 out of 38 hospitals achieved target	SLK (6.9%), OLOL (4.3%), Portlaoise (3.9%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	● 77.4%					77.4%	3 out of 16 hospitals achieved target	OLOL (56.3%), UHK (58.3%), UHW (59%)

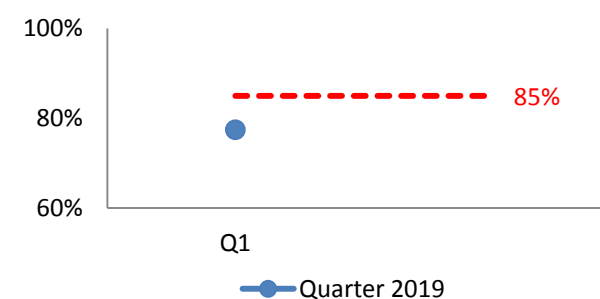
### Emergency re-admissions within 30 days



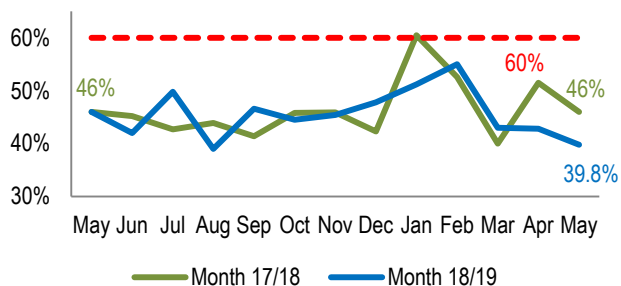
### Procedure conducted on day of admissions



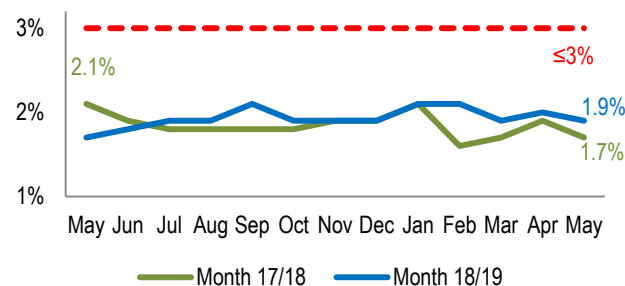
### Hip fracture surgery within 48 hours



### Laparoscopic Cholecystectomy day case rate



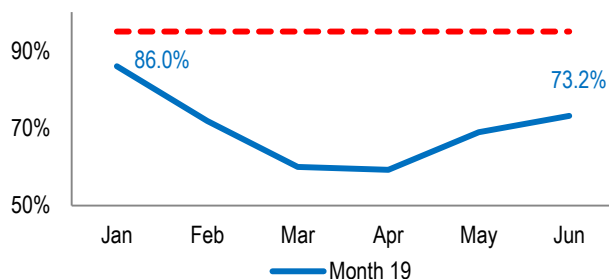
### Surgical re-admissions within 30 days



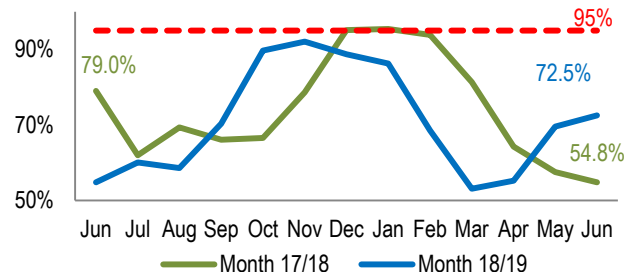
## Cancer Services

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	●	69.7%			59.3%	69%	73.2%	SVUH & Beaumont (100%)	SJH (33.9%), MMUH (38.9%), LUH (66%)
Urgent breast cancer within 2 weeks	95%	M	●	67.5%	74%	-6.5%	55.2%	69.6%	72.5%	SVH, Beaumont & UHW (100%), UHL (97.6%)	SJH (16%), MMUH (26.3%), LUH (66%)
Non-urgent breast within 12 weeks	95%	M	●	69.8%	71.3%	-1.5%	73%	68.4%	76.8%	SVUH (99.7%), UHL (98.3%), Beaumont (98.2%)	LUH (23%), UHW (25.3%), CUH (60.1%)
Lung Cancer within 10 working days	95%	M	●	86.8%	86.7%	+0.1%	91%	83.5%	88.4%	5 out of 8 hospitals reached target	CUH (54.2%), UHL (63.6%), GUH (90.2%)
Prostate cancer within 20 working days	90%	M	●	66.4%	77.3%	-10.9%	52.9%	55%	64.2%	3 out of 8 hospitals reached target	UHW (3.7%), UHL (42.1%), CUH (52.1%)
Radiotherapy within 15 working days	90%	M	●	86.8%	77.7%	+9.1%	84.4%	88.4%	86.7%	Altnagelvin & UHW (100%), UHL (98.1%)	GUH (81.8%), CUH (82.2%), SLRON (85.1%)

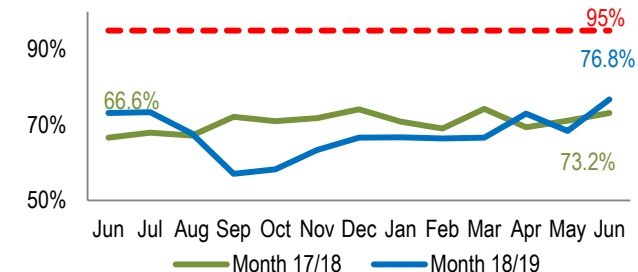
Rapid Access within recommended timeframe



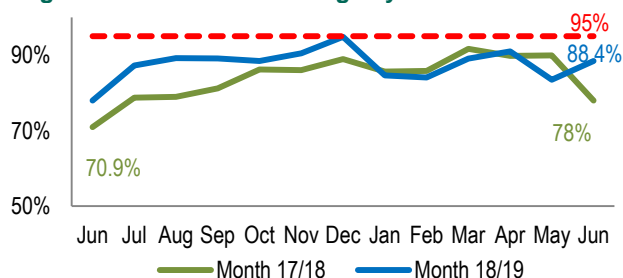
Breast Cancer within 2 weeks



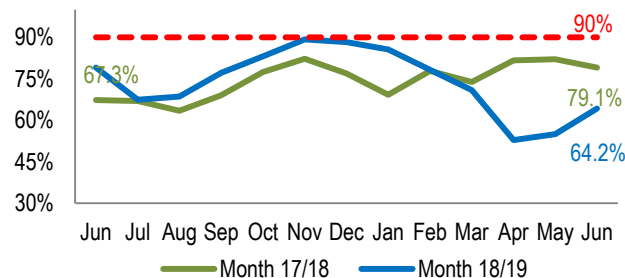
Non-urgent breast within 12 weeks



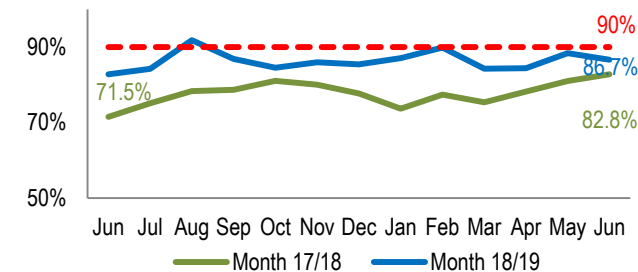
Lung Cancer within 10 working days



Prostate Cancer within 20 working days



Radiotherapy within 15 working days

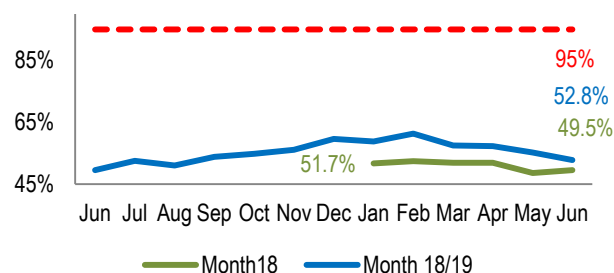




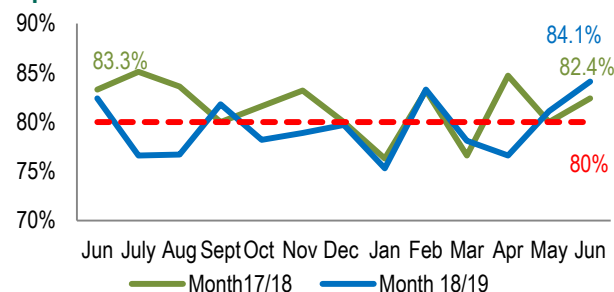
## Pre-Hospital Emergency Care Services

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	●	<b>79.7%</b>	80.4%	-0.7%	76.6%	81.1%	84.1%	North Leinster (92.9%), Dublin Fire Brigade (81.6%), South (76.7%)	Western Area (81.2%),
Response Times – DELTA	80%	M	●	<b>56.3%</b>	57.4%	-1.1%	56.5%	57.6%	58.8%	North Leinster (67.5%)	Dublin Fire Brigade (49.2%), Southern Area (56.4%), Western Area (59.8%)
Ambulance Turnaround % delays escalated within 30 minutes	95%	M	●	<b>57.2%</b>	51%	+6.2%	57.3%	55.2%	52.8%		
Ambulance Turnaround % delays escalated within 60 minutes	95%	M	●	<b>98.3%</b>	97.5%	+0.8%	98.8%	98.1%	97.3%		
Return of spontaneous circulation (ROSC)	40%	Q-1Q	●	<b>36.7%</b>	36.8%	-0.1%	48.1%	43.4%	36.7%		

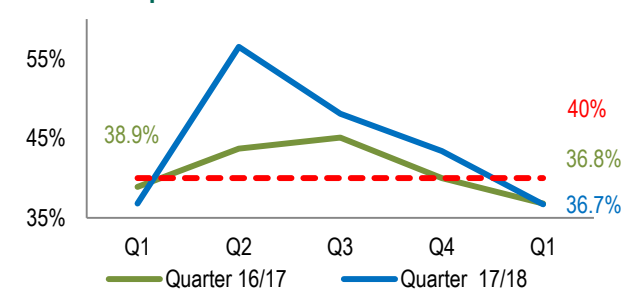
### Ambulance Turnaround - within 30 minutes



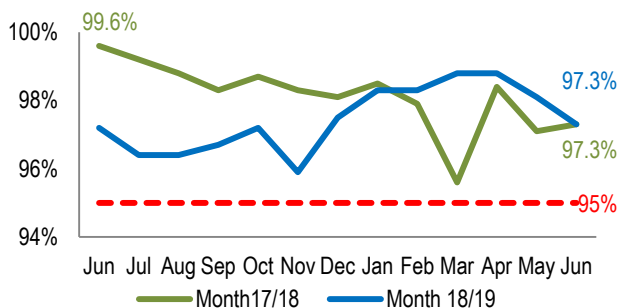
### Response Times – ECHO



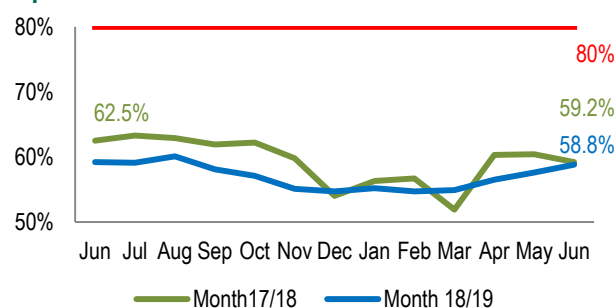
### Return of spontaneous circulation



### 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	2,466	2,442	-1%	2,483	-41
DELTA	64,500	64,521	+0.03%	63,949	+572

## Acute Hospital Services Update

### Emergency Department (ED) Performance

- There were 749,858 emergency presentations year to date June 2019. This is a 4.4% increase on emergency presentations for the corresponding period in 2018 and exceeded the target of 734,463 by 2.1%.
- ED PET less than 24 hours (all patients) was 96.7% and less than 9 hours was 79.2% in June 2019. Thirteen 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 92.1% in June.

An additional 75 beds were approved under the Winter Plan 2018/2019. Seventy-one of these beds are open. The additional beds were funded to support winter pressures on a part year basis. HSE, in conjunction with the Department of Health is planning for an additional 202 in 2020 beds to support the capacity review.

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 599 Delayed Discharges at the end of June 2019. This included 143 Delayed Discharges waiting to go home, 353 waiting on long term nursing care and 103 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, the two days in February and the SIPTU action in June had an impact on inpatient and day case activity with an associated impact on waiting lists. Over 45,000 OPD appointments and almost 9,500 inpatient day case procedures were lost as a result of industrial action to date in 2019

### Day Case Discharges (including dialysis)

The number of day case procedures year to date May 2019 was 461,532 versus 445,645 for the same period in 2018, that is, an increase of 15,887(3.6%) cases. The number of day case procedures undertaken year to date May 2019 was 1.9% above the target of 452,804 cases for this period.

### Inpatient Discharges

The number of inpatient discharges was 268,627 year to date May 2019 versus 264,741 for the corresponding period in 2018, that is, an increase of 3,886(1.5%) cases. Inpatient discharges year to date May 2019 were 0.7% higher than the target of 266,657.

### Elective Inpatient Discharges

There were 37,508 elective inpatient discharges year to date May 2019 versus 36,858 for the corresponding period in 2018, that is, an increase of 1.8%. Elective inpatient discharges were 7.5% higher than the target of 34,888.

### Emergency Inpatient Discharges

There were 187,691 emergency inpatient discharges year to date May 2019 versus 182,359 for the corresponding period in 2018, that is, an increase of 2.9%. Emergency inpatient discharges were 0.7% higher than the target of 186,443.

### Maternity Inpatient Discharges

There were 43,427 maternity inpatient discharges year to date May 2019 and 45,524 for the corresponding month in 2018 which is a decrease of 2,097 (-4.6%). Maternity inpatient discharges were 4.2% less than the target of 45,326.

### 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 June was 84.5% and 92.5% respectively. In the case of the children's inpatient waiting list, 90.1% of children were waiting less than 15

months versus the NSP 2019 target of 85% and 83.9% 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 June was 69,671. The total number of people waiting for inpatient and day case procedures is down by 10.7% (8,343 patients) when the waiting list in June 19 is compared with June 18.

The total number of people waiting more than 15 months was down by 1,657 (19.0%) when June 19 is compared with June 18.

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.

#### Outpatient Waiting Lists

The National Service Plan 2019 target is that 80% of people on the outpatient waiting list will be waiting less than 52 weeks for an outpatient appointment. Compliance with this target was 68.9% in June 2019.

Total number of people waiting for Outpatient appointment was 560,251 in June 19, this is up from 556,411 (0.7%) in May 19. Outpatient activity in 2019 was significantly affected by the strike actions'.

HSE is developing targeted initiatives in five specialties mainly focused on increased community supports that will reduce reliance on requirement to access acute services. These are Dermatology, Ophthalmology, Otolaryngology (ENT), Orthopaedics and Urology. At the end of June 19, patients waiting for appointments for these specialities accounted for 45% of all Outpatient Waiting List.

## Cancer Services

### Symptomatic Breast Cancer Clinics

The following four Symptomatic Breast Cancer Clinics exceeded the National Service Plan 2019 target where 95% patients that were triaged as urgent were seen within two weeks of referral;

- Beaumont Hospital - 100%
- University Hospital, Limerick – 97.6%
- St Vincent's University Hospital – 100%
- University Hospital Waterford – 100%

### Rapid Access Clinics for Lung Cancer Services

The following five Rapid Access Clinics for lung cancer exceeded the National Service Plan 2019 target where 95% of patients were offered 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%
- Beaumont Hospital – 100%
- University Hospital Waterford – 100%

### Rapid Access Clinic for Prostate Cancer Services

The following three Rapid Access Clinics for prostate cancer exceeded the National Service Plan 2019 target where 90% patients were offered an appointment within 20 working days of receipt of referral:

- Mater Misericordiae University Hospital – 92.9%
- St Vincent's University Hospital – 100%
- Beaumont Hospital - 100%

### Radiotherapy

Two of the five radiotherapy centres complied with the NSP 2019 target that 90% of patients commence treatment within 15 working days of the patient being deemed ready to treat. The Mid-Western Radiation Oncology Centre, Limerick and UPMC, Whitfield, Waterford complied with the target in June.

## 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 Breast referrals in September (43.6%) and full compliance in Quarter 4 2018. However, performance has disimproved in the early part of 2019 and remains below target. The National Acute Operations Division and National Cancer Control Programme have requested formal engagement with the Hospital Group and the Hospital in relation to performance in this regard.

St James's Hospital also reported low levels of compliance with the access targets for BowelScreen procedures year to date September 2018. 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 in the period January to June 2019.

The Group continues to support the hospital in order to deliver improvement in performance in relation to the breast cancer service. 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 29 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 81 cases of Clostridium Difficile associated diarrhoea reported by hospitals in June.

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 64 new cases of Carbapenemase Producing Enterobacteriaceae (CPE) reported by hospitals in June. 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

- AS1<sup>5</sup> and AS2<sup>6</sup> calls increased by 56 calls (0.2%) when June 2019 (28,003) is compared with June 2018 (27,947).
- The daily average call rate for AS1 and AS2 calls in June 2019 was 933.
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was above target at 84% in June. This shows an increase of 3% compared to May 2019.
- ECHO calls decreased by 5% (20) when June 2019 (414) is compared with the same month in 2018 (434).
- 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 59%. This is an increase of 1.2% compared to last month, May 2019. The number of DELTA calls activated in June 2019 was 11,633 which is an increase of 2% (174) compared with the same month in 2018 (11,459).
- 88% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service in June.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. Eighty-eight per cent 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 91% of vehicles being released within 60 minutes or less in June 2018.

## 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.

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.

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<sup>5</sup> 112/ 999 emergency and urgent calls

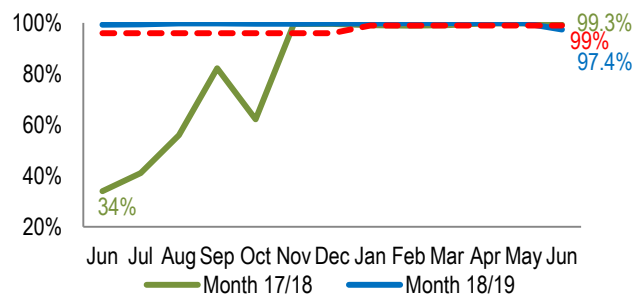
<sup>6</sup> Urgent calls received from a general practitioner or other medical sources

# National Services

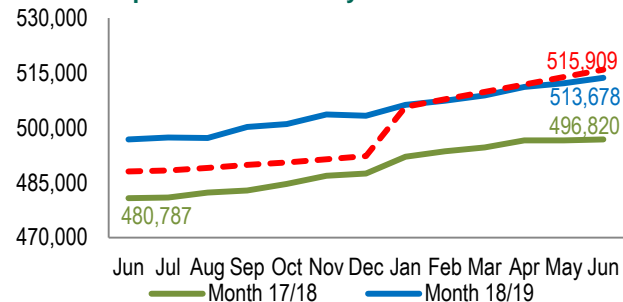
## National Services

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	●	97.4%	99.3%	-1.9%	99.9%	99.9%	97.4%
Number of persons covered by Medical Cards	1,557,725 YTD/ 1,541,667 FYT	M	●	1,560,083	1,581,526	-21,443	1,564,461	1,564,265	1,560,083
Number of persons covered by GP Visit Cards	515,909 YTD/ 528,079 FYT	M	●	513,678	496,820	+16,858	511,186	512,168	513,678
Number of initial tobacco sales to minors test purchase inspections carried out	192 YTD/ 384 FYT	Q	●	184	261	-77	0	38	146
Number of official food control planned, and planned surveillance inspections of food businesses	16,500 YTD/ 33,000 FYT	Q	●	14,279	15,362	-1,083	8,668	6,675	7,604

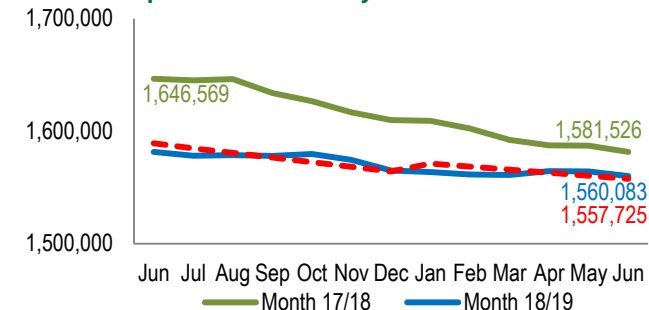
### Medical card turnaround within 15 days



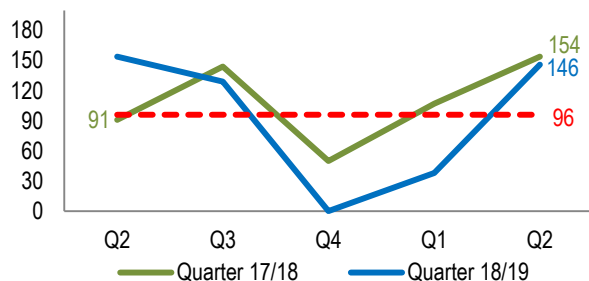
### Number of persons covered by GP Visit cards



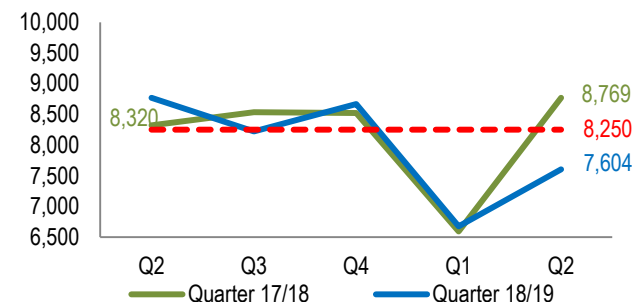
### Number of persons covered by Medical Card



### Number of initial tobacco sales to minors



### Number of inspections of food businesses





## National Services Update

### PCRS

The number of people who held medical card eligibility on 30<sup>th</sup> June 2019 was 1,560,083, a decrease of 4,182 on the previous month. The total number of persons with eligibility for a GP visit card on 30<sup>th</sup> June 2019 was 513,678, an increase of 1,510 on the previous month. As at 30<sup>th</sup> June 2019, 2,073,761 or 42.7% of the population had medical card or GP visit card eligibility, an overall decrease of 2,672 on the previous month.

For the first 6 months of 2019, the total number of people with eligibility is close to the NSP profile figure of 2,073,634. However, the number with MC eligibility exceeds the profile figure for MC by approx. 2,300 while the number with GPVC eligibility is less than profiled by approx. 2,200.

### Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 14,279 Planned and Planned Surveillance Inspections were carried out by the end of Q2. This represents a 13.5% variance from the year to date target. Of those Planned and Planned Surveillance inspections, 21.4% 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 184 initial tobacco sales to minors test purchase inspections were completed by end of Q2 which is a variance of 4.2% from the target of 192 inspections. 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. 97.6% of relevant

consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q2. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. The target of 95% was exceeded.

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.

96.8% of all complaints received by the EHS by the end of Quarter 2 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. By the end of Quarter 2, 1190 drinking water samples were taken to assess compliance which is 96.7% of the target. Non achievement of the target was due to plants being offline and not fluoridating which is outside of the control of the HSE.

201 Establishments received a planned inspection to assess compliance with the Sunbeds Act which exceeds the target

19 Mystery Shopper Inspection to Sunbed Establishments were completed. This is 18.8% ahead of the target of 16. It is a bi annual target and is expected to be achieved as it was in 2018.

11 Sunbed Test Purchases to Sunbed Establishments were completed. This is a variance of 31.3% from the target of 16. Sunbed Test Purchases is dependent on the availability of minors and this KPI will be targeted over school summer holidays/autumn midterm. This will be closely monitored to ensure compliance and it expected that the target will be achieved by year end as it was in 2018.



3 inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed out of target of 20 (variance of 85%). Activity in Q1 was focused on reactive work such as complaints/queries and closing out on 2018 actions. Activity in Q2 focused on reviewing and finalising operational protocols. It will continue to be monitored but it is expected that the target will be achieved by year end.

In general, considerable focus continued to be applied to Brexit preparation during Quarter 1/Quarter 2 and this has impacted on performance.

### Emergency Management

The HSE Emergency Management function (EM) is there to assist leaders and managers across all levels of the HSE to generate resilience in the face of identified risks that threaten to disrupt the provision of Health Services.

#### Mass Casualty Incident (MCI) working group

HSE EM co-chairs this group along with the National Clinical Advisor for Acute hospitals. The clinical advisor to the group is leading on works streams relating to Patient Dispersal Framework and Patient Pathways.

#### Severe Weather Checklist and Associated Guidance

HSE EM has developed a template MoU for working with Voluntary Emergency Services during severe weather events and will meet with each of the services to finalise. The updated HSE Severe weather guidance will be finalised to be circulated in early September

#### Emerging Viral Threats group

HSE EM chairs the Repatriation Working group which is charged with developing an inter-operable protocol for the Repatriation and treatment of an Irish Citizen with confirmed Ebola Virus Disease. This protocol will be supported by a number of HSE operational protocols for e.g. National Isolation Unit, the National Ambulance Services Incident response team, Occupational Health, Waste Management, Specialised cleaning, Decanting, Communications etc. Sub-groups continue to progress actions to populate draft supporting protocols. A draft Occupational Health protocol for Repatriation is currently out for review by key

stakeholders. Four meetings took place to progress planning around waste packaging and treatment. Liaison with the Department of Foreign Affairs continued in relation to HSE operational considerations vis a vis Aeromedevac operators. A T.C. with Phoenix Air, an Aeromedevac operators contracted by the WHO took place in June to further operational planning requirements.

### CBRN

Work is continuing in regard to CBRN and HSE EM has sought a date to brief the Senior Operations Team on the findings of the CBRN Needs Analysis. HSE EM nominated Dr Regina Kiernan, consultant in Public Health medicine, to represent the HSE a meeting of CBRN experts and a Table Top Exercise “STORM JUSTICE” on the 27/28<sup>th</sup> of June in Paris.

#### 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. HSE EM attended the National Steering Group on Major Emergency Management on June 6<sup>th</sup>. HSE EM participated in a number of multi-agency exercises in June, including the Limerick tunnel, and a Cross Border Local coordination exercise in Monaghan. There was a risk assessment of the Dublin Port site arising from transportation and storage changes necessitated by Brexit which may impact the external emergency plans for the Seveso sites located in the Port.

#### Crowd Events

HSE EM continues to meet its legislative requirement under the planning and development act for licenced Crowd Events (both Licenced and Unlicensed). To date 63 events have been reviewed in 2019. The planning for the Irish Open in Lahinch is being finalised with a number of Health Considerations being incorporated within the event plan.

#### 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. At the end of June 2019, six of these sites have been reviewed and exercised.

### Trauma Review Implementation Group

HSE EM continues to engage with this group in planning for implementation of the two major trauma centres. HSE EM attended the “Trauma Model of care” conference in the Mater Hospital on June 7<sup>th</sup>.

### 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.

### 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

Dealing with on-going Brexit-related PQ's, FOI's, press queries etc. as HSE's project Co-ordinator, with HSE Brexit Lead.

- Weekly DoH Sec. Gen. meetings accompanied by DG HSE
- Chaired/attended 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.
- Presented jointly to CHO1 and CHO8 Chief Officers and their senior staff on Brexit preparedness and the next steps
- Presented to Accountants Network North West on Brexit preparations
- Presented at 3<sup>rd</sup> HSE Brexit Workshop

### Cross Border Work

- On-going Interreg VA Project Board meetings
- On-going CAWT Management Board and Secretariat meetings  
Attended NWCC Monitoring Group meeting
- 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.
- Participation in Cardiology Steering Group meetings as HSE rep.
- Led out on tendering process for external Governance review of CAWT  
Commenced internal HSE consultation with CHO1 & CHO8, on possible “blue-sky” ideas for future rounds of EU funding and attended meetings with DoH, DEPR in this regard.
- Initial consultation all border counties,
- Hosted visit by National Director with responsibility for GDPR who presented to over 200 staff

### Next Steps & Key Outcomes

- 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.
- 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.

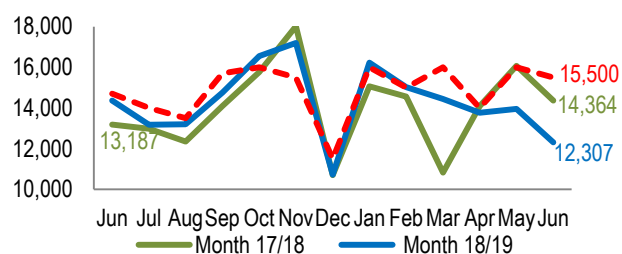
- Provide up to date Risk Registers to HSE Brexit Lead from across the high risk areas in the HSE.
- Provide an update on current patient beneficiaries and value for money to the National Director Value Improvement Programme as requested on the cross border North West Cancer Centre. Working with NCCP 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

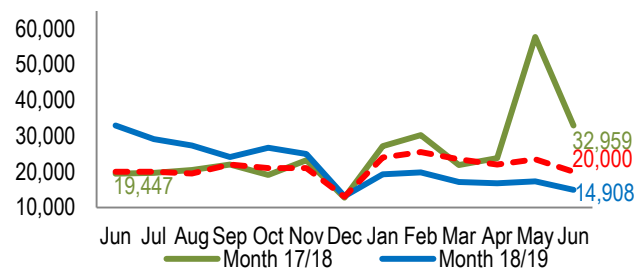
## National Screening Service

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	92,500 YTD/ 185,000 FYT	M	●	<b>85,723</b>	84,974	+749	13,763	13,959	12,307
BreastCheck - % screening uptake rate	70%	Q-1Q	●	<b>72.2%</b>	76.3%	-4.1%	71.1%	68.4%	72.2%
CervicalCheck - number of eligible women who had screening	138,500 YTD/ 255,000 FYT	M	●	<b>105,203</b>	193,754	-88,551	16,748	17,297	14,908
Cervical Check - % with at least one satisfactory CervicalCheck screening in a five year period	80%	Q-1Q	●	<b>79.1%</b>	79.8%	-0.7%	78.9%	78.7%	79.1%
BowelScreen - number of people who completed a satisfactory FIT test	66,300 YTD/ 125,000 FYT	M	●	<b>57,052</b>	59,919	-2,867	9,088	12,511	10,946
Bowelscreen - % client uptake rate	42%YTD/ 45% FYT	Q-1Q	●	<b>42.1%</b>	38.7%	+3.4%	40.3%	39.6%	42.1%
Diabetic RetinaScreen - number of people screened	51,500 YTD/ 104,000 FYT	M	●	<b>52,431</b>	49,082	+3,349	7,803	10,480	9,067
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	<b>62.6%</b>	61.4%	+1.2%	59.4%	56.4%	62.6%

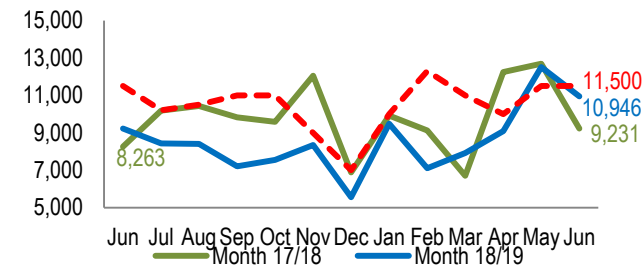
**BreastCheck-number who had a mammogram**



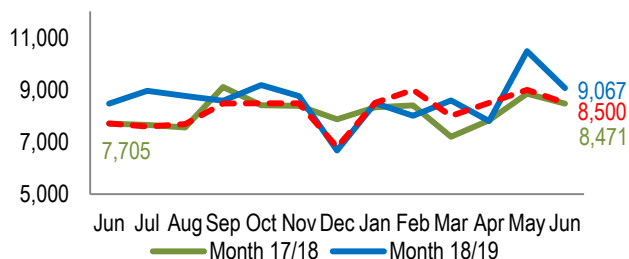
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period June 2019 was 12,307 which is behind the target of 15,500 by 3,193 (20.6%)
- The number of women who had a complete mammogram YTD (Jan-June 2019) was 85,723 which is behind the target of 92,500 by 6,777 (7.3%)
- The number of women aged 65+ who had a complete mammogram YTD (Jan-Jun 2019) was 14,075 which is behind the target of 16,200 by 13.1%

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

The proportion of women waiting > 24 months for an invitation for breast screening during 2019 has decreased. Currently 48.4% of eligible women aged 50-68 have been invited for breast screening within 24 months. Further efforts to reduce this over the course of the year include the hiring of additional radiography and radiology staff with a plan to hire locums pending permanent appointments. This however may not be possible due to the lack of suitable candidates for Consultant Radiology posts. There is a similar issue with available radiographers. So a solution is complex and not at all straightforward and will impact numbers screened and the backlog in BreastCheck.

### CervicalCheck

- The number of unique women who had one or more smear tests in a primary care setting in the period June 2019 notified to report date was 14,908 which was behind the target of 20,000 by 25.5%.
- The number of unique women who had one or more smear tests in a primary care setting YTD (Jan-Jun 2019) was 105,203 behind the target of 138,500 by 24.0%

The numbers screened are those notified by report date – the cytology backlog in laboratories ca. 42,000 tests has resulted in delays in notifying results to women and currently the average wait stands at 11 weeks with some women waiting up to 23 weeks (versus 27 weeks in May). 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 Steering Committee and a project working group has been established, a project plan agreed with identified activities and tasks are to be co-ordinated by workstream leads.

### BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period June 2019 was 10,976 which is behind the target of 11,500 by 4.8%
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (Jan-Jun 2019) was 57,052 which is behind the target of 66,300 by 13.9%.

Screening numbers are behind target for the year by 9,243 (8,692 in May). Targeted campaigns to improve uptake are ongoing by the programme and the Screening Promotion team with various initiatives including collaboration with respected agencies.

Waiting times for a colonoscopy for those that have a FIT positive test was recorded and was just under the  $\geq 90\%$  target at 89.6% within 20 working days in June. Nine of the thirteen contracted colonoscopy centres met the expected KPI of 90% within 20 days. Four units experienced challenges in meeting the 20 day target in June.

### Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period June 2019 was 9,067 which is ahead of the target of 8,500 by 567 (6.7%)
- The number of diabetics screened with a final grading result YTD (Jan-Jun 2019) was 52,431 which is ahead of the target of 51,500 by 931 (1.8%)

Screening numbers are marginally ahead the target for the year by 1.8%.

Waiting times for routine retinopathy referrals and for detected non-diabetic eye disease (NDED) continue to be outside target in certain treatment clinics for example CUH. The programme is working closely with the hospitals to ensure that plans are put in place so that patients are seen within agreed referral timeframes. For example, CUH have drafted a SLA with Kerry General to assist with referrals in the South region, this has yet to be signed. A private provider is seeing the NDED referrals, patients in excess of one year on the CUH waiting list had the option to be rescreened.

MMUH has reduced its backlog significantly, however the NDED cohort of patients continues to be outsourced to a private provider and requires ongoing management and monitoring.

The contracts for the implementation of digital surveillance have been awarded to one provider Global Vision the contract with EMIS Care will not be awarded until operational issues have been addressed

# Finance



## Introduction

The HSE's 1<sup>st</sup> 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 Sláintecare 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 National Service Plan 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 Sláintecare 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 €8.03 billion against the available budget reported at €7.82 billion. This gives rise to an I/E deficit of €199.9m which represents 2.6% of the total available budget. Of this €117.2m, or the equivalent of 1.9% of the total available budget, is in respect of greater than

expected expenditure on operational service areas, which includes a net deficit of €86.6m in Acute Operations and a deficit of €38.5m 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 targets 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 €82.7m 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 below and within the accompanying narrative.

## Summary Financial Performance

	Approved Allocation	Year to Date 2019					Variance inc 1 <sup>st</sup> Charge
		Actual	Budget	Variance	Variance		
		€m	€m	€m	€m	%	
Acute Hospital Care	5,345.1	2,687.7	2,600.4	87.3	3.4%	87.3	
National Ambulance Service	170.2	82.9	83.6	(0.7)	-0.8%	(0.0)	
<b>Acute Operations</b>	<b>5,515.4</b>	<b>2,770.6</b>	<b>2,684.0</b>	<b>86.6</b>	<b>3.2%</b>	<b>87.2</b>	
Primary Care Division Total (Note 1)	1,135.1	542.2	551.0	(8.8)	-1.6%	(9.1)	
Mental Health Division	969.8	474.1	480.8	(6.7)	-1.4%	(5.5)	
Older Persons Services	876.8	448.6	436.4	12.2	2.8%	9.7	
Nursing Home Support Scheme	976.3	482.1	479.2	2.9	0.6%	2.5	
Older Persons Services Division	1,853.1	930.7	915.6	15.1	1.7%	12.2	
Disability Services Division	1,912.7	976.2	939.8	36.4	3.9%	32.4	

	Approved Allocation	Year to Date 2019				
		Actual	Budget	Variance	Variance	Variance inc 1 <sup>st</sup> Charge
	€m	€m	€m	€m	%	€m
Regional Services	17.7	11.0	8.6	2.4	27.9%	3.3
<b>Community Total (CHO &amp; Regional/National)</b>	<b>5,888.4</b>	<b>2,934.1</b>	<b>2,895.6</b>	<b>38.5</b>	<b>1.3%</b>	<b>33.3</b>
Chief Clinical Office	77.2	24.4	26.7	(2.3)	-8.8%	(6.2)
National Screening Service	80.4	34.8	35.8	(0.9)	-2.6%	1.2
Health & Wellbeing Division	116.1	50.0	53.3	(3.3)	-6.1%	(5.9)
National Services	46.3	22.4	22.8	(0.4)	-1.8%	(0.2)
Support Services & Winter Plan	402.1	170.5	171.5	(1.0)	-0.6%	(0.9)
Other Operations/Services	722.1	302.1	310.1	(7.9)	-2.6%	(12.0)
Operational Service Areas	12,125.9	6,006.8	5,889.7	117.2	2.0%	108.6
Pensions	482.0	242.0	245.2	(3.2)	-1.3%	9.1
State Claims Agency	340.0	205.3	178.6	26.7	15.0%	26.1
Primary Care Reimbursement Service (Note 1)	2,697.8	1,409.6	1,364.1	45.5	3.3%	83.6
Demand Led Local Schemes (Note 1)	262.4	131.9	130.4	1.6	1.2%	1.9
Treatment Abroad and Cross Border Healthcare	22.9	23.0	11.6	11.5	98.9%	15.4
EHIC (European Health Insurance Card)	14.2	7.7	7.1	0.7	9.4%	2.8
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,819.2</b>	<b>2,019.6</b>	<b>1,936.9</b>	<b>82.7</b>	<b>4.3%</b>	<b>138.8</b>
<b>Overall Total</b>	<b>15,945.1</b>	<b>8,026.4</b>	<b>7,826.5</b>	<b>199.9</b>	<b>2.6%</b>	<b>247.4</b>

## June Financial Performance and 2018 1st Charge

In addition to the financial performance on 2019 service delivery YTD, the impact of the 2018 first charge needs to be incorporated.

2018 First charge: €149.4m

Planned funding allocated: € 54.9m

Balance contributing to 2019 financial performance challenges € 94.5m

Pro rata allocation to June 2019 € 47.5m

The inclusion of the 1<sup>st</sup> charge increases the overall YTD variance from €199.9m to €247.4m. It should be noted that the overall 2019 HSE financial outlook includes full provision for the 2018 1<sup>st</sup> charge.

*Note re 1st Charge: In line with the Health Act 2014 (as amended), provision must be made in the subsequent financial year for the statutory part of any in year deficit. The statutory 1st charge incoming from 2018 will fall to be addressed in 2019 and the National Service Plan 2019 made an estimated provision in this regard.*

## Acute Operations

	Approved Allocation	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
RCSI Hospital Group	796.7	414.2	395.5	18.7	4.7%
Dublin-Midlands Hospital Group	960.5	492.0	477.6	14.4	3.0%
Ireland East Hospital Group	1,043.9	538.8	521.4	17.4	3.3%
South-South West Hospital Group	889.4	456.1	443.9	12.3	2.8%
Saolta University Health Care Group	841.0	430.0	418.4	11.6	2.8%
University of Limerick Hospital Group	351.3	182.4	174.9	7.5	4.3%
Children's Health Ireland	335.3	171.1	167.5	3.5	2.1%
Regional & National Services	127.1	3.1	1.2	1.9	161.9%
<b>Total excluding National Ambulance Service</b>	<b>5,345.1</b>	<b>2,687.7</b>	<b>2,600.4</b>	<b>87.3</b>	<b>3.4%</b>
National Ambulance Service	170.2	82.9	83.6	(0.7)	-0.8%
<b>Acute Operations Total</b>	<b>5,515.4</b>	<b>2,770.6</b>	<b>2,684.0</b>	<b>86.6</b>	<b>3.2%</b>

Acute Operations have expenditure of €2,770.6m against a budget of €2,684m leading to an adverse variance of €86.6m (3.2%). Acute operations includes a small temporary surplus of (€0.7m) on the national ambulance service and a €87.3m over run on acute hospitals services. The deficit of €87.3m includes €8.8m of expenditure to deliver timely access during winter months.

An income surplus YTD of (€8.5m) relates to larger than expected levels of reimbursable drugs costs and offsets a related deficit in non-pay. €10.5m of the non-pay deficit relates to bad debts on private income, a significant portion of which relates to the on-going actions of insurers. This leaves an adjusted €34.5m variance in non-pay, of which €17.5m is related to clinical costs including drugs & medicines and laboratory. The non-clinical non pay variance is c.€17m.

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 €2,934.1m against a budget of €2,895.6m leading to an adverse variance of €38.5m. This represents a variance of 1.3% year to date. This is illustrated in table below.

	Approved Allocation	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Primary Care	889.9	423.2	429.5	(6.3)	-1.5%
Social Inclusion	160.6	77.4	79.9	(2.5)	-3.1%
Palliative Care	84.6	41.6	41.6	(0.0)	0.0%
<b>Primary Care Division</b>	<b>1,135.1</b>	<b>542.2</b>	<b>551.0</b>	<b>(8.8)</b>	<b>-1.6%</b>
<b>Mental Health Division</b>	<b>969.8</b>	<b>474.1</b>	<b>480.8</b>	<b>(6.7)</b>	<b>-1.4%</b>
Older Persons Services	876.8	448.6	436.4	12.2	2.8%
Nursing Home Support Scheme	976.3	482.1	479.2	2.9	0.6%
<b>Older Persons Services Division</b>	<b>1,853.1</b>	<b>930.7</b>	<b>915.6</b>	<b>15.1</b>	<b>1.7%</b>
Disability Services	1,912.7	976.2	939.8	36.4	3.9%
Regional	17.7	11.0	8.6	2.4	27.9%
<b>Community Total</b>	<b>5,888.4</b>	<b>2,934.1</b>	<b>2,895.6</b>	<b>38.5</b>	<b>1.3%</b>

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.

Within **Mental Health Services**, 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	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Clinical Strategy & Programmes	10.2	2.5	3.4	(0.9)	-25.5%
Office of Nursing & Midwifery Services	33.1	13.1	14.2	(1.1)	-7.5%
Quality Assurance & Verification	6.2	2.4	2.5	(0.1)	-4.5%
Quality Improvement Division	9.7	4.3	4.2	0.0	1.0%
National Cancer Control Programme (NCCP)	18.2	2.1	2.5	(0.4)	-14.3%
<b>Chief Clinical Officer Total</b>	<b>77.2</b>	<b>24.4</b>	<b>26.7</b>	<b>(2.3)</b>	<b>-8.8%</b>

The Chief Clinical Officer has expenditure of €24.4m against a budget of €26.7m leading to a positive variance of (€2.3m). This represents a variance of (8.8%) 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	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
National Screening Service	80.4	34.8	35.8	(0.9)	-2.6%

The NSS has an overall surplus of (€0.9m) for June 2019 YTD. The current surplus relates to reduced laboratory and professional services costs. Professional Services have a surplus of €2.5m mainly relating to the Cervical Check backlog. A contractor has now been appointed and the backlog will be dealt with in the coming months.

## Health and Wellbeing

	Approved Allocation	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Health Surveillance Protection Service	6.7	2.3	2.1	0.2	8.0%
Health Protection Vaccines	46.8	20.1	20.2	(0.1)	-0.5%
Public Health	18.6	8.6	9.1	(0.5)	-5.0%
Health Promotion	16.9	8.1	8.5	(0.4)	-4.4%
Health Intelligence	3.0	1.3	1.4	(0.2)	-10.8%
National Library Service	4.6	2.2	2.3	(0.1)	-4.9%
Health & Wellbeing - (Regional)	8.7	4.2	4.3	(0.1)	-2.0%
Crisis Pregnancy Agency	5.8	2.5	2.9	(0.4)	-12.8%
Health & Wellbeing Nat Dir Off	5.2	0.7	2.5	(1.8)	-70.5%
<b>Health &amp; Wellbeing Division Total</b>	<b>116.1</b>	<b>50.0</b>	<b>53.3</b>	<b>(3.3)</b>	<b>-6.1%</b>

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 (€3.3m) for June 2019 YTD. Within this there is a deficit of €0.2m in Health Surveillance Protection Service, surpluses in Public Health (€0.5m), Health Promotion (€0.4m) and the Crisis Pregnancy Agency (€0.4m) along with small surpluses in other areas. These variances are being driven by timing in specific service areas.

## National Services (Excl PCRS)

	Approved Allocation	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Environmental Health	44.23	21.40	21.81	(0.41)	-1.9%
Office of Tobacco Control	0.46	0.18	0.23	(0.05)	-21.9%
Emergency Management	1.58	0.82	0.77	0.05	6.1%
<b>National Services Total</b>	<b>46.26</b>	<b>22.40</b>	<b>22.80</b>	<b>(0.41)</b>	<b>-1.8%</b>

The National Services function is showing a surplus of (€0.4m) for June 2019 YTD which is manifesting principally in Environmental Health.

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	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Health Business Services	137.9	69.7	68.4	1.2	1.8%
Finance	79.8	18.7	20.4	(1.8)	-8.7%
Human Resources	63.7	34.8	33.3	1.5	4.4%
Board of the HSE & Office of Director General	4.2	1.3	1.1	0.2	20.7%
Health System Reform	10.2	4.7	5.2	(0.5)	-9.7%
Legal Services	17.5	8.5	8.7	(0.3)	-3.1%
Office of Deputy Director General	7.2	2.8	3.4	(0.6)	-17.0%
Compliance	1.3	0.4	0.6	(0.2)	-27.0%
Communications	12.1	4.6	4.4	0.3	6.2%
Audit	4.3	1.7	1.9	(0.2)	-11.8%
Health Repayment Scheme	0.5	0.1	0.2	(0.2)	-77.5%
Chief Information Officer	49.1	22.4	22.9	(0.5)	-2.4%
Regional Services	4.4	1.0	1.0	0.0	3.0%
<b>Support Services Total</b>	<b>392.1</b>	<b>170.5</b>	<b>171.5</b>	<b>(1.0)</b>	<b>-0.6%</b>

The June results for Support Services (SS) shows net expenditure of €170.5m against the available budget reported at €171.5m. This gives rise to year to date surplus of (€1m) or (0.6%). 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	Year to Date 2019			
		Actual	Budget	Variance	Variance
	€m	€m	€m	€m	%
Pensions	482.0	242.0	245.2	(3.2)	-1.3%
State Claims Agency	340.0	205.3	178.6	26.7	15.0%
Primary Care Reimbursement Service	2,697.8	1,409.6	1,364.1	45.5	3.3%
Demand Led Local Schemes	262.4	131.9	130.4	1.6	1.2%
Treatment Abroad and Cross Border Healthcare	22.9	23.0	11.6	11.5	98.9%
EHIC (European Health Insurance Card)	14.2	7.7	7.1	0.7	9.4%
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,819.2</b>	<b>2,019.6</b>	<b>1,936.9</b>	<b>82.7</b>	<b>4.3%</b>

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 June results for Demand Led Areas show net expenditure of €2,019.6m against the available budget reported at €1,936.9m. This gives rise to year to date deficit of €82.7m or 4.3%.

### 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 will 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 €482m.

### State Claims Agency (SCA)

The State Claims Agency incorporates the clinical and general indemnity scheme and has an allocated 2019 budget of €340m. Precise cost prediction in this area has proven to be extremely challenging and deficits in recent years have been met each year 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 €1,409.6m against a profiled budget of €1,364.1m leading to a year to date adverse variance of €45.5m. 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 deficit of €0.7m for June 2019 YTD, €2.2m of this relates to non-pay and an income surplus of (€1.5m).



# Human Resources

## Health Sector Workforce

At the end of June 2019 Health Services employment levels stand at **119,400** whole-time equivalents (WTE).

### Overall headlines this month

- When compared with the **May 2019 figure (119,550 WTE)**, the change this month shows a **decrease of -150 WTE /-151 WTE** excluding pre-registration nursing and midwifery interns. Notwithstanding an expected reduced growth pattern for June, comparatively, this is a substantial shift from not only this months' average trend (+154 WTE on a 5 year average) but to that of the year to date trend of month on month growth, and of particular note, is the first month since May 2017, that health service employment levels are reporting a decrease.
- Similar to last month, there are however some minor adjustments owing to the impact of NCHD rotation which is initially estimated at -46 WTE with further validation required. Therefore the initial assessed 'normalised' change for this month is estimated at **-104 WTE** and continues to show an overall decrease, which varies substantially from the +168 WTEs normalised growth reported last month.
- Excluding pre-registration nursing and midwifery interns, the YTD growth is +1,014 WTE. Adjusting for the normalisation in June this is assessed as normalised YTD growth of **+1,047 WTE**. This compares favourably against the YTD growth for June 2018 (+1,267 WTE), even factoring any adjustment for NCHD rotation.

As per the below Table, while overall performance against the Pay and Numbers Strategy Core WTE limit for this month shows a continued adverse variance, the margin of variance has reduced to +880 WTE from last months' +1,030 WTE, with Community Services showing the largest positive shift in variance (+581WTE from +749 WTE in May). Of note there is a refresh of the core limit being finalised, alongside monthly analysis of growth relative to other movement including service developments and agency/ overtime conversion not reflected herein.

### June 2019 WTE vs WTE Core Limit

Division/ Care Group	WTE Limit	WTE Jun 2019	WTE June 2019 excl. Pre-Reg Nurse/ Midwife Intern	WTE change since May 2019	Variance June 2019
<b>Total Health Service</b>	<b>117,858</b>	<b>119,400</b>	<b>118,738</b>	<b>-150</b>	<b>+880</b>
National Ambulance Service	2,003	1,878	1,878	-25	-125
Acute Hospitals	58,447	59,599	59,129	+69	+682
<b>Acute Services</b>	<b>60,450</b>	<b>61,477</b>	<b>61,008</b>	<b>+44</b>	<b>+558</b>
Mental Health	9,808	10,027	9,904	-76	+96
Primary Care	10,982	10,834	10,834	-108	-148
Disabilities	18,057	18,565	18,494	+100	+437
Older Persons	13,188	13,383	13,383	-84	+195
Social Care	31,245	31,948	31,878	+16	+633
<b>Community Services</b>	<b>52,035</b>	<b>52,808</b>	<b>52,615</b>	<b>-168</b>	<b>+581</b>
Health & Wellbeing (H&WB)	609	569	569	-10	-40
Corporate	3,212	2,927	2,927	-3	-285
Health Business Services	1,552	1,618	1,618	-13	+66
<b>H&amp;WB, Corporate &amp; National Services</b>	<b>5,373</b>	<b>5,114</b>	<b>5,114</b>	<b>-26</b>	<b>-259</b>

## Key findings this month

- Overall this month, four of the six staff categories recorded a decrease with just two recording growth, General Support (+54 WTE) and Management/Admin (+3 WTE). Notably this month, there is an expected impact of seasonal factors, manifested in reduced growth alongside reductions, particularly in Medical, Dental, Nursing and Midwifery.
- Nursing and Midwifery shows a decrease this month (-70 WTE). This is however similar to previous years with the 5 Year average trend -66 WTE for June. Staff Nurse/Midwife decreased overall by -34 WTE however Staff Nurse General/Children's increased by +28 WTE, with increases also seen in specialist/ ANP/AMP grades (+4 WTE).
- Registrars have decreased by -55 WTE in June, this decrease is largely attributable to NCHD rotation as per above.
- Care Assistants (Disability Services) increased +100 WTE however this is largely attributable to seasonal factors such as summer schools for example.
- Additionally, the NiSRP went live in the East this month, which as part of the transition onto a sophisticated integrated SAP system may produce some fluctuations.
- The HSE recorded a decrease this month while the voluntary sectors both reported increases: HSE **-343 WTE (-0.4%)**, Voluntary Hospitals at **+88 WTE (+0.3%)** and Voluntary Agencies (Non-Acute) at **+105 WTE (+0.6%)**. Of note some of the increases in the voluntary non-acute sector are seasonal and are therefore temporary in nature.
- Overall this month, Acutes are showing an increase (+44 WTE) while Community has decreased (-168 WTE) as well as Health & Wellbeing, Corporate and Health Business Service also reporting decreases (-10 WTE, -3 WTE and -13 WTE respectively)

## Operations key findings this month

- Overall this month, **Acute Services** is showing growth of +44 WTE/ **+43 WTE** excluding pre-registration nursing and midwifery interns. Four of the six staff categories are showing growth this month with General Support showing the largest increase at +63 WTE, with Patient and Client Care showing the largest decrease owing to Ambulance Staff (-25 WTE). Taking into consideration an

initial estimated adjustment for NCHD rotation (12 WTE) the 'normalised' growth for Acute Services is assessed at +55 WTE.

- Excluding pre-registration nursing and midwifery interns, overall growth this month is marginally higher than that of last month (+32 WTE), however is considerably less than that reported for June 2018 (+135 WTE) and that of the 5-year June trend (+109 WTE). Similarly YTD growth (+613 WTE) is considerably **lower** compared to 2018 (+919 WTE) and the 5-year average June trend (+732 WTE).
- This month's growth is distributed across two Hospital Groups and CHI, with the largest in Dublin Midlands Hospital Group (+41 WTE). Conversely South/South West HG and ULHG are showing decreases (-16 WTE and -6 WTE respectively). The National Ambulance Service is also reporting a decrease of -25 WTE.
- The change within **Community Services** this month is a decrease of **-168 WTE /-168 WTE** excluding pre-registration nursing and midwifery interns, with four staff categories showing a decrease this month. The largest decrease this month is seen in Nursing & Midwifery (-76 WTE), followed by Health & Social Care Professionals (-64 WTE). Notably the 5 year trend shows reductions in Nursing and Midwifery (-52 WTE average) along with Medical/ Dental and General Support, largely owing to seasonal factors. Two staff categories are showing small increases.
- Similar to Acute services, with an initial adjustment for NCHD rotation factors (-34 WTE) the normalised decrease this month is initially assessed at an estimated -134 WTE. This is substantially **lower** than last month (+88 WTE) and indeed that of June 2018 (+32 WTE) alongside the 5 year trend of +43 WTE.
- Seven of the nine CHOs are showing decreases this month, with CHO 7 showing the largest (-63 WTE). Of the two CHOs showing increases, CHO 8 is the largest (+50 WTE), largely attributable to growth in Care Assistant (Disability Services) +40 WTEs.

## by Care Group: Jun 2019 (May figure: 119,550)

Division/ Care Group	WTE Jun 2019	change since May 2019	% change since May 2019	change since Dec 2018	% change since Dec 2018	change since Jun 2018	% change since Jun 2018
<b>Total Health Service</b>	<b>119,400</b>	<b>-150</b>	<b>-0.1%</b>	<b>+1,543</b>	<b>+1.3%</b>	<b>+3,309</b>	<b>+2.9%</b>
Ambulance Services	1,878	-25	-1.3%	-9	-0.5%	-11	-0.6%
Acute Hospital Services	59,599	+69	+0.1%	+1,020	+1.7%	+2,000	+9.4%
<b>Acute Services</b>	<b>61,477</b>	<b>+44</b>	<b>+0.1%</b>	<b>+1,011</b>	<b>+1.7%</b>	<b>+1,989</b>	<b>+3.1%</b>
Primary Care	10,834	-108	-1.0%	-97	-0.9%	+201	+2.8%
Mental Health	10,027	-76	-0.8%	+129	+1.3%	+159	+3.5%
Disabilities	18,565	+100	+0.5%	+305	+1.7%	+535	+3.7%
Older Persons	13,383	-84	-0.6%	+79	+0.6%	+207	+2.6%
Social Care	31,948	+16	+0.0%	+383	+1.2%	+743	+2.4%
<b>Community Services</b>	<b>52,808</b>	<b>-168</b>	<b>-0.3%</b>	<b>+415</b>	<b>+0.8%</b>	<b>+1,102</b>	<b>+2.1%</b>
Health & Well-being	569	-10	-1.7%	-8	-1.3%	-10	-1.7%
Corporate	2,927	-3	-0.1%	+69	+2.4%	+128	+4.6%
Health Business Service	1,618	-13	-0.8%	+55	+3.5%	+99	+6.5%
<b>H&amp;WB Corporate &amp; National Services</b>	<b>5,114</b>	<b>-26</b>	<b>-0.5%</b>	<b>+116</b>	<b>+2.3%</b>	<b>+217</b>	<b>+4.4%</b>

## European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	97.3%	82.6%
Mental Health Services	96.3%	88.9%
Other Agencies	100%	100%

## Absence Rates

	Benchmark / Target	May 2018	Full Year 2018	April 2019	May 2019	% Medically Certified (May 2019)
Rates	3.5%	4.2%	4.6%	4.4%	4.4%	90%

## Latest monthly figures (May 2019)

- May 2019 absence rate stands at **4.4%**, higher when compared with the equivalent month in 2018 (4.2%) similar on the previous month (April 2019 at 4.4%).
- Over the past four years May rates were as follows: 4.0% (2015) and 4.1% (2016), 4.2% (2017), 4.2% (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 December 2018 was 4.51%, while the 2017 annual rate was 4.61%. 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.

*Notes: **Absence Rate** is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty. Methodology has been updated in-line with instruction laid out by the Department of Public Expenditure & Reform (DPER) to show absence rates based on % lost hours (previously lost WTE) with effect from 1st January 2017. Some previously published figures are restated.*

*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.*

# Escalation Report

National Performance Oversight Group (NPOG)

# Escalation Report

**Level 3/Level 4**

**August 2019**

*June 2019 Data Cycle*

**Executive Management Team Version 0.3 06 08 19**

## Escalation Summary

### Areas of Level 4 Escalation (DG oversight)

No.	Area of escalation	Service
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### Areas of Level 3 Escalation (NPOG oversight)

No.	Area of escalation	Service
1	<b>Cancer Services</b> – Rapid Access Clinics (Prostate, Lung, Breast and Radiotherapy)	Acute Operations
2	<b>Waiting Lists</b> - % 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	<b>Assessment of Need (Disability Act Compliance) and Network Teams</b>	Community Operations
4	<b>Emergency Department</b> - % 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	<b>Colonoscopy</b> - % 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	<b>Financial Position</b> - Projected net expenditure to year end including pay management	Acute Operations
7	<b>Pay and Numbers</b> - WTE variance to limit within Hospital Groups	Acute Operations

i	<b>Appendix 1: Services in Escalation (Hospitals and Community Health Organisations)</b>	
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## 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

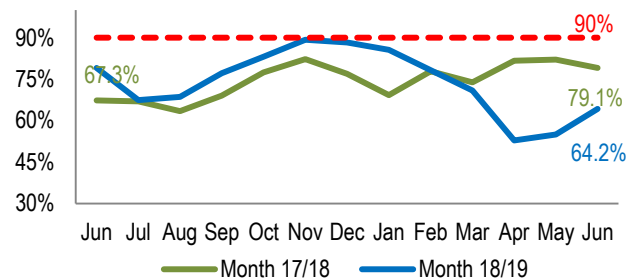
**Stage 4 Improve:** Planning for and implementing solutions

## Areas of Level 3 Escalation [NPOG oversight]

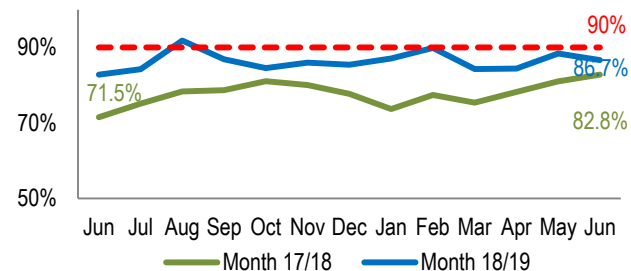
General: <b>Cancer Rapid Access Clinics</b> (Prostate, Lung, Breast and Radiotherapy)																																																																																								
Service	Escalation level	Date escalated	Reason for escalation	Responsible																																																																																				
Acute Operation s/NCCP	3	<sup>7</sup> May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AO ND CCP																																																																																				
<b>Improvement Plan</b>																																																																																								
National Cancer Control Programme <i>Rapid Access Clinics Performance Review and Improvement Plan</i> inclusive of recommendations and improvement plan 2017 – 2019 fully implemented																																																																																								
<ul style="list-style-type: none"> <li>- Performance Review is complete – implementation in 2 phases:- <ul style="list-style-type: none"> <li>- Phase 1 - Wave 1 Improvement Initiatives – 87% completion nationally</li> <li>- Phase 2 – Wave 2 Improvement Initiatives – Summary Report and Workforce Analysis complete to inform future service planning process.</li> </ul> </li> <li>- NCCP provided revenue funding in 2017 and 2018 to fund additional WTE's.</li> <li>- Capital funding allocated to four hospitals in 2018 to purchase replacement equipment.</li> <li>- 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.</li> </ul>																																																																																								
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<sup>7</sup> 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	<b>Improve:</b> RAC performance will be monitored by NPOG on a monthly	06.12.17	on-going	
2	<b>Improve:</b> 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	<b>Diagnose:</b> 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	07.05.19	02.07.19	In progress
4	<b>Improve:</b> NCCP will issue guidance to the system including guidance on triage such that performance across all sites is improved.	07.05.19	02.07.19	

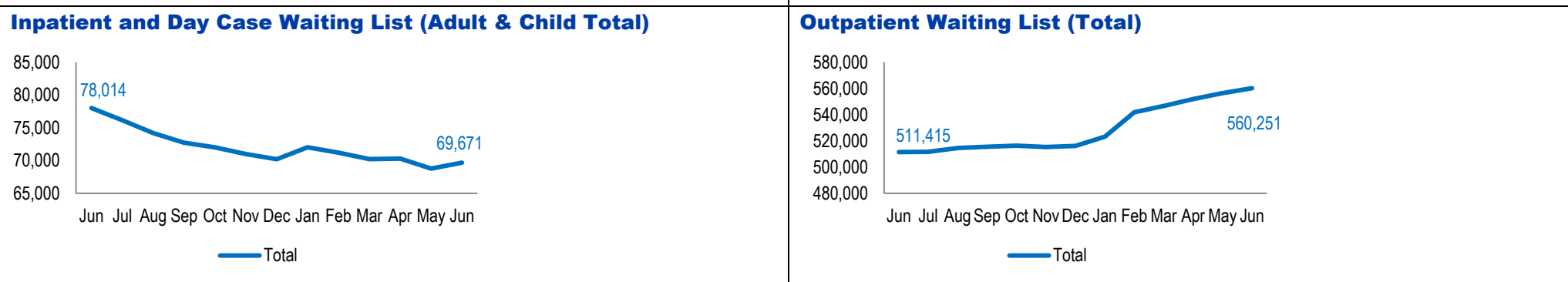
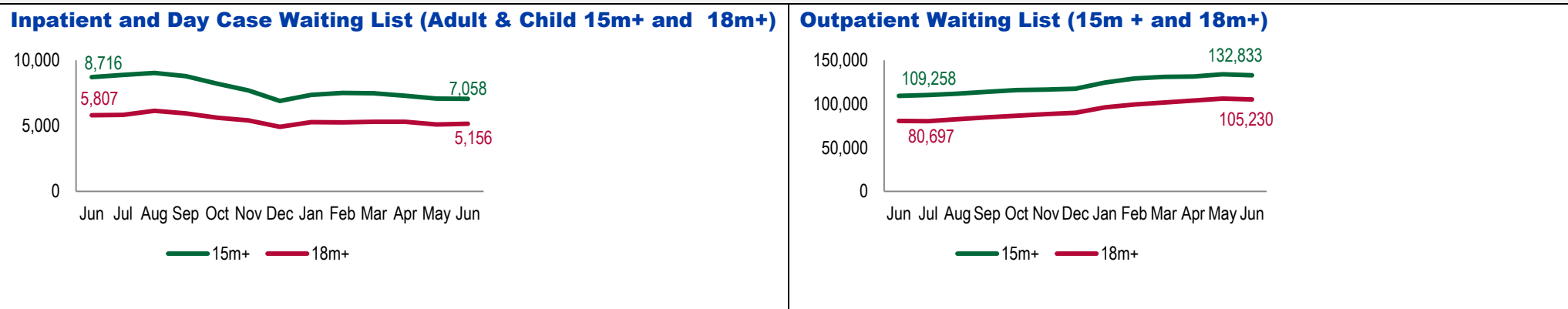
**Waiting Lists:** % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services

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**



NPOG REDI elements		Date agreed	Due date	Status
1	Improve: Improvement plans for patients waiting over 36 months (inpatients, day cases and out-patients) to be monitored on a monthly basis	04.06.19	on-going	on-going

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																		
<b>Improvement Plan</b>																						
<ul style="list-style-type: none"> <li>- Roll-out of Progressing Disability Services (0 – 18 Teams) Programme</li> <li>- Appointment of Children’s Disability Network Managers</li> <li>- Provision of specialist training and support resource to CHO’s</li> <li>- Monitoring numbers and timely processing of Assessment of Need applications in accordance with revised standard operating procedure</li> <li>- Improving performance on the number of assessments overdue for completion</li> </ul>																						
<b>Performance Data</b>																						
<b>Disability Act Compliance</b>																						
<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>Q2</td> <td>24%</td> <td></td> </tr> <tr> <td>Q3</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td></td> <td></td> </tr> <tr> <td>Q1</td> <td></td> <td></td> </tr> <tr> <td>Q2</td> <td>10.6%</td> <td>9%</td> </tr> </tbody> </table>					Quarter	Quarter 17/18 (%)	Quarter 18/19 (%)	Q2	24%		Q3			Q4			Q1			Q2	10.6%	9%
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<b>NPOG REDI elements</b>			<b>Date agreed</b>	<b>Due date</b>																		
1	<b>Improve:</b> Revised SOP for Assessment of Need to be implemented in Qtr 4/2019.		06.08.19	07.01.20																		

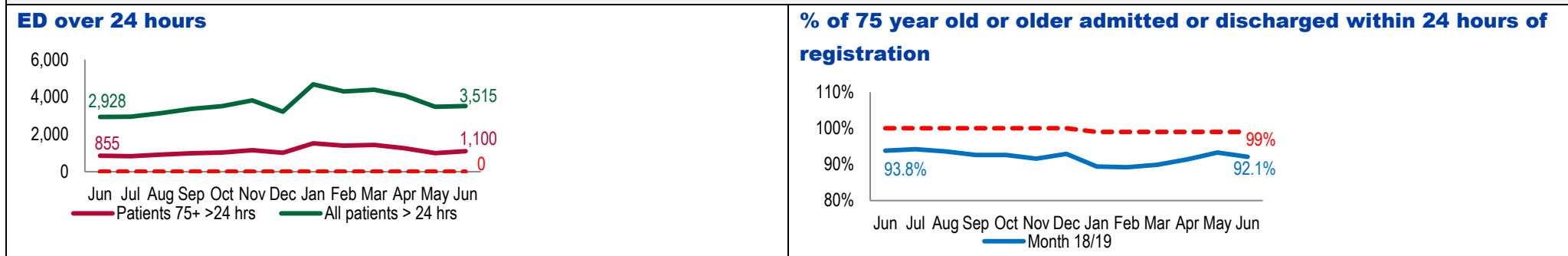
**Emergency Department** - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration

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.
- Continue focus on overall flow initiatives such as the Five fundamentals, SAFER Bundle and Red2Green to improve patient flow.
- 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	Review: Monthly review of USC performance	02.07.19	on-going	on-going

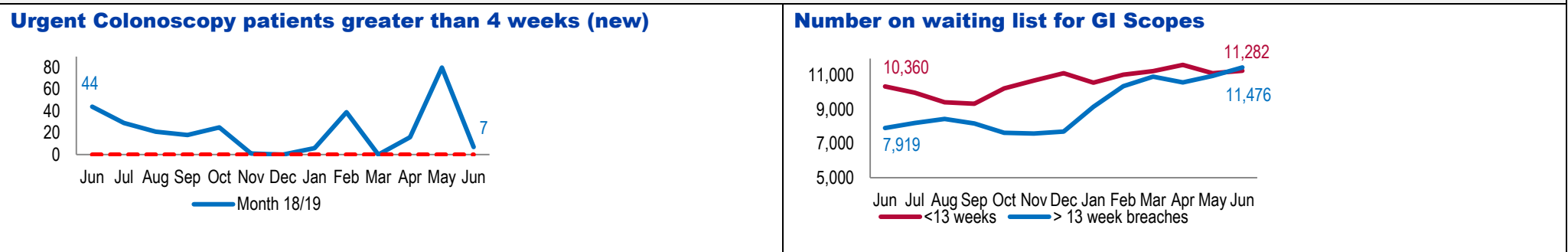
**Colonoscopy** - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	<sup>8</sup> 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	<b>Review:</b> Monthly review of urgent colonoscopy breach data	07.06.17	on-going	on-going
2	<b>Review:</b> Endoscopy Improvement Plans received to be completed	06.08.19	08.10.19	

<sup>8</sup> Routine colonoscopies escalated Red to Black in September 2015

Financial Position - Projected net expenditure to year end 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		
<b>Improvement Plan</b>							
<ul style="list-style-type: none"> <li>- Review monthly gross and net expenditure at hospital level to determine reasons for financial surpluses/deficits.</li> <li>- Monitor actual WTEs versus profile by hospital.</li> <li>- Monitor budget versus actual expenditure in month and year to date in relation to direct pay and agency and overtime costs.</li> </ul>							
<b>Performance Data</b>							
<b>Financial position: projected net expenditure to year end including pay management</b>							
			<b>YTD Actual €'000</b>	<b>YTD Budget €'000</b>	<b>YTD Variance €'000</b>	<b>YTD % Variance</b>	
		Acute Hospitals Care	2,687,696	2,600,410	87,285	3.36%	
<b>NPOG REDI elements</b>					<b>Date agreed</b>	<b>Due date</b>	<b>Status</b>
<b>1</b>	<b>Enquire:</b> Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.				04.05.16	on-going	on-going



**Pay and Numbers – WTE variance to limit within Hospital Groups**

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3	June 2019	Due to WTE variance to limit within Hospital Groups – compliance with pay and staffing/numbers control measures	ND AO

**Improvement Plan**

- Review monthly WTE's and assessment of growth to establish a view of performance and compliance with pay and staffing control measures.
- Assessment of compliance with Interim Control Measures.
- Monitor actual WTEs versus profile by Hospital Group.

**Performance Data**

**Extract (Table 4) from FINAL Consolidated Pay and Number Strategy Report – June 2019**

**Acute Operations assessment of movement in context of interim control measures June View**

Assessment of Agency & OT Changes and WTE changes	HR Census (Excl Student)			NCHD Rotation	Normalised Change June	Reported					Assessed		Assessed Core excl. Devs, Convers, Unavoid & approved May
	Actual WTE May-19	Actual WTE Jun-19	Change WTE Jun-19			Service Developments	Agency Conversion Reported	Control measure unavoidable	Control measure approved	Core excl. Devs, Convers, Unavoid & approved	Agency & OT Conversion Assessed	Assessed Core excl. Devs, Convers, Unavoid & approved	
	wte	wte	wte										
HG Dublin Midlands	10,544	10,585	41	0	41	7	11	30	0	(6)	3	2	(8)
HG Ireland East	11,843	11,878	35	3	38	9	20	23	1	(15)	18	(12)	6
HG National Childrens	3,453	3,468	15	(0)	15	6	2	1	0	6	2	6	(11)
HG RCSI	9,326	9,327	1	(0)	1	0	0	0	0	1	0	1	18
HG Saoita	9,219	9,218	(1)	9	8	0	0	33	0	(25)	0	(25)	(40)
HG South/ South West	10,417	10,401	(16)	2	(14)	3	0	45	0	(62)	0	(62)	(34)
HG University of Limerick	4,166	4,160	(6)	(3)	(9)	0	0	3	0	(12)	0	(12)	(9)
National	92	92	(0)	0	(0)	0	0	0	0	(0)	0	(0)	1
NAS	1,904	1,878	(25)	0	(25)	0	0	0	0	(25)	0	(25)	8
<b>1 Acute Operations</b>	<b>60,965</b>	<b>61,008</b>	<b>43</b>	<b>12</b>	<b>55</b>	<b>25</b>	<b>33</b>	<b>134</b>	<b>1</b>	<b>(139)</b>	<b>23</b>	<b>(128)</b>	<b>(77)</b>

NPOG REDI elements		Date agreed	Due date	Status
1	Review: Monthly review of WTE's by Hospital Group to assess compliance with pay and staffing control measures	04.06.19	on-going	on-going

## Appendix 1: Services in Escalation – 6<sup>th</sup> August 2019

Acute Operations - Services in Escalation Table - AUGUST 2019 (June 2019 data cycle)			
Service	Accountable Officer	Escalation Area	Level
<b>Children's Health Ireland (Accountable Officer - Eilish Hardiman CEO)</b>			
<b>Children's Health Ireland</b>	<b>Eilish Hardiman</b>		
		Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
<b>Dublin Midlands Hospital Group (Accountable Officer - Trevor O'Callaghan CEO)</b>			
<b>Dublin Midlands Hospital Group</b>	<b>Trevor O'Callaghan</b>		
		Financial Position	Level 3
		Pay and Numbers	Level 3
<b>MRH Portlaoise</b>	<b>Michael Knowles</b>		
		Routine Colonoscopy < 13 weeks	Level 3
<b>MRH Tullamore</b>	<b>Noreen Hynes</b>		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
<b>Naas General Hospital</b>	<b>Alice Kinsella</b>		
		ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
<b>St. James's Hospital</b>	<b>Lorcan Birthistle</b>		
		ED < 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Breast Cancer within 2 weeks	Level 3
<b>Tallaght Hospital - Adults</b>	<b>Lucy Nugent</b>		
		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

<b>Acute Operations - Services in Escalation Table - AUGUST 2019 (June 2019 data cycle)</b>			
<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
<b>Ireland East Hospital Group (Accountable Officer - Prof. Mary Day CEO)</b>			
<b>Ireland East Hospital Group</b>	<b>Prof. Mary Day</b>	Financial Position	Level 3
		Pay and Numbers	Level 3
<b>Mater Misericordiae University Hospital</b>	<b>Gordan Dunne</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
<b>MRH Mullingar</b>	<b>Shona Schneemann</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>Royal Victoria Eye and Ear Hospital</b>	<b>Daniel Dunne</b>	OPD Waiting List < 52 weeks	Level 3
<b>St Columcille's Hospital</b>	<b>Linda O'Leary</b>	Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
<b>St. Michael's Hospital</b>	<b>Seamus Murtagh</b>	Routine Colonoscopy < 13 weeks	Level 3
<b>St. Vincent's University Hospital</b>	<b>Kay Connolly</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>Wexford General Hospital</b>	<b>Lily Byrnes</b>	Routine Colonoscopy < 13 weeks	Level 3
<b>RCSI Hospitals Group (Accountable Officer - Ian Carter CEO)</b>			
<b>RCSI Hospital Group</b>	<b>Ian Carter</b>	Financial Position	Level 3
		Pay and Numbers	Level 3
<b>Beaumont Hospital</b>	<b>Ian Carter</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3

<b>Acute Operations - Services in Escalation Table - AUGUST 2019 (June 2019 data cycle)</b>			
<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
<b>Cavan General Hospital</b>	<b>David Lynch</b>	ED > 75 yrs < 24 hours	Level 3
<b>Connolly Hospital</b>	<b>Margaret Boland</b>	ED > 75 yrs < 24 hours	Level 3
<b>Saolta University Health Care Group (Accountable Officer - Maurice Power CEO)</b>			
<b>Saolta University Health Care Group</b>	<b>Maurice Power</b>	Financial Position	Level 3
		Pay and Numbers	Level 3
<b>Galway University Hospitals</b>	<b>Chris Kane</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
<b>Letterkenny University Hospital</b>	<b>Sean Murphy</b>	Routine Colonoscopy < 13 weeks	Level 3
		Urgent Colonoscopy > 4 weeks	Level 3
<b>Mayo University Hospital</b>	<b>Catherine Donohoe</b>	Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
<b>South/South West Hospital Group (Accountable Officer - Gerry O'Dwyer CEO)</b>			
<b>South/South West Hospital Group</b>	<b>Gerry O'Dwyer</b>	Financial Position	Level 3
		Pay and Numbers	Level 3
<b>Cork University Hospital</b>	<b>Tony McNamara</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3
<b>Mercy University Hospital</b>	<b>Sandra Daly</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>South Infirmiry Victoria University Hospital</b>	<b>Helen Donovan</b>	OPD Waiting List < 52 weeks	Level 3

<b>Acute Operations - Services in Escalation Table - AUGUST 2019 (June 2019 data cycle)</b>			
<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
<b>UH Kerry</b>	<b>Fearghal Grimes</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>UH Waterford</b>	<b>Grace Rothwell</b>	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
		Prostate Cancer within 20 days	Level 3
<b>University of Limerick Hospital Group (Accountable Officer - Prof. Colette Cowan CEO)</b>			
<b>University of Limerick Hospital Group</b>	<b>Prof Colette Cowan</b>	Financial Position	Level 3
		Pay and Numbers	Level 3
<b>Croom Orthopaedic Hospital</b>	<b>Prof Colette Cowan</b>	OPD Waiting List < 52 weeks	Level 3
<b>Nenagh Hospital</b>	<b>Prof Colette Cowan</b>	Routine Colonoscopy < 13 weeks	Level 3
<b>St. John's Hospital Limerick</b>	<b>John Cummins</b>	Routine Colonoscopy < 13 weeks	Level 3
<b>UH Limerick</b>	<b>Prof Colette Cowan</b>	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 – August 2019 (June 2019 data cycle)**

<b>Service</b>	<b>Accountable Officer</b>	<b>Escalation Area</b>	<b>Level</b>
<b>CHO 4</b>	<b>Ger Reaney</b>	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
<b>CHO 7</b>	<b>Ann O'Shea</b>	Assessment of Need (Disability Act Compliance) and Network Teams	Level 3
<b>CHO 9</b>	<b>Mellany McLoone</b>	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
Acute	No. of new and return outpatient attendances	Crumlin data outstanding Apr, May & June 19
Acute	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Mullingar, GUH March 2019. GUH April 2019. Naas, Ennis, May 2019. Naas, Mullingar, CUH, UHL June 2019
Acute	Rate of new cases of hospital acquired Staph. aureus bloodstream infection	Crumlin bed days outstanding for Apr-19, May-19 AND Jun-19, therefore unable to calculate a rate (0 cases during Apr-19, 2 in May-19 and 1 during Jun-19). This will impact the CHI total and National Total for these months. The cases have been excluded and will be reported once the bed days information is available.
Acute	Rate of new cases of hospital acquired C. difficile infection	Crumlin bed days outstanding for Apr-19, May-19 AND Jun-19, therefore unable to calculate a rate (1 CDIFF case excluded for Crumlin during Apr-19, 0 cases in May-19 and Jun-19). This will impact the CHI total and National Total for these months. The cases have been excluded and will be reported once the bed days information is available.
Disabilities	No. of residential places for people with a disability	Data returned as quarterly, quarter one and quarter two received
Mental Health CAMHS	Admission of Children to CAMHS	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb, Mar, Apr, May, Jun)
Mental Health CAMHS	CAMHs Bed Days Used	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb, Mar, Apr, May, Jun)
Mental Health CAMHS	CAMHs – first appointment within 12 months	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health CAMHS	CAMHs waiting list	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health CAMHS	CAMHs waiting list > 12 months	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health CAMHS	No of referrals received	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health CAMHS	Number of new seen	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)

Service Area	Metric Name	Data Coverage Issue
Mental Health CAMHS	% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health CAMHS	% offered an appointment and seen in 12 weeks	Non Returns CHO7 Clondalkin (March, April, May, June) CHO7 Ballyfermot/St James (April, May, June)
Mental Health General Adult	Number of referrals received	Non Returns CHO2 Roscommon/Boyle (May, June) CHO2 Ballinasloe/Portumna CHO7 Ballyfermot CHO9 Marino/Clontarf
Mental Health General Adult	Number of referrals seen	Non Returns CHO2 Roscommon/Boyle (May, June) CHO2 Ballinasloe/Portumna CHO7 Ballyfermot CHO9 Marino/Clontarf
Mental Health General Adult	% seen within 12 weeks	Non Returns CHO2 Roscommon/Boyle (May, June) CHO2 Ballinasloe/Portumna CHO7 Ballyfermot CHO9 Marino/Clontarf
Mental Health Psychiatry of Later Life	Number of referrals received	Non Returns CHO8 Laois/Offaly
Mental Health Psychiatry of Later Life	Number of referrals seen	Non Returns CHO8 Laois/Offaly
Mental Health Psychiatry of Later Life	% seen within 12 weeks	Non Returns CHO8 Laois/Offaly
Primary Care	Speech and Language Therapy % of Speech and Language Therapy patients on the waiting list for assessment $\leq$ 52 weeks. % of Speech and Language Therapy patients on the waiting list for treatment $\leq$ 52 weeks. No of Speech and Language Therapy patients seen	Non Return (June) - CHO9 (Dublin North Central, Dublin North)
Primary Care	Audiology % of Audiology patients on the waiting list for treatment < 12 weeks. % of Audiology patients on the waiting list for treatment < 52 weeks. No of Audiology patients seen	Non Return (May, June) – CHO2 (Roscommon)

Service Area	Metric Name	Data Coverage Issue
Primary Care	Ophthalmology % of Ophthalmology patients on the waiting list for treatment < 12 weeks. % of Ophthalmology patients on the waiting list for treatment < 52 weeks. No of Ophthalmology patients seen	Non Return (June) – CHO7 (Kildare/West Wicklow)
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, Mar, April, May, June ) – 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, Mar, April, May, June) - CHO7 (Dublin West) Non Return (June) - CHO2 (Galway)
Primary Care	Child Health Quarterly % of newborn babies visited by a PHN within 72 hours of discharge from maternity services % 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 (Q2) CHO2 (Galway) Non Return (Q2) CHO5 (South Tipp) Non Return (Q1, Q2) CHO7 (Dublin West)
Palliative Care	Access to specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun) – CHO1 (Donegal)
Palliative Care	Number accessing specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun) – CHO1 (Donegal)
Palliative Care	Access to specialist palliative care services in the community provided within seven days	Non Return (Jun) – CHO4 (West Cork)
Palliative Care	Number of patients who received specialist palliative care treatment in their normal place of residence	Non Return (Jun) – CHO4 (West Cork)
Social Inclusion	Substance Misuse - access to treatment (over 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1 2019) - CHO8 (Louth & Meath)
Social Inclusion	Substance Misuse - access to treatment (under 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1 2019) - CHO8 (Louth & Meath)

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