



Performance  
Profile  
July – September  
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 1,125,149 emergency presentations year to date September 2019. This is a 2.5% increase on emergency presentations for the corresponding period in 2018 and exceeded the target of 1,105,022 by 1.8%.
- Emergency Department attendances year to date are 2.6% (25,282) ahead of target and 3.02% (29,878) greater than last year (September 2018).
- 95.8% of all patients were seen within 24 hours in EDs in September and 96.3% year to date.
- 89.1% of patients aged 75 years and over were seen within 24 hours in EDs in September and 90.7% year to date.
- 78% of all patients waited 9 hours or less to be seen in EDs in September and 78.5% year to date.

### Inpatient Discharges

#### Elective Inpatient Discharges

There were 60,687 elective inpatient discharges year to date August 2019 versus 60,701 for the corresponding period in 2018, that is, a decrease of 0.02%. Elective inpatient discharges were 6% higher than the target of 57,236.

#### Emergency Inpatient Discharges

There were 292,439 emergency inpatient discharges year to date August 2019 versus 291,266 for the corresponding period in 2018, that is, an increase of 0.4%. Emergency inpatient discharges were 1.7% lower than the target of 297,441. The HPO is examining the effect of the increase in delayed discharges on emergency discharges. The increase in the numbers treated and discharged from ED is also being reviewed.

### Day Case Discharges (including dialysis)

The number of day case procedures year to date August 2019 was 736,281 versus 716,230 for the same period in 2018, that is, an increase of 20,051 (2.8%) cases. The number of day case procedures undertaken year to date August 2019 was 1.9% above the target of 722,329 cases for this period.

### Delayed Discharges

There were 724 Delayed Discharges in September 2019. This is 19.5% higher than the same month in 2018 (606).

### Inpatient, Day Case & Outpatient Waiting Lists

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

- Adult Inpatient < 15 months (target 85%), compliance 84.3%.
- Adult Day Case < 15 months (target 95%), compliance 92.2%.
- Children's Inpatient, 15 months (target 85%), compliance 91.3%.
- Children's Day Case < 15 months (target 90%), compliance 82.7%.
- Outpatients < 52 weeks (target 80%), compliance 68.6%.
- The total number of patients waiting for an inpatient or day case procedure at the end of September 2019 was 67,985. The total number of people waiting for inpatient and day case procedures is down by 6.5% (4,733 patients) when the waiting list in September 19 is compared with September 18.
- The total number of people waiting more than 15 months was down by 1,678 (19.1%) when September 19 is compared with September 18.
- Total number of people waiting for Outpatient appointment was in 568,769 in September 19, this is down from 569,498 (0.13%) in August 19. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action.

### Routine/Urgent Colonoscopies

- In September 47.9% of people were waiting less than 13 weeks for routine colonoscopy (target 70%).
- There were 6 new urgent patient breaches in September.

### **Cancer Services**

- 68.1% of prostate cancer referrals were seen within 20 working days year to date compared with 74.9% for the same period last year.
- 86.4% of lung cancer referrals were seen within 10 working days year to date compared with 87.3% for the same period last year.
- 69.7% of urgent breast cancer referrals were seen within 2 weeks year to date compared with 70.3% for the same period last year.

### **Primary Care Services**

- CIT referrals remain ahead of target by 13.6%.
- 93.1% of physiotherapy referrals, 91.6% of speech and language referrals and 72.2% of occupational therapy referrals accessed the services within 52 weeks.
- 92.1% of babies received their developmental screening checks within 10 months and 98.6% of new born babies were visited by a Public Health Nurse within 72 hours year to date.
- There have been 782,514 contacts with GP out of Hours services year to date.
- The number of psychology patients seen is 9.1% ahead of plan.

### **Disability Services**

- 824,467 PA hours were delivered year to date to June, 12,607 more than the same period last year.
- 1,538,169 Home Support Hours were delivered year to date to June, 23,137 hours less than the same period last year.

### **Older Persons Services**

- Home Support hours delivered year to date was 12,891,147, (3.2%) below expected activity. The number of people, in receipt of home support services at the end of September was 47,384.
- 521 persons were supported through transitional care in August and 6,885 approved for transitional care from January to August 2019.
- The current wait time for NHSS funding approval in 2019 is 5 weeks.

### **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.
- 95.4% of all Bed Days of Children were in CAMHS Units up to the end of September 2019 in line with the target of 95%.

### **Health & Wellbeing Services**

- Nationally year to date to June, 49.4% of smokers are QUIT at on one month ahead of the National target of 45%.
- 93.5% of children aged 24 months received 3 doses of the 6 in 1 vaccine year to date to June while 91% of children aged 24 months received the MMR vaccine year to date to June behind the 95% targets.

# Corporate Updates

## Capital - Allocation/Expenditure Analysis

	Total Allocation (Profile) for 2019	Cum Profile for Period Jan - Sept 2019	Expenditure for Period Jan- Sept 2019	Variance for Period Jan-Sept 2019	Expenditure to Sept as % of Sept 2019 Profile	Expenditure to Sept as % of 2019 Annual Profile	Variance to Sept '19 as % of Sept '19 YTD Profile
M2 - Buildings & Equipment	389.461	227.598	247.432	19.834	108.71%	63.53%	8.71%
M2 - New Children's Hospital	250.000	168.520	139.325	(29.195)	82.68%	55.73%	-17.32%
M3 - Buildings & Equipment (National Lottery)	2.539	0.000	0.000	0.000	0.00%	0.00%	0.00%
	642.000	396.118	386.757	(9.361)	97.64%	60.24%	-2.36%
M4 - Info Systems for Health Agencies	85.000	56.500	55.313	(1.187)	97.90%	65.07%	-2.10%
	727.000	452.618	442.070	(10.548)	97.67%	60.81%	-2.33%
Asset Disposals	0.651	0.651	0.000	0.651	0.00%	0.00%	100.00%
<b>Net</b>	<b>727.651</b>	<b>453.269</b>	<b>442.070</b>	<b>(9.897)</b>	<b>97.53%</b>	<b>60.75%</b>	<b>-2.18%</b>

### CONSTRUCTION - M2(1)

The variance on general construction projects for the first nine months of the year is 8.71% (or €19.834m) ahead of profile. In the nine months to September the total expenditure of €247.432m represents 63.53% of the total annual profile for 2019.

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

The variance on the New National Children's Hospital project for the first nine months of the year is -17.32% (or €29.195m) behind profile. In the nine months to September the total expenditure of €139.325m represents 55.73% of the total annual profile for 2019.

### ICT (M4)

The variance on ICT projects for the first nine months of the year is -2.10% (or €1.187m) behind profile. In the nine months to September the total expenditure of €55.313m represents 65.07% of the total annual profile for 2019.

### Asset Disposals

Income from sale of assets in the period amounted to €0.651m.

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

Service Area	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Acute Hospitals(Hospital groups)	77,768,340	88,615,824	95,567,281	86,132,151	341,294,933	340,328,125	366,898,256
Community Healthcare	21,462,434	22,026,497	19,484,515	26,869,024	93,779,956	201,355,563	214,826,179
National Services	947,551,613	946,993,092	863,907,778	907,517,667	567,628,507	560,677,082	568,915,489
<b>Total SUM</b>	<b>1,046,782,387</b>	<b>1,057,635,413</b>	<b>978,959,574</b>	<b>1,020,518,842</b>	<b>1,002,703,396</b>	<b>1,102,360,770</b>	<b>1,150,639,924</b>

## Helpdesk Queries

Q2 2019	No of Helpdesk Queries 2019	No of Helpdesk Queries 2018	% Increase from 2018
July	154	144	7
August	157	163	-4
September	182	140	30
<b>Total</b>	<b>493</b>	<b>447</b>	<b>10</b>



## Internal Audit

75% Implemented or Superseded within 6 months					95% Implemented or Superseded within 12 months		
	2018 Position at 31st March	2018 Position at 30th June	2018 Position at 30th September	2019 Position at 30th September <sup>1</sup>	2018 Position at 31st March	2018 Position at 30th June	2018 Position at 30th September
<b>Total</b>	<b>62%</b>	<b>51%</b>	<b>87%</b>	<b>61%</b>	<b>92%</b>	<b>81%</b>	<b>89%</b>
CHO 1	100%	100%	100%	100%	100%	84%	100%
CHO 2	71%	88%	N/A	N/A	N/A	85%	90%
CHO 3	83%	71%	86%	40%	90%	90%	93%
CHO 4	53%	44%	87%	N/A	92%	97%	88%
CHO 5	25%	69%	88%	100%	100%	100%	100%
CHO 6	49%	71%	89%	N/A	N/A	26%	87%
CHO 7	78%	14%	100%	100%	100%	97%	98%
CHO 8	69%	35%	98%	67%	N/A	99%	93%
CHO 9	81%	86%	94%	100%	100%	68%	81%
National Mental Health	N/A	10%	76%	N/A	N/A	N/A	N/A
National Primary Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Community Services</b>	<b>69%</b>	<b>51%</b>	<b>90%</b>	<b>78%</b>	<b>95%</b>	<b>86%</b>	<b>92%</b>
Dublin Midlands Hospital Group	N/A	37%	100%	67%	72%	72%	72%
Ireland East Hospital Group	67%	75%	50%	50%	25%	55%	77%
National Children's Hospital Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RCSI Hospital Group	62%	50%	N/A	100%	N/A	65%	86%
Saolta Hospital Group	76%	63%	64%	67%	N/A	92%	95%
South South West Hospital Group	4%	25%	75%	N/A	100%	100%	23%
University of Limerick Hospital Group	100%	83%	80%	80%	100%	100%	100%
National Ambulance Service	63%	N/A	N/A	N/A	N/A	82%	96%
<b>Total Acute Hospitals</b>	<b>61%</b>	<b>46%</b>	<b>82%</b>	<b>79%</b>	<b>76%</b>	<b>80%</b>	<b>82%</b>

<sup>1</sup> Tracking of audit findings commence after 6 months, no update available for March and June for 2019 audit reports

75% Implemented or Superseded within 6 months					95% Implemented or Superseded within 12 months			
	2018 Position at 31st March	2018 Position at 30th June	2018 Position at 30th September	2019 Position at 30th September <sup>1</sup>	2018 Position at 31st March	2018 Position at 30th June	2018 Position at 30th September	
Chief Information Officer	16%	40%	70%	14%	100%	43%	80%	
Compliance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Estates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Finance	35%	100%	N/A	80%	N/A	0%	100%	
HBS - Estates	77%	76%	100%	100%	N/A	100%	85%	
HBS - Finance	52%	100%	N/A	N/A	100%	85%	96%	
HBS - HR	N/A	N/A	N/A	N/A	N/A	100%	100%	
HBS - Procurement	20%	33%	33%	95%	100%	77%	92%	
Health and Wellbeing	100%	100%	N/A	N/A	100%	100%	100%	
Human Resources	82%	N/A	N/A	17%	N/A	82%	88%	
National Screening Service	N/A	N/A	N/A	N/A	N/A	N/A	22%	

# 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			663		62	67	62
	Acute Hospitals (incl NAS, NSS & NCCP)			382		35	39	33
	Community Healthcare			281		27	28	29
Serious Incidents – Incidents notified within 24 hours of occurrence	National	80%	M	●	33%	32%	37%	24%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	40%	37%	41%	21%
	Community Healthcare	80%	M	●	29%	26%	32%	28%
Serious Incidents – Review completed within 125 calendar days*	National	80%	M	●	16%	12%	9%	16%
	Acute Hospitals (incl NAS, NSS & NCCP)	80%	M	●	22%	15%	11%	22%
	Community Healthcare	80%	M	●	3%	4%	3%	3%

\* Current - reflecting compliance YTD May 2019 (-1 YTD April 2019), (-2 YTD March 2019)

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

**48** SREs were reported on the National Incident Management System (NIMS) as occurring during September 2019.

Division	Total SRE Occurrence
Acute Hospitals (inc. Ambulance Service)	<b>32</b>
Community Services	<b>16</b>
Grand Total	<b>48</b>

23 SREs reported as patient falls and 15 as Stage 3 or Stage 4 pressure ulcers. The remaining 10 SREs reported comprised 5 SRE categories.

### Appeals Service

1,618 new notifications of appeal were received. 1,672 appeals were processed in the period 1st January – 30<sup>th</sup> September 2019:

Appeal Type	Received	Processed	Approved	Partial Approval
Medical / GP Visit Card (General Scheme)	924	967	273	99
Medical / GP Visit Cards (Over 70's Scheme)	134	127	31	2
Nursing Home Support Scheme	57	47	26	0
CSAR	365	378	41	45
Home Care Package	34	36	2	0
Home Help	10	12	1	1
RSSMAC	31	36	2	0
Other	22	30	3	0
Total	41	39	3	0

### Healthcare Audit

Healthcare Audit	In Progress	Complete
Healthcare Audits in progress / completed YTD	8	24

# Performance Overview

# Community Healthcare

## Community Healthcare Services National Scorecard/Heatmap

		Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current
Quality & Safety	<b>Serious Incidents</b>																
	Incidents notified within 24 hours of occurrence	M	80%	29% [R]	-63.8%										26%	32%	28%
	Review completed within 125 calendar days	M	80%	3% [R]	-96.3%										4%	3%	3%
	<b>Service User Experience (Q2 data)</b>																
	Complaints investigated within 30 working days <sup>2</sup>	Q	75%	57.1% [R]	-23.9%	86.4% [G]	0% [R]	65.7% [R]	37.5% [R]	54.4% [R]	34.4% [R]	78.4% [G]	58.5% [R]	45.5% [R]			
	<b>Child Health</b>																
	Child screening 10 months	M-1M	95%	92.1% [G]	-3%	91.1% [G]	85.4% [R]	84.4% [R]	92.6% [G]	88.1% [A]	93.9% [G]	95.8% [G]	95.6% [G]	95.6% [G]	91.6%	92.6%	91.9%
	New borns visited within 72 Hours	Q	98%	98.6% [G]	0.6%	98.8% [G]	99.7% [G]	101.7% [G]	100.2% [G]	98.8% [G]	95.1% [G]	98.7% [G]	96.1% [G]	98.2% [G]	99.2%	98.3%	98.4%
	Children aged 24 months who have received MMR vaccine	Q-1Q	95%	91% [G]	-4.2%	88.8% [A]	93.6% [G]	92% [G]	91.6% [G]	91.4% [G]	87.5% [A]	90.6% [G]	91.8% [G]	90.9% [G]	91.9%	90.9%	91.2%
	<b>CAMHS – Bed Days Used</b>																
	Bed days used	M	95%	95.4% [G]	0.4%	85.5% [A]	100% [G]	98.8% [G]	90.2% [G]	97% [G]	100% [G]	99.9% [G]	93.1% [G]	97.6% [G]	96.4%	97.2%	97.1%
	<b>HIQA Inspection Compliance</b>																
	Disability Residential Services	Q-2Q	80%	89.4% [G]	11.7%										88%	91.9%	89.4%
	Older Persons Residential Services	Q-2Q	80%	86% [G]	7.6%										84.3%	82.1%	86%
<b>Chronic Disease Management</b>																	
No. of people who have completed a structured patient education programme for type 2 diabetes	M	3,054	2,401 [R]	-21.4%	312 [R]	253 [R]	315 [R]	257 [A]	211 [R]	242 [A]	245 [R]	318 [R]	248 [G]	269	173	200	
<b>Healthy Ireland</b>																	
Smokers on cessation programme who were quit at four weeks	Q-1Q	45%	49.4% [G]	9.8%										46.1%	49.7%	49%	

<sup>2</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%	91.6% [A]	-8.4%	93.6% [A]	97.5% [G]	97.5% [G]	84.5% [R]	98.8% [G]	93.2% [A]	80.4% [R]	99.7% [G]	94.6% [A]	92.9%	91.9%	91.6%
Physiotherapy access within 52 weeks	M	95%	93.1% [G]	-2%	92.1% [G]	88.7% [A]	92.6% [G]	97% [G]	95.8% [G]	98.6% [G]	88.6% [A]	95.4% [G]	92% [G]	93.4%	93.3%	93.1%
Occupational Therapy access within 52 weeks	M	85%	72.2% [R]	-15.1%	67.1% [R]	72% [R]	98.1% [G]	68% [R]	67.1% [R]	77.2% [A]	66.5% [R]	74.6% [R]	77.2% [A]	72.7%	73%	72.2%
Psychology treatment within 52 weeks	M	81%	71.6% [R]	-11.6%	88.2% [G]	63.6% [R]	71.1% [R]	58.8% [R]	80% [G]	93.8% [G]	55% [R]	96.2% [G]	68.7% [R]	70.6%	72.1%	71.6%
<b>CAMHS – Access to First Appointment</b>																
First appointment within 12 months	M	95%	95% [G]	0%	96.3% [G]	99.9% [G]	93% [G]	84.7% [R]	92.6% [G]	97.6% [G]	98.3% [G]	98% [G]	96.4% [G]	91.4%	93.8%	96.5%
% of urgent referrals to CAMHS responded to within 3 working days	M	100%	73.4% [R]	-26.6%	64.3% [R]	38.8% <sup>3</sup> [R]	100% [G]	76.2% [R]	79.9% [R]	100% [G]	92.9% [A]	84.9% [R]	100% [G]	80.7%	84.2%	84.8%
<b>Disability Act Compliance</b>																
Assessments completed within timelines	Q	100%	10.1% [R]	-89.9%	16% [R]	54% [R]	26.9% [R]	4.9% [R]	8.9% [R]	4.9% [R]	3.6% [R]	8.8% [R]	2.8% [R]	6.1%	10.6%	13.8%
Number of requests for assessment of need received for children	Q	3,798	4,714 [G]	24.1%	157 [G]	217 [G]	511 [G]	977 [G]	279 [G]	223 [G]	665 [G]	634 [G]	1,051 [G]	1,577	1,706	1,431
<b>Disability Network Teams</b>																
% of teams established <sup>4</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	13,314,651	12,891,147 [G]	-3.2%	1,263,665 [G]	1,263,700 [R]	1,143,433 [G]	1,985,368 [G]	1,488,485 [G]	1,019,578 [G]	1,469,505 [A]	1,266,625 [G]	1,990,788 [A]	1,511,738	1,463,539	1,322,053
<b>Nursing Home Support Scheme (NHSS)</b>																
Number of persons funded under NHSS in long term residential care	M	23,200	23,382 [G]	0.8%										23,236	23,090	23,382
<b>Delayed Discharges</b>																
Number of beds subject to Delayed Discharge	M	≤550	724 [R]	31.6%										711	786	724

<sup>3</sup> Data results provided for CHO2 under review and may be subject to change

<sup>4</sup> Disability Network Teams – No CHO Targets received

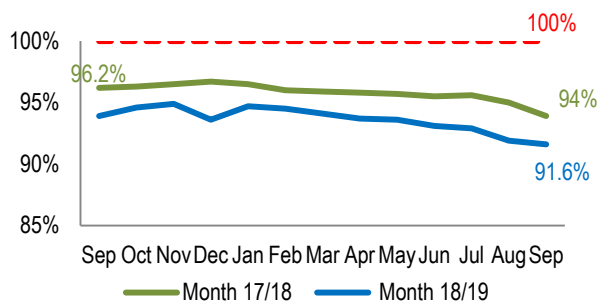
	Reporting Frequency	Expected Activity / Target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Current (-2)	Current (-1)	Current	
<b>Finance, Governance &amp; Compliance</b>	<b>Financial Management – Expenditure variance from plan</b>																
	Net expenditure (pay + non-pay - income)	M	≤0.1%	4,431,090	1.13% [R]	2.98% [R]	5.68% [R]	2.81% [R]	3.51% [R]	4.85% [R]	1.67% [R]	3.56% [R]	3.59% [R]	2.12% [R]	1.27%	1.16%	1.13%
	Gross expenditure (pay and non-pay)	M	≤0.1%	4,825,583	1.39% [R]	2.37% [R]	4.95% [R]	2.80% [R]	3.20% [R]	4.54% [R]	1.34% [R]	3.59% [R]	3.62% [R]	2.03% [R]	1.55%	1.43%	1.39%
	Non-pay expenditure	M	≤0.1%	2,668,731	2.92% [R]	6.67% [R]	5.38% [R]	3.81% [R]	6.50% [R]	5.95% [R]	1.20% [R]	7.82% [R]	6.77% [R]	6.10% [R]	2.65%	2.49%	2.92%
	<b>Financial Management - Service Arrangements (26.09.19)</b>																
	Monetary value signed	M	100%	69.02%	-30.98%										63.4%	68.68%	69.02%
<b>Workforce</b>	<b>Internal Audit</b>																
	Recommendations implemented within 12 months	Q	95%	92% [G]	-3.2%										95%	86%	92%
	<b>Funded Workforce Plan</b>																
Pay expenditure variance from plan	M	≤0.1%	2,156,851	-0.44% [G]	0.67% [A]	4.49% [R]	1.29% [R]	-0.14% [G]	3.15% [R]	1.45% [R]	0.87% [R]	1.41% [R]	-0.85% [G]	0.23%	0.15%	-0.44%	
<b>Workforce</b>	<b>Attendance Management</b>																
	% absence rates by staff category (overall)	M-1M	≤3.5%	4.93% [R]	40.85%	6.66% [R]	4.33% [R]	5.42% [R]	3.82% [A]	5.18% [R]	4.45% [R]	5.27% [R]	5.59% [R]	4.24% [R]	4.87%	4.91%	5.11%
	<b>European Working Time Directive (EWT) Compliance</b>																
<48 hour working week – Mental Health	M	95%	90.9% [G]	-4.3%	89.9% [A]	90% [A]		78.9% [R]	95.5% [G]	96% [G]	100% [G]	91% [G]	100% [G]	88.9%	91.2%	90.9%	
<48 hour working week – Disability Services – Social Care Workers	M	90%	100% [G]	+11.1%							100% [G]			100%	91.7%	100%	

## Primary Care Services

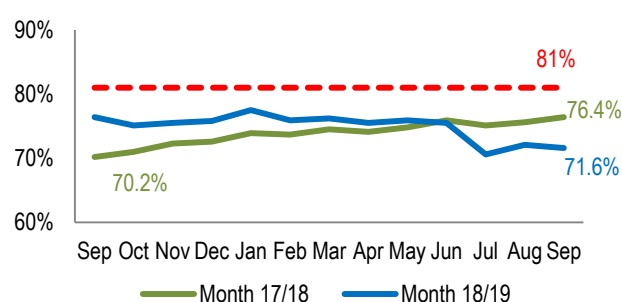
### Primary Care Therapies

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	●	<b>91.6%</b>	94%	-2.4%	92.9%	91.9%	91.6%	CHO8 (99.7%), CHO5 (98.8%), CHO2 & CHO3 (97.5%)	CHO7 (80.4%), CHO4 (84.5%), CHO6 (93.2%)
Physiotherapy access within 52 weeks	95%	M	●	<b>93.1%</b>	94%	-0.9%	93.4%	93.3%	93.1%	CHO6 (98.6%), CHO4 (97%), CHO5 (95.8%)	CHO7 (88.6%), CHO2 (88.7%), CHO9 (92%)
Occupational Therapy access within 52 weeks	85%	M	●	<b>72.2%</b>	74.9%	-2.7%	72.7%	73%	72.2%	CHO3 (98.1%), CHO6 & CHO9 (77.2%), CHO8 (74.6%)	CHO7 (66.5%), CHO1 & CHO5 (67.1%), CHO4 (68%)
Psychology access within 52 weeks	81%	M	●	<b>71.6%</b>	76.4%	-4.8%	70.6%	72.1%	71.6%	CHO8 (96.2%), CHO6 (93.8%), CHO1 (88.2%)	CHO7 (55%), CHO4 (58.8%), CHO2 (63.6%)

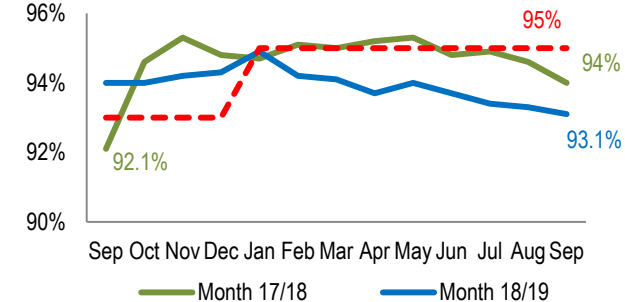
#### SLT Access within 52 weeks



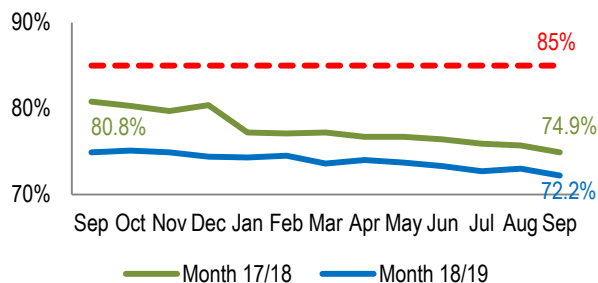
#### Psychology Access within 52 weeks



#### 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	436,111	<b>434,249</b>	-0.4%	431,772	2,477
Total number waiting	34,023	<b>40,794</b>	19.9%	36,664	4,130
% waiting < 12 weeks		<b>54.7%</b>		60.0%	-5.3%
Number waiting > 52 weeks		<b>2,830</b>		2,216	614
<b>Occupational Therapy</b>					
Number seen	267,143	<b>287,123</b>	7.5%	265,403	21,720
Total number waiting	31,220	<b>33,434</b>	7.1%	30,880	2,554
% waiting < 12 weeks		<b>27.3%</b>		29.8%	-2.5%
Number waiting > 52 weeks		<b>9,296</b>		7,759	1,537
<b>Speech &amp; Language Therapy</b>					
Number seen	211,012	<b>206,057</b>	-2.3%	209,010	-2,953
Total number waiting	14,236	<b>12,760</b>	-10.4%	13,528	-768
Number waiting > 52 weeks		<b>1,077</b>		808	269

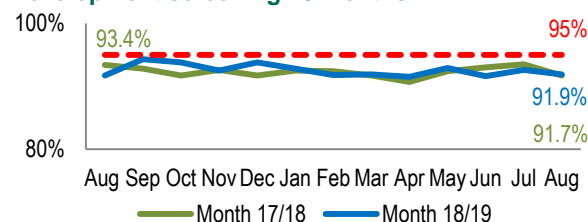
Treatment Waiting List	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY	SPLY change
<b>*Speech &amp; Language Therapy</b>					
Total number waiting	7,939	<b>7,586</b>	-4.4%	7,845	-259
Number waiting > 52 weeks		<b>1,035</b>		704	331
<b>Psychology</b>					
Number seen	31,083	<b>33,924</b>	9.1%	31,614	2,310
Total number waiting	7,919	<b>9,276</b>	17.1%	7,733	1,543
% waiting < 12 weeks	36%	<b>22.6%</b>	-37.3%	27.8%	-5.2%
Number waiting > 52 weeks		<b>2,636</b>		1,826	810
<b>Podiatry</b>					
Number seen	62,267	<b>62,799</b>	0.9%	62,537	262
Total number waiting	3,654	<b>3,851</b>	5.4%	3,594	257
% waiting < 12 weeks	32.0%	<b>41.6%</b>	30.0%	31.7%	9.9%
Number waiting > 52 weeks		<b>983</b>		955	28
<b>Ophthalmology</b>					
Number seen	74,384	<b>75,946</b>	2.1%	75,406	540
Total number waiting	20,203	<b>16,690</b>	-17.4%	19,411	-2,721
% waiting < 12 weeks	26.0%	<b>22.2%</b>	-14.8%	19.4%	2.8%
Number waiting > 52 weeks		<b>5,300</b>		7,949	-2,649
<b>Audiology</b>					
Number seen	39,672	<b>41,193</b>	3.8%	38,052	3,141
Total number waiting	15,088	<b>16,791</b>	11.3%	16,431	360
% waiting < 12 weeks	41.0%	<b>34.4%</b>	-16.2%	36.5%	-2.1%
Number waiting > 52 weeks		<b>2,617</b>		2,281	336
<b>Dietetics</b>					
Number seen	47,543	<b>52,283</b>	10.0%	47,410	4,873
Total number waiting	16,085	<b>19,241</b>	19.6%	17,499	1,742
% waiting < 12 weeks	37.0%	<b>34.4%</b>	-7.0%	34.9%	-0.5%
Number waiting > 52 weeks		<b>3,760</b>		5,165	-1,405

\*SLT reports on both assessment and treatment waiting list

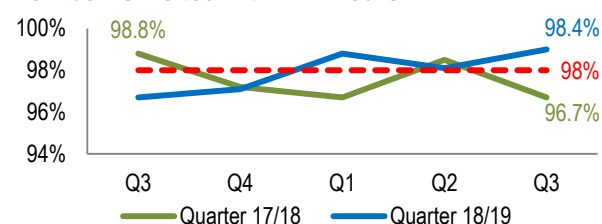
## Child Health

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	● 92.1%	92.7%	-0.6%	91.6%	92.6%	91.9%	CHO7 (99%), CHO8 (97%), CHO9 (94.3%)	CHO2 (80.9%), CHO3 (82.5%), CHO5 (87.5%)
% of new-born babies visited by a PHN within 72 hours	98%	Q	● 98.6%	97.4%	+1.2%	99.2%	98.3%	98.4%	CHO1 (100%), CHO5 (99.9%), CHO2 (99.8%)	CHO6 (94.4%), CHO8 (95.3%), CHO7 (98.2%)

### Development screening 10 months



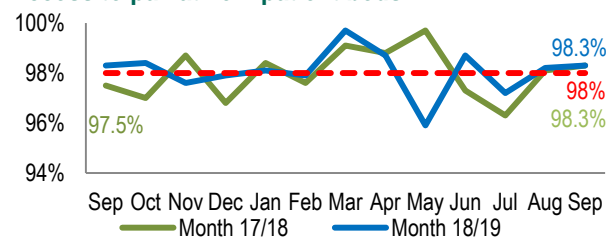
### New borns visited within 72 hours



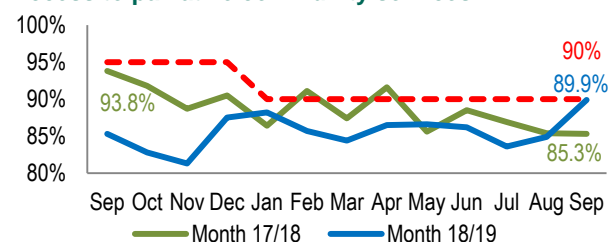
## Palliative Care

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Access to palliative inpatient beds within 7 days	98%	M	● 98.1%	98.2%	-0.1%	97.2%	98.2%	98.3%	5 CHOs reached target	CHO7 (96.6%), CHO4 (97.4%), CHO9 (97.7%)
Access to palliative community services within 7 days	90%	M	● 86.2%	87.7%	-1.5%	83.6%	84.9%	89.9%	CHO6 (97.3%), CHO1 (97.1%), CHO2 (94.8%)	CHO3 (84.4%), CHO5 (87.2%), CHO8 (87.4%)
Number accessing inpatient beds	2,843	M	● 2,769	2,849	-80	312	328	296		
Treatment in normal place of residence	3,405	M	● 3,405	3,399	+6	3,537	3,439	3,405		

### Access to palliative inpatient beds



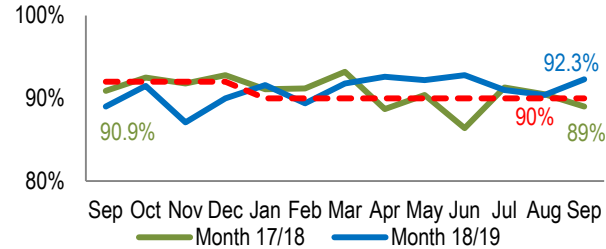
### Access to palliative community services



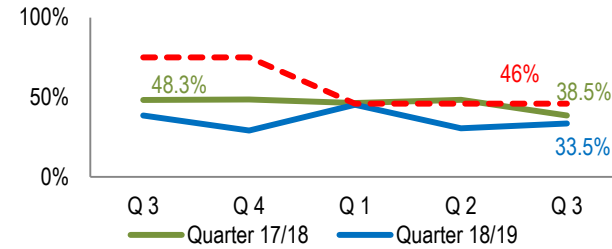
## Oral Health and Orthodontics

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>91.6%</b>	90.2%	+1.4%	91%	90.4%	92.3%	CHO9 (99.9%), CHO7 (98.7%), CHO6 (97.6%)	CHO5 (64.7%), CHO2 (81.2%), CHO1 (89.5%)
Orthodontics - % seen for assessment within 6 months	46%	Q	●	<b>33.5%</b>	38.5%	-5%	45.3%	30.5%	33.5%	DNE (57.6%)	West (23.8%), South (30.4%), DML (33.7%)
Orthodontics - % of patients on treatment waiting list longer than four years	<6%	Q	●	<b>11.3%</b>	6.1%	+5.2%	6.6%	7.6%	11.3%	West (2.6%)	DML (17.8%), DNE (16.4%), South (8.4%)

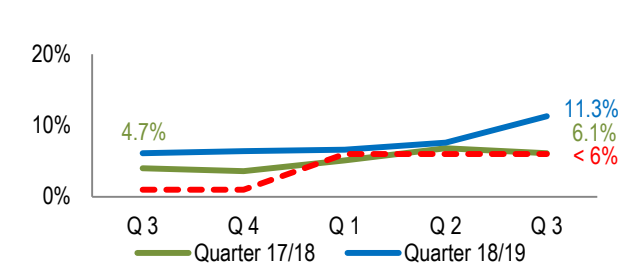
**Oral Health: % of new patients who commenced treatment within 3 months**



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



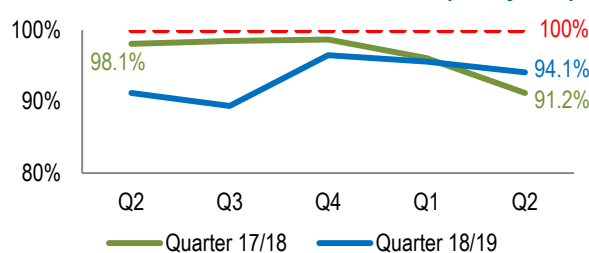
**Orthodontics: treatment waiting list > four years**



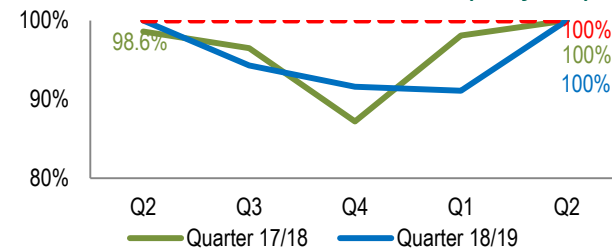
## Social Inclusion

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>94.1%</b>	91.2%	+2.9%	96.5%	95.6%	94.1%	CHO 2, 5, 6, 8 (100%)	CHO3 (70.6%), CHO9 (82.4%), CHO4 (93%)
Substance Misuse - access to treatment (under 18 years)	100%	Q-1Q	●	<b>100%</b>	100%	0%	91.6%	91.1%	100%	6 CHOs reached target	

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



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

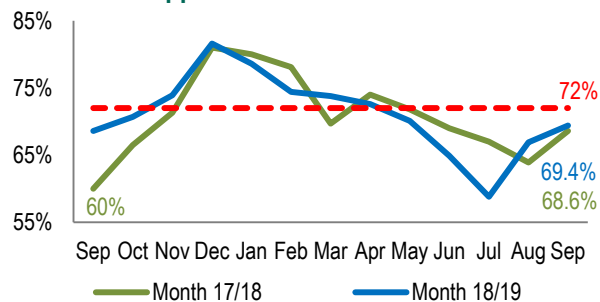


# Mental Health Services

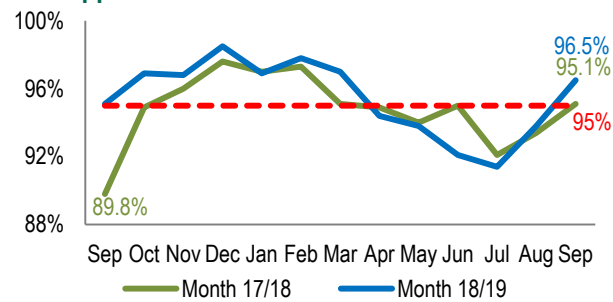
## Child and Adolescent Community Mental Health Teams

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	● 85.4%	70.1%	+15.3%	85.7%	84.2%	90.9%		
CAMHs Bed Days Used	95%	M	● 95.4%	94.6%	+0.8%	96.4%	97.2%	97.1%	CHO1, 2, 3, 5, 6, 7, 8, 9 reached target	CHO4 (88.8%)
CAMHs – first appointment within 12 months	95%	M	● 95%	94.9%	+0.1%	91.4%	93.8%	96.5%	CHO1, 2, 3, 5, 6, 7, 8 reached target	CHO4 (86%)
CAMHs waiting list	2,498	M	● 1,876	2,453	-577	2,230	2,076	1,876	CHO2 (17), CHO7 (74), CHO3 (138)	CHO4 (571), CHO6 (351), CHO8 (303)
CAMHs waiting list > 12 months	0	M	● 204	313	-109	209	213	204	CHO2 (0), CHO5 (1), CHO7 (1) CHO8 (1)	CHO4 (157), CHO1 (35), CHO6 (5)
No of referrals received	13,595 YTD 18,128 FYT	M	● 13,719	13,686	+33	1,105	1,071	1,380		
Number of new seen	8,134 YTD 10,833 FYT	M	● 8,156	7,779	+377	838	714	792		
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days (New KPI)	100%	M	● 73.4%	-	-	80.7%	84.2%	84.8%	CHO1, 3, 5, 6, & 7 reached target	CHO2 (56.8%), CHO4 (64.3%), CHO8 (91.1%)

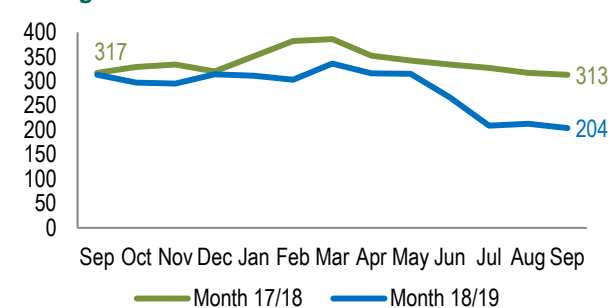
**% offered an appointment and seen within 12 weeks**



**First appointment within 12 months**



**Waiting list > 12 months**



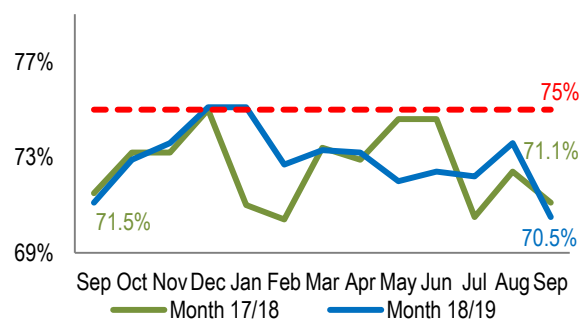
## General Adult Mental Health

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	32,865 YTD 43,819 FYT	M	● 32,238	32,978	-740	3,786	3,391	3,117		
Number of referrals seen	21,549 YTD 28,716 FYT	M	● 19,879	20,556	-677	2,280	1,965	2,277		
% seen within 12 weeks	75%	M	● 72.7%	72.3%	+0.4%	72.2%	73.6%	70.5%	CHO1, 2, 5 & 6 reached target	CHO9 (57.4%), CHO7 (58.2%), CHO4 (59.8%)

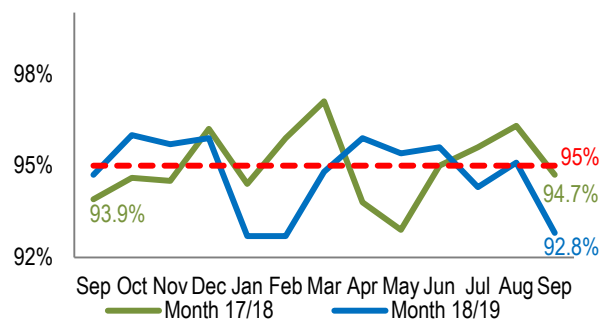
## Psychiatry of Later Life

Performance Area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best Performance	Outliers
Number of referrals received	9,341 YTD 12,455 FYT	M	● 9,262	9,341	-79	1,111	936	904		
Number of referrals seen	6,673 YTD 8,896 FYT	M	● 6,695	6,514	+181	772	661	648		
% seen within 12 weeks	95%	M	● 94.3%	95%	-0.7%	94.3%	95.1%	92.8%	CHO 2, 3, & 5 reached target	CHO9 (59.5%), CHO7 (87.5%), CHO8 (89.3%)

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



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

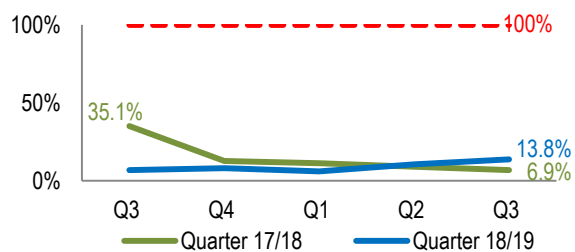




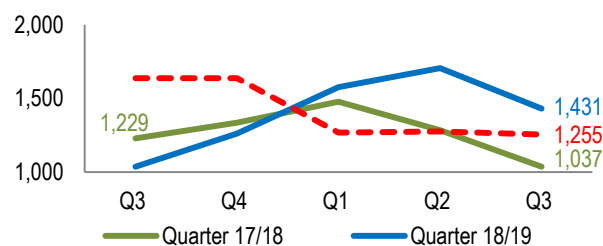
## Disability Services

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	●	<b>10.1%</b>	8.9%	+1.2%	6.1%	10.6%	13.8%		(% Var): CHO5 (3.8%), CHO4 (4.7%), CHO9 (5.8%)
Number of requests for assessment of need received for Children	3,798 YTD/ 5,065 FYT	Q	●	<b>4,714</b>	3,799	+915	1,577	1,706	1,431	(% Var): All CHO's achieved target	
Congregated Settings	94 YTD/ 160 FYT	Q	●	<b>78</b>	75	+3	48	11	19	(% Var): CHO9 (75%), CHO1 (41.7%)	(% Var): CHO7 (-66.7%), CHO4 (-64.3%), CHO5 (-60%)
% of Disability Network Teams established	100%	M	●	<b>0%</b>	0%	0	0%	0%	0%		
Number of Disability Network Teams established	80	M	●	<b>0</b>	0	0	0	0	0		

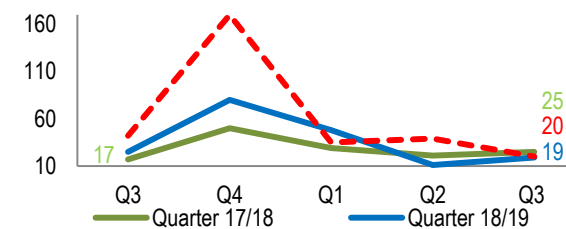
### Disability Act Compliance



### Assessment of Need Requests



### Congregated Settings

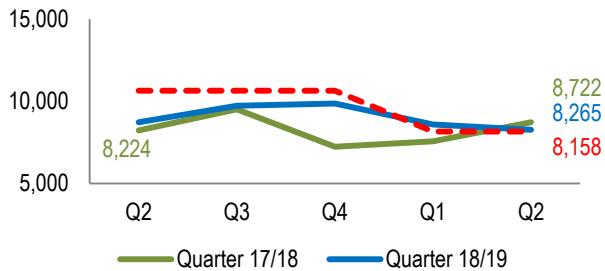


## Residential and Emergency Places and Support Provided to People with a Disability

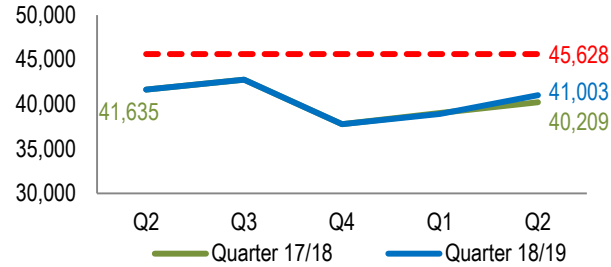
	Expected Activity Full Year	Expected Activity YTD		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Number of residential places provided to people with a disability	8,568	8,568	●	<b>8,221</b>					
Number of new emergency places provided to people with a disability	90	68	●	<b>60.5</b>	95	-34.5	1	3	14

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	16,317 YTD/ 32,622 FYT	Q-1M	● 16,856	16,286	+570	9,867	8,591	8,265	(% Var): CHO5 (81.5%), CHO1 (42.7%), CHO6 (36.5%)	(% Var): CHO7 (-51.5%), CHO9 (-43.2%) CHO2 (-4.6%)
Respite – Number of overnights	91,258 YTD/ 182,506FYT	Q-1M	● 79,911	79,223	+688	38,276	38,909	41,003	(% Var): CHO6 (1.3%)	(% Var): CHO1 (-47.8%), CHO4 (-21.8%), CHO9 (-16.1%)
Home Support Hours	1,540,004 YTD/ 3,080,000 FYT	Q-1M	● 1,538,169	1,561,306	-23,137	814,121	779,858	758,311	(% Var): CHO4 (16.8%), CHO6 (9.9%), CHO9 (6.8%)	(% Var): CHO7 (-13.1%), CHO5 (-8.3%), CHO2 (-8%)
Personal Assistance Hours	815,005 YTD/ 1,630,000 FYT	Q-1M	● 824,467	811,860	+12,607	423,823	406,582	417,886	(% Var): CHO7 (26.8%), CHO2 (6.7%), CHO8 (3.4%)	(% Var): CHO5 (-8.5%), CHO9 (-3.2%), CHO1 (-2.2%)

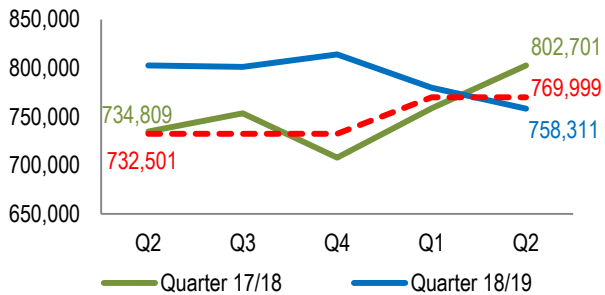
Respite Day Only (Q2 data)



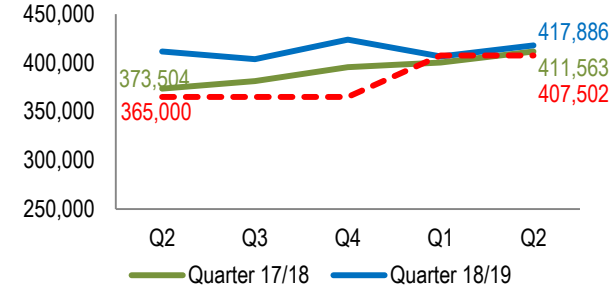
Respite Overnights (Q2 data)



Home Support Hours (Q2 data)



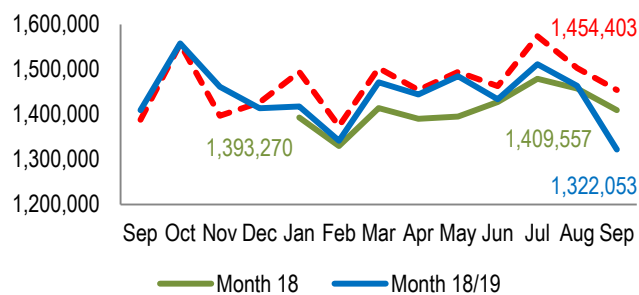
Personal Assistance Hours (Q2 data)



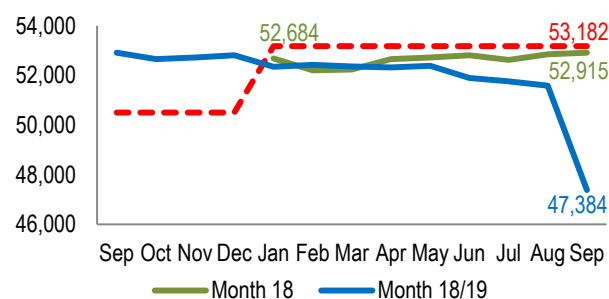
## Older Person's Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Home Support Hours	13,314,651 YTD/ 17,900m FYT	M	●	<b>12,891,147</b>	12,697,414	+193,733	1,511,738	1,463,539	1,322,053	(% Var):CHO3 (3.6%), CHO5 (2.1%), CHO6 (1%)	(% Var):CHO2 (-14.8%), CHO7 (-7.8%), CHO9 (-5.4%)
No. of people in receipt of Home Support	53,182 YTD/ 53,182 FYT	M	●	<b>47,384</b>	52,915	-5,531	51,763	51,588	47,384	(% Var):CHO7 (2.1%)	(% Var): CHO2 (-68.4%), CHO1 (-11.5%), CHO3 (-8.6%)
No. of persons in receipt of Intensive Home Care Package (IHCP)	235	M	●	<b>195</b>	229	-34	230	222	195		
No. of persons funded under NHSS in long term residential care	23,200 YTD/ 23,042 FYT	M	●	<b>23,382</b>	23,233	+149	23,236	23,090	23,382		
No. of NHSS beds in public long stay units	4,900 YTD/ 4,900 FYT	M	●	<b>4,963</b>	4,960	+3	4,961	4,961	4,963	(% Var):CHO2 (4.1%), CHO6 & CHO8 (2.2%), CHO1 (1.3%)	(% Var):All CHO's achieved target
No. of short stay beds in public long stay units	1,850 YTD/ 1,850 FYT	M	●	<b>1,900</b>	1,941	-41	1,890	1,877	1,900	(% Var):CHO8 (17.6%), CHO5 (9.6%), CHO1 (8%)	(% Var): CHO3 (-6.3%), CHO9 (-5.6%)
Delayed Discharges	≤550	M	●	<b>724</b>	606	+118	711	786	724	Mallow, Ennis St Johns (0), Mullingar (1)	SJH (76), Beaumont (64), OLOL (48)
No. of people being supported through transitional care	1,160	M-1M	●	<b>521</b>	915	-394	1,152	837	521		

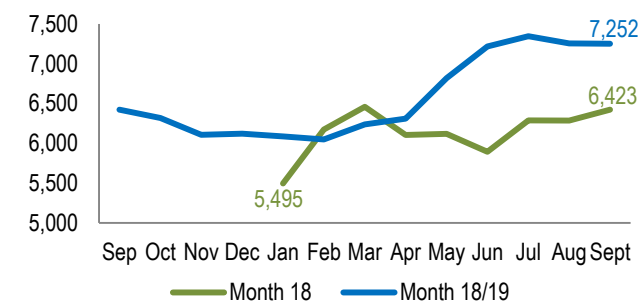
Number of Home Support Hours Provided



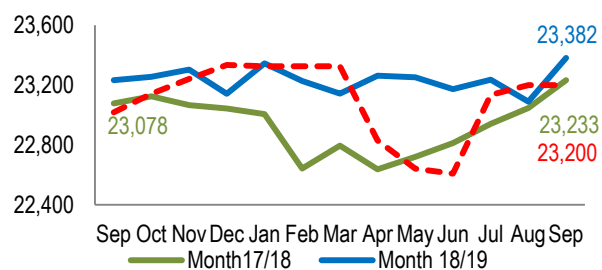
Number of people in receipt of Home Support



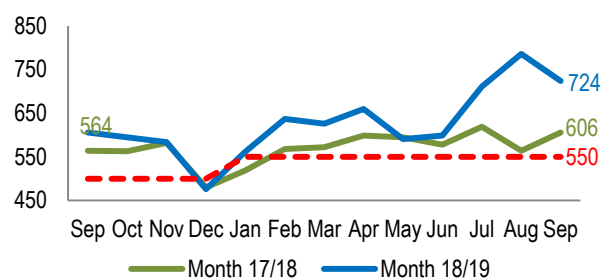
Number waiting on funding for Home Support



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



### Delayed Discharges



### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	100	37	137	18.9%
Long Term Nursing Care	399	55	454	62.7%
Other	86	47	133	18.4%
<b>Total</b>	<b>585</b>	<b>139</b>	<b>724</b>	<b>100%</b>

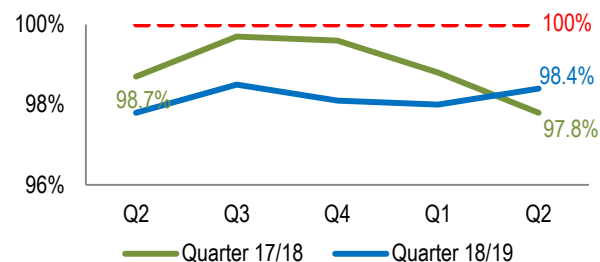
### NHSS Overview

		Current YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	SPLY (In Month)	SPLY Change
	No. of new applicants	7,666	7,996	-330	838	766	778	750	+28
	National placement list for funding approval	767	384	+383	1,043	1,128	767	384	+383
	Waiting time for funding approval	5 weeks	3-4 weeks	+1-2 weeks	6.5 weeks	8 weeks	5 weeks	3-4 weeks	+1-2 weeks
	Total no. people funded under NHSS in LTRC	23,382	23,233	+149	23,236	23,090	23,382	23,233	+149
Private Units	No. of new patients entering scheme	4,890	5,362	-472	530	422	699	603	+96
	No. of patients Leaving NHSS	4,769	5,096	-327	476	526	449	450	-1
	Increase	+121	+266	-145	+54	-104	+250	+153	+97
Public Units	No. of new patients entering scheme	1,226	1,592	-366	122	86	160	176	-16
	No. of patients Leaving NHSS	1,270	1,485	-215	113	128	118	133	-15
	Net Increase	-44	+107	-151	+9	-42	+42	+43	-1

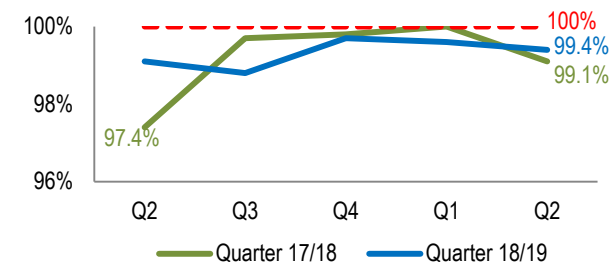
## Disability and Older Persons' Services Safeguarding

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>98.4%</b>	97.8%	+0.6%	98.1%	98%	98.4%	CHO2, 3, 5, 6, and 7 achieved target	CHO9 (93.8%), CHO1 (95.3%), CHO8 (95.6%)
% of preliminary screenings for adults under 65 years	100%	Q-1M	●	<b>99.4%</b>	99.1%	+0.3%	99.7%	99.6%	99.4%	CHO1, 2, 6 and 9 achieved target	CHO5 (98.3%), CHO3 (98.5%), CHO4 and CHO7 (99.4%)

% of prelim screenings for adults aged 65 and over (Q2 data)



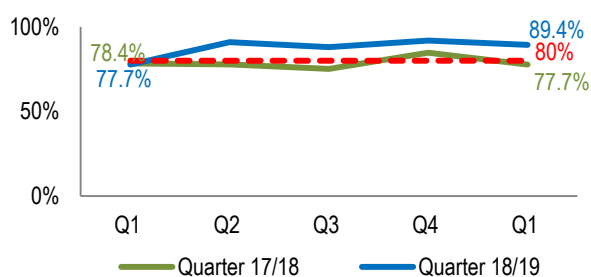
% of prelim screenings for adults under 65 (Q2 data)



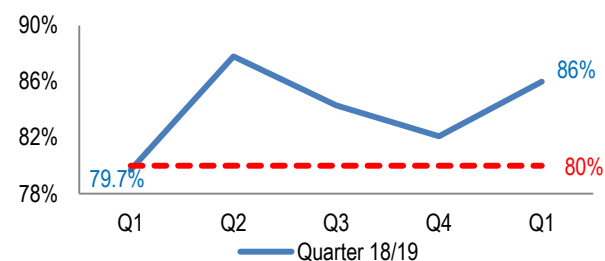
## HIQA Inspections

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>89.4 %</b>	77.7%	+11.7%	88%	91.9%	89.4%		
HIQA Inspections (Older Persons)	80%	Q-2Q	●	<b>86%</b>	79.7%	+6.3%	84.3%	82.1%	86%		

HIQA – Disabilities



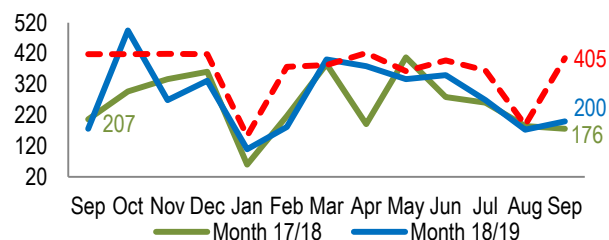
HIQA Inspections – Older Persons



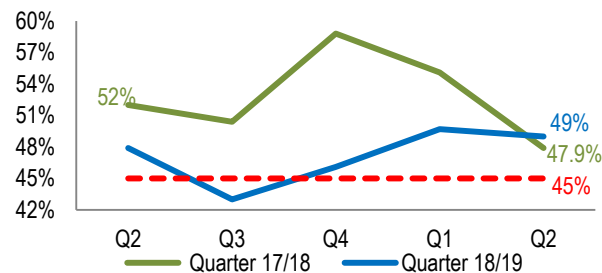
## Population Health and Wellbeing

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	3,054 YTD/ 4,190 FYT	M	● 2,401	2,163	+238	269	173	200	(% Var): CHO9 (71%)	(%Var): CHO2 (-47.9%), CHO1 (-35.8%), CHO8 (-25.2%)
Tobacco smokers who have received intensive cessation support	6,267 YTD/ 11,500 FYT	Q-1Q	● 5,120	5,771	-651	2,168	3,105	2,015	(% Var): CHO4 (115.3%), CHO9 (52.3%), CHO8 (39.3%)	(% Var): UL HG (-74.8%), SAOLTA HG (-70.2%), CHO7 (-38.6%)
% of smokers on cessation programmes who were quit at four weeks	45%	Q-1Q	● 49.4%	51.8%	-2.4%	46.1%	49.7%	49%		
% of children 24 months who have received (MMR) vaccine	95%	Q-1Q	● 91%	92.4%	-1.4%	91.9%	90.9%	91.2%	CHO2 (92.6%), CHO4 (92.5%), CHO8 (92.4%)	CHO6 (88.5%), CHO1 (88.6%), CHO7 (90.2%)
% of children 24 months who have received three doses of the 6 in 1 vaccine	95%	Q-1Q	● 93.5%	94.6%	-1.1%	94%	93.4%	93.6%	CHO8 (95.3%), CHO3 (94.6%), CHO2 (94.5%)	CHO6 (90.4%), CHO1 (91.9%), CHO9 (92.7%)

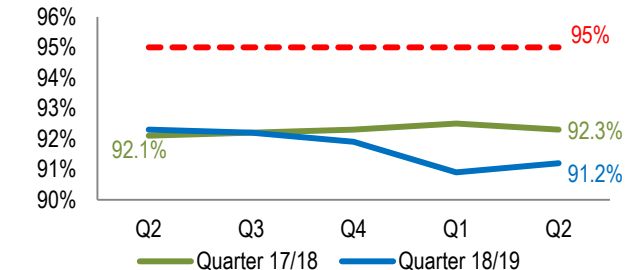
Number who have completed type 2 diabetes education programme



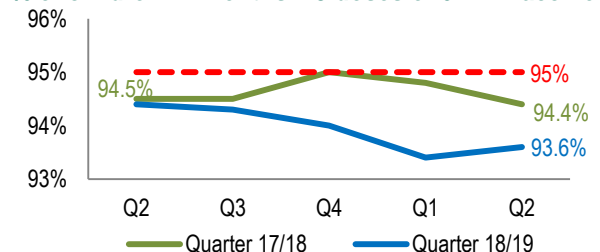
% of smokers quit at four weeks



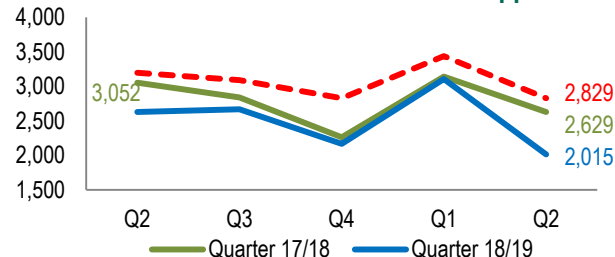
% of children 24 months – (MMR) vaccine



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



Tobacco smokers – intensive cessation support



## Community Healthcare Update

### Primary Care Services

#### Community Intervention Teams (CIT)

There were 38,696 CIT referrals YTD which is 13.6% ahead of the expected activity YTD of 34,074. Seven of the 9 Community Healthcare Organisations (CHOs) are on or ahead of target. CHO4 with activity YTD of 3,569 is 21.0% below the target of 4,518. CHO8 is 5.5% below target with activity YTD of 3,046 compared to the target of 3,222 with performance in Laois/Offaly being 48.1% below target YTD. CHO 8 has taken steps to raise the awareness of the service in Tullamore hospital and activity in Laois/Offaly is 77% higher in quarter 3 compared to quarter 1.

#### Child Health Developmental Screening 10 Months

The national YTD position is 92.1% compared to a target of 95.0%. The prior year outturn was 92.7%. Six of the nine CHOs are green on the National Scorecard and are within a range of 91.1% to 95.8%.

Performance in CHO3 is red on the National Scorecard with YTD performance at 84.4% compared to the target of 95%. CHO 3 is unique in that the screening is undertaken exclusively by the doctors. Performance is affected a vacancy of one doctor who retired and the national recruitment campaign for a replacement was unsuccessful. CHO has noted that the progression of the Nurse Led Developmental check will assist the CHO to meet the metric target. The CHO is advocating for the prioritisation of the Nurture programme with regard to Child Development screening programme and 16 doctors are due to complete Nurture Child Health training in 2019/2020.

CHO 2 is red at 85.4%. The main issue is in Roscommon with performance of 49.8%. 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. CHO has noted staff vacancies as a challenge to achieving target.

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

The national September YTD position (for this quarterly reported metric) of 98.6% 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 95.1% and 100.0%.

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

The national YTD position at September is amber at 91.6% compared to the target of 100%. The prior year outturn was 94.0%. CHO 1 remains amber in September with YTD performance of 93.6% compared to 94.1% in the prior month. CHO 6 is amber in September at 93.2% compared to green at 96.3% in the prior month. CHO 9 is amber in September at 94.6% compared to green at 95.7% in the prior month. CHO 8 is green at 99.7% in September having been amber at 92.7% in the prior month. CHO7 remains in red with YTD performance of 80.4% compared to 81.0% in the prior month. CHO 4 is red at 84.5% compared to 84.4% in the prior month.

At September 2019 YTD there are 1,077 clients awaiting initial assessment for longer than 52 weeks. The number of clients waiting for initial assessment for longer than 52 weeks has decreased by 9.6% from 1,192 in August to 1,077 in September.

Comments on specific CHO Areas performance at September 2019 YTD re SLT Access within 52 weeks;

- CHO 4 is red at 84.5% compared to 84.4% in the prior month. Performance in South Lee of 63.3% 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 80.4% (red) compared to the prior month YTD performance of 81.0%. Performance in CHO7 is affected by the Therapies in School project which is being demonstrated in CHO7 and which has been extended for a 2nd 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. CHO 7 is to prepare an Action Plan setting out measures to address performance.

### Physiotherapy Access within 52 weeks

The national YTD position is green at 93.1% compared to the target of 95%. The prior month YTD performance was 93.3%.

The number of clients waiting longer than 52 weeks has increased by 4.0% from 2,721 in August to 2,830 in September. Seven CHOs are green on the national scorecard with performance within a range of 92.0% to 98.6%. CHO 1 is green in September at 92.1% having been red in the prior month due to a data return issue which is now resolved.

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

The national September YTD position is 72.2% (red) compared to the target of 85% and performance of 73.0% in the prior month YTD. The number of clients waiting longer than 52 weeks increased by 211 (2.3%) from 9,085 in August to 9,296 in September. CHOs have reported a number of contributing factors impacting on access to services including the following;

- CHO 1 is red at 67.1% compared to 65.6% (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 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.
- CHO 2 is red at 72.0% compared to 74.5% (red) in the prior month. CHO 2 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 68.0% compared to 67.5% in the prior month. CHO 4 prepared an action plan to address performance in Cork which focused on reducing the paediatric waiting list by 1,100 by the end of 2019. The action plan assumed no increase in paediatric referrals compared to prior year but an actual 20% year on year increase in paediatric referrals has negated the impact of the waiting list initiative.
- CHO 5 is red at 67.1% compared to 67.7% in the previous month. CHO 5 prepared an action plan to address performance including;
  - Each OT in Primary Care is undertaking to dedicate 1 day per month to P3 (long waiting) clients.

- Roll out adult outpatient clinics in all networks and provide dedicated 'long waiters' clinics to address the needs of the population in more timely manner and sustain reduction in waiting lists.
- CHO 7 is red at 66.5% compared to 67.9% in the prior month. CHO is preparing an action plan to address performance
- CHO 8 is red at 74.6% having been 76.5% (amber) in the prior month. CHO 8 prepared an action plan which is dependent on additional OT resources

### Psychology Access within 52 weeks

The national September YTD position is 71.6% (red) compared to the target of 81% and compared to 72.1% in the prior month. Four of the 9 CHOs are green on the national scorecard with performance in a range from 80.0% to 96.2%. CHOs 2, 3, 4, 7 & 9 are red on the Heatmap. CHO 2 has prepared an Action Plan to address performance which includes local measures such as cross cover and utilising Assistant Psychologists in group work programmes. CHO 4 has noted significant challenges including recruitment and retention of Psychologists and Assistant Psychologists and a 13.3% year on year increase in referrals. Action Plan is awaited from CHO 3, 7 & 9.

### Numbers of Patients Seen

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

Number of Patients Seen YTD September 2019			
Discipline	Target YTD	Actual YTD	Actual v Target YTD
Physiotherapy	436,111	434,249	-0.4%
Occupational Therapy	267,143	287,123	7.5%
SLT	211,012	206,057	-2.3%
Podiatry	62,267	62,799	0.9%
Ophthalmology	74,384	75,946	2.1%
Audiology	39,672	41,193	3.8%
Dietetics	47,543	52,283	10.0%
Psychology	31,083	33,924	9.1%



## Palliative Care

### Access to Palliative Inpatient Beds

In September 2019, the YTD position is 98.1% of admissions (target 98%) to a specialist palliative care inpatient unit were admitted within 7 days. Five CHO's met or surpassed the target of 98% and three of these CHOs performed at 100% with all admissions within 7 days during the current month. Performance in September 2018 YTD was 98.2% for access within 7 days to specialist palliative care inpatient beds.

### Access to Palliative Community Services

In September 2019, the YTD position is 86.2% of patients who waited for specialist palliative care services in a community setting were seen within 7 days (target 90%) vs 87.7% YTD in 2018. In September 2019, 3 CHO's performed above the target. Across the CHOs 13 LHO areas reached/surpassed the target. Six CHO's (CHO 3,4,5,6,7 & 8) did not reach the target. The total number of people in receipt of specialist palliative care services in the home increased by 0.18% (6) 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 July 2019 has decreased by 32 children on the same period last year (68 in July 2018 vs 36 in July 2019). Our Lady's Children's Hospital Crumlin was a non-return for August & September 2019.

The number of children in the care of the Children's Nurse Co-Ordinators was 245 at September 2019 v target of 280.

## Mental Health

### Finance

A process is in train with all CHOs to validate projections to the end of the year to ensure finance remains on track for a breakeven position; projecting spend, budget, savings and net outcome for the year. Pressures and risks to this include high levels of complexity and risk to service users and staff, regulatory requirements, cases requiring 24 hours specials and new placements emerging not included in the plan. Service managers are endeavouring to maintain high quality services with timely access within the available resources which is

challenging. Recent deliberations around the release of funding by the DoH have impacted on our ability to progress planned developments in a timely manner.

### CAMHS Inpatient Units

Nationally reduced capacity experienced in CAMHS in-patient units in 2018 has improved during 2019 increasing from 36 children admitted to CAMHS in-patient units on the 31.12.2018 to 53 as of the 29<sup>th</sup> October 2019. Close weekly monitoring at national level of the activity and wait list for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate. Often 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.

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 (75%) at 90.9% in September 2019.

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 in September 2019 is 97.1%, above target of 95%.

### CAMHS Admission to Adult Units

Recent validation of figures returned in relation to the number of child admissions to adult units indicates a running total of 37 child admissions to adult units from 1<sup>st</sup> January to September reporting date. This is 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.

### Community CAMHS

Uncertainty about our ability to recruit and delays in recruitment are impacting significantly on services where waiting lists are now developing where they haven't existed before. All CHOs except CHO2 now have children waiting longer than 12 months to be seen by CAMHS e.g. CHO1 35, CHO3 4, CHO4 157

children waiting. New initiatives to address this and sustain improvement into the future are currently being examined with improvements evident in CHO3 and CHO8.

Nationally a decrease in the number of children on the waiting list for community mental health services continues taking into account non-returns from two areas.

Latest data available from September 2019 indicate that YTD 76.4% of referrals accepted by child and adolescent teams nationally were offered an appointment within 12 weeks below KPI slightly below target of 78%.

YTD 95% of young people referred were seen within 12 months in community CAMHS services (on target).

#### Adult Mental Health Services

- 90% of patients were offered an appointment within 12 weeks in general adult mental health in September 2019 which is on target.
- 94.7% of people in Psychiatry of Old Age services were offered an appointment within 12 weeks in September 2019.

#### Additional comments:

- Difficulty in recruiting and retaining skilled staff continues to be a significant challenge. This has been exacerbated by the recent interventions around retention. CHOs are reporting delays getting posts through derogation. CHOs are also highlighting risks that services are carrying due to reductions in staffing as a result of the current recruitment restrictions. Concerns expressed that the current financial constraints mean that essential services eg inpatient are maintained but strategic developments and preventative interventions in the community cannot be progressed and so there are more people whose needs escalate so that they need inpatient services. This may be an unintended consequence which is in direct contrast to the strategic direction of both VfC and Slaintecare. There are particular concerns around losses of HSCP posts which have not been traditionally supported by agency and so are not available for savings through agency conversion.
- Difficulty providing services for those with complex long term needs have been discussed with various CHOs in the last month where the availability of

these types of placement and the very small pool of providers in the Irish context is problematic. This is also being considered by the national placement improvement programme.

- Recruitment and retention as well as sick leave and other leave is impacting on the delivery of services.
- Consultants not on specialist registers continue to be a focus for engagement calls.
- Issues relating to premises which need to be addressed through capital expenditure are being discussed and considered in terms of prioritisation. Health and safety and regulatory compliance are central to these deliberations.

#### Disabilities

##### Financial Challenges in Vol Org Disability Services

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

#### September 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, NPOG 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. Following a joint referral to the Labour Court in May 2019, a hearing was held on 14<sup>th</sup> August 2019. The court adjourned for a maximum of 6 weeks to facilitate further engagement between the HSE and Forsa during August / September 2019. A further extension of the adjournment period was agreed with a commitment to revert to the Court by October 15<sup>th</sup>.
- 100 new therapy grade posts sanctioned as part of NSP 2019 have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 22 of these posts were in place at 30/9/2019.
- 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 again during Quarter 3, 2019. However, the numbers have been decreasing steadily in CHO 4 from early 2017. This area has historically had the highest numbers of overdue assessments.
- 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 Q1 2020. This is subject to the successful conclusion of the IR engagement with Forsa. 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 assessments for clinical assessments, with specific focus on those areas with the largest waiting lists (Cork/Dublin areas). The allocation of 100 new therapy posts is aligned to alleviating the backlog / delay in completing AONs.
- 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 78 people transitioned from congregated settings up to the end of September 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 September, a total of 60.5 new emergency places were developed across the 9 CHOs (NSP target = 90 places and funding committed @ €15m).

Whilst the number of placements made at end September suggests that the delivery system is on trend, concern is now raised with regard to the value of total placements made which is @ €11.4m.

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 an additional €29.7m in 2019 was completed and internal reports issued to HSE Task Force Member and Community Operations on the 31st July 2019. Community Operations have confirmed with SJOG CS that a meeting will take place on the 18<sup>th</sup> October 2019 between HSE representatives and the Board of SJOG CS
- Of Importance to note and a continued risk is the position adopted by SJOG CS regarding the “dispute resolution process” in respect of its assessment of the financial challenge notwithstanding the fact the aforementioned process has not concluded. At this point, Disability Operations is flagging a concern relating to further levels of escalation by the Board of SJOGCS, including potential for ultimate action in terms of seeking to transfer services to the

state. Attention is drawn to the above section dealing with Voluntary Organisational deficits in this regard.

### Stewarts Care (SC)

- CHO 7 continues to monitor progress against “First Notification” letter (issued May 2018) regarding the performance management of the service provider in respect of;
  - Financial Review
  - Financial Governance and reported deficits
  - HIQA Regulatory Compliance
- CHO 7 continue to monitor Stewarts Care around aspects of:

### Financial Review

Independent review is on-going referring to inappropriate use of client funds, 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 October 2019 where conclusions regarding precise impact for the area will be known. It is important to flag at this point that the Report is expected to underpin a significant level of “client refund” which will add to a significant deficit situation for SC.

### Financial Governance

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

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

## Older Persons

### Delayed Discharges

- The end of September Delayed Discharge figure is 724 (714 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 September, of the DD's, there were 137 people waiting for discharge home, and of these, the number of people awaiting Home Support was 79 (34 were approved with funding awaited – 25 over 65 and 9 under 65). The remaining people were awaiting a specific community provision new or refurbished home, convalescent or other unspecified input.

### Transitional Care

- There has been a significant increase in demand for Transitional Care since the start of January 2019.
- To ensure the most efficient use of resources for the remainder of the year and to have adequate supports in place for Winter 2019, a managed controlled allocation has been put for the remainder of the year. This will be further supplemented with additional winter funding which has now been confirmed.
- The total number of approvals for TCBs in August 2019 is 521.

### NHSS

- In September 2019 the Nursing Homes Support Scheme funded 23,382 long term public and private residential places, and when adjusted for clients not in payment, there were 24,366 places supported under the scheme. The number of people funded under the scheme is above the original profile for September 23,200 but reflects activity on basis of extra funding provided.
- There is an increase of 149 in the number of people supported under the scheme when compared to the same period last year. This is a 0.64% increase in activity year on year.
- The number on the placement list at the end of September 2019 is 767 (September 2018 - 384), an increase of 383 (99.7%) on the same period last year.

- A total of 6,132 people were approved for funding under the scheme in the first eight months of 2019 compared to 6,908 people approved for the same period last year. This is a decrease of 776 approvals or 11.2% year on year.
- In the first nine months of 2019, 7,666 applications were received and 6,116 clients went into care and were funded under the scheme in public and private nursing homes. This is a decrease of 838 or 12.05% 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.

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 September it was expected that the Home Support Service would deliver 1,454,403 hours. The data reported indicates that 1,322,053 hours were provided, however due to data coverage issues the number of hours provided in the month is understated. As at the end of September 2019 there are 47,384 people in receipt of home support, again the number is understated as a result of data coverage issues.

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. Data coverage issues arising in September has been addressed with the CHO involved.

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  $\geq 80$  years, within the over 65 years cohort. The CHO waiting lists for the end of September indicates that 7,252 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.

## Population Health & Wellbeing

### MECC

Whilst training targets nationally are being met there are a number of planning implementation issues that are currently being addressed by SP&T to support MECC implementation.

- Online training system has been re-configured to improve access and navigation issues for online participants – and all users have been migrated to the new system in September 2019.
- The client record has been finalised and following clinical sign off is now available to order through the MECC website.
- Patient facing communication resources are at test stage and will be available to implementation sites in Q4.

- The application for the HRB Applied Partnership Award entitled Implementation of Making Every Contact Count (MECC): developing a collaborative strategy to optimise and scale-up MECC was successful and will commence in Q1 2020.
- Implementation toolkits, and monitoring mechanisms being finalised in consultation with key stakeholders and will be available to support implementation further.

### SMS

The “Living Well with a Chronic Condition: Framework for Self-Management Support” is being monitored by SP&T and is highlighted as being on target.

From a National operations perspective the proposed National SMS oversight group, project manager and SMS programme team has still not been put in place. An interim SMS oversight group is being chaired by a representative from the CCO but the intended governance structures need to be put in place to realise all the actions in the SMS framework. The Heads of Service HWB have highlighted this as a difficulty as the SMS coordinators report to them.

- All CHOs are in the process of finalising the mapping for Self-Management Support (SMS) for chronic disease directories in line with the National SMS framework and implementation Plan. 5 CHO SMS Directories are now complete and online.
- 6 of the 9 CHO's have Slaintecare funding approved to deliver the Stanford, CDSMP Chronic Disease Self-Management Support 6 week programme across their regions.
- The National Digital Team have also secured Slaintecare funding for the development of on-line supports – work has commenced on the COPD and Diabetes content.
- Work remains ongoing on the communications/patient resource.

### Tobacco Free

At the end of Q3, 23 sites had identified that they have an indoor smoking room for patients/clients at their facility (more services have completed the survey since the last reporting period). Five of these indoor facilities have been confirmed to the TFI Programme as having being decommissioned.

The indoor smoking areas that remain are located as follows:

- Disability Services 1
- Older Persons Services 13
- Mental Health Services 4

Five of the 18 sites with remaining indoor smoking facilities have indicated that there is a plan in place to decommission these areas in 2019.

The Heads of Operations need to be aware of these issues and ensure there are steps in place within each care group to address them.

# 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%	40% [R]	-50%								37%	41%	21%	
	Review completed within 125 calendar days	M	80%	22% [R]	-72.5%								15%	11%	22%	
	<b>Service User Experience (Q2 data)</b>															
	Complaints investigated within 30 working days <sup>5</sup>	Q	75%	56.8% [R]	-24.3%		80.5% [G]	58.8% [R]	73.7% [A]	63.6% [R]	41.9% [R]	35.2% [R]				
	<b>HCAI Rates</b>															
	Staph. Aureus (per 10,000 bed days)	M	< 1	1.1 [A]	10%	1.2 [R]	1.3 [R]	1.3 [R]	1.0 [G]	0.9 [G]	0.9 [G]	1.8 [R]	0.9	0.7	1.1	
	C Difficile (per 10,000 bed days)	M	< 2	2.5 [R]	25%	0.0 [G]	1.9 [G]	2.7 [R]	2.4 [R]	2.0 [G]	2.6 [R]	5.1 [R]	3.1	2.5	2.5	
	% of acute hospitals implementing the requirements for screening of patient with CPE guidelines	Q	100%	74.5% [R]	-25.5%	0% [R]	100% [G]	54.5% [R]	83.3% [R]	66.7% [R]	70% [R]	100% [G]	70.2%	70.2%	74.5%	
	<b>Medical</b>															
	Emergency re-admissions within 30 days of discharge	M-1M	≤11.1%	11.4% [G]	2.7%		10.9% [G]	11.4% [G]	11.1% [G]	12.8% [R]	11.4% [G]	10.1% [G]	10.2%	10.9%	10.7%	
	<b>Surgery</b>															
	Laparoscopic Cholecystectomy day case rate	M-1M	60%	44.9% [R]	-25.2%		57.4% [G]	56.2% [A]	45.8% [R]	23.5% [R]	49.2% [R]	14.2% [R]	46.6%	54.2%	39.6%	
	Procedure conducted on day of admission (DOSA) (site specific targets)	M-1M	82%	75.1% [A]	-8.4%		59.7% [R]	86.7% [G]	70.2% [A]	62.5% [R]	79.5% [G]	89.4% [G]	76.4%	75%	75.1%	
Surgical re-admissions within 30 days of discharge	M-1M	≤3%	2% [G]	-33.3%		2.8% [G]	1.7% [G]	2.1% [G]	2.2% [G]	1.9% [G]	1.2% [G]	2%	2%	1.8%		
Hip fracture surgery within 48 hours of initial assessment	Q-1Q	85%	76.3% [R]	-10.2%		78.2% [A]	92.2% [G]	73.8% [R]	82.6% [G]	67.6% [R]	66.9% [R]		77.4%	75.2%		
<b>Ambulance Turnaround</b>																
% of ambulance turnaround delays escalated – 30 minutes	M	95%	58.4% [R]	-38.5%								61.5%	58.3%	62.7%		

<sup>5</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	175 [R]		2 [R]	5 [R]	7 [R]	98 [R]	32 [R]	22 [R]	9 [R]	2	19	6		
	<b>Routine Colonoscopy</b>																
	Waiting < 13 weeks for routine colonoscopy or OGD	M	70%	47.9% [R]	-31.5%	50.1% [R]	39.3% [R]	48% [R]	91.8% [G]	40.1% [R]	66.1% [A]	33.5% [R]	49.1%	46.3%	47.9%		
	<b>Emergency Department Patient Experience Time</b>																
	ED within 6 hours	M	75%	63.3% [R]	-15.6%	87.6% [G]	51.4% [R]	69.1% [A]	55% [R]	65.6% [R]	60.3% [R]	55.5% [R]	64.3%	63.3%	63%		
	ED within 24 hours	M	99%	96.3% [G]	-2.7%	99.8% [G]	94.9% [G]	96.8% [G]	97.6% [G]	97.5% [G]	94.1% [G]	91.8% [A]	96.3%	96.3%	95.8%		
	75 years or older within 24 hours (zero tolerance)	M	99%	90.7% [R]	-8.4%		90.5% [R]	92.8% [R]	93.7% [R]	93.9% [R]	85.6% [R]	78.4% [R]	91.5%	91.1%	89.1%		
	<b>Waiting times</b>																
	Adult waiting <15 months (inpatient)	M	85%	84.3% [G]	-0.8%		81% [G]	88.5% [G]	89.2% [G]	76.8% [A]	87.6% [G]	89.7% [G]	84.5%	84.4%	84.3%		
	Adult waiting <15 months (day case)	M	95%	92.2% [G]	-2.9%		84.9% [R]	95.9% [G]	98.7% [G]	90.9% [G]	88.2% [A]	97.4% [G]	92.3%	92.1%	92.2%		
	Children waiting <15 months (inpatient)	M	85%	91.3% [G]	7.4%	90.1% [G]	100% [G]	94.4% [G]	96.2% [G]	89.7% [G]	100% [G]	88.6% [G]	90%	92.2%	91.3%		
	Children waiting <15 months (day case)	M	90%	82.7% [A]	-8.1%	79.1% [R]	100% [G]	95.6% [G]	100% [G]	85.7% [G]	91.6% [G]	86.6% [G]	83.1%	82.5%	82.7%		
	Outpatient < 52 weeks	M	80%	68.6% [R]	-14.2%	60.5% [R]	66.4% [R]	70.4% [R]	87.1% [G]	69.2% [R]	64.5% [R]	60.7% [R]	68.9%	68.8%	68.6%		
	<b>Delayed Discharges<sup>b</sup></b>																
	Number of beds subject to Delayed Discharge (site specific targets)	M	≤550	724 [R]	31.6%	10	159	207	158	55	102	33	711	786	724		
	<b>Cancer</b>																
Rapid Access Breast, Lung and Prostate Clinics within recommended timeframe	M	95%	71.6% [R]	-24.6%		45.2% [R]	70.4% [R]	99.7% [G]	68% [R]	73.1% [R]	82.4% [R]	72.5%	74.3%	80.5%			
Urgent Breast Cancer within 2 weeks	M	95%	69.7% [R]	-26.6%		35.6% [R]	62.6% [R]	99.6% [G]	64.5% [R]	79.2% [R]	95.2% [G]	68.7%	72.8%	82.1%			
Non-urgent breast within 12 weeks	M	95%	70% [R]	-26.3%		63.5% [R]	82.9% [R]	99.1% [G]	62% [R]	48.7% [R]	60.6% [R]	74.8%	68.9%	67.7%			

<sup>b</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%	86.4% [A]	-9.1%		97% [G]	99.8% [G]	100% [G]	90.3% [G]	82.2% [R]	55.9% [R]	83.8%	86.2%	85.9%	
	Prostate Cancer within 20 working days	M	90%	68.1% [R]	-24.3%		46% [R]	93.5% [G]	100% [G]	69.6% [R]	32.5% [R]	72.6% [R]	79%	72.2%	66.1%	
	Radiotherapy treatment within 15 working days	M	90%	85.6% [G]	-4.9%		83% [A]			84.8% [A]	86.2% [G]	97.8% [G]	82.2%	83.7%	84%	
	<b>Ambulance Response Times</b>															
	ECHO within 18 minutes, 59 seconds	M	80%	80.1% [G]	0.1%									82.7%	78.1%	82.1%
	Delta within 18 minutes, 59 seconds	M	80%	56.7% [R]	-29.1%									59.4%	57.8%	55.7%
<b>Finance, Governance &amp; Compliance</b>	<b>Financial Management – Expenditure variance from plan</b>															
	Net expenditure (pay + non-pay - income)	M	≤0.1%	4,167,750	2.44% [R]	1.22% [R]	2.50% [R]	3.21% [R]	2.27% [R]	2.10% [R]	1.97% [R]	3.52% [R]	3.12%	2.96%	2.44%	
	Gross expenditure (pay and non-pay)	M	≤0.1%	4,812,345	2.26% [R]	0.57% [A]	2.27% [R]	2.55% [R]	2.58% [R]	2.62% [R]	1.94% [R]	2.15% [R]	3.06%	2.91%	2.26%	
	Non-pay expenditure	M	≤0.1%	1,539,960	4.28% [R]	3.14% [R]	1.66% [R]	3.60% [R]	7.03% [R]	6.60% [R]	5.99% [R]	-0.90% [G]	5.70%	5.54%	4.28%	
	<b>Financial Management - Service Arrangements (26.09.19)</b>															
	Monetary value signed	M	100%	100%	0%									100%	100%	100%
<b>Workforce</b>	<b>Internal Audit</b>															
	Recommendations implemented within 12 months	Q	95%	82% [R]	-13.7%								76%	80%	82%	
	<b>Funded Workforce Plan</b>															
	Pay expenditure variance from plan	M	≤0.1%	3,272,385	1.34% [R]	-0.43% [G]	2.59% [R]	2.06% [R]	0.79% [R]	0.79% [R]	0.11% [A]	3.68% [R]	1.86%	1.72%	1.34%	
<b>Attendance Management</b>																
% absence rates by staff category (overall)	M-1M	≤3.5%	4.25% [R]	21.42%	4.01% [R]	4.19% [R]	3.64% [A]	3.98% [A]	4.52% [R]	4.38% [R]	6.16% [R]	4.24%	4.14%	4.19%		
<b>European Working Time Directive (EWTD) Compliance</b>																
< 48 hour working week	M	95%	82.5% [R]	-13.2%	75.2% [R]	79.8% [R]	79.5% [R]	75.8% [R]	91.2% [G]	89.3% [A]	77.7% [R]	80.6%	82.3%	82.5%		

## Acute Hospital Services

### Overview of Key Acute Hospital Activity

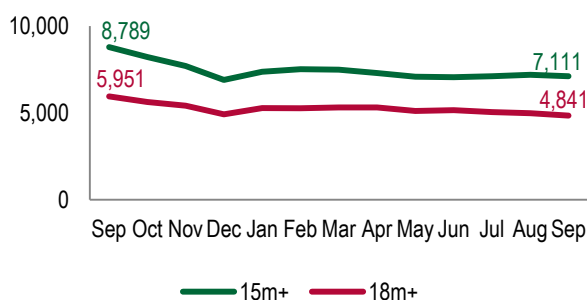
Activity Area	Expected Activity YTD	Result YTD Sept 2019	% Var YTD	Result YTD Sept 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Emergency Presentations	1,105,022	1,125,149	+1.8%	1,097,891	+2.5%	127,104	122,742	125,976
New ED Attendances	918,192	934,841	+1.8%	914,184	+1.9%	105,060	101,586	103,481
OPD Attendances	2,507,646	2,524,307	+0.7%	2,504,332	+0.8%	298,886	271,716	287,720

Activity Area (HIPE data month in arrears)	Expected Activity YTD	Result YTD Aug 2019	% Var YTD	Result YTD Aug 2018	SPLY % Var	Current (-2)	Current (-1)	Current
Inpatient discharges	427,406	423,600	-0.9%	425,579	-0.5%	49,739	54,433	52,261
Inpatient weight units	426,412	419,176	-1.7%	430,141	-2.5%	49,314	53,544	50,460
Day case (includes dialysis)	722,329	736,281	+1.9%	716,230	+2.8%	84,751	99,312	90,434
Day case weight units (includes dialysis)	700,127	717,608	+2.5%	702,843	+2.1%	81,987	96,064	86,428
IP & DC Discharges	1,149,735	1,159,881	+0.9%	1,141,809	+1.6%	134,490	153,745	142,695
% IP	37.2%	36.5%		37.3%	-2.0%	37.0%	35.4%	36.6%
% DC	62.8%	63.5%		62.7%	+1.2%	63.0%	64.6%	63.4%
Emergency IP discharges	297,441	292,439	-1.7%	291,266	+0.4%	33,617	37,122	35,487
Elective IP discharges	57,236	60,687	+6.0%	60,701	-0.02%	7,528	8,190	8,303
Maternity IP discharges	72,729	70,474	-3.1%	73,612	-4.3%	8,594	9,121	8,471

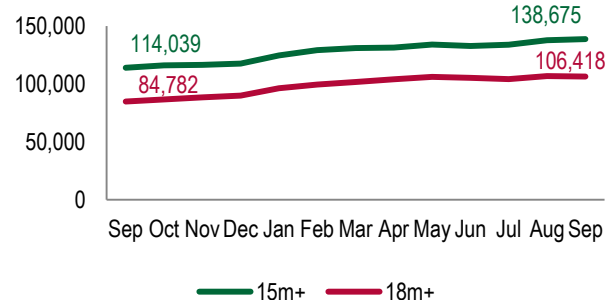
## Inpatient, Day case and Outpatient Waiting Lists

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>84.3%</b>	82.6%	+1.7%	84.5%	84.4%	84.3%	28 out of 40 hospitals reached target	RUH (66.7%), GUH (73%), SVUH (76.1%)
Day case adult waiting list within 15 months	95%	M	●	<b>92.2%</b>	90.6%	+1.6%	92.3%	92.1%	92.2%	29 out of 41 hospitals reached target	SJH (81.6%), UHW (83.2%), Tallaght - Adults (84.4%)
Inpatient children waiting list within 15 months	85%	M	●	<b>91.3%</b>	84.6%	+6.7%	90%	92.2%	91.3%	All 22 hospitals reached target	
Day case children waiting list within 15 months	90%	M	●	<b>82.7%</b>	82.2%	+0.5%	83.1%	82.5%	82.7%	23 out of 28 hospitals reached target	UHK (50%), CHI (79.1%), UHW (81.9%)
Outpatient waiting list within 52 weeks	80%	M	●	<b>68.6%</b>	71%	-1.4%	68.9%	68.8%	68.6%	17 out of 43 hospitals reached target	Croom (49.7%), RVEEH (53.5%), UHW (55.4%)

### Inpatient & Day Case Waiting List



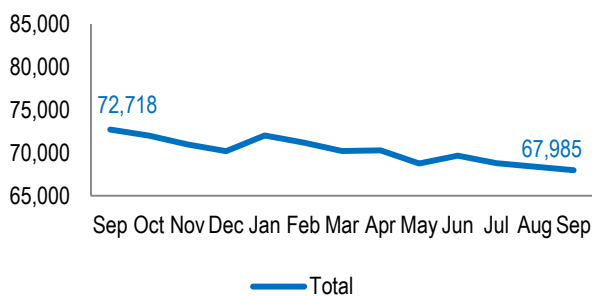
### Outpatient Waiting List



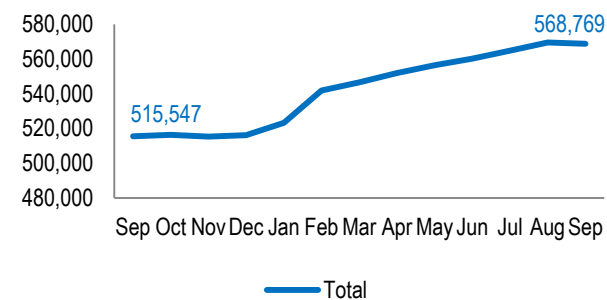
### Waiting List Numbers

	Total	Total SPLY	SPLY Change	>12 Mths	>15 Mths
Adult IP	18,040	18,521	-481	3,942	2,826
Adult DC	43,483	47,807	-4,324	5,218	3,391
Adult IPDC	<b>61,523</b>	<b>66,328</b>	<b>-4,805</b>	<b>9,160</b>	<b>6,217</b>
Child IP	2,631	2,472	159	340	230
Child DC	3,831	3,918	-87	851	664
Child IPDC	<b>6,462</b>	<b>6,390</b>	<b>72</b>	<b>1,191</b>	<b>894</b>
OPD	<b>568,769</b>	<b>515,547</b>	<b>53,222</b>	<b>178,507</b>	<b>138,675</b>

### Inpatient & Day Case Waiting



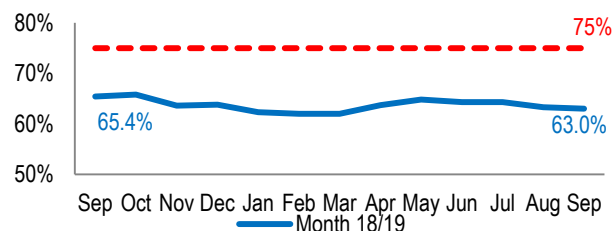
### Outpatient Waiting List Total



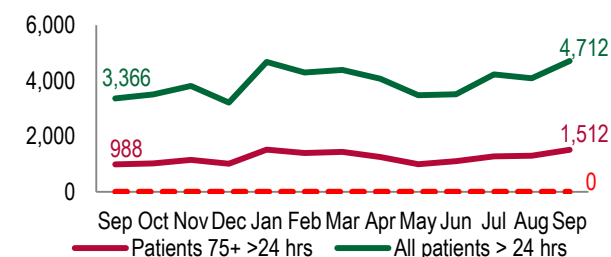
## ED Performance

Performance area	Target/ Expected Activity	Freq	Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
% within 6 hours	75%	M	● 63.3%	64.6%	-1.3%	64.3%	63.3%	63%	St Michael's (94.6%), SLK (92.7%), CHI (88.9%)	Beaumont (38.9%), Tallaght - Adults (43.5%), Naas (43.6%)
% in ED < 24 hours	99%	M	● 96.3%	96.4%	-0.1%	96.3%	96.3%	95.8%	11 out of 28 hospitals achieved target	Naas (89.4%), Mercy (90.4%), UHL (90.5%)
% 75 years within 24 hours	99%	M	● 90.7%	91.2%	-0.5%	91.5%	91.1%	89.1%	11 out of 27 hospitals achieved target	UHL (71.2%), GUH (72.3%), UHW (74%)

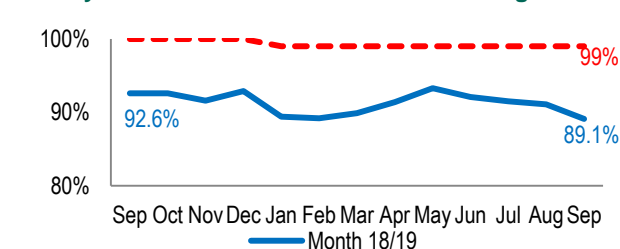
### % patients admitted or discharged within 6 hours



### ED over 24 hours



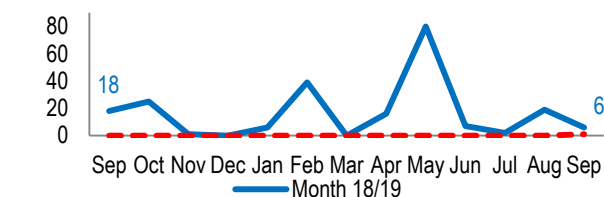
### % 75 years old or older admitted or discharged



## 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	● 175	227	-52	2	19	6	35 out of 37 hospitals achieved target	UHK (4), Mallow (2)
Bowelscreen – number colonoscopies scheduled > 20 working days		M	● 388	1246	-858	64	61	101	8 hospitals have 0	Mater (44), GUH (40), Wexford (12)
Routine Colonoscopy and OGD <13 weeks	70%	M	● 47.9%	53.3%	-5.4%	49.1%	46.3%	47.9%	13 out of 37 hospitals achieved target	UHL (22.6%), MMUH (29.9%), Portlaoise (31%)

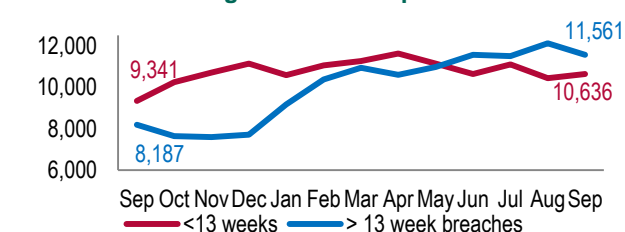
### Urgent Colonoscopy - number of people waiting (new)



### BowelScreen – Urgent Colonoscopies

	Current (-2)	Current (-1)	Current
Number deemed suitable for colonoscopy	339	324	288
Number scheduled over 20 working days	64	61	101

### Number on waiting list for GI Scopes

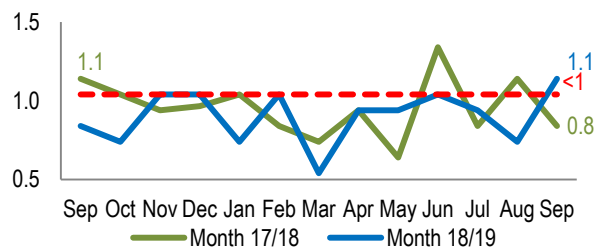


## HCAI Performance

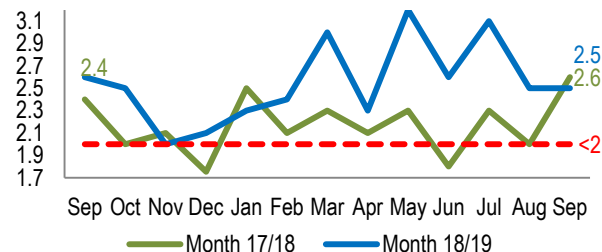
Performance area	Target/Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current	Best performance	Outliers
Rate of new cases of Staph. Aureus infection	<1	M	●	1.1	0.8	+0.3	0.9	0.7	1.1	31 out of 47 hospitals achieved target	Croom (14.0), SJH (3.0), MMUH (2.7)
Rate of new cases of C Difficile infection*	<2	M	●	2.5	2.6	-0.1	3.1	2.5	2.5	30 out of 47 hospitals achieved target	Mallow (17.2), UHL (9.0), Navan (7.4)
% of hospitals implementing the requirements for screening with CPE Guidelines	100%	Q	●	74.5%	48.9%	+25.6%	70.2%	70.2%	74.5%	35 out of 47 hospitals achieved target	12 hospitals did not achieve the target

\*Louth is not being listed as an outlier due to the small volume of bed days distorting the rate calculation

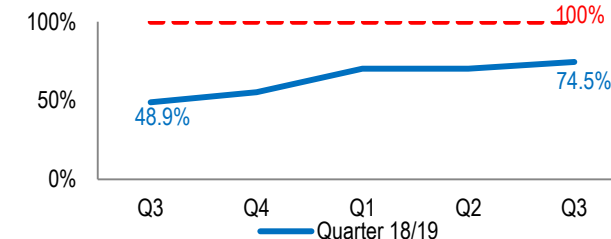
### Rate of Staph. Aureus bloodstream infections



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



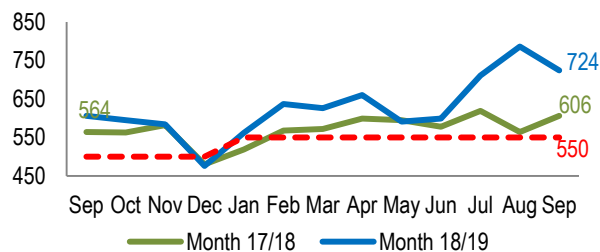
### Requirements for screening with CPE Guidelines



## 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	●	724	606	+118	711	786	724	Mallow, Ennis St Johns (0), Mullingar (1)	SJH (76), Beaumont (64), OLOL (48)

### Delayed Discharges



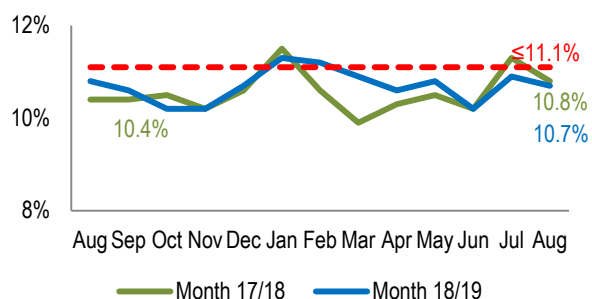
### Delayed Discharges by Destination

	Over 65	Under 65	Total	Total %
Home	100	37	137	18.9%
Long Term Nursing Care	399	55	454	62.7%
Other	86	47	133	18.4%
<b>Total</b>	<b>585</b>	<b>139</b>	<b>724</b>	<b>100%</b>

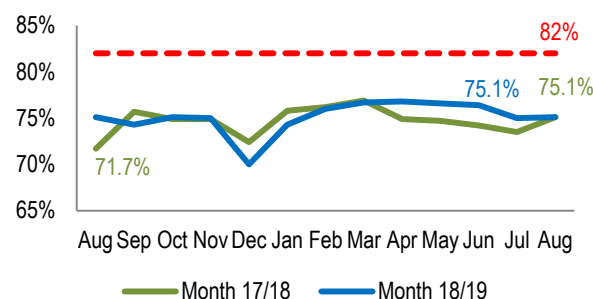
## Surgery and Medical Performance

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	●	<b>11.4%</b>	11.3%	+0.1%	10.2%	10.9%	10.7%	21 out of 34 hospitals achieved target	Ennis (19.1%), PUH (14.6%), Mullingar (14.4%)
Procedure conducted on day of admission (DOSA)	82%	M-1M	●	<b>75.1%</b>	74.6%	+0.5%	76.4%	75%	75.1%	14 out of 35 hospitals achieved target	Croom (0%), LUH (59.4%), PUH (65%)
Laparoscopic Cholecystectomy day case rate	60%	M-1M	●	<b>44.9%</b>	46.4%	-1.5%	46.6%	54.2%	39.6%	9 out of 34 hospitals achieved target	6 Hospitals that had cases at 0%
Surgical re-admissions within 30 days of discharge	≤3%	M-1M	●	<b>2%</b>	2%	0%	2%	2%	1.8%	35 out of 38 hospitals achieved target	Tullamore (3.5%), SLK (3.4%), LUH (3.1%)
Hip fracture surgery within 48 hours of initial assessment	85%	Q-1Q	●	<b>76.3%</b>				77.4%	75.2%	5 out of 16 hospitals achieved target	UHL (58.5%), UHW (61.4%), OLOL (66.7%)

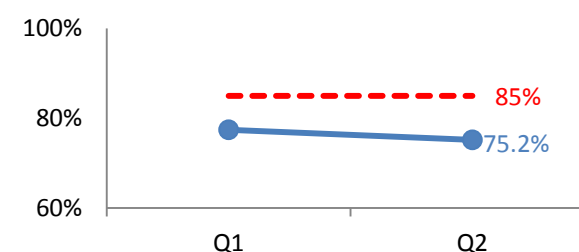
### Emergency re-admissions within 30 days



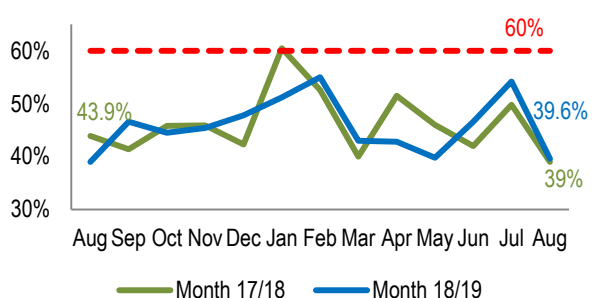
### Procedure conducted on day of admissions



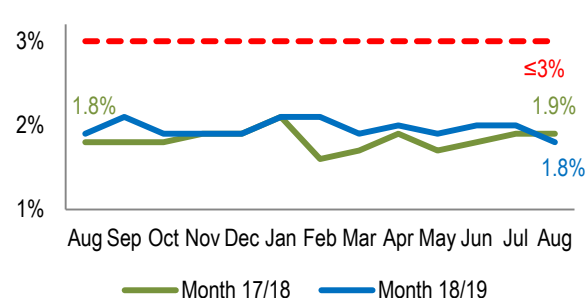
### Hip fracture surgery within 48 hours



### Laparoscopic Cholecystectomy day case rate



### Surgical re-admissions within 30 days

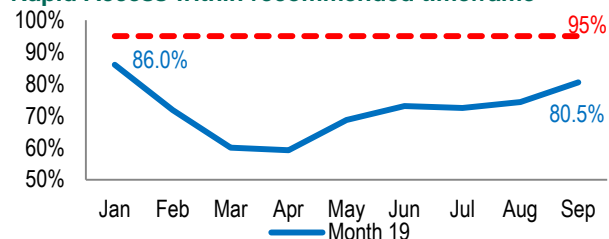




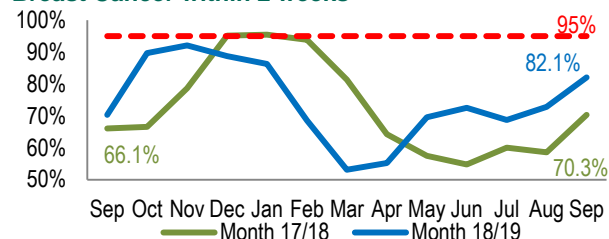
## Cancer Services

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	● 71.6%			72.5%	74.3%	80.5%	Beaumont (100%), SVUH (99.7%), LUH (98.6%)	MMUH (57.7%), SJH (60%), GUH (79.5%)
Urgent breast cancer within 2 weeks	95%	M	● 69.7%	70.3%	-0.6%	68.7%	72.8%	82.1%	Beaumont, UHW, CUH, UHL (100%), SVUH (99.5%), LUH (98.6%)	MMUH (49.2%), SJH (52.1%), GUH (86.6%)
Non-urgent breast within 12 weeks	95%	M	● 70%	69.6%	+0.4%	74.8%	68.9%	67.7%	Beaumont (99%), SVUH (98%)	UHL (21.9%), LUH (23.5%), UHW (30.4%)
Lung Cancer within 10 working days	95%	M	● 86.4%	87.3%	-0.9%	83.8%	86.2%	85.9%	SVUH, Beaumont (100%), GUH (98%), MMUH (97.2%)	UHL (51.8%), UHW (71.4%), CUH (85.7%)
Prostate cancer within 20 working days	90%	M	● 68.1%	74.9%	-6.8%	79%	72.2%	66.1%	Beaumont, SVUH (100%)	UHW (3.1%), CUH (28%), GUH (41.3%)
Radiotherapy within 15 working days	90%	M	● 85.6%	81.2%	+4.4%	82.2%	83.7%	84%	UHL (100%), UHW, (97.4%)	Altnagelvin (72.7%), CUH (75.8%), SLRON (80.4%), GUH (88.3%)

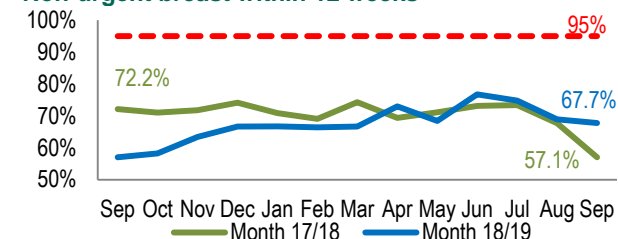
**Rapid Access within recommended timeframe**



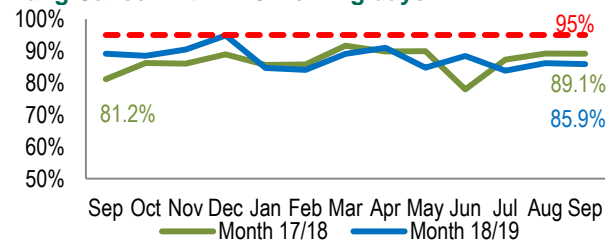
**Breast Cancer within 2 weeks**



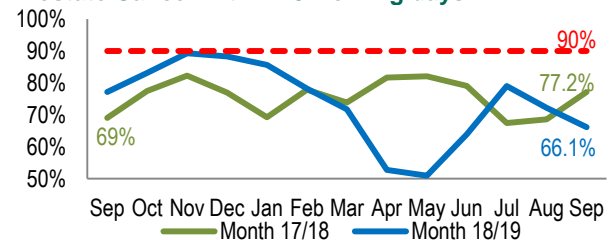
**Non-urgent breast within 12 weeks**



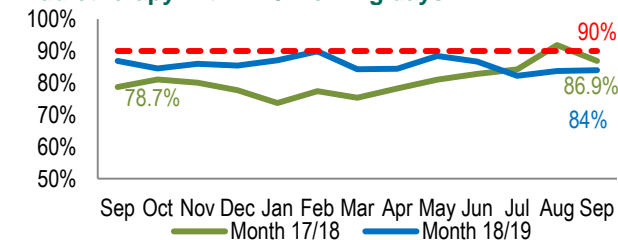
**Lung Cancer within 10 working days**



**Prostate Cancer within 20 working days**



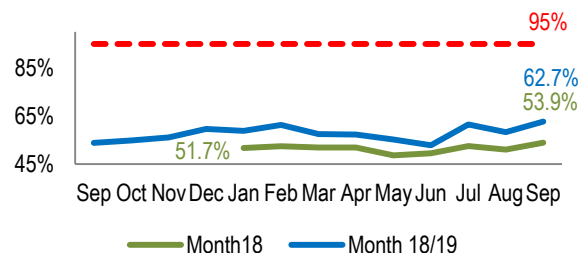
**Radiotherapy within 15 working days**



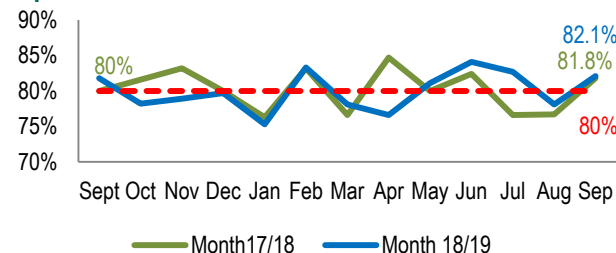
## Pre-Hospital Emergency Care Services

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>80.1%</b>	79.7%	+0.4%	82.7%	78.1%	82.1%	North Leinster (89.1%), Dublin Fire Brigade (81.6%),	Western Area (76.2%), South (74.7%)
Response Times – DELTA	80%	M	●	<b>56.7%</b>	58%	-1.3%	59.4%	57.8%	55.7%	North Leinster (63.1%)	Dublin Fire Brigade (43.4%), Southern Area (55.4%), Western Area (59.5%)
Ambulance Turnaround % delays escalated within 30 minutes	95%	M	●	<b>58.4%</b>	51.5%	+6.9%	61.5%	58.3%	62.7%		
Ambulance Turnaround % delays escalated within 60 minutes	95%	M	●	<b>98.1%</b>	97.2%	+0.9%	98.6%	97.5%	97%		
Return of spontaneous circulation (ROSC)	40%	Q-1Q	●	<b>42.9%</b>	46.7%	-3.8%	43.4%	36.7%	48%		

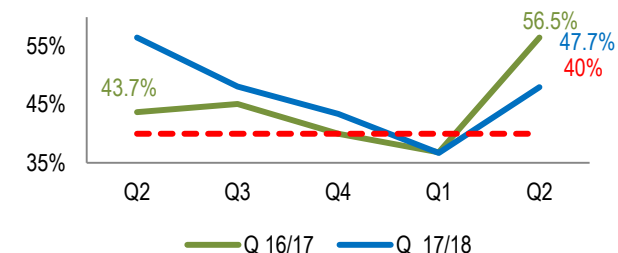
### Ambulance Turnaround - within 30 minutes



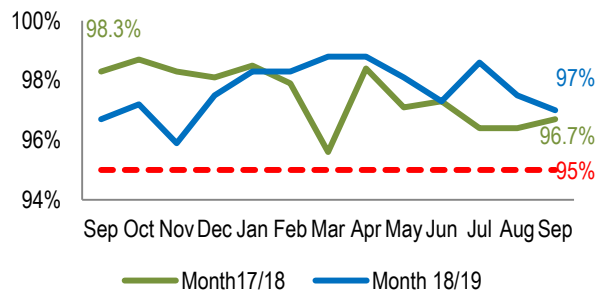
### Response Times – ECHO



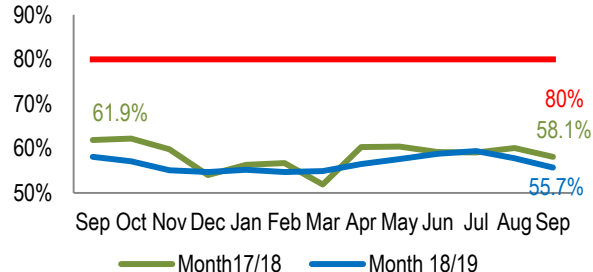
### ROSC



### Ambulance Turnaround - within 60 minutes



### Response Times – DELTA



### Call Volumes (arrived at scene)

	Target/ Expected Activity	Current Period YTD	% Var YTD	SPLY YTD	SPLY change
ECHO	3,699	3,605	-2.5%	3,667	-62
DELTA	96,750	96,940	+0.2%	95,295	1,645

## Acute Hospital Services Update

### Emergency Department (ED) Performance

- There were 1,125,149 emergency presentations year to date September 2019. This is a 2.5% increase on emergency presentations for the corresponding period in 2018 and exceeded the target of 1,105,022 by 1.8%.
- Emergency Department Attendances year to date September 2019 are 2.6% (25,282) ahead of target and 3.02% (29,878) greater than last year (September 2018).
- ED PET less than 24 hours (all patients) was 95.8% and less than 9 hours was 78.0% in September 2019. Ten of the Emergency Departments excluding Children's Health Ireland reported ED PET less than 24 hours compliance greater than 99%.
- ED PET less than 24 hours for patients aged 75+ was 89.1% in September.

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, but remain open due to sustained pressures in terms of ED attendances and growth in Delayed Discharges. The HSE, in conjunction with the Department of Health is planning for an additional 202 beds in 2020 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. The final stage in the escalation process is to place additional beds on acute wards. As a result of sustained increase in ED admissions and a growth in Delayed Discharges this Escalation Directive is in use in most Hospitals on an on-going basis with an associated demand for agency staffing.

### Delayed Discharges (DD)

There were 724 Delayed Discharges at the end of September 2019. This included 137 Delayed Discharges waiting to go home, 454 waiting on long term nursing care and 133 complex patients that require bespoke care provision.

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

#### Day Case Discharges (including dialysis)

The number of day case procedures year to date August 2019 was 736,281 versus 716,230 for the same period in 2018, that is, an increase of 20,051 (2.8%) cases. The number of day case procedures undertaken year to date August 2019 was 1.9% above the target of 722,329 cases for this period.

#### Inpatient Discharges

The number of inpatient discharges was 423,600 year to date August 2019 versus 425,579 for the corresponding period in 2018, that is, a decrease of 1,979 (0.5%) cases. Inpatient discharges year to date August 2019 were 0.9% lower than the target of 427,406.

#### Elective Inpatient Discharges

There were 60,687 elective inpatient discharges year to date August 2019 versus 60,701 for the corresponding period in 2018, that is, a decrease of 0.02%. Elective inpatient discharges were 6% higher than the target of 57,236.

#### Emergency Inpatient Discharges

There were 292,439 emergency inpatient discharges year to date August 2019 versus 291,266 for the corresponding period in 2018, that is, an increase of 0.4%. Emergency inpatient discharges were 1.7% lower than the target of 297,441. The HPO is examining the effect of the increase in delayed discharges on emergency discharges. The increase in the numbers treated and discharged from ED is also being reviewed.

#### Maternity Inpatient Discharges

There were 70,474 maternity inpatient discharges year to date August 2019 and 73,612 for the corresponding month in 2018 which is a decrease of 3,138 (-4.3%). Maternity inpatient discharges were 3.1% less than the target of 72,729.

#### Out Patient Department Attendances

The number of new and return outpatient attendances was 2,524,307 year to date September versus 2,504,332 for the corresponding period in 2018, that is an

increase of 0.8%. New and return outpatient attendances year to date were 0.7% higher than the target of 2,507,646.

#### Impact of industrial action on acute activity and access to services

The one day INMO strike action in January, the two days in February and the SIPTU action in June had a significant impact on inpatient and day case activity with an associated impact on waiting lists. Almost 9,500 inpatient day case procedures were lost as a result of industrial action to date in 2019.

In relation to outpatients, it is estimated that over 45,000 appointments were lost as a result of the 4 days of industrial action year to date.

### 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 September was 84.3% and 92.2% respectively. In the case of the children's inpatient waiting list, 91.3% of children were waiting less than 15 months versus the NSP 2019 target of 85% and 82.7% 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 September 2019 was 67,985. The total number of people waiting for inpatient and day case procedures is down by 6.5% (4,733 patients) when the waiting list in September 19 is compared with September 18.

The total number of people waiting more than 15 months was down by 1,678 (19.1%) when September 19 is compared with September 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 68.6% in September 2019.

Total number of people waiting for Outpatient appointment was in 568,769 in September 19, this is down from 569,498 (0.13%) in August 19. Outpatient activity in 2019 was significantly affected by the strike actions with an estimated 45,000 Outpatient appointments lost due to industrial action.

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 September 19, patients waiting for appointments for these specialties accounted for 45% of all Outpatient Waiting List.

### Cancer Services

#### Symptomatic Breast Cancer Clinics

The following six 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;

Four hospitals were 100% compliant:

- Beaumont Hospital - 100%
- University Hospital Limerick – 100%
- University Hospital Waterford – 100%
- Cork University Hospital – 100%

Two further hospitals exceeded the target:

- St Vincent's University Hospital – 99.5%
- Letterkenny University Hospital – 98.6%

One hospital is close to the target:

- Galway University Hospital – 86.6%

Two hospitals were below the target:

- St James's Hospital – 52.1%
- Mater Misericordiae University Hospital – 49.2%

#### Rapid Access Clinics for Lung Cancer Services

The following four 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:

Two hospitals achieved 100 % compliance:

- St Vincent's University Hospital - 100%
- Beaumont Hospital – 100%

Two further hospitals exceeded the target:

- Mater Misericordiae University Hospital – 97.2%
- Galway University Hospitals – 98%

Two hospitals were close to the target:

- St James's Hospital – 94.1%
- Cork University Hospital – 85.7%

Two hospitals were below the target:

- University Hospital Waterford – 71.4%
- University Hospital Limerick – 51.8%

#### Rapid Access Clinic for Prostate Cancer Services

The following two 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:

Two hospitals delivered 100% compliance:

- St Vincent's University Hospital – 100%
- Beaumont Hospital - 100%

Three hospitals were close to the target:

- Mater Misericordiae University Hospital – 88.5%

- St James's Hospital – 86.1%
- University Hospital Limerick – 85.7%

Three hospitals remain below target:

- Galway University Hospitals – 41.3%
- Cork University Hospital – 28%
- University Hospital Waterford – 3.1%

#### 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 September.

### Performance and Accountability Framework

#### St James's Hospital Rapid Access Services

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.

#### St. James's Hospital Breast Cancer Rapid Access Service

The Hospital implemented an agreed improvement plan and reported full compliance with the access target for urgent Breast referrals in Quarter 4 2018. However, performance deteriorated in the early part of 2019 and remains below target. Arising from escalation at NPOG, it was agreed that National Cancer Control Programme and Acute Operations would convene escalation meetings with St James's Hospital and the Dublin Midlands Hospital Group to agree an improvement plan and trajectory. The first of these meetings was held in July. The Hospital's performance shows improvement in September by 20.1% compared to August, however, performance remains below target level. As a result, the Hospital and the Group was required to attend the October NPOG meeting to agree a sustainable improvement plan and trajectory. It remains in Level 3 escalation pending delivery of full compliance.

### St James's Hospital Prostate Cancer Rapid Access Service

In relation to Prostate Cancer, the deterioration in performance in 2019 resulted in escalation of St James's Hospital under the Performance and Accountability Framework. An escalation meeting was convened with the Dublin Midlands Hospital Group in July with a requirement for them to agree and oversee an improvement plan for Prostate Cancer. A further escalation meeting was convened in August with the Group and it was agreed that the hospital and Group would attend NPOG to set out its proposals for improvement. They attended the October NPOG meeting and the overall improvement trend between June – August was noted. As a result of the slight deterioration in performance and the fact that the hospital remains below the agreed compliance target, it remains in Level 3 Escalation.

The Group Performance Notice with St James's Hospital will remain in place for prostate cancer until the Hospital demonstrates sustained improvement in performance in rapid access services.

### St James's Hospital BowelScreen Service

It should be noted that the Group has removed the Performance Notice for Bowel Screen as a result of continued compliance with the BowelScreen targets.

### Cork University Hospital – Cancer Rapid Access Services Breast and Prostate Cancer Services

Arising from the August escalation meeting with the Group, the hospital and the Chief Clinical Officer, the improvements in performance for the breast and prostate cancer Group were noted. The hospital was asked to set out its proposals to enable full compliance be achieved on an on-going basis and maintained in Breast and Prostate Cancer. The issues in relation to annual leave for September were noted but the hospital was asked to address the scheduling of annual leave in line with the NCCP Improvement Plan recommendations.

In relation to Lung Cancer, it is noted that Cork University Hospital carries out an MRI test prior to the Rapid Access Clinic which affects performance against the KPI. NCCP continues to oversee this to ensure patient access timeframes are met.

### Waterford Rapid Access Services Prostate Rapid Access Service

As a result of continued non-compliance with the access target, the Hospital was asked to set out its proposals for an improvement plan and trajectory. The hospital set out the key causal factors in its response at the end of June 2019. A performance improvement plan which includes an improvement trajectory is still outstanding. At the Performance meeting in September, the Group confirmed that the hospital has entered into an arrangement with a private provider to address its immediate backlog. A further escalation meeting is scheduled with the Group and Hospital to agree on a sustainable improvement plan which is to be submitted during November 2019.

### Healthcare Associated Infections (HCAI)

There were 36 cases of hospital acquired Staphylococcus Aureus blood stream Infections and 77 cases of Clostridium Difficile associated diarrhoea reported by hospitals in September.

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

## National Ambulance Service

- AS1<sup>7</sup> and AS2<sup>8</sup> calls increased by 1,064 calls (3.9%) when September 2019 (28,324) is compared with September 2018 (27,260).
- The daily average call rate for AS1 and AS2 calls in September 2019 was 944.
- 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 82% in September. This shows an increase of 4% compared to August 2019.
- ECHO calls decreased by 2% (8) when September 2019 (393) is compared with the same month in 2018 (401).
- 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 56%. This shows a decrease of 2% compared to last month, August 2019. The number of DELTA calls activated in September 2019 was 11,600 which is an increase of 2% (223) compared with the same month in 2018 (11,377).
- 88% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service in September.
- Pressures within Emergency Departments which result in extended turnaround times are continuing to have an impact. Eighty three 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 September 2018.

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<sup>7</sup> 112/ 999 emergency and urgent calls

<sup>8</sup> Urgent calls received from a general practitioner or other medical sources

## Human Resources

The 2019 WTE limits were notified to the Hospital Groups. A core principle of the approach in 2019 is the primacy of pay and overall budget over any WTE value. Therefore, the affordability assessment and resultant approach to budget setting requires an appropriate budget to be in place for both agency and overtime with the WTE limit used as a control indicator. The limit for Acute Hospitals based on an affordability assessment including ambulance services is 60,450. This also excludes the WTEs associated with new developments in 2019.

Based on the September Report, Acute Hospitals including Ambulance Services reported 61,349 WTEs. 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.

In September 2019, the number of WTE in Acute Hospitals (including National Ambulance Service) increased by 217 (excluding pre registration nurses).

Examination of the WTE movement shows growth in the following:

- Increase of 31 WTEs – approved service developments
- Increase of 39 WTEs – agency conversions
- Increase of 98 due to unavoidable starter/ returns- unpaid leave, maternity and sick leave
- 48 Approved posts under the control process

It should be noted that there was an extra pay period in August 2019 which resulted in an apparent increase in headcount notably in NCHDs. This is a technical adjustment only and we would expect to see a reduction in October.

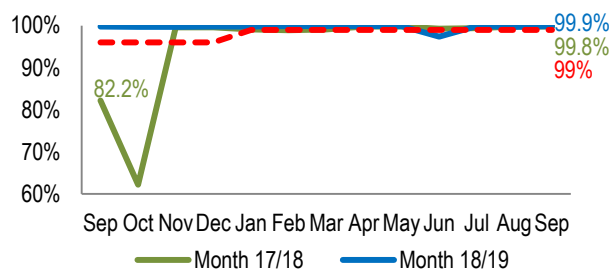
# National Services



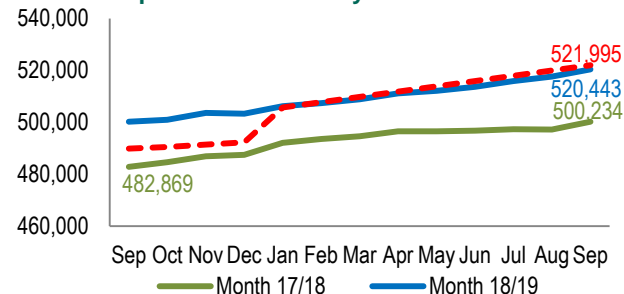
## National Services

Performance area	Target/ Expected Activity	Freq		Current Period YTD	SPLY YTD	SPLY Change	Current (-2)	Current (-1)	Current
Medical card turnaround within 15 days	99%	M	●	99.9%	99.8%	+0.1%	99.9%	99.7%	99.9%
Number of persons covered by Medical Cards	1,549,696 YTD/ 1,541,667 FYT	M	●	1,551,422	1,578,015	-26,593	1,561,384	1,558,339	1,551,422
Number of persons covered by GP Visit Cards	521,995 YTD/ 528,079 FYT	M	●	520,443	500,234	+20,209	515,924	517,623	520,443
Number of initial tobacco sales to minors test purchase inspections carried out	288 YTD/ 384 FYT	Q	●	345	390	-45	38	146	161
Number of official food control planned, and planned surveillance inspections of food businesses	24,750 YTD/ 33,000 FYT	Q	●	22,257	23,584	-1,327	6,675	7,604	7,978

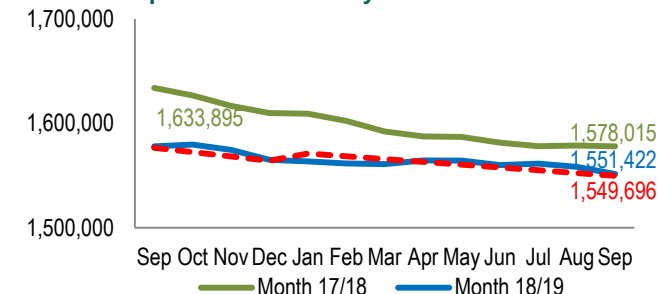
### Medical card turnaround within 15 days



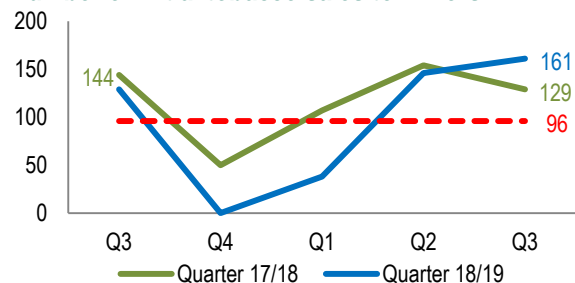
### Number of persons covered by GP Visit cards



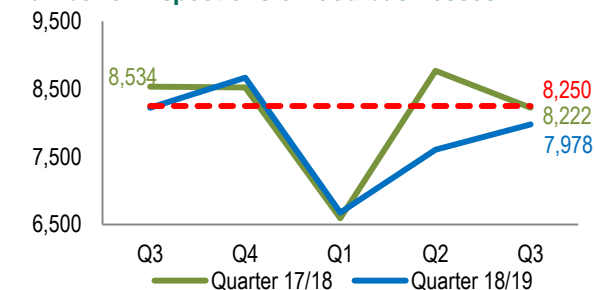
### Number of persons covered by Medical Card



### 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 30th Sept 2019 was 1,551,422, a decrease of 6,917 on the previous month. The total number of persons with eligibility for a GP visit card on 30th Sept 2019 was 520,443, an increase of 2,820 on the previous month. As at 30th Sept, 2,071,865 or 42.7% of the population had medical card or GP visit card eligibility, an overall decrease of 4,097 on the previous month. 99.9% of medical card applications were processed within 15 working days.

September saw a greater drop in persons with full medical card eligibility (particularly in the 16-44 age group) than in any of the previous months of 2019 and slightly more persons moved from full medical card eligibility to GPVC. However, the numbers called into full review for the period were also higher than previous months.

### Environmental Health

Food business establishments are routinely inspected to assess compliance with Official Food Control requirements. A total of 22,257 Planned and Planned Surveillance Inspections were carried out by the end of Q3. This represents a 10.1% variance from the year to date target. Of those Planned and Planned Surveillance inspections, 21.2% 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 345 initial tobacco sales to minors test purchase inspections were completed by end of Q3 which is a variance of 19.8% from the year to date target of 288 inspections. Increased activity completed during summer months due to availability of minors.

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. 96.6% of relevant

consultation requests from planning authorities received a response from the Environmental Health Service by the end of Q3. Complexity of responses and the timing of requests from planning authorities can influence the completion of consultations. Target is 95%.

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.

97.1% of all complaints received by the EHS by the end of Quarter 3 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 3, 1,787 drinking water samples were taken to assess compliance which is 97% 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.

233 Establishments received a Planned Inspection to assess compliance with the Sunbeds Act which is above the year to date target (variance 28.7%).

8 inspections of E Cigarette Manufactures, Importers, Distributers and Retailers under E.U. (Manufacturer, Presentation and Sale of Tobacco and related Products) Regulations were completed. This is 26.6% of year to date target. 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 Quarters 1-3 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.

### Severe Weather Checklist and Associated Guidance

The revised HSE Severe weather guidance has been finalised and is to be updated on the HSE website.

### Emerging Viral Threats group

HSE EM chairs the Repatriation Working group which is charged with developing a protocol for the Repatriation and treatment of an Irish Citizen with confirmed Ebola Virus Disease. EM continues to work with other Government Departments and agencies to ensure inter-operability. Work on operational supporting protocols is underway. Planning continues with international Medevac operators.

### CBRN

The CBRN needs analysis has been completed and HSE EM has sought a date to brief the Senior Operations Team on its findings.

### 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 Government Taskforce on Emergency Planning in September and also attended a Department of Foreign Affairs Exercise as an observer.

### Crowd Events

HSE EM continues to meet its legislative requirement under the planning and development act for licenced Crowd Events (both Licenced and Unlicensed). There were 9 licenced large crowd events held nationally in the month of September. There was a large amount of planning and preparation undertaken

by REMO South in advance of the National Ploughing Championships which took place from the 17<sup>th</sup> -19<sup>th</sup> of September.

### 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 September 10 2019, one of these sites was 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.

### Brexit Oversight Group

HSE EM continues to support the work of developing a response plan to mitigate both identified/potential risks associated with the UK exiting the European Union without a deal. HSE EM has outlined a helpline infrastructure capable of responding to all health-related Brexit queries. A test/dry run is planned for the nine referral work streams to ensure a robust infrastructure exists one week prior to Brexit. A template is currently being developed for a 'Work Stream Support Document' to assist the Work Stream Leads in their response.

## 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 HSE 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.
- Brexit operations meetings with DOH & ongoing Brexit preparations for meetings within HSE and ongoing HSE Brexit 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 Action Plan returned for North South Unit.
- Brexit "Roadshow – CHO1, CHO 8, Saolta Executive Council, RCSI Hospital Group SMT, Letterkenny University Hospital
- Scenario Planning – CHO1, CHO 8, Ambulance Service, RCSI Hospital Group, Letterkenny University Hospital
- Second appearance as a witness before the Joint Committee on Health on Brexit preparedness with DOH in September
- Attended Brexit meeting with Sec. General in DoH as requested
- Attended meeting in DoH Belfast with DoH Dublin regarding Common Travel Area future arrangements
- Attended HSE Brexit Briefing for Suppliers
- For HSE DPO, co-ordinated HSE GDPR SCC compliance list

### 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)
- Facilitated and attended NIGEMS meeting with HSE's Director of National Doctors Training & Planning Unit

- Ongoing Finance meetings between CAWT and HSE on various Interreg VA projects.
- Ongoing meetings with SEUPB as HSE is Interreg VA Lead Partner.
- As directed by DoH and DPER, commenced internal HSE consultation with CHO1, CHO8, and the RCSI and Saolta Hospital Groups on possible "blue-sky" ideas for future rounds of EU funding.
- Work ongoing with external CAWT Governance Consultants "Board Excellence".
- MACE Project – SEUPB "on the spot" verification audit completed with a successful outcome. Retention of evidence to support audit trail meets programme requirements. Clear systems and controls in place to prevent double funding.

### Next Steps & Key Outcomes

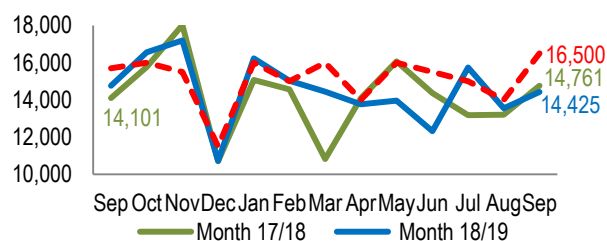
- As Lead Partner, continue to ensure the successful implementation of the various projects under the EU Interreg VA programme by meeting financial and beneficiary targets.
- Continue to support the HSE Brexit Lead in conducting detailed analysis of the implications of Brexit and to ensure preparedness for same.
- Finalise the mapping of cross border and all-island services (Service Level Agreements & Memorandums of Understanding) through the HSE governance structure to the DoH. 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.
- Ensure GDPR SCC compliance list is complete.
- Finalise Southern blue-sky thinking list of ideas in preparation for overlapping this list with NI blue-sky thinking, in preparation for Peace Plus public consultation.

# National Screening Service

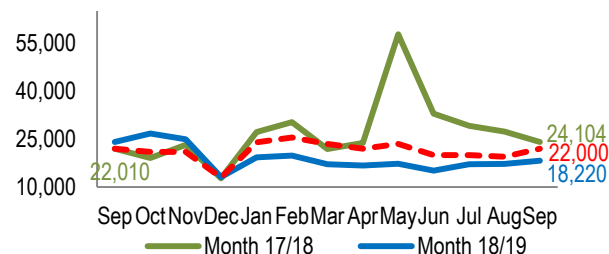
## National Screening Service

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	138,000 YTD/ 185,000 FYT	M	●	<b>129,443</b>	126,111	+3,332	15,740	13,547	14,425
BreastCheck - % screening uptake rate	70%	Q-1Q	●	<b>70.9%</b>	76.3%	-5.4%	68.4%	72.2%	69.3%
CervicalCheck - number of eligible women who had screening	200,000 YTD/ 255,000 FYT	M	●	<b>158,025</b>	274,357	-116,332	17,143	17,222	18,220
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%	78.7%	79.1%	79.1%
BowelScreen - number of people who completed a satisfactory FIT test	98,000 YTD/ 125,000 FYT	M	●	<b>91,345</b>	83,965	+7,380	12,759	11,809	9,725
Bowelscreen - % client uptake rate	43%YTD/ 45% FYT	Q-1Q	●	<b>43.4%</b>	39.9%	+3.5%	39.6%	42.1%	44.5%
Diabetic RetinaScreen - number of people screened	77,500 YTD/ 104,000 FYT	M	●	<b>81,810</b>	75,388	+6,422	9,802	9,478	10,099
Diabetic RetinaScreen - % uptake rate	68%	Q-1Q	●	<b>64.6%</b>	66.2%	-1.6%	56.4%	62.6%	66.5%

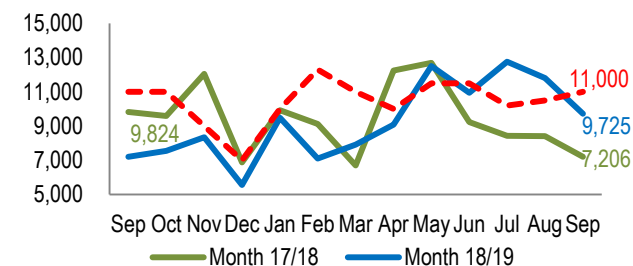
**BreastCheck-number who had a mammogram**



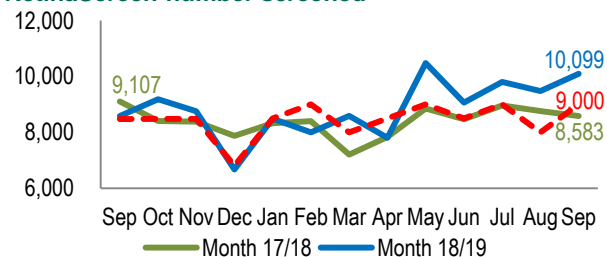
**CervicalCheck-number screened**



**BowelScreen-number screened**



**RetinaScreen-number screened**



## National Screening Service Update

### BreastCheck

- The number of women who had a complete mammogram in the period September 2019 was 14,425 which is behind the target of 16,500 by 2,075 (12.5%).
- The number of women who had a complete mammogram YTD (Jan-September 2019) was 129,443 which is behind the target of 138,000 by 8,557 (6.2%).
- The number of women aged 65+ who had a complete mammogram YTD (Jan-September 2019) was 21,649 which is behind the target of 24,200 by 10.5%.
- Uptake for the second quarter was 69.3%

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 49.3% 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 September 2019 notified to report date was 18,220 which was behind the target of 22,000 by 17.2%.
- The number of unique women who had one or more smear tests in a primary care setting YTD (Jan-September 2019) was 158,025 behind the target of 200,000 by 21%.
- Five year coverage for period ending the 30th June, 2019 remains unchanged at 79.1%

The numbers screened are those notified by report date, currently the average wait for results stands at 4.14 weeks. The increase in the number of women screened in 2018 had an impact on waiting times in colposcopy where the service 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 work stream leads.

### BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in the period (September 2019) was 9,725 which is behind the target of 11,000 for the month by 11.6%.
- The number of men and women who have completed a satisfactory BowelScreen FIT test YTD (Jan-September 2019) was 91,345 which is behind the target of 98,000 by 6.8%.
- Uptake for the second quarter was 44.5%.

Overall numbers are behind target for the year by 6,655 (5,830 in August). 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 under the ≥90% target at 65% within 20 working days in September. Eight of the thirteen contracted colonoscopy centres met the expected KPI of 90% within 20 days. Three units experienced challenges in meeting the 20 day target in September.

### Diabetic RetinaScreen

- The number of diabetics screened with a final grading result in the period September 2019 was 10,099 which is ahead of the target of 9,000 by 1,099 (12.2%)

- The number of diabetics screened with a final grading result YTD (Jan-September 2019) was 81,810 which is ahead of the target of 77,500 by 4,310 (5.6%)
- Screening numbers are ahead of target for the year by 5.6%. Uptake for the second quarter was 66.5%

Waiting times for routine retinopathy referrals continue to be outside target in certain treatment clinics. The programme is working closely with the hospitals to ensure plans are put in place in order that patients are seen within agreed referral timeframes. For example; 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. CUH management have agreed to outsource patients in excess of one year with Diabetic Retinopathy to attend an external provider for their first treatment visit. This process will commence early November.

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 now been awarded to both screening providers.



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

This focus on delivering financial breakeven reflects the HSE's legal obligation and is also consistent with the need to build trust and confidence in the organisation. This is necessary so that additional investment in our public health and social care services, over and above the "cost of standing still", can be secured over the next 5 to 10 years. This will enable the vision set out in the 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 €12.10 billion against the available budget reported at €11.85 billion. This gives rise to an I/E deficit of €247.7m which represents 2.09% of the total available budget. Of this €132.1m, or the equivalent of 1.48% of the total available budget, is in respect of greater

than expected expenditure on operational service areas, which includes a net deficit of €99.4m in Acute Operations and a deficit of €49.4m in Community Services.

In cases where deficits appear in operational service areas, the relevant national director, CHO Chief Officer or Hospital Group CEO has been directed to identify and put in place additional measures to enable delivery of an overall financial breakeven by year end. This has been supported by a series of additional interim controls around agency, overtime and staffing albeit all 2018 and 2019 developments approved and funded by the Department of Health are proceeding.

There is also a deficit of €115.6m 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 the table below and within the accompanying narrative.

## Summary Financial Performance

	Approved Allocation	Year to Date 2019				
		Actual	Budget	Variance	Variance	Variance inc 1 <sup>st</sup> Charge
		€m	€m	€m	%	€m
Acute Hospital Care	5,398.0	4,041.3	3,941.7	99.6	2.5%	99.6
National Ambulance Service	170.5	126.4	126.6	(0.2)	-0.2%	0.8
<b>Acute Operations</b>	<b>5,568.5</b>	<b>4,167.8</b>	<b>4,068.3</b>	<b>99.4</b>	<b>2.4%</b>	<b>100.4</b>
Primary Care Division Total (Note 1)	1,142.9	824.5	840.1	(15.5)	-1.8%	(16.0)
Mental Health Division	975.3	719.3	721.4	(2.1)	-0.3%	(0.3)
Older Persons Services	875.0	664.2	653.7	10.5	1.6%	6.6
Nursing Home Support Scheme	976.3	731.6	725.8	5.8	0.8%	5.2
Older Persons Services Division	1,851.2	1,395.8	1,379.5	16.2	1.2%	11.8

	Approved Allocation	Year to Date 2019				
		Actual	Budget	Variance	Variance	Variance inc 1 <sup>st</sup> Charge
		€m	€m	€m	%	€m
Disability Services Division	1,917.9	1,476.0	1,426.2	49.8	3.5%	43.9
Regional Services	19.9	15.4	14.5	0.9	6.1%	2.2
<b>Community Total (CHO &amp; Regional/National)</b>	5,907.2	4,431.1	4,381.7	49.4	1.1%	41.6
Chief Clinical Office	68.8	38.1	42.0	(4.0)	-9.5%	(9.8)
National Screening Service	79.6	54.2	56.4	(2.2)	-3.8%	1.0
Health & Wellbeing Division	117.1	80.1	84.9	(4.8)	-5.6%	(8.8)
National Services	46.2	33.8	34.5	(0.6)	-1.9%	(0.4)
Support Services & Winter Plan	353.0	250.8	256.0	(5.1)	-2.0%	(4.9)
Other Operations/Services	664.7	457.0	473.7	(16.7)	-3.5%	(22.8)
Total Operational Service Areas	12,140.4	9,055.9	8,923.8	132.1	1.5%	119.1
<b>Pensions</b>	486.1	379.8	374.9	4.9	1.3%	23.5
State Claims Agency	340.0	309.8	279.6	30.2	10.8%	29.2
Primary Care Reimbursement Service (Note 1)	2,701.9	2,115.1	2,051.2	63.9	3.1%	121.3
Demand Led Local Schemes (Note 1)	262.4	197.7	196.4	1.3	0.7%	1.7
Treatment Abroad and Cross Border Healthcare	22.9	33.6	17.3	16.3	94.7%	22.2
EHIC (European Health Insurance Card)	14.2	9.6	10.6	(1.1)	-9.9%	2.2
<b>Total Pensions &amp; Demand Led Areas</b>	3,827.5	3,045.5	2,929.9	115.6	3.9%	200.2
<b>Overall Total</b>	15,967.9	12,101.4	11,853.7	247.7	2.1%	319.3

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

### September Financial Performance & 2018 1<sup>st</sup> 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 September 2019	€ 71.6m

The inclusion of the 1<sup>st</sup> charge increases the overall YTD variance from €247.7m to €319.3m. It should be noted that the overall 2019 HSE financial outlook includes full provision for the 2018 1<sup>st</sup> charge.

*Note re 1<sup>st</sup> 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 1<sup>st</sup> 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 €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
RCSI Dublin North East	815.5	622.2	608.4	13.8	2.3%
Dublin Midlands	969.7	737.6	719.7	18.0	2.5%
Ireland East	1,056.6	814.8	789.5	25.4	3.2%
South / South West	900.1	685.2	672.0	13.3	2.0%
Saolta University Health Care	848.6	645.9	632.6	13.3	2.1%
UL Hospitals	355.0	274.3	265.0	9.3	3.5%
Children's Health Ireland	341.0	256.4	253.3	3.1	1.2%
Regional & National Services	111.4	4.8	1.3	3.4	263.0%
<b>Total Acute Hospitals Division</b>	5,398.0	4,041.3	3,941.7	99.6	2.5%
National Ambulance Service	170.5	126.4	126.6	(0.2)	-0.2%
<b>Total Acute Operations</b>	5,568.5	4,167.8	4,068.3	99.4	2.4%

Acute Operations have expenditure of €4,167.8m against a budget of €4,068.3m leading to an adverse variance of €99.4m (2.4%). Acute Operations includes a small temporary surplus of (€0.2m) on the National Ambulance Service and a €99.6m over run on Acute Hospital Care. The Acute Hospital Care deficit is comprised of €44.3m Pay, €62.1m Non-pay, and (€6.8m) Income.

The variance to date in Acute Operations primarily relates to the following;

Non Pay variances principally includes overspends in Clinical costs of €11.3m (drugs & medicines and laboratory) and Non Clinical costs of €33.2m. CPE costs continue to be a concern, with higher costs and restricted bed capacity, remedial works and increased CPE screening. There is also an ongoing shortfall in the private-maintenance billing related to ongoing insurer action.

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 €4,431.1m against a budget of €4,381.7m leading to an adverse variance of €49.4m. This represents a variance of 1.1% year to date.

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Primary Care	894.4	643.2	655.7	(12.5)	-1.9%
Social Inclusion	161.5	118.3	120.5	(2.1)	-1.8%
Palliative Care	87.0	63.0	63.8	(0.9)	-1.4%
<b>Primary Care Division</b>	1,142.9	824.5	840.1	(15.5)	-1.8%
<b>Mental Health Division</b>	975.3	719.3	721.4	(2.1)	-0.3%
<i>Older Persons Services</i>	875.0	664.2	653.7	10.5	1.6%
<i>Nursing Home Support Scheme</i>	976.3	731.6	725.8	5.8	0.8%
<b>Older Persons</b>	1,851.2	1,395.8	1,379.5	16.2	1.2%

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
<b>Services Division</b>					
<b>Disability Services</b>	1,917.9	1,476.0	1,426.2	49.8	3.5%
<b>Regional</b>	19.9	15.4	14.5	0.9	6.1%
<b>Community Total</b>	5,907.2	4,431.1	4,381.7	49.4	1.1%

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.

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 €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Clinical Strategy & Programmes	9.5	4.1	5.4	(1.2)	-23.2%
Office of Nursing & Midwifery services	33.0	20.4	22.5	(2.0)	-9.1%
Quality Assurance & Verification Services	6.1	3.5	4.0	(0.5)	-13.1%
Quality Improvement Division	9.6	6.7	6.4	0.3	4.4%
National Cancer Control Programme (NCCP)	10.6	3.3	3.8	(0.5)	-12.0%
<b>Chief Clinical Officer Total</b>	<b>68.8</b>	<b>38.1</b>	<b>42.0</b>	<b>(4.0)</b>	<b>-9.5%</b>

The Chief Clinical Officer has expenditure of €38.1m against a budget of €42m leading to a positive variance of (€4.0m). This represents a variance of (9.5%) year to date which is representative of the timing of service initiatives in year. CSP and ONMSD are responsible for a large part of the surplus and this primarily relates to delays in recruitment and reduced training activity levels due to lower WTE numbers. There is also a small surplus within QAV and NCCP which is also largely due to delays in recruitment.

## National Screening Service

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

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
National Screening Service	79.6	54.2	56.4	(2.2)	-3.8%

The NSS has expenditure of €54.2m against a budget of €56.4m leading to an overall surplus of (€2.2m) for September 2019 YTD. (€0.9m) of this is non pay along with a pay surplus of (€1.1m) and a small surplus on income of (€0.1m). Recruitment is slower than expected; non pay is broadly in line with expectations.

## Health & Wellbeing

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Health Surveillance Protection Service	6.4	3.4	3.3	0.2	4.8%
Health Protection Vaccines	48.4	34.4	33.8	0.6	1.7%
Public Health	18.9	12.9	14.0	(1.2)	-8.3%
Health Promotion	16.6	11.7	12.5	(0.8)	-6.3%
Health Intelligence	2.8	1.9	2.1	(0.2)	-10.7%
National Library Service	4.7	3.3	3.5	(0.2)	-5.2%
Health & Wellbeing - (Regional)	8.7	6.6	6.5	0.1	1.9%
Crisis Pregnancy Agency	6.0	5.0	5.4	(0.4)	-8.2%
Health & Wellbeing Nat Dir Off	4.6	0.9	3.8	(2.8)	-75.0%
<b>Health &amp; Wellbeing Division Total</b>	<b>117.1</b>	<b>80.1</b>	<b>84.9</b>	<b>(4.8)</b>	<b>-5.6%</b>

The services within Health and Wellbeing (H&WB) 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 (€4.8m) for September 2019 YTD. Within this there is a deficit of €0.6m in Health Protection Vaccines (minor surplus

in pay with deficit in non-pay relating to FMD and JPA charges). There is a deficit of €0.2m in Health Surveillance Protection Service which primarily relates to the HCAI programme. There are surpluses in Public Health (€1.2m), Health Promotion (€0.8m) 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 €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Environmental Health	44.1	32.3	33.0	(0.7)	-2.0%
Office of Tobacco Control	0.5	0.3	0.3	(0.1)	-22.0%
Emergency Management	1.6	1.3	1.2	0.1	8.0%
<b>National Services Total</b>	<b>46.2</b>	<b>33.8</b>	<b>34.5</b>	<b>(0.6)</b>	<b>-1.9%</b>

The National Services function is showing a surplus of (€0.6m) for September 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 €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Health Business Services	138.1	102.6	101.2	1.3	1.3%
Finance	33.1	27.8	31.2	(3.3)	-10.7%
Human Resources	62.0	50.5	47.4	3.1	6.6%
Board of the HSE & Office of the CEO	4.2	2.1	2.5	(0.3)	-13.6%
Health System Reform	9.5	6.0	7.5	(1.5)	-20.2%
Legal Services	17.4	12.8	13.1	(0.4)	-2.7%
Office of the COO and office of the CSO	7.1	4.0	5.1	(1.1)	-21.7%
Compliance	1.3	0.6	1.0	(0.4)	-38.8%
Communications	12.8	7.8	7.5	0.3	4.1%
Audit	4.3	2.6	3.0	(0.4)	-13.4%
Health Repayment Scheme	0.5	0.1	0.4	(0.3)	-75.8%
Chief Information Officer	49.2	32.5	33.9	(1.4)	-4.2%
Regional Services	3.5	1.5	2.2	(0.8)	-35.0%
<b>Support Services Total</b>	<b>343.0</b>	<b>250.8</b>	<b>256.0</b>	<b>(5.1)</b>	<b>-2.0%</b>

The September results for Support Services (SS) shows net expenditure of €250.8m against the available budget reported at €256m. This gives rise to year to date surplus of (€5.1m) or (2.0%). Within this there is a deficit of €3.1m in Human Resources, €1.3m in Health Business Services, €0.3m in Communications along with surpluses in other areas. The bulk of the costs and cost pressures giving rise to this spend represents supports provided by the national functions to support direct service provision.

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

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

	Approved Allocation €m	YTD Actual Spend Vrs YTD Budget			
		YTD Actual €m	YTD Budget €m	YTD Var €m	YTD Var %
Pensions	486.1	379.8	374.9	4.9	1.3%
State Claims Agency	340.0	309.8	279.6	30.2	10.8%
Primary Care Reimbursement Service	2,701.9	2,115.1	2,051.2	63.9	3.1%
Demand Led Local Schemes	262.4	197.7	196.4	1.3	0.7%
Treatment Abroad and Cross Border Healthcare	22.9	33.6	17.3	16.3	94.7%
EHIC (European Health Insurance Card)	14.2	9.6	10.6	(1.1)	-9.9%
<b>Total Pensions &amp; Demand Led Areas</b>	<b>3,827.5</b>	<b>3,045.5</b>	<b>2,929.9</b>	<b>115.6</b>	<b>3.9%</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 September results for Demand Led Areas show net expenditure of €3,045.5m against the available budget reported at €2,929.9. This gives rise to year to date deficit of €115.6m or 3.9%.

## Pensions

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

In the event that actual expenditure emerges in 2019 at a level higher than the notified budget level, the DoH and HSE seek to engage to seek solutions which do not adversely impact services.

As part of NSP2019 an additional €86.9m has been assigned to pensions bringing the budget available in 2019 to €487m.

## 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 €2,115.1m against a profiled budget of €2,051.2m leading to a year to date adverse variance of €63.9m. 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 is showing a surplus of (€1.1m) for September 2019 YTD, €1.2m of this relates to non-pay and an income surplus of (€2.2m).



# Human Resources

## Health Sector Workforce September – Key Messages

At the end of September 2019 Health Services employment levels stand at **119,126** whole-time equivalents (WTE).

### Overall headlines this month

- When compared with the **August 2019 figure (119,053 WTE)**, the change this month shows an **increase of +73 WTE /+327 WTE** excluding pre-registration nursing and midwifery interns. This month's increase of +327 WTE is in part attributable to the movement of pre-registration nursing and midwifery interns, reported at full WTE value compared to 50% WTE value while on internship. Excluding this staff group, the estimated increase thereafter is +179 WTE.
- This month's growth is substantially lower than the 5year average trend at +370 WTE. Excluding pre-registration nursing and midwifery interns, it is also lower than the 5year average trend for September (+572 WTE) but comparable to the change seen in 2018 (+367 WTE).
- Excluding pre-registration nursing and midwifery interns, the **YTD** growth is **+991 WTE**. This equates to an assessed normalised **YTD** growth of **+978 WTE**. This is significantly different when compared to last years' YTD growth for September of +1,917 WTE.

As per the below table, this month's outturn in employment levels, continues to show an adverse variance to the WTE Limit of +856 WTE with movement across both Acute and Community Operations, the largest of which is in Acute Operations. Of note however, there is ongoing work on a refresh of the current WTE limit that will impact the current variance to the WTE limit

## 2019 September WTE vs WTE Core Limit

Division/ Care Group	WTE Limit	WTE Sept 2019	WTE Sept 2019 excl. Pre-Reg Nurse/ Midwife Intern	WTE Change Since Aug 2019	Variance Sept 2019	% Variance Sept 2019 (under-/Over+)
<b>Total Health Service</b>	117,858	119,126	118,714	+73	+856	+0.7%
National Ambulance Service	2,003	1,917	1,917	+13	-86	-4.3%
Acute Hospitals	58,447	59,704	59,432	-2	+985	+1.7%
<b>Acute Services</b>	60,450	61,621	61,349	+11	+899	+1.5%
Mental Health	9,808	9,929	9,823	-2	+15	-0.1%
Primary Care	10,982	10,613	10,613	-27	-369	-3.4%
Disabilities	18,057	18,550	18,515	+48	+458	+2.5%
Older Persons	13,188	13,302	13,302	-1	+114	+0.9%
Social Care	31,245	31,852	31,817	+47	+573	+1.8%
<b>Community Services</b>	52,035	52,393	52,253	+18	+218	+0.4%
Health & Wellbeing (H&WB)	609	566	566	+8	-43	-7.0%
Corporate	3,212	2,958	2,958	+43	-254	-7.9%
Health Business Services	1,552	1,587	1,587	-8	+35	+2.3%
<b>H&amp;WB, Corporate &amp; National Services</b>	5,373	5,112	5,112	+44	-261	-4.9%

### Key findings this month

- This month 4 out of the 6 staff categories are showing growth, the largest of which is Medical & Dental (**+111 WTE**). Growth across all staff groups is seen in Medical & Dental this month with the largest in Registrars +46 WTE, Consultants +33 WTE and SHO/Interns +24 WTE.
- Patient and Client Care (+75 WTE, with Home Helps accounting for +39 WTE), Health & Social Care Professionals (+42 WTE) and Management & Admin +1 WTE also increased this month.
- The largest *decrease* this month is seen in Nursing and Midwifery (**-155 WTE**). This is however impacted by the pre-registration nursing and midwifery interns (**-254 WTE**) completing their 9-month internship, and prior to moving into the staff nurse category on receipt of professional registration. The 5year trend for September shows a fall in this staff category (-75 WTE), with a higher than average fall this year, albeit comparable to 2018 (-125WTE). Also to note this month Student Public Health Nursing (post registration) increased by **+48 WTE**. General Support -1 WTE is also showing a marginal decrease this month.
- This month's growth is largely attributable to the Section 38 Voluntary Agencies, reporting an increase of **+50 WTE (+0.3%)**, Section 38 Hospitals **+16 WTE (+0.1%)** and HSE **+ 7 WTE (+0.01%)**.
- The largest increases this month are seen in H&WB, Corporate and National Services (**+44 WTE**), Community Services (**+18 WTE**), and Acute Services (**+11 WTE**).

### Operations key findings this month (refer to tables further below)

- Overall this month, **Acute Services** is showing an increase of **+11 WTE/ +217 WTE** excluding pre-registration nursing and midwifery interns. Three of the six staff categories are showing increases this month with the largest increases seen in Medical & Dental (**+95 WTE**), largely owing to Registrars (+45 WTE) and Patient & Client Care (**+39 WTE**) largely due to an increase in Health Care Assistants (+27 WTE).
- Nursing and Midwifery staff category is showing a decrease this month (-106 WTE) as mentioned above this is due to Pre-registration nursing and midwifery interns' completion of internship.

- Excluding pre-registration nursing and midwifery interns, the overall Acute Services change is lower than that of last month (+217 WTE versus +331 WTE in August), however is comparable to the usual 5year average trend for September of +234 WTE. However, YTD growth (+955 WTE) is considerably **lower** compared to 2018 (+1,406 WTE) and the 5-year average September trend (+1,243 WTE).
- This months' increase in WTEs is distributed across one Hospital Group and CHI, with the largest increase in RCSI Hospital Group (+61 WTE). Four Hospital Groups are showing decreases. National Ambulance Service are showing an increase of +13 WTE this month.
- The change within **Community Services** this month is an increase of **+18 WTE /+66 WTE** excluding pre-registration nursing and midwifery interns. Other than Nursing & Midwifery (-54 WTE) and Management/Administrative (-3 WTE), all staff categories recorded growth this month.
- The two largest increases this month are seen in Patient & Client Care (+36 WTE), followed by General Support (+16 WTE). The increase in Patient & Client care is largely owing to a growth in both Home Help (+39WTE) and Care Other (+10 WTE). General Support increase is primarily due to seasonal factors. This month's overall change differs substantially from the 5year trend excluding Pre-Registration Nurses for September of +314 WTE.
- Similarly, excluding pre-registration nursing and midwifery interns, the YTD change (**-77 WTE**) contrasts **substantially** with that of both September 2018 (+467 WTE) and that of the 5 year September trend (+501 WTE).
- Six of the nine CHOs are showing decreases this month, with CHO 2 showing the largest decrease (-33 WTE). At a divisional level, Primary Care is showing the largest decrease at -27 WTE with Disabilities showing the largest increase at +48 WTE.

## Operations key findings this month by Care Group: September 2019

Division/ Care Group	WTE Sept 2019	Change since Aug 2019	% Change since Aug 2019	Change Since Dec 2018	% Change since Dec 2018	Change since Sept 2018	% Change Since Sept 2018
<b>Total Health Service</b>	119,126	+73	+0.1%	+1,269	+1.1%	+2,630	+2.3%
Ambulance Services	1,917	+13	+0.7%	+29	+1.6%	+20	+1.0%
Acute Hospital Services	59,704	-2	+0.0%	+1,126	+1.9%	+1,823	+8.0%
<b>Acute Services</b>	61,621	+11	+0.0%	+1,155	+1.9%	+1,842	+3.1%
Primary Care	10,613	-27	-0.3%	-318	-2.9%	-142	+3.0%
Mental Health	9,929	-2	+0.0%	+31	+0.3%	+99	+4.6%
Disabilities	18,550	+48	+0.3%	+290	+1.6%	+516	+2.4%
Older Persons	13,302	-1	+0.0%	-3	+0.0%	+113	+2.2%
Social Care	31,852	+47	+0.1%	+287	+0.9%	+629	+2.0%
<b>Community Services</b>	52,393	+18	+0.0%	+0	+0.0%	+586	+1.1%
Health & Well-being	566	+8	+1.4%	-10	-1.8%	-2	-0.4%
Corporate	2,958	+43	+1.5%	+100	+3.5%	+150	+5.4%
Health Business Service	1,587	-8	-0.5%	+24	+1.5%	+54	+3.5%
<b>H&amp;WB Corporate &amp; National Services</b>	5,112	+44	+0.9%	+113	+2.3%	+202	+4.1%

## Absence Rates

	Benchmark / Target	Aug 2018	Full Year 2018	July 2019	Aug 2019	% Medically Certified (May 2019)
Rates	3.5%	4.5%	4.6%	4.5%	4.6%	91%

### Latest monthly figures (Aug2019)

- August 2019 absence rate stands at **4.6%**, higher when compared with the equivalent month in 2018 (4.5%), slightly higher than the previous month (July 2019 at 4.5%).
- Over the past four years August rates were as follows: 4.3% (2015) and 4.4% (2016), 4.3% (2017), 4.5% (2018).

### Annual Rate for 2018 and Trend Analysis from 2008

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.

### European Working Time Directive (EWTD)

	% Compliance with 24 hour shift	% Compliance with 48 hour working week
Acute Hospitals	96.9%	82.5%
Mental Health Services	97.9%	90.9%
Other Agencies	100%	100%

# Escalation Report

National Performance Oversight Group (NPOG)

# Escalation Report

**Level 3/Level 4**

**November 2019**

*September 2019 Data Cycle*

**Executive Management Team Version 0.5 07 11 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:</b> Services in Escalation (Hospitals and Community Health Organisations)
ii	<b>Appendix 2:</b> Areas deescalated from NPOG oversight
iii	<b>Appendix 3:</b> Areas assigned by NPOG
IV	<b>Appendix 4:</b> Areas re-categorised by NPOG to align with NSP KPI's 2019



## NPOG Review and Improvement process

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



**Stage 1 Review:** Identifying the problem

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

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

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

## Areas of Level 3 Escalation [NPOG oversight]

General: **Cancer Rapid Access Clinics** (Prostate, Lung, Breast and Radiotherapy)

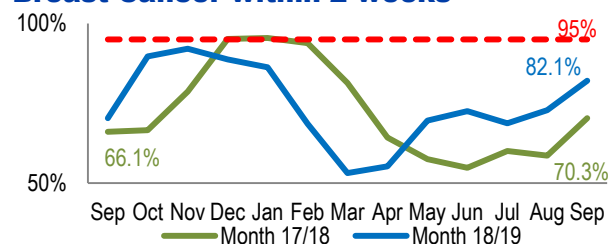
Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operation s/NCCP	3	<sup>9</sup> May 2015	Escalated due to the persistence and breadth of underperformance in Rapid Access Cancer services	ND AO ND CCP

### Improvement Plan

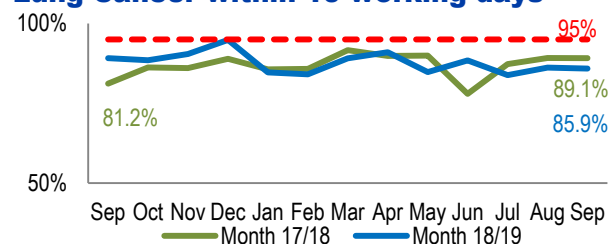
- National Cancer Control Programme *Rapid Access Clinics Performance Review and Improvement Plan* inclusive of recommendations and improvement plan 2017 – 2019 to be fully implemented.
- Continue focus on the NCCP Rapid Access Clinic KPI improvement recommendations for breast, lung and prostate cancers.
- Development, approval and monitoring of site specific improvement plans inclusive of demand/capacity profiles and trajectories for performance improvement.
- NCCP Review of GP Referral Guidelines.
- NCCP proposed Investment Plans informed by best practice, service demand and capacity.

### Performance Data

#### Breast Cancer within 2 weeks

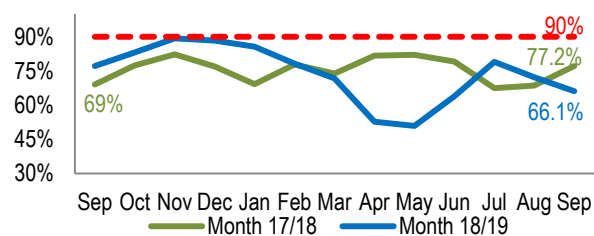


#### Lung Cancer within 10 working days

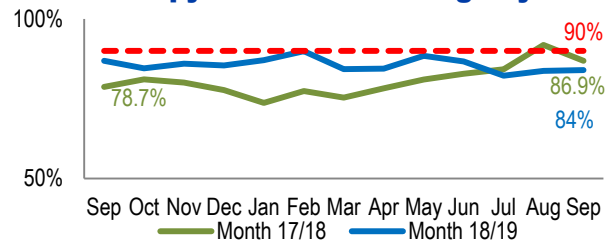


<sup>9</sup> Lung Cancer May 2015. Prostate Cancer July 2015 and de-escalated from Black to Red in March 2016. Breast Cancer July 2016. Radiotherapy September 2016.

### 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> Revised 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	Replaced by No 6
3	<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	
4	<b>Improve:</b> Actions agreed to improve performance, including performance improvement trajectory, particularly in the Prostate and Breast services at St James's Hospital will be monitored on a monthly basis.	01 10 .19	on-going	Amended 07 11 19
5	<b>Improve:</b> Improvement Plan for University Hospital Waterford is to be completed.	07.11.19	03.12.19	
6	<b>Improve:</b> Actions agreed to improve performance, including performance improvement trajectory, at the Mater Misericordiae University Hospital will be monitored on a monthly basis.	07.11.19	on-going	

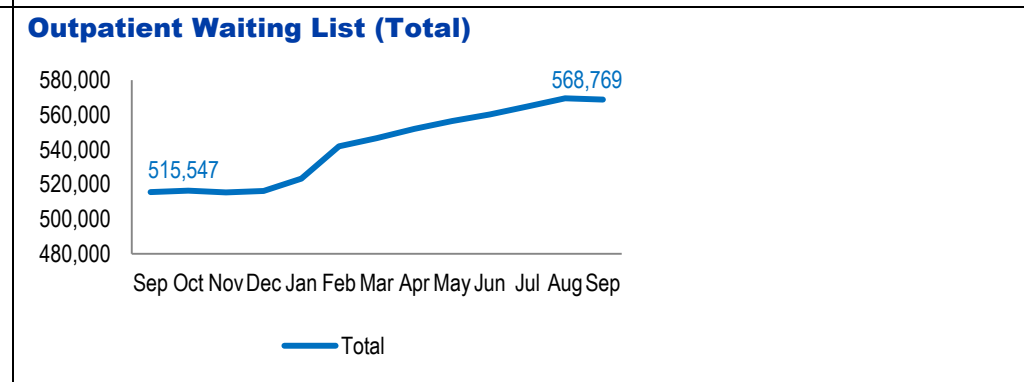
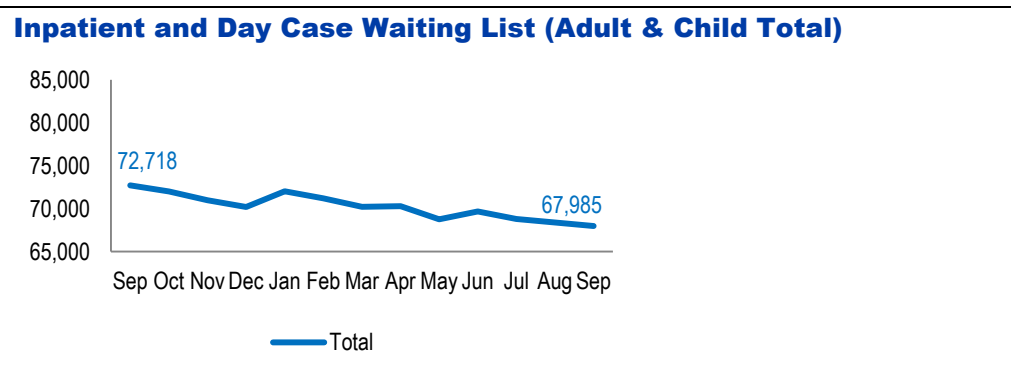
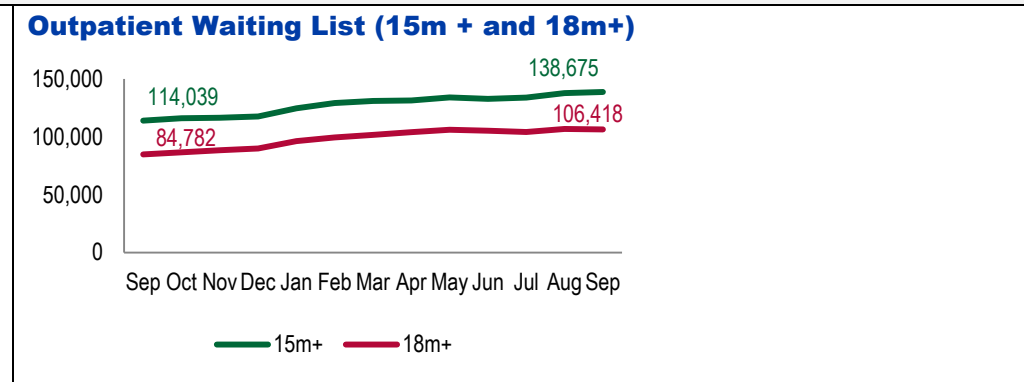
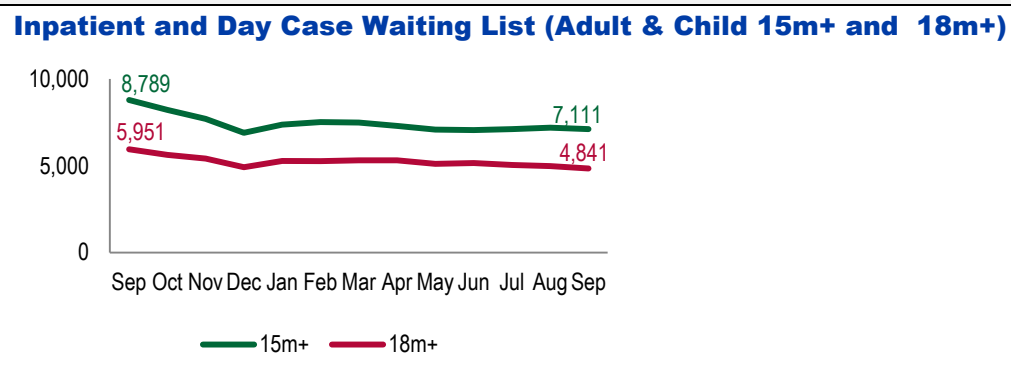
**Waiting Lists:** % of adults and children < 15 months for an elective inpatient or day case procedure and % of people waiting < 52 weeks for first access to OPD services

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 (> 36 months) are treated at the earliest practical date.
- Ongoing work between the centralised validation unit in NTPF and hospitals which will provide clean, accurate and up to date waiting lists.
- Active management of delayed transfers of care (delayed discharges) to minimise impact on patient flow and scheduled care.

**Performance Data**



NPOG REDI elements		Date agreed	Due date	Status
1	<b>Improve:</b> 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																		
Improvement Plan																						
<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>- Progress recruitment of 100 additional therapy posts.</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>																						
Performance Data																						
Disability Act Compliance																						
<table border="1"> <caption>Disability Act Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Quarter 17/18 (%)</th> <th>Quarter 18/19 (%)</th> </tr> </thead> <tbody> <tr> <td>Q3</td> <td>35.1%</td> <td>0%</td> </tr> <tr> <td>Q4</td> <td>~10%</td> <td>~5%</td> </tr> <tr> <td>Q1</td> <td>~8%</td> <td>~5%</td> </tr> <tr> <td>Q2</td> <td>~7%</td> <td>~8%</td> </tr> <tr> <td>Q3</td> <td>6.9%</td> <td>13.8%</td> </tr> </tbody> </table>					Quarter	Quarter 17/18 (%)	Quarter 18/19 (%)	Q3	35.1%	0%	Q4	~10%	~5%	Q1	~8%	~5%	Q2	~7%	~8%	Q3	6.9%	13.8%
Quarter	Quarter 17/18 (%)	Quarter 18/19 (%)																				
Q3	35.1%	0%																				
Q4	~10%	~5%																				
Q1	~8%	~5%																				
Q2	~7%	~8%																				
Q3	6.9%	13.8%																				
NPOG REDI elements			Date agreed	Due date	Status																	
1	Improve: Revised SOP for Assessment of Need to be implemented in Qtr 4/2019.		06.08.19	07.01.20																		

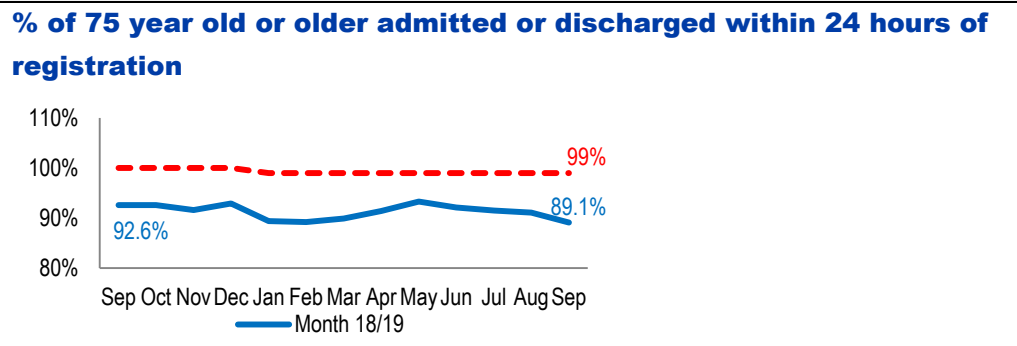
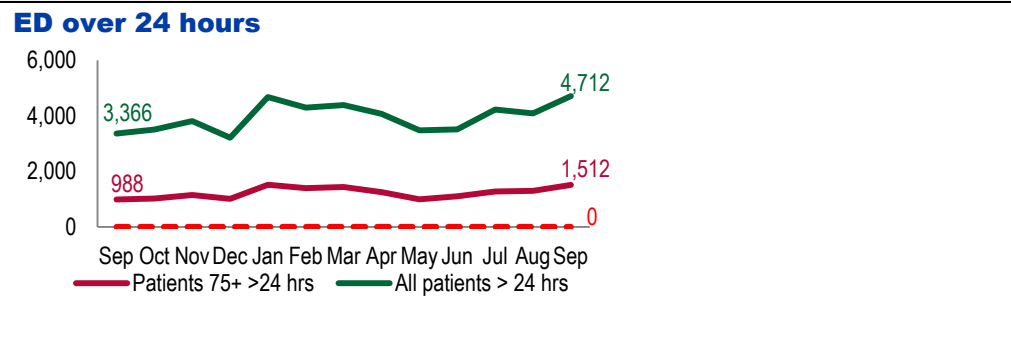
**Emergency Department** - % of all attendees at ED who are in ED < 24 hours and % of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration

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 2019/20 with particular focus on demand management, operational flow and egress management.
- Review key demand/supply factors in terms of their impact on available capacity in order to target appropriate improvements at individual hospital sites.
- Plan activity and ensure alignment with the *Sláintecare* Implementation strategy to anticipate and manage critical demand pressure within agreed resources.
- Continue focus on patient flow initiatives such as the Five fundamentals, SAFER Bundle and Red2Green.
- Integrated working with community services to improve the following;
  - Timely access to transitional care, home support and NHSS.
  - 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

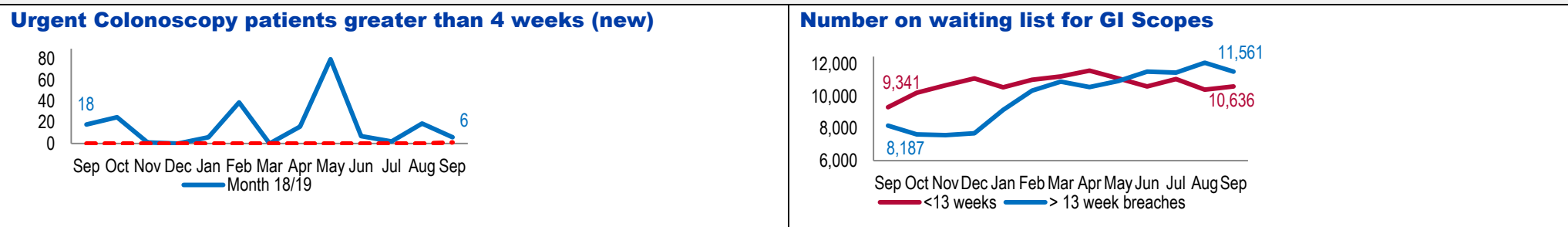
**Colonoscopy** - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD and No. of people waiting > 4 weeks for access to an urgent colonoscopy

Service	Escalation level	Date escalated	Reason for escalation	Responsible
Acute Operations	3 (re-assigned Jan 2018)	<sup>10</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**

- Continue to prioritise consistent achievement of urgent colonoscopy and BowelScreen targets within available resources.
- Working with relevant Clinical Programmes and supporting all hospital sites to deliver colonoscopy services within target timeframes.
- Development, approval and monitoring of Hospital Group improvement plans inclusive of demand/capacity profiles and trajectories for performance improvement.
- In order to maximise compliance with BowelScreen targets, Hospital Groups to ensure that 2019 hospital level MOUs with the National BowelScreen Programme (NBS) align with capacity.
- National Acute Operations to engage with NBS to align assessed need/demand/capacity going forward and ensure that MOUs are reflective of output within available resources.
- Hospitals to seek support from the National Treatment Purchase Fund to treat long waiters for routine procedures.
- National Acute Operations to engage with the NTPF to leverage additional capacity to support continued compliance with National Service Plan and JAG targets.

**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	01.10.19	

<sup>10</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		
Improvement Plan						
<ul style="list-style-type: none"> <li>- Review monthly gross and net expenditure at Hospital Group and hospital level to determine reasons for financial surpluses/deficits.</li> <li>- Monitor budget versus actual expenditure in month and year to date in relation to direct pay and agency and overtime costs.</li> <li>- Implementation of enhanced financial management focus including additional focus on staffing controls.</li> </ul>						
Performance Data						
Financial position: projected net expenditure to year end including pay management						
		YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Variance	
	Acute Hospitals Care	4,041,301	3,941,697	99,604	2.53%	
NPOG REDI elements				Date agreed	Due date	Status
1	Enquire: Finance performance meetings to be held with each Hospital Groups and with hospitals subject to formal escalation.			04.05.16	on-going	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 – September 2019**

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

Assessment of Agency & OT Changes and WTE changes	HR Census (Excl Student)					Reported					Assessed		Assessed Core excl. Devs, Convers, Unavoid & approved May
	Actual WTE Aug-19	Actual WTE Sep-19	Change WTE Sep-19	Normalised Adjustment	Normalised Change Sep	Service Developments	Agency Conversion Reported	Control measure unavoidable	Control measure approved	Core excl. Devs, Unavoid & approved	Agency & OT Conversion Assessed	Assessed Core excl. Devs, Convers, Unavoid & approved	
	wte	wte	wte										
HG Dublin Midlands	10,585	10,606	20	(0)	20	1	11	1	1	6	11	7	(8)
HG Ireland East	11,905	11,935	30	(3)	26	3	0	8	18	(3)	0	15	0
HG National Childrens	3,493	3,520	27	0	27	13	0	33	0	(19)	0	(19)	(11)
HG RCSI	9,393	9,497	104	0	105	0	0	0	0	105	0	105	18
HG Saolta	9,218	9,247	28	(9)	19	4	0	49	2	(36)	0	(34)	(40)
HG South/ South West	10,414	10,425	12	(2)	10	1	1	5	27	(24)	1	3	(34)
HG University of Limerick	4,127	4,108	(19)	3	(17)	0	0	2	0	(19)	0	(19)	(9)
National	93	95	2	0	2	0	0	0	0	2	0	2	1
NAS	1,903	1,917	13	0	13	0	0	0	0	13	0	13	8
<b>1 Acute Operations</b>	<b>61,132</b>	<b>61,349</b>	<b>217</b>	<b>(12)</b>	<b>205</b>	<b>22</b>	<b>12</b>	<b>98</b>	<b>48</b>	<b>26</b>	<b>12</b>	<b>74</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 – 8<sup>th</sup> November 2019

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

<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>Alan Sharp</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
		Breast Cancer within 2 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
<b>MRH Mullingar</b>	<b>Shona Schneemann</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>Our Lady's Hospital Navan</b>	<b>Ken Fitzgibbon</b>	ED < 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
<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>Cavan General Hospital</b>	<b>David Lynch</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>Connolly Hospital</b>	<b>Margaret Boland</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
<b>Our Lady of Lourdes Hospital</b>	<b>Fiona Brady</b>	ED < 24 hours	Level 3
		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
<b>Mayo University Hospital</b>	<b>Catherine Donohoe</b>	OPD Waiting List < 52 weeks	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
<b>Sligo University Hospital</b>	<b>Grainne McCann</b>	Routine Colonoscopy < 13 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>Gerard O'Callaghan</b>	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Breast Cancer within 2 weeks	Level 3

Mercy University Hospital	Sandra Daly	Lung Cancer within 10 working days	Level 3
		ED < 24 hours	Level 3
South Infirmery Victoria University Hospital	Helen Donovan	ED > 75 yrs < 24 hours	Level 3
		OPD Waiting List < 52 weeks	Level 3
UH Kerry	Fearghal Grimes	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Urgent Colonoscopy > 28 days	Level 3
UH Waterford	Grace Rothwell	Prostate Cancer within 20 days	Level 3
		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>University of Limerick Hospital Group (Accountable Officer - Colette Cowan CEO)</b>			
University of Limerick Hospital Group	Prof Colette Cowan	Financial Position	Level 3
		Pay and Numbers	Level 3
Croom Orthopaedic Hospital	Prof Colette Cowan	OPD Waiting List < 52 weeks	Level 3
Nenagh Hospital	Prof Colette Cowan	Routine Colonoscopy < 13 weeks	Level 3
St. John's Hospital Limerick	John Cummins	Routine Colonoscopy < 13 weeks	Level 3
UH Limerick	Prof Colette Cowan	ED < 24 hours	Level 3
		ED > 75 yrs < 24 hours	Level 3
		Prostate Cancer within 20 days	Level 3
		Routine Colonoscopy < 13 weeks	Level 3
		OPD Waiting List < 52 weeks	Level 3
		Lung Cancer within 10 working days	Level 3

**Community Operations - Services in Escalation Table – November 2019 (September 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
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 (September) CHO8 (Meath & Laois/Offaly)
Primary Care	Physiotherapy % of new physiotherapy patients seen for assessment within 12 weeks % of physiotherapy patients on waiting list for assessment $\leq$ 52 weeks No of physiotherapy patients seen	Non Return (August, September) - CHO8 (Longford/Westmeath)
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 (September) CHO8 (Laois/Offaly)
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 (September) CHO8 (Meath)
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, Jun, Jul, Aug, Sep) – CHO7 (Dublin West) Non Return (August, Sep) - 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 (Q3) CHO1 (Cavan/Monaghan) Non Return (Q3) CHO5 (Carlow/Kilkenny) Non Return (Q1, Q2, Q3) CHO7 (Dublin West)
Palliative Care	Access to specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun, Jul, Aug, Sep) – CHO1 (Donegal)
Palliative Care	Number accessing specialist inpatient beds within seven days	Non Return (Jan, Feb, Mar, April, May, Jun, Jul, Aug, Sep) – CHO1 (Donegal)

Service Area	Metric Name	Data Coverage Issue
Social Inclusion	Substance Misuse - access to treatment (over 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1 & Q2 2019) - CHO8 (Louth & Meath)
Social Inclusion	Substance Misuse - access to treatment (under 18 years)	Non Return (Q4 2018) - CHO8 (Louth & Meath) Non Return (Q1 & Q2 2019) - CHO8 (Louth & Meath)
Mental Health CAMHS	Admission of Children to CAMHS	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb ,Mar, Apr, May, Jun, July, August, September)
Mental Health CAMHS	CAMHS Bed Days Used	Service Issue notified to BIU Data not returned for St Josephs (Jan, Feb ,Mar, Apr, May, Jun, July, August, September)
Mental Health CAMHS	CAMHS – first appointment within 12 months	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health CAMHS	CAMHS waiting list	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health CAMHS	CAMHS waiting list > 12 months	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale

Service Area	Metric Name	Data Coverage Issue
		CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health CAMHS	No of referrals received	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health CAMHS	Number of new seen	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
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, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health CAMHS	% offered an appointment and seen in 12 weeks	Non Returns CHO7 Clondalkin (March, April, May, June, September) CHO7 Ballyfermot/St James (April, May, June, July, September) CHO7 Lucan (September) CHO 9 Blanchardstown

Service Area	Metric Name	Data Coverage Issue
		CHO 9 Castleknock CHO 9 Mater Team A North Inner City CHO 9 Mater Team B Ballymun CHO 9 Mater Team C & D North East City/Darndale CHO 9 Mater Team E Swords CHO 9 Balbriggan CHO 9 Darndale
Mental Health General Adult	Number of referrals received	Non Returns CHO2 Castlebar (September) CHO5 Wexford South (September) CHO5 Wexford North (September) CHO9 Cabra (August, September) CHO9 Blanchardstown East Team 1 (August, September) CHO9 Blanchardstown East Team 2 (August, September) CHO9 Finglas Team 1 (August, September) CHO9 Finglas Team 2 (August, September) CHO9 Ballymun (August, September) CHO9 Marino/Clontarf (August, September) CHO9 Marino/Tolka (August, September) CHO9 Mater (August, September) CHO9 Millmount (July, August, September) CHO9 North Strand (July, August, September) CHO9 Blanchardstown West Team 1 (August, September) CHO9 Blanchardstown West Team 2 (August, September)
Mental Health General Adult	Number of referrals seen	Non Returns CHO2 Castlebar (September) CHO5 Wexford South (September) CHO5 Wexford North (September) CHO9 Cabra (August, September) CHO9 Blanchardstown East Team 1 (August, September) CHO9 Blanchardstown East Team 2 (August, September) CHO9 Finglas Team 1 (August, September) CHO9 Finglas Team 2 (August, September) CHO9 Ballymun (August, September) CHO9 Marino/Clontarf (August, September) CHO9 Marino/Tolka (August, September) CHO9 Mater (August, September) CHO9 Millmount (July, August, September) CHO9 North Strand (July, August, September) CHO9 Blanchardstown West Team 1 (August, September) CHO9 Blanchardstown West Team 2 (August, September)
Mental Health General Adult	% seen within 12 weeks	Non Returns CHO2 Castlebar (September) CHO5 Wexford South (September)

Service Area	Metric Name	Data Coverage Issue
		CHO5 Wexford North (September) CHO9 Cabra (August, September) CHO9 Blanchardstown East Team 1 (August, September) CHO9 Blanchardstown East Team 2 (August, September) CHO9 Finglas Team 1 (August, September) CHO9 Finglas Team 2 (August, September) CHO9 Ballymun (August, September) CHO9 Marino/Clontarf (August, September) CHO9 Marino/Tolka (August, September) CHO9 Mater (August, September) CHO9 Millmount (July, August, September) CHO9 North Strand (July, August, September) CHO9 Blanchardstown West Team 1 (August, September) CHO9 Blanchardstown West Team 2 (August, September)
Mental Health Psychiatry of Later Life	Number of referrals received	Non Returns CHO9 Mater (August, September)
Mental Health Psychiatry of Later Life	Number of referrals seen	Non Returns CHO9 Mater (August, September)
Mental Health Psychiatry of Later Life	% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	Non Returns CHO9 Mater (August, September)
Disabilities	No. of residential places for people with a disability	Data returned as quarterly, quarter one, quarter two & quarter three data received. CHO 1 not returned for quarter three.
Disabilities	No of new emergency places provided to people with a Disability	CHO 1 data not returned for September.
Older Persons	<b>Home Support</b> No. of Home Support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs)) No. of people in receipt of Home Support (excluding provision from Intensive Home Care Packages (IHCPs)) - each person counted once only Number of clients assessed and waiting for funding for the provision of Home Support	Non Return (September) CHO2 (Galway and Roscommon)
Older Persons	<b>Intensive Home Care Packages</b> Total No. of persons in receipt of an Intensive Home Care Package (IHCP) % of clients in receipt of an IHCP with a Key Worker Assigned No. of Home Support hours provided from Intensive Home Care Packages	Non Return (September) CHO2 (Galway and Roscommon)
Acute	% of hospitals implementing the requirements for screening with CPE Guidelines	UHK Q3 information outstanding.

## 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		South/South West Hospital Group	Bantry General Hospital
	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	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	University of Limerick Hospital Group	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 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	