Health Service Performance Report

August Performance Report
Data used in this report refers to the latest performance information available at this time
Key performance message

Acute Hospitals

Emergency Departments

Emergency Departments continued to be very busy during the month of August. Year to date emergency presentations are 4,275 more than same period in 2014.

Between January and August 2015 the proportion of people who had completed their visit to the Emergency Department within 9 hours was 81.5%. During the month 96 people on average waited more than 9 hours for admission each day while 825 were either admitted or discharged within 9 hours. A total of 3,330 patients waited greater than 24 hours in the Emergency Department and 859 of these were aged 75 years or over.

Hospital Activity

There were 1,004,329 inpatient and day case discharges up to the end of August. An additional 3,461 patients completed their episode of care between January and August 2015 compared to the same period in 2014.

Waiting Lists

The maximum wait time for inpatient and day case procedures and for outpatient appointments was set at 18 months up to the end June and 15 months by the end of the year.

During August 1,368 patients were waiting greater than 18 months for an inpatient and day case procedure and 4,705 were waiting greater than 15 months.

In relation to outpatients, 11,235 patients were waiting greater than 18 months for an appointment and 34,003 were waiting longer than 15 months.

Demand continues to rise which is having an impact on the number of people waiting longer than the maximum wait times. To address this issue an outsourcing initiative is taking place and 1,393 patients have been offered an inpatient or day case appointment and 14,674 an outpatient appointment in the private sector.

Child and Adolescent Mental Health Services

In Mental Health services waiting times for Child and Adolescent services have improved significantly and the number of young people waiting over 12 months for a first appointment is now at 241, down from 479 in March.
Performance update

Acute Hospitals Services

Overview of key acute hospital activity

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</tr>
</thead>
<tbody>
<tr>
<td>Inpatients discharges</td>
<td>427,657</td>
<td>423,938</td>
<td>-0.9%</td>
<td>-1.0%</td>
<td>52,711</td>
<td>55,285</td>
<td>51,296</td>
</tr>
<tr>
<td>Day case discharges</td>
<td>573,211</td>
<td>580,319</td>
<td>1.3%</td>
<td>-0.6%</td>
<td>73,792</td>
<td>77,600</td>
<td>68,666</td>
</tr>
<tr>
<td>Inpatient &amp; Day Cases</td>
<td>1,000,868</td>
<td>1,004,329</td>
<td>0.3%</td>
<td>-0.8%</td>
<td>126,503</td>
<td>132,885</td>
<td>119,962</td>
</tr>
<tr>
<td>Average Length of Stay (Medical)</td>
<td>6.8 days</td>
<td>7.2 days</td>
<td>-5.9%</td>
<td>-23.9%</td>
<td>6.9 days</td>
<td>6.6 days</td>
<td>6.6 days</td>
</tr>
<tr>
<td>Emergency Presentations</td>
<td>850,833</td>
<td>855,108</td>
<td>0.5%</td>
<td>0.1%</td>
<td>109,096</td>
<td>107,523</td>
<td>107,195</td>
</tr>
<tr>
<td>New ED attendances</td>
<td>734,958</td>
<td>730,520</td>
<td>-0.6%</td>
<td>-1.2%</td>
<td>92,855</td>
<td>91,593</td>
<td>91,336</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>299,602</td>
<td>294,580</td>
<td>-1.7%</td>
<td>-2.2%</td>
<td>36,496</td>
<td>37,184</td>
<td>35,931</td>
</tr>
<tr>
<td>ED Admissions*</td>
<td>187,050</td>
<td>186,597</td>
<td>-0.2%</td>
<td>-1.0%</td>
<td>22,972</td>
<td>23,013</td>
<td>22,548</td>
</tr>
<tr>
<td>Elective Admissions</td>
<td>66,906</td>
<td>67,518</td>
<td>0.9%</td>
<td>1.6%</td>
<td>9,033</td>
<td>9,036</td>
<td>7,881</td>
</tr>
<tr>
<td>OPD Attendances</td>
<td>2,136,486</td>
<td>2,176,365</td>
<td>1.9%</td>
<td>2.6%</td>
<td>283,238</td>
<td>283,749</td>
<td>255,087</td>
</tr>
</tbody>
</table>

*SNote: ED Admissions recorded in 2014 were higher than those in 2015 in some hospitals due to a different recording protocol. Standardisation is 2015 has resulted in a difference of c 2,700 due this data definition change.

Outsourcing of services

This activity was in addition to the services described in the table above. As part of this initiative:

- 1,393 people were offered an Inpatient / Day Case appointment and 902 people have accepted the offer;
- 14,674 people were offered an Outpatient appointment and all have accepted the offer

Patient experience in ED

99,358 (793,472 YTD) people registered for an ED service in August, 91,336 of these were new attendances.

<table>
<thead>
<tr>
<th>ED Patient Experience</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg no. of patients on trolleys for over 9 hours in ED waiting admission</td>
<td>144</td>
<td>177</td>
<td>156</td>
<td>122</td>
<td>124</td>
<td>127</td>
<td>92</td>
<td>96</td>
<td>70</td>
</tr>
</tbody>
</table>
96 was the average daily number of patients in ED waiting for admission/discharge for over 9 hours (Target ≤ 70)

% of people admitted or discharged within 9 hours from ED

<table>
<thead>
<tr>
<th>ED Patient Experience</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Aug 2015</td>
<td>80.3%</td>
<td>65.3%</td>
<td>80.1%</td>
<td>81.6%</td>
<td>82.2%</td>
<td>82.6%</td>
<td>83.3%</td>
<td>82.4%</td>
<td></td>
</tr>
<tr>
<td>Aug 2014</td>
<td>77.8%</td>
<td>77.7%</td>
<td>78.3%</td>
<td>81.1%</td>
<td>81.5%</td>
<td>82.6%</td>
<td>81.7%</td>
<td>82.2%</td>
<td>100%</td>
</tr>
<tr>
<td>YTD 2015</td>
<td>80.3%</td>
<td>65.9%</td>
<td>79.7%</td>
<td>80.2%</td>
<td>80.6%</td>
<td>81.1%</td>
<td>81.1%</td>
<td>81.5%</td>
<td></td>
</tr>
<tr>
<td>YTD 2014</td>
<td>77.8%</td>
<td>77.7%</td>
<td>77.8%</td>
<td>78.7%</td>
<td>79.6%</td>
<td>80.1%</td>
<td>80.5%</td>
<td>80.7%</td>
<td></td>
</tr>
</tbody>
</table>

Overview of patient experience numbers
- 63,524 (69.1%) of the people seen were admitted or discharged within 6 hours (Target 95%)
- 76,008 (82.4%) of the people seen were admitted or discharged within 9 hours (Target 100%)
- 3,344 patients over 75 years were waiting in ED for admission/discharge for over 9 hours (based on 23 of 26 hospitals)
- 859 over 75 years of age were waiting in ED for more than 24 hours (out of a total >24 hours 3,330)

Cancer Services
There is a focus on access to assessment and treatment for specific cancer types in some centres where targets are not being met.

<table>
<thead>
<tr>
<th>Performance data</th>
<th>August result</th>
<th>Same period last year</th>
<th>August YTD 2015</th>
<th>Best and Outliers</th>
</tr>
</thead>
</table>
| Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%) | 96.7% | 99.5% | 95.9% | • Waterford 70.3%  
• All other centers have reached the target. |
| Lung (rapid access clinic) People who were offered an appointment/attended a RAC within 10 working days of referral. (Target 95%) | 85.8% | 82.1% | 85.7% | • Limerick 57.1%, Cork 62.5%, Galway 68.6%, & St James 87.8%,  
• 100% - Mater, St Vincent's, & Waterford. |
| Prostate: People who were offered an appointment /attended a cancer centre within 20 working days of referral. (Target 95%) | 43.5% | 51.9% | 60.1% | • Cork 7.7%, St James 9.4%, Waterford 16%, Limerick 22.7%, Mater 37.5%, & Galway 72.3%,  
• 100% - Beaumont & St. Vincent's. |
| Radiotherapy: Commence treatment within 15 working days of being deemed ready to treat (Target 90%) | 83.7% | 89.9% | 83.7% | • SLRON 78.5%, Galway 84.9%, Cork 88%,  
• 100% Waterford & Limerick. |

Waiting Lists

<table>
<thead>
<tr>
<th>Waiting list numbers by time band</th>
<th>Over 20 Weeks</th>
<th>Over 8 Months</th>
<th>Over 12 Months</th>
<th>Over 15 Months</th>
<th>Over 18 Months</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult IPDC</td>
<td></td>
<td>19,006</td>
<td>8,889</td>
<td>4,368</td>
<td>1,317</td>
<td>33,580</td>
</tr>
<tr>
<td>Child IPDC</td>
<td>2,933</td>
<td>1,522</td>
<td>688</td>
<td>337</td>
<td>51</td>
<td>5,531</td>
</tr>
<tr>
<td>OPD</td>
<td></td>
<td>128,897</td>
<td>66,378</td>
<td>34,003</td>
<td>11,235</td>
<td>240,513</td>
</tr>
</tbody>
</table>
The Waiting list over 18 months has risen each month since the end of June.

<table>
<thead>
<tr>
<th>Waiting List numbers by month, in time bands</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Waiting list &gt; 15 months</td>
<td>2,379</td>
<td>3,022</td>
<td>3,847</td>
<td>4,045</td>
<td>3,881</td>
<td>2,926</td>
<td>3,739</td>
<td>4,368</td>
<td>0 Dec</td>
</tr>
<tr>
<td>Of which Adult Waiting list &gt; 18 months</td>
<td>832</td>
<td>1,105</td>
<td>1,557</td>
<td>1,848</td>
<td>1,603</td>
<td>77</td>
<td>607</td>
<td>1,317</td>
<td>0 June</td>
</tr>
<tr>
<td>Child Waiting list &gt; 15 months</td>
<td>183</td>
<td>241</td>
<td>340</td>
<td>311</td>
<td>314</td>
<td>152</td>
<td>229</td>
<td>337</td>
<td>0 Dec</td>
</tr>
<tr>
<td>Of which Child Waiting list &gt; 18 months</td>
<td>49</td>
<td>64</td>
<td>117</td>
<td>130</td>
<td>147</td>
<td>1</td>
<td>16</td>
<td>51</td>
<td>0 June</td>
</tr>
<tr>
<td>Outpatient Waiting list &gt; 15 months</td>
<td>42,157</td>
<td>45,402</td>
<td>49,000</td>
<td>51,313</td>
<td>52,734</td>
<td>37,567</td>
<td>33,221</td>
<td>34,003</td>
<td>0 Dec</td>
</tr>
<tr>
<td>Of which Outpatient Waiting list &gt; 18 months</td>
<td>24,847</td>
<td>27,001</td>
<td>30,092</td>
<td>33,252</td>
<td>33,496</td>
<td>15,542</td>
<td>10,162</td>
<td>11,235</td>
<td>0 June</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GI Waiting List</th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>0 -1</td>
<td>1 - 2</td>
<td>2 Mo</td>
<td>Total</td>
<td>13 W</td>
<td>3 Mo</td>
<td>6-12</td>
<td>12+</td>
<td>Total Over</td>
</tr>
<tr>
<td></td>
<td>Month</td>
<td>Months</td>
<td>13 W</td>
<td></td>
<td>weeks</td>
<td>3 Mo</td>
<td>Months</td>
<td>Months</td>
<td>13 weeks</td>
</tr>
<tr>
<td>May</td>
<td>4,303</td>
<td>2,750</td>
<td>1,860</td>
<td>8,913</td>
<td>56</td>
<td>2,972</td>
<td>3,000</td>
<td>828</td>
<td>6,856</td>
</tr>
<tr>
<td>June</td>
<td>3,789</td>
<td>2,836</td>
<td>1,966</td>
<td>8,591</td>
<td>86</td>
<td>3,258</td>
<td>2,909</td>
<td>1,081</td>
<td>7,334</td>
</tr>
<tr>
<td>July</td>
<td>3,887</td>
<td>2,473</td>
<td>1,906</td>
<td>8,266</td>
<td>73</td>
<td>3,390</td>
<td>3,095</td>
<td>1,162</td>
<td>7,720</td>
</tr>
<tr>
<td>August</td>
<td>3,779</td>
<td>2,639</td>
<td>1,934</td>
<td>8,352</td>
<td>52</td>
<td>3,443</td>
<td>3,154</td>
<td>1,310</td>
<td>7,959</td>
</tr>
</tbody>
</table>

There are 7,959 people waiting greater than 13 weeks at the end of August. There reflects an increase of 239 in August from July figures. The overall numbers being referred for routine colonoscopy are increasing and the proportion of those waiting over 12 months has risen from 5.3% in May to 8% in August. An Endoscopy Improvement Working Group has been established to define and co-ordinate improvement actions across all hospitals.

**Delayed Discharge and Emergency Task Force Initiatives**

**Delayed Discharges**
The delayed discharge figure at the end of August was 577, it remains under 600 but is up from the July figure of 557. The number of bed days lost through Delayed Discharge has reduced by 32% since January – a gain of 5,399 bed days.

<table>
<thead>
<tr>
<th>Delayed Discharges</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>728</td>
<td>705</td>
<td>715</td>
<td>697</td>
<td>675</td>
<td>626</td>
<td>557</td>
<td>577</td>
<td>500</td>
</tr>
</tbody>
</table>
Delayed Discharge Initiative
As part of the Delayed Discharge Initiative an additional €25m was provided and the following service improvements have taken place:

- 300 additional NHSS places are now operational
- 50 additional ring fenced short stay residential beds opened
- In addition, 65 short stay beds have also opened up and are being used in Mount Carmel
- An additional 400 Home Care Packages are being utilised by Hospitals to alleviate delayed discharges.
- The Community Intervention Teams service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals.

Emergency Department Taskforce Initiative
As part of the Emergency Department Taskforce Initiative an additional €74m has been provided and the following service improvements have taken place:

NHSS

- 300 additional NHSS places, (funded under the €10m provided in December 2014) are operational and 666 of the additional 2015 planned 1,604 NHSS places are now operational
- The number on the placement list waiting for NHSS approval has reduced to 159 (target 550 – 580). This is down from 1,411 at the start of the year.
- The waiting time for approval is being maintained at no more than 4 weeks

Transitional beds

- 1,513 additional transitional care beds have been approved for people being discharged from acute care.
- 2,250 people have availed of transitional care beds since April, this is significantly above the target of 500 placements.

Public & Private beds

- 149 additional public beds and 24 additional private contracted beds are operational.

National Ambulance Service

- AS1 (112/999 emergency and urgent calls) and AS2 (urgent calls received from a general practitioner or other medical sources) calls received were 24,653, up 3% (5,062) year to date.
- ECHO calls (life-threatening cardiac or respiratory arrest) are up 15% (271) year to date. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds was 76% (down 1% with last month).
- DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) activity is up 7% (3,756) year to date. DELTA incidents responded to within the target timeframe of 18 minutes and 59 seconds was 66% (down 1% with last month).

NAS activity between January and August includes:

- 282 Emergency Aero Medical Service calls, 286 Irish Coast Guard calls, 70 Air Ambulance calls
- Support for 134 Community First Responder Groups in 18 counties nationally and 1,178 CFR engagements.
Patient Transfer Calls and proportion dealt with by Intermediate Care Vehicles

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patient Transfer Calls</td>
<td>3,857</td>
<td>3,393</td>
<td>3,571</td>
<td>3,387</td>
<td>3,005</td>
<td>3,037</td>
<td>2,996</td>
</tr>
<tr>
<td>ICV</td>
<td>2,954</td>
<td>2,601</td>
<td>2,724</td>
<td>2,793</td>
<td>2,368</td>
<td>2,453</td>
<td>2,400</td>
</tr>
<tr>
<td>% ICV Transfer</td>
<td>77%</td>
<td>77%</td>
<td>76%</td>
<td>82%</td>
<td>79%</td>
<td>81%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Community Healthcare

Health & Wellbeing

Child Health
In July 92.7% (5,257 out of 5,670) of children reaching 10 months have completed their child health developmental screening (target 95%)

Screening
Screening activity up to the end of August shows that expected activity has been exceeded:
- BreastCheck screening, YTD 95,384 (expected activity 91,300)
- BowelScreen programme, invited YTD 144,270 (expected activity 133,334)

Primary Care

Under 6 and over 70s GP Visit Cards
- The under 6’s GP visit cards went live 1st July 2015. 183,898 cards have been issued up to September 9th
- The over 70’s GP visit cards went live 1st August 2015 and 36,738 cards have been issued up to September 9th

Community Intervention Teams

€2m additional funding to support Community Intervention Teams
The Community Intervention Teams service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals. August activity was 1,634 in the month, bringing the YTD position to 12,173, an increase in Community Intervention Teams activity of 28% compared with the same period last year. Further extension is planned into Waterford and Wexford in the fourth quarter.

Mental Health

CAMHs Waiting List by time bands 2015

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<tbody>
<tr>
<td>Total no. to be seen</td>
<td>2,886</td>
<td>3,001</td>
<td>3,206</td>
<td>3,078</td>
<td>3,110</td>
<td>2,909</td>
<td>2,542</td>
<td>2,240</td>
</tr>
<tr>
<td>Total no. to be seen (0-3 months)</td>
<td>1,199</td>
<td>1,300</td>
<td>1,405</td>
<td>1,339</td>
<td>1,381</td>
<td>1,174</td>
<td>1,045</td>
<td>781</td>
</tr>
<tr>
<td>Wait List (i.e. those waiting &gt;3 months)</td>
<td>1,687</td>
<td>1,701</td>
<td>1,801</td>
<td>1,739</td>
<td>1,729</td>
<td>1,735</td>
<td>1,497</td>
<td>1,459</td>
</tr>
</tbody>
</table>

No. on waiting list for first appointment at end of each month by wait time

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</thead>
<tbody>
<tr>
<td>No on CAMHS waiting list (3-6 months)</td>
<td>535</td>
<td>610</td>
<td>648</td>
<td>661</td>
<td>693</td>
<td>781</td>
<td>679</td>
<td>641</td>
</tr>
<tr>
<td>No on CAMHS waiting list</td>
<td>377</td>
<td>342</td>
<td>375</td>
<td>377</td>
<td>434</td>
<td>404</td>
<td>354</td>
<td>356</td>
</tr>
</tbody>
</table>
There has been a significant improvement in the number of patients waiting over 12 months for a first appointment with the Child and Adolescent Mental Health Services. This number was now at 241, down from 479 in March.

**Admission of Children to Child Adolescent Acute Inpatient Units (CAMHs)**

Between January and August 2015 239 young people received acute inpatient mental health care. Of these 170 were admitted to child and adolescent mental health units directly and 69 (29%) were initially admitted to an adult unit. Of the 69, four (5.7%) were aged 16 or younger.

Between January and August 2014 191 young people received acute inpatient mental health care. Of these 128 were admitted to child and adolescent mental health units directly and 63 (33%) were initially admitted to an adult unit. Of the 63, eight (12.7%) were aged 16 or younger.

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by August 2015 this has improved to 71% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

### Mental Health Services: 2015 Operational Plan Targets

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</tr>
</thead>
<tbody>
<tr>
<td>No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units</td>
<td>National</td>
<td>201</td>
<td>231</td>
<td>135</td>
<td>16</td>
<td>15</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>No. of children / adolescents admitted to adult HSE mental health inpatient units</td>
<td>National</td>
<td>89</td>
<td>30</td>
<td>18</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>i). &lt;16 years</td>
<td>National</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ii). &lt;17 years</td>
<td>National</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>iii). &lt;18 years</td>
<td>National</td>
<td>53</td>
<td>30</td>
<td>18</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Of the 69 children and adolescents admitted to Adult Approved Centres, nearly 95% were 16/17 years old with 41% (28) of these discharged either the same day or within 3 days and 64% (44) within a week.

All admissions of young people under the age of 18 years are notified to the Mental Health Commission in accordance with regulations. All such admissions are also notified to a CAMHS Service Improvement lead within the Mental Health division. The CAMHS Service Improvement Lead works closely with local CAMHS in-patient services to ensure that the clinical needs of the young person are assessed and addressed within the most appropriate setting for that young person and their family.

**Social Care**

**Older Persons**

**Home Care Services for Elderly Persons**
- 47,729 people were in receipt of Home Help Services at the end of August 2015 (expected activity 50,000)
- 6,948,295 hours have been provided YTD, this is in line with expected activity (expected activity YTD 6,945,394)

**Home Care Package (HCP)**
- 14,709 people were in receipt of Home Care Packages at the end of August 2015 (expected activity 13,200)

**Nursing Home Support Scheme (NHSS)**

<table>
<thead>
<tr>
<th>NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>YTD 2015</td>
</tr>
<tr>
<td>Aug-15</td>
</tr>
<tr>
<td>Aug-14</td>
</tr>
</tbody>
</table>

There is a net increase of 284 new clients (private and public units) entering scheme in August 2015 compared to a net decrease of 98 in August 2014.

**Disability Services**

**Rehabilitative Training**

In August 2,794 people with a disability were in receipt of rehabilitative training (Expected activity 2,870), which is a 0.7% increase compared with the same period last year.
School Leavers
All but 35 of the 1340 school leavers have had their placements confirmed. There is active engagement with the families of the remaining 35 young adults to reach service solutions.

Financial Overview

The 2015 Estimates provided a more realistic funding level for health and social care services as part of a two year programme to put the health services on a more sustainable financial footing. The HSE’s 2015 budget is similar to the funding level in place in 2008/2009 i.e. up by €590m or 5.1% above the 2014 original budget. This level of budget, given the shortfall between budget and spending in 2014, means that the HSE can spend a maximum of €77m or 0.5% more on services in 2015 than it spent in 2014. While very welcome, this level of spending increase is below the circa €170m / 1.3% year on year spending increase necessary to keep pace with the impact of “pure demographics” i.e. our growing and ageing population. This is before consideration of any new or additional quality / safety, activity or price driven cost pressures.

The national service plan (NSP2015) set out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It required delivery of a minimum savings level of €130m (plus an increased income generation/collection - EU Charges of €10m). It also identified that in addition to this €130m the health services had a further residual financial challenge, within core services, of circa €100m based on the projected 2014 closing expenditure level (Estimated using figures available to the end of September). Given the final 2014 expenditure level this residual challenge within core services increased to a minimum of €140m.

Financial Performance to end of August 2015

As of August 2015 the health service has recorded net spend on an income and expenditure basis of €8.380 billion against a budget of €8.059 billion. This leads to a total deficit of €321.8 / 3.99% of which:

1. 49.7% or circa €160m relates to the areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. The NSP makes clear that due to the nature of these areas any over runs would not impact on funding available for other core areas of health service provision.
2. 50.3% or circa €161.7m within core services, primarily within Acute Hospitals (€122.4m) and Social Care (€29.2m).

Within Acute Hospitals the sustained pressures caused by seeking to deal with high levels of ED / Trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk related reports such as that into maternity services at Portlaoise has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams.

On a positive note the focus on agency reduction is gaining traction in the hospital division with a forecast overall €25m reduction on agency by year end compared to last year. Those hospitals that are reducing agency are on track to deliver a €39m reduction by year end whereas those where
agency is increasing will have circa €14m more in agency costs this year compared to 2014. Of this €14m, €10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

Within Social Care the truly exceptional level of unfunded additional costs arising out of HIQA inspections of residential facilities continues to escalate.

Conclusion

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

Through the new accountability framework introduced in 2015 significant efforts are being made to address deficits in the quality of our services and the access to them while seeking to mitigate financial overruns. Additional focus is being applied to seek to accelerate agency reduction and control unfunded pay growth within the Acute Hospital division in particular.

Within our core services, despite significant pressures, it is expected that most of our divisions will be at or close to breakeven by year end albeit in the case of mental health and primary care this will involve a level of once off measures that will not be sustainable into 2016.

Acute Hospitals and Social Care are the exception to this with expected minimum deficits of €140-€150m and circa €37m respectively.

In addition there are significant deficits expected by year end within pensions and the demand led headings (PCRS, State Claims Agency, Local Community Schemes and Overseas Treatment) however due to the nature of these areas they do not reflect on the financial performance management of the HSE.

Human Resources Overview

Absence

The July absence figures recorded at 3.98% is the lowest July rate on record. The latest 2015 YTD rate is 4.19%, and puts the Health Services generally in-line, with other large public sector organisations both in Ireland and internationally. The latest reported overall rate (to March 2015) for the NHS England is 4.44%, Scotland’s NHS is 5.06% and Wales is 5.6%.

Workforce position

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Jul 15</th>
<th>Threshold Aug 15</th>
<th>WTE Aug 15</th>
<th>WTE monthly change</th>
<th>WTE Variance</th>
<th>% WTE Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>51,215</td>
<td>49,631</td>
<td>51,551</td>
<td>336</td>
<td>1,920</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>1,644</td>
<td>1,611</td>
<td>1,643</td>
<td>-1</td>
<td>32</td>
<td>2.0%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing</td>
<td>1,235</td>
<td>1,279</td>
<td>1,239</td>
<td>4</td>
<td>-40</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>10,246</td>
<td>10,344</td>
<td>10,211</td>
<td>-35</td>
<td>-133</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>9,319</td>
<td>9,262</td>
<td>9,308</td>
<td>-11</td>
<td>46</td>
<td>0.5%</td>
</tr>
<tr>
<td>Social Care</td>
<td>25,299</td>
<td>24,816</td>
<td>25,306</td>
<td>7</td>
<td>490</td>
<td>2%</td>
</tr>
<tr>
<td>Corporate</td>
<td>2651</td>
<td>2,598</td>
<td>2,659</td>
<td>8</td>
<td>61</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Total Health Services</strong></td>
<td><strong>101,609</strong></td>
<td><strong>99,541</strong></td>
<td><strong>101,917</strong></td>
<td><strong>308</strong></td>
<td><strong>2,376</strong></td>
<td><strong>2.4%</strong></td>
</tr>
</tbody>
</table>
The threshold for workforce numbers is based on allocated direct pay envelopes (not including overtime and agency pay expenditure or costs associated with planned new service developments). This is set at **99,541 WTEs** for 2015, subject to on-going review and engagement between HR and Finance. August recorded employment levels indicates a variance of 2,376 WTEs (+2.4%) The reported workforce position as at the end of August is **101,917 WTEs**. Bearing in mind the levels of recruitment currently in progress and continuing levels of overtime and agency expenditure, that unless the additional recruitment and further planned recruitment in 2015 is not offset by staff turnover as well as savings in agency and overtime expenditure, higher breaches of the allocated direct funded employment thresholds, particularly in the Acute Hospitals Division will occur and will pose significant financial and workforce challenges later in 2015.

**National Overview of European Working Time Directive Performance**

Compliance with a maximum 48 hour week is at 74% as of end August - unchanged since July.

Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% at the end of August - unchanged since July.
Quality & Safety
Quality & Safety

Quality Assurance and Verification
As described in the National Service Plan 2015, the National Quality Assurance and Verification Division (QAV) was established as a key component of the HSE’s Quality Enablement Programme. This Programme is designed to strengthen both the Improvement and Assurance aspects of Quality and Patient Safety.

Some key developments across the Division during August 2015 include:

Cavan - Monaghan / South Tipperary Hospitals Governance Assurance review
A Quality, Risk and Patient Safety Assurance Review of Cavan - Monaghan and South Tipperary Hospitals maternity units has been completed. The reports were presented to the National Director Acute Hospitals and to both Hospital Group CEOs and will be published in September.

Serious Reportable Events (SREs)
Progress on reporting and investigation of SREs continues to be monitored on a monthly basis. The total number of SREs on the system for the period March 2014 to August 2015 was 217. The Acute Hospital Division account for 162 of SREs reported, Social Care Division 28, Mental Health Division 25 and 1 for both the National Ambulance Service and Primary Care Divisions. The Health and Wellbeing and Primary Care Division have no SREs reported for this time period.

Health Care Audit
The Healthcare Audit plan for 2015 is in progress and to date a total of 35 audits have been completed. Current audits on-going include:
- Audit of National Ambulance Service Compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections
- Audit of compliance with standard 3 of the HSE Standards and Recommended Practices for Healthcare Records Management
- Audit of person centred care in Clonskeagh Community Nursing Home
- Audit of compliance with the National Early Warning Score (NEWS) guidelines in selected acute hospitals
- Audit of incident reporting and learning as outlined in section 3 of the Medical Exposure Radiation Unit’s (MERU) Patient Radiation Protection Manual
- Audit of compliance of sudden unexplained deaths in the mental health service with the HSE Safety Incident Management Policy (2014 commenced Desktop).

Medical Exposure Radiation
Preparation continued for the International Atomic Energy Agency (IAEA) international peer review of Ireland’s radiation protection regulatory infrastructure. This Review took place in September 2015.

Complaints
The complaints management unit within QAV commenced operation on 1st June 2015.

Complaints/Feedback Management System
An online Feedback/Complaints Form is now available on www.hse.ie. An updated list of named Complaints Officers is now publicly available on the HSE’s website. 212 named Access Officers are
in place in all Acute Hospitals, Community Healthcare Organisations, the National Ambulance Service, the National Cancer Screening Programme and in the Primary Care Reimbursement Service (PCRS).

A new national database management system has been developed in partnership with the State Claims Agency. This web-based solution will capture valuable real-time data from feedback provided by service users and patients. This will enable learning from complaints throughout the organisation and will be a critical part of the quality assurance process for complaints management. Pilots are currently underway in CHO Area 3, the Limerick Hospital Group, the Mater and Tallaght Hospitals and within the National Ambulance Service.

**Incident Management**

During August 2015 the QAV Division continued to support 10 ongoing safety incident investigations.

**Quality Improvement**

**Building Capacity within HSE Acute Hospitals to improve Decontamination Services**

The National Safety Programme for Decontamination of Reusable Invasive Medical Devices (RIMD) led by the HSE Quality Improvement Division aims to ensure that effective decontamination systems, structures and risk management processes are in place to eliminate or reduce as far as possible the risk of Healthcare Acquired Infections to the service users and staff in the HSE.

The National Decontamination Advisory Group aims to assure enhancement of the delivery of decontamination services, working in partnership with each healthcare organisation to enable them to monitor and evaluate their performance against national standards, guidance and performance indicators. Key outputs this year include:

- Establishment of the HSE Quality Improvement Division Collaboration with the Institute of Technology Tallaght and industry partners. An academic level 6 programme has been developed to support staff in delivering a safe decontamination services. The academic programme commenced in September 2015
- Access to all up to date ISO and EN Standards relating to medical devices, through the National Standards Authority of Ireland portal to support students, medical device procurement personnel, medical device decontamination personnel and risk managers in delivery of safe effective services in the management, use and decontamination of Medical Devices.
- Extended the use of the Medical Device Alert System to share learning from decontamination incidents with service providers in all hospital groups to prevent patient harm.
Accountability Framework
In implementing the HSE’s Accountability Framework 2015 the National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2015.

The performance indicators against which Divisional performance is monitored are set out in the Balance Score Cards grouped under Access, Quality, Finance and People. The key performance indicators are also included in the individual Performance Agreements between the Director General and the National Director.

Performance against the Balanced Scorecards is reported in the monthly published Performance Report. Where the data indicates underperformance in service delivery against targets and planned levels of activity, the National Performance Oversight Group explores this with the relevant National Director at the monthly performance meeting and seeks explanations and remedial actions where appropriate to resolve the issue.

As part of the Accountability Framework an Escalation and Intervention process has been developed and implemented. In the context of the Escalation Framework underperformance includes performance that:
- Places patients or service users at risk
- Fails to meet the required standards for that service
- Departs from what is considered normal practice

The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:
- **Level 4 (Black)** is at Director General level.
- **Level 3 (Red)** is at National Performance Oversight Group level
- **Level 3 (Red-Amber)** indicates performance improvement from Red Escalation

During the month of August a number of service issues have been escalated or remain in escalation. The actions taken and the progress made has also been set out in the attached table below at a summary level.
### Areas of Black Escalation (Director General) under the Escalation & Intervention Framework 2015

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/ Tolerance</th>
<th>Reason for BLACK Escalation</th>
<th>Actions to address and mitigate underperformance</th>
<th>PR August Results/ Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected net expenditure to year end</td>
<td>Acute Hospital</td>
<td>Finance</td>
<td>Break-even to 0.75% deficit</td>
<td>Escalated based on the year to date and projected year end deficit. Year to date deficit €122.4M (4.6%), a deterioration in position for 8 consecutive months.</td>
<td>Additional focus is being applied to accelerate agency reduction and control unfunded pay growth within the Acute Hospital Division. This is gaining traction with a forecast of an overall reduction of €25M by year end compared to 2014. In line with the Escalation Framework, the Director General and the National Performance Oversight Group have formally met with all hospitals and the Hospital Group CEOs to carry out a full assessment of performance and further define the actions required in relation to finance and pay bill control.</td>
<td><img src="chart" alt="Current Deficit against Budget, Acute Hospitals" /></td>
</tr>
</tbody>
</table>

- **Serious Reportable Event - ‘No Event Declaration’**
  - Acute Hospitals
  - Quality & Safety
  - Not provided to the NPOG within Q1
  - Escalated based on the need to supply a ‘No Event Declaration’
  - This continues to be addressed through monthly performance meetings with Hospital Group CEOs

### Acute Hospital Finance
- **Breakeven to 0.75% deficit**
- **Current Deficit against Budget, Acute Hospitals**
  - **€150.00**
  - **€100.00**
  - **€50.00**
  - **€0.00**
  - **June**
  - **€93.50**
  - **July**
  - **€112.40**
  - **August**
  - **€122.43**

### Social Care Finance
- **Breakeven to 0.75% deficit**
- **Current Deficit against Budget, Social Care**
  - **€40.00**
  - **€20.00**
  - **€0.00**
  - **June**
  - **€14.30**
  - **July**
  - **€24.40**
  - **August**
  - **€29.20**

- **Year to date deficit, Social Care**
  - **€14.30**
  - **€24.40**
  - **€29.20**
  - **June**
  - **July**
  - **August**
  - **€’000**
<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/ Tolerance</th>
<th>Reason for BLACK Escalation</th>
<th>Actions to address and mitigate underperformance</th>
<th>PR August Results/ Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients waiting in ED for &gt; 24 hours</td>
<td>Acute Hospitals</td>
<td>Quality &amp; Safety</td>
<td>0</td>
<td>Escalated from Red to Black escalation based on continued poor performance and a significant deterioration in performance during the month</td>
<td>In line with the Escalation Framework the Director General and the National Performance Oversight Group have formally met with all hospitals and Hospital Group CEOs to carry out a full assessment of performance in relation to EDs and the numbers on trolleys to further define the actions required. Each hospital group has implemented an escalation protocol for those patients whose wait times in ED is approaching 24hrs as part of the winter planning process.</td>
<td></td>
</tr>
</tbody>
</table>

| Service Level Arrangements | Social Care and Mental Health | Access Quality & Safety Finance HR | Escalated on the basis of continued poor performance | The Social Care Division is activity working through the Federation of Voluntary Bodies to progress this issue and it is expected that the remaining 32 Service Arrangements will to be completed by the end of October with the exception of a small number of cases. Within Mental Health, all efforts are being made to ensure that outstanding service arrangements are signed. The total funding by the Mental Health Division is €65m and 7 agencies account for €47m of this. Of these 7 agencies 3 have been signed and an additional 3 are expected to be signed between 12th October and the end of October. | | |![Bar chart](chart.png) |
## Areas of Red Escalation (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/ Tolerance</th>
<th>Reason for RED Escalation</th>
<th>Actions to address and mitigate underperformance</th>
<th>PR August Results/ Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent colonoscopy - % of people waiting &lt; 4 weeks</td>
<td>Acute Hospitals</td>
<td>Access</td>
<td>0</td>
<td>During August there was one breach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of people waiting &lt; 13 weeks for a routine colonoscopy/ OGD</td>
<td>Acute Hospitals</td>
<td>Access</td>
<td>80% of patients received their procedure within 13 weeks</td>
<td>During August there were 7,959 patients waiting greater than 13 weeks, a compliance rate of 51.2% This is an increase of 239 in the month or 3%</td>
<td>Work continues to establish the Endoscopy Improvement Working Group with a number of issues arising. Clinical leadership to develop the appropriate materials (e.g. referral protocols, performance diagnostic tools) to target waiting list increases will take some time to develop. The National Treatment Purchase Fund has issued a tender to target those waiting &gt; 12 months in selected hospitals.</td>
<td></td>
</tr>
</tbody>
</table>

### Urgent colonoscopy - % of people waiting < 4 weeks

- **Division:** Acute Hospitals
- **Scorecard:** Access
- **Threshold:** 0
- **Reason for RED Escalation:** During August there was one breach.
- **Actions:**

### % of people waiting < 13 weeks for a routine colonoscopy/ OGD

- **Division:** Acute Hospitals
- **Scorecard:** Access
- **Threshold:** 80% of patients received their procedure within 13 weeks
- **Reason for RED Escalation:** During August there were 7,959 patients waiting greater than 13 weeks, a compliance rate of 51.2% This is an increase of 239 in the month or 3%
- **Actions:**
  - Work continues to establish the Endoscopy Improvement Working Group with a number of issues arising. Clinical leadership to develop the appropriate materials (e.g. referral protocols, performance diagnostic tools) to target waiting list increases will take some time to develop.
  - The National Treatment Purchase Fund has issued a tender to target those waiting > 12 months in selected hospitals.

### Graphs

- **Routine GI Waiting List**
  - June: 15,925
  - July: 15,986
  - August: 16,311

- **Total Waiting List**
  - March: 47
  - April: 9
  - May: 1
  - June: 0
  - July: 0
  - August: 1
<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/ Tolerance</th>
<th>Reason for RED Escalation</th>
<th>Actions to address and mitigate underperformance</th>
<th>PR August Results/ Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Service - patients to be seen within 10 working days</td>
<td>Acute Hospitals</td>
<td>Access</td>
<td>Hospital or HG &lt;80% for 3 consecutive months or missing data for 2 consecutive months</td>
<td>Escalated based on continued poor performance for Cork (62.5%) and Limerick University Hospitals (57%) which is below the 80% threshold</td>
<td>The 4 additional CTs to be provided by the South Infirmary to Cork University Hospital each week from September is expected to resolve this issue. Limerick: Performance has been improving month on month for the past 3 months and is expected to continue to improve in September. These seasonal variations are seen year on year by NCCP. There were only 7 patients seen, of these 4 were seen within 10 days (target), 1 within 15 days, 1 within 20 days and 1 &gt;20 days.</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer - patients to be seen within 20 working days</td>
<td>Acute Hospitals</td>
<td>Access</td>
<td>If the hospital or HG falls below &lt;80% for 3 consecutive months or has missing data for 2 consecutive months</td>
<td>Cork, Waterford, Limerick and Galway University Hospitals have performed below the 80% threshold</td>
<td>The application for the appointment of a Consultant Urologist for Cork University Hospital (CUH) which also has some sessional commitment to University Hospital Waterford has been submitted for approval. In the short term CUH are to progress to outsource patients.</td>
<td></td>
</tr>
</tbody>
</table>
### Key Performance Indicators

<table>
<thead>
<tr>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/Tolerance</th>
<th>Reason for RED Escalation</th>
<th>Actions to address and mitigate underperformance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of discharges delayed by more than 90 days</strong></td>
<td>Acute Hospitals &amp; Social Care</td>
<td>Access</td>
<td>No delayed discharges &gt; 90 days</td>
<td>During August there were 132 breaches over 90 days</td>
</tr>
<tr>
<td><strong>European Working Time Directive</strong></td>
<td>Acute Hospitals</td>
<td>Human Resources</td>
<td>100% of NCHDs have a working week of 48 hours or less</td>
<td>Compliance remains low at 74% which is below the European standards</td>
</tr>
<tr>
<td><strong>Children and adolescents on waiting list &gt; 12 months for first appointment</strong></td>
<td>Mental Health</td>
<td>Access/Quality</td>
<td>If there are any children/adolescents waiting &gt; 12 months for a first appointment</td>
<td>Continued improvement in this area with a further reduction of 59 long waiters in the month, from 300 in July to 241 in August.</td>
</tr>
</tbody>
</table>

### PR August Results/Quarterly Trend

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Delayed Discharges</strong></td>
<td>626</td>
<td>557</td>
<td>577</td>
</tr>
<tr>
<td><strong>&gt; 90 Days</strong></td>
<td>146</td>
<td>132</td>
<td>131</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Acute Hospitals</strong></td>
<td>73%</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Acute Hospitals</strong></td>
<td>69%</td>
<td>71%</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Waiting List</strong></td>
<td>3,078</td>
<td>3,110</td>
<td>2,908</td>
<td>2,542</td>
<td>2,240</td>
</tr>
<tr>
<td><strong>&gt; 12 months</strong></td>
<td>459</td>
<td>383</td>
<td>375</td>
<td>300</td>
<td>241</td>
</tr>
</tbody>
</table>

**Graphs**

- **Total Delayed Discharges**
- **> 90 Days**

- **National Acute Hospitals**
- **Acute Hospitals**

- **Total Waiting List**
- **> 12 months**
<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Division</th>
<th>Balanced Scorecard</th>
<th>Escalation Threshold/ Tolerance</th>
<th>Reason for RED Escalation</th>
<th>Actions to address and mitigate underperformance</th>
<th>PR August Results/ Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year end or current deficit</td>
<td>Primary Care</td>
<td>Finance</td>
<td>Breakeven to 0.33% deficit</td>
<td>Year to date variance from budget is +€3.1M (0.5%).</td>
<td>Projected year end deficit for primary care services is €3.5m</td>
<td>€2.8</td>
</tr>
</tbody>
</table>

*Excludes PCRS*

| Properly completed Medical and GP Visit Cards not processed > 3 months | Primary Care    | Access/ Quality     | >3 months                      | Escalated based on continued poor performance 908 remain over the 3 month threshold, down slightly from 948 in July | A project plan is in place to clear the backlog of applications that remain outstanding for greater than 3 months. It is expected that this issue will take 2-3 months to resolve. The positive issue is that it is amenable to a solution, working right to left and this is being actively progressed. | 948 | 908 |

| | | | | | | €'000 | €'000 |

| | | | | | | June | July | August |

| | | | | | | 880 | 900 | 920 | 940 | 960 | 948 | 908 |

| | | | | | | July | August |

| | | | | | | > 3 months | > 3 months |
### Key Performance Indicators

| 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. | Mental Health | Access/Quality | If the proportion of children/adolescents in admitted to an appropriate bed falls below 95% | There were 27 child and adolescent acute inpatient admissions in August of which 21 were to age appropriate CAMHs Units and 6 were to Adult Mental Health Inpatient Units/Approved Centres. Of these admissions, 3 (50%) were aged 17 years or older | The Mental Health Division is focusing on recording bed days used by children and adolescents and seeking to ensure appropriate pathways are put in place around the length of any such admission to ensure, where necessary, that the young person is transferred to an age-appropriate in-patient service. All admissions of young people under age 18 years are notified to the Mental Health Commission in accordance with regulations |

<table>
<thead>
<tr>
<th>PR August Results/Quarterly Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>64%</td>
</tr>
<tr>
<td>76%</td>
</tr>
<tr>
<td>83%</td>
</tr>
<tr>
<td>78%</td>
</tr>
<tr>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>Adults and children waiting &gt; 18 months for an elective procedure</td>
</tr>
<tr>
<td>Persons waiting &gt;18 months for an OPD appointment</td>
</tr>
</tbody>
</table>

**Graphs:**

- **Adults & Children Inpatient & Day Case**
  - July: 623 people waiting >18 months, 3,968 people waiting >15 months
  - August: 1,368 people waiting >18 months, 4,705 people waiting >15 months

- **Outpatient Waiting List**
  - June: 15,542 people waiting >18 months, 10,162 people waiting >15 months
  - July: 37,567 people waiting >18 months, 33,221 people waiting >15 months
  - August: 34,003 people waiting >18 months, 11,235 people waiting >15 months
# Performance Overview by Service Provider

## Performance RAG Rating

<table>
<thead>
<tr>
<th>RAG Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>&gt; 10% of target</td>
</tr>
<tr>
<td>Amber</td>
<td>&gt; 5% ≤ 10% of target</td>
</tr>
<tr>
<td>Green</td>
<td>≤ 5% of target</td>
</tr>
<tr>
<td>Grey</td>
<td>No result expected</td>
</tr>
</tbody>
</table>

## Finance RAG Rating

<table>
<thead>
<tr>
<th>RAG Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>&gt; 0.5% &gt; of target</td>
</tr>
<tr>
<td>Amber</td>
<td>≥ 0.25% &lt; 0.5% of target</td>
</tr>
<tr>
<td>Green</td>
<td>&lt; 0.25% of target</td>
</tr>
</tbody>
</table>

## HR – Absence

<table>
<thead>
<tr>
<th>RAG Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>≥ 4.73%</td>
</tr>
<tr>
<td>Amber</td>
<td>≥ 4.02% &lt; 4.73%</td>
</tr>
<tr>
<td>Green</td>
<td>&lt; 4.02%</td>
</tr>
</tbody>
</table>

## HR – Indicative workforce

<table>
<thead>
<tr>
<th>RAG Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>≥ 1.5% of target</td>
</tr>
<tr>
<td>Amber</td>
<td>≥ 0.5% &lt; 1.5% of target</td>
</tr>
<tr>
<td>Green</td>
<td>&lt; 0.5% of target</td>
</tr>
</tbody>
</table>
### Acute Services

#### Balanced Score Card – Quality/Safety & Access

<table>
<thead>
<tr>
<th>Quality &amp; Safety</th>
<th>National June</th>
<th>National July</th>
<th>National August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of SREs reported</strong></td>
<td>NA</td>
<td>162</td>
<td>162</td>
</tr>
<tr>
<td>% of mandatory investigations exceeding 4 month target for completion</td>
<td>&lt; 10%</td>
<td>69%</td>
<td>93%</td>
</tr>
<tr>
<td>Surgery – % day case for Elective Laparoscopic Cholecystectomy</td>
<td>&gt; 60%</td>
<td>38.3%</td>
<td>-36.2%</td>
</tr>
<tr>
<td>Hip Fracture – % Emergency Surgery Within 48 hr</td>
<td>95%</td>
<td>84.1%</td>
<td>-11.5%</td>
</tr>
<tr>
<td>Medical Readmission rates</td>
<td>&lt; 9.6%</td>
<td>10.8%</td>
<td>-12.5%</td>
</tr>
<tr>
<td>Surgical Readmission rates</td>
<td>&lt; 3%</td>
<td>2.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals</td>
<td>95%</td>
<td>95.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Cancer Services – Lung within 10 working days</td>
<td>95%</td>
<td>85.7%</td>
<td>-9.8%</td>
</tr>
<tr>
<td>Cancer Services – Prostate within 20 working days</td>
<td>90%</td>
<td>60.1%</td>
<td>-33.2%</td>
</tr>
<tr>
<td>Cancer Services – Radiotherapy within 15 working days</td>
<td>90%</td>
<td>85.6%</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Inpatient/Day Case waiting times – % Adult waiting &lt; 8 months</td>
<td>100%</td>
<td>69.2%</td>
<td>-30.8%</td>
</tr>
<tr>
<td>Inpatient/Day Case waiting times – % Children waiting &lt; 20 weeks</td>
<td>100%</td>
<td>57.7%</td>
<td>-42.3%</td>
</tr>
<tr>
<td>Outpatients – % people waiting &lt; 52 weeks</td>
<td>100%</td>
<td>83.6%</td>
<td>-16.4%</td>
</tr>
<tr>
<td>Outpatients – New: Return ratio</td>
<td>1:2</td>
<td>1:2.6</td>
<td>-30.0%</td>
</tr>
<tr>
<td>Emergency Care – 6 hour PET</td>
<td>95%</td>
<td>68.1%</td>
<td>-28.3%</td>
</tr>
<tr>
<td>Emergency Care – 9 hour PET</td>
<td>100%</td>
<td>81.5%</td>
<td>-18.5%</td>
</tr>
<tr>
<td>Emergency Care – patients in ED GT 24 hours</td>
<td>0%</td>
<td>4.0%</td>
<td>-4.0%</td>
</tr>
<tr>
<td>Surgical DOSA</td>
<td>70%</td>
<td>68.9%</td>
<td>-1.6%</td>
</tr>
<tr>
<td>Surgical – Reduction in bed days utilization</td>
<td>5% red</td>
<td>10.5%</td>
<td>-54.4%</td>
</tr>
<tr>
<td>GI – % waiting &lt; 13 weeks routine colonoscopy/OGD</td>
<td>100%</td>
<td>51.2%</td>
<td>-48.8%</td>
</tr>
<tr>
<td>Colonoscopy – % waiting &lt; 4 weeks urgent colonoscopy</td>
<td>100%</td>
<td>99.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Delayed Discharges</td>
<td>15% red</td>
<td>5.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Ambulance Turnaround times – 60 minutes</td>
<td>100%</td>
<td>95.05%</td>
<td>-4.95%</td>
</tr>
<tr>
<td>ALOS – Medical</td>
<td>5.8 days</td>
<td>7.2</td>
<td>-23.9%</td>
</tr>
<tr>
<td>ALOS – Surgical</td>
<td>5.1 days</td>
<td>5.5</td>
<td>-7.8%</td>
</tr>
</tbody>
</table>

1. Zero tolerance rule applied for cancer, 24 hour PET and urgent colonoscopy. Performance RAG rating rules applied to entity specific targets for surgical ALOS, surgical DOSA, hip fracture surgery & surgical bed days utilization.
### Acute Services Balanced Score Card Finance & HR

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget YTD €'000</th>
<th>Actual YTD €'000</th>
<th>Variance YTD €'000</th>
<th>% Variance YTD</th>
<th>Ireland East YTD</th>
<th>Dublin Midlands YTD</th>
<th>RCSI YTD</th>
<th>South YTD</th>
<th>South West YTD</th>
<th>ULH YTD</th>
<th>Saolta YTD</th>
<th>Children’s YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure variance from plan (excluding Regional and National Services)</td>
<td>€2,642,789</td>
<td>€2,770,723</td>
<td>€127,934</td>
<td>4.84%</td>
<td>4.92%</td>
<td>4.52%</td>
<td>6.00%</td>
<td>2.71%</td>
<td>1.42%</td>
<td>7.88%</td>
<td>4.37%</td>
<td></td>
</tr>
<tr>
<td>Pay (excl Superannuation Pay)</td>
<td>€2,176,018</td>
<td>€2,251,317</td>
<td>€75,308</td>
<td>3.46%</td>
<td>3.73%</td>
<td>2.95%</td>
<td>3.08%</td>
<td>2.86%</td>
<td>3.74%</td>
<td>5.27%</td>
<td>1.97%</td>
<td></td>
</tr>
<tr>
<td>Pay (Agency)</td>
<td>€90,170</td>
<td>€139,542</td>
<td>€49,307</td>
<td>54.75%</td>
<td>38.97%</td>
<td>75.10%</td>
<td>25.62%</td>
<td>50.40%</td>
<td>37.18%</td>
<td>157.88%</td>
<td>110.41%</td>
<td></td>
</tr>
<tr>
<td>Pay (Overtime)</td>
<td>€99,224</td>
<td>€108,679</td>
<td>€9,454</td>
<td>9.53%</td>
<td>15.31%</td>
<td>18.72%</td>
<td>6.18%</td>
<td>0.94%</td>
<td>19.80%</td>
<td>2.08%</td>
<td>10.50%</td>
<td></td>
</tr>
<tr>
<td>Non Pay (incl procurement savings)</td>
<td>€987,329</td>
<td>€1,055,971</td>
<td>€68,641</td>
<td>6.95%</td>
<td>7.01%</td>
<td>5.30%</td>
<td>6.82%</td>
<td>7.23%</td>
<td>3.33%</td>
<td>10.40%</td>
<td>7.40%</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-€590,244</td>
<td>-€613,090</td>
<td>-€22,846</td>
<td>3.87%</td>
<td>4.29%</td>
<td>0.73%</td>
<td>-2.45%</td>
<td>11.10%</td>
<td>14.04%</td>
<td>0.15%</td>
<td>4.95%</td>
<td></td>
</tr>
<tr>
<td>Regional and National Services</td>
<td>€16,363</td>
<td>€10,860</td>
<td>-€5,503</td>
<td>-33.63%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure variance from plan (including Regional and National Services)</td>
<td>€2,659,153</td>
<td>€2,781,583</td>
<td>€122,431</td>
<td>4.60%</td>
<td></td>
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</tr>
<tr>
<td>NCCP</td>
<td>€1,781</td>
<td>€1,968</td>
<td>€186</td>
<td>10.47%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% and number of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>10</td>
<td>86%</td>
<td>42.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed</td>
<td></td>
<td>€1,292,959</td>
<td>75.4%</td>
<td>24.6%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absenteeism - Medical/Dental</td>
<td>3.5%</td>
<td>0.83%</td>
<td>-2.67%</td>
<td>-76.2%</td>
<td>0.81%</td>
<td>0.92%</td>
<td>0.88%</td>
<td>0.90%</td>
<td>0.45%</td>
<td>0.72%</td>
<td>1.29%</td>
<td></td>
</tr>
<tr>
<td>Absenteeism – Nursing</td>
<td>3.5%</td>
<td>5.03%</td>
<td>1.53%</td>
<td>43.7%</td>
<td>3.80%</td>
<td>3.84%</td>
<td>4.81%</td>
<td>4.56%</td>
<td>5.74%</td>
<td>4.76%</td>
<td>4.21%</td>
<td></td>
</tr>
<tr>
<td>Absenteeism - Health and Social Care Professional</td>
<td>3.5%</td>
<td>3.24%</td>
<td>-0.26%</td>
<td>-7.4%</td>
<td>2.69%</td>
<td>2.30%</td>
<td>2.89%</td>
<td>2.92%</td>
<td>3.96%</td>
<td>3.04%</td>
<td>3.33%</td>
<td></td>
</tr>
<tr>
<td>Absenteeism - Management/Admin</td>
<td>3.5%</td>
<td>3.86%</td>
<td>0.36%</td>
<td>10.2%</td>
<td>3.43%</td>
<td>3.64%</td>
<td>3.88%</td>
<td>3.41%</td>
<td>4.97%</td>
<td>3.58%</td>
<td>3.52%</td>
<td></td>
</tr>
<tr>
<td>Absenteeism - General Support staff</td>
<td>3.5%</td>
<td>5.25%</td>
<td>1.75%</td>
<td>50%</td>
<td>5.10%</td>
<td>4.06%</td>
<td>4.82%</td>
<td>5.09%</td>
<td>6.83%</td>
<td>4.91%</td>
<td>7.68%</td>
<td></td>
</tr>
<tr>
<td>Absenteeism - Other Patient and Client staff</td>
<td>3.5%</td>
<td>6.58%</td>
<td>3.08%</td>
<td>88%</td>
<td>4.95%</td>
<td>5.66%</td>
<td>5.98%</td>
<td>4.75%</td>
<td>9.40%</td>
<td>5.78%</td>
<td>5.17%</td>
<td></td>
</tr>
<tr>
<td>Variance from Indicative workforce</td>
<td>49,631</td>
<td>51,551</td>
<td>1,920</td>
<td>3.9%</td>
<td>5.9%</td>
<td>2.7%</td>
<td>4.8%</td>
<td>3.5%</td>
<td>7.8%</td>
<td>1.8%</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>EDWT - &lt;24 hour shift</td>
<td>100%</td>
<td>96%</td>
<td>-4%</td>
<td>96%</td>
<td>97%</td>
<td>96%</td>
<td>93%</td>
<td>100%</td>
<td>91%</td>
<td>97%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>EDWT - &lt;48 hour working week</td>
<td>100%</td>
<td>73%</td>
<td>-27%</td>
<td>73%</td>
<td>69%</td>
<td>63%</td>
<td>60%</td>
<td>84%</td>
<td>94%</td>
<td>86%</td>
<td>69%</td>
<td></td>
</tr>
</tbody>
</table>

2 EWTD compliance is calculated on returns from 36 out of 40 hospitals
## National Ambulance Services Balanced Score Card

<table>
<thead>
<tr>
<th>Quality &amp; Safety</th>
<th>Target/Expected Activity</th>
<th>National YTD</th>
<th>% Variance YTD</th>
<th>North Leinster YTD</th>
<th>Dublin Fire Brigade YTD</th>
<th>South YTD</th>
<th>West YTD</th>
<th>National June</th>
<th>National July</th>
<th>National August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SREs reported</td>
<td>NA</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of mandatory investigations exceeding 4 month target for completion</td>
<td>&lt; 10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of control centres that carry out Advanced Quality Assurance Audits</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation (Q in Arrears)</td>
<td>40%</td>
<td>40%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less</td>
<td>80%</td>
<td>78%</td>
<td>-3%</td>
<td>81%</td>
<td>81%</td>
<td>76%</td>
<td>72%</td>
<td>77%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less</td>
<td>80%</td>
<td>67%</td>
<td>-17%</td>
<td>69%</td>
<td>68%</td>
<td>65%</td>
<td>63%</td>
<td>67%</td>
<td>66%</td>
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<tr>
<td>Intermediate Care Services</td>
<td>70%</td>
<td>80%</td>
<td>14%</td>
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<tr>
<td>% delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework</td>
<td>100%</td>
<td>72%</td>
<td>-28%</td>
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<table>
<thead>
<tr>
<th>Finance</th>
<th>Budget YTD €'000/Target</th>
<th>Actual YTD €'000</th>
<th>Variance YTD</th>
<th>% Variance YTD</th>
<th>North Leinster YTD</th>
<th>Dublin Fire Brigade YTD</th>
<th>South YTD</th>
<th>West YTD</th>
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</thead>
<tbody>
<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€95,673</td>
<td>€96,515</td>
<td>€842</td>
<td>0.88%</td>
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<tr>
<td>Pay (excl superannuation pay)</td>
<td>€70,649</td>
<td>€70,685</td>
<td>€36</td>
<td>0.05%</td>
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<td>Pay – Agency</td>
<td>€0</td>
<td>€411</td>
<td>€411</td>
<td>100%</td>
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<tr>
<td>Pay – Overtime</td>
<td>€3,938</td>
<td>€10,811</td>
<td>€6,872</td>
<td>174.51%</td>
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<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€25,173</td>
<td>€25,939</td>
<td>€765</td>
<td>3.04%</td>
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<tr>
<td>Income</td>
<td>-€150</td>
<td>-€109</td>
<td>€40</td>
<td>-27.05%</td>
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</tbody>
</table>

| HR | | | | | | | | | |
| Absenteeism - Management/Admin | 3.5% | 2.4% | 1.14% | -31.4% | | | | |
| Absenteeism - General Support staff | 3.5% | 0.96% | 2.54% | -72.5% | | | | |
| Absenteeism - Other Patient and Client staff | 3.5% | 4.82% | 1.32% | 37.7% | | | | |
| Variance from Indicative workforce | 1,611 | 1,643 | 32 | 1.99% | | | | |

Health Service Performance Report August 2015
### Community Healthcare Balanced Score Card – Absenteeism

<table>
<thead>
<tr>
<th>HR</th>
<th>Absenteeism - Medical/Dental</th>
<th>Budget YTD €’000/ Target</th>
<th>Actual YTD €’000</th>
<th>Variance YTD</th>
<th>% Variance YTD</th>
<th>Cavan, Monaghan, Sligo, Leitrim, Donegal (1)</th>
<th>Galway, Mayo, Roscommon (2)</th>
<th>Clare, Limerick, N Tipperary, E Limerick (3)</th>
<th>North &amp; West Cork, North &amp; South Lee, Kerry (4)</th>
<th>Waterford, Wexford, Kilkenny, Tipperary South (5)</th>
<th>Dublin South East, Dublin South (6)</th>
<th>Dublin South City (7)</th>
<th>Dublin West (8)</th>
<th>Dublin North (9)</th>
<th>Laois, Offaly, Longford, Westmeath, Leitrim (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.5%</td>
<td>2.07%</td>
<td>-1.43%</td>
<td>-40.8%</td>
<td>1.63%</td>
<td>-0.2%</td>
<td>-1.43%</td>
<td>2.08%</td>
<td>1.43%</td>
<td>3.62%</td>
<td>2.55%</td>
<td>1.60%</td>
<td>2.20%</td>
<td>3.75%</td>
<td>5.82%</td>
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<tr>
<td></td>
<td>Absenteeism – Nursing</td>
<td>3.5%</td>
<td>4.85%</td>
<td>1.35%</td>
<td>38.5%</td>
<td>5.85%</td>
<td>5.03%</td>
<td>6.69%</td>
<td>3.70%</td>
<td>5.01%</td>
<td>3.92%</td>
<td>4.80%</td>
<td>5.82%</td>
<td>3.75%</td>
<td>5.82%</td>
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<tr>
<td></td>
<td>Absenteeism - Health and Social Care Professional</td>
<td>3.5%</td>
<td>3.51%</td>
<td>0.01%</td>
<td>0.28%</td>
<td>4.04%</td>
<td>3.27%</td>
<td>3.91%</td>
<td>3.42%</td>
<td>4.16%</td>
<td>3.31%</td>
<td>3.21%</td>
<td>3.78%</td>
<td>3.27%</td>
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<tr>
<td></td>
<td>Absenteeism - Management/Admin</td>
<td>3.5%</td>
<td>4.26%</td>
<td>0.76%</td>
<td>21.7%</td>
<td>4.40%</td>
<td>4.18%</td>
<td>4.25%</td>
<td>3.61%</td>
<td>3.46%</td>
<td>3.69%</td>
<td>4.54%</td>
<td>5.29%</td>
<td>4.06%</td>
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<tr>
<td></td>
<td>Absenteeism - General Support staff</td>
<td>3.5%</td>
<td>5.04%</td>
<td>1.54%</td>
<td>44%</td>
<td>6.18%</td>
<td>4.80%</td>
<td>4.27%</td>
<td>3.88%</td>
<td>6.31%</td>
<td>4.11%</td>
<td>5.22%</td>
<td>5.77%</td>
<td>4.70%</td>
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<tr>
<td></td>
<td>Absenteeism - Other Patient and Client staff</td>
<td>3.5%</td>
<td>5.18%</td>
<td>1.68%</td>
<td>48%</td>
<td>6.56%</td>
<td>4.85%</td>
<td>5.96%</td>
<td>3.87%</td>
<td>4.74%</td>
<td>3.79%</td>
<td>5.14%</td>
<td>6.09%</td>
<td>5.59%</td>
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*Absenteeism results provided include Primary Care, Mental Health and Social Care divisions*
## Health & Wellbeing Balanced Score Card

### Quality & Safety

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<tr>
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<td>Number of SREs reported</td>
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<td>93.0%</td>
<td>94.2%</td>
<td>92.7%</td>
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<tr>
<td>% of mandatory investigations exceeding</td>
<td>&lt; 10%</td>
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<td>11,278</td>
<td>12,739</td>
<td>10,805</td>
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<td>4 month target for completion</td>
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<td>19,319</td>
<td>18,492</td>
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<td>7,359</td>
<td>6,234</td>
<td>4,627</td>
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<tr>
<td>Child Health - development at 10 months</td>
<td>95%</td>
<td>93.5%</td>
<td>-1.5%</td>
<td>96.3%</td>
<td>96.1%</td>
<td>92.6%</td>
<td>94.9%</td>
<td>93.6%</td>
<td>88.8%</td>
<td>92.2%</td>
<td>91.8%</td>
<td>95.5%</td>
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<tr>
<td>BreastCheck screening</td>
<td>91,300</td>
<td>95,384</td>
<td>4.5%</td>
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<tr>
<td>CervicalCheck screening</td>
<td>187,000</td>
<td>175,411</td>
<td>-6.2%</td>
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<tr>
<td>Diabetic Retina Screening</td>
<td>50,545</td>
<td>49,799</td>
<td>-1.5%</td>
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<tr>
<td>Tobacco Control (intensive cessation support)</td>
<td>6,315</td>
<td>7,877</td>
<td>24.7%</td>
<td>1,388</td>
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<td>293</td>
<td>637</td>
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<td>686</td>
<td>1,216</td>
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### Finance

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<tr>
<td>Net Expenditure variance from plan (budget) –</td>
<td>€121,440</td>
<td>€120,499</td>
<td>€-941</td>
<td>-0.77%</td>
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<tr>
<td>YTD and Projected to year end</td>
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<tr>
<td>Pay (excl superannuation pay)</td>
<td>€60,628</td>
<td>€59,454</td>
<td>-€1,174</td>
<td>-1.94%</td>
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<tr>
<td>Pay – Agency</td>
<td>€912</td>
<td>€1,023</td>
<td>€111</td>
<td>12.14%</td>
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<tr>
<td>Pay – Overtime</td>
<td>€200</td>
<td>€197</td>
<td>-€3</td>
<td>-1.46%</td>
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<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€64,995</td>
<td>€65,114</td>
<td>€119</td>
<td>0.18%</td>
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<tr>
<td>Income</td>
<td>-€4,183</td>
<td>-€4,069</td>
<td>€114</td>
<td>-2.72%</td>
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<tr>
<td>% and number of 2015 Service Arrangements</td>
<td>100%</td>
<td>116</td>
<td>74.4%</td>
<td>25.6%</td>
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<tr>
<td>Value of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>€7,840</td>
<td>66.4%</td>
<td>33.6%</td>
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### HR

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<tbody>
<tr>
<td>Variance from Indicative workforce</td>
<td>1,279</td>
<td>1,239</td>
<td>-40</td>
<td>-3.13%</td>
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*National figures include the National Quitline result of 1,655
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<th>National August</th>
<th>National July</th>
<th>National June</th>
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<tbody>
<tr>
<td>Opioid substitution treatment (outside prisons)</td>
<td>9,420</td>
<td>9,471</td>
<td>9,453</td>
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<tr>
<td>Opioid substitution treatment (prisons)</td>
<td>516</td>
<td>491</td>
<td>571</td>
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<td>CIT - Overall Activity</td>
<td>1,546</td>
<td>1,578</td>
<td>1,634</td>
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<tr>
<td>CIT - Admission Avoidance (includes OPAT)</td>
<td>54</td>
<td>41</td>
<td>59</td>
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<tr>
<td>CIT - Hospital Avoidance</td>
<td>966</td>
<td>949</td>
<td>960</td>
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<tr>
<td>CIT - Early Discharge (includes OPAT)</td>
<td>287</td>
<td>300</td>
<td>352</td>
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<tr>
<td>CIT Activity – Other</td>
<td>239</td>
<td>288</td>
<td>263</td>
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<tr>
<td>Number of contacts with GP OOH</td>
<td>75,303</td>
<td>66,760</td>
<td>76,447</td>
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### Primary Care Balanced Score Card – Finance & HR

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget YTD €'000/ Target</th>
<th>Actual YTD €'000</th>
<th>Variance YTD €'000</th>
<th>% Variance YTD</th>
<th>Finance</th>
<th>HR</th>
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<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€2,267,411</td>
<td>€2,348,104</td>
<td>€80,693</td>
<td>3.56%</td>
<td>5.24%</td>
<td>4.51%</td>
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<tr>
<td>Pay (excl superannuation)</td>
<td>€393,376</td>
<td>€398,509</td>
<td>€5,133</td>
<td>1.30%</td>
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<tr>
<td>Pay – Agency</td>
<td>€7,817</td>
<td>€12,273</td>
<td>€4,456</td>
<td>57.01%</td>
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<tr>
<td>Pay – Overtime</td>
<td>€1,970</td>
<td>€2,209</td>
<td>€238</td>
<td>12.10%</td>
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<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€1,976,176</td>
<td>€2,051,844</td>
<td>€75,669</td>
<td>3.83%</td>
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<td>Income</td>
<td>€-103,581</td>
<td>€-103,840</td>
<td>€259</td>
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<tr>
<td>Net Expenditure variance from plan - Primary Care</td>
<td>€496,133</td>
<td>€497,626</td>
<td>€1,493</td>
<td>0.30%</td>
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<tr>
<td>Net Expenditure variance from plan – Social Inclusion</td>
<td>€83,839</td>
<td>€85,082</td>
<td>€1,243</td>
<td>1.48%</td>
<td>6.05%</td>
<td>-1.43%</td>
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<td>Net Expenditure variance from plan – PCRS</td>
<td>€1,494,450</td>
<td>€1,562,874</td>
<td>€68,424</td>
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<td>Net Expenditure variance from plan - Demand Led Schemes</td>
<td>€145,452</td>
<td>€154,593</td>
<td>€9,141</td>
<td>6.28%</td>
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<td>% and number of 2015 Service Arrangements signed – Primary Care</td>
<td>100%</td>
<td>103</td>
<td>45%</td>
<td>55%</td>
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<tr>
<td>€ value of 2015 Service Arrangements signed – Primary Care</td>
<td>100%</td>
<td>€1,566</td>
<td>4.6%</td>
<td>95.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% and number of 2015 Service Arrangements signed – Social Inclusion</td>
<td>100%</td>
<td>288</td>
<td>53.7%</td>
<td>46.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed – Social Inclusion</td>
<td>100%</td>
<td>€43,091</td>
<td>58.5%</td>
<td>41.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variance from Indicative workforce</td>
<td>10,344</td>
<td>10,211</td>
<td>-133</td>
<td>-1.29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Palliative Care Balanced Score Card

<table>
<thead>
<tr>
<th>Access</th>
<th>National YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Home Care - % of patients provided with a service in their place of residence within 7 days</td>
<td>95%</td>
<td>88.0%</td>
<td>-7.4%</td>
<td>90.6%</td>
<td>90.8%</td>
<td>93.5%</td>
<td>90.6%</td>
<td>98.0%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Community Home Care - No of patients in receipt of specialist palliative care in the community</td>
<td>3,248</td>
<td>3,164</td>
<td>-2.6%</td>
<td>388</td>
<td>370</td>
<td>400</td>
<td>479</td>
<td>433</td>
<td>229</td>
</tr>
<tr>
<td>Inpatient waiting times - % of patients admitted within 7 days of referral</td>
<td>98%</td>
<td>97.9%</td>
<td>-0.1%</td>
<td>97.2%</td>
<td>96.1%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Day Care - No of patients in receipt of specialists palliative care services</td>
<td>349</td>
<td>297</td>
<td>-14.9%</td>
<td>36</td>
<td>41</td>
<td>30</td>
<td>102</td>
<td>28</td>
<td>38</td>
</tr>
<tr>
<td>Paediatric Services - No of children in care of the Children's Palliative Care Services</td>
<td>320</td>
<td>369</td>
<td>15.3%</td>
<td>13</td>
<td>23</td>
<td>32</td>
<td>29</td>
<td>36</td>
<td>14</td>
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</tbody>
</table>

### Finance

<table>
<thead>
<tr>
<th>Budget YTD €’000</th>
<th>Actual YTD €’000</th>
<th>Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
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<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
<th>% Variance YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€47,536</td>
<td>€47,930</td>
<td>€394</td>
<td>0.83%</td>
<td>5.38%</td>
<td>2.30%</td>
<td>0.22%</td>
<td>1.00%</td>
<td>-1.98%</td>
<td>-12.77%</td>
<td>-1.33%</td>
<td>4.99%</td>
<td>0.64%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay (excl superannuation pay)</td>
<td>€24,024</td>
<td>€24,211</td>
<td>€186</td>
<td>0.78%</td>
<td>5.38%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Agency</td>
<td>€840</td>
<td>€912</td>
<td>€72</td>
<td>8.54%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Overtime</td>
<td>€479</td>
<td>€515</td>
<td>€36</td>
<td>7.60%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Pay (including procurement savings)</td>
<td>€28,970</td>
<td>€29,540</td>
<td>€571</td>
<td>1.97%</td>
<td>0.22%</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Income</td>
<td>-€6,324</td>
<td>-€6,617</td>
<td>-€293</td>
<td>4.63%</td>
<td>-0.77%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>33%</td>
<td>67%</td>
<td>67%</td>
<td>0.22%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed</td>
<td>€4,859</td>
<td>8.2%</td>
<td>91.8%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>10,344</td>
<td>10,211</td>
<td>-133</td>
<td>-1.29%</td>
<td>0.22%</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
# Mental Health Balanced Score Card – Quality/Safety & Access

<table>
<thead>
<tr>
<th>Quality &amp; Safety</th>
<th>National YTD</th>
<th>% Variance YTD</th>
<th>National</th>
<th>% Variance</th>
<th>National</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SREs reported</td>
<td>NA</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of mandatory investigations exceeding 4 month target for completion</td>
<td>&lt; 10%</td>
<td>64%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>95%</td>
<td>71.1%</td>
<td>-25.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:</th>
<th>National June</th>
<th>National July</th>
<th>National August</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Adult Teams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry of Old Age Teams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Community mental Health Teams</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access</th>
<th>National YTD</th>
<th>% Variance YTD</th>
<th>National</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. to be seen</td>
<td>2,632</td>
<td>2,240</td>
<td>-14.9%</td>
<td></td>
</tr>
<tr>
<td>Total no. to be seen (0-3 months)</td>
<td>1,153</td>
<td>781</td>
<td>-32.3%</td>
<td></td>
</tr>
<tr>
<td>Wait List (i.e. those waiting &gt;3 months)</td>
<td>1,479</td>
<td>1,459</td>
<td>-1.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. on waiting list for first appointment at end of each month by wait time:</th>
<th>National June</th>
<th>National July</th>
<th>National August</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6 months</td>
<td>534</td>
<td>641</td>
<td>20.0%</td>
</tr>
<tr>
<td>6-9 months</td>
<td>331</td>
<td>356</td>
<td>7.5%</td>
</tr>
<tr>
<td>9-12 months</td>
<td>614</td>
<td>221</td>
<td>-64.0%</td>
</tr>
<tr>
<td>&gt;12 months</td>
<td>0</td>
<td>241</td>
<td>&gt;100%</td>
</tr>
<tr>
<td></td>
<td>Budget YTD €’000/Target</td>
<td>Actual YTD €’000</td>
<td>Variance YTD</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€499,112</td>
<td>€499,548</td>
<td>€437</td>
</tr>
<tr>
<td>Pay (excl superannuation pay)</td>
<td>€406,046</td>
<td>€402,996</td>
<td>-3,050</td>
</tr>
<tr>
<td>Pay – Agency</td>
<td>€10,212</td>
<td>€20,889</td>
<td>€10,676</td>
</tr>
<tr>
<td>Pay – Overtime</td>
<td>€10,042</td>
<td>€12,781</td>
<td>€2,739</td>
</tr>
<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€105,536</td>
<td>€108,064</td>
<td>€2,528</td>
</tr>
<tr>
<td>Income</td>
<td>-€13,112</td>
<td>-€12,139</td>
<td>€973</td>
</tr>
<tr>
<td>% and number of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>68</td>
<td>32.9%</td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>€3,824</td>
<td>6.7%</td>
</tr>
<tr>
<td>HR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variance from Indicative workforce</td>
<td>9,262</td>
<td>9,308</td>
<td>46</td>
</tr>
<tr>
<td>EWTD - &lt;24 hour shift5</td>
<td>100%</td>
<td>94%</td>
<td>4%</td>
</tr>
<tr>
<td>EWTD - &lt;48 hour working week</td>
<td>100%</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

5 EWTD results are based on returns from 12 of 27 service providers
## Social Care Balanced Score Card – Quality/Safety & Access

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SREs reported</td>
<td>NA</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of mandatory investigations exceeding 4 month target for completion</td>
<td>&lt; 10%</td>
<td>87.7%</td>
<td>-2.6%</td>
<td>93.1%</td>
<td>94.2%</td>
<td>83.8%</td>
<td>89.4%</td>
<td>65.3%</td>
<td>97.7%</td>
<td>88.9%</td>
<td>96.6%</td>
<td>79.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elder abuse cases - % of active cases reviewed within 6 month timeframe</td>
<td>90%</td>
<td>1,294</td>
<td>1,068</td>
<td>912</td>
<td>1,413</td>
<td>842</td>
<td>1,475</td>
<td>1,875</td>
<td>2,015</td>
<td>3,815</td>
<td></td>
<td></td>
<td>91.8%</td>
<td>91.1%</td>
</tr>
</tbody>
</table>

## Access

| HCP – Total no. of persons in receipt of a HCP | 13,200 | 14,709 | 11.4% | 1,294 | 1,068 | 912 | 1,413 | 842 | 1,475 | 1,875 | 2,015 | 3,815 | 14,107 | 14,476 | 14,709 |
| HCP – No. of persons in receipt of an Intensive HCP at a point in time (capacity) | 190 | 122 | - | 35.8% | | | | | | | | | 107 | 110 | 122 |
| Home Help Hours – No. of hours provided (excluding provision of hours from HCP's) | 6,945,398 | 6,948,296 | 0.5% | 919,146 | 828,984 | 618,749 | 1,489,314 | 800,795 | 254,034 | 470,144 | 811,971 | 755,159 | 868,464 | 1,045,911 | 860,597 |
| NHSS Beds - no of people funded | 22,361 | 23,027 | 3.0% | | | | | | | | | | 22,670 | 22,778 | 23,027 |
| No of NHSS Beds in Public Long Stay Units | 5,287 | 5,282 | -0.1% | 562 | 607 | 346 | 1,042 | 558 | 391 | 646 | 660 | 470 | 5,294 | 5,294 | 5,282 |
### Social Care (Disabilities) Balanced Score Card – Finance & HR

<table>
<thead>
<tr>
<th></th>
<th>Budget YTD €’000/ Target</th>
<th>Actual YTD €’000</th>
<th>Variance YTD</th>
<th>% Variance</th>
<th>YTD</th>
<th>% Variance YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€969,467</td>
<td>€998,306</td>
<td>€28,838</td>
<td>2.97%</td>
<td>4.45%</td>
<td>5.59%</td>
</tr>
<tr>
<td>Pay (excl superannuation pay)</td>
<td>€380,562</td>
<td>€393,359</td>
<td>€12,797</td>
<td>3.36%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Agency</td>
<td>€12,123</td>
<td>€23,011</td>
<td>€10,888</td>
<td>88.81%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Overtime</td>
<td>€3,083</td>
<td>€5,018</td>
<td>€1,935</td>
<td>62.78%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€639,356</td>
<td>€651,742</td>
<td>€12,386</td>
<td>1.94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-€66,335</td>
<td>-€65,184</td>
<td>€1,151</td>
<td>-1.74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% and number of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>138</td>
<td>18%</td>
<td>82%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>€42,958</td>
<td>3.9%</td>
<td>96.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variance from Indicative workforce</td>
<td>24,816</td>
<td>25,306</td>
<td>490</td>
<td>1.97%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social Care (Older Persons) Balanced Score Card – Finance & HR

<table>
<thead>
<tr>
<th></th>
<th>Budget YTD €’000/ Target</th>
<th>Actual YTD €’000</th>
<th>Variance YTD</th>
<th>% Variance</th>
<th>YTD</th>
<th>% Variance YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Expenditure variance from plan (budget) – YTD and Projected to year end</td>
<td>€474,033</td>
<td>€475,419</td>
<td>€1,386</td>
<td>0.29%</td>
<td>6.05%</td>
<td>9.62%</td>
</tr>
<tr>
<td>Pay (excl superannuation pay)</td>
<td>€434,222</td>
<td>€440,078</td>
<td>€5,856</td>
<td>1.35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Agency</td>
<td>€15,642</td>
<td>€20,714</td>
<td>€5,072</td>
<td>32.43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay – Overtime</td>
<td>€3,633</td>
<td>€4,034</td>
<td>€402</td>
<td>11.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-pay (incl procurement savings)</td>
<td>€287,879</td>
<td>€284,810</td>
<td>-€3,070</td>
<td>-1.07%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-€250,819</td>
<td>-€252,813</td>
<td>€1,994</td>
<td>0.80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% and number of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>589</td>
<td>51.8%</td>
<td>48.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>€ value of 2015 Service Arrangements signed</td>
<td>100%</td>
<td>€36,537</td>
<td>26.4%</td>
<td>73.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variance from Indicative workforce</td>
<td>24,816</td>
<td>25,306</td>
<td>490</td>
<td>1.97%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Finance
Detailed Financial overview

Introduction and Context – National Service Plan 2015 & Financial Challenges

The 2015 Estimates provided a more realistic funding level for health and social care services as part of a two year programme to put the health services on a more sustainable financial footing. The letter of non-capital allocation received by the HSE included an additional €590m in funding, or 5.1% up on the original (pre-supplementary) 2014 budget. This provides for a budget allocation similar to the funding levels in place in 2008/2009. There is a further €35m for mental health bringing the total funding for 2015 to €12,170m, an increase of 5.4%. This increase in funding will in the first instance enable the HSE to deal with the 2014 level of unfunded costs. When account is taken of the 2014 final net expenditure level health services net costs can increase by a maximum of €77m in 2015 which is approximately 0.5%. While welcome, this level of spending increase is below the circa €170m / 1.3% year on year spending increase necessary to keep pace with the impact of “pure demographics” (i.e. our growing and ageing population) before consideration of any new or additional quality / safety, activity or price-driven cost pressures.

The national service plan (NSP2015) set out clearly the risks to the delivery of the plan. It outlined a need for an exceptional level of management focus on containing / reducing costs and seeking to safely operate within the available funding. It requires delivery of a minimum savings level of €130m (plus an increased income generation / collection - EU Charges of €10m). It also identified that, in addition to this €130m, the health service had a further residual financial challenge of circa €100m within core services, based on projected 2014 closing expenditure. Given the final 2014 expenditure level this residual challenge is now circa €140m.

The funding received has allowed the allocation of more realistic budgets in 2015 and brings with it a requirement for greater accountability to ensure services are delivered safely and, to the greatest extent possible, within the budget made available to the health service. Building on the work of recent years, the 2015 accountability framework will ensure that performance will be measured against agreed plans, which include financial and service delivery commitments in terms of access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. This year requires a particular additional focus on all pay costs with particular emphasis on costs relating to agency and overtime in addition to directly employed staff.

Financial Performance in August 2015

As of August 2015 the health service has recorded net spend on an income and expenditure basis of €8.380 billion against a budget of €8.059 billion. This results in a total deficit of €321.8m. Approximately €160.1m relates to the demand-led areas of PCRS, Local Schemes, State Claims, Overseas Treatment and Pensions. NSP 2015 makes clear that due to the nature of these areas any overruns would not impact on funding available for other core areas of health service provision. The deficit within core performance areas at the end of August totals €161.7m. This deficit is attributable primarily to overruns within Acute Hospitals (€122.4m) and Social Care (€29.2m).

Within acute hospitals the sustained pressures caused by seeking to deal with high levels of ED / Trolley waits and delayed discharges on the emergency side and excessive waiting lists on the scheduled care side have largely prevented any reduction in unfunded bed capacity. This coupled with EWTD pressures, difficulties in sourcing medical and nursing staff and the knock on impacts of risk-related reports, such as that into maternity services at Portlaoise, has driven strong upward staffing level and pay cost pressures for some hospitals. On the non-pay side
additional non-clinical and clinical costs such as those for drugs, laboratory tests, blood / blood products and medical and surgical supplies have far outweighed the price related savings achieved by our procurement teams.

On a positive note the focus on agency reduction is gaining traction in the hospital division with a forecast overall €25m reduction on agency by year end compared to last year. Those hospitals that are reducing agency are on track to deliver a €39m reduction by year end whereas those where agency is increasing will have circa €14m more in agency costs this year compared to 2014. Of this €14m, €10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.

Within Social Care the exceptional level of unfunded additional costs arising out of HIQA inspections of residential facilities continues to escalate.

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Year 2015 Budget €000s</th>
<th>YTD Spend €000s</th>
<th>YTD Budget €000s</th>
<th>YTD Variance €000s</th>
<th>YTD Variance %</th>
<th>% of Total Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Hospitals Division</td>
<td>4,005,348</td>
<td>2,781,584</td>
<td>2,659,153</td>
<td>122,431</td>
<td>4.60%</td>
<td>38.05%</td>
</tr>
<tr>
<td>National Ambulance Service</td>
<td>144,139</td>
<td>96,515</td>
<td>95,673</td>
<td>842</td>
<td>0.88%</td>
<td>0.26%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing Division</td>
<td>197,476</td>
<td>120,499</td>
<td>121,440</td>
<td>(941)</td>
<td>-0.77%</td>
<td>-0.29%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>752,694</td>
<td>497,626</td>
<td>496,133</td>
<td>1,493</td>
<td>0.30%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>126,133</td>
<td>85,082</td>
<td>83,839</td>
<td>1,243</td>
<td>1.48%</td>
<td>0.39%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>71,725</td>
<td>47,930</td>
<td>47,536</td>
<td>394</td>
<td>0.83%</td>
<td>0.12%</td>
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<tr>
<td>Primary Care Division (Note 1)</td>
<td>950,552</td>
<td>630,638</td>
<td>627,509</td>
<td>3,129</td>
<td>0.50%</td>
<td>0.97%</td>
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<td>Mental Health Division</td>
<td>757,286</td>
<td>499,548</td>
<td>499,112</td>
<td>437</td>
<td>0.09%</td>
<td>0.14%</td>
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<td>Older Persons Services</td>
<td>704,945</td>
<td>475,419</td>
<td>474,033</td>
<td>1,386</td>
<td>0.29%</td>
<td>0.43%</td>
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<tr>
<td>Nursing Home Support Scheme (&quot;Fair Deal&quot;)</td>
<td>827,512</td>
<td>553,833</td>
<td>554,868</td>
<td>(1,036)</td>
<td>-0.19%</td>
<td>-0.32%</td>
</tr>
<tr>
<td>Disability Services</td>
<td>1,458,896</td>
<td>998,306</td>
<td>969,467</td>
<td>28,838</td>
<td>2.97%</td>
<td>8.96%</td>
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<tr>
<td>Social Care Division</td>
<td>2,991,353</td>
<td>2,027,557</td>
<td>1,998,369</td>
<td>29,188</td>
<td>1.46%</td>
<td>9.07%</td>
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<tr>
<td>CHO Corporate Community</td>
<td>4,411</td>
<td>3,135</td>
<td>2,943</td>
<td>193</td>
<td>6.55%</td>
<td>0.06%</td>
</tr>
<tr>
<td>National Cancer Control Programme (NCCP)</td>
<td>9,328</td>
<td>1,968</td>
<td>1,781</td>
<td>186</td>
<td>10.47%</td>
<td>0.06%</td>
</tr>
<tr>
<td>Clinical Strategy &amp; Programmes Division</td>
<td>33,508</td>
<td>16,444</td>
<td>16,426</td>
<td>18</td>
<td>0.11%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Quality Assurance &amp; Verification</td>
<td>555</td>
<td>166</td>
<td>300</td>
<td>(135)</td>
<td>-44.78%</td>
<td>-0.04%</td>
</tr>
<tr>
<td>Quality Improvement Division</td>
<td>7,071</td>
<td>3,990</td>
<td>3,299</td>
<td>691</td>
<td>20.93%</td>
<td>0.21%</td>
</tr>
<tr>
<td>Other National Divisions/Services</td>
<td>283,552</td>
<td>182,292</td>
<td>176,627</td>
<td>5,665</td>
<td>3.21%</td>
<td>1.76%</td>
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<tr>
<td>Total Direct Service Provision</td>
<td>9,384,879</td>
<td>6,364,336</td>
<td>6,202,631</td>
<td>161,705</td>
<td>2.61%</td>
<td>50.26%</td>
</tr>
<tr>
<td>Statutory Pensions</td>
<td>433,661</td>
<td>307,013</td>
<td>288,348</td>
<td>18,665</td>
<td>6.47%</td>
<td>5.80%</td>
</tr>
<tr>
<td>Pension Levy</td>
<td>(221,626)</td>
<td>(146,593)</td>
<td>(147,562)</td>
<td>969</td>
<td>-0.66%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Pensions</td>
<td>212,034</td>
<td>160,420</td>
<td>140,786</td>
<td>19,634</td>
<td>13.95%</td>
<td>6.10%</td>
</tr>
<tr>
<td>State Claims Agency</td>
<td>96,000</td>
<td>133,056</td>
<td>71,576</td>
<td>61,480</td>
<td>85.89%</td>
<td>19.11%</td>
</tr>
<tr>
<td>Primary Care Reimbursement Scheme (Note 1)</td>
<td>2,268,108</td>
<td>1,562,874</td>
<td>1,494,450</td>
<td>68,424</td>
<td>4.58%</td>
<td>21.27%</td>
</tr>
</tbody>
</table>
Demand Led Local Schemes (Note 1) 218,344 154,593 145,452 9,141 6.28% 2.84%
Overseas Treatment 5,516 5,057 3,672 1,385 37.71% 0.43%
Demand Led Services 2,587,967 1,855,579 1,715,150 140,430 8.19% 43.64%
Total Pensions & Demand Led Services 2,800,002 2,015,999 1,855,936 160,063 8.62% 49.74%
Held Funds 0
Accelerated Income (Note 2) (50,000)
Overall Total 12,134,880 8,380,335 8,058,567 321,768 3.99% 100.04%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Non Core Services
Note 2: This represents a HSE cash acceleration target

HSE Direct Provision vrs S.38 Funded Providers

<table>
<thead>
<tr>
<th>Description</th>
<th>Full Year 2015 Budget €000s</th>
<th>HSE Direct Provision</th>
<th>S.38 Funded Providers</th>
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</thead>
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<tr>
<td></td>
<td>YTD Variance €000s</td>
<td>YTD Variance %</td>
<td>Variance €000s</td>
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<tr>
<td>Acute Hospitals Division</td>
<td>4,005,348</td>
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<td>2.21%</td>
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<tr>
<td>Social Care Division</td>
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<td>14,839</td>
<td>0.86%</td>
</tr>
<tr>
<td>CHO Corporate Community</td>
<td>4,411</td>
<td>193</td>
<td>6.55%</td>
</tr>
</tbody>
</table>

Note: The “S.38 Funded Providers” figures relate to a subset of the larger voluntary providers funded by the HSE under S.38 of the Health Act 2004 including all 16 voluntary hospitals. The HSE’s monthly performance assurance report incorporates pay, non pay and income detail as reported by these providers to the HSE. Expenditure related to the remainder of the voluntary providers funded by the HSE under S.38 and S.39 of the Health Act 2004 is shown under non pay based on the amounts paid out by the HSE.

Primary Care Reimbursement Service (PCRS), Local Demand Led Schemes (Local DLS), State Claims (SCA), Overseas Treatment and Pensions

There are a number of expenditure headings (PCRS, Local DLS, Overseas Treatment and SCA) which, due to their legal or technical nature, were prepared on an agreed basis in NSP 2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision. There is a deficit of €140.4m in these areas at the end of August 2015.

In addition to these costs, similar consideration must be given to pensions costs provided within the HSE which cannot be readily controlled in terms of financial performance and are difficult to predict. As at August pensions are showing a deficit of €19.6m which represents retirements in excess of profiled expectations and also represents an increase in the full year pensioner payroll costs in 2015. A number of scenarios are being considered in this respect. This is in addition to further analysis of income shortfalls as a result of new entrants’ pension contributions not being available to the HSE since January 2013. In addition to the review of the statutory sector, an assessment of funded s.38 voluntary sector is underway to determine the scale of these issues within the relevant voluntary organisations in 2015.
The NSP 2015 was prepared on the basis that pension-related funding issues will be dealt with separately from the general resource available for service provision with these costs being monitored carefully and reported on regularly. The combined deficit from these combined areas is €160.1m at the end of August.

**Acutes**

While a more realistic budget for acute services was provided in 2015, it was not possible to provide a budget at the full level of the 2014 outturn. The NSP 2015 set acute budgets at 0.8% below 2014 projected spend. Final expenditure levels for 2014 mean that costs in Acute hospitals need to be reduced by approximately 1.2%-1.4% below 2014 expenditure levels. Pay and other cost pressures must also be dealt with which indicates that Acute hospitals have an average minimum requirement to reduce their likely 2015 costs by 2% - 2.5% below 2014 levels. This is significant when we look at hospital cost patterns in Ireland and similar international jurisdictions.

Acute Hospitals are reporting a €122.4m deficit for the eight-month period to 31st August 2015. It is clear that there has been exceptional, sustained pressure on capacity and costs, particularly during the first four months, relating to the high level of delayed discharges in the system, the numbers waiting in ED and the knock on effect for those waiting to receive scheduled care. This militated against early traction being achieved in relation to 2015 cost reduction initiatives.

Specifically, financial targets for 2015 included a reduction in excess or unfunded capacity either within the hospital system or in terms of acute funded transition beds which could be phased out. This has not been possible to achieve as planned with significant pressure on the system to bring on additional staff to maintain / expand bed capacity. In addition, the impact of risk-related reports such as that into maternity services at Portlaoise, and difficulties in recruiting and retaining medical and nursing staff has put strong upward pressure on pay costs in some hospitals.

Similar to the known pay cost pressures coming in to the year, there are significant non-pay cost pressures which are impacting the August year to-date position. Overall, based on year to date August 2015 data, non-pay is projected to grow by 5.5% in 2015 over 2014 (4.4% excluding growth in the provision for bad and doubtful debts). This is consistent with the opening financial challenge which has been estimated at €56m.

Within non-pay, clinical costs are expected to grow by 4.4% and non-clinical costs by 4.2% (excluding bad debts). The main clinical cost drivers occur in the areas of Drugs & Medicines, Medical & Surgical Supplies and Laboratory. Significant increases in non-clinical costs are being experienced in the areas of Heat, Light & Power and Patient Transport.

In general, under each of the non-pay headings, typically 80+% of the non-pay cost growth in 2015 is concentrated in between 5-10 of the 49 hospitals. In many cases, these are the larger hospitals which carry out more complex work and the growth in non-pay costs can be attributed to the nature of the sites and their specific workload.

The 2015 accountability framework is being implemented to maximise assurance around overall performance including financial performance. Significant additional support is being provided in relation to pay and staffing level data and controls. This is part of the necessary actions to maximise agency and other staff cost reductions and is being monitored closely in 2015.
Social Care – Older Persons

Older Persons has recorded a year to date August Net deficit of €1.4m. As already mentioned the recent announcements in relation to additional funding to deal with the delayed discharge issue will have a significant impact on service provision and full year outlook.

Outside of this the key cost pressure and financial risk issues which management in this service are seeking to address are within home care provision with several cost reduction and efficiency measures being effected throughout the service. Some traction has been seen in certain targeted areas including reducing agency.

Challenges do remain with delivery of the service improvement programme for public long stay units which is intended to introduce a revised skill mix. This makes best use of scarce clinical resources and brings costs more in line with the private sector when adjusted for structural issues and the typically higher complexity of residents catered for by the public units. There are very significant industrial relations and change management issues associated with this programme.

Social Care – Disability Services

This group of services has recorded a YTD August net deficit of €28.8m. The key cost pressure and financial risk issues which management in this service are seeking to address to the greatest extent possible include:

- Significant pay cost pressures continue in respect of overnight residential staff.
- Environmental factors are also an ongoing issue with deployment of staff issues driving agency costs.
- Allied to this are significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multi-annual investment programme.

Agency / Pay

Under the pay heading, agency spend represents the single biggest challenge this year with an exceptional focus required to deliver on the framework and the minimum savings targets outlined in NSP 2015. After a number of years of pay management through a moratorium the shift to managing staff numbers in line with funded levels will require organisational development and change management.

On the positive side, the focus on agency reduction has started to make an impact within the hospital division with a forecast overall €25m reduction on agency by year-end compared to last year. Those hospitals that are reducing agency are on track to deliver a €39m reduction by year-end, whereas those where agency is increasing will have circa €14m more in agency costs this year compared to 2014. Of this €14m, €10m relates to increases in medical agency mostly concentrated in 5 hospitals where there are exceptional difficulties in recruiting suitable qualified medics.
### Agency Costs by Divisions – 2015 verses 2014

<table>
<thead>
<tr>
<th></th>
<th>Acute Hospitals €000s</th>
<th>Health &amp; Wellbeing €000s</th>
<th>National Ambulance Service €000s</th>
<th>Primary Care €000s</th>
<th>Social Care €000s</th>
<th>Mental Health €000s</th>
<th>Other Services incl NCCP &amp; QID €000s</th>
<th>Total €000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jan-15</strong></td>
<td>17,868</td>
<td>127</td>
<td>83</td>
<td>1,542</td>
<td>5,144</td>
<td>2,426</td>
<td>208</td>
<td>27,398</td>
</tr>
<tr>
<td><strong>Feb-15</strong></td>
<td>18,923</td>
<td>99</td>
<td>21</td>
<td>1,575</td>
<td>4,907</td>
<td>2,386</td>
<td>465</td>
<td>28,376</td>
</tr>
<tr>
<td><strong>Mar-15</strong></td>
<td>17,929</td>
<td>160</td>
<td>71</td>
<td>1,518</td>
<td>5,195</td>
<td>2,531</td>
<td>270</td>
<td>27,672</td>
</tr>
<tr>
<td><strong>Apr-15</strong></td>
<td>17,841</td>
<td>113</td>
<td>62</td>
<td>1,724</td>
<td>5,592</td>
<td>2,389</td>
<td>372</td>
<td>28,093</td>
</tr>
<tr>
<td><strong>May-15</strong></td>
<td>16,699</td>
<td>77</td>
<td>32</td>
<td>1,600</td>
<td>5,331</td>
<td>2,528</td>
<td>398</td>
<td>26,665</td>
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<tr>
<td><strong>Jun-15</strong></td>
<td>16,466</td>
<td>192</td>
<td>63</td>
<td>1,687</td>
<td>5,470</td>
<td>2,386</td>
<td>756</td>
<td>27,243</td>
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<tr>
<td><strong>Jul-15</strong></td>
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<td>163</td>
<td>38</td>
<td>1,318</td>
<td>6,089</td>
<td>3,025</td>
<td>383</td>
<td>27,793</td>
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<tr>
<td><strong>Aug-15</strong></td>
<td>17,118</td>
<td>93</td>
<td>42</td>
<td>1,310</td>
<td>5,996</td>
<td>2,993</td>
<td>353</td>
<td>27,905</td>
</tr>
<tr>
<td><strong>Total 2015</strong></td>
<td>139,621</td>
<td>1,023</td>
<td>411</td>
<td>12,273</td>
<td>43,724</td>
<td>20,889</td>
<td>3,204</td>
<td>221,145</td>
</tr>
<tr>
<td><strong>Average monthly cost 2015 to date</strong></td>
<td>17,453</td>
<td>128</td>
<td>51</td>
<td>1,534</td>
<td>5,465</td>
<td>2,611</td>
<td>401</td>
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<td><strong>Jan-14</strong></td>
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<td>143</td>
<td>147</td>
<td>1,245</td>
<td>4,632</td>
<td>1,447</td>
<td>323</td>
<td>24,943</td>
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<tr>
<td><strong>Feb-14</strong></td>
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<td>149</td>
<td>195</td>
<td>1,327</td>
<td>4,173</td>
<td>1,757</td>
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<td>25,252</td>
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<tr>
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<td>87</td>
<td>77</td>
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<td>5,292</td>
<td>1,954</td>
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<tr>
<td><strong>Apr-14</strong></td>
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<td>163</td>
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<td>4,916</td>
<td>2,102</td>
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<tr>
<td><strong>May-14</strong></td>
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<td>156</td>
<td>174</td>
<td>1,330</td>
<td>5,395</td>
<td>2,415</td>
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<td>29,345</td>
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<tr>
<td><strong>Jun-14</strong></td>
<td>19,956</td>
<td>119</td>
<td>131</td>
<td>1,470</td>
<td>4,705</td>
<td>2,042</td>
<td>322</td>
<td>28,746</td>
</tr>
<tr>
<td><strong>Jul-14</strong></td>
<td>20,467</td>
<td>112</td>
<td>154</td>
<td>1,445</td>
<td>5,676</td>
<td>2,487</td>
<td>193</td>
<td>30,535</td>
</tr>
<tr>
<td><strong>Aug-14</strong></td>
<td>18,655</td>
<td>123</td>
<td>153</td>
<td>1,445</td>
<td>5,405</td>
<td>2,570</td>
<td>442</td>
<td>28,687</td>
</tr>
<tr>
<td><strong>Total 2014</strong></td>
<td>150,939</td>
<td>1,030</td>
<td>1,195</td>
<td>10,740</td>
<td>40,193</td>
<td>16,774</td>
<td>2,170</td>
<td>223,041</td>
</tr>
<tr>
<td><strong>Average monthly cost 2014 to date</strong></td>
<td>18,867</td>
<td>129</td>
<td>149</td>
<td>1,342</td>
<td>5,024</td>
<td>2,097</td>
<td>401</td>
<td>27,880</td>
</tr>
<tr>
<td><strong>Change - YTD 2015 vrs 2014</strong></td>
<td>(11,318)</td>
<td>(8)</td>
<td>(784)</td>
<td>1,533</td>
<td>3,531</td>
<td>4,115</td>
<td>1,034</td>
<td>(1,896)</td>
</tr>
<tr>
<td><strong>2015 full year cost based on YTD 2015</strong></td>
<td>(11,318)</td>
<td>(8)</td>
<td>(784)</td>
<td>1,533</td>
<td>3,531</td>
<td>4,115</td>
<td>1,034</td>
<td>(1,896)</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td>209,719</td>
<td>1,536</td>
<td>618</td>
<td>18,435</td>
<td>65,675</td>
<td>31,376</td>
<td>4,813</td>
<td>332,172</td>
</tr>
<tr>
<td><strong>2015 forecast versus 2014 actual cost</strong></td>
<td>(25,365)</td>
<td>122</td>
<td>(1,064)</td>
<td>1,933</td>
<td>5,674</td>
<td>4,557</td>
<td>1,583</td>
<td>(12,559)</td>
</tr>
</tbody>
</table>

**Conclusion**

The HSE is not flagging any new areas of risk to the delivery of its services within budget in 2015 beyond those already clearly flagged in NSP 2015 as approved by the Minister.

Through the new accountability framework introduced in 2015 significant efforts are being made to address deficits in the quality of our services and the access to them while seeking to mitigate financial overruns. Additional focus is being applied to seek to accelerate agency reduction and control unfunded pay growth within the Acute Hospital division in particular.
Within our core services, despite significant pressures, it is expected that most of our divisions will be at or close to breakeven by year end albeit in the case of mental health and primary care this will involve a level of once off measures that will not be sustainable into 2016.

Acute Hospitals and Social care are the exception to this with expected minimum deficits of €140-€150m and circa €37m respectively.

In addition there are significant deficits expected by year end within pensions and the demand led headings (PCRS, State Claims Agency, Local Community Schemes and Overseas) however due to the nature of these areas they do not reflect on the financial performance management of the HSE.
Human Resources
Human Resources

Development of a People Strategy

Work continues here to finalise the People Strategy following further engagement with the Senior Management Team and consultation with the Trade Unions. It is anticipated that this work will be finalised shortly and the strategy will be launched later this year.

Staff Engagement and Culture

On-going engagement within Hospital Groups and Community Healthcare Organisations as they continue to scope out action plans to address issues in light of last year’s Staff Survey, while preparations for the next Staff Survey in early 2016 are also on-going.

e-HR

E-HR has been included in HR estimates for the National Service Plan 2016. The draft ‘Peoples Strategy’ has set out as a key enabler, the requirement to develop an e-HR plan to maximise the contribution of automation in the management of personnel and pension records, payroll, talent management, training and development, staff rostering and recruitment. This continues as work-in-progress.

Workforce Planning (WFP)

Continuing work-in-progress internally within the HSE in advance of participation with the Department of Health's steering group in the development of an Integrated WFP Framework for Health, due to commence in January 2016.

Workforce position

<table>
<thead>
<tr>
<th>Division</th>
<th>WTE Jul 15</th>
<th>Threshold Aug15</th>
<th>WTE Aug 15</th>
<th>WTE monthly change</th>
<th>WTE Variance</th>
<th>% WTE Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>51,215</td>
<td>49,631</td>
<td>51,551</td>
<td>336</td>
<td>1,920</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>1,644</td>
<td>1,611</td>
<td>1,643</td>
<td>-1</td>
<td>32</td>
<td>2.0%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing</td>
<td>1,235</td>
<td>1,279</td>
<td>1,239</td>
<td>4</td>
<td>-40</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>10,246</td>
<td>10,344</td>
<td>10,211</td>
<td>-35</td>
<td>-133</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>9,319</td>
<td>9,262</td>
<td>9,308</td>
<td>-11</td>
<td>46</td>
<td>0.5%</td>
</tr>
<tr>
<td>Social Care</td>
<td>25,299</td>
<td>24,816</td>
<td>25,306</td>
<td>7</td>
<td>490</td>
<td>2%</td>
</tr>
<tr>
<td>Corporate</td>
<td>2651</td>
<td>2,598</td>
<td>2,659</td>
<td>8</td>
<td>61</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total Health Services</td>
<td>101,609</td>
<td>99,541</td>
<td>101,917</td>
<td>308</td>
<td>2,376</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The threshold for workforce numbers is based on allocated direct pay envelopes (not including overtime and agency pay expenditure or costs associated with planned new service developments). This is set at 99,541 WTEs for 2015, subject to on-going review and engagement between HR and Finance. August recorded employment levels indicates a variance of 2,376 WTEs (+2.4%)

The reported workforce position as at the end of August is 101,917 WTEs. Bearing in mind the levels of recruitment currently in progress and continuing levels of overtime and agency
expenditure, that unless the additional recruitment and further planned recruitment in 2015 is not offset by staff turnover as well as savings in agency and overtime expenditure, higher breaches of the allocated direct funded employment thresholds, particularly in the Acute Hospitals Division will occur and will pose significant financial and workforce challenges later in 2015.

**European Working Time Directive**

HSE HR, Acute Hospital and Mental Health Divisions are working to progress EWTD compliance via a joint EWTD National Verification Group. The Taskforce is focused on verification of actions to support compliance at hospital / agency level and progressing measures to achieve full compliance in line with joint Department of Health / HSE commitments. The European Court judgement regarding the Commission’s case against Ireland for breach of the EWTD in relation to NCHDs issued on 9th July. It found that protected training time (implemented as per HR guidance) was not working time, that the legislation transposing the EWTD for NCHDs into Irish law and NCHD Contract 2010 were both compliant with the EWTD and most importantly, that the Commission had not proved its case against Ireland regarding breach of the EWTD. The judgement established an important legal precedent on what constitutes working time, means that the level of compliance reported is accurate, vindicate the drafting of NCHD Contract 2010 and the legislation transposing the EWTD and has resulted in the dismissal of the Commission’s case against Ireland. Nevertheless, the Commission continues to require a performance framework for achieving full EWTD compliance and in that context Acute Hospitals and HR are working with Hospital Groups to identify the specific reconfiguration and recruitment actions required to achieve full EWTD compliance.

- Compliance with a maximum 48 hour week is at 74% as of end August. This is unchanged since July.
- Compliance with 30 minute breaks is at 100% - up 2% since July;
- Compliance with weekly / fortnightly rest is at 100% - up 1% since July;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - unchanged since July;
- Compliance with a daily 11 hour rest period is at 98% - unchanged from July. This is closely linked to the 24 hour shift compliance above.

**Absence**

The July absence figures recorded at 3.98% is the lowest July rate on record. The latest 2015 YTD rate is **4.19%**, and puts the Health Services generally in-line, with other large public sector organisations both in Ireland and internationally. The latest reported overall rate (to March 2015) for the NHS England is 4.44%, Scotland’s NHS is 5.06% and Wales is 5.6%.
## Appendix 1: Hospital Groups

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cappagh National Orthopaedic Hospital</td>
<td>Coombe Women and Infants University Hospital</td>
</tr>
<tr>
<td>Mater Misericordiae University Hospital</td>
<td>Midland Regional Hospital – Portlaoise</td>
</tr>
<tr>
<td>Midland Regional Hospital – Mullingar</td>
<td>Midland Regional Hospital – Tullamore</td>
</tr>
<tr>
<td>National Maternity Hospital Holles Street</td>
<td>Naas General Hospital</td>
</tr>
<tr>
<td>Our Lady’s Hospital - Navan</td>
<td>St James Hospital</td>
</tr>
<tr>
<td>Royal Victoria Eye and Ear Hospital Dublin</td>
<td>Tallaght Hospital</td>
</tr>
<tr>
<td>St. Columcille’s Hospital Loughlinstown</td>
<td>Bantry General Hospital</td>
</tr>
<tr>
<td>St. Luke’s Hospital Kilkenny</td>
<td>Cork University Hospital</td>
</tr>
<tr>
<td>St Michael’s Hospital Dun Laoghaire</td>
<td>Kerry General Hospital</td>
</tr>
<tr>
<td>St Vincent’s University Hospital Elm Park</td>
<td>Lourdes Orthopaedic Hospital Kilcreene</td>
</tr>
<tr>
<td>Wexford General Hospital</td>
<td>Mallow General Hospital</td>
</tr>
<tr>
<td>Beaumont Hospital including St Josephs</td>
<td>Mercy University Hospital Cork</td>
</tr>
<tr>
<td>Cavan General Hospital</td>
<td>South Tipperary General Hospital</td>
</tr>
<tr>
<td>Connolly Hospital</td>
<td>South Infirmary University Hospital Cork</td>
</tr>
<tr>
<td>Our Lady of Lourdes Hospital Drogheda</td>
<td>Waterford Regional Hospital</td>
</tr>
<tr>
<td>Rotunda Hospital</td>
<td>Galway University Hospitals</td>
</tr>
<tr>
<td>Croom Hospital</td>
<td>Letterkenny General Hospital</td>
</tr>
<tr>
<td>Ennis Hospital</td>
<td>Portiuncula Hospital General &amp; Maternity Ballinasloe</td>
</tr>
<tr>
<td>Nenagh Hospital</td>
<td>Mayo General Hospital</td>
</tr>
<tr>
<td>St John’s Hospital</td>
<td>Roscommon County Hospital</td>
</tr>
<tr>
<td>University Hospital, Limerick</td>
<td>Sligo General Hospital</td>
</tr>
<tr>
<td>University Maternity Hospital</td>
<td></td>
</tr>
<tr>
<td>Children's University Hospital Temple Street</td>
<td></td>
</tr>
<tr>
<td>Our Lady's Hospital for Sick Children Crumlin</td>
<td></td>
</tr>
<tr>
<td>National Children’s Hospital, Tallaght</td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 2: Community Health Organisations

<table>
<thead>
<tr>
<th>CHO 1</th>
<th>Areas included CHO’s</th>
<th>CHO 2</th>
<th>Areas included CHO’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cavan</td>
<td></td>
<td>Dublin South East</td>
</tr>
<tr>
<td></td>
<td>Monaghan</td>
<td></td>
<td>Dun Laoghaire</td>
</tr>
<tr>
<td></td>
<td>Donegal</td>
<td></td>
<td>Wicklow</td>
</tr>
<tr>
<td></td>
<td>Sligo</td>
<td></td>
<td>Dublin South City</td>
</tr>
<tr>
<td></td>
<td>Leitrim</td>
<td></td>
<td>Dublin West</td>
</tr>
<tr>
<td></td>
<td>Galway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roscommon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mayo</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clare</td>
<td></td>
<td>Longford</td>
</tr>
<tr>
<td></td>
<td>Limerick</td>
<td></td>
<td>Westmeath</td>
</tr>
<tr>
<td></td>
<td>North Tipperary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>East Limerick</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North Cork</td>
<td></td>
<td>Louth</td>
</tr>
<tr>
<td></td>
<td>North Lee</td>
<td></td>
<td>Meath</td>
</tr>
<tr>
<td></td>
<td>South Lee</td>
<td></td>
<td>Dublin North Central</td>
</tr>
<tr>
<td></td>
<td>West Cork</td>
<td></td>
<td>Dublin North West</td>
</tr>
<tr>
<td></td>
<td>Kerry</td>
<td></td>
<td>Dublin North</td>
</tr>
<tr>
<td></td>
<td>Waterford</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wexford</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carlow</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kilkenny</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tipperary South</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>