



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

August Performance Report



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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

Acute activity overview	Result YTD Jan - Aug 2014	Result YTD Jan - Aug 2015	SPLY % Var	Against expected activity YTD	Result June 2015	Result July 2015	Result Aug 2015
Inpatients discharges	427,657	423,938	-0.9% (-3,719)	-1.0% (-4,443)	52,711	55,285	51,296
Day case discharges	573,211	580,391	1.3% (7,180)	-0.6% (-3,223)	73,792	77,600	68,666
Inpatient & Day Cases	1,000,868	1,004,329	0.3% (3,461)	-0.8% (-7,666)	126,503	132,885	119,962
Average Length of Stay (Medical)	6.8 days	7.2 days	-5.9%	-23.9%	6.9 days	6.6 days	6.6 days
Emergency Presentations	850,833	855,108	0.5% (4,275)	0.1% (1,186)	109,096	107,523	107,195
New ED attendances	734,958	730,520	-0.6% (-4,438)	-1.2% (-8,597)	92,855	91,593	91,336
Emergency Admissions	299,602	294,580	-1.7% (-5,022)	-2.2% (-6,557)	36,496	37,184	35,931
ED Admissions*	187,050	186,597	-0.2% (-453)		22,972	23,013	22,548
Elective Admissions	66,906	67,518	0.9% (612)	1.6% (1,093)	9,033	9,036	7,881
OPD Attendances	2,136,486	2,176,365	1.9% (39,879)	2.6% (56,138)	283,238	283,749	255,087

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

ED Patient Experience	January	February	March	April	May	June	July	August	Target
Avg no. of patients on trolleys for over 9 hours in ED waiting admission	144	177	156	122	124	127	92	96	70

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

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

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.

Performance data	August result	Same period last year	August YTD 2015	Best and Outliers
Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%)	96.7%	99.5%	95.9%	<ul style="list-style-type: none"> • 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%	<ul style="list-style-type: none"> • 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%	<ul style="list-style-type: none"> • 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%	<ul style="list-style-type: none"> • SLRON 78.5%, Galway 84.9%, Cork 88%, • 100% Waterford & Limerick.

Waiting Lists

Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		19,006	8,889	4,368	1,317	33,580
Child IPDC	2,933	1,522	688	337	51	5,531
OPD		128,897	66,378	34,003	11,235	240,513

The Waiting list over 18 months has risen each month since the end of June.

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

GI Waiting List

Month	0 -1 Month	1 - 2 Months	2 Months – 13 Weeks	Total under 13 weeks	13 Weeks – 3 Months	3-6 Months	6-12 Months	12+ Months	Total Over 13 weeks	Overall Total
May	4,303	2,750	1,860	8,913	56	2,972	3,000	828	6,856	15,769
June	3,789	2,836	1,966	8,591	86	3,258	2,909	1,081	7,334	15,925
July	3,887	2,473	1,906	8,266	73	3,390	3,095	1,162	7,720	15,986
August	3,779	2,639	1,934	8,352	52	3,443	3,154	1,310	7,959	16,311

There are 7,959 people waiting greater than 13 weeks at the end of August. This 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.

	January	February	March	April	May	June	July	August	Target
Delayed Discharges	728	705	715	697	675	626	557	577	500

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
- Transfers: 59 adult transplant patient transfers, 391 Neonatal Retrievals; 48 Paediatric Retrievals; 59 Mobile Intensive Care; 19 transfers via the Children's Ambulance Service.
- 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

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

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

	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	Aug 2015
Total no. to be seen	2,886	3,001	3,206	3,078	3,110	2,909	2,542	2,240
Total no. to be seen (0-3 months)	1,199	1,300	1,405	1,339	1,381	1,174	1,045	781
Wait List (i.e. those waiting >3 months)	1,687	1,701	1,801	1,739	1,729	1,735	1,497	1,459
No. on waiting list for first appointment at end of each month by wait time								
No on CAMHS waiting list (3-6 months)	535	610	648	661	693	781	679	641
No on CAMHS waiting list	377	342	375	377	434	404	354	356

	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	Aug 2015
(6-9 months)								
No on CAMHS waiting list (9-12 months)	346	311	299	242	219	174	164	221
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	429	438	479	459	383	376	300	241

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												
Performance Area		Outturn 2014	2015 Target / EA		May-15	Jun-15	Jul-15	Aug-15	Year to date 2015		Same period last year 2014	
		No.	No.	YTD	No.	No.	No.	No.	No.	% var YTD v Tgt / EA YTD	No.	% var YTD 2014 v YTD 2013
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	National	201	231	135	16	15	24	21	170	10.4%	128	32.8%
No. of children / adolescents admitted to adult HSE mental health inpatient units	National	89	30	18	9	5	5	6	69	>100%	63	9.5%
i). <16 years	National	9	0	0	0	0	0	0	4	>100%	8	-50.0%
ii). <17 years	National	27	0	0	6	2	1	3	27	>100%	22	22.7%
iii). <18 years	National	53	30	18	3	3	4	3	38	90%	33	15.2%

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)

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients

Month	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS	Private Units			Public Units		
				No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase	No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase
YTD 2015	6,935	159	23,027	4,647	3,724	923	1,309	1,290	19
Aug-15	728	159	23,027	615	360	255	155	126	29
Aug-14	733	1,842	22,038	287	349	-62	88	124	-36

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

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

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:


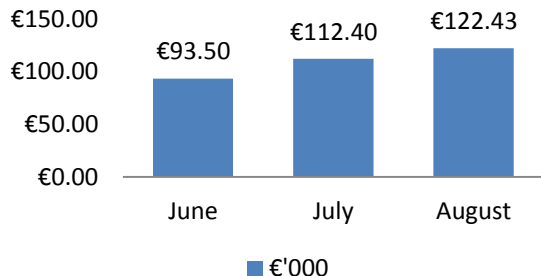


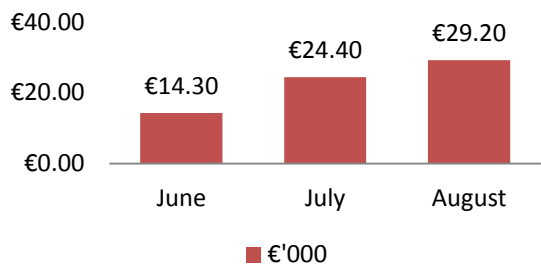
- Places patients or service users at risk
- Fails to meet the required standards for that service
- Departs from what is considered normal practice


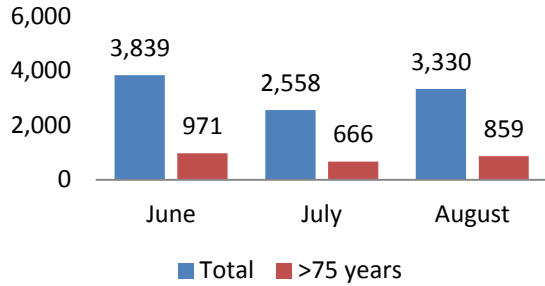

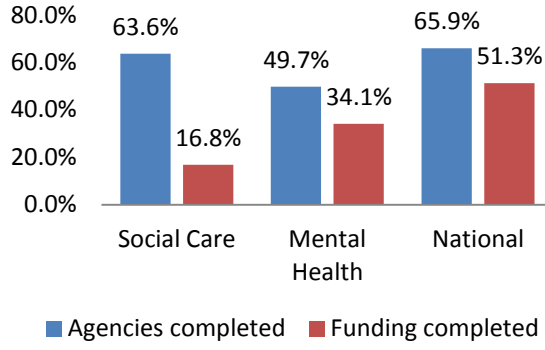
The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:

- **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


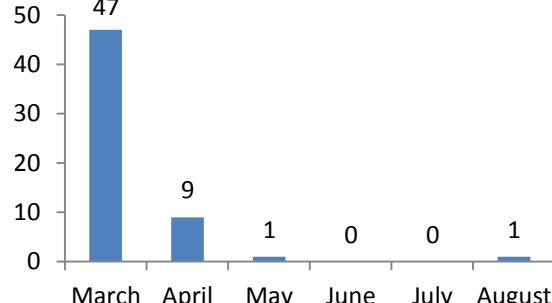

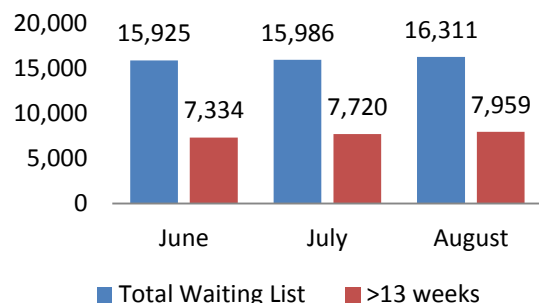
During the month of August a number of service issues have been escalated or remain in escalation. The actions taken and the progress made has also been set out in the attached table below at a summary level.

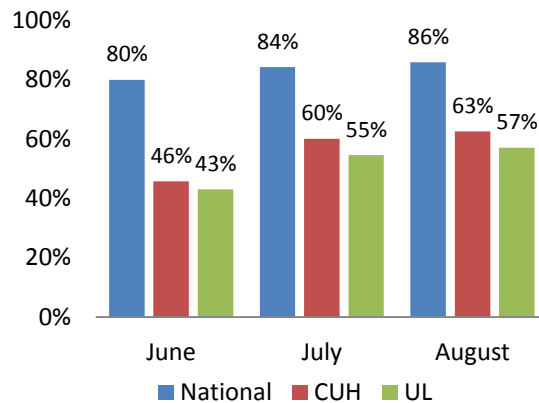
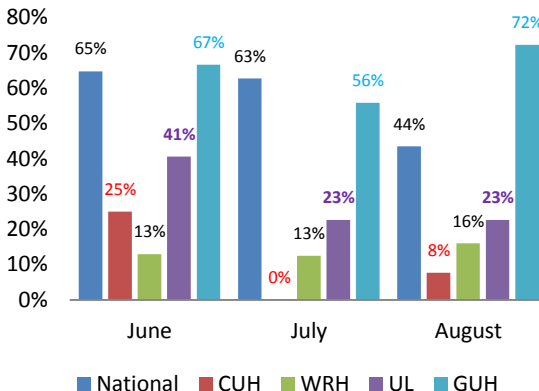
Areas of Black Escalation (Director General) under the Escalation & Intervention Framework 2015


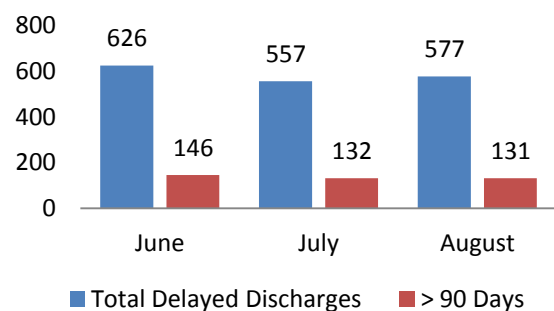

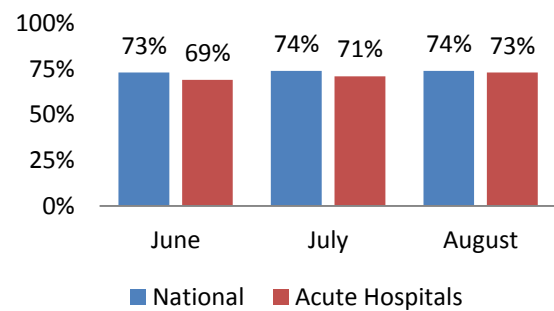

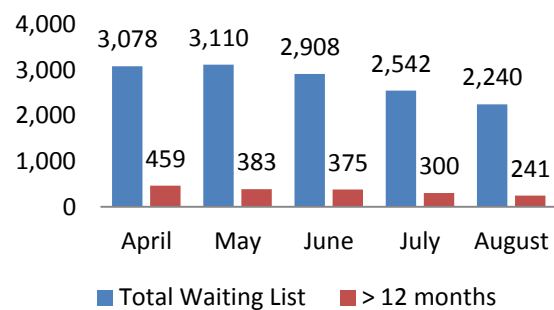
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend								
Projected net expenditure to year end 	Acute Hospital	Finance	Breakeven to 0.75% deficit	Escalated 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.	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	<p>Current Deficit against Budget, Acute Hospitals</p>  <table><thead><tr><th>Month</th><th>Deficit (€'000)</th></tr></thead><tbody><tr><td>June</td><td>€93.50</td></tr><tr><td>July</td><td>€112.40</td></tr><tr><td>August</td><td>€122.43</td></tr></tbody></table>	Month	Deficit (€'000)	June	€93.50	July	€112.40	August	€122.43
Month	Deficit (€'000)													
June	€93.50													
July	€112.40													
August	€122.43													
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									
Projected net expenditure to year end 	Social Care	Finance	Breakeven to 0.75% deficit	Escalated based on the year to date and projected year end deficit. Year to date deficit €29.2M and projected year end deficit €37M	Costs arising relate to meeting the standards and regulatory requirements for Disability Services. The Social Care Division continues to hold discussions with the Department of Health in this regard.	<p>Year to date deficit, Social Care</p>  <table><thead><tr><th>Month</th><th>Deficit (€'000)</th></tr></thead><tbody><tr><td>June</td><td>€14.30</td></tr><tr><td>July</td><td>€24.40</td></tr><tr><td>August</td><td>€29.20</td></tr></tbody></table>	Month	Deficit (€'000)	June	€14.30	July	€24.40	August	€29.20
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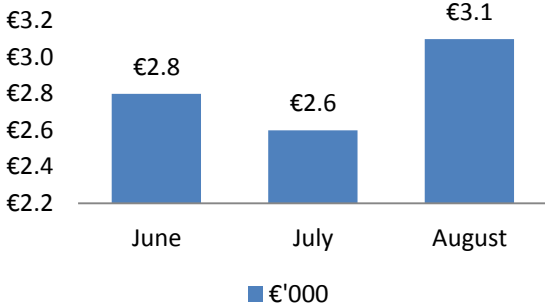

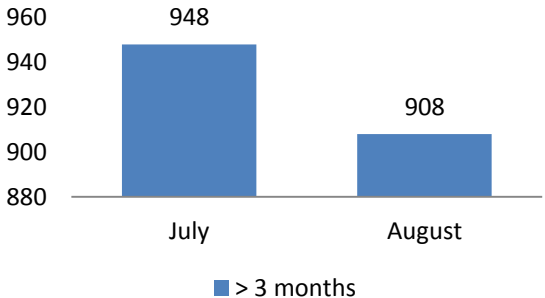
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend												
Patients waiting in ED for > 24 hours 	Acute Hospitals	Quality & Safety	0	Escalated from Red to Black escalation based on continued poor performance and a significant deterioration in performance during the month	<p>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</p> <p>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.</p>	<p>Patients in ED for > 24 hours</p>  <table><thead><tr><th>Month</th><th>Total</th><th>>75 years</th></tr></thead><tbody><tr><td>June</td><td>3,839</td><td>971</td></tr><tr><td>July</td><td>2,558</td><td>666</td></tr><tr><td>August</td><td>3,330</td><td>859</td></tr></tbody></table>	Month	Total	>75 years	June	3,839	971	July	2,558	666	August	3,330	859
Month	Total	>75 years																
June	3,839	971																
July	2,558	666																
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Service Level Arrangements 	Social Care and Mental Health	Access Quality & Safety Finance HR		<p>Escalated on the basis of continued poor performance</p> <p>Within Social Care 19 of 50 Service Arrangements have been completed.</p>	<p>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.</p> <p>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.</p>	<p>Completion - Service Arrangements <i>(As at 5th October 2015)</i></p>  <table><thead><tr><th>Category</th><th>Agencies completed</th><th>Funding completed</th></tr></thead><tbody><tr><td>Social Care</td><td>63.6%</td><td>16.8%</td></tr><tr><td>Mental Health</td><td>49.7%</td><td>34.1%</td></tr><tr><td>National Health</td><td>65.9%</td><td>51.3%</td></tr></tbody></table>	Category	Agencies completed	Funding completed	Social Care	63.6%	16.8%	Mental Health	49.7%	34.1%	National Health	65.9%	51.3%
Category	Agencies completed	Funding completed																
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Areas of **Red Escalation** (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

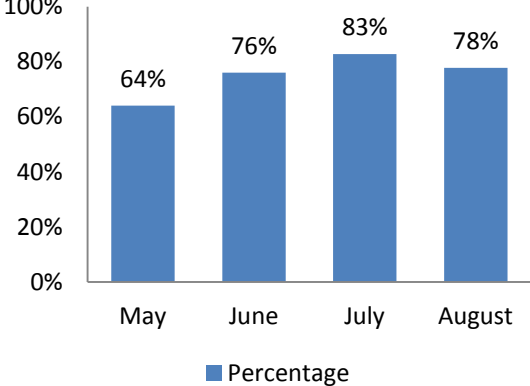
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend														
Urgent colonoscopy - % of people waiting < 4 weeks 	Acute Hospitals	Access	0	During August there was one breach.		 <table><caption>Urgent Colonoscopy Quarterly Trend</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>March</td><td>47</td></tr><tr><td>April</td><td>9</td></tr><tr><td>May</td><td>1</td></tr><tr><td>June</td><td>0</td></tr><tr><td>July</td><td>0</td></tr><tr><td>August</td><td>1</td></tr></tbody></table>	Month	Value	March	47	April	9	May	1	June	0	July	0	August	1
Month	Value																			
March	47																			
April	9																			
May	1																			
June	0																			
July	0																			
August	1																			
% of people waiting < 13 weeks for a routine colonoscopy/ OGD 	Acute Hospitals	Access	80% of patients received their procedure within 13 weeks	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%	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.	<p>Routine GI Waiting List</p>  <table><thead><tr><th>Month</th><th>Total Waiting List</th><th>>13 weeks</th></tr></thead><tbody><tr><td>June</td><td>15,925</td><td>7,334</td></tr><tr><td>July</td><td>15,986</td><td>7,720</td></tr><tr><td>August</td><td>16,311</td><td>7,959</td></tr></tbody></table>	Month	Total Waiting List	>13 weeks	June	15,925	7,334	July	15,986	7,720	August	16,311	7,959		
Month	Total Waiting List	>13 weeks																		
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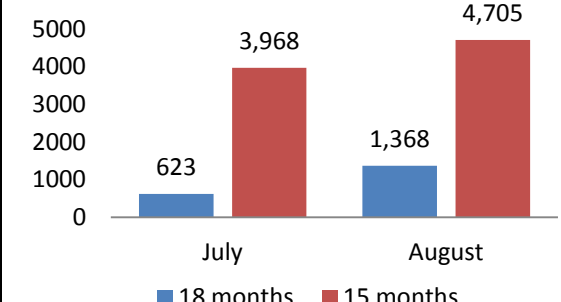

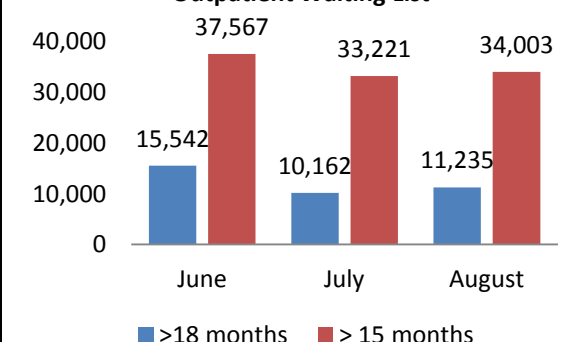
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend																								
Lung Service - patients to be seen within 10 working days <div><div></div></div>	Acute Hospitals	Access	Hospital or HG <80% for 3 consecutive months or missing data for 2 consecutive months	Escalated based on continued poor performance for Cork (62.5%) and Limerick University Hospitals (57%) which is below the 80% threshold	<p>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.</p> <p>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 >20 days.</p>	 <table><caption>PR August Results/ Quarterly Trend - Lung Service</caption><thead><tr><th>Month</th><th>National</th><th>CUH</th><th>UL</th></tr></thead><tbody><tr><td>June</td><td>80%</td><td>46%</td><td>43%</td></tr><tr><td>July</td><td>84%</td><td>60%</td><td>55%</td></tr><tr><td>August</td><td>86%</td><td>63%</td><td>57%</td></tr></tbody></table>	Month	National	CUH	UL	June	80%	46%	43%	July	84%	60%	55%	August	86%	63%	57%								
Month	National	CUH	UL																											
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Prostate Cancer - patients to be seen within 20 working days <div><div></div></div>	Acute Hospitals	Access	If the hospital or HG falls below <80% for 3 consecutive months or has missing data for 2 consecutive months	Cork, Waterford, Limerick and Galway University Hospitals have performed below the 80% threshold	<p>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.</p>	 <table><caption>PR August Results/ Quarterly Trend - Prostate Cancer</caption><thead><tr><th>Month</th><th>National</th><th>CUH</th><th>WRH</th><th>UL</th><th>GUH</th></tr></thead><tbody><tr><td>June</td><td>65%</td><td>25%</td><td>13%</td><td>41%</td><td>67%</td></tr><tr><td>July</td><td>63%</td><td>0%</td><td>13%</td><td>23%</td><td>56%</td></tr><tr><td>August</td><td>72%</td><td>8%</td><td>16%</td><td>23%</td><td>72%</td></tr></tbody></table>	Month	National	CUH	WRH	UL	GUH	June	65%	25%	13%	41%	67%	July	63%	0%	13%	23%	56%	August	72%	8%	16%	23%	72%
Month	National	CUH	WRH	UL	GUH																									
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend																		
<div>Number of discharges delayed by more than 90 days</div> <div></div>	Acute Hospitals & Social Care	Access	No delayed discharges > 90 days	During August there were 132 breaches over 90 days	A working group comprising the relevant divisions has been established to look at the complex needs of these individuals and develop appropriate plans.	<div></div> <table><thead><tr><th>Month</th><th>Total Delayed Discharges</th><th>> 90 Days</th></tr></thead><tbody><tr><td>June</td><td>626</td><td>146</td></tr><tr><td>July</td><td>557</td><td>132</td></tr><tr><td>August</td><td>577</td><td>131</td></tr></tbody></table>	Month	Total Delayed Discharges	> 90 Days	June	626	146	July	557	132	August	577	131						
Month	Total Delayed Discharges	> 90 Days																						
June	626	146																						
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August	577	131																						
<div>European Working Time Directive</div> <div></div>	Acute Hospitals	Human Resources	100% of NCHDs have a working week of 48 hours or less	Compliance remains low at 74% which is below the European standards	Six hospital sites are subject to targeted action in conjunction with the Irish Medical Organisation and Improvement Plans are in place	<div></div> <table><thead><tr><th>Month</th><th>National</th><th>Acute Hospitals</th></tr></thead><tbody><tr><td>June</td><td>73%</td><td>69%</td></tr><tr><td>July</td><td>74%</td><td>71%</td></tr><tr><td>August</td><td>74%</td><td>73%</td></tr></tbody></table>	Month	National	Acute Hospitals	June	73%	69%	July	74%	71%	August	74%	73%						
Month	National	Acute Hospitals																						
June	73%	69%																						
July	74%	71%																						
August	74%	73%																						
<div>Children and adolescents on waiting list > 12 months for first appointment</div> <div></div>	Mental Health	Access/ Quality	If there are any children/adolescents waiting > 12 months for a first appointment	Continued improvement in this area with a further reduction of 59 long waiters in the month, from 300 in July to 241 in August.	The targeted waiting list to focus initially on the CAMHs teams with more than 20 children waiting greater than 12 months continues apace and continued improvements are being made in this area	<div></div> <table><thead><tr><th>Month</th><th>Total Waiting List</th><th>> 12 months</th></tr></thead><tbody><tr><td>April</td><td>3,078</td><td>459</td></tr><tr><td>May</td><td>3,110</td><td>383</td></tr><tr><td>June</td><td>2,908</td><td>375</td></tr><tr><td>July</td><td>2,542</td><td>300</td></tr><tr><td>August</td><td>2,240</td><td>241</td></tr></tbody></table>	Month	Total Waiting List	> 12 months	April	3,078	459	May	3,110	383	June	2,908	375	July	2,542	300	August	2,240	241
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend								
<div>Year end or current deficit</div> <div>Excludes PCRS</div> <div></div>	Primary Care	Finance	Breakeven to 0.33% deficit	Year to date variance from budget is +€3.1M (0.5%).	Projected year end deficit for primary care services is €3.5m	<div></div> <table><caption>PR August Results/ Quarterly Trend (Finance)</caption><thead><tr><th>Month</th><th>Value (€'000)</th></tr></thead><tbody><tr><td>June</td><td>€2.8</td></tr><tr><td>July</td><td>€2.6</td></tr><tr><td>August</td><td>€3.1</td></tr></tbody></table>	Month	Value (€'000)	June	€2.8	July	€2.6	August	€3.1
Month	Value (€'000)													
June	€2.8													
July	€2.6													
August	€3.1													
<div>Properly completed Medical and GP Visit Cards not processed > 3 months</div> <div></div>	Primary Care	Access/ Quality	>3 months	<div>Escalated based on continued poor performance</div> <div>908 remain over the 3 month threshold, down slightly from 948 in July</div>	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.	<div></div> <table><caption>PR August Results/ Quarterly Trend (Access/ Quality)</caption><thead><tr><th>Month</th><th>Value (> 3 months)</th></tr></thead><tbody><tr><td>July</td><td>948</td></tr><tr><td>August</td><td>908</td></tr></tbody></table>	Month	Value (> 3 months)	July	948	August	908		
Month	Value (> 3 months)													
July	948													
August	908													

Areas of Red-Amber Escalation (National Performance Oversight Group) under the Escalation & Intervention Framework 2015

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend										
<p>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.</p> <div><div></div></div>	Mental Health	Access/ Quality	If the proportion of children/adol escents 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	<p>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.</p> <p>All admissions of young people under age 18 years are notified to the Mental Health Commission in accordance with regulations</p>	 <table><caption>PR August Results/ Quarterly Trend</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>May</td><td>64%</td></tr><tr><td>June</td><td>76%</td></tr><tr><td>July</td><td>83%</td></tr><tr><td>August</td><td>78%</td></tr></tbody></table>	Month	Percentage	May	64%	June	76%	July	83%	August	78%
Month	Percentage															
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR August Results/ Quarterly Trend												
Adults and children waiting > 18 months for an elective procedure 	Acute Hospital	Access/ Quality	Any patient waiting > 18 months after June	During August 1,317 adults and 51 children were waiting longer than the maximum wait time of 18 months	<p>In line with the maximum wait time of 15 months by year end, clearance plans are in place and outsourcing plans have been approved. Financial penalties will apply to any breach of this maximum wait time.</p> <p>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 waiting lists and the year end maximum wait time of 15 months for inpatient and daycase procedures and OPD</p>	<p>Adults & Children Inpatient & Day Case</p>  <table><thead><tr><th>Month</th><th>18 months</th><th>15 months</th></tr></thead><tbody><tr><td>July</td><td>623</td><td>3,968</td></tr><tr><td>August</td><td>1,368</td><td>4,705</td></tr></tbody></table>	Month	18 months	15 months	July	623	3,968	August	1,368	4,705			
Month	18 months	15 months																
July	623	3,968																
August	1,368	4,705																
Persons waiting >18 months for an OPD appointment 	Acute Hospitals	Access/ Quality	0	At the end of August 11,235 people were waiting greater than the maximum wait time of 18 months.		<p>Outpatient Waiting List</p>  <table><thead><tr><th>Month</th><th>>18 months</th><th>> 15 months</th></tr></thead><tbody><tr><td>June</td><td>15,542</td><td>37,567</td></tr><tr><td>July</td><td>10,162</td><td>33,221</td></tr><tr><td>August</td><td>11,235</td><td>34,003</td></tr></tbody></table>	Month	>18 months	> 15 months	June	15,542	37,567	July	10,162	33,221	August	11,235	34,003
Month	>18 months	> 15 months																
June	15,542	37,567																
July	10,162	33,221																
August	11,235	34,003																



Performance Overview by Service Provider

Performance RAG Rating

Red ● > 10% of target
 Amber ● > 5% ≤ 10% of target
 Green ● ≤ 5% of target
 Grey ● No result expected

Finance RAG Rating

Red ● 0.5% > of target
 Amber ● ≥ 0.25% < 0.5% of target
 Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
 Amber ● ≥ 4.02% < 4.73%
 Green ● < 4.02%

HR – Indicative workforce

Red ● ≥ 1.5% of target
 Amber ● ≥ 0.5% < 1.5% of target
 Green ● < 0.5% of target

Acute Services Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Var YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	ULH YTD	Saolta YTD	Children' s YTD	National June	National July	National August
Quality & Safety	Number of SREs reported	NA	162		46	17	42	35	7	13	5			
	% of mandatory investigations exceeding 4 month target for completion	< 10%	69%		93%	65%	45%	63%	86%	62%	100%			
	Surgery – % day case for Elective Laparoscopic Cholecystectomy	> 60%	38.3%	-36.2%	47.4%	59.8%	41.6%	41.3%	15.4%	5.6%		38%	42%	34%
	Hip Fracture – % Emergency Surgery Within 48 hr	95%	84.1%	-11.5%	91.7%	84.1%	77.8%	82.1%	87.9%	78.4%		90%	74.5%	86.8%
	Medical Readmission rates	< 9.6%	10.8%	-12.5%	10.6%	10.9%	11.1%	11.2%	11.4%	8.9%	2.0%	10%	9.8%	9.8%
	Surgical Readmission rates	< 3%	2.0%	33.3%	1.8%	2.8%	2.2%	1.9%	2.0%	1.3%		2.0%	2.0%	2.0%
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals	95%	95.9%	0.9%	99.9%	98.2%	99.5%	88.2%	94.4%	97.9%		98.5%	92.5%	96.5%
	Cancer Services – Lung within 10 working days	95%	85.7%	-9.8%	98.8%	96.2%	99.3%	74.3%	79.0%	66.5%		79.7%	84.2%	85.8%
	Cancer Services – Prostate within 20 working days	90%	60.1%	-33.2%	73.4%	81.3%	98.7%	13.0%	69.4%	28.1%		64.8%	62.8%	43.5%
	Cancer Services – Radiotherapy within 15 working days	90%	85.6%	-4.9%		78.4%		79.5%	85.6%			84.3%	81.6%	83.7%
Access ¹	Inpatient/Day Case waiting times – % Adult waiting < 8 months	100%	69.2%	-30.8%	68.2%	67.3%	67.4%	67.0%	68.5%	86.6%		71.9%	70.5%	69.2%
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks	100%	57.7%	-42.3%	59.0%	65.7%	52.6%	61.3%	53.8%	63.1%	56.9%	60.5%	57.6%	57.7%
	Outpatients – % people waiting < 52 weeks	100%	83.6%	-16.4%	90.7%	82.8%	86.2%	80.3%	78.9%	85.1%	83.3%	82.5%	83.4%	83.6%
	Outpatients – New: Return ratio	1:2	1 : 2.6	-30.0%	1 : 2.3	1 : 3	1 : 2.8	1 : 2.7	1 : 2.4	1 : 3.8	1 : 2.3	1:2.5	1:2.6	1:2.6
	Emergency Care – 6 hour PET	95%	68.1%	-28.3%	68.6%	61.2%	60.8%	68.8%	70.1%	57.2%	89.2%	69.6%	70.2%	69.1%
	Emergency Care – 9 hour PET	100%	81.5%	-18.5%	81.6%	76.9%	75.4%	81.7%	84.5%	72.4%	97.0%	82.4%	83.6%	82.4%
	Emergency Care – patients in ED GT 24 hours	0%	4.0%	-4.0%	4.8%	3.9%	6.8%	3.4%	2.6%	7.1%	0.3%	4.0%	2.8%	3.6%
	Surgical DOSA	70%	68.9%	-1.6%	80.2%	57.2%	56.9%	73.1%	60.9%	78.7%		70%	69%	64.4%
	Surgical – Reduction in bed days utilization	5% red	10.5%	-54.4%	9.7%	8.1%	9.5%	10.0%	14.0%	17.0%		11%	12%	13%
	GI – % waiting < 13 weeks routine colonoscopy/OGD	100%	51.2%	-48.8%	57.2%	30.8%	43.6%	70.3%	67.9%	84.2%	61.6%	53.9%	51.7%	51.2%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy	100%	99.9%	0%	100%	100%	100%	100%	98%	100%	100%	99.9%	100%	99.9%
	Delayed Discharges	15% red	5.6%	5.6%	9.9%	3.7%	3.6%	-3.8%	-14.6%	66.4%		-2.5%	8.8%	5.6%
	Ambulance Turnaround times – 60 minutes	100%	95.05%	-4.95%										
	ALOS – Medical	5.8 days	7.2	-23.9%	7.3	9.1	7.8	6.3	6.5	5.6		6.9	6.6	6.6
	ALOS – Surgical	5.1 days	5.5	-7.8%	6.1	5.5	6.1	4.5	4.7	4.4		5.1	5.3	5.3

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

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	ULH YTD	Saolta YTD	Children' s YTD
Finance	Net Expenditure variance from plan (excluding Regional and National Services)	€2,642,789	€2,770,723	€127,934	4.84%	4.92%	4.52%	6.00%	2.71%	1.42%	7.88%	4.37%
	Pay (excl Superannuation Pay)	€2,176,018	€2,251,317	€75,298	3.46%	3.73%	2.95%	3.08%	2.86%	3.74%	5.27%	1.97%
	Pay (Agency)	€90,170	€139,542	€49,371	54.75%	36.97%	75.10%	25.62%	55.40%	37.16%	157.88%	110.41%
	Pay (Overtime)	€99,224	€108,679	€9,454	9.53%	15.31%	18.72%	6.18%	0.94%	19.80%	2.08%	10.50%
	Non Pay (incl procurement savings)	€987,329	€1,055,971	€68,641	6.95%	7.01%	5.30%	6.82%	7.23%	3.33%	10.40%	7.40%
	Income	-€590,244	-€613,090	-€22,846	3.87%	4.29%	0.73%	-2.45%	11.10%	14.04%	0.15%	4.95%
	Regional and National Services	€16,363	€10,860	-€5,503	-33.63%							
	Net Expenditure variance from plan (including Regional and National Services)	€2,659,153	€2,781,583	€122,431	4.60%							
	NCCP	€1,781	€1,968	€186	10.47%							
	% and number of 2015 Service Arrangements signed	100%	10 58.8%		42.1%							
	€ value of 2015 Service Arrangements signed	100%	€1,292,959 75.4%		24.6%							
HR	Absenteeism - Medical/Dental	3.5%	0.83%	-2.67%	-76.2%	0.81%	0.92%	0.88%	0.90%	0.45%	0.72%	1.29%
	Absenteeism – Nursing	3.5%	5.03%	1.53%	43.7%	3.80%	3.84%	4.81%	4.56%	5.74%	4.76%	4.21%
	Absenteeism - Health and Social Care Professional	3.5%	3.24%	-0.26%	-7.4%	2.69%	2.30%	2.89%	2.92%	3.96%	3.04%	3.33%
	Absenteeism - Management/Admin	3.5%	3.86%	0.36%	10.2%	3.43%	3.64%	3.88%	3.41%	4.97%	3.58%	3.52%
	Absenteeism - General Support staff	3.5%	5.25%	1.75%	50%	5.10%	4.06%	4.82%	5.09%	6.83%	4.91%	7.96%
	Absenteeism - Other Patient and Client staff	3.5%	6.58%	3.08%	88%	4.95%	5.66%	5.98%	4.75%	9.40%	5.78%	5.17%
	Variance from Indicative workforce	49,631	51,551	1,920	3.9%	5.9%	2.7%	4.8%	3.5%	7.8%	1.8%	0.3%
	EDWT ² - <24 hour shift	100%	96%	-4%	96%	97%	96%	93%	100%	91%	97%	92%
	EDWT - <48 hour working week	100%	73%	-27%	73%	69%	63%	60%	84%	94%	86%	69%

² EWT D compliance is calculated on returns from 36 out of 40 hospitals

National Ambulance Services Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD	National June	National July	National August
Quality & Safety	Number of SREs reported	NA	1								
	% of mandatory investigations exceeding 4 month target for completion	< 10%									
	% of control centres that carry out Advanced Quality Assurance Audits	100%	100%	0%							
	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)	40%	40%	0%							
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	78%	-3%	81%	81%	76%	72%	77%	76%	
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	67%	-17%	69%	68%	65%	63%	67%	66%	
	Intermediate Care Services	70%	80%	14%					81%	80%	
	% delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework	100%	72%	-28%					93%	92%	

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€95,673	€96,515	€842	0.88%				
	Pay (excl superannuation pay)	€70,649	€70,685	€36	0.05%				
	Pay – Agency	€0	€411	€411	100%				
	Pay – Overtime	€3,938	€10,811	€6,872	174.51%				
	Non-pay (incl procurement savings)	€25,173	€25,939	€765	3.04%				
	Income	-€150	-€109	€40	-27.05%				
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%	1.99%				

Community Healthcare Balanced Score Card – Absenteeism

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
HR ³	Absenteeism - Medical/Dental	3.5%	2.07%	-1.43%	-40.8%	1.63%	2.06%	1.74%	2.08%	1.43%	3.62%	2.55%	1.60%	2.20%
	Absenteeism – Nursing	3.5%	4.85%	1.35%	38.5%	5.85%	5.03%	6.69%	3.70%	5.01%	3.92%	4.80%	5.82%	3.75%
	Absenteeism - Health and Social Care Professional	3.5%	3.51%	0.01%	0.28%	4.04%	3.27%	3.91%	3.42%	4.16%	3.31%	3.21%	3.78%	3.27%
	Absenteeism - Management/Admin	3.5%	4.26%	0.76%	21.7%	4.40%	4.18%	4.25%	3.61%	3.46%	3.69%	4.54%	5.29%	4.06%
	Absenteeism - General Support staff	3.5%	5.04%	1.54%	44%	6.18%	4.80%	4.27%	3.88%	6.31%	4.11%	5.22%	5.77%	4.70%
	Absenteeism - Other Patient and Client staff	3.5%	5.18%	1.68%	48%	6.56%	4.85%	5.96%	3.87%	4.74%	3.79%	5.14%	6.09%	5.59%

³ Absenteeism results provided include Primary Care, Mental Health and Social Care divisions

Health & Wellbeing Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National June	National July	National August
Quality & Safety	Number of SREs reported		0													
	% of mandatory investigations exceeding 4 month target for completion	< 10%														
Access	Child Health - development at 10 months	95%	93.5%	-1.5%	96.3%	96.1%	92.6%	94.9%	93.6%	88.8%	92.2%	91.8%	95.5%	93.0%	94.2%	92.7%
	BreastCheck screening	91,300	95,384	4.5%										11,278	12,739	10,805
	CervicalCheck screening	187,000	175,411	-6.2%										19,319	18,492	17,635
	Diabetic Retina Screening	50,545	49,799	-1.5%										7,359	6,234	4,627
	Tobacco Control (intensive cessation support) ⁴	6,315	7,877	24.7%	1,388	0	293	637	167	587	1,248	686	1,216	848	1,349	900

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€121,440	€120,499	-€941	-0.77%									
	Pay (excl superannuation pay)	€60,628	€59,454	-€1,174	-1.94%									
	Pay – Agency	€912	€1,023	€111	12.14%									
	Pay – Overtime	€200	€197	-€3	-1.46%									
	Non-pay (incl procurement savings)	€64,995	€65,114	€119	0.18%									
	Income	-€4,183	-€4,069	€114	-2.72%									
	% and number of 2015 Service Arrangements signed	100%	116 74.4%		25.6%									
	€ value of 2015 Service Arrangements signed	100%	€7,840 66.4%		33.6%									
HR	Variance from Indicative workforce	1,279	1,239	-40	-3.13%									

⁴ National figures include the National Quitline result of 1,655

Primary Care Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National June	National July	National August
Quality & Safety	Number of SREs reported	NA	0													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	NA													
	Physiotherapy within 12 weeks	80%	Data gap		81.8%	81.5%	77.9%	88.4%	Data gap	88.6%	80.1%	85.1%	66.0%	Data gap	Data gap	Data gap
	Occupational Therapy within 12 weeks	80%	Data gap		87.9%	75.8%	85.2%	68.1%	Data gap	81.0%	65.7%	80.9%	79.4%	Data gap	Data gap	Data gap
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	90%	97.3%	8.1%										92.3%	98.1%	97.3%
	% of Medical Cards/GP Visit Card applications, assigned for medical Officer review, processed within 5 days	90%	96.3%	7.0%										94.2%	98.6%	96.3%
Access	Opioid substitution treatment (outside prisons)	9,400	9,453	0.8%	79	114	259	386	416	985	3,706	571	2,931	9,420	9,471	9,453
	Opioid substitution treatment (prisons)	490	571	16.5%										516	491	571
	CIT - Overall Activity	15,988	12,173	- 23.9%		337	2,373	872	969	783	3,830	234	2,775	1,546	1,578	1,634
	CIT - Admission Avoidance (includes OPAT)	742	411	- 44.6%		28	78	62	45	48	19	21	110	54	41	59
	CIT - Hospital Avoidance	8,539	7,107	- 16.8%		5	1,309	281	634	527	3,428	0	923	966	949	960
	CIT - Early Discharge (includes OPAT)	3,878	2,569	- 33.8%		302	508	175	263	171	383	211	556	287	300	352
	CIT Activity – Other	2,829	2,086	- 26.3%		2	478	354	27	37	0	2	1,186	239	288	263
	Number of contacts with GP OOH	638,760	639,230	0.1%										75,303	66,760	76,447

Primary Care Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€2,267,411	€2,348,104	€80,693	3.56%	5.24%	4.51%	1.28%	1.61%	0.92%	2.54%	-0.49%	4.56%	2.68%
	Pay (excl superannuation)	€393,376	€398,509	€5,133	1.30%									
	Pay – Agency	€7,817	€12,273	€4,456	57.01%									
	Pay – Overtime	€1,970	€2,209	€238	12.10%									
	Non-pay (incl procurement savings)	€1,976,176	€2,051,844	€75,669	3.83%									
	Income	-€103,581	-€103,840	-€259	0.25%									
	Net Expenditure variance from plan - Primary Care	€496,133	€497,626	€1,493	0.30%									
	Net Expenditure variance from plan – Social Inclusion	€83,839	€85,082	€1,243	1.48%	6.05%	-1.43%	4.74%	1.82%	0.27%	4.69%	1.12%	-4.10%	1.42%
	Net Expenditure variance from plan – PCRS	€1,494,450	€1,562,874	€68,424	4.58%									
	Net Expenditure variance from plan - Demand Led Schemes	€145,452	€154,593	€9,141	6.28%									
	% and number of 2015 Service Arrangements signed – Primary Care	100%	103 45%		55%									
	€ value of 2015 Service Arrangements signed – Primary Care	100%	€1,566 4.6%		95.4%									
	% and number of 2015 Service Arrangements signed – Social Inclusion	100%	288 53.7%		46.3%									
	€ value of 2015 Service Arrangements signed – Social Inclusion	100%	€43,091 58.5%		41.5%									
HR	Variance from Indicative workforce	10,344	10,211	-133	-1.29%									

Palliative Care Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National June	National July	National August
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days	95%	88.0%	-7.4%	90.6%	90.8%	93.5%	90.6%	98.0%	78.9%	77.2%	90.2%	74.5%	88.6%	88.5%	90.7%
	Community Home Care - No of patients in receipt of specialist palliative care in the community	3,248	3,164	-2.6%	388	370	400	479	433	229	241	390	234	3,147	3,264	3,164
	Inpatient waiting times - % of patients admitted within 7 days of referral	98%	97.9%	-0.1%	97.2%	96.1%	100.0%	100.0%	100.0%	90.8%	98.4%		94.0%	99.3%	99.6%	97.4%
	Day Care - No of patients in receipt of specialists palliative day care services	349	297	-14.9%	0	41	30	102		28	38		58	348	336	297
	Paediatric Services - No of children in care of the Children's Palliative Care Services	320	369	15.3%	13	23	32	29	36	14	146	46	30	377	382	369

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Wexford Carlow, Kilkenny Tipperary South	Dublin South East Dun Laoghaire Wicklow (6)	City Dublin West Dublin South West Kildare, West	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€47,536	€47,930	€394	0.83%	5.38%	2.30%	0.22%	1.00%	-1.98%	-12.77%	-1.33%	4.99%	0.64%
	Pay (excl superannuation pay)	€24,024	€24,211	€186	0.78%									
	Pay – Agency	€840	€912	€72	8.54%									
	Pay – Overtime	€479	€515	€36	7.60%									
	Non Pay (including procurement savings)	€28,970	€29,540	€571	1.97%									
	Income	-€6,324	-€6,617	-€293	4.63%									
	% of 2015 Service Arrangements signed	100%	83%		67%									
	€ value of 2015 Service Arrangements signed	100%	€4,859 8.2%		91.8%									
HR	Variance from indicative workforce	10,344	10,211	-133	-1.29%									

Mental Health Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National June	National July	National August
Quality & Safety	Number of SREs reported	NA	25													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	64%													
	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	95%	71.1%	-25.1%										76.0%	82.8%	77.8%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:															
	General Adult Teams	90%	92.3%	2.5%	85.1%	Data Gap	96.9%	93.7%	98.0%	98.3%	86.7%	93.6%	81.0%	90.0%	91.6%	91.9%
	Psychiatry of Old Age Teams	99%	98.0%	-1.0%	93.6%	Data Gap	100.0%	92.9%	100.0%	98.2%	97.6%	98.0%	98.5%	98.0%	96.6%	98.3%
	Child and Adolescent Community mental Health Teams	78%	76.5%	-1.9%	59.6%	94.8%	85.3%	69.2%	Data Gap	67.9%	Data Gap	76.1%	66.0%	76.0%	74.5%	67.6%
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:															
	General Adult Teams	75%	73.2%	-2.4%	70.7%	Data Gap	70.7%	69.7%	90.5%	77.5%	70.5%	67.1%	55.7%	72.0%	73.7%	71.6%
	Psychiatry of Old Age Teams	95%	95.4%	0.5%	92.6%	Data Gap	99.2%	69.6%	99.8%	97.5%	96.8%	93.2%	95.7%	95.0%	92.9%	95.7%
	Child and Adolescent Community Mental Health Teams	72%	68.3%	-5.1%	53.6%	77.3%	83.1%	64.5%	Data Gap	61.3%	Data Gap	63.8%	48.5%	67.0%	67.0%	61.1%
Access	Total no. to be seen	2,632	2,240	-14.9%	382	25	299	537	82	354	173	211	177	2,908	2,542	2,240
	Total no. to be seen (0-3 months)	1,153	781	-32.3%	113	16	57	161	27	147	89	120	51	1,175	1,045	781
	Wait List (i.e. those waiting >3 months)	1,479	1,459	-1.4%	269	9	242	376	55	207	84	91	126	1,733	1,497	1,459
	No. on waiting list for first appointment at end of each month by wait time:															
	3-6 months	534	641	20.0%	112	7	97	134	21	122	21	74	53	780	679	641
	6-9 months	331	356	7.5%	73	0	63	84	16	73	11	15	21	404	354	356
	9-12 months	614	221	-64.0%	57	2	47	43	6	12	19	2	33	174	164	221
	>12 months	0	241	>100%	27	0	35	115	12	0	33	0	19	375	300	241

Mental Health Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€499,112	€499,548	€437	0.09%	1.89%	0.53%	0.97%	1.33%	1.91%	-0.49%	0.86%	3.56%	0.36%
	Pay (excl superannuation pay)	€406,046	€402,996	-€3,050	-0.75%									
	Pay – Agency	€10,212	€20,889	€10,676	104.54%									
	Pay – Overtime	€10,042	€12,781	€2,739	27.27%									
	Non-pay (incl procurement savings)	€105,536	€108,064	€2,528	2.40%									
	Income	-€13,112	-€12,139	€973	-7.42%									
	% and number of 2015 Service Arrangements signed	100%	68 32.9%		67.1%									
HR	€ value of 2015 Service Arrangements signed	100%	€3,824 6.7%		93.3%									
	Variance from Indicative workforce	9,262	9,308	46	0.50%									
	EWTD - <24 hour shift ⁵	100%	94%	4%	94%									
	EWTD - <48 hour working week	100%	73%	27%	73%									

⁵ EWTD results are based on returns from 12 of 27 service providers

Social Care Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National June	National July	National August
Quality & Safety	Number of SREs reported	NA	28													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	46%													
	Elder abuse cases - % of active cases reviewed within 6 month timeframe	90%	87.7%	-2.6%	93.1%	94.2%	83.8%	89.4%	65.3%	97.7%	88.9%	96.6%	79.3%	91.8%	91.1%	86.5%
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	0.0%	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

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€969,467	€998,306	€28,838	2.97%	4.45%	5.59%	3.45%	2.53%	3.56%	3.55%	4.93%	4.80%	4.74%
	Pay (excl superannuation pay)	€380,562	€393,359	€12,797	3.36%									
	Pay – Agency	€12,123	€23,011	€10,888	89.81%									
	Pay – Overtime	€3,083	€5,018	€1,935	62.78%									
	Non-pay (incl procurement savings)	€639,356	€651,742	€12,386	1.94%									
	Income	-€66,335	-€65,184	€1,151	-1.74%									
	% and number of 2015 Service Arrangements signed	100%	138 18%		82%									
	€ value of 2015 Service Arrangements signed	100%	€42,958 3.9%		96.1%									
HR	Variance from Indicative workforce	24,816	25,306	490	1.97%									

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

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€474,033	€475,419	€1,386	0.29%	6.05%	9.62%	3.29%	3.81%	4.23%	3.34%	-2.01%	11.14%	0.29%
	Pay (excl superannuation pay)	€434,222	€440,078	€5,856	1.35%									
	Pay – Agency	€15,642	€20,714	€5,072	32.43%									
	Pay – Overtime	€3,633	€4,034	€402	11.05%									
	Non-pay (incl procurement savings)	€287,879	€284,810	-€3,070	-1.07%									
	Income	-€250,819	-€252,813	-€1,994	0.80%									
	% and number of 2015 Service Arrangements signed	100%	589 51.8%		48.2%									
	€ value of 2015 Service Arrangements signed	100%	€36,537 26.4%		73.6%									
HR	Variance from Indicative workforce	24,816	25,306	490	1.97%									



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.

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Acute Hospitals Division	4,005,348	2,781,584	2,659,153	122,431	4.60%	38.05%
National Ambulance Service	144,139	96,515	95,673	842	0.88%	0.26%
Health & Wellbeing Division	197,476	120,499	121,440	(941)	-0.77%	-0.29%
Primary Care	752,694	497,626	496,133	1,493	0.30%	0.46%
Social Inclusion	126,133	85,082	83,839	1,243	1.48%	0.39%
Palliative Care	71,725	47,930	47,536	394	0.83%	0.12%
Primary Care Division (Note 1)	950,552	630,638	627,509	3,129	0.50%	0.97%
Mental Health Division	757,286	499,548	499,112	437	0.09%	0.14%
Older Persons Services	704,945	475,419	474,033	1,386	0.29%	0.43%
Nursing Home Support Scheme ("Fair Deal")	827,512	553,833	554,868	(1,036)	-0.19%	-0.32%
Disability Services	1,458,896	998,306	969,467	28,838	2.97%	8.96%
Social Care Division	2,991,353	2,027,557	1,998,369	29,188	1.46%	9.07%
CHO Corporate Community	4,411	3,135	2,943	193	6.55%	0.06%
National Cancer Control Programme (NCCP)	9,328	1,968	1,781	186	10.47%	0.06%
Clinical Strategy & Programmes Division	33,508	16,444	16,426	18	0.11%	0.01%
Quality Assurance & Verification	555	166	300	(135)	-44.78%	-0.04%
Quality Improvement Division	7,071	3,990	3,299	691	20.93%	0.21%
Other National Divisions/Services	283,852	182,292	176,627	5,665	3.21%	1.76%
Total Direct Service Provision	9,384,879	6,364,336	6,202,631	161,705	2.61%	50.26%
Statutory Pensions	433,661	307,013	288,348	18,665	6.47%	5.80%
Pension Levy	(221,626)	(146,593)	(147,562)	969	-0.66%	0.30%
Pensions	212,034	160,420	140,786	19,634	13.95%	6.10%
State Claims Agency	96,000	133,056	71,576	61,480	85.89%	19.11%
Primary Care Reimbursement Scheme (Note 1)	2,268,108	1,562,874	1,494,450	68,424	4.58%	21.27%

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

Description	Full Year 2015 Budget €000s	HSE Direct Provision		S.38 Funded Providers	
		YTD Variance €000s	YTD Variance %	Variance €000s	Variance %
Acute Hospitals Division	4,005,348	78,010	5.16%	44,421	3.87%
National Ambulance Service	144,139	842	0.88%	0	0.00%
Health & Wellbeing Division	197,476	(941)	-0.77%	0	0.00%
Primary Care	752,694	962	0.20%	530	11.07%
Social Inclusion	126,133	1,243	1.48%	0	0.00%
Palliative Care	71,725	792	2.32%	(398)	-2.96%
Primary Care Division (Note 1)	950,552	2,997	0.49%	132	0.73%
Mental Health Division	757,286	128	0.03%	308	1.30%
Older Persons Services	704,945	32	0.01%	1,354	5.16%
Nursing Home Support Scheme ("Fair Deal")	827,512	(1,036)	-0.19%	0	0.00%
Disability Services	1,458,896	15,843	2.21%	12,995	5.17%
Social Care Division	2,991,353	14,839	0.86%	14,349	5.17%
CHO Corporate Community	4,411	193	6.55%	0	0.00%

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

	Acute Hospitals €000s	Health & Wellbeing €000s	National Ambulance Service €000s	Primary Care €000s	Social Care €000s	Mental Health €000s	Other Services incl NCCP & QID €000s	Total €000s
Jan-15	17,868	127	83	1,542	5,144	2,426	208	27,398
Feb-15	18,923	99	21	1,575	4,907	2,386	465	28,376
Mar-15	17,929	160	71	1,518	5,195	2,531	270	27,672
Apr-15	17,841	113	62	1,724	5,592	2,389	372	28,093
May-15	16,699	77	32	1,600	5,331	2,528	398	26,665
Jun-15	16,466	192	63	1,687	5,470	2,609	756	27,243
Jul-15	16,777	163	38	1,318	6,089	3,025	383	27,793
Aug-15	17,118	93	42	1,310	5,996	2,993	353	27,905
Total 2015	139,621	1,023	411	12,273	43,724	20,889	3,204	221,145
Average monthly cost 2015 to date	17,453	128	51	1,534	5,465	2,611	401	27,643
Jan-14	17,005	143	147	1,245	4,632	1,447	323	24,943
Feb-14	17,601	149	195	1,327	4,173	1,757	49	25,252
Mar-14	18,867	87	77	1,283	5,292	1,954	227	27,787
Apr-14	18,826	141	163	1,301	4,916	2,102	299	27,746
May-14	19,562	156	174	1,330	5,395	2,415	314	29,345
Jun-14	19,956	119	131	1,470	4,705	2,042	322	28,746
Jul-14	20,467	112	154	1,445	5,676	2,487	193	30,535
Aug-14	18,655	123	153	1,445	5,405	2,570	442	28,687
Total 2014	150,939	1,030	1,195	10,740	40,193	16,774	2,170	223,041
Average monthly cost 2014 to date	18,867	129	149	1,342	5,024	2,097	271	27,880
Change - YTD 2015 vrs 2014	(11,318)	(8)	(784)	1,533	3,531	4,115	1,034	(1,896)
2015 full year cost based on YTD 2015								
Expenditure	209,719	1,536	618	18,435	65,675	31,376	4,813	332,172
2015 forecast versus 2014 actual cost	(25,365)	122	(1,064)	1,933	5,674	4,557	1,583	(12,559)

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

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

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

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital - Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady's Hospital - Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West Hospital Group	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent's University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
RCSI Hospital Group	Beaumont Hospital including St Josephs		Mercy University Hospital Cork
	Cavan General Hospital		South Tipperary General Hospital
	Connolly Hospital		South Infirmary University Hospital Cork
	Our Lady of Lourdes Hospital Drogheda		Waterford Regional Hospital
	Rotunda Hospital	Saolta Hospital Group	Galway University Hospitals
University of Limerick Hospital Group	Croom Hospital		Letterkenny General Hospital
	Ennis Hospital		Portiuncula Hospital General & Maternity Ballinasloe
	Nenagh Hospital		Mayo General Hospital
	St John's Hospital		Roscommon County Hospital
	University Hospital, Limerick		Sligo General Hospital
	University Maternity Hospital		
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children's Hospital, Tallaght		

Appendix 2: Community Health Organisations

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