



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

December Performance Report Supplementary Commentary

Contents

Acute Services.....	3
National Ambulance Service	19
Health & Wellbeing	24
Primary Care.....	32
Palliative Care.....	47
Mental Health Services.....	51
Social Care Services	59

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

Acute Services

Acute Services Update

Clinical Strategy and Programmes Division

The National Clinical and Integrated Care Programmes continue to work towards improving and standardising patient care regardless of geography by bringing together clinical disciplines and enabling them to share innovative evidenced based solutions in the interest of better patient care.

The following are some of the key outputs from the National Clinical and Integrated Care Programmes in December:

The Model of Care for All Children & Young People with Type 1 Diabetes by the National Clinical Programme for Paediatrics & Neonatology and National Clinical Programme for Diabetes was approved by Leadership and launched by Minister Varadkar on the 14th December. This document outlines a model of care aimed at improving the care of and outcomes for children with Type 1 Diabetes.

The National Clinical Programme for Neurology has developed its Model of Care for Neurology Services which was approved by the CSPD Senior Management Team. The document has been sent to HSE Leadership for noting prior to publication and launch in early 2016.

The National Clinical Programme for Epilepsy has completed its Model of Care for Epilepsy and this has been approved by the CSPD Senior Management Team. This will be sent to HSE Leadership for noting prior to publication and launch in early 2016.

A Systematic Literature Review to Support the Development of Integrated Care Programmes in Children, Older People, Maternity and Gynaecological Care has been approved by the CSPD Senior Management Team

A Report on Prediction Modelling and Risk Stratification based on a Systematic Review of the Literature was completed by the Integrated Care Programme for Prevention and Management of Chronic Disease and was approved by the CSPD Senior Management Team

The Comprehensive Geriatric Assessment Framework Document developed by the National Clinical Programme for Older People has been approved by CSPD Senior Management Team.

Quality & Safety

Serious Reportable Events

- The total number of events reported up to December 2015 was 206 which includes 9 new SREs reported during December 2015. 36 of the 49 hospitals have reported Serious Reportable Events. That means 13 hospitals have no SREs reported to date.
- At the end of December 2015, 11% of investigations were reported as compliant with 4 month timeline for investigation completion

The % of emergency readmissions to the same hospital within 28 days (Target ≤9.6%)

- 9.6% December 2015, 9.5% December 2014 (0.1% change)
- 10.7% December YTD 2015, 10.7% December YTD 2014 (no change)
- November 2015 reported at 9.9%, therefore an decrease of 0.3% since the last reporting period
- Variance from target -11.5%

The following hospitals have reported a result above 11% in November – St Columcilles 16.4%, Portlaoise 13.4%, Mater 11.8%, St Lukes Kilkenny 11.7%, Bantry 16.5%, Navan 11.6% and Mayo 11.5%.

22 Hospitals have achieved the target in December. Although Mayo 11.5%, Letterkenny 13.1% and Sligo 11.5% did not achieve the target they have seen an improvement on the November position.

The % of surgical readmissions to the same hospital within 30 days (Target <3%)

- 2% December 2015, 2.1% December 2014 (-.01% change)
- 2.1% December YTD 2015, 2.1% December YTD 2014 (no change)
- November 2015 reported at 2%, therefore a no change since the last reporting period
- Variance from target is 30%

Royal Victoria Eye and Ear, St Lukes Kilkenny, Tallaght, South Tipperary, Wexford, Cork and Our Lady of Lourdes all reported above the target of <3% in November.

Although Cork University Hospital did not achieve the target they have seen an improvement on the position reported in November.

Cancer Services

The % of people with symptomatic breast cancer seen within 2 weeks (Target 95%)

- 99.4% December 2015 (1,400 of 1,409 attendances), 92.1% December 2014 (change 7.3%)
- 96.9% December YTD 2015 (16,712 of 17,255 attendances), 94.1% December YTD 2014 (change 2.8%)
- Last reported period November 2015 reported at 96.9%, therefore a 2.5% change in performance
- Variance from target 2%

All centres have achieved the target of 95% in December.

Letterkenny (90% - target achieved in 8 out of 12months: Apr, June-Dec 2015) & Cork (87.9% - target achieved 7 out of 12months: Mar, Apr, Jun, Aug-Oct, Dec) are only centres who have not met the target for 2015. Work is ongoing with the clinical team on both sites to address performance.

The % of people with access to lung cancer assessment within 10 working days (Target 95%)

- 87.3% December 2015 (199 of 228 attendances), 91.1% December 2014 (change -3.8%)
- 85.7% December YTD 2015 (2,688 of 3,138 attendances), 88.1% December YTD 2014 (change -2.8%)
- Last reported period November 2015 reported at 86%, an increase of 1.3% in performance since the last reporting period
- Variance from target -9.8%

Overall there has been a 1.3% increase in the number of patients seen year to date compared to the same period last year. Four centres met the performance target in Dec 2015 (Vincent's, James and Waterford), while five centres have achieved the national target in 2015.

RAL clinic performance remains a priority agenda item on Cancer Network meeting with the Group CEO's/COO's YTD (Cork (65.3%), Galway (81%) and Limerick (59.3%).

The % of patients attending prostate rapid access services within 20 working days (Target 90%)

- 55.1% December 2015 (92 of 167 attendances), 61.9% December 2014 (change -6.8%)
- 58.7% December YTD 2015 (1,515 of 2,581 attendances), 49.2% December YTD 2014 (change -9.5%)
- Last reporting period November 2015 reported at 54.1%, a 1% change in performance since the last reporting period
- Variance from target -34.8%

National achievement of access targets remains a challenge across the centres. Performance is especially low in Waterford, Cork and Limerick.

RAP clinic performance remains a priority agenda item on Cancer Network meeting with the Group CEO's/COO's YTD (Cork (12.7%), Waterford (13%) and Limerick (22.5%).

Galway has maintained a performance improvement on 2014, work continues with the clinical team to streamline the high risk surveillance patients into a separate review clinic.

St James is challenged currently with medical staffing and is in the process of outsourcing some of the long waiters.

Beaumont performance is reduced this month; the team is adding additional clinics to deal with the backlog. They expect their performance to improve into Feb/March.

Waterford hospital has outsourced a number of prostate referrals to the private sector to assist with clearing their backlog.

Cork University hospital has outsourced a number of prostate referrals to the private sector to assist with clearing their backlog.

There has been a 23.6% increase in patient numbers being seen in the RAPC in Limerick in 2015 compared to 2014. The Group CEO and clinical team will be adding additional capacity for biopsies; NCCP will be providing funding for additional nursing support for the rapid access clinic. These initiatives will commence within the first quarter of 2016. NCCP will work with the team in Limerick to review clinic processes.

The % of patients receiving radiotherapy within 15 working days (Target 90%)

- 85.1% December 2015 (302 of 355 attendances), 83.9% December 2014 (change 1.2%)
- 84.6% December YTD 2015 (4,174 of 4,932 attendances), 87.6% December YTD 2014 (change -3%)
- Last reporting period November 2015 reported at 86.5%, a 1.4% change in performance since the last reporting period
- Variance from target -6%

Overall there has been a 19.6% increase in the numbers of patients who have completed radical treatment YTD compared to 2014. Radiation Oncology KPIs do not include figures from Cork due to staffing issues, cover is being arranged.

In St Luke's Radiation Oncology Network (SLRON) performance is maintained within the 80th percentile of patients were seen within 15 working days. Management is continuing the review of all processes to identify any efficiency.

The Capital project for two additional Linear Accelerators in St Lukes, Rathgar is underway.

The % of emergency hip fracture undergoing surgery within 48 hours (Target 95%)

- 87.5% December 2015, 85.7% December 2014 (change 1.8%)
- 84.9% December YTD 2015, 82.5% December YTD 2014 (change 2.4%)
- November 2015 reported at 85.3%, therefore an improvement in performance of 2.2% since the last reporting period.
- Variance from target -10.6%

Hospitals reporting lower than national target for December 2015 are St James 85.7%, Cork 78.6%, Tallaght 91.7%, Kerry 66.7%, Mayo 92.9% and Galway 83.3%. Although Waterford 85.7%, Tullamore 80.3% and Limerick 71.4% did not achieve the target they have seen an improvement on the position reported in November.

Cholecystectomy (removal of the gall bladder) performed via laparoscopy (Target >60%) New KPI

- 40.6% December 2015 (New KPI)
- 39.8% December YTD 2015 (New KPI)
- November 2015 reported at 43.5%, therefore a reduction of -2.9% change since last reporting period
- Variance from target -33.7%

In December 2015 St Michaels Hospital had more than 5 procedures recorded that did not have a laparoscopic cholecystectomy carried out as a day case and Mayo Hospital had 8.

In December 10 hospitals reached the target.

The total number of Births (Expected Activity 66,705 YTD)

- 5,383 December 2015, 5,617 December 2014 (change -234/-4.2%)
- 65,659 December YTD 2015, 67,397 December YTD 2014 (change -1,738/-2.6%)
- November 2015 reported at 5,293 therefore a slight increase of 90 (1.7%) on the last reporting period (Month on month births per day November 176 and December 174 a decrease of 1.6%).
- Variance from expected activity -1.6%

There are 19 Maternity Units nationally. Three hospitals have reported an increase in the number of births YTD when compared to the same period last year. University Maternity Hospital, Limerick has shown the largest increase YTD in births at 3.8% (172) while Portlaoise has reported a decrease of 12.2% (-223) YTD.

Caesarean Sections Rates (No expected activity figure)

- 30.6% December 2015 (1,647 out of 5,383), 30.9% December 2014 (1,735 out of 5,617) (change -88/-0.3%)
- 29.9% December YTD 2015 (19,620 out of 65,659), 29% December YTD 2014 (19,567 out of 67,397) (change 53/0.8%)
- November 2015 reported at 30.8% (1,630 out of 5,293), an increase of 17 (1%) on the last reporting period.

The YTD 2015 caesarean section rates showed a reduction in performance, 29.9% when compared to 29% for the same period last year. In December, Cavan (35.8%), Rotunda (35.4%), South Tipperary (40.3%) and Portlinculla (37.8%) have a caesarean section rate above 35%.

This data is inclusive of elective caesarean sections.

Access

Overview of Key activity

Activity Area	Result YTD Dec 2014	Result YTD Dec 2015	Compared to SPLY	Against expected activity YTD	Result Dec 2015	Result Dec 2014	Monthly Compared to SPLY	Monthly Against expected activity
Inpatients discharges	642,812	644,990	0.3% (2,178)	0.2% (1,242)	54,939	54,109	1.5% (830)	1.1% (594)
Day case discharges	861,138	878,821	2.1% (17,683)	0.2% 1,622	67,500	65,250	3.4% (2,250)	1.6% (1,094)
New ED attendances	1,098,008	1,102,720	0.4% (4,712)	-0.1% (-1,411)	92,539	89,289	3.6% (3,250)	3.1% (2,780)
Emergency Admissions	449,167	447,557	-0.4% (-1,610)	-0.8% (-3,600)	38,734	38,515	0.6% (219)	0.3% (101)
Elective admissions	100,971	102,554	1.6% (1,583)	2.6% (2,581)	7,495	7,092	5.7% (403)	7.4% (519)

Emergency Departments

Issues around performance in Emergency Departments are being addressed by the ED taskforce. Continued application of acute medical pathways and acute surgical pathways are necessary.

Patients who require prolonged observation can be admitted to a Clinical Decision Unit (CDU), but in the absence of this the observation may have to be provided within ED and will therefore be included in the Patient Experience Time (PET).

It is important to note that patients are being actively cared for during their ED attendance.

The overall emergency presentations for December are 108,141. Overall emergency presentations YTD are reported as 1,293,140 which is an increase of 20,871 (1.6%) when compared to the same period last year.

Key Action Areas under the Task Force for ED:

Delayed discharges (Target 500):

December position – 509, this is being progressed through the Delayed Discharge Initiative.

Patient experience in ED:

% of people who are admitted or discharged from ED within 6 hours (Target 95%) December position – 68.6%

Average daily number of patients in ED waiting for admission for over 9 hours (Target ≤ 70) December position – 83

Number of patients over 75 years in ED waiting for admission/discharge for over 9 hours (Target 0), December position – 3,599

The % of people who are in ED for more than 24 hours (Target 0%) December position – 2.7%

These areas are a particular focus for hospitals and site specific plans are being prepared to improve performance.

National placement list for NHSS (Target 550 – 580):

December position – 358

Number of people being funded under NHSS in long-term residential care (Target 23,965):

December position – 23,073 at end of December

Average wait time for approved applicants (Target 4 weeks):

December position – 4 weeks, performance in line with target

Public Bed Commitment (Target an additional 197 beds)

149 of these beds are now open and the remaining beds are all being progressed with recruitment of staff or HIQA registration etc being processed as a matter of urgency. In addition, 24 private contracted beds in Moorehall, Co. Louth are now in operation.

The % of people who are admitted or discharged from ED within 6 hours (Target 95%)

- 68.6% December 2015 (66,122 out of 96,435 attendances), 68.2% December 2014 (change 0.4%)
- 68.2% December 2015 YTD (783,395 out of 1,149,162), 67.6% December YTD 2014 (change 0.6%)
- November 2015 reported at 69.1%, therefore a decrease of -0.5% in performance since the last reporting period
- Variance from target -28.2%

While the national performance is 68.2% year to date, the following hospitals have reported performance below 60% in December Naas 51.6%, Tallaght 59.2%, Mercy 58.3% and Limerick 57.2%.

While the following hospitals have also reported below national level for December they have improved from the reported position at the end of November: St James 54.5%, Beaumont 52.4%, Connolly 46.2% and Galway 55.7%.

The % of people who are admitted or discharged from ED within 9 hours (Target 100%)

- 83% December 2015 (80,031 out of 96,435 attendances), 81.9% December 2014 (change 1.1%)
- 81.7% December YTD 2015 (939,181 out of 1,149,162 attendances), 81.3% December YTD 2014 (change 0.4%)
- November 2015 reported at 82.7%, therefore an increase of 0.3% in performance since the last reporting period
- Variance from target -18.3%

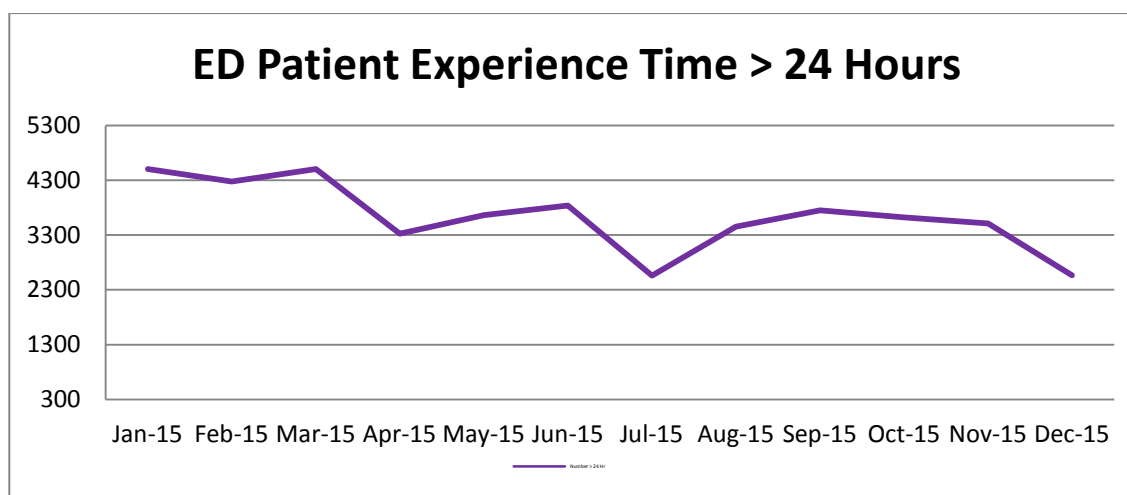
While the national performance is 81.7% year to date, the following hospitals have reported performance below 70% in December 2015: Beaumont 68.3% and Connolly 68.6%.

ED 9 hour patient experience time is being addressed by the ED taskforce.

The % of people who are in the ED for more than 24 hours (Target 0%)

- 2.7% December 2015 (2,565 out of 96,435 attendances), 3.4% December 2014 (change 0.7%)
- 3.9% December YTD 2015 (44,599 out of 1,149,162 attendances), 3.4% December YTD 2014 (change 0.5%)
- November 2015 reported at 3.5%, therefore a decrease of -0.8% since the last reporting period
- Variance from target -4%

Beaumont at 11.1% is the only hospital in excess of 10% YTD.



There were 661 patients over 75 years waiting > 24 hours in ED in December.

These results are based on the 24 hospitals that can provide an age breakdown for PET. The highest number of over 75 years waiting > 24 hours is at Beaumont 137 and Galway 119.

St Vincent's and Mullingar hospitals are currently unable to provide age category for PET; this is followed up with both hospitals.

The number of emergency inpatient admissions (Expected Activity 451,157 YTD)

- 38,734 December 2015, 38,515 December 2014 (change 219/0.6%)
- 447,557 December YTD 2015, 449,167 December YTD 2014 (change -1,610/-0.4%)
- November 2015 reported at 37,271 therefore an increase of 1,463 (3.9%) since the last reporting period
- Variance from expected activity -0.8%

Overall emergency admissions data indicates an increase in activity by 0.6% (219) when compared to the data provided for the same period in 2014,

It should be noted however that the introduction of a new hospital data reporting system (IPIMS), a revision of reporting guidelines and strict application of HIPE definitions have resulted in a decrease in the number of emergency admissions reported in 2015. An exercise is underway to review the effect of the data rule/reporting changes with a view to ensuring future alignment.

The number of elective inpatient admissions (Expected Activity 99,973 YTD)

- 7,495 December 2015, 7,092 December 2014 (change 403/5.7%)
- 102,554 December YTD 2015, 100,971 December YTD 2014 (change 1,583/1.6%)
- November 2015 reported at 9,395 therefore a decrease of 1,900(-20.2%) since the last reporting period
- Variance from expected activity 2.6%

The variance on expected levels is now at 2.6% at the end of December which is a significant change from the end of January when there was a -5.6% variance to expected activity.

Colonoscopy

Provision of urgent colonoscopy within 4 weeks (Target 100%)

- 100% December 2015 (0 out of 1,315 patients breached), 98.5% December 2014 (1.5% change)
- November 2015 reported at 99.9% (2/1,482), therefore a 0.1% change on the last reporting period
- Variance from target 0%

No hospitals reported a breach at the end of December.

Weekly monitoring of urgent colonoscopies is now in place and in addition to reporting current breaches; a prospective view of breaches for the following week is also reported so that future breaches can be identified early and acted upon.

Provision of routine colonoscopy/OGD within 13 weeks (Target 100%)

- 56.9% December 2015 (6,877/15,961), 62.6% December 2014 (change -5.7%)
- November 2015 reported at 57.7% (6,783/16,038 patients breached), therefore there has been a slight decrease in performance as compared to November.
- Variance from target -43.1%

The following hospitals reported below the national figure of 56.9%: St. Colmcille's 20%, St Luke's Kilkenny 36.4%, Wexford 40.8%, Tullamore 49.9%, Naas 36.2%, Tallaght 41%, Beaumont 15%, Mallow 33.3%, Waterford 36.7%, Galway 54.3% and Children's University Hospital Temple Street 50%.

There were 204 (a 54.8% decrease on the number reported in November) patients waiting greater than 12 months across 4 hospitals in December.

Beaumont is the only hospital with 5 or more patients waiting greater than 12 months.

GI Waiting List December 2015	12+ Months
Beaumont Hospital	198

Waiting lists

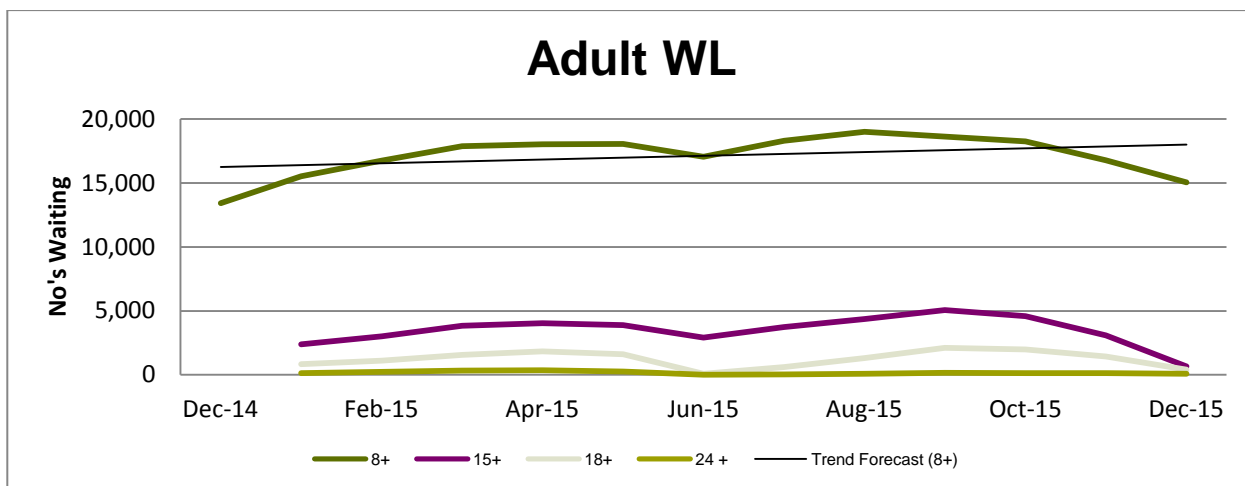
The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. It is expected that the objective of no patient waiting greater than 18 months for an inpatient or daycase procedure will be achieved with a small number of exceptions in specific specialties.

The % of adults waiting less than 8 months (Target 100%)

- 75.2% December 2015 (15,058/60,715 adults breached), 76.6% December 2014 (change -1.4%)
- 72.8% November 2015 (16,767/61,701 adults breached), therefore an increase of 2.4% since the last reporting period
- Variance from target -24.8%

The following hospitals have reported below 75.2% for December 2015: Cappagh 70.7%, Mater 73.4%, St. Luke's Kilkenny 71.1%, Tullamore 73.4%, St. James's 70.4%, Beaumont 73.7%, Connolly 74.5%, Our Lady of Lourdes Drogheda 67.9%, Waterford 61.3%, University Hospital Limerick 71.1%, Galway 63.9% and Letterkenny 69.9%.

There are 88 patients waiting greater than 24 months. Hospitals with more than 5 patients are; Tallaght (26), Beaumont (22) and Galway (40). These 88 patients are spread across 8 specialties. Specialties with more than 5 patients are; General Surgery (10), Neurosurgery (11), Orthopaedics (33), Otolaryngology and (ENT) (24).



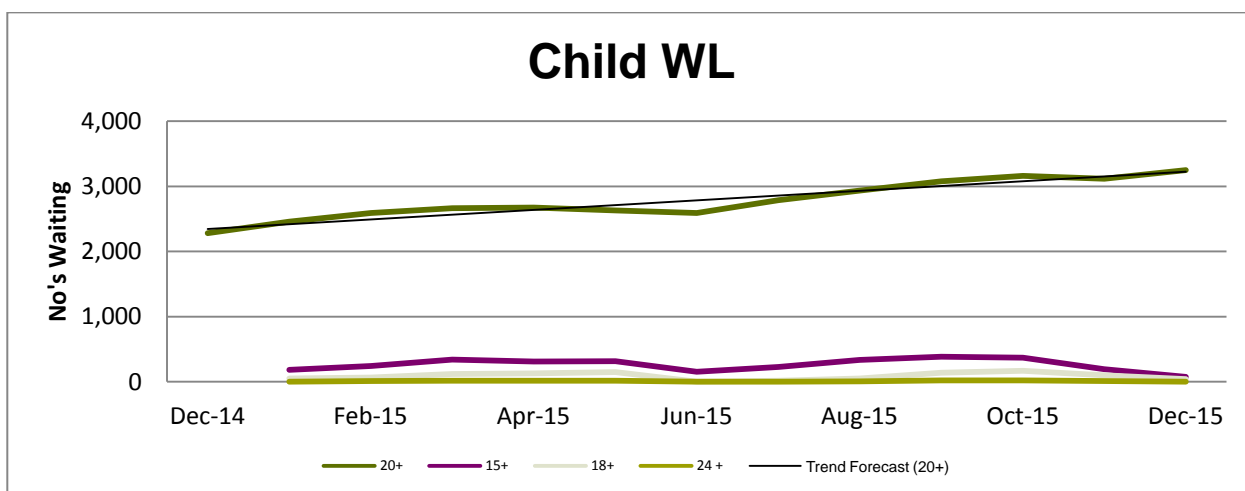
The % of children waiting less than 20 weeks (Target 100%)

- 55.9% December 2015 (3,249/7,371 children breached), 60.4% December 2014 (change -4.5%)
- 56.3% November 2015 (3,116/7,123 children breached), therefore a slight increase in performance of -0.4% since the last reporting period
- Variance from target -44.1%

The following hospitals have reported below the national level for December 2015; Midland Regional Hospital Tullamore 48.6%, Beaumont 48.9%, University Hospital Waterford 43.9%, National Children’s Hospital at Tallaght 55.3%, Our Lady’s Children’s Hospital Crumlin 52.4%.

While the following hospitals have also reported below national level for December they have improved from the reported position at the end of November: Limerick 44.7% and Galway 45.1%.

There are 40 children waiting greater than 18 months which is lower than November (102).



The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

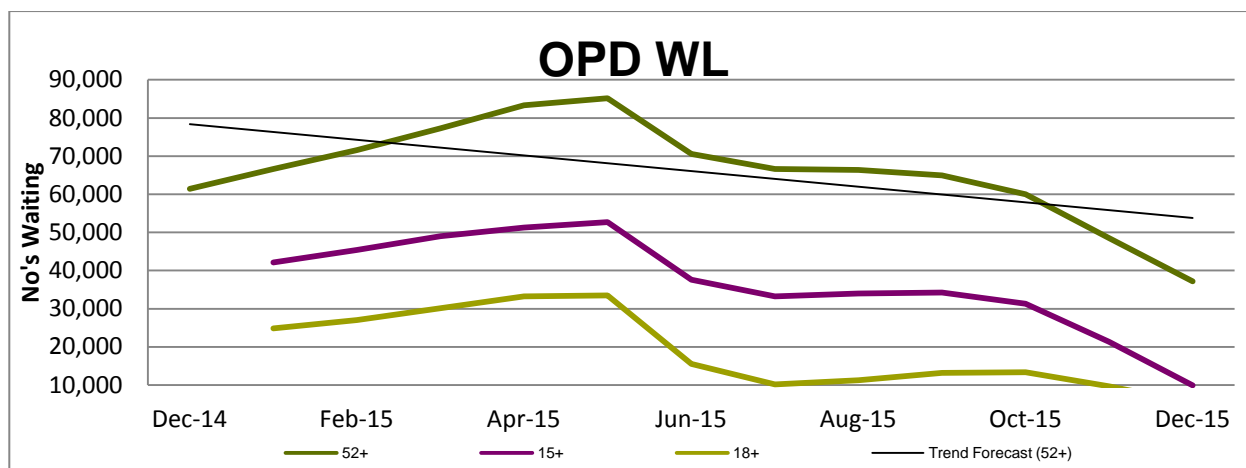
- 90.1% December 2015 (37,197/375,440 patients breached), 84.1% December 2014 (change 6%)
- 87.4% November 2015 (48,488/385,507 patients breached), therefore a change of 2.7% since the last reporting period
- Variance from target/expected activity -9.9%

The following hospitals have reported below the national level for December 2015: Royal Victoria Eye and Ear Hospital 86.1%, St. Columcilles 78.6%, Tullamore 81.6%, Tallaght Hospital (Adults) 86.1%, Beaumont 84.3%, Connolly 88.4%, Cork University Hospital 87.5%, Mercy University Hospital 89.5%, South

Infirmarary/Victoria University Hospital Cork 85.6%, Waterford 89.4%, Croom 89.5%, Galway 88.3%, Letterkenny 81.7%, Mayo 85.9% and Portiuncula 89%.

In December 2015 the number of new referrals to the waiting list has decreased by -4.2% (2,350 patients) compared to December 2014.

7 patients are waiting in excess of 48 months across 3 hospitals, 5 less than November.



Overview of waiting list number

Adult & Child Inpatient & Day Case Waiting List

Total	0-3 Months	3-6 Months	6-9 Months	9-12 Months	Over 12 months
68,086	26,653	16,310	11,772	7,686	5,665

Outpatient Waiting List

Total	0-3 Months	3-6 Months	6-12 Months	12-24 Months	24-36 Months	36-48 months	Over 48 Months
375,440	147,776	84,771	105,696	36,220	865	105	7

Waiting List	Total	0 - 3 Months	3 - 8 Months	8 - 12 Months	12 - 15 Months	15 - 18 Months	18 - 24 Months	24 - 36 Months	36 - 48 Months	48+ Months
Adult Inpatient & Daycases	60,715	23,711	21,946	9,815	4,570	254	331	80	6	2
Child Inpatient & Daycases	7,371	2,942	2,917	1,090	349	33	39	1		
Outpatient	375,440	147,776	127,745	62,722	27,310	4,625	4,285	865	105	7

Waiting List	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months
Adult IPDC		15,058	5,243	673	419
Child IPDC	3,249	1,512	422	73	40
OPD		99,919	37,197	9,887	5,262

The ratio of new to return patients seen in outpatients (Target 1:2)

- 1:2.6 December 2015, 1:2.6 December 2014 (no change)
- 1:2.6 December YTD 2015, 1:2.6 December YTD 2014 (no change)
- November 2015 reported at 1:2.6, (no change on the last reporting period)
- Variance from target -30%

There are wide variations in the new:return ratio reported by hospitals. Only 10 hospitals have achieved under the target.

Specialties with expected high return rate, Neurology, Rheumatology and Dermatology are all included.

Average length of stay

The medical average length of stay for patients (Target 5.8 days)

- December 2015 6.2 days, December 2014 7.2 days, -1 change (-13.9%)
- December YTD 2015 7 days, December YTD 2014 6.9 days, change 0.1 days (1.5%)
- November 2015 reported 6.3 days, therefore a -0.1 change on the last reporting period
- Variance from target -20.7%

Significant variances against target in December for some of the major acute hospitals are Mater 10.1, St Vincent's 10.2 days, St James 10.1 days, Beaumont 9.7 days and University Hospital Waterford 8.2 days. All of the above hospitals performances have improved from November, bar St. James'.

The surgical average length of stay for patients (Target 5.1 days)

- 5.8 days December 2015, 5.9 days December 2014 (change -0.1 days -1.7%)
- 5.4 days December YTD 2015, 5.4 days December YTD 2014 (no change)
- 5.4 days reported November 2015, therefore a change of 0.4 compared to last reported position
- Variance from target -5.9%

Hospitals have individual targets which make up the national target of 5.1 days. Hospitals with variances of above 1 day away from entity specific target in December are Cappagh 5.5, Mater 9.4, St Vincent's 8.2, Portlaoise 4.2, St James 10.4, Tallaght 7.2, Galway 6.5, Mayo 6.5, Luke's Kilkenny, Croom and Waterford 5.6.

The surgical ALOS is adjusted to take into account daycase conversion and this may have impacted on rates for December.

Surgery

The % of elective surgical inpatients that had principal procedure conducted on day of admission (Target 70%)

- 66.6% December 2015, 65% December 2014 (1.6% change)
- 68.8% December YTD 2015, 65.2% December YTD 2014 (3.6% change)
- November 2015 reported at 68.2%, therefore an decrease of 1.6% on the last reporting period,
- Variance from target -1.7%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Hospitals reporting more than 6% below their entity specific target in December are Navan, Mater, Mullingar, St. Luke's Kilkenny, Portlaoise, St. James's, Cavan, Connolly, SIVUH, Galway, Mayo and Portiuncula.

13 hospitals achieved above their target in December.

Discharges

The number of Inpatient Discharges (Expected Activity 643,748 YTD)

- 54,939 December 2015, 54,109 December 2014 (change 830/1.5%)
- 644,990 December YTD 2015, 642,812 December YTD 2014 (change 2,178/0.3%)
- November 2015 reported at 54,102, therefore an increase of 837 (1.5%) on the last reporting period.
- Variance from expected activity 0.2%

There are wide variances across a lot of hospitals and is in line with expected levels.

The number of day case discharges (Expected Activity 877,199 YTD)

- 67,500 December 2015, 65,250 December 2014 (change 2,250/3.4%)
- 878,821 December YTD 2015, 861,138 December YTD 2014 (change 17,683/2.1%)
- November 2015 reported at 77,111, therefore a decrease of 9,611 (-12.5%) on the last reporting period
- Variance from expected activity 0.2%

Delayed Discharges

The numbers of people who are in hospital after being clinically discharged – Delayed Discharges (Target 15% reduction (611 patients))

- 509 December 2015, 719 December 2014 (change -210/-41.3%)
- November 2015 reported at 558, therefore a decrease of 49 delayed discharges (-8.8%) on the last reporting period
- Variance from target 16.7%

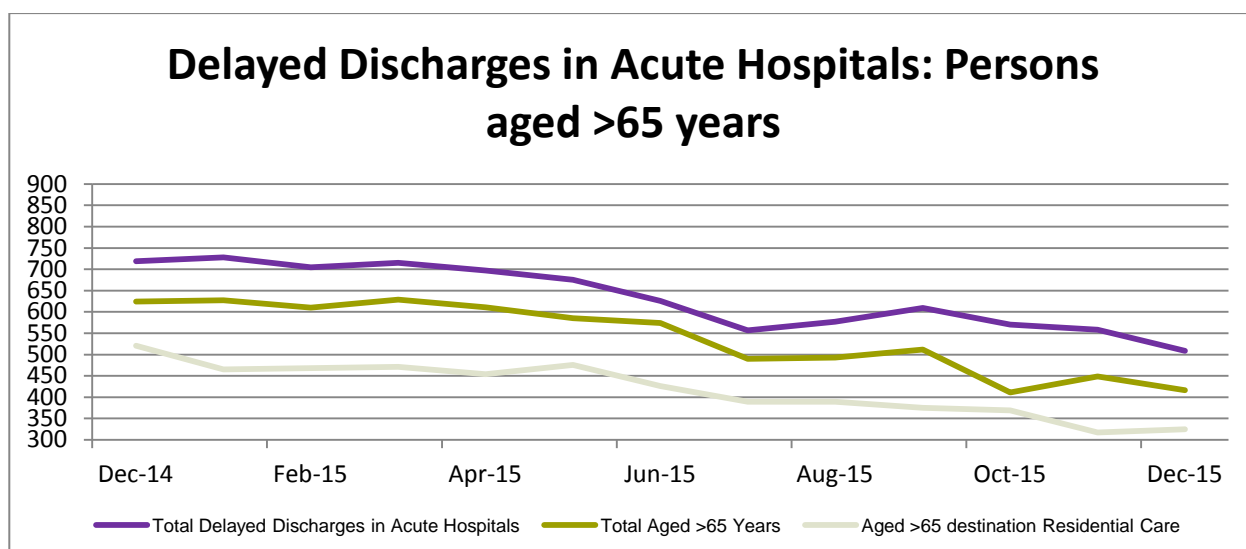
The hospitals who are more than 15% away from their target are St. Columcilles, St. Michaels, Tullamore, Naas, Cavan, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mallow, Mercy, Waterford, University Hospital Limerick, Letterkenny and Mayo.

The number of people waiting over 90 days is now 126.

The number of people aged 65 and older medically discharged in acute hospitals

As of the end of December, there were 416 patients aged 65 and over medically discharged in acute hospitals. Of these 78.1% (325) are awaiting Long Term Residential Care, -47.6% decrease on December 2014 (source Delayed Discharges National Report, 29th December 2015).

Delayed Discharges by Destination (29/12/2015)	Over 65	Under 65	Total No.	Total %
Home	52	14	66	13.0%
Long Term Nursing Care	325	46	371	72.9%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	39	33	72	14.1%
Total	416	93	509	100%



Ambulances

The % of ambulances that have a time interval of less than 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call

Month	Clear in 0-60 mins	%	Total Calls
January	18,845	94%	19,990
February	17,345	94%	18,542
March	18,635	94%	19,823
April	17,859	95%	18,797
May	19,094	95%	20,086
June	18,528	96%	19,373
July	18,879	97%	19,507
August	19,123	96%	19,901
September	17,950	94%	19,121
October	18,545	95%	19,621
November	18,440	95%	19,330
December	19,849	95%	20,865

The % delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process/flow path in the ambulance turnaround framework (Target 100%)

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (excludes Dublin Fire Brigade). 95% (no change from previous reporting period) of calls had crews and vehicles clear and available within 60 minutes. The NAS measures the number of escalations that occur in line with the flow path in the ambulance turnaround framework document.

Finance

Acute Services Division	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
RCSI Dublin North East	648,047	655,413	648,047	7,367	1.1%
Dublin Midlands	787,528	793,887	787,528	6,359	0.8%
Ireland East	838,073	835,939	838,073	(2,134)	-0.3%
South / South West	725,514	719,830	725,514	(5,684)	-0.8%
Saolta University Health Care	672,729	695,742	672,729	23,013	3.4%
UL Hospitals	262,168	263,184	262,168	1,016	0.4%
National Children's Hospital	239,041	235,978	239,041	(3,063)	-1.3%
Regional & National Services	39,683	25,665	39,683	(14,018)	-35.3%
Total	4,212,782	4,225,639	4,212,782	12,857	0.3%

Financial Commentary

The Acute Hospital Division at the end of December 2015 has expenditure of €4.225b against a budget of €4.212b leading to a variance of €12.8m against plan.

The acute Hospital system was projected to be approximately €187m in deficit by the end of 2015. This represented a core deficit of €149m plus €28m and €10m of approved additional expenditure on waiting lists and winter planning respectively. The variance position after supplementary estimate is €12.8m which represents cost growth beyond the anticipated levels of 0.3% of total acute budget.

The most significant Hospital Group variances for 2015 are Saolta University Healthcare Group €23m, RCSI Hospital Group €7.3m and Dublin Midlands Hospital Group €6.3m with the remaining four Groups and central services returning a combined favourable variance of €4.7m.

Workforce overview

Human Resource Management	Children's	Dublin Midlands	Ireland East HG	RCSI HG	Saolta	South/South West	University of Limerick	Acute Services
Direct Staff WTE	2867	9663	10662	8235	8251	9388	3438	52539
Direct Staff Indicative workforce number	2794	9317	9997	7616	7858	8932	3091	49631
Direct Staff WTE Indicative workforce number Variance	+73	+346	+665	+619	+393	+456	+347	+2908
Direct Staff WTE Indicative workforce number Variance %	+2.61%	+3.72%	+6.66%	+8.13%	+4.99%	+5.11%	+11.24%	+5.86%
2015 Development posts	0	16	0	0	12.5	0	3	31.5
2015 Development posts filled	0	0	0	0	0	0	0	11
% 2015 Development posts filled	0	0	0	0	0	0	0	34.92%
pre-2015 Development posts	0	0	0	0	0	0	0	146
pre-2015 Development posts filled	0	0	0	0	0	0	0	103
% pre-2015 Development posts filled	0	0	0	0	0	0	0	70.55%
Direct Staff Headcount	3378	10825	12151	9179	9346	10653	3922	59490
Absence rates - Medical /Dental	0.90%	0.51%	0.80%	0.60%	0.92%	0.62%	1.17%	0.73%
Absence rates – Nursing	4.55%	3.87%	3.71%	5.16%	4.25%	4.31%	5.90%	4.35%
Absence rates - Health & Social Care	3.93%	2.80%	3.09%	2.95%	2.69%	4.07%	3.47%	3.19%
Absence rates - Management Admin	4.40%	3.94%	3.75%	4.06%	4.07%	3.29%	4.38%	3.89%
Absence rates - General Support Staff	6.13%	5.17%	5.90%	4.99%	5.51%	4.61%	6.37%	5.32%
Absence rates - Other Patient & Client Care	6.04%	6.02%	5.45%	6.70%	6.66%	3.04%	5.77%	5.74%
Absence rates – Overall	4.10%	3.59%	3.65%	4.02%	3.90%	3.61%	4.92%	3.83%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	91%	98%	97%	95%	95%	99%	92%	97%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	70%	63%	75%	60%	86%	89%	97%	76%

National Ambulance Service

Quality & Safety

Serious Reportable Events

- Number of events reported up to December 2015 was 1
- This event which occurred and was reported in January 2015 has now exceeded compliance timeline (4 months) for investigation completion

The % of Control Centres that carry out Advanced Quality Assurance Audits (AQuA) (Target 100%)

The AQuA process enables the National Ambulance Service to audit the emergency calls which are received at the National Emergency Operations Centre. The Medical Priority Dispatch Auditor audits a percentage of the emergency calls and compiles a compliance report and feedback is provided to the call takers. The control centre compliance report is reported on a monthly basis to all control staff, senior officers and the medical directorate.

This computer based system enables the NAS to monitor and audit the calls effectively and efficiently ensuring that compliance levels are maintained at Accreditation – Centre of Excellence standards. Individual case review provides the necessary data to implement a continuous feedback loop an essential part of the Quality Improvement Process.

All of the ambulance control centres have been audited up to date under the ambulance control quality assurance programme and are fully compliant.

Access

Total of AS1 and AS2 (Emergency Ambulance) calls – including ECHO and DELTA

	Feb-15	Mar-15	April-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov -15
North Leinster	7,794	8,366	7,660	8,302	7,807	7,801	7,859	7,826	7,943	7,896
Dublin Fire Brigade	5,624	6,234	5,929	6,413	6,241	6,273	6,292	6,449	6,583	6,270
South	5,215	5,531	5,290	5,665	5,550	5,203	5,705	5,453	5,746	5,388
West	4,931	5,494	5,194	5,441	5,397	5,376	5,595	5,315	5,572	5,398
National	23,564	25,625	24,073	25,821	24,995	24,653	25,451	25,043	25,844	24,952

Daily average volume of AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA

	May	June	July	August	September	October	November
National 2014	827	803	814	778	801	799	803
National 2015	833	833	795	821	835	834	832

Outline of Demand Patterns

Total Activated Calls	Nov 14	Nov 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	24,087	24,952	8,65		266,013	275,373	9,360	4%
ECHO	267	328	61		2,841	3,385	544	19%
DELTA	7,882	9,318	1,436		86,077	94,282	8,205	10%

% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes 59 seconds or less (Target 80%)

- ECHO November 2015, 70% of ambulances arriving at scene within the target timeframe, 74% in November 2014 activated calls within this time band a decrease of 4% from 2014.
- An decrease of 6% from October 2015
- Variance from expected activity 10%

The Western Region has the most significant variance from target at 57%, 23% below target. Dublin Fire Brigade (81%) exceeded its target of 80%.

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 19% (544) YTD, compared to last year.

The outcome of the NAS capacity review will inform the strategic planning process.

Emergency Response Times –The % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes 59 seconds or less (Target 80%)

- DELTA ,61% in November 2015 arriving at scene (65% in November 2014 activated calls, 4% decrease)
- A decrease of 1% from October 2015
- Variance from expected activity 19%

Region	ECHO							DELTA						
	May	June	July	Aug	Sept	Oct	Nov	May	June	July	Aug	Sept	Oct	Nov
North Leinster	85%	71%	77%	76%	75%	76%	71%	69%	67%	69%	69%	62%	62%	63%
Dublin Fire Brigade	83%	92%	87%	85%	85%	88%	81%	73%	69%	66%	71%	63%	66%	63%
South	78%	72%	69%	69%	74%	69%	68%	64%	67%	65%	65%	61%	59%	59%
West	69%	74%	70%	75%	73%	68%	57%	67%	64%	63%	63%	61%	61%	61%

Nationally there was a 10% (8,205) increase in 2015 in the number of DELTA calls YTD (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the previous year.

The outcome of the National Ambulance Service capacity review will inform the strategic planning process, going forward; performance improvement action planning is ongoing.

In early September the National Ambulance Service operated fully in the National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon on full digital systems. Wexford ambulance control functions of ambulance call taking and dispatch was successfully migrated into the NEOC. The benefits from a patient perspective are enormous and integrated systems will reduce response times and ensure the nearest available resource is responded to each emergency incident. This effectively means that all 112 / 999 emergency calls for the country with the exception of the area in Dublin covered by Dublin City Councils Fire Brigade are answered and dispatched from the NEOC. This allows for the nearest available resource to be dispatched in the shortest possible time to each emergency request.

The National Ambulance Service has improved its monthly response times for ECHO and DELTA calls. This is set against a backdrop of increased use of the ambulance service with ECHO calls increasing by 19% and DELTA calls increasing by 10% (8,205 additional calls YTD) compared to 2014. It is also being achieved despite serious staff recruitment challenges.

The target for DELTA calls is 80% however the expected activity in 2015 is 65%.

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)

- Q 3 2016, 42%
- Target 40%
- Variance from expected activity 2%

ROSC is the first instance of NAS reporting on a clinical outcome indicator. As volumes are low it will require a full year's data to assess sustained performance.

In the third quarter the out of hospital cardiac arrest survival rate (ROSC) has achieved above the target of 40%. This is a welcome improvement for a new patient outcome measure, although as a new measure with low numbers of patients this measure will become more informative when compared year on year. The One Life campaign is supporting this KPI.

Intermediate Care Services

The % of transfers which are provided through the Intermediate Care Services (ICV) service's (Target >70%)

- 86% in November 2015
- 2% decrease since October 2015
- Variance from expected activity 16%

In October, 88% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Services. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

National AS3 (Patient Transfer) Call Volumes Emergency Ambulance and Intermediate Care Services

	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Number of Patient Transfer Calls	3,393	3,571	3,387	3,005	3,037	2,996	2,810	2,661	2,605	2,214
ICV	2,601	2,724	2,793	2,368	2,453	2,400	2,324	2,221	2,303	1,907
% ICV Transfer	77%	76%	82%	79%	81%	80%	83%	83%	88%	86%

The % delays escalated where ambulance crews were not cleared nationally in 60 minutes in line with the process/flow path in the ambulance turnaround framework (Target 100%)

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. The % of delays escalated in October 2015 is 94%.

Finance

National Ambulance Service	Approved Allocation €'000	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Var vs Plan
North Leinster	48,894	49,933	48,894	1,039	2.1%
South	32,395	33,354	32,395	959	3.0%
West	36,788	39,542	36,788	2,755	7.5%
Office of the AND	26,062	22,708	26,062	(3,354)	-12.9%
Total	144,139	145,537	144,139	1,399	1.0%

Workforce Overview

Human Resource Management		
	Direct Staff WTE	1694
	Direct Staff Indicative workforce number	1611
	Direct Staff WTE Indicative workforce number Variance	+83
	Direct Staff WTE Indicative workforce number Variance %	5.17%
	2015 Development posts	67
	2015 Development posts filled	13
	% 2015 Development posts filled	19.40%
	pre-2015 Development posts	187
	pre-2015 Development posts filled	183.7
	% pre-2015 Development posts filled	98.24%
	Direct Staff Headcount	1732
	Absence rates – Medical Dental	0.00%
	Absence rates – Nursing	0.00%
	Absence rates Health and Social Care professionals	0.00%
	Absence rates – Management Admin	2.51%
	Absence rates – General Support Staff	8.55%
	Absence rates – Other Patient & Client Care	7.96%
	Absence rates – Overall	7.68%

Health & Wellbeing

Health and Wellbeing

Quality

Serious Reportable Events

- No Serious Reportable Events were reported for this Division during December 2015

The no. of planned, and planned surveillance inspections of food businesses (Target Year End 33,000)

- December 2015 8,942 food businesses had a planned, planned surveillance inspection in the quarter
- December year end 2015 36,304 (December outturn 2014 34,720, change 4.6%)
- Variance from target 10%

At year end Inspections are ahead of target by 8.1% or 2,660 inspections. Examples of Environmental Health work carried out at year end include:

- 12,949 food samples taken
- 2,162 food/food business complaints received
- 6,169 food borne illness visits completed

The no. of inspections of establishments – Sunbeds (Target Year End 400)

- December 2015: 36 inspections of sunbed establishments has taken place in the quarter
- December year end 2015: 492 inspections have been carried out.
- Variance from target +23%

Inspections of sunbed establishments commenced on the 1st March 2015 under new legislation. There were 492 inspections of establishments with sunbeds at year end 2015 which is 92 inspections above target, +23% YTD.

Access

Uptake rates for Immunisations

Percentage uptake rates for immunisations are available after vaccinations have been completed and data has been collated. Immunisation data is reported one quarter in arrears as data is gathered from community services and collated to determine a CHO and national result. When GP data is received it is manually entered onto the childhood immunisation system in each former health board. Immunisation uptake can only begin to be measured at the end of each quarter. Data is reported quarterly in arrears due to the manual collection system in place.

Immunisations and Vaccines

% of children aged 12 months who have received the 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6in1) vaccine (Target 95%) (Quarterly in arrears)

- September 2015: 91.4% of children received the 6 in 1 vaccine
- September YTD 2015 also shows 91.4% of children were vaccinated, YTD 2014 92% were vaccinated, -0.7% variance.
- Variance from target YTD -3.8%

Most CHOs are within 5% of the 95% target YTD with the exception of CHO 9 (88.4%) and CHO 4 (89.9%), all CHOs are within 10% of target. Those local areas performing below target have been discussed with the Chief Officers and the National Immunisation Office is available to support the CHO management teams drafting an action plan to improve MMR performance as required.

% of children aged 24 months who have received the 3 doses Meningococcal C (MenC3) vaccine (Target 95%) (Quarterly in arrears)

- September 2015: 87.5% of children received the MenC3 vaccine
- September YTD 2015 also shows 87.5% of children were vaccinated, YTD 2014 87.8% were vaccinated, -0.3% variance.
- Variance from target YTD -7.9%

CHO 2 is within 5% of target at 94.5% YTD. CHOs 1, 3, 4, 5, 7 and 8 are within 10% of the YTD target. CHOs 6 and 9 have both reported below 10% of target at 84.6% and 83.7% respectively. The outturns for CHO 6 and CHO 9 were raised during our monthly performance calls with both areas.

The % of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine (Target 95%) (Quarterly in arrears)

- September 2015: 92.9% of children received the MMR vaccine
- September YTD 2015 92.8% of children were vaccinated, YTD 2014 93.0% were vaccinated, -0.2% variance.
- Variance from target YTD -2.3%

The majority of CHO's are achieving over 90% performance. There are some outliers in CHO 6 – Wicklow (89.3%) and CHO 9 - Dublin North Central (89.2%) and Dublin North West (89.2%). Those local areas performing below target have been discussed with the Chief Officers and the National Immunisation Office is available to support the CHO management teams drafting an action plan to improve MMR performance as required.

Child Health

The % of newborn babies visited by a PHN within 72 hours of discharge from maternity services (Target 97%) (Quarterly)

- December 2015: 96.9% of babies have been visited by a PHN within 72 hours of discharge.
- Year end 2015 shows 97.5% of children were visited, YTD 2014 97.3%, 0.2% variance.
- Variance from target YTD +0.5%

Overall the YTD national performance is very good, exceeding the target YTD by +0.5%.

The % of children who have had 10 month developmental screening before reaching 10 months of age (Target 95%) (monthly in arrears)

- 94.1% (5,228 out of 5,556) children in November had developmental screening before 10 months
- November YTD 2015 93.7% (November YTD 2014 92.2%, change 1.6%)
- October 2015 was 94.8%
- Variance from target YTD -1.4%

In November all CHOs were above or within 5% of the 95% target for child developmental screening except CHO3 which was 87.9%, however CHO3 is 91.8% YTD. YTD all CHOs are within 5% of 95% target

The % of babies breastfed (exclusively and not exclusively) at first PHN visit (Target 56%) (Quarterly)

- December 2015: 54.8% of babies were breastfed exclusively and not exclusively at first PHN visit.
- Year end 2015 shows 53.7% of babies were breastfed, YTD 2014 53.1%.
- Variance from target YTD -4.1%

Overall we had sought to improve Breastfeeding rates at first PHN visit by 2% nationally when compared to the same period last year. When compared to the same period last year there has been a performance improvement nationally of +1.1%.

The % of babies breastfed (exclusively and not exclusively) at 3 month PHN visit (Target 38%) (Quarterly)

- December 2015: 36.2% of babies had been breastfed exclusively and not exclusively at 3 month PHN visit.
- Year end 2015 shows 35.4% of babies were breastfed, YTD 2014 33.8%.
- Variance from target YTD -6.8%

Overall we had sought to improve Breastfeeding rates at 3 month PHN visit by 2% nationally when compared to the same period last year. When compared to the same period last year there has been a significant performance improvement nationally of +4.7%.

Uptake rates by Screening Programme

Percentage uptake rates by screening programme are available after a screening round has been completed and the data has been collated. The duration of a screening round varies by screening programme for example - Diabetic RetinaScreen is a one year screening round, BreastCheck is a two year screening round, BowelScreen is a three year screening round, and CervicalCheck is a five year screening round.

The number of women who have had a BreastCheck screen (Expected Activity Year End 140,000)

- December 2015 9,312 women had mammogram screening as part of BreastCheck screening
- December Year End 2015 144,701 women have been screened
- November 2015 13,659, therefore a change is 4,347 since last reporting period
- Variance from target year end +3.4%

The aim was to screen 140,000 women during 2015, BreastCheck was ahead of target at year end by +3.4% or 4,701 women.

The number of women who have had a CervicalCheck screen in a primary care setting (Expected Activity Year End 271,000)

- December 2015 12,859* women had a CervicalCheck screening in a primary care setting
- December year end 2015 249,908* women have had a smear test in a primary care setting
- November 2015 confirmed figures of 19,743 women screened. Estimated target was 22,000.
- Variance from target YTD -7.8%

* These figures are provisional until confirmed.

The CervicalCheck Programme is choice led, and eligible women are offered the opportunity to avail of free cervical screening at regular intervals every three and five years depending upon their age.

There was an over-estimation of the number of women to be screened in 2015. There is a level of complexity to forecasting the number of initial and subsequent women screened each year and the variability of factors underpinning these estimates means a margin of error can be expected.

Overall, the key objective of the programme is to maintain the 5-year rolling coverage. The lower than projected number of women screened in 2015 has not adversely affected this objective. 5-year rolling coverage is currently exceeding 78% (target 80%) and this is a good performance in the context of international standards.

The number of clients invited to BowelScreen (no. of first invitations sent to individuals in the eligible age range 60-69 known to the programme (Expected Activity Year End 200,000)

- December 2015 14,922 invites were sent to clients to participate in BowelScreen
- December year end 2015 223,487 clients were invited
- November 2015 showed 21,822 clients invited, therefore change from last reporting period is 6,900 clients.
- Variance from target YTD +11.7%

BowelScreen has exceeded the year end target of inviting 200,000 people by 23,487 people, 11.7%.

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Expected Activity Year End 78,300)

- December 2015 5,535 clients participated in Diabetic RetinaScreen
- December year end 2015 76,248 clients have been screened
- November 2015 showed 6,375 clients screened, therefore change is 840 from last reporting period.
- Variance from target YTD -2.6%

Year end the Diabetic RetinaScreen programme is behind target by 2,052 people or -2.6%.

The programme is approximately -1% behind target due to a major ICT upgrade in August which impacted on screening capacity. Close monitoring of both photography & grading providers is ongoing.

The number of smokers who received cessation support from a counsellor (Target Year End 9,000)

- December 2015, 635 smokers received intensive cessation support
- December Year End 2015, 11,949 smokers received support, 28.4% ahead of the same period last year (9,309)
- November 2015 reported 944, change of 309 people from last reporting period
- Variance from target YTD +32.8%

Tobacco Control intensive cessation support data includes support provided within hospital groups, community services and the QUIT team. Since 1st January the QUIT team now provide an integrated support service over the phone, online, through social media, SMS, and email. The online service includes the interactive QUIT.ie website, talking to the QUIT team via Live Chat, and using our online QUITplan and it is likely most smokers will choose the convenience of this online support service in the first instance. This compliments the face-to face HSE QUIT services provided in hospitals and community services around the country, providing one-to-one and group support for smokers. It is likely most smokers will choose the convenience of the online QUIT service.

The highest number receiving support this month is from hospitals and community services located in CHO 1 with 153 smokers receiving support, followed by CHO 7 and Hospitals in that area with 125 smokers receiving support. This month the National Quit Service supported 110 people and 2,837 people

YTD. There is currently no smoking cessation service in CHO 2. Where there is no local Cessation service the issue is addressed by ensuring QUIT responds to that area.

The number of frontline healthcare staff trained in brief intervention smoking cessation (Target Year End 1,350)

- December 2015, 94 healthcare staff were trained in brief intervention smoking cessation
- December year end 2015, 1,279 frontline healthcare staff received training, -1.8% (24) below same period last year
- Variance from target YTD is -5.3%

In December most CHOs carried out training of frontline staff. However, no training was carried out in CHOs 4, 5, 6 and 8. The highest number of frontline staff trained YTD is in CHO 9 (including hospitals in that area) with 322 frontline staff trained to date.

Performance year to date relates to attendance rates at planned training sessions. Analysis has been undertaken of the current training model to identify improvements to make it easier for staff to access the necessary training. Regular engagement with the CHO COs continues to encourage them to release staff for BISC training.

The number of sales to minors tobacco test purchases carried out (Target Year End 480)

- December 2015: 173 test purchases were carried out in the quarter
- December year end 2015: 540 test purchases completed, 11.8% ahead of same period last year (483)
- Variance from target YTD is +12.5%

Performance at year end is +12.5% ahead of target or 60 test purchases.

Key Activities for December

National Screening Services – Breastcheck age extension commenced

The first phase of extending the BreastCheck programme to women aged 65-69yrs had commenced and the target to invite 1,000 women and screen 500 women by year end has been achieved.

BreastCheck Programme report 2014-2015 (reporting period 1 January 2014 – 31 December 2014) showed an uptake rate of 76.5% (previous year 70.2%) and surpassed the programme standard of 70%. Screening uptake amongst women attending for a subsequent mammogram was 88.8%.

Healthy Ireland Implementation in the Healthy Services

Excellent progress was made during the month of December on agreeing shared 2016 Healthy Ireland objectives across health service divisions, CHOs and HGs, as part of the service and operational planning process, more specifically with respect to the development of Healthy Ireland Implementation Plans, planning continued with four HGs and One CHO to both plan and implement Healthy Ireland priorities.

As part of the consultative process underpinning the development of the RCSI HI Plan, a series of engagements with staff were undertaken to outline and raise awareness of the background to and key recommendations from the Healthy Ireland plan. Over 400 staff attended these sessions. Ireland East Hospital Group continued the identification of Hospital HI Leads for all of the hospitals in that group and the establishment of Hospital Implementation teams.

The first phase of the 2016 HI Physical Activity programme for staff in the Health Service was agreed in December, This Physical Activity initiative was developed in partnership with the Department of Health

and the Healthy Ireland partnership with RTE Operation Transformation Programme. This physical activity initiative for staff will be further developed and rolled out in 2016 and will ultimately encompass one element of an overarching staff health and wellbeing strategy for staff working in the health services.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Total	192,390	179,058	192,390	(13,332)	-6.9%

Financial Commentary

The overall outturn for the Health & Wellbeing Division was €179m in 2015 against a budget of €192.4m and is showing a favorable variance of approximately €13.3m. The largest component of this relates to two technical non-pay adjustments in December 2015. This is arising due to adjustments required to comply with the Financial Regulations at year-end. These are (i) the capitalising of year end-stocks in vaccines and (ii) the reversal of an accrual for service that was raised prudently from the start of the year in line with best estimates available. This liability was settled at a lower than anticipated rate in late December. The surplus on pay arises due to a phased recruitment process in 2015 which gave. This will be fully utilised in supporting the completion and address the full year costs of this recruitment.

Workforce overview

Human Resource Management		
Staff levels	Direct Staff WTE	1283
	Direct Staff Indicative workforce number	1279
	Direct Staff WTE Indicative workforce number Variance	4
	Direct Staff WTE Indicative workforce number Variance %	+0%
	2015 Development posts	24.4
	2015 Development posts filled	6
	% 2015 Development posts filled	24.59%
	pre-2015 Development posts	0
	pre-2015 Development posts filled	0
	% pre-2015 Development posts filled	0.00%
	Direct Staff Headcount	1416
	Absence rates – Medical Dental	2.55%
	Absence rates – Nursing	5.05%
	Absence rates Health and Social Care professionals	3.84%
	Absence rates – Management Admin	4.27%
	Absence rates – General Support Staff	5.10%
	Absence rates – Other Patient & Client Care	5.28%
	Absence rates – Overall	4.76%

Note: Absence rates are reflective of all of Community Healthcare

Primary Care

Primary Care Services

Quality & Safety

Serious Reportable Events

- Number of events reported up to December 2015 was 1 – this event occurred and was reported in December 2015

Quality Performance Indicators

The National Primary Care Quality Dashboard continues to be reviewed at monthly Performance Meetings with the Chief Officers. As advised previously by the Chief Officers they cannot verify the accuracy of figures relating to incidents and complaints until the reporting aspect of NIMS is fully rolled out.

A collaborative and cross divisional approach between the Divisions, State Claims Agency, Quality Assurance and Verification Division and Communications is currently underway in relation to driving phase 2 of NIMS rollout.

The Primary Care Division has identified a number of key quality priorities for inclusion in the Primary Care Division Operation Plan 2016 and the National Service Plan 2016.

Access

Community Intervention Teams – total activity (includes OPAT provided by CITs) (Expected Activity YTD 26,355)

- 2,142 December 2015, 1,314 December 2014 (63% increase/828)
- 19,675 YTD 2015, 14,689 YTD 2014 (34% increase/4,986)
- 2,142 December 2015, 1,870 November 2015 (14.5% increase/272)
- YTD variance from expected activity -25.3% (6,680)

There are currently twelve CIT teams in place, as the CIT service commenced in Waterford on 14/12/15, and a CIT commenced in South Tipp on 20th January on a short term basis. December 2015 figures show the overall number of referrals have increased by 63% (828 patients) against the same period 2014. An additional 94 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services. The CIT team in Meath saw 16 patients in December and the new CIT in Waterford which started 14/12/15 saw 23 patients.

Although YTD activity has increased by 34% on the same period 2014, it is below the target of 26,355 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/Hospital Wards/Units (excluding OPAT) have increased by 29.1%, GP referrals increased by 45.2%, community referrals increased by 45.4%, and OPAT referrals increased by 32.9%.

Activity in 2015 has increased when compared with the same time period in 2014, however it is below the target set for the 2015 as referrals have been lower than expected in some areas. The CIT Oversight and Development Group met with RCSI HG, Ireland East HG and Dublin Midlands HG and their local CIT on 20th January to develop a plan for each to optimize their use of CIT services. Meetings will be arranged with SSWHG, MidWest HG and Saolta HG.

Community Intervention Teams – Total Activity	Activity December 2015	Activity YTD 2015
Admission Avoidance	60	668
Hospital Avoidance	1,362	11,792
Early Discharge	427	3,989
Other	293	3,226
Total	2,142	19,675

Note: OPAT delivered by a CIT nurse is included both in the target and activity figures. OPAT delivered by a private provider is not included in either target or activity figures.

GP Activity – number of contacts with GP out of hours¹ (Expected Activity YTD 959,455)

- 105,322 December 2015, 96,269 December 2014 (9.4%/9,053)
- 980,917 YTD 2015, 939,600 YTD 2014 (4.4% increase/41,317)
- 105,322 December 2015, 81,058 November 2015 (30% increase/24,264)
- YTD variance from expected activity 2.2% (21,462)

KDoc is reporting significantly above expected activity at 12.8% and 13.7% ahead of the same period 2014. This is a demand led service and activity levels are subject to external influences.

Progress has been made in collating additional service areas provided by GP's out of hours from 6pm-10pm on weekdays, 10am-6pm on weekends and bank holidays. This additional service provision is estimated at 52,969 hours YTD. This activity will form part of the reporting suite for 2016.

A project group has been established to review the out of hours service. The project plan is approved and work is progressing. The timeframe for completing the review is the last quarter 2015. The terms of reference for the review are:

- Review progress regarding implementation of the recommendations in the Report of the National Review of the GP Out of Hours Services, 2010
- Establish the range and extent of services provided by each co-op
- Benchmark current service provision against good governance, access including coverage, availability and operating hours, quality, safety, value for money, and integration
- Review activity data currently available and activity data currently supplied to the HSE
- Develop a performance data set
- Develop a set of Key Performance Indicators
- Review ICT systems currently being used in the co-ops
- Make recommendations regarding the future provision of GP Out-of-Hours Services
- Submit a report to the Leadership Team

PCT – Primary Care Teams (Expected Activity YTD 485)

- 254 December 2015 / YTD, 291 December 2014 / YTD
- 254 December 2015 / YTD, 265 November 2015
- YTD variance from expected activity -47.6% (231)
- CHO 7 partial return

Primary Care Teams are considered operational once GPs are attending the clinical team meetings. The non engagement of GPs at these meetings is reflected in the reduced numbers of teams reported as being in operation. The definition of what constitutes a PCT is being reviewed by the National Primary Metrics Steering Group to reflect the actual reality of practice.

¹ The GP out of hours service is currently not aligned to CHOs
Health Service Performance Report December 2015

No. of patient referrals for a physiotherapy service (Expected Activity YTD 184,596)

- 13,038 December 2015, 12,686 December 2014 (2.7% increase/352)
- 189,402 YTD 2015, 183,945 YTD 2014 (3.0% increase/5,457)
- 13,038 December 2015, 16,110 November 2015 (-19% decrease/3072)
- YTD variance from expected activity 2.6% (4,806)

Six CHOs (1, 4, 5, 6, 7 and 9) have met or exceeded expected activity with CHO 6 reporting the highest variance at 12.8%

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 159,260)

- 10,481 December 2015, 10,390 December 2014 (0.9% increase/91)
- 157,129 YTD 2015, 156,628 YTD 2014 (0.3% increase/501)
- 10,481 December 2015, 14,549 November 2015 (-28% decrease/4,068)
- YTD variance from expected activity -1.3% (2,131)

Five CHOs (1, 2, 5, 6 and 8) met or exceeded expected activity with CHO 6 the highest at 16.9%. Of the four CHOs below expected activity CHO 3 is -9.8%.

No. of patients treated by the physiotherapy service in the month (Expected Activity 34,993)

- 31,240 December 2015/YTD, 31,505 December 2014/YTD (-0.8% decrease/265)
- 31,240 December 2015, 37,160 November 2015 (-16% decrease/5,920)
- YTD Variance from expected activity -10.7% (3,753)

Three CHOs, (2, 5 & 6) exceeded expected activity. Of the CHOs below expected activity, CHO 3 is -21.1% and CHO 4 is -22.2%.

No. of face to face contacts/visits by physiotherapy service (Expected Activity 770,878)

- 53,038 December 2015, 54,729 December 2014 (-3.0% decrease/1,691)
- 756,991 YTD 2015, 764,967 YTD 2014 (-1.0% decrease/7,976)
- 53,038 December 2015, 66,748 November 2015 (-20.5% decrease/13,710)
- YTD variance from expected activity -1.8% (13,887)

Four CHOs (1, 5, 6 & 7) met or exceeded activity year to date. Of the five CHOs below expected activity, CHO 3 is -15.0%.

The % of referrals seen for a physiotherapy assessment within 12 weeks (Target YTD 80%)

31 LHOs are currently providing returns on this metric however South Tipperary is still experiencing difficulties capturing the data for this metric and is unable to report at the present time. Of those that returned in December 83.1% of new patients seen had waited less than 12 weeks for assessment.

Note this metric captures information on the number of new patients seen in the reporting month and how long they had waited to be seen.

No. of patient referrals for an occupational therapy service (Expected Activity YTD 85,030)

- 5,996 December 2015, 6,512 December 2014 (-8.0% decrease/516)
- 87,582 YTD 2015, 86,567 YTD 2014 (1.1% increase/1,015)
- 5,996 November 2015, 7,586 November 2015 (-21% decrease/1590)
- YTD variance from expected activity 3.0% (2,552)

Five CHOs (2, 3, 5, 7 and 9) met or exceeded expected activity, with CHO 3 the highest at 13.5%.

No. of patients seen for a first time assessment by an occupational therapy service (Expected Activity YTD 83,004)

- 5,410 December 2015, 5,729 December 2014 (-5.5% decrease/319)
- 83,063 YTD 2015, 83,633 YTD 2014 (-0.7% decrease/570)
- 5,410 December 2015, 7,099 November 2015 (-23.7% decrease/1689)
- YTD variance from expected activity 0.1%(59)

Five CHOs (1, 2, 3, 7 and 8) met or exceeded expected activity, with CHO2 the highest at 16.7%. Of the four CHOs below expected activity CHO5 is -13.0% and CHO9 are -12.4%.

No. of patients treated by the occupational therapy service in the month (Expected Activity 19,811)

- 18,431 December /YTD 2015, 17,731 December 2014/YTD (3.9% increase/700)
- 18,431 December 2015, 22,388 November 2015 (-17.6% decrease/3,957)
- YTD variance from expected activity -7.0% (1,380)

Three CHOs (3, 8 and 9) met or exceeded expected activity with CHO3 reporting the highest at 7.1%. Of the six CHOs below expected activity CHO2 is -29.2%

The % of referrals seen for an occupational therapy assessment within 12 weeks (Target 80%)

- 78.3% December 2015/YTD 2015
- 78.3% December 2015, 75.6% November 2015 (2.7% increase)
- YTD variance from expected activity not available due to data gaps

There has been a significant improvement in returns and all LHOs are now returning, however South Tipperary is still experiencing difficulties reconciling its wait times and there is an anomaly between figures returned for No of patients seen for a first time assessment and Number Seen by wait time. 78.3% of new patients seen (4,211) had been waiting 12 weeks or less for assessment. Note the metric captures information on the number of new patients seen in the reporting month and how long they had waited to be seen.

Chief Officers are reviewing activity metrics for therapies in order to establish the factors that are impacting on performance. The outcomes from this work will inform the development of performance improvement plans.

No of patient referrals for audiology

- 1,674 December 2015, 1,656 November 2015 (New KPI)

No of existing patients seen for audiology

- 2,130 December 2015, 3,452 November 2015 (New KPI)

No of new patients seen for audiology

- 1,132 December 2015, 1,511 November 2015 (New KPI)

No of patient referrals for podiatry

- 647 December 2015, 841 November 2015 (New KPI)

No of existing patients seen for podiatry

- 4,409 December 2015, 5,553 November 2015 (New KPI)

No of new patients seen for podiatry

- 618 December 2015, 929 November 2015, 896 October 2015 (New KPI)

For 2015, the expectation is that the data would be returned by the 17 LHOs who have HSE podiatry staff in place with a view to mapping what services are delivered in the remaining LHOs. The mapping process has commenced and the Lead for Podiatry Services on the Primary Care Metrics Technical Group is currently making arrangements to meet with each of the CHOs where there is either a discrepancy in data returns, or where there is no return. The exercise in itself will assure the division of the quality of the data currently returned, in as much as any discrepancies found will be address and corrected with immediate effect. In addition, the accurate mapping of private / other services delivered will facilitate plans to collect the same dataset from these services, through the CHO pathway, as is currently in place for HSE directly provided services.

Orthodontics² – Reduce the proportion of patients on the treatment waiting list longer than 4 years (Target <5% on waiting list over 4 years)

- 1,104 (7.0%) December 2015 / YTD, 877 (5.0%) December 2014 / YTD (25.8% increase)
- 1,104 (7.0%) December 2015 / YTD, 1,394 (7.7%) September 2015 / YTD, (-20.8% decrease)
- YTD variance from expected activity 40%

Four of the 9 orthodontic services have patients on the treatment waiting list longer than four years. Dublin North East Service: 466 (13.3%) waiting list 3,500; the Southern Area 164 (9.8%) waiting list 1,665; the Midlands 447 (23.3%) waiting list 1,923 and the Mid Western Area 27 (1.6%) waiting list 1,713.

A procurement programme is in train which will target those long waiters of more than 4 years in order to achieve the 5% target. Successful vendors have been contacted by the HSE, and contracts are about to be awarded. During this procurement 1066 patients will be seen over the 3 year time frame.

Orthodontics - % of Referrals seen for assessment within 6 months (Target 75%)

2,300 (60.3%) December 2015

This is a new metric for 2015 and Q3 is the first quarter with full returns.

At the end of Q4 there are 15,460 patients in active treatment. There are currently 15,830 patients on the waiting list for treatment, of these 60% (9,557) are on the list < 2 years.

²This metric is returned by former RDPI regions and not Community Health Organisations
Health Service Performance Report December 2015

Social Inclusion Access

Opioid substitution treatment

The number of clients in receipt of opioid substitution treatment (outside of prison) (Expected Activity 9,400 Monthly)

- 9,497 December 2015, 9,339 December 2014, (1.7% increase/158)
- Variance from expected activity 1.0% (97)

There is a slight variance in expected activity, but within this is within the expected norms of a Demand Led Service.

No. of clients in receipt of opioid substitution treatment (prisons) (Expected Activity 490)

- 516 December 2015, 483 December 2014, (7% increase/31)
- Variance from expected activity 5.3% (26)

9,497 patients received Opioid Substitute Treatment (excluding prisons) for the December reporting period which includes 4,085 patients being treated by 345 GPs in the community.

Opioid Substitute Treatment was dispensed by 665 pharmacies catering for 6,727 patients for the reporting period.

At the end of the December reporting period there were 77 HSE clinics providing Opioid Substitute Treatment and 11 prisons clinics were provided in the prison service.

81 new patients commenced Opioid Substitute Treatment during the December reporting period (7 in General Practice, 62 in HSE clinics and 12 in the prison clinics).

Needle Exchange

No. of pharmacies recruited to provide Needle Exchange Programme (Expected Activity 129)

- 115 December 2015, 114 September 2015, (<1% /increase/1)
- Variance from expected activity -10.8% (14)

A review was undertaken in 2015 of pharmacies recruited and a number of pharmacies advised that they were not in a position currently to offer the service. A targeted recruitment of pharmacies will be carried out in 2016 to complement existing services especially in areas of higher demand e.g. Waterford. The target will be achieved in 2016, but will be based on service user needs and where services are required.

No. of unique individuals attending pharmacy needle exchange (Expected Activity 1200)

- 1760 December 2015, 1586 September 2015, (10.9% Increase/174)
- Variance from expected activity 47% (560)

The number of unique individuals attending pharmacy needle exchange continues to increase, which reflects the type of demand lead service. This will be monitored in 2016 and in areas where expectations are exceeded, there will be a targeted approach to increase pharmacy participation where required.

No. of pharmacy needle exchange packs provided per month (Expected Activity 3200)

- 4595 December 2015, 4376 September 2015, (5% increase/219)
- Variance from expected activity 44%(1395)

The number of packs provided per month significantly exceeded expected activity, this is a demand led service, and a positive outcome.

Average no. of needle/syringe packs per person (Expected Activity 15)

- An average of 14 across 6 CHO's for December 2015. An average of 17 across 6 CHO's for September 2015, (17.6% decrease/3)
- Variance from expected activity -7% (1 across 6 CHO's)

There is a slight variation on expected activity, but within the expected norms of a demand led service.

No and % of needle packs returned (Expected Activity 30%)

- 1118 (24%) December 2015, 1127 (26%) September 2015, (-<1% decrease (9))

The number of packs returned exceeded targeted activity, this is a demand led service, and a positive outcome. This is the total number of pack returned as an overall figure for six CHO's 1, 2, 3, 4, 5, and 8.

Homeless Services

Number and % of service users admitted during the quarter to homeless emergency accommodation hostels / facilities who have a medical card (Expected Activity 75% of admitted clients)

- 1067 December (71%) 1051 (71%) September 2015, (1.5% increase/16)
- Variance from expected activity -6% (65)

There is a slight variation on expected activity, but consistent with activity year to date.

No & % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by Hostel staff to acquire a medical card during the quarter. NEW kpi (Expected Activity 90% of admitted clients)

- 312 (71%) December 2015, 229 (52%) September 2015, (36.2% increase/83)
- Variance from expected activity -33% (111)

Data Gap. A review of this data will take place to resolve this issue.

No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission (Expected Activity 85% of admitted clients)

- 1102 (73%) December, 1070 (72%) September 2015, (3% increase/32)
- Variance from expected activity -14% (181)

There is a slight variation on expected activity, but within the expected norms of a demand led service, and is consistent with activity year to date.

No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical/ mental health as part of their care/ support plan. (Expected Activity 80% of admitted clients)

- 1159 (77%) December, 1199 (80%) September 2015, 3.3% increase/40)
- Variance from expected activity -4% (48)

There is a slight variation on expected activity, and is consistent with activity year to date.

Traveller Health

Number of people who received awareness raising and information on type 2 diabetes and cardiovascular health (Expected Activity 20% of THU population)

- 3274 December 2015, 3560 September 2015, (8.0% decrease/286)
- Variance from expected activity -5.6%% (196)

This data was historically presented quarterly in arrears; from December 2015 this data will now reported as current Quarterly data. The number of people who attended awareness raising and information was slightly less than targeted in the last Quarter of the year.

Number of people who received awareness and participated in positive mental health initiatives (Expected Activity 20% of THU population)

- 4055 December 2015, 3108 September 2015, (30% increase/947)
- Variance from expected activity 16.9%% (1787)

This data was historically presented quarterly in arrears, from December 2015 this data will now reported as current Quarterly data. The number of people who received awareness raising and information was higher than initially targeted.

Primary Care Reimbursement Service Quality & Safety

% of properly completed Medical/GP Visit Card applications were processed within the 15 day turnaround (Target YTD 90%)

- 99.8% December 2015 (10,477 applications/10,460 processed), 99.3% December 2014 (0.5% increase)
- 99.8% December 2015 (10,477 applications/10,460 processed), 99.3% November 2015 (5,328 applications/5,219 processed), (0.5% increase)

Medical Card turnaround times are a weekly metric published online. The values in this report correspond to the workload received by the HSE in the week ending 4th December 2015. The target for applications received at the National Medical Card Unit (NMCU) and processed < 15 days is 90%. Decisions are made on applications which are fully complete on receipt with the required supporting documentation and the decision is communicated to the applicant.

A number of applications will require additional documentation due to the circumstances of the applicant, for example, a medical report. The NMCU requests the information as appropriate and places the application on hold. The response time to such requests can be a number of weeks or months.

The NMCU systematically work through the on-hold categories and when every opportunity has been given to the client to provide supporting documentation, a business rule is in place to close the application and advise the client accordingly.

% medical card / GP visit card applications, assigned for review by a Medical Officer processed within 5 days (Target YTD 90%)

- 99.7% December 2015 (0-5 days) (1,506 applications completed) 5+ (5 applications completed)
- 94.7% November 2015 (0-5 days) (1,594 applications completed) 5+ (89 applications completed)

Access

The number of persons covered by Medical Cards (Expected Activity point in time 1,722,380)

- 1,734,853 December 2015/YTD, 1,768,700 December 2014/YTD (-1.9% decrease/33,847)
- 1,734,853 December 2015, 1,732,555 November 2015 (0.1% increase/2,298)
- YTD variance from expected activity 0.7% (12,473)

Of the total number of persons covered by a medical card, 99,396 people were covered by a discretionary medical card.

No. persons covered by Medical Cards												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	1,855,797	1,857,833	1,864,320	1,870,096	1,873,015	1,868,565	1,866,223	1,863,062	1,864,509	1,863,984	1,858,379	1,849,380
National 2014	1,840,760	1,826,578	1,799,103	1,800,182	1,790,438	1,795,168	1,804,376	1,797,811	1,785,221	1,777,762	1,771,368	1,786,700
National 2015	1,766,432	1,758,050	1,751,883	1,741,333	1,733,639	1,731,470	1,735,168	1,730,575	1,729,559	1,728,755	1,732,555	1,734,853
Expected Activity 2015	1,777,380	1,772,380	1,767,380	1,762,380	1,757,380	1,752,380	1,747,380	1,742,380	1,737,380	1,732,380	1,727,380	1,722,380

No. persons covered by discretionary Medical Cards												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	62,445	61,417	60,976	60,144	59,012	56,245	54,984	53,888	52,733	51,574	50,785	50,294
National 2014	50,505	50,009	49,596	50,375	52,232	59,378	65,993	67,572	71,222	72,759	74,674	76,665
National 2015	78,932	81,265	83,450	85,396	87,207	88,604	90,863	92,879	94,614	95,887	97,562	99,396

The number of persons covered by GP Visit Cards (Expected Activity YTD 412,588)

- 431,306 December 2015/YTD, 159,576 December 2014/YTD (170% increase/271,730)
- 431,306 December 2015, 424,862 November 2015 (1.5% increase/6,444)
- YTD variance from expected activity 4.5% (18,718)

The target for 2015 was set inclusive of all children under 6 years of age becoming eligible for a GP visit card in April 2015. These children became eligible for GP visit cards on 1st July 2015. Of the total number covered by a GP visit card, 41,266 are covered by a discretionary GP Visit card.

No. persons covered by GP Visit Cards												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	130,301	130,169	128,589	128,812	128,180	126,031	124,925	124,361	123,424	124,337	125,193	125,193
National 2014	125,930	124,512	120,981	125,166	134,130	137,690	142,668	146,546	153,333	157,444	157,913	157,913
National 2015	160,276	160,004	161,054	162,240	164,087	244,171	311,649	365,859	391,451	409,785	424,862	431,306
Expected Activity 2015	146,546	146,546	146,546	146,546	146,546	146,546	412,588	412,588	412,588	412,588	412,588	412,588

No. persons covered by discretionary GP Visit Cards												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	16,347	17,230	17,476	18,409	19,186	19,813	20,364	21,132	22,115	23,175	24,512	24,512
National 2014	27,204	28,301	29,080	29,841	31,565	29,681	28,423	29,208	30,780	32,686	33,672	33,672
National 2015	35,776	36,874	38,293	38,969	39,468	39,829	40,361	40,979	40,108	40,257	40,749	41,266

Summary of Movement in Medical Cards	
Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of December 2015	1,734,853
Net decrease	-33,847
Entirely new medical cards issued	85,466
Entirely new medical cards upgraded from GP visit	30,485
Medical cards reinstated	78,507
Medical cards not renewed or deemed ineligible	-197,459
Medical cards where eligibility moved to GP Visit	-30,742
Reconciliation	-104
Net decrease	-33,847

Summary of Removals in Medical Cards	
Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	158,369
Full response, no longer eligible	13,653
Deceased	20,823
Removed by GP	4,614
Total	197,459

Summary of Movement in GP Visit Cards	
Movement in GPVCs	
GP Visit Cards as of 1 January 2015	159,576
GP Visit Cards at the end of December 2015	431,306
Net increase	
Entirely new GP Visit Cards issued	277,669
Medical cards where eligibility moved to GP Visit	30,742
GP Visit Cards reinstated	27,255
GP Visit Cards not renewed or deemed ineligible	-33,442
GP Visit Cards where eligibility moved to Medical Card	-30,485
Reconciliation	-9
Net increase	271,730

Finance

Primary Division (Incl. Primary Care, PCRS & Local Schemes)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	84,969	87,795	84,969	2,826	3.3%
Galway, Mayo Roscommon (2)	90,403	93,776	90,403	3,373	3.7%
Clare, Limerick North Tipp, East Limerick(3)	72,742	73,851	72,742	1,110	1.5%
North & West Cork North & South Lee Kerry (4)	120,027	121,846	120,027	1,818	1.5%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	83,311	83,012	83,311	(299)	-0.4%
Dublin South East Dun Laoghaire Wicklow (6)	55,153	55,746	55,153	593	1.1%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	146,523	144,891	146,523	(1,632)	-1.1%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	103,219	107,327	103,219	4,109	4.0%
Dublin North Central Dublin North West Dublin North (9)	115,481	116,942	115,481	1,461	1.3%
Regional	40,408	41,691	40,408	1,283	3.2%
National	41,215	20,121	41,215	(21,094)	-51.2%
Sub Total	953,451	946,999	953,451	(6,452)	-0.7%
PCRS	2,397,239	2,393,130	2,397,239	(4,109)	-0.2%
DLS	233,080	235,204	233,080	2,124	0.9%
Sub Total PCRS & DLS	2,630,319	2,628,334	2,630,319	(1,985)	-0.1%
Total Primary Care Division	3,583,770	3,575,333	3,583,770	(8,437)	-0.2%

Primary Care (incl. Multi Care)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	76,884	79,264	76,884	2,380	3.1%
Galway, Mayo Roscommon (2)	79,017	81,958	79,017	2,942	3.7%
Clare, Limerick North Tipp, East Limerick(3)	52,646	53,499	52,646	853	1.6%
North & West Cork North & South Lee Kerry (4)	95,662	97,128	95,662	1,466	1.5%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	73,933	73,675	73,933	(258)	-0.3%

Primary Care (incl. Multi Care)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
Dublin South East Dun Laoghaire Wicklow (6)	51,839	52,425	51,839	586	1.1%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	77,518	76,489	77,518	(1,029)	-1.3%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	94,945	98,871	94,945	3,926	4.1%
Dublin North Central Dublin North West Dublin North (9)	69,958	70,861	69,958	903	1.3%
Regional & National	80,170	59,850	80,170	(20,320)	-25.3%
Total	752,573	744,021	752,573	(8,552)	-1.1%

Local Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Local Schemes	233,080	235,204	233,080	2,124	0.9%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Medical Cards	1,700,622	1,710,591	1,700,622	9,969	0.6%
Drug Payment Scheme	65,745	65,745	65,745	0	0.0%
Long Term Illness Scheme	182,424	182,424	182,424	0	0.0%
High Tech	219,523	227,214	219,523	7,691	3.5%
Dental Treatment Services	75,981	67,392	75,981	(8,589)	-11.3%
Health Amendment Act	1,744	1,744	1,744	0	0.0%
Community Ophthalmic Scheme	31,620	31,620	31,620	0	0.0%
Methadone Treatment	20,656	20,656	20,656	0	0.0%
Childhood Immunisation	7,727	7,727	7,727	0	0.0%
Doctors Fees/ Allowances	7,627	7,627	7,627	0	0.0%
Hardship	14,205	14,205	14,205	0	0.0%
OPAT	7,000	6,933	7,000	(67)	-1.0%
Oncology Drugs / Medicines	11,500	12,504	11,500	1,004	8.7%
HEP C Drugs & Medicines	33,924	25,662	33,924	(8,262)	-24.4%
Orphan Drugs/Medicines	6,941	6,941	6,941	0	0.0%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
ADHD	10,000	4,145	10,000	(5,855)	-58.6%
Total	2,397,239	2,393,130	2,397,239	(4,109)	-0.2%

Financial Commentary

The Primary Care Division (PCD) spent €3.575b versus a budget of €3.583b in the period ending 31st December 2015 showing a favorable variance of €8.436m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (LS) the core PCD service surplus is €6.451m. The division received €149m in supplementary funding in 2015, €5m of which was set against core services. The requirement for supplementary funding in respect of core services was driven by are pay and staffing pressures in addition to a growing number of complex pediatric cases.

There is a deficit of €142.015m before supplementary funding in the two specific areas of PCRS and DLS at the end of December 2015. A supplementary allocation of €144m has resulted in a surplus of €1.985 across these headings. The main expenditure drivers within Local Schemes are hardship medicine and drug refund schemes which represent almost 100% of the deficit pre supplementary funding. The PCRS deficit pre supplementary is being driven by expenditure in long term illness and High Tech Medicines with increased spend over the previous year of €52.3m and €59.3 m respectively.

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	10442
	Direct Staff Indicative workforce number	10344
	Direct Staff WTE Indicative workforce number Variance	98
	Direct Staff WTE Indicative workforce number Variance %	0.95%
	2015 Development posts	61.5
	2015 Development posts filled	5
	% 2015 Development posts filled	8.13%
	pre-2015 Development posts	281.5
	pre-2015 Development posts filled	269.5
	% pre-2015 Development posts filled	95.74%
	Direct Staff Headcount	12413
	Absence rates – Medical Dental	2.55%
	Absence rates – Nursing	5.05%
	Absence rates Health and Social Care professionals	3.84%
	Absence rates – Management Admin	4.27%
	Absence rates – General Support Staff	5.10%
	Absence rates – Other Patient & Client Care	5.28%
	Absence rates – Overall	4.76%

Note: Absence rates are reflective of all of Community Healthcare

Palliative Care

Palliative Care

Quality

The % of patients provided with a specialist palliative care service in their place of residence within 7 days (Target 95%)

- 90.1% (665 of 738) December 2015, 87.8% (643 of 724) December 2014 (3.4% increase/22)
- 88.5% (7,942 of 8,977) YTD 2015, 87.9% (7,783 of 8,855) YTD 2014 (2.0% increase/159)
- 90.1% (665 of 738) December 2015, 88.5% (696 of 786) November 2015, (4.4% decrease/31)
- YTD variance from target -6.9% (609)

Overall performance in December has fallen when compared against November, although it has improved on the same period 2014. The general trend is for activity to decline in December. Additional homecare nursing staff are still due to commence and will be in place by mid-January.

The % of patients admitted to a specialist palliative care inpatient bed within 7 days of referral (Target 98%)

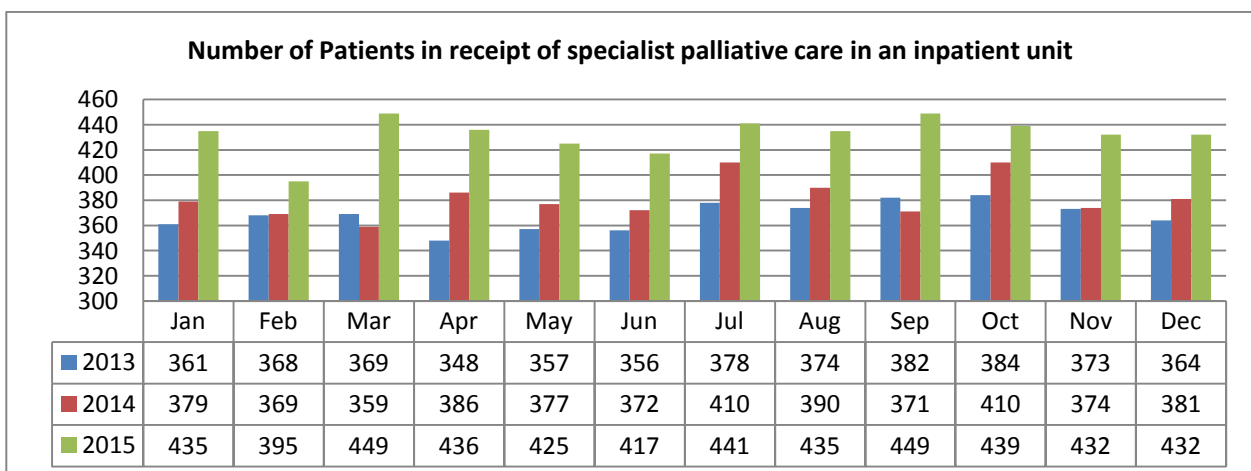
- 97.5% (278 of 285) December 2015, 96.8% (272 of 281) December 2014 (2.2% increase/6)
- 97.9% (3,354 of 3,424) YTD 2015, 96.3% (2,942 of 3,058) YTD 2014 (14% increase/412)
- 97.5% (278 of 285) December 2015, 98.6% (281 of 285) November 2015, (1.0% decrease/3)
- YTD variance from target 0.0% decrease (0)

In December only 2 CHO's fell more than 5% below the target i.e. CHO 2 & 6

Access

The number of patients in receipt of a specialist palliative care service in an inpatient bed (Expected Activity 445 monthly)

- 432 December 2015, 381 December 2014 (11.8% increase/51)
- 432 December 2015, 432 November 2015, (0 % increase/decrease 0)
- YTD variance from expected activity -2.9% (13)



Referral (Location prior admission)
 Acute Hospital 53% (December), YTD 47.3%
 Patients Home 47% (December), YTD 50.4%
 Other <1% (December) YTD 2.3%.

Diagnosis
 Cancer 86.5% (December), YTD 86.5%
 Non Cancer 13.5% (December), YTD 13.5%

Age category
 0-17 - 0%
 18-65 31%
 65+ 69%

Comparisons YTD show that there are greater numbers of patients accessing the service through referral from a normal place of residence (1325 YTD 2015, 1,191 YTD 2014 1.2% increase (134), however by December 2015 the percentage referrals from acute hospitals has increased also. (1,151 YTD 2014, 1,242 YTD 2015, 7.9% increase/91).

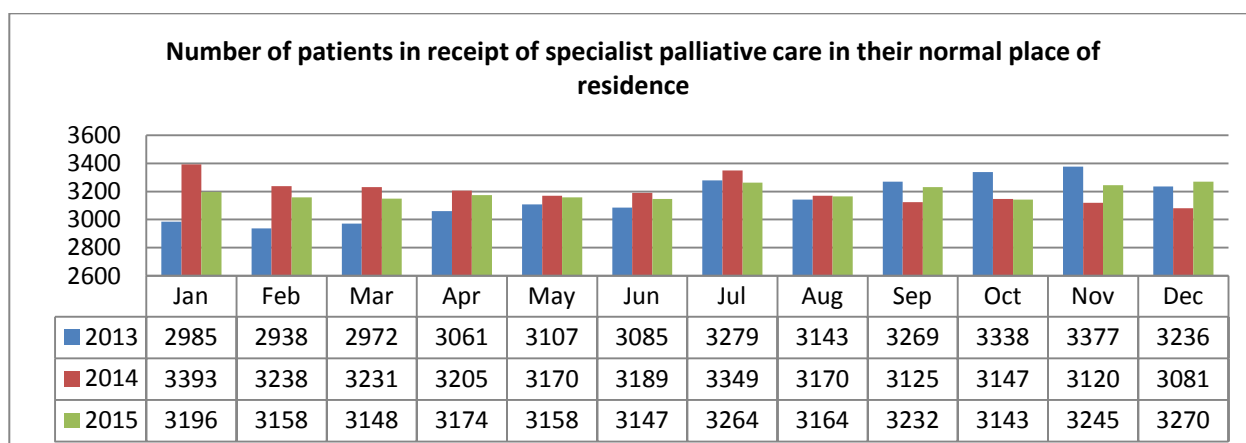
Total number of new patients by diagnostic category (cancer/non cancer) in inpatient units

- 186 cancer, 29 non-cancer December 2015. 213 cancer, 30 non-cancer December 2014.

The percentage of patients with a non cancer disease being treated in an inpatient setting has increased steadily since 2010. In 2010 the ratio was 93% cancer to 7% non cancer. 2015 the ratio was cancer 86.5% (2,281) to non cancer 13.5% (356).

The number of patients in receipt of a specialist palliative care service in the community (Expected Activity 3,248 monthly)

- 3,270 December 2015, 3,097 December 2014 (5.6% increase/173)
- 3,270 December 2015, 3,245 November 2015, (0.7% increase/25)
- YTD variance from expected activity 0.6.% (20)



Diagnosis
 Cancer 71.5% (December) YTD 70.4%
 Non Cancer 28.5% (December) YTD 29.6%

Age Category
 0-17 0.9% (December), YTD 0.8%
 18-65 - 22.6% (December), YTD 21.0%
 65+ 76.5% (December), YTD 78.2%

Total number of new patients by diagnostic category (cancer/non cancer) in the community

- 528 cancer, 210 non cancer December 2015. 535 cancer, 190 non cancer December 2014

The percentage of patients with a non cancer disease being treated in their normal place of residence has increased steadily since 2010. In 2010 the ratio was 83% cancer to 17% non cancer. December 2015 YTD the ratio was 70.4% cancer (6,311) to 29.6% non cancer (2,647). In the same period YTD 2014 the split was 72.2% cancer (6,424) to 27.7% non cancer (2,465).

The number of children in care of the Children's Palliative Care Services (Expected Activity 320 Monthly)

- 411 December 2015, 340 December 2014 (20.8% increase/71)
- 411 December 2015, 420 November 2015, (-2.1% decrease/9)
- YTD variance from expected activity is a 28.4% increase (91)

Finance

Palliative Care Services	Approved Allocation	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	5,783	6,170	5,783	387	6.7%
Galway, Mayo Roscommon (2)	5,268	5,763	5,268	495	9.4%
Clare, Limerick North Tipp, East Limerick(3)	11,639	11,664	11,639	25	0.2%
North & West Cork North & South Lee Kerry (4)	8,169	8,233	8,169	64	0.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	1,281	1,254	1,281	(28)	-2.1%
Dublin South East Dun Laoghaire Wicklow (6)	722	597	722	(124)	-17.2%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	23,019	22,264	23,019	(755)	-3.3%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	4,535	4,740	4,535	206	4.5%
Dublin North Central Dublin North West Dublin North (9)	10,570	10,569	10,570	(1)	0.0%
Regional & National	1,000	1,166	1,000	165	16.5%
Total	71,986	72,421	71,986	435	0.6%

Mental Health Services

Mental Health Update

The vision for Mental Health Services is to support the population to achieve their optimal mental health through the following key priorities:

- Ensure that the views of service users, family members and carers are central to the design and delivery of Mental Health services.
- Design integrated, evidence based and recovery focused Mental Health services.
- Deliver timely, clinically effective and standardised safe Mental Health services in adherence with statutory requirements.
- Promote the mental health of the population in collaboration with other services and agencies including reducing loss of life by suicide.
- Enable the provision of Mental Health services by highly trained and engaged staff with a fit for purpose infrastructure.

The level of vacancies and difficulty in recruiting and retaining skilled staff poses a significant challenge to service provision, quality and access, particularly in Child and Adolescent Mental Health services.

The short term solution to this risk requires the use of agency staff and overtime. This in turn presents challenges in meeting targets in the area of finance and workforce. Even with this solution available, there is an increasing difficulty in accessing agency medical staff which is resulting in unfilled posts and consequent impacts on service delivery.

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Quality & Safety

Serious Reportable Events

- The total number of SREs reported up to December 2015 was 37 – 3 new SREs were reported by the Division during December 2015.
- At the end of December 2015, 32% of investigations were reported as compliant with 4 month timeline for investigation completion.

The % of admissions of children to Child Adolescent Acute Inpatient Units (CAMHs) as a % of total number of admissions of children to Mental Health Acute Inpatient Units (Target 95%)

- 80% December 2015 (20 out of 25 admissions), 81.5% December 2014 (22 out of 27 admissions)
- 73.3% YTD 2015 (261 out of 356 admissions), 69% YTD 2014 (201 out of 290 admissions)
- 80% December 2015 (20 out of 25 admissions), 78.6% November 2015 (25 out of 35 admissions),
- YTD variance from target -22.8 %

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units. In December 2015 **80%** (73.4% year to date) of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

In December, there were 25 child and adolescent acute inpatient admissions. Of these, 20 were to age appropriate CAMHs Inpatient Units and 5 were to Adult Mental Health Inpatient Units/Approved Centres. Of these 5 admissions, 4 (80%) were aged 16 years or older. The percentage of admissions of children to age appropriate units in December was 80.8% against the targeted 95%. This represents a significant improvement from 55% in January and shows an improvement, month on month.

At the end of 2015, there had been a total of 356 children and adolescents admitted, 261 (73.3%) were to age appropriate CAMHs Inpatient Units and 95 (26.7%) were to approved Adult Mental Health Inpatient Units. Of these 95 admissions, 85.2% (81) of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of the 95 admitted to Adult Approved Centres, 86 or 90.5% were 16/17 years old with 41.1% (39) of these discharged either the same day or within 3 days and 65.3% (62) within a week.

There are a range of factors which can influence the clinical decision to admit to an Adult Acute Inpatient Unit. Some of these admissions relate to a crisis admission where no adolescent bed is immediately available. Distance to the nearest CAMHs in-patient unit can also be a factor when immediate clinical assessment and treatment may be the requirement. In some cases, the presenting clinical needs of the young person (who may be nearly 18 years old) may be more appropriately assessed and treated in an adult unit.

The % of accepted General Adult Teams of referrals offered first appointment within 12 weeks (Target 90%)

- 94.6% December 2015 (2,442 out of 2,581), 95.6% December 2014 (2,630 out of 2,746)
- 92.6% YTD 2015 (34,363 out of 37,091), 93.8% YTD 2014 (34,946 out of 37,207)
- 94.6% December 2015 (2,442 out of 2,581), 92.5% November 2015 (3,016 out of 3,262),
- YTD variance from target (2.9% increase)

The General Adult Community Mental Health Teams are performing 2.9% year to date above target nationally. All of the CHOs are exceeding the targets with the exception of CHO 1 (86.9%), CHO 7 (88%) and CHO 9 (81.3%).

However the performance issues for the underperforming teams relate to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment within 12 weeks (Target 99%)

- 95.8% December 2015 (577 out of 602), 98.9% December 2014 (631 out of 639)
- 97.9% YTD 2015 (8,680 out of 9,386), 97.3% YTD 2014 (9,044 out of 9,295)
- 95.8% December 2015 (577 out of 602), 97.2% November 2015 (806 out of 829),
- YTD variance from target (1.1% decrease)

In December, 97.9% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks. A significant outlier for this metric is CHO 4 (85.5%). This underperformance is arising from significant resource issues being experienced by one team.

Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted CAMHs Teams referrals offered first appointment within 12 weeks (Target 78%)

- 77.9% December 2015 (1,098 out of 1,410), 52.7% December 2014 (503 out of 955)
- 76.4% YTD 2015 (10,679 out of 13,997), 76% YTD 2014 (10,023 out of 13,189)
- 77.9% December 2015 (1,098 out of 1,410), 80.3% November 2015 (1,200 out of 1,494),
- YTD variance from target (2.1% decrease)

77.9% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is slightly below targeted performance in the month. However, year to date is 2.9% behind target at 76.4%. This slight variance on target is attributable to the significant focus in the month on the validation of the waiting lists. The best performing CHO is 2 (96%) with the most significant outlier for this metric being CHO 1 (57.5%).

However the performance issues for the underperforming teams relate to specific resource issues for those teams. Improvement in performance is dependent on resolving resourcing issues through successful recruitment to fill vacant posts and/or provide temporary cover.

The % of accepted General Adult Team's referrals offered first appointment and seen within 12 weeks (Target 75%)

- 74.9% December 2015 (1,934 out of 2,581), 75.2% December 2014 (2,066 out of 2,746)
- 73.6% YTD 2015 (27,316 out of 37,091), 73.9% YTD 2014 (27,522 out of 37,207)
- 74.9% December 2015 (1,934 out of 2,581), 74% November 2015 (2,594 out of 3,262)
- YTD variance from target (1.9% decrease)

73.6% of accepted referrals to the General Adult Community Mental Health Teams nationally were offered a first appointment and seen within 12 weeks.

The best performing CHO is 5 (90%) with a significant outlier for this metric being CHO 9 (56.2%). CHO 9 are actively addressing the performance issues arising in the CHO but for some of the teams under performance relates to the types of resourcing issues mentioned above. A further factor is the significant 'did not attend' (DNA) rate of 21% in December. In CHO 9, a specific initiative has begun to develop and implement common practice guidelines in managing DNAs. Following a pilot, an audit will be completed in Q3 to assess the impact of the new guidelines.

The % of accepted Psychiatry of Old Age Teams referrals offered first appointment and seen within 12 weeks (Target 95%)

- 94.2% December 2015 (567 out of 602), 96.1% December 2014 (614 out of 639)
- 95.4% YTD 2015 (8,451 out of 9,386), 93.3% YTD 2014 (8,672 out of 9,295)
- 94.2% December 2015 (567 out of 602), 95.2% November 2015 (789 out of 829),
- YTD variance from target activity (0.5% increase)

In December, 94.2% of accepted referrals to Psychiatry of Old Age Teams nationally were seen within 12 weeks against a 95% target with a year to date position at 95.4%

Performance nationally is affected by the significant outlier for this metric in CHO 4 (68.7%) and the 3% national DNA rate in December. The underperformance is directly related to resource issues outlined above and performance is unlikely to improve until these resourcing issues are resolved.

The % of accepted CAMHs Teams referrals offered first appointment & seen within 12 weeks (Target 72%)

- 62.8% December 2015 (885 out of 1,410), 74% December 2014 (707 out of 955)
- 67% YTD 2015 (9,377 out of 13,997), 67% YTD 2014 (8,837 out of 13,189)
- 62.8% December 2015 (885 out of 1,410), 65.5% November 2015 (979 out of 1,494),
- YTD variance from target (6.9% decrease)

In December 2015, 62.8% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 67% with YTD performance slipping behind the target of 72%.

The best performing CHO's are 2 (88.8%) and 3 (86.8%) with the significant outliers for this metric being CHO 1 (54.2%), CHO 6 (50.7%) and CHO 9 (56.7%). This under performance relates to the types of resourcing issues mentioned above.

The national 'did not attend' (DNA) rate was 21% in December.

In December, the performance of the CAMHS Teams was impacted by the Waiting List Validation Initiative with resources focused on addressing the waiting lists over 12 months.

Access

In 2015, the National Service Plan objective for improved performance for the year is for >72% of accepted referrals to Child and Adolescent Community Mental Health Teams to be seen within three months together with an overall 5% reduction in the waiting list (2,632) combined with a position where no-one is waiting over 12 months at end December 2015.

In December, there were 1,132 children and adolescents waiting for a first appointment for longer than three months, of which 181 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services. This represents a decrease of 26 or 12.6% compared to last month and a 278 reduction or 60.5% compared to April, when the Wait list initiative began.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the objective of offering first appointments and seeing individuals within three months is a priority for 2015. There are a number of factors contributing to an individual waiting longer than 12 months. In the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally, a validation exercise combined with analysis of those on this part of the waiting list was completed in April. A targeted waiting list initiative is on-going focusing on those teams with children waiting more than 12 months. A comparison of the numbers waiting in April against those for December shows that the number waiting longer than 3 months has decreased by 607 and the over 12 month waiting number has reduced by 278 and is now at 181.

Reduction in the number of children & adolescents waiting to be seen by Community CAMHS teams (Expected Activity 2,632)

- 2,298 December 2015, 2,869 December 2014 (19.6% decrease/571)
- 2,298 December 2015, 2,273 November 2015, (1% increase/25)
- Variance YTD from target activity (12.7% decrease/334)

The number of children & adolescents to be seen for first appointment at end of each month < 3 months (Expected Activity 1,153)

- 1,166 (51%) December 2015, 1,158 (40%) November 2014 (0.7% increase/8)
- 1,166 (51%) December 2015, 1,096 (48%) November 2015 (6.4% increase/70)

The number of children & adolescents on waiting lists for first appointment at end of each month (Excluding < 3 months) (Expected Activity 1,479)

- 1,132 (49%) December 2015, 1,711 (60%) December 2014 (33.8% decrease/579)
- 1,132 (49%) December 2015, 1,177 (56%) November 2015 (3.8% decrease/45)

The number and % of children & adolescents on waiting lists for first appointment at end of each month > 12 months (Expected Activity 0)

- 181 (8%) December 2015, 405 (14%) December 2014 (55.3% decrease/224)
- 181 (8%) December 2015, 207 (9%) November 2015 (12.5% decrease/26)
- Variance YTD from target activity (>100 % increase/181)

There are 181 (or 8% of the waiting list) individuals waiting more than 12 months for a first appointment. 73% (46) of teams have no children waiting longer than 12 months.

Of the 17 teams who have individuals waiting longer than 12 months, 5 teams comprise 48% (87) of those (181) waiting longer than 12 months.

A comparison of the numbers waiting in April against those for December shows that the number waiting longer than 3 months has decreased by 607 and the over 12 month waiting number has reduced by 278 and is now at 181.

Outline of expected activity for December 2015

	Outturn 2014	Expected Activity	Target	Dec 2015	% var YTD v Tgt / EA YTD	SPLY No	% var YTD 2014 v YTD 2015
Total no. to be seen	2,869		2,632	2,298	-12.7%	2,869	-19.9%
Total no. to be seen (0-3 months)	1,158	1,153		1,166	1.1%	1,158	0.7%
Wait List (i.e. those waiting >3 months)	1,711	1,479		1,132	-23.5%	1,711	-33.8%
No. on waiting list for first appointment at end of each month by wait time							
No on CAMHS waiting list (3-6 months)	536	534		387	-27.6%	536	-27.8%
No on CAMHS waiting list (6-9 months)	447	331		321	-3.0%	447	-28.2%
No on CAMHS waiting list (9-12 months)	323	614		243	-60.4%	323	-24.8%
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	405		0	181	>100%	405	-55.3%

Finance

Mental Health	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	66,248	68,218	66,248	1,970	3.0%
Galway, Mayo Roscommon (2)	92,244	93,850	92,244	1,606	1.7%
Clare, Limerick North Tipp, East Limerick(3)	58,923	60,069	58,923	1,146	1.9%
North & West Cork North & South Lee Kerry (4)	102,966	105,089	102,966	2,123	2.1%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	89,763	91,740	89,763	1,977	2.2%
Dublin South East Dun Laoghaire Wicklow (6)	52,317	52,512	52,317	195	0.4%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	71,944	72,561	71,944	618	0.9%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	78,944	83,352	78,944	4,408	5.6%
Dublin North Central Dublin North West Dublin North (9)	104,063	104,087	104,063	24	0.0%
Regional & National	69,972	48,815	69,972	(21,157)	-30.2%
Total	787,385	780,294	787,385	(7,091)	-0.9%

Financial Commentary

The Mental Health Division spent €780.3m in the year ended 31st December 2015 against a budget of €787.4m, a positive variance of €7.1m, representing 0.9 of 1%. The primary cause of the variance has been the challenge to recruit some key staff such as consultants and specialist nursing in particular locations and we will continue to prioritise our recruitment and retention programme in 2016 to maximise the delivery and development of Mental Health Services in 2016 and future years.

Arising from once-off savings from delayed recruitment of posts, it was also possible by the end of 2015, to additionally fund investment in our service infrastructure, and with the co-operation and collaboration of the Social Care Division, fund a number of once-off initiatives such as increased services for those with Mental Health Illness and an Intellectual Disability and enhanced services for Older Persons with Mental Health cared for by smaller voluntary agencies.

Workforce Overview

Human Resource Management			
Staff levels	Direct Staff WTE	9404	
	Direct Staff Indicative workforce number	9262	
	Direct Staff WTE Indicative workforce number Variance	+142	
	Direct Staff WTE Indicative workforce number Variance %	+1.53%	
	2015 Development posts	16	
	2015 Development posts filled	0	
	% 2015 Development posts filled	0.00%	
	pre-2015 Development posts	1144.1	
	pre-2015 Development posts filled	945.5	
	% pre-2015 Development posts filled	82.64%	
	Direct Staff Headcount	10210	
	Absence rates – Medical Dental	2.55%	
	Absence rates – Nursing	5.05%	
	Absence rates Health and Social Care professionals	3.84%	
	Absence rates – Management Admin	4.27%	
	Absence rates – General Support Staff	5.10%	
	Absence rates – Other Patient & Client Care	5.28%	
	Absence rates – Overall	4.76%	
	EWTD	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	90%
		% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	94%

Analysis of New Service Development Posts

The position at the end of December 2015 was as follows:-

- 402.5 or 97% of the 416 development posts for 2012 have started.
- 432 or 90% of the 477.5 development posts for 2013 have started.
- 113 or 45% of the 251.1 development posts for 2014 have started.

By the end of 2015, approximately 40 of the estimated 400 new posts have started.

Social Care Services

Social Care Services

Serious Reportable Events

- The total number of SREs reported up to December 2015 was 43 - 5 new SREs were reported in December 2015
- At the end of December 2015, 18% of investigations were reported as compliant with 4 month timeline for investigation completion.

Social Care: Disability Services

Quality & Safety

In respect of agencies in receipt of €3m or more of public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL, CARF or PQASSO (Target YTD 100%)

- 35.1% (13 of 37) December 2015/ Q4 2015, Unavailable December 2014/ Q4 2014
- YTD variance from expected activity is -64.9% from target

Of the 46 agencies that were to return data a response was only received from 37 agencies. Of these 37 agencies who responded, 35.1% (13 of 37) employ a recognised quality improvement methodology.

Prior to 2015, this metric was recorded from agencies in receipt of over €5m. This is the first time that this information is being captured on those in receipt of funding between €3m and €5m, and returns from some of these agencies are still awaited. In addition to the 13 agencies who reported that they do have an internationally recognized quality improvement methodology in place, an additional 6 reported that they are working towards a named quality improvement methodology. The other organizations reported that while they do not have a recognized quality improvement methodology in place, they are focused primarily on meeting their requirements to meet statutory registration with HIQA.

Disability Act Compliance: % of assessments completed within the timelines as provided for in the regulations (Target YTD 100%)

The Disability Act 2005 provides for an assessment of needs for people with a disability that are eligible. This assessment must commence within three months of receipt of a completed application and must be completed within a further three months.

- 23% (203 of 884 assessments) December 2015/Q4 2015, 32.8% (284 of 864 assessments) September 2015/Q3 2015 (9.8% decrease)
- 31.2% (1,035 of 3,318 assessments) YTD 2015, 35% (1,138 of 3,251 assessments) YTD 2014
- YTD variance from expected activity is -68.8% from target

All CHOs are performing well below target as follows: CHO 1 (-31.7%), CHO 2 (-12.8%), CHO 3 (-46.3%), CHO 4 (-81.1%), CHO 5 (-73.2%), CHO 6 (-42.7%), CHO 7 (-81.1%), CHO 8 (-60.6%), CHO 9 (-90.1%).

Children's disability services continue to struggle to complete Assessments of Need in line with timelines outlined in the Disability Act 2005. There has been a decrease of 9.8%, between Q3 and Q4, it is important to note that the demand for assessments has increased by 18.5%, 910 additional requests, over the last 12 months. In Q4 44.4 % of applications were from children aged 5 and over. Work is ongoing to reconfigure 0-18s childrens disability services into Childrens Disability Network Teams (CDNTs). This will ensure that all children have access to the service they require locally, and that services will be provided

in an equitable and consistent manner across the country. It will also ensure that the CDNTs work with children and their families to understand their desired outcomes and align their treatment plans to the realization of these outcomes. Progress with reconfiguring CDNTs was delayed in 2015 in some areas due to lack of suitable accommodation for co-location of services, lack of suitable information management systems for sharing of records across services, and other reasons which are being worked through by Local Implementation groups tasked with reconfiguring services in each CHO. It is envisaged that all teams will be fully reconfigured in 2016.

Congregated Settings: Facilitate the movement of people from congregated to community settings (Target YTD 150)

- 53 Q4 2015,
- 137 YTD 2015,
- YTD variance from expected activity is -8.6% from target

Throughout 2015 all CHO Areas have been working towards their target, as part of the national end of year target of 150 to transition from congregated to community settings. In Quarter four 53 people transitioned from congregated to community settings and a total of 137 people have transitioned year to date which is only 13 short of meeting the yearend target of 150. Detailed implementation planning is underway to ensure that these 13 individuals complete their transition to community living in 2016.

At the end of December 2015, a total of 137 people had been supported to transition from a congregated setting to an appropriate community placement in line with the policy *A Time to Move on from Congregated Settings*. The target of 150 was not fully met, due to blockages and delays that arose throughout the year in relation to changing need, HIQA compliance and registration and accessing suitable appropriate accommodation.

At a national level, significant work was undertaken during 2015 that will further support the Time to Move project.

- A comprehensive submission was made to identify the capital and revenue resources required to enable accelerated implementation of the policy, with the result that significant additional capital resources have been allocated for 2016-2021 and the reconfiguration of residential services is identified as a key priority under the Social Reform Fund 2016-19.
- There has been ongoing work on the development of a Communication Strategy and Implementation Plan Framework that will be rolled out in early 2016, which will support Service Providers to develop and implement plans that support decongregation in keeping with the policy.
- There has been ongoing work HSE, DELCG and DoH to address housing blockages and ensure housing solutions for people with disabilities are developed. The changes to the DELCG Capital Assistance Scheme criteria in December will allow for significant progress to be made in property acquisition to support people moving from congregated settings in 2016.

0-18's Programme

In line with the objectives of the 0-18s disability programme, implementation is continuing to maximize the number of LIG's which will have fully reconfigured their children's services into children's disability networks. At the end of Q4 year to date 8 teams have fully reconfigured into Childrens disability networks which is 66.6% below target. One LIG in CHO 7 did not provide an update on the progress of their implementation plan for the 0-18s programme.

Access

No. of rehabilitative training places provided (all disabilities) (Expected Activity 2,583)

- 2,583 December 2015 / YTD 2015, 2,583 December 2014
- 2,583 November 2015

The number of rehabilitative training places is exactly on target YTD. All CHOs are performing on target.

Rehabilitative Training is provided by accredited training centres that are run by the HSE or by service providers contracted by the HSE. Rehabilitative Training programmes are designed to equip participants with the basic personal, social and work related skills that will enable them to progress to greater levels of independence and integration in the community. Voluntary service providers also provide training to service users to help them transition to independent living.

The HSE, through its Occupational Guidance Service, works with schools, service providers, service users and families to identify the training needs of people with disabilities. The Occupational Guidance Officer provides one to one advice, support and guidance to enable individuals with a disability aged 16 to 65 years to make an informed choice about their rehabilitative training and occupational options.

No. of people (all disabilities) in receipt of rehabilitative training (expected activity 2,870)

- 2,847 December 2015 / YTD 2015, 2,895 December 2014 / YTD 2014 (1.6% decrease/48)
- 2,847 December 2015, 2,827 November 2015 (0.7% increase/20)
- YTD variance from expected activity -0.8% (23)

Overall performance is below target. The following CHOs are performing below target CHO 1 (-3.1%), CHO 2 (-2.7%), CHO 5 (-1.9%), CHO 6 (-5.3%), and CHO 7 (-4.4%). The CHOs performing at or above target are CHO 3 (1.3%), CHO 4 (3.0%), CHO 8 (4.9%), and CHO 9 (1.8%).

Rehabilitative Training programmes for people with disabilities are designed to equip participants with personal, social and work related skills that will enable them to progress to greater levels of independence and integration. As of December 2015 2,583 places are provided to 2,847 participants. A place may be occupied by or more participants explaining why the number of people exceeds the number of places and some fluctuation in the number of participants is seen month to month as people enter and leave the programme at different times.

Percentage of School Leavers and RT Graduates who have received a placement that meets their needs (expected activity 100%)

- 98% December 2015 / YTD 2015, 100% December 2014 / YTD 2014 (2% increase/decrease)
- YTD variance from expected activity -2%

All people that requested a service in 2015 have been offered a service. However, there are outstanding issues in CHO 9 where some people are getting an interim service and they are not happy with the permanent service that is on offer. As a result of this, the % of School Leavers and RT Graduates who have received a placement that meets their needs is currently 98% for 2015.

The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability

The annual target for number of PA hours delivered to adults with a physical or sensory disability is 1.3 million hours. Service users who receive PA hours do so on an ongoing basis; this service is provided primarily by section 39 providers. This metric is reported on a quarterly basis with quarter 4 data available in February 2016.

The number of Home Support Hours delivered to people with a disability

As per PA hours, service users who receive home support hours do so on an ongoing basis. This metric is reported on a quarterly basis, with an annual target of 2.6 million hours for 2015. Quarter 4 data will be available in February 2016.

The number of respite overnights accessed by people with a disability

This number of respite overnights accessed by people with a disability is reported on a quarterly basis, with an annual target of 190,000 for 2015. The quarter 4 data will be available in February 2016.

Finance

Social Care Disability Services	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	108,848	112,647	108,848	3,799	3.5%
Galway, Mayo Roscommon (2)	149,494	152,621	149,494	3,127	2.1%
Clare, Limerick North Tipp, East Limerick(3)	131,575	136,028	131,575	4,453	3.4%
North & West Cork North & South Lee Kerry (4)	191,766	193,894	191,766	2,128	1.1%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	136,710	141,850	136,710	5,139	3.8%
Dublin South East Dun Laoghaire Wicklow (6)	208,348	213,363	208,348	5,015	2.4%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	147,181	153,899	147,181	6,718	4.6%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	176,381	181,384	176,381	5,003	2.8%
Dublin North Central Dublin North West Dublin North (9)	247,909	252,262	247,909	4,353	1.8%
Regional & National	28,032	(8,032)	28,032	(36,064)	-128.7%
Total	1,526,243	1,529,914	1,526,243	3,671	0.2%

Financial Commentary

Disability Services returned a deficit of €3.7m following apportionment of supplementary allocation of €37m for operational purposes.

This funding was to provide for costs arising as a result of the roll out of the HIQA registration process. There were a number of high profile HIQA inspections which were not provided for in initial estimates of year end outturn, additional expenditure to ensure HIQA compliance for these agencies (most notably St.

Patricks in Kilkenny and Cheeverstown) was in the region of €5m, which was managed within the €37m supplementary allocation.

The higher than forecast year end position arises due to an unsanctioned escalation in expenditure. Significant engagement has commenced through the relevant Chief Officers with relevant organisations to ensure they manage within their notified allocation for 2016.

NHSS:

NHSS returned a deficit of €658,000. €23m of supplementary funding was allocated to NHSS in accordance with agreed funding levels for delayed discharge initiatives.

Social Care Services - Older Persons Services

Quality & Safety

The % of active Elder Abuse cases reviewed within six month timeframe (Target 90%)

- 100% of active cases were reviewed in December (220 out of 220)
- YTD variance from expected activity- 0%
- 90% YTD of active cases were reviewed within 6 month timeframe

38 new referrals for Elder Abuse were received in December while YTD the figure rests at 1,817

The types of abuse referred in December were as follows:

Abuse type	Percentage of new referrals
Physical	11.8%
Psychological	23.5%
Financial	17.6%
Neglect	17.6%
Other	29.5%

Access

Home Care Services

Home Help (HH) and Home Care Package (HCP) services have responded in a flexible manner to meet the immediate needs of priority cases within the growing older population and in a way that supports hospital discharges as a priority. The challenge will be to maintain this level of support & activity to growing numbers of dependent people many of whom require services outside of the core times at an increased cost to the service.

The total number of persons in receipt of a Home Care Package (Expected Activity 13,200)

- 15,274 December 2015, 13,199 December 2014 (increase 15.7%/2,075)
- 15,274 December 2015, 15,142 November 2015, (increase 0.9%/132)
- YTD variance from expected activity is 15.7% (2,074)

Overall activity levels are significantly above target with the exception of CHO 4 (-5.1%).

The number of persons in receipt of a HCP at a point in time is dependent on assessed need of individual clients. If small numbers require high levels of service then the number in receipt will be low and vice versa. Accordingly this is an expected level of activity indicator rather than a target.

The number in receipt of an Intensive Home Care Packages (IHCPs) at a point in time (Expected Activity 190)

- 195 December 2015 / comparison with December 2014 not applicable as IHCPs were in process of being implemented for first time on phased basis
- 195 December 2015, 183 November 2015, (increase 6.6%/12)
- YTD variance from expected activity is 2.6% (5)

Intensive Home Care Packages are being provided by all CHOS as follows: CHO 1 (1) CHO 2 (53), CHO 3 (9), CHO 4 (22), and CHO 5 (5) CHO 6 (11), CHO 7 (14), CHO 8 (11) and CHO 9 (69).

Allocation of IHCPs is on a "Money Follows the Patient" basis and the number in any CHO will therefore vary over time. As evidenced in the data the number of people in receipt of an Intensive Home Care Package (IHCP) has realised an improvement month on month since January and the target of 190 persons in receipt by year end 2015 was exceeded. These IHCPs facilitated patients with very high level of dependency/complex needs to return home after an acute episode of care. In the absence of these IHCPs these patients would have remained in hospital as a delayed discharge or had to go to long term nursing home care.

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD 10,300,000, Annual 10.3m)

- 890,595 December 2015, 876,199 December 2014 (increase 1.6%/14,396)
- 10,456,801 YTD 2015, 10,298,482 YTD 2014 (increase 1.5%/158,319)
- 890,595 December 2015, 864,598 November 2015, (increase 3%/25,997)
- YTD variance from expected activity 1.5% (156,801)

4 CHOs have not met their targets In December. These include CHO 4 (-7.3%), CHO 5 (-2.5%), CHO 6 (-4.5%) and CHO 7 (- 2.3%).

The year end position for the number of home help hours provided shows that the target was exceeded by 156,801 hours which represents an increase of 1.5%. December 2015 levels also exceeded December 2014 levels by 158,319 hours.

The number of people being funded under NHSS in long-term residential care during the reporting month (Expected Activity 22,361)

- 23,073 December 2015 / YTD 2015, 22,360 December 2014 / YTD 2014 (increase 3.2%/713)
- YTD variance from expected activity 3.2 %/ 712)

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

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients									
Month 2015	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	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
Jan	1,001	1,369	22,324	457	452	5	152	160	-8
Feb	959	1,378	22,231	484	510	-26	155	182	-27
Mar	947	1,308	22,142	511	511	0	145	181	-36
Apr	865	575	22,521	905	542	363	240	186	54
May	801	557	22,605	558	458	100	159	156	3
June	818	576	22,670	590	494	96	167	161	6
July	816	544	22,778	527	397	130	136	138	-2
August	728	159	23,027	615	360	255	155	126	29
Sept.	768	197	23,106	522	440	82	142	125	17
Oct.	733	108	23,142	501	440	61	127	123	4

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients									
Month 2015	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	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
Nov.	781	244	23,065	495	496	-1	113	165	-52
Dec	779	358	23,073	498	463	35	145	156	-11
YTD 2015	9,996	358	23,073	6,663	5,563	1,100	1,836	1,859	-23
Dec-15	779	358	23,073	498	463	35	145	156	-11
Dec-14	671	1411	22,360	654	356	298	201	132	69

Note: In addition to the above there were a further 364 leavers (16 in December) from Contract Beds/Subvention/Section 39 savers beds.

In December 2015 the Nursing Homes Support Scheme funded 23,073 long term public and private residential places, and when adjusted for clients not in payment, there were 24,035 supported under the scheme. This is a net increase of 8 month on month, in the number of people supported under the scheme with 643 new clients entering the scheme and 635 existing clients leaving the scheme during the month.

The HSE was allocated a further €74m in April 2015, to deliver on a number of key targets to deal with the Nursing Homes Support Scheme and Emergency Department overcrowding. The key targets for the NHSS include (i) supporting an additional 1,604 people this year bringing the total number of people to be supported to 23,965 (ii) reduce the National Placement List to a stabilised level of 550 to 580 for the rest of the year and (iii) reduce the average wait time for approved applicants to 4 weeks from April to December 2015.

On notification of the increase in funding, an additional 764 places were released for approval on the 2nd April 2015. As at the end of December 2015, 661 people or 87% of the 764 approvals had been placed in nursing home care. When adjusted for leavers and withdrawals etc., 96% of those approved have been assigned.

This development is in addition to the 300 places which were accelerated in December 2014 as part of the Delayed Discharges Initiative which allowed appropriate placement of service users to take place in December and give full effect to that initiative over January and February 2015. As a result of the additional places and the profiled approvals under the scheme, the number on the placement list at the end of 2015 is 358 (Down from 1,411 at the start of the year) and the wait time had decreased to no more than 4 weeks (Down from 11 weeks in Q1).

A total of 9,280 people were approved for funding under the scheme in the current year to date, compared to 6,493 people approved for the same period last year. This is a 43% increase on approvals year on year.

In 2015, a total of 9,996 applications were received (2.4% increase year on year) and 8,499 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 2,213 or 35% in the number of new clients supported under the scheme when compared to 2014. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

The increase in the number of people supported under the scheme year on year is 713. At December 2015, 23,073 people were being funded under the scheme compared to 22,360 at the end of 2014. This is due to additional funding received in April 2015 to address Emergency Department Overcrowding to

provide for an additional 1,604 places, and the Delayed Discharge Initiative funding in December 2014 to provide for an additional 300 places. The additional funding resulted in a reduction in waiting time from 15 weeks in October 2014 to no longer than 4 weeks for the scheme since April 2015, and a reduction in the number of people waiting from a high of 2,135 in October 2014 to 358 at the end of December 2015. Uptake of the estimated requirement of 1,604 additional places as at April 2015 was below predictions due to the following reasons:

- The estimated increase of 3.2% for 2015 in demographics did not materialise.

In the first half of the year, the number of applications did exceed the estimated increase of 3.2% but in the latter half of the year there was a significant decrease in the number of applications received under the scheme. It is noted from the table below that at the end of Q2, the number of applications had increased by 4.3% whereas by the end of Q3 the level of increase in applications received had reduced to 0.9%. The number of applications increased by 0.5% in November and by a further 1% in December but this increase would have had very little impact on the numbers going into care as the average processing time for an application is 4 weeks. The low level of applications received in 2015 accounts for a reduction of approximately 170 places supported under the scheme. Set out below is the position in regard to applications received at the end of each quarter during 2015:

	2015	2014	% Increase
Q1	2,907	2,813	3.3%
Q2	5,391	5,169	4.3%
Q3	8,436	8,357	0.9%
Q4	9,996	9,757	2.4%

In addition, during 2015 there was a 12.3% increase year on year in the number of people exiting the scheme. A total of 7,786 people left the scheme in 2015 whereas 6,933 people exited the scheme in 2014. It was estimated that there would be in the region of a 4% increase in the number of leavers in 2015 and as a result of the higher than anticipated level of leavers the expected increase in demographics has not been realised. The higher level of leavers in 2015 has resulted in approximately 500 less places being supported under the scheme during the year. There is a trend emerging that people are applying for the scheme later in life than in previous years and consequently average lengths of stay are decreasing. In 2015, 68.1% of applicants were aged 80 years and over whereas in 2012, 66.6% of all applicants were aged 80 years and over.

In December there was a 24% increase in the number of leavers when compared to the same period in 2014. A total of 635 people exited the scheme in December compared to 511 people leaving the scheme in December 2014.

- As alluded to above, a total of 9,280 funding approvals were released under the scheme in 2015. This is an increase of 2,787 or 43% on activity in 2014. At any given time, there will be people who will not have taken up the offer of funding and this generally averages at approximately 750 people. As at December 2015 there were 962 people who had received funding approval but were not in receipt of financial support under the scheme. As a result, in excess of 200 less people than had been planned for were being supported under the scheme at year end.

The number of NHSS Beds in Public Long stay unit (Expected Activity 5,287)

- 5,222 Dec 2015 / YTD 2015, 5,290 Dec 2014 / YTD 2014 (decrease of 1.3%/68)
- YTD variance from expected activity -1.2% (65)

Activity levels in December are below target by 1.2%. CHO's meeting or exceeding their targets are CHO 3 (0%) and CHO 7 (+0.9%). CHO's underperforming are as follows:- CHO 1 (-2.1%), CHO 2 (-1.0%), CHO 4 (-1.0%), CHO5 (-1.1%), CHO 6 (-1.3%), CHO 8 (-4.4%), CHO 9 (-0.8%)

Delayed Discharge Initiative 2015

Given that the population is ageing steadily the demands on public service, particularly for those with complex needs, continues to grow. This is seen particularly in the key area of Emergency Departments of acute hospitals, the overall number of older people particularly who are delayed discharges in acute hospitals and the ongoing increasing demand particularly for home care services and other enabling measures that keep people at home at a level of independence for as long as possible.

In response to these pressures, Government approved a €25m delayed discharge initiative 2015, which was included in the HSE Service Plan for the year. This initiative has now been fully implemented and a summary of progress is outlined as follows:-

Progress to date with implementation of the €25 million delayed discharge initiative

€10m allocated to NHSS to support an additional 300 places for full year and to reduce the waiting list from 15 to 11 weeks

The additional 300 places were accelerated in December 2014 which allowed appropriated placement of service users in January and February 2015. All 300 places are now operational.

€8m additional funding to support Short Stay Residential

This funding facilitated the opening of 50 additional specific ring fenced beds which were allocated to certain hospitals. In addition, it allowed the opening of 65 beds at Mount Carmel to provide rehabilitation, convalescence and step up/step down services.

€5m additional funding to support Home Care Packages (HCP's)

This funding provided an additional 400 HCPs, allocated to specific hospitals, to alleviate delayed discharges. These HCPs are being used on an ongoing basis by these hospitals.

€2m additional funding to support Community Intervention Teams

The CIT service has been extended across the greater Dublin area and to Louth to support the acute hospitals.

The Emergency Department Taskforce Initiative 2015

The Emergency Department Taskforce was convened by Minister Varadkar last December to provide focus and momentum, and to develop sustainable long-term solutions to ED overcrowding. The Taskforce Action Plan published on April 2nd set out a range of time defined actions to optimise existing hospital and community capacity, develop internal capability and process improvement and improve leadership, governance, planning and oversight.

Based on the Task Force's Action Plan, and in view of experience to date, additional funding of €74m has been provided on a strictly ring-fenced basis as follows:

- € 44 million was allocated to the Nursing Home Support Scheme, to provide an additional 1,604 places and reduce the waiting time for approved applicants from the previous norm of 11 weeks to 4 weeks for the rest of the year;
- € 30 million was allocated to cover the cost of a range of additional measures implemented by the HSE to manage recent pressures on acute hospitals.

Summary of progress is outlined as follows:

Progress to date with implementation of €74m initiative

Nursing Homes Support Scheme (Target – Provide an additional 1,604 NHSS places)

To date an additional 713 people are being funded under the scheme.

Reduce numbers waiting NHSS funding (Target 550-580)

The number on the national placement list is below the target range of 550-580 at 358

Transitional Care Beds (Target 1,513 Transitional Care Beds Quarter 1 2015)

Due to high levels of demand, 1,513 transitional care beds were approved to support the acute hospital system in Q1 2015. This allowed this number of patients to await NHSS funding or to convalesce before going home in transitional beds rather than remaining in an acute hospital bed. Funding for these was included in the €30 million allocated in April 2015 as part of the € 74m initiative. All of these patients have now moved on from their transitional beds either to a NHSS bed or to home.

Additional Transitional Care Placements (Target 500)

In addition to the 1,513 beds detailed above, up to the end of December the resource has provided for 4,183 approvals for additional patients to benefit from transitional care placements since April. It is envisaged that the NHSS improved position of 4 weeks waiting will support the majority of the hospital system on an on-going basis. However, in line with the ED Taskforce Implementation Plan, 17 hospitals will require continued support to meet the delayed discharge targets and it has been agreed that 83 additional transitional care places will be assigned per week to each of these hospitals from July 2015.

Public Bed Commitment (Target an additional 197 beds)

149 of these beds are now open and the remaining beds are all being progressed with recruitment of staff or HIQA registration etc being processed as a matter of urgency. In addition, 24 private contracted beds in Moorehall, Co. Louth are now in operation.

CHO Engagement and Winter Planning

As part of the ED Taskforce Implementation, Chief Officers have agreed Winter plans with the Acute Hospital Group CEOs, to deal with a range of measures at local level across hospital and community in line with the overall requirement with the Task Force. These measures include the support of Discharge Processes to appropriate settings as well as the avoidance of hospital admission where possible. All 9 CHOs have provided detailed winter plans, across hospital and community in relation to the requirements of Winter 2015/2016, with the key components highlighted below.

The submissions required to include the following:-

- Details of the Governance and Organisational arrangements in place including
 - Frequency of meetings
 - Management level of attendees
 - Decision making authority at each level.
 - How performance of the current plan is monitored.
 - Details of how emerging issues are dealt with and/or escalated.
 - Details of how weekend-holiday provision is managed
 - Details of additional capacity to cope with peak demand
- Description of CHO management process to named Acute Hospitals including named senior manager with responsibilities.
- Details of formal groups at management or clinical levels, frequency of meetings etc.
- Any other key linkages, monitoring processes that provide anticipatory information regarding delayed discharges, trolley numbers etc.

Winter Planning

- The processes referred to include, community base, hospital based or across hospital and community. The development of the Winter Plans have allowed CHOs and Acute Hospital Groups to work closely together in relation to such plans and to examine obstacles to developing good processes which allows discharge to happen fluidly or indeed to identify ways where hospital admission can be avoided.
- Such processes include clinical staff from the community assigned to work with the acute staff in EDs, Acute Medical Units and with discharge teams in the identification of people who require forward planning with regards to their discharge.

- Secondly, the key management arrangements are in place at local level i.e. Senior Management at CEO and CO level working together and providing leadership and singular message with regards to the process of reducing any delays in discharge.

In summary, community services are providing supports for acute discharges almost 'on demand', across both Transitional Care, Home Care and fast access to NHSS, as can be demonstrated from the weekly DD reports and the low levels of DDs at the end of December.

Delayed Discharges

The numbers of people who are in hospital after being clinically discharged – Delayed Discharges (Target 15% reduction (611 patients))

- 509 December 2015, 719 December 2014 (change -210/-41.3%)
- November 2015 reported at 558, therefore a decrease of 49 delayed discharges (-8.8%) on the last reporting period
- Variance from target 16.7%

The hospitals who are more than 15% away from their target are St. Columcilles, St. Michaels, Tullamore, Naas, Cavan, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mallow, Mercy, Waterford, University Hospital Limerick, Letterkenny and Mayo.

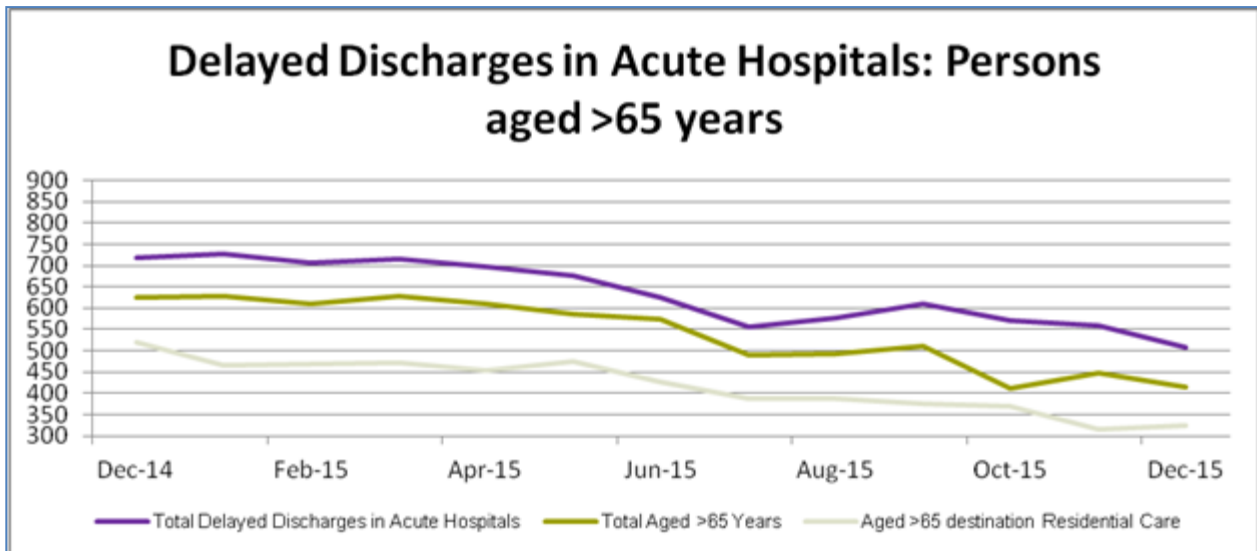
The number of people waiting over 90 days is now 126.

The number of people aged 65 and older medically discharged in acute hospitals

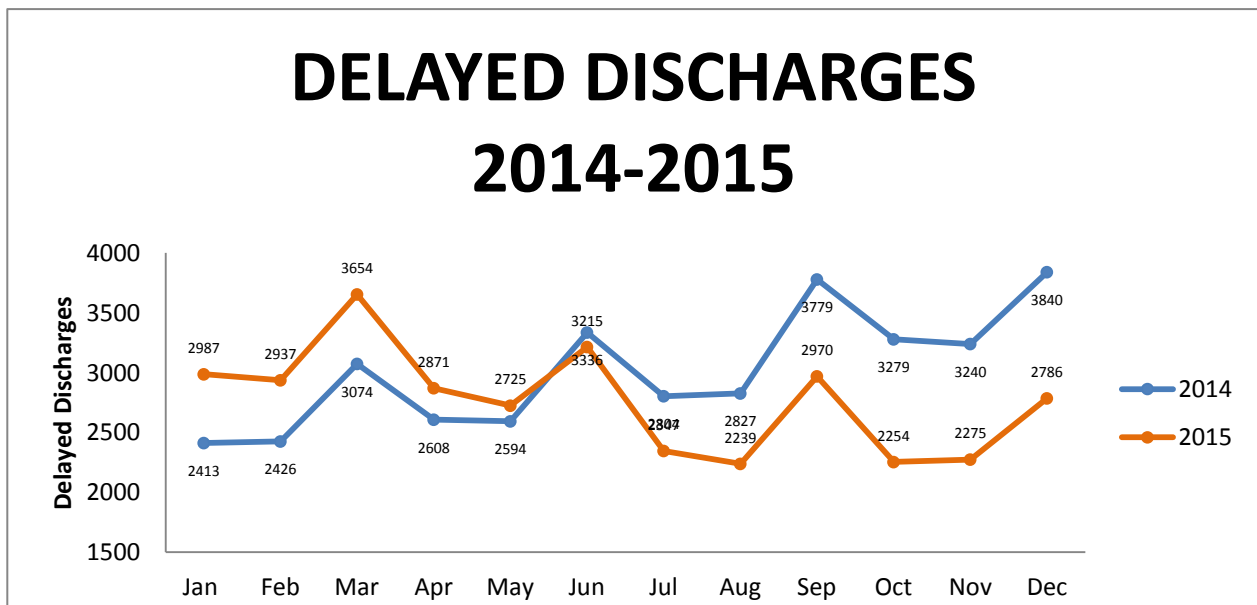
As of the end of December, there were 416 patients aged 65 and over medically discharged in acute hospitals. Of these 78.1% (325) are awaiting Long Term Residential Care, -47.6% decrease on December 2014 (source Delayed Discharges National Report, 29th December 2015).

Delayed Discharges by Destination (29/12/2015)	Over 65	Under 65	Total No.	Total %
Home*	52	14	66	13.0%
Long Term Nursing Care	325	46	371	72.9%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	39	33	72	14.1%
Total	416	93	509	100%

Of this number, 34 were identified as requiring home help or a HCP, 26 of whom were aged 65 years and over



The table below highlights significant improvements which have been made in the number of delayed discharges between 2014 and 2015 in the context of additional resources provided by government as part of the delayed discharges initiative.



Finance

Social Care Older Persons	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar €'000
Cavan, Monaghan Sligo, Leitrim, Donegal (1)	75,092	80,792	75,092	5,700	7.6%
Galway, Mayo Roscommon (2)	60,758	69,207	60,758	8,449	13.9%
Clare, Limerick North Tipp, East Limerick(3)	62,503	66,440	62,503	3,937	6.3%
North & West Cork North & South Lee Kerry (4)	126,100	132,715	126,100	6,615	5.2%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	61,957	65,169	61,957	3,212	5.2%
Dublin South East Dun Laoghaire Wicklow (6)	55,724	56,236	55,724	512	0.9%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	86,745	87,846	86,745	1,102	1.3%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	53,289	61,446	53,289	8,157	15.3%
Dublin North Central Dublin North West Dublin North (9)	90,197	90,052	90,197	(145)	-0.2%
Regional & National	64,757	26,746	64,757	(38,011)	-58.7%
Subtotal	737,122	736,648	737,122	(474)	-0.1%
NHSS	853,918	854,576	853,918	658	0.1%
Overall Total	1,591,040	1,591,224	1,591,040	185	0.0%

Financial Commentary

Services for Older Persons returned a small surplus of €474k after supplementary allocation of €35m as per the social care divisional forecast year end position.

The €35m allocation was utilised as follows:

€30m for provision of initiatives to reduce delayed discharge of patients from the acute hospital system. This initiative successfully reduced delayed discharges to historically low levels and provided good value for money for the HSE.

€5m to be apportioned between increased levels of Home Help and Homecare packages and higher than budgeted pay costs in Residential Care Units pending finalisation of agreed appropriate skill mix through union engagement

Social Care Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	25786
	Direct Staff Indicative workforce number	24816
	Direct Staff WTE Indicative workforce number Variance	+970
	Direct Staff WTE Indicative workforce number Variance %	+4%
	2015 Development posts	214
	2015 Development posts filled	42.2
	% 2015 Development posts filled	19.72%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	86.2
	% pre-2015 Development posts filled	49.26%
	Direct Staff Headcount	30604
	Absence rates – Medical Dental	2.55%
	Absence rates – Nursing	5.05%
	Absence rates Health and Social Care professionals	3.84%
	Absence rates – Management Admin	4.27%
	Absence rates – General Support Staff	5.10%
	Absence rates – Other Patient & Client Care	5.28%
	Absence rates – Overall	4.76%