



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

November Performance Report Supplementary Commentary

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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 Programme for Acute Medicine contributed significantly to the development of the Clinical Handover Acute & Children's Hospital Services National Guideline launched by the NCEC. This guideline is intended to be relevant to all healthcare staff involved in the communication of patient care in acute and children's hospital services. It outlines the general and specific measures for clear and focused communication of information relating to the patient's condition, both urgent and routine, for in-patients and patients attending acute and children's hospital services in Ireland.

The National Clinical Programme for Paediatrics & Neonatology had the Paediatric Early Warning Score National Guideline launched by the NCEC. The purpose of this National Clinical Guideline is to improve prevention and recognition of, and response to, children at risk of clinical deterioration in paediatric inpatient settings, through the implementation of a standardised paediatric early warning system.

The National Clinical Programme for Paediatrics & Neonatology also launched the Model of Care for Neonatal Services in November at an event to mark World Prematurity Day. The model outlines the shape of required neonatal service delivery in Ireland for the present and the future. The programme also had a Model of Care for All Children & Young People with Type 1 Diabetes and Transition from Paediatric to Adult Diabetes Care approved by the Senior Management Team as well as Improving Standards for General Paediatric Surgery. All will be submitted to HSE Leadership prior to launch

The National Clinical Programme for Asthma had Management of an Acute Asthma Attack in Adults National Guideline launched by the NCEC. This guideline helps a range of health professionals to give the most appropriate and effective immediate treatments to those over 16 years of age who are having an acute asthma attack and provide guidance on the 'next steps' depending on the severity.

The National Clinical Programme for Older People in collaboration with the National Clinical Programmes for Surgery, Emergency Medicine & Acute Medicine have had their Early Identification and Initial Management of Delirium in the Emergency Department/ Acute Medical Assessment Unit guideline approved by the Senior Management Team with submission to HSE Leadership to follow.

Two Systematic Literatures relating to the new Integrated Care Programmes have been approved by the Senior Management Team. The first is titled Clinical and Economic Systematic Literature Review to Support the Development of an Integrated Care Programme for Chronic Disease Prevention and Management for the Irish Health System and the second is titled A Systematic Literature Review on Tackling Delayed Discharges in Acute Hospitals Inclusive of Hospital (Re) Admission Avoidance. Both will inform the plans of the Integrated Care Programmes.

The National Clinical Programme for Sepsis held their Second Sepsis Summit. This is a platform to support the implementation of the National Guideline for Sepsis Management and was attended by representatives from across the country.

Quality & Safety

Serious Reportable Events

- The total number of events reported up to November 2015 was 197 which includes 14 new SREs reported during November 2015.
- 35 of the 49 hospitals have reported Serious Reportable Events. That means 14 hospitals have no SREs reported to date.
- At the end of November 2015, 19% 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%)

- 9.9% November 2015, 10.1% November 2014 (0.2% change)
- 10.7% November YTD 2015, 10.7% November YTD 2014 (no change)
- October 2015 reported at 9.6%, therefore an increase 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 15.6%, Portlaoise 13.2%, Tullamore 11.5%, Cavan 11.7%, Bantry 16.2%, Kerry 12.1%, Mayo 12% and Sligo 11.9%.

20 Hospitals have achieved the target in November. Although Mater 11.4%, St Lukes Kilkenny 11.6% and Letterkenny 13.2% did not achieve the target they have seen an improvement on the October position.

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

- 2% November 2015, 2% November 2014 (no change)
- 2.1% November YTD 2015, 2.2% November YTD 2014 (-0.1% change)
- October 2015 reported at 2.2%, therefore a -0.2% change since the last reporting period
- Variance from target is 30%

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

Although Cork University Hospital and Temple Street did not achieve the target they have seen an improvement on the position reported in October.

Cancer Services

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

- 96.9% November 2015 (1,629 of 1,681 attendances), 90.3% November 2014 (change 6.6%)
- 96.6% November YTD 2015 (15,312 of 15,846 attendances), 94.3% November YTD 2014 (change 2.3%)
- Last reported period October 2015 reported at 99.9%, therefore a -3% change in performance
- Variance from target 1.7%

All centres have achieved the target of 95% in November, with the exception of St Vincent's (91.9%, YTD 98.9%), St James (90.1%, YTD 97.4%) and Cork (93.3%, YTD 87.1%).

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

- 86% November 2015 (259 of 301 attendances), 92.3% November 2014 (change -6.3%)
- 85.5% November YTD 2015 (2,489 of 2,910 attendances), 87.9% November YTD 2014 (change -2.4%)
- Last reported period October 2015 reported at 84.7%, an increase of 1.3% in performance since the last reporting period
- Variance from target -10%

Overall there has been a 2.8% increase in the number of patients seen year to date compared to the same period last year. Four of the centres achieved the access target (95%) (St Vincents, St James, Waterford and the Mater). Cork (79.5%) showed an improvement from 64% in October as have Limerick (51.2% from 32.3%). Galway's performance showed a marginal reduction (80.9% vs 91.4% in October, YTD is 80.8%).

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

- 53.8% November 2015 (126 of 234 attendances), 55.3% November 2014 (change -1.5%)
- 59% November YTD 2015 (1,427 of 2,420 attendances), 48.2% November YTD 2014 (change 10.7%)
- Last reporting period October 2015 reported at 56.4%, a -2.6% change in performance since the last reporting period
- Variance from target -34.5%

National achievement of access targets remains a challenge across the centres. There has been a 1.2% increase overall in new attendances to the clinics in 2015 and a 22.3% increase in patients seen within 20 days when compared to 2014 figures. Access to prostate cancer services continues to be especially low in Waterford (12.5%), Cork (8.3%) and Limerick (16.7%). The two new urology surgeons will be assisting with the rapid access clinics in Waterford from early 2016. Work is ongoing within the Group to increase access to diagnostics for the prostate service.

Cork has outsourced a number of patients from the waiting list to the private sector in Cork. Efforts are continuing to source a locum urologist for Cork. Work is ongoing with the CEO for the Limerick group to provide additional capacity for Biopsies and NCCP are examining the possibility of providing funding for additional nursing resource for the service.

In St James hospital, the process has started to outsource a number of patients to the private sector, they have advertised for a permanent Urology Oncology post.

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

- 86.5% November 2015 (379 of 438 attendances), 75.3% November 2014 (change 11.2%)
- 84.6% November YTD 2015 (3,872 of 4,577 attendances), 87.9% November YTD 2014 (change -3.3%)
- Last reporting period October 2015 reported at 86.5%, therefore no change since the last reporting period
- Variance from target -6%

Overall there has been a 22.2% increase in the numbers of patients who have completed radical treatment YTD compared to 2014.

St Luke's Radiation Oncology Network (SLRON) is maintaining their performance at 82.6% in Nov. 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%)

- 85.3% November 2015, 82.9% November 2014 (change 2.4%)
- 84.6% November YTD 2015, 82.2% November YTD 2014 (change 2.4%)
- October 2015 reported at 85.6%, therefore a decrease in performance of 0.3% since the last reporting period.
- Variance from target -10.9%

Hospitals reporting lower than national target for November 2015 are Mater 85.7%, Beaumont 75%, Connolly 80% and Waterford 64.5%.

Although Tullamore 78.6%, Cork 90.9% and Limerick 61.5% did not achieve the target they have seen an improvement on the position reported in October.

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

- 44% November 2015 (New KPI)
- 40% November YTD 2015 (New KPI)
- October 2015 reported at 38%, therefore no change since last reporting period
- Variance from target -34.2%

In November 2015 the following hospitals with more than 5 procedures recorded did not have a Laparoscopic Cholecystectomy carried out as a day case: St Michaels, Our Lady of Lourdes, Drogheda and Mayo.

In November 12 hospitals reached above target.

The total number of Births (Expected Activity 61,040 YTD)

- 5,293 November 2015, 5,405 November 2014 (change -112/-2.1%)
- 60,269 November YTD 2015, 62,541 November YTD 2014 (change -2,272/-3.6%)
- October 2015 reported at 5,629 therefore a decrease of 336 (-6%) on the last reporting period (Month on month births per day October 182 and November 176 a decrease of 2.8%).
- Variance from expected activity -1.3%

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 3.6% (152) while Portlaoise has reported a decrease of 11.1% (-187) YTD.

Caesarean Sections Rates (No expected activity figure)

- 30.4% November 2015 (1,610 out of 5,293), 27.8% November 2014 (1,503 out of 5,405) (change 107/2.6%)
- 29.8% November YTD 2015 (17,936 out of 60,269), 28.5% November YTD 2014 (17,832 out of 62,541) (change 104 /1.2%)
- October 2015 reported at 29.5% (1,663 out of 5,629), a decrease of 53 (-3.2%) on the last reporting period.

The YTD 2015 caesarean section rates showed a reduction in performance of 29.8% when compared to 28.5% for the same period last year. In November, St Lukes hospital Kilkenny (46.4%), Kerry (35.7%), South Tipperary (37.3%) and Portlincula (41%) have a caesarean section rate above 35%.

This data is inclusive of elective caesarean sections.

Access

Overview of Key activity

Activity Area	Result YTD Nov 2014	Result YTD Nov 2015	Compared to SPLY	Against expected activity YTD	Result Nov 2015	Result Nov 2014	Monthly Compared to SPLY	Monthly Against expected activity
Inpatients discharges	588,628	589,671	0.2% (1,043)	0% (269)	54,065	51,744	4.5% (2,321)	4.6% (2,364)
Day case discharges	795,712	810,085	1.8% (14,373)	-0.1% (-708)	77,052	71,445	7.8% (5,607)	6.3% (4,552)
New ED attendances	1,008,719	1,009,832	0.1% (1,113)	-0.4% (-4,540)	90,443	88,234	2.5% (2,209)	2% (1,735)
Emergency Admissions	410,652	408,734	-0.5% (-1,918)	-0.9% (-3,789)	37,239	35,915	3.7% (1,324)	3.3% (1,196)
Elective admissions	93,771	94,955	1.3% (1,184)	2.1% (1,958)	9,382	8,807	6.5% (575)	8.5% (731)

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 November are 106,321. Overall emergency presentations YTD are reported as 1,184,403 which is an increase of 15,170 (1.3%) when compared to the same period last year.

Key Action Areas under the Task Force for ED:

Delayed discharges (Target 500):

November position – 558, 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%) November position – 69.1%

Average daily number of patients in ED waiting for admission for over 9 hours (Target ≤ 70) November position – 108

Number of patients over 75 years in ED waiting for admission/discharge for over 9 hours (Target 0), November position – 3,523

The % of people who are in ED for more than 24 hours (Target 0%) November position – 3.5%

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):

November position – 244

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

November position – 23,065

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

November 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%)

- 69.1% November 2015 (68,956 out of 99,792 attendances), 68.4% November 2014 (change 0.1%)
- 68.1% November 2015 YTD (717,279 out of 1,052,735), 67.6% November YTD 2014 (change 0.5%)
- October 2015 reported at 68.8%, therefore an increase of 0.3% in performance since the last reporting period
- Variance from target -28.3%

While the national performance is 68.1% year to date, the following hospitals have reported performance below 60% in November Mater 59% and Connolly 47.8%,

While the following hospitals have also reported below national level for November they have improved from the reported position at the end of October: Naas 56.8%, St James 50.1%, Beaumont 52.5%, Limerick 58.4% and Galway 53%.

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

- 82.7% November 2015 (82,542 out of 99,792 attendances), 81.6% November 2014 (change 1.1%)
- 81.6% November YTD 2015 (859,156 out of 1,052,735 attendances), 81.2% November YTD 2014 (change 0.4%)
- October 2015 reported at 82.2%, therefore an increase of 0.5% in performance since the last reporting period
- Variance from target -18.4%

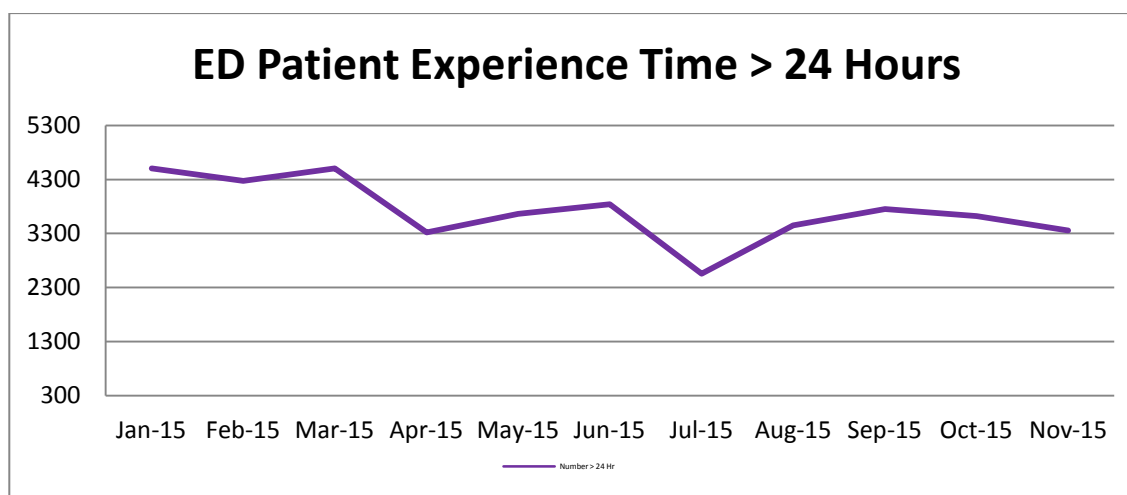
While the national performance is 81.6% year to date, the following hospitals have reported performance below 70% in November 2015: Beaumont 67.2%, Connolly 68% and Galway 69.3%.

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%)

- 3.5% November 2015 (3,514 out of 99,792 attendances), 4.2% November 2014 (change 0.7%)
- 4% November YTD 2015 (42,034 out of 1,052,735 attendances), 4.2% November YTD 2014 (change -0.2%)
- October 2015 reported at 3.7%, therefore a decrease of 0.2% since the last reporting period
- Variance from target -4%

Beaumont at 11.7% is the only hospital in excess of 10% YTD.



There were 843 patients over 75 years waiting > 24 hours in ED in November.

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 Mater 121, Beaumont 125 and Galway 144.

St Vincent's are currently unable to provide age category for PET; this is being followed up.

The number of emergency inpatient admissions (Expected Activity 412,523 YTD)

- 37,239 November 2015, 35,915 November 2014 (change 1,324/3.7%)
- 408,734 November YTD 2015, 410,652 November YTD 2014 (change -1,918/-0.5%)
- October 2015 reported at 37,816 therefore a decrease of 577 (-1.5%) since the last reporting period
- Variance from expected activity -0.9%

Overall emergency admissions data indicates a decrease in activity by approximately -0.5% (-1,918) 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 92,997YTD)

- 9,382 November 2015, 8,807 November 2014 (change 575/6.5%)
- 94,955 November YTD 2015, 93,771 November YTD 2014 (change 1,184/1.3%)
- October 2015 reported at 8,673 therefore an increase of 709(8.2%) since the last reporting period
- Variance from expected activity 2.1%

The variance on expected levels is now at 2.1% at the end of November 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%)

- 99.9% November 2015 (2 out of 1,492 patients breached), 99.1% November 2014 (0.8% change)
- October 2015 reported at 100% (0/1,357), therefore a -0.1% change on the last reporting period
- Variance from target -0.1%

2 hospitals (Mater and Portlaoise) reported a breach at the end of November but subsequently had a procedure by the first week 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%)

- 57.7% November 2015 (6,783/16,038 patients breached), 61.9% November 2014 (change -4.2%)
- October 2015 reported at 52.5% (8,020/16,891 patients breached), therefore no change since the last reporting period
- Variance from target -42.3%

The following hospitals reported below the national figure of 57.7%: St Lukes Kilkenny 39.4%, Wexford 44.7%, Tullamore 47.7%, Naas 32.7%, Tallaght 36.9%, Beaumont 18.6%, Waterford 44.4% and Galway 51.7%.

There were 451 (a 68.9% decrease on the number reported in October) patients waiting greater than 12 months across 6 hospitals in November.

The table below shows hospitals with 5 or more patients waiting greater than 12 months. There are 8 hospitals with no breaches waiting greater than 13 weeks.

GI Waiting List November 2015	12+ Months
Beaumont Hospital	322
Naas General Hospital	88
Tallaght Hospital – Adults	37

Waiting lists

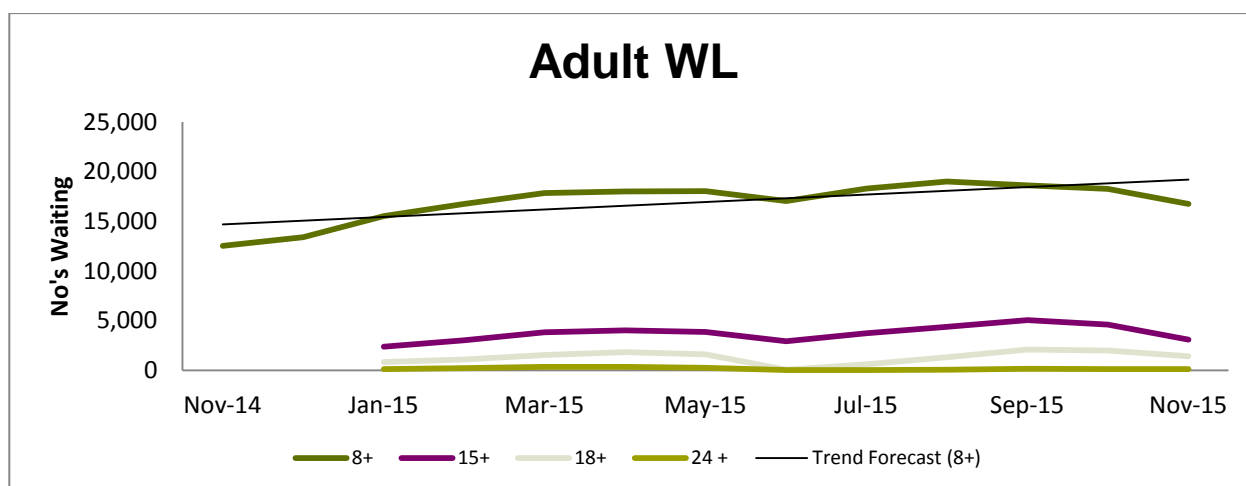
The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. It is expected that the objective of no patient waiting greater than 18 months for an inpatient or daycase procedure will be achieved with a small number of exceptions in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

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

- 72.8% November 2015 (16,767/61,701 adults breached), 77.4% November 2014 (change -4.6%)
- 70% October 2015 (18,254/61,883 adults breached), therefore an increase of 2.3% since the last reporting period
- Variance from target -27.2%

The following hospitals have reported below 72.5% for November 2015: Mater 68.6%, St. James's 68.1%, Beaumont 69.2%, Our Lady of Lourdes Drogheda 61.1%, Waterford 57.7% and Galway 61.8%.

There are 144 patients waiting greater than 24 months. Hospitals with more than 5 patients are; Mater (9), St James (15), Tallaght (21), Beaumont (52) and Galway (40). These 144 patients are spread across 12 specialties. Specialties with more than 5 patients are; General Surgery (16) Gynaecology (9), Maxillofacial (15), Neurosurgery (25), Ophthalmology (14), Orthopaedics (29), Otolaryngology (ENT) (12) and Plastic Surgery (14).



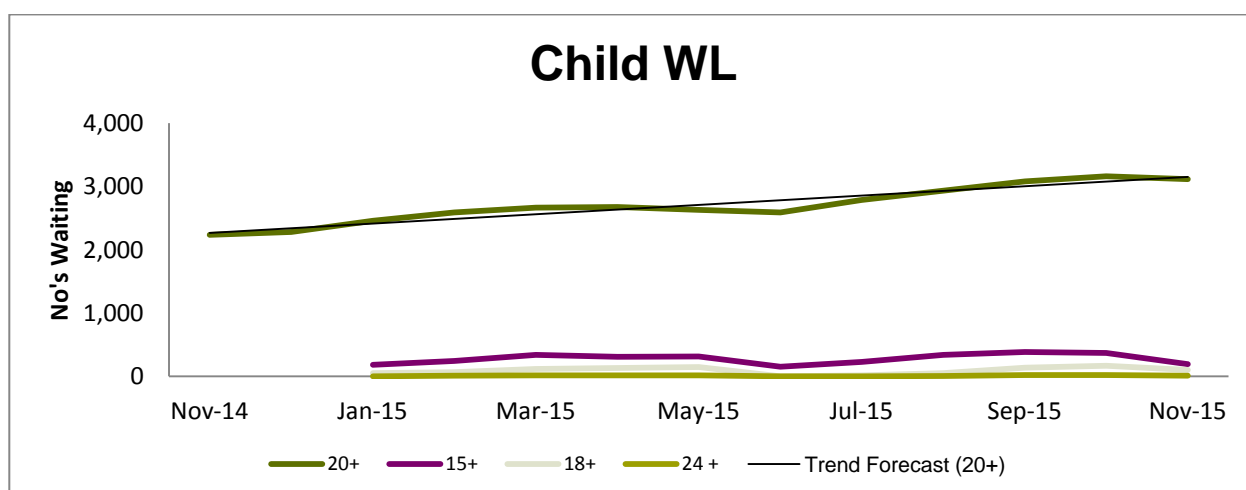
The % of children waiting less than 20 weeks (Target 100%)

- 56.3% November 2015 (3,116/7,123 children breached), 59.5% November 2014 (change -3.6%)
- 55.9% October 2015 (3,161/7,163 children breached), therefore a slight increase in performance of 0.4% since the last reporting period
- Variance from target -43.7%

The following hospitals have reported below the national level for November 2015; Beaumont Hospital 52.6%, Waterford 47.9% and Limerick 38.3%.

While the following hospitals have also reported below national level for November they have improved from the reported position at the end of October: Royal Victoria Eye and Ear Hospital 53.3%, Our Lady of Lourdes, Drogheda 51% and Crumlin 48.9%.

There are 102 children waiting greater than 18 months which is lower than October (168).



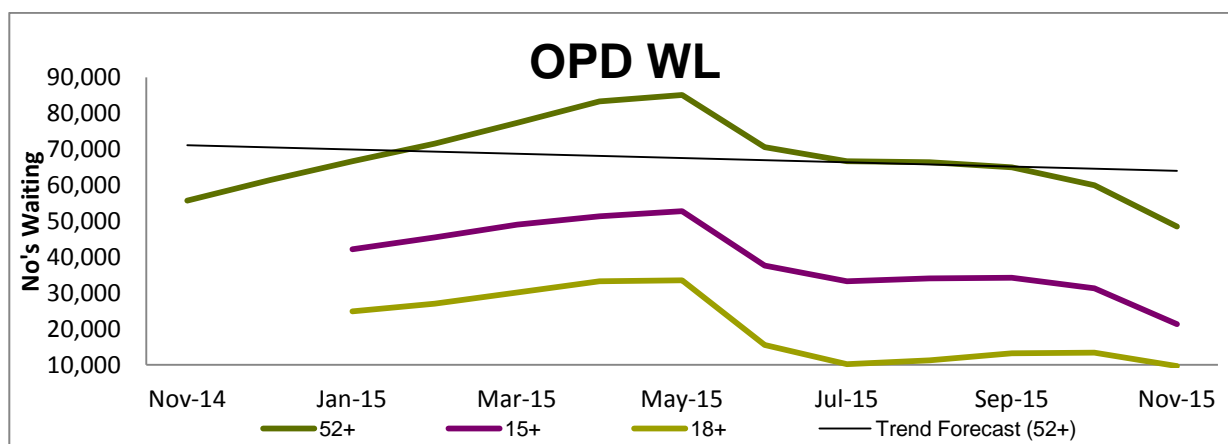
The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- 87.4% November 2015 (48,488/385,507 patients breached), 85.4% November 2014 (change 2%)
- 84.9% October 2015 (59,977/396,571 patients breached), therefore a change of 2.5% since the last reporting period
- Variance from target/expected activity -12.6%

The following hospitals have reported below the national level for November 2015: St. Columcilles 78.9%, Tullamore 80.5%, Tallaght Hospital (Adults) 85.3%, Beaumont 82%, Waterford 81.7%, Croom 79.3%, Nenagh 81.5%, Letterkenny 76.1% and Mayo.

In November 2015 the number of new referrals to the waiting list has increased by 5.8% (3,536 patients) compared to November 2014.

12 patients are waiting in excess of 48 months across 8 hospitals, 22 less than October.



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
68,824	27,260	15,757	10,971	7,057	7,779

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
385,507	153,108	82,979	100,932	47,314	1,033	129	12

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	61,701	24,256	20,678	9,464	4,202	1,670	1,287	134	9	1
Child Inpatient & Daycases	7,123	3,004	2,659	984	284	90	89	13		
Outpatient	385,507	153,108	124,377	59,534	27,206	11,664	8,444	1,033	129	12

Waiting List	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months
Adult IPDC		16,767	7,303	3,101	1,431
Child IPDC	3,116	1,460	476	192	102
OPD		108,022	48,488	21,282	9,618

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

- 1:2.6 November 2015, 1:2.6 November 2014 (no change)
- 1:2.6 November YTD 2015, 1:2.6 November YTD 2014 (no change)
- October 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)

- November 2015 6.3 days, November 2014 7.1 days, -0.8 change (-11.3%)
- November YTD 2015 7 days, November YTD 2014 6.8 days, change 0.2 days (2.9%)
- October 2015 reported 6.5 days, therefore a -0.2 change on the last reporting period
- Variance from target -20.7%

Significant variances against target in November for some of the major acute hospitals are Mater 11.1, St Vincent's 10.9 days, St James 11.3 days, Beaumont 11.9 days and University Hospital Waterford 8.5 days. St James and Tallaght hospitals performance has improved from October.

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

- 5.4 days November 2015, 5.1 days November 2014 (change 0.3 days 5.9%)
- 5.4 days November YTD 2015, 5.3 days November YTD 2014 (change 0.1 days 1.9%)
- 5.1 days reported October 2015, therefore a change of 0.3 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 November are Cappagh 6.8, Mater 10.5, St Michaels 4.7, St Vincents 8.5, Wexford 5.5, Beaumont 8, Mercy 7.3 and Waterford.

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

Surgery

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

- 68.2% November 2015, 67.8% November 2014 (0.4% change)
- 68.9% November YTD 2015, 65.2% November YTD 2014 (3.7% change)
- October 2015 reported at 67.2%, therefore an improvement of 1% on the last reporting period,
- Variance from target -1.6%

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 November are the Mater 53.5%, Mullingar 73.3%, Tallaght 74%, Letterkenny 67.2% and Sligo 75%.

16 hospitals achieved above their target in November.

Discharges

The number of Inpatient Discharges (Expected Activity 589,402 YTD)

- 54,065 November 2015, 51,744 November 2014 (change 2,321/4.5%)
- 589,671 November YTD 2015, 588,628 November YTD 2014 (change 1,043/0.2%)
- October 2015 reported at 55,092, therefore a decrease of 1,027 (-1.9%) on the last reporting period.
- Variance from expected activity 0%

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

The number of daycase discharges (Expected Activity 810,793 YTD)

- 77,052 November 2015, 71,445 November 2014 (change 5,607/7.8%)
- 810,085 November YTD 2015, 795,712 November YTD 2014 (change 14,373/1.8%)
- October 2015 reported at 74,725, therefore an increase of 2,327 (3.1%) on the last reporting period
- Variance from expected activity -0.1%

Delayed Discharges

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

- 558 November 2015, 835 November 2014 (change -277/-33.2%)
- October 2015 reported at 570, therefore a decrease of 12 delayed discharges (-2.1%) on the last reporting period
- Variance from target 8.7%

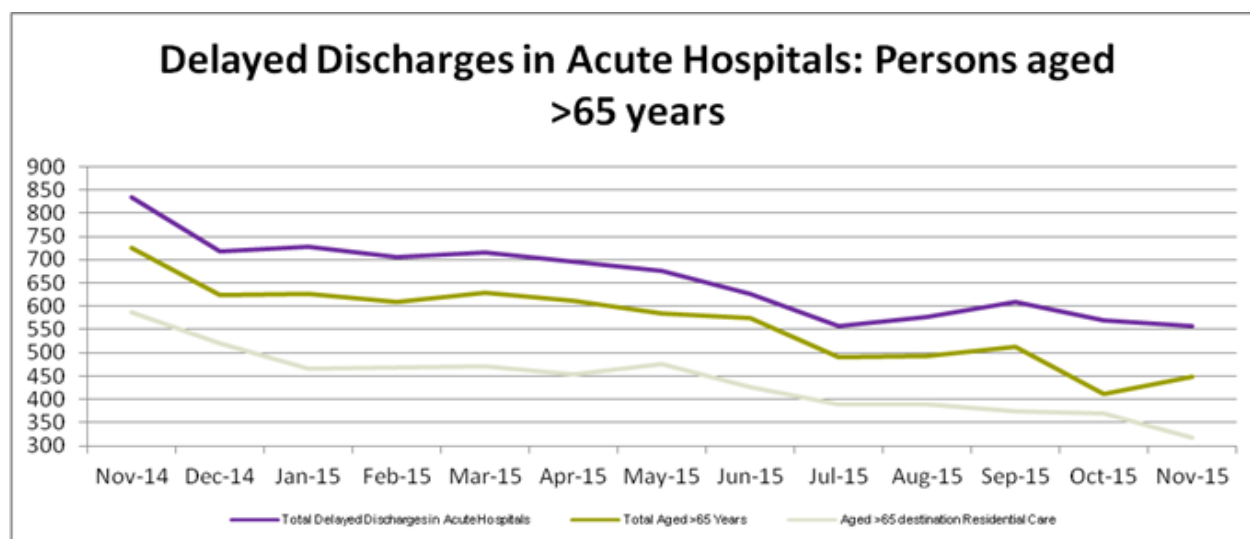
The hospitals who are more than 15% away from their target are St. Columcilles, St. Michaels, Portlaoise, Tullamore, Naas, Tallaght, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mallow, Mercy, Waterford, University Hospital Limerick, Galway, Mayo and Roscommon.

The number of people waiting over 90 days is now 142.

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

As of the end of November, there were 449 patients aged 65 and over medically discharged in acute hospitals. Of these 70.6% (317) are awaiting Long Term Residential Care, -45.9% decrease on November 2014 (source Delayed Discharges National Report, 24th November 2015).

Delayed Discharges by Destination (24/11/2015)	Over 65	Under 65	Total No.	Total %
Home	81	22	103	18.5%
Long Term Nursing Care	317	50	367	65.8%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	51	37	88	15.8%
Total	449	109	558	100.0%



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

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	617,695	599,603	564,817	34,786	6.2%
Dublin Midlands	758,504	722,445	690,464	31,981	4.6%
Ireland East	792,806	761,941	725,043	36,898	5.1%
South / South West	697,873	655,269	636,902	18,367	2.9%
Saolta University Health Care	641,435	634,424	586,073	48,351	8.2%
UL Hospitals	257,260	240,014	235,329	4,685	2.0%
National Children's Hospital	222,911	212,458	203,455	9,003	4.4%
Regional & National Services	27,587	15,393	26,961	(11,568)	-42.9%
Total	4,016,071	3,841,546	3,669,044	172,502	4.7%

Financial Commentary

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

Acute Hospitals are reporting a €172.5m deficit for the eleven-month period to 30th November 2015. It is clear that there was exceptional, sustained pressure on capacity and costs, particularly during the first four

months of 2015, relating to the high level of delayed discharges in the system, the numbers waiting in ED and the knock on effect for those waiting to receive scheduled care. This militated against early traction being achieved in relation to 2015 cost reduction initiatives.

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

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

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

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

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

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	2,871	9,670	10,631	8,189	8,193	9,386	3,394	52,365
Direct Staff Indicative workforce number	2,794	9,317	9,997	7,616	7,858	8,932	3,091	49,631
Direct Staff WTE Indicative workforce number Variance	77	353	634	573	335	454	303	2,734
Direct Staff WTE Indicative workforce number Variance %	2.8%	3.8%	6.3%	7.5%	4.3%	5.1%	9.8%	5.5%
2015 Development posts								32
2015 Development posts filled								9
% 2015 Development posts filled								28.13%
pre-2015 Development posts								146
pre-2015 Development posts filled								90.8
% pre-2015 Development posts filled								62.2%
Direct Staff Headcount	3,415	10,859	11,907	9,141	9,298	10,663	3,880	59,195
Absence rates - Medical /Dental	1.34%	0.91%	0.87%	0.53%	0.70%	1.13%	0.60%	0.84%
Absence rates – Nursing	4.91%	3.90%	3.80%	5.05%	3.58%	4.48%	3.17%	4.06%
Absence rates - Health & Social Care	2.76%	2.77%	3.25%	2.95%	2.28%	4.02%	1.91%	2.94%
Absence rates - Management Admin	4.90%	3.71%	4.15%	4.33%	4.06%	3.19%	1.93%	3.70%
Absence rates - General Support Staff	7.57%	5.03%	6.29%	4.49%	4.63%	4.73%	3.55%	5.06%
Absence rates - Other Patient & Client Care	7.09%	6.05%	5.03%	5.18%	4.50%	2.81%	3.74%	4.83%
Absence rates – Overall	4.35%	3.62%	3.78%	3.88%	3.28%	3.76%	2.68%	3.59%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	92%	97%	88%	92%	96%	99%	91%	94%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	69%	66%	71%	59%	87%	90%	100%	76%

National Ambulance Service

Quality & Safety

Serious Reportable Events

- Number of events reported up to November 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
North Leinster	7,794	8,366	7,660	8,302	7,807	7,801	7,859	7,826	7,943
Dublin Fire Brigade	5,624	6,234	5,929	6,413	6,241	6,273	6,292	6,449	6,583
South	5,215	5,531	5,290	5,665	5,550	5,203	5,705	5,453	5,746
West	4,931	5,494	5,194	5,441	5,397	5,376	5,595	5,315	5,572
National	23,564	25,625	24,073	25,821	24,995	24,653	25,451	25,043	25,844

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

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

Outline of Demand Patterns

Total Activated Calls	Oct 14	Oct 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	24,782	25,844	1,062	4%	241,926	250,421	8,495	4%
ECHO	273	335	62	19%	2,574	3,057	483	19%
DELTA	8,117	9,166	1,049	11%	78,195	84,964	6,769	9%

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

- ECHO October 2015, 76% of ambulances arriving at scene within the target timeframe, 76% in October 2014 activated calls within this time band. No change from previous year.
- An decrease of 1% from September 2015
- Variance from expected activity 4%

The Western Region has the most significant variance from target at 68%, 12% below target. Dublin Fire Brigade (88%) exceeded its target of 80%.

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 19% (483) 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 ,62% in October 2015 arriving at scene (67% in October 2014 activated calls, 5% decrease)
- No change from September 2015
- Variance from expected activity 18%

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

Nationally there was a 9% (6,769) 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 9% (6,769 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%)

- 88% in October 2015
- 5% increase since September 2015
- Variance from expected activity 18%

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
Number of Patient Transfer Calls	3,393	3,571	3,387	3,005	3,037	2,996	2,810	2,661	2,605
ICV	2,601	2,724	2,793	2,368	2,453	2,400	2,324	2,221	2,303
% ICV Transfer	77%	76%	82%	79%	81%	80%	83%	83%	88%

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 90%.

Finance

National Ambulance Service	Approved Allocation €'000	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Var vs Plan
North Leinster	48,894	45,671	44,739	932	2.1%
South	32,395	30,605	29,627	979	3.3%
West	36,788	36,187	33,616	2,571	7.6%
Office of the AND	26,062	20,604	23,805	(3,201)	-13.4%
Total	144,139	133,067	131,787	1,280	1.0%

Financial Commentary

The National Ambulance service spent €133.1m against a budget of €131.8m, an overspend of €1.28m

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	1,669
	Direct Staff Indicative workforce number	1,611
	Direct Staff WTE Indicative workforce number Variance	58
	Direct Staff WTE Indicative workforce number Variance %	3.59%
	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	1720
	Absence rates ¹ –Management Admin	1.56%
	Absence rates –General Support Staff	10.12%
	Absence rates - Other Patient & Client Care	6.43%
	Absence rates – Overall	6.11%

¹ Absence rates excludes Dublin Fire Brigade

Health & Wellbeing

Health and Wellbeing Update

Quality

Serious Reportable Events

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

Access

Child Health

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

- 94.8% (5,167 out of 5,450) children in October had developmental screening before 10 months
- October YTD 2015 93.8% (October YTD 2014 92.1%, change 1.7%)
- September 2015 was also 94.8%
- Variance from target YTD -1.3%

All CHOs were above or within 5% of the 95% target for child developmental screening including CHO 6 for the first time this year, reporting YTD at 90.1%, October performance for CHO 6 is 93.6% which is up from earlier in the year.

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 YTD 130,400)

- November 2015 13,659 women had mammogram screening as part of BreastCheck screening
- November YTD 2015 135,389 women have been screened
- October 2015 13,003, therefore a change is 656 increase since last reporting period
- Variance from target YTD 3.8%

The aim is to screen 140,000 women during the year and is on target in the year to date.

The number of women who have had a CervicalCheck screen in a primary care setting (Expected Activity YTD 254,000)

- November 19,619 women had CervicalCheck screening in a primary care setting
- November YTD 2015 236,925 women have had a smear test in a primary care setting
- October 2015 confirmed figures 19,949 women screened, change is 330 since last reporting period
- Variance from target YTD -6.7%

There has been a decline in the number of women screened in the period due to a combination of factors. A more detailed analysis of the reasons for the decline is currently underway. The key programme objective of maintaining 5-year rolling coverage is not being adversely affected and is exceeding 78%. The number of new women screened in primary care at 27,500 (first ever CervicalCheck smear test) is running ahead of estimated 47,000 on a pro rata basis at the end of Q2.

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 YTD 183,334)

- November 2015 21,822 invites were sent to clients to participate in BowelScreen
- November YTD 2015 208,565 clients were invited
- October 2015 showed 20,314 clients invited, therefore change from last reporting period is 1,508 clients.
- Variance from target YTD 13.8%

BowelScreen is on track to meet its target of inviting 200,000 people by year end.

The number of clients aged 12 years+ who have had a Diabetic RetinaScreen (Expected Activity YTD 73,045)

- November 2015 6,375 clients participated in Diabetic RetinaScreen
- November YTD 2015 70,713 clients have been screened
- October 2015 showed 6,929 clients screened, therefore change is 554 from last reporting period.
- Variance from target YTD -3.2%

YTD the programme is 1% behind target due to a major ICT upgrade in August which impacted on screening capacity. It is anticipated that any variance from target will be addressed in Q4. Final graded numbers for 2015 are expected to be as projected (78,300). Close monitoring of both photography & grading providers is ongoing.

The number of smokers who received cessation support from a counsellor (Target YTD 8,549)

- November 2015, 925 smokers received intensive cessation support
- November YTD 2015 11,296 smokers received support, 28.1% ahead of the same period last year (8,816)
- October 2015 reported 1,344, change of 419 people from last reporting period
- Variance from target YTD 32.1%

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 215 smokers receiving support, followed by CHO 9 and Hospitals in that area with 206 smokers receiving support. This month the National Quit Service supported 206 people and 2,727 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 YTD 1,300)

- November 2015 206 healthcare staff were trained in brief intervention smoking cessation
- November YTD 2015, 1,185 frontline healthcare staff received training, -1.5% (18) below same period last year
- Variance from target YTD is -8.8%

In November all CHOs with the exception of CHO 5 carried out training of frontline staff. The highest number of frontline staff trained YTD is in CHO 9 (including hospitals in that area) with 271 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. A written communication has been issued to each CHO area Chief Officer reminding them of their BISC targets and requesting an action plan to meet these targets.

Key Activities for November

National Screening Service

BreastCheck age extension continues implementation. Target is to invite 1,000 and screen 500 women by year end. This is currently on track to be achieved.

The CervicalCheck Programme Report Year 6 was published on the website.

Healthy Ireland

Work continued on the next phase of implementation of the Healthy Ireland in the Health Services plan 2015 – 2017 during the period. The Ireland East Hospital Group HI Steering Group held their inaugural meeting on 23rd November with information sessions currently being delivered in each of the RCSI Hospital Group hospitals.

Implementation continues in Saolta with a further meeting of their Steering Group held on 24th November. They are providing valuable support and feedback to their colleagues in the other Hospital Groups based on their experience in implementation.

The Healthy Ireland National Implementation Oversight Group chaired by Dr. Stephanie O’Keeffe on behalf of the Director General has been established with the inaugural meeting scheduled for the 7th December.

Health Promotion

QUIT

The combination of an enhanced QUIT campaign, the new **quit.ie** website and the fully integrated single-tier, multi-channel QUIT Service in 2015 has resulted in a significant increase in the number of clients accessing the service and receiving intensive support.

- 3,867 calls to QUIT on 1800 201 203 (compared with 2,800 in 2014)
- 2,911 clients received intensive support (compared with 850 in 2014)
- 842 web chats
- 7,484 clients engaged with the QUIT service by SMS
- 2,052 call-back requests received from quit.ie
- 142,891 visitors to QUIT.ie
- 10,868 signed up for QUIT plans (compared with 7,469 in 2014).
- 103,000 Facebook likes
- 2,659 New Twitter followers

The 2016 campaign will launch on January 1st 2016 with a focus on the online and one-to-one support available from the QUIT Service, and the ongoing peer support available from the QUIT social community.

Associated activity includes Nursing students at Letterkenny Institute of Technology supporting World COPD day.

Over 440,000 people have COPD in Ireland and by 2020 it is estimated that COPD will be the third leading cause of death worldwide. The Donegal Smoking Cessation Service supported 2nd year nursing students at Letterkenny Institute of Technology in hosting an information stand on TOBACCO at their open day for leaving cert students at the college on Friday November 20th 2015. Around 150 leaving cert students visited the stand along with 30 teachers and they were able to see visual displays and hear information related to the effects of tobacco. This information stand also supported World COPD day which was on Wednesday 18th November 2015.

Words Aids Day Campaign

The Minister for Health launched the first ever five-day national World AIDS Day campaign in Ireland on Thursday 26th November 2015. This campaign was developed by NGO's and statutory bodies across Ireland in partnership with the HSE Sexual Health & Crisis Pregnancy Programme.

The focus of the Irish campaign was **Solidarity with all people living with HIV**. The campaign ran for 5 days from 27th November 2015 until World AIDS Day on the 1st December 2015, and aimed to raise awareness about the many issues that present themselves for people living with HIV and those at risk of contracting HIV. The key messages of HIV Support, HIV Knowledge, HIV Visibility, HIV Stigma and were promoted through a social media campaign on Facebook and Twitter asking people to show their solidarity with people who are living with HIV.

They can do so by wearing a red ribbon, starting a conversation about HIV with friends and family, challenging HIV stigma and discrimination if they encounter it, or learning more about safer sex and getting tested for HIV. HIV prevention and working collaboratively to achieve this is an important aspect of the National Sexual Health Strategy published in October which highlights the need to address stigma and discrimination for those living with HIV and the negative impact these issues can have on HIV disclosure and people accessing HIV treatment and support services. Recommendations within the Strategy aim to address these issues through the promotion of positive cultural change regarding sexual health.

Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Total	192,390	169,001	173,749	(4,748)	-2.7%

Financial Commentary

The Health & Wellbeing Division spent €169.001m in the year to date November 2015 against a budget of €173.749m showing a favourable variance of €4.748m. This arises due to the recording of the vaccines closing stock at November 2015 against the closing stock on hand at January 2014

Projected year end position

Based on current trends the division would be projecting a surplus position at year end. This position will continue to be closely monitored to identify any pressures which may arise between now and year end.

Workforce overview

Human Resource Management		
Staff levels	Direct Staff WTE	1,303
	Direct Staff Indicative workforce number	1,279
	Direct Staff WTE Indicative workforce number Variance	24
	Direct Staff WTE Indicative workforce number Variance %	1.84%
	2015 Development posts	24.4
	2015 Development posts filled	5
	% 2015 Development posts filled	20.49%
	Direct staff head count	1,448
	Absence rates – Medical Dental	2.09%
	Absence rates –Nursing	4.83%
	Absence rates Health and Social Care professionals	3.95%
	Absence rates –Management Admin	4.16%
	Absence rates –General Support Staff	5.80%
	Absence rates - Other Patient & Client Care	5.43%
Absence rates – Overall	4.68%	

Note: Absence rates are reflective of all of Community Healthcare

Primary Care

Primary Care Services

Quality & Safety

Serious Reportable Events

- No Serious Reportable Events were reported for this Division during November 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 23,629)

- 1,870 November 2015, 1,273 November 2014 (46.8% increase/597)
- 17,533 YTD 2015, 13,375 YTD 2014 (31.1% increase/4,158)
- 1,870 November 2015, 1,867 October 2015 (0.2% increase/3)
- YTD variance from expected activity -25.8% (6,096)

There are now eleven CIT teams in place, as the CIT service commenced in Waterford on 14/12/15. November 2015 figures show the overall number of referrals have increased by 46.8% (597 patients) against the same period 2014. An additional 83 patients were treated under the Outpatient Parenteral Antimicrobial Therapy (OPAT) Programme by direct contracted services. A new CIT team has been established in Meath and saw 18 patients in November.

Although YTD activity has increased by 31.1% on the same period 2014, it is -25.8% below the target of 23.629 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/Hospital Wards/Units (excluding OPAT) have increased by 24.6%, GP referrals increased by 44%, community referrals increased by 47.4%, and OPAT referrals increased by 36%.

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 are arranging meetings with hospitals and their local CIT to develop a plan for each to optimize their use of CIT services.

Community Intervention Teams – Total Activity	Activity November 2015	Activity YTD 2015
Admission Avoidance	61	608
Hospital Avoidance	1,180	10,430
Early Discharge	357	3,562
Other	272	2,933
Total	1,870	17,533

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 hours² (Expected Activity YTD 877,967)

- 81,058 November 2015, 75,065 November 2014 (8%/5,993)
- 875,595 YTD 2015, 843,331 YTD 2014 (4% increase/32,264)
- 81,058 November 2015, 84,024 October 2015 (-3.5% decrease/2,966)
- YTD variance from expected activity -0.3% (2,372)

Nowdoc is reporting significantly above expected activity at 7.5% and 10.7% 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 42,488 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)

- 265 November 2015 / YTD, 309 November 2014 / YTD
- 265 November 2015 / YTD, 262 October 2015
- YTD variance from expected activity -45.4% (220)

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.

No. of patient referrals for a physiotherapy service (Expected Activity YTD 172,551)

- 16,110 November 2015, 15,634 November 2014 (3.0% increase/476)
- 176,364 YTD 2015, 171,259 YTD 2014 (3.0% increase/5,105)
- 16,110 November 2015, 15,986 October 2015 (0.7% increase/124)
- YTD variance from expected activity 2.2% (3,813)

Six CHOs (1, 4, 5, 6, 7 and 9) have met or exceeded expected activity with CHO 6 reporting the highest variance at 13.7%

² The GP out of hours service is currently not aligned to CHOs

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 149,063)

- 14,549 November 2015, 13,498 November 2014 (7.7% increase/1,051)
- 146,648 YTD 2015, 146,238 YTD 2014 (0.3% increase/410)
- 14,549 November 2015, 13,177 October 2015 (10.4% increase/1,372)
- YTD variance from expected activity -1.6% (2,415)

Four CHOs (1, 5, 6 and 8) met or exceeded expected activity with CHO 6 the highest at 16.1%. Of the five CHOs below expected activity CHO 3 is -10.6%.

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

- 37,160 November 2015/YTD, 37,060 November 2014/YTD (0.3% increase/100)
- 37,160 November 2015, 34,939 October 2015 (6.3% increase/2,221)
- YTD Variance from expected activity -6.2% (2,167)

Five CHOs, (2, 5, 6, 8 & 9) exceeded expected activity. Of the CHOs below expected activity, CHO 3 is -12.5% and CHO 4 is -9.1%.

No. of face to face contacts/visits by physiotherapy service (Expected Activity 718,403)

- 66,748 November 2015, 67,504 November 2014 (-1.1% decrease/756)
- 703,953 YTD 2015, 710,238 YTD 2014 (-0.9% decrease/6,285)
- 66,748 November 2015, 64,553 October 2015 (3.4% increase/2,195)
- YTD variance from expected activity -2.0% (14,450)

Four CHOs (1, 5, 6 & 7) met or exceeded activity year to date. Of the five CHOs below expected activity, CHO 3 is -15.5%.

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 October 81% 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 78,770)

- 7,586 November 2015, 7,108 November 2014 (6.7% increase/478)
- 81,571 YTD 2015, 80,055 YTD 2014 (1.9% increase/1,516)
- 7,586 November 2015, 7,417 October 2015 (2.2% increase/172)
- YTD variance from expected activity 3.6% (2,801)

Five CHOs (2, 3, 5, 7 and 9) met or exceeded expected activity, with CHO 3 the highest at 13%.

No. of patients seen for a first time assessment by an occupational therapy service (Expected Activity YTD 77,512)

- 7,099 November 2015, 7,016 November 2014 (1.2% increase/83)
- 77,505 YTD 2015, 77,904 YTD 2014 (-0.5% decrease/399)
- 7,099 November 2015, 7,056 October 2015 (0.6% increase/43)
- YTD variance from expected activity 0%(392)

Five CHOs (1, 2, 3, 7 and 8) met or exceeded expected activity, with CHO2 the highest at 17.7%. Of the four CHOs below expected activity CHO5 is -13.4% and CHO9 are -13%.

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

- 22,388 November /YTD 2015, 20,704 November 2014/YTD (8.1% increase/1,684)
- 22,388 November 2015, 20,272 October 2015 (10.4% increase/2,116)
- YTD variance from expected activity 13% (2,577)

Seven CHOs (1, 3, 4, 5, 7, 8 and 9) met or exceeded expected activity with CHO9 reporting the highest at 46.4%. Of the two CHOs below expected activity CHO2 is -18.9%

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

- 76.2% November 2015/YTD 2015
- 76.2% November 2015, 75.8% October 2015 (0.5% 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. 76.2% of new patients seen (5,339 out of 7,060) had been waiting 12 weeks or less for assessment, this is 5% below target. 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

- 1,656 November 2015, 1,528 October 2015 (New KPI)

No of existing patients seen for audiology

- 3,452 November 2015, 3,406 October 2015 (New KPI)

No of new patients seen for audiology

- 1,507 November 2015, 1,302 October 2015 (New KPI)

No of patient referrals for podiatry

- 851 November 2015, 912 October 2015 (New KPI)

No of existing patients seen for podiatry

- 5,744 November 2015, 5,089 October 2015 (New KPI)

No of new patients seen for podiatry

- 658 November 2015, 896 October 2015, 787 September 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.

Social Inclusion Access

Opioid substitution treatment

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

- 9,452 November 2015, 9,312 November 2014, (1.5% increase/140)
- Variance from expected activity 0.6% (52)

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

- 517 November 2015, 497 November 2014, (4% increase/20)
- Variance from expected activity 5.5% (27)

9,452 patients received Opioid Substitute Treatment (excluding prisons) for the November reporting period which includes 4,067 patients being treated by 346 GPs in the community.

Opioid Substitute Treatment was dispensed by 659 pharmacies catering for 6,665 patients for the reporting period.

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

55 new patients commenced Opioid Substitute Treatment during the November reporting period (12 in General Practice, 29 in HSE clinics) with a further 14 in the prison clinics.

Primary Care Reimbursement Service Quality & Safety

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

- 99.3% November 2015 (5,328 applications/5,291 processed), 97.2% November 2014 (2.1% increase)
- 99.3% November 2015 (5,328 applications/5,291 processed), 99.5% October 2015 (6,197 applications/6,166 processed), (-0.2% decrease)

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 6th November, 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 are not complete on receipt and the NMCU writes to the client, on one or more occasions, to request any information outstanding (i.e. evidence of income and outgoings) or possibly to request a medical report. The response time to such requests can be a number of weeks or months and applications are placed 'on hold' pending a response.

The NMCU are systematically working through the on-hold categories and when every opportunity has been given to the client to provide supporting documentation, a business rule has been put 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%)

- 94.7% November 2015 (0-5 days) (1,594 applications completed) 5+ (89 applications completed)
- 78.7% October 2015 (0-5 days) (1,263 applications completed) 5+ (342 applications completed)

Access

The number of persons covered by Medical Cards (Expected Activity point in time 1,727,380)

- 1,732,555 November 2015/YTD, 1,771,368 November 2014/YTD (-2.2% decrease/38,813)
- 1,732,555 November 2015, 1,728,755 October 2015 (0.2% increase/3,800)
- YTD variance from expected activity 0.3% (5,175)

Of the total number of persons covered by a medical card, 97,562 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
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
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
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
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

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

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

- 424,862 November 2015/YTD, 157,913 November 2014/YTD (169% increase/266,949)
- 424,862 November 2015, 409,785 October 2015 (3.6% increase/15,077)
- YTD variance from expected activity 3% (12,274)

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, 40,749 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
National 2013	130,301	130,169	128,589	128,812	128,180	126,031	124,925	124,361	123,424	124,337	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
National 2015	160,276	160,004	161,054	162,240	164,087	244,171	311,649	365,859	391,451	409,785	424,862
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

	No. persons covered by discretionary GP Visit Cards										
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
National 2013	16,347	17,230	17,476	18,409	19,186	19,813	20,364	21,132	22,115	23,175	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
National 2015	35,776	36,874	38,293	38,969	39,468	39,829	40,361	40,979	40,108	40,257	40,749

Summary of Movement in Medical Cards	
Medical cards as of 1 January 2015	1,768,700
Medical cards at the end of November 2015	1,732,555
Net decrease	-36,145
Entirely new medical cards issued	78,795
Entirely new medical cards upgraded from GP visit	27,433
Medical cards reinstated	72,939
Medical cards not renewed or deemed ineligible	-186,360
Medical cards where eligibility moved to GP Visit	-28,850
Reconciliation	-102
Net decrease	-36,145

Summary of Removals in Medical Cards	
Breakdown in Medical Cards that were not renewed or deemed ineligible	
Medical cards removed (no or insufficient response)	149,939
Full response, no longer eligible	13,053
Deceased	19,162
Removed by GP	4,206
Total	186,360

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 November 2015	424,862
Net increase	
Entirely new GP Visit Cards issued	268,032
Medical cards where eligibility moved to GP Visit	28,850
GP Visit Cards reinstated	25,889
GP Visit Cards not renewed or deemed ineligible	-30,044
GP Visit Cards where eligibility moved to Medical Card	-27,433
Reconciliation	-8
Net increase	265,286

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)	82,865	80,250	75,404	4,846	6.4%
Galway, Mayo Roscommon (2)	88,883	85,675	81,328	4,347	5.3%
Clare, Limerick North Tipp, East Limerick(3)	72,287	67,489	66,131	1,358	2.1%
North & West Cork North & South Lee Kerry (4)	119,237	111,081	109,163	1,919	1.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	82,203	76,238	75,217	1,021	1.4%
Dublin South East Dun Laoghaire Wicklow (6)	54,153	50,860	49,506	1,354	2.7%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	144,201	132,218	132,029	189	0.1%
Laois, Offaly Longford, Westmeath Louth, Meath (8)	102,555	97,853	93,697	4,156	4.4%
Dublin North Central Dublin North West Dublin North (9)	113,937	106,625	104,333	2,292	2.2%
Regional	40,472	38,246	36,995	1,251	3.4%
National	48,093	17,534	38,232	(20,699)	-54.1%
Sub Total	948,885	864,070	862,035	2,035	0.2%
PCRS	2,268,166	2,178,965	2,071,700	107,265	5.2%
DLS	218,101	214,081	199,677	14,404	7.2%
Sub Total PCRS & DLS	2,486,267	2,393,046	2,271,377	121,669	5.4%
Total Primary Care Division	3,435,151	3,257,115	3,133,412	123,703	3.9%

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)	74,838	72,457	68,068	4,389	6.4%
Galway, Mayo Roscommon (2)	77,534	74,876	70,947	3,929	5.5%
Clare, Limerick North Tipp, East Limerick(3)	52,519	48,891	48,045	847	1.8%
North & West Cork North & South Lee Kerry (4)	94,871	88,445	86,852	1,593	1.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	72,825	67,696	66,658	1,038	1.6%
Dublin South East Dun Laoghaire	50,839	47,837	46,473	1,364	2.9%

Primary Care (incl. Multi Care)	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	YTD var %
Wicklow (6)					
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	75,496	69,534	69,088	446	0.6%
Laois, Offaly Longford, Westmeath Louth, Meath (8)	94,281	90,054	86,119	3,936	4.6%
Dublin North Central Dublin North West Dublin North (9)	68,746	64,562	62,918	1,644	2.6%
Regional & National	87,112	54,261	74,103	(19,842)	-26.8%
Total	749,062	678,613	679,270	(657)	-0.1%

Local Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Local Schemes	218,101	214,081	199,677	14,404	7.2%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Medical Cards	1,659,874	1,563,685	1,521,669	42,016	2.8%
Drug Payment Scheme	70,475	60,184	64,858	(4,674)	-7.2%
Long Term Illness Scheme	117,390	166,363	106,764	59,599	55.8%
High Tech	197,226	206,848	180,434	26,414	14.6%
Dental Treatment Services	75,981	61,942	69,694	(7,752)	-11.1%
Health Amendment Act	1,677	1,599	1,448	151	10.4%
Community Ophthalmic Scheme	32,182	28,635	28,965	(330)	-1.1%
Methadone Treatment	19,946	18,885	18,284	601	3.3%
Childhood Immunisation	8,449	6,724	7,744	(1,020)	-13.2%
Doctors Fees/ Allowances	8,037	6,106	6,321	(215)	-3.4%
Hardship	13,500	13,000	12,374	626	5.1%
OPAT	7,000	6,495	6,417	78	1.2%
Oncology Drugs / Medicines	11,500	10,784	10,542	242	2.3%
HEP C Drugs & Medicines	33,924	18,722	26,095	(7,373)	-28.3%
Orphan Drugs/Medicines	1,009	5,213	928	4,285	461.7%
ADHD	9,996	3,780	9,163	(5,383)	-58.7%
Total	2,268,166	2,178,965	2,071,700	107,265	5.2%

Financial Commentary

The Primary Care Division (PCD) spent €3.133b versus a budget of €3.257b in the period ending 30th November showing a negative variance of €123.7m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (LS) the core PCD service deficit is €2.035m. The primary drivers of this core deficit are pay and staffing pressures in addition to a growing number of complex paediatric cases.

There is a deficit of €121.668m in the two specific areas of PCRS and LS at the end of November 2015. The main expenditure drivers within Local Schemes are hardship medicine and drug refund schemes which represent almost 100% of the overall year to date deficit. The PCRS deficit is being driven by expenditure in long term illness €59m, high tech medicines €60m, pharmacy drugs and medicines €23m

with small offsetting surpluses in the areas of dental treatment and fees and allowances. The PCRS and Local Schemes represent a number of expenditure headings which, due to their legal or technical nature, were prepared on an agreed basis in NSP2015. Should actual 2015 costs vary from the amounts provided by way of budget this will not impact on the funding available for other areas of service provision.

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	10,421
	Direct Staff Indicative workforce number	10,344
	Direct Staff WTE Indicative workforce number Variance	77
	Direct Staff WTE Indicative workforce number Variance %	0.75%
	2015 Development posts	61.5
	2015 Development posts filled	4
	% 2015 Development posts filled	6.50%
	pre-2015 Development posts	281.5
	pre-2015 Development posts filled	269.5
	% pre-2015 Development posts filled	95.74%
	Direct Staff Headcount	12,374
	Absence rates – Medical Dental	2.09%
	Absence rates – Nursing	4.83%
	Absence rates Health and Social Care professionals	3.95%
	Absence rates – Management Admin	4.16%
	Absence rates – General Support Staff	5.80%
	Absence rates – Other Patient & Client Care	5.43%
	Absence rates – Overall	4.68%

Note: Absence rates are reflective of all of Community Healthcare

Palliative Care

Palliative Care

Clinical Strategy and Programme Division

The National Clinical Programme for Palliative Care had two National Guidelines launched by the National Clinical Effectiveness Committee (NCEC) in November. The first guideline Pharmacological Management of Cancer Pain in Adults provides guidance for healthcare professionals and information to patients on the appropriate management of cancer pain. The second guideline, Management of Constipation in Adult Patients Receiving Palliative Care provides guidance to healthcare staff working in specialist palliative care services and delivering generalist palliative care services to people with life limiting conditions.

Quality

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

- 88.5% (696 of 786) November 2015, 87.8% (649 of 742) November 2014 (7.2 % increase/47)
- 88.5% (7,277 of 8,239) YTD 2015, 87.5% (7,140 of 8,131) YTD 2014 (1.9% increase/90)
- 88.5% (696 of 786) November 2015, 90.7% (666 of 734) October 2015, (2.4% increase/30)
- YTD variance from target -7.1% (550)

While the overall performance in November is down when compared against October 2015, it has increased against the same month in 2014, and against YTD in 2014.

Additional homecare nursing staff are still due to commence in CHOs, 6 and 7.

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

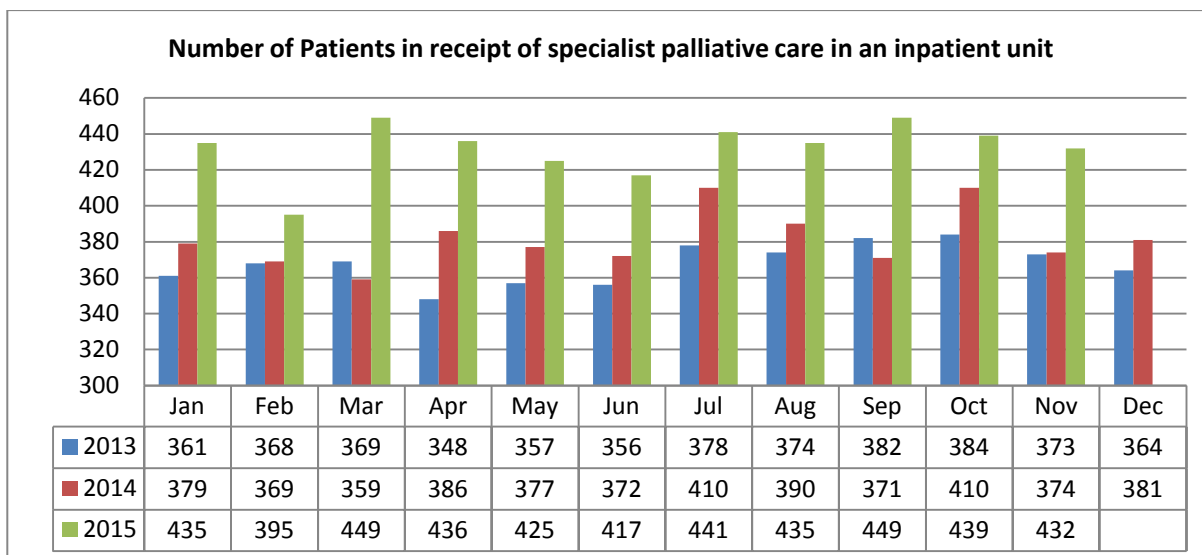
- 98.6% (281 of 285) November 2015, 96% (252 of 261) November 2014 (11.5% increase/29)
- 98.0% (3,078 of 3,141) YTD 2015, 96.3% (2,670 of 2,777) YTD 2014 (15.3% increase/408)
- 98.6% (281 of 285) November 2015, 98.7% (293 of 297) October 2015, (3.7% decrease/11)
- YTD variance from target 0.0% decrease (0)

In November only 1 CHO fell more than 5% below the target i.e. CHO 6 performance was 92.1%

Access

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

- 432 November 2015, 374 November 2014 (15.5% increase/58)
- 432 November 2015, 439 October 2015, (-1.6 % decrease/7)
- YTD variance from expected activity -2.9% (13)



Referral (Location prior admission)	Diagnosis	Age category
Acute Hospital 46.6% (November), YTD 45.9%	Cancer 86.4% (November), YTD 86.1%	0-17 - 0%
Patients Home 50.6% (November), YTD 51%	Non Cancer 13.6% (November), YTD 13.9%	18-65 31%
Other 2.8% (November) YTD 3.1%		65+ 69%

Comparisons YTD show that there are greater numbers of patients accessing the service through referral from a normal place of residence (1067 YTD 2014, 1,225 YTD 2015, 14.8% increase/158).

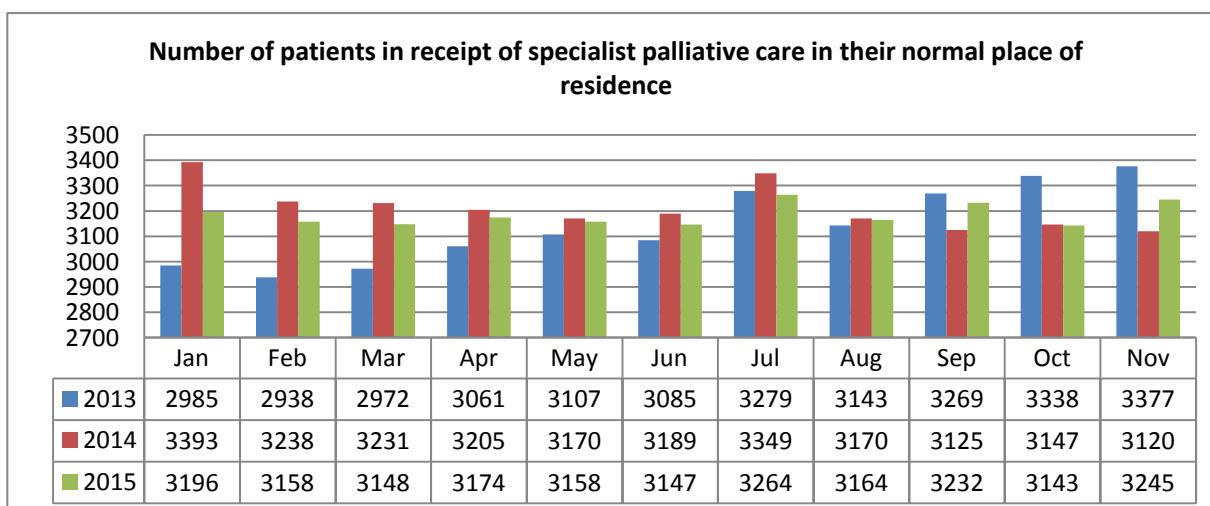
Total number of new patients by diagnostic category (cancer/non cancer) in inpatient units

- 196 cancer, 35 non cancer November 2015. 162 cancer, 32 non cancer November 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. October 2015 YTD the ratio was cancer 86.5% (2,095) to non cancer 13.5% (327).

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

- 3,245 November 2015, 3,120 November 2014 (4% increase/125)
- 3,245 November 2015, 3,143 October 2015, (3.2% increase/102)
- YTD variance from expected activity -0.2% (5)



Diagnosis

Age Category

Cancer	72.8% (November) YTD 70.4%	0-17	0.9% (November), YTD 0.7%
Non Cancer	27.2% (November) YTD 29.6%	18-65	23.3% (November), YTD 20.9%
		65+	75.8% (November), YTD 78.4%

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

- 565 cancer, 211 non cancer November 2015. 488 cancer, 257 non cancer November 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. November 2015 YTD the ratio was 70% cancer (5,783) to 30% non cancer (2,437). In the same period YTD 2014 the split was 71% cancer (5,889) to 28% non cancer (2,437).

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

- 343 November 2015, 313 November 2014 (9.6% increase/30)
- 343 November 2015, 393 October 2015, (-12.7% decrease/50)
- YTD variance from expected activity is a 7.2% increase (23)

Data gap CHO 1 & 4

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	5,634	5,290	345	6.5%
Galway, Mayo Roscommon (2)	5,231	5,256	4,783	473	9.9%
Clare, Limerick North Tipp, East Limerick(3)	11,639	10,674	10,651	23	0.2%
North & West Cork North & South Lee Kerry (4)	8,169	7,544	7,487	57	0.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	1,281	1,152	1,172	(21)	-1.8%
Dublin South East Dun Laoghaire Wicklow (6)	722	544	660	(116)	-17.6%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	23,019	20,432	21,097	(664)	-3.1%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	4,535	4,345	4,156	189	4.5%
Dublin North Central Dublin North West Dublin North (9)	10,490	9,692	9,625	67	0.7%
Regional & National	1,000	909	674	235	34.8%
Total	71,869	66,181	65,594	587	0.9%

Mental Health Services

Mental Health Update

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.

Clinical Strategy and Programmes Division

The National Clinical 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.

There are three Mental Health Clinical Programmes (CPs). Progress to date includes:

- Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm. The Clinical Programme has been fully implemented in 14 hospitals following comprehensive training of the CNSs recruited for the Clinical Programme. Six months activity data has been collected and documents a high need for the service. On-going support for the programme is provided by the Programme Manager and National Clinical Lead.
- Early Intervention for Psychosis
 - (i) An Interim Standard Operating Procedure has been drawn up and circulated to local services.
 - (ii) Behaviour Family Therapy training has been completed by 180 staff and a further 28 are now trained as trainers hence the therapy is now self-sustaining. Data on families being seen is now being collected.
- Eating Disorders
 - (i) Training in Enhanced Cognitive Behaviour Therapy (CBTe) has been completed by 85 staff.
 - (ii) 73 staff from Child and Adolescent Mental Health Services completed Family Based Therapy in May and October 2015.
 - (iii) Partnership with Bodywhys is in place to ensure families and friends have access to support and information
 - (iv) Appointment of a National Clinical Lead for Eating Disorders.

The Mental Health and CSP Divisions have agreed to the establishment of 2 further National Clinical Programmes for Mental Health. The first programme is Mental Illness Associated with a Dual Diagnosis of Substance Misuse and the second programme is ADHD in Children and Adults.

Quality & Safety

Serious Reportable Events

- The total number of SREs reported up to November 2015 was 34 – 4 new SREs were reported by the Division during November 2015.
- At the end of November 2015, 38% 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%)

- 78.6% November 2015 (22 out of 28 admissions), 68.6% November 2014 (24 out of 35 admissions)
- 72.8% YTD 2015 (241 out of 331 admissions), 68.1% YTD 2014 (179 out of 263 admissions)
- 78.6% November 2015 (25 out of 35 admissions), 71.4% October 2015 (25 out of 35 admissions)
- YTD variance from target -23.4 %

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by November 2015, 72.8% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

In November, there were 28 child and adolescent acute inpatient admissions. Of these, 22 were to age appropriate CAMHs Inpatient Units and 6 were to Adult Mental Health Inpatient Units/Approved Centres. Of these 6 admissions, 5 (83%) were aged 16 years or older. The percentage of admissions of children to age appropriate units in November was 78.6% against the targeted 95%. This represents a significant improvement from 55% in January and shows an increase, month on month.

In 2015 to date, there had been a total of 331 children and adolescents admitted, 241 (72.8%) were to age appropriate CAMHs Inpatient Units and 90 (27.2%) were to approved Adult Mental Health Inpatient Units. Of these 90 admissions, 94.4% (85) of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of the 90 admitted to Adult Approved Centres, 82 or 91.1% were 16/17 years old with 41.1% (37) of these discharged either the same day or within 3 days and 65.6% (59) 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%)

- 92.5% November 2015 (3,016 out of 3,262), 95.6% November 2014 (3,156 out of 3,301)
- 92.5% YTD 2015 (31,921 out of 34,510), 93.8% YTD 2014 (32,324 out of 34,461)
- 92.5% November 2015 (3,016 out of 3,262), 93.4% October 2015 (2,672 out of 2,873)
- YTD variance from target (2.8% increase)

The General Adult Community Mental Health Teams are performing 2.8% year to date above target nationally. All of the CHOs are exceeding the targets with the exception of CHO 1 (86.4%), CHO 7 (87.6%) and CHO 9 (81%).

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%)

- 97.2% November 2015 (806 out of 829), 99.2% November 2014 (775 out of 781)
- 98% YTD 2015 (8,179 out of 8,775), 98.9% YTD 2014 (8,576 out of 8,671)
- 97.2% November 2015 (806 out of 829), 98.2% October 2015 (718 out of 731),
- YTD variance from target (1% decrease)

In November, 98% 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%). 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%)

- 80.3% November 2015 (1,200 out of 1,494), 79.1% November 2014 (958 out of 1,211)
- 76.2% YTD 2015 (8,011 out of 12,582), 76.7% YTD 2014 (9,383 out of 12,234)
- 80.3% November 2015 (1,200 out of 1,494), 75.9% October 2015 (973 out of 1,283),
- YTD variance from target (2.3% decrease)

80.3% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 2.9% above targeted performance in the month. However, year to date is 2.3% behind target at 76.2%. This slight variance on target may be attributable to the significant focus in the month on the validation of the waiting lists. The best performing CHO is 2 (95.8%) with the most significant outlier for this metric being CHO 1 (58.2%).

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

- 74% November 2015 (2,594 out of 3,262), 75.9% November 2014 (2,505 out of 3,301)
- 73.6% YTD 2015 (27,018 out of 34,510), 73.9% YTD 2014 (25,467 out of 34,461)
- 74% November 2015 (2,594 out of 3,262), 74.6% October 2015 (2,134 out of 2,873)
- 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 (56.1%). 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 20% in November.

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

- 95.2% November 2015 (789 out of 829), 97.2% November 2014 (759 out of 781)
- 95.5% YTD 2015 (8,381 out of 8,775), 96% YTD 2014 (8,324 out of 8,671)
- 95.2% November 2015 (789 out of 829), 95.8% October 2015 (700 out of 731),
- YTD variance from target activity (0.5% increase)

In November, 95.2% 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 95.5%

Performance nationally is affected by the significant outlier for this metric in CHO 4 (67.7%) and the 3% national DNA rate in November. 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%)

- 65.5% November 2015 (979 out of 1,494), 70.1% November 2014 (849 out of 1,211)
- 67.5% YTD 2015 (8,464 out of 12,582), 67.3% YTD 2014 (8,233 out of 12,234)
- 65.5% November 2015 (979 out of 1,494), 69.1% October 2015 (886 out of 1,283)
- YTD variance from target (6.2% decrease)

In November 2015, 65.5% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 67.5% with YTD performance slipping behind the target of 72%.

The best performing CHO's are 2 (88.6%) and 3 (86%) with the significant outliers for this metric being CHO 1 (54.8%), CHO 6 (53%) and CHO 9 (55.9%). This under performance relates to the types of resourcing issues mentioned above.

The national 'did not attend' (DNA) rate was 19% in November.

In November, 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 November, there were 1,117 children and adolescents waiting for a first appointment for longer than three months, of which 207 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 15 or 6.7% compared to last month and a 252 reduction or 55% compared to April.

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 may be 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 initially on those with more than 20 children waiting more than 12 months. A comparison of the numbers waiting in April against those for September shows that the number waiting longer than 3 months has decreased by 562 and the over 12 month waiting number has reduced by 252 and is now at 207.

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

- 2,273 November 2015, 2,709 November 2014 (16.1% decrease/436)
- 2,273 November 2015, 2,252 October 2015 (0.9% increase/21)
- Variance YTD from target activity (13.6% decrease/359)

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

- 1,096 (48%) November 2015, 1,156 (43%) November 2014 (5.1% increase/60)
- 1,096 (48%) November 2015, 1,001 (44%) October 2015 (9.4% increase/95)

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

- 1,177 (52%) November 2015, 1,553 (57%) November 2014 (24.2% decrease/376)
- 1,177 (56%) November 2015, 1,251 (56%) October 2015 (5.9% decrease/74)

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

- 207 (9%) November 2015, 376 (14%) November 2014 (44.9% decrease/169)
- 207 (9%) November 2015, 222 (10%) October 2015 (6.7% decrease/15)
- Variance YTD from target activity (>100 % increase/207)

The objective for this metric is that no team should have a child waiting longer than 12 months by the end of 2015. There are 207 (or 9% of the waiting list) individuals waiting more than 12 months for a first appointment. 74.6% (47) of teams have no children waiting longer than 12 months.

Of the 19 teams who have individuals waiting longer than 12 months, 6 teams comprise 64% (132) of those (207) waiting longer than 12 months. This issue is being addressed 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 has been completed and a targeted waiting list initiative is now underway focusing initially on those teams with more than 20 children waiting more than 12 months.

Outline of expected activity for November 2015

	Outturn 2014	Expected Activity	Target	Nov 2015	% var YTD v Tgt / EA YTD	SPL Y No	% var YTD 2014 v YTD 2015
Total no. to be seen	2,869		2,632	2,273	-13.6%	2,709	-16.1%
Total no. to be seen (0-3 months)	1,158	1,153		1,096	-4.9%	1,156	-5.2%
Wait List (i.e. those waiting >3 months)	1,711	1,479		1,177	-20.4%	1,553	-24.2%
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		412	-22.9%	468	-12.0%
No on CAMHS waiting list (6-9 months)	447	331		363	9.6%	451	-19.5%
No on CAMHS waiting list (9-12 months)	323	614		195	-68.2%	258	-24.4%
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	405		0	207	>100 %	376	-44.9%

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)	64,976	60,813	59,378	1,435	2.4%
Galway, Mayo Roscommon (2)	90,402	83,512	82,677	835	1.0%
Clare, Limerick North Tipp, East Limerick(3)	57,876	53,591	52,955	636	1.2%
North & West Cork North & South Lee Kerry (4)	101,579	94,629	93,129	1,501	1.6%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	88,526	81,672	80,964	708	0.9%
Dublin South East Dun Laoghaire Wicklow (6)	52,004	47,813	47,550	264	0.6%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	71,181	65,266	65,136	130	0.2%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	78,071	74,615	71,044	3,571	5.0%
Dublin North Central Dublin North West Dublin North (9)	102,979	94,391	94,214	177	0.2%
Regional & National	75,862	40,311	50,323	(10,012)	-19.9%
Total	783,454	696,614	697,370	(756)	-0.1%

Financial Commentary

Mental Health Services spent €696.6m in the eleven months ended 30th November 2015 against a budget of €697.3m, a positive variance of €0.8m, representing 0.11 of 1%.

Pay is €6.57m under plan against a budget of €562.8m equating to a favourable variance of 1.2%. The favourable variance in Total Pay is caused by significant over-runs in Agency and Overtime which is being balanced by a reduction in Direct Pay due to an inability to hire, particularly medical posts.

Non-Pay is €4.81m over plan and the largest factor is an increase in Private Placements.

Income is €1.05m under plan which is due to reductions in Long Stay Income and Other Income.

The Division forecast that it will be within budget overall at year end, however, the nature of the overspends such as Nursing and Medical Agency and the increasing costs of Private Placements, is unlikely to be reversed in December 2015 and therefore, savings arising from the inability to hire some new/replacement posts will continue to cover these deficits and support the overall positive position.

Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	9,349
	Direct Staff Indicative workforce number	9,262
	Direct Staff WTE Indicative workforce number Variance ³	87
	Direct Staff WTE Indicative workforce number Variance %	0.94%
	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	935.5
	% pre-2015 Development posts filled	81.77%
	Direct Staff Headcount	10,160
	Absence rates – Medical Dental	2.09%
	Absence rates – Nursing	4.83%
	Absence rates Health and Social Care professionals	3.95%
	Absence rates – Management Admin	4.16%
	Absence rates – General Support Staff	5.80%
	Absence rates – Other Patient & Client Care	5.43%
Absence rates – Overall	4.68%	
EWTD	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	89%
	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	90%

Note: Absence rates are reflective of all of Community Healthcare,
% Variance - Budget national results includes both Regional and National Services

Analysis of New Service Development Posts

Of the 1,144.6 development posts for Mental Health from 2012 to 2014:

- 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.
- Of the 251.1 posts allocated in 2014, 113 have been recruited of which 107 have started by 30th Nov'15 and a further 71.5 are at various stages in the recruitment process.

³ Variance related to the coding of WTEs for EVE Holding which is recorded as Mental Health for Headcount purposes but as Social Care for Finance purposes. This will be rectified in later reports.

Social Care Services

Social Care Services

Serious Reportable Events

- The total number of SREs reported up to November 2015 was 38 - 5 new SREs were reported in November 2015
- At the end of November 2015, 19% of investigations were reported as compliant with 4 month timeline for investigation completion.

Social Care: Disability Services

Quality & Safety

Disability Summit November 2015

Following the year long implementation of wide programme of change within Disability Services, the 4th National Summit, hosted by the HSE Social Care Division, took place on the 18th of November 2015. The Minister with responsibility for Mental Health, Primary Care and Social Care (Disabilities and Older People) Kathleen Lynch was in attendance along with 250 delegates from Statutory and Voluntary service providers, service users and family members. This was the fourth in a series of summits which provides a forum for people to feedback as well as hear of progress on implementation of the six step programme of change across our Social Care Services.

The summit provided an opportunity to reflect on the sustained focus on service improvement within the service throughout 2015 using what we have learned to make real and tangible changes in the lives of people with a disability. The National summits have provided an important forum to share this learning and most importantly to listen to the voices of people with a disability so that we are focused on their needs and their aspirations for a better life.

This summit focused on implementing a values based approach to our work with people with a disability and their families and updated those present on how things are changing for the better across the sector, one year on from the RTE programme on Arás Attracta.

The Social Care Division is continuing to implement the 6 step change programme of measures to ensure the quality and safety of all our services and specifically those in the residential care sector. A key challenge for the National Implementation Task Force is to identify how we can build capacity together so that our organisations can respond to what each individual person wants and needs to live the life of their choosing. The challenge for services is to support people to choose where they live, who they live with, and ensure that they have choices around what they do every day, with tailored supports for each person.

Participants at the Summit heard from an international expert in the area of promoting a values based approach to the welfare of people which reduces the potential for neglect and harm.

Summit delegates also heard from the CEO of Inclusion Ireland, who is working closely with the Social Care Division to develop a national support mechanism which will ensure residents and their family members are consulted as partners in the reforms underway. He presented on the development of Family Forums and Self Advocacy.

Further detail of the summit is available on <https://www.youtube.com/watch?v=88mGqeE70d4>

Access

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

- 2,583 November 2015 / YTD 2015, 2,583 November 2014
- 2,583 October 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)

- 2,827 November 2015 / YTD 2015, 2,935 November 2014 / YTD 2014 (3.7% decrease/108)
- 2,827 November 2015, 2,788 October 2015 (1.4% increase/39)
- YTD variance from expected activity -1.5% (43)

Overall performance is below target. The following CHOs are performing below target CHO 1 (-2.4%), CHO 2 (-2.1%), CHO 3 (-6.9%), CHO 5 (-8.7%), CHO 6 (-3.7%), and CHO 7 (-5%). The CHOs performing at or above target are CHO 4 (5.3%), CHO 8 (6.9%), and CHO 9 (2.1%).

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 November 2015 2,583 places are provided to 2,827 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. The number of Rehabilitation Places has remained the same – the lower number of people in training reflects the fact that larger numbers of new entrants are availing of a full time placement, with fewer ‘part-time’ – i.e. it is the ‘mix’ of trainees that has changed, not the number of available places.

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)	106,266	102,243	97,003	5,240	5.4%
Galway, Mayo Roscommon (2)	140,121	135,935	128,038	7,897	6.2%
Clare, Limerick North Tipp, East Limerick(3)	127,584	121,648	116,683	4,964	4.3%
North & West Cork North & South Lee Kerry (4)	186,147	175,813	170,335	5,478	3.2%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	130,763	126,775	119,550	7,225	6.0%
Dublin South East Dun Laoghaire Wicklow (6)	204,959	195,510	187,540	7,969	4.2%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	142,951	138,959	130,855	8,104	6.2%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	165,933	160,011	151,735	8,276	5.5%
Dublin North Central Dublin North West Dublin North (9)	240,924	229,561	219,929	9,632	4.4%
Regional & National	18,466	0	18,466	(18,466)	-100.0%
Total	1,464,114	1,386,454	1,340,135	46,319	3.5%

Financial Commentary

This group of services has recorded a YTD November net deficit of €46.3m. Key cost pressures and financial risks include significant pay cost pressures which continue in respect of overnight residential staff. Environmental factors are also an ongoing issue with deployment of staff driving agency costs. Allied to this are significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multi-annual investment programme.

Social Care Services - Older Persons Services

Quality & Safety

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

- 90.6% of active cases were reviewed in November (183 out of 202)
- YTD variance from expected activity -3.1% (63)
- 87.3% YTD of active cases were reviewed within 6 month timeframe

125 new referrals for Elder Abuse were received in November while YTD the figure rests at 1,614.

The types of abuse referred in November were as follows:

Abuse type	Percentage of new referrals
Physical	8%
Psychological	37.5%
Financial	21.6%
Neglect	14.8%
Other	18.1%

The year to date activity is 87.3% and the service is expected to be above target by year end. All cases are risk assessed and those requiring greatest attention are prioritised.

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)

- 15,144 November 2015, 13,139 November 2014 (increase 15.3%/2,005)
- 15,144 November 2015, 14,997 October 2015, (increase 1%/147)
- YTD variance from expected activity is 14.7% (1,944)

All CHO's are meeting or exceeding their expected level of activity with the exception of CHO 4 (-5.2%). The increased demand for HCP to assist with hospital discharges has continued in November.

As part of the Delayed Discharge Initiative 2015, an additional €5m was allocated to fund an additional 400 home care packages (benefitting 600 people) to alleviate delayed discharges in three acute hospitals. These HCPs are being used on an ongoing basis. When the target for 2015 is adjusted from 13,200 to 13,800 to allow for these additional HCPs, YTD variance from expected activity is 9.7% (1,344).

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

- 183 November 2015 / comparison with November 2014 not available as data collection did not commence until October 2014
- 183 November 2015, 165 October 2015, (increase 10.9%/18)
- YTD variance from expected activity is -3.7% (7)

Intensive Home Care Packages are being provided by all CHOS as follows: CHO 1 (1) CHO 2 (46), CHO 3 (8), CHO 4 (20), and CHO 5 (5) CHO 6 (11), CHO 7 (14), CHO 8 (10) and CHO 9 (68).

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.

The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD 9,451,785, Annual 10.3m)

- 864,970 November 2015, 833,040 November 2014 (increase 3.8%/31,930)
- 9,566,577 YTD 2015, 9,422,283 YTD 2014 (increase 1.5%/144,294)
- 864,970 November 2015, 880,890 October 2015, (decrease 1.8%/15,920)
- YTD variance from expected activity 1.2% (114,792)

In November, 5 of the 9 CHOs have met or exceeded planned activity levels. 4 CHOs demonstrate an underperformance. These include CHO 4 (-6.5%), CHO 5 (-2.7%), CHO 6 (-4.6%) and CHO 7 (-2.5%).

The number of home help hours provided is running 1.2% above target which represents 114,792 hours and this level of performance also demonstrates a 1.5% YTD increase on the 2014 YTD position. The projected year end outturn for 2015 is 10.4m hours.

The number of people in receipt of home help hours (excluding provision of hours from HCPs) (Expected Activity 50,000)

- 47,773 November 2015 / YTD 2015, 47,178 November / YTD 2014 (increase of 1.3%/595)
- 47,773 November 2015, 47,714 October 2015, (increase of 0.1%/59)
- YTD variance from expected activity -4.5% (2,227)

CHO 8 and CHO 9 are achieving their targets. All other CHOs are below target. CHO 4(-11.4%) and CHO 6 (-13.8%) continue to be significant outliers.

The number of people in receipt of home help hours has remained stable to date in 2015, and exceeds the number in receipt of the service in 2014 (by 1.3%).

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

- 23,065 November 2015 / YTD 2015, 22,016 November 2014 / YTD 2014 (4.8%/1,049 increase)
- YTD variance from expected activity 3.1% (704)

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
Nov.	781	244	23,065	495	496	-1	113	165	-52
YTD 2015	9,217	244	23,065	6,165	5,100	1,065	1,691	1,703	-12
Nov-15	781	244	23065	495	496	-1	113	165	-52
Nov-14	729	1,898	22,016	491	391	100	140	121	19

Note: In addition to the leavers above there were a further 348 leavers (24 in November) from Contract Beds/Subvention/Section 39 savers beds.

In November 2015 the Nursing Homes Support Scheme funded 23,065 long term public and private residential places, and when adjusted for clients not in payment, there were 23,980 supported under the scheme. This is a net decrease of 77 month on month, in the number of people supported under the scheme with 608 new clients entering the scheme and 685 existing clients leaving the scheme during the month. The decrease is mainly due to a higher number of leavers than expected 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 November 2015, 659 people or 86% 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 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 month end is 244 (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). It is anticipated that the wait time will not exceed 4 weeks for the remainder of the year.

A total of 8,570 people were approved for funding under the scheme in the current year to date, compared to 5,454 people approved for the same period last year. This is a 57% increase on approvals year on year.

In the first eleven months of 2015, 9,217 applications were received (1.4% increase year on year) and 7,856 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 2,425 or 45% in the number of new clients supported under the scheme when compared to the same period last year. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

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

- 5,244 November 2015 / YTD 2015, 5,290 November 2014 / YTD 2014 (decrease of 0.9%/46)
- YTD variance from expected activity -0.8% (43)

Activity levels in November are running slightly under target at -(0.8%). Underperforming CHOs are CHO 1 (-2.1%), CHO 2 (-1.0%), CHO 4 (-1.0%), CHO 5 (-1.1%), CHO 6 (-1.3%), CHO 8 (-0.9%) and CHO 9 (-0.8%). All other CHOs are meeting or exceeding their target.

Delayed Discharge Initiative 2015

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 705 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 244.

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 September the resource has provided for 3,178 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.

Delayed Discharges

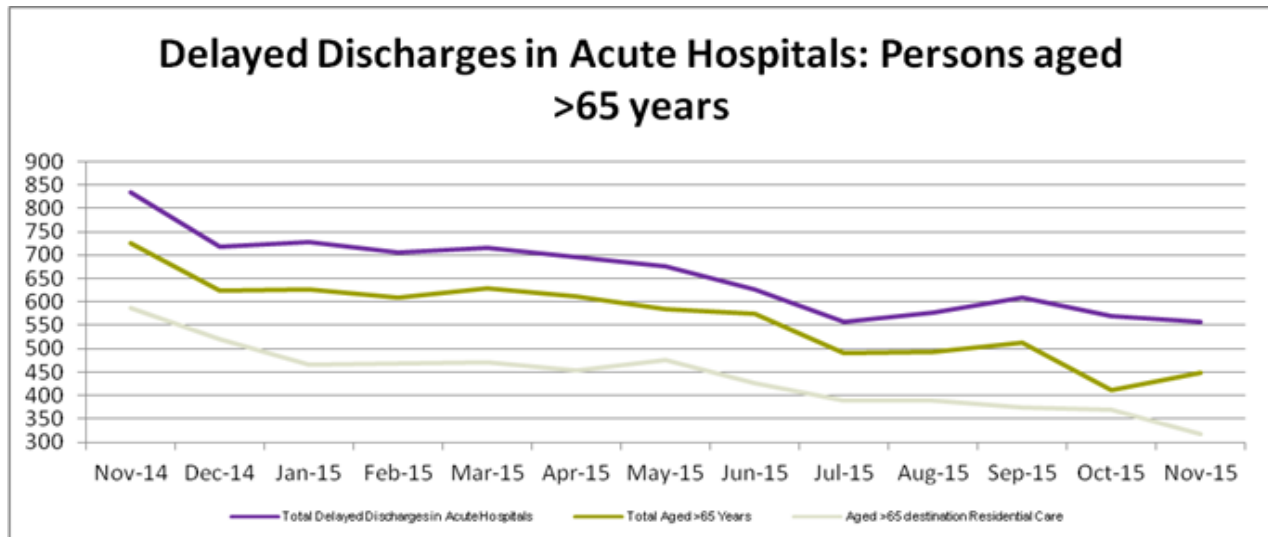
The numbers of people who remain in hospital, though being clinically discharged, – Delayed Discharges (Target 15% reduction to 611 patients)

- 558 November 2015, 835 November 2014 (change -277/-33.2%)
- October 2015 reported at 570, therefore a decrease of 12 delayed discharges (-2.1%) on the last reporting period
- Improvement on target this month is 9%

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

As of the end of November, there were 449 patients aged 65 and over medically discharged in acute hospitals. Of these 70.6% (317) are awaiting Long Term Residential Care, -45.9% decrease on November 2014 (source Delayed Discharges National Report, 24th November 2015).

Delayed Discharges by Destination (24/11/2015)	Over 65	Under 65	Total No.	Total %
Home	81	22	103	18.5%
Long Term Nursing Care	317	50	367	65.8%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	51	37	88	15.8%
Total	449	109	558	100.0%



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)	73,556	72,078	66,691	5,387	8.1%
Galway, Mayo Roscommon (2)	60,490	62,399	55,458	6,942	12.5%
Clare, Limerick North Tipp, East Limerick(3)	57,698	60,613	52,934	7,679	14.5%
North & West Cork North & South Lee Kerry (4)	118,447	114,808	108,790	6,018	5.5%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	60,255	58,473	55,285	3,188	5.8%
Dublin South East Dun Laoghaire Wicklow (6)	52,776	50,568	48,755	1,813	3.7%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	86,177	79,938	79,287	650	0.8%
Laois, Offaly Longford, Westmeath Louth, Meath (8)	52,790	56,247	48,562	7,684	15.8%
Dublin North Central Dublin North West Dublin North (9)	88,324	81,948	81,258	690	0.8%
Regional & National	50,830	28,483	39,562	(11,080)	-28.0%
Subtotal	701,341	665,555	636,583	28,972	4.6%
NHSS	831,118	781,117	761,312	19,806	2.6%
Overall Total	1,532,459	1,446,673	1,397,895	48,778	3.5%

Financial Commentary

Older People Services are reporting a year to date November net deficit of €28.9m. NHSS is showing an overspend of €19.8m.

In order to address the difficulties experienced in emergency departments and fair deal waiting times in the early part of the year, a commitment to make available €74m of additional funding was made in April 2015. The year to date deficit within Older People Services and NHSS is inclusive of the expenditure incurred to date against this commitment and will be offset on receipt of the allocation. The allocation is expected to be made available to the HSE as part of the supplementary process for 2015.

Other key cost pressures which the services are seeking to address occur within home care provision with several cost reduction and efficiency measures being effected throughout the service. Some traction has been seen in certain targeted areas including reducing agency.

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

Social Care Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	25,702
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	886
	Direct Staff WTE Indicative workforce number Variance %	3.57%
	2015 Development posts	214
	2015 Development posts filled	33
	% 2015 Development posts filled	15.51%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	86.2
	% pre-2015 Development posts filled	49.3%
	Direct Staff Headcount	30,518
	Absence rates – Medical Dental	2.09%
	Absence rates – Nursing	4.83%
	Absence rates Health and Social Care professionals	3.95%
	Absence rates – Management Admin	4.16%
	Absence rates – General Support Staff	5.80%
	Absence rates – Other Patient & Client Care	5.43%
	Absence rates – Overall	4.68%

Note: Absence rates are reflective of all of Community Healthcare