



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Health Service Performance Report

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

The following are some of the key outputs from the National Clinical Programmes in October:

- The National Clinical Programme for Paediatrics and Neonatology has finalised its Model of Care for Neonatal Services and this will be proposed to HSE Leadership in early November. The Model of Care for Paediatric Diabetes will also be proposed to HSE Leadership in November which was also involved the National Clinical Programme for Diabetes.
- The National Clinical Programme for Neurology played a key role in the advancement of the Fampyra reimbursement scheme. This scheme became operational on the 1st of October 2015.
- The National Clinical Programme for Older People, National Clinical Programme for Emergency Medicine and National Clinical Programme for Acute Medicine have finalised the Early Identification and Initial Management of Delirium in the ED/ AMAU Guideline.

## Quality & Safety

### Serious Reportable Events

- The total number of events reported up to October 2015 was 191 which include 17 new SREs reported during October 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 October 2015, 18% 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 $\leq 9.6\%$ )

- 9.6% October 2015, 10% October 2014 (0.4% change)
- 10.7% October YTD 2015, 10.7% October YTD 2014 (no change)
- September 2015 reported at 10%, therefore an improvement of 0.4% since the last reporting period
- Variance from target -11.5%

The following hospitals have reported a result above 11% in October – 11.5% Mater, 12% St Lukes Kilkenny, 13.3% Wexford, 11.4% Tullamore, 11.3% St James, 13.6% Bantry, 11.6% Nenagh and 13.6% Letterkenny.

23 Hospitals have achieved the target in October. Although St Columcilles 15% and Portlaoise 11.4% did not achieve the target they have seen an improvement on the September position.

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

- 2.2% October 2015, 2.3% October 2014 (0.1% change)
- 2.1% October YTD 2015, 2.2% October YTD 2014 (0.1% change)
- September 2015 reported at 2.1%, therefore a 0.1% change since the last reporting period
- Variance from target is 30%

St James, Cork University Hospital, South Tipperary, Waterford, Sligo and Temple Street all reported above the target of <3% in October.

Although Royal Victoria Eye and Ear and Letterkenny did not achieve the target they have seen an improvement on the position reported in September.

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## Cancer Services

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

- 99.9% October 2015 (1,625 of 1,627 attendances), 93.6% October 2014 (change 6.3%)
- 96.6% October YTD 2015 (13,683 of 14,165 attendances), 94.7% October YTD 2014 (change 1.9%)
- Last reported period September 2015 reported at 98.6%, therefore a 1.3% an improvement in performance
- Variance from target 1.7%

All centres have achieved the target of 95% in October. All three Breast Consultants are now in place in Waterford, this should help to provide stability to the breast service in the south east.

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

- 84.7% October 2015 (188 of 222 attendances), 93.4% October 2014 (change -8.7%)
- 85.5% October YTD 2015 (2,230 of 2,609 attendances), 87.4% October YTD 2014 (change -1.9%)
- Last reported period September 2015 reported at 84.5%, therefore a marginal increase in performance of 0.2% since the last reporting period
- Variance from target -10%

Overall there has been a 2.2% increase in the number of patients seen year to date compared to the same period last year. Half of the RAL centres achieved the access target (95%): Cork (64%) showed a decrease from 95.5% in Sept. Galway has shown a minor decrease (91.4% from 92.9%). Limerick performance has reduced from 42.9% to 32.3% in October. Waterford's performance is at 100% for October, their YTD performance is 98.1%. Limerick KPI performance was discussed at a recent network meeting and the CEO has agreed that a full review of the clinic processes will be undertaken.

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

- 56.4% October 2015 (119 of 211 attendances), 49.3% October 2014 (change 7.1%)
- 59.5% October YTD 2015 (1,301 of 2,186 attendances), 47.4% October YTD 2014 (change 12.1%)
- Last reporting period September 2015 reported at 58.3%, therefore a decrease in performance of -1.9% since the last reporting period
- Variance from target -33.9%

National achievement of access targets remains a challenge across the centres. There has been a 1.8% increase overall in new attendances to the clinics in 2015. Access to prostate cancer services continues to be especially low in Waterford, Cork and Limerick. Galway performance has improved, while the Mater and James are dealing with the backlogs from summer period.

Waterford hospital has outsourced a number of prostate referrals to the private sector to assist with clearing their backlog. Work is ongoing within the Group to increase access to diagnostics for the prostate service

In CUH work is progressing on employing a locum urology consultant to fill the post pending permanent filling. An initiative similar to what Waterford is doing is under consideration.

There has been a 29.2% increase in patient numbers being seen in the RALC in Limerick in 2015 compared to 2014, the CEO and clinical team are exploring options to increase clinic capacity to manage increased demand. .

The KPI performance was discussed at a recent NCCP meeting and the CEO has agreed that a full review of the clinic processes will be undertaken.

Galway Prostate: Sept KPI has shown improvement from 78.6% (Sept) to 87.3%.

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

- 86.5% October 2015 (332 of 384 attendances), 87.3% October 2014 (change -0.8%)
- 84.4% October YTD 2015 (3,493 of 4,139 attendances), 89.1% October YTD 2014 (change -4.7%)
- Last reporting period September 2015 reported at 87.4%, therefore a decrease in performance of -0.9% since the last reporting period
- Variance from target -6.2%

Overall there has been a 21.1% increase in the numbers of patients who have completed radical treatment YTD compared to 2014.

In St Luke's Radiation Oncology Network (SLRON) is at 82.2% of patients were seen within 15 working days. Management is continuing the review of all processes to identify any efficiency.

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

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

- 85.6% October 2015, 86.4% October 2014 (change -0.8%)
- 84.4% October YTD 2015, 82.1% October YTD 2014 (change 2.3% )
- September 2015 reported at 84.4%, therefore an increase in performance of 1.2% since the last reporting period.
- Variance from target -11.2%

Hospitals reporting lower than national target for October 2015 are Our Lady of Lourdes, Drogheda 76.9%, Waterford 78.1% and Limerick 50%.

Although Tullamore 77.5%, Tallaght 90%, Beaumont 83.3% and Cork 72.2% did not achieve the target they have seen an improvement on the position reported in September.

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

- 38% October 2015 (New KPI )
- 39% October YTD 2015 (New KPI)
- September 2015 reported at 38%, therefore no change since last reporting period
- Variance from target -34.5%

In October 2015 the following hospitals with more than 5 procedures recorded did not have a Laparoscopic Cholecystectomy carried out as a day case: Letterkenny, Mayo, St John's and St Michael's.

In October 11 hospitals reached above target.

## The total number of Births (Expected Activity 55,557 YTD)

- 5,628 October 2015, 5,991 October 2014 (change -363/-6.1%)
- 54,975 October YTD 2015, 57,136 October YTD 2014 (change -2,161/-3.8%)
- September 2015 reported at 5,835, therefore a decrease of 207 (3.5%) on the last reporting period (Month on month births per day September 195 and October 182 a decrease of 6.9%).
- Variance from expected activity -1%

There are 19 Maternity Units nationally. Five hospitals have reported an increase in the number of births YTD when compared to the same period last year. Letterkenny Hospital, Limerick has shown the largest increase YTD in births at 4.4% (63) while Portlaoise has reported a decrease of 10.3% (-159) YTD.

## Caesarean Sections Rates (No expected activity figure)

- 31.4% October 2015 (1,767 out of 5,628), 28.8% October 2014 (1,725 out of 5,991) (change 42/2.6%)
- 30.4% October YTD 2015 (16,701 out of 54,975), 28.8% October YTD 2014 (16,470 out of 57,136) (change 231 /1.6%)
- September 2015 reported at 30.1% (1,758 out of 5,835), therefore an increase of 9 (1.3%) on the last reporting period.

The YTD 2015 caesarean section rates showed a reduction in performance of 30.4% when compared to 28.8% for the same period last year. In October, Cavan (38.9%), Mullingar (37.2%) and Kerry (36.7%) have a caesarean section rate above 35%.

This data is inclusive of elective caesarean sections.

# Access

## Overview of Key activity

Activity Area	Result YTD Oct 2014	Result YTD Oct 2015	Compared to SPLY	Against expected activity YTD	Result Oct 2015	Result Oct 2014	Monthly Compared to SPLY	Monthly Against expected activity
Inpatients discharges	536,884	535,600	-0.2% (-1,284)	-0.4% (-2,102)	55,086	55,416	-0.6% (-330)	-0.6% (-342)
Day case discharges	724,267	733,375	1.3% (9,108)	-0.7% (-4,918)	74,725	75,719	-1.3% (-994)	-3.4% (2,619)
New ED attendances	920,485	919,389	-0.1% (-1,096)	-0.7% (-6,275)	94,645	91,706	3.2% (2,939)	2.6% (2,441)
Emergency Admissions	374,737	371,443	-0.9% (-3,294)	-1.3% (-5,037)	37,780	37,839	-0.2% (-59)	-0.4% (-156)
Elective admissions	84,964	85,569	0.7% (605)	1.4% (1,222)	8,669	9,073	-4.5% (-404)	-3.8% (-346)

## 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 October is 111,179 which is an increase of 507 (0.5%) since September. Overall emergency presentations YTD are reported as 1,077,885 which is an increase of 10,777 (1%) when compared to the same period last year.

### Key Action Areas under the Task Force for ED:

#### Delayed discharges (Target 500):

October position – 570, 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%) October position – 68.8%

Average daily number of patients in ED waiting for admission for over 9 hours (Target  $\leq 70$ ) October position – 114

Number of patients over 75 years in ED waiting for admission/discharge for over 9 hours (Target 0), October position – 3,501

The % of people who are in ED for more than 24 hours (Target 0%) October position – 3.7%

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

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

October position – 108

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

October position – 23,142 at end of October

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

October position – 4 weeks, performance in line with target

#### Public Bed Commitment (Target an additional 197 beds)

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

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

- 68.8% October 2015 (65,731 out of 95,476 attendances), 70.4% October 2014 (change -1.6%)
- 68.2% October 2015 YTD (634,261 out of 930,271), 67.5% October YTD 2014 (change 0.7%)
- September 2015 reported at 68.6%, therefore an increase of 0.2% in performance since the last reporting period
- Variance from target -28.2%

While the national performance is 68.2% year to date, the following hospitals have reported performance below 60% in October St James 49.9%, Beaumont 50%, Limerick 56.7%, Naas (49.7%), Connolly (53.2%) and Galway (52.6%).

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



- 82.2% October 2015 (78,495 out of 95,476 attendances), 82.9% October 2014 (change -0.7%)
- 81.7% October YTD 2015 (759,677 out of 930,271 attendances), 81.2% October YTD 2014 (change -0.5%)
- September 2015 reported at 82.3%, therefore a decrease of 0.1% in performance since the last reporting period
- Variance from target -18.3%

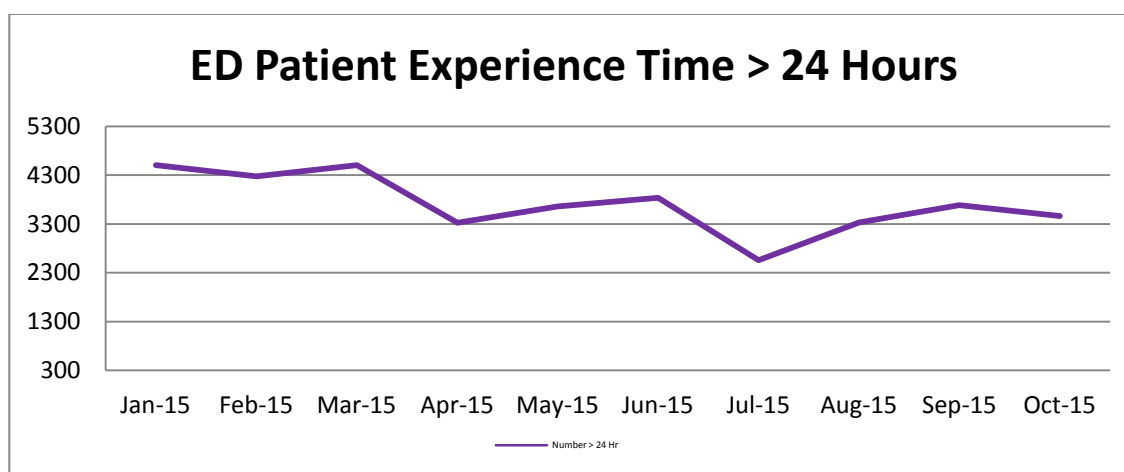
While the national performance is 81.7% year to date, the following hospitals have reported performance below 70% in October 2015: Naas 67.1%, Beaumont 65%% and Galway 68.6%.

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

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

- 3.7% October 2015 (3,499 out of 95,476 attendances), 3.2% October 2014 (change 0.5%)
- 3.9% October YTD 2015 (36,651 out of 930,271 attendances), 3.5% October YTD 2014 (change -0.5%)
- September 2015 reported at 3.9%, therefore a decrease of 0.2% in performance since the last reporting period
- Variance from target -3.9%

Beaumont at 11.8% is the only hospital in excess of 10% YTD.



There were 925 patients over 75 years waiting > 24 hours in ED in October.

These results are based on the 23 hospitals that can provide an age breakdown for PET. The highest number of over 75 years waiting > 24 hours is at Beaumont 185, Galway 151 and Limerick at 123 patients.

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

### The number of emergency inpatient admissions (Expected Activity 376,480 YTD)

- 37,780 October 2015, 37,839 October 2014 (change -59/-0.2%)
- 371,443 October YTD 2015, 374,737 October YTD 2014 (change -3,294/-0.9%)
- September 2015 reported at 37,429 therefore an increase of 351 (0.9%) since the last reporting period
- Variance from expected activity -1.3%

Overall emergency admissions data indicates a decrease in activity by approximately -0.9% (-3,294) 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 84,3347 YTD)

- 8,669 October 2015, 9,073 October 2014 (change -404/-4.5%)
- 85,569 October YTD 2015, 84,964 October YTD 2014 (change 605/0.7%)
- September 2015 reported at 9,256, therefore a decrease of -587(-0.7%) since the last reporting period
- Variance from expected activity 1.4%

The variance on expected levels is now at 1.4% at the end of October which is a significant change from the end of January when there was a -5.6% variance to expected activity.

### Colonoscopy

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

- 100% October 2015 (0 out of 1,357 patients breached), 99.4% October 2014 (0.6% change)
- September 2015 reported at 99.9% (1/1,484), therefore no change on the last reporting period
- Variance from target 0.0%

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%)

- 52.5% October 2015 (8,020/16,891 patients breached), 61.6% October 2014 (change -9.1%)
- September 2015 reported at 52.5% (8,000/16,839 patients breached), therefore no change since the last reporting period
- Variance from target -47.5%

The following hospitals reported below the national figure of 52.5%: St Lukes Kilkenny 37.9%, Wexford 42.8%, Tullamore 37.8%, Naas 29.5%, Tallaght 31%, Beaumont 16.6%, Waterford 41.3% and Galway 49%.

There were 1,449 (a 1.5% increase on the number reported in September) patients waiting greater than 12 months across 9 hospitals in October.

The table below shows hospitals with 5 or more patients waiting greater than 12 months. There are 9 hospitals with no breaches waiting greater than 13 weeks.

GI Waiting List October 2015	12+ Months
Galway University Hospitals	12
Midland Regional Hospital Tullamore	30
Naas General Hospital	168
Tallaght Hospital – Adults	206
Beaumont Hospital	1,056

### 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

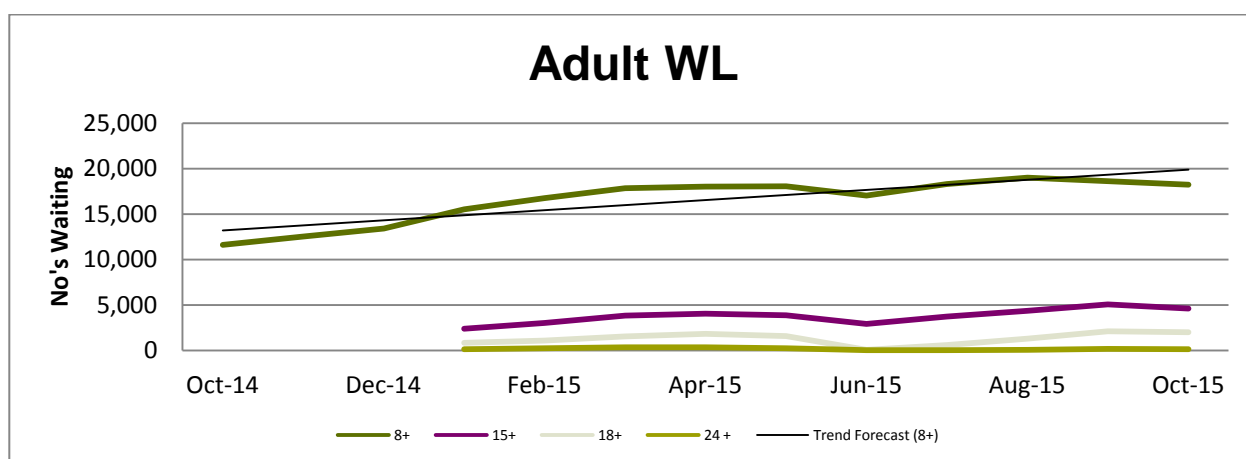
an inpatient or daycase procedure will be achieved with a small number of exceptions in specific specialties.

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

- 70.5% October 2015 (18,254/61,883 adults breached), 78.6% October 2014 (change -8.1%)
- 70% September 2015 (18,632/62,007 adults breached), therefore an increase of 0.5% since the last reporting period
- Variance from target -29.5%

The following hospitals have reported below 70.5% for October 2015: Mater 63.5%, St. James's 62.7%, Beaumont 64.3%, Our Lady of Lourdes Drogheda 54.5%, Waterford 55.4% and Galway 61.1%.

133 patients waiting greater than 24 months, Mater (12), St James (12), Tallaght (27), Beaumont (46), Cork (3) Mercy (2) and Galway (31). These 133 patients are spread across 11 specialties; Gastro Intestinal Surgery (5), General Surgery (8) Gynaecology (7), Maxillofacial (15), Neurosurgery (23), Ophthalmology (10), Orthopaedics (39), Otolaryngology (ENT) and Plastic Surgery (10), Urology and Vascular Surgery (3).



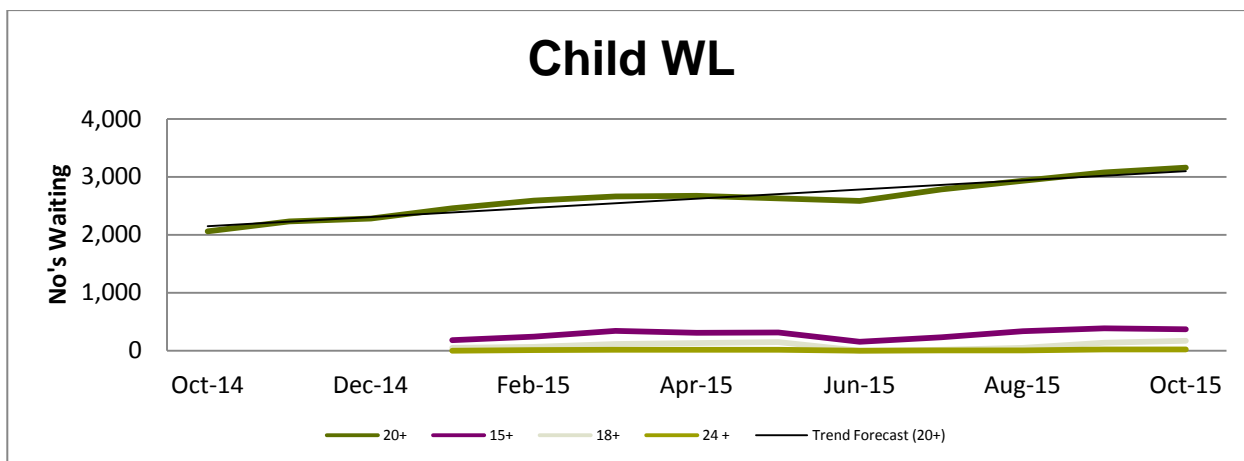
### The % of children waiting less than 20 weeks (Target 100%)

- 55.9% October 2015 (3,161/7,163 children breached), 60.5% October 2014 (change -4.6%)
- 56.5% September 2015 (3,078/7,069 children breached), therefore a slight decrease in performance of 0.6% since the last reporting period
- Variance from target -44.1%

The following hospitals have reported below the national level for October 2015; Our Lady of Lourdes, Drogheda 49.3%, Limerick 43.8% and Crumlin 48.9%.

While the following hospitals have also reported below national level for October they have improved from the reported position at the end of September: Royal Victoria Eye and Ear Hospital 52.1%, Beaumont Hospital 54.5%, Waterford 50.9% and Galway 40.2%.

There are 168 children waiting greater than 18 months which is higher than September (137).



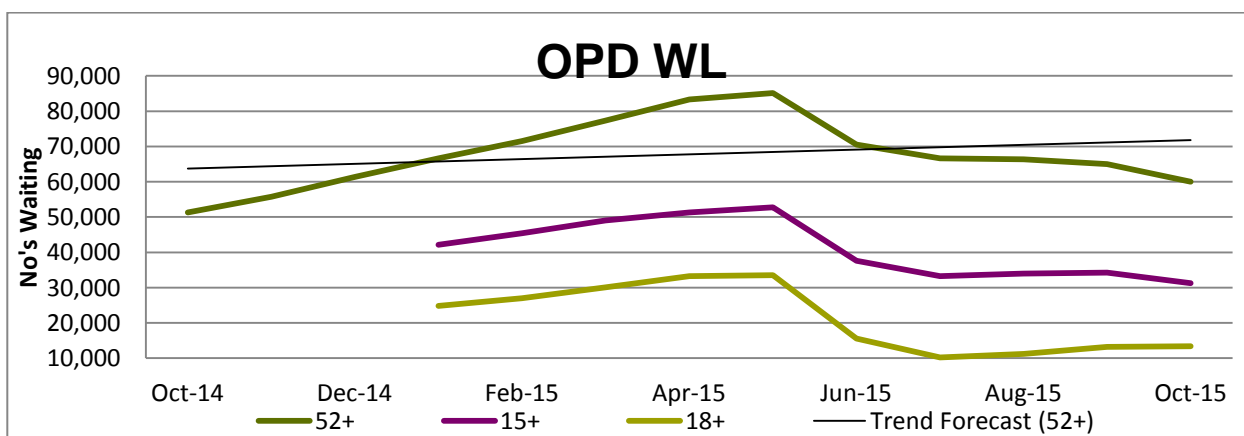
### The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- 84.9% October 2015 (59,977/396,571 patients breached), 86.4% October 2014 (change -1.5%)
- 83.8% September 2015 (64,985/401,496 patients breached), therefore a change of 1.1% since the last reporting period
- Variance from target/expected activity -15.1%

The following hospitals have reported below the national level for October 2015: Mullingar 82.3%, Royal Victoria Eye & Ear Hospital 83.2%, St. Columcilles 79.5%, Portlaoise 83%, Tullamore 79.6%, Tallaght Hospital (Adults) 79%, Beaumont 81.1%, Kerry 84.2%, Mallow 84%, South Infirmary 76.3%, Waterford 79.8%, Croom 80.7%, Nenagh 79.9%, Galway 81.2%, Letterkenny 72.4%, Mayo General Hospital 76.6% and Roscommon 83.4%.

In October 2015 the number of new referrals to the waiting list has increased by 2.8% (1,709 patients) compared to October 2014.

34 patients are waiting in excess of 48 months across 7 hospitals, 10 less than September.



### 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
69,046	25,045	15,965	10,984	6,926	10,126

### 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
396,571	147,519	86,984	102,091	58,635	1,076	232	34

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	61,883	22,121	21,508	9,462	4,194	2,605	1,860	120	12	1
Child Inpatient & Daycases	7,163	2,924	2,683	899	286	203	148	20		
Outpatient	396,571	147,519	128,768	60,307	28,688	17,936	12,011	1,076	232	34

Waiting List	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months
Adult IPDC		18,254	8,792	4,598	1,993
Child IPDC	3,161	1,556	657	371	168
OPD		120,284	59,977	31,289	13,353

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

- 1:2.6 October 2015, 1:2.6 October 2014 (no change)
- 1:2.6 October YTD 2015, 1:2.6 October YTD 2014 (no change)
- September 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. Eighteen hospitals reported in excess of the National Target of 1:2. Eight 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)

- October 2015 6.5 days, (October 2014 6.8 days, 0.3 change (4.4%))
- October YTD 2015 7.1 days, (October YTD 2014 6.8 days, change 0.3 days (4.4%))
- September 2015 reported 6.1 days, therefore a -0.5 change on the last reporting period
- Variance from target -22.4%

Significant variances against target in October for some of the major acute hospitals are Mater 9.1, St Vincent's 10.8 days, St James 10.1 days, Beaumont 9.7 days and University Hospital Waterford 7.9 days. Mater and Waterford performance has improved from September.

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

- 5.4 days October 2015, 5.2 days October 2014 (change 0.2 days 3.8%)
- 5.2 days October YTD 2015, 5.4 days October YTD 2014 (change -0.2 days -3.7%)
- 5.1 days reported September 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 October are St Vincents 9.9, Portlaoise 6.6 and St James 11.3.

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

## Surgery

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

- 67.2% October 2015, 64.9% October 2014 (2.3% change)
- 68.7% October YTD 2015, 64.9% October YTD 2014 (3.8% change)
- September 2015 reported at 64.4%, therefore an improvement of 2.8% on the last reporting period,
- Variance from target -1.9%

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 October are the Navan 77%, St Lukes Kilkenny 63.6%, Wexford 73.7%, St. James 19.7%, Cavan 60%, Connolly 69%, South Tipperary 62.2%, Mayo 69.7% and Portiuncula 64.7%.

While Mater 61.7% is below the national target, they have improved on the September position.

14 hospitals achieved above their target in October.

## Discharges

The number of Inpatient Discharges (Expected Activity 537,702 YTD)

- 55,086 October 2015, 55,416 October 2014 (change -330/-0.6%)
- 535,600 October YTD 2015, 536,884 October YTD 2014 (change -1,284/-0.2%)
- September 2015 reported at 54,832, therefore an increase of 254 (0.5%) on the last reporting period.
- Variance from expected activity -0.4%

There are wide variances across a lot of hospitals and a -0.4% decrease on expected levels.

The number of daycase discharges (Expected Activity 738,293 YTD)

- 74,725 October 2015, 75,719 October 2014 (change -994/-1.3%)
- 733,375 October YTD 2015, 724,267 October YTD 2014 (change 9,108/1.3%)
- September 2015 reported at 78,256, therefore a decrease of 3,531 (-4.5%) on the last reporting period
- Variance from expected activity -0.7%

## Delayed Discharges

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

- 570 October 2015, 782 October 2014 (change -212/-37.2%)
- September 2015 reported at 609, therefore a decrease of 39 delayed discharges (-6.4%) on the last reporting period
- Variance from target 6.7%

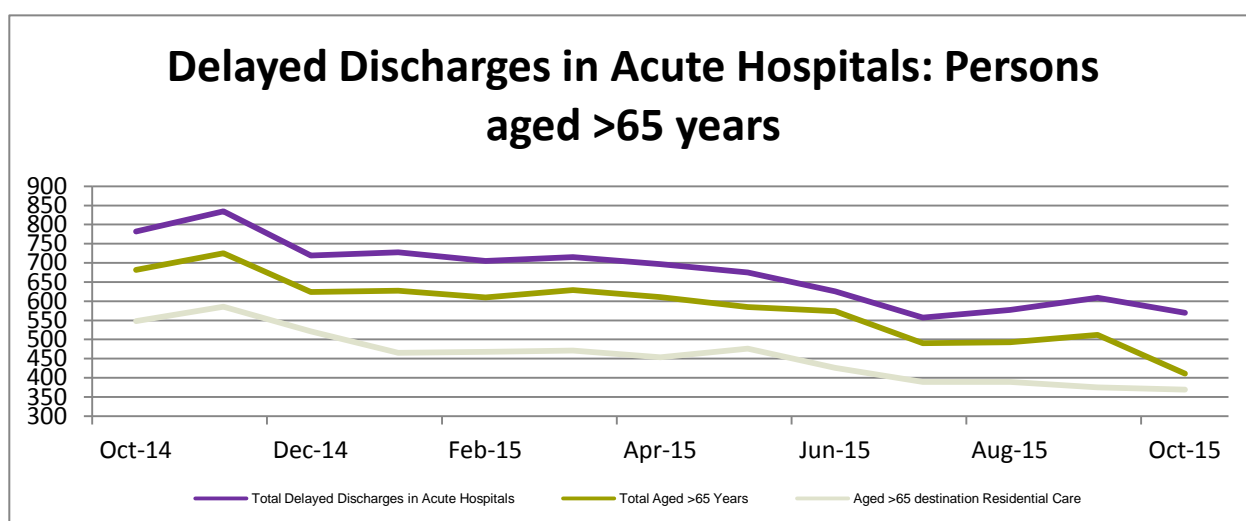
The hospitals who are more than 15% away from their target are Navan, St. Columcilles, St. Michaels, Naas, Tallaght, Cavan, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mallow, Mercy, Ennis, University Hospital Limerick, Galway, Mayo and Roscommon.

The number of people waiting over 90 days is now 167.

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

As of the end of October, there were 411 patients aged 65 and over medically discharged in acute hospitals. Of these 89.8% (369) are awaiting Long Term Residential Care, -32.7% decrease on October 2014 (source Delayed Discharges National Report, 27<sup>th</sup> October 2015).

Delayed Discharges by Destination (27/10/2015)	Over 65	Under 65	Total No.	Total %
Home	57	18	75	13.2%
Long Term Nursing Care	369	42	411	72.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	50	34	84	14.7%
<b>Total</b>	<b>476</b>	<b>94</b>	<b>570</b>	<b>100.0%</b>



## 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



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

The NAS continuously monitor the turnaround times at hospitals on a national and local basis (excludes Dublin Fire Brigade). 95% (an increase of 1% 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	615,333	542,823	511,936	30,887	6.0%
Dublin Midlands	756,503	656,146	627,045	29,101	4.6%
Ireland East	790,331	692,109	657,292	34,817	5.3%
South / South West	696,284	596,416	578,695	17,721	3.1%
Saolta University Health Care	637,659	573,714	530,214	43,500	8.2%
UL Hospitals	256,474	218,214	213,713	4,501	2.1%
National Children's Hospital	221,878	192,834	184,777	8,056	4.4%
Regional & National Services	36,937	13,895	28,565	(14,670)	-51.4%
<b>Total</b>	<b>4,011,398</b>	<b>3,486,151</b>	<b>3,332,237</b>	<b>153,914</b>	<b>4.6%</b>

### 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 €153.9m deficit for the ten-month period to 31st October 2015. It is clear that there has been exceptional, sustained pressure on capacity and costs, particularly during the first four months, relating to the high level of delayed discharges in the system, the numbers waiting in ED and the knock on effect for those waiting to receive scheduled care. This militated against early traction being achieved in relation to 2015 cost reduction initiatives.

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

Similar to the known pay cost pressures coming in to the year, there are significant non-pay cost pressures which are impacting the October year to-date position. Overall, based on year to date October 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	2889	9583	10612	8130	8125	9342	3369	52081
Direct Staff Indicative workforce number	2794	9317	9997	7616	7858	8932	3091	49631
Direct Staff WTE Indicative workforce number Variance	+95	+266	+615	+514	+267	+410	+278	+2450
Direct Staff WTE Indicative workforce number Variance %	+3.41%	+2.85%	+6.15%	+6.75%	+3.40%	+4.59%	+8.98%	+4.94%
2015 Development posts	0	0	0	0	0	0	0	30.5
2015 Development posts filled	0	0	0	0	0	0	0	8
% 2015 Development posts filled	0	0	0	0	0	0	0	26.23%
pre-2015 Development posts	0	0	0	0	0	0	0	146
pre-2015 Development posts filled	0	0	0	0	0	0	0	90.3
% pre-2015 Development posts filled	0	0	0	0	0	0	0	61.85%
Direct Staff Headcount	3447	10863	11899	9140	9273	10710	3887	59252
Absence rates - Medical /Dental	1.84%	0.68%	0.81%	0.76%	1.03%	1.05%	1.53%	0.95%
Absence rates – Nursing	4.83%	4.05%	3.71%	3.87%	4.28%	4.10%	5.55%	4.14%
Absence rates - Health & Social Care	2.87%	2.54%	2.94%	2.78%	2.89%	4.47%	3.34%	3.09%
Absence rates - Management Admin	3.74%	4.46%	3.87%	4.31%	4.54%	3.39%	3.74%	4.05%
Absence rates - General Support Staff	6.86%	5.71%	5.47%	3.97%	5.69%	4.84%	7.47%	5.27%
Absence rates - Other Patient & Client Care	7.62%	6.88%	4.80%	4.18%	3.78%	3.22%	9.54%	5.43%
Absence rates – Overall	4.19%	3.88%	3.53%	3.33%	3.81%	3.72%	5.18%	3.78%
% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	92%	97%	96%	94%	98%	99%	91%	96%
% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	69%	66%	73%	59%	88%	89%	100%	76%

# National Ambulance Service

## Quality & Safety

### Serious Reportable Events

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

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

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

### Outline of Demand Patterns

Total Activated Calls	Sept 14	Sept 15	Number Diff	% diff	YTD 14	YTD 15	Number Diff	% diff
AS1 & AS2	24,018	25,043	1,025	4%	217,144	224,577	7,433	3%
ECHO	233	329	96	29%	2,301	2,722	421	18%
DELTA	8,059	9,137	1,078	12%	70,078	75,798	5,720	8%

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

- ECHO September 2015, 77% of ambulances arriving at scene within the target timeframe, 79% in September 2014 activated calls within this time band. A decrease of 2% from previous year.
- An increase of 1% from August 2015
- Variance from expected activity 3%

The Western Region has the most significant variance from target at 73%, 7% below target. Dublin Fire Brigade (85%) exceeded its target of 80%.

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 18% (421) 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 September 2015 arriving at scene (69% in September 2014 activated calls, 7% decrease)
- An decrease of 5% from August 2015
- Variance from expected activity 18%

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

Nationally there was an 8% (5,720) 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 18% and DELTA calls increasing by 8% (5,720 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 2, 2015 40%
- Target 40%
- Variance from expected activity 0%

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 second quarter the out of hospital cardiac arrest survival rate (ROSC) has achieved 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%)

- 83% in September 2015
- No Change from August 2015
- Variance from expected activity 13%

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

## Finance

National Ambulance Service	Approved Allocation €'000	YTD Actual €'000	YTD Budget €'000	YTD Variance €'000	YTD % Var vs Plan
North Leinster	48,894	41,581	40,718	863	2.1%
South	32,395	28,089	26,959	1,130	4.2%
West	36,788	32,838	30,560	2,279	7.5%
Office of the AND	26,062	18,887	21,620	(2,733)	-12.6%
<b>Total</b>	<b>144,139</b>	<b>121,396</b>	<b>119,857</b>	<b>1,539</b>	<b>1.3%</b>

## Financial Commentary

The National Ambulance service spent €121.4m against a budget of €119.9m, an overspend of €1.539k.

# Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	1,661
	Direct Staff Indicative workforce number	1,611
	Direct Staff WTE Indicative workforce number Variance	+50
	Direct Staff WTE Indicative workforce number Variance %	3.07%
	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	1,695
	Absence rates <sup>1</sup> –Management Admin	3.55%
	Absence rates –General Support Staff	10.00%
	Absence rates - Other Patient & Client Care	6.59%
	Absence rates – Overall	6.30%

<sup>1</sup> Absence rates excludes Dublin Fire Brigade

# Health & Wellbeing



# Health and Wellbeing Update

## Quality

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### Serious Reportable Events

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

## Access

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### Uptake rates for Immunisations

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

### Immunisations and Vaccines

#### The % of first year girls who have received two doses of HPV vaccine (Target 80%) (Annual)

- In 2015 85% (26,326 out of 30,985) of first year girls received 2 doses of HPV vaccine
- In 2014 84% of girls were vaccinated, therefore a change of 1% since the last reporting period.
- Variance from target YTD 6.2%

Overall this performance is very good as we have exceeded the annual target by 5%. This data relates to the 2014/2015 school year and also includes girls who are home-schooled.

### 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% (5,092 out of 5,373) children in September had developmental screening before 10 months
- September YTD 2015 93.6% (September YTD 2014 92.0%, change 1.7%)
- August 2015 was 93.3%, (change 1.5%)
- Variance from target YTD -1.5%

All CHOs were above or within 5% of the 95% target for child developmental screening with the exception of CHO 6 reporting YTD at 89.7%, September performance for CHO 6 is 93% which is up from earlier in this year. Year to date data for CHO 6 is low due to issues arising earlier in the year in Dublin South East which have since been resolved.

### 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 117,400)

- October 2015 13,001 women had mammogram screening as part of BreastCheck screening
- October YTD 2015 121,728 women have been screened
- September 2015 13,345, therefore a change is 344 decrease since last reporting period
- Variance from target YTD 3.7%

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 232,000)

- October 19,949 women had CervicalCheck screening in a primary care setting
- October YTD 2015 217,190 women have had a smear test in a primary care setting
- September 2015 confirmed figures 21,773 women screened, change is 1,824 since last reporting period
- Variance from target YTD -6.4%

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 150,000)

- October 2015 20,314 invites were sent to clients to participate in BowelScreen
- October YTD 2015 186,743 clients were invited
- September 2015 showed 22,159 clients invited, therefore change from last reporting period is 1,845 clients.
- Variance from target YTD 12%

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 65,545)

- October 2015 6,929 clients participated in Diabetic RetinaScreen
- October YTD 2015 64,338 clients have been screened
- September 2015 showed 7,610 clients screened, therefore change is 681 from last reporting period.
- Variance from target YTD -1.8%

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 7,861)

- October 2015, 1,344 smokers received intensive cessation support
- October YTD 2015 10,370 smokers received support, 28.9% ahead of the same period last year (8,044)
- September 2015 reported 1,094, change of 250 people from last reporting period
- Variance from target YTD 31.9%

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 170 smokers receiving support, followed by CHO 9 and Hospitals in that area with 154 smokers receiving support. This month the National Quit Service supported 583 people. 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

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### The number of frontline healthcare staff trained in brief intervention smoking cessation (Target YTD 1,141)

- October 2015 197 healthcare staff were trained in brief intervention smoking cessation
- October YTD 2015, 979 frontline healthcare staff received training, -7.7% (82) below same period last year
- Variance from target YTD is -14.2%

In October all CHOs with the exception of CHO 3 carried out training of frontline staff. The highest number of frontline staff trained YTD is in CHO 9 (including hospitals in that area) with 235 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 October

#### National Screening Services

BreastCheck age extension has commenced and is on target to invite 1,000 women and screen 500 by year end.

#### Healthy Ireland

The overall governance structure for Healthy Ireland (HI) implementation in the Health Service has now been agreed. This includes a phased approach to the next stage of implementation with the first phase including 3 new Hospital Groups (RCSI, UL Hospitals and Ireland East Hospital Groups) and 1 CHO area (Area 4 Cork/Kerry). Steering Groups are established in each of these Hospital Groups with the RCSI and UL having their inaugural in October. Implementation continues in Saolta with four of the six hospitals having identified their HI Lead and their implementation teams. The group is resolving staffing and budgetary issues to order to progress the appointment of these resources in the remaining two hospitals.

A further meeting of the LCDC HSE Network was held and feedback received on the final draft of the Resource Guidance Document. CHOs were updated on the progress, next steps and any issues raised. Engagement continues with the DOE.

#### Health Promotion

#### Ireland's first National Sexual Health Strategy & Action Plan Published

In October, the Minister for Health published Ireland's first National Sexual Health Strategy and Action Plan to raise awareness of sexual health and stem the rising incidence of sexually transmitted

infections. This is the first time that a nationally co-coordinated approach has been developed to improve the sexual health and wellbeing of the population. The Strategy will run from 2015-2020 and has three goals:

- to ensure that everyone has access to appropriate sexual health education and information;
- to ensure that high quality sexual health services are available and affordable;
- to ensure that good quality data is available to guide the service.

Responsibility for the implementation of the Sexual Health Strategy is aligned to the new HSE Sexual Health & Crisis Pregnancy Programme and to this end, the HSE have appointed Dr Fiona Lyons as the National Clinical lead for Sexual Health Services to work within the Programme.

### Mental Health Week in University Hospital Galway

The entrance of main foyer in UHG was transformed into a space for people to learn about taking positive steps in their life. The opening of the project took place during mental health week – promoting concepts of mindfulness and positive energy throughout the hospital. It was launched by Mental Health services and Health Promotion and Improvement staff.

### National Breastfeeding Week (1st to 7th October) 2015

A reception for Breastfeeding mothers and babies, lactation consultants and voluntary breastfeeding organisations took place at Aras an Uachtarain during October. The reception was hosted by Mrs. Sabina Higgins to celebrate National Breastfeeding Week with mothers and children, to highlight the importance of breastfeeding for the health of children, and to acknowledge the support provided to breastfeeding mothers.

### Athlone park run

The official launch of Athlone park run took place on Saturday October 10th at Athlone IT College. The park run had its highest number of participants to mark the occasion. Almost 44,000 participants have run 1,227,670 km in park run events at 34 locations around Ireland since it started here in 2012.

## Finance

Health & Wellbeing	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
<b>Total</b>	<b>191,990</b>	<b>153,119</b>	<b>156,307</b>	<b>(3,187)</b>	<b>-2.0%</b>

### Financial Commentary

The Health & Wellbeing Division spent €153.119m in the year to date October 2015 against a budget of €156.307m showing a favourable variance of €3.187m. This arises due to the recording of the vaccines closing stock at October 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	1,291
	Direct Staff Indicative workforce number	1,279
	Direct Staff WTE Indicative workforce number Variance	12
	Direct Staff WTE Indicative workforce number Variance %	+1%
	2015 Development posts	24.4
	2015 Development posts filled	4
	% 2015 Development posts filled	16.39%
	Direct staff head count	1,445
	Absence rates – Medical Dental	2.56%
	Absence rates –Nursing	4.75%
	Absence rates Health and Social Care professionals	3.72%
	Absence rates –Management Admin	4.21%
	Absence rates –General Support Staff	4.56%
	Absence rates - Other Patient & Client Care	5.10%
	Absence rates – Overall	4.52%

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 October 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 20,919)

- 1,867 October 2015, 1,263 October 2014 ( 47.8% increase/604)
- 15,663 YTD 2015, 12,102 YTD 2014 (29.4% increase/3,561)
- 1,867 October 2015, 1,623 September 2015 (15% increase/244)
- YTD variance from expected activity -25.1% (5,256)

There are now ten CIT teams in place, with at least one team available in each CHO with the exception of CHO 1. October 2015 figures show the overall number of referrals have increased by 47.8% (604 patients) against the same period 2014. There has been an increase of 244 patients seen on the September figures. An additional 106 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 5 patients in October.

Although YTD activity has increased by 29.4% on the same period 2014, it is -25.1% below the target of 20,919 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/Hospital Wards/Units (excluding OPAT) have increased by 21.3%, GP referrals increased by 47.1%, community referrals increased by 48.5%, and OPAT referrals increased by 34.3%.

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. A CIT Oversight and Development Group has been established with representation from Acute Hospitals Division and Social Care Division. This will maximize the opportunity for CIT to play a role in preventing unnecessary hospital admission or attendance, and in facilitating early discharge of patients appropriate for CIT care. The programme manager for CIT OPAT and CIT teams are meeting with hospitals and hospital groups to ensure that there is full awareness of the service, and to facilitate referrals. A tender process for the provision of a CIT in Waterford was completed. This service will commence in December 2015.

Community Intervention Teams – Total Activity	Activity October 2015	Activity YTD 2015
Admission Avoidance	74	547
Hospital Avoidance	1,118	9,250
Early Discharge	373	3,205
Other	302	2,661
<b>Total</b>	<b>1,867</b>	<b>15,663</b>

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 hours<sup>2</sup> (Expected Activity YTD 799,108)

- 77,698 October 2015, 71,243 October 2014 (9%/6,455)
- 788,211 YTD 2015, 768,266 YTD 2014 (2.6% increase/19,945)
- 77,698 October 2015, 71,283 September 2015 (9% increase/6,415)
- YTD variance from expected activity -1.4% (10,997)

Data gap Westdoc

Nowdoc is reporting significantly above expected activity at 8.3% and 10.9% 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)

- 262 October 2015 / YTD, 312 October 2014 / YTD
- 262 October 2015 / YTD, 247 September 2015
- YTD variance from expected activity -46% (247)

CHO7 incomplete return. CHO 5 & 8 inconsistent returns.

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.

<sup>2</sup> The GP out of hours service is currently not aligned to CHOs



### No. of patient referrals for a physiotherapy service (Expected Activity YTD 156,710)

- 15,986 October 2015, 16,212 October 2014 (-1.4% decrease/226)
- 160,254 YTD 2015, 155,625 YTD 2014 (3.0% increase/4,629)
- 15,986 October 2015, 16,533 September 2015 (-3.3% decrease/547)
- YTD variance from expected activity 2.3% (3,544)

Six CHOs (1, 4, 5, 6, 7 and 9) have met or exceeded expected activity with CHO 6 reporting the highest variance at 14.1%

### No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 134,737)

- 13,177 October 2015, 14,056 October 2014 (-5.4% decrease/879)
- 132,099 YTD 2015, 132,740 YTD 2014 (-0.5% decrease/641)
- 13,177 October 2015, 14,695 September 2015 (-10.3% decrease/1518)
- YTD variance from expected activity -2% (-2,638)

Four CHOs (1, 5, 6 and 8) met or exceeded expected activity with CHO 6 the highest at 15.9%. Of the five CHOs below expected activity CHO 3 is -11.1%.

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

- 34,939 October 2015/YTD, 36,909 October 2014/YTD (-5.3% decrease/1970)
- 34,939 October 2015, 36,660 September 2015 (-4.7% decrease/1,721)
- YTD Variance from expected activity -0.2% (54)

Three CHOs, (2, 5 & 6) exceeded expected activity. Of the CHOs below expected activity, CHO 3 is -15.5% and CHO 4 is -14.1%.

### No. of face to face contacts/visits by physiotherapy service (Expected Activity 647,722)

- 64,553 October 2015, 68,452 October 2014 (-5.7% decrease/3899)
- 637,205 YTD 2015, 642,734 YTD 2014 (-0.9% decrease/5529)
- 64,553 October 2015, 67,672 September 2015 (-4.6% decrease/3,119)
- YTD variance from expected activity -1.6% (-10,517)

Five CHOs (1, 5, 6, 7 and 9) met or exceeded activity year to date. Of the four CHOs below expected activity, CHO 3 is -15.9%.

### 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 71,643)

- 7,421 October 2015, 8,197 October 2014 (-9.4% decrease/773)
- 73,992 YTD 2015, 72,947 YTD 2014 (1.4% increase/1,045)
- 7,424 October 2015, 7,621 September 2015 (-2.6% decrease/197)
- YTD variance from expected activity 3.3% (2,349)

Four CHOs (2, 3, 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 70,262)

- 7,063 October 2015, 7,679 October 2014 (-8.0% decrease/616)
- 70,413 YTD 2015, 70,888 YTD 2014 (-0.7% decrease/475)
- 7,063 October 2015, 7,225 September 2015 (-2.2% decrease/162)
- YTD variance from expected activity 0.2%(151)

Five CHOs (1, 2, 3, 7 and 8) met or exceeded expected activity, with CHO2 the highest at 21.1%. Of the four CHOs below expected activity CHO5 is -13.3% and CHO4 and CHO9 are -13.2%.

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

- 20,272 October /YTD 2015, 21,473 October 2014/YTD (-5.6% decrease/1201)
- 20,272 October 2015, 19,995 September 2015 (1.4% increase/277)
- YTD variance from expected activity 2.3% (461)

Six CHOs (1, 3, 4, 5, 8 and 9) met or exceeded expected activity with CHO3 reporting the highest at 26%. Of the three CHOs below expected activity CHO2 is -22.1%

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

- 75.8% October 2015
- 75.8% October 2015, 76.4% September 2015 (-0.8% decrease)
- 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. 75.8% of new patients seen (5,310 out of 7,004) 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

- 1,528 October 2015, 1,489 September 2015 (New KPI)

### No of existing patients seen for audiology

- 3,406 October 2015, 3,299 September 2015 (New KPI)

### No of new patients seen for audiology

- 1,302 October 2015, 1,358 September 2015 (New KPI)

### No of patient referrals for podiatry

- 912 October 2015, 908 September 2015 (New KPI)

### No of existing patients seen for podiatry

- 5,089 October 2015, 5,075 September 2015 (New KPI)

## No of new patients seen for podiatry

- 896 October 2015, 787 September 2015, 657 August 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)

- 9,498 October 2015, 9,442 October 2014, (0.6% increase/56)
- Variance from expected activity 1% (98)

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

- 478 October 2015, 479 October 2014, (14.2% increase/68)
- Variance from expected activity -2.4% (12)

9,498 patients received Opioid Substitute Treatment (excluding prisons) for the October reporting period which includes 4,069 patients being treated by 348 GPs in the community.

Opioid Substitute Treatment was dispensed by 659 pharmacies catering for 6,664 patients for the reporting period.

At the end of the October reporting period there were 77 HSE clinics providing Opioid Substitute Treatment and an additional 12 prisons clinics were provided in the prison service.

72 new patients commenced Opioid Substitute Treatment during the October reporting period (11 in General Practice, 61 in HSE clinics) with a further 12 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%)

- 98.5% October 2015 (6,197 applications/6,166 processed), 95.5% October 2014 (3.1% increase)
- 98.5% October 2015 (6,197 applications/6,166 processed), 98.1% September 2015 (6,196 applications/6,081 processed), (0.4% increase)

Medical Card turnaround times are a weekly metric published online. The values in this report correspond to the workload received by the HSE in the week ending 9<sup>th</sup> October 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%)

- 78.7% October 2015 (0-5 days) (1,263 applications completed) 5+ (342 applications completed)
- 88.3% September 2015 (0-5 days) (1,545 applications completed) 5+ (204 applications completed)

## Access

### The number of persons covered by Medical Cards (Expected Activity point in time 1,732,380)

- 1,728,755 October 2015/YTD, 1,777,762 October 2014/YTD (-2.8% decrease/49,007)
- 1,728,755 October 2015, 1,729,559 September 2015 (-0.04% decrease/804)
- YTD variance from expected activity -0.2% (3,625)

Of the total number of persons covered by a medical card, 95,887 people were covered by a discretionary medical card.

No. persons covered by Medical Cards										
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
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
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
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
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

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

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

- 409,785 October 2015/YTD, 157,444 October 2014/YTD (160.3% increase/252,341)
- 409,785 October 2015, 391,451 September 2015(4.7% increase/18,334)
- YTD variance from expected activity -0.7% (2,803)

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 1<sup>st</sup> July 2015. Of the total number covered by a GP visit card, 40,257 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
National 2013	130,301	130,169	128,589	128,812	128,180	126,031	124,925	124,361	123,424	124,337
National 2014	125,930	124,512	120,981	125,166	134,130	137,690	142,668	146,546	153,333	157,444
National 2015	160,276	160,004	161,054	162,240	164,087	244,171	311,649	365,859	391,451	409,785
Expected Activity 2015	146,546	146,546	146,546	146,546	146,546	146,546	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
National 2013	16,347	17,230	17,476	18,409	19,186	19,813	20,364	21,132	22,115	23,175
National 2014	27,204	28,301	29,080	29,841	31,565	29,681	28,423	29,208	30,780	32,686
National 2015	35,776	36,874	38,293	38,969	39,468	39,829	40,361	40,979	40,108	40,257

Summary of Movement in Medical Cards		
Medical cards as of 1 January 2015		1,768,700
Medical cards at the end of October 2015		1,728,755
<b>Net decrease</b>		<b>-39,945</b>
Entirely new medical cards issued		70,768
Entirely new medical cards upgraded from GP visit		23,869
Medical cards reinstated		65,666
Medical cards not renewed or deemed ineligible		-174,172
Medical cards where eligibility moved to GP Visit		-25,987
Reconciliation		-89
<b>Net decrease</b>		<b>-39,945</b>

Summary of Removals in Medical Cards		
<b>Breakdown in Medical Cards that were not renewed or deemed ineligible</b>		
Medical cards removed (no or insufficient response)		140,580
Full response, no longer eligible		12,247
Deceased		17,551
Removed by GP		3,783
<b>Total</b>		<b>174,161</b>

Summary of Movement in GP Visit Cards		
<b>Movement in GPVCs</b>		
GP Visit Cards as of 1 January 2015		159,576
GP Visit Cards at the end of October 2015		409,785
<b>Net increase</b>		
Entirely new GP Visit Cards issued		250,980
Medical cards where eligibility moved to GP Visit		25,987
GP Visit Cards reinstated		23,775
GP Visit Cards not renewed or deemed ineligible		-26,657
GP Visit Cards where eligibility moved to Medical Card		-23,869
Reconciliation		-7
<b>Net increase</b>		<b>250,209</b>

## 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)	82,720	72,755	68,494	4,261	6.2%
Galway, Mayo Roscommon (2)	88,883	77,556	74,016	3,540	4.8%
Clare, Limerick North Tipp, East Limerick(3)	72,130	61,231	60,043	1,187	2.0%
North & West Cork North & South Lee Kerry (4)	119,237	101,135	99,371	1,763	1.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	82,203	69,112	68,455	657	1.0%
Dublin South East Dun Laoghaire Wicklow (6)	54,103	46,122	44,991	1,131	2.5%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	144,222	120,201	120,137	63	0.1%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	102,555	88,656	85,204	3,452	4.1%
Dublin North Central Dublin North West Dublin North (9)	113,937	97,086	94,893	2,193	2.3%
Regional	40,472	34,707	33,659	1,048	3.1%
National	48,237	23,308	37,681	(14,373)	-38.1%
<b>Sub Total</b>	<b>948,700</b>	<b>791,868</b>	<b>786,945</b>	<b>4,922</b>	<b>0.6%</b>
PCRS	2,268,166	1,968,727	1,876,309	92,418	4.9%
DLS	218,080	192,869	181,683	11,186	6.2%
<b>Sub Total PCRS &amp; DLS</b>	<b>2,486,246</b>	<b>2,161,596</b>	<b>2,057,992</b>	<b>103,604</b>	<b>5.0%</b>
<b>Total Primary Care Division</b>	<b>3,434,945</b>	<b>2,953,464</b>	<b>2,844,937</b>	<b>108,527</b>	<b>3.8%</b>

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)	74,693	65,631	61,827	3,804	6.2%
Galway, Mayo Roscommon (2)	77,534	67,786	64,571	3,214	5.0%
Clare, Limerick North Tipp, East Limerick(3)	52,363	44,304	43,585	719	1.6%
North & West Cork North & South Lee Kerry (4)	94,871	80,570	79,074	1,496	1.9%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	72,825	61,351	60,690	661	1.1%
Dublin South East Dun Laoghaire	50,839	43,382	42,272	1,110	2.6%



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)	75,517	62,815	62,894	(79)	-0.1%
Laois, Offaly Longford, Westmeath Louth, Meath (8)	94,231	81,668	78,301	3,367	4.3%
Dublin North Central Dublin North West Dublin North (9)	68,746	58,834	57,228	1,606	2.8%
Regional & National	87,257	56,622	70,318	(13,696)	-19.5%
<b>Total</b>	<b>748,877</b>	<b>622,962</b>	<b>620,760</b>	<b>2,201</b>	<b>0.4%</b>

Local Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Local Schemes	<b>218,080</b>	<b>192,869</b>	<b>181,683</b>	<b>11,186</b>	6.2%

Primary Care Schemes	Approved Allocation €'000	YTD Actual €'000	YTD Plan €'000	YTD Variance €'000	% Var Act v Tar
Medical Cards	1,659,874	1,416,738	1,384,357	32,381	2.3%
Drug Payment Scheme	70,475	54,611	59,217	(4,606)	-7.8%
Long Term Illness Scheme	117,390	150,146	96,178	53,968	56.1%
High Tech	197,226	187,013	164,010	23,003	14.0%
Dental Treatment Services	75,981	56,114	62,914	(6,800)	-10.8%
Health Amendment Act	1,677	1,440	1,317	123	9.3%
Community Ophthalmic Scheme	32,182	25,828	26,033	(205)	-0.8%
Methadone Treatment	19,946	17,147	16,622	525	3.2%
Childhood Immunisation	8,449	5,964	7,039	(1,075)	-15.3%
Doctors Fees/ Allowances	8,037	2,750	2,699	51	1.9%
Hardship	13,500	11,665	11,249	416	3.7%
OPAT	7,000	5,790	5,834	(44)	-0.8%
Oncology Drugs / Medicines	11,500	9,687	9,584	103	1.1%
HEP C Drugs & Medicines	33,924	15,211	20,085	(4,874)	-24.3%
Orphan Drugs/Medicines	1,009	5,213	841	4,372	519.9%
ADHD	9,996	3,410	8,330	(4,920)	-59.1%
<b>Total</b>	<b>2,268,166</b>	<b>1,968,727</b>	<b>1,876,309</b>	<b>92,418</b>	<b>4.9%</b>

## Financial Commentary

The Primary Care Division (PCD) spent €2.953bn versus a budget of €2.844bn year to date October showing a negative variance of €108.5m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (DLS) the core PCD service deficit is €4.9m.

PCRS and Local Schemes are showing a combined deficit of €103.6m at the end of October 2015.

The main expenditure drivers within Local Schemes are hardship, drug refund and hardship medicines which represent 90% of the overall year to date deficit. The PCRS deficit includes €53.97m on the Long Term Illness scheme and €52.8m in high tech medicines schemes with small offsetting surpluses in a number of other areas including 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.

Although the spend is over budget for year to date October 2015, there will be close monitoring and attention paid to emerging cost pressures with the necessary actions being taken if the budgetary situation does not improve. Given the potential year end deficit indicated by the year to date figures all CHO areas are working on implementing plans to address the potential over spend at year end.



## Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	10,484
	Direct Staff Indicative workforce number	10,344
	Direct Staff WTE Indicative workforce number Variance	140
	Direct Staff WTE Indicative workforce number Variance %	1.35%
	2015 Development posts	61.5
	2015 Development posts filled	
	% 2015 Development posts filled	
	pre-2015 Development posts	281
	pre-2015 Development posts filled	265
	% pre-2015 Development posts filled	94.31%
	Direct Staff Headcount	12,477
	Absence rates – Medical Dental	2.56%
	Absence rates – Nursing	4.75%
	Absence rates Health and Social Care professionals	3.72%
	Absence rates – Management Admin	4.21%
	Absence rates – General Support Staff	4.56%
	Absence rates – Other Patient & Client Care	5.10%
Absence rates – Overall	4.52%	

Note: Absence rates are reflective of all of Community Healthcare

# Palliative Care

# Palliative Care

## Quality

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

- 90.7% (666 of 734) October 2015, 87.8% (624 of 755) October 2014 (6.7 % increase/42)
- 88.3% (6,581 of 7,453) YTD 2015, 87.5% (6,491 of 7,419) YTD 2014 (1.3% increase/90)
- 90.5% (666 of 734) October 2015, 88.5% (644 of 728) September 2015, (3.4% increase/22)
- YTD variance from target -7.1% (499)

Overall performance in October has improved when compared against September, against the same month in 2014 and against YTD in 2014.

Additional homecare nursing staff are due to commence in CHOs 2, 4, 6, 7 and 9 in the last Quarter.

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

- 98.7% (293 of 297) October 2015, 96% (272 of 276) October 2014 (7.7% increase/21)
- 97.9% (2,795 of 2,853) YTD 2015, 96.3% (2,418 of 2,510) YTD 2014 (15.6% increase/377)
- 98.7% (293 of 297) October 2015, 97.6% (285 of 292) September 2015, (2.8% increase/8)
- YTD variance from target -0.1% decrease (2)

In October five CHOs are performing well against target and have surpassed the national target recording 100% productivity.

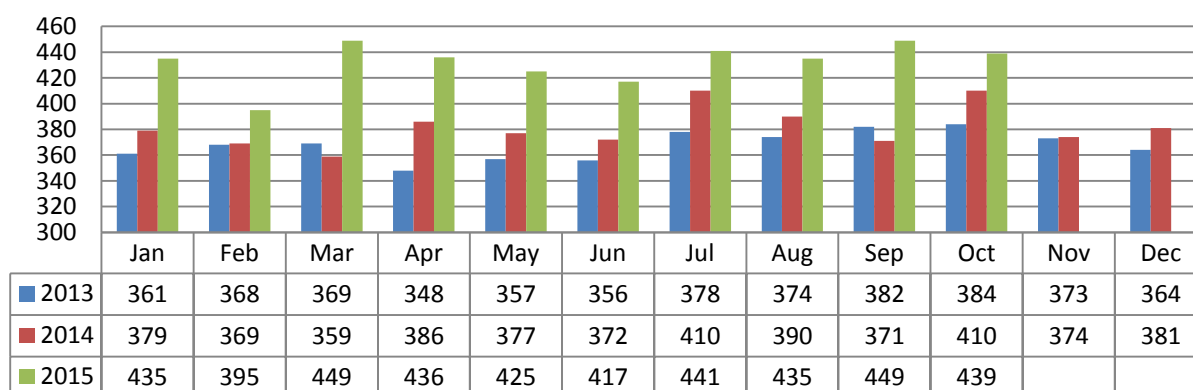
## Access

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

- 439 October 2015, 410 October 2014 (7.1% increase/29)
- 439 October 2015, 449 September 2015, (-2.2 % decrease/10)
- YTD variance from expected activity -1.3% (6)

The numbers of patients receiving specialist palliative care treatment in an inpatient unit has increased by 7.1% (29) compared to the same period in 2014. Three CHO's (1, 4 & 7) are also showing improvements in the number of patients who are accessing their services compared to the September reporting period.

Number of Patients in receipt of specialist palliative care in an inpatient unit



Referral (Location prior admission)	Diagnosis	Age category
Acute Hospital 45.9% (October), YTD 45.9%	Cancer 81.8% (October), YTD 86.1%	0-17 - 0%
Patients Home 45% (October), YTD 51%	Non Cancer 18.2% (October), YTD 13.9%	18-65 35%%
Other 9.1% (October) YTD 3.1%		65+ - 65%%

Comparisons YTD show that there are greater numbers of patients accessing the service through referral from a normal place of residence (978 YTD 2014, 1,123 YTD 2015, 14.9% increase/145).

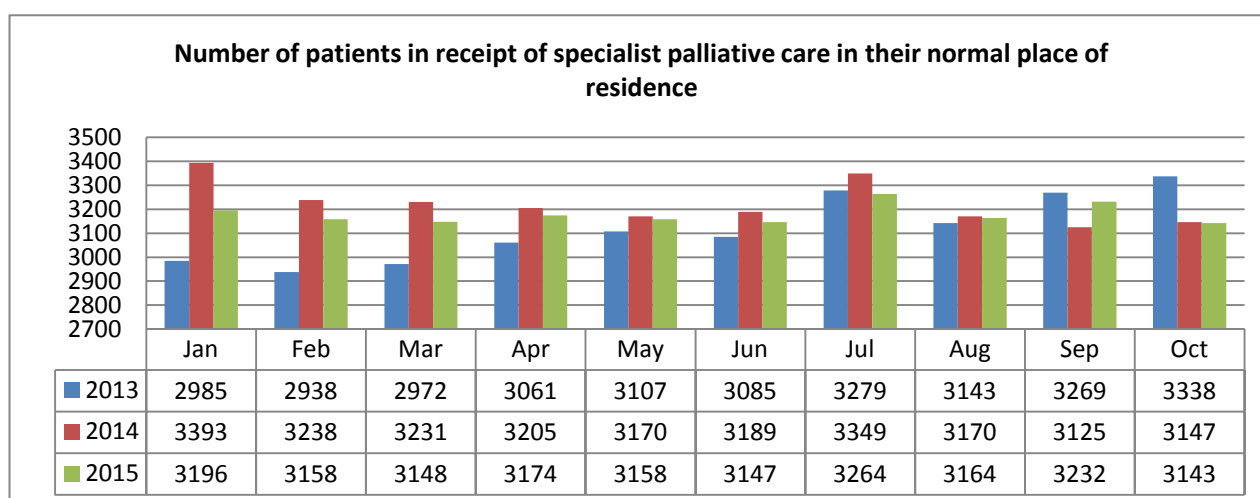
### Total number of new patients by diagnostic category (cancer/non cancer) in inpatient units

- 180 cancer, 40 non cancer October 2015. 201 cancer, 26 non cancer October 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 86.1% (1,894) to non cancer 13.9% (307).

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

- 3,143 October 2015, 3,147 October 2014 (-0.1% decrease/4)
- 3,143 October 2015, 3,232 September 2015, (-2.8% decrease/89)
- YTD variance from expected activity -3.3% (105)



Diagnosis		Age Category	
Cancer	71.1% (October) YTD 70.1%	0-17	0.6% (October), YTD 0.7%
Non Cancer	28.9% (October) YTD 29.9%	18-65	22.6% (October), YTD 20.6%
		65+	76.9% (October), YTD 78.7%

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

- 523 cancer, 211 non cancer October 2015. 535 cancer, 220 non cancer October 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. October 2015 YTD the ratio was 70% cancer (5,218) to 30% non cancer (2,226). In the same period YTD 2014 the split was 73% cancer (5,401) to 27% non cancer (2,018).

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

- 363 October 2015, 332 October 2014 (9.3% increase/31)
- 363 October 2015, 383 September 2015, (-5.2% decrease/20)
- YTD variance from expected activity is a 13.4% increase (43)

Data gap CHO4.

## 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	5,173	4,814	358	7.4%
Galway, Mayo Roscommon (2)	5,231	4,732	4,349	383	8.8%
Clare, Limerick North Tipp, East Limerick(3)	11,639	9,715	9,694	21	0.2%
North & West Cork North & South Lee Kerry (4)	8,169	6,867	6,807	60	0.9%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	1,281	1,048	1,067	(19)	-1.8%
Dublin South East Dun Laoghaire Wicklow (6)	672	491	559	(68)	-12.2%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	23,019	18,866	19,181	(316)	-1.6%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	4,535	3,951	3,789	162	4.3%
Dublin North Central Dublin North West Dublin North (9)	10,490	8,808	8,753	55	0.6%
Regional & National	1,000	823	614	210	34.2%
<b>Total</b>	<b>71,819</b>	<b>60,473</b>	<b>59,628</b>	<b>845</b>	<b>1.4%</b>

# Mental Health Services

## Mental Health Update

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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.

The following are some of the key outputs from the National Clinical Programmes in October:

The National Clinical Programme for Mental Health has appointed a Clinical Lead for the Eating Disorders Service Spanning Child, Adolescent and Adult Mental Health Services and a Clinical Lead for Assessment and Management of Patients Presenting to the Emergency Department Following Self Harm has also joined.

## Quality & Safety

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### Serious Reportable Events

- The total number of SREs reported up to October 2015 was 30 – 2 new SREs were reported by the Division during October 2015.
- At the end of October 2015, 29% 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%)

- 71.4% October 2015 (25 out of 35 admissions), 76.4% October 2014 (13 out of 17 admissions)
- 72.3% YTD 2015 (219 out of 303 admissions), 68% YTD 2014 (155 out of 228 admissions)
- 71.4% October 2015 (25 out of 35 admissions), 83.3% September 2015 (25 out of 30 admissions),
- YTD variance from target -23.9 %

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by October 2015, 72.3% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

In October, there were 35 child and adolescent acute inpatient admissions. Of these, 25 were to age appropriate CAMHs Inpatient Units and 10 were to Adult Mental Health Inpatient Units/Approved Centres. Of these 10 admissions, 8 (80%) were aged 16 years or older. The percentage of admissions of children to age appropriate units in October was 71.4% 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 303 children and adolescents admitted, 219 (72.3%) were to age appropriate CAMHs Inpatient Units and 84 (27.7%) were to approved Adult Mental Health Inpatient Units. Of these 84 admissions, 94% (79) of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of the 84 admitted to Adult Approved

Centres, 77 or 91.7% were 16/17 years old with 42.9% (36) of these discharged either the same day or within 3 days and 66.7% (56) 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.

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

- 93.4% October 2015 (2,672 out of 2,861), 95.8% October 2014 (2,967 out of 3,097)
- 92.5% YTD 2015 (28,886 out of 31,228), 93.6% YTD 2014 (29,155 out of 31,149)
- 93.4% October 2015 (2,672 out of 2,861), 93.3% September 2015 (3,167 out of 3,395),
- 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 (86.5%), CHO 7 (87.5%) and CHO 9 (80.7%).

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.

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

- 95.8% October 2015 (700 out of 731), 99.9% October 2014 (775 out of 776)
- 98.1% YTD 2015 (7,765 out of 7,916), 98.9% YTD 2014 (7,792 out of 7,879)
- 95.8% October 2015 (700 out of 731), 98.7% September 2015 (752 out of 762)
- YTD variance from target (0.9% decrease)

In October, 98.1% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks. A significant outlier for this metric is CHO 4 (85.2%). 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.

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

- 75.9% October 2015 (973 out of 1,283), 73.2% October 2014 (917 out of 1,207)
- 75.7% YTD 2015 (8,374 out of 11,062), 76.4% YTD 2014 (8,421 out of 11,023)
- 75.9% October 2015 (973 out of 1,283), 70% September 2015 (815 out of 1,165)
- YTD variance from target (2.9% decrease)

75.9% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 2.6% below targeted performance in the month. However, year to date is 2.9% behind target at 75.7%. This slight reduction in performance is attributable to the significant focus in the month on the Waiting List Initiative. The best performing CHO is 2 (95.4%) with the most significant outlier for this metric being CHO 1 (57.9%).



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

- 74.6% October 2015 (2,134 out of 2,861), 75.6% October 2014 (2,342 out of 3,097)
- 73.5% YTD 2015 (22,952 out of 31,228), 73.6% YTD 2014 (22,925 out of 31,149)
- 74.6% October 2015 (2,134 out of 2,861), 74.1% September 2015 (2,515 out of 3,395)
- YTD variance from target (2 % decrease)

73.5% 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 (90.2%) 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 22% in October.

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

- 95.8% October 2015 (700 out of 731), 96.4% October 2014 (748 out of 776)
- 95.5% YTD 2015 (7,560 out of 7,916), 95.9% YTD 2014 (7,556 out of 7,879)
- 95.8% October 2015 (700 out of 731), 96.1% September 2015 (732 out of 762),
- YTD variance from target activity (0.6% increase)

In October, 95.8% 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 (65.8%) and the 3% national DNA rate in October. 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%)

- 69.1% October 2015 (886 out of 1,283), 60% October 2014 (836 out of 1,207)
- 67.8% YTD 2015 (7,500 out of 11,062), 66.9% YTD 2014 (7,374 out of 11,023)
- 69.1% October 2015 (886 out of 1,283), 63.2% September 2015 (736 out of 1,165)
- YTD variance from target (5.8% decrease)

In October 2015, 69.1% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 67.8% with YTD performance slipping behind the target of 72%.

The best performing CHO's are 2 (88.1%) and 3 (86.2%) with the significant outliers for this metric being CHO 1 (54.5%), CHO 6 (53.1%) and CHO 9 (55.7%). This under performance relates to the types of resourcing issues mentioned above.

The national 'did not attend' (DNA) rate was 12% in October.

In October, 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 October, there were 1,251 children and adolescents waiting for a first appointment for longer than three months, of which 222 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services. This represents an increase of 8 or 3.7% compared to last month and a 237 reduction or 52% compared to April. Services demonstrating an increase in the over 12 month waiting list have been asked to review the position and provide an update in the performance review meetings at CHO level.

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 488 and the over 12 month waiting number has reduced by 237 and is now at 222.

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

- 2,252 October 2015, 2,634 October 2014 (14.5% decrease/382)
- 2,252 October 2015, 2,309 September 2015 (2.4% decrease/57)
- Variance YTD from target activity (14.4% decrease/380)

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

- 1,001 (44%) October 2015, 1,075 (41%) October 2014 (6.8% decrease/74)
- 1,001 (44%) October 2015, 990 (43%) September 2015 (1.1% increase/11)

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

- 1,251 (56%) October 2015, 1,559 (59%) October 2014 (19.7% decrease/308)
- 1,251 (56%) October 2015, 1,319 (57%) September 2015 (5.1% decrease/68)

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

- 222 (10%) October 2015, 345 (13%) October 2014 (35.6% decrease/123)
- 222 (10%) October 2015, 214 (9%) September 2015 (3.7% increase/8)
- Variance YTD from target activity (>100 % increase/222)

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 222 (or 10% of the waiting list) individuals waiting more than 12 months for a first appointment. 69.8% (44) 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 61% (135) of those (222) 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. Given the unexpected slight rise in the numbers waiting over 12 months this month, each CHO showing an increase in the numbers waiting has been asked to provide a report and action plan to address the trend.

## Outline of expected activity for October 2015

	Outturn 2014	Expected Activity	Target	Oct 2015	% var YTD v Tgt / EA YTD	SPLY No	% var YTD 2014 v YTD 2015
Total no. to be seen	2,869		2,632	2,252	-14.4%	2,634	-14.5%
Total no. to be seen (0-3 months)	1,158	1,153		1,001	-13.2%	1,075	-6.9%
Wait List (i.e. those waiting >3 months)	1,711	1,479		1,251	-15.4%	1,559	-19.8%
No. on waiting list for first appointment at end of each month by wait time							
No on CAMHS waiting list (3-6 months)	536	534		464	-13.1%	524	-11.5%
No on CAMHS waiting list (6-9 months)	447	331		374	13.0%	465	-19.6%
No on CAMHS waiting list (9-12 months)	323	614		191	-68.9%	225	-15.1%
No on CAMHS waiting list (> 12 months)	405		0	222	>100%	345	-35.7%

# 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)	64,925	55,219	54,000	1,219	2.3%
Galway, Mayo Roscommon (2)	90,203	75,695	75,023	672	0.9%
Clare, Limerick North Tipp, East Limerick(3)	57,657	48,611	47,989	623	1.3%
North & West Cork North & South Lee Kerry (4)	100,719	85,780	84,240	1,540	1.8%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	88,437	74,193	73,571	621	0.8%
Dublin South East Dun Laoghaire Wicklow (6)	51,995	43,343	43,245	98	0.2%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	71,129	59,375	59,248	128	0.2%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	77,937	67,490	64,515	2,975	4.6%
Dublin North Central Dublin North West Dublin North (9)	102,250	85,656	85,158	498	0.6%
Regional & National	54,181	32,880	40,658	(7,778)	-19.1%
<b>Total</b>	<b>759,433</b>	<b>628,242</b>	<b>627,645</b>	<b>596</b>	<b>0.1%</b>

## Financial Commentary

Mental Health Services spent €628.2m year to date October 2015 against a budget of €627.6m, representing an overspend of €0.6m or 0.1%

Pay excluding superannuation is €5.1m under plan against a budget of €510.6m equating to a favourable variance of 1%. The favourable variance in Total Pay excluding superannuation is caused by significant overruns in Agency and Overtime Pay which is being balanced by a reduction in Direct Pay due to an inability to hire, particularly medical posts. Non-Pay spend is €4.44m over plan. Income is €1.3m under plan which is due to reductions in Long Stay Income and Other Income.

Given the spend is slightly over budget for year to date October 2015, there will be close monitoring and attention paid to emerging cost pressures as the year progresses with the necessary actions being taken if the budgetary situation does not improve. The Division forecast that it will be within budget at year end subject to the management of any increased expenditure that will arise due to the introduction of the new medical pay scales.

# Workforce Overview

Human Resource Management		
Staff levels	Direct Staff WTE	9,347
	Direct Staff Indicative workforce number	9,262
	Direct Staff WTE Indicative workforce number Variance <sup>3</sup>	85
	Direct Staff WTE Indicative workforce number Variance %	1%
	2015 Development posts	7
	2015 Development posts filled	0
	% 2015 Development posts filled	0%
	pre-2015 Development posts	1,144.1
	pre-2015 Development posts filled	927.5
	% pre-2015 Development posts filled	81.07%
	Direct Staff Headcount	10,241
	Absence rates – Medical Dental	2.56%
	Absence rates – Nursing	4.75%
	Absence rates Health and Social Care professionals	3.72%
	Absence rates – Management Admin	4.21%
	Absence rates – General Support Staff	4.56%
	Absence rates – Other Patient & Client Care	5.10%
Absence rates – Overall	4.52%	
EWTD	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	90%
	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs	91%

**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:

- 400.5 or 96% 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, 107 have been recruited of which 101 have started by 31<sup>st</sup> October 15 and a further 70.5 are at various stages in the recruitment process

<sup>3</sup> 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 October 2015 was 35 - 3 new SREs were reported in October 2015
- At the end of October 2015, 20% of investigations were reported as compliant with 4 month timeline for investigation completion.

## Social Care: Disability Services

### Quality & Safety

#### New Directions

In line the policy “New Directions” which identifies the direction for adult day places in Disability Services, interim standards have now been developed and ratified by the HSE. A process to implement and monitor the Interim Standards has also been drafted. This process embodies the approach of continuous quality improvement and advocates a phased work plan that will be inextricably linked to implementation planning. The support of the provider sector is now sought to implement this approach on the basis that some service improvements can be brought about within existing resources.

Preliminary reports from the benchmarking process indicate that 50 provider agencies have confirmed that they have reconfigured some of their day service provision in line with New Directions. A process is now being developed to identify the key elements of New Directions that have been the subject of this service reconfiguration so that a shared learning event can be arranged to support the wider provider sector.

In the last month, a number of subgroups have been established to progress specific recommendations in New Directions. These relate to the development of a Person Centred Planning Framework, the development of an Independent Guidance Service and the utilisation of the good practice elements of Rehabilitative Training to support the implementation of New Directions.

#### Progressing Disability Services for Children and Young People (0-18's)

Recent progress with the reconfiguration of Children's Disability Services includes the completion of “The Guidance on Specialist Supports Report” which was recently approved by the DOH and disseminated to the system. The draft National Access Policy for Children's Disability Services is being considered by HSE Primary Care currently and expected to be signed off shortly. A Prioritisation Policy is in development which will include a prioritisation assisting tool for all services.

Interim Standards for Children's Disability Network Teams (CDNT's) have been developed and are now in use within teams who have already reconfigured their services into CDNTs. Core Training Requirements of newly forming CDNTs are being identified as a guide to team development and to inform funding decisions

The 2015 development posts (120) were allocated to the CHOs in July with emphasis on SLT, OT, Psychology and Physiotherapy in that order, based on identified need in Assessment of Need reports

## Access

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

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

- 2,788 October 2015 / YTD 2015, 2,870 October 2014 / YTD 2014 (2.8% decrease/82)
- 2,788 October 2015, 2,806 September 2015 (0.6% decrease/18)
- YTD variance from expected activity -2.9% (82)

Overall performance is below target. The following CHOs are performing below target CHO 2 (-1.6%), CHO 3 (-6.5%), CHO 4 (-5.3%), CHO 5 (-6.1%), CHO 6 (-7.4%), and CHO 7 (-5.2%). The CHOs performing at or above target are CHO 1 (0%), CHO 8 (5.9%), and CHO 9 (0.5%).

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 October 2015 2,583 places are provided to 2,788 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 slight reduction in the number of participants between September and October 2015 reflects a greater number of participants requiring full time places, and does not reflect the number of training places available.

### The number of Personal Assistance (PA) hours delivered to adults with a physical and/or sensory disability (Expected Activity YTD 989,114 reported quarterly one month in arrears)

- 354,952 September 2015, 341,261 September 2014 (increase of 4% / 13,691)
- 1,082,394 YTD 2015, 989,115 YTD 2014 (increase of 9.4% / 93,279)
- 354,952 September 2015, 367,791 June 2015 (decrease 3.5% / 12,839)
- YTD variance from expected activity 9.4% (93,280)

Note: Data Gap in CHO 9 due to non return of data for one LHO.

All CHOs are performing above target with exception of CHO 6 (-20.4%) and a data gap in CHO 9.

There is an increase of 9.4% in the number of PA hours delivered to adults with a physical and/or sensory disability YTD 2015 when compared to the same period last year, even with a non return of data from 1 LHO. PA hours are a vital component of ensuring that adults with a physical and/or sensory disability are enabled to participate in community living to achieve their full potential including living as independently as possible,

A review of KPI definitions in relation to PA and Home Support (HS) took place in 2014 which has led to some client reclassification within PA and HS services. Given that there may be some potential for discrepancy in the categorisation of support hours to persons with disabilities as either PA or HS hours, when the combined total of hours is analysed, it is 5.1% above target in Q3 2015.



### The number of Home Support Hours delivered to people with a disability (Expected Activity YTD 1,944,522 reported quarterly one month in arrears)

- 650,022 September 2015, 651,154 September 2014 (decrease of 0.2%/ 1,132)
- 2,002,865 YTD 2015, 1,943,011 (as per prelim data) YTD 2014 (increase of 3%/59,854)
- 650,022 September 2015, 701,304 June 2015 (decrease 7.3%/51,282)
- YTD variance from expected activity 3% (58,343)

Note: Data Gap in CHO 9 due to non return of data for one LHO

CHO 1, (-4.3%), CHO 2 (-15.4%), CHO 3 (-25.5%), CHO 6 (-4.6%) and CHO 8 (24.7%) are below target. CHO 4 (16.5%), CHO 5 (32.4%) and CHO 7 (7.2%) are above target. Data Gap in CHO 9.

Home support hours are vital to ensure that people with a disability are enabled to live in their home environment and community settings. There is a 3.1% increase in the number of HS hours delivered to people with a disability YTD versus the same period in 2014 even with a non return of data from one LHO.

### The number of respite overnights accessed by people with a disability (Expected Activity YTD 142,502 reported quarterly one month in arrears)

- 46,320 September 2015, 46,969 September 2014 (decrease of 1.4%/649)
- 137,690 YTD 2015, 138,062 YTD 2014 (decrease of 0.3%/372)
- 46,320 September 2015, 46,492 June 2015 (decrease 0.4%/172)
- YTD variance from expected activity -3.4% (4,812)

Note: Data Gap in CHO 9 due to non return of data for one LHO

CHO 1 (-5.9%), CHO 6 (-18.4%), CHO 7 (-10.9%) and CHO 8 (-20.3%) are below target. CHO 2 (13.3%), CHO 3 (0.6%), CHO 4 (2.3%), CHO 5 (7.7%) are above target. Data gaps in CHO 9.

Respite provided by the HSE and its funded agencies can occur in a variety of settings for any length of time, depending on the needs of the family and available resources. It is not always centre-based and can be provided in a number of ways, such as; Out-of-Home; In-Home; Home-to-Home; Home Support; Family Support etc. As a vital part of the continuum of services for families, respite helps prevent out-of-home placements, preserves the family unit, and supports family stability.

The provision of Residential Respite overnights for persons with a Disability are 3.4% below target however data from 1 LHO is not included and 0.3% below last year's activity (372 nights). As anticipated there is a reduction in overnight respite as the model of service provision transitions towards home based support services and extended day care rather than overnight residential services. The number of day only respite sessions accessed by people with a disability is 28,691 YTD. The highest number of day only respite sessions was provided in Q3 (11,712) when compared to Q1 (7,878) and Q2 (9,101).

There were 51 people with a disability in receipt of more than 30 days continuous respite similar to 51 in Q1 and 49 in Q2.

## 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)	106,287	92,568	88,234	4,334	4.9%
Galway, Mayo Roscommon (2)	139,414	122,762	115,757	7,004	6.1%
Clare, Limerick North Tipp, East Limerick(3)	127,140	110,122	105,689	4,433	4.2%
North & West Cork North & South Lee Kerry (4)	185,838	159,906	154,781	5,125	3.3%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	130,569	114,211	108,530	5,680	5.2%
Dublin South East Dun Laoghaire Wicklow (6)	205,014	177,869	170,970	6,899	4.0%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	142,821	125,261	118,673	6,588	5.6%
Laois, Offaly Longford, Westmeath Louth , Meath (8)	165,933	144,838	137,879	6,959	5.0%
Dublin North Central Dublin North West Dublin North (9)	240,685	208,667	199,624	9,043	4.5%
Regional & National	16,796	3,242	14,480	(11,239)	-77.6%
<b>Total</b>	<b>1,460,497</b>	<b>1,259,445</b>	<b>1,214,618</b>	<b>44,827</b>	<b>3.7%</b>

### Financial Commentary

This group of services has recorded a YTD October net deficit of €44.8m. 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%)

- 75.4% of active cases were reviewed in October (141 out of 187)
- YTD variance from expected activity -3.4% (65)
- 86.9% YTD of active cases were reviewed within 6 month timeframe

30 new referrals for Elder Abuse were received in October while YTD the figure rests at 1,489. The number of active cases reviewed in October has fallen below the target of 90% with 75.4% of these reviewed within this timeline during the month of October. YTD performance for reviews within the 6 month timeframe is just slightly below target at 86.9%. All cases are risk assessed and those requiring greatest attention are prioritised. Commencement of the new Principal Social Workers on the Safeguarding and Protection Teams in late September/October, and associated reorganisation of work/processes/arrangements/accommodation in some areas and intensive training requirements has created delays in the submission of data, although the majority of apparent outstanding reviews have been completed.

The types of abuse referred in October were as follows:

Abuse type	Percentage of new referrals
Physical	6.7%
Psychological	23.3%
Financial	6.7%
Neglect	20%
Other	43.3%

## Access

### Home Care Services

Responding to the increased pressure on acute hospital Emergency Departments to date in 2015, 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 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)

- 14,996 October 2015, 13,093 October 2014 (increase 14.5%/1,903)
- 14,996 October 2015, 14,822 September 2015, (increase 1.2%/174)
- YTD variance from expected activity is 13.6% (1,796)

All CHO's are meeting or exceeding their expected level of activity with the exception of CHO 4 (-4.5%) A Home Care Package (HCP) is an individualised package of community based services and supports which may comprise of services and supports such as Public Health Nursing, Day Care, Occupational Therapy, Physiotherapy, Home Help Services and Respite Care. A HCP may be allocated where the mainstream or core services available are not sufficient to support the older person.

The number of clients in receipt of a HCP is the best indicator of performance as actual client activity levels is dependent on the value of the resources required at the time for the individual cases presenting

in an area. A large number of low value HCPs being approved will result in numbers exceeding expected levels of activity while a small number of clients requiring high value HCPs can result in activity being under the expected levels.

The increased demand for HCP to assist with hospital discharges has continued in October with HCP levels now 13.6% (1,796) over target, representing an additional 1,903 in place at the end of October when compared to the same period in 2014.

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

- 165 October 2015 / comparison with October 2014 not available as data collection did not commence until October 2014
- 165 October 2015, 130 September 2015, (increase 26.9%/35)
- YTD variance from expected activity is -13.2% (25)

Intensive Home Care Packages are being provided by all CHOS as follows: CHO 1 (1) CHO 2 (40), CHO 3 (9), CHO 4 (21), and CHO 5 (2) CHO 6 (11), CHO 7 (14), CHO 8 (10) and CHO 9 (57).

The expected activity for numbers in receipt of Intensive Home Care Package (IHCP) is 190 persons at any time when fully implemented. 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. Numbers in receipt by CHO are reflective of the volume of discharges to the CHOs from the acute hospitals that have been targeted for the IHCP initiative in 2015.

### The number of home help hours provided for all care groups (excluding provision of hours from HCPs) (Expected Activity YTD, 8,622,697, Annual 10.3m)

- 878,717 October 2015, 859,533 October 2014 (increase 2.2%/19,184)
- 8,699,434 YTD 2015, 8,589,243 YTD 2014 (increase 1.3%/110,191)
- 878,717 October 2015, 872,478 September 2015, (increase 0.7%/6,239)
- YTD variance from expected activity 0.9% (76,737)

4 of the 9 CHOs have not met their target in October. These include CHO 4 (-5.8%), CHO 5 (- 3%), CHO 6 (-4.7%) and CHO 7 (- 2.9%).

The number of home help hours provided to people is running 0.9% above target which represents 76,737 hours and this level of performance also demonstrates a 1.3% YTD increase on the 2014 YTD position. The capacity of the system to deliver the expected level of activity is challenged given the increased cost per hour relating to requirements to provide services in the evenings and at weekends.

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

- 47,701 October 2015 / YTD 2015, 46,946 October / YTD 2014 (increase of 1.6%/755)
- 47,701 October 2015, 47,589 September 2015, (increase of 0.2%/112)
- YTD variance from expected activity -4.6% (2,299)

CHO 8 is achieving the set target. All other CHOs are below target. CHO 4(-10.8%) and CHO 6 (- 11.4%) 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. There were an additional 755 people in receipt of home help hours in October 2015 compared to the same period last year.

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

- 23,142 October 2015 / YTD 2015, 21,926 October 2014 / YTD (5.5% increase)
- 23,142 YTD / Expected Activity 22,361 3.5%

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

In October 2015 the Nursing Homes Support Scheme funded 23,142 long term public and private residential places, and when adjusted for clients not in payment, there were 24,239 supported under the scheme. This is a net increase of 36 month on month, in the number of people supported under the scheme with 628 new clients entering the scheme and 592 existing clients leaving the scheme during the month.

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

On notification of the increase in funding, an additional 764 places were released for approval on the 2nd April 2015. As at the end of October 2015, when adjusted for leavers and withdrawals etc., 94% 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 108 (down from 1,411 at the start of the year) and the wait time had decreased to 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, on the assumption that the level of new applicants and leavers will be as planned and on the basis that full-year funding will be made available for the additional places in the 2016 budget.

A total of 8,103 people were approved for funding under the scheme in the current year to date, compared to 4,636 people approved for the same period last year. This is a 75% increase on approvals year on year.

In the first ten months of 2015, 8,436 applications were received (*0.9% increase year on year*) and 7,248 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 2,448 or 51% 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.

#### 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

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
June	818	576	22,670	590	494	96	167	161	6
July	816	544	22,778	527	397	130	136	138	-2
Aug	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
<b>YTD 2015</b>	<b>8,436</b>	<b>108</b>	<b>23,142</b>	<b>5,670</b>	<b>4,604</b>	<b>1,066</b>	<b>1,578</b>	<b>1,538</b>	<b>40</b>
Oct. 15	733	108	23,142	501	440	61	127	123	4
Oct. 14	807	2,135	21,926	357	359	-2	119	103	16

Note: In addition to the above there were a further 324 leavers (29 in October) from Contract Beds/Subvention/Section 39 savers beds.

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

- 5,258 October 2015 / YTD 2015, 5,290 October 2014 / YTD 2014 (decrease of 0.6%/32)
- YTD variance from expected activity -0.5% (29)

Activity levels in October are running slightly under target at-(0.5%). Underperforming CHOs are CHO 1 (-2.1%), CHO 4 (-0.9%), CHO 5 (-0.9%), CHO 6 (-1.3%), CHO 8 (-0.9%) and CHO 9 (-0.8%). The other CHOs are achieving their target or slightly above target.

### Delayed Discharge Initiative 2015

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

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

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

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

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

#### €8m additional funding to support Short Stay Residential

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

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

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



### €2m additional funding to support Community Intervention Teams

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

### The Emergency Department Taskforce Initiative 2015

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

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

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

Summary of progress is outlined as follows:

#### Progress to date with implementation of €74m initiative

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

To date an additional 782 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 108.

##### 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 October the resource has provided for 3,108 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 approved 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. 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, ongoing discussions have taken place with Chief Officers to ensure processes are in place at community level to be aligned with the hospitals to predict and support the discharge process and capacity issues as well as having measures in place to avoid hospital admissions where possible.

## Delayed Discharges

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

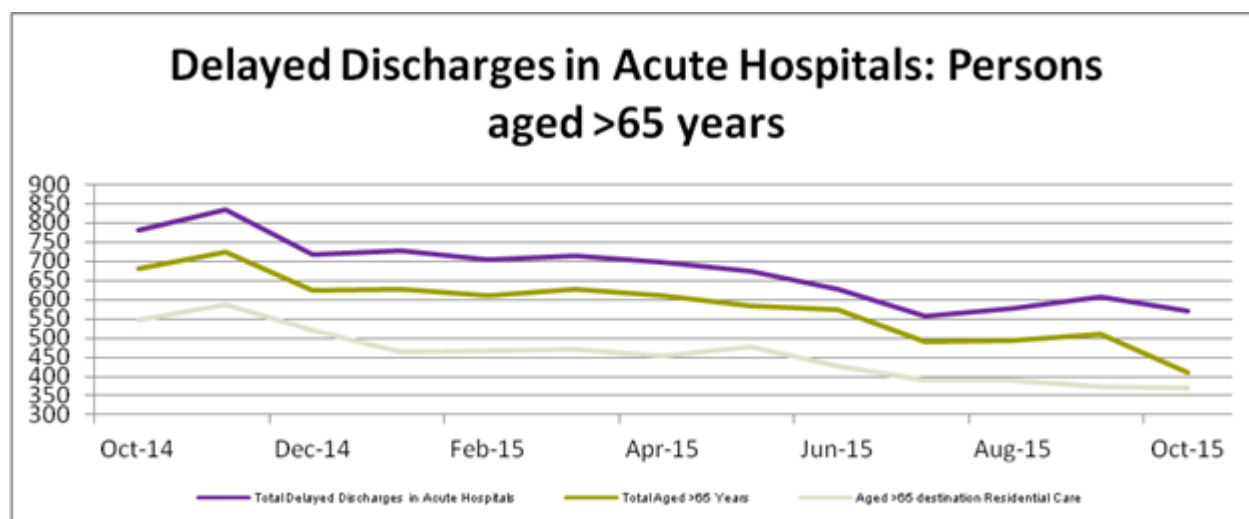
- 570 October 2015, 782 October 2014 (change -212/-37.2%)
- September 2015 reported at 609, therefore a decrease of 39 delayed discharges (-6.4%) on the last reporting period
- Variance from target 6.7%.

The number of people waiting over 90 days is now 167.

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

As of the end of October, there were 476 patients aged 65 and over medically discharged in acute hospitals. Of these 89.8% (369) are awaiting Long Term Residential Care, -32.7% decrease on October 2014 (source Delayed Discharges National Report, 27<sup>th</sup> October 2015).

Delayed Discharges by Destination (27/10/2015)	Over 65	Under 65	Total No.	Total %
Home - of this number 35 were identified as requiring home help or a HCP – 29 of whom were aged 65 years and over.	57	18	75	13.2%
Long Term Nursing Care	369	42	411	72.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	50	34	84	14.7%
<b>Total</b>	<b>476</b>	<b>94</b>	<b>570</b>	<b>100.0%</b>





## 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	65,354	60,864	4,490	7.4%
Galway, Mayo Roscommon (2)	59,966	56,084	50,142	5,943	11.9%
Clare, Limerick North Tipp, East Limerick(3)	57,669	50,731	48,301	2,430	5.0%
North & West Cork North & South Lee Kerry (4)	118,447	104,394	99,377	5,017	5.0%
Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	60,255	52,963	50,459	2,504	5.0%
Dublin South East Dun Laoghaire Wicklow (6)	52,776	45,771	44,354	1,418	3.2%
Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	86,177	73,160	73,230	(70)	-0.1%
Laois, Offaly Longford, Westmeath Louth, Meath (8)	52,790	50,912	44,486	6,426	14.4%
Dublin North Central Dublin North West Dublin North (9)	88,324	74,339	74,377	(39)	-0.1%
Regional & National	51,390	28,005	37,542	(9,537)	-25.4%
<b>Subtotal</b>	<b>701,348</b>	<b>601,714</b>	<b>583,131</b>	<b>18,583</b>	<b>3.2%</b>
NHSS	831,118	705,417	692,846	12,571	1.8%
<b>Overall Total</b>	<b>1,532,466</b>	<b>1,307,131</b>	<b>1,275,977</b>	<b>31,154</b>	<b>2.4%</b>

### Financial Commentary

Older People Services are reporting a year to date October net deficit of €18.6m. NHSS is showing an overspend of €12.6m.

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	25,485
	Direct Staff Indicative workforce number	24,816
	Direct Staff WTE Indicative workforce number Variance	669
	Direct Staff WTE Indicative workforce number Variance %	3%
	2015 Development posts	212
	2015 Development posts filled	26
	% 2015 Development posts filled	12.26%
	pre-2015 Development posts	175
	pre-2015 Development posts filled	85
	% pre-2015 Development posts filled	48.57%
	Direct Staff Headcount	30,080
	Absence rates – Medical Dental	2.56%
	Absence rates – Nursing	4.75%
	Absence rates Health and Social Care professionals	3.72%
	Absence rates – Management Admin	4.21%
	Absence rates – General Support Staff	4.56%
	Absence rates – Other Patient & Client Care	5.10%
	Absence rates – Overall	4.52%

**Note:** Absence rates are reflective of all of Community Healthcare