



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

September 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

Healthcare Acquired Infection

- The national rate of MRSA bloodstream infection continues to fall, though the rate of decrease has slowed over the past two years. However, it should be noted that the national rate of MSSA bloodstream infections has increased. Hospitals should be closely monitoring all cases of Staph aureus bloodstream infection, and have programmes in place to prevent healthcare-associated (particularly device-associated) cases.
- The national rate of hospital-acquired C. difficile infection (CDI) continues to fall. Maintenance of effective infection control and antimicrobial stewardship programmes in hospitals is required to ensure this improvement is maintained.
- Consumption of alcohol hand rub is a process marker for hand hygiene practice. The level of consumption continues to be well above the national target.
- Data from hospitals with rates that appear to “outliers”, particularly when compared to hospitals of a similar size and case mix, should be examined more closely. In particular, the monthly KPIs for hospital-acquired Staph aureus bloodstream infection and C. difficile infection should be examined, as these give a clearer and more “real-time” indication of potential HCAI/AMR-related issues.

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 September:

- The National Clinical Programmes for Anaesthesia and Surgery have continued to support the delivery of The Productive Operating Theatre (TPOT) programme with 2 further training dates facilitated by the programmes in September. Over 50 people attended the sessions from 8 different hospitals across the country.
- The Clinical Lead for Paediatric Diabetes has been appointed and will lead out on the paediatric insulin pump programme.
- The National Clinical Programme for Trauma & Orthopaedics commenced a Virtual Fracture Clinic pilot in Midlands Regional Hospital Tullamore. This pilot aims to demonstrate an improved pathway for fracture care and reduce avoidable visits to fracture clinics.

Quality & Safety

Serious Reportable Events

- The total number of events reported up to September 2015 was 179 which include 19 new SREs reported during September 2015. Of these, 13 events occurred between Jan - August 2015 and were reported as SREs in September and 6 events both occurred and were reported in September 2015
- 34 of the 49 hospitals have reported Serious Reportable Events. That means 15 hospitals have no SREs reported to date.
- At the end of September 2015, 23% of investigations were reported as compliant with 4 month timeline for investigation completion.

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

- 10% September 2015, 9.6% September 2014 (0.4% change)
- 10.8% September YTD 2015, 10.7% September YTD 2014 (0.1% change)
- August 2015 reported at 9.8%, therefore a change of 0.2% since the last reporting period
- Variance from target -12.5%

The following hospitals have reported a result above 11% in September – 15.8% St Columcilles, 11.5% Tullamore, 11.4% Mercy, 12.2% Letterkenny and 14.4% Sligo.

16 Hospitals have achieved the target in September. Although Portlaoise 11.4% and Bantry 13.1% did not achieve the target they have seen an improvement on the August position.

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

- 2.1% September 2015, 2.1% September 2014 (no change)
- 2% September YTD 2015, 2.1% September YTD 2014 (0.1% change)
- August 2015 reported at 2%, therefore a 0.1% change since the last reporting period
- Variance from target is 33.3%

Royal Victoria Eye and Ear, St Lukes Kilkenny, Our Lady of Lourdes, Drogheda, Cork University Hospital and Letterkenny all reported within target in September.

Although Our Lady of Lourdes, Drogheda and Portiuncula did not achieve the target they have seen an improvement on the position reported in August.

Cancer Services

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

- 98.6% September 2015 (1418 of 1,433 attendances), 99.8% September 2014 (change -1.2%)
- 96.2% September YTD 2015 (12,058 of 12,538 attendances), 94.8% September YTD 2014 (change 1.4%)
- Last reported period August 2015 reported at 96.7%, therefore a 1.9% change in performance
- Variance from target 1.3%

All centres have achieved the target of 95% in September, with the exception of Waterford (92.9%) who have YTD performance level of 95.5%. All three Breast Consultants are now in place in Waterford, this should help to provide stability to the breast service in the South East.

Letterkenny had a significant improvement on % of non urgent people with symptomatic breast cancer seen within 12 weeks from 17.1% in August to 73.7% in September.

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

- 84.5% September 2015 (207 of 245 attendances), 88.5% September 2014 (change -4%)
- 85.5% September YTD 2015 (2,042 of 2,387 attendances), 86.8% September YTD 2014 (change -1.3%)
- Last reported period August 2015 reported at 85.5%, therefore a reduction in performance of 1% since the last reporting period
- Variance from target -10%

Overall there has been a 2.6% increase in the number of patients seen year to date compared to the same period last year. More than half of the centres achieved the access target (95%): Cork (95.5%) showed an improvement from 62.5% in August as have Galway (92.9% from 68.6%). Limerick performance has reduced from 66.7% to 42.9% in September, however additional patient numbers have

been seen in the September clinics to help address the backlog from the summer period. Waterford's performance is at 90.5% for September, their YTD performance is 98%.

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

- 58.3% September 2015 (147 of 252 attendances), 47.8% September 2014 (change 10.5%)
- 59.8% September YTD 2015 (1,182 of 1,975 attendances), 47% September YTD 2014 (change 12.8%)
- Last reporting period August 2015 reported at 43.1%, therefore an increase in performance of 15.2% since the last reporting period
- Variance from target -33.5%

National achievement of access targets remains a challenge across the centres. There has been a 5.7% 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 30% increase in patient numbers being seen in Limerick in 2015 compared to 2014, the CEO and clinical team are exploring options to increase clinic capacity to manage increased demand.

Galway has shown improvement from 72.3% in August to 78.6% in September.

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

- 87.4% September 2015 (404 of 462 attendances), 85.3% September 2014 (change 2.1%)
- 84.2% September YTD 2015 (3,161 of 3,755 attendances), 89.5% September YTD 2014 (change -5.3%)
- Last reporting period August 2015 reported at 83.7%, therefore an increase in performance of 3.7% since the last reporting period
- Variance from target -6.5%

Overall there has been a 22.6% increase in the numbers of patients who have completed radical treatment YTD compared to 2014.

In St Luke's Radiation Oncology Network (SLRON) 84.2% up from 78.5% 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%)

- 84.4% September 2015, 83.3% September 2014 (change 1.1%)
- 84.2% September YTD 2015, 81.7% September YTD 2014 (change 2.5%)
- August 2015 reported at 86.8%, therefore a decrease in performance of 2.4% since the last reporting period.
- Variance from target -11.4%

Hospitals reporting lower than national target for September 2015 are Mater 80%, Beaumont 66.7%, Our Lady of Lourdes, Drogheda 83.3%, Cork 60%, Kerry 50% and Letterkenny 75%.

Although Tullamore, Tallaght, Waterford, Galway and Mayo did not achieve the target they have seen an improvement on the position reported in August.

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

- 38.4% September 2015 (New KPI)
- 39.1% September YTD 2015 (New KPI)
- August 2015 reported at 33.8%, therefore an increase in performance in September of 4.6% since last reporting period
- Variance from target -34.8%

In September 2015 the following hospitals did not have a Laparoscopic Cholecystectomy carried out as a day case: St Michaels, St. Vincents, Beaumont, Our Lady of Lourdes, Drogheda, Galway, Mayo and Sligo.

In September 10 hospitals reached above target.

Healthcare Acquired Infection

Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q in arrears) (Target <2.5)

- Q2 2015 is 2.4, (Q2 2014 is 2, change 0.4)
- Q1 2015 is 2.2 therefore an increase of 0.2 since last reported period.
- Variance from target 4%

This dataset is reported quarterly in arrears and the following hospitals have reported above the target: Mater 2.9, St Columcilles 2.7, St Vincents 3.3, Portlaoise 2.8, Naas 4.7, Tallaght 4.2, Beaumont 4.1, Cork 2.8, Mercy 3.8, South Tipperary General Hospital and St Johns 3.

Acute Coronary Syndrome

% STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) (Target 85%)

- Q3 2015 89%, (Q3 2014 85%, Change 4%)
- September YTD 2015 89%, (September YTD 2014 85, Change 4%)
- Q2 2015 reported 85.3% therefore an increase in performance of 3.7% on last reporting period
- Variance from target 4.7%

Data currently only available at national level, no individual hospital level data is available at this time.

National Early Warning Score

% of hospitals with full implementation of NEWS in all clinical areas (Q) (Target 100%)

- Q3 2015 100%, (Q3 2014 98%, Change 2%)
- Q2 2015 reported 100% therefore no change in performance all hospitals have achieved full implementation
- Variance from target 0%

In September 2015 all hospitals achieved the target of 100% which is full implementation of National Early Warning Score in all clinical areas.

% of maternity units/hospitals with full implementation of iMEWS (Q) (Target 100%)

- Q3 2015 100% (New KPI)
- September YTD 100% (New KPI)
- Variance from target 0%

All 19 maternity units / hospitals reported 100% full implementation of Irish Maternity Early Warning Score this is a new KPI for 2015.

The total number of Births (Expected Activity 44,409 YTD)

- 5,834 September 2015, 6,002 September 2014 (change -168/-2.8%)
- 49,347 September YTD 2015, 51,148 September YTD 2014 (change -1,801/-3.5%)
- August 2015 reported at 5,486, therefore an increase of 348 (6.3%) on the last reporting period (Month on month births per day August 177 and September 194 an increase of 9.6%).
- Variance from expected activity -1.1%

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. The University Maternity Hospital, Limerick has shown the largest increase YTD in births at 5.7% (142) while Portlaoise has reported a decrease of 9.2% (-150) YTD.

Caesarean Sections Rates (No expected activity figure)

- 28.1% September 2015 (1,758 out of 5,834), 29% September 2014 (1,742 out of 6,002) (change 16/0.9%)
- 30.3% September YTD 2015 (14,934 out of 49,347), 28.8% September YTD 2014 (14,745 out of 51,148) (change 189 /1.3%)
- August 2015 reported at 29.9% (1,641 out of 5,496), therefore an increase of 117 (6.7%) on the last reporting period.

The YTD 2015 caesarean section rates showed a reduction in performance of 30.3% when compared to 28.8% for the same period last year. In September, University Maternity Limerick (37.9%), Mayo (36.5%) and Portiuncula (37.6%) have a caesarean section rate above 35%. This data is inclusive of elective caesarean sections.

Access

Overview of key activity

| Activity Area | Result YTD Sept 2015 | Result YTD Sept 2014 | Compared to SPLY | Against expected activity YTD | Result Sept 2015 | Result Sept 2014 | Monthly Compared to SPLY | Monthly Against expected activity |
|-----------------------|----------------------|----------------------|-------------------|-------------------------------|------------------|------------------|--------------------------|-----------------------------------|
| Inpatients discharges | 478,790 | 481,468 | -0.6% (-2,678) | -0.7% (-3,484) | 54,853 | 53,810 | 1.9% (1,043) | 1.8% (960) |
| Day case discharges | 658,635 | 648,548 | 1.6% (10,087) | -0.4% (-2,314) | 78,241 | 75,337 | 3.9% (2,904) | 1.2% (906) |
| New ED attendances | 824,744 | 828,779 | -0.5% (-4,035) | -1% (-8,716) | 94,223 | 93,821 | 0.4% (402) | -0.1% (-120) |
| Emergency Admissions | 332,049 | 336,898 | -1.4% (-4,849) | -1.9% (-6,495) | 37,400 | 37,305 | 0.3% (95) | 0.0% (-8) |
| Elective admissions | 76,637 | 75,891 | 1% (746) | 1.7% (1,305) | 9,111 | 8,976 | 1.5% (135) | 2.3% (204) |

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 September is 110,672 which is an increase of 3,431 (3.2%) since August. Overall emergency presentations YTD are reported as 966,706 which is an increase of 6,593 (0.7%) when compared to the same period last year.

Key Action Areas under the Task Force for ED:

Delayed discharges (Target 500):

September position – 609, 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%) September position – 68.6%

Average daily number of patients in ED waiting for admission for over 9 hours (Target ≤ 70) September position – 110

Number of patients over 75 years in ED waiting for admission/discharge for over 9 hours (Target 0), September position – 3,430

The % of people who are in ED for more than 24 hours (Target 0%) September position – 3.9%

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):

September position – 197

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

September position – 23,106 at end of September

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

September position – 2-4 weeks, performance in line with target

Public Bed Commitment (Target an additional 197 beds)

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

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

- 68.6% September 2015 (64,975 out of 94,694 attendances), 69.8% September 2014 (change -1.2%)
- 68.1% September 2015 YTD (568,540 out of 834,810), 66.3% September YTD 2014 (change 1.8%)
- August 2015 reported at 69.1%, therefore a decrease of -0.5% in performance since the last reporting period
- Variance from target -28.3%

While the national performance is 68.1% year to date, the following hospitals have reported performance below 60%; St James 53.1%, Beaumont 48.4% and Limerick 53%.

Naas (52.1%), Connolly (57.4%) and Galway (54.3%) are below 60% but have shown improvement from the position at the end of August.

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

- 82.3% September 2015 (77,905 out of 94,694 attendances), 82.8% September 2014 (change -0.5%)
- 81.6% September YTD 2015 (681,195 out of 834,810 attendances), 81% September YTD 2014 (change -0.6%)
- August 2015 reported at 82.4%, therefore a decrease of 0.1% in performance since the last reporting period
- Variance from target -18.4%

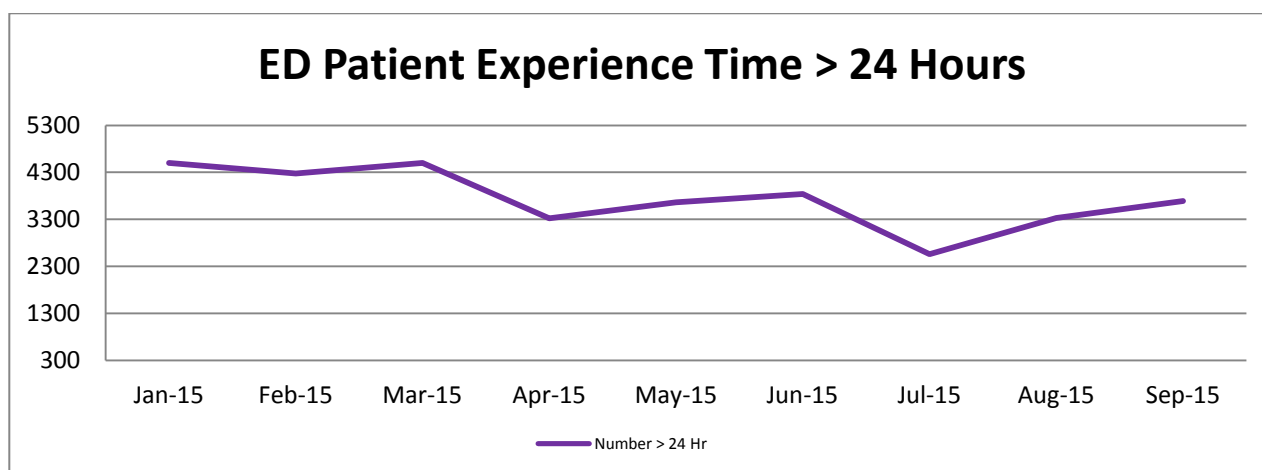
While the national performance is 81.6% year to date, the following hospitals have reported performance below 70% in September 2015: Beaumont 64.4% and Limerick 68.3%.

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

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

- 3.9% September 2015 (3,688 out of 94,694 attendances), 3.5% September 2014 (change -0.4%)
- 4% September YTD 2015 (33,144 out of 834,810 attendances), 3.6% September YTD 2014 (change -0.5%)
- August 2015 reported at 3.6%, therefore a reduction of 0.3% in performance since the last reporting period
- Variance from target -4%

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



There were 869 patients over 75 years waiting > 24 hours in ED in September.

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 147, Galway 135 and Limerick at 142 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 338,544 YTD)

- 37,400 September 2015, 37,305 September 2014 (change 95/0.3%)
- 332,049 September YTD 2015, 336,898 September YTD 2014 (change -4,849/-1.4%)
- August 2015 reported at 35,960 therefore an increase of 1,440 (4%) since the last reporting period
- Variance from expected activity -1.9%

Overall emergency admissions data indicates a decrease in activity by approximately -1.4% (-4,849) 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 75,332 YTD)

- 9,111 September 2015, 8,976 September 2014 (change 135/1.5%)
- 76,637 September YTD 2015, 75,891 September YTD 2014 (change 746/1%)
- August 2015 reported at 7,881, therefore an increase of 1,230(15.6%) since the last reporting period
- Variance from expected activity 1.7%

The variance on expected levels is now at 1.7% at the end of September which is a significant change from the end of January when there was a -5.6% variance to expected activity.

Colonoscopy

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

- 99.9% September 2015 (1 out of 1,484 patients breached), 88% September 2014 (11.9% change)
- August 2015 reported at 99.9% (1/1,457), therefore no change on the last reporting period
- Variance from target -0.1%

One hospital (Mater) reported a breach at the end of September but subsequently had a procedure by the first week of October.

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% September 2015 (8,000/16,839 patients breached), 62.5% September 2014 (change -10%)
- August 2015 reported at 51.2% (7,959/16,311 patients breached), therefore an increase of 1.3% in performance since the last reporting period
- Variance from target -47.5%

The following hospitals reported below the national figure of 52.5%: St Lukes Kilkenny 36.6%, Wexford 46.6%, Tullamore 41.5%, Naas 29.2%, Tallaght 33.1%, Beaumont 19.3%, Waterford 39.2%, Galway 49.9% and Portiuncula 46.9%.

There were 1,427 (an 8.9% increase on the number reported in August) patients waiting greater than 12 months across 10 hospitals in September.

The table below shows hospitals with 5 or more patients waiting greater than 12 months. There are 10 hospitals with no breaches waiting greater than 13 weeks.

| GI Waiting List September 2015 | 12+ Months |
|-------------------------------------|------------|
| Galway University Hospitals | 7 |
| Midland Regional Hospital Tullamore | 30 |
| Tallaght Hospital – Adults | 207 |
| Naas General Hospital | 292 |
| Beaumont Hospital | 885 |

Waiting lists

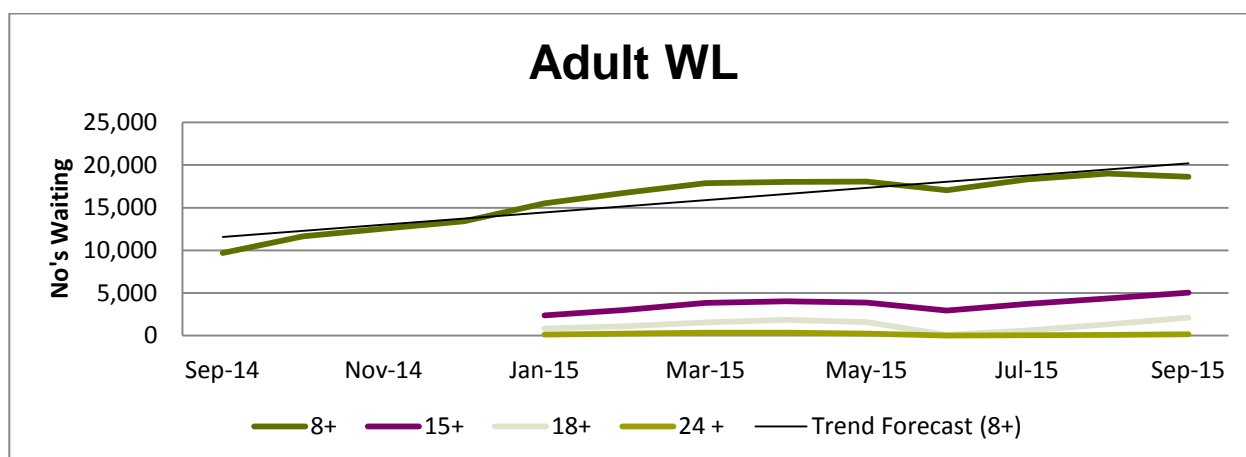
The National Service Plan 2015 prioritises a reduction in wait times for scheduled care with a focus on those waiting the longest. It is expected that the objective of no patient waiting greater than 18 months for an inpatient or daycase procedure will be achieved with a small number of exceptions in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

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

- 70% September 2015 (18,632/62,007 adults breached), 81.3% September 2014 (change -11.3%)
- 69.2% August 2015 (19,006/61,636 adults breached), therefore an increase of 0.8% since the last reporting period
- Variance from target -30%

The following hospitals have reported below 70% for September 2015: Cappagh 69%, Mater 64.3%, Midland Regional Hospital Tullamore 69.8%, St. James's 60.1%, Beaumont 62.7%, Our Lady of Lourdes Drogheda 53.7%, Waterford 56.2%, Galway 60.5% and Letterkenny 66.1%.

174 patients waiting greater than 24 months, Mater (15), St James (6), Tallaght (19), Beaumont (90), Cork (2) Mercy (10) and Galway (32). These 174 patients are spread across 12 specialties; Orthopaedic (44), Otolaryngology (ENT) (35), Neurosurgery (21), General Surgery (19), Vascular Surgery (13), Ophthalmology (9), Gynaecology, Maxillofacial, Pain Relief (7), Plastic Surgery (5), Urology (4) and Gastro-Intestinal Surgery (3).



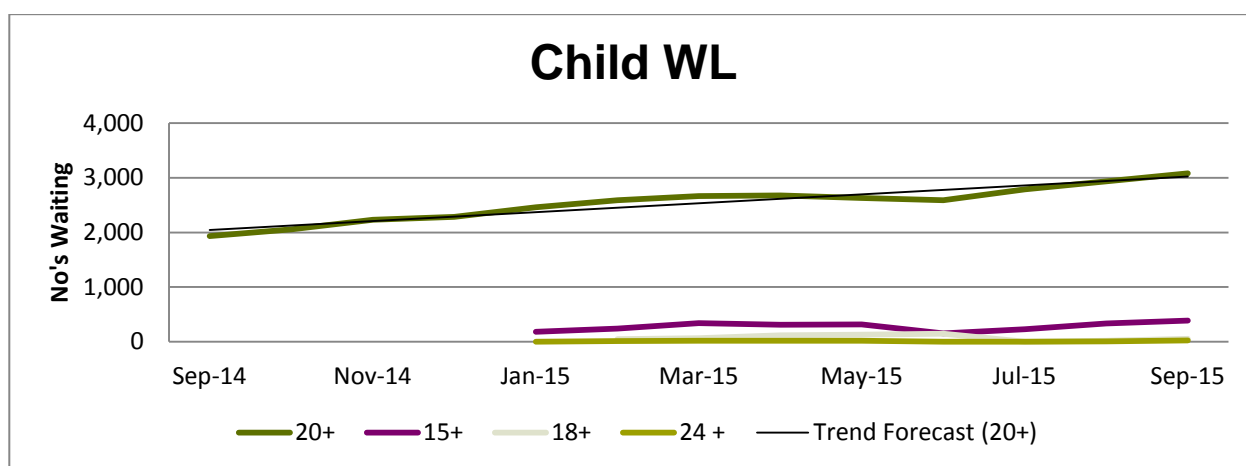
The % of children waiting less than 20 weeks (Target 100%)

- 56.5% September 2015 (3,078/7,069 children breached), 62.3% September 2014 (change -5.8%)
- 57.7% August 2015 (2,933/6,927 children breached), therefore a slight decrease in performance of -1.2% since the last reporting period
- Variance from target -43.5%

The following hospitals have reported below the national level for September 2015; Royal Victoria Eye and Ear Hospital 51.4%, Beaumont Hospital 47%, Limerick 46.4%, Galway 40.1%, Letterkenny 56.4% and Crumlin 49.2%.

While the following hospitals have also reported below national level for September they have improved from the reported position at the end of August: Our Lady of Lourdes, Drogheda 52.9% and Waterford 49%.

There are 137 children waiting greater than 18 months which is higher than August (51) but lower than May (147).



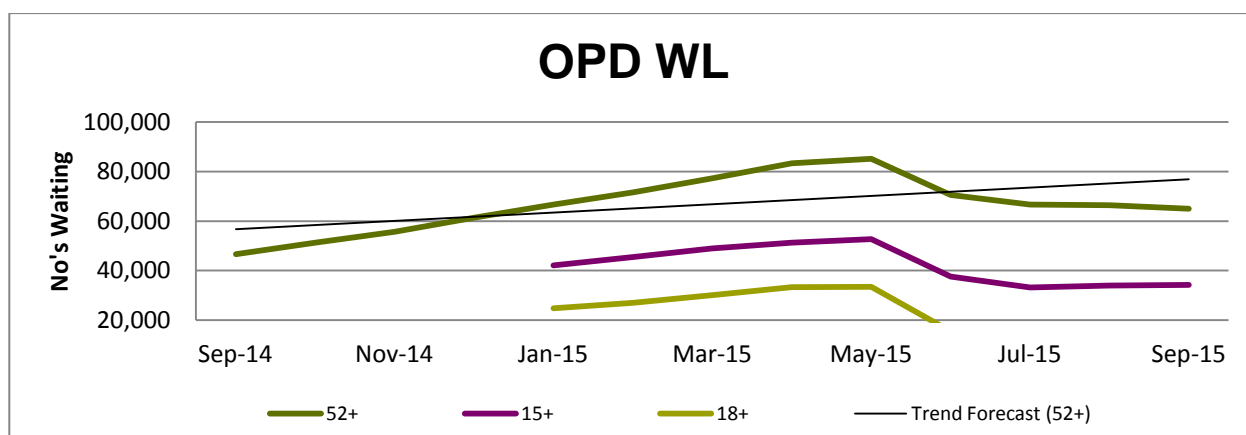
The % of people with outpatient referrals waiting less than 52 weeks (Target 100%)

- 83.8% September 2015 (64,985/401,496 patients breached), 87.5% September 2014 (change -3.6%)
- 83.6% August 2015 (66,378/404,320 patients breached), therefore a change of 0.2% since the last reporting period
- Variance from target/expected activity -16.2%

The following hospitals have reported below the national level for September 2015: Royal Victoria Eye & Ear Hospital 83.1%, St. Columcilles 80.3%, Portlaoise 83%, Tullamore 79.8%, Tallaght Hospital (Adults) 75%, Beaumont 82%, Cork 80.5%, South Infirmary 76.7%, Waterford 78%, Croom 81.7%, Nenagh 80.6%, Galway 79.8%, Letterkenny 72.6%, Mayo General Hospital 77%, Roscommon 81.6%, Sligo 80.1% and National Childrens Hospital at Tallaght Hospital 80.9%.

In September 2015 the number of new referrals to the waiting list has increased by 2.1% (1,281 patients) compared to September 2014.

44 patients are waiting in excess of 48 months across 7 hospitals, no change from August.



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 |
|--------|------------|------------|------------|-------------|----------------|
| 69,076 | 24,589 | 15,801 | 10,634 | 7,299 | 10,753 |

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 |
|---------|------------|------------|-------------|--------------|--------------|--------------|----------------|
| 401,496 | 147,081 | 86,409 | 103,021 | 63,633 | 1,056 | 252 | 44 |

| 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 | 62,007 | 21,814 | 21,561 | 9,241 | 4,334 | 2,950 | 1,933 | 158 | 15 | 1 |
| Child Inpatient & Daycases | 7,069 | 2,775 | 2,726 | 816 | 367 | 248 | 115 | 22 | | |
| Outpatient | 401,496 | 147,081 | 129,998 | 59,432 | 30,722 | 21,087 | 11,824 | 1,056 | 252 | 44 |

| Waiting List | Over 20 Weeks | Over 8 Months | Over 12 Months | Over 15 Months | Over 18 Months |
|--------------|---------------|---------------|----------------|----------------|----------------|
| Adult IPDC | | 18,632 | 9,391 | 5,057 | 2,107 |
| Child IPDC | 3,078 | 1,568 | 752 | 385 | 137 |
| OPD | | 124,417 | 64,985 | 34,263 | 13,176 |

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

- 1:2.6 September 2015, 1:2.6 September 2014 (no change)
- 1:2.6 September YTD 2015, 1:2.6 September YTD 2014 (no change)
- August 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.

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

Average length of stay

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

- September 2015 6.1 days, (September 2014 7 days, -0.9 change (-12.9%))
- September YTD 2015 7.1 days, (September YTD 2014 6.8 days, change 0.3 days (4.4%))
- August 2015 reported 6.6 days, therefore a -0.5 change on the last reporting period
- Variance from target -22.4%

Significant variances against target in September for some of the major acute hospitals are Mater 10.2, St Vincent's 9.7 days, St James 10 days, Beaumont 10.6 days and University Hospital Waterford 8.6 days. St James performance has improved from August.

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

- 5.1 days September 2015, 5.2 days September 2014 (change -0.1 days -1.9%)
- 5.4 days September YTD 2015, 5.4 days September YTD 2014 (no change)
- 5.3 days reported August 2015, therefore a change of -0.2 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 September are Mater 10.9 days and St James 10.1 days.

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

Surgery

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

- 67.5% September 2015, 65.2% September 2014 (2.3% change)
- 68.8% September YTD 2015, 64.8% September YTD 2014 (4% change)
- August 2015 reported at 64.4%, therefore an improvement of 3.1% on the last reporting period,
- Variance from target -1.7%

While the national target is 70% for this metric, hospitals have individual targets which fluctuate above and below the national target. Hospitals reporting more than 6% below their entity specific target in September are the Mater 46%, St. James 24%, Cavan 67%, Connolly 70%, South Tipperary 63%, Mayo 74.8% and Portiuncula 52.6%.

While St James (24%) and Connolly (70%) are below the national target, they have improved on the August position.

18 hospitals achieved above their target in September.

Discharges

The number of Inpatient Discharges (Expected Activity 482,274 YTD)

- 54,853 September 2015, 53,810 September 2014 (change 1,043/1.9%)
- 478,790 September YTD 2015, 481,468 September YTD 2014 (change -2,678/-0.6%)
- August 2015 reported at 51,296, therefore an increase of 3,557 (6.9%) on the last reporting period.
- Variance from expected activity -0.7%

There are wide variances across a lot of hospitals and a -0.7% decrease on expected levels.

The number of daycase discharges (Expected Activity 660,949 YTD)

- 78,241 September 2015, 75,337 September 2014 (change 2,904/3.9%)
- 658,635 September YTD 2015, 648,548 September YTD 2014 (change 10,087/1.6%)
- August 2015 reported at 68,666, therefore an increase of 9,575 (13.9%) on the last reporting period
- Variance from expected activity -0.4%

Delayed Discharges

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

- 609 September 2015, 746 September 2014 (change 137/22.5%)
- August 2015 reported at 577, therefore an increase of 32 delayed discharges (5.5%) on the last reporting period
- Variance from target 0.3%

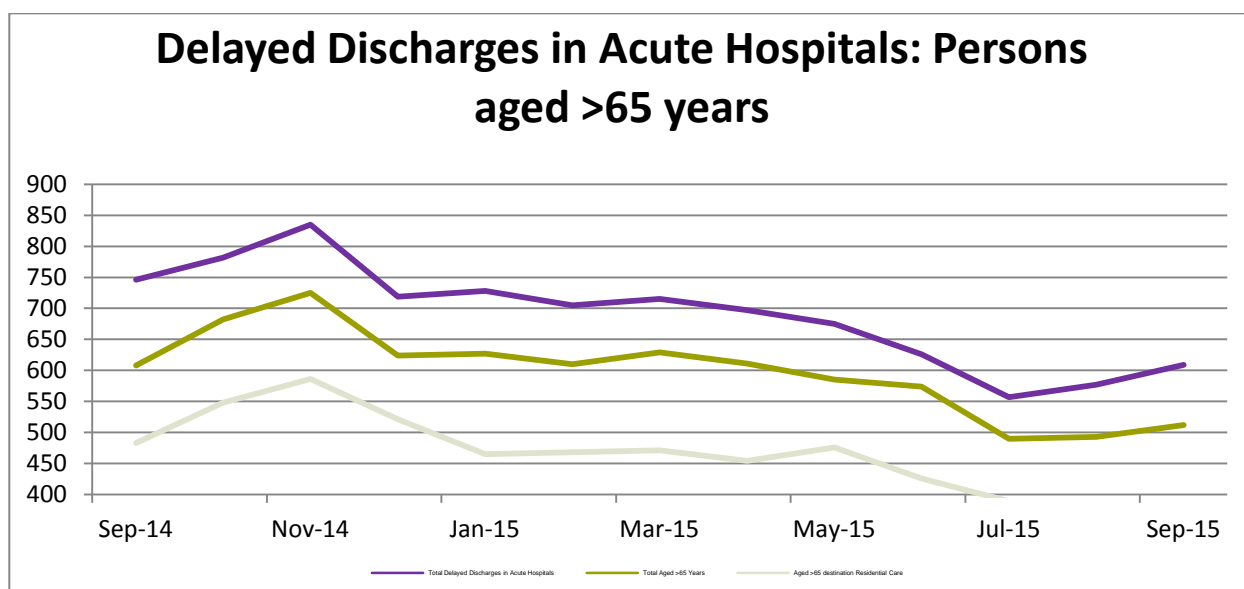
The hospitals who are more than 15% away from their target are St. Columcilles, St. Michaels, Wexford, Naas, Tallaght, Cavan, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mercy, University Hospital Waterford, Ennis, University Hospital Limerick, Mayo and Roscommon.

The number of people waiting over 90 days is now 131.

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

As of the end of September, there were 512 patients aged 65 and over medically discharged in acute hospitals. Of these 73.2% (376) are awaiting Long Term Residential Care, -22.4% decrease on September 2014 (source Delayed Discharges National Report, 29th September 2015).

| Delayed Discharges by Destination (29/09/2015) | Over 65 | Under 65 | Total No. | Total % |
|--|------------|-----------|------------|---------------|
| Home | 72 | 22 | 94 | 15.4% |
| Long Term Nursing Care | 375 | 42 | 417 | 68.5% |
| Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases) | 65 | 33 | 98 | 16.1% |
| Total | 512 | 97 | 609 | 100.0% |



Ambulances

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

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

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). 94% (an decrease of 3% 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 | 614,761 | 486,993 | 459,293 | 27,700 | 6.03% |
| Dublin Midlands | 753,967 | 590,132 | 563,466 | 26,666 | 4.73% |
| Ireland East | 788,650 | 621,404 | 591,173 | 30,231 | 5.11% |
| South / South West | 695,963 | 535,354 | 520,905 | 14,449 | 2.77% |
| Saolta University Health Care | 636,815 | 514,429 | 476,366 | 38,064 | 7.99% |
| UL Hospitals | 257,637 | 196,706 | 192,971 | 3,735 | 1.94% |
| National Children's Hospital | 221,734 | 173,454 | 166,002 | 7,452 | 4.49% |
| Regional & National Services | 38,917 | 13,668 | 24,666 | (10,998) | -44.59% |
| Total | 4,008,444 | 3,132,142 | 2,994,842 | 137,300 | 4.58% |

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 €137.3m deficit for the nine-month period to 30th September 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 September year to-date position. Overall, based on year to date September 2015 data, non-pay is projected to grow by 5.5% in 2015 over 2014 (4.4% excluding growth in the provision for bad and doubtful debts). This is consistent with the opening financial challenge which has been estimated at €56m.

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

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

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

Workforce overview

| Human Resource Management | Children's | Dublin Midlands | Ireland East HG | RCSI HG | Saolta | South/ South West | University of Limerick | Acute Services |
|--|------------|-----------------|-----------------|---------|--------|-------------------|------------------------|----------------|
| Direct Staff WTE | 2,833 | 9,571 | 10,527 | 8,071 | 8,049 | 9,253 | 3,334 | 51,669 |
| Direct Staff Indicative workforce number | 2,794 | 9,317 | 9,997 | 7,616 | 7,858 | 8,932 | 3,091 | 49,631 |
| Direct Staff WTE Indicative workforce number Variance | 39 | 254 | 530 | 455 | 191 | 321 | 243 | 2,038 |
| Direct Staff WTE Indicative workforce number Variance % | 1.4% | 2.7% | 5.3% | 6.0% | 2.4% | 3.6% | 7.9% | 4.1% |
| 2015 Development posts | | | | | | | | 30.5 |
| 2015 Development posts filled | | | | | | | | 0 |
| % 2015 Development posts filled | | | | | | | | 0.00% |
| pre-2015 Development posts | | | | | | | | 146 |
| pre-2015 Development posts filled | | | | | | | | 89.3 |
| % pre-2015 Development posts filled | | | | | | | | 61.16% |
| Direct Staff Headcount | 3,338 | 10,484 | 11,215 | 8,603 | 8,978 | 10,280 | 3,601 | 56,525 |
| Absence rates - Medical /Dental | 1.61% | 0.93% | 0.65% | 0.77% | 1.04% | 0.49% | 1.24% | 0.83% |
| Absence rates – Nursing | 4.83% | 4.02% | 3.81% | 4.44% | 5.34% | 4.23% | 5.52% | 4.43% |
| Absence rates - Health & Social Care | 3.18% | 2.17% | 3.02% | 2.50% | 3.47% | 3.45% | 3.88% | 2.94% |
| Absence rates - Management Admin | 3.18% | 3.72% | 3.24% | 4.03% | 3.56% | 2.58% | 4.46% | 3.47% |
| Absence rates - General Support Staff | 5.33% | 4.77% | 5.22% | 3.41% | 5.45% | 5.36% | 8.17% | 5.03% |
| Absence rates - Other Patient & Client Care | 7.90% | 6.90% | 5.74% | 5.33% | 5.29% | 4.45% | 10.99% | 6.31% |
| Absence rates – Overall | 4.03% | 3.66% | 3.53% | 3.48% | 4.27% | 3.61% | 5.59% | 3.83% |
| % Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs | 92% | 96% | 97% | 94% | 97% | 99% | 91% | 96% |
| % Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs | 69% | 63% | 66% | 59% | 87% | 89% | 97% | 74% |

National Ambulance Service

Quality & Safety

Serious Reportable Events

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

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

| | May | June | July | August |
|---------------|-----|------|------|--------|
| National 2014 | 827 | 803 | 814 | 778 |
| National 2015 | 833 | 833 | 795 | 821 |

Outline of Demand Patterns

| Total Activated Calls | Aug 14 | Aug 15 | Number Diff | % diff | YTD 14 | YTD 15 | Number Diff | % diff |
|-----------------------|--------|--------|-------------|--------|---------|---------|-------------|--------|
| AS1 & AS2 | 24,105 | 25,451 | 1,346 | 5% | 193,126 | 199,534 | 6,408 | 3% |
| ECHO | 270 | 324 | 54 | 17% | 2,244 | 2,393 | 149 | 7% |
| DELTA | 7,733 | 8,619 | 886 | 10% | 62,019 | 66,661 | 4,642 | 7% |

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

- ECHO August 2015, 76% of ambulances arriving at scene within the target timeframe, 84% in August 2014 activated calls within this time band. A decrease of 8% from previous year.
- No change from July 2015
- Variance from expected activity 4%

The Southern Region has the most significant variance from target at 69%, 11% below target. Dublin Fire Brigade (85%) exceeded its target of 80%.

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) were up 7% (149) 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 ,67% in August 2015 arriving at scene (69% in August 2014 activated calls, 2% decrease)
- An increase of 1% from July 2015
- Variance from expected activity 13%

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

Nationally there was a 7% (4,642) 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 7% and DELTA calls increasing by 7% (4,642 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 August 2015
- Change from July 2015 3% increase
- Variance from expected activity 13%

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

Ambulance Turnaround Times

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. In September 2015 61% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% (a decrease of 2% 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.

The % of delays escalated in August 2015 is 93%.

Finance

| National Ambulance Service | Approved Allocation €'000 | YTD Actual €'000 | YTD Budget €'000 | YTD Variance €'000 | YTD % Var vs Plan |
|----------------------------|------------------------------|---------------------|---------------------|-----------------------|----------------------|
| North Leinster | 48,894 | 37,352 | 36,567 | 786 | 2.15% |
| South | 32,395 | 25,290 | 24,220 | 1,070 | 4.42% |
| West | 36,788 | 29,633 | 27,400 | 2,233 | 8.15% |
| Office of the AND | 26,062 | 16,181 | 19,364 | (3,184) | -16.44% |
| Total | 144,139 | 108,456 | 107,552 | 905 | 0.84% |

Financial Commentary

The National Ambulance service spent €108.5m against a budget of €107.5m, an overspend of €905k.

Workforce Overview

| Human Resource Management | | |
|---------------------------|---|--------|
| Staff levels | Direct Staff WTE | 1,662 |
| | Direct Staff Indicative workforce number | 1,611 |
| | Direct Staff WTE Indicative workforce number Variance | +51 |
| | Direct Staff WTE Indicative workforce number Variance % | 3.17% |
| | 2015 Development posts | 67 |
| | 2015 Development posts filled | 13 |
| | % 2015 Development posts filled | 19.40% |
| | pre-2015 Development posts | 187 |
| | pre-2015 Development posts filled | 183.7 |
| | % pre-2015 Development posts filled | 98.24% |
| | Direct Staff Headcount | 1647 |
| | Absence rates ¹ –Management Admin | 4.04% |
| | Absence rates –General Support Staff | 6.31% |
| | Absence rates - Other Patient & Client Care | 7.12% |
| | Absence rates – Overall | 6.81% |

¹ Absence rates excludes Dublin Fire Brigade

Health & Wellbeing

Health and Wellbeing Update

Quality

Serious Reportable Events

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

Access

Uptake rates for Immunisations

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

Immunisations and Vaccines

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

- Q2 2015 92.5% (15,650 out of 16,916) children aged 24 months received the MMR vaccine
- Q2 YTD 2015 92.7%, Q2 YTD 2014 92.9% (change -0.2%)
- Q1 2015 was 92.8%
- Variance from target YTD -2.4%

All CHOs are within 5% of the 95% target. The lowest performing CHO is CHO 9 at 90.3%.

The % of children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) Hepatitis (HepB3) (6in1) (Target 95%) (Q in arrears)

- Q2 2015 91.5% (15,298 out of 16,713) children aged 12 months received the 6 in 1 vaccine
- Q2 YTD 2015 91.4%, Q2 YTD 2014 92.1% (change -0.7%)
- Q1 2015 91.4%, therefore a change of 0.1% since last reporting period
- Variance from target YTD -3.8%

Most CHOs are within 5% of the 95% target YTD with the exception of CHO 9 (88.8%), all CHOs are within 10% of target. Performance in CHO 9 was raised with the Chief Officer during our monthly call. Further work is being undertaken within the area to identify the cause of the low uptake rates. Once this work is completed the Division will be better able to assist with improving uptake rates.

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

- Q2 2015 87.8% (14,808 out of 16,860) of children aged 24 months received 3 doses of MenC3 vaccine
- Q2 YTD 2015 87.5%, Q2 YTD 2014 was also 87.5%
- Q1 2015 reported at 87.2%, therefore a change of .6% since the last reporting period.
- Variance from target YTD -7.9%

CHO 2 is within 5% of target at 94.3% YTD.

CHOs 1, 3, 4, 5, 7 and 8 are within 10% of the 95% target YTD. CHOs 6 and 9 have reported below 10% of target at 84.1% and 84.2% respectively. The outturns for CHO 6 and 9 were raised during our monthly calls with both areas, they are undertaking further work to address.

Child Health

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

- 93.3% (5,365 out of 5,750) children in August had developmental screening before 10 months
- August YTD 2015 93.5% (August YTD 2014 92.0%, change 1.5%)
- July 2015 was 93.0%, (change 0.3%)
- Variance from target YTD -1.6%

All CHOs were above or within 5% of the 95% target for child developmental screening with the exception of CHO 6 reporting YTD at 89.3%, August performance for CHO 6 is 93.2% which is up from the previous month 92.6%. Year to date figures are below target 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 104,000)

- September 2015 13,345 women had mammogram screening as part of BreastCheck screening
- September YTD 2015 108,729 women have been screened
- August 2015 10,805, therefore a change is 2,540 increase since last reporting period
- Variance from target YTD 4.5%

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 209,000)

- September 21,720 women had CervicalCheck screening in a primary care setting
- September YTD 2015 197,188 women have had a smear test in a primary care setting
- August 2015 confirmed figures 17,692 women screened, change is 4,028 since last reporting period
- Variance from target YTD -5.7%

There has been a decline in the number of women screened in the period. While numbers are 5.7% behind the estimated figure to the end of September, coverage exceeds 78% and the number of new invites turning up for screening is within expected parameters. 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. It is anticipated that the number of new unscreened women in 2015 will exceed 50,000.

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)

- September 2015 22,159 invites were sent to clients to participate in BowelScreen
- September YTD 2015 166,429 clients were invited
- August 2015 showed 18,477 clients invited, therefore change from last reporting period is 3,682 clients.
- Variance from target YTD 11%

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 58,045)

- September 2015 7,610 clients participated in Diabetic RetinaScreen
- September YTD 2015 57,409 clients have been screened
- August 2015 showed 4,627 clients screened, therefore change is 2,983 from last reporting period.
- Variance from target YTD -1.1%

YTD the programme is 1% behind target due to a major ICT upgrade in August where a week's worth of screening was lost. The plan is to make up the shortfall in Q4 and 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 7,044)

- September 2015, 1,094 smokers received intensive cessation support
- September YTD 2015 9,026 smokers received support, 26.8% ahead of the same period last year (7,117)
- August 2015 reported 955, change of 139 people from last reporting period
- Variance from target YTD 28.1%

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

The highest number receiving support this month is from hospitals and community services located in CHO 7 with 218 smokers receiving support, followed by CHO 1 and Hospital Group in the area with 158 smokers receiving support. This month the National Quit Service supported 283 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.

The number of frontline healthcare staff trained in brief intervention smoking cessation (Target YTD 943)

- September 2015 123 healthcare staff were trained in brief intervention smoking cessation
- September YTD 2015 782 frontline healthcare staff received training, -21.2% (211) below same period last year
- Variance from target YTD is -17.1%

In September CHO 2, 6, 8 & 9 and Hospital Groups in that area carried out the only training of frontline staff (6). The highest number of frontline staff trained YTD is in CHO 9 (including hospital group in that area) with 186 frontline staff trained to date. No staff were trained in CHO 1,3,4,5 & 7.

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. There continues to be a focus on this with CHOs and Acute services. These issues have been raised with the relevant CHOs in our monthly teleconference.

Key Activities for September

Healthy Ireland in the Health Services

Proactive dissemination of the Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017 continues. The next stages in the implementation process have been set out for the H&WB SMT with a proposed approach to governance, phased implementation and the role and function of each stakeholder in the process. Implementation of the Saolta Healthy Ireland Plan continued during the period.

Local Community Development Committees / HSE Representatives

The revised Steering Committee has continued to meet with the next LCDC HSE Network meeting planned for 16th October.

Sexual Health

The HSE's sexual health campaign 'Johnny's got you covered' distributed 2,000 Protection Packs (including a condom and sexual health information) to festival goers at the Electric Picnic.

The THINK contraception campaign has been running since 2004 with over 155,000 people visiting the www.thinkcontraception.ie website to get information on contraception, STIs and screening in 2014. Johnny's facebook page has over 50,000 people followers currently and is growing. Independent evaluation of the campaign shows that 78% of people were aware of the "Johnny's got you covered" advertising in 2014 with almost 9 in 10 people agreed that it is effective in increasing their awareness of STIs and crisis pregnancy as risks associated with unprotected sex.

Cycling Spin Challenge

The HSE Community Games along with HSE staff in Athlone Primary Care and Athlone Institute of Technology joined together to participate in a cycling spin challenge on Wednesday 23rd September. The group of cyclists were aiming to cycle the equivalent distance of 615km from Malin head to Mizen Head as a team at AIT's new Sports Centre.

The cycling spin challenge was to highlight MOVE Week which will take place from September 21st to 28th 2015. MOVE Week is an initiative of the International Sporting and Cultural Association. The ISCA have established MOVE week to promote the ethos that sport is not all about competition and is more about people being physically active, having fun and making friends.

Finance

| Health & Wellbeing | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | % Var Act v Tar |
|--------------------|------------------------------|---------------------|-------------------|-----------------------|-----------------|
| Total | 197,411 | 137,781 | 138,922 | (1,142) | -0.82% |

Financial Commentary

The Health & Wellbeing Division spent €137.8m in the year to date September 2015 against a budget of €138.9m showing a positive variance of €1.1m.

Workforce overview

| Human Resource Management | | |
|---------------------------|---|-------|
| Staff levels | Direct Staff WTE | 1,261 |
| | Direct Staff Indicative workforce number | 1,279 |
| | Direct Staff WTE Indicative workforce number Variance | -18 |
| | Direct Staff WTE Indicative workforce number Variance % | -1.4% |
| | 2015 Development posts | 24.4 |
| | Direct staff head count | 1,397 |
| | Absence rates – Medical Dental | 2.51% |
| | Absence rates –Nursing | 4.86% |
| | Absence rates Health and Social Care professionals | 3.99% |
| | Absence rates –Management Admin | 4.10% |
| | Absence rates –General Support Staff | 4.60% |
| | Absence rates - Other Patient & Client Care | 5.24% |
| | Absence rates – Overall | 4.65% |

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 September 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 location structures and 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 is in the process of identifying quality indicators for 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 18,258)

- 1,623 September 2015, 1,315 September 2014 (23.4% increase/308)
- 13,796 YTD 2015, 10,839 YTD 2014 (27.3% increase/2,957)
- 1,623 September 2015, 1,634 August 2015 (-0.7% decrease/11)
- YTD variance from expected activity -24.4% (4,462)

There are now ten CIT teams in place, with at least one team available in each CHO with the exception of CHO 1. September 2015 figures show the overall number of referrals have increased by 23.4% (308 patients) against the same period 2014. There has been a decrease of 11 patients seen on the August figures. An additional 103 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 6 patients in September.

Although YTD activity has increased by 27.3% on the same period 2014, it is -24.4% below the target of 18,258 set for this period. Reviewing 2015 YTD with 2014 YTD shows that referrals from ED/Hospital Wards/Units (excluding OPAT) have increased by 17.8%, GP referrals increased by 47.9%, community referrals increased by 52.5%, and OPAT referrals increased by 32.8%.

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. Discussions are continuing between senior managers in the Primary Care and Acute Hospitals Divisions to ensure that all relevant hospitals maximise uptake of the service and include it in their winter plans. The programme manager for CIT OPAT and CIT teams continue to engage with hospitals to ensure that there is full awareness of the service, and to facilitate referrals. The CIT service in Louth and Kildare is being enhanced to provide additional dedicated resources to facilitate referrals from both OLOL and Naas General Hospital. A tender process has commenced to establish a CIT in Waterford. It is planned that this service will be available in Q4 2015.

| Community Intervention Teams – Total Activity | Activity Sept 2015 | Activity YTD 2015 |
|---|--------------------|-------------------|
| Admission Avoidance | 62 | 473 |
| Hospital Avoidance | 1,025 | 8,132 |
| Early Discharge | 263 | 2,832 |
| Other | 273 | 2,359 |
| Total | 1,623 | 13,796 |

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

GP Activity – number of contacts with GP out of hours² (Expected Activity YTD 717,620)

- 71,283 September 2015, 65,907 August 2014 (8.2% increase/5,376)
- 710,513 YTD 2015, 697,023 YTD 2014 (1.9% increase/13,490)
- 71,283 September 2015, 76,447 August 2015 (-6.8% increase/5,164)
- YTD variance from expected activity -1.0% (7,107)

Nowdoc is reporting significantly above expected activity at 8.9%. This is a demand led service and activity levels are subject to external influences.

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)

- 247 September 2015 / YTD, 310 September 2014 / YTD
- 247 September 2015, 256 August 2015
- YTD variance from expected activity -49.1% (238)

CHO2 query with CHO on September return.

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

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

No. of patient referrals for a physiotherapy service (Expected Activity YTD 140,210)

- 16,533 September 2015, 16,813 September 2014 (-1.7% decrease/280)
- 144,268 YTD 2015, 139,413 YTD 2014 (3.5% increase/4,855)
- 16,533 September 2015, 15,108 August 2015 (9.4% increase/1,425)
- YTD variance from expected activity 2.9% (4,058)

Six CHOs (1, 4, 5, 6, 7 and 9) have met or exceeded expected activity with CHO 6 reporting the highest variance at 15.5%

No. of patients seen for a first time assessment by the physiotherapy service (Expected Activity YTD 120,230)

- 14,695 September 2015, 14,302 September 2014 (2.7% increase/393)
- 118,922 YTD 2015, 118,684 YTD 2014 (0.2% increase/238)
- 14,695 September 2015, 11,970 August 2015 (22.8% increase/2,725)
- YTD variance from expected activity -1.1% (1,308)

Four CHOs (1, 5, 6 and 8) met or exceeded expected activity with CHO 6 the highest at 16.1%. Of the five CHOs below expected activity CHO 3 is -9.7% and CHO 4 is -9.2%.

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

- 36,660 September 2015/YTD, 36,478 September 2014/YTD (0.5% increase/182)
- 36,660 September 2015, 31,724 August 2015 (15.6% increase/4,936)
- YTD Variance from expected activity 4.8% (1,667)

Seven CHOs, (1, 2, 5, 6, 7, 8 and 9) met or exceeded expected activity. Of the two CHOs below expected activity, CHO 3 is -8.6% and CHO4 is -14.2%

No. of face to face contacts/visits by physiotherapy service (Expected Activity 577,109)

- 67,672 September 2015, 67,361 September 2014 (0.5% increase/311)
- 572,652 YTD 2015, 574,282 YTD 2014 (-0.3% decrease/1,630)
- 67,672 September 2015, 57,143 August 2015 (18.4% increase/10,529)
- YTD variance from expected activity -0.8% (4,457)

Five CHOs (1, 5, 6, 7 and 9) met or exceeded activity year to date with CHO 6 the highest at 12.7% above expected activity. Of the four CHOs below, CHO 3 is -14.6%.

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 79.3% 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 63,739)

- 7,375 September 2015, 7,797 September 2014 (-5.4% decrease/422)
- 66,151 YTD 2015, 64,750 YTD 2014 (2.2% increase/1,401)
- 7,375 September 2015, 6,593 August 2015 (11.9% increase/782)
- YTD variance from expected activity not available due to data gap

Data gap in Mayo for March (affecting YTD calculations).

Six CHOs (1, 2, 3, 5, 7 and 9) met or exceeded expected activity, with CHO7 the highest at 15.0%. CHO4 is -5.0% below expected activity.

No. of patients seen for a first time assessment by an occupational therapy service (Expected Activity YTD 62,759)

- 7,225 September 2015, 7,770 September 2014 (-7.0% decrease/545)
- 63,126 YTD 2015, 63,209 YTD 2014 (-0.1% decrease/83)
- 7,225 September 2015, 6,441 August 2015 (12.2% increase/784)
- YTD variance from expected activity not available due to data gap

Data gap in Mayo for March (affecting YTD calculations).

Five CHOs (1, 2, 3, 6, 7 and 8) met or exceeded expected activity, with CHO2 the highest at 16.7%. Of the four CHOs below expected activity CHO4 is -15.1%.

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

- 19,995 September /YTD 2015, 20,978 September 2014/YTD (-4.7% decrease/983)
- 19,995 September 2015, 18,731 August 2015 (6.7% increase/1,264)
- YTD variance from expected activity 0.9% (184)

Four CHOs (3, 4, 8 and 9) met or exceeded expected activity with CHO9 reporting the highest at 25.3%. Of the five CHOs below expected activity CHO2 is -22.7%.

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

- 76.4% September 2015
- 76.4% September 2015, 76% August 2015 (0.5% increase)
- YTD variance from expected activity not available due to data gaps

There has been a significant improvement in returns and all LHOs are now returning, however South Tipperary is still experiencing difficulties reconciling its wait times and there is an anomaly between figures returned for No of patients seen for a first time assessment and Number Seen by wait time. 76.4% of new patients seen (5,481 out of 7,172) 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

- 1,381 September 2015, 1,309 August 2015 (New KPI)

No of existing patients seen for audiology

- 3,168 September 2015, 3,140 August 2015 (New KPI)

No of new patients seen for audiology

- 1,218 September 2015, 1,380 August 2015 (New KPI)

Data Gap -audiology returns for September exclude Galway returns which are under review by CHO2.

No of patient referrals for podiatry

- 910 September 2015, 733 August 2015 (New KPI)

No of existing patients seen for podiatry

- 5,075 September 2015, 4,427 August 2015 (New KPI)

No of new patients seen for podiatry

- 789 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.

Orthodontics³ – Reduce the proportion of patients on the treatment waiting list longer than 4 years (Target <5% on waiting list over 4 years)

- 1,394 (7.7%) September 2015 / YTD, 899 (5.3%) September 2014 / YTD (45.3% increase)
- 1,394 (7.7%) September 2015 / YTD, 1,205 (6.6%) June 2015 / YTD, (16.7% increase)
- YTD variance from expected activity 54%

Four of the 9 orthodontic services have patients on the treatment waiting list longer than four years. Dublin North East Service: 726 (17.4%) waiting list 4,162; the Southern Area 306 (15.3%) waiting list 2,002; the Midlands 334 (17.7%) waiting list 1,889 and the Mid Western Area 28 (2%) waiting list 1,399.

A procurement programme is in train which will target those long waiters of more than 4 years in order to achieve the 5% target.

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

- 3,574/4,866 (73.4%) September 2015.

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

At the end of Q3 there are 16,887 patients in active treatment. There are currently 18,106 patients on the waiting list for treatment, of these 60% (10,859) are on the list < 2 years.

³This metric is returned by former RDPI regions and not Community Health Organisations

Social Inclusion

Access

Opioid substitution treatment

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

- 9,447 September 2015, 9,321 September 2014, (1.4% increase/126)
- Variance from expected activity 0.5% (47)

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

- 547 September 2015, 479 September 2014, (14.2% increase/68)
- Variance from expected activity 11.6% (57)

9,447 patients received Opioid Substitute Treatment (excluding prisons) for the September reporting period which includes 4,053 patients being treated by 348 GPs in the community.

Opioid Substitute Treatment was dispensed by 646 pharmacies catering for 6,588 patients for the reporting period.

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

62 new patients commenced Opioid Substitute Treatment during the September reporting period (11 in General Practice, 37 in HSE clinics and 14 in the prison clinics).

Needle Exchange

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

- 114 September 2015, 120 June 2015, (5% decrease/6)
- Variance from expected activity -12% (16)

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

- 1586 September 2015, 1633 June 2015 / (2.9% decrease/47)
- Variance from expected activity 127% (886)

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

- 4376 September 2015, 4309 June 2015, (1.8.% increase/67)
- Variance from expected activity 131%

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

- 103 September 2015, 96 June 2015, (7.3% increase/7)
- Variance from expected activity 415% (88)

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

- 1127 (26%) September 2015, 1098 (30%) June 2015, -4% decrease)

Homeless Services

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

- 1051 (71%) September 2015, 1023 (71%) June 2015. (2.7% increase/28)
- Variance from expected activity -8% (-90)

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

- 312 (71%) September 2015, 280 (68%) June 2015, (11.4 increase/32)
- Variance from expected activity 55% (-16%)

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

- 1070 (72%) September 2015, 1039 (72%) June 2015, 3% increase/31)
- Variance from expected activity -13% (153)

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

- 1199 (80%) September 2015, 1147 (80%) June 2015, 4.5% increase/52)
- Variance from expected activity -9% (120)

Traveller Health

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

- 3560 September 2015, 2197 June 2015 /YTD 62% increase/1363)
- Variance from expected activity 2.6% (90)

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

- 3108 September 2015 , 3176 June 2015 2.1% decrease/68)
- Variance from expected activity -10.4% (362.)

Primary Care Reimbursement Service

Quality & Safety

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

- 98.1% September 2015 (6,196 applications/6,081 processed), 98.0% September 2014 (0.1% increase)
- 98.1% September 2015 (6,196 applications/6,081 processed), 97.3% August 2015 (4,585 applications/4,463 processed), (0.8% 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 11th September 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.

Applications placed on hold are largely due to information awaited from the client. 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%)

- 88.3% September 2015 (0-5 days) (1,545 applications completed) 5+ (204 applications completed)
- 96.3% August 2015 (0-5 days) (1,783 applications completed) 5+ (68 applications completed)

Access

The number of persons covered by Medical Cards (Expected Activity point in time 1,737,380)

- 1,729,559 September 2015/YTD, 1,785,221 September 2014/YTD (-3.1% decrease/55,662)
- 1,729,559 September 2015, 1,730,575 August 2015, (-0.1% decrease/1,016)
- YTD variance from expected activity -0.5% (7,821)

Of the total number of persons covered by a medical card, 94,614 people were covered by a discretionary medical card.

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

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

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

- 391,451 September 2015/YTD, 153,333 September 2014/YTD (155.3% increase/238,118)
- 391,451 September 2015, 365,859 August 2015, (7.0% increase/25,592)
- YTD variance from expected activity -5.1% (21,137)

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. It is currently anticipated that these children will have eligibility for GP visit cards from July 2015. Of these 40,108 were covered by a discretionary GP Visit card.

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

| No. persons covered by discretionary GP Visit Cards | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| National 2013 | 16,347 | 17,230 | 17,476 | 18,409 | 19,186 | 19,813 | 20,364 | 21,132 | 22,115 |
| National 2014 | 27,204 | 28,301 | 29,080 | 29,841 | 31,565 | 29,681 | 28,423 | 29,208 | 30,780 |
| National 2015 | 35,776 | 36,874 | 38,293 | 38,969 | 39,468 | 39,829 | 40,361 | 40,979 | 40,108 |

| Summary of Movement in Medical Cards | |
|---|----------------|
| Medical cards as of 1 January 2015 | 1,768,700 |
| Medical cards at the end of September 2015 | 1,729,599 |
| Net decrease | -39,141 |
| Entirely new medical cards issued | 64,234 |
| Entirely new medical cards upgraded from GP visit | 20,881 |
| Medical cards reinstated | 59,206 |
| Medical cards not renewed or deemed ineligible | -159,829 |
| Medical cards where eligibility moved to GP Visit | -23,546 |
| Reconciliation | -87 |
| Net decrease | -39,141 |

| Summary of Removals in Medical Cards | |
|--|----------------|
| Breakdown in Medical Cards that were not renewed or deemed ineligible | |
| Medical cards removed (no or insufficient response) | 129,059 |
| Full response, no longer eligible | 11,471 |
| Deceased | 15,899 |
| Removed by GP | 3,400 |
| Total | 159,829 |

| Summary of Movement in GP Visit Cards | |
|--|----------------|
| Movement in GPVCs | |
| GP Visit Cards as of 1 January 2015 | 159,576 |
| GP Visit Cards at the end of September 2015 | 391,451 |
| Net increase | |
| Entirely new GP Visit Cards issued | 229,726 |
| Medical cards where eligibility moved to GP Visit | 23,546 |
| GP Visit Cards reinstated | 21,816 |
| GP Visit Cards not renewed or deemed ineligible | -22,320 |
| GP Visit Cards where eligibility moved to Medical Card | -20,881 |
| Reconciliation | -12 |
| Net increase | 231,875 |

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) | 82,670 | 64,859 | 61,494 | 3,365 | 5% |
| Galway, Mayo Roscommon (2) | 88,832 | 69,002 | 66,434 | 2,568 | 4% |
| Clare, Limerick North Tipp, East Limerick(3) | 72,005 | 54,597 | 53,776 | 822 | 2% |
| North & West Cork North & South Lee Kerry (4) | 118,937 | 90,437 | 89,034 | 1,403 | 2% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 82,203 | 61,901 | 61,469 | 432 | 1% |
| Dublin South East Dun Laoghaire Wicklow (6) | 54,103 | 41,334 | 40,364 | 970 | 2% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 144,222 | 107,897 | 107,964 | (67) | 0% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 102,505 | 79,560 | 76,437 | 3,124 | 4% |
| Dublin North Central Dublin North West Dublin North (9) | 113,787 | 87,091 | 85,177 | 1,914 | 2% |
| Regional | 42,062 | 30,768 | 31,446 | (678) | -2% |
| National | 48,854 | 21,438 | 30,471 | (9,033) | -30% |
| Sub Total | 950,180 | 708,884 | 704,065 | 4,819 | 1% |
| PCRS | 2,268,166 | 1,759,389 | 1,684,880 | 74,509 | 4% |

| Primary Division (Incl. Primary Care, PCRS & Local Schemes) | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | YTD var % |
|---|------------------------------|---------------------|-------------------|-----------------------|-----------|
| DLS | 218,080 | 174,017 | 163,253 | 10,765 | 7% |
| Sub Total PCRS & DLS | 2,486,246 | 1,933,406 | 1,848,133 | 85,274 | 5% |
| Total Primary Care Division | 3,436,426 | 2,642,291 | 2,552,198 | 90,093 | 4% |

| 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 | 58,548 | 55,528 | 3,019 | 5% |
| Galway, Mayo Roscommon (2) | 77,550 | 60,539 | 57,995 | 2,543 | 4% |
| Clare, Limerick North Tipp, East Limerick(3) | 52,237 | 39,477 | 38,991 | 486 | 1% |
| North & West Cork North & South Lee Kerry (4) | 95,391 | 72,600 | 71,406 | 1,194 | 2% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 72,825 | 54,975 | 54,523 | 452 | 1% |
| Dublin South East Dun Laoghaire Wicklow (6) | 50,839 | 38,876 | 37,923 | 954 | 3% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 75,517 | 56,285 | 56,484 | (199) | 0% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 94,231 | 73,305 | 70,245 | 3,060 | 4% |
| Dublin North Central Dublin North West Dublin North (9) | 68,746 | 52,800 | 51,400 | 1,400 | 3% |
| Regional & National | 89,314 | 51,006 | 61,000 | (9,993) | -16% |
| Total | 751,344 | 558,410 | 555,495 | 2,915 | 1% |

| Local Schemes | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | % Var Act v Tar |
|---------------|------------------------------|---------------------|-------------------|-----------------------|-----------------|
| Local Schemes | 218,080 | 174,017 | 163,253 | 10,765 | 6.59% |

| Primary Care Schemes | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | % Var Act v Tar |
|---------------------------|------------------------------|---------------------|-------------------|-----------------------|-----------------|
| Medical Cards | 1,659,874 | 1,267,476 | 1,245,578 | 21,898 | 1.76% |
| Drug Payment Scheme | 70,475 | 49,409 | 53,551 | (4,142) | -7.74% |
| Long Term Illness Scheme | 117,390 | 134,575 | 85,584 | 48,991 | 57.24% |
| High Tech | 197,226 | 167,539 | 147,808 | 19,730 | 13.35% |
| Dental Treatment Services | 75,981 | 50,917 | 57,001 | (6,084) | -10.67% |

| Primary Care Schemes | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | % Var Act v Tar |
|-----------------------------|------------------------------|---------------------|-------------------|-----------------------|--------------------|
| Health Amendment Act | 1,677 | 1,302 | 1,184 | 118 | 9.99% |
| Community Ophthalmic Scheme | 32,182 | 23,099 | 23,114 | (15) | -0.06% |
| Methadone Treatment | 19,946 | 15,447 | 14,960 | 487 | 3.26% |
| Childhood Immunisation | 8,449 | 5,441 | 6,334 | (893) | -14.10% |
| Doctors Fees/ Allowances | 8,037 | 1,538 | 2,038 | (500) | -24.53% |
| Hardship | 13,500 | 10,349 | 10,123 | 226 | 2.23% |
| OPAT | 7,000 | 5,195 | 5,251 | (56) | -1.07% |
| Oncology Drugs / Medicines | 11,500 | 8,209 | 8,626 | (417) | -4.83% |
| HEP C Drugs & Medicines | 33,924 | 11,708 | 15,471 | (3,763) | -24.32% |
| Orphan Drugs/Medicines | 1,009 | 4,134 | 760 | 3,374 | 443.95% |
| ADHD | 9,996 | 3,051 | 7,497 | (4,446) | -59.30% |
| Total | 2,268,166 | 1,759,389 | 1,684,880 | 74,509 | 4.42% |

Financial Commentary

The Primary Care Division (PCD) spent €2.642bn versus a budget of €2.552bn year to date September showing a negative variance of €90.1m. If we exclude both the Primary Care Reimbursement Service (PCRS) and Local Schemes (DLS) the core PCD service deficit is €4.8m.

PCRS and Local Schemes are showing a combined deficit of €85.3m at the end of September 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 €48.9m on the Long Term Illness scheme and €45.4m 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 September 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 | 10,294 |
| | Direct Staff Indicative workforce number | 10,344 |
| | Direct Staff WTE Indicative workforce number Variance | -50 |
| | Direct Staff WTE Indicative workforce number Variance % | -0.5% |
| | 2015 Development posts | 61.5 |
| | 2015 Development posts filled | |
| | % 2015 Development posts filled | |
| | pre-2015 Development posts | 281.5 |
| | pre-2015 Development posts filled | 265 |
| | % pre-2015 Development posts filled | 94.14% |
| | Direct Staff Headcount | 11,994 |
| | Absence rates – Medical Dental | 2.51% |
| | Absence rates – Nursing | 4.86% |
| | Absence rates Health and Social Care professionals | 3.99% |
| | Absence rates – Management Admin | 4.10% |
| | Absence rates – General Support Staff | 4.60% |
| | Absence rates – Other Patient & Client Care | 5.24% |
| | Absence rates – Overall | 4.65% |

Note: Absence rates are reflective of all of Community Healthcare

Palliative Care

Palliative Care Update

Quality

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

- 88.5% (644 of 728) September 2015, 88.1% (640 of 726) September 2014 (0.6 % increase/4)
- 88% (5,915 of 6,719) YTD 2015, 88.1% (5,867 of 6,658) YTD 2014 (0.8% increase/48)
- 88.5% (644 of 728) September 2015, 90.7% (617 of 680) August 2015, (4.8% increase/27)
- YTD variance from target -7.3% (468)

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

Additional homecare nursing staff are due to commence in the last Quarter in five CHOs that did not perform well / reach the target i.e. CHOs 2, 4, 6, 7 and 9.

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

- 97.6% (285 of 292) September 2015, 95.9% (257 of 268) September 2014 (10.9% increase/28)
- 97.9% (2,504 of 2,559) YTD 2015, 95.8% (2,146 of 2,240) YTD 2014 (16.7% increase/358)
- 97.6% (285 of 292) September 2015, 97.4% (265 of 272) August 2015, (7.5% increase/20)
- YTD variance from target -0.2% decrease (4)

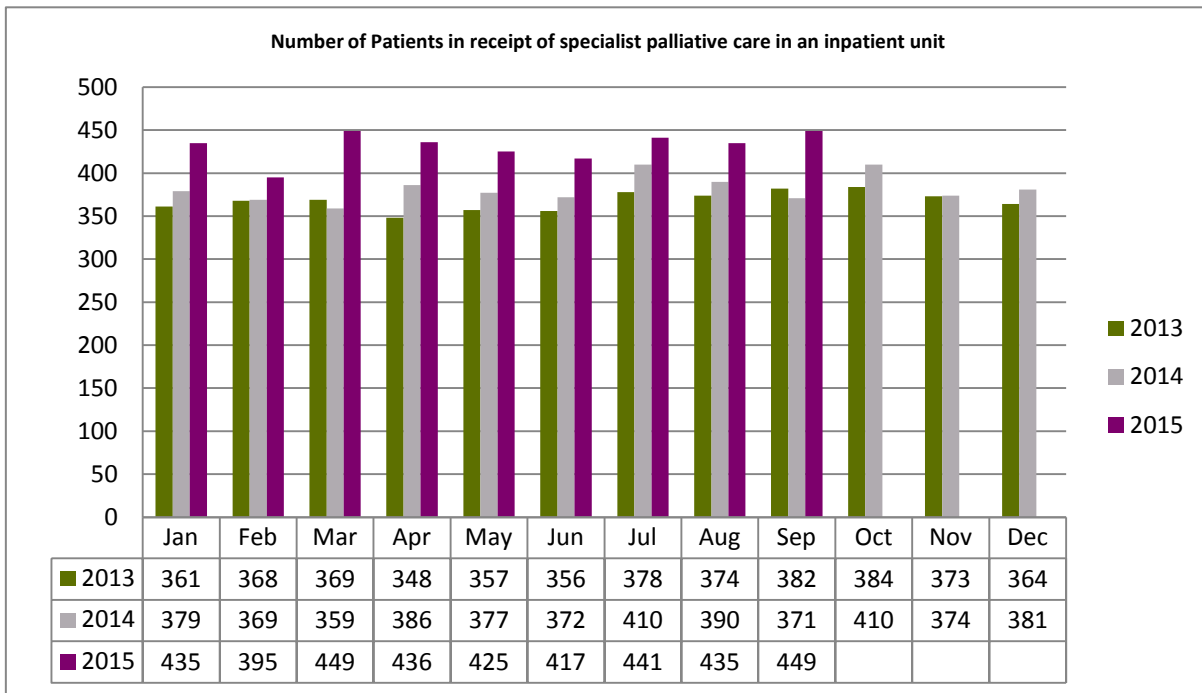
Four CHOs are performing well against target and have surpassed the national target with four recording 100% productivity. One CHO (1) has decreased performance against target while also showing a decrease in the number of patients seen within 7 days. This CHO is currently seeing longer lengths of stay and patients are being triaged based on urgency and need.

Access

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

- 449 September 2015, 371 September 2014 (21% increase/78)
- 449 September 2015, 435 August 2015, (3.2 % increase/14)
- YTD variance from expected activity 0.9% (4)

The numbers of patients receiving specialist palliative care treatment in an inpatient unit has increased by 21% (78) compared to the same period in 2014. Six CHO's (2,3,5,6,7 & 9) are also showing improvements in the number of patients who are accessing their services compared to the August reporting period.



Referral (Location prior admission)

Acute Hospital 48.5% (Sept'), YTD 45.9%
 Patients Home 49.3% (Sept') ,YTD 51.7%
 Other 2.2% (Sept'),YTD 2.4%.

Diagnosis

Cancer 86.9% (August), YTD 86.5%
 Non Cancer 13.1% (August), YTD 13.5%

Age category

0-17 - 0%
 18-65 30.4%
 65+ - 69.6%

Comparisons YTD show that there are greater numbers of patients accessing the service through referral from a normal place of residence (886 YTD 2014, 1024 YTD 2015, 16% increase/138).

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

- 3,232 September 2015, 3,125 September 2014 (3.4% increase/107)
- 3,232 September 2015, 3,164 August 2015, (2.1% Increase/68)
- YTD variance from expected activity -0.6% (18)

Diagnosis

Cancer 72.3% (August) YTD 70.0%
 Non Cancer 27.7% (August) YTD 30.0%

Age Category

0-17 – 0.5% (August) YTD 0.7%
 18-65 -22.8% (August) YTD 20.4%
 65+ - 76.6% (August) YTD 78.9%

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

- 373 September 2015, 312 September 2014 (19.5% increase/61)
- 373 September 2015, 369 August 2015, (1.1% increase/4)
- YTD variance from expected activity is a 16.6% increase (53)

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

- 199 cancer, 30 non cancer September 2015. 187 cancer, 16 non cancer September 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. September 2015 YTD the ratio was cancer 88.9% (1580) to non cancer 11.1% (198).

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

- 526 cancer, 202 non cancer September 2015. 541 cancer, 185 non cancer September 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. September 2015 YTD the ratio was 70% cancer (4695) to 30% non cancer (2015). In the same period YTD 2014 the split was 73% cancer (4866) to 27% non cancer (1798).

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 | 4,587 | 4,324 | 263 | 6.08% |
| Galway, Mayo Roscommon (2) | 5,164 | 3,945 | 3,862 | 83 | 2.14% |
| Clare, Limerick North Tipp, East Limerick(3) | 11,639 | 8,724 | 8,705 | 19 | 0.21% |
| North & West Cork North & South Lee Kerry (4) | 8,169 | 6,177 | 6,125 | 52 | 0.85% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 1,281 | 941 | 958 | (18) | -1.83% |
| Dublin South East Dun Laoghaire Wicklow (6) | 672 | 440 | 502 | (63) | -12.45% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 23,019 | 16,970 | 17,259 | (288) | -1.67% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 4,535 | 3,555 | 3,393 | 162 | 4.77% |
| Dublin North Central Dublin North West Dublin North (9) | 10,340 | 7,926 | 7,775 | 151 | 1.94% |
| Regional & National | 1,150 | 715 | 551 | 164 | 29.67% |
| Total | 71,752 | 53,980 | 53,456 | 525 | 0.98% |

Mental Health Services

Mental Health Update

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

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

Clinical Strategy and Programmes Division

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

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

- Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm. The Clinical Programme has been fully implemented in 14 hospitals following comprehensive training of the CNSs recruited for the Clinical Programme. Six months activity data has been collected and documents a high need for the service. On-going support for the programme is provided by the Programme Manager and National Clinical Advisor and Clinical Programmes Group Lead Mental Health.
- Early Intervention for Psychosis
 - (i) An Interim Standard Operating Procedure has been drawn up and circulated to local services.
 - (ii) Behaviour Family Therapy training has been completed by 180 staff and a further 28 are now trained as trainers hence the therapy is now self-sustaining. Data on families being seen is now being collected.
- Eating Disorders
 - (i) Training in Enhanced Cognitive Behaviour Therapy (CBTe) has been completed by 85 staff.
 - (ii) 70 staff from Child and Adolescent Mental Health Services completed Family Based Therapy in May and October 2015.
 - (iii) Partnership with Bodywhys is in place to ensure families and friends have access to support and information.

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

Quality & Safety

Serious Reportable Events

- The total number of SREs reported up to September 2015 was 28 – 3 new SREs were reported by the Division during September 2015.
- At the end of September 2015, 19% 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%)

- 83.3% September 2015 (25 out of 30 admissions), 70% September 2014 (14 out of 20 admissions)
- 72.5% YTD 2015 (195 out of 269 admissions), 67.3% YTD 2014 (142 out of 211 admissions)
- 83.3% September 2015 (25 out of 30 admissions), 77.8% August 2015 (21 out of 27 admissions)
- YTD variance from target -23.7 %

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by September 2015, 72.5% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

In September, there were 30 child and adolescent acute inpatient admissions. Of these, 25 were to age appropriate CAMHs Inpatient Units and 5 were to Adult Mental Health Inpatient Units/Approved Centres. Of these 5 admissions, 4 (80%) were aged 16 years or older. The percentage of admissions of children to age appropriate units in September was 83.3% 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 269 children and adolescents admitted, 195 (72.5%) were to age appropriate CAMHs Inpatient Units and 74 (27.5%) were to approved Adult Mental Health Inpatient Units. Of these 74 admissions, 93.2% (69) of these were voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Of the 74 admitted to Adult Approved Centres, 69 or 93.2% were 16/17 years old with 43.2% (32) of these discharged either the same day or within 3 days and 66.2% (49) within a week.

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

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

- 93.4% September 2015 (3,137 out of 3,359), 93.5% September 2014 (2,940 out of 3,145)
- 92.4% YTD 2015 (26,178 out of 28,331), 93.3% YTD 2014 (26,183 out of 28,063)
- 93.4% September 2015 (3,137 out of 3,359), 92% August 2015 (2,749 out of 2,988)
- YTD variance from target (2.7% increase)

The General Adult Community Mental Health Teams are performing 2.7% year to date above target nationally. All of the CHOs are exceeding the targets with the exception of CHO 1 (85.9%), CHO 7 (87.3%) and CHO 9 (80.9%).

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

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

- 98.7% September 2015 (737 out of 747), 98.8% September 2014 (858 out of 869)
- 98.1% YTD 2015 (7,034 out of 7,170), 98.8% YTD 2014 (7,042 out of 7,128)
- 98.7% September 2015 (737 out of 747), 98.4% August 2015 (728 out of 740)
- YTD variance from target (0.9% decrease)

In September, 98.7% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks. A significant outlier for this metric is CHO 4 (91.7%). This underperformance is arising from significant resource issues being experienced by one team.

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

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

- 70% September 2015 (815 out of 1,165), 73.2% September 2014 (880 out of 1,203)
- 75.7% YTD 2015 (8,218 out of 9,779), 76.4% YTD 2014 (7,499 out of 9,816)
- 70% September 2015 (815 out of 1,165), 67.8% August 2015 (542 out of 800)
- YTD variance from target (2.9% decrease)

70% of referrals accepted by CAMHs Teams were offered a first appointment within 12 weeks which is 10.2% 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 validation of the waiting lists and seasonal factors. The best performing is CHO 2 (94.9%) with the most significant outlier for this metric being CHO 1 (58.7%).

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

- 74.2% September 2015 (2,492 out of 3,359), 73.8% September 2014 (2,321 out of 3,145)
- 73.4% YTD 2015 (20,794 out of 28,331), 73.4% YTD 2014 (20,598 out of 28,063)
- 74.2% September 2015 (2,492 out of 3,359), 72.1% August 2015 (2,154 out of 2,988)
- YTD variance from target (2.1% decrease)

74.2% 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 (90.3%) with a significant outlier for this metric being CHO 9 (56.3%). 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 September.

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

- 96% September 2015 (717 out of 747), 96.9% September 2014 (842 out of 869)
- 95.5% YTD 2015 (6,847 out of 7,170), 95.8% YTD 2014 (6,828 out of 7,128)
- 96% September 2015 (717 out of 747), 95.8% August 2015 (709 out of 740)
- YTD variance from target activity (0.5% increase)

In September, 96% 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 (70%) and the 3% national DNA rate in September. 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%)

- 63.2% September 2015 (736 out of 1,165), 60% September 2014 (722 out of 1,203)
- 67.7% YTD 2015 (6,620 out of 9,779), 66.7% YTD 2014 (6,547 out of 9,816)
- 63.2% September 2015 (736 out of 1,165), 61.3% August 2015 (490 out of 800)
- YTD variance from target (6% decrease)

In September 2015, 63.2% of referrals nationally were offered a first appointment and seen within 12 weeks against a target of 70% with YTD performance slipping behind the target of 72%.

The best performing CHO's are 2 (87.1%) and 3 (85.7%) with the significant outliers for this metric being CHO 1 (55.3%), CHO 6 (54.2%) 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 September.

In September, 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 September, there were 1,319 children and adolescents waiting for a first appointment for longer than three months, of which 214 children or adolescents were waiting more than 12 months for a first appointment with the community child and adolescent mental health services. This represents a reduction of 27 or 11% compared to last month and 245 or 53% compared to April.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the objective of offering first appointments and seeing individuals within three months is a priority for 2015. There may be a number of factors contributing to an individual waiting longer than 12 months. In the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally, a validation exercise combined with analysis of those on this part of the waiting list was completed in April. A targeted waiting list initiative is on-going focusing initially on those with more than 20 children waiting more than 12 months. A comparison of the numbers waiting in April against those for September shows that while the number waiting longer than 3 months has decreased by 420, the over 12 month waiting number has reduced by 245 and is now at 214.

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

- 2,309 September 2015, 2,595 September 2014 (11% decrease/286)
- 2,309 September 2015, 2,262 August 2015 (2% increase/47)
- Variance YTD from target activity (12.3% decrease/323)

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

- 990 (43%) September 2015, 983 (37%) September 2014 (0.7% increase/7)
- 990 (43%) September 2015, 781 (35%) August 2015 (26.8% increase/209)

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

- 1,319 (57%) September 2015, 1,612 (62%) September 2014 (18.2% decrease/293)
- 1,319 (57%) September 2015, 1,481 (65%) August 2015 (10.9% decrease/162)

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

- 214 (9%) September 2015, 376 (14%) September 2014 (43% decrease/162)
- 214 (9%) September 2015, 241 (11%) August 2015 (11.2% decrease/27)
- Variance YTD from target activity (>100 % increase/214)

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 214 (or 9% of the waiting list) individuals waiting more than 12 months for a first appointment. 74.6% (47) of teams have no children waiting longer than 12 months.

Of the 16 teams who have individuals waiting longer than 12 months, 6 teams comprise 71% (151) of those (214) waiting longer than 12 months. This issue is being addressed in the context of the CAMHS Service Improvement Project and in consultation with the CHOs locally. A validation exercise combined with analysis of those on this part of the waiting list has been completed and a targeted waiting list initiative is now underway focusing initially on those teams with more than 20 children waiting more than 12 months.

Outline of expected activity for September 2015

| | Outturn 2014 | Expected Activity | Target | Sept 2015 | % var YTD v Tgt / EA YTD | SPLY No | % var YTD 2014 v YTD 2015 |
|---|--------------|-------------------|--------|-----------|--------------------------|---------|---------------------------|
| Total no. to be seen | 2,869 | | 2,632 | 2,309 | -12.3% | 2,595 | -11.0% |
| Total no. to be seen (0-3 months) | 1,158 | 1,153 | | 990 | -14.1% | 983 | 0.7% |
| Wait List (i.e. those waiting >3 months) | 1,711 | 1,479 | | 1,319 | -10.8% | 1,612 | -18.2% |
| No. on waiting list for first appointment at end of each month by wait time | | | | | | | |
| No on CAMHS waiting list (3-6 months) | 536 | 534 | | 550 | 2.9% | 586 | -6.1% |
| No on CAMHS waiting list (6-9 months) | 447 | 331 | | 345 | 4.2% | 425 | -18.8% |
| No on CAMHS waiting list (9-12 months) | 323 | 614 | | 210 | -65.8% | 225 | -6.7% |
| No on CAMHS waiting list (> 12 months) (Zero Tolerance) | 405 | | 0 | 214 | >100% | 376 | -43.1% |

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) | 65,059 | 49,591 | 48,507 | 1,084 | 2.23% |
| Galway, Mayo Roscommon (2) | 90,203 | 67,774 | 67,314 | 460 | 0.68% |
| Clare, Limerick North Tipp, East Limerick(3) | 57,619 | 43,576 | 43,044 | 532 | 1.24% |
| North & West Cork North & South Lee Kerry (4) | 100,719 | 76,777 | 75,708 | 1,070 | 1.41% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 88,438 | 66,747 | 66,014 | 734 | 1.11% |
| Dublin South East Dun Laoghaire Wicklow (6) | 51,995 | 38,908 | 38,864 | 44 | 0.11% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 71,127 | 53,335 | 53,220 | 115 | 0.22% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 77,803 | 60,109 | 57,954 | 2,155 | 3.72% |
| Dublin North Central Dublin North West Dublin North (9) | 102,253 | 76,730 | 76,562 | 168 | 0.22% |
| Regional & National | 54,067 | 29,373 | 34,849 | (5,476) | -15.71% |
| Total | 759,284 | 562,920 | 562,035 | 885 | 0.16% |

Financial Commentary

Mental Health Services spent €562.9m year to date September 2015 against a budget of €562.0m, representing an overspend of €0.9m or 0.16%

Pay excluding superannuation is €4m under plan against a budget of €457m equating to a favourable variance of 0.89%. 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 €3.9m over plan. Income is €1.1m 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 September 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 | 9,316 |
| | Direct Staff Indicative workforce number | 9,262 |
| | Direct Staff WTE Indicative workforce number Variance ⁴ | 54 |
| | Direct Staff WTE Indicative workforce number Variance % | 0.6% |
| | 2015 Development posts | 7 |
| | 2015 Development posts filled | |
| | % 2015 Development posts filled | |
| | pre-2015 Development posts | 1,144.1 |
| | pre-2015 Development posts filled this month | |
| | pre-2015 Development posts filled to date | 922.5 |
| | % pre-2015 Development posts filled | 80.63% |
| | Direct Staff Headcount | 10,143 |
| | Absence rates – Medical Dental | 2.51% |
| | Absence rates – Nursing | 4.86% |
| | Absence rates Health and Social Care professionals | 3.99% |
| | Absence rates – Management Admin | 4.10% |
| | Absence rates – General Support Staff | 4.60% |
| | Absence rates – Other Patient & Client Care | 5.24% |
| | Absence rates – Overall | 4.65% |
| | EWTD | % Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs |
| % Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs | | 92% |

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
- 431 or 90% of the 477.5 development posts for 2013 have started.
- Of the 251.1 posts allocated in 2014, 103 have been recruited of which 97 have started by 30th September 2015 and a further 64.5 are at various stages in the recruitment process.

⁴ 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 September 2015 was 32 - 4 new SREs were reported in September 2015
- At the end of September 2015, 29% of investigations were reported as compliant with 4 month timeline for investigation completion.

Social Care: Disability Services

Quality & Safety

Aras Attracta

In early September, a session, attended by members of the team in Aras Attracta and the National Director Social Care and his Team was held in Aras Attracta. The session focused on developing a future pathway for Aras Attracta, and explored the opportunity to develop and progress the service from an institutional model of care to a community based model. To progress this plan, which includes consultation, with service users, their families, staff and voluntary providers, to the next stage a 'Round Table' meeting between HIQA and the HSE is scheduled.

Over the last year, a fundamental review of all aspects of the service delivered at the centre, including training and improvement measures has taken place. In this context the team at Aras Attracta, together with the Chief Officer and the CHO Leadership Team are fully engaged with the work underway by the HSE at national level in rolling out the 6 Step Programme of System Wide change in our disability services. Indeed a number of the specific steps of the 6 Step Programme such as the McCoy Review are specifically targeted at developing improvements in Aras Attracta.

The next National Summit will be held on Wednesday November 18th 2015. Focused on "*Engaging People to Achieve Good Lives: Essential Features of Effective and Enriching Services*". A number of Regional workshops will take place in 5 locations throughout the country in advance of the National Summit. Both the Regional Workshops and National Summits will be facilitated by Mr. John Armstrong, an internationally recognized expert on 'Social Role Valorisation'. Mr. Armstrong has a particular interest and provides training and articles related to the factors that promote the welfare of people and reduce the potential for neglect and harm.

Quality Profiles

As staff and services experience the spread of quality improvement projects in their area of work it is important to document in some way their quality improvement journey and communicate the good work that has resulted in a better quality of care for clients and service users. The first early adopter site was St. Brendan's Hospital, Loughrea, Galway. St. Brendan's is an older person facility with approximately 100 residents. This has proved to be very successful with 23 quality improvement initiatives generated and reflected on their Quality Profile. A second early adopter site in Cork is proposed where there are 9 Older Person Units. Aras Attracta has also been identified as an early adaptor site, in light of the significant programme of change underway there.

HIQA Inspections

A total of 515 HIQA Inspections have taken place January to September 2015, these include the inspection of 52 HSE services. In respect of the 18 outcomes, which make up each inspection, there was a 63% compliant rate, with 37% non compliant. The areas where most improvement is required include management, governance & management and safeguarding & safety, and action plans have been put in place to bring about these improvements.

| No of Inspections | 515 | | 58 | | 52 | | 6 | |
|------------------------|-----------------------|--------------------------|------------------|--------------------|----------------------------|------------------------------|----------------------|------------------------|
| Outcome | Total Jan to Sep 2015 | % Total Jan to Sept 2015 | Total This Month | % Total This Month | HSE Total Jan to Sept 2015 | HSE % Total Jan to Sept 2015 | HSE Total This Month | HSE % Total This Month |
| Compliant | 4693 | 63% | 651 | 72% | 253 | 39% | 47 | 55% |
| Non Compliant | 2788 | 37% | 254 | 28% | 399 | 61% | 39 | 45% |
| Major non compliant | 757 | 10% | 62 | 7% | 121 | 19% | 3 | 3% |
| Moderate non compliant | 1741 | 23% | 187 | 21% | 327 | 36% | 34 | 40% |
| Minor non compliant | 290 | 4% | 5 | 1% | 41 | 6% | 2 | 2% |

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

- 32.8% (284 of 864 assessments) September 2015/Q2 2015, 31% (253 of 812 assessments) June 2015/Q1 2015 (1.8% increase)
- 34.2% (832 of 2,434 assessments) YTD 2015, 34.7% (861 of 2,476 assessments) YTD 2014
- YTD variance from expected activity is -65.8% from target

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

All CHOs are performing well below target as follows: CHO 1 (-22.5%), CHO 2 (-12.6%), CHO 3 (-45.7%), CHO 4 (-81.2%), CHO 5 (-68.1%), CHO 6 (-25%), CHO 7 (-80.2%), CHO 8 (-54.6%), CHO 9 (-87%).

Children's disability services continue to struggle to complete Assessments of Need in line with timelines outlined in the Disability Act 2005. While there has been a increase of 1.8%, between Q2 and Q3, it is important to note that the demand for assessments has increased by 16.7%, 593 additional requests, over the last 12 months. A significant process of reconfiguration is underway within Children's Disability Network Teams. Services that have already reconfigured into Childrens Disability Network Teams are performing better in terms of completing assessment within the timelines as provided for in the regulations.

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

- 46 Q3 2015,
- 84 YTD 2015,
- YTD variance from expected activity is -44% from target

All CHO Areas continue to work towards their target, as part of the national end of year target of 150 to transition from congregated to community settings. As this target is an end of year target many CHO Areas will not identify that transitions are complete until the last Quarter of the year. In Quarter three 46 people have transitioned from congregated to community settings. Progress of the 150 target is monitored through Division of Social Care/CHO Chief Officers.

0-18's Programme

In line with the objectives of the 0-18s disability programme, implementation is underway to maximize the number of LIG's which will have fully reconfigured their children's services into children's disability network teams by the end of 2015. While some slippage has been experienced, due to challenges around accommodation and recruitment of staff, currently 56 of the 129 teams have successfully reconfigured, with a number scheduled to be completed prior to year end. Disability Development posts for 2015 have now been allocated to the 9 CHO's and the recruitment process has begun with emphasis on Speech and Language Therapy, Occupational Therapy, Psychology and Physiotherapy based on the identified need in the Assessment of Need Reports.

Access

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

- 2,583 September 2015 / YTD 2015, 2,583 September 2014
- 2,583 August 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 focuses on the development of an individual's life skills, social skills and basic work skills with the objective of enhancing the trainee's quality of life and general work capacity.

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

- 2,806 September 2015 / YTD 2015, 2,866 September 2014 / YTD 2014 (2% decrease/60)
- 2,806 September 2015, 2,794 August 2015 (0.4% increase/12)
- YTD variance from expected activity -2% (64)

Overall performance is below target. The following CHOs are performing below target CHO 4 (-5%), CHO 5 (-12%), CHO 6 (-9%), CHO 7 (-6%) and CHO 9 (-2%). The CHOs performing at or above target are CHO 1 (3%), CHO 2 (0%), CHO 3 (3%), CHO 8 (10%).

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 September 2015 2,583 places are provided to 2,806 participants. A place may be occupied by one 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.

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) | 106,263 | 82,898 | 79,221 | 3,677 | 4.64% |
| Galway, Mayo Roscommon (2) | 139,371 | 109,789 | 103,717 | 6,073 | 5.85% |
| Clare, Limerick North Tipp, East Limerick(3) | 127,098 | 98,123 | 94,767 | 3,356 | 3.54% |
| North & West Cork North & South Lee Kerry (4) | 185,780 | 142,933 | 138,949 | 3,983 | 2.87% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 130,545 | 101,798 | 97,238 | 4,559 | 4.69% |
| Dublin South East Dun Laoghaire Wicklow (6) | 204,980 | 159,581 | 153,464 | 6,118 | 3.99% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 142,410 | 111,578 | 106,063 | 5,515 | 5.20% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 165,863 | 129,809 | 123,726 | 6,084 | 4.92% |
| Dublin North Central Dublin North West Dublin North (9) | 240,685 | 188,173 | 179,401 | 8,772 | 4.89% |
| Regional & National | 17,316 | 2,768 | 14,013 | (11,245) | -80.25% |
| Total | 1,460,311 | 1,127,450 | 1,090,558 | 36,892 | 3.38% |

Financial Commentary

This group of services has recorded a YTD September net deficit of €36.9m. 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%)

- 91% of active cases were reviewed in September (191 out of 210)
- YTD variance from expected activity -2.2% (38)
- 88% YTD of active cases were reviewed in within 6 month timeframe

112 new referrals for Elder Abuse were received in September.

| Abuse type | Percentage of new referrals |
|---------------|-----------------------------|
| Physical | 10.4% |
| Psychological | 27% |
| Financial | 22.6% |
| Neglect | 18.3% |
| Other | 21.7% |

Access

Home Care Services

Mainstream Home Help (HH) is the basic home based service provided to maintain large numbers of older people in their homes. Home Care Packages (HCP) and HH activity is managed in a flexible way to meet the immediate needs of priority cases within the growing older population and in a way that supports hospital discharges as a priority.

With increasing numbers of older people and no increase in hours provided (mainstream service has remained at 10.3m hours since 2012) the mainstream HH service focuses on those who are most dependent. Consequently the requirement to provide more hours at times outside of core hours, in the evenings and at weekends, brings increased costs. The challenge is to maintain activity in line with targets where the average cost per hour is increasing, due to non-core hour's activity, and exceeding available budgets.

As mainstream HH services become more stretched with the greater numbers of older very dependent people remaining at home & due to the commitment to support acute hospital discharges, two factors begin to impact:

- A greater number of people move to the HCP Scheme as mainstream services cannot meet their needs and the number of HCPs approved increases - this can be seen in the number of HCPs exceeding target with consequent increased costs arising for the HCP scheme.
- It is expected that the average cost of a HCP will begin to rise as greater numbers of very dependent people opt to remain at home with a HCP that alters relative to their increasing need.

The system taking all of the above into account is focused on managing the total home care resource across HH/HCP in a way which meets the priority needs within the overall resource available for home care. Accordingly activity on home help may have to be balanced against increased demand and approval of higher than average HCPs.

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

- 14,845 September 2015, 13,068 September 2014 (increase 13.6%/1,777)
- 14,845 September 2015, 14,709 August 2015, (increase 0.9%/136)
- YTD variance from expected activity is 12.5% (1,645)

All CHO's are meeting or exceeding their expected level of activity with the exception of CHO 2 (-1.5%) and CHO 4(-3.7%). The level of HCP activity in any CHO is reflective of the assessed needs of the individual clients and the cost of individualised HCPs and so may be above or below expected levels.

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

- 130 September 2015 / comparison with September 2014 not available as data collection did not commence until October 2014
- 130 September 2015, 122 August 2015, (increase 6.6%/8)
- YTD variance from expected activity is -31.6% (60)

Intensive Home Care Packages are being provided by all CHOS as follows: CHO 1 (1) CHO 2 (37), CHO 3 (8), CHO 4 (19), and CHO 5 (2) CHO 6 (9), CHO 7 (3), CHO 8 (6) and CHO 9 (45). 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, 7,774,482, Annual 10.3m)

- 872,195 September 2015, 846,430 September 2014 (increase 3%/25,765)
- 7,820,435 YTD 2015, 7,729,710 YTD 2014 (increase 1.2%/90,725)
- 872,195 September 2015, 860,542 August 2015 (increase 1.4%/11,653)
- YTD variance from expected activity 0.6% (45,953)

4 of the 9 CHOs have not met their target in September. These are CHO 4 (-5%), CHO 5 (- 3.3%) CHO 6 (-5%) and CHO 7 (- 3.5%).

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

- 47,589 September 2015 / YTD 2015, 47,179 September / YTD 2014 (increase of 0.9%/410)
- 47,589 September 2015, 47,729 August 2015, (decrease of 0.3%/140)
- YTD variance from expected activity -4.8% (2,411)

The expected level of activity is being met by CHO 8 (6%). All other CHOs are below target. CHO 4 is a significant outlier at (-10.1%) and CHO 6 continues to be a significant outlier at (- 11.5%).

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

- 23,106 September 2015 / YTD 2015, 21,961 September 2014 / YTD (5.2% 1,145 increase)
- YTD variance from expected activity 3.3% (1,145)

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

| Month 2015 | No. of new applicants | National placement list for funding approval | Total no. people funded under NHSS in LTRC | Private Units | | | Public Units | | |
|-----------------|-----------------------|--|--|-------------------------------------|------------------------------|--------------|-------------------------------------|------------------------------|--------------|
| | | | | No. of new patients entering scheme | No. of patients Leaving NHSS | Net Increase | No. of new patients entering scheme | No. of patients Leaving NHSS | Net Increase |
| Jan | 1,001 | 1,369 | 22,324 | 457 | 452 | 5 | 152 | 160 | -8 |
| Feb | 959 | 1,378 | 22,231 | 484 | 510 | -26 | 155 | 182 | -27 |
| Mar | 947 | 1,308 | 22,142 | 511 | 511 | 0 | 145 | 181 | -36 |
| Apr | 865 | 575 | 22,521 | 905 | 542 | 363 | 240 | 186 | 54 |
| May | 801 | 557 | 22,605 | 558 | 458 | 100 | 159 | 156 | 3 |
| June | 818 | 576 | 22,670 | 590 | 494 | 96 | 167 | 161 | 6 |
| July | 816 | 544 | 22,778 | 527 | 397 | 130 | 136 | 138 | -2 |
| August | 728 | 159 | 23,027 | 615 | 360 | 255 | 155 | 126 | 29 |
| Sept. | 768 | 197 | 23,106 | 522 | 440 | 82 | 142 | 125 | 17 |
| YTD 2015 | 7,703 | 197 | 23,106 | 5,169 | 4,164 | 1,005 | 1,451 | 1,415 | 36 |
| Sept. 15 | 768 | 197 | 23,106 | 522 | 440 | 82 | 142 | 125 | 17 |
| Sept. 14 | 843 | 2040 | 21961 | 293 | 311 | -18 | 103 | 134 | -31 |

In September 2015 the Nursing Homes Support Scheme funded 23,106 long term public and private residential places, and when adjusted for clients not in payment, there were 24,275 supported under the scheme. This is a net increase of 79 month on month, in the number of people supported under the scheme with 664 new clients entering the scheme and 565 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:

- supporting an additional 1,604 people this year bringing the total number of people to be supported to 23,965
- reduce the National Placement List to a stabilised level of 550 to 580 for the rest of the year
- reduce the average wait time for approved applicants to 4 weeks from April to December 2015.

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 197 (down from 1,411 at the start of the year) and the wait time had decreased to 2-4 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. Additional places under this initiative will be approved month by month to year end. Consequently, over the coming months the number of people supported under the scheme will continue to increase on an ongoing basis.

A total of 7,462 people were approved for funding under the scheme in the current year to date, compared to 4,121 people approved for the same period last year. This is an 81% increase on approvals year on year.

In the first nine months of 2015, 7,703 applications were received and 6,620 new clients went into care and were funded under the scheme in public and private nursing homes. This is an increase of 2,296 or 53% in the number of new clients supported under the scheme when compared to the same period last year. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

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

- 5,257 September 2015 / YTD 2015, 5,289 September 2014 / YTD 2014 (decrease of 0.6%/32)
- YTD variance from expected activity -0.6% (30)

Activity levels in September are marginally under target at (-0.6%). Underperforming CHOs are CHO 1 (-2.1%), CHO 4 (-0.9%), CHO 5 (-0.7%), CHO 6 (-1.3%), CHO 8 (-0.9%) and CHO 9 (-0.8%). The other CHOs are performing at 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 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 11 weeks to the previous norm of 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.

Progress to date with implementation of €74m initiative

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

To date an additional 746 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 197.

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

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

Additional Transitional Care Placements (Target 500)

In addition to the 1,513 beds detailed above, up to the end of September the resource has provided for 2,677 approvals for additional patients to benefit from transitional care placements since April. It is envisaged that the NHSS improved position of 4 weeks waiting will support the majority of the hospital system on an on-going basis. However, in line with the ED Taskforce Implementation Plan, 17 hospitals will require continued support to meet the delayed discharge targets and it has been agreed that 83 additional transitional care places will be assigned per week to each of these hospitals from July 2015. It is envisaged that in total, 2,490 patients will benefit to year end with these additional transitional care bed arrangements.

Public Bed Commitment (Target an additional 197 beds)

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

CHO Engagement and Winter Planning

- There have been a series of Acute Hospital division, Social Care division and Chief Officer meetings throughout the country, including key management from both divisions at National, Hospital Group and Area level and also including key people delivering integrated discharge planning from the Acute Hospitals and the Social and Primary Care services at area level. A number of these meetings have taken place and more are planned in the coming week.
- These meetings were well attended and to date there has been very positive feedback from Acute Hospital groups in relation to the support received from Social Care throughout 2015 and it was acknowledged that every effort has been made to ensure timely and appropriate egress from the acute hospitals whether that be for Long Term Care, Convalescence, Transitional Care or Home care, in addition a number of highly complex cases have been funded to relocate to more appropriate accommodation, some of these individuals have been in acute beds for very prolonged periods of time.

- Each Chief Officer has been advised of the need to ensure there is an ongoing integrated discharge programme in operation in their area involving regular links with the relevant staff in the Acute Hospital in their area:-
 - At Chief Officer – CEO level,
 - At General Manager & Operational Manager levels
 - At Services for Older People and Primary Care Management level
 - At Discharge coordinators and DONs of community Hospitals, ADPHNs etc

Delayed Discharges

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

- 609 September 2015, 746 September 2014 (change 137/22.5%)
- August 2015 reported at 577, therefore an increase of 32 delayed discharges (5.5%) on the last reporting period
- Variance from target 5.6%

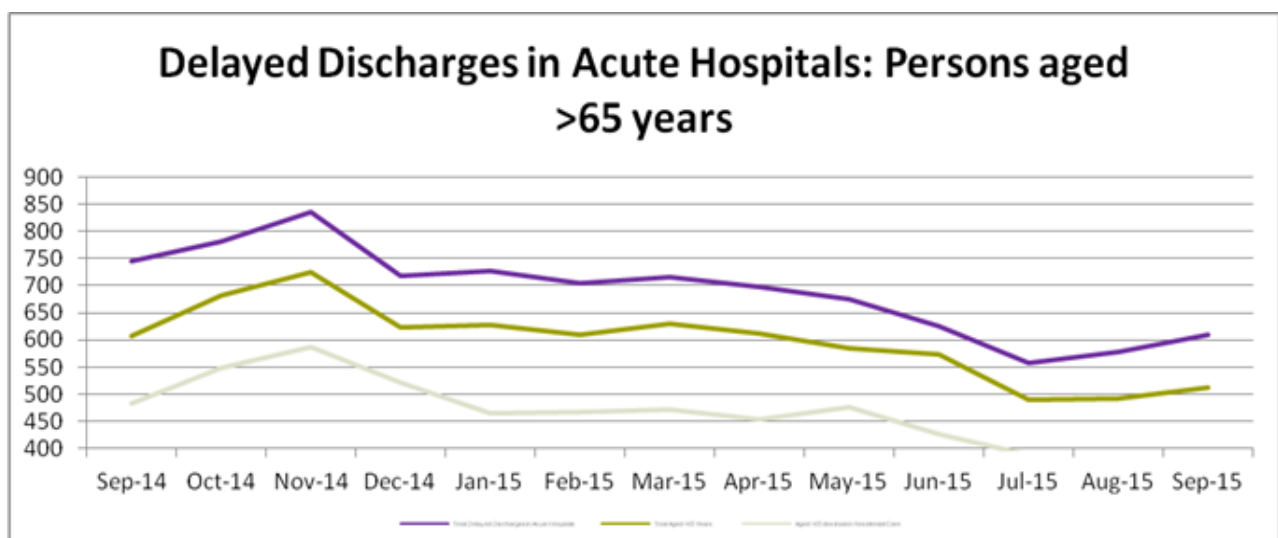
The hospitals who are more than 15% away from their target are St. Columcilles, St. Michaels, Wexford, Naas, Tallaght, Cavan, Our Lady of Lourdes, Drogheda, Cork University Hospital, Mercy, University Hospital Waterford, Ennis, University Hospital Limerick, Mayo and Roscommon.

The number of people waiting over 90 days is now 131.

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

As of the end of September, there were 512 patients aged 65 and over medically discharged in Acute Hospitals. Of these 73.2% (376) are awaiting Long Term Residential Care, -22.4% decrease on September 2014 (source Delayed Discharges National Report, 29th September 2015).

| Delayed Discharges by Destination (29/09/2015) | Over 65 | Under 65 | Total No. | Total % |
|--|------------|-----------|------------|---------------|
| Home | 72 | 22 | 94 | 15.4% |
| Long Term Nursing Care | 375 | 42 | 417 | 68.5% |
| Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases) | 65 | 33 | 98 | 16.1% |
| Total | 512 | 97 | 609 | 100.0% |



Finance

| Social Care Older Persons | Approved Allocation €'000 | YTD Actual €'000 | YTD Plan €'000 | YTD Variance €'000 | % Var Act v Tar €'000 |
|--|------------------------------|---------------------|-------------------|-----------------------|-----------------------------|
| Cavan, Monaghan Sligo, Leitrim, Donegal (1) | 73,556 | 58,628 | 54,835 | 3,793 | 6.92% |
| Galway, Mayo Roscommon (2) | 59,966 | 49,978 | 45,127 | 4,852 | 10.75% |
| Clare, Limerick North Tipp, East Limerick(3) | 57,673 | 45,414 | 43,488 | 1,926 | 4.43% |
| North & West Cork North & South Lee Kerry (4) | 118,447 | 94,238 | 89,580 | 4,658 | 5.20% |
| Waterford, Wexford Carlow, Kilkenny Tipperary South (5) | 60,255 | 47,435 | 45,447 | 1,988 | 4.37% |
| Dublin South East Dun Laoghaire Wicklow (6) | 52,376 | 41,367 | 39,853 | 1,515 | 3.80% |
| Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7) | 86,332 | 66,140 | 66,303 | (163) | -0.25% |
| Laois, Offaly Longford, Westmeath Louth , Meath (8) | 52,790 | 45,446 | 40,278 | 5,168 | 12.83% |
| Dublin North Central Dublin North West Dublin North (9) | 88,324 | 66,448 | 65,470 | 978 | 1.49% |
| Regional & National | 51,802 | 26,174 | 35,734 | (9,560) | -26.75% |
| Subtotal | 701,519 | 541,268 | 526,114 | 15,154 | 2.88% |
| NHSS | 831,118 | 631,770 | 622,565 | 9,205 | 1.48% |
| Overall Total | 1,532,637 | 1,173,038 | 1,148,679 | 24,359 | 2.12% |

Financial Commentary

Older People Services are reporting a year to date September net deficit of €15.2m. NHSS is showing an overspend of €9.2m.

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 | 25,366 |
| | Direct Staff Indicative workforce number | 24,816 |
| | Direct Staff WTE Indicative workforce number Variance | 550 |
| | Direct Staff WTE Indicative workforce number Variance % | 2.2% |
| | 2015 Development posts | 212 |
| | 2015 Development posts filled | 18 |
| | % 2015 Development posts filled | 8.49% |
| | pre-2015 Development posts | 175 |
| | pre-2015 Development posts filled | 83.2 |
| | % pre-2015 Development posts filled | 47.54% |
| | Direct Staff Headcount | 29,213 |
| | Absence rates – Medical Dental | 2.51% |
| | Absence rates – Nursing | 4.86% |
| | Absence rates Health and Social Care professionals | 3.99% |
| | Absence rates – Management Admin | 4.10% |
| | Absence rates – General Support Staff | 4.60% |
| | Absence rates – Other Patient & Client Care | 5.24% |
| | Absence rates – Overall | 4.65% |

Note: Absence rates are reflective of all of Community Healthcare