

JUNE 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Performance Overview June 2014

INTRODUCTION

This is the half year June Performance Assurance Report (PAR) of 2014. It reviews key performance areas which are laid out in the National Service Plan 2014. Performance comment is set out by Division.

QUALITY AND PATIENT SAFETY

Award for Our Lady's Children's Hospital Crumlin

Our Lady's Children's Hospital Crumlin has been awarded an international award by the **Extracorporeal Life Support Organisation (ECLO)**.

HIQA report on the UL hospitals group

The HIQA report – *'Report of the review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals'* reports a clear willingness to change and improve services for the public, but that the absence of a statutory governance framework is hindering the development of strong governance and patient safety functions.

Quality Assurance

The National Quality Assurance Programme in Radiology went live for QA data collection in University Hospital Waterford on 19th June 2014.

ACUTE HOSPITALS

Delayed Discharges

The number of delayed discharges reported at the end of June was 633. There is a continuing upward trend in delayed discharges since the beginning of the year with the latest (August) data showing 697 delayed discharges across acute hospitals. A co-ordinated approach to delayed discharges between Acute and Social Care Divisions is underway to reduce the number of people awaiting placements to nursing homes or home, depending on their personal requirements. Despite this initiative it is likely that there will continue to be increasing numbers of patients awaiting discharge within the next number of months reducing in-patient capacity for winter months.

Unscheduled Care

Although there has been a 10.5% (29) decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan – Jun 2013/2014), a sustained downward trend in admission waits has not yet been achieved. During the same period there was a 2.3% (4,482) increase in emergency admissions which accounts for some of the continued pressure on in-patient capacity. Other factors include: the rising number of delayed discharges occupying beds; continued bed closures during 2014; and the increasing complexity of emergency admissions.

Scheduled Care

Waiting Times

Adult

Adult waiting lists demonstrate that 86% (41,111) of adults were waiting less than eight months for a planned procedure in June 2014. The numbers waiting over 8 months now number 6,467 a 22.5% (n=1,189) increase on May.

Paediatric

74% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,720). The numbers waiting over 20 weeks now number 1,297 a 19.4% (n=211) increase on May.

The HSE is currently undertaking an analysis of growth rates in waiting list breaches to project additional elective capacity required to respond. The HSE will review options regarding additional elective capacity in the context of its financial cost containment plans. Limited options for additional capacity will be linked to the HSE's ability to arrest further increases in the key waiting list breach areas.

GI Endoscopies

75% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in June 2014. The numbers waiting over 13 weeks now number 2,699 a 33.7% (n=681) increase on May.

In-patient activity

In-patient activity rates have marginally increased by 0.5% (n=1,545) compared to 2013. However, this variance masks significant changes in the balance between the proportion of scheduled/unscheduled care provided. Activity is ahead of the funded levels expected in 2014 by 0.7% (1,915).

Out patient Activity

In June 2014 the number of patients waiting in excess of 12 months for an outpatient appointment was 31,813 a reduction of 64% when comparing the same periods in 2013 and 2014. The HSE's Out-patient Improvement Project continues to target capacity and business process improvements across all hospitals. However, despite this, out-patient waiting numbers are continuing to increase due to higher demand and referral rates with target breaches increasing by over 300% since January.

Cancer Services

Breast Cancer Services

94% of urgent referrals were offered an appointment within 2 weeks against a target of 95%.

Lung Cancer Services

88% of those reported as attending rapid access clinics were offered an appointment within 10 working days against a target of 95%.

Prostate Cancer Services

Year to date 584 (45%) of reported attendances were offered an appointment within the twenty day timeframe against a target of 90%

The rapid access prostate clinics in Waterford, Limerick and Galway have continued to experience particular pressures. Recruitment is underway for additional consultant urologists in Galway and Waterford. Offers have been made to successful and formal acceptance of these offers is awaited. Two additional urology posts have also been approved for the South East and are awaiting recruitment.

The NCCP has been assured that all referrals to these centres are triaged and urgent cases are prioritised and appointments offered to all appropriate patients in the first instance.

Radiotherapy Services

A total of 2,014 patients have been reported as having completed their radical radiotherapy treatment year to date 2014. Of these a total of 1,814 (90%) of all radiotherapy patients commenced treatment within 15 working days of being deemed ready to treat, the target is 90%.

Expansion of additional capacity in Cork and Galway has been sanctioned under the National Plan for Radiation Oncology. Local project teams have been established and the enabling works have commenced.

National Early Warning Score (NEWS)

Implementation rates for the NEWS have now increased to 87% of all hospitals.

PALLIATIVE CARE

Access Community Home Care

In June 87% of patients received specialist palliative care services in their place of residence within 7 days of referral (home, nursing home, non acute hospital), the national target is 82%.

Access Inpatient Care

In June 97% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%). Access performance has improved by 3% since January.

NATIONAL AMBULANCE SERVICE

Ambulance activity

In May 2014, the National Ambulance Service (NAS) responded to 24,804 emergency calls i.e. AS1¹ calls and AS2² calls. The daily average call rate was 800 calls per day. 120,501 calls were received year to date a 4.1% (+941) increase in calls over the same period in 2013.

79.3% of ECHO calls (life-threatening cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds or less in May an improvement on April's performance (75.2%). This also shows an improvement on the reported position in December 2013 (69%).

64.4% of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds minutes or less in May. This shows an improvement on the reported position in December 2013 (59.4%).

The improvement in response times is being delivered alongside an increasing number of calls month on month over 2014. At the end of May the NAS had responded to an additional 4,722 calls when compared to the same period in 2013.

Intermediate Care Services

In May, 75% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicles reflecting a positive development from the Intermediate Care Project. This service ensures that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care.

¹ AS1 – Emergency and urgent calls which are 112 / 999 emergency calls

² AS2 – Calls which are urgent calls received from a general practitioner or other medical sources

Ambulance Turnaround Times

In June the NAS completed a total of 17,994 (600 per day) emergency calls to hospitals, 11,636 (65%) of these calls had their crews and vehicles clear from the hospital and available to respond to further calls within 30 minutes or less. 93% of calls had crews and vehicles clear and available within 60 minutes.

PRIMARY CARE

Community Intervention Teams

At the end of June 2014, 1,215 patients had been seen by the 7 CIT teams in place, bringing the number of patients provided with a service year to date to 7,639.

GP Out of Hours Service

- In June, 79,462 patients availed of GP out of hour's services including triage, treatment, home visit, bringing the total to 489,284 year to date.

Therapy Services

- There has been a 6.4% reduction in the number of people waiting more than 12 weeks for a physiotherapy assessment down from 7,181 at the end of December 2013 to 6,725 people.
Referrals for Physiotherapy services are up 4% in 2014.
- There has been a 12.4% reduction in the number of people waiting more than 16 weeks for an occupational therapy assessment, down from 8,511 at the end of December 2013 to 7,459 people. Of these 1,868 people are waiting more than 12 months.
Referrals for OT services have increased by 14.7% in 2014.
- Speech and Language Therapy referrals are reported at 24,201 up to the end of June, with 21,335 assessments carried out in the same period. 4,408 people were waiting over 4 months for an assessment and 5,095 people were waiting over 4 months for initial treatment post assessment at the end of June

Primary Care Reimbursement Scheme

At the end of June 2014:

- 1,795,168 people held medical cards (39.1% of the population). Included in these cards were 59,378 medical cards granted on discretionary grounds.
- 137,690 people held GP visit cards. Included in these cards were 29,681 GP visit cards granted on discretionary grounds.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 5,344 children in the reporting period and 30,621 children year to date. This is 91.7% of the target group. This compares favourably with the national position for the same reporting period in 2013 (87%).
- The outturn for this reporting period is the highest in-month performance this year at 93.1%. A process is underway to support teams who are failing to reach the target of 95% of children seen for their developmental check up before reaching 10 months.

Breast Cancer Screening

- 10,597 women attended for breast screening in June, bringing the YTD total to 70,812. Activity levels are on target to achieve 140,000 attendances in 2014.

SOCIAL CARE

School Leavers and Rehabilitative Training (RT) Exists

All 1,365 school leavers and their families were advised of the placement location and service they will be receiving in September, 2014 before 30th June.

In June, 2,583 rehabilitative training places were provided for persons with disabilities. As weekly places are utilised by more than one person, 2,847 people availed of these places nationally.

Home Support Services

- 46,895 clients were in receipt of home help services at the end of June a 3% increase (+1,382) on the same period last year.
- 5,020,959 hours provided YTD Nationally, in line with the same period last year, below the expected YTD level of service delivery levels by 2.5% (129,042 hours).
 - DML are running below expected levels of service by 14.3% with (-817,977 hours).
 - DNE are ahead of expected levels of service by 19.3% with (+990,267 hours).
 - South are below expected levels of service by 7.7% with (-1,670,924 hours)
 - West are below expected levels of service by 0.8% with (-1,541,791 hours)
- The expected level of service in 2014 is that 10,870 persons would be in receipt of a home care package at any time.
 - 12,848 persons were in receipt of a home care package at end of June 2014.
 - Activity year-to-date was 18.2% above the expected level of service.

Residential Services

- 22,162 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of June against an expected activity rate of 21,803.
- 3.9% of the population or 21,120 people aged over 65 years were supported in NHSS beds.

MENTAL HEALTH

Adult Mental Health Services

In June, 72% of people offered an appointment by General Adult Community Mental Health teams nationally were seen within three months (target 75%). The national figure can mask variances in performance against the target by individual Teams. Results across Regions are:-

	Region Performance	Highest Performing GACMHT	Poorest Performing GACMHT
DML	70%	100%	25%
DNE	61%	100%	21%
South	75%	100%	34%
West	78%	100%	59%

94% of people offered an appointment by Psychiatry of Old Age Community Mental Health teams were seen within three months, nationally (target >95%).

CAMHs Teams

65% of accepted referrals/re-referrals to CAMHs teams were offered a first appointment and seen within 3 months, nationally (target >75%). The national figure can mask variances in performance against the target by individual Teams. Resouts across Regions are:-

	Region Performance	Highest Performing CAMHT	Poorest Performing CAMHT
DML	64%	93%	33%
DNE	53%	85%	31%
South	68%	100%	17%
West	70%	100%	21%

There are 463 young people waiting more than 12 months for an appointment to be seen.

Children Receiving Care in Acute Mental Health Units

By the end of June, there had been 158 children and adolescents admitted, of which 105 (66%) were to age appropriate Acute Child and Adolescent Inpatient Units and 53 (34%) to adult approved centres, the majority as voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001.

HUMAN RESOURCES

Absence Rates

Latest available national data shows a May rate of absence of 3.92% which is the lowest ever recorded. The rate for the same period in 2013 was 4.50%.

Workforce Numbers

The Health Sector is 2,056 WTEs above the current provisional employment ceiling of 94,895 WTEs) and 2,742 WTEs above provisional end 2014 target of 94,209.

There were 96,951 WTEs at end of June with employment levels 457 WTEs above the end of 2013.

Since September 2007 employment in the health services has reduced by 15,463 WTEs approximately (-13.7%).

At the end of June the Nurse Graduate Programme returned at 390 placements with a 383 WTE value, down 34 WTEs from last month. The intern scheme had 628 care interns and 43 general support interns bringing the total to 1,061 people provided with placements under these schemes.

FINANCE

The HSE's 2014 National Service Plan made clear that the HSE was facing the most severe financial challenge in 2014 resulting from the continued reduction in its funding base and the significant additional savings required.

Between 2008 and 2013 the Health Service costs/budgets have reduced by €3.3bn (22%) and this rises to €4bn (27%) when the 2014 requirement is included.

This is in the context of an increased demand for services, more services being provided with significantly less resources and the loss of more than 10% of our staff.

Net expenditure year to date June 2014 is €6.007 billion against the available budget reported at €5.781 billion leading to a reported deficit of €226.5m.

The acute hospital sector (including Palliative Care) is reporting a deficit of €130.1m at the end of June which represents 57.5% of the overall deficit.

Based on the first six months figures the HSE is not flagging any new financial risks beyond those set out in the service plan, however it should be noted that the financial risks include a number of items which are not within or are not fully within the control of the HSE.

Conclusion

Projections to year end based on data for the first six months of 2014 are being finalised in tandem with assessment of performance in the same period and risk to year end within our cost containment plans. Initial control actions in relation to the key risks outlined above have commenced.

The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014. Consideration must also be given to this exceptional financial challenge in an environment where we are aiming to maximise efficiencies and ensure that we maintain sustainable levels of service with quality and patient care at the core of everything we do.



Updates by Division

QUALITY AND PATIENT SAFETY

Award for Our Lady's Children's Hospital Crumlin

The **Extracorporeal Life Support Organisation (ECLO)** is an international consortium of health care professionals and scientists who are dedicated to the development and evaluation of novel therapies for support of failing organ systems.

Our Lady's Children's Hospital Crumlin has been awarded an international award recognising 'extraordinary achievement' in the following three categories:

- Excellence in promoting the mission, activities, and vision of the Extracorporeal Life Support Organisation.
- Excellence in patient care by using the highest quality measures, processes, and structures based upon evidence
- Excellence in training, education, collaboration, and communication contributes to a healing environment for families, patients and staff.

HIQA report on the UL hospitals group

The HIQA report – 'Report of the review of the governance arrangements as reflected in the safety, quality and standards of services at UL Hospitals' reports a clear willingness to change and improve services for the public, but that the absence of a statutory governance framework is hindering the development of strong governance and patient safety functions.

Quality Assurance

The National Quality Assurance Programme in Radiology went live for QA data collection in University Hospital Waterford on 19th June 2014. The programme will continue to roll out to all public hospitals for Quality Assurance data collection and the National Quality Assurance Intelligence System (NQAIS) for data reporting between now and Q4 2015.

Openness and transparency

Open Disclosure roll out: 47 acute hospitals and 5 Primary and Community areas are now engaging in the open disclosure programme. In June 30 staff briefing sessions and 5 workshops at 13 locations were held. The first Train The Trainer 2 day programme to 12 attendees was also completed.

Quality improvement Areas

The third learning session of the **Pressure Ulcer to Zero Collaborative** took place at the end of June with all 22 teams from acute hospitals, disability and older persons residential care settings and from primary, community care in the Dublin North East Region met up to discuss their work and to share improvements in preventing pressure ulcers.

Strategic Review of Medical Training and Career Structure

The MacCraith group (Strategic Review of Medical Training and Career Structure) was charged with addressing and making recommendations on medical staff recruitment and retention (trainees, specifically). The final report (third of 3) was published on June 30th. The new Minister has renewed his predecessor's commitments to the recommendations. Implementation is therefore being pursued by DOH, HSE and training colleges (via Forum of Postgraduate Training Bodies).

Acute Hospitals

QUALITY AND PATIENT SAFETY

- The % of emergency Hip Fracture Surgeries carried out within 48 hours June 2014 was 79%, in comparison to May 2014 of 84%.
- The % of surgical inpatients who have principal procedure conducted on day of admission June 2014 was 68% up from 64% in May 2014.
- The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 10% in the current month. The surgical re-admission rate has remained at 2.0% over the last six months.
- The average length of stay across hospitals marginally increased to 5.3 days and this is below the 2014 target.
- Many hospitals are continuing to implement the productive theatre improvement programme to target further reductions in length of stay.

HOSPITAL ACTIVITY PERFORMANCE

Unscheduled Admissions		Jan – Jun Actual 2013	Jan – Jun Actual 2014	Val Var	% Var
	ED Admissions	141,437	142,886	1,449	1.0%
	Emergency (Other) ¹	38,792	39,503	711	1.8%
	MAU Admissions ²	15,180	17,502	2322	15.3%
Total Unscheduled Admissions		195,409	199,891	4482	2.3%

Scheduled Admissions		Jan – Jun Actual 2013	Jan – Jun Actual 2014	Val Var	% Var
	Elective Admissions ³	52,805	50,412	-2393	-4.5%
Total Scheduled Admissions		52,805	50,412	-2393	-4.5%

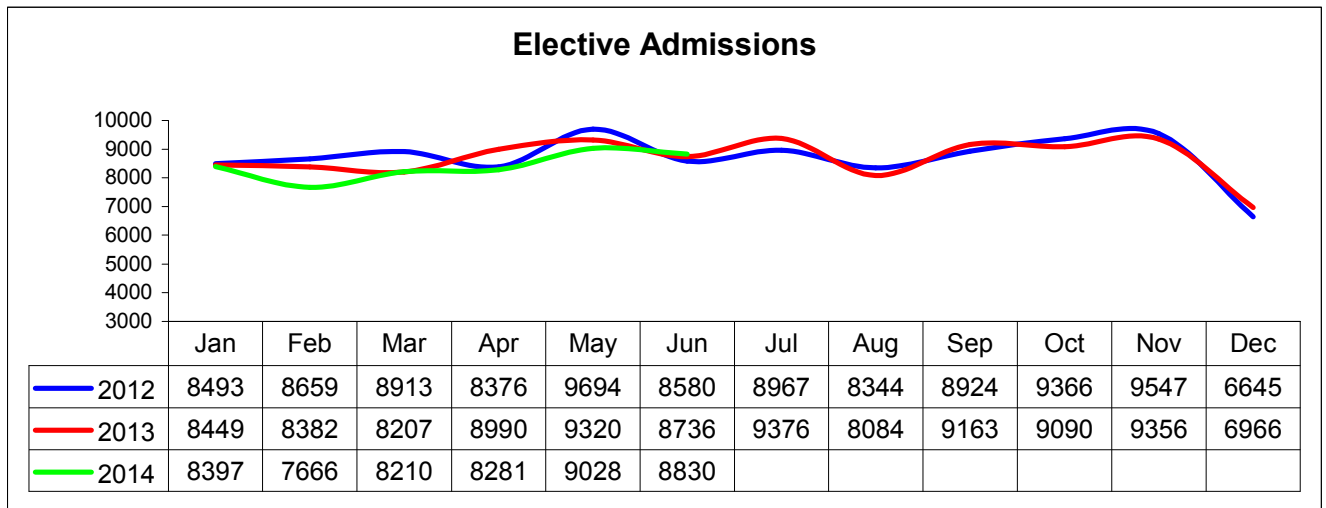
Total Unscheduled and Scheduled Admissions		Jan – Jun Actual 2013	Jan – Jun Actual 2014	Val Var	% Var
Total Unscheduled and Scheduled Admissions		248,214	250,303	2089	0.8%

- There has been an increase in unscheduled admissions (+2.3%) (n=4,482) this year to date. Some hospitals are experiencing a significant rise in ED admissions such as the Mater Hospital (+17%), St. Vincent's (+28%) and Mullingar (+18%) and Crumlin (+19%).
- The most significant rise in emergency admissions has been in MAU related admissions. The HSE has continued to develop the medical assessment facilities across emergency departments to ensure appropriate streaming of patients. The increase in MAU admissions is a result of both increased referral by GPs to hospital based MAUs and an increase in the number of MAUs opened.
- In-patient activity rates have marginally increased by 0.5% (n=1,545) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care

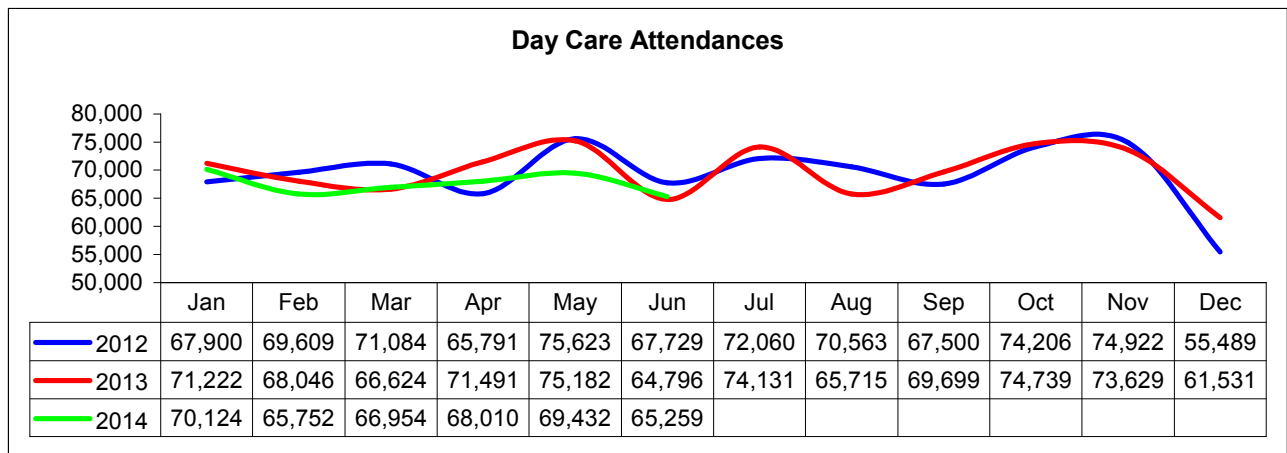
Note¹ Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note² MAU - Medical Assessment Unit

Note³ Elective Admissions do not include Obstetric Elective admissions



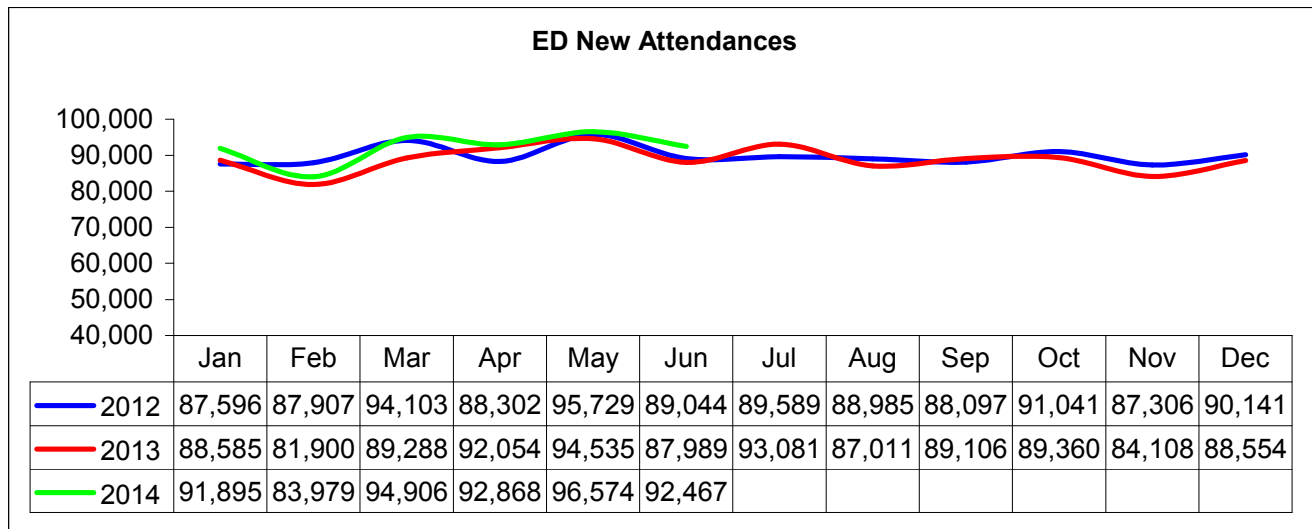
- There has been a 4.5% decrease in elective admissions (n= 2,393) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 14% increase in delayed discharges since the start of the year, further constraining available capacity.
- Although national elective activity has decreased, elective activity has increased amongst a number of hospitals including St. James (+18.5%), Temple Street (+20%), South Infirmary (+24.2%) and South Tipperary (+24.9%)



- Day case attendances have decreased by 2.9% but activity remains almost 1.9% ahead of target. The HSE continues to target its service improvement activities to allow for additional hospital capacity by increased daycase activity and higher daycase rates.

EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3.6% increase in new ED attendances in 2014 compared to 2013. This is a significant rise in new ED attendances given the fact that the number of EDs in operation decreased over 2013 (Mallow, Bantry and St. Columcilles have become urgent care centres over 2013).
- Some hospitals are experiencing significant increases in attendance numbers. For example, since the development of an Urgent Care Centre at St. Columcilles, St. Vincent's Hospital has seen a 26% rise in new attendances and St. Michaels has increased by 8%.

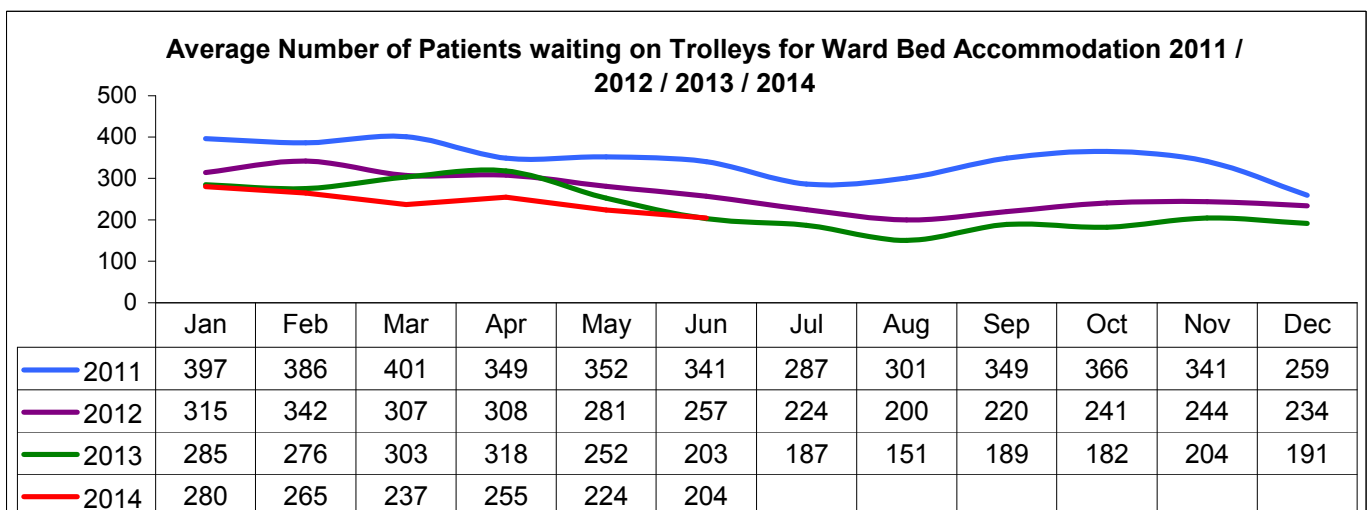


- Jan - Jun 2013 / 2014 3.6% increase (n=19,115)

EMERGENCY DEPARTMENT - TROLLEYGAR and PATIENT EXPERIENCE TIME (PET)⁴

There has been a 10.5% decrease in the number of ED patients waiting on trolleys for ward bed accommodation comparing 2014 with 2013 (Jan-Jun). However, sustaining these reductions over 2014 is increasingly challenging given the rise in demand for emergency admissions and given a constrained in-patient capacity base. In June, there was no significant difference in trolley wait numbers compared to 2013.

The HSE and SDU will continue to work locally with all hospitals on patient flow issues and the HSE will continue to monitor closely the pattern of trolley waits in preparation for the period September to April 2015.



- Improvement in the time waiting on a trolley has been achieved against a backdrop of a 2.3% (4,482) increase in emergency admissions. The use of medical assessment facilities has contributed to the decreased trolley waits. Hospitals are achieving positive progress in the requirement to reduce re-admitted patients.

Note⁴ TrolleyGar performance based on INMO data trolley count / PET coverage is 22 ED hospitals

DELAYED DISCHARGES

- Since January there has been an upward trend in the number of delayed discharges. This trend has plateaued during June due to lower emergency admissions in this month. However, the latest available data as of 6th August 2014 shows 697 patients currently awaiting discharge. This upward trend in delayed discharges may continue to year end reducing hospital capacity for higher ED admissions over the winter period.

Delayed Discharges	28th Jan	25th Feb	25th Mar	29th Apr	27th May	24th June
National Total	614	618	617	647	656	633

It is important to note that while the clinician in charge has ultimate responsibility for the decision to discharge; this decision is made as part of a multi-disciplinary process and focuses on the needs of the individual patient. The Acute Division is currently in discussions with the Social Care Division on the requirement for targeted responses to address the current pattern of delayed discharges. This response will be developed within the current resource base.

Delayed Discharges by Destination 24/06/2014	Over 65	Under 65	Total	
			No.	%
Home	75	12	87	13.7%
Long Term Nursing Care	448	53	501	79.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	30	15	45	7.1%
Total	553	80	633	100.0%

For those patients who are moving to long term nursing care, the main reasons for delayed discharges are NHSS application not yet submitted (157 clients / 24.8%) and NHSS financial determination in progress (123 clients, 19.4%).

WAITING TIMES

INPATIENT

Adult waiting lists demonstrate that 86% (41,111) of adults were waiting less than eight months for a planned procedure in June 2014. The numbers waiting over 8 months now number 6,467 a 22.5% (n=1,189) increase on May.

PAEDIATRIC

74% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,720). The numbers waiting over 20 weeks now number 1,297 a 19.4% (n=211) increase on May.

GI ENDOSCOPY

75% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in June 2014. The numbers waiting over 13 weeks now number 2,699 a 33.7% (n=681) increase on May.

Almost 80% of those waiting more than 13 weeks are concentrated in 5 hospitals. There are specific capacity issues in some areas of the country (e.g. Tallaght/Naas). There continues to be reports of increased referrals notable from primary care for endoscopes. The HSE commenced in March a target endoscope initiative. Despite commissioning over 1,100 long waiter additional scopes across 13 hospitals, the GI endoscope waiting list continues to increase at approximately 5% per month. The HSE is currently working with these hospitals to ensure appropriate schedule.

COLONOSCOPY

0 patients were reported as waiting greater than four weeks for an urgent Colonoscopy at the end of June 2014.

OUTPATIENT

In June 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has decreased from 87,847 to 31,813 a reduction of 64% when comparing the same periods in 2013 and 2014.

The Out-patient Improvement Programme continues to make progress in streamlining referral processing and targeting capacity gains for increased new appointments.

Overall January - June 2014 saw an increase of 5.9% (89,175) in OPD Attendances in comparison to 2013.

In June 2014, 91% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In June 2013, 77% of patients were waiting less than twelve months.

The HSE is currently developing a number of options to address and respond to the significant increase in need for scheduled care capacity. It should be noted that increased focus by the HSE in the area of out-patients will have a concomitant impact on in-patient and daycase treatment requirements (and waiting lists). Similarly, the rise in the requirement for emergency admissions has reduced scheduled care capacity which has in turn, impacted on the total number of patients awaiting treatment. All of these factors contribute to the current trend in waiting lists.

AMBULANCE TURNAROUND TIMES AT ACUTE HOSPITALS

In June the National Ambulance Service (NAS) completed a total of 17,994 (600 per day) emergency calls to hospitals, static against May's call volume which was 18,677 (602 per day) calls. 11,636 (65%) of these calls had their crews and vehicles clear from the hospital and available to respond to further calls within 30 minutes or less. 93% of calls had crews and vehicles clear and available within 60 minutes.

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Dublin East Hospital Group	9,229	9,726	+497	+5.38%
Dublin Midlands Hospital Group	8,495	9,032	+537	+6.33%
Dublin North East Hospital Group	6,780	7,205	+424	+6.26%
South/ South West Hospital Group	8,197	8,652	+455	+5.56%
University of Limerick Hospital Group	2,835	2,997	+162	+5.70%
West/ North West Hospital Group	7,270	7,726	+455	+6.26%
Dublin Paediatric Hospital Group	2,615	2,765	+150	+5.75%
Palliative Care	578	610	+32	+551%
National Hospital Services	23	23	-0	-0.26%
Service development posts	168	0	-168	-
Total	46,190	48,735	+2,545	+5.51%

Note: Children's HG now includes data for Tallaght CH

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin North East	585,562	308,784	291,205	17,579	6%
Dublin Midlands	724,599	374,001	358,483	15,518	4%
Dublin East	738,912	396,078	372,339	23,739	6%
South / South West	635,859	344,456	316,382	28,073	9%
West / North West	596,282	320,568	295,681	24,887	8%
UL Hospitals	235,600	131,888	117,151	14,737	13%
Children's Hospital Group	207,646	109,736	103,406	6,330	6%
Regional Offices	-4,361	9,220	10,317	-1,098	-11%
Total	3,720,100	1,994,731	1,864,964	129,766	6.96%

National Cancer Control Programme

KEY AREAS OF FOCUS

- Breast Cancer Services
- Prostate Cancer Services
- Lung Cancer Services
- Radiotherapy Services

BREAST CANCER SERVICES

The stated target for 2014 is that 95% of urgent referrals will be offered an appointment within 2 weeks. The year to date position to the end of June is 94%.

LUNG CANCER SERVICES

All 8 cancer centres are providing lung Rapid Access Clinics. From the total reported number of attendances at RACs, the % offered an appointment within 10 working days year to date was 88.3%, against a target of 95%.

PROSTATE CANCER SERVICES

Year to date 584 (45%) of reported attendances were offered an appointment within the twenty day timeframe against a target of 90%.

The NCCP is aware that the rapid access prostate clinics in Waterford, Limerick and Galway have continued to experience particular pressures. Recruitment is underway for additional consultant urologists in Galway and Waterford. Offers have been made to successful candidates and formal acceptance of these offers is awaited.

Two additional urology posts have also been approved for the South East and are awaiting recruitment. Approval was sanctioned to recruit an additional consultant oncology urologist for the HSE South to improve access in CUH and Waterford.

The NCCP has been assured that all referrals to these centres are triaged and urgent cases are prioritised and appointments offered to all appropriate patients in the first instance.

RADIOTHERAPY SERVICES

A total of 2,014 patients have completed their radical radiotherapy treatment year to date 2014. Data from all centres is now being returned. A total of 1,814 (90%) of all radiotherapy patients commenced treatment within 15 working days of being deemed ready to treat, target is 90%.

Expansion of additional capacity in Cork and Galway has been sanctioned under the National Plan for Radiation Oncology. Local project teams have been established and the enabling works have commenced.

The National steering group which has been established to oversee national expansion met during Q2 to update on progress in relation to Cork and Galway and to discuss options for expansion in Dublin. A tender for new OIS is nearly completed in Cork and Galway.

Palliative Care Services

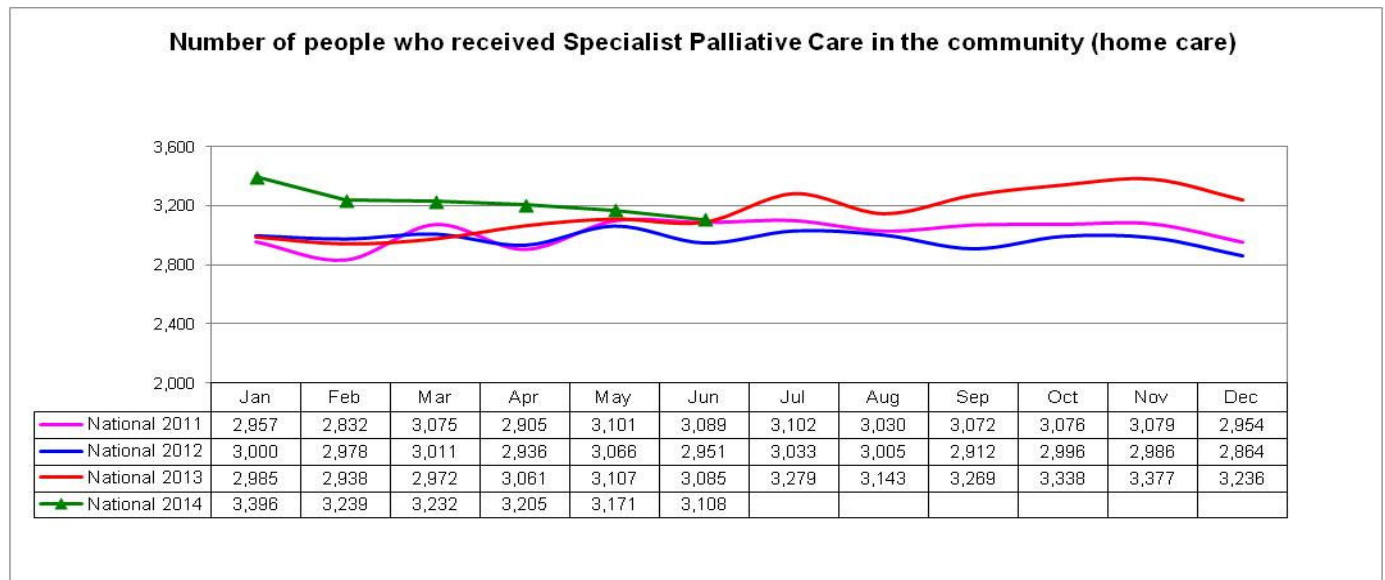
KEY AREAS OF FOCUS

- Community Home Care
- Day Care
- Paediatric Services
- Inpatient Care
- Access - Inpatient Unit / Community Home care
- Finance - Budget / Expenditure

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in June 2014 was 3,108.

2013 / 2014 7% cumulative activity increase demonstrated.



- **Primary Diagnosis**
 - 76% Cancer
 - 24% non Cancer
- **Age Category**
 - 3% 0-17 years
 - 25% 16-64 years
 - 72% 65+ years

DAY CARE

The number of people who received specialist palliative day care services in June 2014 was 353. 2013 / 2014 7% cumulative activity increase demonstrated.

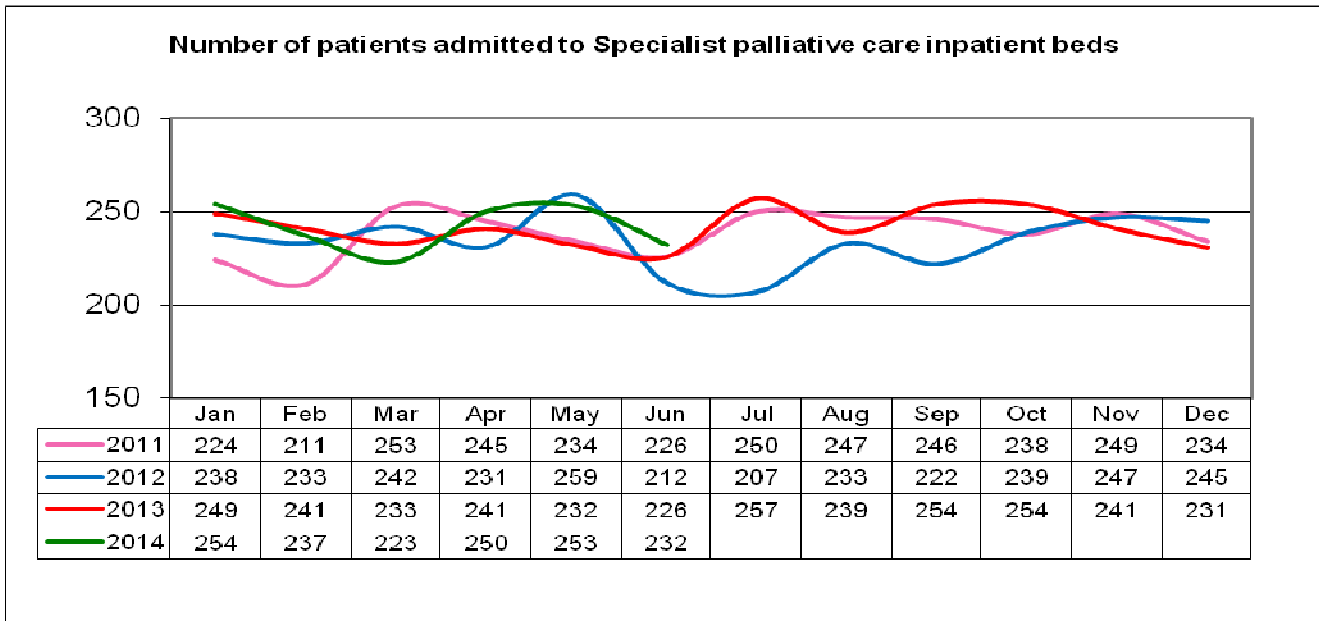
- **Primary Diagnosis**
 - 88% Cancer
 - 12% non Cancer
- **Age Category**
 - 31% 16-64 years
 - 69% 65+ years

PAEDIATRIC SERVICES

In June 2014, 348 children received specialist palliative care from the children's outreach service / Specialist Paediatric palliative care team. There were 148 new patients in receipt of care recorded from January to June 2014 and 19 in the month of June 2014.

INPATIENT CARE

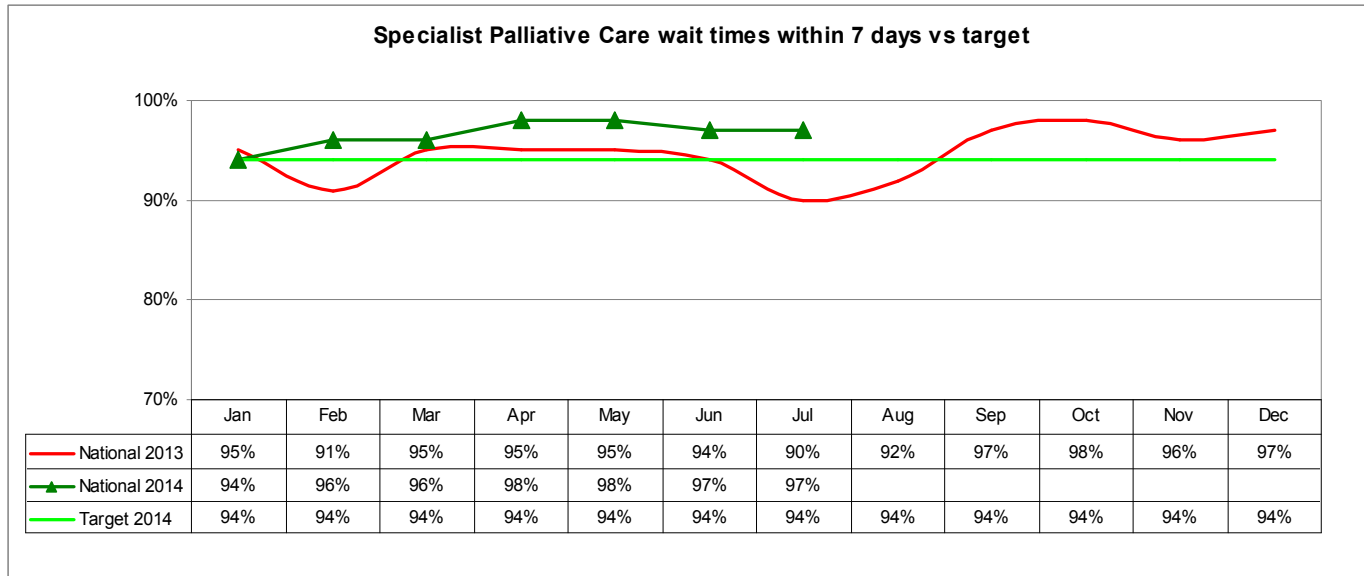
In June 2014 232 patients were admitted to Specialist Palliative Care inpatient beds. 2013 / 2014 2% cumulative activity increase demonstrated.



- **Source of Referral**
 - 52% Home
 - 46% Acute Hospital
 - 2% Community bed
- **Primary Diagnosis**
 - 87% Cancer
 - 13% non Cancer
- **Age Category**
 - 31% 16-64 years
 - 69% 65+ years

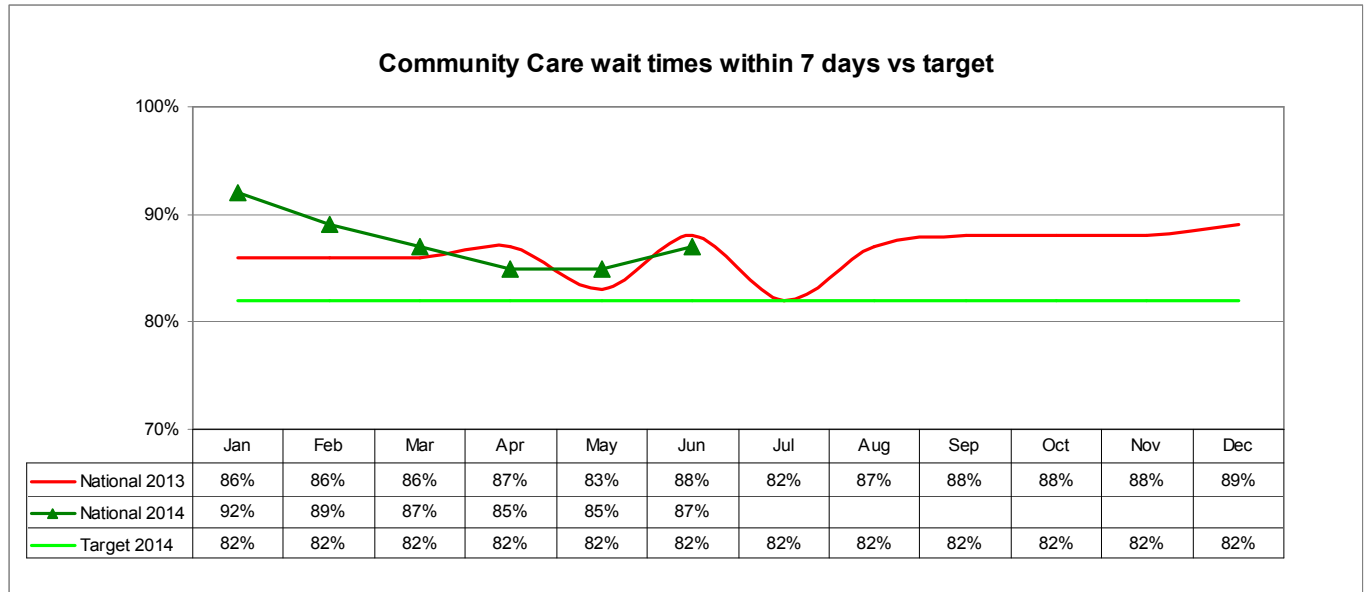
ACCESS - INPATIENT UNIT

In June 97% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%). Access performance has improved by 3% since January.



ACCESS - COMMUNITY HOME CARE

In June 87% of patients received specialist palliative care services in their place of residence within 7 days of referral (home, nursing home, non acute hospital) (national target 82%). Previous access performance deterioration trend demonstrated (February - May), now reversed.



FINANCE

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,735	13,082	12,852	229	1.8%
DNE	11,314	5,413	5,641	-229	-4.1%
South	9,336	4,658	4,666	-9	-0.2%
West	21,019	10,821	10,425	396	3.8%
Corporate	102	95	51	44	85.5%
Total	67,506	34,068	33,636	431	1.28%

2014 / 2013 1.3% cumulative expenditure reduction demonstrated. Key positive expenditure / budget variances:

- LHO Donegal 34.73% (€320k)
- Our Lady's Hospice 4.59% (€480k)

Revised local cost containment plans are currently being progressed (where necessary) to ensure breakeven.

National Ambulance Service

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Activity Levels
- Emergency Response Times
- Ambulance turnaround from Acute Hospitals
- Intermediate Care Services
- Finance
- Human Resources

QUALITY AND PATIENT SAFETY

- The ONE LIFE Project is being progressed by NAS to increase out of hospital cardiac arrest (OHCA) survival rates in Ireland. It has a focus on improving how OHCA is recognised, treated and measured.
- The scanned Patient Care Record (PCR) is progressing with the introduction of the reformatted PCR to be deployed in the Dublin Area in July. This method of collecting data will enable more thorough auditing of clinical practice and enable more timely and accurate reporting of OHCA measure.
- A Strategic Governance Group has been established to oversee the development and implementation of the CAD³ System and single National Control Centre and to consider the options available to enable the programme to progress pending the introduction of the full CAD which will take place in 2015.
- The 'Treat and Discharge Pilot Scheme' in Waterford continues. PHECC⁴ has developed clinical practice guidelines, permitting paramedics and advanced paramedics to assess, treat and discharge patients under tight protocols. Consultation with stakeholders is complete, as is the development of a training module for NAS paramedics and advanced paramedics. Pilot findings will be presented at a later date.

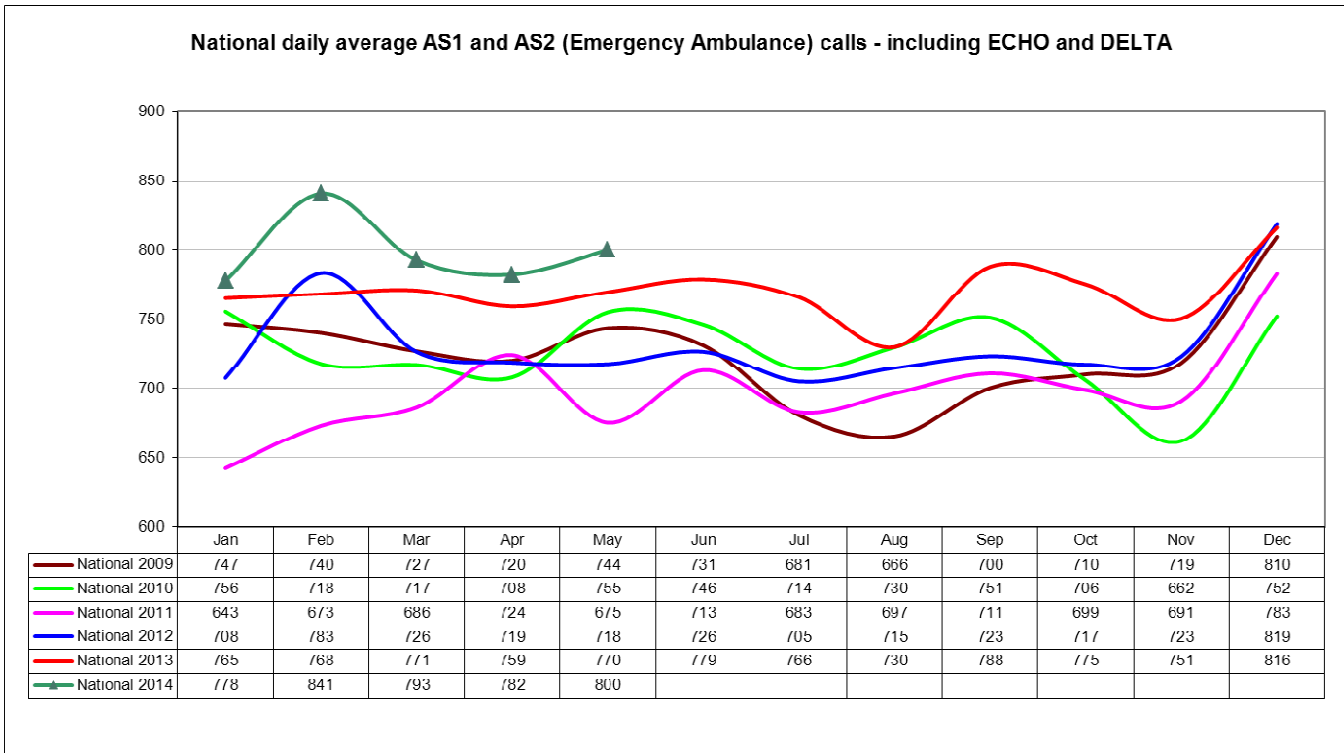
ACTIVITY LEVELS

In May 2014, the NAS responded to 24,804 emergency calls (AS1 are 112 / 999 emergency calls and AS2 are emergency calls transferred from a GP). The daily average call rate was 800 calls per day. 120,501 calls were received to date a 4.1% increase in calls over the same period in 2013.

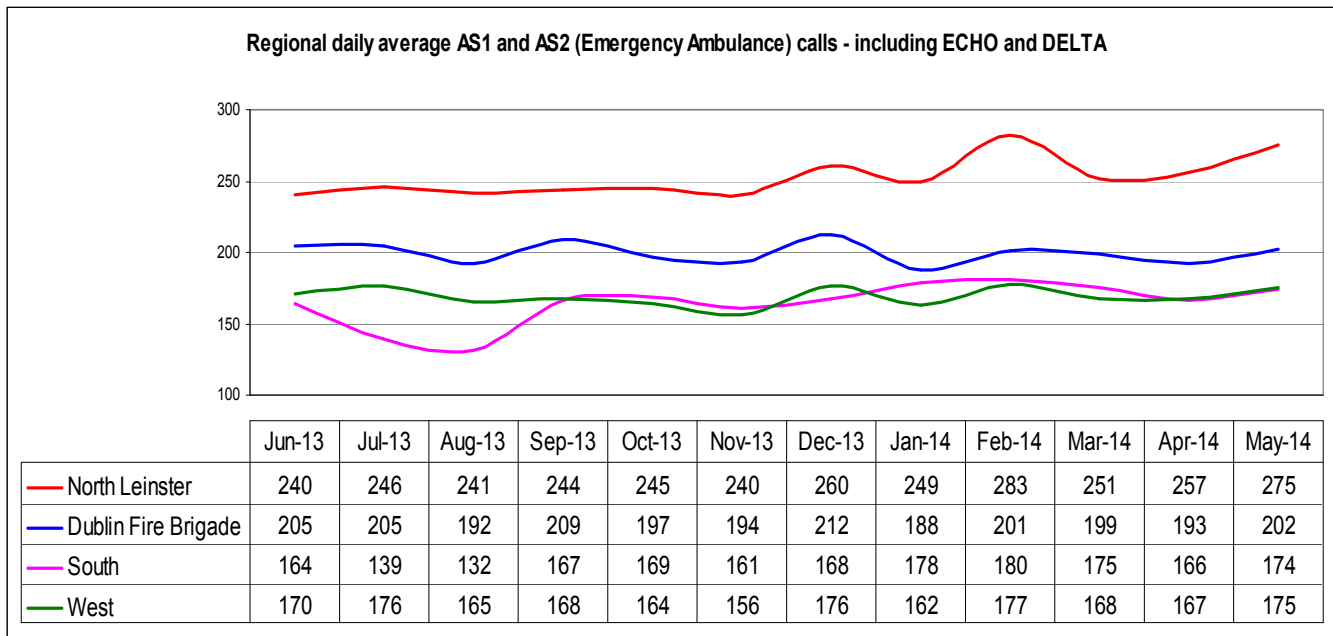
³ CAD – Computer Aided Dispatch System

⁴ PHECC – Pre Hospital Emergency Care Council

National Daily Average Volume of AS1 and AS2 Calls



Regional Daily Average of AS1 and AS2 calls



EMERGENCY CALL VOLUME AND RESPONSE TIMES

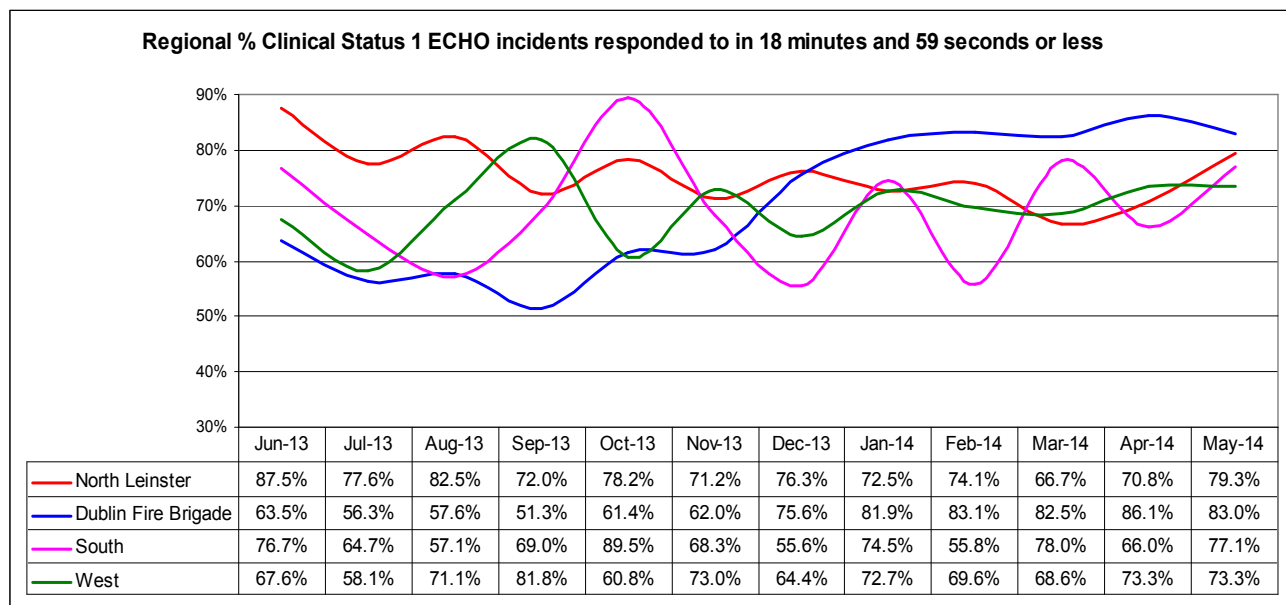
NAS May Activity	North Leinster	DFB	South	West	National	
					May	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	8,264	6,068	5,217	5,255	24,804	120,501
Total Clinical Status 1 ECHO calls	87	100	48	45	280	1,324
Total Clinical Status 1 DELTA calls	2,362	2,673	1,568	1,415	8,018	38,904

Response times are for patient carrying vehicles. Paramedics may arrive on the scene and commence treatment in advance of the arrival of an ambulance which is capable of carrying the patient to hospital.

NAS May Activity	North Leinster	DFB	South	West	National	
					May	YTD 2014
Response Times						
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	79.3%	83.0%	77.1%	73.3%	79.3%	75.7%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	67.0%	66.8%	64.3%	55.5%	64.4%	63.3%

ECHO Incidents⁵

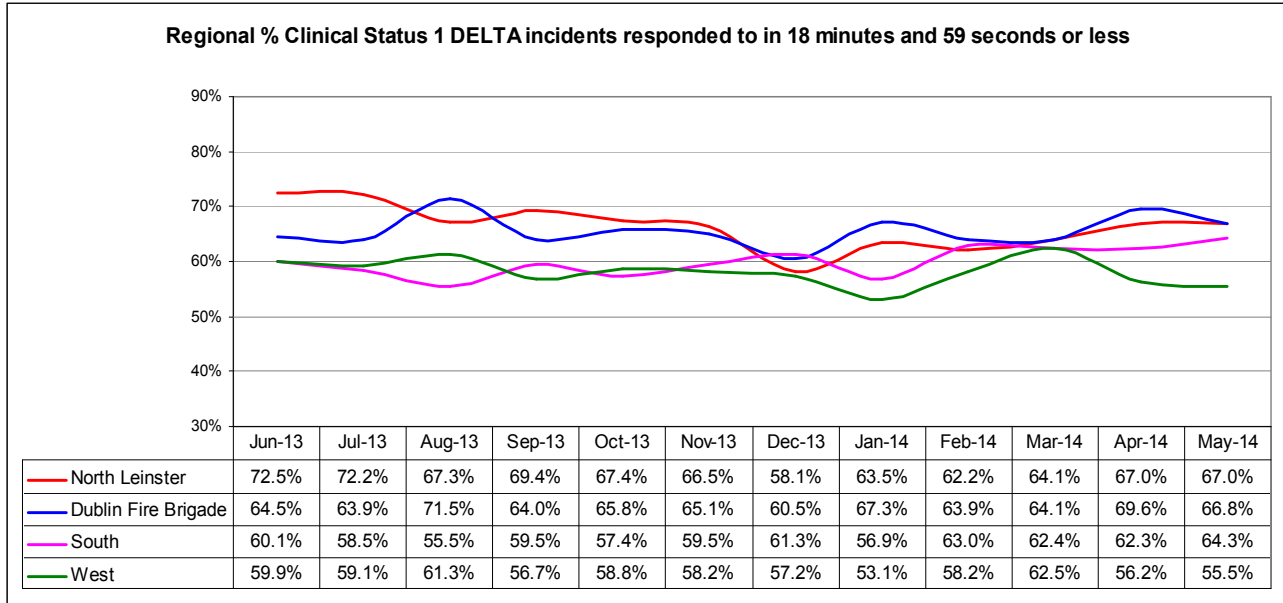
In May 79.3% of ECHO calls nationally were responded to within 18 minutes and 59 seconds or less, above the 72% target set for May and an improvement on April's performance (75.2%). This also shows an improvement on the reported position in December 2013 (69%).



⁵ Clinical Status 1 ECHO: Calls reporting a life-threatening cardiac or respiratory arrest

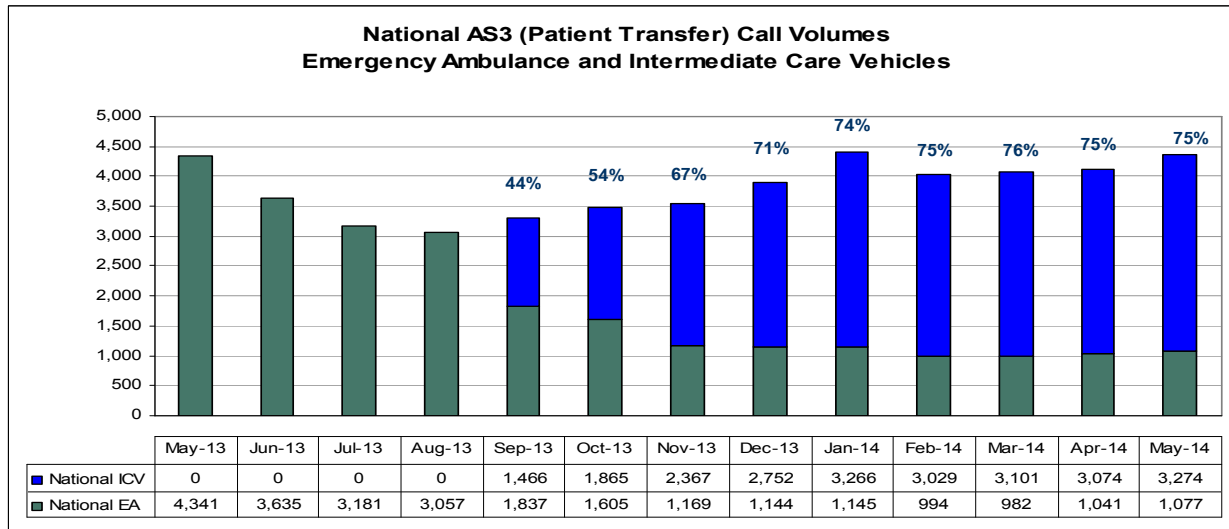
DELTA Incidents⁶

Nationally 64.4% of DELTA calls were responded to within 18 minutes and 59 seconds minutes or less in May, below the 70% target set for May and static against April's response rate of 64.9%. This however shows an improvement on the reported position in December 2013 (59.4%). DELTA response times across the entire service are showing some improvement. The capacity review underway will identify opportunities to improve overall response times.



INTERMEDIATE CARE SERVICES

In May, 75% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicles reflecting a positive development from the Intermediate Care Project. This service ensures that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care.



⁶ Clinical Status 1 DELTA: Calls reporting a life-threatening illness or injury, other than cardiac or respiratory arrest

AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

A national framework document was developed to clarify the process of clinical handover at acute hospitals and to establish clear lines of responsibilities and the standards expected. This document sets out the escalation process to be used by NAS to alert the required levels of management (both within NAS and the wider healthcare system) to visible increases in emergency demand and/or activity, and actual events resulting in the delayed transfer of care of patients and delays in the release of ambulance resources.

In June the National Ambulance Service (NAS) completed a total of 17,994 (600 per day) emergency calls to hospitals, static against May's call volume which was 18,677 (602 per day) calls. 11,636 (65%) of these calls had their crews and vehicles clear from the hospital and available to respond to further calls within 30 minutes or less. 93% of calls had crews and vehicles clear and available within 60 minutes.

Note: Ambulance turnaround times provide the time interval from ambulance arrival time (through clinical handover in the Emergency Department or Specialist Unit) to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available). This data is collected through the Computer Aid Dispatch (CAD) systems for every Emergency Call (AS1) and Urgent Call (AS2) transported to hospitals within Emergency Department / Specialist Units.

Ambulance turnaround data is currently manually aggregated across multiple CAD systems. The accuracy of this data can be adversely affected by failure to activate timestamps within the CAD when arriving and clearing the ambulance at the hospital. NAS is developing a more robust solution to this data requirement in the new national CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% Variance	WTE
Total	1,646	1,607	-39	-2.36%	

- Recruitment of Control Programme personnel from the 2014 Service Plan is ongoing. In June 2014 there are 8 call takers in training. A panel for qualified call takers and dispatchers is in place following a competition in May 2014.
- The NAS roster review of paramedic services is at final verification stage.

FINANCE

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
North Leinster	49,126	23,983	24,436	-452	-2%
South	30,242	16,463	15,412	1,050	7%
West	35,987	18,700	17,887	813	5%
Office of the AND	22,296	9,648	11,169	-1,521	-14%
Total	137,652	68,794	68,904	-110	0%

Additional expenditure will occur as new posts are put in place over the remainder of the year.

Primary Care Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Community Intervention Teams (CITs)
- GP Out of Hours Service
- Physiotherapy Services
- Occupational Therapy Services
- Orthodontics
- Chronic Disease – Diabetes Initiative
- Finance

QUALITY AND PATIENT SAFETY

Quality and patient safety is an integral part of the monthly performance review meetings with the Area Managers. A number of key measures have been put in place which includes:

- A quality profile has been developed to compliment the Performance Indicators. This is a detailed profile/report for the Area Manager describing the quality of primary care within their areas.
- A first draft of the quality profile was shared with managers at the June performance meetings and will be linked to the key elements of the standards. Where there are gaps or concerns they will form the foundation of quality improvement plans in each ISA area.

Serious Incident Management – Divisional Incident Support and Learning Team

A Divisional Incident Support and Learning Team have been established. The functions of this are to oversee and/or directly manage incidents that are escalated from within their division according to the HSE Safety Incident Management Policy.

The above measure will provide the basis for assurance on the management of safety and risk within primary care services.

Mechanisms are in place to biannually report and monitor the consumption of antibiotics within community settings (defined daily doses per 1,000 inhabitants per day) – target <21.7 days. This metric will be included in the June Performance Assurance Report.

COMMUNITY INTERVENTION TEAMS

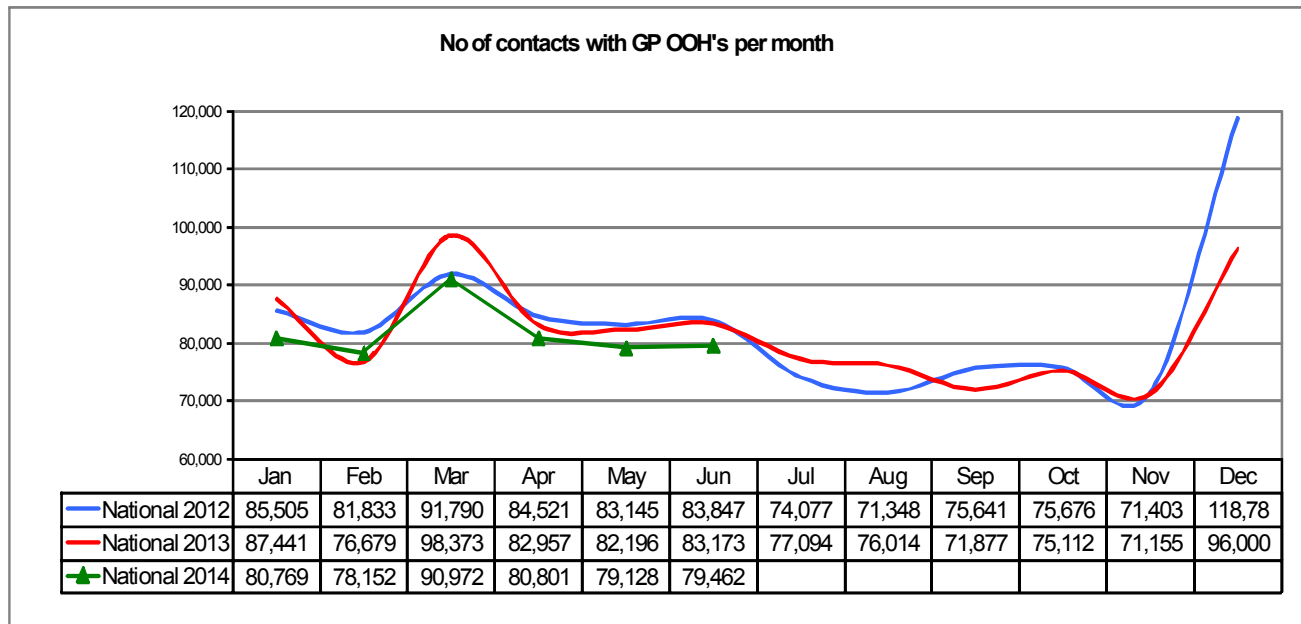
At the end of June 2014, 1,215 patients had been seen by the 7 CIT teams, bringing the number seen year to date to 7,639. As part of the National Service Plan 2014 a review of CIT services was undertaken and this is reflected in the returns for June.

In June:

- 886 people were provided with a community intervention service to assist hospital avoidance or admission - YTD 4,463
- 212 people availed of the service to assist early discharge - YTD 1,473
- 99 GP referrals - a total of 1,108 YTD
- 18 Community referrals - a total of 595 year to date

GP OUT OF HOURS SERVICE

- 79,462 patients availed of GP out of hours services in June (i.e. triage, treatment, home visit etc.) to bring the total year to date to 489,284.
- This is a demand led service and reflects the actual demand for services in the reporting period.



A reduction in the number of contacts compared to the same period last year is noted due to a change in reporting definitions in the DNE region. A review is underway to ensure consistent reporting definitions across all OOH services.

PHYSIOTHERAPY SERVICES

Waiting List Management: At the end of 2013 there were 7,181 patients waiting more than 12 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the end of June there were 6,725 patients waiting more than 12 weeks which is an improvement and represents a reduction of 6.4% in the number waiting more than 12 weeks. Waiting times in DNE and the West have increased since May.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+12.4%	+10.8%	-3.8%	+9.4%	+6.4%
Patients seen first assessment	+16.9%	+18.9%	+12.4%	+9.7%	+13.9%
Patients Treated	+18.5%	+12.1%	-9.3%	+11.9%	+6.9%
Treatment contacts	+22.3%	+11.2%	-4.1%	+7.7%	+8.0%

Physiotherapy patients waiting more than 12 weeks for assessment					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 12 weeks for assessment	713	1,139	1,747	3,126	6,725

OCCUPATIONAL THERAPY SERVICES

At the end of 2013 there were 8,511 patients waiting more than 16 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the end of June there were 7,459 patients waiting more than 16 weeks which is an improvement and represents a reduction of 12.4% in the number waiting more than 16 weeks. Waiting times in the South and West have increased since May.

Occupational Therapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+34.0%	+28.1%	+16.1%	+6.6%	+20.8%
Patients seen first assessment	+25.2%	+18.6%	+22.1%	-1.3%	+16.3%
Patients Treated	+29.0%	+21.0%	+13.0%	+8.4%	+17.9%

Occupational Therapy patients waiting more than 16 weeks for assessment					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 16 weeks for assessment	1,826	931	3,250	1,452	7,459

ORTHODONTICS

At the end of June there were 6,457 patients on the assessment waiting list 12 months or less, this was 97% of the total waiting list and an improvement on Q1 figure of 96.6%.

The number of patients on the waiting list for treatment longer than four years was 896, 5.4% of the total treatment waiting list. This is an increase of 249 on the Q1 figure of 647. The greatest increase is in Dublin North East with 19.8% of their waiting list patients waiting over 4 years. DNE has put in place a therapy programme which commences in September 2014 but benefit realisation will not be evident until 2015 at the earliest. Two dental therapists will be trained who will support orthodontic specialists in delivering active treatment.

Social Inclusion

QUALITY AND PATIENT SAFETY

Progress is being made in relation to the completion of clinical guidelines for Opioid Substitution Treatment and finalising arrangements for the recruitment of a Clinical Lead for Addiction Services.

SUBSTANCE MISUSE

Pharmacy needle exchange programmes

- As of the end of the reporting period there were 129 pharmacies recruited, the targeted activity is 130 in 2014.
- As of the end of the reporting period there were 1253 individuals attending pharmacy needle exchange, the expected activity was 700 unique individuals.
- As of the end of the reporting period there was 3303 needle exchange packs provided. Expected activity was 1,898 needle exchange packs. The reported period has seen an increase in the demand for quantity “3” packs with the number of quantity “10” packs remaining consistent.
- Currently we are reporting 16 needles per individual in June; expected activity was to provide an average of 20 needles per individual per month.
- As of the end of the reporting period there was a needle return rate of 30% against a target of 40%.

Addiction services

9,231 patients received Opioid Substitute Treatment (excluding prisons) at the end of the reporting period which includes 3,855 patients being treated by 338 GPs in the community.

- Opioid Substitute Treatment was dispensed by 607 pharmacies catering for 6,353 patients at the end of the reporting period.
- At the end of the reporting period there were 72 HSE clinics providing Opioid Substitute Treatment and an additional 10 clinics were provided in the prison service.
- 63 new patients commenced Opioid Substitute Treatment during the reporting period (6 in General Practice, 44 in HSE clinics and 13 in the prison clinics)
- 1,261 people over 18 years commenced treatment following assessment during the reporting period. 93% received their treatment within one calendar month (DML 89%, DNE is 97%, South is 99%, and West 81%).
- 80 people under 18 years commenced treatment following assessment during the reporting period. 99% received their treatment within one week (DML 100%, DNE is 100%, South is 97%, and West 100%).

HOMELESS SERVICES

1,800 individual service users used homeless emergency accommodation hostels/ facilities during the reporting period

- 72 % had a medical card supporting their health and wellbeing needs (DML is 75 %, DNE is 73 %, South is 64 %, and West 83 %).
- 78 % had their health needs formally assessed within two weeks of admission (DML 75 %, DNE is 68 %, South is 77 %, and West 86%).
- 78 % of those assessed were supported to manage their health care needs (DML 67%, DNE is 80%, South is 77 %, and West 88%).

Primary Care Reimbursement Scheme

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Medical Cards
- GP Visit Cards
- Long Term Illness
- General Medical Scheme
- Finance

QUALITY AND PATIENT SAFETY

The latest edition of prescribing guidance was made available to every GP contracted to provide services under the GMS Schemes. This edition included a particular focus on the prescribing of benzodiazepines.

MEDICAL CARDS

The number of people covered by medical cards as of 1st July 2014 was 1,795,168 (39.1% of the population). Included in these cards were 59,378 medical cards granted on discretionary grounds.

The total number of GP visit cards as of 1st July 2014 was 137,690. Included in these cards were 29,681 GP visit cards granted on discretionary grounds

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	455,597	382,548	479,931	477,092	1,795,168
Number of people with GP Visit Cards	34,439	28,600	40,530	34,121	137,690
Total	490,036	411,148	520,461	511,213	1,932,858

*Includes 59,378 medical cards granted on discretionary grounds and 29,681 GP visit cards granted on discretionary grounds.

As of the 1st July 2014, 93.75% of completed medical card applications were processed and issued within 15 days. Of the 6.25% which were not processed within target, **the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required**. The decision to suspend the review of medical cards and restore medical cards issued on a discretionary basis has impacted on normal operational performance.

Long Term Illness / General Medical Scheme National	Number Processed		% Variance to profiled target
	June 2014	Jan – June YTD	
LTI claims	108,103	550,174	+17.4%
LTI items	371,308	1,852,480	+22.0%
GMS prescriptions	1,664,209	9,747,172	-9.1%
GMS items	5,144,127	30,001,096	-8.9%
GMS Special items	45,205	300,309	-12.1%
GMS Special type consultations	88,251	568,587	12.3%

HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	9,513.50	9,526.49	12.99	0.14%

The numbers employed are in line with the ceiling targets.

FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	3,257,527	1,672,180	1,623,981	48,199	2.9%

The negative variance includes €22m in Local Demand Led Schemes, €18m of which relates to expenditure on drugs and medicines including prescriptions by hospital consultants in respect HIV and STI treatments, and non-antibiotic home treatments. The PCRS has a deficit of €19m related to medical cards, LTI, High Tech Medicines, and Adhd Drugs/Medicines. There is expenditure of circa €6.0m awaiting a budget adjustment from the CFA in respect of Psychology services.

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Breast Cancer Screening
- Tobacco Control
- Developments in June
- Child Health Development Screening
- Immunisation uptake rates
- PHN Visits
- HPV 12/13

QUALITY AND PATIENT SAFETY

Each of the Public Health Departments and the National Screening Services have reviewed their Clinical Governance systems against the Quality and Patient Safety document “*Quality and Patient Safety Division and the Report of the Quality and Safety Clinical Governance Development Initiative: Sharing Our Learning.*” These reviews are being collated and any lessons to be learnt will be identified.

BREAST CANCER SCREENING

10,597 women attended for breast screening in June, bringing the YTD total to 70,812. Activity levels are on target to achieve 140,000 attendances in 2014.

TOBACCO CONTROL

The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 4,904 year to date June 2014. The reported activity year to date for June is 4, 861. Throughput to services generally falls during the summer months; however the service is operating on target overall.

Performance against expected activity for the training of front line workers in brief intervention in smoking cessation is 6.6% ahead of target (758 staff trained versus an expected activity target of 688), however releasing staff for training in some areas is challenging.

FOOD SAFETY

To date in 2014, 16,678 planned surveillance inspections of food businesses have taken place. This is 1.1% ahead of the YTD target of 16,500. Whilst this shows improvement on the first quarter position, the achievement of the overall national target for food inspections will be challenging in the context of current resourcing and the impact of additional inspection activities arising from new sunbed legislation.

CHILD HEALTH PHN 48 HOUR VISIT

The target in 2014 is that 95% of newborn babies are visited within 48 hours of discharge. At the end of Quarter 2, 85.9% of newborn babies had been visited within 48 hours of discharge, this was -9.6% below target. Compared with the same period 2013 figure of 83.1% there was an improvement of 3.4%. At the end of Quarter 2, 6 Local Health Offices met or exceeded the national target of 95%. The remaining Local Health Offices performed between 73.2% and 94.9%, with the exception of Meath which reported 66.5% of PHN visits being completed within 48 hours. The Division also monitors the percentage of babies visited within 72 hours of discharge. 97% of newborns were visited within this window.

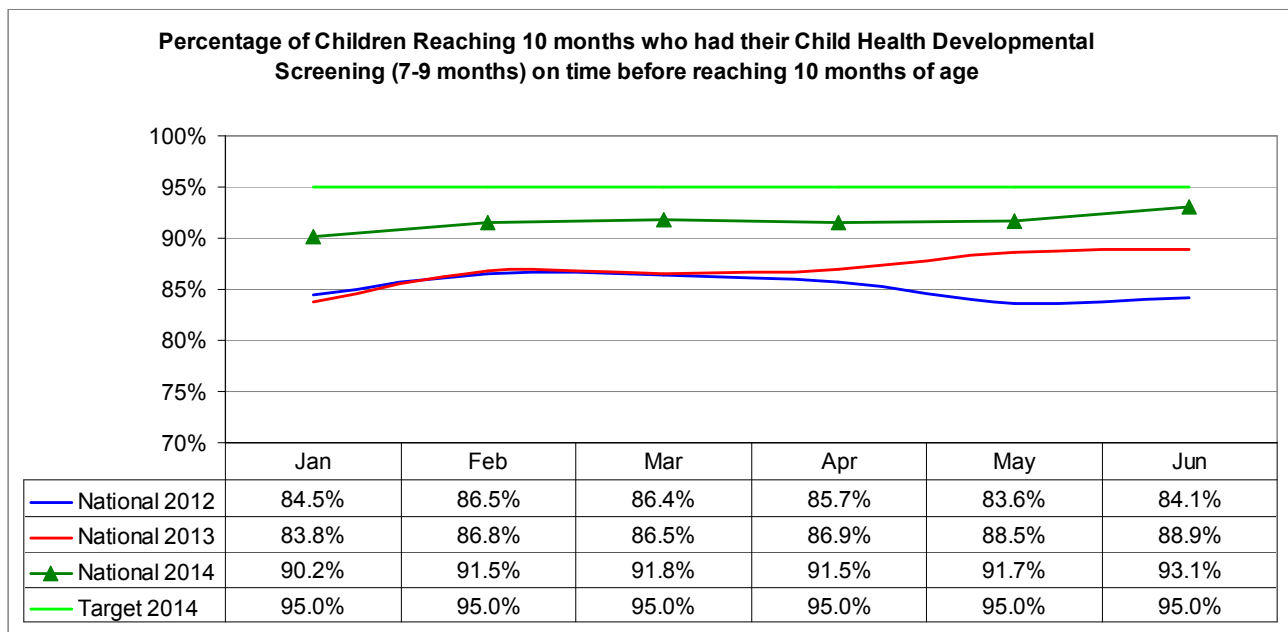
% Newborn Babies Visited by a PHN within 48 hours of Hospital Discharge (rolling 12 months)				
	Q3 2013	Q4 2013	Q1 2014	Q2 2014
National	85.4%	85.3%	87.0%	84.8%

CHILD HEALTH DEVELOPMENTAL SCREENING

The target in 2014 is that 95% of children reaching 10 months within the monthly reporting period have had their child development health screening (7–9 month developmental check) before reaching 10 months of age. This metric is reported monthly in arrears.

30,621 children (91.7%) have received child developmental health screening within target year-to-date. Overall the YTD uptake of this clinical intervention has improved both compared to 2013 YTD (87%) and 2013 outturn (88.1%) respectively. The outturn for this reporting period is the highest in-month performance this year at 93.1%.

Limerick Local Health Office reported an uptake of 81.6%, showing a continued improvement when compared to April (64%) which is the result of the implementation of an improvement plan. Roscommon Local Health Office returned an uptake of 92.1% showing continued improvement.



IMMUNISATION

MMR AT 24 MONTHS

The national performance uptake for Quarter 1 2014 was 93.1%, this was -2% below target, but 0.8% above Quarter 1 2013 performance of 92.4%. This is the 2nd consecutive quarter that MMR uptake is at approximately 90% or more in all areas. 7 Local Health offices met or exceeded the target of 95%. The remaining Local Health Offices performed between 89.7% and 94.9%.

% children aged 24 months who have received MMR vaccine (rolling 12 months)

	Q2 2013	Q3 2013	Q4 2013	Q1 2014
National	92.2%	92.5%	93.5%	93.1%

6-IN-1 VACCINE AT 12 MONTHS

The national performance uptake for Quarter 1 for the 6-in-1 vaccine was 91.8%, this was -3.4% below target, and 1.5% above Quarter 1 2013 performance of 90.4%. 3 Local Health offices met or exceeded the target of 95% in Quarter 4. The remaining Local Health Offices performed between 88.9 % and 94.7%.

% children 12 months of age who have received the 6-in-1 vaccine (rolling 12 months)

	Q2 2013	Q3 2013	Q4 2013	Q1 2014
National	90.9%	91.7%	91.8%	91.8%

MENC AT 24 MONTHS

In relation to MenC at 24 months The national performance uptake for Quarter 1 was 87.6%, this was -7.8% below target and 1.5% above Quarter 1 2013 performance of 86.3%. Roscommon Local Health office exceeded the target of 95%. The remaining Local Health Offices performed between 83.4% and 93.7%.

% children 24 months of age who have received 3rd dose of MenC (rolling 12 months)

	Q2 2013	Q3 2013	Q4 2013	Q1 2014
National	86.0%	86.5%	87.9%	87.6%

Note: Immunisation data is reported quarterly in arrears.

Areas with one or more of the vaccine uptake rates less than 90% have been asked to prepare Action Plans to improve uptake.

HPV VACCINE (1ST AND 6TH YEAR GIRLS)

Data in respect of the uptake of the HPV vaccine for 1st year girls and the relevant cohort of girls in special schools is now available. This relates to the academic year 2012/13. The routine programme had an uptake rate of 84.1% compared with a target of 80%.

Data in respect of the catch up programme (6th year girls and the relevant cohort of girls in special schools) for the same period is also available. The catch up programme showed an uptake rate of 66.8% for the three vaccine doses above the target of 60%. These figures continue to be better or as good as many other countries.

OTHER DEVELOPMENTS IN JUNE 2014

As part of its response to the increase in the number of cases of VTEC (Verotoxigenic E. Coli) in recent years, the HSE and the Environmental Protection Agency (EPA) jointly launched information leaflets, posters and an online app for private well owners aimed at increasing awareness of the risk of VTEC infection, particularly to children, and how to test well water.

The HSE Gay Men's Health Service launched their 2013 Annual Report at the 12th Annual Gay Health Forum in Dublin Castle on June 6th. GMHS has been in operation for 21 years and the Forum highlighted the increase in attendance to their services last year, with over 5,850 men attending in 2013. The service has also seen growth in the demographic profile of clients, with 43% of attendees born abroad, an increase of 25% on 2012, and 14% coming to the service from outside Dublin.

The National Screening Services hosted a delegation from Moldova, supported by the European Cervical Cancer Association (ECCA) as part of Moldova's preparations for the introduction of a cervical screening programme.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Health & Wellbeing	1,204	1,219	+15	+1.00%

The Division is continuing to work with colleagues in HR and Finance in relation to the presentation of the Health and Wellbeing headcount.

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	218,825	85,676	93,949	-8,273	-8.8%

Overall the Division is exhibiting a positive variance of €8,273m (8.8%), against its year-to-date profile.

The positive variance includes the Emergency Management contingency held by the Division on behalf of the organisation.

The Division is engaged in ongoing review and analysis of its spending pattern and budgetary position.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- School Leavers and Rehabilitative Training (RT) Exits
- Congregated Settings
- Value for Money & Policy Review – Disability Services
- Progressing Disability Services for Children and Young People (0-18s) Programme
- Finance

QUALITY AND PATIENT SAFETY

HIQA has published 136 inspection reports at the end of June 2014. A number of situations have arisen where poor performance/service failures have been identified and these are being managed to ensure safety of residents and the required improvement in service. The Social Care Division is monitoring the implementation of the reports and is assuring that with assistance from Quality and Patient Safety, that learning will be transferred across the system, an example of which is a seminar scheduled for September.

The inspection and registration of residential services in disability service is on going across HSE, voluntary & private providers of services by HIQA. Two specific HIQA reports regarding the inspection of Aras Attracta, a residential service for people with intellectual disabilities have been published. These inspections were undertaken by HIQA as a result of a notification of the death of a resident. Following two HIQA inspections and 3 HSE inspections 52 of the 59 recommendations have been fully implemented and the remaining 7 are underway.

One of the themes emerging from the inspections is that of deficiencies arising in the physical environment. Work will be carried out in conjunction with Estates, to assess from an environmental perspective, the 1,200 locations which are subject to inspection. This will identify the work required & associated costs, to be compliant with the standards, which when taken with the implementation of the Congregated Settings Report, will facilitate the prioritisation of a programme of work. It is anticipated that the capital costs associated with compliance will be significant.

SCHOOL LEAVERS AND REHABILITATIVE TRAINING (RT) EXITS

The Health Service committed that all school leavers and their families would be advised of the placement location and service they will be receiving in September, 2014 no later than 30th June. This target was met – with the families of the 1,365 clients advised of such placements.

In June, 2,583 rehabilitative training places were provided for persons with disabilities. As weekly places are utilised by more than one person, 2,847 people availed of these places nationally.

CONGREGATED SETTINGS

In line with the policy aimed at supporting people to move from institutional settings, “*Time to Move on from Congregated Settings (2012 – 2019)*” 25 individuals have moved from congregated settings to community living with support from our services, local authorities and communities.

- HSE Dublin North East – 11
- HSE Dublin Mid Leinster - 3
- HSE West - 5
- HSE South - 6

A further 125 people are scheduled to move from congregated settings to community living by year end and work is on going in conjunction with Local Authorities to support this transition.

VALUE FOR MONEY & POLICY REVIEW – DISABILITY SERVICES

A significant reform programme is under way in disability services, through the implementation of the recommendations of the *Value for Money and Policy Review of the Disability Services Programme*. This will involve changes to governance, funding and the focus of provision, requiring realignment and reconfiguration of existing resources to meet the changing needs of service users and increasing demographic pressures. To give effect to this, the interdepartmental & cross sectoral steering group, has established six working groups and five sub groups, in conjunction with System Reform Group an initial benefits realisation workshop for the overall programme, was held on 18th June. Following on from this workshop, scoping exercises with each of the Working Groups are ongoing, to be completed by mid-August

Working Group		Sub Group
1	Person Centred Model of Services & Supports – Strategic Planning	Establish Base Line Data
		Evaluation Process
2	Person Centred Model of Services & Supports – Implementation, Oversight & Support	Time to move on from congregated Settings
		New Directions
		Progressing disability services for Children & Young People (0-18s)
3	Service User and Community Involvement	
4	Quality & Standards	
5	Management & Information systems	
6	Governance, Efficiency & Effectiveness	

PROGRESSING DISABILITY SERVICES FOR CHILDREN AND YOUNG PEOPLE (0-18s) PROGRAMME

The Health Service has recognised the overall need to standardise the way in which services for children with disabilities, including those with autism are delivered. We are currently engaged in a reconfiguration of our existing therapy resources to multi-disciplinary geographical based teams for children, as part of the national programme on Progressing Disability Services for Children & Young People (0-18 years). It will mean that all children, regardless of where they receive their education services will have equitable access to services based on their needs.

An additional €4m has been allocated in 2014 to drive implementation of the Programme. This equates to approximately 80 therapy posts, the allocation of these posts has been finalised recruitment will commence immediately.

Assessment of Need

The process of implementation of the additional integrated geographically based, multidisciplinary, early intervention and school age teams will be a key driver in achieving the new models of care at local level. There is currently an inability to meet the statutory requirements of Assessment of Need process under Part 2 of Disability Act 2015 e.g. only 29.6% of assessments completed within the statutory guidelines, giving rise to extensive waiting lists for essential therapy services for children with a disability. It has been shown that (2011 NDA Report), where these multidisciplinary teams are established, the number of requests for AON under the Disability Act 2005 is considerably reduced.

	No. of assessments completed as provided for in the regulations	Assessments completed within the timelines as provided for in the regulations	
		No.	%
National	803	238	29.6%
HSE DML	283	57	20.1%
HSE DNE	179	36	20.1%
HSE South	209	56	26.8%
HSE West	132	89	67.4%

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,221.73	24,259.88	38.15	0.16%

FINANCE

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	427,620	220,314	213,852	6,463	3.0%
DNE	332,315	168,563	166,142	2,421	1.5%
South	306,637	154,683	153,041	1,642	1.1%
West	338,742	170,811	167,920	2,892	1.7%
National	2,750	0	2,375	-2,375	-100.0%
Corporate	5,767	2,860	2,948	-88	-3.0%
National	1,413,831	717,231	706,277	10,954	1.6%

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,873,318	1,468,477	1,444,199	24,277	1.7%

Services for Older People

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Service Activity
- Home Help Hours
- Home Care Packages
- Single Assessment Tool
- Voluntary Organisations
- Residential Services
- Nursing Home Support Scheme
- Finance

QUALITY AND PATIENT SAFETY

The Social Care Division will be focusing on improving the quality of services and supports provided for older persons. To this end a service improvement programme will be implemented to ensure the delivery of cost effective models of care with safety as a fundamental priority.

Central to the service improvement programme will be continued emphasis on the residential care standards for older persons as regulated and inspected by HIQA. The Social Care Division is also participating in a working group with HIQA for a further revision of these standards for 2015.

INTEGRATED MODEL OF CARE

Social Care and Clinical Strategy and Programme Division are committed to developing a single Community/ Integrated Model of Care for Older Persons and have agreed to co-lead a programme to develop this model supported by the System Reform Group. A benefits realisation workshop is scheduled for August, during which complimentary models of care in respect of Older People will be considered.

SERVICE ACTIVITY

As of June 2014:

- 46,895 clients were in receipt of home help service
- 12,848 clients are in receipt of a home care package
- 22,162 clients are supported by the Nursing Home Support Scheme (NHSS)
- 3.9% of the population or 21,120 people aged over 65yrs were supported in NHSS/Saver beds (based on 2011 census figures).

HOME HELP HOURS

The 2014 National Target for Home Help Hours is 10.3m hours. The maximum target in June is 5,150,001 hours of service delivery.

The maximum sustainable rate for each region has been applied to the performance reports for June 2014 and shows:

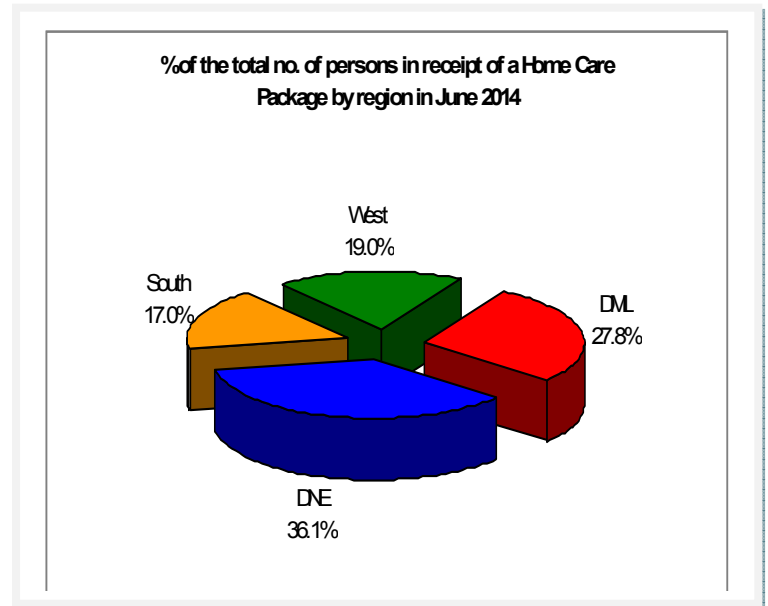
- National – 5,020,959 hours provided YTD, in line with the same period last year, below the targeted YTD service delivery levels by 2.5%.
- DML are running below targeted levels by 14.3%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
- DNE are ahead of target by 19.3%. The on-going review of home care will assist in finalising the appropriate service delivery level in DNE.

- South are running below target by 7.7%. An increased level of activity is required to meet the sustainable service delivery level in this region.
- West are running below target by 0.8%.

HOME CARE PACKAGES

The expected level of service in 2014 is that 10,870 persons would be in receipt of a home care package at any time.

- 12,848 persons were in receipt of a home care package at end of June 2014 , (17.6% ahead of 2013 levels).
- Activity year-to-date was 18.2% above the expected level of service*.
- South Region was below the expected level of service with a variance of 9.9%.
- DML, DNE and West Regions were above the expected level of service at 34.3%, 31.0% and 9.2%.



*It is important to note that variances on this indicator are related to the demand for low or high value home care packages and are not a good indicator of overall performance.

HOME CARE

Intensive Home Care Packages

Services for Older People is currently finalising the guidance documentation with regard to the roll out of intensive home care packages in the priority areas. The HSE will work with the voluntary group Genio to develop outcome measures and to assess the effectiveness of intensive home care packages, both from a quality perspective as well as the potential for the development of alternative care in the home for people with significant complex care needs. These people will have care needs at high to maximum dependency levels who would require long stay residential care unless a range of significant home and community supports are provided in excess of what is provided from mainstream services or through the current HCP Guidelines. The focus is on ensuring that the intensive home care packages come on stream to support services and respond to the discharge requirements of acute hospitals in Q4 during the winter period. €3m has been assigned to this role out in 2014.

In the interim, while the model for delivery is being brought to conclusion and the tender process is finalised, to support discharge from the acute hospital system, public nursing units throughout the country, are admitting long stay and transition care clients to their vacant long stay beds.

As these clients are awaiting funding release from A Fair Deal there is no income associated with these clients. The costs associated with this use of these beds is currently running at €5m.

Home Help hours and Home Care Packages

Corporate Finance is currently finalising validation of the budget in respect of HH and HCP and this will allow targets to be issued when this process is complete.

SINGLE ASSESSMENT TOOL- SAT

The implementation of SAT will underpin future development of Services for Older People and provide a standardised base for the allocation and development of services to older people based on their assessed needs. The 4 priority hospitals Tallaght, Beaumont, Cork & Galway and associated community care areas are being equipped and testing of the system is under way by the regional implementation leads.

RESIDENTIAL SERVICES

Service Improvement Teams

Phase two site visits are now complete. The emphasis of Phase two is on the opportunity for cost extraction while maintaining standards & level of service, particularly across the more complex sites (49 in total). The main themes arising from the work of the Service Improvement Teams are the requirement to realign rosters, implement appropriate skill mix and the exploration of options to maximise efficiencies from non pay costs.

Public Beds

The expected level of service in 2014 for NHSS beds in Public Long Stay Units is 5,400 beds at any one time.

- In June 2014 there were 5,317 NHSS beds; 1.5% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -7.1%. The South and West were just above the target at 0.2% and 0.4% target respectively.
- Short stay beds are 0.3% above target in June.

NURSING HOME SUPPORT SCHEME (NHSS)

In June 2014 the scheme funded 22,162 long term public and private residential places and when adjusted for clients approved but not in payment there were 22,627 supported under the scheme. The numbers in payment are slightly ahead of the target of 21,803 by 359. In the first six months of 2014, 5,169 applications were received and 3,079 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 845 clients during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. The waiting time for funding approval is currently 11 weeks, this is impacting on patient discharge from acute hospital services and delayed discharge numbers have increased.

Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	No. of "savers" in Section 39 Units	Total in Payment during Month
End Q4 –2013	5,052	16,269	565	1,016	105	23,007
DML	1,337	4,175	127	490	-	6,129
DNE	857	3,204	109	205	12	4,387
South	1,496	4,186	96	101	80	5,959
West	1,208	4,258	143	78	-	5,687
Total – Jun 2014	4,898	15,823	475	874	92	22,162

Note: An additional 465 clients have been approved under the scheme but have not taken up a place or have not come into payment of financial support under the scheme during the month. The reasons for a client not taking up a place can be due to a combination of events such as people requiring other services e.g. acute care, people deciding not to go into long term care, etc.

In June 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 3.9% or 21,120 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

ELDER ABUSE

The end of year expected level of activity for Elder Abuse number of new referrals is 2,200.

- In the Q2 return the Q1 referral figure was revised from 603 referrals nationally to 669.
- In Q2 there were a further 561 referrals made to the service giving a YTD total of 1230 which is 12% ahead of the YTD target (2% ahead of Q2 target)
- Specifically for Q2 DML and DNE are ahead of target by 13% and 5% respectively while HSE South and West are marginally below target at -3% and -2% respectively.
- When YTD referrals are considered DML, DNE and South are all ahead of target by 25%,23% and 11% respectively while HSE West is blow target by 4%
- In terms of abuse categories psychological remains the main alleged abuse type 27% followed by financial 23%, neglect 14% and physical 13%.
- The percentage of Elder Abuse active cases reviewed within a six month timeframe is a new quality measure included in NSP 2014 with a target of 80%.
 - In June 2014 the number of cases reviewed within a six month timeframe was 95%, 15% above target.
 - All areas were above the 80% target with DML and DNE having a 100% response.

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,221.73	24,259.88	38.15	0.16%

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	162,813	88,381	80,983	7,398	9.1%
DNE	122,109	64,471	60,570	3,901	6.4%
South	177,644	92,327	88,745	3,582	4.0%
West	171,879	89,848	85,611	4,237	4.9%
Fair Deal (ex Contract & Subvention)	807,162	410,439	409,854	585	0.1%
National	9,380	0	6,690	-6,690	-100.0%
Corporate	8,499	5,743	5,470	273	5.0%
National Director Office	0	35	0	35	
Total	1,459,487	751,245	737,922	13,323	1.8%

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,873,318	1,468,477	1,444,199	24,277	1.7%

Mental Health Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Adult Mental Health Services
- Child & Adolescent Community Mental Health Services
- National Office for Suicide Prevention
- Human Resources
- Finance
- Progress on Recruitment to Mental Health Development Posts

QUALITY AND PATIENT SAFETY

The National Service Plan 2014 places a particular emphasis on quality and patient safety. A dedicated resource reporting to the Head of Quality and Patient Safety has been assigned to lead on systems improvement for quality, compliance, and patient safety initiatives and work has begun to review serious incidents, to develop the process to disseminate the learning from such incidents and to inform the ongoing training for staff in this high priority area.

Further to the approval of a sustainability plan for the continuation of the Advancing Recovery in Ireland (ARI) Project by National Management Team. The appointment of the Director of Recovery Innovation and Practice Development has been made and a project manager has been identified and expected to take up post before end August.

The nationwide series of “listening meetings”, outlined in the March report, designed to hear directly from people who have experience of the mental health services, their family, friends or carers, and/or anybody who has an interest in this area, is continuing across the country with nearly 30 meetings completed to date. The engagement with users of adult services is now complete and the process of compilation of findings is underway for completion in Qtr3. Plans are developing for equivalent engagement with users of Forensic Services.

ADULT MENTAL HEALTH SERVICES

In June, 72% of accepted referrals/re-referrals to General Adult Community Mental Health teams nationally were offered a first appointment and seen within three months (target 75). The performance in June shows a decrease of 4% since the May figures although the YTD figure is 74%. The national figure can mask variances in performance against the target by individual Teams and the Regional performance for the South and West continues to exceed the national target.

The DNA rate for New (including re-referred) Cases for the General Adult Community Mental Health Teams is 22% and this figure is embedded within the reporting on this KPI impacting negatively on performance. The Division is working with the Area Mental Health Management Teams to ensure that a standardised approach is taken to managing DNAs across all community mental health teams with the aim of optimising attendance.

94% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months, nationally (target >95%). Performance in June shows a slight decrease of 1% over the May figures but has been consistently on and/or over target in the year to date suggesting that the impact may be due to annual leave.

The DNA rate for New (including re-referred) Cases for the Psychiatry of Old Age Community Mental Health Teams is 4%.

ACUTE ADULT INPATIENT SERVICES

In Q1 2014 the number of admissions to adult acute units was 3,264, which is a 2% decrease on the Q1 position in 2013. One Area which recently compared admission rates following the introduction of Community Mental Health Sector Teams is reporting a 32% reduction in admissions and 2,000 less bed days comparing Jan-June 2013 vs. 2014.

In Q1 2014 the number of involuntary admissions to adult acute units was 399, which is a 3% decrease on the Q1 position in 2013.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

A service improvement plan for the CAMHS service has been established which will address the access and use of the CAMHS inpatient and community services. This will include looking in more detail at trends in performance and underlying contributing factors, consultant capacity and availability, correlation with availability of other related services e.g. early intervention teams, nature or complexity of any “long waiters” etc. This is supported by the coming on stream of the development posts allocated to CAMHS from 2012 and 2013. Of the 150.5 WTEs allocated from the 2012 investment to CAMHS, 93% or 140 are in post as at end June 2014. Of the 82.5 WTEs allocated from the 2013 investment, 56% or 46 are in post, with a further 10.5 posts or 13% at an advanced stage in the recruitment process.

In June, 65% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months. This figure is below the target for 2014 for this metric which is that the percentage of accepted referrals/re-referrals which would be offered a first appointment and seen within three months would be greater than or equal to 75%.

- The DNA rate for New (including re-referred) Cases for the Child and Adolescent Community Mental Health Teams is 13%.

The Child and Adolescent Mental Health Service waiting list has grown to 2,934 cases, a 4% increase on the same period last year (2,808) and 17% (416 cases) above the year end target of 2,518 cases. There are 463 individuals or 16% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 68% (42) has no-one waiting more than 12 months.

- 11 (i.e. one team each in DML and DNE, six teams in the South and three in the West) of the 20 teams where individuals are waiting over a year make up 81% (376) of the 463 waiting longer than 12 months.

Children receiving care in acute mental health units

By the end of June, there had been 158 children and adolescents admitted, of which 105 (66%) were to age appropriate Acute Child and Adolescent Inpatient Units and 53 (34%) to adult approved centres, the majority as voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001.

In 2012, the operational capacity of the Child and Adolescent Acute Inpatient Units was 44 (73%) out of a total bed complement of 60. This has increased to 56 beds (85%) and the plans to achieve full (100%) operational capacity in each unit during 2014 are outlined in the table below including the opening of an additional 6 bed unit at Linn Dara in St. Loman’s Hospital, Palmerstown, and Dublin which is now expected to come on stream in Quarter 4. These timeframes have disimproved since earlier reports this year due to issues mentioned in table below.

HSE CAMHS inpatient bed capacity

Child & Adolescent Inpatient Units	June 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Existing Linn Dara Unit St. Loman's Hospital.	8	8	Work to comply with fire safety regulations is necessary and the additional beds will come on stream during Qtr 4.
New Linn Dara Unit	6	0	
St. Joseph's Unit, Fairview	12	8	The Consultants Appointment Unit is processing the application to recruit the additional consultant post and when approved it is expected that it will be filled initially on a locum basis. The planned timeframe for the additional capacity to come on stream will be impacted by the recent resignation of the existing Consultant.
Eist Linn Unit, Cork	20	20	Fully Operational. Capacity may be impacted by the recent resignation of a Consultant in the Unit.
Total No. of Beds	66	56	

NATIONAL OFFICE FOR SUICIDE PREVENTION

The HSE's National Office for Suicide Prevention (NOSP) leads the national implementation of 'Reach Out', the Government strategy for suicide prevention. The National Office for Suicide Prevention is advancing a National Strategic Framework for Suicide Prevention.

In Q2, implementation of the new Strategic Framework included:-

- 6 working groups were established and regular meetings have occurred including bilateral government department meetings
- The Samaritans free-call Connect number was launched in Q1 and regional advertising of the service at a community level is ongoing
- Work on suicide prevention services mapping has been completed.
- Work on national social marketing campaign continues.
- An internal review of "Reach Out" has been completed.

MENTAL HEALTH WORKFORCE

The Table below provides detail of the Mental Health staffing by Staff Group

Mental Health Staffing by Category							
Staffing	Medical/ Dental	Nursing	Health & Social Care	Mgt Admin /	General Support Staff	Other Patient & Client Care	Total
*WTEs @ end 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ June 2014	693	4,504	1,134	753	939	966	8,989

* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to between 250 and 280 posts.

As outlined in the National Mental Health Division Operational Plan 2014, a comprehensive workforce analysis was required, together with the priorities identified by the Area Mental Health Management Teams in their Area Plans for 2014 to inform decisions as to how best to target the 2014 investment to progress Vision objectives. The process for agreement of these posts will be finalised in the coming weeks and the approved allocation finalised. On approval, the detail of the approved posts will be communicated to HR to allow for the Primary Notifications to issue. It is planned that recruitment of these posts takes place in Qtr4 as per the Mental Health Operational Plan.

MENTAL HEALTH DEVELOPMENT POSTS

The Programme for Government investment in mental health in 2012 and 2013 of 891 WTEs to enhance the provision of community mental health services are being progressed.

Of the WTEs allocated in 2012, 395.5 or 96% of the WTEs as 30th June 2014 had started. The remainder are at various stages in the recruitment process.

In 2013, a further €35m and up to 477 WTEs, was reinvested, building on the 2012 commitments and also to support the development of specialist mental health services.

Of the posts allocated in 2013, 331.5 or 69% of the WTEs had started before the end June 2014, with a further 12 WTEs or 3% with agreed start dates after 30th June 2014. The remainder are at various stages in the recruitment process.

FINANCE

Mental Health	Approved Allocation €'000	YTD			% Var Act v Tar
		Actual €'000	Plan €'000	Variance €'000	
Total	720,412	360,110	358,392	1,717	0.5%

The approved annual allocation of €720,412m will be increased as further development posts are recruited through-out the remainder of 2014.

Human Resources

WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling Jun 2014	WTE Jun 2014	WTE Variance Jun 2014	WTE Variance against Year-end ceiling	% WTE Variance Jun 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,209	94,895	96,951	+2,056	+2,742	+2.2%	+2.9%

WTE Overview by Division	WTE May 2014	Ceiling Jun 2014	WTE Jun 2014	WTE Change since May 2014	WTE Change from Dec 2013 to Jun 2014	WTE Variance Jun 2014	% WTE Variance Jun 2014
Acute Services	48,765	46,190	48,735	-30	+465	+2,545	+5.5%
Mental Health	9,027	9,553	8,989	-38	+83	-564	-5.9%
Primary Care	9,596	9,514	9,526	-69	+65	+13	+0.1%
Social Care	24,194	24,222	24,260	+66	-131	+38	+0.2%
Health & Wellbeing	1,229	1,197	1,234	+5	+2	+37	+3.1%
Ambulance Services	1,607	1,646	1,607	+0	-8	-39	-2.4%
Corporate & HBS	2,600	2,574	2,599	-1	-19	+25	+1.0%
Total Health Service	97,017	94,895	96,951	-67	+457	+2,056	+2.2%

- 96,951 WTEs at end of June with employment levels 457 WTEs above the end of 2013.
- Since September 2007 employment in the health services has reduced by 15,463 WTEs approximately (-13.7%).
- Acute Hospital Services is 465 WTEs above end of 2013 levels. Growth is seen across all Hospital Groups.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 2,056 WTEs above the current provisional employment ceiling of 94,895 WTEs (excluding an initial ceiling of 3,443 WTEs for CFA) and 2,742 WTEs above provisional end 2014 target of 94,209 WTEs excluding CFA.
- Initial allocation of employment ceiling by Divisions has been made and National Directors can change internal sub-allocations as necessary in line with budgets and performance.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of May indicate starters in the order of the order of 2,925 WTEs, with Acute Services accounting for 66% of total. Non-acute services account for 31% of total, Ambulance, HBS/ Corporate and Health & Wellbeing accounting for the balance [Returns from Tallaght Hospital, St. John of Gods Services, Royal Hospital Donnybrook and St. Luke's Hospital, Rathgar are outstanding].

GRADUATE & INTERN SCHEMES

At the end of June the Nurse Graduate Programme returned at 390 placements with a 383 WTE value, down 34 WTEs from last month, thus continuing the downward trend seen over recent months. The intern scheme had 628 care interns and 43 general support interns bringing the total to 1,061 people provided with placements under these schemes.

NEW SERVICE DEVELOPMENTS

682 WTEs of 2013 new service development posts filled, up 16 WTEs from May (130.7 WTEs - National Ambulance Service, 220 WTEs - Primary Care, 310 WTEs - Mental Health Services, 15 WTEs - Acute Services and 7 Finance). There were 2 WTE filled from 2012.

SICK LEAVE SCHEME CHANGES

The Public Sector-wide paid sick leave provisions and arrangements were reviewed in 2012 under the auspices of the Labour Relations Commission and Labour Court in order to have a standardise one for all public servants and to reduce the cost of absence. Significant changes were made to existing paid sick leave arrangements across the wider public service.

These changes were implemented in two phases; firstly to self-certified sick leave, where it was reduced to seven days in a rolling two-year period, on the 1st November 2012 and secondly an effective halving of the main paid sick leave arrangements/provisions which came into effect on the 30th March 2014. The impact of the former change may help explain the change in proportion of self-certified as against medically certified sick leave against overall absence rates. This change is apparent from the reported situation prior to November 2012.

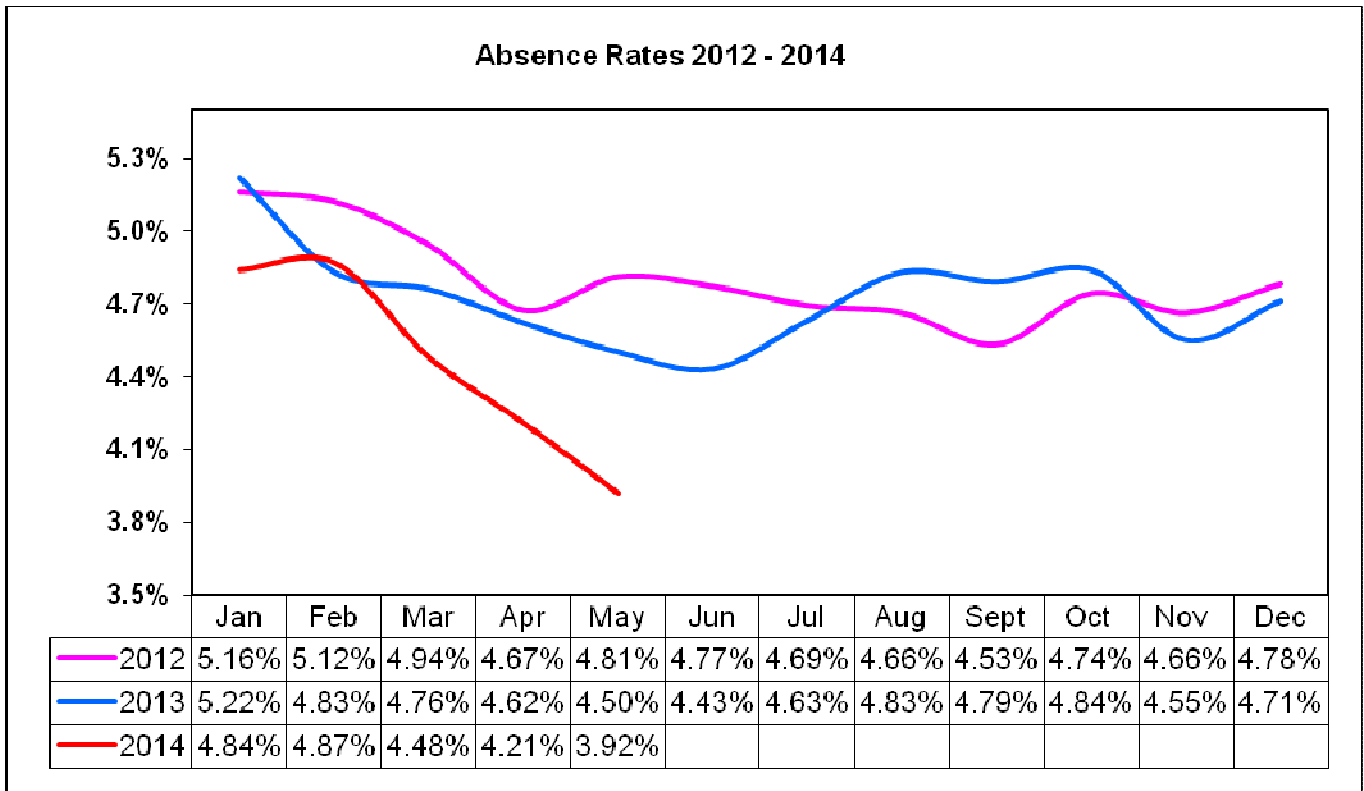
It is too early to be able to see the possible impact of the more recent changes as April National Absence Reporting is in respect of just one month since the change was applied”, but it must be borne in mind that absence management is a multi-factorial process.

ABSENCE RATES

	Target	Outturn 2013	Outturn May 2014	Actual YTD RTM	YTD	% Medically Certified (May 2013)	% Medically Certified (YTD)
Absence Rates	3.50%	4.73%	3.92%	4.18%	4.47%	91.4%	90.4%

Note: Levels of absence is reported one month in arrears.

- Latest available national data shows a May absence rate of 3.92% which is the lowest recorded monthly rate to date compared to the same period last year of 4.50%.
- 91.4% of absence in May was medically certified with 8.6% self-certified, down from 12.4% in late 2012 when changes to self-certified leave were introduced.
- Indications are that the changes in the sick leave scheme which came into effect from the 31st March 2014 have had a measurable positive effect in recorded absence.



- 2014 YTD absence rate stands at 4.47% down from a rate of 4.79% for the same period in 2013. Medically certified absence again shows a marginal increase to 90.4% YTD.
- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend has been seen in these years.
- Health Service Management has a range of supports and interventions to address attendance management and absence rates in place. These include:
 - Training and development for line managers.
 - HR and Occupational Health Interventions to support line managers in managing attendance.
 - An agreed set of actions, monitored on a monthly basis by the Regional Directors of Performance and Integration and overseen by the Office of the Chief Operations Officer is in place.
 - The rate of absence is a key performance indicator (KPI) and is a feature of all management engagement at national, regional and local levels.

Finance

OVERVIEW

The HSE's 2014 National Service Plan made clear that the HSE was facing the most severe financial challenge in 2014 resulting from the continued reduction in its funding base and the significant additional savings required.

Between 2008 and 2013 the Health Service costs/budgets have reduced by €3.3bn (22%) and this rises to €4bn (27%) when the 2014 requirement is included.

This is in the context of an increased demand for services, more services being provided with significantly less resources and the loss of more than 10% of our staff.

Net Expenditure year to date June 2014 is €6.007 billion against the available budget reported at €5.781 billion leading to a reported deficit of €226.5m.

Expenditure by Category and Division	Approved Allocation	YTD June 2014			% Var Act v Tar
		Actual	Plan	Variance	
	€'000s	€'000s	€'000s	€'000s	
Total Acute Division	3,787,606	2,028,799	1,898,601	130,198	6.86%
Total Primary Care Division	3,257,527	1,672,180	1,623,981	48,199	2.97%
Total Health & Wellbeing Division	218,825	85,676	93,949	8,273	-8.81%
Total Social Care Division	2,873,318	1,468,477	1,444,199	24,277	1.68%
Total Mental Health Care Division	720,412	360,110	358,392	1,717	0.48%
Pensions	393,657	212,516	199,480	13,035	6.53%
Other including National Services, Regional Services, Corporate and Held Funds, etc	339,597	180,023	162,644	17,378	10.68%
Total	11,590,942	6,007,780	5,781,248	226,532	3.92%

*Acute hospital services budgets reported above includes budget for acute regional services and palliative care

** Held funding includes a negative €108m for unspecified pay savings

The acute hospital sector is reporting a deficit of €130.1m at the end of June which represents 57.5% of the overall deficit.

AGENCY SERVICES

HSE year to date agency costs were €163.81m versus €109.65m for the corresponding period in 2013, an increase of €54.16m (49.4%) year on year. Agency costs incurred in acute hospital services were €111.75m and this compares to €72.27m for the same period last year. The 2014 agency cost for hospitals includes €48.18m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €39.48m (up 54.6 %) compared to the same period last year. This primarily reflects the diminishing capacity to recruit doctors and price increases for agency provision rather than volume growth in medical staff inputs.

However, 82% of the increase in hospital agency expenditure is in the medical and support services pay categories. These staff were already at the HRA maximum hours and therefore the hospitals did not benefit from additional hours. Cost growth and under performance in cost containment plans are also currently evident.

The Primary Care Division (PCD) had an overall deficit of €48.1m YTD 2014. This deficit is primarily attributable to local demand led schemes and legacy childcare expenditure.

FINANCIAL RISKS

Based on the first six months figures the HSE is not flagging any new financial risks beyond those set out in the service plan, however it should be noted that the financial risks include a number of items which are not within or are not fully within the control of the HSE: This includes a range of items including:

- €108m - unspecified pay savings which are subject to engagement with the relevant departments.
- €63m - temporary assignment of pension funding to earlier probity target which adjusted the impact of same subject to engagement with relevant department.
- €45m - Various other items not within or fully within the control of the HSE
 - €12m - Targeted savings related to the proposed introduction of a nurse bank. The proposal assumed external approval and legacy capacity around creating the necessary employment subsidiary and this is currently the subject of engagement with the relevant departments.
 - €10m - Graduate Nurses savings target within the 2013 NSP related to PSA I – overtaken by PSA II Graduate Nurses and Support Interns schemes which are the subject of separate budget reductions.
 - €7m - Excess target re full year effect of adjusting the asset based contribution in the Fair Deal scheme.
 - €5m - Target related to proposed licensing of tobacco retailers. Dependant on the introduction of new legislation.
 - €11m PCRS - dependant on legislation, DoH looking at alternative options.
- €5m - Local “demand led” schemes savings targets (community aids and appliances, hardship medicines, etc) – deficit in the first six months of 2014 €22.1m, despite ongoing work programme in place to standardise nationally and seek to safely reduce costs.
- The scale of the PCRS savings target for 2014 of €249m is a very significant challenge given that it follows the €353m targeted for 2013. This includes original medical card probity targets.

HADDINGTON ROAD AGREEMENT (HRA)

The HSE is committed to maximising delivery on the €290m HRA savings target given that the agreement represents an essential tool for the HSE to safely reduce pay costs without impacting services. Current analysis and implementation plans indicate a stretched gross delivery of €217m or 75% is achievable with further work underway to fully utilise all of the levers made available by the HRA to maximise delivery against the full €290m target. A full HRA implementation plan has now been submitted to DPER/DoH in this respect.

The 7 stages agreed in relation to the report "Driving maximum delivery of Haddington Road" are being progressed and are on time with stage 3, attaining a service view of the total available hours almost complete. The valuation of the maximum delivery will be completed week ended 1 August and it is estimated that the HRA has delivered approximately €86m to the end of June 2014.

CONCLUSION

Projections to year end based on data for the first six months of 2014 are being finalised in tandem with assessment of performance in the same period and risk to year end within our cost containment plans. Initial control actions in relation to the key risks outlined above have commenced. The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014. Consideration must also be given to this exceptional financial challenge in an environment where we are aiming to maximise efficiencies and ensure that we maintain sustainable levels of service with quality and patient care at the core of everything we do.