

NOVEMBER 2013

Health Service

National Performance Assurance Report

Contents

Reform Programme.....	4
Performance Overview.....	5
Updates by Division	
Acute Services.....	9
Primary Care Division	18
Health & Wellbeing.....	21
Social Care Division	
Services for Older People.....	25
Disability Services.....	27
Mental Health Services	29
Children and Family Services.....	32
Financial Overview	34
Human Resources.....	36
Appendices	
Non Acute Scorecard.....	39
Acute Scorecard.....	40
Finance & HR Scorecard.....	41

THE REFORM PROGRAMME

The Irish Health Service is embarking on one of the largest and most challenging reform programmes since the foundation of the state. *Future Health* outlines major elements of this reform under the four pillars of Structural, Financial, Service Reform and Health & Wellbeing.

Improving the health and wellbeing of the population and providing equitable and timely access to high quality services are key to the reform process and include action in the following areas:

- Quality and Patient Safety;
- Developing and implementing integrated models of care aligned to patient movement across services;
- Health & Wellbeing;
- Preventing and managing chronic disease;
- Responsiveness to demographic changes;
- Developing our Workforce;
- ICT and Informatics alignment to business outcomes;
- Structural reform;
 - Establishment of Hospital Groups and Integrated Service Areas
 - Finance Operations Reform
 - New ways of financing services including 'Money Follows the Patient'
 - Establishment of Healthcare Commissioning Agency

Reform will focus on helping all citizens to remain healthy and active and where required, providing safe, high quality health and social care. The significant and sustained investment in building the expertise and skills of staff at all levels in leadership, process change, and management is fundamental to the Reform Programme.

Performance Overview November 2013

Overview of November Performance

SERVICE DELIVERY OVERVIEW

Acute Hospital

Emergency admissions between January and November 2013 have remained at the same level as 2012, while in the same period emergency attendances have seen a 2% reduction and elective admissions have reduced by 2%.

Day care attendances are <1% lower than the period January to November 2012 but activity in the September – November has seen a rise in activity.

New attendances at outpatients have increased by 5% in line with the waiting list management initiative. 84% of the patients on the Out Patient waiting list now are waiting less than 12 months in comparison to March where 73% of patients were waiting less than 12 months.

Emergency Department

In November 2013 67% of patients attending Emergency Departments were discharged home or admitted within 6 hours.

In November 2013 81% of patients attending Emergency Departments were discharged home or admitted within 9 hours.

Inpatient / Day Care Waiting Lists

There has been a 5% reduction in total number of patients waiting for admission in November compared to July - this includes a 49% reduction in the total number of patients waiting greater than 8 months for admission

94% of all patients waiting on the elective waiting list are waiting less than 8 months.

93% of all adults waiting on the elective waiting list (excluding GI Scopes) are waiting less than 8 months.

82% of all children waiting on the Paediatric elective waiting list (excluding GI Scopes) are waiting less than 20 weeks.

91% of people on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of November, 9% of patients were waiting greater than 13 weeks (n=824). Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

National Ambulance Service

There was a 20% increase in the ECHO call month on month. 72.7% of ECHO calls were responded to within 19 minutes up from 65.7% in the previous month.

DELTA calls also increased marginally month on month 63% of DELTA calls were responded to within 19 minutes up in line with the previous month.

The target for 2013 is that 70% of ECHO AND DELTA calls would be responded to within 19 minutes.

MENTAL HEALTH

The demand on the Child and Adolescent Community Mental Health Teams, as measured by number of new referrals received and accepted, is increasing year on year. 14,086 referrals have been received up to the end of November, this is +2,088 or 17% higher than the planned level of service. However 70% of accepted referrals are seen within 3 months, consistently meeting the target.

The general adult community mental health teams have received 38,887 referrals up to the end of November and 68% of referrals have been seen within 8 weeks or less.

Psychiatry of Old Age Mental Health Teams have received 9,592 referrals to date, and have seen 93% of referrals within 8 weeks or less.

PRIMARY CARE

The physiotherapy service within primary care received 164,535 referrals in the year up to the end of November. This is 4.1% above expected levels of service. 135,938 patients were seen for a first time assessment in the same period, which is 6.6% above expected level of service target.

GPs provided services out of hours to 71,155 patients in November, bringing the total number of contacts for the year to the end of November to 882,071.

At the end of November there were 1,858,379 (40.5% of the population) in receipt of a Medical Card and 125,193 (2.7% of the population) in receipt of a GP Visit card. This is a total of 1,983,572 in receipt of either a Medical Card or GP Visit card. Included in these cards are 50,785 Medical Cards granted on discretionary grounds and 24,512 GP Visit Cards granted on discretionary grounds.

94.4% of completed Medical Card applications are processed and issued within 15 days. This exceeds the National Service Plan target of 90% of completed applications.

SOCIAL CARE

The Nursing Home Support Scheme supports 23,833 long term residential clients. In the 11 months to November 7,738 new clients were supported. 100% of completed applications under the scheme were processed within four weeks.

The monthly average for the provision of home help hours in the third quarter of 2013 is 873,246 hours, which is approaching a sustainable level of service provision for home help services. The intention is to maintain this level of service throughout 2014, delivering 10.3m hours of service.

There will be a once-off saving in 2013, which will be fully utilised to deliver additional community supports, including respite, convalescence and step-down care to support acute hospital and community service pressures during the winter period.

As of November, 11,712 persons are in receipt of a Home Care Package. This is 7.7% above target (+842).

HEALTH AND WELLBEING

The 6 in 1 immunisation offered to children at 24 months has an uptake rate of 95.4%. This marginally exceeds the target rate of 95%. The Health and Wellbeing Division is working with Primary Care and Child Health Coordinators to put in place local improvement plans to address any local under performance.

55,995 children (87.9%) have received child developmental health screening, reaching the target for this point in the year. Whilst the majority of areas have reported uptake figures at, or almost at, the national average, a number are reporting at levels below this. A process of implementing quality improvement plans continues to be rolled out for these areas.

CHILDREN AND FAMILY SERVICES

At the end of November 91.2% of children in care have been allocated a social worker, a 0.6% increase over the October figure 90.7%. At the end of November 87.8% of children in care have a written care plan, a 1.0% increase over the October figure 86.9%.

FINANCE

The HSE has a spend of €11.42 billion up to the end of November. The expected spend in this period was €11.25 billion therefore there is a gross deficit of €168.18m, resulting in a budget overspend of 1%.

Within the €168.18m there is a **core deficit** of €25.6m when account is taken of a number of factors which were outside the direct control of the HSE (see the finance section for details).

Overall there is a projected Vote deficit for HSE of approximately **€219m** for 2013. This compares to a Vote deficit of €337m for 2012 (prior to the application of supplementary funding of €360m). This deficit is also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**. The deficit is a reflection of the overall challenge within the HSE in 2013 when account is taken of the risks that were set out in the National Service Plan.

HUMAN RESOURCES

As of the end of November, the HSE employs 99,934 WTEs who are either employed directly or by agencies funded by the HSE. The target for year end is 98,938, currently a variance of 996.

240.7 WTEs of the 2013 new service development posts have been filled, up 105.5 WTEs from October (10.7 WTEs - National Ambulance Service, 77.5 WTEs - Primary Care, 54.5 WTEs - Mental Health Services and 10 WTEs - Acute Services).

Implementation of the provisions of the Public Service Stability Agreement (PSSA) has continued during the month of November and is a critical component of the health service reform programme. The Pay reduction element of the PSSA will deliver €56m in a full year. €23.3m was delivered on this in the five months July – November. The changes to rates of Overtime and Premium payments will deliver €52m in a full year. €21.6m was delivered in the five months July – November.

The number of people who started employment year to date in 2013, across the Public Health Sector, is 2,743.67 WTEs. Acute Services accounts for 59% of this number. The numbers who have commenced employment include student nurse placements but do include non consultant hospital doctors.

HSE absenteeism rate YTD stands at 4.79% against a target of 3.5%. Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.

Updates by Division

Acute Services Division

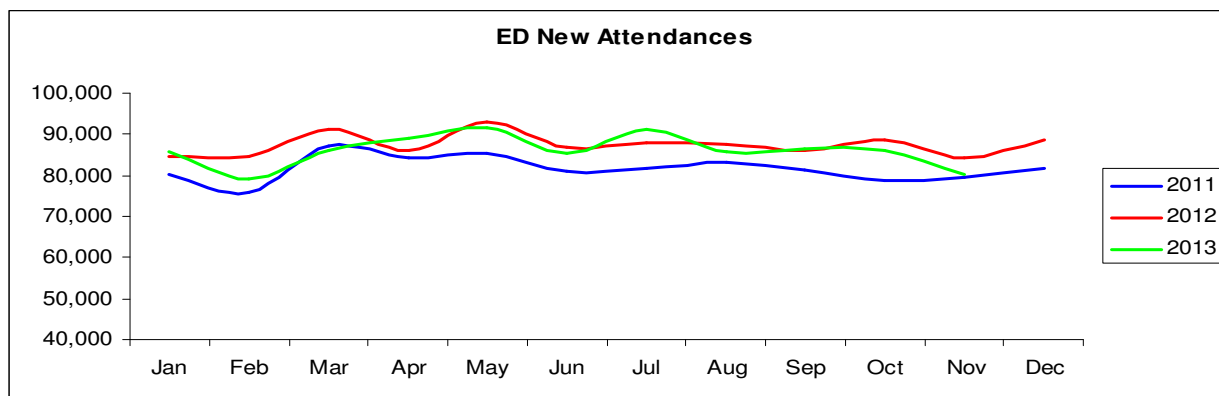
KEY AREAS OF FOCUS

- Macro Hospital Overview
- Emergency Department New Attendances
- ED Patient Experience Time (PET)
- Inpatient Discharges
- Inpatient Admission Source
- Emergency Admissions
- TrolleyGar Performance
- Elective Inpatients
- Waiting Lists
- Day Care Attendances
- Outpatient Waiting List
- Emergency Response Times
- Elective Inpatients
- Palliative Care: Access to specialist inpatient beds

MACRO HOSPITAL ACTIVITY

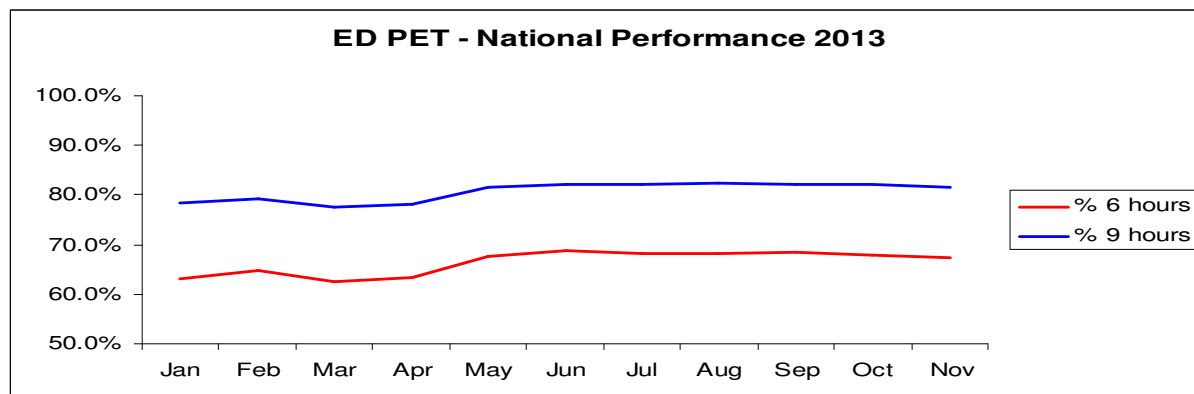
Activity Type	Jan - Nov Actual 2012	Jan - Nov Actual 2013	Val Var	% Var	
ED New Attendances ¹	960960	946500	(14460)	(2%)	
Inpatient Discharges	554253	545448	(8805)	(2%)	
Day Care Attendances	776987	775189	(1798)	(<1%)	
OPD	New	648559	683371	34812	5%
	Return	1549455	1599427	49972	3%

EMERGENCY DEPARTMENT NEW ATTENDANCES



- Jan - Nov 2012 / 2013 2% reduction (n=14460)

PATIENT EXPERIENCE TIME (PET) ²



Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012
Note² PET coverage is 24 hospitals
Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁴ MAU - Medical Assessment Unit
Note⁵ Waiting list values stated includes Adults / Children / GI Scopes
Note⁶ NTPF full dataset availability March 2013 - comparison March / November 2013
Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

National target is 95% of all patients attending ED being discharged or admitted within 6 hours and 100% of all patients being discharged or admitted within 9 hours

- In November 2013 67% of patients attending Emergency Departments were discharged home / admitted within 6 hours - 66% YTD
- In November 2013 81% of patients attending Emergency Departments were discharged home / admitted within 9 hours - 81% YTD

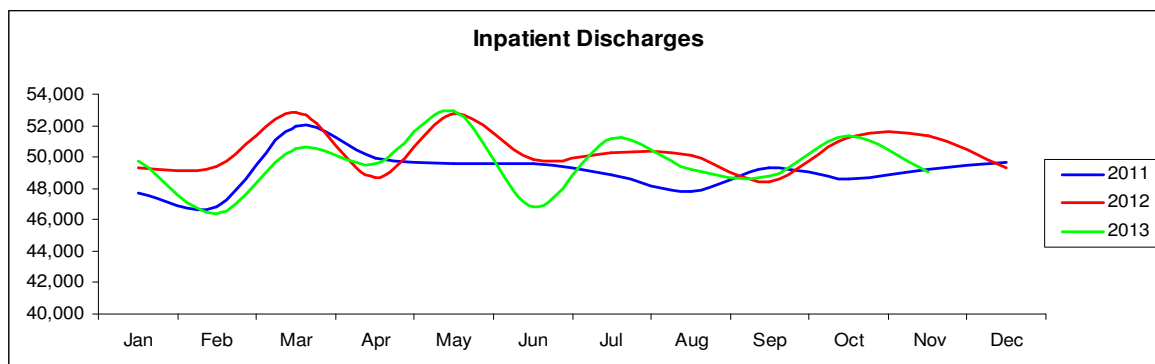
High Performing Hospitals (November 2013)

- Mayo General Hospital - 98% of patients attending ED were discharged home/admitted within 9 hours
- Portiuncula Hospital - 98% of patients attending ED were discharged home/admitted within 9 hours
- St Luke's Kilkenny - 97% of patients attending ED were discharged home/admitted within 9 hours

Low Performing Hospitals (November 2013)

- Connolly Hospital - 72% of patients attending ED were discharged home/ admitted within 9 hours
- Cork University Hospital - 69% of patients attending ED were discharged home/ admitted within 9 hours
- Beaumont Hospital - 67% of patients attending ED were discharged home/ admitted within 9 hours

INPATIENT DISCHARGES



- Jan - November 2013 / 2012 - 2% decrease in the number of discharges (n= 8805)
- Jan - November 2013 actual / target - 1% decrease in the number of discharges (n= 6332)

INPATIENT ADMISSION SOURCE

Activity Type		Jan – Nov Actual 2012	Jan - Nov Actual 2013	Val Var	% Var
Emergency Admissions	ED Admissions	260214	250670	(9544)	(4%)
	Emergency (Other) ³	74287	69925	(4362)	(6%)
	MAU Admissions ⁴	17276	29524	12248	71%
	Subtotal	351777	350119	(1658)	(<1%)
Elective	Elective Admissions	173996	170647	(3349)	(2%)
Total Admissions		525773	520766	(5007)	(1%)

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012

Note² PET coverage is 24 hospitals

Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note⁴ MAU - Medical Assessment Unit

Note⁵ Waiting list values stated includes Adults / Children / GI Scopes

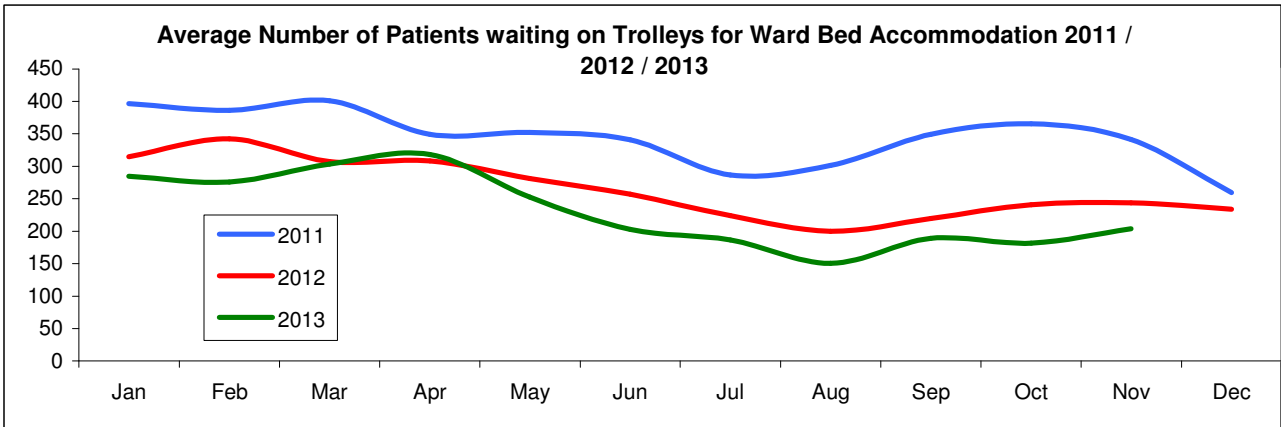
Note⁶ NTPF full dataset availability March 2013 - comparison March / November 2013

Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

EMERGENCY ADMISSIONS

- 2012 / 2013 Emergency Admission value broadly commensurate
- 4% decrease in the number of Emergency Department admissions (n=9544)
- 71% increase in the number of MAU Admissions (n=12248)

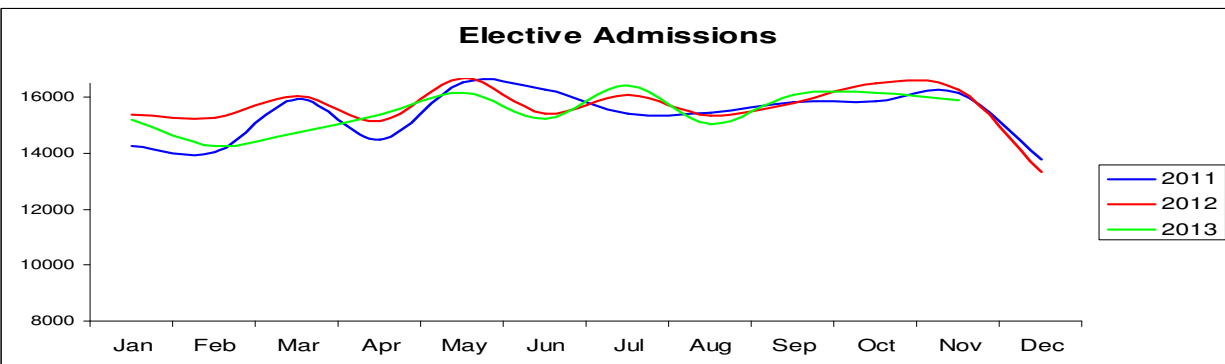
TROLLEYGAR PERFORMANCE



- 2011 / 2012 - 24% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2012 / 2013 - 13% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2011 / 2013 - 34% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES

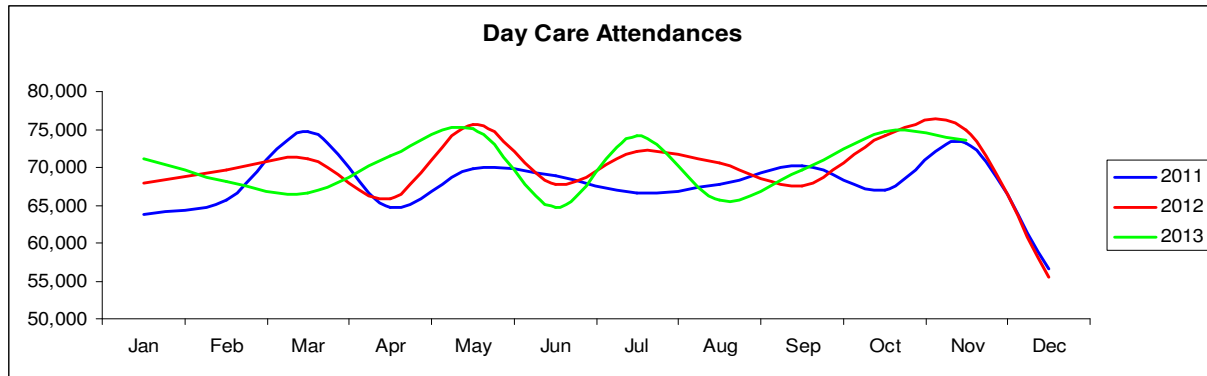
ELECTIVE ADMISSIONS



- 2% decrease in the number of elective admissions (n=5007)
- performance diminution attributed to inappropriate bed occupancy predominantly in the DATHs (November monthly national average =647)

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012
Note² PET coverage is 24 hospitals
Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁴ MAU - Medical Assessment Unit
Note⁵ Waiting list values stated includes Adults / Children / GI Scopes
Note⁶ NTPF full dataset availability March 2013 - comparison March / November 2013
Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

DAY CARE ATTENDANCES



- Jan-November 2013 / 2012 Day Care decrease of <1% (n=1798)
 - activity decrease reversed with period September - November demonstrating 1% increase in Day Care Attendances (n=1439)
- Jan-November 2013 actual / target showing a marginal increase (n=370)

WAITING LISTS – INPATIENT / DAY CARE / GI

National number of scheduled patients waiting for admission July / November 2013 comparison⁵

National	Period	0-3 months	3-6 months	6-8 months	8-12 months	12+ months	Total
	25/07/2013	33,005	15,334	5,131	5,396	1,066	59,932
28/11/2013	35,385	13,783	4,528	2,458	811	56,965	
Val Var	2,380	(1,551)	(603)	(2,938)	(255)	(2,967)	
% Var	7%	(10%)	(12%)	(54%)	(24%)	(5%)	

- Overall waiting list growth trend experienced January - July now reversed
- July / November - 5% reduction in total number of patients waiting for admission
 - 49% reduction in total number of patients waiting >8 months for admission

WAITING LIST ADULT (EXCLUDING GI SCOPES)

- 93% of all adults waiting on the elective waiting list are waiting less than 8 months (n=40662)

WAITING LIST PAEDIATRIC (EXCLUDING GI SCOPES)

- 82% of all children waiting on the elective waiting list are waiting less than 20 weeks (n=3321)

GI ENDOSCOPY WAITING LIST

- 91% of people on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of November, 9% of patients were waiting greater than 13 weeks (n=824). Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

COLONOSCOPY WAITING LIST

- 0 patients were reported as waiting greater than 4 week (28 Days) for an urgent Colonoscopy at the end of November.

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012
Note² PET coverage is 24 hospitals
Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁴ MAU - Medical Assessment Unit
Note⁵ Waiting list values stated includes Adults / Children / GI Scopes
Note⁶ NTPF full dataset availability March 2013 - comparison March / November 2013
Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

Hospitals currently projecting to achieve compliance with national wait target (<8 months)

- | | | |
|--------------------------------|-------------------------------|--------------------------------|
| - Cappagh Hospital | - Mater Hospital | - Our Lady's Hospital Navan |
| - St. Columcille's Hospital | - Wexford General Hospital | - MRH Portlaoise |
| - MRH Tullamore | - Tallaght Hospital | - Beaumont Hospital |
| - Cavan / Monaghan Hospital | - Connolly Hospital | - Louth County Hospital |
| - Our Lady of Lourdes Hospital | - UL Hospital Dooradoyle | - UL Hospital Ennis |
| - UL Hospital Nenagh | - UL Hospital Croom | - UL Hospital St. John's |
| - Cork University Hospital | - Bantry General Hospital | - Kerry General Hospital |
| - Lourdes Orthopaedic Hospital | - Mallow General Hospital | - South Infirmary Hospital |
| - South Tipperary Hospital | - Waterford Regional Hospital | - Letterkenny General Hospital |
|
 |
 |
 |
| - Portiuncula Hospital | - Roscommon General Hospital | - Sligo Regional Hospital |

Hospitals currently projecting to achieve >95% compliance with national wait target (<8 months)

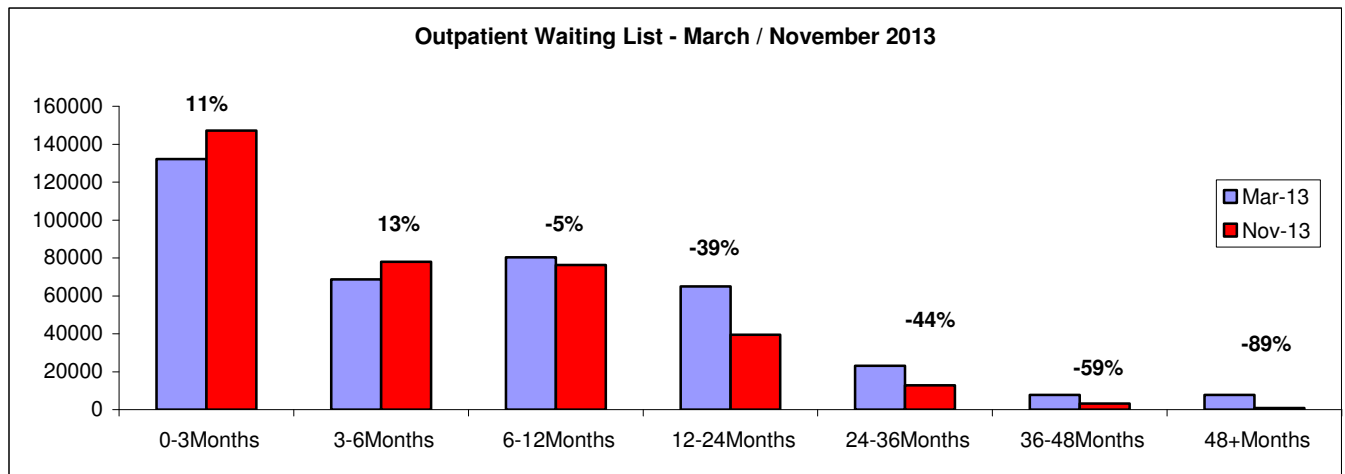
- | | | |
|-------------------------------------|---|--------------------------------|
| - MRH Mullingar | - RVEEH | - St. Luke's Hospital Kilkenny |
| - St. Vincent's University Hospital | - Naas General Hospital | - St. James's Hospital |
| - CUH Temple Street | - Our Lady's Children's Hospital
Crumlin | - Mercy University Hospital |
| - Galway University Hospital | - Mayo General Hospital | |

Requirement remains for more effective chronological admission and increased productivity - these necessities will be closely monitored by SDU / NTPF for remainder of year.

OUTPATIENT ACTIVITY - ALL SPECIALTIES

- 5% increase in the total number of OPD new attendances (n=34,812)

OUTPATIENT WAITING LIST^{6,7}



- 7% decrease in total number of new patients waiting (n=27,008)
- 28% reduction in the number of patients waiting more than 6 months (n=51,191)
- 46% reduction in the number of patients waiting more than 12 months (n=47,163)
- November 2013: 84% of total number of patients are waiting less than 12 months (n=301,354)

Performance improvements have been achieved in relation to increased attendance volume, more appropriate chronological booking and effective validation. These are demonstrated in terms of a 5% increase in new OPD attendances, an increase in the number of patients waiting less than 3 months (11%) and a reduction in the number of patients waiting more than 12 months (46%)

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

Hospitals currently projecting to achieve compliance with national wait target (<12 months)

- | | | |
|------------------------------|-------------------------------------|-----------------------------|
| - Cappagh Hospital | - Mater Hospital | - Bantry General Hospital |
| - Roscommon General Hospital | - St. Luke's Hospital Kilkenny | - St. Columcille's Hospital |
| - St. Michael's Hospital | - St. Vincent's University Hospital | - Wexford General Hospital |
| - MRH Portlaoise | - Mallow General Hospital | - St. James's Hospital |
| - Beaumont Hospital | - Cavan / Monaghan Hospital | - Connolly Hospital |
| - Louth County Hospital | - UL Hospital Ennis | - UL Hospital Nenagh |
| - UL Hospital Croom | - UL Hospital St. John's | - Mercy University Hospital |
| - South Tipperary Hospital | - Waterford Regional Hospital | - Mayo General Hospital |
| - Portiuncula Hospital | | |

Hospitals currently projecting to achieve >95% compliance with national wait target (<12 months)

- | | | |
|---|--------------------------------|----------------------------|
| - Our Lady's Hospital Navan | - MRH Tullamore | - Tallaght Hospital |
| - Our Lady of Lourdes Hospital | - UL Hospital Dooradoyle | - MRH Mullingar |
| - Our Lady's Children's Hospital
Crumlin | - Naas General Hospital | - RVEEH |
| - Cork University Hospital | - Kerry General Hospital | - South Infirmary Hospital |
| - Galway University Hospital | - Letterkenny General Hospital | - Sligo Regional Hospital |

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012

Note² PET coverage is 24 hospitals

Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note⁴ MAU - Medical Assessment Unit

Note⁵ Waiting list values stated includes Adults / Children / GI Scopes

Note⁶ NTPF full dataset availability March 2013 - comparison March / November 2013

Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

National Ambulance Service

AREAS OF FOCUS IN THIS REPORT

- Clinical Status 1 ECHO incidents
- Clinical Status 1 DELTA incidents

AMBULANCE SERVICE EMERGENCY RESPONSE TIMES

The target for 2013 is that 70% of Clinical Status 1 ECHO incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 72.7%, performance year to date is 70.5%.

The target for 2013 is that 68% of Clinical Status 1 DELTA incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 63.7%, performance year to date is 64.3%.

In 2013 YTD, 73741 Category 1 calls (ECHO and DELTA) have been received.

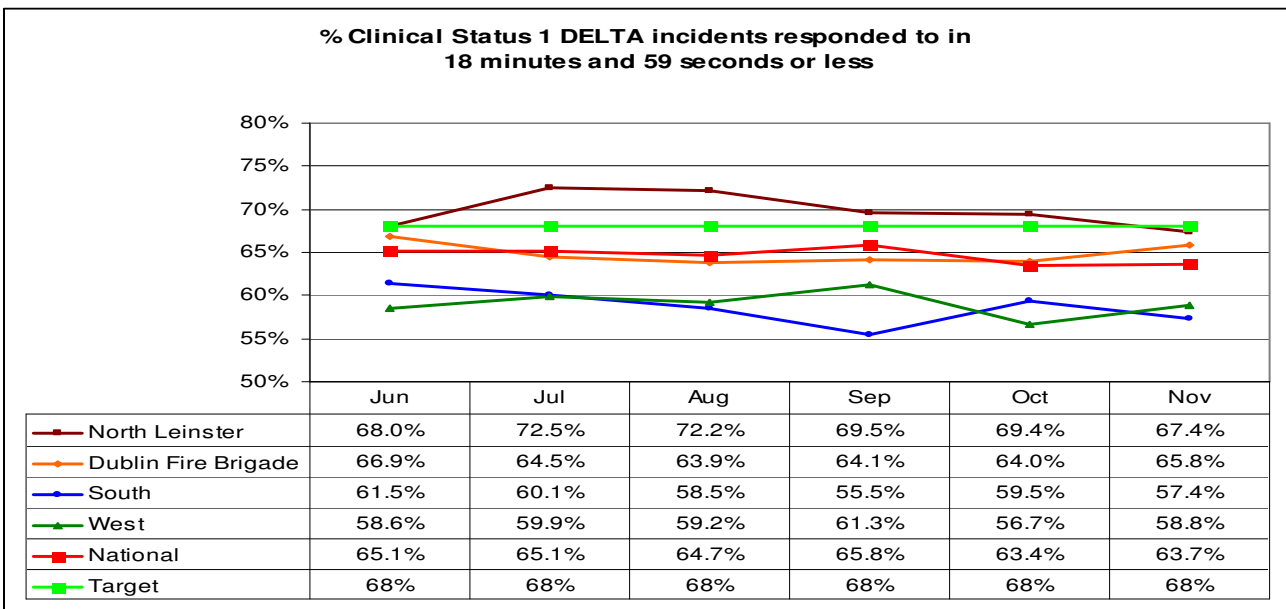
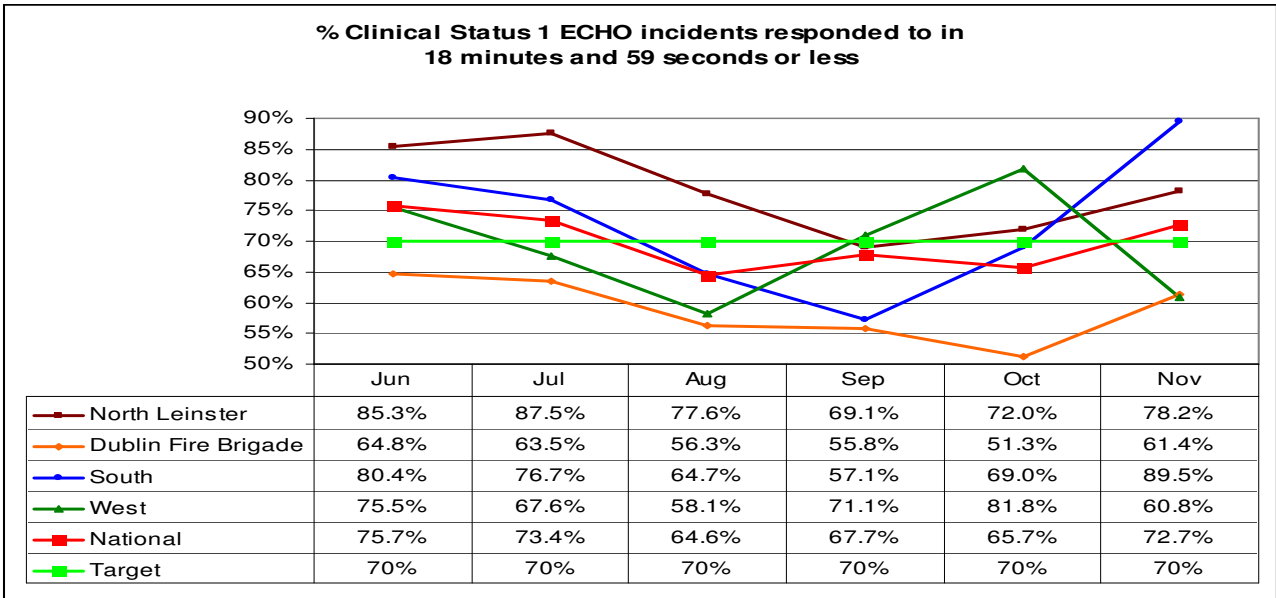
Table 1: Emergency Response Times (data is reported one month in arrears)

	North Leinster	DFB	South	West	National	Performance YTD National
Emergency Response Times - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less	78.2%	61.4%	89.5%	60.8%	72.7%	70.5%
Emergency Response Times - % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less	67.4%	65.8%	57.4%	58.8%	63.7%	64.3%

Table 2: Total Number of Calls (data is reported one month in arrears)

	North Leinster	DFB	South	West	National	Performance YTD National
Emergency Response Times - Number of Clinical Status 1 ECHO calls	78	70	57	51	256	2,721
Emergency Response Times – Number of Clinical Status 1 DELTA calls	2,224	2,596	1,479	1,347	7,646	78,932

- There was a 20% increase in the number of ECHO calls in the reporting month compared to the previous month. 72.7% of calls were within the 19 minute target up from the previous months performance of 65.7%.
- There was a marginal increase in DELTA calls in the reporting month compared to the previous month. The response time within 19 minutes was however up 0.3% on the previous month.
- There was a slight decline in Category 2 & 3 calls but at 36.9% and 21.3% of overall AS1 calls respectively. It contributes to maintaining hospital turnaround times at hospitals in the second half of the year at higher levels.



INTERMEDIATE CARE SERVICES

A more effective model of patient transfer service delivery, known as the Intermediate Care Service (ICS), has been set up to provide a service to people who need to move between hospitals or other care facilities. This facilitates a safe and timely transfer for non-emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. The ICS will ensure that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care. This will support an improvement in response times to people who require emergency care and transportation.

To date in 2013, 25 Intermediate Care Vehicles and 73.4 WTE have been appointed to Intermediate Care Operative (ICO) positions across the country. This brings the total available to 54 vehicles and 120 WTE. The remaining 11 NSP 2013 Intermediate care development posts are scheduled to commence training in February 2014.

Palliative Care Services

INTRODUCTION

Palliative care services aim to provide the best possible quality of life for patients and their families facing the problems associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.

Services are provided in both the specialist and generalist palliative care settings in order to support the provision of care in the place of the patient's need and choice. A significant proportion of specialist services are delivered in partnership with the voluntary sector.

AREAS OF FOCUS IN THIS REPORT

- Access to Specialist Community Teams
- Access to Specialist Inpatient Beds

ACCESS TO SPECIALIST COMMUNITY TEAMS

The target is to provide 82% of people at home in non-acute hospitals or long term residential care settings with access to palliative care specialist community services within 7 days.

- 88% of people referred received the service within 7 days YTD.
- Year-to-date performance in all regions are above their individual targets.
- 8,086 new patients received specialist palliative care community services year-to-date equating to an average of 739 new patients per month which is a 8% increase on the 2012 total year average
- 3,134 people on average per month are in receipt of specialist palliative care community services which is a 5% increase on the 2012 total year average.

ACCESS TO SPECIALIST INPATIENT BEDS

The target is to provide 92% of people with access to specialist in-patient beds within 7 days.

- The target is being exceeded at 95% YTD.
- Year-to-date performance in DNE, South and the West Region are above their individual targets.
- 2,096 new patients received inpatient services year to date equating to an average of 190 new patients per month which is a 4% increase on the 2012 total year average.
- 368 people on average per month are receiving specialist palliative care inpatient services which is a 4% increase on the 2012 total year average.

Primary Care Division

Primary Care

INTRODUCTION

Primary care is an approach to care that includes a range of services designed to keep people well, ranging health promotion and screening for disease through to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being. The Primary Care Division brings together the various stakeholders to ensure that services are delivered safely and effectively in a community setting. This will achieve a more accessible and cost effective health services for the benefit of all service users.

AREAS OF FOCUS IN THIS REPORT

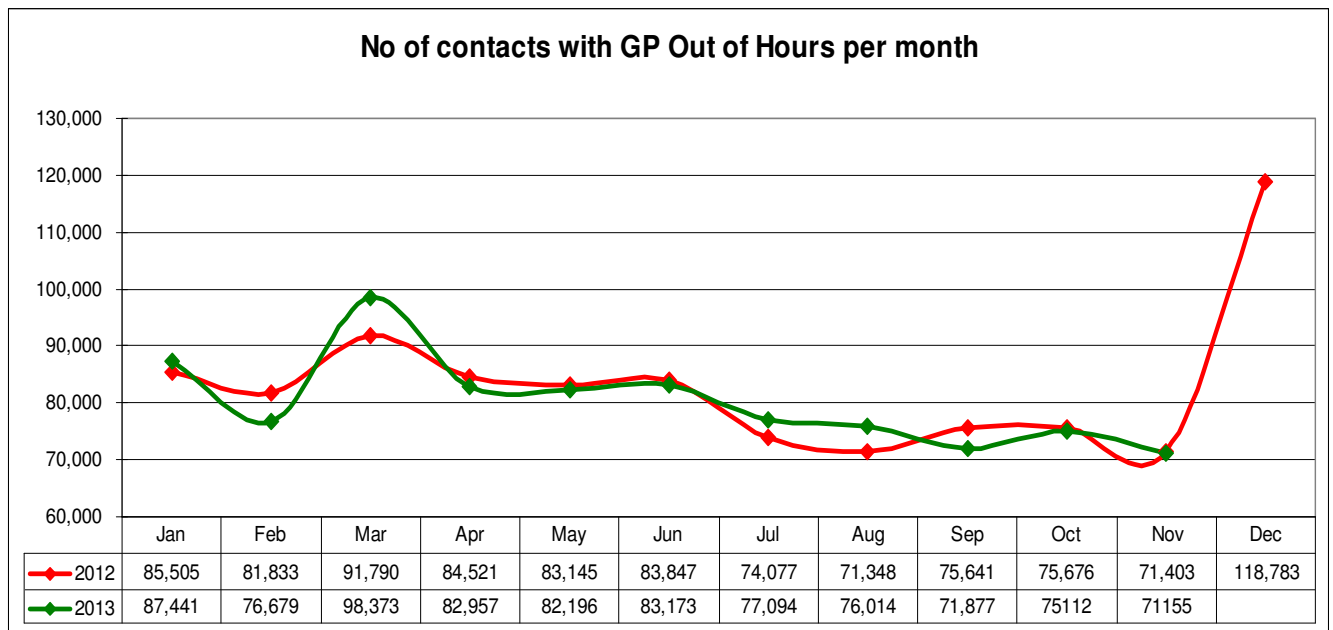
- Primary Care Teams
- GP Out of Hours service
- Physiotherapy Services
- Occupational Therapy Services
- Primary Care Reimbursement Service (PCRS)
- Social Inclusion

PRIMARY CARE TEAMS

- 423 Primary Care Teams are in place providing services for the population.

GP OUT OF HOURS SERVICE

- 71,155 patients availed of GP out of hour’s services in November (i.e. triage, treatment, home visit etc). This brings the total number of contacts year to date at the end of November to 882,071 (-1.4% below target).
- Performance year to date in the four Regions is as follows; DML is -0.8% below target, DNE is 0% on target, South is -1.8% below and West is -2.0% below target.



PHYSIOTHERAPY SERVICES

- 15,118 referrals were received in November– this brings the referrals received year to date to the end of November to 164,535. This is 4.1% above expected activity year to date.
- 13,346 patients were seen for a first time assessment in November - this brings the figure seen year-to-date to the end of November to 135,938. This is 6.6% above the expected activity year to date.
- There were 67,594 treatment contacts in November - this brings the figure seen year-to-date to the end of November to 684,115. This is 3.7% above the expected activity year to date.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	-1.7%	+8.6%	+2.9%	+7.5%	+4.1%
Patients seen first assessment	+0.8%	+12.8%	+0.9%	+14.0%	+6.6%
Treatment contacts	+3.0%	+6.7%	-0.3%	+6.5%	+3.7%

OCCUPATIONAL THERAPY SERVICES

- 6,506 referrals were received in November – this brings the referrals received year to date to the end of November to 70,404. This 8.6% above the expected activity year to date
- 13,989 clients received direct service in November. This is 14.2% above the expected activity year to date.

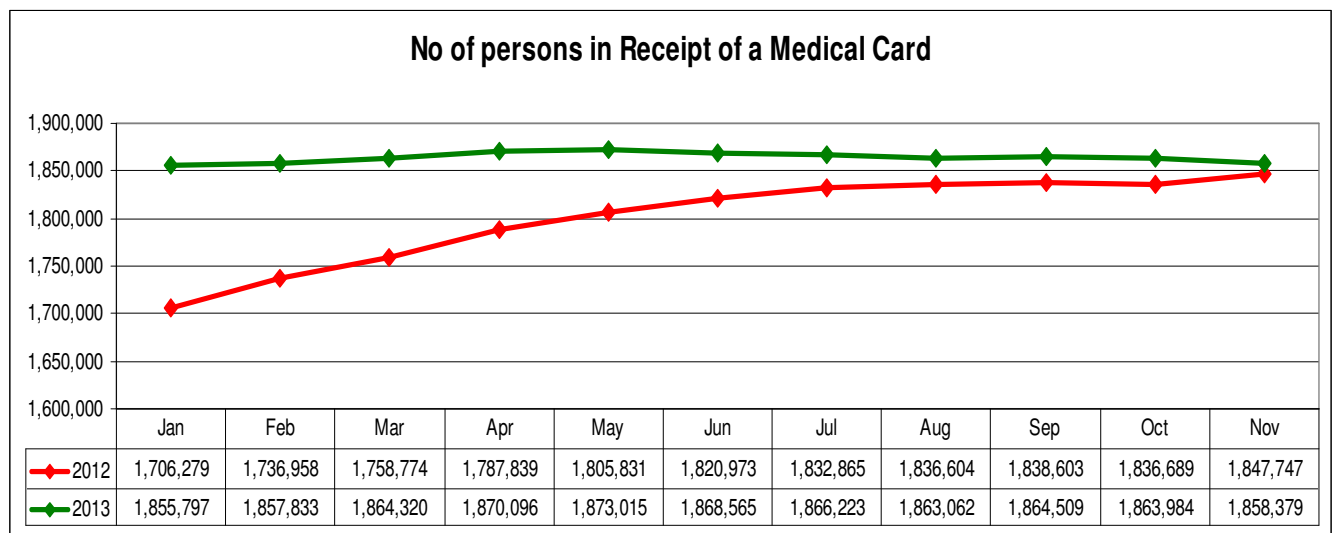
Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+11.2%	+7.3%	+7.2%	+7.9%	+8.6%
Clients who received Direct Service	+7.7%	+13.0%	+3.9%	+31.8%	+14.2%

Primary Care Reimbursement Scheme

MEDICAL CARDS

The number of people covered by medical cards now stands at 1,858,379 people (40.5% of the population). Included in these cards are 50,785 medical cards granted on discretionary grounds.

The total number of GP visit cards is 125,193. Included in these cards are 24,512 GP visit cards granted on discretionary grounds.



As of end November 2013, 94.4% of completed medical card applications are processed and issued within 15 days - the National Service Plan target is 90%. Of the 5.6% which are not processed within target, the majority relates to applications where the income is in excess of the qualifying limits and/or a medical assessment is required.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	469,269	396,147	496,951	496,012	1,858,379
Number of people with GP Visit Cards	29,854	25,066	37,820	32,453	125,193
Total	499,123	421,213	534,771	528,465	1,983,572

*Includes 50,785 medical cards granted on discretionary grounds and 24,512 GP visit cards granted on discretionary grounds.

Social Inclusion

Social Inclusion services place a special emphasis on marginalised groups who need special support including those with Addiction issues, Homeless people, Irish Travellers, Roma and other members of diverse ethnic and cultural groups (including asylum seekers, refugees and migrants), Lesbian Gay Bisexual Transgender (LGBT) service users and those with HIV/AIDs. The people in these groups have complex health and social care needs which cross the remit of the HSE and the community and voluntary services who work together to ameliorate the poorer health outcomes for these groups in areas such as life expectancy, morbidity and self reported health. It is the aim of the service to be person centred and to provide an evidence based quality service.

SUBSTANCE MISUSE

Addiction services

The expected level of service in 2013 is that 8,650 clients would receive methadone treatment.

- 9,049 clients received this service (excluding prisons) for the November reporting period which includes 3,775 patients being treated by 326 GPs in the community.
- Methadone was dispensed by 596 pharmacies catering for 6,220 clients for the reporting period.
- At the end of November reporting period there were 84 HSE clinics providing methadone treatment and an additional 10 clinics were provided in the prison service.
- 64 new patients commenced methadone treatment during the November reporting period (8 in General Practice, 56 in HSE clinics of which 10 in prison clinics).

Health and Wellbeing

INTRODUCTION TO HEALTH AND WELLBEING SERVICES

The work of the Division is focused on helping people to stay healthy and protecting people from threats to their health and wellbeing. Specialist services such as Emergency Management, Environmental Health, Public Health, the Health Protection Surveillance Centre and the National Immunisation Office support critical functions including immunisation and vaccination programmes, control of infectious diseases and outbreak management, health screening, the environment, food and public health threats, preventative health services. Health Promotion and Improvement services collaborate across the health sector and with key external agencies and organisations to effect improvements in individual, community and population health – often by targeting lifestyle health determinants such as smoking, alcohol consumption, physical inactivity and obesity.

AREAS OF FOCUS IN THIS REPORT

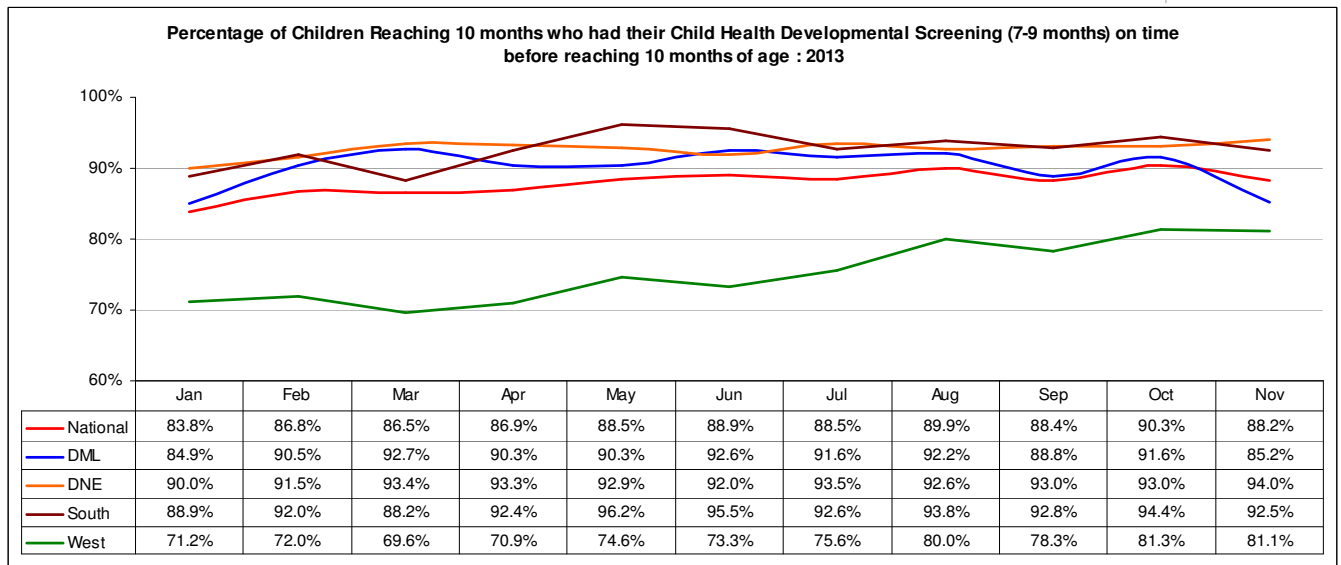
- Child Health Development Screening
- Child Health Immunisation
- Child Health PHN 48 Hour Visit

CHILD HEALTH DEVELOPMENTAL SCREENING

The target in 2013 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.

- 55,995 children (87.9%) have received child developmental health screening within target year-to-date – 4,986 (88.2%) in November 2013 (October data).
- Galway Local Health Office continually demonstrated a low uptake for child health developmental screening and prioritised the 7 - 9 month developmental check and an improvement plan was formulated for PHN and AMO services to specifically address the backlog during the months of July and August. Galway continues to sustain improvements made over the summer with a November figure returned of 69.3% compared to a figure of 31.7% reported in January this year.
- Roscommon Local Health Office has returned an uptake of less than 70% for the returns in August; September and October. For November Roscommon has returned 70%.
- While the majority of Local Health Offices have reported development check uptake figures at or almost at the national average a number of Local Health Offices are performing less satisfactorily. The Division is continuing to coordinate a response to the low uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators.

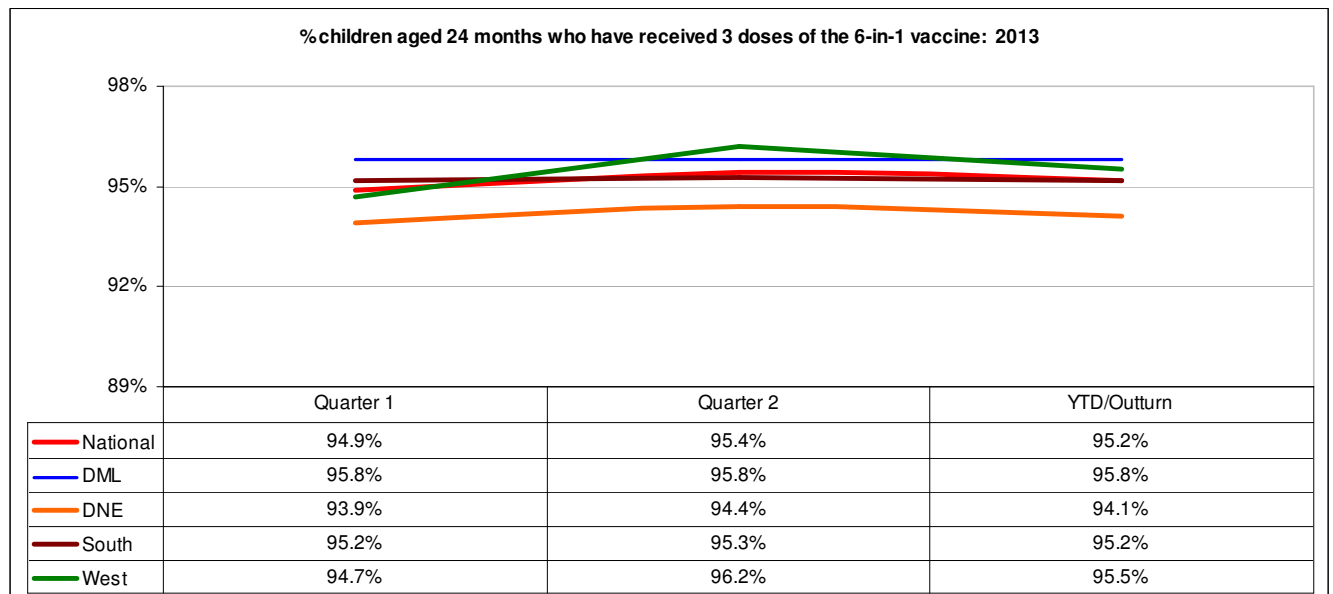
NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE



*Data is reported monthly in arrears.

CHILD HEALTH IMMUNISATION 6-IN-1 AT 24 MONTHS

The national performance uptake for Quarter 2 is 95.4% (95.2% YTD). 20 Local Health Offices have met or exceeded the target of 95% for children reaching 24 months who have received their 6-in-1 vaccine in the reporting period (Q2 2013). The remaining Local Health Offices performed between 89.1% and 94.9%.



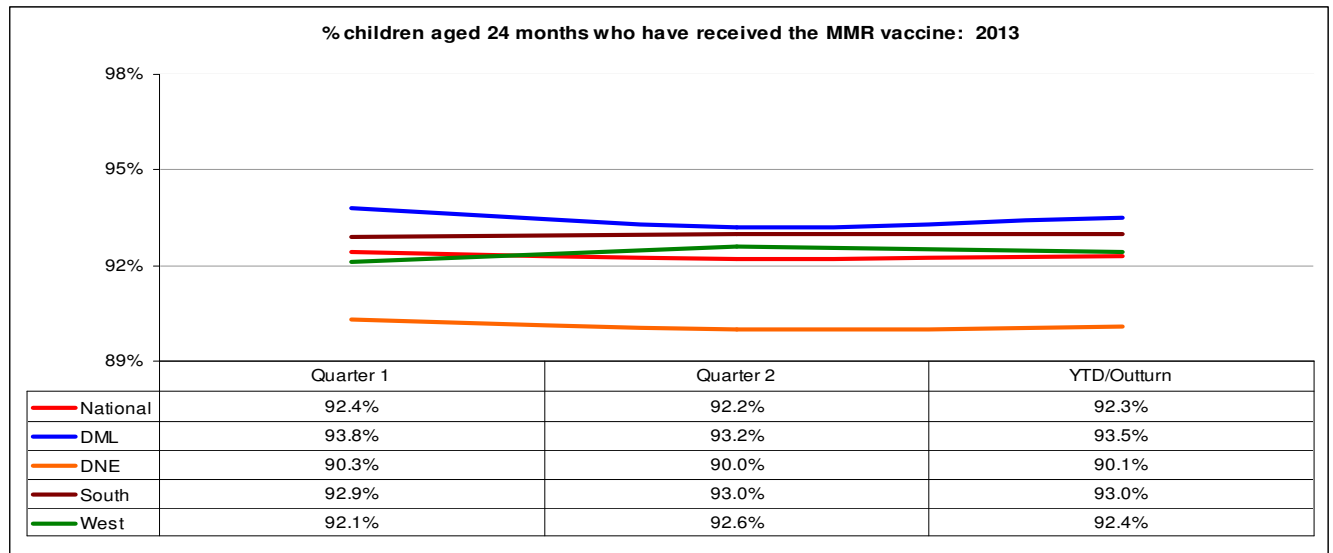
*Data is reported quarterly in arrears.

MMR AT 24 MONTHS

The national performance uptake for Quarter 2 is 92.2% (92.3% YTD). 6 Local Health Offices have met or exceeded the target of 95% for the percentage of children reaching 24 months who have received their MMR vaccine in the reporting period (Q2 2013). The remaining Local Health Offices performed between 84.2% and 94.8%. In Ireland 47 cases of measles have been notified nationally since the start of 2013.

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

The majority of Local Health Offices have reported vaccine uptake figures (at 24 months) at or almost at 95% which are the rates required to ensure children are not at risk of vaccine preventable diseases however; vaccine uptake rates have dropped in a number of Local Health Offices for example in Mayo MMR vaccine uptake dropped from 92.1% in Q1 2013 to 89% in Q2 2013. The Division is coordinating a response to the low vaccine uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators.

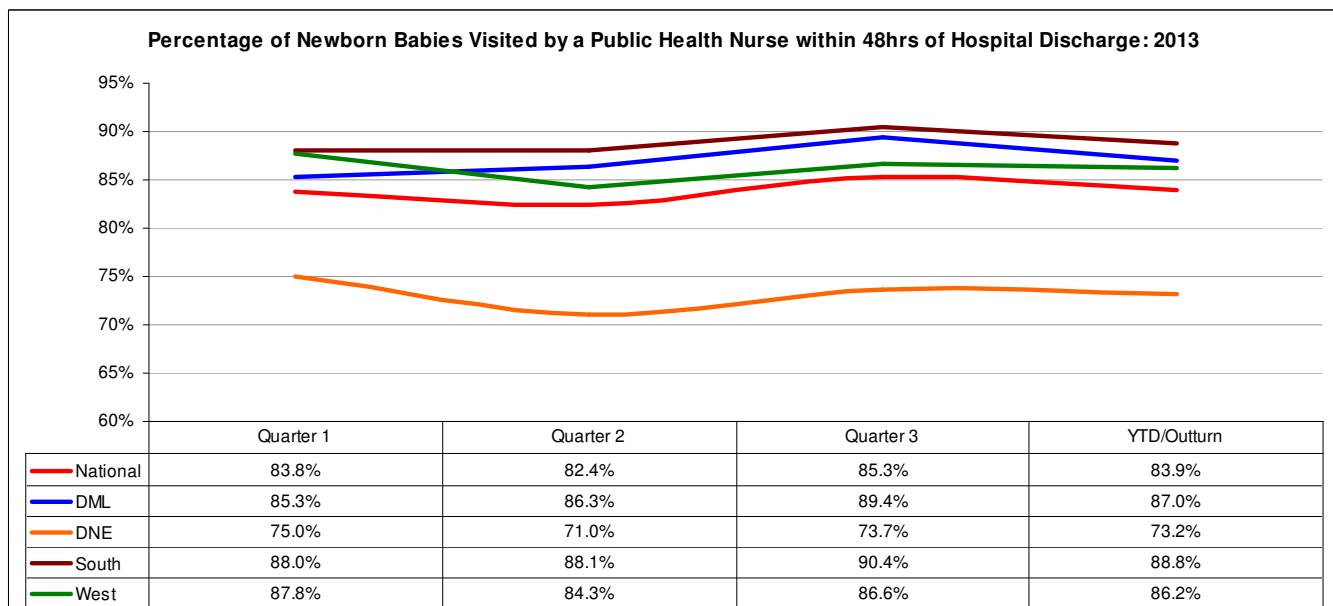


*Data is reported quarterly in arrears.

CHILD HEALTH PHN 48 HOUR VISIT

The national performance for Q3 2013 is 85.3% (YTD 83.9%). 7 Local Health Offices have met or exceeded the target of 95% for the percentage newborn infants discharged for the first time from a maternity hospital who were visited by a Public Health Nurse within 48 hours of the hospital discharge Q3 2013.

The remaining Local Health Offices performed between 69.5% and 94.7%.



INFLUENZA VACCINATION

The 2013/2014 seasonal influenza (flu) vaccination campaign commenced in early October. Flu can be a very serious and sometimes deadly illness, especially for people who are older or who have a long-term illness. The HSE is encouraging people aged 65 years and older and those with long term illness, pregnant women, health care workers and carers to avail of the vaccination. The vaccine and administration are free for those with a medical card or GP visit card. The vaccine is free for those without a medical or GP visit card but there is an administration fee.

In response to the need for improved uptake rates for the vaccine amongst healthcare workers, the Health and Wellbeing Division initiated a series of actions with the Acute Services and Social Care Divisions in September last.

Progress to date includes:

1. The identification of a designated lead in a number of hospitals and long term care facilities to coordinate and ensure increased vaccine uptake amongst healthcare workers.
2. Wider availability and use of information / guidance re the influenza vaccine this year as part of a communications plan for healthcare workers.
3. Data collection process in place to report on a new Performance Indicator (PI) developed by the Division to measure uptake based on these actions for the flu season 2013-2014.

An overall update on uptake rates for this flu season will be made available at the end of Q1 2014.

Social Care Division

Services for Older People

INTRODUCTION TO OLDER PERSONS SERVICES

The majority of people in Ireland over 65 years do remain independent into very old age, some with the informal support of family and friends, and some occasionally needing to access services such as home help services, home care packages, respite care, day care, meals on wheels, community physiotherapy and health promotion programmes as and when required.

For those who can no longer be cared for at home, we continue to provide high quality public residential care in compliance with the National Standards for Residential Care Settings for Older People in Ireland. The HSE also administers the Nursing Homes Support Scheme (NHSS – A Fair Deal) introduced in 2009 as a demand-led, means-tested, resource-capped national scheme.

AREAS OF FOCUS IN THIS REPORT

- Service activity
- Home Care Packages
- Nursing Home Support Scheme (NHSS)
- Home Help Hours

SERVICE ACTIVITY

- 46,440 clients are receipt of home help service
- 11,712 clients (at any one time) are in receipt of a home care package
- 23,833 clients are supported by the Nursing Home Support Scheme

NURSING HOME SUPPORT SCHEME (NHSS)

Number of patients who have been approved for Long Term Residential Care funded beds						
Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No of clients in other * categories	Total in Payment during Month	Approved but not yet in payment	Overall Total
End Q4 –2012	5,080	14,590	2395	22,065	806	22,871
DML	1,412	4,270	736	6,418	264	6,682
DNE	904	3,234	396	4,534	198	4,732
South	1,532	4,320	337	6,189	147	6,336
West	1,272	4,412	274	5,958	125	6,083
Total –Nov. 2013	5,120	16,236	1,743	23,099	734	23,833

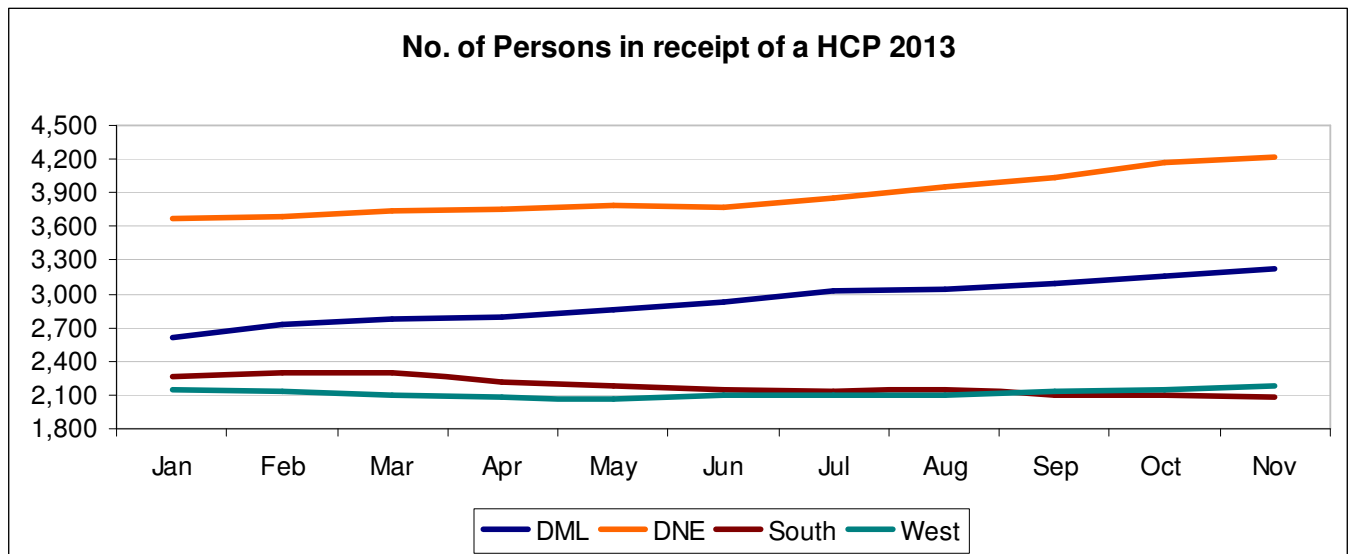
* refers to subvention scheme, contracted beds and 'savers'.

- In November 2013 23,833 long-term public and private residential places are supported under the scheme.
- In the first eleven months of 2013, 9,698 applications were received and 7,738 new clients were supported under the NHSS in public and private nursing homes (net increase of 1,695 during the period).
- The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. At the end of November there were 302 people on the scheme's national placement list.
- 100% of complete NHSS applications were processed within four weeks.

HOME CARE PACKAGES

The expected level of service in 2013 is 10,870 persons in receipt of a home care package at any time.

- 11,712 persons were in receipt of a home care package at end of November 2013.
- Activity year-to-date is 7.7% above the expected level of service*.
- South and West Regions are below the expected level of service with a variance of 14.1% and 2.4% respectively*.
- DML and DNE Regions are above the expected level of service at 21.1% and 19.1%*.



*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 HELP HOURS

For 2013, expected level of service is 10.3m home help hours.

- At the end of November 2013, 8.89m home help hours have been provided, supporting over 46,400 people in their own homes.
- Home help hours at the end of November are 4.6% behind expected level of service.
- The approach for 2013 has been to progressively increase the level of service provision on a quarter by quarter basis from the lower levels being provided at the beginning of the year. The monthly average for quarter 1 is 747,967 hours, quarter 2 is 776,040 hours and the monthly average for quarter 3 is 873,246 hours, which is now reaching the sustainable run rate for home help services as we move into 2014. The intention is to maintain this sustainable level of service throughout 2014, delivering 10.3m hours of service.
- There will be a once-off saving in 2013, which will be fully utilised to deliver additional community supports, including respite, convalescence and step-down care to support acute hospital and community service pressures during the winter period.

Disability Services

INTRODUCTION TO DISABILITY SERVICES

The HSE works in partnership with other stakeholders to ensure that Ireland becomes a society where people with disabilities are supported to participate fully in economic and social life, and have access to a range of quality supports and services to enhance their quality of life and well-being.

Services are delivered by both the HSE and our non-statutory partners. Approximately 80% of all disability services are delivered by the non-statutory sector, funded through section 38 and 39 of the Health Act 2004. The funding allocated to the non-statutory sector is covered by either Service Arrangements or Grant Aid Agreements.

AREAS OF FOCUS IN THIS REPORT

- Progressing Disability Services for Children and Young People
- School Leavers & Rehabilitative Training Placements
- Progress on transfers from Congregated settings.

The above projects continue to be progressed in line with national policy.

PROGRESSING DISABILITY SERVICES FOR CHILDREN AND YOUNG PEOPLE

The programme 'Progressing Disability Services for Children and Young People' aims to achieve a national unified approach to delivering disability health services, so that there is a clear pathway to services needed for all children regardless of where they live, what school they go to or the nature of their disability or delay.

Progress is being made in establishing Network Teams to deliver this new model of service. As the teams are set up, they are being monitored to ensure that the children to whom they provide services are the subject of up-to-date individualised plans to guide service provision.

A number of areas such as the Mid–West, Galway, West Cork and Mayo are already reconfigured and have completed the following Metrics which involved discussions with agencies, families, clinicians, and all key stakeholders.

- Principles and values for delivery of services
- Governance and management structures for services
- Service policies and procedures
- Organisation of change

A second group such as Kerry, Wexford, Cavan Monaghan, Kildare and Donegal have significant preparatory work undertaken involving discussions with families, staff and education colleagues. These areas have yet to complete the above metrics

In addition there will be a particular focus on Dublin given the complexity of services in the area acknowledging that the process of reconfiguration may take more time and this will form a third group. On south side of Dublin all service providers have agreed a governance process with HSE. Northside of Dublin a project manager is in place to progress this programme.

Other services throughout the country which have yet to achieve reconfiguration have an established culture of family-centred practice incorporating individualised plans. These services will bring their established good practice with them as teams are established. The intention is that as the programme rolls out in 2014 the local implementation groups will be best placed to oversee the preparatory work and ensure the necessary co-ordination is in place in line with national policy.

SCHOOL LEAVERS & REHABILITATIVE TRAINING PLACEMENTS

The new process for identifying and compiling the needs of young people with Disabilities leaving school or exiting Rehabilitative training is underway. Contact has been made with the Department of Education and Skills for assistance to insure that parents of these young people in mainstream schools are aware of the new process. Regional disability services are actively working to support young people with disabilities and their families to submit the required information by 1st February 2014.

PROGRESS ON TRANSFER FROM CONGREGATED SETTINGS

The Congregated settings report is embedded with the commitment to uphold a person centred approach whilst supporting people through the transition from an institutional type service to a more socially inclusive community style living.

Between January 2012 to November 2013 a further 173 individuals had completed their transition to community living leaving 3200 now in congregated settings. A review of number of projects that have successfully transitioned is being progressed to determine all associated costs. This will provide learning for future projects with regard to costs involved.

Plans are now being drawn up to progress a further 150 individuals to community living in 2014.

Mental Health Services

INTRODUCTION TO MENTAL HEALTH SERVICES

Mental Health services span all life stages and include a broad range of primary and community based services as well as specialised services for children and adolescents, adults and older persons. In recent years there has been increased specialisation including rehabilitation and recovery, liaison, forensic psychiatric services and services for those with a mental illness and intellectual disability. Services are provided in a number of different settings including; the individuals own home, outpatient clinics, day hospitals and day centres, low, medium and high support community accommodation and inpatient facilities.

Arising from the change of governance to the Mental Health Division in July, work has begun to support the establishment and service improvement objectives of the Division and the following workstreams have progressed:-

- *Financial Control* – the validation of the data base of all HSE mental health cost is ongoing and once complete, spend and budget for mental health can be made fully visible nationally.
- *Staff Analysis* – a detailed exercise to map all mental health staff and link them to a particularly community team population or specific unit is at an advanced stage and this will allow linkage of mental health staff costs to overall mental health spend and budget.

The detail below refers to the performance framework agreed at the start of 2013 and this will be further developed in the context of the new Mental Health Division.

AREAS OF FOCUS IN THIS REPORT

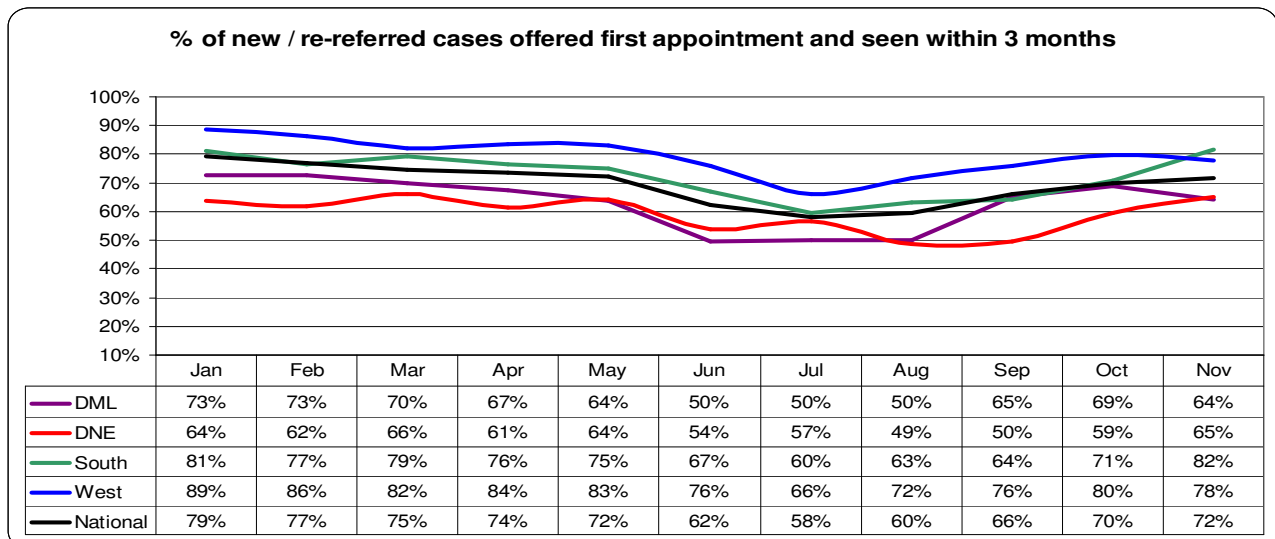
- Child and Adolescent Mental Health Service (CAMHS)
- General Adult and Psychiatry of Old Age Services
- Recruitment update

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

The plan for 2013 is to offer first appointments to, and see, 10,025 new (including re-referred) cases.

- To date, 10,679 children / adolescents have been offered first appointment, with 9,426 new (including re-referred) cases seen by the end of November 2013.
- 14,086 referrals have been received year to date; this is +2,088 or 17% higher than the planned level of service.
- Currently the demand on our community teams, as measured by number of new referrals received and accepted, is increasing year on year.
- Some regions are running behind planned levels of service for the number of new cases seen: DNE -28% and South -10%.
- The numbers seen within 3 months is on target at 70% in overall terms albeit with some regional variation which is being managed locally.
- Plans are in place to bring the available capacity of our child and adolescent inpatient units up by 37% from 41 beds to 66 beds by January 2014. Admissions year to date are ahead of target by 21 cases or 14%.

The continued recruitment of priority posts under the 2013 investment will assist in terms of providing additional capacity to our community teams to accept and see new referrals while managing existing caseloads. Work is ongoing in terms of further clarifying governance and operational arrangements to address the level of variation in the throughput of some teams which is outside of what is considered a readily understandable range.



GENERAL ADULT AND PSYCHIATRY OF OLD AGE SERVICES

- The KPIs for General Adult and Psychiatry of Old Age Services are new in 2013. It is intended to build on the information collected in 2013 to identify trends and set targets for performance in 2014. Our medium to long term goal, as our ICT systems are developed, is to improve the scope and coverage of our KPI's including incorporating quality and outcome metrics
- Our general adult community teams have received 38,887 referrals so far this year and have accepted 90% or 34,896. 68% of referrals have been offered an appointment and seen within 8 weeks or less with 73% seen within 12 weeks or less.
- Our Psychiatry of Old Age Teams have received 9,592 referrals to date, have accepted 94% or 9,016. 93% of referrals have been offered an appointment and seen within 8 weeks or less and 96% within 12 weeks or less.

RECRUITMENT UPDATE

We are progressing the Programme for Government investment in mental health in 2012 and 2013 of 891 WTEs to enhance the provision of community mental health services and suicide prevention initiatives. The following Table details the progress in the recruitment of the 2012 and 2013 posts.

Table 1 – Progress in recruitment to 2012 posts and 2013 posts as at 30th November 2013

Year	Approved new WTEs* per NSP	National Recruitment Service reported progress on posts* as at 30/11/2013				
		Recruitment Process Complete**	Post Accepted and processing clearance and EOI	Posts to be filled locally	Posts Unable to Fill	Posts in Recruitment Process at various stages or in HR or business case approval process
2012	414	376.5 / 91%	17.5 / 4%	3 / 0.72%	10 / 2.4%	7 / 1.7%
2013	477	137.5 / 29%	134.5 / 28%	10 / 2%	30 / 6%	165 / 35%

*Note – WTEs and Posts may not always be 1 for 1 as people are recruited to full and part time posts

** Note – recruitment complete and staff either in post or due to take up post

- In 2012, 414 posts were approved as part of the €35 million investment. While budgetary pressures within the HSE delayed the full utilisation of this funding in 2012, recruitment was underway in late 2012 and, of the 414 posts allocated, **the recruitment process is complete for 376.5 WTEs or 91% of the WTEs as at 30th November 2013.**
- 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, **as at 30th November 2013**, the recruitment process is complete for 137.5 WTEs or 29% of the WTEs.
- 144.5 or 30% of the WTEs are in the final stages of the recruitment process.
- 165.5 or 35% of the WTEs are at various stages in the recruitment process.
- There are a number of posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location and the remainder are at various stages in the recruitment process.

Children and Family Services

INTRODUCTION

Children and Family services aim to promote and protect the health and wellbeing of children and families, particularly those who are at risk of abuse and neglect. These services work to improve quality and provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, the rationalisation of special arrangements and maximising occupancy rates of residential units. As part of the Reform Programme the HSE's Children and family services will transfer to the new Child and Family Support Agency.

CHILD PROTECTION AND WELFARE SERVICES

The HSE has a statutory duty under the *Child Care Act 1991*, for the care and protection of children and their families. In its *Programme for Government 2011*, the Government has set out fundamental reform for the provision of children and family services in Ireland. As part of this reform, the new Child and Family Support Agency (CFSA) is being established, the core of which is the existing HSE children and family services. The establishment of the new agency is part of a wider change agenda, aimed at strengthening the organisational capacity, processes and systems necessary to deliver safe, effective, consistent and reliable child protection services.

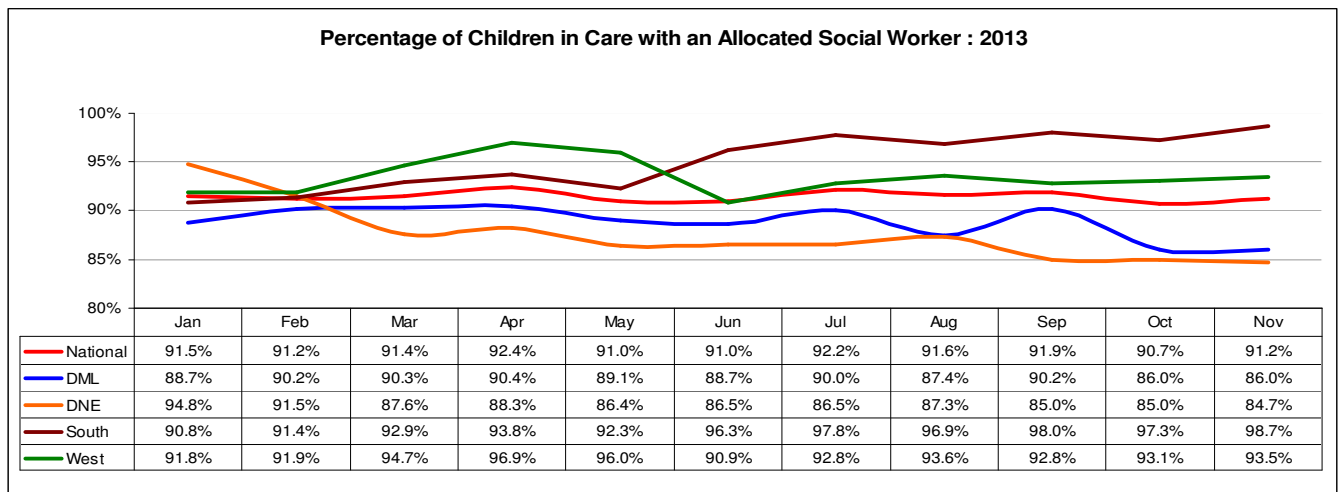
AREAS OF FOCUS IN THIS REPORT

- Allocated Social Workers
- Care Plans

ALLOCATED SOCIAL WORKERS

The target in 2013 is that 100% of children in care have an allocated social worker.

- 5,906 (91.2%) of children in care (6,475) have been allocated a social worker at the end of November 2013.
- Activity is 8.8% down on target.
- Regional performance is as follows:



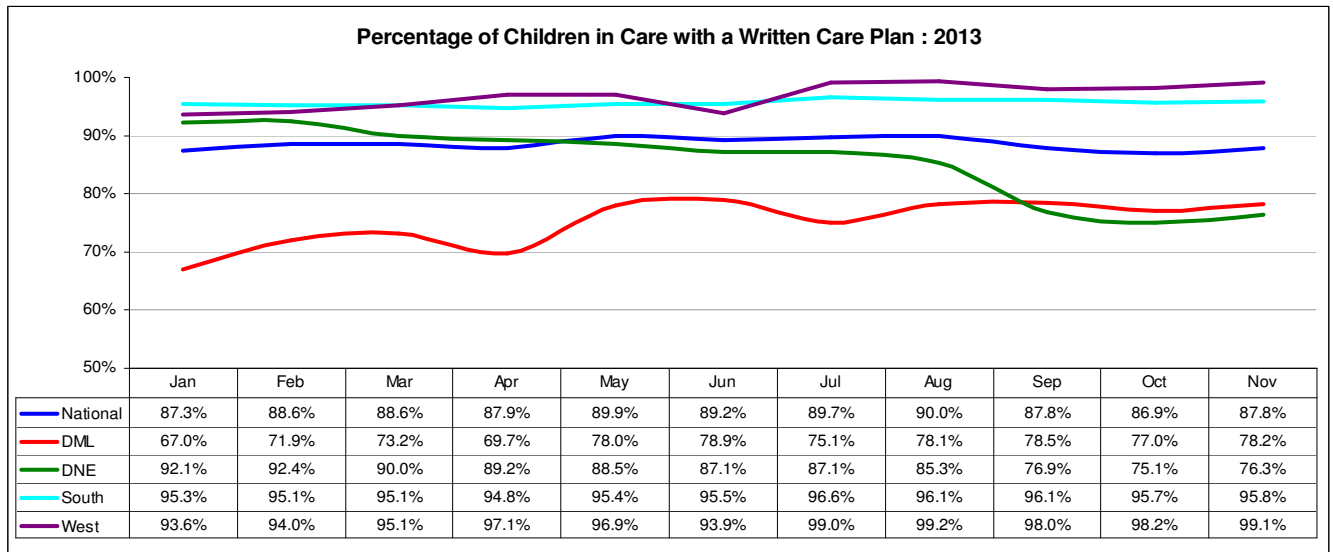
- DML: 86.0%. Performance is below 80% in Kildare West Wicklow 69.5% and Laois Offaly 61.5%.
- DNE: 84.7%. Performance is below 80% in Cavan Monaghan 61.9% and Dublin North West 77.5%.
- South: 98.7%. No LHO demonstrated a performance below 80%.
- West: 93.5%. No LHO demonstrated a performance below 80%.

- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service.
- In addition to existing vacancy levels, the absence of staff on maternity leave is also having a significant impact on the capacity of some areas to allocate a social worker to all children in care.

CARE PLANS

The target in 2013 is that 100% of children in care have a written care plan.

- 5,684 (87.8%) of children in care (6,475) have a written care plan at the end of November 2013.
- Activity is 12.2% down on target.
- Regional performance is as follows:



- DML: 78.2%. Performance is below 80% in Dublin South East 68.9%; Dublin South City 77.3%; Dublin South West 64.0%; Dublin West 68.0% and Kildare West Wicklow 69.0%.
- DNE: 76.3%. Performance is below 80% in Dublin North West 54.0% and Dublin North Central 78.2%
- South 95.8%. No LHO demonstrated a performance below 80%.
- West 99.1%. No LHO demonstrated a performance below 80%.
- A significant level of vacancies in social work services continues to adversely affect performance in some areas.
- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service. Outstanding children in care reviews and care plans have been prioritised for completion and social work staff have been reassigned to undertake this work. Targets have been set to ensure improvement within specific timelines.
- The drop in percentage of children with a written care plan refers to plans which have gone out of date in the month under review. Staff vacancies and maternity leave is adversely affecting the capacity of some regions to ensure that all care plans are up to date. The drop in DNE is related to a large number of care plans falling due for review in recent months which cannot be completed on time within existing staffing levels.

Financial Overview

The HSE is reporting year to date expenditure of €11.42 billion against a budget of €11.25 billion leading to a gross deficit of €168.18m or 1% to the end of November 2013. For the same period to November 2012 the deficit was €464.49m.

Within this there is a core deficit of €25.6m when account is taken of the shortfall in budgeted retirees (Employment Control Framework (ECF) Target) resulting in lower than target pay savings. Implementation of the Haddington Road Agreement (HRA) and Financial Emergency Measures in the Public Interest (FEMPI) in the Primary Care Re-imbursment Service (PCRS) also contributed to the deficit.

These gross and core income and expenditure deficits are broken down as follows:

	Net Core Deficit at the end of November 2013						2013 Gross Deficit €m
	DML	DNE	South	West	Other National	Total Core Deficit	
	€m	€m	€m	€m	€m	€m	
Hospital Services	19.95	15.41	16.52	36.13	0.00	88.02	165.76
Community Services	0.52	8.08	(5.03)	(10.18)	0.00	(6.61)	17.20
Local Schemes	10.61	8.62	6.78	6.32	0.00	32.34	32.34
Sub - Total	31.08	32.12	18.28	32.27	0.00	113.74	215.30
PCRS	0.00	0.00	0.00	0.00	29.28	29.28	70.28
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(105.46)	(105.46)	(105.46)
National Services	0.00	0.00	0.00	0.00	(3.16)	(3.16)	(3.16)
Fair Deal	0.00	0.00	0.00	0.00	(13.84)	(13.84)	(13.84)
Children and Families	0.00	0.00	0.00	0.00	18.74	18.74	18.74
Population Health	0.00	0.00	0.00	0.00	(11.88)	(11.88)	(11.88)
Care Group / Other	0.00	0.00	0.00	0.00	(1.79)	(1.79)	(1.79)
Held Funding					0.00	0.00	0.00
Total	31.08	32.12	18.28	32.27	(88.11)	25.63	168.19

* Local Schemes included under PCRS heading in 2012

It is important to note that the surpluses under some headings may reverse by year end.

In relation to "Fair Deal", the scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Financial Outlook 2013

The risk assessment / projected outlook to year end would indicate that there is a **gross** projected deficit for HSE of circa **€219m** for 2013. The 2013 gross deficit includes a gross projected shortfall for hospitals of €190m (€60m of which is due to the late introduction of private health insurance legislation), PCRS €70m (€41m of which is due to the delayed implementation of FEMPI measures), Community Services €30m, Children & Family Agency €20m (legal expenditure) and €33m on local schemes (demand driven). This gross deficit is also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**.

The **gross** projected deficit is a reflection of the overall challenge within the HSE when account is taken of the risks that were set out in the National Service Plan 2013. This projected deficit includes shortfalls in the four key risk areas which the HSE has identified and referred to above as follows;

2013 Key Risk Areas

Within the parameters of the NSP 2013 as approved by the Minister on the 9th January 2013, the HSE does not in itself have the capacity to address shortfalls that have emerged in these risk areas and are outside of the sole control of the HSE.

1. Primary Care Reimbursement Service - €353m Target

The current risk assessment / projected outlook to year end indicate a projected deficit in the region of €70m based on eleven months data. This is subject to certain assumptions around performance in the remaining month of 2013. There are a number of factors making up this forecast and the most significant are as follows:-

- Deficit due to the delay in the implementation of the FEMPI regulations - €41m
- Dental Treatment Services Scheme (DTSS) deficit - €13m
- A shortfall on a non FEMPI targets - €49m
- A reduction in the number of items claimed on medical cards is then offsetting these deficits

2. Public Service Agreement (Haddington Road) - €150m

The Haddington Road Agreement (HRA) took effect from 1st July 2013. The potential value of this risk in terms of projected deficit has undergone a detailed review and an assessment of the likely 2013 savings that are expected to be delivered. It is still anticipated that a minimum of €46m of the HRA target will not be achieved in 2013.

3. Private Health Insurance Income €60m

The private patient charges provisions were originally due to take effect on July 1st 2013 and generate €60m for the latter half of the year. These measures will now take effect on 1st January 2014 and therefore there will be no generation or collection benefit in 2013 to the HSE.

The financial impact of the delayed implementation of the legislation started to materialise in July with an increase in deficits being reported by relevant hospitals. To the end of November 2013 non achievement of these income targets has increased hospital deficits by €50m and will increase hospital deficits by a further €10m in December 2013.

4. 2012 Accelerated Private Health Insurance Income - €104m

The accelerated income received in December 2012 would have been received in the ordinary course but will not now be forthcoming and will have an adverse effect on the HSE Vote in 2013.

Conclusion

From a financial performance standpoint when account is taken of the deficits projected under the four key risk areas above; and these deficits are deducted from the projected gross deficit as they represent risks outside the direct control of the HSE then the **direct services** i.e. *Acute and Community services* projected deficit is projected at €91m.

With the application of once off surpluses which primarily relate to lower than expected retirements in 2013 the HSE will deliver a breakeven position on its direct services. It should be stressed that these once-off surpluses will not be available to the HSE in 2014.

Human Resources

INTRODUCTION TO THE HUMAN RESOURCES DIVISION

The role of the Human Resources Division is to ensure that that the HSE has the right number of people, with the right skills, in the right place and at the right time. As the largest employer in the State, the HSE currently has 99,934 employees either employed directly or by agencies funded by the HSE.

HR is also charged with working with representative bodies to maintain industrial peace. The HR function focuses on developing and supporting an organisational structure and culture that is client/patient focused and empowers staff to realise their potential in a safe and healthy working environment.

HSE EMPLOYMENT CEILING

	WTE Dec 2012	WTE November 2013	WTE Change between Dec 2012 to Nov 2013	Year-end ceiling (target)	Variance to End of year target
Variance from current Target levels	101,506	99,934	-1,572	98,938	996

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Oct)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.84%	4.83%	4.75%

WORKFORCE POSITION

- 99,934 WTEs at end of November with employment at early 2005 levels and 1,572 WTEs below end of 2012.
- 12,873 WTEs (-11.38%) reduction since peak in September 2007. Real reduction is of the order of 15,367 WTEs when subsumed agencies, filled new service developments and transfer of CWS to DSP are factored in.
- 359.25 WTEs (78%) 2011 new service developments filled, up 1 WTEs from last month.
- 343 WTEs (83%) of the 413 planned and funded 2012 service developments in Mental Health Services are in posts and on payroll, up 2 WTEs since October. However, there are a significant further number of posts where start dates have been agreed. Further detail is provided in the Mental Health Division section.
- 240.70 WTEs of 2013 new service development posts filled. This is up 105.5 WTEs from October; 107.7 WTEs - National Ambulance Service, 77.5 WTEs - Primary Care, 54.5 – Mental Health Services (*further detail provided in Mental Health Division section*) and 10 WTEs - Acute Services.
- WNW Hospital Group is showing growth of 10 WTEs since start of 2013 and is 131 WTEs above its current ceiling. It is the only hospital group showing employment growth in 2013.
- National Ambulance Service also recorded growth since end of 2012, but this is primarily due to filling of new service developments provided for in the 2013 National Service Plan.

EMPLOYMENT CEILING COMPLIANCE

- 996 WTEs above the end-of-year employment target of 98,938 WTEs.
- Voluntary Hospital Sector is 1,022 WTEs (+5.0%) above its employment ceiling, as is the Voluntary (Non-Acute) Sector by 71 WTEs (+0.5%), while the HSE is below ceiling by 857 WTEs when the unallocated ceiling is factored in.
- The end of year ceiling also has to be capable of accommodating up to 758.10 new service development posts still to be filled as provided for in the National Service Plan 2013.
- Two Regions (HSE South & HSE West) are currently operating within its employment ceiling

AGENCY/OVERTIME EXPENDITURE AND HADDINGTON ROAD AGREEMENT

Overall agency spend €234 million year-to-date to end of November, up €35 million (+18.02%) for same period in 2012.

- Increases in four staff categories with Medical/Dental up 38.47%, and Health & Social Care Professionals up 23%.
- Overall expenditure on overtime YTD is €205m. This is €30m less than the spend in the same period in 2012 which recorded an expenditure of €235m.
- Nursing overtime is down €8 million or -20% and compares with a recorded reduction of €4 million or -17.5% at the end of June.
- Reduction in the staff category of Medical/Dental, who account for over two thirds of total overtime expenditure is more modest at minus 8%.
- Effective utilisation of additional hours, implementation of the Nurse Graduate Programme and Support Staff Intern Scheme, coupled to redeployment of staff are significant enablers to service managers to reduce overtime and agency usage post 1st July 2013.
- Overall agency spend €208 million year-to-date to end of October, up €27 million (+14.91%) for same period in 2012.
- Increases in four staff categories with Medical/Dental up 30.18%, and Health & Social Care Professionals up 20.61%.

Nursing and Support Staff Agency and Overtime Expenditure 2012 and YTD 2013					
Region/Year	Total	DML	DNE	South	West
Combined Nursing Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€125,026,196	€48,752,783	€44,342,161	€21,553,564	€8,974,459
% of total		38.99%	35.47%	17.24%	7.18%
YTD 2012 (November)	€118,260,625	€46,752,748	€41,220,420	€20,161,037	€8,352,236
% of total		39.53%	34.86%	17.05%	7.06%
Combined Support Staff Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€87,092,533	€37,641,508	€26,700,075	€13,824,754	€8,091,893
% of total		43.22%	30.66%	15.87%	9.29%
YTD 2012 (November)	€78,625,840	€34,253,148	€23,404,128	€12,650,552	€7,504,845
% of total		43.56%	29.77%	16.09%	9.55%
YTD 2013 (November)	€83,624,331	€35,815,203	€24,841,369	€13,755,893	€7,567,928
% of total		42.83%	29.71%	16.45%	9.05%

RECRUITMENT / STARTERS

The number of people who started employment year to date in 2013, across the Public Health Sector, is 2,743.67 WTEs. Acute Services accounts for 59% of this number. The numbers who have commenced employment include student nurse placements but do include non consultant hospital doctors.

Non-acute services account for 40% of total with the balance between; National Ambulance Service, Health & Wellbeing and Corporate.

Report from National Recruitment Services – Recruitment of Health & Social Care Professionals

Region	Acute Services	Primary Care	Health & Wellbeing	Social Care		Mental Health	Child Protection & Welfare	TOTAL
				Services for Older Persons	Disability Services			
DNE	21	39	0	1	0	95	23	179
DML	4	41	0	1	0	57	19	122
South	41	21	0	0	1	85	19	167
West	51	32	0	4	1	78	26	192
Corporate (incl CFS ACTS)*	25	0	0	0	0	0	19	44
TOTAL	142	133	0	6	2	315	106	704

*CFS = Children and Family Services

ACTS = Assessment Consultation and Therapy Services

- 704 health and social care personnel have been recruited to work in the health services year-to-date of which 83 commenced employment in November 2013.
- 444 of these posts are Development Posts under the National Service Plan.

ABSENTEEISM (Reported 1 month in arrears)

- Overall absenteeism target for 2013 is 3.5%.
- Absenteeism for October 4.84%, while the year to date position stands at 4.75% (Jan – Oct). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 90.95% of absenteeism in October was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions in October and year to date (Jan – Oct) is as follows:

Region	Oct 2013	YTD
DML	4.28%	4.41%
DNE	4.31%	4.49%
South	4.80%	4.83%
West	5.24%	5.26%

Health Service Management has a range of supports and interventions to address attendance management and absenteeism 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.
- Monthly reporting of absenteeism levels in National Performance Reports. Absenteeism is a key

performance indicator (KPI) and is a feature of all management engagement at national, regional and local levels.

APPENDIX 1 NATIONAL SCORECARD

Non Acute Care	Data Timing	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
Child Health									
% children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	M (Arrears)	85.7%	95%	95%	87.9%	-7.5%	95%	88.2%	-7.2%
Child Protection and Welfare Services									
% children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	91.2%	-8.8%	100.0%	91.2%	-8.8%
% children in care who currently have a written care plan, as defined by <i>Child Care Regulations 1995</i> , at the end of the reporting period	M	87.6%	100%	100%	87.8%	-12.2%	100.0%	87.8%	-12.2%
Primary Care									
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	127,510	135,938	6.6%	11,592	13,346	15.1%
Older People Services									
No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	M	22,871	22,761	22,761	23,833	4.7%	22,761	23,833	4.7%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,712	7.7%	10,870	11,712	7.7%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	9,318,816	8,893,480	-4.6%	980,000	857,782	-12.5%
Palliative Care									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	95.0%	3.0%	92%	96%	4.3%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	M	83%	82%	82%	87.0%	6.0%	82%	88%	7.3%

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

Acute Care										
Performance Indicator	Report Frequency (NSP 2013)	No Data Returned	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
					Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Reported this M/Q	% var reported activity v target this M/Q
Emergency Care										
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M		67.5%	95%	95%	66.1%	-30.4%	95%	67.3%	-29.2%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M		81.5%	100%	100%	80.7%	-19.3%	100%	81.4%	-18.6%
Elective Waiting Time										
No. of adults waiting more than 8 months for an elective procedure	M			0	0	2945 6.8%		0	2945 6.8%	
No. of children waiting more than 20 weeks for an elective procedure	M			0	0	726 17.9%		0	726 17.9%	
Colonoscopy / Gastrointestinal Service										
No. of people waiting more than 4 weeks for an urgent colonoscopy	M		0	0	0	0		0	0	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M		36	0	0	824 8.8%		0	824 8.8%	
Outpatients										
No. of people waiting longer than 52 weeks for OPD appointment	M			0	0	56,270		0	56,270	
Day of Procedure Admission										
% of elective inpatients who had principal procedure conducted on day of admission	M		56%	75%	75%	61%	-18.4%	75%	61%	-18.4%
% of elective surgical inpatients who had principal procedure conducted on day of admission j	M		New for 2013	85%	85%	69%	-18.8%	85%	69%	-18.8%
Re-Admission Rates										
% of surgical re-admissions to the same hospital within 30 days of discharge	M		New for 2013	<3%	<3%	2%	32.8%	<3%	2%	32.8%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M		11.1%	9.6%	9.6%	10.8%	-12.0%	9.6%	10.8%	-12.0%
Surgery										
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) □	M		84.0%	95%	95%	83.3%	-12.4%	95%	83.3%	-12.4%
ALOS										
Medical patient average length of stay □	M		7.2	5.8	5.8	6.8	-17.6%	5.8	6.8	-17.6%
Surgical patient average length of stay	M		New for 2013	5.26	5.51	4.3	22.0%	5.51	4.3	22.0%
Emergency Response Times										
% Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M			>70%	>70%	70.5%	0.5%	70%	72.7%	2.7%
% Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M			>68%	>68%	64.3%	-3.7%	68%	63.7%	-4.3%

NOVEMBER 2013 NATIONAL PERFORMANCE ASSURANCE

FINANCE SCORECARD					
Income and Expenditure Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Variance against Budget: Pay	6,956,343	6,279,150	6,352,109	-72,959	-1.1%
Variance against Budget: Non Pay	7,346,046	6,860,857	6,695,105	165,752	2.5%
Variance against Budget: Income	(1,966,591)	(1,719,379)	(1,794,772)	75,393	-4.2%
Variance against Budget: Income and Expenditure Total	12,335,798	11,420,629	11,252,443	168,186	1.5%

Vote Key Performance Measurement	REV 2013 '€000	Actual YTD €000	Profile YTD €000	(Under) / Over YTD	% Var Act v Tar
Vote expenditure vs Profile Revenue	11,939,471	11,361,502	11,162,306	199,196	1.8%
Vote expenditure vs Profile Capital	373,000	262,825	327,714	-64,889	-19.8%
Total - Vote Expenditure vs Profile (Revenue & Capital)	12,312,471	11,624,327	11,490,020	134,307	1.2%

Income Key Performance Measurement	Working Target €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Patient Private Insurance – Claims processed	530,603	388,293	481,386	-93,093	-19%

HUMAN RESOURCES SCORECARD				
	WTE Dec 2012	Year-end ceiling (target)	WTE Nov 2013	Variance to End of year target
Variance from current target levels	101,506	98,938	99,934	996

	Outturn 2012	Target	Actual reported month (Oct)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.84%	4.83%	4.75%

