

JULY 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Performance Overview July 2014

INTRODUCTION

During 2014 there has been a continuous increase in the number of people admitted as patients to hospital emergency departments. In addition the number of people referred for 'elective' procedures and out patient appointments has increased month on month, resulting in an increase in the demand for acute patient beds. The availability of acute hospital beds is constrained in that a significant number of patients who are deemed medically fit for discharge are awaiting alternative care arrangements in the community in the form of long term nursing home care, respite or transitional care. The number of patients ready for discharge to other community settings at the end of July was 664.

The level of additional funding required to enable these discharge is not currently available. This has resulted in increased waiting lists as the required acute capacity is not available to deal with the number of people requiring procedures. Both acute hospitals and social care elderly services are working collaboratively to address the emerging issues.

QUALITY AND PATIENT SAFETY

Challenges remain in providing the desired quality of services to patients with limitations on access to beds in the acute hospitals due to delayed discharges whereby patients are in an inappropriate setting of acute services rather than in nursing homes or on care packages in the community. Actions are being taken to alleviate the problems through additional resources for nursing home and beds and care packages in the community.

Medical manpower issues in acute and mental health services continue to impact on the capacity and capability of services to meet ever increasing demands on emergency and routine admissions. 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) and implementation of the recommendations is being pursued by DOH, HSE and training colleges (via Forum of Postgraduate Training Bodies).

The Quality and Patient Safety audit function is completing an Assurance Project on the Implementation of Recommendations from Audits/Reviews carried out in Áras Attracta (residential centre for adults with intellectual disabilities) centre from November 2013 to May 2014. The audit report will inform the Social Care Services on any priority actions required to address outstanding quality and patient safety issues.

ACUTE HOSPITALS

Unscheduled Care

Although there has been an 8.4% (22 patients per day) decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan – July 2013/2014), a sustained downward trend in admission waits has not yet been achieved and when comparing July 2014 to July 2013 there has been a 10% increase in the number of patients awaiting admission. During the same period there was a 2.0% (4,582) increase in emergency admissions which accounts for some of the continued pressure on in-patient capacity. Other factors include:

- Rising number of delayed discharges occupying beds
- Continued bed closures during 2014 (i.e. refurbishment , cleaning, cost containment etc)
- Increasing complexity of emergency admissions

Delayed Discharges

The number of delayed discharges reported at the end of July was 664. There is a continuing upward trend in delayed discharges since the beginning of the year with the latest data showing 698 delayed discharges for the 26th August 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.

Scheduled Care

Waiting Times

Adult

Adult waiting lists demonstrate that 84% (41,269) of adults were waiting less than eight months for a planned procedure in July 2014. The numbers waiting over 8 months now number 7,727 a 19.5% (n=1,260) increase on June and this trend is expected to continue to year end.

Paediatric

70% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,565). The numbers waiting over 20 weeks now number 1,505 a 16% (n=208) increase on June.

The HSE is currently undertaking an analysis of growth rates in waiting list breaches to project additional elective capacity required to respond to the anticipated growth. 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 July 2014. The numbers waiting over 13 weeks now number 3,247 a 20.3% (n=548) increase on June.

In-patient activity

In-patient activity rates have marginally increased by 0.1% (n=436) 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 0.3% (909).

Out patient Activity

In July 2014 the number of patients waiting in excess of 12 months for an outpatient appointment was 37,876 a reduction of 57% 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 2014.

PALLIATIVE CARE

Access Community Home Care

In July 88% 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 July 95% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%). Access performance has increased by 1% since January.

NATIONAL AMBULANCE SERVICE

Ambulance activity

In June 2014, the National Ambulance Service (NAS) responded to 24,099 AS1¹ and AS2² calls. The daily average call rate was 803 calls per day. 144,600 calls were received to date a 4% (5,458) increase in calls over the same period in 2013.

73.5% of ECHO calls (life-threatening cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds or less in June, above the 72% target set for June. Nationally there is a 7% increase year to date in the number of ECHO calls received compared to the same period 2013.

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 or less in June, static against May's response rate of 64.4%. Nationally there is a 9% (2,509) increase year to date in the number of DELTA calls received compared to the same period 2013.

Intermediate care services

The Intermediate Care Service (ICS) was set up to provide 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. In June, 76% 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.

Ambulance Turnaround Times

In July 63% of vehicles were released and had their crews and vehicles 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 July 2014, 1,180 patients had been seen by the 7 CIT teams in place, bringing the number of patients provided with a service year to date to 8,819.

GP Out of Hours Service

- In July, 68,398 patients availed of GP out of hour's services including triage, treatment, home visit, bringing the total to 557,682 year to date.

Therapy Services

- There has been an 8.8% 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 6,546 people.

Referrals for Physiotherapy services are up 4.4% in 2014.

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

² AS2 - Urgent calls received from a general practitioner or other medical sources

- There has been a 9.9% 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 7,665 people. Of these 1,909 people are waiting more than 12 months.

Referrals for OT services have increased by 13.1% in 2014.

- Speech and Language Therapy referrals are reported at 27,885 up to the end of July, with 25,275 assessments carried out in the same period. 3,843 people were waiting over 4 months for an assessment and 4,818 people were waiting over 4 months for initial treatment post assessment at the end of July.
- Improved access and reductions in waiting times for Primary Care therapy services have been prioritised as additional staff are deployed under the Primary Care Development Programme and through the utilisation of HRA productivity targets.

Primary Care Reimbursement Scheme

At the end of July 2014:

- 1,804,376 people held medical cards (39.3% of the population). Included in these cards were 65,993 medical cards granted on discretionary grounds.
- 142,688 people held GP visit cards. Included in these cards were 28,423 GP visit cards granted on discretionary grounds.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 5,426 children in the reporting period and 36,047 children year to date. This is 91.9% of the target group. This compares favourably with the national position for the same reporting period in 2013 (87.2%).
- The outturn for this reporting period at 93% is in keeping with the June figure of 93.1%, showing a continuous improvement since January. 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

- 12,015 women attended for breast screening in July, bringing the YTD total to 82,827. Notwithstanding seasonal variations and other factors, activity levels are on target to achieve 140,000 attendances in 2014.

SOCIAL CARE

DISABILITY SERVICES

School Leavers

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.

Respite Service

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of respite services and the corresponding number of respite nights are down against target and down against previous activity.

Significantly, the combined number of respite bed nights for people with ID or a physical and/or sensory disability are down -36.2% since March 2012. However, the largest drop in residential respite has occurred in DML, which reflects a significant increase in home support hours at June 2014 (27% above Q2 target, and 59% higher than 2013 Q2 level). This reflects new models of respite care that are now being delivered (home respite, extended day care etc.).

Personal Assistant (PA) Service

The number of adults in receipt of a Personal Assistant Service has increased by 13.1% since Q1 2013 and the hours received have increased by 10.5%. 666,961 PA hours have been delivered so far during 2014, 4.3% ahead of target and 6.6% in excess of the same period in 2013.

Home Support Service

The combined total of recipients of Disability Services Home Support hours has increased by 7.7% since Q1 2013 while the number of hours delivered has increased by 18.4%.

1,307,654 hours of home support hours have been delivered so far in 2014, 9.3% above target and 11.6% in excess of the same period in 2013.

This increase in home support hours reflects the provision of home based respite care rather than residential respite care.

SERVICES FOR OLDER PEOPLE

Home Support Services

- 47,001 clients were in receipt of home help services at the end of July a 3% increase (+1,326) on the same period last year.
- 6,027,385 hours have been provided YTD nationally, in line with the same period last year. Activity is 0.3% (19,050 hours) above the expected YTD service delivery level.

Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
National Total	10,300,001	6,008,334	6,027,385	0.3%
HSE DML	1,910,001	1,114,167	954,066	-14.4%
HSE DNE	1,660,000	968,333	1,155,587	19.3%
HSE South	3,620,000	2,111,667	2,107,097	-0.2%
HSE West	3,110,000	1,814,167	1,810,635	-0.2%

- The expected level of service in 2014 is that 10,870 persons would be in receipt of a home care package at any time.
 - 12,939 persons were in receipt of a home care package at end of July 2014.
 - Activity year-to-date was 19% above the expected level of service.

Residential Services

- 22,162 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of July against an expected activity rate of 21,595.
- 3.9% of the population or 21,120 people aged over 65 years were supported in NHSS beds.

SOCIAL CARE

SERVICE ARRANGEMENTS (SLA)

The governance arrangements with the larger providers are managed by service arrangements which constitute two parts. Part 1, the terms and conditions, may cover a number of years and separate funding arrangements and Part 2 the schedules which detail for each funding arrangement the service quantum, quality standards, funding and staffing these part 2 schedules are reviewed and agreed on an annual basis.

The service arrangement Part 1 is currently undergoing a review in order to reflect internal reviews and necessary adjustment to ensure a robust governance framework. As the existing Part 1s with the agencies were due to expire on the 31/12/2013 these were extended to ensure continued contract cover until such time as the new Part 1 is available and signed with each agency. This effectively provides contractual cover for 2014. This extension was done through a continuity letter which outlines that the terms of the 2012 / 2013 Part 1 continue to have contractual force until such time as it is replaced with the updated and strengthened Part 1 documentation.

Each divisional director is currently working with their teams to provide the supports necessary to ensure expedient completion.

MENTAL HEALTH

Adult Mental Health Services

In July, 72% of people offered an appointment by General Adult Community Mental Health teams nationally were seen within three months (target 75%). The result in DNE was at 64%.

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

CAMHs Teams

54% of accepted referrals/re-referrals to CAMHs teams were offered a first appointment and seen within 3 months, nationally (target >75%).

There are 446 young people waiting more than 12 months for an appointment to be seen.

HSE CAMHs inpatient bed capacity

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 increased to 56 beds (85%) at June this year. However, the plans to achieve full (100%) operational capacity in each unit during 2014, including the opening of an additional 6 bed unit at Linn Dara in St. Loman's Hospital, Palmerstown, as outlined in previous reports, have dis-improved and due to Consultants leaving and no replacements available despite recruitment efforts on both permanent and agency basis, the number of beds open in July has reduced by 10.

HUMAN RESOURCES

Absence Rates

Latest available national data shows a June rate of absence of 3.98%. The rate for the same period in 2013 was 4.43%.

Workforce Numbers

The Health Sector is 1,983 WTEs above the current provisional employment ceiling of 94,895 WTEs (excluding an initial ceiling of 3,443 WTEs for CFA) and 2,669 WTEs above provisional end 2014 target of 94,209.

There were 96,878 WTEs at end of July with employment levels 384 WTEs above the end of 2013. Since September 2007, a reduction of 15,893 WTEs has been recorded in employment levels (-14.1%).

The Nurse Graduate Programme recorded 366 placements with a 362 WTE value in July, down 21 WTEs from last month. In contrast the Support Staff Intern Scheme continues to grow with a total of 671 people on placement, with a 635 WTE value.

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 July 2014 is €7.039 billion against the available budget reported at €6.754 billion leading to a reported deficit of €285.6m.

The acute hospital sector (including Palliative Care) is reporting a deficit of €160.4m at the end of July which represents 57% of the overall deficit.

The Primary Care Division (PCD) had an overall deficit of €53.9m YTD 2014. This deficit is primarily attributable to local demand led schemes and legacy childcare expenditure.

Based on the first seven 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 fully within the control of the HSE.

AGENCY SERVICES

HSE year to date agency costs were €194.3m versus €131.1m for the corresponding period in 2013, an increase of €63.2m (49%) year on year. Agency costs incurred in acute hospital services were €132.2m and this compares to €86.0m for the same period last year. The 2014 agency costs for hospitals include €57.6m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €46.1m (up 53.5%) 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.

Conclusion

The health service has experienced budget cuts / savings targets of over €3.5bn over the last 6 years which is at odds with the experience in the vast majority of OECD countries where "cuts" to health generally refer in reality to a slow-down in the rate of their cost growth rather than an actual year on year reduction.

The revenue deficit to year end for the health service is currently estimated at €510m. This forecast is based on costs to the end of July and takes account of our best estimate of likely cost increases to year end mitigated by our ongoing cost containment plans. It is important to stress that, as with any forecast, there is a certain degree of uncertainty particularly given the scale of the overall HSE cost base, the complexity of our services and the lack of a national financial system.

The arrival at this 2014 level of deficit indicates that our net costs will have risen 1.8% between 2013 and 2014 or by 0.7% if we look at the 2 year period from 2012 to 2014. However a longer term view indicates that from 2009 to 2014 our costs will have fallen by 6.5% despite for example the growth in population of circa 3.5% and a much higher increase in the very elderly (85+ years of age) population at over 20%.

It is important to stress that approximately €250m or nearly 50% of this 2014 deficit relates to budget reductions assigned to the HSE which were outside of its control and therefore not deliverable (includes €108m unspecified pay savings, €30m pensions excess etc.).

Despite the demographic and other service pressures which drive costs to increase the C&AG 2012 report shows that of the 6 government departments / agencies that generally required a supplementary estimate between 2008 and 2012 the Health Service had the lowest average annual supplementary at 1.3% compared to a range of 1.7% to 7.1% for the other 5, none of which operate in as complex an area as health.

Similarly, despite much adverse media comment, over the period 2008 to 2013:

- The HSE received just 0.19% / €137m in supplementary estimates related to its core services i.e. was 99.8% compliant with the available budget over the period.
- It received 0.63% / €452m in supplementary estimates related to Medical Cards / GMS Drugs / Demand Led Schemes etc. This indicates it was 99.4% compliant with the available budget over the period despite these PCRS areas not being within the sole control of the HSE.
- 71% of the total supplementary estimates were related to Exchequer / Technical items that do not reflect its financial performance.



Updates by Division

Acute Hospitals

QUALITY AND PATIENT SAFETY

- The % of emergency Hip Fracture Surgeries carried out within 48 hours July 2014 was 82%, in comparison to June 2014 of 79%.
- The % of surgical inpatients who have principal procedure conducted on day of admission July 2014 was 65% down from 68% in June 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 of 5.6.
- Many hospitals are continuing to implement the productive theatre improvement programme to target further reductions in surgical length of stay.

HOSPITAL ACTIVITY PERFORMANCE

Unscheduled Admissions		Jan – July Actual 2013	Jan – July Actual 2014	Val Var	% Var
	ED Admissions	164,727	166,403	1,676	1.0%
	Emergency (Other) ¹	45,813	46,125	312	0.7%
	MAU Admissions ²	17,846	20,440	2,594	14.5%
Total Unscheduled Admissions		228,386	232,968	4,582	2.0%

Scheduled Admissions		Jan – July Actual 2013	Jan – July Actual 2014	Val Var	% Var
	Elective Admissions ³	62,449	59,351	-3,098	-5.0%
Total Scheduled Admissions		62,449	59,351	-3,098	-5.0%

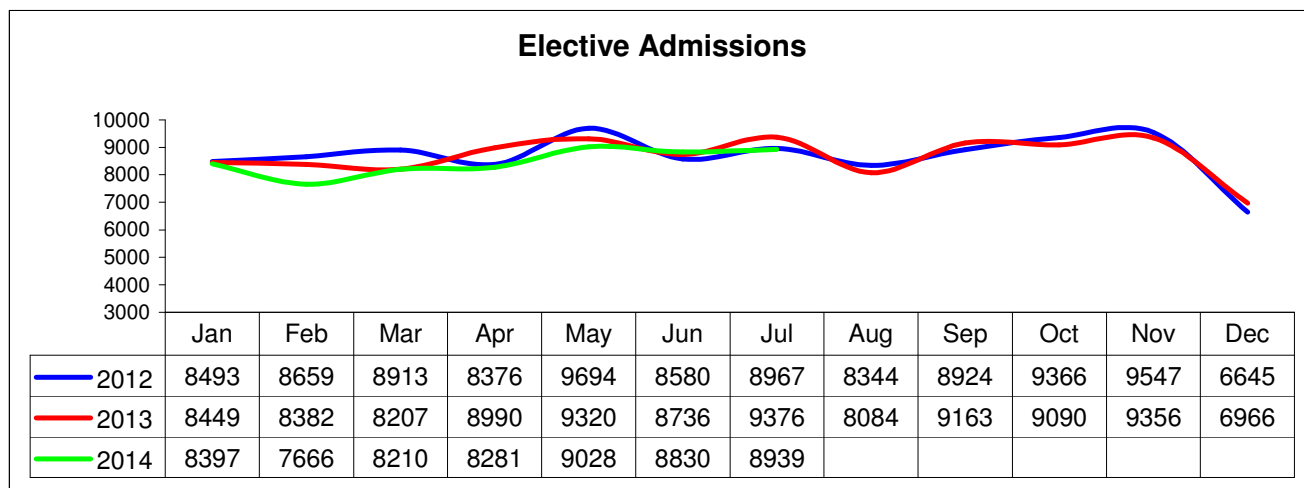
Total Unscheduled and Scheduled Admissions		Jan – July Actual 2013	Jan – July Actual 2014	Val Var	% Var
Total Unscheduled and Scheduled Admissions		290,835	292,319	1,484	0.5%

- There has been an increase in unscheduled admissions (+2%) (n=4,582) this year to date. Some hospitals are experiencing a significant rise in ED admissions such as St. Vincent's (+27%), Letterkenny (+21%), Mullingar (+22%) 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 0.1% (n=436) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care

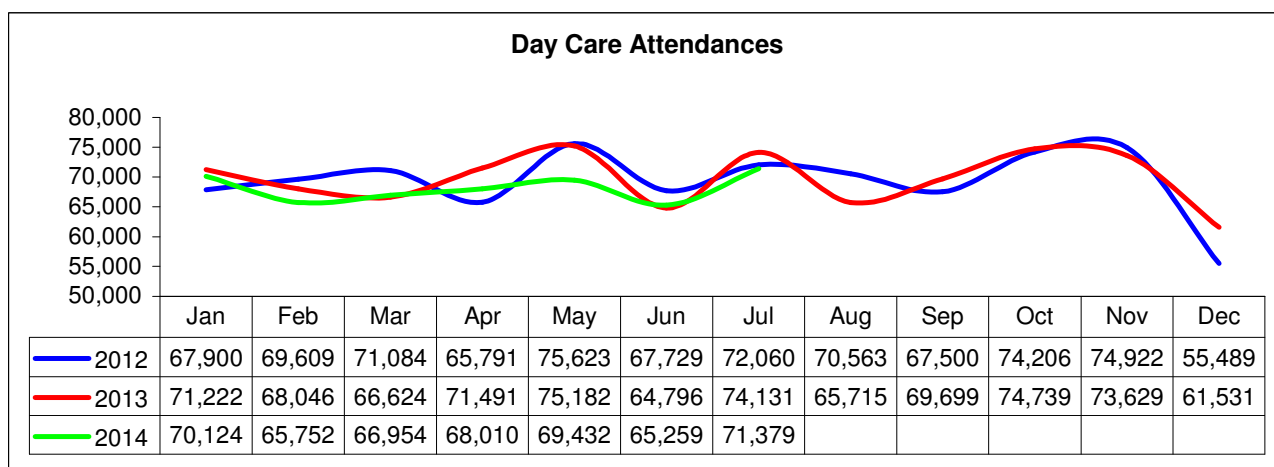
Note¹ Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note² MAU - Medical Assessment Unit

Note³ Elective Admissions do not include Obstetric Elective admissions



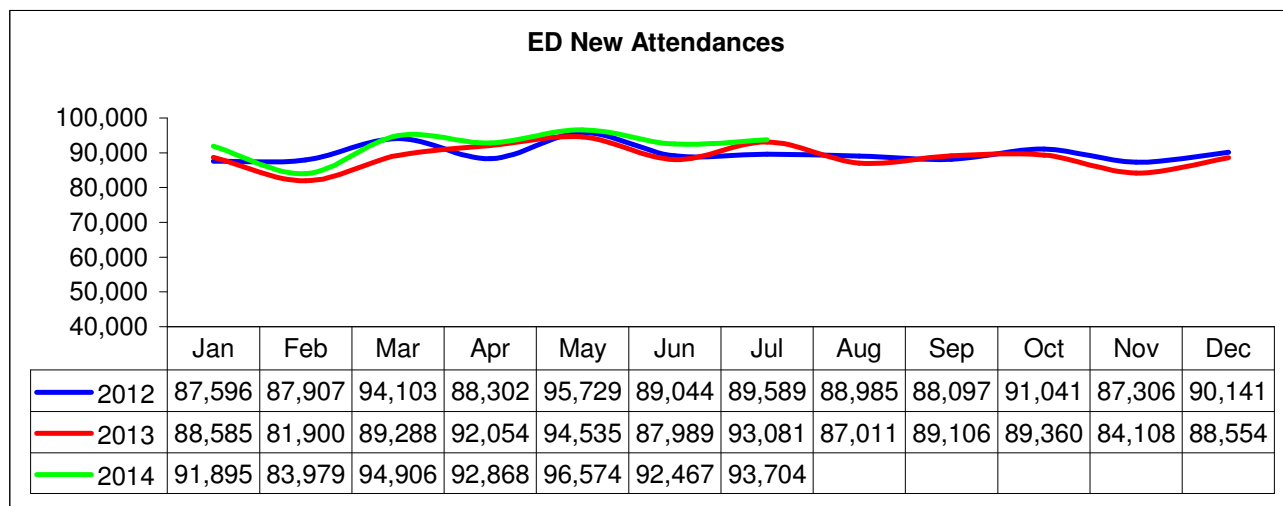
- There has been a 5% decrease in elective admissions (n= 3,098) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 11% increase in delayed discharges since the start of the year, further constraining available capacity.
- Although national elective activity has decreased, elective activity has increased amongst a number of hospitals including Temple Street (+20%), Sligo (+21%), South Infirmary (+25%) and South Tipperary (+27%)



- Day case attendances have decreased by 3% but activity remains almost 1.8% 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%.

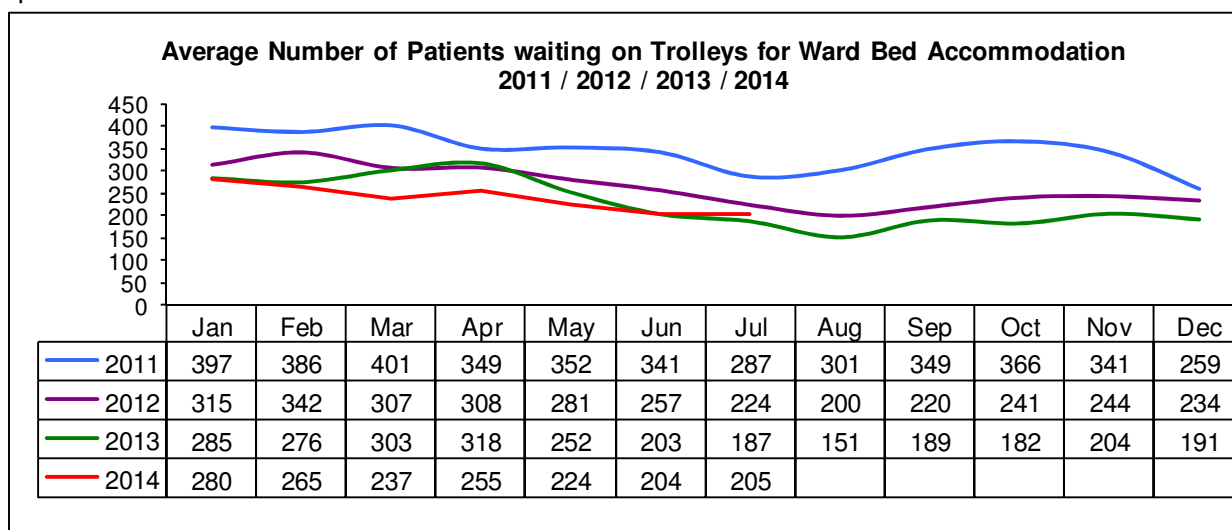


- Jan - July 2013 / 2014 3.6% increase (n=19,796)

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

There has been an 8.4% decrease in the number of ED patients waiting on trolleys for ward bed accommodation comparing 2014 with 2013 (Jan-July) but when comparing July 2014 to July 2013 there has been a 10% increase in patients waiting. Sustaining the year to date reductions over 2014 is increasingly challenging given the rise in demand for emergency admissions and given a constrained in-patient capacity base.

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 2.6% (1,705) 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 for the 26th August shows 698 patients 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	Jan	Feb	Mar	Apr	May	June	July
National Total	614	618	617	647	656	649	664

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 31/07/2014	Over 65	Under 65	Total	
			No.	%
Home	84	20	104	15.1%
Long Term Nursing Care	458	56	514	74.7%
Other (<i>inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases</i>)	53	17	70	10.2%
Total	137	37	688	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 (112 clients / 16.3%) and NHSS financial determination in progress (183 clients, 24.7%).

WAITING TIMES

INPATIENT

Adult waiting lists demonstrate that 84% (41,269) of adults were waiting less than eight months for a planned procedure in July 2014. The numbers waiting over 8 months now number 7,727 a 19.5% (n=1,260) increase on June.

PAEDIATRIC

70% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,565). The numbers waiting over 20 weeks now number 1,505 a 16% (n=208) increase on June.

GI ENDOSCOPY

75% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in July 2014. The numbers waiting over 13 weeks now number 3,247 a 20.3% (n=548) increase on June.

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. 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 July 2014.

OUTPATIENT

In July 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has decreased from 87,437 to 37,876 a reduction of 57% 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 - July 2014 saw an increase of 5% (86,303) in OPD Attendances in comparison to 2013.

In July 2014, 91% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In July 2013, 76% 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 July the National Ambulance Service (NAS) completed a total of 18,511 (597 per day) emergency calls to hospitals, static against June's call volume which was 17,994 (600 per day) calls. 11,689 (63%) 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	9,178	9,792	+614	+6.69%
Dublin Midlands Hospital Group	8,495	9,066	+571	+6.73%
Dublin North East Hospital Group	6,782	7,251	+469	+6.91%
South/ South West Hospital Group	8,197	8,671	+474	+5.78%
University of Limerick Hospital Group	2,615	2,759	+144	+5.51%
West/ North West Hospital Group	2,865	2,974	+109	+3.80%
Dublin Paediatric Hospital Group	7,270	7,688	+418	+5.75%
Palliative Care	578	606	+28	+4.92%
National Hospital Services	23	23	-0	-1.17%
Service development posts	136	0	-136	-
Total	46,139	48,831	+2,692	+5.83%

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	586,740	361,626	341,009	20,617	6%
Dublin Midlands	729,755	439,436	420,530	18,906	4%
Dublin East	741,519	464,506	434,985	29,521	7%
South / South West	638,497	404,862	371,772	33,091	9%
West / North West	598,870	376,768	346,568	30,200	9%
UL Hospitals	235,985	155,633	137,180	18,453	13%
Children's Hospital Group	208,351	128,794	120,677	8,117	7%
Regional Offices	-2,711	10,747	9,371	1,377	15%
Total	3,737,005	2,342,373	2,182,091	160,282	7.35%

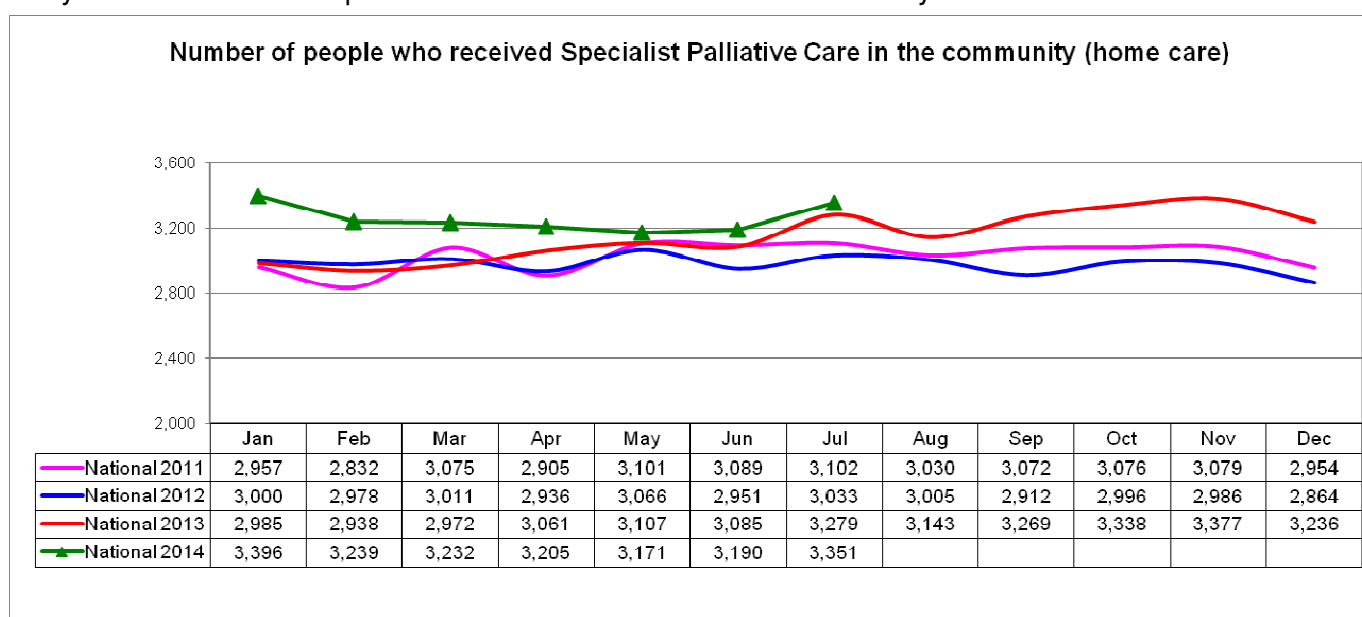
Palliative Care Services

KEY AREAS OF FOCUS

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

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in July 2014 was 3,351. This is a 2.1% (n=72) increase in the number who received the service at the same period last year. 2013 / 2014 comparison demonstrates a 6% cumulative activity increase.



- **Primary Diagnosis**
 - 73% Cancer
 - 27% non Cancer
- **Age Category**
 - 1% 0-17 years
 - 22% 16-64 years
 - 77% 65+ years

DAY CARE

The number of people who received specialist palliative day care services in July 2014 was 352. This represents a 2% decrease (n=7) on the same period last year. 2013 / 2014 comparison demonstrates a 3.5% cumulative activity increase.

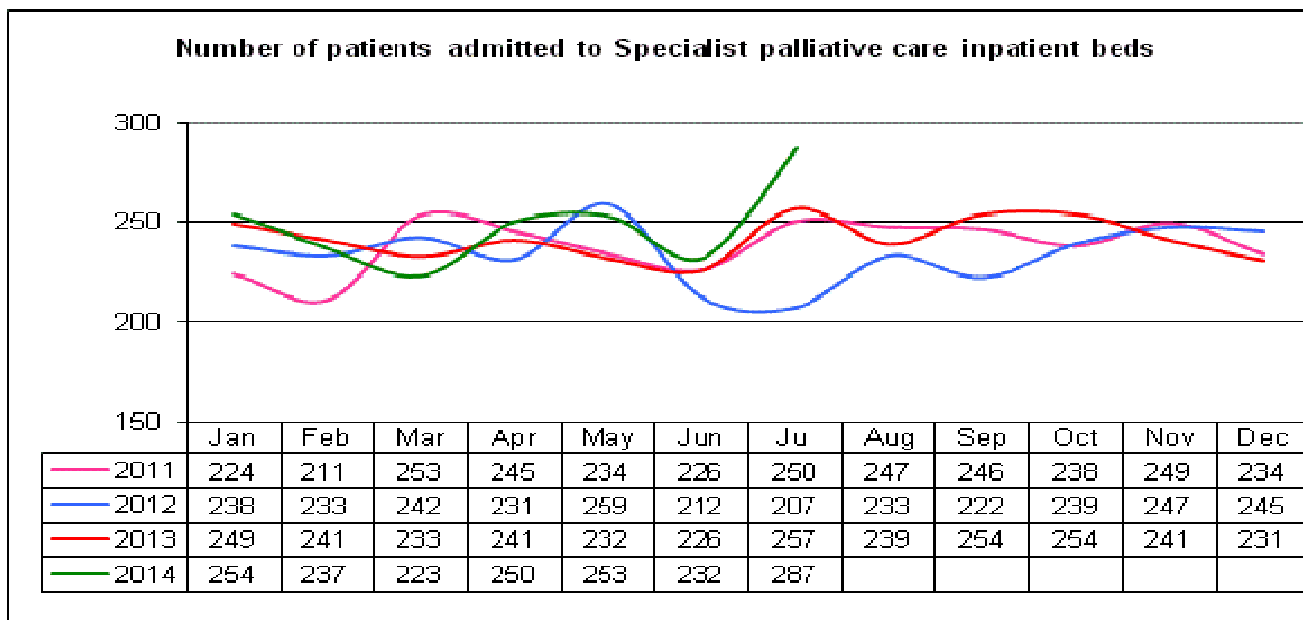
- **Primary Diagnosis**
 - 87% Cancer
 - 13% non Cancer
- **Age Category**
 - 0% 0-17 years
 - 35% 16-64 years
 - 65% 65+ years

PAEDIATRIC SERVICES

In July 2014, 333 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 166 new patients in receipt of care recorded from January to July 2014 and 18 in the month of July 2014.

INPATIENT UNIT

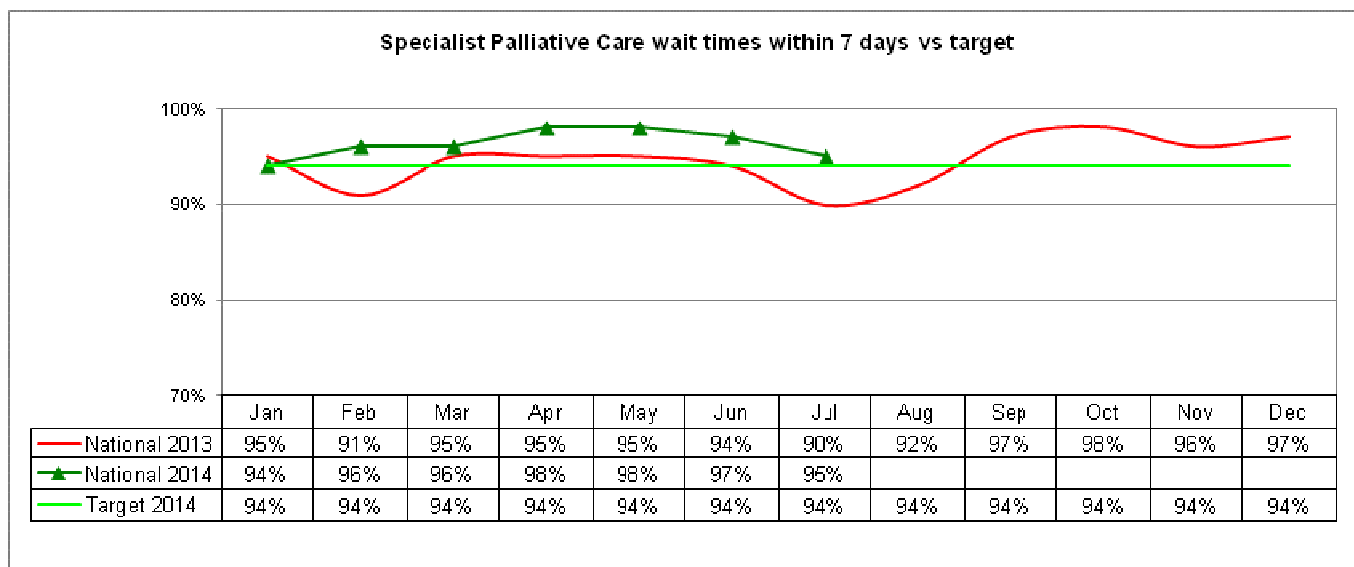
In July 2014, 287 patients were admitted to Specialist Palliative Care inpatient beds. 2013 / 2014 comparison demonstrates a 3% cumulative activity increase. Activity increase, particularly demonstrated in July, arising from the phased opening of 36 beds in the South Region (Marymount University Hospital and Hospice Ltd.) - first phase of beds opened April.



- **Source of referral**
 - 52% home
 - 47% Acute Hospital
 - 1% community bed / hospice
- **Primary Diagnosis**
 - 89% Cancer
 - 11% non Cancer
- **Age Category**
 - 32% 18-64 years
 - 68% 65+ years

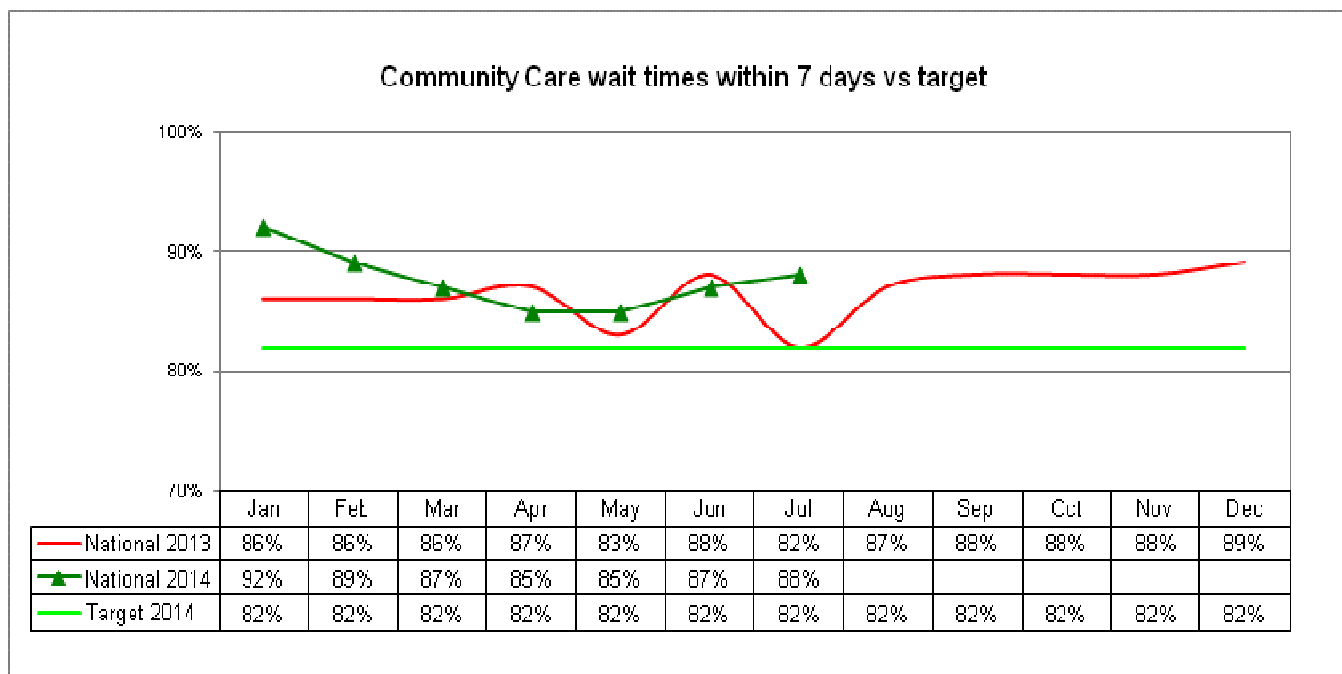
ACCESS - INPATIENT UNIT

In July 95% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%). Access performance has increased by 1% since January.



ACCESS - COMMUNITY HOME CARE

In July 88% of patients received specialist palliative care services in their place of residence (home, nursing home, non acute hospital) within 7 days of referral (national target 82%). Previous performance deterioration demonstrated (February - May) now reversed.



FINANCE

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Plan	Actual	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,735	14,992	15,002	-11	-0.1%
DNE	11,314	6,316	6,590	-274	-4.2%
South	9,337	5,432	5,446	-13	-0.2%
West	21,019	12,679	12,207	472	3.9%
Total	67,405	39,419	39,246	173	0.4%

Key plan / expenditure negative variances:

- LHO Donegal 32.17% (€346k)
- Our Lady's Hospice 2% (€249k)

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
- Intermediate Care Services
- Ambulance Turnaround
- Human Resources
- Finance

QUALITY AND PATIENT SAFETY

- The ONE LIFE Project is an unprecedented initiative undertaken by NAS to increase out of hospital cardiac arrest (OHCA) survival rates in Ireland. The primary focus is on improving how OHCA is recognised, treated and measured.
- 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 the Waterford is being monitored and reviewed on an ongoing basis.

ACTIVITY LEVELS

- 24,099 emergency & urgent calls were dealt with;
- 204 Aero medical calls completed YTD
- 60 Air ambulance calls completed YTD
- 268 neonatal retrieval transfers YTD
- 3,776 Intermediate Care transfers, 2,851 (76%) by ICV vehicles, 925 emergency ambulances;

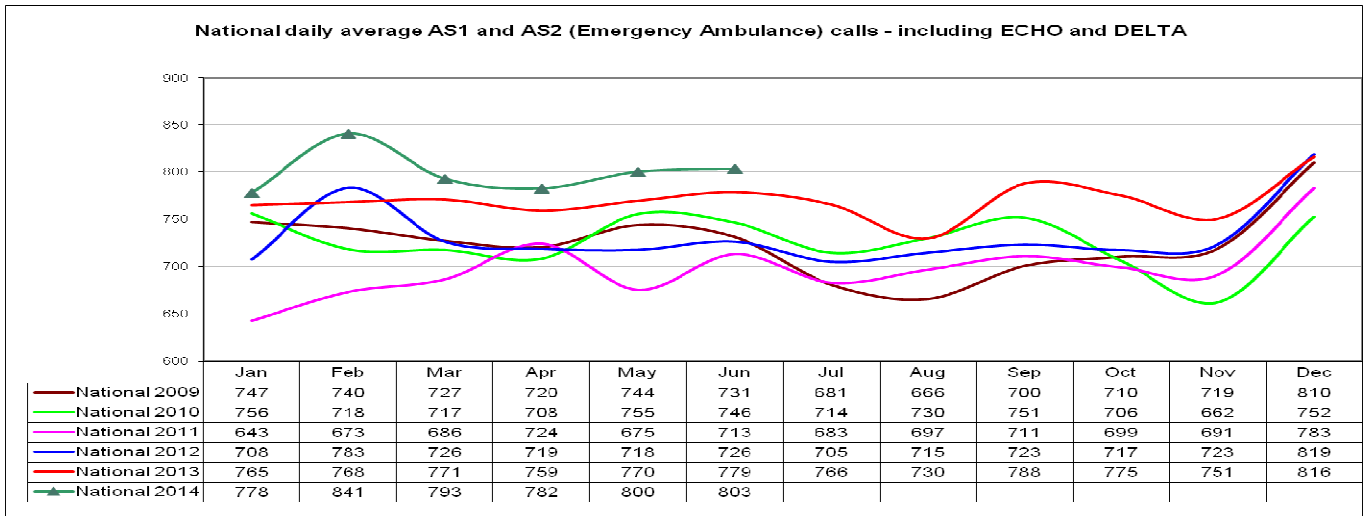
In June 2014, the National Ambulance Service (NAS) responded to 24,099 emergency and urgent calls i.e. AS1⁴ calls which are 112 / 999 emergency calls and AS2⁵ calls which are urgent calls received from a general practitioner or other medical sources. The daily average call rate was 803 calls per day. 144,600 calls were received to date a 4% increase in calls over the same period in 2013.

³ CAD – Computer Aided Dispatch System

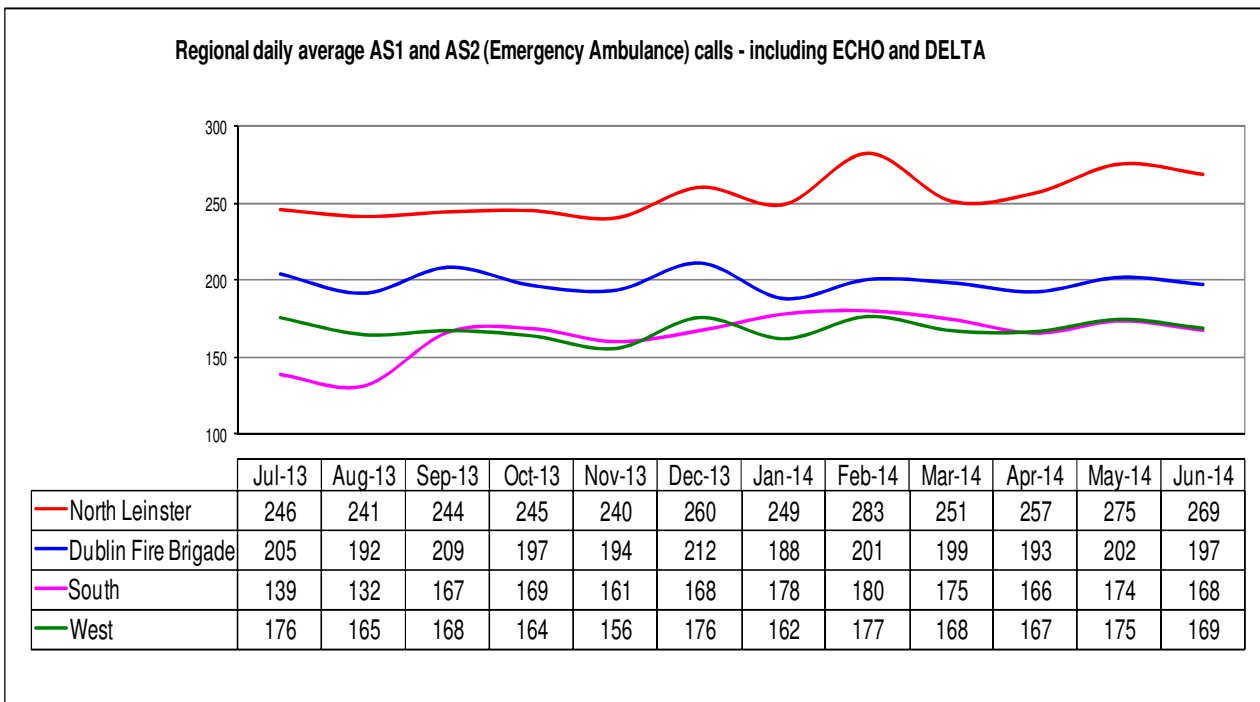
⁴ AS1 – 112 / 999 emergency and urgent calls which are 112/999 emergency calls

⁵ AS2 - Urgent calls received from a general practitioner or other medical sources

National Daily Average Volume of AS1 and AS2 Calls



Regional Daily Average of AS1 and AS2 calls



EMERGENCY CALL VOLUME AND RESPONSE TIMES

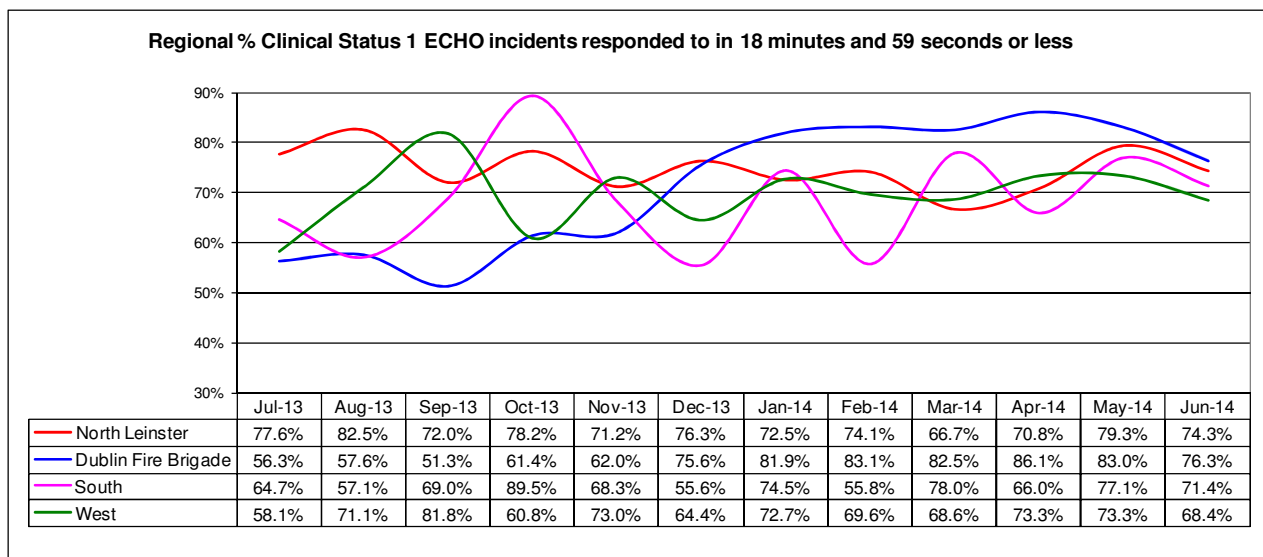
NAS June Activity	North Leinster	DFB	South	West	National	
					June	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	8,062	5,924	5,035	5,078	24,099	144,600
Total Clinical Status 1 ECHO calls	74	76	42	38	230	1,554
Total Clinical Status 1 DELTA calls	2,225	2,572	1,454	1,408	7,659	46,563

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 June Activity	North Leinster	DFB	South	West	National	
					June	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	74.3%	76.3%	71.4%	68.4%	73.5%	75.4%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	68.6%	65.0%	65.0%	55.9%	64.4%	63.5%

ECHO Incidents⁶

In June 73.5% of ECHO calls (life-threatening cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds or less in June, above the 72% target set for June.

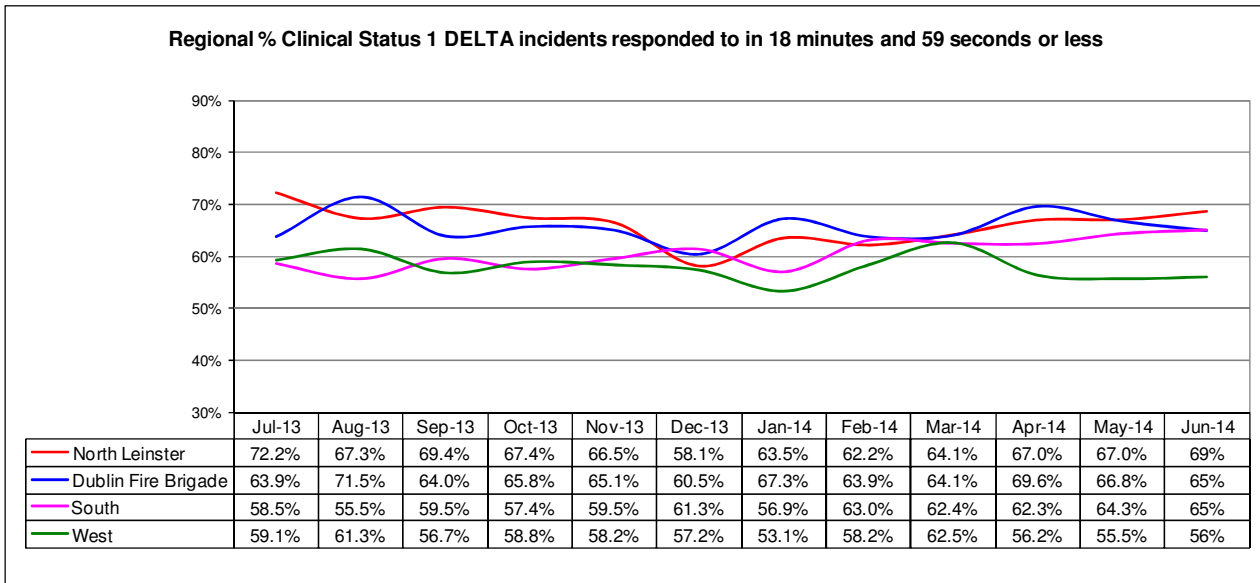


DELTA Incidents⁷

Nationally 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 or less in June, below 70% target set for June and static against May’s response rate of 64.4%. DELTA response times across the entire service are below target but are improving. Continued focus at a national and local level will be applied to seek to improve the response times to within target. The capacity review will identify significant opportunities to assist.

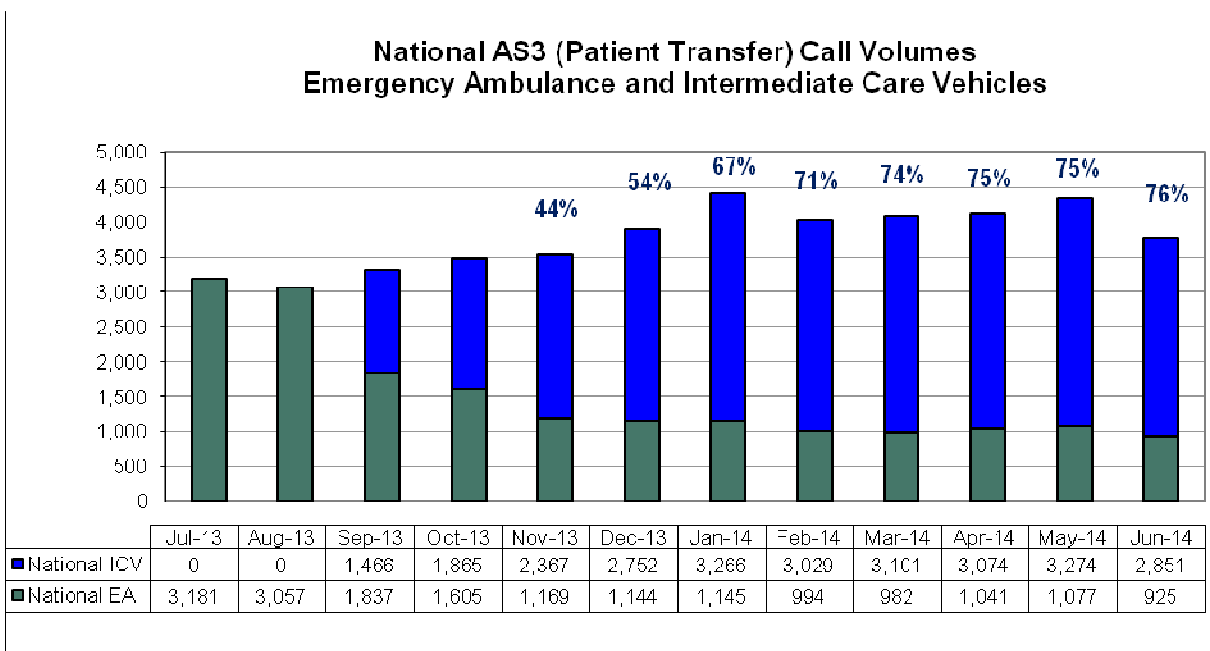
⁶ Clinical Status 1 ECHO: Calls reporting a life-threatening cardiac or respiratory arrest

⁷ Clinical Status 1 DELTA: Calls reporting a life-threatening illness or injury, other than cardiac or respiratory arrest



INTERMEDIATE CARE SERVICES

The Intermediate Care Service (ICS) was set up to provide 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. In June, 76% 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.



AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In July 63% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 93% of calls had crews and vehicles clear and available within 60 minutes.

At times of pressure in the emergency care system, there is the potential for delay in the transfer of care of patients from ambulance resources to acute hospital Emergency Departments. A national framework document was developed to clarify the process of clinical handover 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 and delays in the release of ambulance resources.

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 Aided 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
Total	1,646	1,605	-40	-2.45%

- Recruitment of Control Programme personnel from the 2014 Service Plan is ongoing. 7 call takers began their training in July 2014.
- In order to ensure that the NAS has the ability to supply a safe and consistent service, there is an ongoing internal review of the existing agreed rosters across the country. This review will validate the service baseline and the associated rostered and non-rostered staff required to provide it in terms of actual WTEs in place.
- 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	€'000	€'000
North Leinster	49,043	28,352	28,509	-157	-1%
South	30,242	19,353	17,878	1,476	8%
West	35,987	22,076	20,911	1,165	6%
Office of the AND	22,379	11,205	13,078	-1,874	-14%
Total	137,652	80,987	80,377	610	1%

Overall the NAS is running €609.9k over budget year to date end July. The service plan posts are now reflected in the expenditure figures.

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
- Finance

QUALITY AND PATIENT SAFETY

- The National Primary Care Division has conducted a detailed due diligence exercise regarding risks in primary care. RDPI due diligence documents were reviewed to identify the primary care risks and ISA managers were contacted and asked to escalate their risks for consideration by the National Director.
- The National Office for Primary Care is reviewing the risk register and has developed a Risk Management process for sign off in August.
- A national serious incident log for primary care has also been created to provide oversight of serious incidents at National level.

National Standards for Safer Better Health Care

A National (Standards for Safer Better Health Care) Working Group has been established. The functions of this Group are to:

- Identify areas where specific guidance and support is required within Primary Care by working closely and linking with the service providers
- Develop practical guidance documents/resources for service providers to assist in the implementation process.
- Link with the Safety and Quality Improvement Directorate (SQID) within HIQA to work conjointly in developing guidance documents and tools for quality improvement

The above measure will assist services in meeting the National Standards for Safer Better Healthcare within the primary care setting.

COMMUNITY INTERVENTION TEAMS

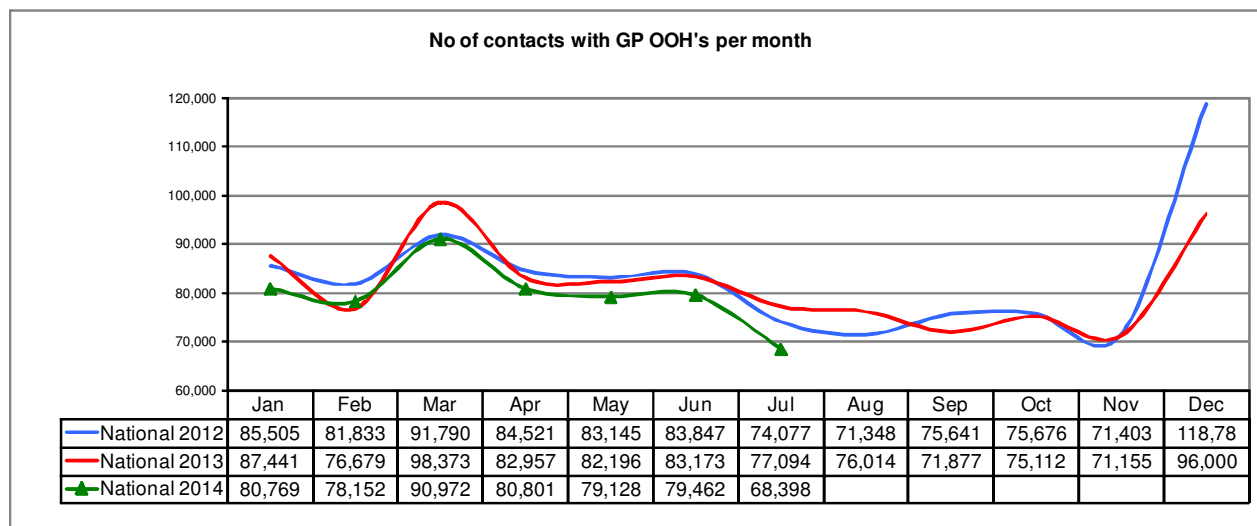
At the end of July 2014, 1,180 patients had been seen by the 7 CIT teams, bringing the number seen year to date to 8,819. As part of the National Service Plan 2014 a review of CIT services was undertaken and this is reflected in the returns for July.

In July:

- 730 people were provided with a community intervention service to assist hospital avoidance or admission - YTD 5,193
- 237 people availed of the service to assist early discharge - YTD 1,710
- 152 GP referrals - a total of 1,260 YTD
- 61 Community referrals - a total of 656 year to date

GP OUT OF HOURS SERVICE

- 68,398 patients availed of GP out of hours services in July (i.e. triage, treatment, home visit etc.) to bring the total year to date to 557,682.
- 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 July there were 6,546 patients waiting more than 12 weeks which is an improvement and represents a reduction of 8.8% in the number waiting more than 12 weeks. Waiting times in the West have increased since May.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+12.7%	+11.1%	-3.3%	+8.7%	+6.5%
Patients seen first assessment	+16.9%	+19.0%	+10.0%	+8.3%	+12.8%
Patients Treated	+17.2%	+18.2%	-7.1%	+11.5%	+8.3%
Treatment contacts	-23.2%	+11.8%	-6.0%	+8.3%	+7.8%

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	640	1,015	1,742	3,149	6,546

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 July there were 7,665 patients waiting more than 16 weeks which is an improvement and represents a reduction of 9.9% in the number waiting more than 16 weeks. DML waiting times have increased in July and waiting times in the West have increased since May.

Improved access and reductions in waiting times for Primary Care therapy services have been prioritised as additional staff are deployed under the Primary Care Development Programme and through the utilisation of HRA productivity targets.

Occupational Therapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+31.5%	+29.2%	+14.8%	+6.5%	+20.1%
Patients seen first assessment	+24.9%	+18.5%	+19.5%	-0.7%	+15.8%
Patients Treated	+34.6%	+24.3%	+23.3%	+12.8%	+23.6%

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	2,011	907	3,224	1,523	7,665

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.

Addiction services

- 9,283 patients received Opioid Substitute Treatment (excluding prisons) at the end of the reporting period which includes 3,875 patients being treated by 336 GPs in the community.
- Opioid Substitute Treatment was dispensed by 612 pharmacies catering for 6,292 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.
- 72 new patients commenced Opioid Substitute Treatment during the reporting period (8 in General Practice, 49 in HSE clinics and 15 in the prison clinics)

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

A new dedicated GP Support line has been introduced to enhance the collaboration between GPs and the HSE to look after patients with Medical Cards and GP Visit Cards in relation to their medical card applications and renewals.

MEDICAL CARDS

The number of people covered by medical cards as of 1st August 2014 was 1,804,376 (39.3% of the population). Included in these cards were 65,993 medical cards granted on discretionary grounds.

The total number of GP visit cards as of 1st August 2014 was 142,668. Included in these cards were 28,423 GP visit cards granted on discretionary grounds

Performance Activity and GP Visit Cards *	Medical Cards	DML	DNE	South	West	National Total
Number of People with Medical Cards	457,353	384,267	483,210	479,546	1,804,376	
Number of people with GP Visit Cards	36,271	30,052	41,276	35,069	142,668	
Total	493,624	414,319	524,486	514,615	1,947,044	

*Includes 65,993 medical cards granted on discretionary grounds and 28,423 GP visit cards granted on discretionary grounds.

As of the 25th August 2014, over 97.3% PC of completed medical card applications were processed and issued within 15 days. Of the 2.7% 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
	July 2014	Jan – July YTD	
LTI claims	111,129	661,303	+20.8%
LTI items	375,779	2,228,259	+25.6%
GMS prescriptions	1,540,606	11,287,778	-9.9%
GMS items	4,754,332	34,755,428	-9.7%
GMS Special items	47,956	348,265	-9.0%
GMS Special type consultations	93,181	661,768	-11.7%

HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	9,514.00	9,490.68	-23.32	-0.25%

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	3,252,619	1,946,147	1,892,183	53,964	2.9%

The negative variance includes €25m in Local Demand Led Schemes, €20m 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 €20m related to medical cards, LTI, High Tech Medicines, HEP C and ADHD Drugs/Medicines. There is net 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
- Screening Programmes
- Tobacco Control
- Child Health Development Screening
- Healthy Ireland
- Developments in July

QUALITY AND PATIENT SAFETY

The Division reviewed and updated its Divisional Risk Register in July in consultation with its Senior Management Team. Through a consultation process with other Divisions agreement was reached around risk ownership and controls in respect of the Corporate Risk Register.

PERFORMANCE INDICATORS

There are a number of performance indicators and measures against which the Division will report progress in 2014. These include, inter alia, measures of health protection and immunisation, developmental screening for children, attendances at screening programmes, tobacco, food safety and Public Health Nurse visits to newborn babies. The majority of this data is reported on a quarterly basis.

SCREENING PROGRAMMES

12,015 women attended for breast screening in July, bringing the YTD total to 82,827. Notwithstanding seasonal variations and other factors, activity levels are on target to achieve 140,000 attendances in 2014.

20,933* women attended for cervical screening in July, bringing the YTD total to 142, 058*. Note that July figures are provisional.

16,860 clients in the eligible age range were invited to participate in the BowelScreen programme in July. Year to date 121, 410 clients have been invited, consistent with targets for 2014.

11,972 clients were invited to participate in the DiabeticRetinaScreen programme in July. Year to date 79,336 clients have been invited, consistent with targets for 2014.

TOBACCO CONTROL

The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 5,639 year to date July 2014. The reported activity year to date for July is 5,357 which is 5% less than what would be expected compared to last year's figures. 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 14.8% ahead of target (819 staff trained versus an expected activity target of 713), however releasing staff for training in some areas is challenging.

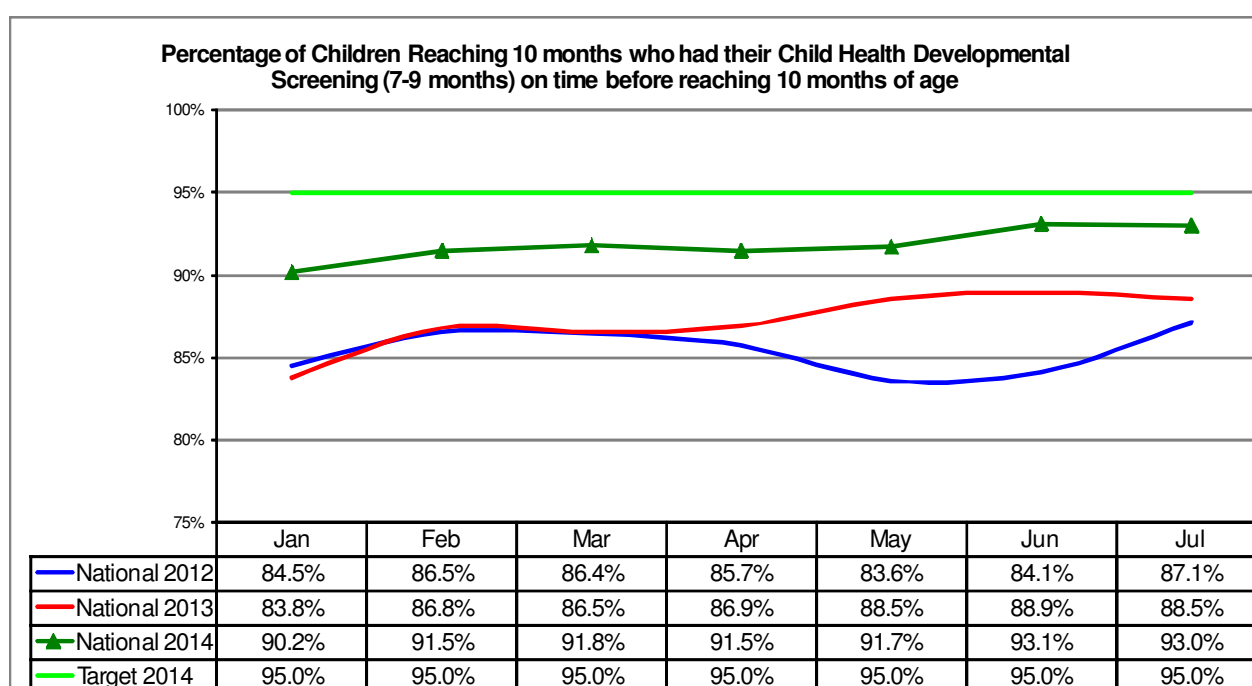
Please note there are six outstanding returns due to annual leave which will be provided in due course.

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.

36,047 children (91.9%) 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 (87.2%) and 2013 outturn (88.1%) respectively.

Limerick Local Health Office continues to show month on month improvement with a reported uptake of 86.7%, which is the result of the implementation of an improvement plan. Roscommon Local Health Office returned an uptake of 95.4% in the reported period exceeding target.



HEALTHY IRELAND

A meeting of the Healthy Ireland (HI) Cross Divisional Steering Committee took place in July. The Group is charged with the development of a 3 year implementation plan for HI for the Health Services and will build on work already ongoing in this regard within the H&WB division. This includes

- Benefits Realisation planning and monitoring
- Internal and External Stakeholder Analysis
- Alignment with national strategies relating to ageing, tobacco, chronic disease prevention and management and emerging Integrated Models of Care.
- Specific implementation plans agreed for hospitals and community healthcare organisations.
- “Healthy Health Service” plan for staff and health care settings.

The Group includes representation from across the HSE and is currently engaged in a mapping exercise to determine the extent of the current progress in implementation.

OTHER DEVELOPMENTS IN JULY 2014

Following the global developments in the area, colleagues in the Health Protection Surveillance Centre and the Emerging Viral Threats Group continued their work on Ebola preparedness in an Irish context. Whilst the first notification re Ebola in West Africa was in the early spring, it was at the beginning of July that the concern began to heighten. Communications were sent out through the health system at the beginning and end of the month and various groups were tasked to ensure existing advice was valid and could be supported.

The HSE Community Games teaming up with Healthy Ireland was launched this month with the games taking place over two weekends in August in Athlone IT. Approximately 8, 000 children participate in the national festivals every year.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Health & Wellbeing	1,196	1,226	+29	+2.00%

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	213,978	103,699	113,381	-9,682	-8.5%

Overall the Division is exhibiting a positive variance of €9,682 (8.5%), 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
- Day Services
- School Leavers Rehabilitative Training (RT) Exits
- Residential Services
- Congregated Settings
- Respite Services
- Personal Assistant (PA) Service
- Home Support Service
- Disability Act Compliance
- Services for Children & Young People (0-18s) Prog.
- VfM & Policy Review – Disability Services
- Human Resources
- Finance

QUALITY AND PATIENT SAFETY

HIQA has published 203 inspection reports at the end of July 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, a follow up Assurance Report, commissioned by the National Director, Social Care has found that, since the publication of the reports, which made a total of 59 recommendations, that 26 of the recommendations have been implemented in full, 28 are partially implemented (in the process of being implemented), and 5 remain outstanding – to be implemented before the end of October 2014.

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.

DAY SERVICES

The number of persons with ID and/or autism benefiting from Other Day Services (excluding rehabilitative training and work/like-work activities) stands at 11,792, -6.5% below the target of 12,607.

The number of persons with physical and/or sensory disability benefiting from Other Day Services (excluding rehabilitative training and work/like-work activities) stands at 3,214, -4.8% below the target of 3,377.

SCHOOL LEAVERS AND REHABILITATIVE TRAINING (RT) EXITS

The Health Service has 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 July, 2,583 rehabilitative training places were provided for persons with disabilities. As weekly places are utilised by more than one person, 2,822 people availed of these places nationally.

RESIDENTIAL SERVICES

The number of people with ID and/or autism in residential services stands at 8,101. While there have been fluctuations in numbers within the regions, the national figure is the same as Q2 2013.

The number of people with a physical and / or sensory disability in residential services stands at 798, 3.5% above target and 4.3% higher than June 2013. All regions are demonstrating a reduction in residential numbers for people with a physical and / or sensory disability with the exception of DML which recorded a 29.7% increase in numbers over Q2 2013.

CONGREGATED SETTINGS

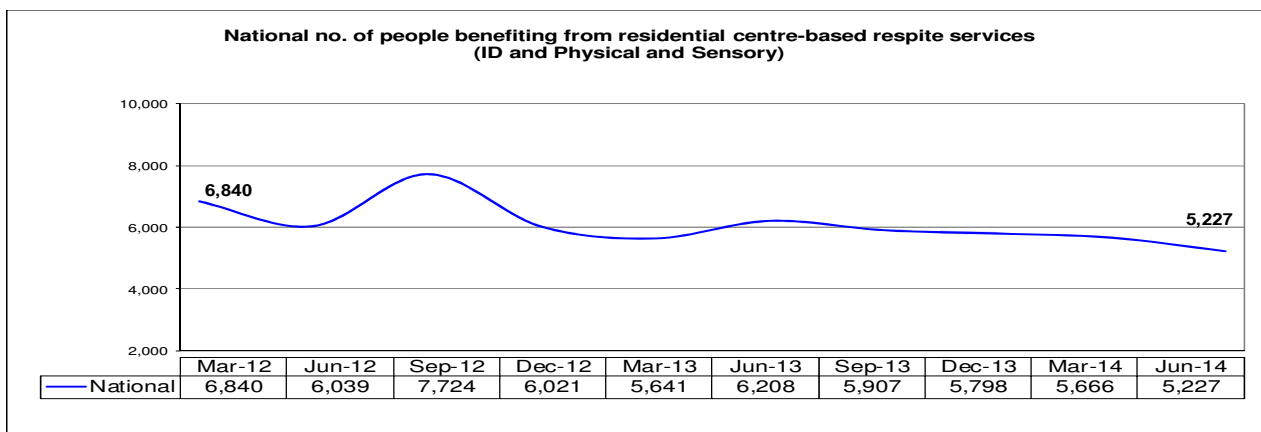
In line with the policy aimed at supporting people to move from institutional settings, “*Time to Move on from Congregated Settings (2012 – 2019)*” 25 individuals have moved from congregated settings to community living with support from our services, local authorities and communities.

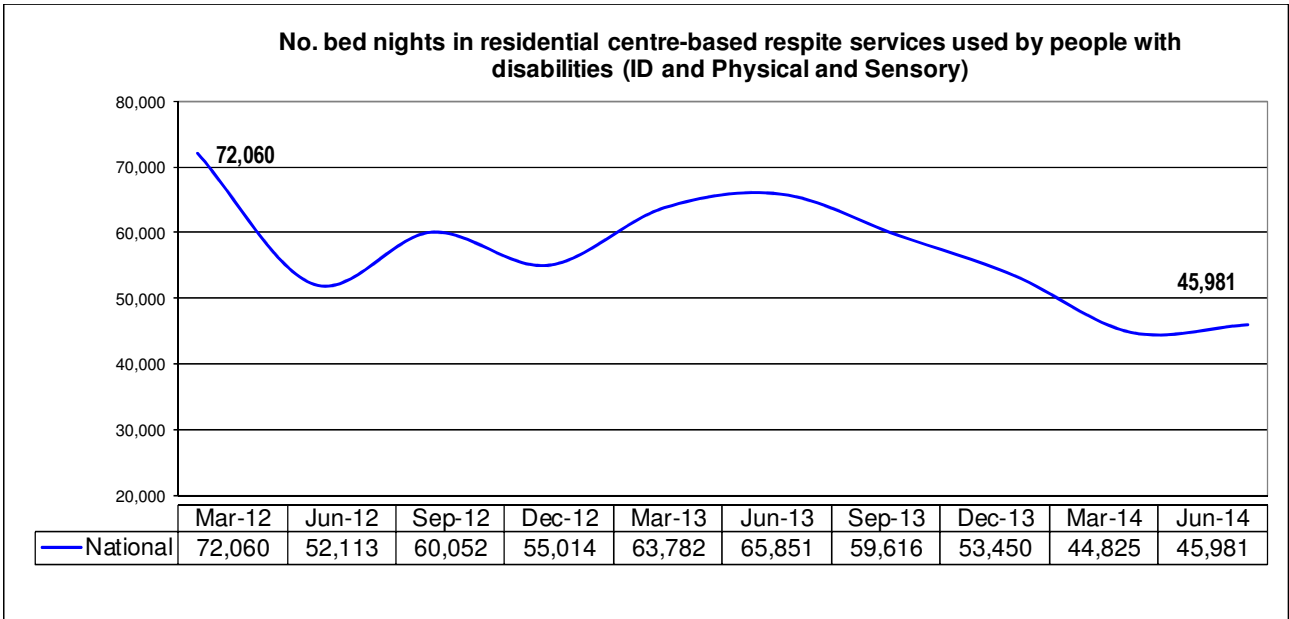
- HSE Dublin North East - 11
- HSE Dublin Mid Leinster - 3
- HSE West - 5
- HSE South – 6

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

RESPITE SERVICES

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights are down against target and down against previous activity. Significantly, the combined number of respite bed nights for people with ID or a physical and/or sensory disability are down -36.2% since March 2012. However, the largest drop in residential respite has occurred in DML, which reflects a significant increase in home support hours at June 2014 (27% above Q2 target, and 59% higher than 2013 Q2 level). This reflects new models of respite care that are now being delivered (home respite, extended day care etc.).



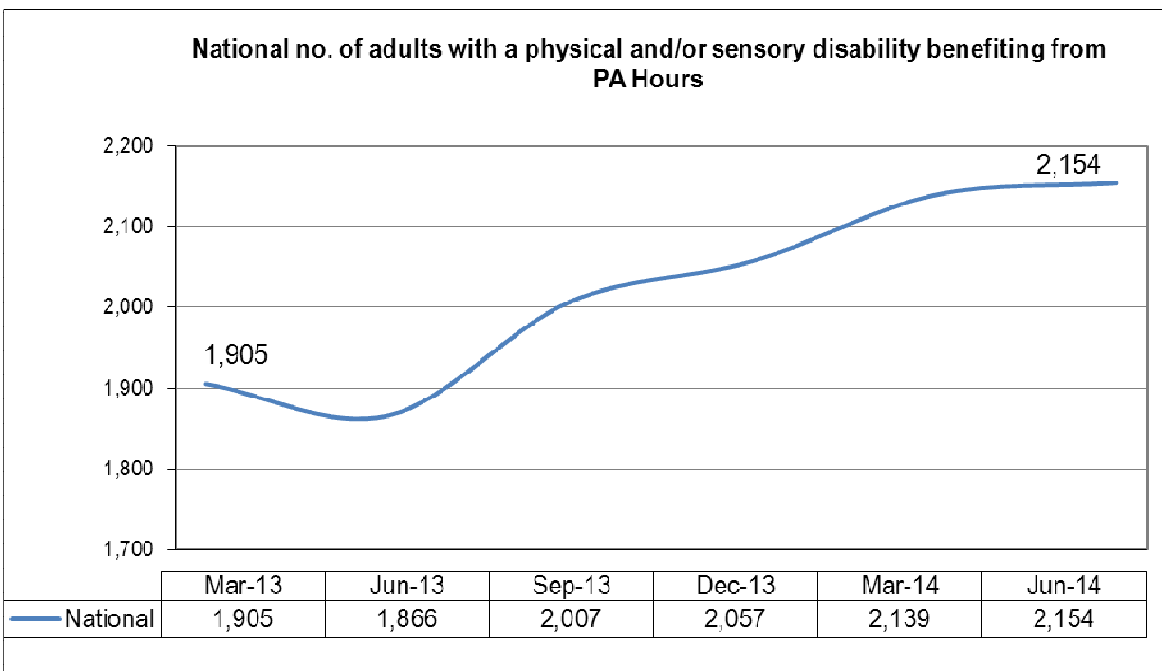


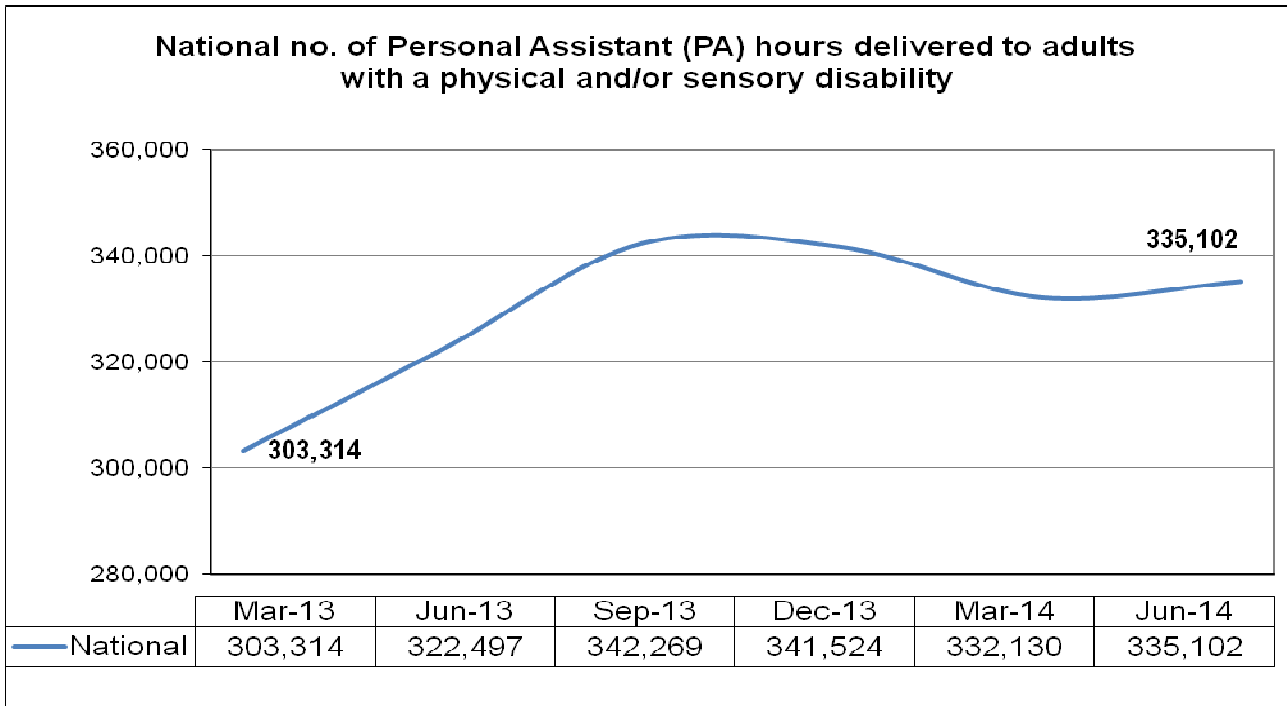
The number of people with ID and/or autism benefiting from residential services stands at 4,198; a -7.2% variance against target and -10% reduction on Q2 2013. The number of respite nights delivered to this group of people is -26.1% down against target and -31% down on Q1 - Q2 2013 activity.

A similar scenario is apparent for people with a physical and / or sensory disability. People who availed of this service stands at 1,029; -24.6% variance against target and a -33.4% reduction on activity from Q2 2013. Correspondingly the number of respite nights for this group is -23% down on activity relation to Q1-Q2 2013.

PERSONAL ASSISTANT (PA) SERVICES

The number of adults in receipt of a Personal Assistant Service has increased by 13.1% since Q1 2013 and the hours received have increased by 10.5%. The number of PA hours delivered so far during 2014 (667,232) is running at 4.3% ahead of target.

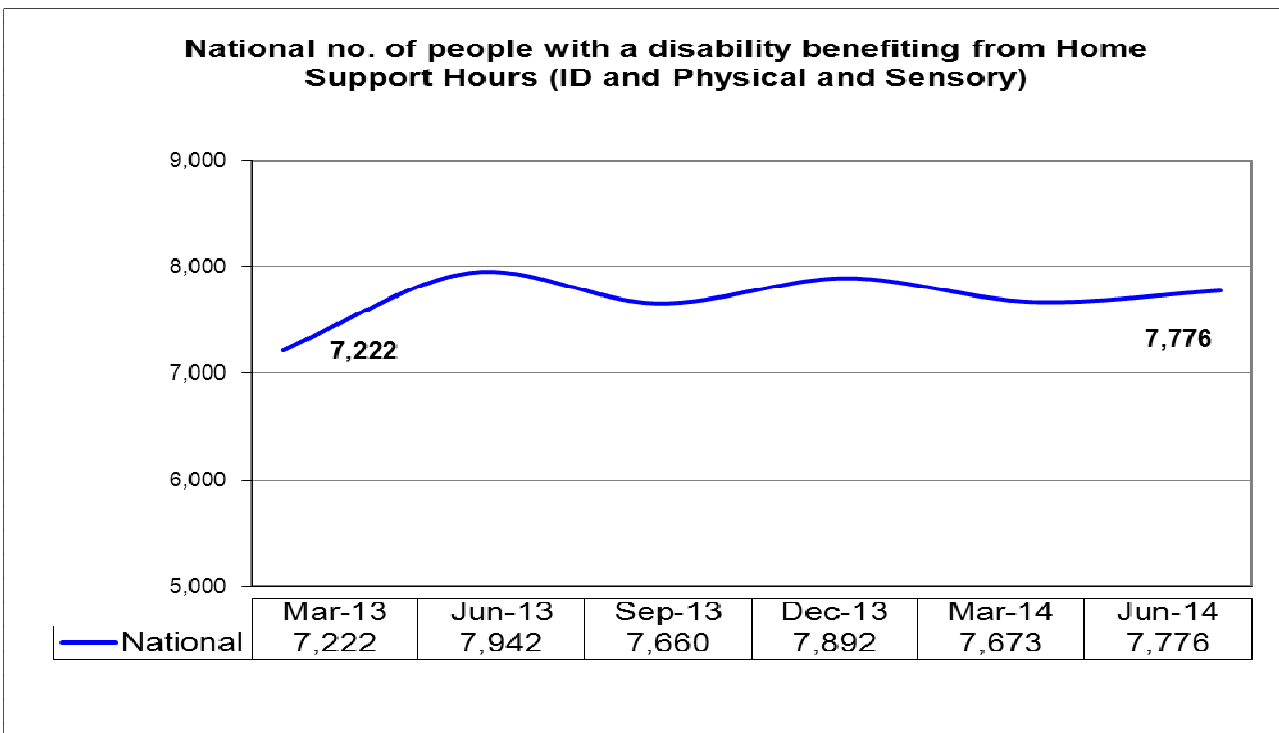


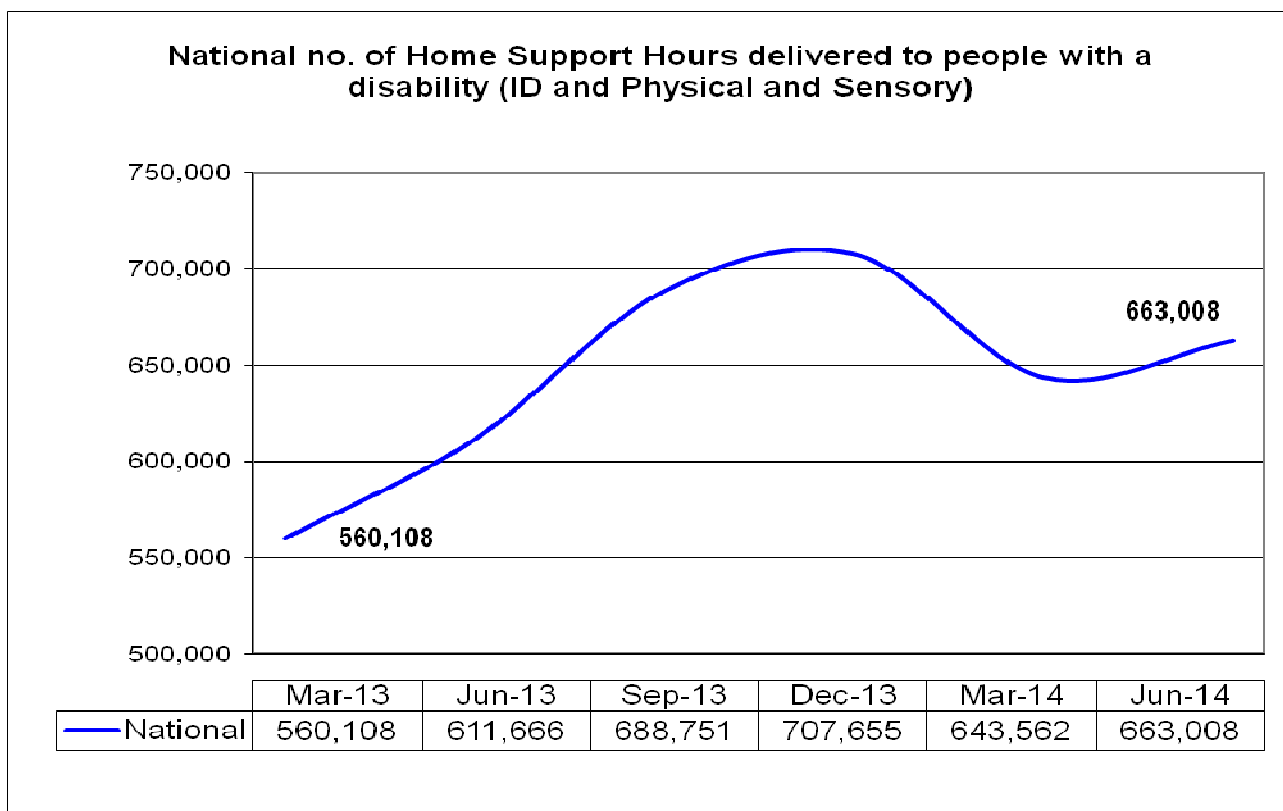


HOME SUPPORT SERVICES

The combined total of recipients of Disability Services Home Support hours has increased by 7.7% since Q1 2013 while the number of hours delivered has increased by 18.4%.

1,306,569 hours of home support hours have been delivered so far in 2014, 9.3% above target and 11.6% in excess of the same period in 2013. This increase in home support hours reflects the provision of home based respite care rather than residential respite care.





DISABILITY ACT COMPLIANCE (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 31.9% 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.

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 (as per table below) and advised to the Area Managers for immediate recruitment in conjunction with voluntary sector providers.

Area	SLT	OT	Physio	Psych	Social worker	Total
Cork / Kerry	4	4		1.5	0.5	10
Mayo	1	1				2
Galway	2	1		1		4
Wexford	4	2	2	2		10
Kildare/ W. Wicklow	1	1	4	2		8
Cavan/ Monaghan	2	1				3
Sligo/ Leitrim	1	1	1			3
Midlands	2	1		1		4
Dublin N. City & N. Dublin	8	6	3	4		21
Dublin S. Central	5	4	2	3		14
National			1			1
Total	30	22	13	14.5	0.5	80

One professional post will be assigned nationally to take on a dedicated project management role on the development of outcomes for the 0-18s programme. This is an important role in developing the overall effectiveness of services to children with a disability.

Training and other supports will be provided in Mid-West, Meath, West Cork, Cavan / Monaghan and Midlands. A number of specific initiatives are also being put in place together with waiting list initiatives.

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 and 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.

Working Group one, two, three and six have completed the initial scoping out exercise and are awaiting an updated template from PA Consulting, the third meeting of each Work Group will involve the continuation of the scoping out exercise by its members. When scoping out working have been finalised each working group will have identified:-

- Its purpose or objective
- The outline Structure and content of the deliverable
- The scope boundary/what is out of scope for that deliverable
- Dependencies with other deliverables
- The owner of the deliverable
- Persons who may be inputting into the deliverable
- Other deliverables which might require some part of this deliverable as an input for its own completion
- Key Milestones(a significant stage or event along the way to achieving the deliverable)
- Acceptance criteria – how we will know that we are happy with the end product

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	

HUMAN RESOURCES

Social Care Division

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,221.73	24,168.79	-52.94	-0.22%

FINANCE

Social Care Disability Services

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	427,886	258,491	249,894	8,598	3.4%
DNE	332,330	196,677	193,758	2,918	1.5%
South	306,637	180,955	178,537	2,418	1.4%
West	338,742	199,084	196,516	2,568	1.3%
National	2,750	0	1,604	-1,604	-100.0%
Corporate	5,767	3,195	3,430	-236	-6.9%
National	1,414,113	838,403	823,740	14,663	1.8%

Social Care Division (Total)

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,879,746	1,714,603	1,684,712	29,891	1.8%

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 complementary models of care in respect of Older People will be considered.

SERVICE ACTIVITY

As of July 2014:

- 47,001 clients were in receipt of home help service
- 12,939 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 July is 6m hours of service delivery.

The maximum sustainable rate for each region has been applied to the performance reports for July 2014.

- 47,001 clients were in receipt of home help services at the end of July a 3% increase (+1,326) on the same period last year.
- 6,027,385 hours have been provided YTD nationally, in line with the same period last year. Activity is 0.3% (19,050 hours) above the expected YTD service delivery level.

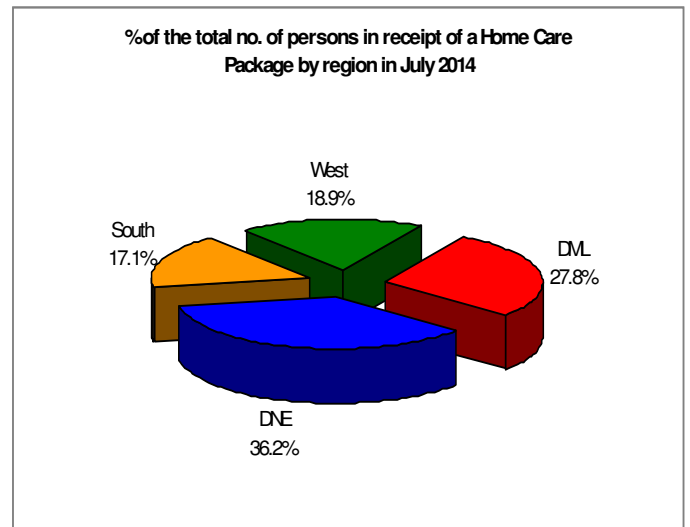
Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
National Total	10,300,001	6,008,334	6,027,385	0.3%
HSE DML	1,910,001	1,114,167	954,066	-14.4%
HSE DNE	1,660,000	968,333	1,155,587	19.3%
HSE South	3,620,000	2,111,667	2,107,097	-0.2%
HSE West	3,110,000	1,814,167	1,810,635	-0.2%

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.

12,939 persons were in receipt of a home care package at end of July 2014.

- Activity year-to-date was 19% above the expected level of service*.
- South Region was below the expected level of service with a variance of 8.7%.
- DML, DNE and West Regions were above the expected level of service at 35.2%, 32.2% and 9.1%.



*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 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 roll 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 July 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% respectively.
- Short stay beds are 0.3% above target in July.

NURSING HOME SUPPORT SCHEME (NHSS)

In July 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 22,617 supported under the scheme. The numbers in payment are ahead of the target of 21,595 by 567. In the first seven months of 2014, 5,974 applications were received and 3,553 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. During the first seven months of 2014, the average processing time to determine an application was four weeks.

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	1,341	4,206	125	481	-	6,153
DNE	863	3,208	108	201	12	4,392
South	1,488	4,173	95	97	78	5,931
West	1,209	4,263	137	77	-	5,686
Total – July 2014	4,901	15,850	465	856	90	22,162

Note: An additional 455 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 July 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.

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,221.73	24,168.79	-52.94	-0.22%

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	162,818	103,085	94,474	8,611	9.1%
DNE	122,109	75,363	70,812	4,551	6.4%
South	177,644	107,520	103,321	4,200	4.1%
West	171,886	105,244	100,020	5,225	5.2%
Fair Deal (ex Contract & Subvention)	807,162	478,833	477,343	1,490	0.3%
National	9,380	0	5,472	-5,472	-100.0%
Corporate	8,536	6,108	5,975	133	2.2%
National Director Office	6,098	48	3,557	-3,510	-98.7%
Total	1,465,634	876,200	860,972	15,228	1.8%
Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,879,746	1,714,603	1,684,712	29,891	1.8%

SOCIAL CARE

SERVICE ARRANGEMENTS (SLA)

The governance arrangements with the larger providers are managed by service arrangements which constitute two parts. Part 1, the terms and conditions, may cover a number of years and separate funding arrangements and Part 2 the schedules which detail for each funding arrangement the service quantum, quality standards, funding and staffing these part 2 schedules are reviewed and agreed on an annual basis.

The service arrangement Part 1 is currently undergoing a review in order to reflect internal reviews and necessary adjustment to ensure a robust governance framework. As the existing Part 1s with the agencies were due to expire on the 31/12/2013 these were extended to ensure continued contract cover until such time as the new Part 1 is available and signed with each agency. This effectively provides contractual cover for 2014. This extension was done through a continuity letter which outlines that the terms of the 2012 / 2013 Part 1 continue to have contractual force until such time as it is replaced with the updated and strengthened Part 1 documentation.

Each divisional director is currently working with their teams to provide the supports necessary to ensure expedient completion.

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. Notice of training sessions has issued and will take place in early September.

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 is expected to take up post in early September.

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. Meetings have been arranged with the Forensic and prison services in early August.

ADULT MENTAL HEALTH SERVICES

In July, 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 July remained the same since the June figures although the YTD figure is 73%. 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 25% nationally 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, where relevant, is taken to managing DNAs across all community mental health teams with the aim of optimising attendance.

95% 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 July remained the same since the June figures but has been consistently on and/or over target in the year to date.

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

ACUTE ADULT INPATIENT SERVICES

Data for both indicators below are based on returns to HRB and are reported quarterly and in arrears and therefore will not change until the September report.

- 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)

In July, 54% 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%.
- Consultant recruitment and retention challenges in some areas and summer leave may be contributing to reducing percentages.

The Child and Adolescent Mental Health Service waiting list is currently 2,757 cases, a 2% decrease on the same period last year (2,808) but 10% (239 cases) above the year end target of 2,518 cases. There are 446 individuals or 16% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 63% (39) has no-one waiting more than 12 months.

- 9 (i.e. one team each in DML and DNE, five teams in the South and two in the West) of the 23 teams where individuals are waiting over a year make up 74% (328) of the 446 waiting longer than 12 months.

HSE CAMHS inpatient bed capacity

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 increased to 56 beds (85%) at June this year. However, the plans to achieve full (100%) operational capacity in each unit during 2014, including the opening of an additional 6 bed unit at Linn Dara in St. Loman's Hospital, Palmerstown, as outlined in previous reports, have dis-improved and due to Consultants leaving and no replacements available despite recruitment efforts on both permanent and agency basis, the number of beds open in July has reduced by 10. This is outlined in the table below.

Child & Adolescent Inpatient Units	July 2014		Update
	Planned 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	6	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, as well as a reduction in open beds this month from 8 to 6.
Eist Linn Unit, Cork	20	12	Has reduced from 20 to 12 following recent resignation of one of the two inpatient consultants. Unable to recruit a replacement to date even on an agency basis.
Total No. of Beds	66	46	

The Mental Health Division is working with the wider system in relation to national endeavours to address the current challenges of consultant recruitment and retention.

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 July, a national engagement process completed – this process will inform the development of the new National Strategic Framework for Suicide Prevention.
- Work commenced on the development of a Local Implementation Planning/Delivery model in Donegal. It is intended that this model can be adapted nationwide.
- A review of training programmes sponsored by NOSP is completed.
- Work on a new national social marketing campaign continues.
- A series of bi-lateral meetings with Departments of Education, Children & Youth Affairs, Justice and the CSO have taken place to inform actions in the new National Strategic Framework for Suicide Prevention.
- The Community Resilience Fund has been allocated to the Resource Officers for Suicide Prevention to support local initiatives.

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 @ July 2014	675	4,496	1,138	756	941	966	8,972

* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to between approximately 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 was finalised and approved allocations to be communicated to Areas mid-August. 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 during 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 is being progressed.

July data is not currently available

FINANCE

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	%
Total	722,500	421,591	419,956	1,636	0.4%

The Mental Health Division is reporting a deficit of €1.6m at the end of July 2014. The current key financial risks are –

- 1) The 2014 Budget contains an additional cut of €7.3m related to Haddington Road Pay Savings. Approximately €3.2m of the €7.3m cut is included in the July 2014 Plan numbers. Aside from this additional cut, Mental Health is on plan for breakeven in 2014.
- 2) Additional unforeseen private placements may arise thereby increasing spend.
- 3) Inability to recruit senior medical staff thereby relying on Locum/Agency to fill key posts in the short-term.

The approved annual allocation of €722,500m 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 Jul 2014	WTE Jul 2014	WTE Variance Jul 2014	WTE Variance against Year-end ceiling	% WTE Variance Jul 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,209	94,895	96,878	+1,983	+2,669	+2.1%	+2.8%

WTE Overview by Division	WTE Jun 2014	Ceiling Jul 2014	WTE Jul 2014	WTE Change since Jun 2014	WTE Change from Dec 2013 to Jul 2014	WTE Variance Jul 2014	% WTE Variance Jul 2014
Acute Services	48,735	46,139	48,831	+96	+561	+2,692	+5.8%
Mental Health	8,989	9,604	8,972	-17	+67	-632	-6.6%
Primary Care	9,527	9,514	9,491	-36	+29	-23	-0.3%
Social Care	24,260	24,222	24,169	-91	-222	-53	-0.2%
Health & Wellbeing	1,234	1,196	1,226	-8	-6	+29	+2.5%
Ambulance Services	1,607	1,646	1,605	-2	-10	-40	-2.5%
Corporate & HBS	2,599	2,574	2,584	-15	-34	+11	+0.4%
Total Health Service	96,951	94,895	96,878	-72	+384	+1,983	+2.1%

- 96,878 WTEs at end of July with employment levels 384 WTEs above the end of 2013.
- All staff categories except two (Medical/Dental and General Support Staff) showed a decrease this month. Medical/Dental: Consultant WTEs increased by 8 WTE General Support Staff: This category is up 6 WTEs since the end of June, with an increase of 20 WTEs medical laboratory aides in Acute Services.
- Since September 2007, a reduction of 15,893 WTEs has been recorded in employment levels (-14.1%).
- This is distorted by the transfer of Children and Families staff to the new Agency (3,318 WTEs), the transfer of Community Welfare Services to the Department of Social Protection (1,000 WTEs), the filling of new service developments, subsumed agencies and other staff not previously returned in census.
- This is a combined total of combined 4,024 WTEs which would indicate that the true change from the peak in recorded employment is overstated by 294 WTEs. Accordingly employment in the health services has reduced by 15,599 WTEs approximately from the peak (-13.8%).

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 1,983 WTEs above the current provisional employment ceiling of 94,895 WTEs (excluding an initial ceiling of 3,443 WTEs for CFA) and 2,669 WTEs above provisional end 2014 target of 94,209 WTEs excluding CFA.
- Acute Services is 2,692 WTEs above ceiling with a 561 WTEs increase over end of 2013 levels. Growth is seen across all Hospital Groups.
- The other Divisions are marginally above their current allocated ceilings.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of July indicate starters in the order of the order of 4,258 WTEs, with Acute Services accounting for 70% of total. Non-acute services account for 27% of total, Ambulance, HBS/ Corporate and Health & Wellbeing accounting for the balance [Returns from Our Ladys Hospital Crumlin, St. John of Gods, Royal Hospital, Donnybrook are outstanding].

GRADUATE NURSE & SUPPORT STAFF SCHEMES

The Nurse Graduate Programme recorded 366 placements with a 362 WTE value in July, down 21 WTEs from last month, thus continuing the downward trend seen over recent months. In contrast the Support Staff Intern Scheme continues to grow with a total of 671 people on placement, with a 635 WTE value. Both these schemes are excluded from reported WTEs for ECF purposes.

NEW SERVICE DEVELOPMENTS

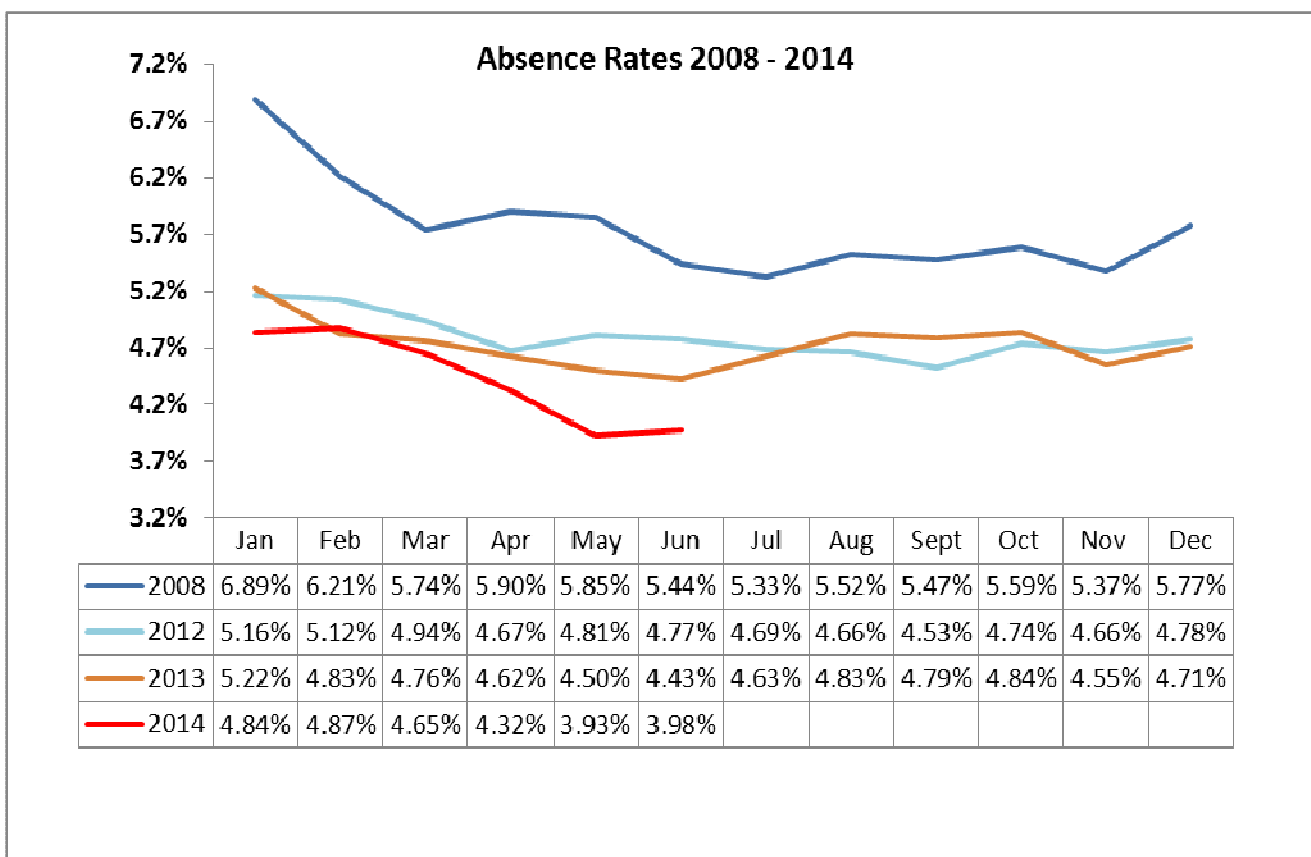
737 WTEs of 2013 new service development posts filled, up 55 WTEs from June (130.7 WTEs - National Ambulance Service, 221.5 WTEs - Primary Care, 327.5 WTEs - Mental Health Services, 30 WTEs - Acute Services and 12 - Finance). 10 WTEs of 2014 new service development posts filled to date, up 8 WTEs from June (7 WTEs National Ambulance Service, 3 WTEs Acute Services).

ABSENCE RATES

	Target	Outturn 2013	Outturn June 2014	Actual YTD RTM	YTD	% Medically Certified (June 2013)	% Medically Certified (YTD)
Absence Rates	3.50%	4.73%	3.98%	4.08%	4.43%	91.2%	91.7%

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

- Latest available national data shows a June 2014 absence rate of 3.98% which is slightly up on last month. National target is 3.5%
- This compares with previously published June rates of 5.44% (2008) 4.64% (2009) 4.53% (2010) 4.87% (2011) 4.77% (2012) and 4.43% (2013).
- In June 91.2% of absence was medically certified which is a marginal increase on May (90.7% YTD).
- 8.8% self-certified, down from 12.4% in late 2012 when changes to self-certified leave were introduced.
- 2014 YTD absence rate stands at 4.43% down from a rate of 4.73% for the same period in 2013.



- 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.
- 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 as well as rigorous management through a range of supports and interventions to address attendance management. 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 July 2014 is €7.039 billion against the available budget reported at €6.754 billion leading to a reported deficit of €285.6m.

Expenditure by Category and Division	Approved Allocation	YTD July 2014			% Var Act v Tar
		Actual	Plan	Variance	
	€'000s	€'000s	€'000s	€'000s	
Total Acute Division	3,804,410	2,381,791	2,221,336	160,455	7.22%
Total Primary Care Division	3,252,619	1,946,148	1,892,183	53,965	2.85%
Total Health & Wellbeing Division	213,978	103,699	113,381	- 9,682	-8.54%
Total Social Care Division	2,879,746	1,714,603	1,684,712	29,891	1.77%
Total Mental Health Care Division	722,500	421,591	419,956	1,636	0.39%
Pensions	393,652	250,539	232,932	17,607	7.56%
Other including National Services, Regional Services, Corporate and Held Funds, etc	324,038	221,474	189,710	31,764	16.74%
Total	11,590,942	7,039,845	6,754,210	285,635	4.23%

*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 €160.4m at the end of July which represents 57% of the overall deficit.

AGENCY SERVICES

HSE year to date agency costs were €194.3m versus €131.1m for the corresponding period in 2013, an increase of €63.2m (49%) year on year. Agency costs incurred in acute hospital services were €132.2m and this compares to €86.0m for the same period last year. The 2014 agency costs for hospitals includes €57.6m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €46.1m (up 53.5 %) 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.

FINANCIAL RISKS

Based on the first seven 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 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 seven months of 2014 €25.3m, 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 €276m⁸ 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 €210m⁹ or over 75% is achievable utilising the levers made available through the HRA. A full HRA implementation plan has been submitted to DPER/DoH in this respect.

The valuation of the maximum delivery will be completed in August and it is estimated that the HRA has delivered approximately €101m to the end of July 2014.

CONCLUSION

The health service has experienced budget cuts / savings targets of over €3.5bn over the last 6 years which is at odds with the experience in the vast majority of OECD countries where “cuts” to health generally refer in reality to a slow-down in the rate of their cost growth rather than an actual year on year reduction.

⁸ €276m is exclusive of the €14m assigned to TUSLA / CFA.

⁹ Draft figure as validation exercise currently being finalised.

The revenue deficit to year end for the health service is currently estimated at €510m. This forecast is based on costs to the end of July and takes account of our best estimate of likely cost increases to year end mitigated by our ongoing cost containment plans. It is important to stress that, as with any forecast, there is a certain degree of uncertainty particularly given the scale of the overall HSE cost base, the complexity of our services and the lack of a national financial system.

The arrival at this 2014 level of deficit indicates that our net costs will have risen 1.8% between 2013 and 2014 or by 0.7% if we look at the 2 year period from 2012 to 2014. However a longer term view indicates that from 2009 to 2014 our costs will have fallen by 6.5% despite for example the growth in population of circa 3.5% and a much higher increase in the very elderly (85+ years of age) population at over 20%.

It is important to stress that approximately €250m or nearly 50% of this 2014 deficit relates to budget reductions assigned to the HSE which were outside of its control and therefore not deliverable (includes €108m unspecified pay savings, €30m pensions excess etc.).

Despite the demographic and other service pressures which drive costs to increase the C&AG 2012 report shows that of the 6 government departments / agencies that generally required a supplementary estimate between 2008 and 2012 the Health Service had the lowest average annual supplementary at 1.3% compared to a range of 1.7% to 7.1% for the other 5, none of which operate in as complex an area as health.

Similarly, despite much adverse media comment, over the period 2008 to 2013:

- The HSE received just 0.19% / €137m in supplementary estimates related to its core services i.e. was 99.8% compliant with the available budget over the period.
- It received 0.63% / €452m in supplementary estimates related to Medical Cards / GMS Drugs / Demand Led Schemes etc. This indicates it was 99.4% compliant with the available budget over the period despite these PCRS areas not being within the sole control of the HSE.
- 71% of the total supplementary estimates were related to Exchequer / Technical items that do not reflect its financial performance.