

AUGUST 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Performance Overview August 2014

INTRODUCTION

Hospital Emergency Departments continued to be very busy during the month of August.

The cumulative increase in the number of emergency (unscheduled) admissions in 2014 compared to same period last year is 5,055 (1.9%). Elective admissions for the same period have reduced by 3,708 (5.2%) which has had a knock on effect on the number of people on waiting lists.

The capacity of acute hospitals to respond to increased demand is reduced due to the number of patients who are medically fit for discharge and who are awaiting alternative care arrangements, in the form of residential beds, home support services, or transitional care. At the end of August 704 people were awaiting alternative care arrangements. Acute hospitals and older persons service are working collaboratively to address this issue.

The number of home help hours provided up to the end of August was 6.8 million, which is in line with the planned level of service. Home Care Packages are 20% up on expected levels. Despite this level of home support, there is a waiting list for placements under the Nursing Home Support Scheme (NHSS) of up to a 14 week between approvals and payment.

There are a number of very positive developments. The proportion of specialist palliative care inpatient beds that were provided within 7 days of referral reached the annual target of 94%. In addition, in relation to disability services, all school leavers in 2014 have now been advised of the service and location of their new placements from September.

The National Ambulance Service, despite an increase in emergency calls of approximately 1,000 calls each month, continues to improve on its response time targets. The percentage of ECHO calls responded to within the target timeframe is now 75.3% compared to 70.5% in 2013. In relation to DELTA calls, the proportion of these calls responded to within the target timeframe was 67% in July, above June's response rate of 64%. This is despite a 10% increase in calls compared to 2013.

The Ebola epidemic in West Africa was declared an international public health emergency on August 8th by the World Health Organisation. Protective resources have been issued to GPs and information updates have been provided on the Health Protection Surveillance Centre website for health professionals and the public.

Expenditure up to the end of August amounted to €8.058 billion, €327million ahead of the planned position. The revenue deficit to the end of the year is estimated to be €510m.

QUALITY AND PATIENT SAFETY

Ebola Preparedness

A public health emergency of International concern was declared by the World Health organisation on the 8th August in relation to the Ebola epidemic in West Africa. A significant amount of activity was undertaken in August in response to this declaration.

The Emerging Viral Threats Group engaged in a number of activities including the distribution of a Personal Protective Equipment pack to GPs across the country.

Staff at the Health Protection Surveillance Centre participated in weekly teleconference with the European Commission Health Security Committee which provides a forum for discussion on Ebola Virus Disease preparedness at an EU level.

Information resources were made available on the Health Protection Surveillance Centre website including regular updates on the outbreak as well as advice and information for the general public and health professionals. For health professionals, the original guidance was augmented with updated GP guidance, updated ambulance personnel algorithms, updated laboratory guidance, and

updated infection control guidance for non-healthcare settings. For the public, there is travel advice, and advice for educational settings and for airport managers and airlines.

ACUTE HOSPITALS

Delayed Discharges

The number of delayed discharges in hospitals has increased by 15% this year by comparison with 2013. As a result, hospitals have opened additional beds to manage these patients. The number of delayed discharges reported at the end of August was 704. An initiative took place in August where €5m of additional funding was provided to alleviate the bed pressures in acute hospitals. During the initiative an additional 132 patients received Fair Deal approval and a further 122 received Home Care Packages. Despite the additional funding the volume of patients added weekly is exceeding Acute Hospitals weekly capability to discharge.

Unscheduled Care

Although there has been a 6.5% (16 patients per day) decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan – Aug 2013/2014), a sustained downward trend in admission waits has not yet been achieved and when comparing August 2014 to August 2013 there has been a 17% increase in the number of patients awaiting admission. During the same period January – August there has been a 1.9% (5,055) 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 (ie. Refurbishment, cleaning, cost containment etc)
- Increasing complexity of emergency admissions.

With the increased use of AMAU's there has been a significant increase of 12.9% in overnight admissions through AMAU.

In-patient activity

In-patient activity rates have marginally decreased by 0.3% (n=1,279) compared to 2013. However, this variance masks significant changes in the balance between the proportion of scheduled/unscheduled care provided. Activity is behind the expected levels in 2014 by 0.2% (684).

Out patient Activity

In Aug 2014 the number of patients waiting in excess of 12 months for an outpatient appointment was 41,604. 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.

Waiting Times

Adult

Adult waiting lists demonstrate that 82% (39,743) of adults were waiting less than eight months for a planned procedure in Aug 2014. The numbers waiting over 8 months are now 8,692 a 12.5% (n=965) increase on July and this trend is expected to continue to year end.

Paediatric

65% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,247). The numbers waiting over 20 weeks are now 1,749, a 16% (n=244) increase on July.

The HSE is currently undertaking an analysis of growth rates in waiting list breaches to assess the additional elective service capacity required. The HSE will review options in the context of its financial cost containment plans.

GI Endoscopies

72% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in August 2014. The numbers waiting over 13 weeks are 3,978 a 22.5% (n=731) increase on July.

PALLIATIVE CARE

Access Inpatient Care

In August 94% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).

Access Community Home Care

In August 91% 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) was reversed in last three months and represents a 6% improvement when compared with the same period last year.

NATIONAL AMBULANCE SERVICE

Ambulance activity

In July 2014, the National Ambulance Service (NAS) responded to 24,421 AS1¹ and AS2² calls. The daily average call rate was 788 calls per day. 169,021 calls were received YTD, a 4% (6,137) increase in calls over the same period in 2013.

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) are up 6% on last month. Despite this increase, 75% of ECHO calls were responded to within 18 minutes and 59 seconds or less in July, higher than June's response of 73.5%.

Nationally there is a 10% (5,022) increase year to date in the number of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the same period 2013. Despite this increase, 67% of DELTA calls were responded to within 18 minutes and 59 seconds or less in July, above June's response rate of 64%.

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 July, 77% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles, reflecting a very positive development for the Intermediate Care Project. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

Ambulance Turnaround Times

In August 64% 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.

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

PRIMARY CARE

Community Intervention Teams

At the end of August 2014, 981 patients received a service from the 7 CIT teams in place bringing the number of patients provided with a service year to date to 9,766.

GP Out of Hours Service

- In August, 73,434 patients availed of GP out of hour's services including triage, treatment, home visit, bringing the total to 631,116 year to date.

Therapy Services

- Referrals for Physiotherapy services are up 3.7% in 2014.
- In August the number of people waiting more than 12 weeks for a physiotherapy assessment was 7,111, an increase from 6,546 in July. This is a 1% reduction on the December 2013 figure of 7,181.
- Referrals for Occupational Therapy services have increased by 13% in 2014.
- There has been a 9.4% reduction in the number of people waiting more than 16 weeks for an occupational therapy assessment, down from 8,511 at the end of December 2013 to 7,710 people.
- Speech and Language Therapy referrals are reported at 31,127 up to the end of August, with 28,174 assessments carried out in the same period.
- 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 August 2014:

- 1,797,811 people held medical cards (39.2% of the population). Included in these cards were 67,572 medical cards granted on discretionary grounds.
- 146,546 people held GP visit cards. Included in these cards were 29,208 GP visit cards granted on discretionary grounds.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 5,505 children in the reporting period and 41,560 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 (87.5%).
- 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

- 9,673 women attended for breast screening in August, bringing the YTD total to 92,500. Notwithstanding seasonal variations and other factors, activity levels are on target to achieve 140,000 attendances in 2014.

SOCIAL CARE

DISABILITY SERVICES

School Leavers

All school leavers in 2014 have been advised of the service and location of their new placements from September.

Respite Service

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. This is as a result of the significant number of respite beds being utilised for long term residential placements. The combined number of respite bed nights for people with ID or a physical and/or sensory disability are down -30% since June 2013.

Personal Assistant (PA) Service

666,961 PA hours have been delivered by end of June 2014, 4.3% ahead of target and 6.6% in excess of the same period in 2013.

Home Support Service

1,307,654 hours of home support hours have been delivered by the end of June, 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

- 47,091 clients were in receipt of home help services at the end of August a 3.1% increase (+1,428) on the same period last year.
- 6,881,097 hours have been provided YTD nationally, in line with the same period last year. Activity is 0.2% (14,430 hours) above the expected YTD service delivery level.
- The expected level of service in 2014 is that 10,870 persons would be in receipt of a home care package at any time.
 - 13,057 persons were in receipt of a home care package at end of August 2014.
 - Activity year-to-date was 20% above the expected level of service.

Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
National Total	10,300,001	6,866,667	6,881,097	0.2%
HSE DML	1,910,001	1,273,334	1,098,109	-13.8%
HSE DNE	1,660,000	1,106,667	1,331,445	20.3%
HSE South	3,620,000	2,413,333	2,379,058	-1.4%
HSE West	3,110,000	2,073,333	2,072,485	0.0%

Residential Services

- 22,038 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of August against an expected activity rate of 21,495.
- 3.9% of the population or 21,002 people aged over 65 years were supported in NHSS beds.

MENTAL HEALTH

Adult Mental Health Services

In August, 74% of people offered an appointment by General Adult Community Mental Health teams nationally were seen within three months (target 75%).

96% of people offered an appointment by Psychiatry of Old Age Community Mental Health teams were seen within three months, nationally (target >95%).

CAMHs Teams

58% of accepted referrals/re-referrals to CAMHs teams were offered a first appointment and seen within 3 months, nationally (target >75%). The percentage is lower than the target due to the seasonal fluctuation in the metric.

There are 410 young people waiting more than 12 months for an appointment to be seen.

Children and adolescents admitted to approved adult HSE mental health inpatient units

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

HUMAN RESOURCES

Absence Rates

Latest available National absence rate data shows that the absence rate for July 2014 is at 4.05%. The rate for the same period in 2013 was 4.63%.

Workforce Numbers

The Health Sector is 2,799 WTEs above notified end of year target of 94,209 WTEs.

There were 97,008 WTEs at end of August with employment levels 514 WTEs above the end of 2013.

Since September 2007, a reduction of 15,763 WTEs has been recorded in employment levels (-14%).

The Nurse Graduate Programme recorded 351 placements with a 345 WTE value in August, down 17 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 903 people on placement, with 846 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 August 2014 is €8.058 billion against the available budget reported at €7.731 billion leading to a reported deficit of €327m.

The acute hospital sector (including Palliative Care) is reporting a deficit of €182.9m at the end of August which represents 56% of the overall deficit.

The Primary Care Division (PCD) had an overall deficit of €73.8m YTD 2014. This deficit is primarily attributable to local demand led schemes and legacy childcare expenditure. Demand led schemes account for €30.3m of the PCD deficit.

Based on the first eight 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 €223m versus €153.7m for the corresponding period in 2013, an increase of €69.3m (45%) year on year. Agency costs incurred in acute hospital services were €150.8m and this compares to €101.3m for the same period last year. The 2014 agency costs for hospitals include €65.8m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €49.6m (up 49%) 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 (on an income and expenditure basis) to year end for the health service is currently estimated at €510m. The supplementary estimate for 2014 will need to encompass this deficit as well as an expected over run on costs incurred by the State Claims Agency in respect of health service claimants and any other technical cash/vote accounting items. This forecast is based on costs to the end of August 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. For example a “margin for error” of one tenth of one per cent (0.1%) equates to close to €12m.

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 in excess of €250m or around 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 August 2014 was 83%, in comparison to July 2014 of 82%.
- The % of surgical inpatients who have principal procedure conducted on day of admission August 2014 was 62% down from 65% in July 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 eight months.
- The average length of stay across hospitals marginally decreased to 5.2 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 – August Actual 2013	Jan – August Actual 2014	Val Var	% Var
	ED Admissions	187,436	189,084	1,648	0.9%
	Emergency (Other) ¹	51,760	52,505	745	1.4%
	MAU Admissions ²	20,578	23,240	2,662	12.9%
Total Unscheduled Admissions		259,774	264,829	5,055	1.9%

Scheduled Admissions		Jan – August Actual 2013	Jan – August Actual 2014	Val Var	% Var
	Elective Admissions ³	70,718	67,010	-3,708	-5.2%
Total Scheduled Admissions		70,718	67,010	-3,708	-5.2%

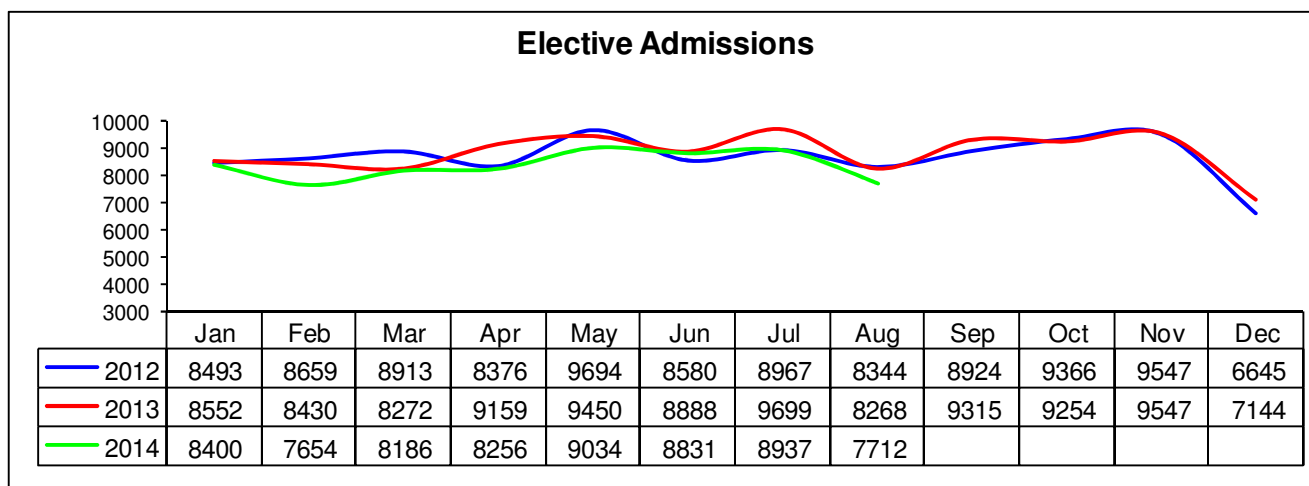
Total Unscheduled and Scheduled Admissions		Jan – August Actual 2013	Jan – August Actual 2014	Val Var	% Var
Total Unscheduled and Scheduled Admissions		330,492	331,839	1,347	0.4%

- There has been an increase in unscheduled admissions (+1.9%) (n=5,055) this year to date. Some hospitals are experiencing a significant rise in Emergency admissions such as Mullingar (+25.9%), St. Vincent's (+21.7%), Waterford (+15.2%) and Crumlin (+15.4%).
- 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 decreased by 0.3% (n=1,279) 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

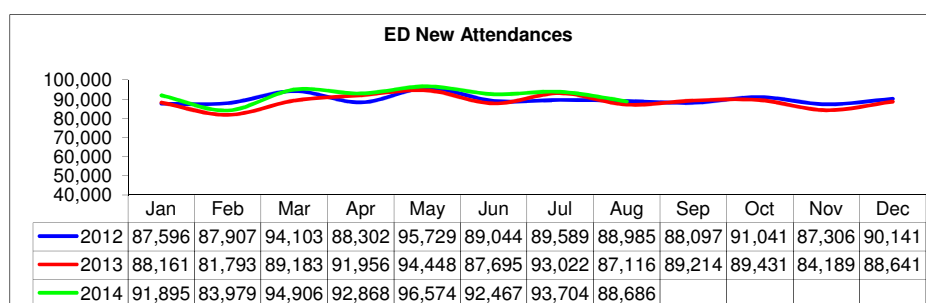
Note³ Elective Admissions do not include Obstetric Elective admissions



- There has been a 5.2% decrease in elective admissions (n= 3,708) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 14.7% 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 South Infirmary (+27.6%), South Tipperary (+23%), Drogheda (+20.1%), Mater (+18.4%) and Temple Street (+17.5%).
- While nationally, day care attendances have decreased by 3.6% and remain 1.4% ahead of target, a coding reclassification in St. James’s Hospital has led to less day care activity being reported in 2014 which skews the national data. Excluding St. James’s from the National profile day case attendances are up 2.1% on same period last year and 7.3% ahead of expected levels.

EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3% 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 24% rise in new attendances and St. Michaels has increased by 5.5%.

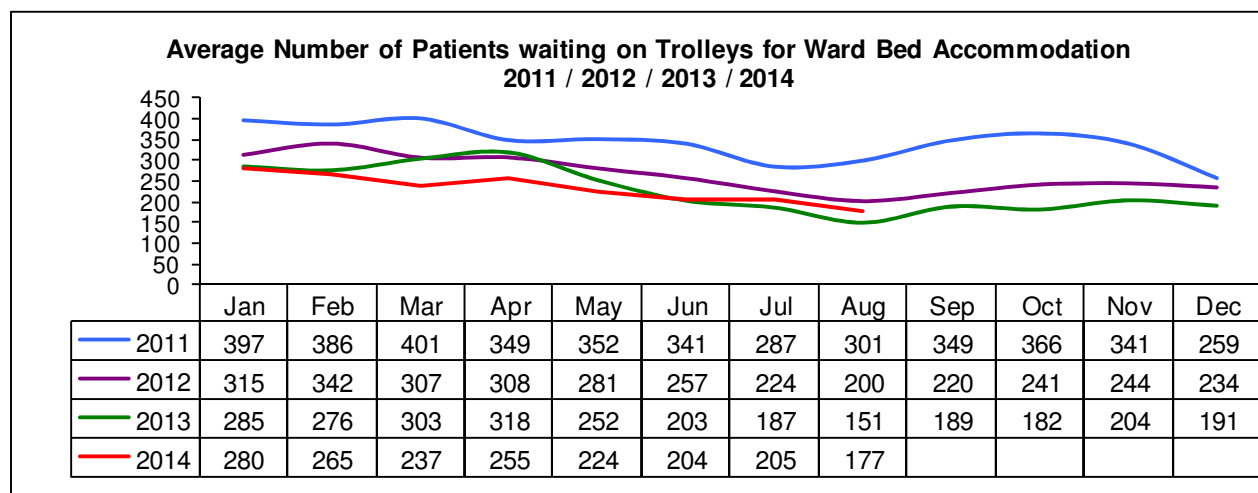


- Jan - August 2013 / 2014 3% increase (n=21,705)

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

There has been a 6.5% decrease in the number of ED patients waiting on trolleys for ward bed accommodation comparing 2014 with 2013 (Jan-August) but when comparing August 2014 to August 2013 there has been a 17% 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 1.9% (5,055) 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.

DELAYED DISCHARGES

- Since January there has been an upward trend in the number of delayed discharges. This trend plateaued during June due to lower emergency admissions in this month. The number of delayed discharges reported at the end of August was 704. This upward trend in delayed discharges may continue to year end reducing hospital capacity for higher ED admissions over the winter period.

Delayed Discharges	28 Jan	25 Feb	25 Mar	29 Apr	27 May	24 June	29 July	26 Aug
National Total	614	618	617	647	656	649	664	704

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.

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

Delayed Discharges by Destination 26/08/2014	Over 65	Under 65	Total	
			No.	%
Home	94	27	121	17.2%
Long Term Nursing Care	472	50	522	74.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	41	20	61	8.7%
Total	607	97	704	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 (149 clients / 21.2%) and NHSS financial determination in progress (125 clients, 17.9%).

WAITING TIMES

INPATIENT

Adult waiting lists demonstrate that 82% (39,743) of adults were waiting less than eight months for a planned procedure in August 2014. The numbers waiting over 8 months now number 8,692 a 12% (n=965) increase on July.

PAEDIATRIC

65% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,247). The numbers waiting over 20 weeks now number 1,749 a 16% (n=244) increase on July.

GI ENDOSCOPY

72% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in August 2014. The numbers waiting over 13 weeks now number 3,978 a 23% (n=731) increase on July.

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

1 patient was reported as waiting greater than four weeks for an urgent Colonoscopy at the end of August 2014. The patient is no longer waiting and the procedure was carried out on 8th September.

OUTPATIENT

In August 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has decreased from 84,167 to 41,604.

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

Overall January - August 2014 saw an increase of 3% (64,289) in OPD Attendances in comparison to 2013.

In August 2014, 89% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In August 2013, 78% 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 August the National Ambulance Service (NAS) completed a total of 18,308 (590 per day) emergency calls to hospitals. 11,702 (64%) 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.

INTERMEDIATE CARE SERVICE

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 July, 77% 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.

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Dublin East Hospital Group	9,180	9,786	+606	+6.61%
Dublin Midlands Hospital Group	8,496	9,110	+614	+7.23%
Dublin North East Hospital Group	6,784	7,290	+506	+7.46%
South/ South West Hospital Group	8,197	8,746	+549	+6.70%
University of Limerick Hospital Group	2,615	2,757	+143	+5.45%
West/ North West Hospital Group	2,865	3,043	+178	+6.22%
Dublin Paediatric Hospital Group	7,270	7,760	+490	+6.74%
Palliative Care	578	609	+31	+5.30%
National Hospital Services	22	22	+0	+1.00%
Service development posts	133	0	-133	-
Total	46,140	49,124	+2,984	+6.47%

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

FINANCE	Approved Allocation	YTD			% Var
	€'000	Actual	Plan	Variance	Act v Tar
Acute Services Division	€'000	€'000	€'000	€'000	€'000
Dublin North East	586,941	414,669	390,705	23,963	6%
Dublin Midlands	729,828	503,081	483,703	19,378	4%
Dublin East	742,895	530,365	497,113	33,252	7%
South / South West	638,791	463,425	426,074	37,351	9%
West / North West	599,167	431,872	397,522	34,349	9%
UL Hospitals	236,026	178,323	157,086	21,237	14%
Children's Hospital Group	208,316	148,236	138,104	10,131	7%
Regional & National Services	3,769	13,082	10,234	2,848	28%
Total	3,745,732	2,683,052	2,500,543	182,510	7.30%

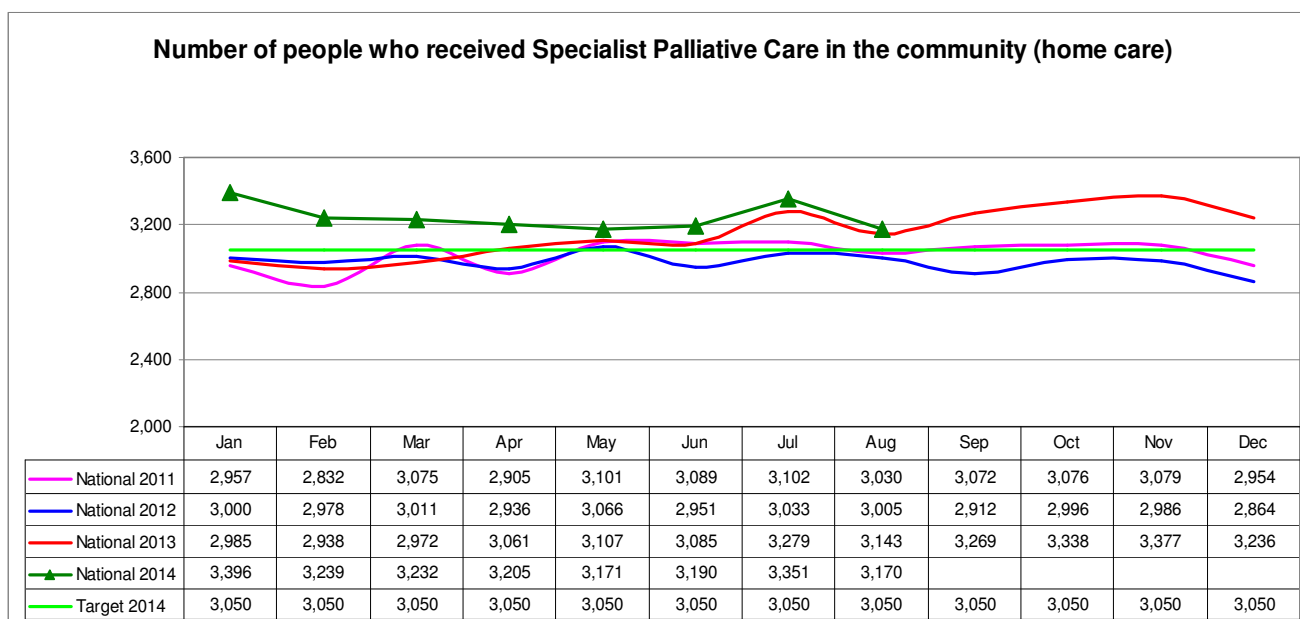
Palliative Care Services

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 August 2014 was 3,170. This is a 1% (n=27) increase in the number who received the service at the same period last year. 2013 / 2014 comparison demonstrates a 5.6% cumulative activity increase.



- **Primary Diagnosis**
 - 73% Cancer
 - 27% non Cancer
- **Age Category**
 - <1% 0-17 years
 - 20% 16-64 years
 - 80% 65+ years

DAY CARE

The number of people who received specialist palliative day care services in August 2014 was 312. This represents a 13% decrease (n=46) on the same period last year. 2013 / 2014 comparison demonstrates a 3.3% cumulative activity increase.

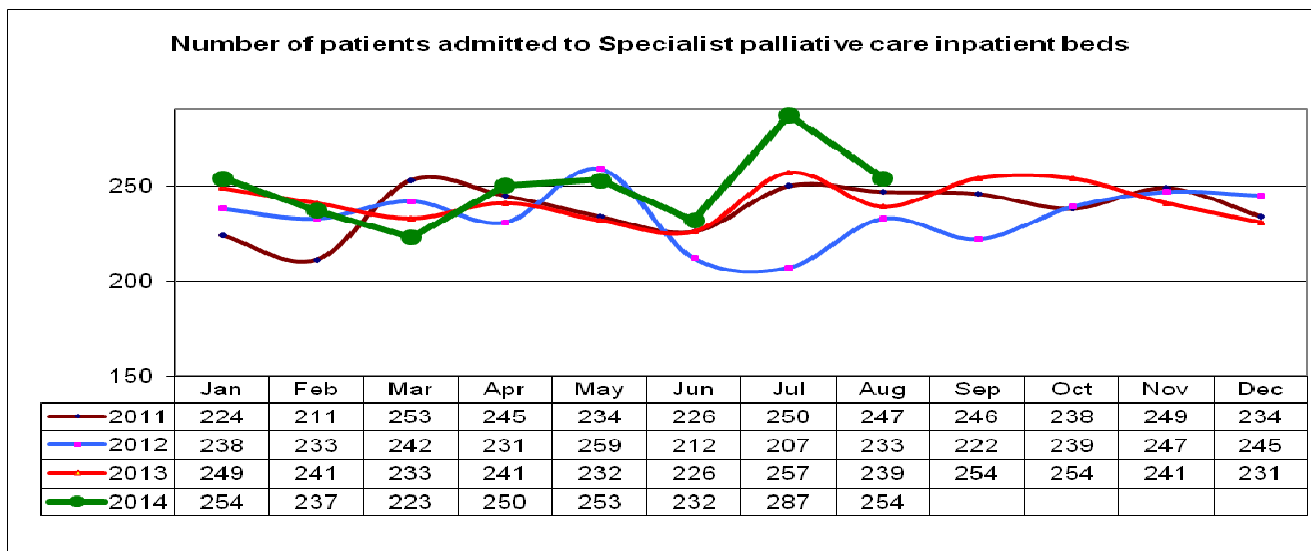
- **Primary Diagnosis**
 - 80% Cancer
 - 20% non Cancer
- **Age Category**
 - 3% 0-17 years
 - 34% 16-64 years
 - 63% 65+ years

PAEDIATRIC SERVICES

In August 2014, 304 children received specialist palliative care from the children’s outreach service/ Specialist Paediatric palliative care team. There were 186 new patients in receipt of care recorded from January to August 2014 and 20 in the month of August 2014.

INPATIENT UNIT

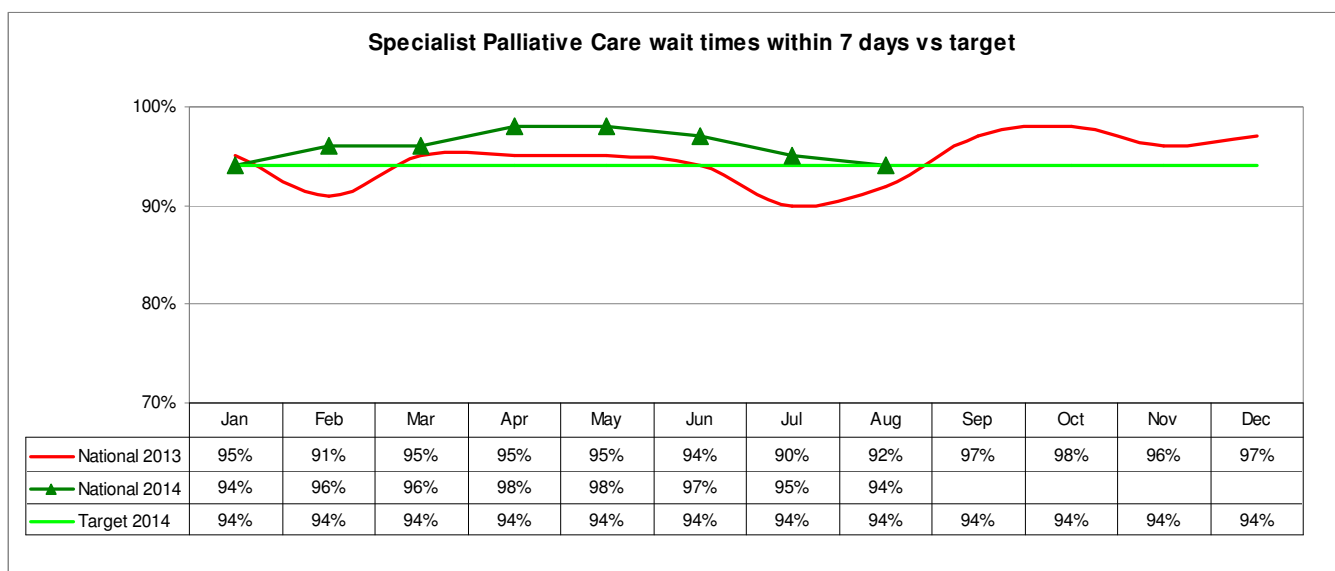
In August 2014, 254 patients were admitted to Specialist Palliative Care inpatient beds. 2013 / 2014 comparison demonstrates a 3.7% cumulative activity increase.



- **Source of referral**
 - 51% home
 - 46% Acute Hospital
 - 3% community bed / hospice
- **Primary Diagnosis**
 - 87% Cancer
 - 13% non Cancer
- **Age Category**
 - 31% 18-64 years
 - 69% 65+ years

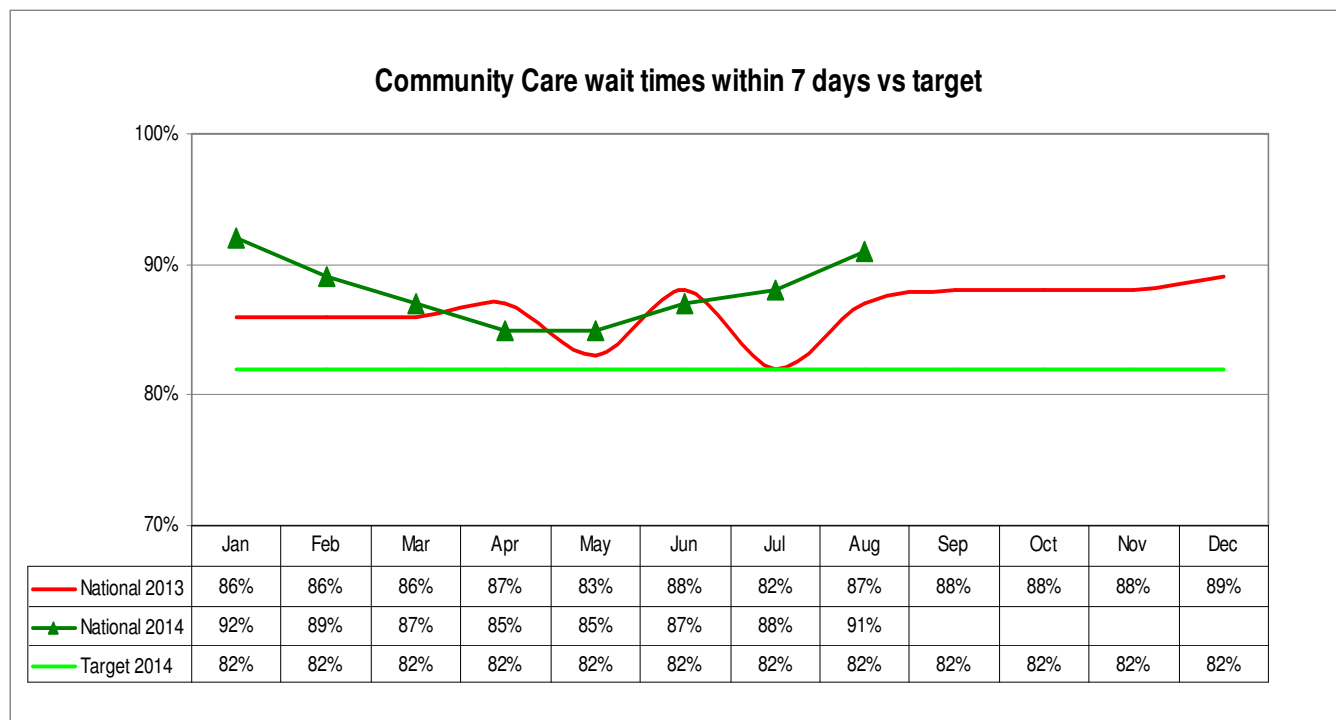
ACCESS - INPATIENT UNIT

In August 94% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).



ACCESS - COMMUNITY HOME CARE

In August 91% 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) reversed in last three months and represents a 6% improvement when compared with the same period last year.



FINANCE

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,735	17,158	17,153	5	0.0%
DNE	11,314	7,259	7,535	-276	-3.7%
South	9,337	6,266	6,225	41	0.7%
West	21,020	14,568	13,995	572	4.1%
Total	67,406	45,252	44,909	343	0.8%

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 Call Volume and 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 ONE LIFE project is due to be officially launched in September 2014.
- A Strategic Governance Group was established to oversee the development and implementation of the Computer Aided Dispatch System and single National Control Centre.
- An evaluation of an Emergency Medicine Programme initiative to improve the effectiveness of handover reports and reduce handover times between Emergency Departments and the ambulance service is underway.
- The 'Treat and Discharge Pilot Scheme' is monitored and reviewed on an ongoing basis.
- In collaboration with our colleagues in the Northern Ireland Ambulance Service cross border Community First Responders (CFRs) will be up and running, by December 2014. CFRs play a vital role in helping the NAS to save lives. Nationally there are 100 Community First Responder Groups.

ACTIVITY LEVELS

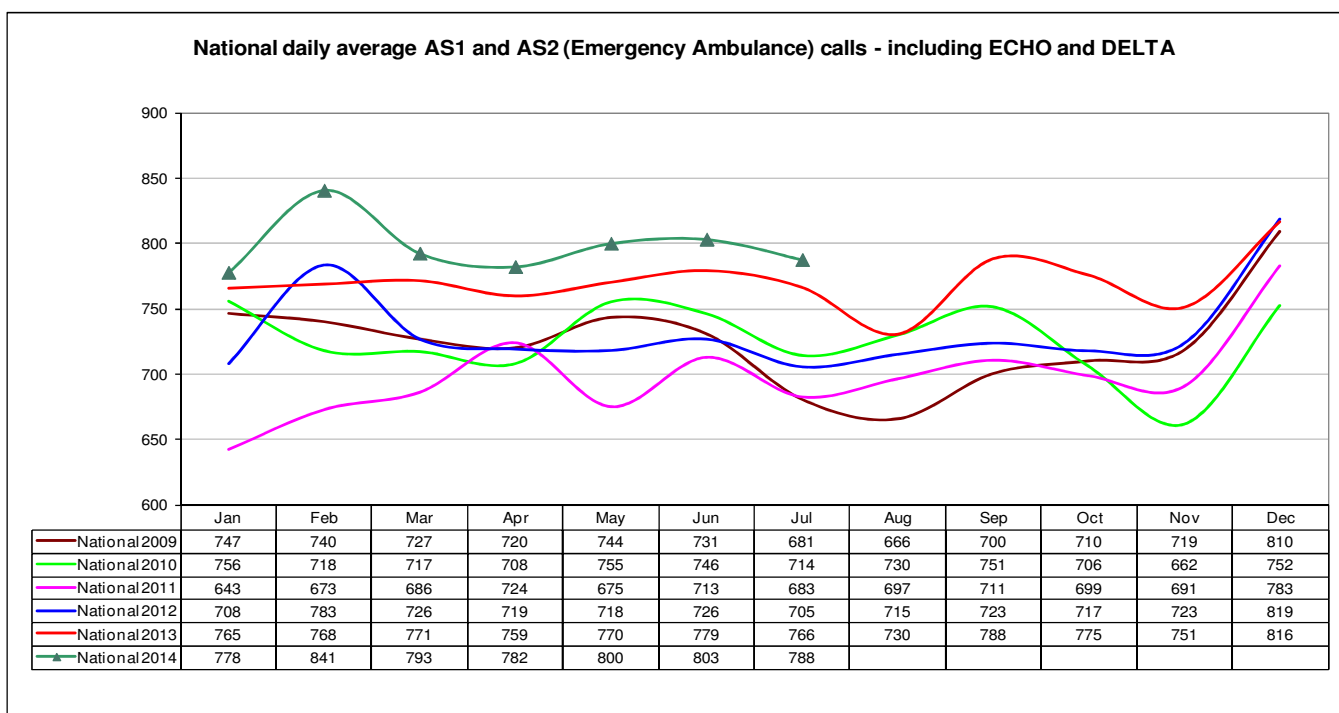
- 24,421 emergency & urgent calls were responded to
- 235 Emergency Aero Medical Services calls completed YTD
- 69 Air ambulance calls completed YTD
- 302 Neonatal Retrieval Transfers YTD
- 4,079 Intermediate Care transfers, 3,136 (77%) by ICV vehicles, 943 emergency ambulances;

In July 2014, the National Ambulance Service (NAS) responded to 24,421 AS1³ and AS2⁴ calls. The daily average call rate was 788 calls per day. 169,021 calls were received to date a 4% (6,137) increase in calls over the same period in 2013.

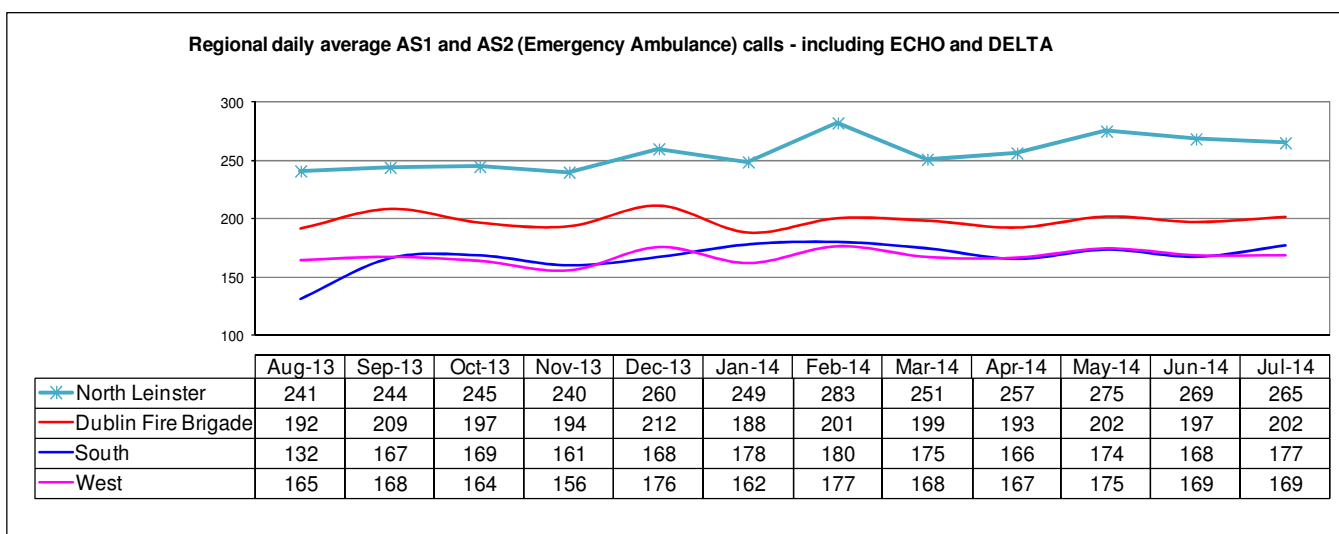
³ AS1 – 112 / 999 emergency and urgent calls which are 112/999 emergency calls

⁴ 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

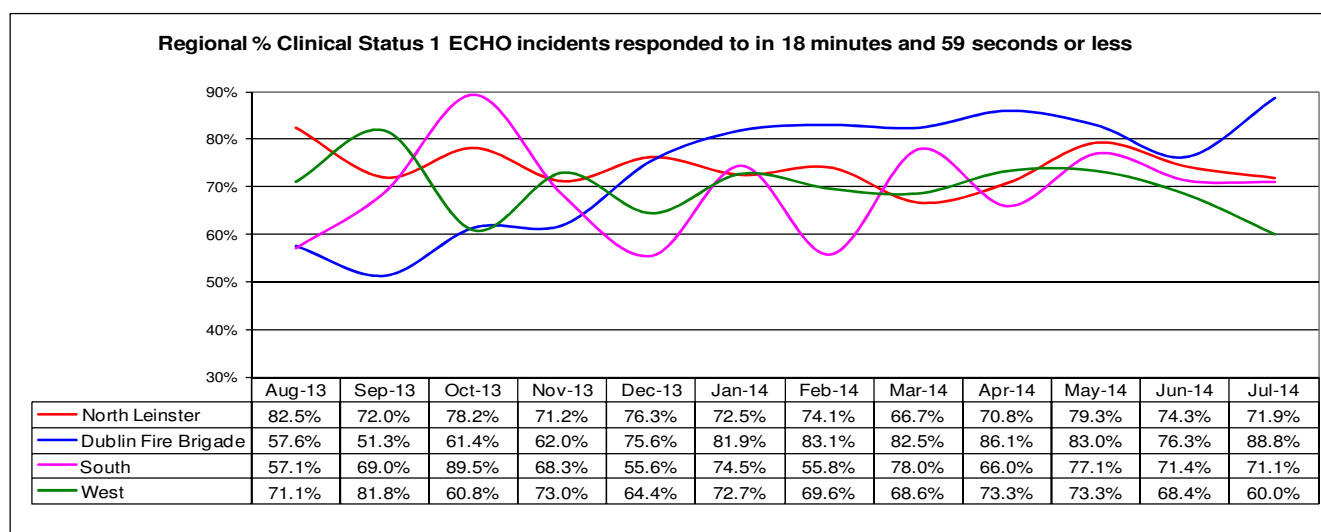
NAS Activity	North Leinster	DFB	South	West	National	
					July	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	7,964	6,059	5,322	5,076	24,421	169,021
Total Clinical Status 1 ECHO calls	64	80	45	55	244	1,798
Total Clinical Status 1 DELTA calls	2,153	2,567	1,529	1,474	7,723	54,286

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 Activity	North Leinster	DFB	South	West	National	
					July	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	71.9%	88.8%	71.1%	60.0%	74.6%	75.3%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	73.8%	66.7%	67.8%	56.6%	67.0%	64.0%

ECHO Incidents⁵

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) are up 6% on last month. Despite this increase, 75% of ECHO calls were responded to within 18 minutes and 59 seconds or less in July, higher than June’s response of 73.5%.

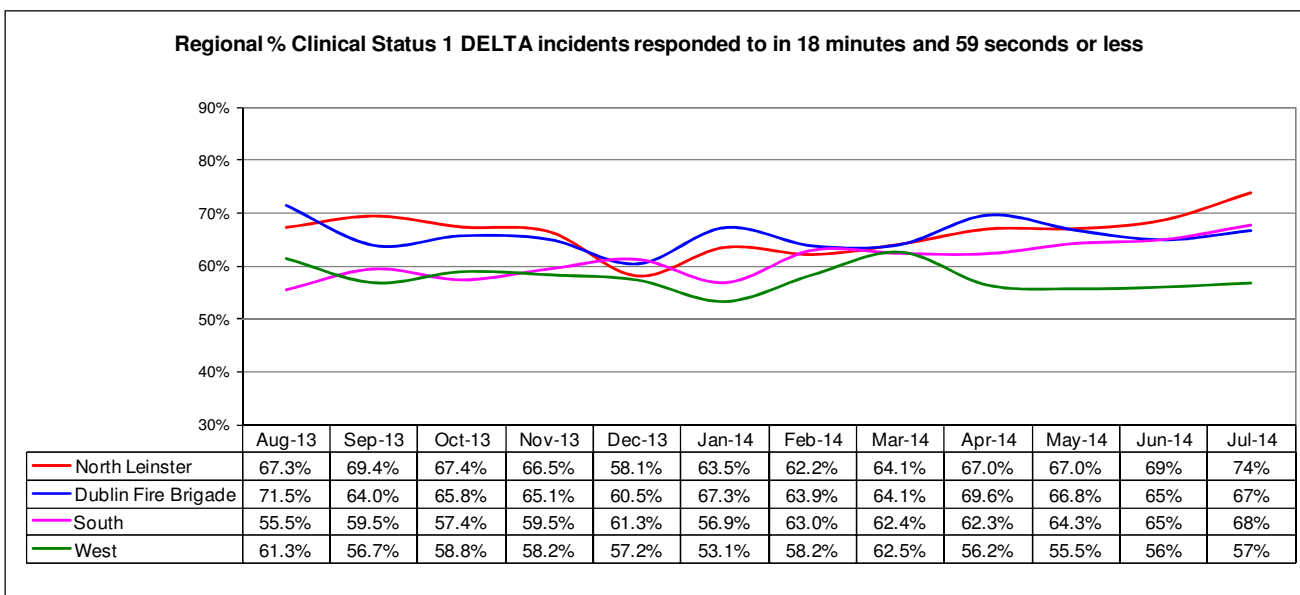


DELTA Incidents⁶

Nationally there is a 10% (3,067) increase year to date in the number of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the same period 2013. Despite this increase, 67% of DELTA calls were responded to within 18 minutes and 59 seconds or less in July, above June’s response rate of 64%. 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.

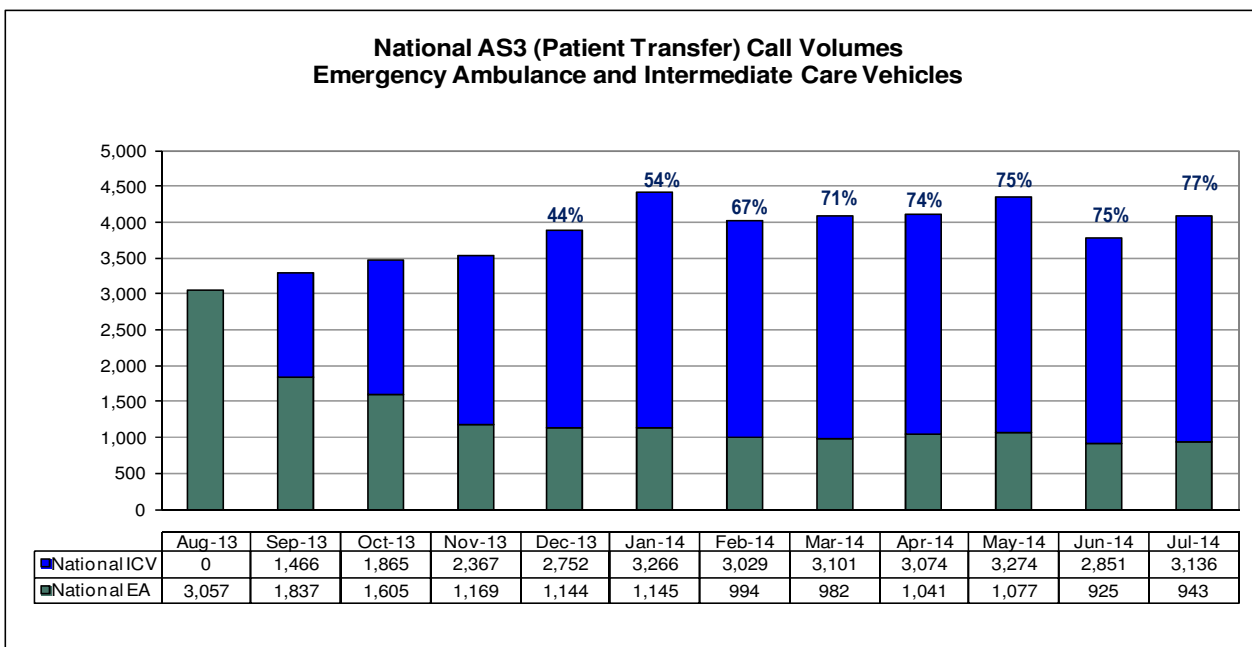
⁵ Clinical Status 1 ECHO: Calls reporting a life-threatening cardiac or respiratory arrest

⁶ 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 July, 77% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles, reflecting a very positive development for the Intermediate Care Project. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.



AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In August 64% 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	WTE
Total	1,645	1,608	-37		-2.2%

- Recruitment of Control Programme personnel from the 2014 Service Plan is ongoing, with engagement with the Public Appointment's Service to provide a staffing solution for an Emergency Call Taker deficit.
- 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 WTE's in place.
- Of the 43 Call Taker posts approved for the new Single Control Centre approved under the Service Plan 2014:
 - 4 commenced in May 2014
 - 7 commenced in July 2014
 - 4 will commence in September 2014
 - 14 will commence in October 2014
 - 9 will commence in November 2014
 - 10 will commence in December 2014
- The above outline amounts to 48 WTEs with a built in contingency of 5 WTEs to allow for an anticipated level of attrition.

- In addition to the above, approval was granted to recruit an additional 40 Paramedics over 2014 and 2015 in order to eliminate on call in the West. Eleven of these paramedic posts have been taken from an existing panel of trained paramedics and are currently being processed by the National Recruitment Service.
- An additional recruitment campaign for trained paramedics also took place and this has resulted in the short listing of 23 trained paramedics. Interviews are scheduled in September.

FINANCE

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Nth Leinster	49,247,470	32,680,297	32,812,941	-132,643	0%
South Consolidated	30,402,376	22,183,194	20,502,148	1,681,045	8%
West	36,007,133	25,503,342	23,992,283	1,511,059	6%
Office of AND	22,001,167	12,473,196	14,696,181	-2,222,985	-15%
National	137,658,146	92,840,029	92,003,553	836,476	1%

Overall the NAS is running €836k over budget year to date end August.

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

- A National Primary Care Division Incident Support and Learning Team has been established.
- Training in the new Safety Incident Management Policy 2014 commenced with the national team receiving training in September.
- Procedures for the management of risk have been agreed.
- Regional workshops to support service providers in their baseline assessment against the national safer better healthcare standards are currently being organised.

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

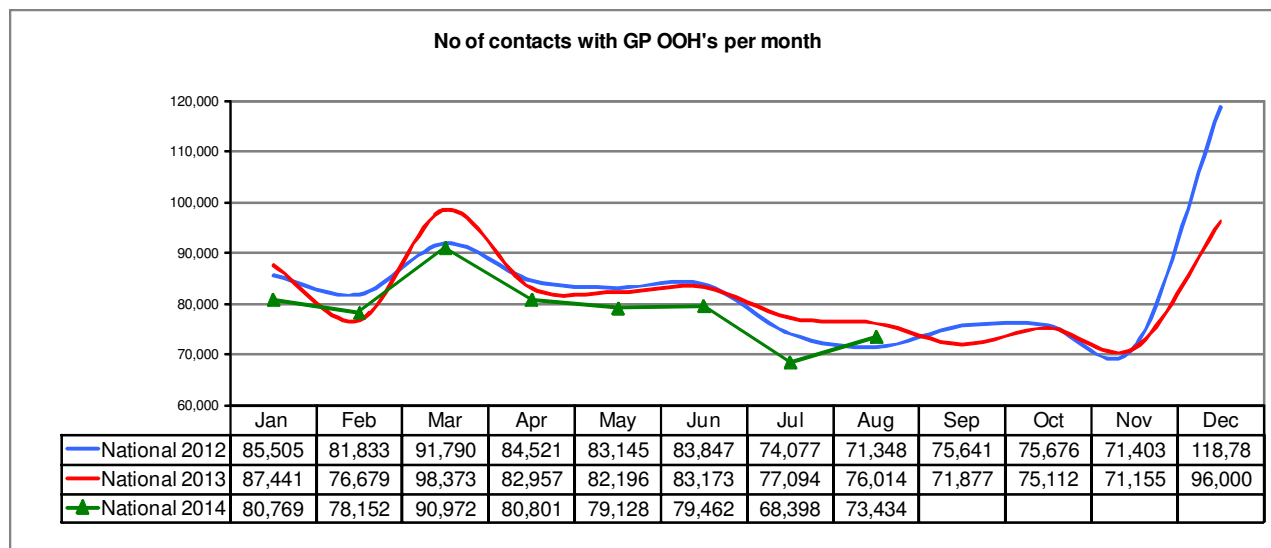
During August 2014, 981 patients had been seen by the 7 CIT teams, bringing the number seen year to date to 9,766. As part of the National Service Plan 2014 a review of CIT services was undertaken and the provision and further development of services will be informed by the outcomes from the Review.

In August:

- 637 people were provided with a community intervention service to assist hospital avoidance or admission – a total of 5,847 year to date
- 174 people availed of the service to assist early discharge – a total of 1,886 year to date
- 114 GP referrals – a total of 1,330 year to date
- 56 Community referrals - a total of 703 year to date

GP OUT OF HOURS SERVICE

- 73,434 patients availed of GP out of hours services in August (i.e. triage, treatment, home visit etc.) to bring the total year to date to 631,116. This is a demand led service and reflects the actual demand for services in the reporting period.
- 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 August there were 7,111 patients waiting more than 12 weeks which is an improvement and represents a reduction of 1% in the number waiting more than 12 weeks.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+11.8%	+10.5%	-4.5%	+7.7%	+5.5%
Patients seen first assessment	+15.2%	+16.8%	+7.7%	+5.9%	+10.7%
Patients Treated	+5.1%	+5.2%	-19.0%	-4.3%	-4.9%
Treatment contacts	+22.3%	+10.7%	-7.4%	+6.5%	+6.4%

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	795	1,204	1,711	3,401	7,111

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 August there were 7,710 patients waiting more than 16 weeks which is an improvement and represents a reduction of 9.4% in the number waiting more than 16 weeks.

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	+30.8%	+30.4%	+13.8%	+7.6%	+20.3%
Patients seen first assessment	+22.6%	+19.3%	+20.0%	-0.5%	+15.5%
Patients Treated	+16.1%	+13.7%	+8.5%	-1.0%	+9.0%

Occupational Therapy patients waiting more than 16 weeks for assessment					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 16 weeks for assessment	1,907	970	3,283	1,550	7,710

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

- 9,321 patients received Opioid Substitute Treatment (excluding prisons) at the end of the reporting period which includes 3,895 patients being treated by 335 GPs in the community. This is 2% above the national target.
- Opioid Substitute Treatment was dispensed by 617 pharmacies catering for 6,326 patients (68%) 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.
- 69 new patients commenced Opioid Substitute Treatment during the reporting period (9 in General Practice, 45 in HSE clinics and 15 in the prison clinics). This brings the total number of new patients in OST to 461 year to date.

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 in relation to their medical card applications and renewals.

MEDICAL CARDS

The number of people covered by medical cards as of 1st September 2014 was 1,797,811 (39.2% of the population). Included in these cards were 67,572 medical cards granted on discretionary grounds.

The total number of GP visit cards as of 1st September 2014 was 146,546. Included in these cards were 29,208 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	455,512	382,813	481,759	477,727	1,797,811	
Number of people with GP Visit Cards	37,512	30,867	42,208	35,959	146,546	
Total	493,024	413,680	523,967	513,686	1,944,357	

*Includes 67,572 medical cards granted on discretionary grounds and 29,208 GP visit cards granted on discretionary grounds.

As of the 15th August 2014, 94% of completed medical card applications were processed and issued within 15 days. Of the 6% 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.

Long Term Illness / General Medical Scheme National	Number Processed		% Variance to profiled target
	August 2014	Jan – Aug YTD	
LTI claims	118,586	779,889	+24.5%
LTI items	416,472	2,644,731	+30.3%
GMS prescriptions	1,563,346	12,851,124	-10.4%
GMS items	4,836,873	39,592,301	-10.1%
GMS Special items	41,397	389,662	-8.4%
GMS Special type consultations	85,159	746,927	-12.5%

HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	9,499.12	9,324.31	-174.81	-1.84%

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	3,249,313	2,234,402	2,160,628	73,774	3.4%

The negative variance includes €30m in Local Demand Led Schemes, €25m 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 €33m which relates 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 Tusla 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 August

QUALITY AND PATIENT SAFETY

The Division reviewed and updated its Divisional Risk Register in August in consultation with its Senior Management Team. Quality and Patient safety continues to be a key area of focus for Health and Wellbeing.

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 national 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

9,673 women attended for breast screening in August, bringing the YTD total to 92,500. Notwithstanding seasonal variations and other factors, activity levels are on target to achieve 140,000 attendances in 2014.

CervicalCheck saw 19,072 women screened in August. The total number of women to be screened in primary care in 2014 was revised mid-way through the year, from 300,000 to 275,000 due to a number of factors including population shifts and the commencement of a 5 year routine screening interval for women aged 45-60. Fewer 25 year olds are entering the programme due to net migration of women and the population numbers declining in the age group yet uptake rates have remained the same at 80%. The commencement of the 5-year routine screening interval for women aged 45 - 60 years has also had an impact. In addition, the impact of a clinical protocol development removed a large percentage of 6-month repeat tests in primary care.

Notwithstanding seasonal variations and other factors, activity levels are projected to achieve the revised target by year end.

17,410 clients in the eligible age range were invited to participate in the BowelScreen programme in August. Year to date 138,820 clients have been invited, consistent with targets for 2014.

9,433 clients were invited to participate in the DiabeticRetinaScreen programme in August. Year to date 88,769 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 6,315 year to date August 2014. The reported activity year to date for August is 6,261, 1% below target. Throughput to services generally falls during the summer months. The service is operating on target overall.

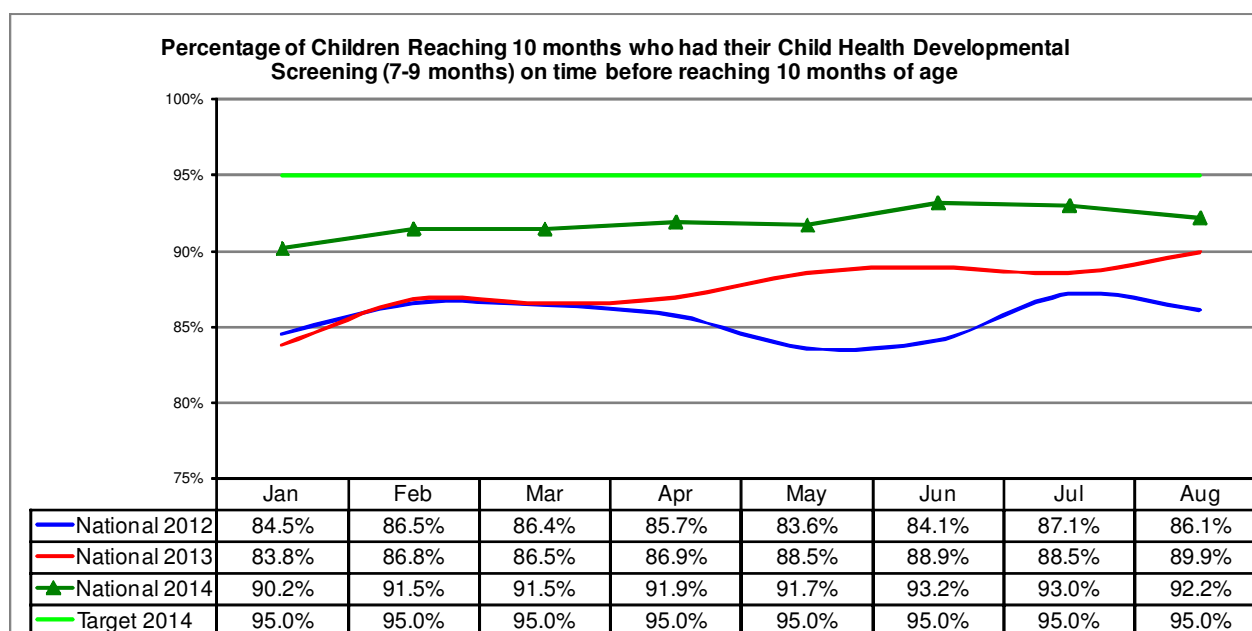
Performance against expected activity for the training of front line workers in brief intervention in smoking cessation is 10.9% ahead of target (850 staff trained versus an expected activity target of

766). Strategies are being put in place to increase the number of staff in acute hospital settings being released for training.

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.

41,560 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 (87.5%) and 2013 outturn (88.1%) respectively.



HEALTHY IRELAND

Work progressed during the month on the development of a 3 year implementation plan for Healthy Ireland within the West / Northwest Hospital Group. This work is a collaborative arrangement between the Group and the Health and Wellbeing Division. The plan is scheduled to be launched in October.

In addition, work continued to describe existing activity related to Healthy Ireland within the health services under the auspices of the Healthy Ireland Steering Committee. All of these activities are feeding into the development of a national 3 year health services implementation plan for Healthy Ireland.

OTHER DEVELOPMENTS IN AUGUST 2014

Ebola Preparedness

A public health emergency of International concern was declared by the World Health Organisation on the 8th August in relation to the Ebola epidemic in West Africa. A significant amount of activity was undertaken in August in response to this declaration.

The Emerging Viral Threats Group engaged in a number of activities including the distribution of a Personal Protective Equipment pack to GPs across the country.

Staff at the Health Protection Surveillance Centre participated in weekly teleconference with the European Commission Health Security Committee which provides a forum for discussion on Ebola Virus Disease preparedness at an EU level.

Information resources were made available on the Health Protection Surveillance Centre website including regular updates on the outbreak as well as advice and information for the general public and health professionals. For health professionals, the original guidance was augmented with updated GP guidance, updated ambulance personnel algorithms, updated laboratory guidance, and updated infection control guidance for non-healthcare settings. For the public, there is travel advice, and advice for educational settings and for airport managers and airlines.

Think Contraception

Johnny from the Think Contraception 'Johnny's got you covered' campaign attended the Electric Picnic this month to remind sexually active young adults to use condoms every time they have sex. The aim of the campaign is to deliver a broader sexual health message that includes risk messaging relating to unplanned pregnancy and STI prevention and has a particular focus on consistent and correct condom use. The campaign uses TV, radio partnerships, outdoor and online advertising, social media and education outreach to achieve its aims. The award winning campaign is very popular and highly effective among its target audience.

HSE Community Games

The HSE Community Games festival took place in August in Athlone Institute of Technology over two weekends attracting over 7,000 visitors. Almost 3,000 children took part in more than 40 different events over the course of the festival.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% Variance	WTE
Health & Wellbeing	1,212	1,219	+7	+1.00%	

The Division continued to monitor its ceiling position closely. Work is concluding on the presentation of Health and Wellbeing WTE data by major sub-division.

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	213,872	117,615	134,023	-16,408	-12.2%

The table above sets out the August 2014 actual budget outturn in respect of Health and Wellbeing services.

Overall the Division is exhibiting a positive variance of €16.4m against its year-to-date profile. The Division's budget includes the income target of €5m in respect of new tobacco legislation which had been envisaged for 2014. The capacity to recoup this income was contingent on the enactment of the necessary legislation this year.

The Division also carries a contingency fund of €5m which Emergency Management carries on behalf of the organisation.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- School Leavers Rehabilitative Training (RT) Exits
- Congregated Settings
- Respite Services
- Personal Assistant (PA) Service
- Home Support Service
- Services for Children & Young People (0-18s)
- VfM & Policy Review – Disability Services
- Human Resources
- Finance

QUALITY AND PATIENT SAFETY

HIQA has published 269 inspection reports at the end of August 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.

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

SCHOOL LEAVERS AND REHABILITATIVE TRAINING (RT) EXITS

The Health Service 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.

At August 30th only a handful of applicant's placement had not been finalised (issues with original placements offered, etc). The new process implemented by the HSE this year in collaboration with service providers and the National Consultative Forum has worked well and has improved the responsiveness of the service to individuals and their families. The operations of the system will be reviewed and further improvements will be implemented in 2015.

In August, 2,583 rehabilitative training places were provided for persons with disabilities. As weekly places are utilised by more than one person, 2,765 people availed of these places nationally.

CONGREGATED SETTINGS

"Time to Move on from Congregated Settings (2012 – 2019)" sets out the policy aimed at supporting people to move from institutional settings. In 2014, 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

At the time of the publication of this report, there were over 4,000 persons with disabilities residing in 'congregated settings'. This figure is now 3,080 – which demonstrates significant progress in implementing this policy.

Work is on-going in conjunction with Local Authorities to support the transition of a further 125 people to move from congregated settings to community living by year end. There are challenges associated with requirements for housing adaptation, HIQA Registration, etc. These are issues which may impact on the timelines for transfer envisaged in the Service Plan. However, the person centred planning and related work with individuals and their families is progressing on target.

RESPITE SERVICES

Data definition and data collection methodologies for respite services are currently being reviewed within Disability Services. In 2015, the existing KPI relating to residential based respite services will be expanded to include analysis of non-overnight respite sessions for clients with an intellectual disability and / or autism and for clients with a physical or sensory disability. These KPIs are being developed in response to the person centred models of respite being delivered.

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 -30% since June 2013.

However, the largest drop in residential respite has occurred in DML which is experiencing the highest demand for additional residential care places as outlined above.

An increase in 'home based respite in DML is reflected in the 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) SERVICES

The number of PA hours delivered so far during 2014 (667,232) is running at 4.3% ahead of target.

HOME SUPPORT SERVICES

1,306,569 hours of home support hours have been delivered by the end of June 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 CHILDREN AND YOUNG PEOPLE (0-18s) PROGRAMME

An additional €4m has been allocated in 2014 to drive implementation of the Programme Progressing Disability Services for Children & Young People (0-18 years). 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

While the permanent posts are being out in place, the resource will be used to deliver training and other supports which will be provided in the Mid-West, Meath, West Cork, Cavan / Monaghan and Midlands together with a number of waiting list initiatives.

HUMAN RESOURCES

Social Care Division

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,221.73	24,188.35	-33.38	-014%

FINANCE

Social Care Disability Services

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	427,850	294,584	285,316	9,267	3.2%
DNE	332,372	225,226	221,378	3,848	1.7%
South	306,637	206,299	204,107	2,192	1.1%
West	338,810	227,859	225,331	2,527	1.1%
National	2,750	0	1,833	-1,833	-100.0%
Corporate	5,767	3,640	3,904	-263	-6.7%
National	1,414,186	957,608	941,870	15,738	1.7%

Social Care Division (Total)

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,879,907	1,958,870	1,926,248	32,622	1.7%

Services for Older People

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

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

INTEGRATED MODEL OF CARE

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

SERVICE ACTIVITY

As of August 2014:

- 47,091 clients were in receipt of home help service
- 13,057 clients are in receipt of a home care package
- 22,038 clients are supported by the Nursing Home Support Scheme (NHSS)
- 3.9% of the population or 21,002 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 August is 6.86m hours of service delivery.

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

- 47,091 clients were in receipt of home help services at the end of August a 3.1% increase (+1,428) on the same period last year.
- 6,881,097 hours have been provided YTD nationally, in line with the same period last year. Activity is 0.2% (14,430 hours) above the expected YTD service delivery level.

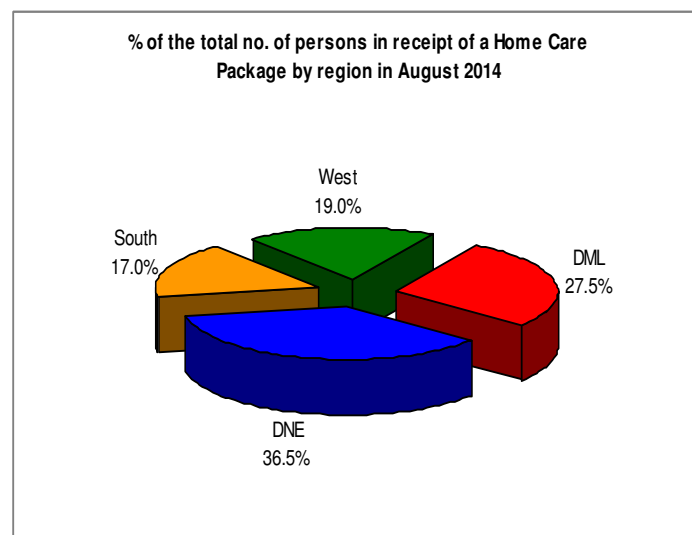
Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
National Total	10,300,001	6,866,667	6,881,097	0.2%
HSE DML	1,910,001	1,273,334	1,098,109	-13.8%
HSE DNE	1,660,000	1,106,667	1,331,445	20.3%
HSE South	3,620,000	2,413,333	2,379,058	-1.4%
HSE West	3,110,000	2,073,333	2,072,485	0.0%

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.

13,057 persons were in receipt of a home care package at end of August 2014.

- Activity year-to-date was 20% above the expected level of service*.
- South Region was below the expected level of service with a variance of 8.4%.
- DML, DNE and West Regions were above the expected level of service at 34.7%, 34.6% and 10.8%.



*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 and will be fully utilised by year end.

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

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 August 2014 there were 5,311 NHSS beds; 1.6% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -7.7%. The South and West were just above the target at 0.2% and 0.4% respectively.
- Short stay beds are 0.1% above target in August.

NURSING HOME SUPPORT SCHEME (NHSS)

In August 2014 the scheme funded 22,038 long term public and private residential places and when adjusted for clients approved but not in payment there were 22,449 supported under the scheme. The numbers in payment are ahead of the target of 21,495 by 543. In the first eight months of 2014, 6,707 applications were received and 3,928 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 969 clients during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. As identified in the Service Plan 2014, given the impact of the ageing population (4% annual growth in over 85s) the demand for places is greater than the resources currently available. In this context the waiting list has increased, with a 14-week waiting period (up from the normal 4-weeks). While the use of the €3m for intensive Home Care Packages and the realisation of additional Fair Deal places in the last quarter will assist in addressing some pressures, the overall position remains challenging and both the Social Care and Acute Hospital division are collaborating closely in monitoring the situation.

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	1,334	4,210	123	472	-	6,139
DNE	848	3,198	106	197	12	4,361
South	1,476	4,141	91	97	76	5,881
West	1,207	4,239	136	75	-	5,657
Total – Aug 2014	4,865	15,788	456	841	88	22,038

Note: An additional 411 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 August 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 3.9% or 21,002 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	24,188.35	-33.38	-0.14%

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	162,818	117,806	108,925	8,881	8.2%
DNE	122,156	85,990	81,095	4,895	6.0%
South	177,671	122,696	118,267	4,429	3.7%
West	171,900	120,452	114,767	5,685	5.0%
Fair Deal (ex Contract & Subvention)	807,162	547,765	543,025	4,740	0.9%
National	9,380	0	6,253	-6,253	-100.0%
Corporate	8,536	6,492	6,479	13	0.2%
National Director Office	6,098	60	5,565	-5,505	-98.9%
Total	1,465,721	1,001,262	984,378	16,884	1.7%
Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,879,907	1,958,870	1,926,248	32,622	1.7%

Mental Health Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

Training on the Safety and Incident Management policy is scheduled to take place resulting in over 200 Mental Health managers to be trained by mid October resulting in a standardised approach to the management of Serious Incidents. A Mental Health Division National Incident Learning and Support Team has been established to provide support and oversight of Serious Incident management across the Division.

ADULT MENTAL HEALTH SERVICES

In August, 74% 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 August increased since the July 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.

Did not Attend (DNA) rate for New (including re-referred) Cases for the General Adult Community Mental Health Teams is 23% and this figure is embedded within the reporting on this KPI impacting negatively on performance. The Division is working with the Area Mental Health Management Teams to ensure that a standardised approach is taken to managing DNAs across all community mental health teams with the aim of optimising attendance.

96% 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 August remained the same since the July 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 3%.

ACUTE ADULT INPATIENT SERVICES

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

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

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

A service improvement plan for the CAMHS service has been established which will address the access and use of the CAMHS inpatient and community services. This will include looking in more detail at trends in performance and underlying contributing factors, consultant capacity and availability, correlation with availability of other related services e.g. early intervention teams, nature or complexity of any “long waiters” etc. This is supported by the coming on stream of the development posts allocated to CAMHS from 2012 and 2013. Of the 150.5 WTEs allocated from the 2012 investment to CAMHS, 93% or 140 are in post as at end August 2014. Of the 82.5 WTEs allocated from the 2013 investment, 59% or 49 are in post, with a further 2 WTEs or 2% with agreed start dates after 30th August 2014. The remaining 31.5 are at varying stages within the recruitment process.

In August, 58% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months, nationally (target >75%). This percentage is lower than the target due to the seasonal fluctuation in the metric.

- The DNA rate for New (including re-referred) Cases for the Child and Adolescent Community Mental Health Teams is 14%.

The Child and Adolescent Mental Health Service waiting list has decreased to 2,625 cases, a 7% decrease on the same period last year (2,808) and 4% (107 cases) above the year end target of 2,518 cases. There are 410 individuals or 16% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 61% (38) has no-one waiting more than 12 months.

- 12 (i.e. two teams in DML, one team in DNE, six teams in the South and three teams in the West) of the 23 teams where individuals are waiting over a year make up 78% (318) of the 410 waiting longer than 12 months.

Children and adolescents admitted to approved adult HSE mental health inpatient units

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

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

HSE CAMHS inpatient bed capacity

Child & Adolescent Inpatient Units	August 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Existing Linn Dara Unit St. Loman’s Hospital	8	8	Work to comply with fire safety regulations is necessary and the additional beds will come on stream during Qtr 4.
New Linn Dara Unit	6	0	
St. Joseph’s Unit, Fairview	12	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.
Eist Linn Unit, Cork	20	12	Capacity may be impacted by the recent resignation of a Consultant in the Unit.
Total No. of Beds	66	46	

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 Q3, implementation of the new Strategic Framework included:-

- National engagement process on new strategy was concluded in August 2014.
- Work on suicide prevention services mapping has been completed.
- Work on national social marketing campaign has reached conclusion and the campaign is to be finalised in September 2014 for launch in October.
- A review of research in relation to suicide prevention has been completed by the HRB.
- Work has commenced in Donegal on the national template for local implementation of the new framework.
- A review of epidemiology and risk factors for suicide and self harm is complete.

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 @ August 2014	703	4,493	1,136	755	935	960	8,982

* WTE = Whole Time Equivalent

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

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

MENTAL HEALTH DEVELOPMENT POSTS

The Programme for Government investment in mental health in 2012 and 2013 of 893 WTEs to enhance the provision of community mental health services is being progressed.

FINANCE

Mental Health	Approved Allocation €'000	YTD			% Var Act v Tar
		Actual €'000	Plan €'000	Variance €'000	
Total	727,057	484,737	484,364	373	0.1%

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

Human Resources

WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling Aug 2014	WTE Aug 2014	WTE Variance Aug 2014	WTE Variance against Year-end ceiling	% WTE Variance Aug 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,209	94,895	97,008	+2,113	+2,799	+2.2%	+3.0%

WTE Overview by Division	WTE Jul 2014	Ceiling Aug 2014	WTE Aug 2014	WTE Change since Jul 2014	WTE Change from Dec 2013 to Aug 2014	WTE Variance Aug 2014	% WTE Variance Aug 2014
Acute Services	48,831	46,140	49,124	+293	+854	+2,984	+6.5%
Mental Health	8,972	9,604	8,982	+10	+76	-622	-6.5%
Primary Care	9,475	9,499	9,324	-150	-119	-175	-1.8%
Social Care	24,169	24,222	24,188	+20	-203	-33	-0.1%
Health & Wellbeing	1,242	1,212	1,219	-23	-31	+7	+0.6%
Ambulance Services	1,605	1,645	1,608	+2	-8	-37	-2.3%
Corporate & HBS	2,584	2,573	2,563	-22	-56	-10	-0.4%
Total Health Service	96,878	94,895	97,008	+130	+514	+2,113	+2.2%

- 97,008 WTEs at end of August with employment levels 514 WTEs above the end of 2013.
- The staff categories of Medical/Dental, Health & Social Care Professionals and Other Patient & Client Care all recorded increases this month. Increases in Consultant WTEs seen in recent years have resulted in them now constituting some 2.7% of overall health sector employment up from just over 2% in 2008. NCHDs WTEs increased this month by 263 WTEs and are 225 WTEs above end 2013 levels. Drivers behind this increase are likely to be due to EWTD compliance and measures to reduce agency expenditure.
- Since September 2007, a reduction of 15,763 WTEs has been recorded in employment levels (-14%).
- 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 (combined 4,024 WTEs), which would indicate that the true change from the peak in recorded employment is overstated by 175 WTEs. Accordingly employment in the health services has reduced by 15,588 WTEs approximately from the peak (-13%).

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 2,113 WTEs above the current employment ceiling of 94,895 WTEs (excludes CFA initial ceiling of 3,443 WTEs and includes half-yearly downward adjustment for 2014) and 2,799 WTEs above notified end-2014 target of 94,209 WTEs excluding CFA.

- Primary Care, Social Care, Mental Health and National Ambulance Service are currently under ceiling and Acute Services is 2,984 WTEs above ceiling with an increase of 854 WTEs in employment levels over end of 2013 levels. Growth is seen across all Hospital Groups.
- The other Divisions are marginally above their current allocated ceilings.

GRADUATE NURSE & SUPPORT STAFF SCHEMES

The Nurse Graduate Programme recorded 351 placements with a 345 WTE value in August, down 17 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 903 people on placement, with 846 WTE value. Both these schemes are excluded from reported WTEs for ECF purposes.

NEW SERVICE DEVELOPMENTS

739 WTEs of 2013 new service development posts filled, up 3 WTEs from July (130.7 WTEs - National Ambulance Service, 223.5 WTEs - Primary Care, 327.5 WTEs - Mental Health Services, 30 WTEs - Acute Services and 12 - Finance). 11 WTEs of 2014 new service development posts filled to date, up 1 WTEs from July (7 WTEs National Ambulance Service, 4 WTEs Acute Services).

ABSENCE RATES

	Target	Outturn 2013	Outturn July 2014	Actual RTM	YTD	% Medically Certified (July 2014)	% Medically Certified (YTD)
Absence Rates	3.50%	4.73%	4.05%	3.99%	4.37%	91.7%	90.4%

Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty.

The HSE's National Service Plan 2014 sets absence rates as a key result area (KRA) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies.

The HSE continues to review its current sick leave policies and procedures as well as having a range of current supports and interventions to address challenges being encountered in the whole area of attendance management and absence rates through ill health. The objective of all these actions is to enhance the health sector's capacity to address and manage more effectively absence rates, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absence.

Latest monthly figures (July 2014)

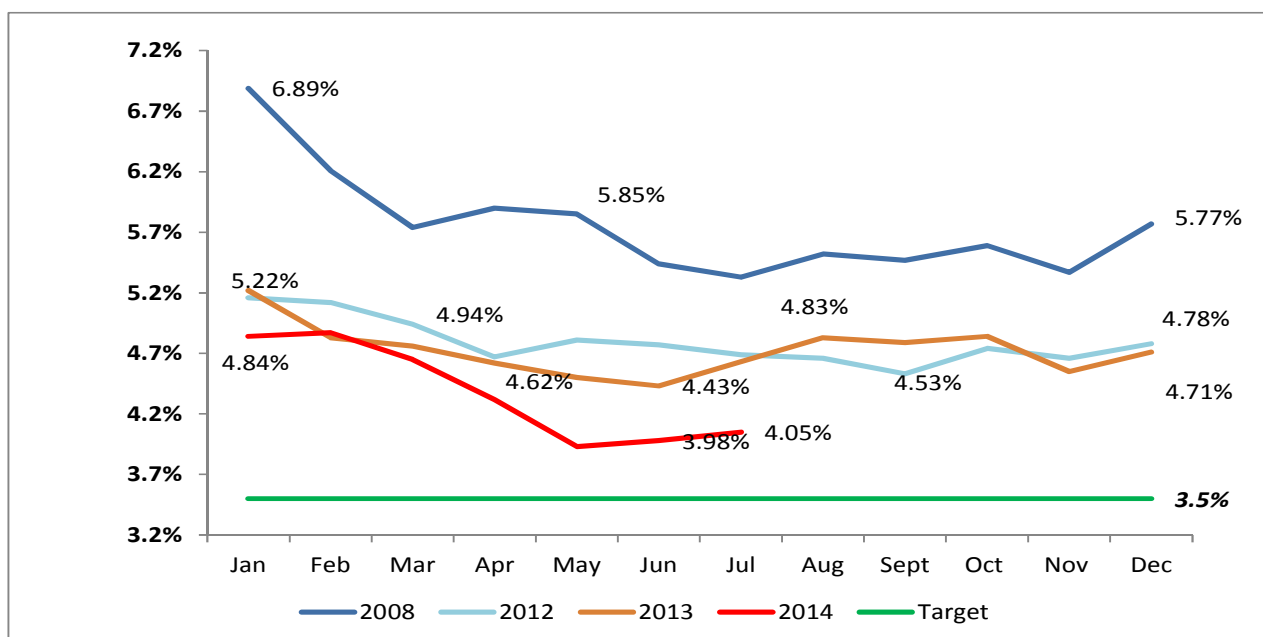
- Latest available National absence rate data shows that the absence rate for July 2014 is at 4.05% which is slightly up on last month. It is the lowest recorded July absence rate to date. National target is 3.5%.
- This compares with previously published July rates of 5.33% (2008) 4.96% (2009) 4.64% (2010) 4.78% (2011) 4.69% (2012) and 4.63% (2013).
- In July 91.7% of absence was medically certified which is a marginal increase on June (90.7% YTD).
- 8.3% self-certified, down from 12.4% in late 2012 when changes to self-certified leave were introduced.

- The national figure put the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
- It would appear that the changes in the paid sick leave scheme which came into effect from the 31st March 2014 are having a measurable positive effect in recorded absence, and is building on the general downward trend seen in recent years.

YTD 2014

Trend Analysis – 2008 onwards

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.



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 August 2014 is €8.058 billion against the available budget reported at €7.731 billion leading to a reported deficit of €327m.

Finance table for August 2014 PR Commentary

Expenditure by Category and Division	Approved Allocation	YTD August 2014			% Var Act v Tar
		Actual	Plan	Variance	
	€000s	€000s	€000s	€000s	
Total Acute Division*	3,813,138	2,728,304	2,545,451	182,852	7.18%
Total Primary Care Division	3,249,313	2,234,403	2,160,628	73,775	3.41%
Total Health & Wellbeing Division	213,872	117,615	134,023	- 16,408	-12.24%
Total Social Care Division	2,879,907	1,958,870	1,926,248	32,622	1.69%
Total Mental Health Care Division	727,057	484,737	484,364	373	0.08%
Pensions	393,655	285,748	265,385	20,363	7.67%
Other including National Services, Regional Services, Corporate and Held Funds**, etc	314,000	247,919	214,490	33,429	15.59%
Total	11,590,942	8,057,595	7,730,590	327,006	4.23%

*Acute hospital services budgets reported above includes budget for acute regional services, palliative care and the Office of The National Director for Acute Hospitals

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

The acute hospital sector (including Palliative Care) is reporting a deficit of €182.9m at the end of August which represents 56% of the overall deficit.

AGENCY SERVICES

HSE year to date agency costs were €223m versus €153.7m for the corresponding period in 2013, an increase of €69.3m (45%) year on year. Agency costs incurred in acute hospital services were €150.8m and this compares to €101.3m for the same period last year. The 2014 agency costs for hospitals include €65.8m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €49.6m (up 49%) 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 eight 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 eight months of 2014 €30.30m, 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 €276m⁷ 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 €210m⁸ 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 was completed in August and it is estimated that the HRA has delivered approximately €140m to the end of August 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.

The revenue deficit (on an income and expenditure basis) to year end for the health service is currently estimated at €510m. The supplementary estimate for 2014 will need to encompass this deficit as well as an expected over run on costs incurred by the State Claims Agency in respect of health service claimes and any other technical cash/vote accounting items. This forecast is based on costs to the end of August and takes account of our best estimate of likely cost increases to year

⁷ €276m is exclusive of the €14m assigned to TUSLA / CFA.

⁸ Draft figure as validation exercise currently being finalised.

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. For example a “margin for error” of one tenth of one per cent (0.1%) equates to close to €12m.

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 in excess of €250m or around 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.