

JANUARY 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Performance Overview January 2014

The Corporate Performance Assurance Report (PAR) provides an overview of performance against the key actions and targets set out in the National Service Plan 2014. The report is set out by Division and each section provides an overview of quality, activity, finance and HR.

New Key Performance Indicators (KPIs) will be introduced incrementally over 2014 and a process of continuous improvement is underway to improve the quality of indicators used.

Quality and Patient Safety

The Chief Medical Officer's report on Portlaoise Maternity Services was published in February and the HSE is progressing the implementation of the recommendations.

The National Quality assurance programme for histopathology has produced its first annual report. This is an alliance between the QPS division, the faculty of histopathology and the RCPI. It arises from high profile diagnostic failures in the area of pathology and demonstrates ability of the system to learn from error and to address quality issues across an entire health system.

The HSE funded audits of trauma care and hip fracture management, developed in collaboration with the RCSI, have commenced and data is being submitted from across the country. These initiatives will examine practice in these key areas and lead to the identification and spread of best practice and better services for patients.

SERVICE DELIVERY PERFORMANCE OVERVIEW

ACUTE HOSPITALS

Non scheduled Care

In January 2014 new ED attendances were 3% higher (2261) than January 2013 and subsequent ED admissions were 3% higher (792) than January 2013. In addition, Medical Assessment Unit admissions in January 2014 were 18% higher (498) than January 2013.

TrolleyGar performance demonstrated an overall 3% reduction in the number of ED patients waiting on trolleys for ward bed accommodation. A 34% reduction has been achieved in the number of ED patients waiting on trolleys for ward bed accommodation between January 2011 / 2014. In January 2014, 78% of patients attending Emergency Departments were discharged home or admitted within 9 hours.

Scheduled Care

Elective admissions in January 2014 were commensurate with January 2013 admission values. Day Care attendances were 2% lower (1100) than January 2013. Elective activity was reduced due to increased ED admissions and the direct usage of day care facilities as temporary inpatient bed accommodation.

Inpatient / Day Care

Adult waiting lists demonstrates that 96% (41251) of adults were waiting less than eight months for a planned procedure in January 2014. In January 2013 94% (47370) of patients were waiting less than eight months for a planned procedure. There were 1,764 people waiting over 8 months at the end of the month.

Paediatric Waiting List

88% of all children waiting on the elective waiting list were waiting less than twenty weeks (3624). In January 2013 90% of children were waiting less than twenty weeks (2986). There were 473 waiting over 20 weeks at the end of January.

GI Endoscopy

93% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in January 2014. There were 583 people waiting over 13 weeks.

Colonoscopy

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

Outpatient

January 2014 saw an increase of 3% (6963) in OPD Attendances in comparison to January 2013. In January 2014, 97% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In January 2013, 72% of patients were waiting less than twelve months. There were 9,604 people waiting over 52 weeks.

National Ambulance Service

During the 12 months of 2013 the ambulance service responded to over 281,000 emergency calls (AS1 and AS2), an increase of 14,000 calls over 2012.

Despite the increase in the volume of emergency calls, overall 69.3% of ECHO calls were responded to within 18 minutes and 59 seconds minutes against a target of 70%. The North Leinster ambulance service responded to over 70% of calls within the time band consistently throughout the year.

Overall 63.7% of DELTA calls were responded to within 18 minutes and 59 seconds minutes against a target of 68%.

Delays due to 'turnaround' times for ambulances at acute hospitals have an impact on the service's ability to respond to ECHO and DELTA calls. The issue of hospital turnaround times will be an area of particular focus by the NAS in 2014.

The introduction of Intermediate Care Vehicles and Operatives to manage patient transfer calls has had a positive effect on the availability of Emergency Ambulances. In August 2013 all patient transfers requested through the NAS required an emergency vehicle and in December 71% of the total patient transfer calls (AS3) were handled by Intermediate Care Vehicles.

* The National ambulance data is reported a month in arrears therefore the latest data provides an overview of 2013.

Primary Care

Community Intervention Teams provided hospital avoidance and early discharge services to 1,448 patients in January 43.8% above expected activity. Community intervention helps people to avoid hospital admission or facilitates early discharge. 411 referrals were made by GPs and 126 referrals came from Community Services. This is significantly ahead of expected activity.

A business plan is being progressed to amalgamate the Community Intervention Team services and Outpatient Parenteral Antimicrobial Therapy (OPAT) services.

GP Out of Hours service: 80,769 patients availed of GP out of hours services in January (i.e. triage, treatment, home visit etc). This was -4.4% below expected activity.

Physiotherapy activity shows that 16,084 referrals were received in January; 14,364 patients were seen for a first time assessment and 34,433 patients were treated. At the end of January there were 7,382 patients waiting over 12 weeks for an assessment; 14.2% above target.

Occupational Therapy activity shows that 7,524 referrals were received; 7,748 patients were seen for a first assessment and 20,407 patients were treated. At the end of January there were 8,582 patients waiting over 16 weeks for an assessment; 12% above target.

Primary Care Reimbursement Scheme

The number of people covered by medical cards as of January 2014 was 1,840,760 (40.1% of the population). Included in these cards were 50,505 medical cards granted on discretionary grounds.

The total number of GP visit cards as of January 2014 was 125,930. Included in these cards were 27,204 GP visit cards granted on discretionary grounds.

As of the end January 2014, 95.52% of completed medical card applications were processed and issued within 15 days. Of the 4.48% 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.

Health & Wellbeing

Child Health developmental screening has been delivered to 4,866 children in the reporting period. This is 90.2% of the target group. This compares favourably with the national position for the same reporting period in 2013 (83.8%) and represents the best national December performance position since 2011. 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.

95 front line staff received training in Brief Intervention Smoking Cessation in January 2014 compared to 52 in January 2013 (+82.7%). The delivery and uptake of this training aligns with the various sites and implementation dates for the adoption of the Tobacco Free Campus Policy. Activity in this area is greater at certain points in the year as a result of this.

971 smokers (provisional data) received intensive cessation support from a cessation counsellor in January 2014 compared to an expected activity target of 1,059 in January 2014 (-8.3%).

Social Care

Disability Services

In January, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,881 persons availed of these places nationally; 0.5% below the target of 2,898 persons.

Services for Older People

As of January 2014:

- 46,513 clients were in receipt of home help service
- 11,969 clients are in receipt of a home care package
- 22,959 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.1% of the population or 21,880 people aged over 65 years were supported in NHSS/Saver beds

Mental Health

Adult Mental Health Services

75% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally, meeting the target set.

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, higher than the target of 95%.

Child and adolescent Mental Health Service (CAMHs)

In January, 71% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months against a target of 75%.

In 2008, 25% of admissions of children to HSE acute inpatient units were to age appropriate Child and Adolescent acute inpatient units. By 2013, this had increased to 68% of admissions. This is still not acceptable and the Mental Health Division is working to ensure that the commitment to have all of the Child and Adolescent Acute Inpatient Units operating to full capacity by the end of Quarter 1 is achieved.

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. NOSP plays a pivotal role in funding, coordinating and giving strategic direction to the work of over 40 agencies from the voluntary, statutory and non-statutory sector working to promote positive mental health and reduce suicide and self-harm in Ireland.

In January 2014 the NOSP completed the review of "*Reach Out*" and progressed ongoing work on the development of the new social marketing campaign and on-line web based information resource.

Finance

At the 31st January 2014 the HSE is showing expenditure of €999.5m against a budget of €975m leading to a variance of €24.5m.

A material proportion of this variance or €20.2m is within the acute hospital sector with €5.9m or 29% and €10.1m of the acute deficit representing a deficit relating to hospital income generation and agency staffing levels.

A significant proportion €7.8m or 78% of the variance relating to agency is within the medical category. However it should be noted that there remains a significant issue nationally relating to the recruitment of NCHD's which is driving agency expenditure in certain hospitals. In addition to this hospital income generation will be closely monitored over the coming weeks to ascertain if there is an emerging underlying income generation issue in 2014.

As well as the wider performance management of the acute system in 2014 a more targeted approach with individual poorer performing hospitals is now being undertaken. Engagement with hospitals relating to 2014 cost savings measures is ongoing with a deep dive review of individual hospital cost containment plans currently being undertaken.

Community services are showing a deficit in January of €2.2m which relates primarily to deficits in Disability and Older Persons services of €1.6m and €1.3m with offsetting surpluses in Primary Care and Social Inclusion.

Local schemes are also exhibiting a deficit against budget of €3.35m to the end of January. A probity exercise which started in 2013 in PCRS is ongoing with a view to strengthening control arrangements in respect of schemes.

Human Resources

At the end of January, staff numbers were 96,582 WTEs. This employment level is 1,422 WTEs below end of 2012.

Sub-allocation of the start 2014 employment ceiling by Divisions is work-in-progress.

The more correct current overall ceiling variance is higher at 1,172 WTEs when unfilled posts from National Service Plans predating the 2013 plan are factored in. The ceiling for start of 2014 should also be capable of accommodating up to 544.80 WTEs new service development posts still to be filled as provided for in the National Service Plan 2013.

One Region, HSE South, is currently operating within its employment ceiling.

Absenteeism is reported one month in arrears. For December 2013 it is reported as 4.7%. Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.



Updates by Division

Quality & Patient Safety

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The National Quality assurance programme for histopathology has produced its first annual report. This is an alliance between the QPS division, the faculty of histopathology and the RCPI. It arises from high profile diagnostic failures in the area of pathology and demonstrates ability of the system to learn from error and to address quality issues across an entire health system.

The HSE funded audits of trauma care and hip fracture management, developed in collaboration with the RCSI, have commenced and data is being submitted from across the country. These initiatives will examine practice in these key areas and lead to the identification and spread of best practice and better services for patients.

Areas of Focus and associated actions

Ensure that each Director and the managers and clinicians within their areas of service are responsible and accountable for ensuring the provision of safe, quality services.

- Controls assurance statements, are being processed for 2013 as part of the governance assurance process in the HSE.
- The final phase of national patient safety culture survey has started for the remaining Acute Hospitals. HSE South and HSE West both have Governance for Quality and Safety development projects ongoing.

Support quality improvement initiatives across the health services that aim to enhance patient safety.

- A national collaborative, targeted at reducing the incidence of pressure ulcers that patients develop while in our services, continues with information resources (Internet and hard copy) being made available.

Improve the experience of patients and service users within the health services.

- A consultation process with young people about a youth version of the National Healthcare Charter - designed to improve young peoples experience of health services has begun and a draft consultation document for improving woman's experience of maternity services is being developed.
- Work is ongoing work with patient safety champions to promote partnership work with patients - improved patient experience.

Ensure that standards, policies and guidelines are understood and appropriately implemented by Health Service staff.

- A project to improve the HSE capability and capacity to have robust processes in place for the development, approval and implementation of guidelines and policies is being developed between the Clinical Strategy and Programmes Division and the QPS division.

Put in place a comprehensive set of quality and safety indicators to measure the quality and safety of our services.

- The 2014 national Service Plan contains a more comprehensive set of Quality Indicators that will be reported on during 2014.

Acute Hospitals

KEY AREAS OF FOCUS

- Quality & Patient Safety
- Macro Hospital Overview
- Emergency Department New Attendances
- ED Patient Experience Time (PET)
- Inpatient Discharges
- Inpatient Admission Source
- Emergency Admissions
- TrolleyGar Performance
- Elective Inpatients
- Waiting Lists
- Day Care Attendances
- Outpatient Waiting List
- Compliance with EWTD

QUALITY AND PATIENT SAFETY

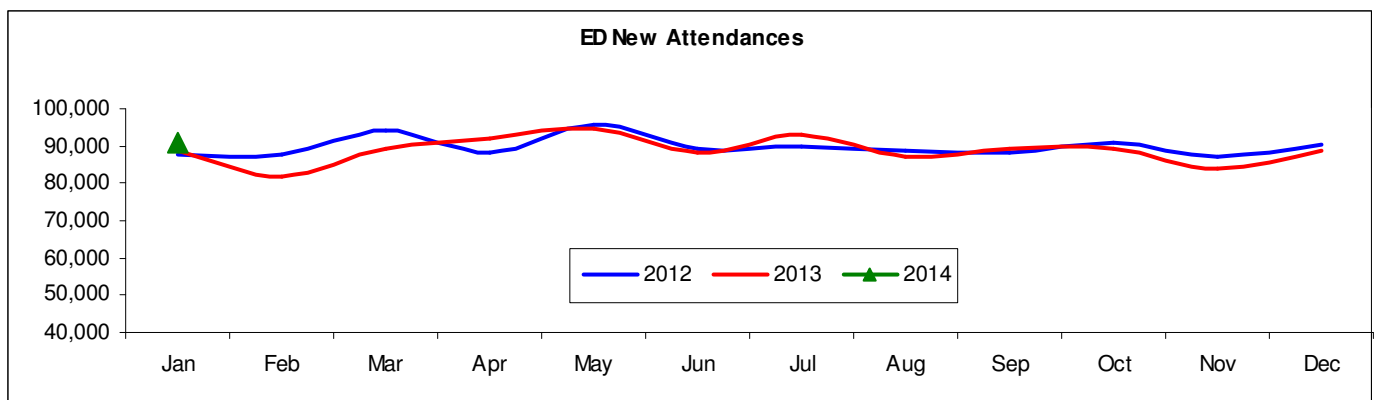
Key Performance Indicators

- ALOS for all patients 5.3 days (Target 5.6 days)
- OPD New Attendance DNA Rate 13.5% (Target 12%)
- % of elective surgical inpatients who have principle procedure conducted on day of admission 68% (Target 85%)
- % of surgical readmissions to the same hospital within 30 days of discharge - 2% (Target <3%)
- % of emergency hip fracture surgery carried out within 48 hours 83% (Target 95%)
- Number of patients subject to delayed discharge 563
- HIPE completeness - prior month - % of cases entered into HIPE 87% (Target >95%)

MACRO HOSPITAL ACTIVITY

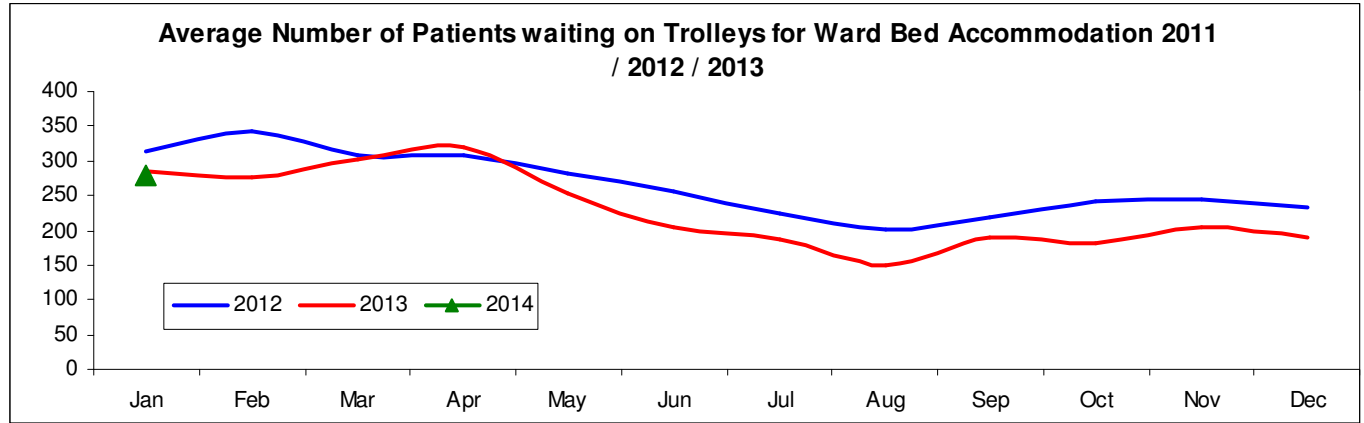
Activity Type	Jan Actual 2013	Jan Actual 2014	Val Var	% Var	
ED New Attendances	88585	90846	2261	3%	
Inpatient Discharges	49724	51482	1758	4%	
Day Care Attendances	71213	70113	(1100)	(2%)	
OPD	New	76617	77723	1106	1%
	Return	195154	201011	5857	3%

EMERGENCY DEPARTMENT NEW ATTENDANCES



- Jan 2013 / 2014 3% increase (n=2261)

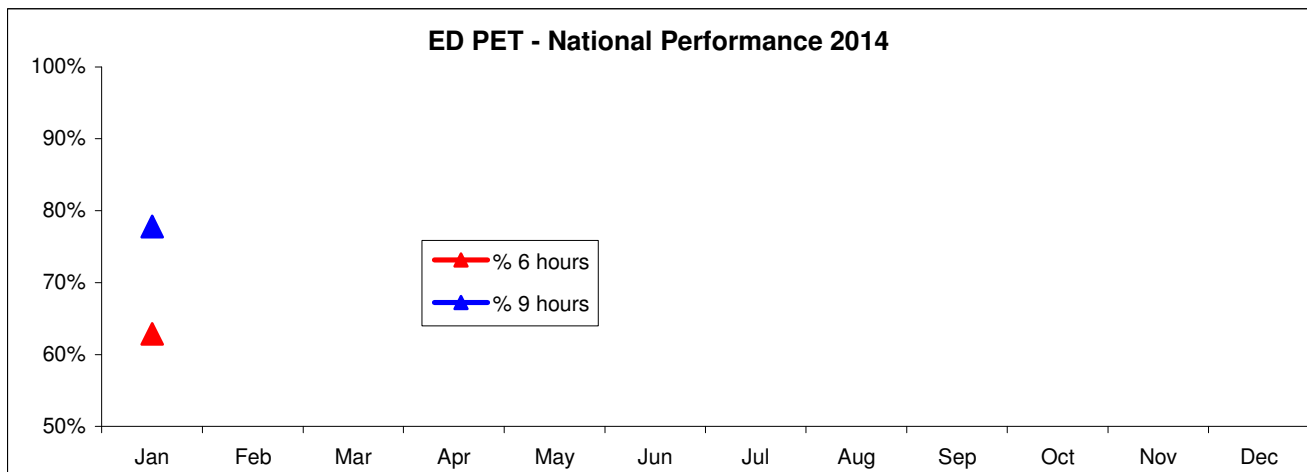
TROLLEYGAR PERFORMANCE



2013 / 2014 - 3% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

2011 / 2014 - 34% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

PATIENT EXPERIENCE TIME (PET) ¹



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

- In January 2014, 63% of patients attending Emergency Departments were discharged home / admitted within 6 hours
- In January 2014, 78% of patients attending Emergency Departments were discharged home / admitted within 9 hours

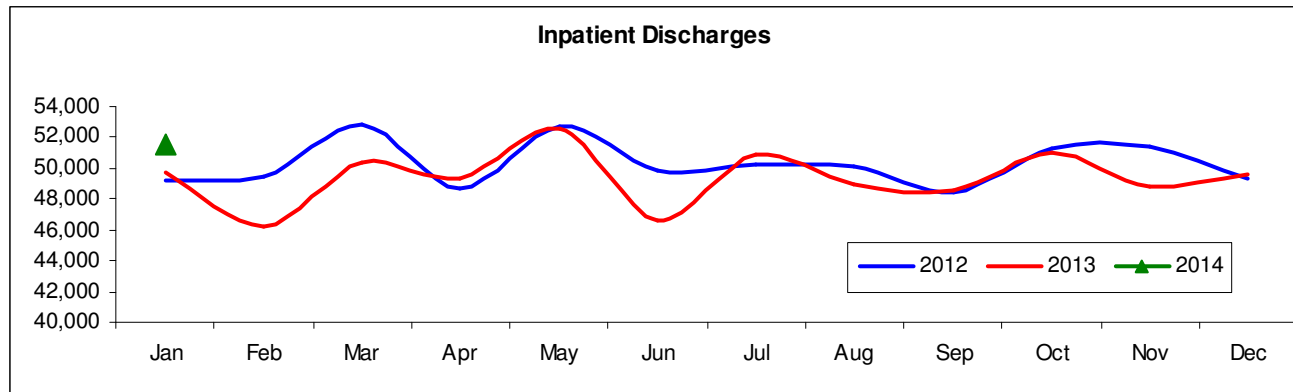
High Performing Hospitals (January 2014)

- Portiuncula Hospital - 97% of patients attending ED were discharged home/admitted within 9 hours
- St Luke's Kilkenny - 96% of patients attending ED were discharged home/admitted within 9 hours
- Kerry General Hospital - 95% of patients attending ED were discharged home/admitted within 9 hours

Low Performing Hospitals (January 2014)

- UL Hospital, Limerick - 65% of patients attending ED were discharged home/ admitted within 9 hours
- St. James’s Hospital - 66% of patients attending ED were discharged home/ admitted within 9 hours
- Connolly / Tallaght - 67% of patients attending ED were discharged home/ admitted within 9 hours

INPATIENT DISCHARGES



- January 2014 / 2013 - 4% increase in the number of discharges (n= 1758)
- January 2014 actual / target - 4% increase in the number of discharges (n= 1990)

INPATIENT ADMISSION SOURCE

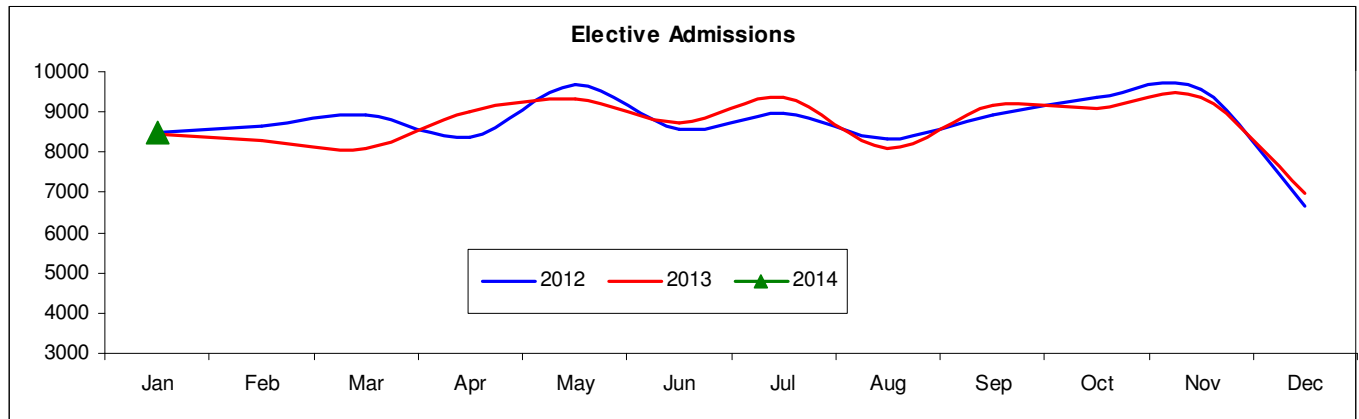
Activity Type		Jan Actual 2013	Jan Actual 2014	Val Var	% Var
Emergency Admissions	ED Admissions	24971	25763	792	3%
	Emergency (Other) ²	6713	6629	(84)	(1%)
	MAU Admissions ³	2814	3312	498	18%
	Subtotal	34498	35704	1206	3%
Elective	Elective Admissions	8448	8488	40	<1%
Total Admissions		42946	44192	1246	3%

EMERGENCY ADMISSIONS

- 2013 / 2014 Emergency Admission - 3% increase in number of Emergency Admissions (n= 1206)
- 3% increase in the number of Emergency Department admissions (n=792)
- 18% increase in the number of MAU Admissions (n=498)

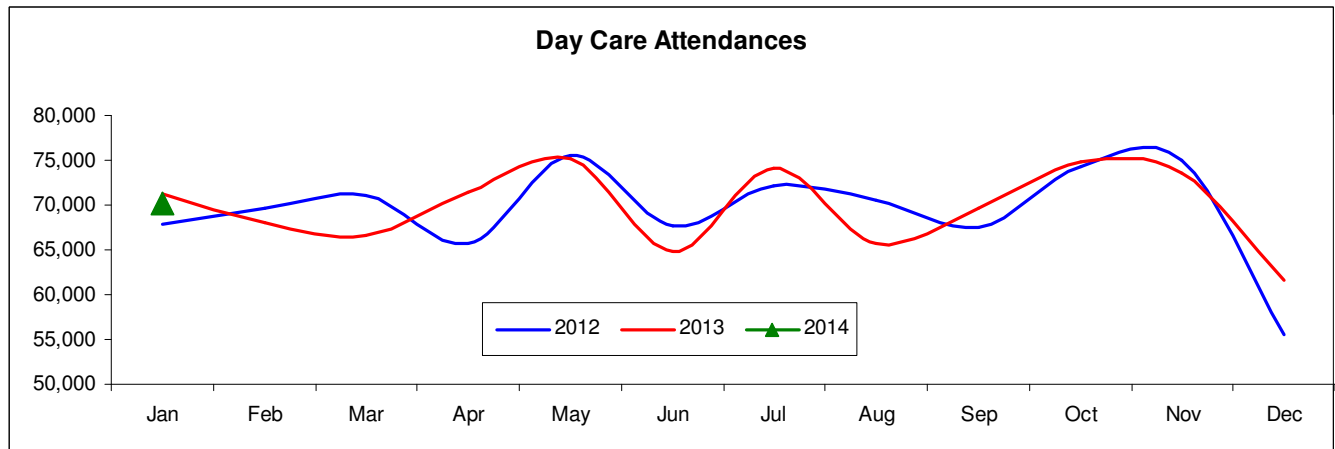
Note¹ PET coverage is 22 ED hospitals
Note² Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note³ MAU - Medical Assessment Unit
Note⁴ Elective Admissions do not include Obstetric Elective admissions

ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES ELECTIVE ADMISSIONS⁴



- Elective Admissions in January 2014 were commensurate with January 2013 admission values.
-

DAY CARE ATTENDANCES



- January 2014 / 2013 Day Care decrease of 2% (n=1100)
- arising from Day Care facilities being temporarily used for inpatient bed accommodation

WAITING LISTS – INPATIENT / DAY CARE / GI / COLONOSCOPY / OUTPATIENT INPATIENT / DAY CARE

Adult waiting lists demonstrates that 96% (41251) of adults were waiting less than eight months for a planned procedure in January 2014. In January 2013 94% (47370) of patients were waiting less than eight months for a planned procedure.

PAEDIATRIC WAITING LIST

88% of all children waiting on the elective waiting list were waiting less than twenty weeks (3624). In January 2013, 90% of children were waiting less than twenty weeks (2986)

GI ENDOSCOPY

93% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in January 2014. In January 2013, 93% of patients were waiting less than thirteen weeks.

COLONOSCOPY

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

OUTPATIENT

Overall January 2014 saw an increase of 3% (6963) in OPD Attendances in comparison to January 2013. Review identifies still less than optimal chronological booking process.

In January 2014, 97% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In January 2013, 72% of patients were waiting less than twelve months.

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin North East	582,499	51,207	49,417	1,790	3.62%
Dublin Midlands	737,938	64,310	61,296	3,014	4.92%
Dublin East	735,132	66,466	63,175	3,290	5.21%
South / South West	631,567	57,620	53,498	4,121	7.70%
West / North West	595,280	55,128	50,310	4,818	9.58%
UL Hospitals	232,571	22,094	19,634	2,460	12.53%
Children's Hospital Group	191,327	16,626	15,983	644	4.03%
National	3,706,315	333,451	313,314	20,137	6.43%

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Dublin East	9,151	9,640	+489	+5.35%
Dublin Midlands	8,917	9,146	+229	+2.57%
Dublin North East	6,830	7,147	+317	+4.65%
South/ South West	8,443	8,611	+168	+2.00%
University of Limerick	2,943	2,988	+45	+1.52%
West/ North West	7,403	7,639	+236	+3.19%
Dublin Paediatric	2,417	2,545	+127	+5.26%
National Hospital Services	28	21.41	-7	-23.54%
Total	46,132	47,737	+1,606	+3.48%

Note: Children's HG does not include data for Tallaght CH

Note¹ PET coverage is 22 ED hospitals

Note² Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note³ MAU - Medical Assessment Unit

Note⁴ Elective Admissions do not include Obstetric Elective admissions

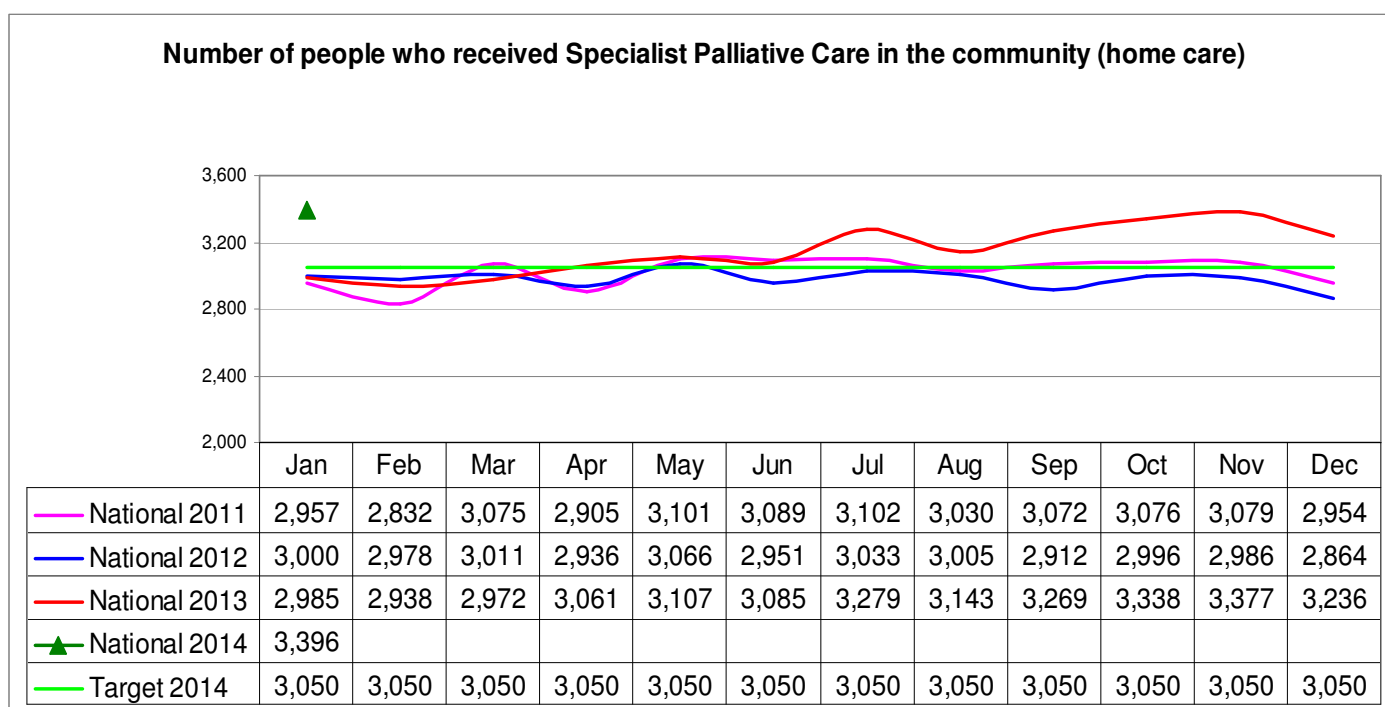
Palliative Care Services

KEY AREAS OF FOCUS

- Community Home Care
- Day Care
- Paediatric Services
- Inpatient Unit – Waiting Times
- Community Home Care – Waiting Times
- Finance

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in January 2014 was 3,396. This was an increase of 411 people (+14%) on the same period last year. Activity is 11% (+346) ahead of the expected position for January.



DAY CARE

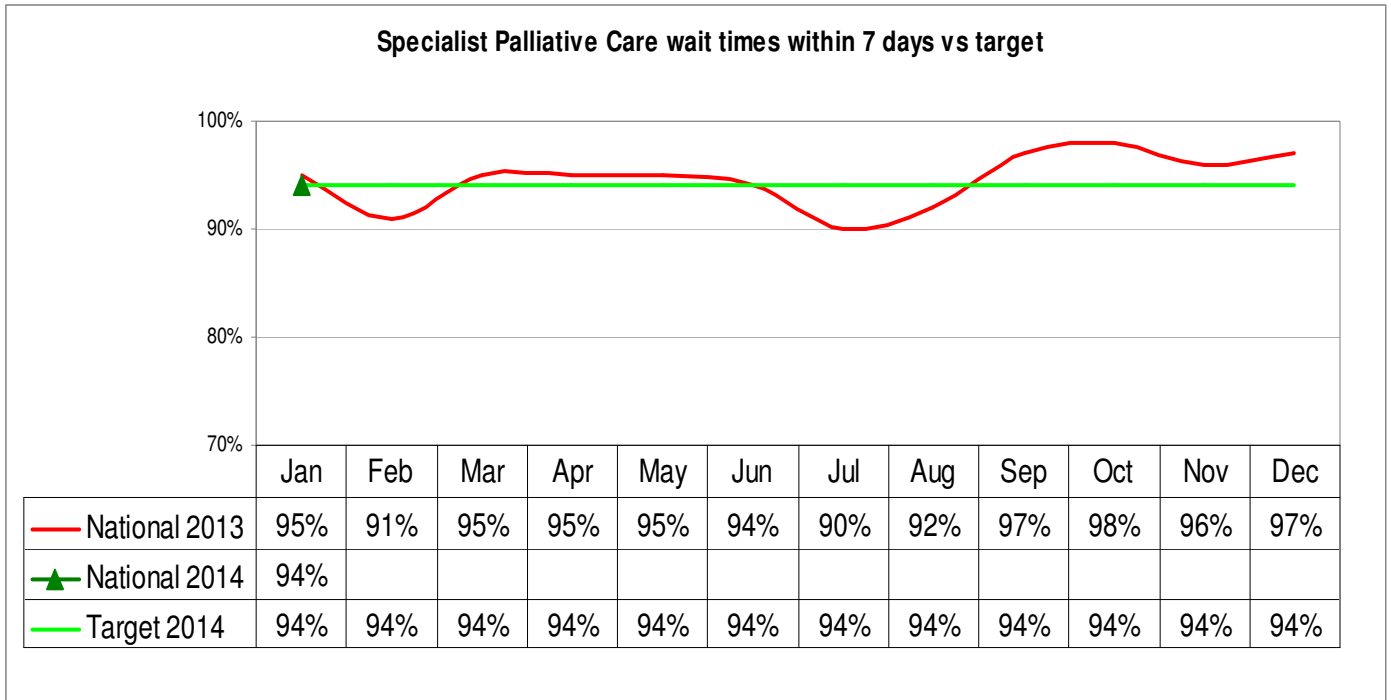
The number of people who received specialist palliative day care services in January 2014 was 342. This was an increase of 32 people (+10%) on the same period last year. Activity is 3% (+11) ahead of the expected position for January.

PAEDIATRIC SERVICES

In January 2014 291 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team.

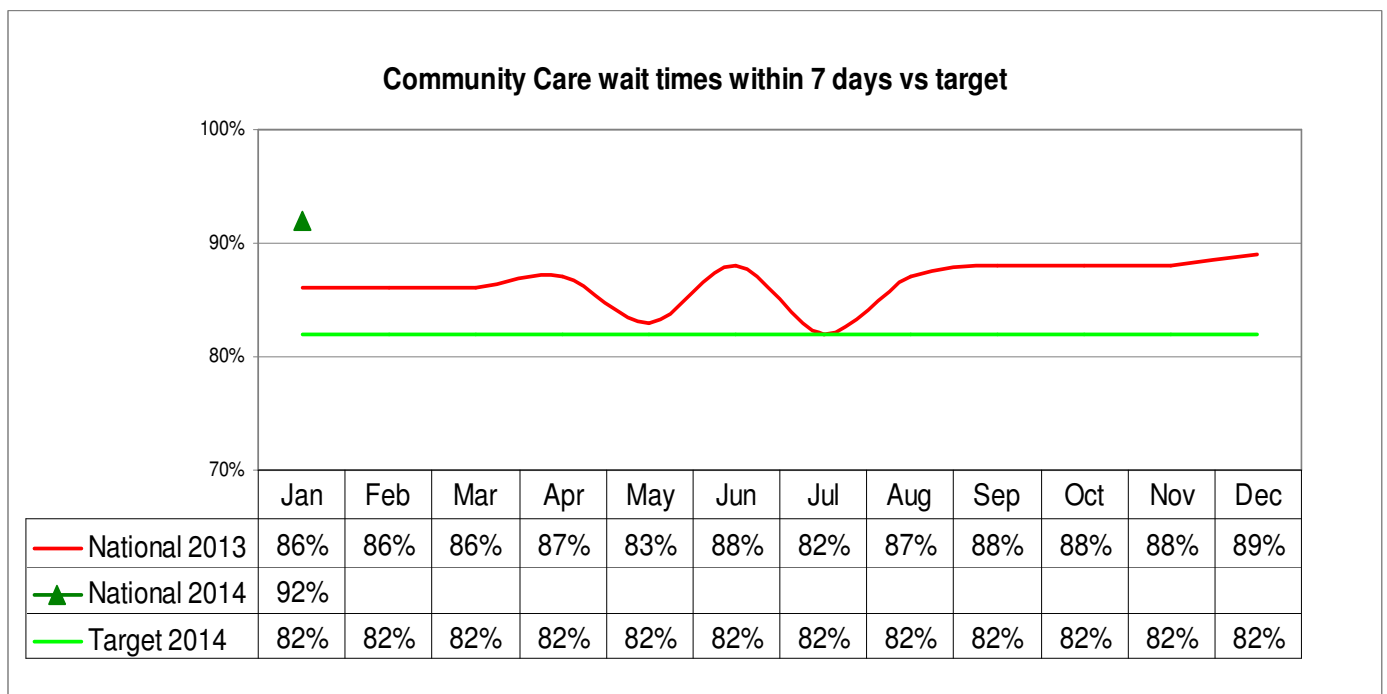
INPATIENT UNIT – WAITING TIMES

A target/expected activity figure for 2014 of 94% was set for the percentage of patients who received inpatient service within seven days. In January the national figure reported was 94%.



COMMUNITY HOME CARE – WAITING TIMES

The national expected activity/target for the percentage of people who waited less than 7 days for specialist palliative care in the community was set at 82% for 2014. The current national performance for compliance with this KPI for January was 92% of people to receive the service within 7 days. All regions met the target/expected activity requirements.



FINANCE

Palliative Care Services are €107,000 ahead of planned spend in January. This will be kept under review.

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,154	2,137	2,102	35	1.7%
DNE	12,556	1,120	1,054	66	6.3%
South	9,336	751	779	-28	-3.6%
West	21,019	1,818	1,785	33	1.9%
National	68,066	5,827	5,720	107	1.9%

National Ambulance Service

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Emergency Response Times
- Finance
- Human Resources

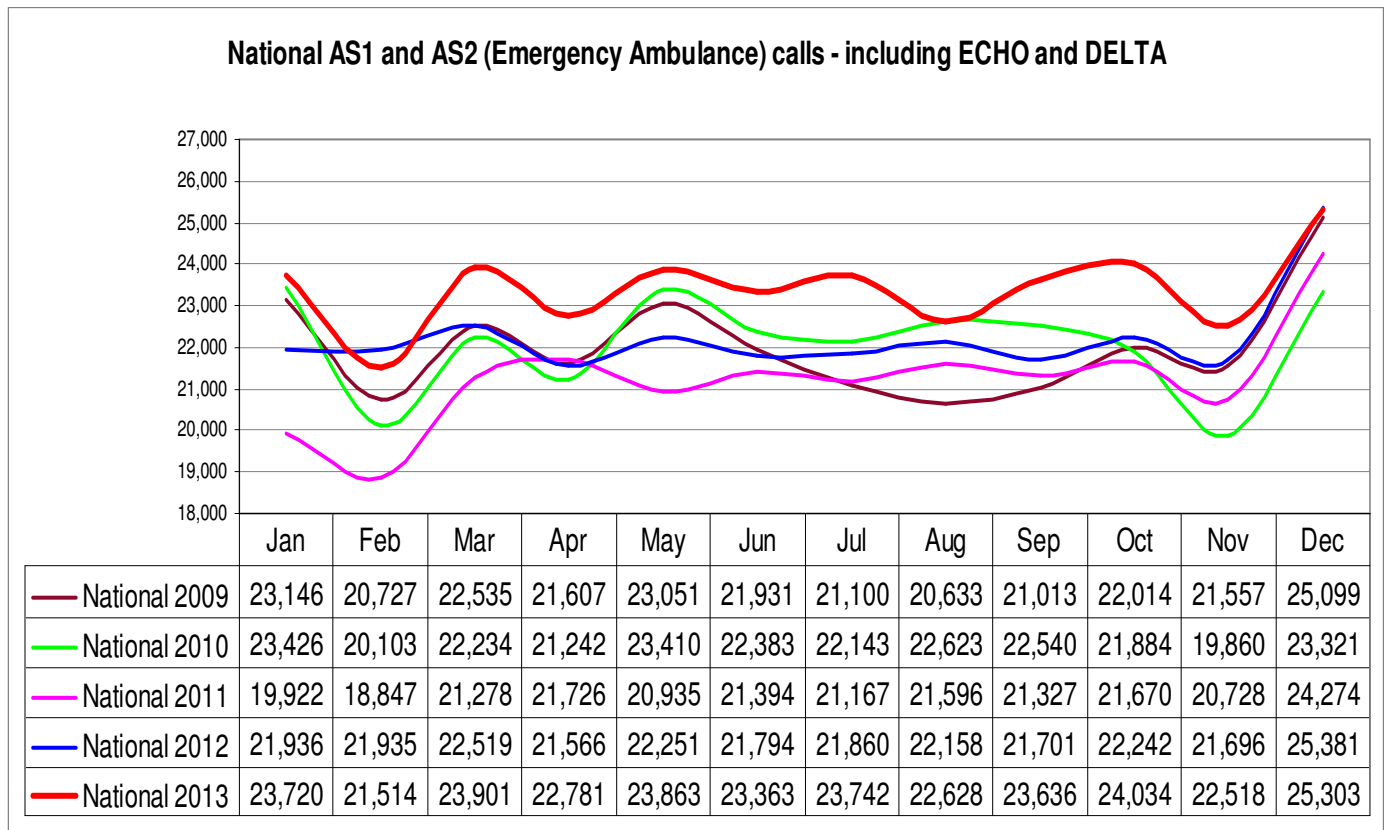
QUALITY AND PATIENT SAFETY

Hospital Cardiac Arrest (OHCAR) measure. This will be reported beginning in Q3 of 2014. Other patient outcome / clinical measures will be developed throughout 2014 and will be added to the PAR in 2015.

ACTIVITY LEVELS

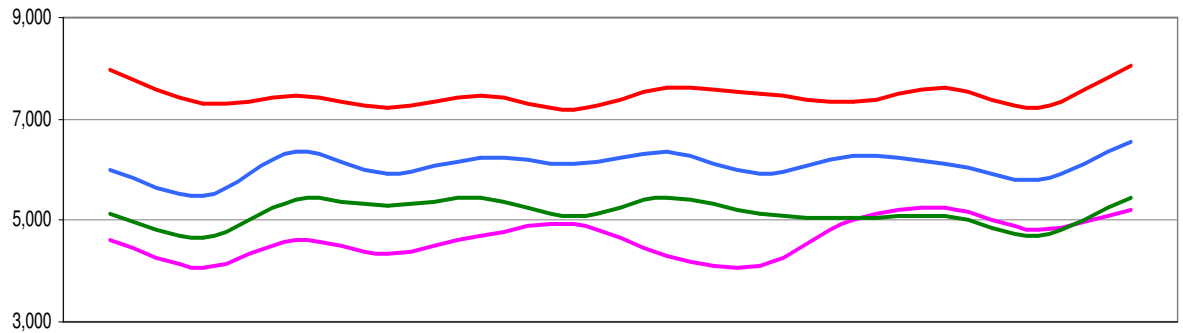
The service has moved from being a transport service to a treatment service. All emergency responses are now attended by qualified paramedics and advanced paramedics who deliver lifesaving treatments and therapies to patients with conditions ranging from stroke and cardiac arrest to severe trauma. Paramedics 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.

In the 12 months of 2013, Ambulance Services responded to over 281,000 emergency calls, an increase of almost 14,000 calls on 2012.



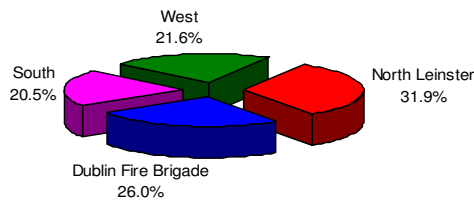
Paramedics may arrive on the scene and commence treatment in advance of the arrival of an ambulance which is capable of carrying the patient to hospital. Emergency call volumes within each region demonstrate reasonably steady activity over the year with increases in Dec / Jan period.

Regional AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA



	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
— North Leinster	7,980	7,303	7,473	7,211	7,453	7,199	7,618	7,481	7,331	7,599	7,211	8,070
— Dublin Fire Brigade	5,982	5,493	6,372	5,929	6,250	6,136	6,341	5,940	6,273	6,102	5,809	6,571
— South	4,631	4,061	4,629	4,345	4,711	4,921	4,317	4,088	4,998	5,238	4,815	5,196
— West	5,127	4,657	5,427	5,296	5,449	5,107	5,466	5,119	5,034	5,095	4,683	5,466

Total number of AS1 and AS2 Emergency Calls (including ECHO and DELTA calls)



Of the 25,303 Emergency Calls received in December 2013, the majority were received by North Leinster at 31.9%.

In the full year 2013, 88,973 Category 1 calls ECHO and DELTA combined have been received.

EMERGENCY RESPONSE TIMES

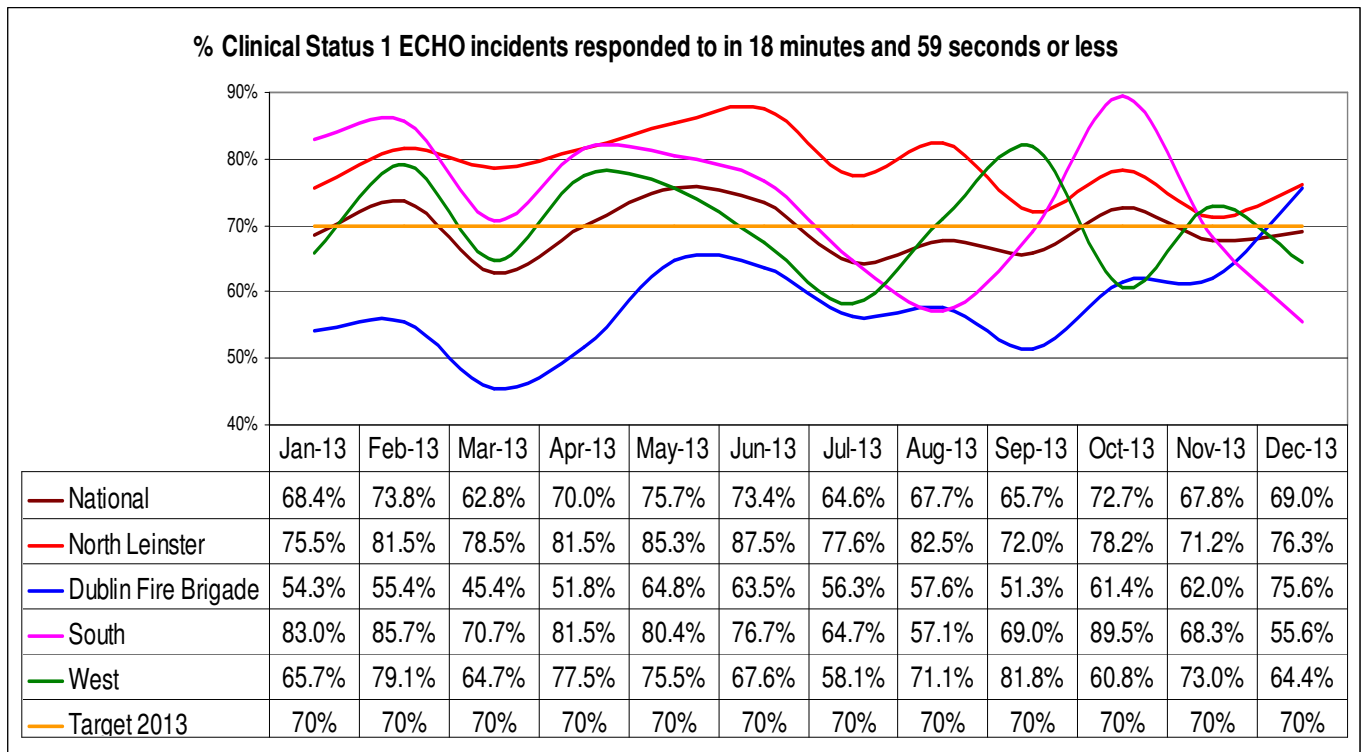
	North Leinster	DFB	South	West	National Performance in December	National Performance YTD 2013
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	76.3%	75.6%	55.6%	64.4%	69.0%	69.3%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	58.1%	60.5%	61.3%	57.2%	59.4%	63.7%

Table 2: Total number of calls (December activity)

	North Leinster	DFB	South	West	National total in December	National Total YTD 2013
Total AS1 and AS2 (Emergency Ambulance) calls	8,070	6,571	5,196	5,466	25,303	281,003
Total Clinical Status 1 ECHO calls	59	86	54	59	258	2,923
Total Clinical Status 1 DELTA calls	2,137	2,746	1,511	1,531	7,925	86,050

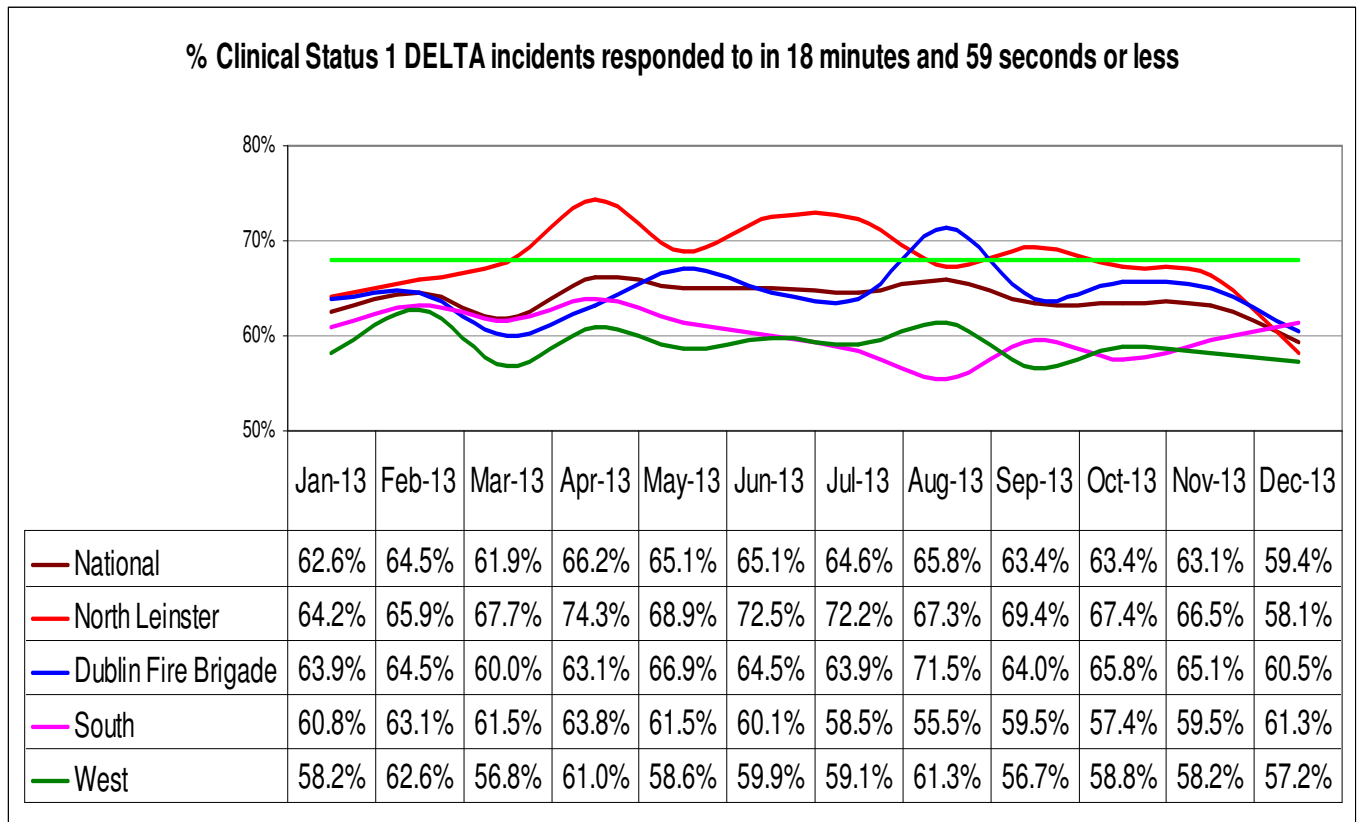
ECHO Incidents

The target for 2013 was that 70% of Clinical Status 1 ECHO incidents were responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 69%; performance year to date was 69.3%. There was a 24% increase in the number of ECHO calls in December compared to the previous month.



DELTA Incidents

The target for 2013 was that 68% of Clinical Status 1 DELTA incidents were responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 59.4%; performance year to date was 63.7%. There was a 14.7% increase in the number of DELTA calls in December compared to the previous month.



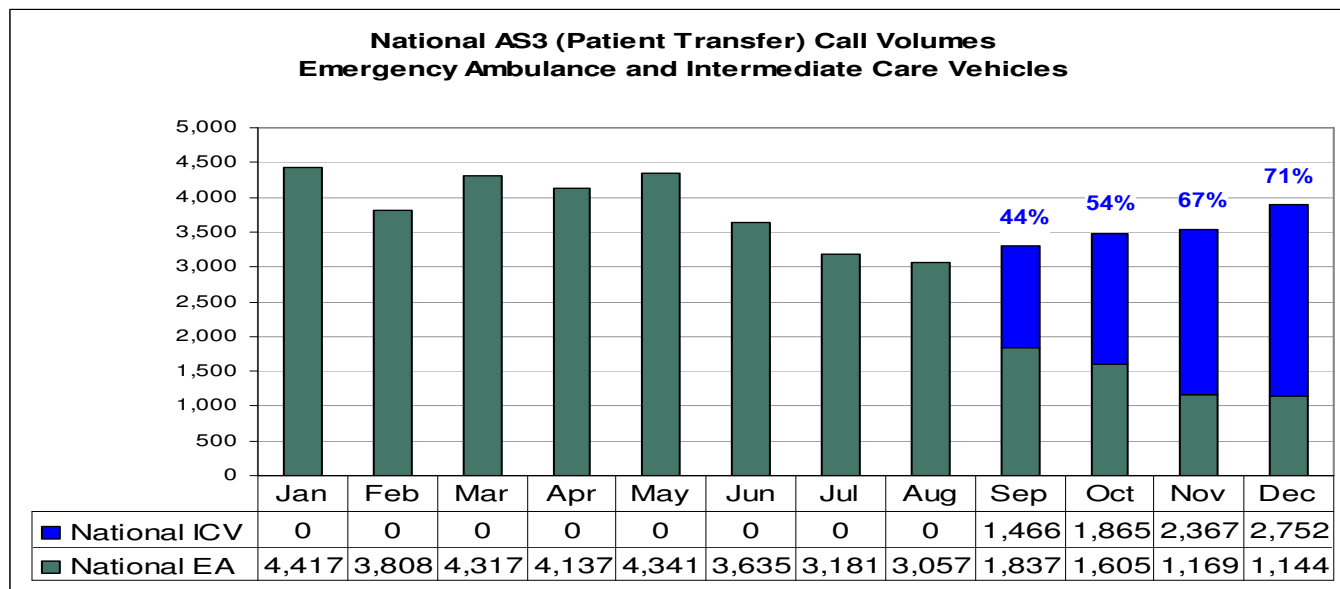
Delays due to the turnaround of emergency ambulances at hospitals affect response times on ECHO and DELTA calls. Most hospital turnaround delays occur for emergency ambulances with lower acuity calls than ECHO or DELTA. The issue of hospital turnaround times will be an area of particular focus by the NAS in 2014.

INTERMEDIATE CARE SERVICES

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

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

Initial data indicates that there is a positive effect on availability of Emergency Ambulances when Intermediate care vehicles are available to transfer patients. In December 71% of all patient transfer calls (AS3) were handled by Intermediate care Vehicles.



FINANCE

National Ambulance Service	Approved Allocation	YTD			% Var
		Actual	Plan	Variance	Act v Tar
	€'000	€'000	€'000	€'000	€'000
North Leinster	49,426	3,994	4,179	-185	-4%
South	30,839	2,700	2,546	153	6%
West	37,238	3,045	3,149	-104	-3%
Office of the AND	20,128	1,264	1,689	-425	-25%
National	137,631	11,003	11,563	-561	-5%

Overtime Payments for Jan 2014 were €326k when adjusted for accruals. This is equivalent to a saving of €365k on the previous Jan 2013 (a saving of 35%). Possible delays on overtime claims processing may have understated this reduction. Given the extent of the reduction in 2013, this level of reduction would not be expected to continue throughout the remainder of the year. A CCP target reduction of €1.2m for the year has been set and this is currently on target.

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
North Leinster	777	831	+54	+6.93%
South	361	360	-1	-0.17%
West	398	415	+17	+4.38%
National	1,536	1,606	+71	+4.60%

WTEs are indicated as being above ceiling at the end of January by 71 WTE. However the ceiling adjustments from Service Plans 2013 and 2014 are yet to be applied. Recruitment of the Control Programme personnel from the 2014 Service Plan commenced in January. This will include establishing a panel of qualified dispatchers which is a priority; particularly for the Ballyshannon centre.

Primary Care Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Primary Care Teams (PCTs)
- Community Intervention Teams (CITs)
- GP Out of Hours Service
- Physiotherapy
- Occupational Therapy
- Finance

QUALITY AND PATIENT SAFETY

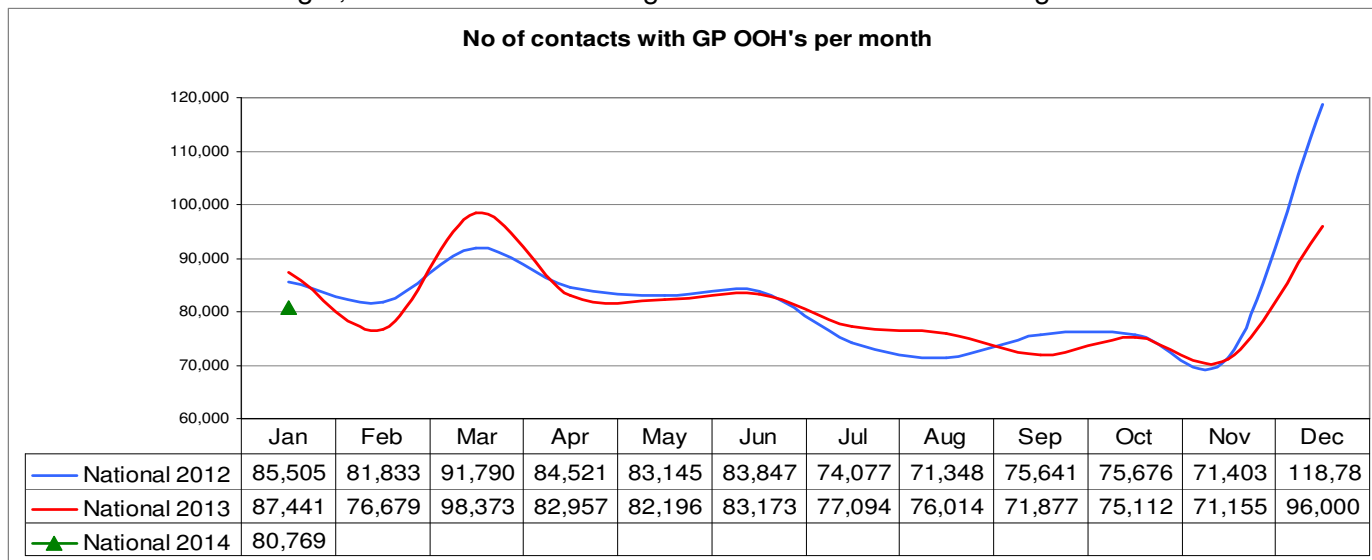
- Mechanisms are being put in place to biannually report and monitor the consumption of antibiotics within community settings (defined daily doses per 1,000 inhabitants per day) – target <21.7 days.
- The Primary Care Division is reviewing and agreeing the 2014 Divisional Risk Registers in line with national guidance. These registers are a standing agenda item of the Primary Care Management Team Meetings.
- As part of the development of the National Service Plan and Operational Plan, the Primary Care Division is committed to the development and reporting of new indicators during 2014. Appropriate governance arrangements are being put in place to support the development, collection and reporting of these metrics.
- A recruitment process is underway for the post of National Lead for Quality and Patient Safety for the Primary Care Division.

COMMUNITY INTERVENTION TEAMS

- The Community Intervention Teams provided hospital avoidance services to a total of 909 patients in January 2014; 82.5% above expected activity.
- The teams also facilitated early discharge of 539 patients; 6% above target.
- In addition there were 411 GP referrals and 126 Community referrals; both were >100% above target.

GP OUT OF HOURS SERVICE

- 80,769 patients availed of GP out of hours services in January (i.e. triage, treatment, home visit etc). This was -4.4% below expected activity.
- Performance at the end of January 2014 in the four Regions was as follows; DML -2.2% below target, DNE -4.6% below target, South -4.2% below target and West -5.9% below target.



PHYSIOTHERAPY SERVICES

- 16,084 referrals were received in January; 9.6% above expected activity.
- 14,364 patients were seen for a first time assessment in January; 15.3% above expected activity.
- 34,433 patients were treated in January; this was 2.9% above expected activity.
- There were 65,925 treatment contacts in January; 9 % above expected activity.
- Wait List Management: the Service plan target is to reduce the outturn 2013 position by 10%. At the end of January 2014 there were 7,382 patients waiting over 12 weeks for an assessment.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	17.1%	13.1%	1.9%	9.2%	9.6%
Patients seen first assessment	17.6%	17.4%	19.6%	8.0%	15.3%
Patients Treated	1.4%	4.0%	-1.2%	8.5%	2.9%
Treatment contacts	24.0%	5.2%	5.1%	4.3%	9.0%
Patients waiting over 12 weeks for assessment	-12.2%	-20.5%	-16.8%	-10.2%	-14.2%

OCCUPATIONAL THERAPY SERVICES

Occupational Therapy definitions were reviewed in 2013 and revised which will impact on 2014 reporting.

- 7,524 referrals were received in January; 26.8% above expected activity.
- 7,748 patients were seen for a first assessment in January; 23.6% above expected activity.
- 20,407 patients were treated in January; 22.2% above expected activity.
- Wait List Management – the Service Plan target is to reduce the outturn 2013 position by 10%. At the end of January 2014 there were 8,582 patients waiting over 16 weeks for an assessment.

Occupational Therapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	36.0%	36.7%	27.6%	10.3%	26.8%
Patients seen first assessment	34.1%	20.3%	29.3%	8.0%	23.6%
Patients Treated	21.4%	20.5%	14.3%	29.7%	22.2%
Patients waiting over 16 weeks for assessment	-19.8%	-3.4%	-8.2%	-15.7%	-12.0%

Aids and Appliances

The Recycling of Aids and Appliances National Contract requirements are under review with the National Procurement Lead.

FINANCE

Primary Care	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	146,749	11,486	12,319	-832	-6.8%
DNE	95,557	8,231	7,991	241	3.0%
South	161,067	13,773	13,598	175	1.3%
West	153,414	12,223	13,006	-782	-6.0%
National	556,788	45,714	46,913	-1,199	-2.6%

Social Inclusion

KEY AREAS OF FOCUS

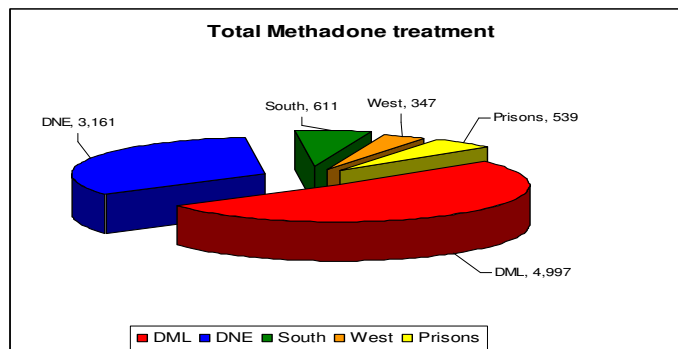
- Quality and Patient Safety
- Methadone Treatment
- Finance

QUALITY AND PATIENT SAFETY

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

METHADONE TREATMENT

The Number of clients in receipt of methadone treatment during the current reporting period, outside of prisons, was 9,116. The agreed target/expected level of activity was 8,650. The current level of service uptake is 5.4% over expected activity. Compared with the same period the previous year there is a 2% increase in service level uptake. This data is reported a month in arrears and reflects December activity.



FINANCE

Social Inclusion	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	55,310	4,310	4,693	-382	-8.1%
DNE	39,725	2,515	2,910	-395	-13.6%
South	21,867	1,684	1,829	-145	-7.9%
West	16,069	1,227	1,364	-137	-10.0%
National	132,971	9,736	10,795	-1,059	-9.8%

Primary Care Reimbursement Scheme

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

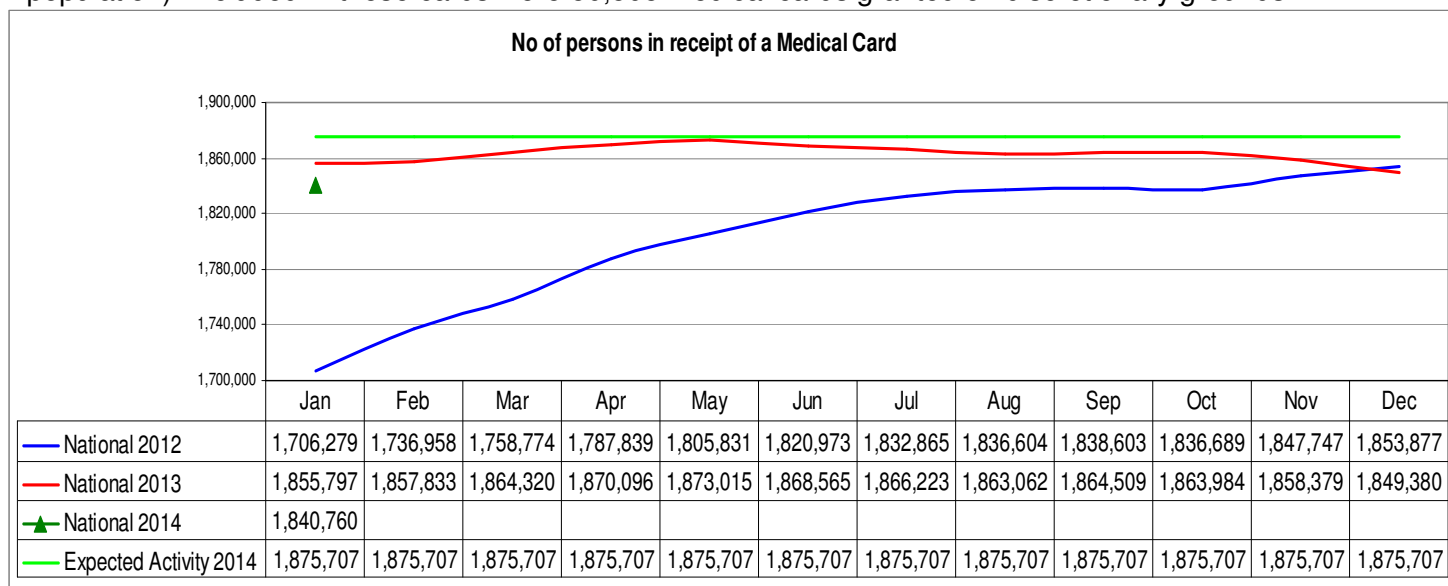
The latest edition of prescribing guidance was made available to every GP contracted to provide services under the GMS Schemes. This edition included a particular focus on the prescribing of benzodiazepines.

MEDICAL CARDS

The granting and retention of a medical card or a GP Visit card is subject to an assessment and review process in accordance with the guidelines for the operation of the schemes. A review of existing card holders can result in renewal, removal due to ineligibility, a move to GP Visit card or from GP Visit card to medical card.

A downward trend in the overall number of card holders commenced last year and this is likely to continue if the current economic conditions and eligibility / threshold requirements prevail.

The number of people covered by medical cards as of January 2014 was 1,840,760 (40.1% of the population). Included in these cards were 50,505 medical cards granted on discretionary grounds.



The total number of GP visit cards as of January 2014 was 125,930. Included in these cards were 27,204 GP visit cards granted on discretionary grounds.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	465,997	393,273	492,244	489,246	1,840,760
Number of people with GP Visit Cards	30,284	25,256	38,138	32,252	125,930
Total	496,281	418,529	530,382	521,498	1,966,690

*Includes 50,505 medical cards granted on discretionary grounds and 27,204 GP visit cards granted on discretionary grounds.

As of the end January 2014, 95.52% of completed medical card applications were processed and issued within 15 days. Of the 4.48% 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

- 81,951 long term illness claims were processed in January; 5.5% above target.
- 272,854 long term illness items were provided in January; 8.5% above target.

General Medical Scheme

- 1,650,658 prescriptions were processed in January; -7.1% below target.
- 5,148,100 items were provided in January; -5.6% below target.
- 61,608 special items were provided; -19.1% below target.
- 108,790 special type consultations were provided; 12.0% above target.

National	Jan-14	% Variance to profiled target
LTI claims	81,951	5.5%
LTI items	272,854	8.5%
GMS prescriptions	1,650,658	-7.1%
GMS items	5,148,100	-5.6%
GMS Special items	61,608	-19.1%
GMS Special type consultations	108,790	12.0%

FINANCE

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
	€'000	Actual	Plan	Variance	€'000
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,716,140	148,762	146,008	2,754	1.9%
Drug Payment Scheme	69,580	5,665	5,706	-41	-0.7%
Long Term Illness Scheme	94,821	8,529	7,916	613	7.7%
High Tech	181,696	17,130	18,291	-1,161	-6.3%
Dental Treatment Services	75,000	4,264	5,214	-950	-18.2%
Health Amendment Act	1,526	146	125	21	16.6%
Community Ophthalmic Scheme	31,540	2,312	2,024	288	14.2%
Methadone Treatment	18,477	1,620	1,522	98	6.4%
Childhood Immunisation	7,409	718	518	200	38.6%
Doctors Fees/ Allowances	6,749	364	474	-110	-23.2%
Hardship	15,000	877	1,251	-374	-29.9%
OPAT	7,000	414	584	-170	-29.1%
Oncology Drugs / Medicines	11,500	741	1,189	-448	-37.7%
Total	2,236,438	191,542	190,821	721	0.4%

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Tobacco Control
- Child Health Development Screening
- Finance
- Human Resources

QUALITY AND PATIENT SAFETY

One of the core objectives of the Health and Wellbeing Division is keeping people well and protecting them from threats to their health. Quality and patient safety is therefore a key priority for the Division and its staff.

As part of the implementation of the Health and Wellbeing Operational Plan, it is working with Quality and Patient Safety to develop a set of quality indicators for use across the Division and the wider health service. The indicators will assist in assuring the Division and the wider health service that we are delivering quality services and programmes particularly in areas such as health protection, health promotion and improvement, immunisation and child health screening.

Within the Health and Wellbeing Division, each Operational Lead is responsible for risk management and mitigation within their own areas of responsibility and this forms part of normal management process with the relevant management teams. A formal review at Divisional level takes place on a bi-monthly basis, based on an aggregated summary of risks at service / function level. Additions and / or amendments to the Division's Corporate Risk Register may be made on foot of this, with subsequent escalation if appropriate.

At Senior Management Team level, the Quality and Patient Safety brief forms part of the responsibility of an Assistant National Director.

A Clinical Lead will shortly be appointed to the Division to provide expert clinical advice, perspective and practical support in further aligning the work of the Division with the Clinical Programmes.

Performance Indicators 2014

There are a number of performance indicators and measures against which the Division will report progress in 2014. These include, inter alia, measures of health protection and immunisation, developmental screening for children, attendances at screening programmes, tobacco, food safety and Public Health Nurse visits to newborn babies. Work will take place during 2014 to identify and develop performance indicators for the Division that facilitate the capture of key input, output and impact data across Health and Wellbeing service areas and programmes.

TOBACCO CONTROL

The number of frontline healthcare staff trained in brief intervention smoking cessation is one of five Tobacco Control performance indicators set out in the Health and Wellbeing Division's national scorecard for 2014. A profile for training plans and associated monthly targets in 2014 has been developed.

Performance against expected activity for the training of front line workers year to date is 86.3% ahead of target (95 staff trained versus an expected activity target of 50). Activity in January 2014 shows an increase of 82.7% against the same period last year (+43 staff trained). Dublin Mid Leinster area has shown an increase in training uptake of 100%.

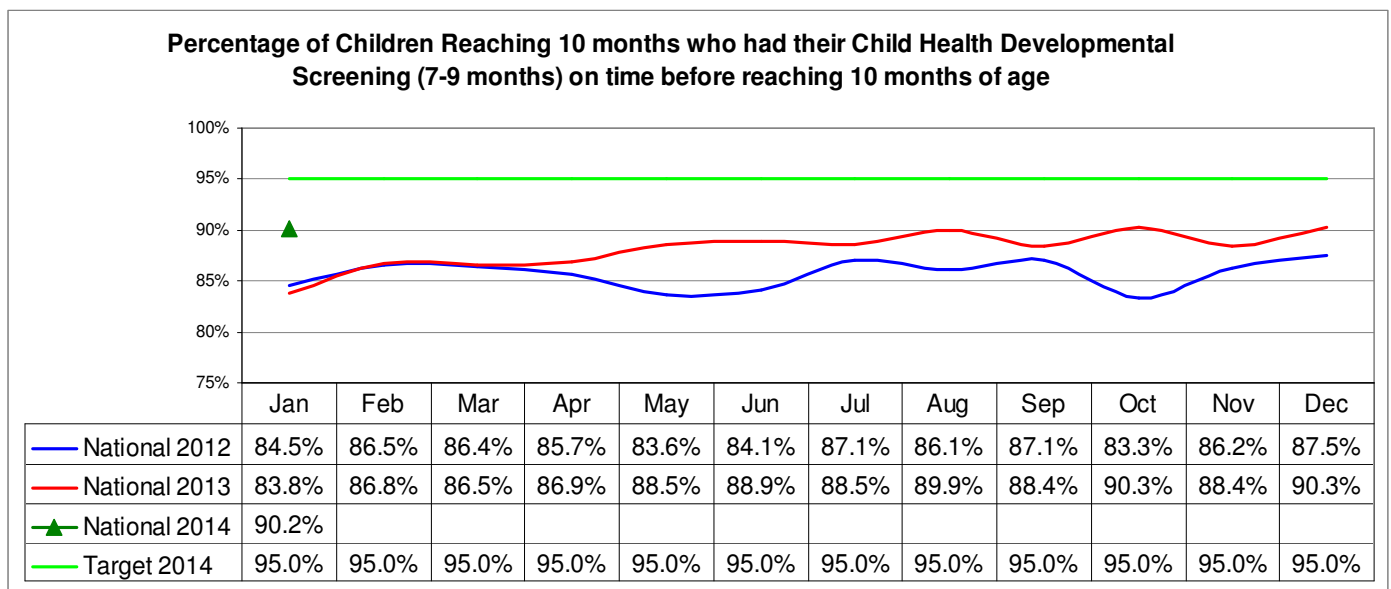
The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 1059 in January 2014 and performance is -8.3% with 971 receiving support. This is a 21.7% decrease in uptake of this service against the same period in 2013 (1240 in January 2013). Full data for performance against this indicator for January 2014 is not available at this time. It is anticipated that the overall target for the year will be achieved.

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.

- 4,866 children (90.2%) have received child developmental health screening within target year-to- date (December 2013 data). This metric is reported monthly in arrears. This compares favourably with the national position for the same reporting period in 2013 (83.8%) and represents the best national December performance position since 2011.
- Roscommon Local Health Office returned an uptake of 60.9% and Limerick 57.1% for the January return (December Data)

While the majority of Local Health Offices have reported development check uptake figures at or almost at the national average, a number of Local Health Offices are performing less satisfactorily. The Division is continuing to coordinate a response to the low uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators.



FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	223,638	14,677	18,373	-3,696	-20.1%

Overall the Health and Wellbeing Division is exhibiting a positive variance of €3.696m (20%) against its year-to-date profile. Within pay, the Division is showing positive variance of €0.440m year-to-date. Actual pay in the month was €7.624m vs. profile of €8.064m. Actual non-pay in the month was €7.621m vs. profile of €11.343m.

The Division is engaged in ongoing work to validate the 2014 budget position and finalise profiling that is a more accurate reflection of the Divisions planned spending pattern in 2014. For example, within the National Screening Services, the invite rate to the BowelScreen and Diabetic Retinopathy programmes will increase during the year but costs will not arise for a number of months until laboratory etc. testing is completed. This accounts for a significant proportion of the non- pay variance in the National Screening Services.

The Division's budget also includes an income target of €5m in respect of new tobacco legislation which is planned for 2014. The capacity to recoup this income is contingent on the enactment of the necessary legislation.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Progressing Children's services (0-18yrs)
- School Leaver Process 2014
- Rehabilitative Training Places
- Finance
- Haddington Road Implementation

QUALITY AND PATIENT SAFETY

- A process is in place for managing national and regional risks within Disability Services.
- Regional and national groups have been established to monitor the implementation of the Disability Residential Standards. These groups link with HIQA to work on the state of readiness of each of our 1,200 Disability facilities.
- 2014 will see the introduction of a quality measure to monitor the number of agencies in receipt of €5m or more of public funding who use an internationally recognised quality improvement methodology such as EFQM, CQL, CARF.

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

'Outcomes for Children and Their Families' is the report by the Standards and Performance Reporting Working Group of the Progressing Disability Services for Children and Young People programme. Guidance notes to support reconfiguration of services under this programme have been circulated.

SCHOOL LEAVERS PROCESS 2014

In 2014, applications for day services or rehabilitative training places will be processed through a centralised regional structure. The HSE has established a national oversight group, which includes representatives from disability agencies, to coordinate a timely response to processing applications for places. Applications for places need to be submitted on or before the 1st February. The young person and their parents will be advised of the options available by 30th June.

The HSE and Disability Agencies have been in contact with parents and special schools regarding the 2014 process which will ensure that the young person and their parents will be supported in exploring the appropriate options.

An evaluation of the process will be completed by the end of September 2014.

REHABILITATIVE TRAINING PLACES

Rehabilitative training focuses on the development of an individual's life skills, social skills and basic work skills with the objective of enhancing the trainee's quality of life and general work capacity. Rehabilitative training and sheltered work is provided largely in:

- Accredited training centres directly managed by the HSE or by service providers who are contracted by the HSE
- Designated sheltered workshops where people with disabilities have the opportunity to take part in daily work in a sheltered setting where they receive personal support services

This form of training is not directly linked to the labour market. Trainees in foundation training and sheltered workshops retain their social welfare payments, usually Disability Allowance, and also receive a training bonus per week.

The HSE have teams of guidance counsellors who offer information, advice and guidance on HSE training and sheltered work services. An analysis of the percentage of school leavers and Rehabilitative training graduates who have received a placement which fully meets their needs is planned for 2014.

In January, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,881 persons availed of these places nationally; 0.5% below the target of 2,898 persons.

FINANCE

Disability Services are reporting an overspend of €1.6m against the planned position at the end of January.

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	416,569	37,537	36,060	1,477	4.1%
DNE	327,414	27,976	27,600	376	1.4%
South	326,789	25,047	25,269	-222	-0.9%
West	328,820	27,874	27,945	-72	-0.3%
National	1,399,591	118,434	116,875	1,559	1.3%

Services for Older People

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Home Care Packages
- Home Help Hours
- Nursing Home Support Scheme
- Service for Elder Abuse
- Finance

QUALITY AND PATIENT SAFETY

In January four regional groups were established, representative of all providers with a named HIQA link to promote close working relations. These groups will determine and monitor progress of inspections and will refer to the national group for standardisation and formulation of policies.

Current revision of the risk register is in place and will take account of both National and Regional risks in Older Persons. A guidance document for maintaining the Social Care risk register is being drafted. Work is also ongoing with HIQA on the revision of standards, and joint HSE/HIQA closure process checklist, which is currently being revised following information sessions with staff and learning to date since its inception in 2012.

SERVICE ACTIVITY

As of January 2014:

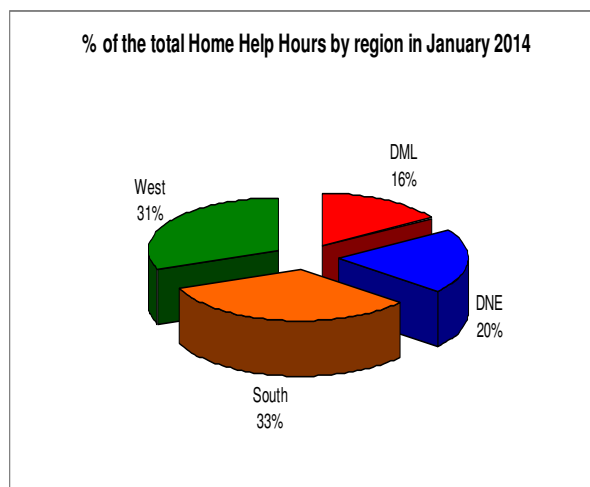
- 46,513 clients were in receipt of home help service
- 11,969 clients are in receipt of a home care package
- 22,959 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.1% of the population or 21,880 people aged over 65yrs were supported in NHSS/Saver beds (based on 2011 census figures).

HOME HELP HOURS

The 2014 National Target for Home Help Hours is 10.3m hours. The monthly maximum target is 858,000 hours of service delivery. This is the maximum monthly number of home help hours that can be delivered across the regions with the resource available for the home help service.

In achieving a sustainable approach to the provision of home help service, it is recognised that the response of the delivery service is not easily or speedily varied in terms of significant increases / decreases in provision of service, even planned fluctuations in service provision can take some time to become visible in service delivery levels. However, given the flexible nature of the service and the immediate response required to the varied needs of the recipients, the delivery system needs to take account of low and high demand months as well as managing unexpected events within the overall funded activity level for the year.

It is in this context that the Social Care Division is examining options whereby a minimum, median and maximum target for service delivery will be provided to regions and areas so as to allow for the required flexibility in the course of the year. This will be considered in the context of the ongoing review of home care as advised in the Operational Plan. An initial stage involves the data validation (Activity and Resource) exercise which is underway and which will be substantially completed in Quarter 1. This will also provide for the setting of Area (and former LHO) targets aligned to available funding. It will be supported by the introduction of service improvement initiatives in home care provision and a “money follows the patient” approach to funding the service delivery.



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

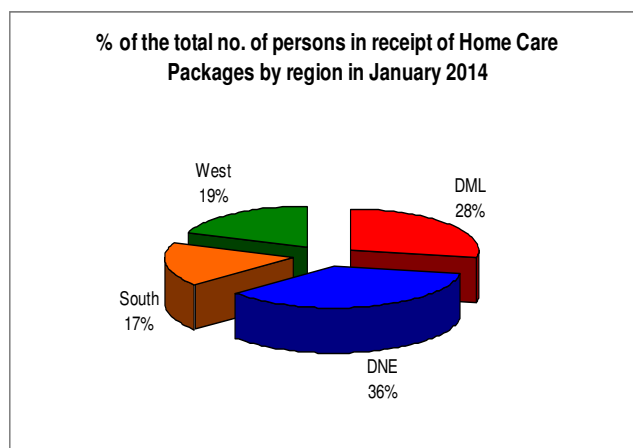
- **NATIONAL** – 849,604 hours provided which is just below targeted service delivery levels by 1%.
- **DML** are running below targeted levels by 14%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
- **DNE** are ahead of target by 23%. The ongoing review of home care will assist in finalising the appropriate service delivery level in DNE.
- **SOUTH** are running below target by 7%. An increased level of activity is likely to meet the sustainable service delivery level in this region.
- **WEST** are running below target by 1%.

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.

- 11,969 persons were in receipt of a home care package at end of January 2014.
- Activity year-to-date was 10.1% above the expected level of service*.
- South Region was below the expected level of service with a variance of 14.7%.
- DML, DNE and West Regions were above the expected level of service at 24.6%, 22.0% and 0.9%.

*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.



INTENSIVE HOME CARE PACKAGES

Intensive Home Care Packages are new for 2014 and in January no Intensive Home Care Packages were delivered. The total target for these packages is 190 by year end.

NURSING HOME SUPPORT SCHEME (NHSS)

In January 2014 the scheme funded 22,959 long term public and private residential places and when adjusted for clients not in payment there were 23,644 supported under the scheme. The numbers in payment are slightly ahead of the target of 22,789 by 170. In the first month of 2014, 1,040 applications were received and 621 new clients were funded under the scheme in public and private nursing homes. This was a net decrease of 9 clients during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

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 –2012	5,052	16,269	565	1,016	105	23,007
DML	1,406	4,316	146	551	-	6,419
DNE	899	3,228	124	235	14	4,500
South	1,513	4,288	115	116	90	6,122
West	1,247	4,415	169	87	-	5,918
Total – Jan 2014	5,065	16,247	554	989	104	22,959

Note: An additional 685 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 January 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 4.1% or 21,880 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

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 January 2014 there were 5,327 NHSS beds; 1.3% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -5.9%. The South and West were just above the 0.1% and 0.3% target respectively.
- Short stay beds are 0.2% above target in January.

FINANCE

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	157,841	13,571	13,440	131	1.0%
DNE	118,397	10,895	10,107	788	7.8%
South	204,717	14,728	14,888	-160	-1.1%
West	172,716	15,114	14,650	465	3.2%
Fair Deal (ex Contract & Subvention)	808,180	70,453	70,343	110	0.2%
National	1,461,852	124,761	123,427	1,334	1.1%

Haddington Road Implementation (Disability Services and Services for Older People)

The Social Care Division has undertaken a comprehensive range of work in maximising the potential that can be achieved through the implementation of the Haddington Road Agreement. This has involved, in particular, engagement with our voluntary sector partners in the disability sector as well as the health services directly provided by the HSE.

The process of engagement has included

- Establishment of two working groups, representative of the overall system.
- Meetings held by the National Director and team with the general counsel of the Federation of Voluntary Bodies (over 60 CEO's), the Disability Federation of Ireland and Not for Profit Governing Body in late 2013 and in February 2014.
- A workshop has been undertaken with a range of service managers, specialists and functional representatives (approximately 70 staff) in relation to the implementation of the agreement

A large scale data collection exercise is currently underway, due for completion 13th March, in respect of Disability Services to assess implementation of the agreement. A similar, comprehensive exercise is also underway in respect of Services for Older People. The output from this exercise will facilitate the identification and appropriate analysis and evaluation of variances from target reductions. In areas where the enablers of the agreement are not been fully utilised, service managers will be required to identify a suite of options and action plans to maximise the benefits from the agreement.

Measures, including site visits, will take place throughout the year to closely monitor and audit the implementation of HRA.

Mental Health Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

The National Service Plan 2014 places a particular emphasis on quality and patient safety. The National Mental Health Division is working with all Mental Health Area Management Teams to improve service quality. Initiatives include renewed focus on training in incident reporting, investigation, and notification processes at a local while improving data gathering, organisational learning and dissemination of findings at a national level.

The Mental Health Division Operational Plan includes the following Actions in respect of the Quality agenda:

- Ensure that capacity is in place nationally to respond in a standardized way to serious adverse incidents with the resources, protocols and policies in place by Q3.
- In relation to Mental Health Access and quality metrics, Phase 1 will be developed and piloted by Q4.

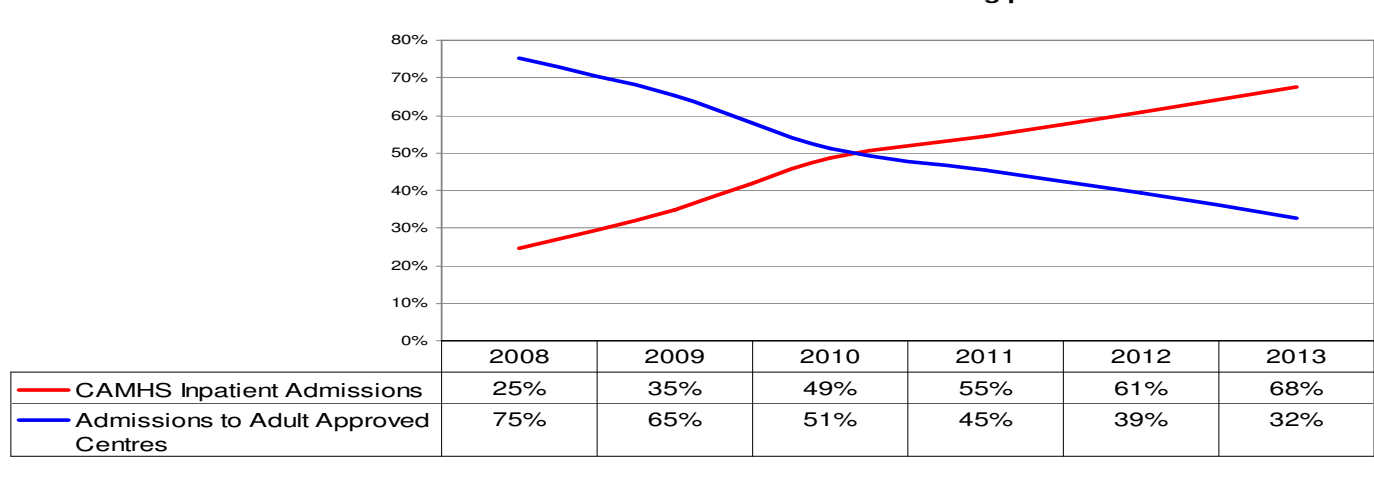
Focus on the reduction of the number of children being admitted to Adult Inpatient Units

The reduction in the numbers of children admitted to adult acute inpatient facilities has been a focus for the Mental Health Services for the last number of years and progress in this area has been extensive.

In 2008, 25% of admissions of children to HSE acute inpatient units were to age appropriate Child and Adolescent acute inpatient units. By 2013, this had increased to 68% of admissions. This is still not acceptable and the Mental Health Division is working to ensure that the commitment to have all of the Child and Adolescent Acute Inpatient Units operating to full capacity by the end of Quarter 1 is achieved.

Of a potential capacity of 66 beds, 56 are operational at present with the CAMHS Unit in Galway back to full 20-bed operational capacity.

Child & Adolescent Mental Health Admissions ratio excluding private units



ADULT MENTAL HEALTH SERVICES

In January, 75% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally. The objective is that this percentage would be greater than or equal to 75% in 2014.

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. The objective is that this percentage would be greater than or equal to 95% in 2014.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

In January, 71% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months. This figure is below the target for 2014 for this metric which is that the percentage of accepted referrals/re-referrals which would be offered a first appointment and seen within three months would be greater than or equal to 75%. A number of teams had not returned the data on time and this has contributed to the reported underperformance in January.

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 NOSP plays a pivotal role in funding, coordinating and giving strategic direction to the work of over 40 agencies from the voluntary, statutory and non-statutory sector working to promote positive mental health and reduce suicide and self-harm in Ireland.

In January, 2014 the NOSP completed the ongoing review of Reach Out and progressed ongoing work on the development of the new social marketing campaign and on-line web based information resource.

FINANCE

It is too early to identify any trend or make projections as to the likely year end position. We are reporting 0.65% of a deficit to the end of January and based on this there is no current indication of any additional financial risks over and above those flagged in NSP 2014 and the mental health division operational plan for 2014.

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	189,453	16,135	16,026	109	0.7%
DNE	148,626	12,380	12,535	-156	-1.2%
South	177,885	15,779	14,990	789	5.3%
West	189,555	15,737	16,089	-352	-2.2%
National	705,519	60,031	59,641	390	0.7%

HUMAN RESOURCES

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

Mental Health Staffing by Category							
Staffing	Medical/ Dental	Nursing	Health & Social Care Profes	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 @ Nov 2013	705	4,438	1,020	759	1,006	994	8,922
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ January 2014	711	4,458	1,077	763	961	983	8,953

* WTE = Whole Time Equivalent

The staffing analysis exercise seeking to link costs, outputs and comparative resource levels, taking account of Vision recommendations will inform decisions in relation to the allocation of the 2014 mental health investment of €20m and between 250-280 posts. The allocation of the new investment is planned for completion at the end of Quarter 1.

PROGRESS ON RECRUITMENT TO MENTAL HEALTH DEVELOPMENT POSTS

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

Of the 414 WTEs allocated in 2012, **the recruitment process is complete for 393.5 WTEs or 94% of the WTEs as at 31st January 2014 (Recruitment may be complete and staff either in post or due to take up post).**

There are a number of posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location and the remainder are at various stages in the recruitment process.

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

Of the posts allocated in 2013, **as at 31st January 2014**, the recruitment process is complete for 235 or 49% of the WTEs (***Recruitment may be complete and staff either in post or due to take up post***). There are a number of these posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location.

Finance Overview

At the 31st January 2014 the HSE is showing expenditure of €999.5m against a budget of €975m leading to a variance of €24.5m.

Expenditure by Category and Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000s	€'000s	€'000s	€'000s	
Acute Hospital Services*	3,731,311	335,677	315,412	20,265	6.42%
Palliative Care & Chronic Illness	68,066	5,827	5,720	107	1.87%
Total Acute Division	3,799,377	341,504	321,132	20,372	6.34%
Disability Services	1,399,591	118,434	116,875	1,559	1.33%
Older Persons (Including subvention and contract beds)	653,672	54,308	53,084	1,224	2.31%
Fair Deal Central	808,180	70,453	70,343	110	0.16%
Total Social Care Division	2,861,443	243,195	240,302	2,893	1.20%
Total Mental Health Division	705,519	60,031	59,641	390	0.65%
Multi Division Services	130,961	12,429	10,591	1,838	17.35%
Primary Care	556,788	45,714	46,913	- 1,199	-2.56%
Social Inclusion	132,971	9,736	10,795	- 1,059	-9.81%
Primary Care Reimbursement Service	2,236,438	191,542	190,821	721	0.38%
Local Schemes	172,492	17,875	14,526	3,349	23.06%
Total Primary Care Division	3,229,650	277,296	273,646	3,650	1.33%
Total Health & Wellbeing Division	223,638	14,677	18,373	- 3,696	-20.12%
Other Regional Services	26,849	618	1,263	- 645	-51.07%
Care Group / Other Services	53,056	1,971	4,401	- 2,430	-55.21%
Corporate Services and Pensions	397,863	40,023	33,333	6,690	20.07%
National Services	301,494	20,249	22,936	- 2,687	-11.72%
Held Funding **	- 7,947				
Total	11,590,942	999,564	975,027	24,537	2.52%

* The acute hospital services budget reported above includes budget for acute regional services

** Held funding includes €80m held centrally for HRA and €108m for unspecified pay savings.

ACUTE SERVICES

A material proportion of this variance or €20.2m is within the acute hospital sector with **€5.9m** or 29% and **€10.1m** of the acute deficit representing a deficit relating to hospital income generation and agency staffing levels. A significant proportion €7.8m or 78% of the variance relating to agency is within the medical category.

However it should be noted that there remains a significant issue nationally relating to the recruitment of NCHD's which is driving agency expenditure in certain hospitals. In addition to this hospital income generation will be closely monitored over the coming weeks to ascertain if there is an emerging underlying income generation issue in 2014.

JANUARY 2014 NATIONAL PERFORMANCE ASSURANCE REPORT

Hospitals by Region	Budget 2014	Actual	Budget	Variance	%
	€000s	€000s	€000s	€000s	Variance
Dublin Mid Leinster	1,300,412	113,756	108,498	5,258	4.85%
Louth Meath Hospitals Group	179,736	16,005	15,205	800	5.26%
Dublin North East Hospitals	676,349	61,037	58,521	2,516	4.30%
Dublin North East	856,085	77,042	73,726	3,316	4.50%
South	739,276	66,952	62,591	4,361	6.97%
West/North West Hospitals Group	599,921	55,656	50,704	4,952	9.77%
University of Limerick Hospitals	235,617	22,271	19,893	2,378	11.95%
West	835,537	77,928	70,597	7,331	10.38%
Total	3,731,310	335,678	315,412	20,266	6.43%

A significant proportion of this negative variance is concentrated in the Western and Mid Western hospital groups which account for 36% or €7.3m of the January overrun. Within the West / North West Group, Galway University has the most significant variance at €1.8m with the remaining deficits of hospitals within the group ranging from €112,000 to €854,000.

All hospitals within the Limerick Group are performing within budget with the exception of St. John's Hospital and University Hospital Limerick with deficits of €522,000 and €2.0m respectively. Other hospitals with significant negative variances in excess of €1m are St. Vincent's Hospital €1.3m, St. James's Hospital €1.2m and Waterford Regional Hospital €1.5m. Illustrated below are hospitals that have a deficit in excess of 10% of annual budget.

Acute Hospital Deficit Greater than 10%	YTD Actual	YTD Budget	Variance	% Variance
St. John's Hospital	1,795	1,273	522	41.01%
Portiuncula Hospital	4,581	3,727	854	22.91%
Mercy University Hospital	5,614	4,763	851	17.87%
South Tipperary General Hospital	4,288	3,688	600	16.27%
University Hospital Limerick	14,859	12,807	2,052	16.02%
Royal Victoria Eye & Ear Hospital	1,925	1,661	264	15.89%
Waterford Regional Hospital	12,546	10,979	1,567	14.27%
Our Lady's Hospital, Navan	3,501	3,110	391	12.57%
South Infirmary-Victoria University Hospital	3,601	3,262	339	10.39%

As well as the wider performance management of the acute system in 2014 a more targeted approach with individual poorer performing hospitals is now being undertaken. The Acute system is facing a challenging year in 2014 with legacy deficit issues to be addressed in year with hospitals expected to meet the full value of cost containment plans unachieved in 2013 of €56.5m. This is in addition to the full value of savings measures that are to be delivered in 2014. These current year measures include efficiencies relating to Haddington Road and hospital reconfiguration in addition to targets relating to Private Health Insurance income and other measure including delivery under the employment control framework and nurse bank initiatives. Engagement with hospitals relating to 2014 cost savings measures is ongoing with a deep dive review of individual hospital cost containment plans currently being undertaken.

DIVISIONS

Community services are showing a deficit in January of €2.2m which relates primarily to deficits in Disability and Older Persons services of €1.6m and €1.3m with offsetting surpluses in Primary Care and Social Inclusion.

Expenditure by Division	Approved Allocation	Actual	Plan	Variance	% Variance
	€'000s	€'000s	€'000s	€'000s	
	Acute	3,799,377	341,504	321,132	20,372
Primary Care	3,229,650	277,296	273,646	3,650	1.33%
Health and Wellbeing	223,638	14,677	18,373	-3,696	-20.12%
Social Care	2,861,443	243,195	240,302	2,893	1.20%
Mental Health	705,519	60,031	59,641	390	0.65%
Total	10,819,627	936,703	913,094	23,609	2.59%

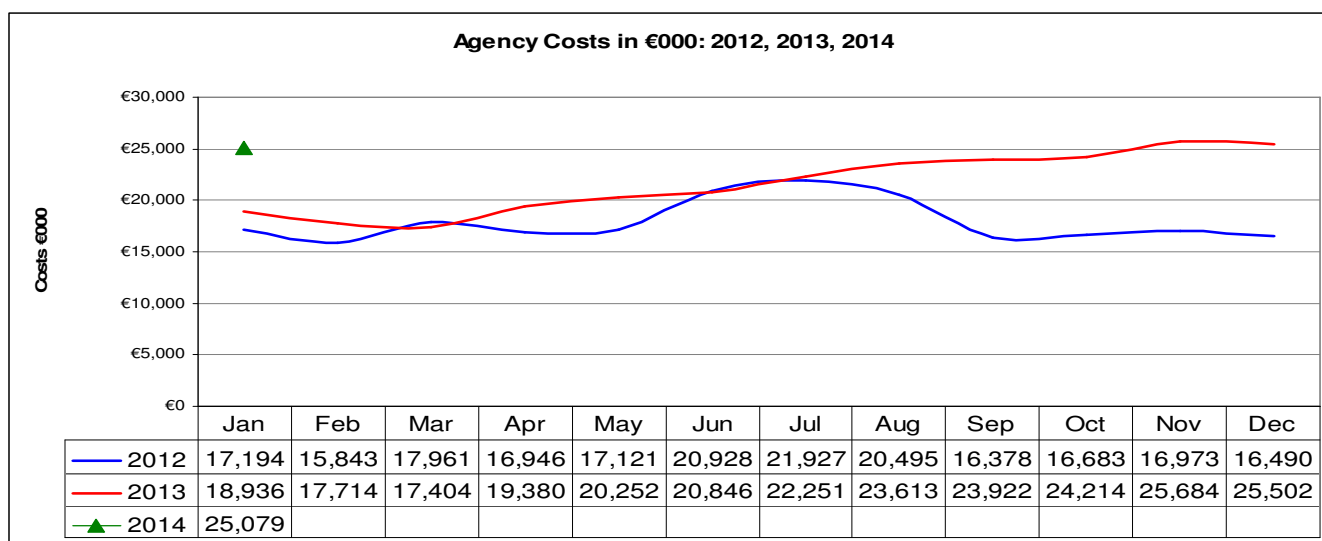
Local schemes are also exhibiting a deficit against budget of €3.35m to the end of January. Expenditure when compared to the last quarter of 2013 is at a consistent level when account is taken of the monthly expenditure. A probity exercise which started in 2013 in PCRS is ongoing with a view to strengthening control arrangements in respect of schemes.

Agency and Overtime from a financial perspective

Agency spend in the month of January was €25.079m compared €18.936m in the same month in 2013; 32% increase in the month. The spend on agency for Doctors rose by 103%, €7.823m in January 2014 compared to €3.853 in January 2013.

Agency is a key area of focus under Haddington Road.

Agency Costs by pay category	Doctors	Nurses	Care assistants, porters etc	Paramedical	Central Support	Total
	€000	€000	€000	€000	€000	€000
YTD January 2014	7,823	8,038	5,728	2,323	1,167	25,079
YTD January 2013	3,853	7,375	4,747	2,278	683	18,936
Change - YTD January 2014 vs YTD January 2013	103%	9%	21%	2%	71%	32%



Human Resources

HSE EMPLOYMENT CEILING

	WTE Dec 2013	Year-end ceiling (target)*	WTE Jan 2014	Variance to End of year target
Variance from current Target levels	99,959	94,600	96,582	1,982

*Amended post NSP 2014 to remove Children and Family Services from ceiling

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Dec)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.71%	4.70%	4.73%

WORKFORCE POSITION

- 96,582 WTEs at end of January with employment levels 1,422 WTEs below end of 2012.
- WNW Hospital Group is showing growth of 15 WTEs since start of 2014 and is 236 WTEs above its current ceiling. University of Limerick Group also grew by 15 WTEs in January. Acute Hospital Services has grown by 75 WTEs from December and is 574 WTEs above end of 2012 levels.
- National Ambulance Service has grown by 65 WTEs since end of 2012. This is primarily due to filling of new service developments provided for in the 2013 National Service Plan.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 941 WTEs above the current provision employment ceiling of 95,641 WTEs (excl CFA provisional ceiling of 3,296 WTEs) and 1,982 WTEs above provisional end of year target of 94,600 WTEs excluding CFA.
- Sub-allocation of the start 2014 employment ceiling by Divisions is work-in-progress.
- The more correct current overall ceiling variance is higher at 1,172 WTEs when unfilled posts from National Service Plans predating the 2013 plan are factored in. The ceiling for start of 2014 should also be capable of accommodating up to 544.80 WTEs new service development posts still to be filled as provided for in the National Service Plan 2013.
- One Region, HSE South is currently operating within its employment ceiling.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of January figure of the order of 263.15 WTEs, with Acute Services accounting for 84% of total. Non-acute services account for 16% of total.

Recruitment by Division								
Region	Acute Services	Primary Care	Health & Wellbeing	Social Care		Mental Health	Child Protection & Welfare	TOTAL
				Services for Older Persons	Disability Services			
DNE	4	10	0	0	1	3	3	21
DML	5	10	0	0	1	2	2	20
South	10	7	0	1	0	1	1	20
West	9	2	0	2	0	1	0	14
Corporate (incl CFS ACTS)	3	0	0		0	0	0	3
TOTAL	31	29	0	3	2	7	6	78

- 205 health and social care personnel have been recruited to work in the health services year-to-date of which 78 commenced employment in February 2014.
- 27 of these posts are Development Posts under the National Service Plan.

NEW SERVICE DEVELOPMENTS 2013

- 440.70 WTEs of 2013 new service development posts filled, up 100.5 WTEs from December (107.7 WTEs - National Ambulance Service, 155.5 WTEs - Primary Care, 163.5 WTEs - Mental Health Services, 10 WTEs - Acute Services and 1 Finance).

ABSENTEEISM (Reported 1 month in arrears)

Overall absenteeism target for 2013 is 3.5%.

- Absenteeism for December 4.71%, while the year to date position stands at 4.73% (Jan – Dec). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 89% of absenteeism in December was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions in December and year to date (Jan – Dec) is as follows:

Absenteeism by Region				
Region	DML	DNE	South	West
Dec-13	4.32%	4.74%	4.90%	5.03%
YTD	4.38%	4.54%	4.81%	5.22%

Health Service Management has a range of supports and interventions to address attendance management and absenteeism in place. These include;

- Training and development for line managers.
- HR and Occupational Health Interventions to support line managers in managing attendance.
- An agreed set of actions, monitored on a monthly basis by the Regional Directors of Performance and Integration and overseen by the Office of the Chief Operations Officer, is in place.
- Monthly reporting of absenteeism levels in National Performance Reports. Absenteeism is a key performance indicator (KPI) and is a feature of all management engagement at national, regional and local levels.