

AUGUST 2013

Health Service

National Performance Assurance Report

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THE REFORM PROGRAMME

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

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

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

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

ESTABLISHMENT OF THE DIRECTORATE

As part of the reform programme, the following changes were introduced during July 2013.

- The HSE's Board ceased to exist and a new governing body, the HSE Directorate under the leadership of the HSE's Director General was established. A number of Directors including the Chief Operating Officer/ Deputy Director General, Chief Financial Officer and Directors for Health and Wellbeing, Acute Hospitals, Primary Care, Social Care, and Mental Health services were also appointed by the Minister to the Directorate.
- The Integrated Services Directorate which had responsibility for the delivery of all health and personal social services across the country, ceased to exist and operational responsibility at national level moved from the National Director for Integrated Services to the new Acute, Primary Care, Social Care, Mental Health and Health and Wellbeing Divisions.
- A Systems Reform Group was established to support the overall delivery of change across the health services.
- Four Regional Directors for Performance and Integration (RDPIs) are also now in place covering Dublin Mid Leinster, Dublin North East, the South and the West. The RDPIs will play a key role in the performance and integration of services at regional level and ultimately will act as commissioning/ contract managers within the Healthcare Agency.

Quality and Patient Safety, the rolling out of the National Clinical Programmes and the National Cancer Control Programme continue to be areas of critical focus for the HSE.

In line with the HSE's changed governance arrangements, a sub group of the Directorate, the National Planning and Performance Assurance (NPPAG) chaired by the Chief Operating Officer (COO)/ Deputy Director General was established as the principal planning and performance assurance group within the HSE. It is responsible for ensuring the systems, controls and processes are in place to provide appropriate levels of assurance to the Director General, the Directorate and the Minister that the HSE is delivering on its National Service Plan commitments.

This National Performance Assurance Report for August 2013 is the first report to be produced under these new governance arrangements and focuses on the key areas of quality, activity, workforce and finance across the health service for the month. The format and content of the monthly report will be further developed and enhanced over the coming months.

Performance Overview August 2013

INTRODUCTION TO THE AUGUST 2013 REPORT

Since 2008 the health service budget has reduced by €3.3 billion and between September 2007 and August 2013 there has been a reduction of 12,193 whole time equivalent (WTE) staff members.

There has also been an 8% increase in the overall population since 2006. It now stands at 4.58m and the number of people aged over 65 years has increased by 14% in the same period. This increase in and ageing of the population means that there is a greater demand for health services. Even with the reduction in budget and staff numbers the health services continue to deliver more care each year.

ACUTE HOSPITALS

There has been a 3% (8,952) increase in the overall number of emergency admissions in the period January to August 2013 when compared with the same period in 2012. Cases are also more complex which leads to higher costs.

The health service has over recent years sought to increase the proportion of patients treated on a day care basis rather than as inpatients. The number of all patients who are treated on a day care basis has grown from 675,162 in 2009 to 826,825 at the end of 2012 this is a 22.5% increase in the proportion of day cases over the period. This policy change in relation to day cases is now embedded within the processes of the hospital system and consequently the proportions of procedures have stabilised over 2011 and 2012 with approximately 58% delivered as day cases and 42% as inpatient care. There have been 542,795 day care attendances in the period January to August 2013.

The patient experience in our Emergency Departments continues to improve, with 82% of patients being admitted or discharged within 9 hours. In relation to the number of people waiting on trolleys, year to date there has been an 11.9% improvement compared to 2012. This means 6,088 fewer patients are waiting on trolleys.

In 2011 / 2013 there was a 30% reduction in the number of ED patients waiting on trolleys for ward bed accommodation.

86% of all adults on the elective waiting list are waiting less than 8 months and 79% of all children less than 20 weeks.

In palliative care services 93% of referrals get access to specialist inpatient beds within 7 days. This exceeds the 92% target.

CANCER SERVICES

The HSE continues to implement and see improvements in its surgical and medical oncology services and in screening programmes such as Breast Check, colorectal and diabetic retinopathy. In August all patients requiring an urgent colonoscopy were seen within the 4 week target.

CLINICAL PROGRAMMES

The HSE's Clinical Programmes continue their work to improve services ranging from disease prevention to intensive care. Through the National Stroke Programme, stroke thrombolysis is now available at all acute hospitals admitting stroke patients and 11.8% of patients are being thrombolysed. This rate compares well with the best European figures and exceeds the programme target of 9%.

MENTAL HEALTH

Over the past two years there has been significant investment in mental health services (€35m each year). As a result, access to child and adolescent mental health services continues to improve as additional services come on stream. There are now 41 operational inpatient beds compared to 16 in 2008. There are more clinicians in community teams by the end of August, an additional 6,586 newly referred child/adolescent cases have been seen. This is a 13% increase compared to the same time last year.

PRIMARY CARE

Primary Care physiotherapy services have received 118,228 referrals up to the end of August. This is 2.9% above target. 96,334 patients were seen for a first time assessment in the same period, which is 3.9% above target.

GPs provided services out of hours to 76,014 patients in August, bringing the total number of contacts for the year to the end of August to 663,927.

At the end of August there were 1,863,062 (40.6% of the population) in receipt of a Medical Card and 124,361 (2.71% of the population) in receipt of a GP Visit card. This is a total of 1,987,423 (43% of the population) in receipt of either a Medical Card or GP Visit card. Included in these cards are 53,888 Medical Cards granted on discretionary grounds and 21,132 GP Visit Cards granted on discretionary grounds.

98% of completed Medical Card applications are processed and issued within 15 days. This exceeds the National Service Plan target of 90% of completed applications.

SOCIAL CARE: OLDER PERSONS

The Nursing Home Support Scheme supports 23,328 long term residential clients. In the 8 months to August 5,587 new clients were supported. 100% of applications under the scheme were processed within four weeks.

With the number of people over 65 growing by 20,000 each year, there has been continued investment in the home help service and home care packages so that people as they age can stay in their own homes. In August over 45,000 people were in receipt of home help services with more than 6.3 million hours delivered since January. 11,324 Home Care Packages have also been provided in the same period.

SOCIAL CARE: DISABILITY SERVICES

The target in 2013 is to deliver a Home Support or a Personal Assistant service to 4,166 persons with a physical and / or sensory disability. As of June 2013, there were 5,178 adults and children with a physical and / or sensory disability in receipt of Home Support or a Personal Assistant Service.

HEALTH AND WELLBEING

Immunisation is an important priority for protecting the health of children. The 6 in 1 immunisation is now offered for children at 24 months with an uptake rate of 94.9%. This is marginally lower than the target rate of 95%.

The flu vaccine is now available. The flu can be a very serious and sometimes deadly illness, especially for people who are older or who have a long-term illness. The HSE is encouraging people over 65 years, those with long term illness and women who are pregnant to avail of the vaccination. It is free for those with a medical care or GP visit card. The vaccine is free for the other groups but there will be a consultation fee.

CHILDREN AND FAMILY SERVICES

At the end of August 91.6% of children in care have been allocated a social worker and 90% have a written care plan.

FINANCE

The HSE is reporting year to date expenditure of €8.321 billion against a budget of €8.227 billion resulting in a gross deficit of €93.7 million at the end of August. The deficit in the same period in 2012 was €404 million.

HUMAN RESOURCES

Implementation of the provisions of the Haddington Road Agreement has continued during the month of August and is a critical component of the health service reform programme. It is planned that future performance reports will provide greater detail in relation to the progress being made in implementing the Agreement.

The number of people employed in the health service (WTEs) being reported at the end of August is 100,578. The target for year end is 98,938, a variance of 1,640. A total reduction of 928 WTEs has been seen over 8 months to the end of August. It is unlikely that this level of reductions will be achieved in the remaining 4 months of 2013.

HSE absenteeism rate YTD stands at 4.72%.

The HSE continues to fill critical front line posts. 2,100 people have commenced employment in 2013 including 453 health and social care personnel across Primary Care, Mental Health and Social Care.

Updates by Division

Acute Services Division

INTRODUCTION

There are nationally 48 hospitals which deliver a wide range of services including assessment, diagnosis, treatment and rehabilitation of both acute complex conditions as well as non-urgent conditions. There are also national specialist services in areas such as heart, lung and liver transplants, bone marrow transplants, spinal injuries, paediatric cardiac services and medical genetics.

Hospitals are providing more and more services each year as a result of the demands attributable to demographic changes and clinical developments. In excess of 1.1 million people receive emergency care each year and 1.4 million receive either inpatient or day care treatment in hospital.

AREAS OF FOCUS IN THIS REPORT

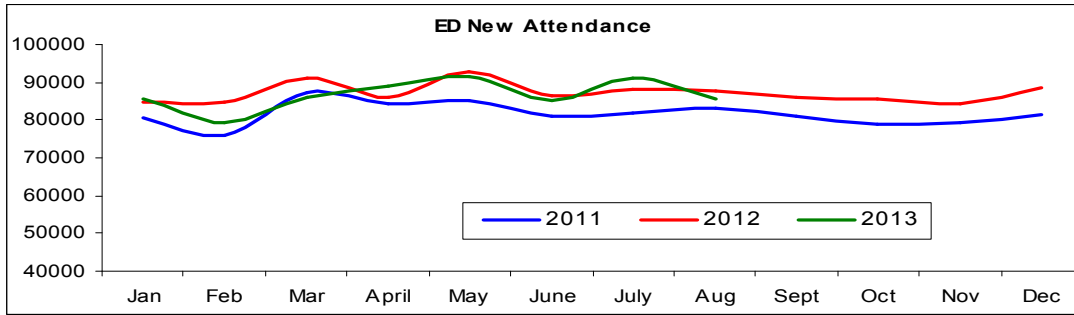
- Overview of hospital activity
- Emergency Department New Attendance
- ED Patient Experience Time (PET)
- Inpatient Discharges
- Inpatient Admission Source
- Emergency Admissions
- TrolleyGar Performance
- Elective Inpatients
- Waiting Lists
- Day Care Attendances
- Outpatient Waiting List
- Emergency Response Times
- Elective Inpatients
- Palliative Care

OVERVIEW OF HOSPITAL ACTIVITY

Activity Type	Jan - Aug Actual 2012	Jan - Aug Actual 2013	Val Var	% Var	
ED New Attendances	702,061	693,964	(8,097)	(1%)	
Inpatient Discharges	390,038	387,417	(2,621)	(1%)	
Day Care Attendances	546,068	542,795	(3,273)	(1%)	
OPD	New	455,771	485,159	29,388	6%
	Return	1,096,259	1,151,597	55,338	5%

EMERGENCY DEPARTMENT NEW ATTENDANCES

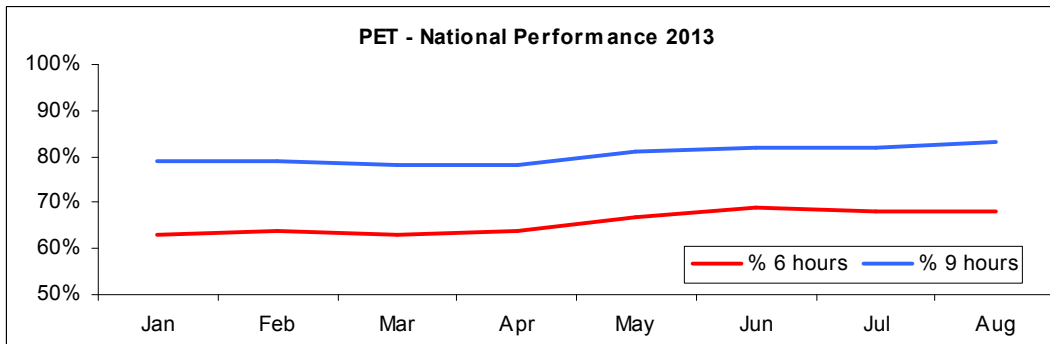
- Jan - August 2012 / 2013 1% reduction (n=8,097)
- 693,964 new ED attendances year-to-date 2013, 85,711 in August



ED PATIENT EXPERIENCE TIME (PET)

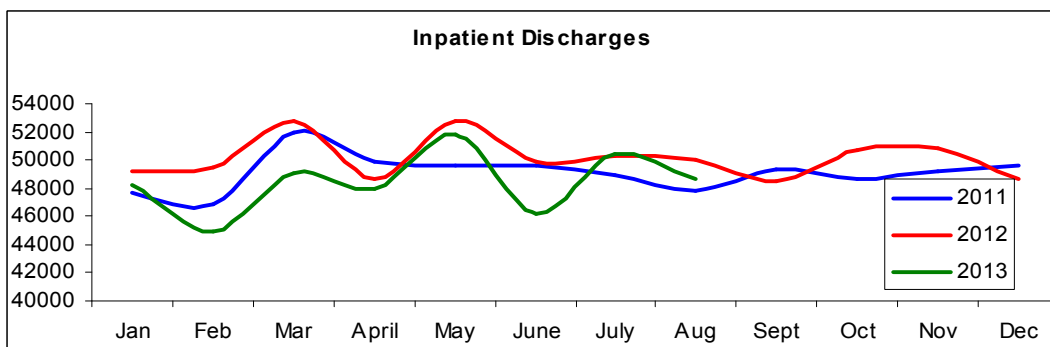
National target is 95% of all patients attending ED being discharged or admitted within 6 hours and 100% of all patients being discharged or admitted within 9 hours

- In August 2013 68% of patients attending Emergency Departments were discharged home / admitted within 6 hours – 65.8% YTD
- In August 2013 82% of patients attending Emergency Departments were discharged home / admitted within 9 hours - 79.9% YTD



INPATIENT DISCHARGES

- Jan - August 2013 / 2012 1% decrease in the number of discharges (n=2,621)
- Jan - August 2013 actual / target 0.2% decrease in the number of discharges (n=898)
- 387,417 inpatients discharged from our hospitals year-to-date in 2013, 48,698 in August



INPATIENT ADMISSION SOURCE

Activity Type		Jan – Aug Actual 2012	Jan - Aug Actual 2013	Val Var	% Var
Emergency Admissions	ED Admissions	190,116	186,431	(3,685)	(2%)
	Emergency (Other)	53,602	52,727	(875)	(2%)
	AMAU Admissions *	12,126	25,638	13,512	111%
	Emergency Subtotal	255,844	264,796	8,952	3%
Elective	Elective Admissions	113,779	111,182	(2,597)	(2%)
Total Admissions		369,623	375,978	6,355	2%

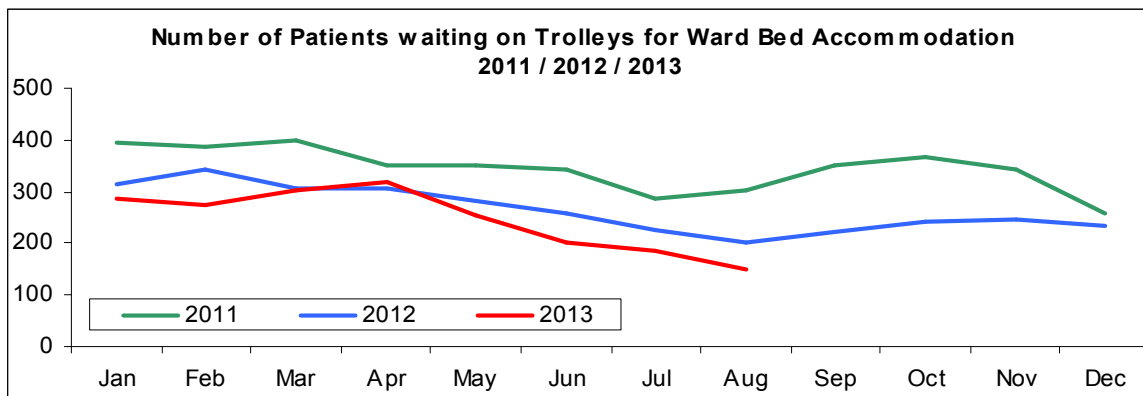
*Note: An Acute Medical Assessment Unit (AMAU) is a facility whose primary function is the immediate and early specialist assessment and management of adult patients referred for admission by a GP or an ED doctor. Its aim is to provide a dedicated location for the rapid assessment, diagnosis and commencement of appropriate treatment and the determination, by a senior medical doctor, of whether an overnight admission is necessary. The development of AMAUs is progressing incrementally across hospitals in 2013.

EMERGENCY (non-scheduled) ADMISSIONS

- In the period Jan – August 2013 8,952 additional Emergency Admissions were recorded compared to the same period in 2012 (+3%)
- 264,796 people emergency admissions have been treated in our hospitals year-to-date in 2013, 33,358 in August

TROLLEYGAR PERFORMANCE

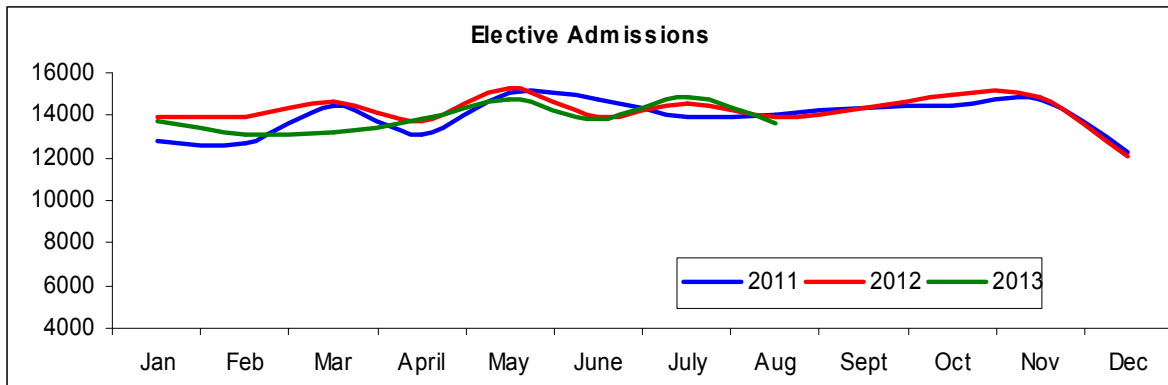
- 2011 / 2012 - 23% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2012 / 2013 - 12% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2011 / 2013 - 30% reduction in the number of ED patients waiting on trolleys for ward bed accommodation



ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES

ELECTIVE ADMISSIONS

- In the period Jan – August 2013 there was a decrease of 2,597 in the number of elective admissions recorded (-12.2%)
- There were a total of 111,182 elective inpatient admissions year-to-date, 13,643 in these were in August



WAITING LIST ADULT

- 86% of all adults waiting on the elective waiting list are waiting less than 8 months (n= 39,036)

National	Elective Inpatient Waiting List 0- 9 months	Day Case Waiting List 0- 9 months	Elective Inpatient Waiting List > 9 months	Day Case Waiting List > 9 months	Total
	10,947	29,854	1,580	2,960	45,341

WAITING LIST PAEDIATRIC

- 79% of all children waiting on the elective waiting list are waiting less than 20 weeks (n=3,446)

National	Elective Inpatient Waiting List 0- 20 weeks	Day Case Waiting List 0- 20 weeks	Elective Inpatient Waiting List > 20 weeks	Day Case Waiting List > 20 weeks	Total
	1,536	1,910	513	395	4,354

NUMBER OF SCHEDULED PATIENTS WAITING FOR ADMISSION JULY/AUGUST 2013 COMPARISON

- Overall waiting list* growth trend experienced from January - July has now been reversed.
- In July / August there was 2% reduction in the total number of patients waiting for admission, 6% reduction in the number of patients waiting > 12 months.

All Hospitals have now developed and commenced necessary action plans to effect national target (0 patients waiting > 8months) by 31.12.13.

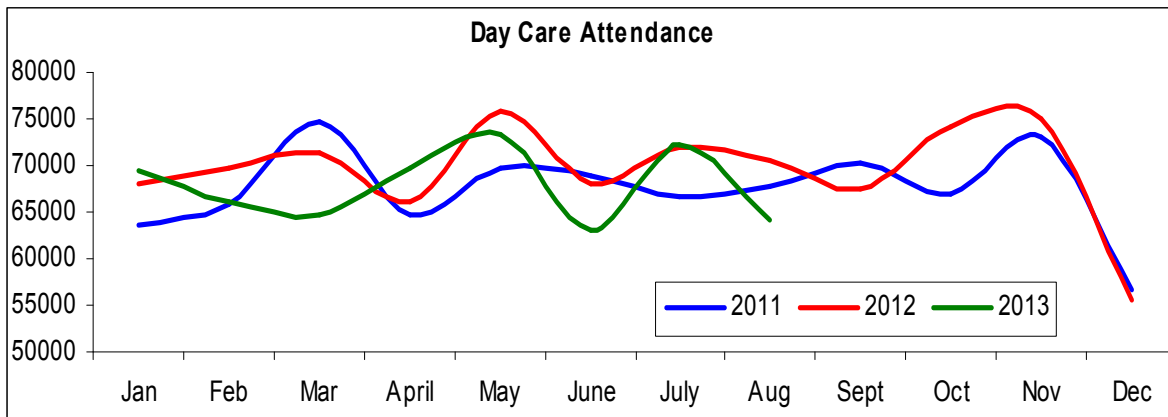
The requirement remains for more effective chronological admission - this necessity will be closely monitored by SDU / NTPF for remainder of year

National	Period	0-3 Months	3-6 Months	6-8 Months	8-12 Months	12+ Months	Grand Total
	25/07/2013	33,005	15,334	5,131	5,396	1,066	59,932
29/08/2013	30,408	15,755	5,820	5,661	1,005	58,649	
Val Var	(2,597)	421	689	265	(61)	(1,283)	
% Var	(8%)	3%	13%	5%	(6%)	(2%)	

*This waiting list refers to Inpatient and Day case procedures for Adults and Children and it includes GI scopes.

DAY CARE ATTENDANCES

- Jan-August 2013 / 2012 1% decrease in the number of Day Care attendances (n=3,273)
- Jan-August 2013 actual / target 0.4% decrease (n=2,039)
- 542,795 day cases have been treated in our hospitals year-to-date in 2013, 64,063 in August



COLONOSCOPY

No patients were reported as waiting greater than 4 week (28 Days) for an urgent Colonoscopy at the end of August.

GI ENDOSCOPY

7,602 (85%) patients on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of August, 1,352 (15%) of patients were waiting greater than 13 weeks. Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

OUTPATIENT ACTIVITY

Jan – August 2013/12 6% increase in the total number of OPD new attendances

OUTPATIENT WAITING LIST

3% reduction in total number of new patients waiting (n=10,528)

- 15% reduction in the number of patients waiting more than 6 months (n=27,316)
- 19% reduction in the number of patients waiting more than 12 months (n=19,266)

84,167 (22%) of total number of patients are waiting more than 12 months

National total waiting 374,104

Hospitals have developed and commenced necessary action plans to ensure no patient is waiting more than 12 months by year end.

Performance improvements have been achieved in relation to increased attendance volume, more appropriate chronological booking and effective validation. These are demonstrated in terms of a 6% increase in new OPD attendances, an increase in the number of patients waiting less than 3 months (5%) and a reduction in the number of patients waiting more than 12 months (19%).

Outpatient Waiting List (Total)					
	12-24 months	24-36 months	36-48 months	48+ months	*Grand Total
DML	13,327	2,785	157	17	101,181
DNE	10,033	1,749	498	137	81,677
South	13,519	6,067	1,602	661	87,795
West	18,543	9,900	3,751	1,421	103,451
National	55,422	20,501	6,008	2,236	374,104
<i>* Grand Total includes less than 12 months</i>					

AMBULANCE SERVICE EMERGENCY RESPONSE TIMES

In 2013 YTD, 58,172 Category 1 calls (ECHO and DELTA) have been received.

The target for 2013 is that 70% of Clinical Status 1 ECHO incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance year to date is at 69.50%. In August 2013 this was 67.72%.

The target for 2013 is that 68% of Clinical Status 1 DELTA incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance year to date is at 64.48%. In August 2013 this was 65.84%.

AUGUST 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

In 2013 YTD, 58,172 Category 1 calls (ECHO and DELTA) have been received.

Table 1: Emergency Response Times

METRIC	North Leinster	South	West	National	Performance YTD
Emergency Response Times - % of Clinical Status 1 ECHO incidents responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less	69.11%	57.14%	71.05%	67.72%	69.50%
Emergency Response Times - % of Clinical Status 1 DELTA incidents responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less	69.53%	55.52%	61.28%	65.84%	64.48%

Table 2: Total Number of Calls

METRIC	North Leinster	South	West	National	Performance YTD
Emergency Response Times – Number of Clinical Status 1 ECHO calls	123	28	38	189	1,987
Emergency Response Times – Number of Clinical Status 1 DELTA calls	4,535	1,068	1250	6,853	56,185

The recorded response times for the South Area are being monitored closely through the recently centralised call taking and control facility in Townsend St. with a focus by Control Managers on any required improvements to the call and dispatch arrangements.

INTERMEDIATE CARE SERVICES

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

To date in 2013, 16 Intermediate Care Vehicles and 41.4 WTE have been appointed to Intermediate Care Operative (ICO) positions across the country. A further 36 WTE will complete training and be appointed to ICO posts nationally by year end.

Palliative Care Services

INTRODUCTION

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

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

PALLIATIVE CARE: ACCESS TO SPECIALIST INPATIENT BEDS

The target in 2013 is to provide 92% of referral with access to specialist in-patient beds within 7 days.

- Target is being exceeded at 93% year-to-date, 92% in August 2013.
- Year-to-date performance in South Region is 8% and West Region is 5% above target.
- In 2013, 1,507 new patients received inpatient services year-to-date equating to an average of 188 new patients per month.
- 364 people on average per month receive specialist palliative care inpatient services.

PALLIATIVE CARE: ACCESS TO SPECIALIST COMMUNITY TEAMS

The target in 2013 is to provide 82% of referrals from home, non-acute hospitals, long term residential care settings with access to palliative care specialist community teams.

- 86% has been provided year-to-date, 87% in August 2013.
- Year-to-date performance in DML is 4%, South Region is 2% and West Region is 10% above target.
- 5,866 new patients received specialist palliative care community services year-to-date equating to an average of 733 new patients per month.
- 3,071 people on average per month are in receipt of specialist palliative care community services.

Primary Care Services Division

INTRODUCTION

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

AREAS OF FOCUS IN THIS REPORT

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

PRIMARY CARE TEAMS (PCTS)

- 423 Primary Care Teams are in place providing services for the population.
- During the month of August, 1,988 patient care plans for complex cases were initiated.

GP OUT OF HOURS SERVICE

- 76,014 patients availed of GP out of hour's services in August (i.e. triage, treatment, home visit etc). This brings the total number of contacts year to date at the end of August to 663,927.
- Performance year to date in the four Regions is as follows; DML is 1.9% above target, DNE is 5.9% above target, South is 1% above and West is 1.3% above target.

PHYSIOTHERAPY SERVICES

NO OF REFERRALS, PATIENTS SEEN AND CONTACTS FOR PHYSIOTHERAPY

- 14,274 referrals were received in August – this brings the referrals received year to date to the end of August to 118,228. This is 2.9% above expected activity year to date.
- 11,667 patients were seen in August - this brings the figure seen year-to-date to the end of August to 96,334. This is 3.9% above the expected activity year to date.
- There were 57,633 treatment contacts in August - this brings the figure seen year-to-date to the end of August to 484,603. This is 1% above the expected activity year to date.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	-3.7%	+6.5%	+3.5%	+5.5%	+2.9%
Patients seen	-1.3%	+8.7%	+0.2%	+9.4%	+3.9%
Treatment contacts	On target	+3.9%	-2.1%	+3.2%	+1.0%

OCCUPATIONAL THERAPY SERVICES

NO OF REFERRALS RECEIVED FOR AND NO OF CLIENTS WHO RECEIVED A DIRECT PRIMARY CARE OCCUPATIONAL THERAPY SERVICE

- 6,100 referrals were received in August – this brings the referrals received year to date to the end of August to 50,389. This 6.8% above the expected activity year to date
- 11,386 clients received a direct service in August. This is 7.1% below the expected activity year to date.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+7.4%	+4.8%	+6.9%	+7.8%	+3.5%
Direct contacts	-8.4%	-18.3%	-10.4%	+7.0%	-7.1%

Primary Care Reimbursement Service

MEDICAL CARDS

The number of people covered by medical cards has increased by 9,185 in the period from January to August 2013 and now stands at 1.8m people - the highest ever since the scheme commenced. If GP visit cards are included, the overall number of people covered by medical cards comes to 1,987,423 (43% of the population). Included in these cards are 53,888 medical cards granted on discretionary grounds and 21,132 GP visit cards granted on discretionary grounds.

As of end August 2013, 98% of completed medical card applications are processed and issued within 15 days - the National Service Plan target is 90%. Of the 2% which are not processed within target, the majority relates to applications where the income is in excess of the qualifying limits and a medical assessment is required.

Performance Activity Medical Cards and GP Visit Cards *	31-Dec-13 Target	DML	DNE	South	West	National Total	No.cards same period last year
Number of People with Medical Cards	1,921,245	469,618	395,504	499,485	498,455	1,863,062	1,836,604
Number of people with GP Visit Cards	265,257	29,063	24,715	37,757	32,826	124,361	131,318
Total	2,186,502	498,681	420,219	537,242	531,281	1,987,423	1,967,922

*Includes cards granted on discretionary grounds

Social Inclusion Services

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

METHADONE AND NEEDLE EXCHANGE PROGRAMMES

- The target in 2013 is that 8,650 clients would receive methadone treatment.
- 9,004 clients received this service as of the August reporting period which includes 3,686 patients being treated by 321 GPs in the community.
- Activity is 4.1% above target and performance in the four Regions is as follows (DML is 1.8% above target. DNE is 4.0% above target, South is 20.9% above target, and West is 17.3% above target).
- Methadone was dispensed by 575 pharmacies during the reporting period
- At the end of August there were 72 HSE clinics providing methadone treatment and an additional 10 clinics were provided in the prison service.
- 76 new patients commenced methadone treatment during August (9 in General Practice, 42 in HSE clinics and 25 in prison clinics).

Health and Wellbeing

INTRODUCTION TO HEALTH AND WELLBEING SERVICES

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

AREAS OF FOCUS IN THIS REPORT

- Child Health Development Screening
- PHN visits
- Immunisation uptake rates
- Tobacco cessation support
- Environmental Health food inspections
- Number of outbreaks being managed

CHILD HEALTH DEVELOPMENTAL SCREENING

- The target in 2013 is that 95% of children reaching 10 months within the monthly reporting period have had their child development health screening (7 – 9 month developmental check) before reaching 10 months of age.
- 40,604 children (87.5%) have received child developmental health screening within target year-to-date – 5,116 (89.9%) in August 2013.
- Galway Local Health Office continues to have a low uptake with an August figure returned of 58.2% which is an improvement from the January position of 24.8%. Galway Local Health Office prioritised the 7 - 9 month developmental check and a plan was formulated for PHN and AMO services to specifically address the backlog during the months of July and August.

IMMUNISATIONS AND VACCINATIONS

CHILD HEALTH IMMUNISATIONS 6-IN-1 AT 24 MONTHS

The national performance uptake is 94.9%. 18 Local Health Offices have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period (Q1 2013) who have received their 6-in-1 vaccination. The remaining Local Health Offices performed between 88.8% and 94.9%.

CHILD HEALTH IMMUNISATIONS MMR AT 24 MONTHS

The national performance uptake is 92.4%. 8 Local Health Offices have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period (Q1 2013) who have received their MMR vaccination. The remaining Local Health Offices performed between 86.0% and 94.8%. In Ireland there have been over 32 cases of measles since the start of 2013; 10 children less than 10 years of age have been confirmed by laboratory testing.

CHILD HEALTH PHN 48 HOUR VISIT

The national performance for Q2 2013 is 83.0%. 6 Local Health Offices have met or exceeded the target of 95% for the percentage newborn infants discharged for the first time from a maternity hospital who were visited by a Public Health Nurse within 48 hours of the hospital discharge.

The remaining Local Health Offices performed at 70% or over with the exception of 3 Local Health Offices, Meath 66.0%; Dublin North 67.0% and Dublin North West 68.7%.

FLU VACCINATION

The flu vaccine is now available. The flu can be a very serious and sometimes deadly illness, especially for people who are older or who have a long-term illness. The HSE is encouraging people over 65 years and those who with long term illness and women who are pregnant to avail of the vaccination. It is free for those with a medical care or GP visit card. The vaccine is free for the other groups but there will be a consultation fee.

Social Care Services: Services for Older People

INTRODUCTION TO OLDER PERSONS SERVICES

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

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

AREAS OF FOCUS IN THIS REPORT

- Service activity
- Home Care Packages
- Number of people being funded under NHSS
- Home Help Hours

SERVICE ACTIVITY

- 45,874 clients in receipt of home help service
- 11,324 clients (at any one time) in receipt of a home care package
- 23,328 clients supported by the Nursing Home Support Scheme

NUMBER OF PEOPLE FUNDED UNDER THE NURSING HOME SUPPORT SCHEME (NHSS)

Number of patients who have been approved for Long Term Residential Care funded beds						
Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No of clients in other* categories	Total in Payment during Month	Approved but not yet in payment	Overall Total
End Q4 –2012	5,080	14,590	2,395	22,065	806	22,871
DML	1,413	4,102	779	6,294	261	6,555
DNE	917	3,094	415	4,426	195	4,621
South	1,515	4,178	366	6,059	145	6,204
West	1,260	4,256	309	5,825	123	5,948
Total –Aug 2013	5,105	15,630	1,869	22,604	724	23,328

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

- In August 2013 23,328 long-term public and private residential places are supported under the scheme.
- In the first eight months of 2013, 7,430 applications were received and 5,587 new clients were supported under the NHSS in public and private nursing homes (net increase of 1,071 during the period).
- The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. At the end of August there were 512 people on the scheme's national placement list.
- 100% of complete NHSS applications were processed within four weeks.

HOME CARE PACKAGES

- The target in 2013 is to deliver 10,870 home care packages.
- 11,324 home care packages have been provided to end of August 2013
- Activity year-to-date is 4.2% above target
- South and West Regions are below target with a variance of 11.7% and 2.4% respectively
- DML and DNE Regions are above target at 14.6% and 11.4%

HOME HELP HOURS

- At the end of August 2013, 6.3m home help hours have been provided, supporting over 45,000 people in their own homes
- For 2013, target service delivery is 10.3m home help hours. Home help hours at the end of August are 2.7% behind target. DML, South and West Regions are behind target by 7%, 6.4% and 1.7% respectively, while DNE is 7.1% ahead of target for home help hours.
- The intention for 2013 was to progressively increase the level of service provision being provided on a quarter by quarter basis. The monthly average for Quarter 1 is 742,675 hours and the monthly average for Quarter 2 is 773,614 hours, this growing trend will continue to year end in response to individual service demand, including increased seasonal provision to support the "Winter Plan", while also ensuring a sustainable level of service delivery on an ELS basis for home help hours going into 2014.

Social Care Services: Disability Services

INTRODUCTION TO DISABILITY SERVICES

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

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

AREAS OF FOCUS IN THIS REPORT

- Home Support and Personal Assistant Service
- School Leavers & Rehabilitative Training Placements

HOME SUPPORT AND PERSONAL ASSISTANT SERVICE

- The target in 2013 is to deliver a Home Support or a Personal Assistant service to 4,166 persons with a physical and / or sensory disability.
- As of June 2013, there were 5,178 adults and children with a physical and / or sensory disability in receipt of Home Support or a Personal Assistant Service (24.3% above target).

SCHOOL LEAVERS & REHABILITATIVE TRAINING PLACEMENTS

The demand for services continues to grow, with a total requirement in 2013 of 1332 made up of 850 School Leavers and 482 rehabilitative training exits. In order to address this requirement the €4m full year costs included in the National Service Plan 2013 has been allocated. The table below outlines the services that have been delivered to date.

	National	DNE	West	South	DML
School Leavers					
Numbers of Placements Required	850	121	268	268	193
Numbers Accommodated to Date	831-98%	114 -94%	264 -99%	262 -98%	191- 99%
Numbers Awaiting Placement	19	7	4	6	2
RT Progressions					
Numbers of Placements Required	482	53	153	164	112
Numbers Accommodated to Date	474 -98%	52 - 98%	148 -97%	162 -99%	112 -100%
Numbers Awaiting Placement	8	1	5	2	0
Overall Totals					
Numbers of Placements Required	1,332	174	421	432	305
Numbers Accommodated to Date	1,305	166	412	424	303
Numbers Awaiting Placement	27	8	9	8	2

AUGUST 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

Of the total requirement of 1,332 places, the services have now provided places for 1,305 people i.e. 831 school leavers and 474 rehabilitative training exits. Currently 27 individuals (1%) still require a place. In addition, of the 1305 who have been provided with places, 163 (12.5%) have been provided with partial placement and require additional hours to address their assessed need.

Work is underway in each region to address the needs of those individuals who have not been provided with placements or those placements requiring additional hours. The position is summarised in table 4 below:

REGION	Have No Placement	Partial placement but require additional hours
DML	2	58
DNE	8	14
SOUTH	8	49
WEST	9	42
Total	27	163

From within the existing disability allocation, resources are being made available by the HSE to enable these remaining places to be provided. The HSE in collaboration with voluntary service providers and umbrella representative groups will put in place the necessary monitoring and oversight arrangements to ensure that these remaining places are implemented as speedily as possible and at the latest by end of October 2013.

Mental Health Services

INTRODUCTION TO MENTAL HEALTH SERVICES

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

AREAS OF FOCUS IN THIS REPORT

- Child and Adolescent Mental Health Service
- Suicide Prevention
- Initial Key Performance Indicators for General Adult and Psychiatry of Old Age
- Health Reform – update on establishment of new national mental health division.
- Recruitment update

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

- Plans are in place to bring the available capacity of our child and adolescent inpatient units up by 37% from 41 beds to 66 beds by January 2014. Admissions year to date are ahead of target by 13 cases or 12%.
- The target in 2013 is to offer first appointments and see 10,025 new (including re-referred cases).
- 7,454 children / adolescents have been offered first appointment year-to-date.
- 6,586 new (including re-referred) cases have been seen year-to-date to end of August 2013. Some regions are running behind planned levels of service: DML -4%, DNE -34% and South -12%.
- 9,859 referrals have been received year to date, this is +1,133 higher than the planned level of service (+13%). Currently the demand on our community teams as measured by number of new referrals received and accepted is increasing year on year.
- The numbers seen within 3 months is on target at 70% in overall terms albeit with some regional variation which is being examined.

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

INITIAL KEY PERFORMANCE INDICATORS (KPI's) FOR GENERAL ADULT AND PSYCHIATRY OF OLD AGE SERVICES

- A significant programme of work is underway in these 2 key general services building on progress to-date in the definition, collection and use of CAMHS KPI data despite the lack of

ICT systems and continued reduction in administration staff. At this stage, pending further work on standardising data protocols, the data below should be viewed as illustrative.

- Our general adult community teams have received nearly 28,000 referrals so far this year and have accepted 90% or approx. 25,000. 86% of referrals have been seen within 8 weeks or less with 94% seen within 12 weeks or less.
- Our Psychiatry of Old Age Teams have received 6,973 referrals to date, have accepted 6,552 or 94% and have seen 6,052. 97% of referrals have been seen within 8 weeks or less and 99% within 12 weeks or less.
- Our medium to long term goal, as our ICT systems are developed, is to improve the scope and coverage of our KPI's including incorporating quality and outcome metrics.

SUICIDE PREVENTION

The investment in 2012 and 2013 provided additional resources for suicide prevention. The National Office for Suicide Prevention oversees the implementation, monitoring and evaluation of Reach Out, the National Strategy for Action on Suicide Prevention. Its current focus is on improving interagency working and developing national standards and guidance for statutory and non-statutory agencies, as well as increasing investment in evidence-based suicide prevention programmes.

HEALTH REFORM – NATIONAL MENTAL HEALTH DIVISION

Work underway to support the establishment and service improvement objectives of the Division include:

- **Engagement** – the National Director (ND) has met with senior clinical and operational managers including the Area Mental Health Management Team members and service user representatives and advocates to hear their views on a variety of issues (approximately 70 meetings and 180 people). The process of meeting external stakeholders is now underway.
- **National Team formation**– a core mental health national management team is being formed with 5 roles alongside that of the ND. This includes a National Clinical Adviser and a National Service User Adviser. Discussions are underway with relevant service user stakeholders to hear their views on how best to define, identify and support the service user adviser role.

Immediate work-streams that have commenced or have been prioritised in response to key issues raised with the ND as part of the engagement process:

- *Financial Control* – an initial data base has been developed of all HSE mental health cost centres so that, when validation of the database is complete, spend and budget for mental health can be made fully visible nationally.
- *Staff Analysis* – a detailed exercise to map all mental health staff and link them to a particularly community team population or specific unit is under way. This will allow linkage of mental health staff costs to overall mental health spend and budget.
- *Workforce plan 2014* - it is intended to set out, and seek agreement, in advance of 2014 on which posts will be considered as essential for replacement should they fall vacant in 2014 and which posts may not be replaced.
- *Mental Health ICT* - a Project Structure for a National Mental Health Information System (MHIS) Project has been drafted. This 3-5 year project is a major priority for mental health and will be complemented by phased interim measures to improve the availability within mental health pending its completion.
- *E-rostering* - Mental Health service providers are participating in a national E rostering process which should identify a list of potential rostering solution providers by year-end / early 2014.

Children and Family Services

INTRODUCTION

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

CHILD PROTECTION AND WELFARE SERVICES

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

AREAS OF FOCUS IN THIS REPORT

- Allocated Social Workers
- Care Plans

ALLOCATED SOCIAL WORKERS

- The target in 2013 is that 100% of children in care have an allocated social worker.
- 5,934 (91.6%) of children in care have been allocated a social worker at the end of August 2013.
- Activity is 8.4% down on target.
- Regional performance is as follows:

DML	87.4%	Performance is below 80% in Dublin South East 79.4%; Kildare West Wicklow 73.1%; Laois Offaly 78.5%; Longford Westmeath 78.1%.
DNE	87.3%	Performance is below 80% in Cavan Monaghan 77.3%; Dublin North West 78.4%.
South	96.9%	Performance is below 80% in Tipperary North 65.9%.
West	93.6%	

- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service.

CARE PLANS

- The target in 2013 is that 100% of children in care have a written care plan.
- 5,826 (90%) of children in care have a written care plan at the end of August 2013. Activity is 10% down on target.
- Regional performance is at:

DML	78.1%	Performance is below 80% in Dun Laoghaire 77.8%; Dublin South East 66.7%; Dublin South West 70.2%; Dublin West 70.8%; Kildare West Wicklow 49.8%.
DNE	85.3%	Performance is below 80% in Dublin North West 67.7%.
South	96.1%.	
West	99.2%.	

- A significant level of vacancies in social work services continues to adversely affect performance in some areas.
- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service. Outstanding Children in Care reviews and care plans have been prioritised for completion. Social work staff have been reassigned to undertake this work. Targets have been set to ensure improvement within specific timelines.

Financial Overview

FINANCE

The Finance Division holds fiduciary responsibility for the Health Services Executive and provides a wide range of professional financial services. The Finance Divisions aim is to provide financial expertise and quality information to the Directorate, management, Government Departments and agencies, citizens, and taxpayers in conformity with generally accepted accounting principle and statutory and legal requirements and policies.

The HSE is reporting year to date expenditure of €8.321 billion against a budget of €8.227 billion leading to a gross deficit of €93.7m to the end of August 2013. For the same period in 2012 there was a deficit of €404m.

Within this there is a core deficit of €13.63m when account is taken of shortfall in retirees (ECF Target) resulting in lower than target pay savings, timing delays relating to targets around the Haddington Road Agreement (HRA) and delays in the implementation of PCRS Financial Emergency Measures in the Public Interest (FEMPI) measures.

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

	Net / Core Deficit at the end of August 2013						2013 Gross Deficit €m	2012 Gross Deficit €m
	DML	DNE	South	West	Other National	Total Core Deficit		
	€m	€m	€m	€m	€m	€m		
Hospital Services	20.15	7.82	11.62	23.05	0.00	67.26	102.00	201.73
Community Services	9.02	3.75	(1.19)	(6.57)	0.00	9.60	22.01	53.99
Local Schemes	6.54	6.00	4.04	4.08	0.00	20.67	20.67	
Sub - Total	35.72	17.57	14.47	20.56	0.00	97.53	144.67	255.71
PCRS	0.00	0.00	0.00	0.00	18.94	18.94	51.94	149.88
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(80.74)	(80.74)	(80.74)	11.30
National Services	0.00	0.00	0.00	0.00	(5.65)	(5.65)	(5.65)	1.63
Fair Deal	0.00	0.00	0.00	0.00	(16.98)	(16.98)	(16.98)	(8.73)
Children and Families	0.00	0.00	0.00	0.00	10.31	10.31	10.31	21.19
Population Health	0.00	0.00	0.00	0.00	(8.54)	(8.54)	(8.54)	(7.78)
Care Group / Other	0.00	0.00	0.00	0.00	(1.26)	(1.26)	(1.26)	(18.46)
Total	35.72	17.57	14.47	20.56	(83.90)	13.63	93.77	404.74

* Local Schemes included under PCRS heading in 2012.

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

In relation to the Fair Deal surplus approvals were accelerated in August and as a result of these approvals the number of people on the placement list in mid August reduced to less than 100. The Fair Deal surplus has reduced by €2.2m in the month.

Based on eight months data the HSE is not flagging any new concerns / risks beyond those which were clearly set out within the National Service Plan 2013 (NSP) as approved by the Minister on 9th January 2013 and within the Regional and Hospital Group Service Plans which were published in February. These risks remain and principally include:

PCRS (SCALE OF SAVINGS REQUIRED €323M)

A total of €323m (not including €30m for local schemes) in savings targets was given to the HSE in 2013. Non achievement of FEMPI savings represents €33m of the €51m deficit at the end of August 2013. FEMPI regulations have been implemented with effect from 24th July 2013 and reductions of €2m have taken effect in August 2013 payments. The full monthly implementation of all the reductions will not be effective until September 2013.

The current risk assessment / projected outlook to year end would indicate a projected deficit in the region of €70m based on eight months data. This is subject to certain assumptions around performance in the remaining months of 2013.

PUBLIC SERVICE AGREEMENT - €150M

The Haddington Road Agreement took effect from 1st July 2013. The potential value of this risk in terms of projected deficit has undergone a detailed review and an assessment of the likely 2013 savings that are expected to be delivered.

PRIVATE HEALTH INSURANCE INCOME – 2013 LEGISLATION TARGET €60M

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

The financial impact of the delayed implementation of the legislation started to materialise in July with an increase in deficits being reported by relevant hospitals. To the end of August 2013 non achievement of these income targets has increased hospital deficits by €20m and will increase hospital deficits by a further €10m a month for the remaining months of 2013.

2012 ACCELERATED PRIVATE HEALTH INSURANCE INCOME €104M

The accelerated income received in December 2012 will be required in 2013 or it will have an adverse effect on the HSE Vote. Resolution of this issue will require a sustainable improvement in payment terms or similar. Engagement is ongoing with the insurers through the Consultative Forum on Health Insurance seeking to progress this matter. €20 million of this amount is to be addressed by the HSE improving income collection.

CONCLUSION

The risk assessment / projected outlook to year end would indicate that there is a direct services projected deficit of circa €105m including a projected shortfall for hospitals of €75m and €25m on local schemes (previously PCRS).

The direct services projected deficit is a reflection of the overall challenge within the remainder of our community and hospital services once account is taken of the risks that were set out in the National Service Plan 2013. This deficit is stated net of the four key risk areas the HSE has identified and referred to above where, within the parameters of the NSP 2013 as approved by the Minister on the 9th January 2013, the HSE does not in itself have the capacity to address any shortfalls that may emerge in these risk areas that are outside of the sole control of the HSE.

Human Resources

INTRODUCTION TO THE HUMAN RESOURCES DIVISION

The role of the Human Resources Division is to ensure that the HSE has the right number of people, with the right skills, in the right place and at the right time. As the largest employer in the State, the HSE currently has 100,578 employees either employed directly or by agencies funded by the HSE.

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

HSE EMPLOYMENT CEILING

	WTE Dec 2012	Year-end ceiling (target)	WTE Aug 2013	Variance to End of year target
Variance from current Target levels	102,153	98,938	100,578	1,640

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (July)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.63%	4.52%	4.72%

WORKFORCE POSITION

- August employment census shows a decrease of 317 WTEs from July and is at 100,578 WTEs.
- Employment is at levels last seen in early 2005, despite significant new service development posts and subsuming of external employment into the HSE in the intervening period.
- Since employment peaked in September 2007, the health services have reduced employment levels by 10.81%, 12,193 WTEs – real reduction is of the order of 14,500 WTEs when subsumed agencies, filled new service developments and transfer of CWS to DSP are factored in.
- Health Sector employment levels in 2013 have reduced by 928 WTEs (Jan -99, Feb -121, March +76, April +43, May -110, June -15, July -541, Aug -317 WTEs) since the start of the year
- Reduced turnover and retirement rates in recent months, coupled to recruitment and growth pressures has led to an ameliorating of some of the downward trends seen over the last 24 months.
- The Statutory Sector, Voluntary Hospital and P&C Voluntary's sectors decreased by -271 WTEs, -40 WTEs and -5 WTEs respectively.
- The reduction is driven partially by the impact of the Incentivised Career Break (ICB), changes in working hours provided under the Haddington Road Agreement, continuing controls and a focus on reducing head count.
- As retirements will continue to be a less significant factor in staff turnover up to the end of 2013, it would require higher targeted exits through any further incentivised/retirement exit schemes to year-end.
- Allowing for accelerated recruitment processing times, full year funding has been provided and there will be an element of once-off time related savings.

EMPLOYMENT CEILING COMPLIANCE

- The staff ceiling end-year target in 2013 is 98,938.
- End of August workforce at 100,578 WTEs is 1,640 WTE above year-end target.
- Based on further planned new service developments as set out in the national service plan 2013, the final four months of 2013 will require an average monthly reduction of the order of 709 WTEs to meet the end-of-year employment target.

AGENCY/OVERTIME EXPENDITURE AND HADDINGTON ROAD AGREEMENT

Overall agency spend €160.4 million year-to-date to end of August, up €12 million (+8%) for same period in 2012.

- Increases in four staff categories with Medical/Dental up 14.8%, and Health & Social Care Professionals up 16.75%.
- Nursing agency spend at €59.8 million, up €356 k (+0.60%). Improvement since end of June when nursing agency spend was €4.3 million (+10.7%) ahead of same period in 2012.

Overall overtime expenditure is €19.6 million down YTD when compared with same period in 2012. All staff categories are recording reductions.

- Nursing overtime is down €6 million or -20% and compares with a recorded reduction of €4 million or -17.5% at the end of June.
- Reduction in the staff category of Medical/Dental, who account for over two thirds of total overtime expenditure is more modest at minus 6%.
- Effective utilisation of additional hours, implementation of the Nurse Graduate Programme and Support Staff Intern Scheme, coupled to redeployment of staff are significant enablers to service managers to reduce overtime and agency usage post 1st July 2013.

Nursing and Support Staff Agency and Overtime Expenditure compared 2012 and year to date 2013 is set out in the table below.

Region/Year	Total	DML	DNE	South	West
Combined Nursing Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€125,026,196	€48,752,783	€44,342,161	€21,553,564	€8,974,459
% of total		38.99%	35.47%	17.24%	7.18%
YTD 2013 (August)	€83,738,094	€31,605,809	€29,763,655	€15,154,919	€5,500,578
% of total		37.74%	35.54%	18.10%	6.57%
Combined Support Staff Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€87,092,533	€37,641,508	€26,700,075	€13,824,754	€8,091,893
% of total		43.22%	30.66%	15.87%	9.29%
YTD 2013 (August)	€59,358,511	€25,643,352	€17,934,682	€9,116,121	€5,405,950
% of total		43.20%	30.21%	15.36%	9.11%
Source: CRS					

RECRUITMENT / STARTERS

Starter Reports for 2013 across the Public Health Sector to the end of July gives a figure of the order of 2,100 WTEs, with Acute Services accounting for 62.5% of total. The starter figures do not include student nurse placements but do include NCHDs.

Non-acute services account for 33.6% of total with the balance between; National Ambulance Service, Health & Wellbeing and Corporate.

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

- 453 health and social care personnel have been recruited to work in the health services year-to-date of which 33 commenced employment in August 2013.
- Health and social care personnel recruited year-to-date is as follows:

Region	Acute Services	Primary Care	Health & Wellbeing	Social Care		Mental Health	Child Protection and Welfare Services
				Social Care Services for Older People	Disability Services		
DNE	10	3	-	-	-	76	18
DML	-	3	-	-	-	49	15
South	25	1	-	-	1	69	17
West	25	9	-	3	-	73	21
Corporate	18	-	-	-	-	-	17
TOTAL	78	16	-	3	1	267	88

NEW SERVICE DEVELOPMENTS 2012 AND 2013

MENTAL HEALTH

The Programme for Government 2011- 2016 commits to an annual investment from within the health budget to develop community mental health teams and services as outlined in A Vision for Change. At the end of 2006, when Vision for Change (VFC) was accepted by Government, there were 9,917 staff in mental health and the policy required this to increase to 12,240 by 2013/ 2016 as part of the 7-10 year implementation period. As at the end of June 2013 there are 9,138 mental health staff, it is aimed to have 9,696 staff in place by the end of the year.

The recruitment 414 investment posts planned for 2012 commenced in Q4 2012. The recruitment process is complete for 376 or 91% of the 2012 posts as at 26th August 2013.

The recruitment of the 477 posts planned for 2013 commenced in Q2 2013. As at 30th August 2013, 244 or 51% of the posts are in the final stages of the recruitment process. There are a further 162 posts at other stages in the recruitment process, in total 85% of the 2013 allocation are in the recruitment process. The balance are going through the HR approvals process. The mental health division has provided additional resources to our national recruitment service to assist with this process and we expect the bulk of the posts to be in place by year end.

There are a number of posts in each year's cohort for which there are difficulties in identifying suitable candidates due to various factors including availability of qualified candidates and geographic location. These are being examined to determine practical next steps.

PRIMARY CARE

The position at end of August 2013 in relation to the 251 posts is 19.5 posts filled, a further 152.25 at final stages of recruitment (clearances being processed), 18 posts have been expressed to candidates on panels and the remaining 61.25 are being reviewed with further panels to be established.

ABSENTEEISM

- Reported 1 month in arrears
- Overall absenteeism target for 2013 is 3.5%.
- Absenteeism for July is 4.63%, while the year to date position stands at 4.72% (Jan – July). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 91.8% of absenteeism in July was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions in July and year to date (Jan – July) is as follows:

Region	July 2013	YTD
DML	4.31%	4.37%
DNE	4.26%	4.48%
South	4.73%	4.81%
West	5.20%	5.18%

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

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

APPENDIX 1 NATIONAL BALANCE SCORECARD

Non Acute Care									
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
Child Health									
% children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	M (Arrears)	85.7%	95%	95%	87.5%	-7.9%	95%	89.9%	-5.4%
Child Protection and Welfare Services									
% children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	91.6%	-8.4%	100.0%	91.6%	-8.4%
% children in care who currently have a written care plan, as defined by <i>Child Care Regulations 1995</i> , at the end of the reporting period	M	87.6%	100%	100%	90.0%	-10.0%	100.0%	90.0%	-10.0%
Primary Care									
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	92,735	96,334	3.9%	11,592	11,667	0.6%
Older People Services									
No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	M	22,871	22,761	22,777	23,328	2.4%	22,777	23,328	2.4%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,324	4.2%	10,870	11,324	4.2%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	6,518,816	6,340,696	-2.7%	859,000	826,927	-3.7%
Palliative Care									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	93.0%	1.1%	92%	92%	0.0%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	M	83%	82%	82%	86.0%	4.9%	82%	87%	6.1%

AUGUST 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

Acute Care									
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Reported this M/Q	% var reported activity v target this M/Q
Emergency Care									
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	67.5%	95%	95%	65.8%	-30.7%	95%	68.1%	-28.3%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	79.9%	-20.1%	100%	82.4%	-17.6%
Elective Waiting Time									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	6,305 13.9%		0	6,305 13.9%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	908 21%		0	908 21%	
Colonoscopy / Gastrointestinal Service									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	0		0	0	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	1352 15.1%		0	1352 15.1%	
Outpatients									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	84,167		0	84,167	
Day of Procedure Admission									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	61%	-19.1%	75%	61%	-19.1%
% of elective surgical inpatients who had principal procedure conducted on day of admission ①	M	New for 2013	85%	85%	66%	-22.5%	85%	66%	-22.5%
Re-Admission Rates									
% of surgical re-admissions to the same hospital within 30 days of discharge	M	New for 2013	<3%	<3%	2%	32.8%	<3%	2%	32.8%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of	M	11.1%	9.6%	9.6%	10.8%	-12.5%	9.6%	10.8%	-12.5%
Surgery									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) ②	M	84.0%	95%	95%	83.5%	-12.1%	95%	83.5%	-12.1%
ALOS									
Medical patient average length of stay ③	M	7.2	5.8	5.8	6.5	-12.1%	5.8	6.5	-12.1%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	5.0	9.3%	5.51	5.0	9.3%
Emergency Response Times									
% Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M		>70%	>70%	69.8%	-0.2%	70%	64.5%	
% Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M		>68%	>68%	63.2%	-7.1%	68%	64.7%	
① There are hospital specific targets for this metric which target a +15% improvement on the 2011 figure with 85% as the final target. 62% of hospitals nationally have achieved or exceeded their targets. The provision of pre-assessment services and designated surgical beds impact of this and hospitals are developing these services with support from the Surgery Clinical programme.									
② It is recognised that a significant number of the group who come to hospital with fractured femurs are frail older people who often have complex co-morbidities. They require stabilisation before surgery. A joint approach between orthopaedics, geriatricians and anaesthetists improves outcomes and this is the approach being recommended and developed in Ireland.									
③ There has been a downward trajectory for medical length over the past 3 years. The length of stay for 2012 is currently documented at 7.4 days. Provisional HIPE data for January to April 2013 shows a further reduction to 7.1 days. Hence the overall trajectory nationally to the target of 5.8 days is being progressed. There is considerable variation site to site depending on the extent of implementation of the Acute Medical Programme in that site.									

AUGUST 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

FINANCE					
Income and Expenditure Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Variance against Budget: Pay	6,945,901	4,590,324	4,642,061	-51,737	-1.1%
Variance against Budget: Non Pay	7,323,422	4,978,644	4,875,677	102,967	2.1%
Variance against Budget: Income	(1,958,759)	(1,247,838)	(1,290,376)	42,538	-3.3%
Variance against Budget: Income and Expenditure Total	12,310,565	8,321,131	8,227,363	93,768	1.1%

Vote Key Performance Measurement	REV 2013 '€000	Actual YTD €000	Profile YTD €000	(Under) / Over YTD	% Var Act v Tar
Vote expenditure vs Profile Revenue	11,939,471	8,330,560	8,260,071	70,489	0.9%
Vote expenditure vs Profile Capital	373,000	140,799	224,904	-84,105	-37.4%
Total - Vote Expenditure vs Profile (Revenue & Capital)	12,312,471	8,471,359	8,484,975	-13,616	-0.2%

Income Key Performance Measurement	Working Target €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Patient Private Insurance – Claims processed	530,603	274,063	333,735	-59,672	-18%

HUMAN RESOURCES				
	WTE Dec 2012	Year-end ceiling (target)	WTE Aug 2013	Variance to End of year target
Variance from current	102,153	98,938	100,578	1,640

	Outturn 2012	Target	Actual reported month (July)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.63%	4.52%	4.72%