APRIL 2014

Health Service

Performance Assurance Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Contents

Performance Overview April 2014

PERFORMANCE ASSURANCE

With effect from May 2014, following the transfer of operational responsibilities from the Regional Directors of Performance and Integration to National Directors on 1st April 2014, the overall performance assurance arrangements and process for the health service have been strengthened.

The main features of the revised arrangements introduced during May are;

- The development of Balanced Scorecards for each Service Division
- The introduction of a new performance assurance process for Acute Hospitals (Performance Assurance meetings will be held on a monthly basis with each Hospital Group)
- The introduction of a new performance assurance process for Community Services (Performance Assurance meetings will be held at regional level each month)
- A strengthening of the Quality and Patient Safety Division's role in the performance assurance process.

The National Planning, Performance and Assurance Group, as a sub-group of the Directorate will continue to undertake the national review of performance.

QUALITY AND PATIENT SAFETY

World Hand Hygiene Day 2014

The HSE Healthcare Associated Infection and Antimicrobilal Resistance Clinical Programme carried out a number of activities to promote hand hygiene as part of World Hand Hygiene Day 2014. Additional resources developed a new hand hygiene video for best practice in primary care. Video available to view at: *www.hse.ie/handhygiene*

GP Infection Prevention

Updated GP infection Prevention and Control Guidelines were puiblished in April and are available on: *(http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/)*

Non Consultant Hospital Doctors

A range of initiatives have been undertaken to improve NCHD recruitment and retention in the Irish public health system. A new Lead NCHD role within the public health service has been put in place in collaboration with the National Clinical Director Programme to create a formal link at management level between NCHDs and Clinical Directors / Hospital Management.

National Standards for Safer Better Healthcare

A number of facilitated workshops have taken place with the hospitals in the Dublin Mid-Leinster region during April.

ACUTE HOSPITALS

Emergency Care

- The number of new attendances at emergency departments has increased by 11,353 in 2014 (3%) and the numbers admitted as inpatients from emergency departments has increased by 783 (1%) in 2014 when the figures are compared with the same period in 2013.
- Admissions through Medical Assessment Units have risen by 1,101 which is 10% higher than 2013.

- Year to date, the number of people on emergency department trolleys while waiting on a ward bed has decreased by 8.8% compared to the same period in 2013. The month of April 2014 compared to April 2013 shows a 19.8% reduction in patients waiting for a ward bed.

Scheduled Care

- The number of people admitted for planned procedures is 5% (or 1,771 people) less at this point in 2014 compared to 2013. A total of 32,590 people have been admitted up to the end of April 2014.
- The number of people provided with a service on a day care basis is 2% (or 5,644 people) lower than the same period in 2013. A total of 271,758 people have been provided with a day care service up to the end of April 2014.

Inpatient / Day Care Waiting Lists

- 45,925 adults are currently waiting for an inpatient or day care procedure. Of these 41,463 (90%) are waiting less than 8 months and 4,462 (10%) are waiting over 8 months. In April 2013 there were 5,302 patients waiting over 8 months (12%).

Paediatric Waiting List

- 4,528 children are currently waiting for an inpatient or day care procedure. Of these 3,598 (79%) are waiting less than 20 weeks, and 930 (21%) are waiting over 20 weeks. In April 2013, 662 children were waiting over 20 weeks.

GI Endoscopy

- There were 1,463 people waiting over 13 weeks at the end of April 2014, 16% of the total waiting list. This is an upward trend. There are specific capacity issues in some areas of the country for example Tallaght/Naas.

Colonoscopy

- No one was waiting more than four weeks for an urgent Colonoscopy at the end of April 2014.

Outpatient

- 56,810 additional people have been provided with an outpatient appointment in 2014 compared to the same period in 2013, an increase of 6%. There were 22,746 people waiting over 52 weeks for an appointment. This equates to 7% of the overall numbers waiting. In 2013 27% of all those waiting were waiting over 52 weeks.
- Outpatient attendances are 1,071,808 YTD against expected activity YTD 849,703.

European Working Time Directive (EWTD)

The Health Service faces significant challenges progressing EWTD compliance in the coming months and in the period up to end 2014. Nevertheless, improvements are evident in monthly data. Taking this into account, CompStat figures for April 2014 indicate the following, as compared to March 2014:

- Compliance with a maximum 24 hour shift: 92% in April / 93% in March
- Compliance with an average 48 hour week: 52% in April / 48% in March
- Compliance with a 30 minute break: 93% in April / 87% in March;
- Compliance with 11 hours daily rest / equivalent compensatory rest: 91% in April / 93% in March;
- Compliance with weekly / fortnightly rest / equivalent compensatory rest: 97% in April / unchanged from 97% in March.

Significant numbers of NCHDs rotate between posts or commence work in the health service for the first time in mid-July. Until that rotation concludes, it will be difficult to judge the precise position regarding EWTD compliance and identify site specific measures to progress same.

NATIONAL AMBULANCE SERVICE

The ambulance service responded to over 24,570 emergency calls (AS1* and AS2†) in March. 72,226 calls have been received YTD this is a 4.5% increase in YTD calls over the same period in 2013.

75.1% of ECHO calls: (life-threatening cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds in March, an increase in performance against February's response rate which stood at 72.5%.

63.5% of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds minutes in March, an increase in performance against February's response rate which stood at 62.2%.

A national framework document has been developed to clarify the process of clinical handover to establish clear lines of responsibilities and the standards expected.

In April the National Ambulance service (NAS) managed a total of 16,333 calls to hospitals. In 14,920 of these calls crews and vehicles (91%) were clear from the hospital and available to respond to further calls within 60 minutes or less. On 1,228 occasions (8%) it took 1-2 hours to clear crews and vehicles and 177 (1%) were over two hours.

The introduction of Intermediate Care Vehicles and Operatives in 2013 to manage patient transfer calls (AS3‡ calls) continues to have a positive effect on the availability of Emergency Ambulances. In March, 76% of all transfer calls were handled by an Intermediate Care Vehicle.

PRIMARY CARE

Community Intervention Teams

At the end of April 2014:

- 3,861 people were provided with a Community Intervention Team service year to date.
- In April:
  - 741 people were provided with a community intervention service to assist them to avoid a hospital admission
  - 254 people availed of the service to assist early discharge.

GP Out of Hours Service

- In April, 80,801 patients availed of GP out of hours services (i.e. triage, treatment, home visit etc) bringing the total year to date to 330,694.

Therapy Services

- There has been an 11.2% reduction in the number of people waiting more than 12 weeks for a physiotherapy assessment down from 7,181 at the end of December 2013 to 6,377 people.
- There has been a 5.6% reduction in the number of people waiting more than 16 weeks for an occupational therapy assessment, down from 8,511 at the end of December 2013 to 8,028 people.

* AS1 - 999 emergency call – immediate response
† AS2 - Call transferred from GP – urgent response
‡ AS3 - Inter-hospital transfer of patients to specialist facilities

Primary Care Reimbursement Scheme

At the end of April 2014:

- 1,800,182 people held medical cards (39.2% of the population). Included in these cards were 50,375 medical cards granted on discretionary grounds.
- 125,166 people held GP visit cards. Included in these cards were 29,841 GP visit cards granted on discretionary grounds.
- An expert panel has been put in place to identify a range of medical conditions, in order of priority, which would benefit most from medical card eligibility. The panel will be chaired be Professor Frank Keane and will be made up of 23 medical professionals as well as a patient representative. It will report to the Director General of the HSE by September this year. In addition to establishing the Expert Panel, a public consultation will take place to seek the views of the public; including patients, patient representative groups and professional bodies.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 5,452 children in the reporting period and 20,331 children year to date. This is 91.2% of the target group.
- The HSE Health Protection Surveillance Centre marked European Immunisation Week during April by announcing that childhood immunisation rates in Ireland are at the highest levels ever recorded - at 12 months of age 92% of Irish children are appropriately vaccinated with the 6 in 1 vaccine and at 24 months 93% of children have had the MMR vaccine, a marked improvement on previous years.

Cancer Screening

- 10,994 women attended for breast screening in April, bringing the YTD total to 48,461. Activity levels are on target to achieve 140,000 attendances in 2014.

SOCIAL CARE

Home Support Services

- 46,668 clients were in receipt of home help services at the end of April
- 12,603 clients are in receipt of a home care packages at the end of April

Residential Services

- 22,380 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of April
- 4.0% of the population or 21,640 people aged over 65 years were supported in NHSS/Saver beds

MENTAL HEALTH

Adult Mental Health Services

In April 73% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally (target >75%).

95% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months, nationally (target >95%).

CAMHs Teams

In March the number of CAMHS teams increased to 62 with an additional team now operating in the Cork North Central area. 71% of accepted referrals/re-referrals were offered a first appointment and seen within 3 months.

Children receiving care in acute mental health units

By the end of March, there had been 80 children and adolescents admitted, of which 53 (66%) were to age appropriate Acute Child and Adolescent Inpatient Units and 27 (34%) to adult approved centres under Section 25 of the Mental Health Act 2001.

By the end of Quarter 2, a further 6 beds in the new Linn Dara Unit and an additional four beds in St Joseph's, Fairview are planned to become operational which will increase the Child and Adolescent Acute Inpatient capacity by 18%.

HUMAN RESOURCES

At the end of April, staff numbers were 97,155 WTEs. This employment level is 661 WTEs above the end of 2013.

The Health Sector is 1,659 WTEs above the current employment ceiling of 95,495 WTEs (excludes Child and Family Agency provisional ceiling of 3,443 WTEs) and 2,906 WTEs above provisional end of year target of 94,210 WTEs excluding CFA. This now indicates the ceiling reduction for 2014 is 1,285 WTEs, rather than 938 WTEs referenced in the 2014 National Service Plan.

Absenteeism is reported one month in arrears. For March 2014 absenteeism is reported as 4.47%. The annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.

FINANCE

The HSE's 2014 National Service Plan made clear that the HSE was facing the most severe financial challenge in 2014.

Net Expenditure[1] year to date April 2014 is €3.970 billion against the available budget reported at €3.862 billion leading to a reported deficit of €107.5m.

The acute hospital sector (including Palliative Care) is reporting a deficit of €81.2m at the end of April which represents 75.5% of the overall deficit.

The HSE is not flagging any new financial risks beyond those set out in the service plan with the exception of the emerging risk in Acute Hospital income.

Conclusion

The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014.

[1]The HSE is required to prepare accounts on both an income and expenditure basis in line with the Health Act 2004 / general accounting principles and also a Vote (cash) basis in line with government appropriation accounting requirements. Financial data presented in this report are on an income and expenditure basis unless otherwise stated.

QUALITY AND PATIENT SAFETY

Supporting the development of an open and transparent culture with defined accountability for quality and safety

Roll out of the *"Open Disclosure"* policy is continuing with training and workshop sessions across the services.

Clear governance and accountability for quality and safety at all levels of the Health Service and Divisions

A range of initiatives have been undertaken to improve NCHD recruitment and retention in the Irish public health system. The HSE HR Directorate, in collaboration with the National Clinical Director Programme, has begun the development and implementation of a new Lead NCHD role within the public health service. The key objective of this NCHD Lead role is to create a formal link at management level between NCHDs and Clinical Directors / Hospital Management thereby facilitating improved engagement and communication between management and NCHDs. There are currently 9 Lead NCHD's in 7 hospitals. The six month pilot is coming to an end shortly and the value of this initiative will be assessed through an evaluation process.

Supporting quality improvement throughout the health system to improve outcomes and reduce patient harm

Healthcare Acquired infection (HCAI)

Additional resources have been developed which now include an informative newsletter on all matters relating to hand hygiene. A new hand hygiene video which details best practice in primary care have been developed and is available to view at: www.hse.ie/handhygiene.

Three key performance indicators for HCAI are in development for future publication in the hospitals monthly performance management report.

The HCAI website has been reviewed. Up to date information for healthcare workers and the general public is available at:
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/HCAI_Programme/

GP infection Prevention

Updated GP infection Prevention and Control Guidelines were puiblished in April. Information is avaialble at:
(http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines).

Acute Hospitals

Key Performance Issues

- A series of performance assurance meetings with hospital group CEOs have commenced as part of the HSE performance assurance framework. This has a focus on performance improvement.
- There has been an 8.8% decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan- April 2013 / 2014). This is an accumulation of a number of initiatives at hospital level and work undertaken in collaboration between the SDU and hospitals.
- Decreased numbers of patients on trolleys was achieved against a backdrop of a 2% increase in emergency admissions. Increased streaming of patients to medical assessment facilities has contributed to the decreased trolley waits and has resulted in a 10% increase in admissions to these facilities.
- The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 10% in the current month (and for previous 2 months prior to current month). Similarly, the surgical re-admission rate has fallen from 2.5% to 2.0% over the last four months.
- In April 2014 the number of patients waiting in excess of 12 months for an out patient appointment has decreased from 100,488 to 22,746, a reduction of 78%.
  - Out-patient referrals have increased by 11% in 2014 going from an average of 56,366 to 62,304 per month in 2014. To respond, new out-patient activity has increased by 2.9% per month with review activity increasing by 4.4% per month.
  - The increase in patients waiting > 1 year since the start of the year is disproportionately distributed between specialties and hospitals. ENT and orthopaedics contribute over one-third of the growth.
  - Similarly, particular hospitals are experiencing high growth in the numbers of patients waiting more than one year with Tallaght (26%) Waterford (12%) and Galway (9%) contributing almost 50% of the 17,922 person growth in long waiters nationally.
- An enhanced focus on cost containment planning at local hospital level has commenced with a strict financial assurance process now in place.

QUALITY AND PATIENT SAFETY INDICATORS

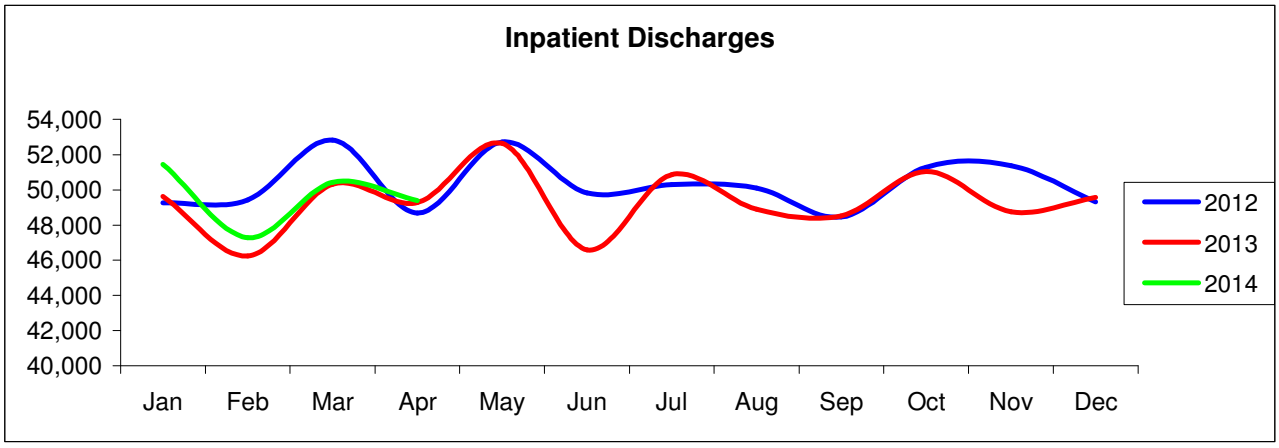
- The % of emergency Hip Fracture Surgeries carried out within 48 hours in April 2014 was 80% - in comparison to March 2014 of 79%. A total of 15 hospitals undertook hip fracture surgery in April with 7 hospitals (47%) undertaking all cases within 48 hours.
- The % of surgical inpatients who have their principle procedure conducted on day of admission April 2014 was 66% down from 69% in March 2014, 69%.

HOSPITAL ACTIVITY PERFORAMNCE

- The average length of stay across hospitals remains consistent at 5.2 days and this is below the 2014 target.
  - Within the national average, a number of hospitals are achieving significant reductions such as Roscommon (-2 days), Tallaght (-1 day), Beaumont (-0.8 day) and Connolly (-0.8 day) compared to 2013.
  - Medical and surgical average lengths of stay are showing similar trends. Compared to out-turn levels at year end, medical length of stay remains at 6.7 days and surgical at 4.5 days. Day of surgery rates remain at approximately 66%.

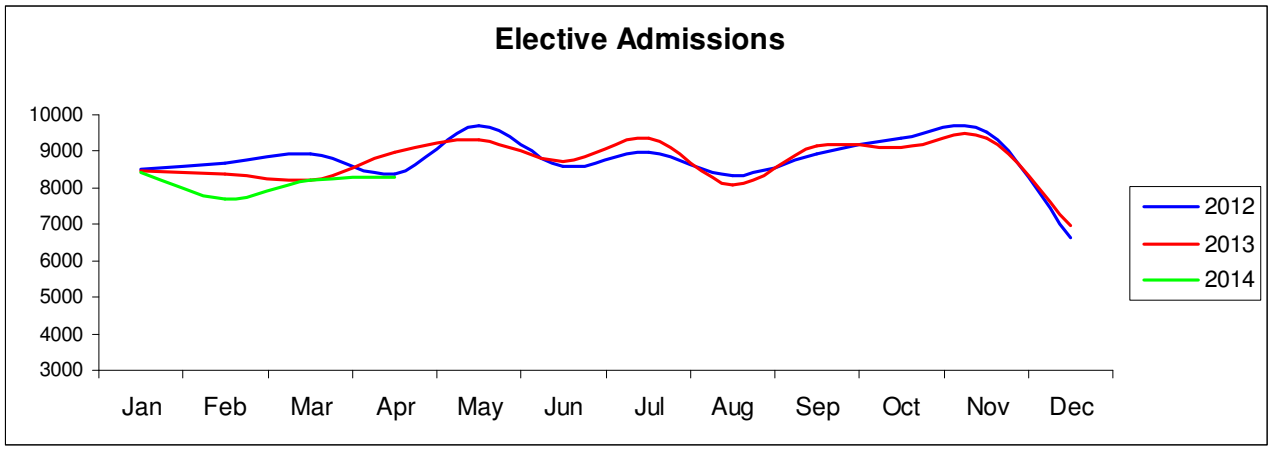
- In-patient activity rates have increased by 2% compared to 2013. Where length of stay and day of surgery rates remain constant, increased in-patient rates can be attributed to increased capacity and productivity within the system to respond to increased demand. Hospitals are now participating in the new Money Follows the Patient system. This system is in its early implementation stage but assists hospitals in profiling funded activity levels for the year.
- Associated with increased ED attendance rates has been an increase in emergency admissions (+2%). Some hospitals are experiencing a significant rise in ED admissions such as the Mater Hospital (+19%), St. Vincent's (+28%) and Drogheda (+11%). Paediatric Hospitals are also experiencing a significant rise in emergency admission levels with Crumlin (+18%) and Temple Street (+13%).

Activity Type		Jan – Apr Actual 2013	Jan – Apr Actual 2014	Val Var	% Var
Emergency Admissions	ED Admissions	95,664	96,447	783	1%
	Emergency (Other)[3]	25,677	27,086	1,409	5%
	MAU Admissions[4]	10,629	11,730	1,101	10%
	Subtotal	131,970	135,263	3,293	2%
Elective	Elective Admissions[5]	34,361	32,590	(1,771)	(5%)
Total Admissions		166,331	167,853	1,522	1%

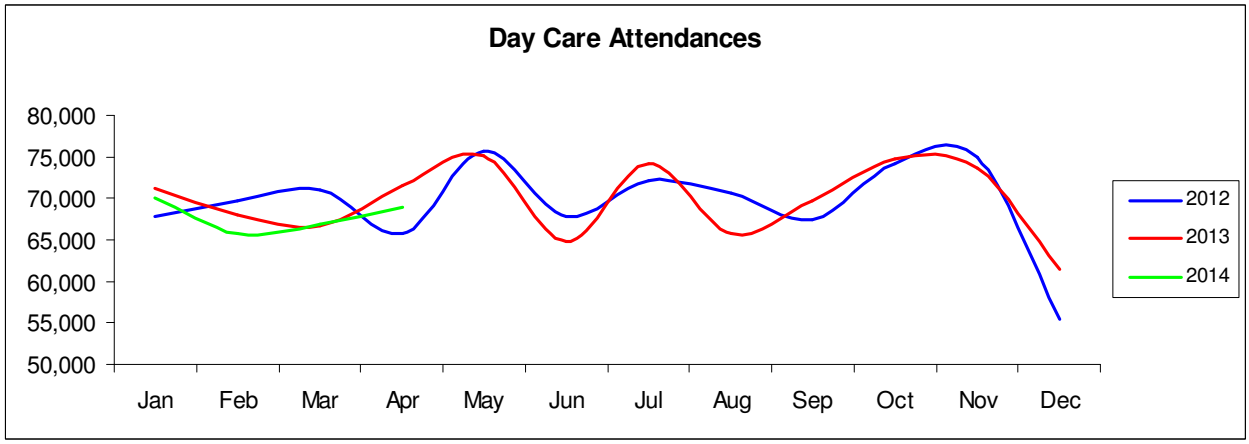


- There has been a 5% decrease in elective admissions (n= 1,771) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 12% increase in delayed discharges since the start of the year, further constraining available capacity.
- Although national elective activity has decreased, elective activity has increased amongst a number of hospitals including St. James (+18%), Temple Street (+12%), Drogheda (+6%), St. Vincent's (+4%) and Connolly (+4%).
- The total number of births continues to decrease with 1.1% less births (n = 240) which will have a associated decrease on obstetric related activity across hospitals.
- With decreasing ED demand for the period April – Sept, elective capacity should increase for the remainder of the year. This elective capacity will be directed toward priority waiting list patients.

Note[1] TrolleyGar performance based on INMO data trolley count
Note[2] PET coverage is 22 ED hospitals
Note[3] Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note[4] MAU - Medical Assessment Unit
Note[5] Elective Admissions do not include Obstetric Elective admissions



- Day case attendances have decreased by 2% but activity remains almost 3% ahead of target. In developing its cost containment plans, the HSE has profiled targeted activity in both in-patients and daycase areas.



- Jan - Apr 2014 / 2013 Day Care decrease of 2% (n=5,644)

Over the past twelve months a number of improvements have been effected under the Outpatient Improvement Programme. These include

- A revised national protocol and guidance documents using a structured implementation plan and web-based monitoring tool. This should enable standardisation in measurement, scheduling and validation practices and improved oversight and audit of lists at hospital and national levels.
- Standardised national procedures for chronological management of patients that all hospitals must adhere to.
- Outpatient management structure established.
- Data and performance measurement reform programme developed and initiated including a new minimum data set, reporting mechanisms and definitions
- One-strike DNA policy has been implemented with appropriate re-instatement procedures for GPs and patients where required.

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- Five day clinical prioritisation target has now been set.
- All hospitals are required to have centralised referrals management to standardise management and reduce risks.

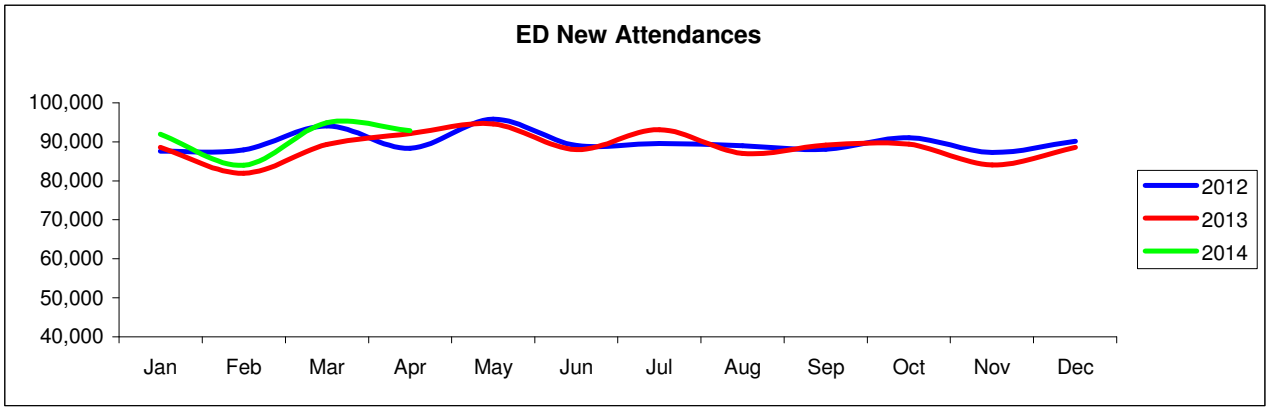
The impact of these measures to date is having a positive effect on throughput levels for 2014. Whilst some caution must be exercised in interpretation of out-patient data given the data improvement focus over 2013 / 2014, analysis shows that the number of new attendances have increased by 2.9% compared to 2013 and returns by 6.2% over the same period. Part of the renewed performance focus for 2014 will be strictly controlling review activity numbers to ensure maximum efficiency across services.

However, analysis from OPD data shows that out-patient referrals have increased by 11% in 2014 going from an average of 56,366 to 62,304 per month in 2014. Increased referrals are placing additional demand on hospital appointment capacity which makes targeting long waiters more difficult.

The HSE will be continuing to work with hospitals on the potential to optimise productivity gains under HRA enablers to continue to enhance out-patient capacity and the potential to deliver a Hospital Group solution with care being delivered at the lowest level of complexity (Smaller Hospitals Framework) over the medium term.

EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3% increase in new ED attendances in 2014 compared to 2013. This is a significant rise in new ED attendances given the fact that the number of EDs in operation decreased over 2013 (Mallow and Bantry have became urgent care centres over 2013).
- Some hospitals are experiencing significant increases in attendance numbers. For example, since the development of an Urgent Care Centre at St. Columcilles, St. Vincent's Hospital has seen a 28% rise in new attendances and St. Michaels has increased by 5.8%.
- Currently there are 30 Acute Medical Assessment Units / Medical Assessment Units in operation nationally which aim to stream patients more appropriately in general acute hospitals.



- Jan - Apr 2013 / 2014 3% increase (n=11,353)

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EMERGENCY DEPARTMENT - TROLLEYGAR PERFORMANCE and PATIENT EXPERIENCE TIME (PET)[1]

There has been an 8.8% decrease in the number of ED patients waiting on trolleys for ward bed accommodation comparing 2014 with 2013 (Jan-April). This is a 30.6% reduction in the number of ED patients waiting on trolleys for ward bed accommodation compared to the same period 2011.

In April 2014, 81% of patients attending Emergency Departments were discharged home / admitted within 9 hours. The National target is 100% of all patients being discharged or admitted within 9 hours

Hospitals and the Special Delivery Unit have been collaborating on a range of improvement measures to achieve reductions in trolley numbers and patient experience times. Such initiatives include:

Leadership and Governance – The SDU in collaboration with hospitals are enhancing the quality and safety of patients accessing services via the Unscheduled Care (USC) pathway by enhancing the leadership and governance structures within Hospitals and across Healthcare communities. Hospitals have established Unscheduled Care Governance groups, led by an Unscheduled Care Lead. This creates an environment through which cultural and behavioural change in the delivery of USC is supported.

The SDU has specifically targeted a number of data and information initiatives to enhance the capability of individual organisations to access and utilise data relevant to the USC patient pathway. A number of key initiatives include:

- Implementation of performance improvement methodology to drive improvement relating to patient experience time in the ED.
- Integration of data from a number of sources (inclusive of the clinical programmes) to drive better care, safer care and overall improved performance of the service.
- Supporting the implementation of Healthcare technology for improved performance.

In the area of planning, the SDU has developed a demand and capacity planning framework with each site to enhance the ability of a given hospital to plan for the delivery of both scheduled and unscheduled services. This in turn informs the USC improvement Plan for each hospital site which facilitated by the SDU liaison structure. The SDU has also developed a diagnostic Tool to assess the delivery of unscheduled Care across the pathway will standardise the evaluation of current performance and set clear priorities for improvement.

The SDU has taken a special focus on operational processes through the development and implementation of a High Impact Change guidance, which seeks adjustment of current work practices to deliver enhanced services throughout the week. In additional, a navigational hub development allows for organisational visibility and grip to be enhanced through the use of data and predictive planning in order to enhance care pathways and patient flow. The SDU has recognised and supported the innovation and talent at local level and created shared learning networks for best practice and enhanced learning opportunities to be to be disseminated throughout the system.

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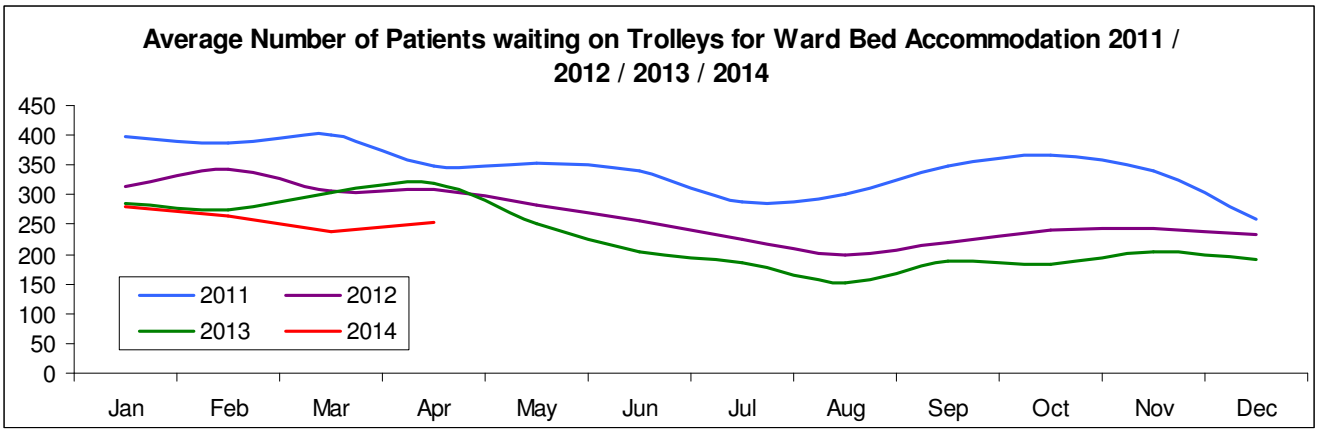

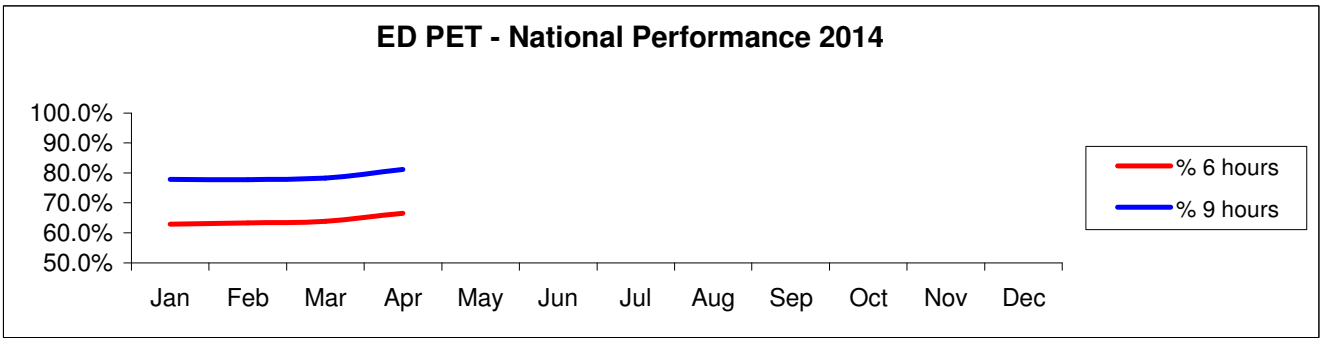

WAITING LISTS – INPATIENT / DAY CARE / GI / COLONOSCOPY / OUTPATIENT

INPATIENT / DAY CARE

Adult waiting lists demonstrate that 90% (41,463) of adults were waiting less than eight months for a planned procedure in April 2014. In April 2013, 88% (39,019) of patients were waiting less than eight months for a planned procedure.

PAEDIATRIC WAITING LIST

79% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,598). In April 2013, 82% of children were waiting less than twenty weeks (2,960).

GI ENDOSCOPY

84% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in April 2014. In April 2013, 90% of patients were waiting less than thirteen weeks. There are specific capacity issues in some areas of the country (e.g. Tallaght/Naas) and the numbers waiting in excess of 13 weeks is increasing. Almost 80% of all current breach waiters are concentrated in 5 hospitals. The HSE commenced in March a target endoscope initiative, commissioning over 1,100 long waiter additional scopes across 13 hospitals. These additional scopes will be completed over Q2 and Q3.

COLONOSCOPY

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

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Note[5] Elective Admissions do not include Obstetric Elective admissions

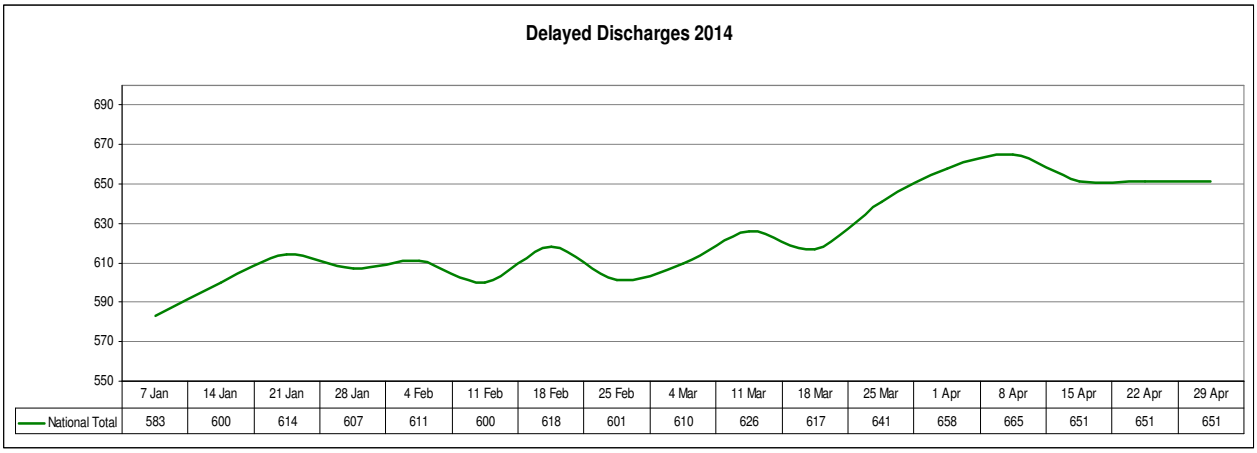
OUTPATIENT

Overall January - April 2014 saw an increase of 6% (56,810) in OPD Attendances in comparison to 2013.

In April 2014, 93% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In April 2013, 73% of patients were waiting less than twelve months.

DELAYED DISCHARGES

Census information on delayed discharges is collected every week. As of 29 April there were 651 patients judged clinically ready for discharge. It is important to note that while the clinician in charge has ultimate responsibility for the decision to discharge, this decision is made as part of a multi-disciplinary process and focuses on the needs of the individual patient.



Delayed Discharges by Destination 29/04/2014	Over 65	Under 65	Total	
			No.	%
Home	81	18	99	15.2%
Long Term Nursing Care	459	42	501	77.0%
Other *(inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)*	31	20	51	7.8%
Total	**571**	**80**	**651**	**100.0%**

For those patients who are moving to long term nursing care, the principal reasons for delayed discharges are NHSS application not yet submitted (145 clients / 22.3%) and NHSS financial determination in progress (138 clients, 21.2%). For those patients who are going home, the majority are delayed in cases where the home help / home care package has been submitted and is being processed (31 clients / 4.8%).

Workforce management

- There is a significant challenge in ensuring that required level of NCHD cover is available from July 2014. This risks an increase the current reliance on the use of agency which impacts both on quality of service and cost.
- Action to mitigate the risk includes:
  - 45 additional intern posts have been put in place;
  - 70 additional Basic Specialist Training/Higher Specialist Training posts have been created from existing service posts;
  - Circa 50 additional Registrar Training two year Programmes opportunities have been created.

- Establishment of recruitment and staffing oversight group in HSE to standardise reporting of vacancies and provide single central source of information to HSE
- A range of site-specific initiatives
- Specialty-specific contingency plans to be considered by HSE (ED, Paediatrics)
- Pilot initiatives to reduce chronic dependency on grades of doctors that are difficult to recruit

EUROPEAN WORKING TIME DIRECTIVE

The Health Service faces significant challenges progressing EWTD compliance in the coming months and in the period up to end 2014. Nevertheless, improvements are evident in monthly data. Taking this into account, CompStat figures for April 2014 indicate the following, as compared to March 2014:

- Compliance with a maximum 24 hour shift: 92% in April as compared to 93% in March;
- Compliance with an average 48 hour week: 52% in April as compared to 48% in March;
- Compliance with a 30 minute break: 93% in April as compared to 87% in March;
- Compliance with 11 hours daily rest / equivalent compensatory rest: 91% in April as compared to 93% in March;
- Compliance with weekly / fortnightly rest / equivalent compensatory rest: 97% in April, unchanged from 97% in March.

Significant numbers of NCHDs rotate between posts or commence work in the health service for the first time in mid-July. Until that rotation concludes, it will be difficult to judge the precise position regarding EWTD compliance and identify site specific measures to progress same.

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Dublin East Hospital Group	9,288	9,746	+459	+4.94%
Dublin Midlands Hospital Group	9,200	9,692	+491	+5.34%
Dublin North East Hospital Group	6,863	7,278	+415	+6.05%
South/ South West Hospital Group	8,260	8,685	+424	+5.14%
University of Limerick Hospital Group	2,853	3,002	+148	+5.20%
West/ North West Hospital Group	7,386	7,809	+423	+5.73%
Children's Hospital Group	2,438	2,561	+123	+5.05%
National Hospital Services	23	23	-0	-2.01%
Service development posts	172	0	-172	-
Total[4]	**46,484**	**48,796**	**+2,312**	**+4.97%**

[4] Overall employment ceiling has been sub-allocated by Divisions at the end of April. Acute Services includes Palliative Care Services at that time. National Director Acute Services to review current initial sub-allocation by Hospital Groups and may amend based on further alignment with budget allocations and having due regard to performance.

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin East Hospital Group	737,166	261,801	248,428	13,372	5%
Dublin Midlands Hospital Group	724,370	247,859	237,937	9,922	4%
Dublin North East Hospital Group	585,242	203,889	193,647	10,242	5%
South / South West Hospital Group	635,149	227,372	209,495	17,878	9%
University of Limerick Hospital Group	232,637	85,765	76,197	9,568	13%
West / North West Hospital Group	596,249	213,285	196,153	17,132	9%
Children's Hospital Group	207,609	72,370	69,000	3,370	5%
Regional Offices	-9,034	7,230	8,299	-1,070	-13%
National[5]	**3,709,389**	**1,319,571**	**1,239,156**	**80,415**	**6.49%**

[5] Acute Services budget and expenditure reported above does not include acute regional services

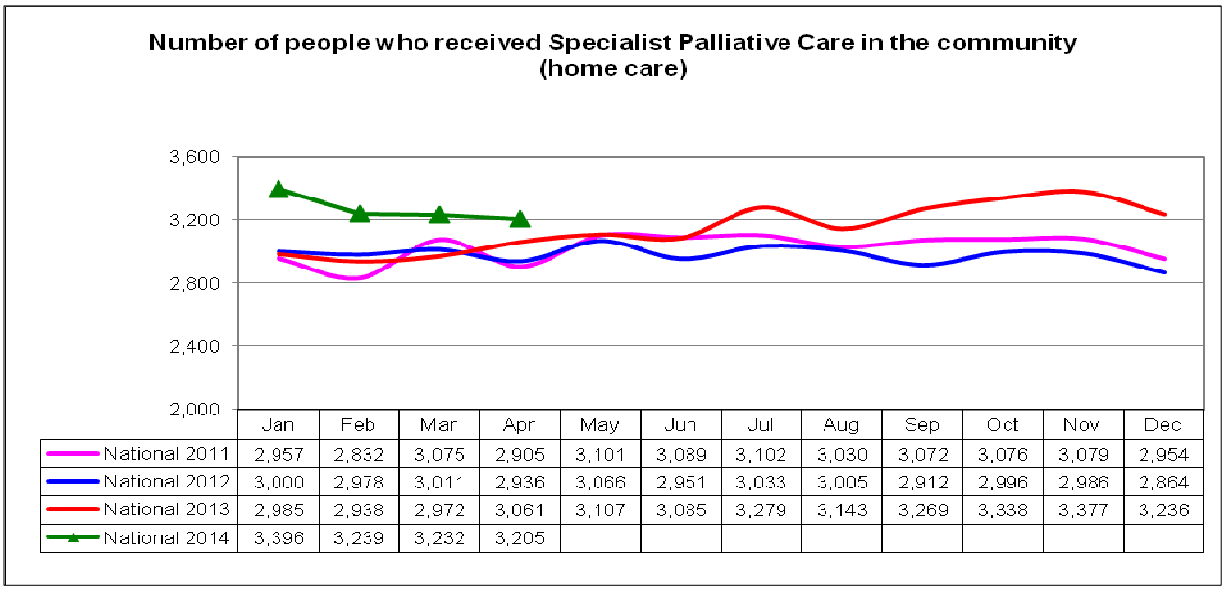
Palliative Care Services

KEY AREAS OF FOCUS

- Community Home Care
- Day Care
- Paediatric Services
- Inpatient Unit – Access Times
- Community Home Care – Access Times

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in April 2014 was 3,205. This is an increase of 144 on the same period last year.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2011	2,957	2,832	3,075	2,905	3,101	3,089	3,102	3,030	3,072	3,076	3,079	2,954
National 2012	3,000	2,978	3,01[illegible]	2,936	3,066	2,951	3,033	3,005	2,912	2,996	2,986	2,864
National 2013	2,985	2,938	2,972	3,061	3,107	3,085	3,279	3,143	3,269	3,338	3,377	3,236
National 2014	3,396	3,239	3,232	3,205								

DAY CARE

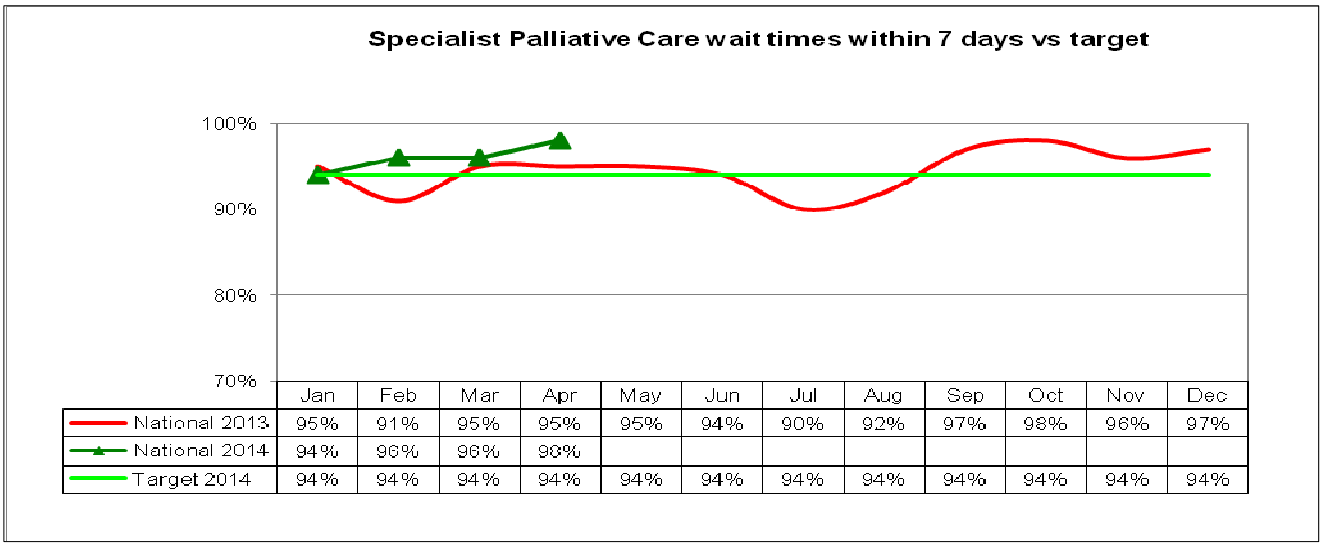
The number of people who received specialist palliative day care services in April 2014 was 366. This was an increase of 29 people (+9%) on the same period last year.

PAEDIATRIC SERVICES

In April 2014 318 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 78 new patients in receipt of care in April 2014.

INPATIENT UNIT – ACCESS TIMES

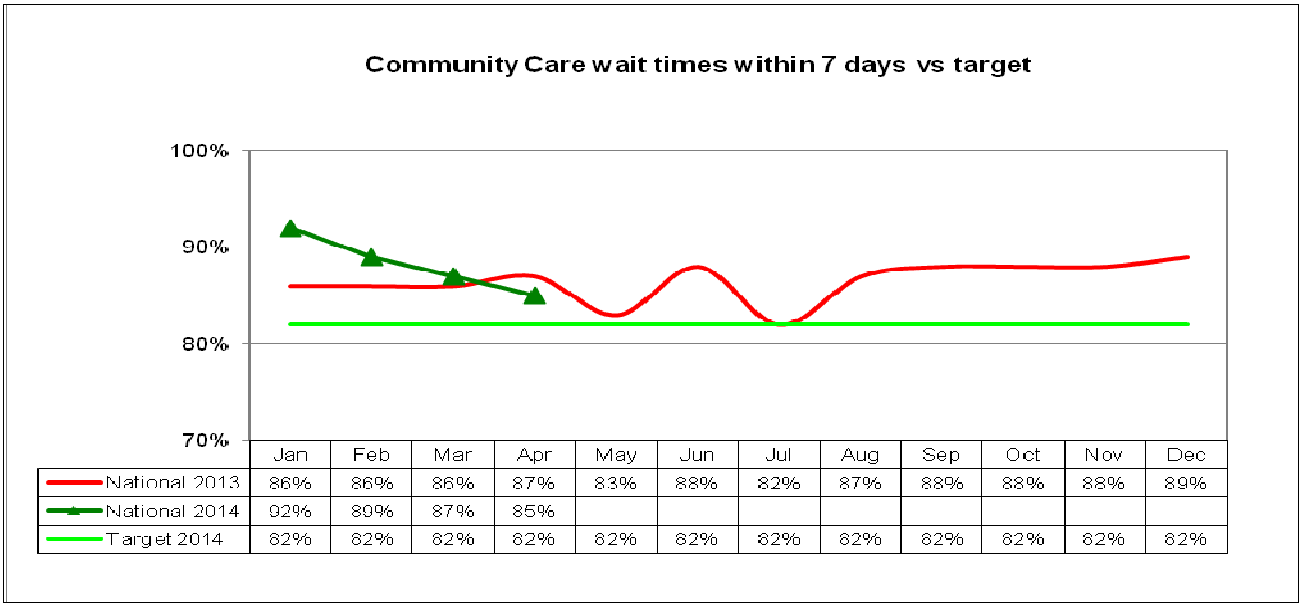
In April 98% of specialist palliative care inpatient beds were provided within 7 days (national target 94%).



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	95%	91%	95%	95%	95%	94%	90%	92%	97%	98%	96%	97%
National 2014	94%	96%	96%	98%								
Target 2014	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

COMMUNITY HOME CARE – ACCESS TIMES

In April 82% of patients received specialist palliative care services in their place of residence within 7 days (home, nursing home, non acute hospital). The national target is 85%.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2013	86%	86%	86%	87%	83%	88%	82%	87%	88%	88%	88%	89%
National 2014	92%	89%	87%	85%								
Target 2014	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%

National Ambulance Service

KEY AREAS OF FOCUS

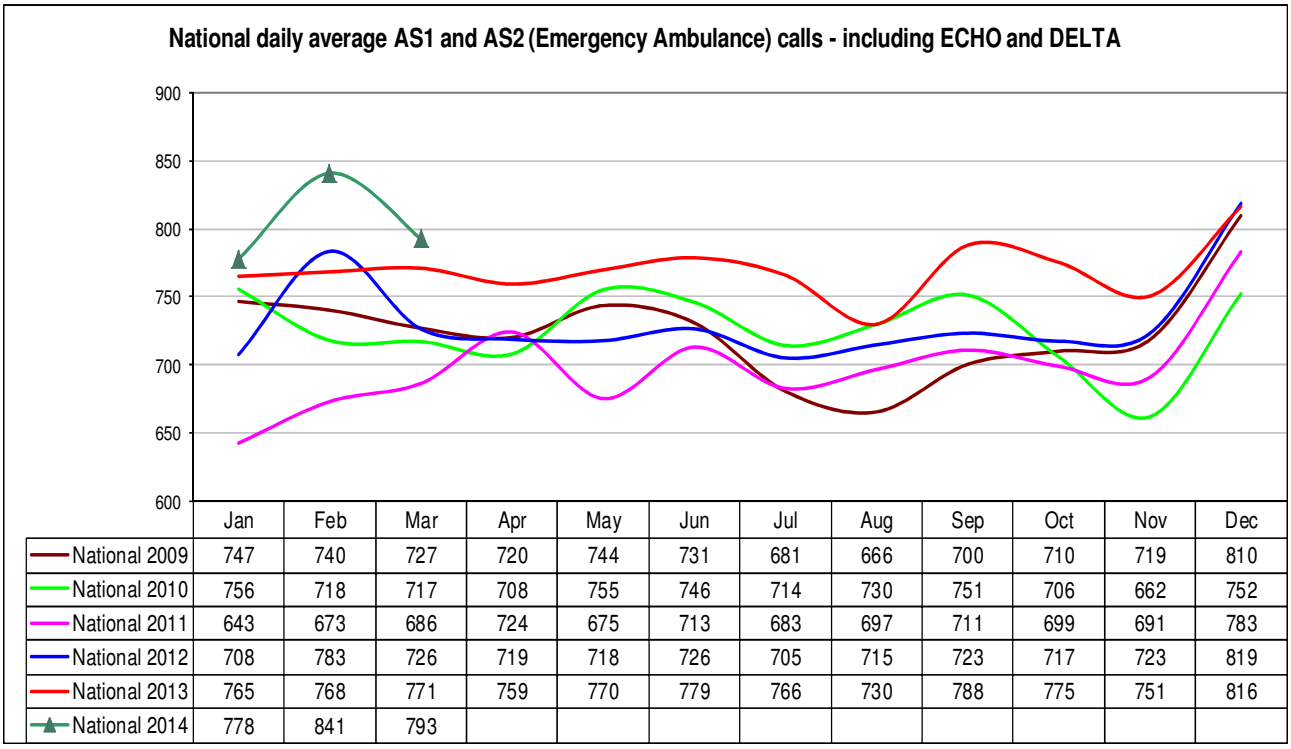
- Quality and Patient Safety
- Activity Levels
- Emergency Response Times
- Ambulance turnaround from Acute Hospitals
- Intermediate Care Services
- Finance
- Human Resources

QUALITY AND PATIENT SAFETY

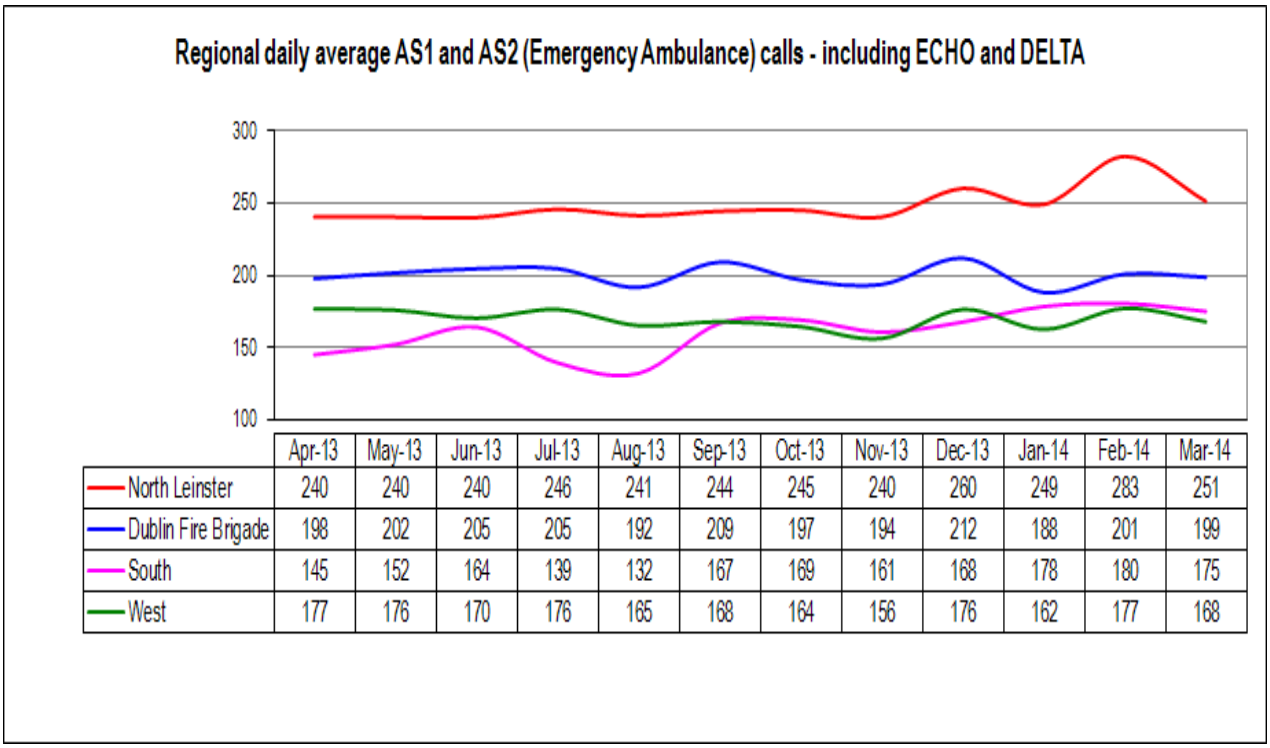
- The Patient Care Record (PCR) will be piloted in Dublin in Q2. This method of collecting data will enable more thorough auditing of clinical practice and enable more timely and accurate reporting of the Out of Hospital Cardiac Arrest Resuscitation (OHCAR) measure due to be implemented in Q3.
- The Electronic Patient Care Record is the longer term initiative to facilitate more detailed audit of patient care by the NAS is. A business case for this is being prepared for the 2015 Capital and Service Plan submission.
- The HIQA audit of NAS against the Safer Better Healthcare Standards commenced in April.

ACTIVITY LEVELS

In March, Ambulance Services responded to 24,570 emergency calls. The daily average call rate was 793 calls per day.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2009	747	740	727	720	744	731	681	666	700	710	719	810
National 2010	756	718	717	708	755	746	714	730	751	706	662	752
National 2011	643	673	686	724	675	713	683	697	711	699	691	783
National 2012	708	783	726	719	718	726	705	715	723	717	723	819
National 2013	765	768	771	759	770	779	766	730	788	775	751	816
National 2014	778	841	793									



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Leinster	240	240	240	246	241	244	245	240	260	249	283	251
Dublin Fire Brigade	198	202	205	205	192	209	197	194	212	188	201	199
South	145	152	164	139	132	167	169	161	168	178	180	175
West	177	176	170	176	165	168	164	156	176	162	177	168

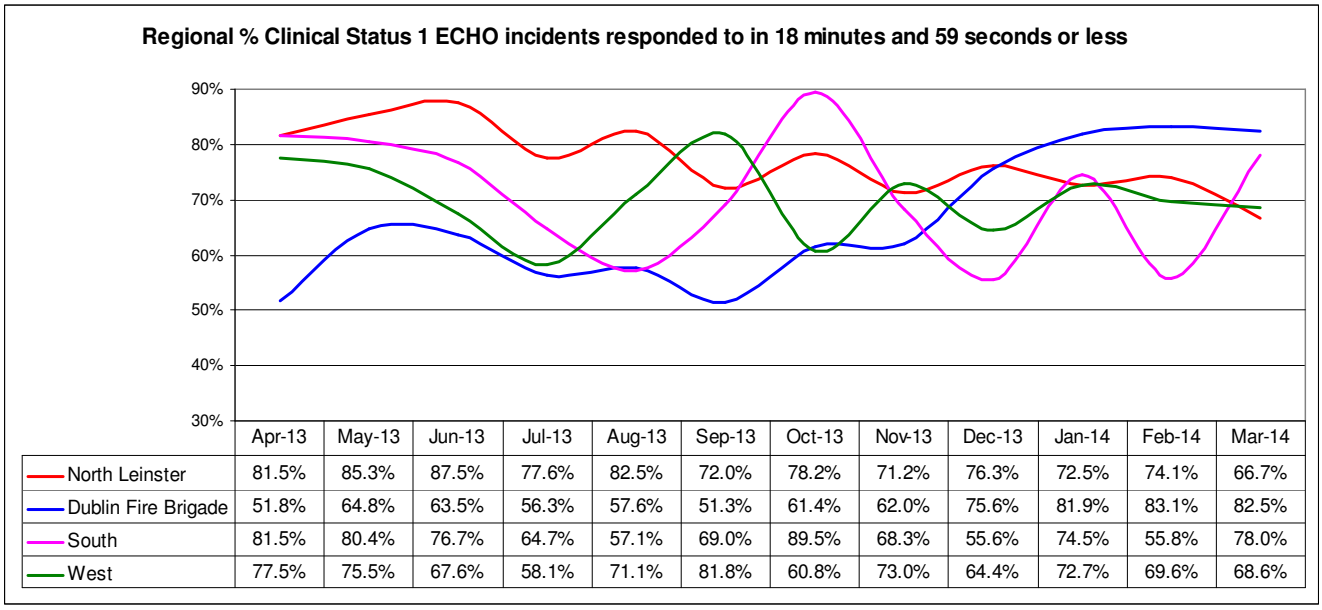
EMERGENCY RESPONSE TIMES

NAS March Activity	North Leinster	DFB	South	West	National	
					March	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	7,790	6,157	5,423	5,200	24,570	72,226
Total Clinical Status 1 ECHO calls	72	103	59	51	285	798
Total Clinical Status 1 DELTA calls	2,259	2,684	1,646	1,418	8,007	23,446
Response Times						
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	66.7%	82.5%	78.0%	68.6%	75.1%	74.6%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	64.1%	64.1%	62.4%	62.5%	63.5%	62.4%

Response times are for patient carrying vehicles. Paramedics may arrive on the scene and commence treatment in advance of the arrival of an ambulance which is capable of carrying the patient to hospital.

ECHO Incidents[6]

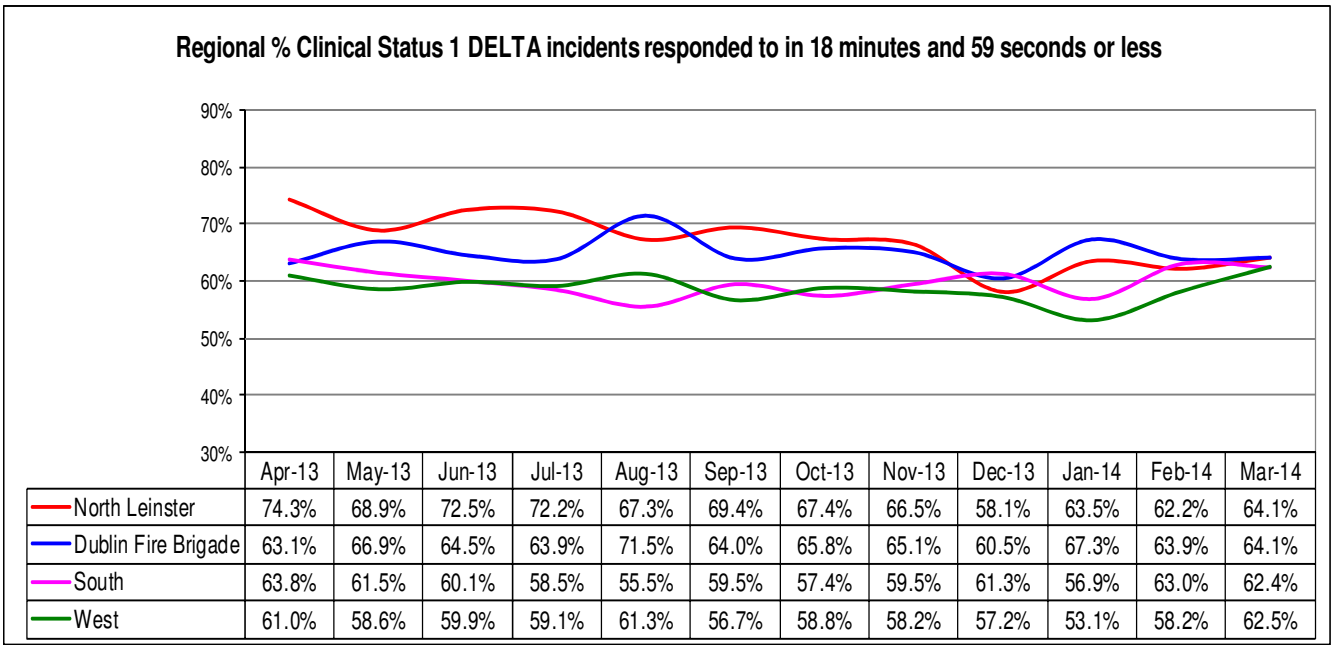
Nationally in March 75.1% of ECHO calls were responded to within 18 minutes and 59 seconds minutes.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Leinster	81.5%	85.3%	87.5%	77.6%	82.5%	72.0%	78.2%	71.2%	76.3%	72.5%	74.1%	66.7%
Dublin Fire Brigade	51.8%	64.8%	63.5%	56.3%	57.6%	51.3%	61.4%	62.0%	75.6%	81.9%	83.1%	82.5%
South	81.5%	80.4%	76.7%	64.7%	57.1%	69.0%	89.5%	68.3%	55.6%	74.5%	55.8%	78.0%
West	77.5%	75.5%	67.6%	58.1%	71.1%	81.8%	60.8%	73.0%	64.4%	72.7%	69.6%	68.6%

DELTA Incidents[7]

Nationally in March 63.5% of DELTA calls were responded to within 18 minutes and 59 seconds minutes.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Leinster	74.3%	68.9%	72.5%	72.2%	67.3%	69.4%	67.4%	66.5%	58.1%	63.5%	62.2%	64.1%
Dublin Fire Brigade	63.1%	66.9%	64.5%	63.9%	71.5%	64.0%	65.8%	65.1%	60.5%	67.3%	63.9%	64.1%
South	63.8%	61.5%	60.1%	58.5%	55.5%	59.5%	57.4%	59.5%	61.3%	56.9%	63.0%	62.4%
West	61.0%	58.6%	59.9%	59.1%	61.3%	56.7%	58.8%	58.2%	57.2%	53.1%	58.2%	62.5%

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

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

AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

Framework

At times of pressure in the emergency care system, there is the potential for delay in the transfer of care of patients from ambulance resources to Acute Hospital Emergency Departments (ED's). A national framework document has been developed to clarify the process of clinical handover to establish clear lines of responsibilities and the standards expected. This document sets out the escalation process to be used by NAS to alert the required levels of management (both within NAS and the wider healthcare system) to visible increases in emergency demand and/or activity, and actual events resulting in the delayed transfer of care of patients and delays in the release of ambulance resources.

Performance

Ambulance Turnaround times data provides the time interval from ambulance arrival time (through clinical handover in the ED or Specialist Unit) to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available). This data is collected through the Computer Aid Dispatch (CAD) systems for every Emergency Call (AS1) and Urgent Call (AS2) transported to hospitals within Emergency Department / Specialist Units

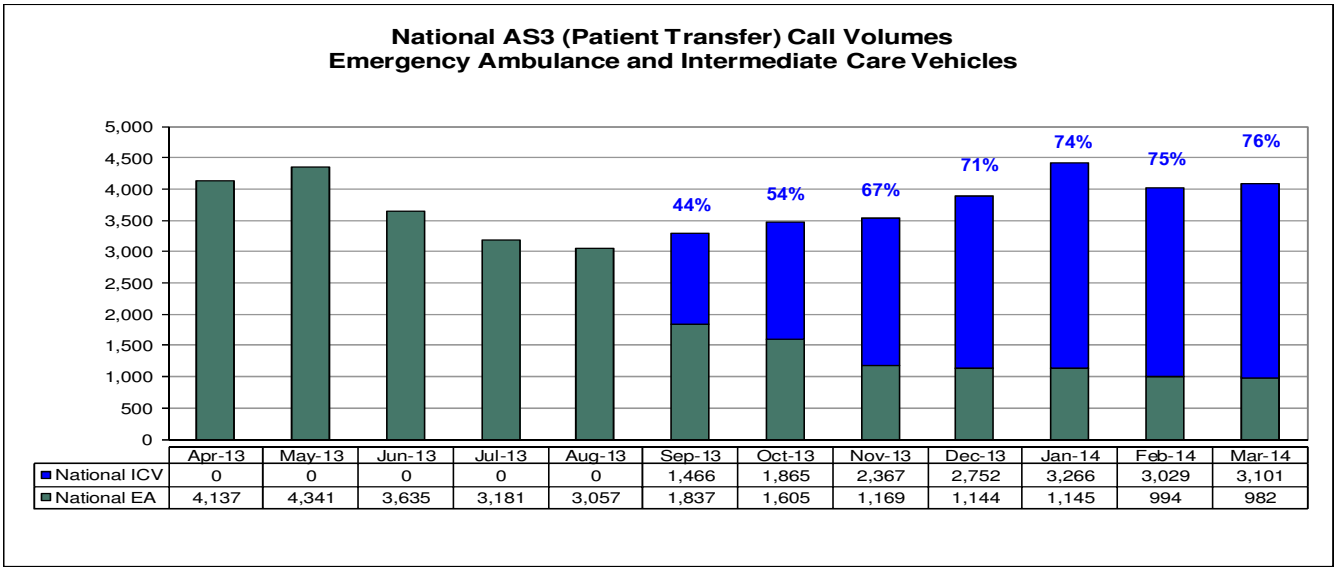
In April NAS managed a total of 16,333 calls to hospitals. Of these, 14,920 calls (91%) were clear from the hospital and available within 60 minutes or less. 1, 228 calls (8%) were clear within 1-2 hours, 139 calls (1%) were clear within 2-3 hours, 38 calls were clear within 3-4 hours.

The hospitals with the highest occurrence of delays of 2 hours or more were: CUH (34); UL (27); Waterford General Hospital (20); and Beaumont (14).

INTERMEDIATE CARE SERVICES

The Intermediate Care Service (ICS) has been set up to provide a safe and timely transfer for non-emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. This service ensures that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care.

In March, 76% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicle.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
National ICV	0	0	0	0	0	1,466	1,865	2,367	2,752	3,266	3,029	3,101
National EA	4,137	4,341	3,635	3,181	3,057	1,837	1,605	1,169	1,144	1,145	994	982

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Total	**1,656**	**1,599**	**-57**	**-3.43**

WTEs are indicated as being below ceiling at the end of March by 57 WTE. The ceiling adjustments from Service Plans 2013 and 2014 have been partially applied, i.e. an uplift in ceiling of 120 WTE. SP 2013 specified 141.8 WTE and SP 2014 specified 43 WTE.

Recruitment of the Control Programme personnel from the 2014 Service Plan is ongoing with a total of 8 candidates in training.

In order to ensure that the NAS has the ability to supply a safe and consistent service, it has commenced an internal review of the existing agreed rosters across the country. This review will validate the service baseline and the associated rostered and non-rostered staff required to provide it in terms of actual WTE in place.

FINANCE

Ambulance Services					
HSE AREA	**Approved Allocation €000**	**Actual YTD €000**	**Budget YTD €000**	**Variance YTD €000**	**% Var Act v Tar**
North Leinster	49,126	15,364	16,214	-850	-5.5%
West	35,987	12,234	11,861	374	3.1%
South	30,242	10,672	9,780	892	8.4%
Ambulance College	1,992	548	657	-109	-19.9%
Office of the Assistant National Director	7,815	1,113	2,722	-1,610	-144.6%
Emergency Care Control	12,379	4,412	4,103	309	7.0%
Total	**137,542**	**44,343**	**45,338**	**-995**	**-2.2%**

Overall the NAS is running €995k under budget year to date end April. Some of this saving is attributable to a minor delay in appointing some of the service plan posts for the Control programme.

Overtime spend in YTD April was €2.968m which is €1.078m less than the YTD April 2013. However, the rate of overtime savings has reduced this month due to the "first hour" overtime savings under the Haddington Road initiative ceasing.

Primary Care Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

A National Lead for Quality and Patient Safety for the Primary Care Division is commencing in May '14. Quality and patient safety is an integral part of the monthly performance review meeting with the Area Managers.

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.

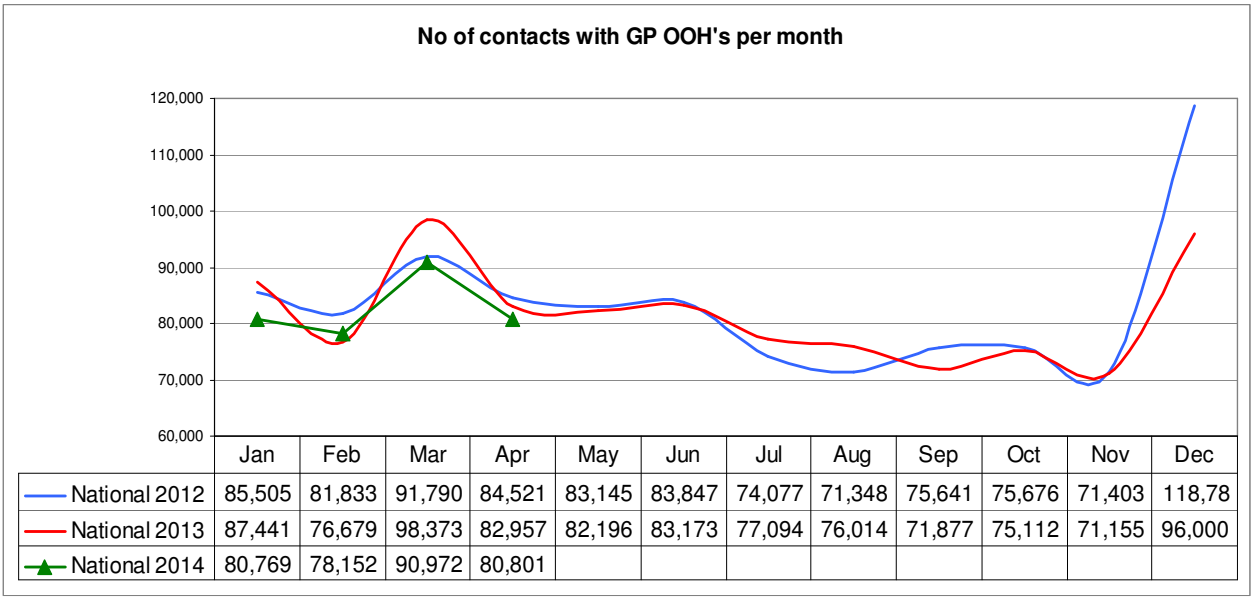
COMMUNITY INTERVENTION TEAMS

- The seven Community Intervention Teams currently in place provided hospital avoidance services to 741 patients in April, a total of 2,858 year to date.
- The teams also facilitated early discharge of 254 patients in April, a total of 1,003 year to date.
- In addition there were 177 GP referrals, a total of 805 year to date and 79 Community referrals, a total of 469 year to date.

A review of Community Intervention Teams is underway including a review of the data set with associated standardised definitions. There has been significant drive for patients to be referred to Community Intervention Teams to support hospital avoidance and for patients (where clinically appropriate) to remain in the primary care setting.

GP OUT OF HOURS SERVICE

- 80,801 patients availed of GP out of hours services in April (i.e. triage, treatment, home visit etc.) bring the total year to date to 330,694.
- This is a demand led service and reflects the actual demand for services in the reporting period.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2012	85,505	81,833	91,790	84,521	83,145	83,847	74,077	71,348	75,641	75,676	71,403	118,78
National 2013	87,441	76,679	98,373	82,957	82,196	83,173	77,094	76,014	71,877	75,112	71,155	96,000
National 2014	80,769	78,152	90,972	80,801								

PHYSIOTHERAPY SERVICES

Waiting List Management: At the end of 2013 there were 7,181 patients waiting more than 12 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the end of April there were 6,377 patients waiting more than 12 weeks which is an improvement and represents a reduction of 11.2% in the number waiting more than 12 weeks.

Physiotherapy Services: variance from expected activity in the month					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Referrals	+11.5%	+11.9%	-3.4%	+8.1%	+6.1%
Patients seen first assessment	+17.3%	+19.8%	+12.6%	+8.3%	+13.8%
Patients Treated	+9.6%	+5.5%	-6.4%	+10.3%	+4.1%
Treatment contacts	+26.0%	+10.9%	-0.6%	+7.7%	+9.8%

Physiotherapy patients waiting more than 12 weeks for assessment					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Number of patients waiting more than 12 weeks for assessment	838	961	2,021	2,557	6,377

OCCUPATIONAL THERAPY SERVICES

At the end of 2013 there were 8,511 patients waiting more than 16 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the end of April there were 8,028 patients waiting more than 16 weeks which is an improvement and represents a reduction of 5.6% in the number waiting more than 16 weeks.

Occupational Therapy Services: variance from expected activity in the month					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Referrals	+35.2%	+30.9%	+19.2%	+9.3%	+23.1%
Patients seen first assessment	+26.4%	+15.9%	+26.9%	+3.1%	+18.4%
Patients Treated	+16.2%	+21.4%	+18.1%	+7.7%	+15.2%

Occupational Therapy patients waiting more than 16 weeks for assessment					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Number of patients waiting more than 16 weeks for assessment	2,319	1,128	3,215	1,366	8,028

Note: Occupational Therapy definitions were reviewed in 2013 and revised which will have implications for 2014 reporting. The main amendments were the inclusion of OT Manager Caseload, Agency Staff activity and prescriptions received from a Voluntary Organisation / NGO which generate clinical work (involvement either by direct or indirect) to be opened as referrals.

Aids and Appliances

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

Social Inclusion

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Substance Misuse
- Finance

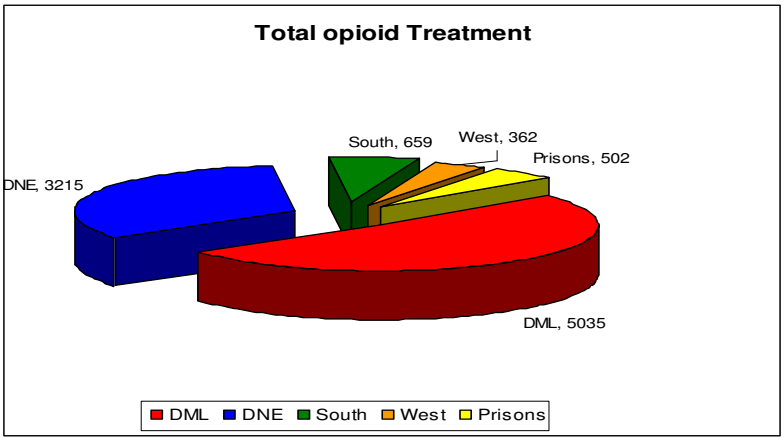
QUALITY AND PATIENT SAFETY

The development of clinical guidelines for Opioid Substitution Treatment is underway and arrangements for the recruitment of a Clinical Lead for Addiction Services are been finalised.

SUBSTANCE MISUSE

OPIOID TREATMENT

This data is reported a month in arrears and reflects March 2014 activity. The number of clients in receipt of Opioid treatment during the current reporting period, outside of prisons, was 9,271. The agreed target/expected level of activity for 2014 is 9,100. The current level of service uptake is 1.9% over expected activity.



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 number of people covered by medical cards as of April 2014 was 1,800,182 (39.2% of the population). Included in these cards were 50,375 medical cards granted on discretionary grounds.

The total number of GP visit cards as of April 2014 was 125,166. Included in these cards were 29,841 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	457,405	384,611	479,417	478,749	1,800,182
Number of people with GP Visit Cards	30,285	25,562	37,579	31,740	125,166
Total	487,690	410,173	516,996	510,489	1,925,348

*Includes 50,375 medical cards granted on discretionary grounds and 29,841 GP visit cards granted on discretionary grounds.

As of the 19th May 95.1% of completed medical card applications were processed and issued within 15 days. Of the 4.9% which were not processed within target, the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required.

Long Term Illness / General Medical Scheme

National	Number Processed		% Variance to profiled target
	April 2014	Jan – April YTD	
LTI claims	94,125	344,021	+10.4%
LTI items	314,864	1,147,172	+13.6%
GMS prescriptions	1,633,855	6,466,754	-9.3%
GMS items	5,007,090	19,865,237	-9.3%
GMS Special items	46,579	207,265	-11.6%
GMS Special type consultations	93,946	391,884	-8.6%

OVERVIEW OF PRIMARY CARE FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**3,240,869**	**1,105,574**	**1,089,617**	**15,957**	**1.5%**

Primary Care	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	147,629	45,843	48,306	-2,463	-5.1%
DNE	97,233	34,077	32,487	1,590	4.9%
South	160,700	54,726	53,229	1,497	2.8%
West	151,465	47,851	49,945	-2,094	-4.2%
National	**557,027**	**182,498**	**183,968**	**-1,470**	**-0.8%**

Social Inclusion	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	54,988	16,639	18,112	-1,473	-8.1%
DNE	39,622	11,642	13,172	-1,530	-11.6%
South	21,800	7,501	7,256	245	3.4%
West	15,986	5,087	5,262	-175	-3.3%
National	**132,395**	**40,870**	**43,803**	**-2,933**	-6.7%

Multi Care	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	57,047	23,814	18,803	5,011	26.6%
DNE	39,662	15,033	11,323	3,710	32.8%
South	8,659	4,802	2,884	1,918	66.5%
West	37,350	12,978	12,255	723	5.9%
National	**142,718**	**56,627**	**45,266**	**11,361**	**25.1%**

Local Demand Led Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	53,792	22,102	17,684	4,417	26.6%
DNE	48,417	20,722	16,139	4,583	32.8%
South	34,078	14,356	11,359	2,995	66.5%
West	36,185	14,441	11,888	2,552	5.9%
National	**172,471**	**71,620**	**57,071**	**14,550**	**25.5%**

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	**2,236,258**	**753,959**	**759,509**	**-5,550**	-0.7%

Points to Note:

a) The figures reported above for Multi Care include expenditure of €6.9m for Child Psychology services pending a decision on where these costs should ultimately reside. The inclusion of the expenditure has a distorting effect on the overall Primary Care YTD reported deficit.

b) The YTD budget figures do not take account of unallocated funds for incoming deficits in the sum of €1.6m. Arrangements are being made to allocate this funding to the appropriate areas

The negative variance of €14.550m in the Demand Led Schemes is primarily due to an overspend in Hardship Medicines of €5.784m and on the Drug Refund Scheme of €6.206m**.**

In light of the above points a) and b), the Primary care Division has an adjusted YTD deficit of €7.4m as outlined in the table below:

Primary Care Division (Adjusted Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	3,240,869	1,105,574	1,089,617	15,957	1.5%
Child Psychology		-6,937	0	-6,937	
Held Funds for incoming deficits	4,833	0	1,611	-1,611	
Adjusted Total	3,245,702	1,098,637	1,091,228	7,409	0.7%

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Breast Cancer Screening
- Tobacco Control
- Child Health Development Screening
- Developments in April
- Human Resources
- Finance

QUALITY AND PATIENT SAFETY

As part of the ongoing work to progress this priority agenda within our services, a meeting was held with the National Director, Quality and Patient Safety and colleagues from the Division to identify key priorities. The output from this engagement is informing the development of a work plan focussed on the continued development of the culture, processes and structures within Health and Wellbeing to support Patient Safety. Work on the refinement of the Health and Wellbeing risk register continued in the month as well.

BREAST CANCER SCREENING

10,994 women attended for breast screening in April, bringing the YTD total to 48,461. Activity levels are on target to achieve 140,000 attendances in 2014.

TOBACCO CONTROL

The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 3,503 year to date April 2014. The service is operating 1.1% ahead of target.

Performance against expected activity for the training of front line workers in brief intervention in smoking cessation is 12.3% ahead of target (499 staff trained versus an expected activity target of 400). If this trend continues it will see us exceeding the annual target of 1350.

CHILD HEALTH DEVELOPMENTAL SCREENING

Access to developmental screening is a key priority for the Health and Wellbeing Division. The target in 2014 is that 95% of children reaching 10 months within the monthly reporting period have had their child development health screening (7 – 9 month developmental check) before reaching 10 months of age. This metric is reported monthly in arrears.

20,331 children (91.2%) have received child developmental health screening within target year-to-date. Overall the YTD uptake of this clinical intervention has improved both compared to 2013 YTD (86.0%) and 2013 outturn (88.1%) respectively.

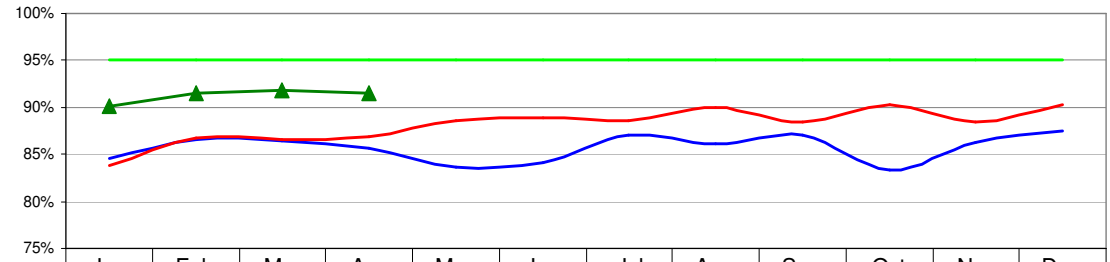
The majority of Local Health Offices have reported development check uptake figures at or almost at the national average. 9 Local Health Offices are showing an uptake in excess of the 95% target. There are 8 Local Health Offices where the rate is under 90%. Each area with a

performance of <90% have been asked to review their performance and provide an action plan on how they will address the issue.

Limerick Local Health Office reported an uptake of 64%, significantly at variance with national trends. This issue has been a focus for some time in the area and an improvement plan is continuing to be implemented locally. As referenced previously, the overall uptake rate is expected to show improvement in its June outturn.

Roscommon Local Health Office returned an uptake of 82.4% a significant increase on the March position of 54.9%. This is in line with the improvement trajectory flagged in previous reports and a positive development.

Percentage of Children Reaching 10 months who had their Child Health Developmental Screening (7-9 months) on time before reaching 10 months of age



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2012	84.5%	86.5%	86.4%	85.7%	83.6%	84.1%	87.1%	86.1%	87.1%	83.3%	86.2%	87.5%
National 2013	83.8%	86.8%	86.5%	86.9%	88.5%	88.9%	88.5%	89.9%	88.4%	90.3%	88.4%	90.3%
National 2014	90.2%	91.5%	91.8%	91.5%								
Target 2014	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Other developments in April 2014

The Health Services announced in April that from May 1st, the use of e-cigarettes would be banned in all health facilities. The majority of public hospitals now operate smoke-free campuses, helping to change social norms around tobacco use and supporting people to quit smoking. There currently is no conclusive evidence that e-cigarettes are safe for long-term use, or are effective as a smoking cessation aid, and while this evidence will be kept under review, the ban is being introduced because e-cigarettes pose a challenge to smoke-free campus enforcement and come with safety concerns for a healthcare environment.

The HSE Health Protection Surveillance Centre marked European Immunisation Week during April by announcing that childhood immunisation rates in Ireland are at the highest levels ever recorded - at 12 months of age 92% of Irish children are appropriately vaccinated with the 6 in 1 vaccine and at 24 months 93% of children have had the MMR vaccine, a marked improvement on previous years. While welcoming this achievement, the HSE reminded parents that children needed to fully complete the childhood immunisation schedule to be protected against a range of serious vaccine preventable diseases.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Health & Wellbeing	1,204	1,219	+15	+1.00%

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	221,333	59,430	63,931	-4,502	-7.0%

Overall the Division is exhibiting a positive variance of €4.5m against its year-to-date profile.

The positive variance also includes the Emergency Management contingency held by the Division on behalf of the organisation.

The Division's budget includes the 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.

The Division is engaged in ongoing review and analysis of its spending pattern and budgetary position.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Rehabilitative Training Places
- School Leavers
- Finance

QUALITY AND PATIENT SAFETY

HIQA has commenced inspections of residential care facilities for persons with disabilities, in accordance with the National HIQA Standards for Residential Services for Children and Adults with Disabilities. The HSE has established four Regional Standards Implementation Groups with standardised terms of reference to support Areas and inform the National Standards Reference Group of issues arising from these HIQA inspections.

HIQA published 32 inspection reports at the end of April 2014, (31 in the voluntary sector and 1 HSE facility) and inspections have been on-going. The report on the HSE facility found 'good person centred quality service'. In line with experience in other countries and in services for older people in Ireland, the implementation of a new regulatory regime will identify both good and poor practice as well as inconsistency in the implementation of standards. The Social Care Division will monitor the reports carefully and assure that with assistance from Quality and Patient Safety, that learning will be transferred across the system.

These reports were the subject of discussion between HIQA and agencies, with initial findings indicating a good general level of compliance, but with scope for improvement in some areas. Both the voluntary agencies and the HSE have reviewed the reports to date, and are sharing the learning from the inspection process via the Regional Standards Implementation Groups, with a view to bringing about improvements in the areas identified by HIQA.

REHABILITATIVE TRAINING PLACES

In April, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,864 people availed of these places nationally.

SCHOOL LEAVERS

In line with the Social Care Division Operational Plan 2014, a revised process is being implemented this year to ensure a more streamlined approach to the assignment of places to School Leavers and those exiting Rehabilitative Training places.

A summary of key elements of the process is outlined below:

- A process was completed in Q1 which identified the young people who will be leaving school or exiting an RT Programme who have a requirement for ongoing HSE-funded supports. Following validation, this process has identified 1,365 young people (918 school leavers and 447 RT exits)

and the ongoing supports required by these individuals, focussing specifically on responses for those who have complex service needs.

- An exercise to identify service providers with capacity to respond to these individuals needs has also been undertaken. Site visits were completed in April to validate the information received from service providers, with information validated.

This process identified those areas which do not currently have capacity to provide a service to those with identified needs and will inform priority areas to be targeted for the allocation of the additional funding and WTEs allocated in NSP 2014.

School Leavers and their families are to be advised of the placement location and service they will be receiving in September, 2014. Notification of placement is to commence in May and all families are to be advised no later than 30th June.

FINANCE

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	416,040	145,703	140,536	5,167	3.7%
DNE	325,317	111,557	110,058	1,499	1.4%
South	326,262	102,970	107,231	-4,261	-4.0%
West	334,829	112,587	111,489	1,098	1.0%
National	**1,402,447**	**472,817**	**469,314**	**3,503**	**0.7%**

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**2,852,334**	**967,016**	**961,217**	**5,799**	**0.6%**

Services for Older People

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

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

SERVICE ACTIVITY

As of April 2014:

- 46,668 clients were in receipt of home help service
- 12,603 clients are in receipt of a home care package
- 22,380 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.0% of the population or 21,640 people aged over 65yrs were supported in NHSS/Saver beds (based on 2011 census figures).

HOME HELP HOURS

The 2014 National Target for Home Help Hours is 10.3m hours. The maximum target in April is 3,433,334 hours of service delivery. As outlined in the January report the Social Care Division intends to deliver a sustainable approach to the provision of home help service and is examining options whereby a minimum, median and maximum target for service delivery will be provided to regions and areas.

This will allow for the required flexibility in the course of the year. The data validation (Activity and Resource) stage of the overall review of home care currently undertaken was progressed in April.

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

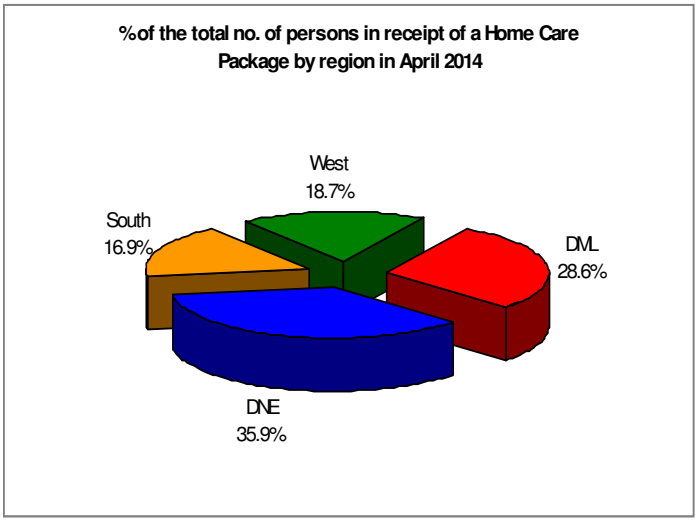
- National - 3,345,382 hours provided YTD, below the targeted YTD service delivery levels by 2.6%.
- DML are running below targeted levels by 14.3%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
- DNE are ahead of target by 17.6%. The on-going review of home care will assist in finalising the appropriate service delivery level in DNE.

- SOUTH are running below target by 7.1%. An increased level of activity is required to meet the sustainable service delivery level in this region.
- WEST are running below target by 0.8%.

HOME CARE PACKAGES

The expected level of service in 2014 is that 10,870 persons would be in receipt of a home care package at any time.

- 12,603 persons were in receipt of a home care package at end of April 2014.
- Activity year-to-date was 15.9% above the expected level of service*.
- South Region was below the expected level of service with a variance of 12.2%.
- DML, DNE and West Regions were above the expected level of service at 35.2%, 27.6% and 5.1%.



*It is important to note that variances on this indicator are related to the demand for low or high value home care packages and are not a good indicator of overall performance.

HOME CARE

Intensive Home Care Packages

The 2014 Service and Operational Plans marked a shift in emphasis from residential care to home care in order to provide further options to maintain people at home for longer with an appropriate level of service which is reflective of their care needs.

To this end €10m funding is targeted to provide intensive home care packages (iHCP) to support people who would otherwise enter long stay residential care at an earlier point if this level of service was not provided.

A working group has been established to define a model for intensive HCP provision to care for people with complex care needs and high to maximum dependency levels, who would require long stay residential care unless a range of significant home and community supports are provided in excess of what is provided from mainstream services or through the current HCP Guidelines.

The initial phase commenced in April across eight priority locations: Dublin North, Dublin North City, Dublin South West, Dublin South East, Cork City, Waterford, Limerick and Galway. Area Specialists have been asked to oversee the roll-out and recommend appropriate applicants (up to a total of 10 in each of the 8 locations initially) who fulfil the inclusion criteria for consideration under the scheme.

The funding will be held centrally and a process is currently being devised to provide funding on a named patient basis. An associated dataset is being formulated to capture the critical information around levels of dependency; supports required and provided, length of time before a further episode of acute hospital care or long stay care is required, etc. As the model is developed, iHCPs will become embedded into the service delivery model and will be available as part of the quantum of mainstream service.

Home Help hours and Home Care Packages

Corporate Finance is currently validating the budget in respect of HH and HCP and therefore, preliminary targets have not been formally issued until this process is complete. The process is anticipated to be completed by the end of June.

Tender Process

Legal proceedings have been instigated by a number of private providers in relation to the tender. Services for Older People are currently considering implications.

SINGLE ASSESSMENT TOOL- SAT

The implementation of SAT is critical as it will underpin future development of Services for Older People and provide a standardised base for the allocation and development of services to older people based on their assessed needs. The 4 priority areas now have SAT Implementation regional teams in place driving the ISA implementation plan of SAT with oversight from the national team to ensure associated timeframes are on target.

As of the 22 May 2014, the various elements of the implementation plan that are underway are:

- Identification of the SAT users in priority hospitals for each region continues to be progressed.
- ICT forms for users are progressing so as to issue users with tablets and complete networking in priority hospitals.
- SAT Information System and InterRAI Clinical Assessment training has commenced with members of the SAT Implementation Teams across the 4 areas.
- User Acceptance Testing (UAT) has commenced where users have begun testing the SATIS on their tablet devices.
- SAT National Project team have completed the SAT Education & Training modules, which includes Clinical Assessment modules, SATIS information, eLearning modules and also specific modules on Dementia and Carers Awareness.
- Carers Needs Assessment continues to be progressed.

Once the first wave of training is completed, the National Project team will critically review the training and processes involved with a view to amending the National SAT Education and Development Programme as required.

VOLUNTARY ORGANISATIONS

Engagement with the larger Voluntary Organisations is underway with a view to clarifying their position regarding the implementation of the HRA and their ability to achieve further efficiencies. It is anticipated that engagement will be complete by early June.

RESIDENTIAL SERVICES

Service Improvement Teams

Phase two site visits are currently underway and scheduled to be completed by mid-June. The emphasis of Phase two is on the opportunity for cost extraction particularly across the more complex sites (i.e. Cherry Orchard, St Finbarr's, St Marys Phoenix Park etc) with Corporate Finance currently undertaking a forensic analysis of pay and non-pay costs this week in order to support the SITs and their site visits.

Short Stay Beds

Work is underway in respect of the validating the budget for Short Stay beds. Corporate Finance will provide and initial draft cost of care report by the end of June.

Nursing Management Structures (Residential Care Services)

A Working Group has been established to review and make recommendations around nursing management structures for HSE Public Residential Units. An initial meeting has also taken place with Nursing Unions on this and a proposal is scheduled to be submitted to the Unions for consideration in June 2014.

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 April 2014 there were 5,320 NHSS beds; 1.5% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -6.7%. The South and West were just above the target at 0.1% and 0.4% target respectively.
- Short stay beds are 0.5% above target in April.

NURSING HOME SUPPORT SCHEME (NHSS)

In April 2014 the scheme funded 22,380 long term public and private residential places and when adjusted for clients approved but not in payment there were 23,030 supported under the scheme. The numbers in payment are slightly ahead of the target of 22,193 by 187. In the first four months of 2014, 3,638 applications were received and 2,202 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 627 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 –2013	5,052	16,269	565	1,016	105	23,007
DML	1,364	4,207	132	506	-	6,209
DNE	877	3,214	113	214	14	4,432
South	1,500	4,203	103	103	83	5,992
West	1,210	4,308	148	81	-	5,747
Total – Apr 2014	**4,951**	**15,932**	**496**	**904**	**97**	**22,380**

Note: An additional 650 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 April 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 4.0% or 21,640 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	156,931	57,986	52,572	5,414	10.3%
DNE	117,933	42,407	39,677	2,730	6.9%
South	193,350	60,383	67,380	-6,997	-10.4%
West	174,510	59,689	58,361	1,328	2.3%
Fair Deal (ex Contract & Subvention)	807,162	273,734	273,914	-180	-0.1%
National	**1,449,886**	**494,199**	**491,904**	**2,296**	**0.5%**

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**2,852,334**	**967,016**	**961,217**	**5,799**	**0.6%**

SOCIAL CARE FINANCIAL COMMENTARY (DISABILITY & OLDER PEOPLE SERVICES)

The 2014 service plan provided adjustments to the Social Care Budget of €51m to support underlying deficits which had arisen at regional level in previous years. As this resource is deployed across services and taking account of the savings envisaged under the HRA agreement. The Social Care Division are on line to meet the targets outlined in the operational plan and applied to the system in January, the Division will also contribute to the stretch targets applied in March.

Mental Health Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

The National Service Plan 2014 places a particular emphasis on quality and patient safety. 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.

A dedicated resource reporting to the Head of Quality and Patient Safety has been assigned to lead on systems improvement for quality, compliance, and patient safety initiatives. It is intended to further develop a small unit of skilled staff to develop the National Mental Health Divisions capacity to assist and support services in this high priority area.

The nationwide series of “listening meetings”, outlined in the March report, designed to hear directly from people who have experience of the mental health services, their family, friends or carers, and/or anybody who has an interest in this area, continued across the country during April.

Further to the process for signing off on implementation plans for the project phase of ARI (Advancing Recovery in Ireland) reported previously, two Expressions of Interest processes have been circulated for positions to support this national extension and development of the ARI project

ADULT MENTAL HEALTH SERVICES

In April 73% 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. However, the performance in April shows a slight decline of 1% over the March figures. Further analysis is required to review rates of referral relative to populations and then comparative accepted referrals offered first appointment. In this analysis, there will also be the opportunity to review opportunities to reduce the rate of DNA and how this can improve capacity for improved performance.

95% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months, nationally. The objective is that this percentage would be greater than or equal to 95% in 2014 and the trend of exceeding the target is consistent over the Quarter 1.

ACUTE ADULT INPATIENT SERVICES

In Q4 2013 the number of admissions to adult acute units was 3,128 with a total of 13,377 for the year, which is a 2% decrease on the year end position in 2012.

This reflects the focus on the development of secondary care mental health services in the community as an alternative to acute inpatient admission but also shows the impact of the reduction of adult acute inpatient capacity in line with Vision recommendations.

The median length of stay nationally was 10.5 days, which is consistent with previous years.

In Q4 2013 the number of involuntary admissions to adult acute units was 404 with a total of 1,741 for the year, which is a 5% increase on the year end position in 2012. The rate of increase in involuntary admissions is under examination and may relate to the reduction in the total number of acute beds and being able to treat people with more severe, mental illness in the community

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

In March the number of CAMHS teams increased to 62 with an additional team now operating in the Cork North Central area.

In April, 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%.

There is an ongoing process locally to manage the underlying reasons for the target not being met, however, there has been a greater demand on the CAMHs service with a 9% increase in the number of referrals accepted than in the same period last year and a further 13% increase in the number of new cases seen when compared to the same period last year.

The Child and Adolescent Mental Health Service waiting list has grown to 2,935 cases, a 7% increase on the same period last year (2,731) and 17% (417 cases) above the year end target of 2,518 cases.

Although there will always be seasonal variances throughout the year against this target and there are 531 individuals or 18% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 66% (41) have no-one waiting more than 12 months.

12 of the 20 teams where patients are waiting over a year make up 88% (467) of the 531 waiting longer than 12 months. The 12 include one team in DML, one tem in DNE, five teams in the South and five in the West.

A targeted approach to addressing the needs of those waiting over 12 months, combined with maintaining the target of offering first appointments and seeing individuals within three months is a priority for 2014, combined with a commitment to ensure that the development posts allocated to CAMHs from 2012 and 2013 are in place by the end of Q2.

By the end of March, there had been 80 children and adolescents admitted, of which 53 (66%) were to age appropriate Acute Child and Adolescent Inpatient Units and 27 (34%) to adult approved centres, some under Section 25 of the Mental Health Act 2001 and others voluntary admissions with parental consent.

In 2012 the operational capacity of the Child and Adolescent Acute Inpatient Units was 44 (73%) out of a total bed complement of 60. This has increased to 56 beds (85%) and the plans to achieve full (100%) operational capacity in each unit during 2014 are outlined in the table below including the opening of an additional 6 bed unit at Linn Dara in St. Loman's Hospital, Palmerstown, Dublin which is now expected to come on stream in Quarter 2.

A service improvement plan of the CAMHs service has now been established which will address the access and use of the CAMHs inpatient and community services. This will included looking in more detail at trends in performance and underlying contributing factors, correlation with availability of other related services e.g. early intervention teams, nature or complexity of any "long waiters" etc.

Table – HSE CAMHS inpatient bed capacity

Child & Adolescent Inpatient Units	March 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Existing Linn Dara Unit St. Loman's Hospital.	8	8	Work to comply with fire safety regulations is necessary and the additional beds will come on stream end Q4.
New Linn Dara Unit	6	0	
St. Joseph's Unit, Fairview	12	8	The Consultants appointment Unit is processing the application to recruit to the additional consultant post and when approved it is expected that it will be filled initially on a locum basis with additional capacity expected to come on stream by end Q2.
Eist Linn Unit, Cork	20	20	Fully Operational
Total No. of Beds	**66**	**56**	

NATIONAL OFFICE FOR SUICIDE PREVENTION

The HSE's National Office for Suicide Prevention (NOSP) leads the national implementation of 'Reach Out', the Government strategy for suicide prevention.The National Office for Suicide Prevention are advancing a National Strategic Framework for Suicide Prevention. Four working groups have been established addressing, research, the current evidence base, a practice advisory group, and a policy development group. A Public consultation process has been advertised through the public media and over 80 submissions have been received to date.

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	Mgt / Admin	General Support Staff	Other Patient & Client Care	Total
*WTEs @ end 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTES @ Jan 2014	711	4,458	1,077	763	961	983	8,953
WTEs @ Feb 2014	701	4,535	1,110	760	954	970	9,029
WTEs @ Mar 2014	701	4,527	1,115	763	959	970	9,036
WTEs @ Apr 2014	702	4,533	1,136	765	961	969	**9,067**

* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to between 250 and 280 posts. As outlined in the National Mental Health Division Operational Plan 2014, the completion of a comprehensive workforce analysis planned for the end of Quarter 1 but finalisation of validation delaying this to end of April, together with the priorities identified by the Area Mental Health Management Teams in their Area Plans for 2014, inform decisions as to how best to target the 2014 investment to progress Vision objectives.

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.

National Service Plan 2012 WTE's as at 30th April 2014

Staffing	Medical / Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total	%
National Service Plan 2012 WTE Allocation	0	51	365	0	0	0	416	100%
NSP 2012 WTE's – Recruited Start date prior to 30th April 2014	0	44	348.5	0	0	0	392.5	94%
NSP 2012 WTE's Recruited Start date after 30th April 2014	0	1	0	0	0	0	1	0%
NSP 2012 WTE's Recruited awaiting post holders details	0	0	5	0	0	0	5	1%
NSP 2013 WTE's accepted Processing Clearances or awaiting start date	0	2	0	0	0	0	2	0%
NSP 2012 WTE's expressed to candidate	0	0	0	0	0	0	0	0%
NSP 2012 WTEs Unable to fill	0	0	8	0	0	0	8	2%
NSP 2012 WTE's At various stages within the Recruitment and HR Process or to be filled locally.	0	0	3.5	0	0	0	3.5	1%
NSP 2012 WTE's Awaiting update	0	4	0	0	0	0	4	1%

Of the 414 WTEs allocated in 2012, 392.5 or 94% of the WTES as 30th April 2014 had started. The remainder are at various stages in the recruitment process, details provided in the tables below.

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, 291or 61% of the WTES had started before the end April 2014, with a further 22 WTEs or 5% with agreed start dates after 30th April 2014. The remainder are at various stages in the recruitment process, details provided in the tables below.

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.

National Service Plan 2013 WTE's as at 30th April 2014

Staffing	Medical / Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total	%
National Service Plan 2013 WTE Allocation							477	100%
National Service Plan 2013 WTE's not yet allocated							9	2%
Staffing	**Medical / Dental**	**Nursing**	**Health & Social Care Professionals**	**Management/ Admin**	**General Support Staff**	**Other Patient & Client Care**	**Total**	**%**
National Service Plan 2013 WTE Allocation	38	277.5	142.5	10	0	0	468	98%
NSP 2013 WTE's Recruited Start date prior to the 30th April 2014	0	183.5	107.5	0	0	0	291	61%
NSP 2012 WTE's Recruited Start date after 30th April 2014	0	20	2	0	0	0	22	5%
NSP 2013 WTE's accepted Processing Clearances or awaiting start date	1	29	8	0	0	0	38	8%
NSP 2013 WTE's expressed to candidate	0	3.5	5	0	0	0	8.5	2%
NSP 2013 WTEs Unable to fill	0	24.5	15	0	0	0	39.5	8%
NSP 2013 WTE's At various stages within the Recruitment and HR Process or to be filled locally.	36	16	5	5	0	0	62	13%
NSP 2013 WTE's Awaiting update	1	1	0	5	0	0	7	1%

FINANCE

The Mental Health Division is reporting breakeven at the end of April, arising from the inclusion of the suicide prevention budget which has yet to be profiled. Without this positive variance from NOSP, the position would show a €1m. or 0.4% deficit, however, there is no current indication of any significant additional financial risks over and above those flagged in NSP 2014 and the mental health division operational plan for 2014. The approved annual allocation of €713.9m will be increased as further development posts are recruited through-out the remainder of 2014.

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	189,931	63,250	63,067	183	0.3%
DNE	148,585	49,464	49,324	139	0.3%
South	177,984	60,850	58,615	2,235	3.8%
West	189,748	61,057	62,614	-1,558	-2.5%
Suicide Prevention	7,627	1,504	2,554	-1,049	-41.1%
National	**713,876**	**236,125**	**236,175**	**-50**	**0.0%**

Human Resources

INTRODUCTION TO THE HUMAN RESOURCES DIVISION

The role of the Human Resources Division is to ensure that that the HSE has the right number of people, with the right skills, in the right place and at the right time. As the largest employer in the State, the HSE currently has 97,155 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.

WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling Apr 2014	WTE Apr 2014	WTE Variance Apr 2014	WTE Variance against Year-end ceiling	% WTE Variance Apr 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,210	95,495	97,155	+1,659	2,945	1.74%	3.13%

WTE Overview by Division	WTE Mar 2014	Ceiling Apr 2014	WTE Apr 2014	WTE Change since Mar 2014	WTE Change from Dec 2013 to Apr 2014	WTE Variance from Ceiling Apr 2014	% WTE Variance Apr 2014
Acute Services	48,745	46,484	48,796	+51	+526	+2,312	4.97%
Mental Health	9,036	9,611	9,067	+31	+161	-544	-5.66%
Primary Care	9,672	9,574	9,644	-28	+183	+70	0.73%
Social Care	24,236	24,376	24,221	-15	-171	-155	-0.64%
Health & Wellbeing	1,218	1,204	1,219	+1	-12	+15	1.25%
Ambulance Services	1,589	1,656	1,599	+10	-16	-57	-3.43%
Corporate & HBS	2,602	2,590	2,609	+7	-10	+19	0.72%
Total	**97,098**	**95,495**	**97,155**	**+57**	**+661**	**+1,659**	**1.74%**

- 97,155 WTEs at end of April with employment levels 661 WTEs above the end of 2013.
- Since Sept 2007, a reduction of 15,615 WTEs has been recorded in employment levels (-3.85%).
- This is distorted by the transfer of Children and Families staff to the new agency (3,318 WTEs), the transfer of Community Welfare Services to the Department of Social Protection (1,000 WTEs), the filling of new service developments, subsumed agencies and other staff not previously returned in census.
- This is a combined total of 3,921 WTEs which would indicate that the true change from the peak in recorded employment may be overstated by 397 WTEs. Accordingly employment in the health services has reduced by 15,218 WTEs approximately from the peak (-13.5%).

- 641 WTEs of 2013 new service development posts have been filled, up 44.25 WTEs from March (126.7 WTEs - National Ambulance Service, 211 WTEs - Primary Care, 281 WTEs - Mental Health Services, 15 WTEs - Acute Services and 7 Finance). No 2014 posts have been filled to date.
- Acute Hospital Services has grown by 51 WTEs from March and is 526 WTEs above end of 2013 levels with growth seen across all Hospital Groups.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 1,659 WTEs above the current provision employment ceiling of 95,495 WTEs (excludes CFA provisional ceiling of 3,443 WTEs) and 2,906 WTEs above provisional end of year target of 94,210 WTEs excluding CFA. This now indicates the ceiling reduction for 2014 is 1,285 WTEs, rather than 938 WTEs referenced in the 2014 National Service Plan.
- Initial allocation of employment ceiling by Divisions has been made and National Directors can change internal sub-allocations as necessary in line with budgets and performance.
- Social Care, Mental Health and National Ambulance Service are currently under ceiling and Acute Services is 2,312 WTEs above ceiling. The other Divisions are marginally above their current allocated ceilings. There are close to 1,000 WTEs of new service developments planned/in process as set out in NSPs which are to be filled within the employment ceiling.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of April figure of the order of 2,119 WTEs, with Acute Services accounting for 66% of total. Non-acute services account for 31% of total.

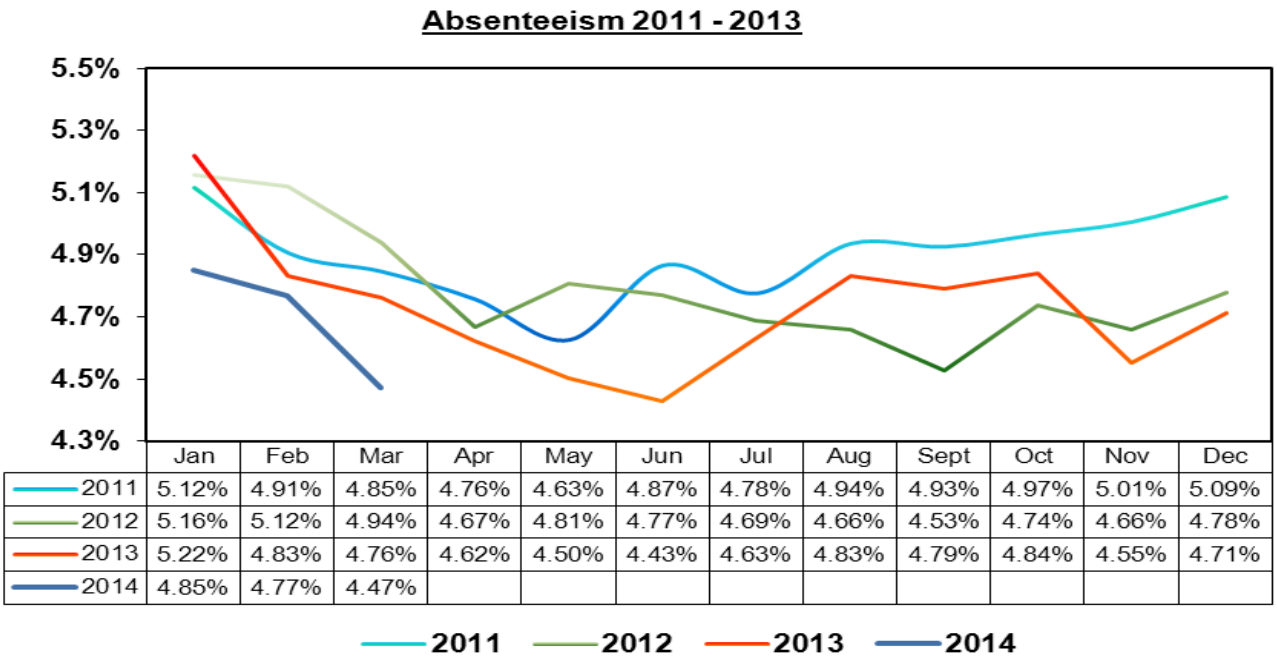
NEW SERVICE DEVELOPMENTS 2013

641 WTEs of 2013 new service development posts filled, up 44.25 WTEs from March (126.7 WTEs - National Ambulance Service, 211 WTEs Primary Care, 281 WTEs Mental Health, 15 WTEs Acute Services and 7 Finance). No 2014 posts have been filled to date.

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported Month (Mar 2014)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.47%	4.71%	4.71%

- Data is reported 1 month in arrears
- Overall absenteeism target for 2013 is 3.5%.
- Absenteeism for March 4.47% while the year to date position stands at 4.71% (March). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2011	5.12%	4.91%	4.85%	4.76%	4.63%	4.87%	4.78%	4.94%	4.93%	4.97%	5.01%	5.09%
2012	5.16%	5.12%	4.94%	4.67%	4.81%	4.77%	4.69%	4.66%	4.53%	4.74%	4.66%	4.78%
2013	5.22%	4.83%	4.76%	4.62%	4.50%	4.43%	4.63%	4.83%	4.79%	4.84%	4.55%	4.71%
2014	4.85%	4.77%	4.47%									

- 90% of absenteeism in February was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions in March and year to date (March) is as follows:

Region	DML	DNE	South	West
Mar-13	4.32%	3.87%	4.66%	4.96%
YTD	4.40%	4.37%	4.76%	5.31%

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.

Finance

OVERVIEW

The HSE's 2014 National Service Plan made clear that the HSE was facing the most severe financial challenge in 2014 resulting from the continued reduction to its funding base and the significant additional savings required.

Between 2008 and 2013 the Health Service costs / budgets have reduced by €3.3bn (22%) and this rises to €4bn (27%) when the 2014 requirement is included.

This is in the context of an increased demand for services, more services being provided with significantly less resources and the loss of more than 10% of our staff.

Net Expenditure[1] year to date April 2014 is €3.970 billion against the available budget reported at €3.862 billion leading to a reported deficit of €107.5m.

Expenditure by Category and Division	Approved Allocation	YTD April 2014		
		Actual	Plan	Variance
	€'000s	€'000s	€'000s	€'000s
Total Acute Division	**3,776,726**	**1,342,685**	**1,261,466**	**81,219**
Total Primary Care Division	**3,240,869**	**1,105,574**	**1,089,615**	**15,959**
Total Health & Wellbeing Division	**221,333**	**59,430**	**63,931**	**(4,502)**
Total Social Care Division	**2,852,334**	**967,016**	**961,217**	**5,799**
Total Mental Health Care Division	**713,876**	**236,125**	**236,175**	**(50)**
Pensions	**385,142**	**137,251**	**133,254**	**3,996**
Other including Corporate, National Services and Held Funds, etc	**400,662**	**122,021**	**116,907**	**5,114**
Total	**11,590,942**	**3,970,102**	**3,862,566**	**107,536**

**Acute hospital services budgets reported above includes budget for acute regional services and Palliative Care*

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

The acute hospital sector is reporting a deficit of €81.2m at the end of April which represents 75.5% of the overall deficit.

- Income shortfalls, despite the introduction of new charging legislation from 1st January approximately €11.3m (14%) of an income shortfall is manifesting. There is ongoing analysis of probable underlying issues.

[1] The HSE is required to prepare accounts on both an income and expenditure basis in line with the Health Act 2004 / general accounting principles and also a Vote (cash) basis in line with government appropriation accounting requirements. Financial data presented in this report are on an income and expenditure basis unless otherwise stated.

- Increased costs of agency medical staff account for a further €20m and this primarily reflects the diminishing capacity to recruit doctors and price increases for agency provision rather than any volume growth in medical staff inputs. Acute Hospital agency costs overall have increased by €25.8m (up 56%) compared to the same period last year however 80.3% of that increase is in the areas of medical and support services staff. These staff were already at the HRA maximum hours and therefore the hospitals did not benefit from additional hours. Cost growth and under performance in cost containment plans are also currently evident.

The Primary Care Division (PCD) had an overall deficit of ca. €15.9m YTD 2014. This deficit was largely attributable to local demand led schemes of €14.5m. Contingency options are being explored to seek breakeven of any deficit in the local demand led schemes within the totality of the PCD budget for 2014.

Based on the first four months figures the HSE is not flagging any new financial risks beyond those set out in the service plan with the exception of the emerging risk in Acute Hospital income referenced above.

FINANCIAL RISKS

The financial risks include a number of items which are not within or are not fully within the control of the HSE:

- €108m - unspecified pay savings which are subject to engagement with the relevant departments.
- €63m – temporary assignment of pension funding to earlier probity target which adjusted the impact of same subject to engagement with relevant department.
- €30m – Increased hospital private health insurance income target following commencement of new legislation from 1st January 2014. Initial indications are that the reduction in the day case charge and general private patient mix issues are having the effect of reducing overall income.
- €60m – Various other items not within or fully within the control of the HSE
  - €15m – Estimate of 2014 lease costs re new primary care centres – proposal is to charge to capital – presently accounts for approximately €6m (5%) of Qtr 1 deficit. The exact nature of each lease is being investigated.
  - €12m – Targeted savings related to the proposed introduction of a nurse bank. The proposal assumed external approval and legal capacity around creating the necessary employment subsidiary and this is currently the subject of engagement with the relevant departments.
  - €10m – Graduate Nurses savings target within 2013 NSP related to PSA I – overtaken by PSA II Graduate Nurses and Support Interns schemes which are the subject of separate budget reductions.
  - €7m – Excess target re full year effect of adjusting the asset based contribution in the fair deal scheme.
  - €5m – Target related to proposed licensing of tobacco retailers. Dependant on the introduction of new legislation.
  - €11m PCRS – dependent on legislation, DOH looking at alternative options.
- € 5m – Local “demand led” Schemes savings targets (community aids & appliances, hardship medicines etc) –deficit in the first four months of 2014 €14.5m despite ongoing work programme in place to standardise nationally and seek to safely reduce costs.
- The scale of the PCRS savings target for 2014 of €294m is a very significant challenge given that it follows the €353m targeted for 2013.This includes original medical care probity targets.

HADDINGTON ROAD AGREEMENT (HRA)

The HSE is committed to maximising delivery on the €290m HRA savings target given that the agreement represents an essential tool for the HSE to safely reduce pay costs without impacting services. Current analysis and implementation plans indicate a stretched gross delivery of €217m or 75% is achievable with further work underway to fully utilise all of the levers made available by the HRA to maximise delivery against the full €290m target. A full HRA implementation plan has now been submitted to DPER/DoH in this respect.

CONCLUSION

Projections to year end based on data for the first four months of 2014 are being finalised in tandem with assessment of performance in the same period and risk to year end within our cost containment plans. Initial control actions in relation to the key risks outlined above have been commenced and will be added to when this assessment is complete. The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014.