

MARCH 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

MARCH 2014 NATIONAL PERFORMANCE ASSURANCE REPORT

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Performance Overview March 2014

QUALITY AND PATIENT SAFETY

Quality and patient safety continues to be a priority for the health services.

- Following the publication of the Chief Medical Officer's report on Maternity Services in Portlaoise in February implementation of the recommendations has commenced.
- Training commenced on the implementation of the HSE consent policy.
- Regional training with National Leadership and Innovation Centre for Nursing and Midwifery to reduce rate of harm from falls in Limerick Regional Hospitals took place.
- The 'Pressure Ulcer to Zero' Collaborative has been launched involving 9 hospitals, 10 residential units (public and private), primary and community care teams across the Dublin North East region. This collaborative aims to reduce pressure ulcers across the region by 50% by the end of 2014
- A cross border patient safety programme, undertaken jointly with Royal College of Physicians of Ireland (RCPI) and Health and Social Care Safety Forum in Northern Ireland, funded by Cooperation and Working Together (CAWT) has commenced.

ACUTE HOSPITALS

Emergency Care

- The number of new attendances at emergency departments have risen by 8,225 in 2014 (3%) and the numbers admitted as inpatients from emergency departments have risen by 1,583 (2%) in 2014 when the figures are compared with the same period in 2013.
- Admissions through Medical Assessment Units have risen by 1,250 which is 16% higher than 2013.
- The number of people on emergency department trolleys while waiting on a ward bed has decreased by 3% compared to the same period last in 2013.

Scheduled Care

- The number of people admitted for planned procedures is 3% (or 753 people) lower at this point in 2014 compared to 2013. A total of 24,285 people have been admitted up to the end of March 2014.
- The number of people provided with a service on a day care basis is 1% (or 3,077 people) lower than the same period in 2013. A total of 202,815 people have been provided with a day care service up to the end of March 2014.

Inpatient / Day Care

- 46,005 adults are currently waiting for an inpatient or day care procedure. Of these 41,655 (91%) are waiting less than 8 months and 4,350 (9%) are waiting over 8 months. In March 2013 there were 4,846 patients waiting over 8 months.

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Paediatric Waiting List

- 4,532 children are currently waiting for an inpatient or day care procedure. Of these 3,711 (82%) are waiting less than 20 weeks, and 821 (18%) are waiting over 20 weeks. In March 2013, 553 children were waiting over 20 weeks.

GI Endoscopy

- There were 1,441 people waiting over 13 weeks at the end of March 2014, 16% of the total waiting list. This is an upward trend.

Colonoscopy

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

Outpatient

- 43,295 additional people have been provided with an out patient appointment in 2014 compared to the same period in 2013, an increase of 6%. There were 16,295 people waiting over 52 weeks for an appointment. This equates to 5% of the overall numbers waiting. In 2013 17% of all those waiting were waiting over 52 weeks.

European Working Time Directive

There is 48% compliance with the 48 hour working week and 93% compliance with the 24 hour shift. The HSE is working closely with the IMO to progress overall compliance in line with the targets.

NATIONAL AMBULANCE SERVICE

In February, the ambulance service responded to over 23,542 emergency calls (AS1 and AS2). This amounted to an average 8% daily increase in activity levels in February over January.

- 72.5% echo calls were responded to in under 19 minutes a disimprovement on 76% in January (target 70% Q1, 80% year end)
- 62.2% Delta calls were responded to in under 19 minutes an improvement on 61.5% in January (target 68% Q1, 80% year end)
- 75% of all inter-hospital transfer of patients to specialist facilities (AS3 calls) were handled by an Intermediary Care Vehicle.

* The National ambulance data is reported a month in arrears therefore the latest data relates to February 2014.

PRIMARY CARE

Community Intervention Teams

- 2,866 people were provided with a CIT service of which
 - 669 people were provided with a community intervention service to avoid hospital admissions
 - 245 people availed of the service to assist early discharge.

GP out of hour service

- In March, 90,972 patients availed of GP out of hours services (i.e. triage, treatment, home visit etc) bringing the total year to date to 249,893.

Therapy services

- There has been an 11% reduction in the number of people waiting more than 12 weeks for a physiotherapy assessment down to 6,404 people.
- There has been a 4% reduction in the number of people waiting more than 16 weeks for an OT assessment, down to 8,182

Primary Care Reimbursement Scheme

At the end of March 2014:

- 1,799,103 people held medical cards (39.2% of the population). Included in these cards were 49,596 medical cards granted on discretionary grounds.
- 120,981 people held GP visit cards at the end of March. Included in these cards were 29,080 GP visit cards granted on discretionary grounds.

The Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013 provided for a reduction in the Over 70s income thresholds for both single persons and couples. The HSE has developed a plan to identify those persons who no longer have full eligibility as a result of this change in legislation and this plan is being progressed.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 4,994 children in the reporting period and 14,879 children year to date. This is 91.1% of the target group. This compares favourably with the national position for the same reporting period in 2013 (85.7%).
- 86.9% of newborn babies were visited within 48 hours of discharge. Within 72 hours, 97.3% were visited.

Cancer Screening

- 37,428 women attended for breast screening in the first quarter of 2014. Activity levels are on target to achieve 140,000 attendances in 2014.

SOCIAL CARE

Disability Services

Personal Assistants

- 2105 adults were in receipt of a personal assistant services at the end of Q1 2014.
- 329,159 hours were delivered between January and March. This is 2.9% ahead of the target and an increase of 12.9% on Q1 2013.

Home Support

- The number of people with intellectual disability and / or Autism or a Physical and / or Sensory Disability benefiting from home support hours was 7,686
- The total number of home support hours delivered between January and March amounts to 640,836.

Disability Act

1,392 applications were received in Q1 2014 for assessments under the Disability Act 2005. This is a 19.7% (or 229 applications) increase on the same period in 2013.

- 78.2% of assessments were commenced within the timelines;
- 29.6% of assessments were completed within the timelines as provided for in the regulations.

Services for Older People

Home support services

- 46,622 clients were in receipt of home help services at the end of March
- 12,399 clients are in receipt of a home care packages at the end of March

Residential services

- 22,553 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of March
- 4.0% of the population or 21,493 people aged over 65 years were supported in NHSS/Saver beds

MENTAL HEALTH

Adult Mental Health Services

- 74% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months (target >75%). The performance in March shows an improvement of 2% over February figures.
- 96% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months (target >95%).

Child and Adolescent Mental Health Services (CAMHs)

CAMHs teams

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

Waiting times

The Child and Adolescent Mental Health Service waiting list has grown to 2,943 cases. This is an 8% increase on the same period last year (2,731) and 17% (425 cases) above the expected level of activity of 2,518 cases.

- 72% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months.
- 452 individuals or 15% of the waiting list waiting more than 12 months. Of the 62 CAMHS teams, 68% (42) have no-one waiting more than 12 months.

There has been a 10% increase in the number of referrals accepted than in the same period last year and a further 18% increase in the number of new cases seen when compared to the same period last year.

Children receiving care in acute mental health units

By the end of March, there had been 80 children and adolescents admitted to inpatient units.

- 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 March, staff numbers were 97,098 WTEs. This employment level is 604 WTEs above the end of 2013.

The Health Sector is 1,457 WTEs above the current provision employment ceiling of 95,641 WTEs (excluding Child and Family Agency provisional ceiling of 3,296 WTEs) and 2,498 WTEs above provisional end of year target of 94,600 WTEs excluding CFA.

Absenteeism is reported one month in arrears. For February 2014 absenteeism is reported as 4.77%. 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 Expenditure¹ year to date March 2014 is €2.965 billion which is lower than the € 3.078 billion reported in the same period last year. However the available budget reported for this quarter at € 2.884 billion has reduced by more than the expenditure leading to a reported deficit of € 80.4m which is higher than the same figure last year (€ 26.7m).

The acute hospital sector is reporting a deficit of €62.9m at the end of March which represents 76% of the overall deficit.

Based on the first quarter 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 (€40m potential risk based on first quarter initial data).

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.

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Updates by Division



QUALITY AND PATIENT SAFETY

Commitment to supporting the development of an open and transparent culture with defined accountability for quality and safety

The result of the National survey of staff within the hospital system on staff culture as it applies to patient safety was sent to 18 of the participating hospitals. This is part of the first national survey of the patient Safety culture in the acute hospital services.

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

It is recognised that there will be cases in delivery of health services where an adverse outcome will arise that could have been prevented. The HSE has to ensure that it is doing all it can to prevent re-occurrence of such incidents. To achieve this aim training is being provided to management teams, clinicians and staff on the management and investigation of adverse events to support them in understanding their responsibilities for patient centred management of the incidents, timely investigation to establish what has contributed to the incident, and to ensure the organisation as a whole learns the lessons to prevent re-occurrence.

Improving the patient experience within health services

Integrated Care (Discharge planning from hospitals): Revised guidelines were published in March for services on the discharge of patients from acute hospitals back to their homes or to community services. The revised guidelines were developed by a national advisory group following a comprehensive consultation process during 2013. The guidelines will support service providers to have a more integrated and effective process for timely discharge from hospitals back to home or to the community, in particular where the patient has complex needs.

Open Disclosure: Currently there are 45 acute hospitals and 5 PCCC areas engaged in the roll out of the policy which have a significant impact on patients and service users experience of the Health services if their care they receive is not to expected standards. Initial work has also commenced with the National Ambulance service and Children and Families agency.

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

Diploma in Leadership and Quality in Healthcare

This programme is aimed at increasing the capability and capacity of managers and clinical leaders to proactively initiate and deliver quality improvement within their services. During 2013 almost 70 participants graduated from the programme in October 2013. 50 more participants started training in two cohorts in Quarter 4, 2013. These groups continue to attend during Q1 2014.

Acute Hospitals

KEY AREAS OF FOCUS

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

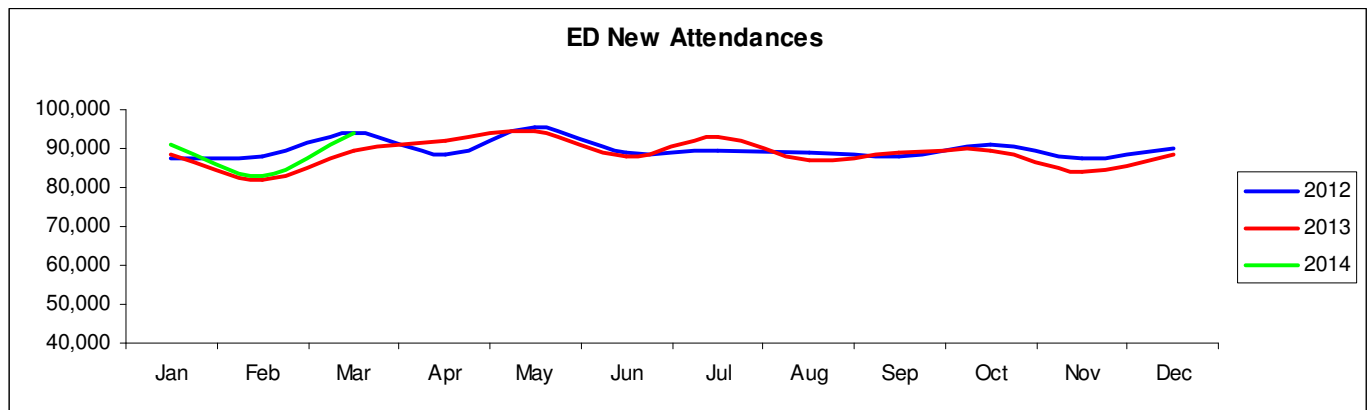
QUALITY AND PATIENT SAFETY

- Average length of stay for all inpatients March 2014: 5.2 days
- Medical average length of stay March 2014: 6.9 days in comparison to February 2014 of 7.1 days
- % of emergency Hip Fracture Surgeries carried out within 48 hours March 2014: 79% - in comparison to February 2014 of 82%. A full review is being undertaken and to include validation of data quality.
- % of surgical inpatients who have principle procedure conducted on day of admission March 2014: 69% - in comparison to February 2014, 69%
- % of HIPE coding episodes completed March 2014: 93% - in comparison February 2014, 93%
- OPD New DNA rate March 2014: 12% in comparison to February 2014, 13%

MACRO HOSPITAL ACTIVITY

Activity Type	Jan - Mar Actual 2013	Jan - Mar Actual 2014	Val Var	% Var	
ED New Attendances	259773	267998	8225	3%	
Inpatient Discharges	146183	149150	2967	2%	
Day Care Attendances	205892	202815	(3077)	(1%)	
OPD	New	217604	225391	7787	4%
	Return	540905	576413	35508	7%
Birth	16353	16207	(146)	(1%)	

EMERGENCY DEPARTMENT NEW ATTENDANCES

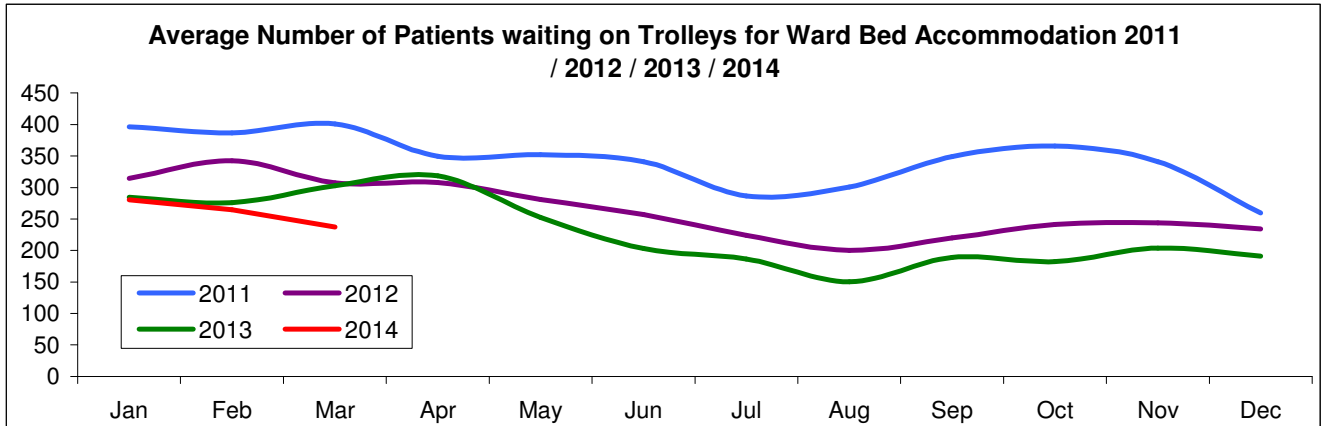


- Note¹** TrolleyGar performance based on INMO data trolley count
- Note²** PET coverage is 22 ED hospitals
- Note³** Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
- Note⁴** MAU - Medical Assessment Unit
- Note⁵** Elective Admissions do not include Obstetric Elective admissions

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- Jan - Mar 2013 / 2014 3% increase (n=8225)
- It should be noted that this is the highest attendance value over the period 2005 - 2014

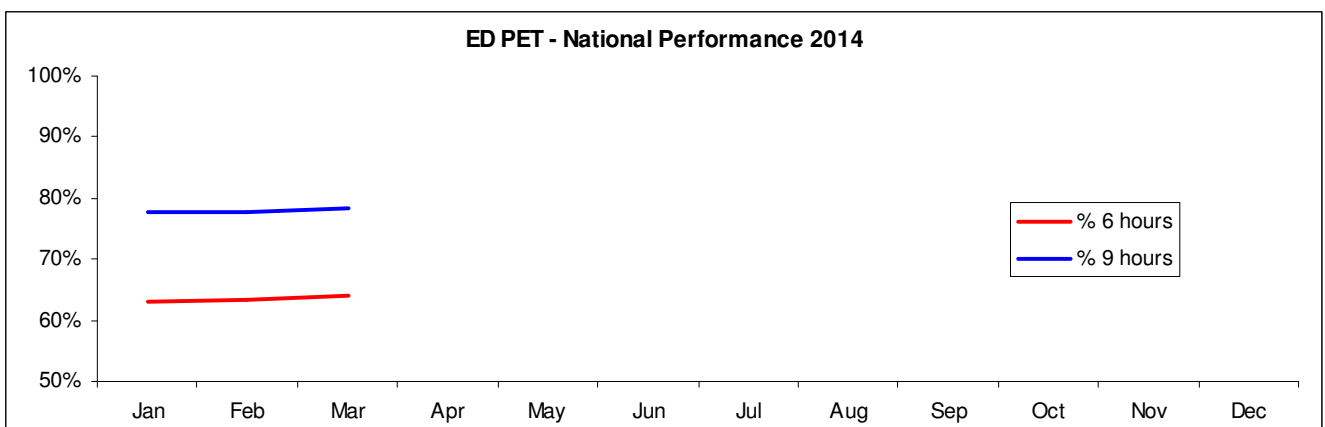
EMERGENCY DEPARTMENT - TROLLEYGAR PERFORMANCE¹



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

YTD March 2011/ 2014 – 31.5% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

PATIENT EXPERIENCE TIME (PET)²



National target is 100% of all patients being discharged or admitted within 9 hours

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

High Performing Hospitals (March 2014)

- Portiuncula Hospital - 98% of patients attending ED discharged home/admitted within 9 hours
- St Luke's Kilkenny - 97% of patients attending ED discharged home/admitted within 9 hours
- Mayo General Hospital - 94% of patients attending ED discharged home/admitted within 9 hours

Note¹ TrolleyGar performance based on INMO data trolley count

Note² PET coverage is 22 ED hospitals

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Note⁴ MAU - Medical Assessment Unit

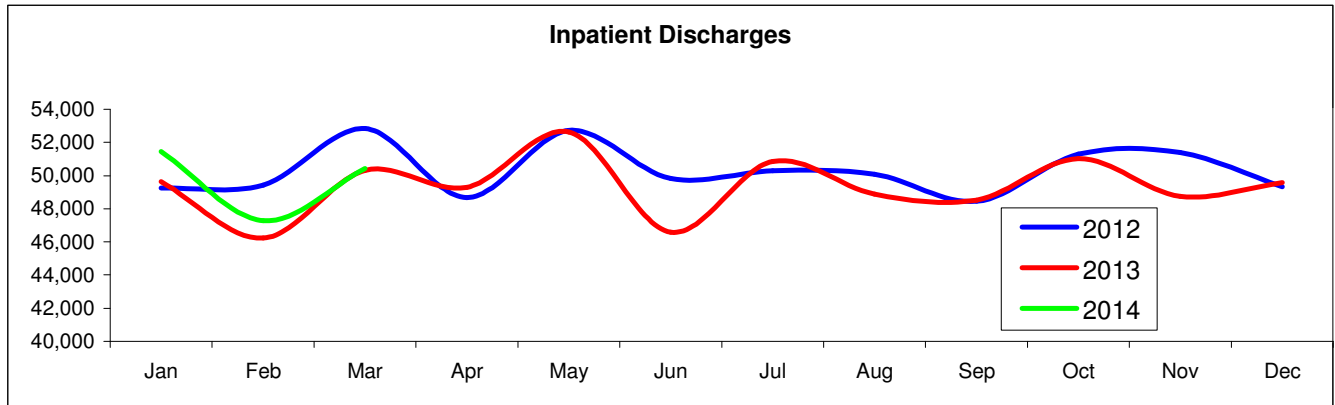
Note⁵ Elective Admissions do not include Obstetric Elective admissions

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Low Performing Hospitals (March 2014)

- Connolly Hospital - 62% of patients attending ED discharged home/ admitted within 9 hours
- St. James's Hospital - 65% of patients attending ED discharged home/ admitted within 9 hours
- Tallaght Hospital - 67% of patients attending ED discharged home/ admitted within 9 hours

INPATIENT DISCHARGES



- Jan - Mar 2014 / 2013 - 2% increase in the number of discharges (n= 2967)
- Jan - Mar 2014 actual / target - 2% increase in the number of discharges (n= 3212)

INPATIENT ADMISSION SOURCE

Activity Type		Jan – Mar Actual 2013	Jan – Mar Actual 2014	Val Var	% Var
Emergency Admissions	ED Admissions	71447	73030	1583	2%
	Emergency (Other) ³	18981	19910	929	5%
	MAU Admissions ⁴	7941	9191	1250	16%
	Subtotal	98369	102131	3762	4%
Elective	Elective Admissions ⁵	25038	24285	(753)	(3%)
Total Admissions		123407	126416	3009	2%

EMERGENCY ADMISSIONS

- Jan - Mar 2014 / 2013 Emergency Admission 4% increase (n=3762)
- 2% increase in the number of Emergency Department admissions (n=1583)
- 16% increase in the number of MAU Admissions (n=1250)

Note¹ TrolleyGar performance based on INMO data trolley count

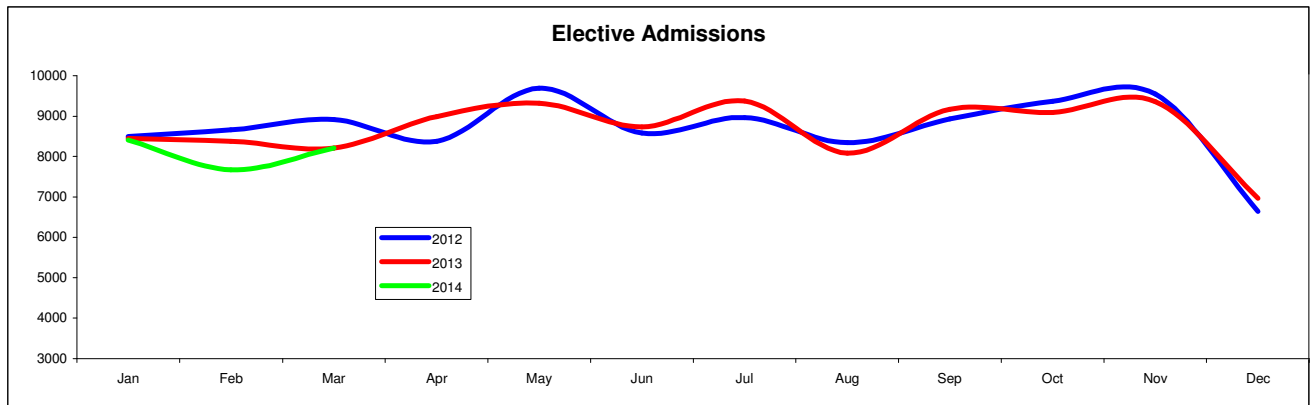
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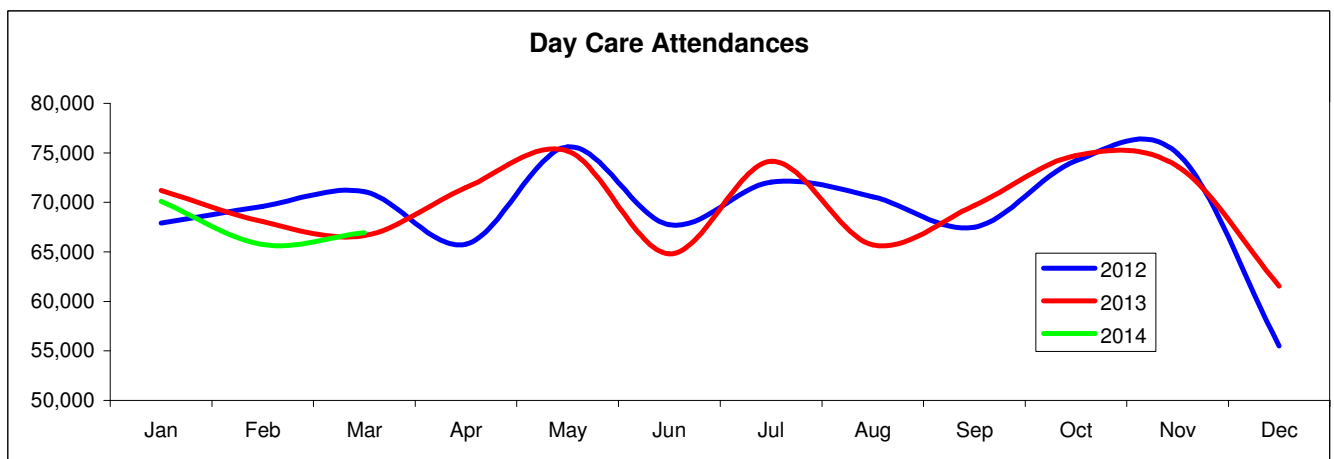
Note⁵ Elective Admissions do not include Obstetric Elective admissions

ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES ELECTIVE ADMISSIONS



- Jan - Mar 2014/2013 Elective Admissions - 3% decrease in Elective Admissions (n= 753).
- arising from 4% increase in number of Emergency Admissions (n=3762)

DAY CARE ATTENDANCES



- Jan - Mar 2014 / 2013 Day Care decrease of 1% (n=3077)
- arising from Day Care facilities continuing to be used for temporary inpatient bed accommodation

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

Adult waiting lists demonstrate that 91% (41665) of adults were waiting less than eight months for a planned procedure in March 2014. In March 2013 91% (47361) of patients were waiting less than eight months for a planned procedure.

PAEDIATRIC WAITING LIST

82% of all children waiting on the elective waiting list were waiting less than twenty weeks (3711). In March 2013, 85% of children were waiting less than twenty weeks (3157)

Note¹ TrolleyGar performance based on INMO data trolley count

Note² PET coverage is 22 ED hospitals

Note³ Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note⁴ MAU - Medical Assessment Unit

Note⁵ Elective Admissions do not include Obstetric Elective admissions

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GI ENDOSCOPY

84% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in March 2014. In March 2013, 90% of patients were waiting less than thirteen weeks.

COLONOSCOPY

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

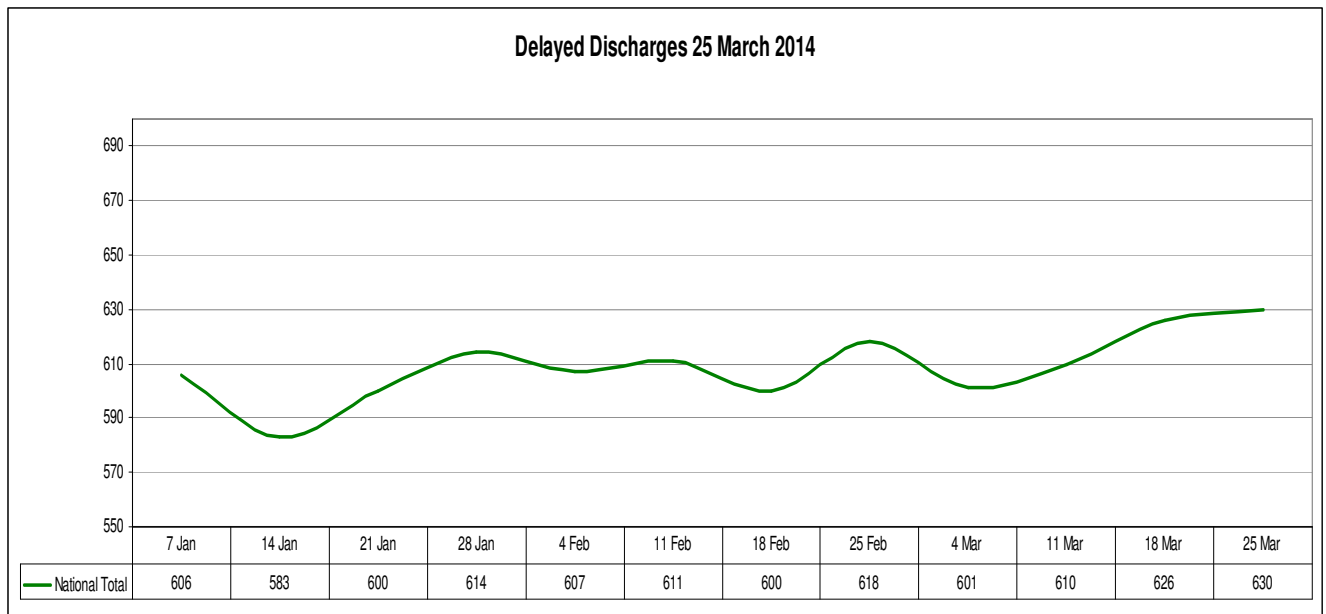
OUTPATIENT

Overall January - March 2014 saw an increase of 6% (43,295) in OPD Attendances in comparison to 2013. Review identifies still less than optimal chronological booking process.

In March 2014, 95% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In March 2013, 73% of patients were waiting less than twelve months.

DELAYED DISCHARGES

As of 25 March there were 617 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 25 March 2014	Over 65	Under 65	Total	
			No.	%
Home	73	20	93	14.8%
Long Term Nursing Care	411	37	448	71.1%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	68	21	89	14.1%
Total	552	78	630	100.0%

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For those patients who are moving to long term nursing care, the principal reasons for delayed discharges are NHSS application not yet submitted (150 clients / 22.8%) and NHSS financial determination in progress (128 clients, 20.3%). 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 (30 clients / 4.8%).

CLINICAL PROGRAMMES

Acute Coronary Syndrome

There is a steady increase in the uptake of primary PCI, the desired treatment, with an increase seen in timeliness of that treatment. Timeliness of thrombolysis, while only referring to a small number of patients, is a concern and is being addressed. A report on 2013 performance is planned for late summer.

Stroke

The % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis is reported at 11.8% at the end of quarter 1 compared to the target of 9% in Service Plan.

The % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit is reported at 52.5% at the end of first quarter, ahead of the NSP target of 50%.

Surgery

Surgical patient Average length of stay is reported at 4.4 for March. This compares to 4.6 in February and a target of 5.3

The % of elective surgical inpatients who had principal procedure conducted on day of admission is reported at 69% for March and year to date 66%. Target for 2014 is 85%

The % of surgical re-admissions to the same hospital within 30 days of discharge has remained at 2% for each month in 2014. This is against a target of <3%

Acute Medicine

Medical patient Average length of stay is reported at 6.9 for March. This compares to 7.1 in February and a target of 5.8

The % of medical patients who are discharged or admitted from AMAU within 6 hours of AMAU registration is reported as 57% in March and 59.4% year to date at the end of March.

EUROPEAN WORKING TIME DIRECTIVE

A comparison between data collated as part of monthly reporting of EWTD compliance in March 2014 with data from March (Quarter 1) 2013 illustrates significant progress over the past year, as follows:

- 93% of NCHDs did not work >24 hours on-site on-call in March 2014; compared to 42.8% March 2013
-
- 87% of NCHDs received documented daily breaks in March 2014 as compared to 33.9% in March 2013
- 93% of NCHDs received 11 hour daily rest breaks in March 2014 as compared to 52.7% in March 2013
- 97% of NCHDs received weekly / fortnightly rest or equivalent compensatory rest in March 2014 as compared to 75% in March 2013

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- 48% of NCHDs were compliant with the 48 hour average working week in March 2014 as compared to 34% in March 2013

The following table sets out improvements in compliance in March 2014 compared to previous reporting from 2009 onwards:

Compliance with EWTB requirements – 2009 to March 2014								
EWTB requirement	2009	2011	2012	2013				2014
				Q1	Q2	Q3	Q4	March
Maximum 24 hour shift				43%	44%	53%	77%	93%
Average 48 hour week	39%	33%	35%	34%	34%	37%	40%	48%
30 minute breaks	87%	73%	75%	34%	36%	37%	53%	87%
11 hour daily rest / equivalent compensatory rest	52%	69%	78%	53%	55%	61%	76%	93%
Weekly / fortnightly rest / equivalent compensatory rest	88%	93%	96%	75%	77%	85%	86%	97%

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin North East Hospital Group	577,249	152,143	144,644	7,499	5.18%
Dublin Midlands Hospital Group	731,594	188,638	180,832	7,806	4.32%
Dublin East Hospital Group	728,170	197,087	185,679	11,408	6.14%
South / South West Hospital Group	626,132	169,690	155,800	13,890	8.92%
West / North West Hospital Group	589,112	158,976	145,977	12,999	8.91%
University of Limerick Hospital Group	230,065	63,902	56,935	6,967	12.24%
Children's Hospital Group	189,676	50,068	47,660	2,409	5.05%
National*	3,671,998	980,504	917,526	62,977	6.86%

* Acute Services budget and expenditure reported above does not include acute regional services

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Dublin East	9,138	9,693	+555	+6.07%
Dublin Midlands	8,920	9,229	+309	+3.47%
Dublin North East	6,840	7,209	+369	+5.39%
Dublin Paediatric	2,421	2,569	+148	+6.10%
South/ South West	8,446	8,682	+237	+2.80%
University of Limerick	2,944	2,999	+54	+1.84%
West/ North West	7,402	7,711	+309	+4.17%
Dublin East	9,138	9,693	+555	+6.07%
Total	46,111	48,092	+1,980	+4.29%

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

NATIONAL CANCER CONTROL PROGRAMME

Breast Cancer Services

The stated target for 2014 is that 95% of urgent referrals will be offered an appointment within 2 weeks. The Q1 reported position was 93.2%.

Lung Cancer Services

All 8 cancer centres are providing lung Rapid Access Clinics. The total number of attendances at RACs and of those the % offered an appointment within 10 working days – target 95%, Q1 reported position was 89.9%

Prostate Cancer Services

There are 8 rapid access prostate cancer clinics and all clinics accept electronic GP referrals. Prostate cancer surgery is currently undertaken in 8 hospitals.

A total of 678 patients attended prostate RACs to the end of March 2014. This is a reduction of 5% on the same period in 2013.

A total of 310(46%) were offered an appointment within the twenty day timeframe. This is deterioration in the same period in 2013 when 54% of patients were treated within the timeframe. Seven of the eight Prostate Rapid Access Clinics have experienced challenges in meeting their target in the first quarter.

The NCCP is aware that the rapid access prostate clinics in Waterford, Limerick and Galway have continued to experience particular pressures. Recruitment is underway for additional consultant urologists in Galway and Waterford. Two additional urology posts have also been approved for the South East. The NCCP has been assured that all referrals to these centres are triaged and urgent cases are prioritised and appointments offered to all appropriate patients in the first instance.

Radiotherapy Services

A total of 1,011 patients have completed their radical radiotherapy treatment by the first quarter of 2014. Data from all centres is now being returned. A total of 926 (91.6%) of all radiotherapy patients commenced treatment within 15 working days of being deemed ready to treat. The target is 90%.

Expansion of additional capacity in Cork and Galway has been sanctioned under the National Plan for Radiation Oncology. Local project teams have been established and the enabling works have commenced.

Extra cranial stereotactic radiotherapy commenced in St. James's SLRON site. The first patient was treated in February. This is a service for which patients previously had to travel abroad or attend private sector facilities to receive.

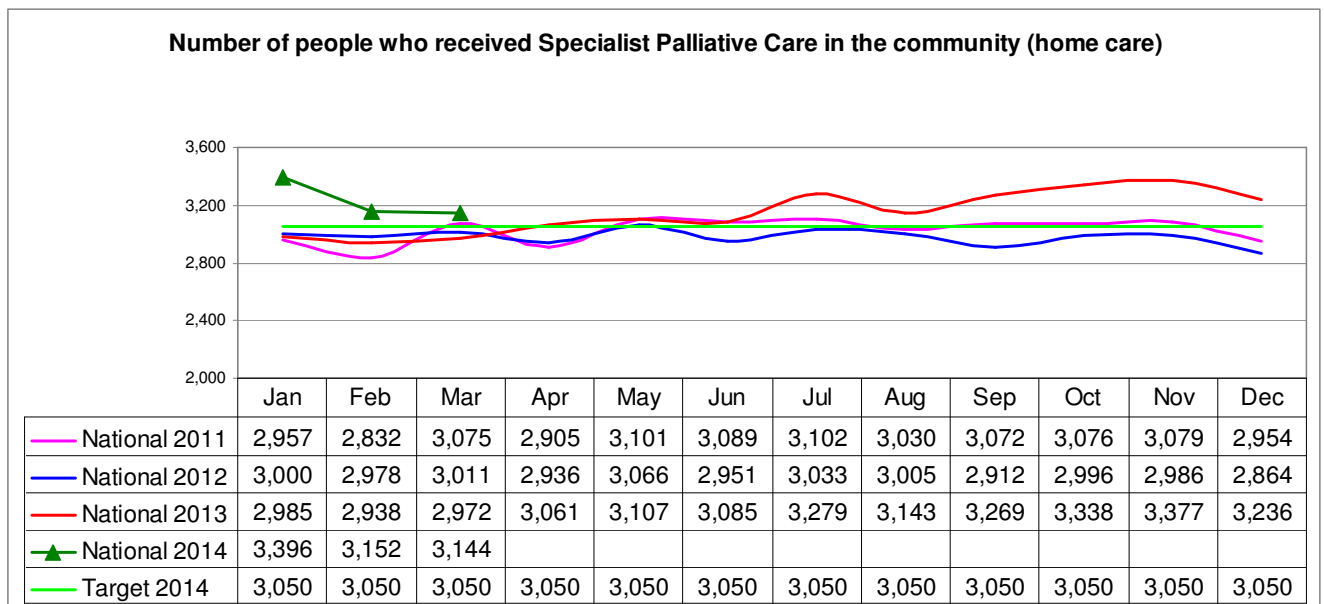
Palliative Care Services

KEY AREAS OF FOCUS

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

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in March 2014 was 3,144. This is an increase of 175 on the same period last year.



DAY CARE

The number of people who received specialist palliative day care services in March 2014 was 355. This was an increase of 40 people (+13%) on the same period last year.

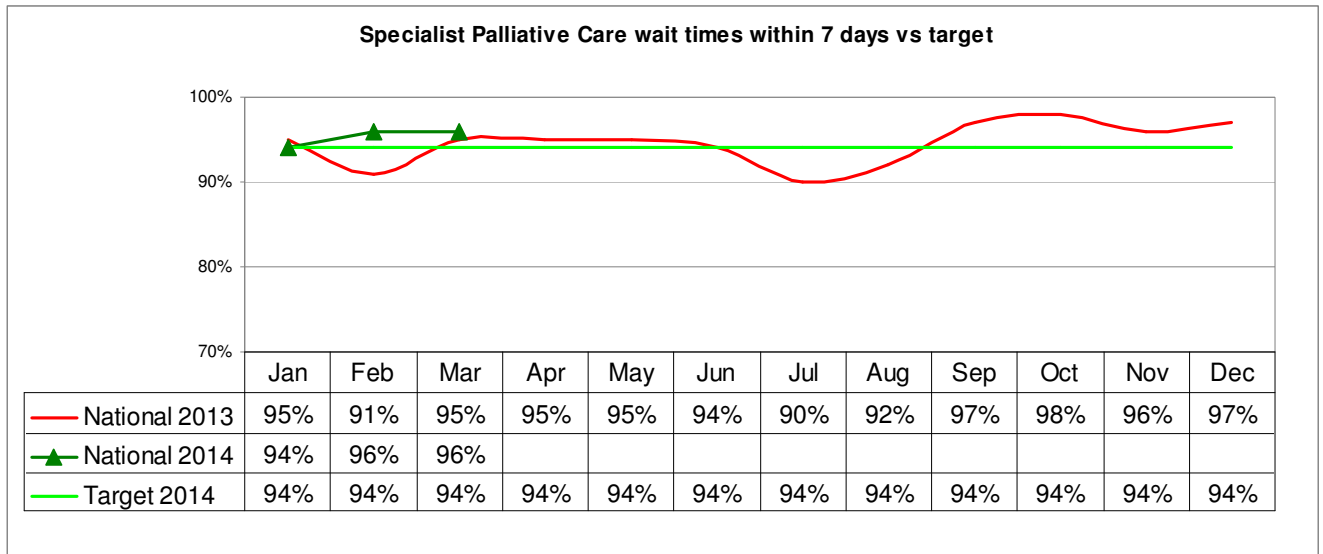
PAEDIATRIC SERVICES

In March 2014 314 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 14 new patients in receipt of care in March 2014.

INPATIENT UNIT – ACCESS TIMES

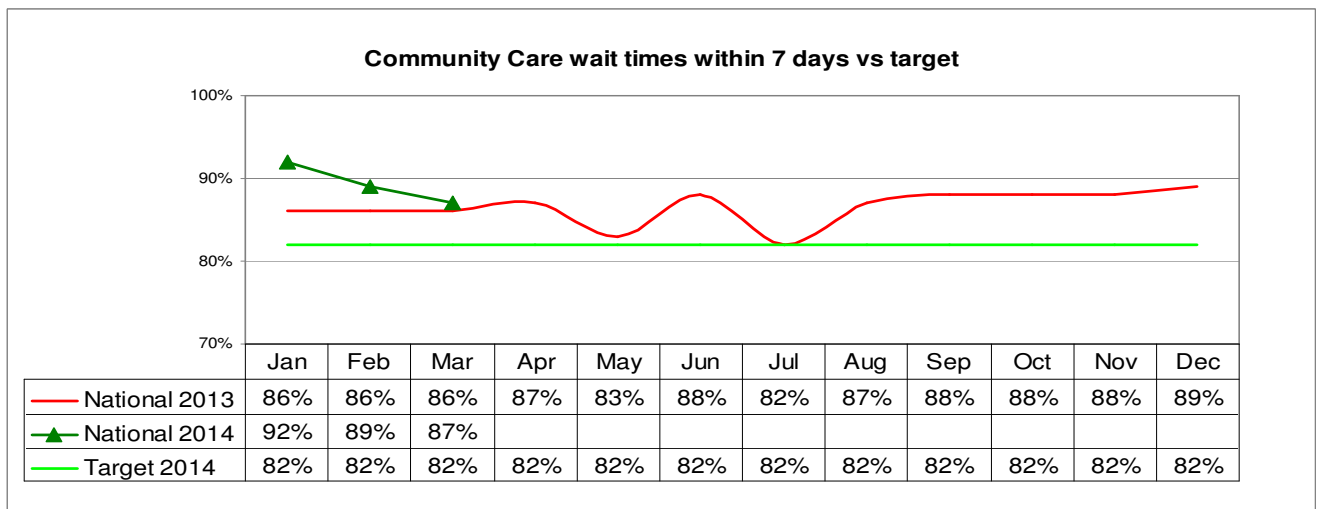
Expected activity figure for 2014 of 94% was set for the percentage of patients who received inpatient service within seven days. In March the national figure reported was 96%.

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COMMUNITY HOME CARE – ACCESS TIMES

The national expected activity for the percentage of people who waited less than 7 days for specialist palliative care in the community was set at 82% for 2014. In March 87% of people received this service within 7 days.



FINANCE

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,204	6,280	6,288	-8	-0.1%
DNE	10,455	2,974	2,603	370	14.2%
South	9,336	2,326	2,330	-4	-0.2%
West	21,855	5,563	5,389	173	3.2%
National	66,851	17,142	16,611	531	3.2%

National Ambulance Service

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Emergency Response Times
- Intermediate Care Services
- Finance
- Human Resources

QUALITY AND PATIENT SAFETY

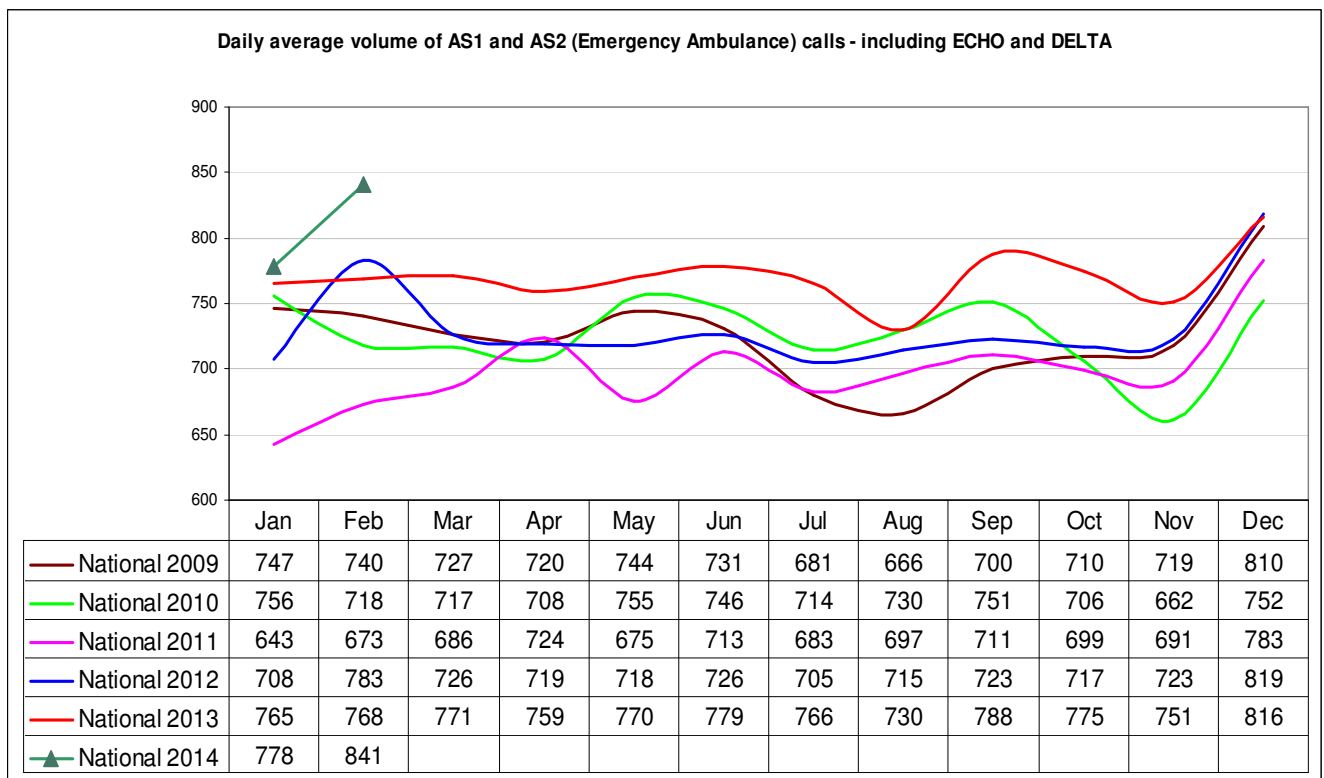
A modified PCR will be put into pilot operation in Dublin in Q2. This method of collecting data will enable more thorough auditing of clinical practice and enable more timely and accurate reporting of the Out of Hospital Cardiac Arrest Resuscitation (OHCAR) measure due to be implemented in Q3. The longer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

A project has been initiated to manage the alignment of practice throughout the NAS with the Safer Better Healthcare Standards and engagement is ongoing with HIQA. This project is being managed through the Medical Directors office. The Draft NAS Strategy 2014 – 2016 has all Strategic Goals, Objectives and Projects aligned to the relevant themes of the Safer Better Healthcare Standards.

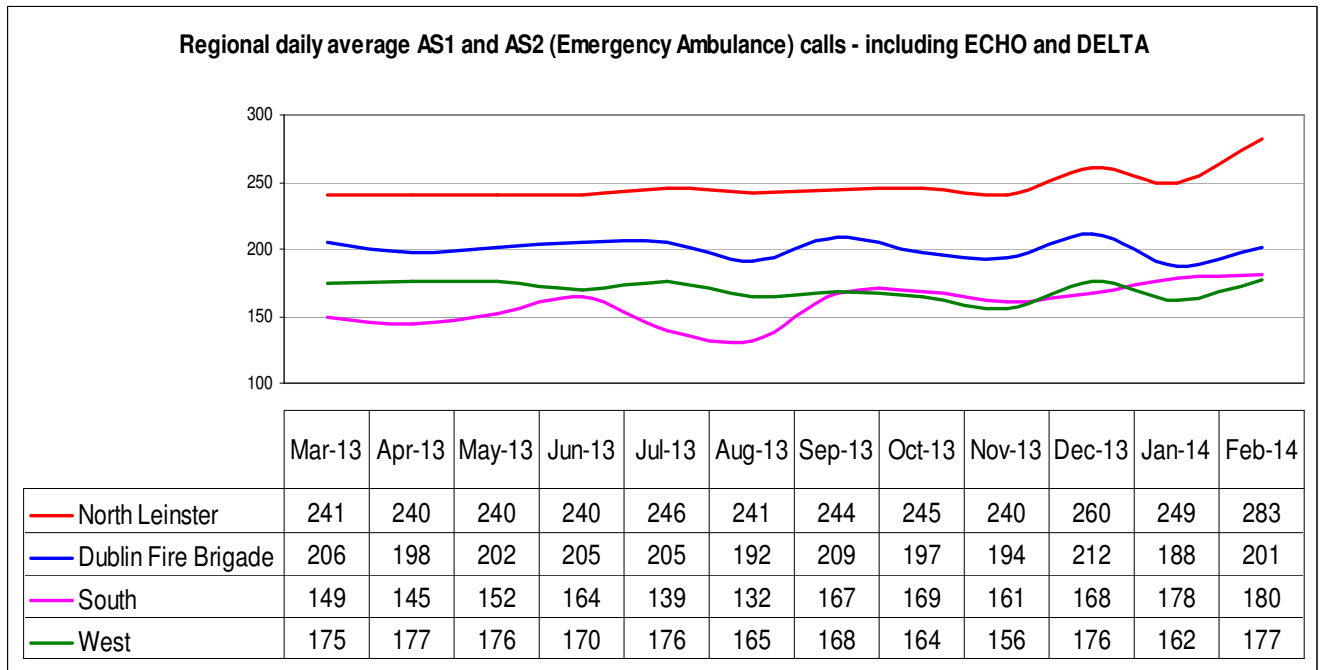
ACTIVITY LEVELS

In February, Ambulance Services responded to 23,542 emergency calls. This represents a daily increase in activity of 8%.

The daily average call rate increased from December where it was 816 calls per day to 841 calls per day in February.



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EMERGENCY RESPONSE TIMES

Table 1: Ambulance Response Times (February activity)

	North Leinster	DFB	South	West	National Performance in February	National Performance YTD 2014
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	74.1%	83.1%	55.8%	69.6%	72.5%	74.3%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	62.2%	63.9%	63.0%	58.2%	62.2%	61.9%

Table 2: Total number of calls (February activity)

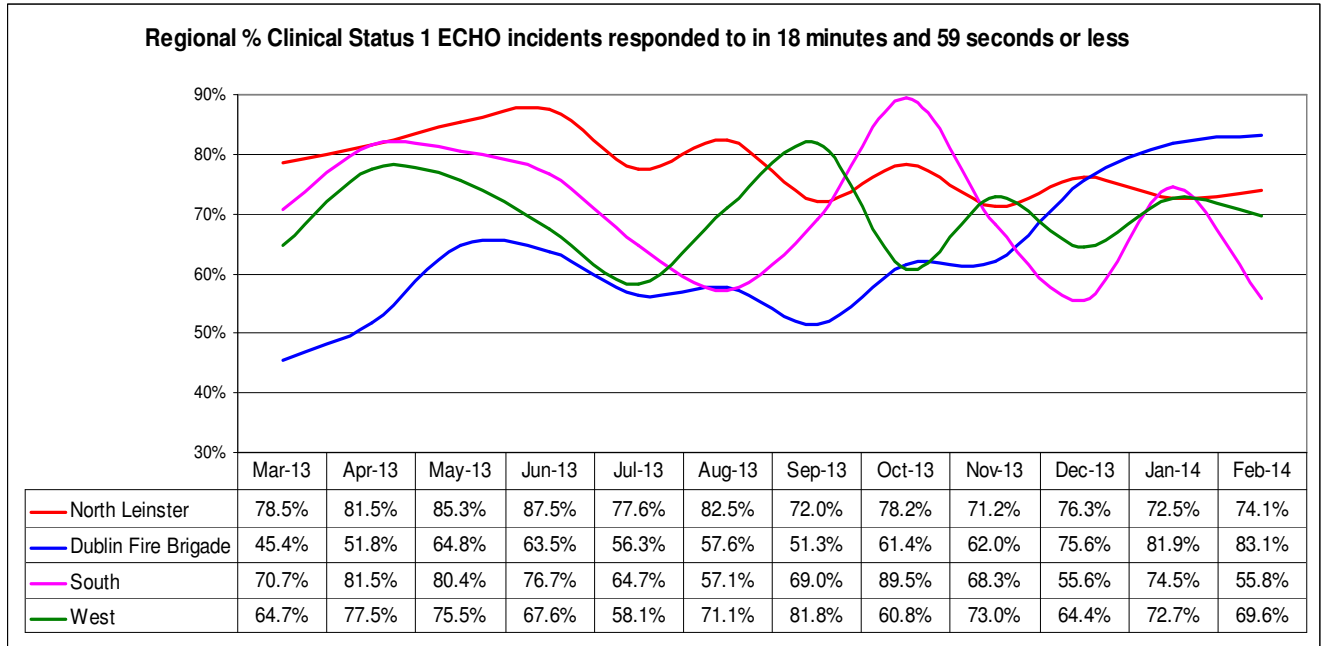
	North Leinster	DFB	South	West	National total in February	National Total YTD 2014
Total AS1 and AS2 (Emergency Ambulance) calls	7,910	5,623	5,052	4,957	23,542	47,656
Total Clinical Status 1 ECHO calls	58	89	52	56	255	513
Total Clinical Status 1 DELTA calls	2,254	2,557	1,492	1,402	7,705	15,439

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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

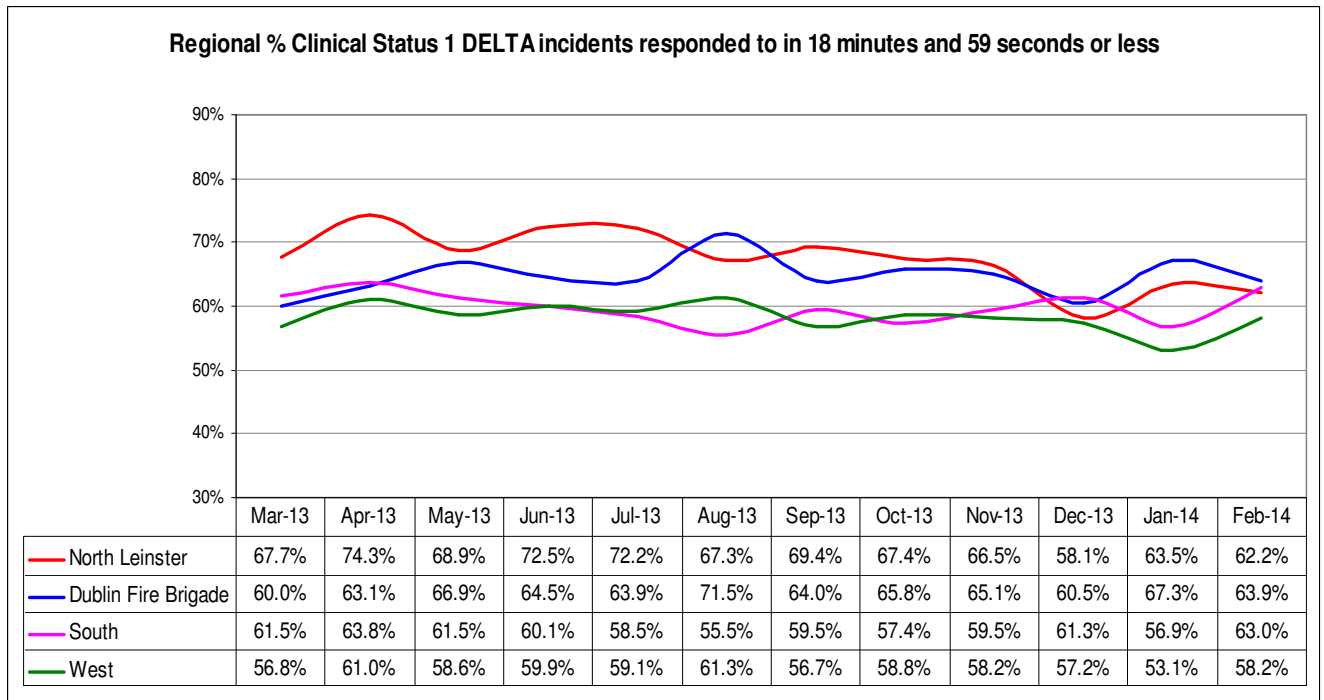
The target for the number of ECHO calls responded to within 18 minutes and 59 seconds minutes is 80% by Q4 2014. It is expected that 70% of calls will reach this target in Q1, 72% in Q2, 76% in Q3; rising to 80% by Q4. National performance in February was 72.5%.



DELTA Incidents

The target for the number of DELTA calls responded to within 18 minutes and 59 seconds minutes is 80% by Q4 2014. It is expected that 68% of calls will reach this target in Q1, 70% in Q2, 75% in Q3; rising to 80% by Q4. In February 62.2% of DELTA calls were responded to within 18 minutes and 59 seconds minutes.

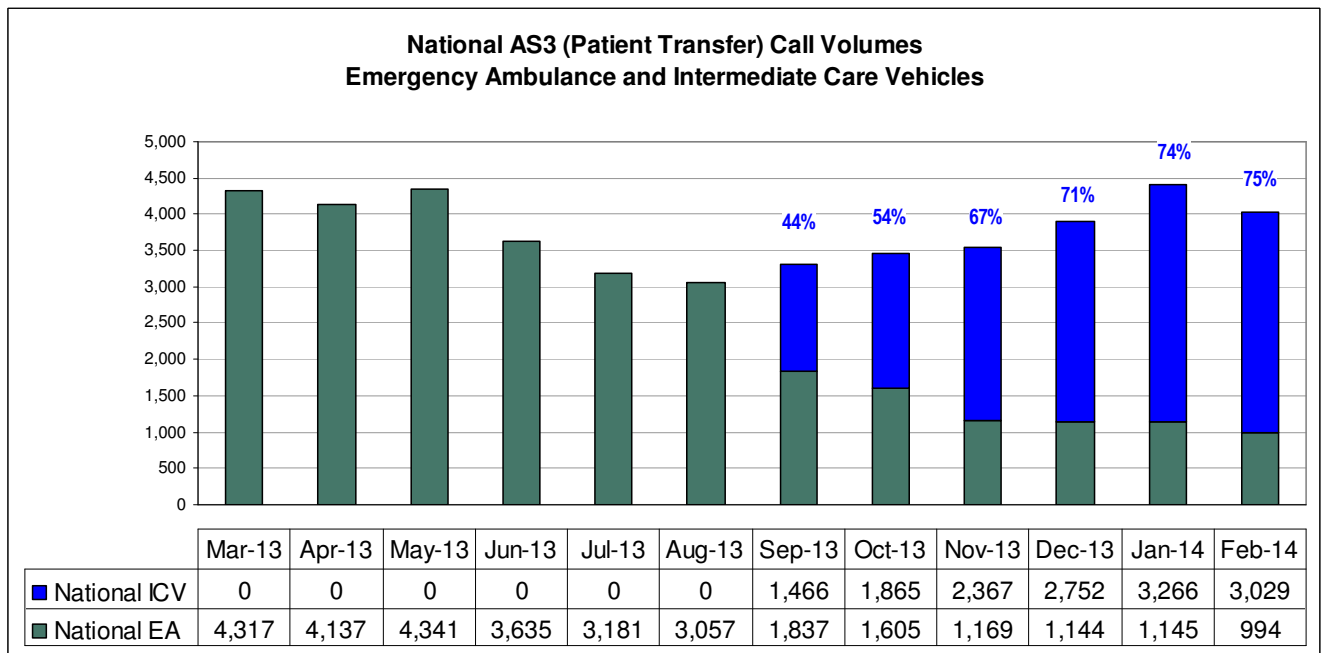
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INTERMEDIATE CARE SERVICES

In 2013, 25 Intermediate Care Vehicles and 73.4 WTE have been appointed to Intermediate Care Operative (ICO) positions across the country. Eleven NSP 2013 Intermediate care development posts went operational in March 2014. This brings the total available to 54 vehicles and 131 WTE.

The data indicates that there is a positive effect on availability of Emergency Ambulances when Intermediate care vehicles are available to transfer patients. In February, 75% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicle.



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FINANCE

National Ambulance Service	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
North Leinster	49,313	11,431	12,212	-781	-6%
South	30,242	7,871	7,349	523	7%
West	35,890	9,141	8,902	238	3%
Office of the AND	22,284	4,598	5,686	-1,088	-19%
National	137,729	33,041	34,149	-1,108	-3%

Overall the NAS is running €1,108k under budget year to date end March. Some of this saving is attributable to a delay in appointing some of the service plan posts for the Control programme.

Overtime spend in YTD March was €2.132m which is €882k less than the YTD March 2013, however it should be noted that the rate of overtime saving will be adversely affected after March 2014 when the 1st Hour overtime savings initiative under the Public Service Agreement ceases.

The cost of the Emergency Aero-Medical Services is more than the budget allocated and this is forecast to be almost €800k over budget by year end. Once the Emergency Aero Medical review is complete, a review of the allocated budget should be undertaken.

The forecast is breakeven for year end provided there are no peak spends that are not accrued for year to date and more importantly the overtime run rate is maintained at current levels.

A review of Pay Budgets will be carried out over the next Quarter in order to realign WTE movement across areas (in Particular staff moving to National Control Centre). This may impact on area level outturn however it will not affect the national bottom line.

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Ambulance Services	1,536	1,596	+60	+4.00%

WTEs are indicated as being above ceiling at the end of March by 60 WTE. However the ceiling adjustments from Service Plans 2013 and 2014 are yet to be applied. Recruitment of the Control Programme personnel from the 2014 Service Plan commenced in February with the first class of call takers commencing training in March. 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.

Primary Care Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

- Mechanisms are being put in place to biannually report and monitor the consumption of antibiotics within community settings (defined daily doses per 1,000 inhabitants per day) – target <21.7 days.
- The Primary Care Division is reviewing and agreeing the 2014 Divisional Risk Registers in line with national guidance.
- New performance indicators are being developed during 2014 and appropriate governance arrangements are being put in place to support the development, collection and reporting of these metrics.
- 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.

COMMUNITY INTERVENTION TEAMS

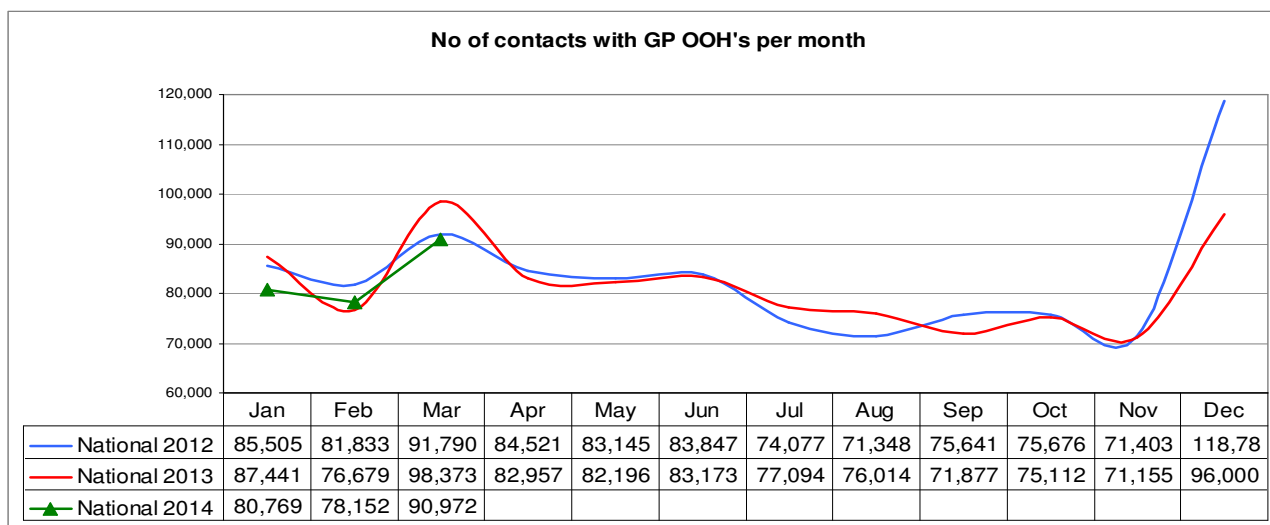
- The seven Community Intervention Teams currently in place provided hospital avoidance services to 669 patients in March, a total of 2,117 year to date.
- The teams also facilitated early discharge of 245 patients in March, a total of 749 year to date.
- In addition there were 187 GP referrals, a total of 628 year to date and 121 Community referrals bringing the year to date total to 390.

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

- 90,972 patients availed of GP out of hours services in March (i.e. triage, treatment, home visit etc) bring the total year to date to 249,893.
- This is a demand led service and reflects the actual demand for services in the reporting period.

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Tobacco Control

As part of the Tobacco Control Implementation Framework Implementation actions, 316 primary care centres were targeted to be tobacco free by the end of 2014. At the end of Quarter 1 97 centres had achieved this status, this was 3.2% above the Quarter1 target of 94 primary care centres. During Quarter 1 one new primary care centre opened as a tobacco free centre.

PHYSIOTHERAPY SERVICES

The 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 March there were 6,404 patients waiting more than 12 weeks which is an improvement and represents a reduction of 11% in the number waiting more than 12 weeks.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+11.6%	+12.0%	-2.5%	+9.4%	+6.8%
Patients seen first assessment	+19.6%	+22.9%	+14.9%	+5.7%	+14.9%
Patients Treated	+5.3%	+6.9%	-3.0%	+8.8%	+3.9%
Treatment contacts	+25.7%	+11.3%	+1.9%	+7.8%	+10.6%

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	941	895	2,061	2,507	6,404

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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 March there were 8,182 patients waiting more than 16 weeks which is an improvement and represents a reduction of 4% 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	+40.7%	+32.6%	+23.4%	+11.9%	+26.6%
Patients seen first assessment	+34.2%	+18.6%	+35.5%	+9.7%	+24.9%
Patients Treated	+16.9%	+16.4%	+18.9%	+14.6%	+16.5%

Occupational Therapy patients waiting more than 16 weeks for assessment					
Regions	DML	DNE	South	West	National
No of patients waiting more than 16 weeks for assessment	2,506	998	3,264	1,414	8,182

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.

Orthodontics

At the end of Quarter 1 2014:

19,990 patients were in active treatment, this was -9.6% below expected activity and included patients in retention.

6,902 patients were on the assessment waiting list. Of these, 6,668 patients (96.6%) were on the waiting list for assessment 12 months or less. 234 (3.4%) patients were on the waiting list more than 12 months.

15,697 patients were on the treatment waiting list: 8,729 patients (Grade 4) and 6,968 (Grade 5).

10,395 (66.2%) (Grade 4 & 5) were on the treatment waiting list 2 years or less. 5,302 (33.8%) patients were more than 2 years on the treatment waiting list.

15,050 (Grade 4 & 5) were on the treatment waiting list 4 years or less. 647 patients (4.1%) were on the treatment waiting list longer than 4 years.

The waiting list management plan is being examined and further options within available resources to reduce waiting times are being explored.

Aids and Appliances

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

FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	3,236,835	826,742	817,718	9,023	1.1%

Primary Care	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	146,133	34,157	35,945	-1,788	-5.0%
DNE	96,403	25,430	24,325	1,105	4.5%
South	159,672	40,824	39,757	1,067	2.7%
West	151,529	35,720	37,506	-1,785	-4.8%
National	553,736	136,132	137,533	-1,401	-1.0%

Social Inclusion

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Substance Misuse
- Finance
- Pharmacy Needle Exchange
- Homeless Services

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

Addiction services

- 9,250 patients received Opioid Substitute Treatment (excluding prisons) for the March reporting period which includes 3,871 patients being treated by 335 GPs in the community.
- Opioid Substitute Treatment was dispensed by 608 pharmacies catering for 6,353 patients for the reporting period.
- At the end of March reporting period there were 72 HSE clinics providing Opioid Substitute Treatment and an additional 10 clinics were provided in the prison service.
- 70 new patients commenced Opioid Substitute Treatment during the March reporting period (15 in General Practice, 40 in HSE clinics and 15 in the prison clinics)
- 1,120 people over 18 years commenced treatment following assessment during the reporting period. 97% received their treatment within one calendar month (DML 90%, DNE is 100%, South is 99%, and West 98%).

80 people under 18 years commenced treatment following assessment during the reporting period. 99% received their treatment within one week (DML 100%, DNE is 100%, South is 97%, and West 100%).

PHARMACY NEEDLE EXCHANGE PROGRAMMES

At the end of the reporting period there were:

- 99 pharmacies recruited (target 130).
- 1,073 unique individuals attending (target 700).
- 2,882 packs provided (target 1,898)

Currently we are reporting 16 needles per unique individual (target 20). As of the end of the reporting period there was a return rate of 25% (target 25%).

HOMELESS SERVICES

- 1,739 individual service users used homeless emergency accommodation hostels/ facilities during the reporting period
- 70% have a medical card supporting their health and wellbeing needs (DML 74 %, DNE 79 %, South 59% and West 81%).
- 68% had their health needs formally assessed within two weeks of admission (DML 52%, DNE 64%, South 70% and West 81%).
- 71% of those assessed were supported to manage their health care needs (DML 50 %, DNE 71%, South 74% and West 84%).

FINANCE

Social Inclusion	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	54,995	12,474	13,599	-1,125	-8.3%
DNE	39,618	7,496	8,623	-1,127	-13.1%
South	21,800	5,529	5,445	83	1.5%
West	16,036	3,835	3,967	-132	-3.3%
National	132,448	29,333	31,635	-2,301	-7.3%

Primary Care Reimbursement Scheme

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

MEDICAL CARDS

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

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

The number of people covered by medical cards as of March 2014 was 1,799,103 (39.2% of the population). Included in these cards were 49,596 medical cards granted on discretionary grounds.

The total number of GP visit cards as of February 2014 was 120,981. Included in these cards were 29,080 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	456,546	384,124	480,197	478,236	1,799,103
Number of people with GP Visit Cards	29,158	24,655	36,414	30,754	120,981
Total	485,704	408,779	516,611	508,990	1,920,084

*Includes 49,596 medical cards granted on discretionary grounds and 29,080 GP visit cards granted on discretionary grounds.

As of the end of March (start of April) 2014, 89.1% of completed medical card applications were processed and issued within 15 days. Of the 10.9% 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

- 82,825 long term illness claims were processed in March bringing the number processed year to date to 249,896; 7.0% above target.
- 276,683 long term illness items were provided in March bringing the total year to date to 832,308; 10.0% above target.

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General Medical Scheme

- 1,507,053 prescriptions were processed in March bringing the number processed year to date to 4,832,899; -9.5% below target.
- 4,599,355 items were provided in March bringing the total year to date to 14,858,147; -9.4% below target.
- 48,751 special items were provided bringing the year to date total to 160,686; -14.2% below target.
- 97,264 special type consultations were provided bringing the year to date total to 297,938; -6.9% below target.

National	Mar-14 (YTD)	% Variance to profiled target
LTI claims	249,896	+7.0%
LTI items	832,308	+10.0%
GMS prescriptions	4,832,899	-9.5%
GMS items	14,858,147	-9.4%
GMS Special items	160,686	-14.2%
GMS Special type consultations	297,938	-6.9%

FINANCE

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,715,961	434,899	439,444	-4,545	-1.0%
Drug Payment Scheme	72,413	17,251	17,917	-666	-3.7%
Long Term Illness Scheme	94,821	25,643	23,713	1,930	8.1%
High Tech	181,696	48,564	50,798	-2,234	-4.4%
Dental Treatment Services	75,000	17,873	17,877	-4	0.0%
Health Amendment Act	1,526	434	381	53	14.0%
Community Ophthalmic Scheme	31,540	7,455	7,383	72	1.0%
Methadone Treatment	18,477	4,942	4,607	335	7.3%
Childhood Immunisation	7,409	1,816	1,560	256	16.4%
Doctors Fees/ Allowances	6,749	717	876	-159	-18.2%
Hardship	15,000	3,238	3,761	-523	-13.9%
OPAT	7,000	1,550	1,756	-206	-11.7%
Oncology Drugs / Medicines	8,667	1,788	1,857	-69	-3.7%
ADHD	0	48	0	48	100.0%
Total	2,236,259	566,218	571,929	-5,711	-1.0%

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Breast Cancer Screening
- Tobacco Control
- Food Safety
- Development in March
- Child Health PHN 48 Hour Visit
- Child Health Development Screening
- Child Health Immunisation
- Finance

QUALITY AND PATIENT SAFETY

The Assistant National Director Public Health has taken on the responsibility for Quality and Patient Safety in the Division. A group has been established to progress this agenda within the Division and will develop a work plan in consultation with the Q&PS division. Work is on-going on the development of new Quality Performance Measures.

BREAST CANCER SCREENING

37,428 women attended for breast screening in the first quarter of 2014. 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 2,691 in the first quarter of 2014. The service is operating 3% ahead of target with 2,775 accessing services year to date. This is an 11.9% decrease in uptake of this service against the same period in 2013 (3,147 in Quarter 1 in 2013). There are two hospital services which are not in place in 2014 however it is anticipated that the overall target for the year will be achieved.

Performance against expected activity for the training of front line workers in brief intervention in smoking cessation in the first quarter of 2014 is 44% ahead of target (432 staff trained versus an expected activity target of 300). Activity in Quarter 1 2014 shows an increase of 39.3% against the same period last year (+122 staff trained). Focussed work with colleagues in the Acute Hospitals Division to increase staff training numbers within hospitals is underway.

99 sales to minors test purchases have been carried out in the reporting period. This service is 17.5% below the YTD target of 120. This will be brought back into line with planned activity levels as the year progresses.

FOOD SAFETY

To date in 2014, 7,456 planned surveillance inspections of food businesses have taken place. This is -9.6% behind the YTD target of 8,250. Work is underway within the Environmental Health Services to understand the reasons for this.

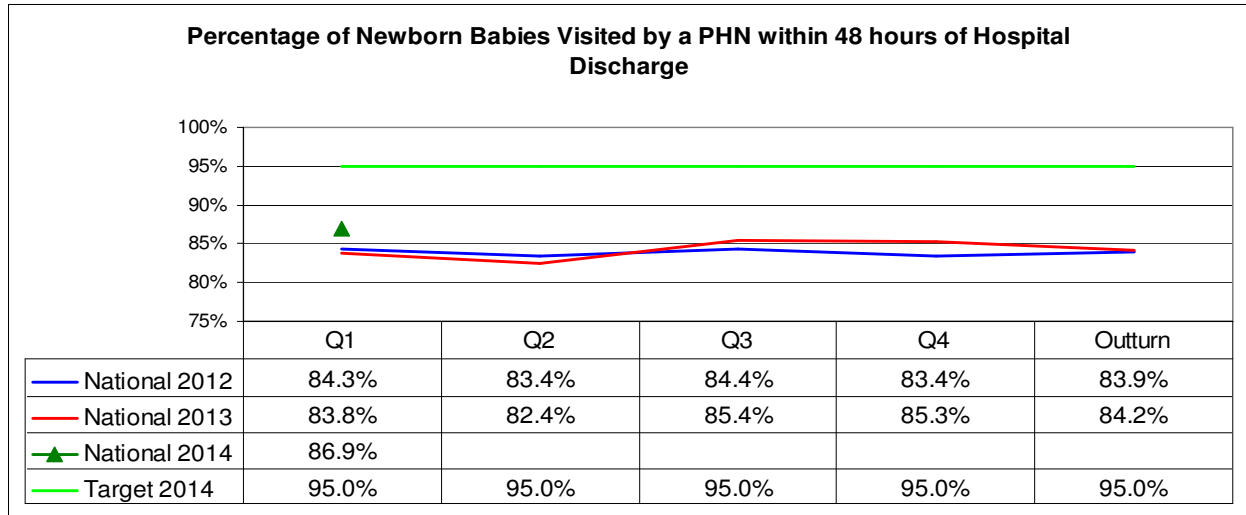
CHILD HEALTH PHN 48 HOUR VISIT

The target in 2014 is that 95% of newborn babies are visited within 48 hours of discharge. At the end of Quarter 1, 86.9% of newborn babies had been visited within 48 hours of discharge, this was -8.5% below target. Compared with the same period 2013 figure of 83.8% there was an improvement of 3.7%. 7 Local Health Offices met or exceeded the national target of 95%.

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The remaining Local Health Offices performed between 75.6% and 94.6%, with the exception of Meath which reported 68.8% of PHN visits being completed within 48 hours. This issue was raised at recent meeting with the relevant Area and the Health and Wellbeing Division and a number of potential options for improvement were identified. These will be worked through in the coming weeks.

It is also worth noting that the Division also monitors the percentage of babies visited within 72 hours of discharge. 97.3% of newborns were visited within this window.



CHILD HEALTH DEVELOPMENTAL SCREENING

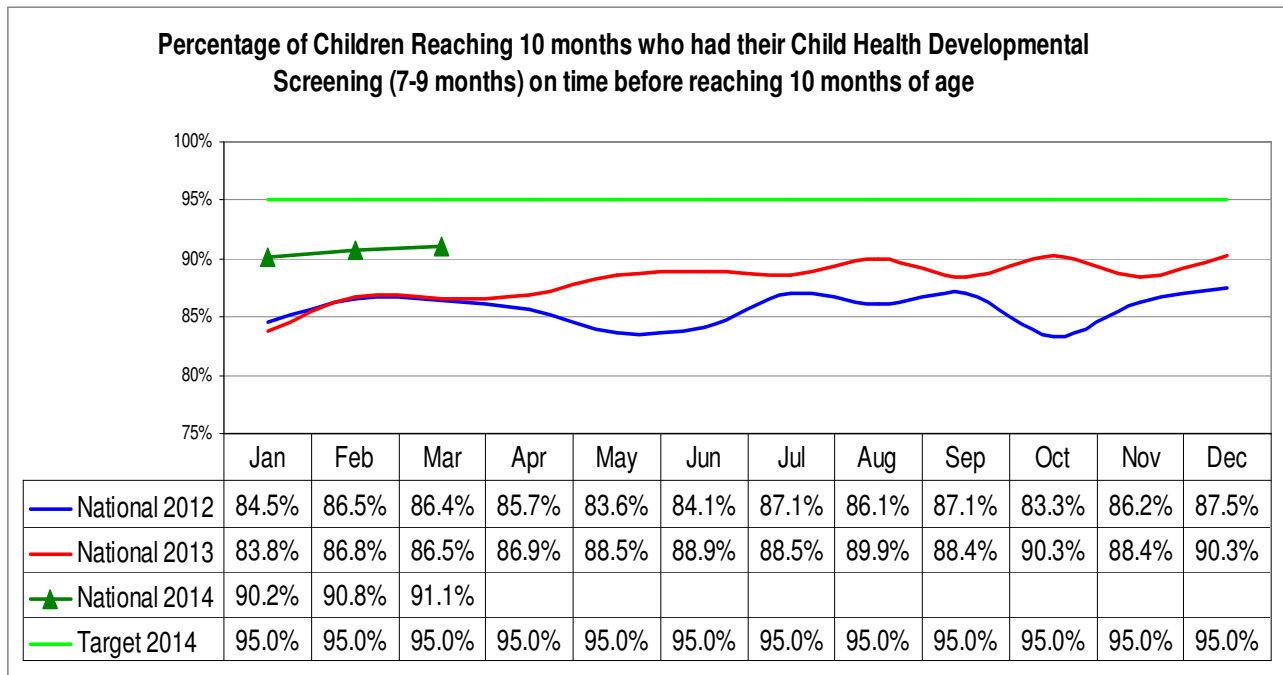
The target in 2014 is that 95% of children reaching 10 months within the monthly reporting period have had their child development health screening (7 – 9 month developmental check) before reaching 10 months of age. This metric is reported monthly in arrears.

14,879 children (91.1%) 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 (85.7%) 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. 10 Local Health Offices are showing an uptake in excess of the 95% target. There are 9 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.

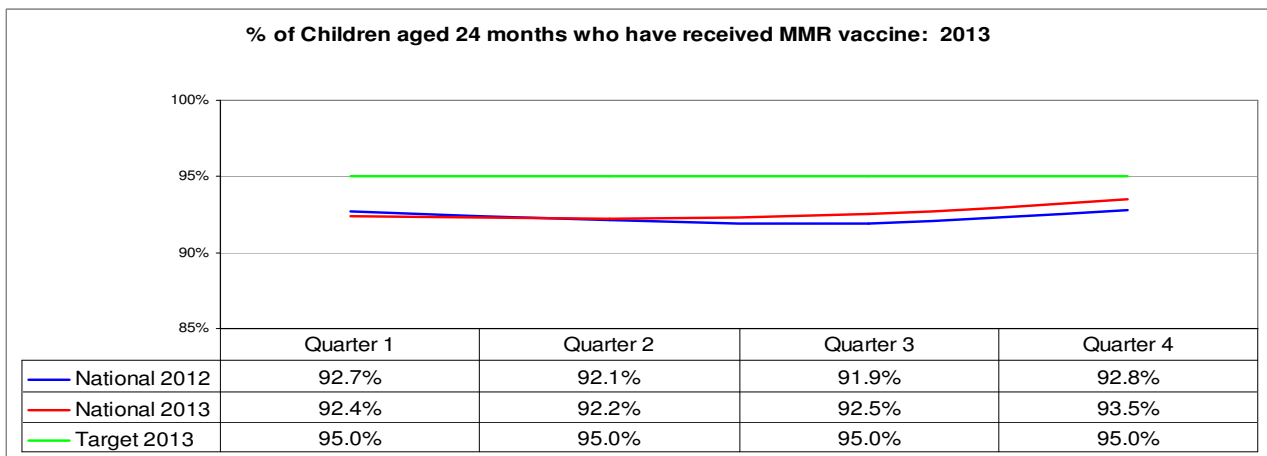
Two Local Health Offices report performance significantly at variance with national trends. Roscommon Local Health Office returned an uptake of 54.9% and Limerick 66.7% for the March return (February Data).

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MMR at 24 months

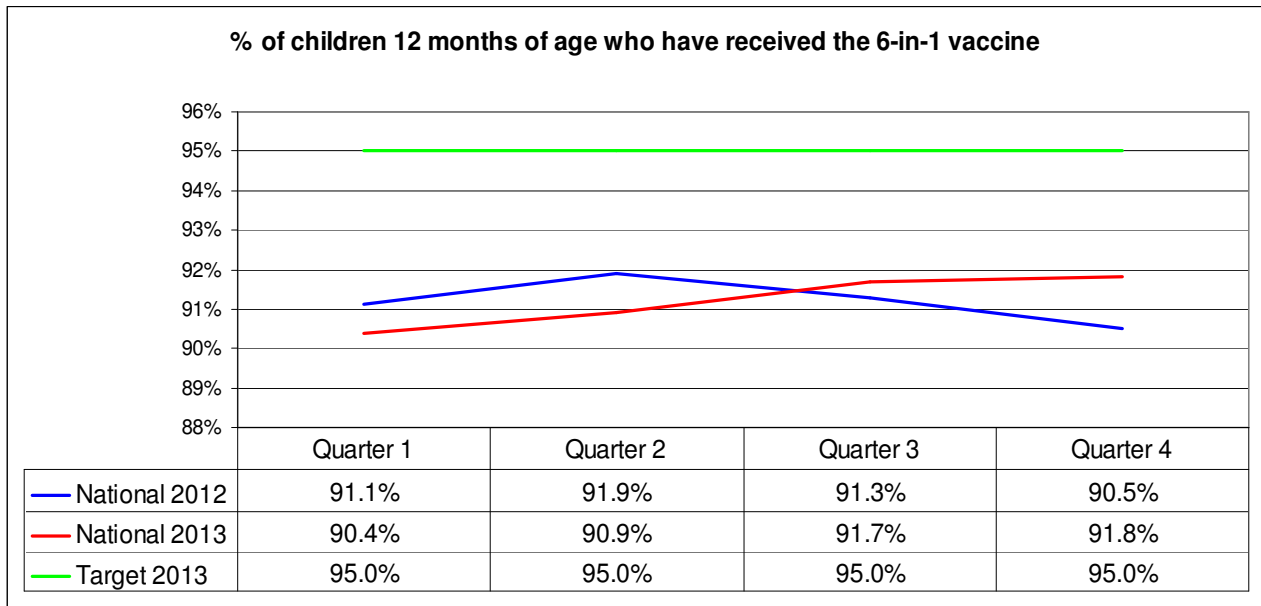
The national performance uptake for Quarter 4 was 93.5%, this was -1.6% below target, but 0.8% above Quarter 4 2012 performance of 92.8%. Outturn 2013 was 92.6% slightly up on the 2012 outturn of 92.4%. 7 Local Health offices met or exceeded the target of 95% in Quarter 4. The remaining Local Health Offices performed between 89.6% and 94.9%



6-in-1 vaccine at 12 months

The national performance uptake for Quarter 4 for the 6-in-1 vaccine was 91.8%, this was -3.4% below target, and 1.4% above Quarter 4 2012 performance of 90.5%. Outturn 2013 was 91.2%, the same as 2012. 4 Local Health offices met or exceeded the target of 95% in Quarter 4. The remaining Local Health Offices performed between 86.6% and 94.2%.

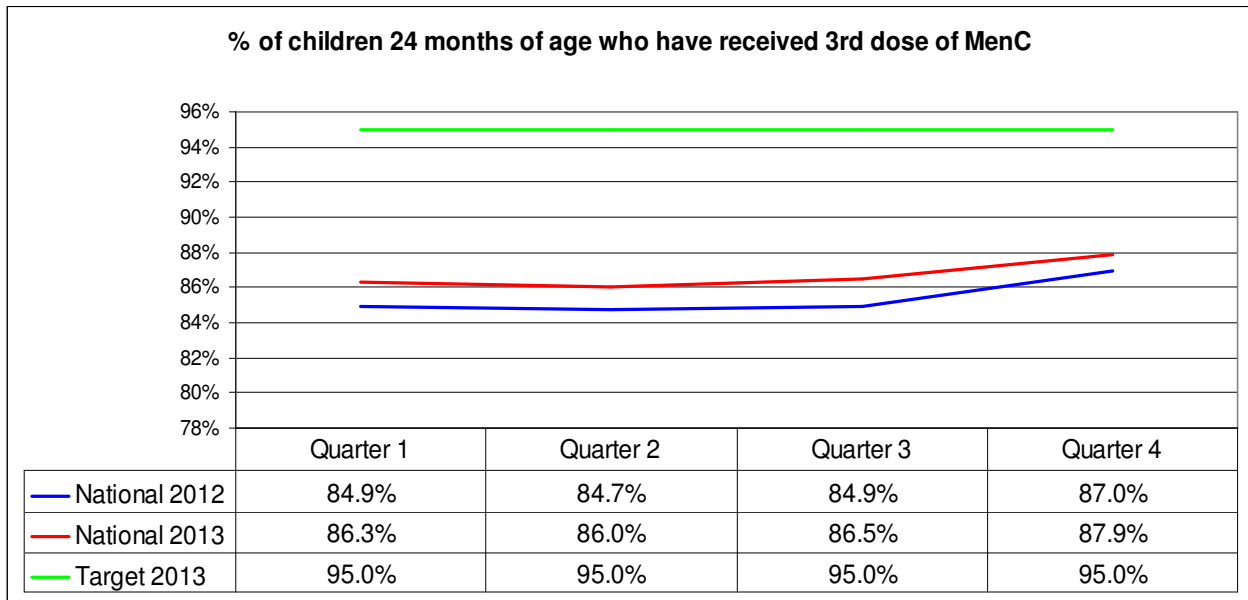
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MenC at 24 months

In relation to MenC at 24 months The national performance uptake for Quarter 4 was 87.9%, this was - 7.5% below target and 1% above Quarter 4 2012 performance of 87%. Outturn 2013 was 86.7%, a 1% increase on 2012 performance of 85.7% Roscommon Local Health office exceeded the target of 95%. The remaining Local Health Offices performed between 73.2% and 92.8%.

Areas with one or more of the vaccine uptake rates less than 90% have been asked to prepare Action Plans to improve uptake.



Note: Immunisation data is reported quarterly in arrears.

Other developments in March 2014

During March a new report on the extent of harm caused across society by alcohol was published. The *'Alcohol's Harm to Others in Ireland'* report examined alcohol harm to people other than the drinker in three Irish settings – the general population, the workplace and children and families. The report

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confirmed that there is very significant harm associated with alcohol, extending far beyond that experienced by the person drinking, in each of these settings. The findings support the HSE investment in alcohol prevention measures, particularly screening and brief interventions.

The latest Irish results from COSI, the European Childhood Obesity Surveillance Initiative were published in March. COSI monitors childhood obesity levels by measuring children in sample schools all over Europe.

The 2012 COSI results show that more than 20% of Irish children are overweight or obese, but that rates have decreased at age 7 or stabilised at age 9. Overall incidence remains of concern.

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	221,313	44,969	49,553	-4,585	-9.3%

Overall the Division is exhibiting a positive variance of €4.585m (9.3%), against its year-to-date profile. This variance does not reflect expenditure that has yet to impact the run rate at its full planned level. This relates mainly to the increased expenditure on vaccines and the growth profile of the various programs in National Screening service in the latter part of the year. Budget has now been profiled to reflect the expected growth in costs associated with these services into the remainder of the year.

The positive variance is also accounted for by 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
- Disability Act Compliance
- 0 – 18s Programme
- Rehabilitative Training Places
- School Leavers
- Congregated Settings
- Personal Assistant Service
- Home Support Service
- Respite Service
- 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.

While HIQA had not yet published any inspection reports at the end of March 2014, a number of inspections have been completed. These reports were the subject of discussion between HIQA and agencies, with initial findings indicating a certain level of compliance, but scope for improvement. It is anticipated that the reports will be published from Q2 2014 onwards.

DISABILITY ACT COMPLIANCE

1,392 applications were received in Q1 2014 for assessments under the Disability Act 2005. This is a 19.7% (or 229 applications) increase on the same period in 2013. 78.2% of assessments were commenced within the timelines however completion within the timelines as provided for in the regulations was 29.6%. The West achieved the highest rate of completion within the timelines at 67.4%.

The roll out of the 0-18 Programme *Progressing Disability Services for Children and Young People* will assist the health service in improving the achievement of these targets.

0 – 18s PROGRAMME

The target for 2014 is that all 25 Local Implementation Groups (LIGs) will have Local Implementation Plans for progressing disability services for children & young people in place. To date 3 LIGs have achieved this goal.

REHABILITATIVE TRAINING PLACES

In March, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,882 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:

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- A process was completed in Q1 which identifies the young people who will be leaving school or exiting an RT Programme who have a requirement for ongoing HSE-funded supports. This process has identified 1,407 young people 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 are underway to validate the information received from service providers, with information/validated data to be returned by April 18th.

This process will identify 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 will be advised of the placement location and service they will be receiving in September, 2014. Notification of placement will commence in May and all families will be advised no later than 30th June.

CONGREGATED SETTINGS

A Project Co-ordinator has been appointed to co-ordinate (in conjunction with Regional Specialists, Disability Services and relevant ISA management) the implementation of the recommendations of *Time to move on from Congregated Settings (2012 – 2019)* which will support people to move from institutional settings while continuing to provide for those requiring emergency residential placement.

In line with the Social Care Operational Plan, a minimum of 150 people will transfer from congregated settings to community based services during the year. The first step in this process is the identification of the 150 people to 'move on' in 2014 and this process was completed in Q1. The consultation process with service users and/or their family/representative has been initiated, with a view to having this process completed to facilitate the transfer of the 150 people before year end.

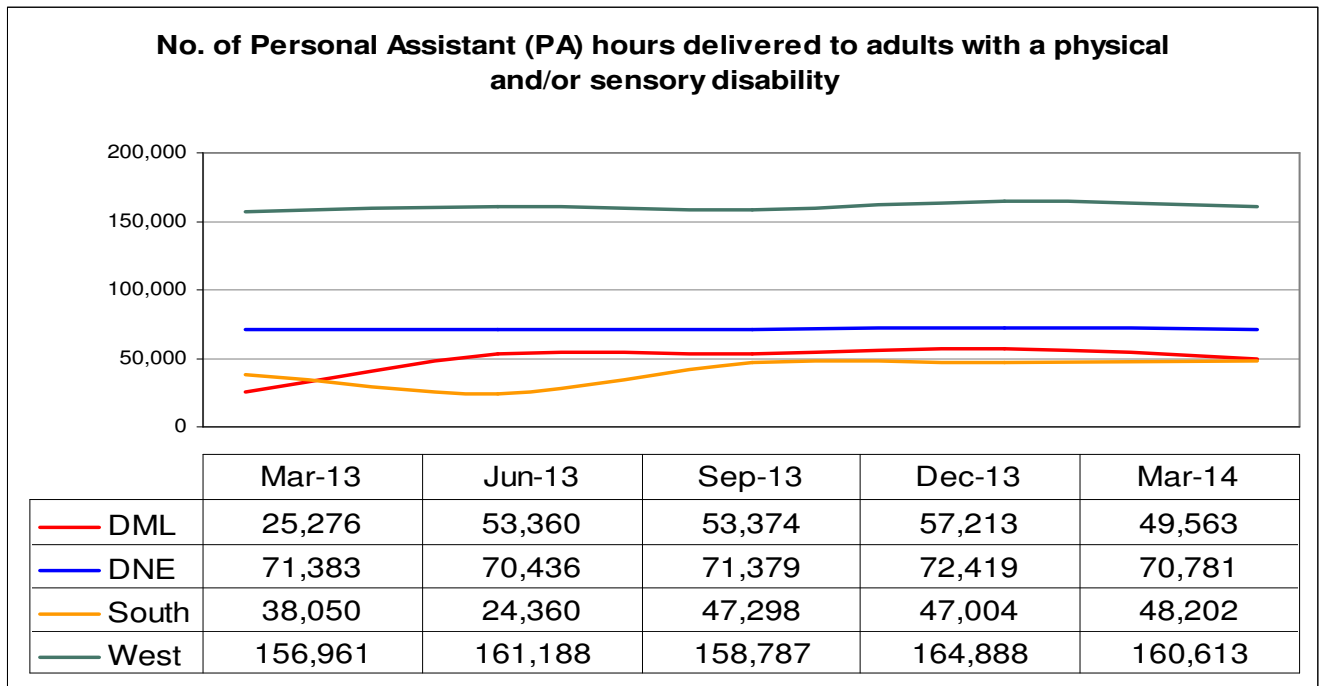
PERSONAL ASSISTANT SERVICE

The numbers of adults in receipt of a PA Service now stands at 2,105. The number of hours delivered has increased by 12.9% (37,489 hours) when comparing Q1 2013 and Q1 2014.

As of Q1 2014, 29% of children have an individualised plan in place. In time it is intended that every child who is on a Children's Disability Network Team will have a current individualised plan.

Performance Activity / KPI	2014 Targets	2,013				2,014	Year to date 2014
	YTD	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	% var YTD v Target YTD
Personal Assistant (PA) Service							
No. of adults with a physical and/or sensory disability benefiting from PA Hours	1,959	1,905	1,866	2,007	2,057	2,105	7.5%
No. of Personal Assistant (PA) hours delivered to adults with a physical and/or sensory disability	319,861	291,670	309,344	330,838	341,524	329,159	2.9%

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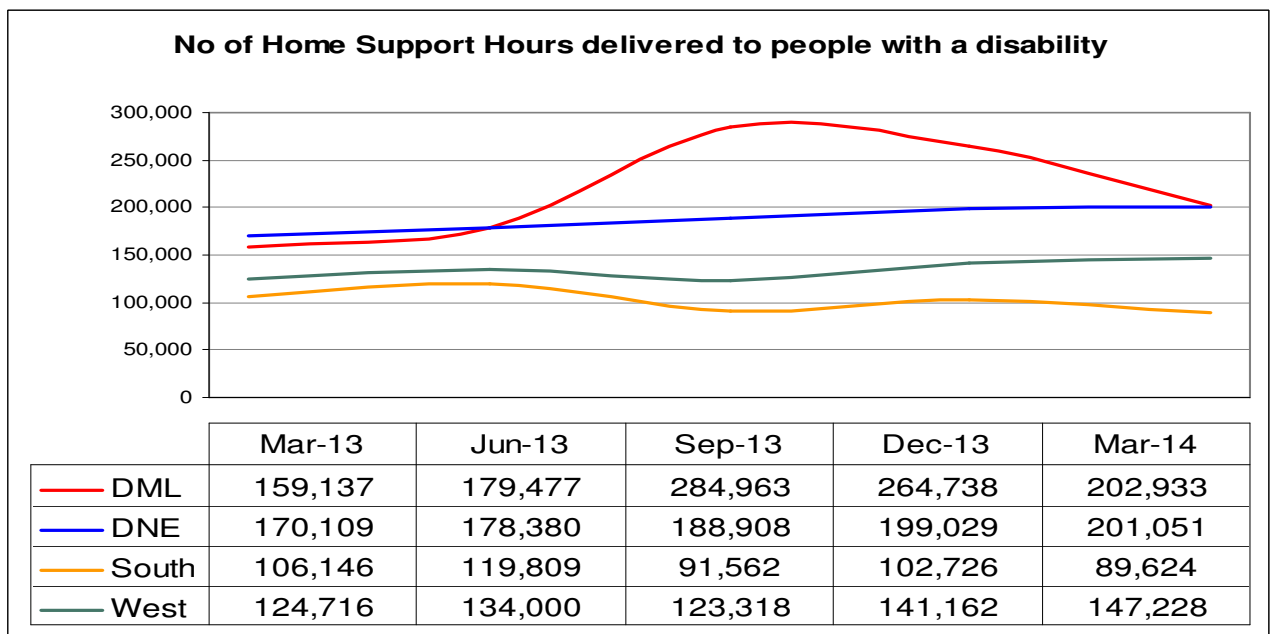
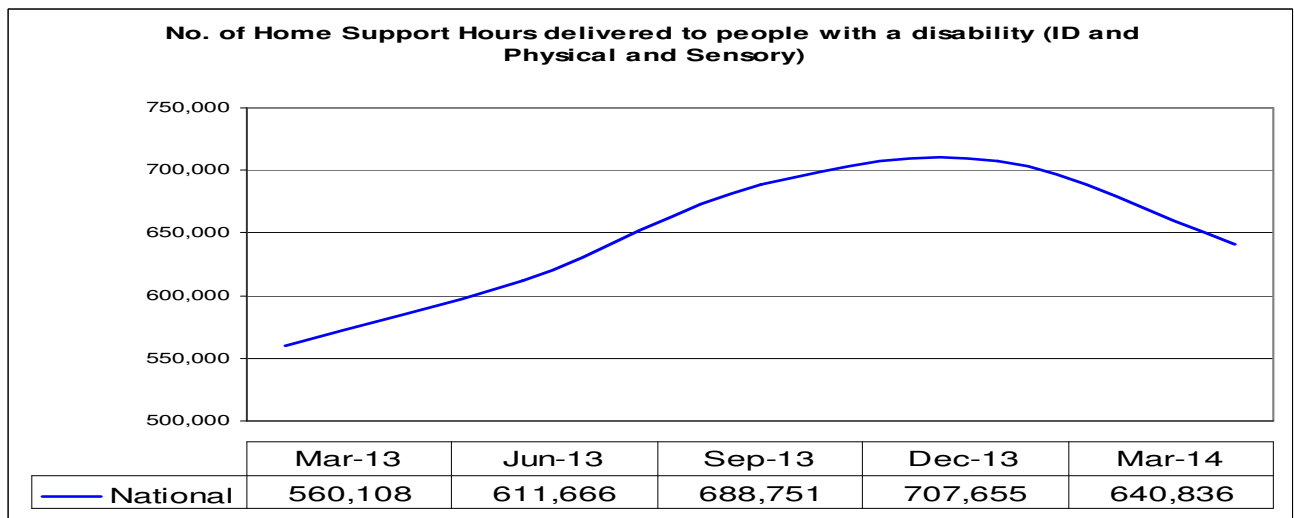
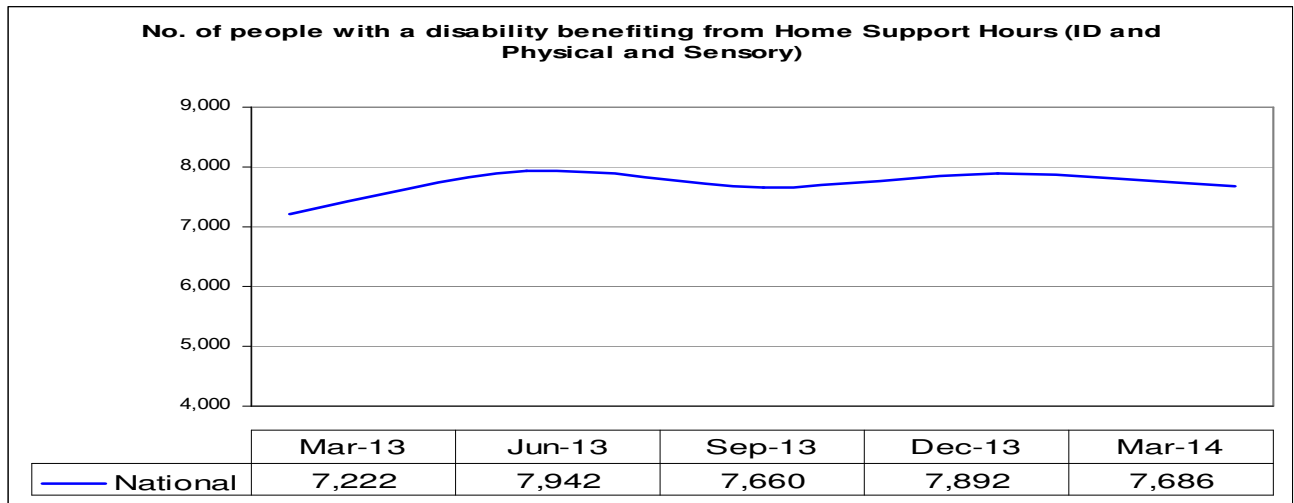
HOME SUPPORT SERVICE

Home Support Services are broadly within the range of the YTD targets; with the exception of the West which is 14.1% in excess of target for the number of Home Support Hours delivered to people with ID and / or Autism.

Performance Activity / KPI	2014 Target	2013				2014	Year to date 2014
	YTD	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	% var YTD v Target YTD
No. of people with a physical and/or sensory disability benefiting from Home Support Hours	2,882	2,794	3,095	2,734	2,906	2,957	2.6%
No. of Home Support Hours delivered to people with a physical and/or sensory disability	366,754	348,917	368,305	429,132	447,049	376,986	2.8%
No. of people with ID and / or Autism benefiting from Home Support Hours	4,797	4,428	4,847	4,926	4,986	4,729	-1.4%
No of Home Support Hours delivered to people with ID and / or Autism	231,324	211,191	243,361	259,619	260,606	263,850	14.1%

The combined number of people with ID and / or Autism or a Physical and Sensory disability in receipt of Home Support services has increased by approximately 464 people in the past year. The number of hours delivered for the same period in 2013 has increased by 80,728 hours.

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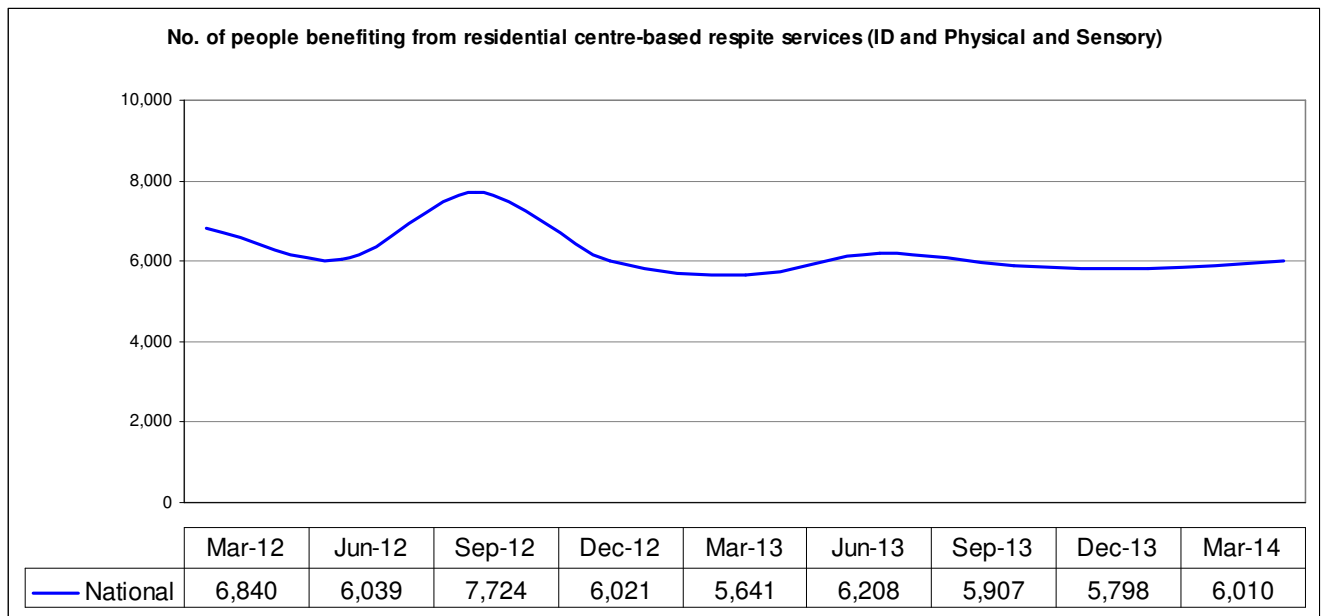
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RESPITE SERVICE

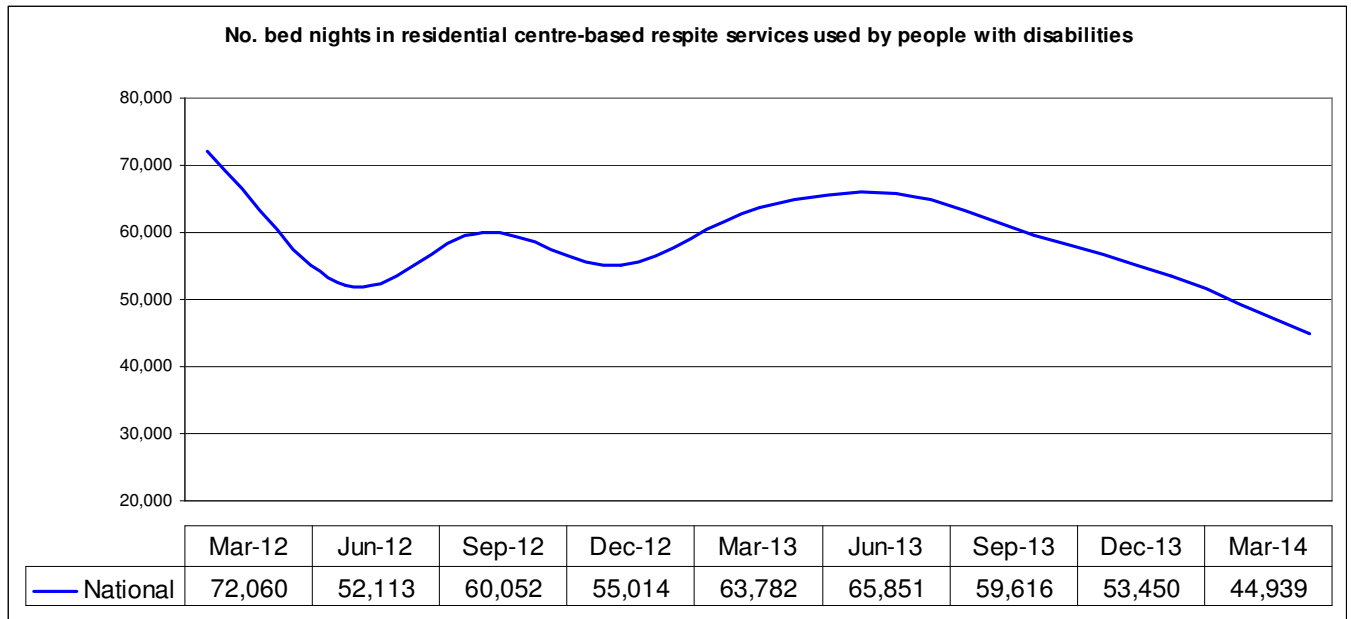
Respite Services are, in the main, performing under target for this Q report. This service increases during the summer months with the uptake in holiday respite stays.

Performance Activity / KPI	2014 Target	2,013				2014	Year to date 2014
	YTD	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	% var YTD v Target YTD
Respite Services							
No. people with ID and/or autism benefiting from residential centre-based respite services	4,526	4,424	4,664	4,528	4,486	5,127	13.3%
No. bed nights in residential centre-based respite services used by people with ID and/or autism	52,819	56,046	57,020	51,428	45,455	38,811	-26.5%
No. people with physical and/or sensory disability benefiting from residential centre based respite services	1,364	1,217	1,544	1,379	1,312	883	-35.3%
No. bed nights in residential centre-based respite services used by people with physical and/or sensory disability	7,996	7,736	8,831	8,188	7,995	6,128	-23.4%

The combined number of people with ID and / or Autism or a Physical and Sensory disability in receipt of Respite services has increased by 6.5% (369 people) when compared against the same period last year. Conversely, the number of bed nights has decreased by 29.5% (18,843 bed nights) comparing Q1 2013 with Q1 2014. The number of bed nights in centre based respite decreasing over time as services are reconfigured in line with policy.



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FINANCE

Social Care Disability Services	Approved Allocation €'000	YTD			% Var Act v Tar €'000
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	413,335	109,682	104,293	5,389	5.2%
DNE	325,299	83,391	81,634	1,757	2.2%
South	326,262	77,132	79,769	-2,637	-3.3%
West	328,128	84,302	81,111	3,192	3.9%
National	1,393,024	354,506	346,806	7,700	2.2%

Services for Older People

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Service Activity
- Home Help Hours
- Home Care Packages
- Nursing Home Support Scheme
- Public Beds
- 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 March 2014:

- 46,622 clients were in receipt of home help service
- 12,399 clients are in receipt of a home care package
- 22,553 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.0% of the population or 21,493 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 March is 2,575,000 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 March.

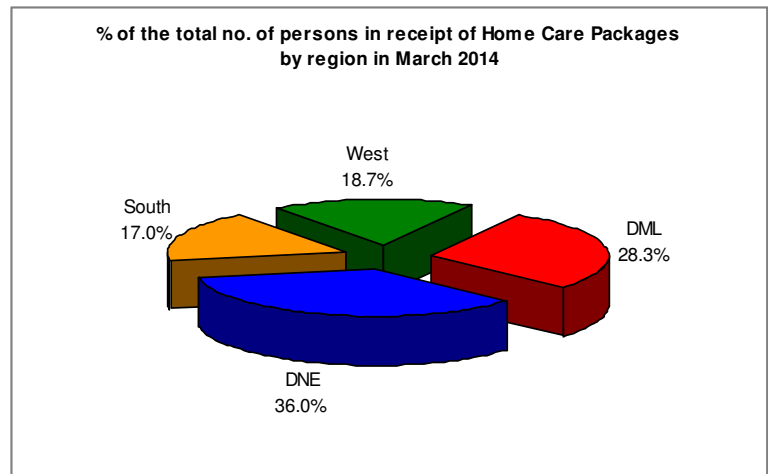
The maximum sustainable rate for each region has been applied to the performance reports for March 2014 and shows:

- **NATIONAL** – 2,503,175 hours provided YTD which is below the targeted YTD service delivery levels by 2.8%.
- **DML** are running below targeted levels by 13.7%. 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 18%. The ongoing review of home care will assist in finalising the appropriate service delivery level in DNE.
- **SOUTH** are running below target by 8.1%. An increased level of activity is required to meet the sustainable service delivery level in this region.
- **WEST** are running below target by 1.1%.

HOME CARE PACKAGES

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

- 12,399 persons were in receipt of a home care package at end of March 2014.
- Activity year-to-date was 14.1% above the expected level of service*.
- South Region was below the expected level of service with a variance of 12.9%.
- DML, DNE and West Regions were above the expected level of service at 31.8%, 25.9% and 3.4%.



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

INTENSIVE HOME CARE PACKAGES

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 is due to commence 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 location 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 list of KPIs 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.

RESIDENTIAL SERVICES

Service Improvement Teams

A Service Improvement Team (SIT) for Residential Care was established in early March, incorporating senior managers, financial expertise and senior clinical nurse managers. The work of the SIT will involve two phases. Phase 1 measured performance in 16 targeted units against the criteria of HRA and this work is complete. Phase 2 involves a review of the cost of care, governance arrangements and potential efficiencies in a larger number of residential care units (49 in total). This process will be undertaken in April/May/June.

Once phase 2 is complete, the SIT will present its feedback and recommendations to the Area Managers for implementation. All elements of HRA will be utilised to achieve cost savings while maintaining

standards. The SIT will provide ongoing support to ensure the delivery of cost effective models of care with a focus on safety as a fundamental priority.

Short Stay Beds

The strategic realignment of the model of care towards home care and other community supports includes the maintenance of the current level of short stay public bed provision to provide respite, rehabilitation and step down services which aim to support older people in the community setting through the avoidance of hospital admission or where acute care is required to support early discharge. Of the €23m allocated from the NHSS to support this home care and community priority, €10m is ring fenced to address the funding shortfall in the provision of short stay beds.

A working group has been established to identify a funding and commissioning type payment model which will be based on the 'Money Follows the Patient' framework. The group is looking at current capacity, budget identification, service requirements, monthly claims, business processes and network capacity. It is anticipated that this scoping exercise will be substantially complete in Q2 with a view to implementing recommendations in Q3. In addition, as part of the DOH's review of the NHSS scheme, a HSE Sub Group has been established to review current HSE services and the potential impact these can have on referral rates to long stay care. Part of this work has focused on the role of the Public Community Short Stay Bed and a needs assessment on what is available nationally and what will be required for the next 10 years.

Tender Process

The current Enhanced Homecare agreements are due for national re-tendering and require an increased focus on cost and performance management while maintaining focus on quality. While the criteria for the current contractual arrangements will continue, a suite of tender documentation is being finalised with a view to providing a uniform approach to home care services with minimum standards in terms of staff training / qualification, service flexibility, value for money, market feedback and contract delivery. In addition there is a potential requirement in demonstration sites for the development of advanced homecare solutions to incorporate all aspects of homecare including therapeutic and nursing care as part of the further development of the Integrated Home Care Package model outlined in the Social Care Division Operational Plan. The tender will specify the standards required and the process for managing these standards through the contract.

It is anticipated that the re-tendering process will proceed to advertising stage in late April with a view to completing the procurement process late Q2/early Q3.

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 March 2014 there were 5,321 NHSS beds; 1.5% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -6.6%. The South and West were just above the target at 0.1% and 0.4% target respectively.
- Short stay beds are 0.6% above target in March.

NURSING HOME SUPPORT SCHEME (NHSS)

In March 2014 the scheme funded 22,553 long term public and private residential places and when adjusted for clients approved but not in payment there were 23,125 supported under the scheme. The numbers in payment are slightly ahead of the target of 22,390 by 163. In the first three months of 2014, 2,813 applications were received and 1,673 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 454 clients during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

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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	1,378	4,202	136	522	-	6,238
DNE	883	3,217	116	219	14	4,449
South	1,495	4,265	109	108	85	6,062
West	1,223	4,345	152	84	-	5,804
Total – Mar 2014	4,979	16,029	513	933	99	22,553

Note: An additional 572 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 March 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 4.0% or 21,493 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

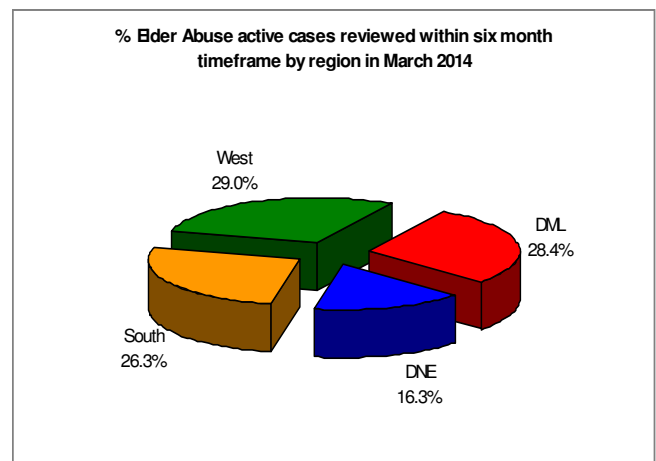
ELDER ABUSE

The end of year expected level of activity for Elder Abuse number of new referrals is 2,200.

- In March 2014, there were 603 referrals nationally, 10% above the expected activity. This is a demand led service and one where people are encouraged to make referral of concerns through awareness campaigns.
- Regionally, the West was below anticipated levels of activity by 21%. DML, DNE and South were above anticipated levels by 16%, 24% and 23% with the South receiving the largest number of new referrals at 230.
- In terms of abuse categories psychological remains the main alleged abuse type 29% followed by financial 18%, neglect 17% and physical 12%.

The percentage of Elder Abuse active cases reviewed within a six month timeframe is a new quality measure included in NSP 2014 with a target of 80%.

- In March 2014 the number of cases reviewed within a six month timeframe was 86%, 7% above target.
- Regionally, DML, South and West were above the 80% target at 96%, 89% and 98% while DNE was below target at 55%.



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	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Social Care Older Persons					
DML	155,739	43,043	38,843	4,200	10.8%
DNE	116,691	31,670	29,312	2,358	8.0%
South	202,106	44,526	49,520	-4,994	-10.1%
West	169,753	44,323	42,245	2,079	4.9%
Fair Deal (ex Contract & Subvention)	807,162	205,054	205,144	-90	0.0%
National	1,451,451	368,616	365,064	3,553	1.0%

Divisional Budget

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,844,475	723,122	711,870	11,252	1.6%

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. This resource is currently held centrally while work is being undertaken in the detailed application at local level and has been reflected in the global finance figures in March, 2014. Expenditure in the order of €6.5m is reflected in the expenditure figures of January to March which is related to these deficits. Similarly, expenditure of €3.8m is reflected in the March figures, relating to expenditure on additional short stay beds, which were provided to relieve delayed discharge pressures in the acute hospital sector, due to the winter surge. €13m additional budget was provided for this initiative, which is held centrally and has not yet been allocated to the system and this has been reflected in the global March 2014 figures. When this is taken into account, the net variance against budget in social care reduces to €11.252m (which is in the order of 1.6%).

Service Arrangements

Contracts have been completed for 96% of the €3.2bn allocated for 2013. SAs covering €129m, (€74m relating to Voluntary organisations and €55m relating to non-voluntary organisations) remained outstanding at the end of March. Progress continues to be made on completing these arrangements.

The service arrangements are reviewed and updated every two years and work to finalise new updated service arrangements will be concluded in the third quarter. During this transition period, legal provision has been made so that the 2013 service arrangements remain in place in line with normal procedures.

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
- Finance
- Human Resources
- 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.

- In March, the Head of Service User Engagement continued a nationwide series of “listening” meetings to hear directly from people who have experience of the mental health services, their family, friends, and/or carers or anybody who has an interest in this area. The meetings provide an opportunity for people who use mental health services and their family/friend/carers to share their views on how mental health services should be developed and delivered and feedback from these meetings is being prepared as a Report for consideration by the National Mental Health Management Team and to inform their decisions about mental health services.
- The Project phase of Advancing Recovery in Ireland (ARI) will continue until Quarter 3 and all ARI sites are in the process of signing off on implementation plans. A sustainability plan for the continuation of the ImROC methodology on current sites and extension to the full range of mental health services nationally currently in development.
- Discussion is ongoing with the Mental Health Commission about extending the scope of the MHC Protocol on the Notification of Deaths to all settings where mental health services are provided.

ADULT MENTAL HEALTH SERVICES

In March 74% 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%). However, the performance in March shows an improvement of 2% over February figures.

96% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months nationally (target 95%). 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.

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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.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

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

In March, 72% 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 of 75%.

There is an ongoing process locally to manage the underlying reasons for the target not being met, however, in March there has been a greater demand on the CAMHS service with a 10% increase in the number of referrals accepted than in the same period last year and a further 18% 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 2,943 cases, an 8% increase on the same period last year (2,731) and 17% (425 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 452 individuals or 15% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 68% (42) have no-one waiting more than 12 months.

12 of the 20 teams where patients are waiting over a year make up 91% (413) of the 452 waiting longer than 12 months. The 12 include one team in DNE, six 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 Quarter 2.

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.

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 is in development of the CAMHS service which will address the access and use of the CAMHS inpatient and community services.

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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 Quarter 2.
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 Quarter 2.
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.

In March, 2014, the Samaritans, in partnership with the NOSP launched the free-call Connect Number – this new number (**116 123**) will simplify the signposting to services for people who may be going through tough times

The NOSP presented to the Joint Committee on Health & Children, as well the Senior Officials Group and the Regional Health Forum in the North East in March.

The initial meetings to put in motion the process for the new national framework strategy for suicide prevention took place in March.

The NOSP continued to progress the internal review of 'Reach Out' and the development of a new national strategic framework on suicide prevention.

FINANCE The Mental Health Division is reporting a 1.15% underspend at the end of March, arising from the inclusion of the suicide prevention budget which has yet to be profiled. Based on this there is no current indication of any additional financial risks over and above those flagged in NSP 2014 and the mental health division operational plan for 2014. The Mental Health Division is project a break-even position for 2014.

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	189,450	46,955	47,400	-445	-0.9%
DNE	148,307	36,797	37,037	-240	-0.6%
South	177,866	45,755	44,047	1,708	3.9%
West	188,882	45,640	46,915	-1,276	-2.7%
Suicide Prevention	8,103	974	2,034	-1,060	-52.1%
National	712,607	176,120	177,434	-1,313	-0.7%

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HUMAN RESOURCES

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

Mental Health Staffing by Category							
Staffing	Medical/ Dental	Nursing	Health & Social Care Profes	Mgt / Admin	General Support Staff	Other Patient & Client Care	Total
WTEs* @ End 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ January 2014	711	4,458	1,077	763	961	983	8,953
WTEs @ February 2014	701	4,535	1,110	760	954	970	9,029
WTEs @ March 2014`	701	4,527	1,115	763	959	970	9,036

* 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 at the end of Quarter 1 will, 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.

Progress on the recruitment of 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 31st March 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 31st March 2014	0	44	347.5	0	0	0	391.5	94%
NSP 2012 WTE's Recruited Start date after 31st March 2014	0	0	0	0	0	0	0	0%
NSP 2012 WTE's Recruited awaiting post holders details	0	0	4	0	0	0	4	1%
NSP 2012 WTE's accepted Processing Clearances or awaiting start date	0	3	2	0	0	0	5	1%
NSP 2012 WTE's expressed to candidate	0	0	0	0	0	0	0	0%
NSP 2012 WTEs Unable to fill	0	0	0	0	0	0	0	0%
NSP 2012 WTE's At various stages within the Recruitment and HR Process or to be filled locally.	0	0	11.5	0	0	0	11.5	3%
NSP 2012 WTE's Awaiting update	0	4	0	0	0	0	4	1%

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Of the 414 WTEs allocated in 2012, **391.5 or 95% of the WTEs as 31st March 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, 267 **or 56% of the WTEs** had started before the end March 2014, with a further **26 WTEs or 5%** with agreed start dates after 31st March. 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.

Human Resources

HSE EMPLOYMENT CEILING

	WTE Dec 2013	2014 Year-end ceiling (target)	WTE March 2014	Variance to End of year target
Variance from current Target levels	96,494	94,600	97,098	2,498

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Feb)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.77%	4.77%	4.80%

WORKFORCE POSITION

- Employment levels are 97,098 WTEs at end of March, 604 WTEs above the end of 2013.
- Since September 2007, a reduction of 15,673 WTEs has been recorded in employment levels (-13.90 %). 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 1,000 WTEs Protection and the filling of new service developments, subsumed agencies and other staff not previously returned in census (combined 3,371 WTEs), which would indicate that the true change from the peak in recorded employment may be overstated by 411 WTEs. Accordingly employment in the health services has reduced by 14,312 approximately from the peak (-14%).
- West North West Hospital Group is showing growth of 35 WTEs since start of 2014 and is 309 WTEs above its current employment ceiling. University of Limerick Hospital Group increased by 19 WTEs in March, but is 25 WTEs above the end of 2013 level. Acute Hospital Services has grown by 158 WTEs from February and is 475 WTEs above end of 2013 levels.
- National Ambulance Service decreased by 7 WTEs since start of 2014.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 1,457 WTEs above the current provision employment ceiling of 95,641 WTEs (excluding Child and Family Agency provisional ceiling of 3,296 WTEs) and 2,498 WTEs above provisional end of year target of 94,600 WTEs excluding CFA.
- Sub-allocation of the start 2014 employment ceiling by Divisions is work-in-progress.
- All Regions are currently operating outside of their employment ceilings, as are all Service functions, with the exception of non-acute services.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of March figure of the order of 1,499 WTEs, with Acute Services accounting for 67% of total. Non-acute services account for 31% of total.

NEW SERVICE DEVELOPMENTS 2013

- 572.45 WTEs of 2013 new service development posts filled, up 84.25 WTEs from February (121.7 WTEs - National Ambulance Service, 194.5 WTEs - Primary Care, 260 WTEs - Mental Health Services, 15 WTEs - Acute Services and 7 Finance).

ABSENTEEISM (Reported 1 month in arrears)

Overall absenteeism target for 2013 is 3.5%.

- Absenteeism for February 4.77% while the year to date position stands at 4.80% (February). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 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 February and year to date (February) is as follows:

Region	DML	DNE	South	West
Feb-13	4.53%	4.35%	4.80%	5.31%
YTD	4.43%	4.57%	4.80%	5.43%

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 €3.3 bn (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 Expenditure¹ year to date March 2014 is €2.965 billion which is lower than the €3.078 billion reported in the same period last year. However the available budget reported for this quarter at €2.884 billion has reduced by more than the expenditure leading to a reported deficit of €80.4m which is higher than the same figure last year (€ 26.7m).

Expenditure by Category and Division	Approved Allocation	YTD March 2014		
		Actual	Plan	Variance
	€'000s	€'000s	€'000s	€'000s
Total Acute Division (Acute Hospitals and Palliative Care)*	3,762,123	1,003,357	939,924	63,434
Total Primary Care Division	3,236,835	826,742	817,718	9,024
Total Health & Wellbeing Division	221,313	44,969	49,553	- 4,585
Total Social Care Division	2,844,475	723,122	711,870	11,252
Total Mental Health Care Division	712,607	176,120	177,434	- 1,313
Other Including Corporate, National Services, Pensions and Held Funds etc**	813,590	190,751	188,140	2,611
Total	11,590,943	2,965,062	2,884,639	80,423

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

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

The acute hospital sector is reporting a deficit of €62.9m at the end of March which represents 76% of the overall deficit.

- Income shortfalls, following the introduction of new charging legislation from 1st January represent approximately €10m (16%).
- Increased costs of agency medical staff account for a further €14m (22%) 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 €19m (up 56%) compared to the same period last year however 80% of that increase is in the areas of medical staff and support 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.

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.

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The Primary Care Division had an overall deficit of ca. €9m YTD March 2014. This deficit was largely attributable to local demand led schemes of €10m. 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 quarter 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.

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. 1st Quarter deficit €10m.
- €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 continue to charge to capital in line with practice in prior years – presently accounts for approximately €5m (6%) of Qtr 1 deficit.
 - €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) – 1st Quarter deficit 2014 €10.2m despite ongoing work programme in place to standardise nationally and seek to safely reduce costs.

In this context it should also be noted that:

- 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 (€212m net) 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.
- 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 medical care probity targets.

Conclusion

Projections to year end based on 1st Quarter data are being finalised in tandem with assessment of performance in 1st quarter 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.

** €294m PCRS target includes earlier probity target of €113m which has now been partially offset with €63m pensions funding and an additional €47m made available by the Exchequer.*

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