

OCTOBER 2014

Health Service

# Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



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# Performance Overview October 2014

## EXECUTIVE SUMMARY

During the month of October the volume of emergency admissions continues to place significant pressure on our emergency departments. Between January and October 2014 there has been an overall increase of 5,539 (1.7%) in the number of emergency (unscheduled) admissions compared to same period in 2013.

During October the increase for elective procedures is in the order of 11,243 or 21% compared to 17% in September.

The overall waiting list for adults has grown by 2,482 in the month. The national total for the longest waiters across adults and children for day cases and inpatients are as follows: Day cases: 12 – 24 Months (2,088), 24 – 36 months (56), 36 – 48 months (0). Inpatients 12 -24 months (1,460), 24 – 36 Months (38), and 36- 48 months (3).

Community Intervention Teams provide an important role in caring for people in the community and avoiding the need for some service users to attend emergency departments. At the end of October CITs exceeded the full year target of ED/ Hospital avoidance cases by 1,537 or 25.7%. The total number of ED/ hospital avoidance episodes is now 7,513 compared to the full year target of 5,976.

Significant delays are being experienced in our emergency departments resulting in more patients waiting on trolleys who require admission to an inpatient bed. Inpatient bed capacity is being impacted by the increased number of ED admissions and the number of delayed discharges which stood at 782 at the end of October rising to 800 during December. Immediate action is being taken to avoid this situation becoming more challenging towards the end of the year when demand for emergency and hospital care increases. In this regard €3m has been allocated to immediately put in place additional long term care beds and a range of supports including transitional, community and home care services. This will speed up access and egress from acute care by reducing ED trolley waits and times, length of stay and delayed discharges. Additional funding of €25m has also been allocated to address these issues during 2015.

In order to alleviate the pressure on acute hospitals in respect of delayed discharges, €3m is being invested between now and year end to put in place additional long term care beds and a range of supports including transitional, community and home care services.

The Nursing Home Support Scheme (NHSS) is a key support for those who need residential care. At the end of October there were 2,135 people waiting on funding to allow them to avail of a residential bed with an average wait time of 15 weeks.

As of October 2014, 8.5 million home help hours were provided to 46,608 people and 13,081 Home Care Packages were provided to enable older people to remain living in the community. This is ahead of target by 2,211 or 20.3%.

1,063 less patients are waiting over 12 weeks for a physiotherapy assessment compared to the same period last year despite an increase in referrals in the order of 6,208 (4.2%) in 2014. This may be partly explained by the increase in the number of therapy staff since December 2013.

In relation to palliative care, 99% of patients have access to specialist palliative care inpatient beds within 7 days of referral which is well ahead of the 94% target.

The proportion of children receiving a developmental health check by 10 months of age is showing improvement over the same period last year rising from 87.9% to 91.8%.

In October 96% of the people who were assessed by Psychiatry of Old Age (POA) teams had been seen within three months of their referral, this exceeded the target of 95%. Adult services assessed 76% of people within 3 months of their referral, above their target of 75%. By the end of September, 211 children or adolescents had been admitted for acute mental health services. Of

these 142 (67%) were to Acute Child and Adolescent Inpatient Units and 69 (33%) to approved adult mental health inpatient units.

The National Ambulance Service continues to show improvements in performance with ECHO calls responded to within the target timeframe now 78.5% and DELTA calls 69%.

Ambulance turnaround times at hospital emergency departments continue to improve with 67% of emergency ambulance vehicles and crews released to respond to other calls within 30 minutes or less compared to 63% in September. 94% of calls had crews and vehicles clear and available within 60 minutes compared to 93% in September.

The HSE performance metrics measure the rates of infection per bed days. For both MRSA and C.diff the rates have come in better than targeted. In addition, since 2006 there has been a marked decrease in the number of cases of Staphylococcus Aureas (blood stream infections) that are of the Methicillin-resistant (MRSA) strain. The number of MRSA bloodstream infections across the public and private hospital sector for the past eight years has dropped from 592 to 222 cases, a decrease of over 62%.

At present, data on HCAI are reported on a quarterly basis in arrears. Figures to date indicate that C.diff rates in Quarter 2 of 2014 (provisional) per 10,000 bed days used have decreased by 15% compared to the rate reported during the same period in 2013.

The HSE plans to enhance the operation of the medical card scheme and make it more sensitive to people's needs, especially arrangements relating to the issuing of medical cards on a discretionary basis.

The new measures build on recommendations set out in two reports which were also published - the report of the Expert Panel on Medical Need for Medical Card Eligibility, and the external review of the Medical Card Process, undertaken by Prospectus and Deloitte.

The HSE is to arrange early access to new Hepatitis C drugs. The drug will be made available to a number of people who have been prioritised based on their clinical need. This will commence immediately.

Following approval the HSE has published the 2015 National Service Plan (NSP).

The Service Plan sets out the type and volume of services the HSE will provide directly, and through a range of funded agencies, for this budget in 2015.

- A modest but welcome increase in funding available for health services in 2015
- €25m to begin to address delayed discharges
- An additional €20m funding for disability services
- €25m for free GP care for children under 6 years of age
- €35m of Programme for Government Funding for mental health services
- €55m for ICT capital investment, an increase of 37.5%
- A welcome provision of €366.159 in capital funding

There is a significant improvement in absence rates which are now at 4.31% down from a high close to 7% in early 2008.

Expenditure up to the end of October amounted to €10.064 billion. This is €405 million over budget. The projected revenue deficit at the end of the year is estimated to be €510m. The supplementary estimate for 2014 will need to encompass this deficit as well as an expected over run on costs incurred by the State Claims Agency in respect of health service claims and any other technical cash/vote accounting items.

## QUALITY AND PATIENT SAFETY

### Stroke Care

The performance on the acute services in delivering stroke care continues to be positive. The national targets of 50% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit being exceeded.

## ACUTE HOSPITALS

### Delayed Discharges

The number of delayed discharges in hospitals has increased by 26.7% this year by comparison with 2013. As a result, hospitals have opened additional beds to manage these patients. The number of delayed discharges reported at the end of October was 782. An initiative took place in August where €5m of additional funding was provided to alleviate the bed pressures in acute hospitals. During the initiative an additional 132 patients received Fair Deal approval and a further 122 received Home Care Packages. Despite this additional funding the volume of patients added weekly is exceeding Acute Hospitals weekly capability to discharge. This places significant demands on the number of acute hospital beds required to meet all service needs.

### Unscheduled Care

When comparing October 2014 to October 2013 there has been a 35.7% increase in the number of patients awaiting admission from ED. Year to date there has been a 1.7% (5,539) increase in emergency admissions which accounts for some of the continued pressure on in-patient capacity. Other factors include:

- Rising number of delayed discharges occupying beds
- Continued bed closures during 2014 (i.e. Refurbishment, cleaning, cost containment etc)
- Increasing complexity of emergency admissions.

With the increased use of AMAU's there has been a significant increase of 12.5% in overnight admissions through AMAU (Acute Medical Assessment Unit).

### Scheduled Care

#### In-patient activity

In-patient activity rates are broadly in line with 2013. However, this masks significant changes in the balance between the proportions of scheduled/ unscheduled care provided with unscheduled care increased. Activity is ahead of expected levels in 2014 by 0.2% (998).

#### Out patient Activity

In October 2014 the number of patients waiting in excess of 12 months for an outpatient appointment was 51,286; this is an increase of 4,644 compared to September. The HSE's Out-patient Improvement Project continues to target capacity and business process improvements across all hospitals. However, despite this, out-patient waiting numbers are continuing to increase due to higher demand and referral rates. The number of people waiting less than one month on the

out patient waiting list at the end of October is 61,074 which equates to 16% of total patients waiting.

The Out-patient Improvement Project continues to target capacity and business process improvements across all hospitals but as yet has not impacted on the increasing numbers.

## Waiting Times

### Adult

Adult waiting lists demonstrate that 79% (42,622) of adults were waiting less than eight months for a planned procedure in October 2014. The numbers waiting over 8 months are now 11,636 a 20% (n=1,943) increase on September and an increase of 9,872 patients waiting over 8 months from the end of January 2014 position. This trend is expected to continue to year end.

### Paediatric

60% (3,147) of all children waiting on the elective waiting list were waiting less than twenty weeks. The numbers waiting over 20 weeks are now 2,058, a 6.6% (n=128) increase on September and an increase of 1,585 patients waiting over 20 weeks from the numbers reported at the end of January 2014.

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

### GI Endoscopies

62% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in October 2014. The rate of growth slowed down this month with the number waiting over 13 weeks at 4,744 which is a 5.8% (n=261) increase on last month of 12.7%. The numbers waiting over 13 weeks has increased from 583 at the end of January, an increase of 4,161 patients.

### European Working Time Directive

Compliance with 24 hour shift for October was 96%, an increase from 89% in September. Compliance with 48 hour working week was 63% in October from 60% in September. Recruitment of non-consultant hospital doctors continues to be very challenging and is not expected to improve to year end.

## PALLIATIVE CARE

### Access Inpatient Unit

In October 99% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).

### Access Community Home Care

In October 88% of patients received specialist palliative care services in their place of residence (home, nursing home, non acute hospital) within 7 days of referral (national target 82%).

## NATIONAL AMBULANCE SERVICE

## Ambulance Activity<sup>1</sup>

At the end of September, the total number of AS1 and AS2 calls received by the National Ambulance Service was 217,144, a 4% (7,996) increase over the same period in 2013. This amounts to an increase of approximately 1,000 calls per month or an average daily rate of 801 calls.

Nationally there is a 5% (100) increase in the volume of ECHO calls (life-threatening cardiac or respiratory arrest) compared to the same period last year and a 10% (6,507) increase in the volume of DELTA calls.

Despite this increase in call volume, response times to ECHO and DELTA calls continue to improve. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds now stands at 79% while DELTA incidents are 69%. This improvement over previous months is partly due to the installation of new technology upgrades enabling more accurate data reporting. The NAS is in the process of replacing its entire information system with the move to a single Computer Aided Dispatch (CAD) system.

## Intermediate Care Services

The Intermediate Care Service (ICS) was set up to provide a safe and timely transfer for non emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. In September, 76% or approximately 3,000 of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles, reflecting a very positive development for the Intermediate Care Project. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

## Ambulance Turnaround Times

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In October, 67% of emergency ambulances were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% of calls had crews and vehicles clear and available within 60 minutes.

## PRIMARY CARE

### Community Intervention Teams

At the end of October 2014, 1,211 patients received support from the 8 CIT teams in place, bringing the number of patients provided with a service year to date to 12,102.

At the end of October CITs exceeded the full year target of ED/ Hospital avoidance cases by 1,537 or 25.7%. The total number of ED/ hospital avoidance episodes is now 7,513 compared to the full year target of 5,976.

### GP Out of Hours Service

- In October, 71,243 patients availed of GP out of hours services including triage, treatment, home visit, bringing the total to 768,266 year to date.

### Therapy Services

- Referrals for Physiotherapy services have increased by 4.2% in 2014.
- In October the number of people waiting more than 12 weeks for a physiotherapy assessment was 6,087, down from 7,181 at the end of December 2013. This is a 15.2% reduction on the December 2013 number.

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<sup>1</sup> Response time data one month in arrears

- Referrals for Occupational Therapy services have increased by 14.2% in 2014.
- In October the number of people waiting more than 16 weeks for an occupational therapy assessment was 8,067, down from 8,511 at the end of December 2013. This is a 5.2% reduction on the December 2013 number.
- The number of referrals to Speech and Language Therapy services was 40,233 up to the end of October, with 35,150 assessments carried out in the same period.
- Improved access and reductions in waiting times for Primary Care therapy services have been prioritised as additional staff are deployed under the Primary Care Development Programme and through the utilisation of HRA productivity targets.

### Primary Care Reimbursement Scheme

At the end of October 2014:

- 1,777,762 people held medical cards (39% of the population). Included in these cards were 72,759 medical cards granted on discretionary grounds. Entirely new medical cards issued / upgraded is 107,195 year to date.
- 157,444 people held GP visit cards. Included in these cards were 32,686 GP visit cards granted on discretionary grounds.

## HEALTH AND WELLBEING

### Interagency HSE Ebola exercise in Tallaght Hospital

- Delegates from many agencies attended an interagency desktop exercise on Ebola, organised by the HSE and hosted by Tallaght Hospital on the 24<sup>th</sup> November 2014.
- The exercise was organised to provide an opportunity for services and agencies to come together to reflect on the wide range of work that has been ongoing in Ireland for some months now. This forum was an opportunity to get the most up to date information on what has been an evolving situation internationally and to hear from some of the leading professionals who have been planning Ireland's response and to have any questions they may have answered. There have been no cases of Ebola in Ireland to date. However, the Irish health services are in a good state of readiness and the event was organised to further enhance on-going planning and preparedness in relation to Ebola.

### Child Health

- Child Health developmental screening has been delivered to 5,186 children in the reporting period and 52,234 children year to date. This is 91.8% of the target group. This compares favourably with the national position for the same reporting period in 2013 (87.9%).
- Whilst this is a positive trend at national level, there are some areas where target achievement continues to be challenged by the availability of resources. Health and Wellbeing meets monthly with Area Managers to review the data and maintain focus on the targets.

### Breast Cancer Screening

- 13,955 women attended for breast screening in October, bringing the YTD total to 118,440.

## SOCIAL CARE

### DISABILITY SERVICES

#### Personal Assistant (PA) services

The number of adults with a physical and/or sensory disability benefiting from PA hours stands at 2,186 for Q3. 989,114 PA hours have been delivered YTD, 3% higher than the YTD target and 2% higher than YTD position in 2013.

### Home support services

The number of people with ID and / or autism benefiting from home support hours stands at 4,399 for Q3, -8% below NSP target. 810,289 home support hours have been provided YTD to this group, 17% above YTD target and 14% above the YTD position in 2013.

The number of people with a physical and/or sensory disability benefiting from home support hours stands at 2,913, 1% above NSP target. 1.13 million home support hours have been provided YTD to this group, 3% above YTD target and directly comparable with the same position in 2014.

## SERVICES FOR OLDER PEOPLE

- Home Help hours delivered up to the end of October number 8,588,690. It is projected that the hours delivered by year end will be consistent with the expected level of service delivery i.e. 10.3m hours.
- 13,081 Home Care Packages were being delivered at the end of October, this is 13.1% greater than 2013 (11,563) and 2,211 (20.3%) ahead of the expected level of service which is 10,870.
- There are 21,926 people receiving residential care under the NHSS at the end of October. 2,135 people are on the national placement list for funding approval; the waiting time is 15 weeks.

## MENTAL HEALTH

### Adult Mental Health Services

In October, 76% of people offered an appointment by General Adult Community Mental Health teams nationally were seen within three months (target 75%).

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

### CAMHs Teams

69% of accepted referrals/re-referrals to CAMHs teams nationally were offered a first appointment and seen within 3 months (target >75%).

There are 345 young people, or 13% of the waiting list, waiting more than 12 months for an appointment to be seen and the total numbers on the waiting list are slightly reduced compared to the same time last year despite a 5% increase in referrals accepted.

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

By the end of September, there had been 211 children and adolescents admissions, of which 142 (67%) were to age appropriate Acute Child and Adolescent Inpatient Units and 69 (33%) to approved adult mental health inpatient units, the majority as voluntary admissions with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Approximately 85% of these were 16/17 years old and a third are discharged within 2 days and two thirds within a week.

## HUMAN RESOURCES

### Absence Rates

Latest National absence rate data shows that the absence rate for September 2014 is at 4.07% which is the same as last month.

It is the lowest recorded September absence rate to date. National target is 3.5%. This compares with previously published September rates of 5.47% (2008) 5.26% (2009) 4.87% (2010) 4.93% (2011) 4.53% (2012) and 4.79% (2013).

### Workforce Numbers

The Health Sector is 2,500 WTEs above the current employment ceiling of 94,895 WTEs. There were 97,395 WTEs at the end of October.

Since October 2007, a reduction of 15,376 WTEs has been recorded in employment levels (-13.6%).

The Nurse Graduate Programme recorded 367 placements with a 345 WTE value in October, up 1 WTEs from last month. The Support Staff Intern Scheme continues to grow with a total of 1,374 people on placement, with 1,294 WTE value.

### FINANCE

Net expenditure year to date October 2014 is €10.064 billion against the available budget reported at €9.659 billion leading to a reported deficit of €405m.

The health service has experienced budget cuts / savings targets of over €3.5bn over the last 6 years which is at odds with the experience in the vast majority of OECD countries where “cuts” to health generally refer in reality to a slow-down in the rate of their cost growth rather than an actual year on year reduction.

The revenue deficit (on an income and expenditure basis) to year end for the health service is currently estimated at €510m. The supplementary estimate for 2014 will need to encompass this deficit as well as an expected over run on costs incurred by the State Claims Agency in respect of health service claims and any other technical cash/vote accounting items. This forecast takes account of our best estimate of likely cost increases to year end mitigated by our ongoing cost containment plans. It is important to stress that, as with any forecast, there is a certain degree of uncertainty particularly given the scale of the overall HSE cost base, the complexity of our services and the lack of a national financial system.

It is important to stress that in excess of €250m or around 50% of this 2014 deficit relates to budget reductions assigned to the HSE which were outside of its control and therefore not deliverable (includes €108m unspecified pay savings, €30m pensions excess etc.).

### AGENCY SERVICES

HSE year to date agency costs were €281m versus €200m for the corresponding period in 2013, an increase of €81m (40%) year on year. Agency costs incurred in acute hospital services were €189m and this compares to €132m for the same period last year. The 2014 agency costs for hospitals include €82m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €57m (up 43.12%) compared to the same period last year. This primarily reflects the diminishing capacity to recruit doctors and price increases for agency provision rather than volume growth in medical staff inputs.

However, 82% of the increase in hospital agency expenditure is in the medical and support services pay categories. These staff were already at the HRA maximum hours and therefore the hospitals did not benefit from additional hours. Cost growth and under performance in cost containment plans are also currently evident.



## Updates by Division

# Quality and Patient Safety

## Age Friendly Counties

The Age Friendly Cities and Counties Programme aims to make Ireland a truly great place in which to grow old. The Programme is built on the recognition of the valuable role that older people can and should play in shaping their communities for the better. **The voice of the older person is at the heart of the Programme.**

The Programme is part of a worldwide, WHO inspired movement which aims to make sure that as we age, we can continue to:

- Have a real say in what happens in our own lives and what happens in the areas in which we live,
- Enjoy good health, access to high quality services, and a secure and enabling environment,
- Be engaged and have opportunities to participate fully in everything that is going on in our cities and counties.

The HSE supports this initiative and in October conducted four listening sessions with groups identified by Age Friendly Counties. These have taken place in Finglas, Kildare, Meath and Galway. The purpose of these listening meetings is to hear the experiences of older service users across community and acute settings. One more session is to be held in Kilkenny and following on from that a report of the experiences will be prepared, actions identified and shared with the relevant HSE Divisions for consideration and implementation.

## Building leadership, capability and capacity for Quality Improvement in Health Service delivery

The **Diploma in Leadership and Quality in Healthcare** was developed and launched in 2011 by the Health Service Executive (HSE) and the Royal College of Physicians of Ireland (RCPI) to support and develop clinical leaders to drive quality improvement across the health system. The 2014/15 diploma has started with two new cohorts of over 55 participants this year. Participants now undertake the diploma in teams from their organisations. This is a new approach that we believe will accelerate learning and enhance the impact of the improvement projects being undertaken.

An abstract book of all the Diploma projects from the past three years was compiled and launched at the New Horizons in Quality Improvement - Learning from Success event. It is available to download from this link; <http://www.rcpi.ie/article.php?locID=1.11.30&itemID=1154>

**QI Expert Coach Programme** was launched with twenty participants increasing their Quality Improvement skills and ability to transfer their knowledge and skills.

Both the **Diploma** & the **Expert Coach Programme** are built around learning by doing. Participants are expected to take on an ambitious but achievable improvement project where they can apply the knowledge and skills from the courses. In the Expert Coach Programme candidates are expected to coach practitioners engaged in improvement projects lending Quality Improvement expertise and coaching support.

## Quality and Patient Safety: recent events

### European Antibiotic Awareness

Events to mark European Antibiotic Awareness Day occurred on November 17<sup>th</sup> and November 20<sup>th</sup> which included the launch of the public information campaign funded by the HSE at which a new website was launched called “Under the Weather” [www.undertheweather.ie](http://www.undertheweather.ie) . This provides practical advice to the public (including information for parents of young children) on how to deal with colds, flu, etc with the aim of reducing the demand for antibiotics and supporting people to manage these conditions themselves.

### The National Clinical Guideline: Sepsis Management

In response to the *HIQA Patient Safety Investigation Report into Services at University Hospital Galway* (2013), the National Clinical Effectiveness Committee (NCEC) was requested by the Minister for Health to commission and quality assure a number of National Clinical Guidelines. The National Clinical Guideline for sepsis management is one of these guidelines. The National Clinical Guideline – Sepsis Management has been quality assured by NCEC and endorsed by the Minister for Health for implementation in the Irish healthcare system. It was launched on November 26<sup>th</sup> by Minister Varadkar and published on [www.hse.ie/sepsis](http://www.hse.ie/sepsis). This guideline has been produced in response to growing national and international awareness of the increasing incidence of sepsis and includes a care pathway for sepsis and an adaptation of the Surviving Sepsis Guideline for patients with severe sepsis/ septic shock.

# Acute Hospitals

## QUALITY AND PATIENT SAFETY

- The % of emergency Hip Fracture Surgeries carried out within 48 hours in October 2014 was 85%, up from 83% in September.
- The % of surgical inpatients who have principal procedure conducted on day of admission October 2014 was 65%, same as September 2014.
- The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 10% in the current month. The surgical re-admission rate remained at 2.0% again in October.
- The average length of stay across hospitals remained at 5.1 days in October and this is below the 2014 target of 5.6.
- Many hospitals are continuing to implement the productive theatre improvement programme to target further reductions in surgical length of stay.

## HOSPITAL ACTIVITY PERFORMANCE

Unscheduled Admissions		Jan – October Actual 2013	Jan – October Actual 2014	Val Var	% Var
	ED Admissions	234,176	234,997	821	0.4%
	Emergency (Other) <sup>1</sup>	64,754	66,233	1,479	2.3%
	MAU Admissions <sup>2</sup>	25,999	29,238	3,239	12.5%
<b>Total Unscheduled Admissions</b>		324,929	330,468	5,539	1.7%

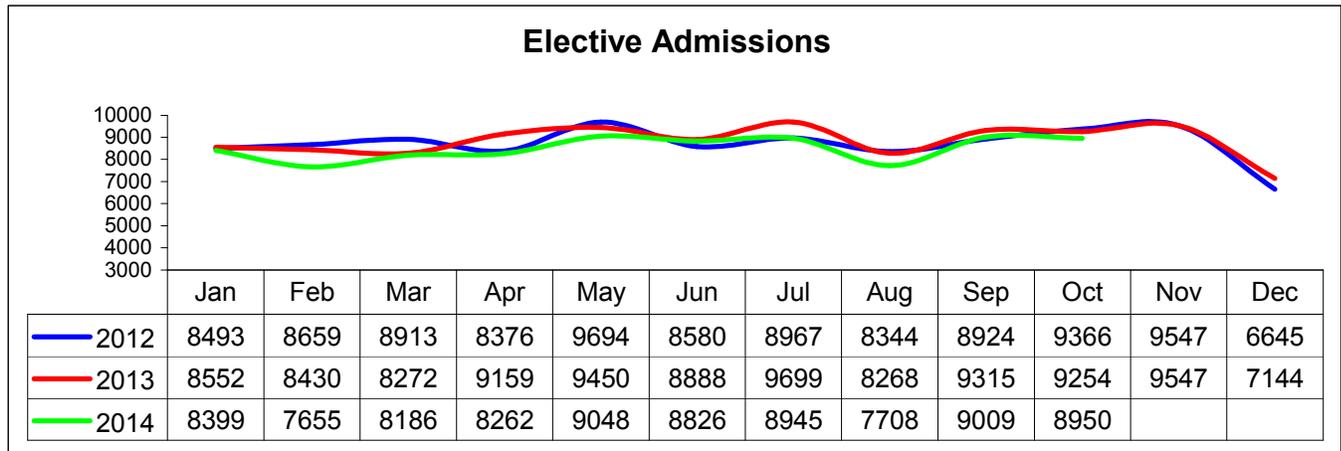
Scheduled Admissions		Jan – October Actual 2013	Jan – October Actual 2014	Val Var	% Var
	Elective Admissions <sup>3</sup>	89,287	84,988	-4,299	-4.8%
<b>Total Scheduled Admissions</b>		89,287	84,988	-4,299	-4.8%

Total Unscheduled and Scheduled Admissions		Jan – October Actual 2013	Jan – October Actual 2014	Val Var	% Var
<b>Total Unscheduled and Scheduled Admissions</b>		414,216	415,456	1,240	0.3%

- There has been an increase in unscheduled admissions (+1.7%) (n=5,539) this year to date. Some hospitals are experiencing a significant rise in Emergency admissions such as Midland Regional Hospital Mullingar (+27.2%), St. Vincent's University Hospital (+20.7%), Waterford University Hospital (+13.6%) and Our Lady's Children's Hospital Crumlin (+14.7%)

**Note<sup>1</sup>** Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources  
**Note<sup>2</sup>** MAU - Medical Assessment Unit  
**Note<sup>3</sup>** Elective Admissions do not include Obstetric Elective admissions

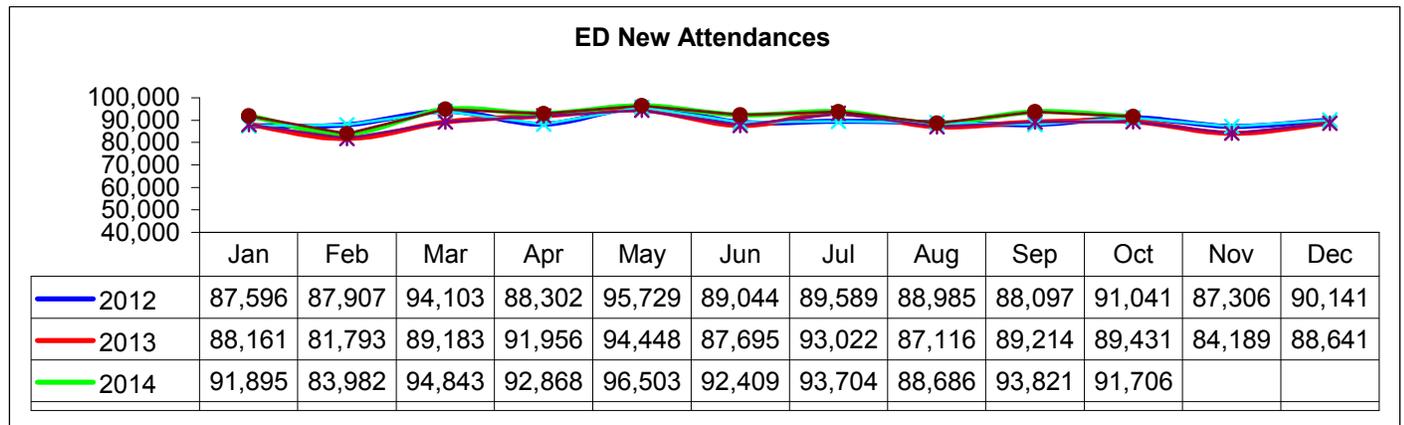
- The most significant rise in emergency admissions has been in MAU related admissions. The HSE has continued to develop the medical assessment facilities across emergency departments to ensure appropriate streaming of patients. The increase in MAU admissions is a result of both increased referral by GPs to hospital based MAUs and an increase in the number of MAUs opened.
- In-patient activity rates have marginally increased by 0.04% (n=200) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care



- There has been a 4.8% decrease in elective admissions (n= 4,299) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 26.1% increase in delayed discharges since the start of the year, further constraining available capacity.
- Although national elective activity has decreased, elective activity has increased amongst a number of hospitals including Mater University Hospital (+22.7%), Midland Hospital Portlaoise (+20.7%), South Infirmary (+30.2%), South Tipperary (+27.2%), Drogheda (+16.5%) and the Children's University Hospital, Temple Street (+13.8%).
- While nationally, day care attendances have decreased by 3.3% and remain 2% ahead of target, a coding reclassification in St. James's Hospital has led to less day care activity being reported in 2014 which skews the national data. Excluding St. James's from the National profile day case attendances are up 2.4% on same period last year and 7.7% ahead of expected levels.

## EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3.2% increase in new ED attendances in 2014 compared to 2013. This is a significant rise in new ED attendances given the fact that the number of EDs in operation decreased over 2013 (Mallow, Bantry and St. Columcilles have become urgent care centres over 2013).
- Some hospitals are experiencing significant increases in attendance numbers. For example, since the development of an Urgent Care Centre at St. Columcilles, St. Vincent's University Hospital has seen a 22.9% rise in new attendances and St. Michaels has increased by 6.1%.

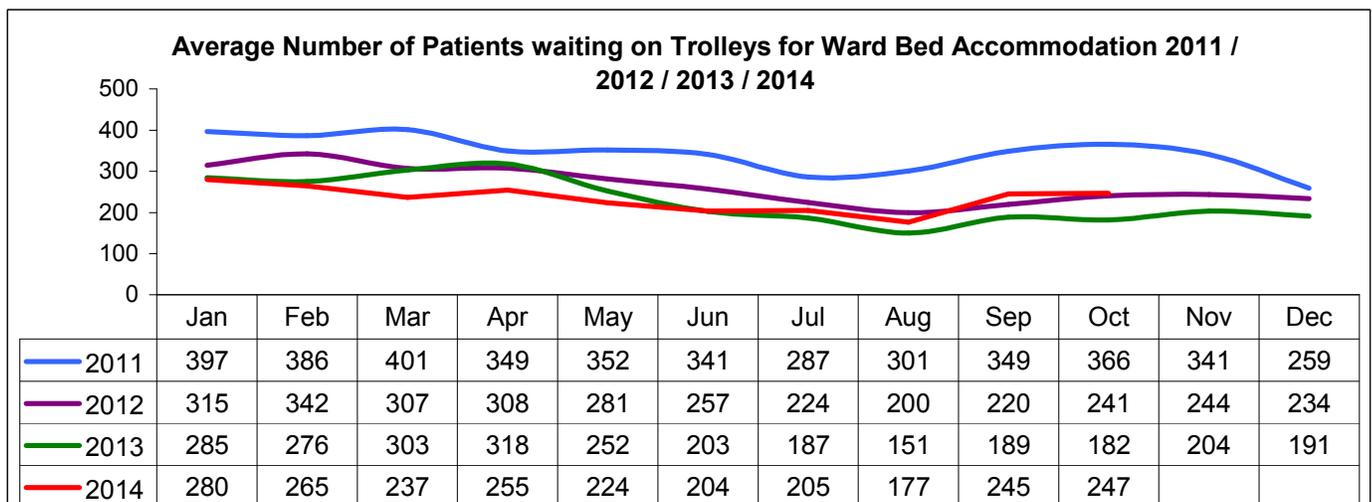


- January – October 2013 / 2014 3.2% increase (n=28,398)

### EMERGENCY DEPARTMENT - TROLLEYGAR and PATIENT EXPERIENCE TIME (PET)<sup>4</sup>

There has been a 35.7% increase in the number of ED patients waiting on trolleys for ward bed accommodation comparing October 2014 with October 2013.

The HSE and SDU will continue to work locally with all hospitals on patient flow issues and the HSE will continue to monitor closely the pattern of trolley waits in preparation for the period September to April 2015.



- While the number of patients on trolleys has deteriorated the Patient Experience Time(PET) in October showed that 70.4% of all patients were discharged or admitted from ED within 6 hours and 82.9% within 9 hours (both an improvement on September).

**Note<sup>4</sup>** TrolleyGar performance based on INMO data trolley count / PET coverage is 22 ED hospitals

## DELAYED DISCHARGES

- Since January there has been an upward trend in the number of delayed discharges. This trend plateaued during June due to lower emergency admissions in this month. The number of delayed discharges reported at the end of October was 782. This upward trend in delayed discharges may continue to year end reducing hospital capacity for higher ED admissions over the winter period.

Delayed Discharges	28 Jan	25 Feb	25 Mar	29 Apr	27 May	24 June	29 July	26 Aug	30 Sept	28 Oct
National Total	620	604	612	642	665	658	692	730	746	782

It is important to note that while the clinician in charge has ultimate responsibility for the decision to discharge; this decision is made as part of a multi-disciplinary process and focuses on the needs of the individual patient. The Acute Division is currently in discussions with the Social Care Division on the requirement for targeted responses to address the current pattern of delayed discharges. This response will be developed within the current resource base.

Delayed Discharges by Destination 30/09/2014	Over 65	Under 65	Total	
			No.	%
Home	95	18	113	14.5%
Long Term Nursing Care	548	60	608	77.7%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	39	22	61	7.8%
<b>Total</b>	<b>682</b>	<b>100</b>	<b>782</b>	<b>100.0%</b>

For those patients who are moving to long term nursing care, the main reasons for delayed discharges are NHSS application not yet submitted to local NHSS office (167 clients / 21.4%) and Financial Determination in Progress - State Support only, no loan (140 clients, 17.9%).

## WAITING TIMES

### INPATIENT

Adult waiting lists demonstrate that 79% (42,622) of adults were waiting less than eight months for a planned procedure in October 2014. The numbers waiting over 8 months now number 11,636 a 20% (n=1,943) increase on September.

### PAEDIATRIC

60% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,147). The numbers waiting over 20 weeks now number 2,058 a 6.6% (n=128) increase on September.

### GI ENDOSCOPY

62% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in October 2014. The numbers waiting over 13 weeks now number 4,744 a 5.8% (n=261) increase on September.

Almost 80% of those waiting more than 13 weeks are concentrated in 5 hospitals, (Beaumont Hospital, Tallaght/Naas, Galway University Hospital, Mercy University Hospital and University Hospital Limerick). There are specific capacity issues in some areas of the country (e.g. Tallaght/Naas). There continues to be reports of increased referrals notable from primary care for endoscopes. In March a target endoscope initiative was undertaken by the HSE and despite commissioning over 1,100 long waiter additional scopes across 13 hospitals, the GI endoscope waiting list continues to increase. The HSE is currently working with these hospitals to ensure appropriate schedules.

## COLONOSCOPY

9 patients were reported as waiting more than four weeks for an urgent Colonoscopy at the end of October 2014. 7 patients had their procedure carried out in November 2014 and 2 are scheduled to be undertaken by mid December 2014.

## OUTPATIENT

In October 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has increased from 46,642 to 51,286.

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

Overall January – October 2014 saw an increase of 4% (106,974) in OPD Attendances in comparison to 2013.

In October 2014, 86% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In September 2013, 84% of patients were waiting less than twelve months.

The HSE is currently developing a number of options to address and respond to the significant increase in need for scheduled care capacity. It should be noted that increased focus by the HSE in the area of out-patients will have a concomitant impact on in-patient and daycase treatment requirements (and waiting lists). Similarly, the rise in the requirement for emergency admissions has reduced scheduled care capacity which has in turn, impacted on the total number of patients awaiting treatment. All of these factors contribute to the current trend in waiting lists.

## AMBULANCE TURNAROUND TIMES AT ACUTE HOSPITALS

In October, 67% of emergency ambulances were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% of calls had crews and vehicles clear and available within 60 minutes.

## INTERMEDIATE CARE SERVICE

The Intermediate Care Service (ICS) was set up to provide a safe and timely transfer for non emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. In September, 76% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicles reflecting a positive development from the Intermediate Care Project. This service ensures that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care.

## HUMAN RESOURCES

<b>Acute Services Division</b>	<b>WTE Ceiling</b>	<b>WTE YTD</b>	<b>Variance</b>	<b>% WTE Variance</b>
Dublin East Hospital Group	9,184	9,782	+598	+6.51%
Dublin Midlands Hospital Group	8,508	9,093	+585	+6.88%
Dublin North East Hospital Group	6,789	7,365	+575	+8.48%
South/ South West Hospital Group	8,198	8,803	+605	+7.38%
University of Limerick Hospital Group	2,865	3,063	+198	+6.92%
West/ North West Hospital Group	7,272	7,785	+513	+7.06%
Dublin Paediatric Hospital Group	2,615	2,775	+160	+6.12%
Palliative Care	578	612	+34	+5.86%
National Hospital Services	22	23	+1	+3.99%
Service development posts	119	0	-119	-
<b>Total</b>	<b>46,149</b>	<b>49,300</b>	<b>+3,151</b>	<b>+6.83%</b>

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

FINANCE Acute Services Division	Approved Allocation	YTD			% Var
		Actual	Plan	Variance	Act v Tar
	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	588,254	515,733	489,146	26,587	5%
Dublin Midlands	731,646	631,361	607,278	24,082	4%
Dublin East	747,316	662,440	623,653	38,787	6%
South / South West	642,821	575,330	533,432	41,898	8%
Saolta University Health Care	601,119	544,913	499,310	45,603	9%
UL Hospitals	236,669	220,880	196,532	24,348	12%
Children's Hospital Group	209,193	185,142	172,967	12,175	7%
Regional & National Services	11,591	16,807	14,747	2,060	14%
<b>Total</b>	<b>3,768,610</b>	<b>3,352,607</b>	<b>3,137,066</b>	<b>215,541</b>	<b>6.87%</b>

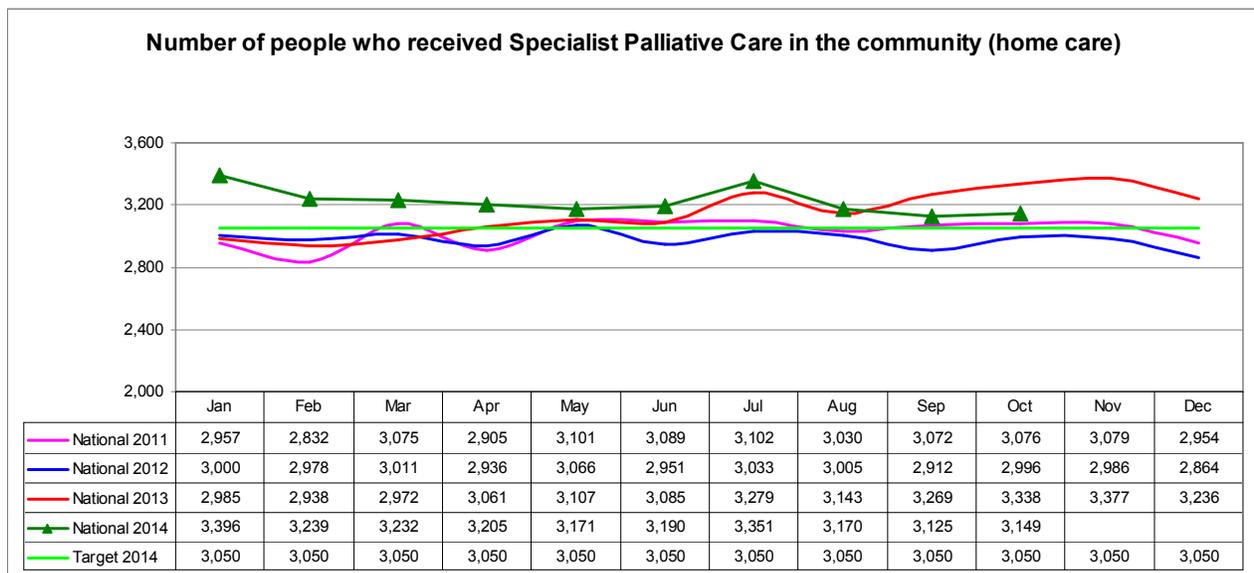
# Palliative Care Services

## KEY AREAS OF FOCUS

- Community Home Care
- Day Care
- Paediatric Services
- Access - Inpatient Unit
- Access - Community Home Care
- Budget / Expenditure

## COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in October 2014 was 3149. 2013 / 2014 cumulative comparison demonstrates a 3.3% activity increase.



### Primary Diagnosis

- 71% Cancer
- 29% non Cancer

### Age Category

- <1% 0-17 years
- 26% 16-64 years
- 73% 65+ years

## DAY CARE

The number of people who received specialist palliative day care services in October 2014 was 357. 2013 / 2014 cumulative comparison demonstrates a 1% activity increase.

### Primary Diagnosis

- 82% Cancer
- 18% non Cancer

### Age Category

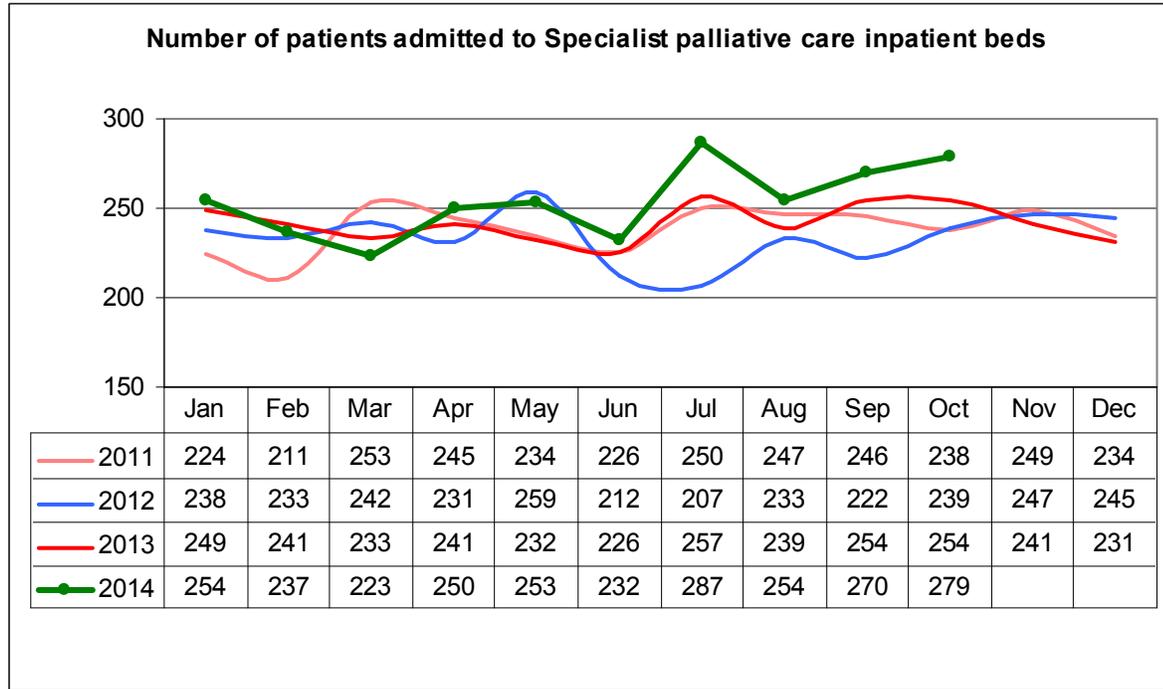
- 2% 0-17 years
- 33% 16-64 years
- 65% 65+ years

## PAEDIATRIC SERVICES

In October 2014, 264 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 222 new patients in receipt of care recorded from January to October 2014 and 17 in the month of October 2014.

## INPATIENT UNIT

In October 2014, 279 patients were admitted to Specialist Palliative Care inpatient beds. 2013 / 2014 cumulative comparison demonstrates a 5% activity increase.



### Source of referral

- 45% home
- 54% Acute Hospital
- 1% community bed / hospice

### Primary Diagnosis

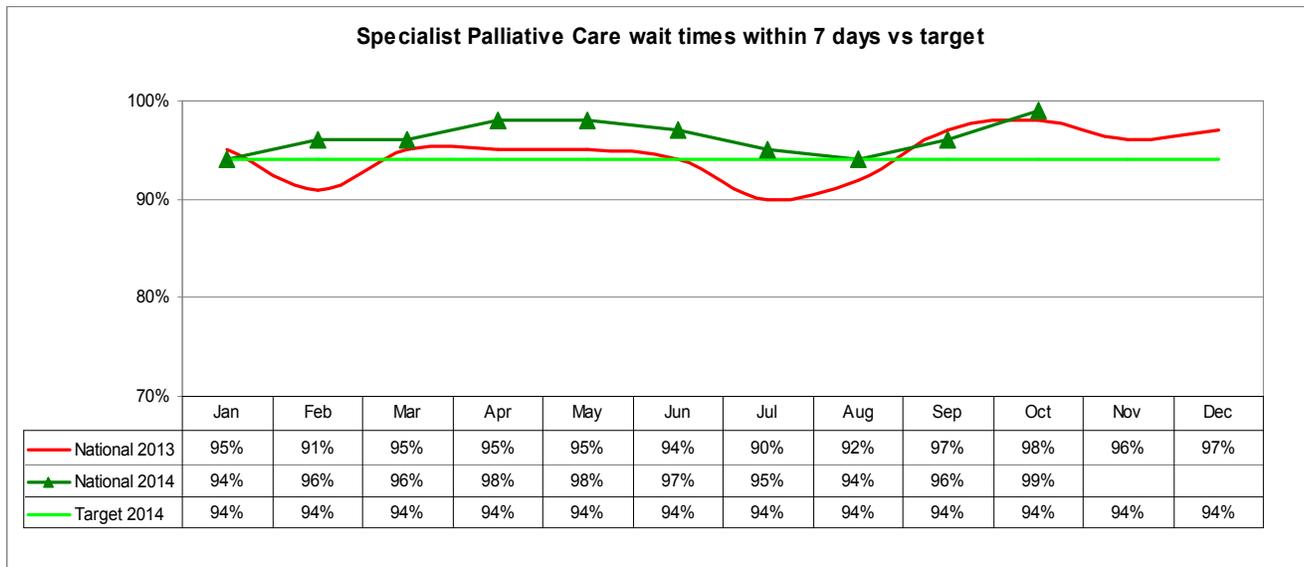
- 88% Cancer
- 12% non Cancer

### Age Category

- 0% 0-17 years
- 29% 18-64 years
- 71% 65+ years

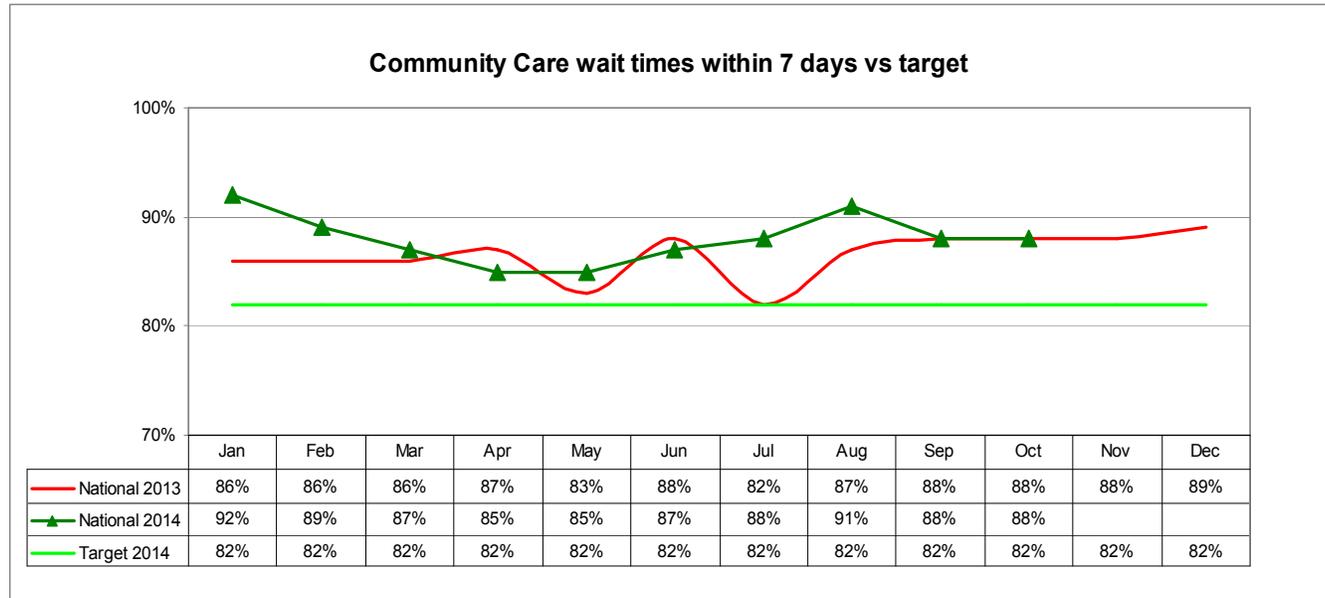
## ACCESS - INPATIENT UNIT

In October 99% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).



## COMMUNITY HOME CARE - ACCESS

In October 88% of patients received specialist palliative care services in their place of residence (home, nursing home, non acute hospital) within 7 days of referral (national target 82%). Previous performance deterioration trend demonstrated (February / May) now reversed.



## FINANCE

Palliative Care Services	Approved Allocation €'000	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	€'000
DML	26,335	21,826	21,693	133	0.6%
DNE	11,315	9,263	9,425	-162	-1.7%
South	9,340	7,832	7,783	49	0.6%
West	21,022	18,150	17,506	644	3.7%
<b>Total</b>	<b>68,011</b>	<b>57,072</b>	<b>56,408</b>	<b>664</b>	<b>1.2%</b>

Revised local cost containment plans currently being progressed (where necessary) to ensure breakeven / <1%.

# National Ambulance Service

## KEY AREAS OF FOCUS

- Quality and Patient Safety
- Activity Levels
- Emergency Call Volume and Response Times
- Intermediate Care Services
- Ambulance Turnaround
- Human Resources
- Finance

## QUALITY AND PATIENT SAFETY

- Migration to a modern Single National Control Centre continues and is one of the most significant change and quality programmes underway in the NAS.
- The NAS was proactively involved in inter agency exercises to test readiness for a case of Ebola in Ireland. National Leads within the NAS continue to engage both nationally and locally with our public health colleagues and all staff in relation to the Ebola Virus Disease.
- The National Out-Of-Hospital Cardiac Arrest Register (OHCAR) is hosted by the Department of Public Health Medicine in the HSE West and is jointly funded by the NAS and the Pre Hospital Emergency Care Council (PHECC). The National OHCAR project was established in June 2007, in response to a recommendation in the Report of the Task Force on Sudden Cardiac Death.
- The ONE LIFE Project is an unprecedented initiative undertaken by NAS to increase out of hospital cardiac arrest (OHCA) survival rates in Ireland.
- An evaluation of an Emergency Medicine Programme initiative to improve the effectiveness of handover reports and reduce handover times between Emergency Departments and the ambulance service is underway.
- The 'Treat and Discharge Pilot Scheme' is monitored and reviewed on an ongoing basis.
- In collaboration with our colleagues in the Northern Ireland Ambulance Service cross border Community First Responders (CFRs) will be up and running, by December 2014. CFRs play a vital role in helping the NAS to save lives. Nationally there are 105 Community First Responder Groups.

## ACTIVITY LEVELS

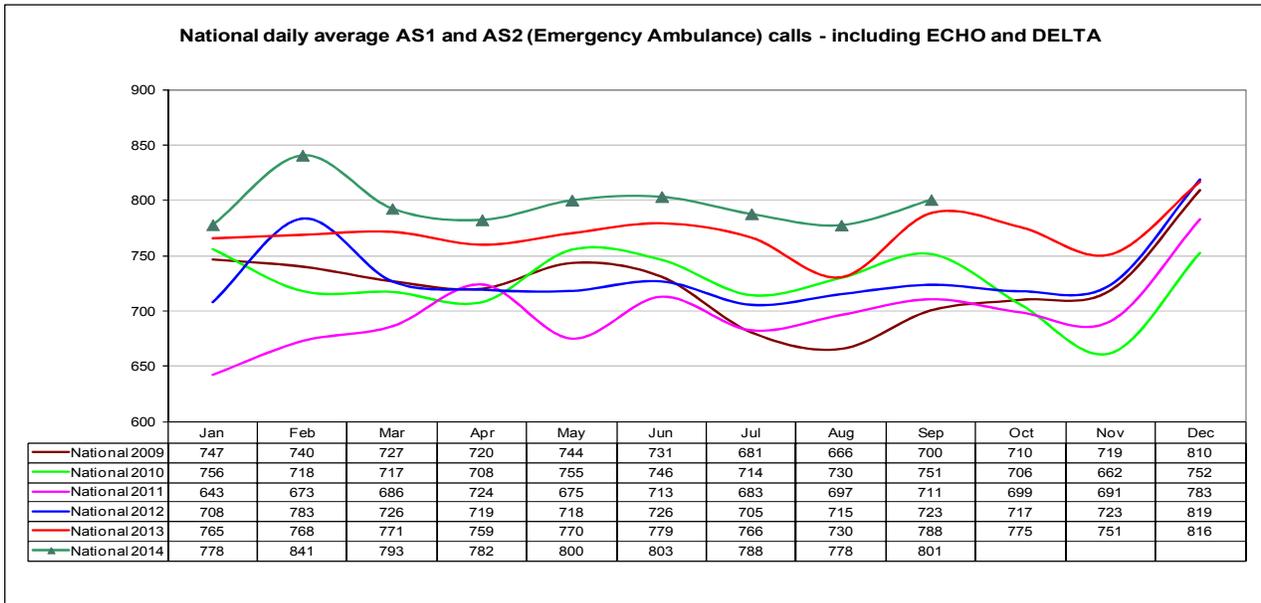
- 24,018 emergency & urgent calls were responded to
- 284 Emergency Aero Medical Services calls completed YTD
- 99 Air ambulance calls completed YTD
- 400 Neonatal Retrieval Transfers YTD
- 4,061 Intermediate Care transfers, 3,093 (76%) by ICV vehicles, 968 emergency ambulances;

In September 2014 the National Ambulance Service responded to 24,018 AS1<sup>2</sup> and AS2<sup>3</sup> calls with a daily average call rate of 801. 217,144 calls were received YTD, a 4% (7,996) increase in calls over the same period in 2013.

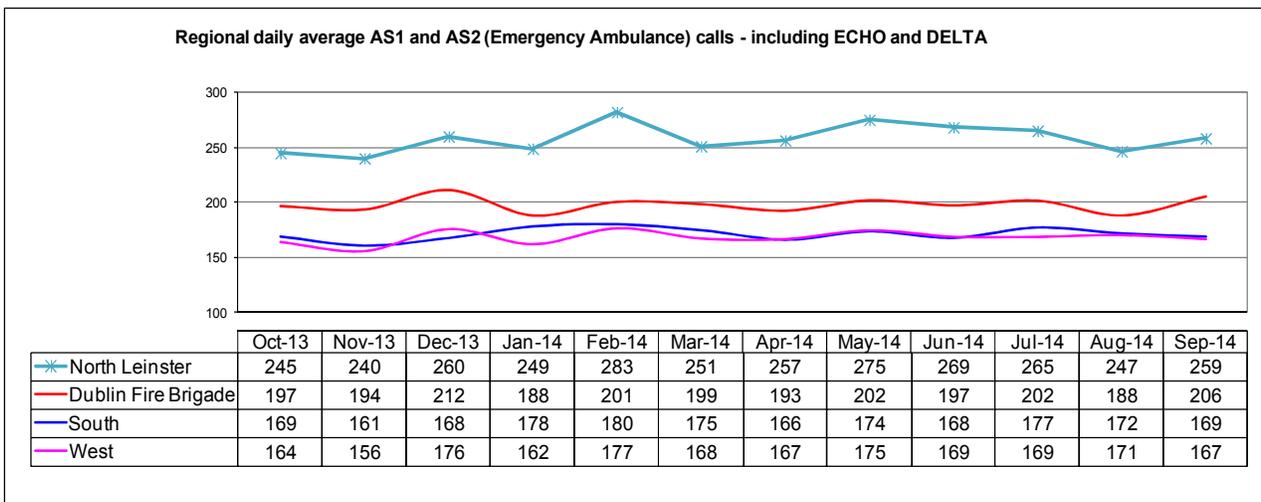
<sup>2</sup> AS1 – 112/ 999 emergency and urgent calls

<sup>3</sup> AS2 – Urgent calls received from a general practitioner or other medical sources

## National Daily Average Volume of AS1 and AS2 Calls –



## Regional Daily Average of AS1 and AS2 calls



## EMERGENCY CALL VOLUME AND RESPONSE TIMES

NAS Activity	North Leinster	DFB	South	West	National	
					SEPTEMBER	YTD 2014
<b>Call Volume</b>						
Total AS1 and AS2 (Emergency) calls	7,759	6,178	5,066	5,015	24,018	217,144
Total Clinical Status 1 ECHO calls	71	76	41	45	233	2,301
Total Clinical Status 1 DELTA calls	2,339	2,729	1,563	1,428	8,059	70,078

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

## ECHO Incidents<sup>4</sup>

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) are up 5% (100) compared to the same period last year.

## DELTA Incidents<sup>5</sup>

Nationally there is a 10% (6,507) increase year to date in the number of activated DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) received compared to the same period 2013.

The percentage of all Emergency Ambulances that arrived on the scene within 18 minutes and 59 seconds is reported as:

- 79% of ECHO incidents.
- 69% of DELTA incidents.

The detail by region is:

Activity Response Times Arrived at Scene	North Leinster	DFB	South	West	National SEPTEMBER
	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	84.4%	75.7%	70.7%	82.5%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	71.2%	70.8%	68.1%	64.7%	69%

## AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In October, 67% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 94% of calls had crews and vehicles clear and available within 60 minutes. Going forward, the NAS will measure the number of escalations that occurred in line with the flow path in the ambulance turnaround framework document.

At times of pressure in the emergency care system, there is the potential for delay in the transfer of care of patients from ambulance resources to acute hospital Emergency Departments. A national framework document was developed to clarify the process of clinical handover to establish clear lines of responsibilities and the standards expected. This document sets out the escalation process to be used by NAS to alert the required levels of management both within NAS and the wider healthcare system and delays in the release of ambulance resources.

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

<sup>4</sup> Clinical Status 1 ECHO: Calls reporting a life-threatening cardiac or respiratory arrest

<sup>5</sup> Clinical Status 1 DELTA: Calls reporting a life-threatening illness or injury, other than cardiac or respiratory arrest

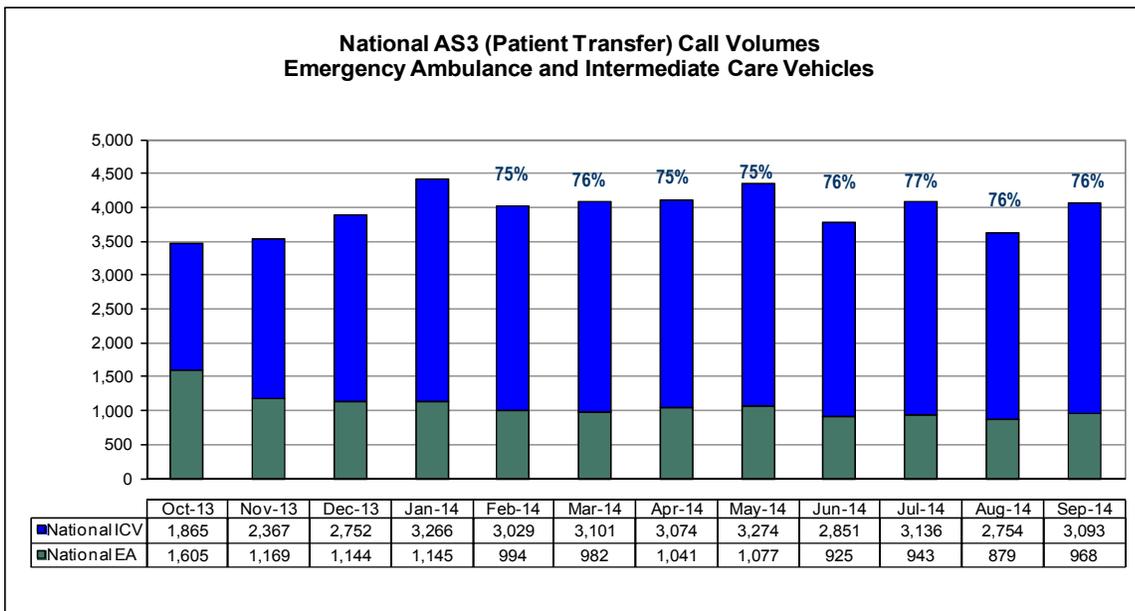
Ambulance turnaround data is currently manually aggregated across multiple CAD systems. The analogue system, where used, may not accurately record / reflect the data because it is an ageing technology and is one of the reasons NAS is migrating to Digital Platforms. NAS is developing a more robust solution to data requirement in the new national CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.

### INTERMEDIATE CARE SERVICES

The Intermediate Care Service (ICS) was set up to provide a safe and timely transfer for non emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. In September, 76% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles, reflecting a very positive development for the Intermediate Care Project. This initiative has a positive impact on the availability of emergency ambulances for pre hospital care and facilitates emergency ambulance personnel to focus on the core function of the delivery of pre hospital care.

**Total Number of Patient Transfer Calls Each Month**

Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep
3,470	3,536	3,896	4,411	4,023	4,083	4,115	4,351	3,776	4,079	3,633	4,061



### HUMAN RESOURCES

	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
<b>Total</b>	<b>1,645</b>	<b>1,614</b>	<b>-31</b>	<b>-1.9%</b>

- Recruitment of Control Programme personnel from the 2014 Service Plan is ongoing. Engagement with the Public Appointment's Service to provide a staffing solution for an Emergency Call Taker deficit continues. Other options through the National Recruitment Service are also being explored.
- In order to ensure that the NAS has the ability to supply a safe and consistent service, there is an ongoing internal review of the existing agreed rosters across the country. This review will validate the service baseline and the associated rostered and non-rostered staff required to provide it in terms of actual WTE's in place.

**FINANCE**

<b>National Ambulance Service</b>	<b>Approved Allocation</b>	<b>YTD</b>			<b>% Vary Act v Tar</b>
		<b>Actual</b>	<b>Plan</b>	<b>Variance</b>	
	<b>€'000</b>	<b>€'000</b>	<b>€'000</b>	<b>€'000</b>	<b>€'000</b>
North Leinster	49,299,983	40,787,842	41,044,906	-257,064	-0.63%
South	30,532,578	27,602,664	25,529,977	2,072,687	8.12%
West	36,124,418	32,143,075	30,080,358	2,062,717	6.86%
Office of the AND	22,001,167	14,483,871	18,345,524	-3,861,653	-21.05%
<b>Total</b>	<b>137,958,146</b>	<b>115,017,451</b>	<b>115,000,765</b>	<b>16,687</b>	<b>0.01%</b>

Overall the NAS is running €16,687k over budget year to date.

# Primary Care Division

## KEY AREAS OF FOCUS

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

## QUALITY AND PATIENT SAFETY PRIMARY CARE

### Incident Management

Training workshops on the 2014 National Incident Management Policy were carried out throughout the country for over 70 Area Managers and their Area Management teams.

The Primary Care Division has developed a procedure for the Escalation of Serious Incidents and Serious Reportable Events (SREs) which will be circulated to all ISAs by the end of November'14.

### National Standards for Safer Better Health Care

Over 200 staff attended six workshops facilitated by the National Division in Galway, Cork, Sligo and Dublin. The workshops provided ISA managers and senior management teams with the skills to carry out self assessments in accordance with the National Standards for Safer Better Health Care. The Areas are now prepared to carry out self assessments against the standard from October 2014 to April 2015.

A Quality Assessment and Improvement Tool (QA&I) for the National Standards has also been developed in the form of eight workbooks. This tool will facilitate self assessment against the standards and the final version will be available on line and in hard copy by the end of November.

### Framework for Community Participation in Primary Health

The framework for implementation of community participation in primary health care in conjunction with the University of Limerick was launched. The objective of the framework is to assist people to enhance their understanding of community participation in primary healthcare projects and to develop collaborative ways of working and partnership to realise this way of working in an equitable fashion.

## COMMUNITY INTERVENTION TEAMS

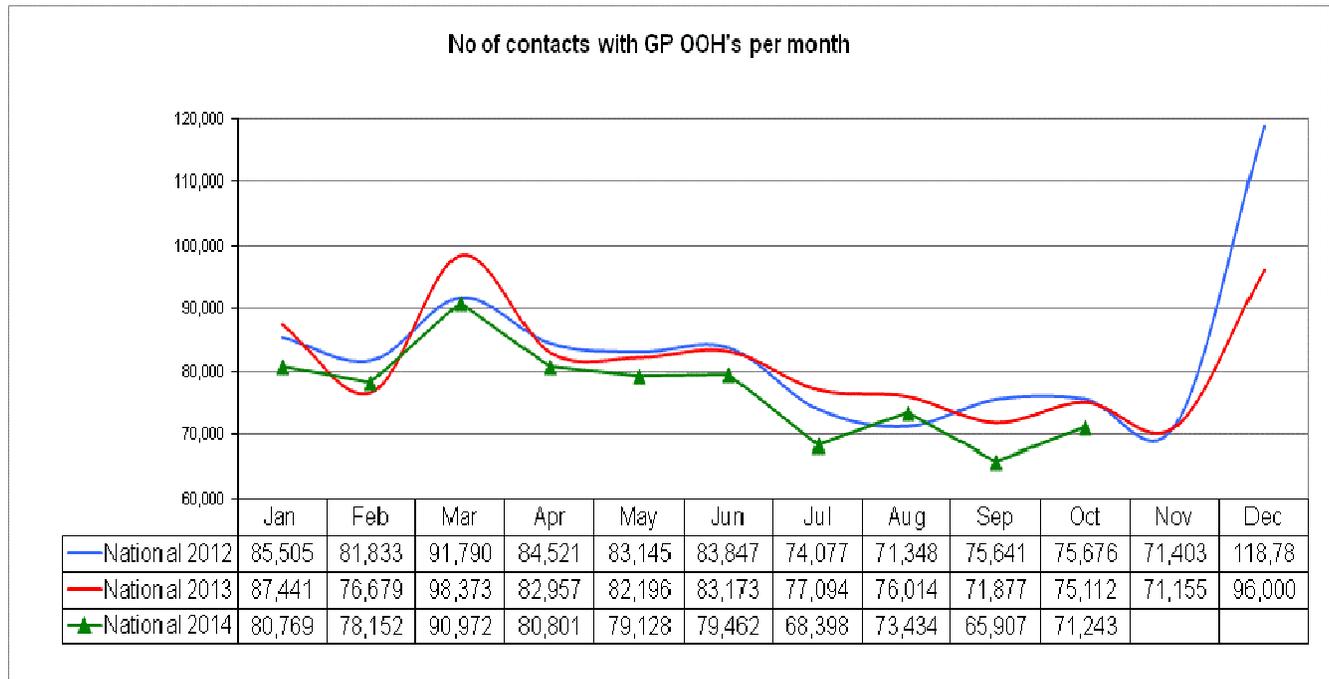
During October 2014, 1,211 patients had been seen by the 8 CIT teams, bringing the number seen year to date to 12,102. As part of the National Service Plan 2014 a review of CIT services was undertaken and the provision and further development of services will be informed by the outcome of the Review.

In October:

- 750 people were provided with a community intervention service to assist with hospital avoidance or inpatient admission – a total of 7,513 year to date
- 190 people availed of the service to assist early discharge – a total of 2,615 year to date
- 170 GP referrals – a total of 1,217 year to date. This figure excludes GP referrals that are deemed hospital avoidance and which have been included under the category ED/Hospital Avoidance.
- 101 Community referrals - a total of 757 year to date. This figure excludes Community referrals that are deemed hospital avoidance and which have been included under the category ED/Hospital Avoidance.

## GP OUT OF HOURS SERVICE

- 71,243 patients availed of GP out of hours services in October (i.e. triage, treatment, home visit etc.) to bring the total year to date to 768,266. This is a demand led service and reflects the actual demand for services in the reporting period.



## PHYSIOTHERAPY SERVICES

Waiting List Management: At the end of 2013 there were 7,181 patients waiting more than 12 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the end of October there were 6,087 patients waiting more than 12 weeks, which is an improvement and represents a reduction of 15.2%.

<b>Physiotherapy Services: variance from expected activity in the month</b>						
Regions	DML	DNE	South	West	National	
Referrals	14.1%	10.0%	-2.8%	+7.6%	+6.5%	
Patients seen first assessment	+16.7%	+16.2%	+8.2%	+6.2%	+11.1%	
Patients Treated	+15.7%	+20.9%	-6.2%	+17.9%	+10.3%	
Treatment contacts	+22.9%	+10.9%	-6.6%	+6.3%	+6.8%	

<b>Physiotherapy patients waiting more than 12 weeks for assessment</b>					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 12 weeks for assessment	706	881	1,254	3,246	6,087

## 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 October there were 8,067 patients waiting more than 16 weeks, which is an improvement and represents a reduction of 5.2%.

<b>Occupational Therapy Services: variance from expected activity in the month</b>					
<b>Regions</b>	<b>DML</b>	<b>DNE</b>	<b>South</b>	<b>West</b>	<b>National</b>
Referrals	+32.2%	+30.4%	+14.5%	+10.9%	+21.9%
Patients seen first assessment	+25.3%	+19.4%	+18.8%	+3.2%	+17.1%
Patients Treated	+41.9%	+36.6%	+21.4%	+15.2%	+28.6%

<b>Occupational Therapy patients waiting more than 16 weeks for assessment</b>					
<b>Regions</b>	<b>DML</b>	<b>DNE</b>	<b>South</b>	<b>West</b>	<b>National</b>
Number of patients waiting more than 16 weeks for assessment	2,129	1,019	3,320	1,599	8,067

Improved access and reductions in waiting times for Primary Care therapy services have been prioritised as additional staff are deployed under the Primary Care Development Programme and through the utilisation of HRA productivity targets.

## Social Inclusion

### QUALITY AND PATIENT SAFETY

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

### SUBSTANCE MISUSE

#### Addiction services

- 9,442 patients received Opioid Substitute Treatment (excluding prisons) at the end of the reporting period, which includes 3,926 patients being treated by 340 GPs in the community.
- Opioid Substitute Treatment was dispensed by 614 pharmacies catering for 6,390 patients at the end of the reporting period.
- At the end of the October reporting period there were 72 HSE clinics providing Opioid Substitute Treatment and an additional 10 clinics were provided in the prison service.
- 64 new patients commenced Opioid Substitute Treatment during the reporting period (3 in General Practice, 42 in HSE clinics and 19 in the prison clinics).

## Primary Care Reimbursement Service

### QUALITY AND PATIENT SAFETY

A new dedicated GP Support line has been introduced to enhance the collaboration between GPs and the HSE to look after patients in relation to their medical card applications and renewals. GPs commenced accessing the new dedicated support line in September 2014.

### MEDICAL CARDS

The number of people covered by medical cards as of 1<sup>st</sup> November 2014 was 1,777,762 (39% of the population). Included in these cards were 72,759 medical cards granted on discretionary grounds.

The total number of GP visit cards as of 1<sup>st</sup> November 2014 was 157,444. Included in these cards were 32,686 GP visit cards granted on discretionary grounds.

The change in relation to medical cards overall as of October 2014 is a net reduction of 71,618 since the beginning of the year. The number of medical cards granted on discretionary grounds is 72,759.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	450,273	378,865	477,270	471,354	1,777,762
Number of people with GP Visit Cards	41,002	33,236	44,659	38,547	157,444
<b>Total</b>	<b>491,275</b>	<b>412,101</b>	<b>521,929</b>	<b>509,901</b>	<b>1,935,206</b>

\*Includes 72,759 medical cards granted on discretionary grounds and 32,686 GP visit cards granted on discretionary grounds.

As of 17<sup>th</sup> November 2014, 95.5% of completed medical card applications were processed and issued within 15 days. Of the 4.5% which were not processed within target, the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required.

Long Term Illness / General Medical Scheme National	Number Processed		% Variance to profiled target
	October 2014	Jan – Oct YTD	
LTI claims	127,259	1,026,605	+30.8%
LTI items	447,619	3,511,331	+38.1%
GMS prescriptions	1,614,510	15,984,568	-11.1%
GMS items	4,906,939	49,228,299	-10.8%
GMS Special items	254,612	739,841	+38.3%
GMS Special type consultations	86,257	921,941	-11.8%

\*increase primarily attributable to flu season commencing

## HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
<b>Total</b>	<b>9,489.25</b>	<b>9,465.12</b>	<b>-24.13</b>	<b>-0.25%</b>

The numbers employed are in line with the ceiling targets.

## FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>Total</b>	<b>3,247,981</b>	<b>2,790,187</b>	<b>2,694,481</b>	<b>95,706</b>	<b>3.6%</b>

# Health and Wellbeing Division

## KEY AREAS OF FOCUS

- Quality and Patient Safety
- Screening Programmes
- Tobacco Control
- Child Health Development Screening
- Healthy Ireland
- Developments in October

## QUALITY AND PATIENT SAFETY

Work continued on the updating of Divisional and sub-Divisional risk registers during the month. During the month the Radiation Protection Institute (RPI) carried out a scheduled routine visit to the southern screening BreastCheck unit. The outcome was very positive with the written report awaited. The treatment standards developed by the Diabetic RetinaScreen team were endorsed by the Irish College of Ophthalmologists and will now be disseminated to all treatment centres.

Two new modules of the Health Atlas National Quality Assurance Information System (NQAIS) have been deployed to clinical directors, clinicians, and hospital management under the aegis of the National Clinical Programme for Surgery and the National Clinical Programme for Acute Medicine respectively in support of the quality assurance work.

## PERFORMANCE INDICATORS

There are a number of performance indicators and measures against which the Division will report progress in 2014. These include, inter alia, measures of health protection and immunisation, developmental screening for children, attendances at national screening programmes, tobacco, food safety and Public Health Nurse visits to newborn babies. The majority of this data is reported on a quarterly basis.

## SCREENING PROGRAMMES

### Breast Cancer Screening

13,955 women attended for breast screening in October, bringing the YTD total to 118,439.

BreastCheck Executive Management Team reviewed the screening targets and noted that it is likely that the numbers screened by the end of 2014 will be in the region of 136,500. However as the programme is delivered on an area-by-area basis over a two year screening round, and the parameters for screening recall are within 21-27 months of previous mammogram, screening activity is not necessarily evenly divided by calendar year. Taking the screening activity for 2013 and (projected) 2014 together ( $144,656 + 136,500 = 281,156$ ) activity will be in excess of the combined 2-year 2013 and 2014 targets (280,000).

CervicalCheck saw 21,596 women screened in October bringing the year to date total to 227,615. The number of women to be screened in primary care was revised in 2014 (275,000). Activity to year end is anticipated to be +/-5% of target.

21,310 clients in the eligible age range were invited to participate in the BowelScreen programme in October. Year to date 180,981 clients have been invited, consistent with targets for 2014.

6,674 clients were invited to participate in the Diabetic RetinaScreen programme in October. Year to date 104,025 clients have been invited, consistent with targets for 2014.

## TOBACCO CONTROL

Performance against expected activity for the training of front line workers in brief intervention in smoking cessation to the end of October is 7.1% behind its planned target (1,061 staff trained versus an expected activity target of 1,142).

Training of acute staff remains below target in all regions. A large number of courses have been cancelled as a result of low uptake and work is underway to identify how this can be addressed.

The number of smokers who received intensive cessation support from a cessation counsellor is 7,937 year to date October (1% ahead of target). This compares with an expected activity of 7,860 year to date.

The new integrated, interactive HSE QUIT service went live on 1<sup>st</sup> October 2014. The objective of the new service is to support smokers wanting to quit by providing information, advice and direct access to an intensive cessation support programme (QUIT programme). The service also provides information to smokers thinking about quitting and those seeking information and support on a smoker's behalf.

At any given time seven out of every ten smokers want to quit and the evidence is that getting help and support with a quit attempt doubles their chances of success.

For the first time HSE QUIT phone, text, and social media channels are brought together to create multiple points of access to one central service for smokers. From December 2014 the website [www.quit.ie](http://www.quit.ie) will also be integrated. The diverse strengths and functionality of each channel is being utilised to deliver tailored cessation support to individual smokers.

Since the service began in October where our QUIT team provide direct support and intervention to callers, there has been a marked increase in numbers of smokers signing up to the standard treatment programme.

Key Performance Indicators	March* 2014	October* 2014	% change
Number of unique contacts	465	458	1.5% decrease
Number of smokers receiving intensive cessation support	60	158	163% increase
Number of smokers who set a quit date and agreed to enrol in QUIT programme	20	114	470% increase

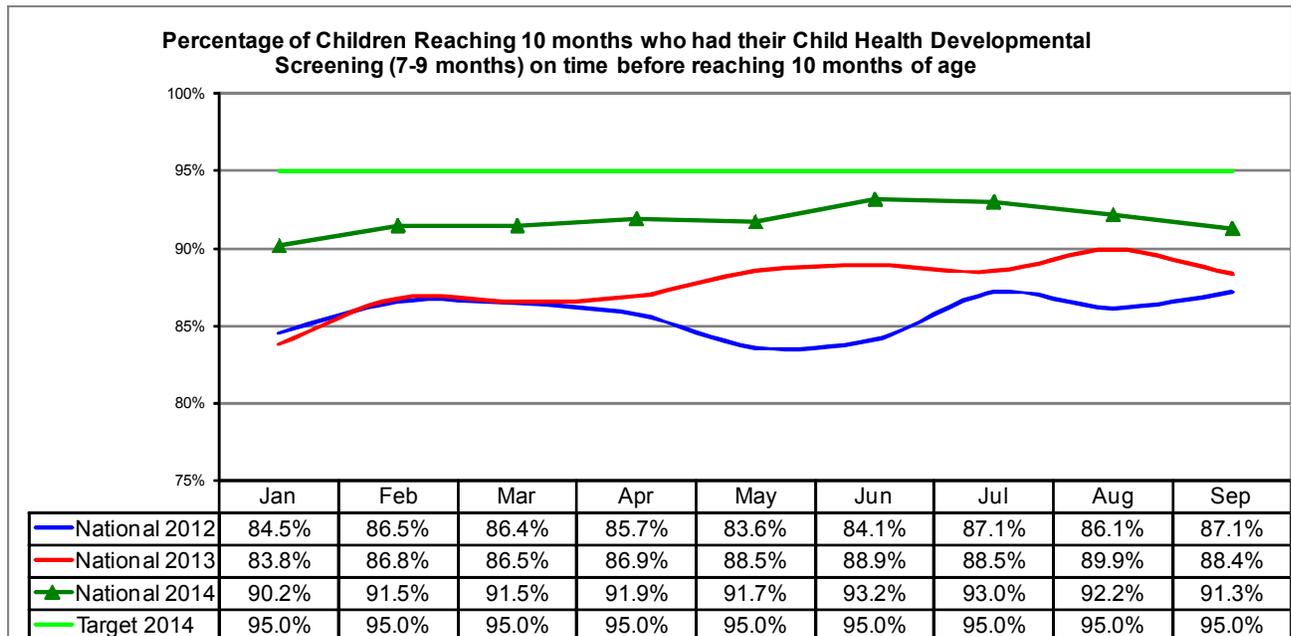
\* Comparable level of advertising spend on the QUIT campaign in both months.

## 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.

52,234 children (91.8%) have received child developmental health screening within target year-to-date. Overall the YTD uptake of this clinical intervention has improved both compared to 2013 YTD (87.9%) and 2013 outturn (88.1%) respectively. These trends can be seen in the figure below.

Whilst this is a positive trend at national level, there are some areas where target achievement continues to be challenged by the availability of resources; the impact of leave or absence can be significant in the context of delivering the service with tight staffing levels. Whilst there has been some replacement of Public Health Nurses in some areas and others with appointments pending, this can be offset by other types of leave. Health and Wellbeing meets monthly with Area Managers to review the data and maintain focus on the targets.



## HEALTHY IRELAND

Work concluded on the development of the Healthy Ireland Implementation Plan for the Saolta Health Care Group (formerly West / Northwest Hospital Group) which was officially launched at the Group's Annual Conference on October 9<sup>th</sup>. The Plan is a significant milestone in the roll-out of the Healthy Ireland Framework, describing actions in an operational setting which will further its implementation in areas such as tobacco control, nutrition and obesity, physical activity, alcohol and drugs, breastfeeding, positive mental health, health screening as well as proposing actions on strengthened governance, partnership and increased participation for health and wellbeing.

A dedicated full-time Programme Lead for Healthy Ireland took up post within the Division on the 20<sup>th</sup> October. This Lead role will be central to finalising the 3-year Health Services Implementation Plan for Healthy Ireland. The plan's development continued during the month.

Health Promotion and Improvement in the former Dublin Mid Leinster region invited all partners to attend one of two regional Healthy Ireland Seminars in October. The focus of the seminars was to update colleagues on Healthy Ireland progress and created an opportunity to hear how further and future partnership working could be developed, promoted and maintained.

## OTHER DEVELOPMENTS

### EBOLA PREPAREDNESS

The intensive efforts of HSE's Emerging Viral Threats group continued in the month and the HSE now has in place appropriate guidance, procedures and equipment to manage any suspect or actual case that may arise. The risk of an actual case of Ebola arising in Ireland remains low. However the impact on the HSE if a case was to arise is potentially quite significant.

Roll out of training and exercises for staff who could be involved in response has continued and will be ongoing as long as the threat remains. The EVT group will continue to keep the international situation under review as it develops, through the HPSC, and will augment and develop our plans accordingly.

## Healthy Schools Awards

Five Donegal Post-Primary Schools received their Healthy Schools Award in early October at a training event for Co-ordinators working on the new Health Promoting Schools process.

The schools had been working on their theme over the past two academic years and had submitted an application for recognition and a portfolio of evidence as part of the accreditation process. Each of the schools also hosted a visit by an assessment panel consisting of a staff member from Health Promotion, an individual working for a partner organisation with a remit relating to young people and health, and two members of Donegal Youth Council. Themes addressed by schools through their Healthy Schools Committee included Sexual Health, Health and Safety, Mental Health, Physical Activity for All, Anti-bullying and Healthy Eating. These schools are the last to receive the Healthy Schools Awards, as all participating schools will now work towards the National Health Promoting School Award.

## Healthy Cities Accreditation

The World Health Organisation accredited the National Healthy Cities of Ireland Network in October 2014. The framework for Phase VI of the WHO Healthy Cities Programme is based on Health 2020, and therefore the Healthy Cities initiative has been identified as a structure through which to implement and develop Healthy Ireland at a local level.

In particular, National Healthy Cities Networks have been identified as a key structure and approach, as they provide political, strategic and technical support to their members, represent a national resource of experience and expertise in health development and offer a dynamic platform for public health advocacy.

## National Breastfeeding Week 2014

National Breastfeeding Week took place the first week of October 2014 (1<sup>st</sup> October – 7<sup>th</sup> October). This year's message is 'Every Breastfeed Makes a Difference'. Important messages promoted that week included:

- Breastfeeding is important for the health of children and mothers, with every breastfeed making a difference.
- Every breastfeed brings a mum closer to her breastfeeding goals.

Many Irish mothers do not reach their breastfeeding goals and stop breastfeeding sooner than planned. Support can help mums to breastfeed for longer. There are over 200 support groups throughout the county and contact details are available on [www.breastfeeding.ie](http://www.breastfeeding.ie) Events took place around the country to mark National Breastfeeding Week, including coffee mornings and celebrations at breastfeeding support groups.

## HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% Variance	WTE
Health & Wellbeing	1,228	1,249	+21	+2.00%	

The Division continued to monitor its ceiling position closely.

## FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	207,373	149,954	167,153	-17,199	-10.3%

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

# Social Care Division

## Disability Services

### KEY AREAS OF FOCUS

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

### QUALITY AND PATIENT SAFETY

HIQA has published 381 inspection reports at the end of October 2014. A number of situations have arisen where poor performance/service failures have been identified and these are being managed to ensure safety of residents and the required improvement in service. A monitoring and analysis process in respect of HIQA inspection reports across the Division has commenced and is currently being tested. This will form the basis of a safety intelligence system which will provide an ability to monitor key safety parameters and provide information to inform service improvement initiatives.

The Social Care Division is monitoring the implementation of the reports and is assuring that, with assistance from Quality and Patient Safety, learning will be transferred across the system, an example of which was a seminar scheduled for September.

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

Social Care have arranged a 'Learning Summit' for 17<sup>th</sup> November 2014, to which all providers of residential care services, HSE and Voluntary providers, have been invited – with a particular focus of the learning to date in relation to Governance from a Quality and Patient Safety perspective

### RESPITE SERVICES

#### People with ID and/or Autism

The number of people with ID and/or autism benefiting from residential centre-based respite services stands at 4,240 for Q3, -6% below NSP target of 4,526. 118,000 respite nights have been provided YTD 2014 to this group, -26% below YTD target of 158,456.

#### People with a physical and/or sensory disability

The number of people with a physical and/or sensory disability benefiting from residential centre based respite services stands at 1,105 for Q3, -26% below NSP target of 1,364. 19,800 respite nights have been provided YTD 2014 to this group, -18% below YTD target of 23,989.

The 2015 Social Care Operational Plan will set out an expanded range of respite KPIs which will include collection and analysis of data relating to non-overnight respite stays and the number of people in receipt of more than 30 overnights continuous respite. It is anticipated that these new KPIs will provide greater detail on the nature and usage of respite services.

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of respite services and the corresponding number of respite nights are down against target and down against previous activity as outlined above. However, this drop in residential respite is counterbalanced by a 17% increase (from YTD target) in home support hours for people with ID and/or autism and 3% increase in home support hours for people with a physical and/or sensory disability. This reflects new models of respite care that are now being delivered (home respite, extended day care etc).

## **PERSONAL ASSISTANT (PA) SERVICES**

The number of adults with a physical and/or sensory disability benefiting from PA hours stands at 2,186 for Q3, 12% higher than NSP target of 1,959 and 9% higher than Q3 2013 (2007 people).

989,114 PA hours have been delivered YTD, 3% higher than the YTD target of 959,584 and 2% higher than YTD position in 2013 (968,080 hours).

## **HOME SUPPORT SERVICES**

### **People with ID and/or autism**

The number of people with ID and / or autism benefiting from home support hours stands at 4,399 for Q3, -8% below NSP target of 4,795. 810,289 home support hours have been provided YTD 2014 to this group, 17% above YTD target of 693,971 and 14% above the YTD position in 2013 (714,171 hours).

### **People with a physical and/or sensory disability**

The number of people with a physical and/or sensory disability benefiting from home support hours stands at 2,913, 1% above the NSP target of 2,882. 1.13 million home support hours have been provided YTD 2014 to this group, 3% above YTD target of 1.10 million hours and directly comparable with the same position in 2014.

## **SERVICES FOR CHILDREN AND YOUNG PEOPLE (0-18s) PROGRAMME**

There are 55 children's disability network teams now reconfigured under Progressing Disability Services for Children and Young People who have signed off and submitted their Principles, Policies and Procedures, Governance Structures and the Implementation Plan. The target for the remainder of children's services to reconfigure across the HSE and Voluntary Organisations is an additional 63 teams (total target of 118 teams by Q1 2016).

Allocation of the 80 posts associated with the 2014 €4m has been finalised and Area Managers advised on immediate recruitment in conjunction with voluntary sector providers. Primary Notification issued in August for 79 posts allocated to twelve areas. The recruitment process has commenced in nine of the twelve Areas to date – the allocation of posts to HSE / Voluntary Organisations in the remaining three Areas is the subject of ongoing discussion in these areas, which will be finalised to facilitate the commencement of the recruitment process in all areas before year end.

One post will be assigned nationally to take on a dedicated project management role. A job/person specification for the filling of this post is being finalised, and the 80th development post will be utilised to 'backfill' the post vacated by the successful applicant for this project manager role.

Training and other supports will be provided in Mid-West, Meath, West Cork, Cavan/Monaghan and Midlands. Funding is being allocated on the basis that monies will be spent before year end.

Specific initiatives are also being put in place to address significant waiting lists, e.g. use of Temporary staff, contracting 'private' capacity to address waiting lists, etc.

## HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
<b>Total</b>	<b>24,211.44</b>	<b>24,199.50</b>	<b>-11.94</b>	<b>-0.05%</b>

## FINANCE

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	433,007	373,409	361,936	11,473	3.2%
DNE	331,905	281,740	276,004	5,736	2.1%
South	307,030	259,220	255,767	3,453	1.3%
West	339,148	284,459	282,257	2,202	0.8%
National	2,750	0	2,292	-2,292	-100.0%
Corporate	5,767	4,498	4,835	-337	-7.0%
<b>National</b>	<b>1,419,607</b>	<b>1,203,326</b>	<b>1,183,091</b>	<b>20,235</b>	<b>1.7%</b>

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
<b>National</b>	<b>2,891,216</b>	<b>2,451,683</b>	<b>2,407,942</b>	<b>43,741</b>	<b>1.8%</b>

# Services for Older People

## KEY AREAS OF FOCUS

- Quality and Patient Safety
- Service Activity
- Home Help Hours
- Home Care Packages
- Residential Services
- Nursing Home Support Scheme
- Elder Abuse
- Human Resources
- Finance

## QUALITY AND PATIENT SAFETY

The Social Care Division is focused on improving the quality of services and supports provided for older persons. To this end a service improvement programme is being implemented to ensure the delivery of cost effective models of care with safety as a fundamental priority. A monitoring and analysis process in respect of HIQA inspection reports across the Division has commenced and is currently being tested. This will form the basis of a safety intelligence system which will provide an ability to monitor key safety parameters and provide information to inform service improvement initiatives.

Central to the service improvement programme is the 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.

Liaison with DOH, HIQA, Estates and Area Management on the requirements for re-registration of public residential care units in 2014/2015 is ongoing.

## INTEGRATED MODEL OF CARE

The HSE are committed to developing a single Integrated Model of Care for Older People across hospital and community services. This important cross divisional programme is co chaired by the Social Care and National Clinical Strategy and Programmes Divisions, supported by the System Reform Group. The model is defining appropriate care pathways both from a clinical and social perspective to support older people to live in their own homes and communities.

A working group involving members of the National Clinical Strategy Programme and Services for Older People is now being established to progress the development of the Integrated Care Programme for Older People. A Benefits realisation workshop, facilitated by the System Reform Group (SRG), was held on 14th August and was attended by key stakeholders e.g. people working across Services for Older People and representatives from the DoH and voluntary sector. A Project Manager is to be assigned to this project to support the working group and progress stakeholder consultation and the development of guidance documentation.

## SERVICE ACTIVITY

As of October 2014:

- 46,608 clients were in receipt of home help service receiving 8.6m home help hours YTD
- 13,081 clients are in receipt of a home care package
- 21,926 clients are supported by the Nursing Home Support Scheme (NHSS)
- 3.9% of the population or 20,895 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 October is 8.58m hours of service delivery. The maximum sustainable rate for each region has been applied to the performance reports for October 2014.

- 46,608 clients were in receipt of home help services at the end of October a 0.1% increase (+64) on the same period last year.
- 8,588,690 hours have been provided YTD nationally, in line with the same period last year. Activity is 0.1% (5,356 hours) above the expected YTD service delivery level.

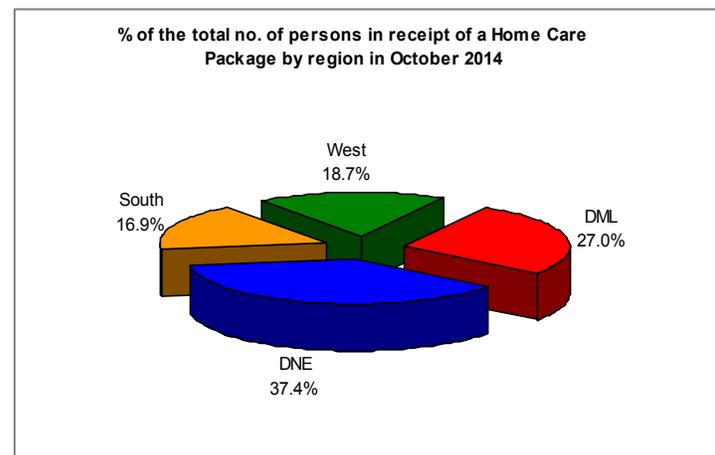
Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
<b>National</b>	10,300,001	8,583,334	8,588,690	0.1%
<b>HSE DML</b>	1,910,001	1,591,668	1,371,371	-13.8%
<b>HSE DNE</b>	1,660,000	1,383,333	1,681,829	21.6%
<b>HSE South</b>	3,620,000	3,016,667	2,927,707	-2.9%
<b>HSE West</b>	3,110,000	2,591,667	2,607,783	0.6%

## HOME CARE PACKAGES

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

13,081 persons were in receipt of a home care package at end of October 2014.

- Activity year-to-date was 20.3% above the expected level of service\*.
- South Region was below the expected level of service with a variance of 8.6%.
- DML, DNE and West Regions were above the expected level of service at 32.6%, 37.8% and 9.4%.



\*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.

## HOME CARE

### Intensive Home Care Packages

The HSE is working with the voluntary group Genio to develop outcome measures and to assess the effectiveness of intensive homecare packages, both from a quality perspective as well as the potential for the development of alternative care in the home for people with significant complex care needs. €3m has been assigned to the roll out in 2014 and will be fully utilised by year end. The focus is on ensuring that the intensive home care packages come on stream to support services and respond to the discharge requirements of acute hospitals in Q4 during the winter period.

The home care tender process is taking longer than anticipated due to legal action. While this is being finalised the remaining funding allocation is being used to support discharge from the acute hospital system as public nursing units throughout the country are providing transition care.

Services for Older People are committed to delivering 30 Intensive Home Care Packages (iHCP) by year end. The 30 packages will be delivered and funded on a Money Follows the Patient basis. Each Integrated Service Area (ISA) has been requested to submit applications for approval and are being monitored on a weekly basis to ensure delivery of the target by year end.

## RESIDENTIAL SERVICES

### Service Improvement Teams

The Service Improvement Team work is focused on maximising efficiency, ensuring the delivery of cost effective models of care with safety as a fundamental priority in each unit.

Since Feb 2014, services for older people have undertaken a comprehensive piece of work using a range of measures to ensure that public residential services are provided in a cost efficient manner and through a model of care that is standards based and compliant with HIQA requirements, as well as flexible to the residents needs. Services for Older People reviewed 49 public residential units and used the HRA enablers to support the progress and delivery on a number of key developments across services for older people. Implementation of targets and recommendations is discussed with Area Managers at the monthly Performance Meetings and a seminar was held in September with Senior SOP Managers, Finance Managers, Directors of Nursing and the Service Improvement Team where the rationale and recommendations were outlined. Following intensive engagement with unions using 12 learning sites, the matter has been referred to the Joint Oversight Committee for consideration.

### Public Beds

The expected level of service in 2014 for Nursing Home Support Scheme (NHSS) beds in Public Long Stay Units is 5,400 beds at any one time.

- In October 2014 there were 5,290 HSE public beds designated to the NHSS Scheme; 2% below target nationally due to HIQA compliance issues.
- Regionally DML, DNE and the West were below target at -1.5%, -7.6% and -1.2% respectively. The South was just above the target at 0.1%.
- Short stay beds are 0.6% above target in October.

## NURSING HOME SUPPORT SCHEME (NHSS)

- In October 2014 the scheme funded 21,926 long term public and private residential places
- The numbers in payment are slightly ahead of the target of 21,870 by 56.
- In the first 10 months of 2014, 8,357 applications were received and 4,800 new clients were funded under the scheme in public and private nursing homes.
- The waiting list in October has increased with 2,135 people on the national placement list for funding approval under the scheme, the average wait time is 15 weeks.

The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. Due to the impact of the ageing population (4% annual growth in over 85s) the demand for places is greater than the resources currently available. The usual profiling of additional Fair Deal places in the last quarter of the year will assist in addressing some pressures. The overall position remains challenging and both the Social Care and Acute Hospital division are collaborating closely in monitoring the situation.

Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	No. of 'savers' in Section 39 Units	Total in Payment during Month
<b>Total – Dec 2013</b>	<b>5,052</b>	<b>16,269</b>	<b>565</b>	<b>1,016</b>	<b>105</b>	<b>23,007</b>
DML	1,318	4,192	110	447	-	6,067
DNE	842	3,222	98	191	11	4,364
South	1,488	4,110	85	92	74	5,849
West	1,201	4,244	131	70	-	5,646
<b>Total – Oct 2014</b>	<b>4,849</b>	<b>15,768</b>	<b>424</b>	<b>800</b>	<b>85</b>	<b>21,926</b>

Note: An additional 438 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 October 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 3.9% or 20,895 (based on the 2011 census figures).

## HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
<b>Total</b>	<b>24,211.44</b>	<b>24,199.50</b>	<b>-11.94</b>	<b>-0.05%</b>

## FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	170,455	147,088	140,176	6,912	4.9%
DNE	122,391	107,797	101,621	6,176	6.1%
South	177,315	152,671	146,949	5,722	3.9%
West	172,323	150,291	143,588	6,703	4.7%
Fair Deal (ex Contract & Subvention)	806,121	683,203	672,970	10,233	1.5%
National	8,371	0	6,976	-6,976	-100.0%
Corporate	8,536	7,211	7,489	-278	-3.7%
National Director Office	6,098	97	5,082	-4,985	-98.1%
<b>Total</b>	<b>1,471,609</b>	<b>1,248,357</b>	<b>1,224,850</b>	<b>23,506</b>	<b>1.9%</b>
Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,891,216	2,451,683	2,407,942	43,741	1.8%

# Mental Health Division

## KEY AREAS OF FOCUS

- Quality and Patient Safety
- Adult Mental Health Services
- Acute Adult Inpatient Services
- Child & Adolescent Community Mental Health Services
- National Office for Suicide Prevention
- Mental Health Development Posts
- Finance

## QUALITY AND PATIENT SAFETY

The National Service Plan 2014 places a particular emphasis on quality and patient safety. The mental health division continues to implement the HSE incident management policy and guidance with particular emphasis on management of serious incidents including Serious Reportable Events (SREs). A divisional Incident Support and Learning Team is now established and continues to provide support and oversight of Serious Incident management across the Division. In October the Division got full access to the HSE Incident Information Management System (IIMS).

Training for senior Mental Health managers on the 2014 HSE Safety and Incident Management policy has been completed and training for investigators is scheduled for November.

The Divisional Risk Register has been reviewed and updated in October.

## ADULT MENTAL HEALTH SERVICES

In October, 76% of accepted referrals/re-referrals to General Adult Community Mental Health teams nationally were offered a first appointment and seen within three months (target 75%). The performance in October increased since the September figures although the YTD figure is 74%. The national figure can mask variances in performance against the target by individual Teams and the Regional performance for the South and West continues to exceed the national target.

Did not Attend (DNA) rate for New (including re-referred) Cases for the General Adult Community Mental Health Teams is 22% and this figure is embedded within the reporting on this KPI impacting negatively on performance. The Division is working with the Area Mental Health Management Teams to ensure that a standardised approach is taken to managing DNAs across all community mental health teams with the aim of optimising attendance.

96% of accepted referrals/re-referrals to Psychiatry of Old Age Community Mental Health teams were offered first appointment and seen within three months, nationally (target >95%). Performance in October decreased slightly since the September figures but has been consistently on and/or over target in the year to date.

The DNA rate for New (including re-referred) Cases for the Psychiatry of Old Age Community Mental Health Teams is 3%.

## ACUTE ADULT INPATIENT SERVICES

In Q2 2014 the number of admissions to adult acute units was 3,240, which is a 4% decrease on the Q2 position in 2013.

In Q2 2014 the number of involuntary admissions to adult acute units was 460, which is a 1% decrease on the Q2 position in 2013.

## CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

A service improvement plan for the CAMHS service has been established which will address the access and use of the CAMHS inpatient and community services. This will include looking in more detail at trends in performance and underlying contributing factors, consultant capacity and availability, correlation with availability of other related services e.g. early intervention teams, nature or complexity of any “long waiters” etc. This is supported by the coming on stream of the development posts allocated to CAMHS from 2012 and 2013. Of the 150.5 WTEs allocated from the 2012 investment to CAMHS, 93% or 140 are in post as at end October 2014. Of the 82.5 WTEs allocated from the 2013 investment, 60.6% or 50 are in post. The remaining 32.5 are at varying stages within the recruitment process.

In October, 69% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months, nationally (target >75%).

- The DNA rate for New (including re-referred) Cases for the Child and Adolescent Community Mental Health Teams is 13%.

The Child and Adolescent Mental Health Service waiting list has increased to 2,621 cases, a 3% decrease on the same period last year (2,541) despite a 5% increase in referrals accepted by the service compared to the same time last year and is 4% (103 cases) above the year end target of 2,518 cases. There are 345 individuals or 13% of the waiting list waiting more than 12 months. Of the 62 CAMHS teams, 61% (38) has no-one waiting more than 12 months.

- 8 (i.e. one team in DML, one team in DNE, four teams in the South and two teams in the West) of the 24 teams where individuals are waiting over a year make up 66% (226) of the 345 waiting longer than 12 months.

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

By the end of September, there had been 211 children and adolescent admissions, of which 142 (67%) were to age appropriate Acute Child and Adolescent Inpatient Units and 69 (33%) to approved adult mental health inpatient units. The majority of admissions to approved adult mental health inpatient units are voluntary with parental consent with a very small number under Section 25 of the Mental Health Act 2001. Approximately 85% of admissions to approved adult mental health inpatient units are 16/17 years old and a third are discharged within 2 days and two thirds within a week. The reasons for some of these admissions is mostly related to a crisis admission where no adolescent bed is immediately available. Distance to the nearest CAMHS in-patient unit can also be a factor when immediate assessment and treatment may be the requirement and/or the presenting needs of the young person, who may be nearly 18 years old and more appropriately assessed and treated in an adult unit.

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 46 beds and the plans to achieve full operational capacity in each unit during 2014 are outlined in the table below. Timeframes have disimproved since earlier reports this year due to issues mentioned in table below.

There are a series of developments underway to improve capacity and response in CAMHS services including the opening of a new day hospital in Galway in Qtr 4 2014 to complement the existing In-Patient and Community CAMH's services and others which will develop capacity further during 2015 and beyond. A CAMHS service improvement project has been underway since mid 2014 focused on improving and developing all CAMH's services and specifically in increasing the in-patient capacity. The Service Improvement Project will also concentrate on the most effective use of the existing Units through Standard Operating Procedures and weekly monitoring of the use and throughput of the four Child and Adolescent Units. Staff development and training are also a crucial element of delivering effective and safe services to young people, particularly those that present with challenging behaviour.

## HSE CAMHS inpatient bed capacity

Child & Adolescent Inpatient Units	October 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Existing Linn Dara Unit St. Loman's Hospital	6	6	Work to comply with fire safety regulations is near completion, with 2 beds opening in November and the remaining 6 to open on Dec 8 <sup>th</sup> .
New Linn Dara Unit	8	0	
St. Joseph's Unit, Fairview	12	8	Consultant cover has recently been put in place to enable service to increase to 12 beds before the end of 2014.
Eist Linn Unit, Cork	20	12	Capacity has been impacted by the recent resignation of a Consultant in the Unit. Replacement Consultant being actively sought
<b>Total No. of Beds</b>	<b>66</b>	<b>46</b>	

## NATIONAL OFFICE FOR SUICIDE PREVENTION

The HSE's National Office for Suicide Prevention (NOSP) leads the national implementation of "Reach Out", the Government strategy for suicide prevention. The National Office for Suicide Prevention is advancing a National Strategic Framework for Suicide Prevention.

In Q3, implementation of the new Strategic Framework includes:

- A national social marketing campaign (#littlethings) was launched in October.
- Work on suicide prevention services mapping was completed and the database was launched [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)
- The outcome of the National Engagement Process on the new Strategic Framework was discussed by a number of focus groups including with people who have survived suicide attempts for their input.
- A workshop was held to assist the roll out of SCAN (Suicide Crisis Assessment Nurses) services in 8 new sites throughout the country.
- A review of research in relation to suicide prevention was presented by the HRB, this will be used to advise the new strategic framework.
- Work continues in Donegal on the national template for local implementation of the new framework.
- A communications working group is planning a strategy for the launch of the new framework, and the key communication inputs that will be included in the framework – e.g. media monitoring and web based platforms.
- A recruitment campaign for 7 new Regional Resource Officers for Suicide Prevention continues.

## MENTAL HEALTH WORKFORCE

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

Mental Health Staffing by Category							
Staffing	Medical/ Dental	Nursing	Health & Social Care	Mgt Admin	General Support Staff	Other Patient & Client Care	Total
*WTEs @ end 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ Oct 2014	712	4,495	1,142	752	930	964	8,996

\* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to approximately 270 posts. As outlined in the National Mental Health Division Operational Plan 2014, a comprehensive workforce analysis was required, together with the priorities identified by the Area Mental Health Management Teams in their Area Plans for 2014 to inform decisions as to how best to target the 2014 investment to progress Vision objectives. Approved allocations for 200 of these posts were finalised and issued to Areas and the detail communicated to HR which allowed for the Primary Notifications to issue. Recruitment of these posts can now take place.

## HUMAN RESOURCES

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
<b>Mental Health</b>	<b>9,609.69</b>	<b>8,977.46</b>	<b>-632.23</b>	<b>-6.58%</b>

## FINANCE

<b>Mental Health</b>	<b>Approved Allocation</b>	<b>YTD</b>			<b>% Var Act v Tar</b>
		<b>Actual</b>	<b>Plan</b>	<b>Variance</b>	
	<b>€'000</b>	<b>€'000</b>	<b>€'000</b>	<b>€'000</b>	<b>%</b>
<b>Total</b>	<b>721,765</b>	<b>605,549</b>	<b>600,960</b>	<b>4,589</b>	<b>0.8%</b>

The approved annual allocation of €721.765m will be increased as further development posts are recruited through-out the remainder of 2014.

# Human Resources

## WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling Oct 2014	WTE Oct 2014	WTE Variance Oct 2014	WTE Variance against Year-end ceiling	% WTE Variance Oct 2014	% WTE Variance against Year-end ceiling
<b>Total Health Service</b>	<b>94,209</b>	<b>94,895</b>	<b>97,395</b>	<b>+2,500</b>	<b>+3,186</b>	<b>+2.6%</b>	<b>+3.4%</b>

WTE Overview by Division	WTE Sep 2014	Ceiling Oct 2014	WTE Oct 2014	WTE Change since Sep 2014	WTE Change from Dec 2013 to Oct 2014	WTE Variance Oct 2014	% WTE Variance Oct 2014
Acute Services	49,176	46,149	49,300	+125	+1,031	+3,151	+6.8%
Mental Health	8,996	9,610	8,977	-18	+61	-632	-6.6%
Primary Care	9,323	9,489	9,465	+142	+48	-24	-0.3%
Social Care	24,165	24,211	24,200	+35	-192	-12	-0.1%
Health & Wellbeing	1,244	1,228	1,249	+5	-17	+21	+1.7%
Ambulance Services	1,611	1,645	1,614	+3	-1	-31	-1.9%
Corporate & HBS	2,573	2,563	2,590	+17	-29	+27	+1.1%
<b>Total Health Service</b>	<b>97,088</b>	<b>94,895</b>	<b>97,395</b>	<b>+308</b>	<b>+902</b>	<b>+2,500</b>	<b>+2.6%</b>

- 97,395 WTEs at end of October with employment levels 902 WTEs above end 2013.
- The overall increase in WTEs from the end of 2013 is +1,792 WTEs which includes the growth in the Nurse Graduate Programme/Support Staff Intern Scheme as this increased by 890 WTEs from the end of 2013. The main key driver in this overall recorded employment growth was in Acute Services Division, which grew by 1,461 WTEs since end of 2013.
- All staff categories except General Support Staff recorded increases this month. Some of the main messages are as follows. Consultant WTEs decreased by 10 WTE. They are still 66 WTEs above end 2013 levels. Consultant WTEs now constituting some 2.6% of overall health sector employment up from just over 2% in 2008. NCHDs WTEs increased this month by 36 WTEs and are now 347 WTEs above end 2013 levels. Drivers behind this increase are likely to be due to EWTD compliance and measures to reduce medical agency/locum expenditure.
- Since October 2007, a reduction of 15,376 WTEs has been recorded in employment levels (-13.6%).
- This is slightly distorted by the transfer of Children and Families staff to the new Agency (3,204 WTEs), the transfer of Community Welfare Services to the Department of Social Protection (1,000 WTEs), set against the filling of new service developments, subsumed agencies and other staff not previously returned in census (combined 4,093 WTEs), which would indicate that the true change from the peak in recorded employment is overstated by 91 WTEs. Accordingly adjusted employment in the health services has reduced by 15,285 WTEs approximately from the peak (-13.4%).

## EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 2,500 WTEs above the current employment ceiling of 94,895 WTEs (excludes CFA initial ceiling of 3,443 WTEs and includes half-yearly downward adjustment for 2014) and is 3,186 WTEs above notified end-2014 target of 94,209 WTEs excluding CFA.
- Primary Care, Social Care, Mental Health and National Ambulance Service are currently under ceiling and Acute Services is 3,151 WTEs above ceiling with an increase of 1,039 WTEs in employment levels over end of 2013 levels. The real level of growth is higher at 1,384 WTEs in this Division when growth in the Nurse Graduate Programme and Support Staff Scheme are factored in. Growth has been seen across all Hospital Groups.
- The other Divisions are marginally above their current allocated ceilings.

## GRADUATE NURSE & SUPPORT STAFF SCHEMES

The Nurse Graduate Programme recorded 367 placements with a 345 WTE value in October, up 1 WTEs from last month. The Support Staff Intern Scheme continues to grow with a total of 1,374 people on placement, with 1,294 WTE value. Both these schemes are excluded from reported WTEs for ECF purposes, but reflect a combined increase from end of 2013 of +890 WTEs.

## NEW SERVICE DEVELOPMENTS

759.2 WTEs of 2013 new service development posts filled, up 1.5 WTEs from September (130.7 WTEs - National Ambulance Service, 229 WTEs - Primary Care, 342.5 WTEs - Mental Health Services, 45 WTEs - Acute Services and 12 - Finance). 29.8 WTEs of 2014 new service development posts filled to date, up 14.8 WTEs from September (20 WTEs National Ambulance Service, 9.8 WTEs Acute Services).

## ABSENCE RATES

	Target	Outturn 2013	Outturn September 2014	Actual RTM	YTD	% Medically Certified (September 2014)	% Medically Certified (YTD)
<b>Absence Rates</b>	<b>3.50%</b>	<b>4.73%</b>	<b>4.07%</b>	<b>4.06%</b>	<b>4.31%</b>	<b>90.41%</b>	<b>90.83%</b>

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

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

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

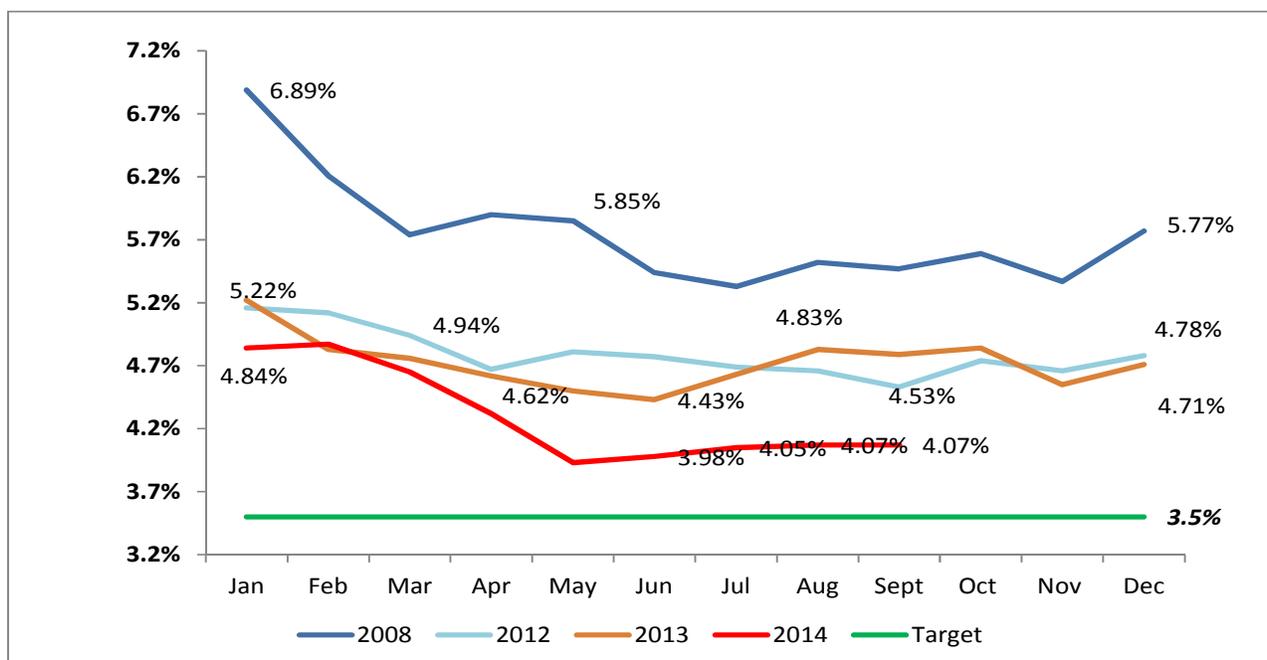
### Latest monthly figures (September 2014)

- Latest National absence rate data shows that the absence rate for September 2014 is at 4.07% which is the same as last month. It is the lowest recorded September absence rate to date. National target is 3.5%.
- This compares with previously published September rates of 5.47% (2008) 5.26% (2009) 4.87% (2010) 4.93% (2011) 4.53% (2012) and 4.79% (2013).
- In September 90.41% of absence was medically certified which is a marginal decrease on August (90.83% YTD).
- 9.6% self-certified, down from 12.4% in late 2012 when changes to self-certified leave were introduced.
- The national figure put the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS absence rates for Quarter 1 2014 ranged from 4.26% to 4.87%
- It would appear that the changes in the paid sick leave scheme which came into effect from the 31st March 2014 are having a measurable positive effect in recorded absence, and is building on the general downward trend seen in recent years.

### YTD 2014

#### Trend Analysis – 2008 onwards

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



# Finance

## OVERVIEW

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

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

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

Net expenditure year to date October 2014 is €10.064 billion against the available budget reported at €9.659 billion leading to a reported deficit of €405m.

Expenditure by Category and Division	Approved Allocation	YTD October 2014			% Var Act v Tar
		Actual	Plan	Variance	
	€'000s	€'000s	€'000s	€'000s	
Total Acute Division*	3,836,621	3,409,679	3,193,474	216,205	6.77%
Total Primary Care Division	3,247,981	2,790,187	2,694,481	95,706	3.55%
Total Health & Wellbeing Division	207,373	149,954	167,153	- 17,199	-10.29%
Total Social Care Division	2,891,216	2,451,683	2,407,942	43,741	1.82%
Total Mental Health Care Division	721,765	605,549	600,960	4,589	0.76%
Pensions	393,647	360,768	330,232	30,536	9.25%
Other including National Services, Regional Services, Corporate and Held Funds**, etc	292,340	296,547	265,322	31,226	11.77%
<b>Total</b>	<b>11,590,942</b>	<b>10,064,367</b>	<b>9,659,563</b>	<b>404,804</b>	<b>4.19%</b>

Note: Stated before the application of accelerated income collection target which reduces available cash entitlement to €11,540,942

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

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

The acute hospital sector (including Palliative Care) is reporting a deficit of €216.2m at the end of October which represents 53% of the overall deficit.

## AGENCY SERVICES

HSE year to date agency costs were €281m versus €200m for the corresponding period in 2013, an increase of €81m (40%) year on year. Agency costs incurred in acute hospital services were €189m and this compares to €132m for the same period last year. The 2014 agency costs for hospitals include €82m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €57m (up 43.12%) compared to the same period last year. This primarily reflects the diminishing capacity to recruit doctors and price increases for agency provision rather than volume growth in medical staff inputs.

However, 82% of the increase in hospital agency expenditure is in the medical and support services pay categories. These staff were already at the HRA maximum hours and therefore the hospitals did not benefit from additional hours. Cost growth and under performance in cost containment plans are also currently evident.

## FINANCIAL RISKS

Based on the first ten months figures the HSE is not flagging any new financial risks beyond those set out in the service plan. It should be noted however, that the financial risks include a number of items which are not fully within the control of the HSE. This includes a range of items including:

- €108m - unspecified pay savings which are subject to engagement with the relevant departments.
- €63m - temporary assignment of pension funding to earlier probity target which adjusted the impact of same subject to engagement with relevant department.
- €45m - Various other items not within or fully within the control of the HSE
  - €12m - Targeted savings related to the proposed introduction of a nurse bank. The proposal assumed external approval and legacy capacity around creating the necessary employment subsidiary and this is currently the subject of engagement with the relevant departments.
  - €10m - Graduate Nurses savings target within the 2013 NSP related to PSA I – overtaken by PSA II Graduate Nurses and Support Interns schemes which are the subject of separate budget reductions.
  - €7m - Excess target re full year effect of adjusting the asset based contribution in the Fair Deal scheme.
  - €5m - Target related to proposed licensing of tobacco retailers. Dependant on the introduction of new legislation.
  - €11m PCRS - dependant on legislation, DoH looking at alternative options.
- €5m - Local “demand led” schemes savings targets (community aids and appliances, hardship medicines, etc) – deficit in the first ten months of 2014 €39m, despite ongoing work programme in place to standardise nationally and seek to safely reduce costs.
- The scale of the PCRS savings target for 2014 of €249m is a very significant challenge given that it follows the €353m targeted for 2013. This includes original medical card probity targets.

## HADDINGTON ROAD AGREEMENT (HRA)

The HSE is committed to maximising delivery on the €276m<sup>6</sup> 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 €210m<sup>7</sup> or over 75% is achievable utilising the levers made available through the HRA. A full HRA implementation plan has been submitted to DPER/DoH in this respect.

The valuation of the maximum delivery was completed in August and it is estimated that the HRA has delivered approximately €175m (gross) to the end of October 2014.

## CONCLUSION

The health service has experienced budget cuts / savings targets of over €3.5bn over the last 6 years which is at odds with the experience in the vast majority of OECD countries where “cuts” to health generally refer in reality to a slow-down in the rate of their cost growth rather than an actual year on year reduction.

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

<sup>6</sup> €276m is exclusive of the €14m assigned to TUSLA / CFA.

<sup>7</sup> Draft figure as validation exercise currently being finalised.

containment plans. It is important to stress that, as with any forecast, there is a certain degree of uncertainty particularly given the scale of the overall HSE cost base, the complexity of our services and the lack of a national financial system. For example a “margin for error” of one tenth of one per cent (0.1%) equates to close to €12m.

The arrival at this 2014 level of deficit indicates that our net costs will have risen 1.8% between 2013 and 2014 or by 0.7% if we look at the 2 year period from 2012 to 2014. However, a longer term view indicates that from 2009 to 2014 our costs will have fallen by 6.5% despite for example the growth in population of circa 3.5% and a much higher increase in the very elderly (85+ years of age) population at over 20%.

It is important to stress that in excess of €250m or around 50% of this 2014 deficit relates to budget reductions assigned to the HSE which were outside of its control and therefore not deliverable (includes €108m unspecified pay savings, €30m pensions excess etc.).

Despite the demographic and other service pressures which drive costs to increase, the C&AG 2012 report shows that of the 6 government departments / agencies that generally required a supplementary estimate between 2008 and 2012 the Health Service had the lowest average annual supplementary at 1.3% compared to a range of 1.7% to 7.1% for the other 5, none of which operate in as complex an area as health.

Similarly, despite much adverse media comment, over the period 2008 to 2013:

- The HSE received just 0.19% / €137m in supplementary estimates related to its core services i.e. was 99.8% compliant with the available budget over the period.
- It received 0.63% / €452m in supplementary estimates related to Medical Cards / GMS Drugs / Demand Led Schemes etc. This indicates it was 99.4% compliant with the available budget over the period despite these PCRS areas not being within the sole control of the HSE.
- 71% of the total supplementary estimates were related to Exchequer / Technical items that do not reflect its financial performance.