

Health Service

Performance Assurance Report



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Performance Overview

During the month of December the increased number of patients on trolleys awaiting admission to hospital was one of the key priority areas within the health service that received significant attention.

At the same time, the number of patients whose acute episode of care was completed but who remained in an acute bed was very high and peaked at 828 during the first week of December 2014.

Winter is the busiest period of the year for hospitals and significant efforts were made prior to and after the Christmas period to have a plan in place to deal with the expected surge in emergency department attendances and admissions. The plan included additional funding of €3m allocated during November to put in place additional transitional care beds, community supports and short term care beds. A further €25m was provided in 2015 to address the wider issue of delayed discharges and ED pressures.

This funding has been used to provide the following:

- An additional 300 Fair Deal approvals in addition to the routine 700 places each month during December
- During December, 65 additional transitional care beds were funded and targeted at hospitals in the greater Dublin area to facilitate egress from acute beds
- A further 424 transitional care beds have been commissioned nationally up to 27th January in order to move patients whose acute episode of care has finished
- A further 173 short stay beds are being opened on a phased basis in identified locations during this time of peak demand
- Additional home supports were provided with specific focus on supporting acute hospital discharge prior to the Christmas period allowing the discharge of 87 patients from acute hospitals.

ACUTE HOSPITALS

Delayed Discharges

The number of delayed discharges at the end of December is 719 which is a reduction of 116 compared to November. Hospitals have opened additional beds in order to manage these patients. An additional €25m has been secured to address these pressures during 2015 and €3m of this funding was allocated during December to immediately put in place additional long term care beds and a range of community supports including transitional, community and home care services. These measures are expected to improve patient flow within hospitals by reducing the number of delayed discharges and the volume of patients waiting on trolleys in emergency departments for admission to an inpatient bed. Overall at year end the number of delayed discharges in hospitals had increased by 39% this year by comparison with 2013.

Colonoscopy

There were 21 breaches for urgent colonoscopy waiting time in December of which 14 patients were waiting at Waterford University Hospital, 3 at Mater, 2 at Sligo and 2 at South Tipperary General Hospital. 18 of the 21 breaches were scheduled for their procedure on or before 19th January 2015, 2 patients were scheduled for February 6th (one of which has since cancelled their appointment) and the remaining patient is scheduled to have their procedure on February 13th. Data for January 2015 is awaited from 1 hospital site. However from information already to hand there are breaches at Our Lady of Lourdes = 22, Tallaght = 10, St Vincent's Hospital = 5, South Tipperary General Hospital = 3 and Waterford = 3.

A plan to deal with the persistent breaches in Waterford University Hospital is now in place. This includes 10 endoscopy slots in February to accommodate all potential urgent colonoscopy breaches. Out of a total of 50 procedures 40 colonoscopies will be completed in these sessions. In-patient access and activity will also be accommodated in these slots to ensure throughput and reduced length of stay (LOS). It is planned that vacant endoscopy sessions in March will be occupied with focused scheduling of urgent colonoscopies to sustain 0 breaches. It is expected that the management of urgent colonoscopy breaches will be maintained within target ongoing and that Saturday sessions will be planned when, and if, necessary to deliver on this.

Unscheduled Care

When comparing December 2014 to December 2013 there has been a 46.6% increase in the number of patients awaiting admission from ED. Year to date there has been a 1.7% (6,614) increase in emergency admissions which accounts for some of the continued pressure on in-patient capacity. Other factors include:

- An increase in the number of emergency admissions
- An increased number of elderly patients attending emergency departments with complex medical needs
- A high volume of delayed discharges
- An increase in the number of patients on trolleys in emergency departments who require admission to an inpatient bed.

With the increased use of AMAU's there has been a significant increase of 10.8% 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% (1,179).

Out patient Activity

In December 2014 the number of patients waiting in excess of 12 months for an outpatient appointment was 61,400; this is an increase of 5,667 compared to November. 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 December is 55,452 which equates to 14.4% of total patients waiting.

Waiting Times

Adult

Adult waiting lists demonstrate that 77% (43,934) of adults were waiting less than eight months for a planned procedure in December 2014. The numbers waiting over 8 months are now 13,415 a 7% (n=875) increase on November and an increase of 11,651 patients waiting over 8 months from the end of January 2014 position.

Paediatric

60% (3,474) of all children waiting on the elective waiting list were waiting less than twenty weeks. The numbers waiting over 20 weeks are now 2,282, a 2.1% (n=48) increase on November and an increase of 1,809 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

63% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in December 2014. The number waiting over 13 weeks at the end of December is 4,850 which is a 0.6% (n=29) decrease on last month. The numbers waiting over 13 weeks in January 2013 were 583 therefore there has been an increase of 4,267 patients. The HSE in partnership with NTPF is currently commencing a targeted initiative to address patients waiting over 13 weeks in Galway University Hospital, Limerick University Hospital, Tallaght Hospital, Naas Hospital, Beaumont Hospital, Connolly Hospital and Mercy University Hospital.

Cancer Services

Breast Cancer Services

92% of urgent breast cancer referrals were seen within two weeks against a target of 95%.

Lung Cancer Services

92% of referrals to lung cancer rapid access clinics were seen within 10 working days against a target of 95%.

Prostate Cancer Services

A total of 1,289 (51%) of reported attendances to prostate cancer services were offered an appointment within the twenty day timeframe against a target of 90%.

The Mater has been unable to submit data for November and December due to data management staffing issues. Beaumont has reviewed their processes and sustained improvements have been achieved towards the end of the year. St Vincent's and St James's experienced staffing deficits throughout the year which have now been addressed and sustained improvements towards the end of the year have been seen.

Ireland South Hospital Group has received approval to appoint a new consultant cancer urologist for the South/South Western hospital group in 2015 with sessions at Waterford University Hospital. In order to reduce the waiting times a number of patients were referred by Waterford University Hospital to a private provider this resulted in only one patient not attending. Biopsies have been carried out where clinically indicated and patients have been scheduled for surgery as appropriate. Patients suitable for radiotherapy including brachytherapy will be referred back to Waterford publicly funded service. The weekly Rapid Access Clinic will continue at Waterford University Hospital, but it does not have the capacity to meet the needs of all those referred. The situation will be kept under review, pending the appointment of two approved consultant urologists to Waterford and the additional urology oncologist to Cork University Hospital with sessions in Waterford University Hospital.

Cork is experiencing delays due to resource issues as a result of the volume of patients attending clinics and a historical deficit in urology expertise in the region. Approval in Service Plan 2015 to appoint a new consultant cancer urologist for the South/South Western hospital group in 2015 will increase capacity.

Galway has reviewed their processes and improvements have been made towards the end of the year. Two permanent consultant appointments are in train to address issues. One consultant is currently in place with the second permanent appointment is expected to take up position in 2015.

Radiotherapy Services

A total of 4,125 patients have been reported as having completed their radical radiotherapy treatment in 2014. Of these a total of 3,612 (88%) of all radiotherapy patients commenced treatment within 15 working days of being deemed ready to treat, the target is 90%.

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

The national steering group which has been established to oversee national expansion met on four occasions during the year to update on progress in relation to Cork and Galway and to discuss options for expansion in Dublin.

The Oncology Information System (OIS) tendering process is now complete, providers selected, contract discussions have been held, purchase orders are due to be issued and both hospitals have developed implementation plans. The system being tendered for is to support the delivery of radiation oncology services at Cork and Galway.

Extra cranial stereotactic radiotherapy commenced in St James's SLRON (St. Luke's Radiation Oncology Network - St. Luke's Hospital, Beaumont Hospital and St. James's Hospital). The first patient was treated in February. This is a service for which patients previously had to travel abroad or attend private sector facilities to receive.

National Early Warning Score (NEWS)

Implementation rates for the NEWS remains at 98% of all hospitals.

European Working Time Directive

Data available for December has identified 95% compliance with requirement for Non Consultant Hospital Doctor (NCHD's) not to be rostered / work >24 hour shifts.

The data shows a 66% compliance with an average 48 hour working week. Performance in this metric range across hospital sites as follows: 7 sites report 100%, 10 sites report 80% and above, 8 are below 50% and the poorest performer is Letterkenny General Hospital at 22%.

PALLIATIVE CARE

Access Inpatient Unit

In December 97% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).

Access Community Home Care

In December 89% 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 Activity¹

At the end of November, the total number of AS1 and AS2 calls received by the National Ambulance Service was 266,013, a 4% (10,313) increase over the same period in 2013. This amounts to an average daily rate of 803 calls.

¹ Response time data and Intermediate Care Service data one month in arrears

Nationally there is a 7% (176) increase in the volume of ECHO calls (life-threatening cardiac or respiratory arrest) compared to the same period last year and a 10% (7,954) increase in the volume of DELTA calls.

In November 2014 response times for ECHO incidents reported 74% of ambulances arriving at the scene within the target timeframe of 18 minutes and 59 seconds. In the same period in 2013 67.8% of the ambulances activated arrived at the scene within this time band.

In November 2014 response times for DELTA incidents reported 65% of ambulances arriving at the scene within the target timeframe of 18 minutes and 59 seconds. In the same period in 2013 63.1% of the ambulances activated arrived at the scene within this time band.

The installation of new technology upgrades enables 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 November, 79% or approximately 3,076 of 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 December, 66% of emergency ambulances were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, 95% of calls had crews and vehicles clear and available within 60 minutes.

PRIMARY CARE

Community Intervention Teams

At the end of December 2014, 1,314 patients received support from the 8 Community Intervention Teams in place, bringing the number of patients provided with a service year to date to 14,689.

At the end of December, CITs exceeded the full year target of ED/ Hospital avoidance cases by 3,193 or 53.4%. The total number of ED/ hospital avoidance episodes is now 9,169 compared to the full year target of 5,976.

GP Out of Hours Service

In December, 96,269 patients availed of the GP out of hours services including triage, treatment and home visits, bringing the total to 939,600 year to date. This is 38,471 less than the numbers who used the service in 2013.

Therapy Services

Referrals for Physiotherapy services have increased by 4.6% in 2014.

In December the number of people waiting more than 12 weeks for a physiotherapy assessment was 7,433. This is reflective of the increase in referrals (from 175,926 in 2013 to 183,945 in 2014); an increase in the number of patients seen for a first assessment up from 145,213 in 2013 to 156,628 in 2014 and an increase in the number of priority 1 referrals in 2014. With the exception of

December 2014, there was a reduction month on month in the number of people waiting over 12 weeks for an assessment throughout 2014 - the increase in December was due to several factors including a number of vacant posts and the lead-in time to recruit replacements, maternity leave, seasonal factors and the availability of cross-cover arrangements. This increase in wait times will be reversed in 2015.

Referrals for Occupational Therapy services have increased by 14.2% in 2014.

In December the number of people waiting more than 16 weeks for an occupational therapy assessment was 8,141, down from 8,511 at the end of December 2013.

The number of referrals to Speech and Language Therapy services was 48,574 up to the end of December, with 40,869 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 Service

At the end of December 2014:

1,768,700 people held medical cards (39% of the population). Included in these cards were 76,665 medical cards granted on discretionary grounds. The number of entirely new medical cards issued / upgraded is 127,742 year to date. Source: PCRS Monthly Management Report – December 2014 (Draft)

159,576 people hold GP visit cards. Included in these cards were 34,605 GP visit cards granted on discretionary grounds.

HEALTH AND WELLBEING

Ebola

As of the 19th January 2015 there have been a total of 21,296 cases worldwide with 8,429 deaths. All affected countries have shown recent improvement in incidence however outbreaks are occurring in new areas of these countries.

The overall risk of a case of Ebola being imported into Ireland remains low; there have been no cases of Ebola in Ireland to date. However, the Irish health services are in a good state of preparedness in the unlikely event of a case of Ebola occurring in Ireland irrespective of other pressures on services at the time. HSE and interagency workshops and training continue around the country. Three regional planning events were held throughout December.

In collaboration with the Department of Foreign affairs the HSE is being notified of all Irish citizens going out to West Africa and their return so they can be monitored as per established protocols. There is also a link into the UK system. At any one time around 5 people are being monitored.

Child Health

Child Health developmental screening has been provided to 5,190 children in the reporting period and 62,605 children year to date. This is 92.1% of the target group. This compares favourably with the national position for the same reporting period in 2013 (88.1%). 70% of areas are reporting improved performance year to date 2014 compared with 2013.

In December, the percentage of children screened within the time period reached 94% nationally for the first time this year.

Provisional data received for the academic year 2013 / 2014 reports 83.6% of first year girls having received their third dose of HPV by August 2014. This is marginally less than 2012 / 2013 which reported a figure of 84.1%.

The national performance uptake for MMR at 24 months for Quarter 3 2014 was 93% year to date, (-2.1% below target) but above Quarter 3 2013 performance of 92.4%.

Breast Cancer Screening

8,802 women attended for breast screening in December, bringing YTD total to 138,779.

SOCIAL CARE

DISABILITY SERVICES

The Division was alerted to serious allegations in respect of totally unacceptable behaviour and attitudes towards residents in Unit 3, Aras Attracta, Residential Service. As soon as the HSE became aware of the serious issues it initiated an immediate 3 level set of actions including:

- At the first level - ensuring a safe and caring home for the residents in Aras Attracta with ongoing communication and meetings with families of the residents involved.
- At the second level - a full assurance review of all of the Units in the Aras Attracta facility under the independent chairmanship of Dr. Kevin McCoy.
- At the third level - a system-wide programme of measures to assure that the quality and safety of services delivered by 90 Providers in the 908 designated residential centres for people with disabilities is in line with the requirements of the regulations and standards as inspected by HIQA.

SERVICES FOR OLDER PEOPLE

10,298,481 hours have been provided YTD nationally, a 5.8% increase on the same period last year. Activity is in line with the expected end year service delivery level of 10.3m hours.

13,199 persons were in receipt of a home care package at end of December 2014.

22,360 clients are supported by the Nursing Home Support Scheme (NHSS).

The total number of applications on the national placement lists was reduced from 1,937 (24th Nov, 2014) to 1,188 (5th Jan, 2015) over this time, reducing the waiting time to 11 weeks. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. The overall position remains challenging and both the Social Care and Acute Hospital divisions are collaborating closely in monitoring the situation.

MENTAL HEALTH

Adult Mental Health Services

In December, 75% 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%).

Child and Adolescent Mental Health Service Teams

73% of accepted referrals/re-referrals to CAMHs teams nationally were offered a first appointment and seen within 3 months (target >75%).

The Child and Adolescent Mental Health Service waiting list has increased to 2,818 (based on 90% return of data) cases in December, an 8% increase on December last year (2,602) but an overall

5.5% increase over the year and largely relating to a 6% increase in referrals accepted by the service compared to the same time last year. There are 405 individuals or 14% of the waiting list waiting more than 12 months. Of the 63 CAMHS teams, 57% (36) has no-one waiting more than 12 months.

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

By the end of December, there had been 290 children and adolescents admissions, of which 201 (69%) were to age appropriate Acute Child and Adolescent Inpatient Units and 89 (31%) 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.

Challenges in recruitment and retention of specialist posts, especially consultants, in CAMHS services have resulted in a level of vacant or temporarily filled posts particularly problematic in some geographic areas. This, in addition to the increased rate of referral, has resulted in poorer performance in specific teams and services.

HUMAN RESOURCES

Absence Rates

Latest National absence rate data shows that the absence rate for November 2014 is at 4.10%.

This compares with previously published November rates of 5.37% (2008) 5.45% (2009) 4.61% (2010) 5.01% (2011) 4.66% (2012) and 4.55% (2013).

Based on latest NHS absence data (England) the overall rate is of the order of 4.06% with a range of 4.6% in the North West of England, to 3.36% in North Central and East London. Our YTD absence figure for 2014 at the end of November stood at 4.27%.

The Health Sector is 3,582 WTE above the current employment ceiling of 94,209 WTEs. There were 97,791 WTEs at the end of December.

The Nurse Graduate Programme recorded 305 placements with a 298 WTE value in December, down 21 WTEs from last month. The Support Staff Intern Scheme continues to grow with a total of 1,299 people on placement, with 1,238 WTE value.

FINANCE

The core HSE deficit came in at 0.3% or €39m over the €510m previously forecast with €23m of this relating to pensions costs and demand led local schemes.

The health service has experienced costs /budget reductions of over €1.5bn 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.

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.

Service Level Agreement 2014 Overview

- As of 23 January 2015, 63.5% of the €3.1bn funding allocation to the Non Statutory Sector is covered by a completed governance document. The funding total at 63.5% is significantly below target of 100% and previous year's performance of 94% in 2013 and 2012 at the same reporting period with final figures 98%.
- 13 out of the 16 Voluntary Hospitals have now completed 2014 Service Arrangement documentation.
- 1,271 or 63.5% of the total 2,003 Agencies have completed documentation at this point.

A significant number of SLAs have been signed in the past number of weeks in respect of those outstanding for 2014 and this process is now being concluded. 75% of all 2014 agreements are now completed.

Work has commenced in respect of the 2015 Service Level Agreements (SLA) with the aim of having them completed by the end of March 2015.



Updates by Division

Quality and Patient Safety

Irish Maternity Early Warning Score (I-MEWS) Clinical Practice Guideline (2013)

The HSE and the National Clinical Effectiveness Committee have mandated Early Warning Score processes in hospitals including maternity services. It has been implemented in all 19 units. An audit of compliance with the Irish Maternity Early Warning Score (I-MEWS) Clinical Practice Guideline (2013) in selected maternity hospitals/unit was published on 2nd December 2014 (QPSA005/2014). The audit covered seven hospital sites and evidence was gathered from a retrospective examination of the observation charts and associated nursing and/or clinical notes in a sample of pre and post natal Healthcare Records. The audit team can give reasonable assurance that, where the I-MEWS guideline was in practice, vital signs are appropriately recorded on the I-MEWS observation chart by nursing/midwifery staff. Observations were found to be consistently numerically recorded and dated. The main shortfall in compliance was in relation to initialling and scoring of repeat observations within the recommended timeframes following the trigger as outlined in the I-MEWS guidelines. However, the majority of hospitals demonstrated a high level of compliance in relation to escalating the necessary clinical care in cases of red and multiple yellow triggers. The team found reasonable evidence that the use of I-MEWS triggered the escalation of care in the cases of detected maternal septicaemia (DMS). Findings from the audit suggest good practice which should inform hospitals' practice and the next revision of the national I-MEWS clinical practice guideline.

Healthcare Acquired Infection and Antibiotic Awareness

The HSE programmes on Healthcare Acquired Infection (HCAI) Programme and Medicine Management Programme have collaborated with the ICGP to enable inclusion of information on Antibiotic Awareness information on Medication Management Education Programme to GPs nationally. The aim of this is to promote safe and effective antibiotic use. This education will help to ensure the GPs prescribe the right antibiotic for the patient in front of them at the right time with the right dose duration and route causing the least amount of harm to the patient and future patients. In keeping with the Medicines Management Programme education series GPs will be provided with a list of preferred antibiotics for different conditions and a list of antibiotics best avoided in primary care.

Patient self help

The new website launched in November - "Under the Weather" www.undertheweather.ie continues to be a major support to the public with over 70,000 visits to December. The site 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.

Sharing Learning to improve Quality: Learning Summit on the Safer Better Healthcare Standards

In December acute services were facilitated to come together to discuss and share their learning to date in implementing these standards and to inform changes to the current assessment process. The Summit also sought to identify support that may be required for continued implementation of the standards or for preparing for future regulatory inspections.

Acute Hospitals

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Hospital Activity Performance
- Emergency Department New Attendances
- ED – Trolleygar and Patient Experience Time
- Waiting Times
- Ambulance Turnaround Times
- Intermediate Care Service
- Human Resources
- Finance
- Key Priorities with Actions to Deliver in 2014

QUALITY AND PATIENT SAFETY

- The % of emergency Hip Fracture Surgeries carried out within 48 hours in December 2014 was 85%, up from 82% in November.
- The % of surgical inpatients who have principal procedure conducted on day of admission December 2014 was 65%, same as reported in the previous three months.
- The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 9% in the current month. The surgical re-admission rate remained at 2.0% again in December.
- The average length of stay across hospitals has increased from 5.2 days in November to 5.3 days in December and this is below the 2014 target of 5.6.
- There have been breaches of the 4 week target for urgent Colonoscopy procedures. A management plan to ensure that procedures are completed within 4 weeks in being put in place.
- Many hospitals are continuing to implement the productive theatre improvement programme to target further reductions in surgical length of stay.

HOSPITAL ACTIVITY PERFORMANCE

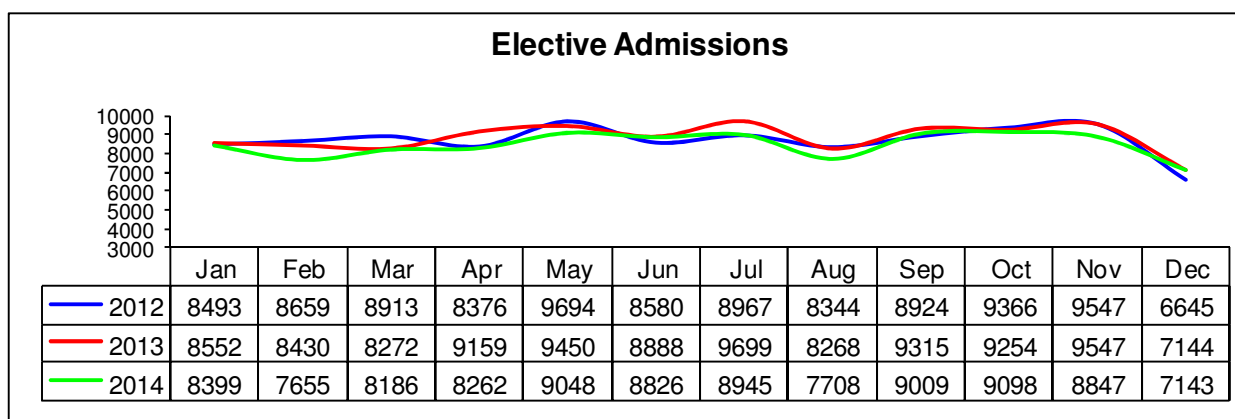
Unscheduled Admissions		Jan – December Actual 2013	Jan – Dec Actual 2014	Val Var	% Var
	ED Admissions	282,230	284,200	1,880	0.7%
	Emergency (Other) ¹	76,806	78,161	1,355	1.8%
	MAU Admissions ²	31,196	34,575	3,379	10.8%
Total Unscheduled Admissions		390,322	396,936	6,614	1.7%

Scheduled Admissions		Jan – Dec Actual 2013	Jan – Dec Actual 2014	Val Var	% Var
	Elective Admissions ³	105,978	101,126	-4,852	-4.6%
Total Scheduled Admissions		105,978	101,126	-4,852	-4.6%

Total Unscheduled and Scheduled Admissions		Jan – December Actual 2013	Jan December Actual 2014	Val Var	% Var
Total Unscheduled and Scheduled Admissions		496,300	498,062	1,762	0.4%

- **Note¹** Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
- **Note²** MAU - Medical Assessment Unit
- **Note³** Elective Admissions do not include Obstetric Elective admissions

- There has been an increase in unscheduled admissions (+1.7%) (n=6,614) this year to date. Some hospitals are experiencing a significant rise in Emergency admissions compared to same period last year, such as Midland Regional Hospital Mullingar (+23.7%), St. Vincent's University Hospital (+16.9%), Waterford University Hospital (+14.4%) and Our Lady's Children's Hospital Crumlin (+14.4%).
- 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 0.03% (n=195) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care.



- There has been a 4.6% decrease in elective admissions (n= 4,852) compared to 2013. Elective Inpatient Admissions to the end of December 2014 are 101,126 compared to 105,798 for the same period in 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 16% 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 (+21.7%), Midland Hospital Portlaoise (+17.3%), South Infirmary (+31.6%), South Tipperary (+30.0%), Drogheda (+12.0%) and Kerry General Hospital (+13.8%)
- While nationally, day care attendances have decreased by 3.6% and remain 1.4% 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% on same period last year and 7.3% ahead of expected levels, amounting to approximately 51,760 additional contacts.

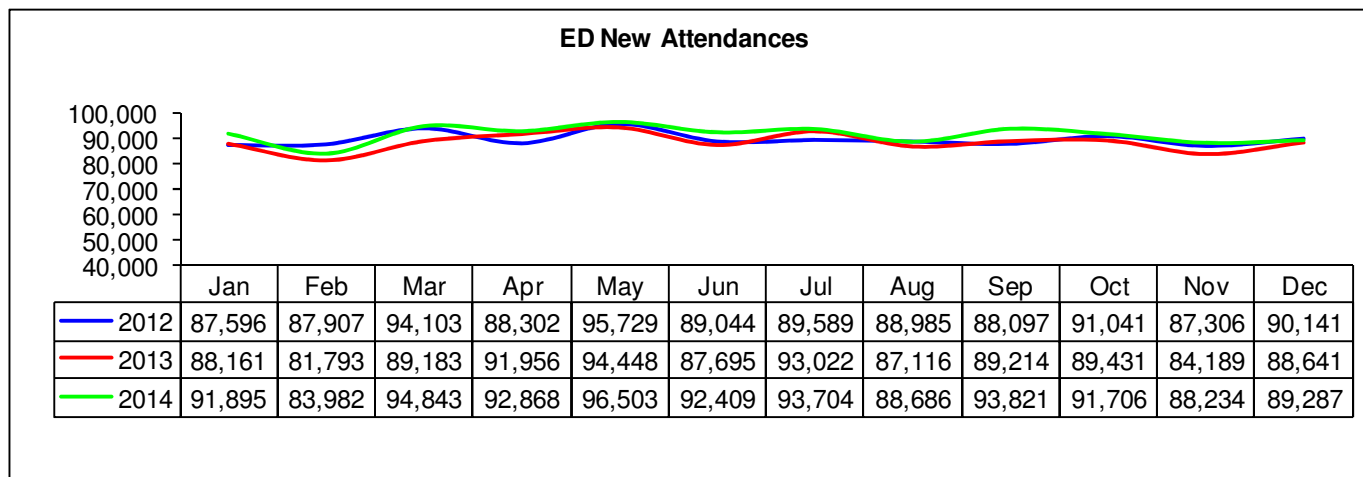
EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3.1% increase in new ED attendances in 2014, an additional 33,089 people, 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 19.5% rise in new attendances and St. Michaels has increased by 6.2%.

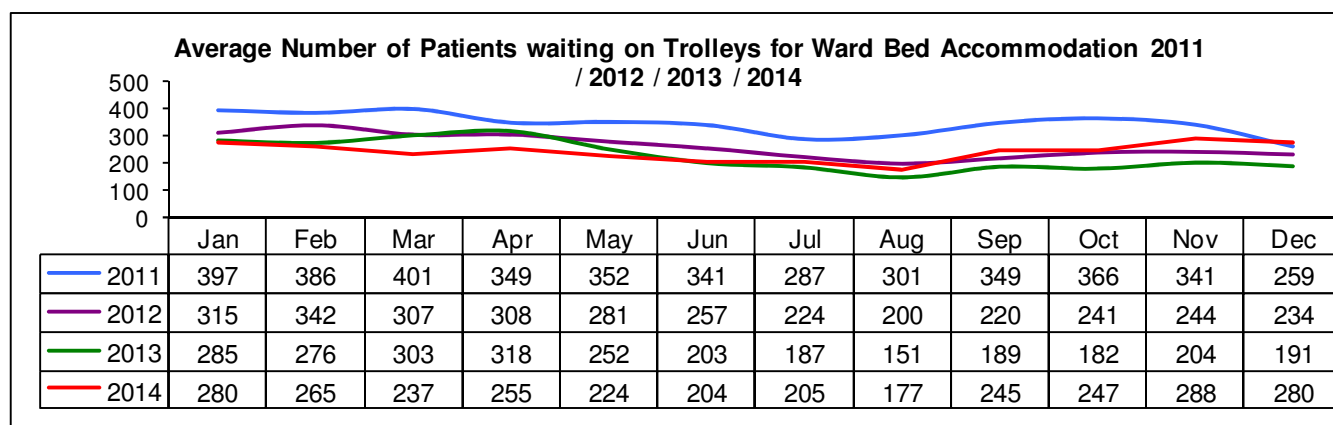
- January – December 2013 / 2014 3% increase (n=33,089)

EMERGENCY DEPARTMENT - TROLLEYGAR and PATIENT EXPERIENCE TIME (PET)⁴

There has been a 46.6% increase in the number of ED patients waiting on trolleys, (an average of 89 patients per day), for ward bed accommodation comparing December 2014 with December 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 during the winter period.



- The Patient Experience Time (PET) in December showed that 67.6% of all patients were discharged or admitted from ED within 6 hours and 81.3% within 9 hours (9 hour wait being a slight improvement on November).

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 December was 719 which is a reduction of 116 compared to November.

- **Note⁴** TrolleyGar performance based on INMO data trolley count / PET coverage is 22 ED hospitals

Delayed Discharges	28 Jan	25 Feb	25 Mar	29 Apr	27 May	24 June	29 July	26 Aug	30 Sept	28 Oct	25 Nov	30 Dec
National Total	620	604	612	642	665	658	692	730	746	782	835	719

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 30/12/2014	Over 65	Under 65	Total	
			No.	%
Home	67	18	85	11.8%
Long Term Nursing Care	521	52	573	79.7%
Other (inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)	36	25	61	8.5%
Total	624	95	719	100.0%

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 (188 clients / 26.1%) and Financial Determination in Progress - State Support only, no loan (117 clients, 16.3%).

WAITING TIMES

ADULT

Adult waiting lists demonstrate that 77% (43,934) of adults were waiting less than eight months for a planned procedure in December 2014. The numbers waiting over 8 months now number 13,415 a 7% (n=875) increase on November. The numbers waiting over 12 months at year end number 4,971.

PAEDIATRIC

60% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,474). The numbers waiting over 20 weeks now number 2,282 a 2.1% (n=48) increase on November.

GI ENDOSCOPY

63% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in December 2014. The numbers waiting over 13 weeks now number 4,850 a 0.6% (n=29) decrease on November.

Almost 80% of those waiting more than 13 weeks are concentrated in 5 hospitals, (Beaumont Hospital, Tallaght/Naas, Midland Regional Hospital Tullamore, Waterford General Hospital and GUH). There are specific capacity issues in some areas of the country (e.g. Tallaght/Naas). There continues to be reports of increased referrals, notably 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. The HSE in partnership with NTPF is currently undertaking a targeted initiative to address patients waiting over 13 weeks in Galway University Hospital, Limerick University Hospital, Tallaght Hospital, Naas Hospital, Beaumont Hospital, Connolly Hospital and Mercy University Hospital.

COLONOSCOPY

21 breaches for urgent colonoscopy waiting time in December of which 14 patients were waiting at Waterford University Hospital, 3 at Mater, 2 at Sligo and 2 at South Tipperary General Hospital. 18 of the 21 breaches were scheduled for their procedure on or before 19th January 2015, 2 patients were scheduled for February 6th (one of which has since cancelled their appointment) and the remaining patient is scheduled to have their procedure on February 13th. Data for January 2015 is awaited from 1 hospital site. However from information already to hand there are breaches at Our Lady of Lourdes = 22, Tallaght = 10, St Vincent's Hospital = 5, South Tipperary General Hospital = 3 and Waterford = 3.

A plan to deal with the persistent breaches in Waterford University Hospital is now in place. This includes 10 endoscopy slots in February to accommodate all potential urgent colonoscopy breaches. Out of a total of 50 procedures 40 colonoscopies will be completed in these sessions. In-patient access and activity will also be accommodated in these slots to ensure throughput and reduced LOS. It is planned that vacant endoscopy sessions in March will be occupied with focused scheduling of urgent colonoscopies to sustain 0 breaches. It is expected that the management of urgent colonoscopy breaches will be maintained within target ongoing and that Saturday sessions will be planned when, and if, necessary to deliver on this.

OUTPATIENT

In December 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has increased from 55,733 to 61,400.

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

Overall January – December 2014 saw an increase of 3% (99,111) in OPD Attendances in comparison to 2013.

In December 2014, 84.1% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In December 2013, 100% 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.

EUROPEAN WORKING TIME DIRECTIVE

Data available for December has identified 95% compliance with requirement for NCHD's not to be rostered / work >24 hour shifts and a 66% compliance with an average 48 hour working week

AMBULANCE TURNAROUND TIMES AT ACUTE HOSPITALS

In December, 66% of emergency ambulances were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 95% 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 November, 79% 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

Acute Services Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Children's Hospitals	2,596	2,783	+188	+7.23%
Dublin Midlands Hospitals	8,445	9,194	+748	+8.86%
Ireland East Hospitals	9,119	9,843	+725	+7.95%
National Services Hospitals	22	25	+3	+12.06%
Palliative Care Hospitals	574	614	+40	+6.97%
RCSI Hospitals	6,746	7,408	+662	+9.82%
Saolta Healthcare University Hospitals	7,221	7,821	+600	+8.31%
South/ South West Hospitals	8,140	8,870	+730	+8.97%
University of Limerick Hospitals	2,844	3,074	+229	+8.07%
service development posts	113	0	-113	-

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

FINANCE	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
Acute Services Division	€'000	€'000	€'000	€'000	€'000
RCSI Dublin North East	625,749	628,077	625,749	2,328	0%
Dublin Midlands	761,315	760,531	761,315	-784	0%
Dublin East	799,711	802,153	799,711	2,442	0%
South / South West	695,590	695,577	695,590	-13	0%
Saolta University Health Care	651,669	652,113	651,669	444	0%
UL Hospitals	269,629	269,092	269,629	-537	0%
Children's Hospital Group	222,483	223,720	222,483	1,238	1%
Regional & National Services	24,113	21,221	24,113	-2,891	-12%
Total	4,050,258	4,052,485	4,050,258	2,226	0.05%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Patient Safety and Quality in Acute Hospitals

The National Early Warning Score has been implemented in all acute hospitals. The Irish Maternity Early Warning Score has been implemented in all maternity units in acute hospitals. The National Maternity Implementation Group continues to implement the recommendations of the HIQA, HSE and CMO's reports. Four work streams have been established: bereavement support, perinatal infection, quality assurance and multidisciplinary education and training. A multidisciplinary training workshop was held in Dublin Castle and was very well attended. Appointments of Antimicrobial pharmacists were appointed to work across maternity services within the hospital groups. The National Organ Donation and Transplantation Services recruited quality managers to support the service. The opt out register is awaiting legislative change and in the meantime initiatives took place throughout the year on organ donor awareness. The Living Donor Reimbursement Policy was approved by the Minister and commenced implementation in November.

Improving Access to Services

The Special Delivery Unit (SDU) as part of the HSE continues to support and enable performance improvement particularly in relation to unscheduled care access. The Acute Hospital Division, supported by the SDU as part of the HSE, through the Irish Hospital Redesign Programme commenced a programme to drive improvement, transformation and sustainability of scheduled, urgent and emergency care performance in Irish hospitals through sponsorship and delivery of a collaborative change programme. This programme is currently being undertaken in Tallaght Hospital.

The Out Patient Quality Improvement Programme published the Minimum Data Set for Outpatient Services (February 2014) in order to enable effective management of outpatient services and this new data set is being rolled out in a structured and phased manner. A Guide to Measurement and Data in Outpatient Services (April 2014) provides guidance on the provision of outpatient services that includes accurate information and data to measure and manage performance and assess the achievement of objectives. The outpatient programme of reform will see:

- The introduction of standardisation of service description
- Quantification of out patient resources and capacity
- Description of governance of clinics/services
- A full range of activity waiting list data, including review patient waiting list data
- Extension of the data collected to include presenting complaint, patient experience, and outcome measures

The Cochlear Implant Programme in Beaumont Hospital and the Children's University Hospital commenced undertaking bilateral cochlear implants and this included those patients who previously had one implant. A Narcolepsy service for children affected by the H1N1 was commenced in the Children's University Hospital.

Strategic Reform

The implementation of the Hospital Groups is progressing in a phased manner and provides for devolved decision making, innovation and local responsiveness. All seven hospital group CEOs have been appointed and progress on the groups constructs is ongoing. The Children's Hospital Group continues to develop an integration plan ensuring a more coordinated approach to the planning and delivery of services across the three children's hospitals. The integration of services across the University of Limerick hospital Group has progressed in line with the recommendations of the Smaller Hospitals Framework.

National Cancer Control Programme

KEY AREAS OF FOCUS

- Breast Cancer Services
- Prostate Cancer Services
- Lung Cancer Services
- Radiotherapy Services
- Key Priorities with Actions to Deliver in 2014

QUALITY AND PATIENT SAFETY

- Access to some cancer services is below expected levels, year to date:
 - Urgent breast cancer referrals are not meeting the performance target of 95%. The South/South West Hospital Group (December 77% and 84% year to date) and Saolta Health Care group (December 86% and 89% YTD).
 - Rapid access to lung clinics is 89% in December and 76% year to date in Saolta Health Care Group, in the quarter to December 86% of patients were seen in Limerick University Hospital Group and year to date 78% against a target of 95%.
 - Prostate Cancer appointments offered within 20 days performance is reported at 14% in December and 19% year to date for the South/South West Hospital group, 24% in December and 51% year to date for University of Limerick Hospital Group in the quarter to December 69% for Saolta Health Care Group and 44% year to date.

BREAST CANCER SERVICES

The stated target for 2014 is that 95% of urgent referrals will be offered an appointment within 2 weeks. 92% of urgent referrals were offered an appointment within 2 weeks against a target of 95% in quarter four 2014. The year end position for urgent referrals was 94%.

LUNG CANCER SERVICES

All 8 cancer centres are providing lung Rapid Access Clinics. 92% of those reported as attending rapid access clinics were offered an appointment within 10 working days for the fourth quarter 2014 against a target of 95%. Year end position is 88%.

PROSTATE CANCER SERVICES

A total of 1,289 (51%) of reported attendances were offered an appointment within the twenty day timeframe against a target of 90% at year end.

The Mater has been unable to submit data for November and December due to data management staffing issues. Beaumont has reviewed their processes and sustained improvements have been achieved towards the end of the year. St Vincent's and St James's experienced staffing deficits throughout the year which have now been addressed and sustained improvements towards the end of the year have been seen.

Ireland South Hospital Group has received approval to appoint a new consultant cancer urologist for the South/South Western hospital group in 2015 with sessions at Waterford University Hospital. In order to reduce the waiting times a number of patients were referred by Waterford University Hospital to a private provider this resulted in only one patient not attending. Biopsies have been carried out where clinically indicated and patients scheduled for surgery as appropriate. Patients suitable for radiotherapy including brachytherapy will be referred back to Waterford publicly funded service. The weekly Rapid Access Clinic will continue at Waterford University Hospital, but does not have the capacity to meet the needs of all those referred. The situation will be kept under review pending the appointment of two approved consultant urologists to Waterford and the

additional urology oncologist to Cork University Hospital with sessions in Waterford University Hospital.

Cork is experiencing delays due to resource issues as a result of volume of patients attending clinics and a historical deficit in urology expertise in the region. Approval in Service Plan 2015 to appoint a new consultant cancer urologist for the South/South Western hospital group in 2015 will increase capacity.

Galway has reviewed processes and improvements have been made towards the end of the year. Two permanent consultant appointments are in train to address issues. One consultant is currently in place with the second permanent appointment is expected to take up position in 2015.

RADIOTHERAPY SERVICES

A total of 4,125 patients have been reported as having completed their radical radiotherapy treatment in 2014. Of these a total of 3,612 (88%) of all radiotherapy patients commenced treatment within 15 working days of being deemed ready to treat, the target is 90%.

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

The national steering group which has been established to oversee national expansion met on four occasions during the year to update on progress in relation to Cork and Galway and to discuss options for expansion in Dublin.

The Oncology Information System (OIS) tendering process is now complete, providers selected, contract discussions have been held, purchase orders are due to be issued and both hospitals have developed implementation plans. The system being tendered for is to support the delivery of radiation oncology services at Cork and Galway.

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

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

- Several initiatives of the National Medical Oncology and Haemato-oncology programmes were implemented in 2014, including:
 - Oncology Medication Safety Review - 66% of recommendations implemented at the end of 2014 and several national policies in development.
 - National indication-specific cancer drug protocols - 41 developed and available on the NCCP website.
 - National Medical Oncology Clinical Information System - completion of a business case which is a key safety and quality priority.
- Under the auspices of the National Cancer Drug Management Programme
 - 6 newly-approved high-cost hospital-based chemotherapy drugs were included in the Oncology Drugs Management System. These were funded via the NCCP/PCRS system on a money follows the patient approach.
 - Hospitals were additionally supported to address the rising cost of existing cancer drugs through the provision of funding. This has ensured that that hospital spend on a specified list of high-cost cancer drugs has been maintained at 2012 spending levels.

- The Hereditary Cancer Programme provides ongoing support for clinics at St. James's and the Mater Hospitals. Approval has been received and recruitment in train for a National Lead in Cancer Genetics / Consultant Medical Oncologist (s.i. Cancer Genetics).
- National guidelines were developed for the diagnosis, staging and treatment of patients with Breast Cancer and Prostate Cancer.
- The first National Audit, Quality and Risk meetings were held for Haemato-oncology and pancreatic malignancies. This was in addition to meetings for prostate, breast and lung cancer services.
- A new Extracranial Stereotactic Radiation Oncology service was initiated at the St. Luke's Radiation Oncology Unit and at St. James's Hospital. The initial focus of the service is on treating early stage non-small cell lung cancers with curative intent. This service will be gradually extended with the result that patients no longer have to travel abroad under the HSE Treatment Abroad Scheme or depend upon the service being contracted from the private sector.

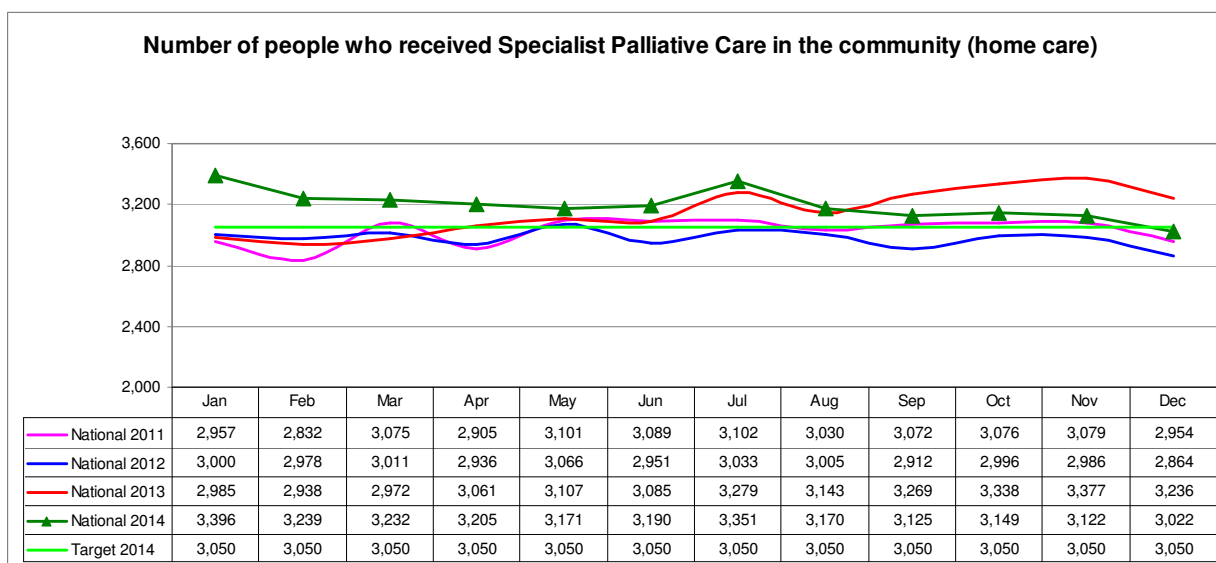
Palliative Care Services

KEY AREAS OF FOCUS

- Community Home Care
- Day Care
- Paediatric Services
- Access - Inpatient Unit
- Access - Community Home Care
- Human Resources
- Finance
- Key Priorities with Actions to Deliver in 2014

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in December 2014 was 3022. 2013 / 2014 cumulative comparison demonstrates a 1.5% activity increase.



- **Primary Diagnosis**
 - 72% Cancer
 - 28% non Cancer
- **Age Category**
 - 1% 0-17 years
 - 23% 16-64 years
 - 76% 65+ years

DAY CARE

The number of people who received specialist palliative day care services in December 2014 was 309. 2013 / 2014 cumulative comparison demonstrates a 1% activity decrease.

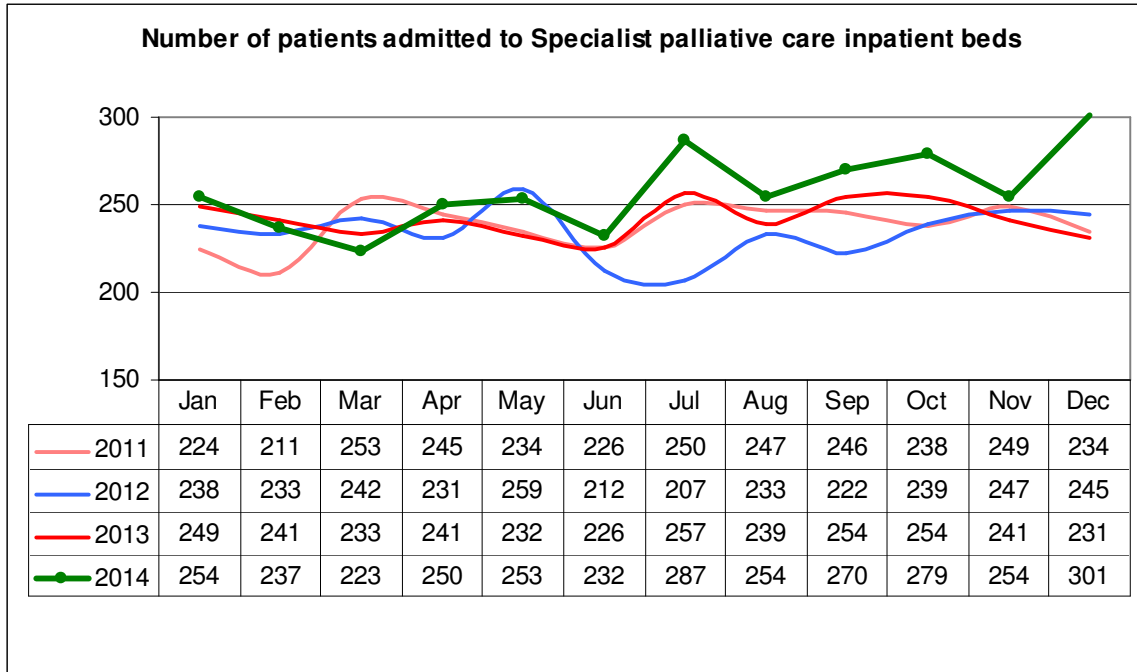
- **Primary Diagnosis**
 - 83% Cancer
 - 17% non Cancer
- **Age Category**
 - <1% 0-17 years
 - 34% 16-64 years
 - 66% 65+ years

PAEDIATRIC SERVICES

In December 2014 281 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 247 new patients in receipt of care recorded from January to December 2014 and 13 in the month of December 2014.

INPATIENT UNIT

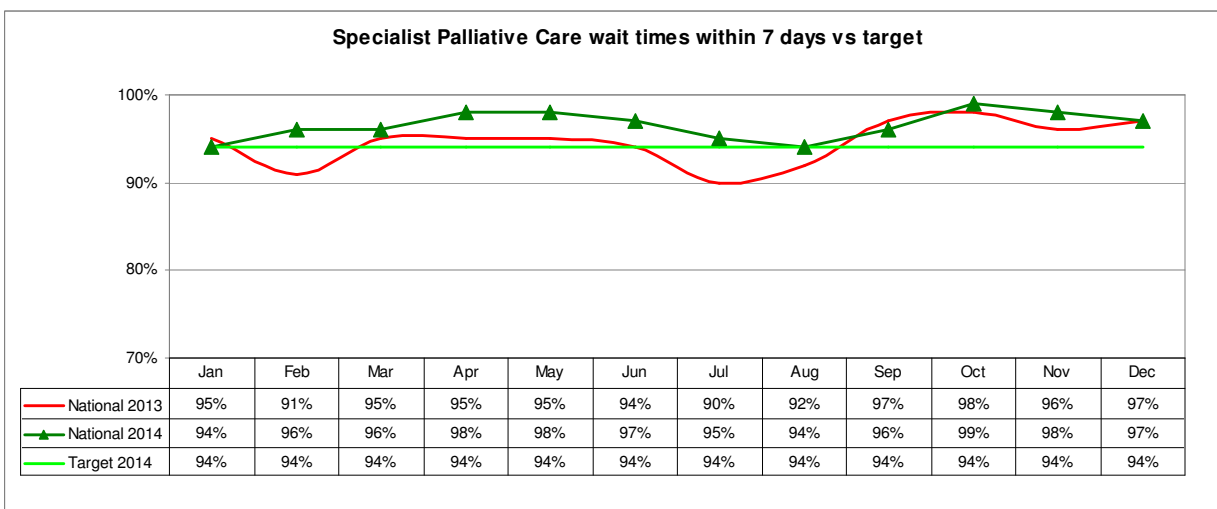
In December 2014, 301 patients were admitted to Specialist Palliative Care inpatient beds. 2013 / 2014 cumulative comparison demonstrates a 7% activity increase.



- **Source of referral**
 - 49% home
 - 47% Acute Hospital
 - 2% Carers home
 - 2% Non acute/inter/Private bed
- **Primary Diagnosis**
 - 88% Cancer
 - 12% non Cancer
- **Age Category**
 - <1% 0-17 years
 - 30% 18-64 years
 - 69% 65+ years

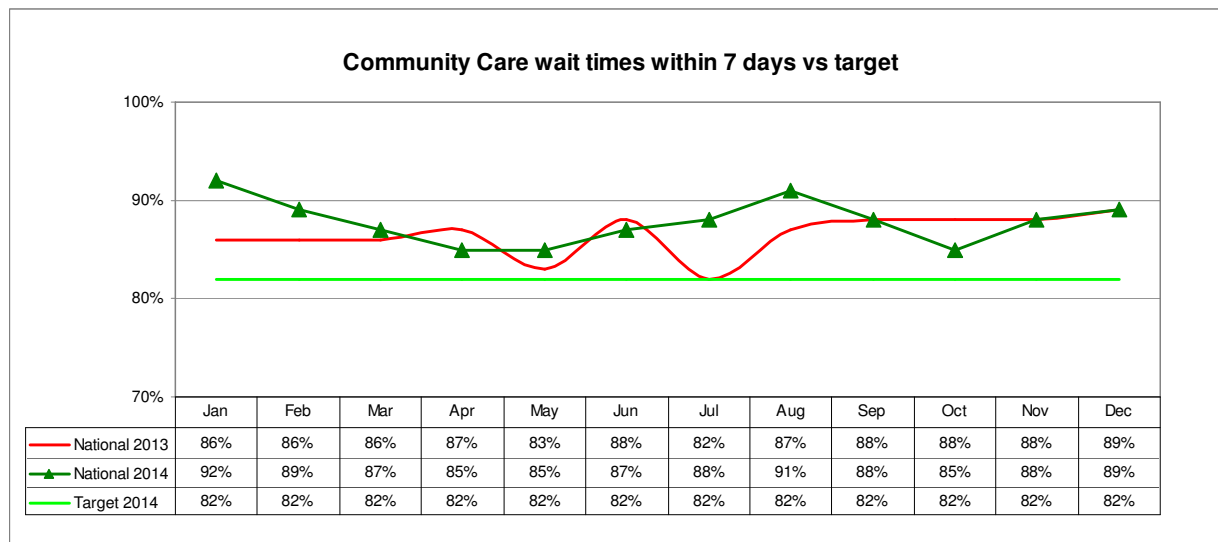
ACCESS - INPATIENT UNIT

In December 97% of specialist palliative care inpatient beds were provided within 7 days of referral (national target 94%).



COMMUNITY HOME CARE - ACCESS

In December 89% 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%).



HUMAN RESOURCES

Palliative Care Services

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
DML	449	485	+36	+8.12%
DNE	42	45	+4	+8.58%
South	11	13	+2	+17.48%
West	72	70	-2	-2.78%
Total	573.75	613.72	39.97	7.0%

FINANCE

Palliative Care Services

	Approved Allocation €'000	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	€'000
DML	26,835	26,271	26,835	-564	-2.1%
DNE	12,165	11,756	12,165	-409	-3.4%
South	9,340	9,405	9,340	65	0.7%
West	21,022	21,793	21,022	771	3.7%
Corporate	750	0	750	-750	0.0%
Total	70,111	69,224	70,111	-887	-1.3%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Towards Excellence in Palliative Care, Specialist Palliative Care Quality Assessment and Improvement Workbooks (Better Safer Healthcare)

The eight Workbooks and Resource File are practical tools designed to support services to engage in the process of continuous quality improvement within palliative care. This will be further supported through the establishment of a health and social care implementation and learning collaborative in 2015. The resources are available on line at www.hse.ie/palliativecareprogramme

Palliative Care Competence Framework

The framework de-scribes core competences and discipline specific competences for twelve health and social care disciplines. It supports staff in all care settings to self assess, develop and maintain skills, knowledge and attributes required for the provision of palliative care. In addition the Framework provides a template for our partners in education / professional development to review curricula and include palliative care competences in education programmes at all levels.

The Framework is available on line at www.hse.ie/palliativecareprogramme

Palliative Care Needs Assessment Guidance and Education Module

The document aims to provide guidance to health and social care professionals providing or co-ordinating the care of people with life-limiting conditions. A supporting education module was developed in association with the All Ireland Institute of Hospice and Palliative Care. It facilitates work-based learning with the aim of developing cultures of person-centred palliative care within organisations. This initiative includes a 2 day work-shop and online learning modules. Resources are available at www.hse.ie/palliativecareprogramme

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
- Key Priorities with Actions to Deliver in 2014

QUALITY AND PATIENT SAFETY

- 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 with the NAS as the major funder. The ONE LIFE Project is an unprecedented initiative undertaken by NAS to increase out of hospital cardiac arrest (OHCA) survival rates in Ireland. Ongoing evaluation of an Emergency Medicine Programme initiative aimed at improving the effectiveness of handover at emergency departments continues.
- The 'Treat and Discharge Pilot Scheme' is monitored and reviewed on an ongoing basis.
- The NAS supports the continued development of first response schemes and agrees that the most rural and sparsely populated areas should be targeted. Nationally there are 105 Community First Responder Groups. In December, there were 120 CFR engagements - 45% of the total number of ECHO calls (267) had CFR engagement.

ACTIVITY LEVELS

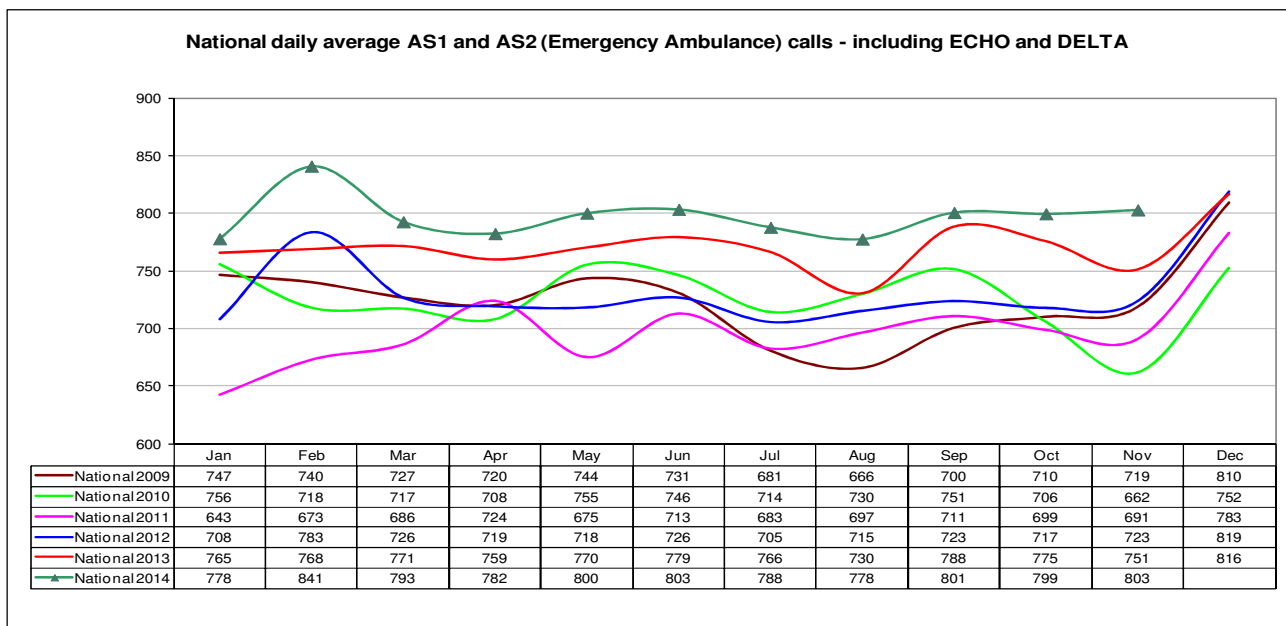
- 24,087 emergency and urgent calls were responded to
- 309 Emergency Aero Medical services calls completed YTD
- 109 Air Ambulance calls completed YTD
- 513 Neonatal Retrieval transfers YTD
- 3,908 Intermediate Care transfers, 3,076 (79%) by ICV vehicles, 832 emergency ambulances;

In November 2014 the National Ambulance Service responded to 24,087 AS1² and AS2³ calls with a daily average call rate of 803. 266,013 calls were received YTD, a 4% (10,313) increase in calls over the same period in 2013.

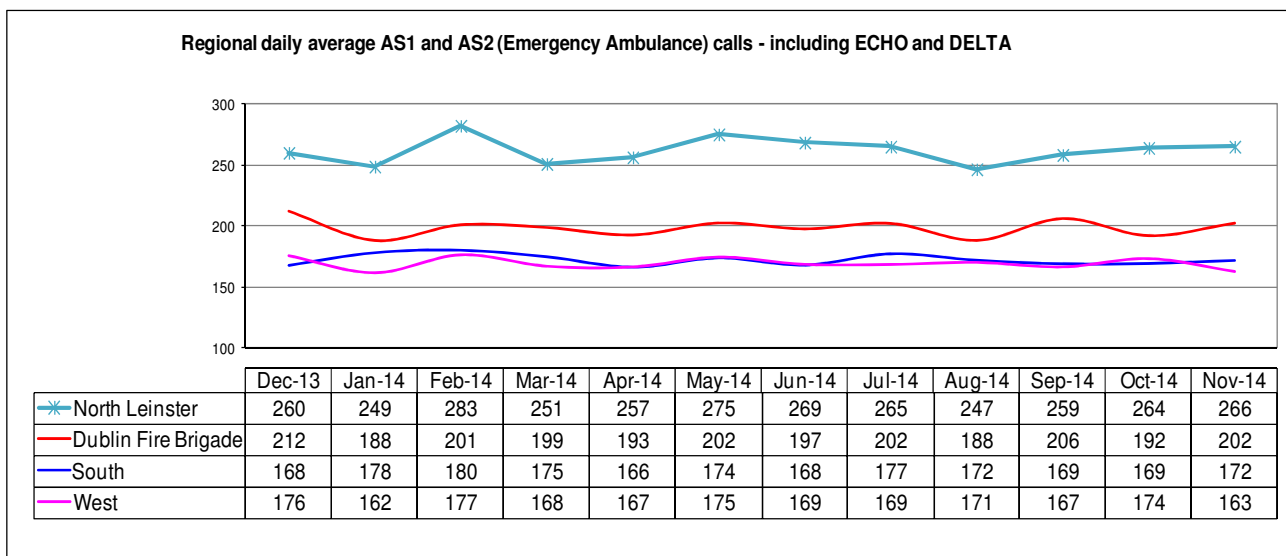
² AS1 – 112/ 999 emergency and urgent calls

³ 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	
					NOVEMBER	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	7,965	6,066	5,153	4,903	24,087	266,013
Total Clinical Status 1 ECHO calls	78	76	59	54	267	2,841
Total Clinical Status 1 DELTA calls	2,399	2,580	1,537	1,366	7,882	86,077

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 Incidents⁴

Nationally ECHO calls (life-threatening cardiac or respiratory arrest) are up 7% (176) compared to the same period last year.

DELTA Incidents⁵

Nationally there is a 10% (7,954) 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:

- 74% of ECHO incidents.
- 65% of DELTA incidents.

The detail by region is:

Activity Response Times Arrived at Scene	North Leinster	DFB	South	West	National
	NOVEMBER				
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	75%	77%	80%	60%	74%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	70%	60%	68%	62%	65%

AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

The NAS continuously monitor the turnaround times at hospitals on a national and local basis. In December, 66% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less. 95% of calls had crews and vehicles clear and available within 60 minutes.

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.

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

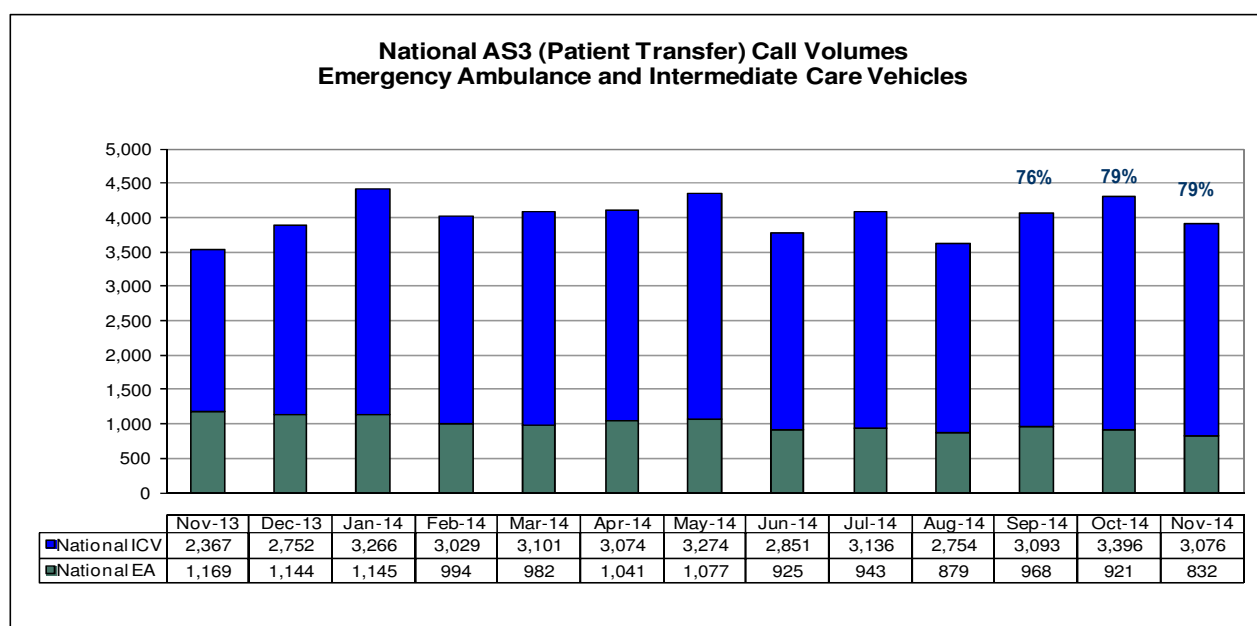
⁵ Clinical Status 1 DELTA: Calls reporting a life-threatening illness or injury, other than cardiac or respiratory arrest

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 November, 79% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles. 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

Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov
3,896	4,411	4,023	4,083	4,115	4,351	3,776	4,079	3,633	4,061	4,317	3,908



HUMAN RESOURCES

	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Total	1,633	1,623	-10	-0.6%

- Recruitment of Control Programme personnel from the 2014 Service Plan is ongoing. The National Recruitment Service continues to fill Call Taker vacancies in an expedient manner.
- 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 WTEs in place.

FINANCE

National Ambulance Service	Approved Allocation	YTD			% Vary Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
North Leinster	49,300	49,376	49,300	76	0%
South	30,533	32,850	30,533	2,317	8%
West	36,124	38,578	36,124	2,453	7%
Office of the AND	23,046	17,039	23,046	-6,007	-26%
Total	139,003	137,842	139,003	-1,161	-1%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Improve services to patients by improved ambulance response times

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 2014, staff recruited to the service, took up assigned roles. 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. In November, 79% of the inter hospital transfers, previously carried out by ambulances were handled by Intermediate Care Vehicles.

Emergency Aero Medical Service (EAS)

The operation of Emergency Aero Medical Service (EAS) in line with Ministerial direction was completed.

Implement Quality and Patient Safety actions

- The development of clinical outcome indicators to provide a balanced set of key performance indicators of service delivery to be integrated with response time and call / dispatch accuracy metrics was completed.
- A paper based solution was developed and implemented to improve patient care record keeping and facilitate clinical audit; with a procurement process to deliver an electronic patient care record solution planned for 2015.
- The 'Treat and Discharge Pilot Scheme' commenced, is monitored and reviewed on an ongoing basis.
- The national Appropriate Hospital Access Programme informed by the recommendation of the National Clinical Strategy and Programmes was rolled out.
- Put in place a National Control Centre over two sites
 - Migration to a modern single National Control Centre continues and this key project will deliver a modern National Emergency Control Centre across two sites, Rivers Building Tallaght (hub site) and Ballyshannon (resilience site) on a single computer based platform. The progression and continuous delivery on this project exemplifies how teamwork, professionalism and dedication ensure that safe, patient focused improvements in service delivery are achievable. At the end of 2014 four of the original nine sites remain in operation – Townsend Street, Wexford, Tullamore and Ballyshannon.
 - ✓ Control Centre migrated to MIS Alert CAD (Dublin instance) - 14th October 2014
 - ✓ Castlebar Control Centre migrated to Ballyshannon Control Centre - 27th October 2014
 - ✓ Limerick Control Centre migrated to Townsend Street Control Centre - 18th November 2014
- Townsend Street Control Centre relocates to the Rivers Building Tallaght at the end of January 2015.

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
- Orthodontics
- Finance

QUALITY AND PATIENT SAFETY PRIMARY CARE

National Standards for Safer Better Health Care

A Quality Assessment and Improvement Tool (QA&I) for the National Standards has been developed in the form of eight workbooks and are now available on line at http://hsenet.hse.ie/HSE_Central/PrimaryCare/QAIResources/

The development of a QA&I web enabled electronic tool is ongoing. This is an electronic system designed to allow the collation of self assessments and quality improvement plans undertaken at Primary Care Management Team (PCMT) level, Primary Care Networks and/or Primary Care Teams (PCTs) within Primary Care.

Work is also ongoing with the HSE Change Management Resources Team on the development of a National Networking online Forum via HSELand.ie 'Change Hub' to enhance learning and sharing of information in the assessment against the National Standards for Safer Better Health Care.

COMMUNITY INTERVENTION TEAMS

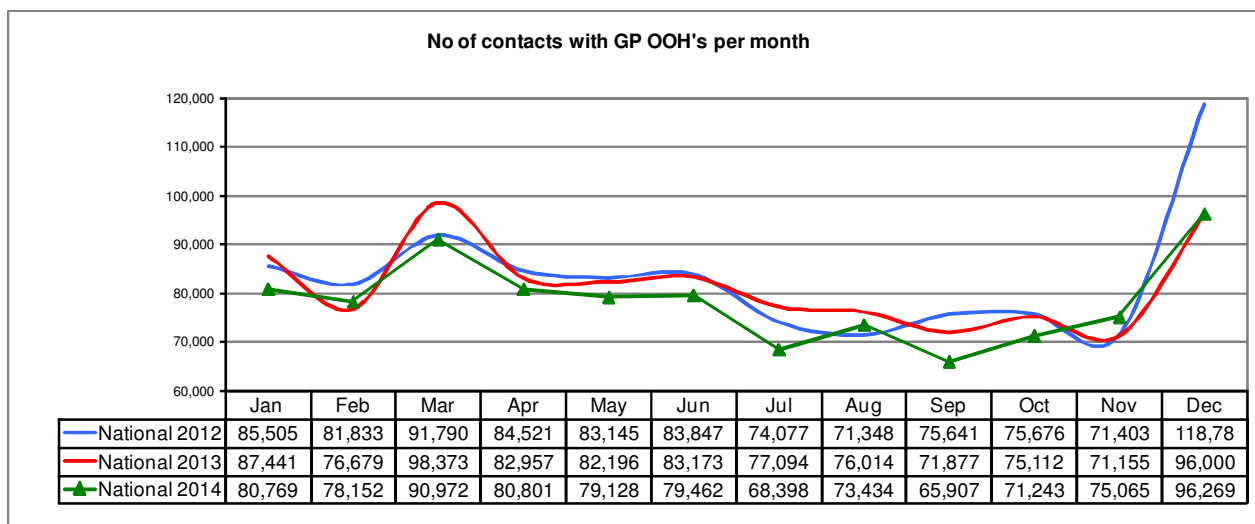
During December 2014, 1,314 patients had been seen by the 8 CIT teams, bringing the number seen year to date to 14,689. As part of the National Service Plan 2014 a review of CIT services was undertaken and the provision and further development of services will be informed by the outcome of the Review.

In December:

- 847 people were provided with a community intervention service to assist with hospital avoidance or inpatient admission – a total of 9,169 year to date.
- 254 people availed of the service to assist early discharge – a total of 3,099 year to date.
- 119 GP referrals – a total of 1,484 year to date. This figure excludes GP referrals that are deemed hospital avoidance and which have been included under the category ED/Hospital Avoidance.
- 94 Community referrals - a total of 937 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

- 96,269 patients availed of GP out of hours services in December (i.e. triage, treatment, home visit etc.) to bring the total year to date to 939,600. This is a demand led service and reflects the actual demand for services in the reporting period.



PHYSIOTHERAPY SERVICES

Waiting List management: In December the number of people waiting more than 12 weeks for a physiotherapy assessment was 7,433. This is reflective of the increase in referrals (from 175,926 in 2013 to 183,945 in 2014); an increase in the number of patients seen for a first assessment up from 145,213 in 2013 to 156,628 in 2014 and an increase in the number of priority 1 referrals in 2014. With the exception of December 2014, there was a reduction month on month in the overall number of people waiting over 12 weeks for an assessment throughout 2014 - the increase in December was due to several factors including a number of vacant posts and the lead-in time to recruit replacements, maternity leave, seasonal factors and the availability of cross-cover arrangements. The increase in wait times will be reversed in 2015.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+15.3%	+10.0%	-1.8%	+7.8%	+7.1%
Patients seen first assessment	+16.4%	+15.4%	+7.7%	+6.4%	+10.8%
Patients Treated	+0.5%	+2.6%	-18.8%	-1.9%	-5.8%
Treatment contacts	+22.8%	+10.9%	-6.2%	+6.3%	+6.9%

Physiotherapy patients waiting more than 12 weeks for assessment					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 12 weeks for assessment	1,219	1,115	1,311	3,788	7,433

The change in activity is primarily due to seasonal factors

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 December there were 8,141 patients waiting more than 16 weeks, which is an improvement and represents a reduction of 4.3%.

Occupational Therapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+31.1%	+29.8%	+14.0%	+13.0%	+22.0%
Patients seen first assessment	+25.1%	+21.3%	+16.5%	+3.3%	+16.9%
Patients Treated	+13.8%	+13.4%	+4.6%	-5.3%	+6.1%

Occupational Therapy patients waiting more than 16 weeks for assessment					
Regions	DML	DNE	South	West	National
Number of patients waiting more than 16 weeks for assessment	1,968	1,086	3,502	1,585	8,141

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.

Orthodontics

5,805 patients (or 96.5% of the total waiting list) who were waiting for orthodontic assessment were seen within 12 months of referral as of December 2014.

Measures are also underway to address the waiting list for orthodontic treatment, with a particular focus on the greater Dublin area. This includes a therapy programme which has commenced in the DNE area and a procurement programme to tackle the longest waiters commencing in January 2015.

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.

Addiction services

- 9,312 patients received Opioid Substitute Treatment (excluding prisons) at the end of the reporting period which includes 3,936 patients being treated by 339 GPs in the community.
- Opioid Substitute Treatment was dispensed by 624 pharmacies catering for 6,355 patients at the end of the reporting period.
- At the end of the reporting period there were 71 HSE clinics providing Opioid Substitute Treatment and an additional 10 clinics were provided in the prison service. 83 new patients commenced Opioid Substitute Treatment during the reporting period (7 in General Practice, 55 in HSE clinics and 21 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 1st January 2015 was 1,768,700 (39% of the population). Included in these cards were 76,665 medical cards granted on discretionary grounds.

The total number of GP visit cards as of 1st January 2015 was 159,576. Included in these cards were 34,605 GP visit cards granted on discretionary grounds.

The change in relation to medical cards overall as of December 2014 was a net reduction of 80,680 since the beginning of the year. The number of medical cards granted on discretionary grounds increased to 76,665.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	447,719	375,627	475,196	470,158	1,768,700
Number of people with GP Visit Cards	41,457	33,813	45,189	39,117	159,576
Total	489,176	409,440	520,385	509,275	1,928,276

*Includes 76,665 medical cards granted on discretionary grounds and 34,605 GP visit cards granted on discretionary grounds.

As of the 19th January 2015, 96.35% of completed medical card applications were processed and issued within 15 days. Of the 3.65% 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” Source: PCRS Monthly Management Report – December 2014 (Draft)

Long Term Illness / General Medical Scheme National	Number Processed		% Variance to profiled target
	December 2014	Jan – Dec YTD	
LTI claims	131,976	1,294,001	37.0%
LTI items	465,334	4,451,918	45.5%
GMS prescriptions	1,529,980	19,144,298	-11.5%
GMS items	4,644,106	58,831,655	-11.4%
GMS Special items	68,152	942,033	-0.5%
GMS Special type consultations	91,019	1,098,129	-11.6%

*increase primarily attributable to flu season commencing

HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	9,388.05*	9,485.16*	97.11*	1.03%*

The numbers employed are in line with the ceiling targets and are subject to final verification once all the inter-Divisional transfers are completed.

FINANCE

Primary Care Division (Overall Total) with Palliative care included	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	3,341,686.00	3,431,206.00	3,431,686.00	(0.480)	(0.01)

Note - In 2014 operational responsibility for the local drugs task force projects transferred to the HSE, with a budget of €21.6m.

Primary care infrastructure was enhanced following major refurbishment and commissioning of centres in the following locations:

Count	Region	County/Area	Location	Current Status	Opening Date
1	West	Leitrim	North Leitrim/West Cavan (Manorhamilton)	Operational	Q1 2014
2	West	Galway	Loughrea	Operational	Q2 2014
3	DML	Westmeath	Athlone (Clonbrusk)	Operational	2014 Q1
4	DNE	Meath	Summerhill, Meath	Operational	2014 Q2
5	DML	Dublin	Bride St (Liberties)	Operational	2014 Q2
6	South	S Lee	Kinsale	Operational	2014 Q2
7	DML	Kildare	Clane	Operational	2014 Q3

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Community Intervention Team Enhancement

8 Community Intervention Teams in place at end of 2014 are outlined as follows;

- Dublin South
- Dublin North
- Carlow Kilkenny
- Limerick
- Tipperary
- Clare
- Cork (South Doc)
- Galway (TCP) - established in Sept 2014.

The Community Intervention Teams provide care to patients with an acute illness aiming to avoid hospital admission or facilitate early discharge for these patients. The services include Outpatient Parenteral Antimicrobial Therapy OPAT (Home IV antibiotics), subcutaneous fluids, urinary care, end of life care and a range of other nursing and support services.

A draft National CIT referral form was developed in 2014 and a workshop was held with representatives of all CIT's to facilitate sharing of best practice and standardisation of services. Additional capacity was made available in the Dublin area in Dec 2014.

During 2014 a total of 14,689 patients were seen by the 8 CITs with the breakdown as follows:

- 9,169 people were provided with a community intervention service to assist with hospital avoidance or inpatient admission.

- 3,099 people availed of the service to assist early discharge
- 1,484 GP referrals. This figure excludes GP referrals that are deemed hospital avoidance and which have been included under the category ED/Hospital Avoidance.
- 937 Community referrals. This figure excludes Community referrals that are deemed hospital avoidance and which have been included under the category ED/Hospital Avoidance.

During 2014 CITs exceeded the full year target of ED/ Hospital avoidance cases by 3,193 or 53.4%.

Improving Health Outcomes for Disadvantaged Groups - Asthma Education Programme for the Traveller Community

The All Ireland Traveller Health Study found that the prevalence and inadequate control of asthma was found to be significantly higher among members of the Traveller and Roma Communities and is the most common reported chronic health condition in Traveller children.

The Asthma Education Pilot project – an innovative approach to develop and deliver a culturally appropriate programme for members of the Traveller community - was developed in 2014 as a collaborative initiative of HSE Social Inclusion, Asthma Society of Ireland and Pavee Point.

Using a 'Train the Trainer' model, the programme was delivered to 32 Community health workers from the Traveller Community. The selected healthcare workers undertook training and then returned to their regions, where they in turn trained their Community health workers colleagues. Following this the Traveller Community healthcare workers worked in pairs to educate the families affected by asthma in their area.

The programme was launched in October. Evaluation has shown this to be an effective, low cost and appropriate means of supporting Travellers to learn about asthma and take control of managing it. This programme may also be suitable for rollout across other marginalised groups. Response to the programme has been very positive, with the HSE committed to further rollout across 3 Traveller Health Units in 2015.

PCRS Activity

The Primary Care Reimbursement Service provided services to approximately 3m people in the community availing of primary schemes such as medical card scheme, drug payments, long term illness, dental treatment, primary childhood immunisation, immunisations. These services are provided through 7,000 (approx) primary care contractors including general practitioners, pharmacists, dentists, optometrists and ophthalmologists. The number of persons covered by medical cards and GP visit cards at the end of 2014 was 1,928,276 and 96% of complete medical card applications were processed and issued within 15 days. The number of items processed under the Long Term Illness and General Medical Schemes was 65m approx.

Two major reports on medical card assessment and processing were published in late 2014 and implementation arrangements are underway.

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Screening Programmes
- Tobacco Control
- Food Safety
- Child Health Development Screening
- Immunisation Uptake Rates
- Healthy Ireland
- Developments in December
- Human Resources
- Finance
- Key Priorities with Actions to Deliver in 2014

QUALITY AND PATIENT SAFETY

Work continued on the updating of Divisional and sub-Divisional risk registers during the month. Specific actions in support of the quality and patient safety agenda were finalised for inclusion within the Health and Wellbeing Operational Plan for 2015. These include the

- Development of a Quality Profile framework for application within all Health and Wellbeing Services and Functions
- The establishment of appropriate governance structures to address quality and safety issues
- Further development of quality indicators building on the work undertaken to date.

These will be progressed in partnership with colleagues in 2015.

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

8,802 women attended for breast screening in December, bringing the year-end total to 138,779. Whilst this is short of the 2014 target (140,000), the programme is delivered on an area-by-area basis over a two year screening round. Taking the screening activity for 2013 (144,656) and 2014 together, the number of women screened (283,435) is in excess of target for the 13/14 screening round (280,000). The uptake rate for breast screening in Ireland continues to be in excess of 70%, consistent with national targets.

CervicalCheck saw 16,746 women screened in December bringing the year to date total to 266,763. The target 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.

13,735 clients in the eligible age range were invited to participate in the BowelScreen programme in December. Year to date 212,141 clients have been invited, consistent with targets for 2014.

1,008 clients were invited to participate in the Diabetic RetinaScreen programme in December. Year to date 115,907 clients have been invited, consistent with targets for 2014.

TOBACCO CONTROL

The re-developed QUIT.ie site went live on 23rd December. With the new site in place, the HSE QUIT Team now provide access and support for smokers across phone, text, social media and online channels and smokers who choose not to engage with the QUIT Team can avail of an enhanced self-help service by signing up to the QUIT plan.

The new website and service were launched at a photocall on 30th December in Dublin with Minister for Health, Dr. Leo Varadkar. Photos and press statements were carried in national and local newspapers over the following days and on national and local radio on the day. A full media plan, encompassing TV, radio and digital advertising that, coupled with a strong ‘why to quit’ message and equally strong ‘how to quit’ message driving to the new service, commenced subsequently.

100 front line staff received training in Brief Intervention Smoking Cessation (BISC) in the final month of 2014. The total number trained for the year was 1,303, 3.5% below the target figure of 1,350 staff. Challenges remain in securing release of staff in acute settings to participate in training.

An evaluation of BISC training has been completed. Preliminary findings show positive impact of the training on long term skills and change in practice in terms of asking service users about smoking and delivering BI.

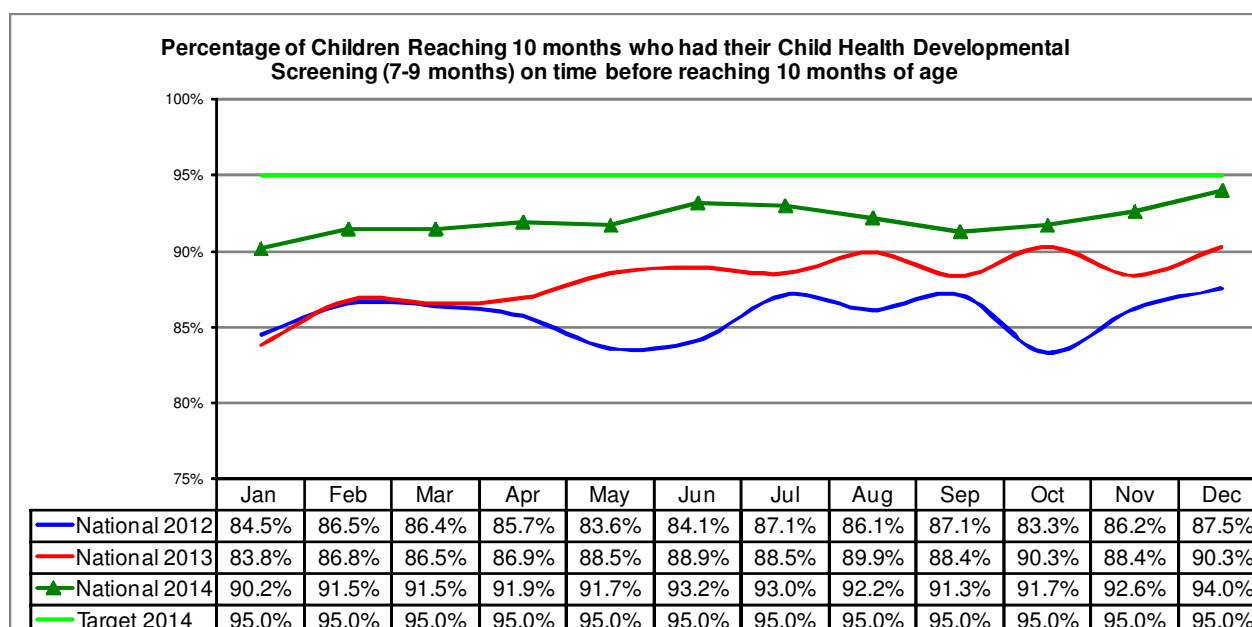
9,309 smokers received intensive cessation support from a cessation counsellor to end of December 2014, compared to an expected activity target of 9,000 (+3.4%).

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.

62,605 children (92.1%) have received child developmental health screening within target year-to-date. Overall the outturn of this clinical intervention has increased by 4.5% on 2013 outturn (88.1%). These trends can be seen in the chart below. 70% of areas are reporting improved performance year to date 2014 compared with 2013.

Health and Wellbeing meets monthly with Area Managers to review the data and maintain focus on the targets.



CHILD HEALTH PUBLIC HEALTH NURSE (PHN) 48/72 HOUR VISIT

The Division monitors the percentage of babies visited within both 48 and 72 hours of discharge from hospital. 97.3% of newborns were visited within this timeframe. The target in 2014 is that 95% of newborn babies are visited within 48 hours of discharge. At the end of Quarter 4, 85.7% of newborn babies had been visited within 48 hours of discharge which was -9.8% below target.

Compared with the same period 2013 (84.2%), there was an improvement of 1.8%. At the end of Quarter 4, 6 Local Health Offices met or exceeded the national target of 95%. The remaining Local Health Offices performed between 71.6% and 94.7%, with the exception of Meath which reported 67.8% of PHN visits being completed within 48 hours. 97% of babies are visited within 72 hours of discharge.

As Public Health Nursing services operate for the most part on a 5 day basis, mother and baby discharges on a Friday cannot be undertaken until Monday which makes the achievement of the 48 hour target challenging. In the context of the 2015 National Service Plan, it has been agreed to adjust the target to 72 hours to reflect this.

% Newborn Babies Visited by a PHN within 48 hours of Hospital Discharge (per quarter)				
	Q1 2014	Q2 2014	Q3 2014	Q4 2014
National	87.0%	84.9%	85.3%	85.7%

IMMUNISATION

MMR AT 24 MONTHS

The national performance uptake for Quarter 3 2014 year to date was 93%, (-2.1% below target) but above Quarter 3 2013 performance of 92.4%. 5 Local Health Offices met or exceeded the target of 95%. The remaining Local Health Offices performed between 89.8% and 94.9%. Overall, the uptake in Q3 2014 was 93.1%.

% children aged 24 months who have received MMR vaccine (per quarter)				
	Q4 2013	Q1 2014	Q2 2014	Q3 2014
National	93.5%	93.1%	92.7%	93.1%

6-IN-1 VACCINE AT 12 MONTHS

The national performance uptake for Quarter 3 year to date for the 6-in-1 vaccine was 92% (3.1% below target) and 1.1% above Quarter 3 2013 performance of 91%. 3 Local Health Offices met or exceeded the target of 95% at the end of Quarter 3. The remaining Local Health Offices performed between 88.7% and 94.2%. Overall, the uptake in Q3 2014 was 91.9%.

% children 12 months of age who have received the 6-in-1 vaccine (per quarter)				
	Q4 2013	Q1 2014	Q2 2014	Q3 2014
National	91.8%	91.8%	92.4%	91.9%

MENC AT 24 MONTHS

In relation to MenC at 24 months, the national performance uptake for Quarter 3 year to date was 87.8%. This was -7.6% below target and 1.8% above Quarter 3 2013 performance of 86.3%. One

Local Health Office exceeded the target of 95% at the end of Q3. The remaining Local Health Offices performed between 82.6% and 92.9%. Overall, the uptake in Q3 2014 was 88.3%.

% children 24 months of age who have received 3rd dose of MenC (per quarter)				
	Q4 2013	Q1 2014	Q2 2014	Q3 2014
National	87.9%	87.6%	87.4%	88.3%

Note: Immunisation data is reported quarterly in arrears.

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

HPV VACCINE (1ST AND 6TH YEAR GIRLS)

Provisional data received for the academic year 2013 / 2014 reports 83.6% of first year girls having received their third dose of HPV by August 2014 this is marginally less than 2012 / 2013 which reported a figure of 84.1%. The percentage of sixth year girls who received the HPV vaccine in 2013 / 2014 is 44.3%. This is as a consequence of many of the year already being offered the vaccine in 1st Year.

FOOD SAFETY

Food control inspections are undertaken by the Environmental Health Service using a risk based approach and focused on ensuring that any identified non compliances are followed up with appropriate action.

In 2014, 34, 720 planned surveillance inspections of food businesses have taken place. This is 5.2% ahead of target for the year.

The service contract with the Food Safety Authority of Ireland due to expire on the 31st December 2014 has, by agreement, been extended for one year.

HEALTHY IRELAND

Work continued on the development of the health services Healthy Ireland Implementation Plan which will be concluded in the first quarter of 2015.

Cork as a Healthy City

The Lord Mayo of Cork recently accepted (December 8th) a prestigious certificate from the World Health Organisation on behalf of Cork City. The Certificate acknowledges Cork city's commitment and contribution to the World Health Organisation European Healthy Cities Network during 2009 – 2013 and is signed by Dr. Agis Tsouros, the Director of Policy and Governance for Health and Wellbeing. In January 2012 Cork city was designated by WHO as a healthy city. Cork city has applied to participate in Phase VI of the WHO European Healthy Cities Network 2014 – 2018.

Think Contraception's 'Johnny's got you covered' campaign

The Think Contraception promotional staff distributed approx 13,500 'protection packs' (containing sexual health information and a condom) and engaged with the target audience via innovative activities at key out-of-home settings during December. The Christmas period is a key time when risk-taking behaviour can occur, making this a pivotal time of year for delivering messages relating to sexual health. The campaign targeted student focussed events and pubs / clubs in Dublin, Cork, Galway and Kilkenny over 11 nights.

HIV Dublin – Our Responsibility: Building an Inclusive Society

On Monday 1st December the Lord Mayor of Dublin hosted an event in the Mansion House to mark World AIDS Day. It was an occasion of celebration to emphasise that HIV is a responsibility for all. The Mansion House was lit in red from early morning joining with other cities worldwide to highlight the continued existence of HIV and AIDS in Ireland and across the globe. The main focus of the event was the launch of 'HIV – Our Responsibilities', a booklet produced by Positive Now, an all Ireland network of people living with HIV. The event was lead by Dublin City Council in partnership with Positive Now, Dublin AIDS Alliance, BeLonG To, Dochas, Concern, ACET, DWI, the HSE's Gay Men's Health Network and the Crisis Pregnancy Programme.

Donegal Mind Wellness and Stress Control

A new mental health organisation, Donegal Mind Wellness which aims to help people deal with the ups and downs of everyday life, was launched in Donegal on the 15th December.

HSE staff have worked with the founder for the past two years to develop the concept of Donegal Mind Wellness. The flagship project of the organisation is Stress Control which is an evidence based 6 week programme which teaches strategies to deal with stress. To date over 600 people in Donegal have benefited from Stress Control which is delivered by trained trainers from the HSE and Community and Voluntary sector. Courses have also been delivered to HSE staff. Stress Control courses are free of charge and are delivered in settings to ensure maximum accessibility for everyone. An evaluation of the programme was conducted in 2014 and 100% of participants said they would highly recommend the course to others.

OTHER DEVELOPMENTS

Ebola preparedness

As of the 19th January 2015 there have been a total of 21,296 cases worldwide with 8,429 deaths. All affected countries have shown recent improvement in incidence however outbreaks are occurring in new areas of these countries.

The overall risk of a case of Ebola being imported into Ireland remains low; there have been no cases of Ebola in Ireland to date. However, the Irish health services are in a good state of preparedness in the unlikely event of a case of Ebola occurring in Ireland irrespective of other pressures on services at the time. HSE and interagency workshops and training continue around the country. Three Regional Planning events were held throughout December.

In collaboration with the Department of Foreign affairs the HSE is being notified of all Irish citizens going out to West Africa and their return so they can be monitored as per established protocols. There is also a link into the UK system. At any one time around 5 people are being monitored.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Health & Wellbeing	1,219	1,233	+14	+1.00%

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
	€'000	Actual	Plan	Variance	€'000
	€'000	€'000	€'000	€'000	€'000
National	206,723	182,739	206,723	-23,984	-11.6%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Through the implementation of our 2014 Service Plan, significant progress has been made in increasing the overall 'footprint' of Health and Wellbeing within the Health Services. This can be seen through:

- Increased commitment to conjoint working undertaken on a range of cross-cutting priority areas and key modifiable risk factors across Acute, Social Care, Mental Health and Primary Care services
- Establishment of a Health Services Cross-Divisional *Healthy Ireland* planning group and the development of the first site-specific hospital group implementation plan for *Healthy Ireland*
- Improved investment from three philanthropic collaborations and projects resulting in significant investment over the coming years for: a) improving quality of services for young babies and infants (0-2 years); b) improving information and support for people with dementia and c) increased research on ageing to impact on service developments for older people to support healthy and positive ageing
- Improved governance and leadership arrangements including shared management arrangements between Health and Wellbeing with Clinical Strategy and Programmes
- Monthly engagement process established with Integrated Service Areas bringing a national focus to Child Health Performance indicators
- Health and wellbeing objectives embedded within strategic Health Service reform projects
- Implementation of a Health and Wellbeing staff engagement process to build a shared view of our priorities and to allow for staff participation and feedback into the strategic direction of the Division.

In addition, strengthened governance and performance management arrangements within the Division have helped develop our organisational capacity and responsiveness.

A significant unplanned workload arose within the Division as a consequence of the outbreak of Ebola in West Africa which was and continues to be dealt with deftly and comprehensively. The extensive programme of work that ensued from this threat demonstrates the flexibility and hard work of staff, within the Health and Wellbeing Division and across the health service, to maintain existing service levels and still take on board additional work to ensure services are prepared and capable of protecting the public from threats to health.

In support of the achievement of our Service Plan in 2014, the Division developed an ambitious Operational Plan setting out over 127 actions for delivery this year. This operational plan would not have contained actions which were unforeseen such as the co-ordination of the health service response to the threat of Ebola. Almost 70% of the actions in the operational plan were completed by the end of 2014 with 83% expected to be completed by quarter 1 of 2015.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Disability Act Compliance
- Services for Children & Young People (0-18s)
- Day Services
- School Leavers Rehabilitative Training (RT) Exits
- Congregated Settings
- Human Resources
- Finance
- Key Priorities with Actions to Deliver in 2014

QUALITY AND PATIENT SAFETY

The Division was alerted to serious allegations in respect of totally unacceptable behavior and attitudes towards residents in Unit 3, in Aras Attracta, Residential Service. Once the HSE became aware of the serious issues at Aras Attracta it initiated an immediate 3 level set of actions including:

At the first level the most immediate priority has been to ensure a safe and caring home for the residents in Aras Attracta with ongoing communication and meetings with families of the residents involved. This included the personnel against whom allegations were made have, without prejudice, been “put off duty”; psychology support being provided to Residents and Staff of the service and the commencement of a number of investigations including the HSE investigation team working under an independent chair.

At the second level – McCoy Assurance Review - A full assurance review has also been commissioned of all of the Units in the Aras Attracta facility under the independent chairmanship of Dr. Kevin McCoy, assisted by 3 independent experts within the field. The output from the Review Team will help to inform a system-wide programme of improvement and assurance for all residential centres, including a mechanism for input from service users and their families, staff at all levels throughout the sector and academia.

At the third level – System wide Programme of Measures - The HSE has initiated a system-wide programme of measures to assure that the quality and safety of services delivered by 90 Providers in the 908 designated residential centres for people with disabilities is in line with the requirements of the regulations and standards as inspected by HIQA. In this regard, a 6 step programme will be implemented and monitored by a National Implementation Task Force for Disability Residential Services, led by Pat Healy, National Director Social Care.

1. National Implementation Task Force

The National Implementation Task Force, which had its inaugural meeting on 16th December 2014, will drive the implementation of the programme and the development of long term sustainable and evidence based safeguarding practices and training programmes specific to residential settings.

2. Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures Implementation

This new policy was launched on 5th December 2014 and is for all HSE and HSE funded services staff. It builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services and in a range of other Disability Service providers. Funding has been provided in the Social Care Operational Plan to implement the policy and teams during 2015.

3. Implementation of an Evaluation, Quality & Practice Improvement Programme in Disability residential Centres

This will involve undertaking an evaluation on the transfer of Standards of Care into practice in services provided by the 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA. The team have extensive knowledge and competencies in the area of Intellectual Disability and provision has been made to expand the Team in 2015 at a cost in the order of €750,000.

4. Development of a National Volunteer Advocacy Programme in Adult Disability Residential Settings

The HSE has commenced work, in partnership with key internal and external stakeholders, families and service users, to develop and implement a Volunteer Advocacy Programme similar to the model being developed for older people drawing on experience of other models of advocacy currently in use by Disability Groups.

5. Assurance review (McCoy Review)

The recommendations of the McCoy Review in respect of Aras Attracta and the broader system wide programme of improvement and assurance will be implemented.

6. National Summits – Transfer of Learning and Oversight

A national summit was held on the 16th of December, 2014 which had participation, not only from the HSE and the DOH, but also from HIQA, the NDA, National Advocacy Services, the CEO's and senior management from the 90 providers, voluntary sector representatives and advocacy groups. A series of summits will be held in March, June and September 2015.

HIQA

HIQA has published 493 inspection reports at the end of December 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.

DISABILITY ACT COMPLIANCE

The Disability Act 2005 provides for an assessment of the needs of eligible applicants occasioned by their disability. This assessment must commence within three months of receipt of a completed application and must be completed within a further three months. 1,348 applications for a disability assessment were received by the HSE in Q4. 44% of these applications were from children aged 5 and over.

Nationally 775 assessment reports were completed in Q4 and 36% of these were completed within the timelines as provided for in the regulations; a reduction on Q3 where 43% was achieved. HSE West completed 77% of assessments within the timelines.

The HSE is aware that a significant number of applications are overdue for completion, however, overall activity has increased year on year.

	2012	2013	2014
Total children aged <5 years	2,409	2,590	2,771
Total children aged >5 years	1,096	1,671	2,137
Total all ages	3,505	4,261	4,908
% children aged >5 years	31%	39%	44%

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

In line with the objectives of the programme, and two year (2014 / 2015) phased approach to implementation 5 of the Local Implementation Groups (LIGs) have fully reconfigured their children's services into children's disability network teams (Meath, Cork West, Kerry, Mid West and Galway). A further 8 have completed their implementation plans and reconfigured their Early Intervention Services with plans to reconfigure their School Age Services in early 2015, (Cavan Monaghan, Donegal, Sligo Leitrim West Cavan, Galway, Roscommon, Mayo, S. Tipperary, Midlands and Louth). The remaining 11 LIGs are progressing development of their Implementation Plans (North Lee/South Lee, North Cork, Carlow Kilkenny, Wexford, Wicklow, Dublin South/South East, Dublin West/South City, Dublin South West, Waterford, and North Dublin).

There are 55 children's disability network teams now reconfigured under Progressing Disability Services for Children and Young People and an estimated additional 72 teams to reconfigure.

Training and other supports were provided in Mid-West, Meath, West Cork, Cavan/Monaghan and Midlands. Funding has been allocated to ISA's throughout the country for the implementation of the 0-18's Programme. This funding supported the provision of training for in excess of 400 staff along with essential therapy equipment. Specific initiatives are also being put in place to address significant waiting lists, e.g. use of temporary staff, waiting lists initiatives etc.

DAY SERVICES

The number of work / work like activity WTE places provided for persons with ID and / or autism stands at 1,534 which is close to the target of 1,547. The number of persons with ID and / or autism benefiting from these places stands at 3,097 close to the target of 3,114.

The number of work / work like activity WTE places provided for persons with a physical and / or sensory disability is 71, slightly below target of 73. The number of persons with a physical and / or sensory disability benefiting from these places is 158, 6% below target of 168.

SCHOOL LEAVERS AND REHABILITATIVE TRAINING (RT) EXITS

In December, 2,583 rehabilitative training places were provided for persons with disabilities. As weekly places are utilised by more than one person, 2,895 people availed of these places nationally. Planning has commenced in respect of the 2015 School Leaver process to ensure that places are provided and young people with disabilities and their families advised of these places by the end of June, 2015.

CONGREGATED SETTINGS

The VFM programme National Sub (Working) Group for Congregated Settings in partnership with the National Housing Strategy for Disabilities Subgroup are continuing to support the decongregation of people by implementing initiatives which enable a new model of residential supports in the mainstream community. This programme supports people with disabilities to live ordinary lives in ordinary places.

In 2014, 60 people completed the transition from congregated to community settings (DML 13, DNE 14, South 16, West 17). There are 88 people who were delayed due to housing issues. These issues have now been addressed through the allocation in November 2014 of once-off funding from the Department of Health (DoH) and the Department of Environment, Community and Local Government (DoECLG) towards the purchase of properties and to meet essential adaptation costs.

These persons with disabilities are now commencing the transition as planned and it is expected to be completed Q1-Q2 2015.

HUMAN RESOURCES**Social Care Division**

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,067.51	24,251.76	184.25	0.77%

FINANCE**Social Care
Disability Services**

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	447,359	447,856	447,359	497	0.1%
DNE	338,896	341,016	338,896	2,120	0.6%
South	307,824	310,491	307,824	2,666	0.9%
West	343,462	347,649	343,462	4,187	1.2%
National	2,525	-11,000	2,525	-13,525	-535.6%
Corporate	8,270	1,165	8,270	-7,105	-85.9%
National	1,448,337	1,437,177	1,448,337	-11,160	-0.8%

Social Care Division (Total)

	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,954,480	2,953,843	2,954,480	-636	0.0%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)**Services for Children & Young People (0-18's) Disabilities**

- Five Local Implementation Groups (LIGs) have fully reconfigured their children's services into children's disability network teams (Meath, Cork West, Kerry, Mid West and Galway). A further eight have completed their implementation plans and reconfigured their Early Intervention Services with plans to reconfigure their School Age Services in early 2015, (Cavan Monaghan, Donegal, Sligo Leitrim West Cavan, Galway, Roscommon, Mayo, S. Tipperary, Midlands and Louth). The objective is that all teams will be fully reconfigured by end of 2015.

Value for Money and Policy Review

- The VFM Implementation Programme is focused on giving effect to the recommendations, including a new model of person centred community based services which will provide greater choice for people with disabilities and increased access to the supports and resources they require to achieve optimal independence. Comprehensive and representative work groups are in place to progress implementation of the recommendations.

Service Improvement Team

- With the establishment of the Social Care Division, a Service Improvement Team has been put in place at National Level. The objective of the Service Improvement Team is to support senior staff and teams at local, area and national level in the management of Service Level Agreements (SLAs), service delivery and reform in line with the VFM and Policy Review. While supporting the delivery of high quality services through changing models of care and ensuring the development of sustainable models of best practice service delivery into the future, it is also progressing implementation of the reform agenda and linking funding provided to activity & outputs, cost, quality & outcomes.

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
- Key Priorities with Actions to Deliver in 2014

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. In addition, a Project Manager is being assigned to this project to support the working group and progress stakeholder consultation and the development of guidance documentation.

SERVICE ACTIVITY

As of December 2014:

- 47,061 clients were in receipt of home help service receiving 10.3m home help hours YTD
- 13,199 clients are in receipt of a home care package
- 22,360 clients are supported by the Nursing Home Support Scheme (NHSS)
- The total number of applications on the national placement lists was reduced from 1,937 (24th Nov, 2014) to 1,188 (5th Jan, 2015) over this time, reducing the waiting time to 11 weeks. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. The overall position remains challenging and both the Social Care and Acute Hospital divisions are collaborating closely in monitoring the situation.

HOME HELP HOURS

The 2014 National Target for Home Help Hours is 10.3m hours. This target was met in 2014 with 10.298m hours of service delivery.

- 47,061 clients were in receipt of home help services at the end of December a 1.4% increase (+653) on the same period last year.
- 10.298m hours have been provided year end nationally, a 5.8% increase on the same period last year.

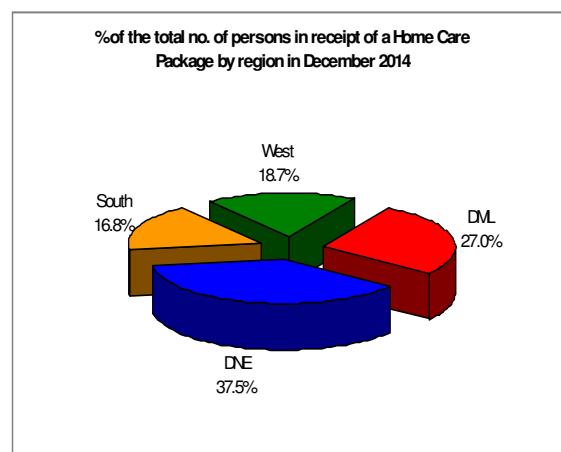
Region	Expected Activity 2014		Activity YTD	% var YTD v EA YTD
	Full Year	YTD		
National Total	10,300,001	10,300,001	10,298,481	0.0%
HSE DML	1,910,001	1,910,001	1,636,331	-14.3%
HSE DNE	1,660,000	1,660,000	2,052,188	23.6%
HSE South	3,620,000	3,620,000	3,198,158	-11.7%
HSE West	3,110,000	3,110,000	2,865,239	-7.9%

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.

13,199 persons were in receipt of a home care package at end of December 2014.

- Activity year-to-date was 21.4% above the expected level of service*.
- South Region was below the expected level of service with a variance of 8.5%.
- DML, DNE and West Regions were above the expected level of service at 33.7%, 39.7% and 10.4%.



*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.

A review of home help and home care package services is being undertaken, to ensure that accurate activity and home care data is available to support decision making and governance and accountability arrangements. A report and implementation plan will be prepared which will provide a framework to match national and local activity with available funding.

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 home care 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.

The home care tender process is taking longer than anticipated due to legal action. While this is being finalised the remaining funding allocation has been used to support discharge from the acute hospital system as public nursing units throughout the country are providing transition care. Towards the end of the year the progress of Intensive HCP has intensified with awareness sessions taking place with senior clinicians and discharge teams in the hospital to identify appropriate patients who would otherwise have to avail of long term care. The care plan to organise the discharge of these patients with complex needs, to their own homes is a lengthy process. At the end of December there are 20 IHCPs in place with more approved and planned for the early weeks of January 2015.

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 was referred to the Joint Oversight Committee for consideration. At the meeting of December 22nd 2014, it was agreed that a working group would be established in January 2015, to give consideration to how the matter could be progressed, taking account of the differing positions of management and unions in relation to the proposal. The working group will report to the joint oversight committee within 4-6 weeks.

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 December 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 0.5% above target in December.

NURSING HOME SUPPORT SCHEME (NHSS)

The 2014 National Service Plan set a target to provide quality long term residential care services under the Nursing Homes Support Scheme for 22,061 people. In December 2014 the scheme funded 22,360 people in receipt of long term residential care services. This includes the additional 300 places supported under the scheme at the end of 2014, in line with the acceleration of additional places in December 2014 as part of the Delayed Discharges Initiative which allowed appropriate placement of service users to take place in December and to give full effect to the initiative in early 2015. The total number of applications on the national placement lists was reduced from 1,937 (24th Nov, 2014) to 1,188 (5th Jan, 2015) over this time, reducing the waiting time to 11 weeks.

A total of 6,286 new service users were funded under the scheme during 2014. The scheme continues to take on new service users within the limits of the resources available in accordance with the legislation.

Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	No. of 'savers' in Section 39 Units	Total in Payment during Month
Total – Dec 2013	5,052	16,269	565	1,016	105	23,007
DML	1,346	4,310	106	432	-	6,194
DNE	837	3,316	95	180	11	4,439
South	1,515	4,190	77	89	70	5,941
West	1,240	4,350	126	70	-	5,786
Total – Dec 2014	4,938	16,166	404	771	81	22,360

Note: An additional 741 clients have been approved under the scheme but had not taken up a place or had 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.

Elder Abuse

In December the number of new referrals nationally was 2,555, 16% above anticipated activity. In DML, DNE and HSE South referrals are ahead of anticipated activity by 49%, 26% and 15% respectively. In the West activity at year end is below target by 11%. Specifically for Q4 in DML referrals are 74% ahead of target with DNE and HSE South being 10% and 4% ahead respectively. In contrast HSE West is down 29% on anticipated activity. There are no referrals in Limerick recorded in either November or December which is a contributing factor.

There are 1,358 active cases at the end of Q4- the highest is in HSE West with 392 cases currently open. This represents 28% of all active cases nationally.

In terms of the abuse categories psychological remains the main alleged abuse type at 27% followed by financial 20%, neglect 15% and physical 12%.

The percentage of Elder Abuse active cases reviewed within a six month timeframe is a new quality measure included in NSP 2014 with a target of 80%. In December 2014 the number of cases reviewed within a six month timeframe was 92%. All four regions, DML, DNE, South and West were above the 80% target at 98%, 98%, 91% and 95% respectively. YTD figures show that all areas have exceeded the target ranging from 88% in DNE to 99% in DML.

Referrals are more likely to come from female clients over 80 years

Analysis has found that:

- In keeping with the non adversarial approach of the service there was a low level of legal involvement.
- Evidence to date has identified the perpetrators of elder abuse as being those with the closest relationship to them namely son/daughter, partner and other relative.
- The services most availed of include monitoring, home support and counselling.

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	24,067.51	24,251.76	184.25	0.77%

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
DML	172,829	179,424	172,829	6,595	3.8%
DNE	125,163	130,559	125,163	5,396	4.3%
South	179,130	181,853	179,130	2,723	1.5%
West	174,689	180,421	174,689	5,732	3.3%
Fair Deal (ex Contract & Subvention)	816,143	815,495	816,143	-648	-0.1%
National	8,096	0	8,096	-8,096	-100.0%
Corporate	13,897	7,535	13,897	-6,362	-45.8%
National Director Office	16,196	21,379	16,196	5,183	32.0%
Total	1,506,143	1,516,667	1,506,143	10,524	0.7%
Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
		€'000	€'000	€'000	
National	2,954,480	2,953,843	2,954,480	-636	0.0%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Service Improvement Team

The Service Improvement Team for residential services focused on maximising efficiency, ensuring the delivery of cost effective models of care with safety as a fundamental priority in each long stay unit. During 2014, 65 long stay units were visited and associated action plans focused on roster realignments, skill mix, etc provided to the units. A seminar was held in September to support the roll out of the learning to all units from the work of the service improvement teams. A range of Directors of Nursing, Management and Finance staff attended. The learning and findings were presented and an interactive session provided attendees with an opportunity to engage and provide feedback.

Home Care

A key objective of the 2014 National Service Plan was to provide comprehensive home care and community support services, to enable older persons to live independently in their own homes for as long as possible, and develop a more integrated model of care. In 2014, 47,061 people were supported in their own homes through home help services and 13,199 people received home care packages.

Safeguarding Vulnerable Adults at Risk of Abuse.

“Safeguarding Vulnerable Persons at Risk of Abuse – National Policies and Procedures” was launched in December 2014. This policy follows on from the development of the Elder Abuse Policy and associated service and a number of policies which have been in place in the Disability Care Group sector over the years. The new policy offers protection for, and promotes the welfare of, vulnerable adults within the Social Care Division. The policy is underpinned by respect for human rights, a supportive culture, person centeredness, advocacy, respect for confidentiality, empowerment of individuals and collaboration.

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
- Human Resources
- Finance
- Key Priorities with Actions to Deliver in 2014

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. Two further programmes of System Analysis Investigation training planned for 2014 took place in December. A follow up training day for is planned for March.

ADULT MENTAL HEALTH SERVICES

In December, 75% 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 December decreased slightly from November (76%) figures but has been consistently on and/or over target in the year to date. 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.

The 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 reported 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 December decreased slightly since the November (97%) 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 Q3 2014 the number of admissions to adult acute units was 3,329, which is a 4% decrease on the Q3 position in 2013.

In Q3 2014 the number of involuntary admissions to adult acute units was 506, which is a 2% decrease on the Q3 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 consider in more detail the 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 work is supported by the coming on stream of the development posts allocated to CAMHS from 2012, 2013 and 2014.

- Of the 150.5 WTEs allocated from the 2012 investment to CAMHS, 93.69% or 141 are in post as at end December 2014. Of the 82.5 WTEs allocated from the 2013 investment, 62.42% or 51.5 are in post with a further 1 with an agreed start date after the 31st December 2014. The remaining 30 are at varying stages within the recruitment process. Of the 34.6 WTEs allocated to date from the 2014 investment, 1 WTE has an agreed start date after the 31st December 2014. The remaining are at various stages within the recruitment process. A further 25 posts will be allocated to CAMHS at the beginning of January related to the 2014 funding
- In December, 73% 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 Did not Attend (DNA) rate for New (including re-referred) Cases for the Child and Adolescent Community Mental Health Teams is 13% and this figure is embedded within the reporting on this KPI impacting negatively on reported performance.
- The Child and Adolescent Mental Health Service waiting list has increased to 2,818 cases, a 8% increase on the same period last year (2,602) but a 5.5% increase across the year overall and likely relating to a 6% increase in referrals accepted by the service compared to the same time last year and is 12% (300 cases) above the year end target of 2,518 cases. There are 405 individuals or 14% of the waiting list waiting more than 12 months. Of the 63 CAMHS teams, 57% (36) has no-one waiting more than 12 months.
- 11 (i.e. two teams in DML, two teams in DNE, four teams in the South and three teams in the West) of the 27 teams where individuals are waiting over a year make up 72% (290) of the 405 waiting longer than 12 months.

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

- By the end of December, there had been 290 children and adolescents admissions, of which 201 (69%) were to age appropriate Acute Child and Adolescent Inpatient Units and 89 (31%) 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. The reason 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 48 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 which took place 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 September 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.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) – Inpatient bed capacity

Child & Adolescent Inpatient Units	December 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Linn Dara Unit St. Loman's Hospital	14	14	All 14 beds now fully open and operational from 22 nd December 2014.
St. Joseph's Unit, Fairview	12	10	Consultant cover has recently been put in place to enable service to increase to 12 beds and 10 beds were open at end of December
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
Total No. of Beds	66	56	

NATIONAL OFFICE FOR SUICIDE PREVENTION

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

In December,

- Training for Trainers on the new Understanding Self-Harm programme took place.
- The roll out of the national social marketing campaign (#littlethings), launched in October, and continues with 30 partner agencies.
- Work continues in Donegal on the national template for the local implementation of the new framework.
- A series of meetings were held with key Government Departments in relation to commitments for the new National Strategic 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 was progressed. Interviews were completed.
- The first draft of the new Suicide Prevention Strategy was completed and presented to the Strategy Oversight Group.
- A workshop for the new SCAN teams was held.

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 @ Dec 2014	712	4,447	1,154	755	922	976	8,967

* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to approximately 250 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 over 220 of these posts were finalised and issued to Areas and the detail communicated to HR which allowed for the Primary Notifications to issue.

HUMAN RESOURCES

	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Mental Health	9,539.25	8,967.06	-572.19	-6.00%

FINANCE

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	%
Total	754,828	735,165	754,828	-19,663	-2.6%

Key Actions to Deliver on 2014 Priorities as per NSP 2014 (KRAs)

Continued implementation of Vision for Change through enhanced community based services as well as specialist services

Using a significantly improved information base on the current level of resourcing of community based Child & Adolescent, Adult and Older Age Mental Health Services, a further €20m and over 250 posts were allocated to support the development of new teams, expansion of existing teams and services and further enhancement of specialist services including Mental Health Intellectual Disability, Mental Health Homelessness, Forensics, Liaison etc. In addition to recruitment of these new posts started in late 2014, the majority of the nearly 900 2012 and 2013 development posts were also in place by the end of the year and the total recurring funding of €90m is now fully available for the delivery and continued improvement of Mental Health Services from 2015.

Build national capacity to respond in a standardised way to serious adverse incidents

In 2014 the Mental Health Division established the National Incident Support and Learning Team which will continue to develop further in 2015. Significant progress has been made implementing the HSE Safety Incident Management policy and guidelines and Mental Health Risk Register is in place and a reporting process from the Areas regarding their local risk registers has been established.

Develop and improve service design and specific service responses, including the involvement of service users, family and carers.

- Progress in 2014 included the establishment of the Service User Reference Group, the completion of over 30 national listening events throughout the country meeting 1,200 service users, family and carers.
- The multi-annual Child and Adolescent Service Improvement Project was established in 2014. Despite the increasing demand on the service, focussed on maintaining access to age appropriate child and adolescent inpatient capacity and minimising the length of stay for those under 18 admitted to adult units.
- Promoting positive mental health and reducing the loss of life from suicide - major work was done during 2014 towards the development of the National Framework for Suicide Prevention to be launched in early 2015 as well as the design and launch of the *#LittleThings* media campaign.
- Agreement with the Irish College of Psychiatrists of 2 of the 3 national clinical programmes and their continued implementation throughout the mental health services delivering on standardisation and integration.
- The continued implementation of key standardised ways of working including: the recovery-based approach to service delivery through the Advancing Recovery in Ireland (ARI) Project; agreement on the approach to the deployment of Team Coordinators, and the provision of on-going training and support to community mental health teams through the Enhancing Teamworking Project.

Develop information and systems for improved decision making

During 2014, the Mental Health Division has developed a significant information base on the current financial and staff resource available nationally which provides management and services a view of their comparative resource use and deployment, including an initial view of alignment to population and deprivation data. Improvements in recruitment and retention of staff were progressed through joint mental health and national recruitment service optimisation initiatives which will inform targeted initiatives in 2015 addressing on-going gaps in staffing of services. In addition, in order to address key ICT infrastructural deficits in the delivery of Mental Health Services, an Interim Data Gathering Proof of Concept was completed in 2014 as well as the establishment of a national eRostering Project. A dedicated Project Management Office to support the continued and more effective implementation of Vision and reform of Mental Health Services was also agreed and started before the end of 2014 and will be further developed during 2015.

Human Resources

WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling Dec 2014	WTE Dec 2014	WTE Variance Dec 2014	WTE Variance against Year-end ceiling	% WTE Variance Dec 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,209	94,209	97,791	+3,582	+3,582	+3.8%	+3.8%

WTE Overview by Division	WTE Nov 2014	Ceiling Dec 2014	WTE Dec 2014	WTE Change since Nov 2014	WTE Change from Dec 2013 to Dec 2014	WTE Variance Dec 2014	% WTE Variance Dec 2014
Acute Services	49,478	45,819	49,631	+153	+1,361	+3,812	+8.3%
Mental Health	8,953	9,539	8,967	+14	+51	-572	-6.0%
Primary Care	9,452	9,388	9,485	+33	+69	+97	+1.0%
Social Care	24,232	24,068	24,252	+20	-139	+184	+0.8%
Health & Wellbeing	1,237	1,219	1,233	-4	-33	+14	+1.2%
Ambulance Services	1,626	1,633	1,623	-2	+8	-10	-0.6%
Corporate & HBS	2,596	2,543	2,599	+4	-19	+56	+2.2%
Total Health Service	97,574	94,209	97,791	+217	+1,297	+3,582	+3.8%

- 97,791 WTEs at end of December with employment levels 1,297 WTEs above end 2013, excluding the Nurse Graduate Programme and Support Staff Intern Scheme.
- Upward employment growth pressures continue to be seen year-to-date with an increase of 1,297 WTEs compared to a decrease of 1,547 WTEs for same period in 2013, with Acute Services being the primary driver, up 1,361 WTEs (reduction of 649 WTEs in same period 2013).
- All staff categories except General Support Staff recorded increases this month. Some of the main messages are as follows. Consultant WTEs increased by 5 WTE. They are 79 WTEs above end 2013 levels. Consultant WTEs now constituting some 2.7% of overall health sector employment up from just over 2% in 2008. NCHDs WTEs increased this month by a further 12 WTEs and are now 383 WTEs above end 2013 levels.
- Since October 2007, a reduction of 14,980 WTEs has been recorded in employment levels (-13.28%).
- This is slightly distorted by the transfer of Children and Families staff to the new Agency (3,204 WTEs - estimated), 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 4,149 WTEs), which would indicate that the true change from the peak in recorded employment is overstated by 39 WTEs. Accordingly adjusted employment in the health services has reduced by 14,941 WTEs approximately from the peak (-13.06 %).

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 3,582 WTEs above the current employment ceiling of 94,209 WTEs.
- Mental Health and National Ambulance Service are currently under ceiling and Acute Services is 3,812 WTEs above ceiling with an increase there of 1,361 WTEs in employment levels over end of 2013 levels. The level of real growth is higher at 1,813 WTEs in this Division when growth in the Nurse Graduate Programme and Support Staff Scheme are factored in.
- The other Divisions are marginally above their current allocated ceilings.

GRADUATE NURSE & SUPPORT STAFF SCHEMES

- The Nurse Graduate Programme recorded 305 placements with a 298 WTE value in December, down 21 WTEs from last month. The Support Staff Intern Scheme continues to grow with a total of 1,299 people on placement, with 1,238 WTE value. Both these schemes are excluded from reported WTEs for ECF purposes, but reflect a combined increase from end of 2013 of +1,034 WTEs.
- The overall increase in WTEs from the end of 2013 is +2,331 WTEs when growth in combined Graduate Nurse Programme and Staff Support Intern Scheme are counted.

NEW SERVICE DEVELOPMENTS

788.2 WTEs of 2013 new service development posts filled, up 7 WTEs from November (130.7 WTEs - National Ambulance Service, 244.5 WTEs - Primary Care, 347 WTEs - Mental Health Services, 45 WTEs - Acute Services and 21 - Finance). 47.8 WTEs of 2014 new service development posts filled to date, up 9 WTEs from November (36 WTEs National Ambulance Service, 10.8 WTEs Acute Services, 1 WTE Mental Health).

ABSENCE RATES

	Target	Outturn 2013	Outturn November 2014	Actual RTM	YTD	% Medically Certified (November 2014)	% Medically Certified (YTD)
Absence Rates	3.50%	4.73%	4.10%	4.09%	4.27%	89.68%	90.61%

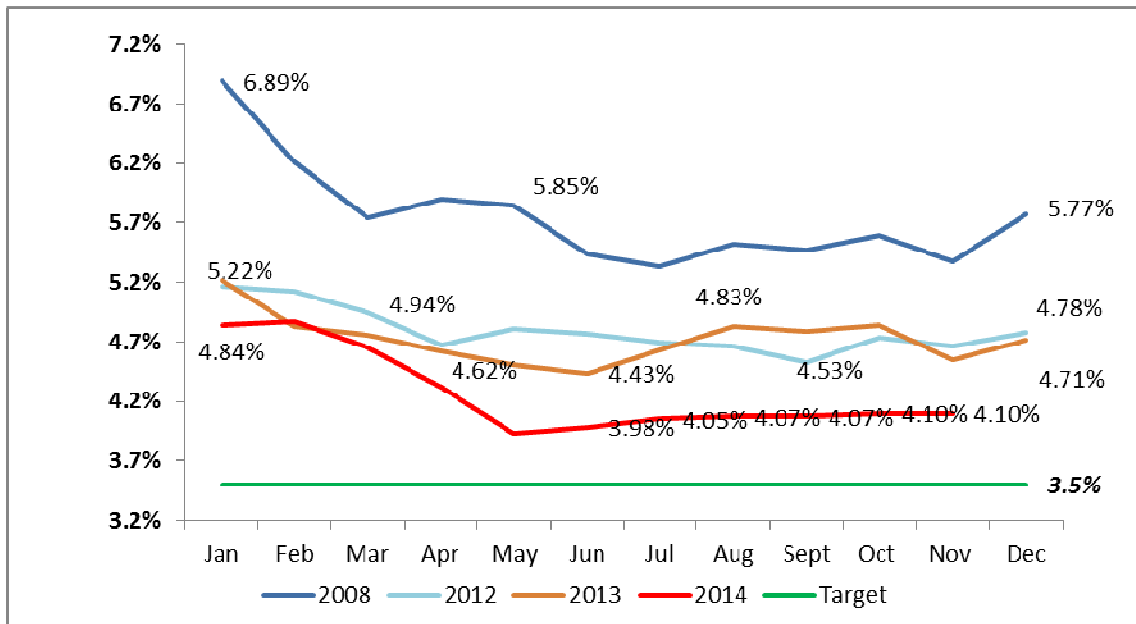
Absence Rate is the term generally used to refer to unscheduled employee absences from the workplace. Absence rate is defined as an absence from work other than annual leave, public holidays, maternity leave and jury duty.

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 (November 2014)

- Latest National absence rate data shows that the absence rate for November 2014 is at 4.10% last month recorded same. It is the lowest recorded November absence rate to date. National target is 3.5%
- This compares with previously published November rates of 5.37% (2008) 5.45% (2009) 4.61% (2010) 5.01% (2011) 4.66% (2012) and 4.55% (2013).
- In November 89.68% of absence was medically certified which is a marginal increase on October (90.61 % YTD).



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

Finance

OVERVIEW - 2014

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 Health Service budgets have reduced by more than €1.5 billion within an overall requirement to generate savings of more than €3.3 billion. 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.

After receipt of supplementary funding the HSE's final financial position for 2014, prepared on an income and expenditure basis⁶ (I&E), shows net expenditure of €12.153 billion against the available budget reported at €12.213 billion. This gives rise to an I/E surplus for the year of €59.9m which represents 0.5% of the total available budget. Of this €40m, or the equivalent of 0.35% of the total available budget, is in respect of less than expected payments to the State Claims Agency (SCA). The residual surplus, after SCA, is €19.9m or 0.15%.

Expenditure by Category and Division	Allocation before Supp Est	Allocation after Supp Est	Actual	Variance after Supp Est	% Var Act v Tar
	€'000s	€'000s	€'000s	€'000s	
Total Acute Division	3,766,145	4,045,662	4,050,807	5,146	0.13%
Total Primary Care Division	3,315,431	3,431,687	3,431,205	(482)	-0.01%
Total Health & Wellbeing Division	207,373	206,723	182,739	(23,984)	-11.60%
Total Social Care Division	2,891,587	2,954,480	2,953,843	(636)	-0.02%
Total Mental Health Care Division	722,844	754,828	735,165	(19,663)	-2.60%
Pensions	393,647	424,122	431,378	7,256	1.71%
Other including National Services, Regional Services, Corporate and Held Funds, etc	293,915	395,441	367,847	(27,594)	-6.98%
Total	11,590,942	12,212,942	12,152,985	(59,957)	-0.49%

The HSE has, for some months, been estimating a projected year end core I&E deficit of €510m which excludes SCA costs and other technical / vote (cash) related items. The final deficit for HSE against this €510m estimate is over by €18m in relation to pension costs, €5m in relation to demand led local schemes and €16m in respect of core services all of which is due to demand driven pressures in our Acute Hospitals.

It is important to note that the €510m forecast took account of our best estimate of likely cost increases to year end mitigated by our ongoing cost containment plans. It is also 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. In this case the margin for error was three tenths of one percent (0.3%) or €39m as the core deficit came in at €549m (€549m - €510m = €39m).

The supplementary estimate for 2014 needed to encompass the core 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. The arrival at this 2014 level of deficit indicates that our

⁶ Up to 31st December 2014 the HSE is required to prepare financial information on both an income and expenditure basis (I&E - accruals based accounting) and also a vote accounting basis (largely cash based government accounting). With effect from 1st January 2015 the HSE Vote has been disestablished and transferred to the Department of Health and the HSE is no longer required to prepare vote based statutory accounts.

net costs will have risen 1.4% between 2013 and 2014 or by 0.3% 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 between €250m to €300m of the 2014 core deficit or over 50% relates to savings targets / budget reductions assigned to the HSE which were outside of its control and therefore not deliverable (includes €111m unspecified pay savings see below).

2014 FINANCIAL RESULTS AND PERFORMANCE

The 2014 deficit **before the supplementary allocation** includes cost overruns / savings shortfalls in the key risk areas which the HSE had previously identified:

- **Savings targets not within control / direct control of HSE (Final deficit €145m) –**
Includes:
 - €111m - unspecified pay savings,
 - €12m - targeted savings related to the proposed introduction of a nurse bank,
 - €10m - Graduate Nurses savings target,
 - €7m - Excess target re full year effect of adjusting the asset based contribution in the Fair Deal scheme and
 - €5m - Target related to proposed licensing of tobacco retailers.

The above had either no identifiable savings measure, were dependant on the enactment of legislation or were otherwise outside of the control of the HSE to deliver.

- **Cost of Historic Claims (managed by the SCA – Final deficit €13m)** – the I/E overrun in respect of these claims reflects the fact that the budget available to the HSE for these costs (€96m) has not increased in recent years albeit the SCA has outlined its predictions in relation to cost growth. Precise cost prediction in this area has proven to be extremely challenging and deficits in recent years have been met each year by way of supplementary funding at year end.
- **Primary Care Reimbursement Service (Final deficit €99m – PCRS €50m & €49m Local Demand Led Schemes)** – The PCRS managed to reduce its costs by €110m during 2014 so that despite having to deal with a net budget reduction / savings target of €86m it was able to reduce its deficit from €74m at the end of 2013 to €50m at the end of 2014, an improvement of €24m beyond the delivery target. Additionally €11m of the PCRS target relates to measures for the retention of medical cards that was dependent on legislation which did not progress
- **Statutory Pension incl pension levy (Final deficit €46m)** - The projected 2014 deficit within the €510m was €30m. The scale and number of retirements in any financial period is difficult to predict with certainty.
- **Acute Hospitals (Final deficit €284m)** – the acute Hospital system was projected to be approximately €267m in deficit by the end of 2014 within the €510m. Hospitals had a deficit of €180m in 2013 of which it was possible to deal with €100m in the 2014 budget setting process leaving an incoming problem of €80m in 2014. Hospital costs have grown by €89m in 2014 in addition to hospital workload which has also grown. In 2014 clinical non pay costs have risen the most within non pay (drugs, medical supplies etc.) with medical agency the most significant cost driver year on year. Additionally Hospital pay and non-pay budgets were reduced by €115m in 2014 (€80m+€89m+€115m = €284m).

- **Agency Services** - HSE year to date agency costs were €341m versus €249m for the corresponding period in 2013, an increase of €92m (37%) year on year. Agency costs incurred in acute hospital services were €231m and this compares to €165m for last year. The 2014 agency costs for hospitals include €100m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €66m (up 40%) 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, 81% 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.
- **Social Care Services (Final Deficit €40m)** – Largely offset on a once-off basis by using temporary positive variances across a range of expenditure headings (primarily time related savings, emergency planning contingency, phasing of screening, mental health, primary care etc. It is also the case that there have been significant cost pressures and deficits within our community services including those driven by the need for expensive external and emergency residential placements and similar arrangements across primary care, mental health, disability and elderly services. It has been possible to manage most of these pressures on a once off basis in 2014 due to general cost containment initiatives and general time related savings from other funded initiatives.

Conclusion

The core HSE deficit came in at 0.3% or €39m over the €510m previously forecast with €23m of this relating to pensions costs and demand led local schemes.

The health service has experienced costs /budget reductions of over €1.5bn 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.

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.

Service Level Agreement 2014 Overview

- As of 23 January 2015, 63.5% of the €3.1bn funding allocation to the Non Statutory Sector is covered by a completed governance document. The funding total at 63.5% is significantly below target of 100% and previous year's performance of 94% in 2013 and 2012 at the same reporting period with final figures 98%.

- 13 out of the 16 Voluntary Hospitals have now completed 2014 Service Arrangement documentation.
- 1,271 or 63.5% of the total 2,003 Agencies have completed documentation at this point.

Non Statutory Sector	Service Arrangements Part 1 & 2 and Grant Aid Agreements completed 2014									Outstanding Summary 2014					
	Agencies			2014 Funding			Arrangements			Agencies		Funding		Arrangements	
	YTD as of 23 Jan 2015	Total	Completed	Total	€	Completed	Total	No.	Completed	Total	No.	€	Total	No.	%
Summary Voluntary	Total	No.	%	Total	€	%	Total	No.	%	No.	%	€	%	No.	%
Acute Hospital	16	13	81.3%	1,660,271,584	1,310,327,584	78.9%	17	14	82.4%	3	18.8%	349,944,000	21.1%	3	17.8%
Primary Care	217	160	73.7%	33,135,210	18,574,969	56.1%	240	180	75.0%	57	23.3%	14,560,241	43.9%	60	25.0%
Social Inclusion	382	245	64.1%	65,939,523	32,662,666	49.5%	517	300	58.0%	137	35.0%	33,276,857	50.5%	217	42.0%
Palliative Care	27	13	48.1%	54,358,635	47,654,900	87.7%	154	96	62.3%	14	51.0%	6,703,735	12.3%	15	0.7%
Primary Care	615	409	66.5%	153,433,368	98,892,535	64.5%	911	576	63.2%	206	33.5%	54,540,833	35.5%	292	32.1%
HMB	136	87	64.0%	9,563,948	6,434,422	67.3%	154	96	62.3%	49	38.0%	3,129,526	32.7%	58	37.7%
Disability	327	234	71.0%	1,104,075,707	461,603,020	41.8%	759	424	55.0%	93	28.4%	64,247,686	58.2%	335	44.1%
Older Persons	941	654	69.5%	141,562,470	91,005,872	64.3%	1,140	802	70.4%	287	30.5%	50,556,598	35.7%	338	29.0%
Social Care	1,243	875	70.4%	1,245,638,177	552,608,892	44.4%	1,899	1,226	64.6%	368	29.8%	693,029,284	55.8%	673	35.4%
Mental Health	140	84	60.0%	56,811,715	15,086,335	26.6%	217	116	53.5%	56	40.0%	41,725,381	73.4%	101	48.5%
Community Total	1,987	1,258	63.3%	1,465,447,209	673,022,185	45.9%	3,055	1,931	63.2%	729	38.7%	792,425,024	54.1%	1,124	38.8%
Grand Total	2,003	1,271	63.5%	3,125,718,793	1,983,349,769	63.5%	3,072	1,945	63.3%	732	38.5%	1,142,369,024	38.5%	1,127	38.7%

Service Arrangements Notes:

Governance arrangements with the larger providers are managed by service arrangements which constitute two parts. Part 1, the terms and conditions, may cover a number of years and separate funding arrangements. Part 2 covers the schedules which detail for each funding arrangement the service quantum, quality standards, funding and staffing these part 2 schedules are reviewed and agreed on an annual basis.

The SA Part 1 is currently being reviewed to reflect internal reviews and necessary adjustment to ensure a robust governance framework. As the existing Part 1s with the agencies were due to expire on the 31/12/2013 these were extended to ensure continued contract cover until such time as the new Part 1 is available and signed with each agency. This effectively provides contractual cover for 2014. This extension was done through a continuity letter which outlines that the terms of the 2012 / 2013 Part 1 continue to have contractual force until such time as it is replaced with the updated and strengthened Part 1 documentation. Each divisional director is currently working with their teams to provide the supports necessary to ensure expedient completion.

A significant number of SLAs have been signed in the past number of weeks in respect of those outstanding for 2014 and this process is now being concluded. 75% of all 2014 agreements are now completed.

Work has commenced in respect of the 2015 Service Level Agreements (SLA) with the aim of having them completed by the end of March 2015.