MAY 2014

Health Service

Performance Assurance Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Contents

Performance Overview May 2014

QUALITY AND PATIENT SAFETY

Incident Management

An updated HSE policy on management of incidents has been published and sets out the procedures to be followed and responsibilities of staff when an adverse event occurs within the public health system.

The new policy consolidates a number of previous policies and provides clear guidelines for managers and staff on how to manage incidents, ensure open communications with those affected, and ensure timely investigation when required.

All Divisions must ensure familiarity and implementation of this policy. Details are available at: (**http://www.hse.ie/eng/about/Who/qualityandpatientsafety/incidentrisk/Riskmanagement/SafetyIncidentMgtPolicy2014.pdf**

Governance

The *Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning* was published and widely circulated in May by the DG and the Secretary General of the Department of Health.

Non Consultant Hospital Doctors

A key dependency in the provision of safe and effective care is the presence of trained and committed doctors at trainee and consultant level. Recent trends have demonstrated difficulties in retaining and recruiting our trainees for consultant posts.

A report by the National Clinical Director Programme within QPS highlighted increasing consultant vacancies throughout the country with increasing dependency on locums. There are consequences for quality and consistency of care provided.

There is a dedicated HSE group for EWTD implementation and compliance. Two of the key targets have improved significantly: 24hr limit to shifts - over 90%: 48hr week - 50%. These will depend heavily on recruitment for further progression. A pilot Lead NCHD post in 8 hospitals has been established to improve representation of NCHDs and to address welfare and training issues. This pilot scheme is currently being reviewed with the aim to expand throughout all hospitals.

Patient Advocacy

A Service Level Agreement has been signed with Third Age on the roll out of the Volunteer Advocacy Programme. The objective of the programme is to appoint advocates to work in partnership with patients in acute hospitals and to advocate on their behalf.

ACUTE HOSPITALS

The HSE continues its performance assurance meetings with hospital group CEOs. These meetings are underpinned by a revised Performance Assurance Framework (PAF) that has been introduced in the Health Services. A Hospital Group Balanced Score Card has been specifically developed for use within this process. The Balanced Scorecard incorporates measures from the National Balance Scorecard. The focus of first and second round assurance meetings is on the group's cost containment plans and service improvement areas.

There appears to be an upward trend in the number of delayed discharges from a consistent range of 583 in early 2014 to 671 by May 2014. The HSE continues to target capacity of the Community Intervention Teams to facilitate earlier discharge of patients from hospital.

There has been an 9% decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan – May 2013/2014). The HSE, in collaboration with the SDU and hospitals, will be targeting further reductions toward target achievement over the remainder of the year.

Decreased numbers of patients on trolleys was achieved against a backdrop of a 1.6% (2,680) increase in emergency admissions. Increased streaming of patients to medical assessment facilities has contributed to the decreased trolley waits and has resulted in a 15% (1,946) increase in admissions to these facilities. 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.

Hospitals are achieving positive progress in the requirement to reduce re-admitted patients. The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 10% in the current month. Similarly, the surgical re-admission rate has fallen from 2.5% to 2.0% over the last five months.

The Out-patient Improvement Programme continues to make progress in streamlining referral processing and targeting capacity gains for increased new appointments. In May 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has decreased from 91,195 to 28,185 a reduction of 69% when comparing the same periods in 2013 and 2014.

As reported in 2013, all hospitals have commenced implementation of the National Early Warning Score. Since reporting Q1 implementation rates the HSE has undertaken a further survey of hospitals. Implementation rates for the NEWS has now increased to 87% of all hospitals. For hospitals who have not yet fully completed implementation, the NEWS is in operation in most areas. Most significantly, 99% and 98% of general surgical and medical wards respectively in all hospitals have implemented the NEWS.

The HSE has established a Medical Workforce Recruitment and Oversight Group which aims to monitor the situation in relation to NCHD vacancies for the July rotation. Current information suggests that vacancies will be in specific grades and disciplines (e.g. Emergency Medicine, General Medicine, Paediatrics and Anaesthetics at Registrar level) and largely concentrated in the hospitals who have current vacancies. The number of vacancies for recruitment will be increased for July 2014 due to the continuing requirement for NCHD additionality for EWTD.

The work of the Strategic Review of Medical Training and Career Structure ('MacCraith Group') - established by the Minister for Health commenced a process at the LRC in early June and that process continues. Separately, the HRA specifically provided that the parties commit to a review of current Public Health and Community Medicine, NCHD and Consultant career structure and this has resulted in a number of measures to support NCHD retention being implemented in 2014.

NATIONAL AMBULANCE SERVICE

The ambulance service responded to 23,471 emergency calls (AS1[1] and AS2[2]) in April. 95,697 calls have been received YTD, a 4.1% increase in YTD calls over the same period in 2013.

75.2% of ECHO calls: (life-threatening cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds in April, static performance against March's response rate (75.1%).

64.9% of DELTA calls (life-threatening illness or injury, other than cardiac or respiratory arrest) were responded to within 18 minutes and 59 seconds minutes in April, an increase in performance against March's response rate which stood at 63.5%.

[1] AS1 - 999 emergency call – immediate response
[2] AS2 - Call transferred from GP – urgent response

In May the National Ambulance Service (NAS) managed a total of 18,677 calls to hospitals, a 14.4% (+2,344) increase on April's call volume of 16,333 calls. 11,635 (62%) of these calls had their crews and vehicles clear from the hospital and available to respond to further calls within 30 minutes or less. 92% of calls had crews and vehicles clear and available within 60 minutes.

A framework for the management of acute hospital transfers was issued in May to provide a consistent approach to the ongoing issues arising and resulting in ambulance delays. This framework includes an escalation pathway which can be implemented when required to ensure that all appropriate mechanism's are utilised to achieve a timely turnaround at the ED. There is an emphasis on the 30 minute time as this has a foundation in international and UK best practice.

PRIMARY CARE

Community Intervention Teams

At the end of May 2014:

- 4,838 people (3,577 hosptial avoidance and 1,261 early discharge) were provided with a Community Intervention Team service year to date.
- In May:
  - 719 people were provided with a community intervention service to assist them to avoid a hospital admission
  - 258 people availed of the service to assist early discharge.

GP Out of Hours Service

- In May, 79,128 patients availed of GP out of hours services (i.e. triage, treatment, home visit etc) bringing the total year to date to 409,822.

Therapy Services

- There has been a 12.7% reduction in the number of people waiting more than 12 weeks for a physiotherapy assessment down from 7,181 at the end of December 2013 to 6,269 people.
- There has been a 12.4% reduction in the number of people waiting more than 16 weeks for an occupational therapy assessment, down from 8,511 at the end of December 2013 to 7,455 people.

Primary Care Reimbursement Scheme

At the end of May 2014:

- 1,790,438 people held medical cards (39.0% of the population). Included in these cards were 52,232 medical cards granted on discretionary grounds.
- 134,130 people held GP visit cards. Included in these cards were 31,565 GP visit cards granted on discretionary grounds.

An expert panel has been put in place to identify a range of medical conditions, in order of priority, which would benefit most from eligibility for specific health services currently available to medical cardholders. The panel is chaired be Professor Frank Keane and includes medical professionals as well as a patient representative. It will report to the Director General of the HSE by September this year. In addition to establishing the Expert Panel, a public consultation will take place to seek the views of the public; including patients, patient representative groups and professional bodies.

Reviews of existing cards held on the basis of discretion have been suspended pending the report of the Expert Panel, and discretionary cards refused since July 2011 are being restored.

HEALTH AND WELLBEING

Child Health

- Child Health developmental screening has been delivered to 5,146 children in the reporting period and 25,260 children year to date. This is 91.3% of the target group. This compares favourably with the national position for the same reporting period in 2013 (86.5%). A process is underway to support teams who are failing to reach the target of 95% of children seen for their developmental check up before reaching 10 months.

Cancer Screening

- 11,754 women attended for breast screening in May, bringing the YTD total to 60,215. Activity levels are on target to achieve 140,000 attendances in 2014.

Tobacco Control

- The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 4,235 year to date May 2014. The service is operating on target.
- Performance against expected activity for the training of front line workers in brief intervention in smoking cessation is 10.7% ahead of target.

SOCIAL CARE

Home Support Services

- 46,673 clients were in receipt of home help services at the end of May
- National – 4,199,989 hours provided YTD, below the targeted YTD service delivery levels by 2.1%.
    - DML are running below targeted levels by 14.2%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
    - DNE are ahead of target by 19.5%. The on-going review of home care will assist in finalising the appropriate service delivery level in DNE.

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

- 12,759 persons were in receipt of a home care package at end of May 2014.
- Activity year-to-date was 17.4% above the expected level of service*.

*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.

Residential Services

- 22,254 clients are supported by the Nursing Home Support Scheme (NHSS) at the end of May
- 4.0% of the population or 21,208 people aged over 65 years were supported in NHSS/Saver beds

MENTAL HEALTH

Adult Mental Health Services

In May 76% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally (target >75%). Further analysis is required to review rates of referral relative to populations and then comparative accepted referrals offered first appointment. In this analysis, there will also be the opportunity to review

opportunities to reduce the rate of DNA and how this can improve capacity for improved performance.

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%).

CAMHs Teams

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

72% of accepted referrals/re-referrals were offered a first appointment and seen within 3 months, nationally (target >75%).

Children receiving care in acute mental health units

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

At the beginning of Qtr4, a further 6 beds in the new Linn Dara Unit and an additional four beds in St Joseph's, Fairview are planned to become operational by end of Qtr2 which will then increase the Child and Adolescent Acute Inpatient capacity by 18%.

HUMAN RESOURCES

At the end of May, staff numbers were 97,017 WTEs. This employment level is 523 WTEs above the end of 2013.

The Health Sector is 2,807 WTEs above provisional end-2014 target of 94,210 WTEs excluding Child and Family Agency (CFA).

Absenteeism in April is reported as 4.09%. This is the lowest monthly rate recorded since records began in 2008. The annual absenteeism rates in 2008 was recorded at 5.76%.

Changes to the Public Sector sick-leave scheme have been implemented in two phases; self-certified sick leave was reduced to seven days in a rolling two-year period, on the 1st November 2012; and an halving of the main paid sick leave arrangements/provisions which came into effect on the 30th March 2014, the impact of these changes is being monitored.

FINANCE

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

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

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

Net expenditure year to date May 2014 is €4.992 billion against the available budget reported at €4.828 billion leading to a reported deficit of €163.0m.

The acute hospital sector (including Palliative Care) is reporting a deficit of €104.7m at the end of May which represents 64.2% of the overall deficit.

Based on the first five months figures the HSE is not flagging any new financial risks beyond those set out in the service plan, however it should be noted that the financial risks include a number of items which are not within or are not fully within the control of the HSE.

Conclusion

Projections to year end based on data for the first five months of 2014 are being finalised in tandem with assessment of performance in the same period and risk to year end within our cost containment plans and initial control actions in relation to the key risks outlined above have commenced. The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014. Consideration must also be given to this exceptional financial challenge in an environment where we are aiming to maximise efficiencies and ensure that we maintain sustainable levels of service with quality and patient care at the core of everything we do.

Updates by Division

QUALITY AND PATIENT SAFETY

Defined accountability for quality and safety

The updated **Safety Incident Management Policy"** on management of incidents has been published and sets out the procedures to be followed and responsibilities of staff when an adverse event occurs within the public health system.

The policy is available at:

(http://www.hse.ie/eng/about/Who/qualityandpatientsafety/incidentrisk/Riskmanagement/SafetyIncidentMgtPolicy2014.pdf

Non Consultant Hospital Doctors

A key dependency in the provision of safe and effective care is the presence of trained and committed doctors at trainee and consultant level. Recent trends have demonstrated difficulties in retaining and recruiting our trainees for consultant posts.

A report by the National Clinical Director Programme within QPS highlighted increasing consultant vacancies throughout the country with increasing dependency on locums. There are consequences for quality and consistency of care provided. The Mac Craith Report commissioned by the Minister made a number of key recommendations concerning medical education, training, workforce planning as well as the career structure of consultant posts. The NCHD Retention Group has been established in partnership between the HSE and the Forum of Postgraduate Training Bodies to address the concerns of trainees and to reverse the migration of our graduates out of Ireland.

There is a dedicated HSE group for EWTD implementation and compliance. Two of the key targets have improved significantly: 24hr limit to shifts - over 90%: 48hr week - 50%. These will depend heavily on recruitment for further progression. A pilot Lead NCHD post in 8 hospitals has been established to improve representation of NCHDs and to address welfare and training issues. This pilot scheme is currently being reviewed with the aim to expand throughout all hospitals.

Patient Experience and Openness and transparency

- National Guidelines on accessible health and social care services have been completed.
- Open Disclosure training is ongoing with the service delivery system.
- A Service Level Agreement has been signed with Third Age on the roll out of the Volunteer Advocacy Programme. The objective of the programme is to appoint advocates to work in partnership with patients in acute hospitals and to advocate on their behalf

Governance and accountability for quality and safety

The *Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning* was published and widely circulated in May including to hospital group chairpersons.The report makes core recommendations for health service providers, policy makers and commissioners to inform their own specific actions plans.

Each service division have been requested to consider and report on how the recommendations are incorporated within their performance assurance framework and within the service plans for 2015.

Acute Hospitals

Key Performance Issues

- The HSE continues its performance assurance meetings with hospital group CEOs. These meetings are underpinned by a revised Performance Assurance Framework (PAF) that has been introduced in the Health Services. A Hospital Group Balanced Score Card has been specifically developed for use within this process. The Balanced Score Group incorporates measures from the National Balance Scorecard. The focus of first and second round assurance meetings is on the group's cost containment plans and service improvement areas.
- In-patient activity rates have marginally increased by 0.2% (n=530) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care.
- There appears to be an upward trend in the number of delayed discharges from a consistent range of 583 in early 2014 to 671 by May 2014. The HSE continues to target capacity of the Community Intervention Teams to facilitate earlier discharge of patients from hospital.
- There has been an 9% decrease in the number of ED patients waiting on trolleys for ward bed accommodation (Jan – May 2013/2014). The HSE, in collaboration with the SDU and hospitals, will be targeting further reductions toward target achievement over the remainder of the year.
- Decreased numbers of patients on trolleys was achieved against a backdrop of a 1.6% (2,680) increase in emergency admissions. Increased streaming of patients to medical assessment facilities has contributed to the decreased trolley waits and has resulted in a 15% (1,946) increase in admissions to these facilities. 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.
- Hospitals are achieving positive progress in the requirement to reduce re-admitted patients. The trend for emergency re-admission rates is downward, decreasing from 11% at the start of the year to 10% in the current month. The surgical re-admission rate has remained at 2.0% over the last five months.
- The Out-patient Improvement Programme continues to make progress in streamlining referral processing and targeting capacity gains for increased new appointments. In May 2014 the number of patients waiting in excess of 12 months for an outpatient appointment has decreased from 91,195 to 28,185 a reduction of 69% when comparing the same periods in 2013 and 2014.
- The HSE has established a Medical Workforce Recruitment and Oversight Group which aims to monitor the situation in relation to NCHD vacancies for the July rotation.
- Access to prostate rapid access clinics in the HSE West & South East is challenging due to the lack of appropriate level of consultant staffing. The HSE is currently recruiting in both regions to appoint new posts. Scheduling difficulties and increasing volume of referrals has resulted in challenges to meeting targets in other cancer centres. The NCCP has been engaging with all hospitals to improve access times.

QUALITY AND PATIENT SAFETY

- The % of emergency Hip Fracture Surgeries carried out within 48 hours May 2014 was 84% - in comparison to April 2014 of 80%.
- The % of surgical inpatients who have principle procedure conducted on day of admission May 2014 was 64% down from 66% in April 2014.

- The HIQA unannounced inspection of St. James Hospital (SJH) and Mallow General Hospital took place in May and focused on observing the day-to-day delivery of hygiene services against the Infection Prevention and Control Standards with emphasis on environment and equipment cleanliness and adherence with hand hygiene practice. The Authority found that whilst the three areas inspected in SJH were generally clean some areas for improvements were identified with respect to the maintenance and management of the environment and patient equipment. SJH accepts the findings within the report and will update their Quality Improvement Plan accordingly to address non-compliance issues and will publish within the 6 week timeframe as required.
- In relation to Mallow General Hospital (MGH), the Authority found that Medical Assessment Unit was clean with a few exceptions. St Mary's Ward was found to be generally unclean on the day of the inspection. Bed spacing was found to be non-compliant with national guidelines. HIQA found that Mallow General Hospital has demonstrated commitment to best practice in hand hygiene (overall compliance for 2013 was 90.75% which is above the Health Service Executive's national target of 90%). HIQA noted that MGH has 100% attendance with hand hygiene training and a penalty point system for hand hygiene non compliance. This demonstrated the high priority that is given to hand hygiene at all levels within the hospital. HIQA recommends that MGH continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is sustained and improved.
- As reported in 2013, all hospitals have commenced implementation of the National Early Warning Score. Since reporting Q1 implementation rates, the HSE has undertaken a further survey of hospitals. Implementation rates for the NEWS have increased to 87% of all hospitals. For hospitals who not yet fully completed implementation, the NEWS is in operation in most areas. In such hospitals, the NEWS has yet to be introduced in a small number of closely monitored areas and there are projected completion dates for these hospitals. Most significantly, 99% and 98% of general surgical and medical wards respectively in all hospitals have implemented the NEWS. NEWS is operational in 97% of AMAUs / MAUs nationally. As patients are already on full monitoring in specialist areas such as ICU, CCU, Operating Theatre Recovery Rooms, a NEWS recording is only required on exit from these units for the purpose of establishing an exiting baseline score. To facilitate full implementation of the NEWS, the HSE has a full time co-ordinator currently working with all hospitals on issues such as training, education, presentations etc. The HSE is also currently finalising the COMPASS / NEWS e-learning programme to allow staff even better access to education on early detection of patient deterioration and correct use of the NEWS. The HSE has also updated the COMPASS / NEWS programme on the website in line with the updated evidence on Sepsis.
- The HSE has established a Medical Workforce Recruitment and Oversight Group which aims to monitor the situation in relation to NCHD vacancies for the July rotation. Current information suggests that vacancies will be in specific grades and disciplines (e.g. Emergency Medicine, General Medicine, Paediatrics and Anaesthetics at Registrar level) and largely concentrated in the hospitals who have current vacancies. The number of vacancies targeted for recruitment will increased for the July rotation due to the continuing requirement for additional NCHD to achieve EWTD compliance.
- The work of the Strategic Review of Medical Training and Career Structure ('MacCraith Group') established by the Minister for Health to make high level recommendations relating to training and career pathways for doctors provides that: "the relevant parties commence, as a matter of urgency, a focused, timetabled IR engagement of short duration to address the barrier caused by the variation in rates of remuneration between new entrant Consultants and their established peers that have emerged since 2012. It further recommends that the relevant parties explore options, within existing contractual arrangements, to advance a more differentiated Consultant career". The Report identifies the Labour Relations Commission (LRC) as the appropriate body to facilitate engagement on this recommendation. The HSE and IMO commenced a process at the LRC in early June and that process continues. Separately, the HRA specifically provided that the parties commit to a review of current Public Health and Community Medicine, NCHD and

Consultant career structure with the overall objective being the retention of graduates of Irish Medical Schools within the public health system and the attraction back to Ireland of such graduates – where they have left previously. That Review commenced in June 2013 and has resulted in a number of measures to support NCHD retention being implemented in 2014.

- The HSE through the offices of the Medical Education and Training Unit has established a collaborative programme between the HSE, the College of Physicians and Surgeons in Pakistan (CPSP) and the Forum of Postgraduate Training Bodies in Ireland. Building on an initial project in 2013, from July 2014 there will be 112 trainees from Pakistan in positions in Ireland. Training is overseen by the postgraduate training bodies in Ireland and these doctors will receive accreditation for training from the CPSP as part of their postgraduate training programme in Pakistan. Trainees have been allocated to positions across specialties of Emergency Medicine, General Medicine, Anaesthetics, Paediatrics, Obstetrics Gynaecology and Surgery primarily in regional hospital sites with training recognition.

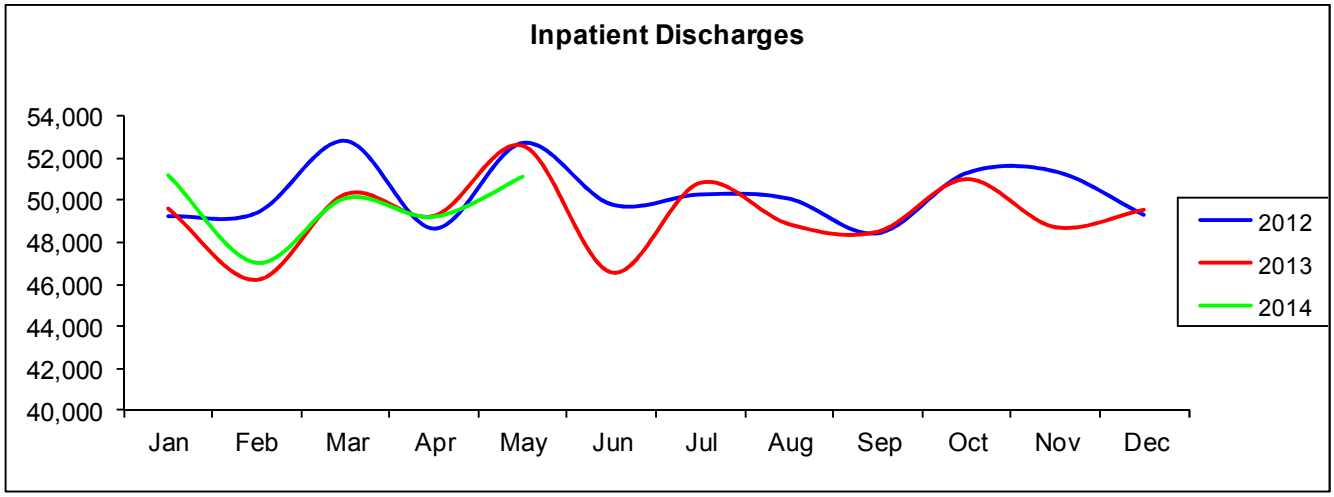
HOSPITAL ACTIVITY PERFORMANCE

- In-patient activity rates have marginally increased by 0.2% (n=530) compared to 2013. However, this variance masks significant changes in the provision and demand for unscheduled and scheduled care.
- There has been an increase in emergency admissions (+2%) (n=2,680) this year to date. This continued rise in emergency admissions is most likely due to changes in population demographics (ageing and population increases). Some hospitals are experiencing a significant rise in ED admissions such as the Mater Hospital (+18%), St. Vincent's (+28%) and Letterkenny (+21%) and Crumlin (+18%).
- 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.
- The average length of stay across hospitals marginally decreased to 5.1 days and this is below the 2014 target. Many hospitals are continuing to implement the productive theatre improvement programme to target further reductions in length of stay.

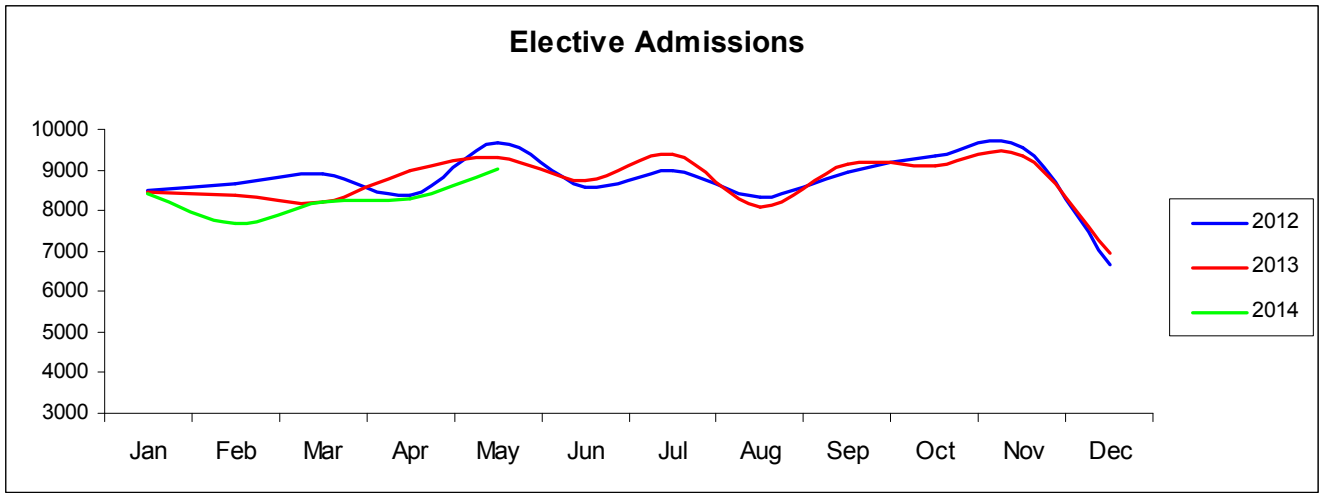
Unscheduled Admissions		Jan – May Actual 2013	Jan – May Actual 2014	Val Var	% Var
	ED Admissions	119,516	119,399	-117	**-0.1%**
	Emergency (Other)[1]	32,642	33,493	851	**2.6%**
	MAU Admissions[2]	12,836	14,782	1946	**15.2%**
Total Unscheduled Admissions		164,994	167,674	2680	**1.6%**

Scheduled Admissions		Jan – May Actual 2013	Jan – May Actual 2014	Val Var	% Var
	Elective Admissions[3]	43,918	41,578	-2340	**-5.3%**
Total Scheduled Admissions		43,918	41,578	-2340	**-5.3%**

Total Unscheduled and Scheduled Admissions	Jan – May Actual 2013	Jan – May Actual 2014	Val Var	% Var
Total Unscheduled and Scheduled Admissions	208,912	209,252	340	**0.2%**

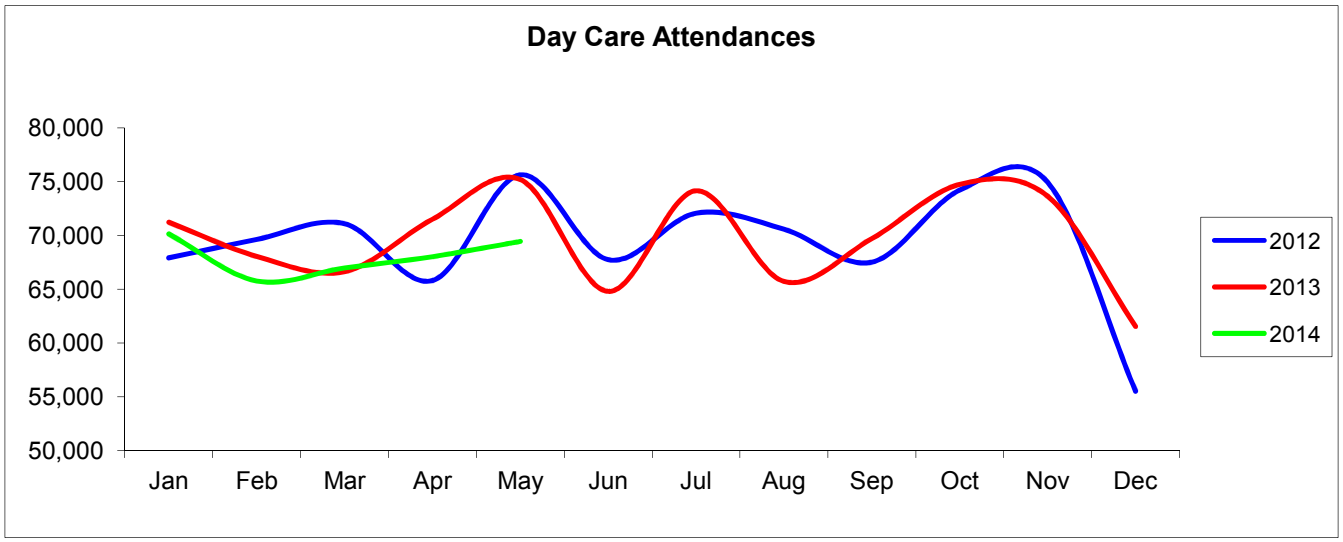


- There has been a 5.3% decrease in elective admissions (n= 2,340) compared to 2013. Part of this decrease can be accounted for increased emergency admission demand over the same period and a 9% increase in delayed discharges since the start of the year, further constraining available capacity.
- Although national elective activity has decreased, elective activity has increased amongst a number of hospitals including St. James (+18%), Temple Street (+16%), Drogheda (+8%).
- The total number of births continues to decrease with 1.1% less births (n = 315) which will have a associated decrease on obstetric related activity across hospitals.



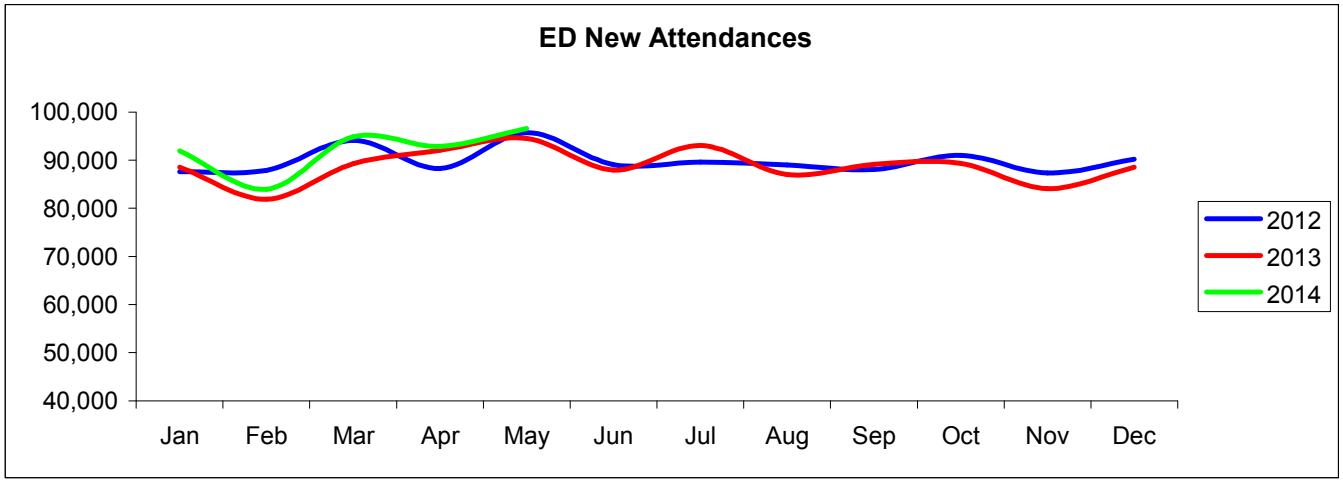
Note[1] Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note[2] MAU - Medical Assessment Unit
Note[3] Elective Admissions do not include Obstetric Elective admissions

- Day case attendances have decreased by 3.5% but activity remains almost 1.3% ahead of target. The HSE continues to target its service improvement activities to allow for additional hospital capacity by increased daycase activity and higher daycase rates.



EMERGENCY DEPARTMENT NEW ATTENDANCES

- There has been a 3.2% increase in new ED attendances in 2014 compared to 2013. This is a significant rise in new ED attendances given the fact that the number of EDs in operation decreased over 2013 (Mallow, Bantry and St. Columcilles have became urgent care centres over 2013).
- Some hospitals are experiencing significant increases in attendance numbers. For example, since the development of an Urgent Care Centre at St. Columcilles, St. Vincent's Hospital has seen a 26% rise in new attendances and St. Michaels has increased by 6%.



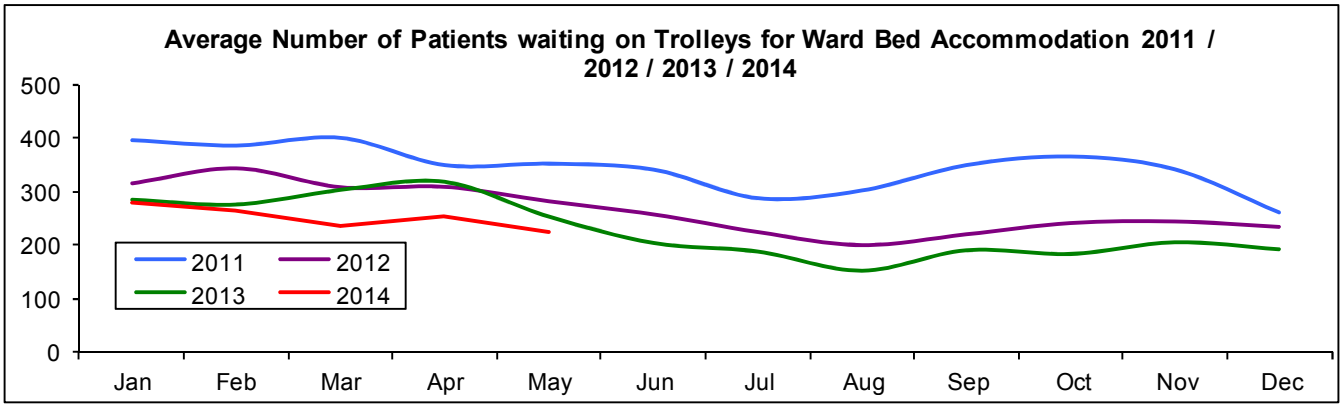
- Jan - May 2013 / 2014 3.2% increase (n=14,343)

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

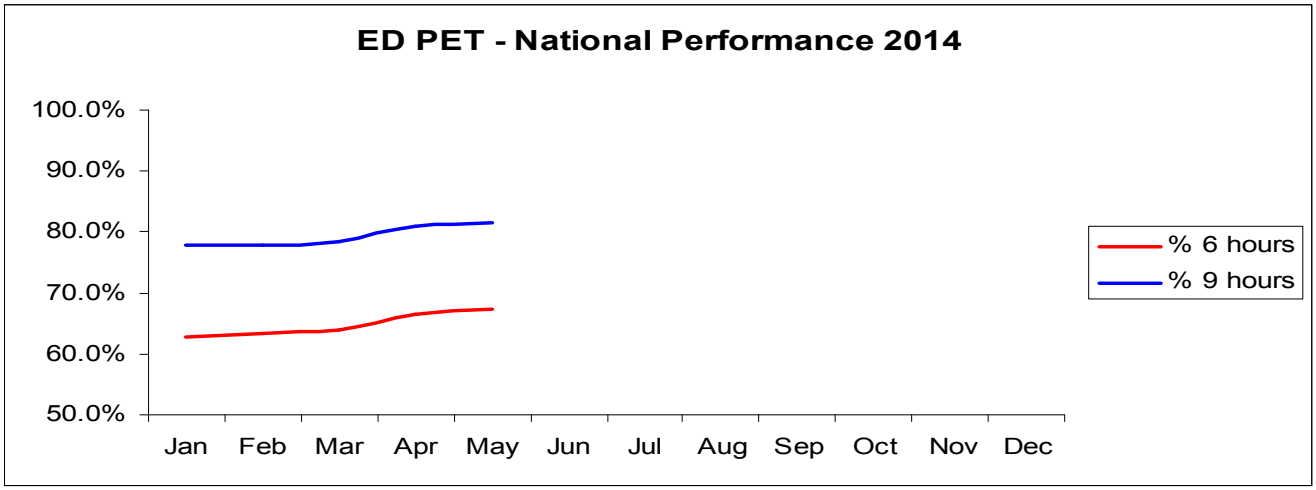
There has been an 9% decrease in the number of ED patients waiting on trolleys for ward bed accommodation comparing 2014 with 2013 (Jan-May). This is a 33.1% reduction in the number of ED patients waiting on trolleys for ward bed accommodation compared to the same period 2011. In May 2014, 81.5% of patients attending Emergency Departments were discharged home / admitted within 9 hours. The National target is 100% of all patients being discharged or admitted within 9 hours.

In supporting hospitals with practical service improvement initiatives, the SDU continues to provide on-going support to hospitals, to maximise operational efficiencies and to identify opportunities for service improvement. Such service improvement initiatives include projects to allow for faster transit time to vacant beds and improved inter-hospital transfers processes. In addition, hospitals are identifying the need for a range of community services, such as community support teams for the provision of intravenous treatments at home, which would reduce the need for acute hospital attendance / admission.

Previous reports have identified other measures and supports currently in place between the HSE and SDU to target performance improvement in ED patient experience times.



Note[4] TrolleyGar performance based on INMO data trolley count / PET coverage is 22 ED hospitals



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

INPATIENT / DAY CARE

Adult waiting lists demonstrate that 87% (40,762) of adults were waiting less than eight months for a planned procedure in May 2014. In May 2013 87% (38,642) of patients were waiting less than eight months for a planned procedure. The HSE is currently developing a number of options to address and respond to the significant increase in demand 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.

PAEDIATRIC WAITING LIST

76.6% of all children waiting on the elective waiting list were waiting less than twenty weeks (3,563). In May 2013, 82% of children were waiting less than twenty weeks (3,222).

GI ENDOSCOPY

79.3% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in May 2014. In May 2013, 92% of patients were waiting less than thirteen weeks. Almost 80% of all current breach waiters are concentrated in 5 hospitals. There are specific capacity issues in some areas of the country (e.g. Tallaght/Naas). There continues to be reports of increased referrals notable from primary care for endoscopes. The HSE commenced in March a target endoscope initiative, commissioning over 1,100 long waiter additional scopes across 13 hospitals. These additional scopes will be completed over Q2 and Q3. The HSE is currently working with these hospitals to ensure appropriate scheduling of priority 1 patients.

COLONOSCOPY

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

OUTPATIENT

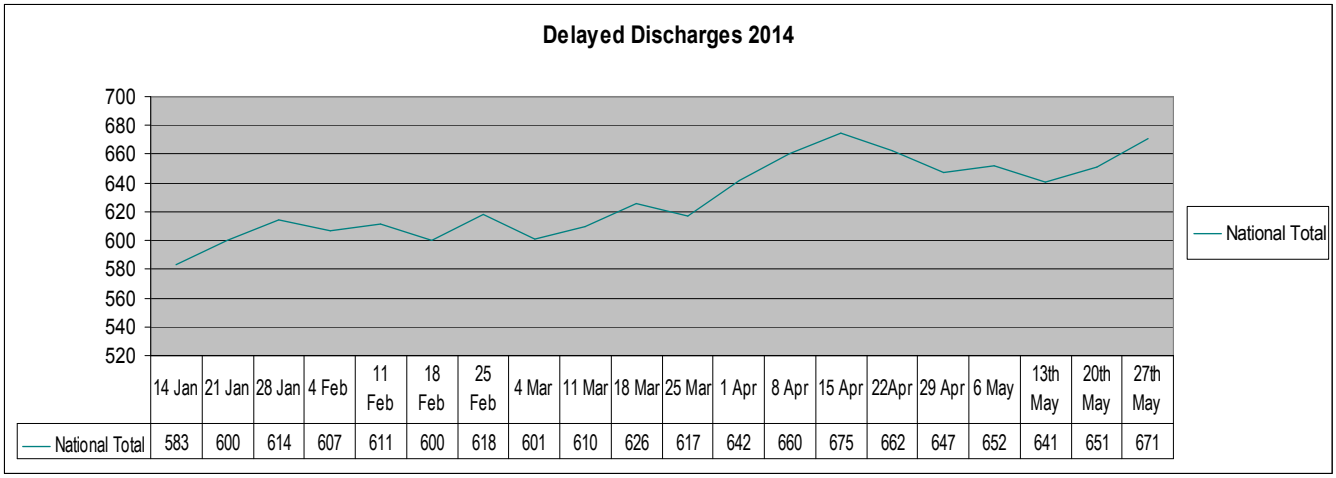
Overall January - May 2014 saw an increase of 4.3% (55,883) in OPD Attendances in comparison to 2013.

In May 2014, 92% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In May 2013, 75% of patients were waiting less than twelve months.

DELAYED DISCHARGES

Census information on delayed discharges is collected every week. As of 27 May there were 671 patients judged clinically ready for discharge. It is important to note that while the clinician in charge has ultimate responsibility for the decision to discharge, this decision is made as part of a multi-disciplinary process and focuses on the needs of the individual patient. The HSE 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.

A number of hospitals have experienced significant increases in delayed discharges compared to Jan this year. For example, delayed discharges have increased by 69% in Cork, 44% at St. Vincents, and 39% in Connolly. These are examples of hospitals with higher number of delayed discharges.



	14 Jan	21 Jan	28 Jan	4 Feb	11 Feb	18 Feb	25 Feb	4 Mar	11 Mar	18 Mar	25 Mar	1 Apr	8 Apr	15 Apr	22Apr	29 Apr	6 May	13th May	20th May	27th May
National Total	583	600	614	607	611	600	618	601	610	626	617	642	660	675	662	647	652	641	651	671

Delayed Discharges by Destination 27/05/2014	Over 65	Under 65	Total	
			No.	%
Home	64	15	79	11.8%
Long Term Nursing Care	477	49	526	78.4%
Other *(inc. National Rehab Hospital, complex bespoke care package, palliative care, complex ward of court cases)*	42	24	66	9.8%
Total	**583**	**88**	**671**	**100.0%**

For those patients who are moving to long term nursing care, the principal reasons for delayed discharges are NHSS application not yet submitted (170 clients / 25.3%) and NHSS financial determination in progress (127 clients, 18.9%). For those patients who are going home, the majority are delayed in cases where the home help / home care package has been submitted and is being processed (28 clients / 4.2%).

HUMAN RESOURCES

Acute Services Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Dublin East Hospital Group	9,288	9,722	+434	+4.67%
Dublin Midlands Hospital Group	9,007	9,483	+476	+5.28%
Dublin North East Hospital Group	6,866	7,258	+392	+5.70%
South/ South West Hospital Group	8,260	8,683	+422	+5.11%
University of Limerick Hospital Group	2,853	2,995	+141	+4.96%
West/ North West Hospital Group	7,386	7,830	+444	+6.02%
Children's Hospital Group	2,631	2,771	+140	+5.32%
National Hospital Services	2	0	-2	-
Service development posts	190	24	-167	-87.59%
Total	**46,484**	**48,765**	**+2,281**	**+4.91%**

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin North East	585,269	256,782	242,729	14,052	6%
Dublin Midlands	724,357	310,213	298,251	11,962	4%
Dublin East	737,577	329,980	310,338	19,642	6%
South / South West	635,302	285,987	262,923	23,065	9%
West / North West	596,300	268,135	246,671	21,463	9%
UL Hospitals	235,650	109,062	97,611	11,451	12%
Children's Hospital Group	207,574	91,065	86,194	4,871	6%
Regional Offices	-6,893	8,035	10,035	-2,000	-20%
Total	**3,715,136**	**1,659,258**	**1,554,753**	**104,505**	**6.72%**

Palliative Care Services

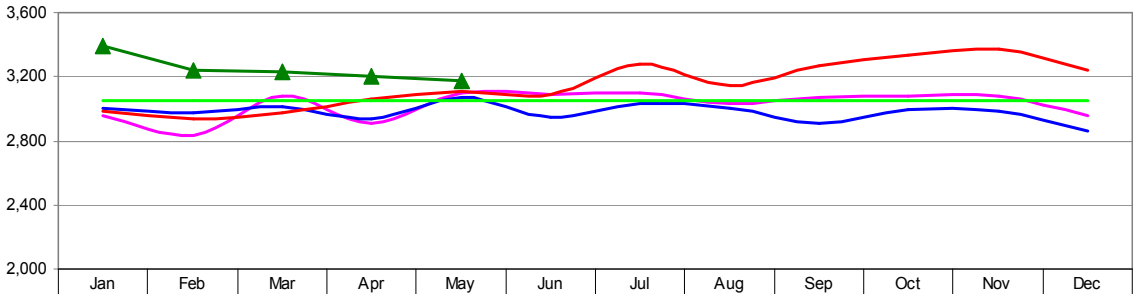
KEY AREAS OF FOCUS

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

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in May 2014 was 3,171. The represents a 2% increase (n=64) on the same period last year. [cumulative increase 8%]

Number of people who received Specialist Palliative Care in the community (home care)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2011	2,957	2,832	3,075	2,905	3,101	3,089	3,102	3,030	3,072	3,076	3,079	2,954
National 2012	3,000	2,978	3,011	2,936	3,066	2,951	3,033	3,005	2,912	2,996	2,986	2,864
National 2013	2,985	2,938	2,972	3,061	3,107	3,085	3,279	3,143	3,269	3,338	3,377	3,236
National 2014	3,396	3,239	3,232	3,205	3,171							
Target 2014	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050

- **Primary Diagnosis**
  - 77% Cancer
  - 23% non Cancer
- **Age Category**
  - 1% 0-17 years
  - 24% 16-64 years
  - 75% 65^{+} years

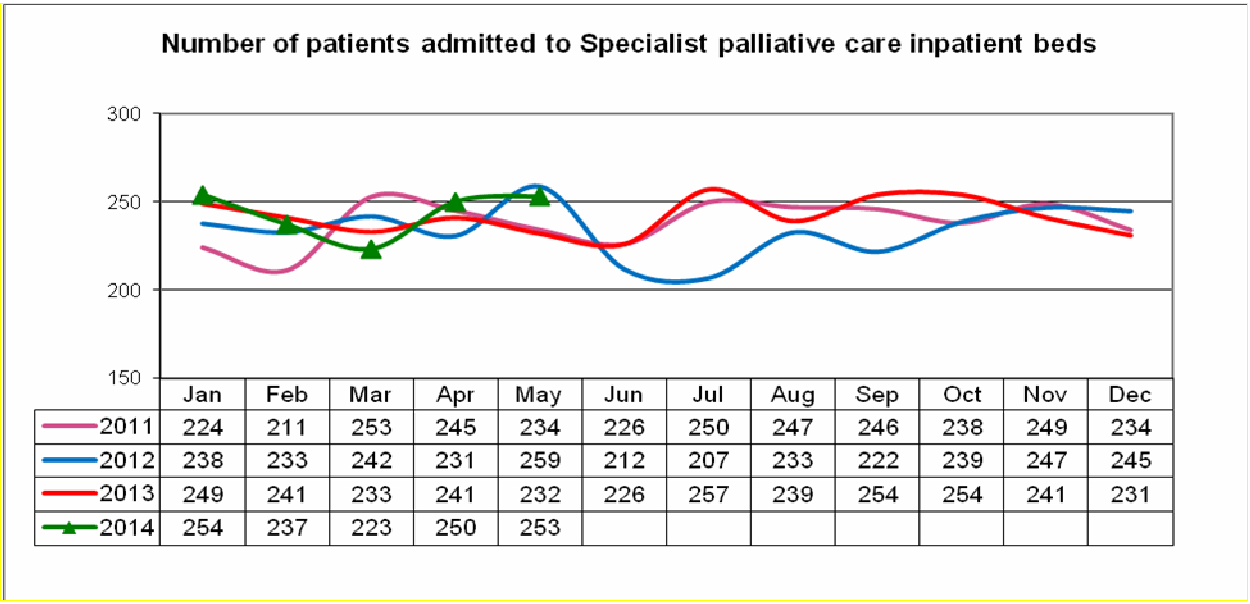
DAY CARE

The number of people who received specialist palliative day care services in May 2014 was 349. This represents a 6% reduction (n=22) on the same period last year.

- **Primary Diagnosis**
  - 82% Cancer
  - 18% non Cancer
- **Age Category**
  - 26% 16-64 years
  - 74% 65^{+} years

INPATIENT UNIT

In May 2014, 253 patients were admitted to Specialist Palliative Care inpatient beds. This represents a 9% increase (n=232) on the same period last year, [cumulative increase 2%]

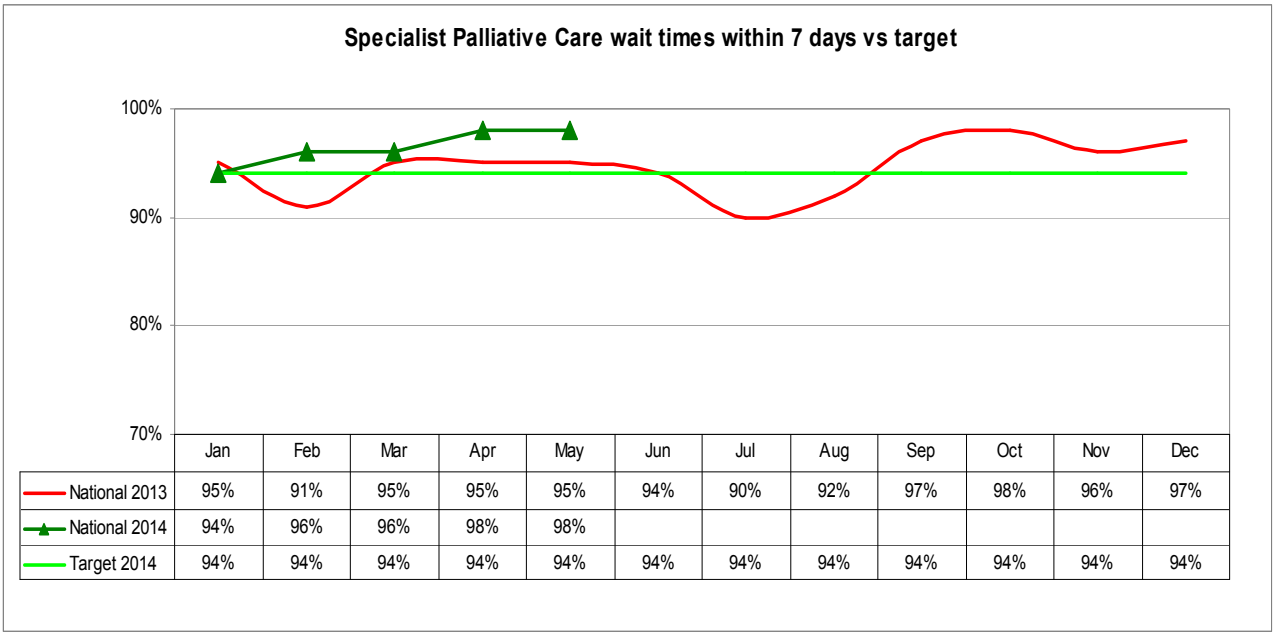


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	224	211	253	245	234	226	250	247	246	238	249	234
2012	238	233	242	231	259	212	207	233	222	239	247	245
2013	249	241	233	241	232	226	257	239	254	254	241	231
2014	254	237	223	250	253							

- **Source of Referral**
  - 51% Home
  - 47% Acute Hospital
  - 1% Community bed
- **Primary Diagnosis**
  - 88% Cancer
  - 12% non Cancer
- **Age Category**
  - 32% 16-64 years
  - 68% 65+ years

ACCESS - INPATIENT UNIT

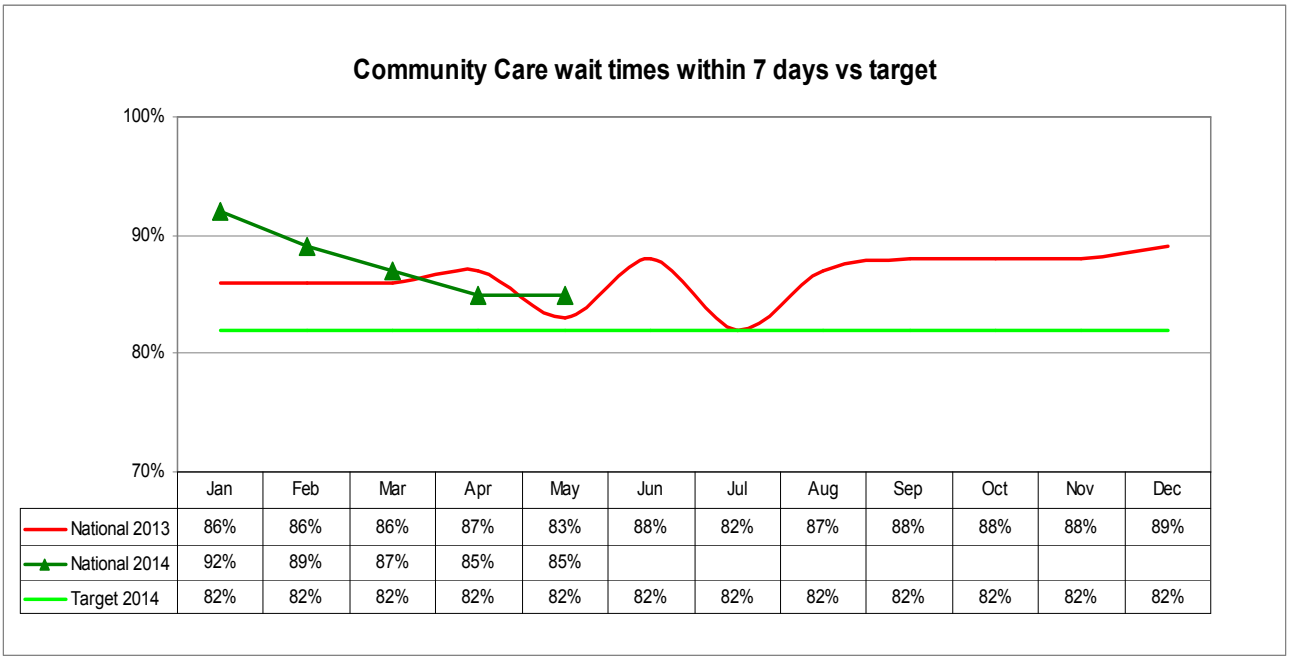
In May 98% of specialist palliative care inpatient beds were provided within 7 days of referral (National Target 94%). Access performance has improved by 4% since January.



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

ACCESS - COMMUNITY HOME CARE

In May 85% of patients received specialist palliative care services in their place of residence within 7 days of referral (home, nursing home, non acute hospital) (National Target 82%). Access performance has deteriorated by 7% since January



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

PAEDIATRIC SERVICES

In May 2014 332 children received specialist palliative care from the children's outreach service/ Specialist Paediatric palliative care team. There were 111 new patients in receipt of care recorded from January to May 2014 and 20 in the month of May 2014.

FINANCE

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,684	10,736	10,690	46	0.40%
DNE	11,297	4,575	4,696	-121	-2.50%
South	9,336	3,862	3,886	-24	-0.60%
West	21,019	9,018	8,695	323	3.70%
Corporate	102	79	43	37	85.90%
Total	**67,438**	**28,270**	**28,010**	**261**	**0.93%**

Revised local cost containment plans are currently being progressed (where necessary) to ensure breakeven.

National Ambulance Service

KEY AREAS OF FOCUS

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

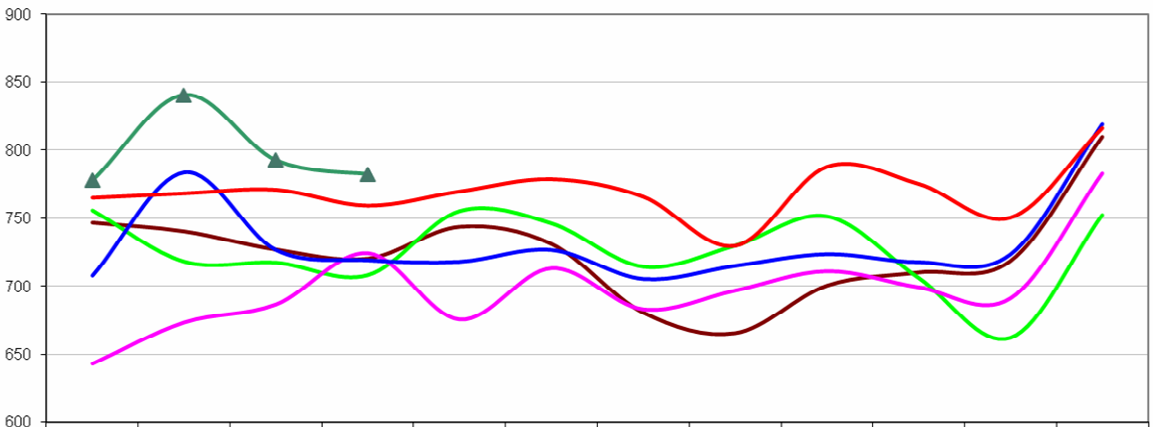
QUALITY AND PATIENT SAFETY

- The scanned Patient Care Record (PCR) is progressing with the introduction of the reformatted PCR to be deployed in the Dublin Area in July. This method of collecting data will enable more thorough auditing of clinical practice and enable more timely and accurate reporting of the Out of Hospital Cardiac Arrest Resuscitation (OHCAR) measure due to be implemented in Q3.
- The Electronic Patient Care Record is the longer term initiative to facilitate more detailed audit of patient care by the NAS is. A business case for this is being prepared for the 2015 Capital and Service Plan submission.
- The Capacity Review of ambulance services nationally is ongoing in May and will report later in the year.
- The review of ambulance services in Dublin City and County is also ongoing in May and will report later in the year.

ACTIVITY LEVELS

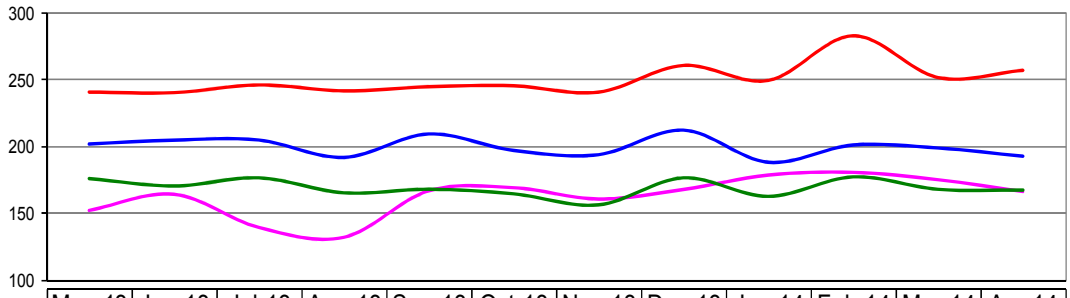
In April, Ambulance Services responded to 23,471 emergency calls. The daily average call rate was 782 calls per day.

National daily average AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2009	747	740	727	720	744	731	681	666	700	710	719	810
National 2010	756	718	717	708	755	746	714	730	751	706	662	752
National 2011	643	673	686	724	675	713	683	697	711	699	691	783
National 2012	708	783	726	719	718	726	705	715	723	717	723	819
National 2013	765	768	771	759	770	779	766	730	788	775	751	816
National 2014	778	841	793	782								

Regional daily average AS1 and AS2 (Emergency Ambulance) calls - including ECHO and DELTA



	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
North Leinster	240	240	246	241	244	245	240	260	249	283	251	257
Dublin Fire Brigade	202	205	205	192	209	197	194	212	188	201	199	193
South	152	164	139	132	167	169	161	168	178	180	175	166
West	176	170	176	165	168	164	156	176	162	177	168	167

EMERGENCY CALL VOLUME AND RESPONSE TIMES

NAS April Activity	North Leinster	DFB	South	West	National	
					April	YTD 2014
Call Volume						
Total AS1 and AS2 (Emergency) calls	7,700	5,775	4,981	5,015	23,471	95,697
Total Clinical Status 1 ECHO calls	72	79	50	45	246	1,044
Total Clinical Status 1 DELTA calls	2,176	2,404	1,482	1,378	7,440	30,886

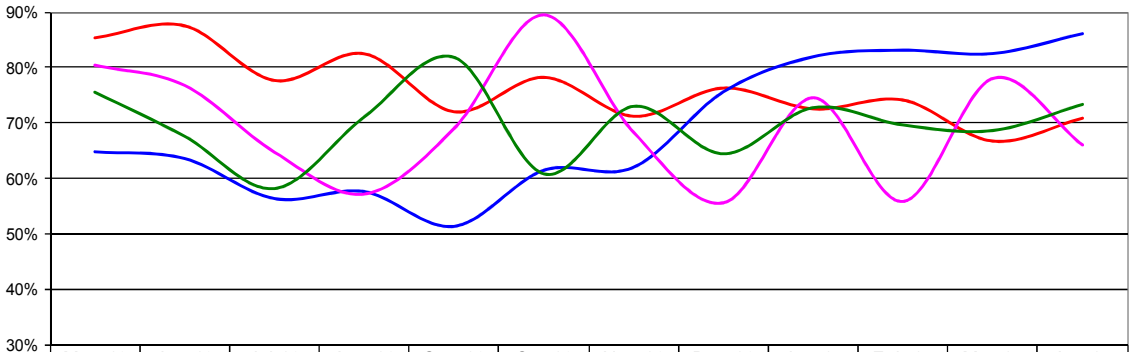
Response Times						
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	70.8%	86.1%	66.0%	73.3%	75.2%	74.7%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	67.0%	69.6%	62.3%	56.2%	64.9%	63.0%

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

ECHO Incidents[3]

Nationally in April 75.2% of ECHO calls were responded to within 18 minutes and 59 seconds minutes.

Regional % Clinical Status 1 ECHO incidents responded to in 18 minutes and 59 seconds or less

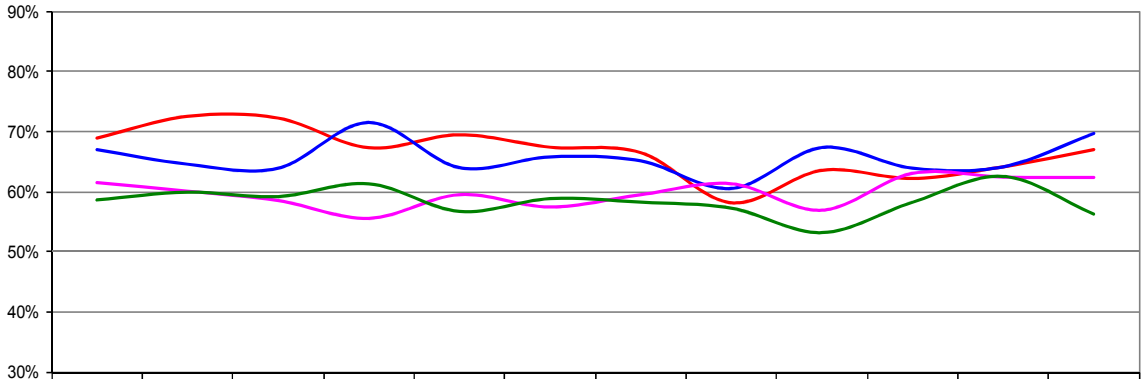


	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
North Leinster	85.3%	87.5%	77.6%	82.5%	72.0%	78.2%	71.2%	76.3%	72.5%	74.1%	66.7%	70.8%
Dublin Fire Brigade	64.8%	63.5%	56.3%	57.6%	51.3%	61.4%	62.0%	75.6%	81.9%	83.1%	82.5%	86.1%
South	80.4%	76.7%	64.7%	57.1%	69.0%	89.5%	68.3%	55.6%	74.5%	55.8%	78.0%	66.0%
West	75.5%	67.6%	58.1%	71.1%	81.8%	60.8%	73.0%	64.4%	72.7%	69.6%	68.6%	73.3%

DELTA Incidents[4]

Nationally in April 64.9% of DELTA calls were responded to within 18 minutes and 59 seconds minutes.

Regional % Clinical Status 1 DELTA incidents responded to in 18 minutes and 59 seconds or less



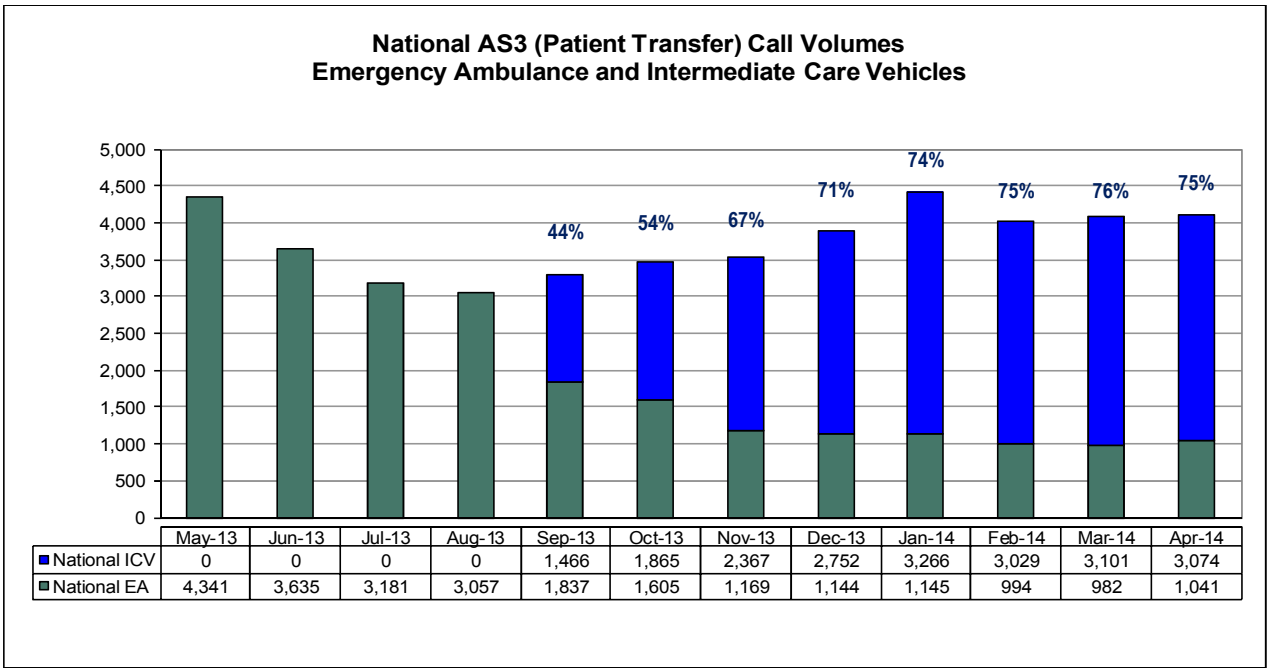
	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
North Leinster	68.9%	72.5%	72.2%	67.3%	69.4%	67.4%	66.5%	58.1%	63.5%	62.2%	64.1%	67.0%
Dublin Fire Brigade	66.9%	64.5%	63.9%	71.5%	64.0%	65.8%	65.1%	60.5%	67.3%	63.9%	64.1%	69.6%
South	61.5%	60.1%	58.5%	55.5%	59.5%	57.4%	59.5%	61.3%	56.9%	63.0%	62.4%	62.3%
West	58.6%	59.9%	59.1%	61.3%	56.7%	58.8%	58.2%	57.2%	53.1%	58.2%	62.5%	56.2%

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

[4] 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) has been set up to provide a safe and timely transfer for non-emergency patients when transferring between hospitals within the healthcare system or moving to step down facilities in the community. In April, 75% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicle.



	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
National ICV	0	0	0	0	1,466	1,865	2,367	2,752	3,266	3,029	3,101	3,074
National EA	4,341	3,635	3,181	3,057	1,837	1,605	1,169	1,144	1,145	994	982	1,041

AMBULANCE TURNAROUND FROM ACUTE HOSPITALS

Ambulance Turnaround times data[5] provides the time interval from ambulance arrival time (through clinical handover in the ED or Specialist Unit) to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available). This data is collected through the Computer Aid Dispatch (CAD) systems for every Emergency Call (AS1) and Urgent Call (AS2) transported to hospitals within Emergency Department / Specialist Units.

In May the National Ambulance Service (NAS) managed a total of 18,677 calls to hospitals, a 14.4% increase on April's call volume of 16,333 calls. 11,635 (62%) of these calls had their crews and vehicles clear from the hospital and available to respond to further calls within 30 minutes or less. 92% of calls had crews and vehicles clear and available within 60 minutes.

The National Ambulance Service issued the Turn Around Time Framework document in May to all Ambulance Service Management and relevant HSE managers. The aim of the framework is to provide a consistent and national approach to addressing the ongoing issue of delays in releasing ambulances from receiving hospital in a timely fashion with the emphases on a 30 minute turnaround time indicator. This indicator is based on international and UK best practice standards. All turnaround times are monitored from the command and control centres across the country and reported on at monthly intervals.

[5] NAS is developing a more robust solution to this data requirement in the new National CAD being implemented as part of the NAS Control Centre Reconfiguration Programme.

This framework includes an escalation pathway which can be implemented when required to ensure that all appropriate mechanism are utilised to achieve a timely turnaround at the ED.

As with any framework document it can be reviewed and if necessary amended to meet the changing demands placed on the services with the interest of safe and timely patient care delivery at the forefront.

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Total	**1,656**	**1,607**	**-49**	**-2.99%**

Recruitment of the Control Programme personnel from the 2014 Service Plan is ongoing with a total of 12 candidates in training. A competition for qualified call takers and dispatchers was commenced in May.

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

FINANCE

National Ambulance Service	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
North Leinster	49,126	19,365	20,366	-1,001	-5%
South	30,242	13,395	12,271	1,124	9%
West	35,987	15,469	14,910	559	4%
Office of the AND	22,186	7,661	9,329	-1,668	-18%
Total	**137,542**	**55,890**	**56,877**	**-987**	**-2%**

Overall the NAS is running €987k under budget year to date end May. Additional expenditure will occur as new posts are put in place over the remainder of the year.

Primary Care Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

Quality and patient safety is an integral part of the monthly performance review meetings with the Area Managers. A number of key measures have occurred since the last report which includes:

- A National Lead for Quality and Patient Safety for the Primary Care Division commenced in May 2014.
- A Working group has been established to develop quality and patient safety performance indicators.
- A quality profile has been developed to compliment the Performance Indicators. This is a detailed profile/report for the ISA manager describing the quality of health care within their organisation. The main purpose of the quality profile is that an overview of the quality and safety of the service is available to the ISA manager on an ongoing basis.
- A first draft of the quality profile will be shared with the ISA managers at the June performance meetings. This will highlight the type of quality and safety information that ISA managers need to be considering and reviewing at ISA level and will facilitate the discussion at performance review meetings from September onwards. This profile will be linked to the key elements of the standards. Where there are gaps or concerns they will form the foundation of quality improvement plans in each ISA area.

Serious Incident Management - Divisional Incident Support and Learning Team

A Divisional Incident Support and Learning Team has been established. The functions of this team are to:-

- Oversee and/or directly manage incidents that are escalated from within their division according to the HSE Safety Incident Management Policy.
- Ensure that training is delivered to employees and agencies providing services or advice to ensure that they are aware of and comply with HSE Incident Management Policy.
- Oversee the implementation of local processes to comply with HSE Safety Incident Management Policy.
- Request and review audits of compliance with the policy.
- Oversee the implementation of national standardised processes for incident reporting, management, and investigation and for the implementation of safety recommendations in a timely and cost effective manner.
- Provide assurance on the quality of investigations and ensure recommendations on incidents are communicated within and between Divisions as required and learning is shared.
- Analyse completed investigation reports to inform national safety interventions.
- Identify areas for prioritisation for Quality Improvement.

- Report on progress to the National Director/Chair of the Divisional QPS Committee.

The above measures will provide the basis for assurance on the management of safety and risk within primary care services.

Mechanisms are in place to biannually report and monitor the consumption of antibiotics within community settings (defined daily doses per 1,000 inhabitants per day) – target <21.7 days. This metric will be included in the June Performance Assurance Report.

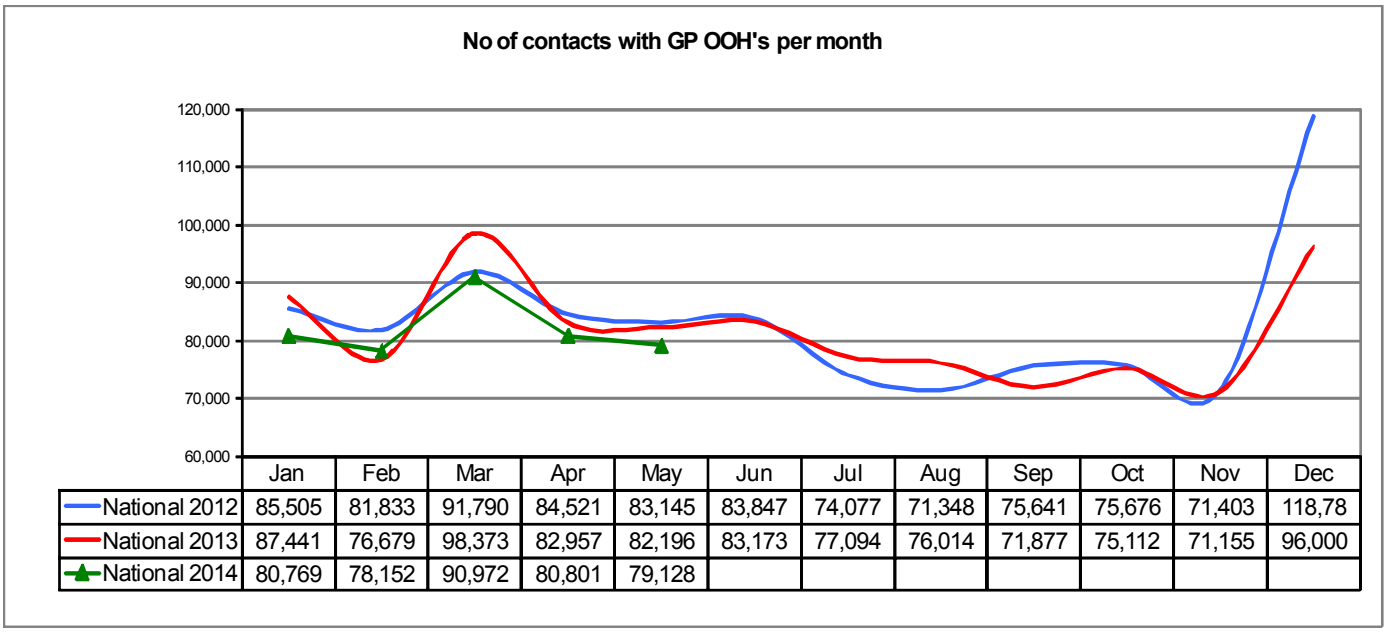
COMMUNITY INTERVENTION TEAMS

- The seven Community Intervention Teams currently in place provided hospital avoidance services to 719 patients in May, a total of 3,577 year to date.
- The teams also facilitated early discharge of 258 patients in May, a total of 1,261 year to date.
- In addition there were 204 GP referrals, a total of 1,009 year to date and 108 Community referrals, a total of 577 year to date.

A review of Community Intervention Teams is underway including a review of the data set with associated standardised definitions. The intention is to increase the referrals to Community Intervention Teams and to support hospital avoidance and for patients (where clinically appropriate).

GP OUT OF HOURS SERVICE

- 79,128 patients availed of GP out of hours services in May (i.e. triage, treatment, home visit etc.) to bring the total year to date to 409,822.
- This is a demand led service and reflects the actual demand for services in the reporting period.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2012	85,505	81,833	91,790	84,521	83,145	83,847	74,077	71,348	75,641	75,676	71,403	118,78
National 2013	87,441	76,679	98,373	82,957	82,196	83,173	77,094	76,014	71,877	75,112	71,155	96,000
National 2014	80,769	78,152	90,972	80,801	79,128							

PHYSIOTHERAPY SERVICES

Waiting List Management: At the end of 2013 there were 7,181 patients waiting more than 12 weeks for an assessment. The Service Plan 2014 target is to reduce that number by 10%. At the

end of May there were 6,269 patients waiting more than 12 weeks which is an improvement and represents a reduction of 12.7% in the number waiting more than 12 weeks.

Physiotherapy Services: variance from expected activity in the month					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Referrals	+11.3%	+10.2%	-3.5%	+8.6%	+5.9%
Patients seen first assessment	+15.7%	+18.9%	+12.9%	+8.7%	+13.4%
Patients Treated	+10.0%	+13.5%	-4.0%	+16.3%	+7.9%
Treatment contacts	+23.1%	+10.4%	-2.8%	+6.9%	+8.1%

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	740	1,072	1,909	2,548	6,269

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 May there were 7,455 patients waiting more than 16 weeks which is an improvement and represents a reduction of 12.4% in the number waiting more than 16 weeks.

Occupational Therapy Services: variance from expected activity in the month					
Regions	**DML**	**DNE**	**South**	**West**	**National**
Referrals	+35.0%	+28.1%	+17.1%	+7.0%	+21.4%
Patients seen first assessment	+24.3%	+18.4%	+23.8%	-1.0%	+16.5%
Patients Treated	+27.0%	+27.8%	+21.0%	+16.1%	22.7%

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	1,882	938	3,213	1,422	7,455

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

Social Inclusion

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Methadone Treatment
- Finance

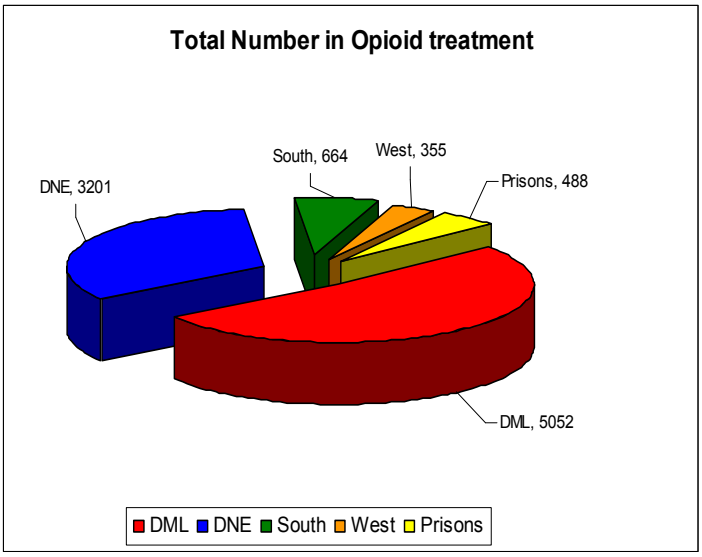
QUALITY AND PATIENT SAFETY

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

OPIOID TREATMENT

This data is reported a month in arrears and reflects April 2014 activity.

- The number of clients in receipt of Opioid treatment during the current reporting period, outside of prisons, was 9,272. The expected level of activity for 2014 is 9,100. The current level of service uptake is 1.9% over expected activity.
- In addition, there were 488 patients receiving treatment in 10 prison clinics bringing the total number in treatment to 9,760.
- At the end of April 2014 there were 606 community pharmacies involved in dispensing opioid substitution medication to 6,342 patients representing 68% of the total of 9,272.



Primary Care Reimbursement Scheme

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

MEDICAL CARDS

The number of people covered by medical cards as of May 2014 was 1,790,438 (39.0% of the population). Included in these cards were 52,232 medical cards granted on discretionary grounds.

The total number of GP visit cards as of May 2014 was 134,130. Included in these cards were 31,565 GP visit cards granted on discretionary grounds.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	454,312	382,243	477,316	476,567	1,790,438
Number of people with GP Visit Cards	32,895	27,511	40,032	33,692	134,130
Total	**487,207**	**409,754**	**517,348**	**510,259**	**1,924,568**

*Includes 52,232 medical cards granted on discretionary grounds and 31,565 GP visit cards granted on discretionary grounds.

As of the 23rd June 82.5% of completed medical card applications were processed and issued within 15 days. Of the 17.5% which were not processed within target, **the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required**. The decision to suspend the review of medical cards and restore medical cards issued on a discretionary basis. This project has impacted on normal operational performance.

Long Term Illness / General Medical SchemeNational	Number Processed		% Variance to profiled target
	May 2014	Jan – May YTD	
LTI claims	98,050	442,071	+13.3%
LTI items	334,000	1,481,172	+17.2%
GMS prescriptions	1,616,209	8,082,963	-9.5%
GMS items	4,991,732	24,856,969	-9.3%
GMS Special items	47,839	255,104	-12.8%
GMS Special type consultations	88,452	480,336	-11.1%

HUMAN RESOURCES

Primary Care	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	**9,573.97**	**9,595.84**	**21.87**	**0.23%**

OVERVIEW OF PRIMARY CARE FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Total	**3,256,954**	**1,388,207**	**1,358,070**	**30,137**	**2.2%**

Health and Wellbeing Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

Work continued on the refinement of the Division's risk register during the month.

Within the Screening Services a voluntary accreditation process has been initiated for the BreastCheck programme under EUREF (European reference centre for breast screening). It was recommended and agreed that the process should be repeated after the completion of one full round of screening nationally. Documentation gathering has been completed and submitted with review visits anticipated for Q3 / Q4 2014.

BREAST CANCER SCREENING

11,754 women attended for breast screening in May, bringing the YTD total to 60,215. Activity levels are on target to achieve 140,000 attendances in 2014.

TOBACCO CONTROL

The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 4,235 year to date May 2014. The service is operating on target.

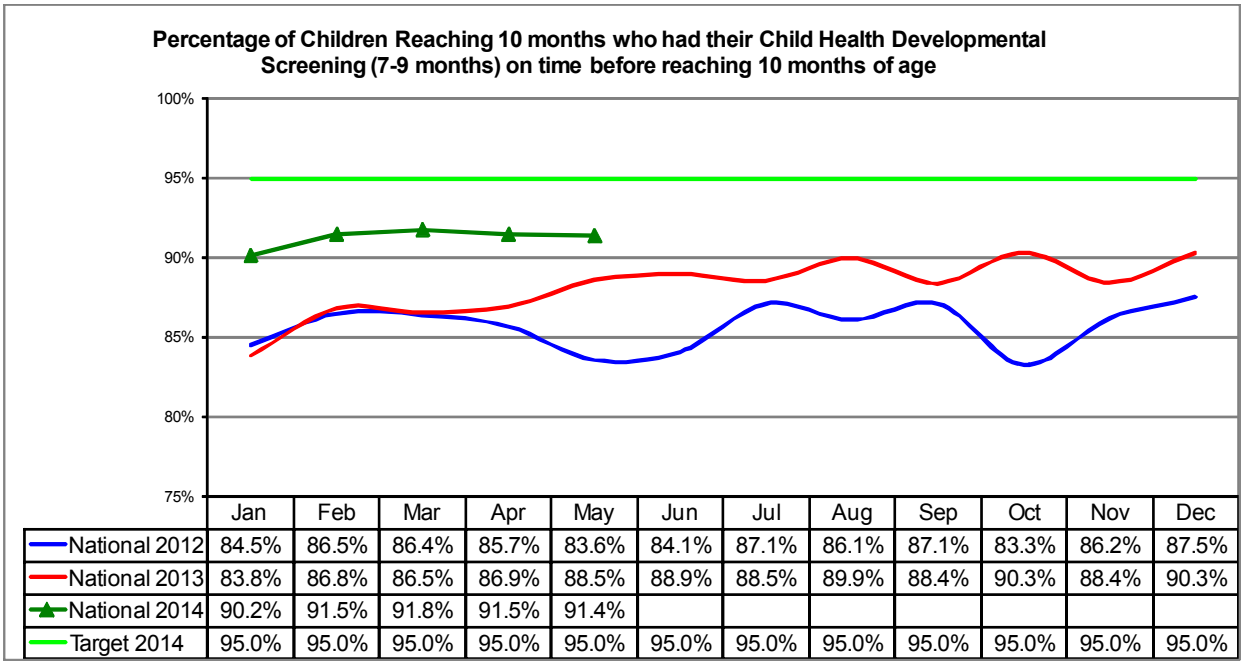
Performance against expected activity for the training of front line workers in brief intervention in smoking cessation is 10.7% ahead of target (635 staff trained versus an expected activity target of 574) however training of front line staff in the Acute sector remains challenging. YTD overall figures are positive, however reduced training figures are expected for the months of July and August with an increase expected again in early autumn.

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.

25,260 children (91.3%) have received child developmental health screening within target year-to-date. Overall the YTD uptake of this clinical intervention has improved both compared to 2013 YTD (86.5%) and 2013 outturn (88.1%) respectively.

Limerick Local Health Office reported an uptake of 75%, significantly at variance with national trends however it is showing a continuing improvement when compared to April which was at 64% which is the result of the implementation of an improvement plan. Roscommon Local Health Office returned an uptake of 87% showing evidence that the area is catching up.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
National 2012	84.5%	86.5%	86.4%	85.7%	83.6%	84.1%	87.1%	86.1%	87.1%	83.3%	86.2%	87.5%
National 2013	83.8%	86.8%	86.5%	86.9%	88.5%	88.9%	88.5%	89.9%	88.4%	90.3%	88.4%	90.3%
National 2014	90.2%	91.5%	91.8%	91.5%	91.4%							
Target 2014	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Other developments in May 2014

As and from May 1st the use of e-cigarettes is now banned in all health facilities.

The active schools flag was launched on 12th of May as a joint initiative with the Department of Education and Skills. The initiative aims to recognise schools that strive to achieve a physical educated and physically active school community by awarding them the Active School Flag (ASF). The initiative is open to primary and post primary schools, special schools and Youthreach centres to apply.

The National Screening Service was awarded the winning entry under the category "Best Health Promotion Project" for "BowelScreen Home Test Instructions" in the MSD CrystalClear Health Literacy Awards. The initiative was recognised by the Health Literacy Awards judging panel for its focus on communicating health matters clearly.

The National Screening Service was awarded finalist in the "Best Project in a Hospital" category for a project entitled "Addressing a deficit in informed consent for Anaesthesia". A recent audit of the two anaesthesia leaflets indicated enhanced knowledge of anaesthesia including adverse events risk and improved communication between anaesthesia doctors and patients.

HUMAN RESOURCES

Health & Wellbeing	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Health & Wellbeing	**1,204**	**1,229**	**+25**	**+2.10%**

FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**217,050**	**72,570**	**79,052**	**-6,482**	**-8.2%**

Overall the Division is exhibiting a positive variance of €6.482m (8.2%), against its year-to-date profile. As with previous months the variance does not reflect the impact of increased expenditure in the latter half of the year in relation to vaccines and growth in the various NSS programmes including Bowel Screen and Diabetic Retinopathy which are new.

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

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

Social Care Division

Disability Services

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

HIQA published 72 inspection reports at the end of May, and inspections have been on-going. In line with experience in other countries and in services for older people in Ireland, the implementation of a new regulatory regime will identify both good and poor practice as well as inconsistency in the implementation of standards. The Social Care Division are monitoring the reports carefully and are assuring that with assistance from Quality and Patient Safety, that learning will be transferred across the system.

A key theme emerging from the inspections is that of deficiencies arising in the physical environment. Similar to the work undertaken in Services for Older People on the introduction of the HIQA standards, a piece of work will be carried out in conjunction with Estates, to assess from an environmental perspective, the 1,100 locations which are subject to inspection. This will identify the work required & associated costs, to be compliant with the standards, which when taken with the implementation of the Congregated Settings, will facilitate the prioritisation of a programme of work. It is anticipated that the capital costs associated with compliance will be significant.

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

REHABILITATIVE TRAINING PLACES

In May, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,841 people availed of these places nationally.

SCHOOL LEAVERS

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

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

- A process was completed in Q1 which identified the young people who will be leaving school or exiting an RT Programme who have a requirement for ongoing HSE-funded supports. Following validation, this process has identified 1,365 young people (918 school leavers and 447 RT exits) and the ongoing supports required by these individuals, focussing specifically on responses for those who have complex service needs.
- An exercise to identify service providers with capacity to respond to these individuals needs was undertaken. Site visits were completed in April to validate the information received from service providers, with information validated in May 2014.

Notification of placements commenced in May and the HSE is on schedule to have all families advised of placement no later than 30th June.

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	**24,375.71**	**24,194.23**	**-181.48**	**-0.74%**

FINANCE

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	416,481	183,129	174,647	8,481	4.9%
DNE	325,353	140,560	136,091	4,470	3.3%
South	302,159	128,541	125,757	2,784	2.2%
West	334,748	141,851	138,643	3,208	2.3%
National	23,950	0	10,000	-10,000	-100.0%
Corporate	5,796	1,025	2,423	-1,398	-57.7%
National	**1,408,487**	**595,107**	**587,561**	**7,546**	**1.3%**

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**2,867,566**	**1,221,521**	**1,208,830**	**12,692**	**1.0%**

Services for Older People

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

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

SERVICE ACTIVITY

As of May 2014:

- 46,673 clients were in receipt of home help service
- 12,759 clients are in receipt of a home care package
- 22,254 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.0% of the population or 21,208 people aged over 65yrs were supported in NHSS/Saver beds (based on 2011 census figures).

HOME HELP HOURS

The 2014 National Target for Home Help Hours is 10.3m hours. The maximum target in May is 4,291,667 hours of service delivery.

As outlined in the January report the Social Care Division intends to deliver a sustainable approach to the provision of home help service and is examining options whereby a minimum, median and maximum target for service delivery will be provided to regions and areas. This will allow for the required flexibility in the course of the year. The data validation (Activity and Resource) stage of the overall review of home care currently undertaken was progressed in May.

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

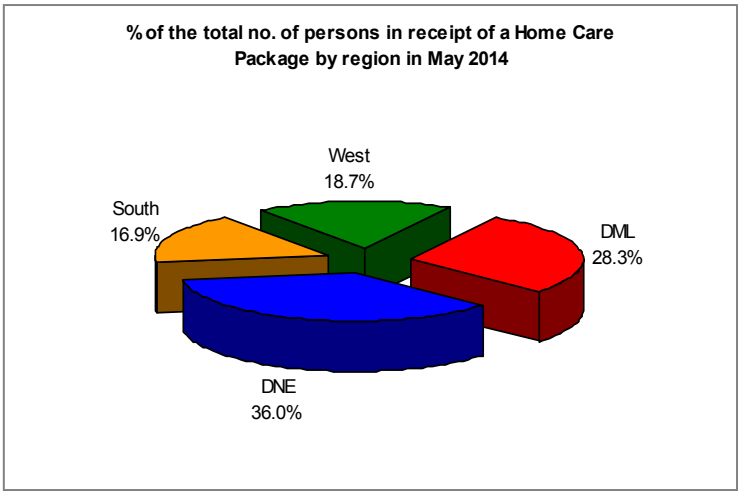
- National – 4,199,989 hours provided YTD, below the targeted YTD service delivery levels by 2.1%.
- DML are running below targeted levels by 14.2%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
- DNE are ahead of target by 19.5%. The on-going review of home care will assist in finalising the appropriate service delivery level in DNE.

- South are running below target by 6.9%. An increased level of activity is required to meet the sustainable service delivery level in this region.
- West are running below target by 0.8%.

HOME CARE PACKAGES

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

- 12,759 persons were in receipt of a home care package at end of May 2014.
- Activity year-to-date was 17.4% above the expected level of service*.
- South Region was below the expected level of service with a variance of 10.8%.
- DML, DNE and West Regions were above the expected level of service at 35.9%, 29.5% and 6.7%.



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

HOME CARE

Intensive Home Care Packages

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

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

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

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

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

Home Help hours and Home Care Packages

Corporate Finance is currently finalising validation of the budget in respect of HH and HCP and therefore, preliminary targets have not been formally issued until this process is complete.

Tender Process

Legal proceedings have been instigated by a number of private providers in relation to the Home Help aspect of the Home Care Package Scheme. Hearings have commenced in June.

SINGLE ASSESSMENT TOOL- SAT

The implementation of SAT will underpin future development of Services for Older People and provide a standardised base for the allocation and development of services to older people based on their assessed needs. The 4 priority areas Tallaght, Beaumont, Cork & Galway now have SAT Implementation regional teams in place driving the ISA implementation plan of SAT with oversight from the national team, planned timeframes for SAP are dependent on the technical development of the SAT Information System (SATIS) by the vendor which are currently under review, however it is anticipated that any slippage at this stage will have been dissipated by year end.

RESIDENTIAL SERVICES

Service Improvement Teams

Phase two site visits are now complete. The emphasis of Phase two is on the opportunity for cost extraction while maintaining standards & level of service, particularly across the more complex sites (49 in total). The main themes arising from the work of the Service Improvement Teams are the requirement to realign rosters, implement appropriate skill mix and the exploration of options to maximise efficiencies from non pay costs.

Short Stay Beds

Work is underway in respect of the validating the budget for Short Stay beds. Progress to date on this report is as follows:

- Methodology developed for identifying short stay budget and costs within public units.
- National information collected for all units with short stay beds.
- Agreed methodology applied to national information to identify short stay budget and spend.
- Initial short stay financial position identified.

The project has progressed well in terms of developing a system and method of communication for retracting and re-allocating funding, however, from experience of the “NHSS retraction and reallocation” there will be significant challenges at area level around budget management, naming of clients and income collection.

Nursing Management Structures (Residential Care Services)

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

Public Beds

The expected level of service in 2014 for NHSS beds in Public Long Stay Units is 5,400 beds at any one time.

- In May 2014 there were 5,319 NHSS beds; 1.5% below target nationally.

- Regionally DML and DNE were below target at -1.5% and -6.8%. The South and West were just above the target at 0.1% and 0.4% target respectively.
- Short stay beds are 0.5% above target in May.

NURSING HOME SUPPORT SCHEME (NHSS)

In May 2014 the scheme funded 22,254 long term public and private residential places and when adjusted for clients approved but not in payment there were 22,853 supported under the scheme. The numbers in payment are slightly ahead of the target of 21,998 by 256. In the first five months of 2014, 4,421 applications were received and 2,645 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 753 clients during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Number of patients in Long Term Residential Care funded beds						
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	No. of "savers" in Section 39 Units	Total in Payment during Month
End Q4 –2013	5,052	16,269	565	1,016	105	23,007
DML	1,351	4,188	131	499	-	6,169
DNE	865	3,204	110	209	12	4,400
South	1,484	4,189	98	102	81	5,954
West	1,216	4,289	146	80	-	5,731
Total – Apr 2014	**4,916**	**15,870**	**485**	**890**	**93**	**22,254**

Note: An additional 599 clients have been approved under the scheme but have not taken up a place or have not come into payment of financial support under the scheme during the month. The reasons for a client not taking up a place can be due to a combination of events such as people requiring other services e.g. acute care, people deciding not to go into long term care, etc.

In May 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 4.0% or 21,208 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

HUMAN RESOURCES

Social Care Division	WTE Ceiling	WTE YTD	Variance	% WTE Variance
Total	**24,375.71**	**24,194.23**	**-181.48**	**-0.74%**

FINANCE

Social Care Older Persons Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	154,892	73,538	65,447	8,091	12.4%
DNE	116,829	53,955	51,209	2,746	5.4%
South	174,921	75,562	73,354	2,207	3.0%
West	169,750	74,780	71,505	3,274	4.6%
Fair Deal (ex Contract & Subvention)	807,162	343,085	343,155	-70	0.0%
National	27,000	0	11,633	-11,633	-100.0%
Corporate	8,524	5,495	4,965	530	10.7%
Total	**1,459,078**	**626,415**	**621,269**	**5,146**	**0.8%**

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	**2,867,566**	**1,221,521**	**1,208,830**	**12,692**	**1.0%**

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

Mental Health Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

The National Service Plan 2014 places a particular emphasis on quality and patient safety. The National Mental Health Division is working with all Mental Health Area Management Teams to improve service quality. Initiatives include renewed focus on training in incident reporting, investigation, and notification processes at a local while improving data gathering, organisational learning and dissemination of findings at a national level.

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

The nationwide series of “listening meetings”, outlined in the March report, designed to hear directly from people who have experience of the mental health services, their family, friends or carers, and/or anybody who has an interest in this area, has continued across the country. The engagement with users of adult services is now complete and the process of compilation of findings in underway.

Further to the process for signing off on implementation plans for the project phase of ARI (Advancing Recovery in Ireland) reported previously, two Expressions of Interest processes circulated in April for positions to support this national extension and development of the ARI project, were interviewed during May and candidates are expected to take up post before August.

ADULT MENTAL HEALTH SERVICES

In May 76% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally. The objective is that this percentage would be greater than or equal to 75% in 2014. However, the performance in May shows a slight increase of 3% over the April figures. The national figure can mask variances in performance against the target by individual teams and underperformance is raised with local management.

Further analysis is required to review rates of referral relative to populations and then comparative accepted referrals offered first appointment. In this analysis, there will also be the opportunity to review opportunities to reduce the rate of DNA and how this can improve capacity for improved performance.

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. The objective is that this percentage would be greater than or equal to 95% in 2014 and the trend of exceeding the target is consistent over the current period.

ACUTE ADULT INPATIENT SERVICES

In Q4 2013 the number of admissions to adult acute units was 3,128 with a total of 13,377 for the year, which is a 2% decrease on the year end position in 2012. This reflects the focus on the development of secondary care mental health services in the community as an alternative to acute inpatient admission but also shows the impact of the reduction of adult acute inpatient capacity in line with Vision recommendations.

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

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

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

In May, 72% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months. This figure is below the target for 2014 for this metric which is that the percentage of accepted referrals/re-referrals which would be offered a first appointment and seen within three months would be greater than or equal to 75%.

There is an ongoing process locally to manage the underlying reasons for the target not being met, however, there has been a greater demand on the CAMHs service with a 6% increase in the number of referrals accepted than in the same period last year and a further 12% increase in the number of new cases seen when compared to the same period last year.

The Child and Adolescent Mental Health Service waiting list has grown to 3,029 cases, a 11% increase on the same period last year (2,731) and 20% (511 cases) above the year end target of 2,518 cases.

Although there will always be seasonal variances throughout the year against this target and there are 525 individuals or 17% of the waiting list waiting more than 12 months, of the 62 CAMHS teams, 66% (41) have no-one waiting more than 12 months.

12 of the 20 teams where patients are waiting over a year make up 86% (454) of the 525 waiting longer than 12 months. The 12 include one team in DML, one tem in DNE, five teams in the South and five in the West.

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

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

In 2012 the operational capacity of the Child and Adolescent Acute Inpatient Units was 44 (73%) out of a total bed complement of 60. This has increased to 56 beds (85%) and the plans to achieve full (100%) operational capacity in each unit during 2014 are outlined in the table below including the opening of an additional 6 bed unit at Linn Dara in St. Loman's Hospital, Palmerstown, Dublin which is now expected to come on stream in Quarter 3.

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

or complexity of any “long waiters” etc.

Table – HSE CAMHS inpatient bed capacity

Child & Adolescent Inpatient Units	March 2014		Update
	Beds	Open	
Merlin Park Unit, Galway	20	20	Fully Operational
Existing Linn Dara Unit St. Loman’s Hospital.	8	8	Work to comply with fire safety regulations is necessary and the additional beds will come on stream during Qtr3.
New Linn Dara Unit	6	0	
St. Joseph’s Unit, Fairview	12	8	The Consultants appointment Unit is processing the application to recruit the additional consultant post and when approved it is expected that it will be filled initially on a locum basis with additional capacity expected to come on stream by end Q2.
Eist Linn Unit, Cork	20	20	Fully Operational
Total No. of Beds	**66**	**56**	

NATIONAL OFFICE FOR SUICIDE PREVENTION

The HSE’s National Office for Suicide Prevention (NOSP) leads the national implementation of ‘Reach Out’, the Government strategy for suicide prevention.The National Office for Suicide Prevention is advancing a National Strategic Framework for Suicide Prevention. Six working groups have been established addressing, research, the current evidence base, a practice advisory group, and a policy development group. A Public consultation process has been advertised through the online and social media and a total of 260 submissions were received. As part of the above process, the office has completed a national review of suicide prevention training and an internal review of ‘Reach Out’ the current government suicide prevention strategy.

HUMAN RESOURCES

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

Mental Health Staffing by Category							
Staffing	**Medical/ Dental**	**Nursing**	**Health & Social Care**	**Mgt / Admin**	**General Support Staff**	**Other Patient & Client Care**	**Total**
*WTEs @ end 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ May 2014	691.48	4515.47	1143.89	759.06	951.27	965.47	9,026.64

* WTE = Whole Time Equivalent

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

MENTAL HEALTH DEVELOPMENT POSTS

The Programme for Government investment in mental health in 2012 and 2013 of 891 WTEs to enhance the provision of community mental health services is being progressed.

National Service Plan 2012 WTE's as at 31st May 2014

Staffing	Medical / Dental	Nursing	Health & Social Care Professionals	Mgt/ Admin	General Support Staff	Other Patient & Client Care	Total	%
National Service Plan 2012 WTE Allocation	0	51	365	0	0	0	414*	100%
NSP 2012 WTE's – Recruited Start date prior to 31st May 2014	0	46	348.5	0	0	0	394.5	95%

Of the WTEs allocated in 2012, 394.5 or 95% of the WTES as 31st May 2014 had started. The remainder are at various stages in the recruitment process, details provided in the tables below.

In 2013, a further €35m and up to 477 WTES, was reinvested, building on the 2012 commitments and also to support the development of specialist mental health services.

Of the posts allocated in 2013, 312.5 or 66% of the WTES had started before the end May 2014, with a further 13 WTEs or 3% with agreed start dates after 31st May 2014. The remainder are at various stages in the recruitment process, details provided in the tables below.

There are a number of these posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location.

National Service Plan 2013 WTE's as at 31st May 2014

Staffing	Medical / Dental	5	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	Total	%	
National Service Plan 2013 WTE Allocation							**477**	100%	
National Service Plan 2013 WTE's not yet allocated							**8.5**	2%	
Staffing	**Medical / Dental**	**Nursing**	**Health & Social Care Professionals**	**Management/ Admin**	**General Support Staff**	**Other Patient & Client Care**	**Total**	**%**	
National Service Plan 2013 WTE Allocation	38	277.5	142.5	10.5	0	0	468.5	98%	
NSP 2013 WTE's Recruited Start date prior to the 31st May 2014	1	202.5	108.5	0.5	0	0	312.5	66%	
NSP 2012 WTE's Recruited Start date after 31st May 2014	0	9	3	1	0	0	13	3%	

FINANCE

Mental Health	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	%
Total	**719,132**	**298,150**	**297,826**	**324**	**0.1%**

The Mental Health Division is reporting breakeven at the end of May 2014. The current key financial risks are –

1) The 2014 Budget contains an additional cut of €7.3m related to Haddington Road Pay Savings. Work is on-going to determine if this is achievable.
2) Additional unforeseen private placements may arise thereby increasing spend. .
3) Inability to recruit senior medical staff thereby relying on Locum/Agency to fill key posts in the short-term.

The approved annual allocation of €719.1m will be increased as further development posts are recruited through-out the remainder of 2014.

Human Resources

WORKFORCE POSITION

WTE Overview	Year-end ceiling	Ceiling May 2014	WTE May 2014	WTE Variance May 2014	WTE Variance against Year-end ceiling	% WTE Variance May 2014	% WTE Variance against Year-end ceiling
Total Health Service	94,210	95,495	97,017	+1,522	2,807	1.59%	2.98%

WTE Overview by Division	WTE Apr 2014	Ceiling May 2014	WTE May 2014	WTE Change since Apr 2014	WTE Change from Dec 2013 to May 2014	WTE Variance May 2014	% WTE Variance May 2014
Acute Services	48,796	46,484	48,765	-31	+495	+2,281	4.91%
Mental Health	9,067	9,611	9,027	-40	+121	-584	-6.08%
Primary Care	9,644	9,574	9,596	-48	+135	+22	0.23%
Social Care	24,221	24,376	24,194	-26	-197	-181	-0.74%
Health & Wellbeing	1,219	1,204	1,229	+10	-3	+25	2.06%
Ambulance Services	1,599	1,656	1,607	+7	-9	-49	-2.99%
Corporate & HBS	2,609	2,590	2,600	-9	-19	+10	0.37%
Total	**97,155**	**95,495**	**97,017**	**-138**	**+523**	**+1,522**	**1.59%**

- 97,017 WTEs at end of May with employment levels 523 WTEs above the end of 2013.
- Since September 2007, a reduction of 15,754 WTEs has been recorded in employment levels (-14%).
- This is distorted by the transfer of Children and Families staff to the new Agency (3,318 WTEs), the transfer of Community Welfare Services to the Department of Social Protection (1,000 WTEs), the filling of new service developments, subsumed agencies and other staff not previously returned in census.
- This is a combined total of 3,950 WTEs which would indicate that the true change from the peak in recorded employment is overstated by 368 WTEs. Accordingly employment in the health services has reduced by 15,386 WTEs approximately from the peak (-13.65%).
- 665 WTEs of 2013 new service development posts filled, up 24 WTEs from April (126.7 WTEs - National Ambulance Service, 215 WTEs - Primary Care, 301 WTEs - Mental Health Services, 15 WTEs - Acute Services and 7 Finance). 2 WTEs of the 2014 posts have been filled this month under the Bilateral Cochlear Implant Programme and 3 WTEs from 2012.
- Acute Hospital Services is 495 WTEs above end of 2013 levels (95% of total growth) with growth seen across all Hospital Groups. Paediatric Hospital Group report now includes AMNCH paediatrics, thus distorting Dublin Midland Hospital Group report re change YTD.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is 1,522 WTEs above the current provision employment ceiling of 95,495 WTEs (excls CFA initial ceiling of 3,443 WTEs) and 2,807 WTEs above provisional end-2014 target of 94,210 WTEs excluding CFA. Confirmation of ceiling for CFA may change this.
- Initial allocation of employment ceiling by Divisions has been made and National Directors can change internal sub-allocations as necessary in line with budgets and performance.
- Social Care, Mental Health and National Ambulance Service are currently under ceiling and Acute Services is 2,218 WTEs above ceiling. The other Divisions are marginally above their current allocated ceilings. There are close to 1,000 WTEs of new service developments planned/in process as set out in NSPs which are to be filled within the employment ceiling.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of April figure of the order of 2,532.14 WTEs, with Acute Services accounting for 66% of total. Non-acute services account for 31% of total.

Graduate and Intern schemes

At the end of May a total of 425 nurses/midwives had entered the graduate scheme. The intern scheme had 552 care interns and 32 general support interns bringing the total to 1,009 people provided with placements under these schemes.

NEW SERVICE DEVELOPMENTS

665 WTEs of 2013 new service development posts filled, up 24 WTEs from April (126.7 WTEs - National Ambulance Service, 215 WTEs - Primary Care, 301 WTEs - Mental Health Services, 15 WTEs - Acute Services and 7 Finance). 2 WTEs of the 2014 posts have been filled this month under the Bilateral Cochlear Implant Programme and 3 WTEs from 2012.

Sick Leave Scheme changes

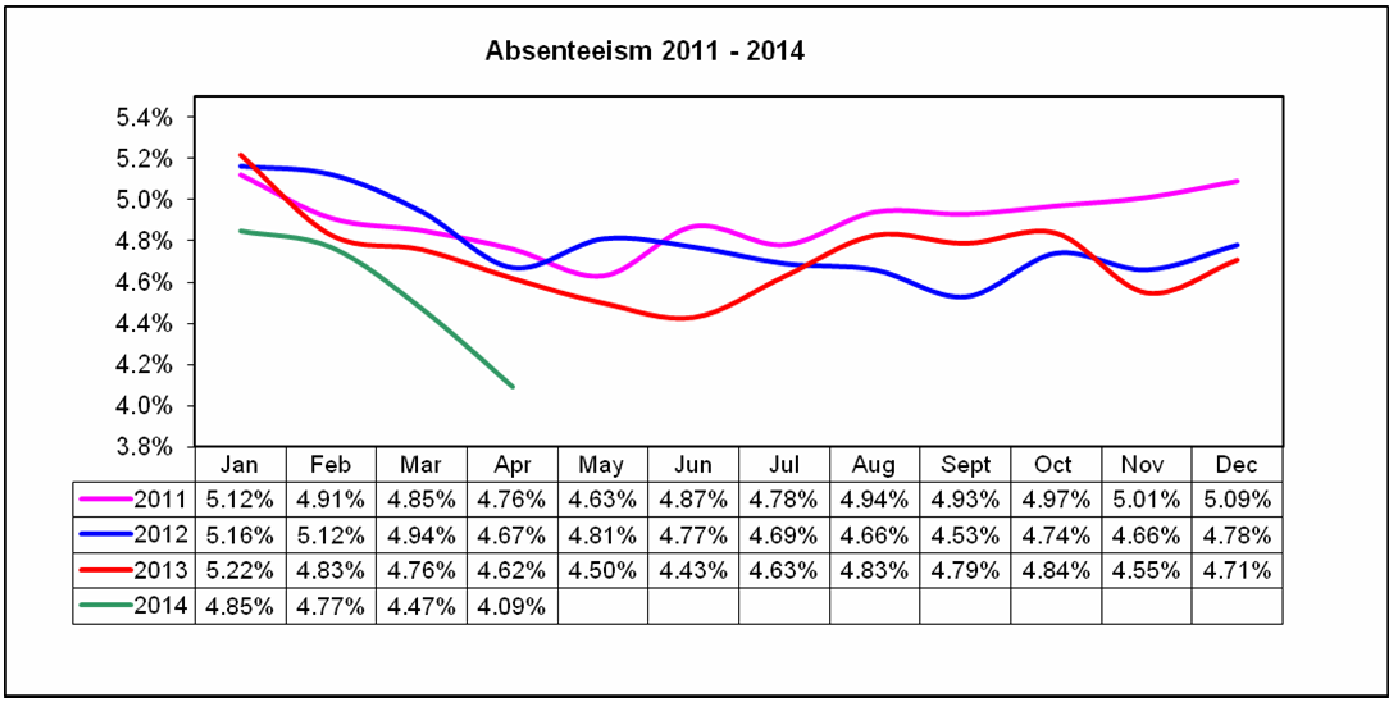
The Public Sector-wide paid sick leave provisions and arrangements were reviewed in 2012 under the auspices of the Labour Relations Commission and Labour Court in order to have a standardise one for all public servants and to reduce the cost of absenteeism. Significant changes were made to existing paid sick leave arrangements across the wider public service. These changes were implemented in two phases; firstly to self-certified sick leave, where it was reduced to seven days in a rolling two-year period, on the 1st November 2012 and secondly an effective halving of the main paid sick leave arrangements/provisions which came into effect on the 30th March 2014. The impact of the former change may help explain the change in proportion of self-certified as against medically certified sick leave against overall absence rates. This change is apparent from the reported situation prior to November 2012. It is too early to be able to see the possible impact of the more recent changes as April National Absence Reporting is in respect of just one month since the change was applied", but it must be borne in mind that absence management is a multi-factorial process.

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported Month (Apr 2014)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.09%	4.47%	4.57%

Data is reported 1 month in arrears

- Overall absenteeism target is 3.5%.
- Absenteeism for April 4.09 % while the year to date position stands at 4.57% (April). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2011	5.12%	4.91%	4.85%	4.76%	4.63%	4.87%	4.78%	4.94%	4.93%	4.97%	5.01%	5.09%
2012	5.16%	5.12%	4.94%	4.67%	4.81%	4.77%	4.69%	4.66%	4.53%	4.74%	4.66%	4.78%
2013	5.22%	4.83%	4.76%	4.62%	4.50%	4.43%	4.63%	4.83%	4.79%	4.84%	4.55%	4.71%
2014	4.85%	4.77%	4.47%	4.09%								

90% of absenteeism in April was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.

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

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

Finance

OVERVIEW

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

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

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

Net Expenditure year to date May 2014 is €4.992 billion against the available budget reported at €4.828 billion leading to a reported deficit of €163.0m.

Expenditure by Category and Division	Approved Allocation	YTD May 2014		
		Actual	Plan	Variance
	€'000s	€'000s	€'000s	€'000s
Total Acute Division	3,782,575	1,687,527	1,582,763	104,764
Total Primary Care Division	3,256,954	1,388,207	1,358,070	30,137
Total Health & Wellbeing Division	217,050	72,570	79,052	(6,482)
Total Social Care Division	2,867,566	1,221,521	1,208,830	12,692
Total Mental Health Care Division	719,132	298,150	297,826	324
Pensions	393,647	173,854	167,063	6,791
Other including National Services, Regional Services, Corporate and Held Funds, etc	354,018	150,186	135,395	14,791
Total	**11,590,942**	**4,992,016**	**4,828,999**	**163,017**

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

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

The acute hospital sector is reporting a deficit of €104.7m at the end of May which represents 64.2% of the overall deficit.

HSE year to date agency costs were €134.95m versus €89.70m for the corresponding period in 2013, an increase of €45.25m (50.4%) year on year. Agency costs incurred in acute hospital services were €91.86m. This compares to €58.76m for the same period last year and includes €38.90m in respect of the medical/dental pay category. Hospital agency costs overall have increased by €33m (up 56.3 %) 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 that increase is in the areas of medical and support services staff. These staff were already at the HRA maximum hours and therefore the hospitals did not benefit from additional hours. Cost growth and under performance in cost containment plans are also currently evident.

The Primary Care Division (PCD) had an overall deficit of €30.1m YTD 2014. This deficit is primarily attributable to local demand led schemes and legacy Childcare expenditure. Contingency options are being explored to seek breakeven in the local demand led schemes, within the totality of the PCD budget for 2014.

FINANCIAL RISKS

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

- €108m - unspecified pay savings which are subject to engagement with the relevant departments.
- €63m - temporary assignment of pension funding to earlier probity target which adjusted the impact of same subject to engagement with relevant department.
- €45m - Various other items not within or fully within the control of the HSE
    - €12m - Targeted savings related to the proposed introduction of a nurse bank. The proposal assumed external approval and legacy capacity around creating the necessary employment subsidiary and this is currently the subject of engagement with the relevant departments.
    - €10m - Graduate Nurses savings target within the 2013 NSP related to PSA I – overtaken by PSA II Graduate Nurses and Support Interns schemes which are the subject of separate budget reductions.
    - €7m - Excess target re full year effect of adjusting the asset based contribution in the Fair Deal scheme.
    - €5m - Target related to proposed licensing of tobacco retailers. Dependant on the introduction of new legislation.
    - €11m PCRS - dependant on legislation, DoH looking at alternative options.
- €5m - Local “demand led” schemes savings targets (community aids and appliances, hardship medicines, etc) – deficit in the first five months of 2014 €18.1m, despite ongoing work programme in place to standardise nationally and seek to safely reduce costs.

- The scale of the PCRS savings target for 2014 of €249m is a very significant challenge given that it follows the €353m targeted for 2013. This includes original medical card probity targets.

HADDINGTON ROAD AGREEMENT (HRA)

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

CONCLUSION

Projections to year end based on data for the first five months of 2014 are being finalised in tandem with assessment of performance in the same period and risk to year end within our cost containment plans and initial control actions in relation to the key risks outlined above have commenced. The scale of the risk and challenge in achieving financial breakeven by year end is extremely significant as predicted in the NSP 2014. Consideration must also be given to this exceptional financial challenge in an environment where we are aiming to maximise effeciencies and ensure that we maintain sustainable levels of service with quality and patient care at the core of everything we do.