

FEBRUARY 2014

Health Service

Performance Assurance Report



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Contents

Performance Overview	5
Updates by Division	
Acute Division	
Acute Hospitals and National Clinical Strategy and Programmes.....	12
Palliative Care Services.....	18
National Ambulance Service	20
Primary Care Division	
Primary Care	25
Social Inclusion	28
Primary Care Reimbursement Scheme	28
Health & Wellbeing Division	31
Social Care Division	
Disability Services	33
Services for Older People.....	35
Mental Health Division	39
Human Resources	42
Finance Overview	45

Performance Overview February 2014

The Corporate Performance Assurance Report (PAR) provides an overview of performance against the key actions and targets set out in the National Service Plan 2014. The report is set out by Division and each section provides an overview of quality, activity, finance and HR.

New Key Performance Indicators (KPIs) will be introduced incrementally over 2014 and a process of continuous improvement is underway to improve the quality of indicators used.

Quality and Patient Safety

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

National survey of staff within the hospital system on staff culture in respect to patient safety is ongoing and over 50% of the returns have been analysed. The reports for 18 sites were sent out in March.

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

The Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning was accepted and approved by the HSE Leadership team for publication (11th February 2014). The Quality and Patient Safety Division is seeking ways to support health service providers to place quality and safety of patient care at the top of every agenda and thus deliver a safer high quality experience to patients and people who access our services. The main purpose of this report is to consolidate the learning and make core recommendations for health service providers, policy makers and commissioners to inform their own specific actions plans. Quality does not happen by accident – across this initiative there was tremendous learning which is captured in the report. Some of our important insights are:

- We often find that the lack of clarity and responsibility for care quality and safety is an issue in our delivery system therefore the focus throughout was on ‘we are all responsible....and together we can create a safer health care system’.
- We also found some confusion around the term ‘clinical governance’ therefore, we are using the term quality and safety and specifically ‘governance for quality and safety’.
- We are convinced of the importance of listening and engaging with patients and staff. Understanding the experience of patients and what motivates staff is central in creating a quality culture.
- Real time information prompts wise decisions which lead to the need for good quality measurement and transparency.

Improving the patient experience within health services

Guidelines and targets being developed with services on collection of patient experience data and how this data will be used to improve services.

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

The reduction of the occurrence Healthcare Acquired Infections (HCAI) and Antimicrobial Resistance (AMR) continues to be a key priority for the organisation. To support services in this aim the National HCAI/AMR incident analysis tool is now available for use in the services, RCPI hand hygiene subgroup are delivering hand hygiene education materials to all members.

The development and use of a comprehensive set of quality and safety indicators to measure the quality and safety of our services and take appropriate action to improve poor performance :

New quality indicators will be measured in 2014

The QPS Division is assigning additional resources to support the analysis and use of quality information. This work will support quality assurance and quality improvement activities in the HSE.

SERVICE DELIVERY PERFORMANCE OVERVIEW

ACUTE HOSPITALS

Non scheduled Care

New ED attendances in 2014 are 2% higher (3520) than 2013 and subsequent ED admissions are 4% higher (1,895) than 2013. In addition, Medical Assessment Unit admissions in 2014 are 11% higher (613) than 2013.

TrolleyGar performance demonstrated an overall 3% decrease in the average number of ED patients waiting on trolleys for ward bed accommodation. A 30% reduction has been achieved in the number of ED patients waiting on trolleys for ward bed accommodation between February 2011 / 2014. In February 2014, 78% of patients attending Emergency Departments were discharged home or admitted within 9 hours.

Scheduled Care

Elective admissions in 2014 are 5% lower (806) than 2013. Day Care attendances are 2% lower (3397) than 2013.

Inpatient / Day Care

Adult waiting lists demonstrate that 92% (41329) of adults were waiting less than eight months for a planned procedure. In February 2013 92% (46152) of patients were waiting less than eight months for a planned procedure. There were 3,490 people waiting over 8 months at the end of the month.

Paediatric Waiting List

84% of all children waiting on the elective waiting list were waiting less than twenty weeks (3636) at. In February 2013, 87% of children were waiting less than twenty weeks (3048). There were 692 children waiting over 20 weeks at the end of February.

GI Endoscopy

87% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in February 2014. There were 1,204 people waiting over 13 weeks at the end of February.

Colonoscopy

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

Outpatient

OPD attendances in 2014 are 2% higher (12242) than in 2013. In February 2014, 96% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In February 2013, 73% of patients were waiting less than twelve months. There were 13,438 people waiting over 52 weeks at the end of February.

National Ambulance Service

In January, the ambulance service responded to over 24,114 emergency calls (AS1 and AS2); 1.7% increase in calls over the same period in 2013.

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

- In January 76% of ECHO calls were responded to within 18 minutes and 59 seconds minutes against the Q1 target of 70%.

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

- In January 61.5% of DELTA calls were responded to within 18 minutes and 59 seconds minutes against the Q1 target of 68%.

The introduction of Intermediate Care Vehicles and Operatives in 2013 to manage patient transfer calls continues to have a positive effect on the availability of Emergency Ambulances. In January, 74% of all AS3 calls were handled by an Intermediate Care Vehicle.

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

Primary Care

Community Intervention Teams provided hospital avoidance to 698 patients, and 234 early discharge services in February, giving a year to date combined total of 2,380, 18.2% above expected activity. Community intervention helps people to avoid hospital admission or facilitates early discharge. There has been significant drive for patients to be referred to Community Intervention Teams to support hospital avoidance and for patients (where clinically appropriate) to remain in the primary care setting,

GP out of hours is a demand led service with activity reflecting the actual demand for services in a given .period. In February, 78,152 patients availed of GP out of hours services (i.e. triage, treatment, home visit etc) bringing the total year to date to 158,921.

Physiotherapy activity shows that by the end of February 30,617 referrals were accepted, 26,651 patients were seen for a first time assessment and 34,013 patients were treated in February.

Occupational Therapy activity shows that by the end of February 14,423 referrals had been accepted, 14,433 patients were seen for a first assessment and 19,545 patients were treated in February.

Primary Care Reimbursement Scheme

The number of people covered by medical cards as of February 2014 was 1,826,578 (39.8% of the population). Included in these cards were 50,009 medical cards granted on discretionary grounds.

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

The total number of GP visit cards as of February 2014 was 124,512. Included in these cards were 28,301 GP visit cards granted on discretionary grounds.

As of the end February 2014, 96.1% of completed medical card applications were processed and issued within 15 days. Of the 3.9% which were not processed within target, the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required.

Health & Wellbeing

Child Health developmental screening has been delivered to 5,019 children in the reporting period and 9,885 children year to date. This is 90.8% of the target group. This compares favourably with the national position for the same reporting period in 2013 (85.3%) and is to be welcomed. 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.

199 front line staff received training in Brief Intervention Smoking Cessation in February 2014. This represents an increase in uptake against expected activity levels year to date of 48.2% (294/198). Activity in this area is greater at certain points in the year as a result of this.

873 smokers (provisional data) received intensive cessation support from a cessation counsellor in February 2014. This represents an increase in uptake against expected activity levels year to date of 1.7% (1,974/1,940).

Social Care

Disability Services

In February, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,880 persons availed of these places nationally; 0.5% below the target of 2,898 persons.

Services for Older People

As of February 2014:

- 46,804 clients were in receipt of home help service
- 12,127 clients are in receipt of a home care package
- 22,781 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.1% of the population or 21,710 people aged over 65 years were supported in NHSS/Saver beds

Mental Health

Adult Mental Health Services

73% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally, against a target of 75%. There is an ongoing process locally to manage the underlying reasons for the target not being met.

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

Child and adolescent Mental Health Service (CAMHs)

In February, 68% of accepted referrals/re-referrals to Child and Adolescent Community Mental Health Teams were offered a first appointment and seen within 3 months against a target of 75%.

Finance

The HSE is reporting year to date expenditure of €1.957 billion against a budget of €1.903 billion leading to a deficit of €54.755m to the end of February 2014. The deficit for the corresponding period in 2013 was €40.087m. A material element of the overall variance is within the acute hospitals sector, that is, €39.548m or 6.46%.

Hospitals in the West/North West and the University of Limerick hospital group continue to report material deviations from their respective year to date budgets. Pay expenditure is over budget in both hospital groups mainly as a result of agency costs relating to Non Consultant Hospital Doctors (NCHDs). The University of Limerick hospital group have reported an adverse income variance which is attributable to maintenance charges. In addition there was also an adverse income variance in the West/North West hospital group which is attributable to In Patient charges.

Overall, there is a deficit in the community services divisions of €16.98m. The surplus/deficit by division is reported in the table below. The deficit is mainly attributable to budget overruns in disability services of €7.42m, older people of €4.83m and local schemes of €6.28m, with offsetting budget surpluses in health and wellbeing and social inclusion of €4.47m and €1.47m respectively.

There is a continued upward trend in agency costs in relation to NCHDs. The year to date February expenditure on agency doctors was €16.17m versus €7.43m for the corresponding period in 2013, an increase of €118%.

NCHD agency expenditure is continuing to grow in 2014 with a consistent trend in growth since October 2013. Nursing agency has shown a downward trend since a peak in December'13 but until March data is available conclusions cannot be drawn if this trend is expected to continue. Both paramedical and central support services remain relatively stable with agency expenditure within the ambulance service gradually reducing over the last number of months. With the recruitment of 77 ambulance staff at the latter half of 2013 this downward trend in paramedical will be expected to continue as 2014 progresses. The HSE is continuing to drive efficiencies through the Haddington Road agreement with the objective of reducing agency and overtime costs.

Year to date February 2014 overtime costs are showing a downward trend when compared with the corresponding period in 2013. This reduction is reflected in both the hospitals and community services.

There is a deficit of €2.58m in Health Business Services at the 28th February 2014. This relates primarily to costs associated with lease of primary care centres. It is anticipated that these costs will be met from within the capital programme on a full year basis. The costs will be coded to Primary Care as this is the Division to which the centres belong.

Human Resources

At the end of February staff numbers were 96,917 WTEs. This employment level is 424 WTEs above the end of 2013.

Sub-allocation of the start 2014 employment ceiling by Divisions is work-in-progress.

The Health Sector is *1,276 WTEs* above the current provision employment ceiling of *95,641 WTEs* (excl CFA provisional ceiling of 3,296 WTEs) and *2,317 WTEs* above provisional end of year target of *94,600 WTEs* excluding CFA.

All Regions are currently operating outside of their employment ceilings, as are all Service functions, with the exception of non-acute services.

Absenteeism is reported one month in arrears. For January 2014 it is reported as 4.85%. Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.



Updates by Division

Acute Hospitals

KEY AREAS OF FOCUS

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

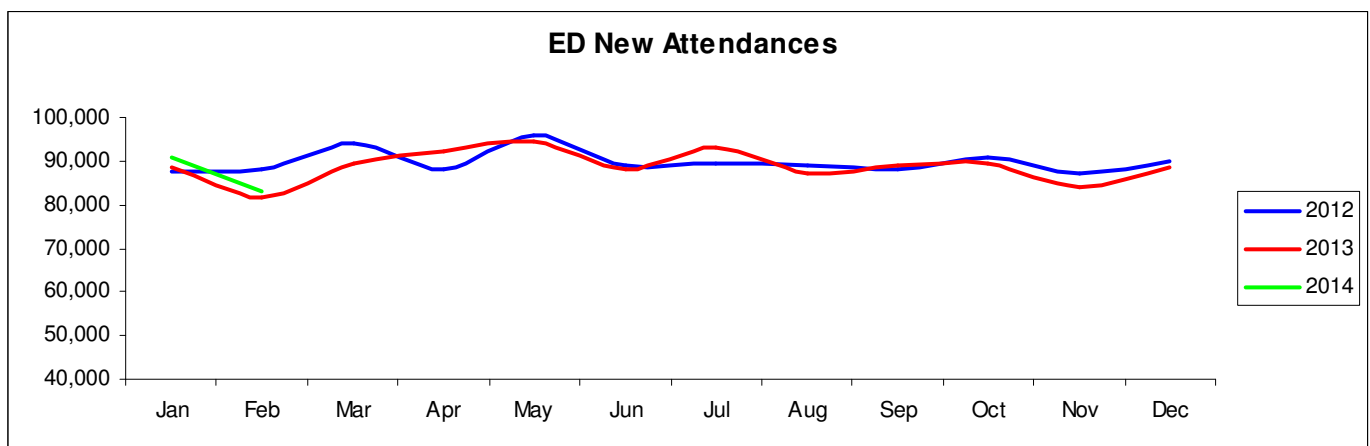
QUALITY AND PATIENT SAFETY

- Average length of stay for all inpatients February 2014: 5.4 days
- Medical average length of stay February 2014: 7.1 days in comparison to January 2014 of 6.8 days
- % of emergency Hip Fracture Surgeries carried out within 48 hours February 2014: 82% - in comparison to January 2014 of 92%
- % of HIPE coding episodes completed February 2014: 93% - in comparison to January 2014, 87%
- OPD New DNA rate February 2014: 13% in comparison to January 2014, 14%
- % of surgical inpatients who have principle procedure conducted on day of admission February 2014: 69% - in comparison to January 2014, 68%

MACRO HOSPITAL ACTIVITY

Activity Type	Jan - Feb Actual 2013	Jan - Feb Actual 2014	Val Var	% Var	
ED New Attendances	170485	174005	3520	2%	
Inpatient Discharges	96084	98845	2761	3%	
Day Care Attendances	139258	135861	(3397)	(2%)	
OPD	New	148983	150410	1427	1%
	Return	371585	382400	10815	3%
Birth	10,975	10,676	(299)	(3%)	

EMERGENCY DEPARTMENT NEW ATTENDANCES



- Jan - Feb 2013 / 2014 2% increase (n=3520)

Note¹ TrolleyGar performance based on INMO data trolley count

Note² PET coverage is 22 ED hospitals

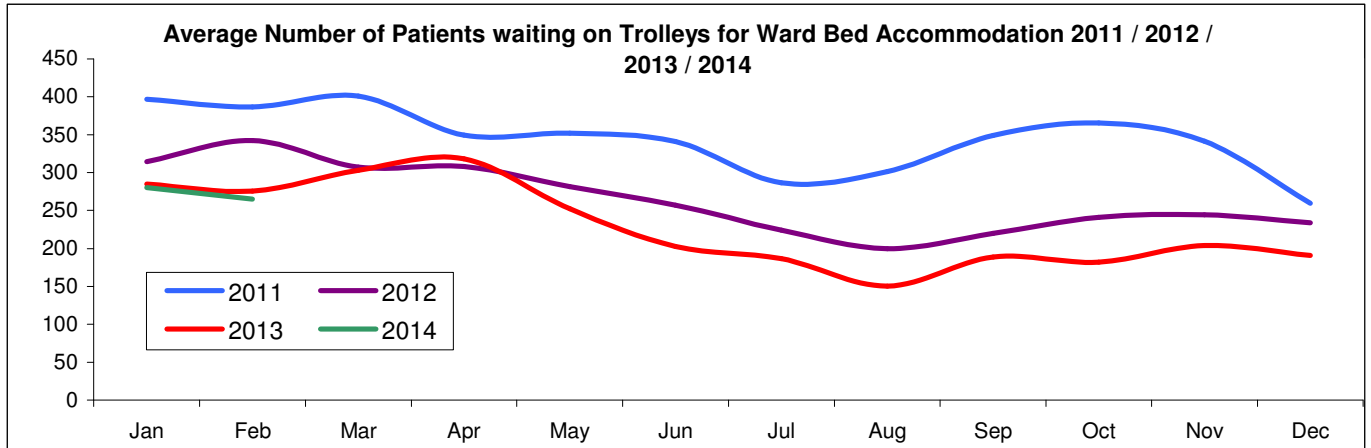
Note³ Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources

Note⁴ MAU - Medical Assessment Unit

Note⁵ Elective Admissions do not include Obstetric Elective admissions

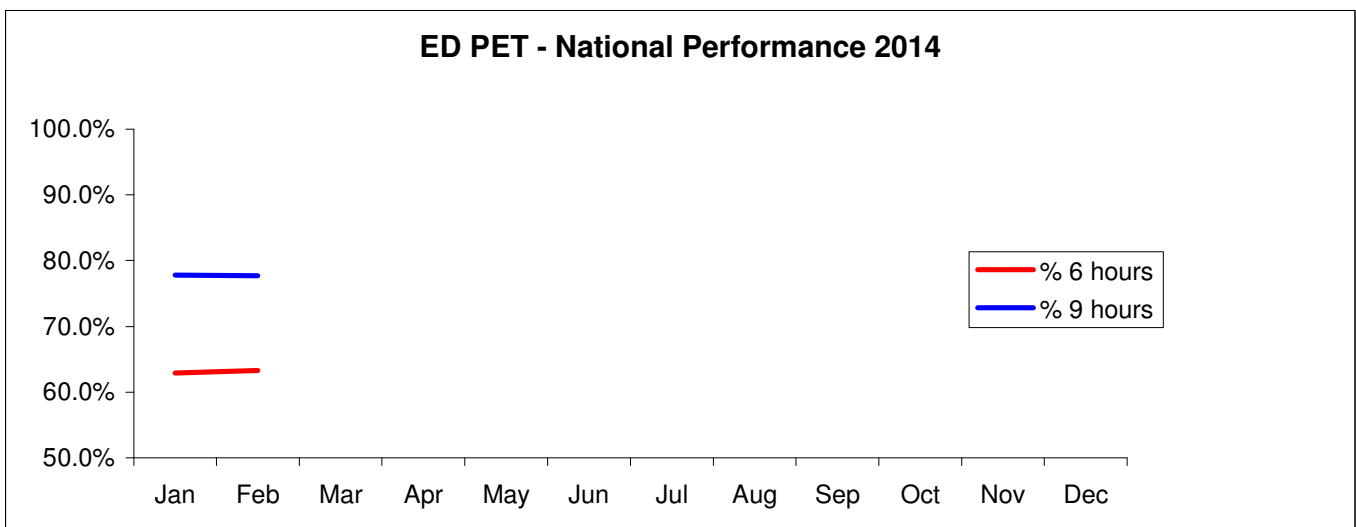
Note⁶ 2013 / 2014 Inpatient Admission Source datasets do not include Wexford General Hospital activity due to unavailability of data

TROLLEYGAR PERFORMANCE¹



2013 / 2014 - 3% decrease in the number of ED patients waiting on trolleys for ward bed accommodation
 2011/ 2014 - 30% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

PATIENT EXPERIENCE TIME (PET)²



National target is 95% of all patients attending ED being discharged or admitted within 6 hours and 100% of all patients being discharged or admitted within 9 hours

- In February 2014, 63% of patients attending Emergency Departments were discharged home / admitted within 6 hours
- In February 2014, 78% of patients attending Emergency Departments were discharged home / admitted within 9 hours

High Performing Hospitals (February 2014)

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

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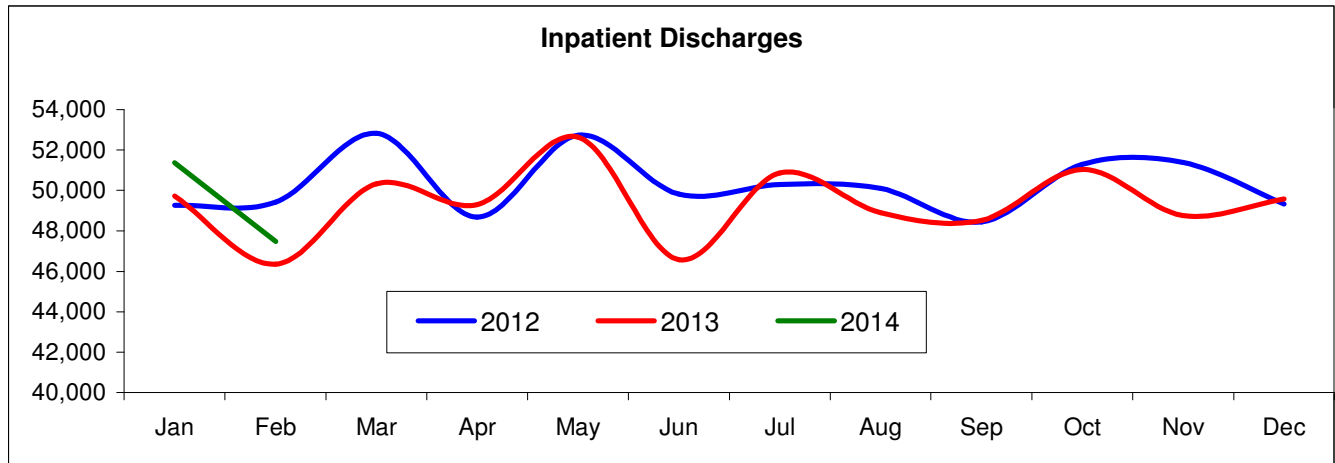
Note⁶ 2013 / 2014 Inpatient Admission Source datasets do not include Wexford General Hospital activity due to unavailability of data

- Mayo General Hospital - 92% of patients attending ED were discharged home/admitted within 9 hours

Low Performing Hospitals (February 2014)

- St. James’s Hospital - 64% of patients attending ED were discharged home/ admitted within 9 hours
- Connolly Hospital - 66% of patients attending ED were discharged home/ admitted within 9 hours
- Tallaght Hospital - 66% of patients attending ED were discharged home/ admitted within 9 hours
- Galway University Hospital- 69% of patients attending ED were discharged home/ admitted within 9 hours

INPATIENT DISCHARGES



- Jan - Feb 2014 / 2013 - 3% increase in the number of discharges (n= 2761)
- Jan - Feb 2014 actual / target - 3% increase in the number of discharges (n= 3207)

INPATIENT ADMISSION SOURCE

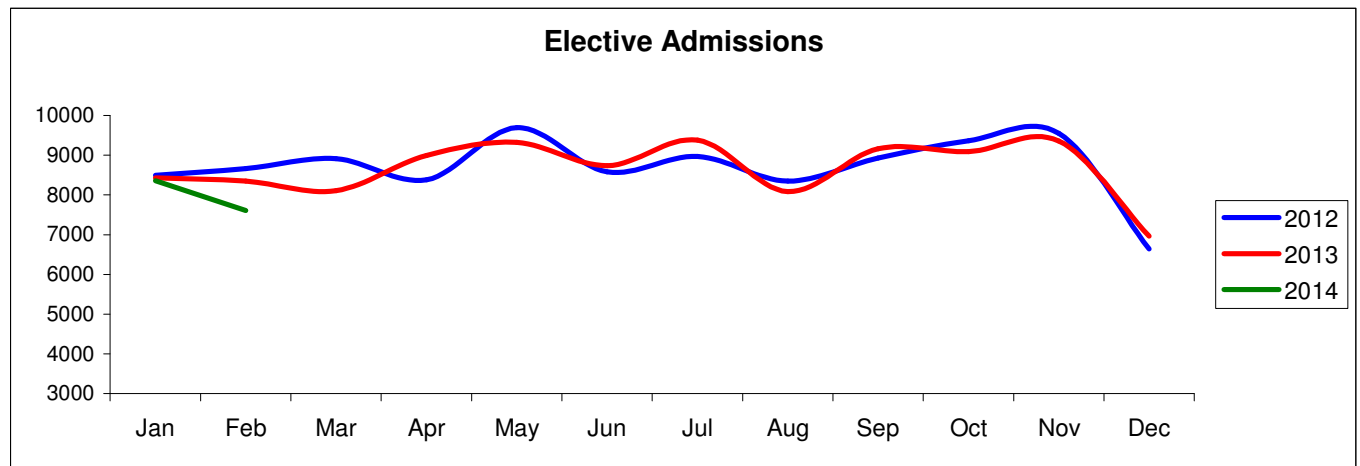
Activity Type		Jan – Feb Actual 2013	Jan – Feb Actual 2014	Val Var	% Var
Emergency Admissions	ED Admissions	45169	47064	1895	4%
	Emergency (Other) ³	12495	12582	87	1%
	MAU Admissions ⁴	5407	6020	613	11%
	Subtotal	63071	65666	2595	4%
Elective	Elective Admissions ⁵	16771	15965	(806)	(5%)
Total Admissions ⁶		79842	81631	1789	2%

Note¹ TrolleyGar performance based on INMO data trolley count
Note² PET coverage is 22 ED hospitals
Note³ Emergency Other includes LIU, Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁴ MAU - Medical Assessment Unit
Note⁵ Elective Admissions do not include Obstetric Elective admissions
Note⁶ 2013 / 2014 Inpatient Admission Source datasets do not include Wexford General Hospital activity due to unavailability of data

EMERGENCY ADMISSIONS

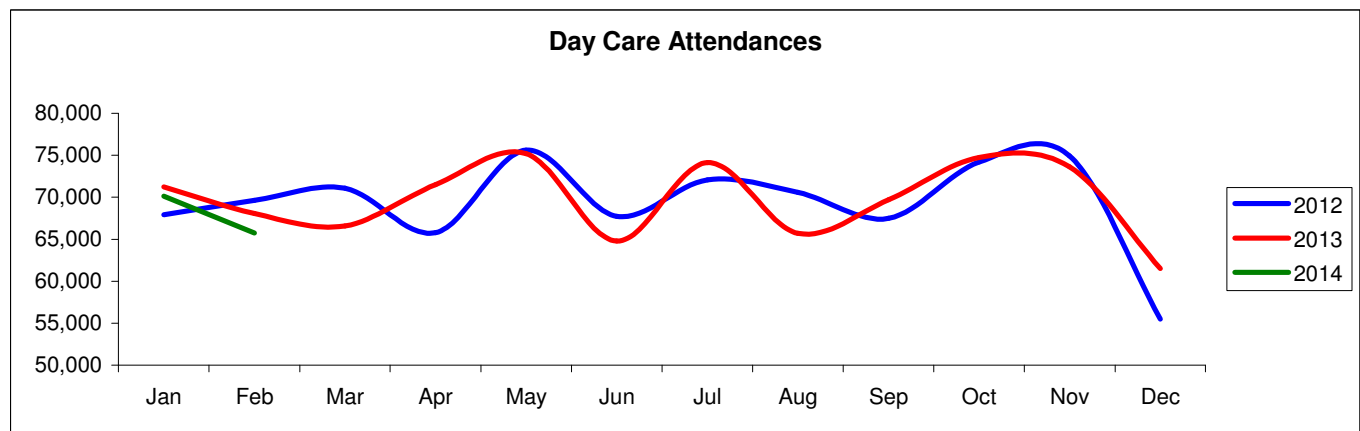
- Jan - Feb 2014 / 2013 Emergency Admission
 - 4% increase in number of Emergency Admissions (n= 2595)
 - 4% increase in the number of Emergency Department admissions (n=1895)
 - 11% increase in the number of MAU Admissions (n=613)

ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES ELECTIVE ADMISSIONS



- Jan - Feb 2014/2013 Elective Admissions - 5% decrease in Elective Admissions (n= 806).
 - arising from 4% increase in number of Emergency Admissions

DAY CARE ATTENDANCES



- Jan - Feb 2014 / 2013 Day Care decrease of 2% (n=3397)
 - arising from Day Care facilities continuing to be used for temporary inpatient bed accommodation

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

Adult waiting lists demonstrate that 92% (41329) of adults were waiting less than eight months for a planned procedure in February 2014. In February 2013 92% (46152) of patients were waiting less than eight months for a planned procedure.

PAEDIATRIC WAITING LIST

84% of all children waiting on the elective waiting list were waiting less than twenty weeks (3636). In February 2013, 87% of children were waiting less than twenty weeks (3048)

GI ENDOSCOPY

87% of patients on the GI Endoscopy Waiting List were waiting less than thirteen weeks in February 2014. In February 2013, 92% of patients were waiting less than thirteen weeks.

COLONOSCOPY

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

OUTPATIENT

Overall January - February 2014 saw an increase of 2% (12242) in OPD Attendances in comparison to 2013. Review identifies still less than optimal chronological booking process.

In February 2014, 96% of patients waiting on the Outpatient waiting list were waiting less than twelve months. In February 2013, 73% of patients were waiting less than twelve months.

EUROPEAN WORKING TIME DIRECTIVE

Monthly EWTD status reporting will commence in March.

FINANCE

Acute Services Division	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
Dublin East Hospital Group	735,602	130,075	124,103	5,972	4.81%
Dublin Midlands Hospital Group	738,922	125,659	119,828	5,831	4.87%
Dublin North East Hospital Group	582,916	100,651	95,942	4,709	4.91%
South / South West Hospital Group	632,896	111,136	103,155	7,982	7.74%
University of Limerick Hospital Groups	232,797	42,398	37,589	4,810	12.80%
West / North West Hospital Group	596,000	104,898	95,973	8,924	9.30%
Children's Hospital Group	191,868	33,266	31,955	1,311	4.10%
National	3,711,001	648,083	608,545	39,538	6.50%

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

Note¹ TrolleyGar performance based on INMO data trolley count

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

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HUMAN RESOURCES

Acute Services Division

	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
Dublin East	9,151	9,640	+489	+5.35%
Dublin Midlands	8,917	9,146	+229	+2.57%
Dublin North East	6,830	7,147	+317	+4.65%
South/ South West	8,443	8,611	+168	+2.00%
University of Limerick	2,943	2,988	+45	+1.52%
West/ North West	7,403	7,639	+236	+3.19%
Dublin Paediatric	2,417	2,545	+127	+5.26%
National Hospital Services	28	21	-7	-23.54%
Total	46,132	47,737	+1,606	+3.48%

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

Note¹ TrolleyGar performance based on INMO data trolley count

Note² PET coverage is 22 ED hospitals

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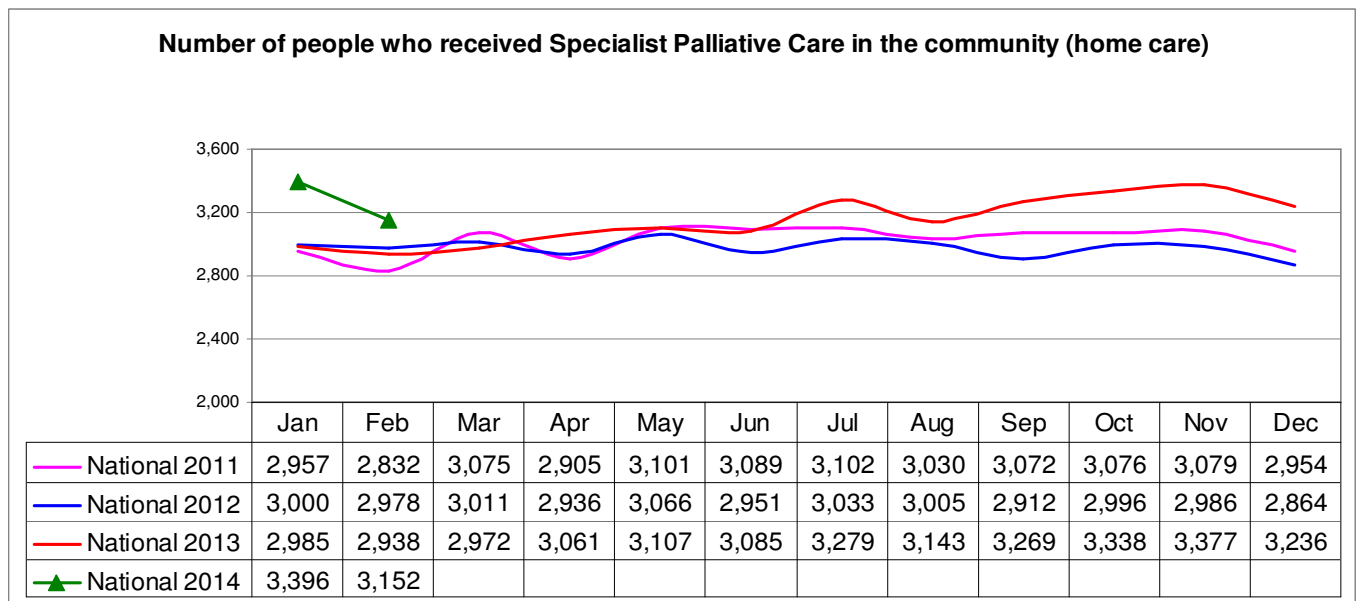
Palliative Care Services

KEY AREAS OF FOCUS

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

COMMUNITY HOME CARE

The number of people who received specialist palliative care in the community in February 2014 was 3,152. This is an increase of 214 on the same period last year.



DAY CARE

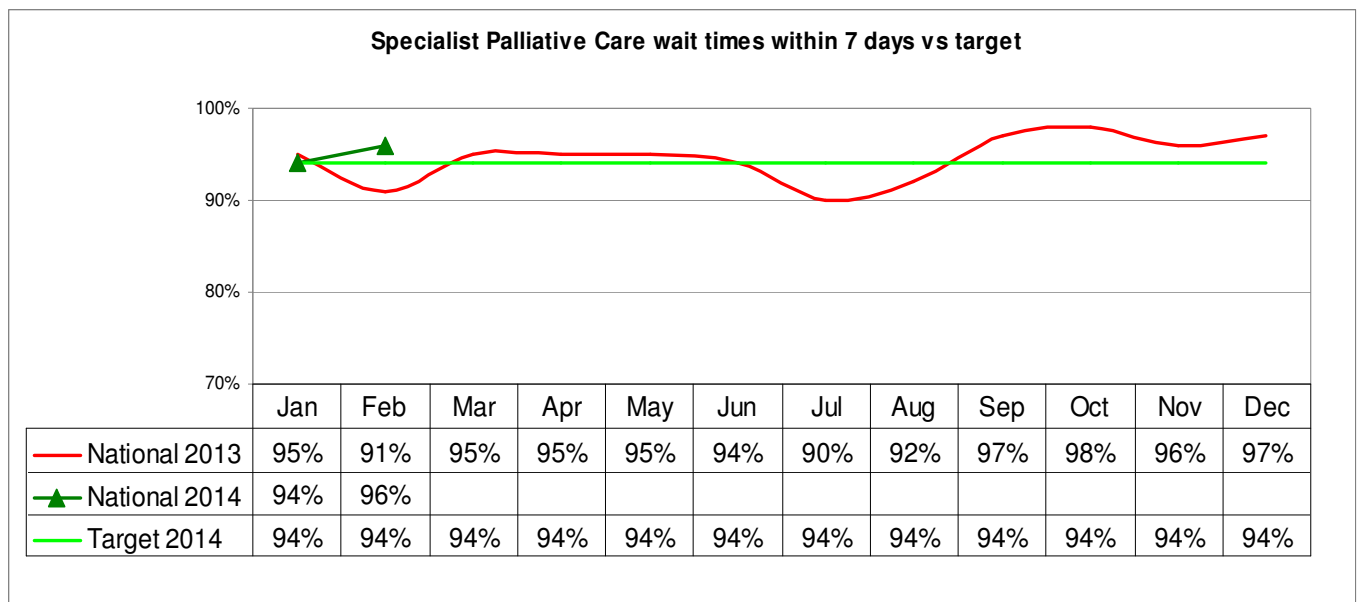
The number of people who received specialist palliative day care services in February 2014 was 359. This was an increase of 54 people (+18%) on the same period last year.

PAEDIATRIC SERVICES

In January 2014 223 children received specialist palliative care from the children’s outreach service/ Specialist Paediatric palliative care team.

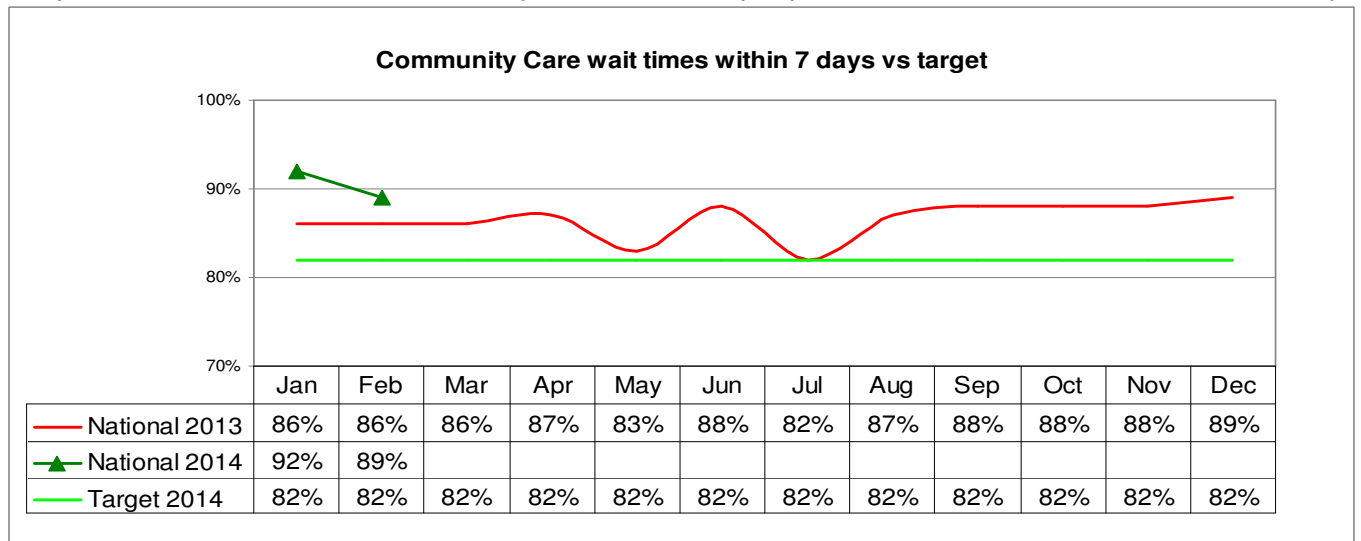
INPATIENT UNIT – ACCESS TIMES

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



COMMUNITY HOME CARE – ACCESS TIMES

The national expected activity for the percentage of people who waited less than 7 days for specialist palliative care in the community was set at 82% for 2014. The current national performance for compliance with this KPI for February was 89% of people to receive the service within 7 days.



FINANCE

Palliative Care Services were €257,000 ahead of planned spend in February. This will be kept under review.

Palliative Care Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	25,154	4,210	4,173	37	0.9%
DNE	11,720	2,096	1,932	164	8.5%
South	9,336	1,534	1,551	-17	-1.1%
West	21,855	3,604	3,531	73	2.1%
National	68,066	11,445	11,187	257	2.3%

National Ambulance Service

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Emergency Response Times
- Finance
- Human Resources

QUALITY AND PATIENT SAFETY

Quality of service and patient safety are core principles for the National Ambulance Service. Key elements of ensuring this are the introduction of systematic clinical audit of patient care records and the focus on improving both response times and clinical outcomes.

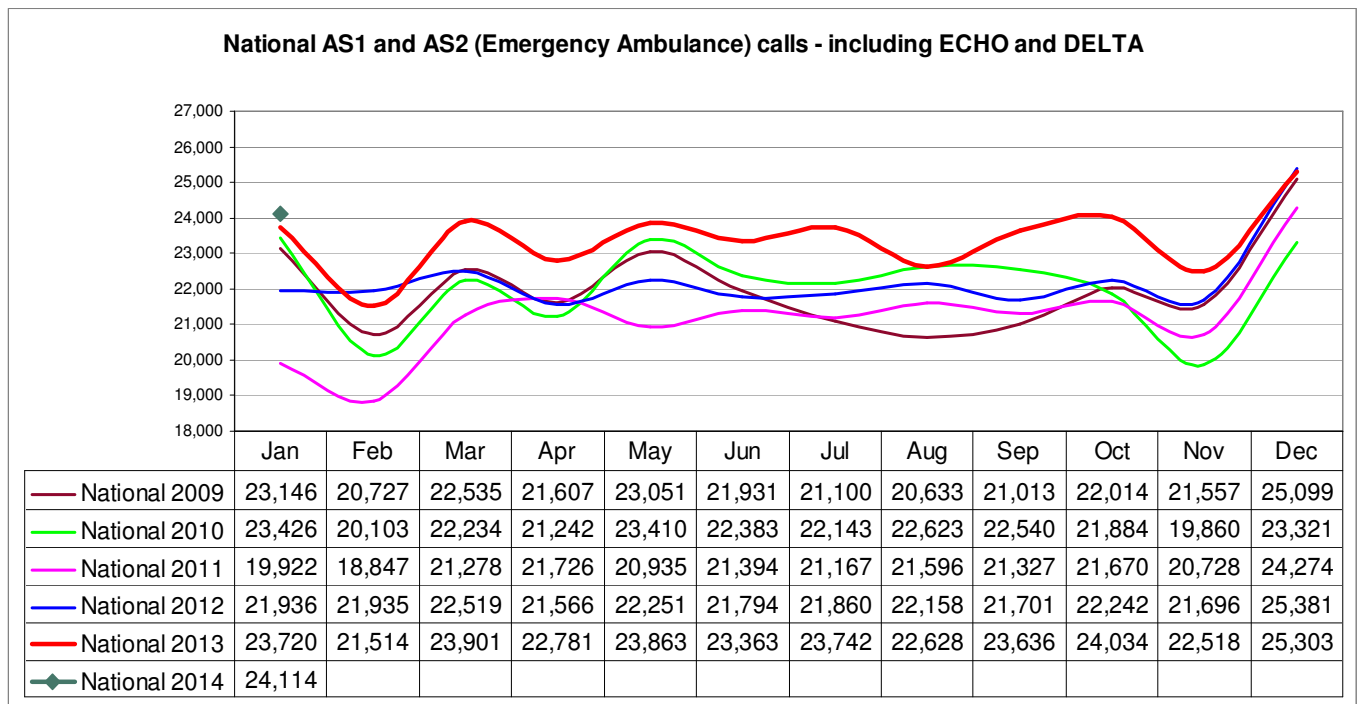
The Patient Care Record (PCR) project to enable more efficient and effective audit of the current paper based PCR has made progress. The modified PCR will be put into pilot operation in Dublin in Q2. This method of collecting data will enable more thorough auditing of clinical practice and enable more timely and accurate reporting of the Out of Hospital Cardiac Arrest Resuscitation (OHCAR) measure due to be implemented in Q3.

The National Ambulance Service will use the National Standards for Safer Better Healthcare to focus its efforts on delivering quality services and ensuring patient safety.

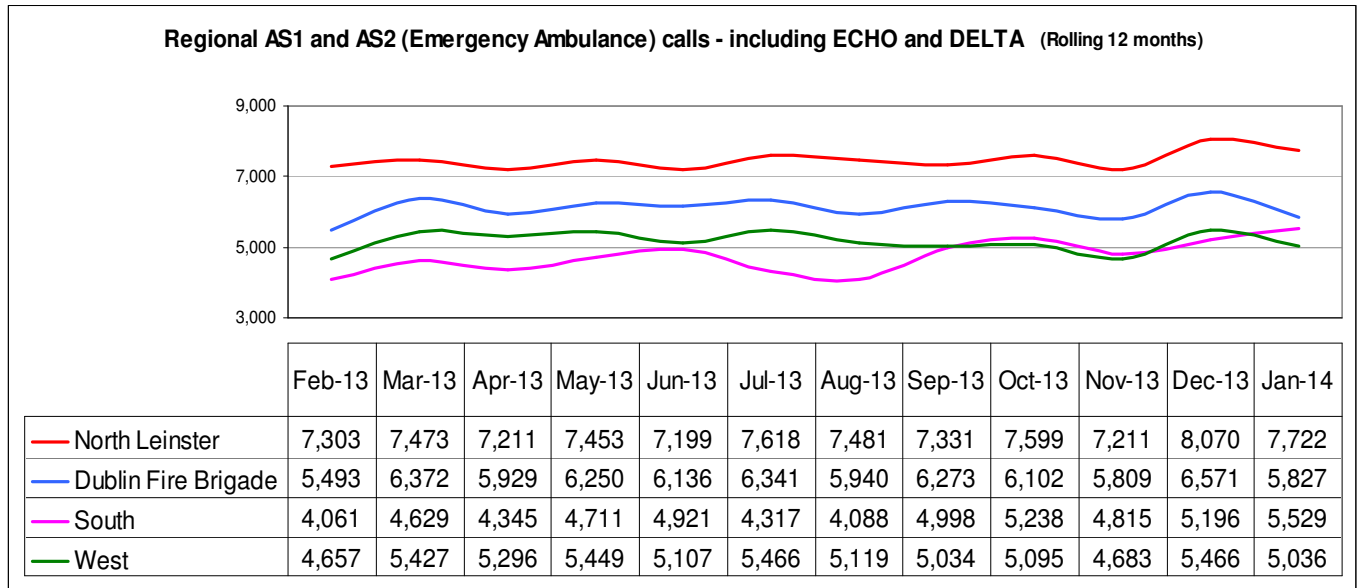
NAS has engaged with HIQA on the upcoming audit of NAS against the Safer Better Healthcare Standards and a project has been initiated to manage the alignment of practice throughout the NAS with the standards. This project is being managed through the Medical Directors office.

ACTIVITY LEVELS

In January, Ambulance Services responded to 24,114 emergency calls, an increase of 1.7% on January 2013.



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. Emergency call volumes within most regions reported a decrease in activity from December.



EMERGENCY RESPONSE TIMES

Table 1: Ambulance Response Times (January activity)

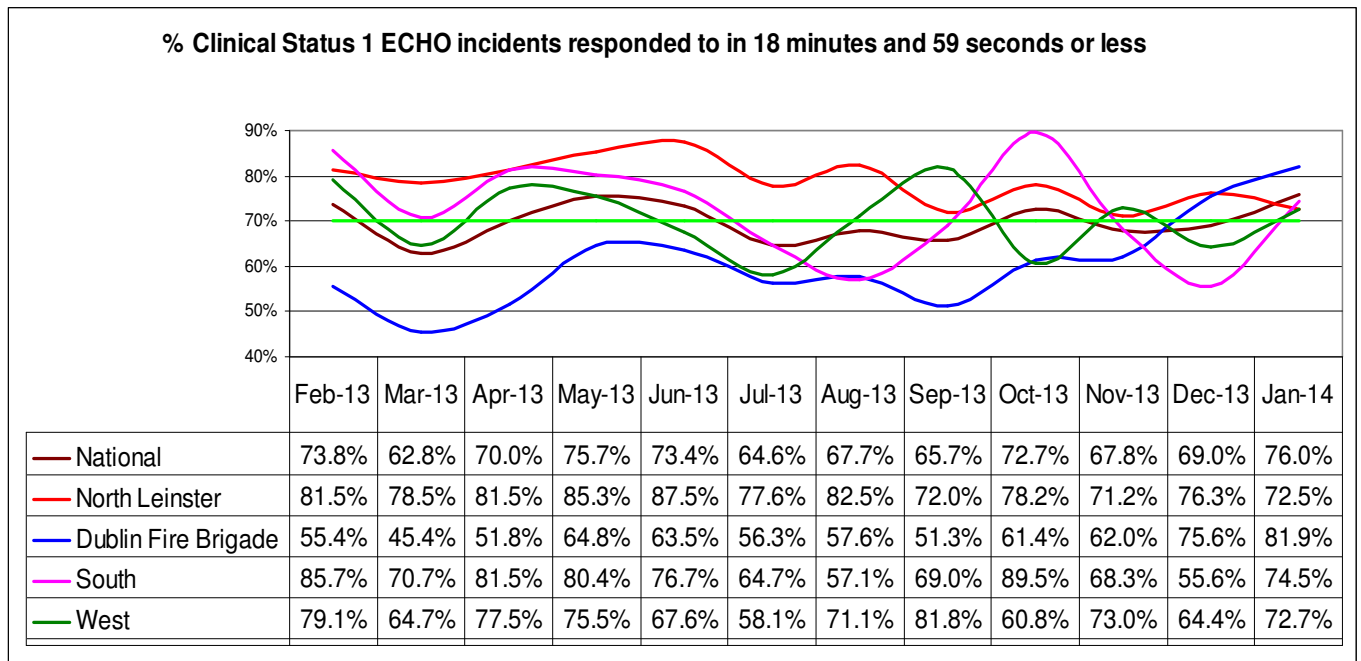
	North Leinster	DFB	South	West	National Performance in January	National Performance YTD 2014
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	72.5%	81.9%	74.5%	72.7%	76.0%	76.0%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	63.5%	67.3%	56.9%	53.1%	61.5%	61.5%

Table 2: Total number of calls (December activity)

	North Leinster	DFB	South	West	National total in January	National Total YTD 2014
Total AS1 and AS2 (Emergency Ambulance) calls	7,722	5,827	5,529	5,036	24,114	24,114
Total Clinical Status 1 ECHO calls	80	83	51	44	258	258
Total Clinical Status 1 DELTA calls	2,263	2,535	1,521	1,415	7,734	7,734

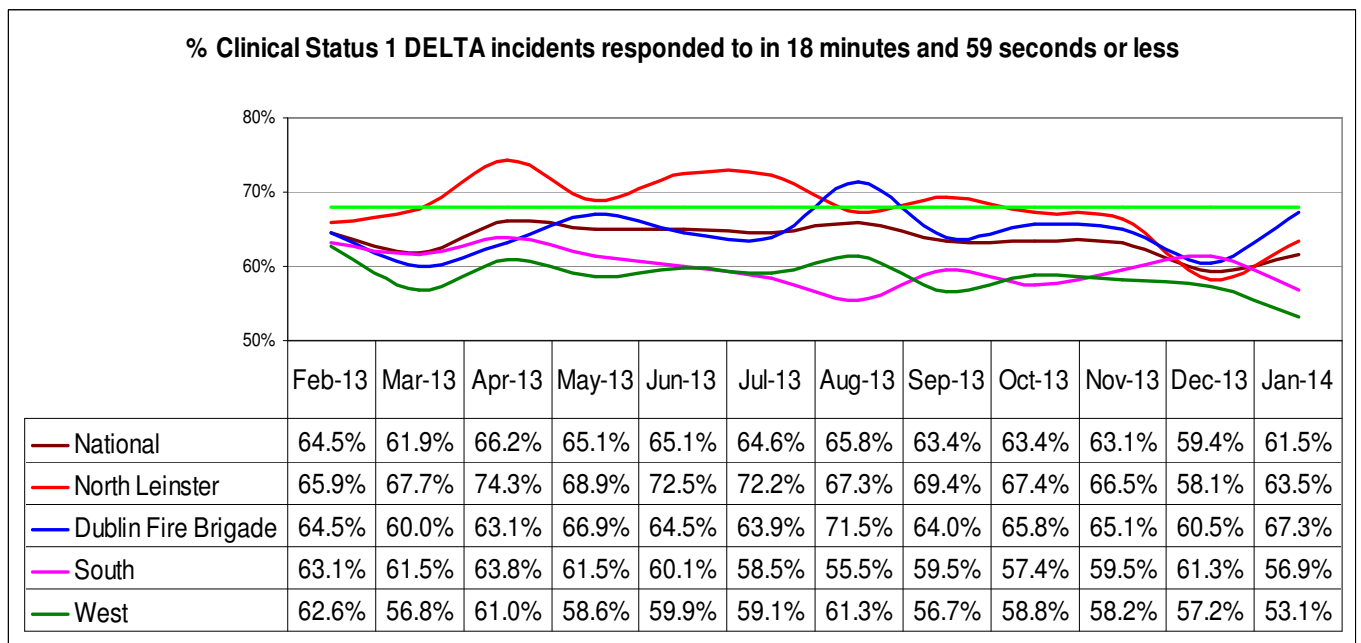
ECHO Incidents

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



DELTA Incidents

The target for the number of DELTA calls responded to within 18 minutes and 59 seconds minutes is 80% by Q4 2014. It is expected that 68% of calls will reach this target in Q1, 70% in Q2, 75% in Q3; rising to 80% by Q4. In January 61.5% of DELTA calls were responded to within 18 minutes and 59 seconds minutes.



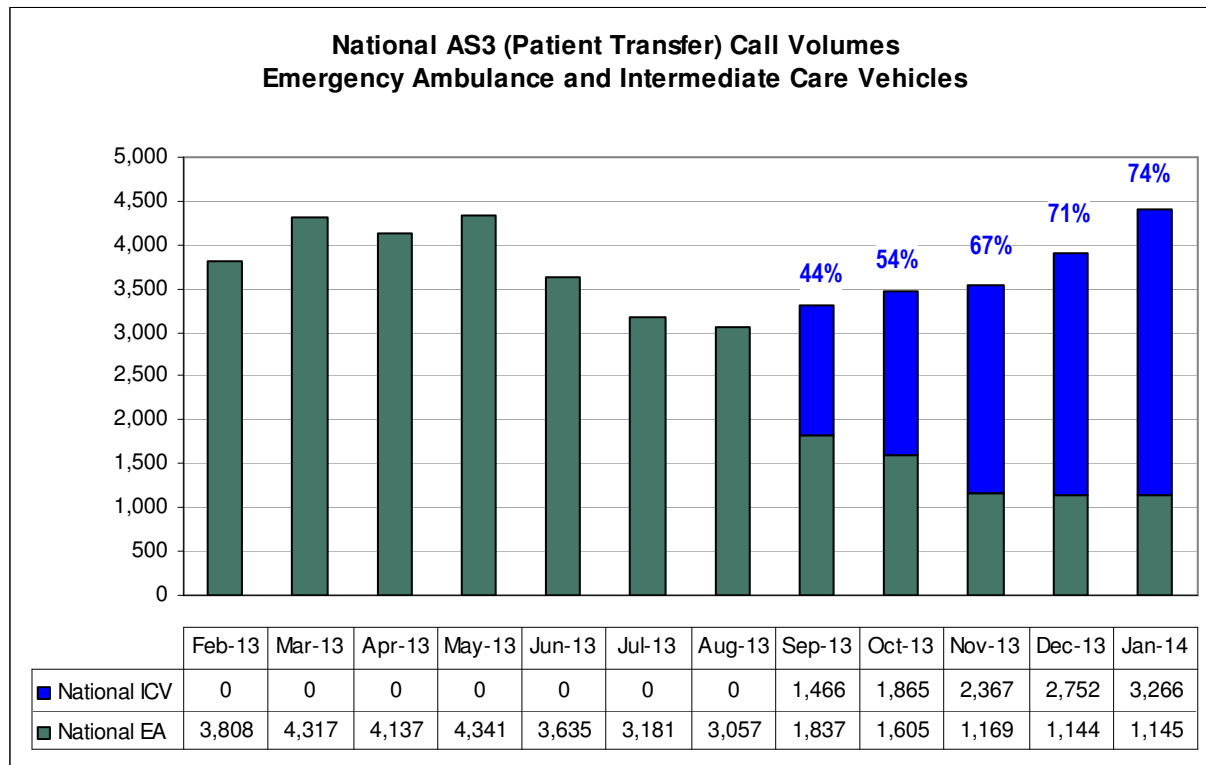
Delays due to the turnaround of emergency ambulances at hospitals affect response times on ECHO and DELTA calls. Most hospital turnaround delays occur for emergency ambulances with lower acuity calls than ECHO or DELTA. The issue of hospital turnaround times will be an area of particular focus by the NAS in 2014.

INTERMEDIATE CARE SERVICES

A more effective model of patient transfer service delivery, known as the Intermediate Care Service (ICS), has been set up to provide a service to people who need to move between hospitals or other care facilities. This facilitates 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. The ICS will ensure that emergency ambulance personnel are available to focus on the core function of the delivery of pre-hospital emergency care. This will support an improvement in response times to people who require emergency care and transportation.

In 2013, 25 Intermediate Care Vehicles and 73.4 WTE have been appointed to Intermediate Care Operative (ICO) positions across the country. This brings the total available to 54 vehicles and 120 WTE. The remaining 11 NSP 2013 Intermediate care development posts are scheduled to commence training in February 2014.

The data indicates that there is a positive effect on availability of Emergency Ambulances when Intermediate care vehicles are available to transfer patients. In January, 74% of all patient transfer calls (AS3) were handled by Intermediate Care Vehicle. This increased availability does not all translate into Emergency Ambulance availability as some of the efficiencies gained enable the NAS to continue to reduce overtime and on call arrangements as required.



FINANCE

National Ambulance Service	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
North Leinster	49,751	7,543	8,073	-530	-7%
South	30,839	5,275	4,885	390	8%
West	36,418	5,965	5,890	75	1%
Office of the AND	20,949	2,913	3,445	-532	-15%
National	137,956	21,697	22,294	-597	-3%

Overall the NAS is running €597k under budget year to date end February. Some of this saving is attributable to a minor delay in appointing some of the service plan posts for the Control programme. Overtime spend in YTD February was €1.3m which is €595k less than the YTD February 2013, however it should be noted that the rate of overtime saving will be adversely affected after March 2014 when the 1st Hour overtime savings initiative ceases.

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

NAS will have an additional budget cut for Haddington Road in March 2014 of €600k.

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

HUMAN RESOURCES

National Ambulance Service	WTE Ceiling	WTE YTD	WTE Variance	% WTE Variance
North Leinster	777	832	+55	+7.1%
South	361	355	-6	-1.7%
West	398	409	+11	+2.8%
National	1,536	1,596	+60	+3.9%

WTEs are indicated as being above ceiling at the end of February by 60 WTE. However the ceiling adjustments from Service Plans 2013 and 2014 are yet to be applied. Recruitment of the Control Programme personnel from the 2014 Service Plan commenced in January. This will include establishing a panel of qualified dispatchers which is a priority, particularly for the Ballyshannon centre.

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

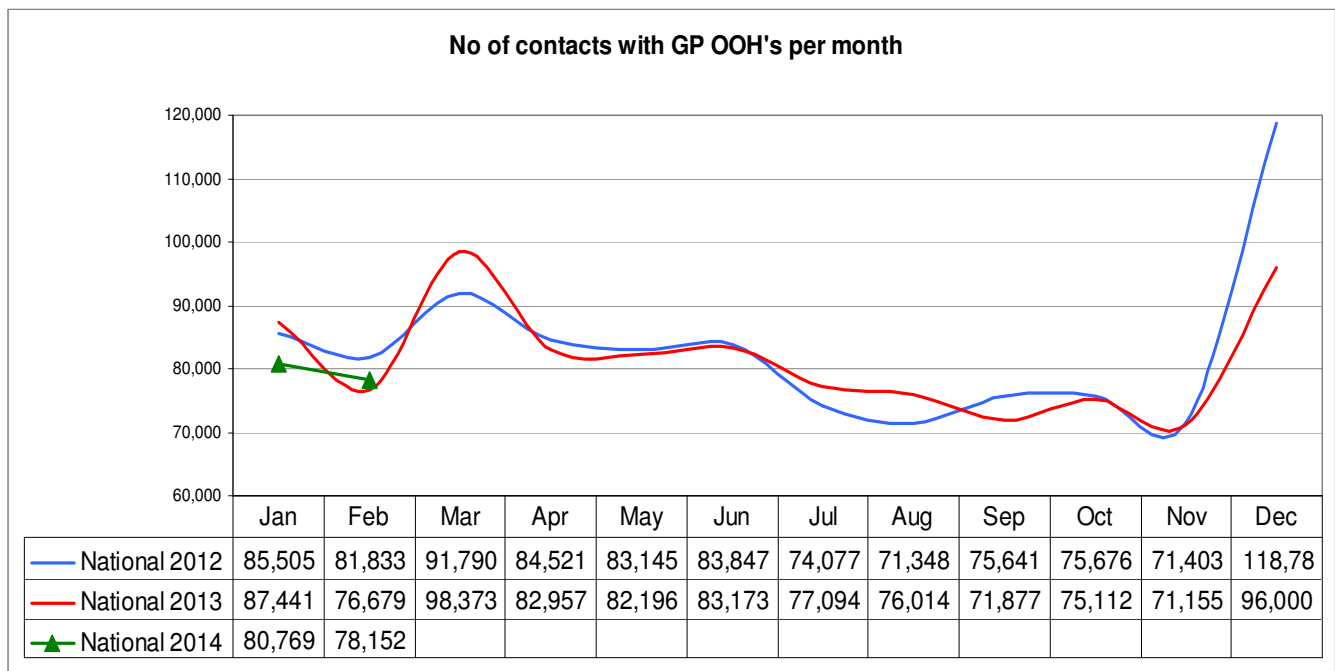
- Mechanisms are being put in place to biannually report and monitor the consumption of antibiotics within community settings (defined daily doses per 1,000 inhabitants per day) – target <21.7 days.
- The Primary Care Division is reviewing and agreeing the 2014 Divisional Risk Registers in line with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

COMMUNITY INTERVENTION TEAMS

- The Community Intervention Teams provided hospital avoidance services to 698 patients in February, a total of 1,607 year to date; 61.3% above expected activity.
- The teams also facilitated early discharge of 234 patients in February, a total of 773 year to date.
- In addition there were 189 GP referrals, a total of 600 year to date and 128 Community referrals bringing the year to date total to 254.
- A review of Community Intervention Teams is underway including a review of the data set with associated standardised definitions. There has been significant drive for patients to be referred to Community Intervention Teams to support hospital avoidance and for patients (where clinically appropriate) to remain in the primary care setting.

GP OUT OF HOURS SERVICE

- 78,152 patients availed of GP out of hours services in February (i.e. triage, treatment, home visit etc) bring the total year to date to 158,921.
- Performance at the end of February 2014 in the four Regions was as follows; DML 3.4% above expected level; DNE 3.0% below expected level; South 0.9% below expected level and West 2.8% below expected level.
- This is a demand led service and reflects the actual demand for services in February.



PHYSIOTHERAPY SERVICES

- 14,533 referrals were received in February bringing the number of referrals year to date to 30,617.
- This was 4.9% above expected activity and 2.6% above same period 2013 figure of 29,831.
- 12,259 patients were seen for a first time assessment in February bringing the total year to date to 26,651. This was 10.9% above expected activity and 8.8% above same period 2013 figure of 24,489.
- 34,013 patients were treated in February; 1.7% above expected activity.
- There were 64,336 treatment contacts in February bringing the number of contacts year to date to 130,406; 8.5 % above expected activity and 4.2% above same period 2013 figure of 125,135.
- The Waiting List Management: Plan target is to reduce the 2013 outturn position by 10%. At the end of February there were 6,812 patients waiting over 12 weeks for an assessment.

Physiotherapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	13.1%	8.1%	-3.9%	5.4%	4.9%
Patients seen first assessment	16.7%	17.9%	11.6%	0.9%	10.9%
Patients Treated	4.6%	6.1%	-7.1%	6.4%	1.7%
Treatment contacts	24.3%	6.8%	1.7%	4.7%	8.5%
Patients waiting over 12 weeks for assessment	-4.8%	-6.3%	-6.8%	-4.0%	-5.4%

OCCUPATIONAL THERAPY SERVICES

- 6,899 referrals were received in February bringing the number of referrals year to date to 14,423. This was 23.5% above expected activity and 16.6% above same period 2013 figure of 12,370.
- 6,685 patients were seen for a first assessment in February bringing the number assessed year to date to 14,433. This was 20.6% above expected activity and 14.7% above same period 2013 figure of 12,588.

- 19,545 patients were treated in February; 17.0% above expected activity and 23.5% above same period 2013 of 15,829.
- The Waiting List Management Plan target is to reduce the 2013 outturn position by 10%. At the end of February there were 8,179 patients waiting over 16 weeks for an assessment.

Occupational Therapy Services: variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	35.5%	29.2%	20.7%	10.1%	23.5%
Patients seen first assessment	30.3%	15.4%	28.4%	6.5%	20.6%
Patients Treated	17.2%	21.2%	15.2%	15.1%	17.0%
Patients waiting over 16 weeks for assessment	-9.5%	3.2%	-3.8%	-19.6%	-6.8%

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

Aids and Appliances

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

FINANCE

Primary Care Division (Overall Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	3,230,640	550,718	540,650	10,068	1.9%

Primary Care	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	146,603	22,582	23,628	-1,046	-4.4%
DNE	96,303	16,826	16,012	815	5.1%
South	161,071	26,854	26,232	622	2.4%
West	153,448	23,451	24,742	-1,291	-5.2%
National	557,425	89,713	90,614	-901	-1.0%

Social Inclusion

KEY AREAS OF FOCUS

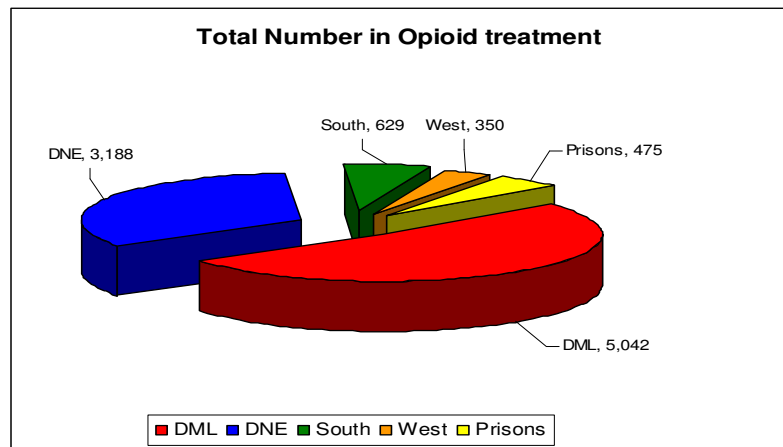
- Quality and Patient Safety
- Methadone Treatment
- Finance

QUALITY AND PATIENT SAFETY

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

METHADONE TREATMENT

This data is reported a month in arrears and reflects January 2014 activity. The number of clients in receipt of Opioid treatment during the current reporting period, outside of prisons, was 9,209. The agreed target/expected level of activity for 2014 is 9,100. The current level of service uptake is 1% over expected activity.



FINANCE

Social Inclusion	Approved Allocation €'000	YTD			% Var Act v Tar
		Actual €'000	Plan €'000	Variance €'000	
DML	55,310	8,220	8,936	-716	-8.0%
DNE	39,725	5,006	5,712	-707	-12.4%
South	21,867	3,692	3,624	68	1.9%
West	16,069	2,484	2,600	-116	-4.5%
National	132,971	19,401	20,871	-1,470	-7.0%

Primary Care Reimbursement Scheme

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

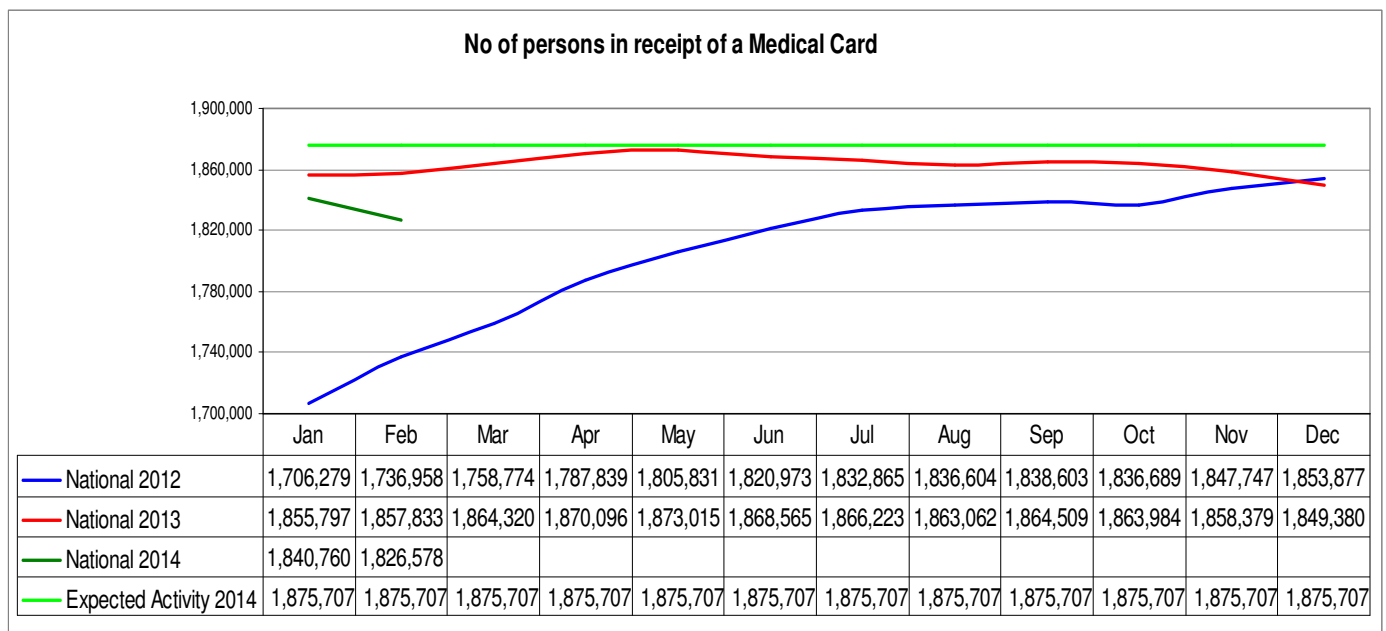
The latest edition of prescribing guidance was made available to every GP contracted to provide services under the GMS Schemes. This edition included a particular focus on the prescribing of benzodiazepines.

MEDICAL CARDS

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

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

The number of people covered by medical cards as of February 2014 was 1,826,578 (39.8% of the population). Included in these cards were 50,009 medical cards granted on discretionary grounds.



The total number of GP visit cards as of February 2014 was 124,512. Included in these cards were 28,301 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	462,932	390,614	487,779	485,253	1,826,578
Number of people with GP Visit Cards	29,937	25,197	37,628	31,750	124,512
Total	492,869	415,811	525,407	517,003	1,951,090

*Includes 50,009 medical cards granted on discretionary grounds and 28,301 GP visit cards granted on discretionary grounds.

As of the end February (start of March) 2014, 96.1% of completed medical card applications were processed and issued within 15 days. Of the 3.9% which were not processed within target, the majority relate to applications where the income was in excess of the qualifying limits and a medical assessment was required.

Long Term Illness

- 85,120 long term illness claims were processed in February bringing the number processed year to date to 167,071; 7.4% above target.
- 282,771 long term illness items were provided in February bringing the total year to date to 555,625; 10.3% above target.

General Medical Scheme

- 1,675,188 prescriptions were processed in February bringing the number processed year to date to 3,325,846; -6.5% below target.
- 5,110,692 items were provided in February bringing the total year to date to 10,258,792; -6.0% below target.
- 50,327 special items were provided bringing the year to date total to 111,935; -18.6% below target.
- 91,884 special type consultations were provided bringing the year to date total to 200,674; -8.4% below target.

National	Feb-14	% Variance to profiled target
LTI claims	167,071	7.4%
LTI items	555,625	10.3%
GMS prescriptions	3,325,846	-6.5%
GMS items	10,258,792	-6.0%
GMS Special items	111,935	-18.6%
GMS Special type consultations	200,674	-8.4%

FINANCE

Primary Care Schemes	Approved Allocation	YTD			% Var Act v Tar
	€'000	Actual	Plan	Variance	€'000
	€'000	€'000	€'000	€'000	€'000
Medical Cards	1,716,140	294,806	291,574	3,232	1.1%
Drug Payment Scheme	69,580	11,151	11,464	-313	-2.7%
Long Term Illness Scheme	94,821	17,194	15,801	1,393	8.8%
High Tech	181,696	33,188	34,852	-1,664	-4.8%
Dental Treatment Services	75,000	11,031	11,542	-511	-4.4%
Health Amendment Act	1,526	308	253	55	21.5%
Community Ophthalmic Scheme	31,540	4,856	4,673	183	3.9%
Methadone Treatment	18,477	3,263	3,058	205	6.7%
Childhood Immunisation	7,409	1,364	1,056	308	29.2%
Doctors Fees/ Allowances	6,749	549	721	-172	-23.9%
Hardship	15,000	2,133	2,503	-370	-14.8%
OPAT	7,000	1,088	1,170	-82	-7.0%
Oncology Drugs / Medicines	11,500	1,398	1,829	-431	-23.6%
Total	2,236,438	382,329	380,496	1,833	0.5%

Health and Wellbeing Division

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Tobacco Control
- Child Health Development Screening
- Finance

QUALITY AND PATIENT SAFETY

As part of the implementation of the Health and Wellbeing Operational Plan, the Division is continuing to work with Quality and Patient Safety to develop a set of quality indicators for use across the Division and the wider health service.

Within the Health and Wellbeing Division, each Operational Lead is responsible for risk management and mitigation within their own areas of responsibility and this forms part of normal management process with the relevant management teams. A formal review at Divisional level takes place on a bi-monthly basis, based on an aggregated summary of risks at service / function level. Additions and / or amendments to the Division's Risk Register may be made on foot of this, with subsequent escalation if appropriate.

At Senior Management Team level, the Quality and Patient Safety brief forms part of the responsibility of an Assistant National Director.

A Clinical Lead will shortly be appointed to the Division to provide expert clinical advice, perspective and practical support in further aligning the work of the Division with the Clinical Programmes.

TOBACCO CONTROL

The number of frontline healthcare staff trained in brief intervention smoking cessation is one of five Tobacco Control performance indicators set out in the Health and Wellbeing Division's national scorecard for 2014. A profile for training plans and associated monthly targets in 2014 has been developed.

Performance against expected activity for the training of front line workers year to date is 48.2% ahead of target (294 staff trained versus an expected activity target of 198 (+96)). Dublin Mid Leinster area has shown an increase in training uptake of 100%. Activity year to date in 2014 shows an increase of 43.4% against the same period last year (+89 staff trained).

The number of smokers who received intensive cessation support from a cessation counsellor had an expected activity of 1940 year to date in 2014 and performance is 1.7% with 1,974 smokers (provisional data) receiving support in this time period.

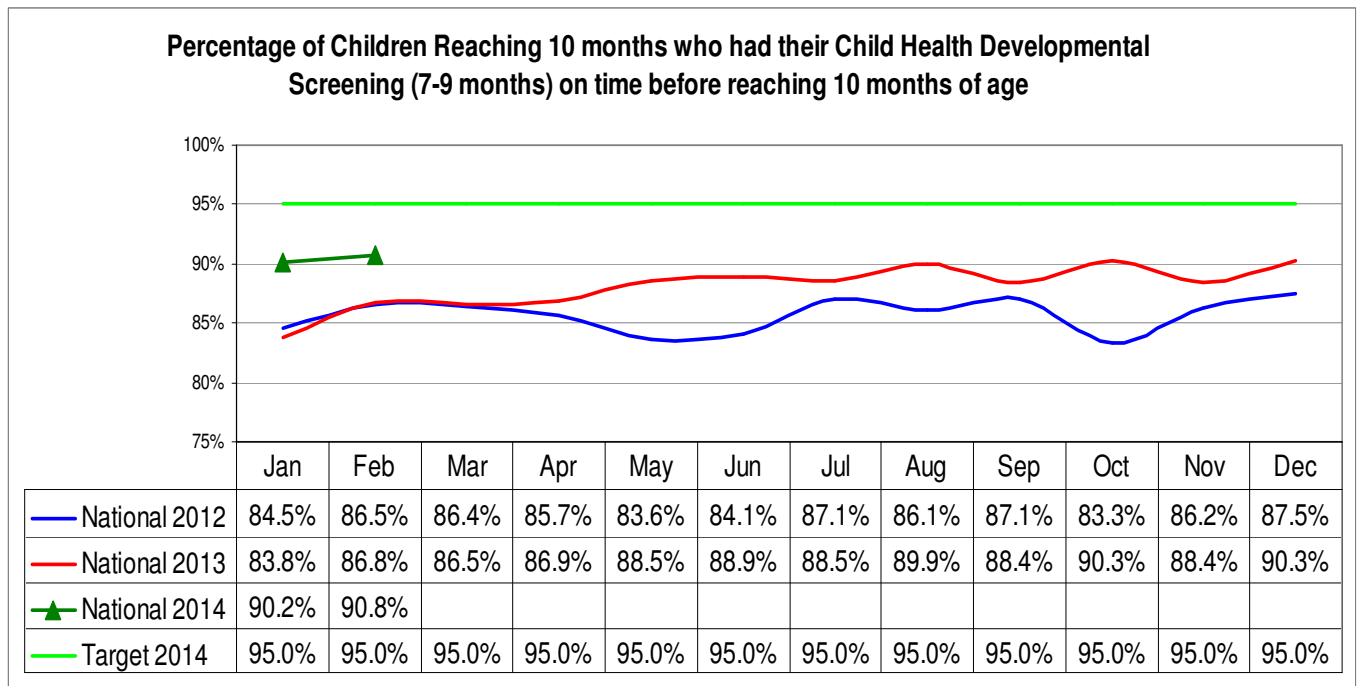
The second phase of the QUIT campaign was officially launched this month. The campaign, featuring Gerry Collins from Greystones, Co. Wicklow has prompted a large increase in responses from smokers trying to quit since it first aired in January. Calls to the Quit Helpline increased by almost 40% on the same period last year. Sadly Gerry has since passed away.

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.

- 9,885 children (90.8%) have received child developmental health screening within target year-to-date. This metric is reported monthly in arrears. This compares favourably with the national position for the same reporting period in 2013 (85.3%) an increase of 6.5%. This is a welcome improvement.
- Roscommon Local Health Office returned an uptake of 43.5% and Limerick 57.1% for the February return (January Data). Models of working in the Roscommon area are being reviewed at present with a view to aligning them with models used in the Mayo/Galway area where appropriate in order to drive improvements in this area.

While the majority of Local Health Offices have reported development check uptake figures at or almost at the national average, a number of Local Health Offices are performing less satisfactorily. The Division is continuing to coordinate a response to the low uptake in underperforming Local Health Offices through the RDPIs, ISA Managers and the Child Health Coordinators. An update against agreed action plans will be available for the March reporting period.



FINANCE

Health & Wellbeing	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	223,052	29,429	33,905	-4,476	-13.2%

Overall the Health and Wellbeing Division is exhibiting a positive variance of €4,476m (13.2%) against its year-to-date profile. The Division is engaged in ongoing work to validate the 2014 budget position and finalise profiling that is a more accurate reflection of its planned spending pattern in 2014. A final budget profile for the services is to be agreed which will impact on the level of variances in this area.

Social Care Division

Disability Services

KEY AREAS OF FOCUS

- Quality and Patient Safety
- Implementation of *new directions* – re-configuring day services to provide more personal support services for adults with disabilities
- Rehabilitative Training Places
- School Leavers
- Finance

QUALITY AND PATIENT SAFETY

The Social Care Division will be focusing on improving the quality of the services and supports provided for older people and people with disabilities and on ensuring that their safety is a fundamental priority. This will be reflected in the continuing emphasis on the residential care standards applying to services for older people and a drive to implement the new HIQA standards applying to residential services for people with disabilities in addition to internal measures applied to our services. Both sets of standards are inspected by HIQA

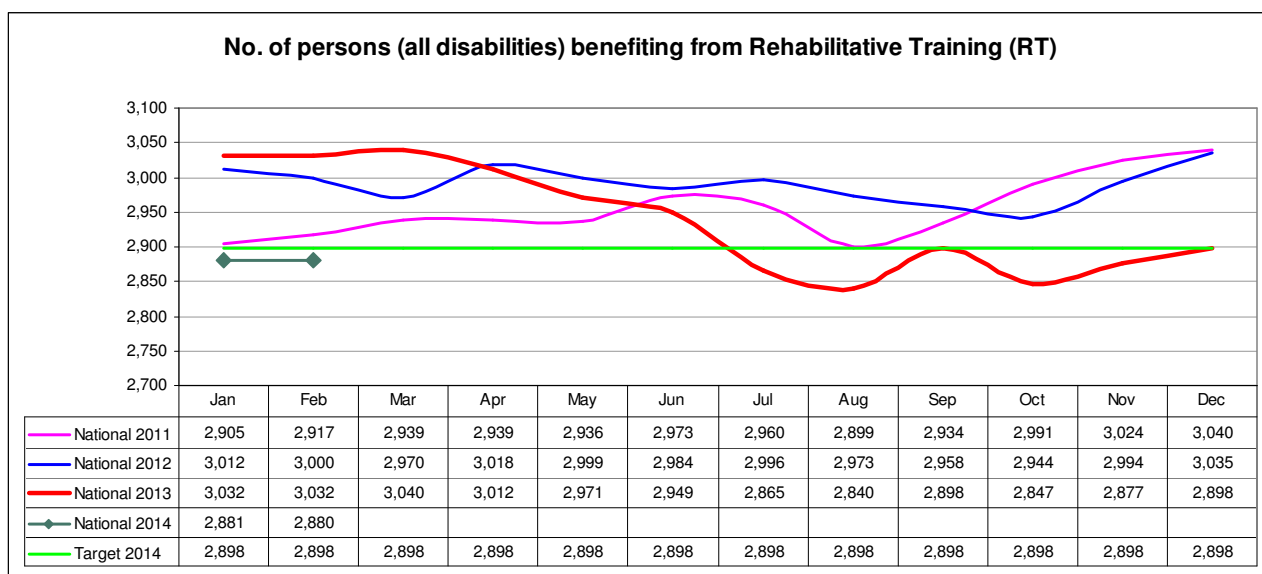
- A process is in place for managing national and regional risks within Disability Services.
- Regional and national groups have been established to monitor the implementation of the Disability Residential Standards. These groups link with HIQA to work on the state of readiness of each of our 1,200 Disability facilities.
- 2014 will see the introduction of a quality measure to monitor the number of agencies in receipt of €5m or more of public funding who use an internationally recognised quality improvement methodology such as EFQM, CQL, CARF.

IMPLEMENTATION OF *NEW DIRECTIONS* – RE-CONFIGURING DAY SERVICES TO PROVIDE MORE PERSONAL SUPPORT SERVICES FOR ADULTS WITH DISABILITIES

A comprehensive programme of change is underway to implement the *New Directions* policy framework by reconfiguring our day services in a way which delivers more personal support services to people with disabilities. Agency action plans for the implementation of *New Directions* are being developed and will be rolled out on a phased basis. As part of this process we are re-focussing current service delivery models for rehabilitative training and other placements for our School Leavers and Adults with disabilities who require services

REHABILITATIVE TRAINING PLACES

In February, 2,583 rehabilitative training places were provided for persons with all disabilities. As a weekly place can be utilised by more than one person, 2,880 people availed of these places nationally; 0.5% below the target of 2,898 people. While the number of overall places available remain broadly the same, the nature of the service being provided is changing to a more person-centred model and the intention over time is to move away from an over-focus on centre-based training places to a model which provides more integrated service delivery models within community settings.



DISABILITY ACT COMPLIANCE

4,261 applications were received in 2013 for assessments under the Disability Act 2005 (a 22% increase on 2012), with nearly 40% of applications coming from children of school age. Despite this increase, there was an improvement in the percentage of assessments which were completed within the statutory time-frames i.e. 2,883 assessments were completed in 2013 and 24.8% were completed within the timelines as provided for in the regulations.

In response to the increase in applications there has been a concentration on the reconfiguration of disability services for children and young people with the establishment of Early Intervention and School Age Teams (0-18s Programme) which have been shown to have a positive impact on the efficiency & effectiveness of the assessment process. An additional €4m and 80 wte have been allocated in 2014 to support the reconfiguration.

SCHOOL LEAVERS

In line with the Social Care Division Operational Plan 2014, a revised process is being implemented this year to ensure a more streamlined approach to the assignment of places to School Leavers and those exiting RT places. A summary of key elements of the process is outlined below:

An important aspect of the new process has been the establishment of a National Oversight Group, consisting of representatives of umbrella organisations, representing the Disability Service Providers, service user representation and senior staff from the health service. In addition, the health service has assigned a full-time Project Lead to work to co-ordinate the implementation of the Project in 2014.

Work has been ongoing on the 2014 process since October/November 2013. The Oversight group met and agreed the timelines. A template was agreed for collection of information regarding each individual seeking to access health funded services. A letter was circulated by the National Council for Special Education to all mainstream schools to ensure that individuals with disabilities and their families would be aware of the revised process. The Health Service Guidance officers engaged with the special schools directly. The National Disability Governance Group, which includes Lead Area managers and disability specialists meets monthly and receives updates on progress.

The deadlines set in the Operational Plan have been met in that in excess of 1400 applicants were received by February 1st 2014. The next milestone is 31st March and Disability Services are on line to meet that target date where a review of service users' needs and current service provision will be completed.

FINANCE

Disability Services are monitoring the YTD variance of €7.4m against planned position.

Social Care Disability Services	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	416,562	73,156	69,411	3,745	5.4%
DNE	327,536	55,210	54,423	787	1.4%
South	326,789	50,952	50,216	736	1.5%
West	328,890	55,373	53,218	2,155	4.0%
National	1,399,777	234,691	227,269	7,422	3.3%

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,861,894	477,069	464,810	12,260	2.6%

Services for Older People

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

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

SERVICE ACTIVITY

As of February 2014:

- 46,804 clients were in receipt of home help service
- 12,127 clients are in receipt of a home care package
- 22,781 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.1% of the population or 21,710 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 February is 1,716,667 hours of service delivery. This is the maximum number of home help hours that can be delivered across the regions in February with the resource available for the home help service.

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 February.

The initial Area (and former LHO) targets will be provided in April and these targets will be aligned to the sustainable funding rate. They will be subject to further adjustment when the overall review is completed later in the year.

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

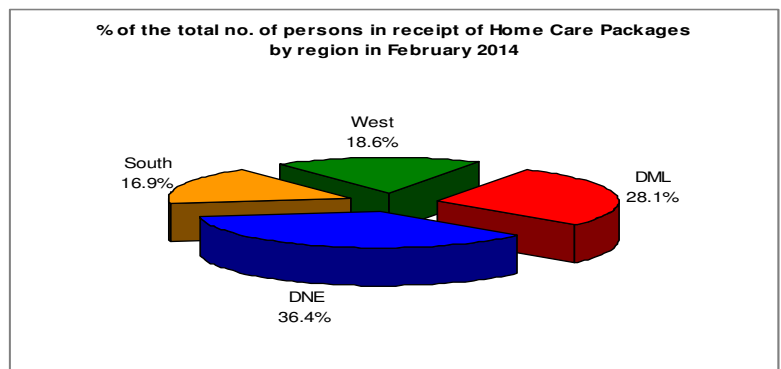
- **NATIONAL** – 1,662,976 hours provided YTD which is below the targeted YTD service delivery levels by 3.1%.
- **DML** are running below targeted levels by 13.6%. It is anticipated that the review will show that an increased level of activity will meet the sustainable service delivery level in this region.
- **DNE** are ahead of target by 19.1%. The ongoing review of home care will assist in finalising the appropriate service delivery level in DNE.
- **SOUTH** are running below target by 8.3%. An increased level of activity is required to meet the sustainable service delivery level in this region.
- **WEST** are running below target by 2.5%.

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.

- 12,127 persons were in receipt of a home care package at end of February 2014.
- Activity year-to-date was 11.6% above the expected level of service*.
- South Region was below the expected level of service with a variance of 15.3%.
- DML, DNE and West Regions were above the expected level of service at 28%, 24.4% and 0.9%.

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



INTENSIVE HOME CARE PACKAGES

Intensive HCPs will be utilised in key areas to target those with high levels of dependency but who can be maintained in their own homes. In particular they will target those who may currently feature as delayed discharges in acute hospital settings or are at risk of being admitted to long stay care prematurely if a significant level of multi disciplinary support is not provided through a comprehensive care plan. The provision of intensive HCPs will be on the basis of “Money Follows the Patient” type model which is currently being finalised for rollout in early April.

NURSING HOME SUPPORT SCHEME (NHSS)

In February 2014 the scheme funded 22,781 long term public and private residential places and when adjusted for clients not in payment there were 23,381 supported under the scheme. The numbers in payment are slightly ahead of the target of 22,589 by 192. In the first two months of 2014, 1,958 applications were received and 1,169 new clients were funded under the scheme in public and private nursing homes. This is a net decrease of 133 clients since the 1st Jan from 23,007 (at end Dec) in line with the profile to reach the new target of 22,061 for 2014. 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	1,385	4,285	140	535	-	6,345
DNE	898	3,220	117	226	14	4,475
South	1,511	4,268	113	112	88	6,092
West	1,237	4,384	162	86	-	5,869
Total – Feb 2014	5,031	16,157	532	959	102	22,781

Note: An additional 600 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 February 2014 the percentage of the population over 65 years funded in NHSS/Saver beds was 4.1% or 21,710 people (based on the 2011 census figures). During the reporting month, 100% of completed application forms under the scheme were processed within four weeks.

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 February 2014 there were 5,324 NHSS beds; 1.4% below target nationally.
- Regionally DML and DNE were below target at -1.5% and -6.3%. The South and West were just above the 0.1% and 0.3% target respectively.
- Short stay beds are 0.6% above target in February.

FINANCE

Social Care Older Persons	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	157,202	28,328	25,787	2,541	9.9%
DNE	117,899	20,510	19,535	975	5.0%
South	204,946	29,089	28,792	297	1.0%
West	172,197	29,009	27,773	1,236	4.4%
Fair Deal (ex Contract & Subvention)	809,872	135,444	135,654	-210	-0.2%
National	1,462,117	242,378	237,541	4,838	2.0%

Social Care Division (Total)	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
National	2,861,894	477,069	464,810	12,260	2.6%

SOCIAL CARE FINANCIAL COMMENTARY (DISABILITY & OLDER PEOPLE SERVICES)

The 2014 service plan provided additional budget to social care of €31m to support underlying deficits which had arisen at regional level in previous years. Expenditure in the order of €5m is reflected in the expenditure figures of January and February which is related to these deficits. This budget is currently held centrally while work is being undertaken in the detailed application at local level and is profiled to be reflected in the budget figures in March, 2014. Similarly, expenditure of €3m is reflected in the February figures, relating to expenditure on additional short stay beds, which were provided to relieve delayed discharge pressures in the acute hospital sector, due to the winter surge. €13m additional budget was provided for this initiative, which is held centrally and has not yet been allocated to the system and this is profiled to be reflected in the budget figures in March, 2014. When this is taken into account, the net variance against budget in social care reduces to €4.4m (which is in the order of 1%).

Mental Health Division

KEY AREAS OF FOCUS

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

QUALITY AND PATIENT SAFETY

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

In February:

- The Head of Service User Engagement commenced a nationwide series of “listening” meetings to hear directly from people who have experience of the mental health services, their family, friends, and/or carers or anybody who has an interest in this area. The mental health meetings began in Bantry and Cork city on February 24 and have been rolled out nationally. The meetings have provided an opportunity for people who use mental health services and their family/friend/carers to share their views on how mental health services should be developed and delivered and feedback from these meetings will go directly to the National Mental Health Management Team to inform their decisions about mental health services.
- Site visits commenced with each of the seven Advancing Recovery in Ireland (ARI) mental health service sites to finalise the implementation plans for the ARI Project.
- Discussions have commenced with the Mental Health Commission about extending the scope of the MHC Protocol on the Notification of Deaths to all settings

ADULT MENTAL HEALTH SERVICES

In February, 73% of accepted referrals/re-referrals to General Adult Community Mental Health teams were offered a first appointment and seen within three months, nationally. The objective is that this percentage would be greater than or equal to 75% in 2014. There is an ongoing process locally to manage the underlying reasons for the target not being met.

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

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

In February, 68% 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 below is 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.

In February there has been a greater demand on the CAMH service with a 9% increase in the number of referrals accepted than the same period last year and a further 14% increase on the number of new cases seen when compared to the same period last year.

The Child and Adolescent Mental Health Waiting List is 2,724 cases, more or less the same as this time last year of 2,731. Although this 8% (206 cases) above the year end target of 2,518 cases, there will always be variances throughout the year against this target.

Of the 62 teams, 66% (41) have no patients waiting greater than 12 months on their waiting lists although there are 453 patients waiting greater than 12 months i.e.17% of the overall waiting list.

- 11 out of the 21 teams where patients are waiting make up 87% (393) of those 453 waiting longer than 12 months. This is comprised of one team in DNE, six teams in the South and four 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 will be a priority for 2014.

NATIONAL OFFICE FOR SUICIDE PREVENTION-

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

In February, 2014, the National Office for Suicide Prevention:

- Held a national media briefing, and launched the new media guidelines on the reporting of suicide.
- As part of the national social marketing campaign, completed a national mapping exercise of all mental health support services across Ireland.
- Held a Master class for agencies and HSE staff members on suicide prevention.
- Held a national Continual Professional Development event for all 90 ASIST trainers in Ireland.
- Completed the initial allocation of funding to NGO's working in suicide prevention.
- Continued to progress the internal review of 'Reach Out' and the development of a new national strategic framework on suicide prevention.

FINANCE

It is too early in the reporting year to identify any trend or make projections as to the likely year end position. We are reporting 0.8% of an underspend at the end of February and based on this there is no current indication of any additional financial risks over and above those flagged in NSP 2014 and the mental health division operational plan for 2014.

Mental Health **	Approved Allocation	YTD			% Var Act v Tar
		Actual	Plan	Variance	
	€'000	€'000	€'000	€'000	€'000
DML	190,634	31,185	31,284	-99	-0.3%
DNE	149,649	23,955	24,425	-470	-1.9%
South	179,718	29,904	28,926	978	3.4%
West	190,539	29,477	30,756	-1,279	-4.2%
National	710,539	114,521	115,392	-871	-0.8%

**The table does not include the items below which are temporarily held as part of National Services until re-mapping is completed. Both items are within budget.

- 1) NOSP 2014 Core Funding of €8.1m
- 2) Corporate MH Funding of €2.2m

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 Profs	Mgt / Admin	General Support Staff	Other Patient & Client Care	Total
WTEs* @ End 2012	715	4,628	740	766	1,038	1,021	8,909
WTEs @ end Dec 2013	715	4,428	1,026	757	986	995	8,906
WTEs @ January 2014	711	4,458	1,077	763	961	983	8,953
WTEs @ February 2014	701	4,535	1,110	760	954	970	9,029

* WTE = Whole Time Equivalent

The €20m allocated to mental health for 2014 will allow the Mental Health Division commit to between 250 and 280 posts. As outlined in the National Mental Health Division Operational Plan 2014, the completion of a comprehensive workforce analysis at the end of Quarter 1 will inform decisions as to how best to target the 2014 investment to progress Vision objectives.

PROGRESS ON RECRUITMENT TO 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.

Of the 414 WTEs allocated in 2012, **390.5 or 95% of the WTEs as 28th February 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, **224 or 47% of the WTEs had started before the end February 2014, with a further 63 WTEs or 13% with agreed start dates after 28th February.** The remainder are at various stages in the recruitment process, details provided in the tables below.

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

Human Resources

HSE EMPLOYMENT CEILING

	WTE Dec 2013	2014 Year-end ceiling (target)	WTE Feb 2014	Variance to End of year target
Variance from current Target levels	99,959	94,600	96,917	2,317

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Jan)	Rolling Three Months	YTD 2014
Absenteeism rates	4.79%	3.5%	4.85%	4.70%	4.85%

WORKFORCE POSITION

- Employment levels are **96,917 WTEs** at end of February, 424 WTEs above the end of 2013.
- Since September 2007, a reduction of 15,854 WTEs has been recorded in employment levels (-14.06%). This includes Children and Families staff who have now transferred to the new Agency (3,318 WTEs), the transfer of Community Welfare Services to the Department of Social Protection (1,000 WTEs), protection and the filling of new service developments, subsumed agencies and other staff not previously returned in census (combined 3,371 WTEs), taking this into account the true change from the peak in recorded employment may be overstated by 547 WTEs. Accordingly employment in the health services has reduced by 15,300 approximately from the 2007 peak (-13.6%).
- West North West Hospital Group is showing growth of 51 WTEs since start of 2014 and is 272 WTEs above its current employment ceiling. University of Limerick Hospitals decreased by 9 WTEs in February, but is 6 WTEs above the end of 2013 level. Overall Acute Hospital Services has grown by 242 WTEs from January and is now 317 WTEs above end of 2013 levels.
- National Ambulance Service decreased by 10 WTEs since the start of 2014.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector is *1,276 WTEs* above the current provision employment ceiling of *95,641 WTEs* (excluding Child and Family Agency provisional ceiling of 3,296 WTEs) and *2,317 WTEs* above the provisional end of year target of *94,600 WTEs* excluding CFA.
- Sub-allocation of the start 2014 employment ceiling by Divisions is work-in-progress.
- All Regions are currently operating outside of their employment ceilings, as are all Service functions, with the exception of non-acute services.

RECRUITMENT / STARTERS

Starter Reports for 2014 across the Public Health Sector to the end of February figure of the order of 1,299.75 WTEs, with Acute Services accounting for 68% and Non-acute services accounting for 32% of the total.

Recruitment by Division								
Region	Acute Services	Primary Care	Health & Wellbeing	Social Care		Mental Health	Child Protection & Welfare	TOTAL
				Services for Older Persons	Disability Services			
DNE	4	10	0	0	1	3	3	21
DML	5	10	0	0	1	2	2	20
South	10	7	0	1	0	1	1	20
West	9	2	0	2	0	1	0	14
Corporate (incl CFS ACTS)	3	0	0		0	0	0	3
TOTAL	31	29	0	3	2	7	6	78

- 205 health and social care personnel have been recruited to work in the health services year-to-date of which 78 commenced employment in February 2014.
- 27 of these posts are Development Posts under the National Service Plan.

NEW SERVICE DEVELOPMENTS 2013

- 488.20 WTEs of 2013 new service development posts are filled, up 56.75 WTEs from January (107.7 WTEs - National Ambulance Service, 152.5 WTEs - Primary Care, 212 WTEs - Mental Health Services, 15 WTEs - Acute Services and 1wte Finance).

ABSENTEEISM (Reported 1 month in arrears)

Overall absenteeism target for 2014 is 3.5%.

- Absenteeism for January 4.85% while the year to date position stands at 4.85% (January). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 89% of absenteeism in January was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions for January and year to date (January) is as follows:

Region	Jan 2014	YTD
DML	4.33%	4.33%
DNE	4.78%	4.78%
South	4.80%	4.80%
West	5.57%	5.57%

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 is reporting year to date expenditure of €1.957 billion against a budget of €1.903 billion leading to a deficit of €54.755m to the end of February 2014. The deficit for the corresponding period in 2013 was €40.087m. The table below provides a breakdown of the February 2014 year to date deficit by division and for the HSE's corporate and national services.

Table 1

Expenditure by Category and Division	Approved Allocation	YTD February 2014			% Var Act v Tar	YTD February 2014 Variance	YTD February 2013
		Actual	Plan	Variance			%
		€'000s	€'000s	€'000s			€'000s
Acute Hospital Services*	3,735,318	652,099	612,551	39,548	6.46%	22,696	3.67%
Palliative Care & Chronic Illness	68,066	11,445	11,187	257	2.30%	105	0.93%
Total Acute Division	3,803,384	663,543	623,738	39,805	6.38%	22,802	3.62%
Multi Care Group Services	131,313	24,689	20,366	4,323	21.23%	-4,095	-6.41%
Primary Care	557,425	89,713	90,614	-901	-0.99%	3,718	7.06%
Social Inclusion	132,971	19,401	20,871	-1,470	-7.05%	-984	-5.24%
Primary Care Reimbursement Service	2,236,438	382,329	380,496	1,833	0.48%	14,424	3.68%
Local Schemes	172,492	34,587	28,303	6,283	22.20%	3,371	11.57%
Total Primary Care Division	3,230,639	550,718	540,650	10,068	1.86%	16,433	2.95%
Total Health & Wellbeing Division	223,052	29,429	33,905	-4,476	-13.20%	-2,393	-9.99%
Disability Services	1,399,777	234,691	227,269	7,422	3.27%	5,529	2.37%
Older Persons (Including subvention and contract beds)	652,245	106,935	101,887	5,048	4.95%	8,877	9.03%
Fair Deal Central	809,872	135,444	135,654	-210	-0.15%	-4,200	-3.18%
Total Social Care Division	2,861,894	477,069	464,810	12,260	2.64%	10,206	2.20%
Total Mental Health Care Division	710,539	114,521	115,392	-871	-0.75%	-1,924	-1.72%
Total Childcare Division***						1,180	1.34%
Other Regional Services	25,167	1,108	2,154	-1,047	-48.59%	-1,531	-21.03%
Care Group / Other Services	55,663	7,361	9,621	-2,259	-23.48%	1,256	22.88%
Corporate Services and Pensions	408,117	73,566	66,210	7,355	11.11%	-1,588	-2.77%
National Services	301,975	40,524	46,604	-6,080	-13.05%	-4,353	-6.94%
Held Funding **	-29,488						
Total	11,590,942	1,957,839	1,903,084	54,755	2.88%	40,087	2.00%

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

** Held funding includes €80m held centrally for HRA and €108m for unspecified pay savings

***The Child and Family Agency was established on 1 January 2014 and the related budget moved to this agency.

Performance Analysis of the Acute Sector

A material element of the overall variance is within the acute hospitals sector, that is, €39.548m or 6.46%. The year to date deficits are illustrated below by hospital group.

Table 2

Hospital Groups*	Actual	Budget	Variance	% Variance
	€000s	€000s	€000s	
Dublin East Hospital Group	100,651	95,942	4,709	4.91%
Dublin Midlands Hospital Group	125,659	119,828	5,831	4.87%
Dublin North East Hospital Group	130,075	124,103	5,972	4.81%
South / South West Hospital Group	111,136	103,155	7,982	7.74%
University of Limerick Hospital Group	42,398	37,589	4,810	12.80%
West / North West Hospital Group	104,898	95,973	8,924	9.30%
Children's Hospital Group	33,266	31,955	1,311	4.10%
Total	648,083	608,545	39,538	6.50%

*excludes Regional Services & Palliative care

Hospitals in the West/North West and the University of Limerick hospital group continue to report material deviations from their respective year to date budgets. Pay expenditure is over budget in both hospital groups mainly as a result of agency costs relating to Non Consultant Hospital Doctors (NCHDs). The University of Limerick hospital group have reported an adverse income variance which is attributable to maintenance charges. In addition there was also an adverse income variance in the West/North West hospital group which is attributable to In Patient charges.

Hospitals with deficits in excess of 10% of the year to date budget are reported below.

Table 3

Acute Hospital Deficit Greater than 10%	YTD Actual	YTD Budget	Variance	% Variance
	€'000s	€'000s	€'000s	€'000s
St. John's Hospital, Limerick	3,411	2,624	787	30%
Kilcreene Orthopaedic Hospital	1,088	846	242	29%
Portiuncula Hospital	8,692	7,132	1,560	22%
South Tipperary General Hospital	8,247	7,031	1,216	17%
University Hospital, Limerick	28,479	24,378	4,102	17%
Mercy University Hospital, Cork	10,959	9,420	1,539	16%
Royal Victoria Eye & Ear Hospital, Dublin	3,818	3,322	497	15%
Letterkenny General Hospital	17,881	15,803	2,077	13%
Midland Regional Hospital, Portlaoise	8,416	7,464	952	13%
Our Lady's Hospital, Navan	6,714	5,967	747	13%
Sligo General Hospital	17,360	15,446	1,914	12%
Waterford Regional Hospital	23,552	20,967	2,585	12%
Cappagh National Orthopaedic Hospital	4,390	3,915	475	12%
South Infirmary - Victoria Hospital	7,352	6,594	758	11%
Mayo General Hospital	13,747	12,420	1,326	11%

The acute system is facing a challenging year in 2014 with legacy deficit issues to be addressed in year in the sum of €56.5m as a result of the non achievement of 2013 cost containment plans. This is in addition to the full value of savings measures that have to be delivered in 2014. These savings measures include additional Haddington Road efficiencies, income generation targets and other savings measures including the Employment Control Framework and Nurse Bank. The HSE will continue to engage with the acute hospital sector in relation to the 2014 savings measures and cost containment initiatives.

Performance Analysis of the Divisions

Overall, there is a deficit in the community services divisions of €16.98m. The surplus/deficit by division is reported in the table below. The deficit is mainly attributable to budget overruns in disability services of €7.42m, older people of €4.83m and local schemes of €6.28m, with offsetting budget surpluses in health and wellbeing and social inclusion of €4.47m and €1.47m respectively.

Table 4

Division	Approved Allocation	Actual	Plan	Variance	% Variance
	€'000s	€'000s	€'000s	€'000s	
Acute (including Palliative Care)	3,803,384	663,543	623,738	39,805	6.38%
Primary Care	3,230,639	550,718	540,650	10,068	1.86%
Health and Wellbeing	223,052	29,429	33,905	-4,476	-13.20%
Social Care	2,861,894	477,069	464,810	12,260	2.64%
Mental Health	710,539	114,521	115,392	-871	-0.75%
Total	10,829,508	1,835,280	1,778,495	56,786	3.19%

There is increasing pressure on disability services in some areas, due to the complexity of clients entering the service. This is further compounded by the fact that existing clients are growing older. This combined with a larger number of emergency presentations in addition to additional pressure relating to HIQA registration and compliance costs is putting additional pressure on budget in 2014.

Cost Drivers

Agency Costs

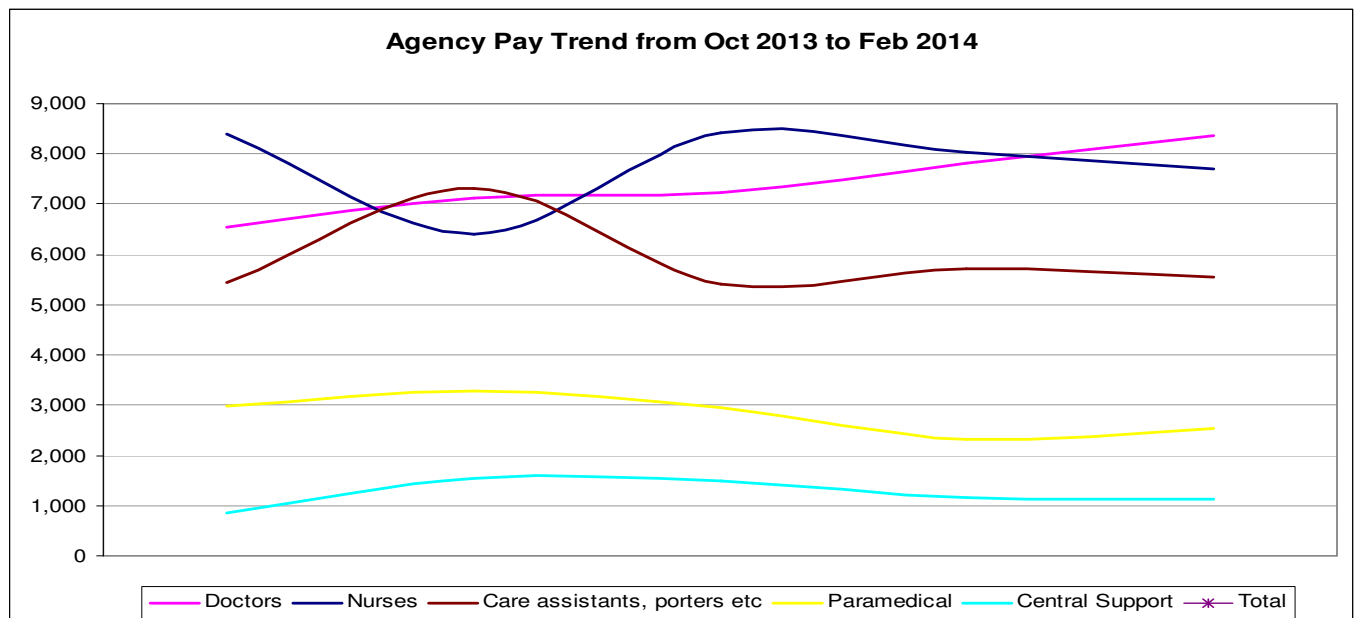
There is a continued upward trend in agency costs in relation to NCHDs. The year to date February expenditure on agency doctors was €16.17m versus €7.43m for the corresponding period in 2013, an increase of €118%. The tables below provide a detailed breakdown of agency expenditure across all pay categories year on year and by month. The HSE is continuing to drive efficiencies through the Haddington Road agreement with the objective of reducing agency costs.

Table 5

Agency Costs by pay category	Doctors	Nurses	Care assistants, porters etc	Paramedical	Central Support	Total
	€000	€000	€000	€000	€000	€000
YTD Feb 2014	16,179	15,739	11,265	4,859	2,289	50,331
YTD Feb 2013	7,438	14,354	9,131	4,337	1,390	36,650
Change - YTD Feb 2014 vs YTD Feb 2013	118%	10%	23%	12%	65%	37%

Table 6

Agency Costs by Month	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	YTD
	€000	€000	€000	€000	€000	€000
Doctors	6,538	7,122	7,243	7,823	8,356	16,179
Nurses	8,389	6,400	8,429	8,038	7,701	15,739
Care assistants, porters etc	5,433	7,327	5,401	5,728	5,536	11,265
Paramedical	2,986	3,288	2,951	2,323	2,536	4,859
Central Support	868	1,547	1,478	1,167	1,123	2,289
Total	24,214	25,684	25,502	25,079	25,252	50,331



NCHD agency expenditure is continuing to grow in 2014 with a consistent trend in growth since October 2013. Nursing agency has shown a downward trend since a peak in December'13 but until March data is available conclusions cannot be drawn if this trend is expected to continue. Both paramedical and central support services remain relatively stable with agency expenditure within the ambulance service gradually reducing over the last number of months. With the recruitment of 77 ambulance staff at the latter half of 2013 this downward trend in paramedical will be expected to continue as 2014 progresses.

Overtime Costs

Year to date February 2014 overtime costs are showing a downward trend when compared with the corresponding period in 2013. This reduction is reflected in both the hospitals and community services. This is reflected in the table below which compares year to date February 2014 agency and overtime costs with the costs for the corresponding period in 2013.

Table 7

Agency & Overtime for Hospitals & Community Services	Agency YTD 2014 Actual Expenditure	Agency YTD 2013 Actual Expenditure	Agency YTD 2014 vs YTD 2013		Overtime YTD 2014 Actual Expenditure	Overtime YTD 2013 Actual Expenditure	Overtime YTD 2014 vs YTD 2013	
			'€000	%			'€000	%
Hospitals								
Dublin Mid Leinster	9,184	5,579	3,605	65%	8,796	10,755	-1,959	-18%
Dublin North East	10,797	8,067	2,729	34%	6,787	8,778	-1,991	-23%
South	6,439	2,766	3,673	133%	4,798	6,086	-1,287	-21%
West	7,464	2,830	4,634	164%	5,141	6,414	-1,273	-20%
Subtotal	33,884	19,242	14,641	76%	25,522	32,033	-6,510	-20%
Community Services								
Dublin Mid Leinster	5,920	3,734	2,187	59%	1,820	2,208	-389	-18%
Dublin North East	3,934	3,433	500	15%	1,013	1,269	-256	-20%
South	2,797	1,776	1,021	57%	1,193	1,223	-31	-3%
West	1,643	648	995	154%	479	502	-23	-5%
Subtotal	14,294	9,591	4,703	49%	4,505	5,202	-699	-13%
Total	48,178	28,833	19,344	67%	30,027	37,235	-7,209	-19%

National Ambulance Service

The year to date surplus for the National Ambulance Service is €0.597m. This surplus is mainly attributable to unspent service development funds for the National Ambulance Control Centre. In addition, the National Ambulance Service has achieved a significant reduction in overtime costs year on year.

Health Business Services

There is a deficit of €2.58m in Health Business Services at the 28th February 2014. This relates primarily to costs associated with lease of primary care centres. It is anticipated that these costs will be met from within the capital programme on a full year basis. The costs will be coded to Primary Care as this is the Division to which the centres belong.

Table 8

Health Business Services Units	Current Year Approved Allocation	YTD Actual	YTD Plan	YTD Variance
	€'000	€'000	€'000	€'000
Estates	39,598	8,622	6,474	2,148
Procurement	15,994	2,620	2,601	19
ICT	28,563	4,941	4,716	225
Enterprise Resource	10,312	1,547	1,673	-127
HR	10,298	1,811	1,671	141
Finance	14,529	2,341	2,161	179
Total	119,294	21,882	19,297	2,585

Held Funding

The Health Service is currently holding €135.67m for the divisions, pending the release of the funding to relevant services to which the funding relates. The Divisional breakdown is illustrated below;

Table 9

Held Funds by Division	Amount
	€'000
Acute Services	62,691
Mental Health	43,582
Primary Care	15,402
Social Care	14,000
Total*	135,676

*The above held funds exclude pay savings targets yet to be allocated by division

Key and Emerging Risk Areas

Primary Care Reimbursement Service – Cost Reduction challenge of €294m

The year to date deficit for the Primary Care Reimbursement Service is €1.8m. There are a number of risks which will be monitored closely over the coming months. These risks are as follows;

- The Medicines Management programme (MMP) has a target of €20m rolling over from 2013. Implementation of Reference Pricing will reduce the saving that can be attributed to the MMP.
- The programme for free GP care will commence this year. However, it requires legislation and will not be operational on a full year basis in 2014. The total estimated challenge in this regard is €35m. This programme will deliver savings in 2014.
- Whilst €12m has been provided for DTSS, the scheme remains under significant pressure due to increased levels of client eligibility.
- Reference pricing targets of €50m were set for 2014. This is dependent on the pharmaceutical industry supplying drugs at the reference price.

- The HSE has a target of €23m in relation to medical card probity which will be challenging having regard to the work required in the related assessments.
- The HSE has incoming base budget cuts of €10m each for hi-tech stock and 2013 delisting. In addition, the 2014 budget requires further savings of €10m for delisting. In terms of delisting the legislation sets out periods of consultation which must be adhered to. This process could lead to delays in delivery of the savings targets.

Local Schemes – Incoming Challenge €34m

The year to date deficit for the Primary Care Schemes is €6.28m. The schemes giving rise to material deficits are hardship medicines and drug refund.

Table 10

Local Schemes	Annual Budget	YTD Actual	YTD Plan	YTD Variance
	€000	€000	€000	€000
Mobility	13,058	2,411	2,155	255
Capitation	9,991	1,882	1,627	255
Infect D.A.	63		10	-10
Blind W.A.	9,346	1,864	1,533	331
Domiciliary Care	4	4	1	3
Maternity Cash Grant	0	3	0	3
L-Term Ill	4,901	830	810	20
Drug Payment	12,720	2,085	2,078	7
H'dship Medicine	67,238	14,079	11,005	3,074
Drug Refund	45,570	9,821	7,507	2,313
High Tech	4,051	512	670	-158
Health Amendment	5,159	1,062	843	219
DTSS	391	35	65	-30
Grand Total	172,492	34,587	28,303	6,283

If the current trend continues the forecast deficit for the 2014 year would be in the region of €40m. Urgent action is required around the scheme in 2014.

Public Service Agreement (Haddington Road)

The 2014 payroll reduction target for the HSE is €268m as set out in the 2014 Service Plan. This includes €140m facilitated by the Haddington Road Agreement, €108m in unspecified savings and €20m in respect of the Employment Control Framework. This is in addition to a 2013 budget reduction target of €150m from 2013. A national assurance process and support team was established in 2014 the remit of which is to work with service managers to ensure that measures which will deliver savings are identified and implemented at the earliest possible date. In addition a national assurance process is currently underway to establish the achievability of measures included in the agreement and ultimately gauge how much in savings could be set against the targets given by Government and highlight any areas of concern or non delivery of expected savings. The extent that savings cannot be achieved in 2014 is a key financial risk to the organisation.

Income Generation Target - €30m

With effect from 1 January 2014, private patients treated in public hospitals will be charged for inpatient services according to the category of hospital and for an overnight stay according to the type of room used to accommodate the patient. The Health (Amendment) Act 2013 provides that public hospitals must levy in-patient charges on all inpatients who opt to be treated privately. The income collection target relating to the implementation of this legislation is €30m. Hospitals which traditionally had a high proportion of income from day case activity are now encountering a reduction in income generated as a result of the reduction in the rate per day case and inpatient case and also the loss of the statutory inpatient charge. This income generation issue is being closely monitored.

