

DECEMBER 2013

Health Service

National Performance Assurance Report

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Performance Overview December 2013

This is the final Performance Assurance Report of 2013. It reviews key performance areas which were laid out in the National Service plan 2013. Performance comment is set out by Division.

REFORM

An integrated and planned approach to system reform is being delivered through the System Reform Group (SRG) within the Office of the Director General. The reform portfolio, developed in conjunction with Divisions, aligns with the reform strategy of the Department of Health and includes key health reform programmes, for example Integrated Models of Care, Quality & Patient Safety, Health & Wellbeing, Hospital Groups, Healthcare Community Organisations, Healthcare Commissioning Agency, Finance Operating Model, ICT, Strategic Human Resources among others. The work will be governed by a systems reform board who will oversee key actions in 2014.

QUALITY

The HSE and SCA Open Disclosure Policy and associated guidelines were launched on 12th November 2014 by Minister James Reilly and are being implemented on a phased basis across all of our health and social care services. The implementation of the principles of open disclosure will contribute to improving patient safety generally; improved recovery for patients and staff involved in adverse events and increased public confidence in our health and social care services.

Leadership development through the Quality Improvement Diploma, which has delivered formal training to senior managers and clinicians on methodologies and processes to deliver on quality improvement in their organisations, has improved the capacity of the organisation to make significant improvements in service delivery.

SHARED SERVICES

The Shared Services Division was formed in 2013 and a Director appointed. A shared services strategy is now being finalised and will be considered by the Directorate in February 2014. This plan covers the period to 2016. The services included with the Division include ICT, HR processing, finance processing, Estates, Procurement and HR ERP systems. The shared services division will serve the emerging health environment and be a key enabler to support the changes envisaged in the wider health strategy.

SERVICE DELIVERY

ACUTE HOSPITALS

Scheduled Care waiting lists

There has been significant achievement in relation to the achievement of waiting list targets at the end of 2013.

All except one adult hospital reached 100% compliance with 8 month target for elective procedures and only four 4 people were waiting more than 8 months at the end of December. This was down from a national peak of 6,305 people waiting over 8 months in August 2013.

95% of all children waiting on the Paediatric elective waiting list (excluding GI Scopes) were waiting less than 20 weeks. A total of 193 children were waiting over 20 weeks for a procedure at the end of December in three hospitals, Tallaght (2) MRH Tullamore (55) and OLCR Crumlin (136) this was down from a high of 1,010 in September 2013.

99% of people on the GI Endoscopy waiting list were waiting less than 13 weeks. At the end of December, 1% of patients were waiting greater than 13 weeks (n=96), compared to 9% at the end of November. This was down from a high of 1,482 in September 2013.

Outpatients

At the end of December 98% or 295,815 people were waiting less than 52 weeks for an outpatient appointment. The number of people waiting over 52 weeks were 4,937.

The number of people waiting more than one year for an outpatient appointment has reduced by 95%.

100,000 more appointments were provided in 2013 compared to 2012.

Non-scheduled care

In December 2013 66% of patients attending Emergency Departments were discharged home or admitted within 6 hours and 81% of patients attending Emergency Departments were discharged home or admitted within 9 hours.

Emergency admissions between January and December 2013 at 382,784, were broadly in line with 2012. In the same period emergency department new attendances at 1,030,302, have seen a 2% reduction. Elective admissions were down by 1% compared to the same period in 2012 (2,738).

Day care attendances were <1% higher (4,313) than the period January to December 2012 and activity in December 2013 was 11% (6,042) higher than in December 2012.

New attendances at outpatients have increased by 6% (42,442) with an additional 17,996 people being seen in December compared to the same month in 2012.

CLINICAL PROGRAMMES

Acute Medicine

Medical average length of stay (Avlos) has shown a steady reduction and has reduced from 8.6 days to 7 days between 2010 and 2013.

Diabetes

There have been 21 fewer amputations in 2013 despite a rising prevalence of diabetes in the population. The reduced number of amputations resulted in 1,425 bed days being saved.

There has been an increase in hospitalisations and discharges for leg ulcers however, as the prevalence of diabetes increases and there is a renewed focus on the proper referral and management of ulcers to prevent amputation. The increased number of hospitalisations for ulcers required 281 additional bed days used.

Overall there was a net saving 1,144 bed days.

NATIONAL CANCER CONTROL PROGRAMME

Screening

- BreastCheck screened 140,000 women in 2013.
- BowelScreen invited 60,000 members of the public to participate in this screening programme.
- Diabetic RetinaScreen offered appointments to 42,500 people for diabetic retinopathy screening.

Breast Cancer

14,590 urgent referrals were received in 2013, this was 3.5% more than 2012, of these 98% were seen within two weeks.

22,042 non-urgent referrals were received in 2013, 7.8% down on 2012, of these 95% were seen within 12 weeks.

Lung Cancer

2,890 people attended rapid access clinics in 2013; this is 5% more than 2012. 91% of referrals were offered an appointment within 10 working days of the receipt of referral.

Prostate

1,591 people attended rapid access clinics in 2013. 55% of referrals were assessed within 20 working days.

NATIONAL AMBULANCE SERVICE

The target for 2013 was that 70% of ECHO and 68% of DELTA calls would be responded to within 19 minutes.

69.5% of ECHO calls were responded to within 18 minutes and 59 seconds year to date.

64.1% of DELTA calls were responded to within 18 minutes and 59 seconds year to date.

Delays due to the turnaround of emergency ambulances at hospitals effect 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.

Overtime payments over 2013 reduced by 30% compared to 2012. This was equivalent to a saving of €4.3m. Within this the North Leinster service reduced their overtime by 58% with a saving of nearly €2m. The introduction of new additional Intermediate Care Vehicles in 2013 and revised rosters contributed significantly to the reduction in overtime payments and also to performance improvement in service response times.

PRIMARY CARE

Medical Cards

Almost 2 million people are now covered either by a Medical Card or a GP Visit Card.

At the end of December 1,849,380 people (40.3% of the population) were in receipt of a medical card of which 50,294 (2.7%) were granted on discretionary grounds. The remaining 125,426 (2.7% of the population) were in receipt of a GP Visit card of which 25,793 (20.5%) were granted on discretionary grounds.

97.8% of completed applications were processed and issued within 15 days of receipt.

Under the *Health Act, 1970* (as amended), Medical Cards are provided to persons who are, in the opinion of the Health Service unable without undue hardship to arrange GP services for themselves and their dependants.

The Health Service is committed to ensuring that everyone who is entitled to a Medical Card or GP Visit Card receives one, however it is also important to stress that the Medical Card system is founded on the 'undue hardship to arrange GP services' test. The *Health Act, 1970* provides for Medical Cards primarily on the basis of means and the Health Service must operate within the parameters of the law.

GP services

GP out-of-hours services dealt with 96,000 patient contacts in December bringing the total in 2013 to 978,071 patients which was 0.3% above the expected level of service.

Social Inclusion

At the end of December 2013 there were 9652 clients receiving methadone treatment which was 5.46% above the expected level of service. There were 754 clients attending at pharmacy exchange clinics; which was 88% above the expected level of service.

100% of clients under 18 years and 93% of clients over 18 years received treatment within one week following assessment.

HEALTH AND WELLBEING

Child Developmental Screening

61,000 children (88.1%) have received child developmental health screening within target year-to date. A process of implementing quality improvement plans continues to be rolled out for areas not reaching the target.

Tobacco Control

40 hospitals have now implemented a Tobacco-Free Campus Policy with 9 still outstanding at the end of the year.

1,395 staff have received training in 'brief intervention in smoking cessation training' against a target of 1350, (+3.3%). 10,525 people received intensive smoking cessation support against a target of 9,000 (+16.9%)

Environmental Health:

93% of food inspections for Category 1, 2 and 3 (as per FSAI Guidance Note Number 1) were completed in 2013 against a target of 100% at year end.

33,507 or 101.5% of overall of inspections (all Risk Categories) were completed in 2013.

SOCIAL CARE

OLDER PERSONS

Nursing Home Support Scheme

The Nursing Home Support Scheme supports 23,775 long term residential clients, 8,250 of whom were new to the scheme in 2013. 100% of completed applications under the scheme were processed within four weeks.

Home supports

Home help hours provided in the fourth quarter of 2013 amounted to 849,016, which is a sustainable run rate for home help services as we move into 2014. There was a once off saving in 2013, which was fully utilised delivering additional community supports, including respite, convalescence and step-down care to support acute hospital and community service pressures during the winter period.

As of Dec 2013, 11,873 persons were in receipt of a Home Care Package; this was 9.2% over expected level.

DISABILITY SERVICES

School Leavers and Rehabilitative Training Placements

The new process for identifying and compiling the needs of young people with Disabilities leaving school or exiting Rehabilitative training is underway. Contact has been made with the Department of Education and Skills for assistance to insure that parents of these young people in mainstream schools are aware of the new process. Regional disability services are actively working to support young people with disabilities and their families to submit the required information by 1st February 2014.

Home Support and Personal Assistant Service

As of December 2013, there were 4,963 adults and children with a physical and / or sensory disability in receipt of Home Support or a Personal Assistant (PA) Service (19.1% over expected level of service of 4,166). Over the course of 2013, 2.97m hours of Home Support and PA hours were delivered to persons with a physical and / or sensory disability.

In addition, 4,986 persons with an Intellectual Disability received 974,777 hours of Home Support during 2013.

MENTAL HEALTH

15,311 referrals for an appointment with Child and Adolescent Community Mental Health Teams have been received in 2013; this was +2,222 or 17% higher than the planned level of service. 70% of accepted referrals were seen within 3 months, consistently meeting the target.

32% (19) of teams have no clients waiting more than 12 months. However, there were 444 individuals (or 17% of the waiting list) waiting more than 12 months. 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.

In 2013 there were 277 admissions of children and adolescents, of which 187 (67.5%) were to acute child and adolescent inpatient units and 90 (32.5%) were to adult approved centres

The general adult mental health community teams have received 42,025 referrals in 2013 and 68% of referrals have been seen within 8 weeks or less.

The Psychiatry of Old Age Teams have received 10,419 referrals in 2013, and have seen 94% of referrals within 8 weeks or less.

CHILDREN AND FAMILY SERVICES

The establishment on the 1st January 2013 of the new agency is part of a wider change agenda, aimed at strengthening the organisational capacity, processes and systems necessary to deliver safe, effective, consistent and reliable child protection services.

At the end of December 91.8% of children in care have been allocated a social worker, a 0.7% increase over the November figure of 91.2%.

At the end of December 87.4% of children in care have a written care plan, a 0.5% decrease over the November figure of 87.8%.

FINANCE

The Vote deficit for HSE prior to the application of supplementary funding of **€219m** was **€205m** for 2013, a €14.1m Vote surplus after supplementary. This compares to a Vote deficit of €337m for 2012 (Prior to the application of supplementary funding of €360m). This deficit was also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**. The deficit is a reflection of the overall challenge within the HSE in 2013 when account is taken of the risks that were set out in the National Service Plan 2013.

Taking in to account the deficits caused by financial risks outside the direct control of the HSE a breakeven position on **direct services** i.e. Hospitals and Community Services was achieved in 2013.

SERVICE LEVEL AGREEMENTS

At the end of December 2013 a total of €3,067 Million, or 96.77% of registered funding have both Part 1 and 2 Schedules completed.

All of the Acute Hospitals and the Large Section 38 Agencies with the exception of the Muiriosa Foundation have signed, this agency has a value of €39 Million, work was in train within Dublin Mid Leinster to bring the negotiations to a close.

In December, following meetings with the Chairs of all Section 38 Agencies the HSE introduced additional measures to strengthen the governance relationship between the Boards of these Agencies and the Executive. These include the introduction of a new Compliance Statement process and Board and Corporate Governance Standards which will be introduced from the 1st January 2014. The Board of each Section 38 Agency will by the 31st May each year, be required to submit a signed Compliance Statement together with their Annual Financial Statements to the HSE in respect of the previous financial year.

HUMAN RESOURCES

Haddington Road

The *Haddington Road Agreement* has been in place since 1st July 2013. It provides significant enablers and provisions to extract cost and reduce the overall cost base in health service delivery in the context of the reform and reorganisation of the health services as set out in *Future Health* and the Public Service Reform Plan of November 2011.

The *Haddington Road Agreement* allows the service to identify cost reductions that are sustainable on an ongoing basis.

Implementation of Haddington Road is a critical component of the health service reform programme. The Pay reduction element of the HRA will deliver €56m in a full year. €27.9m was delivered on this in the six months July – December. The changes to rates of Overtime and Premium payments will deliver €52m in a full year. €25.9m was delivered in the six months July – December.

Employment figures

As of the end of December, the HSE employs 99,959 WTEs who were either employed directly or by agencies funded by the HSE. The target for year end was 98,938, currently a variance of 1,021.

340.20 WTEs of 2013 new service development posts filled, up 66 WTEs from November (107.7 WTEs - National Ambulance Service, 132 WTEs - Primary Care, 89.5 WTEs - Mental Health Services, 10 WTEs - Acute Services and 1 Finance).

Absenteeism

HSE absenteeism rate YTD 2013 stands at 4.73% against a target of 3.5%. This was an improvement on the YTD 2012 rate of 4.79%. Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.

EUROPEAN WORKING TIME DIRECTIVE

The latest information, covering the period 8th July to 30th September 2013, includes data on a total of 4,384 NCHDs and indicates that at that point:

- 38% of NCHDs were compliant with 48 hour average working week
- Average weekly working hours for all NCHDs was 51.3
- 60.3% of NCHDs do not work more than 24 hours on-site on-call
- 49.1% of NCHDs receive documented daily breaks
- 66% of NCHDs receive 11 hour daily rest breaks or equivalent compensatory rest
- 89.6% of NCHDs receive weekly / fortnightly rest or equivalent compensatory rest

Progress has been seen in all indicators during 2013.

Updates by Division

Quality and Patient Safety

Quality and Patient Safety is a key priority for the organisation and in 2013.

Areas of focus for improvement

- Quality and Safety Governance through the development of toolkits, guidance documents and specific support to hospitals and services
- Clinical Directors' programme that has provided support to Clinical Directors in the services in establishing their roles through workshops, training sessions, and on site support in hospitals
- Leadership development through the Quality Improvement Diploma that has delivered formal training to senior managers and clinicians on methodologies and processes to deliver on quality improvement in their organisations.
- Training programmes delivered to management teams on the management of adverse events and the training of competent investigators that will investigate these events to ensure that the key causes and contributory factors are identified. This enables the production of high quality reports and recommendations that will be used to drive improvement.
- Support for the implementation of the National Standards for Safer Better Healthcare across the hospital system with the development of a toolkit to enable hospitals assess their position in terms of the essential elements of quality required in their organisations to meet the standards and put improvement plans in place to address areas for improvement.
- Publication and initial implementation of the National Open Disclosure policy to ensure patients and service users are informed when their treatment or service has not met expected standards.
- A 'Patients for Patient Safety Ireland' (PFPSI) group was established, based on a World Health Organisation initiative aimed at improving patient safety in health care. Sixteen members of PFPSI received formal World Health Organisation designation. The purpose of setting up a network of PFPSI is to promote understanding and dialogue around patient safety and the role patients can play in developing new approaches to improving patient safety.
- National guidance was developed and published in the important areas of Consent and Clinical Audit.
- The programme to reduce the incidence of HealthCare Acquired Infection (HCAI) and Antimicrobial Resistance (AMR) continues to be rolled out and has delivered training, guidance and resources to services across the country.
- Continued use of the Quality and Patient safety Audit function to independently audit sites and services on the application and use of policies, procedures and guidelines in the delivery of services.
- The measurement of patient experience and the culture of staff to patient safety have been initiated and will be important measures for 2014.

Acute Services Division

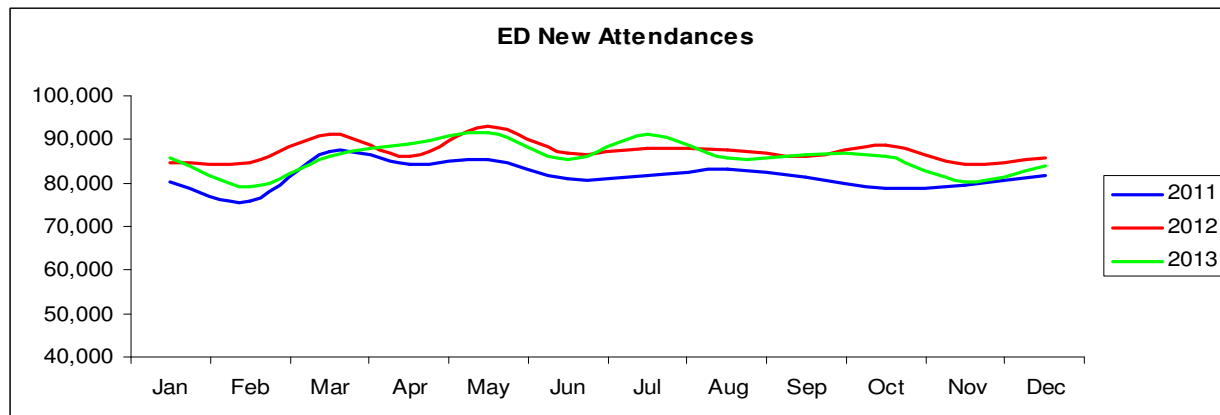
KEY AREAS OF FOCUS

- 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
- Emergency Response Times
- Elective Inpatients
- Palliative Care: Access to specialist inpatient beds

MACRO HOSPITAL ACTIVITY

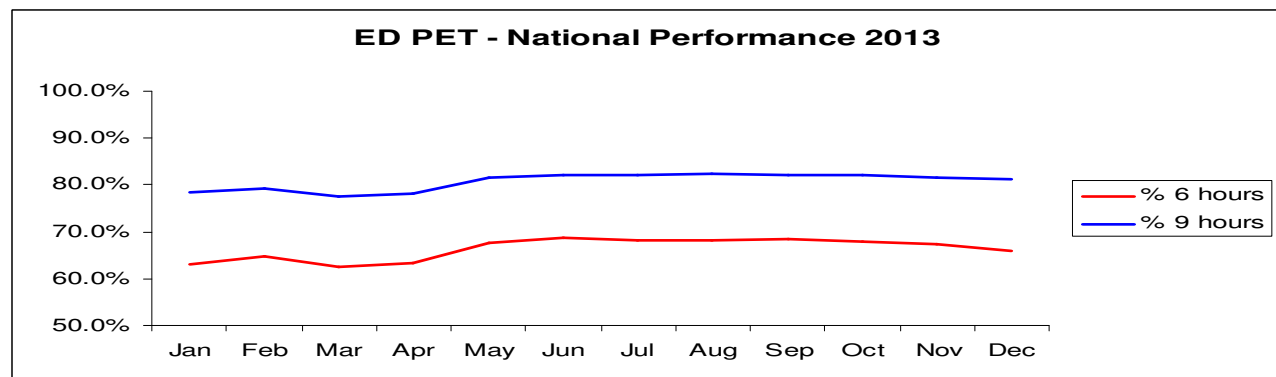
Activity Type	Jan - Dec Actual 2012	Jan - Dec Actual 2013	Val Var	% Var	
ED New Attendances ¹	1046694	1030302	(16392)	(2%)	
Inpatient Discharges	603579	595109	(8470)	(1%)	
Day Care Attendances	832476	836789	4313	<1%	
OPD	New	694518	736960	42442	6%
	Return	1660512	1720850	60338	4%

EMERGENCY DEPARTMENT NEW ATTENDANCES



- Jan - Dec 2012 / 2013 2% reduction (n=16392)

PATIENT EXPERIENCE TIME (PET) ²



Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012
Note² PET coverage is 24 hospitals
Note³ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁴ MAU - Medical Assessment Unit
Note⁵ Waiting list values stated includes Adults / Children / GI Scopes
Note⁶ NTPF full dataset availability March 2013 - comparison March / December 2013
Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September

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 December 2013 66% of patients attending Emergency Departments were discharged home / admitted within 6 hours - 66% YTD

In December 2013 81% of patients attending Emergency Departments were discharged home / admitted within 9 hours - 81% YTD

High Performing Hospitals (December 2013)

Portiuncula Hospital - 98% 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

Mayo General Hospital - 96% of patients attending ED were discharged home/admitted within 9 hours

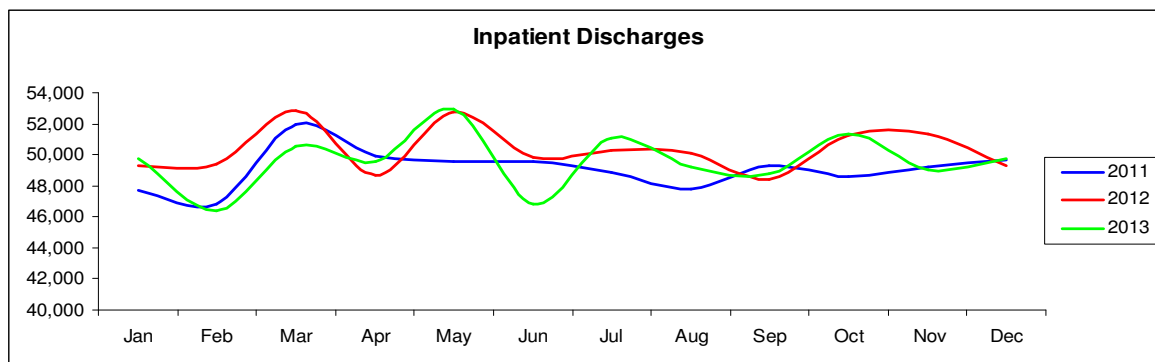
Low Performing Hospitals (December 2013)

Beaumont Hospital - 70% of patients attending ED were discharged home/ admitted within 9 hours

Cork University Hospital - 71% of patients attending ED were discharged home/ admitted within 9 hours

Connolly Hospital - 71% of patients attending ED were discharged home/ admitted within 9 hours

INPATIENT DISCHARGES



Jan - December 2013 / 2012 - 1% decrease in the number of discharges (n= 8470)

Jan - December 2013 actual / target - 1% decrease in the number of discharges (n= 5778)

INPATIENT ADMISSION SOURCE

Activity Type		Jan - Dec Actual 2012	Jan - Dec Actual 2013	Val Var	% Var
Emergency Admissions	ED Admissions	284779	275012	(9767)	(3%)
	Emergency (Other) ³	80910	75687	(5223)	(6%)
	MAU Admissions ⁴	19148	32085	12937	68%
	Subtotal	384837	382784	(2053)	(<1%)
Elective	Elective Admissions	187326	184588	(2738)	(1%)
Total Admissions		572163	567372	(4791)	(<1%)

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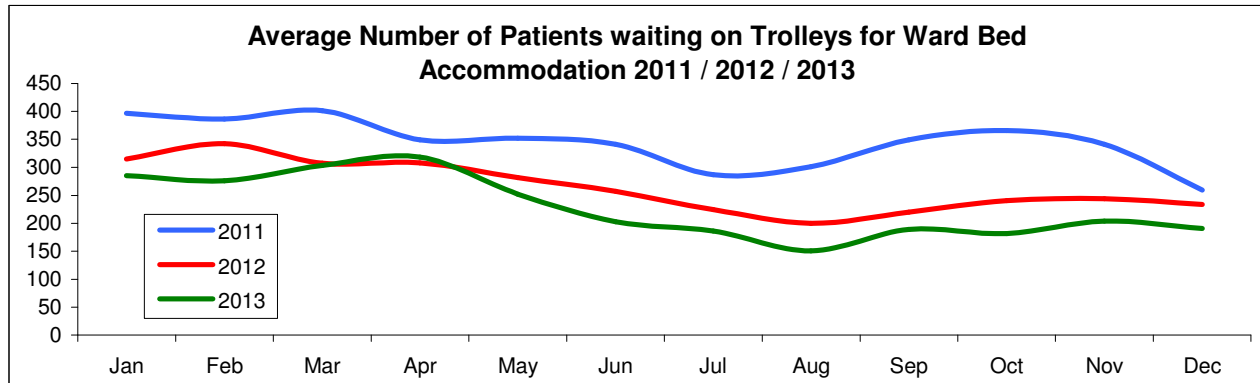
EMERGENCY ADMISSIONS

2012 / 2013 Emergency Admission value broadly commensurate

3% decrease in the number of Emergency Department admissions (n=9767)

68% increase in the number of MAU Admissions (n=12937)

TROLLEYGAR PERFORMANCE



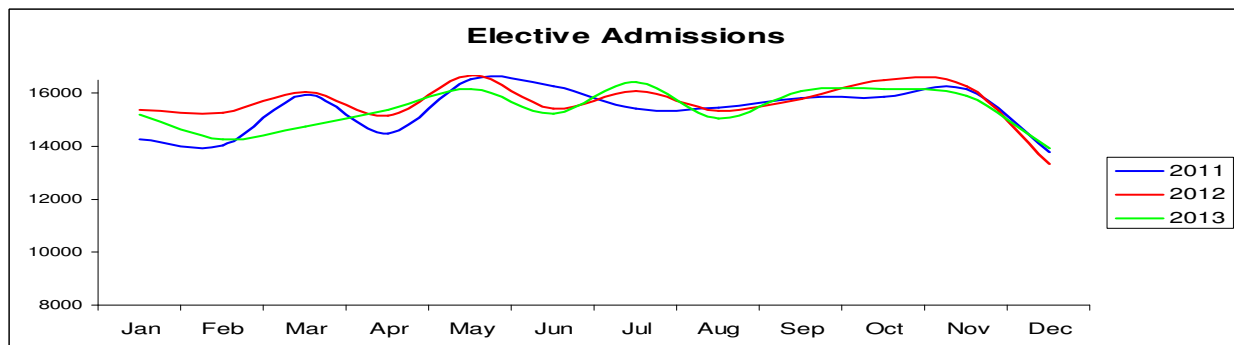
2011 / 2012 - 24% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

2012 / 2013 - 13% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

2011 / 2013 - 34% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

ELECTIVE INPATIENTS AND DAY CARE ATTENDANCES

ELECTIVE ADMISSIONS



1% decrease in the number of elective admissions (n=2738)

performance diminution attributed to inappropriate bed occupancy predominantly in the DATHs (December monthly national average =615)

- significant increase elective admissions December 2013 (n=613) representing 5% increase 12/13

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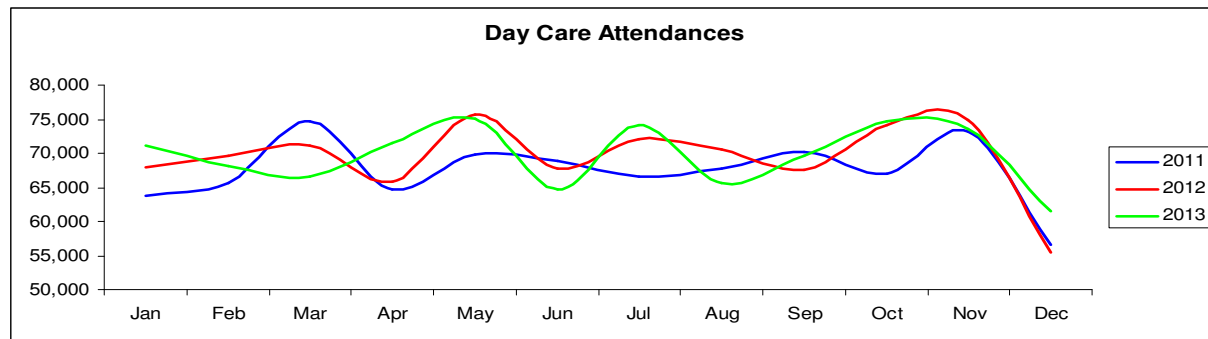
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DAY CARE ATTENDANCES



Jan-December 2013 / 2012 Day Care increase of <1% (n=4313)

Jan-December 2013 actual / target showing a <1% increase (n=6624)

- significant increase planned attendances December 2013 (n=6042) representing 11% increase 12/13

WAITING LISTS – INPATIENT / DAY CARE / GI

National number of scheduled patients waiting for admission December 2012 / December 2013 comparison⁵

National	Period	0-3 months	3-6 months	6-8 months	8-12 months	12+ months	Total
	31.12.12	32899	12761	4951	1060	37	51708
	31.12.13	33843	13818	5033	68	0	52762
	Val Var	944	1057	82	-992	-37	1054
	% Var	3%	8%	2%	-94%	-100%	2%

- 98% compliance with national 8 month target identified
 - non compliance value identified n=68
- 40 out of 42 hospitals have identified compliance with the national target
 - 2 hospitals have identified non compliance with the national target:
 - SJH - 99% compliance (non compliance value n=4)
 - OLCHC - 95% compliance (non compliance value n=64)

WAITING LIST PAEDIATRIC (EXCLUDING GI SCOPES)

95% of all children waiting on the elective waiting list are waiting less than 20 weeks (n=3,386)

GI ENDOSCOPY WAITING LIST

99% of people on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of December, 1% of patients were waiting greater than 13 weeks (n=96). Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

COLONOSCOPY WAITING LIST

0 patients were reported as waiting greater than 4 week (28 Days) for an urgent Colonoscopy at the end of December.

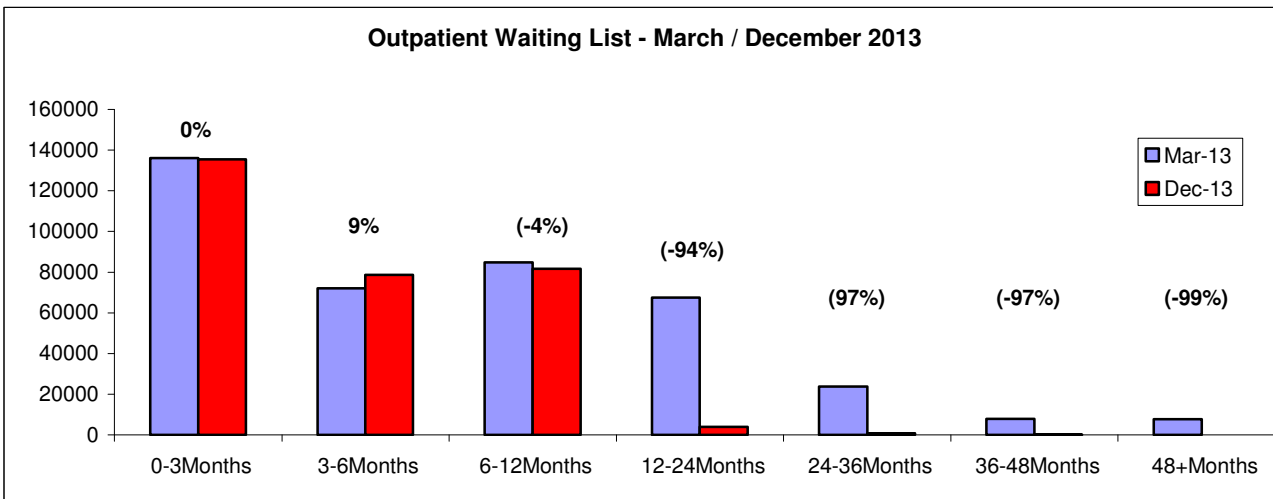
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OUTPATIENT ACTIVITY - ALL SPECIALTIES

6% increase in the total number of OPD new attendances (n=42442)

- significant increase planned attendances December 2013 (n=17996) representing 11% increase 12/13

OUTPATIENT WAITING LIST^{6,7}



25% decrease in total number of new patients waiting (n=99199)

55% reduction in the number of patients waiting more than 6 months (n=105151)

95% reduction in the number of patients waiting more than 12 months (n=101915)

December 2013: 98% of total number of patients are waiting less than 12 months (n=295815)

- 32 out of 41 hospitals have identified compliance with the national target
 - 9 hospitals have identified non compliance with the national target:
 - West / North West Hospital Group
 - UHG 94% compliance
 - Mayo General Hospital 92% compliance
 - Roscommon Hospital 83% compliance
 - Letterkenny General Hospital 95% compliance
 - Sligo Regional Hospital 96% compliance
 - representing 63% of total national non compliance value
 - National Paediatric Hospital Group
 - OLCHC 93% compliance
 - CUH Temple Street 96% compliance
 - representing 23% of total national non compliance value
 - South Region
 - SIVUH 97% compliance
 - representing 8% of total non compliance value
 - Dublin East
 - St. Columille's Hospital 85% compliance
 - representing 6% of total non compliance value

Specialty Non Compliance

In terms of non compliance on a specialty basis, 3 specialties are identified (non compliance patient value >250). These specialties represent 72% of national non compliance value:

- Orthopaedics n=2193 (representing 47% of national non compliance value)
- Cardiology (paed) n=746 (representing 16% of national non compliance value)
- Cardiology adult n=376 (representing 8% of national non compliance value)

EUROPEAN WORKING TIME DIRECTIVE

Actions to effect reduction in average weekly NCHD working hours commenced in 2013:

- Based on period July - September the average weekly working hours for all NCHD's was 51.3
- Results of Joint December 2013 IMO / HSE validation exercise identified 91% compliance with requirement for NCHD's not to be rostered / work >24 hour shifts

Overview of Key hospital activity and finance 2013.

	Inpatient Discharges			Day Cases			Emg Presentations			Emg Admissions			Ed attendances			Finances			
	2012	2013	% change	2012	2013	% change	2012	2013	% change	2012	2013	% change	2012	2013	% change	Allocation	outturn	var €000	% var
Dublin / Mid Leinster Region	187,612	185,152	-1.3%	319,366	318,817	-0.2%	328,115	335,725	2.3%	101,691	102,082	0.4%	323,501	328,218	1.5%	1,325,268	1,327,880	2,612	-0.2%
Dublin / North East Region	83,379	86,519	3.8%	138,853	143,179	3.1%	169,796	173,452	2.2%	51,468	54,005	4.9%	163,145	166,920	2.3%	716,767	717,163	396	-0.1%
Louth/Meath Hospital Group	26,591	29,337	10.3%	21,853	22,413	2.6%	79,850	76,571	-4.1%	21,778	25,105	15.3%	77,308	74,225	-4.0%	185,262	189,065	3,803	-2.1%
South Region	152,990	146,821	-4.0%	163,683	168,968	3.2%	305,998	301,492	-1.5%	97,978	94,202	-3.9%	278,047	276,699	-0.5%	778,250	791,777	13,527	-1.7%
West/North West hospitals	55,873	52,810	-5.5%	58,193	56,344	-3.2%	118,002	112,154	-5.0%	47,253	46,639	-1.3%	111,015	99,907	-10.0%	285,790	306,004	20,214	-7.1%
Galway Hospitals Group	51,030	49,563	-2.9%	88,674	85,015	-4.1%	90,010	89,125	-1.0%	37,043	35,028	-5.4%	87,829	86,928	-1.0%	328,530	347,801	19,271	-5.9%
University of Limerick Hospitals	46,104	44,907	-2.6%	41,854	42,053	0.5%	102,400	92,563	-9.6%	27,626	25,723	-6.9%	97,307	90,186	-7.3%	245,481	255,600	10,119	-4.1%
National Total	603,579	595,109	-1.4%	832,476	836,789	0.5%	1,194,171	1,181,082	-1.1%	384,837	382,784	-0.5%	1,138,152	1,123,083	-1.3%				

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012

Note² PET coverage is 24 hospitals

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

Note⁴ MAU - Medical Assessment Unit

Note⁵ Waiting list values stated includes Adults / Children / GI Scopes

Note⁶ NTPF full dataset availability March 2013 - comparison March / December 2013

Note⁷ Children's University Hospital Temple Street commenced recording of waiting list values in September. This value is being used within comparative analysis

Palliative Care Services

INTRODUCTION

Palliative care services aim to provide the best possible quality of life for patients and their families facing the problems associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.

Services are provided in both the specialist and generalist palliative care settings in order to support the provision of care in the place of the patient's need and choice. A significant proportion of specialist services are delivered in partnership with the voluntary sector.

AREAS OF FOCUS IN THIS REPORT

- Access to Specialist Community Teams
- Access to Specialist Inpatient Beds

ACCESS TO SPECIALIST COMMUNITY TEAMS

The target in 2013 was to provide 82% of people at home in non-acute hospitals or long term residential care settings with access to palliative care specialist community services within 7 days.

- 87% of people referred received the service within 7 days YTD.
- Year-to-date performance in all regions were above their individual targets.
- 8,740 new patients received specialist palliative care community services year-to-date equating to an average of 728 new patients per month which was an 8% increase on the 2012 total year average.
- 3,149 people on average per month were in receipt of specialist palliative care community services which was a 6% increase on the 2012 total year average.

ACCESS TO SPECIALIST INPATIENT BEDS

The target in 2013 was to provide 92% of people with access to specialist in-patient beds within 7 days.

- The target was being exceeded at 95% YTD.
- Year-to-date performance in DNE, South and the West Region were above their individual targets.
- 2,275 new patients received inpatient services year to date equating to an average of 190 new patients per month which was a 4% increase on the 2012 total year average.
- 367 people on average per month were receiving specialist palliative care inpatient services which was a 3% increase on the 2012 total year average.

National Cancer Control Programme

NCCP ACHIEVEMENT 2013

Hereditary Cancer: The two hereditary cancer clinics in St. James's and the Mater are well established. There has been a 44% increase in numbers of samples received from these NCCP funded clinics.

Radiotherapy: There have been positive developments in radiotherapy during the year particularly the introduction of intracranial radiotherapy on the Beaumont site and the national roll out of brachytherapy.

Medical Oncology: A total of €17m was made available to support the costs of new intravenous cancer drugs recommended for approval by the NCCP Technology Review Committee and to help hospitals address the growth in expenditure of the existing high cost oncology drugs. Standardised national drug protocols have been introduced for all new approved cancer drugs and will be developed for existing high cost drugs already in use.

RACs: The cancer rapid access clinics (RACs) have continued to provide timely access to patients referred with suspected cancers, with the exception of some prostate RACs. The increasing numbers however are posing a challenge to the designated cancer centres.

NCSS: The National Cancer Screening Service (NCSS) continued to roll out the new colorectal screening programme (BowelScreen), 60,000 members of the public were invited to participate in 2013. While figures have not been validated, BreastCheck screened 140,000 women in 2013 which was in line with the target.

Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme commenced screening in 2013 and issued invitations to participate to 42,500 members of the public during the year.

Quality: National Audit, Quality & Risk (AQR) events were held for prostate, breast and lung cancer. The NCCP continued to work with the RCPI to develop and implement quality assurance programmes in radiology and histopathology departments.

Many hospitals are reporting challenges in availability of staff to address growing demands and administrative staff to capture data returns. A concern for the NCCP is to sustain this level of access in an environment of stretched resources and competing priorities for access to hospitals resources.

Clinic	Numbers seen	Targets	Comments
Breast	Urgent Referrals 14,590* (up 3.5% on 2012). Non Urgent Referrals 22,380* (down 7.8% on 2012). 2,042 primary cancers were diagnosed – similar to 2012.	98% of all urgent referrals were seen within two weeks (target 95%) 96% of non urgent referrals were seen within 12 weeks (target 95%).	While the overall number of 'non' urgent referrals has declined in 2013 the volume of referrals continues to challenge many Symptomatic Breast Disease (SBD) units in adhering to the targets.
Lung	2,890 patients attended Rapid Access Clinics (RACs) (up 5% on 2012). 868 primary cancers were diagnosed (plus 85 secondary cancers).	91% of patients were offered an appointment within ten working days of receipt of referral, (target 95%).	Ongoing challenges have been experienced in one unit reaching the target as these patients require a CT scan prior to OPD visit. The opening of the second CT scanner should help reduce CT delays in coming months.
Prostate	2,870 patients attended RACs (up 5% on 2012) 1,034 primary cancers were detected (and 10 recurrences)	55% were assessed within the target time of 20 working days.	Timely access to prostate RACs has been a continuing challenge for UCHG, Waterford and Limerick. Additional urology staff are to be appointed in UCHG and WRH.
Radiotherapy	3,951 patients completed radical radiotherapy treatment during 2013.	81% commenced treatment within 15 working days of being deemed ready to treat.	Project teams are in place in UCHG & CUH to oversee expansion of radiotherapy facilities. Options for the expansion plans for Dublin remain under consideration.

*data has yet to be finalised.

National Ambulance Service

AREAS OF FOCUS IN THIS REPORT

- Clinical Status 1 ECHO incidents
- Clinical Status 1 DELTA incidents
- Intermediate Care Services

AMBULANCE SERVICE EMERGENCY RESPONSE TIMES

The target for 2013 was that 70% of Clinical Status 1 ECHO incidents were responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 68.1%; performance year to date was 69.5%.

The target for 2013 was that 68% of Clinical Status 1 DELTA incidents were responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. Performance in the reporting month was 62.1%; performance year to date was 64.1%.

In 2013 YTD, 88,644 Category 1 calls ECHO and DELTA combined have been received.

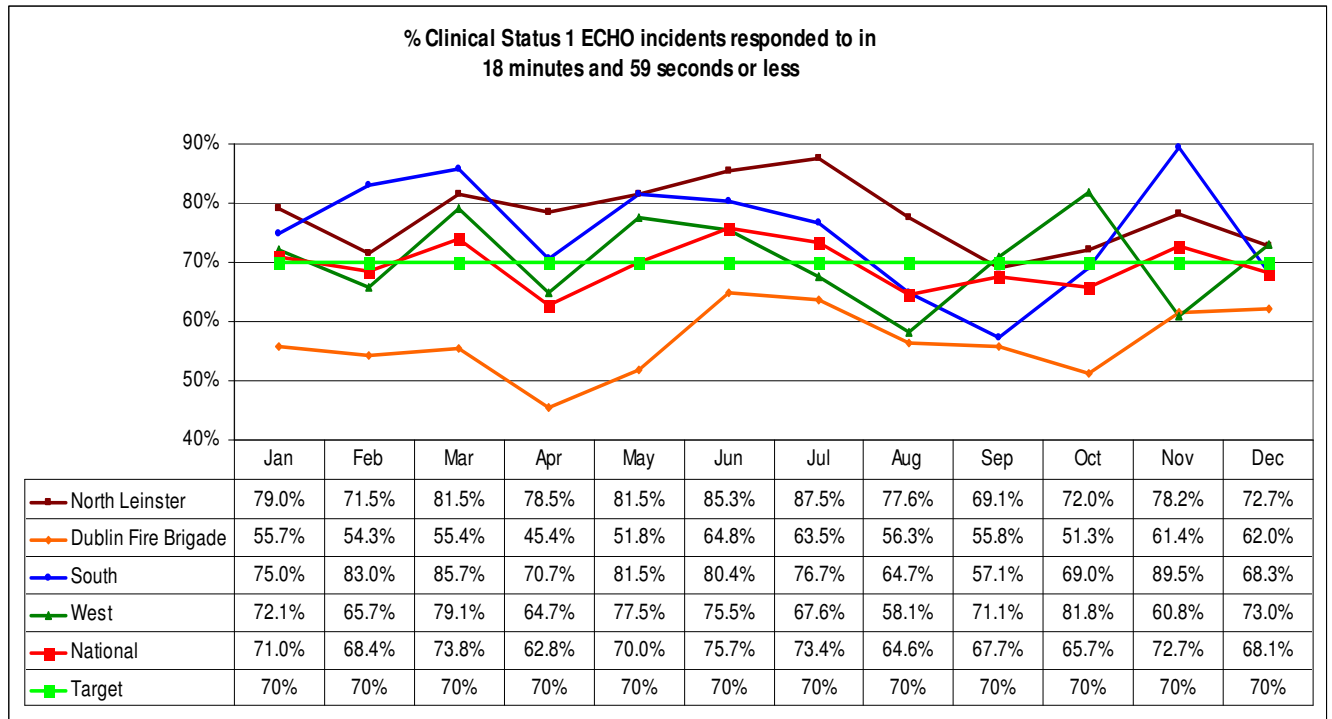
	North Leinster	DFB	South	West	National Performance in month	National Performance YTD
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	72.7%	62.0%	68.3%	73.0%	68.1%	69.5%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	62.8%	65.1%	59.5%	58.2%	62.1%	64.1%

	North Leinster	DFB	South	West	National Performance in month	National Performance YTD
Emergency Response Times - Number of Clinical Status 1 ECHO calls	55	71	41	37	204	2,958
Emergency Response Times - Number of Clinical Status 1 DELTA calls	1,712	2,414	1,391	1,237	6,754	85,686
Total Clinical Status 1 calls	1,767	2,485	1,432	1,274	6,958	88,644

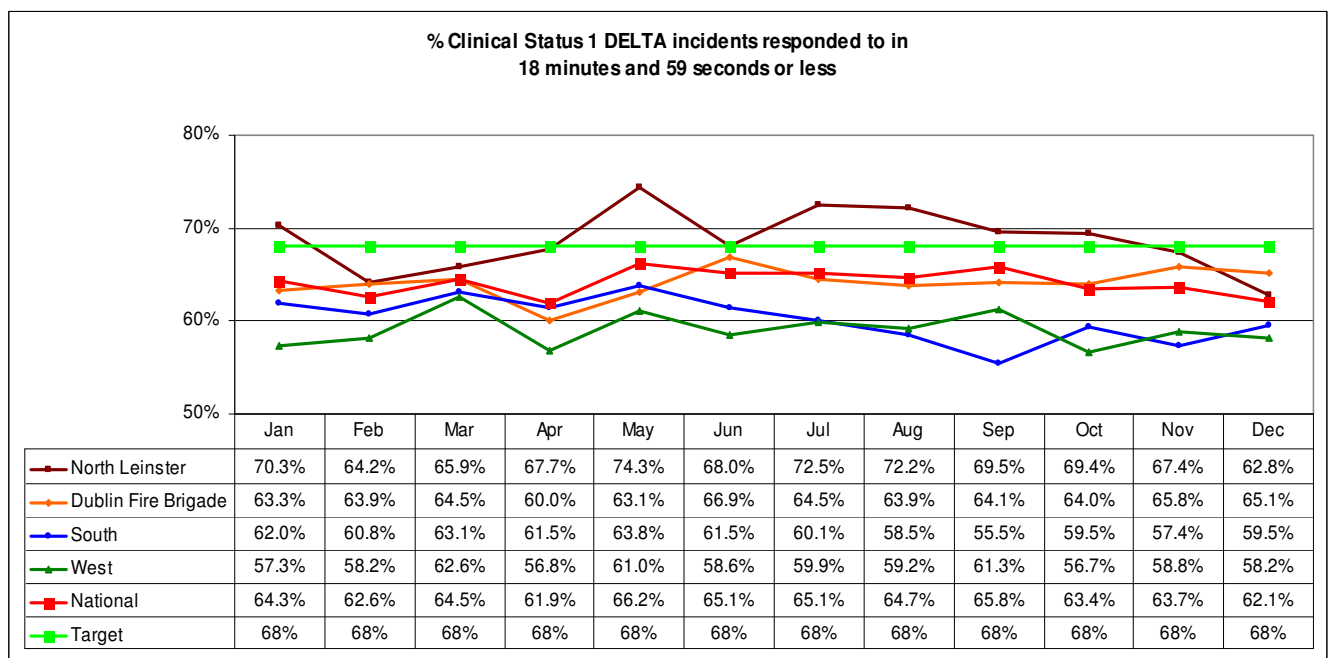
- There was a 20% decrease in the number of ECHO calls in the reporting month compared to the previous month. 68.1% of calls were within the 19 minute target down from the previous month's performance of 72.7%.

DECEMBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

- There was a 12% decrease in the number of DELTA calls in the reporting month compared to the previous month. The response time within 19 minutes was down 1.3% on the previous month.
- 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 the an area of particular focus by the NAS in 2014.



Nationally the target was met in 6 out of the 12 months in 2013.



Ambulance services respond to over 330,000 emergency calls annually. The service has moved from being a transport service to a treatment service. All emergency responses are now attended by qualified paramedics and advanced paramedics who deliver lifesaving treatments and therapies to patients with conditions ranging from stroke and cardiac arrest to severe trauma. 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.

Overtime payments over 2013 reduced by 30% compared to 2012. This was equivalent to a saving of €4.3m. Within this, the North Leinster service reduced their overtime by 58% with a saving of nearly €2m. The introduction of new additional Intermediate Care Vehicles in 2013 contributed significantly to the reduction in overtime payments and also to performance improvement in service response times.

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.

To date 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.

Primary Care Division

Primary Care

INTRODUCTION

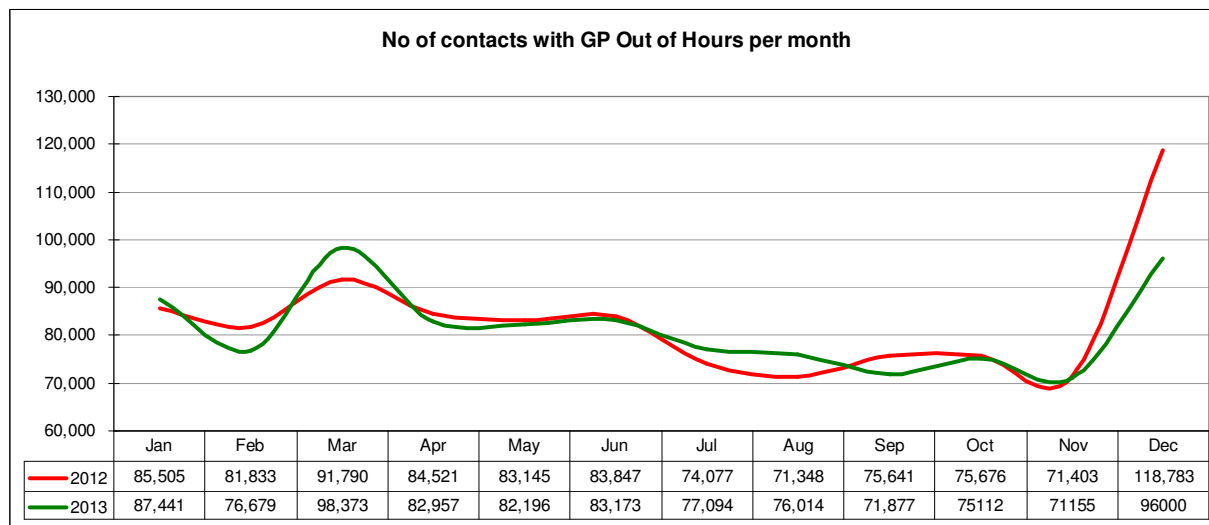
Primary care is an approach to care that includes a range of services designed to keep people well, ranging health promotion and screening for disease through to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being. The Primary Care Division brings together the various stakeholders to ensure that services are delivered safely and effectively in a community setting. This will achieve a more accessible and cost effective health services for the benefit of all service users.

AREAS OF FOCUS IN THIS REPORT

- GP Out of Hours service
- Physiotherapy Services
- Occupational Therapy Services
- Orthodontics
- Primary Care Reimbursement Service (PCRS)
- Social Inclusion

GP OUT OF HOURS SERVICE

- 96,000 patients availed of GP out of hour’s services in December (i.e. triage, treatment, home visit etc). This brings the total number of contacts in 2013 to 978,071 (0.3% above target).
- Performance at the end of December 2013 in the four Regions was as follows; DML 1.1% above target, DNE 1.4% above target, South 0% on target and West -0.6% below target.



Note: The increase in activity in December 2012 was representative of the increase in seasonal influenza presentations. The increase in activity in December 2013 was reflective of the increase in upper respiratory infections.

PHYSIOTHERAPY SERVICES

- 11,391 referrals were received in December– this brings the number of referrals received in 2013 to 175,926. This was 2.1% above expected YTD activity.
- 9,275 patients were seen for a first time assessment in December- this brings the figure seen in 2013 to 145,213. This was 4.4% above the expected YTD activity.

- There were 49,594 treatment contacts in December - this brings the figure seen in 2013 to 733,613. This was 1.9% above the expected YTD activity.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	-3.6%	+6.5%	+0.5%	+5.5%	+2.1%
Patients seen first assessment	-1.4%	+11.0%	-1.1%	+11.3%	+4.4%
Treatment contacts	+1.0%	+5.2%	-1.9%	+4.6%	+1.9%

OCCUPATIONAL THERAPY SERVICES

- 5,424 referrals were received in December. This brings the total referrals received in 2013 to 75,830, 7.2% above the expected activity.
- 10,701 clients received direct service in December, 12.7% below expected activity for the month.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+10.2%	+6.1%	+6.3%	+5.6%	+7.2%
Clients who received Direct Service	-16.3%	-19.2%	-20.2%	3.8%	-12.7%

The main reason activity levels were down in December relates to seasonal factors.

ORTHODONTICS

7,699 patients were waiting for assessment with the following waiting times:

Wait time from referral to assessment	1-6 months	7- 12 months	>12 months
National	4,416 (57.3%)	2,722 (35.4%)	561 (7.3%)

92.7% of patients were seen within 12 months and 57.3% were seen within 6 months.

The number of patients waiting to commence treatment following assessment: 15,540

Waiting time from assessment to commencement of treatment	1-6 months	7- 12 months	>12 months
National - Grade 4 / Grade 5	3,220 (20.7%)	2,958 (19.1%)	9,362 (60.2%)

5% of those waiting to commence treatment are patients who are waiting for completion of growth before actual treatment can commence. Generally those waiting to commence treatment for more than 12 months are in the lower priority clinical categories.

The number of patients in active treatment was 21,048.

Following a review of KPI definitions, 'Retention' has been included under active treatment. 'Retention' is the period following completion of orthodontic treatment, whereby a fixed appliance/brace is placed on teeth to maintain the teeth in their corrected position, and regularly reviewed. This has led to an increase on figures reported in Q2. A waiting list initiative for orthodontics is planned for 2014.

Primary Care Reimbursement Scheme

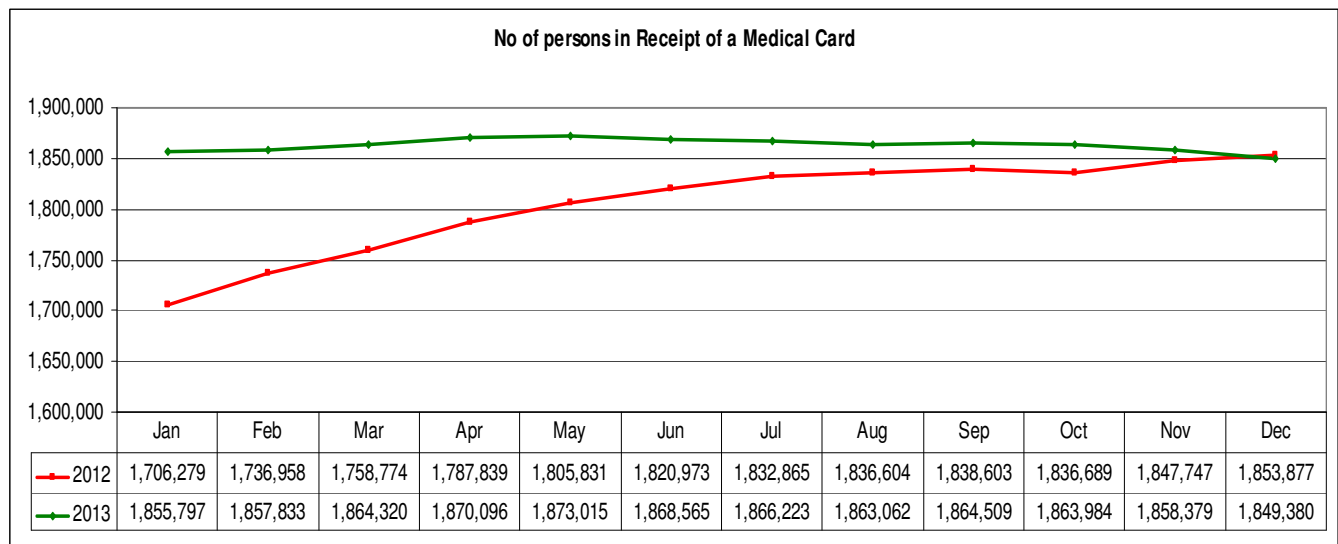
MEDICAL CARDS

The granting and retention of a medical card and 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 was evident commencing October 13 and this is likely to continue if the current economic conditions and eligibility/threshold requirements prevail. The net change in the overall number of medical card holders in 2013 was a reduction of 4,497. The net change in the overall number of GP Visit card holders was a reduction of 5,700.

The number of people covered by medical cards as of December stands at 1,849,380 (40.3% of the population). Included in these cards were 50,294 medical cards granted on discretionary grounds.

The total number of GP visit cards as of December was 125,426. Included in these cards were 25,792 GP visit cards granted on discretionary grounds.



As of end December 2013, 97.8% of completed medical card applications were processed and issued within 15 days - the National Service Plan target for 2013 was 90%. Of the 2.2% 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.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	467,936	394,745	494,567	492,132	1,849,380
Number of people with GP Visit Cards	30,012	25,221	37,898	32,295	125,426
Total	497,948	419,966	532,465	524,427	1,974,806

*Includes 50,294 medical cards granted on discretionary grounds and 25,793 GP visit cards granted on discretionary grounds.

Social Inclusion

Social Inclusion services place a special emphasis on marginalised groups who need support including those with Addiction issues, Homeless people, Irish Travellers, Roma and other members of diverse ethnic and cultural groups (including asylum seekers, refugees and migrants), Lesbian Gay Bisexual Transgender (LGBT) service users and those with HIV/AIDs. The people in these groups have complex health and social care needs which cross the remit of the HSE and the community and voluntary services who work together to ameliorate the poorer health outcomes for these groups in areas such as life expectancy, morbidity and self reported health. It is the aim of the service to be person centred and to provide an evidence based quality service.

SUBSTANCE MISUSE

Addiction services

- 9,100 clients received methadone treatment (excluding prisons) for the December reporting period which includes 3,792 patients being treated by 327 GPs in the community. Activity was 5.2% above expected level.
- Methadone was dispensed by 596 pharmacies catering for 6,252 clients for the reporting period.
- At the end of December reporting period there were 73 HSE clinics providing methadone treatment and an additional 10 clinics were provided in the prison service. (note errata in November PAR should have read 74 clinics not 84).
- 60 new patients commenced methadone treatment during the December reporting period (8 in General Practice, 42 in HSE clinics of which 10 in prison clinics).
- 1,051 people over 18 years commenced treatment following assessment during the reporting period. 93% received their treatment within one calendar month (DML 81%, DNE 100%, South 97% and West 88%).
- 51 people under 18 years commenced treatment following assessment during the reporting period. 100% received their treatment within one week (DML 100%, DNE 100%, South 100% and West 100%).

PHARMACY NEEDLE EXCHANGE PROGRAMMES

The target in 2013 was:

- To recruit 130 pharmacies. As of the end of the reporting period there were 95 pharmacies recruited.
- 400 unique individuals attending pharmacy needle exchange. As of the end of the reporting period there were 754 unique individuals attending. Activity was 89% ahead of expected level.
- To provide 1,950 needle exchange packs. As of the end of the reporting period there were 2,742 packs provided. Activity was 52% ahead of expected level
- To provide an average of 90 needles per unique individual per quarter. Currently 80 needles per unique individual have been provided.
- To have a return rate of 40%. As of the end of the reporting period there was a return rate of 31%. Activity was 17% ahead of expected level.

HOMELESS SERVICES

- 1,907 individual service users used statutory and voluntary managed residential homeless services during the reporting period.
- 64% had a medical card supporting their health and wellbeing needs (DML 24%, DNE 70%, South 66% and West 85%).
- 76% had their needs formally assessed within one week (DML 23%, DNE 79%, South 87% and West 93%).
- 66% had a written care plan in place within two weeks (DML 19%, DNE 71%, South 78% and West 80%).
- Activity levels in DML in December were related to the fact that 25% of the short term emergency beds in Dublin were temporarily re-designated to one-night beds in response to the increase in the number of people sleeping rough in the city during November and December. This impacted on ability to complete assessments, care plans and medical card applications. Once the Winter Initiative is finished the backlog will be addressed.

Health and Wellbeing

INTRODUCTION TO HEALTH AND WELLBEING SERVICES

The work of the Division is focused on helping people to stay healthy and protecting people from threats to their health and wellbeing. Specialist services such as Emergency Management, Environmental Health, Public Health, the Health Protection Surveillance Centre and the National Immunisation Office support critical functions including immunisation and vaccination programmes, control of infectious diseases and outbreak management, health screening, the environment, food and public health threats, preventative health services. Health Promotion and Improvement services collaborate across the health sector and with key external agencies and organisations to effect improvements in individual, community and population health – often by targeting lifestyle health determinants such as smoking, alcohol consumption, physical inactivity and obesity.

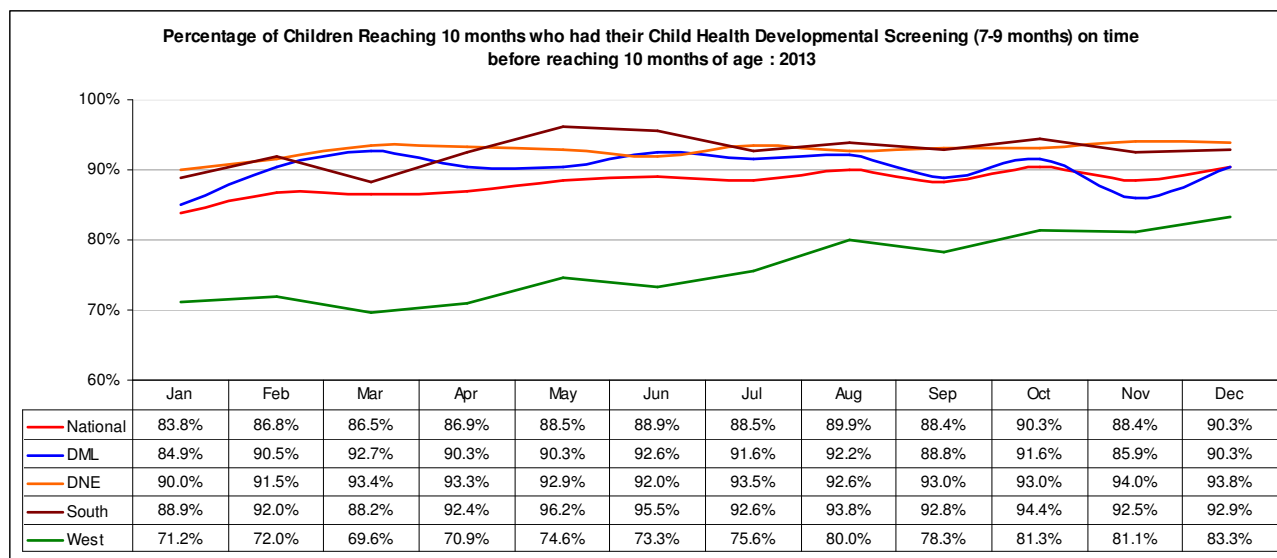
AREAS OF FOCUS IN THIS REPORT

- Child Health Development Screening
- Child Health Immunisation
- Child Health PHN 48 Hour Visit
- Tobacco Control
- Food Safety
- Cosmetic Product Safety
- International Health Regulations

CHILD HEALTH DEVELOPMENTAL SCREENING

The target in 2013 was 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.

- 61,000 children (88.1%) have received child developmental health screening within target year-to-date – 4,993 (90.3%) in December 2013 (November data).
- Roscommon Local Health Office has returned an uptake of less than 70% for the returns in August; September; October and November. For December Roscommon has returned 52.5%.
- 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 were performing less satisfactorily. The Division is continuing to coordinate a response to the low uptake in underperforming Local Health Offices through the RDPs and the Child Health Coordinators.

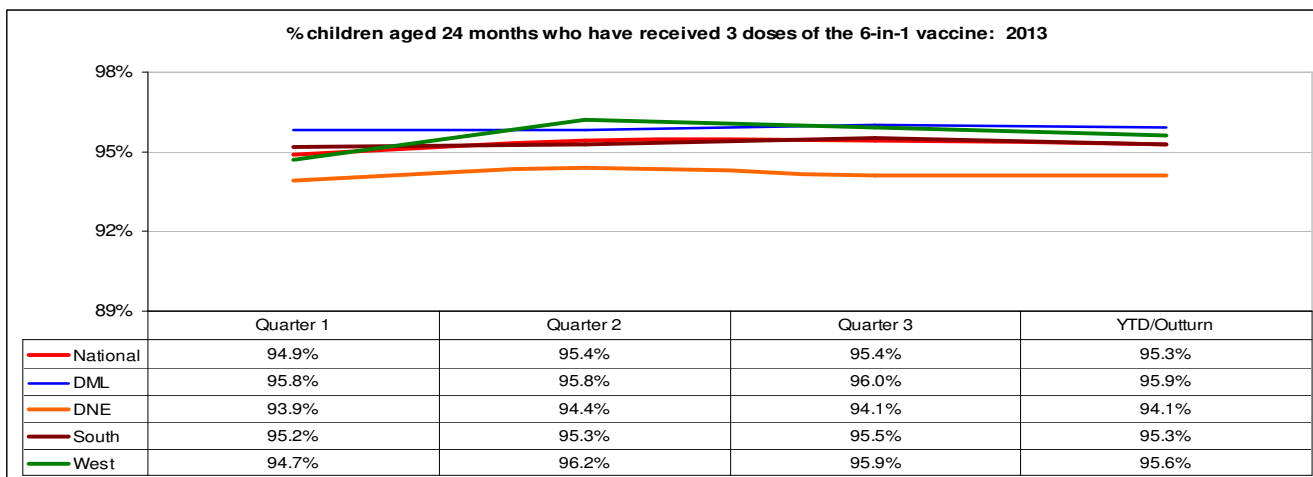


Data is reported monthly in arrears.

CHILD HEALTH IMMUNISATION

6-IN-1 AT 24 MONTHS

The national performance uptake for Quarter 3 was 95.4% (95.3% YTD). 20 Local Health Offices have met or exceeded the target of 95% for children reaching 24 months who have received their 6-in-1 vaccine in the reporting period (Q3 2013). The remaining Local Health Offices performed between 91.2% and 94.6%.

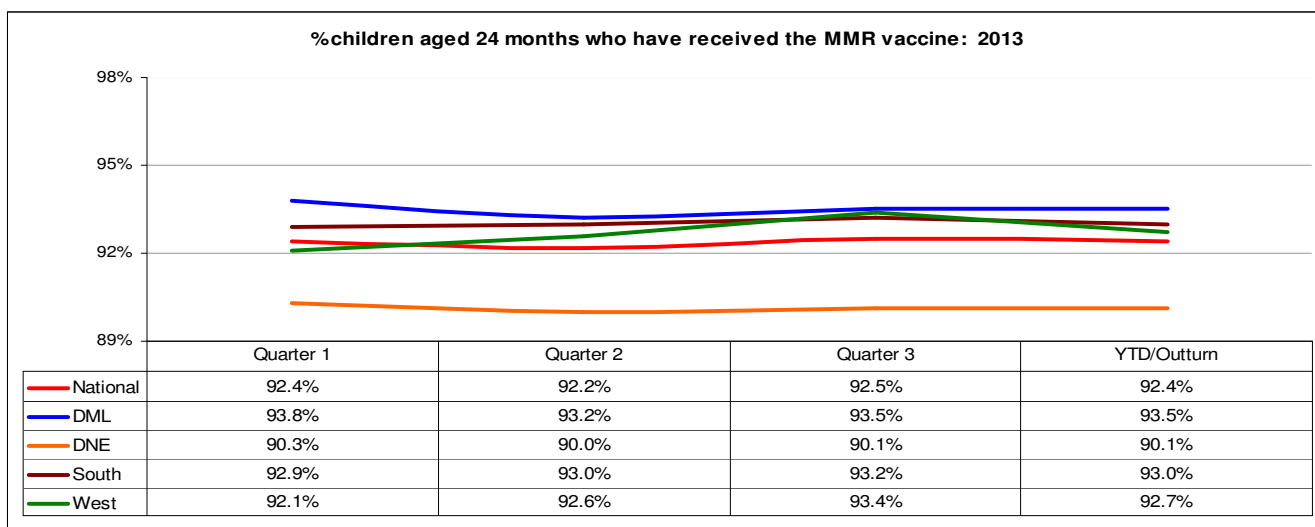


*Data is reported quarterly in arrears.

MMR AT 24 MONTHS

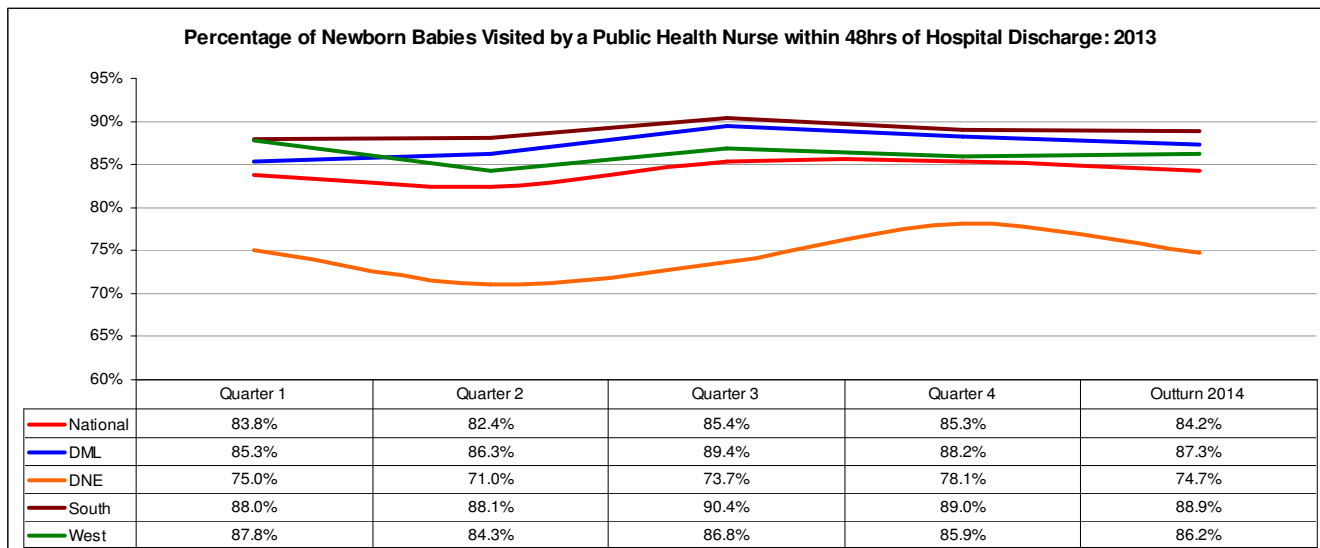
The national performance uptake for Quarter 3 was 92.5% (92.4% YTD). 8 Local Health Offices have met or exceeded the target of 95% for the percentage of children reaching 24 months who have received their MMR vaccine in the reporting period (Q3 2013). The remaining Local Health Offices performed between 87.9% and 94.7%. The Division is coordinating a response to the low vaccine uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators and this is ongoing. The Health Service is still seeing an impact from adverse publicity in relation to the MMR vaccine. While this is gradually being overcome and we are seeing a gradual improvement in uptake (92.4% uptake at Q3 2013 compared to 92.2% in same period 2012) there remains resistance in some areas. There are existing ongoing communications in place to work to address this issue. In Ireland 56 cases of measles have been notified nationally since the start of 2013 (provisional figure as of 14/1/2014).

*Data is reported quarterly in arrears.



CHILD HEALTH PHN 48 HOUR VISIT

The national performance for Q4 2013 was 85.3% (Outturn 2013 84.2%). 7 Local Health Offices have met or exceeded the target of 95% for the percentage newborn infants discharged for the first time from a maternity hospital who were visited by a Public Health Nurse within 48 hours of the hospital discharge Q4 2013. The remaining Local Health Offices performed between 70.0% and 94.2%.



TOBACCO CONTROL

As at December 2013 40 (82%) of the targeted Hospital Campuses (49) have implemented the Tobacco-Free Campus Policy. The work with the Hospitals concerned is overseen by the Tobacco Control Framework Implementation Group (TCFIG). A supporting toolkit was provided to assist Hospitals in this work. A number of other Hospitals have committed to implement this policy in the early part of 2014. The Division has retained a service quantum measure in its Operational Plan for 2014 to see 100% of Hospital campuses comply with the tobacco-free policy in 2014.

Supports have been made available to front line staff in Acute and Primary Care settings to assist them in their work with clients who smoke such as ‘Brief Intervention in Smoking Cessation Training’. Intensive smoking cessation support has also been made available to clients who smoke. Take up in most instances has exceeded original agreed targets for 2013.

The target for front line staff engaging in this training has been exceeded in 2013 by 3.3% (original target 1,350, 1,395 trained). The higher uptake of this training in HSE Dublin Mid Leinster (target exceeded by 25.7%) has been driven in part by the number of Hospital Campuses in that region adopting the Tobacco Free Campus policy towards the latter part of the year. Difficulties remain in some areas in relation to the release of staff for this training which accounts in part for lower uptake against the agreed target in certain regions (HSE West at - 8.3%) and this will continue to be raised and addressed by the TCFIG in consultation with their colleagues at regional/local area level with the support of the Division.

The national target of 9,000 clients to receive intensive smoking cessation support was exceeded by 16.9% (10,525). A national standard has been developed and rolled out for this service. The % of smokers participating in the standard treatment programme who had quit at one month was 52% on average which is comparable to international standards. Professional development training for cessation specialist staff in 2014 will further ensure evidenced based practice and a consistent approach to the delivery of the programme.

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In the area of compliance the 'Number of Sales to Minors test purchases carried out' was slightly behind target with 303 out of 320 completed to year end (-5.3%). This was due to the revision of the Test Purchase Protocol and related guidance and some difficulty reported in sourcing volunteer minors. The target for this activity in 2014 was 480.

FOOD SAFETY

The number of food inspections as per the PI '% of Category 1, 2 and 3 food businesses receiving minimum inspection frequency as per FSAI Guidance Note Number 1' was at 93% at year end. The introduction of the national Environmental Health Information System impacted on service delivery in 2013, in particular in quarter 3. The overall number of inspections (all Risk Categories) agreed with the FSAI for 2013 was 33,000. The outturn was 33,507, 101.5% achievement of the target.

The outcome from Food Safety Inspections determines the action required to be taken with a range available from verbal or written report to immediate corrective action including closure of the food business establishment.

	Total Grade 1 inspection outcomes (all inspection types)	Total Grade 2 inspection outcomes (all inspection types)	Total Grade 3 inspection outcomes (all inspection types)	Total Grade 4 inspection outcomes (all inspection types)	Total Grade 5 inspection outcomes (all inspection types)	Total
Number of Inspection Outcomes 2013	10,653	17,592	6,735	2,022	245	37,247

The outcomes from 28,245 (75%) of all inspections in 2013 fall within the area of 'Satisfactory' (no non compliance or non compliances that do not impact on food safety) and 'Minor Non Compliance' (non compliance noted and the risk to food safety is of low magnitude) (Grade 1 and Grade 2). The outcomes from 6,735 (19%) fall into the area of 'Unsatisfactory' (Grade 3) and merited escalation. Approximately 6% fall into the area of 'Unsatisfactory Significant' (Grade 4, 5.5%) or 'Unsatisfactory Serious'(Grade5,1%).

465 formal enforcement actions, which cover a range of actions from improvement notices (311) to prosecutions (11) were taken during 2013. This compares to 424 such actions in 2012 (10% increase) although the changes vary across a number of categories of type of action taken. See table below.

Year	Improvement Notices	Improvement Orders	Closure Orders FSAI Act	Closure Orders SI 117 of 2010	Prohibition Orders	Prosecutions
2012	303	3	57	34	11	16
2013	311	5	54	64	20	11
Difference	8	2	-3	30	9	-5

COSMETIC PRODUCT SAFETY

The legislation supporting the conduct of sampling and analysis in line with this PI 'No. of scheduled chemical samples taken' was revoked in mid 2013. As a result activity in this area had to be suspended pending the introduction of new legislation (SI). This resulted in 294 of a projected 540 chemical samples been taken (-45.6%). The new SI was signed in late November 2013 and planned activity levels for 2014 are expected to be achieved (target 540).

INTERNATIONAL HEALTH REGULATIONS

All planned inspections in line with the PI 'All designated ports and airports to receive an inspection to audit compliance with the IHR 2005' were carried out in 2013.

Social Care Division

Services for Older People

INTRODUCTION TO OLDER PERSONS SERVICES

The majority of people in Ireland over 65 years do remain independent into very old age, some with the informal support of family and friends, and some occasionally needing to access services such as home help services, home care packages, respite care, day care, meals on wheels, community physiotherapy and health promotion programmes as and when required.

For those who can no longer be cared for at home, we continue to provide high quality public residential care in compliance with the National Standards for Residential Care Settings for Older People in Ireland. The HSE also administers the Nursing Homes Support Scheme (NHSS – A Fair Deal) introduced in 2009 as a demand-led, means-tested, resource-capped national scheme.

AREAS OF FOCUS IN THIS REPORT

- Service activity
- Home Care Packages
- Nursing Home Support Scheme (NHSS)
- Home Help Hours

SERVICE ACTIVITY

As of Dec 2013:

- 46,454 clients were in receipt of home help service
- 11,873 clients were in receipt of a home care package
- 23,775 clients are supported by the Nursing Home Support Scheme (NHSS)
- 4.1% of the population or 21,925 people aged over 65yrs were supported in NHSS/Saver beds** (based on 2011 census figures).

NURSING HOME SUPPORT SCHEME (NHSS)

Number of patients who have been approved for Long Term Residential Care funded beds

Number of patients in Long Term Residential Care funded beds

HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No of clients in other categories *	Total in Payment during Month	Approved but not yet in payment	Overall Total
End Q4 –2012	5,080	14,590	2,395	22,065	806	22,871
DML	1,399	4,314	717	6,430	276	6,706
DNE	892	3,233	379	4,504	207	4,711
South	1514	4,304	326	6,144	154	6,298
West	1247	4,418	264	5,929	131	6,060
Total –Dec. 2013	5,052	16,269	1,686	23,007	768	23,775

* refers to subvention scheme, contracted beds and 'savers'.

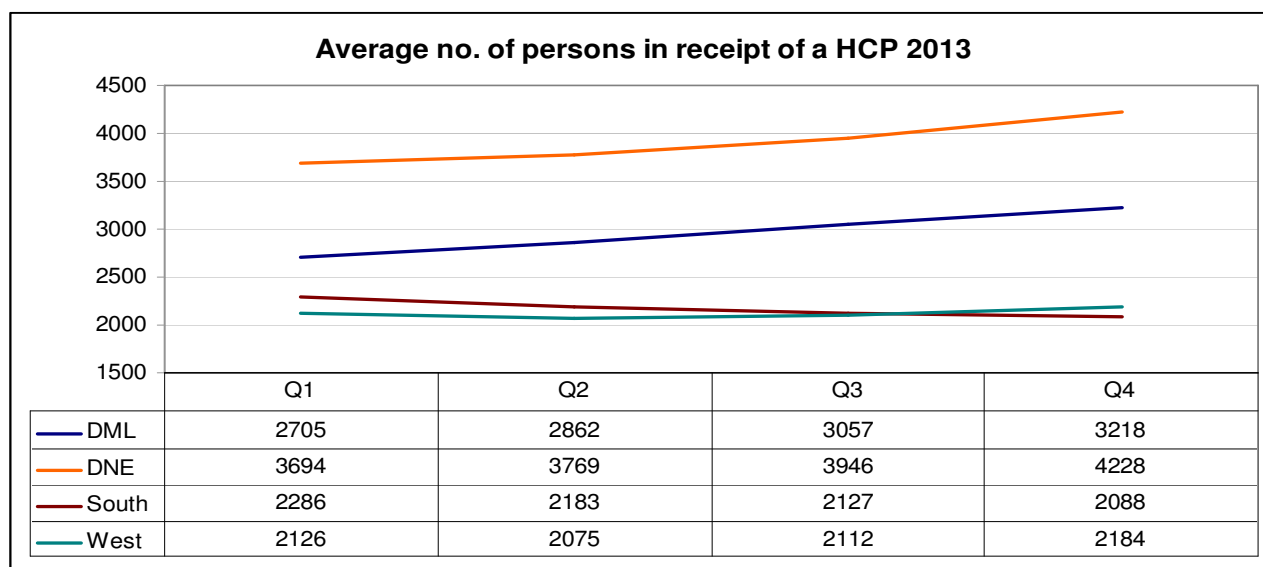
**Saver beds: people in public long term residential care prior to the commencement of the NHSS who did not choose to avail of financial support under the NHSS.

- In December 2013 23,775 long-term public and private residential places were supported under the scheme.
- In 2013, 10,406 applications were received and 8,250 new clients were supported under the NHSS in public and private nursing homes (net increase of 1,657 during the period).
- The scheme takes on new clients within limits of available resources, in accordance with the legislation. At the end of December there were 467 people on the scheme's national placement list.
- 100% of complete NHSS applications were processed within four weeks.

HOME CARE PACKAGES

The expected level of service in 2013 was that 10,870 persons would be in receipt of a home care package at any time.

- 11,873 persons were in receipt of a home care package at end of December 2013.
- Activity year-to-date was 9.2% above the expected level of service*.
- South and West Regions were below the expected level of service with a variance of 13.9% and 0.8% respectively*.
- DML and DNE Regions were above the expected level of service at 22.7% and 21.3%*.



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

HOME HELP HOURS

For 2013, expected level of service was 10.3m home help hours.

- At the end of December 2013, 9.73m home help hours have been provided, supporting over 46,454 people in their own homes.
- Home help hour end of year position was 5.5% behind the expected level of service.
- The approach for 2013 has been to progressively increase the level of service provision on a quarter by quarter basis from the lower levels being provided at the beginning of the year. The monthly average for quarter 1 was 747,967 hours, quarter 2 was 776,040 hours, quarter 3 was 872,982 hours and 849,016 hours in quarter 4 which reached a sustainable run rate for home help services into 2014. The intention is to maintain this sustainable average level of service throughout 2014, delivering 10.3m hours of service.
- There was a once-off saving in 2013, which was fully utilised delivering additional community supports, including respite, convalescence and step-down care to support acute hospital and community service pressures during the winter period.

Disability Services

INTRODUCTION TO DISABILITY SERVICES

The HSE works in partnership with other stakeholders to ensure that Ireland becomes a society where people with disabilities are supported to participate fully in economic and social life, and have access to a range of quality supports and services to enhance their quality of life and well-being.

Services are delivered by both the HSE and our non-statutory partners. Approximately 80% of all disability services are delivered by the non-statutory sector, funded through section 38 and 39 of the Health Act 2004. The funding allocated to the non-statutory sector is covered by either Service Arrangements or Grant Aid Agreements.

AREAS OF FOCUS IN THIS REPORT

- School Leavers and Rehabilitative Training Placements
- Residential Service
- Respite Service
- Home Support and Personal Assistant Service
- Disability Act Compliance
- Services for Children and Young People
- Congregated Settings

SCHOOL LEAVERS & REHABILITATIVE TRAINING PLACEMENTS

The new process for identifying and compiling the needs of young people with Disabilities leaving school or exiting Rehabilitative training is underway. Contact has been made with the Department of Education and Skills for assistance to insure that parents of these young people in mainstream schools are aware of the new process. Regional disability services are actively working to support young people with disabilities and their families to submit the required information by 1st February 2014.

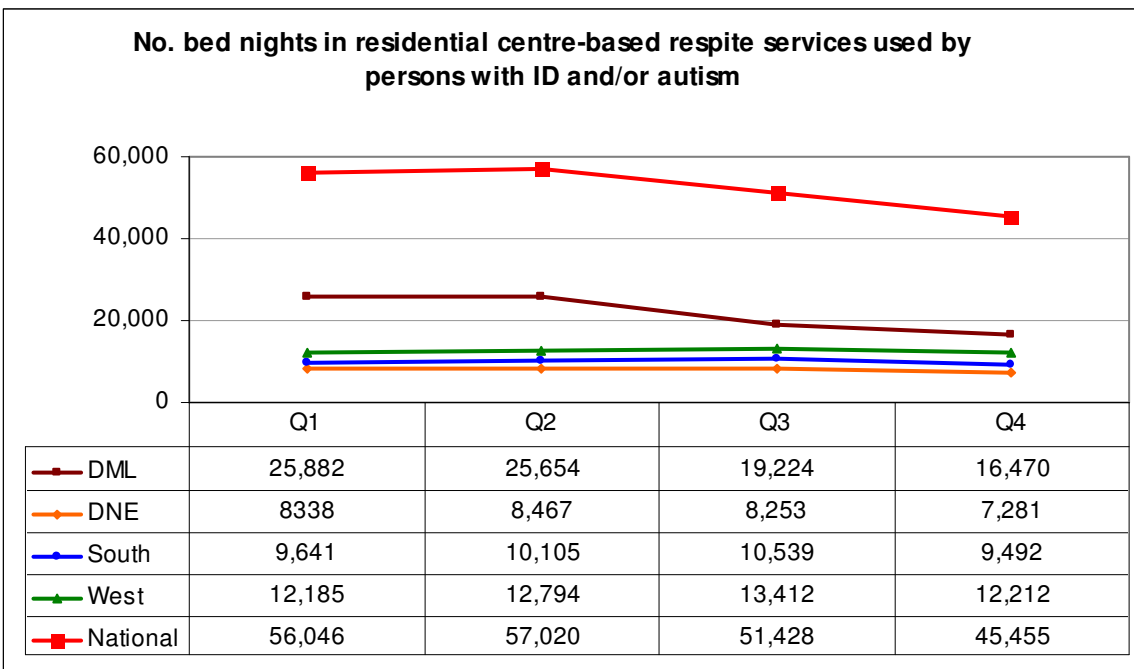
RESIDENTIAL SERVICE

The numbers of person with ID and/or autism and with a physical and/or sensory disability in residential services are decreasing. As of Dec 2013, 8,051 persons with an ID and/or autism were benefiting from residential services (8,188 in Dec 2012). Similarly as of Dec 2013, 829 persons with a physical and/or sensory disability were benefiting from Residential Services (850 in Dec 2012).

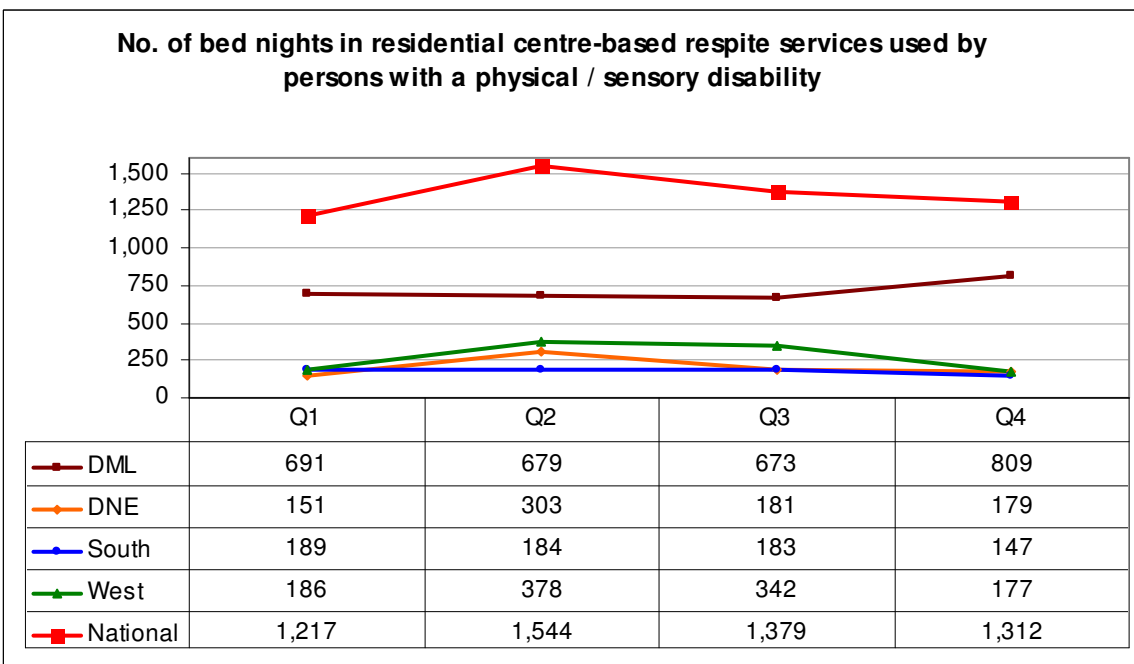
RESPITE SERVICE

Respite services are provided by HSE run facilities and by local or national voluntary organisations and are a valuable means of providing an alternative means of care for a person with a disability in order to enable the carer to take a short break.

During 2013, 209,949 bed nights were provided for persons with an ID and/or autism; an increase of 1.5% on the 2012 position (206,887 nights).



During 2013, 32,750 bed nights were provided for persons with a physical and/or sensory disability; a marginal increase of 1.2% on the 2012 position (32,252 nights).

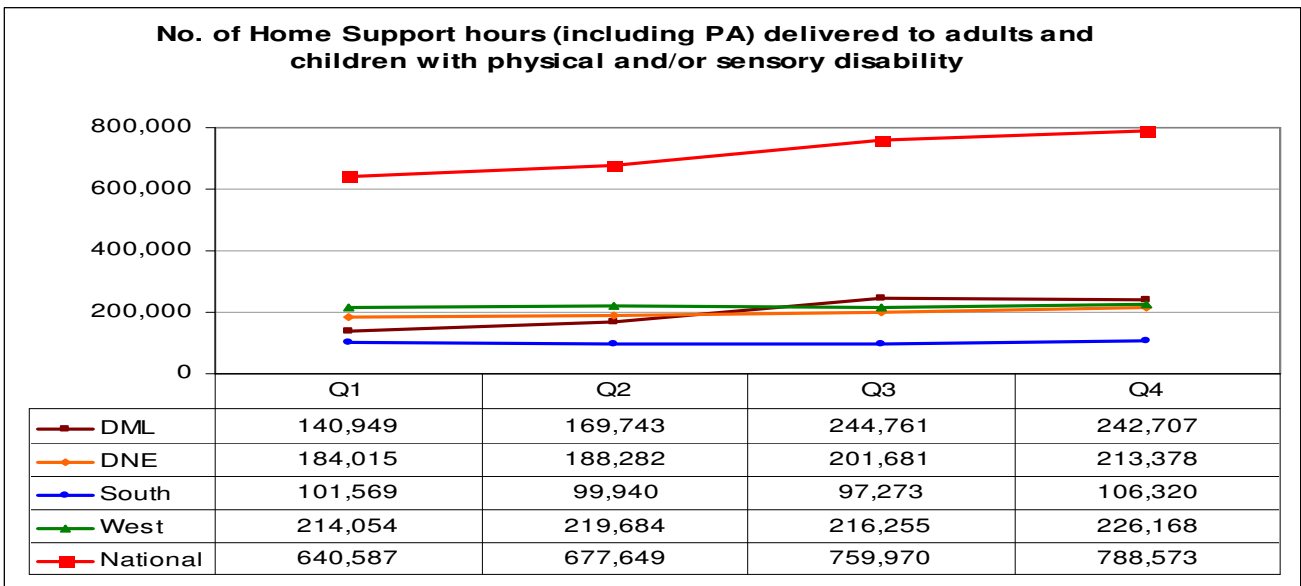


HOME SUPPORT AND PERSONAL ASSISTANT SERVICE

The expected level of service in 2013 was to deliver a Home Support or Personal Assistant service to 4,166 persons with a physical or sensory disability. As of December 2013, there were 4,963 adults and children with a physical and / or sensory disability in receipt of Home Support or a Personal Assistant (PA) Service (19.1% over expected level of service) and 21% higher than the Dec 2012 position (4,166 persons).

Over the course of 2013, 2.97m hours of Home Support and PA hours were delivered; 33.9% higher than the hours delivered during 2012 (2.14m hours).

In addition, 4,986 persons with an ID and / or Autism received 974,777 hours of Home Support during 2013. Comparison data for 2012 was not available.



DISABILITY ACT COMPLIANCE

2013 saw a 22% increase in the number of applications received for assessment under the Disability Act 2005. Despite this increase, there was an improvement in the percentage of assessments which were completed within the statutory time-frames. Nearly 40% of applications came from children of school age. This was an increase from 31% in 2012.

SERVICES FOR CHILDREN AND YOUNG PEOPLE

The programme 'Progressing Disability Services for Children and Young People' aims to achieve a national unified approach to delivering disability health services, so that there is a clear pathway to services needed for all children regardless of where they live, what school they go to or the nature of their disability or delay.

Progress is being made in establishing Network Teams to deliver this new model of service. As the teams are set up, they are being monitored to ensure that the children to whom they provide services are the subject of up-to-date individualised plans to guide service provision.

A number of areas such as the Mid-West, Galway, West Cork and Mayo are already reconfigured and have completed the following Metrics which involved discussions with agencies, families, clinicians, and all key stakeholders.

- Principles and values for delivery of services
- Governance and management structures for services
- Service policies and procedures
- Organisation of change

A second group such as Kerry, Wexford, Cavan Monaghan, Kildare and Donegal have significant preparatory work undertaken involving discussions with families, staff and education colleagues. These areas have yet to complete the above metrics

In addition there will be a particular focus on Dublin given the complexity of services in the area acknowledging that the process of reconfiguration may take more time and this will form a third group. On south side of Dublin all service providers have agreed a governance process with HSE. Northside of Dublin a project manager is in place to progress this programme.

Other services throughout the country which have yet to achieve reconfiguration have an established culture of family-centred practice incorporating individualised plans. These services will bring their established good practice with them as teams are established. The intention is that as the programme rolls out in 2014 the local implementation groups will be best placed to oversee the preparatory work and ensure the necessary co-ordination is in place in line with national policy.

CONGREGATED SETTINGS

The Congregated settings report is embedded with the commitment to uphold a person centred approach whilst supporting people through the transition from an institutional type service to a more socially inclusive community style living.

Between January 2012 to November 2013 a further 173 individuals had completed their transition to community living leaving 3,200 now in congregated settings. A review of number of projects that have successfully transitioned is being progressed to determine all associated costs. This will provide learning for future projects with regard to costs involved.

Plans are now being drawn up to progress a further 150 individuals to community living in 2014.

Mental Health Services

INTRODUCTION TO MENTAL HEALTH SERVICES

Mental Health services span all life stages and include a broad range of primary and community based services as well as specialised services for children and adolescents, adults and older persons. In recent years there has been increased specialisation including rehabilitation and recovery, liaison, forensic psychiatric services and services for those with a mental illness and intellectual disability. Services are provided in a number of different settings including; the individuals own home, outpatient clinics, day hospitals and day centres, low, medium and high support community accommodation and inpatient facilities.

Arising from the change of governance to the Mental Health Division in July, 2013 work is continuing to support the establishment and service improvement objectives of the Division and the following workstreams have progressed:-

- *Financial Control* – the validation of the data base of all HSE mental health cost is ongoing and spend and budget for mental health will be fully visible nationally from January 2014.
- *Staff Analysis* – a detailed exercise to map all mental health staff and link them to a particularly community team population or specific unit is at an advanced stage and this will allow linkage of mental health staff costs to overall mental health spend and budget.

The commentary which follows relates to the performance framework agreed at the start of 2013 and this will, in 2014 reflect the objectives of Mental Health Division.

AREAS OF FOCUS IN THIS REPORT

- Child and Adolescent Mental Health Service
- Acute Adult Inpatient Services
- Key Performance Indicators for General Adult and Psychiatry of Old Age
- Recruitment update

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

Child and Adolescent Community Mental Health Services

- The target for 2013 was to offer first appointments to, and see, 10,025 new (including re-referred) cases. 11,433 children / adolescents were offered a first appointment in 2013 and 10,092 new (including re-referred) cases had been seen by the end of December 2013.
- 15,311 referrals were received by the end of December 2013 which was 2,222 or 17% more than the planned level of service.
- Currently the demand on the CAMHS community teams, as measured by number of new referrals received and accepted is increasing year on year.
- Some regions were running behind planned levels of service for the number of new cases seen: DML -1%, DNE -29%, and South -12%. This is being performance managed locally in each area.
- The target for the numbers to be seen within 3 months was on target at 70% nationally although there was some regional variation in meeting the target and this is being managed locally.
- As of December 2013, the number on the waiting list for Child and Adolescent Mental Health Teams was 2,602 cases. This was 53% or 906 cases above the 2013 target of 1,696; which reflects the increasing demand for the CAMHS service.

- 42% of cases on the waiting list have been waiting less than 3 months.
- 32% (19) of teams have no clients waiting more than 12 months although there were 444 (or 17% of the waiting list) individuals waiting more than 12 months. 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.

Child and Adolescent Acute Inpatient Mental Health Services

The HSE has made the provision of additional child and adolescent inpatient facilities a priority. In 2007 there were a total of 12 beds available for the admission of children under the age of 18 years. Over the last number of years significant investment in the construction of new inpatient facilities has resulted in significant progress has been made in achieving the targets set out in *A Vision for Change (2006)* with regard to the provision of child and adolescent inpatient facilities.

Operational Capacity

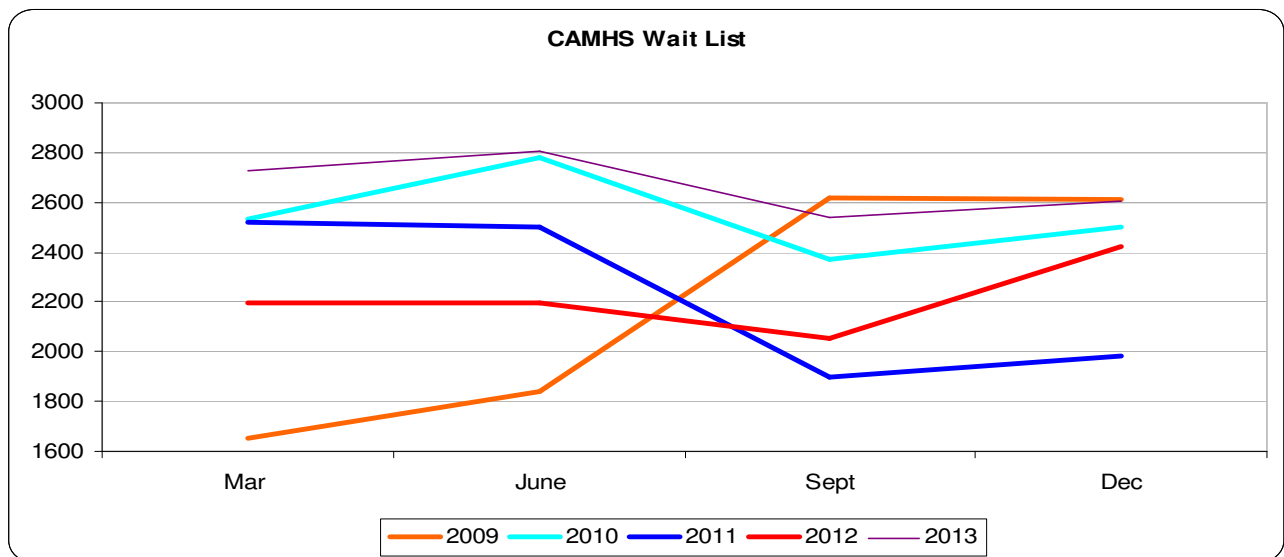
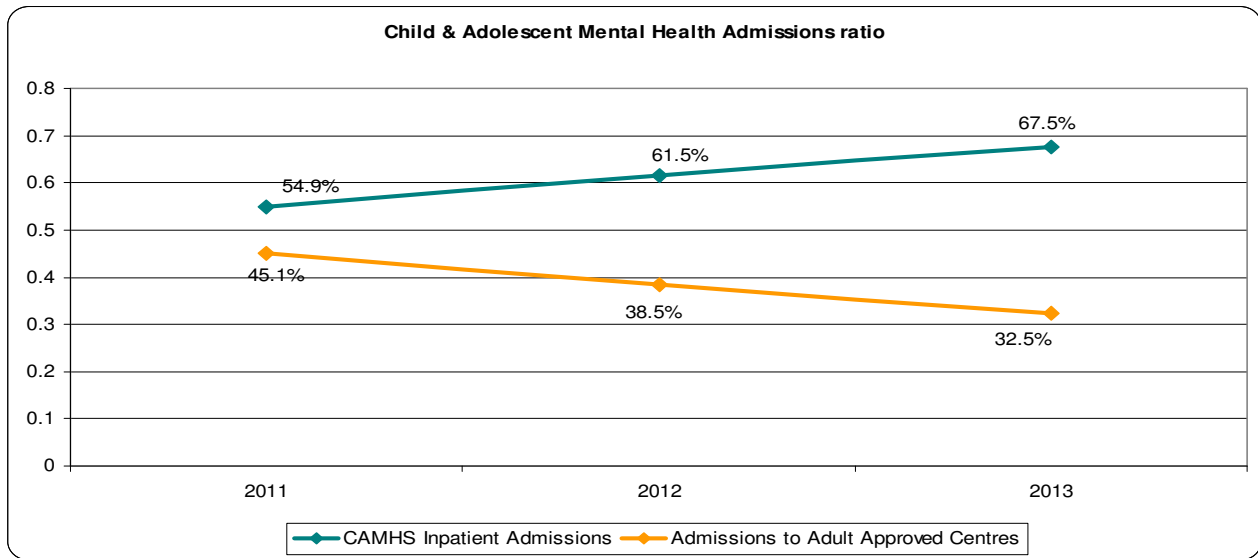
In 2012 the operational capacity was 44 (73%) out of a total bed complement of 60. In January 2013 this increased to 46 beds (77%), in February this dropped to 41 beds (68%) but by the end of December 2013 this was at 51 beds (85%). In Table 1 below, the plans to achieve full (100%) operational capacity in each unit by the end of Quarter 1, 2014 are outlined including the opening of an additional 6 bed unit at Linn Dara in St. Loman’s Hospital, Palmerstown, Dublin.

Table 1 - HSE CAMHs Acute Inpatient Capacity

Child & Adolescent Inpatient Units	Dec 2013		Qtr 1 2014		Plans to achieve full capacity
	Beds	Open	Beds	Open	
Merlin Park Unit Galway	20	15	20	20	Second inpatient consultant returns from maternity leave January 2014.
Existing Linn Dara Unit St. Loman’s Hospital.	8	8	8	8	Minor building work completed, additional staff recruited, due to open in Quarter 1.
New Linn Dara Unit			6	6	
St. Joseph’s Unit, Fairview	12	8	12	12	Increase consultant allocation to unit from 0.75 to 1 WTE from Qtr 1.
Eist Linn Unit, Cork	20	20	20	20	
Total No. of Beds	60	51	66	66	

- In 2013 there was 277 admissions of children and adolescents, of which 187 (67.5%) were to acute child and adolescent inpatient units and 90 (32.5%) were to adult approved centres. This reflects the dip in operational capacity of the CAMHs Inpatient Units in 2013 (outlined above).
- There will always be exceptional circumstances where it may be appropriate to admit certain adolescents to adult units, for very short periods of time. This exception is specifically recognised in the Mental Health Commission Regulations. However, plans are in place, as described in the Table 1 above to maximise the available age appropriate CAMHs acute inpatient capacity and this has been specifically identified as a key performance indicator for the Mental Health Division in 2014.
- Of the 277 admissions, 16 (6%) were involuntary admissions under Section 25 of the Mental Health Act 2001.

The expected recruitment of the priority posts under the 2013 investment by the end of Quarter 2, 2014 will assist in providing additional capacity within the CAMHS community teams to accept and see new referrals while managing existing caseloads.



GENERAL ADULT AND PSYCHIATRY OF OLD AGE SERVICES

- The KPIs for General Adult and Psychiatry of Old Age Services were new in 2013. The Mental Health Division has drawn on the information collected in 2013 to identify trends and set targets for performance in 2014. The medium to long term goal, as ICT systems for mental health are developed, is to improve the scope and coverage of our KPI's including incorporating quality and outcome metrics
- The General Adult community mental health teams received 42,025* referrals in 2013 and accepted 90% or 37,736*. 68% of referrals were offered an appointment and seen within 8 weeks or less and 73% were seen within 12 weeks or less.
 - * Data return 98%
- The Psychiatry of Old Age Teams received 10,419 referrals in 2013 and accepted 94% or 9,761. 94% of referrals were offered an appointment and seen within 8 weeks or less and 96% within 12 weeks or less.

ACUTE ADULT INPATIENTS SERVICES

- In Q3 2013 the number of admission to adult acute units was 3,447 with a total of 10,249 year to date, which was a -4% decrease on the profiled target.
- The median length of stay nationally was 10 days.

MENTAL HEALTH - RECRUITMENT

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, **the recruitment process was complete for 391.5 WTEs or 94% of the WTEs as at 31st December 2013.** There were a number of posts for which there are difficulties in identifying suitable candidates due to factors including availability of qualified candidates and geographic location and the remainder are at various stages in the recruitment process.

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, **as at 31st December 2013,** the recruitment process was complete for 204 or 42% of the WTEs, 81.5 or 17% of the WTEs are in the final stages of the recruitment process with a further 176.49 or 37% WTEs at various stages in the recruitment process, indicating that **257.99 or 54% of the 2013 allocation are in the recruitment process**. The balance are within the HR approvals process.

Table 1 – Progress in recruitment to 2012 posts and 2013 posts

Year	Approved new WTEs* per NSP	National Recruitment Service reported progress on Posts*				
		As at 31/12/2013				
		<i>Recruitment Process Complete**</i>	<i>Post Accepted and processing clearance</i>	<i>Posts being filled locally</i>	<i>Posts Unable to Fill</i>	<i>Posts Recruitment Process at various stages or in HR approvals</i>
2012	414	391.5	7.5	0	10	7
2013	477	204	75	6.5	51	125.49

* Note – WTEs and Posts may not always be 1 for 1 as people are recruited to full and part time posts

** Note – Recruitment may be complete and staff either in post or due to take up post

Children and Family Services

INTRODUCTION

Children and Family services aim to promote and protect the health and wellbeing of children and families, particularly those who are at risk of abuse and neglect. These services work to improve quality and provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, the rationalisation of special arrangements and maximising occupancy rates of residential units. As part of the Reform Programme the HSE's Children and family services will transfer to the new Child and Family Support Agency.

CHILD PROTECTION AND WELFARE SERVICES

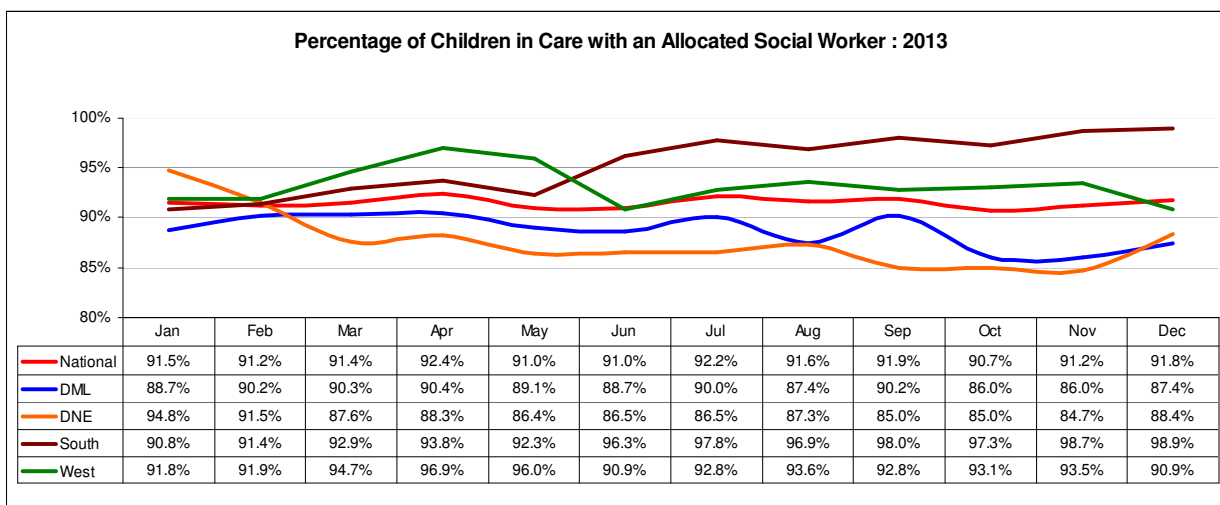
The HSE has a statutory duty under the *Child Care Act 1991*, for the care and protection of children and their families. In its *Programme for Government 2011*, the Government has set out fundamental reform for the provision of children and family services in Ireland. As part of this reform, the new Child and Family Support Agency (CFSA) has been established, the core of which is the existing HSE children and family services. The establishment of the new agency is part of a wider change agenda, aimed at strengthening the organisational capacity, processes and systems necessary to deliver safe, effective, consistent and reliable child protection services.

AREAS OF FOCUS IN THIS REPORT

- Allocated Social Workers
- Care Plans

ALLOCATED SOCIAL WORKERS

- The target in 2013 was that 100% of children in care have an allocated social worker.
- 5,935 (91.8%) of children in care (6,462) have been allocated a social worker at the end of December 2013.
- Activity was 8.2% down on target.

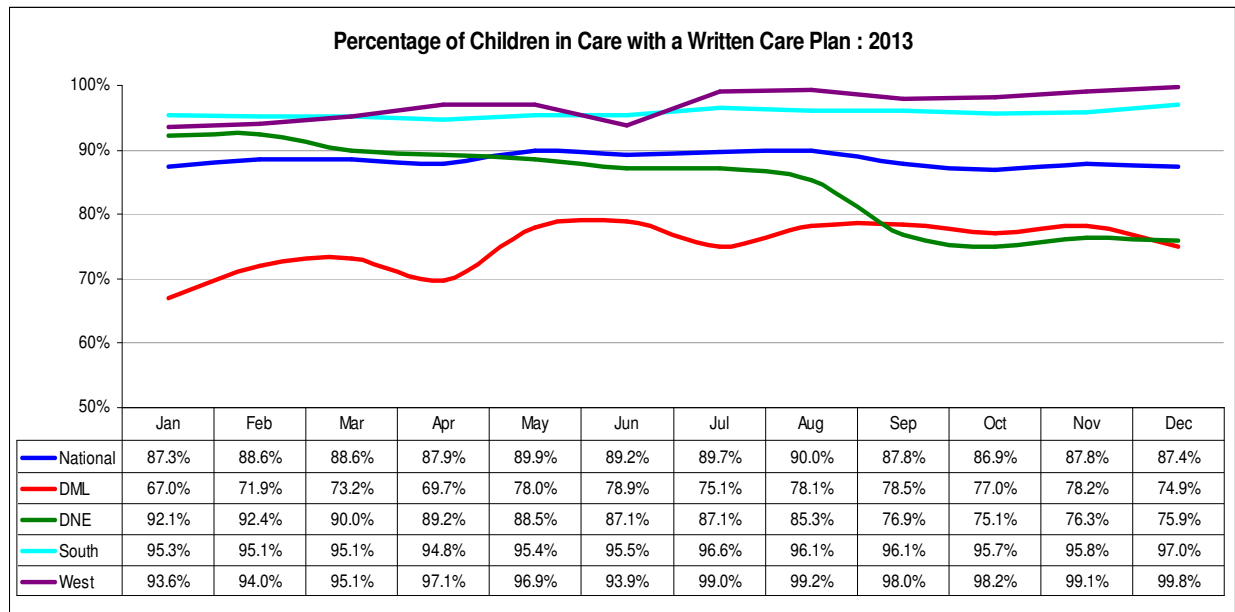


- DML: 87.4%. Performance was below 80% in Dublin South West 77.1%, Kildare West Wicklow 71.1% and Laois Offaly 77.5%.
- DNE: 88.4%. Performance was below 80% in Cavan Monaghan 61.2%.
- South: 98.9%. No LHO demonstrated a performance below 80%.
- West: 90.9%. Performance was below 80% in Tipperary North 72.5%

- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service.
- In addition to existing vacancy levels, the absence of staff on maternity leave also had a significant impact on the capacity of some areas to allocate a social worker to all children in care.

CARE PLANS

- The target in 2013 was that 100% of children in care would have a written care plan.
- 5,648 (87.4%) of children in care (6,462) had a written care plan at the end of December 2013.
- Activity was 12.6% down on target.



- DML: 74.9%. Performance was below 80% in Dunlaoghaire 77.2%; Dublin South East 73.5%; Dublin South City 64.5%; Dublin South West 61.9%; Dublin West 61.0% and Kildare West Wicklow 61.6%.
- DNE: 75.9%. Performance was below 80% in Dublin North West 49.9% and Dublin North 79.4%
- South 97.0%. No LHO demonstrated a performance below 80%.
- West 99.8%. No LHO demonstrated a performance below 80%.
- A significant level of vacancies in social work services continues to adversely affect performance in some areas.
- There are a number of social worker posts which have been approved for filling and are being processed as a priority by the National Recruitment Service. Outstanding children in care reviews and care plans have been prioritised for completion and social work staff have been reassigned to undertake this work. Targets have been set to ensure improvement within specific timelines.

The drop in percentage of children with a written care plan refers to plans which have gone out of date in the month under review. Staff vacancies and maternity leave adversely affected the capacity of some regions to ensure that all care plans were up to date. The number of out of date care plans in DML and DNE were due to the number which were due and could not be completed on time due to reduced staffing levels.

Financial Overview

Financial Outlook 2013

In income and Expenditure terms the HSE reported expenditure of €12.55 billion against a budget of €12.59 billion leading to an income and expenditure surplus of €37.5m to the end of December 2013. This was after the allocation of once-off supplementary funding of €219m.

The Vote deficit for HSE prior to the application of supplementary funding of **€219m** was **€205m** for 2013, a €14.1m Vote surplus after supplementary. This compares to a Vote deficit of €337m for 2012 (Prior to the application of supplementary funding of €360m). This deficit was also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**. The deficit is a reflection of the overall challenge within the HSE in 2013 when account is taken of the risks that were set out in the National Service Plan 2013.

This deficit includes shortfalls in the four key risk areas which the HSE had previously identified as follows;

2013 Key Risk Areas

Within the parameters of the NSP 2013 as approved by the Minister on the 9th January 2013, the HSE did not in itself have the capacity to address shortfalls that had emerged in these risk areas which were outside of the sole control of the HSE.

1. Primary Care Reimbursement Service - €353m Target

- Deficit due to the delay in the implementation of the FEMPI regulations - €41m
- Dental Treatment Services Scheme (DTSS) deficit - €13m
- A shortfall on a non FEMPI target of €303m - €49m
- A reduction in the number of items claimed on medical cards offset these deficits.
- PCRS delivered a deficit of €70.2m prior to the application of supplementary funding.

2. Public Service Agreement (Haddington Road) - €150m

The Haddington Road Agreement (HRA) took effect from 1st July 2013. The potential value of this risk in terms of projected deficit has undergone a detailed review and an assessment of the likely 2013 savings that were expected to be delivered. €46m of the HRA target has not been achieved in 2013.

3. Private Health Insurance Income €60m

The private patient charges provisions were originally due to take effect on July 1st 2013 and generate €60m for the latter half of the year. These measures took effect on 1 January 2014 and therefore there was no generation or collection benefit in 2013 to the HSE.

The financial impact of the delayed implementation of the legislation started to materialise in July 2013 with an increase in deficits being reported by relevant hospitals. The effect of the delayed implementation was to increase hospital deficits by €10m a month for the latter six months of 2013.

4. 2012 Accelerated Private Health Insurance Income - €104m

The accelerated income received in December 2012 would have been received in the ordinary course but was not forthcoming and had an adverse effect on the HSE Vote in 2013.

Conclusion

From a financial performance standpoint when account is taken of the deficits under the four key risk areas above; and these deficits are deducted from the gross deficit, as they represented risks outside the direct control of the HSE then the HSE delivered a breakeven position on its **direct services *i.e.* Hospitals and Community Services**. This was after the application of once off surpluses which primarily related to lower than expected retirements in 2013. It should be stressed that these once-off surpluses will not be available to the HSE in 2014.

Agency

Agency spend in 2013 in the acute sector was €160m compared to €126m in 2012 showing a 27% increase or an additional €34m. At the same time overtime was reduced by €18.4m giving a net additional spend of €15.6m.

Agency spend in the non acute sector was just under €78m compared to €72m in 2012 showing a 9% increase or an additional €6.5m. At the same time overtime was reduced by €8.6m giving a net saving of €2m.

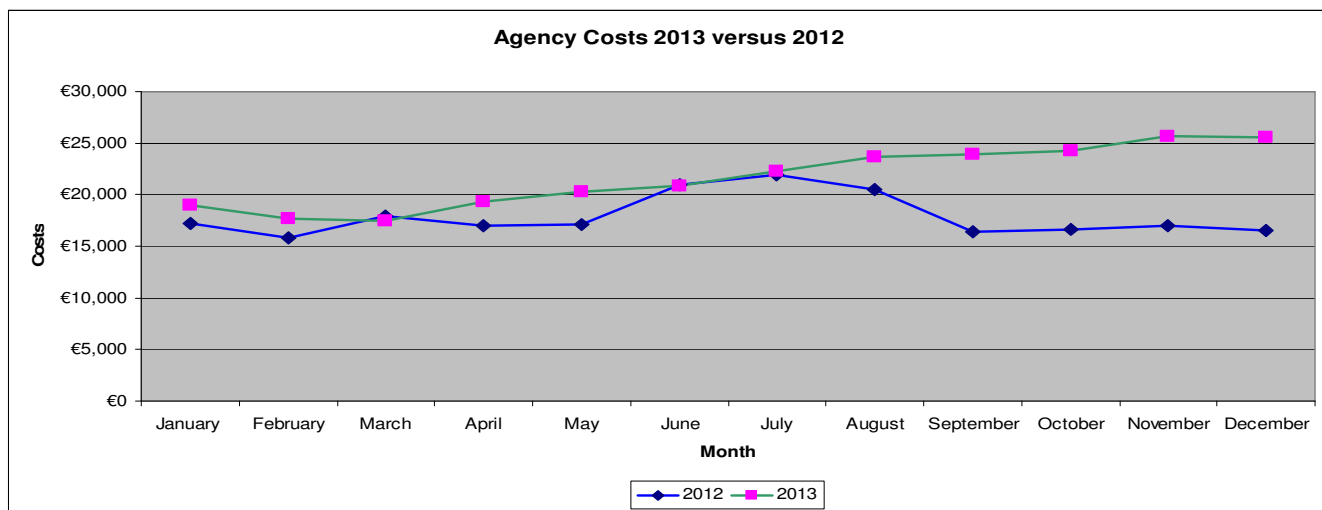
Overall agency spend in 2013 was 20% ahead of 2012 and overtime was 11.4% lower.

Report on Agency & Overtime for the financial year ended 31 December 2013

	Agency YTD 2013 Actual Expenditure	Agency YTD 2012 Actual Expenditure	Agency YTD 2013 Vs YTD 2012		Overtime YTD 2013 Actual Expenditure	Overtime YTD 2012 Actual Expenditure	Overtime YTD 2013 Vs YTD 2012	
	€'000s	€'000s	€'000s	%	€'000s	€'000s	€'000s	%
Hospitals								
Dublin Mid Leinster	46,497	39,104	7,394	18.91%	60,247	66,097	-5,850	-8.85%
Dublin North East	56,133	43,999	12,135	27.58%	46,008	50,835	-4,827	-9.50%
South	32,307	24,316	7,992	32.87%	33,226	37,441	-4,216	-11.26%
West	24,745	18,443	6,302	34.17%	36,591	40,138	-3,547	-8.84%
Subtotal	159,682	125,861	33,821	26.87%	176,071	194,512	-18,440	-9.48%
Community Services								
Dublin Mid Leinster	32,765	33,425	-661	-1.98%	13,893	17,356	-3,462	-19.95%
Dublin North East	25,199	24,096	1,104	4.58%	8,116	10,508	-2,392	-22.76%
South	13,063	10,576	2,487	23.52%	7,892	8,622	-731	-8.48%
West	7,242	3,618	3,624	100.17%	3,153	5,218	-2,065	-39.58%
Subtotal	78,268	71,715	6,554	9.14%	33,054	41,704	-8,651	-20.74%
Total	237,951	197,576	40,375	20.44%	209,125	236,216	-27,091	-11.47%

Summary Report on Agency Costs by Pay Category - 2013 versus 2012

Agency Costs	Doctors	Nurses	Care assistants, porters etc	Paramedical	Central Support	Total
	€000	€000	€000	€000	€000	€000
Year ended December 2012	42,592	83,216	54,944	25,261	8,927	214,939
Year ended December 2013	61,664	90,922	64,990	31,332	10,810	259,719
% Change - 2013 vs 2012	45%	9%	18%	24%	21%	21%



Service Level Agreements

At the end of December 2013 a total of €3,067 Million, or 96.77% of registered funding have both Part 1 and 2 Schedules completed.

All of the Acute Hospitals and the Large Section 38 Agencies with the exception of the Muiriosa Foundation have signed, this agency has a value of €39 Million, work is in train within Dublin Mid Leinster to bring the negotiations to a close, this Agency has changed its incorporated status and there are issues relating to protecting the state's interest etc.

Service Arrangements have two parts. Part 1 contains a set of standard clauses and conditions and in most cases where it was deemed appropriate was signed in 2012 for the two year period up to 31.12.2013. These Part 1s continue to be valid for 2013. The value of funding with Part 1 valid for 2013 was €3,027 million or 97.91% of all service arrangement funding. This is significant and indicative of the commitment of both the agencies and the HSE to the Governance Process. The position is in line with previous years.

In December, following meetings with the Chairs off all Section 38 Agencies the HSE introduced additional measures to strengthen the governance relationship between the Boards of these Agencies and the Executive. These include the introduction of a new Compliance Statement process and Board and Corporate Governance Standards which will be introduced from the 1st January 2014. The Board of each Section 38 Agency will by the 31st May each year be required to submit a signed Compliance Statement together with their Annual Financial Statements to the HSE in respect of the previous

Human Resources

INTRODUCTION TO THE HUMAN RESOURCES DIVISION

The role of the Human Resources Division is to ensure that that the HSE has the right number of people, with the right skills, in the right place and at the right time. As the largest employer in the State, the HSE currently has 99,959 employees either employed directly or by agencies funded by the HSE.

HR is also charged with working with representative bodies to maintain industrial peace. The HR function focuses on developing and supporting an organisational structure and culture that is client/patient focused and empowers staff to realise their potential in a safe and healthy working environment.

HSE EMPLOYMENT CEILING

	WTE 2012	Dec WTE December 2013	WTE between Dec 2012 to Dec 2013	Change Year-end ceiling to (target)	Variance to End of year target
Variance from current Target levels	101,506	99,959	-1,574	98,938	1,021

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Nov)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.55%	4.73%	4.73%

WORKFORCE POSITION

- 99,959 WTEs at end of December with employment at early 2005 levels and 1,547 WTEs below end of 2012.
- 12,812 WTEs (-11.36%) reduction since peak in October 2007. Real reduction was in the order of 15,400 WTEs when subsumed agencies, filled new service developments and transfer of CWS to DSP were factored in.
- 363.8 WTEs (79%) 2011 new service developments filled, up 8.75 WTEs from last month.
- WNW Hospital Group was showing growth of 47 WTEs since start of 2013 and was 222 WTEs above its current ceiling. It was the only hospital group showing employment growth in 2013.
- National Ambulance Service has grown by 65 WTEs since end of 2012. This was primarily due to filling of new service developments provided for in the 2013 National Service Plan.

EMPLOYMENT CEILING COMPLIANCE

- The Health Sector was above the end-of-year employment target of 98,938 WTEs by 1,021 WTEs (+1.03%) and was 1,959 WTEs above the end of 2014 employment target of 98,000 WTEs.
- Voluntary Hospital Sector was 1,102 WTEs (+5.4%) above its employment ceiling, as was the Voluntary (Non-Acute) Sector by 162 WTEs (+1.2%), while the HSE was below ceiling by 243 WTEs when the unallocated ceiling was factored in.
- The more correct current overall ceiling variance was higher at 1,273 WTEs when unfilled posts from National Service Plans predating the 2013 plan were factored in. One Region, HSE South operated within its employment ceiling.

RECRUITMENT / STARTERS

Starter Reports for 2013 across the Public Health Sector to the end of December figure of the order of 3,693 WTEs, with Acute Services accounting for 60% of total.

Non-acute services account for 40% of total with the balance between; National Ambulance Service, Health & Wellbeing and Corporate.

Report from National Recruitment Services – Recruitment of Health & Social Care Professionals

Region	Acute Services	Primary Care	Health & Wellbeing	Social Care		Mental Health	Child Protection & Welfare	TOTAL
				Services for Older Persons	Disability Services			
DML	7	48	0	1	1	63	24	144
DNE	23	43	0	1	0	98	25	190
South	46	28	0	0	1	98	25	198
West	60	39	0	3	0	81	35	218
Corporate (incl CFS ACTS)	28	0	0	0	0	0	19	47
TOTAL	164	158	0	5	2	340	128	797

*CFS = Children and Family Services

ACTS = Assessment Consultation and Therapy Services

- 797 health and social care personnel have been recruited to work in the health services year-to-date of which 93 commenced employment in December 2013.
- 478 of these posts were Development Posts under the National Service Plan.

NEW SERVICE DEVELOPMENTS 2012 AND 2013

- 350.5 WTEs (85%) of the 413 planned and funded 2012 service developments in Mental Health Services have been filled, up 3 WTEs since November. There were a further number of posts where start dates have been agreed. Further detail is provided in the Mental Health Division section.
- 340.20 WTEs of 2013 new service development posts have been filled, up 66 WTEs from November (107.7 WTEs - National Ambulance Service, 132 WTEs - Primary Care, 89.5 WTEs - Mental Health Services, further detail is provided in the Mental Health Division section, 10 WTEs - Acute Services and 1 Finance).

ABSENTEEISM*

Overall absenteeism target for 2013 was 3.5%.

- Absenteeism for November was 4.55% compared to 4.66% for the same period in 2012. Year to date position was 4.73% (Jan – Nov). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 90.9% of absenteeism in November was medically certified, showing an upward trend since late 2012 when changes to self-certified leave were introduced.
- Performance in Regions in September and year to date (Jan – Nov) was as follows:

Region	Nov 2013	YTD
DML	4.25%	4.38%
DNE	4.71%	4.52%
South	4.52%	4.80%
West	4.99%	5.24%

*reported one month in arrears

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, are 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.

HADDINGTON ROAD AGREEMENT

The *Haddington Road Agreement* has been in place since 1st July 2013. It provides significant enablers and provisions to extract cost and reduce the overall cost base in health service delivery in the context of the reform and reorganisation of the health services as set out in *Future Health* and the Public Service Reform Plan of November 2011.

The *Haddington Road Agreement* allows the service to identify cost reductions that are sustainable on an ongoing basis.

HRA enablers available to support the required action include:

- Work practice changes for identified health disciplines
- Systematic reviews of rosters, skill-mix and staffing levels
- Increased use of redeployment
- Further productivity increases
- Introduction of the Nursing / Midwifery Graduate Programme
- Introduction of the Support Staff Intern Scheme
- Voluntary redundancy which is targeted, arising from restructuring and review of current service delivery methods and the Incentivised Career Break
- A focused approach to addressing staff absenteeism and implementing revised new sick leave arrangements which become effective from the 1st January 2014
- Greater use of shared services and combined services, coupled where necessary, in terms of costs and efficiency, to the use of external sourcing in order to deliver cost-effectiveness and best value for money, while protecting frontline service delivery
- Greater integration of the human resources functions of the statutory and voluntary sectors to remove duplication, achieve better efficiencies and allow for greater use of shared services within and across emerging structures

Implementation of Haddington Road is a critical component of the health service reform programme. The Pay reduction element of the HRA will deliver €56m in a full year. €27.9m was delivered on this in the six months July – December. The changes to rates of Overtime and Premium payments will deliver €52m in a full year. €25.9m was delivered in the six months July – December.

APPENDIX 1 NATIONAL SCORECARD

Acute Care									
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Reported this M/Q	% var reported activity v target this M/Q
Emergency Care									
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	67.5%	95%	95%	66.3%	-30.2%	95%	65.9%	-30.6%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	80.8%	-19.2%	100%	81.2%	-18.8%
Elective Waiting Time									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	4 0.04%		0	4 0.04%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	193 5.4%		0	193 5.4%	
Colonoscopy / Gastrointestinal Service									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	0		0	0	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	96 1.2%		0	96 1.2%	
Outpatients									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	4,937		0	4,937	
Day of Procedure Admission									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	62%	-17.9%	75%	62%	-17.9%
% of elective surgical inpatients who had principal procedure conducted on day of admission j	M	New for 2013	85%	85%	67%	-21.5%	85%	67%	-21.5%
Re-Admission Rates									
% of surgical re-admissions to the same hospital within 30 days of discharge	M	New for 2013	<3%	<3%	2%	32.8%	<3%	2%	32.8%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M	11.1%	9.6%	9.6%	10.7%	-11.9%	9.6%	10.7%	-11.9%
Surgery									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) □	M	84.0%	95%	95%	83.2%	-12.4%	95%	83.2%	-12.4%
Stroke Care									
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	BI-A		50%	50%	59.0%	18.0%	50%	59.0%	18.0%
Acute Coronary Syndrome									
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q		70%	70%	88.3%	26.1%	70%	88.3%	26.1%

Acute Care									
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Reported this M/Q	% var reported activity v target this M/Q
ALOS									
Medical patient average length of stay □	M	7.2	5.8	5.8	6.7	-15.9%	5.8	6.7	-15.9%
Surgical patient average length of stay	M	New for 2013	5.26	5.26	4.5	14.4%	5.26	4.5	14.4%
HCAI									
Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	Q		<0.060	<0.060	0.064	-6.3%	<0.060	0.070	
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Q		<2.5	<2.5	2.3	8.0%	<2.5	2.2	
Cancer Services									
% breast cancer service attendances whose referrals were triaged as urgent by cancer centre and adhered to HIQA standard of 2 weeks for urgent referrals (% offered an appointment that falls within 2 weeks)	Q	95.0%	95%	95%	95.0%	0.5%	95%	95.2%	3.4%
% patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	Q	89.0%	95%	95%	91.2%	-4.0%	95%	95.4%	0.4%
% patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	Q	47.0%	90%	90%	55.4%	-38.4%	90%	59.5%	-33.9%
Emergency Response Times									
% Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M		>70%	>70%	69.5%	-0.7%	70%	68.1%	-1.9%
% Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	M		>68%	>68%	64.1%	-5.7%	68%	62.1%	-5.9%

DECEMBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

Non Acute Care	Data Timing	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
Health Protection									
% of children 24 months of age who have received three doses of 6 in 1 vaccine	Q (Arrears)	95.1%	95%	95%	95.3%	0.3%	95%	95.4%	0.4%
% of children 24 months of age who have received the MMR vaccine	Q (Arrears)	92.4%	95%	95%	92.4%	-2.7%	95%	92.5%	-2.6%
Child Health									
% new born babies visited by a PHN within 48 hours of hospital discharge	Q	84.0%	95%	95%	84.2%	-11.4%	95%	85.3%	-10.2%
% children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	M (Arrears)	85.7%	95%	95%	88.1%	-7.3%	95%	90.3%	-4.9%
Child Protection and Welfare Services									
% children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	91.8%	-8.2%	100.0%	91.8%	-8.2%
% children in care who currently have a written care plan, as defined by <i>Child Care Regulations 1995</i> , at the end of the reporting period	M	87.6%	100%	100%	87.4%	-12.6%	100.0%	87.4%	-12.6%
Primary Care									
No. of PCTs implementing the national integrated Care Package for Diabetes	Q		51	51	0	-100.0%	51	0	-100.0%
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	139,102	145,213	4.4%	11,592	9,275	-20.0%
Child and Adolescent Mental Health									
% on waiting list for first appointment waiting >12 months	Q	338	0%	0%	17%	>100%	0%	17%	>100%
Adult Acute Mental Health Services Inpatient Units									
No. of admissions to adult acute inpatient units	Q	13,584	14,044	10,533	10,249	-2.7%	3,511	3,435	-2.2%
Disability Services									
Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	Q	2.14m	1.68m	1,677,323	2,866,779	70.9%	419,331	788,573	88.1%
No. of persons with ID and / or autism benefitting from residential services	Q	8,188	8,172	8,172	8,051	-1.5%	8,172	8,051	-1.5%

DECEMBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

Non Acute Care	Data Timing	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
Older People Services									
No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	M	22,871	22,761	22,761	23,775	4.5%	22,761	23,775	4.5%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,873	9.2%	10,870	11,873	9.2%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	10,300,000	9,738,017	-5.5%	981,184	846,427	-13.7%
% of elder abuse referrals receiving first response from senior case workers within 4 weeks	Q	99%	100%	100%	96.7%	-3.3%	100%	99.1%	-0.9%
Palliative Care									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	95.0%	3.3%	92%	97%	5.4%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	M	83%	82%	82%	87.0%	6.1%	82%	89%	8.5%
Social Inclusion									
% of individual service users admitted to residential homeless services who have medical cards.	Q	75%	>75%	>75%	64%	-34%	>75%	64%	-34%

DECEMBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

FINANCE SCORECARD					
Income and Expenditure Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Variance against Budget: Pay	7,012,785	6,863,845	7,012,785	-148,941	-2.1%
Variance against Budget: Non Pay	7,540,314	7,568,776	7,540,315	28,461	0.4%
Variance against Budget: Income	(1,910,053)	(1,877,168)	(1,910,053)	32,885	-1.7%
Variance against Budget: Income and Expenditure Total	12,643,047	12,555,453	12,643,047	-87,595	-0.7%

Vote Key Performance Measurement	REV 2013 '€000	Actual YTD €000	Profile YTD €000	Variance YTD €000	% Var Act v Tar
Vote expenditure vs Profile Revenue	12,208,471	12,188,056	12,208,471	-20,415	-0.2%
Vote expenditure vs Profile Capital	323,000	329,281	323,000	6,281	1.9%
Total - Vote Expenditure vs Profile (Revenue & Capital)	12,531,471	12,517,337	12,531,471	-14,134	-0.1%

Income Key Performance Measurement	Working Target €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Patient Private Insurance – Claims processed	530,603	437,984	530,603	-92,619	-17%

Note: The Income and Expenditure Performance Measure excludes a national cash acceleration target of €50m

HUMAN RESOURCES SCORECARD				
	WTE Dec 2012	Year-end ceiling (target)	WTE December 2013	Variance to End of year target
Variance from current target levels	101,506	98,938	99,959	1,021

	Outturn 2012	Target	Actual reported month (Nov)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.55%	4.73%	4.73%