

OCTOBER 2013

Health Service

National Performance Assurance Report

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THE REFORM PROGRAMME

The Irish Health Service is embarking on one of the largest and most challenging reform programmes since the foundation of the state. *Future Health* outlines major elements of this reform under the four pillars of Structural, Financial, Service Reform and Health & Wellbeing.

Improving the health and wellbeing of the population and providing equitable and timely access to high quality services are key to the reform process and include action in the following areas:

- Quality and Patient Safety;
- Developing and implementing integrated models of care aligned to patient movement across services;
- Health & Wellbeing;
- Preventing and managing chronic disease;
- Responsiveness to demographic changes;
- Developing our Workforce;
- ICT and Informatics alignment to business outcomes;
- Structural reform;
 - Establishment of Hospital Groups and Integrated Service Areas
 - Finance Operations Reform
 - New ways of financing services including 'Money Follows the Patient'
 - Establishment of Healthcare Commissioning Agency

Reform will focus on helping all citizens to remain healthy and active and where required, providing safe, high quality health and social care. The significant and sustained investment in building the expertise and skills of staff at all levels in leadership, process change, and management is fundamental to the Reform Programme.

Performance Overview October 2013

INTRODUCTION TO THE OCTOBER 2013 REPORT

ACUTE HOSPITALS

Emergency Attendances

There has been a 1% (10,454) reduction in the number of new Emergency Department attendances up to the end of October compared to the same period in 2012.

Emergency Admissions

2013 Emergency Admission activity for January to October was 319,921 broadly in line with 2012 figures.

Elective Admissions

There has been a 2% (2,557) reduction in the number of Elective Admissions up to the end of October compared to the same period in 2012.

Day Care Attendances

2013 Day Care activity for January to October 2013 was 683,633 broadly in line with 2012

Outpatient Attendances

There has been a 6% increase in the total number of Out Patient Department (OPD) new attendances

UNSCHEDULED CARE ACCESS PERFORMANCE

Patient Experience Time (PET)

The 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 October 2013 68% of patients attending Emergency Departments were discharged home / admitted within 6 hours

In October 2013 82% of patients attending Emergency Departments were discharged home / admitted within 9 hours. Portiuncula (98%); Mayo General (98%) and Kerry General (97%) were the highest performing hospitals in the month. Beaumont (69%), Connolly (69%) and St James's (69%) were the lowest performing hospitals in the month.

SCHEDULED CARE ACCESS PERFORMANCE

Inpatient / Day Care Waiting Lists

Overall waiting list growth trend experienced January - July 2013 has been reversed

There has been a 2% reduction in total number of patients waiting for admission in October compared to July - this includes a 19% reduction in the total number of patients waiting greater than 8 months for admission

- 91% (n=53190) of all patients waiting on the elective waiting list are waiting less than 8 months.
- 89% (n=40,063) of all adults waiting on the elective waiting list (excluding GI Scopes) are waiting less than 8 months.

- 78% (n=3,245) of all children waiting on the Paediatric elective waiting list (excluding GI Scopes) are waiting less than 20 weeks.
- At 31st October 8 patients were waiting more than 28 days, from referral, for an urgent colonoscopy. The numbers waiting relate to five cases in Midland Regional Hospital Tullamore and three cases in St. James's Hospital. The list was 0 by November 12th.
- GI Endoscopy Waiting List – the number of patients waiting greater than 13 weeks has decreased from 1,482 (16%) in September to 1,353 (15%) in October. Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

Out Patient Waiting List

81% of the total number of patients are waiting less than 12 months in comparison to March where 73% of patients were waiting less than 12 months.

There has been an 18% reduction in the total number of patients waiting greater than 12 months for an appointment compared to March 2013.

AMBULANCE SERVICE EMERGENCY RESPONSE TIMES

Ambulance Services respond to over 330,000 emergency calls annually. The service has moved from being a transport service to a treatment service over the past number of years. 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.

Emergency (blue light) calls other than ECHO and DELTA have increased by 20% since January 2013.

The 2013 target is that 70% of Clinical Status 1 ECHO incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. National performance year to date is 70.3%.

The 2013 target is that 68% of Clinical Status 1 DELTA incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. National performance year to date is 64.3%.

NATIONAL CLINICAL PROGRAMMES

The national Clinical Programmes are working closely with services to improve quality, optimize patient flow, and provide an integrated approach to the management of chronic illness. Some performance indicators monitored by the Clinical Programmes show:

- The surgical patient average length of stay at 3.7 days for October. The target for this indicator is 5.26 days by the end of the year (NCP for Surgery).
- Medical patient Average length of stay is 6.8 in October. The target for this indicator is 5.8

MENTAL HEALTH

The focus of the mental health services has been to enhance the capacity of mental health services to provide acute secondary care to service users within their own community. This has been supported by the focused reinvestment in 2012 and 2013 of €35m and 891 WTES in General Adult and Child and Adolescent Community Mental Health Teams.

Currently the demand on the Child and Adolescent Community Mental Health Teams as measured by number of new referrals received and accepted, is increasing year on year. 12,689 referrals have been received year to date; this is +1,781 or 16% higher than the planned level of service. However, 70% of accepted referrals are seen within 3 months, consistently meeting the target.

The KPIs for General Adult and Psychiatry of Old Age Community Mental Health Teams are new in 2013 and show that the general adult community teams have received 35,000 referrals so far this year and 68% of referrals have been seen within 8 weeks or less. Our Psychiatry of Old Age Teams have received 8,790 referrals to date, and have seen 93% of referrals within 8 weeks or less.

PRIMARY CARE

Primary Care physiotherapy services have received 149,417 referrals up to the end of October. This is 4.0% above expected levels of service. 122,592 patients were seen for a first time assessment in the same period, which is 5.8% above expected level of service target.

GPs provided services out of hours to 75,112 patients in October, bringing the total number of contacts for the year to the end of October to 810,916.

At the end of October there were 1,863,984 (40.6% of the population) in receipt of a Medical Card and 124,337 (2.7% of the population) in receipt of a GP Visit card. This is a total of 1,988,321 in receipt of either a Medical Card or GP Visit card. Included in these cards are 51,574 Medical Cards granted on discretionary grounds and 23,175 GP Visit Cards granted on discretionary grounds.

95.2% of completed Medical Card applications are processed and issued within 15 days. This exceeds the National Service Plan target of 90% of completed applications.

SOCIAL CARE: OLDER PERSONS

The Nursing Home Support Scheme supports 23,763 long term residential clients. In the 10 months to October 6,963 new clients were supported. 100% of completed applications under the scheme were processed within four weeks.

The monthly average home help hours delivered in 2013 was: Quarter 1: 745,869 hours, Quarter 2: 777,161 hours; monthly average for Quarter 3 is 873,572. This is in line with the intention that home help hours progressively increase on a quarter by quarter basis. This growing trend will continue to year end in response to individual service demands, including increased seasonal provision to support the "Winter Plan". Work is ongoing to ensure a sustainable level of service delivery for home help hours going into 2014.

As of October, 11,563 persons are in receipt of a Home Care Package. This is 6.4% above target (+693).

SOCIAL CARE: DISABILITY SERVICES

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 the services they need 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.

HEALTH AND WELLBEING

Immunisation is an important priority for protecting the health of children. The 6 in 1 immunisation is now offered for children at 24 months with an uptake rate of 95.4%. This marginally exceeds the target rate of 95%. While targets in the area of immunisations and vaccines are in the main being achieved to a reasonable standard based on international norms the Health and Wellbeing Division is working with Primary Care and Child Health Coordinators to put in place local improvement plans to address any under performance.

In the area of Child Health Screening, while the majority of Local Health Offices have reported development check uptake figures at or almost at the national average, a number of Local Health Offices are performing less satisfactorily. A process of implementing quality improvement plans continues to be rolled out for these areas.

CHILDREN AND FAMILY SERVICES

At the end of October 90.7% of children in care have been allocated a social worker, a 1.3% decrease over the September figure 91.9%. At the end of October 89.6% of children in care have a written care plan, a 2.1% increase over the September figure 87.8%.

FINANCE

The HSE is reporting year to date expenditure of €10.38 billion against a budget of €10.24 billion leading to a gross deficit of €132.07m or 1.3% to the end of October 2013. For the same period in 2012 the deficit was €388.04m.

Within this there is a core deficit of €5.16m when account is taken of the shortfall in budgeted retirees (Employment Control Framework (ECF) Target) resulting in lower than target pay savings. Implementation of the Haddington Road Agreement (HRA) and Financial Emergency Measures in the Public Interest (FEMPI) in the Primary Care Re-imbursment Service (PCRS) also contributed to the deficit.

Financial Outlook 2013

The risk assessment / projected outlook to year end would indicate that there is a **gross** projected deficit for HSE of circa **€219m** for 2013. This compares to a gross deficit of €388m for the same period in 2012. The 2013 gross deficit includes a gross projected shortfall for hospitals of €190m (€60m of which is due to the late introduction of private health insurance legislation), PCRS €70m (€41m of which is due to the delayed implementation of FEMPI measures), Community Services €30m, Children & Family Agency €20m (legal expenditure) and €33m on local schemes (demand driven). This gross deficit is also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**.

The **gross** projected deficit is a reflection of the overall challenge within the HSE when account is taken of the risks that were set out in the National Service Plan 2013. This projected deficit includes shortfalls in the four key risk areas which the HSE has identified and referred to above 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 does not in itself have the capacity to address shortfalls that have emerged in these risk areas and are outside of the sole control of the HSE.

1. Primary Care Reimbursement Service - €353m Target

The current risk assessment / projected outlook to year end indicate a projected deficit in the region of €70m based on ten months data. This is subject to certain assumptions around performance in the remaining months of 2013. There are a number of factors making up this forecast and the most significant are as follows:-

- 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 is then offsetting these deficits

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 are expected to be delivered. It is still anticipated that a minimum of one third or €46m of the HRA target will not be 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 will now take effect on 1 January 2014 and therefore there will be 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 with an increase in deficits being reported by relevant hospitals. To the end of October 2013 non achievement of these income targets has increased hospital deficits by €40m and will increase hospital deficits by a further €10m a month for the remaining 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 will not now be forthcoming and will have an adverse effect on the HSE Vote in 2013.

Conclusion

From a financial performance standpoint when account is taken of the deficits projected under the four key risk areas above; and these deficits are deducted from the projected gross deficit as they represent risks outside the direct control of the HSE then the **direct services** i.e. *Acute and Community services* projected deficit is projected at €91m based on ten months of data.

With the application of once off surpluses which primarily relate to lower than expected retirements in 2013 the HSE will deliver a breakeven position on its direct services. It should be stressed that these once-off surpluses will not be available to the HSE in 2014.

HUMAN RESOURCES

As of the end of October, the HSE employs 100,005 WTEs who are either employed directly or by agencies funded by the HSE. The target for year end is 98,938, currently a variance of 1,067.

187.20 WTEs of the 2013 new service development posts have been filled, up 61.72 WTEs from September (91.7 WTEs - National Ambulance Service, 77.5 WTEs - Primary Care, 8 WTEs - Mental Health Services and 10 WTEs - Acute Services).

Implementation of the provisions of the Public Service Stability Agreement (PSSA) has continued during the month of October and is a critical component of the health service reform programme. The Pay reduction element of the PSSA will deliver €56m in a full year. €18.7m was delivered on this in the four months July – October. The changes to rates of Overtime and Premium payments will deliver €52m in a full year. €17.3m was delivered in the four months July – October.

Starter Reports for 2013 across the Public Health Sector to the end of October figure of the order of 2996 WTEs, with Acute Services accounting for 62% of total. The starter figures do not include student nurse placements but do include NCHDs.

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

Updates by Division

Acute Services Division

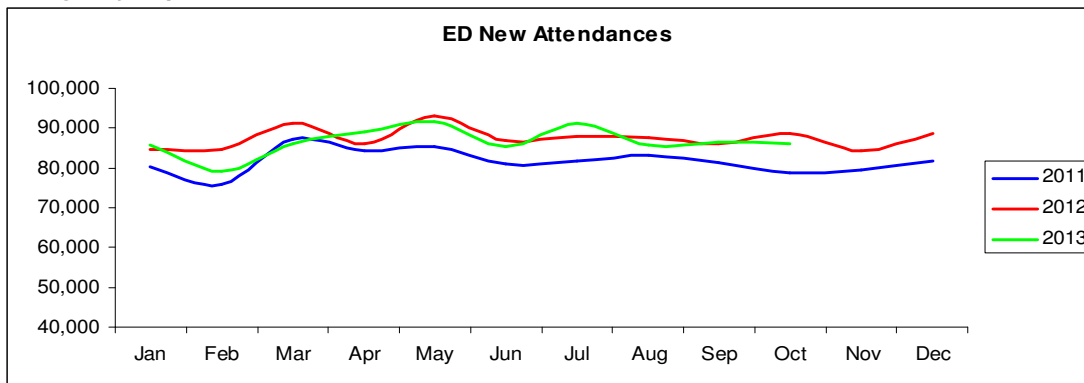
Key areas of focus

- 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

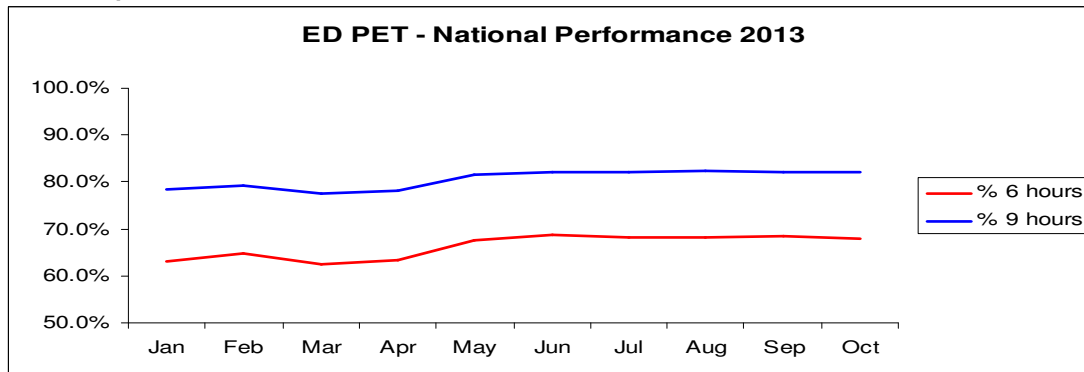
Activity Type	Jan - Oct Actual 2012	Jan - Oct Actual 2013	Val Var	% Var	
ED New Attendances ¹	876802	866348	(10454)	(1%)	
Inpatient Discharges ²	486542	480408	(6134)	(1%)	
Day Care Attendances ²	684425	683633	(792)	(<1%)	
OPD	New	581817	614391	32574	6%
	Return	1392768	1446806	54038	4%

Emergency Department New Attendances



- Jan - Oct 2012 / 2013 1% reduction (n=10454)

Patient Experience Time (PET)³

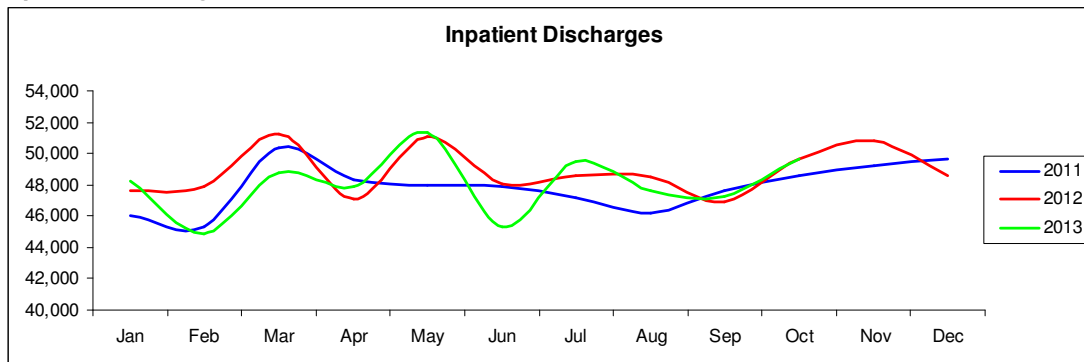


- National target is 95% of all patients attending ED being discharged or admitted within 6 hours and 100% of all patients being discharged or admitted within 9 hours
 - In October 2013 68% of patients attending Emergency Departments were discharged home / admitted within 6 hours – 66% YTD
 - In October 2013 82% of patients attending Emergency Departments were discharged home / admitted within 9 hours - 81% YTD

Note¹ 2012 dataset does not include South Infirmary Victoria data. ED closed on 29th July 2012
Note² 2012 / 2013 datasets do not include CWIUH activity due to unavailability
Note³ PET coverage is 24 hospitals
Note⁴ Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note⁵ MAU - Medical Assessment Unit
Note⁶ Waiting list values stated includes Adults / Children / GI Scopes
Note⁷ NTPF full dataset availability March 2013 - comparison March / October 2013
Note⁸ Children's University Hospital Temple Street commenced recording of waiting list values in September

- **High Performing Hospitals (October 2013)**
 - Portiuncula Hospital - 98% of patients attending ED were discharged home/admitted within 9 hours
 - Mayo General Hospital - 98% of patients attending ED were discharged home/admitted within 9 hours
 - Kerry General Hospital - 97% of patients attending ED were discharged home/admitted within 9 hours
- **Low Performing Hospitals (October 2013)**
 - Beaumont Hospital - 69% of patients attending ED were discharged home/ admitted within 9 hours
 - Connolly Hospital - 69% of patients attending ED were discharged home/ admitted within 9 hours
 - St. James's Hospital - 69% of patients attending ED were discharged home/ admitted within 9 hours

▪ **Inpatient Discharges**



- Jan - October 2013 / 2012 1% decrease in the number of discharges (n= 6,134)
- Jan - October 2013 actual / target 1% decrease in the number of discharges (n= 3,968)

▪ **Inpatient Admission Source¹**

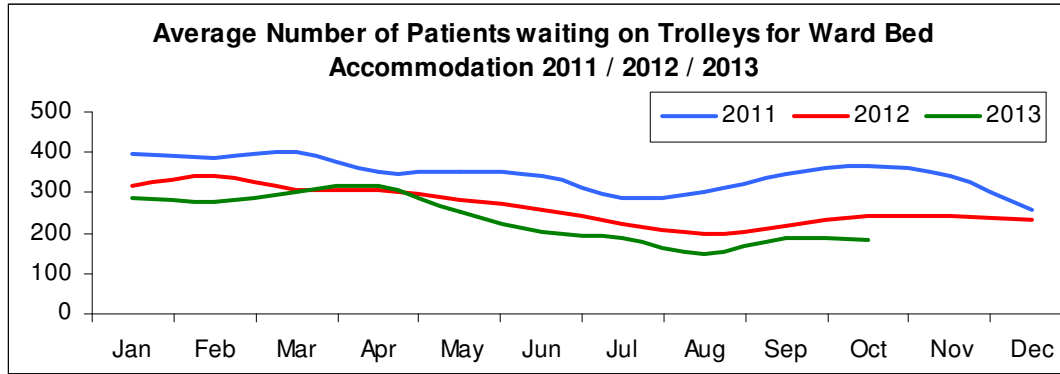
Activity Type		Jan – Oct Actual 2012	Jan - Oct Actual 2013	Val Var	% Var
Emergency Admissions	ED Admissions	236845	228845	(8000)	(3%)
	Emergency (Other)⁴	67147	64070	(3077)	(5%)
	MAU Admissions⁵	15087	27006	11919	79%
	Subtotal	319079	319921	842	<1%
Elective	Elective Admissions²	143134	140577	(2557)	(2%)
Total Admissions		462213	460498	(1715)	(<1%)

▪ **Emergency Admissions**

- 2012 / 2013 Emergency Admission value broadly commensurate
 - 3% decrease in the number of Emergency Department admissions (n=8000)
 - 79% increase in the number of MAU Admissions (n=11919)

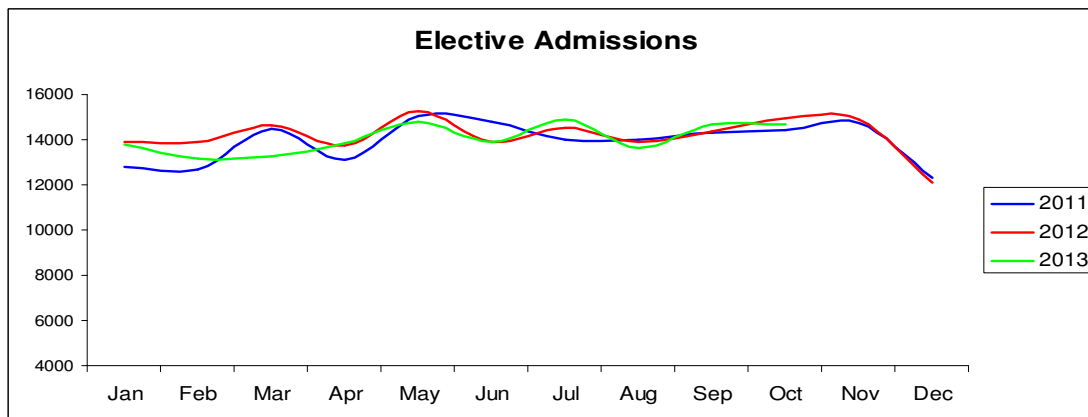
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TrolleyGar Performance



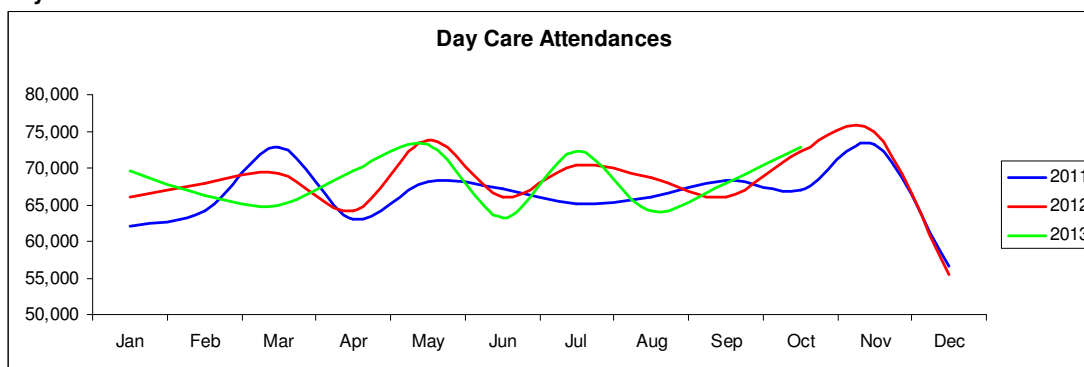
- 2011 / 2012 - 24% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2012 / 2013 - 13% reduction in the number of ED patients waiting on trolleys for ward bed accommodation
- 2011 / 2013 - 34% reduction in the number of ED patients waiting on trolleys for ward bed accommodation

▪ **Elective Inpatients and Day Care Attendances**
Elective Admissions



- 2% decrease in the number of elective admissions (n=2557)
- performance diminution attributed to inappropriate bed occupancy predominantly in the DATHs (October monthly national average =650)

Day Care Attendances



- Jan-October 2013 / 2012 Day Care commensurate activity values
- Jan-October 2013 actual / target showing a marginal decrease (n=1120)

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Waiting Lists – Inpatient / Day Care / GI

National number of scheduled patients waiting for admission July / October 2013 comparison⁶

National	Period	0-3 months	3-6 months	6-8 months	8-12 months	12+ months	Total
	25/07/2013	33,005	15,334	5,131	5,396	1,066	59,932
30/10/2013	32,576	15,519	5,095	4,614	849	58,653	
Val Var	-429	185	-36	-782	-217	-1,279	
% Var	-1%	1%	-1%	-14%	-20%	-2%	

- overall waiting list growth trend experienced January - July now reversed
 - July / October
 - 2% reduction in total number of patients waiting for admission
 - 15% reduction in total number of patients waiting >8 months for admission

Waiting List Adult (excluding GI Scopes)

- 89% of all adults waiting on the elective waiting list are waiting less than 8 months (n= 40,063)

Waiting List Paediatric (excluding GI Scopes)

- 78% of all children waiting on the elective waiting list are waiting less than 20 weeks (n=3,245)

GI Endoscopy Waiting List

- 85% of people on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of October, 15% of patients were waiting greater than 13 weeks (n=1,353). Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

Colonoscopy Waiting List

- 8 patients were reported as waiting greater than 4 week (28 Days) for an urgent Colonoscopy at the end of October. All 8 have been seen or requested removal from waiting list by 12th November

All Hospitals have commenced necessary action plans to effect national target (0 patients waiting >8 months) by 31.12.13

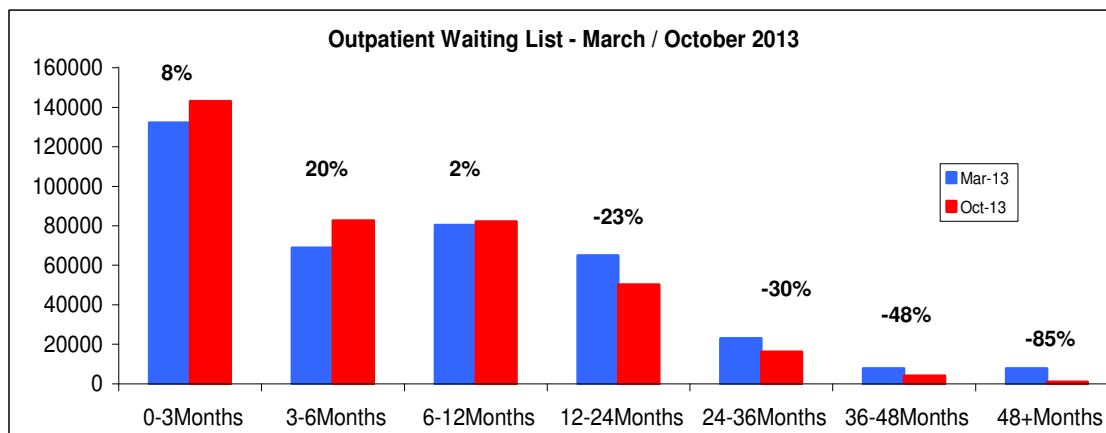
- Requirement remains for more effective chronological admission - this necessity will be closely monitored by SDU / NTPF for remainder of year.

▪ **Outpatient**

Activity - All Specialties

- 6% increase in the total number of OPD new attendances

Outpatient Waiting List^{7,8}



- 1.5% decrease in total number of new patients waiting (n=5792)
 - 16% reduction in the number of patients waiting more than 6 months (n=30254)
 - 31% reduction in the number of patients waiting more than 12 months (n=31992)

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OCTOBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

- March 2013 : 73% of total number of patients are waiting less than 12 months (n=281199)
- October 2013 : 81% of total number of patients are waiting less than 12 months (n=307399)

Hospitals have commenced necessary action plans to ensure no patient is waiting more than 12 months by year end.

Performance improvements have been achieved in relation to increased attendance volume, more appropriate chronological booking and effective validation. These are demonstrated in terms of a 6% increase in new OPD attendances, an increase in the number of patients waiting less than 3 months (8%) and a reduction in the number of patients waiting more than 12 months (31%)

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National Ambulance Service

AMBULANCE SERVICE EMERGENCY RESPONSE TIMES

Ambulance Services respond to over 330,000 emergency calls annually. All emergency responses are attended by qualified paramedics or advanced paramedics who deliver advanced lifesaving treatments and therapies to patients with conditions ranging from stroke and cardiac arrest to severe trauma.

The introduction of the Advanced Medical Priority Dispatch System in all National Ambulance Service (NAS) Command and Control Centers allows for life saving intervention and treatment to begin over the phone as the call is received.

Measures of response times are a part of measuring the effectiveness of ambulance services. The National Ambulance Service will be introducing a set of clinical performance metrics to measure the clinical effectiveness of paramedic staff in the field under certain criteria.

In 2013 YTD, 73,751 Category 1 calls (ECHO and DELTA) have been received.

The target for 2013 is that 70% of Clinical Status 1 ECHO incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. National performance year to date is 70.3%.

The target for 2013 is that 68% of Clinical Status 1 DELTA incidents are responded to by a patient carrying vehicle in 18 minutes and 59 seconds or less. National performance year to date is 64.3%.

	North Leinster	South	West	National Performance this 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	61.6%	69.0%	81.8%	65.7%	70.3%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	66.4%	59.5%	56.7%	63.4%	64.3%

	North Leinster	South	West	National Performance this month	National Performance YTD
Emergency Response Times - Number of Clinical Status 1 ECHO calls	151	29	33	213	2,465
Emergency Response Times - Number of Clinical Status 1 DELTA calls	4,727	1,448	1,279	7,454	71,286

The National Ambulance Service recently met with Dublin Fire Brigade with a view to ensuring a focus is placed on response time improvements. Dublin Fire Brigade are putting a dedicated team in place to focus on actions to improve response time performance.

Response times are being monitored closely through the recently centralised call taking and control facility in Townsend St. with a focus by Control Managers on any required improvements to the call and dispatch arrangements. This is being facilitated through a national project approach focussing on more timely data analysis and the implementation of time bound improvement plans. It is notable that South and West ECHO response times improved and South DELTA times improved in September.

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 58.4 WTE have been appointed to Intermediate Care Operative (ICO) positions across the country. A further 16 WTE will complete training and be appointed to ICO posts nationally by year end.

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.

PALLIATIVE CARE: ACCESS TO SPECIALIST COMMUNITY TEAMS

The target is 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.

- 86% of people referred received the service within 7 days YTD.
- Year-to-date performance in all regions are above their individual targets.
- 7,327 new patients received specialist palliative care community services year-to-date equating to an average of 733 new patients per month which is a 9% increase on the 2012 total year average
- 3,097 people on average per month are in receipt of specialist palliative care community services which is a 4% increase on the 2012 total year average.

PALLIATIVE CARE: ACCESS TO SPECIALIST INPATIENT BEDS

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

- The target is being exceeded at 95% YTD.
- Year-to-date performance in DNE, South and the West Region are above their individual targets.
- 1,911 new patients received inpatient services year to date equating to an average of 191 new patients per month which is a 5% increase on the 2012 total year average.
- 368 people on average per month are receiving specialist palliative care inpatient services which is a 3% increase on the 2012 total year average.

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

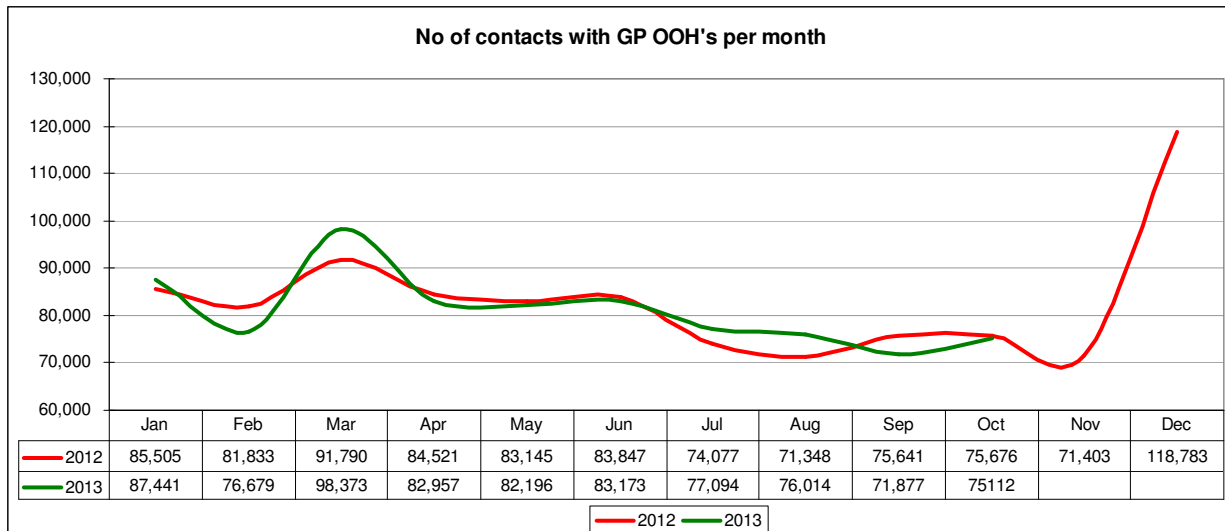
- Primary Care Teams
- GP Out of Hours service
- Physiotherapy Services
- Occupational Therapy Services
- Primary Care Reimbursement Service (PCRS)
- Social Inclusion

PRIMARY CARE TEAMS (PCTS)

- 423 Primary Care Teams are in place providing services for the population.
- During the month of October, a further 2,291 patient care plans for complex cases were initiated.

GP OUT OF HOURS SERVICE

- 75,112 patients availed of GP out of hour’s services in October (i.e. triage, treatment, home visit etc). This brings the total number of contacts year to date at the end of October to 810,916 (-0.3% below target).
- Performance year to date in the four Regions is as follows; DML is 0.1% above target, DNE is 1.7% above target, South is -0.8% below and West is -0.8% below target.



PHYSIOTHERAPY SERVICES

- 15,902 referrals were received in October– this brings the referrals received year to date to the end of October to 149,417. This is 4.0% above expected activity year to date.
- 13,569 patients were seen for a first time assessment in October - this brings the figure seen year-to-date to the end of October to 122,592. This is 5.8% above the expected activity year to date.
- There were 69,415 treatment contacts in October - this brings the figure seen year-to-date to the end of October to 616,521. This is 2.7% above the expected activity year to date.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	-2.0%	+8.5%	+3.3%	+6.9%	+4.0%
Patients seen first assessment	-0.7%	+12.3%	+0.7%	+12.9%	+5.8%
Treatment contacts	+1.7%	+5.9%	-0.7%	+5.3%	+2.7%

OCCUPATIONAL THERAPY SERVICES

- 6,951 referrals were received in October – this brings the referrals received year to date to the end of October to 63,898. This 8.4% above the expected activity year to date
- 13,297 clients received direct service in October. This is 8.5% above the expected activity year to date.

Variance from expected activity in the month					
Regions	DML	DNE	South	West	National
Referrals	+10.4%	+6.9%	+7.4%	+8.2%	+8.4%
Clients who received Direct Service	+5.2%	+2.9%	+2.4%	+22.6%	+8.5%

Primary Care Reimbursement Scheme

MEDICAL CARDS

The number of people covered by medical cards now stands at 1,863,984 people (40.6% of the population). Included in these cards are 51,574 medical cards granted on discretionary grounds.

The total number of GP visit cards is 124,337. Included in these cards are 23,175 GP visit cards granted on discretionary grounds.

As of end October 2013, 95.2% of completed medical card applications are processed and issued within 15 days - the National Service Plan target is 90%. Of the 4.8% which are not processed within target, the majority relates to applications where the income is in excess of the qualifying limits and/or a medical assessment is required.

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	National Total
Number of People with Medical Cards	470,536	396,855	498,288	498,305	1,863,984
Number of people with GP Visit Cards	29,407	24,821	37,690	32,419	124,337
Total	499,943	421,676	535,978	530,724	1,988,321

*Includes 51,574 medical cards granted on discretionary grounds and 23,175 GP visit cards granted on discretionary grounds.

Social Inclusion

Social Inclusion services place a special emphasis on marginalised groups who need special 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

- The expected level of service in 2013 is that 8,650 clients would receive methadone treatment.
- 9,049 clients received this service (excluding prisons) for the October reporting period which includes 3,748 patients being treated by 325 GPs in the community.
- Methadone was dispensed by 583 pharmacies catering for 6,185 clients for the reporting period.
- At the end of October reporting period there were 74 HSE clinics providing methadone treatment and an additional 10 clinics were provided in the prison service.
- 57 new patients commenced methadone treatment during the October reporting period (10 in General Practice, 37 in HSE clinics and 10 in prison clinics).

Health and Wellbeing

INTRODUCTION TO HEALTH AND WELLBEING SERVICES

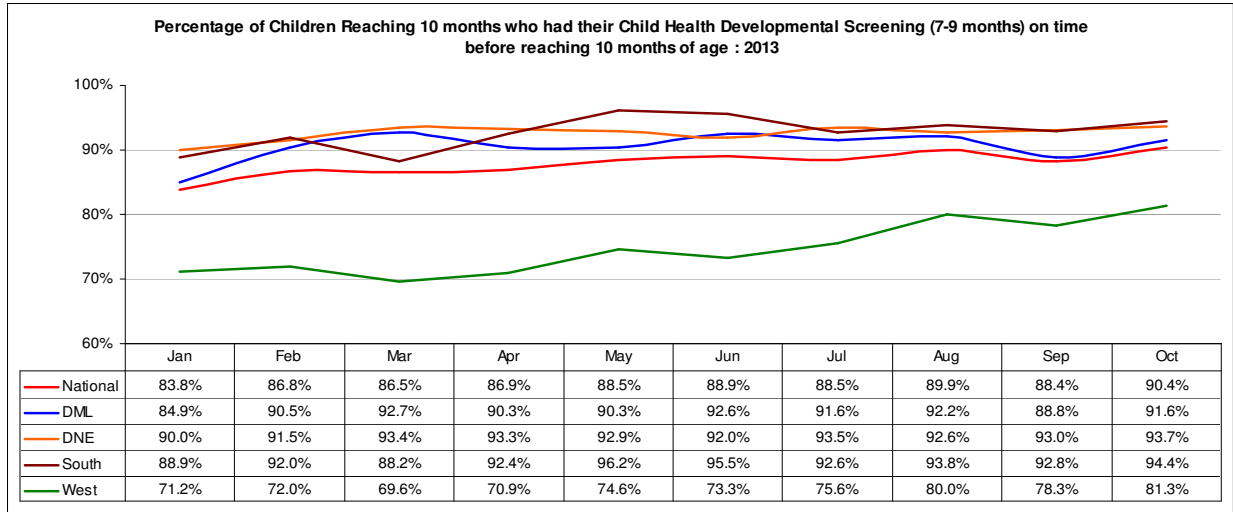
The work of the Division is focused on helping people to stay healthy and protecting people from threats to their health and wellbeing. Specialist services such as Emergency Management, Environmental Health, Public Health, the Health Protection Surveillance Centre and the National Immunisation Office 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
- PHN visits
- Immunisation uptake rates
- Number of outbreaks being managed

CHILD HEALTH DEVELOPMENTAL SCREENING

- The target in 2013 is that 95% of children reaching 10 months within the monthly reporting period have had their child development health screening (7 – 9 month developmental check) before reaching 10 months of age.
- 50,888 children (87.9%) have received child developmental health screening within target year-to-date – 5,050 (90.4%) in October 2013 (September data).
- Galway Local Health Office continually demonstrated a low uptake for child health developmental screening and prioritised the 7 - 9 month developmental check and a improvement plan was formulated for PHN and AMO services to specifically address the backlog during the months of July and August. Galway continues to demonstrate improvement since the January return with an October figure returned of 71.6%.
- Roscommon Local Health Office has returned an uptake of less than 70% for the returns in August; September and October.
- While the majority of Local Health Offices have reported development check uptake figures at or almost at the national average a number of Local Health Offices are performing less satisfactorily. The Division is coordinating a response to the low uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators.



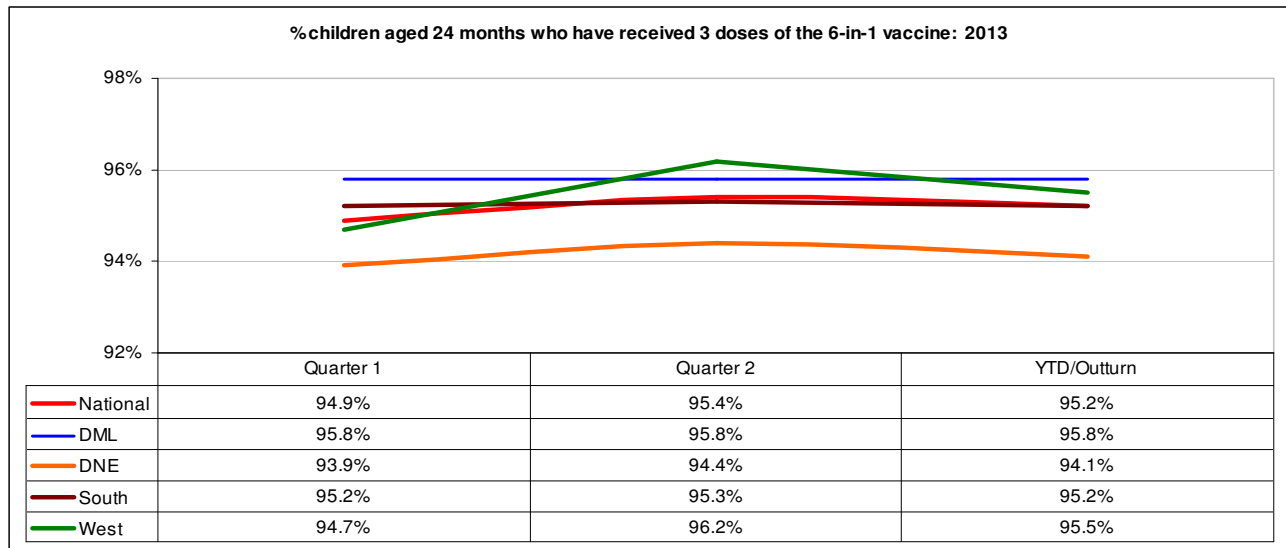
*Data is reported monthly in arrears.

IMMUNISATION

CHILD HEALTH IMMUNISATION

6-IN-1 AT 24 MONTHS

The national performance uptake for Quarter 2 is 95.4% (95.2% 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 (Q2 2013). The remaining Local Health Offices performed between 89.1% and 94.9%.



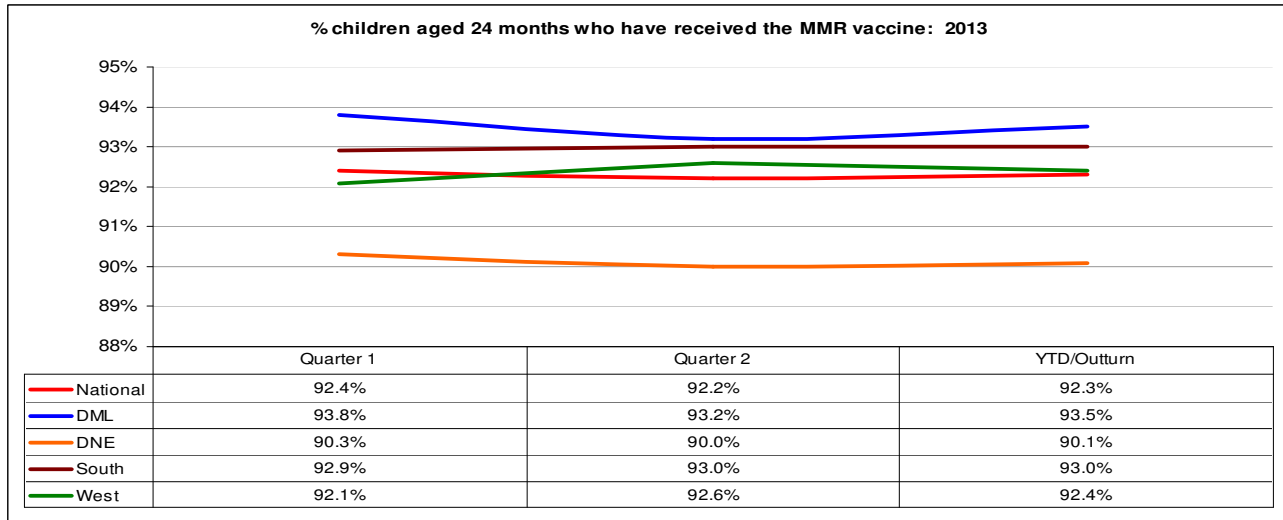
*Data is reported quarterly in arrears.

MMR AT 24 MONTHS

The national performance uptake for Quarter 2 is 92.2% (92.3% YTD). 6 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 (Q2 2013). The remaining Local Health Offices performed between 84.2% and 94.8%. In Ireland 47 cases of measles have been notified nationally since the start of 2013.

OCTOBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

The majority of Local Health Offices have reported vaccine uptake figures (at 24 months) at or almost at 95% which are the rates required to ensure children are not at risk of vaccine preventable diseases however; vaccine uptake rates have dropped in a number of Local Health Offices for example in Mayo MMR vaccine uptake dropped from 92.1% in Q1 2013 to 89% in Q2 2013. The Division is coordinating a response to the low vaccine uptake in underperforming Local Health Offices through the RDPIs and the Child Health Coordinators.

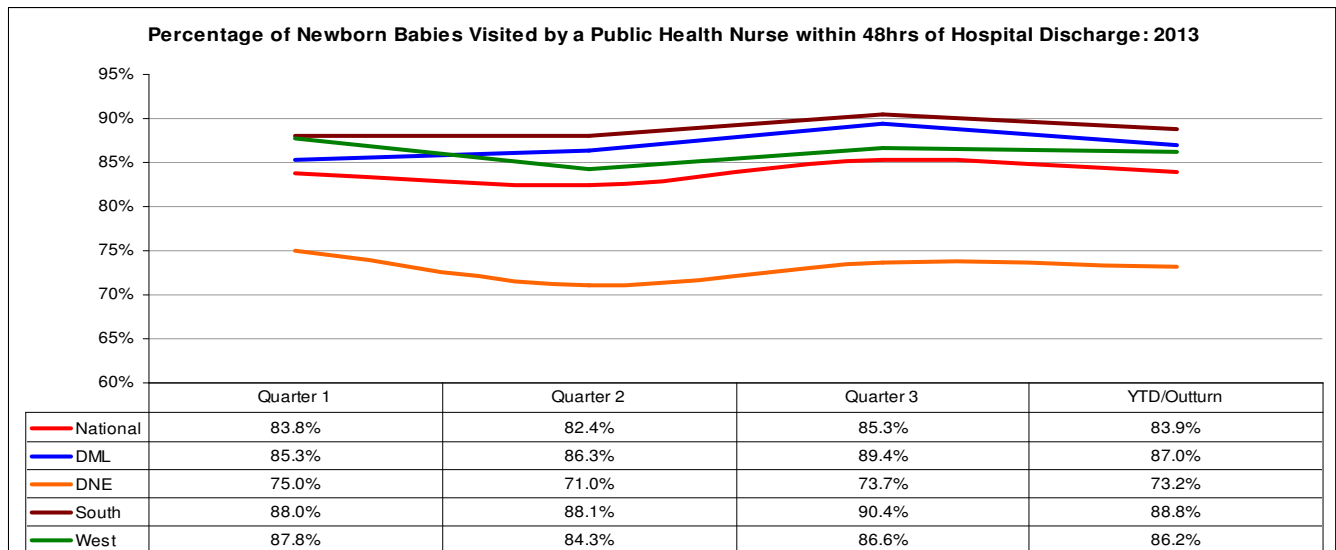


*Data is reported quarterly in arrears.

CHILD HEALTH PHN 48 HOUR VISIT

The national performance for Q3 2013 is 85.3% (YTD 83.9%). 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 Q3 2013.

The remaining Local Health Offices performed between 69.5% and 94.7%.



INFLUENZA VACCINATION

The 2013/2014 seasonal influenza (flu) vaccination campaign commenced in early October. Flu can be a very serious and sometimes deadly illness, especially for people who are older or who have a long-term illness. The HSE is encouraging people aged 65 years and older and those with long term illness, pregnant women, health care workers and carers to avail of the vaccination. The vaccine and administration are free for those with a medical card or GP visit card. The vaccine is free for those without a medical or GP visit card but there is an administration fee.

The Health and Wellbeing Division has coordinated a series of actions with the Acute Services and Social Care Divisions commencing in September 2013 to improve vaccine uptake rates in Health Care Workers in the HSE.

As part of this process the following actions have been taken;

1. Hospitals and Long Term Care Facilities have been requested to appoint a designated lead to coordinate and ensure increased vaccine uptake in their Health Care Workers.
2. Additional information and guidance re the influenza vaccine has been made available online this year as part of a communications plan for Health Care Workers and to support Hospitals and Long Term Care Facilities in encouraging uptake.
3. In order to measure progress made on foot of these actions a new Performance Indicator (PI) has been developed by the Division for inclusion in the PI suite for 2014 that will measure uptake based on these actions for the flu season 2013-2014.

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
- Number of people being funded under NHSS
- Home Help Hours

SERVICE ACTIVITY

- 46,549 clients are receipt of home help service
- 11,563 clients (at any one time) are in receipt of a home care package
- 23,763 clients are supported by the Nursing Home Support Scheme

NUMBER OF PEOPLE FUNDED UNDER THE 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	2395	22,871	806	22,871
DML	1,411	4,221	747	6,379	307	6,686
DNE	899	3,177	403	4,479	230	4,709
South	1,472	4,280	347	6,099	170	6,269
West	1,306	4,367	281	5,954	145	6,099
Total –Sept. 2013	5,088	16,045	1,778	22,911	852	23,763

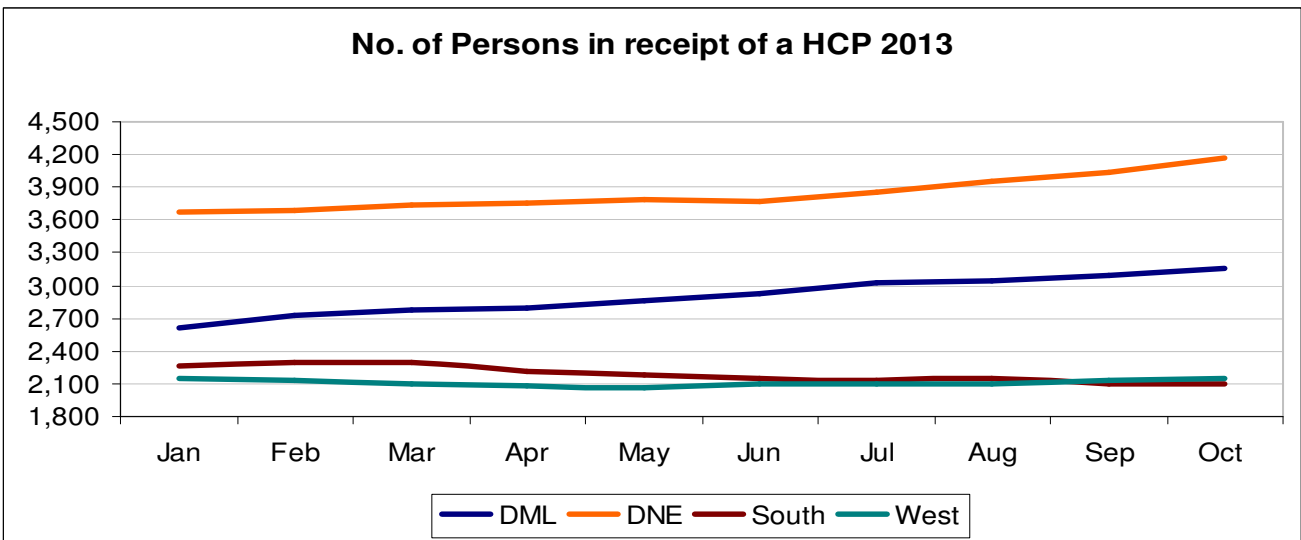
* refers to subvention scheme, contracted beds and 'savers'.

OCTOBER 2013 NATIONAL PERFORMANCE ASSURANCE REPORT

- In October 2013 23,763 long-term public and private residential places are supported under the scheme.
- In the first ten months of 2013, 9,071 applications were received and 6,963 new clients were supported under the NHSS in public and private nursing homes (net increase of 1,469 during the period).
- The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. At the end of October there were 394 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 is 10,870 persons in receipt of a home care package at any time.
- 11,563 persons were in receipt of a home care package at end of October 2013.
- Activity year-to-date is 6.4% above the expected level of service*.
- South and West Regions are below the expected level of service with a variance of 13.7% and 4.4% respectively*.
- DML and DNE Regions are above the expected level of service at 18.9% and 17.5%*.



*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

- At the end of October 2013, 8.03m home help hours have been provided, supporting over 46,500 people in their own homes.
- For 2013, expected level of service is 10.3m home help hours. Home help hours at the end of October are 3.6% behind expected level of service.
- The intention for 2013 was to progressively increase the level of service provision being provided on a quarter by quarter basis. The monthly average for Quarter 1 is 745,869 hours, Quarter 2 is 777,161 hours and the monthly average for Quarter 3 is 873,572. This growing trend will continue to year end in response to individual service demand, including increased seasonal provision to support the "Winter Plan", while also ensuring a sustainable level of service delivery on an existing level of service basis for home help hours going into 2014.

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

- Progressing Disability Services for Children and Young People
- School Leavers & Rehabilitative Training Placements
- Progress on transfers from Congregated settings.

PROGRESSING DISABILITY 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 Kerry are at an advanced stage of reconfiguration and the benefits of this can be seen in the increased effectiveness and efficiency in terms of operating the Assessment of Need process under the Disability Act.

A second group such as Wexford, Cavan Monaghan have significant preparatory work undertaken involving discussions with families, staff and education colleagues. 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.

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.

SCHOOL LEAVERS & REHABILITATIVE TRAINING PLACEMENTS

As outlined in the September report, the issues for 2013 are resolved and the focus has turned to streamlining arrangements for 2014. A revised procedure to identify the young people due to leave school and graduate from Rehabilitative Training Programmes and who will have a requirement for ongoing HSE-funded supports will be finalised in December and implemented in 2014.

Progress on Transfers from Congregated settings

When the Report “Time to Move on from Congregated Settings” 2011, was published over 4000 individuals were identified as living in a congregated setting which was defined in the report as being a setting with 10 or more individuals. A national Implementation group was established to deliver on the recommendations of the report within a 7 year timeframe. The groups work was expanded to include individuals with Intellectual disability currently residing in mental health facilities. As a number of initiatives had already commenced the HSE undertook to carry out a status report of the current number of individuals involved. Information has now been collated from all but 3 service providers and the situation is that as at 1/1/2012 the number of individuals involved had reduced to 3442.

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 3200 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.

Currently the HSE, along with Genio, an independent non-profit organisation and Next Steps part of the National Federation of Voluntary Bodies are engaged with a further 200 individuals to support their transition into community. In this programme innovative ways are embraced to ensure a person centred model of service is supported and national policy is promoted and implemented.

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, work has begun 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 ongoing and once complete, spend and budget for mental health can be made fully visible nationally.
- *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 detail below refers to the performance framework agreed at the start of 2013 and this will be further developed in the context of the new Mental Health Division.

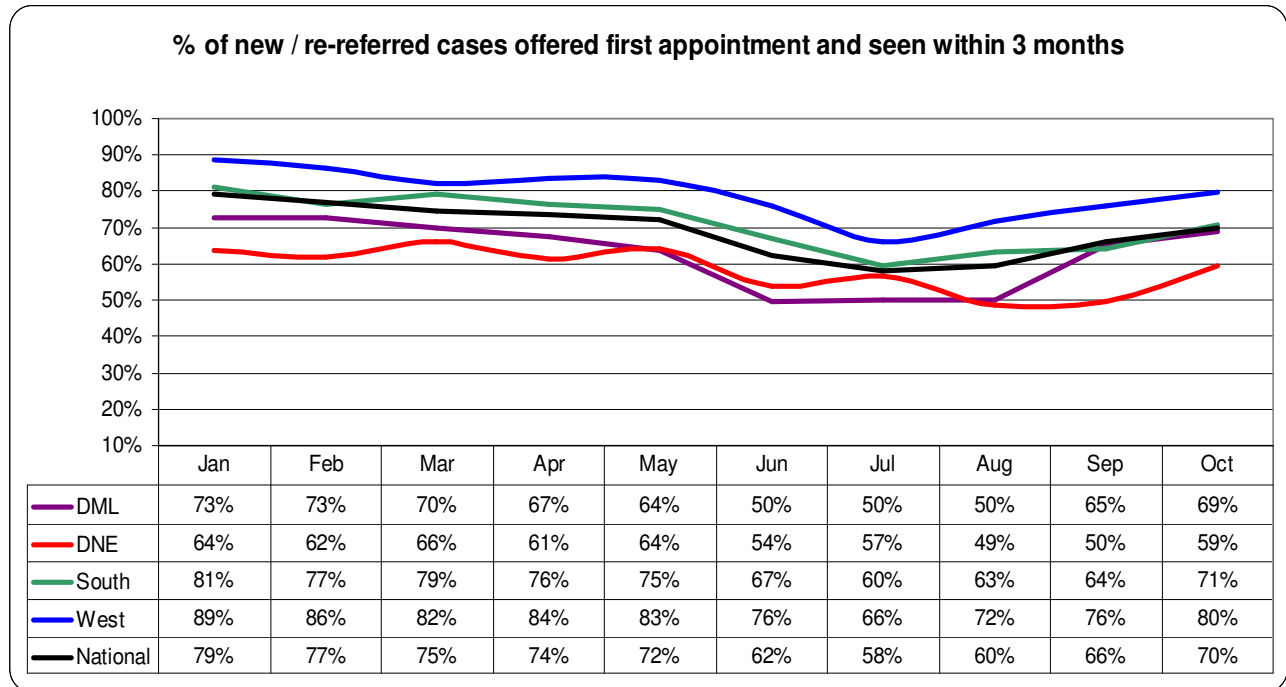
AREAS OF FOCUS IN THIS REPORT

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

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

- The plan for 2013 is to offer first appointments to, and see, 10,025 new (including re-referred) cases. To date, 9,482 children / adolescents have been offered first appointment, with 8,377 new (including re-referred) cases seen by the end of October 2013.
- 12,689 referrals have been received year to date; this is +1,781 or 16% higher than the planned level of service.
- Currently the demand on our community teams, as measured by number of new referrals received and accepted, is increasing year on year.
- Some regions are running behind planned levels of service for the number of new cases seen: DML -3%, DNE -30% and South -12%.
- The numbers seen within 3 months is on target at 70% in overall terms albeit with some regional variation which is being examined.
- Plans are in place to bring the available capacity of our child and adolescent inpatient units up by 37% from 41 beds to 66 beds by January 2014. Admissions year to date are ahead of target by 21 cases or 15%.

The continued recruitment of priority posts under the 2013 investment will assist in terms of providing additional capacity to our community teams to accept and see new referrals while managing existing caseloads. Work is ongoing in terms of further clarifying governance and operational arrangements to address the level of variation in the throughput of some teams which is outside of what is considered a readily understandable range.



GENERAL ADULT AND PSYCHIATRY OF OLD AGE SERVICES

- The KPIs for General Adult and Psychiatry of Old Age Services are new in 2013. It is intended to build on the information collected in 2013 to identify trends and set targets for performance in 2014. Our medium to long term goal, as our ICT systems are developed, is to improve the scope and coverage of our KPI's including incorporating quality and outcome metrics
- Our general adult community teams have received 35,000 referrals so far this year and have accepted 90% or 31,400. 68% of referrals have been offered an appointment and seen within 8 weeks or less with 73% seen within 12 weeks or less.
- Our Psychiatry of Old Age Teams have received 8,790 referrals to date, have accepted 94% or 8,220. 93% of referrals have been offered an appointment and seen within 8 weeks or less and 96% within 12 weeks or less.

MENTAL HEALTH - RECRUITMENT

We are progressing the Programme for Government investment in mental health in 2012 and 2013 of 891 WTEs to enhance the provision of community mental health services and suicide prevention initiatives.

Of the 414 WTEs allocated in 2012, **the recruitment process is complete for 387 or 93% of the posts as at 31st October 2013.** There are 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 October 2013**, the recruitment process is complete for 56 or 12% of the post, 209 or 44 % of the posts are in the final stages of the recruitment process with a further 144 or 30% posts at various stages in the recruitment process, indicating that **353 or 74% of the 2013 allocation are in the recruitment process** with the balance in 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 31/10/2013				
		<i>Recruitment Process Complete**</i>	<i>Post Accepted and processing clearance</i>	<i>Post Offered</i>	<i>Post in Recruitment process</i>	<i>***Potential Posts yet to enter recruitment process based on approved new WTEs i.e. WTEs less total posts in process or complete</i>
2012	414	387	14	6	15	-8
2013	477	56	192	17	144	68

* 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

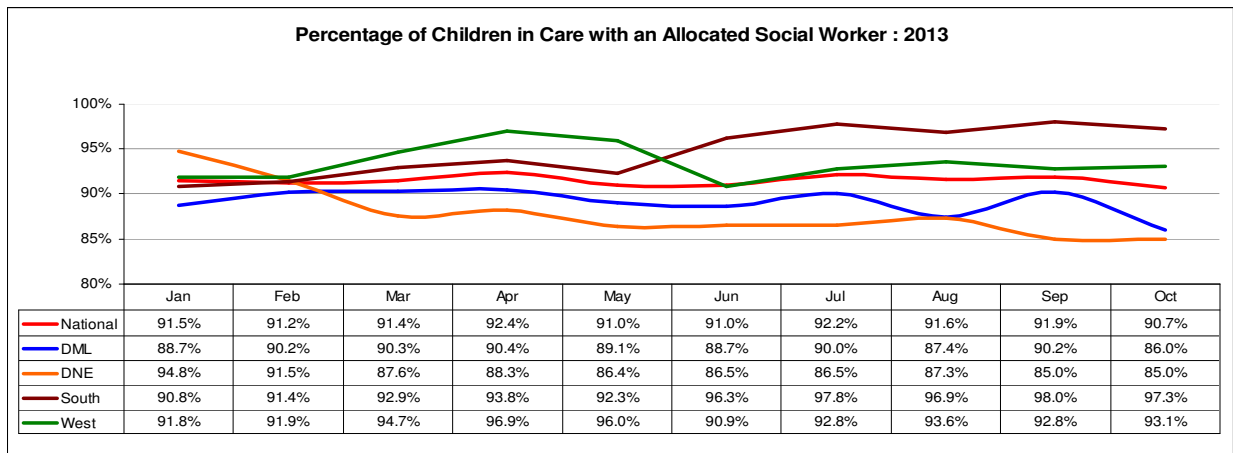
The HSE has a statutory duty under the *Child Care Act 1991*, for the care and protection of children and their families. In its *Programme for Government 2011*, the Government has set out fundamental reform for the provision of children and family services in Ireland. As part of this reform, the new Child and Family Support Agency (CFSA) is being 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 is that 100% of children in care have an allocated social worker.
- 5,886 (90.7%) of children in care (6,486) have been allocated a social worker at the end of October 2013.
- Activity is 9.3% down on target.
- Regional performance is as follows:

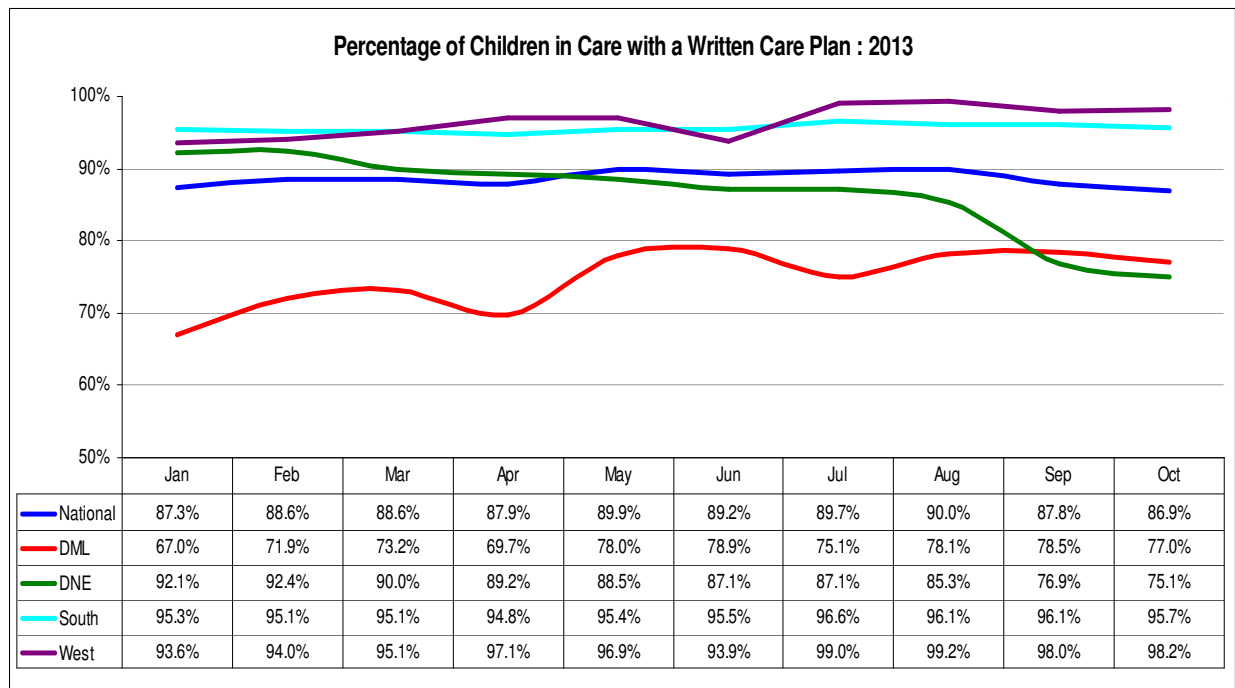


- DML: 86.0%. Performance is below 80% in Dublin South East 76.2%; Kildare West Wicklow 68.7% and Laois Offaly 71.2%.
- DNE: 85.0%. Performance is below 80% in Cavan Monaghan 71.8% and Dublin North West 77.5%.
- South: 97.3%. No LHO demonstrated a performance below 80%.

- West: 93.1%. Performance is below 80% in Tipperary North 78.2%.
- 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 is also having 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 is that 100% of children in care have a written care plan.
- 5,638 (86.9%) of children in care (6,486) have a written care plan at the end of October 2013.
- Activity is 13.1% down on target.
- Regional performance is as follows:



- DML: 77.0%. Performance is below 80% in Dunlaoghaire 76.7%; Dublin South East 67.3%; Dublin West 73.5%; Kildare West Wicklow 67.2% and Laois Offaly 74.8%.
- DNE: 75.1%. Performance is below 80% in Dublin North West 51.0%; Dublin North East 77.2% and Dublin North 78.5%
- South 95.7%. No LHO demonstrated a performance below 80%.
- West 98.2%. 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 is adversely affecting the capacity of some regions to ensure that all care plans are up to date. The drop in DNE is related to a large number of care plans falling due in the month which cannot be completed on time within existing staffing levels.

Financial Overview

The HSE is reporting year to date expenditure of €10.38 billion against a budget of €10.24 billion leading to a gross deficit of €132.07m or 1.3% to the end of October 2013. For the same period in 2012 the deficit was €388.04m.

Within this there is a core deficit of €5.16m when account is taken of the shortfall in budgeted retirees (Employment Control Framework (ECF) Target) resulting in lower than target pay savings. Implementation of the Haddington Road Agreement (HRA) and Financial Emergency Measures in the Public Interest (FEMPI) in the Primary Care Re-imbursment Service (PCRS) also contributed to the deficit.

These gross and core income and expenditure deficits are broken down as follows:

	Net Core Deficit at the end of October 2013						2013 Gross Deficit €m	2012 Gross Deficit €m
	DML	DNE	South	West	Other National	Total Core Deficit		
	€m	€m	€m	€m	€m	€m		
Hospital Services	17.07	14.65	16.03	30.22	0.00	77.98	143.45	229.24
Community Services	7.12	8.13	(4.14)	(9.91)	0.00	1.21	21.65	(31.65)
Local Schemes	9.59	6.90	5.86	5.58	0.00	27.93	27.93	
Sub - Total	33.78	29.69	17.76	25.89	0.00	107.12	193.03	197.59
PCRS	0.00	0.00	0.00	0.00	21.41	21.41	62.41	195.25
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(103.63)	(103.63)	(103.63)	24.68
National Services	0.00	0.00	0.00	0.00	(8.16)	(8.16)	(8.16)	(11.82)
Fair Deal	0.00	0.00	0.00	0.00	(15.15)	(15.15)	(15.15)	(4.52)
Children and Families	0.00	0.00	0.00	0.00	15.98	15.98	15.98	13.26
Population Health	0.00	0.00	0.00	0.00	(11.46)	(11.46)	(11.46)	(4.08)
Care Group / Other	0.00	0.00	0.00	0.00	(0.96)	(0.96)	(0.96)	(22.31)
Held Funding								
Total	33.78	29.69	17.76	25.89	(101.96)	5.16	132.07	388.04

* Local Schemes included under PCRS heading in 2012

It is important to note that the surpluses under some headings may reverse by year end.

In relation to "Fair Deal", the scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Financial Outlook 2013

The risk assessment / projected outlook to year end would indicate that there is a **gross** projected deficit for HSE of circa **€219m** for 2013. This compares to a gross deficit of €388m for the same period in 2012. The 2013 gross deficit includes a gross projected shortfall for hospitals of €190m (€60m of which is due to the late introduction of private health insurance legislation), PCRS €70m (€41m of which is due to the delayed implementation of FEMPI measures), Community Services €30m, Children & Family Agency €20m (legal expenditure) and €33m on local schemes (demand driven). This gross deficit is also inclusive of any once-off savings mainly in pensions available in 2013 which will **not be available to the HSE in 2014**.

The **gross** projected deficit is a reflection of the overall challenge within the HSE when account is taken of the risks that were set out in the National Service Plan 2013. This projected deficit includes shortfalls in the four key risk areas which the HSE has identified and referred to above 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 does not in itself have the capacity to address shortfalls that have emerged in these risk areas and are outside of the sole control of the HSE.

1. Primary Care Reimbursement Service - €353m Target

The current risk assessment / projected outlook to year end indicate a projected deficit in the region of €70m based on ten months data. This is subject to certain assumptions around performance in the remaining months of 2013. There are a number of factors making up this forecast and the most significant are as follows:-

- 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 is then offsetting these deficits

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 are expected to be delivered. It is still anticipated that a minimum of one third or €46m of the HRA target will not be 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 will now take effect on 1 January 2014 and therefore there will be 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 with an increase in deficits being reported by relevant hospitals. To the end of October 2013 non achievement of these income targets has increased hospital deficits by €40m and will increase hospital deficits by a further €10m a month for the remaining 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 will not now be forthcoming and will have an adverse effect on the HSE Vote in 2013.

Conclusion

From a financial performance standpoint when account is taken of the deficits projected under the four key risk areas above; and these deficits are deducted from the projected gross deficit as they represent risks outside the direct control of the HSE then the **direct services** i.e. *Acute and Community services* projected deficit is projected at €91m based on ten months of data.

With the application of once off surpluses which primarily relate to lower than expected retirements in 2013 the HSE will deliver a breakeven position on its direct services. It should be stressed that these once-off surpluses will not be available to the HSE in 2014.

Human Resources

INTRODUCTION TO THE HUMAN RESOURCES DIVISION

The role of the Human Resources Division is to ensure 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 100,005 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 Dec 2012	WTE October 2013	WTE Change between Dec 2012 to Oct 2013	Year-end ceiling (target)	Variance to end of year target
Variance from current Target levels	101,506	100,005	-1,501	98,938	1,067

HSE ABSENTEEISM RATES

	Outturn 2012	Target	Actual reported month (Sept)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.79%	4.75%	4.74%

WORKFORCE POSITION

- 100,005 WTEs at end of October with employment at early 2005 levels. Variance to end of year target is 1,067 WTEs.
- 12,766 WTEs (-11.32%) reduction since peak in October 2007. Real reduction is of the order of close to 15,000 WTEs when subsumed agencies, filled new service developments and transfer of CWS to DSP are factored in.
- 358.25 WTEs (77.8%) 2011 new service developments filled, up 7.7 WTEs from last month.
- 341 WTEs (82.56%) of the 413 planned and funded 2012 service developments in Mental Health Services have been filled, up 1 WTEs since September. Final 72 WTEs are in the final stages of recruitment.
- 187.20 WTEs of 2013 new service development posts filled, up 61.72 WTEs from September (91.7 WTEs - National Ambulance Service, 77.5 WTEs - Primary Care, 8 WTEs - Mental Health Services and 10 WTEs - Acute Services).
- WNW Hospital Group is showing growth of 10 WTEs since start of 2013 and is 131 WTEs above its current ceiling. It remains only hospital group showing employment growth in 2013.
- National Ambulance Service also recorded growth since end of 2012, but this is due to filling of new service developments provided for in the 2013 National Service Plan.
- Growth has also been recorded in senior management grades of +27 WTEs from the start of the year, with the HSE accounting for 30 WTEs of the growth.

EMPLOYMENT CEILING COMPLIANCE

- 1,067 WTEs above the end-of-year employment target of 98,938 WTEs.
- The Health Sector is operating above its approved employment ceiling at +263 WTEs. Current ceiling includes a further one 2012 MHS posts filled in September. Voluntary Hospital Sector is 1,003 WTEs (+4.9%) above its employment ceiling, as is the Voluntary (Non-Acute) Sector by 81 WTEs (+0.6%), while the HSE is below ceiling by 821 WTEs when the unallocated ceiling is factored in.
- The more correct current overall ceiling variance is higher at 456.35 WTEs when unfilled posts from National Service Plans predating the current one are factored in (193.35 WTEs). The end of year ceiling also has to be capable of accommodating up to 821.6 new service development posts still to be filled as provided for in the National Service Plan 2013.
- Just one Region (HSE South) is currently operating within its employment ceiling.

AGENCY / OVERTIME EXPENDITURE AND HADDINGTON ROAD AGREEMENT

Overall agency spend is €208 million year-to-date to end of October, up €27 million (+14.91%) for same period in 2012.

- Increases in four staff categories with Medical/Dental up 30.18%, and Health & Social Care Professionals up 20.61%.

Overall overtime expenditure is €189 million down year to date to the end of October. This is lower than the same period in 2012. All staff categories are recording reductions.

- Nursing overtime is down €7 million or -21% and compares with a recorded reduction of €4 million or -17.5% at the end of June.
- Reduction in the staff category of Medical/Dental, who account for over two thirds of total overtime expenditure is more modest at minus 13%.
- Effective utilisation of additional hours, implementation of the Nurse Graduate Programme and Support Staff Intern Scheme, coupled to redeployment of staff are significant enablers to service managers to reduce overtime and agency usage post 1st July 2013.

Nursing and Support Staff Agency and Overtime Expenditure compared 2012 and year to date 2013 is set out in the table below.

Nursing and Support Staff Agency and Overtime Expenditure 2012 and YTD 2013

Region/Year	Total	DML	DNE	South	West
Combined Nursing Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€125,026,196	€48,752,783	€44,342,161	€21,553,564	€8,974,459
% of total		38.99%	35.47%	17.24%	7.18%
YTD 2012 (October)	€108,279,667	€42,697,363	€37,352,358	€18,757,496	€7,894,374
% of total		39.43%	34.50%	17.32%	7.29%
YTD 2013 (October)	€104,618,021	€38,619,926	€37,913,035	€18,997,070	€6,958,364
% of total		36.92%	36.24%	18.16%	6.65%
Comparison YTD	-€3,661,646	-€4,077,437	€560,677	€239,574	-€936,010
Combined Support Staff Agency and Overtime Expenditure as recorded in CRS					
2012 - Full Year	€87,092,533	€37,641,508	€26,700,075	€13,824,754	€8,091,893
% of total		43.22%	30.66%	15.87%	9.29%
YTD 2012 (October)	€72,548,290	€31,171,968	€22,026,794	€11,649,828	€6,967,448
% of total		42.97%	30.36%	16.06%	9.60%
YTD 2013 (October)	€74,489,286	€32,493,217	€22,179,347	€11,461,167	€6,847,267
% of total		43.62%	29.78%	15.39%	9.19%
Comparison YTD	€1,940,996	€1,321,249	€152,553	-€188,661	-€120,181

Source: CRS

RECRUITMENT / STARTERS

Starter Reports for 2013 across the Public Health Sector to the end of October figure of the order of 2,996 WTEs, with Acute Services accounting for 62% of total. The starter figures do not include student nurse placements but do include NCHDs.

Non-acute services account for 31% 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			
DNE	18	31	0	0	0	89	20	158
DML	2	25	0	1	0	55	17	100
South	34	14	0	0	1	76	17	142
West	40	24	0	4	0	75	23	166
Corporate (incl CFS ACTS)*	24	0	0	0	0	0	19	43
TOTAL	118	94	0	5	1	295	96	609

*CFS = Children and Family Services

ACTS = Assessment Consultation and Therapy Service

- 609 health and social care personnel have been recruited to work in the health services year-to-date of which 55 commenced employment in October 2013.
- 330 of these posts are Development Posts under the National Service Plan

NEW SERVICE DEVELOPMENTS 2012 AND 2013

- 341 WTEs (82.56%) of the 413 planned and funded 2012 service developments in Mental Health Services have been filled, up 1 WTEs since September. Final 72 WTEs are in the final stages of recruitment.
- 187.20 WTEs of 2013 new service development posts filled, up 61.72 WTEs from September (91.7 WTEs - National Ambulance Service, 77.5 WTEs - Primary Care, 8 WTEs - Mental Health Services and 10 WTEs - Acute Services).

ABSENTEEISM

- Reported 1 month in arrears.
- Overall absenteeism target for 2013 is 3.5%.
- Absenteeism for September is 4.79%, while the year to date position stands at 4.74% (Jan – Sept). Annual absenteeism rates have been showing a gradual improvement from 2008 when it was recorded at 5.76%.
- 91.5% of absenteeism in September 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 –Sept) is as follows:

Region	Sept 2013	YTD
DML	4.44%	4.38%
DNE	4.56%	4.49%
South	4.84%	4.83%
West	5.40%	5.24%

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

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

CONCLUSION AND ACTIONS

The staff in our health service are our largest and most important resource. Since September 2007, the health service has reduced by over 12,500 staff or around 11%. To reach the proposed WTE ceiling of 98,938 at the end of 2013 there must be a reduction of a further 1,067 WTEs by the end of Dec. Mechanisms to reduce this number are not available and there is a parallel need to ensure that people are available to provide the level of service planned for 2013. Workforce issues will require close attention in the early part of 2014 and will inform the approach to employment control during the years ahead.

APPENDIX 1 NATIONAL SCORECARD

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
Child Health									
% 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%	87.9%	-7.5%	95%	90.4%	-4.8%
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%	90.7%	-9.3%	100.0%	90.7%	-9.3%
% 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%	86.9%	-13.1%	100.0%	86.9%	-13.1%
Primary Care									
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	115,918	122,592	5.8%	11,592	13,569	17.1%
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	22,777	23,763	4.3%	22,777	23,763	4.3%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,563	6.4%	10,870	11,563	6.4%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	8,338,816	8,037,930	-3.6%	936,000	843,935	-9.8%
Palliative Care									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	95.0%	3.0%	92%	98%	6.5%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	M	83%	82%	82%	86.0%	4.9%	82%	88%	6.0%

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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%	67.9%	-28.5%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	80.7%	-19.3%	100%	82.2%	-17.8%
Elective Waiting Time									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	5,087 11.3%		0	5,087 11.3%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	930 22.3%		0	930 22.3%	
Colonoscopy / Gastrointestinal Service									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	8		0	8	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	1,353 14.5%		0	1,353 14.5%	
Outpatients									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	71,441		0	71,441	
Day of Procedure Admission									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	61%	-18.6%	75%	61%	-18.6%
% of elective surgical inpatients who had principal procedure conducted on day of admission	M	New for 2013	85%	85%	60%	-29.2%	85%	60%	-29.2%
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%	10.8%	-12.0%	9.6%	10.8%	-12.0%
Surgery									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M	84.0%	95%	95%	83.3%	-12.4%	95%	83.3%	-12.4%
ALOS									
Medical patient average length of stay	M	7.2	5.8	5.8	6.8	-16.7%	5.8	6.8	-16.7%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	3.7	32.8%	5.51	3.7	32.8%
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%	70.3%	0.3%	70%	65.7%	-4.3%
% 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%	64.3%	-3.7%	68%	63.4%	-4.6%

*All 8 persons have been seen or have requested removal from the waiting list by the 12 November

OCTOBER 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	6,955,211	5,717,699	5,789,180	-71,482	-1.2%
Variance against Budget: Non Pay	7,341,838	6,222,337	6,087,582	134,755	2.2%
Variance against Budget: Income	(1,965,366)	(1,559,479)	(1,628,275)	68,797	-4.2%
Variance against Budget: Income and Expenditure Total	12,331,684	10,380,557	10,248,486	132,070	1.3%

Vote Key Performance Measurement	REV 2013 '€000	Actual YTD €000	Profile YTD €000	(Under) / Over YTD	% Var Act v Tar
Vote expenditure vs Profile Revenue	11,939,471	10,351,846	10,181,103	170,743	1.7%
Vote expenditure vs Profile Capital	373,000	202,426	289,951	-87,525	-30.2%
Total - Vote Expenditure vs Profile (Revenue & Capital)	12,312,471	10,554,272	10,471,054	83,218	0.8%

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	349,130	432,169	-83,039	-19%

HUMAN RESOURCES SCORECARD				
	WTE Dec 2012	Year-end ceiling (target)	WTE October 2013	Variance to End of year target
Variance from current target levels	101,506	98,938	100,005	1,067

	Outturn 2012	Target	Actual reported month (Sept)	Rolling Three Months	YTD
Absenteeism rates	4.79%	3.5%	4.79%	4.75%	4.74%