Health Service Executive
July 2013 Performance Report
National Service Plan 2013

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Key Service Messages

- **Macro Hospital Activity**

Activity Type		Jan - July Actual 2012	Jan - July Actual 2013	Val Var	% Var
ED New Attendances		620,229	608,253	(11,976)	(2%)
Inpatient Discharges[1]		341,546	338,255	(3,291)	(1%)
Day Care Attendances[1]		476,904	481,921	5,017	1%
OPD	New	398,283	428,707	30,424	8%
	Return	956,467	1,013,633	57,166	6%

- **Emergency Department Attendances**
  - 68% of patients attending were discharged home / admitted within 6 hours and 82% within 9 hours

- **Inpatient Admission Source[1]**

Activity Type		Jan - July Actual 2012	Jan - July Actual 2013	Val Var	% Var
Emergency Admissions	ED Admissions	166,774	163,507	(3,267)	(2%)
	Emergency (Other)[2]	46,857	45,754	(1,103)	(2%)
	MAU Admissions[3] *	10,701	21,913	11,212	105%
	Subtotal	224,332	231,174	6,842	3%
Elective	Elective Admissions	97,317	94,407	(2,910)	(3%)
Total Admissions		321,649	325,581	3,932	1%

*Note: A Medical Assessment Unit (MAU) is a facility whose primary function is the immediate and early specialist assessment and management of adult patients with a wide range of medical conditions. Its aim is to provide a dedicated location for the rapid assessment, diagnosis and commencement of appropriate treatment and the determination, by a senior medical doctor, of whether an overnight admission is necessary.

- **Emergency Admissions**
  - 3% increase in overall number of Emergency Admissions
    - 2% decrease in the number of Emergency Department admissions (n=3,267)
    - 105% increase in the number of MAU Admissions (n=11,212)

- **Elective Inpatients and Day Care Attendances**
  - 3% decrease in the number of elective admissions (n=2,910)
  - 1% increase in the number of Day Care attendances (n=5,017)
    - 87% of all adults waiting on the elective waiting list are waiting less than 8 months (n= 40,302)
    - 81% of all children waiting on the elective waiting list are waiting less than 20 weeks (n= 4,394)

All hospitals have commenced necessary action plans to ensure that no patient is waiting more than 8 months by year end.

- **Colonoscopy**
  - Nine breaches of the four week target for urgent colonoscopies were reported in Wexford General Hospital in July. These had all subsequently attended by August 15th

- **GI Endoscopy**
  - 90% of people on the GI Endoscopy waiting list are waiting less than 13 weeks. At the end of July, 10% of patients were waiting greater than 13 weeks (n=874). Plans have been drawn up to ensure that no patient is waiting greater than 13 weeks.

- **Outpatient**
  - 8% increase in the total number of OPD new attendances
  - 3% reduction in total number of new patients waiting (n=10,528)[4]
    - 16% reduction in the number of patients waiting more than 6 months (n=29,678) [4]
    - 15% reduction in the number of patients waiting more than 12 months (n=15,996) [4]
  - 24% of total number of patients are waiting more than 12 months (n=87,437)

Hospitals have developed and 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 an 8% 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 (15%) [4]

Note[1] 2012 / 2013 datasets do not include CWIUH activity due to unavailability
Note[2] Emergency Other includes Paediatric Assessment, Surgical Assessment, Transfer, OPD admission sources
Note[3] MAU - Medical Assessment Unit
Note[4] NTPF full dataset availability March 2013 - comparison March / July 2013

HSE Primary Care Reimbursement Scheme (PCRS)

Medical Cards: As at the 16 August 2013, 95% of completed medical card applications have been processed within the 15 day turnaround, NSP target is 90%. The remaining 5% are in progress and the majority of these relate to applications in excess of the income limits and/or a medical assessment is required.

Performance Activity movement since January 2013 *	01-Jan-13 Actual	01-Aug-13 Actual	Change Actual	31-Dec-13 Target
Number of people with Medical Cards	1,853,877	1,866,223	12,346	1,921,245
Number of people with GP Visit Cards	131,102	124,925	-6,177	265,257

Performance Activity Medical Cards and GP Visit Cards *	DML	DNE	South	West	YTD Total	No. cards same period last year	% variance YTD v. same period last year
Number of people with Medical Cards	470,624	396,253	500,425	498,921	1,866,223	1,832,865	1.82 %
Number of people with GP Visit Cards	28,985	24,615	38,137	33,188	124,925	131,635	-5.10 %
Total	**499,609**	**420,868**	**538,562**	**532,109**	**1,991,148**	**1,964,500**	**1.36 %**

*Includes granted on discretionary grounds

In 2013 PCRS had a targeted saving of €323m. At the end of July there is a reported deficit of €36.2m, €27m of which is as a result of a delay in anticipated regulations under the FEMPI legislation. This leaves a balance of €9.2m against the expected position year to date.

Schemes	Approved Allocation €000	YTD Actual €000	YTD Budget €000	YTD Variance €000	YTD %
Medical Card Schemes	1,782,648	1,078,598	1,046,975	31,623	2.97%
Community Schemes	539,462	315,214	310,641	4,573	1.63%
PCRS Total	**2,322,110**	**1,393,812**	**1,357,617**	**36,195**	**2.67%**

Community Services

Child Health Developmental Screening

- The national performance is 88.5%. 8 LHOs have met or exceeded the target for the percentage of 95% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age. The remaining LHOs performed above 70% with the exception of Galway at 46.3%. There was no return from Dublin North Central LHO.

  Galway has prioritised the 7-9 month developmental check and a plan has been formulated for PHN and AMO services to address the backlog during the months of July and August.

Child Protection and Welfare Services

In accordance with the Programme for Government commitment legislation is being prepared to create a new Agency to take over the HSE's child welfare and protection responsibilities and the further decision to subsume the Family Support Agency into the new Agency.

- **Children in care with an allocated social worker:** The national performance is 92.2%. 12 LHOs have met the target of 100% for the percentage of children in care who have an allocated social worker at the end of the reporting period. Within the Regions and the LHOs with the greatest challenge in performance where 80% or less of the Children in care have an allocated social worker, are: HSE DML – Dublin South East (79.4%), Kildare West Wicklow and (74.3%) Longford Westmeath (77.9%); HSE DNE – Cavan Monaghan (78.8%) and Dublin North West (75.7%) and in the HSE West; Tipperary North (61.9%); No LHO in the HSE South demonstrated a percentage under 80%.

- **Children in care who have a written care plan:** The national performance is 89.7%. 7 LHOs have met the target of 100% for the percentage of children in care who currently have a written care plan, as defined by Child Care Regulations 1995, at the end of the reporting period. The HSE Region with the greatest challenge in performance where 80% or less of the children in care have a written care plan, is HSE DML - Dublin South East (69.6%), Dublin South City (60.6%), Dublin South West (72.3%), Dublin West (71.2%) and Kildare West Wicklow (47.5%). In DNE Dublin North West (75.9%). No LHO in HSE South or HSE West demonstrated a percentage under 80%.

A significant level of vacancies in social work services continues to adversely affect performance in some areas. Currently 85 social work posts which have been approved for filling are being processed as a priority by the National Recruitment Service. Outstanding children in care reviews and care plans have been prioritised for completion. Social work staff have been reassigned to undertake this work. Targets have been set to ensure improvement within specific timelines.

Mental Health

No. of children/adolescents admitted to mental health inpatient units

- In July there were 12 child / adolescent admissions to HSE child and adolescent mental health inpatient units and overall there was 111 admissions to date, which is a 39% increase when compared to the same period last year this is due to the increased operational capacity.

Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen

- There were 5,893 new/re-referred cases seen to date which is a 13% increase when compared to the same period last year.

- 71% of these new/re-referred cases are being seen within 3 months which is above the target of 70%. DML 64%, DNE 61%, South 74% and the West 81%.

Total Number of new (including re-referred) people offered first appointment

- In July the number of new cases offered first appointment by General Adult Mental Health Teams is 2,839 and 718 new cases offered first appointment by the Psychiatry of Old Age Service

	Jan	Feb	March	April	May	June	July
Adult	3,489	3,242	2,947	3,347	3,398	2,905	2,839
Old age	885	717	686	727	827	696	718

Older People

Nursing Home Support Scheme (Fair Deal)

- In July 2013 23,166 long term public and private residential places are supported under the scheme. In the first seven months of 2013, 4,735 new clients were supported under the NHSS in public and private nursing homes. This was a net increase of 729 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 July there were 588 people on the scheme's national placement list. Due to additional approvals issued in July and August, the number of people on the list reduced to less than 100 by mid-August. In July, 100% of complete NHSS applications were processed within four weeks.

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 patients on Subvention**	**No. of patients in Contract Beds**	**No. of 'savers' in Section 39 Units**	**Total in Payment during Month**	**Approved but not yet in payment**	**Overall Total**
End Q4 – 2012	**5,080**	**14,590**	**856**	**1,398**	**141**	**22,065**	**806**	**22,871**
DML	1,412	4,018	161	633	-	6,224	311	6,535
DNE	919	3,047	144	272	15	4,397	232	4,629
South	1,488	4,087	146	133	104	5,958	174	6,132
West	1,266	4,141	213	104	-	5,724	146	5,870
Total – July 2013	**5,085**	**15,293**	**664**	**1,142**	**119**	**22,303**	**863**	**23,166**

Home Help Hours

National Home Help Hours activity year to date to the end of July amounts to 5,514,055 hours, 6% behind profiled target. This includes two pay periods reported in July for Cork and Kerry and an estimate for Limerick. Plans are being put in place to deliver the targeted hours by year end.

Finance

It is important that this financial commentary is considered within an appropriate context including:

1. The significant and extended pressures on our services in the first 7 months of the year which have required us to respond including with additional capacity. This has had an impact, to-date, on our costs as well as on our ability to fully sustain the very important improvements made last year including in access times to scheduled care.

2. The total reduction to the HSE budgets / costs of €3.3bn (22%) since 2008.

3. The reduction in staffing levels of over 11,320 WTEs since the peak employment levels in September 2007.

4. Our regions are reporting that in the year to date we have already experienced a reduction in the pace and / or availability of flexibility under the original PSA[1]. The assessment is that this has already contributed to slippage on our cost containment programmes.

The HSE is reporting year to date expenditure of €7.269 billion against a budget of €7.194 billion leading to a gross deficit of €75.31m to the end of July 2013. Within this there is a core deficit of €8.13m when account is taken of timing issues around the phasing of budgets, shortfall in retirees resulting in lower than target pay savings and timing delays relating to targets around the Haddington Road Agreement (HRA).

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

	Net / Core Deficit at the end of July 2013						
	DML	DNE	South	West	Other National	Total Core Deficit	Total Gross Deficit
	€m	€m	€m	€m	€m	€m	€m
Hospital Services	20.10	7.22	7.88	19.88	0.00	57.51	85.04
Community Services	6.58	3.70	(0.23)	(5.40)	0.00	9.46	22.11
Local Schemes	6.27	5.00	3.35	3.41	0.00	18.13	18.13
Sub - Total	**32.95**	**15.92**	**10.99**	**17.89**	**0.00**	**85.09**	**125.28**
PCRS	0.00	0.00	0.00	0.00	**9.20**	**9.20**	36.20
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(60.21)	(60.21)	(60.21)
National Services	0.00	0.00	0.00	0.00	(5.63)	(5.63)	(5.63)
Fair Deal	0.00	0.00	0.00	0.00	(19.27)	(19.27)	(19.27)
Children and Families	0.00	0.00	0.00	0.00	7.26	7.26	7.26
Population Health	0.00	0.00	0.00	0.00	(6.97)	(6.97)	(6.97)
Care Group / Other	0.00	0.00	0.00	0.00	(1.35)	(1.35)	(1.35)
Total	**32.95**	**15.92**	**10.99**	**17.89**	**(76.97)**	**8.13**	**75.31**

It is important to note that the surpluses under a number of headings are in most cases expected to reverse by year end and therefore are unlikely to be available to off-set other deficits on an ongoing basis. These services are expected to fully utilise their budgets by year end.

In relation to the Fair Deal surplus options were considered to fully utilise available funding to year end based on seven months financial results. Based on this review approvals were accelerated in order to clear the outstanding bed placement list. In addition approvals for August have been accelerated to the earlier part of the month which will also result in increased assignments over the coming weeks. As a result of these approvals the number of people on the placement list in mid August has reduced to less than 100.

[1] Original PSA = Public Service Agreement (Croke Park). New PSA is Haddington Road Agreement

The HSE will continue to examine the position with a view to releasing additional funded approvals in the remaining 5 months of the year if necessary from within the resources available. Monthly profiles for the latter half of 2013 are now being revised to reflect these accelerated approvals and also to ensure that the available resource is fully utilised by year end.

Based on seven months data the HSE is not flagging any new concerns / risks beyond those which were clearly set out within the National Service Plan 2013 (NSP) as approved by the Minister on 9th January 2013 and within the Regional and Hospital Group Service Plans which were published in February. These risks remain and principally include:

- **PCRS - scale of savings required i.e. €353m**

  The overall PCRS financial performance against savings targets remains strong particularly given the scale of the target (€353m). Non achievement of FEMPI savings represents €27m of the €36m deficit at the end of July. The deficit has increased by only €3.8m in the month despite losing another €9m as a result of non achievement of FEMPI targets.

  The NSP 2013 anticipated that regulations made by the Department of Health (DOH) under the FEMPI legislation would allow the HSE to reduce professional fees by approximately €8m - €9m per month from May onwards. FEMPI regulations have now been implemented with effect from 24th July 2013 and the proposed reductions will begin to take effect in August 2013 payments although we will not see the full monthly effect of all the reductions until September 2013 resulting in a further increase in the deficit when August results are available.

  The current risk assessment / projected outlook to year end would indicate a minimum projected deficit of €65m. However the PCRS is currently reworking its full year forecast with indications that the worst case will now *not* exceed €100m.

- **Public Service Agreement - €150m**

  The Haddington Road Agreement took effect from 1st July 2013. The extent to which the €150m budget reduction assigned to the HSE within the NSP can be delivered and any likely shortfall has been assessed and on that basis targets have been communicated to the wider health system. It is anticipated that approximately one third of the Haddington Road target will not be achieved in 2013 primarily due to time delays in the implementation of the agreement.

- **Private Health Insurance Income – 2013 Legislation for €60m**

  The legislation to charge all private patients in public beds as included in the 2013 National Service Plan has now been published. The NSP 2013 requires that the legislation would facilitate generation and collection of an additional €60m in the latter half of 2013. It is now clear that it will not be possible to achieve this income collection target as the enactment of the legislation has been deferred to 1st January 2014. 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. Non achievement of these income targets will increase hospital deficits by €10m a month for the remaining 6 months of 2013.

- **2012 Accelerated Private Health Insurance Income €104m**

  The accelerated income received in December 2012 will be required in 2013 or it will have an adverse effect on the HSE Vote. Resolution of this issue will require a sustainable improvement in payment terms or similar. Engagement is ongoing with the insurers through the Consultative Forum on Health Insurance seeking to progress this matter. €20m of this amount is being addressed by the HSE improving income collection.

Conclusion

The risk assessment / projected outlook to year end based on the first seven months of data would indicate that there is a ***direct services*** projected deficit of circa €107m [2], including a projected shortfall for hospitals of €75m and €25m on local schemes (previously PCRS).

The direct services projected deficit is a reflection of the overall challenge within the remainder of our community and hospital services once account is taken of the risks that were set out in the National Service Plan 2013. This deficit is stated net of the four key risk areas the HSE has identified and referred to above where, within the parameters of the National Service Plan 2013 (NSP 2013) as approved by the Minister on the 9th January 2013, the HSE does not in itself have the capacity to address any shortfalls that may emerge in these risk areas that are outside of the sole control of the HSE i.e.:

- PCRS
- Public Service Agreement / Haddington Road Agreement (HRA)
- Private Health Insurance Income – legislation
- 2012 Accelerated Private Health Insurance Income

The HSE's hospital and community service providers have formally been requested to identify additional cost containment measures to safely bridge the ***direct services deficit***. Our priority is to progress additional cost containment measures and to utilise all resources made available to the HSE, while balancing financial and service user risks appropriately.

Within our **direct** services HSE is at this stage in the year, subject to any necessary approvals around the use of once-off surpluses[3], expecting to deliver a substantially breakeven position by year end.

[2] As with any projection this is an estimate based on a number of assumptions including for example assumptions around any potential shortfall within the HRA against the €150m savings target. As more information becomes available to allow us validate and refine these assumptions the projections will be updated.

[3] Including Superannuation and time related savings on priority 2013 investments. Recruitment of priority posts has been underway since earlier this year when DOH approvals were received. However even allowing for accelerated recruitment processing times, full year funding has been provided and there will be an element of once-off time related savings.

Human Resources

- July employment census shows a decrease of 541 WTEs from June. The Statutory Sector decreased by -361 WTEs, the Voluntary Hospitals decreased by -71 WTEs while P&C Voluntaries increased by -109 WTEs. The bigger reduction is driven partially by the initial impact of the Incentivised Career break and changes in working hours provided in the Haddington Road Agreement as well as continuing controls and focus on reducing head count.

- Employment is at levels last seen in early 2005, despite significant new service development posts and subsuming of external employment into the HSE in the intervening period. Since employment peaked in September 2007, the health services have reduced employment levels by 10.5% (11,877 WTEs).

- Health Sector employment levels have reduced by 612 WTEs (Jan -99, Feb -121, March +76, April +43, May -110, June -15, July -541) since the start of the year.

- Reduced turnover and retirement rates in recent months, coupled to recruitment and growth pressures has led to a decrease of some of the downward trends seen over the last 24 months. This month the higher than usual wte decrease specifically relates to seasonal factors and the Incentivised Career break.

- As retirements will continue to be a less significant factor in staff turnover up to the end of 2013, it may require higher targeted exits through any incentivised exit schemes to year-end.

Significant challenges remain in the whole area of employment control and costs in order to meet the end of 2013 employment target. Based on further planned new service developments as set out in the National Service Plan 2013, the remaining months will require an average reduction of the order of 640 WTEs per month to meet the end-of-year employment target.

Accordingly the capacity for the health services to meet the end-of-year employment target of 98,938 WTEs is unlikely to be achieved in the context of reduced numbers exiting the system and new service commitments as set out in the National Service Plan.

The Health Sector is 313 WTEs above the current approved employment ceiling – outturn of 100,894 WTEs versus employment ceiling of 100,582 WTEs as notified by the Department of Health and 1,956.25 WTEs above the end-year target of 98,938 WTEs.

NSP 2013 Performance Scorecard

Acute Care									
				Performance YTD			Performance this M/Q		
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	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%	65.2%	-31.4%	95%	68.1%	-28.3%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	80.0%	-20.0%	100%	82.0%	-18.0%
Elective Waiting Time									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	6,230 13.4%		0	6,230 13.4%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	851 19.4%		0	851 19.4%	
Colonoscopy / Gastrointestinal Service									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	9		0	9	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	874 9.7%		0	874 9.7%	
Outpatients									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	87,437		0	87,437	
Day of Procedure Admission									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	60%	-19.6%	75%	60%	-19.6%
% of elective surgical inpatients who had principal procedure conducted on day of admission	M	New for 2013	85%	85%	68%	-19.9%	85%	68%	-19.9%
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%	10.9%	-13.0%	9.6%	10.9%	-13.0%
Surgery									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M	84.0%	95%	95%	83.4%	-12.2%	95%	83.4%	-12.2%
ALOS									
Medical patient average length of stay	M	7.2	5.8	5.8	7.1	-22.4%	5.8	7.1	-22.4%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	4.5	18.3%	5.51	4.5	18.3%
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%	70.6%	0.8%	70%	73.4%	4.8%
% 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%	63.0%	-7.4%	70%	65.1%	-7.0%

NSP 2013 Performance Scorecard

Non 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	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%	87.3%	-8.1%	95%	88.5%	-6.8%
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%	92.2%	-7.8%	100.0%	92.2%	-7.8%
% children in care who currently have a written care plan, as defined by *Child Care Regulations 1995* , at the end of the reporting period	M	87.6%	100%	100%	89.2%	-10.8%	100.0%	89.2%	-10.8%
Primary Care									
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	69,551	71,282	2.5%	11,592	11,462	-1.1%
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	22,705	23,166	2.0%	22,705	23,166	2.0%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,207	3.1%	10,870	11,207	3.1%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)**	M	9,887,727	10.3m	5,659,816	5,514,055	-2.6%	1,026,500	965,188	-6.0%
Palliative Care									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	94.0%	2.2%	92%	90%	-2.2%
% 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%	82%	0.0%

**Home Help includes estimates for Limerick and Galway. Includes two pay periods for Cork and Kerry

FINANCE

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	6,903,636	4,015,908	4,047,687	-31,779	-0.8%
Variance against Budget: Non Pay	7,314,619	4,346,619	4,268,977	77,642	1.8%
Variance against Budget: Income	(1,958,626)	(1,093,035)	(1,122,482)	29,447	-2.6%
Variance against Budget: Income and Expenditure Total	12,259,630	7,269,492	7,194,183	75,310	1.0%
Vote Key Performance Measurement	**REV 2013 '€000**	**Actual YTD €000**	**Profile YTD €000**	**(Under) / Over YTD €000**	**% Var Act v Tar**
Vote expenditure vs Profile Revenue	11,939,471	7,275,675	7,254,263	21,412	0.3%
Vote expenditure vs Profile Capital	373,000	106,536	190,844	-84,308	-44.2%
Total - Vote Expenditure vs Profile (Revenue & Capital)	**12,312,471**	**7,382,211**	**7,445,107**	**-62,896**	-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	244,030	284,518	-40,488	-14%

HUMAN RESOURCES

	Year-end ceiling (target)	WTE Dec 2012	Ceiling July 2013	WTE July 2013	WTE Variance July 2013	% WTE Variance July 2013
Variance from current target levels	98,938	102,153	100,582	100,894	313	0.31%
		Outturn 2012	**Target**	**Actual YTD RTM***	**Actual reported month**	**% variance RTM* from target**
Absenteeism rates		4.79%	3.5%	4.52%	4.43%	29.1%

*Rolling three months

Items for Update

National Clinical Programmes Update

The objectives of the National Clinical Programmes are to improve the Quality, Access and Value of clinical care.

The multi-disciplinary programmes teams identify opportunities for improvement at all stages of the patient care pathway. The following examples demonstrate that significant progress has been made in delivering programme objectives.

- Heart failure community outreach project has demonstrated a 63% reduction in acute hospital clinic reviews
- Ireland is the first country to introduce a National Early Warning Score, a key patient safety initiative
- Designing and introducing the Irish Maternity Early Warning System (I-MEWS)
- Emergency medicine initiative utilises 'bottom-up' approach focusing on the smallest unit of healthcare
- Identifing 'preferred drugs' for doctors to prescribe to reduce cost while maintaining quality
- Patients experiencing a heart attack (acute coronary syndrome) have increased access to optimal treatment
- Safe stroke treatment (thrombolysis) statistics compare well with best European data.
- Integrated diabetes care provision facilitated by key community clinical nurse specialist appointment

Heart Failure Programme

A new community outreach project with community diagnostics and specialist opinion has demonstrated :

- A 63% reduction in clinic reviews and a 37% reduction in need for echocardiography in the diagnostic process for heart failure.
- A very positive response from patients with the introduction of a community based heart failure education programme by community dieticians and occupational therapists.

In the acute hospital system 11 sites have introduced a structured integrated specialist service for patients presenting with Acute Decompensated Heart Failure, in line with international best practice.

Acute Medicine

The first National Clinical Guideline – the National Early Warning Score for Ireland was launched by the Minister for Health. The implementation of National Clinical Guidelines has the potential to improve the quality, safety and cost effectiveness of healthcare across the health system. The HSE is to the forefront internationally in this patient safety initiative with Ireland being the first known country to agree a National Early Warning Score.

This National Clinical Guideline clearly describes how to recognise and respond to a patient whose condition is deteriorating in an appropriate and timely way. It has been designed for use with adults in acute hospitals and the community and is based on robust international evidence.

Obstetrics & Gynaecology

The National Early Warning Score introduced by the Acute Medicine Clinical programme is not suitable for use in pregnant women. There is no internationally validated Early Warning Score for pregnant women. The obstetrics & gynaecology programme team, in collaboration with the anaesthetic and critical care programme teams, designed and introduced nationally the Irish Maternity Early Warning System (I-MEWS) on April 2nd 2013. A multidisciplinary educational programme supporting I-MEWS has been delivered in all 19 maternity units. A clinical guideline for the use of the I-MEWS is also in preparation. The programme will collect data to review and validate I-MEWS.

Emergency Medicine
The Emergency Medicine Programme, the Office of Nursing and Midwifery Services Director & National Centre for Leadership & Innovation have joined together to deliver a quality improvement initiative for staff in Emergency Departments.
Clinical Microsystems Quality Improvement is a 'bottom-up' approach that focuses on the smallest unit of healthcare, the 'clinical microsystem', where patients, their families and care teams meet. The approach involves all members of the multi-disciplinary team, clinical and non-clinical, improving the care provided for patients on the front line. The educational courses, which will be run over six months, are a highly intensive, dynamic and interactive experiential learning series blending electronic and face-to-face formats to develop coaching knowledge, skills, and abilities in Quality Improvement.

Medicines Management
A new Medicines Management Programme was established in January (MMP), incorporating the National Medicines Information Centre and the National Centre for Pharmeconomics. The Medicines Management Programme are working with the HSE's Primary Care Reimbursement Service (PCRS) to provide national leadership. They are asking doctors to prescribe preferred drugs to save money both for patients who pay for their medication and to deliver savings for the taxpayer. The initial focus is on the prescribing of proton pump inhibitors (PPIs; indigestion medication) and statins (cholesterol lowering), which account for up to 20 per cent of the HSE's drug budget. Preferred Drugs for other drug categories will also be identified by the programme. A computerised prescribing guidance tool has been made available to providers of GP information technology systems. The guidance tool is an aid for prescribers and encourages them to choose the preferred drug when prescribing for patients.

Acute Coronary Syndrome
The ACS programme is improving and standardising the care of ACS patients by ensuring that an Optimal Reperfusion Service (ORS) is available throughout the country. The ACS programme aims to increase from 30 to 80% the percentage of STEMI patients in Ireland getting ORS by ensuring patients are being taken to the right place, standardising treatment and putting in place processes to ensure prompt investigation of all ACS patients. The ORS began nationally on **14 January 2013** and although data collection has not yet been established at all PPCI centres, the evidence to date indicates that the percentage of STEMI patients in Ireland getting PPCI is now over 60%. This very significant achievement has been achieved by ensuring that

- Ambulances are equipped and paramedics are trained to recognise a major heart attack (STEMI) and transport patients to the best place for appropriate care.
- Primary PCI centre hospitals have been designated based on having available catheter laboratories plus cardiologists trained in PPCI. Additional cardiologists experienced in PPCI are being recruited during 2013.
- Non PPCI centre hospitals have clear guidelines on how to treat all ACS patients and to arrang timely transfer of ACS patients that need further investigation to PPCI centre hospitals.

Stroke
An objective of the stroke programme is to ensure national 24/7 access to safe stroke thrombolysis through service development, telemedicine and training.
- Stroke thrombolysis is now available at all acute hospitals admitting stroke patients and 11.8% of patients are being thrombolysed. This rate compares well with the best European figures and exceeds the programme target of 9%. The programme is working in partnership with the national ambulance service to implement ambulance access protocols.

- A Telemedicine Rapid Access for Stroke and Neurological Assessment (TRASNA) initiative is being implemented in 2013. Phase 1 in the North East (Mater/Cavan) commenced in April 2013. HSE DML (St. James/AMNCH/Naas) commenced Quarter 2. Establishing access to different PACS systems in different hospitals has prolonged the implementation of TRASNA.
- A national stroke education foundation programme has been developed and rolled out. The aim of the education programme is to improve knowledge, skills and confidence in relation to stroke care and is suitable for all staffs providing care for patients affected by stroke. It has a blended learning approach (online and taught aspects). Centres for Nurse Education around the country are facilitating the rollout of the education programme.

National Diabetes Programme

Integrated diabetes care is a Ministerial priority following publication of the Model of Care for the Integrated Diabetes Care. Patients will be treated as follows:

- All patients with Type 1 diabetes, complex & genetic will be managed in Secondary Care only (approx 30,000 patients)
- Uncomplicated Type 2 Diabetes patients will be managed in Primary Care only (approx 100,000 patients)
- Complicated Type 2 Diabetes patients will be managed by both Primary and Secondary Care (approx 60,000 patients).

To facilitate this development 17 new Integrated Care Diabetes Nurse Specialists are being recruited.

An ICT prototype is being developed to support the delivery of the diabetes clinical model of care to ensure timely transfer of information between primary and secondary care. A service provider has been selected.

Work is progressing well in a number of other initiatives.

- Retinopathy Quality Assurance Standards for screening have been developed and contracts are in place with two service providers to carry out screening nationally. A National Diabetic Register for patients over 12 years is in place.
- Ongoing rollout of the Diabetic Footcare Model of Care for low at risk and active foot disease patients.

Paediatric diabetes - A national model of clinical care to deliver continuous subcutaneous insulin infusion therapy to children with type 1 diabetes under 5 years of age has been developed and is being rolled out.

Measuring the Quality and Safety of the health and social care provided by the HSE

- The monthly PR reports by the HSE have a limited number of indicators that describe the quality and safety of care provided
- We have been restricted by the non-availability of key information and data collection systems to better describe Quality and Patient Safety
- We have developed a clear programme with timelines to ensure that we advance a much more comprehensive set of indicators and that we report publicly on them over the next twelve months
- These indicators will include measures of mortality by hospital and possibly by presenting condition

The quality of the services provided by the HSE, and the organisations which it funds, are measured through quality and patient safety performance indicators in this report, and through inspections and investigation reports from the regulators, and in-service or Quality and Patient Safety independent audits. While the performance recorded in these activities are mostly available publicly in various ways they are not available to view together as an overall measure of the quality of healthcare provided in hospitals or services. Over the second half of 2013, and into the future, the HSE hospitals and services will begin to implement and publish a ***Quality Profile*** of its services, starting with hospital services.

The Quality Profile will include a number of key measures not currently available around patient satisfaction and experience, staff culture and experience, quality and patient safety measures and quality improvement (e.g. progress to achieving the National Standards for Safer Better Healthcare, learning from adverse events and incidents, progress against Quality Improvement plans); over time they will be added to the Quality Profile when available. The development of quality and patient safety indicators is a complex process and the HSE will work with stakeholders to ensure the defining, development, collection and reporting of these indicators are systematically undertaken to ensure a consistent approach is undertaken. It is essential that all agencies use the same definitions so that they may locally monitor and report on these indicators. The Quality Profile will be produced at hospital/hospital group level and made available to service users and the public. The Quality Profile will enable constructive discussions between clinicians and managers to improve the quality and patient safety of care in their hospital and services, and to promote good practice across the system. As the Quality Profile is developed and rolled out over time it will enable the patient or service user to see and understand the quality of the services in their hospital.

The key elements of the HSE Quality Profile will include a number of measures, under the following areas (timelines for development are currently being reviewed):

1. Quality and Patient Safety Indicators and Outcome Measures
Internationally recognised indicators of patient safety- these will be phased in over the coming months

- Foreign body left in post operatively (Retained Surgical Item or Unretrieved Device ent)
- In hospital fracture
- In patient falls
- Accidental Puncture or Laceration
- Transfusion Reaction
- Pressure Ulcers
- Time to Hip # surgery (in hours)
- Iatrogenic Pneumothorax

- Failure to Rescue (FTR) – A composite indicator made up of the following:
  - DVT / PE
  - Pneumonia
  - Sepsis
  - Shock or Cardiac Arrest
  - GI Haemorrhage / Acute Ulcer
  - Renal Failure
- Post Operative Complications
  - Post Operative Haemorrhage / haematoma
  - Post Operative PE / DVT
  - Post Operative Respiratory Failure
  - Post Operative Wound Dehiscence
  - Post Operative Sepsis
- Recording the number of patients who leave the ED without completing their treatment
- The number of patients who re-attend the ED with the same clinical condition within seven

- Number of patients being cared for in inappropriate space
- Serious adverse events / total adverse events
- Medication Management
- Patient Observations
- *Mortality data by hospital*

2. Patient Experience *which will address areas such as:*

Patient Feedback
Patient Experience Indicators

3. Staff Experience *which will address areas such as*

Staff Patient Safety Culture Survey-commenced Q2 2013
Staff Training
Staff Health Promotion Programmes
Staff Engagement / Feedback Initiatives
Staff Experience Indicators

4. Quality Improvement *which will address areas such as*

Implementation of National Policies / Guidelines
Meeting Standards and Regulatory Requirements
Service Level Agreement Commitments/Quality Improvement Plans
Analysis of Incidents / Risks / Near Misses / Audits
Implementation of Internal / External Report Recommendations