

CEO Report to the Board (*29 April 2013*)
Health Service Executive
March 2013 Performance Report
National Service Plan 2013



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Key Service Messages (including quarterly updates)

Introduction

There has been sustained pressure on emergency care services over the first three months of 2013 due to a high level of respiratory illness and a late and extended outbreak of influenza A, including a number of outbreaks in nursing homes. This has impacted on the emergency care services and in turn on the scheduled care services provided in hospitals. Practical steps are now being taken to alleviate some of the pressures being experienced by hospitals.

- **Emergency Admissions:** 100,740 people were reported as being emergency admissions in the acute system year to date. This is 3,518 (3.6%) higher compared to the equivalent in same period in 2012.
- **Emergency Care Activity:** 62.6% of all attendees at ED were discharged or admitted within 6 hours and 75.5% within 9 hours.

The top performing hospitals, those who reached a performance level of 80% or above for all attendees being treated and leaving within 6 hours are St Luke's Kilkenny, Letterkenny and Portiuncula. Hospitals who reached 90% or above in relation to those being treated and leaving ED within 9 hours were St Luke's Kilkenny, Kerry, Letterkenny, Portiuncula and St. Johns.

| Emergency Care Activity | | Target | March Performance | Variance from target |
|--|----------|--------|-------------------|----------------------|
| % of all attendees at ED discharged or admitted within 6 hours of registration | National | 95% | 62.6% | -34.1% |
| % of patients admitted through the ED within 9 hours of registration | National | 100% | 75.5% | -24.5% |

- **Volume of Elective Activity:** Up to the end of March a total of 41,050 elective inpatient admissions and 202,425 day case procedures were provided in our acute hospitals (total 243,475; compared to 247,682 for the same period in 2012). This includes services for both adults and children.
- **Elective Procedures (adults):** 90.7% of all adults on the elective waiting list are waiting less than 8 months. At the end of the March 1,622 adults were waiting over 8 months for an inpatient procedure and 3,224 adults were waiting over 8 months for a Day Case procedure (total 4,846) this relates to 9.3% of all adults waiting. It is intended that no adult will be waiting greater than 8 months for an elective procedure by year end.
- **Elective Procedures (children):** 85.1% of all children on the elective waiting list are waiting less than 20 weeks. At the end of the March 313 children were waiting over 20 weeks for inpatient elective procedure and 240 children were waiting over 20 weeks for an elective day case procedure (total 553) this relates to 14.9% of all children waiting. It is intended that no child will be waiting greater than 20 weeks for an elective procedure.

- **GI Endoscopy:** 89.6% of people on the non-urgent GI endoscopy waiting list are waiting less than 13 weeks. At the end of the March 883, 10.4% of patients were waiting greater than 13 weeks. It is intended that no one will be waiting greater than 13 weeks for a GI endoscopy. Plans have been drawn up to ensure that no patient is waiting > 13 weeks, focusing on a national capacity deficit. €2.5m has been identified in the HSE Intervention Fund and this is now being used to fund extra or extended lists/sessions.
- **Outpatient Appointments:** Patient level data now facilitates better understanding of outpatient waiting lists in 2013. At the end of March, 73% of people were waiting less than 52 weeks, the remaining 27% (103,433 patients) were waiting greater than 52 weeks for a first consultant led outpatient appointment. It is intended that no patient will be waiting longer than 52 weeks by year end.
- **Lung Cancer (RAC):** At the end of March the percentage of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre was 85% (target 95%). In CUH delays have arisen due to capacity issues. Performance is expected to be back on target with the introduction of an additional CT scanner in CUH. Clinic processes are also being reviewed in Limerick and GUH to determine if processes can be streamlined. A National Lung Audit, Quality and Research meeting is scheduled for early May.
- **Prostate Cancer (RAC):** At the end of March 53.9% of patients attended or were offered an appointment to the rapid access clinic within 20 working days of receipt of referral (target 90%). 77.6% of patients seen in cancer centres other than Galway attended or were offered an appointment within 20 working days. Galway has the highest number of Prostate Cancer referrals in the country and there is a capacity challenge in meeting all of the need presenting. Appropriate triage processes are in place and options are being considered to accelerate access for patients in the West. A new Consultant Urologist post has been sanctioned for the hospital and recruitment is about to commence. This will improve the capacity and performance over the latter part of the year.

HSE Primary Care Reimbursement Scheme (PCRS)

| 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 covered by Medical Cards* | 468,453 | 394,710 | 501,025 | 500,132 | 1,864,320 | 1,758,774 | 6% |
| Number of people covered by GP visit cards* | 29,035 | 25,367 | 39,556 | 34,631 | 128,589 | 126,449 | 1.7% |
| Total | 497,488 | 420,077 | 540,581 | 534,763 | 1,992,909 | 1,885,223 | 5.7% |

*includes discretionary cards

Medical Cards: As at the 16 April 2013, 96% of properly completed medical card applications have been processed within the 15 day turnaround, NSP target is 90%. The remaining 4% 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 | 01-Apr-13 | Change | 31-Dec 2013 |
|--|-----------|-----------|--------|-------------|
| | Actual | Actual | Actual | Target |
| Medical Card Numbers | 1,853,877 | 1,864,320 | 10,443 | 1,921,245 |
| GP Visit Card Numbers | 131,102 | 128,589 | -2,513 | 265,257 |

- Expenditure to March 2013 under the primary care schemes is €594.5m versus a budget of €589.3m resulting in a year to date deficit of €5.2m. An exceptional payment of €5.4m was made in the quarter. This payment will not be repeated.
- The cost management initiatives have realised cost reductions of €43.7m against the profiled target of €45.6m resulting in a year-to-date deficit against the profiled target of €1.9m. This deficit was offset by savings in other areas during the quarter.

| Finance Schemes | Approved Allocation €000 | YTD | | | |
|----------------------|--------------------------|----------------|----------------|---------------|-------------|
| | | Actual €000 | Budget €000 | Variance €000 | % |
| Medical Card Schemes | 1,770,200 | 460,763 | 446,559 | 14,204 | 3.2% |
| Community Schemes | 551,865 | 133,746 | 142,659 | (8,913) | -6.2% |
| PCRS Total | 2,322,065 | 594,509 | 589,218 | 5,291 | 0.9% |

Nursing Home Support Scheme (Fair Deal)

- In March 2013 22,949 long term public and private residential places are supported or approved under the scheme. In the first three months of 2013, 2,949 applications were received and 2,097 new clients were supported under the NHSS in public and private nursing homes. This was a net increase of 290 during the period. During Q1, the scheme has been taking on new clients within the limits of the resources available.

| 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 | 1,377 | 3,891 | 175 | 702 | - | 6,145 | 297 | 6,442 |
| DNE | 917 | 2,898 | 163 | 300 | 18 | 4,296 | 223 | 4,519 |
| South | 1,511 | 4,032 | 178 | 146 | 117 | 5,984 | 166 | 6,150 |
| West | 1,281 | 4,047 | 257 | 113 | - | 5,698 | 140 | 5,838 |
| Total – Mar 2013 | 5,086 | 14,868 | 773 | 1,261 | 135 | 22,123 | 826 | 22,949 |

Home Help Hours

National Home Help Hours activity year to date to the end of March amounts to 2,221,933 hours. Regions have been asked to put management plans in place to deliver and track the provision of home help hours on a month by month basis to ensure that the hours provided for in the NSP 2013 are delivered in full.

Community Services

Mental Health

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

- In March there were 20 child / adolescent admissions to HSE child and adolescent mental health inpatient units and overall there was 52 admissions to date, which is a 79% increase when compared to the same period last year this is due to the increased operational capacity.
- In Quarter 1 there were 28 child / adolescent admissions to approved adult mental health inpatient units which is a slight decrease when compared to the 31 admissions up to the same period last year.

No. of child/adolescent referrals (including re-referred) accepted by mental health services

- The number of referrals accepted is 27% greater than the profiled target of 2,618. DML 27%, DNE 17%, South 27% and the West 40%.

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

- 75% of new/re-referred cases are being seen within 3 months which is above the target of 70%. DML 70%, DNE 66%, South - Wexford 80% and the West 82%.

Total no. on waiting list for first appointment at end of each quarter

- In 2013 there has been a greater demand on the CAMH service with a 10% increase in the number of referrals accepted and a further 6% increase on the number of new cases seen when compared to the same period last year. The Child and Adolescent Mental Health Waiting List is 2,731 cases, this is 61% (1,035 cases) above the target of 1,696 cases. This figure has increased by 24% when compared to the same period last year.

No. & % on waiting list for first appointment at end of each quarter by wait time: >12 months

- 65% (39) teams have no patients waiting greater than 12 months on their waiting lists although there are 462 patients waiting greater than 12 months (or 17% of the overall waiting list).
- 9 out of the 21 teams make up 88% (406) of the 462 waiting longer than 12 months. This is comprised of one team in DNE, four teams in the South and four in the West this issue is actively being addressed by the Regional Mental Health Specialists. DML has no patients waiting more than 12 months.

Disability Services

- As of end Q1 2013, a combined total of 602,670 Home Support and Personal Assistant (PA) hours have been delivered to adults and children with a physical disability. The national NSP target for this service is 1.68m hours, in line with planned delivery in 2012. The level of provision seen in the first quarter, if continued, will result in hours significantly in excess of the number targeted for within the year.

Immunisations and Vaccines

Child Health Immunisations 6-in-1 at 24 months

- The national performance uptake is 95.6%. 24 LHOs have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period who have received their 6-in-1 vaccination. The remaining LHOs performed at over 88%.

Child Health Immunisations MMR at 24 months

- The national performance uptake is 92.8%. 5 LHOs have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period who have received their MMR vaccination. The remaining LHOs performed as follows: DML 90%, DNE 90% with the exception of 2 LHOs at 88%, West 90% and South 90% with the exception of 1 LHO at 88.3%.

As part of the State's commitment to WHO's Plan to Eliminate Measles, a catch-up campaign has taken place in the 2012 – 2013 academic year in secondary schools. There has been an uptake of around 25-30%. There have been major outbreaks of measles in the last two years in Dublin and West Cork.

Child Health PHN 48 Hour Visit

- The national performance is 83.7%. 6 LHOs 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. The remaining LHOs performed at 70% or over with the exception of 1 LHO at 64.8%.

Child Health Developmental Screening

- The national performance is 86.6%. 12 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 65% with the exception of Galway at 31.7%.

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.

- 10 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: DML - Dun Laoghaire (75.4%); DNE – Dublin North West (73.8%) and in South - Wexford (69.1%); No LHO in the West demonstrated a percentage under 80%.
- 5 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 DML -Dunlaoghaire (66.9%), Dublin South East (75.7%), Dublin South City (71.4%), Dublin South West (69.6%), Dublin West (48.4%) and Kildare West Wicklow (62.1%). DNE – Dublin North West (78.1%), West 1 LHO is below 80%, Mayo (63.2%). No LHO in the South demonstrated a percentage under 80%.

Over the past few months a number of change initiatives have been underway which resulted in staff moving teams in the Dublin Mid Leinster area. Assurances have been given that priority cases were addressed. An action plan is now in place to improve performance and ensure compliance with National Standards and our statutory responsibilities.

The HSE is reporting year to date expenditure¹ of €3.078 billion against a budget of €3.052 billion leading to a gross deficit of €26.7m to the end of March 2013. Within this there is a core deficit of €11.13m when account is taken of timing issues around the phasing of budgets and the shortfall in retirees to the end of March resulting in lower than target pay savings. This core income and expenditure deficit is broken down as follows:

| | Core Deficit at the End of March 2013 | | | | | | |
|-------------------------------|---------------------------------------|-------------|--------------|-------------|-------------|----------------|--------------------|
| | Gross Deficit | DNE | DML | SOUTH | WEST | Other National | Total Core Deficit |
| | €m | €m | €m | €m | €m | €m | €m |
| Hospital Services | 28.16 | 2.60 | 9.15 | 0.11 | 8.29 | 0.00 | 20.16 |
| Community Services | 7.96 | 1.83 | 0.56 | (0.22) | (1.79) | 0.00 | 0.37 |
| PCRS | 5.29 | 0.00 | 0.00 | 0.00 | 0.00 | 5.29 | 5.29 |
| Local Schemes | 5.43 | 1.33 | 2.20 | 0.46 | 1.44 | 0.00 | 5.43 |
| Population Health | (3.81) | | | | | (3.81) | (3.81) |
| Care Group / Other | (0.89) | | | | | (0.89) | (0.89) |
| Corporate Services & Pensions | (4.25) | | | | | (4.25) | (4.25) |
| National Services | (6.19) | | | | | (6.19) | (6.19) |
| Fair Deal | (7.03) | | | | | (7.03) | (7.03) |
| Childcare | 2.06 | | | | | 2.06 | 2.06 |
| Total | 26.72 | 5.76 | 11.91 | 0.35 | 7.94 | (14.83) | 11.13 |

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. A key example is the Fair Deal scheme which is showing a relatively small surplus at the end of March but is expected to fully utilise all its available funding by the year end.

The Vote return to the end of March Vote shows a €7m deficit on current vote expenditure.

Based on the 1st Quarter 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.** First quarter performance against cost savings plans has been very positive. However there will be a need for contingency measures to be implemented to address emerging likely shortfalls and these are currently being scoped.
- **Croke Park Agreement - €150m** - The need for validation of the €150m budget reduction assigned to the HSE within the NSP once there is an outcome to the Croke Park II process to which it relates. It is also important to note that anything which jeopardises the current flexibility which is available under Croke Park I creates risks across most of the areas of cost savings set out in the NSP 2013.

¹ The HSE is required to prepare accounts on both an income and expenditure basis in line with the Health Act 2004 / general accounting principles and also a Vote (cash) basis in line with government appropriation accounting requirements. Financial data presented in this report are on an income and expenditure basis unless otherwise stated.

- **Private Health Insurance Income - €104m accelerated income 2012 & €60m new legislation.** NSP 2013 clearly referenced the need to work with the DOH to ensure the accelerated income achieved in 2012 does not reverse in 2013 coupled with ensuring the new private income legislation is enacted by July. The HSE plan to address €20m of accelerated income via improvements in our collection performance is being progressed. Engagement with the DOH at the most senior level is ongoing in relation to the proposed legislation and the balance of the accelerated income.
- **General scale of the overall challenge within the remainder of our community and in particular hospital services.** The rebalancing of hospital budgets in 2013 has ensured that hospitals have been given budgets which are related more closely to their costs in 2012 however as indicated in the Service Plan it has not been possible to provide for the full amount of 2012 costs. Hospitals are required to safely deliver cost savings of on average 3.5% in addition to further cost savings to offset any emerging / additional cost pressures in 2013. After 4-5 years of sustained cost containment this poses a significant challenge for our hospital and community services and requires close monitoring which is in place.

Conclusion

If it is assumed that the surpluses on certain services to the end of March totalling €22m above are largely temporary in nature and these are excluded, then the core deficit of €11m at the end of March would rise to €33m. It is not appropriate to do simple pro-rata extrapolations to year end based on high level data. However it is clear that this €33m, in the absence of significant delivery on our cost containment measures and the expected additional control measures, could give rise to a very significant level of deficit to year end.

Projections to year end based on 1st Quarter data are being finalised in tandem with the detailed assessment of performance in 1st quarter and risk to year end within our cost containment plans. Initial control actions in relation to the key risks outlined above have been commenced and will be added to when this detailed assessment is complete. The scale of the risk and challenge in achieving financial breakeven by year end remains very significant as predicted in the NSP 2013 and will increase if there is an absence of continued and improved flexibility under the Croke Park Agreement.

Human Resources

Health sector employment levels have grown by 108WTEs (Jan -99, Feb +131, March +76) since the start of the year and at 101,604 remains 2,649 WTEs above the end-of-year target of 98,955 WTEs. This is 249 WTEs above the end of Q1 interim target ceiling of 101,356.

Opportunities to reduce headcount are limited in the absence of an exit mechanism and in light of the large numbers who have left in recent years.

- March employment census shows an increase of 76 WTEs from February.
- The Statutory Sector increased by +83 WTEs while the Voluntary sector decreased by -6 WTEs.
- The growth seen since start of year is mainly attributable to:
 - Increases in Nursing of +229 (+.6%). Much of this increase is due to insufficient displacement of staff nurses to offset student nurse placement.
 - A growth of 65 WTEs (+.7%) in Health and Social Care Professionals which are mainly service development posts in mental health services as approved in NSP 2012 of which, to date, 250 have been filled out of a targeted 413 in addition to the targeted posts approved in NSP2013.

NSP 2013 Performance Scorecard

| Acute Care | | | | | | | | | |
|--|-----------------------------|--------------|-------------|-----------------|---------------|---------------------------------|----------------------|-------------------|---|
| Performance Indicator | Report Frequency (NSP 2013) | Outturn 2012 | Target 2013 | Performance YTD | | | Performance this M/Q | | |
| | | | | Target YTD | Activity YTD | % var Activity YTD v Target YTD | Target this M/Q | Reported this M/Q | % var reported activity v target this M/Q |
| Emergency Care | | | | | | | | | |
| % of all attendees at ED who are discharged or admitted within 6 hours of registration | M | 67.5% | 95% | 95% | 63.4% | -33.3% | 95% | 62.6% | -34.1% |
| % of all attendees at ED who are discharged or admitted within 9 hours of registration | M | 81.5% | 100% | 100% | 78.4% | -21.6% | 100% | 77.5% | -22.5% |
| Elective Waiting Time | | | | | | | | | |
| No. of adults waiting more than 8 months for an elective procedure | M | | 0 | 0 | 4,846 9.3% | | 0 | 4,846 9.3% | |
| No. of children waiting more than 20 weeks for an elective procedure | M | | 0 | 0 | 553 14.9% | | 0 | 553 14.9% | |
| 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 | 883 10.4% | | 0 | 883 10.4% | |
| Outpatients | | | | | | | | | |
| No. of people waiting longer than 52 weeks for OPD appointment | M | | 0 | 0 | 103,433 | | 0 | 103,433 | |
| Day of Procedure Admission | | | | | | | | | |
| % of elective inpatients who had principal procedure conducted on day of admission | M | 56% | 75% | 75% | 57% | -24.0% | 75% | 57% | -24.0% |
| % of elective surgical inpatients who had principal procedure conducted on day of admission | M | New for 2013 | 85% | 85% | 69% | -18.8% | 85% | 69% | -18.8% |
| Re-Admission Rates | | | | | | | | | |
| % of surgical re-admissions to the same hospital within 30 days of discharge | M | New for 2013 | <3% | <3% | 2% | 33.3% | <3% | 2% | 33.3% |
| % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge | M | 11.1% | 9.6% | 9.6% | 11.1% | -16.1% | 9.6% | 11.1% | -16.1% |
| Surgery | | | | | | | | | |
| % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) | M | 84.0% | 95% | 95% | 83.7% | -11.9% | 95% | 83.7% | -11.9% |
| Acute Coronary Syndrome | | | | | | | | | |
| % STEMI patients (without contraindication to reperfusion therapy) who get PPCI | Q | | 70% | 70% | 65.7% | -6.1% | 70% | 65.7% | -6.1% |
| ALOS | | | | | | | | | |
| Medical patient average length of stay | M | 7.2 | 5.8 | 5.8 | 7.2 | -23.9% | 5.8 | 7.2 | -23.9% |
| Surgical patient average length of stay | M | New for 2013 | 5.26 | 5.51 | 4.5 | 18.3% | 5.51 | 4.5 | 18.3% |

NSP 2013 Performance Scorecard

| Acute Care | | | | | | | | | |
|--|-----------------------------|--------------|-------------|-----------------|--------------|---------------------------------|----------------------|-------------------|---|
| Performance Indicator | Report Frequency (NSP 2013) | Outturn 2012 | Target 2013 | Performance YTD | | | Performance this M/Q | | |
| | | | | Target YTD | Activity YTD | % var Activity YTD v Target YTD | Target this M/Q | Reported this M/Q | % var reported activity v target this M/Q |
| HCAI | | | | | | | | | |
| Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used | Q | 0.066 | <0.066 | <0.066 | 0.061 | 7.6% | <0.066 | 0.061 | 7.6% |
| Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used | Q | 2.8 | <3.0 | <3.0 | 2.4 | 20.0% | <3.0 | 2.4 | 20.0% |
| Cancer Services | | | | | | | | | |
| % of breast cancer service attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals (% offered an appointment that falls within 2 weeks) | Q | 95.0% | 95% | 95% | 99.3% | 4.5% | 95% | 99.3% | 4.5% |
| % of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral | Q | 89.0% | 95% | 95% | 85.0% | -10.5% | 95% | 85.0% | -10.5% |
| % of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral | Q | 47.0% | 90% | 90% | 53.9% | -40.1% | 90% | 53.9% | -40.1% |
| Emergency Response Times | | | | | | | | | |
| % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%) | M | 69.49% | >70% | 70% | 71.0% | 1.4% | 70% | 73.8% | 5.4% |
| % of 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% | 63.8% | -6.1% | 70% | 64.6% | -7.7% |

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 |
| Health Protection | | | | | | | | | |
| % of children 24 months of age who have received three doses of 6 in 1 vaccine | Q (Arrears) | 95.1% | 95% | 95% | 95.1% | 0.1% | 95% | 95.6% | 0.6% |
| % of children 24 months of age who have received the MMR vaccine | Q (Arrears) | 92.4% | 95% | 95% | 92.4% | -2.7% | 95% | 92.8% | -2.3% |
| Child Health | | | | | | | | | |
| % of new born babies visited by a PHN within 48 hours of hospital discharge | Q | 84.0% | 95% | 95% | 83.7% | -11.9% | 95% | 83.7% | -11.9% |
| % 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 | M (Arrears) | 85.7% | 95% | 95% | 85.8% | -9.7% | 95% | 86.6% | -8.8% |
| Child Protection and Welfare Services | | | | | | | | | |
| % of children in care who have an allocated social worker at the end of the reporting period | M | 91.9% | 100% | 100% | 91.4% | -8.6% | 100.0% | 91.4% | -8.6% |
| % of 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% | 88.6% | -11.4% | 100.0% | 88.6% | -11.4% |
| Primary Care | | | | | | | | | |
| No. of PCTs implementing the national Integrated Care Package for Diabetes | Q | | 51 | 51 | 0 | -100.0% | 51 | 0 | -100.0% |
| No. of primary care physiotherapy patients seen for a first time assessment | M | | 139,102 | 34,776 | 34,323 | -1.3% | 11,592 | 9,834 | -15.2% |
| Child and Adolescent Mental Health | | | | | | | | | |
| % on waiting list for first appointment waiting > 12 months | Q | 338 | 0% | 0% | 462 | >100% | 0% | 17% | >100% |
| Adult Acute Mental Health Services Inpatient | | | | | | | | | |
| No. of admissions to adult acute inpatient units | Q | 13,584 | 14,044 | 14,044 | 13,584 | -3.3% | 3,541 | 3,384 | -4.4% |
| Disability Services | | | | | | | | | |
| Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability | Q | 2.14m | 1.68m | 419,331 | 602,670 | 43.7% | 419,331 | 602,670 | 43.7% |
| No. of persons with ID and / or autism benefitting from residential services | Q | 8,188 | 8,172 | 8,172 | 8,259 | 1.1% | 8,172 | 8,259 | 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 | 22,622 | 22,949 | 1.4% | 22,622 | 22,949 | 1.4% |
| No. of persons in receipt of a Home Care Package | M | 11,023 | 10,870 | 10,870 | 10,760 | -1.0% | 10,870 | 10,760 | -1.0% |
| No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs) | M | 9,887,727 | 10.3m | 2,221,933 | 2,221,933 | 0.0% | 752,191 | 752,191 | 0.0% |
| % of elder abuse referrals receiving first response from senior case workers within 4 weeks | Q | 99% | 100% | 100% | 99.3% | -0.7% | 100% | 99.3% | -0.7% |

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 |
| Palliative Care | | | | | | | | | |
| % of specialist inpatient beds provided within 7 days | M | 93% | 92% | 92% | 94.0% | 2.2% | 92% | 91% | -1.1% |
| % 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% | 86% | 4.9% |
| Social Inclusion | | | | | | | | | |
| % of individual service users admitted to residential homeless services who have medical cards. | Q | 75% | >75% | >75% | 72% | -4.0% | >75% | 72% | -4.0% |

| 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 | 7,010,453 | 1,707,572 | 1,703,316 | 4,256 | 0.2% |
| Variance against Budget: Non Pay | 7,246,726 | 1,830,808 | 1,809,566 | 21,242 | 1.2% |
| Variance against Budget: Income | (1,900,148) | (459,512) | (460,732) | 1,220 | -0.3% |
| Variance against Budget: Income and Expenditure Total | 12,357,031 | 3,078,869 | 3,052,150 | 26,718 | 0.9% |
| 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 | 12,320,921 | 3,344,476 | 3,362,852 | -18,376 | -0.5% |
| 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 | 102,243 | 117,651 | -15,408 | -13% |

| HUMAN RESOURCES | | | | | | |
|-------------------------------------|---------------------------|--------------|------------------|-----------------|-----------------------|-----------------------------|
| | Year-end ceiling (target) | WTE Dec 2012 | Ceiling Mar 2013 | WTE Mar 2013 | WTE Variance Mar 2013 | % WTE Variance Mar 2013 |
| Variance from current target levels | 98,955 | 102,153 | 101,356 | 101,604 | 248 | 0.24% |
| | | Outturn 2012 | Target | Actual YTD RTM* | Actual reported month | % variance RTM* from target |
| Absenteeism rates | | 4.79% | 3.5% | 4.95% | 4.83% | 41.4% |

*Rolling three months

Items for mention

Emergency Department

Actions taken to lower ED related wait volumes and alleviate hospital congestion ED Trolley Waits are monitored by the Special Delivery Unit and the HSE with close scrutiny at a number of points each day. Over the past number of weeks there has been an increase in the number of Emergency Department presentations and admissions resulting in deterioration both in the number of patients waiting on trolleys and the length of time awaiting admission. Clinicians have indicated that this is in part attributed to a significant increase in respiratory illness amongst elderly patients. This is supported by the evidence from the Influenza Surveillance report showing high levels of 'flu-like' illness in the Dublin area and the South West.

In parallel with the additional Emergency Department presentations and admissions, the patient flow in the hospitals is being impeded by the hospitals inability to discharge patients who either require long term care as the number of long term care beds available to hospitals on a weekly basis is periodically insufficient. Clinical studies demonstrate that emergency department overcrowding can result in a 30% increase in the mortality rate for patients awaiting an inpatient bed and that there is a clinical risk of retaining elderly patients who are fit for discharge in an acute bed.

In order to address this issue, over the past number of weeks we have worked with our Nursing Home Support Scheme Office to release additional Fair Deal beds into the system. Usually 120 Long Term Care beds are released on a weekly basis for the whole country. During the month of March however, the CEO requested that an additional 400 beds would be released to assist with the hospital pressures. Despite this, only 40% of the additional 400 beds have resulted in discharges from hospitals, with the balance of the allocation going to placements from community settings as our Nursing Home Support Scheme operates on a strict chronological basis.

On Sunday 14th April the number of patients in our Emergency Departments at the 8pm count was so high (at 243) that there was significant concern for the safety and quality of care of our patients in Emergency Departments. Sunday counts provide a strong indication of the pressures in emergency care in the week following and therefore are used as a point in time to make intervention decisions. Having carefully reflected on the additional measures that have been put in place over the past number of weeks, and having due regard to the obligations under Section 7 of the Health Act 2004 and the wider public interest, it was deemed necessary to immediately move to temporarily pause the normal chronological Fair Deal placement process and to direct the prioritisation of Long Term Care beds for qualifying patients to the relevant hospitals in order to relieve the congestion. As a result a total of 116 long term care places were made available, targeted at qualifying patients in the 6 Dublin Academic Teaching Hospitals and Cork University Hospital, the hospitals with highest number of patients waiting for long term care.

It is intended that this would revert to the usual chronological placement list once the patient safety issue has abated which should be within 2-3 weeks. This should be possible as we are also in the process of opening an additional 79 transitional care beds in Clontarf, Rathgar and St. Vincent's University Hospital.

In order to provide for such situations should they arise in the future, the Department of health has been written to requesting that formal consideration be given to agreeing policy and administrative procedures that provide sufficient structured flexibility, including but not limited to temporarily pausing the chronological list when required in order to alleviate such pressures.

HSE's Medicines Management Programme Announces Preferred Drugs for PPI's and Statins

- *Savings for the taxpayer on cholesterol and anti - ulcer medicines*
- *GPs and prescribers encouraged to prescribe cost-effectively*
- *Patients can save money by asking their GP about switching*

The recently established HSE Medicines Management Programme has identified 'preferred drugs' for prescribers when prescribing Proton Pump Inhibitors (PPIs) or Statin medication for patients. This is the first time that the State has introduced a preferred drug initiative. PPIs are prescribed for patients with peptic ulcer disease and/or reflux and Statin medication is for high cholesterol. The preferred PPI is Lansoprazole and the preferred Satin is Simvastatin.

The HSE is asking doctors to prescribe these preferred drugs in order to save money, both for patients who pay for their medication and to deliver savings of an estimated €15m for the taxpayer. PPIs and Statins account for up to 15% of the HSE's drugs budget. By changing existing patients to the preferred drug, and by prescribing these drugs for new patients, significant savings can be achieved.

Quality & Patient Safety Documents

The following three documents will be officially launched by the Minister for Health at the upcoming Patient Safety Conference - *Quality and Safety Walk-rounds Toolkit, Quality and Safety Committee(s) Guidance and Sample Terms of Reference, The Safety Pause: Information Sheet*. These three documents form part of a suite of documents designed to support health service providers in developing cultures supportive of quality and safety and responding to the first mapping of quality and safety clinical governance committees.

Memorandum of Understanding (MOU) between the HSE and the Medical Council

This Memorandum of Understanding is intended to assist and support both the Medical Council and the HSE in performing their individual functions. In particular it takes note of areas of potential co-operation and collaboration in the interest of service user safety and public protection. The objectives of this MOU are:

- To promote co-operation on areas of strategic and high-level operational interest;
- To facilitate co-operation on cross-referral of concerns where one organisation believes that it falls within the remit of the other;
- To collaborate on communication and information sharing activities. To collaborate on a shared agenda to improve the quality and safety of patient care.

