

**CEO Report to the Board (*13 June 2013*)**  
**Health Service Executive**  
**April 2013 Performance Report**  
**National Service Plan 2013**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Key Service Messages

### Introduction

The extent of the continued seasonal pressure on Emergency Departments has been particularly severe in 2013 and has continued longer than expected. This has had an adverse impact on elective procedures (adults and children) in acute hospitals. The scale of the impact has been particularly noticeable in a number of hospitals, Mater Misericordiae, University College Hospital Galway, Beaumont Hospital, Cork University Hospital, Limerick Regional Hospital Dooradoyle, Our Lady's Children's Hospital Crumlin. An intervention plan including site visits, specialty and procedure reviews, clearance plans, targeted spending of a national intervention fund and intensive performance management are planned for these sites in the period May-June 2013.

- **Emergency Admissions:** 134,859 people were reported as being emergency admissions in the acute system year to date. This is 6,269(4.9%) higher compared to the equivalent in same period in 2012.
- **Emergency Care Activity:** 63.4% of all attendees at ED were discharged or admitted within 6 hours and 78.1% 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 Kilkeny, Kerry, St. John's and Portiuncula. Hospitals who reached 90% or above in relation to those being treated and leaving ED within 9 hours were St Luke's Kilkeny, Kerry, Letterkenny, Portiuncula and St. Johns.

Emergency Care Activity		Target	April Performance	Variance from target
% of all attendees at ED discharged or admitted within 6 hours of registration	National	95%	63.4%	-33.3%
% of patients admitted through the ED within 9 hours of registration	National	100%	78.1%	-21.9%

The SDU continues to work closely with all the hospitals in improving and managing their emergency care performance. The hospitals who are particularly challenged in meeting the performance targets have a more intensive input from the SDU supported by the actions outlined in the Unscheduled Care Guidance and would include utilising the High Impact Changes. A number of hospitals have been funded for extra bed capacity to enable improved patient flows and there is a focused piece of work ensuring that patients who require further community or long term care are discharged in a timely manner.

- **Volume of Elective Activity:** Up to the end of April a total of 54,188 elective inpatient admissions and 272,407 day case procedures were provided in our acute hospitals (total 326,595; compared to 326,777 for the same period in 2012). This includes services for both adults and children.
- **Elective Procedures (adults):** 88% of all adults on the elective waiting list are waiting less than 8 months. At the end of the April 1,754 adults were waiting over 8 months for an inpatient procedure and 3,548 adults were waiting over 8 months for a Day Case procedure (total 5,302). This equates to 12% 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):** 81.7% of all children on the elective waiting list are waiting less than 20 weeks. At the end of the April 391 children were waiting over 20 weeks for inpatient elective procedure and 271 children were waiting over 20 weeks for an elective day case procedure (total 662). This equates to 18.3% of all children waiting. The performance target is that no child should wait greater than 20 weeks for an elective procedure.

- **Colonoscopy**

Due to capacity issues in Tullamore Hospital there were four breaches in April. All patients have had their procedures carried out during the first two weeks in May.

- **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 April 904, 10.4% of patients were waiting greater than 13 weeks. The performance target is that no patient should wait 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 April, 52% were waiting less than 26 weeks and 73.5% of people were waiting less than 52 weeks, the remaining 26.5% (100,498 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.
- **Medical Length of Stay:** The Acute Medicine Programme commenced implementation in January 2010. There has been a downward trajectory for medical length of stay in the intervening 3 years. The length of stay for 2012 is currently documented at 7.4 days. Provisional HIPE data for January to April 2013 shows a further reduction to 7.1 days. Hence the overall trajectory nationally to the target of 5.8 days is being progressed. There is considerable variation site to site depending on the extent of implementation of the Acute Medicine Programme in that site.
- **Medical Admissions:** The Acute Medicine Programme has documented an increase in medical admissions in 2012 compared to 2011 of 13% i.e. almost 26,000 additional medical admissions. Approximately 10,000 of these have been overnight admissions and 16,000 same day discharges.

The AMP has documented the trend in national medical readmission rates (medical patients readmitted to the same hospital within 28 days to any medical consultant); in 2009 the 28 day readmission rate was 9.64%, in 2010 it was 9.81%, in 2011 it was 10.58%, in 2012 it was 11.1%, from January to April 2013 it is 10.9%. There is an underlying upward trend going back many years, even predating the AMP. This trend can be exacerbated by the significant increase in demand that occurred in 2012.

When the movement in readmission rates between 2009 and 2012 is examined for each individual hospital, it becomes clear that 28 day readmission rates have decreased in 1/3 of hospitals, (mostly model 2 hospitals) and have increased in 2/3 of larger hospitals. It should be noted that the increase in readmissions has been vastly outweighed by the increased demand and in avoided admissions i.e. same day discharges.

- **Timely hip fracture surgery:** A significant proportion of the group presenting with fracture neck of femur are frail elderly patients who have complex co morbidities and require medical stabilisation prior to surgery. Best practice guidelines (BOA Blue Book 2007) highlight that early involvement by orthopaedic consultant surgeons, consultant ortho-geriatricians and consultant anaesthetists improves outcomes. This is the basis of the standardised approach being developed in Ireland and is already the practice in some centres.

Communication has taken place between the 3 programmes – Frail Elderly, Anaesthetic and Orthopaedics. There is acknowledgement from all 3 programmes that a co-ordinated approach is necessary for best practice to be adhered to for this vulnerable group of patients. A database is in place and the 3 programmes will work collaboratively to identify and implement a standard model of care. Using this data base the Trauma and Orthopaedic programme manager will identify risks and issues in local sites and assist with mitigating actions.

## HSE Primary Care Reimbursement Scheme (PCRS)

National activity in medical cards and GP visit cards to the end of April amounts to 1,998,908 which is a 4.3% increase on last year. Approximately 43.2% of the population are now covered by a medical card or GP visit card.

**Medical Cards:** As at the 10 May 2013, 98% of properly completed medical card applications have been processed within the 15 day turnaround, NSP target is 90%. The remaining 2% are in progress and the majority of these relate to applications in excess of the income limits and/or where a medical assessment is required.

Performance Activity movement since January 2013	01-Jan-13	01-May-13	Change	31-Dec 2013
	Actual	Actual	Actual	Target
Medical Card Numbers	1,853,877	1,870,096	16,219	1,921,245
GP Visit Card Numbers	131,102	128,812	-2,290	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 covered by Medical Cards*	470,398	396,319	502,255	501,124	1,870,096	1,787,839	4.6%
Number of people covered by GP visit cards*	29,204	25,539	39,545	34,524	128,812	128,929	-0.1%
<b>Total</b>	<b>499,602</b>	<b>421,858</b>	<b>541,800</b>	<b>535,648</b>	<b>1,998,908</b>	<b>1,916,768</b>	<b>4.3%</b>

\*includes discretionary cards

- Expenditure to April 2013 under the primary care schemes is €788.4m versus a budget of €786m resulting in a year to date deficit of €2.4m.
- The cost management initiatives have realised cost reductions of €59.8m against the profiled target of €67.4m resulting in a year-to-date deficit against the profiled target of €7.6m. This deficit was offset by savings in other areas.

Schemes	Approved Allocation €000	YTD			%
		Actual €000	Budget €000	Variance €000	
Medical Card Schemes	1,770,200	611,814	595,412	16,402	2.8%
Community Schemes	551,864	176,511	190,550	(14,039)	-7.4%
<b>PCRS Total</b>	<b>2,322,064</b>	<b>788,325</b>	<b>785,962</b>	<b>2,363</b>	<b>0.3%</b>

## Community Services

### Child Health Developmental Screening

- The national performance is 86.9%. 9 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 Roscommon at 59.7% and Galway at 34.8%. There was no return from Dublin North Central.
- Galway has requested PHN's to prioritise the 7-9 month developmental check. A plan has been formulated to address the backlog during the months of July and August. An additional AMO will be redeployed from Mayo for 16 hours which will allow for 2 clinic days which means an additional 12-20 more babies will be seen each week. Ongoing meetings are scheduled to continually review the situation.

### 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.

- The national performance is 92.4%. 9 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 - Dun Laoghaire (76.0%); HSE DNE – Dublin North West (78.4%) and in the HSE South; South Lee (77.0%); No LHO in the HSE West demonstrated a percentage under 80%.
- The national performance is 87.9%. 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 -Dunlaoghaire (61.2%), Dublin South East (68.6%), Dublin South City (67.6%), Dublin South West (63.8%), Dublin West (43.6%) and Kildare West Wicklow (58.0%). In the HSE West 1 LHO is below 80%, Mayo (78.6%). No LHO in HSE DNE or the HSE South demonstrated a percentage under 80%.

Over the past few months a number of ongoing change initiatives have been underway which has resulted in staff moving teams in the Dublin Mid Leinster area. The Service Delivery Framework has now been completed locally and the four pillars came into place on 20<sup>th</sup> May 2013. Assurances have been given that priority cases were addressed. An action plan has been put in place as of 2<sup>nd</sup> May 2013 to address issues, improve performance and ensure compliance with National Standards and our statutory responsibilities. For care planning it has been agreed that each social worker on the Dublin West in Care Team will update one plan per day. This will ensure that 80 out of date care plans are completed by the end of June.

### Mental Health

#### **No. of children/adolescents admitted to child/adolescent mental health inpatient units**

- In April 17 child / adolescent were admitted to a specialist bed in a child/adolescent mental health unit, the total admissions to the end of April were 69. Additional specialist places are available in 2013.

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

- Nationally performance is 26% ahead of target of 3,490 referrals and 18% greater than the same period last year. DML 11%, DNE 13%, South 27% and the West 22%.

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

- Nationally performance is 3% above the target of 3,342. Performance by Region shows DML -5%, DNE -28%, South -5% and West 43% above target.

### Total Number of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment

- In April the number of new cases offered first appointment is 3,161, 8% greater than the previous month.

### Total Number of new (including re-referred) Old Age Psychiatry Team cases offered first appointment

- In April the number of new cases offered first appointment is 659, 4% less than the previous month.

### Older People

#### Nursing Home Support Scheme (Fair Deal)

- The Fair Deal scheme is showing a surplus to the end of April of €10.8m. A re-examination of the scheme profile will be undertaken to ensure that a breakeven position is achieved and all funding is fully utilised in 2013.
- In April 2013 22,617 long term public and private residential places are supported under the scheme. In the first four months of 2013, 3,925 applications were received and 2,603 new clients were supported under the NHSS in public and private nursing homes. In April, 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	1,371	3,900	169	685	-	6,125	254	6,379
DNE	916	2,917	156	288	18	4,295	191	4,486
South	1,504	3,950	170	143	110	5,877	141	6,018
West	1,261	3,997	243	113	-	5,614	120	5,734
<b>Total – Apr 2013</b>	<b>5,052</b>	<b>14,764</b>	<b>738</b>	<b>1,229</b>	<b>128</b>	<b>21,911</b>	<b>706</b>	<b>22,617</b>

### Home Help Hours

National Home Help Hours activity year to date to the end of April amounts to 2,994,474 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.

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

1. The significant and extended ED pressures on our services in the first 4 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 11,268 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. The assessment is that this has already contributed to slippage on our cost containment programmes.

The HSE is reporting year to date expenditure of €4.108 billion against a budget of €4.083 billion leading to a gross deficit of €24.7m to the end of April 2013. Within this there is a core deficit of €7.87m when account is taken of timing issues around the phasing of budgets and the shortfall in retirees to the end of April resulting in lower than target pay savings.

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

Net / Core Deficit at the end of April 2013							
	DML	DNE	South	West	Other National	Total Core Deficit	Total Gross Deficit
	€m	€m	€m	€m	€m	€m	€m
Hospital Services	14.52	4.39	0.75	12.01		31.67	41.42
Community Services	0.57	3.95	0.75	(2.83)		2.44	9.58
PCRS Local Schemes	3.51	3.79	0.81	1.96		10.07	10.07
<b>Sub - Total</b>	<b>18.60</b>	<b>12.13</b>	<b>2.31</b>	<b>11.14</b>	<b>0.00</b>	<b>44.18</b>	<b>61.07</b>
PCRS					2.36	2.36	2.36
Corporate Services & Pensions					(19.50)	(19.50)	(19.50)
National Services					(4.68)	(4.68)	(4.68)
Fair Deal					(10.83)	(10.83)	(10.83)
Children and Families					5.50	5.50	5.50
Population Health					(4.97)	(4.97)	(4.97)
Care Group / Other					(4.19)	(4.19)	(4.19)
<b>Total</b>	<b>18.60</b>	<b>12.13</b>	<b>2.31</b>	<b>11.14</b>	<b>(36.31)</b>	<b>7.87</b>	<b>24.76</b>

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 surplus at the end of April but is expected to fully utilise all its available funding by the year end.

Based on four 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**

April year to date performance against cost savings plans is still positive. However there is an urgent need for contingency measures to be implemented to address emerging likely shortfalls. The risk assessment / projected outlook to year end, based on 1<sup>st</sup> Quarter data, would indicate a minimum projected deficit of €65m with the worst case being in excess of €100m. Following engagement with the Department of Health, a draft short list of potential contingency measures aimed at reducing these projected deficits has been drawn up and is now being examined in detail.

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

The achievability of the €150m budget reduction assigned to the HSE within the NSP is fully reliant on the outcome of Croke Park II process to which it relates. It is hoped that the recently published Haddington Road Agreement, if accepted by the unions and implemented, will generate the necessary savings. However at this point it is not yet practical to validate with certainty the extent to which the full €150m will be delivered or to calculate any potential shortfall.

- **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 is being published in June 2013. The deliverability of the NSP target will be reviewed following publication as it will affect both the HSE Vote and the Income & Expenditure Accounts.

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

The accelerated income received in December 2012 will be required to rollover in 2013 or it will have an adverse effect on the HSE Vote. To-date there is some concern that 2012 accelerated income is being recouped by the Private Health Insurance Companies. Engagement in the context of the above is urgently required to address this issue or it will have a negative effect on the HSE Vote.

- **Direct Services - General scale of the overall challenge within the remainder of our community and in particular hospital services**

The risk assessment / projected outlook to year end based on 1<sup>st</sup> Quarter data would indicate that there is a projected deficit of circa €101m including a projected shortfall on local schemes (previously PCRS). Our hospital and community services have formally been requested to identify additional cost containment measures to safely bridge the projected direct services deficit of €101m referred to above. Our priority is to safely progress additional cost containment measures and to utilise all resources made available to the HSE while balancing financial and service user risks appropriately.

### **Conclusion**

Within the parameters of the National Service Plan 2013 (NSP 2013) as approved by the Minister on the 9<sup>th</sup> January 2013, HSE does not in itself have the capacity to address any shortfalls that may emerge in a number of risk areas that are outside of the sole control of the HSE.

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

## Capital

The vote issues report for April 2013 shows a net capital surplus of €46.56m of which €41.65m relates to construction projects and the balance to ICT and Appropriations in Aid. Given the year to date position a review is being undertaken to determine the capacity to issue further equipping approvals in 2013 with a view to fully expending the available capital by year end.

Expenditure on construction projects in the first quarter has been lower than anticipated due mainly to many projects achieving completion in the period Jan-April. In addition other major projects are at an early stage in their lifecycle and the procurement of design teams and contractors are taking much longer than anticipated due to level of challenges being experienced and delays in site commencement by contractors. The combined effect of these circumstances is that expenditure during this period is significantly reduced. However all indications are the overall 2013 construction allocation will be fully committed and expended over the course of the current year. ICT expenditure in the first five months of 2013 is less than anticipated. However ICT expenditure is incurred unevenly across the year with the bulk of the expenditure occurring in the second half of the year.

## Human Resources

Health sector employment levels have decreased by 55 WTEs (Jan -99, Feb +131, March +76, April -43) since the start of the year and at 101,561 remains 2605.84 WTEs above the end-of-year target of 98,955 WTEs.

The turnover of staff being recorded on a monthly basis has reduced significantly. The incentivised Career break and the proposed redundancy package may provide some additional movement in WTEs in 2013 but in the light of the large numbers who have left in recent years and the notification of a 'grace period' up to August 2014 it is unlikely that the numbers required to meet the targeted reductions will be achieved. The current numbers of WTEs in employment, plus the need to employ up to 1,000 additional development posts in 2013 leaves a gap of up to 3,500 to be closed between June and the end of December.

- April employment census shows a decrease of 43 WTEs from March.
- The Statutory Sector decreased by -1WTEs while the Voluntary sector decreased by -42 WTEs.
- The growth seen since start of the year is mainly attributable to:
  - Increase in Nursing of +193 (+.6%). Much of this increase is due to insufficient displacement of staff nurses to offset student nurse placement.
  - A growth of 129 WTEs (+.8%) in Health and Social Care Professionals which are mainly service developments posts in mental health services are approved in NSP 2012 if which, to date, 291 have been filled out of a targeted 413 in addition to the targeted posts approved in NSP 2013. An additional 62 posts will be filled by the end of May.

# 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
<b>Emergency Care</b>									
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	67.5%	95%	95%	63.2%	-33.5%	95%	63.4%	-33.3%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	78.1%	-21.9%	100%	78.1%	-21.9%
<b>Elective Waiting Time</b>									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	5,302 12.0%		0	5,302 12.0%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	662 18.3%		0	662 18.3%	
<b>Colonoscopy / Gastrointestinal Service</b>									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	0		0	4	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	904 10.4%		0	904 10.4%	
<b>Outpatients</b>									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	100,498		0	100,498	
<b>Day of Procedure Admission</b>									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	58%	-22.7%	75%	58%	-22.7%
% of elective surgical inpatients who had principal procedure conducted on day of admission	M	New for 2013	85%	85%	68%	-20.0%	85%	69%	-20.0%
<b>Re-Admission Rates</b>									
% 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	M	11.1%	9.6%	9.6%	11.1%	-15.9%	9.6%	11.1%	-15.9%
<b>Surgery</b>									
% 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%	84.0%	-11.6%
<b>ALOS</b>									
Medical patient average length of stay	M	7.2	5.8	5.8	7.4	-27.6%	5.8	7.4	-27.6%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	4.5	18.3%	5.51	4.5	18.3%
<b>Non Acute Care</b>									
<b>Child Health</b>									
% 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	85.7%	95%	95%	86.1%	-9.4%	95%	86.9%	-8.5%
<b>Child Protection and Welfare Services</b>									
% of children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	92.4%	-7.6%	100.0%	92.4%	-7.6%
% 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%	87.9%	-12.1%	100.0%	87.9%	-12.1%

## 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
<b>Primary Care</b>									
No. of primary care physiotherapy patients seen for a first time assessment	M		139,102	46,367	47,005	1.4%	11,592	12,682	9.4%
<b>Older People Services</b>									
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	22,642	22,617	-0.1%	22,642	22,617	-0.1%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,010	1.3%	10,870	11,010	1.3%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	3,000,816	2,994,474	-0.2%	778,883	765,111	-1.8%
<b>Palliative Care</b>									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	94.0%	2.2%	92%	95%	3.3%
% 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%	87%	6.1%

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	6,986,299	2,274,924	2,276,022	-1,098	0.0%
Variance against Budget: Non Pay	7,251,565	2,451,701	2,416,049	35,652	1.5%
Variance against Budget: Income	(1,870,639)	(618,438)	(608,646)	(9,792)	1.6%
<b>Variance against Budget: Income and Expenditure Total</b>	<b>12,367,225</b>	<b>4,108,187</b>	<b>4,083,425</b>	<b>24,762</b>	<b>0.6%</b>
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	12,312,471	4,356,292	4,407,859	-51,567	-1.2%
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	142,122	156,868	-14,746	-9%

HUMAN RESOURCES						
	Year-end ceiling (target)	WTE Dec 2012	Ceiling April 2013	WTE April 2013	WTE Variance April 2013	% WTE Variance April 2013
Variance from current target levels	98,955	102,153	101,397	101,561	164	0.16%
	Outturn 2012	Target	Actual YTD RTM*	Actual reported month	% variance RTM* from target	
Absenteeism rates	4.79%	3.5%	4.95%	4.76%	41.4%	

\*Rolling three months

### **Memorandum of Understanding with the Health Research Board**

A Memorandum of Understanding with the Health Research Board was signed on the 24<sup>th</sup> May 2013. The purpose of the MoU is to provide clarity in terms of accountability, operational and reporting procedures for the HRB, the HSE QPSD, and the RCPI under the RCQPS. In particular it will:

- Establish the duration of the arrangements between the HRB, HSE QPSD and RCPI
- Describe the roles and responsibilities of the three entities in relation to the operational and transactional procedures for delivering on a RCQPS
- Detail the arrangements for monitoring the performance of the Research Collaborative for Quality and Patient Safety

### **Update Report on the Implementation of the HIQA Tallaght Report**

An update report was provided to HIQA on the 27<sup>th</sup> May 2013 setting out the progress in implementation and the plans for the Report's continued execution and mainstreaming within the system.

### **Budgeting and Service Planning Framework for 2014**

Work has commenced on the Budgeting and Service Planning Framework for 2014, a special Management Team meeting was held on Wednesday 29<sup>th</sup> May 2013 and immediate actions required were agreed

### **HSE- Requirements and Guidance for Crowd Events**

New guidance for outdoor crowd events and a staff handbook was approved by the Management Team. The guidance was developed after an extensive consultation process and will provide clarity and consistency for all HSE staff involved in crowd events. It will also standardise our interface with local authorities across the country and will play an important part in the move of all agencies to a risk based approach to the management of outdoor crowd events.

### **Data Protection Guidance Documents**

The following data protection guidance documents were approved by the Management Team for circulation to employees:

- A guidance document providing direction on the issues relating to release of information in the HSE including Data Protection, Freedom of Information and Administrative Access to information
- an easily accessible booklet providing comprehensible guidance to all staff members on Data Protection best practice,
- an updated Record Retention Policy document

