

**Health Service Executive**  
**June 2013 Performance Report**  
**National Service Plan 2013**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Key Service Messages (including quarterly updates)

- **Emergency Admissions:** 198,613 people were reported as being emergency admissions in the acute system year to date. This is 6,015 (3.1%) higher compared to the equivalent in same period in 2012.
- **Emergency Care Activity:** 68.8% of all attendees at ED were discharged or admitted within 6 hours and 82.2% 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, Kerry; Letterkenny; Mayo; Sligo; St. John's and Portiuncula. These same hospitals also reached 90% or above in relation to those being treated and leaving ED within 9 hours.

Emergency Care Activity		Target	June Performance	Variance from target
% of all attendees at ED discharged or admitted within 6 hours of registration	National	95%	68.8%	-27.6%
% of patients admitted through the ED within 9 hours of registration	National	100%	82.2%	-17.8%

- **Volume of Elective Activity:** Up to the end of June a total of 80,904 elective inpatient admissions and 410,293 day case procedures were provided in our acute hospitals (total 491,197; compared to 494,425 for the same period in 2012). This includes services for both adults and children.
- **Elective Procedures (adults):** 87.1% of all adults on the elective waiting list are waiting less than 8 months. At the end of June 1,828 adults were waiting over 8 months for an inpatient procedure and 4,001 adults were waiting over 8 months for a Day Case procedure (total 5,829) this relates to 12.9% 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):** 80.7% of all children on the elective waiting list are waiting less than 20 weeks. At the end of June 470 children were waiting over 20 weeks for an inpatient elective procedure and 315 children were waiting over 20 weeks for an elective day case procedure (total 785) this relates to 19.3% of all children waiting. It is intended that no child will be waiting greater than 20 weeks for an elective procedure.
- **Colonoscopy:** Seven breaches of the four week target for urgent colonoscopies were reported in Wexford in June. These were all seen by August 15<sup>th</sup>.
- **GI Endoscopy:** 91.4% of people on the GI endoscopy waiting list are waiting less than 13 weeks. At the end of June 744, 8.6% 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 allocated from 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 June, 76.2% of people were waiting less than 52 weeks, the remaining 23.8% (87,847patients) 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 June Q2 activity shows 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 89.7% (target 95%). In CUH delays have arisen from clinic cancellations as well as the need for patients to have a CT prior to attending the RAC. The opening of the second CT scanner should help reduce CT delays in coming months.

- **Prostate Cancer (RAC):** At the end of June Q2 activity shows 53.7% of patients attended or were offered an appointment to the rapid access clinic within 20 working days of receipt of referral (target 90%). Five of the eight Prostate Rapid Access Clinics in the 4 Dublin Cancer centres and CUH are meeting or exceeding their target and offer 95% of patients an appointment within 20 working days. The NCCP is aware that the rapid access prostate clinics in Waterford, Limerick and Galway are currently experiencing particular pressures. In order to address these pressures, approval has been given for the appointment of an additional Consultant Urologist with expertise in cancer care to join the urology team in Galway (which will benefit the Limerick RAC) and for two new Consultant Urologists in Waterford. The NCCP has been assured that all referrals to these centres are triaged and urgent cases are prioritised and appointments offered to all appropriate patients in the first instance.

### **HSE Primary Care Reimbursement Scheme (PCRS)**

**Medical Cards:** As at the 10 July 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-Jul-13	Change	31-Dec 2013
	Actual	Actual	Actual	Target
Number of people covered by Medical Cards	1,853,877	1,868,565	14,688	1,921,245
Number of people covered by GP Visit Cards	131,102	126,031	-5,071	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*	471,253	396,977	500,536	499,799	1,868,565	1,820,973	2.61 %
Number of people covered by GP visit cards*	28,998	24,879	38,563	33,591	126,031	131,281	-4.00 %
<b>Total</b>	<b>500,251</b>	<b>421,856</b>	<b>539,099</b>	<b>533,390</b>	<b>1,994,596</b>	<b>1,952,254</b>	<b>2.17 %</b>

\*Includes granted on discretionary grounds

- Expenditure to June 2013 under the primary care schemes is €1,200.2m versus a budget of €1,167.7m resulting in a year to date deficit of €32.5m.
- The main reason for the deficit is that the anticipated regulations under the FEMPI<sup>1</sup> legislation have been delayed resulting in a deficit of €18m and there was an exceptional payment in quarter 1 of €5m.

Finance Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,770,358	929,836	891,932	37,904	4.2%
Community Schemes	551,885	270,424	275,855	(5,431)	-2.0%
<b>PCRS Total</b>	<b>2,322,243</b>	<b>1,200,260</b>	<b>1,167,787</b>	<b>32,473</b>	<b>2.8%</b>

<sup>1</sup> Financial Emergency Measures in the Public Interest Bill 2013.

## Community Services

### Immunisations and Vaccines

#### **Child Health Immunisations 6-in-1 at 24 months**

- The national performance uptake is 94.9%. 18 LHOs have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period (Q1 2013) who have received their 6-in-1 vaccination. The remaining LHOs performed between 88.8% and 94.9%.

#### **Child Health Immunisations MMR at 24 months**

- The national performance uptake is 92.4%. 8 LHOs have met or exceeded the target of 95% for the percentage of children reaching 24 months in the reporting period (Q1 2013) who have received their MMR vaccination. The remaining LHOs performed between 86.0% and 94.8%. In Ireland there have been over 32 cases of measles since the start of 2013; 10 children less than 10 years of age have been confirmed by laboratory testing.

#### **Child Health PHN 48 Hour Visit**

- The national performance for Q2 2013 is 83.0%. 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 3 LHOs (Meath 66.0%; Dublin North 67.0% and Dublin North West 68.7%).

#### **Child Health Developmental Screening**

- The national performance is 89.7%. 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 41.7%.

Senior management in 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.

### Disability Services

As of end Q2 2013, a combined total of 1,352,791 Home Support and Personal Assistant (PA) hours have been delivered to adults and children with a physical disability.

### Mental Health

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

- In June there were 11 child / adolescent admissions to HSE child and adolescent mental health inpatient units and overall there was 99 admissions (this includes admissions to CAMH units and Adult MH units) to date, which is a 50% increase when compared to the same period last year this is due to the increased operational capacity.
- In Quarter 2 there were 19 child / adolescent admissions to approved adult mental health inpatient units and a total of 47 year to date which is a slight decrease when compared to the 55 admissions up to the same period last year. Of the 47 admissions to adult units 22% (11) were subsequently transferred to adolescent units.

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

- There were 5,122 new/re-referred cases seen in the first six months of 2013 which is an 11% increase when compared to the same period last year.
- 73% of these new/re-referred cases are being seen within 3 months which is above the target of 70%. DML 66%, DNE 63%, South 76% and the West 83%.

### **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 16% increase in the number of referrals accepted when compared to the same period last year. The Child and Adolescent Mental Health Waiting List is 2,808 cases, this is 61% (1,112 cases) above the target of 1,696 cases. This figure has increased by 28% 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**

- 42% (35) teams have no patients waiting greater than 12 months on their waiting lists although there are 504 patients waiting greater than 12 months (or 18% of the overall waiting list).
- 11 out of the 25 teams make up 89% (447) of the 504 waiting longer than 12 months. This is comprised of one team in DNE, five teams in the South and five in the West this issue is actively being addressed by the Regional Mental Health Specialists.

### **Total Number of admission to Adult acute units**

- In Q1 2013 the number of admission to adult acute units was 3,222, which is a slight decrease when compared to the 3,511 admissions in the same period last year.

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

- In June the number of new cases offered first appointment is 2,891.

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

- In June the number of new cases offered first appointment is 659.

## Older People

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

- Fair deal is running 4% behind expected expenditure at the end of June. Options are being considered to fully utilise this funding to year end including the potential for a phased increase in the level of weekly funding approvals. July NHSS approvals have been accelerated to the earlier part of the month which should result in increased assignments over the coming weeks.
- In June 2013 22,705 long term public and private residential places are supported under the scheme. In the first six months of 2013, 5,702 applications were received and 3,905 new clients were supported under the NHSS in public and private nursing homes. This was a net increase of 336 during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation. In June, 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	1,402	3,945	161	641	-	6,149	266	6,415
DNE	913	2,990	146	275	15	4,339	199	4,538
South	1,490	3,982	159	134	105	5,870	148	6,018
West	1,251	4,025	226	107	-	5,609	125	5,734
Total – June 2013	5,056	14,942	692	1,157	120	21,967	738	22,705

### **Home Help Hours**

National Home Help Hours activity year to date to the end of June amounts to 4,550,723 hours. Each region is working to provide the home help service to the Service Plan target. While current levels of home help are under target by 1.8% at June to the year end, this reflects the requirement to increase the provision of hours on a cumulative basis so that the overall run rate of hourly provision of home help is sustainable to the year end and for 2014 with regions.

### **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 91.0%. 11 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 – Kildare West Wicklow and (73.3%) Longford Westmeath (77.9%); HSE DNE – Cavan Monaghan (77.1%) and Dublin North West (79.4%) and in the HSE West; Limerick (78.4%); No LHO in the HSE South demonstrated a percentage under 80%.

- **Children in care who have a written care plan:** The national performance is 89.2%. 6 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 (73.8%), Dublin South City (67.2%), Dublin South West (78.1%), Dublin West (75.2%) and Kildare West Wicklow (53.0%). In DNE Dublin North West (73.2%). In HSE West Limerick (78.1%). No LHO in HSE South demonstrated a percentage under 80%.

Services are being reorganised and action plans are being implemented to address issues with particular emphasis on updating of care plans for children in care, completion of statutory reviews of children in care as well as allocation of Social Workers to children in care.

Performance is monitored by Senior Management on an ongoing basis to ensure continuous improvement.

- **Pre-School Inspections:** The Health Service Executive Early Years Pre-School Inspections Service continues to inspect services to ensure compliance with statutory and regulatory requirements. The investigations into the Creche facilities which featured in the RTE Primetime Programme are at an advanced stage and are being conducted in conjunction with An Garda Siochana. These are centred on matters of standards of care and child protection.

Retrospective Inspection Reports for all Pre-School Services nationally are being published on the Pobal Website [www.pobal.ie](http://www.pobal.ie) since July 2013. New reports arising after 1<sup>st</sup> July 2013 will be published on a current basis from now on.



## Finance

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

1. The significant and extended ED pressures on our services particularly 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 11,320 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<sup>1</sup>. The assessment is that this has already contributed to slippage on our cost containment programmes.

The HSE is reporting year to date expenditure of €6.226 billion against a budget of €6.163 billion leading to a gross deficit of €63.16m to the end of June 2013. Within this there is a core deficit of €41.89m when account is taken of timing issues around the phasing of budgets and the shortfall in retirees to the end of June 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 June 2013						Total Gross Deficit €m
	DML	DNE	South	West	Other National	Total Core Deficit	
	€m	€m	€m	€m	€m	€m	
Hospital Services	19.63	7.51	4.49	17.17	0.00	48.80	60.79
Community Services	4.65	6.54	(0.21)	(4.56)	0.00	6.42	15.71
Local Schemes	5.40	4.03	2.48	2.66	0.00	14.56	14.56
<b>Sub - Total</b>	<b>29.68</b>	<b>18.08</b>	<b>6.76</b>	<b>15.27</b>	<b>0.00</b>	<b>69.79</b>	<b>91.06</b>
PCRS	0.00	0.00	0.00	0.00	32.47	32.47	32.47
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(39.60)	(39.60)	(39.60)
National Services	0.00	0.00	0.00	0.00	(4.26)	(4.26)	(4.26)
Fair Deal	0.00	0.00	0.00	0.00	(16.96)	(16.96)	(16.96)
Children and Families	0.00	0.00	0.00	0.00	8.21	8.21	8.21
Population Health	0.00	0.00	0.00	0.00	(5.89)	(5.89)	(5.89)
Care Group / Other	0.00	0.00	0.00	0.00	(1.88)	(1.88)	(1.88)
<b>Total</b>	<b>29.68</b>	<b>18.08</b>	<b>6.76</b>	<b>15.27</b>	<b>(27.99)</b>	<b>41.89</b>	<b>63.16</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. These services are expected to fully utilise their budgets by year end.

In relation to the current Fair Deal surplus, for example, options are being considered to fully utilise this funding to year end including the potential for a phased increase in the level of weekly funding approvals. July NHSS approvals have been accelerated to the earlier part of the month which should result in increased assignments over the coming weeks. 530 approvals have been released in the first two weeks of July with an additional 300 to be released in the third week of July.

<sup>1</sup> Original PSA = Public Service Agreement (Croke Park). New PSA is Haddington Road Agreement

The HSE is further examining the position with a view to releasing additional funded approvals in the second half of the year from within the resources available. Monthly profiles for the latter half of 2013 are now being revised in order to ensure that available resource is fully utilised by year end.

Based on six 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 €18m of the €32.3m deficit at the end of June. 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. It is anticipated that the August claims processed in September will be at the new lower rates. On this basis the HSE will incur further deficits in the region of €18m before the new fee levels filter through into claims.

The current risk assessment / projected outlook to year end would indicate a minimum projected deficit of €65m with the worst case being in excess of €100m. Following engagement on this with the Department of Health a draft short list of potential contingency measures aimed at reducing these projected deficits has been examined in detail by the HSE and will be the subject of further engagement with the Department.

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

The Haddington Road Agreement which was accepted by the trade unions is effective from 1 July 2013. The extent to which the €150m budget reduction assigned to the HSE within the NSP can be delivered and any likely shortfall is currently being validated.

- **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 2013. It is now clear that it will not be possible to achieve the €60m income collection target as the enactment of the legislation has been deferred to 1 January 2014.

- **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. €20 million of this amount is to be addressed by the HSE improving income collection.

- **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 the first five months of data would indicate that there is a direct services projected deficit of circa €103.9m<sup>2</sup> including a projected shortfall for hospitals of €75m and €25m on local schemes (previously PCRS). The HSEs 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.

Outside of these direct service areas the HSE has identified four key risk areas referred to above where, within the parameters of the NSP 2013, the HSE does not have capacity to address any shortfalls that will emerge.

### **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, the HSE does not in itself have the capacity to address any shortfalls that may emerge in a number of risk areas identified above that are outside of the sole control of the HSE i.e.:

- PCRS
- Public Service Agreement
- Private Health Insurance Income – legislation
- 2012 Accelerated Private Health Insurance Income

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

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<sup>2</sup> 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.

<sup>3</sup> 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

The Health Sector is 862 WTEs above the current approved employment ceiling – outturn of 101,435 WTEs versus employment ceiling of 100,574 WTEs as notified by the Department of Health and 2,480 WTEs above the end-year target of 98,955 WTEs.

- June employment census shows a decrease of 15 WTEs from May. The Statutory Sector decreased by -78 WTEs, the Voluntary Hospitals decreased by -41 WTEs while P&C Voluntaries increased by +104 WTEs (mainly due to seasonal factors).
- 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 over 10% (11,336 WTEs).
- Health Sector employment levels have reduced by 71 WTEs (Jan -99, Feb -121, March +76, April +43, May -110, June -15) since the start of the year.
- Reduced turnover and retirement rates in recent months, coupled to recruitment and growth pressures has led to a reversal of some of the downward trends seen over the last 24 months.
- The Incentivised Career Break Scheme, which is now closed, it is expected to facilitate an exit of close to 400 WTEs by year-end and any voluntary redundancy/early retirement facility, which can only be on a targeted basis, using synergies from the reform programme and restructuring and reorganizing of services, is unlikely to be able to fill the gap.
- 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 600 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 98,955 WTEs is receding in the context of reduced turnover and new service development commitments as set out in National Service Plans against expected numbers exiting in the latter part of 2013.

## 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 act 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%	65.1%	-31.5%	95%	68.8%	-27.6%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	79.2%	-20.8%	100%	82.2%	-17.8%
<b>Elective Waiting Time</b>									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	5,829 12.9%		0	5,829 12.9%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	785 19.1%		0	785 19.1%	
<b>Colonoscopy / Gastrointestinal Service</b>									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	7		0	7	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	744 8.6%		0	744 8.6%	
<b>Outpatients</b>									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	87,847		0	87,847	
<b>Day of Procedure Admission</b>									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	60%	-20.3%	75%	60%	-20.3%
% of elective surgical inpatients who had principal procedure conducted on day of admission	M	New for 2013	85%	85%	65%	-23.5%	85%	65%	-23.5%
<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 discharge	M	11.1%	9.6%	9.6%	10.9%	-13.5%	9.6%	10.9%	-13.5%
<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%	83.3%	-12.3%	95%	83.3%	-12.3%
<b>Stroke Care</b>									
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	BI-A		50%	50%	59.6%	50%	50%	59.6%	19.2%
<b>Acute Coronary Syndrome</b>									
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q		70%	70%	66.1%	-5.6%	70%	66.1%	-5.6%
<b>ALOS</b>									
Medical patient average length of stay	M	7.2	5.8	5.8	6.9	-19.0%	5.8	6.9	-19.0%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	4.8	12.9%	5.51	4.8	12.9%

## 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 act v target this M/Q
<b>HCAI</b>									
Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	Q		<0.060	<0.060	0.049	25.8%	<0.060	0.049	25.8%
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Q		<2.5	<2.5	2.3	23.3%	<2.5	2.3	23.3%
<b>Cancer Services</b>									
% breast cancer service attendances whose referrals were triaged as urgent by cancer centre and adhered to HIQA standard of 2 weeks for urgent referrals (% offered an appointment that falls within 2 weeks)	Q	95.0%	95%	95%	98.6%	3.8%	95%	97.8%	2.9%
% 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%	87.4%	-8.0%	95%	89.7%	-5.6%
% 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%	53.8%	-40.2%	90%	53.7%	-40.4%
<b>Emergency Response Times</b>									
% 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%	70.1%	0.2%	70%	75.7%	8.1%
% 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%	59.9%	-12.0%	68%	65.1%	-4.3%

## 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>Health Protection</b>									
% of children 24 months of age who have received three doses of 6 in 1 vaccine	Q (Arrears)	95.1%	95%	95%	94.9%	-0.1%	95%	94.9%	-0.1%
% of children 24 months of age who have received the MMR vaccine	Q (Arrears)	92.4%	95%	95%	92.4%	-2.7%	95%	92.4%	-2.7%
<b>Child Health</b>									
% new born babies visited by a PHN within 48 hours of hospital discharge	Q	84.0%	95%	95%	83.4%	-12.2%	95%	83.0%	-12.6%
% 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%	87.2%	-8.2%	95%	89.7%	-5.6%
<b>Child Protection and Welfare Services</b>									
% children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	91.0%	-9.0%	100.0%	91.0%	-9.0%
% 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%	89.2%	-10.8%	100.0%	89.2%	-10.8%
<b>Primary Care</b>									
No. of PCTs implementing the national integrated Care Package for Diabetes	Q		51	51	0	-100.0%	51	0	-100.0%
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	69,551	71,282	2.5%	11,592	11,462	-1.1%
<b>Child and Adolescent Mental Health</b>									
% on waiting list for first appointment waiting >12 months	Q	15%	0%	0%	18%	>100%	0%	18%	>100%
<b>Adult Acute Mental Health Services Inpatient Units</b>									
No. of admissions to adult acute inpatient units	Q	13,584	14,163	3,541	3,322	-6.2%	3,541	3,322	-6.2%
<b>Disability Services</b>									
Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	Q	2.14m	1.68m	838,662	1,352,791	61.3%	419,331	696,008	66.0%
No. of persons with ID and / or autism benefitting from residential services	Q	8,188	8,172	8,172	8,440	3.3%	8,172	8,440	3.3%
<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	22,684	22,705	0.1%	22,684	22,705	0.1%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	11,031	1.5%	10,870	11,031	1.5%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	4,633,316	4,550,723	-1.8%	835,000	787,973	-5.6%
% of elder abuse referrals receiving first response from senior case workers within 4 weeks	Q	99%	100%	100%	98.5%	-1.5%	100%	97.8%	-2.2%

## 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	Target this M/Q	Actual this M/Q	% var reported
<b>Palliative Care</b>									
% of specialist inpatient beds provided within 7 days	M	93%	92%	92%	94.0%	2.2%	92%	94%	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%	88%	7.3%
<b>Social Inclusion</b>									
% of individual service users admitted to residential homeless services who have medical cards.	Q	75%	>75%	>75%	69%	-4.0%	>75%	69%	-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	7,041,226	3,442,374	3,467,062	-24,688	-0.7%
Variance against Budget: Non Pay	7,316,796	3,720,695	3,651,569	69,125	1.9%
Variance against Budget: Income	(1,960,769)	(936,311)	(955,039)	18,728	-2.0%
<b>Variance against Budget: Income and Expenditure Total</b>	<b>12,397,253</b>	<b>6,226,757</b>	<b>6,163,593</b>	<b>63,165</b>	<b>1.0%</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 Revenue	11,939,471	6,379,260	6,389,620	-10,360	-0.2%
Vote expenditure vs Profile Capital	373,000	92,057	163,203	-71,146	-43.6%
<b>Total - Vote Expenditure vs Profile (Revenue &amp; Capital)</b>	<b>12,312,471</b>	<b>6,471,317</b>	<b>6,552,823</b>	<b>-81,506</b>	<b>-1.2%</b>
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	214,527	235,302	-20,775	-9%

HUMAN RESOURCES						
	Year-end ceiling (target)	WTE Dec 2012	Ceiling June 2013	WTE June 2013	WTE Variance June 2013	% WTE Variance June 2013
Variance from current target levels	98,955	102,153	100,574	101,435	862	0.86%
		Outturn 2012	Target	Actual YTD RTM*	Actual reported month	% variance RTM* from target
Absenteeism rates		4.79%	3.5%	4.79%	4.5%	36.8%

\*Rolling three months



