

CEO Report to the Board
Health Service Executive
May 2013 Performance Report
National Service Plan 2013



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Key Service Messages

- **Emergency Admissions:** 169,591 people were reported as being emergency admissions in the acute system year to date. This is 7,969 (4.9%) higher compared to the equivalent in same period in 2012.
- **Emergency Care Activity:** 67.5% of all attendees at ED were discharged or admitted within 6 hours and 81.4% 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; 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	May Performance	Variance from target
% of all attendees at ED discharged or admitted within 6 hours of registration	National	95%	67.5%	-28.9%
% of patients admitted through the ED within 9 hours of registration	National	100%	81.4%	-18.6%

- **Volume of Elective Activity:** Up to the end of May a total of 68,116 elective inpatient admissions and 346,104 day case procedures were provided in our acute hospitals (total 414,220; compared to 416,086 for the same period in 2012). This includes services for both adults and children.
- **Elective Procedures (adults):** 87.2% (38,800) of all adults on the elective waiting list are waiting less than 8 months. At the end of May 1,892 adults were waiting over 8 months for an inpatient procedure and 3,802 adults were waiting over 8 months for a Day Case procedure (total 5,694) this relates to 12.8% of all adults waiting. The year end target is that no adult will be waiting greater than 8 months for an elective procedure.
- **Elective Procedures (children):** 81.7% (3,222) of all children on the elective waiting list are waiting less than 20 weeks. At the end of May 451 children were waiting over 20 weeks for an inpatient elective procedure and 270 children were waiting over 20 weeks for an elective day case procedure (total 721) this relates to 18.3% of all children waiting. The year end target is that no child will be waiting greater than 20 weeks for an elective procedure.
- **GI Endoscopy:** 92.4% of people on the GI endoscopy waiting list are waiting less than 13 weeks. At the end of May 654, 7.6%, of patients were waiting greater than 13 weeks, down from 940 (10.4%) in April. It is intended that no one will be waiting greater than 13 weeks for a GI endoscopy. €2.5m from the HSE Intervention Fund is being used to expand national capacity through extra or extended lists/sessions.
- **Outpatient Appointments:** At the end of May, 75.2% of people were waiting less than 52 weeks, the remaining 24.8% (91,195 patients) were waiting greater than 52 weeks for a first consultant led outpatient appointment. The year end target is that no patient will be waiting longer than 52 weeks by year end.

HSE Primary Care Reimbursement Scheme (PCRS)

Medical Cards: As at the 6 June 2013, 97% of properly completed medical card applications have been processed within the 15 day turnaround, NSP target is 90%. The remaining 3% 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-Jun-13	Change	31-Dec 2013
	Actual	Actual	Actual	Expected Activity
Medical Card Numbers	1,853,877	1,873,015	19,138	1,921,245
GP Visit Card Numbers	131,102	128,120	-2,982	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*	471,842	397,122	502,729	501,322	1,873,015	1,805,831	3.72%
Number of people covered by GP visit cards*	29,176	25,403	39,363	34,238	128,180	130,136	-1.50%
Total	501,018	422,525	542,092	535,560	2,001,195	1,935,967	3.37%

*includes discretionary cards

- Expenditure to May 2013 under the primary care schemes is €990.9m versus a budget of €976.0m resulting in a year to date deficit of €14.9m.
- The main reasons for the deficit is that the anticipated regulations under the FEMPI¹ legislation have been delayed resulting in a deficit of €10m and there was an exceptional payment in quarter 1 of €5m.

Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,770,450	768,602	750,750	17,852	2.4%
Community Schemes	551,865	222,354	225,292	(2,938)	-1.3%
PCRS Total	2,322,315	990,956	976,043	14,913	1.5%

¹ Financial Emergency Measures in the Public Interest Bill 2013

Community Services

Child Health Developmental Screening

- The national performance is 88.5%. 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 37.6%. There was no return from Dublin North Central.

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.

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%. 8 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 (79.8%) Longford Westmeath (76.1%); HSE DNE – Cavan Monaghan (77.7%) and (Dublin North West (79.2%) and in the HSE South; South Lee (58.5%); No LHO in the HSE West demonstrated a percentage under 80%.

All high priority cases in South Lee are being dealt with by the Duty team. Two new social work posts are due to commence within the next few weeks which will improve the allocation of social workers to children in care in this area.

- **Children in care who have a written care plan:** The national performance is 89.9%. 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 HSE DML -Dunlaoghaire (75.6%), Dublin South East (66.0%), Dublin South City (67.4%), Dublin South West (77.0%), Dublin West (79.6%) and Kildare West Wicklow (55.8%). No LHO in HSE DNE; HSE South or HSE West demonstrated a percentage under 80%.

Children and Family Services are currently being restructured resulting in staff moving across teams in the DML Region. An action plan has been put in place to address deficits, improve performance and ensure compliance with National Standards and statutory responsibilities. A priority is to ensure an increase in the number of up to date care plans across DML.

Mental Health

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

- During May 2013 18 children/ adolescents were admitted to a specialist CAMHS inpatient bed. Between January and May 2013 a total of 88 children/ adolescents have been admitted to such units. This compares to 55 such admissions during the same period in 2012. This increase is mainly due to enhanced capacity within specialist CAMHS inpatient units which is in line with Vision for Change

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

- National performance is 30% ahead of target of 4,363 referrals and 19% greater than the same period last year. DML 14%, DNE 12%, South 29% and the West 22%.

The target was based on the fact that in September 2012 (when targets were projected) there was 58 Community CAMHS teams in place and whilst we were aware that there was 2012 allocation of WTE's in place these WTE's hadn't taken up positions

With the number of new WTE's coming on board we are now able to see that the service is accepting more referrals as the staffing complement arrives nearer to the recommendation laid out in *A Vision for Change*

Older People

Nursing Home Support Scheme (Fair Deal)

- In May 2013 22,706 long term public and private residential places are supported under the scheme. In the first five months of 2013, 4,907 applications were received and 3,335 new clients were supported under the NHSS in public and private nursing homes. In May, 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	1,383	3,917	166	661	-	6,127	262	6,389
DNE	913	2,954	150	282	17	4,316	197	4,513
South	1,507	3,999	166	138	108	5,918	145	6,063
West	1,252	4,016	239	111	-	5,618	123	5,741
Total – May 2013	5,055	14,886	721	1,192	125	21,979	727	22,706

To the end of May Fair Deal is exhibiting a surplus, 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.

Home Help Hours

National Home Help Hours activity year to date to the end of May amounts to 3,760,908 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.

Finance

The financial commentary should be considered within the context of:

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 PSA¹. The assessment is that this has already contributed to slippage on our cost containment programmes.

The HSE is reporting year to date expenditure of €5.161 billion against a budget of €5.112 billion leading to a gross deficit of €49.3m to the end of May 2013. Within this there is a core deficit of €29.3m when account is taken of timing issues around the phasing of budgets and the shortfall in retirees to the end of May 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 May 2013						Total Core Deficit €m	Total Gross Deficit €m
	DML	DNE	South	West	Other National			
	€m	€m	€m	€m	€m	€m		
Hospital Services	17.72	6.35	2.68	14.61	0.00	41.36	52.91	
Community Services	2.10	5.19	0.57	(4.05)	0.00	3.80	12.22	
Local Schemes	4.79	3.80	1.88	2.53	0.00	13.00	13.00	
Sub - Total	24.61	15.34	5.13	13.09	0.00	58.16	78.13	
PCRS	0.00	0.00	0.00	0.00	14.91	14.91	14.91	
Corporate Services & Pensions	0.00	0.00	0.00	0.00	(23.87)	(23.87)	(23.87)	
National Services	0.00	0.00	0.00	0.00	(3.96)	(3.96)	(3.96)	
Fair Deal	0.00	0.00	0.00	0.00	(14.94)	(14.94)	(14.94)	
Children and Families	0.00	0.00	0.00	0.00	7.13	7.13	7.13	
Population Health	0.00	0.00	0.00	0.00	(5.13)	(5.13)	(5.13)	
Care Group / Other	0.00	0.00	0.00	0.00	(2.93)	(2.93)	(2.93)	
Total	24.61	15.34	5.13	13.09	(28.79)	29.38	49.34	

The linkage between gross reported deficit and “core” is driven by the following items:

- | | |
|---|---------|
| a) ECF shortfall | €15.5m |
| b) Income from legislation | € 2.78m |
| c) Outstanding funding due from central HSE funds for additional bed capacity | € 1.69m |

In addition to deficits being addressed via pensions / time related savings surpluses , CFO and COO are currently engaged in a robust series of performance management / escalation sessions with Hospital / Community Services to reinforce requirement that all units need to initiate further accelerated cost containment measures to address any residual direct services deficits.

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

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.

The €24m increase in gross deficit (€25m to €49m) between the end of April and the end of May is largely accounted for by:

- Continuation of the deficit trend within Acute Hospitals - €11.5m – see below re direct services
- Growth in PCRS deficit - €12.6m – mostly FEMPI related – see below under PCRS.

Based on five 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). However, the €10m shortfall in savings on professional fees arising to end of May is the main driver of the €15m deficit at the end of May with the bulk of this arising in the current month. The NSP 2013 anticipated that regulations under the FEMPI legislation would allow the HSE to reduce professional fees by approximately €8m- €9m per month from May onwards. The implementation of these regulations has been delayed and it is anticipated that savings under this heading will not commence until later in 2013. 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 achievability of the €150m budget reduction assigned to the HSE within the NSP is fully reliant on the outcome of the recently published Haddington Road Agreement. 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 the likely shortfall. This validation process is complex and is underway.

- **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. Initial indications are that the legislation will not facilitate the full collection of the targeted additional €60m in the current year. Similar to the accelerated income issue below, 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.

- **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 the first five months of data would indicate that there is a projected deficit of circa €103.9m², €75.5 million of which relates to hospitals and €25 million relates to 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. 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 9th January 2013, HSE does not in itself have the capacity to address the 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 the remaining direct services the HSE is at this stage in the year, subject to any necessary approvals around the use of once-off surpluses³, is expecting to deliver a substantially breakeven position by year end.

2 down from the €101m projected deficit based on the 1st 3 months data. As with any projection this is an estimate based on a number of assumptions including for example assumptions around any potential shortfall within the HRA against the €150m savings target. As more information becomes available to allow us validate and refine these assumptions the projections will be updated.

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

Human Resources

The Health Sector is 34 WTEs above the current approved employment ceiling, outturn of 101,451 WTEs versus interim employment ceiling of 101,416 WTEs and 2,496 WTEs above the end-year target of 98,955 WTEs as notified by the Department of Health.

- Overall employment levels at the end of May stands at 101,451 WTEs down 110 WTEs from previous month.
- Employment is at levels last seen in early 2005, despite significant new service development posts and subsuming of external employment into the HSE in the intervening period. Since employment peaked in September 2007, the health services have reduced employment levels by 10% (11,320 WTEs).
- The Health Sector is currently marginally in breach of the approved employment ceiling. 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.
- 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 latter seven months will require an average reduction of the order of 545 WTEs per month to meet the end-of-year employment target. 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.
- 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 reorganising of services, is unlikely to be able to fill the gap. 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 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%	64.3%	-32.3%	95%	67.5%	-28.0%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	M	81.5%	100%	100%	79.0%	-21.0%	100%	81.4%	-18.6%
Elective Waiting Time									
No. of adults waiting more than 8 months for an elective procedure	M		0	0	5,694		0	5,694	
					12.8%			12.8%	
No. of children waiting more than 20 weeks for an elective procedure	M		0	0	721		0	721	
					18.3%			18.3%	
Colonoscopy / Gastrointestinal Service									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	0	0	0	0		0	0	
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	M	36	0	0	654		0	654	
					7.6%			7.6%	
Outpatients									
No. of people waiting longer than 52 weeks for OPD appointment	M		0	0	91,195		0	91,195	
Day of Procedure Admission									
% of elective inpatients who had principal procedure conducted on day of admission	M	56%	75%	75%	58%	-22.1%	75%	58%	-22.1%
% of elective surgical inpatients who had principal procedure conducted on day of admission ①	M	New for 2013	85%	85%	62%	-27.1%	85%	62%	-27.1%
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%	7.3%	24.0%	9.6%	7.3%	24.0%
Surgery									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) ②	M	84.0%	95%	95%	83.2%	-12.4%	95%	83.2%	-12.4%
ALOS									
Medical patient average length of stay ③	M	7.2	5.8	5.8	7.3	-25.9%	5.8	7.3	-25.9%
Surgical patient average length of stay	M	New for 2013	5.26	5.51	4.9	11.1%	5.51	4.9	11.1%

① There are hospital specific targets for this metric which target a +15% improvement on the 2011 figure with 85% as the final target. 62% of hospitals nationally have achieved or exceeded their targets. The provision of pre-assessment services and designated surgical beds impact of this and hospitals are developing these services with support from the Surgery Clinical programme.

② It is recognised that a significant number of the group who come to hospital with fractured femurs are frail older people who often have complex co-morbidities. They require stabilisation before surgery. A joint approach between orthopaedics, geriatricians and anaesthetists improves outcomes and this is the approach being recommended and developed in Ireland.

③ There has been a downward trajectory for medical length over the past 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 Medical Programme in that site.

NSP 2013 Performance Scorecard

Non Acute Care									
Performance Indicator	Report Frequency (NSP 2013)	Outturn 2012	Target 2013	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
Child Health									
% children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of	M (Arrears)	85.7%	95%	95%	86.6%	-8.8%	95%	88.5%	-6.8%
Child Protection and Welfare Services									
% children in care who have an allocated social worker at the end of the reporting period	M	91.9%	100%	100%	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%	89.9%	-10.1%	100.0%	89.9%	-10.1%
Primary Care									
No. primary care physiotherapy patients seen for a first time assessment	M		139,102	57,959	59,820	3.2%	11,592	12,815	10.6%
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	22,663	22,706	0.2%	22,663	22,706	0.2%
No. of persons in receipt of a Home Care Package	M	11,023	10,870	10,870	10,983	1.0%	10,870	10,983	1.0%
No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	M	9,887,727	10.3m	3,798,316	3,760,908	-1.0%	797,500	779,074	-2.3%
Palliative Care									
% 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%	83%	1.2%

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	7,032,504	2,860,916	2,873,749	-12,834	-0.4%
Variance against Budget: Non Pay	7,254,953	3,080,917	3,017,901	63,016	2.1%
Variance against Budget: Income	(1,912,895)	(779,858)	(779,019)	(838)	0.1%
Variance against Budget: Income and Expenditure Total	12,374,563	5,161,975	5,112,631	49,344	1.0%
Vote Key Performance Measurement	REV 2013 '€000	Actual YTD €000	Profile YTD €000	(Under) / Over YTD €000	% Var Act v Tar
Vote expenditure vs Profile Revenue	11,939,471	5,389,108	5,391,378	-2,270	0.0%
Vote expenditure vs Profile Capital	373,000	72,481	134,058	-61,577	-45.9%
Total - Vote Expenditure vs Profile (Revenue & Capital)	12,312,471	5,461,589	5,525,436	-63,847	-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	175,059	196,085	-21,026	-11%

HUMAN RESOURCES

	Year-end ceiling (target)	WTE Dec 2012	Ceiling May 2013	WTE May 2013	WTE Variance May 2013	% WTE Variance May 2013
Variance from current target levels	98,955	102,153	101,416	101,451	34	0.03%
	Outturn 2012	Target	Actual YTD RTM*	Actual reported month	% variance RTM* from target	
Absenteeism rates	4.79%	3.5%	4.74%	4.62%	35.4%	

*Rolling three months

Vote 39 Vote Expenditure Return at 30th June 2013

(As at 5th July 2013)

1. Vote Position at 30th June 2013

Vote Return – June 2013	REV 2013	June Monthly Profile €'000	June Actual Outturn €'000	Over (Under) €'000	June YTD Profile €'000	June YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,392,623	1,097,402	1,080,679	(16,723)	6,954,495	6,930,119	(24,376)
Gross Capital Expenditure	381,000	29,895	19,576	(10,319)	166,353	92,274	(74,079)
Total Gross Vote Expenditure	13,773,623	1,127,297	1,100,255	(27,042)	7,120,848	7,022,393	(98,455)
<i>Appropriations-in-Aid</i>							
- Receipts collected by HSE	1,068,547	85,160	76,527	(8,633)	458,875	444,266	(14,609)
- Other Receipts	384,605	14,000	14,000	0	106,000	106,593	593
- Capital Receipts	8,000	750	0	(750)	3,150	217	(2,933)
Total	1,461,152	99,910	90,527	(9,383)	568,025	551,076	(16,949)
Net Vote Expenditure	12,312,471	1,027,387	1,009,728	(17,659)	6,552,823	6,471,317	(81,506)

2. Comparison to Issues Return

The June return is broadly consistent with the issues return submitted on 24th June 2013.

3. General Commentary

The June vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners and UK Department of Health. Therefore while the gross expenditure is correct, the individual subhead totals in the attached return for Long Term Residential Care (C.2) and Children & Family Services (C.3) is stated at the profiled amount for the month as actual expenditure is not available.

Gross current vote expenditure is €24m under profile, while current appropriations-in-aid collected directly by the HSE are €14m under profile resulting in a **net current underspend of €10m** (€2m underspend at the end of May). When account is taken of the savings in Pension Lump Sums (€41m) and Special Accounts (€8m), **the underlying position is an overspend of €39m**.

Other current appropriations-in-aid are on profile.

Gross capital expenditure is €74m under profile and appropriations in aid are €3m under profile resulting in a **net capital underspend of €71m** at the end of June 2013 (€62m under profile in May)

Based on four months accruals based financial 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.
- Public Service Agreement - €150m
- Private Health Insurance Income - €104m accelerated income 2012 and 2013 Legislation for €60m.
- Direct Services - General scale of the overall challenge within the remainder of community services and in particular, hospital services.

4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector including Fair Deal is €82m under profile (€54m under profile in May).
- The voluntary sector is €17m over profile (€27m over profile in May).
- The medical card services and community schemes, on a gross basis, is €39m over profile (€18m over profile in May).
- Payments to the State Claims Agency are €2m over profile (€1m over profile in May).

5. Capital Position at 30th June 2013

Subhead	REV 2013 Profile €000	June 2013 Profile €'000	June YTD Actual €'000	Over (Under) €'000
C.3 - Children & Family Services	1,000	600	110	(490)
D.1 - Capital - Construction	329,461	142,000	80,742	(61,258)
D.2 - Capital - Lottery	2,539	0	0	0
D.3 - Capital - Information Systems	40,000	18,753	9,433	(9,320)
D.4 - Mental Health Facilities	8,000	5,000	1,989	(3,011)
Gross Capital Expenditure	381,000	166,353	92,274	(74,079)
E.8 Receipts - Disposal of Mental Health and other Health Facilities	8,000	3,150	217	(2,933)
Net Capital Expenditure	373,000	163,203	92,057	(71,146)

6. Capital Commentary

Allocation / Expenditure Analysis					
	Total Allocation for Year 2013	Allocation for Period Jan - June	Expenditure for Period Jan - June	Variance as % of Vote Allocation Jan - June 2013	Expenditure in Jan - June as a % of the 2013 Allocation
	€m	€m	€m	€m	€m
D.1 / D.2 - Construction & Lottery	332.000	142.000	80.742	43.14%	24.32%
D.3 - ICT	40.000	18.753	9.433	49.70%	23.58%
D.4 - Mental Health Facilities	8.000	5.000	1.989	60.22%	24.86%
C.3 - Children & Family Services	1.000	0.600	0.110	81.72%	10.97%
Gross Capital Expenditure	381.000	166.353	92.274	44.53%	24.22%
E.8 Receipts - Disposal of Mental Health and other Health Facilities	-8.000	-3.150	-0.217	93.10%	2.72%
Net Capital Expenditure	373.000	163.203	92.057	43.59%	24.68%

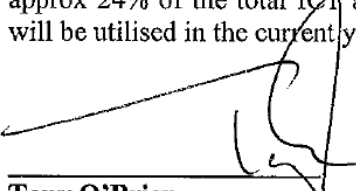
Capital Summary

Subheads (D.1/ D.2, D.4, C.3) Construction/Lottery, Mental Health Facilities and Children & Family Services.

Expenditure on construction projects in the first six months of the year has been lower than anticipated, due mainly to many projects achieving completion in the period. In addition, other major projects are at an early stage in their lifecycle. The procurement of design teams and contractors is taking much longer than anticipated due to the 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 expenditure in the second half of the year is projected to increase significantly in respect of construction projects. In addition, a range of equipment replacement programmes and additional minor capital investment will be undertaken with a view to maximising utilisation of the approved and available allocation.

Subhead D3 - ICT

The ICT allocation for 2013 is €40m. In the period January to June expenditure was €9.4m i.e. approx 24% of the total ICT allocation. The ICT Directorate has indicated that the full allocation will be utilised in the current year.



Tony O'Brien
Accounting Officer

Date: 15 July 2013