



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report June 2010

9 September 2010

Easy Access

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Introduction

The Performance Report (PR) provides an overall analysis of key performance data from finance, HR, Acute and Primary & Community Services. The activity data reported are based on the Performance Activity and Key Performance Indicators outlined in the NSP 2010.

The PR is used by the Performance Monitoring & Control committee (PMCC), the CEO and the HSE Board to monitor performance against planned activity, as outlined in the NSP, and to highlight areas for improvement. The PR also provides an update to the DoHC on the delivery of the NSP.

A Supplementary Report is also produced each month which provides more detailed data on the metrics covered in the Performance Report. Biannually (June and Dec PR Reports) a report on progress against the Deliverables outlined in NSP 2010 will also be included.

This is the first opportunity in 2010 to report Finance, HR and Activity data against the National Service Plan (data was not available Jan – May due to an industrial dispute). The information used is the reported position at the end of June (some data may be reported in arrears). Every effort has been made to have full coverage of the data to support the metrics. However, in a number of cases non-acute data has been partially returned and this may influence the national view of performance in these areas. Caution is required in the interpretation of the performance message for any metric where it is noted that there is less than full coverage of data. Data validation is ongoing and subject to change.

Areas of special focus in NSP 2010

- ❑ Consultant Contract implementation (page 34 of PR)
- ❑ Fair Deal / NHSS (page 8 of PR)
- ❑ Emergency Department – access (page 30 of PR)

Additional information and clarifications this month

- ❑ New HR view of Balanced Scorecard (page 2 of PR)
- ❑ PCTs: Patients with a Care Plan (page 16 of PR)
- ❑ Orthodontics (page 16 of PR)
- ❑ GP Out of Hours Service (page 17 of PR)
- ❑ WTE change 2010 now included in HR Tables
- ❑ HR table on exempted grades now included (page 11 of PR)
- ❑ HR table on Key Staff Groupings now included (page 11 of PR)
- ❑ Service Level Agreements now included (page 28 of PR)

ACCESS	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported Perf this month/Q	% Var v Tar this mth	Perf Trend
	% waiting < 6 hours from registration to discharge in						
• All patients (M)	88.0%	100%	100%	88.9%	-11.1%	→	
• Patients who require admission (M)	54.0%	100%	100%	60.1%	-39.9%	↑	
Public patients as a % of all elective discharges	78.5%	80%	80%	80.3%	0.3%	↑	
No. of patients discharged:							
• Inpatient (M)	595,022	540,933	271,952	292,867	7.7%		
• Day case (M)	675,611	689,310	339,138	365,279	7.7%		
Elective Waiting List - Inpatient							
• % of adults waiting ≤ 6 months (M)	77.3%	100%	100.0%	74.7%	-25.3%	↓	
• % of children waiting ≤ 3 months (M)	43.8%	100%	100.0%	45.2%	-54.8%	↑	
Elective Waiting List – Day Case							
• % of adults waiting ≤ 6 months (M)	85.0%	100%	100.0%	86.5%	-13.5%	↑	
• % of children waiting ≤ 3 months (M)	40.8%	100%	100.0%	48.0%	-52.0%	↑	
CAMH: % of new cases seen by ≤ 3 months to first appointment (M)	66.0%	70%	70%	71.0%	1.0%	↑	
No. of PCTs holding clinical meetings	219	395	277	267	-3.6%	↑	
% of medical cards issued within 15 working days of complete application (Q)	New	100%					
% Fair Deal applications processed ≤ 4 weeks (M)	New	TBD	100%	95.0%	-5.0%		
Disability (Under 5): % of assessments completed in timelines provided for in the regulations(Q)	30.0%	1	100%	21.0%	-79.0%	↓	

FINANCE	Key Performance Measure	Approved allocation	Actual YTD	Budget YTD	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,851,156	1,446,381	1,412,278	34,103	2.41%
Dublin North East	2,000,212	1,012,308	968,033	44,275	4.57%	
South	1,977,151	1,014,438	982,250	32,188	3.28%	
West	2,069,619	1,077,600	1,018,886	58,714	5.76%	
Care Group/Other services	131,855	23,064	66,876	-43,812	-65.51%	
technical adjustments	0	0	0	-25,000	0.00%	
ISD regional sub total	9,029,993	4,573,791	4,448,323	100,468	2.82%	
A Fair Deal	152,002	70,815	70,815	0	0.00%	
Schemes	2,784,541	1,329,258	1,347,829	-18,571	-1.38%	
statutory pensions	358,018	138,991	138,578	413	0.30%	
Ambulance	139,844	69,991	69,725	266	0.38%	
Corporate Services	98,634	42,039	47,478	-5,439	-11.46%	
Health Repayment Scheme	17,000	11,681	11,681	0	0.00%	
CIS & insurance	65,000	44,105	44,105	0	0.00%	
NCCP	75,048	17,656	18,178	-522	-2.87%	
QCC/Pop Health	226,270	94,650	110,584	-15,934	-14.41%	
Held Funds	104,085	0	8,260	-8,260	-100.00%	
Total Health Service	13,050,435	6,392,977	6,315,556	52,421		

QUALITY	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported Perf this month/Q	% Var v Tar this mth	Perf Trend
	% of children in care who currently have a written care plan (Q)	81%	100%	94.0%	81.9%	-12.1%	→
% of children in care who have an allocated social worker (Q)	83%	100%	93.0%	86.5%	-6.5%	↑	
% Childhood Immunisation (24 months) (Q)	94%	95%	95.0%	93.6%	-1.4%	→	
MRSA bacteraemia notification rate per 1,000 bed days used	0.09	5% reduction	5.60	0.09	0.0%	→	
scheduled access to colonoscopy for urgent referral within 4 weeks (M)	N/A	100%	100.0%	99.0%	-1.0%		
% of cases compliant with HIQA standard 2 weeks for urgent referrals (M)	90%	95%	95.0%	95.3%	0.3%	↑	
Ambulance: % of emergency ambulance calls responded to within 14 minutes (M)	63%	63%	63.0%	58.3%	-4.7%	↓	
Procedure Rates: % of elective inpatient procedures conducted on day of admission(M)	43%	75%	75.0%	48.0%	-27.0%	↑	
Mental Health: Inpatient readmission rates to acute MH units per 100,000 population (Q)	70.10	66.6	0.0%	no data available			
no of readmissions as a % of total admissions	68%	68%	70.0%				
Emergency Activity: No. of emergency admissions (M)	366,960	330,298	167,284	183,963	10.0%		
% day case surgeries as % day case + inpatients for specified basket procedures (Q)	63%	75%	75.0%	67.0%	-8.0%	↑	
Numbers of Medical Assessment Units (MAU) (or equivalent) in operation (Q)	N/A	34	17	15	-11.8%		
ALOS for all inpatient discharges+deaths (M)	6.2	5.6	5.6	6.4	-14.3%	↓	
Absenteeism (M)	5.03%	3.5%	3.5%	4.6%	-1.1%	↓	

HUMAN RESOURCES	Key Performance Measure	WTE Dec 2009	Ceiling current Month	WTE this month	WTE change 2010	Var WTE Vs Ceiling	% Var v Tar this mth
	Dublin/Mid Leinster	32,149	31,951	32,075	-74	124	-0.39%
Dublin/North East	23,540	23,258	23,292	-248	35	-0.15%	
South	23,819	23,831	23,835	16	4	-0.01%	
West	25,847	25,821	25,811	-36	-10	0.04%	
ISD National	198	378	198	-1	-180	47.72%	
Portion of ceiling to be allocated	0	134	0	0	-134		
OTHER	4,201	4,226	4,171	-30	-55	1.30%	
Total Health Service	109,753	109,597	109,381	-373	-216	0.20%	
Select Grade Exempted	WTE Dec 2009	Target growth 2012	WTE this month	Var from Dec 2012 target	Change from last month	WTE 2010	
Medical Consultants	2317	0	2352	0	1	36	
Occupational Therapists	1103	0	1177	0	2	74	
Physiotherapists	1469	380	1549	-170	0	80	
Speech & Language Therapists	776	0	833	0	11	56	
Social Workers	2139	270	2184	-226	18	44	
Psychologists	751	230	751	-230	-3	0	

HSE Overview

Key Performance Messages

The overall financial position shows a deficit of €52m at the 30th June on an accruals basis. This includes an underlying deficit of €100m in services and is being offset by surpluses in community schemes and corporate expenditures. Voluntary bodies account for €36m of the overall deficit.

The West Region continues to present the largest deficit €48m after adjustment for income targets. The actions underway and proposed in the West are essential to achieving a balanced position at year end. The actions set out in the business plans for the other three areas also require continued and intensified execution.

The projection to year end using June data indicates a need to achieve further cost reductions of €150m in the second half of the year to achieve a balanced financial position at year end on an accruals basis.

2010 activity data is available for the first time this month following the recommencement of reporting although there are still a few gaps in some areas.

Acute Hospital activity data for the first 6 months of 2010 indicates over delivery against service plan targets in both inpatient and day cases. Inpatient activity is 7.7% above planned levels and 2.4% below the same period last year. Day cases are also 7.7% ahead of planned levels and 10% above the levels provided in 2009.

Employment levels continue to fall at a pace greater than planned. 976 of the required 1520 wte annual reduction has been achieved by the end of June allowing the commencement of recruitment of the 79 NCCP 2010 development posts.

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Finance

Finance

Key Performance Messages

The financial results for June show total expenditure of €6.39 billion against a year to date budget of €6.32 billion. The year to date deficit has been reduced by a notional €25m. The reported deficit is €52.4m, (see Table 1. for Technical Adjustment).

The key performance messages in the June results are:

- Overall deficit is €52.4m.
- €130m deficit in hospitals – with significant under-achievement of income.
- Income billing is still a problem in the June results and is a significant factor in the area deficits.
- Pensions are running within budget. Lump sums have been paid to 725 staff up to the end of June. This headcount figure is not the same as WTE because a range of these staff were not treated as whole-time equivalents – for example staff on long-term sick leave or home helps.
- To the end of June 2010 €45m of lump sums have been paid. This represents a monthly payment of €9m for lump sums alone with total HSE statutory pension payments for the half year reaching €195.1m.
- Medical cards and community schemes continue to operate within budget.

Table 2 shows the total budget variance for the end of June – where the most significant variance is income. Pay is 1.7% over budget and non pay is 3.6% over budget. However income is €49.7m or 9.3% behind budget.

The board will be aware that the HSE vote was cut by €75m for accelerated collection of income in 2010. Due to the dual nature of HSE accounting, it was necessary to reduce hospital budgets by this amount – even though the target was a vote target. The voluntary hospital reduction of €25m was offset by other funding; however €50m of budget cuts were applied to statutory hospitals.

Because this target is a collection target and is not related to 'billing' on an income & expenditure basis, we have reduced the year-to-date deficit in the areas by a notional €25m (technical adjustment) at the half year i.e. 50% of the target. Hospitals will need to work on accelerating their income collection in order for the vote target to be achieved.

Table 3 shows information by region regarding Aid and Appliances. In DNE and DML, the significant adverse variance occurs because the A&A budgets were traditionally charged to the Hardship Scheme. Funding for the Hardship Scheme was extracted at the start of 2010 for transfer to the PCRS. The costs, however, still reside in the local cost centres. The actual expenditure between 2009 and 2010 in both areas is consistent.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,924,941	2,074,064	1,943,778	130,287	6.3%
Primary & Community	4,973,197	2,476,661	2,437,668	38,993	1.6%
Care Group / Other Services	131,855	23,064	66,876	-43,813	-190.0%
Technical Adjustment - Income	0	0	0	-25,000	
ISD Total	9,029,993	4,573,789	4,448,322	100,467	2.2%
PCRS	2,784,541	1,329,258	1,347,829	-18,571	-1.4%
A Fair Deal 2009 / 2010 Incremental Funding	152,002	70,815	70,815	0	0.0%
Statutory Pensions	358,018	138,991	138,578	413	0.3%
Ambulance	139,844	69,991	69,725	266	0.4%
Corporate Services	98,634	42,039	47,478	-5,440	-12.9%
Health Repayment Scheme	17,000	11,681	11,681	0	0.0%
CIS & Insurance	65,000	44,105	44,105	0	0.0%
National Cancer Control Programme	75,048	17,656	18,178	-522	-3.0%
QCC / Population Health	226,270	94,650	110,584	-15,934	-16.8%
Held Funds	104,085		8,260	-8,260	
Total HSE	13,050,435	6,392,976	6,315,556	52,420	0.8%

6 months to June 2010				
Table 2.	Actual €000s	Budget €000s	Variance €m	%
Pay	3,105.2	3,052.9	52.3	1.7%
Nonpay	1,929.9	1,862.6	67.3	3.6%
Income	-484.4	-534.1	49.7	9.3%
Regions total	4,550.7	4,381.4	169.3	3.9%

Table 3. Aids & Appliances	Approved Allocation €000	Actual €000	YTD		
			Plan €000	Variance €000	%
Dublin Mid Leinster	6,256	6,209	3,091	3,118	101%
Dublin North East	906	7,897	436	7,461	1711%
South	11,595	4,622	5,798	(1,176)	-20%
West	8,332	4,776	5,086	(310)	-6%
Total	27,089	23,504	14,412	9,093	63%

Finance

Key Performance Messages

The breakdown of the year to date variance in the regions between Statutory and Voluntary is as follows:

Statutory	€133m	Voluntary	€36.3m	Total	€169.3m
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Following a review at the half year of funding which will not be fully utilised, we have released €42m of funding into the June results. The funds concerned relate to national initiatives such as Quality & Clinical Care which have been slow to commence. We have also released funding for NCHD grants and some other items. These items were to be funded centrally but the new process did not commence until the half year and expenditure was incurred in the areas during the first 6 months of the year.

Table 4. HSE NET EXPENDITURE	Budget 2009 €000s	Current Month			Year to Date		
		Actual €000s	Budget €000s	Variance €000s	Actual €000s	Budget €000s	Variance €000s
Statutory Services							
Dublin Mid Leinster	1,397,742	95,249	84,433	10,816	706,616	689,024	17,592
Dublin North East	1,297,220	141,063	133,669	7,394	648,087	618,838	29,249
South	1,869,479	162,534	155,610	6,924	956,747	928,668	28,079
West	2,050,469	176,230	168,853	7,377	1,067,489	1,009,399	58,090
Total	6,614,909	575,075	542,564	32,511	3,378,939	3,245,929	133,010
Voluntary Services							
Dublin Mid Leinster	1,453,415	154,629	153,753	875	739,764	723,253	16,511
Dublin North East	702,992	27,457	26,208	1,249	364,220	349,195	15,025
South	107,672	9,246	8,779	467	57,691	53,582	4,109
West	19,150	1,747	1,222	525	10,111	9,487	624
Total	2,283,230	193,079	189,962	3,117	1,171,787	1,135,517	36,270
Grand Total Statutory/Voluntary Services	8,898,138	768,154	732,526	35,628	4,550,726	4,381,446	169,280

Integrated Services Directorate (ISD)	Acute Services & Primary and Community Services
	<p>Year to date expenditure in Hospitals was €2.1 billion compared with a budget of €1.9 billion – leading to an adverse variance of €130 million. The table illustrates the position to the end of June 2010 (see Table 5).</p> <p>Community Services within Regions have year to date expenditure of €2.48 billion compared with a budget of €2.44 billion – leading to a variance of €39m (see Table 6).</p>
Schemes	The position for the Primary Care Reimbursement Service including Primary Care Schemes is set out in Table 7. There has been no significant change in the financial position for medical cards/community schemes.
Capital	<p>The cumulative capital cash profile for the period January to June 2010 is €208.151 million. The capital cash draw down for the same period was €149.148 million. The capital draw down was therefore under profile for the period by €59.003 million (see Table 8).</p> <p>Construction (C1/C2) Expenditure under this subhead is running below profile by €22.911m for the period Jan-April. The adverse weather conditions in Jan / Feb have impacted on construction progress. In addition a level of caution is being exercised in terms of incurring expenditure due to the fact that A in As are behind profile.</p> <p>ICT (C3) Expenditure under this subhead is running below profile by €4.221m for the period Jan-April.</p> <p>Mental Health (C4) Expenditure under this subhead is running below profile by €3.395m for the period Jan-April. The adverse weather conditions in Jan / Feb have impacted on construction progress. In addition a level of caution is being exercised in terms of incurring expenditure due to the fact that A in As are behind profile.</p> <p>Dormant Accounts (B13) On target.</p> <p>Appropriations in Aid There were no sale proceeds in the period Jan-April. The profile in regard to sale of surplus assets was €6.500m.</p>

Acute Services	YTD				
	Approved Allocation	Actual	Plan	Variance	%
	€000	€000	€000	€000	
Dublin Mid Leinster Hospitals	1,412,085	721,680	700,668	21,012	3.0%
Dublin North East Hospitals	890,424	466,813	435,796	31,017	7.1%
South Hospitals	793,369	422,123	395,325	26,797	6.8%
West Hospitals	829,063	463,449	411,989	51,460	12.5%
Hospitals Total	3,924,941	2,074,064	1,943,778	130,287	6.7%

Primary & Community Services	YTD				
	Approved Allocation	Actual	Plan	Variance	%
	€000	€000	€000	€000	
Dublin Mid Leinster	1,439,071	724,701	711,610	13,091	1.8%
Dublin North East	1,109,788	545,495	532,237	13,257	2.5%
South	1,183,783	592,315	586,924	5,391	0.9%
West	1,240,556	614,151	606,897	7,254	1.2%
Community Total	4,973,197	2,476,661	2,437,668	38,993	1.6%

Schemes	YTD				
	Approved Allocation €000	Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,936,538	921,010	929,456	(8,446)	-0.9%
Community Schemes	848,002	408,247	418,373	(10,126)	-2.4%
Total	2,784,541	1,329,258	1,347,829	-18,571	-1.4%

2010 Capital Vote Subhead	2010 Approved Allocation	YTD Actual	YTD Allocation	YTD Variance
C1/C2 Building Equipping and Furnishing of Health Facilities	346,792	138,224	180,712	42,488
C3 Information Systems and Related Services for Health Agencies	40,000	959	8,662	7,703
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	50,000	8,993	17,000	8,007
B13 Dormant Accounts	7,000	972	1,777	805
Total	443,789	149,148	208,151	59,003
A in A Dormant Accounts	-7,000	-377	-1,777	-1,400
A in A Sale of Surplus Assets	-58,800	-174	-12,500	-12,326
Total A in A	-65,800	-551	-14,277	-13,726
Net	377,989	148,597	193,874	45,277

LHOs with most significant Favourable Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Kildare / West Wicklow	190,697	89,393	94,579	-5,187	-5.5%
LHO 8 Dublin North	203,791	100,532	101,523	-991	-1.0%
LHO Limerick	172,263	84,763	85,301	-539	-0.6%
LHO Sligo / Leitrim	159,590	78,820	79,274	-454	-0.6%
LHO Dublin South	96,100	47,547	47,813	-267	-0.6%
LHOs with most significant Adverse Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Galway	246,421	125,555	118,763	6,792	5.7%
LHO Wicklow	107,840	55,044	48,777	6,267	12.8%
LHO 6 Dublin North	168,422	88,806	83,676	5,130	6.1%
LHO Donegal	165,668	86,090	81,621	4,469	5.5%
LHO Dublin West	98,745	51,137	48,976	2,161	4.4%

Hospitals with most significant Favourable Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
National Maternity Hospital	46,044	22,284	22,415	-131	-0.6%
St Luke's Hospital	34,086	17,047	17,000	47	0.3%
Cappagh National Orthopaedic Hospital	26,251	13,376	13,307	68	0.5%
Ennis General Hospital	20,165	10,267	10,031	236	2.4%
Royal Victoria Eye & Ear Hospital	21,616	10,977	10,717	260	2.4%
Hospitals with most significant Adverse Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Galway College University Hospital	250,868	141,447	124,430	17,017	13.7%
Regional Hospital Dooradoyle	140,989	81,624	69,418	12,206	17.6%
Cork University Hospital	263,808	140,367	131,625	8,742	6.6%
Beaumont Hospital	245,048	126,700	119,099	7,601	6.4%
Our Lady of Lourdes Hospital	94,908	54,664	47,192	7,473	15.8%

A Fair Deal 2010 (Table 9) The Nursing Homes Support Scheme (*A Fair Deal*) commenced on the 27th October 2009. A total of 13,048 applications have been received to date and over 61% of these applications have been processed. In addition over 1,900 applications have been received for Ancillary State Support (Nursing Home Loan), of which in excess of 1,300 or 69% have been completed.

The total funding for long term residential care in 2010 is €979 million (subhead B12 in Vote 40 refers). This is effectively the budget for the Nursing Homes Support Scheme albeit that transitional arrangements must be facilitated from within the subhead (i.e. people in contract beds and people who choose to remain on subvention). The additional allocation of €152m received in 2010 for the Nursing Homes Support Scheme is included in the €979m Vote allocation.

At present, and based on payments to date under the scheme, it is envisaged that there is sufficient funding available to meet the scheme's requirement in the current year, this is also based on subvention and contract bed savings which are planned to be allocated to the Fair Deal central unit.

Superannuation Benefits 2010 Payment Report June (Retirement) (Table 10) Lump sums recorded in 2010 to the end of June were €45m for the HSE statutory system, (see Table 10). This is against a full year budget of €120m (provided by top-slicing services). We cannot predict how lump sums will arise between now and year end, however if they continue at current levels there would be a saving against this budget.

Total cost of pensioners to the end of June was €195.1m; which is within provision. We know that a significant number of staff who availed of the Incentivised Early Retirement Scheme have yet to be processed on pension, therefore the cost of pensions will need to be carefully monitored.

It is important to link a number of issues:

- Dependencies between retirements and achievement of moratorium savings
- Contingency funding of €150m which was taken from services to make up the 2010 pensions budget, on the assumption that the pay base of services would be reducing.

Any surplus on lump sums or pensions due to lower than anticipated retirements will imply under achievement of moratorium cuts already applied to the HSE. The consequence of this outcome is that the HSE maintains a higher than planned pay base. If this is the position later in the year the contingency funding taken from services to provide for pensions would then need to be returned to services where budgets have been cut, but staff are not leaving.

Table 9. A Fair Deal	Applicants			% processed within 4 weeks	Budget	
	Applicants from Oct 09	No. applicants this month	No. applicants YTD		Month Actual €000	YTD Actual €000
Dublin / Mid Leinster	3,369	211	2,111	PR detail by RDO will be available in Q4.	€81m	€489m
Dublin / North East	2,331	698	1,298			
South	3,337	122	1,822			
West	4,011	889	2,489			
Total	13,048	1,920	7,720			

* Estimate

Table 10. Superannuation Benefits 2010 Payment Report (Retirement)	2010 Headcount Retirees Paid		*Payments (e.g. Lump Sums & Death Gratuities)	
	Month	YTD	€000 Month	€000 YTD
Dublin Mid Leinster	35	120	1,121	8,489
Dublin North East	19	109	1,188	9,292
South	53	261	2,803	14,092
West	54	186	3,079	11,036
Corporate	10	49	766	2,096
Total	171	725	8,191	45,005

*The financial table is all lump sums charged in 2010, some of these relate to late 2009 retirements. In addition in the vote, significant lump sums from 2009 were cashed at the start of the year.

Human Resources

HR

Key Performance Messages

- June employment shows a decrease in employment levels by 174 over May
- The current employment ceiling (June 2010) stands at 109,597 and in overall terms the health service is operating at 216 WTE below this ceiling.
- 976 of the required 2010 ceiling reduction of 1520 wtes has been achieved with a further 544 decrease needed before year end. This is ahead of target allowing a decision to be taken to immediately commence the recruitment of the 79 development posts for the NCCP.
- When development posts have been taken into account there has been a reduction of 372 in overall employment levels since the start of 2010 with a reported outturn of 109,381(See Table 1).
- For 2010, while Medical/ Dental staffing shows a marginal decrease (-20), there is an increase of +36 (1.54%) in the number of medical consultants.
- Other notable changes include the following:
 - Social Workers +44 (2.07%)
 - Physiotherapists +80 (5.46%)
 - Occupational therapy +74 (6.68%)
 - Speech & Language Therapists +56 (7.24%)
 - Nursing up +30 (+0.09%) (*student nurses on placement*).
 - Management & Administrative -238 (-1.35%)
 - General Support -191 (-1.61%)

Integrated Services Directorate (ISD)

Acute Services & Primary and Community Services

- ISDs employment ceiling stands at 105,372 and it is now 161 WTEs (0.20%) below their approved ceiling. (See Table 1).
- A number of sectors continue to operate above their employment ceiling.
- Despite a 200 WTE fall in 2010 Acute Hospital Services, they remain 616 (+1.23%) above ceiling.
- Ambulance Services are 125 (+9.4%) above ceiling.
- Primary & Community Services are -531 WTE below ceiling.
- A further 11.5 2008 / 2009 addendum / new service development / HRB posts were filled in June. Out of the total number of 2008 / 2009 posts approved and in process of recruitment, some 134 of these posts are still to be filled.

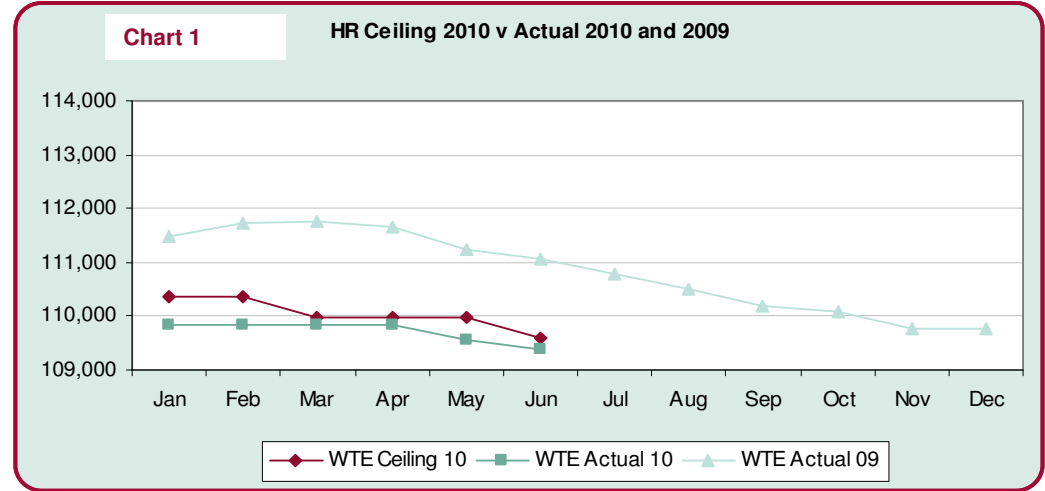


Table 1. Service Function	ISD by Service, Corporate & Population Health Functions					
	2009	2010 Current View				
	WTE Dec 2009	Ceiling June 2010	WTE June 2010	WTE Change 2010	WTE Variance June 2010	% WTE Variance June 2010
Acute Hospital Services	51,019	50,203	50,819	-200	+616	1.23%
Ambulance Services	1,465	1,331	1,456	-9	+125	9.40%
Primary and Community Services	53,068	53,466	52,935	-133	-531	-0.99%
ISD Total	105,552	105,000	105,211	-342	+210	0.20%
Portion of Ceiling to be allocated	0	372	0	0	-372	
ISD Total	105,552	105,372	105,211	-342	-161	-0.15%
Corporate	3,118	3,130	3,071	-47	-58	-1.86%
Population Health	1,082	1,096	1,099	17	+3	0.30%
Total Health Service	109,753	109,597	109,381	-372	-216	-0.20%

- The first 2 Social Work posts, issued under the Ryan Report, were filled in June. Employment contracts have been signed for a further 23 Ryan Report posts. The 200 social work posts are currently on track to be filled by year end.
- HSE direct is 473 WTEs (-0.59%) below ceiling, while the Acute Voluntary Hospitals Sector is 276 WTEs (+1.23%) above ceiling. The Community Services Voluntary Sector is 94 WTEs below ceiling (0.62%).

Table 2.						
Hospitals with Most significant Adverse HR Variances	WTE Dec 2009	Ceiling June 2010	WTE June 2010	WTE Change 2010	WTE Variance June 2010	% WTE Variance June 2010
Louth County Hospital, Dundalk	391	344	379	-12	+35	10.31%
Monaghan General Hospital	196	170	185	-11	+15	8.94%
Our Lady's Hospital, (Crumlin)	1,630	1,563	1,645	15	+82	5.23%
Portiuncula Hospital, Ballinasloe	677	646	679	2	+34	5.23%
Galway University Hospital	3,223	3,013	3,169	-54	+156	5.17%
Table 3.						
Hospitals with Most significant Favourable HR Variances	WTE Dec 2009	Ceiling June 2010	WTE June 2010	WTE Change 2010	WTE Variance June 2010	% WTE Variance June 2010
St. John's Hospital, Limerick	314	314	307	-7	-6	-2.02%
Orthopaedic Hospital, Kilcreene	89	88	84	-5	-4	-4.43%
Ennis General Hospital	272	273	259	-13	-14	-5.08%
Nenagh General Hospital	256	267	249	-7	-17	-6.52%
Our Lady of Lourdes (NE)	1,313	1,407	1,289	-24	-118	-8.40%

Table 4.						
LHO's with Most significant Adverse HR Variances	WTE Dec 2009	Ceiling June 2010	WTE June 2010	WTE Change 2010	WTE Variance June 2010	% WTE Variance June 2010
Meath	962	959	993	31	+34	3.57%
Dublin South-West	1,273	1,250	1,291	18	+40	3.23%
Dublin West	2,093	2,081	2,120	27	+39	1.90%
Cork North	931	920	935	4	+14	1.56%
Tipperary, North/ Limerick, East	1,504	1,501	1,520	16	+19	1.26%
Table 5.						
LHO's with Most significant Favourable HR Variances	WTE Dec 2009	Ceiling Current Month	WTE Current Month	WTE Change 2010	Variance WTE vs. Ceiling	% Variance WTE vs. Ceiling
Laois /Offaly	2,099	2,175	2,099	0	-77	-3.52%
Clare	1,184	1,221	1,175	-9	-47	-3.81%
Sligo/ Leitrim	2,051	2,121	2,038	-13	-83	-3.90%
Limerick	1,900	1,991	1,896	-4	-95	-4.77%
Louth	1,726	1,715	1,630	-96	-85	-4.94%

Overall Human Resources by Staff Category	WTE Change 2010	DML	DNE	South	West	*National	Total Change 2010	WTE June 2010
	Medical / Dental	+0.7	-27.8	-1.9	+5.0	+4.5	-19.6	8,063
	Nursing	+10.6	-49.1	+34.5	+37.7	-1.3	+32.5	37,499
	Health & Social Care Professionals	+56.5	+72.0	+15.4	+58.7	+5.0	+207.5	16,180
	Management / Admin	-66.8	-67.4	-21.5	-64.4	-18.3	-238.4	17,372
	General Support Staff	+9.3	-68.4	-87.4	-43.5	-1.1	-191.1	11,715
	Other Patient & Client Care	-99.2	-100.5	+71.5	-39.5	+5.0	-162.6	18,551
	Total	-88.9	-241.2	+10.6	-46.0	-6.3	-371.7	109,381

Exempted Grade Groupings	WTE Change 2010	DML	DNE	South	West	*National	Total Change 2010	WTE June 2010
	Emergency Medical Technicians	+0.2	-3.8	+3.5	-6.0		-6.1	1,240
	Occupational Therapists	+6.6	+19.0	+21.0	+27.1		+73.7	1,177
	Physiotherapists	+17.9	+30.6	+13.7	+18.1		+80.2	1,549
	Social Workers	+13.9	+25.7	+3.9	+0.9		+44.4	2,184
	Speech and Language Therapists	+15.7	+17.4	+5.0	+18.1		+56.2	833
	Clinical Engineering	-2.1	-2.7	+2.2	-2.4	+0.0	-4.9	402
	Counsellors	-4.2	-1.6	+2.5	+3.9		+0.5	203
	Dosimetrists	+0.0		+0.0	+0.0		+0.0	12
Psychologists	-1.8	+0.6	-0.9	+1.7	+0.0	-0.4	751	

Selected Key Staff Groupings	WTE Change 2010	DML	DNE	South	West	*National	Total Change 2010	WTE June 2010
	Consultants	+5.3	+1.7	+3.8	+21.6	+3.2	+35.6	2,352
	NCHDs	-34.9	-34.7	+1.8	-11.6	-1.0	-80.4	4,723
	Public Health Nursing	-14.4	-7.6	-0.0	-9.4		-31.5	1,527
	Radiation Therapists	+1.0		-3.8	-5.0		-7.8	119
	Staff Nurses / Midwives	-134.2	-140.1	-73.5	-129.3	+0.0	-477.0	26,534
	Pre-registration Nurse Students	+186.4	+127.8	+142.0	+202.9		+659.1	736
	Therapy Aides / Assistants	+0.9	+2.1	-1.2	-3.9		-2.1	140

Source: Health Service Personnel Census excluding Home Helps
 *National refers to NPRO (National Plan Radiation Oncology)

Absenteeism

2010 combined absenteeism rates stand at 4.7% YTD – showing a decrease on 2008 and 2009 (5.76% & 5.03% respectively). In fact each month thus far in 2010 has shown a reported decrease and overall reported absenteeism fell by 12.7% from 2008 to 2009 and a further 5.8% between 2009 and thus far in 2010.

It may also be worth noting that the May figure of 4.38% put the Health Services below both the figure reported by ISME for large organizations in the private sector and available information for other large public sector organizations.

Absenteeism levels May 2010	Acute Hospital Services	Ambulance Services	Primary & Community Services	Corporate	Population Health	Total
DML	4.03%	5.99%	4.75%	7.43%	5.55%	4.41%
DNE	3.81%	5.48%	4.19%	3.49%		4.00%
South	4.99%	6.11%	4.47%	3.72%		4.71%
West	4.56%	8.33%	4.15%	3.42%	8.86%	4.37%
National			5.56%	4.92%		5.05%
Total:	4.31%	6.49%	4.38%	4.46%	6.63%	4.38%

HSE Absenteeism 2010 by Staff Category	2008	2009	YTD 2010	Jan 2010	Feb 2010	Mar 2010	April 2010	May 2010
Medical Dental	1.06%	1.14%	1.09%	0.79%	0.84%	0.92%	1.70%	1.39%
Nursing	5.99%	5.19%	5.11%	5.68%	5.11%	5.09%	4.67%	4.66%
Health and Social Care Professionals	4.13%	3.63%	3.62%	3.92%	3.65%	3.63%	3.28%	3.47%
Management Admin	5.36%	4.81%	4.58%	5.01%	4.63%	4.52%	4.24%	4.25%
General Support Staff	7.75%	6.08%	5.71%	6.50%	5.80%	5.67%	5.10%	5.00%
Other Patient and Client Care	6.66%	6.35%	5.76%	6.83%	5.77%	5.46%	5.09%	5.19%
Total	5.76%	5.03%	4.74%	5.23%	4.75%	4.68%	4.39%	4.38%

Chart 2

Absenteeism by Grade Category

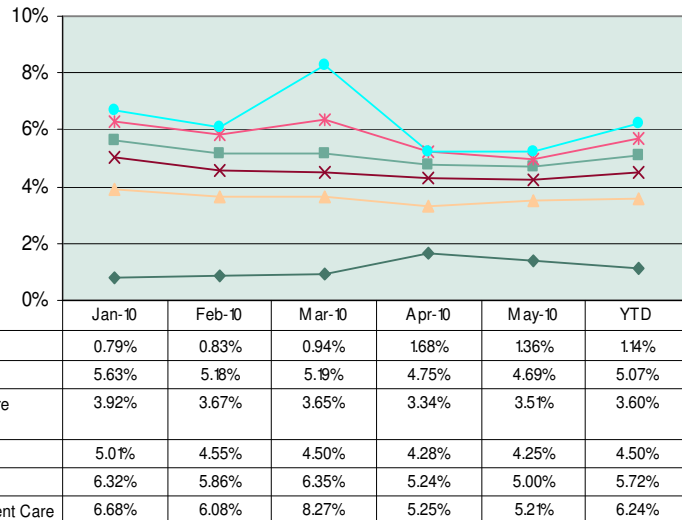
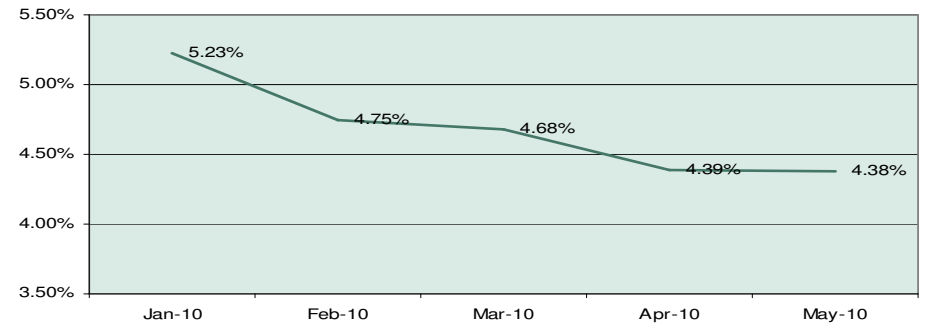


Chart 3

HSE Absenteeism 2010



Integrated Services

Key Messages

Acute / Primary and Palliative Care Services

- Year to date expenditure in Acute Hospitals was €2.1b compared to a target of €1.9b leading to an adverse variance of 6.7%. The Western Hospital group continues to account for the bulk of the over spend on acute services. Cost control measures in the areas of pay and non pay to reduce this overspend include leave without pay, bed closures and cancelling elective procedures.
- Strict budgetary control measurements are continuing across all of the acute hospitals to address the budgetary overrun in areas of pay and non pay.
- Activity in the acute hospital sector has increased compared to 2009 in particular relating to day case activity which is up by 10% on the same period in 2009 and running 7% over 2010 targets. Inpatient activity has decreased by 2.4% compared to the same period in 2009 and but is 7% over 2010 targets. The shift is in line with the acute sector's focus to shift the balance of activity, especially elective activity from in- patient to day casework. The level of activity however will be monitored closely for the remainder of 2010 to ensure that activity can be delivered within the available resources.
- Emergency admissions are 1.2% down on last year but are 10% above expected levels for 2010, this may have implications for hospital resources, and hospitals in particular will have to continue to monitor the number of delayed discharges closely. Bed capacity management plans are achieved through planned bed reductions across all hospitals.
- The number of adults on inpatient waiting lists in June is 6,478 which is a decrease of 6.7% compared to 2009 reflecting the HSE' commitment to reduce waiting lists.
- Day of surgery admission rates have increased in all regions compared to the same period in 2009, and should impact positively on hospital resources and patient experience.
- Out patient attendances have increased by 4.8% compared to the same period in 2009 and are 3.8% above 2010 arget.
- 99% of all those referred for Colonoscopy are within the 28 day target to be seen in the week ending 15th of August.
- As of 28th July 2010, approximately 260 of 4,638 NCHD' posts are subsequently vacant. Many of these posts have been filled by locums or other short- term contractual arrangements This represents 5.8% of the NCHD complement. All these posts are in non – training settings. In relation to training posts, information available to the HSE indicated a fill rate of training posts in excess of 99%. Regarding NCHD registration, the medical council has informed the HSE that it is engaged in an ongoing process of assigning NCHD to the correct division. During the period immediately prior to 1st July the council indicated the volume of workload meant that its priority was to register NCHD rather than assign them to the correct division. This meant that a minority of NCHD were registered on the trainee specialist division and all other NCHD on the general division as of 1st July.
- The reconfiguration programme is driven by patient safety, quality and cost, to ensure that the highest quality services can continue to be delivered for patients effectively into the future. Reconfiguration continues in 2010, as planned, as a step-by-step development with a phased transition rather than a major or sudden change. Significant consultation, engagement and planning which goes into such a significant change programme continues on this long-term project In addition to regional forums which include health service managers, clinicians and stakeholders, in Q2 2010 a national forum has been established to ensure appropriate alignment of regional approaches and to share knowledge and experiences.

Key Messages

Non-Acute Services

As of the end of June 2010, 267 teams are holding clinical team meetings. A further 263 teams are in varying stages of development. This shows an increase of 48 teams since the December 2009 position.

A National review of the Out of Hours Service was undertaken in 2008. The RDO have commenced the implementation of the recommendations contained in the review.

Immunisation data in June PR relates to Q1 2010 National uptake rates at 24 months were 94% for D3, P3, T3, Hib3 and Polio3, 93% for Men C, 90% for HepB3 and 90% for MMR. Data reflects the work done by health care professionals and allied staff in promoting immunisation and following up with parents of immunised children to encourage vaccination and ensuring the immunisation databases have the most up to date data.

In the childcare area, the total number of children in care at the end of June 2010 was 5,901 nationally. This demonstrates a 4.4% increase over the same period last year (5,651). The children who are being cared for in residential care, as a proportion of all children in care remains constant at 7% nationally, despite the overall rise in the numbers of children coming in to care. Analysis of compliance by LHO with respect to children in HSE care demonstrates the progress made since Q3 2009 when data was last available. For example, in relation to the percentage of children in care with a written care plan, 10 LHOs are now at 100% compliance and a further 9 are at 90% compliance or more.

For children in care with an allocated social worker, 11 LHO are now at 100% compliance and a further 6 at 90% or more. These inroads should continue into Q3 where a further increase in compliance levels is expected.

Compliance with the disability act shows a significant increase in activity levels with respect to the number of assessment reports completed during Q1 2010 (560) compared to the same period in 2008 (224) and 2009 (471). In total there has been a 19% increase in activity comparing Q1 2009 with Q1 2010. Irrespective of these improvements, quarterly targets to achieve 100% compliance for completion of reports within the timeframes specified in the Regulations are not being met despite a number of corrective actions put into place during 2009 to address this. This will be the further focus of service improvement of the HSE over the remainder of 2010.

The number of individuals covered by medical cards continues to rise (an additional 80,217 individuals are now covered since December 2009). Projected targets have been exceeded each month since February. In June there are 8,217 more persons covered by a Medical Card than projected target. Progress has been achieved during the past few months in streamlining the Medical Card and GP Visit Card application process. In addition it has recently launched an online Medical Card / GP Visit card application service at www.medicalcard.ie.

In the analysis of June data, a number of national inconsistencies with the recording and collection of data for Home Care Packages and Home Help have emerged. These include

- Differing baselines measures as to the classification which Home Help hours are categorised as HCP Home Help Hours (this baseline varying from 5 to 10 hours)
- Differing interpretations as to the measure of categories (some areas have yet to separate out HCP hours from Home Help thereby contributing to wide variations against targets)
- Individual LHOs conducting reviews of both service levels and monitoring contributing to variations
- Individual LHOs not returning data thereby skewing regional targets

The data as it currently stands is therefore unreliable. Draft national Guidelines for Standardised Implementation of Home Care Packages are awaiting approval by the Department of Health and Children which will bring clarity to the system regarding standardised baselines for Home Helps, Home Care Packages and standardised definitions for all categories so that differing interpretations nationally should discontinue.

Integrated Services – Primary & Community Services / Acute Hospital Services by Region

Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Current Month	WTE Current Month	WTE Change 2010	% Var	Actual €000	Budget €000	% Var
DML	15,142	15,084	-48	-0.38%	724,701	711,610	1.8%
DNE	11,261	11,283	-79	0.20%	545,495	532,237	2.5%
South	12,287	12,274	-4	-0.11%	592,315	586,924	0.9%
West	14,443	14,096	-2	-2.41%	614,151	606,897	1.2%
National	333	198	-1	-40.60%			
Total	53,466	52,935	-133	-0.99%	2,476,661	2,437,668	1.6%

Table 2. Acute Hospital Services by Region	Human Resources				Budget		
	Ceiling Current Month	WTE Current Month	WTE Change 2010	% Var	Actual €000	Budget €000	% Var
DML	16,371	16,543	-24	1.05%	721,680	700,668	3.0%
DNE	11,805	11,844	-164	0.33%	466,813	435,796	7.1%
South	11,015	11,161	17	1.32%	422,123	395,325	6.8%
West	10,986	11,272	-29	2.60%	463,449	411,989	12.5%
National	26	0	0				
Total	50,203	50,819	-200	1.23%	2,074,064	1,943,778	6.7%

Primary & Community Services Overview

Primary Care

Primary Care Team (PCT's) (Chart 1) (M)

Primary Care Teams

- In the region of 2 million people can now avail of 'one stop shop' health and social care through local Primary Care Teams (PCTs).
- As of the end of June 2010, 267 teams are holding clinical team meetings.
- A further 263 teams are in varying stages of development. This shows an increase of 48 teams since the December 2009 position.
- While building new Primary Care Centres involves a longer lead in time the programme is well underway and more and more centres will be opening across the country between now and the end of 2013.

Clients with a Care Plan

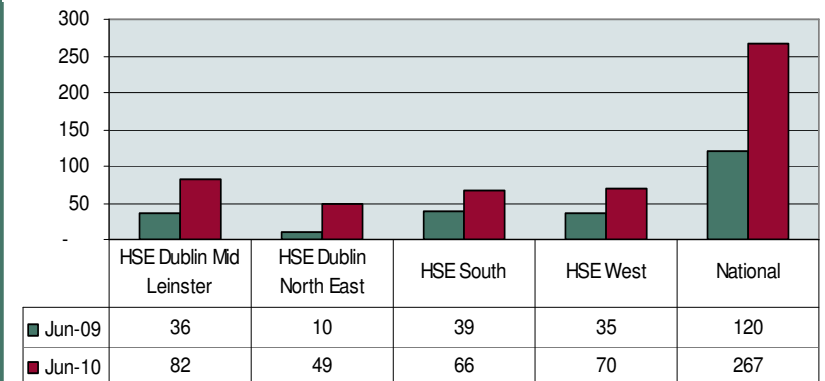
- At each Clinical Team meeting a number of patients are discussed with priority given to patients with complex medical needs. Each new patient discussed has input from a multi-disciplinary team and a plan of care is agreed; which is what is measured as a 'care plan'. Not all patients discussed at Clinical Team meetings will have a new care plan developed as some of these patients are patients which are being reviewed. Therefore, a Team may hold one Clinical Team meeting a month at which 10 patients are discussed, 5 of which are new patients and 5 of which are review patients. Care plans would be developed for the 5 new patients.
- Each Primary Care Team is required to capture this information, however, in some instances not all areas are in a position to provide this information. The number reported each month refers to the number of patients / clients as at the end of the month for whom a Care Plan exists. Once a Care Plan is established by the PCT it remains in place until patient is no longer under the care of the Primary Care Team.
- Year to date cumulative figure for new care plans from January to June 2010 is 2,906 – however, due to the industrial action, backfill of data for some areas is incomplete.

Orthodontics (Chart 2) (Q)

- A new system of categorising orthodontic patients, based on DOHC guidance to IOTN (Index of Orthodontic Treatment Need) was introduced in 2007/ 2008. This has resulted in an increase in numbers who are eligible for this service.
- DNE Position: In DNE there are a number of legacy patients that require care from the old system. In addition, there is only one WTE Consultant Orthodontist working in DNE.
- Average waiting times – data not available due to different reporting systems (e.g. date of birth, use of priority lists, etc).

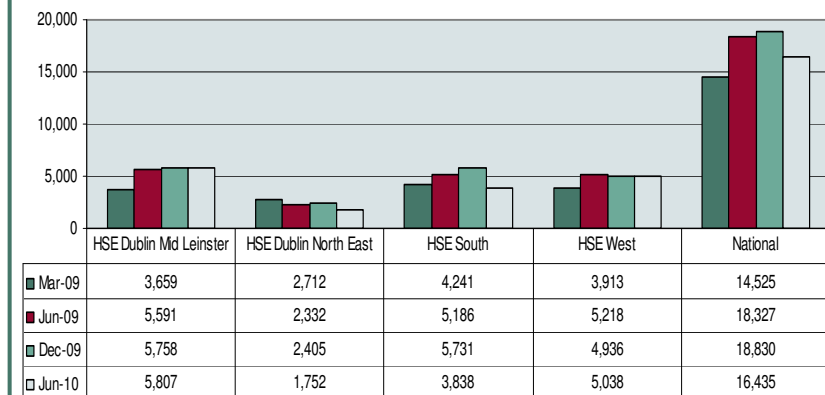
PCTs: No. holding Clinical Team Meetings (Jun 2009 - Jun 2010)

Chart 1



Orthodontics: No. Patients receiving treatment (Mar 2009 - Jun 2010)

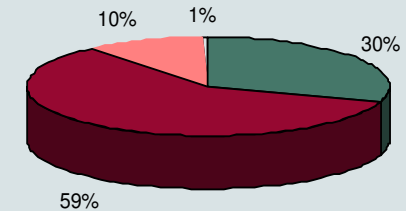
Chart 2



Primary Care	
GP Out of Hours (Chart 3) (M)	<ul style="list-style-type: none"> A National review of the Out of Hours Service was undertaken in 2008. The RDOs have commenced the implementation of the recommendations contained in the review. Data demonstrates that the South has a considerable higher usage of the OOH service than the other HSE areas. This is due to there being 100% participation of GPs in co-operatives in the South. In addition, the South covers a much larger population than the other HSE areas. During the month of June 2010, 88,391 contacts were made to the GP OOH service. Year to date figure is 449,171 which is 3% above the target of 436,302 and also 3% against the same period last year. Chart 3 provides a breakdown of the nature of contact with the OOH Service.
Immunisations (Chart 4) (Q)	<ul style="list-style-type: none"> Immunisation data in June PR relates to Q1 2010 National uptake rates at 24 months were 94% for D3, P3, T3, Hib3 and Polio3, 93% for MenC, 90% for HepB3 and 90% for MMR. Data reflects the work done by health care professionals and allied staff in promoting immunisation and following up with parents of unimmunised children to encourage vaccination and ensuring the immunisation databases have the most up to date data. These achievements need to be built on so that the 95% target rate is achieved nationally for all vaccines.
Child Health / Developmental Screening (Q)	<p>New born babies visited by a PHN within 48 hours</p> <ul style="list-style-type: none"> 2010 target for this metric is 100%. June Q2 returns are incomplete (30 returns) however preliminary figures would suggest a rate in excess of 80% is being achieved. <p>Uptake of 7-9 month developmental screening by 10 months</p> <ul style="list-style-type: none"> New metric for 2010, with a 2010 target of 90%. June Q2 data returns are incomplete however preliminary figures would suggest a rate in excess of 70% is being achieved.

Chart 3

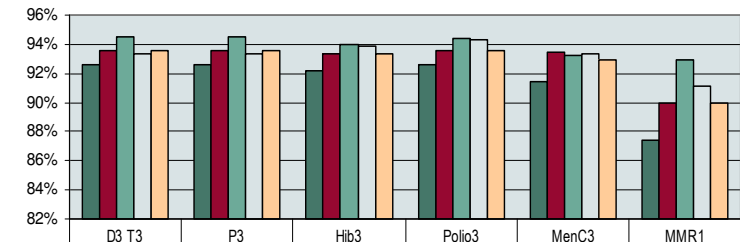
GP OOH Service: Nature of Contact



■ Triage ■ GP Treatment Centre ■ Home Visit □ Other

Chart 4

Childhood Immunisations 24 Months (Q1 2010)



	D3 T3	P3	Hib3	Polio3	MenC3	MMR1
■ HSE Dublin Mid-Leinster	93%	93%	92%	93%	91%	87%
■ HSE Dublin North East	94%	94%	93%	94%	94%	90%
■ HSE South	95%	95%	94%	94%	93%	93%
□ HSE West	93%	93%	94%	94%	93%	91%
■ National	94%	94%	93%	94%	93%	90%

D3 = Third dose diphtheria vaccine
 T3 = Third dose of tetanus vaccine
 P3 = Third dose pertussis (whooping cough) vaccine
 Hib 3 = Third dose of haemophilus influenzae type b vaccine
 Polio 3 = Third dose polio vaccine
 MenC3 = Third dose of meningococcal C vaccine
 MMR 1 = One dose MMR (measles, mumps, rubella) vaccine

Community (Demand Led) Schemes

Medical / GP Visit Cards (Chart 5 & 6) (M)

The number of individuals covered by medical cards continues to rise (an additional 80,217 individuals are now covered since December 2009). Projected targets have been exceeded each month since February. In June there are 8,217 more persons covered by a Medical Card than projected target.

Progress has been achieved during the past few months in streamlining the Medical Card and GP Visit Card application process. The 850 calls Primary Care Reimbursement Service (PCRS) receives each day are now responded to in an average of 13 seconds. In addition it has recently launched an online Medical Card / GP Visit card application service at www.medicalcard.ie. Applications made through this new online facility are fast tracked and cards issued within 15 days. This is a major improvement from the traditional approach which could take months to process and approve a card. In its first two weeks of operation there were more than 2,000 online applications with more than 50% of these made outside normal office hours. It is hoped that friends, family members, neighbours and support groups will assist those who may have difficulty in making an online application but will benefit greatly from the facility's convenience. PCRS manages the €2 billion+ demand led schemes budget.

Chart 5

Persons covered by Medical Card: 2008 - 2010

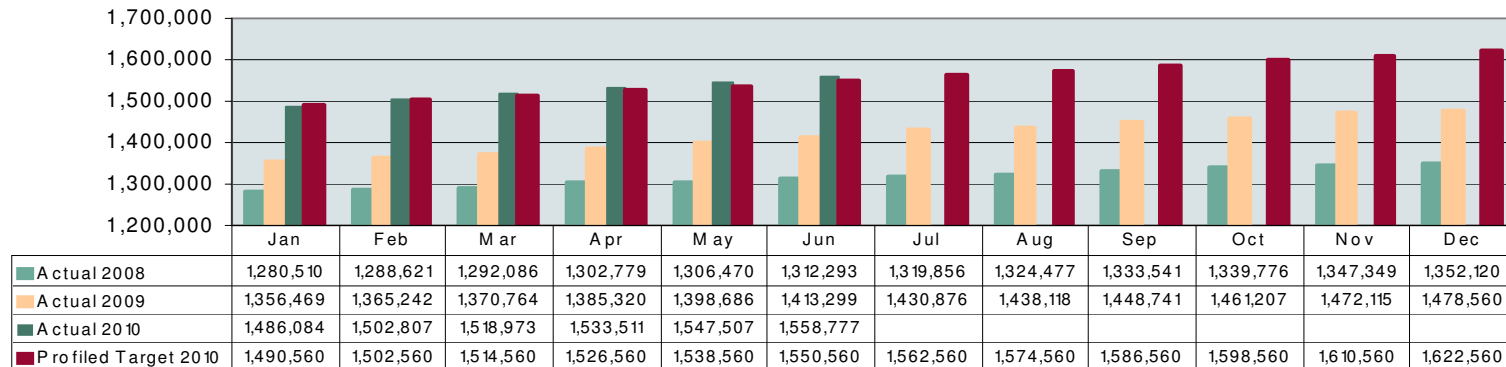
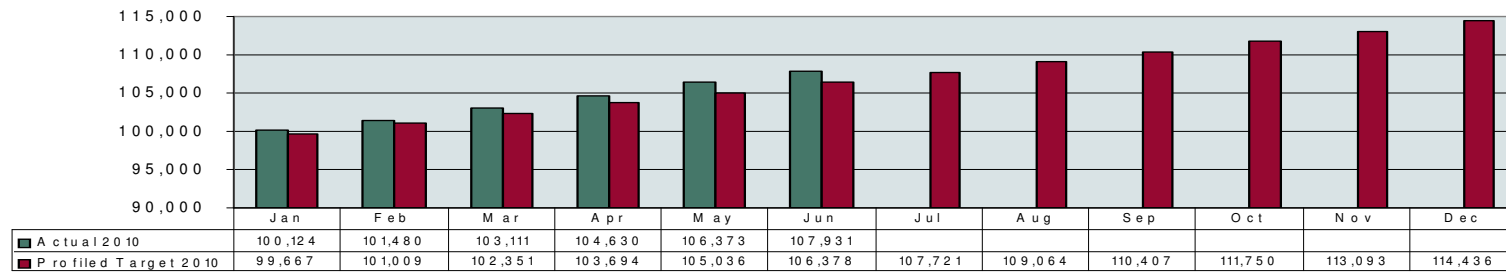


Chart 6

No. of GP Visit Cards Issued



Community (Demand Led) Schemes

<p>Long Term Illness (Chart 7 & 8) (M)</p>	<ul style="list-style-type: none"> The number of LTI claims made during June was 75,051 (17% below the monthly target of 90,388). The total YTD figure is 448,085 (17% below the YTD target of 542,328). Compared with the same period last year (447,106 claims) there has been no increase this year. Total number of LTI Items in June was 244,251 (15% below the monthly target of 287,434).
<p>Drug Payment Scheme (Chart 7 & 8) (M)</p>	<ul style="list-style-type: none"> The number of DPS claims made during June was 315,388 (25% below the monthly target of 419,182). The total YTD figure is 2,034,082 (19% below the YTD target of 2,515,092). Compared with the same period last year (2,624,422 claims) there has been a decrease of 590,340 (22%). Total number of DPS items in June was 933,021 (18% below the monthly target of 1,135,982).
<p>General Medical Services (GMS) (M)</p>	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during June was 1,438,932 (6% below the monthly target of 1,537,103). The total YTD figure is 8,583,077 (7% below the YTD target of 9,222,618). Compared with the same period last year (8,140,107 prescriptions) there has been an increase of 442,970 (5%).
<p>HiTech (Chart 7 & 8) (M)</p>	<ul style="list-style-type: none"> The number of HiTech claims made during June was 27,893 (13% below the monthly target of 31,944). The total YTD figure is 165,150 (14% below the YTD target of 191,664). Compared to same period last year, (151,754 claims) this represents an increase of 9% (39,910).
<p>Dental Treatment Services Scheme (DTSS) (M)</p>	<ul style="list-style-type: none"> Funding of the DTSS has been limited in view of the current public finances and the 60% increase in expenditure over the past five years. In 2009, an estimated €88m was spent on the DTSS compared with €63m in 2008. The numbers of routine treatments are currently 51% in excess of target while more complex treatments are 39% above target.
<p>Community Ophthalmic Scheme (M)</p>	<ul style="list-style-type: none"> Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances. Claims by Optometrists and Ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS. The number of adult treatments is currently 9% below target while the number of children treatments is 8% below target.

Chart 7 PCRS: Number of Claims (LTI, DPS, HiTech) (2008 - 2010)

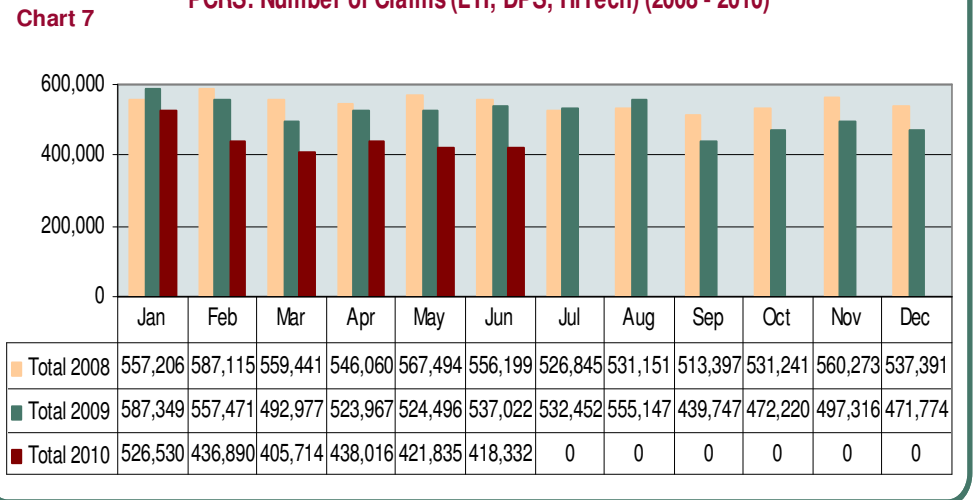
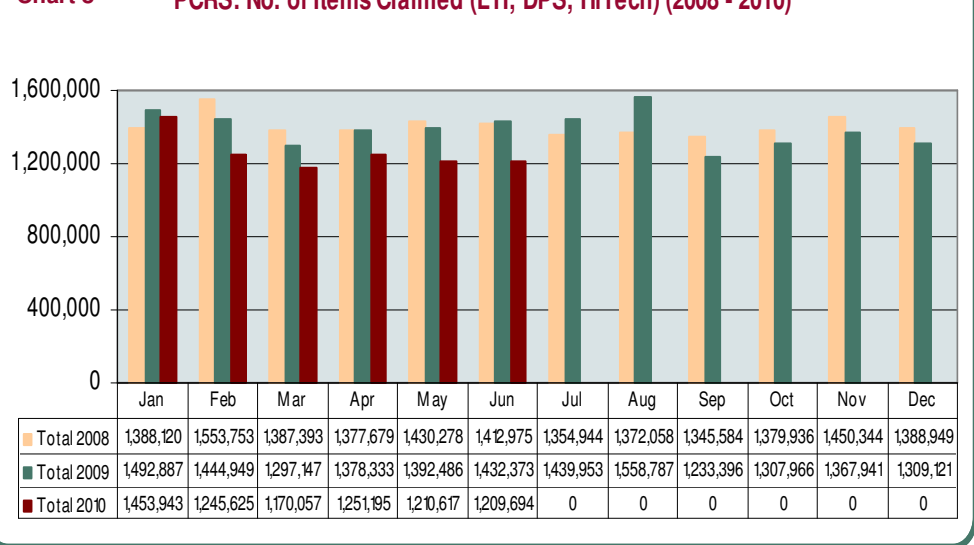


Chart 8 PCRS: No. of Items Claimed (LTI, DPS, HiTech) (2008 - 2010)



Children and Families

**Residential and Foster Care (M)
(Chart 9 & 10)**

- The total number of children in care at the end of June 2010 was 5,901 nationally (see Chart 10). This demonstrates a 4.4% increase over the same period last year (5,651).
- The children who are being cared for in residential care, as a proportion of all children in care remains constant at 7% nationally, despite the overall rise in the numbers of children coming in to care.

Foster Carers (M)

- The 2010 target for foster carers with an allocated social worker is 100%.
- June data returns are incomplete (31 returns) however preliminary figures would suggest a rate in excess of 79% is being achieved nationally.

Chart 9

No and % of Children by Care Setting

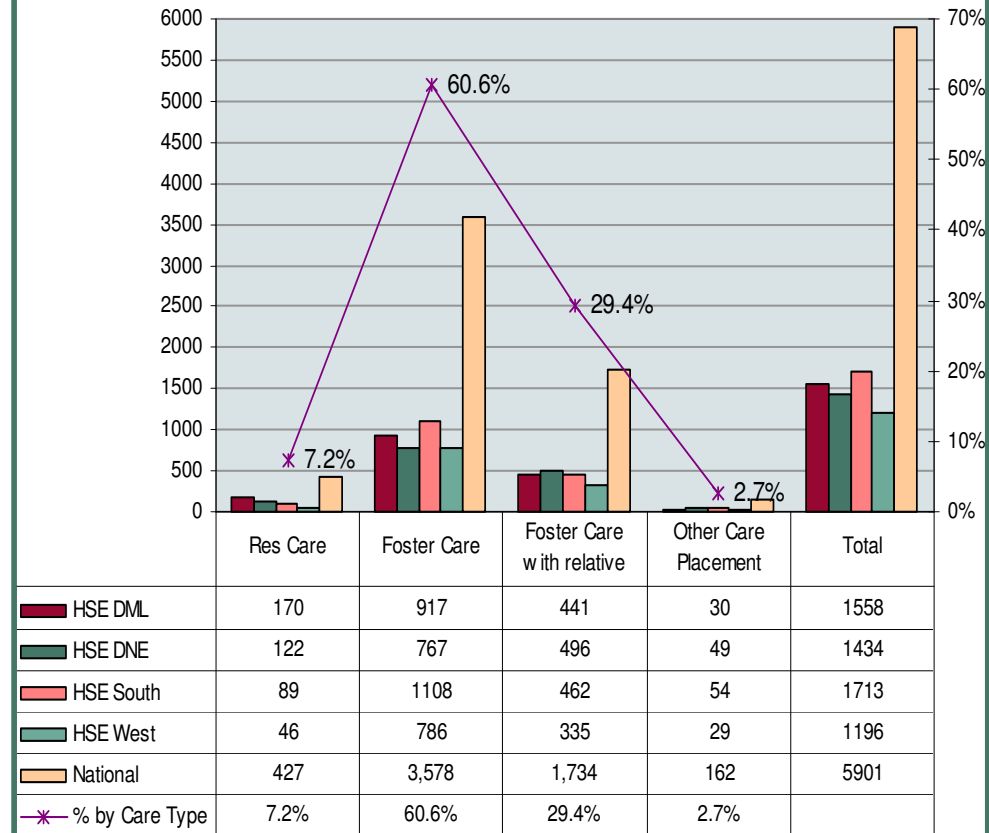
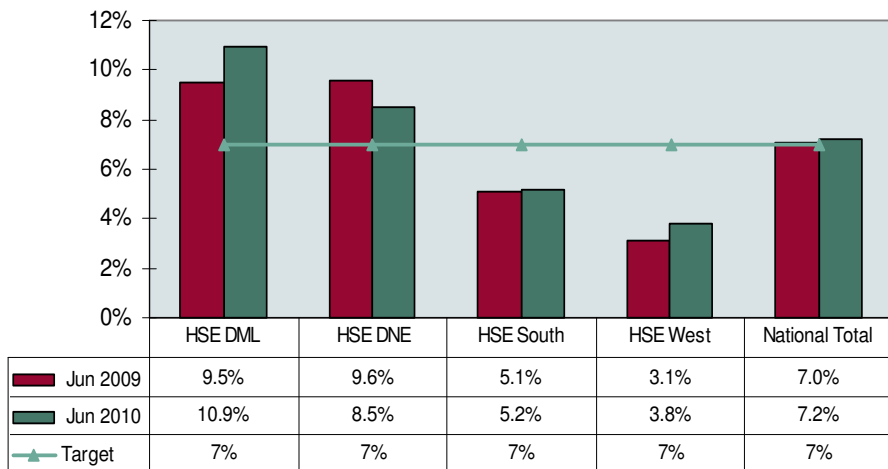


Chart 10

Children in Residential Care as a % of all Children in Care



Children and Families

Care Planning (Chart 11 & 12) (Q)

Care Planning

- The number of children in care end of Q2 2010 who have a written care plan is 4,825. This relates to 81.8% of overall number of children in care.
- It should be noted that this is an incomplete return and therefore a comparison to same period 2009 is not possible at this time.
- Children in residential care exhibited the highest percentage with a plan in place at 89.2% while those in foster care with relatives the lowest at 75.4%.

Allocated Social Worker

The target for this service is 100%. 31 out of 32 LHO have returned data. The % are broken down as follows

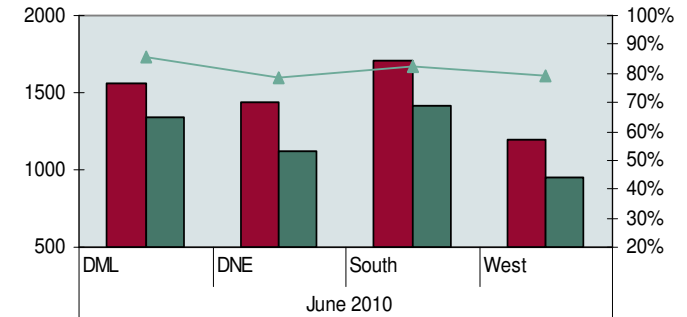
- Residential Care 91.6%
- Foster Care 87.2%
- Foster Care with Relative 81.2%
- Other Care 90.7%

Child Abuse (Q)

- Data for this metric is still in development.
- Currently 4 out of the 5 National Childcare Information System (NCCIS) Pre-Implementation sites return data.
- Under the NCCIS implementation plan it is envisaged that the rollout of the business process will commence on a phased basis throughout all LHO's during 2010.

% of Children with a Written Care Plan

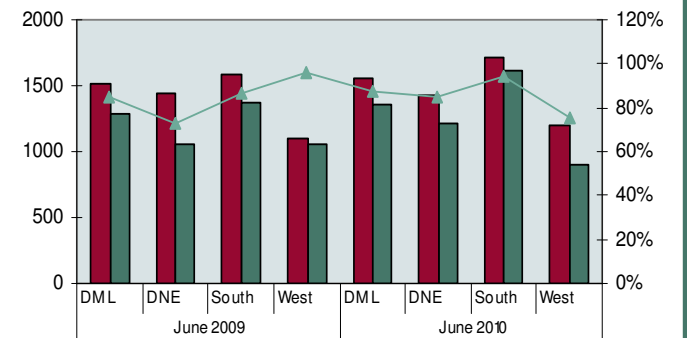
Chart 11



	DML	DNE	South	West
Numbers in Care	1558	1434	1713	1196
Numbers with Plan	1339	1124	1414	948
% of Children with a written Care Plan	86%	78%	83%	79%

Children in care with an allocated Social Worker

Chart 12



	DML	DNE	South	West	DML	DNE	South	West
Numbers in Care	1514	1443	1591	1098	1558	1434	1713	1196
Numbers with allocated Social Worker	1284	1052	1372	1052	1362	1221	1608	902
% of children with allocated Social Worker	85%	73%	86%	96%	87%	85%	94%	75%

Mental Health

Inpatient services (Q)

- Data in the June PR relates to Q4 2009.
- Number of inpatient places is 28.3 per 100,000 nationally.
 - First Admission rates to acute units (that is first ever admission) is 25.2 per 100,000 nationally.
 - Inpatient readmission rates to acute units are 60.5 per 100,000 nationally (see Chart 13).
 - Median Length of Stay in inpatient facilities is 11 days.
 - Rate of involuntary admission is 7.5 per 100,000 nationally.

Child and Adolescent Mental Health (Chart 14) (M)

- The 55 CAMH Teams are made up of the following:
 - 50 Community Child & Adolescent Mental Health Teams
 - 2 Day Hospital Teams
 - 3 Paediatric Teams
- This report relates to the roll out of the CAMHS minimum data set which was developed and began reporting from July 2009 for the 50 Community Child & Adolescent Mental Health Teams.

Referrals / Patients Seen (M)

- No. of new child / adolescent referrals received by Mental Health Services is 914.*
- No. of new child / adolescent Referrals accepted by Mental health Services is 603 (66%).*
- No. of new child / adolescent seen by a member of a Community CAMH Team is 552.*

* Returns for 48 of the 50 CAMH Teams. No returns for Meath and South Tipp.

Children & Adolescent Wait Time to First Appointment with CAMH (Chart 15 & 16)

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New Cases are to be seen within three months. Currently 71% of new cases are being seen with 3 months.
- New Cases see by wait time to first appointment:
 - 0-1 Month = 274 (50%)*
 - 1-3 Months = 114 (21%)*
 - 3-6 Months = 80 (14%)*
 - 6-12 Months = 39 (7%)*
 - > 12 Months = 45 (8%)*

* Returns for 48 of the 50 CAMH Teams. No returns from Meath and South Tipp.

Chart 13

No. of Readmissions as a % of Total Admissions

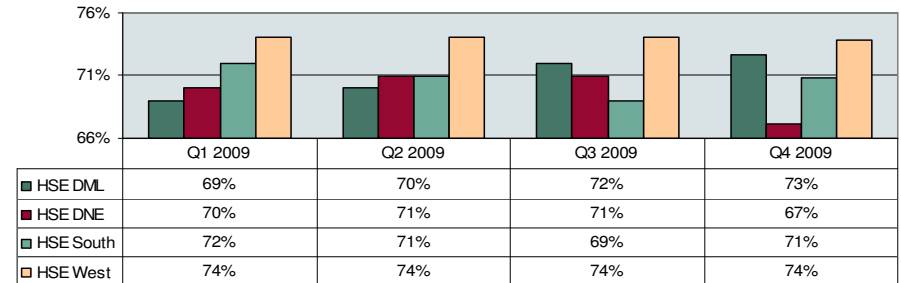


Chart 14

Child & Adolescent Mental Health

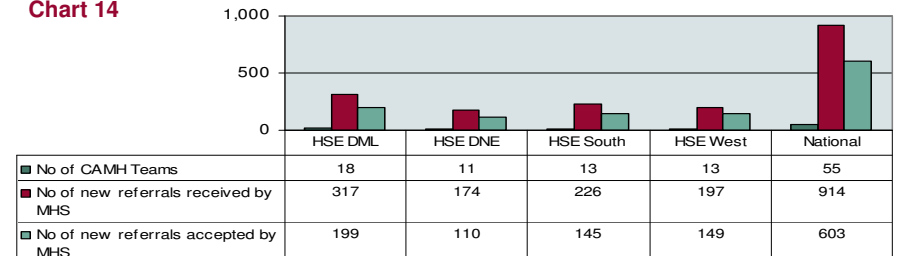
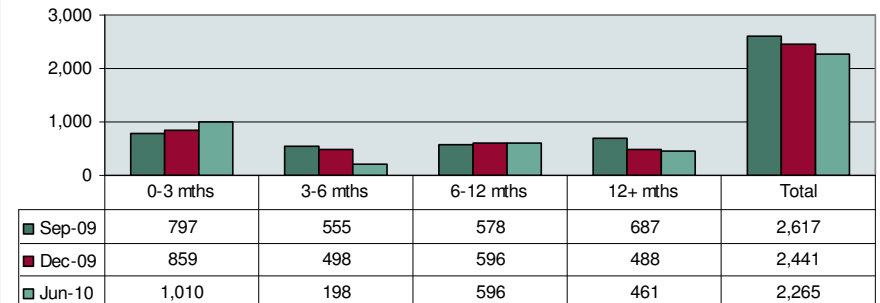


Chart 15

Child and Adolescent Waiting Lists by Wait Time



Mental Health

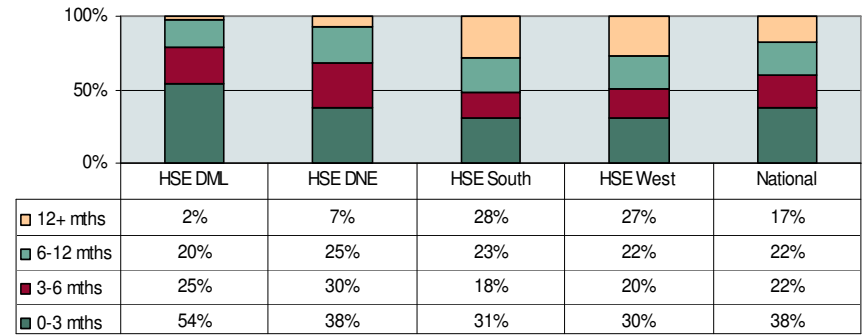
Children and Adolescent Waiting Lists

- The key PI set by the Specialist CAMHS Advisory Group is to reduce numbers on waiting list by >5% by end of Q4 2010.
- Total Number on Waiting list at end of each quarter by wait time:
 - < 3 Months = 1010 (38%)*
 - 3-6 Months = 598 (23%)*
 - 6-12 Months = 596 (22%)*
 - > 12 Months = 461 (17%)*

Returns for 48 of the 50 CAMH Teams. No returns from Meath and South Tipp.

Chart 16

% Breakdown of Waiting Lists by HSE Area

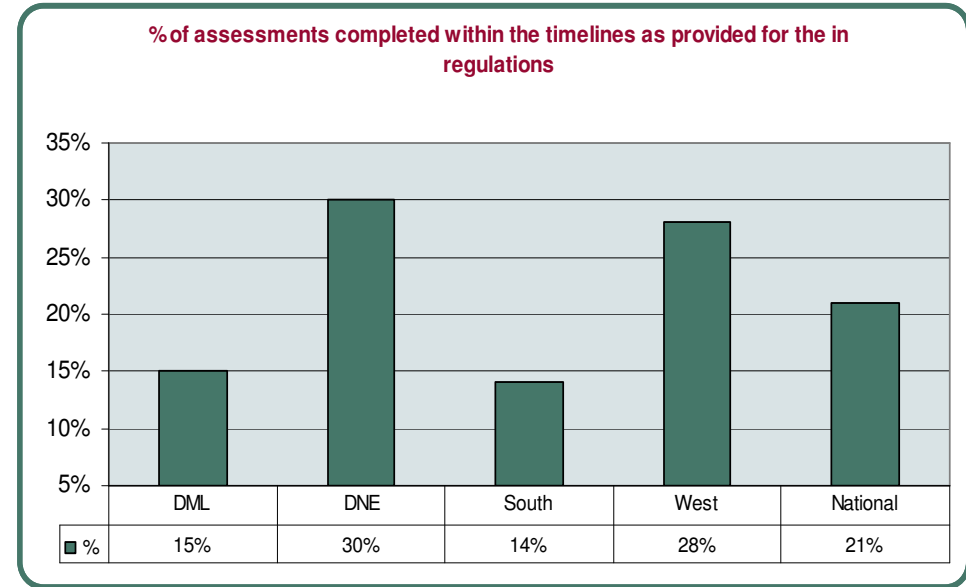


Disability

Under 5 Assessments (Q) (Chart 17)

- Key statistics in relation to Assessment of Need Performance 2010, under the Disability Act.
- Applications remained steady between 2008 and 2009. However, the first half of 2010 shows an increase in the number of applications received.
 - The first half of 2010 shows an 11% increase in the number of applications commenced stage 2 over the same period in 2009.
 - As at the end July, there were 98 applications overdue to commence stage 2, reduced from 113 applications overdue as at 22nd July. 92 of these are in one region (DML)
 - The trend shows a significant increase in the number of reports completed in the first 2 quarters of 2010 over the same period in 2009. In total, there has been a 22% increase in activity. All areas except HSE West reflect this trend.
 - The figures show the completion of the assessments, although improving in terms of activity levels, they are not being completed within the timeframes
 - As at 31st July, there were 928 Assessment Reports overdue for completion, reduced from 976 as at 22nd July.
 - The number of Assessment Reports overdue for completion at the end of July 2010, is in single figures in 7 of the 32 LHO Areas, it is in excess of 40 in 5 areas, in excess of 100 in 3 areas and in excess of 200 in one area. 6 LHO's have no assessment reports overdue for completion
 - 72% of all Assessment Reports overdue for completion are in HSE DML Region.
 - More than 63% of all Assessment Reports overdue for completion are in 5 LHO Areas, 4 of which are in HSE DML and one in HSE South.

Chart 17



Older People

<p>Home Help Hours & HCP's (M)</p>	<p>In the analysis of June data, a number of national inconsistencies with the recording and collection of data for Home Care Packages and Home Help have emerged. These include</p> <ul style="list-style-type: none"> • Differing baselines measures as to the classification which Home Help hours are categorised as HCP Home Help Hours (this baseline varying from 5 to 10 hours) • Differing interpretations as to the measure of categories (some areas have yet to separate out HCP hours from Home Help thereby contributing to wide variations against targets) • Individual LHOs conducting reviews of both service levels and monitoring contributing to variations • Individual LHOs not returning data thereby skewing regional targets <p>The data as it currently stands is therefore unreliable. Draft national Guidelines for Standardised Implementation of Home Care Packages are awaiting approval by the Department of Health and Children which will bring clarity to the system regarding standardised baselines for Home Helps, Home Care Packages and standardised definitions for all categories so that differing interpretations nationally should discontinue.</p>
<p>Day Care (BA)</p>	<ul style="list-style-type: none"> ▪ A National Survey of day services for older people took place in Dec 2009 and reported activity figures for 466 Day Centres. A second survey is due to take place in Q3 2010. ▪ The total number of day centres (466) is made up of the following: <ul style="list-style-type: none"> ○ 90 Day Care centres (fully funded and operated by HSE staff) ○ 218 social clubs / active retirement groups (either fully or partially funded by the HSE but operated by local co-ordinating committees / volunteer groups). ○ 158 Social Centres ▪ Included in the above figures are 26 dementia specific day services (majority of which are operated by Alzheimer Society of Ireland). ▪ Approximately 25,500 places are either fully or 50%+ funded by HSE.
<p>Subvention (M)</p>	<ul style="list-style-type: none"> ▪ The Nursing Home Support Scheme (Fair Deal) commenced in October 2009. This has replaced the subvention scheme. ▪ Numbers in receipt of subvention are reducing and will continuously reduce over time as clients transfer to the NHSS, or cease using the service.
<p>A Fair Deal (M)</p>	<ul style="list-style-type: none"> ▪ The Nursing Homes Support Scheme (NHSS) or 'A Fair Deal' commenced on 27 October 2009. Two types of financial support available under the Fair Deal / NHSS; State Support and Ancillary Support (Nursing Home Loan). <p>State Support</p> <ul style="list-style-type: none"> ▪ A total of 13,048 applications have been received to date and over 61% of these applications have been processed at this stage. <p>Ancillary State Support (Nursing Home Loan)</p> <ul style="list-style-type: none"> ▪ Over 1,900 applications have been received for this scheme, of which in excess of 1,300 or 69% have been completed. ▪ An IT system is currently being developed to provide more detail in this area. <p>See Financial section (page 8) for further details on financial position of the scheme.</p>

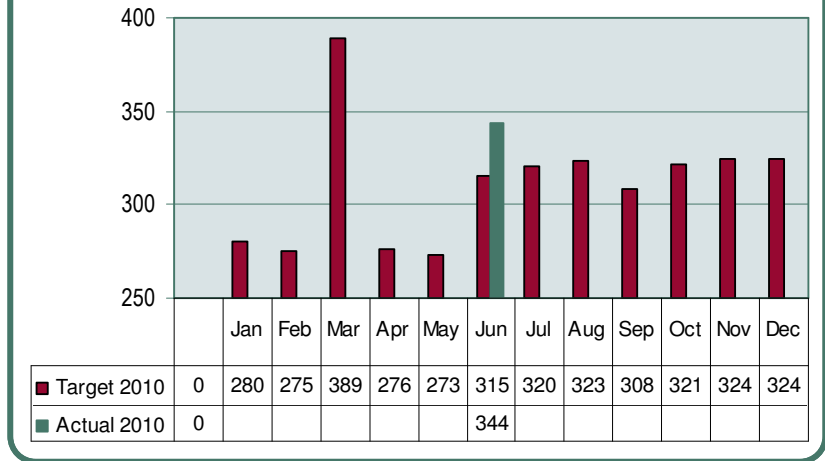
Chart 18

Palliative Care

Specialist Palliative Care (M)
(Chart 18)

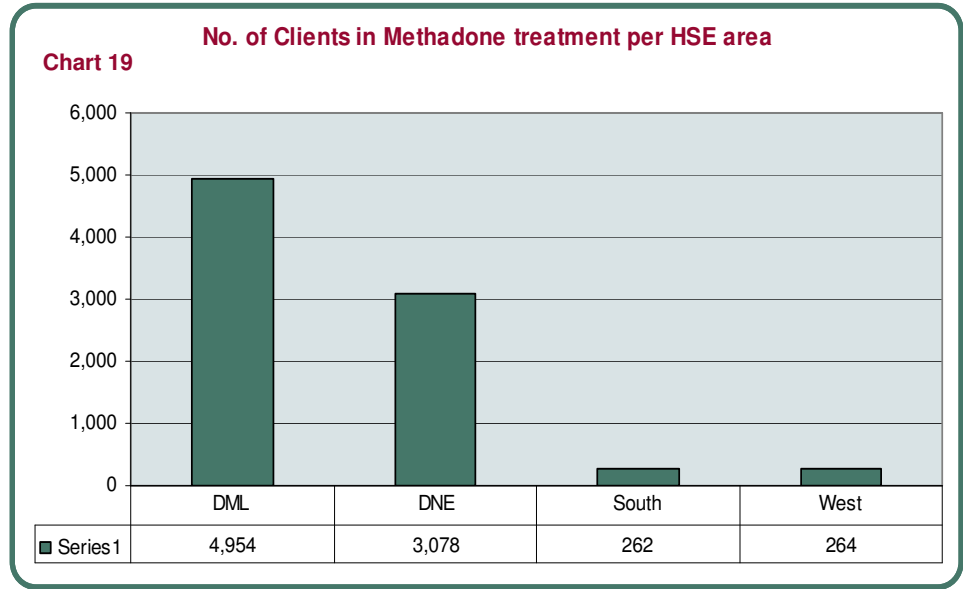
- A working group has been established to examine definitions and target profiling. This work involves developing protocols for additional information on Day Care Services, Intermediate Care and Acute Services.

Palliative Care: No. of Patients in Specialist Inpatient Units



Social Inclusion

<p>Methadone Treatment (M) (Chart 19)</p>	<ul style="list-style-type: none"> HSE is developing additional methadone facilities in Dundalk, Drogheda, Gorey, Wexford, Waterford, Kilkenny, Cork, Tralee and Limerick to address waiting lists in these locations. The clinic facilities are completed at Dundalk, Drogheda and Wexford and Tralee and GPs are being recruited. Works have commenced on the facilities at Limerick and Waterford city. The facility in Kilkenny is sourced and works will commence on it in Q3. The facilities at Gorey and Cork have been delayed due to planning complaints. The Methadone Protocol Review is progressing with submissions now received.
<p>Substance Misuse (Annual Q3)</p>	<ul style="list-style-type: none"> The Working Group on the Substance Misuse Strategy is progressing with writing the draft Substance Misuse Strategy and HSE are participating on this group.
<p>Homeless Services (Q)</p>	<ul style="list-style-type: none"> HSE is participating on all the Regional Joint Consultative Fora and in the development and implementation of their Regional Action Plans



Service Level Agreements

Service Level Agreements (SLAs)

% of agencies with whom the HSE has Service Agreement / Grant Aid Agreement in place

- This is a new performance indicator for 2010.
- Data supplied here is inclusive of Service Arrangements and Grant Agreements for Section 38 and Section 39 Agencies. The Corporate heading relates to St. Luke's (Acute and Non Acute) and the Irish College of General Practitioners programmes (e.g. Heart Watch). St. Luke's is transferring into the HSE.
- Service Level Agreements with a value of **61.50%** of the total funding provided by the HSE to the non statutory sector have been signed.
- The initial focus for 2010 has been on achieving sign up by the Acute, non statutory service providers. This has now been completed.
- The focus is now on the non acute sector. There have been some delays in achieving sign up with the major disability agencies. This is expected to be resolved in the next few weeks and has been given a specific focus by the National Director and the RDOs.

% of Agencies with whom the HSE has a Service Arrangement / Grant Agreement in place

	DNE	DML	WEST	SOUTH	Corporate	% SLAs against planned target of 100%
Non Acute Sector	19.96% (109 facilities)	18.92% (135 facilities)	50.81% (484 facilities)	23.4% (241 facilities)	0% (0 facilities)	30.29%
Acute Sector	100% (4hosp)	100% (9 hosp)	100% (1 hosp)	100% (2 hosp)	0% (0 hosp)	*94.12%
Total	20.54%	20.06%	50.86%	23.55%	0.00%	30.63%

* St Luke's is outstanding

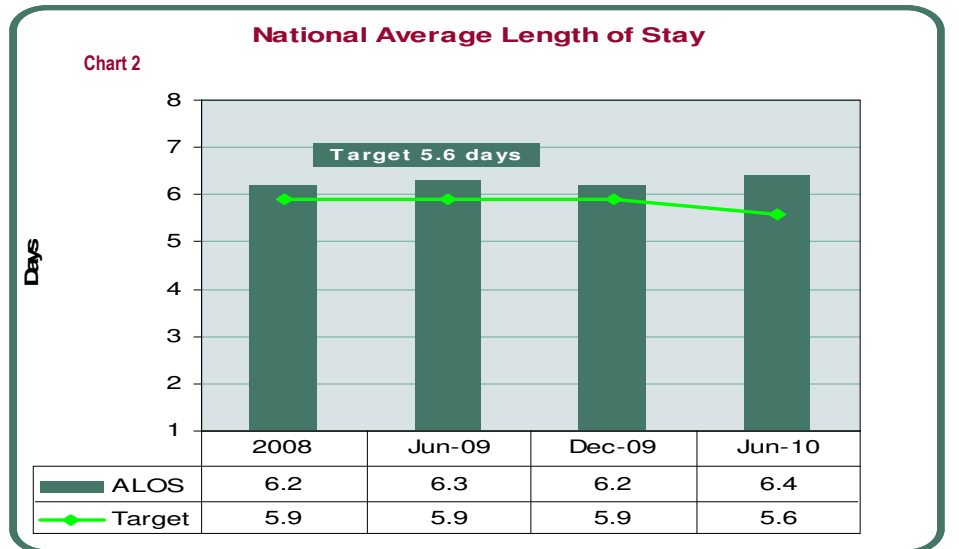
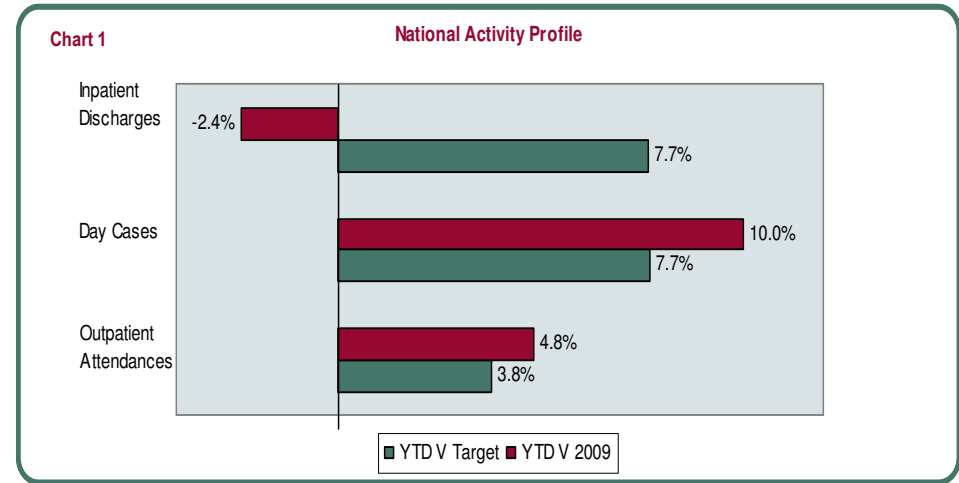
% of Funding to Agencies with whom the HSE has a Service Arrangement / Grant Agreement in place

	DNE	DML	WEST	SOUTH	Corporate	% SLAs against planned target of 100%
Non Acute Sector	7.87% (€21,194,674)	15.21% (€73,935,150)	14.55% (€39,114,713)	4.03% (€10,214,300)	0% (facilities)	11.30%
Acute Sector	100% (€522,380,660)	100% (€1,067,024,755)	100% (€20,517,857)	100% (€108,391,071)	0% (hosp)	*98.16%
Total	68.67%	73.47%	20.61%	32.80%	0.00%	61.50%

* St Luke's is outstanding

Acute Services Overview

Acute Services analysis and action points	
Elective Non Elective admissions and Public / Private Discharges (M) (Chart 1)	<ul style="list-style-type: none"> The number of Inpatient Discharges is 7.7% above target for 2010. This reflects a 2.4% decrease on same period in 2009. The percentage of Elective Inpatient admission has decreased marginally compared to the same period last year 32.5% for the period January – June compared to 33% for the same period in 2009. The percentage of public inpatients discharged in the same period has increased from 74.84% in 2009 to 77.02% this year.
Average Length of Stay (ALOS) (M) (Chart 2)	Average length of stay has increased marginally in 2010, up from 6.3 in 2009 to 6.4 for the period January to June 2010.
Bed Days Used (M)	The number of bed days used has decreased by 1.1% in 2010 compared to 2009.
Occupancy Rates (M)	Percentage occupancy nationally has increased compared to last year (91% compared to 89.9% in 2009).
Day Cases (Q)	<ul style="list-style-type: none"> The number of day cases has increased by 10% compared to the same period last year. NSP 2010 had targeted an increase on last year's outturn with a shift from inpatient to day case work but day cases are running 7.7% ahead of target as of the end of June. A number of Hospitals are reporting marked increases in day case activity in 2010. Louth County's increase is due to reconfiguration, while additional capacity in Portluncla and Kerry has led to increase in activity. The Eye & Ear has built a retinal therapy unit to accommodate the increase in demand for retinal injections and their day case activity is 33.7% above target. Cappagh are front loading a lot of their elective work with a view to slowing down activity later in the year with theatre closures happening during the summer months.
Day of Procedure (M)	<ul style="list-style-type: none"> Day of Surgery admission rates have increased in all regions compared to the same period last year. Over the 12 month rolling period to the end of May the national figure for day of surgery admission rates was 48% compared to 43% for the previous rolling 12 months



Emergency Department (M)

- Emergency presentations are very slightly down on both last year and the expected levels for 2010.
- Emergency admissions are 1.2% down on last year but are 10% above expected levels for 2010. The majority of Hospitals are reporting increases against expected levels for this year.

Emergency Department Turnaround Times (M)

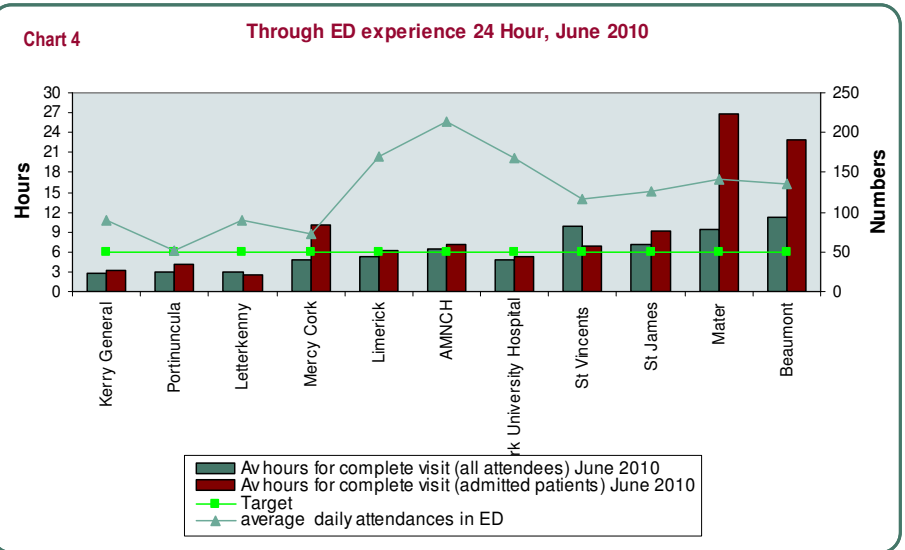
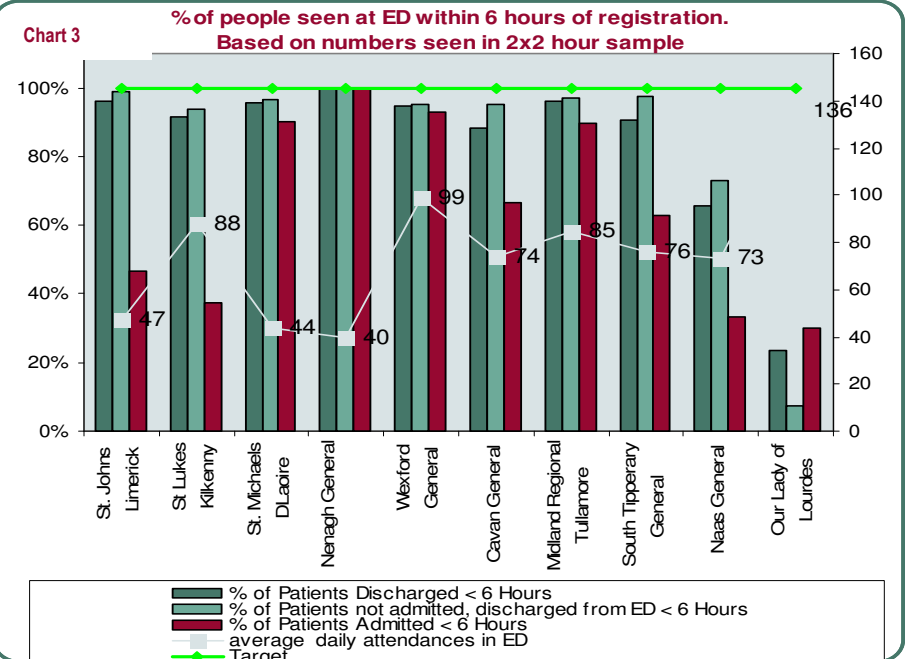
There are currently 2 methods being used to collect information relating to patient experience time in ED.

Sample of Attendances (Chart 3)

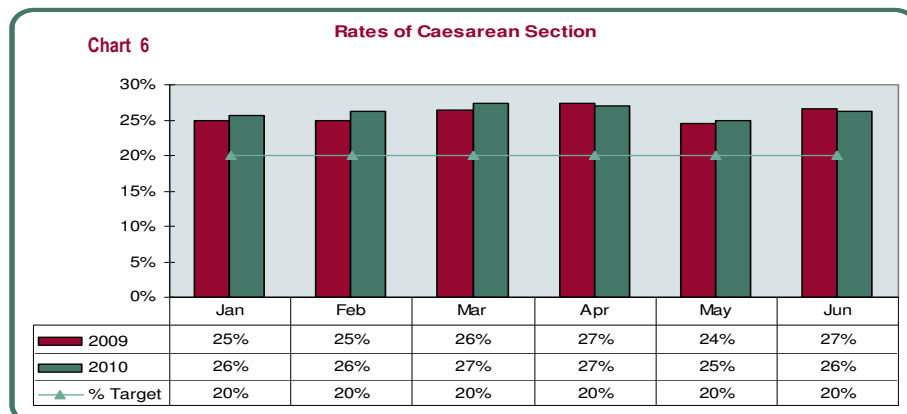
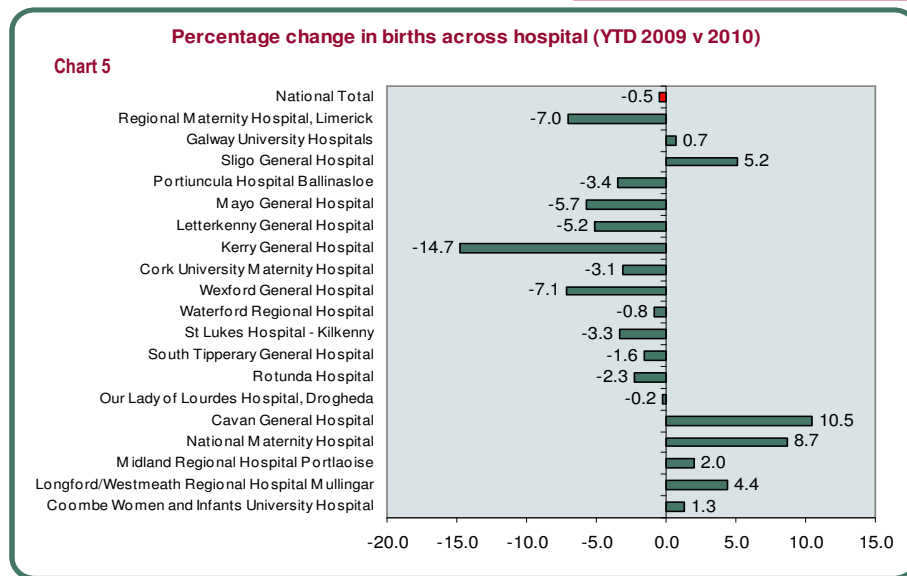
- A sample of attendances over two periods of two hours each; (11am–1pm and 4pm–6pm) each day.
- Post industrial action, the number of Hospitals reporting is 10 which relates to 23% coverage of national ED attendances.
- Each person who registers in the ED during these hours is traced back throughout the day to capture the total time they spent in the ED.
- This method enables a view of how many people were treated within specific times.
- The HSE is working to expand this method to all Hospitals and report covering 24 hours with a view to having complete patient experience time data by January 2011.
- Fig. 3 shows data relating to the Hospitals using the sampling method. The data shows that 88.9% of all patients sampled were treated within 6 hours from time of registration to discharge from ED. The data also shows that 60.1% of people who required admission spent less than 6 hours in ED.

ED Experience 24 Hour (Chart 4)

- The second method is gathered by recording the time for all attendances over a 24 hour period.
- This collection method is not as detailed as the method above and is aggregated for all patients.
- This method enables a view of average time spent in ED for all patients.
- Post industrial action, the number of Hospitals reporting is 11 (which relates to 43% coverage of national ED attendances)
- Fig. 4 shows data for the Hospitals using this method and the average time spent in ED for all patients and those that required admission.



Outpatients (OPD) (M)	<ul style="list-style-type: none"> Outpatient attendances have increased by 4.8% compared to last year and are 3.8% above target. New DNA rates are 14.1% and return DNA rates 14.2% for January – June 2010. This compares to 14.6% and 14.7% respectively for the same period in 2009. A further positive note is that the number of New Attendances at Outpatient departments has increased by 10.6% compared to last year. This is reflected in an improvement in the overall New : Return ratio to 1 : 2.6 in 2010.
Births (Chart 5 & 6) (M)	<ul style="list-style-type: none"> The number of births is marginally lower than the same period last year (0.5%) and is showing a 2% decrease against expected levels for 2010. All Maternity units in Dublin Mid Leinster are reporting increased activity compared to last year with Cavan, Sligo and Galway the only other Hospitals reporting increases in births. Kerry is reporting a 14.7% decrease and Limerick a 7% decrease on last year.
Public Inpatient, Day Case and OPD Waiting Lists (Adults) (M)	<ul style="list-style-type: none"> The percentage of adults waiting less than 6 months on the Inpatient waiting list in June 2010 was 74.7%. This shows an improvement on the figure for the same period in 2009 (73.9%). 86.5% of adults are waiting less than 6 months on the day case waiting list, again an improvement on the same period in 2009 when only 85.5% waited less than 6 months. Data for Outpatient waiting lists is not yet available nationally
Public Inpatient, Day Case and OPD Waiting Lists (Children) (M)	<ul style="list-style-type: none"> The percentage of children waiting less than 3 months on the inpatient waiting list in June 2010 is 45.2%, this is a marginal improvement on the same period last year when 45% waited less than 3 months. In June 2010, 48% of children are waiting less than 3 months on the day case waiting list which is a marked improvement on June 2009 when only 42.1% of children waited less than 3 months. Data for Outpatient waiting lists is not yet available nationally.



Colonoscopy Services (M)

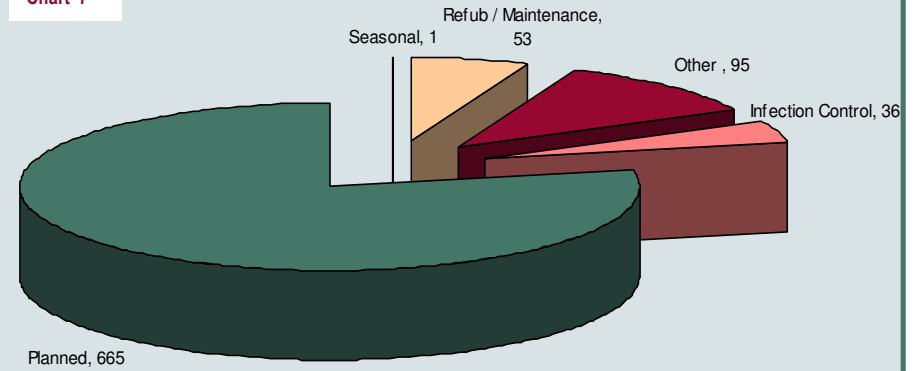
- In the week ending 15th of August, 753 are on a current referral list for urgent colonoscopy. All are within 28 days of referral. There is a record of a further 10 people who outside the target of 28 days, 9 in Limerick Regional Hospital and 1 in Cork University Hospital
- Two hospitals did not provide returns for this week, Mayo General Hospital and St Johns hospital Limerick. Their last reported position showed Mayo with 0 people waiting over 28 days and St Johns with 3 people listed as over 28 days.
- The provision of a colonoscopy within 28 days, where the referral is deemed urgent, has received focused attention over the past year and the numbers waiting over 28 days have reduced from 363 (38%) on Oct 21st 2009 to a position where, in this recording week, 99% of those referred were offered an appointment within 28 days.

Bed Capacity Management (M) (Chart 7 & 8)

- Hospital Bed capacity management and shifting the emphasis to community care continues to be a key objective for the HSE.
- Bed capacity management plans are achieved through planned bed reductions stratified across all hospitals as outlined below.
- There were 862 beds (849 inpatient; 13 day beds) unavailable for discharges at the end of June.
- Data for earlier months is not available due to industrial action and retrospective data is currently unavailable.
- Comparative figures for the end of June 2009 show there were 745 beds (712 inpatient, 33 day beds) unavailable for discharges.

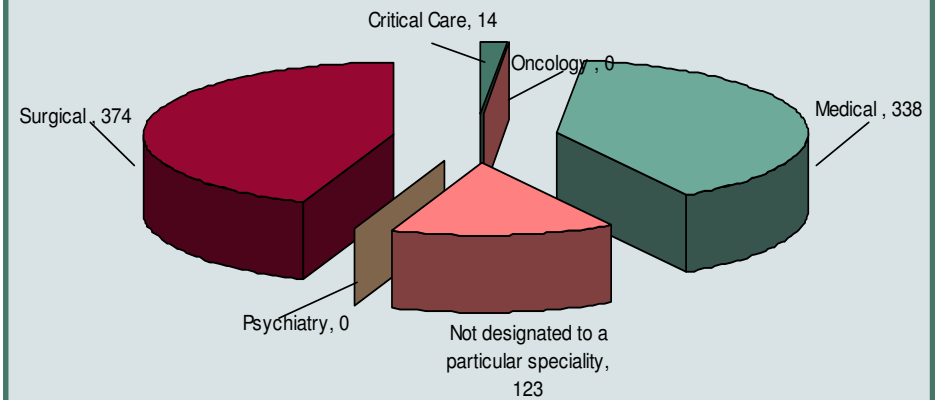
Number of unavailable in-patient beds by reason

Chart 7



Number of unavailable in-patient beds by speciality

Chart 8



Consultants Private
Practice Measurement
Report (M)
(Table 1)

The attached summarised report on Consultant Private Practice covers the activity period from September to November 2009 as reported to the HIPE /Casemix system.

The report covers the following in respect of each of the Hospitals across the country;

- For those consultants who have signed the new contract, the Report states the percentage operating fully within the contract ratio specified in their contracts.
- To further clarify the position in relation to compliance, the report also outlines the proportion of consultants within 10 percentage points of their specified contract ratio.

Note that each consultant receives an individualised report each month since the beginning of 2009, which outlines their individual private practice details. This report also goes to the Hospital Manager and Clinical Director.

This information provides the basis to follow up with individual Consultants who are exceeding their specified private practice ratio in accordance with the procedures outlined in Section 20 of the Contract 2008 documentation.

Specific procedures are outlined in the contract documentation, which require consultants who are exceeding their private practice ratio to engage with the Clinical Director and Hospital Manager to address this within a specified time (maximum of 9 months). If after this process the appropriate ratio is not achieved, either the facilities for the excess private practice are removed or the consultant is required to remit the private practice fees in respect of this activity to the hospital research and study fund.

This process is currently underway in respect of Consultants whose Private practice is 50% or more of their total activity.

(Table 1) SUMMARY REPORT ON CONSULTANT PRIVATE PRACTICE MEASUREMENT PRODUCED IN APRIL 2010

DUBLIN MID LEINSTER Sept 09 - Nov 09 Activity Period						Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		
Hospital	**Total No. of Consultants	In-patients	Day Case	Inpatients	Day Case					
AMNC Hospital Tallaght	153	Data under review								
Coombe Women's Hospital	42	IP Discharge rate for private patients is 17.4% for the teams	Daycase discharge rate for private patients is 16.36% for the teams							
Naas General Hospital	17	94%	94%	94%	94%					
Midland Regional Hospital Mullingar	30	88.24%	70.59%	94.12%	76.47%					
Midland Regional Hospital Tullamore	33	48%	50%	52%	55%					
Midland Regional Hospital Portlaoise	13	86%	14%	100%	57%					
St Vincent's Hospital Elm Park	110	75.50%	92.30%	96.2%	93.4%					
St Michaels Hospital Dun Laoghaire	37	100%	100%	100%	100%					
St Colmcille's Hospital Loughinstown	24	100%	100%	100%	100%					
National Maternity Hospital, Holles St	28	50%	64%	71%	82%					
Royal Victoria Eye & Ear	30	30.77%	53.85%	30.77%	61.54%					
St James's Hospital	151	75.0%	91%	88%	95%					
SOUTH Sept 09 - Nov 09 Activity Period						Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		
Hospital	**Total No. of Consultants	In-patients	Day Case	Inpatients	Day Case					
Cork University Hospital	147	51.7%	54.42%	59.86%	57.14%					
St Mary's Orthopaedic Hospital	19	36.84%	52.63%	47.37%	52.63%					
Mercy Hospital	41	Not Received								
Mallow General Hospital	8	50%	25%	62.5%	50%					
Kerry General Hospital	28.5	71.43%	90.48%	80.95%	90.48%					
South Infirmary Victoria Hospital	25	60%	64%	76%	72%					
Bantry Hospital	6	98%	98%	98%	30%					
Wexford General Hospital	23	73%	60%	80%	67%					
Waterford Regional Hospital	80	69.12%	51.47%	79.41%	58.82%					
St. Luke's General Hospital, Kilkenny	28	43%	79%	100%	79%					
Lourdes Orthopaedic, Kilkenny	11	66.67%	66.67%	66.67%	83.33%					
South Tipperary General Hospital, Clonmel	24	48%	72%	95%	81%					
DUBLIN NORTH EAST Sept 09 - Nov 09 Activity Period						Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		
Hospital	**Total No. of Consultants	In-patients	Day Case	Inpatients	Day Case					
Louth County Hospital	9	60%	60%	66.67%	66.67%					
Our Lady of Lourdes Hospital	93	68.42%	78.95%	73.68%	81.58%					
Our Lady's Hospital Navan	31	68.75%	50%	75.0%	56.25%					
Monaghan General Hospital	38	100%	50%	100%	50%					
Cavan General Hospital	Inc. as part of Monaghan General	100%	81.82%	100%	81.82%					
Mater Misericordiae University	121	68.18%	91.82%	71.82%	94.55%					
Beaumont Hospital	83	65.06%	80.72%	73.49%	81.93%					
Connolly Hospital	36	92.31%	96.15%	96.15%	96.15%					
***Rotunda Hospital	28	See footnote								
Cappagh Orthopaedic Hospital	29	73.91%	65.22%	78.26%	73.91%					
WEST Sept 09 - Nov 09 Activity Period						Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		
Hospital	**Total No. of Consultants	In-patients	Day Case	Inpatients	Day Case					
Letterkenny General Hospital	56	83.87%	83.87%	90.32%	83.87%					
Sligo General Hospital	57.39	87.50%	75%	90%	80%					
Roscommon County Hospital	10	100%	100%	100%	100%					
Portlincula Hospital	38	77.78%	55.56%	88.89%	66.67%					
UCH Galway	148	63.89%	75%	65.28%	76.39%					
Merlin Park Regional Hospital	Inc. in UCH, Gal.	82.14%	78.75%	89.29%	78.75%					
Mayo General Hospital	37	47.83%	56.52%	65.22%	56.52%					
Mid Western Hospital Dooradoyle	76	22.73%	37.88%	24.24%	39.39%					
Mid Western Maternity Hospital	9	30%	30%	30%	30%					
Croom Orthopaedic Hospital	6	8.33%	8.33%	8.33%	8.33%					
Mid Western Regional Hospital Ennis	7	72.73%	90.91%	81.82%	90.91%					
Mid Western Regional Hospital Nenagh	9	80%	70%	80%	70%					
St Johns Hospital	5	20%	60%	40%	60%					
Paediatric Hospital						**Total No. of Consultants	In-patients	Day Case	Inpatients	Day Case
Our Lady's Hospital for Sick Children, Crumlin						89	56%	49.33%	60%	56%
Children's University Hospital, Temple Street						75	80.95%	65.08%	85.71%	68.25%

The above figures are unaudited, however, a Hospital by Hospital audit is currently underway.

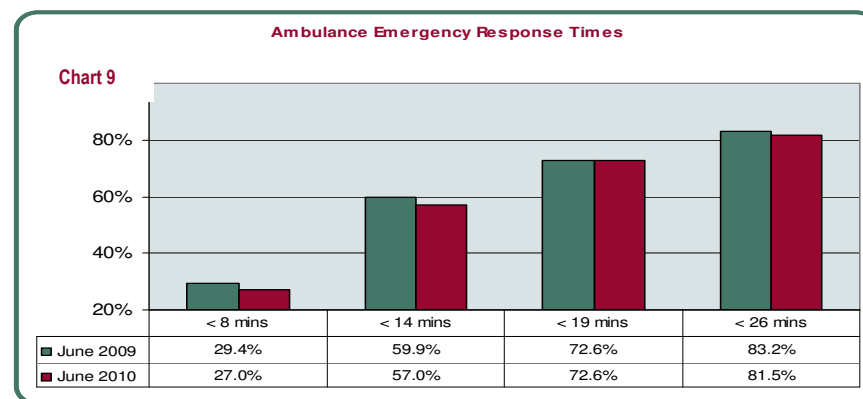
** This represents the number of Consultants not WTEs. Please note that Consultants may work in more than one hospital.

***Rotunda Hospital are not in a position to provide summarised data.

Ambulance	
Human Resources / Budget	<ul style="list-style-type: none"> National Ambulance Service (NAS) current ceiling position under review in consideration of posts put in place for reconfiguration and Labour Relations Commission adjudication in relation to Relief Factor. The National Ambulance Service (NAS) is currently 0.38% over budget. Current financial performance will result in a substantive breakeven position in 2010.
Total no. of ambulance transfers (M)	<p>Emergency Ambulance Calls</p> <ul style="list-style-type: none"> In June the variance for emergency calls over the same period last year is 2.1%. In January call volume was considerably higher due to the adverse weather conditions and that has remained as an impact on the variance figure, which should even out more as the year progresses. <p>Urgent Ambulance Calls</p> <ul style="list-style-type: none"> The June cumulative variance for urgent calls is -7.1%, which indicates a reduction in General Practitioner demand for urgent hospital transfers. That was most noticeable in January and during the cold spell where there was greater reliance on emergency calls, which reflects onto the variances for the months that follow. <p>Non-Urgent Calls</p> <ul style="list-style-type: none"> Year to date the variance for June is -5.5%, which is primarily due to reduced capacity and a decrease in the demand for inter-hospital transfers. <p>Community Transport</p> <ul style="list-style-type: none"> There are 2 ambulance regions where Renal, Oncology and Intellectual Disability transport are organized through Community Transport. In those areas demand for these services has increased, and that is what is mainly attributable to the 7.2% variance in Community Transport.
Response Times (M) (Chart 9)	<ul style="list-style-type: none"> The adverse weather early in the year severely impeded efforts to reach targets. The huge distortion in January has a knock on effect for the months that follow. However, month on month after that response times in all four time bands have moved close to targets.

Table 1. Ambulance Services	Human Resources			
	Ceiling Current Month	WTE Current Month	WTE Change 2010	% Var
DML	438	448	-2	2.48%
DNE	154	165	-4	7.46%
South	348	400	3	14.76%
West	391	443	-5	13.13%
Total	1,331	1,456	-9	9.40%

Table 2. Ambulance Services	Budget		
	Actual €000	Budget €000	% Var
DML	20,235	18,772	1,464
DNE	7,391	5,686	1,705
South	18,252	16,318	1,934
West	20,857	18,005	2,852
Ambulance College	2,579	485	2,094
Office of the National Director	678	10,460	-9,781
Total	69,992	69,725	266



Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Public Patients as a % of all elective discharges										
DML	71.2	80	80	76.5	-4.3	80	76.0	-5.0	71.1	6.9
DNE	73.2	80	80	73.6	-7.9	80	74.6	-6.7	72.7	2.6
South	69.0	80	80	70.9	-11.3	80	70.5	-11.9	68.0	3.6
West	67.9	80	80	70.3	-12.1	80	70.6	-11.7	66.8	5.7
National	70.2	80	80	73.1	-8.6	80	73.1	-8.7	69.5	5.1
No. of Inpatient Discharged (Inpatient)										
DML	176,985	160,527	13,255	15,127	14.1	79,521	89,330	12.3	89,768	-0.5
DNE	114,020	103,690	8,547	9,191	7.5	52,469	55,365	5.5	56,260	-1.6
South	149,441	135,824	11,178	12,344	10.4	68,896	72,948	5.9	75,800	-3.8
West	154,576	140,952	11,730	12,344	5.2	71,066	75,224	5.9	78,271	-3.9
National	595,022	540,993	44,710	49,006	9.6	271,952	292,867	7.7	300,099	-2.4
No. of Inpatient Discharged (Day Case)										
DML	241,682	246,936	20,677	22,904	10.8%	120,175	131,975	9.8	120,129	9.9
DNE	133,820	134,785	11,450	11,971	4.6%	66,875	69,639	4.1	63,634	9.4
South	141,387	144,847	12,674	13,678	7.9%	71,440	78,487	9.9	69,734	12.6
West	158,722	162,742	14,166	14,828	4.7%	80,648	85,178	5.6	78,516	8.5
National	675,611	689,310	58,967	63,381	7.5%	339,138	365,279	7.7	332,013	10.0
Elective Waiting List (Inpatient) % Adults awaiting ≤6 months										
DML	72.9	100	100	73.2	-26.8	100	73.2	-26.8	69.3	5.6
DNE	79.1	100	100	74.6	-25.4	100	74.6	-25.4	72.1	3.5
South	85.2	100	100	83.3	-16.7	100	83.3	-16.7	83.7	-0.5
West	74.9	100	100	70.0	-30.0	100	70.0	-30.0	74.3	-5.8
National	77.3	100	100	74.7	-25.3	100	74.7	-25.3	73.9	1.1
Elective Waiting List (Inpatient) % Children awaiting ≤3 months										
DML	42.1	100	100	41.0	-59.0	100	41.0	-59.0	39.4	4.1
DNE	39.4	100	100	64.0	-36.0	100	64.0	-36.0	61.3	4.4
South	58.8	100	100	62.1	-37.9	100	62.1	-37.9	66.2	-6.2
West	44.3	100	100	40.7	-59.3	100	40.7	-59.3	49.1	-17.1
National	43.8	100	100	45.2	-54.8	100	45.2	-54.8	45.0	0.4

Acute Services Activity			Performance this Month			Performance YTD			Activity YTD v 2009	
	Outturn 2009	Target 2010	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
DML	90.0	100	100	94.0	-6.0	100	94.0	-6.0	90.0	4.4
DNE	86.0	100	100	86.5	-13.5	100	86.5	-13.5	83.2	4.0
South	85.4	100	100	85.3	-14.7	100	85.3	-14.7	89.0	-4.2
West	79.8	100	100	80.8	-19.2	100	80.8	-19.2	81.1	-0.4
National	85.0	100	100	86.5	-13.5	100	86.5	-13.5	85.5	1.2
Elective Waiting List (Day Case)										
% Children awaiting ≤3 months										
DML	36.2	100	100	44.0	-56.0	100	44.0	-56.0	33.8	30.2
DNE	41.2	100	100	55.3	-44.7	100	55.3	-44.7	54.3	1.8
South	53.4	100	100	58.1	-41.9	100	58.1	-41.9	59.1	-1.7
West	54.7	100	100	55.4	-44.6	100	55.4	-44.6	66.9	-17.2
National	40.8	100	100	48.0	-52.0	100	48.0	-52.0	42.1	14.0
% of elective inpatient procedures conducted on day of admission										
DML		75	75	61	-18.7	75	61	-18.7	53	15.1
DNE		75	75	38	-49.3	75	38	-49.3	34	11.8
South		75	75	44	-41.3	75	44	-41.3	43	2.3
West		75	75	45	-40.0	75	45	-40.0	40	12.5
National		75	75	48	-36.0	75	48	-36.0	43	11.6
No. of Emergency Admissions										
DML	93,946	84,348	7,026	7,962	13.3	42,169	48,010	13.9	48,733	-1.5
DNE	73,886	66,366	5,216	6,055	16.1	34,025	36,476	7.2	36,114	1.0
South	87,930	80,710	6,547	7,408	13.2	40,929	44,364	8.4	44,592	-0.5
West	111,198	98,874	8,150	8,769	7.6	50,161	55,113	9.9	56,680	-2.8
National	366,960	330,298	26,939	30,194	12.1	167,284	183,963	10.0	186,119	-1.2
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
DML		75	75	71	-5.3	75	71	-5.3	68	4.4
DNE		75	75	73	-2.7	75	73	-2.7	70	4.3
South		75	75	59	-21.3	75	59	-21.3	55	7.3
West		75	75	66	-12.0	75	66	-12.0	61	8.2
National		75	75	67	-10.7	75	67	-10.7	63	6.3
Outpatient Attendances										
DML	1,314,753	1,292,922	109,455	116,512	6.4	643,819	685,227	6.4	663,267	3.3
DNE	764,975	758,418	64,497	67,063	4.0	381,963	393,891	3.1	384,252	2.5
South	672,605	686,696	57,676	58,123	0.8	343,287	356,051	3.7	331,142	7.5
West	642,344	656,846	59,520	60,346	1.4	347,967	347,283	-0.2	321,634	8.0
National	3,394,677	3,394,882	291,148	302,044	3.7	1,717,036	1,782,452	3.8	1,700,295	4.8

National Cancer Control Programme (NCCP)

National Cancer Control Programme (NCCP)

Symptomatic Breast Cancer Services (Chart 1) (M)

- Breast cancer surgery since 1 Dec 2009 takes place in 8 cancer centres, with a sub clinic of UCHG in Letterkenny.
- The PI's for NSP relate to all new referrals to Symptomatic breast disease, and new diagnosed cancers. (Note: they do not include recurrent cancers and screening diagnosed cancers).
- PI 1: Total number of urgent referrals; and of those No. and % offered an appointment within 2 weeks – target 95%, June reported position is 95.3%.
- PI 2: Total number of non urgent referrals; and of those No. and % offered an appointment with 12 weeks – target 95%, June reported position is 96.6%.
- PI 3: Total no. of patients newly diagnosed in the cancer centre; and of those no. and % discussed at MDM – target 100%, June reported position is 100%.
- PI 4: No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out. Target 100%, June reported position is 100%.

Lung Cancers (M)

- There will be 8 rapid access lung cancer clinics; one in each of the 8 cancer centres.
- The NCCP has invested in Consultant level staffing to support these in all of the 8 centres.
- To date, 6 clinics have been established.

Prostate Cancers (M)

- There will be 8 rapid access prostate cancer clinics; one in each of the 8 cancer centres.
- The NCCP has invested in Consultant level staffing to support these in all of the 8 centres.
- To date, 5 clinics have been established.

Rectal Cancers (M)

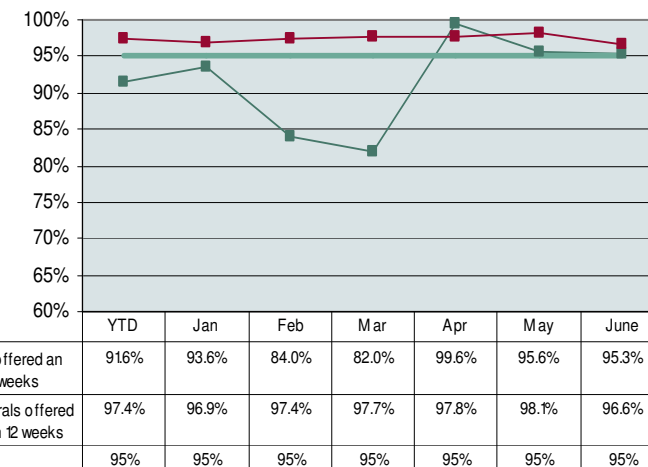
- Rectal cancer surgery will take place in the 8 cancer centres.
- Target 1: By end June 2010 small centres will cease rectal surgery.
- Target 2: By end 2010 all rectal surgery will take place in only 8 cancer centres.
- Targets on track, however, the full transfer of rectal surgery is dependant on the centres having surgical and ITU capacity, and is fully reliant in National Reconfiguration of surgical services to meet the end of 2010 target.
- Clinical PI's will be agreed / collected once full service transfer occurs.

Pancreas Cancers (M)

- PI – all radical pancreatic resections will take place in 1 national centre. Financial and WTE transfer from hospitals previously carrying out this surgery is planned for the 1st July 2010. Clinical PIs being agreed nationally.

Chart 1

Breast Cancer, urgent and non-urgent



Quality & Clinical Care (QCC)

Quality and Safety	
MRSA (Table 1) (Q)	<p>MRSA as a % of all S Aureus in hospital is reported at 24.8% in Q1 2010, down from 27.1% in 2009 and a high of 42% in 2006.</p> <p>The rate of MRSA per 1,000 bed days is reported at 0.09, the same as 2009 down from .12 in 2008 and a high of .16 in 2006.</p>
Antibiotic Consumption (Table 2) (BA)	<p>Complete data for 2007 and 2008 shows a decrease in hospital antimicrobial consumption and an increase in the number of hospitals providing the data. (Table.2)</p> <p>The data for 2009 shows the continuation of the favourable trend of a reduction in antibiotic usage.</p>
Blood Policy (Table 3 & 4) (M / Q)	<p>New PI for 2010: Blood program has been set up to consolidate work/initiatives and directives in the areas of Blood and Tissue.</p> <p>Significant gains have been made in blood utilisation in the first two quarters of 2009.</p>

Table 1	No. of Staph Aureus	% MRSA	MRSA rate / 1,000 bed days
2006	1,358	42	0.16
2007	1,337	38.5	0.14
2008	1,240	34	0.12
2009	1,309	27.1	0.09
2010 Q1	347	24.8	0.09

Hospital category	2007		2008		2009	
	Rate DDD/100 BDU	Number of hospitals	Rate DDD/100 BDU	Number of hospitals	Rate DDD/100 BDU	Number of hospitals
General	81.57	21	78.51	25	78.95	25
Regional	85.14	8	78.95	9	77.84	9
Tertiary	54.24	7	44.96	8	42.87	8
	80.10	36	76.39	42	75.18	42

Table 3 Red Blood Cells	2010 YTD
No. of units ordered	64536
No. units outdated/returned	1129
Target rate of outdates/returns (%)	3
Actual rate of outdates/returns (%)	1.75

Table 4 Platelets	2009 (equivalent period)	2010 YTD
No. of units of platelets ordered	12394	11397
Target reduction (%)		3
Actual reduction (%)		8.0%

Quality and Safety	
Service User Involvement (M)	<ul style="list-style-type: none"> Phase 1 and 2 of the Workshops in Hospital settings in the four regions completed. The first round of similar workshops in the Local Health Office areas are to commence in July The HSE and the Social Inclusion Division of the Department of Community, Equality and Gaeltacht Affairs are working in collaboration to promote community participation in primary care initiatives. The evaluation report and other related materials may be sourced at http://www.hse.ie/eng/services/ysys/SUI/Library/participation/ From the workshop process targets will be set and reported on from October 2010 for hospitals and PCTs. Patient satisfaction surveys: 27 hospitals are participating in the national inpatient survey which will measure the patient's experience of services in 2010. Results will be published on completion of the surveys.
Complaints (Q)	<ul style="list-style-type: none"> Incomplete information due to the Industrial Action. Backlog should be cleared and will be updated for September report.
FOI (Q)	<ul style="list-style-type: none"> Incomplete information due to the Industrial Action. Backlog should be cleared and will be updated for September report.
HSE National Information Line (Q)	<ul style="list-style-type: none"> Incomplete information due to the Industrial Action. Backlog should be cleared and will be updated for September report.

Performance Activity	Outturn 09	Target 10	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints						
No. of complaints	7,984		2,422		4,947	
No. of complaints finalised within 30 working days*	6,326		*1,424		3,898	
Complaint Reviews						
No. of Reviews (HSE)			106			
No. of Reviews (Non-HSE)						
FOI Requests						
No. of FOI requests received	4,879		*1,275			
HSE National Information Line						
Number of calls received	167,645		*85,072		89,987	

*Figures incomplete, yet to be finalised.

New Service Developments

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
Quality and Clinical Care	H1N1 Pandemic	Costs associated with H1N1 pandemic.	€55m		0	na	Q1-Q4	
Children and Families	Ryan Report	Implementation of recommendations progressed (<i>dependent upon allocation arriving in the REV</i>)	€14.27m		265 <i>(all moratorium exempt)</i>	2	Q1-Q4	The first 2 Social Work posts, issued under the Ryan Report, were filled in June. Employment contracts have been signed for a further 23 Ryan Report posts. The 200 social work posts are currently on track to be filled by year end.
Older People	A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need.	€97m	€71m	0	na	Q1-Q4	This includes 2009 €55m and 2010 €97m = total of €152m €152m - €71m = €81m. 13,000 applications rec'd to date, with 9,000 'determinations' issued
	Home Care Support	To support the increase in demand for Home Care Packages.	€10m	€5m	0	na	Q1-Q4	€3m has gone to both DML and DNE, €2m has gone to both the South and West. Over 2,000 new clients provided with HCP service from Jan-June 2010
Demand Led Schemes	DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m	Data not available	0	na	Q1-Q4	
National Cancer Control Programme	Cancer Services	Support the further development of cancers services nationally, including services for National Programme for Radiation Oncology.	€20m	€13.6m	79	0	Q4	Prioritisation of NCCP wtes to be agreed with RDOs. Remaining funding will be drawn down in Q3/Q4. To date €5.6m funding has been allocated mainly to cancer centres to support medical oncology and cancer theatre pressures. €4m has been given to population health for the distribution of the cervical cancer vaccine and €4m has been allocated to the new radiotherapy network for operational costs for the proposed new radiotherapy units are due to open in Beaumont and St. James's in Q4.
Innovation	Innovation Funding	Delivery of suitable projects that demonstrate innovation in service delivery:			80			
		<ul style="list-style-type: none"> Disability and Mental Health Services 	€3m	€1.5m				€1.5m of the €3m Innovation Funding for Mental Health and Disability has been paid by the HSE under a Service arrangement to Genio following the decision by the Minister in December 2009 that the funding be allocated to Genio to encourage innovative, personalised supports for people with disabilities and mental ill health.

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
								<p>To date €2,690,240 out of the total innovation funding of €3,690,531 has been allocated to 36 initiatives across Ireland. €669,320 of this first round allocation will support 9 initiatives which will directly facilitate 36 identified individuals transition from traditional models of care to self-directed lives of their choosing. The remainder focuses on capacity building initiatives for wide ranging groups of individuals and their families, advocates, carers and support workers.</p> <p>The remaining €1,000,291 from the overall fund will be allocated shortly with 18 further initiatives, including 8 initiatives which will directly support 62 identified individuals, pending approval.</p>
Innovation		<ul style="list-style-type: none"> Child Welfare Information System 	€1m	€0				
		<ul style="list-style-type: none"> Community Intervention Teams 	€3m	€0				The creation of new CITs is currently at development stage. The locations of 9 CITs (including expansion of 3 existing CITs) have been identified and a framework document is nearing completion to assist in the roll out of these and future CITs.
		<ul style="list-style-type: none"> Quality and Clinical Care Programmes 	€10m	€0				Enable three of the National Clinical programs solutions – Draw down expected by Q4 in relation to: <ol style="list-style-type: none"> Surgery Acute Medicine Out Patients
Total			€443.27	€91.1	424			

Appendix 1: Vote Data

Vote 40 HSE – Vote Issues at 30th June 2010
As at 24th June 2010

1. Revenue Position at 30th June 2010 based on REV Allocation

Revenue	Per REV 2010 Profile	Issues	Over / (Under)	%
Gross Revenue Expenditure	7,179,309	7,165,954	(13,355)	-0.19%
Appropriations in Aid	1,671,930	1,497,079	(174,851)	-10.46%
Net Revenue Expenditure	5,507,379	5,668,875	161,496	2.93%

2. Capital Position at 30th June 2010

Capital	Per REV 2010 Profile	Issues	Over / (Under)	%
Gross Capital	208,151	147,492	(60,659)	29.14%
Appropriations in Aid	14,277	551	(13,726)	96.14%
Net Capital Expenditure	193,874	146,941	(46,933)	24.21%

3. General Commentary

As a result of the lifting of the industrial action ban on submission of financial information, HSE areas have submitted their cumulative financial files to 30th April 2010 for consolidation. Work is on-going in validating and reconciling accruals based expenditure at 30th April 2010 to vote expenditure at 30th April 2010. As this exercise has not been completed the June issues are based on cash issued to areas, including an estimate for cash disbursements for the last week in June, and estimates of appropriations in aid collected directly by the HSE. Other receipts are estimated receipts from the Social Insurance Fund, actual receipts from the Revenue Commissioners and the UK Department of Health.

Gross current expenditure issues are €13m under profile (€15m under profile in May). Appropriations-in-Aid are €175m under profile (€176m under profile in May). Gross Capital expenditure issues are €60m under profile (€53m under profile in May).

4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector including the medical card services scheme are €15m over profile, the voluntary sector is €34m under profile.
- Expenditure in 2010 on the Flu pandemic amounted to €33m at 24th June 2010.
- Payments to the Long Stay Repayments Scheme are €1m under profile.
- Receipts for Health Contributions (D1) are cumulatively €175m under profile due to a shortfall in Social Insurance Fund receipts.
- Payments to the State Claims Agency are €7m over profile.

Vote 40 - HSE – Vote Expenditure Return at 31st July 2010
(As at 9th August 2010)

1. Vote Position at 31st July 2010

	Rev 2010 Estimate	Monthly Profile €'000	Actual Outturn €'000	Over (Under) €'000	YTD Profile €'000	YTD Actual €'000	Over (Under) €'000
Gross Current	14,139,639	1,229,766	1,200,274	(29,492)	8,409,075	8,325,432	(83,643)
Gross Capital	443,792	33,718	39,224	5,506	241,869	188,372	(53,497)
Total Gross Vote	14,583,431	1,263,484	1,239,498	(23,986)	8,650,944	8,513,804	(137,140)
Appropriations-in-Aid							
- Other Receipts	2,899,844	209,788	278,924	69,136	1,350,998	1,189,495	(161,503)
- Receipts collected by HSE	1,089,206	96,806	88,177	(8,629)	627,526	577,885	(49,641)
- Capital Receipts	65,800	7,500	595	(6,905)	21,777	1,146	(20,631)
- Total	4,054,850	314,094	367,696	53,602	2,000,301	1,768,526	(231,775)
Net Expenditure	10,528,581	949,390	871,802	(77,588)	6,650,643	6,745,278	94,635

2. Comparison to Issues Return

The July issues return submitted on 26th July 2010 is consistent with the July vote return with the exception of capital. Gross capital issues declared an under spend of €64m, however capital payments in the last week of July 2010 were €10m higher than estimated for the issues return.

3. General Commentary

Gross current vote expenditure is €84m under profile (€54m under profile in June); appropriations-in-aid are €232m under profile (€285m under profile in June). Gross Capital vote expenditure is €53m under profile (€59m under profile in June).

4. Capital Position at 31st July 2010

Subhead	YTD Profile €'000	YTD Actual €'000	Over / (Under) €'000
B.9- Dormant Accounts	3,177	2,926	(251)
C.1 - Capital	205,712	173,414	(32,298)
C.3 - Info Systems for Health Agencies	11,480	1,238	(10,242)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	21,500	10,794	(10,706)
Gross Capital Expenditure	241,869	188,372	(53,497)
D.7 – Dormant Account	1,777	972	(805)
D.10 – Disposal of Mental Health Facilities	20,000	174	(19,826)
Net Capital Expenditure	220,092	187,226	(32,866)

C1/C4 Construction

The under spend on construction projects in the first 7 months of this year is influenced by the following;

1. Progress on most construction projects has been sluggish with progress behind original cash flow projections on nearly all projects.
2. New construction has been slow to commence once the contractor has been appointed (possibly due to delays in main contractors negotiations with sub-contractors prior to appointment).
3. Exercise of caution in entering into new contractual commitments.
4. Delays in equipping completed facilities.

Subheads C1 and C4 are behind profile. However a full review of the cash flow projections on all projects has been completed and it is projected that subhead C1 will be fully drawn down by year end. It is anticipated that subhead C4 will be €20m under profile at year end.

Subhead C4 is funded from AinA income generated from the sale of surplus assets which is currently behind profile. Approx €10m of sales of land have been agreed to date and the first proceeds should begin to be realised in the near future. It is anticipated that the final value of the proceeds of the sale of surplus assets will match expenditure in subhead C4.

C3 ICT

Capital draw down to date is running behind profile. This is due to the fact that key project deliverables have not yet been reached and therefore vendors are not due to be paid yet.

In addition a substantial number of projects once approved are dependant on completion of the procurement process. This can take several months and introduces a delay at the early stages of most new projects.

Four of these projects are waiting on a formal national procurement framework process as approved by CMOD

5. Emerging Issues by Vote Subhead based on REV Allocation

- The gross statutory sector including the medical card services scheme is €47m under profile and the voluntary sector is €45m under profile.
- Gross receipts from the Social Insurance Fund at 31st July 2010 amounted to €902m as against the profile of €1,199bn resulting in a shortfall of €297m. The receipts take into account the adjustment of €77m for the purported overpayment to the HSE in 2009. It is expected that a revised provision less than the REV 2010 will be provided shortly.
- Payments to the Long Stay Repayments Scheme are €1m under profile.
- Payments to State Claims Agency are €9m over profile.
- Expenditure on the Flu Pandemic amounted to €34m to 31st July 2010.
- Maintenance receipts are €33m under profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.

The HSE faces a major financial challenge in 2010 having removed €409m from service budgets reflecting moratorium savings of €103m, a value for money target of €106m and €200m for the purposes of providing for growth in pension costs due to the unusually high patterns of retirements. The underlying spend rate in the HSE needs to be reduced to reflect these budget

reductions. Delivery of a balanced vote is contingent upon action to reduce expenditure levels for the remainder of the year. The revenue Vote shows a positive balance at the end of July 2010. However, the ability to maintain this position depends on the HSE having flexibility to use emerging savings on pensions and demand led schemes to support services.

6. Reconciliation of Net Revenue Vote Expenditure to Net I&E Expenditure at 30th June 2010

The table below sets out a high level reconciliation between net revenue expenditure as reported in the June Vote Expenditure report and the net I&E expenditure as reported in the June PR.

Vote Position	Yearly Profile €'000	Per June Profile €'000	YTD June Expenditure €'000	(Surplus)/ Deficit €'000
Gross Revenue Allocation per REV	14,139,639	7,179,309	7,125,158	(54,151)
Less:				
A-in-A - Maintenance	-376,000	-180,329	-148,484	31,845
A-in-A - Superannuation	-205,000	-100,169	-99,363	806
A-in-A - Miscellaneous	-167,000	-83,497	-65,926	17,571
A-in-A - Pension Levy	-341,206	-166,725	-175,935	(9,210)
Net Revenue Vote Allocation	13,050,433	6,648,589	6,635,450	(13,139)
Net I&E Allocation	13,050,435	6,340,556	6,392,976	52,420
I&E Overspend at 30th June 2010				52,420
Difference in I&E and Vote Profile to 30th June 2010				(308,033)
Difference in I&E and Vote Outturn to 30th June 2010				242,474
Net Revenue Vote Underspend at 30th June 2010				(13,139)

Note 1 - Adjusted I&E Expenditure to 30th June

	€'000	
I&E Expenditure	6,392,976	
Overdrafts / 2009 Allocation	171,000	
Nursing Education	40,000	
Pandemic	30,000	
Adjusted I&E Expenditure	6,633,976	
Net Revenue Expenditure	6,635,450	
Difference	-1,474	0.02% of net expenditure

The main reason for the difference between vote profile and outturn and the corresponding I&E amounts lies in the differing basis of accounting e.g. approximately €171m was paid to voluntary organisations to clear their overdrafts at 31st December 2009 and to cash out 2009 amounts due. This is a charge on the 2010 vote but does not affect the 2010 I&E budget or

expenditure. Other reconciling items relate to Nursing Education payments of €40m and H1N1 Pandemic expenditure of €30m which was accrued in 2009 but cashed in January 2010. Excluding these amounts Vote expenditure to the 30th June 2010 and I&E expenditure to the 30th June 2010 are practically identical.

In addition to the above factors other profiling and budget issues arise as follows:-

- the Vote profile to 30th June is higher than the I&E profile due to the fact that the REV profile for January and February was based on actual vote expenditure in this period while the I&E profile was based on budgeted expenditure
- the I&E profile, while identical to the REV profile in aggregate, contains significantly more service development and held funds in the latter months of 2010 compared to the REV profile.