



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Performance Report January 2009

6<sup>th</sup> March, 2009

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# Introduction

The HSE Performance Reports for 2009 have been modified to address our own reporting requirements and comply with the additional reporting requirements outlined in the 9<sup>th</sup> December 2008 letter of approval for the National Service Plan (NSP) 2009, by the Minister for Health and Children.

Each month two reports will be produced:

- **The Performance Report (PR)** outlines an analysis of key performance data, including financial, HR resources and activity levels, at a corporate, network (NHO) and area (PCCC) level, providing summary information for the Performance Monitoring and Control Group, CEO, Management Team and Board to efficiently and effectively manage the organisation.
- **The Supplementary PR Report** provides additional, more detailed data by Care Group / Hospital following the same integrated format as the NSP 09, as requested by the DoHC. This includes performance activity, indicators and finance data. As our systems and processes improve during the year, it will also feature care group data on WTE, capital, and progress against new service developments, once approved for spend. Twice a year, in June and December, progress against the actions / deliverables outlined in the NSP 09 will also feature by Care Group. It is intended that this document will satisfy the more detailed information requested by the DOHC.

## Section 10(2) Information

In her letter of approval, the Minister specified additional reporting under Section 10(2) of the Health Act 2004. Some of these require additional collection / data definitions / reporting systems to be established. The HSE has commenced this process and, where possible, have reported within the January Reports; others will come on stream in the coming months, specifically:

- (i) Patient Safety and Hospital Hygiene: We are currently in the process of finalising a reporting format against this which will be included within our Performance Reports. A context to this is provided in the January PR, with an actual report against the relevant measures expected in February and subsequent reports. (see page 25)
- (ii) Consultant Contract Implementation and Service Improvements Arising: Some measures are already included as performance indicators under public / private mix in the NHO section of the Supplementary Report. Other measures are currently being pursued for inclusion in subsequent PRs.
- (iii) Urgent Access to Colonoscopy: Processes are being pursued to report against this measure and will be included in the Supplementary Report for February and subsequent reports.
- (iv) Advertising, PR and Consultancy will be reported within the VFM section of the Performance Reports - detail to be included in the Supplementary Report.
- (v) Aids and Appliances: Reporting on this is shown for the first time on page 4, by PCCC area.

## New Service Developments

Section 4 of the PR outlines New Service Developments. As of end of January 2009, no sanction for spend was received from DoHC in relation to any of the New Service Development funding allocated as follows:

- NCCP - €15m
- Innovation - €21m
- Older People - €55m
- Disabilities - €7.2m
- Mental Health - €2.8m
- Immunisation - €12m

## Capital

The NSP 09 outlined a proposed capital programme for the year which was subject to further discussions with DoHC and Department of Finance (DoF), post NSP approval. A Government's decision of 3<sup>rd</sup> February stated that the DoHC may not enter into any further contractual capital commitments without approval of the DoF. As formal approval of the capital programme is still awaited, reporting on capital developments therefore does not feature in the January Report.

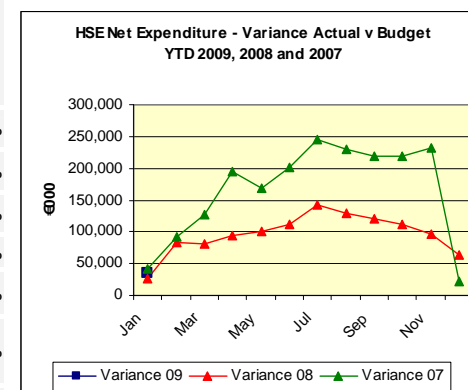
# Balanced Scorecard against NSP 09

## Operations

PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08									
<b>Primary Care</b>														
PCTs – Phase 1 and 2	97	---	104	---	---									
PCTs – Phase 3	0	---	3	---	---									
<b>Older People</b>														
Total Home Help Hours provided	12,643,677	998,300	997,138	-0.1%	1,019,883									
Persons in receipt of Home Care Packages	8,990	8,700	8,925	2.6%	8,247									
<b>National Hospitals Office</b>	<b>Outturn 08</b>	<b>Target 09 ytd</b>	<b>Actual 09 ytd</b>	<b>% Var Act v Tar ytd</b>	<b>Same period 08</b>									
Inpatient	604,320	47,947	49,535	3.3%	50,427									
Day case	637,140	54,167	52,029	-3.9%	53,234									
ED: Average time from registration to discharge from ED for														
i) all patients	New measure – reporting to commence in February PR													
ii) patients who require admission														
iii) patients not admitted and are discharged														
	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5											

## Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,520,092	393,678	374,871	18,807	5.0%
PCCC	8,464,891	695,717	683,009	12,708	1.9%
NSS	28,666	2,468	2,499	-31	-1.3%
Corporate	602,383	56,026	53,082	2,944	5.5%
Population Health	148,220	12,314	12,511	-197	-1.6%
Health Repayment Scheme	23,000	3,429	3,429	0	0.0%
Development & Technical Resources	306,209	0	0	0	
<b>Total</b>	<b>14,093.461</b>	<b>1,163.632</b>	<b>1,129.401</b>	<b>34.231</b>	<b>3.0%</b>



## Human Resources

	Ceiling at 01/01/08	2008 new service developments YTD and internal transfers	Amended Ceiling 31/01/09	% of Approved Ceiling	Actual Jan 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-575</b>	<b>52,243</b>	<b>46.93%</b>	<b>53,510</b>	<b>360</b>	<b>1,267</b>	<b>2.42%</b>
Voluntary	22,721	-241	22,480	20.20%	23,062	137	581	2.58%
Statutory	30,097	-334	29,762	26.74%	30,448	224	686	2.30%
<b>PCCC</b>	<b>54,677</b>	<b>285</b>	<b>54,962</b>	<b>49.38%</b>	<b>53,960</b>	<b>-17</b>	<b>-1,003</b>	<b>-1.82%</b>
Voluntary	14,891	242	15,133	13.60%	15,264	-142	130	0.86%
Statutory	39,786	43	39,829	35.78%	38,696	126	-1,133	-2.84%
<b>Population Health</b>	<b>533</b>	<b>107</b>	<b>639</b>	<b>0.57%</b>	<b>643</b>	<b>104</b>	<b>4</b>	<b>0.65%</b>
<b>Corporate (incl subsumed agencies)</b>	<b>3,477</b>	<b>-7</b>	<b>3,470</b>	<b>3.12%</b>	<b>3,369</b>	<b>9</b>	<b>-101</b>	<b>-2.91%</b>
<b>Total</b>	<b>111,505</b>	<b>-190</b>	<b>111,315</b>	<b>100.00%</b>	<b>111,482</b>	<b>457</b>	<b>167</b>	<b>0.15%</b>

## Quality

Measure	Target 09 ytd	Actual ytd	% variance Actual v Target ytd
Complaints			
Total number of complaints in given period.	---	400	---
<b>Measure</b>	<b>Target 09 ytd</b>	<b>Actual ytd</b>	<b>% variance Actual v Target ytd</b>
No. and % of FOI requests which are processed within required timelines			
No. Received	---	341	---
% processed within required timelines*	65%	---	---

\*(New PI for 2009 – information not available for 2008 or January 2009; systems will be in place to collect 2009 data for inclusion in February Report)

# Section 1 – Key Performance Information

## HSE Overview

### Summary

The HSE is facing very significant financial challenges as the economy moves further into recession and demand for health services increase. The financial performance for January and February indicates the need for urgent action to address the emerging issues. The additional challenges now facing the HSE are not within its control and are substantially driven by the economic downturn.

Management has previously advised the Board of the need to take account of:

1. Reductions in the Vote arising from the Appropriations in Aid projected shortfall (Health Levy) and reduction in funding from Government (proportion of 'Administrative Efficiencies')
2. Newly emerging expenditure requirements not accounted for in the NSP09; and
3. The extra costs it must meet during the year as a direct consequence of the economic downturn.

### Management Action

Following the February Board meeting the HSE management team met with the Departments of Health and Finance to convey the serious nature of the issues facing the health services. We particularly emphasised the need to deal with the emerging issues urgently, as a delay will result in shortfalls having to be recouped over a shorter period which will deepen the severity and impact of service adjustments. It is imperative that we act, and act quickly and decisively to address the emerging financial position.

The NSP 09 has been prepared on the basis that the HSE must reduce its expenditure in 2009 by €250m as well as maintaining the €280m VFM achieved in 2008. <sup>1</sup>Many of these expenditure reductions are dependent on work practice changes which will be more challenging as a result of the changed industrial relations environment following the introduction of the Pension Levy.

It was indicated in the NSP 09 that some issues, which are outside the control of the HSE, could become liabilities during 2009. These have now materialised and in the absence of funding it must reduce expenditure by an additional €205m<sup>2</sup> to mitigate these risks. Of this €205m, actions have been agreed to reduce costs by €132.6m leaving a shortfall of €72.4m. Many of these actions depend on altering contractual arrangements or changing existing 3<sup>rd</sup> party agreements with the Trade Unions.

However, additional unanticipated and serious financial demands, mainly due to the State's worsening economic position, have now emerged as follows; Projected shortfall in Health Levy which based upon February data would annualise at €135m (We have requested a revised annual forecast from the Department of Finance), estimated cost of increase in demand for Medical Cards €100m, higher numbers accepting new Consultants Contract (85% uptake) €30m, increasing costs relating to the Long-stay Repayments Scheme €67m, contribution to Government's €140m Administrative Efficiencies €56m.

It is our intention to bring a separate paper to the Board with a view to addressing these matters in the context of the NSP 09.

## Financial Overview

The overall budget of **€14.093 billion** is made up of the total HSE Vote of **€14.791 billion** less an income budget of **€698m**. The financial results for January show total expenditure of **€1.163 billion** against a year to date budget of **€1.129 billion** – a deficit of **€34.2m** at the end of January 2009.

- This deficit includes the effect of removing €205m budget from services to provide for risks set out in the Service Plan:
  - €100m for the wholesale margin
  - €35m for the Hickey case arrears
  - €70m effect of Over 70 medical cards
- Because the €205m of budget was removed following the preparation of the Service Plan, there has been no opportunity in January to implement measures needed to deliver such a reduction and it is therefore contributing to the month end deficit.
- As part of the development of the Corporate Business Plan, a decision has been taken to change the basis of removal of the €205m set out above. €42m of savings will now be required internally within the schemes and this amount will be restored to core services. These budgetary adjustments are currently being reflected within the HSE accounting systems, and will be reflected in the February results.

## HSE Statutory System

The breakdown of the year to date variance between Statutory and Voluntary is as follows: Statutory €25.4m and Voluntary €8.8m.

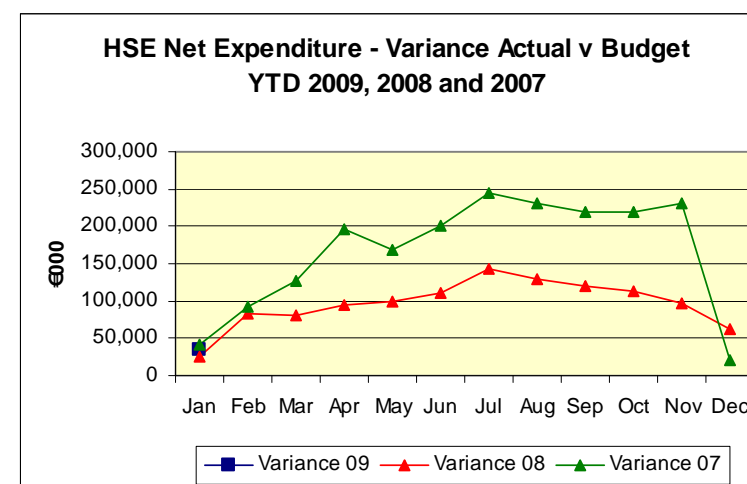
## Aids and Appliances

	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance	
				€000	%
South	16,597	1,121	1,399	-278	-20%
Dublin North East	18,204	2,286	1,461	825	57%
Dublin Mid Leinster	25,300	1,709	2,116	-407	-19%
West	12,561	1,127	971	156	16%
<b>Total Aids and Appliances</b>	<b>72,661</b>	<b>6,243</b>	<b>5,947</b>	<b>296</b>	<b>5%</b>

## Capital

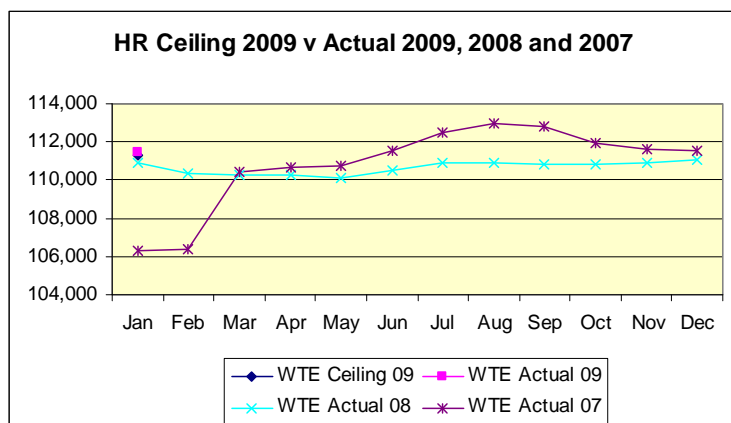
The annual budget for capital projects is €427.986m, including €30m in respect of ICT projects. It also includes €7m in respect of capital payments to Pobail, funded from dormant account funds. The cumulative capital cash profile for the period January 2009 €83.245m. The capital cash draw down for the corresponding period was €82.012m. The capital draw down was therefore €1.233m lower than profile for this period.

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,520,092	393,678	374,871	18,807	5.0%
Primary, Community and Continuing Care	8,464,891	695,717	683,009	12,708	1.9%
National Shared Services	28,666	2,468	2,499	-31	-1.3%
Corporate	602,383	56,026	53,082	2,944	5.5%
Population Health	148,220	12,314	12,511	-197	-1.6%
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<b>Total</b>	<b>14,093,461</b>	<b>1,163,632</b>	<b>1,129,401</b>	<b>34,231</b>	<b>3.0%</b>



## HR Performance Information

End of January employment data shows an increase of 457 WTEs over the December Report. The corresponding month last year showed a decrease of 583 WTEs. In overall terms, the Statutory Sector and the NHO Voluntary Sector recorded increases of 462 WTEs and 137 WTEs respectively from the December level, while the PCCC Voluntary Sector decreased by 142 WTEs. Most of this increase is accounted for through the placement of student nurses, which equated to nearly 400 WTEs. Overall nursing WTEs (student nurses were recorded at 50% to reflect revised replacement ratio) increased by 351 in January. Another factor here is the ongoing upward pressure on nursing numbers due to the introduction of the 37.5 hour week. It is likely that the impact of student nurse placements will further increase overall employment levels in February, until they are displaced by an appropriate reduction in staff nurses in line with the replacement ratio of 2:1. A further 31 2008 addendum posts were filled in January. Out of over 940 posts approved and in process of recruitment, some 227 posts are still to be filled.



in respect of additional EMTs employed in 2008. A further issue here is the double counting effect of maternity leave cover which when accounted for reduces true employment levels and thus has a further positive impact on compliance with approved employment ceilings. This effect is currently estimated at 800 WTEs at any given time.

NHO is 1,266 WTEs above ceiling (+2.42%), PCCC is 1,003 WTEs below ceiling (-1.82%), Corporate 101 WTEs below ceiling (-2.9%) and Population Health is 4 WTEs above ceiling (0.65%). In addition to the adjustments downwards arising from the removal of the student nurse factor, there were a number of transfers of ceilings between the various functions, amending the ceilings at the end of January from their initial allocations, as well as adjustments upwards in respect of 2008 new service development posts in place. On a sectoral basis, HSE direct is 544 WTEs below ceiling (-0.7%), while the Voluntary Hospitals Sector is 581 WTEs above ceiling (+2.58%) and the Voluntary Sector of PCCC is 130 WTEs above ceiling (+0.86%).

Work on the reporting of NCCP as a discrete function in Employment Monitoring Reports and Health Service Personnel Census is ongoing and it is expected that this should be possible in the next couple of months, pending some clarification of issues between NCCP and NHO in particular.

	Ceiling at 1/1/08	2008 New service developments	Amended Ceiling 31/1/09	% of Approved Ceiling	Actual Jan 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-575</b>	<b>52,243</b>	<b>46.93%</b>	<b>53,510</b>	<b>360</b>	<b>1,267</b>	<b>2.42%</b>
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<b>Corporate (incl subsumed agencies)</b>	<b>3,477</b>	<b>-7</b>	<b>3,470</b>	<b>3.12%</b>	<b>3,369</b>	<b>9</b>	<b>-101</b>	<b>-2.91%</b>
<b>Total</b>	<b>111,505</b>	<b>-190</b>	<b>111,315</b>	<b>100.00%</b>	<b>111,482</b>	<b>457</b>	<b>167</b>	<b>0.15%</b>

Management / admin WTEs increased in January by 29, which is a cause for some concern in the context of a required 3% reduction in these numbers in 2009. NHO accounted for 30 of this increase, with a further 2 in PCCC.

Population Health and Corporate reported increases of 104 and 9 WTEs respectively in January. The increase in Population Health is primarily due to the transfer of environmental health functions from PCCC in a couple of areas. Corporate is currently 2.9% below ceiling and Population Health is 4 WTE (+0.65%) above its approved employment ceiling.

### Compliance with approved employment ceiling

The level of ceiling compliance at the end of January shows the Health Services at 167 WTEs above ceiling or +0.15%. This results in a minor breach of the approved employment ceiling and should be reversed when the displacement of staff nurses takes place to give effect to the replacement ratio of 2:1 as well as an adjustment

The Hospitals / Local Health Offices / Voluntary Agencies with the largest percentage variance with their approved employment ceiling at the end of January is as follows:

Hospital / Local health Office / Voluntary Agency	Ceiling January	Actual January	Growth in 2009	WTE Variance with Ceiling	% Variance
Ambulance Service East Coast	219	362	29	143	65.18%
Dublin West LHO	714	925	75	211	29.5%
Children's Sunshine Home	59	72	0	12	21.02%
Roscommon LHO	767	884	107	117	15.2%
Monaghan General Hospital	228	261	-2	33	14.37%

## PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
PCTs – phase 1 and 2	104	---	---
PCTs – phase 3	3	---	---
No. of contacts with out of hours GP services	71,833	28%	67,559

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,925	2.6%	8,247
Total Home Help Hours provided	997,138	-0.1%	1,019,883
Total no. in receipt of subvention	8,936	-1.8%	8,743
Total nursing home inspections completed	64	-12.3%	42

Mental Health	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of Child and Adolescent Mental Health Teams	55	0%	47

Community (Demand Led) Schemes	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. LTI Claims	73,522	49%	67,863
No. DPS Claims	488,990	40%	468,665
No. eligible persons on medical cards*	1,356,469*	-0.1%	1,280,510

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,396	1.2%	5,365
Total no. of children in residential care	369	-13.4%	401
Total no. of children in foster care	369	-13.4%	401
Total no. of children in foster care with relatives	1,582	3.4%	1,581
Total no. of children in "Other" care arrangement	203	11.5%	167

Palliative Care (No. on last day of month)	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. patients in specialist inpatient units	280	-26%	404
No. patients accessing home care services	3,522	20%	2,868
No. patients accessing intermediate care in community hospital	125	21%	99
No. patients accessing day care services	333	6%	290

Social Inclusion	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Average no. of clients in methadone treatment	8,585	-2.1%	7,925

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of Domiciliary Care Allowance	23,216	7%	21,233

\*The actual increase for January over last month is 10,647 (0.7%). However, a specific validation as part of VFM was undertaken in January which resulted in 6,298 cards being discontinued. Therefore, in real terms, there was an actual increase of 4,349 medical cards over last month.

## NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.3%	-1.8%
Day case attendances	-3.9%	-2.3%
Outpatient attendances	-1.8%	-2.6%
Births	-6.3%	2.5%
Emergency presentations	-10.5%	-4.5%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	710	705	710

National Hospitals Office	Actual 2009	Actual 2008
Inpatients - % waiting		
• Adults >6months	25.9%	34.4%
• Children>3months	60.6%	62.0%
Daycase - % waiting		
• Adults >6months	18.4%	30.6%
• Children>3months	61.4%	65.6%

National Hospitals Office	Actual 2009	Actual 2008
Inpatients % Public	76.9%	75.8%
ED: % waiting for admission >12 hours following decision to admit	51.0%	43.9%
Emergency Calls - % answered <26 mins	82.5%	86.2%

# Section 2 – VFM

## Commentary

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and take into account that as well as the requirement to continue to deliver economic efficiencies started in 2007/8, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment. A target of €115m has been set by the DoHC for specific economies and efficiencies and sub-allocated by Directorate as outlined below. Monthly monitoring and reporting of delivery of these efficiencies is carried out at national and Directorate level for specific measures. A small number of these measures are only reportable quarterly due to availability of data, such as expenditure on Advertising etc., however, the majority of measures are reported based on comparison of Year To Date Expenditure to Outturn 2008 available through our financial systems and/or local Directorate Area/Network reports consolidated nationally.

In terms of the profile for delivery of efficiencies, it may not be expected that January would demonstrate one-twelfth of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until later months. This profile is under development with financial weightings being attached indicating when savings would be visible and will this profile be reportable in later PMRs. Following from notification of allocations at the end of January, local monthly performance reports were not feasible from Directorates for January but will be reported in the next PMR. As described previously, some of the specific measures have HR dependencies and these continue to be worked through locally with relevant parties.

The total reportable savings in January is €2.64m. It should be noted that these January savings are against reportable adjusted items totalling €11.7m, where reportable adjustments of another €43m of the €115m, such as Mgt / Admin Pay Costs, are indicating negative trends in January and the remaining €60m would be reported from the local Directorate reports e.g. Reconfiguration of Childcare.

### Non-Pay

Comparing 2008 outturn to a profiled rate of spend for 2009 based on January 2009 expenditure;

- there is a saving of €400,000 for T&S in January but this rate of saving will have to improve to meet the annual adjusted figure;
- there is a saving of €140,000 for Corporate Maintenance in January but this rate of saving will have to improve to meet the annual adjusted figure;
- a saving in Laboratory spend of €1.08m which suggests a rate of saving ahead of the required annual figure.

However, there are also targeted areas such as Legal or Patient Transport where savings are not evident in January and these are being further examined in terms of required actions and further reporting as necessary such as a centralised governance system for seeking Legal Advice within PCCC etc. The rate of saving will also be tracked to ensure we will meet our savings requirements by year end.

### Pay

Significantly, there is no evidence of the required saving in all Directorates to achieve the 3% reduction in Mgt / Admin nor specifically for Overtime or Non Mgt / Admin Pay reductions in PCCC and NHO respectively. Further attention and measures are being applied to assist delivery of these adjustments such as, elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime, amalgamation of wards and changes in rostering for Mental Health services etc.

<b>PCCC</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	€55.936m	
<b>Reduction Achieved ytd</b>		<b>€0.25m</b>	

<b>Support Services</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		€15.064m	
<b>Reduction Achieved ytd</b>	---	<b>€0.49m</b>	

<b>NHO</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		€44.000m	
<b>Reduction Achieved ytd</b>	---	<b>€1.90m</b>	

<b>Total</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	<b>630</b>	<b>€115m</b>	
<b>Reduction Achieved ytd</b>	---	<b>€2.64m</b>	

# Section 3 – Service Delivery

## 3.1 PCCC

### Overview

Overall PCCC financial expenditure shows an adverse variance year-to-date of €12.7m against budget. This can be broken down as follows:

PCCC Service Areas	€10.3m
Schemes	€3.0m
Office of the ND	(€0.6m)
<b>Total PCCC</b>	<b>€12.7m</b>

This overall adverse variance, when viewed in the context of the schemes centralisation process, has the effect of reducing the variance in the PCCC Service Areas to €6.8m and increasing the schemes variance to €6.5m.

PCCC are currently 1,003 WTE or 1.8% below their approved employment ceiling. Recruitment during January saw an increase in the number of addendum posts filled bringing the total filled to date to 953.

The key drivers of the 2008 schemes deficit continue to create significant pressures in 2009. There was a 6% increase in medical card coverage when compared to the same period last year. The total number of individuals now covered by a medical card is 1.356m, a net increase of over 4,000 on the December 2008 position. It should be noted that a specific validation exercise was undertaken during this past month which resulted in the discontinuation of over 6,000 cards. In reality, over 10,000 new cards were issued during January. The upward trend in unemployment and consequent increase in the number of persons eligible for schemes is anticipated to be a continued feature of 2009.

In relation to the other key drivers:

- GP Visit Cards are up 0.4% on December 2008 or 13% on the same period last year.
- DCA recipients are up 0.5% on December 2008 or 9% on the same period last year.
- Claims made under the Long-Term Illness Scheme are up 8% on the same period last year.
- Claims made under the Drugs Repayments Scheme are up 4% on the same period last year.

A range of efficiency and VFM measures were identified in late 2008 to support the delivery of the quantum of service outlined in the PCCC element of the National Service Plan 2009. Implementation of these measures is underway with demonstrable evidence expected in the early part of the year. This will be reflected in the financial reports provided to the Board.

### PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,667	12,487	-1.4%	103,109	102,497	0.6%
West	14,908	14,586	-2.2%	111,644	109,514	1.9%
DML	15,679	15,303	-2.4%	131,359	129,374	1.5%
DNE	11,679	11,584	-0.8%	101,662	96,143	5.7%
PCRS				222,537	220,421	1.0%
National Director Office		0	n/a	681	1,235	-44.8%
Primary Care Schemes				24,725	23,826	3.8%
<b>Total</b>	<b>54963</b>	<b>53,960</b>	<b>-1.8%</b>	<b>695,717</b>	<b>683,009</b>	<b>1.9%</b>

### PCCC Finance Commentary

Including PCRS, year to date expenditure was €695.7 million compared with a budget of €683.0 million – leading to a negative variance of €12.7 million.

The variance at the end of January arises from €3m of medical cards and other schemes as set out in the table on the right.

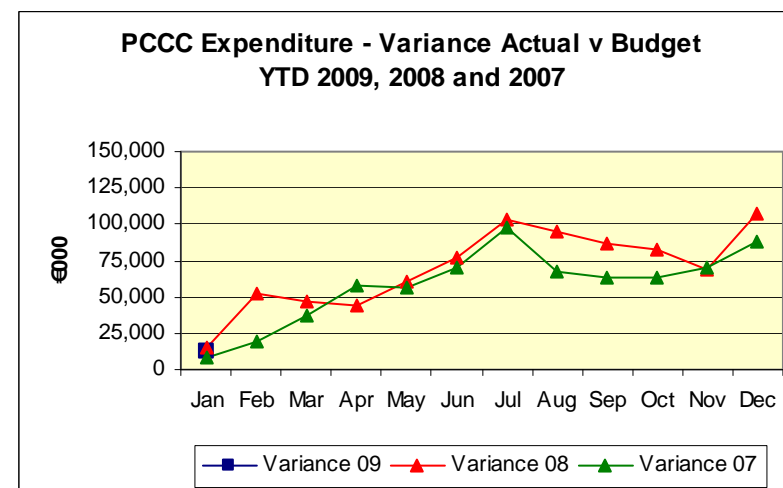
#### LHOs with Most Significant Adverse Financial Variances

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Dublin North Central	197,711	17,908	16,560	1,348	8.1%
Dublin North West	183,762	16,691	15,480	1,210	7.8%
Galway	265,686	23,719	22,572	1,147	5.0%
Laois / Offaly	175,373	15,915	15,028	887	5.9%
Wicklow	106,907	10,241	9,497	745	7.8%

#### LHOs with Most Significant Favourable Financial Variances

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Donegal	181,913	13,899	15,017	-1,118	-7.5%
South Tipperary	110,483	8,943	9,483	-540	-5.7%
Dublin South Central	202,572	16,922	17,407	-484	-2.8%
Louth	103,396	8,299	8,616	-317	-3.7%
Dublin South City	103,264	8,634	8,945	-311	-3.5%

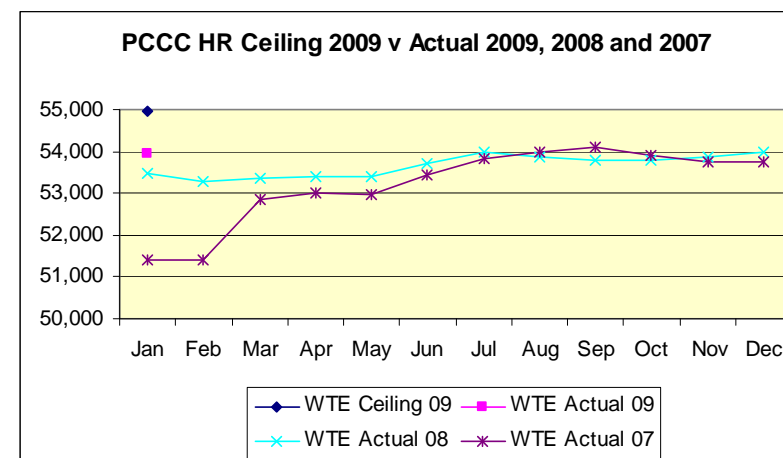
Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	2,120,381	157,763	156,406	1,357	0.9%
Community Schemes	706,440	64,774	64,015	759	1.2%
<b>PCRS Total</b>	<b>2,826,821</b>	<b>222,537</b>	<b>220,421</b>	<b>2,116</b>	<b>1.0%</b>
Primary Care Schemes	318,174	24,725	23,826	899	3.8%
<b>Grand Total</b>	<b>3,144,995</b>	<b>247,262</b>	<b>244,247</b>	<b>3,015</b>	<b>1.2%</b>



### PCCC HR Commentary

PCCC recorded a reduction of 17 WTEs in January. The Statutory Sector increased by 126 WTEs while the Voluntary Sector decreased by 142 WTEs. The Statutory Sector's increase should have been higher as a reduction of approximately 100 WTEs was due to the transfer of environmental health functions from PCCC to Population Health. As in the case of the NHO, student nurse placements was the most significant contributor to most of the growth of 212 WTEs increase recorded in nursing in PCCC. A further 26 2008 addendum posts were filled in January. Some 660\* new 2008 development posts in PCCC have now been filled in Areas / Agencies encompassed by the approved employment ceiling by the end of January. A further 180 posts remain in process of being filled from the 2008 addendum approved developments. The table over outlines the LHOs that recorded the largest increases in employment in January.

\*It should be noted that this figure only refers to posts in HSE and agencies encompassed by the approved employment ceiling. Additional posts have been put in place in Section 39 Agencies as funded by the HSE for 2008 service developments in Disability Services.



Local Health Office	Increase in Jan	Of Which Statutory	Of Which Voluntary	% Increase in January	WTE Variance with Ceiling	% Variance to ceiling
Longford / Westmeath	180	173	7	10.1%	-57	-2.84%
Roscommon	104	107	-3	10.0%	113	10.88%
Dublin West	73	75	-2	3.5%	252	13.57%
South Lee	26	26	0	2%	-16	-1.27%
Dublin North West	25	11	14	0.87%	108	3.97%

Some of the increases above may be due to remapping of some services between LHOs, e.g. Longford/Westmeath v Laois/Offaly. In addition some Voluntary Agencies recorded significant increases during the month; Daughters of Charity (Dublin Area) + 14 WTEs and Daughters of Charity (North Tipp / East Limerick) +15 WTEs. As in the case of the NHO, PCCC's approved employment ceiling was adjusted downwards to address the need to measure ceiling compliance when factoring out the student nurse placement issue. PCCC are currently 1,003 WTEs (-1.82%) below their approved employment ceiling.

#### LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual Nov 2008	Growth from Previous Month	Variance from ceiling	% Var
Dublin West	1,858	2,110	73	252	13.57%
Roscommon	1,040	1,153	104	113	10.88%
Dublin North West	2,729	2,838	25	108	3.97%
Dublin North Central	3,148	3,218	-3	70	2.21%
Waterford	1,518	1,546	-32	28	1.87%

*(Based on the percentage variance from ceiling)*

#### LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual Nov 2008	Growth from Previous Month	Variance from ceiling	% Var
Dun Laoghaire	1,020	868	-71	-152	-14.93%
Cavan/Monaghan	1,314	1,257	7	-57	-4.34%
Galway	2,926	2,832	-106	-93	-3.19%
Donegal	2,216	2,147	-5	-69	-3.12%
Laois/Offaly	2,180	2,114	-165	-66	-3.03%

*(Based on the percentage variance from ceiling)*

## PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	Total No. Primary Care Teams			No. contacts with Out of Hours GP services			No. LTI claims			No. DPS claims			No. eligible persons on medical cards*		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	---	33	---	25,340	31,385	24%	---	---	---	---	---	---	---	---	---
West	---	29	---	14,420	18,225	26%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	9,240	13,420	45%	---	---	---	---	---	---	---	---	---
DML	---	32	---	7,070	8,803	25%	---	---	---	---	---	---	---	---	---
<b>Total</b>	---	<b>104</b>	---	<b>56,070</b>	<b>71,833</b>	<b>28%</b>	<b>49,407</b>	<b>73,522</b>	<b>49%</b>	<b>348,641</b>	<b>488,990</b>	<b>40%</b>	<b>1,358,096</b>	<b>1,356,469</b>	<b>-0.1%</b>

Children and Families Activity YTD	Total No. Children in care			Total No. Children in Residential care			Total No. Children in foster care			Total No. Children in foster care with relatives			Total No. Children in 'Other' care arrangement		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,414	1,496	5.8%	84	58	-31.0%	898	953	6.1%	385	391	1.6%	47	94	100.0%
West	1,063	1,046	-1.6%	54	35	-35.2%	688	696	1.2%	275	283	2.9%	46	32	-30.4%
DNE	1,347	1,390	3.2%	138	136	-1.4%	716	727	1.5%	446	480	7.6%	47	47	0.0%
DML	1,510	1,464	-3.0%	150	140	-6.7%	894	866	-3.1%	424	428	0.9%	42	30	-28.6%
<b>Total</b>	<b>5,334</b>	<b>5,396</b>	<b>1.2%</b>	<b>426</b>	<b>369</b>	<b>-13.4%</b>	<b>3,196</b>	<b>3,242</b>	<b>1.4%</b>	<b>1,530</b>	<b>1,582</b>	<b>3.4%</b>	<b>182</b>	<b>203</b>	<b>11.5%</b>

Older People Activity YTD	No. of persons in receipt of home care packages			Total No. Home Help Hours Provided			Total No. in receipt of subvention			Total No. Nursing Home Inspections Completed		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,880	1,859	-1.1%	326,168	330,704	1.4%	2,646	2,609	-1.4%	20	16	-20.0%
West	1,690	1,831	8.3%	291,800	290,810	-0.3%	3,259	3,172	-2.7%	23	19	-17.4%
DNE	3,300	3,313	0.4%	200,666	196,783	-1.9%	1,337	1,360	1.7%	11	14	27.3%
DML	1,830	1,922	5.0%	179,666	178,841	-0.5%	1,858	1,795	-3.4%	19	15	-21.1%
<b>Total</b>	<b>8,700</b>	<b>8,925</b>	<b>2.6%</b>	<b>998,300</b>	<b>997,138</b>	<b>-0.1%</b>	<b>9,100</b>	<b>8,936</b>	<b>-1.8%</b>	<b>73</b>	<b>64</b>	<b>-12.3%</b>

\*The actual increase for January over last month is 10,647 (0.7%). However, a specific validation as part of VFM was undertaken in January which resulted in 6,298 cards being discontinued. Therefore, in real terms, there was an actual increase of 4,349 medical cards over last month.

Palliative Care Activity YTD (no. on last day of month)	No. Patients in specialist in-patient / month			No. Patients accessing home care services			No. Patients accessing intermediate care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	39	-32%	764	782	2%	31	20	-35%	69	73	6%
West	116	132	14%	850	1393	64%	35	55	57%	82	94	15%
DNE	35	37	6%	586	638	9%	5	4	-20%	56	52	-7%
DML	171	72	-58%	729	709	-3%	32	46	44%	108	114	6%
<b>Total</b>	<b>379</b>	<b>280</b>	<b>-26%</b>	<b>2,929</b>	<b>3,522</b>	<b>20%</b>	<b>103</b>	<b>125</b>	<b>21%</b>	<b>315</b>	<b>333</b>	<b>6%</b>

Activity YTD	Mental Health			Social Inclusion			Disabilities		
	No. of Child and Adolescent Mental Health Teams			Average No. clients in methadone treatment			No. persons in receipt of Domiciliary Care Allowance		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	13	13	0%	---	---	---	---	---	---
West	13	13	0%	---	---	---	---	---	---
DNE	12	12	0%	---	---	---	---	---	---
DML	17	17	0%	---	---	---	---	---	---
<b>Total</b>	<b>55</b>	<b>55</b>	<b>0%</b>	<b>8,765</b>	<b>8,585</b>	<b>-2.1%</b>	<b>25,000</b>	<b>23,216</b>	<b>7%</b>

## Analysis of Performance

Area level PCCC data is to be found in the Supplementary PR document.

### Primary Care Teams (PCTs)

Good progress has been made in the continued development of the Phase 1 and Phase 2 PCTs (210 in total). The number of PCTs that are holding clinical team meetings at the end of January is 104 (Phase 1 teams were previously referred to as 2006 teams and Phase 2 were previously referred to as 2007 teams). Three teams from Phase 3 (2009) are also currently in development. Of the 97 Phase 1 teams which were reported on in 2008, 90 PCTs (93%) are currently holding clinical team meetings which has increased from 81 teams (84%) in December 2008. Fourteen Phase 2 teams are holding clinical team meetings (12%).

**Out of Hours (OoH) GP Services:** NSP 09 commits to providing 801,000 GP OoH contacts on an annual basis, i.e. 66,750 contacts per month or 2,189 contacts per day nationally. During the month of January, 71,833 contacts were made with the service, (28% over target), an increase of 6% on the contacts made in January 2008 (67,559).

For the first time in 2009 a profiling of targets is taking place in some areas of activity. The table below outlines the monthly targets identified for the out of hours GP services, the % against the annual target together with the cumulative YTD targets. Profiling is based on trends from 2007 and 2008.

2009	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly Target	56,070	80,100	72,090	40,050	104,130	56,070	56,070	56,070	64,080	56,070	56,070	104,130
% of annual target	7%	10%	9%	5%	13%	7%	7%	7%	8%	7%	7%	13%
Cumulative Monthly Targets	56,070	136,170	208,260	248,310	352,440	408,510	464,580	520,650	684,730	640,800	696,870	801,000

Considerable additional demand was placed on the out of hours service over the Christmas and New Year period and consequently the service is running ahead of its profiled target for 2009.

### GP Visit cards

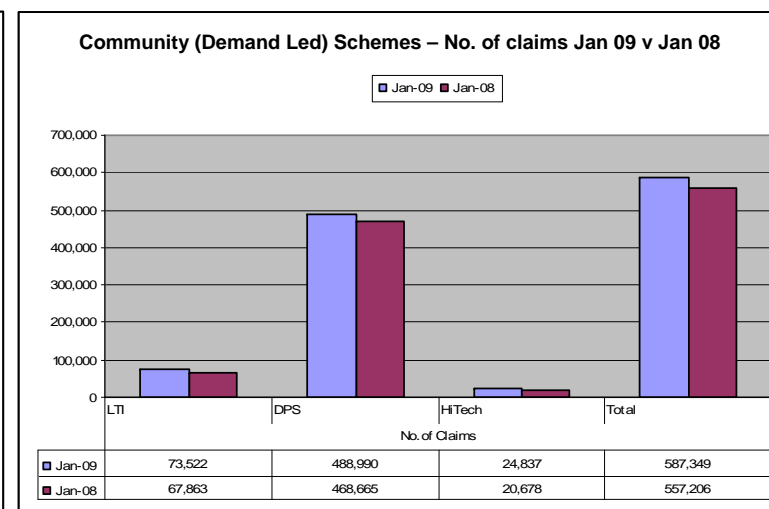
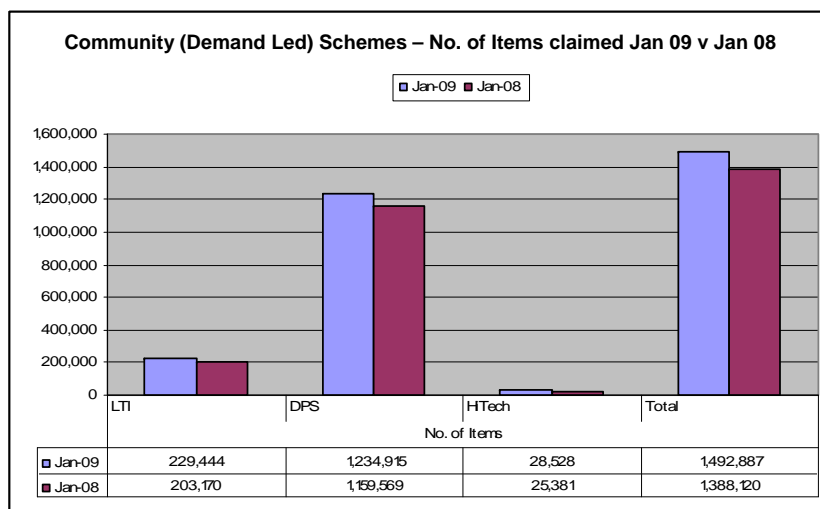
Sustained growth in the number of eligible persons on GP Visit Cards continued during January 2009, up 0.4% on the December 2008 position. During January, an additional 380 GP Visit Cards were issued. This represents an increase of 13% from the same period last year (9,832 additional GP Visit Cards were issued since January 2008).

### Medical Cards

The total number of individuals now covered by a medical card is 1,356,469. The actual increase for January over last month is 10,647 (0.7%). However, a specific validation was undertaken in January which resulted in 6,298 cards being discontinued. Therefore, in real terms, there was an actual increase of 4,349 medical cards over last month.

### Schemes

**LTI:** The number of LTI claims made during January was 73,522 which is 49% above the monthly target. Compared to the same period last year (67,863 claims) this represents an increase of 8%. The total number of LTI items was 229,444 which is on par with the monthly target.



**DPS:** The number of DPS claims made during January was 488,990 which is 40% above the monthly target of 348,641. This compares with 468,865 claims for the same period last year (an increase of 4%). The total number of DPS items was 1,234,915 which is 7% below the monthly target.

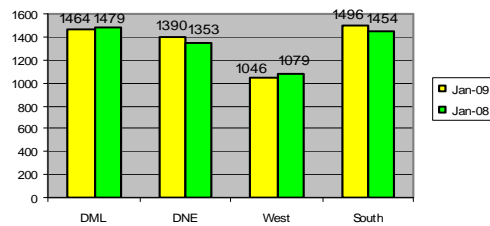
**Hi-Tech:** The number of HiTech claims made during January was 24,837 – this is 6% below the monthly target of 26,325 and 20% above the same period last year (20,678).

**Domiciliary Care Allowances (DCA)** continues to show growth during the reporting period. During January an additional 124 clients claimed DCA bringing the total number to 23,216, an increase of 0.5% on the December 2008 position. The figure of 23,216 claimants in January 2009 compares with 21,233 for the same period last year, an increase of 1,983 or 9.3%.

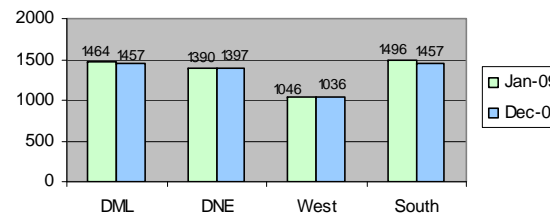
**Children and Families**

**Children In Care:** The number of children in care nationally in January 2009 was 5,396. This is a 0.6% increase over the same period last year 5,365. There also represents a 0.9% increase over last month's figure of 5,347. Proportionately the West has the lowest number of children in care, consistently accounting for 19% of the national total. HSE South have the highest proportion at 28%.

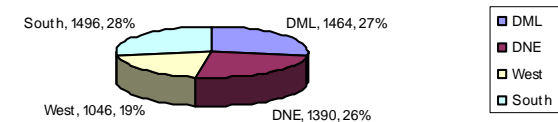
Children in Care Comparison Jan 09 v Jan 08



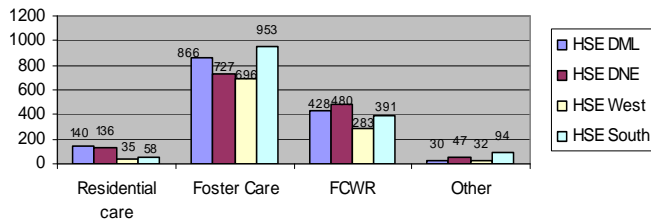
Children in Care Comparison Jan 09 v Dec 08



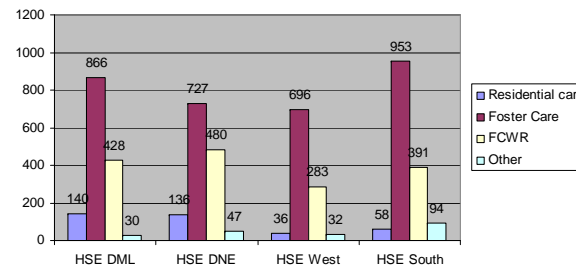
No. of Children in Care (Nationally) January 2009



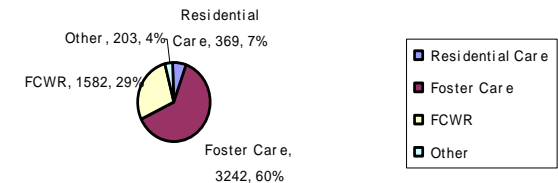
Children in Care January 2009



Children in Care January 2009



Children in Care by Care Type January 2009



The breakdown of care type by percentage nationally shows that the highest number of children in care is in foster care (60% of all children in care). Foster care with relatives accounts for 29%, followed by residential care at 7% and 'other care/at home under care order' is 4%.

Of the 5,390 children in care, 369 are in residential care (accounting for 6.8% of the overall total). As a percentage of children in care, DML and DNE report the highest proportion in residential care at 10% (this is directly related to the higher number of residential centres located within these areas). The lowest proportion is recorded for the West at 3% with the South reporting figures of 4%. The number of children in residential care has decreased by 8% compared to the same period of last year (401).

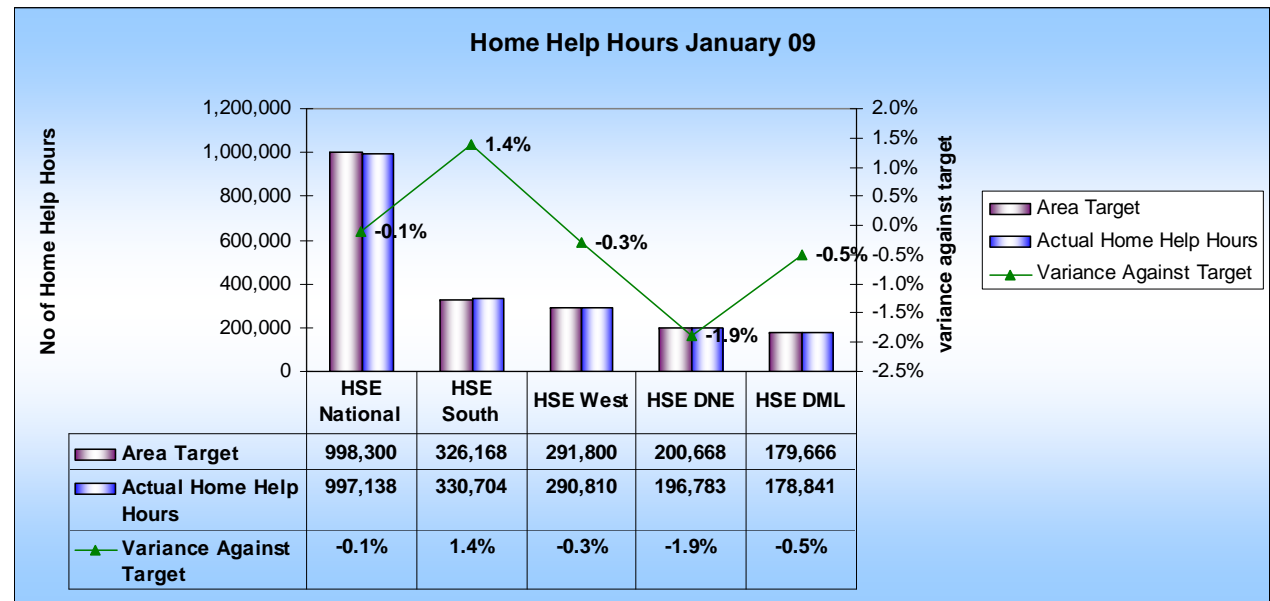
The number of children in foster care for January is 3,242 compared to 3,216 for the same period last year, a small increase of 1%.

There is an overall increase of 21.6% (203) in the number of children in 'other care/at home under a care order' when compared to the same period last year. This is in part accounted for by an increase in the South, where there has been a growth in the number of children who are currently under a care order but are actually living at home (94 in South compared to 49 for the same period last year). In the West there was a 20% drop from the same period last year (32 children compared to 40 children last year); DNE with 47 children demonstrated a 17% increase (40 children ) while DML with 30 children showed a 21% decrease over the same period last year (38 children).

**Older Persons**

**Home Care Packages:** Full returns were provided by 30 LHOs and December figures used for the remaining 2. At the end of January 2009 there were 8,925 clients in receipt of a Home Care Package. This is 2.6% above the expected level of delivery. This can be broken down into direct provision of 6,847 and cash grants of 2,078. The number of clients over 65 years was 8,318 (93.2%) of total clients. The number of new clients in January 09 was 260 compared to 298 in January 08.

**Home Help:** Full returns were provided by 30 LHOs and December figures were used for the remaining 2. In NSP 09 we have committed to providing 11.98m Home Help Hours which is approx 998,300 hours per month. At the end of January, 997,138 hours were provided. This is -0.1% below target. There were 54,314 clients in receipt of home help hours, or 0.3% below target of 54,500. (Note: since the publication of the December PMR, following validation, there has been a slight adjustment to end of year figure for Home Help of Hours reported as 12,631,062, which now stands at 12,643,676).



**Palliative Care**

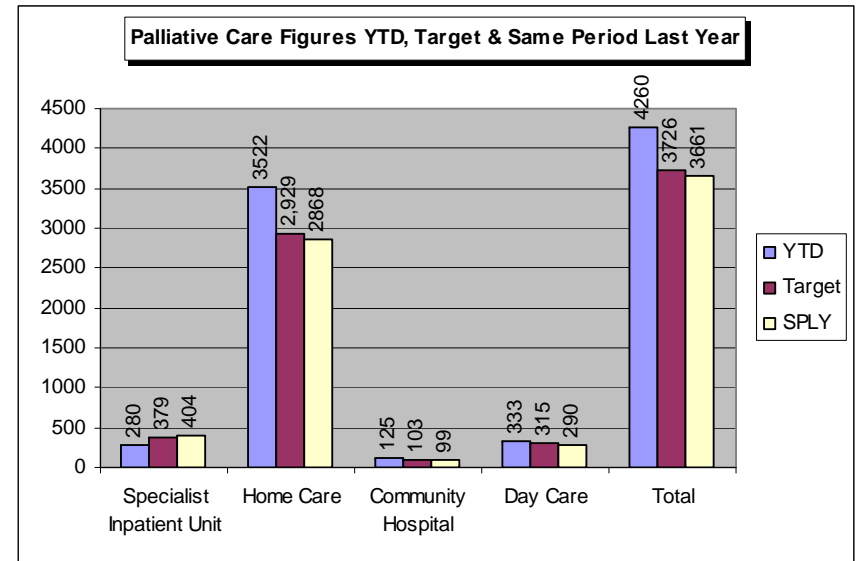
On 31<sup>st</sup> January the total number of patients accessing palliative care services, on the last day of the month, was 4,260. The majority of these patients were in receipt of home care services (3,522), accounting for 83% of the level of activity reported for the month. The number of patients in Specialist Inpatient Units (280) accounted for 7% of the total.

**Social Inclusion**

**Addiction Services:** On the 31<sup>st</sup> January 2009, the total number of clients in receipt of methadone treatment in HSE Areas was 7,600. This was -0.5% below the target figure of 7,636 for 2009 and is 10.9% greater than for the same period in 2008. The West exceeded their target by 7.9%, reflective of an increase in services available, resulting in an increase in the throughput of clients.

The number of clients treated in Prisons was 452, which was 26.1% below the target of 612. The number of clients treated by the Drug Treatment Centre Board was 533, which was 3.1% above the target of 517.

Nationally, in January, a total of 8,585 clients were treated, which was 2.1% below the target figure of 8,765.



## 3.2 Acute Hospital Services and Pre-Hospital Emergency Care

### Overview

The NHO achieved significant efficiencies in 2008 to achieve a break even position at year end. These efficiencies must be maintained and significant further efficiencies achieved in 2009 to deliver on 2009 service plan within the budget provided. The financial performance for January 09 indicates a budgetary over run of €18m. The budget for the NHO was adjusted downwards by €116m as part of the additional €200m of savings to be achieved. As measures to achieve this saving were not in place in January, this would account for €9.6m of the January deficit. There is also an element of the breakeven efforts of 2008 which impacted on January spending. The NHO is implementing all cost saving measures to achieve breakeven, including reduction in non-basic pay, reduction in bed numbers, reduction in workforce, maintaining activity at agree levels (activity exceeded target in January), and maximize value for money savings.

January HR returns reflect a variance from ceiling of 1,266 WTEs. It is important to understand the measures which contributed to the variance. The majority of the increase resulted from the reduction in the ceiling through a change in the how student nurses are calculated, other increases occurred as a result in the ambulance to eliminate overtime (148) and the instruction to increase WTEs to implement the 37.5 hour working week (160).

The NHO is committed to achieving financial break even while maximizing resources to maintain activity at service plan levels.

### Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,467	4,519	1.2%	30,134	28,123	7.1%
Southern HG	6,821	6,952	1.9%	46,249	44,563	3.8%
North Eastern HG	3,120	3,262	4.6%	24,339	23,465	3.7%
Dublin North HG	8,837	8,958	1.4%	68,780	65,980	4.2%
Western HG	7,934	8,252	4.0%	60,229	55,747	8.0%
Mid Western HG	3,272	3,257	-0.5%	21,962	20,962	4.8%
Dublin Midlands HG	7,959	8,185	2.8%	60,443	57,128	5.8%
Dublin South HG	8,478	8,696	2.6%	68,107	65,566	3.9%
Ambulance	1,305	1,431	9.6%	12,154	11,582	4.9%
VLR & Nat. Director Office				1,280	1,755	-27.0%
<b>NATIONAL TOTAL</b>	<b>52,244</b>	<b>53,510</b>	<b>2.4%</b>	<b>393,678</b>	<b>374,871</b>	<b>5.0%</b>

### NHO Finance Commentary

Year to date expenditure in the NHO was €393.7 million compared with a budget of €374.9 million – leading to a negative variance of €18.8 million.

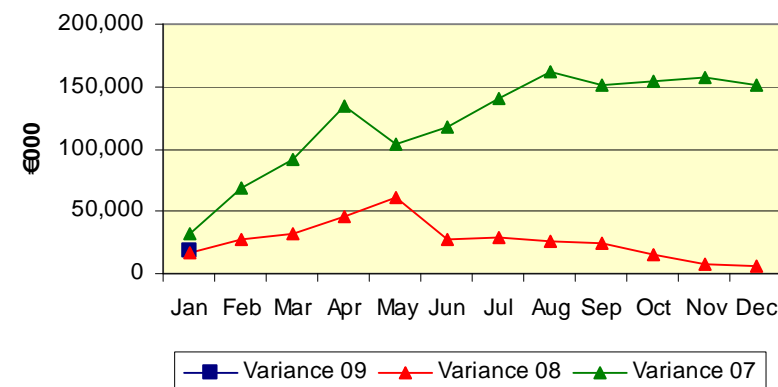
#### Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Mater Misericordiae University Hospital	240,490	21,491	20,000	1,491	7.5%
Sligo General Hospital	114,447	11,230	9,794	1,436	14.7%
St James's Hospital	369,851	31,898	30,612	1,286	4.2%
Mayo General Hospital	82,708	8,240	7,025	1,215	17.3%
Waterford Regional Hospital	147,376	13,860	12,680	1,180	9.3%

#### Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Our Lady's Hospital Navan	45,067	3,546	3,949	-403	-10.2%
Cappagh National Orthopaedic Hospital	30,000	2,524	2,674	-150	-5.6%
Royal Victoria Eye & Ear Hospital	23,914	1,960	1,993	-33	-1.7%
National Maternity Holles Street	49,699	4,116	4,142	-26	-0.6%

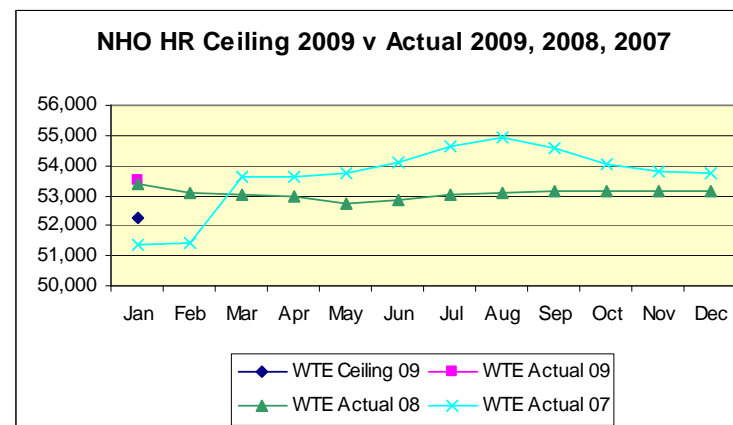
**NHO Expenditure - Variance Actual v Budget  
YTD 2009, 2008 and 2007**



### NHO HR Commentary

The NHO recorded an increase of 360 WTEs in January. The statutory hospitals increased by 224 WTEs and the Voluntary Hospital Sector increased by 137 WTEs. The following hospitals recorded the largest increases in employment in January and much of this can be accounted for by student nurse placements, where displacement of staff nurses has yet to be recorded (other than the National Ambulance Service).

Hospital	January increases	% increase in January	WTE Variance with ceiling	% variance to ceiling
Cork University Hospital	67	2%	17	0.52%
St. Vincent's Elm Park	45	1.8%	199	8.43%
Galway University Hospital	44	1.7%	137	5.67%
Mater Hospital	38	1.4%	111	4.32%
Kerry General Hospital	40	3.6%	102	10.8%
Ambulance Service – ECA	29	8.7%	143	65.18%



The NHO ceiling has been amended downwards in January to bring its ceiling into line with the net approved employment ceiling by which the Department measures ceiling compliance. NHO overall are now 1,266 WTEs (+2.42%) over their approved employment ceiling. When nursing numbers are displaced to offset student nurse placements, coupled to an adjustment in respect of Emergency Medical Technicians in the National Ambulance Service, there should be a significant impact on reducing the overrun on the NHO's approved employment ceiling. However it will still leave a sizeable challenge to further reduce employment levels in order to achieve compliance.

#### Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual Jan 2009	Growth from Previous Month	Variance from ceiling	% Var
Our Lady's Hospital Cashel	11.23	15	0	3	29.21%
Monaghan Hospital	227.90	261	-2	33	14.37%
Kerry General Hospital	944.00	1,046	40	102	10.80%
St Vincent's Hospital Elm Park	2,357.00	2556	45	199	8.43%
Cavan Hospital	715.30	768	1	53	7.43%
East Coast Ambulance Service	219.14	362	29	143	65.18%

(Based on the percentage variance from ceiling)

#### Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual Jan 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital	35.89	30	-1	-6	-15.88%
Orthopaedic Hospital Kilcreene	93.00	87	-5	-6	-5.92%
Connolly Hospital Blanchardstown	1,238.17	1,176	5	-63	-5.06%
Merlin Park University Hospital	672.03	650	9	-22	-3.26%
St Mary's Orthopaedic Hospital	225.44	221	-1	-5	-2.12%
Midland Ambulance Service	195.57	145	-1	-51	-26.00%

(Based on the percentage variance from ceiling)

NHO Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
<b>Inpatient Discharges</b>	<b>604,320</b>	<b>573,360</b>	<b>47,947</b>	<b>49,535</b>	<b>3.3%</b>	<b>47,947</b>	<b>49,535</b>	<b>3.3%</b>	<b>50,427</b>	<b>-1.8%</b>
South Eastern HG	69,570	66,580	5,647	5,880	4.1%	5,647	5,880	4.1%	5,901	-0.4%
Southern HG	84,209	79,720	6,627	6,848	3.3%	6,627	6,848	3.3%	6,896	-0.7%
North Eastern HG	49,576	46,730	4,138	4,076	-1.5%	4,138	4,076	-1.5%	4,278	-4.7%
Dublin North HG	72,610	69,370	5,728	5,823	1.7%	5,728	5,823	1.7%	6,000	-3.0%
Western HG	108,409	103,860	8,207	9,203	12.1%	8,207	9,203	12.1%	9,033	1.9%
Mid Western HG	46,418	45,300	3,980	3,982	0.1%	3,980	3,982	0.1%	4,079	-2.4%
Dublin Midlands HG	100,952	96,320	8,140	8,339	2.4%	8,140	8,339	2.4%	8,531	-2.3%
Dublin South HG	72,576	65,480	5,480	5,384	-1.8%	5,480	5,384	-1.8%	5,709	-5.7%
<b>Day Cases</b>	<b>637,140</b>	<b>647,000</b>	<b>54,167</b>	<b>52,029</b>	<b>-3.9%</b>	<b>54,167</b>	<b>52,029</b>	<b>-3.9%</b>	<b>53,234</b>	<b>-2.3%</b>
South Eastern HG	37,972	40,660	3,465	3,233	-6.7%	3,465	3,233	-6.7%	3,232	0.0%
Southern HG	99,162	98,720	8,231	8,055	-2.1%	8,231	8,055	-2.1%	8,242	-2.3%
North Eastern HG	30,026	30,900	2,534	2,267	-10.5%	2,534	2,267	-10.5%	2,447	-7.4%
Dublin North HG	93,024	94,480	8,067	7,750	-3.9%	8,067	7,750	-3.9%	7,933	-2.3%
Western HG	114,118	117,100	9,516	9,516	-0.6%	9,516	9,516	-0.6%	9,322	2.1%
Mid Western HG	35,272	35,980	3,038	2,952	-2.8%	3,038	2,952	-2.8%	2,959	-0.2%
Dublin Midlands HG	79,555	84,190	8,140	6,033	-18.6%	8,140	6,033	-18.6%	7,004	-13.9%
Dublin South HG	148,011	144,970	11,854	12,223	3.1%	11,854	12,223	3.1%	12,095	1.1%
<b>Emergency Presentations</b>	<b>1,207,534</b>	<b>1,223,000</b>	<b>103,871</b>	<b>93,000</b>	<b>-10.5%</b>	<b>103,871</b>	<b>93,000</b>	<b>-10.5%</b>	<b>97,396</b>	<b>-4.5%</b>
South Eastern HG	172,872	177,250	15,054	13,126	-12.8%	15,054	13,126	-12.8%	13,921	-5.7%
Southern HG	139,158	140,790	11,958	10,847	-9.3%	11,958	10,847	-9.3%	11,197	-3.1%
North Eastern HG	114,218	114,280	9,706	8,870	-8.6%	9,706	8,870	-8.6%	9,154	-3.1%
Dublin North HG	127,490	128,690	10,930	9,838	-10.0%	10,930	9,838	-10.0%	10,809	-9.0%
Western HG	195,504	200,660	17,042	15,597	-8.5%	17,042	15,597	-8.5%	15,372	1.5%
Mid Western HG	114,680	116,750	9,916	8,478	-14.5%	9,916	8,478	-14.5%	9,091	-6.7%
Dublin Midlands HG	216,151	215,900	18,337	16,366	-10.7%	18,337	16,366	-10.7%	17,509	-6.5%
Dublin South HG	127,461	128,680	10,929	9,878	-9.6%	10,929	9,878	-9.6%	10,343	-4.5%
<b>Emergency Admissions</b>	<b>368,341</b>	<b>367,000</b>	<b>31,170</b>	<b>31,761</b>	<b>1.9%</b>	<b>31,170</b>	<b>31,761</b>	<b>1.9%</b>	<b>31,788</b>	<b>-0.1%</b>
South Eastern HG	49,779	49,390	4,195	4,109	-2.0%	4,195	4,109	-2.0%	4,372	-6.0%
Southern HG	40,598	40,290	3,422	3,429	0.2%	3,422	3,429	0.2%	3,426	0.1%
North Eastern HG	36,343	36,050	3,062	3,035	-0.9%	3,062	3,035	-0.9%	3,041	-0.2%
Dublin North HG	36,945	37,690	3,201	3,307	3.3%	3,201	3,307	3.3%	3,290	0.5%
Western HG	83,202	82,580	7,014	7,511	7.1%	7,014	7,511	7.1%	6,969	7.8%
Mid Western HG	27,415	27,280	2,317	2,451	5.8%	2,317	2,451	5.8%	2,429	0.9%
Dublin Midlands HG	58,221	58,200	4,943	4,892	-1.0%	4,943	4,892	-1.0%	5,108	-4.2%
Dublin South HG	35,838	35,520	3,017	3,027	0.3%	3,017	3,027	0.3%	3,153	-4.0%
<b>Outpatient Attendances</b>	<b>3,271,665</b>	<b>3,233,000</b>	<b>279,011</b>	<b>274,087</b>	<b>-1.8%</b>	<b>279,011</b>	<b>274,087</b>	<b>-1.8%</b>	<b>281,510</b>	<b>-2.6%</b>
South Eastern HG	282,948	281,020	24,431	22,789	-6.7%	24,431	22,789	-6.7%	24,594	-7.3%
Southern HG	387,685	380,690	32,305	32,746	1.4%	32,305	32,746	1.4%	32,458	0.9%
North Eastern HG	255,652	247,880	21,488	20,088	-6.5%	21,488	20,088	-6.5%	22,302	-9.9%
Dublin North HG	538,127	536,530	46,421	46,335	-0.2%	46,421	46,335	-0.2%	46,575	-0.5%
Western HG	438,488	436,120	34,030	35,240	3.6%	34,030	35,240	3.6%	34,446	2.3%
Mid Western HG	186,112	183,880	16,791	15,828	-5.7%	16,791	15,828	-5.7%	16,992	-6.9%
Dublin Midlands HG	622,471	609,480	53,531	52,654	-1.6%	53,531	52,654	-1.6%	53,910	-2.3%
Dublin South HG	560,182	557,400	50,014	48,407	-3.2%	50,014	48,407	-3.2%	50,233	-3.6%

NHO Performance Activity	Outturn 2008	Target 2009	Performance this month			Performance YTD			Activity YTD last year	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
<b>Births</b>	<b>73,815</b>	<b>76,880</b>	<b>6,530</b>	<b>6,118</b>	<b>-6.3%</b>	<b>6,530</b>	<b>6,118</b>	<b>-6.3%</b>	<b>5,967</b>	<b>2.5%</b>
South Eastern HG	8,404	8,660	736	710	-3.5%	736	710	-3.5%	669	6.1%
Southern HG	10,652	10,830	920	927	0.8%	920	927	0.8%	850	9.1%
North Eastern HG	6,291	6,650	565	518	-8.3%	565	518	-8.3%	521	-0.6%
Dublin North HG	8,794	9,100	773	671	-13.2%	773	671	-13.2%	634	5.8%
Western HG	11,481	12,080	1,026	976	-4.9%	1,026	976	-4.9%	970	0.6%
Mid Western HG	5,396	5,500	467	479	2.5%	467	479	2.5%	412	16.3%
Dublin Midlands HG	13,653	14,560	1,237	1,126	-8.9%	1,237	1,126	-8.9%	1,133	-0.6%
Dublin South HG	9,144	9,500	807	711	-11.9%	807	711	-11.9%	778	-8.6%

## Analysis of Performance

NHO performance activity is reported at Network level in tabular format in this report, and detailed by hospital in the Supplementary PR. New elements of this section in 2009 are the number of caesarean sections and urgent access to colonoscopy. While the information on access to colonoscopy is not available this month, procedures are being put in place to report from February onwards.

### Context

Activity targets for 2009 have been set within the context of controlling elective workloads, conversion of further inpatient work to day case work and a focus on reducing patient length of stay. Thus, in the context of understanding NHO activity at the outset of 2009, it is important to note that activity targets were planned and agreed based on the following assumptions:

- Combined inpatient and day case activity levels planned for 2009 are 3% higher than the target set in 2008, with an emphasis on a further shift from inpatient to day case activity.
- Outpatient attendance target levels for 2009 are set significantly higher than 2008 and are in line with the outturn in 2008. All hospitals will be proactively increasing the number of new attendances within the overall attendance number and a specific target has been set for 2009 of a maximum new:return ratio of 1:2 for non-chronic specialities such as General Surgery, Orthopaedics and ENT.
- Emergency presentations and admissions are demand driven and not within the control of hospitals to limit. In 2009, emergency presentations and admissions are expected to be in line with 2008 levels
- In line with previous years, and having regard to census projections and hospital bookings, a further 4.2% increase in births is expected in 2009.

### Key data collection changes for 2009

- The Performance Monitoring Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
  - University Hospital Galway and Merlin Park University Hospital will now be combined and reported as Galway University Hospitals in 2009
  - The collection of consultant led outpatient activity at individual consultant level has been introduced as part of 2009 routine monitoring. The data is anonymised and will provide standard information on not only the numbers of attendances and DNAs, but also the number of clinics held, the time to next available appointments and number of new referrals accepted.
  - The collection of inpatient and day case referral information is also a new element being captured in 2009. This will enable the NHO to see how many patients are being referred as inpatients and day cases each month, thus getting an indication of how many new people are being added to waiting lists each month.
  - Patient Experience Time (PET) information has been available in a limited number of hospitals. In February 2009, the PMU will be initiating a sampling exercise across the remaining Emergency Departments (ED) to track the total patient experience time in ED. This will be in place until systems are able to produce the data automatically and will be used to report on the new ED Turnaround Time Performance Indicator.
  - The PMU will also be introducing a monitoring of radiology activity in acute hospitals and it is hoped that this will be rolled out to hospitals for reporting in early March 2009.

In 2009 the monthly targets for Inpatient Discharges, Day Cases and OPD attendances have been profiled using overall target for 2009 and applying the apportionment of 2008 activity by month to the 2009 targets. In previous years, the monthly and year to date targets were calculated by simply using the cumulative number of days elapsed year to date as a fraction of the total days in the year.

A similar profiling exercise is currently taking place in relation to Emergency Presentations, Emergency Admissions and Births and this will be available in next month's report.

#### **Inpatient and Day Case Activity**

January activity figures show inpatient discharges are 3.8% ahead of target, while day cases are 3.9% lower than target. There were variations across the Hospital Groups, with Dublin South Hospital Group the only one to show a decrease against inpatient target. All Hospital Groups show a decrease against day case target for January.

Against the same period last year, inpatient discharges are down 1.8% and day cases are 2.3% lower than the same period last year.

#### **Waiting lists (Hospitals reporting to NTPF)**

It should be noted that according to NTPF definitions, patients are not considered to be on the waiting list until they have been waiting for more than 3 months. Up to this point, arrangements for care could be taking place for a significant number of patients. Thus, the total number of people awaiting treatment is defined as the total number of patients waiting greater than 3 months. However, for completeness of information, and to enable the reader to consider trends, the number of recent referrals, which refers to those waiting less than 3 months, is also included in this report.

Our target is to ensure that children wait no longer than 3 months, and adults 6 months, to access treatment. There have been improvements on last year in the percentage of patients waiting longer than target times. In January, 60.6% of children were waiting more than 3 months and 25.9% of adults were waiting more than 6 months for inpatient treatment (down from 62% and 34.4% in 2008). For day cases, 61.4% of children (55.6% in 2008) and 18.4% of adults (30.6% in 2008) were waiting over the target waiting times.

In January, there were **9,409** inpatients and **10,724** day cases awaiting treatment in accordance with NTPF definitions. When recent referrals are included, there were 17,229 inpatients and 23,046 day cases awaiting treatment. The equivalent numbers were 17,910 inpatients and 25,063 day cases in January 2008. This represents a decrease of 6.3% on those waiting in January 2008. These statistics represent active waiting patients only (i.e. approximately 77% of all patients waiting) and exclude those patients prescheduled (those who have an appointment in next 3 months but still waiting) and suspended patients.

#### **Births / Gynaecology**

There is a 2.5% increase in births this year to date compared with the same period last year. Total births for 2009 are projected to be 4.2% higher than last year. The number of caesarean sections in January 2009 was 1,539, or 25% of total births, against a target of less than 20%.

#### **Outpatients**

In 2009 OPD targets have been set against actual 2008 outturn. OPD attendances are 3.9% below target at the end of January and 4.9% lower than last year's levels.

The target new:return ratio of 1:2 for non-chronic specialties will be reported on a quarterly basis during 2009.

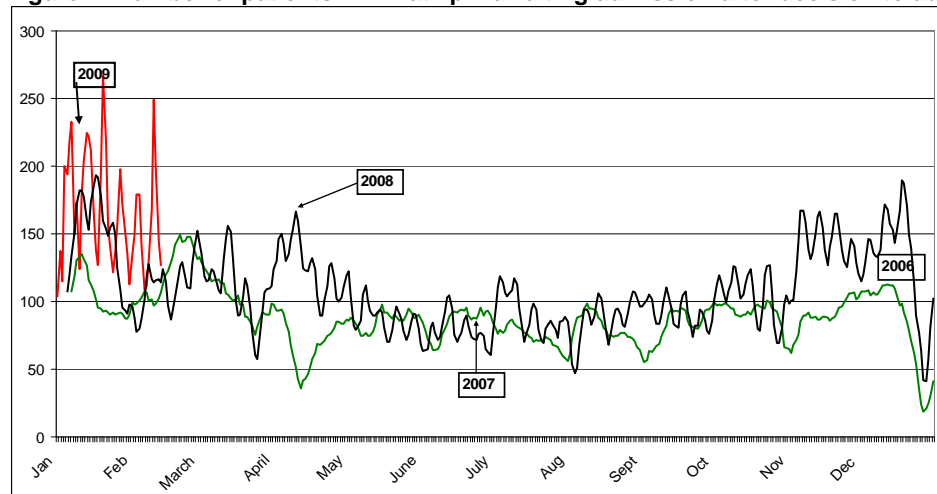
#### **Emergency Department (ED) Performance**

Compared to the same period in 2008, the number of persons awaiting admission (following a decision to admit) rose significantly from 4,430 to 5,341 in January. There were 2,722 occurrences of patients waiting greater than 12 hours for a bed compared to 1,943 in January 2008. Figure 1 maps the average number of persons awaiting admission between the years 2006 and 2009.

The number of emergency presentations to hospitals shows a decrease of 4.5% compared to the same period last year. This is the trend across all Hospital Groups. Anecdotal reports suggest that this is due in part to the increase in ED charges since 1<sup>st</sup> January, and that the drop in attendances was mainly in the lower triage categories, which would explain why the lower numbers did not result in reduced admissions. However, the following hospitals have shown growth in emergency presentations compared to January 2008; Clonmel, Mercy, Navan, Letterkenny, Mayo and Galway University Hospitals.

Emergency admissions are broadly in line with 2008 levels and are just 0.1% below the number reported in January 2008.

**Figure 1: Number of patients in ED at 2pm awaiting admission after decision to admit has been made (2007 to 2009)**



\*Period of March – May 2007 is the period of nursing dispute

**Delayed Discharges**

The number of Delayed Discharges in January is marginally higher than the levels reported in the same period in 2008 and the numbers have steadily grown week on week in 2008. Figure 2 shows the trend in the number of Delayed Discharges nationally.

**Ambulance**

Ambulance activity is broadly in line with the same period last year, with combined emergency and urgent calls showing only a fractional increase (0.2%).

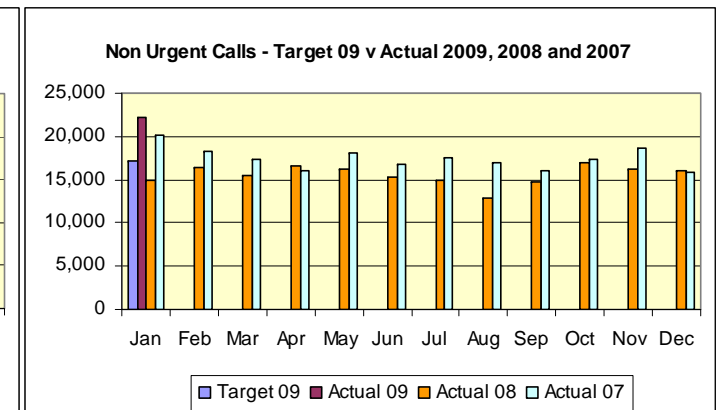
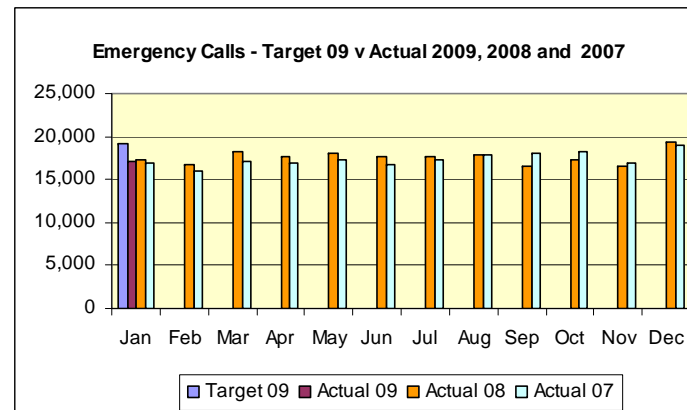
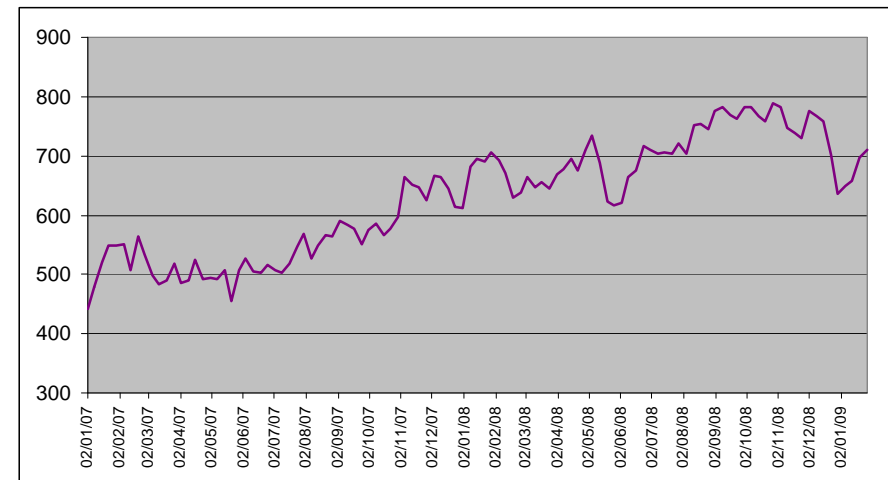
The apparent increase in non urgent calls is due to the inclusion this year of HSE minibus calls, which were previously recorded as community transport activity. When community transport and non urgent calls are combined, activity for January 09 shows a decrease of 2% compared to January 08.

A group was established in 2008 to review community transport. Pending the outcome of this review the current policy, whereby patients will only be provided with transport where there is an identified medical need that prevents or precludes the use of conventional transport, continues to operate.

Key factors influencing hospital performance in January were an exceptionally high level of influenza and norovirus (winter vomiting bug) and the increasing number of delayed discharges in acute hospitals.

As noted earlier, the patient experience time has only been available in a limited number of hospitals to date. In February 2009, the PMU will start to receive sample data from all remaining ED on the patient experience time. This data will be available for the February report and will be based on all discharges from EDs between 11.00 and 13.00 on a daily basis.

**Figure 2: Delayed Discharges Trend 2007 - 2009**



## Section 4 – New Service Developments

As explained in the introduction no sanction has been received from DoHC, at this point, to initiate these developments, therefore no reporting identified in this section for January.

Key Result Area	Deliverable 09	Progress in Reporting Period		
<b>PRIMARY CARE</b>				
<b>Immunisations</b>	Full year costs to support the recent extension of the New Primary Childhood immunisation (PCI) schedule (€18m funded in 2008 towards programmes with a full year cost of €30m)	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€12m	-	Q1–Q4	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period		
<b>MENTAL HEALTH</b>				
<b>Suicide Prevention</b> Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€100,000	-	Q1–Q4	<i>WTEs ytd:</i>
<b>Progressing Vision for Change</b>	Programme 'Your Mental Health' further developed targeting whole population and specifically young people	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€900,000	-	Q2	<i>WTEs ytd:</i>
<b>Progressing Vision for Change</b>	Involvement of service users in mental health services further developed (detail in the care group section)	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€500,000	-	Q2	<i>WTEs ytd:</i>
<b>Progressing Vision for Change</b>	Early intervention services for mental illness further developed(detail in the care group section)	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€250,000	-	Q2	<i>WTEs ytd:</i>
<b>Child and Adolescent</b>	Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€1.05m*	35	Q2	<i>WTEs ytd:</i>
<b>TOTAL</b>	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	<b>€2.8m</b> (€1.75m once off )	<b>35</b>	-	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period
<b>DISABILITY SERVICES</b>		
<b>Disabilities Assessment and Intervention Services</b>	Development and enhancement of assessment and intervention services to children of school going age with disabilities and recruitment of therapy posts to support implementation of the Disability Act . * Costs equivalent to 90 posts	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€7.2m*	90
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q3	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period
<b>OLDER PEOPLE SERVICES</b>		
<b>A Fair Deal and Associated Work</b>	In conjunction with the National Treatment Purchase Fund (NTPF) and DoHC, national implementation of the new nursing home support scheme - 'A Fair Deal', following approval by the Oireachtas	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€55m	-
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period
<b>NATIONAL CANCER CONTROL PROGRAMME</b>		
<b>Lung Cancer Services</b>	Access to lung cancer surgery in 4 of the centres improved	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€3m	22
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>
<b>Prostate Cancer Services</b>	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€3.4m	28
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>
<b>National centre for neurosurgical cancer</b>	National centre for neurosurgical cancer developed	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>
<b>National centre for complex head and neck, cancer</b>	National centre for complex head and neck cancer developed	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>
<b>National centre for pancreatic cancer</b>	National centre for pancreatic cancer developed	Awaiting sanction from DoHC to initiate development.
	<i>Funding</i>	<i>WTE</i>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q1–Q4	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period		
<b>Additional theatre</b>	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€1m	14	Q1–Q4	<i>WTEs ytd:</i>
<b>Community oncology</b>	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€1.53m	-	Q1–Q4	<i>WTEs ytd:</i>
<b>Additional Patient transport support</b>	Patient transport support scheme rolled out further.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€500,000	-	Q1–Q4	<i>WTEs ytd:</i>
<b>NPRO Capital development plan</b>	Phase 1 construction work continued in Beaumont and St. James's Hospitals	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€1.7m	12	Q1–Q4	<i>WTEs ytd:</i>
<b>Workforce Planning</b>	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€870,000	-	Q1–Q4	<i>WTEs ytd:</i>
<b>TOTAL</b>	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	<b>€15m</b>	<b>100</b>	-	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period		
<b>INNOVATION</b>				
<b>Innovation Funding</b>	Delivery of Innovation projects approved by Minister for Health and Children.	Awaiting sanction from DoHC to initiate development.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€21m	-	-	<i>WTEs ytd:</i>

## Section 5 – Quality and Safety

We are committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan. While quality is implicit and embedded in the delivery of all our services and is reflected in the deliverables we have set ourselves in NSP 09, this section focuses on some key organisational measures against which we will measure our progress in 2009.

As a health delivery organisation, working with our partners, we have developed and approved a *Quality and Risk Standard* which provides a framework for achieving excellence in clinical governance through implementation of an integrated quality and risk management system. The full implementation of the framework is a key priority in 2009 and implicitly underpins business plans for each area of the organisation. Having in place robust systems and processes to identify, manage, review and learn from incidents is an essential element of this framework and is key to building trust and confidence in our service.

Working with the Health Information and Quality Authority (HIQA), the implementation of the quality improvement plans to address the recommendations of both internal and external reports about our systems and services will remain a priority in 2009, as will our commitment to focusing on specific clinical safety issues such as reducing health care acquired infections (HCAI). NSP 09 reiterates our commitment to the development of a robust system of quality and risk management that is embedded in our overall management process, in all areas of our operations.

### What we will measure

Systems are currently being put in place to ensure that we will report in subsequent Performance Reports against a range of measures. These will include reporting against the following on either a monthly or a quarterly basis:

- Quality and Risk Framework including the Quality and Risk Management Standard; this will include reporting against the status on numbers / % of hospitals and LHOs who have completed self-assessments and developed associated action plans;
- Serious incident management reporting;
- Commission on Patient Safety and Quality;
- Quality Improvement Plans;
- Risk Registers: the numbers and % of hospitals / LHOs with registers;
- Delivering on a programme of audit including Health Care Audit. A range of measures are being identified including indicators of progress on hygiene in both hospital and community facilities;

In ensuring we continue to support consumer care, we will report against the following measures:

- Complaints
- Implementing the National Strategy for User Involvement
- Undertaking repeat customer satisfaction surveys
- Promoting service user participation through the use of consumer panels, questionnaires, etc, and
- Freedom of Information, data protection, statutory and non-statutory appeals.

# Section 6 – Specific Service Theme on Obesity

## Introduction

Obesity is defined as an unhealthy excess of body fat, which increases the risk of medical illness and premature mortality (Villareal et al, 2005<sup>1</sup>). Being overweight or obese contributes significantly to the impairment of health, reduction in the quality of life and increased health care costs. Emerging statistics demand immediate action through integrated, multidisciplinary working at strategic, policy, governmental, community and individual levels. A total of 23% of Irish adults are reported to be obese, with 38% overweight according to the SLAN 2007<sup>2</sup> survey. The prevalence of overweight and obesity among Irish children is also considerable. In 2005 the National Children’s Survey measured weight and height in 5-12 year olds and found the prevalence of overweight to be 11% in Irish boys and 12% in Irish girls; the prevalence of obesity was 9% in boys and 13% in girls (IUNA, 2005<sup>3</sup>). A study of 450, 13 -17 year olds in Irish secondary schools found that since 1990, the prevalence of overweight and obesity has increased from 6% to 19% in boys and from 15% to 17% in girls (IUNA, 2007<sup>4</sup>).

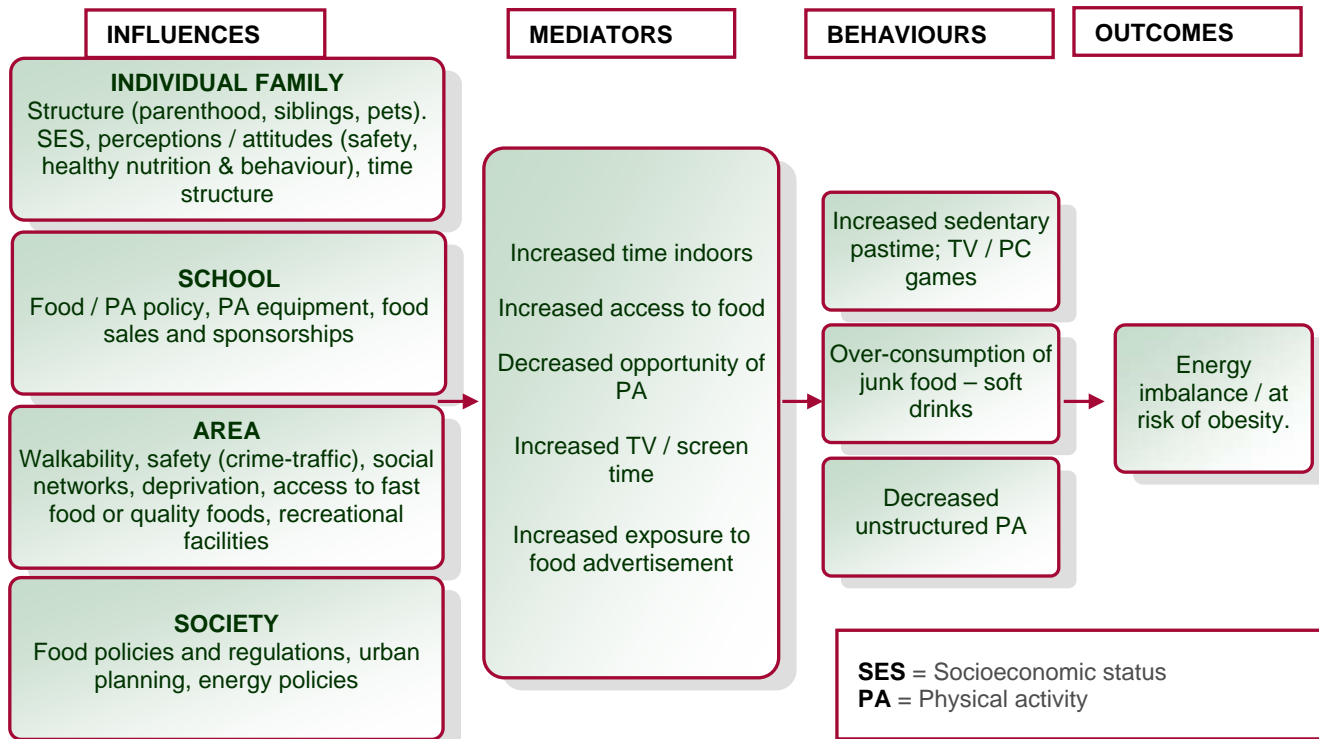
## Environmental Impact

Our living and working environments often make unhealthy choices very accessible, resulting in a high intake of energy dense foods and in decreased physical activity. This environment was termed obesogenic by the World health Organisation in 1998. Food commercialism, technology, urban and socioeconomic development are contributing to the creation of this obesogenic environment which nurtures over-eating and inactive lifestyles.

## What actions are we taking?

A Framework for Action on Obesity, has been developed by the HSE National Steering Group on Obesity as part of the HSE Transformation Programme. The development of this framework for action is timely as the Minister of State for Health Promotion and Food Safety, Ms Mary Wallace T.D. has recently established an inter-sectoral group to oversee the implementation of the Task Force recommendations. The HSE is working with the DOHC to support this work.

**Figure 1: Simplified multi-level approach to the study of environmental influences on obesity**



Source: Figure 1 pg 38 Maziak W, Ward K.D., Stockton M.B. Childhood obesity: are we missing the big picture? Obesity reviews 2008, 9,35-42.

**What are the targets?**

To halt the rise in overweight and obesity by adopting a population health approach, one, which addresses the broader determinants of obesity and actively seeks to reduce health inequalities. The framework for action on obesity sets out the target areas for the HSE for the next five years.

**Economic considerations**

Approximately 80% of GP consultations and 60% of hospital bed days are related to chronic illnesses and their complications, many of which are caused by, or exacerbated by, overweight and obesity. Bariatric surgery, considered the last management option for the morbidly obese, is estimated to cost approximately €30,200 per gastric bypass procedure and €20 - €22,000 for gastric banding in 2008.

**Repercussions of overweight and obesity**

It is also well documented that obesity is a precursor of many chronic illnesses, accounting for 30-40% of cancers, is associated with late life dementia and accounts for 80% of the dramatic rise in type 2 diabetes.

**How are we doing?**

Since 2007, the following progress has taken place (with many programmes continuing to be implemented) and is outlined below under each of the five strategic priorities of the HSE Framework for Action on Obesity.

**1. To enhance effectiveness in surveillance, research, monitoring and evaluation of obesity.**

- The first WHO European Childhood Growth Surveillance Initiative, measuring weight, height and waist circumference in a national sample of 7 year old school children, was completed in 2008. 2,425 children (1,263 boys and 1,373 girls), from 163 schools were measured. This will support the development of a national database of height and weight.
- Equipment has been provided for primary care practitioners, in line with best practice, for measuring height and weight in adults and children.
- Training has been provided, and is ongoing to health professionals in the use of equipment for anthropometric measurements.

*Research with external partners*

- Marketing of foods to children (IHF)
- Determinants of childhood obesity (IUNA)
- Review of the National Guidelines for Community Based Practitioners on the Prevention and management of overweight and obesity.
- NNSC Position Paper on the national Taskforce on Obesity – Where is Ireland at?

**2. To develop a quality uniform approach to the detection and management of obesity.**

- Funding was provided to Loughlinstown, Cork, Crumlin and Galway for tertiary hospital services. To date the only dedicated obesity centre is in St. Colmcille's Hospital in Loughlinstown. A review of best practice has been completed into the provision of surgery for morbidly obese clients.
- Clinical dietetic services continue to be provided to address overweight and obesity in the primary care and hospital settings.
- An obesity management programme for overweight children 6 – 12 years, "Activity, Confidence and Eating" (ACE) was developed and evaluated in HSE Dublin Mid Leinster.
- A programme has been developed to manage morbidly obese clients in the Primary Care setting in Dublin North East.

**3. To develop our capacity in preventing overweight and obesity and to promote health.**

Health Promotion has delivered a number of health promotion programmes in nutrition, health promotion and physical activity in a variety of settings throughout the country. A key priority is to build capacity among HSE staff to prevent overweight and obesity through integration of health promotion into all core work. Health Promotion has also provided training in Schools (SPHE), Pre-schools (Smart Start), workplace (Healthy Policy development & programme delivery – Nutrition & Physical Activity), Primary Care (G.P. Exercise Referral programme) and Prisons (Healthy Catering & Being Well) to build capacity in health promotion among other sectors.

The following projects have been, and continue to be, implemented:

- A partnership has been entered into with Crosscare to support the food poverty programme “Healthy Food for All”.
- Working in partnership with the European Network of Health Promotion-Move Europe re engaging workplaces in workplace health promotion.
- Working in partnership with the Irish Heart Foundation (IHF) to deliver Physical Activity programmes in schools and workplace (physical activity and nutrition programmes) e.g. Happy Heart at Work Award, Happy Heart Catering Award, Action for Life Programme in primary schools.
- Peer led food poverty programmes such as “Healthy Food Made Easy” and “Cook It” were delivered across the four HSE Areas as per their business plans.
- Working in partnership with the Dept of Education & Science re Joint Management of Social, Personal and Health Education (SPHE) and Health Promoting Schools.
- Organic community gardens and co-ops have been set up in Rapid areas and in some schools. A National implementation committee on breastfeeding has been established with a number of key areas being progressed. Key priorities are currently being implemented.
- National Guidelines have been developed and are being implemented on the prevention and management of childhood overweight and obesity.
- Working in partnership with the Irish Sports Council re joint strategic planning on physical activity, input into participation strategy and joint funding of and input into physical activity programmes with Local Sports Partnerships at community level.
- Working in partnership with the Community Games (CG) in developing it as a health promoting organisation. Some examples include a Healthy Catering Policy for all CG events, a Substance Use Policy and Guidelines for Healthy Events. It recently received a silver award from the National Youth Health Programme. 200 free places were provided at the Mosney May Week-end for disadvantaged children to encourage participation in physical activity.
- Working with the National Youth Council to support youth organisations (out of school youth) to deliver health promotion programmes.

The following annual **Performance Indicators (P.I. s)** were recorded as at 30<sup>th</sup> September 2008: 4,360 hours of training and support, mainly in nutrition and physical activity, were given to HSE staff, community groups, teachers, health professionals and prison staff. 3,191 persons from the community and voluntary sector received training with the aim of providing health promotion programmes targeting lower socio-economic groups. 1,261 hours of training were given to primary school teachers on SPHE. 269 worksites were assisted in Workplace Health Promotion in both the Public and Private Sectors.

#### 4. To communicate our messages on obesity effectively

- **National Media Campaign**

“Little Steps Go a Long Way” media campaign commenced in June 2008. This campaign was developed by the HSE and Safefood, in collaboration with the Health Promotion Agency of Northern Ireland.

- **Obesity Conference and Surveillance Symposium**

The North South Obesity Conference and Surveillance Symposium took place in Belfast in November 2008. It provided an update on international best practice and addressed partnership approaches to the prevention of obesity.

- **Provision of Information / Resources**

Continued to provide an information/resources service on physical activity/nutrition to schools, workplaces, community organisations, Health Centres, GPs etc via Health Promotion Departments and arranged re-printing of national health promotion resources based on demand. Contributed to radio and TV interviews and media articles/updates to raise awareness of overweight and obesity and to highlight the work the HSE has done in this area.

#### 5. To proactively engage and support the work of other sectors in addressing the determinants of obesity and the obesogenic environment

Including the work with other sectors already outlined above the following additional work has been completed or is ongoing:

- Working with the DOHC Health Promotion Policy Unit to progress health promotion priorities nationally. Participating in the recently formed Intersectoral Group, chaired by Ms. Mary Wallace, Minister of State for Health Promotion and Food Safety, to progress the recommendations of the National Taskforce on Obesity, which are outside the remit of the HSE.
- Continue to partner Local Authorities in progressing the WHO Healthy Cities projects in Galway and Dublin and the WHO Healthy Stadia Pilot Project in Galway.
- Working with the National Heart Alliance in the development of an advocacy report on Physical Activity and the Built Environment.
- Supporting the Diabetes Federation of Ireland to raise awareness on prevention of diabetes and health promotion projects in workplaces, community and schools.

**Priority developments for 2009**

1. Build capacity in health promotion in the HSE through the provision of training for staff and support development of an integrated health promoting health service.
2. Support the development of needs assessments in primary care.
3. Deliver health promotion programmes across all settings based on need – schools, pre-schools, workplace, primary care, hospitals and prisons.
4. Complete the national physical activity guidelines in early 2009 and develop an accompanying action plan to implement the guidelines in consultation with key stakeholders.
5. Roll out national physical activity programmes with the sports council and local sports partnerships.
6. Progress the “Little Steps” campaign and strengthen the physical activity component.
7. Work with other sectors to address the marketing of unhealthy foods to children.
8. Partner the public and private sector in developing workplace health promotion in line with the Move Europe model which focuses on smoking prevention, healthy eating, promotion of exercise and mental health (stress) initiatives. To date, 12 Irish companies have come through the initial stages of the process.
9. Initiate the development of a National pre-school programme, to include physical activity and nutrition in pre-school settings.
10. Represent the HSE on the Intersectoral Group.
11. Work with other government departments and sectors to progress implementation of the recommendations contained in “Physical Activity and the Built Environment” (Heart Alliance).
12. Work with local authorities to include Health Impact Assessments (HIAs) as part of the planning process to address the obesogenic environment.
13. Support the completion of National Healthy Eating Guidelines with key stakeholders – FSAI, HSE, DOHC, INDI and the academic sector.
14. Identify how best to progress the development of a national database of growth monitoring and explore the feasibility of participation in the WHO – European Childhood Growth Surveillance Project.

**N.B.** These key initiatives are included in a list of 63 actions assigned to the phase 2 implementation. This list also contains a number of actions, which are ongoing, being implemented on a rolling basis spanning all three phases of implementation.

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# Appendix 1 – Vote Data

## Vote 40 - HSE – Vote Expenditure Return at 28<sup>th</sup> February 2009<sup>1</sup>

(as at 5<sup>th</sup> March 2009)

### 1. Vote Revenue Position at 28<sup>th</sup> February 2009 – Based on Budget Day Allocation

The table below is based on the allocation announced on Budget Day. As confirmed by the Department of Health & Children we are required to report against this figure.

Vote	Budget Day Estimate	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over (Under) €000
Gross Current Expenditure	14,791,461	1,160,267	1,176,159	15,892	2,619,874	2,635,336	15,462
Gross Capital Expenditure	464,986	43,210	42,134	-1,076	123,373	124,124	751
<b>Total Gross Vote Expenditure</b>	<b>15,256,447</b>	<b>1,203,477</b>	<b>1,218,293</b>	<b>14,816</b>	<b>2,743,247</b>	<b>2,759,460</b>	<b>16,213</b>
<b>Appropriations-in-Aid</b>							
- Receipts collected by HSE	-698,000	-53,246	-48,443	4,803	-106,422	-99,052	7,370
- Other Receipts	-1,774,275	-123,376	-131,282	-7,906	-238,737	-216,305	22,432
<b>- Total</b>	<b>-2,472,275</b>	<b>-176,622</b>	<b>-179,725</b>	<b>-3,103</b>	<b>-345,159</b>	<b>-315,357</b>	<b>29,802</b>
<b>Net Expenditure</b>	<b>12,784,172</b>	<b>1,026,855</b>	<b>1,038,568</b>	<b>11,714</b>	<b>2,398,088</b>	<b>2,444,103</b>	<b>46,016</b>

Gross current expenditure is €15m over profile (was on profile in January). The underlying gross vote position is a deficit of €60m at the end of February. The underlying net vote position is a deficit of €91m at the end of February. The table above is based upon the original profile signed off in the first week in January and does not reflect changes since this time. This will be revised when the Revised Estimates Volume is published.

Appropriations-in-Aid<sup>2</sup> are under profile by €30m (€33m in January).

Gross Capital expenditure is over profile by €1m (on profile in January).

The vote position is reflective of the issues facing the HSE which have been presented to both the Department of Health and Finance. The HSE has already undertaken action to deliver €250m in savings and an additional €133m as set out in recent reports to the Department. The HSE is being impacted by the downturn in the economy as demand for community drug schemes grows and the tax base erodes. The HSE has flagged a number of additional issues which are impacting upon its finances including a projected shortfall in Health Levy (estimated at €135m based upon February data), cost of increase in demand for Medical Cards €100m, higher numbers accepting new Consultants Contract (85% uptake) €30m, Increasing costs relating to the Long-stay Repayments Scheme €67m and contribution to Government's €140m Administrative Efficiencies €56m. The HSE is committed to taking action based upon advices from Government to address these emerging issues.

<sup>1</sup> Monthly Return is due 5<sup>th</sup> working day of each month e.g. Feb 09 due 6<sup>th</sup> March 09. All information is due to Vote and Treasury on 3<sup>rd</sup> working day of each month.

<sup>2</sup> Revenue and Capital Appropriations-in-Aid.

## 2. Capital

### Construction (Subhead C.1.)

Cash drawdown and issue is in line with profile. The reduction in the 2009 capital allocation was announced late in 2008 and there were many contracts under construction at this time. The effect of the reduction in the allocation will impact in the latter half of 2009 as the volume and overall cost of projects under construction at the start of the year begins to reduce.

### ICT (Subhead C.3.)

Cash drawdown and issue is in line with profile.

### Capital Profile

The most recent announced reduction in the capital allocation will necessitate a review and restatement of the profile. The requirement that no contractual commitments be entered into without the prior approval of the Department of Finance has introduced a level of uncertainty which will impact on our ability to accurately forecast our monthly cash flow requirements in the second half of the year.

## 3. Emerging Issues by Vote Subhead<sup>3</sup> at end February 2009

- Receipts from the Social Insurance Fund are under profile by €22m due to a decrease in revenue receipts (€30m in January). This has been raised with the Department of Health & Children. It is likely that the shortfall for 2009 will be in the region of at least €100m based upon estimates by the Department of Finance using January data. However, until instructed otherwise the Budget Day estimate must be used.
- The Long Stay Special Account is over profile by €8m due to an increase in the average level of payment. It has been estimated that an additional €67m will be required over and above the €23m already allocated for this scheme. €20m of this additional funding relates to the appeals process set up in legislation.
- Receipts from the Pension Levy from March 2009 are profiled at €383m for the period March to December 2009, but it will be mid year before developing trends can be analysed.

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<sup>3</sup> Source – Monthly Vote Returns; Responsibility – Vote and Treasury.

## Vote 40 - HSE – Vote Expenditure Return at 31<sup>st</sup> January 2009

### Revenue Position at 31<sup>st</sup> January 2009

Vote	Estimate Allocation €000	Monthly Profile €000	Actual Outturn €000	Over / (Under) €000
Gross Current Expenditure	14,777,526	1,458,460	1,459,177	717
Gross Capital Expenditure	464,986	82,080	81,990	-90
<b>Total Gross Vote Expenditure</b>	<b>15,242,512</b>	<b>1,540,540</b>	<b>1,541,167</b>	<b>627</b>
<b>Appropriations-in-Aid</b>				
- Receipts collected by HSE	698,000	53,176	50,609	-2,567
- Other Receipts	1,774,275	115,361	85,023	-30,338
<b>- Total</b>	<b>2,472,275</b>	<b>168,537</b>	<b>135,632</b>	<b>-32,905</b>
<b>Net Expenditure</b>	<b>12,770,237</b>	<b>1,372,003</b>	<b>1,405,535</b>	<b>33,532</b>

### General Commentary

The January profile is prepared on the basis that it reflects actual expenditure in January.

The HSE has commenced a range of actions as set out in the Service Plan 2009 with a view to achieving a balanced vote and delivering upon the Service Plan commitments in service terms. The emphasis of these actions is to contain and reduce costs while seeking to maintain services at 2008 levels. Internally the HSE has adjusted budgets to the extent of €626m. This includes making provision of €273m for VFM and saving targets, €204m of internal transfers primarily to fund the outturn for community schemes and pensions from 2008 and a further €200m to cover the emerging risks set out in the Service Plan and flagged below.

These emerging risks relate to paying arrears relating to the Hickey judgement €35m, the over 70s issue €70m and paying the higher wholesale margin €100m. Additionally a contingency plan is being prepared to address the likely growth in community schemes in 2009.

We are undertaking an assessment of the implications of recent government decisions upon the HSE plans in both industrial relations and financial terms. Successful delivery of the Service Plan as set out is dependent upon significant co-operation with health staff the group of health unions. We will continue to engage with the Department of Health in this regard.

Gross current expenditure is on profile.

Appropriations-in-Aid are behind profile by €33m.

Gross Capital expenditure is on profile.