



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report

June 2009

14th August, 2009

Contents

- Introduction ii
- Balanced Scorecard Against NSP 09 1
- Section 1 – Key Performance Summary 2
- Section 2 – VFM 8
- Section 3 – Service Delivery 10
 - 3.1 Primary, Community and Continuing Care 10
 - 3.2 Acute Hospital Services and Pre-Hospital Emergency Care 20
- Section 4 – New Service Developments 31
- Section 5 – Quality and Safety 34
- Section 6 – Specific Service Theme on Child and Adolescent Mental Health Teams 39
- Section 7 – Healthstat – Update at Q2 2009 43

- Appendix 1 – Vote Data 45

Introduction

The HSE Performance Reports for 2009 address the reporting requirements for the organisation to monitor progress against our objectives and commitments in the National Service Plan (NSP) 2009. The report also complies with the reporting requirements to the Minister for Health and Children, as outlined under the Health Act 2004.

Each month two reports are 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 Department of Health and Children (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.

Therefore this month, the June Supplementary Report demonstrates half year progress against NSP 09. For completeness it should be read in conjunction with this Performance Report.

Section 10(2) Information

Additional reporting under Section 10(2) of the Health Act 2004 was requested for 2009. Some of these require additional collection / data definitions / reporting systems to be established.

- Urgent access to colonoscopy – The results of a retrospective audit were reported in last months (May) PR. An active programme is ongoing to prioritise patients waiting for urgent colonoscopies in order to meet the 4 week target. It is anticipated that another once off audit will be conducted in September and reported in October. The programme is working to agree criteria for the prioritisation of urgent cases.
- Advertising, PR and Consultancy are reported within the VFM section of this report (see pages 8).
- Aids and Appliances – reported on page 4.
- Patient Safety and Hospital Hygiene - A detailed section has been included against specific patient safety and hospital hygiene measures (see pages 34-38).
- 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 developed. All hospitals are continuing to put in place information gathering mechanisms to collect public activity related to OPDs and diagnostics. Where relevant, information collection mechanisms for private activity for similar services are being implemented. Since October 08, hospitals have been issuing reports to consultants on their individual public / private mix as compared to their contractual levels. Formal monitoring of performance has commenced and it is anticipated that reporting will commence in the July or August PRs.

New Service Developments

Section 4 of the PR outlines New Service Developments. Following sanction to proceed (received 15th June), a brief update has been included in this months reports. New Service Development funding has been allocated as follows:

- NCCP - €15m
- Innovation - €21m (Ministerial approval to proceed with specific projects suggested by the HSE is expected in July)
- Older People - €55m
- Disabilities - €7.2m
- Mental Health - €2.8m
- Immunisation - €12m

Balanced Scorecard against NSP 09

Operations

PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Primary Care					
No. of PCTs	93	210	120	---	---
No. of PCTs in development	0	100	88	---	---
Community (Demand Led) Schemes					
No. of persons covered by medical cards	1,352,120	1,387,976	1,413,299	2%	1,312,293
Older People					
Total Home Help Hours provided	12,643,677	5,989,800	5,953,219	-0.6%	6,207,221
Persons in receipt of Home Care Packages	8,990	8,700	8,728	0.3%	8,756
National Hospitals Office					
Inpatient	604,320	287,855	298,329	3.6%	300,994
Day case	637,140	324,871	329,760	1.5%	315,558
Births	73,815	38,124	36,551	-4.1%	36,194

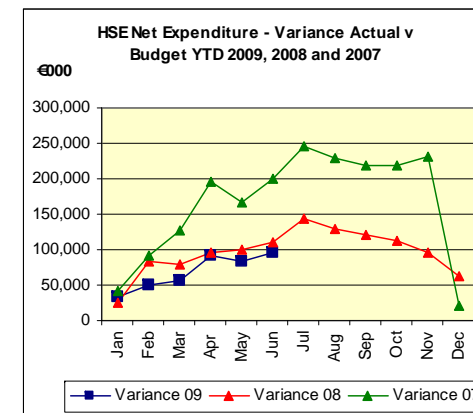
	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5	6.5	6.4	6.4	6.3	6.3						

Human Resources

	Ceiling at 01/07/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 30/06/2009	% of Approved Ceiling	Actual June 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-498	52,320	46.80%	53,248	-159	928	1.77%
Voluntary	22,721	-254	22,467	20.10%	22,783	-69	315	1.40%
Statutory	30,097	-244	29,853	26.70%	30,465	-90	612	2.05%
PCCC	54,677	57	54,734	48.96%	53,545	-10	-1,190	-2.17%
Voluntary	14,891	290	15,181	13.58%	15,187	81	6	0.04%
Statutory	39,786	-233	39,553	35.38%	38,358	-91	-1,195	-3.02%
Population Health	533	407	940	0.84%	953	4	13	1.41%
Corporate (incl subsumed agencies)	3,477	-80	3,397	3.04%	3,315	-13	-82	-2.42%
Portion of ceiling to be allocated*	0	409	409	0.37%	0		-409	-100.0%
Total	111,505	296	111,800	100.00%	111,061	-179	-739	-0.66%

Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,483,036	2,272,437	2,230,545	41,893	1.9%
PCCC	8,222,194	4,104,715	4,095,769	8,946	0.2%
NSS	27,586	13,403	13,020	383	2.9%
Corporate	490,637	292,325	252,704	39,621	15.7%
Population Health	157,840	77,952	78,307	-355	-0.5%
Health Repayment Scheme	36,000	41,489	36,000	5,489	15.2%
Development & Technical Resources	138,306	0	0	0	---
Total	13,555,601	6,802,320	6,706,345	95,976	1.4%



Quality

Measure	Target 09 ytd	Actual ytd	% variance Actual v Target ytd
Symptomatic Breast Cancer Services			
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals	5,045 (100%)	4,128 (81.8%)	917(18.2%)
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service.	0 (0%)	2,083 (21.3%)	100%
Ambulance			
No. and % of emergency ambulance calls responded to within 26 minutes	86%	84,311 (83.2%)	-3.2%
Corporate			
No. of FOI requests received.	---	2,519	---
Total number of complaints received.	---	4,051	---
No. of complaints finalised within 30 working days	---	*3,323	---

* Refers to the numbers finalised ytd but this cannot be directly related to the number of complaints received ytd due to the rolling timeframe.

Section 1 – Key Performance Summary

HSE Overview

Summary and Management Actions

The Reported deficit as at 30th June 2009 is €95.5m. The deficit includes €10.2m relating to voluntary bodies which the HSE is not in a position to fund. HSE is substantially attaining its service targets for the year to date.

There has been a reduction of 179 WTEs during June, building on the reduction of 128 in April and 403 in May which means that we are 739 WTEs under our approved 2009 ceiling.

Key actions required in light of the results to the end of June include the following:

1. Continued strong focus on meeting budget targets. The West / North West and Midwest networks are concerns in this regard as they are responsible for €27m of the overall deficit.
2. Continue to address our payroll costs through implementing the measures in relation to temporary staff and reduction of non-basic pay.
3. Finalise the ongoing discussions with the DOHC on the difficulties in the capital budget year end projections, in light of the need for approval of a revised capital plan and no new capital contractual obligations since February 2009.
4. Continue to monitor the costs associated with the Swine Flu (H1N1) and report in the context of the letter of sanction on this item.

Pension costs are showing a deficit of €40m at the end of June. Barring clarification to the contrary, the HSE will require to take measures to meet this emerging shortfall which was not foreseen at the start of the year.

Year end projected position

The July vote is showing a deficit of €149m in gross expenditure. A full year projection of gross deficit using July data indicates a potential deficit of €250m. Actions to address this projected shortfall are being considered.

There is a significant shortfall in Appropriations in Aid at 31st July of €217m. This relates primarily to the delay in receipt of monies for the Health Levy. We are following up with the Department of Social Community and family Affairs. There are a number of key risks in Appropriations in Aid to year end including the Health Levy, pension levy receipts and UK receipts. The scale of any issues will not be determinable until closer to the year end.

Capital

The July vote report is showing a capital deficit of €34.7m. As a result of the reduced capital funding all capital commitments have been reviewed. All non-contracted projects will not be proceeding. Only costs associated with projects for which the HSE is contractually committed will continue. Notwithstanding this, it is currently estimated that this will give rise to an overrun on the 2009 capital budget by approximately €40-50m. The HSE is engaging with the DoHC around options to deliver a capital Vote.

Swine Flu A (H1N1)

The HSE, along with many other countries, has moved from containment to mitigation of the flu pandemic. This means that the measures we had in place to contain the outbreak are no longer considered a realistic use of resources and we have moved to concentrating on the management of the care of those who become infected. We are no longer laboratory testing cases and are managing patients based on clinical diagnosis.

As anticipated the numbers of cases are beginning to increase fairly rapidly and a number of people have required hospitalisation. However, for the vast majority the virus remains no worse than seasonal flu and most can stay at home to recover without having to consult with a General Practitioner and without the need to take any antiviral medication. We have put in place the protocols for the management of patients who have severe illness or who belong to one of the risk groups identified by the Expert group. The groups experiencing the most severe disease are those in specific risk groups with chronic underlying medical conditions, pregnant woman and young children (especially under two years of age).

Planning progress

We are now in response stage 2 and are responding to the growing numbers of cases arising in Ireland. This stage of response requires a significant logistical effort and this is being coordinated nationally by the National Crisis Management Team. Already, GPs and hospitals are beginning to report growing activity. In particular GPs are beginning to be contacted by large numbers of people concerned that they may have the pandemic flu. We expect this pressure on the health system to continue to grow in the coming weeks and months. Our planning effort is now focussed on putting in place the additional response measures planned for our stage 3 response. These stage 3 response measures will be required at a point in time when GPs and hospitals are coming under enormous pressures due to numbers of patients presenting. The main elements of this additional response stage are:

Mass Vaccination

The planning for mass vaccination of the population continues. While awaiting confirmation of the delivery schedule for vaccines ordered, we are proceeding to plan on the bases of a need to commence the vaccination programme in early October. The staffing and logistics involved in vaccination of the population is considerable and will require the redeployment of thousands of staff from other duties. This will require the suspension of other activities as redeployment is put into effect.

Flu Clinic/Telephone Hotline and Web based support tool

As numbers of cases increase we may need to put in place additional measures to protect and support GPs and hospitals. Flu clinics are a new health care settings to which patients would be referred for assessment and antiviral dispensing as appropriate. A telephone Hotline and Web based support tool is being designed to offer a less labour intensive support to the public if required. We will be ready to activate either option as circumstance dictate in the coming months.

Stockpiling of essential items

The adequacy of our National Stockpile of essential items is being constantly reviewed in the light of our growing knowledge and understanding of the threat posed by this virus and by trends in usage of these items.

Preparedness action plans at Local Level

Action plans are well advanced in all hospitals, Local Health Offices, Public Health departments and Ambulance services across the country. These action plans are to ready each health care site and service for the specific pressure of managing growing numbers of pandemic patients. Regional Crisis Management teams are in place and they will be co-ordinating the management of activity across all services at regional level.

Pandemic Costs

The HSE is working with the DoHC in assessing the emerging costs associated with the national response to the pandemic. A small group has been formed to specifically address the financial aspects of pandemic planning and will report to NPHE. The primary costs identified to date are those flagged previously relating to purchase of vaccine. Further work is being undertaken to identify the costs associated with a move to mass vaccination. The HSE anticipates that the net additional cost of responding to the pandemic will be considered by way of a supplementary estimate and does not therefore require any amendment to the service plan at this time.

Updated Information

Daily updated information on Influenza A (H1N1) is available on www.hse.ie including news, advice, information leaflets and detailed questions and answers.

Freephone 1800 94 11 00 for up to date recorded information on Influenza A (H1N1).

Financial Overview

The financial results for June show total expenditure of **€6.802 billion** against a year to date budget of **€6.706 billion** – a deficit of **€95.9 million**.

Key Messages

- The deficit for the half year to the end of June 2009 is €95.9m, including €5m for the Health Repayments Scheme. It is anticipated that the HSE will obtain a technical adjustment at year end which will bring the Health Repayments scheme budget up to €80m as reflected in the vote.
- The deficit at the end of June is made up of the following components:

Statutory hospitals	€32m
Pensions	€40m
Voluntary hospitals	€10m
Schemes	€9m
Repayments Scheme	€5m
Total	€96m
- Local Health Offices are exhibiting a small surplus to the end of June.
- Significant actions are required in two hospital networks, West/NW and Mid West, to bring expenditure in line with budget. Other hospital networks are working within their overall 2009 business plans.
- The significant cost of pensions is an issue which will have to be addressed in the overall global financial situation.

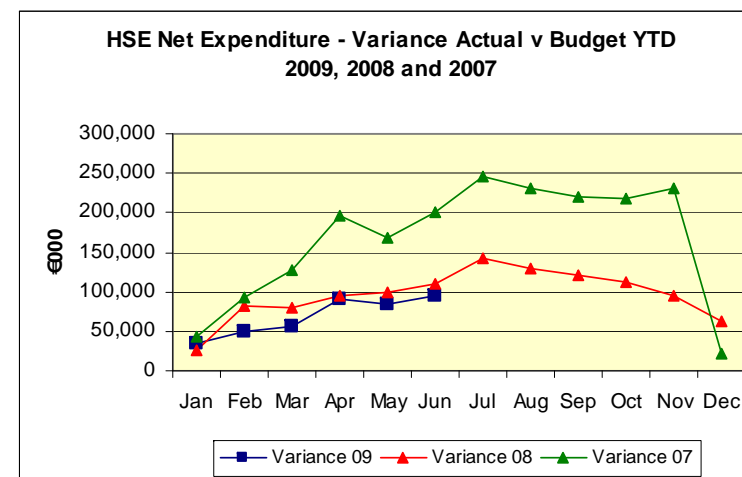
HSE Statutory System

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

- Statutory €80.2m
- Voluntary €10.2m
- Health Repayment Scheme €5.5m

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,483,036	2,272,437	2,230,545	41,893	1.9%
Primary, Community and Continuing Care	8,222,194	4,104,715	4,095,769	8,946	0.2%
National Shared Services	27,586	13,403	13,020	383	2.9%
Corporate	490,637	292,325	252,704	39,621	15.7%
Population Health	157,840	77,952	78,307	-355	-0.5%
Health Repayment Scheme	36,000	41,489	36,000	5,489	15.2%
Held Funds	138,306	0	0	0	---
Total	13,555,601	6,802,320	6,706,345	95,976	1.4%

Aids and Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	12,716	5,058	6,323	-1,265	-20%
Dublin North East	15,165	7,488	7,560	-72	-1%
Dublin Mid Leinster	24,655	10,869	12,304	-1,435	-12%
West	10,829	5,767	5,310	457	9%
Total Aids and Appliances	63,366	29,182	31,497	-2,315	-7%

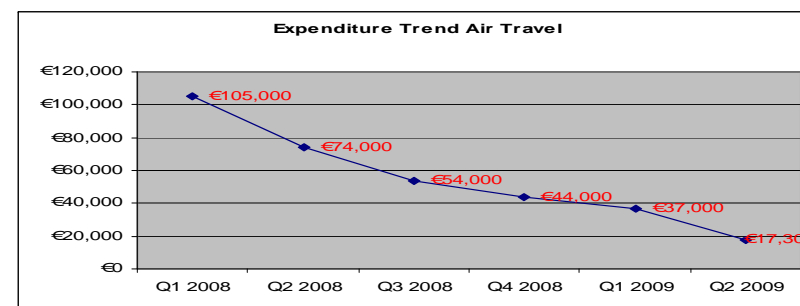


Capital

The cumulative capital cash profile for the period January to June 2009 is €238.758 million. The capital cash draw down for the corresponding period was €249.296 million. The capital draw down was therefore over profile for the period by €10.538 million.

Business Travel Unit (BTU)

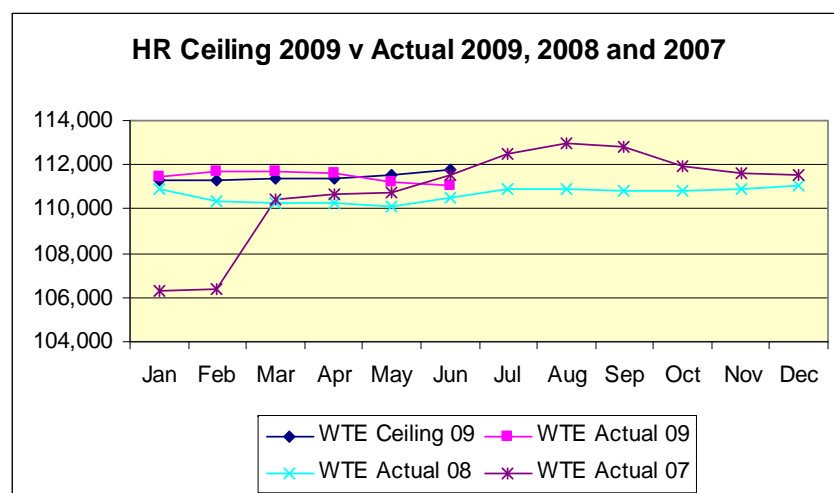
Measures put in place in late 2007, through the BTU, to control international, European and domestic air travel costs continue to impact positively on this expenditure. Air travel costs continued to decrease between quarter 1 and quarter 2, with costs falling from €37,000 to €17,300, a reduction of €19,700. The BTU will continue to monitor and control air travel costs.



HR Performance Information

End of June employment data shows a decrease of 179 WTEs over the May Report. The corresponding month last year showed an increase of 425 WTEs. In overall terms, the NHO recorded a decrease of 159 WTEs in June with the NHO Statutory Sector recording a decrease of 90 WTEs and the NHO Voluntary Sector decreased by 69 WTEs. PCCC also recorded an overall decrease of 10 WTEs. The PCCC Statutory Sector decreased by 91 WTEs and the Voluntary Sector recorded an increase of 81 WTEs in June.

A further 7 of the 2008 addendum posts were filled in June. Out of over 940 posts approved and in process of recruitment, some 164 posts are still to be filled. Management / administrative WTEs decreased overall in June by 89 WTEs. There was a reported reduction of 76 Management/admin WTEs in the HSE Statutory Sector and 13 WTEs in the Voluntary Hospital Sector, while PCCC Voluntary Sector showed no change from their May data. At the end of June, this staff category is 190 WTEs below the 2008 end of year position, some 1.06% of a reduction set against the targeted reduction for the year of 3%. There was a further drop of 169 WTEs in nursing recorded in June, but in overall terms WTEs in this staff category are still 174 WTEs above the level at the end of 2008. This would seem to indicate, that particularly in the NHO, further displacement of staff nurses is warranted in the context of the placement of student nurses from the start of the year.



	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 30/06/09	% of Approved Ceiling	Actual June 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-498	52,320	46.80%	53,248	-159	928	1.77%
<i>Voluntary</i>	22,721	-254	22,467	20.10%	22,783	-69	315	1.40%
<i>Statutory</i>	30,097	-244	29,853	26.70%	30,465	-90	612	2.05%
PCCC	54,677	57	54,734	48.96%	53,545	-10	-1,190	-2.17%
<i>Voluntary</i>	14,891	290	15,181	13.58%	15,187	81	6	0.04%
<i>Statutory</i>	39,786	-233	39,553	35.38%	38,358	-91	-1,195	-3.02%
Population Health	533	407	940	0.84%	953	4	13	1.41%
Corporate (incl subsumed agencies)	3,477	-80	3,397	3.04%	3,315	-13	-82	-2.42%
Portion of ceiling to be allocated*	0	409	409	0.37%	0	0	-409	-100.00%
Total	111,505	296	111,800	100.00%	111,061	-179	-739	-0.66%

Population Health reported an increase of 4 WTEs in June, which appears to be due to an intake of student / trainee environmental health officers while Corporate reported a decrease of 13 WTEs in June. Corporate is currently 2.42% (82 WTEs) below its approved employment ceiling and Population Health is 1.41% (13 WTEs) above their employment ceiling as at the end of June.

Compliance with approved employment ceiling

In overall terms, the HSE is within the notified approved employment ceiling of 111,800 WTEs by some 739 WTEs as at the end of June. As this figure of 111,800 includes adjustments pertaining to 2009 developments yet to be put in place, and some further 2008 developments in process, a more appropriate ceiling to measure compliance against outturn at the end of June is 111,392 WTEs and is thus 331 WTEs or 0.30% within that ceiling.

Based on the current sub-allocation of the overall approved employment ceiling, where 2009 and some 2008 new developments are not included, the NHO is 928 WTEs (1.77%) above ceiling, PCCC is 1,190 WTEs (2.17%) below ceiling, Corporate is 82 WTEs (2.42%) below ceiling and Population Health is 13 WTEs (1.41%) above ceiling. On a sectoral basis, HSE direct is 643 WTEs (0.9%) below ceiling, while the Voluntary Hospitals Sector is 314 WTEs (1.40%) above ceiling and the Voluntary Sector of PCCC is 6 WTEs (0.04%) above ceiling.

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

Hospital/Local Health Office /Voluntary Agency	Ceiling June	Actual June	Growth in 2009	WTE Ceiling Variance	% Variance
St Vincent's Hospital Fairview	215	236	11	20	9.51%
Carriglea Cairde Services	167	175	-5	9	5.22%
Coombe Women's Hospital	691	762	24	71	10.24%
Cavan Hospital	715	769	1	55	7.63%
Our Lady of Lourdes Hospital	1,273	1,365	11	92	7.26%
Kerry General Hospital	968	1,026	19	58	5.95%
Ennis General Hospital	280	294	6	14	5.18%
National Ambulance Service	1,305	1,455	58	150	11.46%

PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of PCTs	120	---	---
PCTs in development	88	---	---
No. of contacts with out of hours GP services	434,005	6%	464,007

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,728	0.3%	8,756
Total Home Help Hours provided	5,953,219	-0.6%	6,207,221
Total no. in receipt of subvention (monthly averages)	9,225	1.4%	9,073
Total nursing home inspections completed	425	-2.5%	409

Mental Health	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of Child and Adolescent Mental Health Teams	54	-1.8%	47

Community (Demand Led) Schemes	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. LTI Claims	447,106	-2%	426,635
No. DPS Claims	2,624,422	-16%	2,811,327
No. eligible persons on medical cards	1,413,299	2%	1,312,293

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,646	5.8%	5,266
Total no. of children in residential care	397	-6.8%	396
Total no. of children in foster care	3,413	6.8%	3,111
Total no. of children in foster care with relatives	1,641	7.3%	1,570
Total no. of children in "Other" care arrangement	195	7.7%	189

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	315	-17%	388
No. patients accessing home care services	2,921	0%	2,533
No. patients accessing intermediate care in community hospital	147	43%	119
No. patients accessing day care services	316	0%	267

Social Inclusion (No. on last day of month)	Actual 2009 YTD*	% Var Act v Tar YTD*	Same period 2008
Average no. of clients in methadone treatment	8,852	2.1%	8,639

*targets were revised in April PR to reflect clients rather than treatments

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of Domiciliary Care Allowance	24,039	-4%	21,986

NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.6%	-0.9%
Day case attendances	1.5%	4.5%
Outpatient attendances	3.6%	2.7%
Births	-4.1%	1.0%
Emergency presentations*	-2.4%	-2.7%

* ED presentations = (ED attendances + other emergency attendances from other sources)

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	26.0%	31.3%
• Children>3months	55.0%	54.6%
Daycase - % waiting		
• Adults >6months	14.5%	25.7%
• Children>3months	58.0%	57.9%

National Hospitals Office	Actual YTD	Same Period 2008
Inpatients % Public	75.7%	74.8%
Emergency Calls - % answered <26 mins	83.2%	86.1%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	871	710

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 2007/08, 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. Monthly monitoring and reporting of delivery of these efficiencies, as well as other required HSE 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 (YTD) Expenditure to Outturn 2008 plus / minus 2009 adjustments, available through our financial systems and/or local Directorate Area / Network reports consolidated nationally.

The total reportable savings against the required €115m for June YTD is €32.324m. In terms of the profile for delivery of efficiencies, it may not be expected that June YTD would demonstrate half of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until later months. However, there is a slow down in the previous monthly improved rate of saving which will need to be monitored closely. Detailed reports are generated against all VFM adjustments at Directorate level and based on the June YTD spend and projecting full year expenditure for 2009:

- VFM 2008 is being maintained in 2009. However, if the increase in the non-pay spend, seen for the first time this month, was to continue in further months, this position may not continue to hold.
- The required €115m adjustments may be delivered, subject to an improved rate of saving in further months. However, the extent to which projected savings exceed target in non-pay areas is decreasing. This reduces the ability of additional efficiencies in non-pay categories to compensate for lack of performance in pay-related areas.
- Directorates are reporting that a challenging HR / IR environment is impacting on delivery of planned efficiencies.

VFM	Expected Reduction €m	Jun YTD €m
Non Pay		
T&S	6.200	2.709
Legal	2.000	0.000
Advertising	1.000	0.500
Nurse Tr&Ed	5.000	2.500
Nat. Drugs Formulary	8.000	0.640
Maintenance	3.500	1.750
Service Adjustments/Reconfigs		
Patient Transport	3.670	1.600
Blood Usage	11.800	5.900
Laboratory	2.000	0.250
Reconfig PCCC Admin Processes	6.385	1.749
Reconfig Child Care	10.000	3.587
Disability Providers	10.000	4.968
Pay		
PCCC Mental Health	12.662	3.971
NHO Non Mgt Admin Pay	8.570	0.000
3% Reduction in Mgt Admin	24.213	2.200
Total	115.000	32.324

Non-Pay

Comparing “2008 outturn plus/minus 2009 adjustments” to a projected spend for 2009 based on “June YTD expenditure profiled against 2008 spend”.

- There is a saving of €2.7m for ‘Travel and Subsistence’ in June and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Government agreed reduced mileage rates are reducing the saving available beyond the required adjustment.
- The level of saving for ‘Disability’, ‘Blood / Blood Products’, ‘Corp. Maintenance’, ‘Education and Training’ and ‘Advertising’ in June is on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment.
- There is evidence of saving for ‘Patient Transport’, ‘Laboratory’, ‘PCCC Admin Processes’ and ‘Child Care’ but the rate of saving will need to increase to deliver the required annual adjustment.

However, there are also targeted areas such as ‘Legal’ and ‘Drugs / Medicines’ where savings are not sufficiently evident in June YTD 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.

Pay

The current rate of savings will need to significantly increase over the year in order to achieve a 3% reduction in Management / Administration and a challenging HR / IR environment is impacting on delivery of these planned efficiencies. There is no financial evidence in the June data, at a national level, that the required reductions in NHO Non Management / Administration pay costs are taking place. A range of measures are being applied across the system to assist delivery of these reductions, 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 in all areas, etc.

PCCC			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936m	
Reduction Achieved ytd		€19.224m	

Support Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		€15.064m	
Reduction Achieved ytd		€4.980m	

NHO			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		44.000m	
Reduction Achieved ytd		€8.120m	

Total			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
Reduction Achieved ytd		€32.324m	

Section 3 – Service Delivery

3.1 PCCC

Overview

Overall PCCC financial results for June, show total expenditure of €4.105 billion against a year to date budget of €4.096 billion resulting in a deficit of €8.946m. This represents a decrease of €3.2m versus the deficit year to date May. The main driver of the overall PCCC variance year to date is Schemes which is showing a deficit of €9.5m. The DTSS scheme is currently €4.8m over-budget and has (to date) completed over 649,000 'above the line' treatments. This is 24% ahead of its expected activity for 2009. 'Below the line' treatments are also running ahead of their target.

Solid performance on our VFM / Cost Containment programme continued in June. To date over €19m worth of savings / efficiencies targeted in the 2009 Service Plan has been realised.

PCCC is currently 1,190 WTE below ceiling compared to 1,168 in May 2009. Overall PCCC has decreased by 431 WTE since December 2008. Progress continued on recruitment processes for both demographic funding and new service developments during the month, based on the revised position agreed with the Department of Health and Children.

Other key issues to note this month are:

- Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). The number of PCTs holding clinical team meetings at the end of June is **120 up 7** since May 2009. This represents 57% of the annual target.
- The total number of individuals who are now covered by a medical card is 1,413,299 which represents an **increase of 14,613 (1.04%)** over the May position (1,398,686) and **61,179 (4.5%)** since December 2008. NSP 2009 projected an increase of 80,864 cards in 2009 based on an outturn of 1.342m cards. However actual outturn at December 2008 was 1.352m which meant approx. 10,000 additional cards were put into the system prior to January 1st 2009.
- The seasonally adjusted Live Register total increased from 402,100 in May to 413,500 in June, an increase of 11,400 (2.8%). This compares to 215,800 in June 2008, an increase of 197,700 (91.6%). The standardised unemployment rate stood at 11.9% in June 2009, more than twice that in June 2008 (5.9%).
- There have been over 430,000 contacts with Out of Hours GP services year-to-date. **57%** of these contacts resulted in a consultation at a treatment centre and a further **11%** resulted in a home visit for a patient.
- There have been significant improvements made in the proportion of children in care with a written care plan since the end of 2008, **rising from 64% to 77.6%**. The greatest improvement has been in residential care which has increased from 66% in Q4 2008 to 82% in Q2 2009.
- Re-admission rates in mental health inpatient units have **dropped by 2%** over the last quarter.
- Numbers in methadone treatment **up by 2.5%** on same period last year.

PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,571	12,356	-1.7%	610,141	610,709	-0.1%
West	14,899	14,401	-3.4%	655,225	659,407	-0.6%
DML	15,612	15,324	-1.8%	775,931	775,978	0.0%
DNE	11,622	11,464	-1.4%	590,597	586,010	0.8%
PCRS				1,296,068	1,297,145	-0.1%
Nat. Director Office (including return of Service Plan funding per Minister's letter)	30	---	---	1,797	2,153	-16.5%
Primary Care Schemes				174,955	164,368	6.4
Total	54,734	53,545	-2.2%	4,104,715	4,095,769	0.2%

PCCC Finance Commentary

Including PCRS, year to date expenditure was **€4.105 billion** compared with a budget of **€4.096 billion** – leading to a negative variance of **€3.9 million**.

The variance on schemes at the end of June is set out on the right:

LHOs with Most Significant Adverse Financial Variances (excluding Primary Care Schemes)

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	253,493	132,843	127,815	5,028	3.9%
Dublin North West	181,418	93,949	90,347	3,602	4.0%
LHO Laois / Offaly	182,328	94,060	91,414	2,646	2.9%
LHO Dublin West	102,303	53,519	50,934	2,585	5.1%
LHO Wicklow	113,072	58,343	56,320	2,023	3.6%

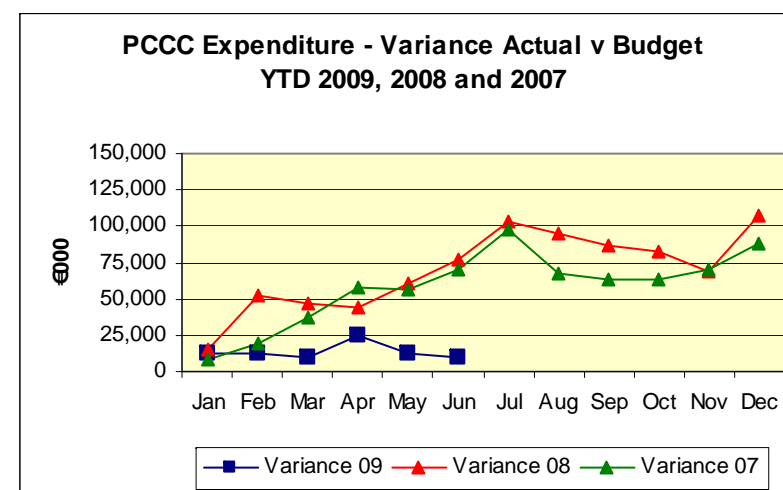
(Based on actual variance against budget)

LHOs with Most Significant Favourable Financial Variances (excluding Primary Care Schemes)

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Dublin North	221,563	107,101	110,267	-3,166	-2.9%
LHO Dublin South Central	217,994	102,804	105,943	-3,139	-3.0%
LHO Dublin South City	107,399	51,927	53,513	-1,586	-3.0%
LHO Sligo / Leitrim	173,789	84,887	86,083	-1,196	-1.4%
LHO Carlow / Kilkenny	146,254	72,440	73,211	-771	-1.1%

(Based on actual variance against budget)

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,941,245	932,877	937,533	(4,656)	-0.5%
Community Schemes	718,710	363,191	359,612	3,579	1.0%
PCRS Total	2,659,955	1,296,068	1,297,145	(1,077)	-0.1%
Primary Care Schemes	275,011	174,955	164,368	10,587	6.4%
Grand Total	2,934,966	1,471,023	1,461,513	9,510	0.7%



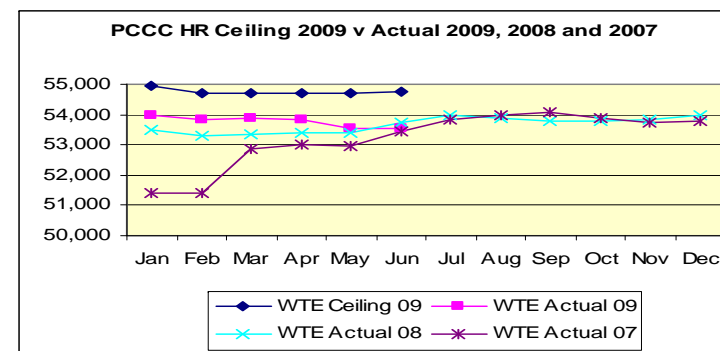
PCCC HR Commentary

PCCC's approved employment ceiling now stands at 54,734 WTEs and they are currently 1,190 WTEs (-2.17%) below their approved employment ceiling. PCCC recorded a decrease of 10 WTEs in June. A further 2 WTEs from the 2008 addendum posts were filled in June. Some 677 new 2008 development posts in PCCC have now been filled in Areas / Agencies encompassed by the approved employment ceiling by the end of June.

Local Health Office	Increase in June	Of Which Statutory	Of Which Voluntary	% Increase in June	WTE Variance with Ceiling	% Variance to ceiling
Wicklow	22	-12	34	0.75%	-23	-0.73%
West Cork	26	-2	27	0.94%	18	0.65%
Carlow/Kilkenny	21	14	7	1.4%	-15	-0.1%

In addition, specific Voluntary Agencies recorded increases during the month as follows:

- Saint John of God, Eastern Region +26 WTEs
- Brothers of Charity Lota +21 WTEs
- Brothers of Charity Galway +17 WTEs.



LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual June 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin North West	1,629	1,703	3	74	4.54%
N Tipperary/E Limerick	726	733	6	7	0.92%
South Tipperary	1,060	1,065	-3	5	0.44%
Dublin West	934	937	3	3	0.31%
Dublin South City	817	819	4	2	0.29%

(Based on the percentage variance from ceiling)

Note: lagged ceiling adjustments are contributing to this adverse variance.

LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual June 2009	Growth from Previous Month	Variance from ceiling	% Var
Wicklow	898	841	-12	-57	-6.31%
Louth	1,215	1,152	-4	-62	-5.14%
Laois/Offaly	1,707	1,644	-7	-63	-3.70%
Dublin South East	700	678	0	-23	-3.23%
Sligo/Leitrim	1,828	1,781	1	-47	-2.56%

(Based on the percentage variance from ceiling)

PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	No. of 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	---	39	---	184,620	190,094	3%	---	---	---	---	---	---	---	---	---
West	---	35	---	105,060	109,536	4%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	67,320	80,923	20%	---	---	---	---	---	---	---	---	---
DML	---	36	---	51,510	53,452	4%	---	---	---	---	---	---	---	---	---
Total	---	120	---	408,510	434,005	6%	454,963	447,106	-2%	3,126,314	2,624,422	-16%	1,387,976	1,413,299	2%

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	1,591	12.5%	84	81	-13.6%	898	1,017	13.3%	385	421	9.4%	47	72	53.2%
West	1,063	1,098	3.3%	54	34	-37.0%	688	741	7.7%	275	284	3.3%	46	39	-15.2%
DNE	1,347	1,443	7.1%	138	138	-0.0%	716	762	6.4%	446	492	10.3%	47	51	8.5%
DML	1,510	1,514	0.3%	150	144	-4.0%	894	893	-0.1%	424	444	4.7%	42	33	-21.4%
Total	5,334	5,646	5.8%	426	397	-6.8%	3,196	3,413	6.8%	1,530	1,641	7.3%	182	195	7.7%

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	1,901	1.1%	1,957,008	1,969,214	0.6%	2,646	2,662	0.6%	120	108	-10.0%
West	1,690	1,850	9.5%	1,750,800	1,756,361	0.3%	3,259	3,328	2.1%	134	135	0.7%
DNE	3,300	2,978	-9.8%	1,203,996	1,179,752	-2.0%	1,337	1,402	4.9%	68	73	7.4%
DML	1,830	1,999	9.2%	1,077,996	1,047,893	-2.8%	1,858	1,833	-1.3%	114	109	-4.4%
Total	8,700	8,728	0.3%	5,989,800	5,953,219	-0.6%	9,100	9,225	1.4%	436	425	-2.5%

Palliative Care Activity (no. on last day of month)	No. Patients in specialist inpatient / 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	61	7%	764	788	3%	31	26	-16%	69	82	19%
West	116	117	1%	850	864	2%	35	50	43%	82	100	22%
DNE	35	34	-3%	586	616	5%	5	4	-20%	56	57	2%
DML	171	103	-40%	729	653	-10%	32	67	109%	108	77	-29%
Total	379	315	-17%	2,929	2,921	0%	103	147	43%	315	316	0%

Activity YTD	Mental Health			Social Inclusion (No. on last day of month)			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	11	-15.4%	162	208	28.4%	---	---	---
West	13	12	-7.7%	221	240	8.6%	---	---	---
DNE	12	11	-8.3%	2,984	3,036	1.7%	---	---	---
DML	17	20	17.6%	4,291	4,365	1.7%	---	---	---
Total	55	54	-1.8%	7,658	7,849	2.5%	25,000	24,039	-4%

*targets were revised in April PR to reflect clients rather than treatments

Analysis of Performance (Note: Area level PCCC data is to be found in the Supplementary Document.)

Primary Care

Primary Care Teams: Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). As of the end of June, 120 PCTs were holding clinical team meetings. This is an increase of 8 over the May position and represents 57% of the annual target. (*Phase 1 Teams previously referred to as 2006 teams, Phase 2 previously referred to as 2007 teams*). Also currently in development are 88 teams (88% of the annual target) from Phase 3, which is the same as the May position.

Patients/ Clients with a Care Plan: The total no. of patients /clients with a Care Plan in June was 515 patients. This measure was reported for the first time in May 2009 (610 patients) and represented a baseline figure across the 120 teams holding clinical team meetings at the end of the reporting period. Recording of this information reflects the 'number of patients discussed at the clinical team meeting' and will therefore show variance on a month by month basis. Those patients/ clients discussed at clinical team meetings generally refer to patients requiring multi-disciplinary intervention rather than a count of patients seen in the reporting period.

Orthodontic Service: Data on the numbers of people receiving treatment and who have had their treatment completed during the reporting period was included for the first time in Q1 2009. The number of patients receiving treatment at the end of Q2 is 18,327 (Q1 reported 14,525 with data outstanding for two areas; full national figure for Q1 was actually 17,947), representing an increase of 2%.

The number of people with completed treatments since 1 January 2009 has increased from 1,077 in Q1 to 1,819 in Q2 representing a 69% increase (this is a year to date cumulative figure). A process is currently underway to ensure that we are in a position to report on the average wait times for assessment and treatment. It is anticipated that this data will be available for the Q4 Performance Report.

Note: completed treatment was incorrectly reported in Q1 as 1,724. The actual figure for Q1 was 1,077.

Out of Hours GP Services: During the month of June, 70,321 contacts were made with the service, which represents a decrease of 1% on the contacts made in May 2009 (71,354). Year to date figure is 434,005 which is 6% above the profiled target of 408,510 but represents 54% of the annual target. The year to date position is also 6% below the same period last year figure of 464,007. A more detailed analysis of the type of contact made with the service outlined below shows that of the 434,005 contacts made the majority resulted in an attendance at a treatment centre (57%). Attendance at a treatment centre would usually follow initial telephone triage so is a good proxy measure for hospital avoidance via ED attendance. A much smaller number of contacts resulted in a home visit (11%).

Year to Date position is broken down as follows:

Actual YTD	Triage Only	Treatment Centre	Home Visit	Other
434,005	138,312 (32%)	246,124 (57%)	46,598 (11%)	2,971 (0.7%)

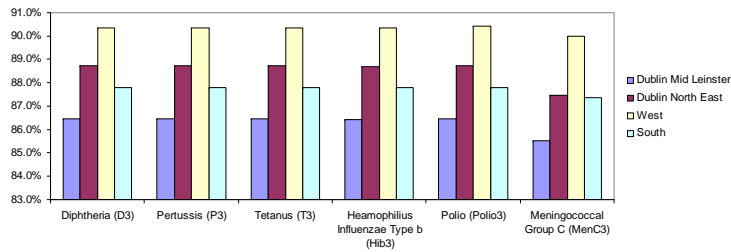
% PHNs assigned to PCTs: Development of new activity and PI measures for PCTs continues. The percentage of Public Health Nurses who are assigned to PCTs was committed to as a Quarterly PI in NSP 2009. This PI is reported on here for the first time with a baseline figure of 47% and is derived from the number of PHNs assigned to teams as a percentage of the total number available for reconfiguration to teams.

Child Health: Immunisations (Source HPSC)

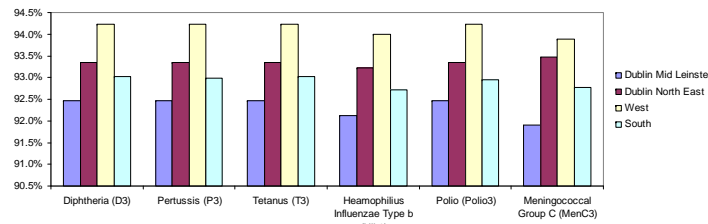
These statistics are reported quarterly in arrears so therefore relate to children 12 and 24 months of age in Qtr 1 2009¹ who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus Influenzae type b (Hib3), Polio (Polio3) and Meningococcal Group C (MenC3). MMR is returned for children 24 months. It should be noted that the denominator/numerator in cohort varied slightly according to vaccine, the most commonly used number is presented here.

12 Months of age: The National uptake rate in children 12 months of age is 88.2% for Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus Influenzae type b (Hib3) and Polio (Polio3) compared to 87.1% for same period last year. MenC 87.5% this year compared to 86.6% in 2008.

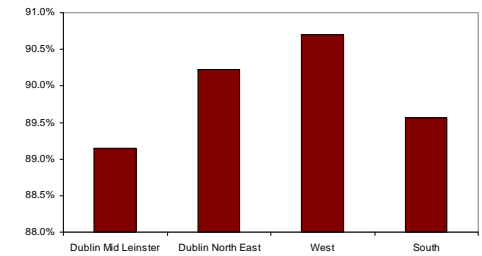
% of Children 12 months of age who have received 3 doses of Vaccine.



% of Children 24 months of age who have received 3 doses of vaccine



% of children who at 24 months have received MMR vaccine



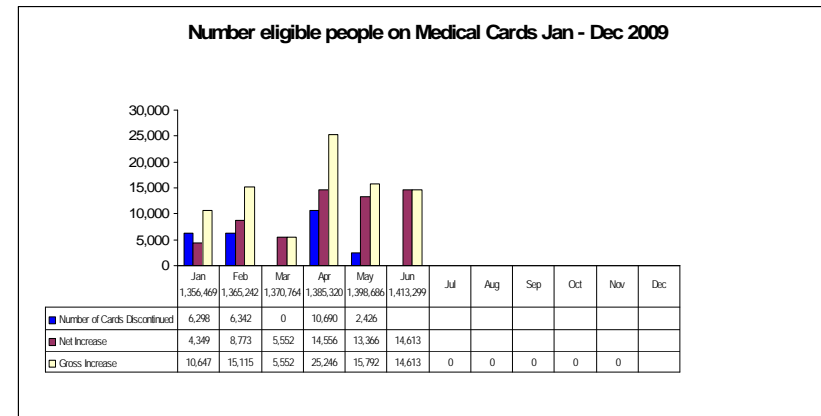
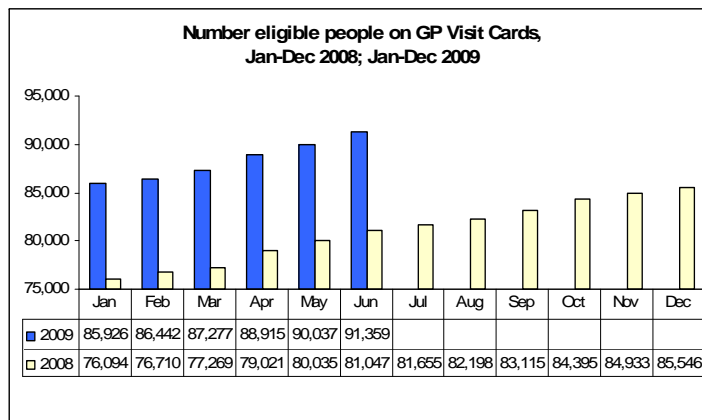
24 Months of age: The national uptake rate in children 24 months of age is 93.2% for Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus Influenzae type b (Hib3) and Polio (Polio3) compared to 92.2% for same period last year. MenC 92.9% this year compared to 91.5% in 2008. The National uptake for the MMR vaccine was 89.9% compared to 87.9% for same period 2008.

¹Historically this data has been reported by PCCC as the quarter data in which it was returned/reported (Q2 in this instance).

Child Health: Child Developmental Health Screening

Child Health Screening has been reported on through Health Stat since January 2009. However there continue to be problems with how the data is captured which is largely reflective of different practices/ service delivery models across LHOs. PCCC are currently engaged in a process to refine this data to ensure uniform application of definitions nationally so that comparisons can be made. It is anticipated that this information will be available in the October PR.

GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during June 2009, up 1.5% on the May position. During June, an additional 1,322 GP Visit Cards were issued. This represents an increase of 13% from the same period last year (10,312 additional GP Visit Cards were issued since June 2008). The total number of people covered by a GP Visit Card at the end of June is 91,359.



Medical Cards: The total number of individuals who are now covered by a medical card is 1,413,299, which represents an increase of 14,613 (1.04%) over the May position (1,398,686). The validation exercise in relation to the Medical Card database is ongoing, however due to the recent Pharmacy dispute; the breakdown of gross and net cards issues is not available this month. It is anticipated that the regular analysis will return for the July PR.

Schemes

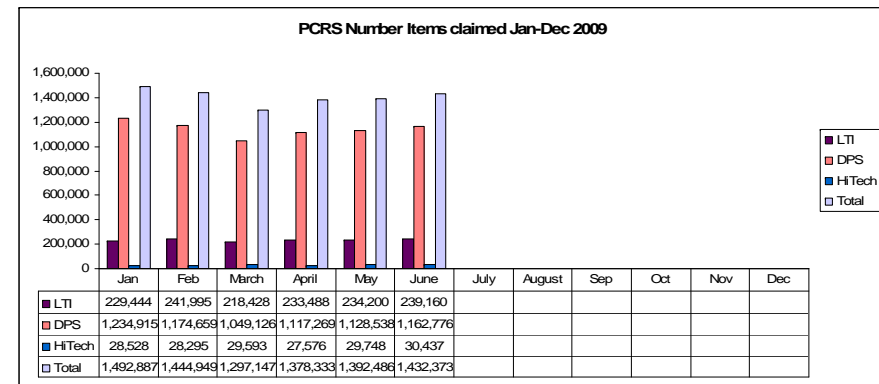
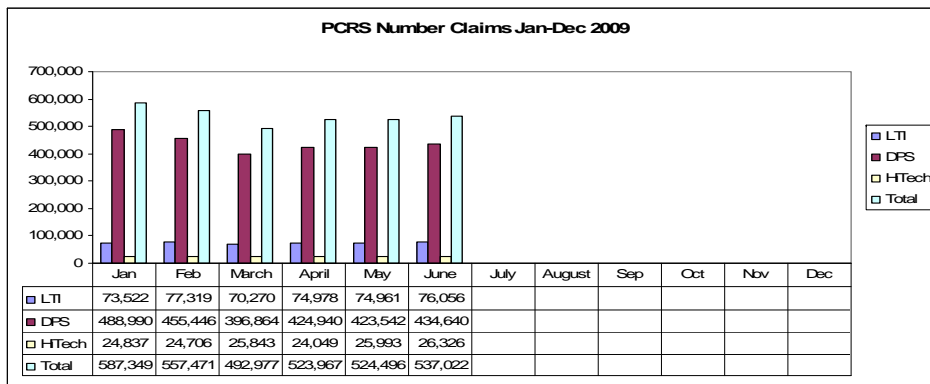
LTI: The number of LTI claims made during June was 76,056 (0.3% above the monthly target of 75,827), bringing the total YTD figure to 447,106, which is 2% below the year to date target of 454,963. Compared to the same period last year (426,635 claims) this represents an increase of 5%.

The total number of LTI items in June was 239,160 which is 4.6% above the monthly target of 228,579.

DPS: The number of DPS claims made during June was 434,640 which is 17% below the monthly target of 521,052 and 16% below the year to date target of 3,126,314 (actual year to date figure is 2,624,422). This compares with 2,811,327 claims for the same period last year (YTD) - a reduction of 7%.

The total number of DPS items was 1,162,776 which is 12% below the monthly target of 1,328,683.

Hi-Tech: The number of HiTech claims made during June was 26,326 (on par with the monthly target of 26,325). The year to date position (151,754) is 12% above the same period last year (135,553).



DTSS

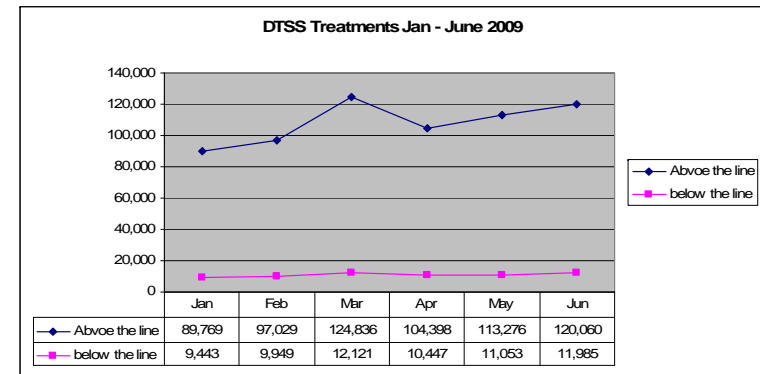
The DTSS scheme is a demand led scheme and due to the current economic situation, more people are using public dental services. Graph below shows the trend from January to June 2009.

At the end of June 2009, the cumulative number of treatments *above the line was 649,368 and the number *below the line was 64,998.

*Note: Above the line = routine treatments.
Below the line = complex treatments (e.g. root. gum and denture treatments)

Domiciliary Care Allowances (DCA)

During June the total number of clients who claimed DCA was 24,039, an increase of 211 clients (1%) on the May 2009 position and 4% below the target of 25,000. The number of clients in receipt of DCA rose by 2,053 compared to June 2008 (9% increase).



Children and Families

No. of Teen Parent Support Programme: In 1999 the Department of Health and Children established the Teen Parent Support Initiative under the “Children at Risk” strand of the National Childcare Investment Strategy (1998). Subsequent to a successful evaluation the Teen Parents Support Programme was established. This programme provides preventative support services for both young parents and their children and targets young people who become parents at 19 years or younger and supports them until their children attain the age of 2 years.

TPSP staff endeavour to:

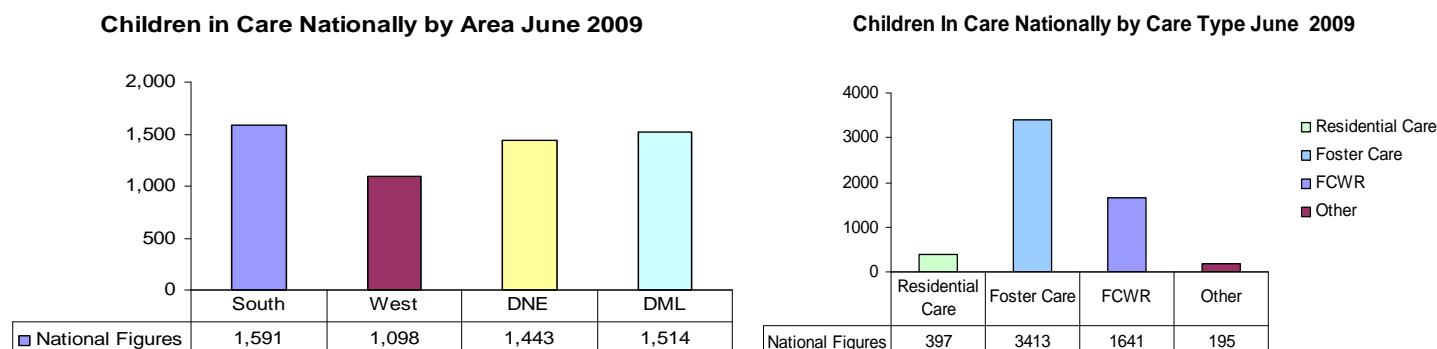
- Enhance the self esteem of the young parents,
- Build on their existing skill, experience and knowledge and
- Encourage them to meet their own needs and maintain their own social and support networks.

During quarter 2 this year a total of 1,173 total cases were supported (this included both active and closed cases)

Child Care - Children in Care: The number of children in care nationally at the end of June 2009 was 5,646, 7.2% more than same period 2008 (5,266). At an Area level, the West has the lowest number of children in care, accounting for 19% of the national total. The South has the highest proportion at 28%. DML and DNE come in at 27% and 26% respectively.

Nationally there has been a 4.6% increase in the number of children in care from the end of January 2009 position (5,396). Local Health Offices have indicated that a variety of factors have contributed to this increase which we will continue to monitor and explore over the coming months.

This increase in the number of children in care is represented across all care types/categories.



- There has been a 9.7% increase in the number of children in Foster Care and a 4.5% increase in the number of children in Foster Care with Relatives compared to June 2008.
- The number of children in Residential Care nationally has increased by 0.3% since the same time last year. (397 June 2009 / 396 June 2008). Proportionally this is 7% of the overall number in care compared to a year to date target of 8%.
- At area level, HSE South demonstrated a 17.4% (81, 2009) increase over June 08 (69, 2008) for children in residential care. DNE and DML continue to exceed the national target of 8% (9.6% and 9.5% respectively). However, HSE West reported 34 children in residential care which is a reduction of 19% on June 08 figures (42, 2008).

Care Planning: There have been significant improvements made in the proportion of children in care with a written care plan since the end of 2008 from 66.6% to 77.6%. The greatest improvement has been in residential care which has increased from 68.5% (updated due to backfill since Q4, 2009) in Q4 2008 to 82% in Q2 2009. Although the proportion of children in care with a care plan dropped slightly between Q1 and Q2 2009 (79.2% versus 77.6%) the overall performance is much improved and will continue to be in focus as part of our general commitment in the National Service Plan 2009, monitored monthly through Health Stat and the PR.

The largest decrease in Care Planning over the previous quarter was recorded for children in residential care (from 91% in Q1 to 82% in Q2). While all HSE Areas recorded a decrease in care planning for children in residential care the largest drop was reported in DNE (Q1 94%, Q2 79%). This situation is due, in part, to an increase in the number of emergency admissions/placements. This is being addressed at LHO level.

Approved Foster Carers with an Allocated Social Worker: In June 2009 78.2% of approved foster carers (2,720) are supported by an allocated social worker, compared to 77.7% June 2008 (2,463) this demonstrates a 0.7% increase. This also points to a 1.8% increase over the May 2009 figure (2,614 [76.4%] excluding Limerick data).

Children in Care with an Allocated Social Worker: The proportion of children in care who have been allocated a social worker continues to rise. In Q2 2009 this stood at 84.3% compared with 83.6% in Q1 2009 and 80.4% in Q4 2008. Children in residential care are more likely to have an allocated social worker at 92% compared with 86% for children in foster care, 80% for children in foster care with relatives and 79% for children in 'other' care arrangements.

Mental Health

Total Admissions & Re-Admissions to acute units: In Q1 2009, there were 3,854 admissions to acute mental health units nationally. This is 95 patients more (2.5%) than the number admitted in the same period last year (3,759). However, re-admissions as a proportion of all admissions has decreased from 73% in Q1 2008 to 71% in Q1 2009, still shy of the National Service Plan target of 68%. There are a number of outlier services that are contributing to this trend which, if brought in line with the national peer average will reduce the re-admission proportion to below the 68% target. This is being addressed through the PCCC Service Improvement Group.

Re-admission rates, which are a more accurate reflection of activity, have reduced slightly from 65.0 per 100,000 population in Q1 2008 to 64.8 per 100,000 population in Q1 2009. This represents a decrease of 0.3% and is also 2.7% below the target for 2009. The largest decrease was reported in DML (-15%).

Note: an error appeared in the Q4 2008 whereby HSE South was reported as having recorded a 13% increase on their re-admission rate over Q4 2007. HSE South actually recorded a decrease in the time period from a rate per 100,000 population of 80.1 to 79.7 in Q4 2008.

Involuntary Admissions: The total number of involuntary admissions during Q1 2009 was 361 representing 9.4% of total admissions. This is compared to 313 (8.3%) of total admissions in Q1 2008. The annual target for 2009 is to reduce the total number of involuntary admissions by 1%. We will continue to monitor this throughout the year.

Length of Stay: The median length of stay in inpatient facilities has also fallen from 11.5 days in Q1 2008 to 11 days in Q1 2009. This is 8.3% below the target of 12 days ALOS.

Child & Adolescent Mental Health Services (CAMHS)

The CAMHS Minimum Dataset went live within the 32 Local Health Offices on 1st July 2009. Waiting List data will be available for the October Performance Report in respect of the Q3 position. Please see additional information on CAMH teams on page 39.

Note: All Performance Indicators (with the exception of CAMH Teams) are reported one quarter in arrears, therefore all data here relates to Q1 2009.

Disabilities

A new minimum dataset for disability services went live on 1st July 2009 and it is anticipated that with data to support reporting on Day, Residential and Respite Services will be available for reporting on in the October Performance Report. In parallel with this, a census of the quantum of services/ places available is being compiled retrospectively as on 30th June 2009. This data will be validated over the coming weeks and reported in the September Performance Report.

Disability Act: The number of requests for assessments for Under 5s has increased by 121 since Q1 (Q1 618 / Q2 739) 14% this Quarter. This is however a demand led service and difficult to predict. Fluctuations in the number of applications received are inevitable.

The number of assessments completed within the timelines as provided for in the regulations has increased to 23%. This can be explained in part by an increase in the number of applications and reduced capacity to respond due to staff resource deficits in some LHOs. In an attempt to address this shortfall new revised guidelines have recently been issued to assessors which will streamline the process and should result in an improved completion rate within the timelines by 2010.

Older Persons

Home Care Packages

Completed returns were provided by 31 LHO's. Wicklow did not provide June figures so May figures were used. At the end of June there were 8,728 clients in receipt of Home Care Packages.

The overall number of clients in receipt of a HCP in June is approximately 0.3% above target. The proportion of clients over 65 years remains unchanged from last month at 93.7%. Cumulatively the number of new clients at the end of June 2009 was 1,503.

Home Help

At the end of Q2, 5,953,219 hours had been provided (-0.6% below target). The number of people in receipt of home help hours stood at 53,639 in June (-1.6% below projected numbers) compared to May's figure of 55,100 (1.1% above target).

A data validation exercise on all aspects of the Older Persons Minimum Dataset will be carried out before the end of the Autumn as a result of a number of discrepancies that have arisen during the first six months of the year.

Meals on Wheels: A census of the service is currently being planned which will focus on the activity generated by the 10 service providers receiving the greatest volume of HSE funding. The census will take place at the end of October after which a period of time will be required for data validation. It is anticipated that PCCC will report on this by the end of the year.

Day Care Services

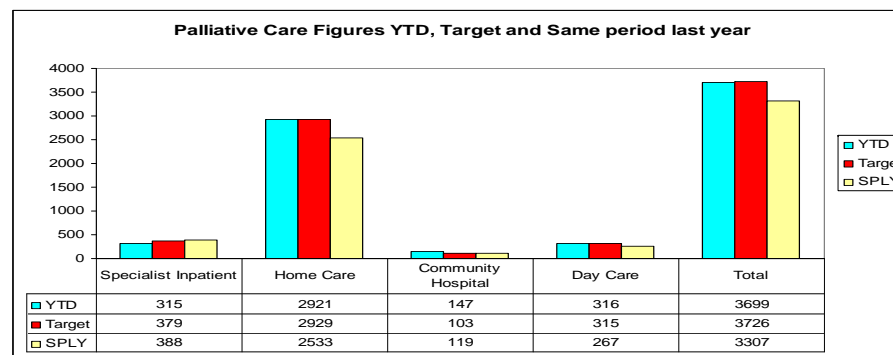
A survey is planned for the first week of September.

Palliative Care

As of 30th June 2009, the total number of patients accessing palliative care services was 3,699. The majority of these patients were in receipt of home care services (2,921) accounting for 79% of the level of activity reported for the month. The number of patients in Specialist inpatient units (315) accounted for 8.5% of the total.

The data for June shows considerable variation over May activity, most notably for Dublin Mid Leinster area. As reported last month, the variance is a result of an ongoing data validation exercise being carried out by Our Lady's Hospice.

Note: Data is in respect of activity collected on the last day of the month in question.



Social Inclusion

Addiction: Data is reported one month in arrears.

The total number of clients in receipt of Methadone treatment in HSE Areas was 7,849 (2.5% above the target figure of 7,658 for 2009. Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board figures), a total of 8,852 clients were treated, which was 2.1% above the target figure of 8,668 for 2009 and 2.5% above the same period last year.

Homeless Services

The number and % of LHOs operating a formal Leaving and Aftercare Support Service for young people leaving care increased in the last Quarter to 31(97%). Only 1 LHO in the West is now outstanding.

3.2 Acute Hospital Services and Pre-Hospital Emergency Care

Overview

The financial performance for June 09 indicates a budgetary over run of €41.9m which is a decrease of €2.2m from May's report. €19.5m relates to an overrun in the West /North West network. The NHO continues to address this significant overrun and continues to put in place a range of measures to achieve breakeven. June HR returns reflect a variance from ceiling of 928 WTEs (+1.77%) over approved ceiling, an improvement on the May position.

June activity shows that inpatient discharges are lower compared to 2008 particularly in the area of elective discharges. This is in line with service plan objectives to shift balance of activity from inpatient to day case work. The number of delayed discharges occupying hospital beds remains high (n=871) and the number of beds unavailable for admission has increased from May (n=501) to June (n=745). The number of surgical beds unavailable for admission (n=337) is now significantly higher than the number of unavailable medical beds (n=224).

Using May and June hospital discharging rates (which take account of bed capacity reductions), activity projections for the remainder of 2009 show a potential activity out turn of +5% compared to 2009 target levels. This will equate to 65,000 more discharges than target levels (inpatients and daycase combined). A number of mechanisms are being implemented in an attempt to control this projected growth e.g. hospitals have reduced bed capacity by approximately 300 beds January to June, with further planned reductions for remainder of the year. Where capacity reduced and / or an increase in service demands, hospitals are working closely with NTPF to ensure appropriate and timely referral for treatment. Both inpatient and daycase waiting lists have reduced significantly overall, including those waiting over 6 months, compared to 2008.

There is emerging evidence that the OPD service improvement programme is yielding results. The number of new OPD attendances for the top 10 specialties (which account for nearly half of all OPD attendances) have increased significantly. New OPD attendances have increased by 23% in neurology, 19% in gastro-enterology, 12% in ophthalmology and 10% in urology. Only one specialty has shown a decreased in new OPD attendance numbers. Analysis also shows that the new : return ratio for these specialties has decreased demonstrating that new OPD appointment capacity is being generated by reducing the number of return OPD patients.

The number of emergency presentations to adult ED hospitals continues to be lower than 2008. Whilst positive improvements against target timeframes are being made for those patients not requiring admission, challenges remain for some hospitals to meet the target timeframe for those patients requiring admission. A number of key projects, e.g. discharge planning project, will significantly assist in this area.

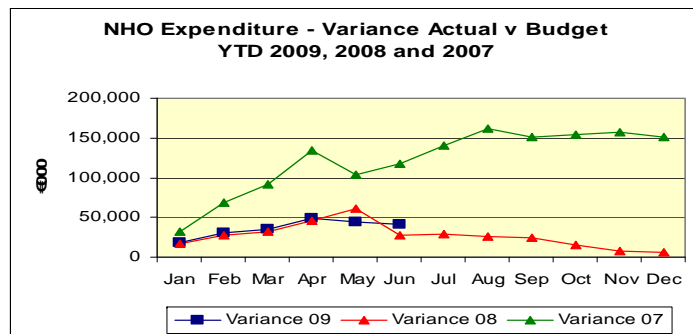
Nationally the number of births is 1% higher compared to 2008 but down by 4.1% against year to date target.

NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,478	4,495	0.4%	166,445	160,500	3.7%
Southern HG	6,841	6,836	-0.1%	273,396	269,696	1.4%
North Eastern HG	3,114	3,279	5.2%	141,333	138,908	1.7%
Dublin North HG	8,839	8,879	0.5%	390,215	387,103	0.8%
Western HG	7,988	8,273	3.6%	345,557	326,079	6.0%
Mid Western HG	3,280	3,281	0.0%	135,727	127,875	6.1%
Dublin Midlands HG	7,958	8,196	3.0%	344,839	336,848	2.4%
Dublin South HG	8,478	8,553	0.9%	390,211	387,688	0.7%
Ambulance	1,305	1,455	11.5%	70,606	67,686	4.3%
Nat. Director Office (including return of Service Plan funding per Minister's letter)	38	---	---	14,109	28,162	-49.9%
NATIONAL TOTAL	52,320	53,248	1.77%	2,272,437	2,230,545	1.9%

NHO Finance Commentary

Year to date expenditure in the NHO was €2.272 billion compared with a budget of €2.231 billion – leading to a negative variance of €41.9 million.



Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway College University Hospital	220,303	115,755	110,135	5,620	5.1%
Regional Hospital Dooradoyle	159,869	81,179	76,570	4,609	6.0%
Sligo General Hospital	119,195	63,735	59,302	4,433	7.5%
Waterford Regional Hospital	147,156	77,413	73,112	4,301	5.9%
Mayo General Hospital	80,358	43,404	40,201	3,203	8.0%

(Based on actual variance against budget)

Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
St Luke's Hospital	36,117	17,269	18,209	-940	-5.2%
Coombe Women's & Infants' Hospital	52,916	26,404	26,846	-442	-1.6%
Monaghan General Hospital	14,065	11,318	11,527	-209	-1.8%
St James's Hospital	364,749	178,825	179,005	-180	-0.1%
Rotunda Hospital	52,863	25,703	25,745	-42	-0.2%

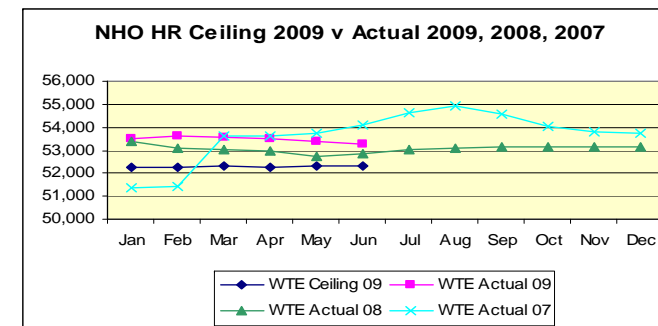
(Based on actual variance against budget)

NHO HR Commentary

The National Hospitals Office's employment ceiling stands at 52,320 WTEs and they are now 928 WTEs (+1.77%) over their approved ceiling. A further 5 WTE of the 2008 addendum posts were filled in June. Some 131 posts remain in process of being filled from the 2008 addendum approved developments.

The following hospitals recorded the largest increases in employment in June:

Hospital	June increases	% increase in June	WTE Variance with ceiling	% variance to ceiling
South Tipp General Hospital	12	1.5%	-14	-1.75%
Mercy Hospital	11	1.03%	-9	-9%
St Lukes Hospital, Rathgar	8	1.6%	7	1.39%



Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual June 2009	Growth from Previous Month	Variance from ceiling	% Var
Coombe Women's Hospital	691	762	-2	71	10.24%
Cavan Hospital	715	769	-4	55	7.63%
Our Lady of Lourdes Hospital	1,273	1,365	-4	92	7.26%
Portiuncula Hospital, Ballinasloe	663	707	2	44	6.57%
Kerry General Hospital	68	1,026	-6	58	5.95%
Ambulance Service (EC)	19	330	4	111	50.58%

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual June 2009	Growth from Previous Month	Variance from ceiling	% Var
CUH Group Other	38	1	-12	-37	-97.87%
Ely Hospital	23	14	0	-9	-37.96%
Our Lady's Hospital Cashel	15	14	0	-1	-8.53%
Connolly Hospital Blanchardstown	238	1,184	-4	-54	-4.38%
Bantry General Hospital	260	251	-3	-9	-3.39%
Ambulance Service (Midland)	96	146	-1	-50	-25.51%

(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
Inpatient Discharges	604,320	573,360	46,164	48,569	5.2%	287,855	298,329	3.6%	300,994	-0.9%
South Eastern HG	69,570	66,580	5,207	5,468	5.0%	33,636	33,956	1.0%	35,146	-3.4%
Southern HG	84,209	79,720	6,323	6,819	7.8%	39,550	41,964	6.1%	41,146	2.0%
North Eastern HG	49,576	46,730	4,017	3,948	-1.7%	23,386	24,004	2.6%	25,163	-4.6%
Dublin North HG	72,610	69,370	5,570	5,490	-1.4%	34,637	35,985	3.9%	36,235	-0.7%
Western HG	108,409	103,860	8,445	9,099	7.7%	52,634	54,816	4.1%	54,941	-0.2%
Mid Western HG	46,418	45,300	3,578	3,745	4.7%	22,930	23,455	2.3%	23,468	-0.1%
Dublin Midlands HG	100,952	96,320	7,658	8,545	11.6%	48,007	51,502	7.3%	50,322	2.3%
Dublin South HG	72,576	65,480	5,366	5,455	1.7%	33,075	32,647	-1.3%	34,573	-5.6%
Day Cases	637,140	647,000	53,039	57,406	8.2%	324,871	329,760	1.5%	315,558	4.5%
South Eastern HG	37,972	40,660	3,359	3,633	8.2%	20,581	20,655	0.4%	19,206	7.5%
Southern HG	99,162	98,720	8,217	8,735	6.3%	49,267	50,422	2.3%	49,327	2.2%
North Eastern HG	30,026	30,900	2,561	2,607	1.8%	15,778	15,510	-1.7%	15,303	1.4%
Dublin North HG	93,024	94,480	7,626	8,731	14.5%	48,113	49,958	3.8%	47,347	5.5%
Western HG	114,118	117,100	9,898	10,930	10.4%	58,837	60,667	3.1%	57,334	5.8%
Mid Western HG	35,272	35,980	2,848	2,962	4.0%	18,192	17,849	-1.9%	17,783	0.4%
Dublin Midlands HG	79,555	84,190	7,023	6,718	-4.3%	42,876	38,061	-11.2%	36,538	4.2%
Dublin South HG	148,011	144,970	11,507	13,090	13.8%	71,226	76,638	7.6%	72,720	5.4%
Emergency Presentations	1,207,497	1,223,000	100,521	102,970	2.4%	606,474	592,215	-2.4%	608,656	-2.7%
South Eastern HG	172,872	177,250	14,568	14,503	-0.4%	87,897	84,519	-3.8%	88,408	-4.4%
Southern HG	139,158	140,790	11,572	12,014	3.8%	69,816	68,923	-1.3%	69,452	-0.8%
North Eastern HG	114,218	114,280	9,393	10,546	12.3%	56,670	58,490	3.2%	57,226	2.2%
Dublin North HG	127,490	128,690	10,577	10,463	-1.1%	63,816	61,348	-3.9%	63,636	-3.6%
Western HG	195,504	200,660	16,493	17,479	6.0%	99,505	99,685	0.2%	97,861	1.9%
Mid Western HG	114,680	116,750	9,596	9,119	-5.0%	57,895	52,808	-8.8%	58,109	-9.1%
Dublin Midlands HG	216,151	215,900	17,745	18,138	2.2%	107,063	104,279	-2.6%	110,140	-5.3%
Dublin South HG	127,424	128,680	10,576	10,708	1.2%	63,811	62,163	-2.6%	63,824	-2.6%
Emergency Admissions	368,341	367,000	30,164	31,042	2.9%	181,992	183,582	0.9%	185,464	-1.0%
South Eastern HG	49,779	49,390	4,059	4,047	-0.3%	24,492	24,305	-0.8%	25,224	-3.6%
Southern HG	40,598	40,290	3,312	3,395	2.5%	19,979	20,352	1.9%	20,222	0.6%
North Eastern HG	36,343	36,050	2,963	2,893	-2.4%	17,877	17,515	-2.0%	18,077	-3.1%
Dublin North HG	36,945	37,690	3,098	3,189	2.9%	18,690	18,816	0.7%	18,902	-0.5%
Western HG	83,202	82,580	6,787	7,222	6.4%	40,951	42,722	4.3%	41,723	2.4%
Mid Western HG	27,415	27,280	2,242	2,311	3.1%	13,528	13,958	3.2%	13,936	0.2%
Dublin Midlands HG	58,221	58,200	4,784	5,113	6.9%	28,861	28,827	-0.1%	29,486	-2.2%
Dublin South HG	35,838	35,520	2,919	2,872	-1.6%	17,614	17,087	-3.0%	17,894	-4.5%
Outpatient Attendances	3,271,665	3,233,000	261,402	285,424	9.2%	1,612,073	1,670,848	3.6%	1,626,298	2.7%
South Eastern HG	282,948	281,020	22,651	24,525	8.3%	139,593	141,871	1.6%	140,505	1.0%
Southern HG	387,685	380,690	30,774	32,842	6.7%	186,955	197,816	5.8%	187,806	5.3%
North Eastern HG	255,652	247,880	20,513	21,790	6.2%	123,797	126,197	1.9%	128,380	-1.7%
Dublin North HG	538,127	536,530	43,282	46,860	8.3%	267,666	281,134	5.0%	265,360	5.9%
Western HG	438,488	436,120	36,065	39,974	10.8%	216,641	224,469	3.6%	219,734	2.2%
Mid Western HG	186,112	183,880	14,857	16,128	8.6%	93,088	96,812	4.0%	94,221	2.7%
Dublin Midlands HG	622,471	609,480	49,487	55,516	12.2%	307,181	317,080	3.2%	311,577	1.8%
Dublin South HG	560,182	557,400	43,773	47,789	9.2%	277,152	285,469	3.0%	278,715	2.4%

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
Births	73,815	76,880	6,319	6,339	0.3%	38,124	36,551	-4.1%	36,194	1.0%
South Eastern HG	8,404	8,660	712	674	-5.3%	4,294	4,117	-4.1%	4,138	-0.5%
Southern HG	10,652	10,830	890	979	10.0%	5,370	5,471	1.9%	5,247	4.3%
North Eastern HG	6,291	6,650	547	517	-5.4%	3,298	2,966	-10.1%	3,050	-2.8%
Dublin North HG	8,794	9,100	748	784	4.8%	4,513	4,345	-3.7%	4,121	5.4%
Western HG	11,481	12,080	993	968	-2.5%	5,990	5,603	-6.5%	5,741	-2.4%
Mid Western HG	5,396	5,500	452	475	5.1%	2,727	2,724	-0.1%	2,663	2.3%
Dublin Midlands HG	13,653	14,560	1,197	1,145	-4.3%	7,220	6,806	-5.7%	6,715	1.4%
Dublin South HG	9,144	9,500	781	797	2.1%	4,711	4,519	-4.1%	4,519	0.0%

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.

Context

Activity targets for 2009 have been set within the context of controlling elective workloads, conversion of further inpatient work to day case and a focus on reducing patient length of stay.

- Combined inpatient and day case activity levels delivered in 2009 are 2.5% higher than planned targets for 2008. This equates to over 15,000 more patients treated in 2009 compared to planned levels and over 11,000 compared to 2008.
- Whilst daycase activity increased compared to 2008, there are still a number of specialties which require a focused improvement to ensure that daycase rates improve to target levels. The HSE has undertaken a number of specific analyses looking at procedures and specialties with very short lengths of stay that could be potentially treated on a daycase basis. One of the HSE's service improvement project is also to ensure that daycase bed capacity is protected from ED.
- An OPD service improvement project has been in place since mid 2008. New OPD attendance numbers across a range of high volume specialties have increased. For example, new attendance volumes have increased in neurology (+23%), gastro-enterology (+19%), ophthalmology (+11%), urology (+10%), etc. Across many of these specialties, new : return ratios are decreasing showing that the new OPD appointment capacity is being generated through business process re-engineering and through exchanging return appointment capacity for new appointment opportunities.
- Emergency presentations and admissions are demand driven and not within the control of hospitals to limit. Emergency presentation and ED attendance levels continue to be lower than in 2008 and emergency admission are equivalent to 2008 levels.
- Births are up 1% compared to 2008 levels.

Key data collection changes for 2009

- The Performance Management 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 have been combined and are now reported as Galway University Hospitals.
 - 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. In St. James's Hospital in the speciality endocrinology a decrease in activity is due to relocation of phlebotomy services and adjustment in data capture.
 - The difference in St Michael's Inpatient Discharges 'Cumulative % Variance Actual v Target' is due to a change in reporting methodology from St Michael's Hospital after the 2009 target was set.
 - Tullamore Hospital included dialysis treatments in its daycase target for 2009. Dialysis treatments are not included in daycase targets. For Tullamore Hospital, daycase numbers will be significantly below target levels and this will effect the overall daycase target out turn for this network.

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.

NHO Summary

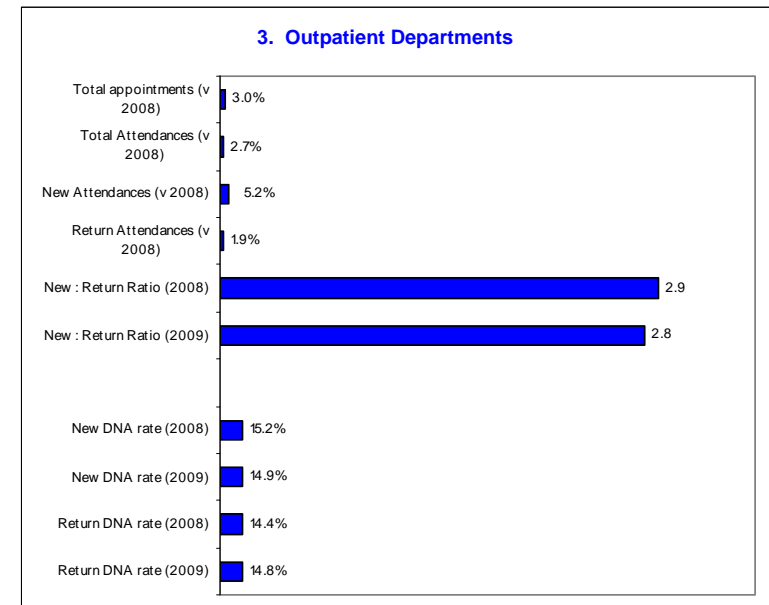
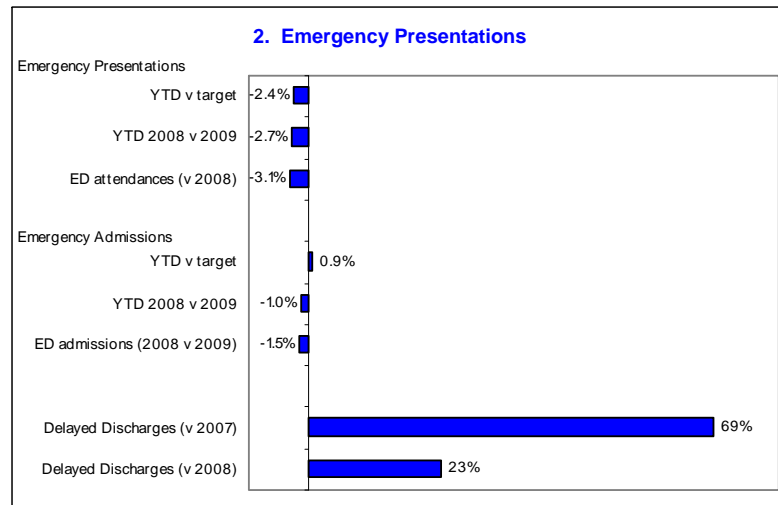
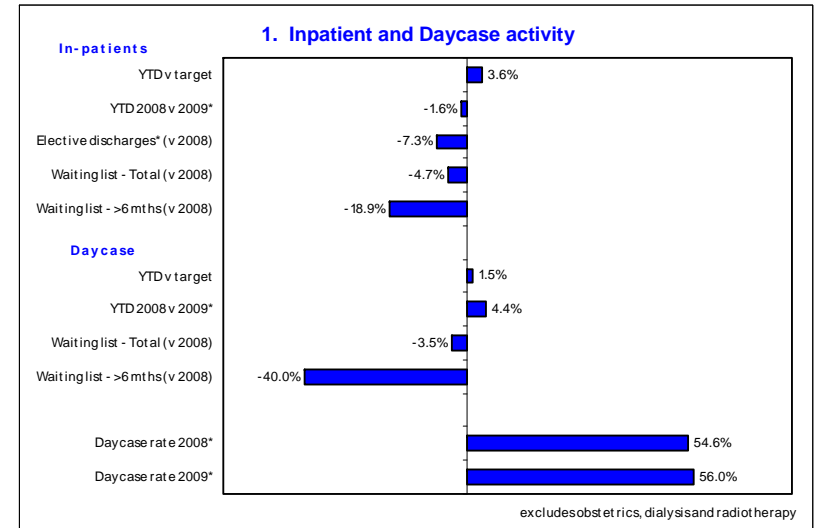
1. Inpatient activity continues below 2008 levels with a reduction of over 7% in elective discharges (Figure 1). This is in line with service plan objectives and approach. However, inpatient discharges have not reduced as significantly as planned and inpatient levels are still over 3% above planned levels. Delayed discharges in hospital are at high levels (n= 871) and bed closures are also increasing (n=745). Daycase discharges have increased by 4% compared to 2008 and are just above target levels. The day case rate has positively increased from 55% to 56% but further increases are required. Overall, inpatient and daycase waiting lists have reduced by 5% and 4% respectively, compared to the same period in 2008. Patients waiting more than 6 months for inpatients and daycases have also reduced significantly (compared to same period in 2008).

2. Compared to last year, emergency presentations to hospitals and attendances at ED have decreased by nearly 3%. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are almost equivalent to 2008 but emergency admissions via ED have reduced by 1.5%. This is most likely due to better admission controls, increased numbers of delayed discharges and continuing bed reductions. Delayed discharges have increased by 23% compared to the same period last year and 70% compared to same period 2007 (Figure 2). Managing ED admission waits in a number of key hospitals continues to present challenges with the health system. Although many hospitals demonstrate access to ED treatment for patients not requiring admission, challenges still remain for hospitals in admitting patients to inpatient beds within the target time. A number of key HSE projects, e.g. the discharge planning project, will significantly assist in this area.

3. OPD activity is showing a positive performance in 2009. The total number of OPD appointments has increased by 3% but most importantly the number of new OPD attendances has increased by over 5%. New OPD attendance rate across high volume specialities has also increased significantly (see OPD section). The new and return DNA rate remains constant (Figure 3).

Inpatient and Day Case Activity

Inpatient activity is 3.6% ahead of target and 1% lower than 2008 levels. However, because obstetric activity is a demand driven service and anticipated to increase during 2009 a more accurate picture of activity changes can be seen if obstetric activity is separated out. Not including obstetrics, inpatient activity has decreased by 1.6% and elective discharges by 7% (Figure 1).



To assist the future planning of service delivery for the remainder of 2009, it is possible to use the current data to project out possible year end activity positions. Figures 4, 5 and 6 outline the potential full year out turn position for inpatients and daycases and for inpatients and daycases combined. The NSP 2009 outlined a commitment to provide equivalent hospital treatments for inpatients and daycases (on a combined basis). This would be achieved by reducing inpatient discharges and simultaneously increasing the number of patients

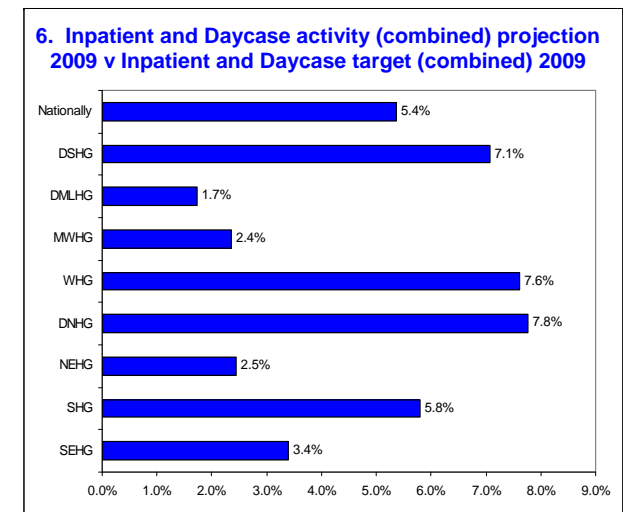
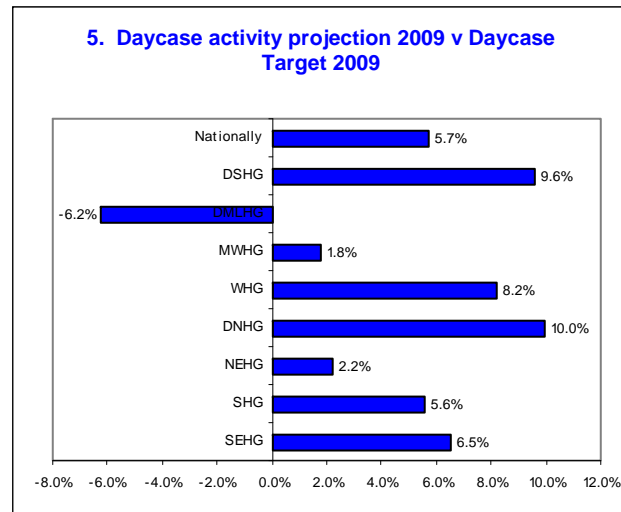
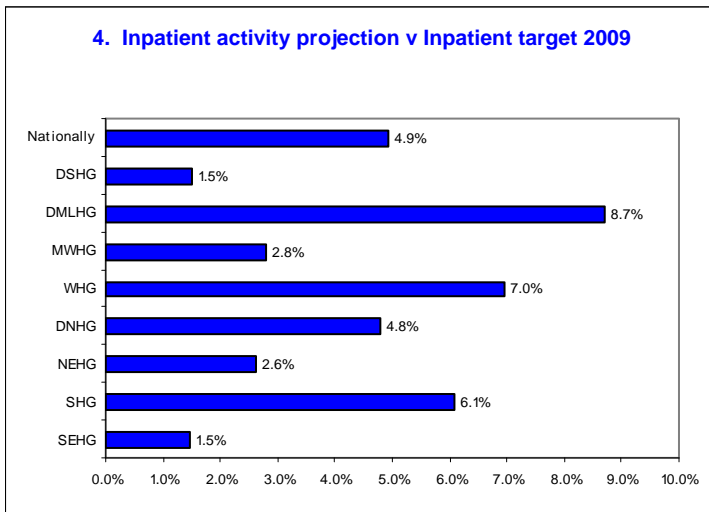
treated on a daycase basis (and also resulting in a positive effect on daycase rates). These projections are based on a straight line projection models which take account of the first six month's outturn and the average discharging rates for May and June. Daycase projections are adjusted for working daycase and the discharging rates for May and June were used as the most recent month's data which take into account the most recent capacity reductions across hospitals.

Figure 4 shows that if May and June discharging rates remain constant for the remainder of the year, the year end activity position nationally will be 5% higher than target. This will result in 28,000 more inpatients being treated than were planned for in 2009. The areas of Dublin Midlands, Dublin North, the South and the West will have the most significant variances to targets. At present, daycase projections for 2009 show that 6% more daycases will be delivered compared to target levels, which will result in over 37,000 more discharges. All networks will significantly exceed their target levels (except for the Midlands where dialysis treatments were included in the target). However, in order to effect a positive change in the daycase rate, such increases in daycase numbers are necessary. In combination, inpatient and daycase treatments will be 5% higher than the agreed "existing level of service" target of the NSP 2009 and approximately 65,000 more patients will be treated in 2009.

The NHO is currently managing activity output against target levels of activity through a number of mechanisms. In the first instance, hospitals have reduced bed capacity from approximately 400 beds in January to 700 unavailable beds in June. There are further capacity reductions planned for the remainder of the year. Where capacity has been reduced and / or there are increased inpatient / daycase demands, hospitals are working very closely with the NTPF to ensure appropriate and timely referral of patients for treatment (inpatient and daycase waiting lists have reduced significantly). At present, reductions in capacity is disproportionately effecting elective treatments compared to emergency admissions. The HSE is currently developing a range of policies and tools to ensure that elective referral capacity is maximised across all hospitals.

A number of factors should also be noted that relate to the possible reasons why activity levels will be higher than target levels for 2009. These are:

- Inpatient activity levels are reduced compared to 2008. Targets for 2009 were adjusted to take account of a significant shift of inpatient activity to daycase. Thus, hospitals have been reducing inpatient activity levels in 2009 but not to the level that would bring them in line with target levels.
- Many hospitals have high rates (75%+) of emergency workload. Such high emergency rates make it difficult to reduce or avoid an inpatient admission and make it more difficult to convert potential inpatient admissions into daycase treatments. This strategy was primarily based on targeting short stay elective inpatients into daycase treatments and elective admissions have reduced by 7% in 2009 so far.
- Demand does not remain static. Although emergency presentations are lower in 2009 compared to 2008, the total number of elective inpatient and daycase referrals may have risen during 2009 which have resulted in significantly more demand for these treatment options.



A number of issues should be borne in mind in relation to these projections. Any projection model is based on assumptions and underlying assumptions can change during a forecast period. The two potential assumptions that could effect the outcome of these projections are a) further changes in hospitals capacity in terms of further bed reductions / increased

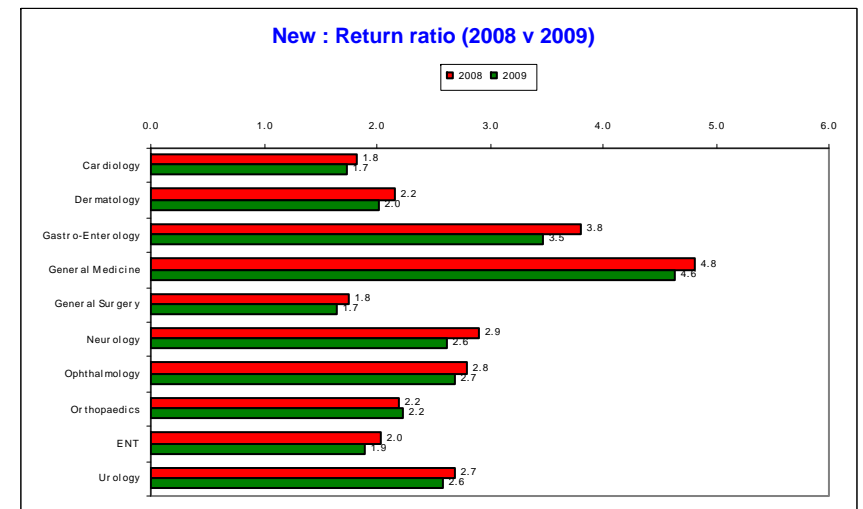
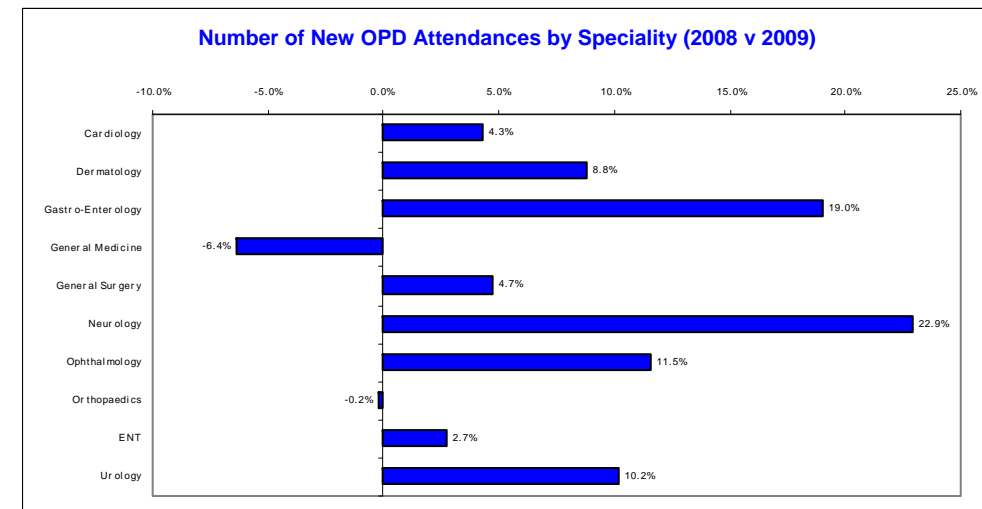
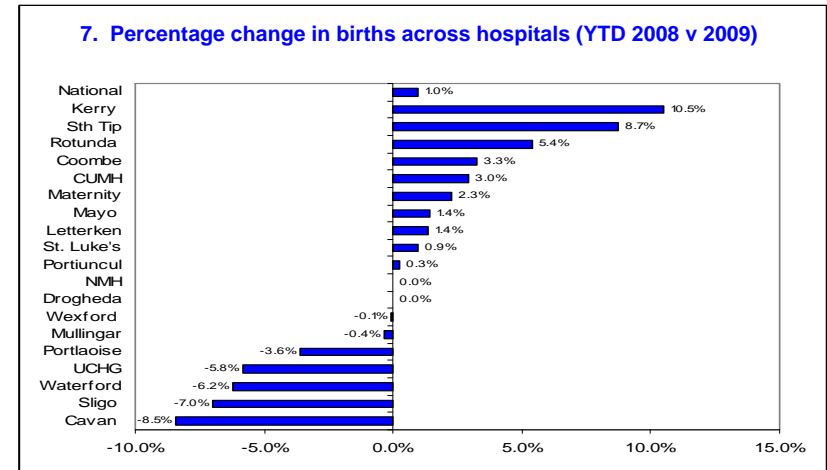
delayed discharges / transfer of hospital staff to community settings and b) the as yet unknown impact of H1N1 on the provision of hospital services. The number of beds unavailable for admissions has increased during 2009 from approximately 400 in January to over 700 in June and the number of delayed discharges continues to rise. Further bed reductions during the summer period are planned which may potentially reduce activity further in the near term.

Births / Gynaecology

Birth numbers still continue to be slightly higher than 2008 levels (+1%). A number of hospitals are continuing to experience significant increases in birth numbers (e.g. Kerry, South Tipperary, Rotunda). Conversely, a number of hospitals are experiencing a reduction in birth numbers (e.g. Cavan, Sligo, Waterford and UCHG). (Figure 7)

Outpatients

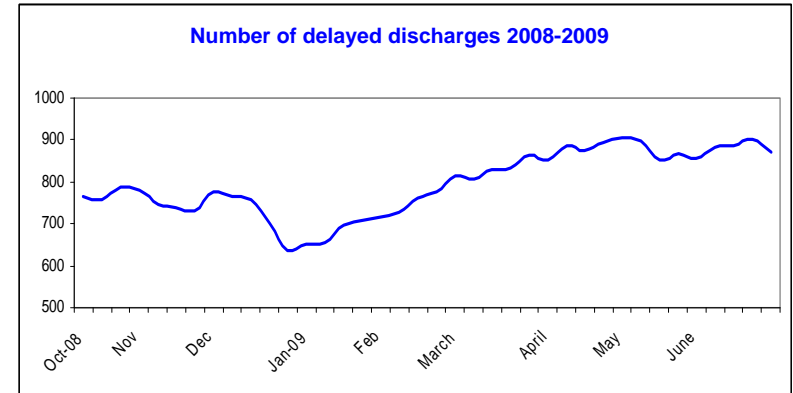
The HSE has an OPD service improvement project on-going since mid 2008. A number of specialities account for a significant proportion of all OPD activity within the system. For example, the 10 specialities below account for nearly half of all OPD activity. As can be seen, compared to the same period in 2008, many of the specialities have increased the number of new OPD patients that have been seen during this period. Neurology (+23%), gastro-enterology (+19%) ophthalmology (+12%), dermatology (+9%) have made significant improvements in the number of new out-patients being seen. General surgery and cardiology have also made improvements of at least 4%. The number of general medical OPD attendances has decreased by 6% and orthopaedics has remained constant. The second figure below outlines the new : return ratio for these specialities between 2008 and 2009. One of the aims of the OPD service improvement is to increase new attendance capacity by reducing the number of return patients. This creates appointment availability for new patients (along with other measures) and introduces a culture of a focused period of hospital use of OPD services. As can be seen, all specialities have reduced their new : return ratio which indicates that not as many patients are being returned compared to previous years. It also indicates that for specialities that have increased significantly their new attendance number, that in many cases this has been done by re-engineering business processes and reducing return OPD visits. For example, neurology has increased its new attendance volumes by 23% (from 5,000 to 6,000; 2008 v 2009 YTD) by reducing its new : return ratio from 2.9 to 2.6. Similarly, in gastro-enterology, new attendance volumes have increased by 19% and new : return ratios from 3.8 to 3.5. Dermatology has increased new attendance numbers by 9% and have reduced new : return ratios by from 2.2 to 2.0. In general medicine, despite reducing the new : return ratio, new OPD attendances have decreased by 6%.



Delayed Discharges

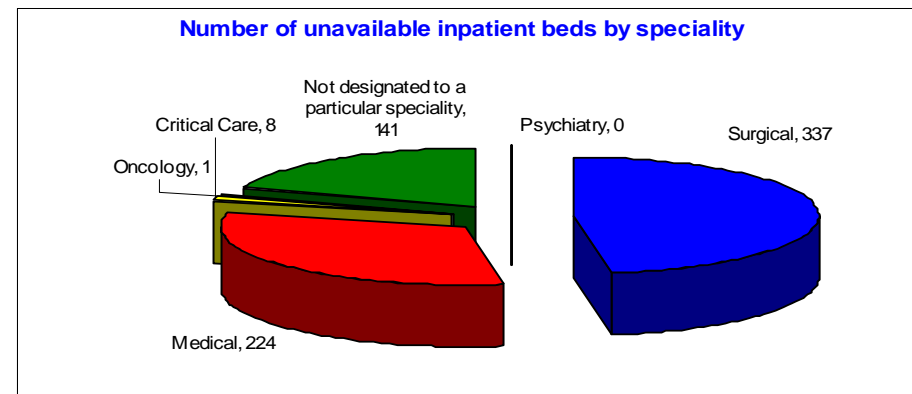
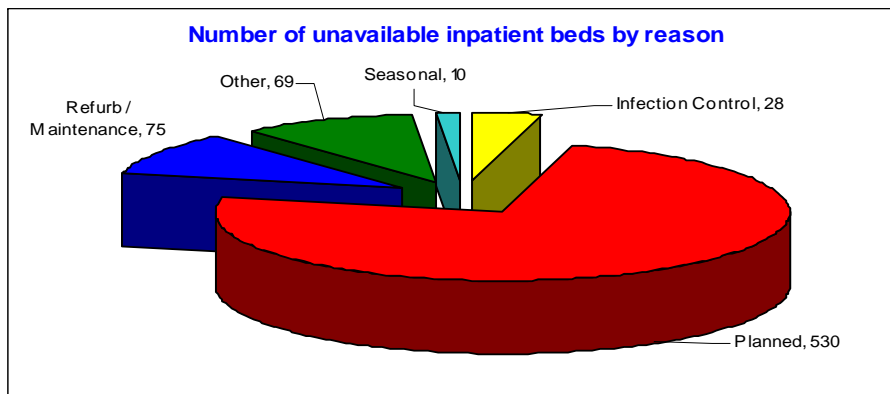
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed discharge information is collected.

The number of delayed discharges nationally continues to be high at 871. As can be seen from the figure to the right, delayed discharges have risen since January 2009 but have not significantly decreased since this period. There has been stabilisation of delayed discharges since May but there has been no reduction overall.



Bed Capacity Management

Hospital Bed capacity management and shifting the emphasis to community care continues to be a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions stratified across all hospitals as outlined below. There were 501 beds (498 inpatient; 3 day beds) unavailable for discharges during May and in June this was 745 (712 inpatient; 33 daybed). There are now more surgical beds (337) than medical beds (224) unavailable for admission.



New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 1,087 and 6,437 respectively and for day cases was 1,326 and 13,433 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,330 and 6,940 respectively and for day cases was 1,823 and 8,069 respectively. Overall the inpatient waiting list has decreased by 5% and the daycase waiting list by 4%.

Emergency Department Data

Tables A shows the complete time of ED visits for June, covering 11 hospitals who between them account for 45% of average daily attendances at the ED. It is gathered by recording the in / out time for all attendances on a 24 hour basis. Tables B and Table C break out the detail for those who were discharged from the ED and those who were admitted from the ED. As can be seen, many hospitals have average ED waiting times of less than the 6 hour access time target (based on all patients or sampling approach). For example, hospitals such as Tullamore, Limerick Regional, St. Lukes, South Tipperary, Waterford and Cavan all have overall ED waiting times of less than 6 hours. Hospitals also admit patients within the 6 hour waiting time (e.g. Kerry, Tullamore, Letterkenny, Navan and South Tipperary). However, many hospitals still face the challenge of an admission time from first registration at ED to the ward of 6 hours. The HSE is continuing to work to ensure that the ED waiting time target is achieved across all hospitals.

Table A

Hospital Results - based on all ED attendances	Average number of people seen in ED daily	Average hours for complete ED visit.
Kerry General	101	2.3
Tullamore Regional	121	2.4
Portiuncula Hospital	60	2.7
Letterkenny General	88	3.5
Mercy Hospital	69	4.8
Limerick Regional	172	4.9
AMNCH	110	6
Cork University Hospital	164	6.2
St. Vincents, Elm Park	121	7.4
St. James Hospital	131	8.5
Beaumont Hospital	136	12.7

Table B

Hospitals	Average number of people seen in ED daily who were not admitted	Average hours waiting: Non-Admitted patients
Kerry General	79	2.1
Tullamore Regional	103	2.1
Portiuncula Hospital	42	2.7
Letterkenny General	55	4.9
Mercy Hospital	57	2.7
Limerick Regional	132	4.0
AMNCH	75	5.8
Cork University Hospital	120	6.0
St. Vincents, Elm Park	99	7.5
St. James Hospital	99	7.4
Beaumont Hospital	105	8.5

Table C

Hospitals	Average number of people seen in ED daily who were admitted	Average hours waiting: Admitted patients	Average numbers daily waiting more than 24 hours at 2pm (after decision to admit)
Kerry General	22	2.9	0.0
Tullamore Regional	18	3.9	0.0
Portiuncula Hospital	18	2.8	0.0
Letterkenny General	33	2.7	0.0
Mercy Hospital	12	14.1	0.4
Limerick Regional	40	7.8	0.1
AMNCH	35	6.5	0.2
Cork University Hospital	44	6.6	0.1
St. Vincents, Elm Park	22	6.7	0.0
St. James Hospital	32	12.4	0.0
Beaumont Hospital	31	28.5	0.0

The tables below show the ED data for a sample of attendances over a two hour period, (11am – 1pm) each day, in 25 hospitals for January to June. Each person who registers in the ED during these hours is traced back throughout the day to capture the total time they spent in the ED.

Green	< 6 hrs	Orange	< 12 hrs	Red	> 12 hrs
-------	---------	--------	----------	-----	----------

Hospital Results Based on 2 hour daily sample	Table A:		Table B:		Table C:		Data collected at 2pm each day reflecting the average numbers waiting more than 24 hours at that time (after decision to admit)
	Av number of people seen in ED daily	Av hours for complete ED visit for those registered between 11am and 1pm.	Av number of people seen in ED daily who were not admitted	Av hours for complete ED visit for those registered between 11am and 1pm and not admitted.	Av number of people seen in ED daily who were admitted	Av hours for complete ED visit for those registered between 11am and 1pm and admitted.	
Louth County Hospital	45	1.4	34	1.4	11	0.0	0.0
St Lukes Hospital - Kilkenny	59	1.6	35	1.4	24	3.7	0.0
St. Johns Hospital - Limerick	47	1.7	41	1.6	6	4.5	0.0
St. Michaels - DLaoire	41	1.8	37	1.7	4	3.0	0.0
Our Lady's Hospital - Navan	50	1.9	40	1.7	10	3.6	0.0
Nenagh General Hospital	34	1.9	28	1.9	6	2.0	0.0
South Tipp General Hospital	77	2.4	60	1.7	17	4.9	0.1
Midland Regional Tullamore	78	2.4	61	2.3	17	3.0	0.0
South Infirmary-Victoria	59	2.4	48	1.9	11	8.1	0.0
Roscommon County Hosp	38	2.5	26	2.2	12	3.9	0.1
Wexford General Hospital	88	2.5	67	2.4	21	3.8	0.1
Waterford Regional Hospital	145	2.9	100	2.1	45	8.3	0.0
Mater Misericordiae Hospital	122	3.1	95	2.8	27	7.3	0.9
Cavan General Hospital	77	3.2	55	2.3	22	7.3	0.0
Mayo General Hospital	91	3.4	64	2.8	27	9.3	0.3
Mercy Hospital	67	4.1	53	3.6	14	13.8	0.5
Sligo General Hospital	84	4.2	62	3.4	22	8.6	0.0
Cork University Hospital	156	6.3	114	6.0	42	7.4	0.1
Kerry General	93	6.8	71	7.4	22	1.0	0.0
Naas General Hospital	72	9.5	51	6.1	21	20.8	1.1
University Hospital Galway	167	11.1	122	7.7	45	16.5	0.0
Our Lady of Lourdes	125	19.8	99	23.3	26	18.9	1.8
Beaumont Hospital	124	23.6	92	19.1	32	24.5	0.2
Connolly Hospital	87	23.8	65	25.4	22	22.1	0.9
St. Columcilles Hospital	58	24.9	48	26.2	10	23.4	1.0

Dialysis

Analysis of the 2008 end of year statistics have indicated that there were a total of 3,329 adult patients with End Stage Renal Disease (ESKD) who required renal replacement therapy (renal transplant, haemodialysis, or peritoneal dialysis). Of these 1,728 (52%) had a functioning renal transplant, 1,401 (42%) were on haemodialysis and a further 200 (6%) were on peritoneal dialysis.

Compared to end 2007 figures, ESKD patient numbers have increased from 3,143 to 3,329 (+186) patients in one year. Of these the number with a functioning transplant has increased from 1,623 to 1,728 (+105).

Haemodialysis patients have increased from 1,329 to 1,401 (+72) and peritoneal dialysis patients have increased from 191 to 200 (+9).

The prevalence of ESKD in the Republic of Ireland is 785 per million population (p.m.p). The prevalence of a functioning renal transplantation is 408 p.m.p., while the prevalence of haemodialysis is 330 p.m.p. and peritoneal dialysis is 47 p.m.p. In the five years between 31/12/03 and 31/12/08 total dialysis patients have increased from 1,013 to 1,601 i.e. 58%. The number receiving haemodialysis has increased from 829 to 1,401 – 70% in this five year period. The number receiving peritoneal dialysis has increased from 187-200 (7%).

For 2009, actual targets were not set for dialysis numbers as in practice it is a demand led service and therefore the HSE has been responding to actual demand. However, based on the analysis undertaken in this area in recent years there is a demographic related expectation of a net additional 80 – 160 dialysis patients nationally.

Mid year renal statistics are not yet available. These are collated nationally during July/August and will be available for reporting later in the year, where they will be included in the NHO Performance Activity tables.

Ambulance

Emergency Calls

The number of emergency calls in June were down on May by 888 (-5% variance). This is attributable to seasonal factors and there being one day less in the month. Year to date compared to same period last year, the difference is -4,290 (-5% variance), with a variance against target 09 of -0.7%.

Urgent Calls

Urgent call figures dropped by 202 May 09 to June 09 (-3.8% variance) and the same factors as for urgent calls apply. Compared to the same period last year there has been a slight increase of 263 (0.07% variance). Against target, the figure is 2,161 (-6.4% variance).

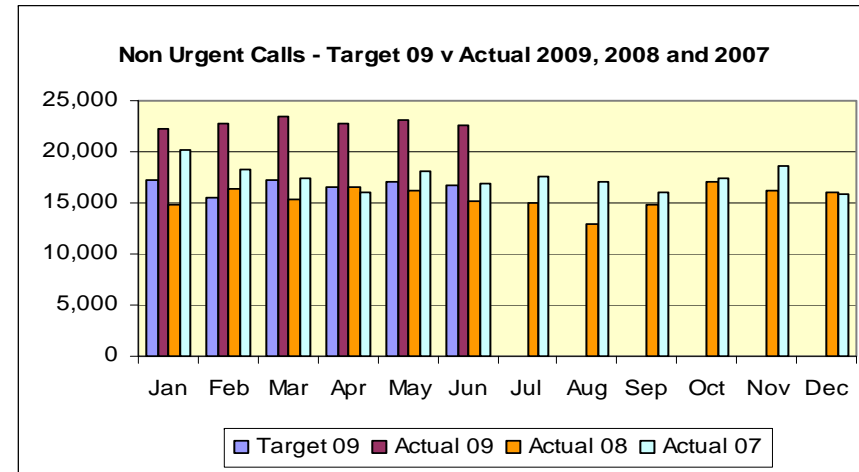
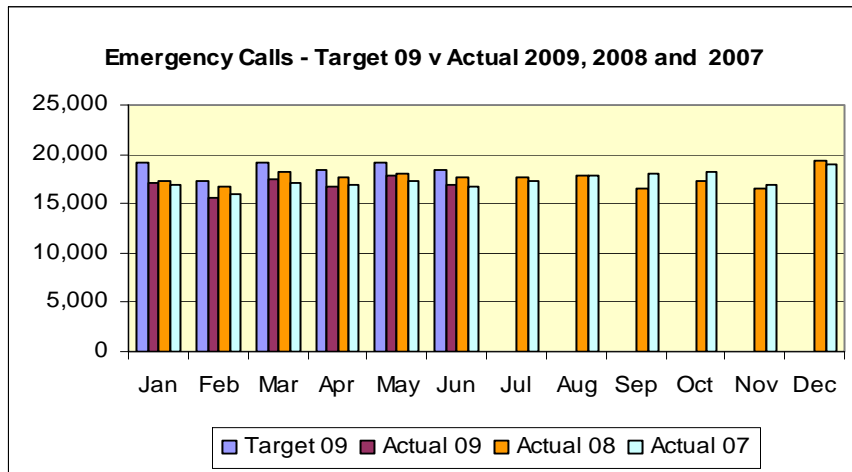
Non-Urgent & Community Transport

In 2009, changes in the methods of calculation and definitions for the two categories have been applied. Therefore they must be examined in conjunction, as a sizeable proportion of what were community transport calls previously are now included in the non urgent category and thus automatically inflating the returns for the latter.

When added together, year to date there has been a drop in activity by 8,248 calls (-2.6% variance). Under current calculations, the East has seen its non-urgent figure increase year on year by 39,654 while community transport decreased by 34,902. This signifies an increase in non-urgent activity of 4,752 calls. A large proportion of that figure is due to renal services. The North East, the West and to a lesser extent the North West have also seen non-urgent numbers increase, which have been attributed to increases in renal and oncology services. Another factor has been the introduction of discharge services which, when combined with having to use single stretcher vehicles, has contributed to a significant increase in non-urgent transport. Inter-hospital transfers, as part of reconfiguration, have also been a contributing factor.

Response Times

The introduction of a new Computer Aided Dispatch System in the West has meant that response times are now more precisely recorded, the effect of which has been to increase response times when compared to those recorded pre-installation of new system. When collated, the West times have therefore skewed the national totals.



National Cancer Control Programme (NCCP)

Changes in Reporting Format for Breast Performance Indicators (PIs)

During 2009 it had become evident that the reporting mechanism on Breast performance indicators (PIs) for the NSP was not reflective of the improvements being made by individual breast units in the 8 cancer centres each month. As new appointments, transferred resources and additional equipment have been added to the existing resources on an equitable basis related to activity, performance, standards and targets have improved. Centres have prioritised standard1 – urgent referrals. On agreement with the Cancer Policy Unit of the DOHC, breast PIs will additionally be reported in a monthly graph format to clearly show performance related improvements. This detailed information is available in the Supplementary Report (pages 62 to 67).

Issues to note for June

Mater Hospital

Due to a major capital development within the existing breast health unit in the Mater Hospital, to expand the existing imaging facility and redevelop the clinic and waiting space, this unit was effectively closed for a period of in excess of 6 weeks.

During this period a number of referrals were redirected to Beaumont hospital until 22nd May and to the Mater Private Hospital under a Service Level Agreement (SLA).

Clinics have now returned to their normal level of 50 patients per clinic, with the majority of urgent referrals being seen within the two week target. With the addition to the team of a new surgical appointment from August, and the addition of surgical sessions transferred from Drogheda in September a plan is in place to increase Triple Assessment Clinics from 4 to 7/8 per month. The breast unit is already running extra non-urgent clinics for those referrals received during the down time, and imaging is back on target.

Section 4 – New Service Developments

Key Result Area	Deliverable 09	Progress in Reporting Period			
PRIMARY CARE					
Immunisations	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)	€250,000 media/communications, €3,000,000 vaccines (6in1 and PCV)			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	Total €3,250,000
	€12m	-	Q1–Q4	<i>WTEs ytd:</i>	1 WTE (Project Manager)
MENTAL HEALTH					
Suicide Prevention Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	Following sanction to proceed, NOSP will now progress this work in Q3.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€0
	€100,000	-	Q1–Q4	<i>WTEs ytd:</i>	None
Progressing Vision for Change	Programme 'Your Mental Health' further developed targeting whole population and specifically young people	Initial work carried out in developing a campaign plan and proofing of concepts by consultation groups. Following sanction to proceed, NOSP will now progress this work further in Q3.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€38,000
	€900,000	-	Q2	<i>WTEs ytd:</i>	None
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)	As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€500,000	-	Q2	<i>WTEs ytd:</i>	
Progressing Vision for Change	Early intervention services for mental illness further developed (detail in the care group section)	As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€250,000	-	Q2	<i>WTEs ytd:</i>	
Child and Adolescent	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.	As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€1.05m*	35	Q2	<i>WTEs ytd:</i>	
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€38,000
	€2.8m (€1.75m once off)	35	-	<i>WTEs ytd:</i>	None

Key Result Area	Deliverable 09	Progress in Reporting Period
DISABILITY SERVICES		
Disabilities Assessment and Intervention Services	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	As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit.
	<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
OLDER PEOPLE SERVICES		
A Fair Deal and Associated Work	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	Preparatory work continued during the period in preparation for the introduction of the Scheme.
	<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
NATIONAL CANCER CONTROL PROGRAMME		
Lung Cancer Services	Access to lung cancer surgery in 4 of the centres improved	Equipment being purchased for new clinics.
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€3m	22
	<i>Timescale</i>	<i>WTEs ytd:</i>
	Q4	0
		<i>New posts approved. Recruitment commenced</i>
Prostate Cancer Services	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased	Two prostate rapid access clinics opened.
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€3.4m	28
	<i>Timescale</i>	<i>WTEs ytd:</i>
	Q4	0
		<i>NEMU has approved filling of posts to accommodate set up of rapid access clinics</i>
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed	National centre at Beaumont Hospital networked to CUH at planning stage
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€1m	8
	<i>Timescale</i>	<i>WTEs ytd:</i>
	Q4	0
		<i>NEMU has approved filling of 7 posts to accommodate development of cancer neurosurgery network with Beaumont and CUH</i>
National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed	No formal decision made around location of national centre as yet.
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€1m	8
	<i>Timescale</i>	<i>WTEs ytd:</i>
	Q4	0

Key Result Area	Deliverable 09	Progress in Reporting Period			
National centre for pancreatic cancer	National centre for pancreatic cancer developed	St. Vincent's Hospital has been identified as the national centre for pancreatic surgery. Development of the national service is at planning stage.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1m	8	Q4	<i>WTEs ytd:</i>	<i>0</i>
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.	Supports in place for breast programme. Also, 2 new consultant posts approved to support other oncology theatre developments.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1m	14	Q4	<i>WTEs ytd:</i>	<i>NEMU has approved filling of 2 posts</i>
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.	At planning stage.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>€1700</i>
	€1.53m	-	Q4	<i>WTEs ytd:</i>	
Additional Patient transport support	Patient transport support scheme rolled out further.	Patient transport will be further rolled out as services transfer into designated cancer centres.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€500,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
NPRO Capital development plan	Phase 1 construction work continued in Beaumont and St. James's Hospitals	Phase 1 Construction work continues in Beaumont and St. James's. Target completion 2010.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1.7m	12	Q4	<i>WTEs ytd:</i>	<i>NEMU has approved filling of 10 posts to date.</i>
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.	Timescale Q 4			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€870,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€1,700
	€15m	100	-	<i>WTEs ytd:</i>	NEMU has approved filling of 83 posts

Key Result Area	Deliverable 09	Progress in Reporting Period			
INNOVATION					
Innovation Funding	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.

Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
CP 17 Corporate Quality and Safety (Risk)		
Quality and Risk Framework	<p>Implementation of Quality and Risk Framework including a Quality and Risk Management Standard.</p> <ul style="list-style-type: none"> Numbers and percentage of Hospitals who have completed self-assessments and developed associated action plans Number and percentage of LHOs who have completed self-assessments and developed associated action plans. 	<p>Hospitals were set target date of 27th of March 2009 to complete self-assessment and quality improvement planning. The outcome of self-assessments and quality improvement planning is now being collated at a hospital network and national level.</p> <p>All Hospitals (100%) operated or funded by the NHO have now completed self-assessments and developed associated action plans.</p> <p>At the end of Q2, a total of 9 LHOs (28%) have completed the self-assessment process</p>
Serious Incident Management Reporting	<p>Implementation of incident management policy throughout the organization and HSE funded health services including:</p> <ul style="list-style-type: none"> Serious Incident Management Policy, Processes Guidelines for Conducting Inquiries. Development of a Serious Incident Database and dissemination of the learning from these serious incidents throughout the system. 	<p>To be reviewed in Q3.</p> <p>In development. This is now expected to be completed in Q3.</p> <p>This database is operational and is due to be evaluated in Q3.</p> <p>As at the end of June the total number of cases with the Serious Incident Management Team (SIMT) was 31. This included 26 from PCCC and 5 from NHO. The SIMT has oversight of these and the list is reviewed and updated after each meeting.</p>
Commission on patient safety and quality	<p>Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.</p>	<p>The DoHC has established an implementation steering group. A number of project groups are established who will draft project plans. Draft plans for 'Adverse event management' and 'Clinical Audit' are awaiting sign-off before commencement takes place.</p>
Quality Improvement Plans	<p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <ol style="list-style-type: none"> Service reviews. Investigations and our internal system analysis recommendations 	<p>National Template for Policies, Procedures, Protocols and Guidelines (PPPGs) Evaluation completed and feedback / comments incorporated in the document which has been sent to project commissioner.</p> <p>Medical Devices Project: All documentation aligned and sent to key stakeholders for consultation, with feedback due back by 17th July.</p> <p>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and available on line.</p>

Key Result Area	Deliverable 09	Progress in reporting period
Risk Register	<p>Risk Assessment and Development of Risk Registers in line with HSE policy and guidance across NHO and PCCC including:</p> <ul style="list-style-type: none"> • Numbers and percentage of Hospitals with Registers. 	<p>The NHO has prioritised the development of risk registers and one national briefing session (27th March) has been followed by a series of eight network based training sessions (20th April to 1st May) to begin development of risk registers.</p> <p>Development of hospital level risk registers is ongoing.</p>
	<ul style="list-style-type: none"> • Number and percentage of LHOs with Registers. 	<p>Information sessions and training workshop for risk register development were held in Q2 across all PCCC Areas. Support documentation and materials was developed and circulated to each LHO. 4 LHOs (12.5%) currently have risk registers in place.</p> <p>Risk Registers - Pilot Sites NHO: two pilot sites are progressing with the development of registers - on target. National HR: two meetings have been held and the registers are at an advanced stage of development. PCCC: four LHO pilot sites are progressing, with two of these having been identified for early implementation of an ICT system. National PCCC will also be ready for early implementation. HSE RR ICT Project: work on the development of a training manual and programmes commenced on Monday 25th May. Site readiness checklist and guidance circulated to pilot sites. Each site to nominate a site implementation coordinator (SIC). A meeting with the eight SICs took place on 2nd June.</p> <p>Risk Registers Non-Pilot Sites NHO completed the 8 network training workshops. To set up network based support for lead risk staff for life cycle of project. PCCC held training workshops in June. National Communications have now set a date for a risk identification workshop in order to commence development of their risk register.</p>
Corporate Risk Register	Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register	<p>The Corporate Risk Register is discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee.</p> <p>Internal Audit (Financial) and Quality and Risk Healthcare Audit of Corporate Key Risk Register is ongoing by the Office of Quality and Risk and Internal Audit.</p>
Response to HIQA's 2008 hygiene services quality review	<p>Co-ordinate a response to HIQA's 2008 Hygiene Services Quality Review.</p> <ul style="list-style-type: none"> • Number and percentage of poor performers who have received peer to peer support to develop QIP Target 100%. Q1 • Number and percentage of poor performers who have developed and are implementing QIP. Target 100% Q2 • Number and percentage of poor performers who have completed implementation of QIP. Target 100% Q3 • Number and percentage of poor performers who have self-assessed and reported improvement versus HIQA assessment 2008. Target 100% Q4 	<p>Poor performing hospitals (14 in total) have all met with the national director of NHO and Lead of the NHO's Patient Safety and Healthcare Quality Unit to discuss 2008 results.</p> <p>14 out of 14 (100%) hospitals have received peer-to-peer support.</p> <p>14 out of 14 (100%) hospitals have developed and are implementing their quality improvement plans. These have been made publicly available by the NHO along with tools to support improvement on http://www.hse.ie/eng/Publications/services/Hospitals/QIPreports</p> <p>Implementation of these quality improvement plans is ongoing in the 14 hospitals.</p> <p>Hospitals, through the Network Managers, have been issued with a template to report progress realised during the first half of the year on the implementation of quality improvement plans. These are due to be returned to the Patient Safety and Health Care Quality Unit by 17/07/09.</p>

Key Result Area	Deliverable 09	Progress in reporting period
	<p>Status of implementation of national strategic audit report and inclusion of reporting against PCCC high-level indicators:</p> <ul style="list-style-type: none"> • Presence / absence of infection control action plans for facilities assessed in audit. • Presence / absence of implementation plans for facilities assessed in audit. <p>Completion of self assessment hand hygiene audits across older persons, mental health and disability facilities across PCCC.</p>	<p>Following PCCC Hygiene Audit, 74 action / implementation plans were required and 70 have been developed (95%). Four action plans from the 21 due from Dublin Mid Leinster are outstanding. All other areas have submitted theirs. The implementation of these action plans is being monitored by local implementation teams (LITs).</p> <p>Hand Hygiene audits have been completed by PCCC in all HSE owned and operated older persons units with greater than 16 beds, in the first quarter.</p> <p>All mental health facilities (HSE owned and operated, greater than 16 bedded units) are monitored through the LIT dashboard. While these audits were all to be completed by the end of Q2, not all have been completed due to HR issues.</p>
Implementation of National Standards for the Control and Prevention of Healthcare Associated Infection	<p>Support the implementation of the National Standards for the Control and Prevention of Healthcare Associated Infection:</p> <ul style="list-style-type: none"> • Develop a self-assessment tool for use by hospitals (Q2) • Deliver 4 regional self-assessment training workshops (Q3) • Number and percentage of hospitals that have completed self-assessment and developed action plan (Q4) 	<p>The NHO has prepared a self-assessment tool with guidance document to support the implementation of the National Standards for the Control and Prevention of Healthcare Associated Infection in collaboration with the HPSC. HIQA were consulted in relation to same. Four regional self-assessment training workshops were held and instruction to commence self-assessment and quality improvement planning will issue to hospitals from NHO in July 2009. .</p>
Quality and Risk Healthcare audit	<p>Assurance function of O. Quality and Risk commenced with Corporate Key Risk Reg.</p>	<p>These audits, in collaboration with Internal Audit, are to be completed in Q4.</p>
Education and Training	<p>In partnership with Consumer Affairs and Office of Quality, training packs developed and training facilitated, to enable implementation of Quality and Risk Management Standard and initiatives such as Healthcare Audit.</p>	<p>One phase of training is complete.</p> <p>A new training programme is currently in development. Delivery will commence in Q4, to include management.</p>
Development of Document Control Process	<p>HSE-wide template and guidance document for policies, procedures and guidelines developed.</p> <p>Document control process developed.</p>	<p>This draft document is to be completed in Q3.</p> <p>A pilot of this process is currently underway.</p>
Equipment (Medical Devices)	<p>Policy, Standard and Procedural Guidance developed.</p>	<p>Consultation is to take place in Q3 and a further update will be provided in the second bi-annual report.</p>
Implementation of Service Arrangements (SLAs)	<p>Service Arrangement contracts with non-statutory providers implemented by the Service Directorates.</p>	<p>Implementation capacity has been developed in each of the three Directorates. At the end of May, in excess of 400 agencies in PCCC had completed formal arrangements out of a total of 2,758 agencies. Commitments have been received from the majority of the large intellectual disability organisations that they will sign SLAs, this comprises of 56% of the total funding of €1.193b to the disability sector. Work on the detail of the Service Arrangement schedules for these organisations is nearing completion.</p> <p>Population Health anticipates that formal written arrangements will be in place by end of July this year with all agencies funded by them.</p> <p>Considerable progress has been made with the Association of Hospital Chief Executives (which includes the Dublin Academic Teaching Hospitals (DATHs), Dublin Maternity Hospitals and other voluntary hospitals). St. Johns Hospital has formally confirmed agreement to the progression and implementation of an SLA for 2009.</p> <p>A number of agencies are raising issues which centre on their independence and these issues are being systematically addressed.</p>

Performance Activity	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Safety and quality							
MRSA bacteraemia notification rate per 1,000 bed days used	0.15	6% reduction	6% reduction	*0.11			
Antibiotic consumption rates	Discussions are currently underway to enable quarterly reporting against this performance indicator						

*Provisional data from Q1 2009.

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below)	Work is ongoing in relation to systems analysis as a method of complaint investigation.
User Involvement	National Strategy for User Involvement implemented.	<ul style="list-style-type: none"> • Second meeting of the Working Group for Community Participation in Primary Care took place. • Second meeting with National Communications Unit to explore the HSE Communications Plan “Action No. 3.5: Undertake focus groups research and research with members of the public to ensure that service user requirements are met”. • Presentation on the National Strategy for Service User Involvement delivered to Primary and Community Health Nurses. • Meeting with Pat Kenny from HSEland.ie to explore the development of an online training course for service user involvement. • The information project “Home from Home” is ongoing, in collaboration with Health Atlas. • The volunteer advocate training programme is ongoing. Placement in 4 sites has taken place; St Mary’s, Beneavin Lodge, Cuan Ros and St. Joseph’s in Trim. Evaluation of the programme is ongoing and some adjustments will be made.
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	<ul style="list-style-type: none"> • Meeting to discuss the national evaluation of the ‘Your Service, Your Say’ feedback management process. Research proposal agreed upon and drafting of appropriate research tools commenced.
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	<ul style="list-style-type: none"> • Site visits are currently ongoing in respect to the HSE / Combat Poverty Joint Funding Initiative. Tenders of interest circulated for formative evaluation of the initiative. • Tenders appraised and awarded for the formative evaluation of the HSE / Combat Poverty Agency joint funding initiative and technical support.
Consumer Affairs	100% delegated HSE Complaints Officers trained: 900 Complaints Officers.	Approximately 638 Complaints Officers have been trained up to 31st December 2008. No training has taken place in 2009 due to travel restrictions.
	37 Review Officers trained.	Formal training has not taken place. The design of a training programme commenced in the reporting period and is ongoing.

Performance Activity	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints							
No. of complaints	4,891			4,051		1,875	>100%
No. of complaints finalised within 30 working days	2,534			*3,323		1,006	>100%
No. of FOI requests received	4,232			2,519		1,934	30%
HSE National Information Line							
Number of calls received	113,738			74,105		59,010	26%
Communications							
No of Health Forum Questions**	337			158		203	
No of Health Forum Motions**	120			162		41	
No. of 'hits' on intranet sites	46.2m	48.51m	24.24m	50.00m	>100%	13.2m	>100%
No. of 'hits' on internet sites	7.27m	7.99m	3.99m	4.98m	24.8%	3.52m	41.5%
Service Level Agreements							
No. of Service Level Agreements (SLAs) / Grant Aid Agreements in place			2,214	464	-79%		

*Refers to the numbers finalised ytd but this cannot be directly related to the number of complaints received ytd due to rolling timeframe.

**The Regional Health Forum West met 3 times in the first two quarters of 2009, compared with 4 times in the same period 2008.

Section 6 – Specific Service Theme on Child and Adolescent Mental Health Services

Introduction

In Ireland mental health services are provided through a range of primary and community-based services as well as Specialised Services catering for Children and Adolescents (0-17 years), Adults (18-64 years), Older Persons (65 years and Forensic services.

The national policy framework for mental health in Ireland is outlined in a “Vision for Change” document which was adopted by the HSE Board as policy in 2006. Vision mapped the strengths and inadequacies of the existing services and details a series of actions that are required to address these shortfalls.

The HSE’s Vision for Change Implementation Plan to provide a comprehensive person-centred mental health service model, incorporates all recommendations including those for the future development and enhancement of Child & Adolescent Mental Health services up to the age of 18 years as a result of the Mental Health Act which reclassified patients aged 16 and 17 as children. Since Child and Adolescent Mental Health Services are organised primarily for the 0-15 year age group, raising the age range to 18 years from 16 years significantly increases the range of services required, particularly in relation to inpatient beds.

What Services do we provide?

Child and Adolescent Mental Health Services are provided in a variety of settings around the country with a total of 54 CAMHS teams serving the various components. These services typically include Community-based Child and Adolescent Teams, Day Hospital Services, Liaison Services and Inpatient Services.

Table 1: Teams in place

CAMHS Services	Teams in place
Child and Adolescent CMHTs	49
Adolescent Day Hospitals	2
Hospital Liaison MHTs	3
Total	54

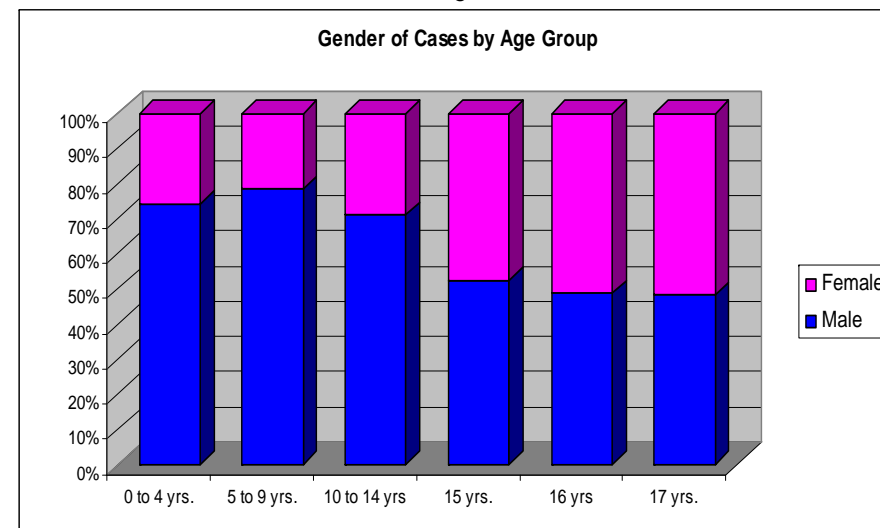
What is the extent of mental disorder in young people?

The current population of Ireland is 4.2m people (2006 Census). 24.5% of this population are under 18 years equating to 1.04 million. Approximately 20% of children will have a mental disorder at any one time (208,000). Of these 10% will be mild (104,000), 8% (83,200) will have a moderate to severe disorder and 2% (20,800) will have a disabling disorder.

Considerable differences exist between age groups and genders. Up until the age of 16 years males are more likely to attend a CAMHS service and this is in line with international trends. After the age of 16 years and continuing into adult life females are more likely to suffer from poor mental health. This is shown in figure 1 below which outlines the primary presentation by gender during the month of November 2008.

In general the incidence and prevalence of mental and behavioural disorders in childhood increases with age and the majority of adult mental health problems and associated impairments in young people have their onset in adolescence. Emotional and behavioural problems and associated impairments in young people are most likely to lower their quality of life and reduce their life chances.

Figure 1:



Community Child and Adolescent Mental Health Teams

This is the first line of specialist services. The multidisciplinary team, under the clinical direction of a Consultant Child and Adolescent Psychiatrist, includes junior medical staff, psychologists, social workers, nurses, speech & language therapist, occupational therapist and child care worker. The assessment and intervention provided by such team is determined by the severity and complexity of the presenting problem(s). To work effectively, a range of disciplines, skills and perspectives are required, so that children and adolescents are offered a care and treatment package geared to their individual needs. A multi-disciplinary composition is therefore required that incorporates the skills necessary to address the clinical management of the varied and complex clinical problems presented.

The Community CAMHS Team provides assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services. The team carries out assessment for referrals to Specialist In-patient, or Day Services and provides training and consultation to other professionals. The majority of cases are managed in a community team setting.

How are we doing?

A National Audit of clinical activity over a period of 1 month of all CAMHS teams, which collected information on age profile and case mix was carried out in November 2008. The results of this audit have been compiled and presented to the PCCC Management Team and at 4 Regional Fora nationally. The final report is due to be launched by Prof. Brendan Drumm in September 2009. The November 2008 audit will be repeated in November 2009. Its scope will be broadened to include day, inpatient and liaison services.

The main findings of the November 2008 audit relate to 49 CAMHS teams and are:

1. Waiting List:

- The total number of children/ adolescents on the waiting list in November 2008 was 492 less than that recorded in 2007, from 3,609 in 2007 to 3,117 in 2008.
- The largest decrease was recorded for the Dublin Mid-Leinster area, down 421 patients from 1072 to 651.
- 20 teams have a waiting list of less than 50 patients
- 40 teams have a waiting list of less than 100 patients
- 4 teams account for a waiting list of between 150 and 250 patients

2. Total Number of Cases Seen:

- During November 2008 a total of a total of 6,687 cases were seen by the 49 CAMHS teams.
- 5,920 (89.9%) of these cases were returns
- 767 (10.1%) were new cases

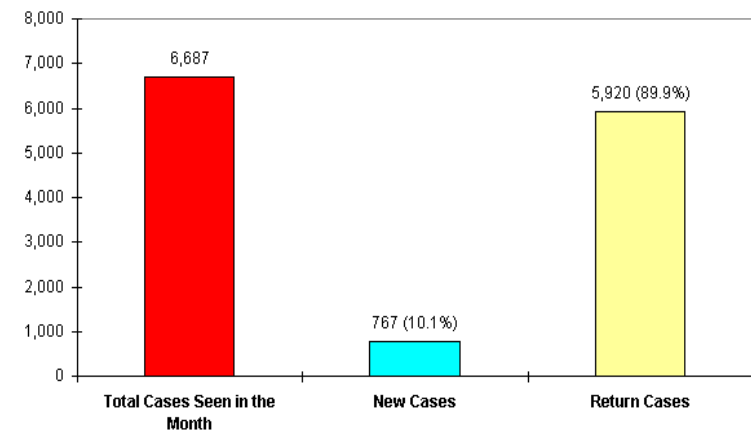
3. New Cases Wait time to first appointment:

- 45.6% of new cases were seen within 4 weeks of referral
- 67.4% within 13 weeks

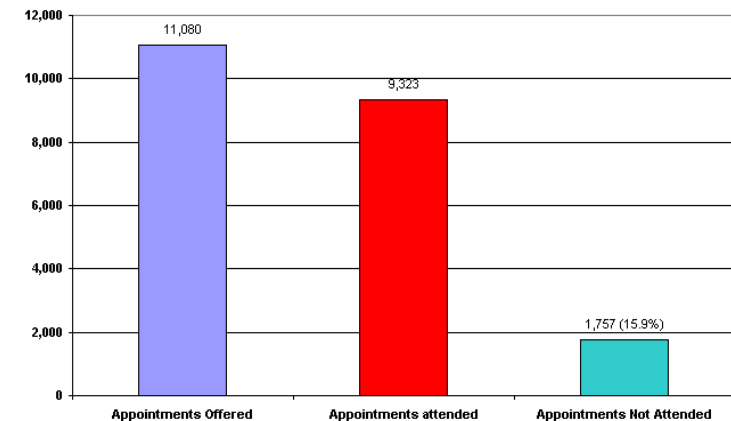
4. Total Number of Appointments Offered

- During November a total of 11,080 appointments were offered.
- A total of 9,323 appointments were attended.
- The rate of non attendance was 15.9%.

Total Cases Seen in the Month, Nov 2008



Total Number of Appointments Offered, November 2008



Monitoring performance of community based teams:

All CAMHS teams began collation of the new/ refined metrics from 1st July 2009 for discussion at the September Health Stat Forum.

Waiting List data will be collated on a quarterly basis and will be reported on for the first time in the October Performance Report in line with current PI reporting requirements. The following data measures pertain:

- Number of referrals received
- Number of referrals accepted
- Number of new patients seen for assessment
- Wait time to assessment
- No. of patients discharged
- Number of children on routine waiting list (quarterly)

A Multidisciplinary Group, representative of all CAMHS staffing and geographical areas has been established under the auspices of the PCCC Service Improvement Group. This group have met once and are currently in the process of scoping out a workplan that will incorporate the following actions:

- Development of a Minimum Dataset
- Setting of performance and quality standards,
- Implementation of routine outcome measurement.

What actions are we taking?

In order to strengthen Child & Adolescent mental health services, the HSE is currently developing additional community based mental health teams, bringing the total number of teams nationally from 47 in December 2008 to 55 by December 2009 at a cost of 10.8 million (56 posts).

Consultant Child Psychiatrists and two CAHMS teams for each Area are being developed. A total of 56 posts are being recruited (14 WTE per Area, including 14 Consultant Child and Adolescent Psychiatrists of which two are replacement posts. The distribution of new Consultants will see 2 in DML, 2 in the West, 4 for Dublin North East and 4 Consultants in Cork. The recruitment process for these posts is ongoing with 17 posts filled to date:

HSE South: 1 post in place since first quarter (Consultant). The balance of staff in process of recruitment with start dates agreed for a further 2 Consultants.

HSE West: 6 posts in place since beginning of the year and balance of staff in process of recruitment with 2 Consultants with start dates in July.

HSE DML: 2 posts in place since beginning of the year and balance of staff in process of recruitment with 2 Consultants with start dates for mid year.

HSE DNE: 8 posts are in place since first quarter including 2 Consultants. The balance of staff is in process of recruitment with start date agreed for a further consultant.

Inpatient Services Child & Adolescent Mental Health Services

The aim of admission to a child and adolescent inpatient unit is to:

- Provide accurate assessment of those with the most severe disorders.
- Implement specific and audited treatment programmes.
- Achieve the earliest possible discharge of the young person back to their family and ongoing care of the community mental health team.

Inpatient psychiatric treatment is usually indicated for children and adolescents with severe psychiatric disorders such as schizophrenia, depression and mania. Other presentations include severe complex medical-psychiatric disorders such as anorexia / bulimia. Admission may also be required for clarification of diagnosis and appropriate treatment or for the commencement and monitoring of medication. As children reach later adolescence the need for inpatient treatment increases due to the increasing incidence of the more severe psychiatric disorders.

As the Adult Mental Health Services were responsible for the care of the 16/17 year age group, the majority of admissions of young people under the age of 18 years were to Adult facilities. Due to the limited availability of inpatient facilities for young people under the age of 16 years, a number of this age group were admitted to Adult facilities also.

The HSE has made the provision of additional child and adolescent inpatient units a priority, such that all young people under the age of 18 years will be admitted to age appropriate facilities, as recommended in *Vision for Change (2006)*. Significant development of inpatient services took place in 2008 during which time the capacity of Warrenstown and St. Anne's Galway increased from 12 to 16 beds operating on a fulltime 7 day basis.

Inpatient Admissions 2008

Table 2: Place of admissions by age:

Year	Admissions	Age -Yrs	< / = 15	16 - 17	Total	%
2007	Adult Hospitals		14	203	217	62%
2007	Child & Adolescent Units		99	36	135	38%
2008	Adult Hospitals		24	223	247	63%
2008	Child & Adolescent Units		90	55	145	37%

The majority of young people under the age of 18 yrs, who are admitted for inpatient assessment and treatment, were admitted to adult approved centres. The total number of admissions was 392, of the total number 145 (37%) were admitted to child and adolescent units. This figure included admissions to Ginesa Adolescent Inpatient Unit at St. John of God Hospital, Stillorgan, which is a private facility. 247 (63%) were admitted to adult inpatient units. The total number of admissions increased by 40 (11.6%) compared with 2007.

Planned development of inpatient services 2009

In 2009 work continued on the development and planning of inpatient services to meet the recommended inpatient service provision as set out in *Vision for Change (2006)*.

- **St. Vincent's Hospital, Fairview, Dublin** completed the first phase of its development of inpatient facilities, with the opening of a 6 bed adolescent unit. A consultant psychiatrist, nursing staff and other members of the multidisciplinary team were recruited. The new unit began operation in March.
- **St. Stephen's Hospital, Cork**, an interim 8 bed adolescent unit was opened on the site pending the completion of purpose built 20-bed unit at Bessboro. A consultant psychiatrist, nursing staff and other members of the multidisciplinary team have been recruited. The new unit will begin to accept admissions in September.

It is projected that a total of 30 child and adolescent inpatient beds will be available by the end of 2009

1. **Merlin Park Inpatient Unit, Galway**, which will replace St Anne's unit is to commence construction.
2. **Bessboro Unit, Cork**, which will replace the interim unit at St Stephen's hospital to commence construction.
3. **The Warrenstown Inpatient Unit** is finalising plans to upgrade and extend its inpatient capacity by 3 beds. A full time consultant psychiatrist will be recruited to the unit and the multidisciplinary team will be expanded in line with service need.

AMNCH Hospital, Tallaght, has been identified as the location for the development of inpatient services in the Dublin Mid Leinster Region. The detailed planning for services on this site will commence.

There are a number of additional initiatives ongoing aimed at maximising capacity of existing CAMHS teams to respond to demand. These include the formalisation of baseline monthly activity data (referred to above) and a more detailed annual audit of activity and the establishment of a Service Improvement Working Group to develop additional activity measures, outcome measures and service quality measures for inclusion in a CAMHS Minimum Dataset to incorporate all service components outlined above.

Further information please contact:

Dr. Brendan Doody.

Clinical Director, Child & Adolescent Psychiatry.

Email: brendan.doody@hse.ie Tel: (01) 635 2629 or (01) 821 2411.

Section 7 – HealthStat – Update at Quarter 2 2009

HealthStat is designed to promote high performance, foster performance accountability at all levels of management and support the institutionalisation of continuous improvement in health service delivery and has been in operation since the start of 2008. Performance data is gathered from existing sources and, where necessary, newly requested from the service delivery end to reflect operational performance with respect to Access, Integration and Resources (AIR). The resulting data is displayed in a performance dashboard of graphics that enable a connected story of health service delivery and facilitate comparison with targets, standards and between units. Some metrics concentrate on the patient journey (e.g. waiting times for different episodes of care) whilst others are focussed on internal efficiency of health service delivery (e.g. Average Length of Stay, Day Case rates, AHP activity, Radiology activity, OPD Clinic performance).

Monthly performance dashboards are circulated for analysis and brought to the HealthStat Forum where the CEO and HealthStat team, together with National Directors of Finance, HR and service delivery (NHO/ PCCC), meet with local clinical and operational service management to discuss performance and agree actions for improvement.

HealthStat progress during 2008

HealthStat was in pilot phase for hospitals during 2008 and during this period the following were achieved:

- Refinement of the HealthStat hospital metrics to a position of stability and a review to produce a revised 2009 dashboard
- The inclusion of hospital Clinical Directors and CEOs / General Managers in the HealthStat forum

Awareness of performance management across the HealthStat hospitals in anticipation of the movement of HealthStat into the public domain in 2009.

HealthStat PMR update for Q2 2009

The second quarter of 2009 continued to be strongly focused for HealthStat with three main points of note:

- All 29 HealthStat general hospitals featured in the forum at least once in 2009, many featured twice.
- Public focus on HealthStat continued to be positive and informed
- PCCC pilot phase was engaged further with the attendance of Local Health Managers (LHMs) at the forum

HealthStat progress

Include:

- The introduction of comparative charts for selected metrics
- An increased number of hospitals are achieving the target of 90 days for consultant-led outpatient clinic routine wait times e.g. in April 2009 there were 11 hospitals scoring green for Medicine and 13 scoring green for Surgery.
- Many hospitals are approaching the 3.5% absenteeism target with 9 hospitals scoring green in April 2009 (please see sample graphs on the next page)

HealthStat in the public domain

HealthStat results are published on www.hse.ie pages that include downloads of HealthStat targets, a HealthStat user guide, overall performance traffic lights for 29 hospitals, performance dashboards for those hospitals in pdf format and comparative charts for selected metrics. Updated information is published at the end of each calendar month.

HealthStat maintains an open relationship with the media, sharing information to ensure factual reporting wherever possible. HealthStat has committed to a rollout of HealthStat to all hospitals and across PCCC during 2009.

Presentation and discussion of PCCC performance improvement projects

The PCCC HealthStat dashboards are in pilot during 2009 and will evolve during the year in preparation for release on www.hse.ie in the first quarter of 2010. In parallel with this, PCCC is progressing with five key performance improvement projects which will result in the development of new metrics and the refinement of others: PHN visits to new born babies, Speech and Language Therapy (SLT), Child and Adolescent Mental Health, Adult Mental Health, Child Immunisation.

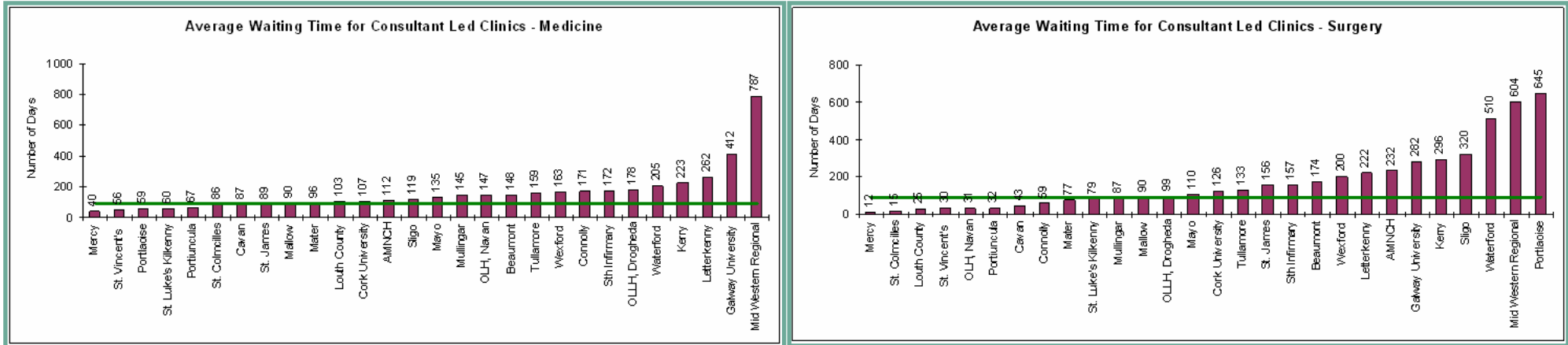
In the April and May presentations were given on Child and Adolescent Mental Health, Adult Mental Health, Child Immunisation.

- The Child Adolescent Mental Health presentation proposed a new dataset that focuses on the drivers for effective service delivery.
- The Adult Mental Health presentation proposed improved metrics for HealthStat.
- The Child Immunisation presentation highlighted the enormous progress made in recent years and months with immunisation coverage and suggested ways to further approach the WHO target of 95% across the country.

The output of these projects will each feed into the development phase of the HealthStat PCCC dashboard during 2009. For the remainder of 2009 HealthStat's focus will be to further develop the PCCC dashboard in readiness for 2010 and to bring all Local Health Offices (LHOs) into the forum.

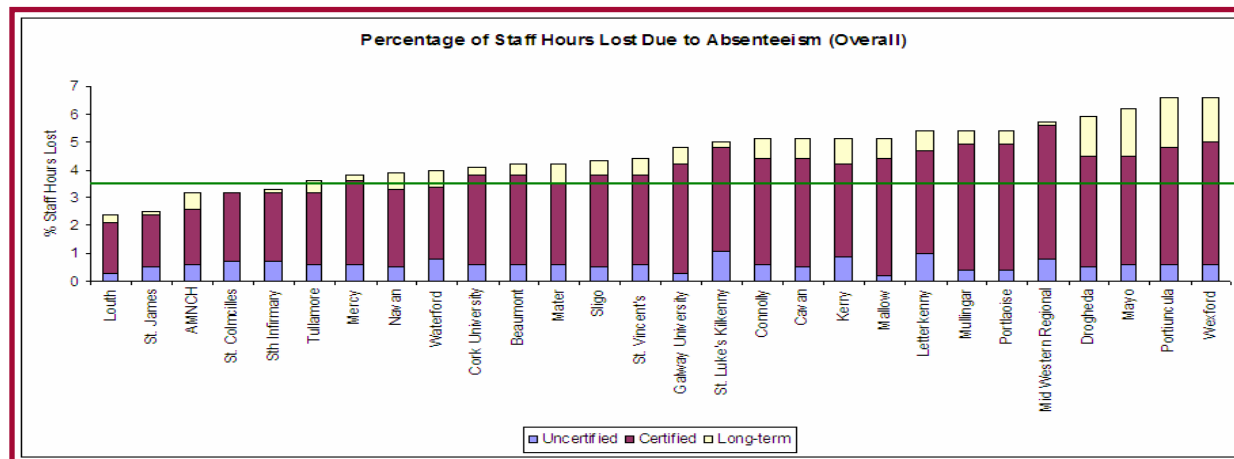
Comparative Bar Charts for Selected HealthStat Metrics – April 2009.

Access: A6 – Average Waiting Time for OPD Consultant Led Clinics April 2009



International Target: all new routine referrals seen within 90 days
Source: HealthStat Monthly Hospital Template

Resources: R5 – Percentage of Staff Hours Lost Due to Absenteeism April 2009



HSE Target: 3.5% or less total absenteeism
Source: HealthStat Monthly Hospital Template

Appendix 1 – Vote Data

Vote 40 - HSE – Vote Expenditure Return at 31st July 2009

(As at 10th August 2009)

1. Vote Position at 31st July 2009

The table below is based on the allocation per the Revised Estimates Volume (REV) which was published on 23rd April 2009.

Vote July 2009	REV Allocation	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over (Under) €000
Gross Current Expenditure	14,599,588	1,305,954	1,319,226	13,272	8,633,353	8,782,362	149,009
Gross Capital Expenditure	410,263	22,977	47,225	24,248	261,735	296,521	34,786
Total Gross Vote Expenditure	15,009,851	1,328,931	1,366,451	37,520	8,895,088	9,078,883	183,795
Appropriations-in-Aid	-1,046,988	-99,027	-80,602	18,425	-570,150	-547,535	22,615
- Receipts collected by HSE	-2,330,275	-226,845	-108,872	117,973	-975,304	-757,921	217,383
- Other Receipts	-3,377,263	-325,872	-189,474	136,398	-1,545,454	-1,305,456	239,998
- Total							
Net Expenditure	11,632,588	1,003,059	1,176,977	173,918	7,349,634	7,773,427	423,793

Gross current expenditure is €149m over profile (€136m over profile in June).

Appropriations-in-Aid¹ are under profile by €240m (€104m under profile in June).

Gross Capital expenditure is €35m over profile (€11m over profile in June).

2. Vote Expenditure Return v Vote Issues Return (27th July 2009)

- The Vote issues return (against REV Allocation) submitted on 27th July 2009 declared a gross revenue overspend of €140m. The increase in the overspend from the issues return relates to demands for cash after the issues return was finalised.
- The shortfall in Appropriations in Aid has increased from €229m per the issues return to €240m in the expenditure return. This is predominantly due to a shortfall in Pension Levy receipts.

3. Capital

Summary

Capital spend across all subheads in the month of July amounted to €47.2m against a Profile of €22.98m resulting in a spend in excess of Profile by €24.2m. In the period Jan-July capital spend across all subheads exceeded Profile by €34.79m. Construction (C1) accounts for the adverse performance to Profile. In the period Jan-July C1 spend is in excess of profile by €42m. ICT (C3) is under Profile by €6.81m for the period Jan-July and Dormant Accounts (B13) is under Profile by €0.40m for the same period.

¹ Revenue and Capital Appropriations-in-Aid.

Subhead C.1. Construction

One of the consequences of the slowdown in the construction industry is that contractors can concentrate greater resources on the construction projects in progress. In a number of cases projects are progressing ahead of projection resulting in expenditure on these projects running ahead of profile. This has resulted in contractual commitments projected to be drawn down in 2010 having to be honoured in 2009. Capital projects ahead of schedule include the community nursing units (7), the completion of the Accident and Emergency Unit at Our Lady of Lourdes Hospital, Drogheda and the construction of the ward element at this hospital.

The 2009 individual expenditure projections are under continuous review since the beginning of the year. As part of the format project approval process each project has been allocated an approved spend limit for the current year. At the outset of 2009 the National Director of Commercial and Support Services withdrew all previous letters of approval and following a review issued new approvals as appropriate.

Since February of this year, no contractual commitment of any value and in relation to any project type can be entered into without prior written approval from the National Director of Commercial and Support Services. Projects are not being progressed beyond their existing stage of contractual commitment. For example projects in Design are being progressed to Tender Stage only. All expenditure other than committed expenditure has been stopped.

The only projects which have received approval to progress since February 2009 are those which are Government priorities. These include:

- Our Ladies Hospital for Sick Children Crumlin – Stem Cell Lab. €2.5m
- Cork University Hospital – Transfer of Diagnostic Breast Services €5.0m
- St. Vincent's Hospital Development Phase 2 €2.0m
- OLOL Drogheda, A&E Department (equipping only) €1.5m
- Mid West Regional Hospital Limerick, Trauma Theatre €1.6m

The amounts detailed above are the projected expenditure on these projects in 2009. It is our understanding that a meeting is to take place between officials from the Department of Finance, Department of Health and Children and the HSE with a view to addressing the final capital position to finalise matters relating to the 2009 Capital Plan.

Subhead C.3. ICT

ICT cash issues are within profile for the period Jan-July 09. Past experience shows ICT spend is weighted towards the later part of the year.

Subhead B13 Dormant Accounts

Dormant Accounts cash issues are within profile.

4. Emerging Issues by Vote Subhead at end July 2009

- The statutory sector is €98m over profile at 31st July 2009 (€77m over profile in June);
- The voluntary sector is €21m over profile at 31st July 2009 (€23m over profile in June);
- The Medical Card Services and Community Drugs Schemes are €46m over profile at 31st July 2009 (€49m over profile in June);
- The Long-Stay Repayment Scheme is €16m under profile (€13m under profile in June);
- Receipts from Health Contributions are €217m under profile due to a shortfall in Social Insurance Fund receipts and receipts from the Revenue Commissioners;
- Pension levy receipts are under profile by €6m. This reduction is attributed to two factors (a) the change in the pension levy rates announced in the supplementary budget and (b) lower than expected receipts from the service providers. A review of receipts from service providers is underway. The Department of Finance has requested a full report on this issue.

5. Year-End Projection

If the present rate of spend is allowed to continue unabated the projected vote deficit at year end is approximately €250m.

Vote 40 - HSE – Vote Expenditure Return at 30th June 2009

(As at 7th July 2009)

1. Vote Position at 30th June 2009

The table below is based on the allocation per the Revised Estimates Volume (REV) which was published on 23rd April 2009.

Vote June 2009	REV Allocation	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over (Under) €000
Gross Current Expenditure	14,599,588	1,132,487	1,200,587	68,100	7,327,399	7,463,136	135,737
Gross Capital Expenditure	410,263	29,176	23,201	-5,975	238,758	249,296	10,538
Total Gross Vote Expenditure	15,009,851	1,161,663	1,223,788	62,125	7,566,157	7,712,432	146,275
Appropriations-in-Aid							
- Receipts collected by HSE	-1,046,988	-102,870	-94,046	8,824	-471,123	-466,933	4,190
- Other Receipts	-2,330,275	-189,012	-104,744	84,268	-748,459	-649,049	99,410
- Total	-3,377,263	-291,882	-198,790	93,092	-1,219,582	-1,115,982	103,600
Net Expenditure	11,632,588	869,781	1,024,998	155,217	6,346,575	6,596,450	249,875

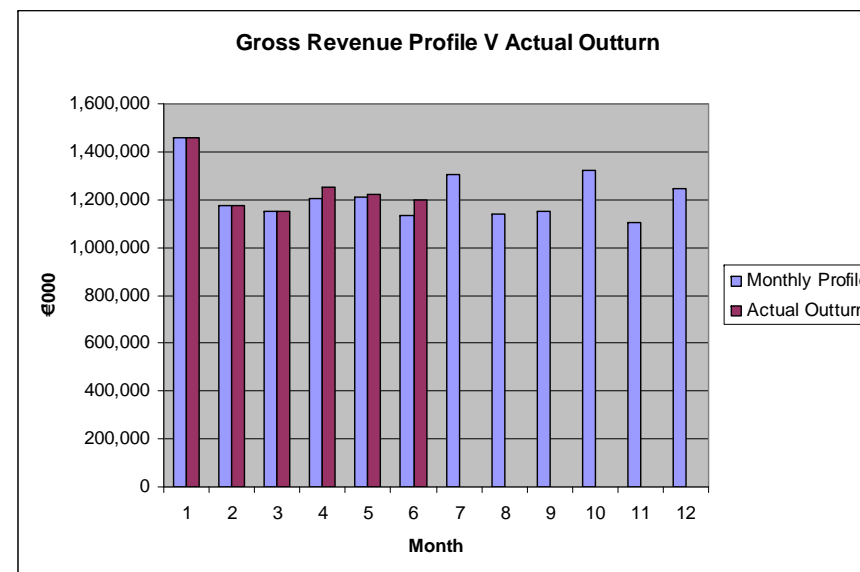
Gross current expenditure is €136m over profile (€68m over profile in May).

Appropriations-in-Aid² are under profile by €104m (€11m under profile in May).

Gross Capital expenditure is €11m over profile (€17m over profile in May).

2. Vote Expenditure Return v Vote Issues Return (24th June 2009)

- (i) The Vote issues return (against REV Allocation) submitted on 24th June 2009 declared a gross revenue overspend of €135m.
- (ii) The shortfall in Appropriations in Aid has increased from €18m per the issues return to €104m in the expenditure return. This is due to a shortfall in Social Insurance Fund Receipts and Long Stay Maintenance Charges.



² Revenue and Capital Appropriations-in-Aid.

3. Capital

Subhead C.1. Construction

For the period January 1st to June 30th expenditure is in excess of profile by €17.75m with over 65% of the allocation cashed in the first 26 weeks of the year. C1 drawdown was within profile for the month of June.

The C1 capital profile is constructed on the understanding that spending will decrease as the year unfolds due to current contracts coming to completion.

A number of capital projects are ahead of schedule including the community nursing units (7), the completion of the Accident and Emergency Unit at Our Lady of Lourdes Hospital, Drogheda and the construction of the ward element at this hospital.

The National Director of Estates has issued instructions that no contractual arrangements irrespective of value for any construction work may be entered into without his written approval.

Subhead C.3. ICT

ICT cash issues are within profile for the period January 1st to June 30th. Past experience shows ICT spend is weighted towards the later part of the year. Therefore 85% of the 2009 allocation is profiled in the period July to December.

Subhead B13 Dormant Accounts

Dormant Accounts cash issues are within profile.

4. Emerging Issues by Vote Subhead at end June 2009

- The statutory sector is €77m over profile at 30th June 2009 (€45m over profile in May), the voluntary sector is €23m over profile at 30th June 2009 (€25m over profile in May) and the Medical Card Services and Community Drugs Schemes are €49m over profile at 30th June 2009 (€7m over profile in May). The Long-Stay Repayment Scheme is €13m under profile (€9m under profile in May). The increase in the overspend in the Medical Card Services and Community Drugs Schemes relates to the payment of pharmacy arrears of €52.4m in relation to the Hickey Judgement. The significant cost containment measures identified are required to be delivered if a balanced vote is to be achieved by year end.
- Receipts from Health Contributions are €98m under profile due to a shortfall in Social Insurance Refund Receipts (€13m in May). Clarification has been requested as only €89m of the profiled €174m has been received for June. The REV included a reduction of €160m in the target for this Subhead. However, an additional target of €719m was also added to the target arising from the increases in the Health Levies.
- The return includes estimated receipts of €131m in respect of the pension levy. Arising from the changes announced in the Supplementary Budget in April the budgets for the pension levy have been finalised and have been notified to the relevant areas. Following the June returns an analysis of the developing trends will be completed.
- A number of issues have arisen in relation to the preparation of the REV and the proposals to address the €540m post budget deficit projected by the HSE. Separate correspondence has issued on this matter and the issues raised will also need to be addressed.