



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report July 2009

3rd September, 2009

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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 Committee (PMCC), 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, capital, new service developments and finance data. As our systems and processes improve, it will also feature WTE care group data. Twice a year, in June and December, progress against the actions / deliverables outlined in the NSP 09 feature by Care Group.

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 May's 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.
- Advertising, PR and Consultancy are reported within the VFM section of this report on page 8
- Aids and Appliances information is 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 34-35).
- Consultant Contract Implementation and Service Improvements Arising: New measurement systems have been developed in order to fulfil this requirement in the manner agreed under the contract negotiations, i.e. clinical activity adjusted for casemix. This new measurement programme went live for consultant activity from January 2009, with a first report submitted to DoHC on 29th July 09. It is intended that quarterly summary reports will be prepared and forwarded direct to DoHC, outside of the PR process.

New Service Developments

Following sanction to proceed with implementation, received on 15th June, Section 4 of the PR outlines new developments, with funding allocated as follows:

- NCCP - €15m
- Innovation - €21m (NB: Governance arrangements for €20m of Innovation funding for suitable projects was received on 27th July 2009)
- 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	125	---	---
No. of PCTs in development	0	100	132	---	---
Community (Demand Led) Schemes					
No. of persons covered by medical cards	1,352,120	1,393,952	1,430,876	3%	1,319,856
Older People					
Total Home Help Hours provided	12,643,677	6,988,100	6,951,750	-0.5%	7,237,960
Persons in receipt of Home Care Packages	8,990	8,700	8,867	1.9%	8,785
National Hospitals Office					
Inpatient	604,320	336,923	349,778	3.8%	352,253
Day case	637,140	382,370	389,051	1.7%	371,668
Births	73,815	44,654	43,185	-3.3%	42,776

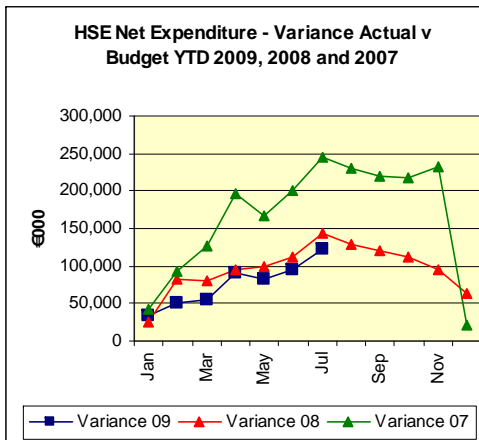
	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5	6.5	6.4	6.4	6.3	6.3	6.3					

Human Resources

	Ceiling at 01/07/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 31/07/2009	% of Approved Ceiling	Actual July 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-497	52,321	46.80%	53,082	-165	761	1.45%
<i>Voluntary</i>	22,721	-249	22,473	20.10%	22,782	-1	309	1.37%
<i>Statutory</i>	30,097	-248	29,848	26.70%	30,301	-164	452	1.52%
PCCC	54,677	17	54,694	48.92%	53,287	-257	-1,406	-2.57%
<i>Voluntary</i>	14,891	290	15,181	13.58%	15,187	0	6	0.04%
<i>Statutory</i>	39,786	-274	39,512	35.34%	38,100	-257	-1,412	-3.57%
Population Health	533	449	981	0.88%	1,094	141	113	11.49%
Corporate (incl subsumed agencies)	3,477	-78	3,399	3.04%	3,317	2	-82	-2.40%
Portion of ceiling to be allocated	0	406	406	0.37%			-406	-100.00%
Total	111,505	296	111,800	100.00%	110,781	-280	-1,020	-0.91%

Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,483,765	2,652,615	2,605,275	47,341	1.8%
PCCC	8,223,303	4,799,657	4,785,342	14,315	0.3%
NSS	27,586	15,776	15,239	537	3.5%
Corporate	488,441	339,354	293,365	45,989	15.7%
Population Health	158,294	91,611	91,521	90	0.1%
Health Repayment Scheme	36,000	51,031	36,000	15,031	41.8%
Held Funds	138,211	---	---	---	---
Total	13,555,600	7,950,044	7,826,742	123,302	1.6%



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	6,194 (100%)	5,060 (81.7%)	1,114 (18.0%)
No. and % of women seen within 12 weeks	12,030 (100%)	9,643 (80.2%)	2,387 (19.8%)
Ambulance			
No. and % of emergency ambulance calls responded to within 26 minutes	86%	98,787 (83.4%)	-3%
Corporate			
No. of FOI requests received.	---	2,926	---
Total number of complaints received.	---	4,687	---
No. of complaints finalised within 30 working days	---	*3,825	---

* 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

The financial position at the 31st July 2009 indicates a deficit of €123m. There is a continuing downward trend in employment levels for July with the HSE now 1,020 below its ceiling level. The service provision commitments in the service plan are substantively being delivered with both NHO and PCCC at or very close to targeted provision levels. Hospitals are ahead of target in the key areas of inpatient/ day case activity. The primary drivers of the deficit relate to pension costs running €47m ahead of budget and hospitals are €48m ahead of budget.

The August vote issues figures indicate a gross vote deficit of €164m. This represents a slight improvement on the previous month when account is taken of the once off impact on drug schemes costs arising from the pharmacy dispute. It appears that up to €20m of additional cost was incurred. The projection to year end is being updated based upon the August vote report which is just now available. A paper will be prepared for discussion at the Board. This will include an updated vote projection to yearend, the key financial risks still facing the HSE and actions being taken to address these risks.

There is a significant shortfall in Appropriations-in-Aid at 31st August of €196m. 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 capital position indicates a deficit of €33m against profile in the August vote issues report. This is the subject of ongoing discussion between the HSE and the Department of Health and Children. The 2009 capital plan remains unapproved and as such the HSE remains under Department of Finance embargo regarding contractual commitments beyond December 2009. The HSE continues to work with both Departments of Health and Finance on this issue. It has been acknowledged that the core Capital overspend issue is due to the late (April 09) implementation of a further €30m cut in the 2009 allocation

Pandemic (H1N1) 2009

The Number of cases of Pandemic (H1N1) 2009 continues to grow with GP's consultation rates for influenza type illness at 42.2 per 100,000 in the week ending the 16th August. Sixty one cases had been hospitalised up to the 20th August, with two deaths. Children and young adults remain the most affected groups, with 79.3% of cases in those under 35 years of age. However, the illness continues to be mild in the majority of cases.

Planning progress

At current levels of pandemic activity (Stage 2 response) GPs and hospitals are managing pandemic patients as part of their normal workload. The National Crisis Management Team continues to keep the situation under review and is supporting response. Stockpiles of antivirals and other items required by GPs and hospitals are being managed.

The main focus of our planning effort remains on the potential for serious outbreak in the autumn/ winter, possibly of a more severe strain of the virus. For the purposes of planning we are assuming that 30% of the population will become affected at this time. Our plans are, therefore, focussed on management of the additional pressures that would arise on the HSE during this period, including business continuity and the maintenance of essential services. Additionally, plans are being progressed to offer vaccination to the entire population commencing in October of this year.

Progress of planning for a significant wave of infection in the autumn / winter

Mass Vaccination

Planning for mass vaccination of the population continues. A regional mass vaccination group has been advancing its plan for vaccination and finalising the logistics around location and staffing of the vaccination centres. The logistics involved are enormous and no vaccination programme of this magnitude has ever before been undertaken in the state. It will be many weeks before arrangements are finalised. The mass vaccination programme will require large numbers of staff to be temporarily redeployed and will necessitate the suspension of some other activities.

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 will be a new health care setting to which patients can 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. The tendering process for the telephone hotline and web based support tool is at an advanced stage. We will be ready to activate either option as circumstance dictates 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. We are in the process of ordering additional quantities of antivirals.

Communications

It is critically important that the public are kept well informed about pandemic and that they understand what measures they can take to help prevent or slow the spread of infection and what to do if they suspect that they have H1N1 2009. A public communications strategy is in place to this effect, including telephone and web based supports, TV and Radio ads and ensuring easy access to the media of pandemic spokespersons.

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 are 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 the National Public Health Emergency Team. The primary costs identified to date are those flagged previously relating to the 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 Pandemic (H1N1) 2009 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 Pandemic (H1N1) 2009.

Financial Overview

The overall budget of €13.556 billion is made up of the total HSE Vote of €14.599 billion less an income budget of €1,044m. The financial results for July show total expenditure of **€7.950 billion** against a year to date budget of **€7.827 billion** – a deficit of **€123.3 million**.

Key Messages

- The deficit at the end of July is made up of the following components:

Statutory hospitals	€38.3m
Pensions	€45.0m
Voluntary hospitals (Acute) Schemes	€8.9m
Repayments Scheme	€15.3m
Other	€15.0m
	€0.8m
Total	€123.3m
- All hospital networks with the exception of the West/NW have improved in the month of July. There is still some distance to go before breakeven is achieved and it is difficult to see how the West / NW network can come back within budget at this stage in the year.
- Local Health Offices are operating at financial breakeven
- The question of scheme growth in the remaining months of the year is the most significant unknown element of the financial position. There is budget phased into the back-end of the year for anticipated growth however we will need to carefully monitor trends on all schemes month by month.
- Pension deficits continue to grow and measures are needed to address these shortfalls.
- Appropriations-in-Aid are a critical element of the overall financing scenario and must also be carefully monitored for trends in the final months of the year.

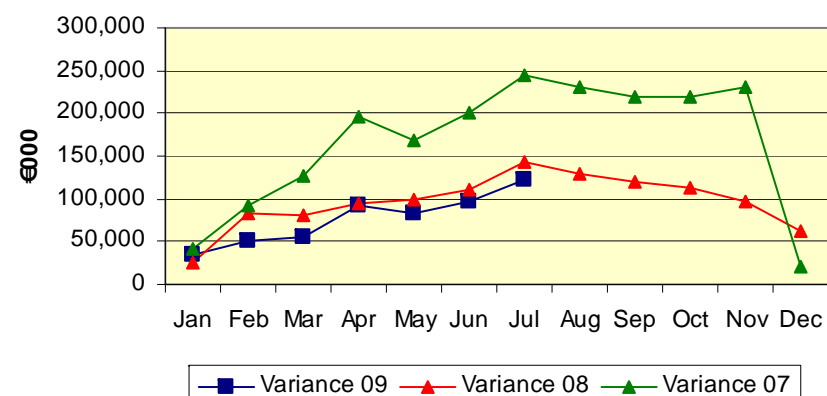
HSE Statutory System

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

- Statutory €99.6m
- Voluntary €8.6m
- Health Repayment Scheme €15.0m

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,483,765	2,652,615	2,605,275	47,341	1.8%
Primary, Community and Continuing Care	8,223,303	4,799,657	4,785,342	14,315	0.3%
National Shared Services	27,586	15,776	15,239	537	3.5%
Corporate	488,441	339,354	293,365	45,989	15.7%
Population Health	158,294	91,611	91,521	90	0.1%
Health Repayment Scheme	36,000	51,031	36,000	15,031	41.8%
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Total	13,555,600	7,950,044	7,826,742	123,302	1.6%

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



Aids and Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	12,731	5,870	7,405	-1,535	-21%
Dublin North East	15,165	8,761	8,874	-113	-1%
Dublin Mid Leinster	24,655	12,913	14,366	-1,453	-10%
West	10,829	6,917	6,216	701	11%
Total Aids and Appliances	63,380	34,461	36,861	-2,400	-7%

Capital

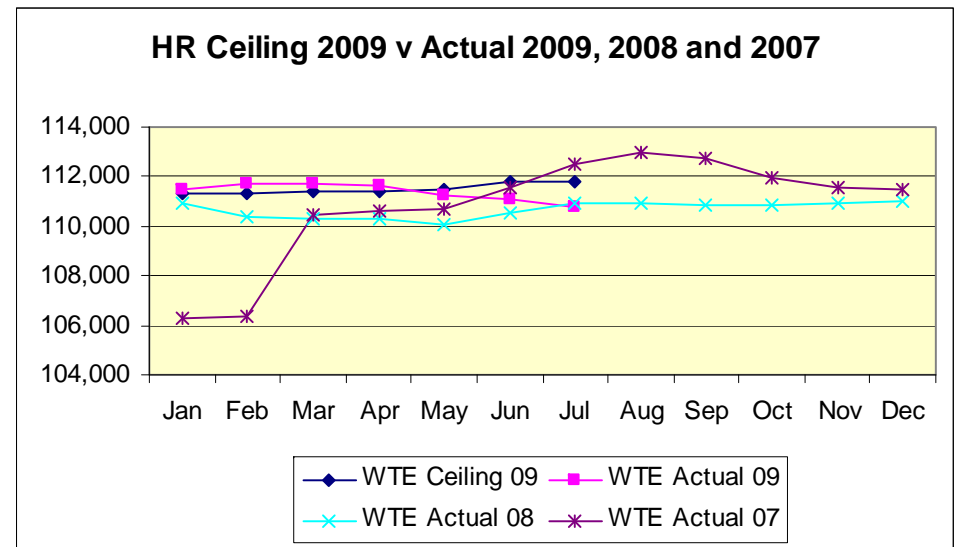
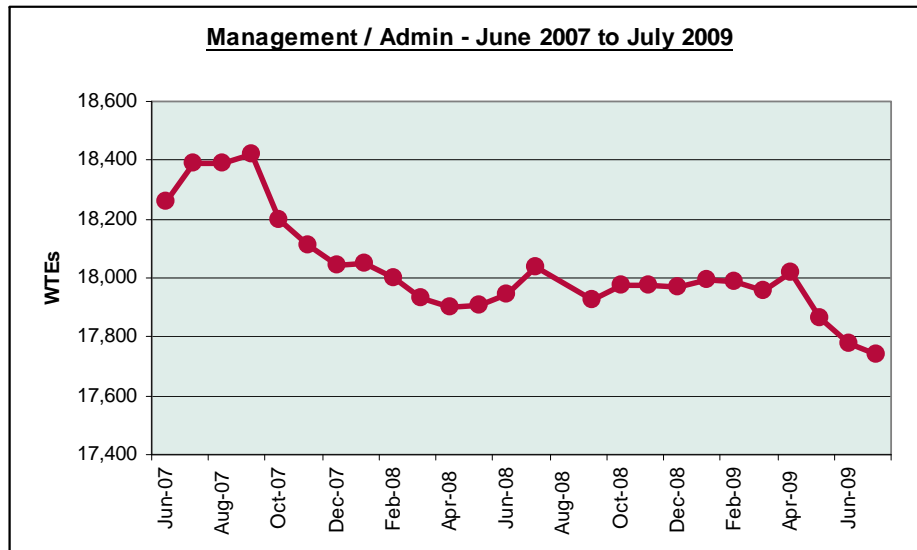
The cumulative capital cash profile for the period January to July 2009 is €261.735 million. The capital cash draw down for the corresponding period was €296.521 million. The capital draw down was therefore over profile for the period by €34.786 million.

HR Performance Information

End of July employment data shows a decrease of 280 WTEs over the June Report. The corresponding month last year showed an increase of 428 WTEs. In overall terms, the NHO recorded a decrease of 165 WTEs in July with the NHO Statutory Sector recording a decrease of 164 WTEs and the NHO Voluntary Sector decreased by 1 WTEs. PCCC also recorded an overall decrease of 257 WTEs. The PCCC Statutory Sector decreased by 257 WTEs and the Voluntary Sector recorded no change from their June data. The decreases would seem to indicate increasing traction arising from the moratorium on recruitment announced in March.

A further 3 of the 2008 addendum posts were filled in July. Out of over 940 posts approved and in process of recruitment, some 161 posts are still to be filled. Management / admin WTEs decreased overall in July by 36 WTEs. There was a reported reduction of 25 Management / admin WTEs in the HSE Statutory Sector and 12 WTEs in the Voluntary PCCC Sector while the Voluntary Hospital Sector recorded an increase of 1 WTE. At the end of July, this staff category is 227 WTEs below the 2008 end of year position, some 1.26% of a reduction set against the targeted reduction for the year of 3%. It should be noted that there has been a 3.7% reduction in this staff category since its peak in August 2007.

	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 31/07/09	% of Approved Ceiling	Actual July 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
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Portion of ceiling to be allocated	0	406	406	0.37%			-406	-100.00%
Total	111,505	296	111,800	100.00%	110,781	-280	-1,020	-0.91%



Population Health reported an increase of 141 WTEs in July, which appears to be due to an intake of student / trainee environmental health officers and the transfer of Environmental Health Services from PCCC. The appropriate ceiling transfers have not occurred to offset this increase in July and are expected to be reflected in the August reports. As a result, Population Health is 11.49% (113 WTEs) above their employment ceiling as at the end of July. Corporate is currently 2.40% (82 WTEs) below its approved employment ceiling, reporting an increase of 2 WTEs in July. This increase was driven by a temporary lift in employment in PCRS and masks a real overall reduction.

Impact of the Moratorium

It would appear that the moratorium on recruitment and promotions, announced by the Government on the 27th March, is beginning to show some traction across the health services. However, a number of hospitals and Voluntary Agencies, particularly in the Disability Sector, have recorded growth in employment levels as set out above which may indicate some non-compliance. The full list of Hospitals/LHOs/Voluntary Agencies and functions, which have reported growth in employment in July, are set out in the detailed reports for NHO and PCCC.

Compliance with approved employment ceiling

In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 1,020 WTEs as at the end of July. 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 ceiling compliance against outturn at the end of June is 111,395 WTEs and is thus 614 WTEs or 0.55% 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 761 WTEs (1.45%) above ceiling, PCCC is 1,406 WTEs (2.57%) below ceiling, Corporate 82 WTEs (2.40%) below ceiling and Population Health is 113 WTEs (11.49%) above ceiling. On a sectoral basis, HSE direct is 929 WTEs (1.3%) below ceiling, while the Voluntary Hospitals Sector is 309 WTEs (1.37%) 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 July	Actual July	Growth in 2009	WTE Ceiling Variance	% Variance
National Ambulance Service	1,305	1,463	58	157	12.03%
Coombe Women's Hospital	691	762	24	71	10.23%
St Vincent's Fairview	215	234	9	18	8.52%
Cavan Hospital	715	773	1	58	8.16%
Our Lady of Lourdes Hospital	1,270	1,353	11	83	6.52%
St John of God Drumcar	566	599	-11	33	5.86%
Kerry General Hospital	974	1,025	19	52	5.31%
Carriglea Cairde Services	167	175	-5	8	5.06%

* Rounding up/down may result in +1 or -1 variance in some cases.

PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of PCTs	125	---	---
PCTs in development	132	---	---
No. of contacts with out of hours GP services	514,610	11%	531,993

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of home care packages	8,867	1.9%	8,785
Total Home Help Hours provided	6,951,750	-0.5%	7,237,960
Total no. in receipt of subvention (monthly averages)	9,293	2.1%	9,119

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	527,035	-1%	496,841
No. DPS Claims	3,050,464	-16%	3,245,409
No. eligible persons on medical cards	1,430,876	3%	1,319,856

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,676	6.4%	5,419
Total no. of children in residential care	400	-6.1%	402
Total no. of children in foster care	3,460	8.3%	3,221
Total no. of children in foster care with relatives	1,625	6.2%	1,588
Total no. of children in "Other" care arrangement	191	4.9%	208

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	320	-16%	410
No. patients accessing home care services	3,108	6%	2,506
No. patients accessing intermediate care in community hospital	153	49%	135
No. patients accessing day care services	301	-4%	339

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	8,915	2.8%	8,644

*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	24,127	-3%	22,265

NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.8%	-0.7%
Day case attendances	1.7%	4.7%
Outpatient attendances	4.0%	3.1%
Births	-3.3%	1.0%
Emergency presentations*	-2.2%	-2.6%

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

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	24.6%	22.6%
• Children >3months	55.5%	55.3%
Daycase - % waiting		
• Adults >6months	12.8%	19.7%
• Children >3months	57.3%	57.3%

National Hospitals Office	Actual YTD	Same Period 2008
Inpatients % Public	75.1%	74.0%
Emergency Calls - % answered <26 mins	83.4%	86.1%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	899	722

Section 2 – VFM

Commentary

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and take into account, that as well as the requirement to continue to deliver economic efficiencies started in 2007/8, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment. A target of €115m has been set by the DoHC for specific economies and efficiencies and sub-allocated by directorate. 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 €38.47m. In terms of the profile for delivery of efficiencies, it may not be expected that July YTD would demonstrate approximately 60% of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until the last quarter. 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 July YTD spend and projecting full year expenditure for 2009:

- VFM 2008 is broadly being maintained in 2009 when the Consultant Contract payment is removed. However, if the increase in the non-pay spend, seen particularly in Drugs and Medicines for the first time in June and repeated in July, was to continue in further months, this position may not continue to hold.
- The specific required €115m adjustments may now only be delivered subject to an increased saving in further months. Because of the reduced allocation following the reduced REV, the extent to which projected VFM savings exceed target in non-pay areas has decreased. This reduces the ability of additional VFM 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	Jul YTD €m
Non Pay		
T&S	6.200	3.575
Legal	2.000	0.000
Advertising	1.000	0.583
Nurse Tr&Ed	5.000	2.920
Nat. Drugs Formulary	8.000	0.732
Maintenance	3.500	2.040
Service Adjustments/Reconfigs		
Patient Transport	3.670	1.800
Blood Usage	11.800	5.950
Laboratory	2.000	1.050
Reconfig PCCC Admin Processes	6.385	2.189
Reconfig Child Care	10.000	4.311
Disability Providers	10.000	6.087
Pay		
PCCC Mental Health	12.662	4.522
NHO Non Mgt Admin Pay	8.570	0.000
3% Reduction in Mgt Admin	24.213	2.707
Total	115.000	38.47

Non-Pay

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

- There is a saving of €3.6m for ‘Travel and Subsistence’ in July and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Government agreed reduced mileage rates is reducing the saving available beyond the required adjustment.
- The level of saving for ‘Disability’, ‘Corporate Maintenance’, ‘Education and Training’, ‘Patient Transport’ and ‘Advertising’ in July is on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment.
- There is evidence of saving for ‘Blood / Blood Products’, ‘Laboratory’, ‘PCCC Admin Processes’ and ‘Child Care’ but the rate of saving will need to increase to deliver the required annual adjustment.
- There are also targeted areas such as ‘Legal’ and ‘Drugs / Medicines’ where savings are not sufficiently evident in July YTD.

Pay

The current rate of savings will need to significantly increase over the year in order to achieve a 3% reduction in Mgt / Admin and a challenging HR / IR environment is impacting on delivery of these planned efficiencies. There is no financial evidence in the July data, at a national level, that the required reductions in NHO Non Mgt / Admin 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		€3.423m	

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		€5.835m	

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		€9.208m	

Total			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
Reduction Achieved ytd		€38.47m	

Section 3 – Service Delivery

3.1 PCCC

Overview

Overall PCCC financial results for July, show total expenditure of €4.800 billion against a year to date budget of €4.785 billion resulting in a deficit of €14.3m. This represents an increase of €5.4m versus the deficit year to date June. The main driver of the overall PCCC variance year to date is Schemes. Total Schemes expenditure is €1.722 billion against a year to date budget of €1.706 billion resulting in a €15.4m deficit. The DTSS scheme continues to perform ahead of target. The service has shown substantial growth in the first seven months of 2009, which relates to the deteriorating economic environment and the growth in unemployment. At the end of July the cumulative number of treatments above the line is 772,475 or 26% above the YTD target of 612,378. The number below the line is 78,288 or 18% above YTD target of 66,219. DTSS treatments have now reached 73% target of 1,163,309.

Our VFM / Cost Containment programme continued to show solid performance in July. To date over €23m worth of savings / efficiencies targeted in the Service Plan 2009 have been realised.

PCCC is currently 1,408 WTE below ceiling compared to 830 below in Q1 2009 representing a decrease of 690 WTE since December 2008 (not accounting for a lagged ceiling adjustment of 141 student /trainee environmental health officers to Population Health). From June position PCCC has decreased by 258 WTE, inclusive of reduction of 114 WTEs by PCCC statutory services relating to cessation of fixed term/temporary contracts with less than twelve months services. With sanction to proceed with 2009 developments now granted, progress on these priority areas can intensify and internal mechanisms are also in place to enable the filling of priority posts attached to Demographic monies in areas Primary Care and Child & Adolescent Mental Health.

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 July is **125, up 5** since June 2009. This represents 60% of the annual target.
- Traditionally there has been a strong correlation between worsening public finances and demand on Health & Social Services and this is evident in a range of services in 2009.
- The total number of individuals who are now covered by a medical card is 1,430,876 which represents an **increase of 17,577 (1.2%)** over the June position (1,413,299). NSP 2009 projected that 1,423, 830 medical cards would be issued in 2009 based on a 2008 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 number of cards budgeted for in 2009 has already exceeded its target in the order of 7,046 cards. Activity currently running at 2.6% above year to date target of 1,393,952.
- The seasonally adjusted Live Register total increased from 412,900 in June to 423,400 in July, an increase of 10,500 (2.5%). This compares to 225,900 in July 2008, an increase of 197,500 (87.4%). The standardised unemployment rate stood at 12.2% in July 2009 compared to 6.4% in July 2008. There have been over 514,610 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.
- The number of children in care nationally continues to grow with significant increase in the number of children in foster care which is 7.4% above target (5,085 versus 4,726), while proportion of children in residential care decreasing slightly.
- Numbers in methadone treatment **up by 3.1%** on same period last year and 2.8% above target.

PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,572	12,345	-1.8%	711,429	711,702	0.0%
West	14,899	14,307	-4.0%	766,942	771,279	-0.6%
DML	15,572	15,245	-2.1%	908,072	906,598	0.2%
DNE	11,622	11,390	-2.0%	689,229	686,270	0.4%
PCRS				1,519,420	1,520,873	-0.1%
Nat. Director Office	29	---	---	2,456	3,333	-26.3%
Primary Care Schemes				202,109	185,287	9.1%
Total	54,694	53,287	-2.6%	4,799,657	4,785,342	0.3%

PCCC Finance Commentary

Including PCRS, year to date expenditure was **€4.799 billion** compared with a budget of **€4.785 billion** – leading to a negative variance of **€14.3 million**.

The variance on schemes at the end of July 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	253,749	155,283	149,138	6,145	4.1%
LHO Laois / Offaly	182,328	109,644	106,471	3,173	3.0%
LHO Dublin West	102,243	62,565	59,455	3,110	5.2%
LHO Wicklow	113,072	68,376	65,797	2,579	3.9%
Dublin North West	181,103	109,325	106,787	2,538	2.4%

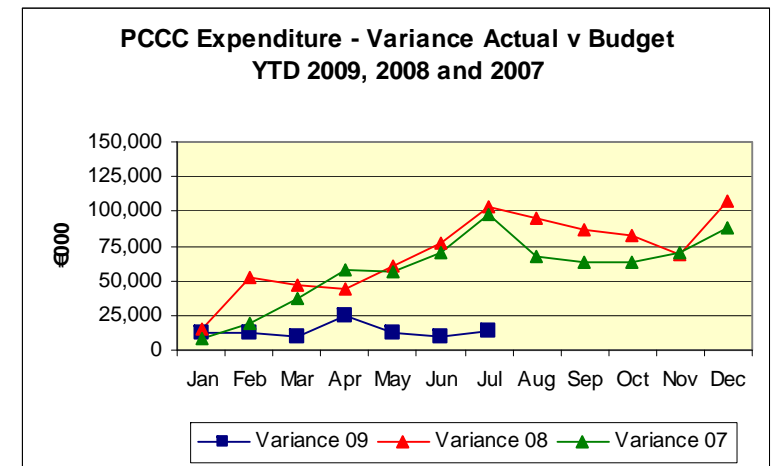
(Based on actual variance against budget)

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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Dublin North	223,525	124,964	129,220	-4,256	-3.3%
LHO Dublin South Central	217,858	119,796	123,584	-3,788	-3.1%
LHO Sligo / Leitrim	173,796	99,424	100,890	-1,466	-1.5%
LHO Dublin South City	107,320	61,180	62,463	-1,283	-2.1%
LHO Carlow / Kilkenny	146,435	84,625	85,576	-951	-1.1%

(Based on actual variance against budget)

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,941,026	1,094,321	1,097,816	(3,495)	-0.3%
Community Schemes	718,710	425,099	423,057	2,042	0.5%
PCRS Total	2,659,736	1,519,420	1,520,873	(1,453)	-0.1%
Primary Care Schemes	274,991	202,109	185,287	16,822	9.1%
Grand Total	2,934,727	1,721,529	1,706,160	15,369	0.9%



PCCC HR Commentary

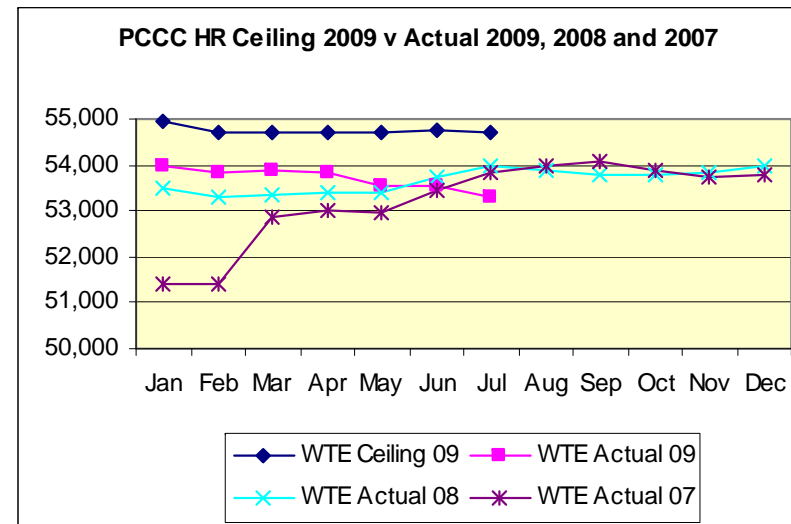
PCCC's approved employment ceiling now stands at **54,694 WTEs** and they are currently **1,406 WTEs (2.57%)** below their approved employment ceiling.

PCCC recorded a decrease of 257 WTEs in July. This is, however, distorted due to the transfer of a further portion of the Environmental Health function to Population Health which equated to an excess of 100 WTEs. A further 2 WTE 2008 addendum posts were filled in July. Some 679 new 2008 development posts in PCCC have now been filled in Areas / Agencies encompassed by the approved employment ceiling by the end of July. Some 129 posts remain in process of being filled from the 2008 addendum approved developments. The following table outlines the LHOs that recorded the largest increases in employment in July and would indicate some potential breaches of the moratorium on recruitment:

Local Health Office	Increase in July	Of Which Statutory	Of Which Voluntary	% Increase in July	WTE Variance with Ceiling	% Variance to ceiling
Louth	43	-8	50	2.50%	-36.97	-2.08%
Limerick	11	5	6	0.56%	-61.16	-3.08%
West Cork	14	-1	-16	0.52%	32.44	1.17%

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

- Brothers of Charity, Waterford +13 WTEs
- St John of God, Drumcar +50 WTEs.



LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual July 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin North West	2,664	2,701	-44	37	1.38%
Dublin North Central	3,161	3,200	-18	39	1.24%
West Cork	2,772	2,804	14	32	1.17%
Wexford	1,013	1,017	-4	4	0.38%
Waterford	1,578	1,582	0	4	0.25%

(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 July 2009	Growth from Previous Month	Variance from ceiling	% Var
Cavan/Monaghan	1,314	1,239	-30	-76	-5.74%
Kerry	1,166	1,118	-4	-48	-4.13%
Mayo	1,583	1,521	0	-62	-3.92%
Laois/Offaly	2,218	2,141	-18	-77	-3.47%
Sligo/Leitrim	2,168	2,094	-20	-74	-3.41%

(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	---	38	---	209,960	224,754	7%	---	---	---	---	---	---	---	---	---
West	---	38	---	119,480	130,581	9%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	76,560	95,912	25%	---	---	---	---	---	---	---	---	---
DML	---	39	---	58,580	63,363	8%	---	---	---	---	---	---	---	---	---
Total	---	125	---	464,580	514,610	11%	530,790	527,035	-1%	3,647,367	3,050,464	-16%	1,393,952	1,430,876	3%

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	1,605	13.5%	84	78	-7.1%	898	1,036	15.4%	385	419	8.8%	47	72	53.2%
West	1,063	1,104	3.9%	54	37	-31.5%	688	742	7.8%	275	286	4.0%	46	39	-15.2%
DNE	1,347	1,443	7.1%	138	137	-0.7%	716	779	8.8%	446	479	7.4%	47	48	2.1%
DML	1,510	1,524	0.9%	150	148	-1.3%	894	903	1.0%	424	441	4.0%	42	32	-23.8%
Total	5,334	5,676	6.4%	426	400	-6.1%	3,196	3,460	8.3%	1,530	1,625	6.2%	182	191	4.9%

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		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,880	1,988	5.7%	2,283,176	2,297,789	0.6%	2,646	2,702	2.1%
West	1,690	1,872	10.8%	2,042,600	2,049,636	0.3%	3,259	3,333	2.3%
DNE	3,300	3,006	-8.9%	1,404,662	1,378,951	-1.8%	1,337	1,435	7.3%
DML	1,830	2,001	9.3%	1,257,662	1,225,375	-2.6%	1,858	1,823	-1.9%
Total	8,700	8,867	1.9%	6,988,100	6,951,750	-0.5%	9,100	9,293	2.1%

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	56	-2%	764	829	9%	31	30	-3%	69	76	10%
West	116	127	9%	850	901	6%	35	54	54%	82	96	17%
DNE	35	38	9%	586	631	8%	5	1	-80%	56	58	4%
DML	171	99	-42%	729	747	2%	32	68	113%	108	71	-34%
Total	379	320	-16%	2,929	3,108	6%	103	153	49%	315	301	-4%

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	209	29.0%	---	---	---
West	13	12	-7.7%	221	244	10.4%	---	---	---
DNE	12	11	-8.3%	2,984	3,053	2.3%	---	---	---
DML	17	20	17.6%	4,291	4,372	1.9%	---	---	---
Total	55	54	-1.8%	7,658	7,878	2.9%	25,000	24,127	-3%

*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 Report.)

Primary Care

Primary Care Teams: Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). At the end of July, 125 PCTs were holding clinical team meetings. This is an increase of 5 over the June position and represents 60% 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 132 teams (32% over the annual target 100) from Phase 3. The June position was 88. If this trend continues, it is anticipated that the 2009 target will be exceeded.

Patients / Clients with a Care Plan: The total no. of patients / clients with a care plan in July was 419 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.

Out of Hours GP Services: During the month of July, 80,605 contacts were made with the service, which represents an increase of 15% on the contacts made in June 2009 (70,321). This is due to 5 weeks reporting in July against 4 weeks in June. Year to date figure is 514,610 which is 11% above the profiled target of 464,580 and also represents 64% of the annual target.

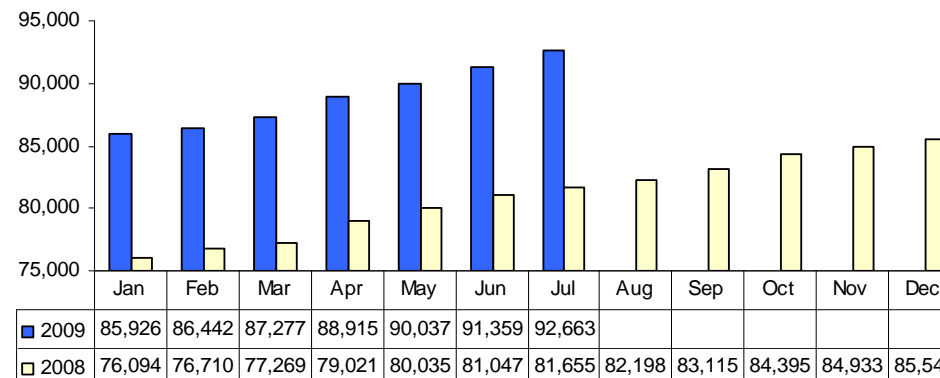
The year to date position is 3% below the same period last year figure of 531,993. A more detailed analysis of the type of contact made with the service outlined below shows that of the 514,610 contacts made, the majority resulted in an attendance at a treatment centre (57%). Attendance at a treatment 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%). Activity in DNE has increased by 25% in July.

Year to Date position is broken down as follows:

Actual YTD	Triage	Treatment Centre	Home Visit	Other
514,610	164,560 (32%)	291,045 (57%)	55,458 (11%)	3,547 (0.7%)

GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during July 2009, with an additional 1,294 cards being issued. This is up 1.4% on June (91,369) to 92,663 in July, an increase of 13.5% from the same period last year (81,655).

Number eligible people on GP Visit Cards, Jan-Dec 2008; Jan-Dec 2009

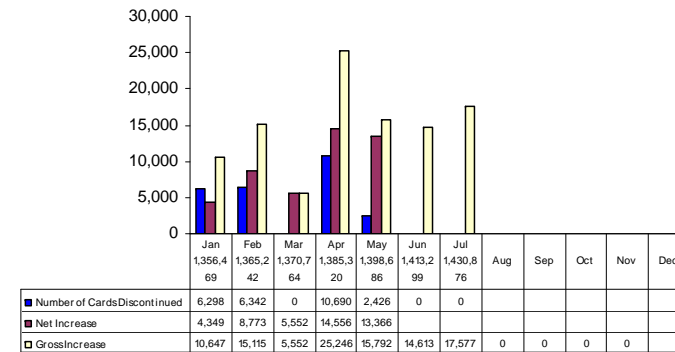


Medical Cards: The total number of individuals who are now covered by a medical card is 1,430,876 (1/8/09), which represents an increase of 17,577 (1.2%) over the 1st July position (1,413,299). The validation exercise in relation to the Medical Card database is ongoing, however due to the recent Pharmacy dispute, the breakdown of gross and net cards issued is not available this month. It is anticipated that the regular analysis will return for the August PR.

National Service Plan 2009 projected that 1,423,830 medical cards would be issued in 2009 based on a 2008 outturn of 1.342m. However, actual outturn at December 2008 was 1.352m which meant approximately 10,000 additional cards were put into the system prior to January 2009. The number of cards budgeted for in 2009 has already exceeded its target in the order of 7,046 cards. This upward trend is likely to continue.

Note: In the June PR, we reported zero medical cards removed / discontinued as a result of validation exercise showing net and gross as the same (in graph). The gross figure should have been quoted.

Number eligible people on Medical Cards Jan - Dec 2009



Schemes

LTI: The number of LTI claims made during July was 79,929 (5% above the monthly target of 75,827), bringing the total YTD figure to 527,035, which is 1% below the year to date target of 530,790. Compared to the same period last year (496,841 claims) this represents an increase of 6%.

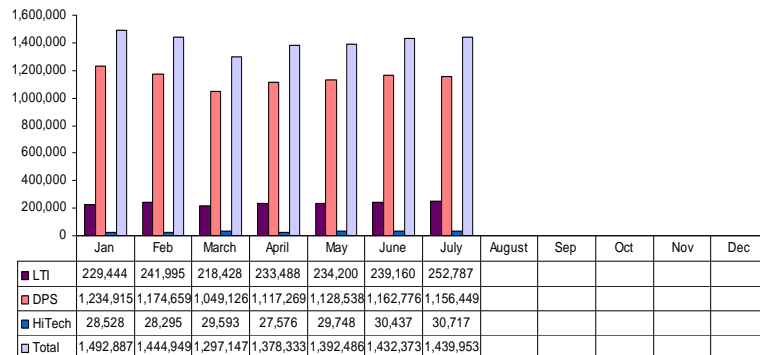
The total number of LTI items in July was 252,787 which is 11% above the monthly target of 228,579.

DPS: The number of DPS claims made during July was 426,042 which is 18% below the monthly target of 521,052 and 16% below the year to date target of 3,647,367 (actual year to date figure is 3,050,464). This compares with 3,245,409 claims for the same period last year (YTD) - a reduction of 6%.

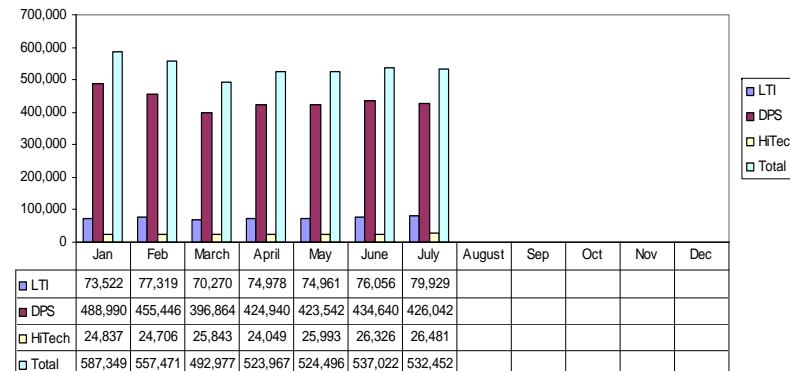
The total number of DPS items was 1,156,449 which is 13% below the monthly target of 1,328,683.

Hi-Tech: The number of HiTech claims made during July was 30,717 (on par with the monthly target of 26,325). The year to date position (178,235) is 13% above the same period last year (158,110).

PCRS Number Items claimed Jan-Dec 2009



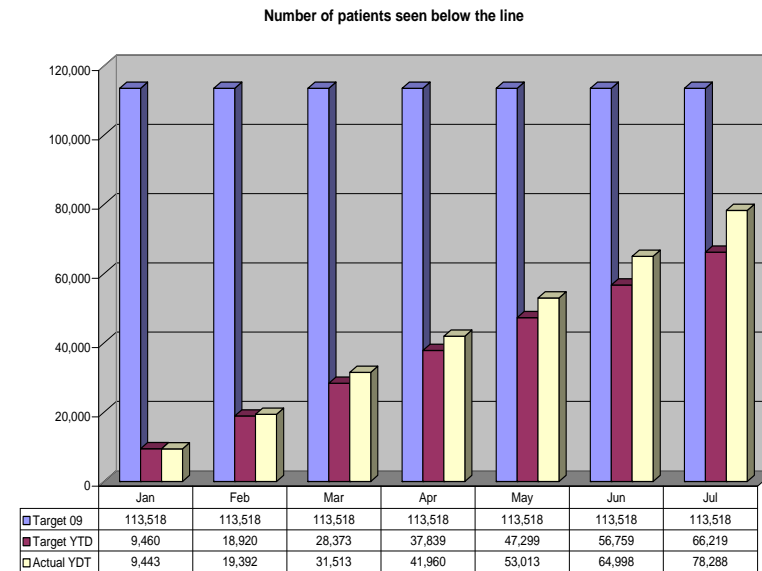
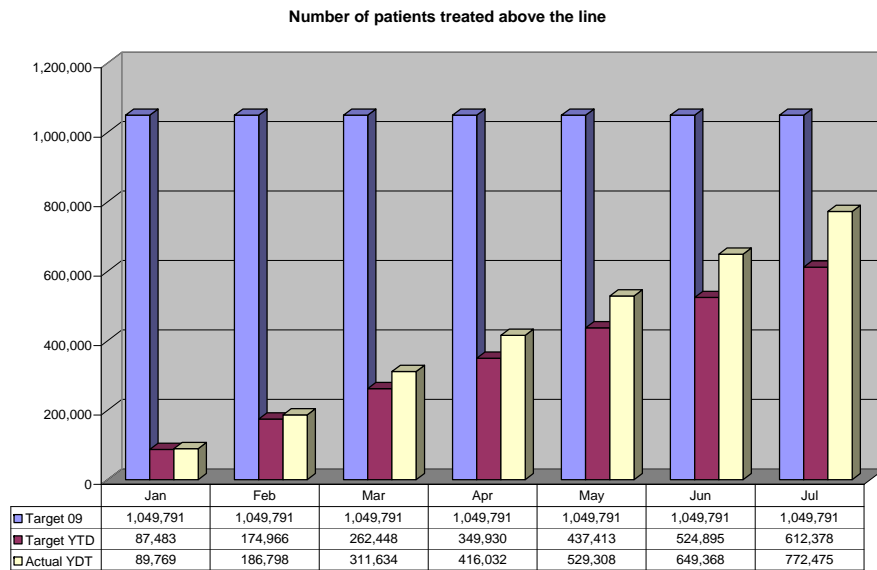
PCRS Number Claims Jan-Dec 2009



DTSS: The DTSS scheme is a demand led scheme and due to the current economic situation, more people are using public dental services. This service has shown substantial growth in the first seven months of 2009, some 120,000 treatments more than targeted year to date. At the end of July 2009, the cumulative number of treatments *above the line was 772,475. This is 26% above the ytd target of 612,378 and the number *below the line was 78,288, which is 18% above the YTD target of 66,219.

DTSS treatments have now reached 73% of our annual target of 1,163,309

*Above the line = Routine Treatments (dealt with through PCRS). Below the Line = Complex Treatments (e.g. root, gum and denture treatments) (dealt with LHO area)

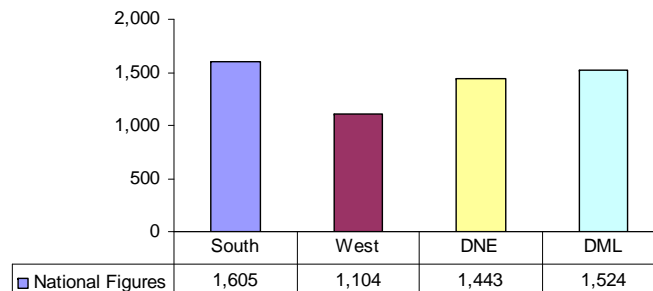


Domiciliary Care Allowances (DCA): During July, the total number of clients who claimed DCA was 24,127. This represents an increase of 88 clients (0.4%) on the June 2009 position (24,039) and 3% below the target of 25,000. The number of clients in receipt of DCA rose by 1,862 compared to July 2008 (22,265) (8% increase).

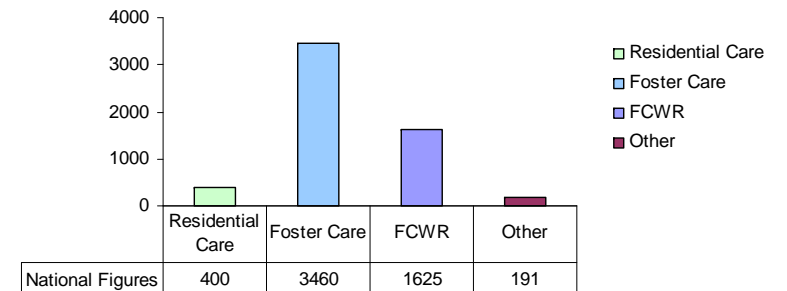
Children and Families

Child Care: Children in Care. The number of children in care nationally at the end of July 2009 was 5,676, 4.7% more than same period 2008 (5,419). 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 29%. DML and DNE come in at 27% and 25% respectively.

Children in Care Nationally July 2009



Children In Care Nationally July 2009



Nationally there has been a 5.2% increase in the number of children in care from the end of January 2009 position (5,396) of the numbers of children in care. Local Health Offices have indicated that a variety of factors have contributed to this increase which we will continue to monitor over the coming months.

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

- There has been a 7.4% increase in the number of children in Foster Care and a 2.3% increase in the number of children in Foster Care with Relatives compared to July 2008.
- The number of children in Residential Care nationally has decreased by 0.5% since the same time last year. (400 July 2009/ 402 July 2008). Proportionally this is 7% of the overall number in care compared to a year to date target of 8%.
- At an area level HSE South demonstrated a 6.8% (78, 2009) increase over June 08 figure of 73 in children in residential care and against target 09 this demonstrates a 7.1% decrease. Dublin North East and Dublin Mid Leinster continue to exceed the national target of 8%. However, HSE West reported 37 children in residential care a reduction of 9.8% on 08 figures (41).

Approved Foster Carers with an Allocated Social Worker: There is an increase of 2.5% over the June position nationally. There is a significant improvement in the month in DNE from 68% in June to 78% in July.

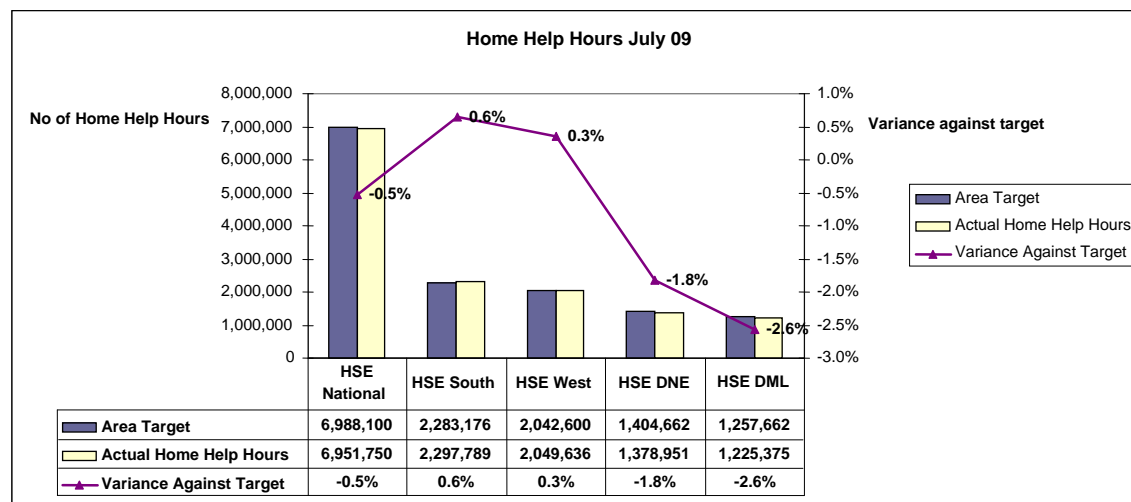
Pre School Inspections: Pre-school Annual inspections were 1,896 for July 09 this demonstrates an increase of 51% (over target YTD July 09). In July 08 there was an increase of 27.7% over target YTD. Compared to last year this demonstrates an increase of 18% over number of inspections carried out (1,597 for 2008). These targets may need to be reviewed.

Child Health: Child Developmental Health Screening: Child Health Screening has been reported on through HealthStat 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.

Older People

HCP: Completed returns were provided by 31 LHOs. Wicklow did not provide July figures so May figures were used. At the end of July there were 8,867 clients in receipt of Home Care Packages. The overall number of clients in receipt of a HCP in July is approximately 1.9% above target. Wexford has reduced its home help hour baseline leading to a significant increase in the number of new HCP clients in July. This has impacted on the South which has increased from 1.1% above target in June to 5.7% in July. 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 July 2009 was 1,855.

Home Help: At the end of July 2009, 6,951,750 hours had been provided (0.5% below target). The number of people in receipt of home help hours stood at 53,222 in June (2.3% below projected numbers) compared to June's figure of 53,639 (1.6% below target). As noted in last months report, 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.



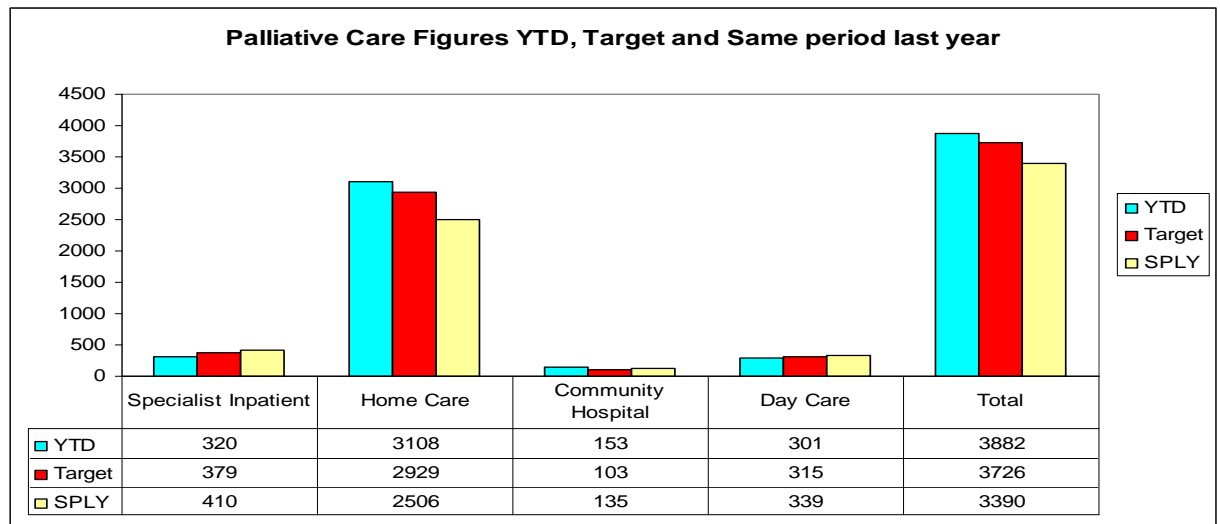
Nursing Home Inspections: The statutory inspections of nursing homes transferred from the HSE to HIQA on the 1st July and will no longer be reported in the PR or Supplementary Report

Palliative Care

As of 30th July 2009, the total number of patients accessing palliative care services was 3882. The majority of these patients were in receipt of home care services (3108) accounting for 80% of the level of activity reported for the month. The number of patients in Specialist inpatient units (320) accounted for 8.2% of the total. DML is showing considerable variation in data. This arises from the fact that Wicklow LHO have recruited two palliative care nurses. These posts are now operational and the throughput has significantly increased.

Social Inclusion

Addiction: *Data is reported one month in arrears.* In June 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,878 (2.9% or 63 clients above the Target figure of 7,657 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), in June, a total of 8,915 clients were treated, which was 2.8% above the Target figure of 8,668 for 2009 and 3.1% above June 2008. The main increase nationally is within Prisons, which has increased by 8.6% over May and 16.6% since December 2008.



3.2 Acute Hospital Services and Pre-Hospital Emergency Care

Overview

The financial performance for July 09 indicates a budgetary over run of €47.3m which is an increase of €5m from June's report. The main concern relates to the €22.7m overrun in the West / North West network. The NHO continues to put in place a range of measures to address the significant overrun.

July HR returns reflect a variance from ceiling of 761 WTEs (+1.45%) over approved ceiling, an improvement on the June position.

Both inpatient and daycase waiting lists have reduced significantly overall, compared to 2008, including those waiting over 6 months.

July activity shows that inpatient discharges, while marginally ahead of 09 target, are still lower compared to 2008, particularly in the area of elective discharges (-4%). This is in line with service plan objectives to shift the balance of activity from inpatient to day case work. Hospital bed capacity management and shifting the emphasis to community care also continues to be a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions across all hospitals. There were 959 beds (910 inpatient; 49 day beds) unavailable for discharges during July.

Daycase discharges have increased by nearly 5% compared to 2008 and are 2% above the 09 target. Combining inpatient and day case activity indicates that over 20,000 more patients have been treated in 2009 compared to planned activity levels. A number of measures are being implemented in an attempt to control this growth e.g. hospitals have reduced bed capacity by approximately 519 beds January to July, with further planned reductions for the remainder of the year, where required. Where capacity is reduced and / or an increase in service demand, hospitals are working closely with the NTPF to ensure appropriate and timely referral for treatment. The number of delayed discharges occupying hospital beds remains high (n=899) and remains a concern for the NHO.

There is continued evidence that the OPD service improvement programme is yielding results. The total number of OPD appointments has increased by 3% but most importantly, the number of new OPD attendances has increased by 6%. This means that 30,000 new OPD patients have been seen and treated in 2009 compared to 2008 (Figure 3). At the same time, hospitals have reduced the new DNA rate from 15.3% to 14.8%, reducing the overall number of OPD appointments that are not kept.

Compared to 2008, emergency admissions to hospitals have only decreased by 0.5%, despite emergency presentations decreasing by 3%. 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. the discharge planning project, will significantly assist in this area.

Nationally, birth numbers still continue to be slightly higher than 2008 levels (+1%). A number of hospitals are continuing to experience significant increases in births this year.

NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,478	4,450	-0.6%	192,075	187,166	2.6%
Southern HG	6,850	6,826	-0.4%	315,867	312,635	1.0%
North Eastern HG	3,112	3,271	5.1%	166,324	164,343	1.2%
Dublin North HG	8,840	8,883	0.5%	457,781	455,944	0.4%
Western HG	7,988	8,198	2.6%	403,115	380,322	6.0%
Mid Western HG	3,281	3,287	0.2%	159,050	150,904	5.4%
Dublin Midlands HG	7,958	8,173	2.7%	403,616	395,159	2.1%
Dublin South HG	8,481	8,531	0.6%	455,020	452,724	0.5%
Ambulance	1,305	1,463	12.0%	83,020	78,963	5.1%
Nat. Director Office	28	---	-100.0%	16,749	27,114	-38.2%
NATIONAL TOTAL	52,321	53,082	1.5%	2,652,615	2,605,275	1.8%

NHO Finance Commentary

Year to date expenditure in the NHO was **€2.652 billion** compared with a budget of **€2.605 billion** – leading to a negative variance of **€47.3 million**.

Hospitals with Most Significant Adverse Financial Variances

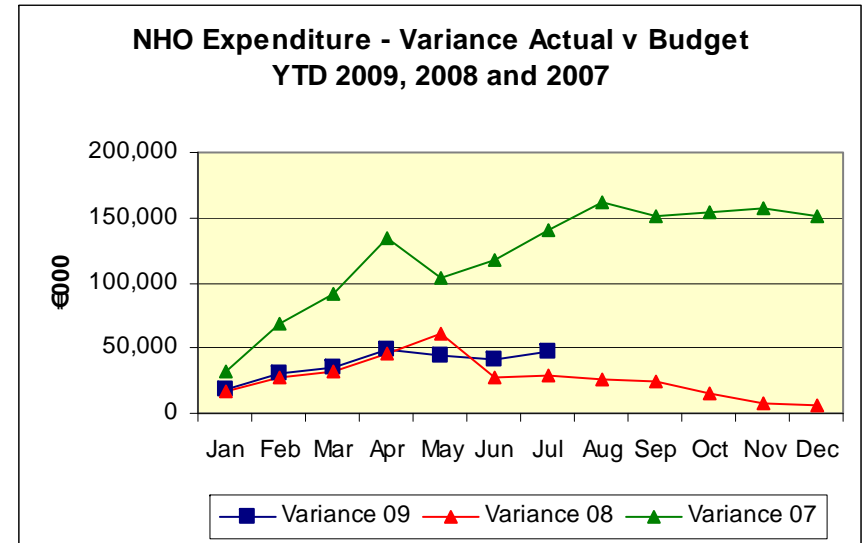
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway College University Hospital	220,382	135,267	128,753	6,514	5.1%
Sligo General Hospital	119,235	74,139	69,180	4,959	7.2%
Regional Hospital Dooradoyle	160,772	95,374	91,257	4,117	4.5%
Mayo General Hospital	80,401	50,474	46,986	3,488	7.4%
Adelaide & Meath Hospital	216,291	127,998	124,649	3,349	2.7%

(Based on actual variance against budget)

Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Beaumont Hospital	272,487	156,962	157,753	-791	-0.5%
Our Lady's Hospital Navan	46,319	26,449	26,911	-462	-1.7%
Coombe Women & Infants' Hospital	52,916	30,745	31,163	-418	-1.3%
Monaghan General Hospital	13,867	13,015	13,408	-393	-2.9%
St James's Hospital	364,749	208,778	208,979	-201	-0.1%

(Based on actual variance against budget)



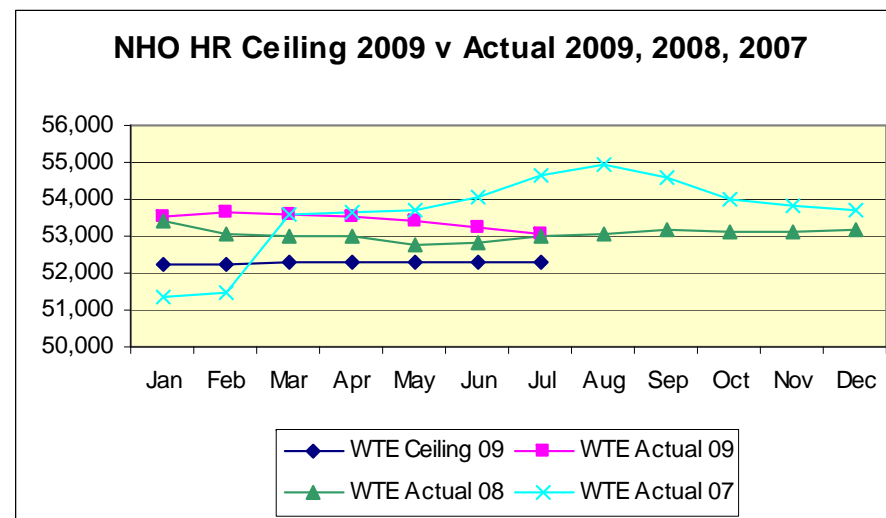
NHO HR Commentary

The National Hospitals Office's employment ceiling stands at 52,321 WTEs and they are now 761WTEs (1.45%) over their approved ceiling. An extra 1 WTE of the 2008 addendum post was filled in July. Nursing employment levels are 91 WTEs above the end of year position and prior to the placement of student nurses in 2009.

There was a further drop of 151 WTEs in nursing recorded in July, but in overall terms WTEs in this staff category is still 23 WTEs above the level at the end of 2008. While it appears significant displacement of staff nurses has taken place in the context of the placement of student nurses from the start of the year, the overall higher level of nursing WTEs may now be more reflective of increased WTEs due to the reduction to the 37.5 hour week.

The following hospitals recorded the largest increases in employment in July and would seem to indicate difficulties some potential breaches of the moratorium:

Hospital	July increases	% increase in July	WTE Variance with ceiling	% variance to ceiling
Mater Misericordiae Hospital	15	0.57%	66	2.5%
Our Lady's Hospital Crumlin	10	0.60%	75	4.7%
Rotunda Hospital	11	1.43%	35	4.8%



Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual July 2009	Growth from Previous Month	Variance from ceiling	% Var
Coombe Women's Hospital	691	762	0	71	10.23%
Cavan Hospital	715	773	4	58	8.16%
Our Lady of Lourdes Hospital	1,270	1,353	-12	83	6.52%
Kerry General Hospital	974	1,025	0	52	5.31%
Rotunda	721	756	11	35	4.86%
East Coast Ambulance Service	219	308	-22	89	40.60%

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual July 2009	Growth from Previous Month	Variance from ceiling	% Var
Regional Hospital, Limerick	2,388	1,899	-618	-490	-20.50%
Connolly Hospital Blanchardstown	1,238	1,177	-7	-61	-4.95%
Bantry General Hospital	260	248	-4	-12	-4.75%
Tipperary, South General Hospital	787	766	-8	-21	-2.67%
St Mary's Orthopaedic Hospital	227	222	2	-5	-2.24%
Midlands Ambulance Service	196	145	-1	-51	-25.83%

(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	49,068	51,447	4.8%	336,923	349,778	3.8%	352,253	-0.7%
South Eastern HG	69,570	66,580	5,665	5,679	0.3%	39,300	39,634	0.8%	41,063	-3.5%
Southern HG	84,209	79,720	6,864	7,092	3.3%	46,414	49,059	5.7%	48,286	1.6%
North Eastern HG	49,576	46,730	4,041	4,158	2.9%	27,427	28,162	2.7%	29,484	-4.5%
Dublin North HG	72,610	69,370	6,013	6,327	5.2%	40,650	42,312	4.1%	42,513	-0.5%
Western HG	108,409	103,860	8,769	9,285	5.9%	61,402	64,101	4.4%	64,094	0.0%
Mid Western HG	46,418	45,300	3,847	4,044	5.1%	26,777	27,499	2.7%	27,410	0.3%
Dublin Midlands HG	100,952	96,320	8,153	8,906	9.2%	56,160	60,408	7.6%	58,865	2.6%
Dublin South HG	72,576	65,480	5,717	5,956	4.2%	38,792	38,603	-0.5%	40,538	-4.8%
Day Cases	637,140	647,000	57,499	59,258	3.1%	382,370	389,051	1.7%	371,668	4.7%
South Eastern HG	37,972	40,660	3,611	3,611	0.0%	24,193	24,266	0.3%	22,573	7.5%
Southern HG	99,162	98,720	8,558	8,743	2.2%	57,825	59,168	2.3%	57,891	2.2%
North Eastern HG	30,026	30,900	2,689	3,106	15.5%	18,467	18,616	0.8%	17,920	3.9%
Dublin North HG	93,024	94,480	8,205	8,717	6.2%	56,318	58,675	4.2%	55,421	5.9%
Western HG	114,118	117,100	10,291	10,874	5.7%	69,128	71,541	3.5%	67,360	6.2%
Mid Western HG	35,272	35,980	3,177	3,007	-5.4%	21,369	20,856	-2.4%	20,865	0.0%
Dublin Midlands HG	79,555	84,190	7,830	7,202	-8.0%	50,706	45,293	-10.7%	43,499	4.1%
Dublin South HG	148,011	144,970	13,138	13,998	6.5%	84,364	90,636	7.4%	86,139	5.2%
Emergency Presentations	1,207,497	1,223,000	103,871	102,754	-1.1%	710,345	694,432	-2.2%	713,134	-2.6%
South Eastern HG	172,872	177,250	15,054	14,846	-1.4%	102,951	99,365	-3.5%	103,729	-4.2%
Southern HG	139,158	140,790	11,958	12,324	3.1%	81,774	81,301	-0.6%	81,811	-0.6%
North Eastern HG	114,218	114,280	9,706	10,979	13.1%	66,376	69,469	4.7%	66,799	4.0%
Dublin North HG	127,490	128,690	10,930	10,643	-2.6%	74,746	71,991	-3.7%	74,545	-3.4%
Western HG	195,504	200,660	17,042	16,977	-0.4%	116,548	116,168	-0.3%	115,223	0.8%
Mid Western HG	114,680	116,750	9,916	8,387	-15.4%	67,811	61,276	-9.6%	68,148	-10.1%
Dublin Midlands HG	216,151	215,900	18,337	17,653	-3.7%	125,399	121,754	-2.9%	128,182	-5.0%
Dublin South HG	127,424	128,680	10,929	10,945	0.1%	74,740	73,108	-2.2%	74,697	-2.1%
Emergency Admissions	368,341	367,000	31,170	33,397	7.1%	213,162	215,227	1.0%	216,389	-0.5%
South Eastern HG	49,779	49,390	4,195	3,806	-9.3%	28,687	28,110	-2.0%	29,349	-4.2%
Southern HG	40,598	40,290	3,422	3,974	16.1%	23,401	23,626	1.0%	23,669	-0.2%
North Eastern HG	36,343	36,050	3,062	3,151	2.9%	20,939	20,576	-1.7%	21,236	-3.1%
Dublin North HG	36,945	37,690	3,201	4,073	27.2%	21,891	21,913	0.1%	22,041	-0.6%
Western HG	83,202	82,580	7,014	7,124	1.6%	47,964	49,846	3.9%	48,654	2.4%
Mid Western HG	27,415	27,280	2,317	2,313	-0.2%	15,845	16,173	2.1%	16,173	0.0%
Dublin Midlands HG	58,221	58,200	4,943	5,683	15.0%	33,804	34,907	3.3%	34,327	1.7%
Dublin South HG	35,838	35,520	3,017	3,273	8.5%	20,631	20,076	-2.7%	20,940	-4.1%
Outpatient Attendances	3,271,665	3,233,000	291,324	302,416	3.8%	1,903,397	1,979,684	4.0%	1,920,758	3.1%
South Eastern HG	282,948	281,020	25,158	25,053	-0.4%	164,751	166,924	1.3%	165,796	0.7%
Southern HG	387,685	380,690	34,629	34,643	0.0%	221,583	231,514	4.5%	222,633	4.0%
North Eastern HG	255,652	247,880	22,057	24,189	9.7%	145,854	150,652	3.3%	151,239	-0.4%
Dublin North HG	538,127	536,530	48,502	50,473	4.1%	316,168	331,607	4.9%	313,997	5.6%
Western HG	438,488	436,120	38,316	39,894	4.1%	254,957	264,459	3.7%	258,617	2.3%
Mid Western HG	186,112	183,880	16,518	17,350	5.0%	109,605	114,162	4.2%	110,934	2.9%
Dublin Midlands HG	622,471	609,480	56,017	58,782	4.9%	363,198	382,832	5.4%	368,491	3.9%
Dublin South HG	560,182	557,400	50,128	52,032	3.8%	327,280	337,534	3.1%	329,051	2.6%

NHO Performance Activity	Outturn 2008	Target 2009	Performance this month			Performance YTD			Activity YTD last year	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Births	73,815	76,880	6,530	6,626	1.5%	44,654	43,185	-3.3%	42,776	1.0%
South Eastern HG	8,404	8,660	736	707	-3.9%	5,030	4,834	-3.9%	4,884	-1.0%
Southern HG	10,652	10,830	920	958	4.2%	6,290	6,429	2.2%	6,197	3.7%
North Eastern HG	6,291	6,650	565	521	-7.8%	3,862	3,487	-9.7%	3,572	-2.4%
Dublin North HG	8,794	9,100	773	802	3.8%	5,285	5,147	-2.6%	4,988	3.2%
Western HG	11,481	12,080	1,026	1,065	3.8%	7,016	6,668	-5.0%	6,772	-1.5%
Mid Western HG	5,396	5,500	467	464	-0.7%	3,195	3,188	-0.2%	3,130	1.9%
Dublin Midlands HG	13,653	14,560	1,237	1,301	5.2%	8,457	8,109	-4.1%	7,903	2.6%
Dublin South HG	9,144	9,500	807	808	0.1%	5,518	5,323	-3.5%	5,330	-0.1%

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 2.7% higher than planned targets for 2009. This equates to over 20,000 more patients treated in 2009 compared to planned levels and over 15,000 compared to 2008.
- Whilst daycase activity increased compared to 2008, there has been no overall significant reduction in inpatient admissions to effect overall daycase rates. Elective discharges have reduced by 4% but overall inpatient discharges have only marginally reduced. The ability of hospitals to reduce inpatient admissions is directly related to the level of emergency workload of the hospitals. A number of measures (e.g. development of MAUs, clinical pathways, etc) need to be in place to effect a significant reduction in inpatient admissions.
- An OPD service improvement project has been in place since mid 2008. New OPD attendance numbers across a range of high volume specialities have increased. Seven of the eight networks have demonstrated an increase in overall OPD attendances and specifically in new OPD attendance numbers. The largest overall increases for new attendances have been in Dublin North and the Southern area.
- 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

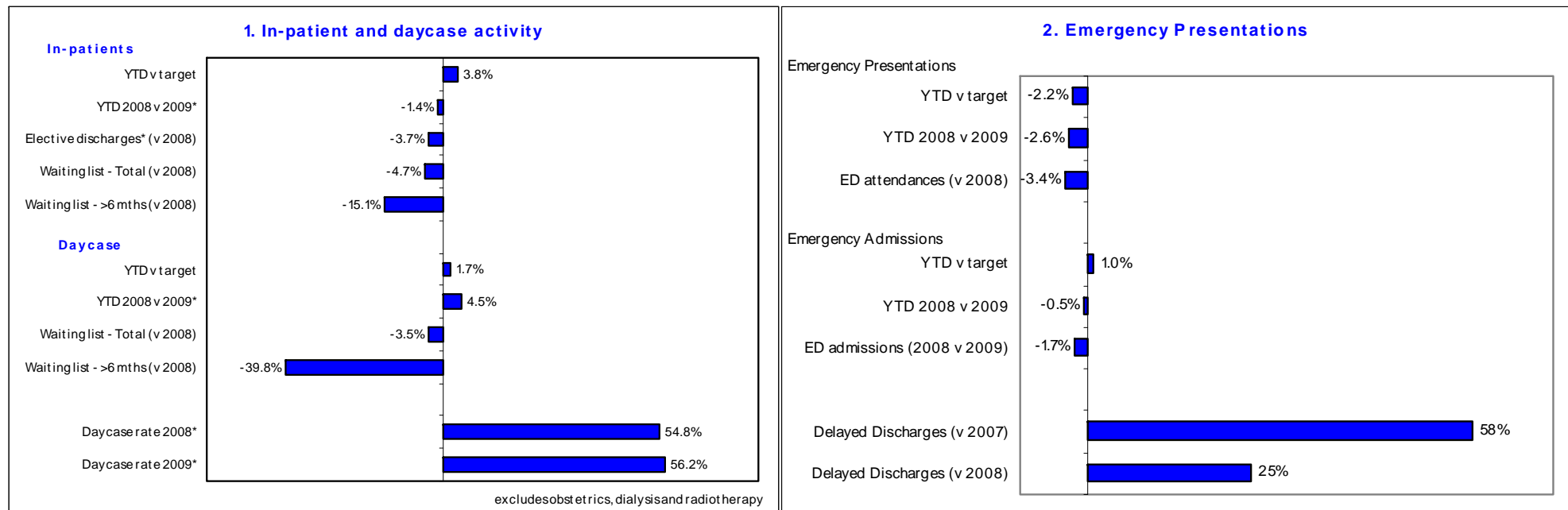
- The Performance Management Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
 - University Hospital Galway and Merlin Park University Hospital have been 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 but also 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.

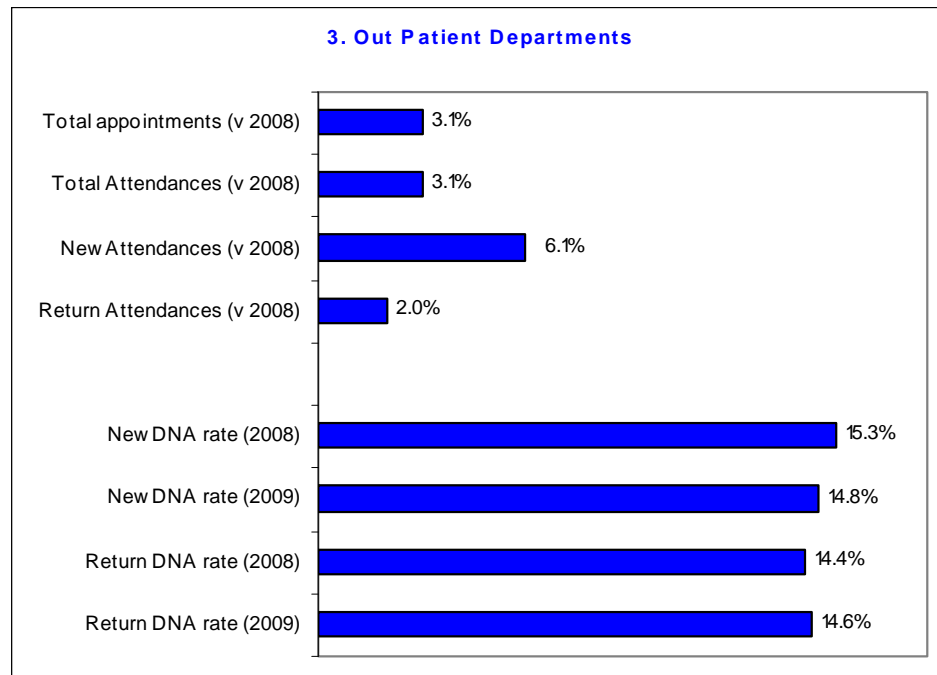
NHO Summary

1. Inpatient activity continues below 2008 levels with a reduction of nearly 4% in elective discharges (Figure 1). This is in line with service plan objectives and approach. In parallel, the total number of patients on waiting lists has reduced by 6% and long waiters by 15%. This is due to number of factors including increased referrals of patients to the NTPF and continued validation of waiting lists. Because emergency demand has not reduced significantly, inpatient discharges overall have not reduced as significantly as planned and remain nearly 4% above planned levels. Delayed discharges in hospital are at high levels (n= 899) and the number of unavailable beds continues to increase (n=959). The continued movement of patients to treatment in a daycare environment is also evident. Daycase discharges have increased by nearly 5% compared to 2008 and are 2% above target levels. The day case rate has positively increased from 55% to 56%. Overall, daycase waiting lists have reduced by 4% compared to the same period in 2008 and long waiters have decreased by 40%.

2. Compared to last year, emergency presentations to hospitals and attendances at ED have decreased by nearly 3%. This has been a regular pattern over 2009 and is probably reflective of a number of factors. This may change later in the year if the anticipated effects of Pandemic H1N1 2009 begin to emerge. 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 1.7%. This is most likely due to better admission controls, increased numbers of delayed discharges and continuing bed reductions. Delayed discharges have increased by 25% compared to the same period last year and 58% compared to same period 2007 (Figure 2). Managing ED admission waits in a number of key hospitals continues to present challenges. Patients waiting more than 24 hours for admission (post decision to admit by ED consultant) have been noted in St. Colmcille's, Naas, Mater, Mercy and St. Vincents in July. All other hospitals were positively managing > 24 hour admission waits. Sixteen hospitals had significant > 12 hour ED admission waits during July. These challenges to admit patients to inpatient beds within the target time are facilitated by a number of key projects, e.g. the discharge planning project, which will significantly assist in this area.

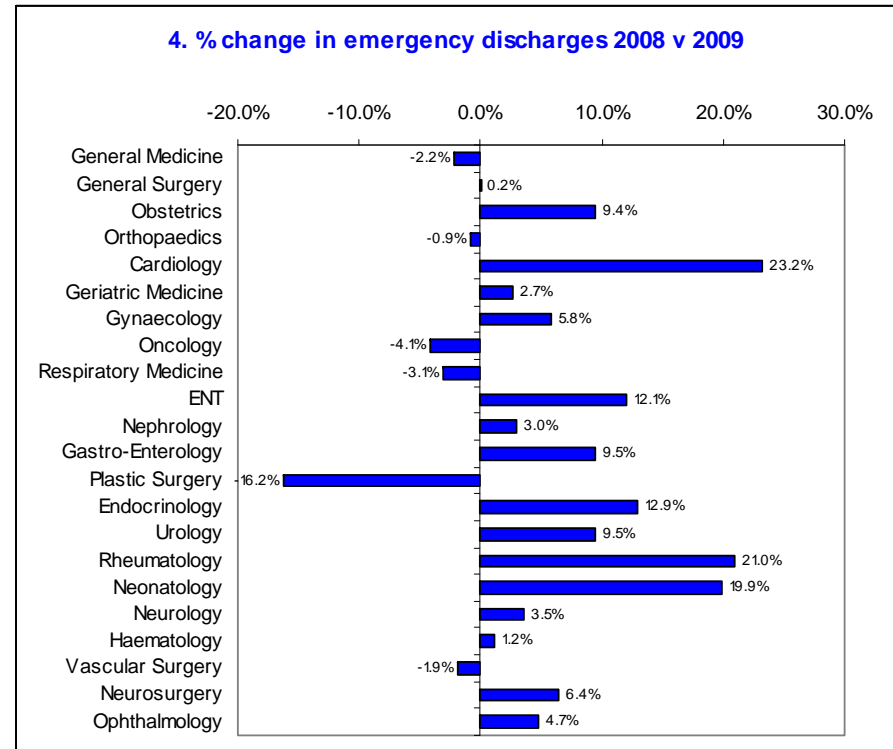


3. OPD activity is showing a positive performance in 2009. The total number of OPD appointments has increased by 3% but most importantly the number of new OPD attendances has increased by 6%. This means that 30,000 new OPD patients have been seen and treated in 2009 compared to 2008 (Figure 3). At the same time, hospitals have reduced the new DNA rate from 15.3% to 14.8%, reducing the overall number of OPD appointments that are not kept.



Inpatient and Day Case Activity

Inpatient activity is 3.8% ahead of target and less than 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 1.4% and elective discharges by 4% (Figure 1).

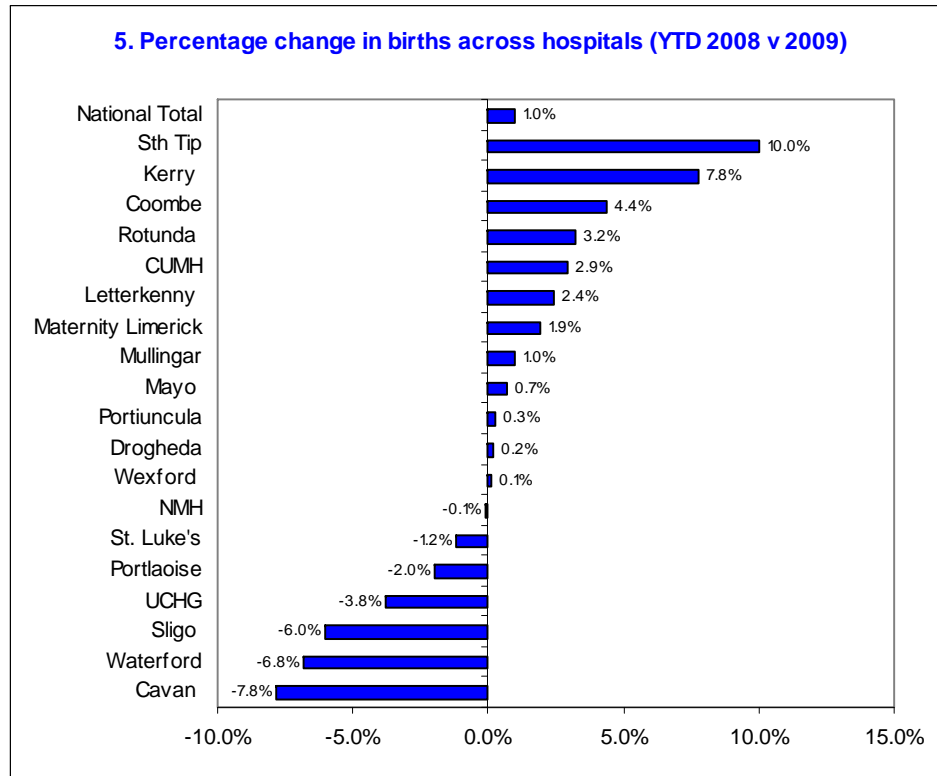


Emergency Presentations

Compared to 2008, emergency admissions to hospitals have only decreased by 0.5% despite emergency presentations decreasing by 3%. This pattern has not been uniform across hospitals. Figure 4 shows the percentage change in emergency admissions across the different (high volume) specialities. As can be seen, areas such as general medicine, orthopaedics, oncology, respiratory medicine, plastic surgery and vascular surgery have experienced a decrease in emergency admissions. This can be due a number of inter-connected factors such as; less demand for emergency treatments, less capacity available for admissions, or the earlier treatment of patients via the NTPF. Patients may also be receiving treatment as a daycase earlier in the patient episode, resulting in less deterioration of the case and avoiding the need for an emergency admission later in its course. A significant number of specialities like cardiology, rheumatology, neonatology, ENT and gastro-enterology have experienced an increased volume of emergency treatments during 2009. This may be due to higher emerging need or better use of hospitals' resources (i.e. beds and staff) during 2009. In such cases, the increase in emergency admissions makes the shift to elective daycases more difficult.

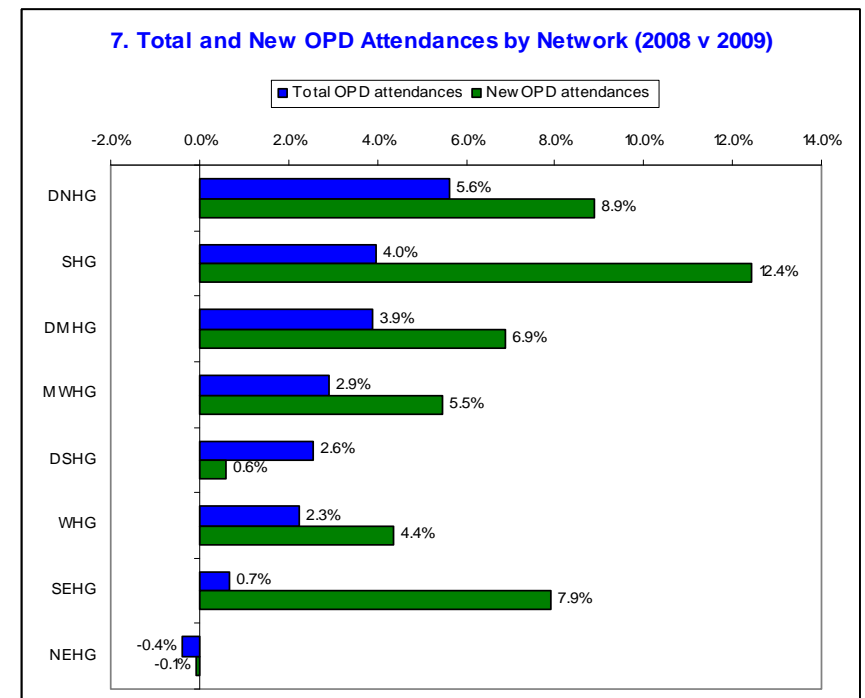
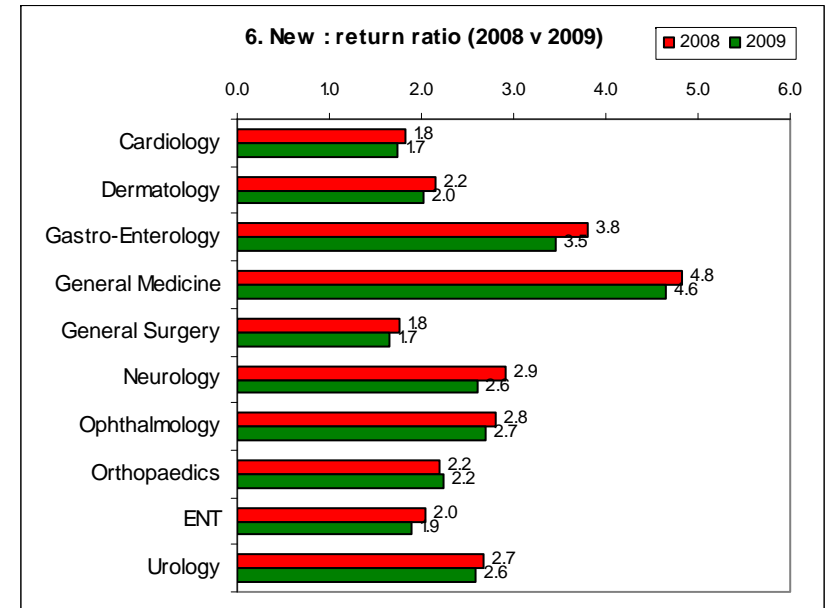
Births / Gynaecology

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. South Tipperary, Kerry, Coombe and Rotunda). Conversely, a number of hospitals are experiencing a reduction in birth numbers (e.g. Cavan, Sligo, Waterford and UCHG). (Figure 5)



Outpatients

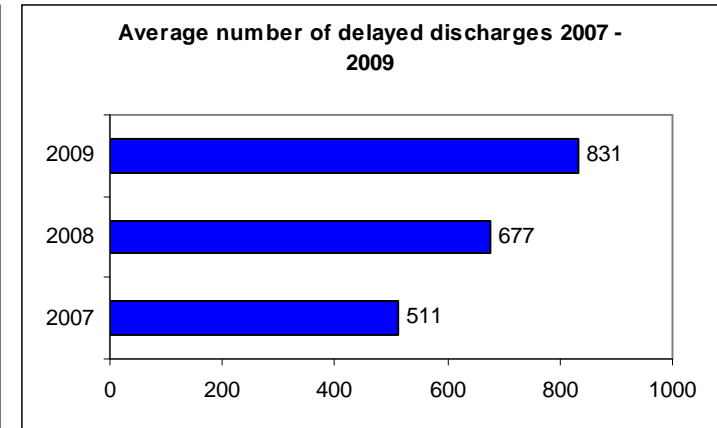
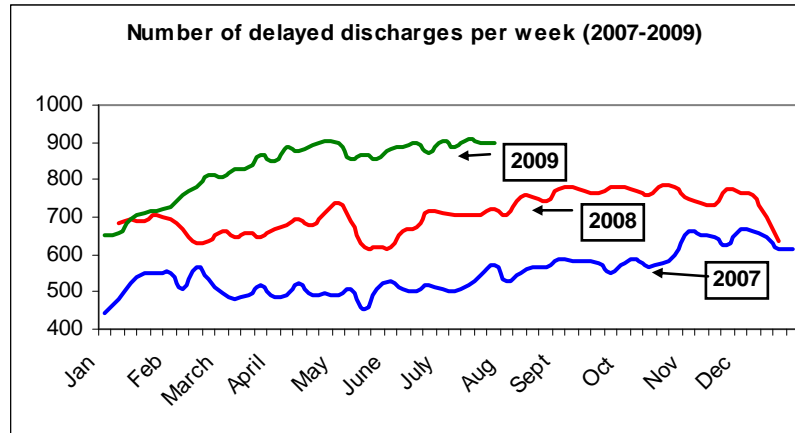
The HSE has an OPD service improvement project ongoing since mid 2008. The June PR demonstrated that, compared to the same period in 2008, many of the specialities have increased the number of new OPD patients that have been seen and treated (e.g. neurology (+23%), gastroenterology (+19%), ophthalmology (+12%), dermatology (+9%). This has been achieved in many cases by reducing the number of return patients as evidenced by a decreased new to return ratio across specialities. Figure 7 shows that the OPD service improvement project has increased the total and new OPD attendances across 7 networks. The largest increase in total OPD attendances has been in Dublin North with the highest growth rates in new attendances in the Southern Hospital Group. Six of the eight networks have new attendance growth rates of at least 4%.



Delayed Discharges

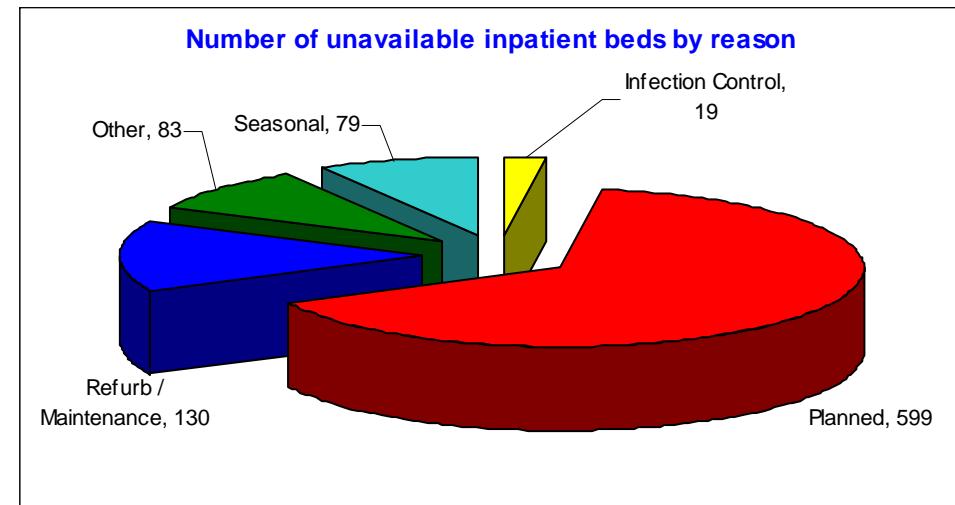
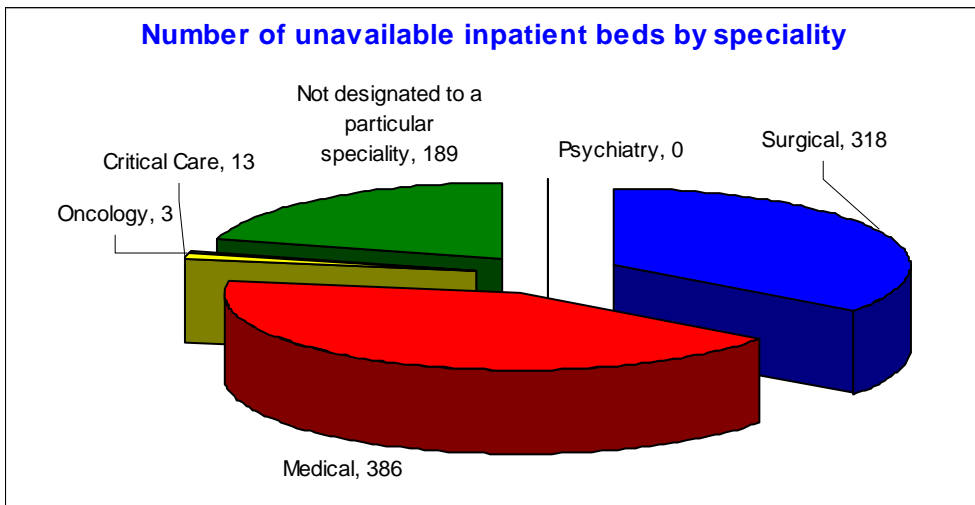
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed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

The number of delayed discharges nationally continues to be high in July at 899 (average for 2009 is 831). As can be seen from the figure on 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 overall reduction.



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 959 beds (910 inpatient; 49 day beds) unavailable for discharges during July.



New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 1,059 and 6,712 respectively and for day cases was 1,401 and 13,787 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,324 and 6,802 respectively and for day cases was 1,886 and 8,026 respectively. Overall the inpatient waiting list has decreased by 5% and the daycase waiting list by 4%.

Emergency Department Data

Table A shows the **complete time of ED visits for July**, 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.

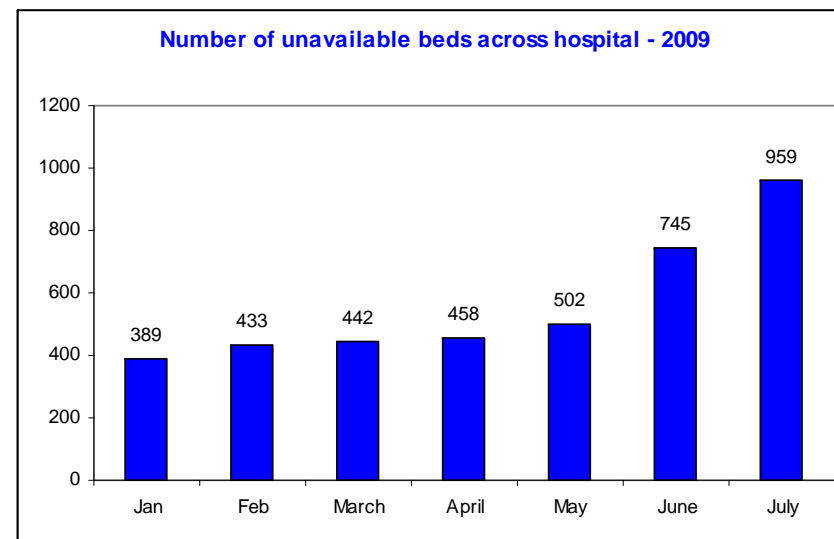


Table A

Hospital Results - based on all ED attendances	Average number of people seen in ED daily	Average hours for complete ED visit.
Kerry General	99	2.6
Tullamore Regional	81	2.8
Portiuncula Hospital	55	3.0
Letterkenny General	89	3.9
Limerick Regional	170	5.1
Cork University Hospital	154	5.3
Adelaide & Meath inc NCH	121	5.5
Mercy Hospital	68	6.0
St. James Hospital	128	7.7
St. Vincents, Elm Park	115	8.7
Beaumont Hospital	137	11.8

Table B

Hospitals	Average number of people seen in ED daily who were not admitted	Average hours waiting: Non-Admitted patients
Kerry General	77	2.5
Tullamore Regional	63	2.4
Portiuncula Hospital	40	2.8
Letterkenny General	57	5.6
Limerick Regional	126	4.1
Cork University Hospital	114	5.1
Adelaide & Meath inc NCH	91	5.2
Mercy Hospital	56	4.1
St. James Hospital	93	6.3
St. Vincents, Elm Park	93	8.7
Beaumont Hospital	107	7.9

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	3.0	0.0
Tullamore Regional	18	4.4	0.0
Portiuncula Hospital	15	3.6	0.2
Letterkenny General	32	2.9	0.0
Limerick Regional	44	7.8	0.0
Cork University Hospital	40	6.1	0.0
Adelaide & Meath inc NCH	30	6.2	0.0
Mercy Hospital	12	15.3	0.7
St. James Hospital	35	12.6	0.0
St. Vincents, Elm Park	22	7.5	0.5
Beaumont Hospital	30	28.1	0.0



The tables below show the ED data for a sample of attendances over two periods of two hours each, (11am–1pm and 4pm-6pm) each day, in 23 hospitals for January to July. 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.

Hospital Results Based on 2 x 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 & 4-6pm	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 4-6pm 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 4-6pm and admitted.	
Louth County Hospital	50	1.4	39	1.4	11	-	0.0
St Lukes Hospital - Kilkenny	103	1.7	82	1.5	21	3.5	0.0
St. Johns Hospital - Limerick	46	1.8	42	1.6	4	4.9	0.0
Nenagh General Hospital	31	1.8	27	1.8	4	2.0	0.0
Our Lady's Hospital - Navan	79	1.9	70	1.7	9	3.0	0.0
St. Michaels - DLaoire	52	2.1	48	1.9	4	3.2	0.0
South Infirmary-Victoria	76	2.2	65	1.8	11	8.1	0.0
Midland Regional Tullamore	81	2.3	63	2.2	18	3.3	0.0
South Tipp General Hospital	96	2.6	79	1.9	17	5.1	0.0
Wexford General Hospital	104	2.6	86	2.4	18	4.3	0.0
Waterford Regional Hospital	176	2.7	134	2.0	42	8.2	0.0
Roscommon County Hosp	43	2.9	32	2.6	11	4.4	0.0
Mater Misericordiae Hospital	119	2.5	93	2.4	26	6.9	0.7
Cavan General Hospital	94	3.2	77	2.6	17	7.0	0.0
Mayo General Hospital	94	3.3	66	2.9	28	9.3	0.0
Mercy Hospital	68	4.1	56	3.6	12	13.8	0.0
Sligo General Hospital	101	4.1	80	3.4	21	8.6	0.1
Kerry General	99	5.9	77	6.4	22	1.0	0.0
Naas General Hospital	74	8.9	55	6.2	19	19.9	1.0
University Hospital Galway	165	10.5	120	7.4	45	16.5	0.0
Our Lady of Lourdes	131	19.6	103	23.0	28	18.5	0.2
Connolly Hospital	88	23.8	67	25.4	21	22.1	0.1
St. Columcilles Hospital	57	25.4	46	26.6	11	24.0	1.7

Ambulance

Emergency and Urgent calls

In terms of percentage change in response times between 2009 and 2008 this variance is negligible in overall performance of the service in response to emergency calls. There are a number of contributing factors which has resulted in this change and they are as follows:

1. Some areas of the service illustrate an increase in emergency call activity which is due to seasonal impact, e.g. activity increased in the West due to an equine event in Galway.
2. The service responded in general to a high number of rural emergency calls which would be covered by an “on-call” system.

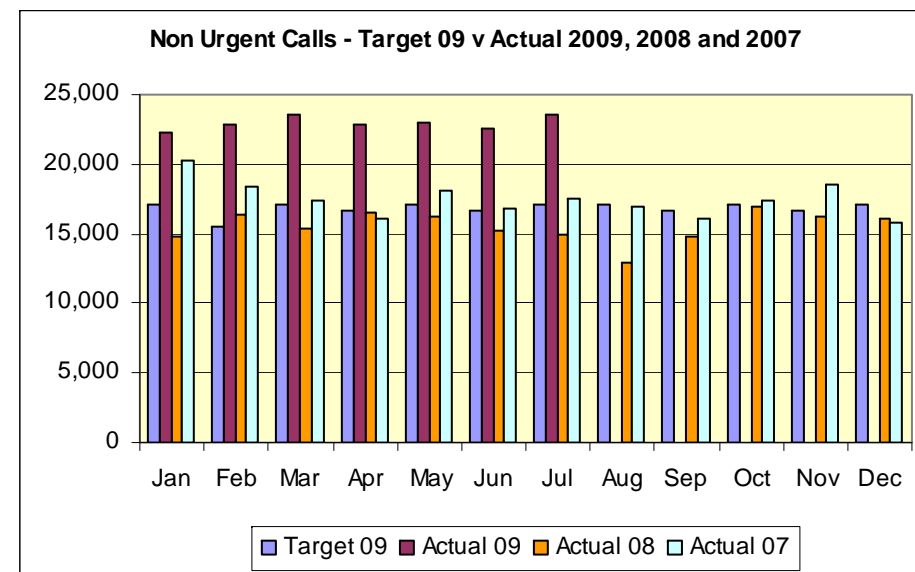
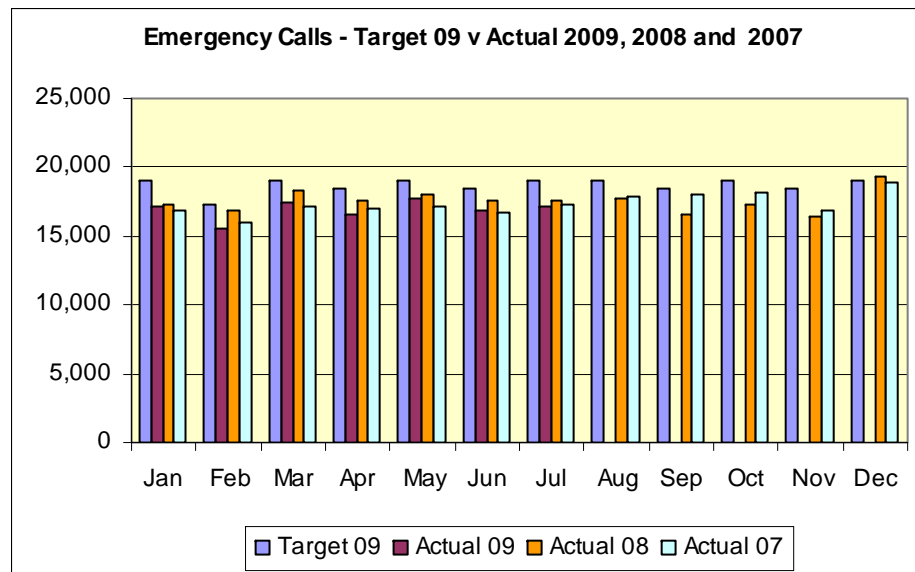
This month there was a decrease in the overall activity in responses to emergency and urgent calls; albeit a number of service areas reported an increase in emergency activity during July.

Non Urgent

Each service area illustrates a month on month decrease in the non urgent category. This is attributable to efficiency and effectiveness decisions and action taken by hospital management. The eastern area of the service is the only area reporting a positive variance in this category.

Community Transport

Seasonal / holiday periods effect the number of patients utilising community transport which would normally depict a decrease in the overall activity, however renal dialysis activity continues to rise and is the key element effecting the positive variance in this category.



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>
	€12m	-	Q1–Q4
		<i>Funding spent ytd:</i>	Total €3,250,000
		<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>
	€100,000	-	Q1–Q4
		<i>Funding spent ytd:</i>	€100,000
		<i>WTEs ytd:</i>	None
	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>
	€900,000	-	Q2
		<i>Funding spent ytd:</i>	€900,000
		<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>
	€500,000	-	Q2
		<i>Funding spent ytd:</i>	
		<i>WTEs ytd:</i>	
	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>
	€250,000	-	Q2
		<i>Funding spent ytd:</i>	
		<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>
	€1.05m*	35	Q2
		<i>Funding spent ytd:</i>	
		<i>WTEs ytd:</i>	
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€2.8m (€1.75m once off)	35	-
		<i>Funding spent ytd:</i>	€1,000,000
		<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	Procurement process commenced to purchase equipment for new rapid access lung clinics.
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€3m	22
	<i>WTE</i>	<i>WTEs ytd:</i>
	Q4	0
	<i>Timescale</i>	<i>New posts approved. Recruitment commenced. One WTE is in place.</i>
	Q4	
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>WTE</i>	<i>WTEs ytd:</i>
	Q4	0
	<i>Timescale</i>	<i>NEMU has approved filling of posts to accommodate set up of rapid access clinics. One new WTE is in place.</i>
	Q4	
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>WTE</i>	<i>WTEs ytd:</i>
	Q4	0
	<i>Timescale</i>	<i>NEMU has approved filling of 7 posts to accommodate development of cancer neurosurgery network with Beaumont and CUH</i>
	Q4	
National centre for complex head and	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>
		0

Key Result Area	Deliverable 09			Progress in Reporting Period	
neck, cancer	€1m	8	Q4	WTEs ytd:	0
	National centre for pancreatic cancer developed			Vincents Hospital has been identified as the national centre for pancreatic surgery. Development of the national service is at planning stage.	
National centre for pancreatic cancer	Funding	WTE	Timescale	Funding spent ytd:	0
	€1m	8	Q4	WTEs ytd:	0
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.			2 new consultant anaesthetist posts approved to support increased activity in oncology.	
	Funding	WTE	Timescale	Funding spent ytd:	0
	€1m	14	Q4	WTEs ytd:	NEMU has approved filling of 2 posts.
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.			At planning stage	
	Funding	WTE	Timescale	Funding spent ytd:	€1,700
	€1.53m	-	Q4	WTEs ytd:	
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.	
	Funding	WTE	Timescale	Funding spent ytd:	0
	€500,000	-	Q4	WTEs ytd:	0
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 last Q 2010.	
	Funding	WTE	Timescale	Funding spent ytd:	0
	€1.7m	12	Q4	WTEs ytd:	NEMU has approved filling of 11 NPRO posts to date.
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.			Timescale Q4.	
	Funding	WTE	Timescale	Funding spent ytd:	0
	€870,000	-	Q4	WTEs ytd:	0
TOTAL	Funding	WTE	Timescale	Funding spent ytd:	0
	€15m	100	-	WTEs ytd:	NEMU has approved filling of total of 84 posts out of 100. A number of the posts will provide cross cover for lung, prostate and neuro cancers.

Key Result Area	Deliverable 09			Progress in Reporting Period	
INNOVATION					
Innovation Funding	Delivery of Innovation projects approved by Minister for Health and Children.			Governance arrangements for €20m of Innovation funding for suitable projects was received on 27 th July 2009. This will be reported on from August via the model agreed between HSE and the Performance Monitoring Evaluation Unit, DoHC.	
	Funding	WTE	Timescale	Funding spent ytd:	0
	€21m	-	-	WTEs ytd:	0

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)		
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>A working group to facilitate the development of a Standardised Comprehensive Complaints and Incident Investigation Process has been established. Progress includes:</p> <ul style="list-style-type: none"> • Stakeholder analysis and consultation commenced. • Project objectives and plan agreed. • Nine HSE processes that have investigative elements have been reviewed and process mapping work commenced. <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 July, the total number of cases with the Serious Incident Management Team (SIMT) was 28. This included 23 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	Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.	The DoHC has established an implementation steering group. A number of project groups are established which will draft project plans. Draft plans for 'Adverse event management' and 'Clinical Audit' are awaiting sign-off before commencement takes place.
Quality Improvement Plans	<p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <p>(a) Service reviews.</p> <p>(b) Investigations and our internal system analysis recommendations</p>	<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. Work has commenced on one single database that will list all known policies, procedures, protocols and guidelines in use in various parts of the HSE. When finished (estimated end Q4) this database will be available as a resource to all staff in HSE via the intranet.</p> <p>Medical Devices Project: All documentation aligned and sent to key stakeholders for consultation. Feedback received and documentation is being amended to reflect this.</p> <p>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and available on line.</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>

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below)	<ul style="list-style-type: none"> Draft Audit forms for complaints and review officers drawn up.
User Involvement	National Strategy for User Involvement implemented.	<ul style="list-style-type: none"> Development of an online training course for service user involvement. 50 Volunteers for national advocacy programme in residential care trained. Web-page for information on residential care services developed. Training on personal excellence for staff was delivered in three residential care services. Meeting took place of sub-group on the involvement of children and young people in health services. Guidelines on involvement practice for residential care services being developed. Training programme for community based nurses of symptomatic breast cancer services developed. Programme to be delivered in January 2010. Consultation plan for involvement of service users in communication and promotion of information on flu pandemic agreed. Weekly teleconferences held. Consultation process on national patients' charter ongoing.
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	<ul style="list-style-type: none"> Teleconference took place to discuss the national evaluation of the 'Your Service, Your Say' Feedback Management process. Research proposal agreed upon. Fieldwork to commence Oct 2009, subject to ethical approval. Research proposal to conduct a national survey of hospital inpatients supported and approved. ISQSH will fund and conduct the research in October 2009.
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	<ul style="list-style-type: none"> Site visits ongoing in respect to the HSE / Combat Poverty Agency Joint Funding Initiative. Evaluation and technical support tenders awarded. Evaluation commenced. Both successful tender applicants were met with in July and work plan confirmed.

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			4,890		2,283	>100%
No. of complaints finalised within 30 working days	2,534			*3,870		1,241	>100%
No. of FOI requests received	4,231			2,926		2,267	29%
HSE National Information Line							
Number of calls received	113,738			89,987		68,259	32%

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

Section 6 – Specific Service Theme on Prehospital Emergency Care

Introduction

Over the last number of years, the Prehospital Emergency Care Service (PHECS) has been providing services in an ever-changing Health System with a particular emphasis on the changing provision of acute and primary care services. To deliver services within this system, the PHECS has had to adapt to new concepts and consider new methods and models of service delivery in order to ensure the delivery of high quality prehospital care and support services required by patients, clients and other key stakeholders.

Service Reconfiguration

The ongoing reconfiguration of acute hospital services in the North East, Mid West and South and the role PHECS is engaged in, is an evident example of this. In order to respond to these changes, the PHECS has had to reshape operationally and implement new clinical protocols and train staff with new skills.

The following are all examples of how the service has changed and is responding to the future direction of healthcare generally:

- The innovative advent of Prehospital Thrombolysis
- The introduction of advanced paramedics in providing services in rural areas in rapid response vehicles
- The introduction of intermediate care crews to care for and transport low acuity interhospital transfers, as well as becoming a key component of integrated discharge planning.

Meeting the Challenge

It was anticipated that acute reconfiguration would create increased mileages, increased unavailability of crews, longer turn around times and pre-hospital care being delivered for longer periods. The PHECS responded to this in the various areas in a consistent manner, with the deployment of 50 additional paramedical staff, the development of three advanced paramedic rapid response teams (Mid West 2) (North East 1) in the first phase, the removal of services provided formerly on an “on call” basis, upskilling of all of the paramedical cohort of staff, the purchase of Intermediate Care Vehicles and Rapid Response vehicles and finally, ongoing training of advanced paramedics.

These new developments will be further supported by technological advances in priority based dispatch systems for emergency and urgent calls and new clinical practice guidelines which will include “stay at home” care, hospital avoidance strategies and the development of stronger links with Primary Care and Community Care services.

PHECS into the future

The aim of the PHECS in the future is not only to provide a rapid response to 999 calls, and transporting patients to hospital (crucial though that is) but becoming a mobile healthcare service for the Health Service Executive. The PHECS is using, and will continue to use, modern technology such as the awaited introduction of a national radio system and clinical practice guidance to take healthcare to the full range of patients who need an emergency response. To achieve this successfully will require working with other healthcare professionals, sharing estate facilities, by providing pre arrival telephone advice to those patients whose condition prevents them from travelling easily to access healthcare services or while an emergency response is en-route.

All of the above has, and will be, delivered against a backdrop of re-profiling the service, improving performance in response and in the care provided to patients and the strategic shift in acute and primary care services. To assist in this transformation, the PHECS has implemented a number of information and audit systems to evidence and support decision making. These systems include an electronic patient care reporting system which is being piloted in the North East at present, with further roll out planned across the country; and a national fleet management system which will provide critical information to assist in fleet replacement and profiling as well as value for money opportunities.

In the Autumn, the PHECS will be introducing an Advanced Medical Priority Based Dispatch system which will identify immediately life threatening calls which require an immediate response. It is also envisaged that a workforce roster management system will be introduced before the end of the year which will ensure that the rosters are prepared in response to demands and that staff resources will be used to the optimum. All of these systems will provide the PHECS with the information required to make effective decisions in response to the continually changing environment within which it operates.

All of the steps taken to date by the PHECS is designed to ensure that it delivers services as an integral component of the patient care pathway by improving the performance of the service, complying with national standards and introducing new standards to improve the quality of the service provided.

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Appendix 1 – Vote Data

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

(As at 7th September 2009)

1. Vote Position at 31st August 2009

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

Vote August 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	1,142,354	1,157,906	15,552	9,775,707	9,940,268	164,561
Gross Capital Expenditure	410,263	23,520	25,109	1,589	285,255	321,630	36,375
Total Gross Vote Expenditure	15,009,851	1,165,874	1,183,015	17,141	10,060,962	10,261,898	200,936
Appropriations-in-Aid							
- Receipts collected by HSE ¹	-1,043,988	-92,554	-81,687	10,867	-662,705	-629,222	33,483
- Other Receipts	-2,333,275	-204,779	-259,850	-55,071	-1,180,082	-1,017,771	162,311
- Total	-3,377,263	-297,333	-341,537	-44,204	-1,842,787	-1,646,993	195,794
Net Expenditure	11,632,588	868,541	841,478	(-27,063)	8,218,175	8,614,905	396,730

Gross current expenditure is €165m over profile (€149m over profile in July).
Appropriations-in-Aid² are under profile by €196m (€240m under profile in July).
Gross Capital expenditure is €36m over profile (€35m over profile in July).

2. Vote Expenditure Return v Vote Issues Return (25th August 2009)

The Vote issues return submitted on 25th August 2009 declared a gross revenue overspend of €164m.

3. Capital

Summary

Capital spend across all subheads in the month of August amounted to €25.11m against a profile of €23.52m resulting in expenditure in excess of profile by €1.59m. In the period January to August capital spend across all subheads exceeded profile by €36.37m. Construction (Subhead C1) accounts for the adverse performance to profile. In the period January to August, Subhead C1 spend is in excess of profile by €45.92m. ICT (Subhead C3) is under profile by €8.36m for the period January to August and Dormant Accounts (Subhead B13) is under profile by €1.18m for the same period.

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.

¹ Appropriations in Aid for Dormant Accounts included in Other Receipts

² Revenue and Capital Appropriations-in-Aid.

The 2009 individual expenditure projections are under continuous review since the beginning of the year. As part of the formal 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. Officials from HSE Estates have been in discussion with officials from the Department of Health and Children and the Department of Finance in regard to the year end position and possible use of proceeds of sale of lands to fund mental health projects under "A Vision for Change".

Subhead C.3. ICT

ICT cash issues are within profile for the period Jan-Aug 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 August 2009

- The statutory sector is €117m over profile at 31st August 2009 (€98m over profile in July).
- The voluntary sector is €14m over profile at 31st August 2009 (€21m over profile in July).
- The Medical Card Services and Community Drugs Schemes are €61m over profile at 31st August 2009 (€46m over profile in July).
- The increase in the medical card and community drugs schemes overspend from €46m (July Vote Report) to €61m is attributable to increased payments to pharmacies due to an increase in dispensing in the last week of July, prior to the strike action commencing on 1st August.
- Flu pandemic expenditure to the end of August amounts to €5.358m.
- The Long-Stay Repayment Scheme is €17m under profile (€16m under profile in July).
- Payments to the State Claims Agency are €10m under profile.
- Receipts from Health Contributions are €162m under profile (€217m in July) due to a shortfall in Social Insurance Fund (SIF) receipts and receipts from the Revenue Commissioners. The shortfall of €162m at 31st August includes a deduction of €71m made from 2009 receipts due to the HSE. This deduction was made following the recent completion of the SIF apportionment exercise for 2007 by the Department of Social and Family Affairs.
- Pension levy receipts are under profile by €15m. Following a review of receipts from employees and service providers current indications are that there will be a projected shortfall of approximately €19m at year end.

5. Year-End Projection

Based on current expenditure patterns the net Revenue deficit is projected to be in the region of €212m. This figure excludes Flu Pandemic expenditure and any potential liability arising from the Pharmacy court case in relation to advance payments.

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

(As at 10th August 2009)

2. 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							
- Receipts collected by HSE	-1,046,988	-99,027	-80,602	18,425	-570,150	-547,535	22,615
- Other Receipts	-2,330,275	-226,845	-108,872	117,973	-975,304	-757,921	217,383
- Total	-3,377,263	-325,872	-189,474	136,398	-1,545,454	-1,305,456	239,998
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-Aid³ 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.

³ 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 formal 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.