Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report
September 2009

12th November 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, additional metrics may be reported in the Performance and Supplementary reports as they are developed and validated.

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 PR. Urgent Colonoscopy report is included on page 36 of this months PR.
- Aids and Appliances information (PR, page 4).
- 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 (first report submitted to DoHC on 29th July 2009). 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 15 June 2009), Section 4 of 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

DoHC Information Requests (as per Secretary General Letters, 14 Sept, 22 Oct 2009)

- **Review of Demand Led Schemes:** Update of current position (PR, page 17), financial breakdown (Supplementary, page 49)
- **Social Workers:** Comprehensive overview (PR, page 7)
- **Discretionary Medical Cards and GP Visit Cards:** Breakdown per HSE Area (PR, pages 18, 19).
- **Capital (Services for Older People):** Update on WTE transfer position (Supplementary, page 66)

Balanced Scorecard against NSP 09

Operations

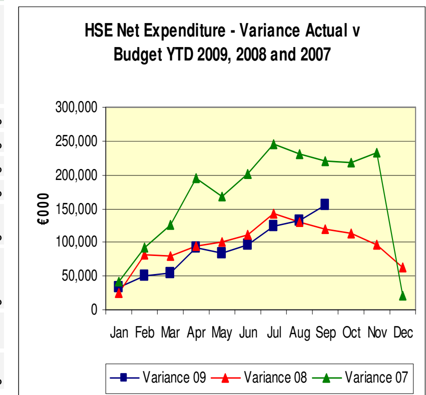
PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Primary Care					
No. of PCTs - Phase 1 and 2	93	210	135	---	----
No. of PCTs in development – Phase 3	0	100	150	---	---
Community (Demand Led) Schemes					
No. of persons covered by medical cards	1,352,120	1,405,904	1,448,741	3%	1,333,541
Older People					
Total Home Help Hours provided	12,643,677	8,984,700	8,866,161	-1.3%	9,296,039
Persons in receipt of Home Care Packages	8,990	8,700	8,860	1.8%	8,951

National Hospitals Office	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Inpatient	604,320	430,332	446,595	3.8%	449,393
Day case	637,140	486,953	504,266	3.6%	477,181
Births	73,815	57,502	55,822	-2.9%	55,301

	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	6.3	6.2			

Finance

	Approved Allocation €000	YTD Actual €000	YTD Budget €000	YTD Variance €000	YTD %
NHO	4,463,984	3,380,689	3,333,584	47,105	1.4%
PCCC	8,207,978	6,120,537	6,125,344	-4,808	-0.1%
NSS	27,458	19,779	19,476	303	1.6%
Corporate	514,061	469,055	385,428	83,627	21.7%
Population Health	157,631	121,534	117,844	3,690	3.1%
Health Repayment Scheme	36,000	60,986	36,000	24,986	69.4%
Held Funds	148,489	0	0	0	---
Total	13,555,600	10,172,579	10,017,676	154,902	1.5%



Human Resources

	Ceiling at 01/01/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 30/09/2009	% of Approved Ceiling	Actual Sept 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	**52,818**	**-475**	**52,343**	**46.82%**	**52,766**	**-203**	**423**	**0.81%**
Voluntary	22,721	-254	22,468	20.10%	22,644	-83	176	0.78%
Statutory	30,097	-221	29,876	26.72%	30,122	-119	247	0.83%
PCCC	**54,677**	**-75**	**54,602**	**48.84%**	**53,028**	**-94**	**-1,574**	**-2.88%**
Voluntary	14,891	337	15,228	13.62%	15,160	7	-67	-0.44%
Statutory	39,786	-412	39,374	35.22%	37,867	-101	-1,507	-3.83%
Population Health	**533**	**586**	**1,119**	**1.00%**	**1,107**	**3**	**-12**	**-1.04%**
Corporate (incl subsumed agencies)	**3,477**	**-114**	**3,363**	**3.01%**	**3,288**	**-7**	**-74**	**-2.21%**
Portion of ceiling to be allocated*	**0**	**375**	**375**	**0.37%**	**0**		**-375**	**-100%**
Total	**111,505**	**296**	**111,801**	**100.03%**	**110,189**	**-300**	**-1,612**	**-1.44%**

Quality

Measure	Target 09 ytd	Actual ytd	% variance Actual v Target ytd
Symptomatic Breast Cancer Services			
No. of cases compliant with HIQA standard of 2 weeks for urgent referrals	7,797	6,525	
No. non urgent referrals who were offered an appointment within 12 weeks	15,206	12,237	
Ambulance			
No. and % of emergency ambulance calls responded to within 26 minutes	86%	127,061 (83.5%)	-2.9%
Corporate			
No. of FOI requests received	---	3,770	---
Total number of complaints received	---	6,182	---
No. of complaints finalised within 30 working days	---	4,878	---

* 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

There are a number of key points for noting in the PR for October 2009 as follows;

- The HSE is now implementing its mass vaccination campaign, This will have significant impact upon current services as we ramp up the number of teams from 32 toward 120 by December. The precise service impact will be set out in further reports to the Board.
- The combined effect of the HSE employment control environment and the moratorium on recruitment is leading to a continuing decline in the number of people employed in the HSE, employment has dropped by another 300 posts in September 2009.
- HSE is undertaking a risk assessment of the staff losses and seeking to adjust service provision to align to the reducing numbers. Flexibility around redeployment is key to delivering in this context.

The financial position at the 30th September 2009 indicates a deficit of €154.9m. There is a continuing downward trend in employment levels for September with the HSE now 1,612 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 €77m ahead of budget and hospitals (statutory and voluntary) are €47.1m ahead of budget.

The October vote issues figures indicate a gross vote deficit of €135m, this is down from the September position which was €162m. The projection to year end is being updated based upon the October vote report which is just becoming available. An updated vote projection using October vote data will be addressed at the Board meeting. There is a significant shortfall in Appropriations-in-Aid at 31st October of €242m. 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 €40m against profile in the October vote issues report. This matter is expected to be resolved by way of a supplementary budget including some viring of ICT funds. 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. The HSE has been advised that funding up to a level of €55m is available in 2009 to cover the projected costs associated with H1N1.

The key risks facing the HSE financially to year end include:

- The risk of substantial additional expenditure on community schemes;
- Any potential adverse impact of the court cases relating to advance payments to pharmacists or the challenge to be heard in October to the recent reductions relating to pharmacy;
- Shortfall in A-in-As;
- An increase in retirements whether normal or as part of the early retirement scheme;
- Any potential withdrawal of funding related to the employment moratorium.

The actions being taken include:

- Further measures in NHO to address the issues arising in the West;
- Monitoring of community schemes to address any deficit in the context of a possible supplementary;
- Providing information to the government departments relating to pensions and appropriations in aid issues.
- Movement of local drug and other schemes to PCRS for processing;
- Continued focus upon acceleration of income collection nationally to support the delivery of a balanced vote. There is a target set to year end of an additional €100m collection above the normal rate.

Pandemic (H1N1)

HSE action in response to Pandemic (H1N1) 2009 is constantly evolving daily reflective of the continuously changing environment. This performance report refers to activity as of 18th October 2009. Daily updated information on Influenza A (H1N1) is available on www.hse.ie including news, advice, information leaflets and detailed questions and answers. Freephone 1800 94 11 00 for up to date recorded information on Influenza A (H1N1).

Overview at 18th October 2009

The number of Pandemic (HIN1) cases has seen a dramatic increase in the last few weeks with GP's consultation rates for influenza type illness at 160 per 100,000 in the week ending the 18th October. Rates of illness have increased particularly in the 5-14 year age group. Three hundred and eighty three cases have been hospitalised to the 18th October with 31 admitted to ICU. Eight patients with confirmed Pandemic (HIN1) have died.

However, clinical illness remains mild in most cases and most people can expect to recover in about 7 days. Children and young adults remain the most affected groups. At this stage there are still no signs of the virus mutating.

Response

HSE Pandemic plans at national, regional and local levels have now been activated in response to the surge in Pandemic (HIN1) cases. The National Crisis Management Team and the Regional Crisis Management Teams are meeting regularly to co-ordinate the HSEs response to the Pandemic. At local level hospitals and GPs are having to cope with the increasing numbers of Pandemic (HIN1) patients and are beginning to activate various elements of their plans in response. As expected pressures on the health system are occurring and non essentials activities are having to be postponed to provide for capacity to manage Pandemic (HIN1) patients.

Critical Care capacity is currently being increased to cope with the anticipated pressure on ICU beds and we are enhancing telephone support systems to help alleviate anticipated pressure on GP's as cases numbers further increase.

Mass Vaccination

Planning for mass vaccination of the population continues. The logistics involved are enormous. No vaccination programme of this magnitude has ever before been undertaken in the state.

The vaccine will be delivered into the country over the next six to nine months. Small quantities have begun arriving in the country and while the exact delivery schedule is unknown we anticipate delivery quantities to begin to increase in the next few weeks.

Those people most at risk from the Pandemic are to be vaccinated first. This group includes pregnant woman, people with chronic lung, heart, kidney, liver or neurological disease and people on medication for asthma. This at risk group, estimated to number in the region of 440,000 people, will in most cases be vaccinated by their GP. For those who will not be vaccinated by their GP we are establishing special vaccination clinics across the country. Distribution to participating GPs commenced on the 19th of October and all participating GP's and the vaccination clinics will have vaccine by the 2nd November. While some GPs will have already commenced vaccination the official launch of the vaccination campaign will occur on the 2nd of November.

Children and front line health care workers will be offered the vaccine next followed by the rest of the population. The Vaccine is still licensed as a two dose vaccine per person. However it is hoped that ongoing clinical investigation will determine, over the next few weeks, that for some age groups a one dose strategy will be enough. Therefore the plan is that all persons falling in the at risk group will be offered their first dose of the Vaccine in the first four weeks of the programme. During this period the decision will be taken as to whether they need to be called back for a second dose.

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 NPHET. The primary costs identified to date are those flagged previously relating to purchase of vaccine. Further work is being undertaken to identify the costs associated with a move to mass vaccination. The HSE anticipates that the net additional cost of responding to the pandemic will be considered by way of a supplementary estimate and does not therefore require any amendment to the service plan at this time.

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 September show total expenditure of **€10.173 billion** against a year to date budget of **€10.018 billion** – a deficit of **€154.9 million.**

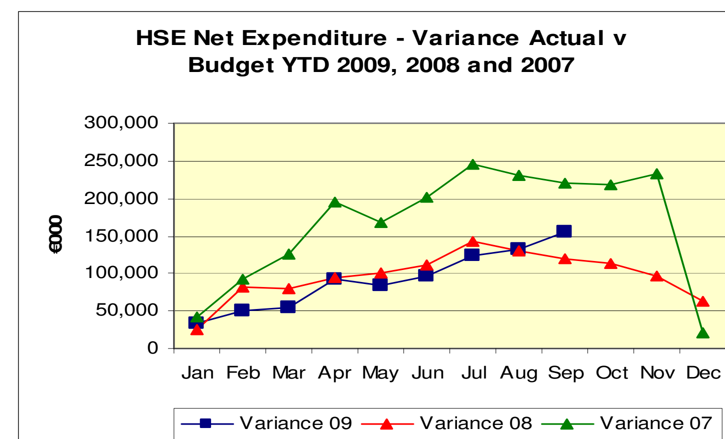
	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,463,984	3,380,689	3,333,584	47,105	1.4%
Primary, Community and Continuing Care	8,207,978	6,120,537	6,125,344	-4,808	-0.1%
National Shared Services	27,458	19,779	19,476	303	1.6%
Corporate	514,061	469,055	385,428	83,627	21.7%
Population Health	157,631	121,534	117,844	3,690	3.1%
Health Repayment Scheme	36,000	60,986	36,000	24,986	69.4%
Held Funds	148,489				
Total	**13,555,600**	**10,172,579**	**10,017,676**	**154,902**	**1.5%**

Key Messages

- The deficit of €154.9m at the end of September is made up of the following components:-

Statutory hospitals	€40.0m
Local Health Offices	€-7.0m
PCRS and Schemes	€1.3m
Population Health	€3.7m
Pensions/Pension Levy	€87.0m
Other Corporate	€-3.1m
Voluntary Providers	€8.0m
Repayments Scheme	€25.0m
Total	**€154.9m**

- The pension deficit at the end of September has risen to €77m with an additional €10m relevant to the pension levy. At the end of August we had forecast a budgetary overrun in the order of €95m for the full year. This forecast is critically dependent on the level of retirements in the remaining months. Lump sum payments increased in the month of September and we are currently reviewing the full year forecast in consultation with the Department of Health & Children.
- Statutory hospitals continue to operate with a budgetary overrun – substantially in the West/NW. The majority of hospitals will break even financially by year end.
- Local Health Offices have a small surplus of €7m year to date with PCRS schemes exhibiting a deficit of €1.2m.
- The deficit on the Health Repayment Scheme is a technical matter which arose during the Revised Estimates Volume.
- Sustained expenditure control will be critical to achieving a balanced vote in the 3 accounting periods which remain to year end.



HSE Statutory System

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

- Statutory €121.9m
- Voluntary €8.0m
- Health Repayment Scheme €25.0m

Aids and Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	12,731	7,729	9,532	-1,803	-19%
Dublin North East	15,141	11,111	11,408	-297	-3%
Dublin Mid Leinster	24,085	16,859	17,983	-1,124	-6%
West	10,829	8,925	8,020	904	11%
Total Aids and Appliances	**62,786**	**44,624**	**46,943**	**-2,319**	**-5%**

Capital

The cumulative capital cash profile for the period January to September 2009 is €311.898 million. The capital cash draw down for the corresponding period was €346.639 million. The capital draw down was therefore over profile for the period by €34.741 million.

HR Performance Information

End of September employment data shows a decrease of 300 WTEs over the August report. The corresponding month last year showed a decrease of 79 WTEs. In overall terms, the NHO recorded a decrease of 203 WTEs with the NHO Statutory Sector recording a decrease of 119 WTEs and the NHO Voluntary Sector a decreas of 83 WTEs. PCCC also recorded an overall decrease of 94 WTEs. The PCCC Statutory Sector decreased by 101 WTEs and the Voluntary Sector recorded an increase of 7 from their August data.

A further 14 2008/2009 addendum/new service development posts were filled in September. Management/admin WTEs decreased overall in September by a further 24 WTEs. There was a reported reduction of 31 Management/admin WTEs in the HSE Statutory Sector, an increase of 3 WTEs in the Voluntary PCCC Sector and 4 WTEs in the Voluntary Hospital Sector. At the end of September, this staff category is 342 WTEs below the 2008 end of year position, some 1.9% of a reduction set against the targeted reduction for the year of 3%. It should be noted that there has been a 4.32% reduction in this staff category since its peak in September 2007.

	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 30/09/09	% of Approved Ceiling	Actual Sept 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
(i) NHO	**52,818**	**-475**	**52,343**	**46.82%**	**52,766**	**-203**	**423**	**0.81%**
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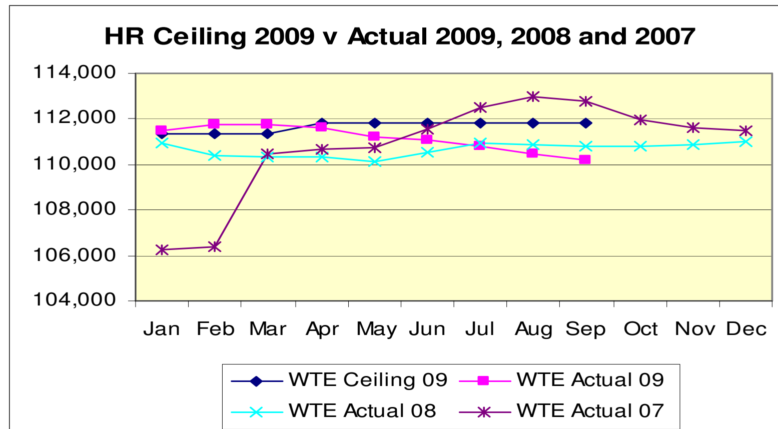
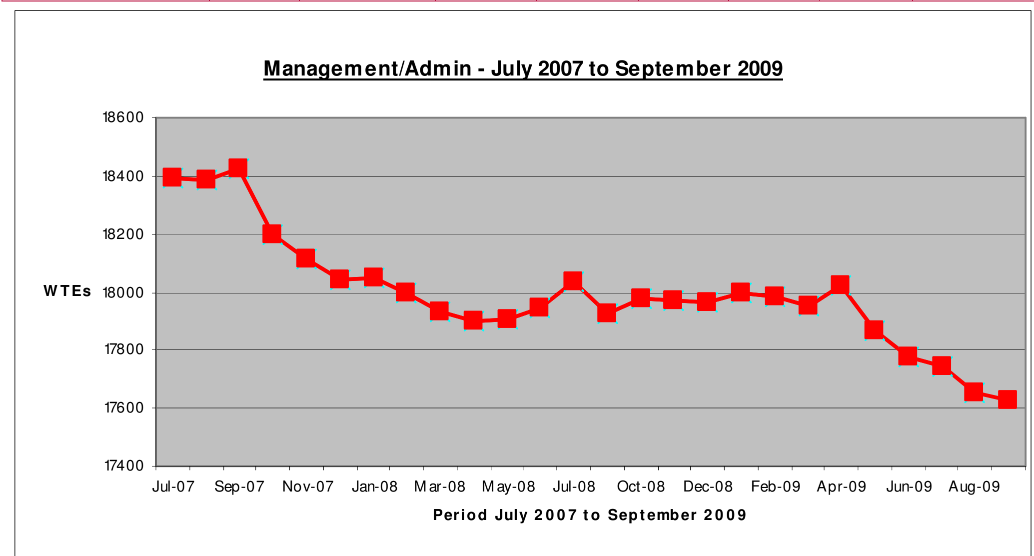
Portion of ceiling to be allocated*	**0**	**375**	**375**	**0.37%**	**0**		**-375**	**-100.00%**
Total	**111,505**	**296**	**111,801**	**100.03%**	**110,189**	**-300**	**-1,612**	**-1.44%**





Population Health reported an increase of 3 WTEs in September. However Population Health is now 1.04% (12WTEs) below their employment ceiling. Corporate reported a decrease of 7 WTEs in September. Corporate is currently 2.21% (74 WTEs) below its approved employment ceiling as at the end of September.

Compliance with approved employment ceiling
In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 1,611 WTEs as at the end of September. 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 September is 111,426 WTEs and is thus 1,236 WTEs or 1.11% within that ceiling. It is anticipated that much of this ceiling variance will be absorbed on a cost neutral basis, of additional employment in those specified grades with delegated sanction to recruit outside of the moratorium on recruitment, in such areas as new Community Nursing Units, and other demographic service developments as set out in the NSP 2009.

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 423 WTEs above ceiling, +0.81%, PCCC is 1,574 WTEs below ceiling, -2.88%, Corporate -74 WTEs below ceiling, -2.21% and Population Health is 12 WTEs below ceiling -1.04%%. On a sectoral basis, HSE direct is 1,346 WTEs below ceiling, -1.8%, while the Voluntary Hospitals Sector is 176 WTEs above ceiling, +0.78% and the Voluntary Sector of PCCC is 67 WTEs below ceiling (-0.44%).

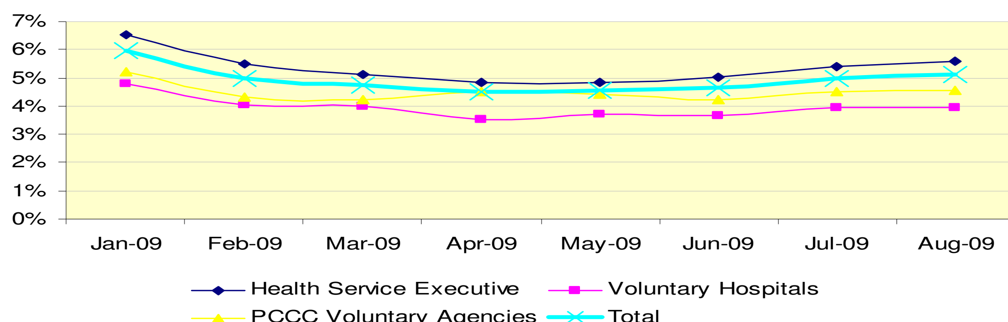
Hospitals / LHO's / Voluntary Agencies with the largest percentage variance with their approved employment ceiling at the end of September are as follows:

Hospital/Local Health Office /Voluntary Agency	Ceiling Sept	Actual Sept	Growth in 2009	WTE Ceiling Variance	% Variance
Coombe Hospital	685	764	27	79	11.57%
National Ambulance Service	1,305	1,454	57	149	11.39%
Cavan Hospital	715	771	3	56	7.9%
Our Lady of Lourdes Hospital	1,270	1,343	-11	73	5.79%
Cope Foundation	790	831	1	41	5.18%
Kerry General Hospital	974	1,024	18	50	5.18%
Our Lady's Hospital Crumlin	1,550	1,625	-34	76	4.88%
Dublin South West LHO	854	895	-80	41	4.79%
Brothers of Charity, Clare	168	176	-3	8	4.75%

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

Absenteeism by Sector August 2009
Absence due to illness is a normal incidence of working life. However, from the viewpoint of service delivery, predictable patterns of attendance and low levels of absence are key to managing workflow and ensuring the efficient and timely delivery of services.

The HSE has measured and monitored absenteeism nationally since early 2008 as one part of its strategy to address absence from work. In order to have consistency and comparability in reporting a standard national definition of a percentage absence rate was set out based on the 'lost time rate'. This measures lost time against available time and is expressed as a percentage. **Lost time is any time lost through absences due to certified and uncertified sick leave and unexplained absences.** It does not include absences due to maternity leave, carer's leave or other statutory approved leave. This corresponds to measurements used by IBEC and ISME and by many other organisations that monitor and report absenteeism.



Sector	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	YTD
Health Service Executive	6.55%	5.49%	5.14%	4.82%	4.83%	5.03%	5.38%	5.59%	***5.34%***
Voluntary Hospitals	4.80%	4.03%	3.98%	3.51%	3.69%	3.68%	3.96%	3.94%	***3.95%***
PCCC Voluntary Agencies	5.20%	4.33%	4.22%	4.50%	4.40%	4.23%	4.49%	4.56%	***4.49%***
Total	**5.96%**	**4.97%**	**4.76%**	**4.49%**	**4.54%**	**4.64%**	**4.96%**	**5.11%**	***4.92%***

The national rate has fallen from 6.29% in Quarter 1 2008 to a low of 4.49% in April 2009 thus maintaining and exceeding the initial 2008 Service Plan target of a 10% reduction .

The current target set by the National Director of Human Resources to reduce the rate to 3.5% is more challenging and the stabilisation around the 5% mark in recent months is in-line with published rates for the broader public sector.

Social Workers
There has been a fall of -8 WTE in the whole-time equivalence for Professionally Qualified Social Worker Grades since end-March 2009 (or 34 WTE since Dec 08), when comparing like-for-like employment data. While the overall figures as set out in the adjoining table would indicate an apparent fall of 110 WTE Social Workers since March (75 WTE since Dec 08), this is due to the reclassification of staff previously graded as *Non-professionally qualified Social Workers* (primarily on payrolls in the former Eastern region) which resulted in a fall in this pay grade of -109 or -102 WTE since December 08 and March 09 respectively, and thus is distorting the true position. Such staff reclassification has not reduced the levels of employment as these continue to engage with patients and clients albeit with a different title.

Grade	*Dec-08*	*Mar-09*	*Sep-09*	*Change (since Dec 08)*	*% Change (since Dec 08)*	*Change (since Mar 09)*	*% Change (since Mar 09)*
Social Worker	1,062	1,081	1,065	3	0.29%	-16	-1.47%
Social Worker, Medical	140	135	140	0	-0.24%	5	3.40%
Social Worker (Non professionally qualified)	157	151	48	-109	-69.22%	-102	-67.91%
Social Worker, Principal	223	230	223	0	-0.02%	-7	-2.91%
Social Worker, Psychiatric	32	32	32	1	1.84%	0	-0.25%
Social Worker, Psychiatric Senior	3	2	2	-1	-35.71%	0	-10.00%
Social Worker, Senior Medical	150	153	155	5	3.21%	2	1.59%
Social Worker, Team Leader	332	347	349	17	5.22%	2	0.54%
Social Worker Practitioner, Senior	137	140	147	9	6.69%	6	4.51%
Total Social Workers	**2,236**	**2,270**	**2,161**	**-75**	**-3.36%**	**-110**	**-4.84%**

In 2009, the HSE is recruiting in the order of 311 Social Workers to provide for additional social workers 203.5 WTE comprising of:

130 Child Care
55.5 Primary Care Services
18 Specialist Services (i.e. Disabilities, Mental Health, general turnover and retirement).

As of early October, 197 (comprising of 159 permanent and 39 fixed term) of the 311 recruitment posts are filled. However over 70% of these successful applicants were already working for the HSE in a variety of arrangements (i.e. temporary, junior positions etc.) Of the 130 additional Social Workers, 67 are filled and balance 63 being processed of which 16 will be new entrants to the HSE. The balance of 47 will be back filled and form part of the campaign as outlined below. Coupled with this, 39 retired in 2009, plus projected 45 who will retire in 2010 also need to be recruited to ensure the overall figures increase as planned (i.e. 130 childcare plus 73.5 for Primary Care and other services).

In light of the experience of recruiting the 197 candidates, the HSE has initiated a special recruitment process to resource additional social workers to the overall system. This campaign is specifically designed to attract qualified candidates who are currently employed outside the Irish publicly funded health services. It is targeting 2009 Irish graduates of which there are 188, and other qualified applicants from both Northern Ireland and the UK. The closing date for applicants is Friday 23rd October 2009.

PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of PCTs	135	---	---
PCTs in development	150	---	---
No. of contacts with out of hours GP services	668,113	14%	667,112

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,860	1.8%	8,951
Total Home Help Hours provided	*8,866,161	-1.3%	9,296,039
Total no. in receipt of subvention (monthly averages)	9,386	3.1%	9,126

***Validation of OP dataset will be completed by end Oct 09. Expected that this may revise baseline no. HHH's as definitions are uniformly applied nationally.**

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	681,553	0%	640,502
No. DPS Claims	3,832,831	-18%	4,100,196
No. eligible persons on medical cards	1,448,741	3%	1,333,541

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,639	5.7%	5,380
Total no. of children in residential care	392	-8.0%	402
Total no. of children in foster care	3,409	6.7%	3,239
Total no. of children in foster care with relatives	1,645	7.5%	1,563
Total no. of children in "Other" care arrangement	193	6.0%	176

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	308	-19%	437
No. patients accessing home care services	2,944	1%	2,889
No. patients accessing intermediate care in community hospital	119	16%	149
No. patients accessing day care services	311	-1%	338

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	8,961	3.4%	8,675

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

NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.8%	-0.6%
Day case attendances	3.6%	5.7%
Outpatient attendances	3.8%	2.9%
Births	-2.9%	0.9%
Emergency presentations*	-2.5%	-2.8%

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

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	25.1%	30,5%
• Children>3months	60.2%	62.2%
Daycase - % waiting		
• Adults >6months	14.3%	24.1%
• Children>3months	64%	62.0%

National Hospitals Office	Actual YTD	Same Period 2008
Inpatients % Public		
Emergency Calls - % answered <26 mins	83.5%	85.9%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	742	783

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 Sep YTD is €56.76m. In terms of the profile for delivery of efficiencies, it may not be expected that Sep YTD would demonstrate three quarters 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 for some adjustments on 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 Sep YTD spend and projecting full year expenditure for 2009:

- VFM 2008 is broadly being maintained in 2009 when the Consultant Contract payment is removed. The increased rate of spend in Drugs and Medicines since June has reversed in September, with this month showing overall non-pay at its lowest monthly spend since Oct 2007.
- The specific required €115m adjustments may now only be delivered subject to an increased saving in the last quarter. Because of the reduced allocation following the reduced REV, the extent to which projected VFM savings exceed target in non-pay areas has decreased. Despite the fact that this would reduce the ability of additional VFM efficiencies in non-pay categories to compensate for lack of performance in pay-related areas, there is evidence of this still being delivered.
- Directorates are reporting that a challenging HR/IR environment is impacting on delivery of planned efficiencies.

VFM	Expected Reduction €m	Sep YTD €m
Non Pay		
T&S	6.200	4.609
Legal	2.000	0.225
Advertising	1.000	0.750
Nurse Tr&Ed	5.000	3.750
Nat. Drugs Formulary	8.000	1.012
Maintenance	3.500	2.625
Service Adjustments/Reconfigs		
Patient Transport	3.670	2.308
Blood Usage	11.800	5.895
Laboratory	2.000	1.500
Reconfig PCCC Admin Processes	6.385	3.323
Reconfig Child Care	10.000	5.455
Disability Providers	10.000	7.328
Pay		
PCCC Mental Health	12.662	5.549
NHO Non Mgt Admin Pay	8.570	6.450
3% Reduction in Mgt Admin	24.213	5.979
Total	**115.000**	**56.76**

Non-Pay

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

- There is a saving of €4.6m for 'Travel & Subsistence' in Sep and the projected expenditure indicates delivery slightly beyond the required adjustment. However, it should be noted that the recent Govt. agreed reduced mileage rates is reducing the saving available beyond the required adjustment.
- The level of saving for 'Disability', 'Corp. Maintenance', 'Educ&Training', Laboratory', 'Patient Transport', and 'Advertising' in Sept 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' , '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 Sep YTD

Pay

The current rate of savings would not indicate the 3% reduction in Mgt/Admin in NHO and Corporate being fully achieved with a challenging HR/IR environment impacting on delivery of these planned efficiencies. There is financial evidence in the Sept data when provision is made for the Consultant Contract, that the required reductions in NHO Non Mgt/Admin pay costs are taking place. A range of measures are continuing to be 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
Proposed Reduction in Resource v Actual	320	55.936m	
Reduction Achieved ytd		**€30.109m**	

Support Services

VFM Budget Reductions

	WTEs	Pay €m	Non-Pay €m
Proposed Reduction in Resource v Actual	83	4.670	10.394
		15.064m	
Reduction Achieved ytd		**€9.746m**	

NHO

VFM Budget Reductions

	WTEs	Pay €m	Non-Pay €m
Proposed Reduction in Resource v Actual	227	19.913	24.087
		44.000m	
Reduction Achieved ytd		**€16.903m**	

Total	WTEs	Pay €m	Non-Pay €m
Proposed Reduction in Resource v Actual	630	115m	
Reduction Achieved ytd		**€56.76m**	

Section 3 – Service Delivery

3.1 PCCC

Overview

Overall PCCC financial results for September, show total expenditure of €6.121 billion against a year to date budget of €6.125 billion resulting in a surplus of €4.8m, with can be attributed to continuing strong cost management performance across the four Areas. Total Schemes expenditure is €2.189 billion against a year to date budget of €2.187 billion resulting in a €1.3m deficit. Our VFM / Cost Containment programme continued to show solid performance in September. To date over €30m worth of savings / efficiencies targeted in the Service Plan 2009 have been realised.

PCCC are currently 1,574 WTE below ceiling, a decrease of 94 during September. It is anticipated that much of this ceiling variance will be absorbed on a cost neutral basis, by additional employment in those specified grades with delegated sanction to recruit outside of the moratorium on recruitment, in such areas as new Community Nursing Units, and other demographic service developments as set out in the NSP 2009.

Key activity highlights this month are identified below:

- A further 8 Primary Care Teams held clinical team meetings during the month of September, bringing the national position to 135 teams achieving this milestone.
- The number of eligible persons on medical cards continued to grow during the month of September with the number of individuals covered now standing at 1.449m. This represents a growth of over 10,000 within the month and puts the HSE almost 25,000 over its anticipated level of provision for 2009. The number of discretionary cards has grown by over a thousand when compared to the same period last year.
- The seasonally adjusted Irish Live Register total increased from 425,300 in August to 425,500 in September (an increase of 200 according to the CSO). In the year to September 2009, there was a seasonally adjusted increase of 101,300 (+31.3%). This compares with a seasonally adjusted increase of 66,400 (+37%) over the same period last year. The standardised unemployment rate in September is 12.6% compared to 7.1% in September 2008.
- The proportion of children in care with a written care plan in place now stands at 84.7% compared to 64.1% at end of 2008. Variance at local level are due to an increase in the number of emergency admission / placements and are being addressed at LHO level.
- Nationally there has been a 4.3% increase in the number of children in care (across all care type / categories) from end of January 2009 position
- During the month of September, 83,896 contacts were made with the out of hours service; an increase of 21% on the contacts made in August 2009 (69,607). This increase is mainly due to the number of influenza like illness (ILI) calls to the services relating to the current H1N1 Flu Pandemic.

PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,569	12,326	-1.9%	911,410	912,982	-0.2%
West	14,800	14,216	-3.9%	979,753	982,617	-0.3%
DML	15,580	15,187	-2.5%	1,154,431	1,156,288	-0.2%
DNE	11,562	11,299	-2.3%	882,935	881,053	0.2%
PCRS				1,940,483	1,961,628	-1.1%
Nat. Director Office (including return of Service Plan funding per Minister's letter)	91	--	--	3,135	4,822	-35.0%
Primary Care Schemes				248,390	225,954	9.9%
Total	**54,601**	**53,028**	**-2.9%**	**6,120,537**	**6,125,344**	**-0.1%**

PCCC Finance Commentary

Including PCRS, year to date expenditure was **€6.121 billion** compared with a budget of **€6.125 billion** – leading to a negative variance of **€4.808 million**.

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

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,941,244	1,381,471	1,408,132	(26,661)	-1.9%
Community Schemes	718,710	559,012	553,496	5,516	1.0%
PCRS Total	**2,659,954**	**1,940,483**	**1,961,628**	**(21,145)**	**-1.1%**
Primary Care Schemes	272,369	248,390	225,954	22,436	9.9%
Grand Total	**2,932,323**	**2,188,873**	**2,187,582**	**1,291**	**0.1%**

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

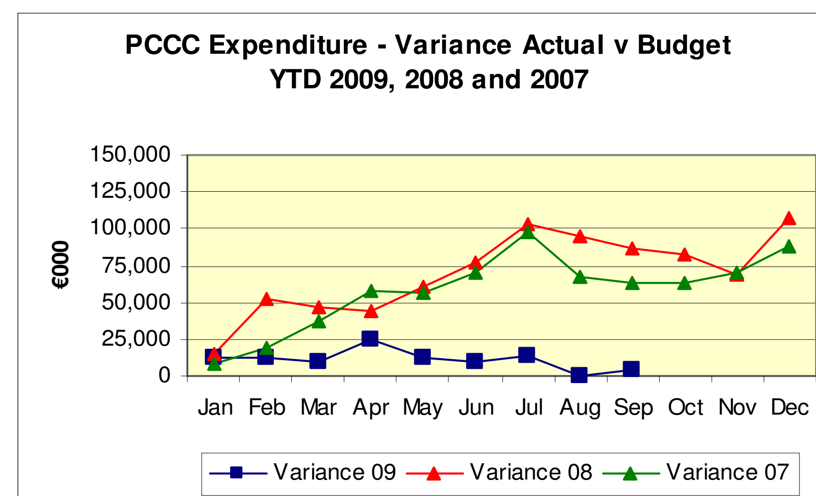
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	255,948	203,249	192,487	10,761	5.6%
LHO Laois / Offaly	177,804	138,335	133,311	5,024	3.8%
LHO Wicklow	113,093	87,381	84,683	2,698	3.2%
LHO Dublin West	103,419	80,063	77,420	2,643	3.4%
LHO Kildare / West Wicklow	104,775	80,335	78,380	1,955	2.5%

(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	%
LHO Dublin South Central	218,296	154,000	159,336	-5,336	-3.3%
Dublin North	222,331	163,550	166,567	-3,017	-1.8%
LHO Sligo / Leitrim	173,878	127,350	129,709	-2,360	-1.8%
LHO Dublin South City	108,126	79,386	80,984	-1,598	-2.0%
LHO Limerick	179,759	132,872	134,340	-1,468	-1.1%

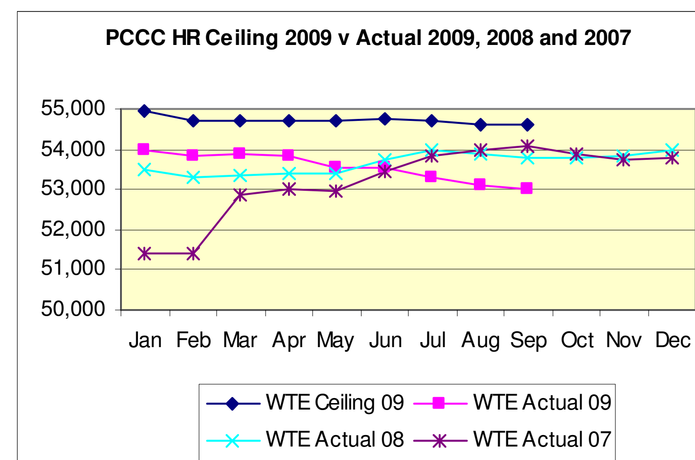
(Based on actual variance against budget)



PCCC HR Commentary

PCCC's approved employment ceiling now stands at **54,601** WTEs and they are currently **1,574WTEs (-2.88%)** below their approved employment ceiling.

PCCC recorded a decrease of 94 WTEs in September. A further 5.51 WTE 2008 / 2009 addendum / new service development posts were filled in September. Some 691 new 2008 / 2009 development posts in PCCC have now been filled in Areas/Agencies encompassed by the approved employment ceiling by the end of September. Some 117 posts remain in process of being filled from the 2008/2009 addendum / new approved developments.



Local Health Office	Increase in Sept	Of Which Statutory	Of Which Voluntary	% Increase in Sept	WTE Variance with Ceiling	% Variance to ceiling
Wicklow	20	0	20	0.7%	-57	-1.82%
Mayo	10	10	0	0.75%	-54	-3.46%
North Lee	13	13	0	1.00%	-21	-1.86%

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

- National Rehabilitation Hospital (+22 WTEs)
- St Michaels House (+13 WTEs)
- Brothers of Charity Galway (+15 WTEs)
- Cope Foundation (+13 WTEs)

LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual Sept 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin South-West	1,239	1279	4.03	40.2	3.24%
Cork West	2,773	2820	6.9	47.19	1.70%
Dublin North Central	3,210	3213	6.72	2.83	0.09%
Waterford	1,579	1577	-14.26	-2.11	-0.13%
Cork South Lee	1,245	1243	-1.12	-2.2	-0.18%

(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 Sept 2009	Growth from Previous Month	Variance from ceiling	% Var
Laois /Offaly	2,292	2143	3.23	-149.09	-6.51%
Louth	1,771	1679	-6.57	-92.41	-5.22%
Kerry	1,167	1111	-5.3	-56.21	-4.82%
Cavan/ Monaghan	1,294	1232	7.61	-61.71	-4.77%
Sligo/ Leitrim	2,161	2081	-5.12	-80.25	-3.71%

(Based on the percentage variance from ceiling)

PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	No. of Primary Care Teams			No. Contacts with Out of Hours GP services			No. LTI claims			No. DPS claims			No. Eligible persons on medical cards		
	Target	Actual	% Var	Target	Actual	% Var	Target*	Actual	% Var	Target*	Actual	% Var	Target	Actual	% Var
South	---	39	---	264,260	290,895	10%	---	---	---	---	---	---	---	---	---
West	---	40	---	150,380	170,439	13%	---	---	---	---	---	---	---	---	---
DNE	---	16	---	96,360	124,565	29%	---	---	---	---	---	---	---	---	---
DML	---	40	---	73,730	82,214	12%	---	---	---	---		---	---	---	---
Total	**---**	**135**	**---**	**584,730**	**668,113**	**14%**	**682,444**	**681,553**	**0%**	**4,689,472**	**3,832,831**	**-18%**	**1,405,904**	**1,448,741**	**3%**

*these targets were revised in April and are now evident in this PR

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	1,626	15.0%	84	72	-14.3%	898	1,041	15.9%	385	434	12.7%	47	79	68.1%
West	1,063	1,074	1.0%	54	38	-29.6%	688	718	4.4%	275	286	4.0%	46	32	-30.4%
DNE	1,347	1,412	4.8%	138	128	-7.2%	716	769	7.4%	446	466	4.5%	47	49	4.3%
DML	1,510	1,527	1.1%	150	154	2.7%	894	881	-1.5%	424	459	8.3%	42	33	-21.4%
Total	**5,334**	**5,639**	**5.7%**	**426**	**392**	**-8.0%**	**3,196**	**3,409**	**6.7%**	**1,530**	**1,645**	**7.5%**	**182**	**193**	**6.0%**

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	1,984	5.5%	2,935,512	2,942,728	0.2%	2,646	2,708	2.3%
West	1,690	1,867	10.5%	2,626,200	2,608,777	-0.7%	3,259	3,373	3.5%
DNE	3,300	2,952	-10.5%	1,805,994	1,747,586	-3.2%	1,337	1,443	7.9%
DML	1,830	2,057	12.4%	1,616,994	1,567,070	-3.1%	1,858	1,862	0.2%
Total	**8,700**	**8,860**	**1.8%**	**8,984,700**	**8,866,161**	**-1.3%**	**9,100**	**9,386**	**3.1%**

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	54	-5%	764	768	1%	31	25	-19%	69	80	16%
West	116	123	6%	850	904	6%	35	43	23%	82	97	18%
DNE	35	38	9%	586	621	6%	5	4	-20%	56	58	4%
DML	171	93	-46%	729	651	-11%	32	47	47%	108	76	-30%
Total	**379**	**308**	**-19%**	**2,929**	**2,944**	**1%**	**103**	**119**	**16%**	**315**	**311**	**-1%**

Activity YTD	Mental Health			Social Inclusion (No. on last day of month)		
	No. of Child and Adolescent Mental Health Teams			Average No. Clients in methadone treatment		
	Target	Actual	% Var	Target*	Actual*	% Var
South	13	11	-15.4%	162	227	40.1%
West	13	12	-7.7%	221	251	13.6%
DNE	12	11	-8.3%	2,984	3,064	2.7%
DML	17	20	17.6%	4,291	4,383	2.1%
Total	**55**	**54**	**-1.8%**	**7,658**	**7,925**	**3.5%**

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

Primary Care

Primary Care Teams: Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). At the end of September, 135 PCTs were holding clinical team meetings. This is an increase of 8 over the August position and represents 64% of the annual target. DNE accounted for six of these teams (2 in Cavan/Monaghan – Ballybay and Castleblayney; 4 in North Dublin – Harmonstown / Artane; Priorswood; Kilbarrack / Raheny and Beaumont / Coolock) *(Phase 1 Teams previously referred to as 2006 teams, Phase 2 previously referred to as 2007 teams).* Also currently in development are 150 teams from Phase 3, which represents a significant increase from the August position of 130.

Patients / Clients with a Care Plan: The total number of patients / clients with a Care Plan in September was 764 patients. This measure was reported for the first time in May 2009 (610 patients) and represents a baseline figure across the 135 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 discussed at clinical team meetings generally refer to patients requiring multi-disciplinary intervention rather than a count of patients seen in the reporting period.

Orthodontic Service: Data on the numbers of people receiving treatment and who have had their treatment completed during the reporting period was included for the first time in Q1 2009. The number of patients receiving treatment at the end of Q3 is 16,392, which represents a decrease of 10% from the Q2 figure of 18,327. However, this is based on 8 out of 9 areas (data outstanding from the former Midland area). The number of people with completed treatments since 1 January 2009 has increased by 63% from 1,819 in Q2 to 2,958 in Q3 (this is a year to date cumulative figure).

Out of Hours GP Services: During the month of September, 83,896 contacts were made with the service (an increase of 21% on contacts made in August 2009; 69,607). This increase is mainly due to the number of influenza like illness (ILI) calls to the services relating to the current H1N1 Flu Pandemic. Year to date figure is 668,113 which is 14% above the profiled target of 584,730 and also represents 83% of the annual target. The year to date position is on par with the same period last year figure of 667,112. A more detailed analysis of the type of contact made with the service outlined below shows that of the 668,113 contacts made, the majority resulted in an attendance at a treatment centre (56%). 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%).

Out of hours GP Services year to date position is broken down as follows:

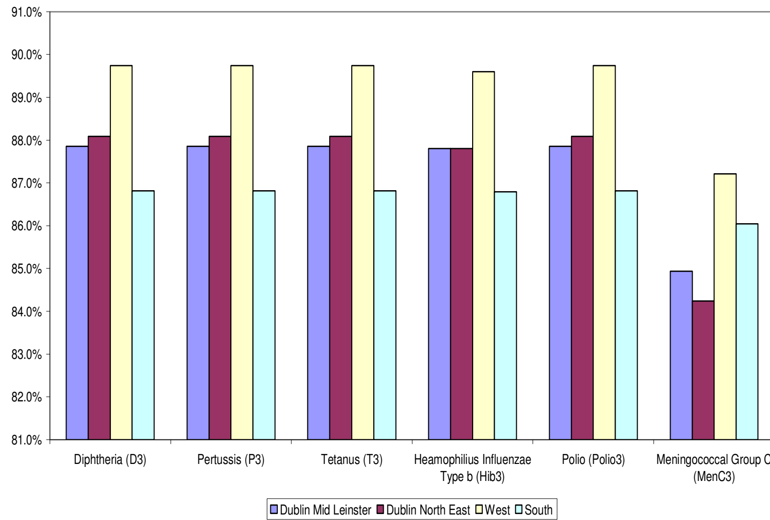
Actual YTD	Triage Only	Treatment Centre	Home Visit	Other
668,113	216,811 (32%)	375,201 (56%)	71,412 (11%)	4,689 (0.7%)

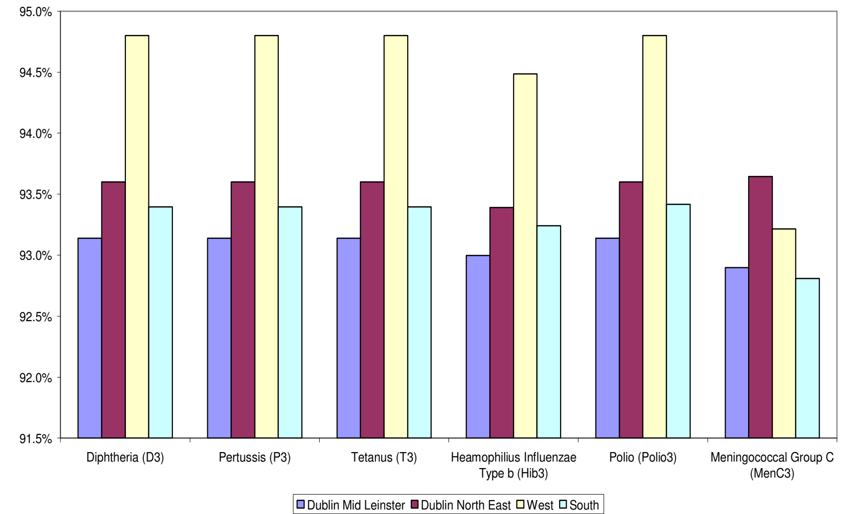
Public Health Nurses (PHNs) assigned to Primary Care Teams (PCTs): The percentage of PHNs assigned to PCTs was first reported in Q2 with a baseline figure of 47% (626). This has increased to 79% (1,046) in Q3 and represents significant progress in this area. The figure is derived from the number of PHNs assigned to teams as a percentage of the total number available for reconfiguration to teams.

Child Health: Immunisations (Source HPSC)

These statistics are reported quarterly in arrears so therefore relate to children 12 and 24 months of age in Qtr 2 2009 who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilius Influenzae type b (Hib3), Polio (Polio3) and Meningococcal Group C (MenC3). MMR is returned for children 24 months. It should be noted that the denominator / numerator in cohort varied slightly according to vaccine, the most commonly used number is presented here.

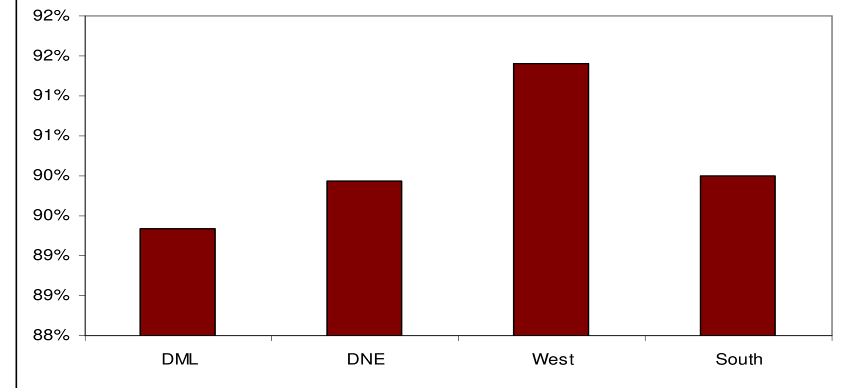
12 Months of age: The national uptake rate in children 12 months of age is 88.1% for Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilius Influenzae type b (Hib3) and Polio (Polio3) compared to 89.2% for same period last year. MenC stands at 85.6% this year compared to 88.5% in 2008.





24 Months of age: The national uptake rate in children 24 months of age is 93.7% for Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilius Influenzae type b (Hib3) and Polio (Polio3) compared to 88.7% for same period last year. MenC stood at 93.1% this year compared to 92.5% in 2008.

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



Community (Demand Led) Schemes

Overview of Demand Led Schemes

PCRS commenced delivery of the Centralisation of the Demand Led Schemes in January 2009.

Medical Card Scheme: The centralisation of Medical Card Processing commended in January. To date more than 25% of Medical Card processing has successfully been centralised to PCRS. All Medical Card applications, reviews and associated work in respect of the Over 70's populations nationally have been centralised. The phased implementation of the centralisation of the 0-69 population is progressing. The transfer of the work and staff resources from the first two Dublin Local Health Offices (Rathdown Road Office and the Ballymun Office) to the PCRS has been completed. Implementation of the next Phase (Coolock Office) has commenced.

To date, the PCRS Central Office has processed in excess of 55,000 Medical Card applications and reviews, and handled all associated tasks, queries, correspondence, PQ's etc.

Primary Care Schemes: The HSE Management Team has decided to accelerate the process of the centralisation of the following Schemes:

- Drugs Payment Scheme
- Long Term Illness Scheme
- High Technology Arrangements
- Health Amendment Act
- Dental Treatment Services Scheme
- Mobility Allowance
- Capitation
- Infectious Diseases
- Blind welfare Allowances
- Maternity Cash Grants
- Hardship Medicine
- Refund of Drugs

FEMPI: Regulations relating to the Financial Emergency Measures in the Public Interest Act (FEMPI) 2009 were signed on 1 July. There is now more clarity for progressing this agenda.

Hardship Medicines: The list of Unlicensed Medicines (ULMs) currently reimbursed by PCRS has been collated. New arrangements to ensure that all therapeutic essentials can be managed through a central administration are in progress.

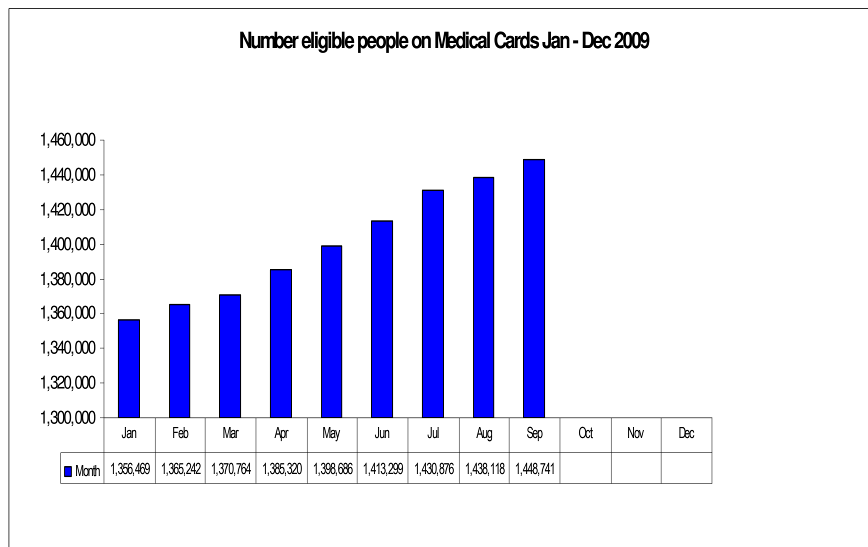
Oral Nutritional Supplements: Prescribing Protocol and 2008 benchmark figures advised to GP's. 50% of claims sent in from pharmacies have complied with the new protocol of single prescriptions only.

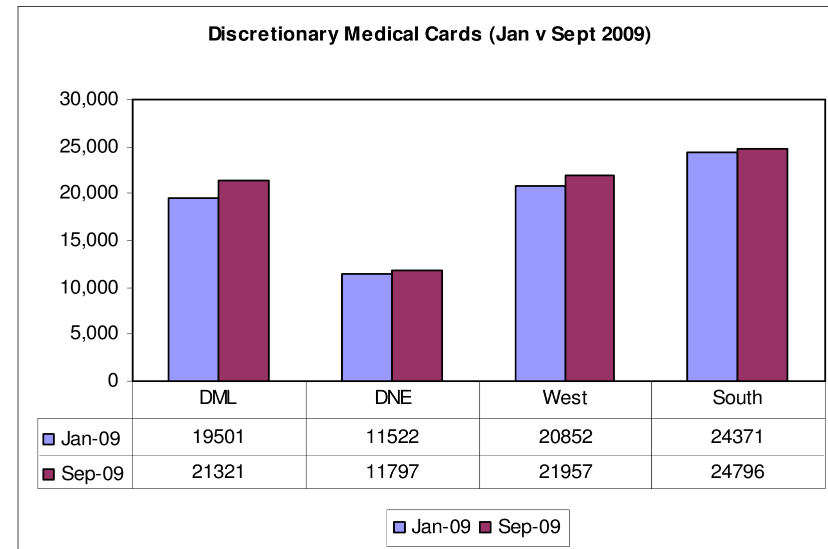
High-Tech Medicines: IVF drugs have transferred to High Tech Scheme (from March 2009). Development of reports to enable redistribution of High Tech stock between pharmacists is progressing.

Medical Cards: The total number of individuals who are now covered by a medical card is 1,448,741 (1/10/09), which represents an increase of 10,623 (0.7%) over the 1st September position (1,438,118).

NSP 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 24,911 cards. This upward trend is likely to continue.

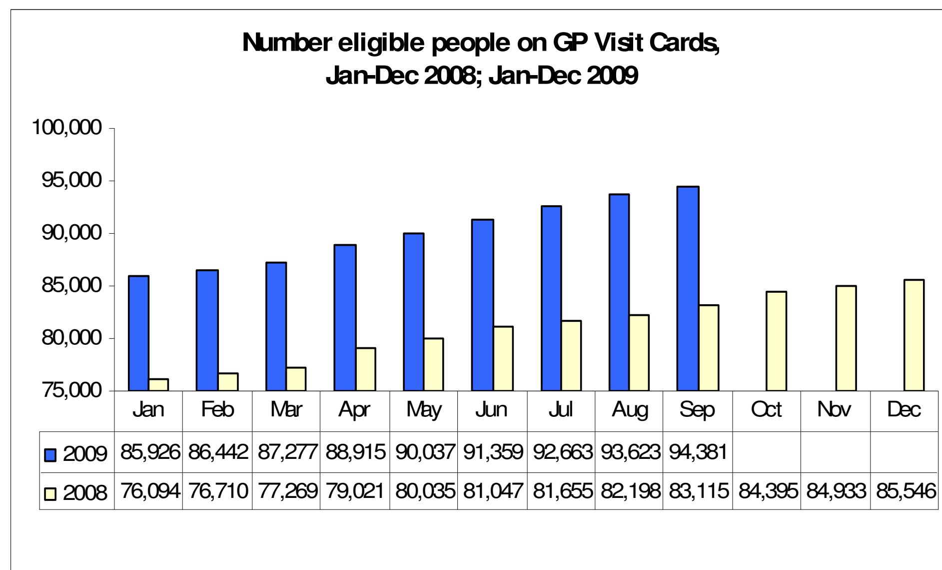
Discretionary Medical Cards: Total number of discretionary medical cards issued at the end of September was 79,871 (73,691 September 2008). This represents an increase of 6,180 (8.3%). However, the volume of discretionary medical cards issued, as a proportion of all medical cards issued year to date at 5.5% has not changed since end of September 2009.

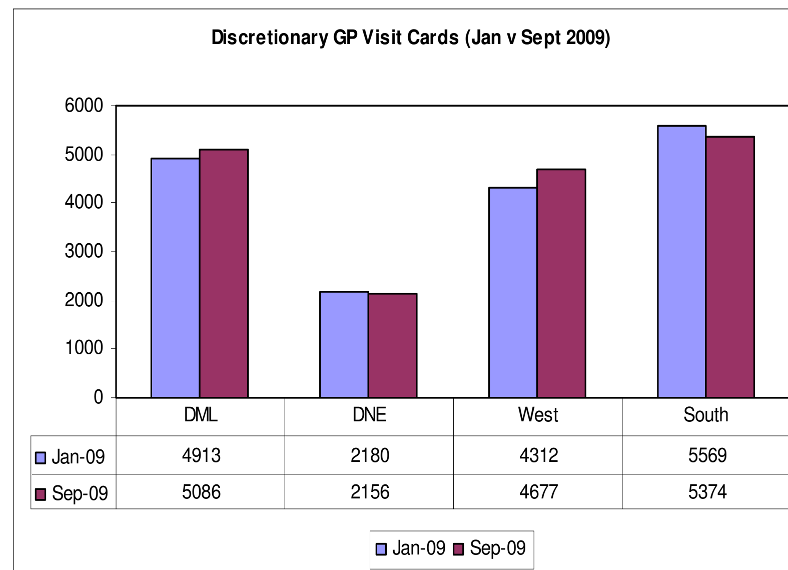




GP Visit Cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during September 2009 (up 0.8%, 93,623 in August to 94,381 in September). During September, an additional 758 GP Visit Cards were issued. This represents an increase of 14% from the same period last year (83,115).

Discretionary GP Visit Cards: The total number of discretionary GP Visit Cards issued as of the end of September 2009 was 17,293 compared to 16,264 same period last year. This is an increase of 1,029 (6.3%). However, the volume of discretionary GP Visit Cards issued as a proportion of all GP Visit Cards issued year to date has decreased from 19.6% at the end of September 2008 to 18% at the end of September 2009.

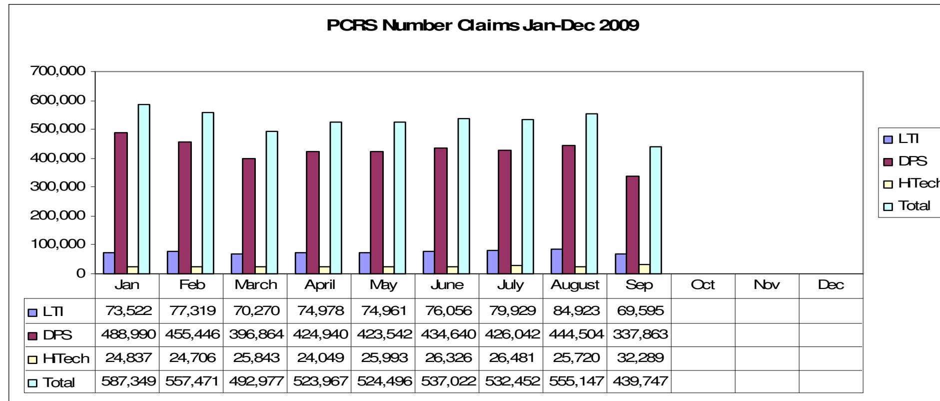




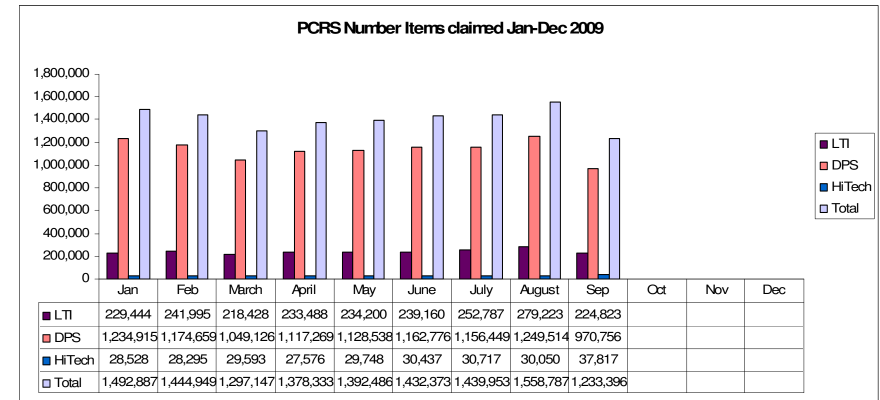
Long Term Illness Scheme (LTI): The number of LTI claims made during September was 69,595 (8% below the monthly target of 75,827), bringing the total YTD figure to 681,553, which is on par with the year to date target of 682,444. Compared to the same period last year (640,502 claims) this represents an increase of 6%. The total number of LTI items in September was 224,823 which is 1.6% below the monthly target of 228,579.

Drug Payment Scheme (DPS): The number of DPS claims made during September was 337,863 which is 35% below the monthly target of 521,052 and 18% below the year to date target of 4,689,472 (actual year to date figure is 3,832,831). This compares with 4,100,196 claims for the same period last year (YTD) - a reduction of 7%.
The total number of DPS items was 970,756 which is 27% below the monthly target of 1,328,683.

Hi-Tech: The number of HiTech claims made during September was 32,289 (23% above the monthly target of 26,325). The year to date position (236,244) is 16% above the same period last year (204,210).



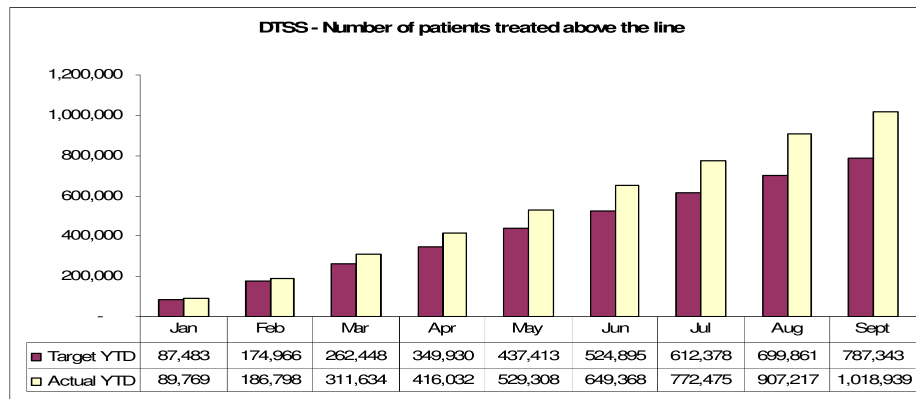
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec
LTI	73,522	77,319	70,270	74,978	74,961	76,056	79,929	84,923	69,595			
DPS	488,990	455,446	396,864	424,940	423,542	434,640	426,042	444,504	337,863			
HITech	24,837	24,706	25,843	24,049	25,993	26,326	26,481	25,720	32,289			
Total	587,349	557,471	492,977	523,967	524,496	537,022	532,452	555,147	439,747			



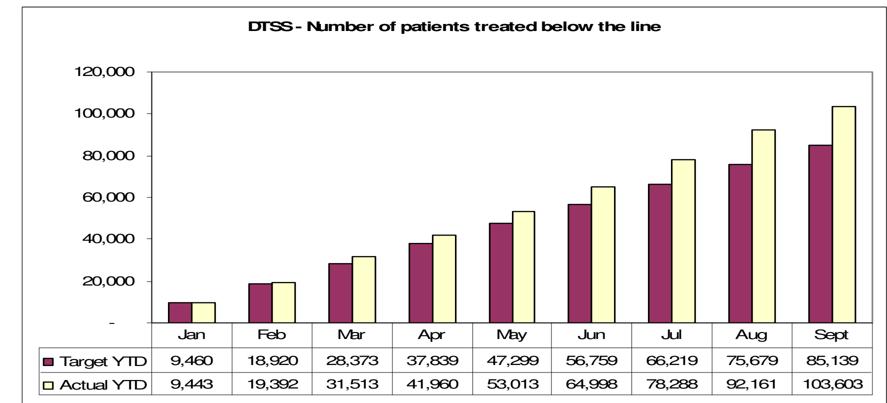
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec
LTI	229,444	241,995	218,428	233,488	234,200	239,160	252,787	279,223	224,823			
DPS	1,234,915	1,174,659	1,049,126	1,117,269	1,128,538	1,162,776	1,156,449	1,249,514	970,756			
HiTech	28,528	28,295	29,593	27,576	29,748	30,437	30,717	30,050	37,817			
Total	1,492,887	1,444,949	1,297,147	1,378,333	1,392,486	1,432,373	1,439,953	1,558,787	1,233,396			

Dental Treatment Services Scheme (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 nine months of 2009 (250,060, 29%) treatments more than targeted year to date (above* and below** the line). At the end of September 2009, the cumulative number of treatments above the line was 1,018,939 and the number below the line was 103,603.

*Note: Above the line = Routine Treatments. **Below the Line = Complex Treatments (e.g. root, gum and denture treatments)*



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Target YTD	87,483	174,966	262,448	349,930	437,413	524,895	612,378	699,861	787,343
Actual YTD	89,769	186,798	311,634	416,032	529,308	649,368	772,475	907,217	1,018,939



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Target YTD	9,460	18,920	28,373	37,839	47,299	56,759	66,219	75,679	85,139
Actual YTD	9,443	19,392	31,513	41,960	53,013	64,998	78,288	92,161	103,603

Children and Families

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

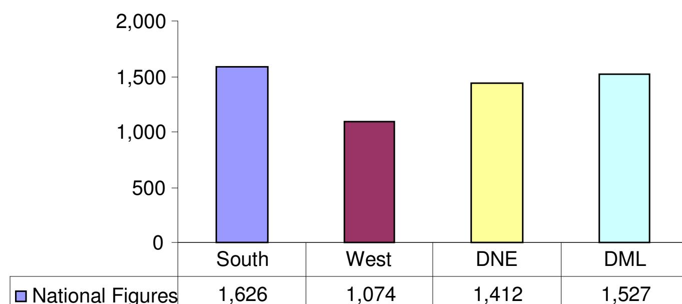
TPSP staff endeavour to:

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

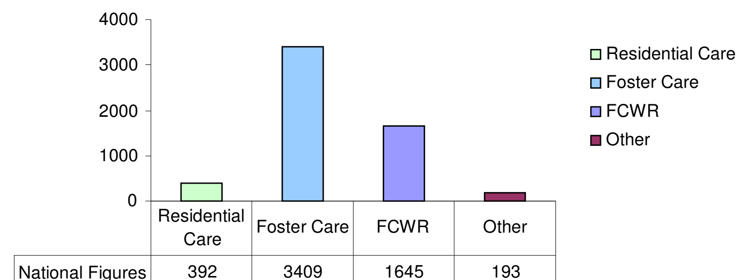
During Quarter 3 this year a total of 1,227 cases were supported (this included both active and closed cases), which is 2.3% above the year to date target of 1,200 and 4.6% above the Quarter 2 figure (1,173).

Child Care: Children in Care: The number of children in care nationally at the end of September 2009 was 5,639, 4.8% more than same period 2008 (5,380). 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 by Area September 2009



Children in Care Nationally by Care Type September 2009



Nationally there has been a 4.3% increase in the number of children in care from the end of January 2009 position (5,396). Local Health Offices have indicated that a variety of factors have contributed to this increase which we will continue to monitor and explore over the coming months. This increase in the number of children in care is represented across all care types/ categories.

- 5.2% increase in the number of children in Foster Care. 5.2% increase in the number of children in Foster Care with Relatives compared to September 2008.
- Children in Residential Care nationally has decreased by -2.5% since September 2008 (392 September 2009 / 402 September 2008). Proportionally this is 7% of the overall number in care compared to a year to date target of 8%.
- HSE West (38) -29.6%, HSE South (72) -14.3% and DNE (128) -7.2% demonstrated decreases against the target for children in residential care. DML (154) 2.7% exceeded the target.

Care Planning: There have been significant improvements made in the proportion of children in care with a written care plan since the end of 2008 from 64.1% to 84.7%. The greatest improvement has been in Foster Care with relatives which has increased by 32.9% in Q3 2009 (81.6%) versus 61.4% in Q3 2008. The overall performance is much improved and will continue to be in focus as part of our commitment in the National Service Plan 2009, monitored monthly through Health Stat and the PR.

An additional increase in care planning for children in residential care was recorded over the previous quarter from 82% in Q2 to 88% in Q3. Compared to Q3 2008, all HSE Areas recorded an increase in care planning during Q3 2009, with the largest increase in DML from 65.1% to 89.6%.

Approved Foster Carers with an Allocated Social Worker: In September 2009 81.6% of approved foster carers (2,750) are supported by an allocated social worker, compared to 80.4% September 2008 (2,671) this demonstrates a 3% variance increase.

Children in Care with an Allocated Social Worker: The proportion of children in care who have been allocated a social worker in Q3 2009 stood at 86% compared with 84.3% in Q2 2009 and 83.6% in Q1 2009. Children in residential care are more likely to have an allocated social worker (93.4%) compared with children in foster care (87.6%), children in foster care with relatives (81.5%) and for children in 'other' care arrangements (80.8%).

Mental Health *(with the exception of CAMH Teams, all Mental Health data is reported one Qtr in arrears)*

Total Admissions & Re-admissions to Acute Units: In Q2 2009 there were 3,891 admissions to acute mental health units nationally. This is 86 fewer patients (-1.1%) than were admitted in the same period last year. While the overall number of admissions has fallen compared to same period last year, the proportion of re-admissions has increased from 70% in Q2 2008 to 72% in Q2 2009 (var 5.5% above 2009 target of 68%). The readmission rate however; which is a more accurate calculation, has decreased from 85 per 100,000 population in Q2 2008 to 66.2 per 100,000 population in Q2 2009 (-1.8% below target 2009). A decrease was reported for readmissions against Q1 2009 for DML (-0.2%) and DNE (-0.1%), which was offset by an increase in HSE South (2.8%) and HSE West (0.4%).

First Admissions: In Q2 2009, of the 3,891 admissions to acute units, there were 1,084 first admissions nationally (27.8% of total admissions). This is 98 fewer patients (-4.3%) than were admitted in the same period last year.

Length of Stay: The median length of stay in inpatient facilities has slightly increased from 10.5 days in Q2 2008 to 11 days in Q2 2009. But this compares favourably to a target of 12 days for 2009.

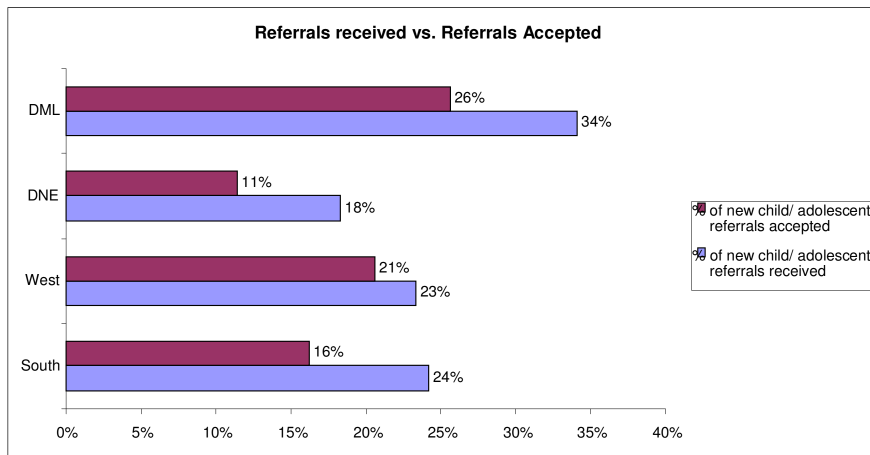
Involuntary Admissions: The total number of involuntary admissions during Q2 2009 was 384 (9.9% of total admissions) compared to 329* (8.4% of total admissions) in Q2 2008. The annual target for 2009 is to reduce the total number of involuntary admissions by 1%. We will continue to monitor this until the end of the year.
* *Does not include Carlow / Kilkenny figures, due to Impact Action.*

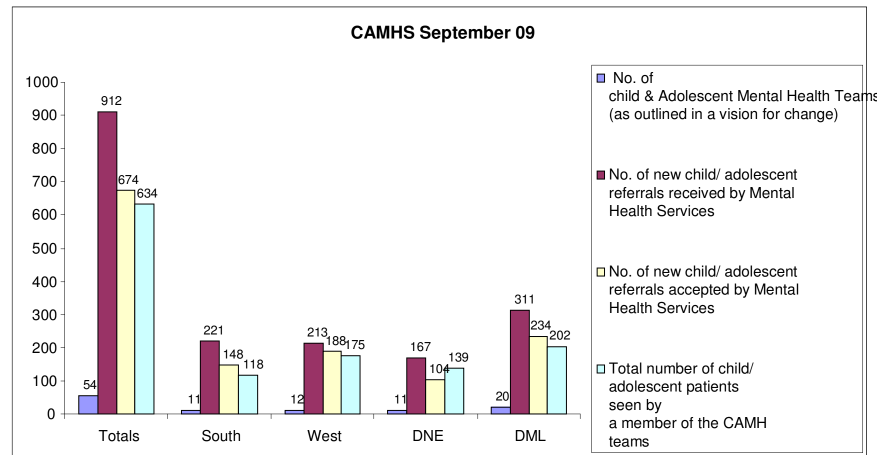
Children & Adolescent Mental Health: Child and Adolescent Mental Health Services are provided in a variety of settings around the country with a total of 54 CAMHS teams serving the various components. These components typically include Community-based Child and Adolescent Teams (x49), Day Hospital Services (x2), Liaison Services (x3) and Inpatient Services.

CAMHS Teams: The 49 Community CAMHS Team provides assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services. The team carries out assessment for referrals to Specialist In-patient, or Day Services and provides training and consultation to other professionals. The majority of cases are managed in a community team setting.

The 49 Community CAMHS Teams began collation of a new minimum dataset from 1 July 2009. In NSP 2009 a number of performance activity metrics and PIs were listed as a work in progress for 2009. This process has resulted in a new national MDS for Child & Adolescent Mental Health Services with granularity at the CAMHs team level. An earlier draft of the MDS which was piloted in late 2008 has resulted in some changes to the wording and definitions of those metrics/PIs outlined in NSP 2009. This was done in conjunction with child & adolescent mental health professionals in order to ensure uniform application of data definitions nationally and that the data being collated/ reported on is meaningful and can affect change.

The results for September are outlined below:

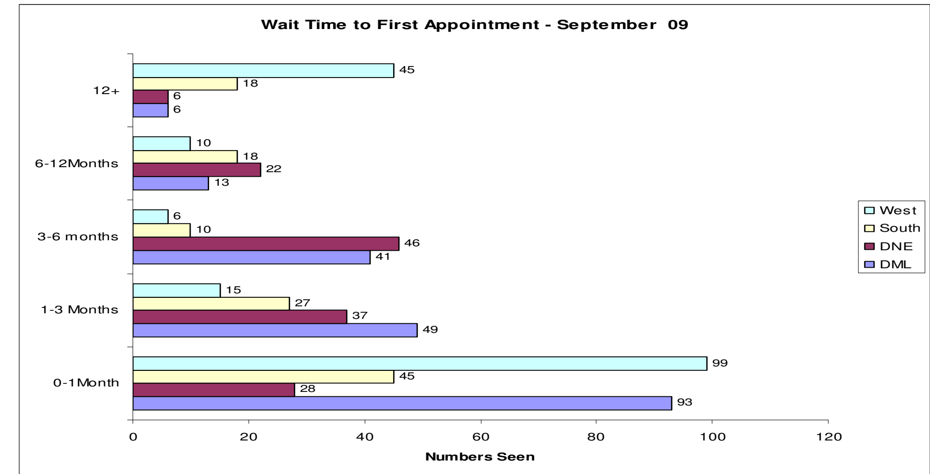




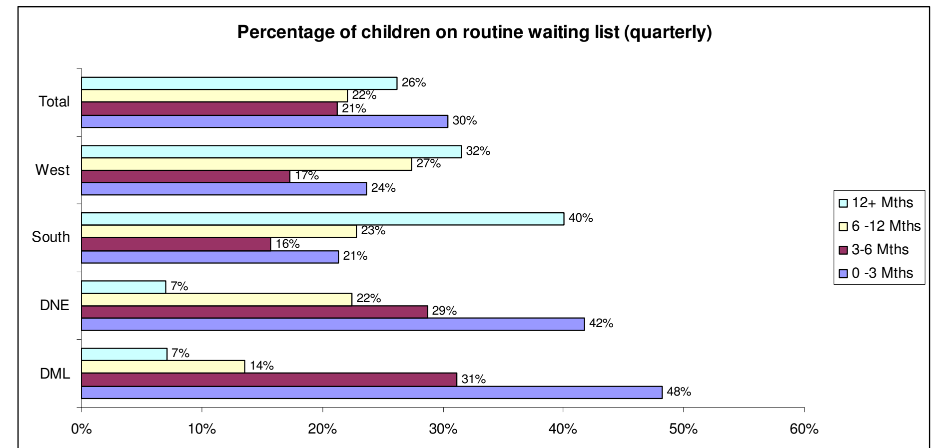
New referrals received by Mental Health Services: The total number of referrals received during September was 912. Of the 49 teams, 20 are based in DML who consequently had the highest number of referrals at 311 (34.1%). HSE South has 11 Teams who received 221 referrals (24.2%), HSE West has 12 teams who received 213 referrals (23.4%) and Dublin North-East Area has 11 who received 167 referrals (18.3%)

Referrals accepted by Mental Health Services: All community CAMHS teams screen referrals received and are categorised as appropriate referrals ('referrals accepted') or inappropriate referrals ('not accepted'). A small number may need further assessment before a decision on whether the referral is appropriate or not ('awaiting a decision'). Of the 912 referrals received by the 49 teams during September, 674 (73.9%) were accepted for a first appointment. 131 (14.4%) referrals were not accepted and 107 (11.7%) are awaiting a decision. HSE DML has the highest number of referrals accepted at 234 (25.7% of total referrals accepted). HSE South 148 had Referrals Accepted (16.2%), HSE West had 188 (20.6%) Referrals Accepted and HSE DNE had 104 (11.4%) Referrals Accepted.

New Cases Wait Time to First Appointment: All community CAMHS teams screen referrals received. Those deemed to be urgent are seen as a priority, while those who are deemed to be routine are placed on a waiting list to be seen. A total of 634 new cases were seen in the month of September. 42% (n=265) of new cases were seen within 1 month of referral, 20% within 3 months. 16% of new cases had waited between 3 and 6 months, 10% had waited between 6 and 12 months and 12% had waited more than 1 year to be seen.



Overall number on waiting list at end of each Quarter by wait time: <3months; 3-6months; 6-9 months; 9-12months: A total of 2,617 children and adolescents were waiting to be seen at the end of September 2009. This represents a decrease of 500 (16%) from the total number waiting at the end of November 2008 (3,117) and a decrease of 992 (27.5%) from the total number waiting at the end of March 2007 (3,609). At the end of September, 22 (15%) of CAMHS community teams had a waiting list of < 25 cases, 39 (26%) had a waiting list of 25 to 49 cases, 41 (27%) had a waiting list of 50 to 99 cases, 44 (29%) had a waiting list of 100 to 149 cases and 4 (3%) had a awaiting list of > 150 cases.



A Working Group is now established under the chairmanship of a Consultant in Child & Adolescent Psychiatry and representative of all CAMH professionals. The group is examining the issues emerging from the data and the annual report of the CAMH service (published in October 2009) and will address, inter alia, the issue of target setting and the development of guidelines and standards.

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

Consultant Child Psychiatrists and two CAMHS teams for each area are being developed. A total of 56 posts are being recruited (14 WTE per area, including 14 Consultant Child and Adolescent Psychiatrists of which two are replacement posts. The distribution of new Consultants will see 2 in DML, 2 in the West, 4 for DNE and 4 Consultants in Cork.

Disabilities

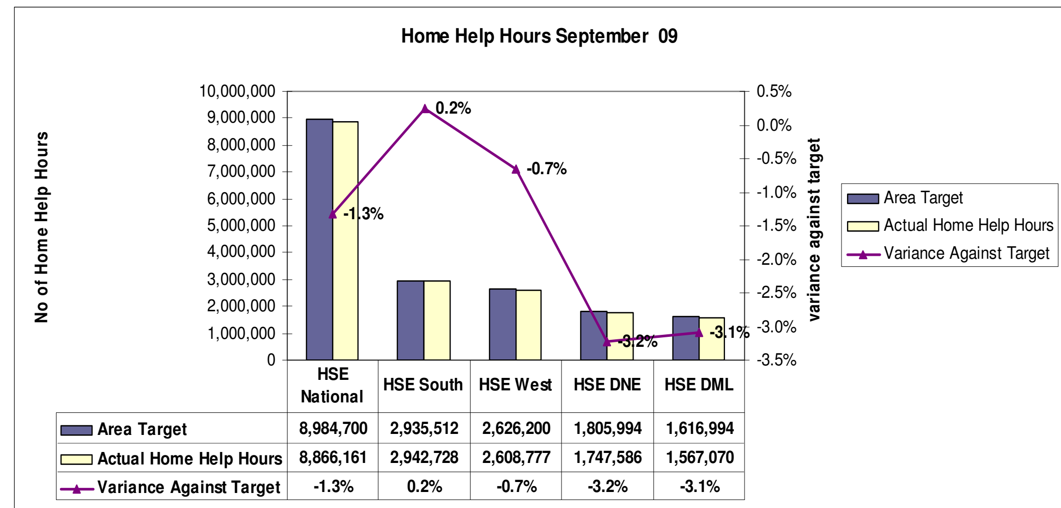
Disability Act: The number of requests for assessments for Under 5s has decreased by 92 since Q2 (Q2 739 / Q3 647) -12% this Quarter. This is however a demand led service and difficult to predict. Fluctuations in the number of applications received are inevitable. The number of assessments completed within the timelines as provided for in the regulations has remained at 23% (same as Q2). This can be explained in part by an increase in the number of applications commenced during the latest Quarter and the reduced capacity to respond due to staff resource deficits in some LHOs. New revised guidelines have recently been issued to assessors which will streamline the process and should result in an improved completion rate within the timelines by 2010.

New Minimum Dataset: A new MDS for disability services went live during the 3rd quarter of 2009. This data is currently being validated and it is anticipated that it will be included in Q4 report.

Older People

Home Care Packages (HCPs): At the end of September there were 8,860 clients in receipt of Home Care Packages. The overall number of clients in receipt of a HCP in September is approximately 1.8% above target. The proportion of clients over 65 is 93%. Cumulatively the number of new clients at the end of September was 2,371. An audit of the Older Person data set is due to be carried out by year end.

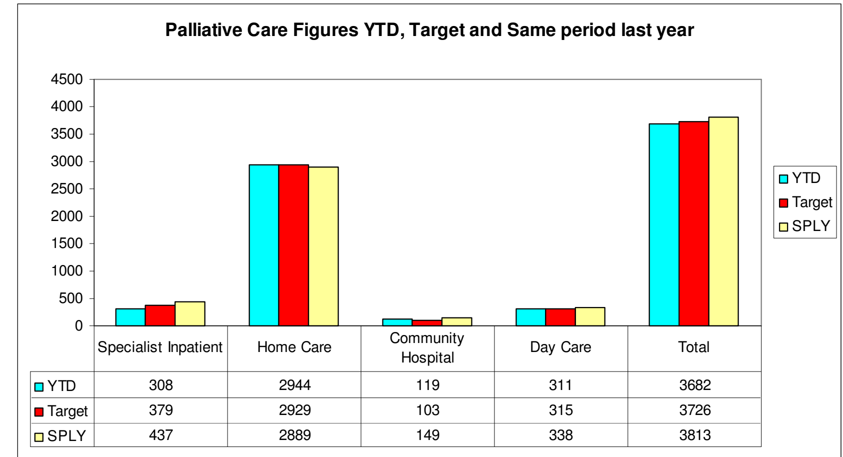
Home Help: At the end of September 2009, 8,866,161 hours had been provided (1.3% below target). The number of people in receipt of home help hours stood at 53,143 in September (-2.5% below projected target) compared to -2.3% in August.



	HSE National	HSE South	HSE West	HSE DNE	HSE DML
Area Target	8,984,700	2,935,512	2,626,200	1,805,994	1,616,994
Actual Home Help Hours	8,866,161	2,942,728	2,608,777	1,747,586	1,567,070
Variance Against Target	-1.3%	0.2%	-0.7%	-3.2%	-3.1%

Palliative Care

As of 30 September 2009, the total number of patients accessing palliative care services was 3,682. The majority of these patients were in receipt of home care services (2,944) accounting for 80% of the level of activity reported for the month. The number of patients in Specialist inpatient units (308) accounted for 8.4% of the total.



	Specialist Inpatient	Home Care	Community Hospital	Day Care	Total
YTD	308	2944	119	311	3682
Target	379	2929	103	315	3726
SPLY	437	2889	149	338	3813

Social Inclusion

Addiction: *Data is reported one month in arrears.* In August 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,925 (3.5% above the target figure of 7,658 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), in August, a total of 8,961 clients were treated, which was 3.4% or 293 clients above the target figure of 8,668 for 2009 and 3.3% above August 2008 position.

Nationally there has been a decrease (2.3%) in the numbers of methadone clients in prisons compared to the July 2009 figure. Overall there is an increase (2.2% over the December 2008 figure) in the number of methadone clients in prisons.

At the end of Q3 2009, the number and percentage of substance misusers for whom treatment as deemed appropriate has commenced within one calendar month was 90.1% (1,154) nationally.

The number and percentage of substance misusers for whom treatment as deemed appropriate has commenced later than one calendar month was 9.9% (126) nationally. Where DML is the lowest performing in this area, they have identified a HR and resourcing issue as a major factor in the performance of this service. They have also identified other factors such as prisoners; pregnant women; people under 18 years of age; people released from hospital and immuno-compromised people who gain direct access to their service and do not follow the normal waiting list procedure.

Homeless Services: The number and % of LHOs operating a formal Leaving and Aftercare Support Service for young people leaving care increased in Q2 to 32 (100%).

3.2 Acute Hospital Services and Pre-Hospital Emergency Care

Overview

The NHO year to date expenditure is €3.380bn compared with a budget of €3.333bn leading to a negative variance of €47.1m. This reflects a minor improvement on the August performance of €48.9m variance. However a substantial component of the NHO variance (€26.5m) is attributed to the West /North West Hospital Network where there is a 5.4% variance to Budget YTD (no real change from their August position of 5.6% variance). The Ambulance Service budgetary over run of €3.4m represents a 3.3% variance from Budget YTD but is demonstrating an improvement on the previous month variance of 4.9%.

The Western Hospital Group continue to focus on pay and non pay expenditure reductions supported by cost containment and value for money measures in striving to yield the required savings for breakeven. In the NHO overall there has been a further emphasis on cost control measures to address the budgetary overrun in areas of pay and non pay with hospital networks showing reductions in deficit when compared to August. This strategy forms part of the remedial measures being taken until year end in order to achieve breakeven position.

HR returns for September indicate that NHO is + 423 WTEs over ceiling, however there had been a continued improvement in variance from ceiling (+0.81% in Sept) compared to previous month August (+1.2%) and July (+1.45%) positions, reflecting a September decrease in both Statutory and Voluntary Sectors employment numbers of -203 WTEs.

NHO performance activity for September shows that inpatient activity is ahead of target 09 by 3.8% but in line with 2008 actual levels. While overall inpatient discharges have only marginally reduced elective discharges have reduced by 3%. This is reflective of service plan objectives to provide for emergency admissions and to shift balance of elective activity from inpatient to day case work. Emergency admissions to hospitals remain at 2008 levels despite the overall emergency presentations decreasing by 2.8% this year. Although not uniform across all hospitals, challenges remain to meet target timeframes for patients requiring admission. Bed capacity management plans are achieved through planned bed reductions across all hospitals. There were 909 beds (865 inpatient; 44 day beds) unavailable for discharges during September.
Daycase discharges have increased by nearly 6% compared to 2008 and are 3% above 2009 target levels. Combining inpatient and day case activity year to date demonstrates that over 33,000 more patients (3.6%) have been treated in 2009 compared to planned activity levels and over 21,000 more patients compared to 2008. A number of measures are being implemented in an attempt to control this growth to target levels e.g. hospitals have significantly reduced bed capacity between January and August, with further planned reductions for remainder of the year where required. Hospitals are working closely with National Treatment Purchase Fund to ensure appropriate and timely referral for treatment for all patients. The number of delayed discharges has fallen significantly (-22%) for September - 742 compared to an August high of 945 - this reduction is in part is due to the introduction of further continuing care options in the community.

OPD activity is showing a positive performance in 2009 with the number of new OPD attendances increased by 5%. At the same time, hospitals have focused on reducing the new patient DNA rate - from 15.7% to 14.8%.
Birth numbers still continue to be slightly higher than 2008 levels (+0.9%) an additional 521 births have been delivered in 2009 compared to year 2008. Indications are that a number of hospitals continue to experience increases in births this year.

NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,479	4,422	-1.3%	244,164	240,640	1.5%
Southern HG	6,839	6,794	-0.7%	403,543	400,745	0.7%
North Eastern HG	3,112	3,226	3.7%	212,091	210,486	0.8%
Dublin North HG	8,840	8,825	-0.2%	585,045	575,435	-0.1%
Western HG	7,976	8,122	1.8%	514,918	488,407	5.4%
Mid Western HG	3,281	3,274	-0.2%	193,210	188,800	2.3%
Dublin Midlands HG	7,952	8,146	2.4%	518,403	508,997	1.8%
Dublin South HG	8,479	8,503	0.3%	580,265	580,927	-0.1%
Ambulance	1,305	1,454	11.4%	107,123	103,704	3.3%
Nat. Director Office (including return of Service Plan funding per Minister's letter)	81	--	-100.00%	21,928	25,444	-13.8%
NATIONAL TOTAL	**52,343**	**52,766**	**0.8%**	**3,380,689**	**3,333,584**	**1.4%**

NHO Finance Commentary

Year to date expenditure in the NHO was €3.380 billion compared with a budget of €3.333 billion – leading to a negative variance of €47.1 million.

€40m of this arises in the statutory sector. As mentioned above, this is substantially an issue for the West/NW network. Most networks improved their financial position in the month under review.

There are still considerable pressures within hospitals to be managed and ongoing tight control of cost is required right up to the end of the year. It is difficult to see how the West/NW network can recover a budgetary deficit of €26.5m – in fact this is likely to grow in the remaining 3 months.

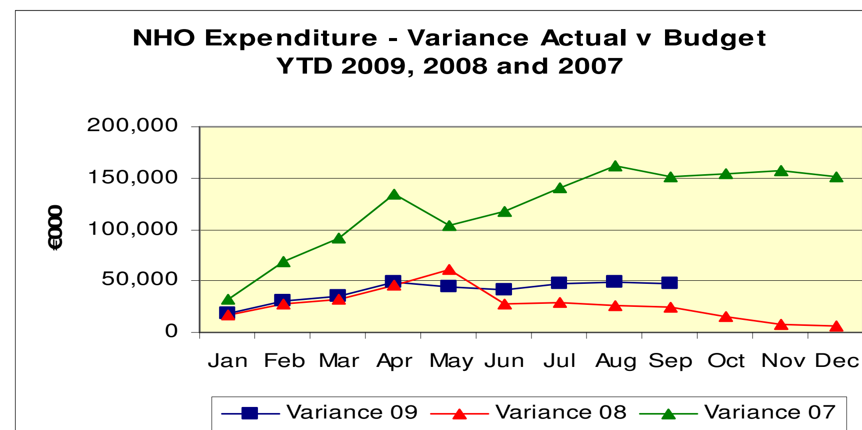
The table to the right illustrates the position to the end of September 2009:

	Approved Allocation	YTD			
		Actual	Budget	Variance	
	€000	€000	€000	€000	%
South Eastern Hospitals	320,698	244,164	240,640	3,524	1.5%
Southern Hospitals	535,280	403,543	400,745	2,798	0.7%
West/North Western Hospitals	652,275	514,918	488,407	26,511	5.4%
Mid Western Hospitals	257,003	193,210	188,800	4,410	2.3%
North East Hospitals	281,595	212,091	210,486	1,605	0.8%
Dublin/North Hospitals	786,054	585,045	585,435	-390	-0.1%
Dublin/Midlands Hospitals	682,110	518,403	508,997	9,406	1.8%
Dublin South Hospitals	784,019	580,265	580,927	-662	-0.1%
Regional Ambulance Services	138,851	107,123	103,704	3,419	3.3%
Office of the National Director	26,097	21,928	25,444	-3,516	-13.8%
National Hospitals Office Total	**4,463,984**	**3,380,689**	**3,333,584**	**47,105**	**1.4%**

Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway College University Hospital	220,830	173,783	165,401	8,383	5.1%
Sligo General Hospital	119,246	95,044	89,158	5,886	6.6%
Mayo General Hospital	80,413	63,880	60,317	3,563	5.9%
Adelaide & Meath Hospital Tallaght	216,366	165,177	161,699	3,479	2.2%
Letterkenny General Hospital	113,403	87,992	85,100	2,892	3.4%

(Based on actual variance against budget)



Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
St. Luke's Hospital	36,117	25,632	27,162	-1,530	-5.6%
Beaumont Hospital	272,723	201,266	202,465	-1,199	-0.6%
Our Lady's Hospital Navan	46,320	33,982	34,616	-634	-1.8%
St Vincent's University Hospital	231,423	172,146	172,762	-617	-0.4%
St. James's Hospital	365,289	267,715	268,038	-323	-0.1%

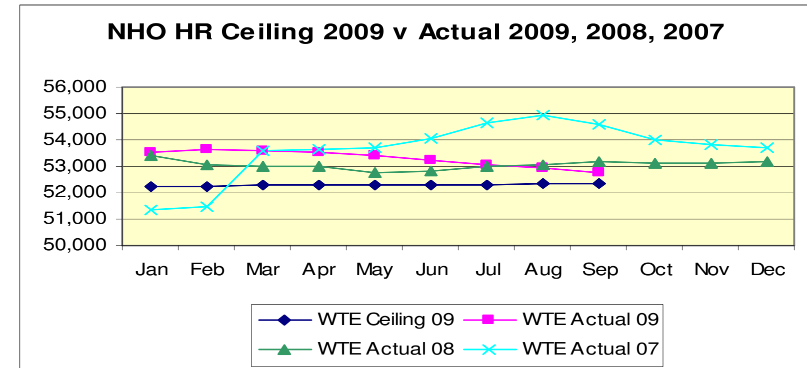
(Based on actual variance against budget)

NHO HR Commentary

The National Hospitals Office's employment ceiling stands at 52,343 WTEs and they are now 423 WTEs (+0.81%) over their approved ceiling. An extra 7 WTE 2008/2009 addendum/new service development post were filled in September. Nursing employment levels are 136 WTEs below the end of 2008 year position.

The following hospital recorded the largest increases in employment in September.

Hospital	September increases	% increase in September	WTE Variance with ceiling	% variance to ceiling
Beaumont Hospital	+15	0.5%	-9	-.31%



Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual Sept 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital, Wexford	23	12.14	-1.93	-10.64	-46.71%
Our Lady's Hospital (Cashel)	15	13.73	0.01	-1.13	-7.60%
Connolly Hospital (Blanchardstown)	1240	1,170	-2.16	-69.74	-5.62%
Nenagh General Hospital	274	259.44	-5.69	-14.56	-5.31%
Monaghan General Hospital	236	225.64	-7.26	-10.46	-4.43%
Ambulance Service (Midlands)	196	145.15	-1.34	-50.42	-25.78%

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual Sept 2009	Growth from Previous Month	Variance from ceiling	% Var
Coombe Women's Hospital	685	764.14	-2.53	79.24	11.57%
Orthodontic Service (Merlin Park)	13	13.97	-0.01	1.42	11.31%
Cavan General Hospital	715	770.92	3.32	56.42	7.90%
Our Lady of Lourdes (NE)	1270	1,343	-3	73.49	5.79%
Kerry General Hospital	974	1024.1	-1.42	50.47	5.18%
Ambulance Service (EC)	219	307.46	-0.17	88.32	40.30%

(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**	**47,276**	**49,666**	**5.1%**	**430,332**	**446,595**	**3.8%**	**449,393**	**-0.6%**
South Eastern HG	69,570	66,580	5,479	5,562	1.5%	50,089	50,458	0.7%	52,338	-3.6%
Southern HG	84,209	79,720	6,591	6,765	2.6%	59,418	62,225	4.7%	61,811	0.7%
North Eastern HG	49,576	46,730	3,847	3,850	0.1%	35,046	36,113	3.0%	37,451	-3.6%
Dublin North HG	72,610	69,370	5,716	6,208	8.6%	52,001	54,234	4.3%	54,368	-0.2%
Western HG	108,409	103,860	8,289	9,320	12.4%	77,891	81,834	5.1%	81,304	0.7%
Mid Western HG	46,418	45,300	3,762	3,676	-2.3%	34,076	34,695	1.8%	34,894	-0.6%
Dublin Midlands HG	100,952	96,320	8,084	8,286	2.5%	72,074	77,065	6.9%	75,539	2.0%
Dublin South HG	72,576	65,480	5,508	5,999	8.9%	49,737	49,971	0.5%	51,688	-3.3%
Day Cases	**637,140**	**647,000**	**56,015**	**62,013**	**10.7%**	**486,953**	**504,266**	**3.6%**	**477,181**	**5.7%**
South Eastern HG	37,972	40,660	3,413	3707	8.6%	30,757	31,203	1.5%	28,702	8.7%
Southern HG	99,162	98,720	8,696	9097	4.6%	73,959	74,802	1.1%	74,052	1.0%
North Eastern HG	30,026	30,900	2,896	2926	1.0%	23,783	24,132	1.5%	23,094	4.5%
Dublin North HG	93,024	94,480	8,011	10108	26.2%	71,418	77,515	8.5%	70,292	10.3%
Western HG	114,118	117,100	10,543	11457	8.7%	88,371	92,570	4.8%	86,116	7.5%
Mid Western HG	35,272	35,980	3,032	3160	4.2%	27,101	26,769	-1.2%	26,452	1.2%
Dublin Midlands HG	79,555	84,190	6,772	7740	14.3%	63,441	59,995	-5.4%	55,509	8.1%
Dublin South HG	148,011	144,970	12,652	13818	9.2%	108,123	117,280	8.5%	112,964	3.8%
Emergency Presentations	**1,207,497**	**1,223,000**	**100,521**	**98,342**	**-2.2%**	**914,737**	**891,677**	**-2.5%**	**917,530**	**-2.8%**
South Eastern HG	172,872	177,250	14,568	14,251	-2.2%	132,573	127,768	-3.6%	132,772	-3.8%
Southern HG	139,158	140,790	11,572	11,884	2.7%	105,303	104,705	-0.6%	104,928	-0.2%
North Eastern HG	114,218	114,280	9,393	10,246	9.1%	85,475	91,059	6.5%	86,407	5.4%
Dublin North HG	127,490	128,690	10,577	10,102	-4.5%	96,253	92,603	-3.8%	96,391	-3.9%
Western HG	195,504	200,660	16,493	16,000	-3.0%	150,083	148,498	-1.1%	149,271	-0.5%
Mid Western HG	114,680	116,750	9,596	8,759	-8.7%	87,323	78,189	-10.5%	87,399	-10.5%
Dublin Midlands HG	216,151	215,900	17,745	17,110	-3.6%	161,481	155,422	-3.8%	163,932	-5.2%
Dublin South HG	127,424	128,680	10,576	9,990	-5.5%	96,246	93,433	-2.9%	96,430	-3.1%
Emergency Admissions	**368,341**	**367,000**	**30,164**	**29,718**	**-1.5%**	**274,496**	**274,251**	**-0.1%**	**275,728**	**-0.5%**
South Eastern HG	49,779	49,390	4,059	3951	-2.7%	36,941	36,038	-2.4%	37,388	-3.6%
Southern HG	40,598	40,290	3,312	3177	-4.1%	30,135	29,932	-0.7%	30,145	-0.7%
North Eastern HG	36,343	36,050	2,963	2988	0.8%	26,963	26,864	-0.4%	27,252	-1.4%
Dublin North HG	36,945	37,690	3,098	3044	-1.7%	28,190	27,896	-1.0%	27,905	0.0%
Western HG	83,202	82,580	6,787	6918	1.9%	61,765	63,361	2.6%	61,990	2.2%
Mid Western HG	27,415	27,280	2,242	1969	-12.2%	20,404	20,046	-1.8%	20,516	-2.3%
Dublin Midlands HG	58,221	58,200	4,784	4750	-0.7%	43,530	44,312	1.8%	43,774	1.2%
Dublin South HG	35,838	35,520	2,919	2921	0.1%	26,567	25,802	-2.9%	26,758	-3.6%
Outpatient Attendances	**3,271,665**	**3,233,000**	**287,639**	**295,674**	**2.8%**	**2,443,359**	**2,536,619**	**3.8%**	**2,465,916**	**2.9%**
South Eastern HG	282,948	281,020	25,156	28536	13.4%	212,026	217,605	2.6%	213,398	2.0%
Southern HG	387,685	380,690	34,017	35856	5.4%	287,419	295,114	2.7%	287,543	2.6%
North Eastern HG	255,652	247,880	22,932	23496	2.5%	188,509	196,101	4.0%	195,294	0.4%
Dublin North HG	538,127	536,530	47,510	43421	-8.6%	404,999	415,520	2.6%	403,084	3.1%
Western HG	438,488	436,120	39,430	41798	6.0%	328,111	343,122	4.6%	332,843	3.1%
Mid Western HG	186,112	183,880	16,109	16408	1.9%	138,507	146,118	5.5%	140,183	4.2%
Dublin Midlands HG	622,471	609,480	54,154	59399	9.7%	465,109	492,468	5.9%	473,733	4.0%
Dublin South HG	560,182	557,400	48,331	46760	-3.3%	418,679	430,571	2.8%	419,838	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**	**6,319**	**6,374**	**0.9%**	**57,502**	**55,822**	**-2.9%**	**55,301**	**0.9%**
South Eastern HG	8,404	8,660	712	721	1.3%	6,477	6,249	-3.5%	6,333	-1.3%
Southern HG	10,652	10,830	890	934	4.9%	8,100	8,264	2.0%	8,005	3.2%
North Eastern HG	6,291	6,650	547	519	-5.0%	4,974	4,524	-9.0%	4,703	-3.8%
Dublin North HG	8,794	9,100	748	745	-0.4%	6,806	6,693	-1.7%	6,542	2.3%
Western HG	11,481	12,080	993	1,013	2.0%	9,035	8,625	-4.5%	8,611	0.2%
Mid Western HG	5,396	5,500	452	472	4.4%	4,114	4,080	-0.8%	4,064	0.4%
Dublin Midlands HG	13,653	14,560	1,197	1,148	-4.1%	10,890	10,509	-3.5%	10,186	3.2%
Dublin South HG	9,144	9,500	781	822	5.3%	7,105	6,878	-3.2%	6,857	0.3%

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 3.4% higher than planned targets for 2009. This equates to over 21,000 more patients treated in 2009 compared to 2008.
- Whilst daycase activity increased compared to 2008, there has been only a slight reduction in inpatient admissions to effect overall daycase rates. Elective discharges have reduced by 3% 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.
- The number of long waiting In-patient and daycase patients has significantly decreased compared to the same period 2008 due to a number of initiatives including focused referral of these patients to the NTPF, prioritisation of this patients for in house treatment and validation of waiting lists.
- An OPD service improvement project has been in place since mid 2008. Overall, new OPD attendance numbers have increased by 5% and overall appointment capacity has also increased.
- 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 have increased by 1% compared to 2008 levels. These equates to an additional 521 births this year to date compared to 2008. In a number of hospitals, birth numbers have significantly increased and the National Maternity Hospital recorded an unprecedented growth in birth numbers in September.

Key data collection changes for 2009

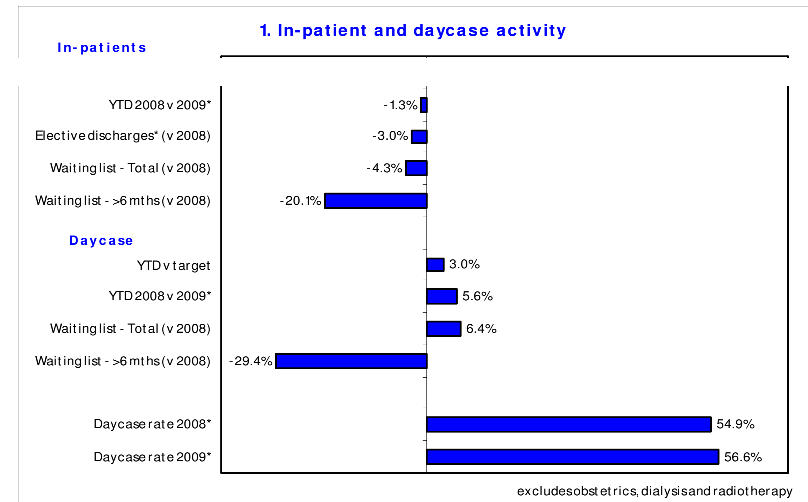
- The Performance Management Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
  - University Hospital Galway and Merlin Park University Hospital have been 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.
  - The Coombe hospital has reclassified some of their daycase that were previously coded as OPD visits and are also now including data not previously submitted.

- Connolly Hospital have suspended the collection of Patient Experience Time sampling data. The data previously provided was found not to have face validity when compared to internal comparisons. Information will not be included going forward until the full patient experience time system is implemented (due Q1 2010).

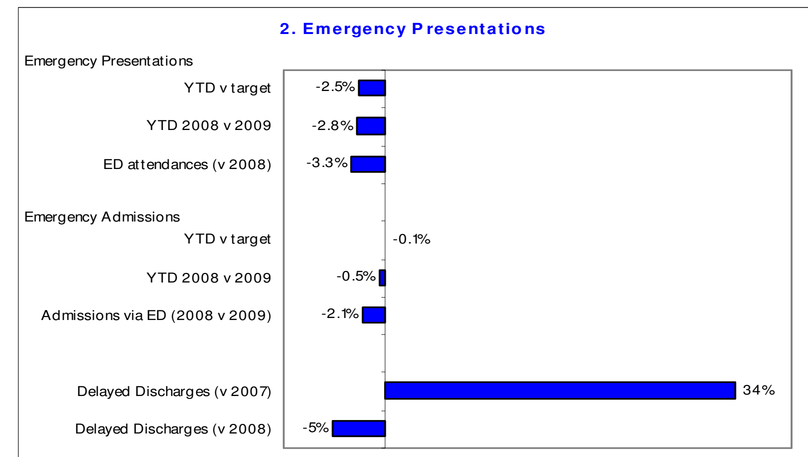
In 2009, the monthly targets for Inpatient Discharges, Day Cases and OPD attendances have been profiled using overall target for 2009 and applying the apportionment of 2008 activity by month to the 2009 targets. In previous years, the monthly and year to date targets were calculated by simply using the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

NHO Summary

Inpatient and Daycase Activity
The trend of reduced overall in-patient activity and reduced elective in-patient activity has continued in September (Figure 1). This is in line with service plan objectives and approach to increase daycase rates by target elective in-patient reductions. Using this approach, hospitals have treated over 21,000 more patients compared to 2008. In parallel, the total number of patients on in-patient waiting lists has reduced by over 4% and long waiters by 20%. Because emergency admission demand has not reduced significantly, inpatient discharges overall have not reduced as significantly as planned and remain over 3% above planned levels. Because of the introduction of continuing care options, delayed discharge levels have fallen significantly in hospitals from high levels of 945 in August to 742 at the end of Sept. The number of unavailable beds has also decreased slightly since August and currently stands at 909. The continued movement of patients to treatment in a daycare environment is also evident. Daycase discharges have increased by nearly 6% compared to 2008 and are 3% above target levels. The day case rate has positively increased from 55% to 56%. Overall, daycase waiting lists have increased slightly compared to the same period in 2008 and long waiters have decreased by 29%.

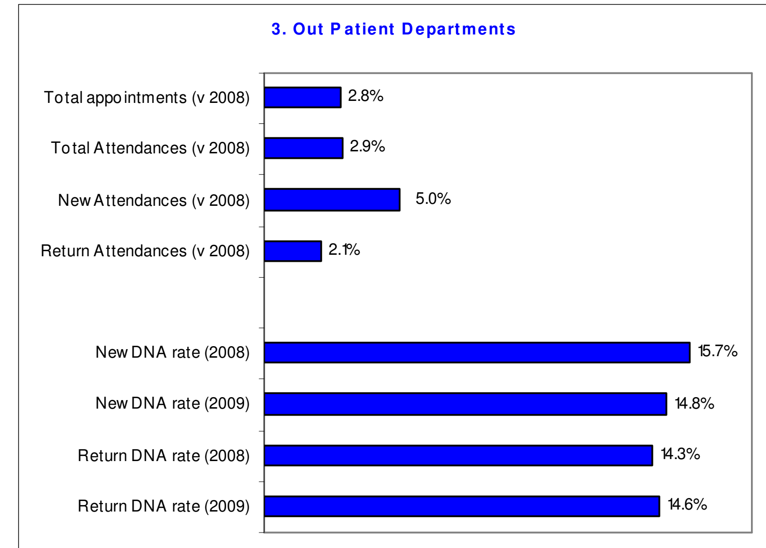


Emergency Presentations
Compared to last year, emergency presentations to hospitals and attendances at ED continue to decrease and are almost 3% lower than last years levels. This has been a regular pattern over 2009 and is probably reflective of a number of factors. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are almost equivalent to 2008 but emergency admissions via ED have reduced by 2%. At the end of September, there were 724 delayed discharges nationally. This represents a 5% decrease compared to the same period last year (Figure 2) and a 21% reduction since August (Figure 5c and 5d).



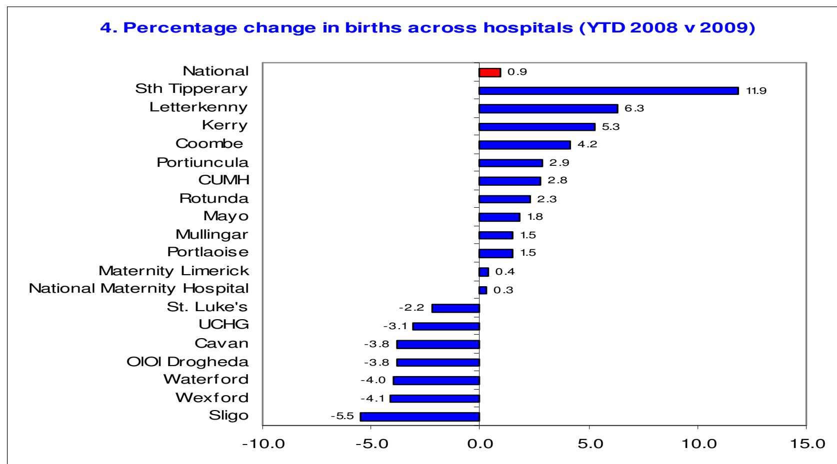
Out Patient Department

OPD activity is showing a positive performance in 2009 (Figure 3). The total number of OPD appointments has increased by 2.8% but most importantly the number of new OPD attendances has increased by almost 5%. At the same time, hospitals have reduced the new DNA rate from 15.7% to 14.8%, reducing the overall number of OPD appointments that are not kept. The HSE has an OPD service improvement project ongoing since mid 2008. This rise in new appointment levels is consistent across many specialities.



Births / Gynaecology

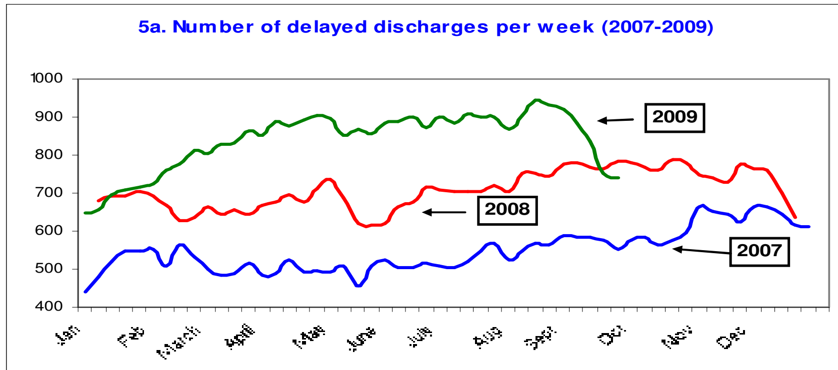
Birth numbers still continue to be slightly higher than 2008 levels (+0.9%; Figure 4). An additional 521 births have been delivered in 2009 to date compared to 2008. A number of hospitals are continuing to experience increases in birth numbers (e.g. South Tipperary, Letterkenny, Kerry, Coombe, etc). Conversely, a number of hospitals are experiencing a reduction in birth numbers (e.g. Sligo, Wexford and Waterford).

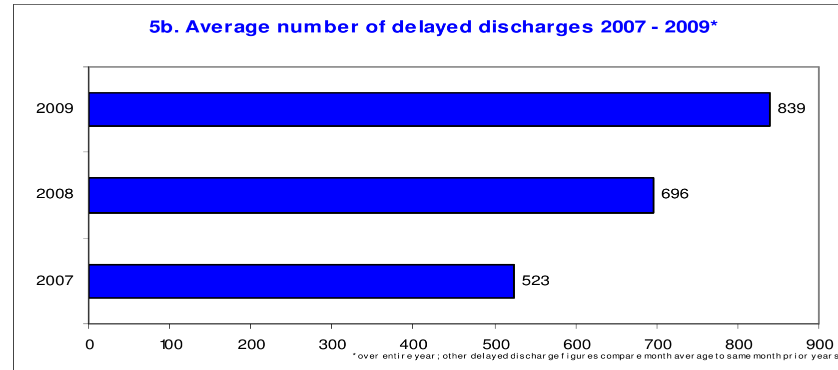


Delayed Discharges

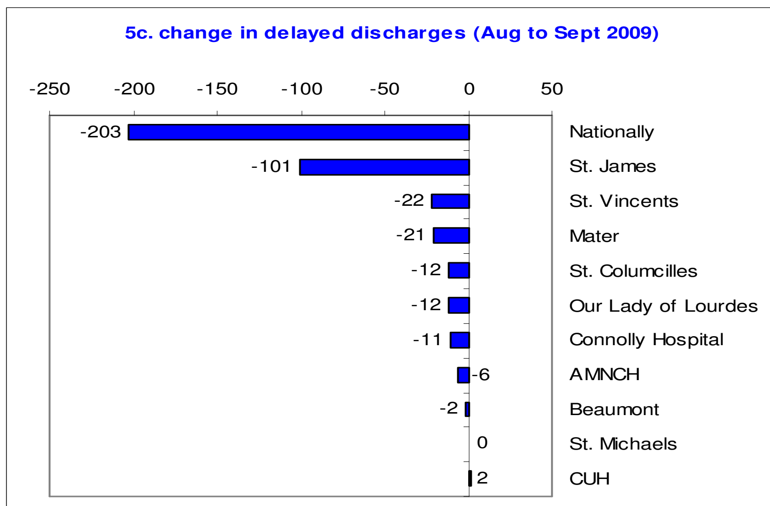
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed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

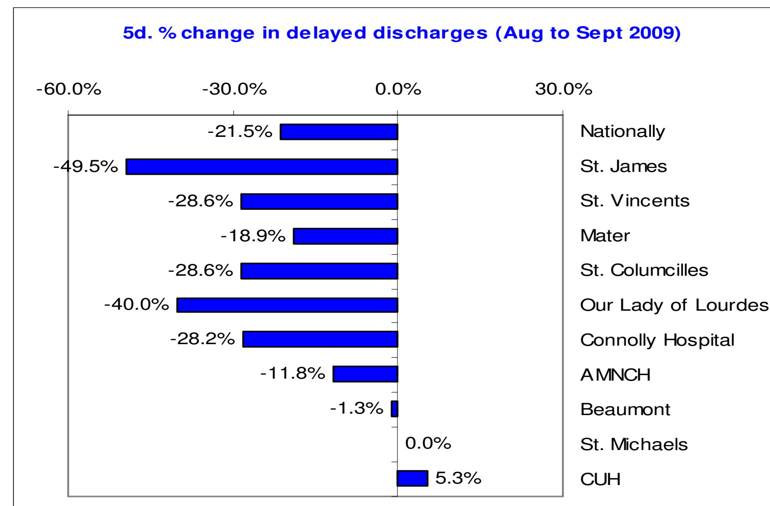
The number of delayed discharges nationally has fallen significantly in September due to the introduction of continuing care discharge options in the community. The number of delayed discharges in September was 742 compared to 945 in early August. Figure 5a and 5b below illustrates the year to date trends. The year to date delayed discharge average is higher than 2008 and 2007.





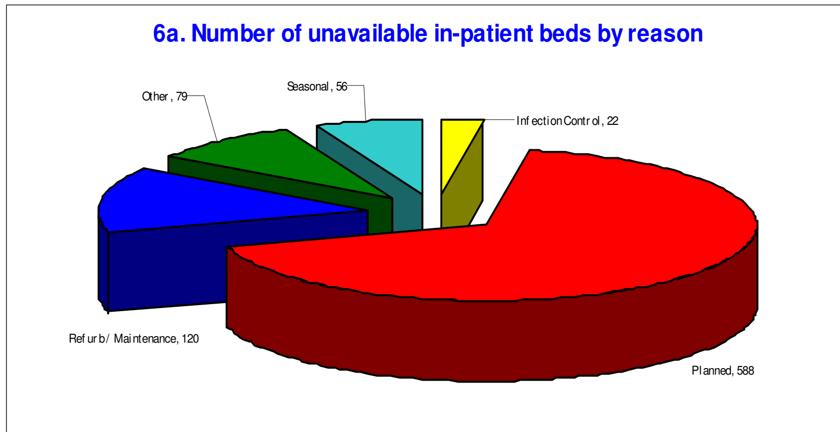
Early September saw the provision of 240 continuing care beds to facilitate the care of patients. This (and other routine processes) has a significant effect of reducing the number of delayed discharges from a high of 945 in August to 742 at the end of September. Figures 5c and 5d outline the impact of this on hospitals with high levels of delayed discharges. Nationally, the number of delayed discharges fell by 203 (from August to September), a decrease of 22% in overall numbers (not all the decrease can bee attributed to provision of continuing care options). The most significant decrease was seen in St.James whose delayed discharges decreased by 101 (50%). Other hospitals with significant decreases were St. Vincents (-22) and the Mater (-21).

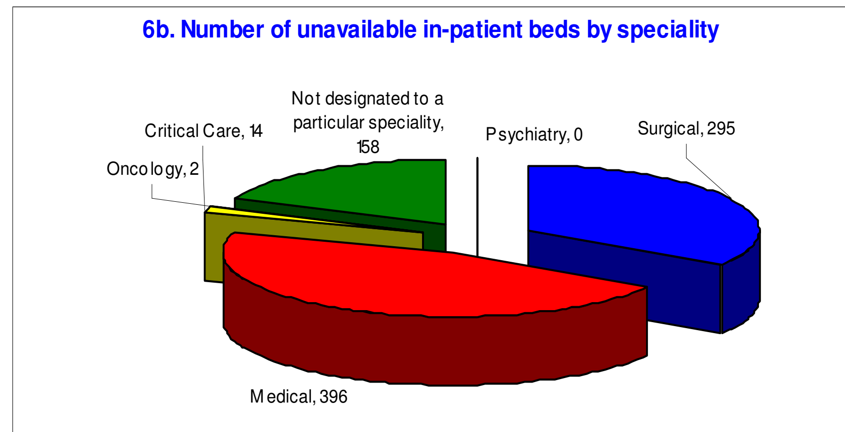




Bed Capacity Management

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 909 beds (865 inpatient; 44 day beds) unavailable for discharges during September. The National Crisis Management Team (NCMT) have identified 37 critical care beds for use in the event of a H1N1 2009 Pandemic (this would increase the current position of 14 critical care beds to 37).





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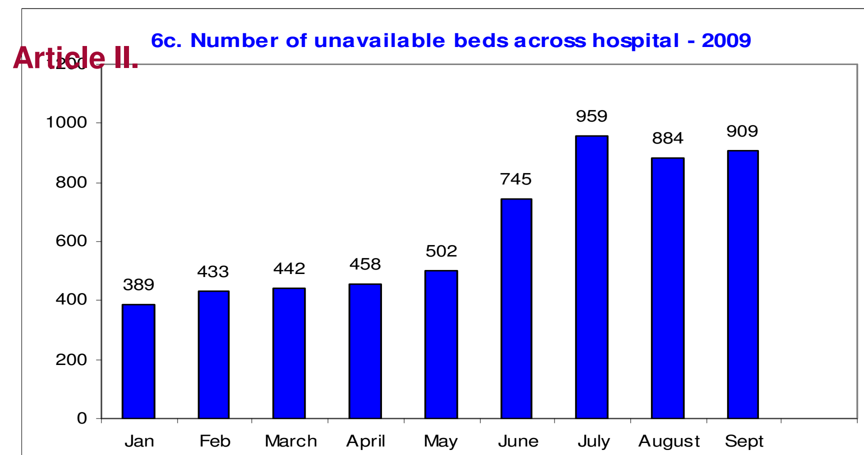


Urgent Colonoscopies Report

A. November position

i. In the week ending November 13th, 13 people who were identified in the October 21st audit as waiting more than one month remain waiting for their colonoscopy procedure. 7 are from Beaumont and 6 are from Galway Hospital.

ii. Following urgent HSE intervention, the 7 people in Beaumont are scheduled for the procedure by November 17th. The 6 people in Galway are scheduled for appointments by November 30th.

iii. The HSE will follow up with the hospitals to ensure that these schedules are adhered to and where necessary the procedure will be offered in another public or private facility.

iv. Any cost incurred will be deducted from Beaumont and Galway Hospitals.

B. Results of 21st Oct audit.*

i. **297 people (34%) were waiting longer than 1 month at audit date and of these:**

- 165 have had their colonoscopy procedure completed by 6th November;
- 61 have a scheduled appointment for the procedure in the week ending November 13th in their own hospitals;
- 58 were unable or did not attend at an appointment which was scheduled (DNA) and are being reviewed.

***The HSE group monitoring the performance of this programme were dissatisfied with the results of the audit and intervened to ensure that immediate treatment was arranged. This reduced those waiting to 13 after November 13th.

ii. **18 out of 35 hospitals did not have anyone waiting more than 1 month for an urgent colonoscopy on October 21st.**

iii. **Hospitals which did not have anyone waiting more than a month for urgent colonoscopy.**

- Bantry General Hospital
- Cavan General Hospital
- Mayo General Hospital
- Mid Western Regional Hospital, Ennis
- Mid Western Regional Hospital, Nenagh
- Midland Regional Hospital, Mullingar
- Monaghan General Hospital
- Our Lady of Lourdes Hospital, Drogheda
- Portiuncula Hospital
- Roscommon County Hospital
- Sligo General Hospital
- South Infirmary - Victoria Hospital, Cork
- South Tipperary general Hospital
- St Columcille's Hospital
- St James' Hospital
- St John's Hospital, Limerick
- Waterford Regional Hospital
- Wexford General Hospital

The most notable improvement since the audit in May is the AMNCH in Tallaght who reduced their numbers waiting over 1 month from 44 people to 1 person.
A weekly collection of waiting times for urgent colonoscopy has commenced and this will be published monthly.

Waiting Lists

New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 933 and 6,405 respectively and for day cases was 1,169 and 13,311 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,401 and 6,634 respectively and for day cases was 2,076 and 8,522 respectively.

Emergency Presentations and Emergency Department Data
Compared to 2008, emergency admissions to hospitals have only decreased by 0.7% despite emergency presentations decreasing by 3%. This pattern has not been uniform across hospitals. This pattern of decreased emergency presentations, ED attendances and emergency admission has been a trend for a number of months during 2009.

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

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

Table A

Hospital Results - based on all ED attendances	Average number of people seen in ED daily	Average hours for complete ED visit.
Portiuncula Hospital	53	2.7
Midland Regional Hospital	80	2.8
Kerry General	88	2.3
Letterkenny General	83	3.8
Regional Hospital Dooradoyle	172	-
Adelaide & Meath inc NCH	207	5.6
Mercy Hospital	72	5.8
Cork University Hospital	162	6.0
St Vincents, Elm Park	118	9.8
St James Hospital	123	7.7
Sligo General Hospital	88	12.4
Beaumont Hospital	128	13.8

Table B

Hospitals	Average number of people seen in ED daily who were not admitted	Average hours waiting: Non-Admitted patients
Portiuncula Hospital	38	2.5
Midland Regional Hospital	62	2.4
Kerry General	66	3.1
Mercy Hospital	58	4.2
Regional Hospital Dooradoyle	132	-
Adelaide & Meath inc NCH	160	5.3
Cork University Hospital	122	5.7
Letterkenny General	51	6.2
St Vincents, Elm Park	96	9.9
St James Hospital	88	6.2
Sligo General Hospital	68	11.1
Beaumont Hospital	97	8.9

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)
Portiuncula Hospital	15	3.3	1.0
Midland Regional Hospital	18	4.3	0.0
Kerry General	22	-	0.0
Letterkenny General	32	2.6	0.0
Regional Hospital Dooradoyle	40	-	0.0
Adelaide & Meath inc NCH	47	6.5	0.4
Cork University Hospital	40	6.6	0.1
St Vincents, Elm Park	22	7.7	0.2
Mercy Hospital	14	13.8	0.0
St James Hospital	35	12.3	0.0
Sligo General Hospital	20	-	0.0
Beaumont	31	31.0	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 September. 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.

Table B and C

Hospital Results Based on 2 x 2 hour daily sample	Table A: Av number of people seen in ED daily	Table A: Av hours for complete ED visit for those registered between 11am and 1pm & 4-6pm	Table B: Av number of people seen in ED daily who were not admitted	Table B: Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and not admitted.	Table C: Av number of people seen in ED daily who were admitted	Table C: Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and admitted.	Data collected at 2pm each day reflecting the average numbers waiting more than 24 hours at that time (after decision to admit)
Louth County Hospital	49	1.4	39	1.4	10	0.0	0.0
St Lukes Hospital Kilkenny	79	1.8	54	1.6	25	4.1	0.0
Nenagh General Hospital	34	1.8	31	1.7	3	2.4	0.0
St John Hospital Limerick	50	1.8	45	1.7	5	4.7	0.0
St Michael Hospital D'Laoire	34	2.1	30	2.0	4	3.5	0.0
Our Ladys Hospital Navan	49	2.2	39	2.1	10	2.6	0.0
South Infirmary Victoria Hsp	65	2.2	55	1.8	10	8.1	0.0
Mater Misericordiae Hospital	119	2.5	94	2.3	25	7.1	0.3
Waterford Regional Hospital	157	2.6	115	2.0	42	7.5	0.0
South Tipperary General Hsp	78	2.7	62	1.9	16	5.3	0.0
Wexford General Hospital	98	2.9	77	2.6	21	5.0	0.1
Roscommon County Hospital	40	2.9	28	2.6	12	4.4	0.0
Cavan General Hospital	77	3.2	59	2.6	18	7.4	0.0
Mayo General Hospital	86	3.6	59	3.3	27	9.9	0.0
Sligo General Hospital	88	4.1	68	3.4	20	8.6	0.0
Naas General Hospital	74	8.9	55	6.2	19	20.4	0.0
University Hospital Galway	174	10.5	125	7.4	49	16.5	0.0
Our Lady of Lourdes	140	19.0	112	22.1	28	17.9	0.0
St Columcilles Hospital	58	25.1	46	26.4	12	23.6	0.2

Ambulance

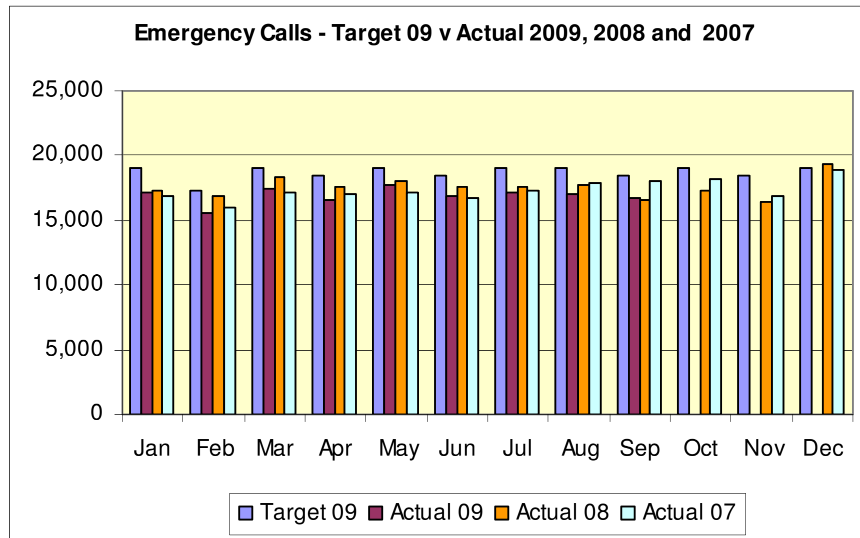
Call Activity Analysis

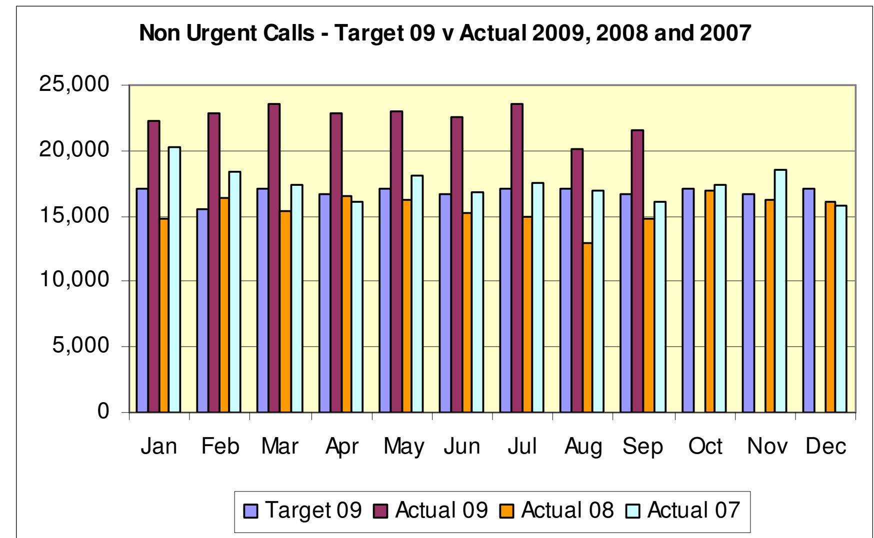
Emergency Call activity in Sept 09 is down on the same period last year showing a variance of -3.4% and remaining within a range of -1% to -5%. Urgent Call activity indicates a slight variance of -0.6% on the same period last year and within a range of -2% to 3.6% for the year.

Non-Urgent and Community Transport – Because changes have been made to the criteria in recording these figures when reviewed as a combined figure they show a YTD variance of 1.1%. Provision of demand led renal transport services results in significant increase in non-urgent activity year on year. The issue is currently under analysis nationally.

Response Times % Analysis

Although the YTD figure for each of the 4 bands indicate slower response times than the same time last year, response time percentages were improved on all previous months this year indicating an improving trend within all four bands.





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)	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	**Total €3,250,000**
	€12m	-	Q1–Q4	*WTEs ytd:*	1 WTE (Project Manager)

Key Result Area	Deliverable 09			Progress in Reporting Period	
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, Service Level Agreement is now in place.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€100,000*
	€100,000	-	Q4	*WTEs ytd:*	-
	Programme 'Your Mental Health' further developed targeting whole population and specifically young people			Work carried out in developing a campaign plan and proofing of concepts by consultation groups. Following sanction to proceed, NOSP has progressed this work in Q3.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€900,000*
	€900,000	-	Q2	*WTEs ytd:*	-
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)			Implementation of these projects is underway. The balance of available funding will be spent by year end based on 2009 profile.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€125,000*
	€500,000	-	Q2	*WTEs ytd:*	
	Early intervention services for mental illness further developed (detail in the care group section)			Implementation of these projects is underway. The balance of available funding will be spent by year end based on 2009 profile.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€62,000*
	€250,000	-	Q2	*WTEs ytd:*	
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.			A schedule for the filling of these posts by year-end has been agreed and is in train.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€0*
	€1.05m*	35	Q2	*WTEs ytd:*	*0*
TOTAL	*Funding*	*WTE*	*Timescale*	*Funding spent ytd:*	**€1,187,000**
	€2.8m (€1.75m once off)	**35**	-	*WTEs ytd:*	

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			A National Recruitment Campaign has commenced and it is expected that the majority of the 90 posts will be filled by the end of 2009. • Number of posts filled to date = 7 WTE. • Expressions of interest /offers issued in relation to 42.90 basic grade posts with expected start date of October/November. • The remaining basic grade posts being filled through local arrangements. The majority of these posts should start within the same period. • Expressions of interest /offers to issue in respect of all senior grade posts in November/December with a start date of before December 31st and minimal costs in 2009.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€3.6m to be spent by end of 2009*
	€7.2m*	90	Q4	*WTEs ytd:*	*7*

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			Nursing Home Support – A Fair Deal – will commence on the 27th of October. Significant work has been conducted to date in preparation of the implementation of the scheme.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	
	€55m	-	Q1–Q4	*WTEs ytd:*	

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. Two rapid Access clinics open	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€800,000*
	€3m	22	Q4	*WTEs ytd:*	*10.5 posts in place. Recruitment in process for other posts to accommodate set up of rapid access diagnostic clinics*
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 - James and Galway	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€400,000*
	€3.4m	28	Q4	*WTEs ytd:*	*4 posts in place. Recruitment commenced for other posts to accommodate set up of rapid access clinics.*
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed			National centre at Beaumont Hospital networked to CUH at planning stage	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*0*
	€1m	8	Q4	*WTEs ytd:*	*NEMU has approved filling of 7 posts to accommodate development of cancer neurosurgery network with Beaumont and CUH*

National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed			Decision on location of national centre deferred.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*0*
	€1m	8	Q4	*WTEs ytd:*	*0*
National centre for pancreatic cancer	National centre for pancreatic cancer developed			Vincents Hospital has been identified as the national centre for pancreatic surgery. Development of the service is at planning stage	
	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:*	*€80,000*
	€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.			GP training and support to aid with cancer referral and surveillance is taking place nationally. Electronic referral forms for symptomatic breast to aid GPs being piloted. Referral forms and guidelines for GPs for lung and prostate cancer is at consultation stage	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€90,000*
	€1.53m	-	Q4	*WTEs ytd:*	*0.5*
Additional Patient transport support	Patient transport support scheme rolled out further.			Patient transport being further rolled out as services transfer into designated cancer centres.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€50,000*
	€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:*	*€140,000*
	€1.7m	12	Q4	*WTEs ytd:*	*NEMU has approved filling of 12 NPRO posts to date. 2 posts in place*
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.			Timescale Q 4	
	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 84.5 posts out of 100. A number of the posts will provide cross cover for lung, prostate and neuro cancers. 12.5 of these posts are in place*

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 27th July 2009. This will be reported on from September via the model agreed between HSE and the Performance Monitoring Evaluation Unit, DoHC.	
	Funding	*WTE*	*Timescale*	*Funding spent ytd:*	*€6m (€2m each for service reconfiguration in the North East, South and Mid West)*
	€21m	-	-	*WTEs ytd:*	*0*

Note: The balance on the innovation funding has yet to be allocated, and is subject of further discussion.

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 16 Reconfigure our Acute Hospital System		
Achieve safer, high quality care for service users	Consistent framework for safety, quality and risk management implemented in the hospitals operated or funded by HSE in line with overall HSE policy.	Information sessions and training to undertake self-assessment against the *Quality, Safety and Risk Management Framework* completed in Q4 2008 and Q1 (January) 2009 respectively. Instruction to hospitals to commence implementation of Framework through self-assessment and quality improvement planning following attendance of the self-assessment training workshop in their network. Hospitals were set target date of 27th of March 2009 to complete self-assessment and quality improvement planning. The outcome of self-assessments and quality improvement planning is now being collated at a hospital network and national level. The NHO has prioritised the development of risk register and one national briefing session (27th March) has been followed by a series of eight network based training sessions (20th April to 1st May) to begin development of risk registers. One overall national workshop will be organised in the coming weeks to facilitate staff that were unable to attend the risk register training workshop in their network. All Hospitals (100%) operated or funded by the NHO have now completed self-assessment and developed associated action plans.
CP 17 Corporate Quality and Safety (Risk)		
Serious Incident Management Reporting	Implementation of incident management policy throughout the organization and HSE funded health services including:	A working group to facilitate the development of a Standardised Comprehensive Complaints and Incident Investigation Process has been established. Progress includes: • Stakeholder consultation in progress • Project objectives and plan agreed. • Process mapping completed • Development of documentation such as "Standardised Comprehensive Compliant Incident Investigation process commended
	• Serious Incident Management Policy, Processes	Under review at present
	• Guidelines for Conducting Inquiries.	In development. This is now expected to be completed in Q34
	• Development of a Serious Incident Database and dissemination of the learning from these serious incidents throughout the system.	This database is operational and is due to be evaluated in Q4 As at the end of September, 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.
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.

Key Result Area	Deliverable 09	Progress in reporting period
Quality Improvement Plans	Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on (a) Service reviews. (b) Investigations and our internal system analysis recommendations	**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. **Medical Devices Project:** All documentation aligned . Consultation process completed and documentation amended. HSE Management Team to consider the documentation at their meeting in November. **E-Learning Packages to support implementation of Quality & Risk:** E-learning package on Systems Analysis training completed and available on line.
Corporate Risk Register	Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register	The Corporate Risk Register is discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee. 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.

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below).	Complaints & Reviews Audit Forms circulated to Consumer Affairs Area Managers for final observations and agreement.
User Involvement	National Strategy for User Involvement implemented.	Best practice guidelines for establishing and developing service user panels in the health service made available for download (Action 6.4) Development of Service User Involvement training module for service providers ongoing, in collaboration with Picker UK (Action 6.3) Update Article submitted for Autumn Health Matters Magazine (Action 7.3) Presentation at the Institute of Public Administration to students completing Masters in Healthcare Management (Action 7.3) Site visit to Merlin Park Hospital Galway, Consumer Affairs Team to discuss structure for service user involvement at hospital level.(Action 7.3) Meeting with ISQSH to review Lets Talk Medication and related materials and publications (Action 7.3) Joint Funding Initiative Networking event held in Tullamore and 2nd evaluation bulletin issued (Action 6.1 and 5.1) Development of draft guide for effective community participation in primary care teams commenced. Consultation to take place in Q4 (supporting action 6.1) Consultation process for patient charter ongoing (Action 4.1). Meeting with Dr. Philip Crowley, Deputy CMO, DoH&C to progress National Guidelines on what service users should expect from the HSE and what the HSE expects from Service Users (Goal 4) Site visit to CUH to discuss service user involvement as part of the reconfiguration plan. AGM of National Advocacy Programme Alliance took place on the 16th September. Updates given on each of the three projects underway

Key Result Area	Deliverable 09	Progress in reporting period
		Training of volunteer advocates has been completed in pilot sites in North Dublin, Trim Co Meath and is currently underway in Cork. Further plans are underway to train advocates in Kerry, Mayo/Roscommon and South Dublin. The Information Project will go live on the 23rd Oct. and is accessible at www.myhomefromhome.ie . Information on public sites will be added to that of the private sites over the coming weeks. Values Training in "Personal Excellence" has been carried out in six of the pilot sites to date and has been welcomed by staff in the participating sites.
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	Meeting with steering group to discuss and progress patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO . To date 8 hospitals have expressed an interest in participating in the survey. Meeting with Brian Murphy (PCCC) and Hilary Dunne (ISQSH) to discuss patient satisfaction survey and evidence of good service user involvement practice throughout PCCC
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	Site visits ongoing in respect to the HSE/Combat Poverty Agency Joint Funding Initiative. Meeting with steering group to discuss and progress patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO. Meeting with Brian Murphy (PCCC) and Hilary Dunne (ISQSH) to discuss patient satisfaction survey and evidence of good service user involvement practice throughout PCCC. Site visit to CUH to discuss structure for service user involvement at hospital level.
Quality and Risk Framework	Implementation of Quality and Risk Framework including a Quality and Risk Management Standard • Numbers and percentage of Hospitals who have completed self-assessments and developed associated action plans; • Number and percentage of LHOs who have completed self-assessments and developed associated action plans.	All Hospitals (100%) operated or funded by the NHO have now completed self-assessment and developed associated action plans. Progress monitoring arrangements are being developed At the end of Q3, a total of 14 LHOs (43.75%) have completed the self assessment process and have QIPs in place. A further 9 LHOs are currently undertaking Self Assessment
Risk Register	Risk Assessment and Development of Risk Registers in line with HSE policy and guidance across NHO and PCCC including: • Numbers and percentage of Hospitals with Registers. • Number and percentage of LHOs with Registers.	Development of hospital level risk registers is ongoing. Progress monitoring arrangements are being developed 5 LHOs (15.6%) have Risk Registers in place. A further 6 LHOs are currently in process of setting up Risk Registers.

Key Result Area	Deliverable 09	Progress in reporting period
Response to HIQA's 2008 Hygiene Services Quality Review	Coordinate a response to HIQA's 2008 Hygiene Services Quality Review. • Number and percentage of poor performers who have received peer to peer support to develop QIP Target 100%. • Number and percentage of poor performers who have developed and are implementing QIP. Target 100% • Number and percentage of poor performers who have completed implementation of QIP. Target 100% • Number and percentage of poor performers who have self-assessed and reported improvement versus HIQA assessment 2008. Target 100%. Status of implementation of national strategic audit report and inclusion of reporting against PCCC high-level indicators: • Presence / absence of infection control action plans for facilities assessed in audit. • Presence / absence of implementation plans for facilities assessed in audit. • Completion of self assessment hand hygiene audits across older persons, mental health and disability facilities across PCCC.	Poor performing hospitals (n=14) have all met with ND NHO and Lead of the NHO's Patient Safety and Healthcare Quality Unit to discuss 2008 results. 14/14 (100%) hospitals have received peer-to-peer support. 14/14 (100%) hospitals have developed and are implementing their quality improvement plans. These have been made publicly available by the NHO along with tools to support improvement http://www.hse.ie/eng/Publications/services/Hospitals/QIPreports Implementation of these quality improvement plans is ongoing in the 14 hospitals Progress reports for Q2 received from all hospitals. Progress reports for Q3 are due end of October. Following PCCC Hygiene Audit in Q4 2008, action plans for addressing areas of non-compliance were developed. Implementation of these Action Plans is being monitored by the LITs. Completion of hand hygiene audits being monitored by the LITs
Implementation of the Quality and Risk framework *including Quality and Risk Management Standard.*	Framework implemented	Information sessions and training to undertake self-assessment against the *Quality, Safety and Risk Management Framework* completed in Q4 2008 and Q1 (January) 2009 respectively. Instruction to hospitals to commence implementation of Framework through self-assessment and quality improvement planning following attendance of the self-assessment training workshop in their network. Hospitals were set target date of 27th of March 2009 to complete self-assessment and quality improvement planning. The outcome of self-assessments and quality improvement planning has been collated at a hospital network and national level. The NHO has prioritised the development of risk register and one national briefing session (27th March) has been followed by a series of eight network based training sessions (20th April to 1st May) to begin development of risk registers. One overall national workshop will be organised in the coming weeks to facilitate staff that were unable to attend the risk register training workshop in their network. All Hospitals (100%) operated or funded by the NHO have now completed self-assessment and developed associated action plans. Progress monitoring arrangements are being developed.

Key Result Area	Deliverable 09	Progress in reporting period
Implementation of National Standards for the Control and Prevention of Healthcare Associated Infection	Support the implementation of the National Standards for the Control and Prevention of Healthcare Associated Infection: • Develop a self-assessment tool for use by hospitals • Deliver 4 regional self-assessment training workshops. • Number and percentage of hospitals that have completed self-assessment and developed action plan	The NHO is currently finalising a self-assessment tool with guidance document to support the implementation of the National Standards for the Control and Prevention of Healthcare Associated Infection in collaboration with the HPSC. This will be sent to HIQA for comment before providing it to hospitals for application.

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			6,182		3,125	98%
No. of complaints finalised within 30 working days	2,534			4,878		1,713	185%
No. of FOI requests received	4,231			3,770		3,074	23%
HSE National Information Line							
Number of calls received	113,738			119,675		86,493	38%
Communications							
No of Health Forum Questions**	337			244			
No of Health Forum Motions**	120			193			
No. of 'hits' on intranet sites	46.2m	48.51m		76.8m			
No. of 'hits' on internet sites	7.27m	7.99m		8.26m			

*Refers to the numbers finalised ytd but this cannot be directly related to the number of complaints received ytd due to rolling timeframe.
**The Regional Health Forum West met 3 times in the first two quarters of 2009, compared with 4 times in the same period 2008.

Section 6 – Specific Service Theme: Reconfiguration

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Introduction

When the HSE was established in 2005 it inherited a hospital, primary and community care structure that was poorly configured to meet the needs of the 21st century. There are 50 acute hospitals providing a range of care to their local communities with specialist services that have developed in some hospitals in a largely ad hoc manner over the years. Much acute secondary care is duplicated across hospitals within each of the former health boards' counties. Primary and community service have historically been underdeveloped over the years and primary care teams are only gradually being put in place. Integration between acute hospital services and integration with primary and community care service within the former health board areas was under-developed. The populations of the former health board areas that bordered Dublin had traditionally relied to varying extents on Dublin hospitals for the provision of secondary care services and this had impeded the development of self-sufficiency in secondary care services locally.

The opportunities, challenges and pressures facing Ireland's health system mirror those facing health systems around the world. People are living longer, populations are growing and getting older, expectations and demands for services are increasing, technology is evolving rapidly and medical costs are rising. As people get older they are more likely to suffer from chronic illness and disease such as diabetes, heart failure, some cancers, chronic obstructive pulmonary disease, dementia and arthritis. Adding more and more acute in-patient beds to our hospital system to deal with increased demands is not in the interests of patients. Instead, we need to continue with, and accelerate, the current strategy of building up primary, community and long-term care services, developing a chronic disease management framework, and securing greater value/productivity from our hospitals. The same overall strategic direction has already been adopted by other developed countries, such as Denmark and Canada. Many countries are now developing primary care services as the cornerstone around which their health services are built.

The challenge for the HSE is to reconfigure in order to build a sustainable health service: one that has patient safety and quality care at its core, can flex to meet changing demands and provide increasing value in terms of both cost and health outcomes. Central to this direction is ensuring people have access to health care services they need, when they need it. This requires the reconfiguration of hospital and community services to ensure that they are integrated within and across each area and focus on delivering an appropriate range of services for their catchment. In tandem with this, our focus is on shifting as much care as possible from acute hospitals to community based facilities. For our service users, the result should be health and social care services that are well connected and their journey from one service to the next is seamless and delay-free.

Article II. The Case for Change

Internationally the environment in which health services operate has changed rapidly over the past decade, exerting many pressures on health systems across the world. In Ireland, the past decade has particularly been a time of rapid change with significant demographic change, economic growth and increased expectations of public services. It is also marked by unprecedented improvements in health status and life expectancy. The services must be reconfigured to address these challenges.

There is a significant body of international evidence which indicates that acute complex healthcare particularly for emergency medicine, complex surgical services and critical care services should be provided in large high volume hospitals in order to maximise clinical outcomes and ensure safe services. This evidence supports the need for significant changes in the way our current hospital and community health services are structured and delivered. The trend internationally is to ensure that acute hospitals serve certain minimum catchment populations in order to provide the spectrum of acute care needed to deal with emergency and acute patients. Hospitals need to have clearly designated roles within a co-ordinated integrated clinical network of hospitals and need to function as an integral part of the wider system of primary community and continuing care. The majority of patients, those who require only a routine, straightforward level of urgent or planned care, should be safely managed locally, with treatment being delivered at home or as close to home as possible in local centres of excellence; and the minority of patients who require true emergency or more complex planned care should be safely managed in designated acute regional centres of excellence, where all the relevant clinical expertise is concentrated so that consultant led, high quality care is available round the clock.

However concentration must be also balanced against the accessibility of services for patients and families. Developments in medical technology, including diagnostics and telemedicine, open up the way for smaller local hospitals and community services to provide high quality diagnostic services and a wider range of surgical and medical procedures often on an out-patient or day case basis.

Article III. Policy Background

Quality and Fairness - a Health System for You (2001) (the Health Strategy), described the reform of the acute hospital system as one of the frameworks for change in support of the Health Strategy's four national goals, and saw this being achieved by a range of actions to address capacity, efficiency and equity. It also noted that radical reconfiguration of the whole primary care structure was central to the Health Strategy. Actions to ensure the attainment of the objective of delivering appropriate care in the appropriate setting were described in support of the Health Strategy's national goal of responsive and appropriate care delivery. Actions to ensure the attainment of the objective of planning and decision-making being underpinned by evidence and strategic objectives were described in support of the Health Strategy's national goal of high performance.

***Primary Care –A New Direction (2001*) outlines an implementation plan for primary care.** The Health Strategy 2001 sets out a new direction for primary care as the central focus of the delivery of health and personal social services in Ireland. It promotes a team-based approach to service provision which will help to build capacity in primary care and contribute to sustainable health and social development.
The aims of the proposed developments are to provide:
(a) a strengthened primary care system which will play a more central role as the first and ongoing point of contact for people with the health-care system,
(b) an integrated, inter-disciplinary, high-quality, team-based and user-friendly set of services for the public, and
(c) enhanced capacity for primary care in the areas of disease prevention, rehabilitation and personal social services to complement the existing diagnosis and treatment focus.

Strategy for Cancer Control 2006
The strategy reiterates that it is not in the best interest of patients that some hospitals perform small volumes of cancer surgery. It led to the development of the HSE National Cancer Control Programme to manage, organise and deliver cancer control on a whole population basis through a national system of four Managed Cancer Control Networks, each serving a population of about one million people and consisting of primary, hospital, palliative, psycho-oncology and supportive care.

The **Report of the National Task Force on Medical Staffing 2003 (Hanly)**, is a significant report in terms of the HSE reconfiguration agenda. In summarising a number of drivers towards changed delivery of service, the report stressed the importance of safe high quality service to patients with the move to team-based consultant-provided service provision as key to achieving this. Critical mass was seen as an essential determinant to service provision with evidence in support of better patient outcomes when patients were treated in units with appropriate numbers of specialist staff, with high volumes of activity and access to the right diagnostic and treatment facilities. The report recommended that health professionals should work as part of multi-disciplinary teams, centred on delivering quality patient care on a 24/7 basis within an integrated network of hospitals.
The report detailed how the Task Force proposed

- to reduce the average working hours of NCHDs to meet the requirements of the European Working Time Directive (EWTD)
- to plan for the implementation of a consultant-provided service; and
- to address the medical education and training needs associated with the EWTD and the move to a consultant-provided service

In considering in particular the challenge of EWTD compliance, the Task Force rejected the options of doing nothing, of recruiting significant numbers of additional NCHDs, and of creating career grade NCHDs. It instead proposed the option of employing a much larger number of consultants, working in teams, with revised working patterns, and with a significantly reduced number of NCHDs. The Task Force felt that the move to a consultant-provided service as described was the only solution that would simultaneously address the need to improve patient care, reform medical education and training, and support the continued provision of safe high quality acute hospital care on a 24/7 basis.

In its examination of services in two pilot regions, the Hanly Report defined the role of major hospitals and of local hospitals within the networks and indicated that primary and community service should be an integral part of such networks . It also considered a number of other approaches to the provision of care; e.g. the role of Medical Assessment Units and Medical Admission Units and other means of streaming elective and emergency workload; enhanced roles of other health professionals (Advanced Nurse Practitioners, Clinical Nurse Specialists); an extended working day; devolved decision-making and the role of clinical directors; links to supra-regional and national specialties. These themes have been developed in subsequent area-based reviews of services commissioned by the HSE and inform the reconfiguration agenda.

ERSI: Projecting the Impact of Demographic change on the demand for and delivery of health care in Ireland.

The recently published ESRI paper attempts to tease out and quantify the impact of demographic change on the demand for and delivery of health care in Ireland. The report concludes that the current way in which care is delivered will be unsustainable within any reasonable budget given the nature of demographic change. Delivering more and better services with the same resources requires strategic planning and substantial reorganisation and progress on reconfiguring services.

Article IV. Corporate Plan 2008-2011

The Corporate Plan includes a commitment to reconfigure the acute hospital and primary care system as two key result areas (KRAs). Measures to ensure attainment of these KRAs are identified. It is made clear that the major reform of the acute services would take longer to achieve than the three year timeframe of the Corporate Plan. The Plan commits the HSE to begin the process of reconfiguring acute hospitals into clinical networks serving populations of between 350,000 and 500,000 which would enable self-sufficiency for all secondary care services for that population.

Among the measures identified to ensure the attainment of the acute system KRA are:-

- Reorganisation of acute services within each network to include a regional hospital providing comprehensive 24/7 medical and surgical services, including emergency services, and local hospitals focusing on planned activity including minor injuries/urgent care, comprehensive day case and diagnostic workloads
- Reconfiguration of ED services to ensure that each ED serves an appropriate catchment population, that each ED is resourced to provide comprehensive 24/7 emergency services, and that each is supported by local urgent care services
- Reconfiguration of critical care services to ensure that each critical acre unit serves an appropriate catchment population and is resourced to do so comprehensively
- Concentration of tertiary and national specialist services into centres serving sufficient population to maximise clinical outcomes for patients
- Reconfiguration of maternity services to ensure that all maternity services are co-located with acute hospitals providing the appropriate range of services to support the maternity unit
- Configuration of maternity services to ensure that there is a minimum number of births
- Configuring paediatrics services into one national integrated paediatric network with appropriate services at national, regional and local level
- Move to a consultant-provided service

Measures identified to Configure Primary, Community and Continuing Care services to deliver optimal and cost effective results are:

- Progress implementation of the Primary Care Strategy in association with DoH&C and other stakeholders
- Progress the establishment of Primary Care Teams (PCTs) and Networks through re-organisation of existing resources and recruitment of additional support posts
- Progress the development of out-of-hours GP cooperatives until they are available to the whole population
- Put in place mechanisms to support the prevention and early detection of illnesses, through increased access to diagnostics
- Progress with the Schemes Modernisation Programme, and
- Agree new contractual framework for GMS and other publicly funded services involving GPs and primary care professionals.

Article V. Reconfiguration agenda

The HSE has undertaken a series of reviews of services to meet commitments in Transformation Programme and the Corporate Plan 2008-2011. These reviews are informing the necessary reconfigurations of services now underway. The reviews can be grouped as follows:

System-wide reviews

- Acute Hospital Bed Review
- Acute Hospital Bed Capacity Review

Specialty-specific reviews

- Review of adult critical care
- Review of paediatric critical care
- Review of paediatric neurosurgery
- Strategic review of neurology and neurophysiology
- Renal service strategy
- Review of maternity and gynaecological services in the greater Dublin area
- Review of laboratory medicine services

Area-specific reviews

- Review of services in the North East
- Review of services in the Mid West
- Review of services in HSE South
- Review of services in the South East [ongoing]
- Review of Out-of-Hours Surgery and ED Activity in selected hospitals [ongoing]

The recommendations from these reports are informing the ongoing reconfiguration of services

Article VI. Commitment to further reconfiguration

Commitments made in the Transformation Programme and in the Corporate Plan will require a number of further reconfiguration exercises to be undertaken. Among these are

- Review of adult acute services in greater Dublin
- Review of services in the Midlands
- Review of services in the West/North West
- Review of pre-hospital emergency care

Examples of Progress in Implementation

South

A Project Director to lead the reconfiguration programme in the Southern Hospitals Group was appointed in March 2009. The Review of Securing Clinically Safe and Sustainable Acute Hospital Services, HSE South (Cork and Kerry) was launched on 9 June 2009. A Forum has been established to oversee the implementation of the reviews recommendations and the work of over 40 specialty subgroups is ongoing. Implementation of changes in pre-hospital emergency care in West Cork has commenced following a public information campaign. A reconfiguration plan for Cork and Kerry will be published in the New Year.

Mid-West

Emergency Department (ED) services at Ennis & Nenagh hospitals have now been restructured to 8am to 8pm opening times daily. ED services are available at the Mid-West Regional Hospital, Limerick, on a 24/7 basis. The transfer of all acute surgery from Ennis & Nenagh to the Mid-West Regional Hospital, Limerick was completed by End September 09. Work continues on the planning for centralisation of critical care and acute medical care from Ennis General Hospital & Nenagh General Hospital to the Mid-West Regional Hospital, Limerick. This is to be concluded during 2010.

South East

A Network Executive Management Board has been established and a Project Manager for acute hospital reconfiguration appointed. Development of an implementation plan is in progress. Advisory Groups for Medicine, Surgery and Women & Children have been established.

North East

A series of focused service changes are being implemented in the region to optimise patient safety. The focus of the Transformation Programme is to reconfigure services by moving acute and complex care from 5 hospital sites (Cavan, Monaghan, Drogheda, Dundalk and Navan) to 2 (Cavan for Cavan/Monaghan and Drogheda for Drogheda/Dundalk/Navan). Since July 2009 services have been centralised from Monaghan to Cavan as part of the NE Transformation plan, a number of staff have been redeployed to support the enhanced services in Cavan General – Medical Admissions Unit, Intensive Care Unit, additional ambulance personnel. A Louth Meath Steering Group is progressing the changes to safely centralise acute medicine within Louth.

Paediatric Neurosurgery

In line with the report recommendations:

- The transfer of the care of hydrocephalus and spina bifida - for the most part now undertaken by paediatric neurosurgeons.
- Care for children under 1 year of age requiring neurosurgery has been transferred to the Children's University Hospital from Beaumont Hospital
- Transitioning of children under 6 years of age from Beaumont Hospital to the Children's University Hospital is currently in progress

Pre Hospital Emergency Care

Advanced paramedic training has continued throughout 2009 with specific training targeting of staff from the North East & Mid West. This has resulted in advanced paramedics being deployed in a rapid response approach. In order to improve the service to patients as well as supporting the strategic shift in acute care in both areas, staff have been trained to administer Prehospital Thrombolysis. This is a significant step within the ambulance service in terms of theoretical and skill development.

Primary Care Teams

There are now 135 primary care teams holding clinical meetings and 150 teams in development

Article VII. Reconfiguration implementation considerations

Experience to date in moving to the implementation of reviews of current service provision, together with evidence of best practice in the implementation of significant change, has led to an emphasis on implementation planning. Each implementation plan must include explanation and details of the following

- the need for change and the advantages of change, including patient safety and demonstrably better outcomes
- the main element of change, and when and how it will be put in place
- the specifics of change, detailing how services will be improved, pointing to examples in other regions where reconfigured services have brought tangible benefits to the local community
- the incremental steps to be taken to achieve measurable improvements
- emphasis on the fact that there will be no withdrawal of existing services until new and better services replace them
- how the acute service changes link to developments in primary care
- how the changes link to the HSE's overall transformation programme and
- how the overall plan will be taken forward (e.g. the leadership to be provided by clinicians, managers and other key stakeholders)
- How staff redeployment requirements will be managed

An important consideration is the identification of the best individuals (clinicians and others) to build public trust and lead change, drawing from the lessons of the arrangements now in place for those reviews being implemented and in place in the Cancer Control Programme.

Article VIII. Regulation

The increased focus on regulation in the area of healthcare means that the HSE must be prepared to operate in a regulated health and personnel social service environment which includes licensing. Training bodies have long regulated the environment in which health service professionals deliver services. The health service reform programme of recent years has seen the establishment of the Health Information and Quality Authority (HIQA) which regulates healthcare providers, including the HSE, through definition of and external inspection against standards. Reconfiguration of services will allow compliance with external standards to be demonstrated.

Article IX. Integrated Services Directorate

The work on reconfiguration necessary to ensure safe, sustainable high-quality integrated services will be led by the National Director for Reconfiguration in the Integrated Services Directorate. The programme will be taken forward in conjunction with the Quality and Clinical Care Directorate and delivered in partnership with the Regional Directors of Operations. Engagement with health service staff and with external stakeholders will be critical to the success of current and future reconfiguration exercises.

Section 7 – HealthStat – Update at Quarter 3 2009

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

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

HealthStat progress during 2008

HealthStat was in pilot phase for hospitals during 2008 achieving the following:

- Refinement of the HealthStat hospital metrics to a position of stability and a review to produce a revised 2009 dashboard
- Inclusion of hospital Clinical Directors and CEOs / General Managers in the HealthStat forum
- Awareness of performance management in anticipation of the movement of HealthStat into the public domain in 2009.

HealthStat PMR update for Q3 2009

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

- All 29 HealthStat general hospitals featured in the forum at least once since January 2009, many featured twice.
- 20 of the 32 LHOs, with their LHMs, featured in the forum since May 2009: all 32 will have featured by the end of Q4 2009.
- Public focus on HealthStat continued to be positive and informed.

HealthStat in the public domain

HealthStat results are published on www.hse.ie pages that include downloads of HealthStat targets, a HealthStat user guide, overall performance traffic lights for 29 hospitals, performance dashboards for those hospitals in pdf format and comparative charts for selected metrics. Updated information is published at the end of each calendar month. HealthStat maintains an open relationship with the media, sharing information to ensure factual reporting wherever possible. HealthStat has committed to a rollout of HealthStat to all hospitals and across PCCC during 2009

Hospital HealthStat dashboard progress

Include:

- Month on month increase in the number of hospitals showing significant improvement across a number of metrics (e.g., waits for OPD consultant led clinics; access to diagnostics; day of procedure admission rates and percentage days lost to absenteeism). See sample graphs on next page.
- Areas of excellence are evident across many hospitals while the figures do indicate some specific challenges for action within other hospitals.
- Progress on incorporating additional/outstanding hospitals into HealthStat is underway.

PCCC HealthStat dashboard and performance improvement projects progress

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

- HealthStat have progressed the pilot phase with PCCC with the first major phase of dashboard development completed - several new/revised metrics are now in place (Speech & Language, Child & Adolescent and Adult Mental Health) and others are in pilot phase (Occupational Therapy and Child Protection).
- Further development work is required over quarter 4 2009 in preparation for movement of January 2010 data into the www public domain in March 2010.
- In parallel, PCCC is progressing with its five key performance improvement projects (PHN visits to new borns; Speech & Language Therapy; Child and Adult Mental Health; Adult Mental Health and Child Immunisation) the output of which will feed into the final development phase of the PCCC HealthStat dashboard.

Appendix 1 – Vote Data

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

(As at 7th October 2009)

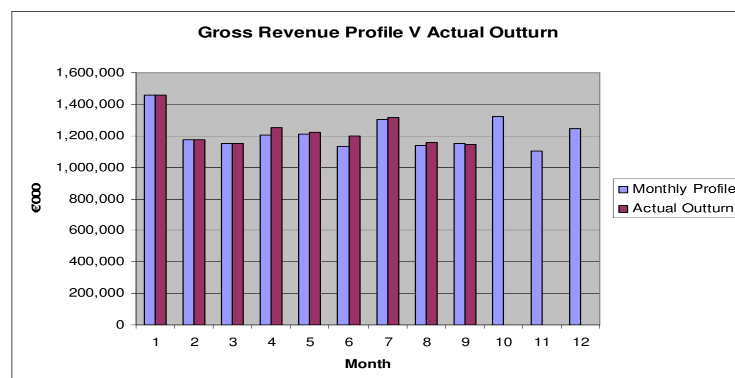
1. Vote Position at 30th September 2009

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

Vote September 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		1,151,033	1,147,576	-3,457		10,926,740	11,087,844	161,104
Gross Capital Expenditure	410,263		26,643	25,009	-1,634		311,898	346,639	34,741
Total Gross Vote Expenditure	**15,009,851**		**1,177,676**	**1,172,585**	**-5,091**		**11,238,638**	**11,434,483**	**195,845**
Appropriations-in-Aid									
- Receipts collected by HSE[1]	-1,043,988		-86,487	-88,819	-2,332		-749,192	-718,041	31,151
- Other Receipts	-2,333,275		-184,718	-221,000	-36,282		-1,364,800	-1,238,771	126,029
- Total	**-3,377,263**		**-271,205**	**-309,819**	**-38,614**		**-2,113,992**	**-1,956,812**	**157,180**
Net Expenditure	**11,632,588**		**906,471**	**862,766**	**-43,705**		**9,124,646**	**9,477,671**	**353,025**

Gross current expenditure is €161m over profile (€165m over profile in August).
Appropriations-in-Aid[2] are under profile by €157m (€196m under profile in August).

iv. Gross Capital expenditure is €35m over profile (€36m over profile in August).



[1] Appropriations in Aid for Dormant Accounts included in Other Receipts
[2] Revenue and Capital Appropriations-in-Aid.

2. Capital

Summary

Jan 2009 to Sept 2009	Profile	Actual Outturn	Over/(Under)
Construction (C1/C2)	€290,154	€339,538	€49,384
ICT (C3)	€16,634	€3,950	(€12.684)
Dormant A/Cs (B13)	€5,110	€3,151	(€1,959)
Total	**€311,898**	**€346,639**	**€34,741**

September 2009	Profile	Actual Outturn	Over/(Under)
Construction (C1/C2)	€21,000	€24,464	€3,464
ICT (C3)	€4,865	€545	(€4,320)
Dormant A/Cs (B13)	€778	€000	(€778)
Total	**€26,643**	**€25,009**	**(€1,634)**

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. 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-Sep 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 €146m over profile at 30th September 2009 (€117m over profile in August).
- The voluntary sector is €21m over profile at 30th September 2009 (€14m over profile in August).
- The Medical Card Services and Community Drugs Schemes are €20m over profile at 30th September 2009 (€61m over profile in August). The decrease is attributable to reduced payments to Pharmacies in September.
- Flu pandemic expenditure to the end of September amounts to €5.584m.
- The Long-Stay Repayment Scheme is €13m under profile (€17m under profile in August).
- Payments to the State Claims Agency are €13m under profile (€10m under profile in August).
- Receipts from Health Contributions are €125m under profile (€162m in August) due to a shortfall in Social Insurance Fund (SIF) receipts (€114m) and receipts from the Revenue Commissioners (€11m). The shortfall includes a deduction of €71m made from 2009 receipts following the completion of the SIF apportionment exercise for 2007 by the Department of Social and Family Affairs (DSFA). The HSE is currently awaiting clarification on the 2007 apportionment exercise and the year end projection from the DSFA.
- Pension levy receipts are under profile by €14m (€15m under profile in August).

5. Year-End Projection

Based on current expenditure patterns the net Revenue deficit is projected to be in the region of €208m. This figure excludes Flu Pandemic expenditure and any potential liability arising from the pharmacy court case in relation to advance payments.

The projection includes a full year estimate of €95m relating to projected costs associated with pension deficits arising in the health system in 2009. We have previously provided the financial information relating to the pensions issue. This projection assumes that the trend to August continues to year end. There is a risk that this could grow depending upon retirement trends to year end. In the absence of any supplementary funding to address this issue, the HSE must now act to address this emerging deficit. The actions we would need to take include reduction in service levels. We can provide detail on these proposed measures. These would include the measures that were avoided earlier in the year.

The projected revenue deficit excludes any shortfall in Appropriations-in-Aid not directly collected by the HSE e.g. SIF.