



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report November 2009

14th January 2010

Contents

| | |
|---|----|
| Introduction | ii |
| Balanced Scorecard against NSP 09..... | 1 |
| Section 1 – Key Performance Summary | 2 |
| Section 2 – VFM | 9 |
| Section 3 – Service Delivery | 11 |
| 3.1 Primary & Community Services | 11 |
| 3.2 Hospital Services and Pre-Hospital Emergency Care | 22 |
| Section 4 – New Service Developments | 37 |
| Section 5 – Quality and Safety | 40 |
| Appendix 1 – Vote Data..... | 44 |

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 (Hospital Services) and area (Primary & Community Services) 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: A weekly audit is now in place. Urgent Colonoscopy report is included on page 32 of this months PR.
- Aids and Appliances information is included on page 4 of this PR.
- 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). A summary report on Consultant Private Practice Measurement is included on page 32 of this PR.

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

Human Resources

The HR format has changed to reflect the organisational changes which took place on 4th October 2009 and information is now available by region and by service.

Balanced Scorecard against NSP 09

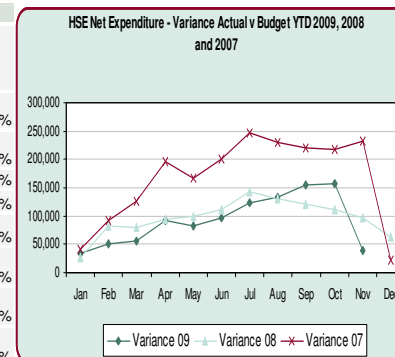
Operations

| Primary & Community Services | 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 | 186 | --- | --- |
| No. of PCTs in development - Phase 3 | 0 | 100 | 184 | --- | --- |
| Community (Demand Led) Schemes | | | | | |
| No. of persons covered by medical cards | 1,352,120 | 1,417,856 | 1,472,115 | 4% | 1,347,349 |
| Older People | | | | | |
| Total Home Help Hours provided | 12,643,677 | 10,981,300 | 10,820,033 | -1.5% | 11,391,826 |
| Persons in receipt of Home Care Packages | 8,990 | 8,700 | 8,962 | 3.0% | 8,975 |
| Hospital Services | | | | | |
| Inpatient | 604,320 | 525,087 | 543,977 | 3.6% | 548,864 |
| Day case | 637,140 | 599,150 | 621,801 | 3.8% | 586,470 |
| Births | 73,815 | 70,350 | 68,235 | -3.0% | 67,540 |

| | 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 | 6.2 | 6.2 | 6.2 | 6.2 | |

Finance

| | Approved Allocation €000 | YTD | | | |
|-----------------------------|--------------------------|-------------------|-------------------|---------------|-------------|
| | | Actual €000 | Budget €000 | Variance €000 | % |
| Dublin/Mid Leinster Region | 3,025,519 | 2,751,177 | 2,762,259 | (11,082) | -0.4% |
| Dublin/North East Region | 2,255,688 | 2,057,833 | 2,056,146 | 1,687 | 0.1% |
| South Region | 2,193,346 | 2,002,057 | 2,012,390 | (10,332) | -0.5% |
| West Region | 2,309,133 | 2,126,117 | 2,110,606 | 15,511 | 0.7% |
| PCRS | 2,952,378 | 2,647,586 | 2,641,554 | 6,032 | 0.2% |
| Ambulance | 147,686 | 133,490 | 134,963 | (1,473) | -1.1% |
| Corporate Services/Pensions | 472,231 | 474,466 | 432,051 | 42,414 | 9.8% |
| Population Health | 207,487 | 155,638 | 159,011 | (3,373) | -2.1% |
| Health Repayment Scheme | 80,000 | 74,666 | 74,666 | 0 | 0.0% |
| Held Funds | 68,631 | | | | |
| Total | *13,712,099 | 12,423,030 | 12,383,646 | 39,384 | 0.3% |



*The budget increased to reflect the provision by Government of supplementary funding for the flu pandemic, pension lump sums & other minor items. New budget of €13.712 billion (HSE Vote of €14.738 billion less an income budget of €1.026).

Human Resources

| | Ceiling at 01/01/08 | 2008 new Service developments YTD and internal transfers | Amended Ceiling 30/11/2009 | % of Approved Ceiling | Actual Nov 2009 | Growth from previous month | WTE Variance from ceiling | % Variance Actual to Ceiling |
|---|---------------------|--|----------------------------|-----------------------|-----------------|----------------------------|---------------------------|------------------------------|
| Dublin/Mid Leinster | 32,070 | 40 | 32,109 | 28.72% | 31,700 | -87 | -410 | -1.28% |
| Dublin/North East | 23,808 | -287 | 23,521 | 21.04% | 23,264 | -72 | -258 | -1.09% |
| South | 24,050 | -133 | 23,916 | 21.39% | 23,466 | -21 | -450 | -1.88% |
| West | 26,098 | -23 | 26,075 | 23.32% | 25,471 | -101 | -604 | -2.32% |
| ISD National | 164 | -105 | 60 | 0.05% | 0 | 0 | -60 | -100.00% |
| ISD Regional sub total | 106,189 | -508 | 105,681 | 94.53% | 103,900 | -282 | -1,781 | -1.69% |
| PCRS | 161 | -9 | 152 | 0.14% | 186 | 1 | 34 | 22.11% |
| Ambulance Services | 1,305 | 31 | 1,336 | 1.20% | 1,465 | 6 | 129 | 9.62% |
| ISD | 107,656 | -486 | 107,170 | 95.85% | 105,551 | -275 | -1,619 | -1.51% |
| Corporate | 3,316 | -101 | 3,215 | 2.88% | 3,114 | -9 | -101 | -3.14% |
| Population Health | 533 | 587 | 1,120 | 1.00% | 1,103 | -17 | -17 | -1.50% |
| Portion of Ceiling to be allocated | | 295 | 295 | 0.26% | 0 | 0 | -295 | -100.00% |
| Total Staffing | 111,505 | 295 | 111,800 | 100% | 109,769 | -301 | -2,031 | -1.82% |

Quality

| Measure | Target 09 ytd | Actual ytd |
|---|---------------|------------|
| Symptomatic Breast Cancer Services | | |
| No. of cases compliant with HIQA standard of 2 weeks for urgent referrals | 9,894 | 8,588 |
| No. of non urgent referrals who were offered an appointment within 12 weeks | 19,708 | 16,276 |
| Ambulance | | |
| No. and % of emergency ambulance calls responded to within 26 minutes | 84.5% | 84.5% |
| Corporate | | |
| No. of FOI requests received. | --- | 4,495 |
| Total number of complaints received. | --- | 7,135 |
| No. of complaints finalised within 30 working days | --- | 5,857 |

* 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 November 2009 as follows;

- The HSE is now implementing its mass vaccination campaign, The national emergency plan has been triggered to support the flooding in parts of the country and staff of the HSE are working relentlessly to support their local communities
- 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 301 posts in November 2009.

The financial position at the 30th November 2009 indicates a deficit of €39.4m. There is a continuing downward trend in employment levels for September with the HSE now 2,031 below its ceiling level. In order to deliver on the strategic direction set out in the National Service Plan 2009, business plans were put in place to reduce wte numbers employed in existing services in order to create the required headcount to fill priority posts for which funding had been received under demographic heading but for which no headcount was provided.

The December vote report figures indicate a net vote breakeven. This will be confirmed on completion of the Appropriation Account 2009. On this basis both the capital and revenue accounts have balanced. The vote has also covered a shortfall at year end of €34m on the health levy.

Pandemic (H1N1)

HSE action in response to Pandemic (H1N1) 2009 is constantly evolving reflective of the continuously changing environment. This performance report refers to activity as of 20th December 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

The number of Pandemic (H1N1- Flu) cases has seen a steady reduction in the last few weeks with GP's consultation rates for influenza type illness at 42.4 per 100,000 in the week ending the 20th December. Eighty percent of cases to date are less than 35 years of age. Twenty two deaths in confirmed cases of Pandemic have occurred.

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.

Significant numbers of nurses, doctors and other staff has been redeployed from across all parts of the health services to the swine flu vaccination program. While every effort has been made to minimise the disruption to existing services it is unavoidable that some services will be postponed. Examples of existing services impacted are school immunisation programs, BCG clinics and the processing time for medical cards.

Response of HSE

The National Crisis Management Team and the Regional Crisis Management Teams are continuing to meet regularly to co-ordinate the HSEs response to the Pandemic. At local level hospitals and GPs have seen a significant reduction in the numbers of H1N1 Flu patients. However the current rates are still well in excess of those recorded in previous seasons. A range of non essentials activities have been postponed to provide for capacity to manage Swine flu patients. This includes the redeployment of over 250 doctors and nurses across the system to the Mass Vaccination Programme.

Given the steady reduction in GP consultation rates for influenza type illness Ireland may be seeing the end of the first Pandemic wave. However, based on previous pandemics, our planning assumptions are that there will be more waves. The National Crisis Management team has begun to review our readiness for the next Pandemic wave.

Mass Vaccination

It is estimated that by the 20th December 14% of the population had been vaccinated.

The HSE is committing significant resources to this vaccination program and by focusing on the most vulnerable priority groups first we are trying to ensure that those most susceptible to infection and significant health impacts are protected during the current, and future pandemic waves expected.

This ambitious vaccination programme will significantly reduce the numbers of people becoming infected in the next few months and will reduce the future impact to be felt by front line health care services from Pandemic (H1N1).

Pandemic Costs

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

Financial Overview

The financial results for November show total expenditure of €12.423 billion against a year to date budget of €12.384 billion – a deficit of €39.4m.

Key Messages

- Results for the 11 months to the end of November demonstrate the significant financial control which has been delivered by service managers in what was a very challenging financial year.
- Following receipt of supplementary funding for specific items such as the H1N1 flu pandemic, the HSE is close to financial breakeven at the end of November – even with a residual pensions overrun of €49m.
- €73m of supplementary funding has been received from Government to assist with exceptional pension payments this year. However, lump sum payments have increased steeply again in the month of November. Payments were €26m for the month, which is €10m in excess than the highest month this year (September lump sums were €16m). We have reason to believe that December payments have also been very high. The critical element of this trend is the impact on the vote given the proximity to year end.
- Services have delivered overall savings to the end of November, as mentioned above, with the notable exception of the hospitals in the West/Northwest. While there is a deficit in this area, it has not reached the levels which had originally been forecast.

HSE Statutory System

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

- Statutory €45.3m
- Voluntary €(6.0m)

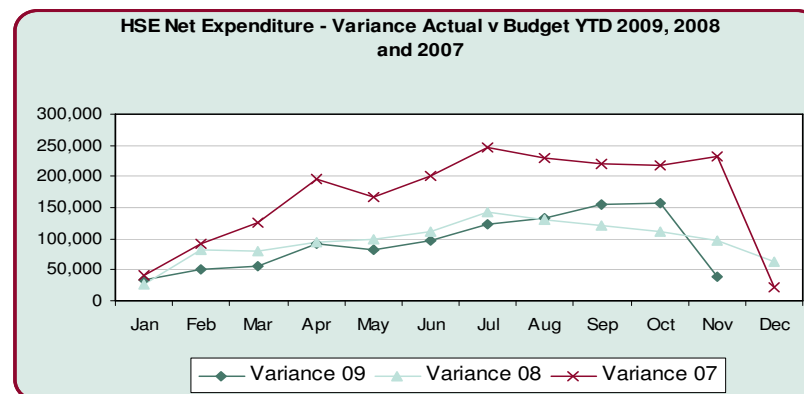
| Aids and Appliances | Approved Allocation €000 | YTD | | | | % Variance |
|----------------------------------|--------------------------|---------------|---------------|----------------|------------|------------|
| | | Actual €000 | Plan €000 | Variance €000 | | |
| Dublin Mid Leinster | 23,848 | 20,361 | 21,850 | (1,489) | -7% | |
| Dublin North East | 15,226 | 13,691 | 13,931 | (240) | -2% | |
| South | 15,582 | 11,240 | 14,269 | (3,029) | -21% | |
| West | 10,829 | 10,980 | 10,004 | 976 | 10% | |
| Total Aids and Appliances | 65,484 | 56,272 | 60,054 | (3,782) | -6% | |

Capital

The cumulative capital cash profile for the period January to November 2009 is €374.758 million. The capital cash draw down for the corresponding period was €400.669 million. The capital draw down was therefore over profile for the period by €25.911 million.

Section 1 – Key Performance Information

| | Approved Allocation €000 | YTD | | | % |
|-----------------------------|--------------------------|-------------------|-------------------|---------------|-------------|
| | | Actual €000 | Budget €000 | Variance €000 | |
| Dublin/Mid Leinster Region | 3,025,519 | 2,751,177 | 2,762,259 | (11,082) | -0.4% |
| Dublin/North East Region | 2,255,688 | 2,057,833 | 2,056,146 | 1,687 | 0.1% |
| South Region | 2,193,346 | 2,002,057 | 2,012,390 | (10,332) | -0.5% |
| West Region | 2,309,133 | 2,126,117 | 2,110,606 | 15,511 | 0.7% |
| PCRS | 2,952,378 | 2,647,586 | 2,641,554 | 6,032 | 0.2% |
| Ambulance | 147,686 | 133,490 | 134,963 | (1,473) | -1.1% |
| Corporate Services/Pensions | 472,231 | 474,466 | 432,051 | 42,414 | 9.8% |
| Population Health | 207,487 | 155,638 | 159,011 | (3,373) | -2.1% |
| Health Repayment Scheme | 80,000 | 74,666 | 74,666 | 0 | 0.0% |
| Held Funds | 68,631 | | | | |
| Total | 13,712,099 | 12,423,030 | 12,383,646 | 39,384 | 0.3% |



Section 1 – Key Performance Information

HR Performance Information

The HR Data used here is based on Health Service Personnel Census (HSPC) and employment monitoring reports as at the end of November 2009.

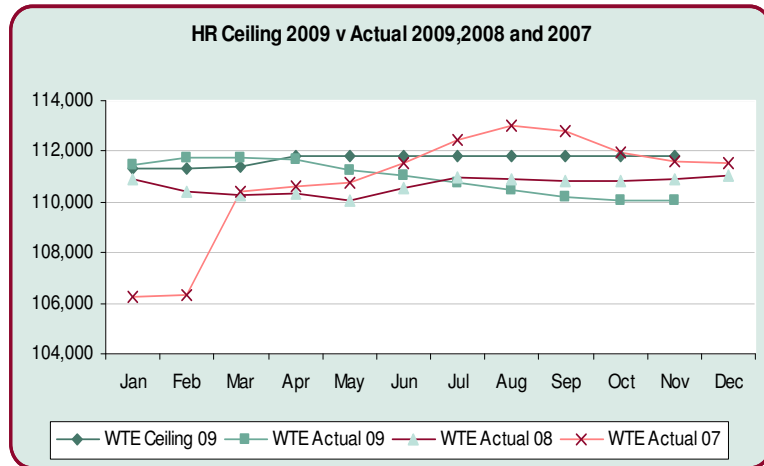
Analysis of reported change in November report

The end of November employment census shows a decrease of 301 WTEs over the October Report. The corresponding month last year showed an increase of 76 WTEs. In overall terms, the ISD recorded a decrease of -275 WTEs with the Voluntary Acute Hospital Sector decreasing by 31 WTEs, the Primary and Community Services Voluntary Sector increased by 20 WTEs, while the Statutory Sector recorded a decrease of 290 WTEs.

A further 13 2008/2009 addendum/new service development posts were filled in November. Out of the total number of posts approved and in process of recruitment, some 293 of these posts are still to be filled. Management/admin WTEs decreased in overall terms in November by 81. There was a decrease of 52 Management/admin WTEs recorded in the HSE Statutory Sector, a decrease of 29 WTEs in the Primary and Community Services Voluntary Sector and there was no change recorded in the Voluntary Acute Hospital Sector. At the end of November, this staff category is 340 WTEs below the 2008 end of year position, some 1.89% of a reduction set against the targeted reduction for the year of 3%. It should be noted that there has been a 4.31% reduction in this staff category since its peak in September 2007. The table below shows the changes in this staff category over the last 12 months.

| | Ceiling at 1/1/08 | 2008 New service developments and internal transfers | Amended Ceiling 30/11/09 | % of Approved Ceiling | Actual Nov 09 | Growth from previous month | WTE Variance from ceiling | % Variance Actual to Ceiling |
|---|-------------------|--|--------------------------|-----------------------|----------------|----------------------------|---------------------------|------------------------------|
| HSE | 28,791 | -232 | 28,560 | 25.55% | 28,441 | -147 | -119 | -0.41% |
| Voluntary Hospitals | 22,721 | -219 | 22,502 | 20.13% | 22,637 | -31 | 135 | 0.60% |
| Acute Hospital Services | 51,513 | -451 | 51,062 | 45.67% | 51,078 | -179 | 17 | 0.03% |
| HSE | 39,786 | -399 | 39,387 | 35.23% | 37,645 | -123 | -1,743 | -4.42% |
| Primary & Community Services Voluntary Agencies | 14,891 | 342 | 15,232 | 13.62% | 15,178 | 20 | -55 | -0.36% |
| Primary & Community Services | 54,677 | -57 | 54,620 | 48.85% | 52,822 | -103 | -1,798 | -3.29% |
| PCRS | 161 | -9 | 152 | 0.14% | 186 | 1 | 34 | 22.11% |
| Ambulance Services | 1,305 | 31 | 1,336 | 1.20% | 1,465 | 6 | 129 | 9.62% |
| ISD | 107,656 | -486 | 107,170 | 95.86% | 105,551 | -275 | -1,619 | -1.51% |
| Coporate | 3,316 | -101 | 3,215 | 2.88% | 3,114 | -9 | -101 | -3.14% |
| Population Health | 533 | 587 | 1,120 | 1.00% | 1,103 | -17 | -17 | -1.50% |
| <i>Portion of Ceiling to be allocated</i> | | 295 | 295 | 0.26% | 0 | 0 | -295 | -100.00 |
| Total Staffing | 111,505 | 295 | 111,800 | 100% | 109,769 | -301 | *-2,031 | -1.82% |

*In order to deliver on the strategic direction set out in the National Service Plan 2009, business plans were put in place to reduce WTE numbers employed in existing services in order to create the required headcount to fill priority posts for which funding had been received under demographic heading but for which no headcount was provided. 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 301 posts in November 2009.



There was a further drop of 96 WTEs in nursing recorded in November, which means in overall WTE terms this staff category is now 568 WTEs below the level at the end of 2008. The recorded reduction in nursing since March is higher at 1,249 WTEs, but some of this reduction needs to be offset by some non-displacement at that time of staff nurses required to allow for student nurse placements in the earlier part of the year. In the first quarter of 2009, nursing in fact showed an increase of 535 WTEs.

The ISD's employment ceiling stands at 107,170 WTEs and they are now 1,619 WTEs (1.51%) below their approved ceiling. An extra 8.5 WTEs and 5 WTEs in 2008/2009 addendum/new service development posts were filled in Acute Hospitals and in Primary and Community Services respectively in November. Some 741 new 2008/2009 development posts in Primary and Community Services have now been filled in Areas/ Agencies encompassed by the approved employment ceiling by the end of November. Some 185 posts remain in process of being filled from the 2008/2009 addendum/new approved developments.

In addition, a number of Voluntary Agencies in Primary and Community Services recorded individual increases during the month as follows: Cope Foundation +13 WTE, St John of God- North East Services Drumcar +9 WTE, Daughters of Charity Dublin Region +6 WTE, Sunbeam House Services + 6 WTE and Daughters of Charity Limerick Region +6 WTE. Population Health reported a decrease of 17 WTEs in November. Population Health is now 1.50%% (17 WTEs) below their employment ceiling. Corporate reported a decrease of 195 WTEs in November, primarily due to the remapping of the Primary Care Reimbursement Service from Corporate Services to the Integrated Services Directorate. In overall terms Corporate reduced by 9 WTEs in November when the PCRS transfer is factored out. Corporate is currently 3.14%% (101 WTEs) below its approved employment ceiling as at the end of November.

Compliance with approved employment ceiling

In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 2,031 WTEs (-1.82%) as at the end of November. 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 November is 111,505 WTEs and is thus 1,736 WTEs or 1.56% within that ceiling. It should be noted that there is a quantum of posts in the recruitment process in grades with delegated sanction from the general moratorium on recruitment, as well as some sanctions provided by the Department of Health and Children/Department of Finance in respect of non-delegated grades/posts. When these are coupled with the outstanding 2008/2009 development posts in the recruitment process but not yet activated, this figure currently assessed as being of the order of 800 WTEs should be added to the November outturn when considering performance against approved employment ceiling. Therefore the ceiling variance, based on the projected end-of-year ceiling of 111,300 is of the order of 731 WTEs before any adjustment downwards arising from the moratorium on recruitment.

Based on the current sub-allocation of the overall approved employment ceiling, where 2009 and some 2008 new developments are not included, the Acute Hospital Service is 17 WTEs (+0.03%) above ceiling, Community Services are 1,798 WTEs (-3.29%) below ceiling, National Ambulance Service is 129 WTEs (9.62%) above ceiling, thus the ISD in overall terms is 1,652 WTEs (-1.54%) below ceiling. Corporate is 101 WTEs (-3.14%) below ceiling, and Population Health is 17 WTE (1.50%) above ceiling. On a sectoral basis, HSE direct is 2,112 WTEs (-2.85%) below ceiling, while the Acute Voluntary Hospitals Sector is 198 WTEs (+0.60%) above ceiling, and the Community Services Voluntary Sector is 55 WTEs below ceiling (-0.36%). The Acute Hospitals/ Primary and Community Services Voluntary Agencies/LHOs with the largest percentage variance with their current approved employment ceiling at the end of November are outlined on the right.

| Hospitals / LHO's / Voluntary Agencies with the largest percentage variance with their approved employment ceiling at the end of November are as follows: | | | | | |
|--|-------------------------|------------------------|-----------------------|-----------------------------|-------------------|
| Hospital/Local Health Office /Voluntary Agency | Ceiling November | Actual November | Growth in 2009 | WTE Ceiling Variance | % Variance |
| National Ambulance Service | 1,305 | 1,465 | 68 | 129 | 9.63% |
| Coombe Womens Hospital | 687 | 751 | 17 | 64 | 9.30% |
| Cope Foundation | 790 | 851 | 35 | 61 | 7.66% |
| Cavan General Hospital | 715 | 767 | -1 | 52 | 7.30% |
| Brothers of Charity, Clare | 168 | 180 | 2 | 12 | 7.16% |

Absenteeism by Sector October 2009

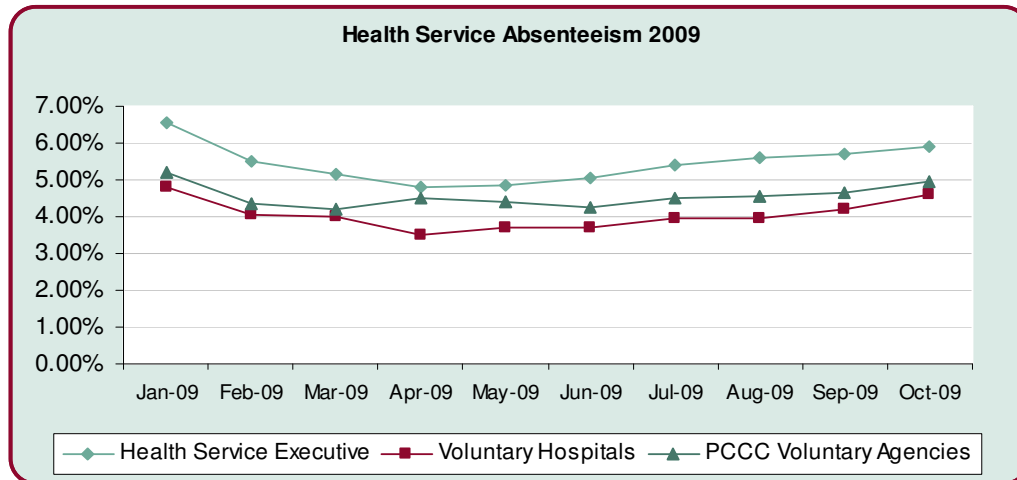
Absence due to illness is a normal incidence of working life. However, from the viewpoint of service delivery, predictable patterns of attendance and low levels of absence are key to managing workflow and ensuring the efficient and timely delivery of services.

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.

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. However, each month from May-09 to date has exhibited marginal increases. While, it is not possible to provide explanations on the causes of absenteeism nationally it is important to point out that this period coincides with the national H1N1 pandemic.

The current target set by the National Director of Human Resources to reduce the rate to 3.5% is more demanding with stabilisation and reduction towards this goal from the current 5% mark presenting a further challenge.

| Sector | Jan-09 | Feb-09 | Mar-09 | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | YTD |
|--------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Health Service Executive | 6.55% | 5.49% | 5.14% | 4.82% | 4.83% | 5.03% | 5.38% | 5.61% | 5.69% | 5.88% | 5.43% |
| Voluntary Hospitals | 4.80% | 4.03% | 3.98% | 3.51% | 3.69% | 3.68% | 3.96% | 3.94% | 4.20% | 4.60% | 4.04% |
| PCCC Voluntary Agencies | 5.20% | 4.33% | 4.22% | 4.50% | 4.40% | 4.23% | 4.49% | 4.56% | 4.66% | 4.97% | 4.56% |
| Total | 5.96% | 4.97% | 4.76% | 4.49% | 4.54% | 4.64% | 4.96% | 5.12% | 5.24% | 5.49% | 5.01% |



Primary & Community Services Activity Performance Information

| Primary Care | Actual 2009 YTD | % Var Act v Tar YTD | Same period 2008 |
|---|-----------------|---------------------|------------------|
| PCTs holding clinical mtgs | 186 | --- | --- |
| PCTs in development | 184 | --- | --- |
| No. of contacts with out of hours GP services | 827,200 | 19% | 796,690 |

| Community (Demand Led) Schemes | Actual 2009 YTD | % Var Act v Tar YTD | Same period 2008 |
|---------------------------------------|-----------------|---------------------|------------------|
| No. LTI Claims | 824,038 | -1% | 788,666 |
| No. DPS Claims | 4,608,483 | -20% | 4,996,511 |
| No. eligible persons on medical cards | 1,472,115 | 4% | 1,347,349 |

| Older People | Actual 2009 YTD | % Var Act v Tar YTD | Same period 2008 |
|---|-----------------|---------------------|------------------|
| No. of persons in receipt of care packages | 8,962 | 3.0% | 8,975 |
| Total Home Help Hours provided | *10,820,033 | -1.5% | 11,391,826 |
| Total no. in receipt of subvention (monthly averages) | 9,221 | 1.3% | 9,128 |

| Children and Families | Actual 2009 YTD | % Var Act v Tar YTD | Same period 2008 |
|---|-----------------|---------------------|------------------|
| Total no. of children in care | 5,694 | 6.8% | 5,449 |
| Total no. of children in residential care | 388 | -8.5% | 400 |
| Total no. of children in foster care | 3,422 | 7.1% | 3,296 |
| Total no. of children in foster care with relatives | 1,690 | 10.2% | 1,555 |
| Total no. of children in "Other" care arrangement | 194 | 7.7% | 198 |

| 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 | 306 | -19% | 316 |
| No. patients accessing home care services | 2,805 | -4% | 2,895 |
| No. patients accessing intermediate care in community hospital | 86 | -17% | 122 |
| No. patients accessing day care services | 294 | -7% | 322 |

* 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 | 55 | 0.0% | 47 |

| 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 | 9,012 | 4.0% | 8,796 |

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

Hospital Services Activity Performance Information

| National Hospitals Office | % Var Act v Tar YTD | % Var YTD v YTD 2008 |
|---------------------------|---------------------|----------------------|
| Inpatient discharges | 3.6% | -0.9% |
| Day case attendances | 3.8% | 6.0% |
| Outpatient attendances | 3.0% | 1.9% |
| Births | -3.0% | 1.0% |
| Emergency presentations* | -3.0% | -2.4% |

| National Hospitals Office | Actual 2009 | Actual 2008 |
|-------------------------------|-------------|-------------|
| National Waiting Lists | | |
| Inpatients - % waiting | | |
| • Adults >6months | 22.0% | 26.5% |
| • Children>3months | 55.9% | 58.2% |
| Daycase - % waiting | | |
| • Adults >6months | 14.0% | 22.3% |
| • Children>3months | 60.0% | 58.8% |

| National Hospitals Office | Actual YTD | Same Period 2008 |
|---------------------------------------|------------|------------------|
| Inpatients % Public | 75.5% | 74.0% |
| Emergency Calls - % answered <26 mins | 84.5% | 84.5% |

| National Hospitals Office | Dec 2008 | Actual YTD | Same period 2008 |
|---------------------------|----------|------------|------------------|
| Delayed Discharges | 702 | 817 | 730 |

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

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 Nov YTD is €72.38m. There is a continued improvement on the rate of saving since the slow down for some adjustments mid year. Detailed reports are generated against all VFM adjustments at Directorate level and based on the Nov 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 reversed in September has continued to reduce in October and November, with these months showing overall non-pay at its lowest monthly spend since Oct 2007.
- The specific required €115m adjustments may not be delivered for all headings, however, the overall adjustment may be delivered. 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 has impacted on delivery of planned efficiencies.

| | Expected Reduction €m | Nov YTD €m |
|--------------------------------------|--------------------------|---------------|
| Non Pay | | |
| T&S | 6.200 | 5.667 |
| Legal | 2.000 | 0.275 |
| Advertising | 1.000 | 0.917 |
| Nurse Tr&Ed | 5.000 | 4.583 |
| Nat. Drugs Formulary | 8.000 | 4.213 |
| Maintenance | 3.500 | 3.208 |
| Service Adjustments/Reconfigs | | |
| Patient Transport | 3.670 | 3.208 |
| Blood Usage | 11.800 | 9.167 |
| Laboratory | 2.000 | 1.833 |
| Reconfig PCCC Admin Processes | 6.385 | 4.652 |
| Reconfig Child Care | 10.000 | 6.507 |
| Disability Providers | 10.000 | 8.774 |
| Pay | | |
| PCCC Mental Health | 12.662 | 6.063 |
| NHO Non Mgt Admin Pay | 8.570 | 7.883 |
| 3% Reduction in Mgt Admin | 24.213 | 5.429 |
| Total | 115.000 | 72.380 |

Non-Pay

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

- There is a saving of €5.7m for 'Travel & Subsistence' in Nov 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', 'Nurse Educ & Training', 'Laboratory' and 'Advertising' in Nov 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', 'Patient Transport', 'PCCC Admin Processes' and 'Child Care' but the rate of saving may not deliver the full required annual adjustment.
- There are also targeted areas such as 'Legal' and 'Drugs/Medicines' where savings are not sufficiently evident in Nov YTD

Pay

The current rate of savings would not indicate the 3% reduction in Mgt/Admin in Hospitals and Corporate being achieved and only partial achievement in Community Services with a challenging HR/IR environment impacting on delivery of these planned efficiencies. There is financial evidence in the Nov 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 were applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in Acute Hospitals 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.

| Community Services | | | |
|--|------|-----------------|------------|
| VFM Budget Reductions | | | |
| | WTEs | Pay €m | Non-Pay €m |
| <i>Proposed Reduction in Resource v Actual</i> | 320 | 55.936m | |
| Reduction Achieved ytd | | €36.705m | |

| Support Services | | | |
|--|------|----------------|------------|
| VFM Budget Reductions | | | |
| | WTEs | Pay €m | Non-Pay €m |
| <i>Proposed Reduction in Resource v Actual</i> | 83 | 4.670 | 10.394 |
| | | 15.064m | |
| Reduction Achieved ytd | | €9.667m | |

| Acute Hospital Services | | | |
|--|------|-----------------|------------|
| VFM Budget Reductions | | | |
| | WTEs | Pay €m | Non-Pay €m |
| <i>Proposed Reduction in Resource v Actual</i> | 227 | 19.913 | 24.087 |
| | | 44.000m | |
| Reduction Achieved ytd | | €26.008m | |

| Total | | | |
|--|------|-----------------|------------|
| | WTEs | Pay €m | Non-Pay €m |
| <i>Proposed Reduction in Resource v Actual</i> | 630 | 115m | |
| Reduction Achieved ytd | | €72.380m | |

Section 3 – Service Delivery

3.1 Primary & Community Services

OVERVIEW

Overall primary and community service financial results for November show total expenditure of €4.880 bn against a year to date budget of €4.906bn resulting in a surplus of €26m, which can be attributed to continuing strong cost management performance across the four Areas. Total Schemes expenditure is €2.648 billion against a year to date budget of €2.642 billion resulting in a negative variance of €6 million. Our VFM / Cost Containment programme continued to show solid performance in November. To date over €36m worth of savings / efficiencies targeted in the Service Plan 2009 have been realised.

In order to deliver on the strategic direction set out in the National Service Plan 2009, business plans were put in place to reduce WTE numbers employed in existing services in order to create the required headcount to fill priority posts for which funding has been received under demographic heading but for which no headcount was provided.

Key activity highlights this month are identified below:

- A further 45 Primary Care Teams held clinical team meetings during the month of November, bringing the national position to 186 teams achieving this milestone. This is the highest month-on-month growth recorded since the development of the programme.
- The number of eligible persons on medical cards continued to grow during the month of November with the number of individuals covered now standing at 1.472m. This represents a growth of almost 11,000 within the month and puts the HSE over 48,000 above its anticipated level of provision for 2009.
- The number of discretionary cards is up 6.2% (79, 279 holding discretionary cards) when compared to the same period last year.
- The DTSS scheme is running 33% ahead of its year-to-date planned number of treatments for 2009. As previously reported, this is attributed to the current economic situation seeing more people using public dental services.
- Nationally there has been a 5.5% increase in the number of children in care (across all care type / categories) from end of January 2009 position. The greatest increase is seen in children in Foster Care/Foster Care with Relatives.
- During the month of November, 73,732 contacts were made with the out of hour's service. Cumulative, contacts with the out of hours services is running 4% ahead of the cumulative position this time last year. The majority of these contacts resulted in attendance at a treatment centre (56%) which follows initial telephone triage so it is a good proxy measure for hospital avoidance via ED attendance.

Primary & Community Services Resources

| Area | WTE | | | Finance | | |
|---------------------|---------------|---------------|---------------|------------------|------------------|--------------|
| | Ceiling | Actual | % Var | Actual €000 | Budget €000 | % Var |
| Dublin/Mid Leinster | 15,652 | 15,137 | -3.29% | 1,414,692 | 1,420,161 | -0.4% |
| Dublin/North East | 11,556 | 11,277 | -2.42% | 1,079,180 | 1,078,440 | 0.1% |
| South | 12,577 | 12,287 | -2.30% | 1,160,401 | 1,172,139 | -1.0% |
| West | 14,803 | 14,121 | -4.61% | 1,225,236 | 1,234,987 | -0.8% |
| Unallocated posts | 32 | 0 | -100.0% | | | |
| Total | 54,620 | 52,822 | -3.29% | 4,879,508 | 4,905,727 | -0.5% |

Primary & Community Services Finance Commentary

Community Services within regions have year to date expenditure of €4.880 billion compared with a budget of €4.906 billion – leading to a favourable variance of €26.2m.

| Demand Led Schemes | Approved Allocation €000 | YTD | | | |
|--------------------|-----------------------------|------------------|------------------|------------------|-------------|
| | | Actual €000 | Budget €000 | Variance €000 | % |
| Total | 2,952,378 | 2,647,586 | 2,641,554 | 6,032 | 0.2% |

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

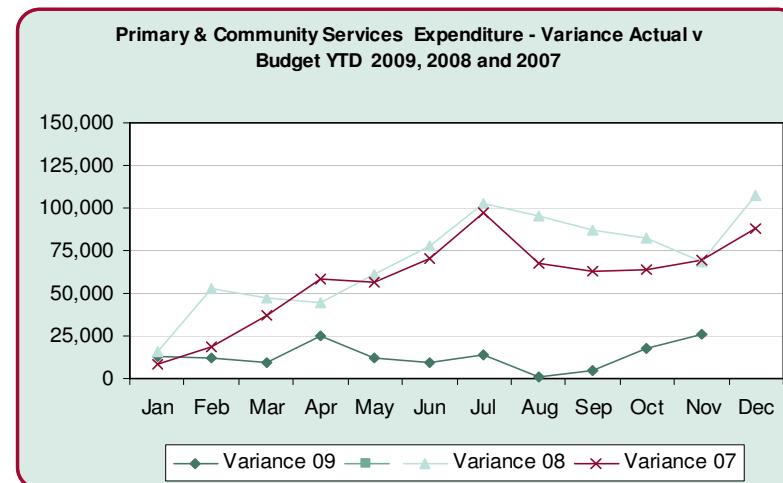
| LHO | Allocation €000 | Actual YTD €000 | Budget YTD €000 | Variance €000 | % |
|------------------|--------------------|--------------------|--------------------|------------------|------|
| LHO Galway | 273,120 | 257,285 | 249,958 | 7,327 | 2.9% |
| LHO Mayo | 170,656 | 157,806 | 156,222 | 1,584 | 1.0% |
| LHO Dublin North | 180,405 | 166,656 | 165,361 | 1,294 | 0.8% |
| St John of God | 97,462 | 88,457 | 87,473 | 984 | 1.1% |
| LHO Louth | 99,708 | 91,729 | 91,026 | 704 | 0.8% |

(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 8 Dublin North | 223,187 | 199,852 | 204,439 | -4,587 | -2.2% |
| LHO Limerick | 184,264 | 165,036 | 168,643 | -3,607 | -2.1% |
| LHO Carlow / Kilkenny | 155,004 | 140,775 | 143,896 | -3,121 | -2.2% |
| LHO Sligo / Leitrim | 173,409 | 155,295 | 158,392 | -3,096 | -2.0% |
| LHO South Tipperary | 116,112 | 105,588 | 107,872 | -2,284 | -2.1% |

(Based on actual variance against budget)



Primary & Community Services HR Commentary

The ISD's employment ceiling stands at 107,170 WTEs and they are now 1,619 WTEs (1.51%) below their approved ceiling. An extra 8.5 WTEs and 5 WTEs in 2008/2009 addendum/new service development posts were filled in Acute Hospitals and in Primary and Community Services respectively in November. Some 741 new 2008/2009 development posts in Primary and Community Services have now been filled in Areas/ Agencies encompassed by the approved employment ceiling by the end of November. Some 185 posts remain in process of being filled from the 2008/2009 addendum/new approved developments. The following table outlines the Primary and Community Service locations that recorded the largest increases in employment in November.

| Local Health Office | Increase in Nov | Of Which Statutory | Of Which Voluntary | % Increase in October | WTE Variance with Ceiling | % Variance to ceiling |
|---------------------|-----------------|--------------------|--------------------|-----------------------|---------------------------|-----------------------|
| Carlow/Kilkenny | 13 | 16 | -2 | 0.95% | -38 | -2.56% |
| Galway | 9 | 9 | 0 | 0.32% | -121 | -4.11% |
| Mayo | 6 | 6 | 0 | 0.42% | -79 | -5.03% |
| Waterford | 8 | 3 | 6 | 1.31% | -3 | -0.21% |

LHO with Most Significant Adverse HR Variances

| LHO | Ceiling | Actual October 2009 | Growth from Previous Month | Variance from ceiling | % Var |
|-----------|---------|---------------------|----------------------------|-----------------------|-------|
| West Cork | 2,773 | 2,813 | 0 | 40 | 1.43% |
| South Lee | 1,245 | 1,246 | 4 | 1 | 0.08% |

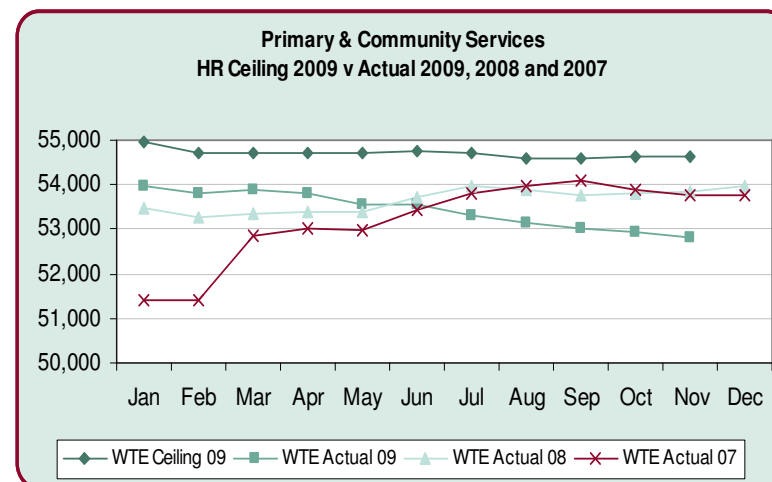
(Based on the percentage variance from ceiling)

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

LHOs with Most Significant Favourable HR Variances

| LHO | Ceiling | Actual October 2009 | Growth from Previous Month | Variance from ceiling | % Var |
|----------------|---------|---------------------|----------------------------|-----------------------|--------|
| Laos/Offaly | 2,289 | 2,097 | -24 | -192 | -8.38% |
| Cavan/Monaghan | 1,294 | 1,223 | 4 | -71 | -5.45% |
| Sligo/Leitrim | 2,162 | 2,041 | -31 | -121 | -5.60% |
| Louth | 1,772 | 1,686 | 3 | -86 | -4.85% |
| Kerry | 1,167 | 1,113 | -2 | -54 | -4.65% |

(Based on the percentage variance from ceiling)



Primary & Community Services 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 | --- | 57 | --- | 314,940 | 359,570 | 14% | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| West | --- | 43 | --- | 179,220 | 208,319 | 16% | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DNE | --- | 23 | --- | 114,840 | 156,470 | 36% | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DML | --- | 63 | --- | 87,870 | 102,841 | 17% | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total | --- | 186 | --- | 696,870 | 827,200 | 19% | 834,099 | 824,038 | -1% | 5,731,577 | 4,608,483 | -20% | 1,417,856 | 1,472,115 | 4% |

*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 | 1,635 | 15.6% | 84 | 71 | -15.5% | 898 | 1,053 | 17.3% | 385 | 439 | 14.0% | 47 | 72 | 53.2% |
| West | 1,063 | 1,114 | 4.8% | 54 | 41 | -24.1% | 688 | 738 | 7.3% | 275 | 298 | 8.4% | 46 | 37 | -19.6% |
| DNE | 1,347 | 1,407 | 4.5% | 138 | 123 | -10.9% | 716 | 742 | 3.6% | 446 | 491 | 10.1% | 47 | 51 | 8.5% |
| DML | 1,510 | 1,538 | 1.9% | 150 | 153 | 3.3% | 894 | 889 | -0.4% | 424 | 462 | 8.0% | 42 | 34 | -14.3% |
| Total | 5,334 | 5,694 | 6.8% | 426 | 388 | -8.5% | 3,196 | 3,422 | 7.1% | 1,530 | 1,690 | 10.2% | 182 | 194 | 7.7% |

| Older People Activity YTD | No. of persons in receipt of home care packages | | | Total No. Home Help Hours Provided | | | Total No. in receipt of subvention | | |
|---------------------------|---|--------------|-------------|------------------------------------|-------------------|--------------|------------------------------------|--------------|-------------|
| | Target | Actual | % Var | Target | Actual | % Var | Target | Actual | % Var |
| South | 1,880 | 2,006 | 6.7% | 3,587,848 | 3,586,553 | 0.0% | 2,646 | 2,641 | -0.2% |
| West | 1,690 | 1,871 | 10.7% | 3,209,800 | 3,154,928 | -1.7% | 3,259 | 3,383 | 3.8% |
| DNE | 3,300 | 2,983 | -9.6% | 2,207,326 | 2,150,865 | -2.6% | 1,337 | 1,396 | 4.4% |
| DML | 1,830 | 2,102 | 14.9% | 1,976,326 | 1,927,688 | -2.5% | 1,858 | 1,801 | -3.1% |
| Total | 8,700 | 8,962 | 3.0% | 10,981,300 | 10,820,033 | -1.5% | 9,100 | 9,221 | 1.3% |

| 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 | 48 | -16% | 764 | 824 | 8% | 31 | 24 | -23% | 69 | 76 | 10% |
| West | 116 | 128 | 10% | 850 | 866 | 2% | 35 | 36 | 3% | 82 | 92 | 12% |
| DNE | 35 | 41 | 17% | 586 | 487 | -17% | 5 | 5 | 0% | 56 | 55 | -2% |
| DML | 171 | 89 | -48% | 729 | 628 | -14% | 32 | 21 | -34% | 108 | 71 | -34% |
| Total | 379 | 306 | -19% | 2,929 | 2,805 | -4% | 103 | 86 | -17% | 315 | 294 | -7% |

| 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 | 12 | -7.7% | 162 | 242 | 49.4% |
| West | 13 | 12 | -7.7% | 221 | 263 | 19.0% |
| DNE | 12 | 11 | -8.3% | 2,984 | 3,052 | 2.3% |
| DML | 17 | 20 | 17.6% | 4,291 | 4,432 | 3.3% |
| Total | 55 | 55 | 0.0% | 7,658 | 7,989 | 4.3% |

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 November, 186 PCTs were holding clinical team meetings. This is an increase of 41 over the October position (86% of the annual target). The 41 new teams came on stream in the following locations:

- South – 13 teams
- DNE – 6 teams
- West – 3 teams
- Dublin ML – 19 teams

Phase 1 Teams (previously referred to as 2006 teams), Phase 2 Teams (previously referred to as 2007 teams). Also currently in development are 184 teams from Phase 3 (increase of 34 over the October position).

Patients / Clients with a Care Plan: The total number of patients / clients with a Care Plan in November was 953 patients. This measure was reported for the first time in May 2009 (610 patients) and represents a baseline figure across the 186 teams holding clinical team meetings at the end of the reporting period. Recording of this information reflects the 'number of patients discussed at the clinical team meeting' and will therefore show variance on a month by month basis. Those patients / clients discussed at clinical team meetings generally refer to patients requiring multi-disciplinary intervention rather than a count of patients seen in the reporting period. Year to Date cumulative figure from May to November 2009 stands at 4,678 (data is now reported cumulatively in the Supplementary Report).

Out of Hours GP Services: During the month of November, 73,732 contacts were made with the service (a decrease of 14% on October 2009; 85,355). This decrease is due to the increased activity in October over the bank holiday weekend. Year to date figure is 827,200 which is 19% above the profiled target of 696,870 and also 103% of the annual target. The year to date position is 4% above the same period last year figure of 796,690. A more detailed analysis of the type of contact made with the service outlined below shows that of the 827,200 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 (10%).

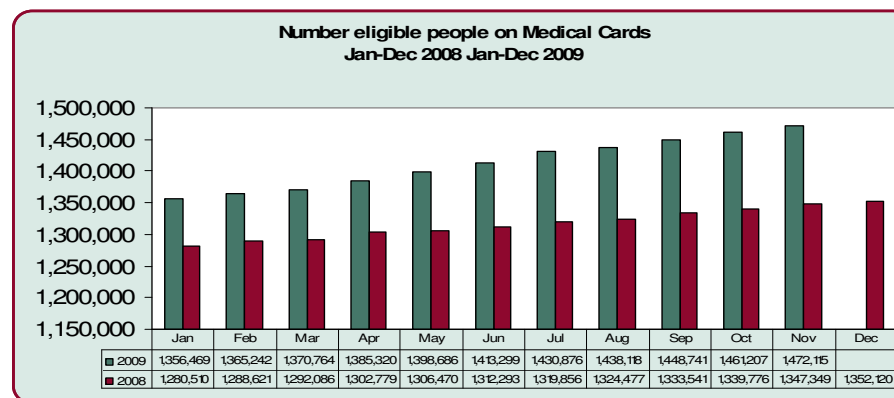
Year to Date position is broken down as follows:

| Actual YTD | Triage | Treatment Centre | Home Visit | Other |
|------------|---------------|------------------|--------------|--------------|
| 827,200 | 270,608 (33%) | 464,449 (56%) | 86,416 (10%) | 5,727 (0.7%) |

Community (Demand Led Schemes)

Medical Cards: The total number of individuals who are now covered by a medical card is 1,472,115 (1/12/09), which represents an increase of 10,908 (0.7%) over the 1st November position (1,461,207).

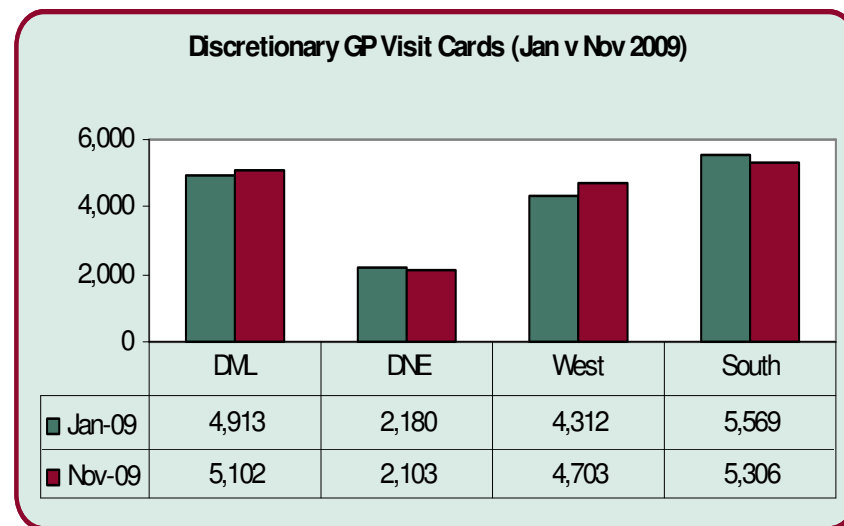
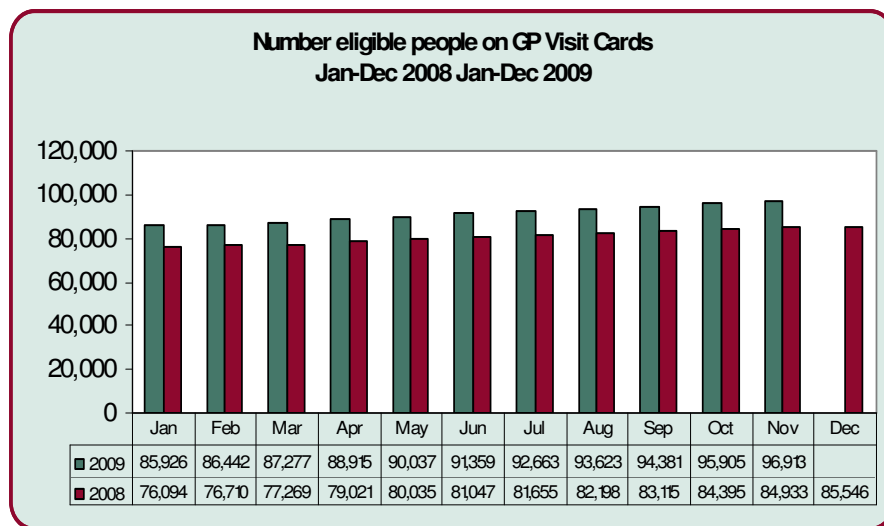
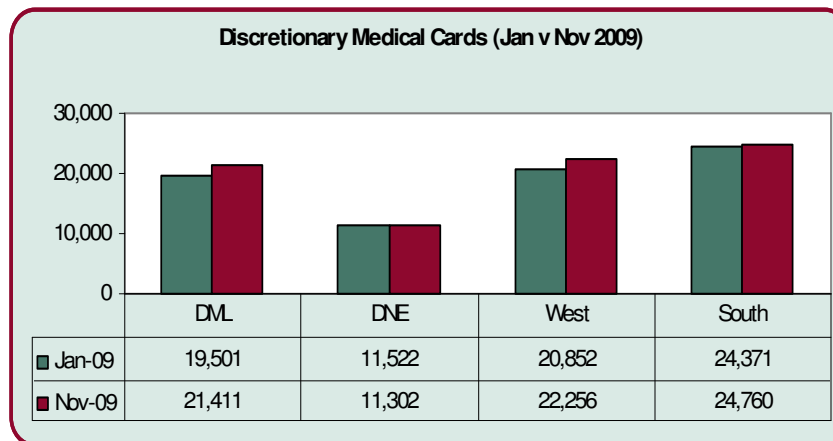
NSP 2009 projected that 1,423,830 medical cards would be issued in 2009; based on a 2008 outturn of 1.342m cards. However, actual outturn at December 2008 was 1.352m which meant approximately 10,000 additional cards were put into the system prior to January 2009. The number of cards budgeted for in 2009 has already exceeded its target by 3% (48,285 cards). This is an increase of 9% above the same period last year (1,347,349) and this upward trend is likely to continue.



Discretionary Medical Cards: Total number of discretionary medical cards in the system at the end of November was 79,729 (an increase of 4,678 or 6.2% on the November 2008 position). However, the volume of discretionary medical cards issued as a proportion of all medical cards issued year to date, at 5.4% remains the same as the end of October 2009.

GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during November 2009 (up by 1,008 cards or 1%, since October). This represents an increase of 14% from the same period last year (84,933).

Discretionary GP Visit Cards: The total number of discretionary GP Visit Cards issued as of the end of November 2009 was 17,217 (up by 350 or 2% on November 2008). However, the volume of discretionary GP Visit Cards issued as a proportion of all GP Visit Cards issued year to date has decreased from 19.8% at the end of November 2008 to 17.8% at the end of November 2009.



Long Term Illness Scheme (LTI): The number of LTI claims made during November was 73,295 (3% below the monthly target of 75,827). This brings the total YTD figure to 824,038 (1% below the year to date target of 834,099). Compared to the same period last year (788,666 claims) this represents an increase of 4%.

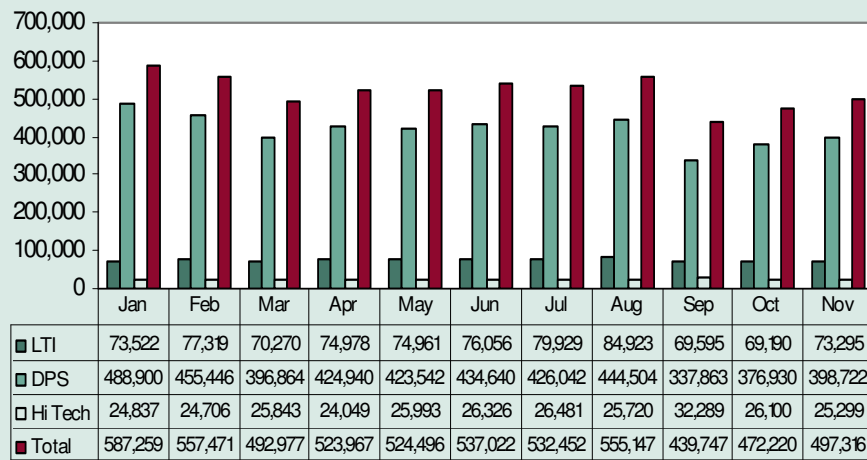
The total number of LTI items in November was 235,043 (2.8% above the monthly target of 228,579).

Drug Payment Scheme (DPS): The number of DPS claims made during November was 398,722 (23% below the monthly target of 521,052 and 20% below the year to date target of 5,731,577). Claims are down 8% when compared with same period last year (2009 claims 4,608,483 / 2008 claims 4,996,511).

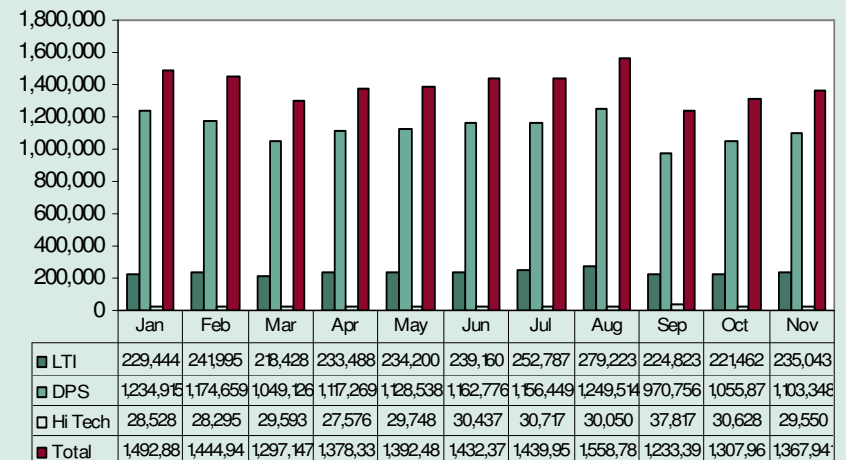
The total number of DPS items was 1,103,348 (17% below the monthly target of 1,328,683).

Hi-Tech: The number of HiTech claims made during November was 25,299 (3.8% below the monthly target of 26,325). The year to date position (287,643) is 14% above the same period last year (251,245).

PCRS Number Claims Jan-Dec 2009

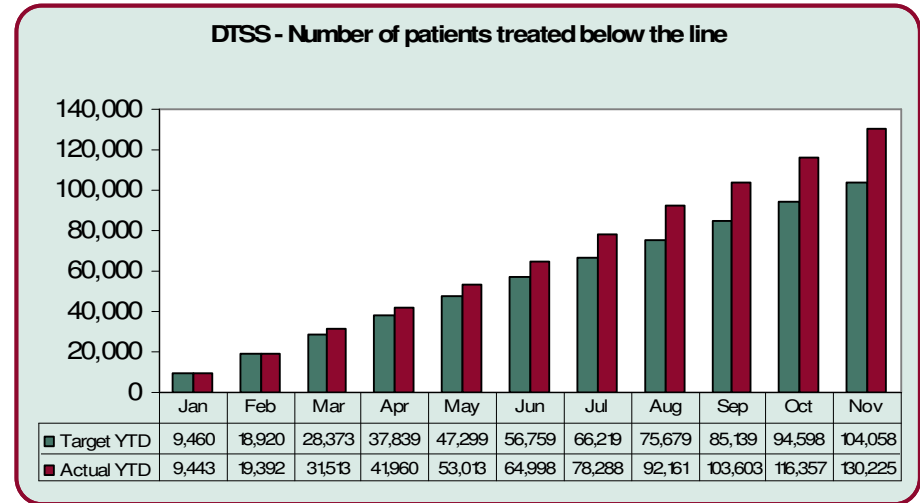
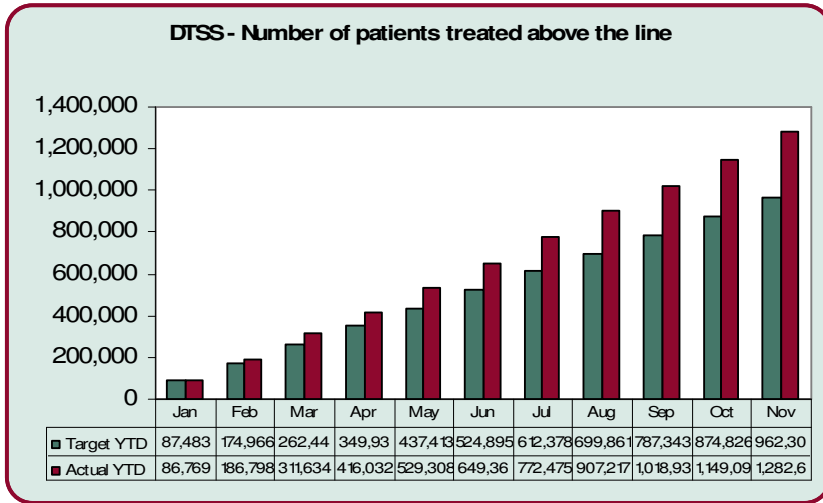


PCRS Number Items claimed Jan-Dec 2009

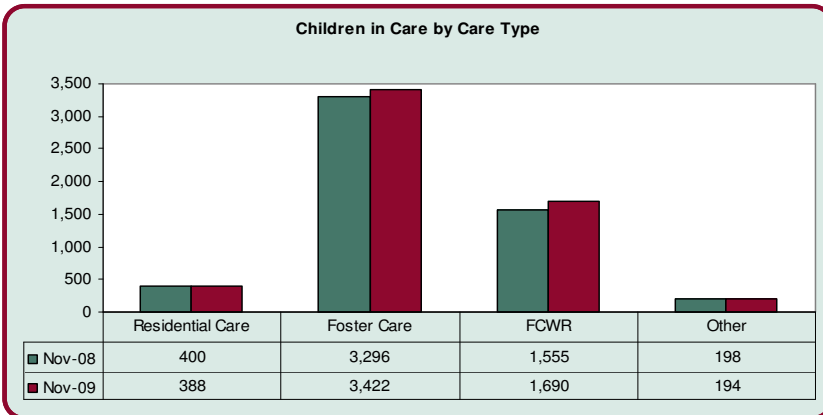


Dental Treatment Services Scheme (DTSS): The DTSS scheme is a demand led scheme and due to the current economic situation, more people are using public dental services. This service has shown substantial growth in the first eleven months of 2009 (320,321 or 33% treatments more than targeted year to date). At the end of November 2009, the cumulative number of treatments above the line was 1,282,629 and the number below the line was 130,225.

Note: Target Year to Date = 2009 Full Year Target divided by 12 and multiplied by the appropriate number of months (i.e. 11 for November)
 Above the line = Routine Treatments. Below the Line = Complex Treatments (e.g. root, gum and denture treatments)



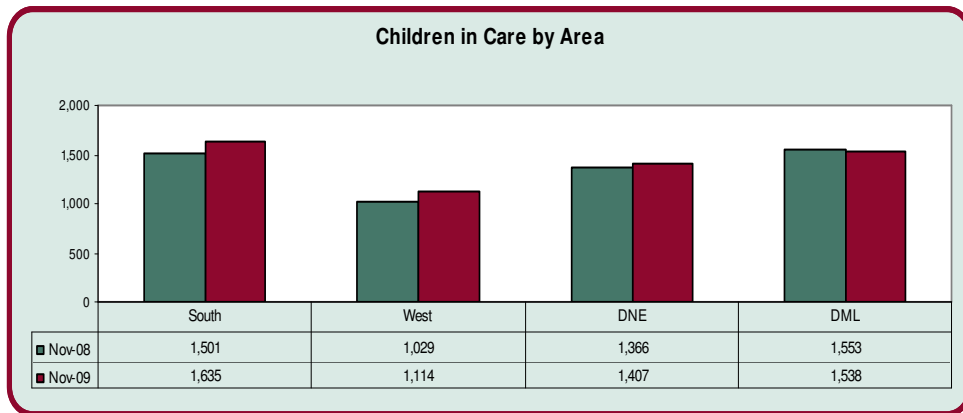
Children and Families



Child Care: Children in Care: The number of children in care nationally at the end of November 2009 was 5,694 which is 4.5% more than same period 2008 (5,449).

Nationally there has been a 5.5% increase from the end of January 2009 figure (5,396) of the numbers of children in care. Local Health Offices have attributed this to a number of factors such as:

- Increased public awareness of child protection and welfare issues mainly through the media which has resulted in increased reporting of cases.
- Economic downturn resulting in unemployment, additional financial hardships for families resulting in cutbacks to household budgets for childcare, etc. This produces additional stress on already vulnerable families.
- Increase in babies of siblings already in care and there is no change in the home situation.
- Some areas have reported an increase in babies born to mothers who are addicted to drugs / alcohol and the babies have been taken straight into care.



The increase in the number of children in care is represented across all care types:

- The number of children in Residential Care nationally has decreased by 2.5% since November 2009. Proportionately this care category represents 6.8% of the overall number in care compared to YTD target of 8%.
- The number of children in Foster Care has increased by 3.9% on November 2008 figures.
- There has been an 8.4% increase in the number of children in Foster Care with Relatives (1,686) compared to November 2008 (1,555).

At an area level, the West has the lowest number of children in care (1,115), accounting for 20% of the national total. The South has the highest proportion at 29% (1,635). DML and DNE come in at 27% and 25% respectively.

Approved Foster Carers with an Allocated Social Worker: In November 2009, 79.6% of approved foster carers (2,668) are supported by an allocated social worker. This is compared with 80.5% in November 2008 (2,754). Compared with October 2009 (2,709) there has been a reduction in the number of carer's with an allocated social worker (41 nationally). This is attributed to staff shortages in DML and the West:

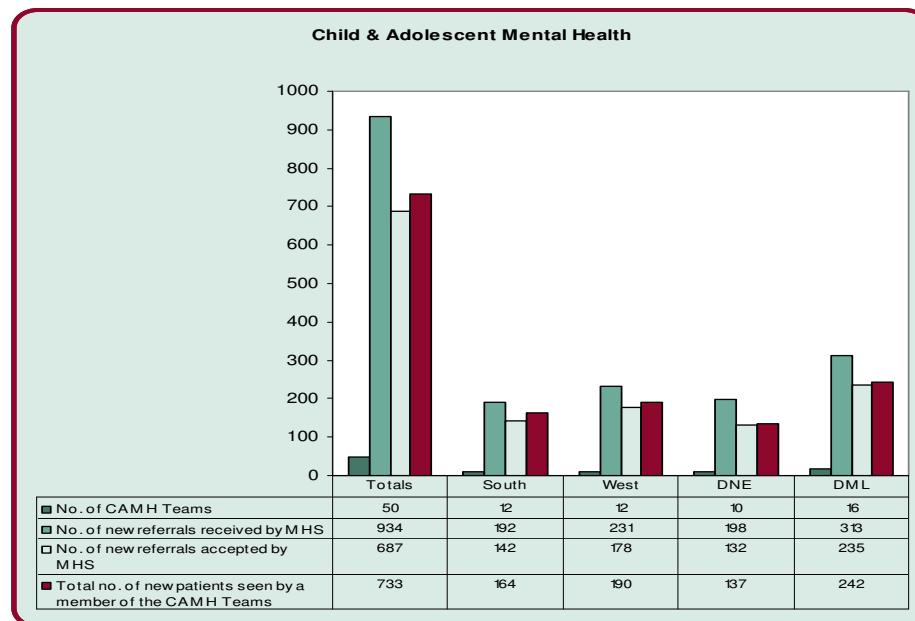
- Non-replacement of maternity leave staff (DML)
- Loss of WTE North Tipperary
- 20 relative foster carers have no link worker (Galway), however they are supported by the Child's Social Worker
- Donegal report a reduction in staffing levels in the Foster Support Team

Children & Adolescent Mental Health

Child and Adolescent Mental Health Services are provided in a variety of settings around the country with a total of 55 services made up as follows:

- Community-based Child and Adolescent Teams (x50)
- Day Hospital Services (x2)
- Liaison Services (x3)

These 55 services provide 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. These services carry 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.



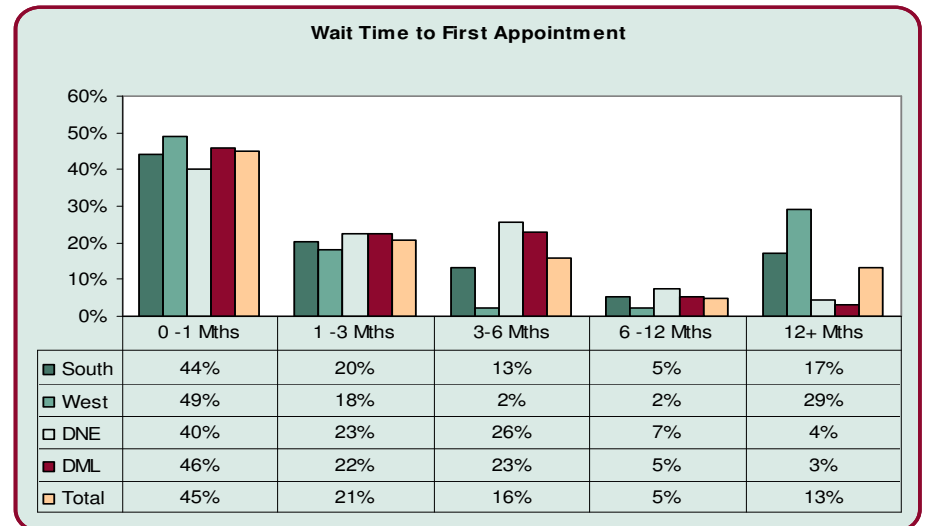
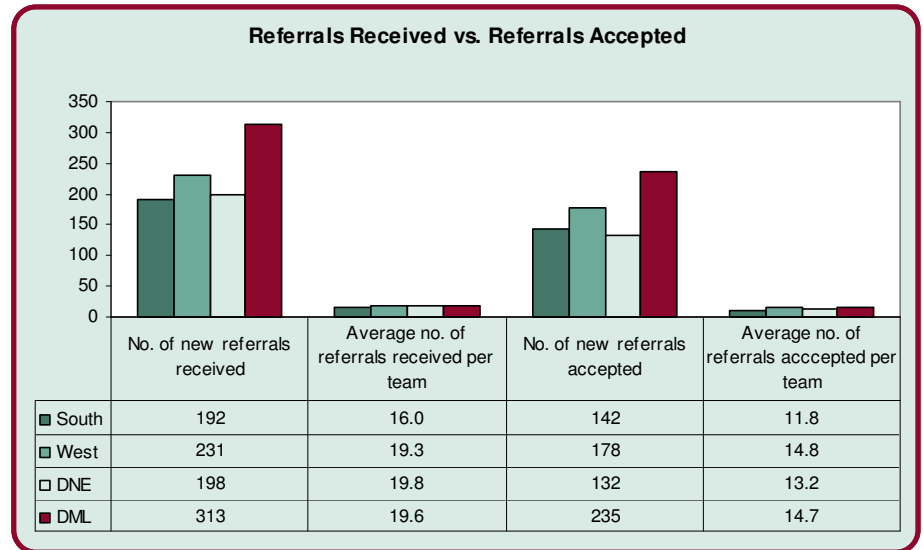
Total referrals received: The total number of referrals received by the 50 CAMH Teams during November was 934 or an average of 18.7 referrals per team. Of the 50 teams, 16 are based in DML who had 313 referrals in November or an average of 19.6 referrals per team. The South has 12 Teams and 192 referrals (average of 16 per team). The West has 12 Teams and 198 referrals (average of 16 per team). The West has 12 teams and 231 referrals (average of 19.3 per team) and DNE has 10 teams and 198 referrals (average of 19.8 per team).

Referrals Accepted: Of the 934 referrals received by the 50 teams during November, upon triage at the referral stage, 687 (73.5%) were accepted for a first appointment. 149 (16%) referrals were not accepted and 98 (10.5%) are awaiting a decision.

DML has the highest number of referrals accepted at 235 (25.2%). The South had 142 referrals accepted (15.2%). The West had 178 (19.1%) referrals accepted and DNE has 132 (14.1%) referrals accepted.

New Cases Seen (Wait Time to First Appointment): All community CAMHS teams screen referrals received. Those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen. A total of 733 new cases were seen in the month of November. 45% (n=331) of new cases were seen within 1 month of referral, 21% (152) within 1 to 3 months. 16% (117) of new cases had waited between 3 and 6 months, 5% (36) had waited between 6 and 12 months and 13% (97) had waited more than 1 year to be seen.

Note: Any comparison of individual CAMHS Teams must note that CAMH Teams are composed of varying numbers of team members throughout the country.



Older People

Home Care Packages (HCPs): At the end of November there were 8,962 clients in receipt of Home Care Packages, which is approximately 3% above target. The proportion of clients over 65 is 93%. Cumulatively the number of new clients at the end of November was 2,879.

The evaluation of Home Care Packages Report commissioned by the DoHC was published at the start of December. In view of the recommendations arising from this report an audit and re-evaluation of HCP services will be undertaken in 2010 which supersedes the intended audit of the Older Person Minimum Data Set which was due to be undertaken in 2009.

Home Help: At the end of November 2009, 10,820,033 hours had been provided (1.5% below target). The number of people in receipt of home help hours stood at 53,471 in November (1.9% below projected target) compared to -2.3% in October.

Subvention / Enhanced Subvention: Numbers will continue to decrease in these areas as 'Fair Deal' comes on stream.

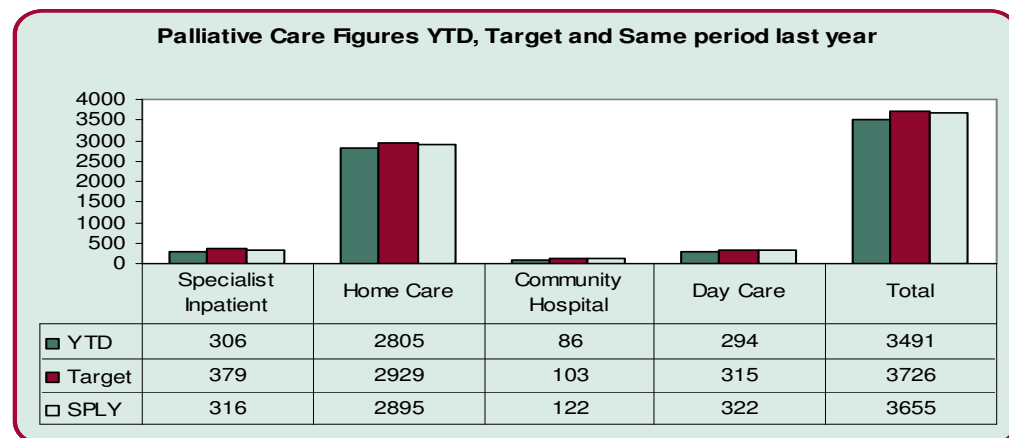
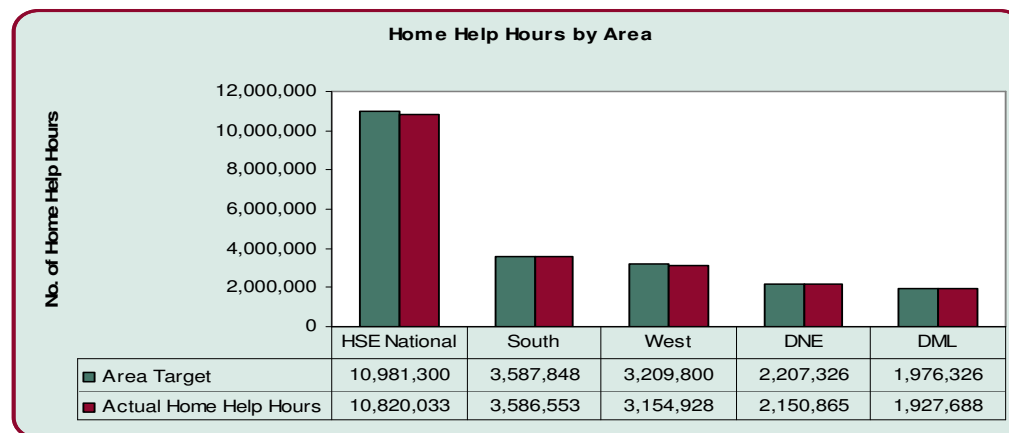
Influenza Vaccine: The uptake of influenza vaccine among the GMS population aged over 65 years stands at 62% (an increase of 3% on 2008). The target is a 75% uptake by 2010. This data comes from the Primary Care Reimbursement Scheme (PCRS) and relates to the period September 2008 to February 2009. The Health Protection Surveillance Centre (HPSC) reports an uptake rate for 2008 / 2009 of 70% in the 65+ GMS population, however this data covers 12 months and not just the traditional 'flu season' of September to February.

Palliative Care

As of 30th November 2009, the total number of patients accessing palliative care services was 3491. The majority of these patients were in receipt of home care services (2805) accounting for 80% of the level of activity reported for the month. The number of patients in Specialist inpatient units (306) accounted for 8.7% of the total.

Social Inclusion

Addiction: Data is reported one month in arrears. In October 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,989 (4.3% above the Target figure of 7,658 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), in September, a total of 9,012 clients were treated, which was 4.0% or 344 clients above the Target figure of 8,668 for 2009 and 3.6% above October 2008. Nationally there has been a 0.6% change in the numbers of methadone clients in prisons compared to the September figure. Overall there is a decrease (-6.1% over the October figure 2008) in the number of methadone clients in prisons.



3.2 Hospital Services and Pre-Hospital Emergency Care

Overview

Year to date expenditure in Acute Services was €4.057 bn compared with a budget of €4.035 bn, leading to an adverse variance at end of November of €22m. This reflects the continuing month on month pattern of improvement and a further reduction on the October performance.

The Western Hospital group continues to account for the bulk of the overspend on acute services. Cost control measures in the areas of pay and non pay are reducing the overspend with a further improvement of €2.1m evident in the November accounts.

Strict budgetary control measurements are continuing across all of the acute hospitals to address the budgetary overrun in areas of pay and non pay.

The Acute hospitals (including the ambulance service) were 145 WTE's over ceiling at the end of November, a reduction of a further 190 WTE's on the October position. The bulk of the November reduction is attributed to the statutory Hospitals. The drop in Nurse staffing levels continued in November, with a decline of a further 96 WTE's recorded. This staff category is now 568 WTE's below the level in place at the end of 2008.

The combined clinical activity of the Acute Hospitals was ahead of target in November by 3.7%, due mainly to continuing high emergency admission demand. Inpatient activity has reduced by 1.6%, compared with last year, reflecting the impact of measures underway to shift the balance of activity, especially elective activity from inpatient to day casework.

Day case activity has increased by 5.7% compared with 2008, and is ahead of target for 2009 by 3.8%. Overall, daycase waiting lists have increased by 7.7% compared to the same period in 2008 but those waiting over 6 months have decreased by over 28%. A major improvement in the consistency of day case activity across the acute sector is targeted for the coming year, with a similar focus on reducing variations in average length of stay between different hospitals.

OPD new attendances activity has increased by 4.6% compared with 2008. The impact of the OPD service improvement programme is beginning to be seen in the focus on new attendances compared to reviews and continued progress on the number of DNA's.

Emergency admissions has decreased, by 0.7% on 2008 levels, while ED attendances has fallen by 3%. Inpatient elective activity has also fallen by 1.6% in 2009. Bed capacity management plans are achieved through planned bed reductions across all hospitals. There were 833 beds unavailable for admissions during November, due to refurbishment, maintenance, and for cost containment reasons. The number of delayed discharges has fallen from 945 in August 2009 to 817 in November

The number of births continues to exceed 2008 levels (by 1%), however, the pace of growth in the birth rate has slowed in 2009; an additional 700 deliveries occurred in 2009 overall compared to 2008, with significant increases recorded in South Tipperary, Kerry, Letterkenny and the Coombe Hospitals.

Continued concerted focus is placed on waiting times for urgent colonoscopies and the number of patients recorded waiting over 4 weeks has reduced from 151 to 48, with almost half of those remaining located at Connolly Hospital. Specific action plans are in place to reach compliance with the target waiting time of 4 weeks in each of the non compliant hospitals and new guidelines on the management of urgent colonoscopy referrals have issued to all hospitals for implementation. Hospitals have been asked to ensure that capacity arrangements are in place to cater for urgent referral levels, and that the waiting time target is met or exceeded in 2010.

3.2 Hospital Services and Pre-Hospital Emergency Care contd..

Overview

The November report on Consultant Private Practice covers activity during the period April to June 2009 as reported through the HIPE/Case Mix system. The summary report indicates the proportion of consultants by hospital who are compliant with their contractual limits under the consultant contract 2008. The report also shows the proportion within 10% of the contract ratio as a guide to highlighting the most significant non compliant areas. The process to deal with non compliance is prescribed under the 2008 contract and this process is now under way in those hospitals experiencing difficulties. Section 20 of the consultant contract provides that if the appropriate ratio is not achieved after the prescribed period, the consultant is required to remit private practice fees in excess of the ratio to a research and study fund under the control of the clinic director. The implementation of the consultant contract has also been included as a key performance indicator for 2010.

| HSE AREA | Acute Hospital Services | | | Ambulance Services | | | Finance | | |
|----------------------|-------------------------|---------------|------------------------------|--------------------|--------------|------------------------------|------------------|------------------|-------------|
| | WTE Ceiling | Actual | % Variance Actual to Ceiling | WTE Ceiling | Actual | % Variance Actual to Ceiling | Actual €000 | Budget €000 | % Var |
| Dublin/ Mid-Leinster | 16,457 | 16,562 | 0.64% | 445 | 453 | 1.88% | 1,336,485 | 1,342,098 | -0.4% |
| Dublin/ North-East | 11,965 | 11,987 | 0.18% | 139 | 170 | 22.73% | 978,653 | 977,706 | 0.1% |
| South | 11,339 | 11,179 | -1.42% | 349 | 394 | 12.90% | 841,657 | 840,251 | 0.2% |
| West | 11,272 | 11,350 | 0.70% | 404 | 448 | 10.80% | 900,881 | 875,619 | 2.9% |
| Unallocated posts | 28 | 0 | -100.00% | | | | | | |
| Total | 51,062 | 51,078 | 0.03% | 1,336 | 1,465 | 9.62% | 4,057,676 | 4,035,673 | 0.5% |

Hospital Services Finance Commentary

Year to date expenditure in Hospitals was €4.058 billion compared with a budget of €4.036 billion – leading to an adverse variance of €22.0 million.

The table to the right illustrates the position to the end of November 2009:-

Hospitals with Most Significant Adverse Financial Variances

| Hospital | Allocation €000 | Actual YTD €000 | Budget YTD €000 | Variance €000 | % |
|------------------------------------|--------------------|--------------------|--------------------|------------------|------|
| Galway College University Hospital | 240,031 | 226,452 | 219,371 | 7,081 | 3.2% |
| Sligo General Hospital | 119,683 | 114,876 | 109,559 | 5,317 | 4.9% |
| Our Lady of Lourdes Hospital | 107,273 | 101,692 | 98,107 | 3,585 | 3.7% |
| Mayo General Hospital | 87,595 | 83,426 | 80,128 | 3,298 | 4.1% |
| Portiuncula Acute Hospital | 52,138 | 50,559 | 47,469 | 3,090 | 6.5% |

(Based on actual variance against budget)

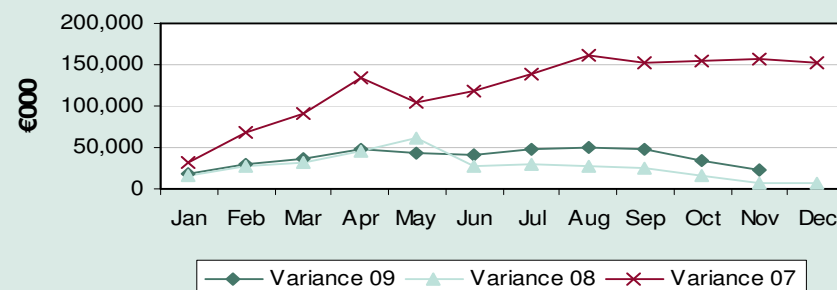
Hospitals with Most Significant Favourable Financial Variances

| Hospital | Allocation €000 | Actual YTD €000 | Budget YTD €000 | Variance €000 | % |
|----------------------------------|--------------------|--------------------|--------------------|------------------|-------|
| St Vincent's University Hospital | 233,528 | 209,649 | 213,874 | -4,225 | -2.0% |
| St Luke's Hospital | 36,660 | 31,850 | 33,628 | -1,778 | -5.3% |
| St James's Hospital | 365,906 | 328,412 | 329,665 | -1,253 | -0.4% |
| Regional Hospital Dooradoyle | 163,847 | 148,088 | 148,996 | -908 | -0.6% |
| Our Lady's Hospital Navan | 46,324 | 41,496 | 42,354 | -858 | -2.0% |

(Based on actual variance against budget)

| | Approved Allocation €000 | YTD | | | |
|-------------------------------|--------------------------------|------------------|------------------|---------------|-------------|
| | | Actual €000 | Budget €000 | Variance | |
| | | | | €000 | % |
| Dublin Mid Leinster Hospitals | 1,472,082 | 1,336,485 | 1,342,098 | (5,612) | -0.4% |
| Dublin North East Hospitals | 1,072,930 | 978,653 | 977,706 | 946 | 0.1% |
| South Hospitals | 919,400 | 841,657 | 840,251 | 1,406 | 0.2% |
| West Hospitals | 959,296 | 900,881 | 875,619 | 25,262 | 2.9% |
| Hospitals Total | 4,423,707 | 4,057,676 | 4,035,673 | 22,002 | 0.5% |

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



Hospital Services HR Commentary

The ISD's employment ceiling stands at 107,170 WTEs and they are now 1,619 WTEs (1.51%) below their approved ceiling. An extra 8.5 WTEs and 5 WTEs in 2008/2009 addendum/new service development posts were filled in Acute Hospitals and in Primary and Community Services respectively in November. The following hospitals recorded the largest increases in employment in November.

| Hospital | November Increases | % increase in November | WTE Variance with ceiling | % variance to ceiling |
|---------------------------|--------------------|------------------------|---------------------------|-----------------------|
| Wexford General Hospital; | 16 | 1.79% | -20 | -2.20% |
| St Vincent's Elm Park | 7 | .29% | 96 | 4.05% |
| Rotunda Hospital | 5 | .64% | 34 | 4.70% |

Hospitals with Most Significant Adverse HR Variances

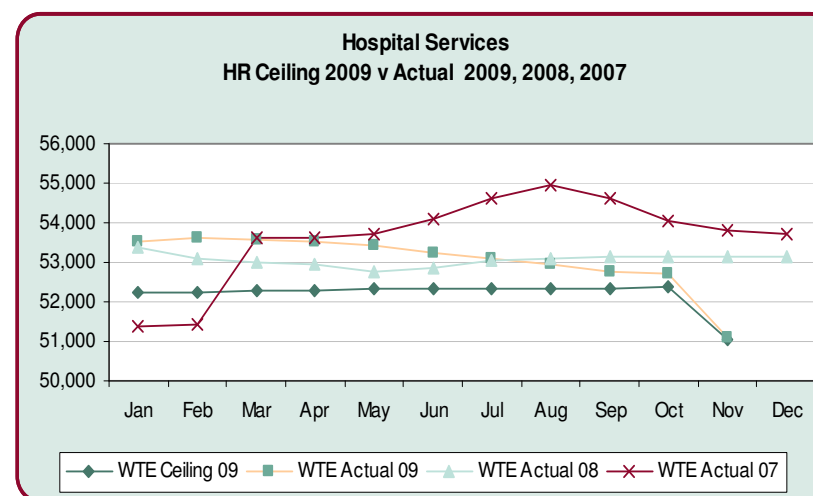
| Hospital | Ceiling | Actual October 2009 | Growth from Previous Month | Variance from ceiling | % Var |
|--------------------------------|---------|---------------------|----------------------------|-----------------------|--------|
| Coombe Womens Hospital | 687 | 764 | 4 | 77 | 11.16% |
| Cavan Hospital | 715 | 771 | 3 | 56 | 7.90% |
| Our Lady's of Lourdes Hospital | 1,275 | 1,343 | 32 | 69 | 5.41% |
| Kerry General Hospital | 975 | 1,024 | -5 | 49 | 5.07% |
| National Ambulance Service | 1,336 | 1,454 | -4 | 118 | 8.81% |
| Coombe Womens Hospital | 687 | 764 | 4 | 77 | 11.16% |

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

| Hospital | Ceiling | Actual October 2009 | Growth from Previous Month | Variance from ceiling | % Var |
|-----------------------------------|---------|---------------------|----------------------------|-----------------------|---------|
| Connolly Hospital, Blanchardstown | 1,240 | 1,170 | 9 | -70 | -5.62% |
| Nenagh General Hospital | 274 | 259 | -1 | -15 | -5.31% |
| Monaghan Hospital | 236 | 226 | 6 | -10 | -4.43% |
| Bantry General Hospital | 260 | 252 | -4 | -8 | -3.23% |
| Ambulance Service (Midlands) | 196 | 145 | 0 | -50 | -25.78% |

(Based on the percentage variance from ceiling)



| Hospital Services Performance Activity | Performance this month | | | | | Performance YTD | | | Activity YTD last year | |
|--|------------------------|------------------|-------------------|-------------------|--------------------------------|------------------|------------------|--------------------------------|------------------------|-------------------------|
| | Outturn 2008 | Target 2009 | Target this month | Actual this month | % variance v target this month | Target YTD | Actual YTD | % variance Actual v Target YTD | Actual 2008 | % variance YTD v YTD 08 |
| Inpatient Discharges | 604,320 | 573,360 | 46,167 | 47,068 | 2.0% | 525,087 | 543,977 | 3.6% | 548,864 | -0.9% |
| South Eastern HG | 69,570 | 66,580 | 5,531 | 5,381 | -2.7% | 61,014 | 61,556 | 0.9% | 63,717 | -3.4% |
| Southern HG | 84,209 | 79,720 | 6,587 | 6,565 | -0.3% | 72,967 | 75,704 | 3.8% | 75,919 | -0.3% |
| North Eastern HG | 49,576 | 46,730 | 3,747 | 3,436 | -8.3% | 42,690 | 43,160 | 1.1% | 45,401 | -4.9% |
| Dublin North HG | 72,610 | 69,370 | 5,515 | 5,712 | 3.6% | 63,459 | 66,115 | 4.2% | 66,347 | -0.3% |
| Western HG | 108,409 | 103,860 | 8,405 | 8,608 | 2.4% | 95,207 | 99,839 | 4.9% | 99,379 | 0.5% |
| Mid Western HG | 46,418 | 45,300 | 3,563 | 3,548 | -0.4% | 41,458 | 41,994 | 1.3% | 42,457 | -1.1% |
| Dublin Midlands HG | 100,952 | 96,320 | 7,856 | 8,136 | 3.6% | 88,129 | 93,830 | 6.5% | 92,371 | 1.6% |
| Dublin South HG | 72,576 | 65,480 | 4,963 | 5,682 | 14.5% | 60,163 | 61,779 | 2.7% | 63,273 | -2.4% |
| Day Cases | 637,140 | 647,000 | 54,558 | 57,211 | 4.9% | 599,150 | 621,801 | 3.8% | 586,470 | 6.0% |
| South Eastern HG | 37,972 | 40,660 | 3,447 | 3,640 | 5.6% | 37,833 | 38,584 | 2.0% | 35,329 | 9.2% |
| Southern HG | 99,162 | 98,720 | 8,541 | 8,560 | 0.2% | 91,194 | 91,600 | 0.4% | 91,316 | 0.3% |
| North Eastern HG | 30,026 | 30,900 | 2,561 | 2,350 | -8.2% | 29,005 | 28,723 | -1.0% | 28,174 | 1.9% |
| Dublin North HG | 93,024 | 94,480 | 7,938 | 8,825 | 11.2% | 87,678 | 97,955 | 11.7% | 86,322 | 13.5% |
| Western HG | 114,118 | 117,100 | 9,417 | 10,452 | 11.0% | 108,035 | 113,819 | 5.4% | 105,291 | 8.1% |
| Mid Western HG | 35,272 | 35,980 | 3,006 | 2,800 | -6.9% | 33,304 | 32,647 | -2.0% | 32,546 | 0.3% |
| Dublin Midlands HG | 79,555 | 84,190 | 7,136 | 7,598 | 6.5% | 78,117 | 75,014 | -4.0% | 67,650 | 10.9% |
| Dublin South HG | 148,011 | 144,970 | 12,512 | 12,986 | 3.8% | 133,984 | 143,459 | 7.1% | 139,842 | 2.6% |
| Emergency Presentations | 1,207,497 | 1,223,000 | 100,521 | 93,347 | -7.1% | 1,119,129 | 1,085,391 | -3.0% | 1,111,609 | -2.4% |
| South Eastern HG | 172,872 | 177,250 | 14,568 | 13,181 | -9.5% | 162,196 | 154,778 | -4.6% | 159,173 | -2.8% |
| Southern HG | 139,158 | 140,790 | 11,572 | 10,951 | -5.4% | 128,832 | 127,584 | -1.0% | 127,582 | 0.0% |
| North Eastern HG | 114,218 | 114,280 | 9,393 | 8,624 | -8.2% | 104,574 | 108,656 | 3.9% | 104,803 | 3.7% |
| Dublin North HG | 127,490 | 128,690 | 10,577 | 9,862 | -6.8% | 117,760 | 112,959 | -4.1% | 116,972 | -3.4% |
| Western HG | 195,504 | 200,660 | 16,493 | 15,293 | -7.3% | 183,618 | 180,600 | -1.6% | 181,829 | -0.7% |
| Mid Western HG | 114,680 | 116,750 | 9,596 | 8,803 | -8.3% | 106,834 | 95,899 | -10.2% | 105,643 | -9.2% |
| Dublin Midlands HG | 216,151 | 215,900 | 17,745 | 16,999 | -4.2% | 197,563 | 191,525 | -3.1% | 198,563 | -3.5% |
| Dublin South HG | 127,424 | 128,680 | 10,576 | 9,634 | -8.9% | 117,751 | 113,390 | -3.7% | 117,044 | -3.1% |
| Emergency Admissions | 368,341 | 367,000 | 30,164 | 29,426 | -2.4% | 335,830 | 334,154 | -0.5% | 336,445 | -0.7% |
| South Eastern HG | 49,779 | 49,390 | 4,059 | 3,935 | -3.1% | 45,195 | 43,917 | -2.8% | 45,485 | -3.4% |
| Southern HG | 40,598 | 40,290 | 3,312 | 3,224 | -2.6% | 36,868 | 36,410 | -1.2% | 37,025 | -1.7% |
| North Eastern HG | 36,343 | 36,050 | 2,963 | 2,673 | -9.8% | 32,988 | 32,323 | -2.0% | 33,086 | -2.3% |
| Dublin North HG | 36,945 | 37,690 | 3,098 | 2,975 | -4.0% | 34,489 | 33,876 | -1.8% | 34,018 | -0.4% |
| Western HG | 83,202 | 82,580 | 6,787 | 6,851 | 0.9% | 75,566 | 77,571 | 2.7% | 75,840 | 2.3% |
| Mid Western HG | 27,415 | 27,280 | 2,242 | 1,935 | -13.7% | 24,963 | 24,188 | -3.1% | 24,992 | -3.2% |
| Dublin Midlands HG | 58,221 | 58,200 | 4,784 | 4,904 | 2.5% | 53,257 | 54,152 | 1.7% | 53,309 | 1.6% |
| Dublin South HG | 35,838 | 35,520 | 2,919 | 2,929 | 0.3% | 32,503 | 31,717 | -2.4% | 32,690 | -3.0% |
| Outpatient Attendances | 3,271,665 | 3,233,000 | 273,029 | 280,644 | 2.8% | 3,003,153 | 3,094,221 | 3.0% | 3,036,849 | 1.9% |
| South Eastern HG | 282,948 | 281,020 | 23,944 | 23,722 | -0.9% | 260,782 | 265,042 | 1.6% | 263,849 | 0.5% |
| Southern HG | 387,685 | 380,690 | 32,436 | 32,514 | 0.2% | 353,493 | 360,327 | 1.9% | 352,619 | 2.2% |
| North Eastern HG | 255,652 | 247,880 | 20,141 | 20,217 | 0.4% | 230,929 | 233,411 | 1.1% | 238,210 | -2.0% |
| Dublin North HG | 538,127 | 536,530 | 45,419 | 47,500 | 4.6% | 497,872 | 503,921 | 1.2% | 496,243 | 1.5% |
| Western HG | 438,488 | 436,120 | 37,844 | 37,585 | -0.7% | 405,368 | 419,186 | 3.4% | 415,128 | 1.0% |
| Mid Western HG | 186,112 | 183,880 | 15,243 | 15,498 | 1.7% | 170,369 | 177,758 | 4.3% | 172,440 | 3.1% |
| Dublin Midlands HG | 622,471 | 609,480 | 50,609 | 53,708 | 6.1% | 568,184 | 602,371 | 6.0% | 580,483 | 3.8% |
| Dublin South HG | 560,182 | 557,400 | 47,393 | 49,900 | 5.3% | 516,156 | 532,205 | 3.1% | 517,877 | 2.8% |

| Hospital Services 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 |
| Births | 73,815 | 76,880 | 6,319 | 5,888 | -6.8% | 70,350 | 68,235 | -3.0% | 67,540 | 1.0% |
| South Eastern HG | 8,404 | 8,660 | 712 | 689 | -3.2% | 7,924 | 7,626 | -3.8% | 7,680 | -0.7% |
| Southern HG | 10,652 | 10,830 | 890 | 843 | -5.3% | 9,910 | 10,041 | 1.3% | 9,747 | 3.0% |
| North Eastern HG | 6,291 | 6,650 | 547 | 504 | -7.8% | 6,085 | 5,524 | -9.2% | 5,741 | -3.8% |
| Dublin North HG | 8,794 | 9,100 | 748 | 724 | -3.2% | 8,327 | 8,198 | -1.6% | 8,022 | 2.2% |
| Western HG | 11,481 | 12,080 | 993 | 904 | -9.0% | 11,054 | 10,484 | -5.2% | 10,561 | -0.7% |
| Mid Western HG | 5,396 | 5,500 | 452 | 381 | -15.7% | 5,033 | 5,020 | -0.3% | 4,920 | 2.0% |
| Dublin Midlands HG | 13,653 | 14,560 | 1,197 | 1,104 | -7.7% | 13,323 | 12,850 | -3.6% | 12,473 | 3.0% |
| Dublin South HG | 9,144 | 9,500 | 781 | 739 | -5.4% | 8,693 | 8,492 | -2.3% | 8,396 | 1.1% |

Analysis of Performance

Hospital Services 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 3.7% higher than planned targets for 2009. This equates to over 30,444 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 6.8% but overall inpatient discharges have only marginally reduced by 0.9%. 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 these 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 4.6% 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 1.0% compared to 2008 levels. These equates to almost an additional 700 births this year to date compared to 2008. In a number of hospitals, birth numbers have significantly increased throughout 2009.

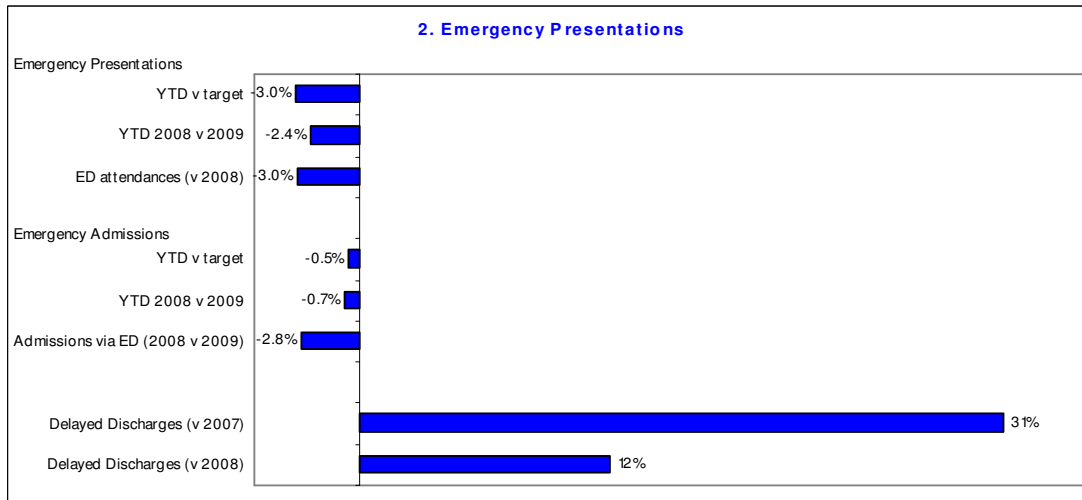
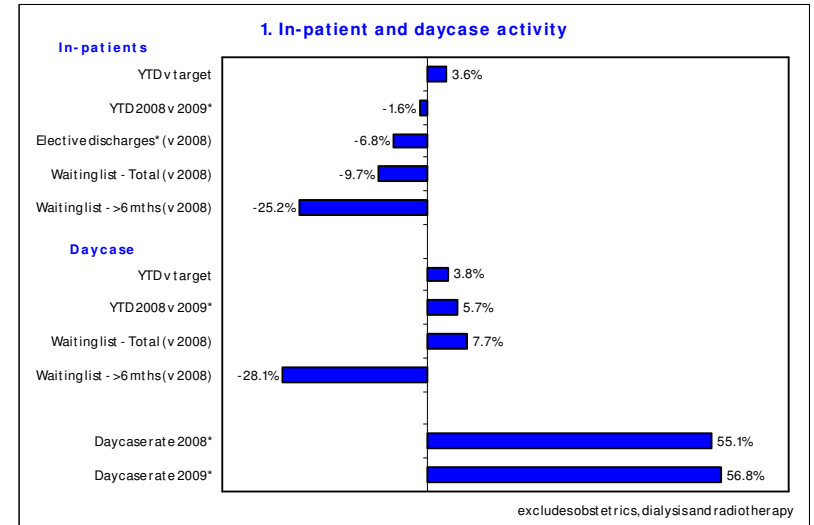
Key data collection changes for 2009

- 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 has 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).

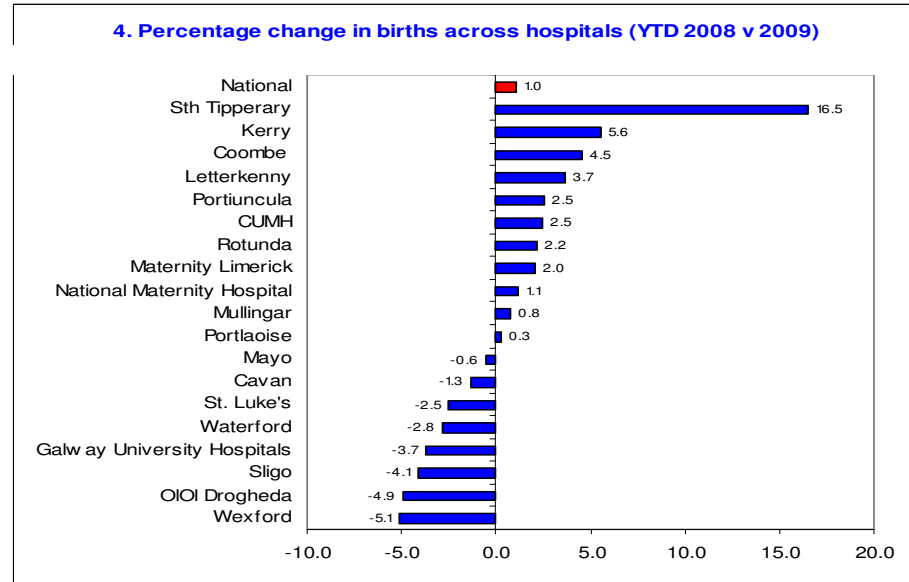
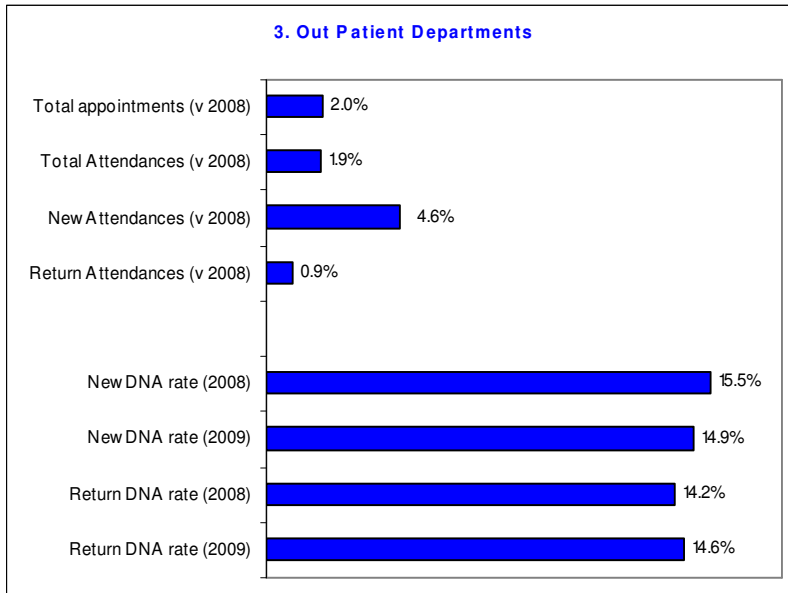
In 2009, the monthly targets for Inpatient Discharges, Day Cases and OPD attendances have been profiled using overall target for 2009 and applying the apportionment of 2008 activity by month to the 2009 targets. In previous years, the monthly and year to date targets were calculated by simply using the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

Acute Summary

1. The trend of reduced overall in-patient activity and reduced elective in-patient activity has continued in November (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 30,000 more patients compared to 2008. In parallel, the total number of patients on in-patient waiting lists has reduced by almost 10% and long waiters by over 25%. Because emergency admission demand has not reduced significantly, inpatient discharges overall have not reduced as significantly as planned and remain 3.6% above planned levels. While the introduction of continuing care options resulted in reduction of delayed discharge levels have in previous months from high levels of 945 in August, there have been some increase in November with a total of 817 being reported at the end of November. The number of unavailable beds has also continued to decrease since August and currently stands at 833. The continued movement of patients to treatment in a daycare environment is also evident. Daycase discharges have increased by 5.7% compared to 2008 and are now 3.8% above target levels. The day case rate has positively increased from 55.1% to 56.8%. Overall, daycase waiting lists have increased by 7.7% compared to the same period in 2008 but those waiting over 6 months have decreased by over 28%.
2. Compared to last year, emergency presentations to hospitals and attendances at ED have decreased. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are 0.7% lower than reported levels in 2008. At the end of November, there were 817 delayed discharges nationally. This represents a 12% increase compared to the same period last year (Figure 2) and a 14% reduction since August.



3. OPD activity is showing a positive performance in 2009 (Figure 3). The total number of OPD appointments has increased by 2.0% but most importantly the number of new OPD attendances has increased by 4.6%. At the same time, hospitals have reduced the new DNA rate from 15.5% to 14.9%, 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.



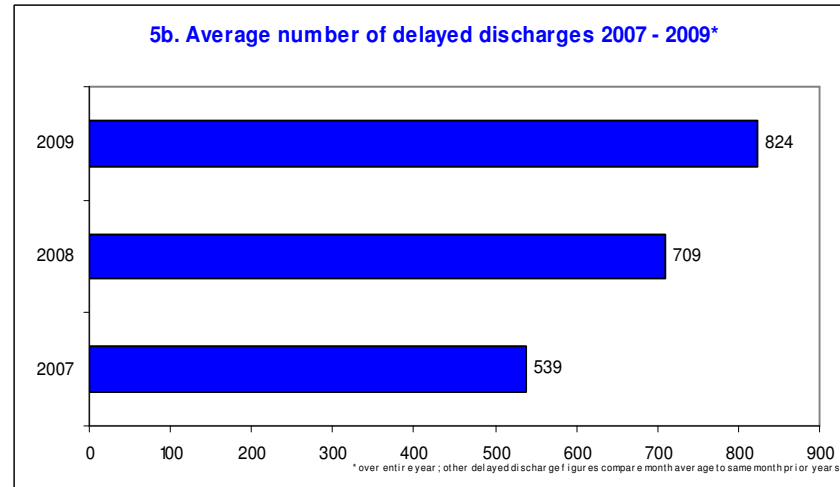
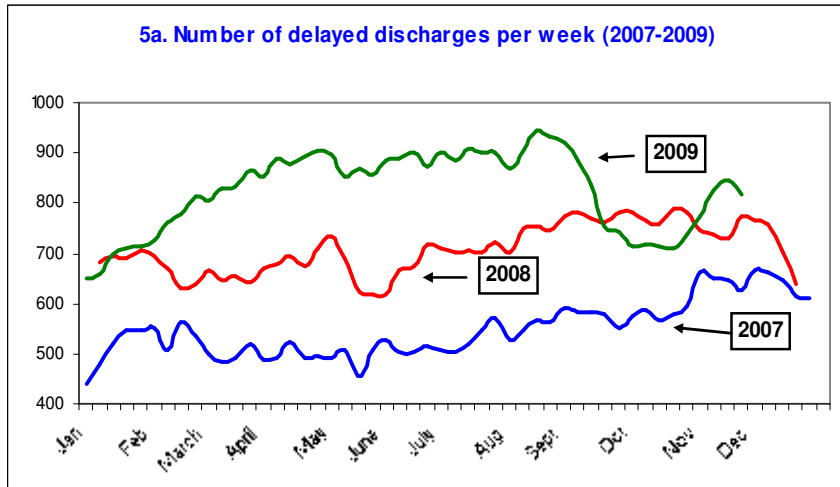
Births / Gynaecology

Birth numbers are higher than 2008 levels (+1.0%; Figure 4). Almost 700 additional births have been delivered in 2009 to date compared to 2008. A number of hospitals are continuing to experience significant 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. OLOL, Wexford and Sligo Hospitals).

Delayed Discharges

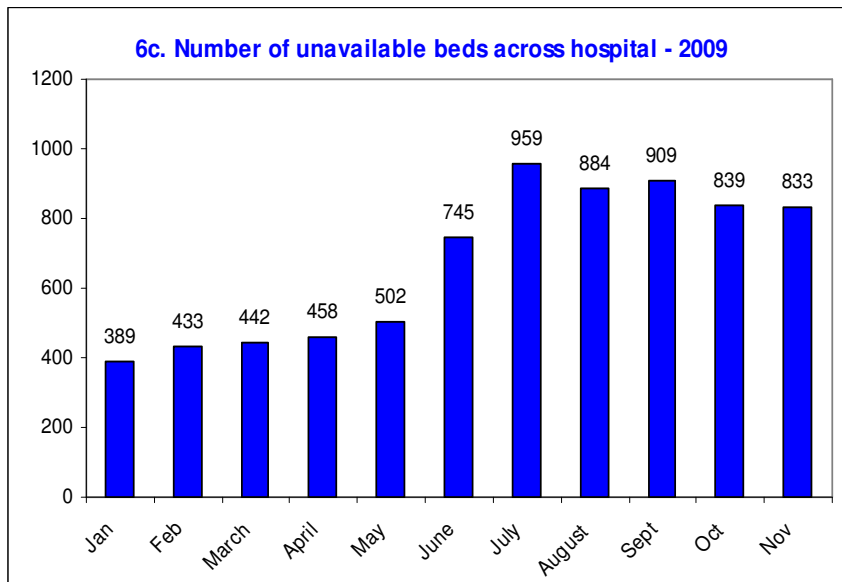
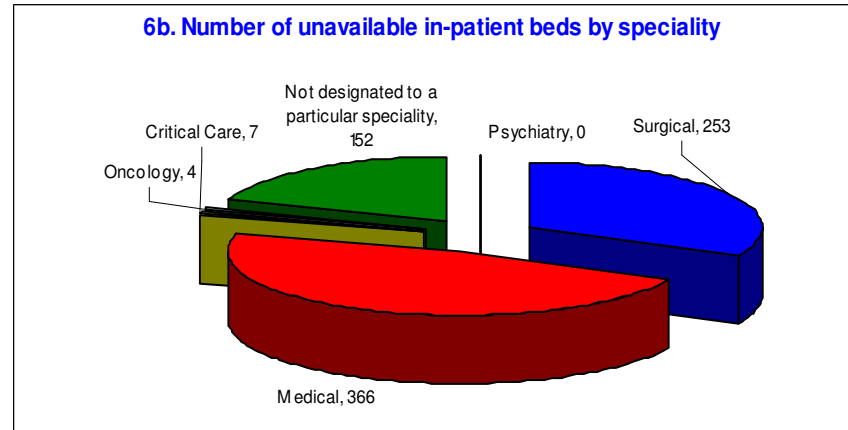
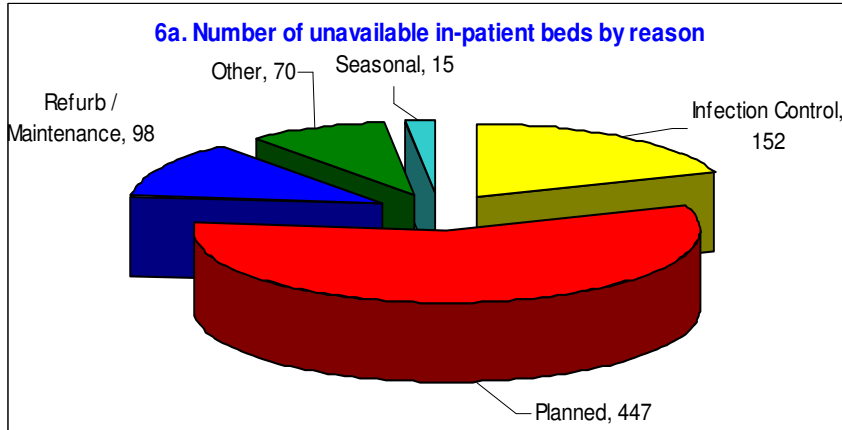
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed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

The number of delayed discharges nationally has started to increase in November but remains lower than the peak of 945 reported in August. The number of delayed discharges at the end of November was 817. Figure 5a and 5b below illustrates the year to date trends. The year to date delayed discharge average is higher than 2008 and 2007.



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 833 beds (782 inpatient; 51 day beds) unavailable for discharges during November.



URGENT COLONOSCOPY MONTHLY OVERVIEW

8.3% of those on the referral list for urgent colonoscopy (48 people) are waiting more than 28 days for an urgent Colonoscopy procedure in the week ending december 20th. This has fallen from 18.5% (151 people) in November.

Of the 36 hospitals offering a colonoscopy service, 9 hospitals currently have people waiting more than the 28 day target, this is down from 14 hospitals in November.

59% of those waiting are in two hospitals Connolly (21) and South Infirmary Cork (7), all other hospitals have less than 5 people waiting.

| Hospitals | Figures waiting over 28 days week ending 20 th Dec | Change from previous month |
|---|---|----------------------------|
| Connolly Hospital | 21 | -31 |
| South Infirmary - Victoria Hospital, Cork | 7 | -3 |

*No response received from the following hospitals: Mayo General Hospital, Mercy University Hospital, Mid Western Regional Hospital, Nenagh and Mid Western Regional Hospital, Dooradoyle.

SUMMARY REPORT ON CONSULTANT PRIVATE PRACTICE MEASUREMENT – November 2009

Attached please find summarised report on Consultant Private Practice measurement as required under the implementation of the Consultants Contract 2008. This report relates to clinical activity during the period from April to June 2009, as reported through the HIPE/Casemix system. Note that previous reports in respect of the earlier months of 2009 were part of the pilot/testing phase for the new measurement system, which for the first time facilitates reporting of consultants private practice activity in accordance with their contractual type (i.e. Type A, Type B and B* and Type C) and their individual control limits. This report covers all of the consultants who have signed the new contract; in the pilot period a number of consultants were still appealing their category status and were not fully on board until the arbitrator's decision was issued in February 2009.

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

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

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

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

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

| Summary Report on Consultant Private Practice Measurement - November 2009 (April 2009-June 2009 Activity Period) – Consultant with new (2008) Contract | | | | | | | | | |
|--|---|----------|--|----------|--|---|----------|--|----------|
| SOUTH | Proportion of Consultants within Contract Ratio (case mix adjusted) | | Proportion of Consultants within Contract Ratio +10% (case mix adjusted) | | WEST | Proportion of Consultants within Contract Ratio (case mix adjusted) | | Proportion of Consultants within Contract Ratio +10% (case mix adjusted) | |
| | Inpatients | Day Case | Inpatients | Day Case | | Inpatients | Day Case | Inpatients | Day Case |
| Cork University Hospital | 50.96% | 55.77% | 79.81% | 66.35% | Letterkenny General Hospital | 89.29% | 78.57% | 100.00% | 89.29% |
| St Marys Orthopaedic Hospital | 86.67% | 46.67% | 93.33% | 66.67% | Sligo General Hospital | 84.62% | 61.54% | 94.87% | 84.62% |
| Mercy Hospital | Not Received | | | | Roscommon County Hospital | 100.00% | 100.00% | 100.00% | 100.00% |
| Mallow General Hospital | 44.44% | 33.33% | 66.67% | 44.44% | Portiuncula Hospital | 40.00% | 70.00% | 90.00% | 80.00% |
| Kerry General Hospital | 66.67% | 76.19% | 90.48% | 90.48% | UCH Hospital Galway | 49.23% | 72.31% | 67.99% | 78.46% |
| South Infirmary – Victoria Hospital | 45.00% | 55.00% | 65.00% | 55.00% | Merlin Park Regional Hospital | 75.00% | 83.33% | 83.33% | 87.50% |
| Bantry Hospital | 100.00% | 100.00% | 100.00% | 100.00% | Mayo General Hospital | 69.57% | 52.17% | 82.61% | 65.22% |
| Wexford General Hospital | 64.29% | 64.29% | 100.00% | 78.57% | Mid Western Hospital Dooradoyle | 30.91% | 30.91% | 43.64% | 40.00% |
| Waterford Regional Hospital | 58.73% | 55.56% | 87.30% | 74.60% | Mid Western Maternity Hospital | 20.00% | 100.00% | 30.00% | 100.00% |
| St Lukes General Hospital Kilkenny | 50.00% | 85.71% | 85.71% | 92.86% | Croom Orthopaedic Hospital | 14.29% | 21.43% | 21.43% | 21.43% |
| Lourdes Orthopaedic Kilkenny | Included in WRH | | | | Mid Western Regional Hospital Ennis | 75.00% | 87.50% | 87.50% | 100.00% |
| South Tipp General Hospital | 50.00% | 70.00% | 95.00% | 75.00% | Mid Western Regional Hospital Nenagh | 55.56% | 66.67% | 88.89% | 88.89% |
| | | | | | St Johns Hospital | 0% | 60.00% | 20.00% | 80.00% |
| DUBLIN NORTH EAST | Inpatients | Day Case | Inpatients | Day Case | DUBLIN MIDLANDS | Inpatients | Day Case | Inpatients | Day Case |
| Louth County Hospital | 50.00% | 50.00% | 87.50% | 56.25% | AMNC Hospital Tallaght | 100.00% | 100.00% | 100.00% | 100.00% |
| Our Lady of Lourdes Hospital | 50.00% | 63.16% | 86.84% | 76.32% | Coombe Women's Hospital | Awaiting Data Under New Format | | | |
| Our Lady's Hospital Navan | 70.59% | 58.82% | 94.12% | 76.47% | Our Lady's Hospital for Sick Children | 52.24% | 40.30% | 74.63% | 58.21% |
| Monaghan General Hospital | 100.00% | 66.67% | 100.00% | 83.33% | Naas General Hospital | 100.00% | 100.00% | 100.00% | 100.00% |
| Cavan General Hospital | 75.00% | 87.50% | 75.00% | 100.00% | Midland Regional Hospital Mullingar | 81.25% | 68.75% | 93.75% | 75.00% |
| Mater Misericordiae University | 75.00% | 86.00% | 86.00% | 94.00% | Midland Regional Hospital Tullamore | Awaiting Data Under New Format | | | |
| Beaumont Hospital | 58.23% | 78.48% | 74.68% | 89.87% | Midland Regional Hospital Portlaoise | 78.57% | 64.29% | 92.86% | 78.57% |
| Connolly Hospital | Not received | | | | St Vincents Hospital Elm Park | 83.33% | 91.00% | 93.52% | 94.44% |
| Rotunda Hospital | Awaiting Data Under New Format | | | | St Michaels Hospital Dun Laoghaire | 100.00% | 100.00% | 100.00% | 100.00% |
| CUH Temple Street | 77.05% | 52.46% | 90.16% | 72.13% | St Colmcilles Hospital Loughlinstown | 100.00% | 100.00% | 100.00% | 100.00% |
| Cappagh Orthopaedic Hospital | 86.00% | 32.00% | 95.00% | 47.00% | National Maternity Hospital HollesStreet | 42.90% | 42.90% | 67.90% | 64.30% |
| The above figures are unaudited, however a Hospital by Hospital audit is currently underway | | | | | Royal Victoria Eye & Ear | 23.08% | 23.08% | 46.15% | 38.46% |
| | | | | | St James's Hospital | 74.73% | 92.31% | 87.91% | 97.80% |

Waiting Lists

New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 945 and 6,794 respectively and for day cases was 1,139 and 14,600 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,197 and 5,880 respectively and for day cases was 1,711 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 over 2%. 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 from registration to admission/discharge for ED visits in November**, covering 10 hospitals who between them account for over 30% 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. |
|--|---|--------------------------------------|
| Kerry General | 83 | 2.3 |
| Portiuncula Hospital | 50 | 2.7 |
| Midland Regional Hospital Tullamore | 67 | 2.8 |
| Letterkenny General Hospital | 77 | 3.9 |
| Adelaide & Meath Hospital | 119 | 5.5 |
| Mercy Hospital | 58 | 3.4 |
| Cork University Hospital | 152 | 6.2 |
| St James Hospital | 121 | 7.9 |
| St Vincents Hospital | 112 | 10.2 |
| Beaumont Hospital | 129 | 15.4 |

Table B

| Hospitals | Average number of people seen in ED daily who were not admitted | Average hours waiting: Non-Admitted patients |
|-------------------------------------|---|--|
| Kerry General | 61 | 2.1 |
| Portiuncula Hospital | 34 | 2.4 |
| Midland Regional Hospital Tullamore | 51 | 4.8 |
| Letterkenny General Hospital | 44 | 6.5 |
| Adelaide & Meath Hospital | 86 | 5.0 |
| Mercy Hospital | 46 | 2.8 |
| Cork University Hospital | 111 | 6.0 |
| St James Hospital | 83 | 6.3 |
| St Vincents Hospital | 89 | 10.4 |
| Beaumont Hospital | 98 | 11.7 |

Table C

| Hospitals | Average number of people seen in ED daily who were admitted | Average hours waiting: Admitted patients | Average numbers daily waiting more than 24 hours at 2pm (after decision to admit) |
|-------------------------------------|---|--|---|
| Kerry General | 22 | 2.7 | 0.0 |
| Portiuncula Hospital | 16 | 3.3 | 0.6 |
| Midland Regional Hospital Tullamore | 16 | 2.7 | 0.0 |
| Letterkenny General Hospital | 33 | 3.2 | 0.1 |
| Adelaide & Meath Hospital | 33 | 6.8 | 0.9 |
| Mercy Hospital | 12 | 5.2 | 0.2 |
| Cork University Hospital | 41 | 6.6 | 0.2 |
| St James Hospital | 38 | 12.0 | 0.0 |
| St Vincents Hospital | 23 | 7.0 | 1.1 |
| Beaumont Hospital | 31 | 28.2 | 1.0 |

Section 3 – Service Delivery

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 19 hospitals for January to November. 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 from the time of registration until admission/discharge.

| Hospital Results Based on 2 x 2 hour daily sample | Table A: | | Table B: | | Table C: | | Data collected at 2pm each day reflecting the average numbers waiting more than 24 hours at that time (after decision to admit) |
|--|--|---|--|---|--|---|--|
| | Av number of people seen in ED daily | Av hours for complete ED visit for those registered between 11am and 1pm & 4-6pm | Av number of people seen in ED daily who were not admitted | Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and not admitted. | Av number of people seen in ED daily who were admitted | Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and admitted. | |
| Louth County Hospital | 46 | 1.4 | 33 | 1.4 | 13 | 0.0 | 0.0 |
| St Luke's Hospital - Kilkenny | 106 | 1.9 | 82 | 1.6 | 24 | 4.1 | 0.0 |
| Nenagh General Hospital | 29 | 2.0 | 26 | 2.0 | 3 | 2.7 | 0.0 |
| St. John's Hospital - Limerick | 43 | 1.9 | 39 | 1.8 | 4 | 4.8 | 0.0 |
| St. Michaels Hospital DLaoire | 33 | 2.2 | 29 | 2.0 | 4 | 3.9 | 0.0 |
| Our Lady's Hospital - Navan | 55 | 2.1 | 44 | 2.1 | 11 | 2.4 | 0.0 |
| South Infirmary - Victoria Hospital | 73 | 2.2 | 63 | 1.8 | 10 | 8.1 | 0.0 |
| Mater Misericordiae Hospital | 115 | 2.5 | 91 | 2.3 | 24 | 7.2 | 0.7 |
| Waterford Regional Hospital | 143 | 2.5 | 100 | 1.9 | 43 | 7.4 | 0.0 |
| South Tipperary General Hospital | 98 | 2.8 | 82 | 2.0 | 16 | 5.6 | 0.0 |
| Wexford General Hospital | 92 | 3.0 | 71 | 2.7 | 21 | 5.1 | 0.0 |
| Roscommon County Hospital | 36 | 2.9 | 26 | 2.6 | 10 | 4.4 | 0.0 |
| Cavan General Hospital | 93 | 3.3 | 73 | 2.6 | 20 | 7.6 | 0.0 |
| Mayo General Hospital | 81 | 3.6 | 59 | 3.4 | 22 | 7.2 | 0.0 |
| Sligo General Hospital | 103 | 4.1 | 82 | 3.4 | 21 | 8.6 | 0.0 |
| Naas General Hospital | 68 | 8.9 | 47 | 6.2 | 21 | 20.3 | 0.5 |
| Galway University Hospitals | 163 | 10.5 | 111 | 7.4 | 52 | 16.5 | 0.0 |
| Our Lady of Lourdes | 94 | 18.7 | 80 | 21.8 | 14 | 17.7 | 0.0 |
| St. Columcilles Hospital | 56 | 25.1 | 45 | 26.4 | 11 | 23.6 | 1.1 |

Ambulance

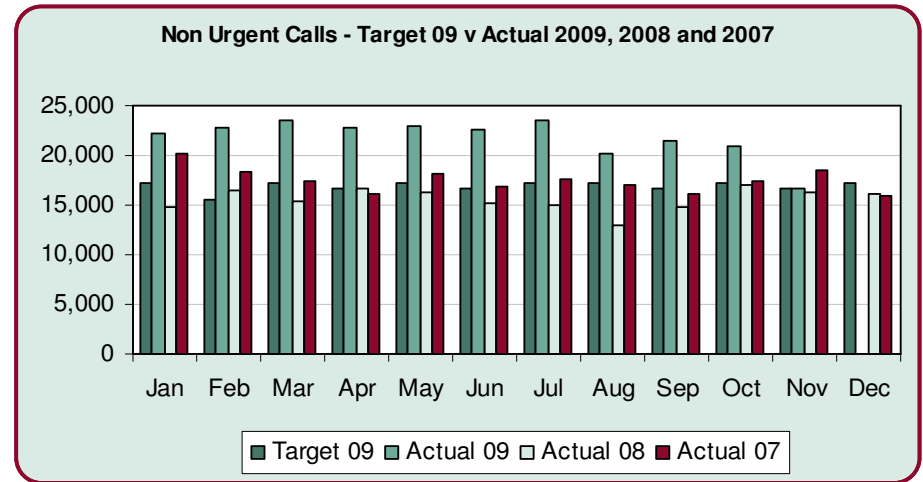
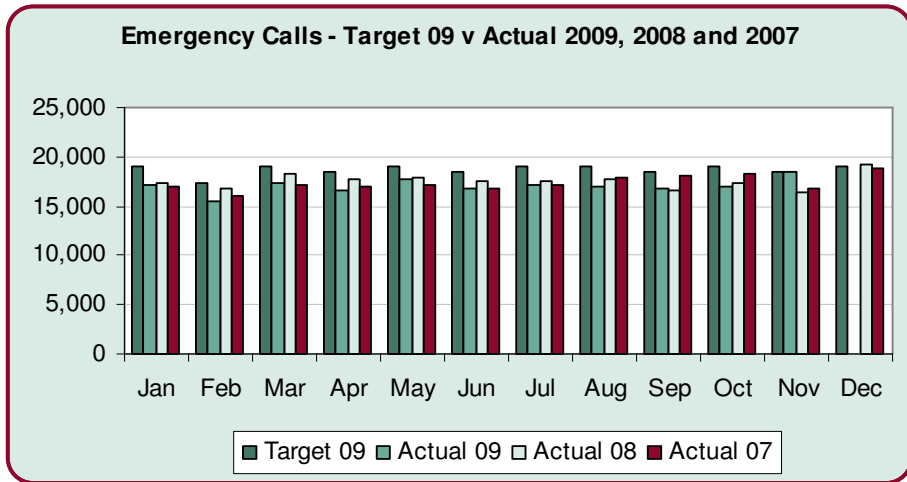
Call Activity Analysis

Emergency Call activity in Nov 09 is down on the same period last year showing a variance of -2.9% and remaining within a range of -1% to -5%. Urgent Call activity indicates a slight variance of -0.7% on the same period last year and within a range of -2% to 3.6% for the year. Lower call volume may be attributable to increased day ward service capability in the acute sector.

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 1.95%. Provision of demand led services such as oncology and haemodialysis results in significant increase in non-urgent activity year on year. The issue is currently under analysis nationally.

Response Time % Analysis

Response time percentages are marginally down within all bands with the exception of < 14 minutes which has variance of 1% on 2008 figures.



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) | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€12m</td> <td>-</td> <td>Q1-Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €12m | - | Q1-Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>Total €3,250,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>1 WTE (Project Manager)</td> </tr> </table> | <i>Funding spent ytd:</i> | Total €3,250,000 | <i>WTEs ytd:</i> | 1 WTE (Project Manager) |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €12m | - | Q1-Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | Total €3,250,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | 1 WTE (Project Manager) | | | | | | | | | | | |
| MENTAL HEALTH | | | | | | | | | | | | |
| Suicide Prevention Positively influence attitudes to mental health | Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards | Following sanction to proceed, Service Level Agreement is now in place. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€100,000</td> <td>-</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €100,000 | - | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€100,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>-</td> </tr> </table> | <i>Funding spent ytd:</i> | €100,000 | <i>WTEs ytd:</i> | - |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €100,000 | - | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €100,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | - | | | | | | | | | | | |
| | 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. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Funding</i></td> </tr> <tr> <td>€900,000</td> <td>-</td> <td>€900,000</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Funding</i> | €900,000 | - | €900,000 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€900,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>-</td> </tr> </table> | <i>Funding spent ytd:</i> | €900,000 | <i>WTEs ytd:</i> | - |
| <i>Funding</i> | <i>WTE</i> | <i>Funding</i> | | | | | | | | | | |
| €900,000 | - | €900,000 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €900,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | - | | | | | | | | | | | |
| Progressing Vision for Change | Involvement of service users in mental health services further developed (detail in the care group section) | As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit. The balance of available funding (€350,000) will be spent by year end. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Funding</i></td> </tr> <tr> <td>€500,000</td> <td>-</td> <td>€500,000</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Funding</i> | €500,000 | - | €500,000 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€125,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>-</td> </tr> </table> | <i>Funding spent ytd:</i> | €125,000 | <i>WTEs ytd:</i> | - |
| <i>Funding</i> | <i>WTE</i> | <i>Funding</i> | | | | | | | | | | |
| €500,000 | - | €500,000 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €125,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | - | | | | | | | | | | | |
| | Early intervention services for mental illness further developed (detail in the care group section) | As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€250,000</td> <td>-</td> <td>Q2</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €250,000 | - | Q2 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€62,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>-</td> </tr> </table> | <i>Funding spent ytd:</i> | €62,000 | <i>WTEs ytd:</i> | - |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €250,000 | - | Q2 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €62,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | - | | | | | | | | | | | |
| Child and Adolescent | Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change. | As sanction has been received to progress these developments in 2009, implementation processes, where they haven't already done so, will commence immediately including, where relevant, drawing on existing panels of staff to recruit. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€1.05m*</td> <td>35</td> <td>Q2</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €1.05m* | 35 | Q2 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€60,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>9</td> </tr> </table> | <i>Funding spent ytd:</i> | €60,000 | <i>WTEs ytd:</i> | 9 |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €1.05m* | 35 | Q2 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €60,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | 9 | | | | | | | | | | | |
| TOTAL | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€2.8m (€1.75m once off)</td> <td>35</td> <td>-</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €2.8m (€1.75m once off) | 35 | - | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€1,247,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>-</td> </tr> </table> | <i>Funding spent ytd:</i> | €1,247,000 | <i>WTEs ytd:</i> | - |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €2.8m (€1.75m once off) | 35 | - | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €1,247,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | - | | | | | | | | | | | |
| 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 | 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. | | | | | | | | | | |

| Key Result Area | Deliverable 09 | Progress in Reporting Period | | | |
|--|--|------------------------------|------------|------------------|--|
| | implementation of the Disability Act . * Costs equivalent to 90 posts. | | | | <ul style="list-style-type: none"> Number of posts filled to date is 27.65 WTE. 12.95 (WTE) start dates agreed. 14.90 posts accepted and processing clearances. 3.50 (WTE) Expressions of interest/job offers made. 3.35 posts are being filled by extending the hours of existing EMPLOYEES. The remaining basic grade posts being filled through local arrangements. The majority of these posts should start within the same period. The National recruitment Service are currently running recruitment campaigns for the remaining posts. |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> €3.6m to be spent by end of 2009 |
| | | €7.2m* | 90 | Q4 | WTEs ytd: 27.65 |
| 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 Scheme commenced on the 27 th October. Significant work was undertaken in preparation for, and continues to date to ensure a national standardised approach to, implementation of the scheme. |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> |
| | | €55m | - | Q1–Q4 | WTEs ytd: - |
| Key Result Area | Deliverable 09 | Progress in Reporting Period | | | |
| NATIONAL CANCER CONTROL PROGRAMME | | | | | |
| Lung Cancer Services | Access to lung cancer surgery in 4 of the centres improved | | | | Equipment being purchased for lung cancer centres. Rapid Access clinics open in Beaumont, St. Vincent's and St. James's |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> <i>Funding allocated to cancer centres</i> |
| | | €3m | 22 | Q4 | WTEs ytd: 15 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 - St. James and Galway |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> <i>Funding allocated to cancer centres</i> |
| | | €3.4m | 28 | Q4 | WTEs ytd: 10 posts in place. Recruitment in process 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 |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> <i>Funding allocated to Beaumont and CUH</i> |
| | | €1m | 8 | Q4 | WTEs ytd: 2 posts in place Recruitment in process for remaining 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. |
| | | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | <i>Funding spent ytd:</i> <i>Funding allocated on other developments within SP 2009</i> |
| | | €1m | 8 | Q4 | WTEs ytd: Wtes allocated on other developments within SP 2009 |

| Key Result Area | Deliverable 09 | Progress in Reporting Period | | | | | | | | | | |
|--|--|--|------------------|------------------|----------|-----|----|---|---------------------------|--|------------------|--|
| National centre for pancreatic cancer | National centre for pancreatic cancer developed | St. Vincent's Hospital has been identified as the national centre for pancreatic surgery. Development of the service is at planning stage. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€1m</td> <td>8</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €1m | 8 | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td><i>Funding allocated to St. Vincents</i></td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td><i>Application made to NEMU for formal approval of 8 posts</i></td> </tr> </table> | <i>Funding spent ytd:</i> | <i>Funding allocated to St. Vincents</i> | <i>WTEs ytd:</i> | <i>Application made to NEMU for formal approval of 8 posts</i> |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €1m | 8 | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | <i>Funding allocated to St. Vincents</i> | | | | | | | | | | | |
| <i>WTEs ytd:</i> | <i>Application made to NEMU for formal approval of 8 posts</i> | | | | | | | | | | | |
| 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. Primary notifications sought for 2 further wtes. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€1m</td> <td>14</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €1m | 14 | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td><i>Funding allocated to cancer centres</i></td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td><i>Recruitment in process</i></td> </tr> </table> | <i>Funding spent ytd:</i> | <i>Funding allocated to cancer centres</i> | <i>WTEs ytd:</i> | <i>Recruitment in process</i> |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €1m | 14 | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | <i>Funding allocated to cancer centres</i> | | | | | | | | | | | |
| <i>WTEs ytd:</i> | <i>Recruitment in process</i> | | | | | | | | | | | |
| 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 complete. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€1.53m</td> <td>-</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €1.53m | - | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td><i>Funding allocated</i></td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td><i>0.6 in place</i></td> </tr> </table> | <i>Funding spent ytd:</i> | <i>Funding allocated</i> | <i>WTEs ytd:</i> | <i>0.6 in place</i> |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €1.53m | - | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | <i>Funding allocated</i> | | | | | | | | | | | |
| <i>WTEs ytd:</i> | <i>0.6 in place</i> | | | | | | | | | | | |
| Additional Patient transport support | Patient transport support scheme rolled out further. | Patient transport further rolled out as services transfer into designated cancer centres. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€500,000</td> <td>-</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €500,000 | - | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€500,000</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>0</td> </tr> </table> | <i>Funding spent ytd:</i> | €500,000 | <i>WTEs ytd:</i> | 0 |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €500,000 | - | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €500,000 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | 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 | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€1.7m</td> <td>12</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €1.7m | 12 | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td><i>Funding allocated</i></td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td><i>NEMU has approved filling of 11 NPRO posts to date. 2 posts in place</i></td> </tr> </table> | <i>Funding spent ytd:</i> | <i>Funding allocated</i> | <i>WTEs ytd:</i> | <i>NEMU has approved filling of 11 NPRO posts to date. 2 posts in place</i> |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €1.7m | 12 | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | <i>Funding allocated</i> | | | | | | | | | | | |
| <i>WTEs ytd:</i> | <i>NEMU has approved filling of 11 NPRO posts to date. 2 posts in place</i> | | | | | | | | | | | |
| Workforce Planning | Further recruitment to commence in relation to National Plan For Radiation Oncology Posts. | Timescale Q 4 | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€870,000</td> <td>-</td> <td>Q4</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €870,000 | - | Q4 | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>0</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>0</td> </tr> </table> | <i>Funding spent ytd:</i> | 0 | <i>WTEs ytd:</i> | 0 |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €870,000 | - | Q4 | | | | | | | | | | |
| <i>Funding spent ytd:</i> | 0 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | 0 | | | | | | | | | | | |
| TOTAL | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€15m</td> <td>100</td> <td>-</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €15m | 100 | - | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>0</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td><i>NEMU has approved filling of total of 85.5 posts out of 100. PNs sought for an additional 12posts. A number of the posts provide cross cover for lung, prostate and neuro cancers t so it is difficult to be precise across individual developments. Overall 29 of the approved posts are in place with remainder at recruitment stage. All outstanding funding was allocated in Oct/Nov.2009</i></td> </tr> </table> | <i>Funding spent ytd:</i> | 0 | <i>WTEs ytd:</i> | <i>NEMU has approved filling of total of 85.5 posts out of 100. PNs sought for an additional 12posts. A number of the posts provide cross cover for lung, prostate and neuro cancers t so it is difficult to be precise across individual developments. Overall 29 of the approved posts are in place with remainder at recruitment stage. All outstanding funding was allocated in Oct/Nov.2009</i> |
| | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | |
| €15m | 100 | - | | | | | | | | | | |
| <i>Funding spent ytd:</i> | 0 | | | | | | | | | | | |
| <i>WTEs ytd:</i> | <i>NEMU has approved filling of total of 85.5 posts out of 100. PNs sought for an additional 12posts. A number of the posts provide cross cover for lung, prostate and neuro cancers t so it is difficult to be precise across individual developments. Overall 29 of the approved posts are in place with remainder at recruitment stage. All outstanding funding was allocated in Oct/Nov.2009</i> | | | | | | | | | | | |
| Key Result Area | Deliverable 09 | Progress in Reporting Period | | | | | | | | | | |
| INNOVATION | | | | | | | | | | | | |
| Innovation Funding | Delivery of Innovation projects approved by Minister for Health and Children. | Governance arrangements for €20m of Innovation Funding for suitable projects was received on 27 th July 2009. This will be reported on from September via the model agreed between HSE and the Performance Monitoring Evaluation Unit, DoHC. | | | | | | | | | | |
| | <table border="1"> <tr> <td><i>Funding</i></td> <td><i>WTE</i></td> <td><i>Timescale</i></td> </tr> <tr> <td>€21m</td> <td>-</td> <td>-</td> </tr> </table> | <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | €21m | - | - | <table border="1"> <tr> <td><i>Funding spent ytd:</i></td> <td>€6m (€2m each for service reconfiguration in the North East, South and Mid West)</td> </tr> <tr> <td><i>WTEs ytd:</i></td> <td>0</td> </tr> </table> | <i>Funding spent ytd:</i> | €6m (€2m each for service reconfiguration in the North East, South and Mid West) | <i>WTEs ytd:</i> | 0 |
| <i>Funding</i> | <i>WTE</i> | <i>Timescale</i> | | | | | | | | | | |
| €21m | - | - | | | | | | | | | | |
| <i>Funding spent ytd:</i> | €6m (€2m each for service reconfiguration in the North East, South and Mid West) | | | | | | | | | | | |
| <i>WTEs ytd:</i> | 0 | | | | | | | | | | | |

Section 5 – Quality and Safety

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

Addressing quality and safety through:

| Key Result Area | Deliverable 09 | Progress in reporting period |
|--|--|---|
| CP 17 Corporate Quality and Safety (Risk) | | |
| Serious Incident Management Reporting | <p>Implementation of incident management policy throughout the organization and HSE funded health services including:</p> <ul style="list-style-type: none"> Serious Incident Management Policy, Processes Guidelines for Conducting Inquiries. Development of a Serious Incident Database Dissemination of the learning from these serious incidents throughout the system. | <p>A working group to facilitate the development of a Standardised Comprehensive Complaints and Incident Investigation Process has been established. Progress includes:</p> <ul style="list-style-type: none"> Stakeholder consultation in progress Project objectives and plan agreed. Process mapping completed Development of documentation such as “Standardised Comprehensive Compliant Incident Investigation process continuing <p>Under review at present. This is now expected to be completed in Q1 2010</p> <p>In development. This is now expected to be completed in Q1 2010</p> <p>This database is operational some minor additions included Master Classes on Adverse Incidents for 2010 3 further sessions planned - 18th February 2010, 17th June 2010 and 13th October 2010</p> <p>As at the end of November, the total number of cases with the Serious Incident Management Team (SIMT) was 28. The SIMT has oversight of these and the list is reviewed and updated after each meeting.</p> |
| Commission on patient safety and quality | Implementation of recommendations of the Report of the Commission on Patient Safety and Quality. | The DoHC has established an implementation steering group. A number of project groups are established which will draft project plans. Adverse Event Project plan has been developed. The 'as is' situation in Irish Healthcare being determined. Consultation with Key Stakeholders commenced. |
| Quality Improvement Plans | <p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <p>(a) Service reviews.</p> <p>(b) Investigations and our internal system analysis recommendations</p> | <p>National Template for Policies, Procedures, Protocols and Guidelines (PPPGs) The document is now available on the intranet web pages of Quality and Risk. The link is http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/PPPG_Document_Development_and_Inventory/OQR029_HSE_Procedure_for_developing_Policies,_Procedures,_Protocols_and_Guidelines.pdf</p> <p>The inventory (list) of all known available policies, protocols, procedures and guidelines is also available on the intranet pages of Quality and Risk. This inventory includes name of the policy and contact name and e-mail address (where known or available) The link is: http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/PPPG_Document_Development_and_Inventory/PPPG_Inventory_200912.pdf</p> |

| Key Result Area | Deliverable 09 | Progress in reporting period |
|--|---|---|
| <p>Medical Devices Project:</p> <p>Documentation available on intranet site of Quality and Risk. Links are: http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents/OQRO30_HSE_Medical_Devices_Equipment_Management;_Best_Practice_Guidance.pdf</p> <p>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and available on line</p> | | |
| Quality and Risk Framework | <p>Implementation of Quality & Risk Framework including a Quality and Risk Management Standard</p> <ul style="list-style-type: none"> Numbers and percentage of hospitals who have completed self- Assessments and developed associated action plans | <p>All Hospitals (100%) operated or funded by the NHO have now completed self-assessment and developed associated action plans.</p> <p>Progress monitoring arrangements are being developed</p> |
| Risk Register | <p>Risk Assessment and Development of Risk Registers in line with HSE policy and guidance across NHO and PCCC including:</p> <ul style="list-style-type: none"> Numbers and percentage of Hospitals with Registers | <p>Development of hospital level risk registers is ongoing.</p> <p>Progress monitoring arrangements are being developed</p> |
| Corporate Risk Register | <p>Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register</p> | <p>The Corporate Risk Register is discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee.</p> <p>Internal Audit (Financial) and Quality and Risk Healthcare Audit of Corporate Key Risk Register is ongoing by the Office of Quality and Risk and Internal Audit.</p> |
| Response to HIQA's 2008 Hygiene Services Quality Review | <p>Co-ordinate a response to HIQA's 2008 Hygiene Services Quality Review</p> <ul style="list-style-type: none"> Number and percentage of poor performers who have received peer to peer support to develop QIP Target 100% 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% | <p>Poor performing hospitals (n=14) have all met with ND NHO and Lead of the Acute Services Patient Safety and Healthcare Quality Unit to discuss 2008 results.</p> <p>14/14 (100%) hospitals have received peer-to-peer support.</p> <p>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</p> <p>Implementation of these quality improvement plans is ongoing in the 14 hospitals</p> <p>Progress reports for Q2 received from all hospitals. Progress reports for Q3 received from all hospitals.</p> <p>11/14 of hospitals are on track with implementation of Quality Improvement Plans, those who are not on track have escalated issues to Network Managers.</p> <p>Hygiene Self Assessments are being collated.</p> <p>HIQA are currently externally reviewing on reporting on hygiene services in a sample of HSER operated or funded hospitals.</p> <p>Hygiene Self Assessment due to be completed by early December. Current Status (early November) is that 5/14 have completed Hygiene</p> |

| Key Result Area | Deliverable 09 | Progress in reporting period |
|---|---|---|
| | | Self Assessment; balance will complete in by early December |
| 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: | Self Assessment tool developed. |
| | <ul style="list-style-type: none"> Develop a self-assessment tool for use by hospitals (Q2) Deliver 4 Regional self-assessment training workshops (Q3) Number and percentage of hospitals that have completed self assessment and developed action plan (Q4) | <p>Four regional self-assessment training workshops held in June/July 2009.</p> <p>Self-assessments are being collated.</p> |

Supporting consumer care through:

| Key Result Area | Deliverable 09 | Progress in reporting period |
|-------------------------|--|--|
| Complaints | Managing Complaints – progress update and inclusion of statistics (table below). | Work ongoing on Evaluation of Your Service Your Say Policy & Procedure: Response submitted to Research Ethics Committee for the evaluation of 'Your Service Your Say' complaints process. Consumer Affairs representatives to attend REC meeting on 1 st December 2009. |
| User Involvement | National Strategy for User Involvement implemented. | <p>Development of Service User Involvement training module for service providers ongoing, in collaboration with Picker UK (Action 6.3)</p> <p>Evaluation of the HSE National Information Line completed, article published in Health Matters Magazine</p> <p>A meeting was held with William Ebbitt with regard to proposed training for community participation and primary care.</p> <p>Consultation process for patient charter ongoing (Action 4.1).</p> <p>Guidance resource for community participation and primary care in its final draft and is to be presented to the subgroup in January 2010 for sign off.</p> <p>Meeting of National Strategy for Service User Involvement Oversight Implementation Group took place.</p> <p>Recruitment and selection of Volunteer Advocates took place and 25 volunteers will commence training in January 2010 for Nursing Homes and Community Units in South Dublin.</p> <p>To date 146 sites from the private sector, 21 sites from the public sector and 14 sites from the Voluntary sector have uploaded their information to the website www.myhomefromhome.ie and this information has been verified. The proposed date for the website to go live is the 10th January 2010.</p> <p>A conference entitled "Personal Excellence & Compassion as a Core Value for Healthcare Employees" was held on the 30th November 2009 to showcase NAPA's "Personal Excellence"</p> |

| Key Result Area | Deliverable 09 | Progress in reporting period |
|--------------------------------------|--|--|
| Customer satisfaction surveys | Repeat customer satisfaction surveys undertaken. | <p>module. Very positive feedback has been received from attendees and interest in the “Personal Excellence” has increased.</p> <p>Work ongoing on patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO.</p> <p>Pilot satisfaction survey of patients with primary care teams currently ongoing.</p> <p>Response submitted to Research Ethics Committee for the evaluation of ‘Your Service Your Say’ complaints process. Consumer Affairs representatives to attend REC meeting on 1st December 2009.</p> |
| Service user participation | Service user participation promoted through use of consumer panels, questionnaires, etc. | <p>Site visits ongoing in respect to the HSE/Combat Poverty Agency Joint Funding Initiative.</p> <p>Meeting of the Primary Care evaluation subgroup for Service User Involvement took place and interim progress report presented.</p> <p>Submission made to the Health Research Board Awards 2009 in association with the Department of General Practice, NUI Galway.</p> <p>Support requested and provided to the National Audiology Review Process</p> |

| Performance Activity | Outturn 08 | Target 09 | Target YTD | Actual YTD | % var YTD Actual v Target | Same period last year | % var YTD v YTD last year |
|--|------------|-----------|------------|------------|---------------------------|-----------------------|---------------------------|
| Complaints | | | | | | | |
| No. of complaints | 4,891 | | | 7,135 | | 3,928 | 83% |
| No. of complaints finalised within 30 working days | 2,534 | | | 5,857 | | 2,282 | 157% |
| No. of FOI requests received | 4,231 | | | 4,495 | | 3,910 | 15% |
| HSE National Information Line | | | | | | | |
| Number of calls received | 113,738 | | | 154,381 | | 107,142 | 44% |

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

Appendix 1 – Vote Data

Vote 40 HSE - Vote Expenditure Return at 31st December 2009

(as at 8th January 2010)

1. Vote Position at 31st December 2009 - Post Supplementary Estimate - Revenue and Capital Position

| Vote | Supplementary Estimate €'000 | Monthly Profile €'000 | Actual Outturn €'000 | Over (Under) €'000 | YTD REV Supplementary Profile €'000 | YTD Actual €'000 | Over (Under) €'000 |
|-------------------------------------|---------------------------------|--------------------------|----------------------------|--------------------------|---|------------------------|-----------------------|
| Gross Current Expenditure | 14,738,088 | 1,386,061 | 1,211,104 | (174,957) | 14,738,088 | 14,690,176 | (47,912) |
| Gross Capital Expenditure | 442,763 | 68,005 | 32,967 | (35,038) | 442,763 | 433,635 | (9,128) |
| Total Gross Vote Expenditure | 15,180,851 | 1,454,066 | 1,244,071 | -209,995 | 15,180,851 | 15,123,811 | -57,040 |
| Appropriations-in-Aid | | | | | | | |
| Receipts collected by HSE | -1,025,988 | -85,109 | -114,403 | (29,294) | -1,025,988 | -1,009,027 | 16,961 |
| Other Receipts (Revenue) | -2,261,275 | -397,635 | -492,974 | (95,339) | -2,261,275 | -2,227,243 | 34,032 |
| Other Receipts (Capital) | -7,000 | 0 | -1,849 | (1,849) | -7,000 | -5,000 | 2,000 |
| Total | -3,294,263 | -482,744 | -609,226 | (126,482) | -3,294,263 | -3,241,270 | 52,993 |
| Net Expenditure | 11,886,588 | 971,322 | 634,845 | (336,477) | 11,886,588 | 11,882,541 | (4,047) |

General Commentary

Based on the **post supplementary REV profile**, the gross current expenditure is €48m under profile. Appropriations-in-Aid are **under** profile by €53m. Gross Capital issues are **under** profile by €9m.

The above position is based on the actual cash issued to year end and may change as bank balances and suspense account balances are reconciled for the preparation of the Appropriation Account. The final outturn for 2009 will not be available until the 2009 Appropriation Account is prepared.

2. Emerging Issues by Subhead

- The statutory sector, including long term residential care, is under profile by €64m;
- Voluntary Hospitals are €25m over profile;
- Medical Card Schemes are €7m under profile;
- Flu Pandemic Revenue expenditure at 31st December 2009 was under profile by €28m (revenue);
- The Long Stay Repayments Scheme is on profile;
- Payments to State Claims Agency are €1.2m under profile;

- Pension Levy Receipts are under profile by €2.5m;
- Payments to Hepatitis C Insurance Scheme are €1.13m under profile;
- Receipts from the health contributions are €34.246m under profile due to a shortfall in Social Insurance Receipts (SIF) and Revenue Commissioners levies.

3. Vote Expenditure Return v Vote Issues Return (18th December 2009)

The Vote Issues return submitted on 18th December 2009 declared a net excess vote of €34m. This arose as, at that time, Health Contributions from the Revenue Commissioners and the Social Insurance Fund were unexpectedly €34m behind profile. In the period 18th December to 31st December cash requests from the individual HSE areas were less than anticipated in the Issues return. This arose primarily as expenditure on the Flu Pandemic and Fair Deal was less than expected. Additional receipts were also collected from the VHI due to recent initiatives undertaken by the HSE.

4. Capital Position

Summary

| Jan 09 to Dec 09 | Profile €'000 | Outturn €'000 | Over/(Under) €'000 |
|----------------------|------------------|------------------|-----------------------|
| Construction (C1/C2) | 420,763 | 416,568 | (4,195) |
| ICT (C3) | 15,000 | 12,067 | (2,933) |
| Dormant A/Cs (B13) | 7,000 | 5,000 | (2,000) |
| Total | 442,763 | 433,635 | (9,128) |

Construction (C1/C2)

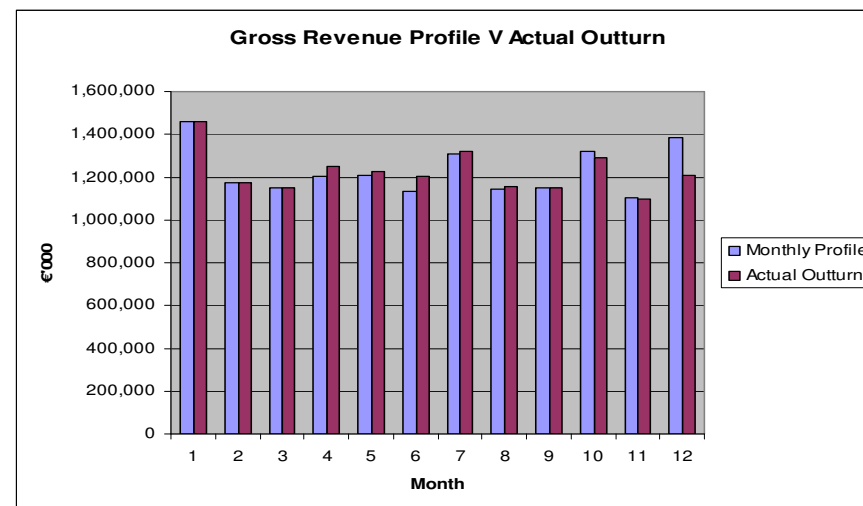
This subhead shows a surplus of €4.195m. This is accounted for by a surplus of €4.943m on the H1N1 element of the overall allocation and a small deficit on the main construction projects of €0.721m.

ICT (C3)

ICT is showing a surplus of €2.933m. Due to receipt of approvals later in the year than anticipated it was not possible to fully spend this allocation in 2009.

Dormant Accounts (B13)

Dormant Accounts cash issues were €2m under profile for the year. This will be balanced by a similar shortfall in A in A for Dormant Accounts.



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

(As at 7th December 2009)

1. Vote Position at 30th November 2009

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

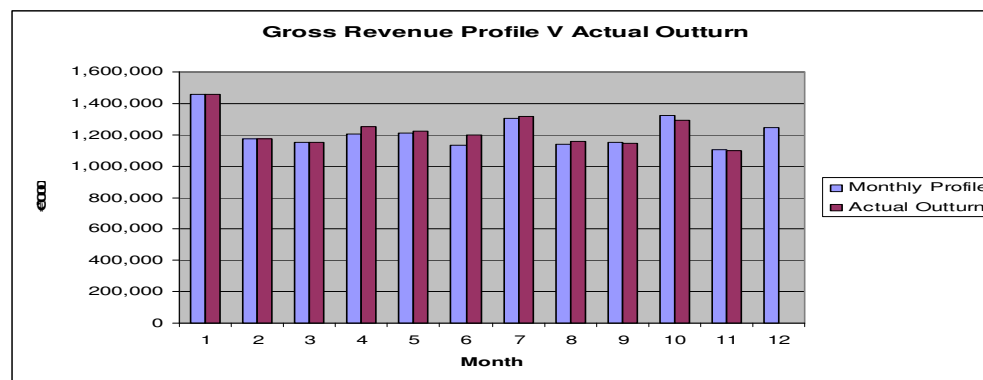
| Category | REV Allocation | Monthly Profile €'000 | Actual Outturn €'000 | Over (Under) €'000 | YTD Profile €'000 | YTD Actual €'000 | Over (Under) €'000 |
|-------------------------------|-------------------|-----------------------------|----------------------------|--------------------------|-------------------------|------------------------|--------------------------|
| Gross Current Expenditure | 14,599,588 | 1,103,463 | 1,098,375 | -5,088 | 13,352,027 | 13,479,072 | 127,045 |
| Gross Capital Expenditure | 410,263 | 32,839 | 21,513 | -11,326 | 374,758 | 400,668 | 25,910 |
| Gross Vote Expenditure | 15,009,851 | 1,136,302 | 1,119,888 | -16,414 | 13,726,785 | 13,879,740 | 152,955 |
| Appropriations-in-Aid | | | | | | | |
| - Receipts collected by HSE | -1,043,988 | -88,488 | -83,588 | 4,900 | -940,879 | -894,624 | 46,255 |
| - Other Receipts | -2,333,275 | -313,142 | -374,650 | -61,508 | -1,870,640 | -1,737,420 | 133,220 |
| - Total | -3,377,263 | -401,630 | -458,238 | -56,608 | -2,811,519 | -2,632,044 | 179,475 |
| Net Vote Expenditure | 11,632,588 | 734,672 | 661,650 | (73,022) | 10,915,266 | 11,247,696 | 332,430 |

Gross current expenditure is €127m over profile (€132m over profile in October). Appropriations-in-Aid¹ are under profile by €179m (€236 under profile in October).

Gross Capital expenditure is €26m over profile (€37m over profile in October).

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

The Vote issues return submitted on 25th November 2009 declared a gross revenue overspend of €126m, a gross capital overspend of €24m and a shortfall in Appropriations in Aid of €192m. The improvement in the Appropriations-in-Aid outturn is due to an additional receipt of €14m from the Social Insurance Fund which was received post the issues return.



¹ Revenue and Capital Appropriations-in-Aid.

3. Capital

Summary

| Jan 09 to Nov 09 | Profile €000 | Outturn €000 | Over/(Under) €000 |
|----------------------|-----------------|-----------------|----------------------|
| Construction (C1/C2) | 343,154 | 390,211 | 48,057 |
| ICT (C3) | 24,940 | 6,211 | (18,729) |
| Dormant A/Cs (B13) | 6,664 | 4,246 | (2,418) |
| Total | 374,758 | 400,668 | 25,910 |

| November 2009 | Profile €000 | Outturn €000 | Over/(Under) €000 |
|----------------------|-----------------|-----------------|----------------------|
| Construction (C1/C2) | 29,000 | 19,312 | (9,688) |
| ICT (C3) | 3,063 | 2,201 | (862) |
| Dormant A/Cs (B13) | 776 | - | (776) |
| Total | 32,839 | 21,513 | (11,326) |

It is noted from the Department of Health and Children letter of the 23rd October 2009 that in recognition of the difficulty experienced in managing contractual commitments within the reduced provision, an additional Supplementary provision up to a maximum of €25m will be considered. The provision will be after the virement of any possible capital ICT savings.

4. Emerging Issues by Vote Subhead at end November 2009

- The statutory sector is €134m over profile at 30th November 2009 (€146m over profile in October);
- The voluntary sector is €12m over profile at 30th November 2009 (€4m over profile in October);
- The Medical Card Services and Community Drugs Schemes are €2m over profile at 30th November 2009 (€2m over profile in October);
- Flu pandemic expenditure to the 30th November 2009 amounts to €13m;
- The Long-Stay Repayment Scheme is €2m under profile (€4m under profile in October);
- Payments to the State Claims Agency are €19m under profile (€16m under profile in October);
- Receipts from Health Contributions are €116m under profile (€192m in October) due to a shortfall in Social Insurance Fund (SIF) receipts (€63m) and receipts from the Revenue Commissioners (€53m). 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 proposed Supplementary Estimate provides for a reduction of €102m in the 2009 Estimate.
- Pension levy receipts are under profile by €17m (€16m under profile in October).

5. Year-End Projection

This Report and return are based on the Revised Estimates Volume allocation. A Supplementary Estimate is currently before the Oireachtas which utilises savings and provides additional funds for greater than expected superannuation costs, flu pandemic expenditure, additional expenditure on demand led schemes and a shortfall in Health Contributions and in Pension Levy receipts.