



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Performance Report February 2009

2<sup>nd</sup> April, 2009

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# Introduction

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

Each month two reports will be produced:

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

## Section 10(2) Information

In her letter of approval, the Minister specified additional reporting under Section 10(2) of the Health Act 2004. Some of these require additional collection / data definitions / reporting systems to be established. The HSE has commenced this process and, where possible, has reported within the January and February Reports.

- Urgent access to colonoscopy is reported for the first time this month on page 23.
- Advertising, PR and Consultancy are reported within the VFM section of this Report.
- Aids and Appliances: Reporting on this is shown on page 3, by PCCC area.
- Patient Safety and Hospital Hygiene: Monthly measures have been identified and are now included in the February report (see pages 28-29); reporting on further quarterly measures will commence in March.
- Consultant Contract Implementation and Service Improvements Arising: Some measures are already included as performance indicators under public / private mix in the NHO section of the Supplementary Report. Other measures are currently being developed. (see pages 23-24)

## New Service Developments

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

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

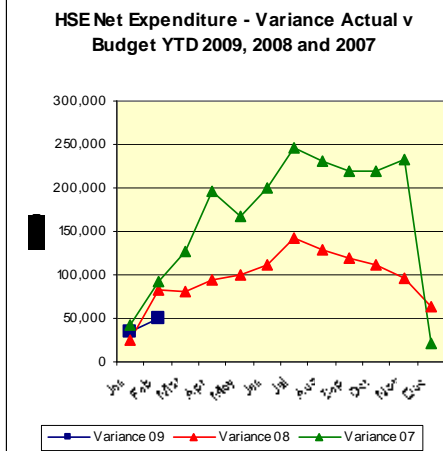
# Balanced Scorecard against NSP 09

## Operations

PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08									
<b>Primary Care</b>														
PCTs holding clinical mtgs – Phase 1 and 2	93	210	105	---	---									
PCTs in development – Phase 3	0	100	3	---	---									
<b>Older People</b>														
Total Home Help Hours provided	12,643,677	1,996,600	1,978,665	-0.9%	2,044,445									
Persons in receipt of Home Care Packages	8,990	8,700	8,785	1.0%	8,331									
<b>National Hospitals Office</b>	<b>Outturn 08</b>	<b>Target 09 ytd</b>	<b>Actual 09 ytd</b>	<b>% Var Act v Tar ytd</b>	<b>Same period 08</b>									
Inpatient	604,320	94,810	96,176	1.4%	99,140									
Day case	637,140	109,273	104,586	-4.3%	106,146									
ED: Average time from registration to discharge from ED for	<i>Data below is in respect of the 17 hospitals using the sampling method – see page 21 for further details on this project.</i>													
i) all patients	---	6 hrs	5.6 hrs	-6.7%	---									
ii) patients who require admission	---	6 hrs	14.2 hrs	137%	---									
iii) patients not admitted and are discharged	---	6 hrs	3.8 hrs	-36.7%	---									
	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										

## Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,524,663	768,098	737,676	30,421	4.1%
PCCC	8,461,556	1,368,030	1,355,642	12,388	0.9%
NSS	28,666	4,634	4,686	(52)	-1.1%
Corporate	615,202	104,430	96,320	8,110	8.4%
Population Health	152,507	23,263	24,306	(1,043)	-4.3%
Health Repayment Scheme	23,000	11,319	11,319	0	0.0%
Held Funds	287,868	0	0	0	
<b>Total</b>	<b>14,093,461</b>	<b>2,279,774</b>	<b>2,229,949</b>	<b>49,825</b>	<b>2.2%</b>



## Human Resources

	Ceiling at 01/01/08	2008 new service developments YTD and internal transfers	Amended Ceiling 28/02/09	% of Approved Ceiling	Actual Feb 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-560</b>	<b>52,258</b>	<b>46.94%</b>	<b>53,620</b>	<b>110</b>	<b>1,362</b>	<b>2.61%</b>
Voluntary	22,721	-269	22,453	20.17%	23,046	-16	593	2.64%
Statutory	30,097	-292	29,805	26.77%	30,574	126	769	2.58%
<b>PCCC</b>	<b>54,677</b>	<b>19</b>	<b>54,696</b>	<b>49.13%</b>	<b>53,811</b>	<b>-148</b>	<b>-885</b>	<b>-1.62%</b>
Voluntary	14,891	229	15,120	13.58%	15,164	-100	44	0.29%
Statutory	39,786	-210	39,576	35.55%	38,648	-49	-928	-2.35%
<b>Population Health</b>	<b>533</b>	<b>379</b>	<b>912</b>	<b>0.82%</b>	<b>909</b>	<b>266</b>	<b>-3</b>	<b>-0.30%</b>
<b>Corporate (incl subsumed agencies)</b>	<b>3,477</b>	<b>-8</b>	<b>3,469</b>	<b>3.12%</b>	<b>3,385</b>	<b>16</b>	<b>-85</b>	<b>-2.44%</b>
<b>Total</b>	<b>111,505</b>	<b>-169</b>	<b>111,336</b>	<b>100.00%</b>	<b>111,725</b>	<b>243</b>	<b>390</b>	<b>0.35%</b>

## Quality

Measure	Target 09 ytd	Actual ytd	% variance Actual v Target ytd
Symptomatic Breast Cancer Services			
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals	1,739 (100%)	1,463 (84.1%)	148 (15.9%)
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service.	0 (0%)	717 (23.5%)	100%
No. and % of emergency ambulance calls responded to within 26 minutes	86%	27,421 (83.4%)	-3%
No. of FOI requests received.	---	651	---
Total number of complaints received.	---	1,245	---
No. of complaints finalised within 30 working days	---	722*	---

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

# Section 1 – Key Performance Information

## HSE Overview

The HSE is reporting a deficit of €53.8m at 28<sup>th</sup> February 2009.

This deficit indicates that the measures put in place across Directorates to deliver upon the challenging targets put in place for 2009 are not yet being fully achieved. This is to some extent expected as the actions to address issues arising since the year started of €205m are only going into place in February and an element of these being €72m is being considered by the Minister in the context of a proposed Service Plan revision.

There is a concern that many of the measures built into the original service plan and included in the total cost reduction measures in place to date of €663m are dependent upon a strong degree of co-operation from staff and unions as there is a focus on shifting from inpatient to day care in hospitals and on reconfiguration of services in PCCC. The industrial relations climate has moved significantly since the start of the year and renders the targets more difficult to achieve.

### Actions

- The HSE is preparing a contingency set of measures /alternative options for the necessary expenditure control if the deficit is not reducing in March.
- We are continuing to implement the series of actions outlined in our Corporate Business Plan (CBP).
- The CBP is being reviewed to identify those actions not delivering at present.
- A detailed Quarter 1 review will take place at end of March 09, which will identify the requirements for further action.

## Financial Overview

The financial results for February show total expenditure of **€2.230 billion** against a year to date budget of **€2.226 billion** – a deficit of **€49.8 million**.

- The February vote report on 6<sup>th</sup> March 2009 indicated that the gross vote was €60m over profile at the end of the period.
- The table on the right shows that the detailed financial results are almost €50m over budget at the end of February 2009.
- The current expenditure levels for the health system are not sustainable within the available budget for 2009. This applies to both hospitals and Local Health Offices. Significant deficits will result if this expenditure continues.
- While VFM savings from 2008 are to be maintained in 2009, there have been significant further reductions in budget for VFM (€115m) and other risks identified in the Service Plan (€205m). Expenditure has not yet been reduced to take account of these reductions.
- The HSE plan to reduce expenditure in 2009 includes a range of measures which are dependent on national IR agreements. The feasibility of delivering on some of these measures has been considerably impacted by the introduction of the pensions levy and the imminent introduction of a 2<sup>nd</sup> budget.
- It will take quite extensive and far-reaching management effort at every level of the organisation to deliver a balanced outturn in the 10 accounting periods which lie ahead.

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,524,663	768,098	737,676	30,421	4.1%
Primary, Community and Continuing Care	8,461,556	1,368,030	1,355,642	12,388	0.9%
National Shared Services	28,666	4,634	4,686	(52)	-1.1%
Corporate	615,202	104,430	96,320	8,110	8.4%
Population Health	152,507	23,263	24,306	(1,043)	-4.3%
Health Repayment Scheme	23,000	11,319	11,319	0	0.0%
Held Funds	287,868	0	0	0	
<b>Total</b>	<b>14,093,461</b>	<b>2,279,774</b>	<b>2,229,949</b>	<b>49,825</b>	<b>2.2%</b>

## HSE Statutory System

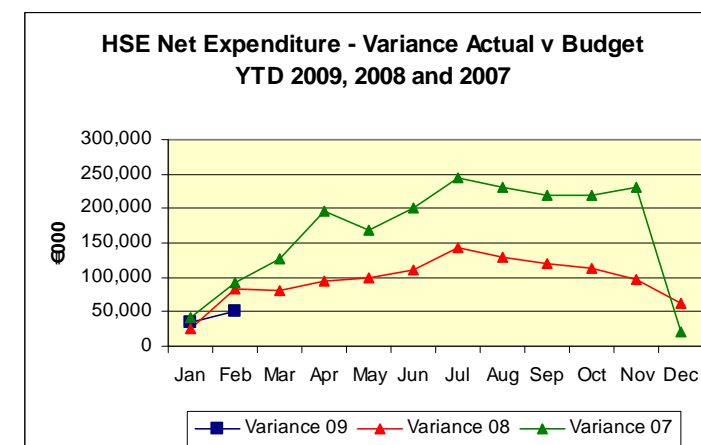
The breakdown of the year to date variance between Statutory and Voluntary is as follows: Statutory €36.9m and Voluntary €12.9m.

### Aids and Appliances

	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	14,995	2,017	2,449	-431	-18%
Dublin North East	15,512	2,239	2,575	-336	-13%
Dublin Mid Leinster	25,300	3,415	4,190	-775	-18%
West	11,602	2,123	1,918	205	11%
<b>Total Aids and Appliances</b>	<b>67,409</b>	<b>9,795</b>	<b>11,132</b>	<b>-1,337</b>	<b>-12%</b>

## Capital

The annual budget for capital projects is €464.99 million, including €30m in respect of ICT projects. It also includes €7 million in respect of capital payments to Pobail, funded from dormant account funds. The cumulative capital cash profile for the period January and February 2008 is €123.37 million. The capital cash draw down for the corresponding period was €124.12 million. The capital draw down was therefore €0.751 million over profile for this period.



## HR Performance Information

End of February employment data shows an increase of 243 WTEs over the January Report. The corresponding month last year showed a decrease of 542 WTEs. In overall terms, the NHO recorded an increase of 110 WTEs in February with the NHO Statutory Sector recording an increase of 126 WTEs, while the NHO Voluntary Sector decreased by 16 WTEs. PCCC recorded an overall reduction of 149 WTEs with the Statutory and Voluntary Sectors decreasing by 49 WTEs and 100 WTEs respectively from the January level, although in the statutory sector a real growth took place which was masked by a further transfer of the environmental health function from PCCC to Population Health in February. This transfer equated to 273 WTEs, thus the increase in PCCC Statutory Sector was of the order of 224 WTEs.

Most of the overall increase of 243 WTEs can be accounted for primarily through further placement of student nurses in February which equated to some 272 WTEs. Another factor in increasing employment levels is the ongoing upward pressure on nursing numbers due to the introduction of the 37.5 hour week. The combined

	Ceiling at 1/1/08	2008 New service developments	Amended Ceiling 28/02/09	% of Approved Ceiling	Actual Feb 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-560</b>	<b>52,258</b>	<b>46.94%</b>	<b>53,620</b>	<b>110</b>	<b>1,362</b>	<b>2.61%</b>
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<b>PCCC</b>	<b>54,677</b>	<b>19</b>	<b>54,696</b>	<b>49.13%</b>	<b>53,811</b>	<b>-148</b>	<b>-885</b>	<b>-1.62%</b>
<i>Voluntary</i>	14,891	229	15,120	13.58%	15,164	-100	44	0.29%
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<i>Corporate (incl subsumed agencies)</i>	3,477	-8	3,469	3.12%	3,385	16	-85	-2.44%
<b>Total</b>	<b>111,505</b>	<b>-169</b>	<b>111,336</b>	<b>100.00%</b>	<b>111,725</b>	<b>243</b>	<b>390</b>	<b>0.35%</b>

effect was to increase overall nursing WTEs (student nurses were recorded at 50% to reflect revised replacement ratio) by 294 WTEs in February and the increase in nursing since the start of the year is 687 WTEs. This would seem to indicate that student nurses in particular are not being displaced by an appropriate reduction in staff nurses in line with the replacement ratio of 2:1, effective from the start of January.

A further 21 of the 2008 addendum posts were filled in February. Out of over 940 posts approved and in process of recruitment, some 206 posts are still to be filled. Management / admin WTEs decreased overall in February by 11. The majority of the decrease were in Corporate Functions (-14 WTEs), PCCC accounted for a further 7 while Management / Admin figures increased slightly in NHO and Population Health.

Population Health and Corporate reported increases of 266 and 16 WTEs respectively in February. There was a significant increase in Corporate with the subsuming of the Post Graduate Medical and Dental Board (PgMDB) into the HSE with an additional 63 WTEs. A ceiling adjustment is awaited. As previously stated, the increase in Population Health is primarily due to the transfer of environmental health functions from PCCC in a couple of areas. Corporate and Population Health are currently 2.43% (84 WTEs) and -0.3% (-3 WTEs) below their respective approved employment ceilings.

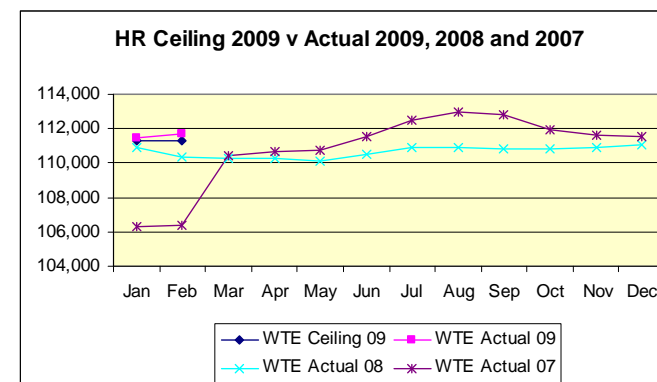
### Compliance with approved employment ceiling

In overall terms, the HSE is within the notified approved employment ceiling of 111,800 WTEs by some 75 WTEs as at the end of February. This has been notified to the HSE on this day although, as indicated above, a further adjustment of 63 WTEs in respect of the transfer of the PgMDB is not included. 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, the more appropriate ceiling to measure ceiling compliance against outturn at the end of February is 111,336 WTEs and causes this ceiling to be breached temporarily, albeit because of student nurse placements.

In internal reporting (but not including the adjustment for the Post Graduate Medical and Dental Board), the level of ceiling compliance at the end of February shows the HSE is at 390 WTEs above ceiling or +0.35% and this should be reversed when the full displacement of staff nurses takes place to give effect to the replacement ratio of 2:1 as well as an adjustment in respect of additional EMTs employed in 2008. As previously indicated, a further issue here is the double counting effect of maternity leave cover which when accounted for reduces true employment levels and thus has a further positive impact on compliance with approved employment ceilings. This effect is currently estimated at 800 WTEs at any given time.

Based on the current sub-allocation of the overall approved employment ceiling, where 2009 and some 2008 new developments are not included, the NHO is 1,361 WTEs above ceiling (+2.61%), PCCC is 885 WTEs below ceiling (-1.62%), Corporate is 84 WTEs below ceiling (-2.43%) and Population Health is 3 WTEs below ceiling (-0.3%). There were a number of transfers of ceilings between the various functions, amending the ceilings at the end of February from their initial allocations, as well as adjustments upwards in respect of 2008 new service development posts in place. On a sectoral basis, HSE direct is 247 WTEs below ceiling (-0.4%), while the Voluntary Hospitals Sector is 593 WTEs above ceiling (+2.64%) and the Voluntary Sector of PCCC is 44 WTEs above ceiling (+0.29%).

Work on the reporting of NCCP as a discrete function in EMRs and HSPC is ongoing and it is expected that this should be possible in the next couple of months, pending some clarification of issues between NCCP and NHO in particular.



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

Hospital / Local health Office / Voluntary Agency	Ceiling Feb	Actual Feb	Growth in 2009	WTE Var with Ceiling	% Var
Dublin Mid Leinster Ambulance Services	219	348	-14	129	58.73%
Dublin Midlands HG – Acute Hospital Services	16	22	1	6	36.38%
Dublin West LHO	714	925	0	211	29.53%
Children's Sunshine Home	59	71	-1	12	20.18%
St. Vincent's Hospital, Fairview	215	243	17	27	12.68%
Monaghan Hospital	228	254	-6	26	11.55%

## PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
PCTs holding clinical meetings – phase 1 and 2	105	---	---
PCTs in development – phase 3	3	---	---
No. of contacts with out of hours GP services	135,200	-1%	143,644

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,785	1.0%	8,331
Total Home Help Hours provided	1,978,665	-0.9%	2,044,445
Total no. in receipt of subvention	8,994	-1.2%	8,791
Total nursing home inspections completed	150	3.4%	114

Mental Health	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of Child and Adolescent Mental Health Teams	50	-9.1%	47

Community (Demand Led) Schemes	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. LTI Claims	150,841	53%	140,978
No. DPS Claims	948,168	36%	956,710
No. eligible persons on medical cards*	1,365,242*	0%	1,288,621

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,483	2.8%	5,507
Total no. of children in residential care	375	-12.0%	396
Total no. of children in foster care	3,330	4.2%	3,202
Total no. of children in foster care with relatives	1,582	3.4%	1,744
Total no. of children in "Other" care arrangement	196	7.7%	165

\*It should be noted that the validation exercise undertaken as part of VFM continued in February with a further 6,342 cards being discontinued. Therefore, the gross increase for February was 15,112 (1.1%).

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	275	-27%	378
No. patients accessing home care services	3,037	4%	2,766
No. patients accessing intermediate care in community hospital	130	26%	104
No. patients accessing day care services	326	3%	291

Social Inclusion	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Average no. of clients in methadone treatment	8,687	-0.9%	8,689

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of Domiciliary Care Allowance	23,459	-6%	21,533

## NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	1.4	-3.0%
Day case attendances	-4.3	-1.5%
Outpatient attendances	-1.1	-2.0%
Births	-6.4	0.3%
Emergency presentations	-8.4	-5.3%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	710	778	638

National Hospitals Office	Actual 2009	Actual 2008
Inpatients - % waiting		
• Adults >6months	23.9%	32.6%
• Children>3months	58.6%	58.4%
Daycase - % waiting		
• Adults >6months	17.6%	29.3%
• Children>3months	60.7%	63.8%

National Hospitals Office	Actual 2009	Actual 2008
Inpatients % Public	76.2%	75.1%
ED: % waiting for admission >12 hours following decision to admit	48.9%	43.8%
Emergency Calls - % answered <26 mins	83.4%	86.5%

## Section 2 – VFM

### Commentary

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and take into account that as well as the requirement to continue to deliver economic efficiencies started in 2007/8, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment. A target of €115m has been set by the DoHC for specific economies and efficiencies and sub-allocated by Directorate as outlined below. Monthly monitoring and reporting of delivery of these efficiencies, 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 expenditure to Outturn 2008 plus/minus 2009 adjustments, available through our financial systems and/or local Directorate Area/Network reports consolidated nationally. The alignment of local and national reporting is being reviewed with both NHO and PCCC and will continue to be developed month on month.

The total reportable savings against the required €115m for February year to date is €8.8m. In terms of the profile for delivery of efficiencies, it may not be expected that February YTD would demonstrate one-sixth of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until later months. Detailed reports are generated against all adjustments at Directorate level and based on the February year to date expenditure and projecting full year expenditure for 2009:

- VFM 2008 is being maintained in 2009;
- The required €115m adjustments will be delivered at the current rate of spend projected for the full year against 2008 profile of spend;
- Further efficiencies are being delivered beyond the €115m e.g. €135m internal Directorate efficiencies. However, delivery of all the required efficiencies will need an improved rate of saving.

**Non-Pay:** Comparing “2008 outturn plus/minus 2009 adjustments” to a projected rate of spend for 2009 based on “February YTD expenditure profiled against 2008 spend”;

- there is a saving of in excess of €1m for travel and subsistence in February and the projected expenditure indicates delivery beyond the required adjustment;
- there is a saving of in excess of €0.33m for Laboratory in February and the projected expenditure indicates delivery beyond the required adjustment;
- there is a saving of in excess of €0.53m for Corporate Maintenance in February and the projected expenditure indicates delivery beyond the required adjustment;
- there is a saving of over €0.6m for patient transport but this rate of saving will need to slightly increase to deliver the required annual adjustment.

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

**Pay:** The current rate of savings will require to increase over the year in order to achieve a 3% reduction in Mgt / Admin within NHO and PCCC and to reduce mental health overtime within PCCC to target levels. A range of measures are being applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime in all areas, etc.

<b>PCCC</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936	
<b>Reduction Achieved ytd</b>	---	<b>€3.574m</b>	

<b>Support Services</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		15.064	
<b>Reduction Achieved ytd</b>	---	<b>€2.187m</b>	

<b>NHO</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		44.000	
<b>Reduction Achieved ytd</b>	---	<b>€3.050m</b>	

<b>Total</b>			
<b>VFM Budget Reductions</b>	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	€115m	
<b>Reduction Achieved ytd</b>	---	<b>€3.811m</b>	

## Section 3 – Service Delivery

### 3.1 PCCC

#### Overview

Overall PCCC financial expenditure shows an adverse variance year-to-date of €12.4m against budget with a €0.9m overrun in DLS. This compares to an overrun of €3m in DLS in January.

The key drivers of the 2008 schemes deficit continue to create significant pressures in 2009:

- 6% increase in medical card coverage when compared to the same period last year. The total number of individuals now covered by a medical card is 1.365m, a net increase of over 8,773 on the January 2008 position.
- GP Visit Cards are up 1% on December 2008 or 13% on the same period last year.
- DCA recipients are up 1.6% on December 2008 or 9% on the same period last year.
- Claims made under the Long-Term Illness Scheme are up 7% on the same period last year while the number of items is up 8%.
- Claims made under the Drugs Repayments Scheme are down 1% on the same period last year.

In addition, a robust cost containment plan outlining a range of efficiency and VFM measures is in place in each LHO. Details of PCCC progress at the end of February is outlined in the VFM section of the Performance Report.

Other key issues to note for February are:

- There has been a reduction of 140 persons in receipt of a HCP over the last month. This has brought the total number benefiting back in line with NSP target compared to a 2.6% overrun in January. The total number in receipt of a HCP now stands at 8,785 or 1% above target.
- The number of nursing home inspections carried out year to date is 3.4% above target compared to 12.3% below target last month.

#### PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,584	12,400	-1.5%	204,811	203,863	0.5%
West	11,606	11,521	-0.7%	219,503	215,770	1.7%
DML	14,918	14,591	-2.2%	258,017	257,470	0.2%
DNE	15,559	15,298	-1.7%	197,721	190,824	3.6%
PCRS				435,494	437,583	-0.5%
National Director Office		0	n/a	1,234	1,894	-34.8%
Primary Care Schemes				51,250	48,237	6.2%
<b>Total</b>	<b>54697</b>	<b>53,810</b>	<b>-1.6%</b>	<b>1,368,030</b>	<b>1,355,642</b>	<b>0.9%</b>

## PCCC Finance Commentary

Including PCRS, year to date expenditure was **€1,368.0 million** compared with a budget of **€1,355.6 million** – leading to a negative variance of **€12.4 million**.

Budgets for Local Health Offices are challenging in 2009 and, like hospitals, the implementation of the Corporate Business Plan will be critical to bring expenditure into line with available resource.

The variance on schemes at the end of February is set out in the table on the right.

The deficit on Primary Care Schemes included in the LHOs is €3.0m.

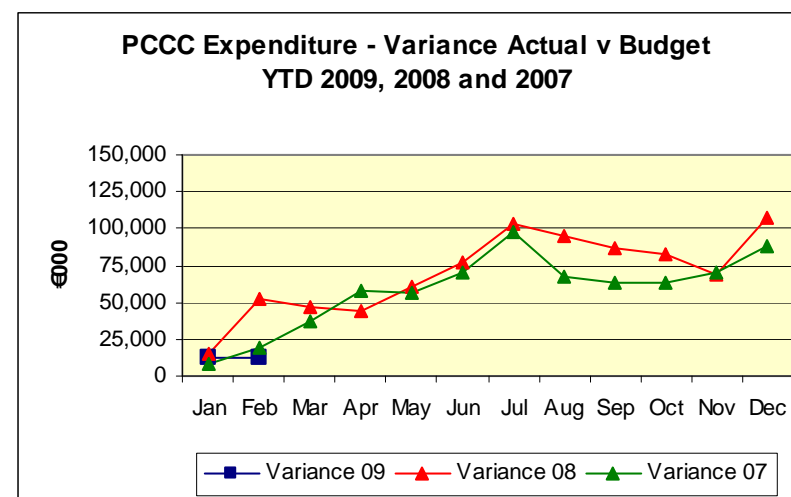
Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	2,098,381	310,308	326,593	-16,285	-5.0%
Community Schemes	686,440	125,186	110,990	14,196	12.8%
<b>PCRS Total</b>	<b>2,784,821</b>	<b>435,494</b>	<b>437,583</b>	<b>-2,089</b>	<b>-0.5%</b>
Primary Care Schemes	318,174	51,250	48,237	3,013	6.2%
<b>Grand Total</b>	<b>3,102,995</b>	<b>486,744</b>	<b>485,820</b>	<b>924</b>	<b>0.2%</b>

### LHOs with Most Significant Adverse Financial Variances

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway	265,142	46,220	42,862	3,358	7.8%
Meath	87,495	16,279	14,222	2,057	14.5%
Laois / Offaly	176,262	31,071	29,143	1,928	6.6%
Longford / Westmeath	156,401	27,357	25,714	1,643	6.4%
Cavan / Monaghan	117,631	20,580	19,151	1,429	7.5%

### LHOs with Most Significant Favourable Financial Variances

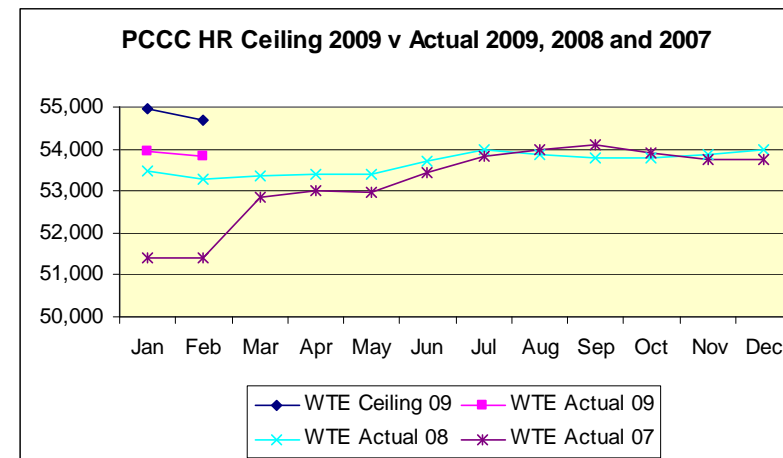
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Dublin South Central	210,372	33,740	34,816	-1,076	-3.1%
West Cork	243,270	39,670	40,156	-486	-1.2%
Donegal	181,876	28,505	28,916	-411	-1.4%
Sligo / Leitrim	175,144	27,532	27,828	-296	-1.1%
Leopardstown Park Hospital Board	14,208	2,167	2,368	-201	-8.5%



### PCCC HR Commentary

PCCC recorded a net increase of 124 WTEs once the transfer of environmental health to Population Health is factored in. As in the case of the NHO, student nurse placements was the most significant contributor to growth of 212 WTEs recorded in nursing in PCCC. A further 19 of the 2008 addendum posts were filled in February. Some 649 new 2008 development posts in PCCC have now been filled in Areas / Agencies encompassed by the approved employment ceiling by the end of February. Some 161 posts remain in process of being filled from the 2008 addendum approved developments. The following table outlines the LHOs that recorded the largest increases in employment in February:

Local Health Office	Increase in Feb	Of Which Statutory	Of Which Voluntary	% Increase in Feb	WTE Variance with Ceiling	% Variance to ceiling
Galway	88	89	1	3.01%	-11	-0.36%
Laois / Offaly	56	63	-7	2.58%	-11	-0.49%
Dublin South City	34	41	-6	2.66%	0	0.02%
Donegal	20	20	0	0.92%	-50	-2.26%
Dublin North Central	18	3	15	0.55%	79	2.49%
South Tipperary	16	18	-2	1.41%	15	1.32%
Waterford	12	13	-3	0.77%	15	0.95%



In addition, some Voluntary Agencies recorded increases during the month; St Vincent's Hospital Fairview + 17 WTEs and Brothers of Charity Waterford +13 WTEs. PCCC's approved employment ceiling was adjusted downwards to give effect to the transfer of environmental health to Population Health. PCCC's approved employment ceiling is 54,696 and they are currently 885 WTEs (-1.62%) below their approved employment ceiling.

#### LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual Feb 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin West	1,858	2,108	-2	250	13.45%
Dublin North West	2,660	2,767	-71	107	4.01%
Dublin North Central	3,157	3,236	18	79	2.49%
Wexford	1,001	1,017	10	16	1.56%
North Tipperary / East Limerick	1,522	1,544	6	22	1.42%

(Based on the percentage variance from ceiling)

#### LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual Feb 2009	Growth from Previous Month	Variance from ceiling	% Var
Dun Laoghaire	997	852	-16	-145	-14.55%
Louth	1,778	1,709	-27	-69	-3.90%
Cavan / Monaghan	1,314	1,270	13	-44	-3.36%
Longford / Westmeath	2,007	1,959	9	-48	-2.40%
Donegal	2,217	2,167	20	-50	-2.26%

(Based on the percentage variance from ceiling)

## PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	Total No. Primary Care Teams (phase 1 and 2)			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	---	32	---	61,540	59,306	-4%	---	---	---	---	---	---	---	---	---
West	---	29	---	35,020	33,875	-3%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	22,440	25,526	14%	---	---	---	---	---	---	---	---	---
DML	---	34	---	17,170	16,493	-4%	---	---	---	---	---	---	---	---	---
<b>Total</b>	---	<b>105</b>	---	<b>136,170</b>	<b>135,200</b>	<b>-1%</b>	<b>98,814</b>	<b>150,841</b>	<b>53%</b>	<b>697,282</b>	<b>948,168</b>	<b>36%</b>	<b>1,364,072</b>	<b>1,365,242</b>	<b>0%</b>

Children and Families Activity YTD	Total No. Children in care			Total No. Children in Residential care			Total No. Children in foster care			Total No. Children in foster care with relatives			Total No. Children in 'Other' care arrangement		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,414	1,540	8.9%	84	62	-26.2%	898	984	9.6%	385	403	4.7%	47	91	93.6%
West	1,063	1,061	-0.2%	54	35	-35.2%	688	720	4.7%	275	275	0.0%	46	31	-32.6%
DNE	1,347	1,414	5.0%	138	141	2.2%	716	751	4.9%	446	476	6.7%	47	46	-2.1%
DML	1,510	1,468	-2.8%	150	137	-8.7%	894	875	-2.1%	424	428	0.9%	42	28	-33.3%
<b>Total</b>	<b>5,334</b>	<b>5,483</b>	<b>2.8%</b>	<b>426</b>	<b>375</b>	<b>-12.0%</b>	<b>3,196</b>	<b>3,330</b>	<b>4.2%</b>	<b>1,530</b>	<b>1,582</b>	<b>3.4%</b>	<b>182</b>	<b>196</b>	<b>7.7%</b>

Older People Activity YTD	No. of persons in receipt of home care packages			Total No. Home Help Hours Provided			Total No. in receipt of subvention			Total No. Nursing Home Inspections Completed		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,880	1,901	1.1%	652,336	661,870	1.5%	2,646	2,619	-1.0%	40	31	-22.5%
West	1,690	1,821	7.8%	583,600	584,591	0.2%	3,259	3,227	-1.0%	45	46	3.0%
DNE	3,300	3,121	-5.4%	401,332	387,626	-3.4%	1,337	1,364	2.0%	23	37	63.2%
DML	1,830	1,942	6.1%	359,332	344,578	-4.1%	1,858	1,784	-4.0%	38	36	-5.3%
<b>Total</b>	<b>8,700</b>	<b>8,785</b>	<b>1.0%</b>	<b>1,996,600</b>	<b>1,978,665</b>	<b>-0.9%</b>	<b>9,100</b>	<b>8,994</b>	<b>-1.2%</b>	<b>145</b>	<b>150</b>	<b>3.4%</b>

It should be noted that the validation exercise undertaken as part of VFM continued in February with a further 6,342 cards being discontinued. Therefore, the gross increase for February was 15,112 (1.1%).

Palliative Care Activity YTD (no. on last day of month)	No. Patients in specialist in-patient / month			No. Patients accessing home care services			No. Patients accessing intermediate care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	53	-7%	764	787	3%	31	31	0%	69	69	0%
West	116	86	-26%	850	946	11%	35	49	40%	82	102	24%
DNE	35	40	14%	586	607	4%	5	5	0%	56	44	-21%
DML	171	96	-44%	729	697	-4%	32	45	41%	108	111	3%
<b>Total</b>	<b>379</b>	<b>275</b>	<b>-27%</b>	<b>2,929</b>	<b>3037</b>	<b>4%</b>	<b>103</b>	<b>130</b>	<b>26%</b>	<b>315</b>	<b>326</b>	<b>3%</b>

Activity YTD	Mental Health			Social Inclusion			Disabilities		
	No. of Child and Adolescent Mental Health Teams			Average No. clients in methadone treatment			No. persons in receipt of Domiciliary Care Allowance		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	13	11	-15.4%	---	---	---	---	---	---
West	13	12	-7.7%	---	---	---	---	---	---
DNE	12	10	-16.7%	---	---	---	---	---	---
DML	17	17	0.0%	---	---	---	---	---	---
<b>Total</b>	<b>55</b>	<b>50</b>	<b>-9.1%</b>	<b>8,765</b>	<b>8,687</b>	<b>-0.9%</b>	<b>25,000</b>	<b>23,459</b>	<b>-6%</b>

**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). The number of PCTs that are holding clinical team meetings at the end of February is 105 (Phase 1 teams were previously referred to as 2006 teams and Phase 2 were previously referred to as 2007 teams). Three teams from Phase 3 are also currently in development. Of the 97 Phase 1 teams which were reported on in 2008, 90 PCTs (93%) are currently holding clinical team meetings, which is the same as January figure, and fifteen Phase 2 teams are holding clinical team meetings (13%).

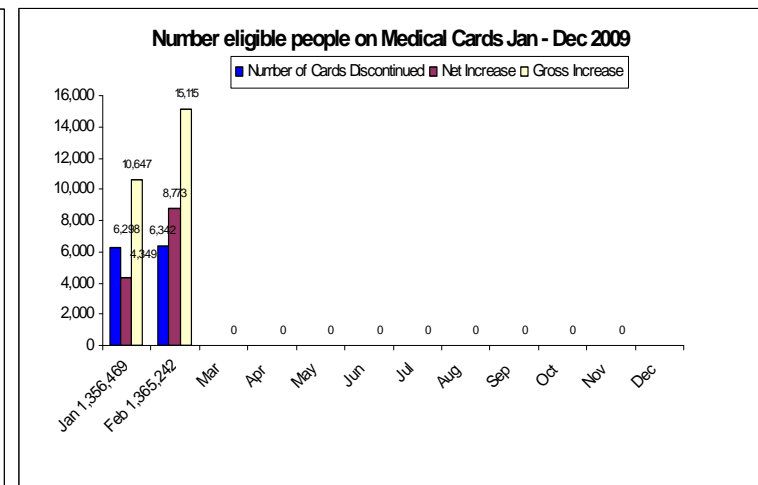
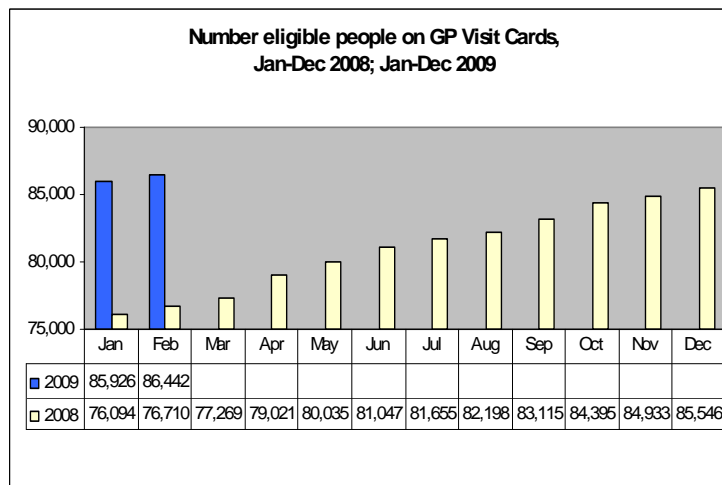
**Out of Hours GP Services:** (NSP 09 commits to providing 801,000 GP Out Of Hours contacts on an annual basis, i.e. 66,750 contacts per month or 2,189 contacts per day nationally. During the month of February, 63,367 contacts were made with the service, which represents a reduction of 12% on the contacts made in January 2009 (71,833). This is partly due to the fact that January figures would have included New Year and there are fewer days in February. Year to date figure is 135,200, which is 1% below the profiled target but represents 17% of the annual target. The Year to date position is also 6% below the same period last year figure of 143,644.

As 2009 is the first time profiling of targets is taking place, table below outlines the monthly targets, the % of the annual target, and the cumulative YTD targets. Profiling is based on trends from 2007 and 2008.

2009	Jan Profile	Jan Actual	Feb Profile	Feb Actual	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Monthly Target</b>	56,070	71,833	80,100	63,367	72,090	40,050	104,130	56,070	56,070	56,070	64,080	56,070	56,070	104,130
<b>% of Annual Target</b>	7%	9%	10%	8%	9%	5%	13%	7%	7%	7%	8%	7%	7%	13%
<b>Cumulative Monthly Targets</b>	56,070	71,833	136,170	135,200	208,260	248,310	352,440	408,510	464,580	520,650	684,730	640,800	696,870	801,000

**GP Visit cards:** Sustained growth in the number of eligible persons on GP Visit Cards continued during February 2009, up 0.6% on the January position. During February, an additional 516 GP Visit Cards were issued. This represents an increase of 13% from the same period last year (9,732 additional GP Visit Cards were issued since February 2008). The total number of people covered by a GP Visit Card at the end of February is 86,442.

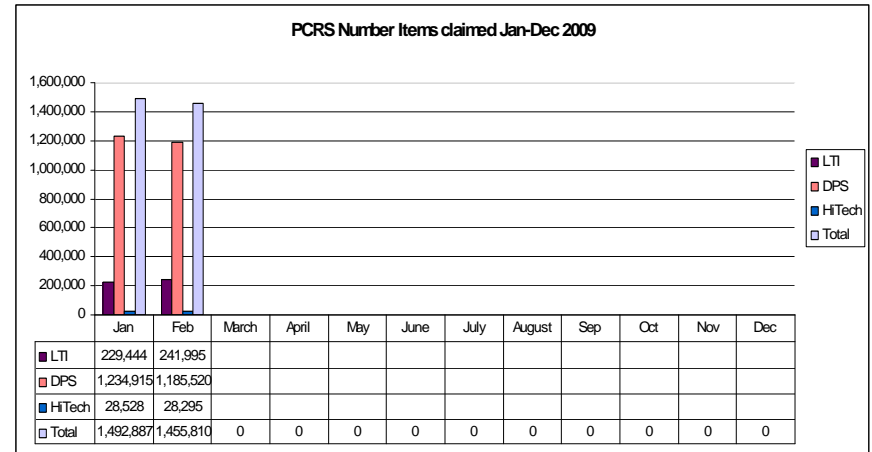
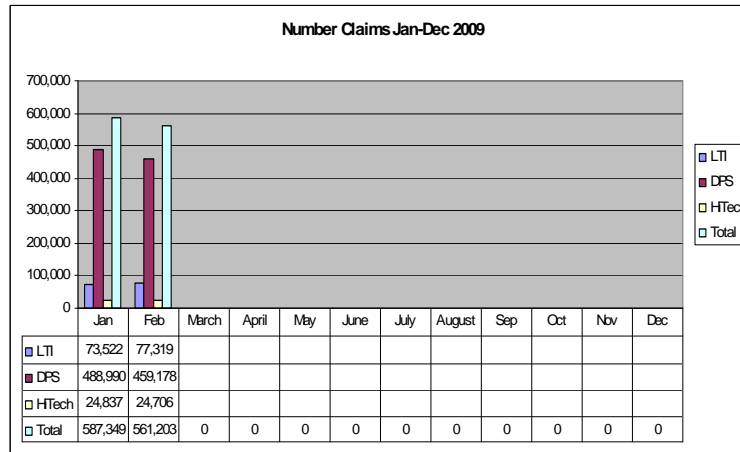
**Medical Cards:** The total number of individuals who are now covered by a medical card is 1,365,242 which represents an increase of 8,773 (0.6%) medical cards over the January position (1,356,469). However, it should be noted the validation exercise undertaken as part of VFM continued in February with a further 6,342 cards being discontinued. Therefore, the gross increase for February was 15,115 (1.1%). Graph below details the net increase, gross increase and the number of cards discontinued.



**Schemes**

**LTI:** The number of LTI claims made during February was 77,319 which is 56% above the monthly target of 49,407, bringing the total ytd to 150,841, which is 53% above the year to date target of 98,814. Compared to the same period last year (140,978 claims) this represents an increase of 7%. The total number of LTI items in February was 241,995 which is 6% above the monthly target.

**DPS:** The number of DPS claims made during February was 459,178 which is 32% above the monthly target of 348,641. Year to date claims are 36% above the year to date target (year to date figure of 948,168). This compares with 956,710 claims for the same period last year (YTD), a reduction of 1%. The total number of DPS items was 1,185,520 which is 11% below the monthly target of 1,328,683.



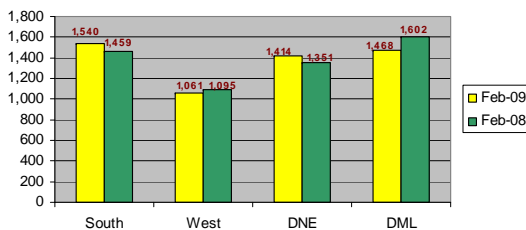
**Hi-Tech:** The number of HiTech claims made during February was 24,706, this is 6% below the monthly target of 26,325. The year to date position (49,543) is 6% above the same period last year (46,633).

**Domiciliary Care Allowances (DCA)** continue to show growth during the reporting period. During February, an additional 243 clients claimed DCA, bringing the total number to 23,459, an increase of 1.0% on the January 2009 position. The figure of 23,459 claimants in February 2009 compares with 21,533 for the same period last year, an increase of 1,926 or 8.9%.

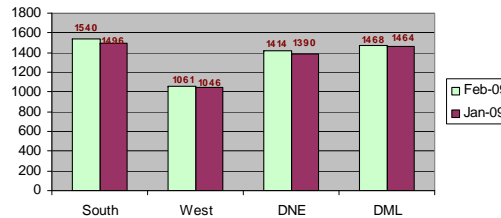
**Children and Families**

**Children in Care:** The number of children in care nationally in February 2009 was 5,483. This is a 0.4% decrease compared to the same period last year (5,507). There is a 1.6% increase compared to the January 09 figure of 5,396. Proportionately, the West has the lowest number of children in care, consistently accounting for 19% of the national total. HSE South has the highest proportion at 28%.

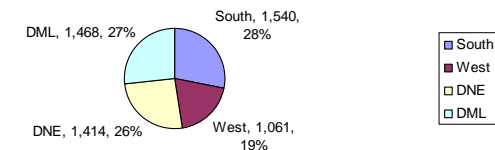
Children in Care Comparison Feb 09 v Feb 08

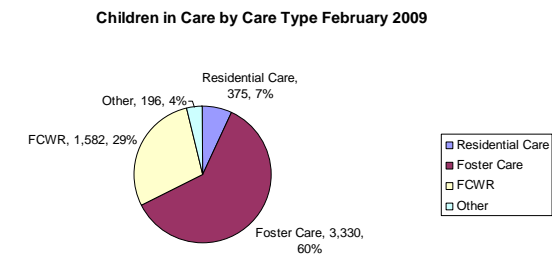
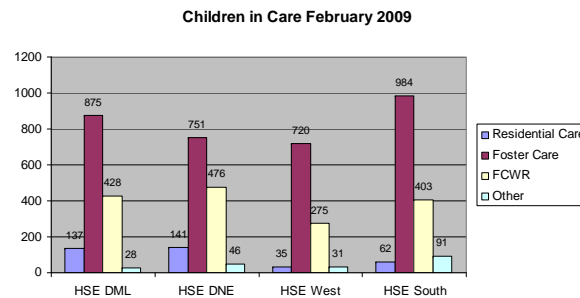
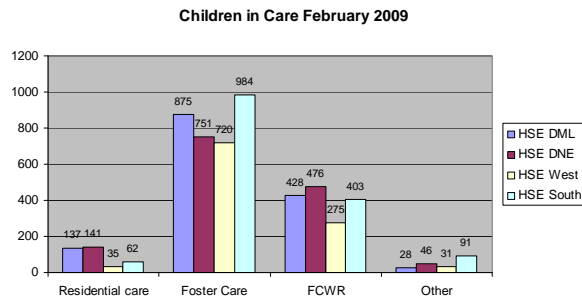


Children in Care Comparison Feb 09 v Jan 09



No. of Children in Care (Nationally) February 2009





The breakdown of care type by percentage nationally shows that the highest number of children in care is in Foster Care (60% of all children in care). Foster Care with Relatives accounts for 29%, followed by Residential Care at 7% and 'Other / At Home under a Care Order' is 4%.

Of the 5,483 children in care, 375 are in residential care (accounting for 7% of the overall total). As a percentage of all children in care, DNE and DML report the highest proportion in residential care at 10% and 9.3% respectively (this is directly related to the higher number of residential care centres located within DNE and DML). The lowest proportion is recorded for HSE West at 3.3%. The number of children in residential care has decreased by 5.3% since same time last year (396).

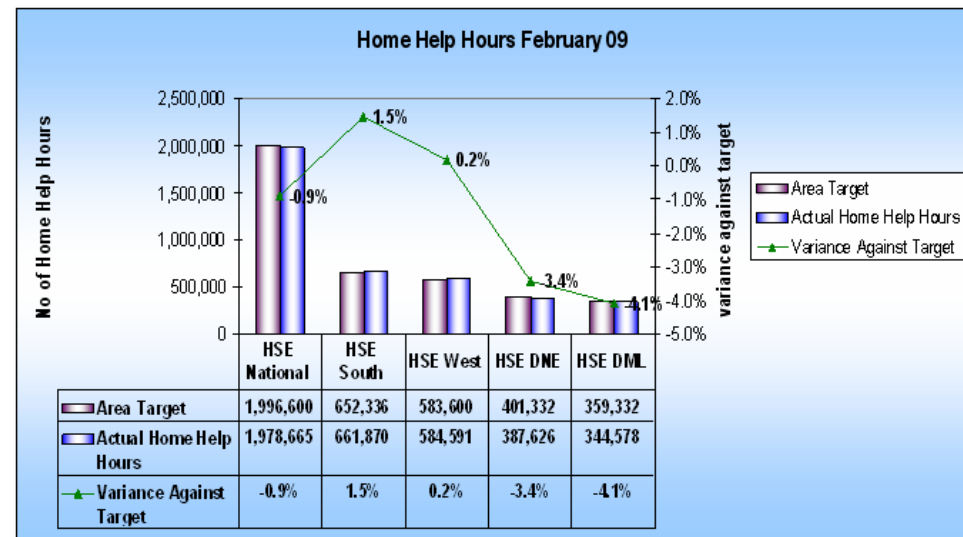
The number of children in Foster Care for February 09 is 3,330 compared to 3,202 for February 08. This constitutes a 4% increase. The number of children in foster care with relatives has decreased from 1,774 to 1,582 (-9%) for the same period last year.

There is also an overall increase of almost 19% in the number of children in 'other care / at home under care order' when compared to the February 2008. This is in part accounted for by an increase in the South, where there has been a growth in the number of children who are currently under a care order but are actually living at home (91 in HSE South February 2009 compared to 48 February 2008). HSE West exhibited an 11% drop from the position February 2009 (31) to the position February 2008 (35). DNE demonstrated almost a 28% increase (36 February 2008 to 46 February 2009). DML showed a 39% drop, from 46 for February 2008 to 28 for February 2009.

**Older Persons**

**Home Care Packages:** At the end of February 2009 there were 8,785 clients in receipt of Home Care Packages, of which 6,762 were direct provision and 2,023 were cash grants. The overall number of clients in receipt of a HCP in February is approximately 1% above the expected level of service delivery. This compares with 2.6% above expected level of service last month. The proportion of clients over 65 years remains unchanged from last month at 93.7% (8,238 clients). Cumulatively, the number of new clients at the end of February 2009 was 530 compared to 632 for the same period 2008.

**Home Help:** In NSP 2009 we have committed to providing 11.98m Home Help Hours. This amounts to about 998,300 hours per month. At the end of February 2009, 1,978,665 hours had been provided (0.9% below target). The number of people in receipt of home help hours stood at 53,644 in February, 1.6% below projected numbers.



**Palliative Care**

On 28<sup>th</sup> February the total number of patients accessing palliative care services was 3,768. The majority of these patients were in receipt of home care services (n=3,037), accounting for 80% of the level of activity reported for the month. The number of patients in Specialist Inpatient units (275) accounted for 7% of the total.

**Social Inclusion**

**Addiction Services:** During 2009 Performance Management will report on data returned by the Drug Treatment Centre Board (DTCB), which represents a more robust set of statistics than previously reported on during 2008. The new data includes patients treated at area, prison and DTCB level, as opposed to area level alone. This process was initiated in January 2009, with data being reported monthly in arrears. As such, there are discrepancies in outturn 08 data presented this month compared with last month. Alignment with same period last year has been addressed to reflect this also.

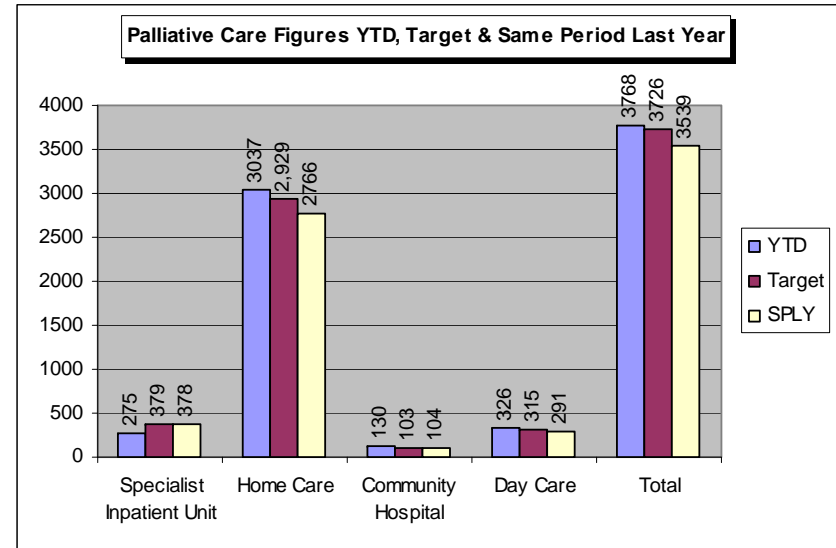
In January 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,673, which was 0.5% above the target figure of 7,636 for 2009. Nationally, in January, a total of 8,687 clients were treated, which was 0.9% below the target figure of 8,765.

**Mental Health**

In previous PRs the number of CAMHS teams in place was inaccurately reported as 55 teams, reflecting the target figure as opposed to YTD actual. This has now been corrected for the February report.

The actual number of Child and Adolescent Mental Health Teams nationally currently stands at 50. This compares with 47 teams in existence as at December 2008. The additional 3 teams are a result of reconfiguration of the 47 teams - 2 additional teams in Dublin Mid Leinster and 1 in HSE West. These additional teams were identified through the CAMHT's Waiting List Initiative which also looked at capacity within teams and scope for reconfiguration and have been created without recourse to any additional resource. This represents a significant step forward in achieving the recommendations set out in a Vision for Change, and in the transformation agenda with respect to service / staff reconfiguration.

A further 8 teams are on course to be in place by end Quarter 1 2009 which will bring the total number of teams to 58.



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

### Overview

The financial performance for February 09 indicates a budgetary over run of €30.4m. There are significant efficiency challenges for the NHO to sustain, and further efficiencies to be achieved in 2009, for the NHO to deliver on service plan within the budget provided. The NHO is committed to implementing all cost saving measures required to achieve breakeven, including reduction in non-basic pay, reduction in bed numbers, reduction in workforce, maintaining activity at agreed levels and maximising value for money savings. However, as the full range of measures to achieve the required savings were not in place in February, this would account for a significant component of the deficit.

February HR returns reflect a variance from ceiling of 1,362 WTEs (+2.61%) over approved ceiling. Much of this can be accounted for by student nurse placements, where displacement of staff nurses has yet to be fully effected.

Inpatient (-3%) and daycase activity (-1.5%) has decreased within the hospital system compared to 2008. While inpatient discharges are 1.4% ahead of service plan target, indicating that the required reduction in inpatient activity this year has not been as rapid as planned, elective discharges have reduced by 11% due to activity controls, bed closures and higher delayed discharges (reducing bed availability). Daycase activity is 4% less than target levels indicating that the further shift of activity to a day case basis has not occurred yet. The continuing increase in delayed discharges (200 more than the average this time two years ago) as patients await provision of alternative care, is a particular concern.

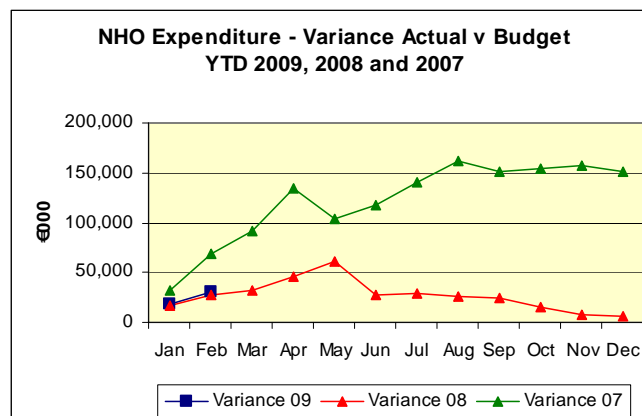
While both emergency presentations to hospitals and attendances at EDs have decreased by 5% against the same period last year, emergency admissions are in line with 2008 emergency admission levels. The average number of admission waits per day has increased substantially by 23%, >24 hour waits by 42% and >12 hour waits by 39%.

### NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,469	4,546	1.7%	56,610	53,400	6.0%
Southern HG	6,840	6,897	0.8%	90,671	88,453	2.5%
North Eastern HG	3,122	3,280	5.1%	46,527	45,187	3.0%
Dublin North HG	8,831	8,995	1.9%	135,680	131,455	3.2%
Western HG	7,937	8,307	4.7%	115,458	107,730	7.2%
Mid Western HG	3,273	3,281	0.2%	45,119	42,659	5.8%
Dublin Midlands HG	7,959	8,218	3.3%	118,296	112,119	5.5%
Dublin South HG	8,471	8,656	2.2%	132,611	129,932	2.1%
Ambulance	1,305	1,437	10.1%	23,420	21,673	8.1%
VRL & Nat. Director Office				3,706	5,070	-26.9%
<b>NATIONAL TOTAL</b>	<b>52,258</b>	<b>53,617</b>	<b>2.6%</b>	<b>768,098</b>	<b>737,676</b>	<b>4.1%</b>

### NHO Finance Commentary

Year to date expenditure in the NHO was €768.1 million compared with a budget of €737.7 million – leading to a negative variance of €30.4 million. All networks are experiencing expenditure pressure, given the scale of the budgetary challenges presenting in 2009. The measures set out in the Corporate Business Plan to deliver on budget will require significant commitment and support at every level to begin to bring hospital expenditure in line with available resource.



### Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Sligo General Hospital	114,447	21,127	18,749	2,378	12.7%
Adelaide & Meath Hospital	219,814	38,798	36,629	2,169	5.9%
Mater Misericordiae					
University Hospital	242,343	42,478	40,437	2,041	5.0%
Beaumont Hospital	279,473	47,674	45,779	1,895	4.1%
Mayo General Hospital	82,708	15,169	13,369	1,800	13.5%

### Hospitals with Most Significant Favourable Financial Variances

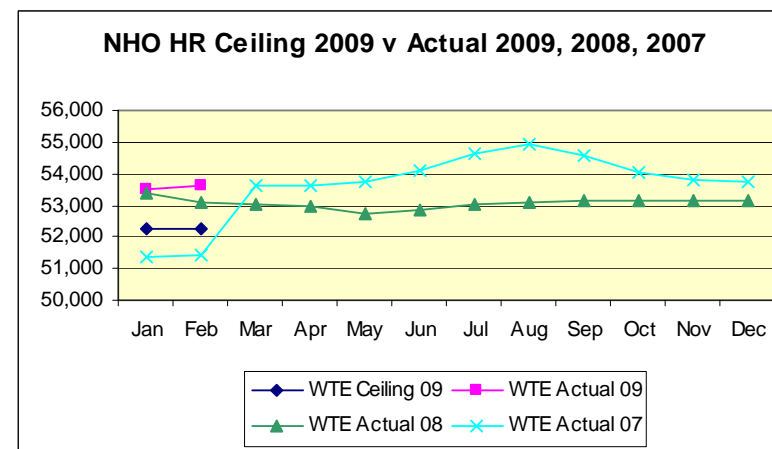
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
National Maternity Hospital	50,673	8,232	8,446	-214	-2.5%
Rotunda Hospital	54,345	8,848	9,057	-209	-2.3%
Our Lady's Hospital Navan	45,069	7,308	7,512	-204	-2.7%
Royal Victoria Eye & Ear	23,914	3,919	3,986	-67	-1.7%
Cappagh National Orthopaedic Hospital	30,000	5,026	5,040	-14	-0.3%

### NHO HR Commentary

The National Hospitals Office’s employment ceiling is **52,258** and they are now **1,362 WTEs (+2.61%) over** their approved ceiling. When nursing numbers are displaced to offset student nurse placements, coupled to an adjustment in respect of Emergency Medical Technicians in the National Ambulance Service (although this is now expected to be significantly less than what was expected), there should be a significant impact on reducing the breach on the NHO’s approved employment ceiling. However, it will still leave a sizeable challenge to further reduce employment levels in this function in order to achieve compliance.

The following hospitals recorded the largest increases in employment in February and much of this can be accounted for by student nurse placements, where displacement of staff nurses has yet to be fully effected;

Hospital	February increases	% increase in February	WTE Variance with ceiling	% variance to ceiling
Beaumont Hospital	43	1.39%	68	2.26%
Limerick Regional Hospital	26	1.09%	76	3.28%
Our Lady of Lourdes Hospital	23	1.68%	81	6.28%
Sligo General Hospital	22	1.47%	84	6.00%
Galway University Hospital	23	0.89%	157	6.51%
St. James’s Hospital	21	0.56%	8	0.22%



#### Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual Feb 2009	Growth from Previous Month	Variance from ceiling	% Var
Our Lady's Hospital Cashel	11	15	0	3	29.21%
Monaghan Hospital	228	254	-6	26	11.55%
Cavan Hospital	715	767	-1	52	7.23%
Kerry General Hospital	968	1,035	-11	67	6.95%
The Coombe Women's Hospital	691	738	-3	47	6.76%
East Coast Ambulance Service	219	348	-14	129	58.73%

(Based on the percentage variance from ceiling)

#### Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual Feb 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital	36	32	1	-4	-12.01%
Connolly Hospital Blanchardstown	1,238	1,187	12	-51	-4.09%
Orthopaedic Hospital Kilcreene	93	90	2	-3	-3.74%
Merlin Park University Hospital	672	650	0	-22	-3.21%
St Mary's Orthopaedic Hospital	225	219	-2	-7	-3.03%
Midlands Ambulance Service	196	143	-2	-53	-27.01%

(Based on the percentage variance from ceiling)

NHO Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
<b>Inpatient Discharges</b>	<b>604,320</b>	<b>573,360</b>	<b>46,584</b>	<b>46,641</b>	<b>0.1%</b>	<b>94,810</b>	<b>96,176</b>	<b>1.4%</b>	<b>99,140</b>	<b>-3.0%</b>
South Eastern HG	69,570	66,580	5,636	5,404	-4.1%	11,283	11,284	0.0%	11,790	-4.3%
Southern HG	84,209	79,720	6,267	6,505	3.8%	12,895	13,353	3.6%	13,418	-0.5%
North Eastern HG	49,576	46,730	3,647	3,814	4.6%	7,616	7,890	3.6%	8,190	-3.7%
Dublin North HG	72,610	69,370	5,704	5,747	0.8%	11,432	11,570	1.2%	11,969	-3.3%
Western HG	108,409	103,860	8,333	8,306	-0.3%	16,987	17,509	3.1%	17,731	-1.3%
Mid Western HG	46,418	45,300	3,782	3,724	-1.5%	7,762	7,706	-0.7%	7,951	-3.1%
Dublin Midlands HG	100,952	96,320	7,896	8,052	2.0%	16,037	16,391	2.2%	16,802	-2.4%
Dublin South HG	72,576	65,480	5,319	5,089	-4.3%	10,798	10,473	-3.0%	11,289	-7.2%
<b>Day Cases</b>	<b>637,140</b>	<b>647,000</b>	<b>55,105</b>	<b>52,539</b>	<b>-4.7%</b>	<b>109,273</b>	<b>104,586</b>	<b>-4.3%</b>	<b>106,146</b>	<b>-1.5%</b>
South Eastern HG	37,972	40,660	3,366	3,044	-9.6%	6,830	6,277	-8.1%	6,371	-1.5%
Southern HG	99,162	98,720	8,337	8,447	1.3%	16,568	16,505	-0.4%	16,583	-0.5%
North Eastern HG	30,026	30,900	2,692	2,661	-1.2%	5,226	4,928	-5.7%	5,061	-2.6%
Dublin North HG	93,024	94,480	8,292	7,738	-6.7%	16,362	15,503	-5.2%	16,093	-3.7%
Western HG	114,118	117,100	9,887	9,550	-3.4%	19,457	19,066	-2.0%	18,955	0.6%
Mid Western HG	35,272	35,980	3,185	2,873	-9.8%	6,222	5,825	-6.4%	6,072	-4.1%
Dublin Midlands HG	79,555	84,190	7,309	6,215	-15.0%	16,037	12,248	-16.8%	12,626	-3.0%
Dublin South HG	148,011	144,970	12,037	12,011	-0.2%	23,890	24,234	1.4%	24,385	-0.6%
<b>Emergency Presentations</b>	<b>1,207,534</b>	<b>1,223,000</b>	<b>93,819</b>	<b>88,116</b>	<b>-6.1%</b>	<b>197,690</b>	<b>181,116</b>	<b>-8.4%</b>	<b>191,255</b>	<b>-5.3%</b>
South Eastern HG	172,872	177,250	13,597	12,494	-8.1%	28,651	25,620	-10.6%	27,468	-6.7%
Southern HG	139,158	140,790	10,800	10,083	-6.6%	22,758	20,930	-8.0%	21,916	-4.5%
North Eastern HG	114,218	114,280	8,767	8,513	-2.9%	18,473	17,383	-5.9%	17,761	-2.1%
Dublin North HG	127,490	128,690	9,872	9,234	-6.5%	20,802	19,072	-8.3%	20,808	-8.3%
Western HG	195,504	200,660	15,393	14,882	-3.3%	32,435	30,479	-6.0%	30,080	1.3%
Mid Western HG	114,680	116,750	8,956	8,050	-10.1%	18,872	16,528	-12.4%	18,061	-8.5%
Dublin Midlands HG	216,151	215,900	16,562	15,499	-6.4%	34,899	31,865	-8.7%	34,676	-8.1%
Dublin South HG	127,461	128,680	9,871	9,361	-5.2%	20,800	19,239	-7.5%	20,485	-6.1%
<b>Emergency Admissions</b>	<b>368,341</b>	<b>367,000</b>	<b>28,153</b>	<b>28,600</b>	<b>1.6%</b>	<b>59,323</b>	<b>60,361</b>	<b>1.7%</b>	<b>60,925</b>	<b>-0.9%</b>
South Eastern HG	49,779	49,390	3,789	3,891	2.7%	7,984	8,000	0.2%	8,498	-5.9%
Southern HG	40,598	40,290	3,091	3,092	0.0%	6,513	6,521	0.1%	6,516	0.1%
North Eastern HG	36,343	36,050	2,765	2,753	-0.5%	5,827	5,788	-0.7%	5,807	-0.3%
Dublin North HG	36,945	37,690	2,891	2,997	3.7%	6,092	6,304	3.5%	6,272	0.5%
Western HG	83,202	82,580	6,335	6,393	0.9%	13,349	13,904	4.2%	13,285	4.7%
Mid Western HG	27,415	27,280	2,093	2,185	4.4%	4,410	4,636	5.1%	4,645	-0.2%
Dublin Midlands HG	58,221	58,200	4,465	4,609	3.2%	9,408	9,501	1.0%	9,825	-3.3%
Dublin South HG	35,838	35,520	2,725	2,680	-1.6%	5,742	5,707	-0.6%	6,077	-6.1%
<b>Outpatient Attendances</b>	<b>3,271,665</b>	<b>3,233,000</b>	<b>267,717</b>	<b>265,121</b>	<b>-1.0%</b>	<b>546,728</b>	<b>540,831</b>	<b>-1.1%</b>	<b>552,103</b>	<b>-2.0%</b>
South Eastern HG	282,948	281,020	22,836	21,655	-5.2%	47,268	44,444	-6.0%	47,578	-6.6%
Southern HG	387,685	380,690	31,210	32,210	3.2%	63,515	66,414	4.6%	63,831	4.0%
North Eastern HG	255,652	247,880	21,280	20,637	-3.0%	42,769	40,725	-4.8%	44,383	-8.2%
Dublin North HG	538,127	536,530	44,412	43,928	-1.1%	90,832	90,423	-0.5%	91,115	-0.8%
Western HG	438,488	436,120	35,083	35,650	1.6%	69,112	70,896	2.6%	70,045	1.2%
Mid Western HG	186,112	183,880	15,364	15,116	-1.6%	32,155	30,944	-3.8%	32,545	-4.9%
Dublin Midlands HG	622,471	609,480	50,813	50,068	-1.5%	104,345	102,721	-1.6%	105,447	-2.6%
Dublin South HG	560,182	557,400	46,719	45,857	-1.8%	96,732	94,264	-2.6%	97,159	-3.0%

NHO Performance Activity	Outturn 2008	Target 2009	Performance this month			Performance YTD			Activity YTD last year	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
<b>Births</b>	<b>73,815</b>	<b>76,880</b>	<b>5,898</b>	<b>5,517</b>	<b>-6.5%</b>	<b>12,427</b>	<b>11,635</b>	<b>-6.4%</b>	<b>11,595</b>	<b>0.3%</b>
South Eastern HG	8,404	8,660	664	637	-4.1%	1,400	1,347	-3.8%	1,336	0.8%
Southern HG	10,652	10,830	831	810	-2.5%	1,751	1,737	-0.8%	1,634	6.3%
North Eastern HG	6,291	6,650	510	452	-11.4%	1,075	970	-9.8%	978	-0.8%
Dublin North HG	8,794	9,100	698	642	-8.0%	1,471	1,313	-10.7%	1,302	0.8%
Western HG	11,481	12,080	927	828	-10.6%	1,953	1,804	-7.6%	1,858	-2.9%
Mid Western HG	5,396	5,500	422	446	5.7%	889	925	4.0%	860	7.6%
Dublin Midlands HG	13,653	14,560	1,117	1,011	-9.5%	2,354	2,137	-9.2%	2,197	-2.7%
Dublin South HG	9,144	9,500	729	691	-5.2%	1,536	1,402	-8.7%	1,430	-2.0%

## Analysis of Performance

NHO performance activity is reported at Network level in tabular format in this report, and detailed by hospital in the Supplementary PR. New elements of this section in 2009 are the number of caesarean sections and urgent access to colonoscopy.

### Context

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

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

### Key data collection changes for 2009

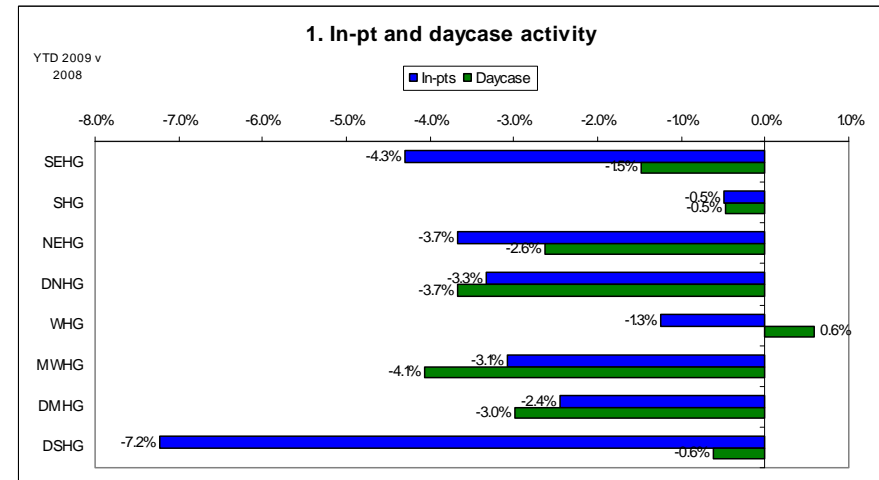
- The Performance Management Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
  - University Hospital Galway and Merlin Park University Hospital will now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

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

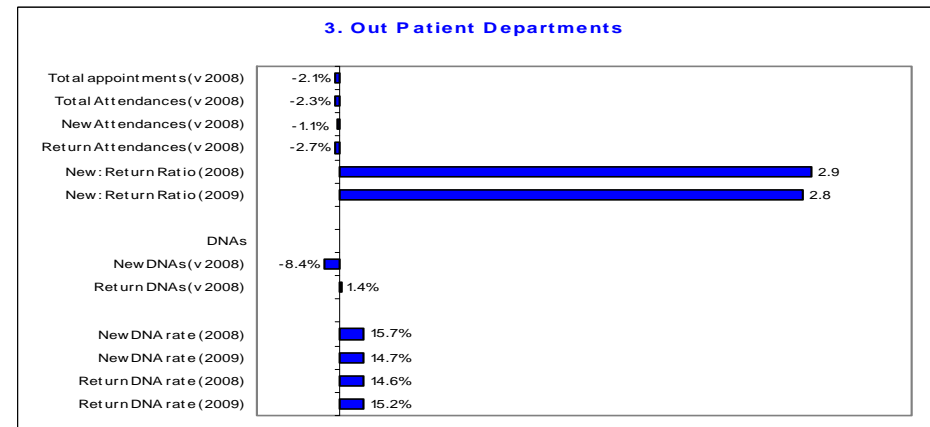
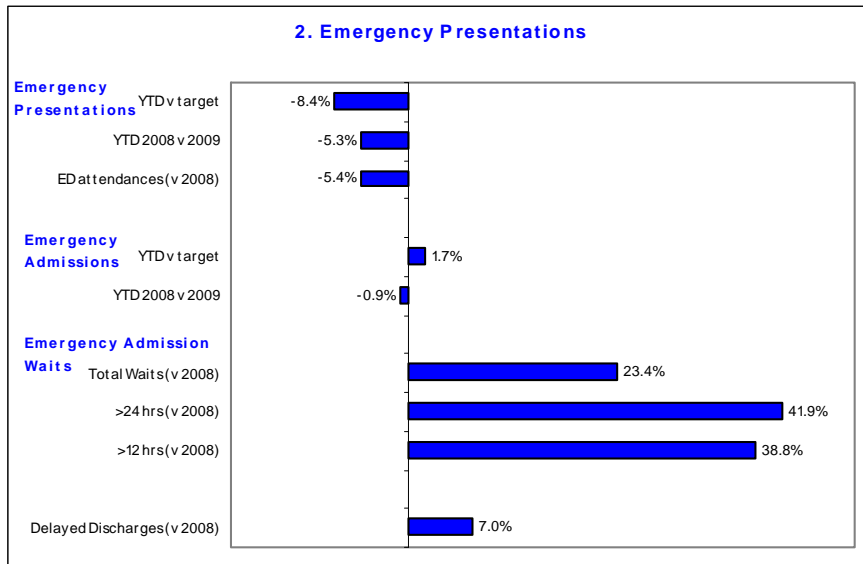
### Hospital Activity Summary

#### Hospital Activity at a glance

1. Inpatient and daycase activity has decreased within the hospital system. In-patient discharge levels have reduced by 3% compared to 2008. However, this is in line with NSP 2009 target activity levels which aimed to shift more inpatient treatments into a daycare environment. Inpatient discharges are 1.4% ahead of target indicating that the shift to daycase based treatments has not been as rapid as expected. Elective discharges have reduced by 11% due to activity controls, bed closures and higher delayed discharges (reducing bed availability). In-patient waiting lists have decreased due to positive referral rates of elective patients to the NTPF and due to continuing waiting list validation. However, recent referrals to the NTPF have increased by 7% (= 553 inpatients) indicating potential future increases in total waiting lists. Daycase activity is 4% less than target levels. This indicates that there is a slowing in daycase volumes which is not in line with NSP. Recent referrals to the NTPF have increased by over 17% (= 1,867 patients). The proportion of work undertaken in a day environment has remained relatively similar.
2. Emergency presentations to hospitals and attendances at EDs have decreased by 5%. This may be due to a number of factors including increased ED charges. Emergency admissions have reduced by 1%, most probably due to better admission controls, increased numbers of delayed discharges (+7%) and continuing bed closures. The average number of admission waits per day has increased substantially by 23%, 24+ hour waits by 42% and 12+ hr waits by 39%.



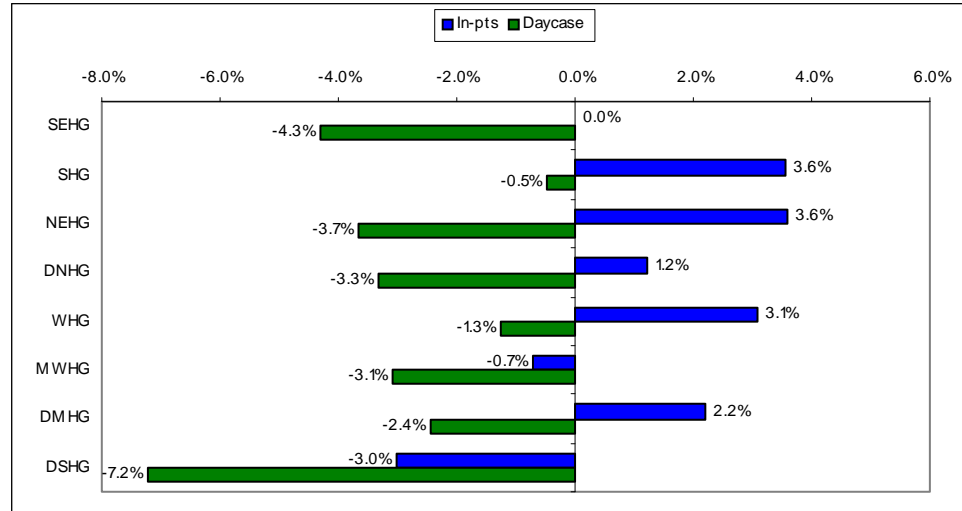
3. OPD capacity and activity have reduced. The total number of appointments offered has reduced by 2% and the total attendances by 2%. The total number of new attendances has also reduced by 1%. The number of new DNAs has reduced significantly by over 8%.



**Inpatient and Day Case Activity**

In-patient activity is 1.4% ahead of NSP targets, with daycase 4% below target. The NHO objective in 2009 was to shift more in-patient admissions to a daycare environment (where appropriate). Three hospital networks have managed to reduce in-patient activity to at or below target levels, with five networks continuing to reduce in-patient levels (compared to previous years levels) but not to levels in line with the NSP. It should be noted that the planned volume of cases to be shift from in-patient to daycase in the NSP was very aggressive.

**In-patient and daycase activity compared to NSP targets 2009 across hospital networks**



Elective discharges have decreased by 11%. The table below shows that most of the top high volume specialties (except general medicine) have show significant decreases in elective admissions in 2009 to date. Ophthalmology, cardiology and orthopaedics have reduced elective discharging rates by over 20%. This is consistent with a rise in recent referrals to the NTPF in the range of 9%.

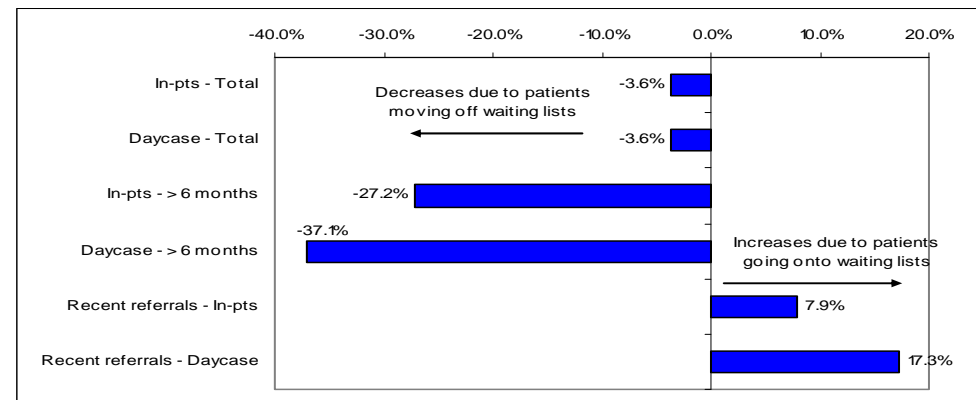
**In-patient elective discharges 2008 v 2009 for top high volume specialities**

	2008	2009	% difference
General Surgery	4,298	3,718	-13.5
Orthopaedics	2,668	2,095	-21.5
General Medicine	1,748	1,979	13.2
Gynaecology	1,977	1,834	-7.2
ENT	1,538	1,315	-14.5
Cardiology	871	619	-28.9
Ophthalmology	819	564	-31.1
Paediatrics	586	564	-3.8
Urology	634	535	-15.6
Oncology	634	533	-15.9
Plastic Surgery	538	407	-24.3

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

Our target is to ensure that children wait no longer than 3 months, and adults 6 months, to access treatment. Overall, both in-patient and daycase waiting lists have decreased by 4%. Most significantly, the proportion of long waiting patients (i.e. > 6 months) has decreased by over a quarter for in-patients and 37% for daycases. It should be noted that these decreases relate to adult waiters and not children. However, mostly significantly, with decreased elective capacity, recent referrals (i.e. the patient group waiting 0-3 months) has increased by 8% in in-patients and by 17% in the daycase group. Together, there are now over 2,400 more patients on waiting lists in this waiting band compared to the same period last year. This increasing referrals volume to the NTPF is likely to lead to an overall increase in waiting list numbers during 2009.

**Waiting list changes 2008 v 2009 (adults and children combined)**



**Births / Gynaecology**

There is a 0.3% increase in births this year to date compared with the same period last year. Total births for 2009 are projected to be 4.2% higher than last year. Two networks continue to experience high increases in birth numbers (SHG and MWHG). However, most other networks are experiencing decreases in birth numbers after a significant number of years' increase in birth rates.

**Outpatients**

Out-patient capacity and activity has decreased. The number of OPD appointments that have been provided has decreased by 2%, with the total number of attendances decreased by 2.3%. OPD activity increased by over 8% in 2008 and may account for the decreased activity in 2009 (when compared to last year).

**Emergency Department (ED) Performance**

In our NSP 2009, the HSE committed to providing information on the total time patients experience in ED from the time they register to the time they leave the ED department. This measure has a number of advantages over focusing on admission waits. Such advantages include:

- It more closely approximates the experience of ED patients by measuring all their steps compared to only one part of the journey (from decision to admit to admission).
- Approximately 75% of patients who attend ED do not require admission. The total time these patients experience has not been systematically collected previously.

**Average patient experience times in ED across hospitals**

	Data Type	All patients	Non Admitted	Admitted	Sample Size
Roscommon Hospital	S	1.2	1.2	1.2	13
Louth County Hospital	S	1.3	1.3	N/A	31
St. Michael's	S	1.6	1.5	1.9	84
St. Johns Hospital	S	1.7	1.6	3.2	119
St Lukes	S	1.8	1.8	3.6	84
South Tipperary	S	1.9	1.2	5.1	199
Kerry General	AA	2.2	2.0	2.8	-
Waterford Regional	S	2.2	2.2	2.3	69
South Infirmary	S	2.2	1.8	8.1	27
Midland Regional - Tullamore	AA	2.4	1.9	4.2	-
Portiuncula Hospital	AA	2.6	2.6	2.6	-
Mater Hospital	S	3.6	2.9	11.1	162
Mayo General Hospital	S	4.0	2.7	15.4	126
Letterkenny Hospital	AA	4.0	6.2	3.0	17
Regional Hospital - Dooradoyle	AA	4.6	3.7	6.9	-
Mercy Hospital	S	5.0	4.2	16.8	79
Cavan	S	5.7	4.2	10.3	60
Our Lady's - Navan	S	5.9	5.0	11.3	14
AMNCH	AA	6.2	6.1	6.7	-
CUH	AA	6.5	6.7	6.1	-
SVH	AA	8.1	8.1	8.0	-
St. James Hospital	AA	8.6	7.2	12.9	-
Naas General Hospital	S	10.0	6.5	N/A	84
UCHG	S	10.3	7.3	16.5	88
Beaumont Hospital	AA	12.4	8.1	27.1	-
Our Lady of Lourdes	S	N/A	N/A	N/A	82
Connolly Hospital	S	N/A	N/A	N/A	9

S = Data using sampling method; AA = Data from all attendances; - = sample method not used in this instance

The HSE is currently undertaking a project to provide all EDs nationally with an information systems solution to collect this information from all hospitals. In the interim, hospitals who cannot provide this information are currently participating in a daily sampling exercise to capture this data. Table 1 on the left outlines the result of February information which combines information from hospitals that provide the information based on all attendances at ED (AA) and information from hospitals who used the sampling methodology (S). As hospitals' ICT systems undergo modification during quarter 2 of 2009, the sampling methodology will cease and information from all attendances will be inserted. This was the first month of data collection and validation work will be undertaken with hospitals to improve data capture and sample representative. For some hospitals, the sample size was not of an adequate size to provide a meaningful approximation of ED patient experience time. These hospitals are denoted as time not available (N/A).

It is not possible to compute a national average using all hospitals as there are two different data types using two different methodologies. However, for hospitals using the sampling approach (which has a good mix of large and small hospitals), the average patient time is 5.6 hrs. The average time for admitted patient is 14.2 hrs and for non-admitted patients is 3.8 hrs

Further analysis shows:

- Of all patients sampled, 82% of patients had been discharged within 6 hours of registration, 86% within 12 hours and 95% within 24 hours.
- For patients not requiring admission, 90% of patients were discharged within 6 hours of arrival, 93% within 12 hours and 97% within 24 hours.
- Of all patients admitted, 42% of patients were admitted within 6 hours of registration, 54% within 12 hours and 82% within 24 hours.

Of 27 hospitals from where information is available in February:

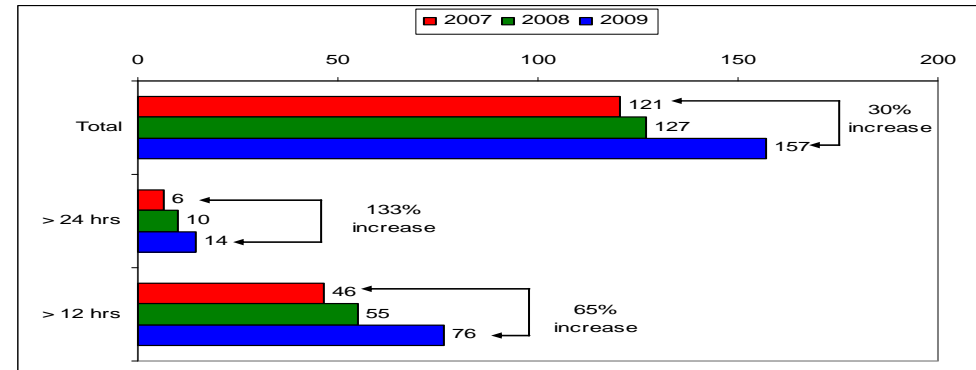
- 18 hospitals (67%) have average ED patient experience time of < 6 hrs
- 24 hospitals (89%) have average ED patient experience time of < 12 hrs
- 12 hospitals (44%) have an average patient experience of admission time of < 6 hrs
- 18 hospitals (67%) have an patient experience average admission time of < 12 hrs

Compared to the same period in 2007, the number of persons awaiting admission (following a decision to admit) rose from an average of 121 per day to 157 per day in 2009, an increase of 30%. The average number of admission waits per day of patients waiting over 12 and 24 hours also increased by 65% and 133% percent respectively (see figure on the right).

The number of emergency presentations to hospitals shows a decrease of 5% compared to the same period last year. This is the trend across all Hospital Groups. Anecdotal reports suggest that this is due in part to the increase in ED charges since 1<sup>st</sup> January, and that the drop in attendances was mainly in the lower triage categories, which would explain why the lower numbers did not result in reduced admissions. However, the following hospitals have shown growth in emergency presentations compared to January 2008; Clonmel, Mercy, Navan, Letterkenny, Mayo and Galway University Hospitals.

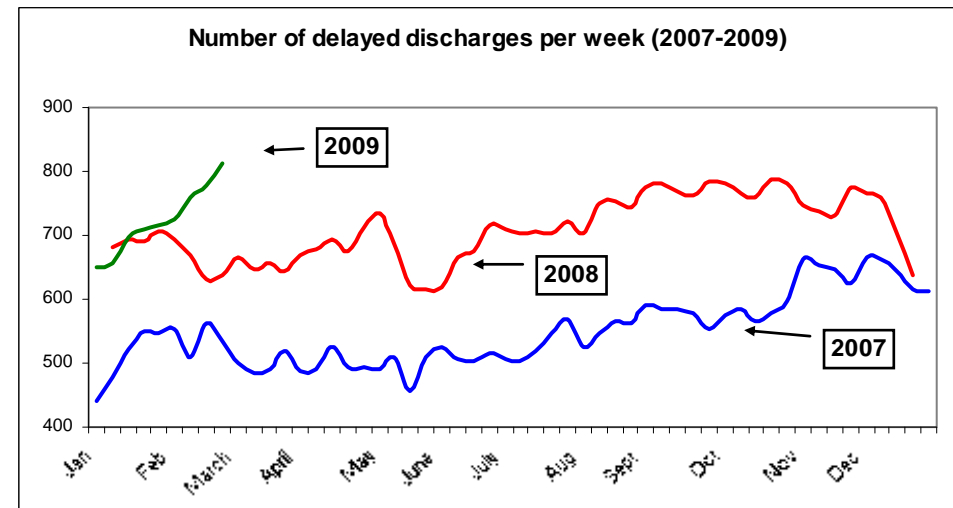
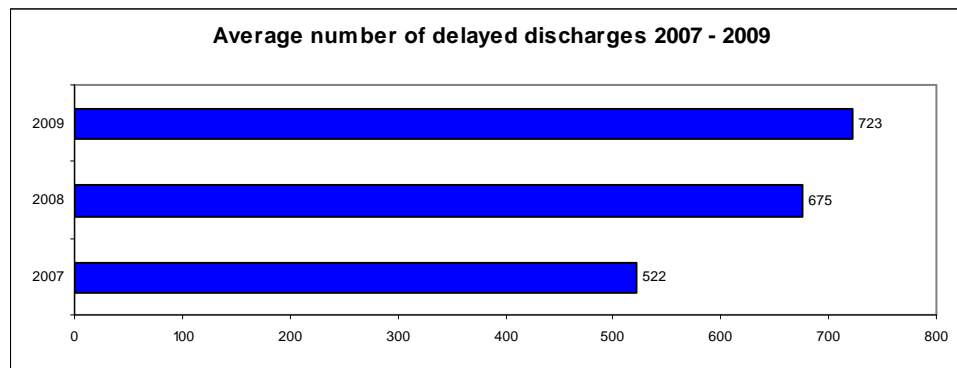
Emergency admissions are broadly in line with 2008 levels and are 1% below the number reported in January 2008

**Number of patients in ED at 2pm awaiting admission (total, patients waiting 24+ hrs, patients waiting 12+ hrs) after decision to admit has been made (2007 to 2009)**



**Delayed Discharges**

The number of delayed discharges in January and February continues to increase to an average of 723 per week compared to averages of 675 and 522 in the last two years. The trend in the figure below shows the delayed discharges total increasing each year with the early parts of January and February showing a significant upward growth curve.



**Colonoscopy Waiting Times**

The Minister for Health has requested reporting on compliance with target for urgent access to colonoscopy within 4 weeks of referral. However, information on colonoscopy waiting times are gathered from the NTPF and are only available in the time bands below. The percentage of patients waiting over 3 months was 29%, with 8 hospitals having no waiting time. AMNCH have the largest number of patients awaiting a colonoscopy, with over 50% of these waiting more than 3 months. AMNCH have been working with the NTPF to ensure the appropriate and timely referral of colonoscopy patients. This procedure has now been agreed and is currently being implemented. It is expected that waiting times in this hospital will reduce over the coming period.

The HSE has also agreed a number of specific actions at a national level to ensure the timely referral of patients for colonoscopy. The NTPF have confirmed that hospital in-patient referrals greater than 3 months will be accepted and hospitals will target this cohort of patients for referral. Across hospitals, patients are clinically prioritised and any patient that has been clinically prioritised will also be facilitated for a referral. The NHO is also currently undertaking a validation of waiting lists for any patients waiting more than 12 months.

	0 - 3 mths	3 - 6 mths	6 - 12 mths	12 - 24 mths	> 24 mths	Total	% waiting over 3 months
<b>Nationally</b>	<b>640</b>	<b>146</b>	<b>59</b>	<b>59</b>	<b>5</b>	<b>909</b>	<b>29.6%</b>
Kerry	1	0	0	0	0	1	0.0%
Letterkenny	0	0	0	0	0	0	0.0%
Louth	7	0	0	0	0	7	0.0%
Sligo	60	0	0	0	0	60	0.0%
St. Luke's	14	0	0	0	0	14	0.0%
Temple Street	0	0	0	0	0	0	0.0%
Waterford	15	0	0	0	0	15	0.0%
Wexford	16	0	0	0	0	16	0.0%
Mullingar	32	2	0	0	0	34	5.9%
St. James's	189	14	0	0	0	203	6.9%
St. John's	17	2	0	0	0	19	10.5%
St. Vincent's	97	16	2	1	0	116	16.4%
Mater	4	1	0	0	0	5	20.0%
Mercy	28	8	3	0	1	40	30.0%
Tullamore	22	12	3	3	0	40	45.0%
Dooradoyle	13	4	8	2	0	27	51.9%
Beaumont	8	8	1	1	0	18	55.6%
AMNCH	108	62	26	49	4	249	56.6%
South Tipperary	6	9	1	0	0	16	62.5%
Drogheda	1	0	2	0	0	3	66.7%
Connolly	2	6	6	0	0	14	85.7%
Monaghan	0	0	4	0	0	4	100.0%
Naas	0	2	2	0	0	4	100.0%
Crumlin	0	0	1	3	0	4	100.0%

**Consultant Contract 2008**

Consultant Contract 2008 introduces a range of reforms which will benefit patients, help develop a consultant-provided service and ensure that maximum value for money is obtained from the investment in existing and additional Consultant posts.

Key changes include:

- a longer working week,
- a longer working day,
- weekend working when required,
- greater equity for public patients through a public-only contract type, limits on private vs. public practice and a common waiting list in diagnostic services,
- measures to ensure high quality services and patient safety,
- the introduction of Clinical Directors to manage Consultants and ensure clinicians have a senior role in planning and managing services, and
- a significant increase in Consultant posts over the past 12 months.

The HSE has completed a detailed verification process regarding implementation of Consultant Contract 2008. This will ensure the changes described above are being implemented for patients and that value for money is achieved.

Clinical Directors

In December 2008, taking account of significant engagement with Clinicians, management and other health service staff over a period of months, the HSE commenced an appointment process for Clinical Directors under Consultant Contract 2008.

To date, 25 Clinical Directors have been appointed across the hospital system from amongst those Consultants who accepted Consultant Contract 2008. A further 14 will be appointed over the next month in the Mental Health Services. Further Clinical Director appointments will be made over the next two years as services evolve. Up to 77 appointments may be made in total

Uptake of Contract

Approximately 85% of consultants are now working Consultant Contract 2008.

Monitoring Implementation

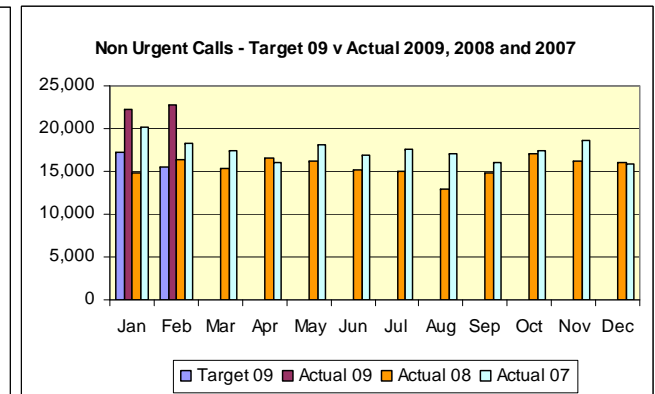
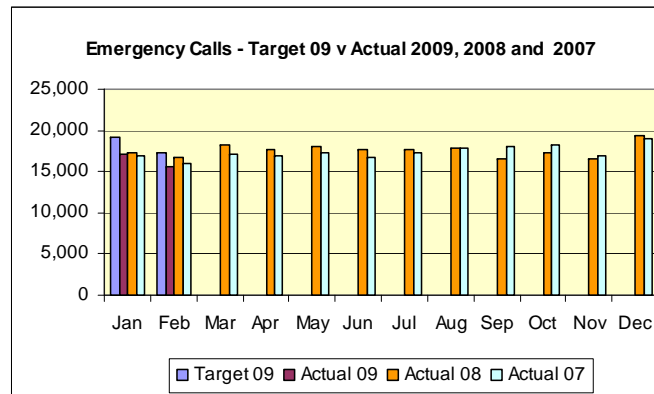
A process is in place to ensure the necessary reporting structures are developed within hospitals. Significant progress has been made in relation to information on inpatient and day case activity at individual Consultant level. HIPE data was available to facilitate this process.

All hospitals are continuing to put in place information gathering mechanisms to collect public activity related to OPDs and diagnostics. Where relevant, information collection mechanisms for private activity for similar services are being implemented. Since October 08, hospitals have been issuing reports to consultants on their individual public/private mix as compared to their contractual levels. Following validation of this process, formal monitoring of performance will begin in Quarter 2 09 and will be reported in subsequent PRs.

**Ambulance**

There has been a small reduction (3%) in the numbers of Emergency and Urgent Calls (combined total) when compared with February 2008. Non urgent calls (which includes HSE minibus calls) for February 2009 have decreased by 3% when compared with activity from February 2008.

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



## Section 4 – New Service Developments

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

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

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

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

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

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

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

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

## Section 5 – Quality and Safety

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

### Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
<b>CP 17 Corporate Quality and Safety (Risk)</b>		
<b>Serious Incident Management Reporting</b>	<p>Implementation of incident management policy throughout the organisation and HSE funded health services including:</p> <ul style="list-style-type: none"> <li>• Serious Incident Management Policy, Processes</li> <li>• Guidelines for Conducting Inquiries.</li> <li>• Development of a Serious Incident Database and dissemination of the learning from these serious incidents throughout the system.</li> </ul>	<p>Approved September 2008</p> <p>In development.</p> <p>In development. Initial Master class planned for end Q2 to share learning.</p> <p>As at the end of February, the total number of cases with the Serious Incident Management Team (SiMT) was 30. This includes 26 from PCCC and 4 from the NHO. The SiMT has oversight of these and the list is reviewed and updated after each meeting.</p>
<b>Commission on patient safety and quality</b>	Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.	Awaiting direction from Department of Health & Children
<b>Quality Improvement Plans</b>	<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><b>National Template for Policies, Procedures, Protocols and Guidelines (PPPGs)</b> – Pilot of template to be completed in April 09. Feedback and evaluation to commence in May 09.</p> <p><b>Medical Devices Project:</b> Draft National Policy and Procedure Guidance for HSE to be signed off end Q1 which will then be the subject of a consultation process.</p> <p><b>E-Learning Packages</b> to support implementation of Quality &amp; Risk: E-learning package on Systems Analysis training to be completed and available on line by end of Q1.</p>
<b>Corporate Risk Register</b>	Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register	Corporate Risk Register discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee.

### Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
<b>Complaints</b>	Managing Complaints – progress update and inclusion of statistics (table below)	Workshop held regarding the elements which are proving to be most challenging in relation to legislation/regulations
<b>User Involvement</b>	National Strategy for User Involvement implemented.	National Guidelines drafted for 'HSE and You: what you can expect from the HSE and what the HSE expects from you'.
<b>Customer satisfaction surveys</b>	Repeat customer satisfaction surveys undertaken.	<p>Approval received to carry out satisfaction surveys in Cancer Centres</p> <p>Work ongoing regarding Emergency Department and Outpatient Department onsite surveys</p> <p>Pilot phase completed for HSE Information Line Evaluation.</p>

Key Result Area	Deliverable 09	Progress in reporting period
<b>Service user participation</b>	Service user participation promoted through use of consumer panels, questionnaires, etc.	Service User Involvement Database promoted and made available for download on Consumer Affairs section of HSE website.
<b>FOI, data protection, statutory and non-statutory appeals</b>	FOI, data protection, statutory and non-statutory appeals No and % of FOI requests (table below) which are processed within required timelines (target for 09 is that 65% are answered within 20 working days).	See detail below

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
<b>Complaints</b>							
No. of complaints	4,891			1,245		687	81%
No. of complaints finalised within 30 working days	2,534			722*		165	>100%
<b>HSE National Information Line</b>							
Number of calls received	113,738			25,699		21,037	22%

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

Performance Indicator	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
No. of FOI requests received	4,232			651		475	37%

# Section 6 – Specific Service Theme on Emergency Department and Out of Hours Surgical Activity

## Introduction

A number of Directorates and Sub-Directorates of the HSE (Corporate Planning and Control Process, the National Hospitals Office and Population Health, Health Intelligence) have collaborated over the past year to provide data relating to Emergency Department (ED) Activity and Out of Hours Surgery (OOH) in twelve<sup>1</sup> Acute Hospitals, in three Hospital Networks; the South (Cork and Kerry) the Mid West and the North East. The project was undertaken in direct response to a request by the management team for information required to facilitate Network based planning for the provision of ED and Acute Surgery Services.

In order to provide the level of detail required, a retrospective study of OOH surgery and ED activity for 2007 was designed. On-site, manual surveys were performed in each hospital. Manual surveys were undertaken because, although there are multiple routine data collection systems across the service, there was insufficient information to comment on activity in adequate detail; not all units are computerised, units use different IT systems, units collect varying data items, the quality of data collection is variable etc.

The review of ED activity involved a **5%**, stratified, randomised sample of ED attendances for 2007. The OOH surgery component of the review was a retrospective review of **all** OOH surgery using theatre books for 2007.

## Hospitals Studied

1. Bantry General Hospital
2. Mallow General Hospital
3. Mercy University Hospital
4. South Infirmary Victoria University Hospital
5. Kerry General Hospital
6. Cavan General Hospital
7. Louth County Hospital
8. Monaghan General Hospital
9. Our Lady's Hospital Navan
10. MWRH Ennis
11. MWRH Nenagh
12. St. John's Hospital Limerick

<sup>1</sup> Eleven hospitals were included in the OOH surgery study because there is no OOH surgery in Monaghan General Hospital

## ED Study Findings

The annual ED attendance, for 2007, of the hospitals studied ranged from 6,242 in the smallest (Bantry General Hospital) to 34,580 in the largest (Kerry General Hospital).

While the overall response rate in this review was satisfactory (94%), important anomalies were evident. Some units experienced difficulty in locating the ED cards requested. The inability to locate medical records in a seamless and timely manner, of itself, represents a risk in the acute hospital setting. Once located, the quality of the information in ED cards was acceptable, though there were important gaps. For instance, less than half of all patients had a triage category recorded.

The majority of attendances at EDs for 2007 were self referrals (57%), while GPs referred 29% of patients. Ten percent of patients were brought to the ED by ambulance. The vast majority (83%) were "new" attendances. Most self referrals had suffered minor injuries, while GPs referred a higher proportion of patients requiring non-acute medical or surgical assessment.

Minor Injuries accounted for 43% of all attendances. This ranged from 31% in Cavan General Hospital to 68% in Bantry General Hospital. The next most common reason for attendance was for Non-Acute Medical Assessment, accounting for 29% (13%-29%) of attendances. This pattern was evident in all hospitals studied.

Acute Medical and Surgical Emergencies (excluding Minor Injuries and Major Trauma) accounted for 16% of attendances overall. Few of these were categorised as Major Trauma. This is not surprising; there are Bypass Protocols in place for Major Trauma in all of the hospitals studied.

Data were further examined to determine the reason for attendance at particular times of the day. A higher proportion of night-shift (8pm to 8am) were acute emergencies. However, a large proportion were accounted for by Minor Injury also during these hours.

There were interesting gender differences; males predominated with minor injuries, while males and females were almost equal with regard to non-acute medical conditions. There were predictable age differences also; younger people had more minor injuries while non-acute medical conditions were commoner among older age groups. Younger people, aged in their 20's, accounted for 16-20% of activity across all hospitals.

The bulk of ED activity occurred during the day, over 75% between 8am and 8pm. This was apparent in all hospitals. A further 5-10% of activity occurred between 8pm and 10pm. Activity continued later; 9 to 12% of total daily activity occurred between 10pm and midnight and a further 0 to 13% of activity between 1am and 7am. There were marked differences in the levels of early morning activity between the larger and smaller hospitals studied but weekend nights were the quietest time of the week in all departments. Consistent with findings in the literature, weekdays were busier than weekends.

When the numbers attending each night of the week, from 1am to 7am, were calculated based on the 2007 attendance for each hospital, the report found that the numbers attending were as few as one in the smallest hospital to eleven on the busiest day of the week in the biggest hospitals.

Overall, there was a striking similarity in activity between hospitals in the age and gender of people attending, the reasons why people attend, and the time of day or day of week on which they attend.

With regard to the use of resources; X-Rays stand out for Minor Injuries, while Blood tests and X-rays are frequently used for non-acute medical attendances. Two thirds of ED attendances either had a Blood Test, X-ray, ECG or some other radiological investigation.

### OOH Surgery Study Findings

The number of acute surgical procedures occurring OOH in hospitals studied was low; a total of 2,883 for all eleven, for the year. The number ranged from 59 in Louth County Hospital and MWRH Ennis to 589 in Bantry. (The very high level of surgical activity in Bantry General Hospital is related to the level of activity and poor physical condition of the ED there, necessitating the use of the surgical theatre for procedures which would normally be performed within the ED of any other hospital.) Almost sixty percent were undertaken on weekdays. The number was lower still after 8pm in the evening, particularly at weekends and in the smallest hospitals. The range of OOH procedures also varied between hospitals.

Routine theatre times differed in the hospitals studied; the earliest start time was 8am and the latest finish 6pm.

The day to day variation seen in ED activity is not evident in OOH activity, though Sundays tend to be less busy than Saturdays.

Much of the OOH activity on weekdays could be related to normal theatre lists running overtime. One quarter of OOH procedures beginning between 5pm and 8pm on weekdays were recorded as non-emergency. A further nine percent of procedures beginning at 8pm were recorded as non-emergency.

Overall, 55% of procedures were undertaken during the dayshift. Forty seven percent of OOH procedures undertaken on weekdays began before 8pm and 66% of OOH procedures undertaken at weekends/bank holidays began before 8pm.

Appendicectomy accounted for over one fifth (22%) of all OOH procedures. It was the commonest OOH procedures in six of the eleven hospitals.

The second most frequently occurring procedure was Oesophago-Gastro-Duodenoscopy (OGD). Although most OGDs were recorded as emergencies, the distribution of the procedures suggested they were non-urgent.

Incision and Drainage of abscess or haematoma accounted for a further ten percent of all activity. The application of plaster casts accounted for ten percent of activity. However, Bantry was the only hospital where this procedure was carried out in theatre, where along with Suturing / Steristrip / Stapling and joint manipulation, it accounted for almost all theatre activity.

While the focus of this report is OOH Acute General Surgery, a number of the hospitals studied also provide specialist surgical services. In some cases these services compete for theatre space OOH. In all cases the contribution of these smaller hospitals to the provision of specialist services must be considered in reconfiguration plans. For instance, in Kerry the number of Orthopaedic and Obstetric OOH procedures was almost equal in number to all other OOH procedures in 2007. All but two of the orthopaedic procedures undertaken OOH were recorded as emergencies. The commonest (53%) Obstetric / Gynaecological procedure undertaken was Evacuation of Retained Products of Conception (ERPC).

## Recommendations

### General

The findings of this report support HSE plans to reconfigure Acute Hospital Services in the Networks studied.

The hospitals within each Network should share a joint management and clinical department structure (through a model of clinical networks and joint departments of Surgery and Emergency Medicine).

Immediate assessment of the Major hospitals in the Networks studied (Cork University Hospital, Mid Western Regional Hospital and Our Lady of Lourdes Hospital Drogheda) is required. This is necessary to inform the enhancement and reorganization of services in the Major Hospitals to cope with changes to the smaller hospitals in their Network.

Primary Care services should be enhanced, particularly out of hours. The general public should be directed to General Practice as the first point of contact for all non-urgent assessment and treatment.

Bypass protocols, already in place in the three Networks studied, should continue to be observed. Enhanced ambulance and first response intervention (such as pre hospital thrombolysis, intubation and IV therapy) will be required.

Strict Transfer Protocols should be developed and observed by all hospital and ambulance personnel.

### Emergency Department

Services heretofore provided by EDs should, in future, be provided by a combination of Minor Injury Clinics and Medical Assessment Units (MAUs), in the majority of the hospitals studied.

Minor Injury Clinics should operate on an 8am-8pm basis.

The provision of MAUs should be determined by the range of acute medical services to be offered in each hospital; with particular reference to Cardiology and Stroke services.

### Acute Surgery

The findings of this report would support plans to limit the provision of Acute Surgery in smaller hospitals

Acute Surgery services, after 8pm and at weekends, should be withdrawn from the majority of hospitals studied.

There is scope to extend routine theatre times in hospitals. This would absorb many of the non-urgent procedures occurring outside scheduled theatre times and after 8pm as identified in this study.

### Data Management

A standardised computerised theatre log book system should be developed in all hospitals. Data from this system should be made available to the Performance Monitoring Unit (PMU) of the National Hospitals Office, in the first instance, and whichever relevant unit within the reformed HSE structure in the future.

Similarly, EDs should be computerised and a standardised minimum dataset agreed.

Each ED should develop information governance protocols. Particular emphasis is required on the quality of records and document tracking.

For further information please contact:

Jackie Ebbs  
National Planning Specialist  
Corporate Planning & Control Processes  
email: [jackie.ebbs@hse.ie](mailto:jackie.ebbs@hse.ie) Tel.: 01-8908714

# Appendix 1 – Vote Data

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

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

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

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

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

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

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

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

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

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

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

## 2. Capital

### Construction (Subhead C.1.)

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

### ICT (Subhead C.3.)

Cash drawdown and issue is in line with profile.

### Capital Profile

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

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

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

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