



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Performance Report March 2009

14th May, 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.

- Urgent access to colonoscopy. This data is currently being validated.
- Advertising, PR and Consultancy are reported within the VFM section of this Report.
- Aids and Appliances: Please see page 3.
- Patient Safety and Hospital Hygiene: A detailed section has been included against specific patient safety and hospital hygiene measures (see pages 33-35).
- Consultant Contract Implementation and Service Improvements Arising: Some measures are already included as performance indicators under public / private mix in the NHO section of the Supplementary Report. Other measures are currently being developed. All hospitals are continuing to put in place information gathering mechanisms to collect public activity related to OPDs and diagnostics. Where relevant, information collection mechanisms for private activity for similar services are being implemented. Since October 08, hospitals have been issuing reports to consultants on their individual public/private mix as compared to their contractual levels. Following validation of this process, formal monitoring of performance will begin in Quarter 2 09 and will be reported in subsequent PRs.

## New Service Developments

Section 4 of the PR outlines New Service Developments. As of end of March 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

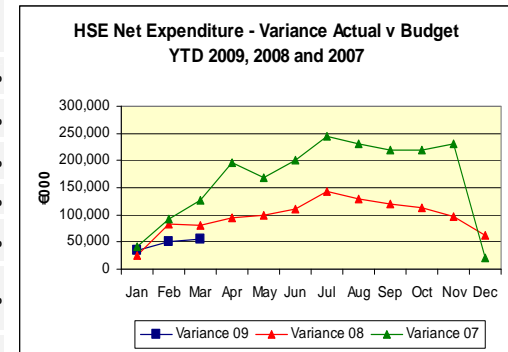
# Balanced Scorecard against NSP 09

## 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	107	---	---									
PCTs in development – Phase 3	0	100	3	---	---									
<b>Older People</b>														
Total Home Help Hours provided	12,643,677	2,994,900	2,969,041	-0.9%	3,069,068									
Persons in receipt of Home Care Packages	8,990	8,700	8,802	1.2%	8,481									
<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	142,220	147,706	3.9%	149,667									
Day case	637,140	157,641	161,942	2.7%	153,336									
ED: Average time from registration to discharge from ED for	<i>Data below is in respect of over 4,500 reported ED times from a variety of hospitals using the sampling method – see page 22 for further details on this project.</i>													
i) all patients	---	100%	85%	15%	---									
ii) patients who require admission	---	100%	45%	55%	---									
iii) patients not admitted and are discharged	---	100%	92%	8%	---									
	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5	6.5	6.4									

## Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,532,245	1,152,950	1,117,100	35,850	3.2%
PCCC	8,461,057	2,048,179	2,039,050	9,129	0.4%
NSS	28,098	6,668	6,753	(86)	-1.3%
Corporate	604,641	157,735	147,056	10,679	7.3%
Population Health	152,121	36,844	36,992	(149)	-0.4%
Health Repayment Scheme	23,000	23,000	23,000	0	0.0%
Held Funds	292,300	0	0	0	
<b>Total</b>	<b>14,093,461</b>	<b>3,425,375</b>	<b>3,369,951</b>	<b>55,424</b>	<b>1.6%</b>



## Human Resources

	Ceiling at 01/01/08	2008 new service developments YTD and internal transfers	Amended Ceiling 31/03/09	% of Approved Ceiling	Actual Mar 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-514</b>	<b>52,305</b>	<b>46.97%</b>	<b>53,573</b>	<b>-47</b>	<b>1,268</b>	<b>2.43%</b>
Voluntary	22,721	-269	22,453	20.16%	22,961	-85	509	2.27%
Statutory	30,097	-245	29,852	26.81%	30,611	38	760	2.55%
<b>PCCC</b>	<b>54,677</b>	<b>36</b>	<b>54,713</b>	<b>49.13%</b>	<b>53,882</b>	<b>71</b>	<b>-830</b>	<b>-1.52%</b>
Voluntary	14,891	229	15,120	13.58%	15,117	-46	-3	-0.02%
Statutory	39,786	-194	39,592	35.55%	38,765	117	-828	-2.09%
<b>Population Health</b>	<b>533</b>	<b>406</b>	<b>939</b>	<b>0.84%</b>	<b>942</b>	<b>33</b>	<b>4</b>	<b>0.39%</b>
<b>Corporate (incl subsumed agencies)</b>	<b>3,477</b>	<b>-64</b>	<b>3,413</b>	<b>3.05%</b>	<b>3,373</b>	<b>-12</b>	<b>-41</b>	<b>-1.20%</b>
<b>Total</b>	<b>111,505</b>	<b>-135</b>	<b>111,369</b>	<b>100.00%</b>	<b>111,770</b>	<b>45</b>	<b>401</b>	<b>0.36%</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	2,693 (100%)	2,262 (84.0%)	431 (16.0%)
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service.	0 (0%)	1,106 (22.8%)	100%
No. and % of emergency ambulance calls responded to within 26 minutes	86%	41,501 (82.9%)	-3.6%
No. of FOI requests received.	---	795	---
Total number of complaints received.	---	2009	---
No. of complaints finalised within 30 working days	---	1,185*	---

\* 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 summary based on the financial information that we have is we need to see further cost reductions in the coming months. The vote issues figures for April indicate a vote deficit of €30m for the month subject to completing the final vote report for the month. This is after taking account of the Revised Estimate Volume based upon the recent budget.

Both service pillars expect to see an increase in the impact of existing measures in the coming months and we propose that we take a view using the May vote data as to the need for any further cost / service reduction measures for the remainder of this year.

It is clear that we are still dependent upon making progress on a range of measures relating to pay costs that are not emerging. There is scant evidence of progress on the €133m or €135m elements of the targets set to date. This along with the movement from stay to day care in hospitals is key to achieving our financial targets. The IR environment nationally will be a key factor in the coming month.

## Financial Overview

The financial results for March show total expenditure of €3.425 billion against a year to date budget of €3.370 billion – a deficit of €55.4 million.

- The Revised Estimates Volume has just been published and we are currently absorbing the implications of this together with the Minister's response to the revised Service Plan. It is clear that further budgetary reductions will have to be applied to the services and we are currently preparing these.
- The table above shows that the detailed financial results are €55m over budget at the end of March 2009. This represents an increase of €6m compared to the previous month.
- There is evidence of expenditure control in both pillars in the month of March. Expenditure is lower than January demonstrating that core costs were down.
- In spite of evidence of expenditure control the current expenditure levels are not sustainable in light of the available budget for 2009. Significant savings are still required throughout the system in order to achieve a balanced financial position by year end. We are particularly aware that the planned reductions in variable pay have not been achieved so far, given the introduction of the pension levy and the 2<sup>nd</sup> budget.
- Additional financial pressure is being experienced within corporate support services due to the increased number of retirements in 2009. When compared to the same period last year pension payments including lump sums have increased by €13.4m.
- Specific funding arrangements are currently being agreed with government in relation to the potential pandemic.

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,532,245	1,152,950	1,117,100	35,850	3.2%
Primary, Community and Continuing Care	8,461,057	2,048,179	2,039,050	9,129	0.4%
National Shared Services	28,098	6,668	6,753	(86)	-1.3%
Corporate	604,641	157,735	147,056	10,679	7.3%
Population Health	152,121	36,844	36,992	(149)	-0.4%
Health Repayment Scheme	23,000	23,000	23,000	0	0.0%
Held Funds	292,300	0	0	0	
<b>Total</b>	<b>14,093,461</b>	<b>3,425,375</b>	<b>3,369,951</b>	<b>55,424</b>	<b>1.6%</b>

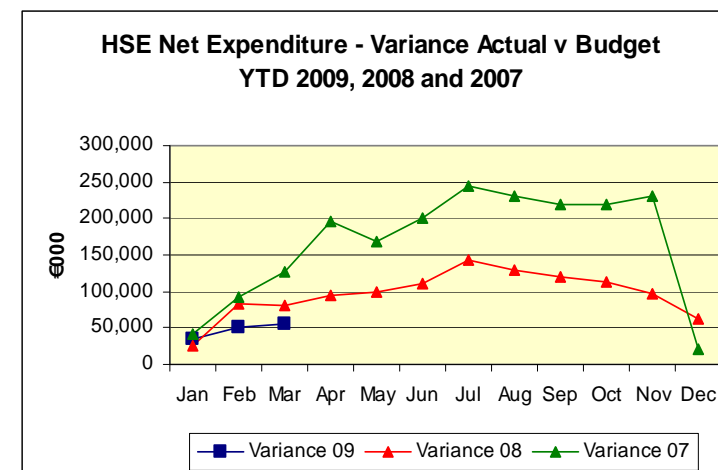
### HSE Statutory System

The breakdown of the year to date variance between Statutory and Voluntary is as follows: Statutory €44.9m and Voluntary €10.5m.

Aids and Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	14,995	2,874	3,660	(786)	-21%
Dublin North East	15,512	3,624	3,867	(243)	-6%
Dublin Mid Leinster	25,299	5,147	6,307	(1,160)	-18%
West	10,029	2,742	2,433	308	13%
<b>Total Aids and Appliances</b>	<b>65,835</b>	<b>14,387</b>	<b>16,267</b>	<b>(1,881)</b>	<b>-12%</b>

### Capital

The cumulative capital cash profile for the period January to March 2008 is €165.685 million with the capital cash draw down for the corresponding period being €153.684 million giving a capital draw down of €12 million under profile for the period.

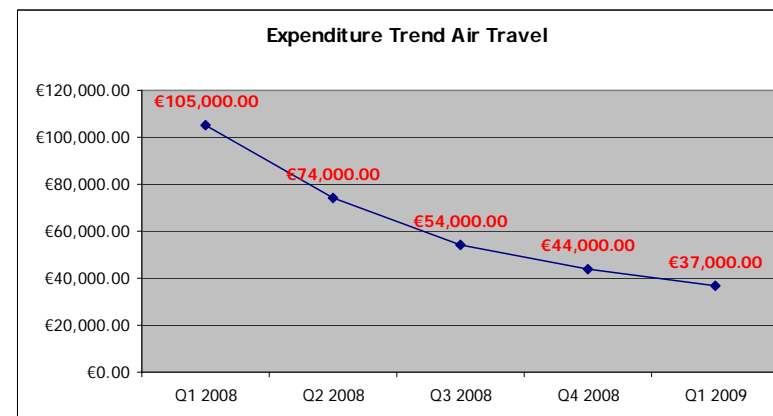


### Business Travel Unit

The Business Travel Unit (BTU) was established in November 2006 to facilitate, administer and manage all domestic, European and international air travel undertaken by HSE staff and patients. Measures put in place in late 2007, through the Business Travel Unit, to control international, European and domestic air travel costs continue to impact positively on this expenditure heading. The Business Travel Unit will continue to monitor and control air travel costs.

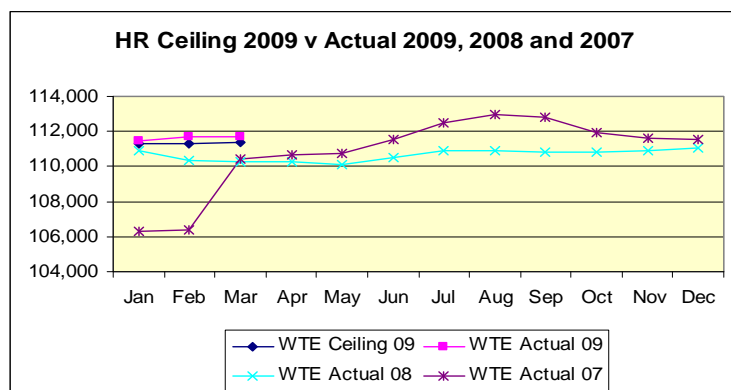
### HR Performance Information

End of March employment data shows an increase of 45 WTEs over the February Report. The corresponding month last year showed a decrease of 83 WTEs. In overall terms, the NHO recorded a decrease of 47 WTEs in March with the NHO Statutory Sector recording an increase of 38 WTEs, while the NHO Voluntary Sector decreased by 85 WTEs. PCCC recorded an overall increase of 71 WTEs. The PCCC Statutory Sector increased by 117 WTEs and the Voluntary Sector decreasing by 46 WTEs in March.



A further 20 of the 2008 addendum posts were filled in March. Out of over 940 posts approved and in process of recruitment, some 186 posts are still to be filled. Management/admin WTEs decreased overall in March by 31. The majority of the decrease occurred in the Voluntary NHO and PCCC Sectors (-20 and -6 WTEs respectively) with the balance of the reduction occurring in the Statutory sector. Of some ongoing concern is the continuing increased employment levels recorded in nursing since the start of the year. This is still 681 WTEs above the level at the end of 2008 and would indicate that the placement of some 1,400 student nurses with a WTE value of 700 have not resulted in an appropriate displacement of nurses throughout the health services.

Population Health reported an increase of 33 WTEs in March, with most of this increase accounted for through further transfers of environmental health employment from PCCC, while Corporate reported a decrease of 12 WTEs in March. A ceiling adjustment of 13 WTEs was approved by the Dept of Health and Children for the PgMDB. 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 is currently 1.19% (40 WTEs) below its approved employment ceiling and Population Health is 0.4% (4 WTEs) above their employment ceiling as at the end of March.



	Ceiling at 1/1/08	2008 New service developments	Amended Ceiling 28/02/09	% of Approved Ceiling	Actual Mar 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-514</b>	<b>52,305</b>	<b>46.97%</b>	<b>53,573</b>	<b>-47</b>	<b>1,268</b>	<b>2.43%</b>
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<b>Corporate (incl subsumed agencies)</b>	<b>3,477</b>	<b>-64</b>	<b>3,413</b>	<b>3.05%</b>	<b>3,373</b>	<b>-12</b>	<b>-41</b>	<b>-1.20%</b>
<b>Total</b>	<b>111,505</b>	<b>-135</b>	<b>111,369</b>	<b>100.00%</b>	<b>111,770</b>	<b>45</b>	<b>401</b>	<b>0.36%</b>

### Compliance with approved employment ceiling

In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 30 WTEs as at the end of March. 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 March is 111,369 WTEs and causes this ceiling to be breached temporarily, albeit primarily because of student nurse placements. In internal reporting, the level of ceiling compliance at the end of March shows the Health Services is at 401 WTEs (0.36%) above ceiling 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.

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 1,268 (2.42%) WTEs above ceiling, PCCC is 830 WTEs (1.52%) below ceiling, Corporate 40 WTEs (1.19%) below ceiling and Population Health is 4 WTEs (0.4%) above ceiling. There were a number of transfers of ceilings between the various functions, amending the ceilings at the end of March 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 105 WTEs (0.1%) below ceiling, while the Voluntary Hospitals Sector is 509 WTEs (2.27%) above ceiling and the Voluntary Sector of PCCC is 3 WTEs (0.02%) below ceiling.

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 Mar	Actual Mar	Growth in 2009	WTE Var with Ceiling	% Var
Dublin West LHO	714	933	83	219	30.6%
Children's Sunshine Home	59	71	0	12	20.48%
St Vincent's Fairview	215	241	16	25	11.75%
National Ambulance Service	1,305	1,443	46	138	10.57%
Monaghan General Hospital	236	258	-5	22	9.24%
Our Lady of Lourdes Hospital	1,251	1,363	9	112	8.94%
The Coombe Women's Hospital	691	748	11	57	8.32%
Kerry General Hospital	968	1,035	29	67	6.94%
Sligo General Hospital	1,408	1,500	23	92	6.56%

## 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	203,101	-2%	242,304

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,802	1.2%	8,481
Total Home Help Hours provided	2,969,041	-0.9%	3,069,068
Total no. in receipt of subvention	9,077	-0.3%	8,806
Total nursing home inspections completed	245	12.4%	172

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	221,111	49%	213,169
No. DPS Claims	1,346,779	29%	1,420,185
No. eligible persons on medical cards	1,370,764	0%	1,292,086

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,527	3.6%	5,362
Total no. of children in residential care	378	-11.3%	406
Total no. of children in foster care	3,350	4.8%	3,208
Total no. of children in foster care with relatives	1,597	4.4%	1,591
Total no. of children in "Other" care arrangement	202	11%	157

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	389	3%	360
No. patients accessing home care services	2,931	0%	2,579
No. patients accessing intermediate care in community hospital	145	41%	110
No. patients accessing day care services	326	3%	295

Social Inclusion	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Average no. of clients in methadone treatment	8,749	-0.2%	8,685

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of Domiciliary Care Allowance	23,585	-6%	21,590

## NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.9%	-1.3%
Day case attendances	2.7%	5.6%
Outpatient attendances	2.9%	1.4%
Births	-5.7%	1.3%
Emergency presentations	-5.4%	-3.9%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	864	669

National Hospitals Office	Actual 2009	Actual 2008
Inpatients - % waiting		
• Adults >6months	25.4%	30.5%
• Children>3months	57.7%	56.4%
Daycase - % waiting		
• Adults >6months	17.1%	26.8%
• Children>3months	61.8%	62.7%

National Hospitals Office	Actual 2009	Actual 2008
Inpatients % Public	75.8%	75.0%
ED: % waiting for admission >12 hours following decision to admit	46.9%	43.8%
Emergency Calls - % answered <26 mins	82.9%	86.3%

## Section 2 – VFM

### Commentary

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and take into account that as well as the requirement to continue to deliver economic efficiencies started in 2007/8, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment. A target of €115m has been set by the DoHC for specific economies and efficiencies and sub-allocated by Directorate. Monthly monitoring and reporting of delivery of these efficiencies, as well as other required HSE efficiencies, is carried out at national and Directorate level for specific measures. A small number of these measures are only reportable quarterly due to availability of data, such as expenditure on Advertising etc. However, the majority of measures are reported based on comparison of year to date (YTD) Expenditure to Outturn 2008 plus/minus 2009 adjustments, available through our financial systems and/or local Directorate Area / Network reports consolidated nationally.

The total reportable savings against the required €115m for March YTD is €12.620m. In terms of the profile for delivery of efficiencies, it may not be expected that March YTD would demonstrate one quarter 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 VFM adjustments at Directorate level and based on the March YTD spend and projecting full year expenditure for 2009:

- VFM 2008 is being maintained in 2009;
- The required €115m adjustments may be delivered with the reported improved rate of saving in further months and based on the current rate of spend projected for the full year against 2008 profile of spend;
- Directorates are reporting that a challenging HR/IR environment is impacting on delivery of planned efficiencies.

#### Non-Pay

Comparing “2008 outturn plus/minus 2009 adjustments” to a projected rate of spend for 2009 based on “March YTD expenditure profiled against 2008 spend”:

- there is a saving of €1.55m for ‘Travel & Subsistence’ in March and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Govt. agreement to reduce mileage rates may impact on our ability to deliver the specified target.
- the level of saving for ‘Blood/Blood Products’, ‘Corp. Maintenance’ and ‘Advertising’ is on target in March for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment;
- there is evidence of saving for ‘Laboratory’ and ‘Drugs/Medicines’ but the rate of saving will need to increase to deliver the required annual adjustment;

However, there are also targeted areas such as ‘Legal’ and ‘Patient Transport’ where savings are not sufficiently evident in March YTD and these are being further examined in terms of required actions and further reporting as necessary such as a centralised governance system for seeking Legal Advice within PCCC etc.

#### Pay

The current rate of savings will need to increase over the year in order to achieve a 3% reduction in Mgt/Admin and a challenging HR/IR environment is impacting on delivery of planned efficiencies. There is no evidence in the March data that the required reductions in NHO Non Mgt/Admin pay costs are taking place. A range of measures are being applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime in all areas, etc.

VFM	Reduction m	Mar YTD €m
<b>Non Pay</b>		
T&S	6.200	1.550
Legal	2.000	0.279
Advertising	1.000	0.250
Nurse Tr&Ed	5.000	1.250
Nat. Drugs Formulary	8.000	0.604
Maintenance	3.500	0.875
<b>Service Adjustments/Reconfigs</b>		
Patient Transport	3.670	0.000
Blood Usage	11.800	2.749
Laboratory	2.000	0.200
Reconfig PCCC Admin Processes	6.385	0.258
Reconfig Child Care	10.000	0.823
Disability Providers	10.000	1.206
<b>Pay</b>		
PCCC Mental Health	12.662	1.446
NHO Non Mgt Admin Pay	8.557	0.000
3% Reduction in Mgt Admin	24.213	1.130
<b>Total</b>	<b>114.99</b>	<b>12.62</b>

<b>PCCC</b>			
<b>VFM Budget Reductions</b>			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936m	
<i>Reduction Achieved ytd</i>		<b>€3.746m</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
		€15.064m	
<i>Reduction Achieved ytd</i>		<b>€3.500m</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
		44.000m	
<i>Total Reduction Achieved ytd</i>		<b>€3.374m</b>	

<b>Total</b>			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
<i>Reduction Achieved ytd</i>		<b>€12.620m</b>	

## Section 3 – Service Delivery

### 3.1 PCCC

#### Overview

Overall PCCC financial performance YTD shows expenditure of €2,048m against a budget of €2,039m giving an adverse variance of €9.1m. When compared to the February '09 variance of €12.4m there has been an overall variance reduction of (€3.3m) YTD.

Local schemes and other service pressures are contributing to the overall financial position. Some of the key drivers of schemes are;

- DCA recipients are up 0.5% on February 2009 or 9.2% on the same period last year.
- Claims made under the Long-Term Illness Scheme are up 6% on the same period last year while the number of items is up 4%.
- Claims made under the Drugs Repayments Scheme are up 14% against the monthly target and 29% above the year-to-date target

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 March is outlined in the VFM section of the Performance Report.

PCCC is 830 WTE below its employment ceiling. During the month of March an additional 20 posts were filled in the Disability sector and a further 24 for Home Care Packages nationally.

Other key issues to note for March are:

- The number of nursing home inspections carried out year to date is 12.4% above target compared to 3.2% above target last month.

#### PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,572	12,442	-1.04%	311,057	309,459	0.5%
West	14,885	14,584	-2.03%	332,309	331,010	0.4%
DML	15,615	15,328	-1.84%	298,577	293,119	1.9%
DNE	11,610	11,528	-0.70%	389,054	387,930	0.3%
PCRS				637,545	642,884	-0.8%
National Director Office	0	2		1,858	2,320	-19.9%
Primary Care Schemes				77,779	72,328	7.5%
<b>Total</b>	<b>54,713</b>	<b>53,882</b>	<b>-1.52%</b>	<b>2,048,179</b>	<b>2,039,050</b>	<b>0.4%</b>

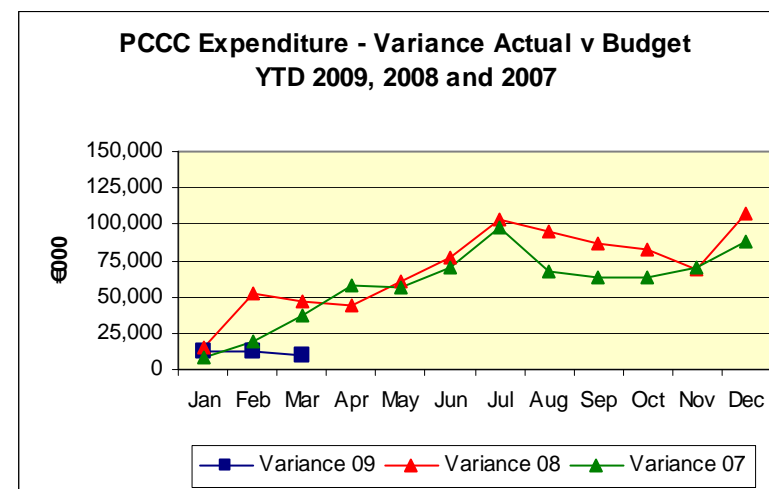
## PCCC Finance Commentary

Including PCRS, year to date expenditure was €2.048 billion compared with a budget of €2.039 billion, leading to a negative variance of €9.1 million.

The variance on schemes at the end of March is set out in the table below:

The deficit on Primary Care Schemes included in the LHOs is €5.5 million.

Demand Led Schemes	Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	2,098,381	454,235	481,089	(26,854)	-5.6%
Community Schemes	686,440	183,310	161,795	21,515	13.3%
PCRS Total	2,784,821	637,545	642,884	(5,339)	-0.8%
Primary Care Schemes	318,174	77,780	72,328	5,451	7.5%
<b>Grand Total</b>	<b>3,102,995</b>	<b>715,325</b>	<b>715,212</b>	<b>112</b>	<b>0.0%</b>



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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	265,142	68,678	65,768	2,910	4.4%
Dublin North West	183,628	47,906	45,660	2,246	4.9%
LHO Laois / Offaly	177,404	46,257	44,203	2,054	4.6%
LHO Wicklow	110,256	29,319	27,385	1,934	7.1%
LHO Kildare / West Wicklow	100,708	26,527	25,000	1,527	6.1%

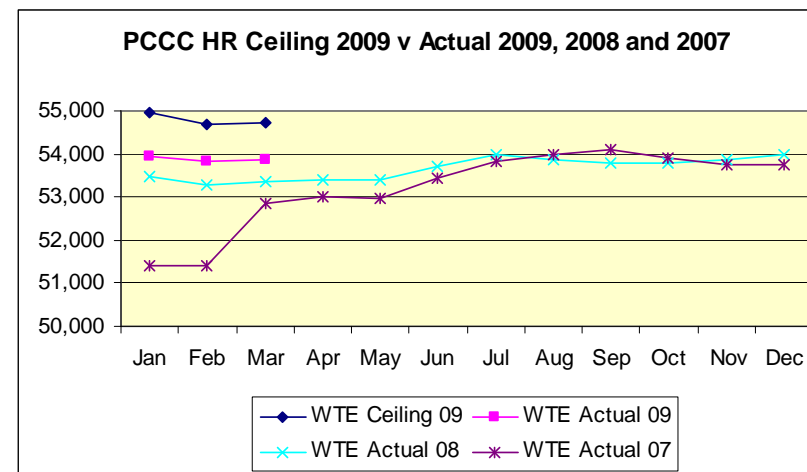
### LHOs with Most Significant Favourable Financial Variances (excluding Primary Care Schemes)

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Dublin South Central	210,495	51,807	52,486	-679	-1.3%
LHO West Cork	243,639	60,061	60,624	-563	-0.9%
LHO Donegal	181,872	44,036	44,561	-525	-1.2%
LHO Sligo / Leitrim	173,948	42,120	42,633	-513	-1.2%
Leopardstown Park Hospital	14,208	3,259	3,533	-274	-7.8%

## PCCC HR Commentary

PCCC recorded an increase of 71 WTEs in March, but the real growth is understated as a further 27 WTEs were transferred to Population Health arising from the transfer of environmental health services. A further 18 of the 2008 addendum posts were filled in March. Some 667 new 2008 development posts in PCCC have now been filled in Areas / Agencies encompassed by the approved employment ceiling by the end of March. Some 143 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 March:

Local Health Office	Increase in Mar	Of Which Statutory	Of Which Voluntary	% Increase in Mar	WTE Variance with Ceiling	% Variance to ceiling
Dublin South City	31	29	2	2.41%	31	2.4%
Waterford	31	32	-1	1.99%	12	.73%
Wexford	25	25	0	2.46%	31	3.03%
Donegal	23	23	0	1.06%	12	.55%
Carlow/Kilkenny	20	21	-1	2.6%	2	.11%
Longford/Westmeath	14	11	2	.72%	-35	-1.73%
Dublin North	12	12	0	.72%	-19	-1.22%
West Cork	12	2	10	.44%	-21	-.74%



In addition, some Voluntary Agencies recorded increases during the month; Cope Foundation + 10 WTEs and the National Rehabilitation Hospital +5 WTEs. PCCC's approved employment ceiling was adjusted downwards overall to give effect to the transfer of environmental health to Population Health, despite the increase due to the filling of additional 2008 addendum posts. PCCC's approved employment ceiling now stands at 54,713 WTEs and they are currently 830WTEs (1.52%) below their approved employment ceiling.

### LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual Mar 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin West	1,858	2,114	6	256	13.79%
Dublin North West	2,661	2,752	-14	91	3.41%
Wexford	1,011	1,042	25	31	3.03%
Dublin South City	1,282	1,313	31	31	2.40%
Dublin North Central	3,157	3,229	-7	72	2.27%

(Based on the percentage variance from ceiling)

### LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual Mar 2009	Growth from Previous Month	Variance from ceiling	% Var
Dun Laoghaire	997	851	-1	-146	-14.61%
Louth	1,780	1,714	5	-66	-3.72%
Laois/Offaly	2,240	2,172	2	-67	-3.01%
Cavan/Monaghan	1,314	1,280	9	-35	-2.65%
Longford/Westmeath	2,007	1,973	14	-35	-1.73%

(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	---	34	---	94,120	89,042	-5%	---	---	---	---	---	---	---	---	---
West	---	29	---	53,560	50,765	-5%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	34,320	38,358	12%	---	---	---	---	---	---	---	---	---
DML	---	34	---	26,260	24,936	-5%	---	---	---	---	---	---	---	---	---
<b>Total</b>	---	<b>107</b>	---	<b>208,260</b>	<b>203,101</b>	<b>-2%</b>	<b>148,221</b>	<b>221,111</b>	<b>49%</b>	<b>1,045,922</b>	<b>1,346,779</b>	<b>29%</b>	<b>1,370,048</b>	<b>1,370,764</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	1,560	10.3%	84	70	-16.7%	898	993	10.6%	385	409	6.2%	47	88	87.2%
West	1,063	1,076	1.2%	54	37	-31.5%	688	730	6.1%	275	272	-1.1%	46	37	-19.6%
DNE	1,347	1,409	4.6%	138	134	-2.9%	716	735	2.7%	446	488	9.4%	47	52	10.6%
DML	1,510	1,482	-1.9%	150	137	-8.7%	894	892	-0.2%	424	428	0.9%	42	25	-40.5%
<b>Total</b>	<b>5,334</b>	<b>5,527</b>	<b>3.6%</b>	<b>426</b>	<b>378</b>	<b>-11.3%</b>	<b>3,196</b>	<b>3,350</b>	<b>4.8%</b>	<b>1,530</b>	<b>1,597</b>	<b>4.4%</b>	<b>182</b>	<b>202</b>	<b>11.0%</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	1,918	2.0%	978,504	985,762	0.7%	2,646	2,631	-0.6%	60	54	-10.0%
West	1,690	1,811	7.2%	875,400	887,374	1.4%	3,259	3,227	-1.0%	67	72	7.5%
DNE	3,300	3,115	-5.6%	601,998	580,425	-3.6%	1,337	1,410	5.5%	34	61	79.4%
DML	1,830	1,958	7.0%	538,998	515,480	-4.4%	1,858	1,809	-2.6%	57	58	1.8%
<b>Total</b>	<b>8,700</b>	<b>8,802</b>	<b>1.2%</b>	<b>2,994,900</b>	<b>2,969,041</b>	<b>-0.9%</b>	<b>9,100</b>	<b>9,077</b>	<b>-0.3%</b>	<b>218</b>	<b>245</b>	<b>12.4%</b>

Palliative Care Activity YTD (no. on last day of month)	No. Patients in specialist inpatient / month			No. Patients in receipt of domiciliary based specialist palliative care			No. Patients accessing intermediate palliative care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	110	93%	764	748	-2%	31	34	10%	69	71	3%
West	116	178	53%	850	801	-6%	35	55	57%	82	101	23%
DNE	35	46	31%	586	594	1%	5	4	-20%	56	59	5%
DML	171	55	-68%	729	788	8%	32	52	63%	108	95	-12%
<b>Total</b>	<b>379</b>	<b>389</b>	<b>3%</b>	<b>2,929</b>	<b>2,931</b>	<b>0%</b>	<b>103</b>	<b>145</b>	<b>41%</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>8,749</b>	<b>-0.2%</b>	<b>25,000</b>	<b>23,585</b>	<b>-6%</b>

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

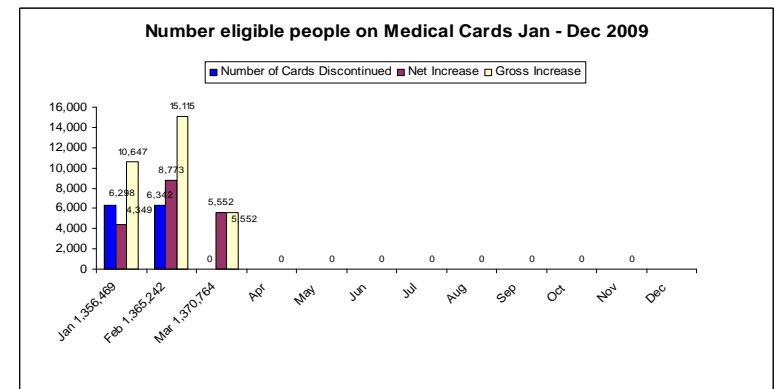
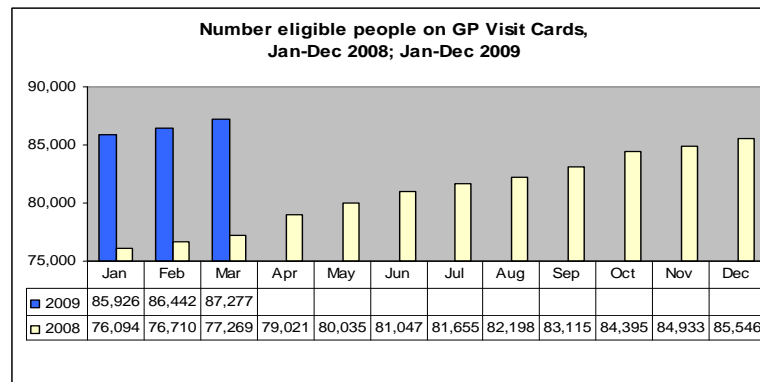
**Primary Care**

**Primary Care Teams:** Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). The number of PCTs holding clinical team meetings at the end of March is 107. (Phase 1 Teams previously referred to as 2006 Teams, Phase 2 previously referred to as 2007 teams). Also currently in development are 3 teams from Phase 3. Of the 97 Phase 1 teams (reported on in 2008), 90 PCTs (93%) are currently holding clinical team meetings (same as February figure). 17 Phase 2 teams (or 15% of the total 113 Phase 2 Teams) are holding clinical team meetings.

**Orthodontic Service:** Data on the numbers of people receiving treatment and who have had their treatment completed during the reporting period is included for the first time this quarter. (14,525 patients received treatment in quarter 1 and 1,724 treatments were completed in quarter 1). Data is outstanding from the former Mid-West and former Midlands region but a full national picture is expected for reporting in Quarter 2.

**Out of Hours GP Services:** During the month of March 67,901 contacts were made with the service, which represents an increase of 7% on the contacts made in February 2009 (63,367). This is partly due to there being less days in February. Year to date figure is 203,101 which is 2.4% below the profiled target but represents 26% of the annual target. The year to date position is also 16% below the same period last year figure of 242,304 (this is largely due to the fact that same period last year incorporated 13 weeks of data; this year only represents 12 weeks hence negative variance).

**GP Visit cards:** Sustained growth in the number of eligible persons on GP Visit Cards continued during March 2009, up 0.9% on the February position. During March, an additional 835 GP Visit Cards were issued. This represents an increase of 13% from the same period last year (10,008 additional GP Visit Cards were issued since March 2008). The total number of people covered by a GP Visit Card at the end of March is 87,277

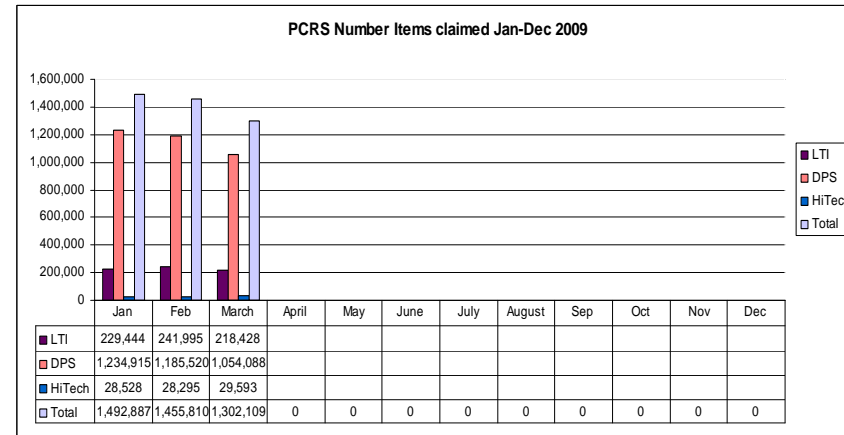
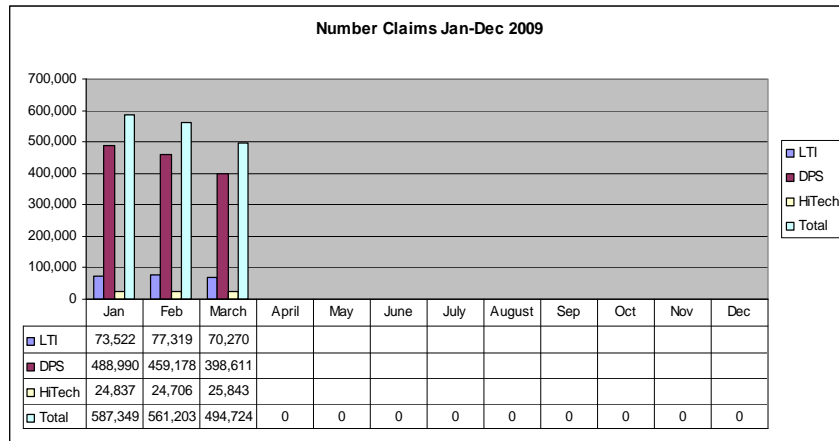


**Medical Cards:** The total number of individuals who are now covered by a medical card is 1,370,764 which represents an increase of 5,522 (0.4%) over the February position (1,365,242). The validation exercise in relation to the Medical Card database is ongoing. In March there was no impact on activity as a result of this exercise. We will continue to monitor in future months.

**Schemes**

**LTI:** The number of LTI claims made during March was 70,270 (42% above the monthly target of 49,407), bringing the total YTD to 221,111, which is 49% above the year to date target of 148,221. Compared to the same period last year (213,169 claims) this represents an increase of 4%. The total number of LTI items in March was 218,428 which is 4% below the monthly target.

**DPS:** The number of DPS claims made during March was 398,611 which is 14% above the monthly target of 348,641 and 29% above the year to date target (year to date figure of 1,346,779). This compares with 1,420,185 claims for the same period last year (YTD) - a reduction of 5%. The total number of DPS items was 1,054,088 which is 31% below the monthly target of 1,328,683.



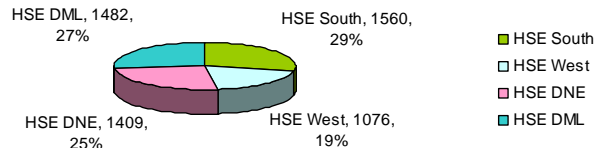
**Hi-Tech:** The number of HiTech claims made during March was 25,843 (2% below the monthly target of 26,325). The year to date position (75,386) is 7% above the same period last year (70,408).

**Domiciliary Care Allowances (DCA)** continues to show growth during the reporting period. During March an additional 126 clients claimed DCA bringing the total number to 23,585, an increase of 0.5% on the February 2009 position. The figure of 23,585 claimants in March 2009 compares with 21,590 for the same period last year, an increase of 1,995 or 9.2%.

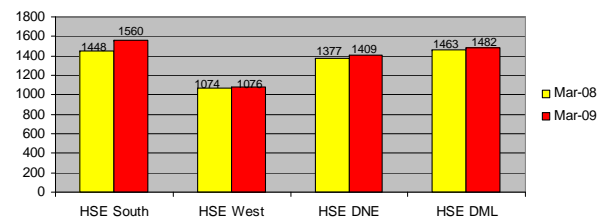
**Children and Families**

**Children in Care:** The number of children in care nationally in March was 5,527. This is a 3.1% increase compared to the same period last year (5,362). There is a 0.8% increase compared to the February 09 figure of 5,483. Proportionately the West has the lowest number of children in care, consistently accounting for 19% of the national total. The South has the highest proportion at 29%.

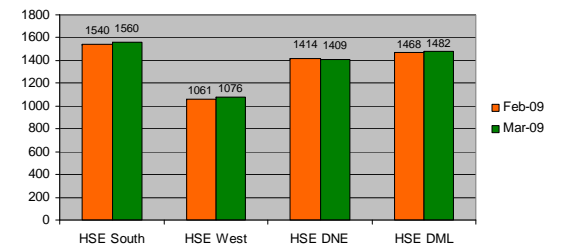
No. of Children in Care (Nationally) March 2009



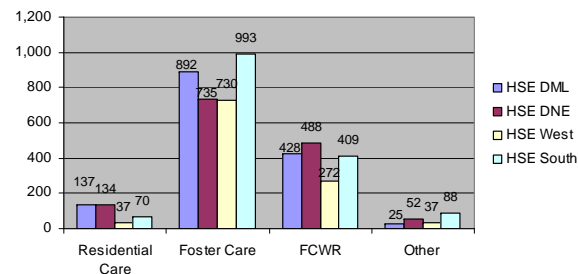
Children in Care Comparison Mar 09 v Mar 08



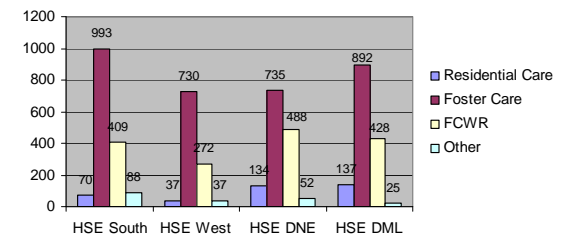
Children in Care Comparison Feb 09 v Mar 09



Children in Care March 2009



Children in Care March 2009



The breakdown of care type by percentage nationally shows that the highest number of children in care fall into the foster care category (60% of all children in care). Foster Care with relatives accounts for 29% followed by residential care at 7% and 'other care/at home under a care order' is 4%.

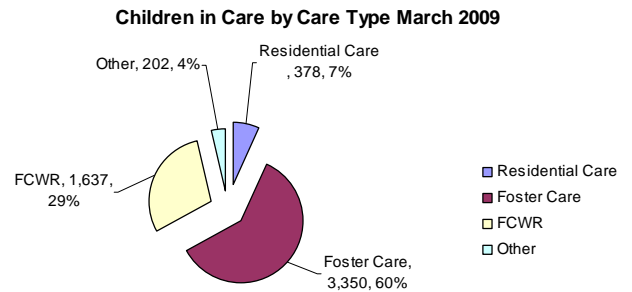
Of the 5,527 children in care 378 are in residential care (accounting for 6.8% of the overall total). As a percentage of all children in care, DML and DNE report the highest proportion in residential care at almost 9.5% and 9.2% respectively (this is directly related to the higher number of residential care centres located within DML and DNE). The lowest proportion is recorded for HSE West (3.4%). The number of children in residential care has decreased by 6.9% since same time last year (406). There is however a rise of 0.8% compared to the February 09 position.

The number of children in Foster Care for March 09 is 3,350 compared to 3,208 for March 08. This constitutes a 4.4% increase. Comparing the figures against February 09 this exhibits a 0.6% increase (3,330). The number of children in foster care with relatives has increased from 1,591 to 1,597 (0.4%) compared to March 08 and the monthly comparison shows an almost 1% increase over February 09 (1,582).

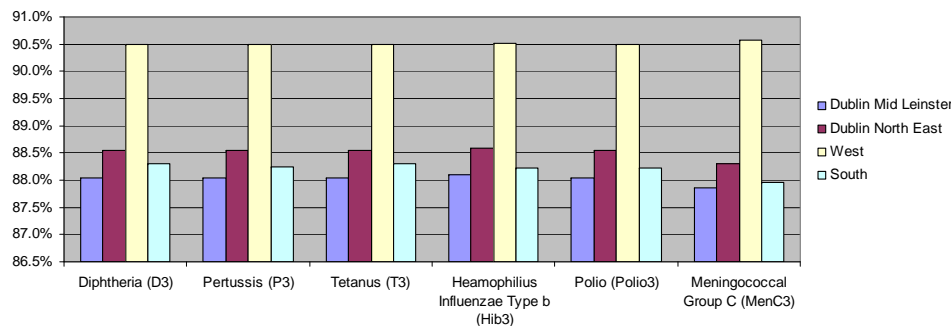
There is also an overall national increase in the number of children in other care/at home under care order of 28.7% when compared to the same period last year. This is in part accounted for by an increase in South where there has been a growth in the number of children who are currently under a care order but are actually living at home (88 in HSE South in March 09 compared to 47 for March 08). HSE West exhibited a 2.6% drop from the position in March 08 (38) to the position in March 09 (37), DNE demonstrated a 40.5% increase (37 in March 08 to 52 for March 09), DML showed a 28.6% drop, from 35 for March 08 to 25 for March 09.

**Child Health**

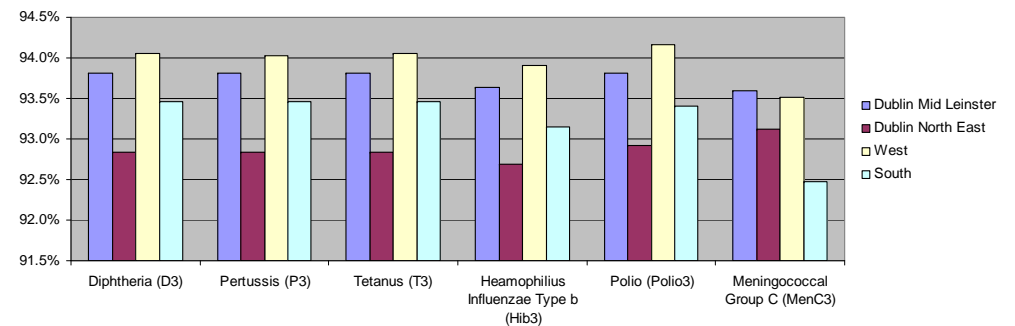
**Immunisation Uptake:** This is the first PR where we have utilised the data obtained from the Health Protection Surveillance Centre with regards to the Immunisation Uptake Statistics. The statistics are reported quarterly in arrears so therefore relate to children 12 and 24 months of age in Qtr 4 2008 who have received three doses of vaccine against diphtheria (D<sub>3</sub>), pertussis (P<sub>3</sub>), tetanus (T<sub>3</sub>), Haemophilus influenzae type b (Hib<sub>3</sub>), polio (Polio<sub>3</sub>) and meningococcal group C (MenC<sub>3</sub>).



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



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



**12 months of age:** The national uptake rate in children 12 months of age is 89% for diphtheria (D<sub>3</sub>), pertussis (P<sub>3</sub>), tetanus (T<sub>3</sub>), Haemophilus influenzae type b (Hib<sub>3</sub>), polio (Polio<sub>3</sub>) and meningococcal group C (MenC<sub>3</sub>). When compared to the previous quarter the uptake rate remained unchanged. (Note: in the previous quarter MenC<sub>3</sub> uptake data was available for only 56% of the national birth cohort and where data was available the national uptake for MenC<sub>3</sub> was 88%).

**24 Months of age:** The national uptake rate in children 24 months of age is 93.5% for diphtheria (D<sub>3</sub>), pertussis (P<sub>3</sub>), tetanus (T<sub>3</sub>), Haemophilus influenzae type b (Hib<sub>3</sub>), polio (Polio<sub>3</sub>) and meningococcal group C (MenC<sub>3</sub>). When compared to the previous quarter the uptake rate remained unchanged. (Note: in the previous quarter MenC<sub>3</sub> uptake data was available for only 92% of the national birth cohort and where data was available the national uptake for MenC<sub>3</sub> was 83%)

**24 months of age MMR:** The national MMR uptake rate at 24 months is 89.8% compared to 87.5% for the previous quarter.

**Child Developmental Health Screening:** Developmental screening is a process designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. This metric measures the percentage of children who have received a child development health screening (7-9 months) before reaching the age of 10 months as recommended in Best Health for Children. This indicator is due for reporting on a quarterly basis and while some figures have been returned, further validation is required. It is intended to fully report against measure in Q2.

**Older Persons**

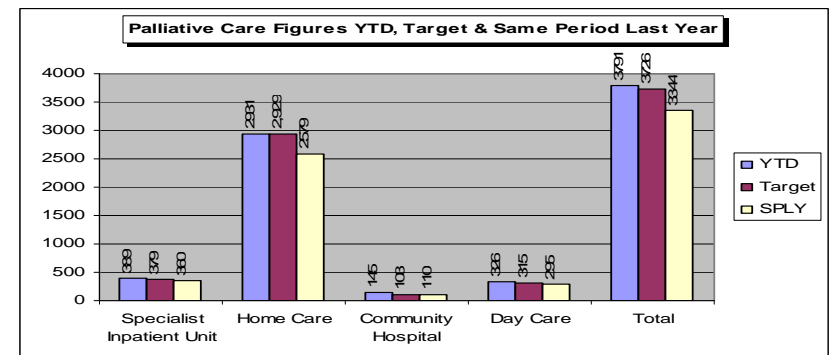
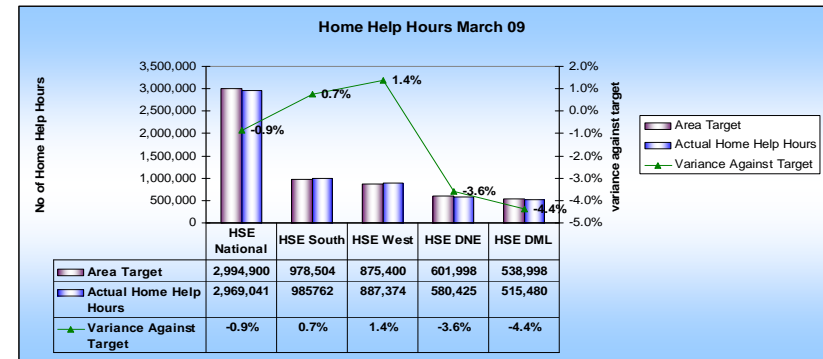
**Home Care Packages:** At the end of March 2009 there were 8,802 clients in receipt of Home Care Packages of which 6,782 were direct provision and 2,020 were cash grants. The overall number of clients in receipt of a HCP in March is approximately 1.2% above the expected level of service delivery. This compares with 1% above expected level of service in February. The proportion of clients over 65 years remains unchanged from last month at 93.7% (8,245 clients). Cumulatively, the number of new clients at the end of March 2009 was 784 compared to 988 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 March 2009, 2,969,041 hours had been provided (0.9% below target). The number of people in receipt of home help hours stood at 54,236 in March (0.5% below projected numbers), compared to February's figure of 53,644 (1.6% below target).

**Palliative Care**

On 31<sup>st</sup> March the total number of patients accessing palliative care services was 3,791. The majority of these patients were in receipt of home care services (2,931), accounting for 77% of the level of activity reported for the month. The number of patients in Specialist Inpatient units (389) accounted for 10% of the total. *Note: Data is a snapshot of activity collected on the last day of the month in question.*

% of children who at 24 months have received MMR vaccine



**Social Inclusion**

**Addiction:** In March 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,732 (1.3% above the target figure of 7,636 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), in March, a total of 8,749 clients were treated, which was 0.2% below the Target figure of 8,765 for 2009 and 0.7% below March 2008.

**Disabilities**

Performance Indicators on Under 5 year old Assessments are reported one quarter in arrears. During Q4 2008, a total of 618 applications for Assessment of Need were received by the HSE. Of these applications, 446 (78%) in total commenced within the statutory 3 month timeframe (South: 64%, West: 92%, DNE: 72% DML: 89%).

**Mental Health**

A number of Performance Indicators reflected in the commentary below are reported one quarter in arrears.

**Total Admissions & Re-admissions to acute units:** In Q4 2008 there were 3,792 admissions to acute mental health units nationally. This is 263 fewer patients (-6.5%) than were admitted in the same period last year.

While the overall number of admissions has fallen, the proportion of re-admissions has increased from 71% in Q4 2007 to 73% in Q4 2008 (6.8% above 2009 target of 68%). Re-admission rates however have fallen from 67.6 per 100,000 population in Q4 2007 to 65.4 per 100,000 population in Q4 2008 – a reduction of 3.3% and 1.8% above target 2009. The largest decrease was reported for Dublin Mid Leinster (-12%), offset by a 13% increase in HSE South.

**Length of Stay:** The median length of stay in inpatient facilities has also fallen from 11.5 days in Q4 2007 to 10 days in Q4 2008. This also compares favourably to a target of 12 days for 2009.

**Involuntary Admissions:** The total number of involuntary admissions during Q4 2008 was 315 (8.3% of total admissions) compared to 384 (9.4% of total admissions) in 2007. The annual target for 2009 is to reduce the total number of involuntary admissions by 1%. We will continue to monitor this throughout the year.

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

### Overview

The financial performance for March 09 indicates a budgetary overrun of €35.8m. 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 fully in place in March, this would account for a significant component of the deficit.

March HR returns reflect a variance from ceiling of 1,268 WTEs (+2.42%) over approved ceiling, a slight improvement on the February position. Much of the variance can be accounted for by student nurse placements, where displacement of staff nurses has yet to be fully effected.

Inpatient activity year to date has decreased within the hospital system compared to 2008 (- 1.3%). However, inpatient discharges are 3.9% 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 2.5% relative to Jan to March 08 due to activity controls, bed closures and higher delayed discharges (reducing bed availability). Daycase activity has increased by 5.6% ytd compared to 2008 and is operating at 2.7% ahead of service plan target levels, indicating that the further shift of activity to a day case basis is occurring. The continuing increase in delayed discharges (an increase of over 495 since 2007 and a very significant increase since Jan 09) as patients await provision of alternative care, continues to be a particular concern. While both emergency presentations to hospitals and attendances at EDs have decreased against the same period last year, by 4% and 5% respectively, emergency admissions are broadly in line with 2008 emergency admission levels (-1%). The average number of admission waits per day has increased substantially by 23%, >24 hour waits by 40% and >12 hour waits by 39%.

### NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,476	4,536	1.34%	85,247	81,412	4.7%
Southern HG	6,840	6,890	0.73%	137,173	134,420	2.0%
North Eastern HG	3,122	3,288	5.32%	70,895	68,264	3.9%
Dublin North HG	8,832	8,976	1.64%	201,014	196,673	2.2%
Western HG	7,984	8,321	4.23%	174,493	164,224	6.3%
Mid Western HG	3,278	3,286	0.26%	68,263	64,773	5.4%
Dublin Midlands HG	7,959	8,244	3.58%	176,274	168,715	4.5%
Dublin South HG	8,471	8,587	1.37%	197,081	196,608	0.2%
Ambulance	1,305	1,443	10.57%	35,602	33,971	4.8%
Nat. Director Office				6,908	8,040	-14.1%
<b>NATIONAL TOTAL</b>	<b>52,305</b>	<b>53,573</b>	<b>2.42%</b>	<b>1,152,950</b>	<b>1,117,100</b>	<b>3.2%</b>

## NHO Finance Commentary

Year to date expenditure in the NHO was €1.153 billion compared with a budget of €1.117 billion – leading to a negative variance of €35.9 million.

In overall terms the current rate of expenditure in the NHO is effectively on a par with 2008's annual spend with the growth being less than 0.3%. At a network level the West / North West Network appears to be exhibiting the most growth at 3% versus 2008.

### Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Sligo General Hospital	114,447	31,995	28,488	3,507	12.3%
Adelaide & Meath Hospital	219,866	57,592	54,944	2,648	4.8%
Galway College University Hospital	226,532	58,411	55,801	2,610	4.7%
Waterford Regional Hospital	149,179	38,802	36,582	2,220	6.1%
Regional Hospital Dooradoyle	159,678	40,475	38,271	2,204	5.8%

### Hospitals with Most Significant Favourable Financial Variances

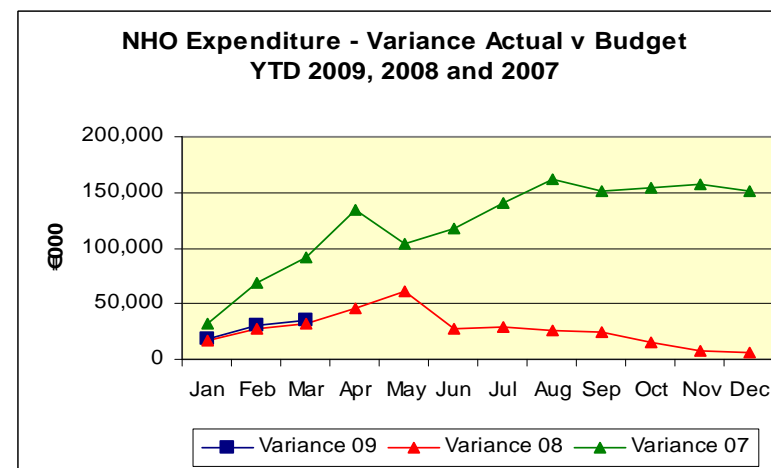
National Maternity Hospital Holles Street	50,673	12,123	12,668	-545	-4.3%
Our Lady's Hospital Navan	45,069	11,097	11,334	-237	-2.1%
St Luke's Hospital	37,239	9,211	9,310	-99	-1.1%
St Vincent's University Hospital	234,528	58,467	58,532	-65	-0.1%
St James's Hospital	370,191	90,691	90,743	-52	-0.1%

## NHO HR Commentary

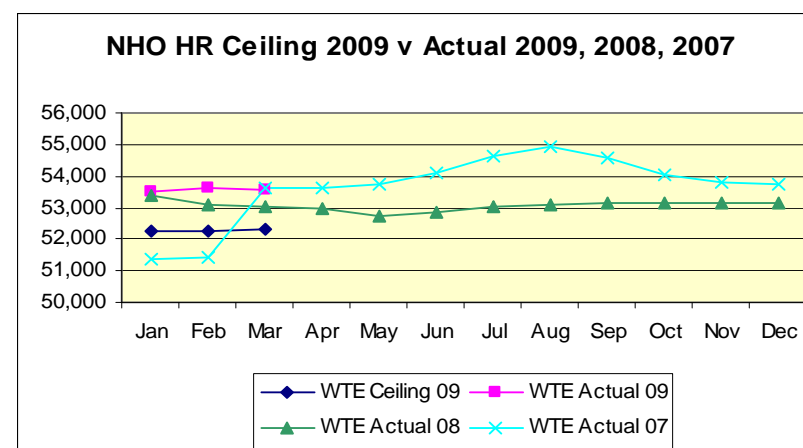
The National Hospitals Office's employment ceiling stands at 52,305 and they are now 1,268 WTEs (2.42%) over their approved ceiling. Nursing employment levels are 347 WTEs above the end of year position prior to the placement of student nurses in 2009 and there is a continuing need to displace nursing employment to offset student nurse placements.

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

Hospital	February increases	% increase in February	WTE Variance with ceiling	% variance to ceiling
Wexford General Hospital	11	1.1%	3	0.37%
Coombe Women's Hospital	11	1.14%	57	8.32%
Sligo General Hospital	8	0.53%	92	6.56%
National Ambulance Service	6	0.42%	138	10.57%



When March 2009 is compared to January 2009 (Both 31 day months) a real decrease of €8.9m or 2% can be seen with most networks showing effectively no growth with the exception of the Mid West Network at 5%. This level of expenditure is not sustainable in light of the current budgetary situation and significant savings must be made in line with the corporate business plan in each of the networks in order to achieve breakeven.



**Hospitals with Most Significant Adverse HR Variances**

Hospital	Ceiling	Actual Mar 2009	Growth from Previous Month	Variance from ceiling	% Var
Our Lady's Hospital Cashel	11	15	0	3	29.21%
Monaghan Hospital	236	258	4	22	9.24%
Our Lady of Lourdes Hospital	1251	1,363	-2	112	8.94%
The Coombe Women's Hospital	691	748	11	57	8.32%
Kerry General Hospital	968	1,035	0	67	6.94%
East Coast Ambulance Service	219	340	-8	120	54.98%

*(Based on the percentage variance from ceiling)*

**Hospitals with Most Significant Favourable HR Variances**

Hospital	Ceiling	Actual Mar 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital	26	17	-15	-10	-36.47%
Connolly Hospital Blanchardstown	1238	1,183	-4	-55	-4.44%
St Mary's Orthopaedic Hospital	225	217	-1	-8	-3.69%
Merlin Park University Hospital	672	650	0	-22	-3.26%
St John's Hospital, Limerick	326	316	-4	-10	-2.96%
Midland Ambulance Service	196	145	2	-51	-25.99%

*(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>47,407</b>	<b>51,505</b>	<b>8.6%</b>	<b>142,220</b>	<b>147,706</b>	<b>3.9%</b>	<b>149,667</b>	<b>-1.3%</b>
South Eastern HG	69,570	66,580	5,586	5,905	5.7%	16,871	17,189	1.9%	17,628	-2.5%
Southern HG	84,209	79,720	6,600	7,230	9.5%	19,495	20,608	5.7%	20,281	1.6%
North Eastern HG	49,576	46,730	3,758	4,187	11.4%	11,374	12,077	6.2%	12,263	-1.5%
Dublin North HG	72,610	69,370	5,725	6,194	8.2%	17,155	17,764	3.5%	17,952	-1.0%
Western HG	108,409	103,860	8,695	9,361	7.7%	25,682	26,870	4.6%	26,806	0.2%
Mid Western HG	46,418	45,300	3,737	3,984	6.6%	11,502	11,690	1.6%	11,781	-0.8%
Dublin Midlands HG	100,952	96,320	7,891	8,899	12.8%	23,928	25,290	5.7%	26,020	-2.8%
Dublin South HG	72,576	65,480	5,414	5,745	6.1%	16,213	16,218	0.0%	16,936	-4.2%
<b>Day Cases</b>	<b>637,140</b>	<b>647,000</b>	<b>48,362</b>	<b>59,880</b>	<b>23.8%</b>	<b>157,641</b>	<b>161,942</b>	<b>2.7%</b>	<b>153,336</b>	<b>5.6%</b>
South Eastern HG	37,972	40,660	3,109	3,541	13.9%	9,940	9,818	-1.2%	9,272	5.9%
Southern HG	99,162	98,720	6,891	8,644	25.4%	23,461	25,153	7.2%	23,479	7.1%
North Eastern HG	30,026	30,900	2,386	2,983	25.0%	7,614	7,911	3.9%	7,374	7.3%
Dublin North HG	93,024	94,480	7,262	8,793	21.1%	23,624	24,296	2.8%	23,246	4.5%
Western HG	114,118	117,100	8,755	10,628	21.4%	28,212	29,778	5.6%	27,487	8.3%
Mid Western HG	35,272	35,980	2,716	3,026	11.4%	8,938	8,851	-1.0%	8,732	1.4%
Dublin Midlands HG	79,555	84,190	6,358	6,515	2.5%	23,928	18,763	-11.0%	18,249	2.8%
Dublin South HG	148,011	144,970	10,884	15,750	44.7%	34,775	37,372	7.5%	35,497	5.3%
<b>Emergency Presentations</b>	<b>1,207,534</b>	<b>1,223,000</b>	<b>103,871</b>	<b>104,103</b>	<b>0.2%</b>	<b>301,562</b>	<b>285,230</b>	<b>-5.4%</b>	<b>296,734</b>	<b>-3.9%</b>
South Eastern HG	172,872	177,250	15,054	14,856	-1.3%	43,705	40,476	-7.4%	42,166	-4.0%
Southern HG	139,158	140,790	11,958	11,956	0.0%	34,715	32,886	-5.3%	33,647	-2.3%
North Eastern HG	114,218	114,280	9,706	10,078	3.8%	28,179	27,461	-2.5%	27,112	1.3%
Dublin North HG	127,490	128,690	10,930	10,904	-0.2%	31,732	29,976	-5.5%	31,516	-4.9%
Western HG	195,504	200,660	17,042	17,524	2.8%	49,478	48,003	-3.0%	46,562	3.1%
Mid Western HG	114,680	116,750	9,916	9,255	-6.7%	28,788	25,783	-10.4%	27,863	-7.5%
Dublin Midlands HG	216,151	215,900	18,337	18,758	2.3%	53,236	50,634	-4.9%	56,511	-10.4%
Dublin South HG	127,461	128,680	10,929	10,772	-1.4%	31,729	30,011	-5.4%	31,357	-4.3%
<b>Emergency Admissions</b>	<b>368,341</b>	<b>367,000</b>	<b>31,170</b>	<b>35,066</b>	<b>12.5%</b>	<b>90,493</b>	<b>92,523</b>	<b>2.2%</b>	<b>93,242</b>	<b>-0.8%</b>
South Eastern HG	49,779	49,390	4,195	4,322	3.0%	12,178	12,320	1.2%	12,770	-3.5%
Southern HG	40,598	40,290	3,422	4,476	30.8%	9,935	10,288	3.6%	10,079	2.1%
North Eastern HG	36,343	36,050	3,062	3,235	5.7%	8,889	8,803	-1.0%	8,785	0.2%
Dublin North HG	36,945	37,690	3,201	4,130	29.0%	9,293	9,530	2.5%	9,481	0.5%
Western HG	83,202	82,580	7,014	7,319	4.4%	20,362	21,223	4.2%	20,308	4.5%
Mid Western HG	27,415	27,280	2,317	2,517	8.6%	6,727	7,056	4.9%	6,989	1.0%
Dublin Midlands HG	58,221	58,200	4,943	5,873	18.8%	14,351	14,743	2.7%	15,809	-6.7%
Dublin South HG	35,838	35,520	3,017	3,194	5.9%	8,758	8,560	-2.3%	9,021	-5.1%
<b>Outpatient Attendances</b>	<b>3,271,665</b>	<b>3,233,000</b>	<b>238,081</b>	<b>270,038</b>	<b>13.4%</b>	<b>784,809</b>	<b>807,955</b>	<b>2.9%</b>	<b>796,429</b>	<b>1.4%</b>
South Eastern HG	282,948	281,020	21,048	24,199	15.0%	68,314	68,643	0.5%	68,768	-0.2%
Southern HG	387,685	380,690	27,159	32,032	17.9%	90,673	97,793	7.9%	91,089	7.4%
North Eastern HG	255,652	247,880	18,318	16,221	-11.4%	61,087	54,727	-10.4%	63,376	-13.6%
Dublin North HG	538,127	536,530	39,289	49,027	24.8%	130,122	138,198	6.2%	130,519	5.9%
Western HG	438,488	436,120	33,000	38,587	16.9%	102,113	103,893	1.7%	103,531	0.3%
Mid Western HG	186,112	183,880	13,785	16,567	20.2%	45,941	47,511	3.4%	46,497	2.2%
Dublin Midlands HG	622,471	609,480	44,883	44,617	-0.6%	149,177	154,138	3.3%	154,644	-0.3%
Dublin South HG	560,182	557,400	40,648	48,788	20.0%	137,382	143,052	4.1%	138,005	3.7%

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>6,530</b>	<b>6,237</b>	<b>-4.5%</b>	<b>18,957</b>	<b>17,872</b>	<b>-5.7%</b>	<b>17,642</b>	<b>1.3%</b>
South Eastern HG	8,404	8,660	736	699	-5.0%	2,135	2,046	-4.2%	2,013	1.6%
Southern HG	10,652	10,830	920	914	-0.6%	2,670	2,651	-0.7%	2,559	3.6%
North Eastern HG	6,291	6,650	565	521	-7.8%	1,640	1,491	-9.1%	1,475	1.1%
Dublin North HG	8,794	9,100	773	761	-1.5%	2,244	2,074	-7.6%	1,989	4.3%
Western HG	11,481	12,080	1,026	948	-7.6%	2,979	2,752	-7.6%	2,790	-1.4%
Mid Western HG	5,396	5,500	467	420	-10.1%	1,356	1,345	-0.8%	1,301	3.4%
Dublin Midlands HG	13,653	14,560	1,237	1,173	-5.1%	3,590	3,310	-7.8%	3,296	0.4%
Dublin South HG	9,144	9,500	807	801	-0.7%	2,342	2,203	-6.0%	2,219	-0.7%

## Analysis of Performance

NHO performance activity is reported at Network level in tabular format in this report, and detailed by hospital in the Supplementary PR.

### Context

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

- Combined inpatient and day case activity levels planned for 2009 are 3% higher than the target set in 2008 and 2% higher than 2008. This equates to nearly 10,000 and 7,000 more patients treated in 2009 than planned levels and 2008 discharges, respectively.
- March saw a significant shift in daycase activity, which is line with NSP 2009 objectives. There are still a number of specialties which require a focused improvement to ensure that daycase rates improve to target levels.
- 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. Emergency presentation levels continue to be lower than in 2008 and emergency admission have also decreased by 1%.
- 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.

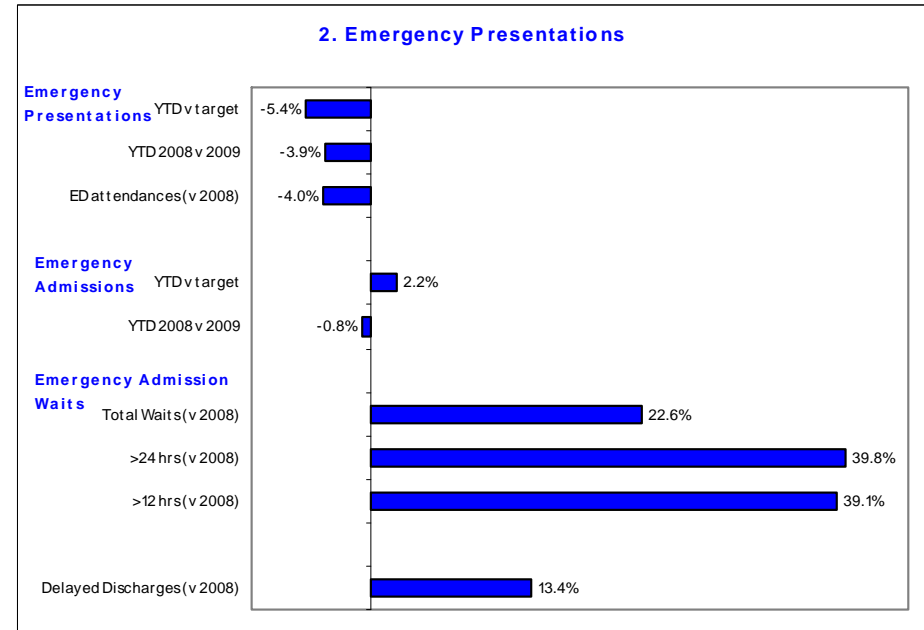
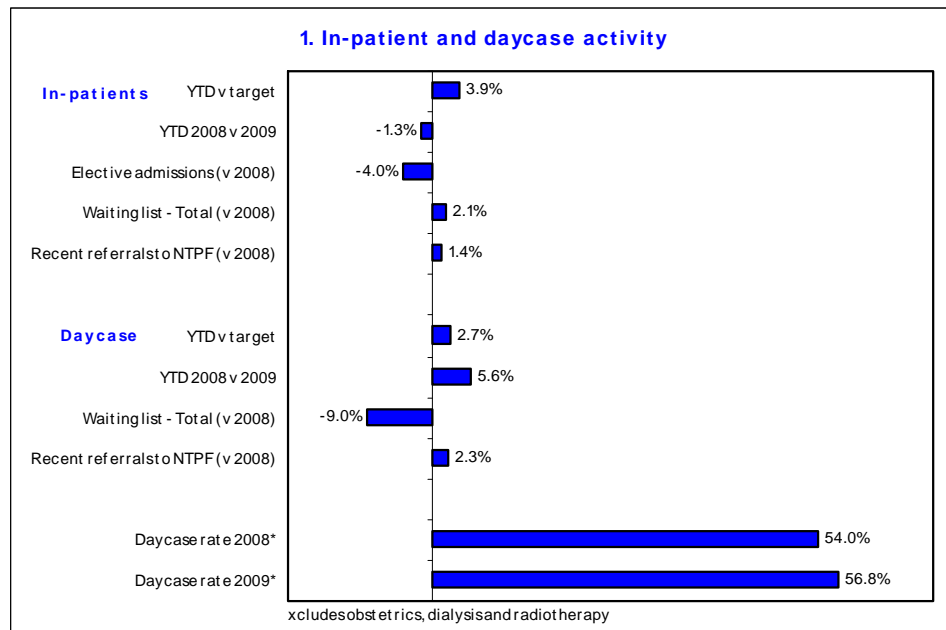
### Key data collection changes for 2009

- 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 have been combined and are now reported as Galway University Hospitals.
  - The collection of consultant led outpatient activity at individual consultant level has been introduced as part of 2009 routine monitoring. The data is anonymised and will provide standard information on not only the numbers of attendances and DNAs, but also the number of clinics held, the time to next available appointments and number of new referrals accepted.
  - Patient Experience Time (PET) information has been available in a limited number of hospitals. In February 2009, the PMU initiated a sampling exercise across the remaining Emergency Departments (EDs) 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.
  - In St. James's Hospital in the speciality endocrinology a decrease in activity is due to relocation of phlebotomy services and adjustment in data capture.
  - The difference in St Michael's Inpatient Discharges 'Cumulative % Variance Actual v Target' is due to a change in reporting methodology from St Michael's Hospital after the 2009 target was set.

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**

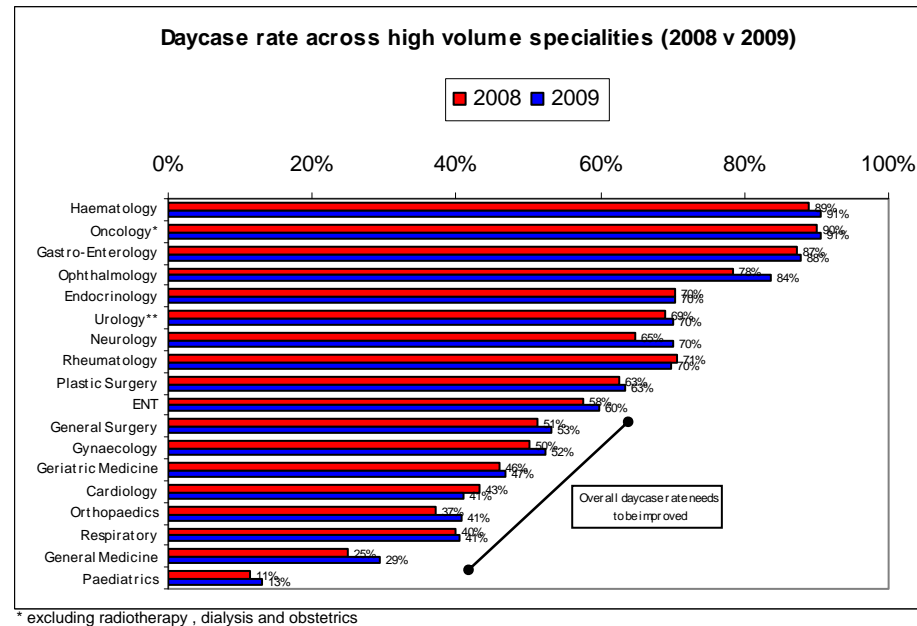
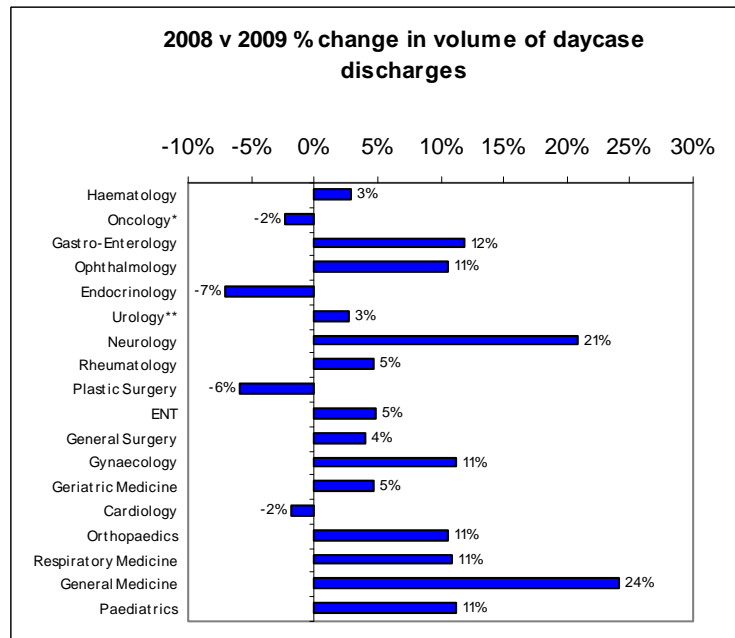
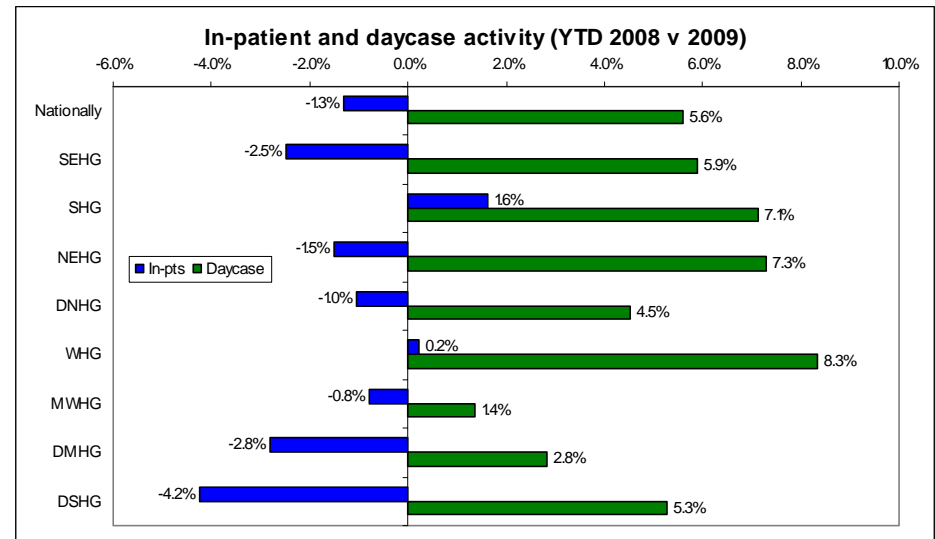
1. Inpatient activity continues below 2008 levels and March has seen a significant increase in the output of daycase activity across hospitals. This is in line with service plan objectives and approach. This lower inpatient discharging rate was maintained in March for non-obstetric related cases. Obstetric related inpatient discharges have increased by 3% compared to 2008. Up to February, daycase discharging was 4% below target but now in March is 2.7% ahead of target, reflecting the significant increase in the daycase discharging rate in March. Because of the increased number of daycase discharges, the overall proportion of day cases has increased by 3% from 54% to 57%. Elective discharges have reduced by 4%. A combination of factors is contributing to this trend, including the targeting of elective inpatients for daycase treatment, activity controls, bed closures and higher delayed discharges (reducing bed availability). Compared to June 2008, inpatient waiting lists are increasing and daycase waiting lists are decreasing. However, for both inpatients and daycases, the number of long waiters (i.e. more than 6 and 12 months) has significantly reduced.
2. Compared to last year, emergency presentations to hospitals and attendances at EDs have decreased by 4% and 5% respectively. Emergency admissions have reduced by 1%, most likely due to better admission controls, increased numbers of delayed discharges (+13%) and continuing bed closures. The average number of ED admission waits per day has increased substantially by 23%, 24+ hour waits by 40% and 12+ hr waits by 39%. The number of unavailable beds across all hospitals in March was 426 and the number of delayed discharges was 834, totalling almost 1,300 beds unavailable for emergency and elective admissions.



**Inpatient and Day Case Activity**

Inpatient activity is 3.9% and daycase 2.7% ahead of NSP targets but 1.3% lower and 5.6% higher than 2008, respectively. Compared to 2008, 6 networks have reduced inpatient discharge levels. Similarly, 6 networks have increased daycase discharges by 5% or more.

A central component of the service plan is to ensure a shift in the overall emphasis of hospital treatments to a daycare environment. Nationally, the daycase rate has increased from 54% to 57% and the number of daycases has increased by almost 6% compared to 2008. The figure below shows the change in the total number of daycases being discharged between 2008 and 2009 and the daycase rate by speciality between 2008 and 2009. For example, the number of haematology daycases has increased by 3% (from 11,000 to 11,350) between 2008 and 2009. At the same time, the daycase rate for haematology has increased from 89% to 91%. Daycase rates for haematology are high because of the nature of the patients and treatments involved. Positive shifts in daycase rates can also be seen in specialities like ophthalmology, which has increased its daycase numbers by 11% resulting in its daycase rate moving from 78% to 84%. Similar positive patterns can be seen in neurology, ENT and orthopaedics. General medicine has also increased the volume of daycase treatments by nearly a quarter since 2008 and has increased its daycase rate from 25% to 29%. However, this daycase rate was very low to start with and a focus on this speciality will have to be maintained.

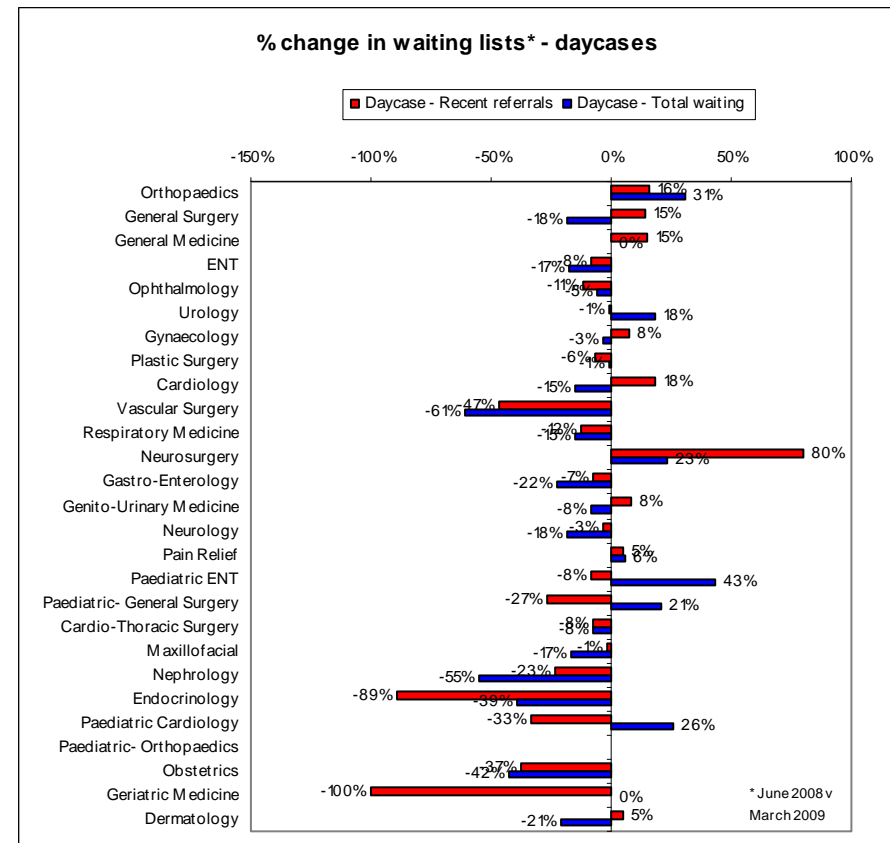
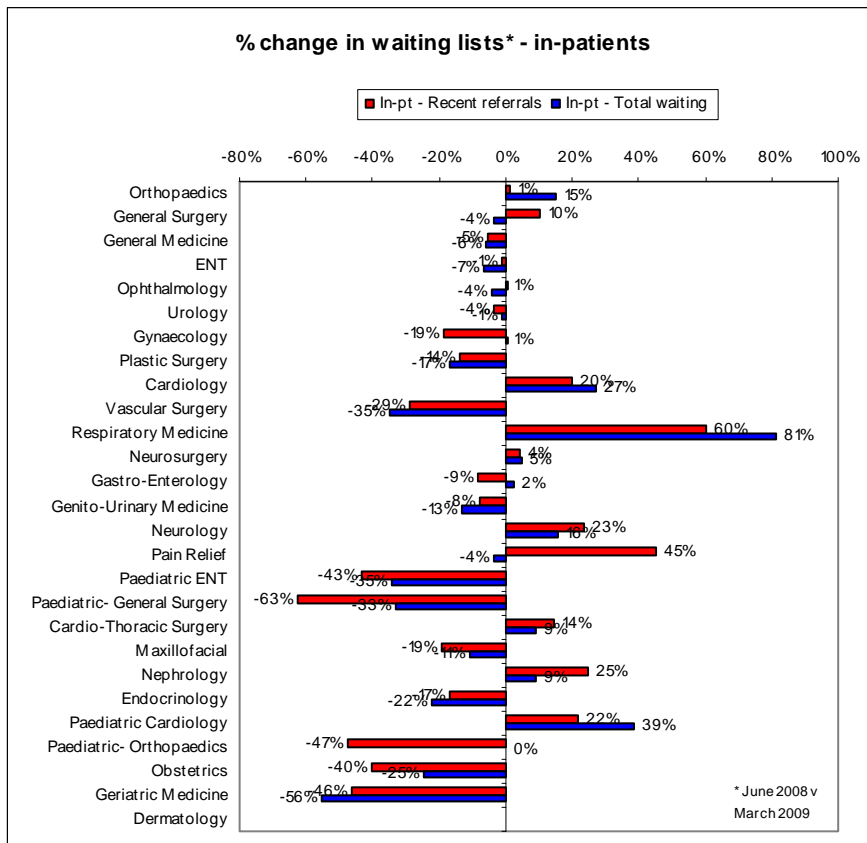


There has been a decrease in the number of daycase discharges in oncology, endocrinology, plastic surgery and cardiology. In these specialities (except cardiology), the daycase rate has remained relatively constant, indicating that the inpatient discharging rate for these specialities has also decreased. In cardiology, both the number and rate of daycases has decreased.

**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 (compared to June 2008), the inpatient waiting list has increased overall by 2% and the daycase waiting list has decreased by 8%. Most significantly, the proportion of long waiting patients (i.e. > 6 months) has decreased by 13% for inpatients and 34% for daycases.

Across specialities, there have been significant waiting list changes since 2008. For example, the total number of orthopaedic patients on the waiting list has grown by 15% for inpatients and 30% for daycases. In contrast, there have been both inpatient and daycase waiting list reductions in general surgery, general medicine, ENT and ophthalmology. Inpatient waiting lists have increased significantly in cardiology (+27%) and respiratory medicine (+81%). Daycase waiting lists have grown in paediatric ENT (+43%), neurosurgery (+21%) and urology (+18%). Recent inpatient referrals to the NTPF have grown in respiratory medicine (+81%), nephrology (+25%), neurology (+23%), paediatric cardiology (+22%) and general surgery (+10%). Similarly in daycase, recent referral patterns are associated with neurosurgery (+80%), orthopaedics (+16%), general surgery (+15%) and general medicine (+15%).



### Births / Gynaecology

There is a 1.3% increase in births this year to date compared with the same period last year. In parallel, the number of obstetric and gynaecology related inpatient discharges has risen by 2%. Portlaoise and CUMH have experienced a 12% rise in obstetrics/gynaecology related inpatient discharges, with other hospitals such as Cavan, Mullingar, Coombe and Portlinculla also experiencing increases of 5%+.

### Outpatients

Outpatient activity has increased compared to target and 2008 levels. As a result of the OPD service improvement programme, hospitals have formed OPD action groups at local level to focus on the issue of OPD capacity (especially on appointments for new patients), organisation of service and DNA rates. Report on the progress of all these service improvement programmes at local level will be provided shortly.

### 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.

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 A outlines the result of February and March 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.

The table below shows the percentage of patients' ED experience time for both non-admitted and admitted patients (from sample only). The sample is based on over 4,500 reported ED times from a variety of hospitals. As can be seen, for non-admitted patients, 92% of patients were discharged within 6 hours and 95% within 12 hours (cumulatively). However, only 45% of patients who require admission are admitted within the target time of 6 hours from their first presentation at ED. Fifteen percent of patients wait more than 24 hours for admission.

**Table A: Percentage of patients experience time by time bands (sample based)**

% discharged within	All patients	Non-admitted patients	Admitted patients
3 hrs*	71%	79%	25%
6 hrs*	85%	92%	45%
12 hrs*	89%	95%	59%
24 hrs*	96%	98%	85%
> 24 hrs	4%	2%	15%

\* cumulative percentage

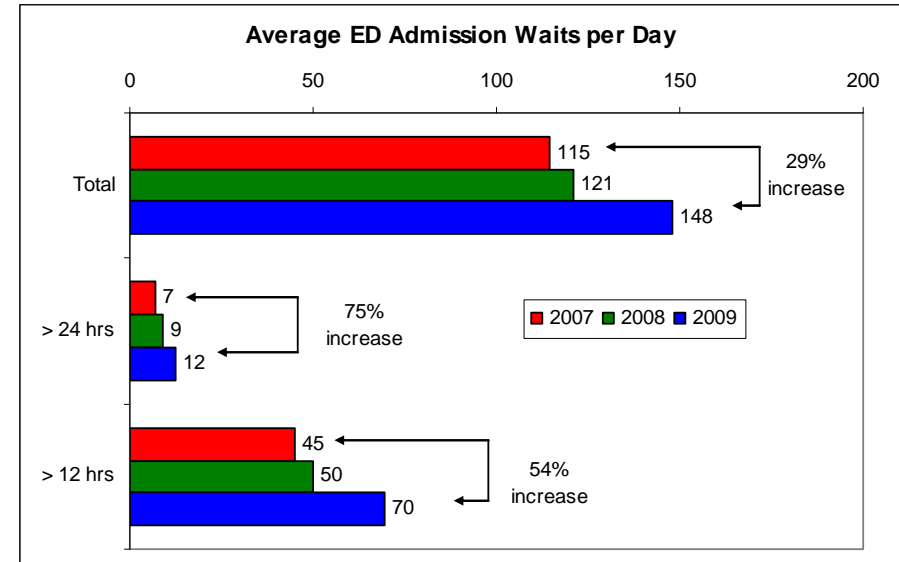
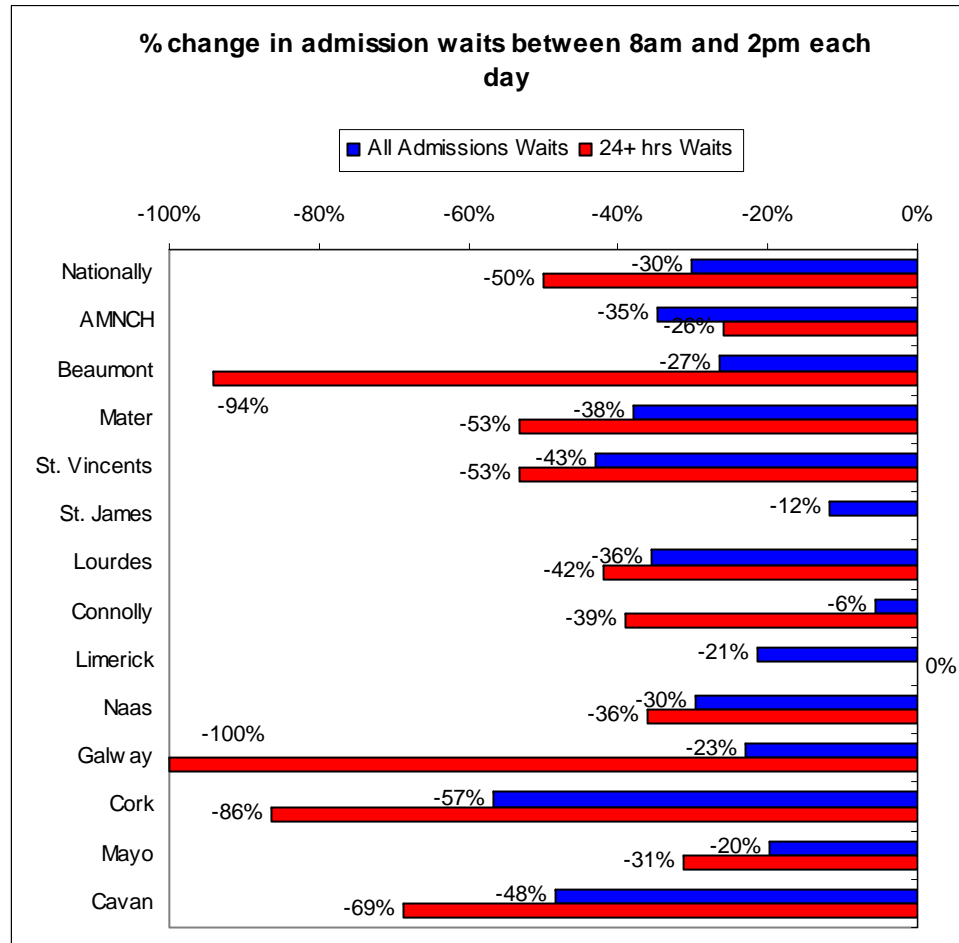
The table on the right shows the average ED patient experience time across hospitals. As can be seen, 21 hospitals have an average patient experience time of less than 6 hours and 4 hospitals have patient experience times of more than 12 hours. The average ED patient experience time for patients not requiring admission is less than 6 hours across many hospitals. For patients requiring admission, 15 hospitals have an average experience time of more than 6 hours.

**Average total ED patient experience time by hospital**

	Data Type	All patients	Non Admitted	Admitted
Nenagh Hospital	S	1.0	1.0	0.9
Louth County Hospital	S	1.4	1.4	-
St. John's Hospital	S	1.7	1.7	3.4
St Lukes	S	1.7	1.7	2.8
Roscommon Hospital	S	1.8	1.8	2.3
St. Michaels	S	2.1	2.0	3.2
Sth Tipperary	S	2.2	1.5	4.9
South Infirmary	S	2.2	1.8	8.1
Midland Regional - Tullamore	AA	2.4	2.0	3.6
Wexford Hospital	S	2.5	2.4	3.9
Our Lady's - Navan	S	2.5	2.1	6.0
Kerry General	AA	2.6	2.5	3.2
Portlinculla Hospital	AA	2.8	2.8	3.0
Waterford Regional	S	2.8	2.0	7.8
Mater Hospital	S	3.0	2.7	9.7
Letterkenny Hospital	AA	3.3	5.0	2.5
Mayo General Hospital	S	3.5	2.5	9.8
Mercy Hospital	S	4.0	3.4	13.8
Cavan	S	4.5	2.9	9.3
CUH	AA	5.7	5.8	5.4
Regional Hospital - Dooradoyle	AA	5.8	4.8	8.3
AMNCH	AA	6.5	6.4	6.6
St. James Hospital	AA	8.7	6.9	14.8
SVH	AA	9.4	7.3	9.4
Naas General Hospital	S	9.4	5.9	24.1
UCHG	S	10.5	7.4	16.5
Beaumont Hospital	AA	12.2	8.2	27.9
Our Lady of Lourdes	S	23.8	25.1	23.1
Connolly Hospital	S	30.1	33.0	27.0

\* S = Data using sampling method; AA = Data from all attendances

Compared to the same period in 2008, the number of persons awaiting admission (following a decision to admit) rose from an average of 122 per day to 148 per day in 2009, an increase of 21%. The average number of admission waits per day of patients waiting over 12 and 24 hours also increased by 37% and 20% percent respectively.



The figure on the left outlines the percentage change in admission waits between 8am and 2pm each day (nationally and for large hospitals and / or hospitals with large admission waits). Every day, hospitals must discharge patients on wards, co-ordinate elective and emergency admissions and plan for any other emergency referrals to the hospitals so that patients waiting in ED can be admitted. Although patients can be admitted at any time, the largest admission throughput happens during the day as patients are discharged from early morning. Each day, hospitals (nationally) reduced the number of admission waits between 8am and 2pm by 30% (from an average of 213 to 148 each day) and the number of patients waiting greater than 24 hours by 50% (from an average of 24 to 12 per day) since January. This pattern varies across hospitals. For example, although Beaumont Hospital reduced its overall admission waits by 27% each day, it reduces its patients waiting more than 24 hours by 94%. Similar levels of reduction in patients waiting more than 24 hours are shown in Galway (-100%), Cork – (96%) and Cavan (-69%). Many hospitals also reduced their overall admission numbers each day. For example, Cork University, Cavan, Mater and Our Lady of Lourdes Hospitals prioritise their admission process to ensure that admission waits reduced by at least one third every day by 2pm.

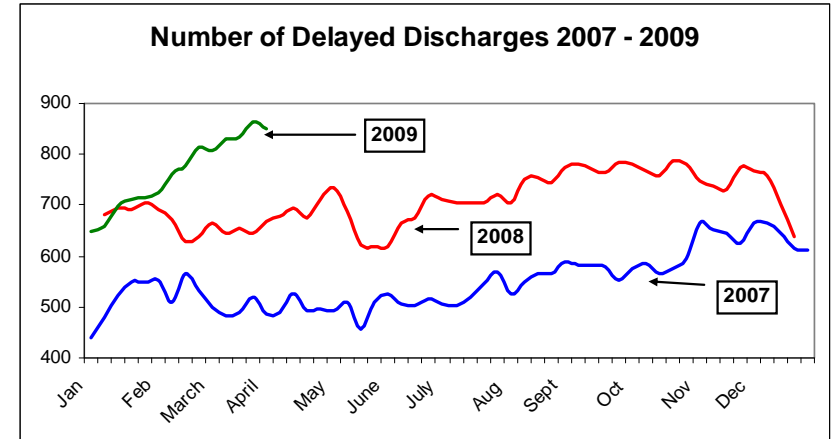
The number of emergency presentations to hospitals shows a decrease of 4% compared to the same period last year. This is the trend across all Hospital Groups. Anecdotal reports suggest that this is due in part to the increase in ED charges since 1<sup>st</sup> January, and that the drop in attendances was mainly in the lower triage categories, which would explain why the lower numbers did not result in reduced admissions.

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

**Delayed Discharges**

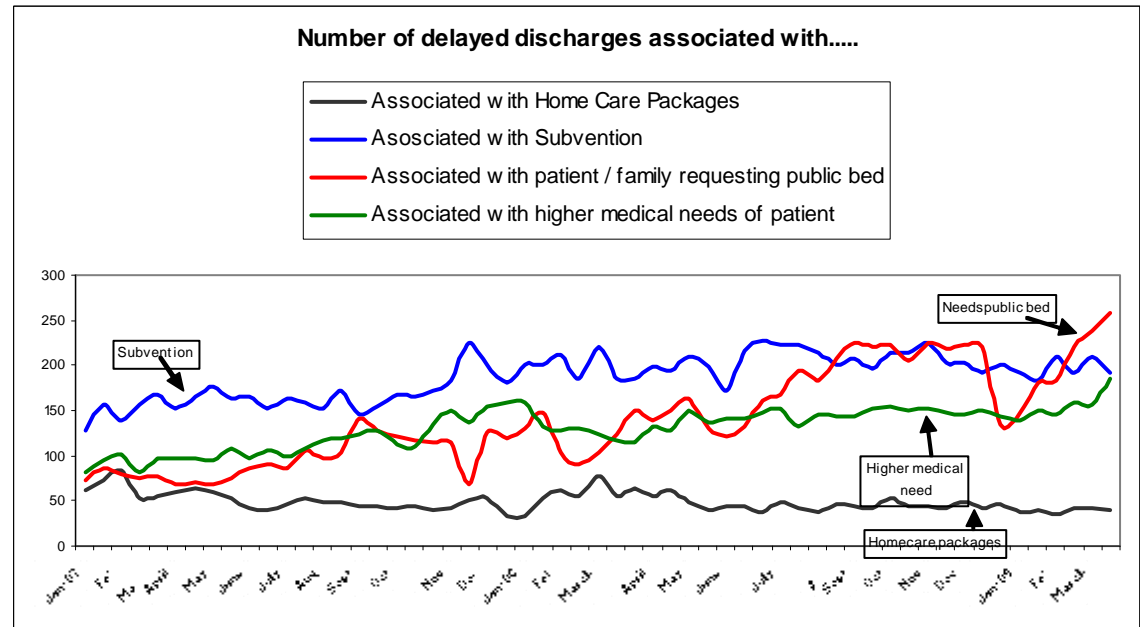
The number of delayed discharges since January continues to increase to an average of 757 per week compared to averages of 668 and 514 in the last two years. The average number of delayed discharges in March has continued to grow to 834 per week. The trend in the figure below shows the delayed discharges total increasing each year, with the early months of 2008 showing a significant upward growth curve. This trend has also continued in March.

The figure below shows the trend in the reasons for delayed discharges since 2007. There has been a significant growth (from 80 per week to 180 per week) in discharge delays from hospital due to patients having higher medical needs (i.e. securing an appropriate step down facility / nursing home place that can accommodate higher than normal needs) and patients either requiring or requesting access to a public long term care bed (from 70 per week to 260 per week). Patients may require access to a public long term care bed for financial reasons, or due to the ability of such services to care for higher medical need and/or higher dependency level patients. Patients delayed because of factors relating to subvention (either the subvention application process was in train but not yet completed, patients were awaiting funding approval, or patients were sourcing an appropriate step down facility) rose from 130 per week to 200 per week.



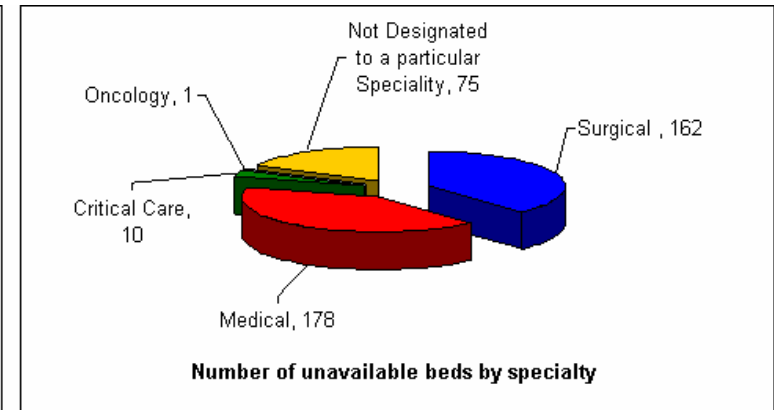
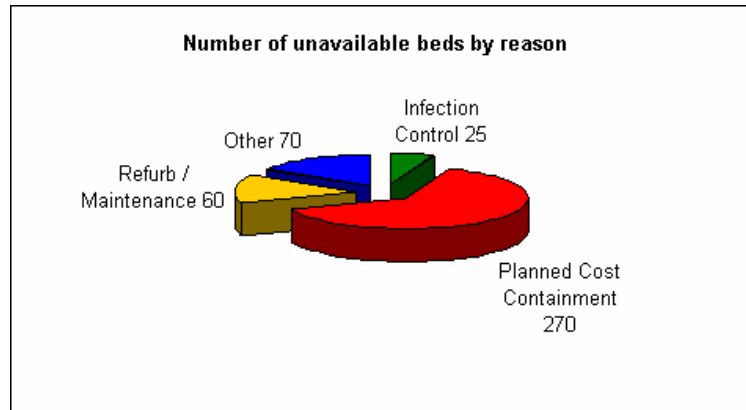
The combination of all these factors has seen the number of delayed discharges rise by over 49% since 2007, with a significant increase since January 2009. For some hospitals the increase in delayed discharges has been more significant. The table below outlines the percentage change in delayed discharges across hospitals with higher numbers of delayed discharges. As can be seen, many hospitals are currently experiencing significant growths in these numbers.

	March 2007	March 2009	% change
St. James Hospital	69	147	113%
Beaumont Hospital	118	127	8%
Mater	70	104	49%
AMNCH	24	75	213%
St. Vincents	41	46	12%
St. Columcilles	12	36	200%
Connolly Hospital	29	36	24%
Cork University Hospital	28	34	21%
St. Michaels	9	24	167%
Our Lady of Lourdes	18	24	33%
Wexford Hospital	1	21	2000%
Cavan Hospital	6	17	183%
Naas Hospital	8	17	113%
St Lukes - Kilkenny	1	13	1200%
Our Lady's - Navan	2	13	550%
Waterford Regional Hospital	7	13	86%
Louth Hospital	12	13	8%
Kerry General	6	9	50%



**Bed Capacity Management**

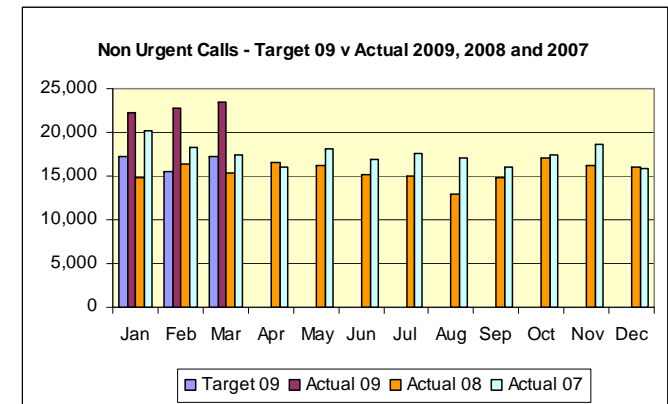
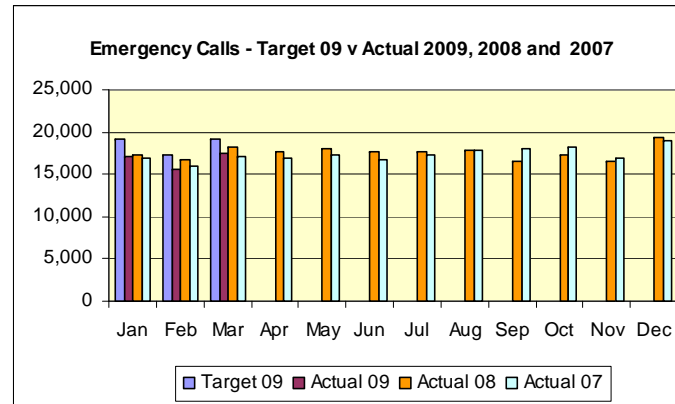
The number of unavailable beds across all hospitals in March 2009 was 426 inpatient and 16 daycase beds. The number of delayed discharges for March was 834. In total in March, there were almost 1,300 beds that could not be accessed across hospitals for hospital activity. Of the beds closed within the hospital system, 270 were closed for planned cost containment purposes with a further 70 not available for a variety of other reasons. These other reasons can relate to staffing issues or hospital reconfiguration issues.



The numbers of beds not available were approximately equal across the surgical and medical groupings.

**Ambulance**

There has been a small reduction (-4.7%) in the numbers of Emergency and Urgent Calls (combined total) when compared with Jan to March 2008. Non urgent calls (including community transport) Jan to March 09 have decreased by 5% when compared with activity for Jan to March 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 March.

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>
	€7.2m*	90
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	Q3	<i>WTEs ytd:</i>

Key Result Area	Deliverable 09	Progress in Reporting Period
<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>
	€55m	-
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>
	€3m	22
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>
	€3.4m	28
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>
	€1m	8
	<i>Timescale</i>	<i>Funding spent ytd:</i>
	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>	<i>Funding spent ytd:</i>
	€1m	14	Q1–Q4	<i>WTEs ytd:</i>
<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>	<i>Funding spent ytd:</i>
	€1.53m	-	Q1–Q4	<i>WTEs ytd:</i>
<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>	<i>Funding spent ytd:</i>
	€500,000	-	Q1–Q4	<i>WTEs ytd:</i>
<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>	<i>Funding spent ytd:</i>
	€1.7m	12	Q1–Q4	<i>WTEs ytd:</i>
<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>	<i>Funding spent ytd:</i>
	€870,000	-	Q1–Q4	<i>WTEs ytd:</i>
<b>TOTAL</b>	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	<b>€15m</b>	<b>100</b>	-	<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>	<i>Funding spent ytd:</i>
	€21m	-	-	<i>WTEs ytd:</i>

## Section 5 – Quality and Safety

We are committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan. While quality is implicit and embedded in the delivery of all our services and is reflected in the deliverables we have set ourselves in NSP 09, this section focuses on some key organisational measures against which we will measure our progress in 2009. 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. We have commenced a Quality and Risk Healthcare audit with Internal Audit. This will provide assurance initially on the high level Risk register. As part of a programme of learning and sharing from serious incidents, planning for Master classes has commenced.

### Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
<b>CP 17 Corporate Quality and Safety (Risk)</b>		
<b>Quality and Risk Framework</b>	<p>Implementation of Quality and Risk Framework including a Quality and Risk Management Standard</p> <ul style="list-style-type: none"> <li>Numbers and percentage of Hospitals who have completed self-assessments and developed associated action plans</li> <li>Number and percentage of LHOs who have completed self-assessments and developed associated action plans.</li> </ul>	<p>Information sessions and training to undertake self-assessment against the <i>Quality, Safety and Risk Management Framework</i> completed in Q4 2008 and Q1 2009 respectively. Instruction to hospitals to commence implementation of Framework through self-assessment and quality improvement planning issued from NHO to hospitals on 20<sup>th</sup> of February 2009. The NHO has now received the Self-assessments and QIP from the majority of hospitals and has commenced analysis of same.</p> <p>Information sessions and training to undertake self-assessment against the <i>Quality, Safety and Risk Management Framework</i> were completed in Q1 2009. The Framework documentation and associated tools were issued and circulated to all LHOs during Q1. At end of March 09 a total of 4 LHOs (12.5%) have completed the Self Assessment Process.</p>
<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. Will be reviewed in Q3.</p> <p>In development. Expected to be completed in Q2.</p> <p>Database developed and operational. Will be evaluated in Q3</p> <p>As at the end of March the total number of cases with the Serious Incident Management Team (SIMT) was 32. This included 27 from PCCC and 5 from 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>	<p>Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.</p>	<p>Department of Health &amp; Children are in process of setting up an implementation steering group.</p>
<b>Quality Improvement Plans</b>	<p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <ol style="list-style-type: none"> <li>Service reviews.</li> <li>Investigations and our internal system analysis recommendations</li> </ol>	<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 – sign off delayed to Q2 to accommodate new information, which will then be the subject of a consultation process. Will commence Q2</p> <p><b>E-Learning Packages to support implementation of Quality &amp; Risk:</b> E-learning package on Systems Analysis training completed and will be available on line in May 2009.</p>

Key Result Area	Deliverable 09	Progress in reporting period
<b>Risk Register</b>	Risk Assessment and Development of Risk Registers in line with HSE policy and guidance across NHO and PCCC including:	
	<ul style="list-style-type: none"> <li>Numbers and percentage of Hospitals with Registers.</li> <li>Number and percentage of LHOs with Registers.</li> </ul>	<p>National Briefing Session was held on 27<sup>th</sup> of March 2009 to commence risk register development. Network level training sessions now scheduled for Q2 2009.</p> <p>3 LHOs (10%) have risk registers in place with 2 further LHOs nearing completion of the process. Training will be provided for all remaining LHOs during Q2.</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. Corporate Key Risk register as of 31/3/09 will be the subject of quality and Risk Healthcare audit in collaboration with Internal Audit. Commencing Q2.
<b>Response to HIQA's 2008 hygiene services quality review</b>	Co-ordinate a response to HIQA's 2008 Hygiene Services Quality Review.	Poor performing hospitals (n=14) have all met with ND NHO and Lead of the NHO's Patient Safety and Healthcare Quality Unit to discuss 2008 results. 14/14 (100%) hospitals have appointment scheduled with identified peer to receive peer-to-peer support. Site visits ongoing and hospitals to provide quality improvement plans to NHO by mid-April 2009.
	<ul style="list-style-type: none"> <li>Number and percentage of poor performers who have received peer to peer support to develop QIP Target 100%. Q1</li> <li>Number and percentage of poor performers who have developed and are implementing QIP. Target 100% Q2</li> <li>Number and percentage of poor performers who have completed implementation of QIP. Target 100% Q3</li> <li>Number and percentage of poor performers who have self-assessed and reported improvement versus HIQA assessment 2008. Target 100% Q4</li> </ul>	
	<p>Status of implementation of national strategic audit report and inclusion of reporting against PCCC high-level indicators:</p> <ul style="list-style-type: none"> <li>Presence / absence of infection control action plans for facilities assessed in audit.</li> <li>Presence / absence of implementation plans for facilities assessed in audit.</li> </ul> <p>Completion of self assessment hand hygiene audits across older persons, mental health and disability facilities across PCCC.</p>	<p>The following is the status from PCCC regarding action / implementation plans:</p> <ul style="list-style-type: none"> <li>Overall 74 are required and 68 have been received (92% )</li> <li>6 out of 21 action plans from DML are outstanding with all other areas having submitted their action plans. The implementation of these action plans is currently being quality assured by lead LHMs (Quality and Risk).</li> </ul> <p>Hand Hygiene audits have been completed in PCCC in all older people's facilities (greater than 16 bedded units which are HSE owned and operated in the first quarter). All mental health facilities (HSE owned and operated greater than 16 bedded units) are to be completed by Quarter 2.</p>

## Performance Indicator

### Safety and Quality

MRSA bacteraemia notification rate per 1,000 bed days used

Antibiotic consumption rates

This is a quarterly Performance Indicator and will be reported in arrears in Q2, 2009.  
Discussions are currently underway to enable quarterly reporting against this performance indicator

## 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 with Quality & Risk, Risk Management, Consumer Affairs & Complaints Officers to look as feasibility of a systems analysis approach to all complaints investigations
<b>User Involvement</b>	National Strategy for User Involvement implemented.	<ul style="list-style-type: none"> <li>National Guidelines drafted for 'HSE &amp; You; what you can expect from the HSE and what the HSE expects from you'.</li> <li>Subgroup for primary care and community participation established</li> </ul>
<b>Customer satisfaction surveys</b>	Repeat customer satisfaction surveys undertaken.	<ul style="list-style-type: none"> <li>Work ongoing for ED and OPD onsite surveys.</li> <li>HSE Information Line Evaluation in progress</li> </ul>
<b>Service user participation</b>	Service user participation promoted through use of consumer panels, questionnaires, etc.	<ul style="list-style-type: none"> <li>Survey for evaluation of Consumer Affairs section of HSE website commenced</li> <li>Presentation on National Strategy for Service User Involvement delivered to Public Health Nurses DML</li> <li>Promotion of Service User Involvement at community level:</li> <li>Combat Poverty Agency Joint Funding Initiative quarterly networking event.</li> <li>Building Healthy Communities Showcase Event launched.</li> </ul>
<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 Table 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			2,009		975	>100%
No. of complaints finalised within 30 working days	2,534			*1,185		515	>100%
No. of FOI requests received	4,232			795		826	4%
<b>HSE National Information Line</b>							
Number of calls received	113,738			39,262		29,426	33%
<b>Communications</b>							
No of Health Forum Questions	337			102		68	
No of Health Forum Motions	120			39		31	
No. of 'hits' on intranet sites	46.2m	48.51m	12.12m	27.5m	>100%	6.1m	>100%
No. of 'hits' on internet sites				2.64 million page views		1.53 million page views	

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

# Section 6 – Specific Service Theme on Immunisation

## What is the target?

Vaccine uptakes need to be above **95%** to prevent outbreaks of childhood vaccine preventable diseases (World Health Organisation)

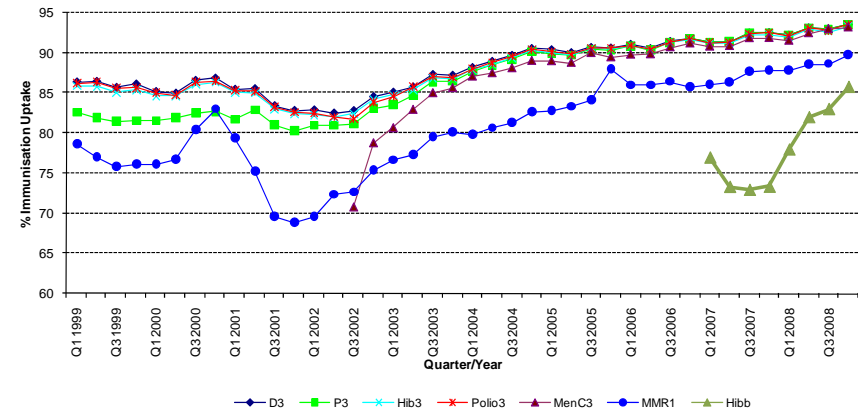
National immunisation uptake rates for children at 24 months of age in Quarter 4 -2008 reached **94%** for third dose of diphtheria, tetanus, pertussis (DTP), **93%** for third dose of Haemophilus influenzae b (Hib) and polio and **90%** for first dose of measles, mumps, rubella (MMR) vaccines. These uptake rates have improved significantly since 2005 when the equivalent rates for DTP and MMR were 90% and 83%.

These uptake rates have been achieved through a partnership approach between the HSE and those general practitioners involved in programme delivery.

D3 = Third dose diphtheria vaccine  
 Hib 3= Third dose Hib vaccine  
 Men C = Third dose meningococcal C Vaccine  
 Hib b = Fourth dose Hib vaccine

P3 = Third dose pertussis vaccine  
 Polio 3 = Third dose polio vaccine  
 MMR 1= First dose MMR vaccine

## National quarterly immunisation uptake rates at 24 months



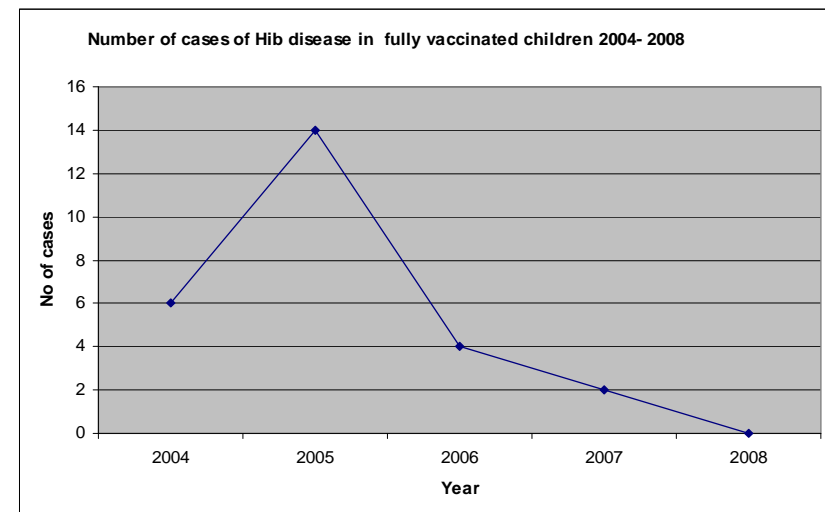
Source- Health Protection Surveillance Centre

## The National Immunisation Office (NIO) was established in 2006 with responsibility for

- Overseeing the day-to-day implementation of the National Immunisation Programme
- Managing vaccine procurement and distribution
- The organisation of campaigns to boost vaccine uptake
- Development of standardised information leaflets for parents and healthcare professionals
- Development and delivery of immunisation training for all involved in immunisation
- Maintaining the National Immunisation website [www.immunisation.ie](http://www.immunisation.ie)
- Streamlining current IT systems with a view to the establishment of a National Immunisation Registry

## Haemophilus Influenzae type B (Hib) booster

- Incidence of Hib disease fell following introduction of Hib vaccine into the routine childhood schedule in 1992.
- In 2004 and 2005 an increase in Hib disease reported in fully vaccinated children.
- A catch-up booster vaccination of all children aged 12-47 months (220,000 cohort) recommended which was implemented in November 2006,
- A routine Hib booster vaccine at 12 months was added to the childhood schedule
- Significant reduction in cases of Hib disease in fully vaccinated children since catch up campaign and booster introduction



Source: Health Protection Surveillance Centre

### Vaccine procurement and distribution

Since 2005

- All vaccines for publicly funded immunisation programmes are procured nationally through an e-tendering process.
- The HSE National Cold Chain Delivery Service has been available nationally.
- Vaccines are delivered from a central site to GPs, hospitals and health centres under documented temperature controlled conditions.
- HSE National Cold Chain Delivery Service Customer study in 2008 showed high (>90%) satisfaction.
- Proven value for money through prudent vaccine procurement and delivery.
- Total childhood vaccine expenditure decreased from €14 million to €10.3 million between 2004 and 2007.
- Annual influenza vaccine tender for 2009 secured at a cost saving of €1 million.

### New Childhood immunisation schedule 2008

In September 2008 following the recommendations of the National Immunisation Advisory Committee changes to the primary childhood immunisation schedule took place

- The addition of pneumococcal conjugate vaccine (PCV) at 2, 6 and 12 months
- The addition of Hepatitis B vaccine (as part of a 6 in 1 vaccine) at 2, 4 and 6 months
- The change in the age for administration of Haemophilus influenzae type B (Hib) booster vaccine from 12 to 13 months

The change of the age for administration of Meningococcal C vaccine from 2, 4 and 6 months to 4, 6 and 13 months

#### Implications

- 5<sup>th</sup> visit to GP
- 3 vaccines at 6 month visit
- Two childhood schedules in operation for up to 12 months
- PCV catch up campaign run concurrently

#### Implementation

- Coordinated by the NIO in collaboration with the National Immunisation Implementation Group comprising representatives from public health and PCCC.
- Methods were standardised to ensure that nationally all parents received the same information materials and return forms to the local health officer were also standardised

#### Media campaign

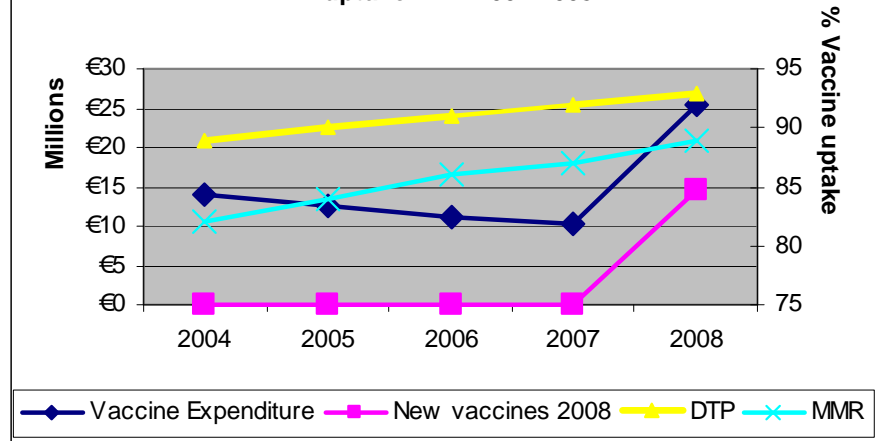
- National and local radio and print (September 2008).

#### Information materials

A variety of information materials for both healthcare professionals and parents were developed. These included

- Information pack for healthcare professionals including frequently asked questions
- Standardised information leaflets produced nationally for the first time providing information a clear consistent fashion about the vaccines, the diseases that they prevent, common side effects of vaccination and how to deal with them.

Annual childhood vaccine expenditure and vaccine uptake 2004-2008



- A parent information guide “Your Child’s Immunisations”
- An Immunisation Record book for parents

Other support materials included the provision of the vaccination schedule on fridge magnets, pens, towels for parents of newborn babies and pocket calendars. Materials for parents were literacy proofed by the National Adult Literacy Agency.

#### Training

The NIO in collaboration with the Health Protection Surveillance Centre (HPSC) developed a “Practical Guide to Immunisation”.

- Addressed aspects of immunisation including as vaccine preventable diseases, how vaccines work, vaccine administration and communicating with parents.
- Training CD with PowerPoint presentations of each of the chapters providing a comprehensive standard training programme.
- National “Train the Trainers Day” held in February 2008.
- Trainers cascaded this programme at regional and local level.
- To date 4,500 healthcare professionals have availed of immunisation training.

#### NIO website [www.immunisation.ie](http://www.immunisation.ie)

- Accredited by the World Health Organisation
- Updated to reflect new programme
- Leaflets available for download in 10 different languages
- Leaflets literacy proofed
- Website activity doubled in September 2008 with more than 10,000 “hits”
- 86% of visitors to website from Ireland – remainder from United Kingdom (8%), United States (5%) and other countries (3%)

**Pneumococcal vaccine catch-up campaign**

- Implemented at same time as the new childhood schedule
- For all children under 2 years of age (121,000 cohort)
- Coordinated centrally by the NIO
- National and local radio and print campaign calling specific cohorts of children
- National vaccine returns form sent to NIO for vaccine uptake
- Contact with childcare facilities
- Centralised returns process
- Focus of European Immunisation Week 2009
- Campaign to end October 2009

**European Immunisation Week**

European Immunisation Week (EIW) is a World Health Organisation initiative

- Aim is to increase vaccine coverage through enhanced awareness of the importance of immunisation
- Increased advocacy and communication within the European region.
- Ireland has been an active participant in EIW since 2005.
- Activities to date include National Conferences, national and local media campaigns promotional stands, art competitions, educational programmes for mother and toddler groups
- EIW ran from April 20<sup>th</sup> – 26<sup>th</sup> 2009 and the focus in Ireland was to promote the pneumococcal vaccine catch-up campaign through a media campaign.

**MMR Campaign in Second Level Schools**

- Since January 2009 large increase in reported cases of mumps (1900+)
- Those aged 15-24 most affected
- Since 2007 MMR vaccine offered to students in outbreaks in 3<sup>rd</sup> level colleges – poor uptake
- March 2009 National mumps outbreak declared with Population Health and PCCC collaboration
- All senior cycle students (130,000) in 2<sup>nd</sup> level schools to be offered MMR vaccine in school based campaign
- Blitz approach for 3 -4 weeks from 20<sup>th</sup> April 2009
- Larger schools prioritised with smaller schools followed up in September 2009
- Over 25,000 children immunised with an uptake of 71%

**For further information please contact:**

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 Phone: 01 867 6108

# Section 7 – HealthStat – Update at Quarter 1 2009

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

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

## HealthStat progress during 2008

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

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

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

## HealthStat PMR update for Q1 2009

The first three months of 2009 was eventful for HealthStat with three main points of note:

- Revision of the hospitals dashboard for January 2009 data onwards to reflect the changes prescribed by the HealthStat review of metrics in Q3 2008
- Public launch of HealthStat on [www.hse.ie](http://www.hse.ie)
- Presentation and discussion of PCCC performance improvement projects

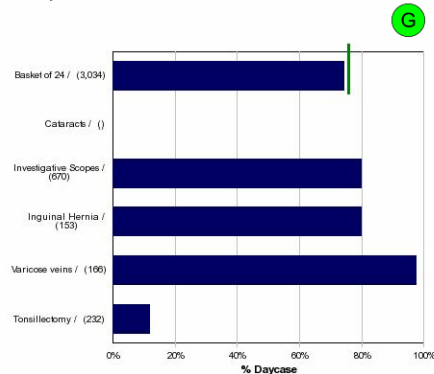
## Revision of the HealthStat hospital dashboard

(see sample graphs below) included:

- Day Case Rates measurement of a basket of 24 procedures, instead of overall day case rate
- ALOS measurement of variance against an individual hospital target adjusted for complexity and age profile
- Physiotherapy, Occupational Therapy and Social Work throughput of patients per WTE Allied Health Professional
- Consultant-led outpatient clinics throughput of new patients per WTE consultant

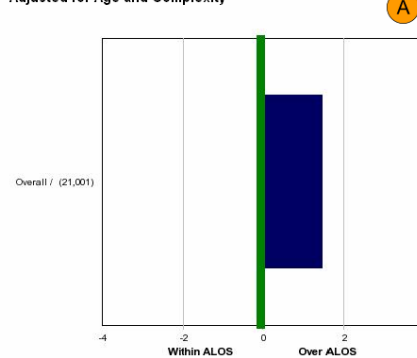
### Integration

I1 - Day Case Rates - Procedures



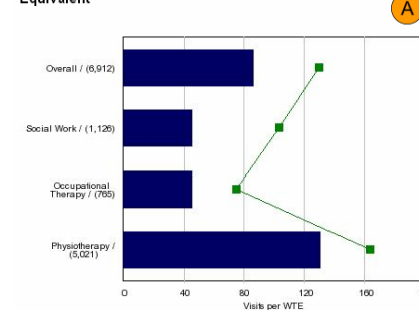
International Target: 75% of Basket of 24 Procedures to be treated as Daycases  
Source: Hospital InPatient Enquiry (HIPE)

I3b - Inpatient Overall Average Length of Stay Variance Adjusted for Age and Complexity



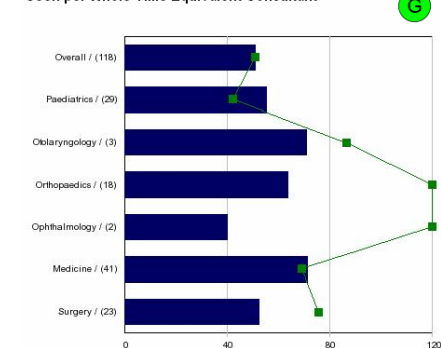
HSE Target: Adjusted peer performance for overall ALOS  
Source: Hospital InPatient Enquiry (HIPE)

R8b - Number of New and Return Visits per Whole Time Equivalent



HSE Target: Best in Class of Group  
Source: HealthStat Monthly Hospital Template

R10a - OPD Consultant Led Clinics - Number of New Patients Seen per Whole Time Equivalent Consultant



HSE Target: Best in Class of Group  
Source: HealthStat Monthly Hospital Template

### Public launch of HealthStat

The hospitals dashboard was run in pilot phase throughout 2008 and 2009 performance data was placed in the public domain on 23<sup>rd</sup> March 2009. This comprised of the following components:

- A media launch on 23<sup>rd</sup> March in Dr. Steeven's Hospital. Participants were informed of the background to HealthStat, the components of the system and future plans.
- Publishing of HealthStat pages on [www.hse.ie](http://www.hse.ie) that include downloads of HealthStat targets, a HealthStat user guide, overall performance traffic lights for 29 hospitals and performance dashboards for those hospitals in pdf format.

Media response was uniformly positive, acknowledging HealthStat as a positive step forward in the HSE's drive to improve performance of health service delivery. Some individual hospitals came under media scrutiny for their performance results. HealthStat has committed to placement of monthly dashboards on [www.hse.ie](http://www.hse.ie) by the end of the calendar month of each HealthStat forum and to a rollout of HealthStat to all hospitals and across PCCC during 2009.

### Presentation and discussion of PCCC performance improvement projects

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

In the March forum presentations were given on PHN visits and SLT.

- The PHN presentation included a recommendation that this PI be redefined to incorporate PHN visits within 72 hours rather than 48 hours. This is in line with international standards. A process will be put in place to progress this with the Department of Health and Children in the coming weeks.
- The SLT presentation proposed a minimum dataset that will be rolled out across the country and will be reflected on the PCCC dashboard from September 2009.

April and May forums will feature the remaining three performance improvement projects. HealthStat will take the output of these projects and develop metrics for the key drivers of performance.

# Appendix 1 – Vote Data

## Vote 40 - HSE – Vote Expenditure Return at 31<sup>st</sup> March 2009<sup>1</sup>

(as at 7<sup>th</sup> April 2009)

### 1. Vote Revenue Position at 31<sup>st</sup> March 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	1,133,913	1,149,876	15,963	3,753,786	3,785,212	31,426
Gross Capital Expenditure	464,986	42,312	29,560	-12,752	165,685	153,684	-12,001
<b>Total Gross Vote Expenditure</b>	<b>15,256,447</b>	<b>1,176,225</b>	<b>1,179,436</b>	<b>3,211</b>	<b>3,919,471</b>	<b>3,938,896</b>	<b>19,425</b>
<b>Appropriations-in-Aid</b>							
- Receipts collected by HSE	-698,000	-51,792	-54,517	-2,725	-158,214	-153,569	4,645
- Other Receipts	-1,774,275	-124,658	-131,000	-6,342	-363,396	-347,305	16,091
<b>- Total</b>	<b>-2,472,275</b>	<b>-176,450</b>	<b>-185,517</b>	<b>-9,067</b>	<b>-521,610</b>	<b>-500,874</b>	<b>20,736</b>
<b>Net Expenditure</b>	<b>12,784,172</b>	<b>999,775</b>	<b>993,919</b>	<b>-5,856</b>	<b>3,397,861</b>	<b>3,438,022</b>	<b>40,161</b>

Gross current expenditure is €31m over profile (€15m over profile in February). The underlying gross vote position is a deficit of €77m at the end of March (deficit of €60m at 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 €21m (€30m in February).

Gross Capital expenditure is under profile by €12m (over profile by €1m in February).

### 2. Vote Expenditure Report v Vote Issues Return (25<sup>th</sup> March 2009)

2. (i) The Vote issues return (against Budget Day Allocation) submitted on the 25<sup>th</sup> March 2009 declared a gross revenue overspend of €33m (Vote Expenditure Return €32m).

2. (ii) The Vote issues return gross revenue expenditure against current REV as at 25<sup>th</sup> March 2009 was €78m.

2. (iii) The shortfall in Appropriations in Aid has reduced from €30m in the issues return to €21m in the vote return to end of March. This is due to an increase in miscellaneous receipts and maintenance charges.

<sup>1</sup> Monthly Return is due 5<sup>th</sup> working day of each month e.g. Mar 09 due 7<sup>th</sup> April 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

### 3. Vote Revenue Position at 31<sup>st</sup> March 2009 – Based on Current (REV) Allocation

In order to determine the underlying financial position, it is necessary to compare actual expenditure to 31<sup>st</sup> March 2009 against REV allocation at 5<sup>th</sup> March 2009 profiled on expected expenditure patterns.

The reduction from Budget Day allocation to REV as at the 5<sup>th</sup> March 2009 is €177m (excluding the State Claims Agency) as set out in Appendix 1.

#### Profile Issues

The fact that the January outturn is required to equal the January profile is masking the underlying deficit which is reflected in the table below. When the REV is passed the profile will have to be redone from that date. Therefore, the table below details the actual outturn compared to the REV profile allocation as at 5<sup>th</sup> March 2009. Any adverse change in the REV announced as part of the Supplementary Budget will increase the underlying deficit.

In summary the underlying position at 31<sup>st</sup> March 2009 is:

Gross Revenue Overspend at 31/3/09	€77m
Less Long Stay Overspend at 31/3/09	€14m
Plus Profile Effects of Delayed Spend	€70m
<b>Underlying Position at 31/3/09</b>	<b>€133m</b>

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	14,614,653	1,133,289	1,149,876	16,587	3,708,313	3,785,212	76,899
Gross Capital Expenditure	430,263	42,755	29,560	-13,195	165,145	153,684	-11,461
<b>Total Gross Vote Expenditure</b>	<b>15,044,916</b>	<b>1,176,044</b>	<b>1,179,436</b>	<b>3,392</b>	<b>3,873,458</b>	<b>3,938,896</b>	<b>65,438</b>
<b>Appropriations-in-Aid</b>							
- Receipts collected by HSE	-1,085,891	-73,555	-54,517	19,038	-179,977	-163,425	16,552
- Other Receipts	-1,774,275	-124,658	-131,000	-6,342	-362,618	-347,305	15,313
<b>- Total</b>	<b>-2,860,166</b>	<b>-198,213</b>	<b>-185,517</b>	<b>-12,696</b>	<b>-542,595</b>	<b>-510,730</b>	<b>31,865</b>
<b>Net Expenditure</b>	<b>12,184,750</b>	<b>977,831</b>	<b>993,919</b>	<b>16,088</b>	<b>3,330,863</b>	<b>3,428,166</b>	<b>97,303</b>

Gross current expenditure is €77m over profile.

Appropriations-in-Aid<sup>3</sup> are under profile by €32m.

Gross Capital expenditure is under profile by €11m.

<sup>3</sup> Revenue and Capital Appropriations-in-Aid

#### 4. 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.

#### 5. Emerging Issues by Vote Subhead<sup>4</sup> at end March 2009

Receipts from Health Contributions are €15m under profile due to a shortfall in Social Insurance Refund Receipts (€22m in February). It is estimated that there will be a projected shortfall in this subhead of €160m for 2009. However, until instructed otherwise the Budget Day estimate must be used.

The Long Stay Special Account is over profile by €14m due to an increase in the average level of payment. It has been estimated that an additional €67m will be required over an above the €23m already allocated for this scheme. €20m of this additional funding relates to the appeals process set up in legislation. The allocation for 2009 has now been reached and no further payments can be made and the Department of Health & Children has been advised of the position.

Receipts from the Pension Levy from March 2009 are profiled at €383m for the period March to December 2009. Receipts in March amounted to €9.856m, the majority of which relates to deductions from HSE employees. Work is ongoing in relation to finalising deductions from Voluntary Hospital and Voluntary Service Providers.

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<sup>4</sup> Source – Monthly Vote Returns: Responsibility – Vote and Treasury

## Vote 40 - HSE – Vote Expenditure Return at 30th April 2009

(as at 8<sup>th</sup> May 2009)

### 1. Vote Revenue Position at 30<sup>th</sup> April - Based on Rev Allocation

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

Vote	Rev Allocation	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over (Under) €000
Gross Current Expenditure	14,599,588	1,201,581	1,252,373	50,792	4,986,793	5,037,585	50,792
Gross Capital Expenditure	410,263	27,180	27,174	-6	180,864	180,858	-6
<b>Total Gross Vote Expenditure</b>	<b>15,009,851</b>	<b>1,228,761</b>	<b>1,279,547</b>	<b>50,786</b>	<b>5,167,657</b>	<b>5,218,443</b>	<b>50,786</b>
<b>Appropriations-in-Aid</b>							
- Receipts collected by HSE	-1,046,988	-108,926	-110,662	-1,736	-262,495	-264,231	-1,736
- Other Receipts	-2,330,275	-106,256	-90,000	16,256	-453,561	-437,305	16,256
<b>- Total</b>	<b>-3,377,263</b>	<b>-215,182</b>	<b>-200,662</b>	<b>14,520</b>	<b>-716,056</b>	<b>-701,536</b>	<b>14,520</b>
<b>Net Expenditure</b>	<b>11,632,588</b>	<b>1,013,579</b>	<b>1,078,885</b>	<b>65,306</b>	<b>4,451,601</b>	<b>4,516,907</b>	<b>65,306</b>

Gross current expenditure is €51m over profile (€31m over profile in March).

Appropriations-in-Aid<sup>5</sup> are under profile by €15m (€21 under profile in March).

Gross Capital expenditure is on profile (€12m under profile in March).

### 2. Vote Expenditure Return v Vote Issues Return (24<sup>th</sup> April 2009)

**2. (i)** The Vote issues return (against REV Allocation) submitted on the 24<sup>th</sup> April 2009 declared a gross revenue overspend of €30m. The increase in the overspend to €51m arises as actual bank balances at 30<sup>th</sup> April 2009 were significantly lower than estimated in the issues return. This arises when cash issued from HSE Corporate to administrative areas is limited to their monthly cash allocation and also when cheques are issued late in April 2009 but the cash required to meet these liabilities were not required until May 2009.

#### 2.(ii)

**2.(iii)** The shortfall in Appropriations in Aid has increased from €14m per the issues return to €15m in the expenditure return. This is due to a shortfall in projected miscellaneous receipts.

### 3. Profile Issues

In tandem with the publication of the REV a new monthly REV profile was prepared in which the profile for January to March was amended to agree to the actual expenditure in this period. This masks the underlying cumulative gross revenue position which is estimated to be in the region of €80m at 30<sup>th</sup> April 2009. This estimate may need to be revised as the budgetary effects of the REV allocation are finalised. This is also before any projected shortfall in Appropriations-in-aid

<sup>5</sup> Revenue and Capital Appropriations-in-Aid

#### 4. Capital

##### Construction (Subhead C.1.)

Expenditure to-date is within profile. Expenditure is decreasing as projected. However, 47% of the current years allocation has been drawn down within the first four months of the year, and all capital expenditure will have to be very carefully managed between now and the year end in order to remain within profile. The most recent reduction in allocation of €20m will be very difficult to absorb and decisions on where these reductions will be made have yet to be finalized.

##### ICT (Subhead C.3.)

ICT expenditure is within profile

##### ICT (Subhead B.13.)

Dormant Accounts (Pobal) expenditure is within profile.

#### 5. Emerging Issues by Vote Subhead<sup>6</sup> at end April 2009

The statutory sector is €37m over profile at 30<sup>th</sup> April 2009, the voluntary sector is €10m over profile at 30<sup>th</sup> April 2009 and the Medical Card Services and Community Drugs Schemes are €6m over profile at 30<sup>th</sup> April 2009. The Long-Stay Repayment Scheme is €2m behind profile. The significant cost containment measures identified are required to be delivered if a balanced vote is to be achieved by year end.

Receipts from Health Contributions are €15m under profile due to a shortfall in Social Insurance Refund Receipts (€15m in March). The REV included a reduction of €160m in the target for this Subhead. However, an additional target of €719m was also added to the target arising from the increase in the Health Levies. No information is available at this time in relation to the accuracy of this estimate.

The cumulative REV profile to 30<sup>th</sup> April 2009 includes 50m in respect of the pension levy. Initial estimates for the receipts collected since 1<sup>st</sup> March 2009 are also in the region of €50m but accurate figures will not be available until the April CRS returns are completed later this month. Arising from the changes announced in the Supplementary Budget the budgets for the pension levy are being finalized and it will be mid year before developing trends can be analysed.

A number of issues have arisen in relation to the preparation of the REV and the proposals to address the €540m post budget deficit projected by the HSE. Separate correspondence has issued on this matter and the issues raised will also need to be addressed.

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<sup>6</sup> Source – Monthly Vote Returns: Responsibility – Vote and Treasury