



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report

April 2009

11th June, 2009

Contents

- Introduction ii
- Balanced Scorecard Against NSP 09 1
- Section 1 – Key Performance Summary 2
- Section 2 – VFM 7
- Section 3 – Service Delivery 9
 - 3.1 Primary, Community and Continuing Care 9
 - 3.2 Acute Hospital Services and Pre-Hospital Emergency Care 16
- Section 4 – New Service Developments 26
- Section 5 – Quality and Safety 29
- Section 6 – Specific Service Theme on Community Intervention Teams 31

- Appendix 1 – Vote Data 34

Introduction

The HSE Performance Reports for 2009 address the reporting requirements for the organisation to monitor progress against our objectives and commitments in the National Service Plan (NSP) 2009. The report also complies with the reporting requirements to the Minister for Health and Children, as outlined under the Health Act 2004.

Each month two reports are produced:

- **The Performance Report (PR)** outlines an analysis of key performance data, including financial, HR resources and activity levels, at a corporate, network (NHO) and area (PCCC) level, providing summary information for the Performance Monitoring and Control 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 Department of Health and Children (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.

Section 10(2) Information

Additional reporting under Section 10(2) of the Health Act 2004 was requested for 2009. Some of these require additional collection / data definitions / reporting systems to be established.

- Urgent access to colonoscopy – A Project Team has been established by the CEO to address this, with parameters being discussed.
- Advertising, PR and Consultancy are reported within the VFM section of this Report.
- Aids and Appliances – reported on page 4.
- Patient Safety and Hospital Hygiene - A detailed section has been included against specific patient safety and hospital hygiene measures (see pages 29-30).
- 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, 2009 and will be reported in subsequent PRs.

New Service Developments

Section 4 of the PR outlines New Service Developments. New service developments are in the planning stage while awaiting sanction to proceed. New Service Development funding has been 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

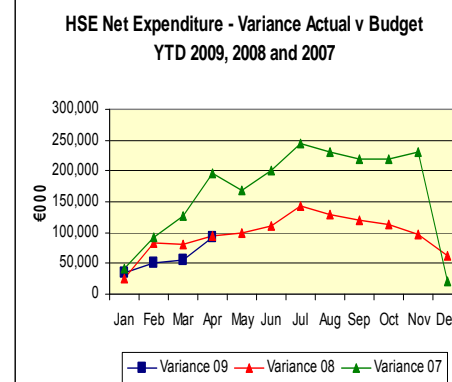
PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Primary Care					
PCTs holding clinical meetings – Phase 1 and 2	93	210	110	---	---
PCTs in development - Phase 3	0	100	84	---	---
Older People					
Total Home Help Hours provided	12,643,677	3,993,200	3,951,140	-1.1%	4,091,637
Persons in receipt of Home Care Packages	8,990	8,700	8,818	1.4%	8,576

National Hospitals Office	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Inpatient	604,320	191,610	197,790	3.2%	200,437
Day case	647,000	216,492	218,087	0.7%	210,081
Births	73,815	25,276	24,012	-5.0%	23,650

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

Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,378,756	1,511,593	1,463,395	48,198	3.30%
PCCC	8,229,800	2,725,003	2,700,362	*24,641	0.90%
NSS	27,119	8,982	8,874	108	1.20%
Corporate	475,884	194,623	175,715	18,908	10.80%
Population Health	149,831	49,865	50,002	-137	-0.30%
Health Repayment Scheme	36,000	30,669	30,669	0	0.00%
Development & Technical Resources	258,208	0	0	0	
Total	13,555,600	4,520,735	4,429,016	91,718	2.10%



* €10m of the PCCC variance can be attributed to community based schemes REV budget reductions for which parallel reduction in expenditure is expected in the coming months.

Human Resources

	Ceiling at 01/01/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 30/04/2009	% of Approved Ceiling	Actual April 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-510	52,309	46.97%	53,505	-68	1,196	2.29%
<i>Voluntary</i>	22,721	-268	22,454	20.16%	22,917	-45	463	2.06%
<i>Statutory</i>	30,097	-242	29,855	26.81%	30,588	-24	733	2.46%
PCCC	54,677	37	54,714	49.13%	53,814	-68	-900	-1.64%
<i>Voluntary</i>	14,891	229	15,120	13.58%	15,112	-5	-8	-0.05%
<i>Statutory</i>	39,786	-192	39,594	35.55%	38,702	-63	-892	-2.25%
Population Health	533	406	939	0.84%	943	1	4	0.45%
Corporate (incl subsumed agencies)	3,477	-66	3,411	3.06%	3,380	8	-31	-0.91%
Portion of ceiling to be allocated*	0	428	428	0.38%				
Total	111,505	-132	111,800	100.00%	111,642	-128	-158	-0.14%

* This includes 225 newly funded and approved development posts as provided for in the National Service Plan 2009, and yet to be activated.

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	3,527 (100%)	2,848 (80.7%)	679 (19.3%)
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service.	0 (0%)	1,425 (22.0%)	100%
Ambulance			
No. and % of emergency ambulance calls responded to within 26 minutes	86%	55,409 (83%)	-3.5%
Corporate			
No. of FOI requests received.	---	1,735	---
Total number of complaints received.	---	2,737	---
No. of complaints finalised within 30 working days	---	*2,123	---

* 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 Summary

HSE Overview

Summary and Management Actions

The reported deficit at the 30th April 2009 is €91.7m. This is adjusted back to €67.6m when allowance is made for the impact of the Revised Estimate Volume (REV) on budgets. This deficit includes €15m relating to voluntary bodies which the HSE is not in a position to fund.

The HSE is achieving the activity levels set in the service plan and in some areas exceeding them. The savings targeted in non-basic pay are not being achieved. The targeted pay reductions were set before the recent budget and the introduction of the pension levy. The HSE is now taking action to recover the deficit accruing year to date arising from the absence of these savings. Some units have already commenced actions to seek to redress the shortfall. There will be a briefing at the Board meeting on this matter following the conclusion of discussions taking place across the country.

The deficit at the 30th April also includes €19.9m relating to the exceptionally high number of normal retirements up to the end of April. It is difficult to predict with accuracy the trend for the remainder of the year in normal retirements outside of any early retirement scheme but we anticipate that this cost will continue to grow as the year progresses particularly in light of the possibility of the taxation of lump sums. It takes nearly three years for an unfilled retirement post to become budget neutral. The HSE has raised this issue with the Department of Health and is presently looking at options to address the emerging deficit. HR will undertake an actuarial assessment of the likely future trend in costs in this area.

The actions being taken based upon the April expenditure data include moving on a range of new cost reduction measures associated with further reductions in acute inpatient capacity while seeking to maintain service levels and reduction in pay costs through the assessment of staff on temporary contracts across the country. PCCC has also implemented further cost reduction measures.

VFM

Non-Pay

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

- There is a saving of €2.065m for ‘Travel & Subsistence’ in April and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Govt. agreed reduced mileage rates may impact on our ability to deliver the specified target.
- The level of saving for ‘Blood/Blood Products’, ‘Laboratory’, ‘Corp. Maintenance’ and ‘Advertising’ in April is on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment.
- There is evidence of saving for ‘Patient Transport’ 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 ‘Drugs/Medicines’ where savings are not sufficiently evident in April 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 these planned efficiencies. There is no evidence in the April data, at a national level, that the required reductions in NHO Non Mgt/Admin pay costs are taking place. A range of measures are being applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime in all areas, etc.

Capital

As a result of the reduced capital funding all capital commitments have been reviewed. All non –contracted projects will not be proceeding. Only costs associated with projects for which the HSE is contractually committed will continue. Notwithstanding this, it is currently estimated that this will give rise to an overrun on the 2009 capital budget by approximately €30m. The HSE is now engaging with the DoHC around options to deliver a capital Vote.

Swine Flu A (H1N1)

In 2005 the World Health Organisation raised their Pandemic Alert level to phase 3 and advised all countries to begin to prepare for an Influenza Pandemic. This advice was based on the emerging threat posed by the H5N1 virus. The HSE responded to this advice and in 2005 set up a cross service and function project to begin planning for the next Influenza Pandemic. This work involved hundreds of staff across the country planning at National and Local level. In January 2007 the HSE and the Department of Health published the National Pandemic Influenza Plan which summarised our plan for an Influenza Pandemic. Since January 2007 we have been working to put in place all the response measures identified in the National Plan.

On the 23rd April evidence of a new emerging threat A (H1N1) began to emerge in Mexico. Since then this threat has materialised to the point of cases being spread across the World, with nine confirmed cases in Ireland, by the 5pm on the 4th June 2009. The WHO increased its alert level to Level 5 on the 29th of April. The world is not yet at the WHO level 6 (the point at which a Pandemic is declared) but it looks increasingly likely that this will occur in the near future.

Since the 23rd April the HSE has taken steps to rapidly put in place the outstanding elements of the National Plan. Under the direction of the HSE's National Crisis Management Team, which has been meeting regularly since that date, nine National Project Groups have been working to ensure that all remaining National preparedness is in place by the end of June. At Regional level Crisis Management Teams have also been meeting since the 27th April to accelerate our regional preparedness and Local Managers have been working to ensure their services and functions are ready in accordance with the National Plan.

Some of the National Plan has already been activated to manage the current situation. This current response is centred on public communications, surveillance, infection control and management of cases and their contacts. Various other elements of the National Plan will be implemented as the situation develops.

Pandemic costs

Commencing in May, the commitments and payments relating to the management of Influenza A - H1N1 (Swine flu) will be reported each month as a separate expenditure item. The HSE has implemented a new financial regulation for this expenditure area that includes recommendation of spend from the National Public Health Emergency Team (NPHE) and appropriate senior level sign off internally based upon the Board delegation on this matter. The first actual spend occurs in May. On this issue, although this report relates to April, it is our intention to show the most up to date data available. The HSE is operating on the basis that these costs will be funded additionally and will not require an amendment to the National Service Plan.

As at 31 May 2009 the following details relate to H1N1 Pandemic costs:

H1N1 committed Purchase Orders	€4,775,205
H1N1 invoices paid	€1,926,155

Analysis of committed Purchase Orders:

1.4m Masks / 75 Goggles	€1.8m
Posters / Leaflets / Adverts	€0.3m
Tamiflu / Relenza / Swabs	€2.6m

A decision has been taken to purchase vaccines at an indicative cost of €80m. The HSE is now taking steps contractually to make this happen.

See page 48 of the Supplementary Report for additional information.

Financial Overview

The financial results for April show total expenditure of **€4.521 billion** against a year to date budget of **€4.429 billion** – a deficit of **€91.7 million**.

Key Messages

- The Revised Estimates Volume (REV) has been published and is implemented in this report. The board has already received an update on the elements of the REV. The most significant item is the reduction in budgets for collection of the pensions levy.
- While the deficit at the end of the period is shown at €91.7m, this can be offset somewhat by the return of the €72m to the services as set out in the letter from the Minister for Health and Children, dated 23rd April 2009. This would reduce the deficit to €67.6m.
- The most worrying trend in the April results is the spiralling cost of retirement lump sums. The deficit on superannuation presenting in corporate at the end of April 2009 is €19.9m which is a significant increase on March. This correlates with the sharp rise in the numbers of staff retiring and is not yet reflecting the Incentivised Scheme of Early Retirement.
- There is evidence of cost growth in April compared with March and we are currently examining the reasons for this. The current expenditure levels must be materially reduced if we are to achieve a balanced outturn by year end.
- Reductions of €65m for professional fees have been allocated against the Primary Care Reimbursement Service (PCRS).

HSE Statutory System

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

- Statutory €76.3m
- Voluntary €15.4m

Aids and Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
South	14,777	3,813	4,880	-1,067	-22%
Dublin North East	15,500	4,942	5,155	-213	-4%
Dublin Mid Leinster	24,577	7,250	8,170	-920	-11%
West	9,823	3,798	3,195	603	19%
Total Aids and Appliances	64,677	19,803	21,400	-1,597	-7%

Capital

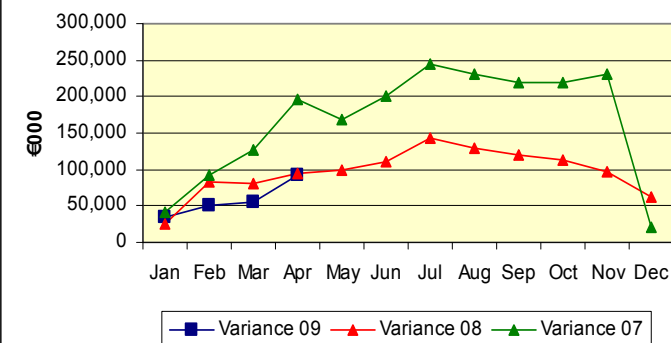
The cumulative capital cash profile for the period January to April 2009 is €180.864 million. The capital cash draw down for the corresponding period was €180.857 million. The capital draw down was therefore on target for the period.

HR Performance Information

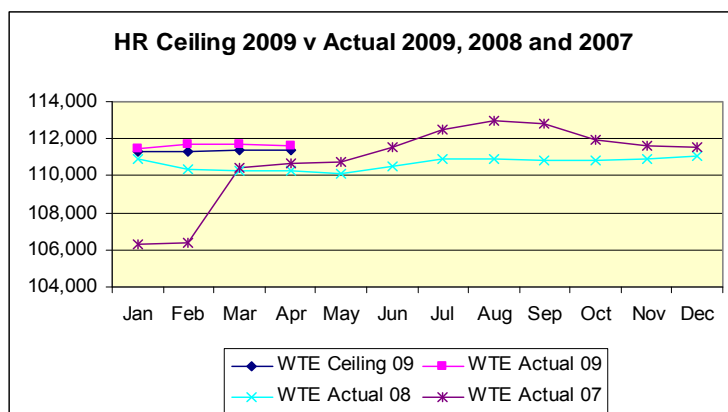
End of April employment data shows a decrease of 128 WTEs over the March Report. The corresponding month last year showed an increase of 7 WTEs. In overall terms, the NHO recorded a decrease of 68 WTEs in April with the NHO Statutory Sector recording a decrease of 24 WTEs and the NHO Voluntary Sector a decrease of 45 WTEs. PCCC also recorded an overall decrease of 68 WTEs. The PCCC Statutory Sector decreased by 65 WTEs and the Voluntary Sector decreased by 5 WTEs in April. The overall Statutory Sector decreased by 78 WTEs.

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,378,756	1,511,593	1,463,395	48,198	3.3%
Primary, Community and Continuing Care	8,229,800	2,725,003	2,700,362	24,641	0.9%
National Shared Services	27,119	8,982	8,874	108	1.2%
Corporate	475,884	194,623	175,715	18,908	10.8%
Population Health	149,831	49,865	50,002	-137	-0.3%
Health Repayment Scheme	36,000	30,669	30,669	0	0.0%
Development & Technical Resources	258,208	0	0	0	
Total	13,555,600	4,520,735	4,429,016	91,718	2.1%

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



A further 3 of the 2008 addendum posts were filled in April. Out of over 940 posts approved and in process of recruitment, some 183 posts are still to be filled. Management/admin WTEs increased overall in April by 67 WTEs. The majority of the increase occurred in the Statutory Sector (+76 WTEs) while the Voluntary NHO reduced by 8 WTEs and there was no change in the PCCC Voluntary Sector. The reported increase in the HSE was due to remapping in error of some posts from the staff categories Other Patients and Client Care and Health and Social Care Professionals in HSE Dublin Mid Leinster, HSE Dublin North East and HSE South. This is assessed as being to the value of 72 WTEs and may be higher as analysis of HSE West and National Shared Services is incomplete at the time of this report. Accordingly, it is likely that this issue masked a continuing reduction in this staff category. Of some ongoing concern is the continuing increased employment levels recorded in nursing since the start of the year, although there was a drop of 161 WTEs recorded in April. This is still 520 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.



	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 30/04/09	% of Approved Ceiling	Actual April 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-510	52,309	46.97%	53,505	-68	1,196	2.29%
<i>Voluntary</i>	22,721	-268	22,454	20.16%	22,917	-45	463	2.06%
<i>Statutory</i>	30,097	-242	29,855	26.81%	30,588	-24	733	2.46%
PCCC	54,677	37	54,714	49.13%	53,814	-68	-900	-1.64%
<i>Voluntary</i>	14,891	229	15,120	13.58%	15,112	-5	-8	-0.05%
<i>Statutory</i>	39,786	-192	39,594	35.55%	38,702	-63	-892	-2.25%
Population Health	533	406	939	0.84%	943	1	4	0.45%
Corporate (incl subsumed agencies)	3,477	-66	3,411	3.06%	3,380	8	-31	-0.91%
Portion of ceiling to be allocated*	0	428	428	0.38%				
Total	111,505	296	111,800	100.00%	111,642	-128	-158	-0.14%

* This includes 225 newly funded and approved development posts as provided for in the National Service Plan 2009, and yet to be activated.

Compliance with approved employment ceiling

In overall terms, the Health Service is within the notified approved employment ceiling of 111,800 WTEs by some 158 WTEs as at the end of April. A portion of the ceiling is set aside for new 2009 service developments in Cancer Services (100), Disability Services (90) and Mental Health Services (35) yet to be activated as well as a number of other posts currently in process. The activation of these posts will be a challenge to ceiling compliance and to the budgetary position if the health services do not reduce employment levels and costs elsewhere. A particular issue which should ensure adequate scope and capacity to allow the health services to operate within the approved employment ceiling will emerge through the full displacement of staff nurses taking place to give effect to the replacement ratio of 2:1.

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 1,196 WTEs (2.29%) above ceiling, PCCC is 900 WTEs (1.64%) below ceiling, Corporate 31 WTEs (0.91%) below ceiling and Population Health is 4 WTEs (0.45%) above ceiling. On a sectoral basis, HSE direct is 186 WTEs (0.3%) below ceiling, while the Voluntary Hospitals Sector is 463 WTEs (2.06%) above ceiling and the Voluntary Sector of PCCC is 8 WTEs (0.05%) below ceiling.

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

Hospital/Local Health Office /Voluntary Agency	Ceiling April	Actual April	Growth in 2009	WTE Ceiling Variance	% Variance
Dublin West LHO – Statutories	714	934	95	220	30.79%
Children's Sunshine Home	59	71	0	12	20.25%
St Vincent's Hospital Fairview	215	242	17	27	12.44%
The Coombe Women's Hospital	691	762	25	71	10.33%
Cavan General Hospital	715	774	7	60	8.39%
Our Lady of Lourdes Hospital	1,280	1,367	13	87	6.83%
Portiuncula Hospital	663	706	11	43	6.52%
Kerry General Hospital	968	1,030	24	62	6.42%
National Ambulance Service	1,305	1,443	46	138	10.53%

PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
PCTs holding clinical mtgs – phase 1 and 2	110	---	---
PCTs in development – phase 3	84	---	---
No. of contacts with out of hours GP services	292,330	18%	276,200

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,818	1.4%	8,576
Total Home Help Hours provided	3,951,140	-1.1%	4,091,637
Total no. in receipt of subvention (monthly averages)	9,161	0.7%	8,818
Total nursing home inspections completed	317	9.1%	271

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	296,089	-2%	282,717
No. DPS Claims	1,766,240	-15%	1,875,603
No. eligible persons on medical cards	1,385,320	1%	1,302,779

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,589	4.8%	5,419
Total no. of children in residential care	376	-11.7%	389
Total no. of children in foster care	3,404	6.5%	3,276
Total no. of children in foster care with relatives	1,614	5.5%	1,574
Total no. of children in "Other" care arrangement	195	7.1%	180

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	276	-27%	350
No. patients accessing home care services	2,925	0%	2,418
No. patients accessing intermediate care in community hospital	134	30%	115
No. patients accessing day care services	305	-3%	287

Social Inclusion (No. on last day of month)	Actual 2009 YTD*	% Var Act v Tar YTD*	Same period 2008
Average no. of clients in methadone treatment	8,794	1.5%	8,652

*targets have been revised in April PR to reflect clients rather than treatments

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of Domiciliary Care Allowance	23,805	-5%	21,717

NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.2%	-1.3%
Day case attendances	0.7%	3.8%
Outpatient attendances	2.7%	1.8%
Births	-5.0%	1.5%
Emergency presentations	-3.9	-2.9%

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	25.3%	31.6%
• Children>3months	52.1%	53.6%
Daycase - % waiting		
• Adults >6months	15.3%	26.8%
• Children>3months	57.9%	57.5%

National Hospitals Office	Actual 2009	Actual 2008
Inpatients % Public	75.5%	74.9%
Emergency Calls - % answered <26 mins	83.6%	85.9%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	710	893	711

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 April YTD is €25.33m. In terms of the profile for delivery of efficiencies, it may not be expected that April YTD would demonstrate one third of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until later months. There is an improved rate of saving compared to previous months as expected delivery in later months is showing effect. Detailed reports are generated against all VFM adjustments at Directorate level and based on the April 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. However, savings beyond adjustments in non-pay areas are compensating for lack of performance in pay adjustments.
- Directorates are reporting that a challenging HR/IR environment is impacting on delivery of planned efficiencies.

VFM	Expected Reduction €m	Mar YTD €m
Non Pay		
T&S	6.200	2.065
Legal	2.000	0.574
Advertising	1.000	0.333
Nurse Tr&Ed	5.000	1.666
Nat. Drugs Formulary	8.000	0.632
Maintenance	3.500	1.166
Service Adjustments/Reconfigs		
Patient Transport	3.670	0.580
Blood Usage	11.800	3.933
Laboratory	2.000	0.667
Reconfig PCCC Admin Processes	6.385	1.346
Reconfig Child Care	10.000	3.103
Disability Providers	10.000	4.502
Pay		
PCCC Mental Health	12.662	2.508
NHO Non Mgt Admin Pay	8.557	0.000
3% Reduction in Mgt Admin	24.213	2.251
Total	114.990	25.330

Non-Pay

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

- There is a saving of €2.065m for ‘Travel & Subsistence’ in April and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Govt. agreed reduced mileage rates may impact on our ability to deliver the specified target.
- The level of saving for ‘Blood/Blood Products’, ‘Laboratory’, ‘Corp. Maintenance’ and ‘Advertising’ in April is on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment.
- There is evidence of saving for ‘Patient Transport’ 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 ‘Drugs/Medicines’ where savings are not sufficiently evident in April 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 these planned efficiencies. There is no evidence in the April data, at a national level, that the required reductions in NHO Non Mgt/Admin pay costs are taking place. A range of measures are being applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime in all areas, etc.

PCCC			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936m	
Reduction Achieved ytd		€15.090m	

Support Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		€15.064m	
Reduction Achieved ytd		€4.823m	

NHO			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		44.000m	
Reduction Achieved ytd		€5.413m	

Total			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
Reduction Achieved ytd		€25.33m	

Section 3 – Service Delivery

3.1 PCCC

Overview

PCCC financial performance YTD April shows expenditure of €2,725m against a budget of €2,700m giving an adverse variance of €24.6m. There has been an overall variance increase against budget of €15.5m in the month when compared to the March position.

€10m of this increased variance can be attributed to schemes and the REV budget reductions made in respect of Domiciliary Care and Professional Fees. Whilst the budgets for these areas have been reduced in April, the corresponding reduction in expenditure is expected the coming months.

A robust cost containment plan outlining a range of efficiency and VFM measures is in place in each LHO. Overall, PCCC is exceeding its locally profiled VFM target year to date and details of our progress at the end of April are outlined in the VFM section of the Performance Report. PCCC highlighted a number of dependencies to which delivery was subject and the HR/IR environment has become more challenging in recent months across a range of cost management initiatives i.e. reconfiguration. While a number of substitute measures are being initiated, these measures will have limited monetary impact overall.

PCCC is currently 900 WTE below ceiling compared to 830 in March 2009. The overall outturn for April shows PCCC at 53,814 which is a decrease of 68 on the March figures of 53,882. Overall WTE in PCCC has dropped by 162 since December 2008. The Voluntary sector has dropped 293 since December 2008.

Other Key issues to note for April are:

- The total number of individuals covered by a medical card in April is 1,385,320. This is a net increase of 14,556 (1%) over March and 82,541 (6%) more than April 2008.
- During April, 89,229 contacts were made with the out of hour's GP services which is 31% more than the number of contacts made during March.
- The total number of children in care in April was 5,589, a net increase of 63 children over March position. Since January 2009 there has been an additional 193 children placed in care; 96% of those placements were in foster care (including foster care with relatives) and 4% residential care.

PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,573	12,410	-1.3%	406,695	405,197	0.4%
West	14,885	14,515	-2.5%	437,524	436,199	0.3%
DML	15,615	15,327	-1.8%	520,120	514,082	1.2%
DNE	11,610	11,562	-0.4%	396,202	390,112	1.6%
PCRS				856,804	853,791	0.4%
National Director Office	30			2,589	3,043	-14.9%
Primary Care Schemes				105,069	97,938	7.2%
Total	54,714	53,814	-1.6%	2,725,003	2,700,362	0.9%

PCCC Finance Commentary

Including PCRS, year to date expenditure was €2.725 billion compared with a budget of €2.700 billion – leading to a negative variance of €24.6 million.

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

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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	253,553	89,105	85,269	3,836	4.5%
LHO Laois / Offaly	179,032	62,330	59,997	2,333	3.9%
Dublin North West	183,529	63,458	61,142	2,316	3.8%
LHO Dublin West	100,999	35,258	33,481	1,777	5.3%
LHO Wicklow	111,753	38,822	37,073	1,749	4.7%

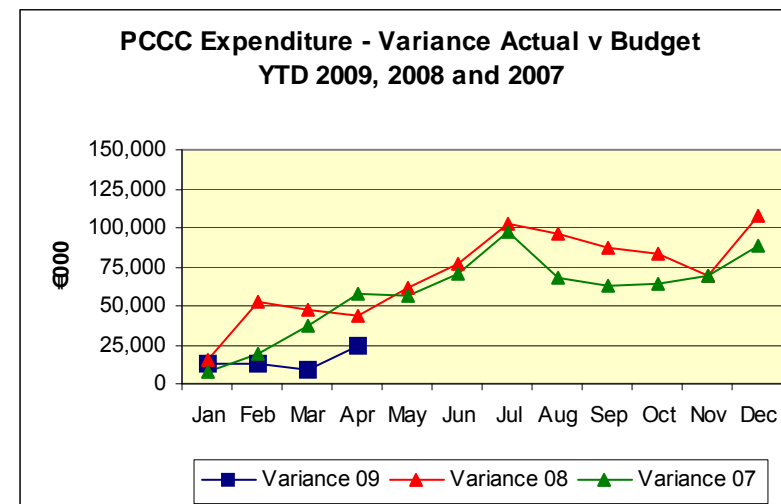
(Based on actual variance against budget)

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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO West Cork	235,221	78,463	79,101	-638	-0.8%
LHO Dublin South City	105,327	34,333	34,946	-613	-1.8%
LHO Sligo / Leitrim	171,660	56,228	56,761	-533	-0.9%
Leopardstown Park Hospital	13,762	4,387	4,760	-373	-7.8%
LHO Cavan Monaghan	118,183	39,937	40,121	-184	-0.5%

(Based on actual variance against budget)

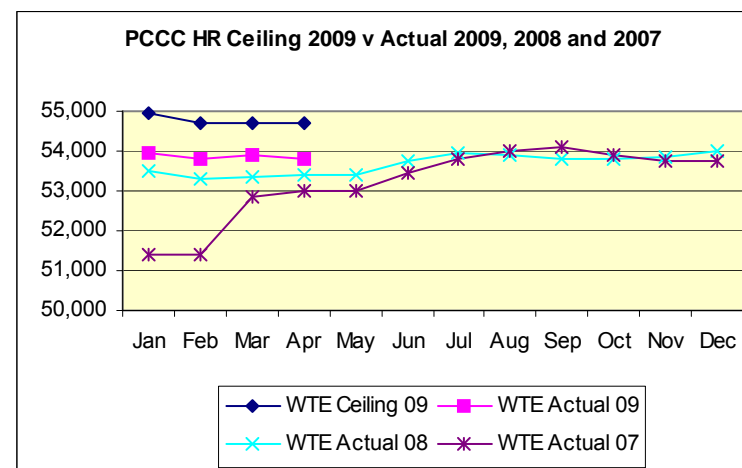
Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	2,000,244	613,842	613,944	-102	0.0%
Community Schemes	718,710	242,962	239,847	3,115	1.3%
PCRS Total	2,718,954	856,804	853,791	3,013	0.4%
Primary Care Schemes	275,011	105,069	97,938	7,131	7.3%
Grand Total	2,993,965	961,873	951,729	10,144	1.1%



PCCC HR Commentary

PCCC recorded a decrease of 68 WTEs in April. A further 0.4 WTE 2008 addendum posts were filled in April. Some 668 new 2008 development posts in PCCC have now been filled in Areas/Agencies encompassed by the approved employment ceiling by the end of April. Some 142 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 April:

Local Health Office	Increase in April	Of Which Statutory	Of Which Voluntary	% Increase in April	WTE Variance with Ceiling	% Variance to ceiling
Cavan/Monaghan	14	14	0	1.01%	-21	-1.62%
West Cork	12	-3	15	0.43%	-8	-0.30%
Dublin North Central	9	0	9	0.27%	80	2.55%



In addition some Voluntary Agencies recorded increases during the month; St Michaels House +8.76 WTEs and Sunbeam House Services +10.7 WTEs. PCCC's approved employment ceiling now stands at 54,714 WTEs and they are currently 900 WTEs (1.64%) below their approved employment ceiling.

LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual April 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin West	1,858	2,115	1	257	13.82%
Dublin North West	2,661	2,753	1	92	3.45%
Dublin South City	1,282	1,316	3	34	2.66%
Dublin North Central	3,157	3,238	9	80	2.55%
Wexford	1,011	1,036	-6	25	2.46%

(Based on the percentage variance from ceiling)

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

LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual April 2009	Growth from Previous Month	Variance from ceiling	% Var
Dun Laoghaire	997	855	4	-141	-14.19%
Louth	1,780	1,716	3	-64	-3.57%
Laois/Offaly	2,240	2,174	2	-66	-2.94%
Mayo	1,582	1,536	-23	-46	-2.92%
Limerick	1,987	1,949	-5	-38	-1.94%

(Based on the percentage variance from ceiling)

PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	Total No. Primary Care Teams holding clinical meetings			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	---	36	---	112,220	127,991	14%	---	---	---	---	---	---	---	---	---
West	---	31	---	63,860	73,341	15%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	40,920	54,943	34%	---	---	---	---	---	---	---	---	---
DML	---	33	---	31,310	36,055	15%	---	---	---	---	---	---	---	---	---
Total	---	110	---	248,310	292,330	18%	303,309	296,089	-2%	2,084,210	1,766,240	-15%	1,375,304	1,385,320	1%

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

Children and Families Activity YTD	Total No. Children in care			Total No. Children in Residential care			Total No. Children in foster care			Total No. Children in foster care with relatives			Total No. Children in 'Other' care arrangement		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,414	1,620	14.6%	84	74	-11.9%	898	1040	15.8%	385	422	9.6%	47	84	78.7%
West	1,063	1,080	1.6%	54	35	-35.2%	688	733	6.5%	275	281	2.2%	46	31	-32.6%
DNE	1,347	1,416	5.1%	138	131	-5.1%	716	748	4.5%	446	484	8.5%	47	53	12.8%
DML	1,510	1,473	-2.5%	150	136	-9.3%	894	883	-1.2%	424	427	0.7%	42	27	-35.7%
Total	5,334	5,589	4.8%	426	376	-11.7%	3,196	3,404	6.5%	1,530	1,614	5.5%	182	195	7.1%

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	1,895	0.8%	1,304,672	1312247.8	0.6%	2,646	2,630	-0.6%	80	83	3.8%
West	1,690	1,846	9.2%	1,167,200	1,184,714	1.5%	3,259	3,289	0.9%	89	95	6.3%
DNE	3,300	3,109	-5.8%	802,664	770,410	-4.0%	1,337	1,429	6.9%	45	67	47.8%
DML*	1,830	1,968	7.5%	718,664	683,768	-4.9%	1,858	1,813	-2.4%	76	72	-5.3%
Total	8,700	8,818	1.4%	3,993,200	3,951,140	-1.1%	9,100	9,161	0.7%	291	317	9.1%

Palliative Care Activity (no. on last day of month)	No. Patients in specialist inpatient / month			No. Patients accessing home care services			No. Patients accessing intermediate care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	66	16%	764	787	3%	31	31	0%	69	62	-10%
West	116	123	6%	850	811	-5%	35	51	46%	82	95	16%
DNE	35	36	3%	586	574	-2%	5	3	-40%	56	54	-4%
DML	171	51	-70%	729	753	3%	32	49	53%	108	94	-13%
Total	379	276	-27%	2,929	2,925	0%	103	134	30%	315	305	-3%

Activity YTD	Mental Health			Social Inclusion (No. on last day of month)			Disabilities		
	No. of Child and Adolescent Mental Health Teams			Average No. Clients in methadone treatment			No. Persons in receipt of Domiciliary Care Allowance		
	Target	Actual	% Var	Target*	Actual*	% Var	Target	Actual	% Var
South	13	11	-15.4%	162	200	23.5%	---	---	---
West	13	12	-7.7%	221	229	3.6%	---	---	---
DNE	12	10	-16.7%	2,984	3,025	1.4%	---	---	---
DML	17	17	0.0%	4,291	4,345	1.3%	---	---	---
Total	55	50	-9.1%	7,636	7,799	1.8%	25,000	23,805	-5%

*targets have been revised in April PR to reflect clients rather than treatments

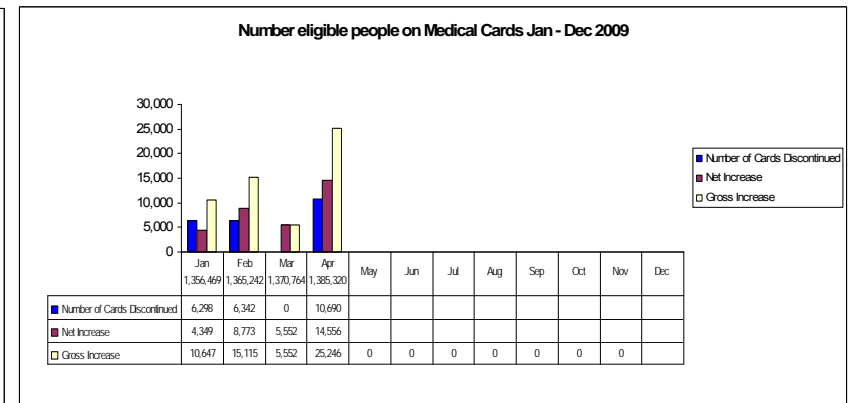
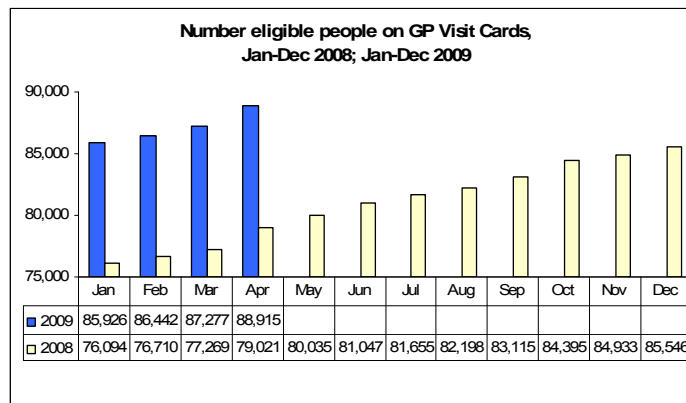
Analysis of Performance (Note: Area level PCCC data is to be found in the Supplementary Document.)

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 April is 110, which represents 52% of the annual target. (*Phase 1 Teams previously referred to as 2006 teams, Phase 2 previously referred to as 2007 teams*). Also currently in development are 84 teams (84% of the annual target) from Phase 3, which is a significant increase from the March position where only 3 teams were in development, due to a refined definition of 'teams in development'.

Out of Hours GP Services: During the month of April 89,229 contacts were made with the service, which represents an increase of 31% on the contacts made in March 2009 (67,901). This is partly due to the Easter bank holiday weekend which fell in the middle of April. Year to date figure is 292,330 which is 18% above the profiled target of 248,310 but represents 36% of the annual target. The year to date position is also 6% above the same period last year figure of 276,200.

GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during April 2009, up 1.9% on the March position. During April, an additional 1,638 GP Visit Cards were issued. This represents an increase of 13% from the same period last year (9,894 additional GP Visit Cards were issued since April 2008). The total number of people covered by a GP Visit Card at the end of April is 88,915.

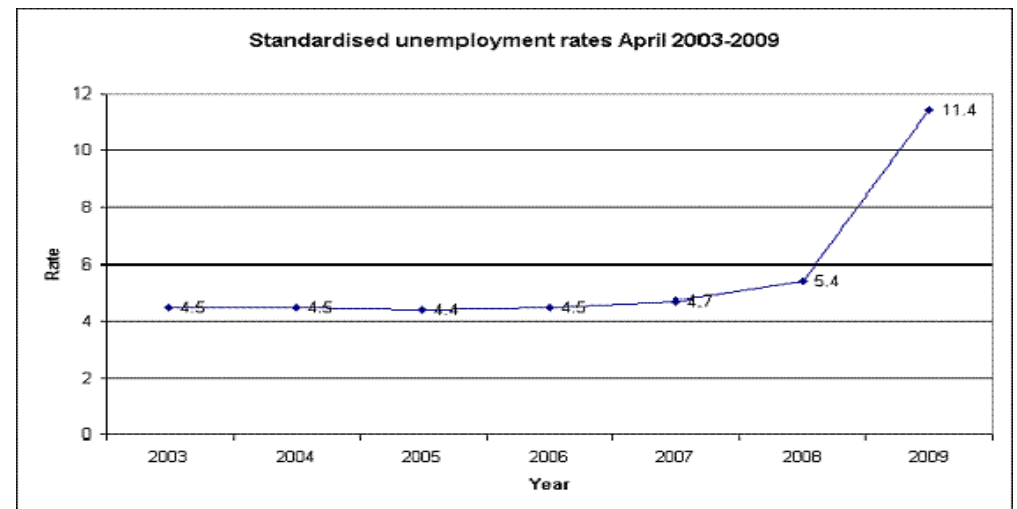


Medical Cards: The total number of individuals who are now covered by a medical card is 1,385,320 which represents an increase of 14,556 (1%) over the March position (1,370,764). The validation exercise in relation to the Medical Card database is ongoing which resulted in a further 10,690 cards being discontinued in April. Therefore, the gross increase for April was 25,246 (1.8%). The total number of cards discontinued since January 2009 is 23,330. The graph above details the net increase, gross increase and the number of cards discontinued.

The seasonally adjusted Live Register total increased from 372,800 in March to 388,600 in April, an increase of 15,800 (+4.2%). This compares to 199,800 in April 2008, an increase of 188,800 (94%).

The standardised unemployment rate stood at 11.4% in April, almost two times greater than April 2008 (5.4%).

The % of the population now covered by a Medical Card is 32.7%.



Schemes

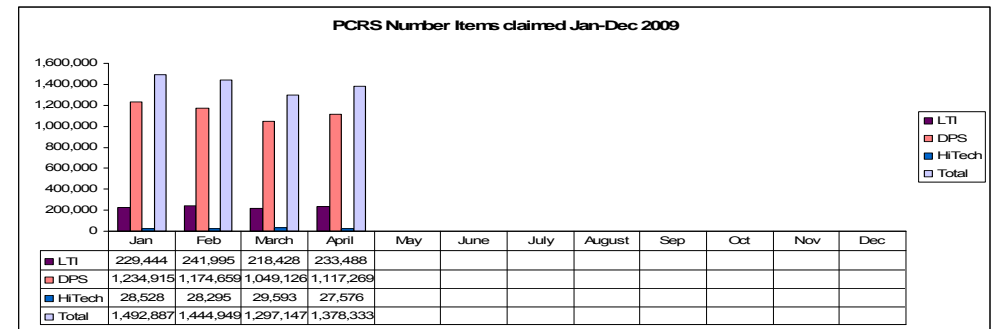
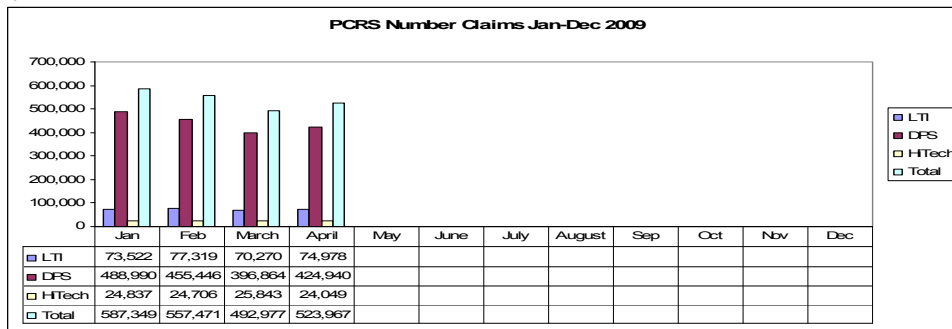
LTI: Following a review, the target for 2009 number of claims was adjusted to 909,926, (from 592,885). The number of LTI claims made during April was 74,978 (1% below the monthly target of 75,827), bringing the total YTD to 296,089, which is 2% below the year to date target of 303,309. Compared to the same period last year (282,717 claims) this represents an increase of 5%.

The total number of LTI items in April was 233,488 which is 2% above the monthly target of 228,579.

DPS: Following a review, the target for 2009 number of claims was adjusted to 6,252,629. The number of DPS claims made during April was 424,940 which is 18% below the monthly target of 521,052 and 15% below the year to date target (year to date figure of 1,766,240). This compares with 1,875,603 claims for the same period last year (YTD) - a reduction of 6%.

The total number of DPS items was 1,117,269 which is 16% below the monthly target of 1,328,683.

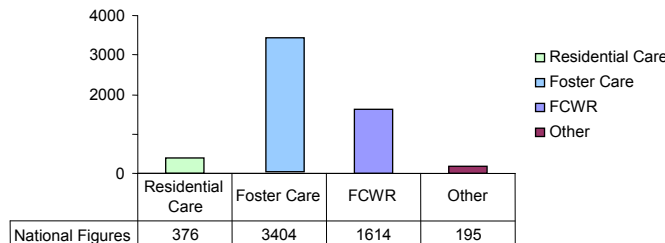
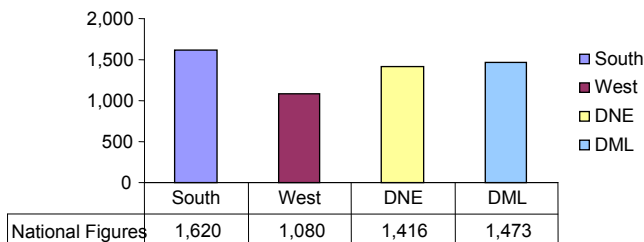
Hi-Tech: The number of HiTech claims made during April was 24,049 (9% below the monthly target of 26,325). The year to date position (99,435) is 9% above the same period last year (91,502).



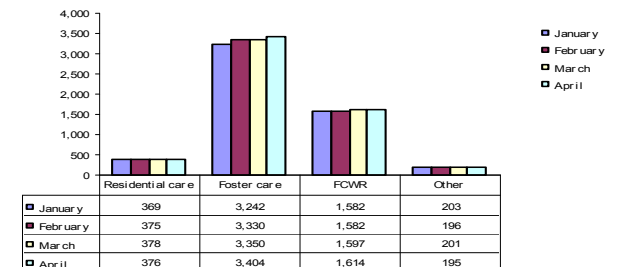
Children and Families

Children in Care: The number of children in care nationally at the end of April 2009 was 5,589. This demonstrates a 3.1% increase over April 2008 figure of 5,419. There is also a 1.1% increase compared with 5,527 in March 2009. Nationally there is also a 3.6% increase from end of January 2009 figure (5,396). A validation exercise has confirmed this to be an accurate increase in activity (e.g. in HSE South 27 children were admitted to foster care in Cork while 21 were admitted to FCWR.)

Children in Care Nationally April 2009



Children in Care Nationally : January to April 2009



Proportionately the West has the lowest number of children in care, accounting for 19% of the national total. The South has the highest proportion at 30%. Nationally, the highest number of children in care falls into the foster care category (61%). Foster Care with relatives accounts for 29% followed by residential care at 7% and other care/at home under a care order 3%.

Of the 5,589 children in care, 376 are in residential care (accounting for 6.7% of the overall total). As a percentage of all children in care DNE and DML report the highest proportion (9.3% and 9.2% respectively). The lowest proportion is recorded for HSE West 3.2%. The number of children in residential care has decreased by 3.3% since same time last year (389).

The number of children in foster care at the end April 2009 is 3,404. The number of children in foster care with relatives has increased from 1,574 since the same period last year to 1,614 (2.5%).

There is also an overall national increase in the number of children at home under care order of 8.3% (195) when compared to the same period last year (180). 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 (84 in HSE South in April 09 compared to 65 for 08). HSE West has a 16.2% drop from the position in April 08 (37) to the position in April 09 (31), DNE has a 29.3% increase (41 in April 08 to 53 for April 09), DML showed a 27.0% drop, from 37 for April 08 to 27 for April 09.

Older Persons

Home Care Packages: At the end of April 2009 there were 8,818 clients in receipt of Home Care Packages of which 6,781 were direct provision and 2,037 were cash grants. The overall number of clients in receipt of a HCP in April is approximately 1.4% above the expected level of service delivery, compared with 1.2% above expected level of service in March (8,802). The proportion of clients over 65 years remains unchanged from last month at 93.7% (8,262). Cumulatively, the number of new clients at the end of April 2009 was 1,022 compared to 1,372 for the same period 2008.

Home Help: At the end of April 2009 3,951,140 hours had been provided (-1.1% below target). The number of people in receipt of home help hours stood at 54,466 in April (-0.1% below projected numbers) compared to March's figure of 54,236 (0.5% below target).

Palliative Care

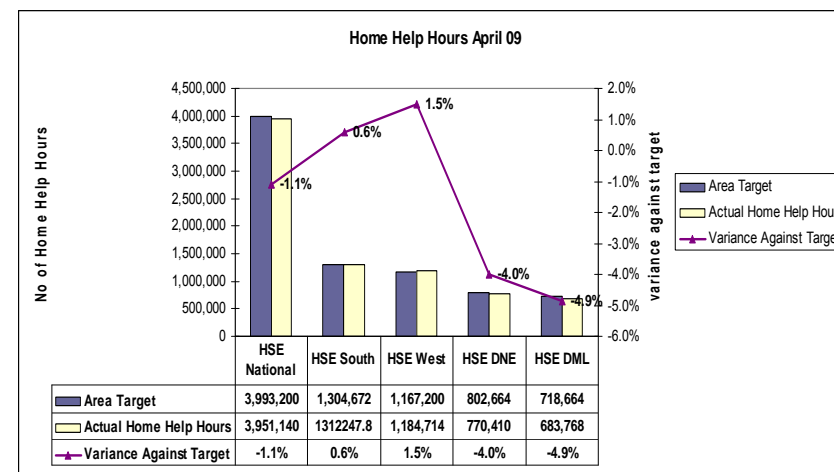
On 30th April, the total number of patients accessing palliative care services was 3,640. The majority of these patients were in receipt of home care services (2,925), accounting for 80% of the level of activity reported for the month. The number of patients in Specialist Inpatient Units (276) accounted for 8% of the total. (Note: Data is a snapshot of activity collected on the last day of the month in question.)

Social Inclusion

Addiction: The average number of clients receiving Methadone treatment in HSE Areas was 7,799 (1.8% above the target figure of 7,658 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), a total of 8,794 clients were treated, which was 1.5% above the target figure of 8,668 for 2009 and 1.6% above the same period last year. It should be noted that targets have been revised in the April PR to reflect the targeted actual number of clients in methadone treatment rather than the targeted number of treatments as had been presented in NSP 09. (Note: Data is reported one month in arrears.)

Domiciliary Care Allowances (DCA)

DCA continues to show growth during the reporting period. During April, an additional 220 clients claimed DCA, bringing the total number to 23,805, an increase of 0.9% on the March 2009 position. The figure of 23,805 claimants in April 2009 compares with 21,717 for the same period last year, an increase of 2,088 or 9.6%.



3.2 Acute Hospital Services and Pre-Hospital Emergency Care

Overview

The financial performance for April 09 indicates a budgetary over run of €48.2m of which €14.2m relates to an overrun in one network – the Western. The NHO faces significant efficiency challenges, and must achieve further efficiencies in 2009, if it is to deliver on service plan commitments 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 are still not fully in place at this stage of the year, this would account for a significant component of the deficit.

April HR returns reflect a variance from ceiling of 1,196 WTEs (+2.3%) over approved ceiling, a slight improvement on the March 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 3.2% 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 almost 7% relative to Jan to April 08 due to activity controls, bed closures and higher delayed discharges (reducing bed availability).

March saw a significant shift in daycase activity, which is line with service plan objectives. Daycase discharges have increased by 4% compared to 2008 and are just above target levels indicating that the further shift of activity to a day case basis is occurring.

The continuing increase in delayed discharges (a very significant increase since January 2009) as patients await provision of alternative care, continues to be a particular concern.

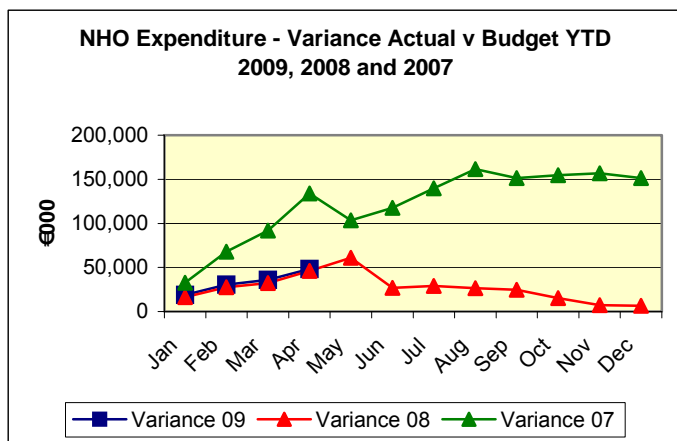
While both emergency presentations to hospitals and attendances at EDs have decreased against the same period last year, emergency admissions are in line with 2008 emergency admission levels.

NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,477	4,509	0.7%	110,261	105,815	4.2%
Southern HG	6,841	6,876	0.5%	179,562	176,306	1.8%
North Eastern HG	3,122	3,292	5.4%	94,402	91,281	3.4%
Dublin North HG	8,831	8,969	1.6%	262,214	257,383	1.9%
Western HG	7,985	8,325	4.3%	229,016	214,791	6.6%
Mid Western HG	3,279	3,285	0.2%	89,573	84,272	6.3%
Dublin Midlands HG	7,958	8,226	3.4%	230,948	221,549	4.2%
Dublin South HG	8,473	8,580	1.3%	259,774	256,134	1.4%
Ambulance	1,305	1,443	10.5%	46,918	44,877	4.5%
Nat. Director Office				8,925	10,988	-18.8%
NATIONAL TOTAL	52,309	53,505	2.3%	1,511,593	1,463,396	3.3%

NHO Finance Commentary

Year to date expenditure in the NHO was €1.512 billion compared with a budget of €1.463 billion – leading to a negative variance of €48.2 million.

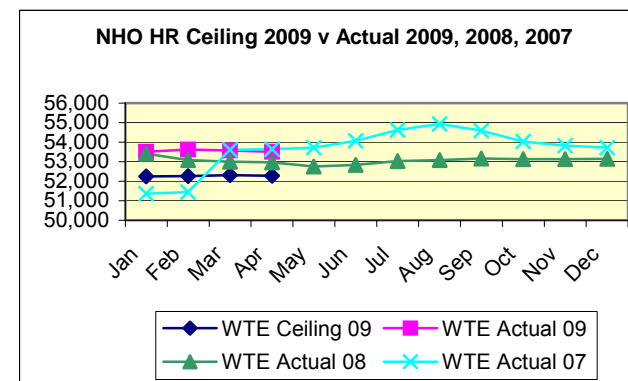


NHO HR Commentary

The National Hospitals Office’s employment ceiling stands at 52,309 WTEs and they are now 1,196 WTEs (+2.29%) over their approved ceiling. Nursing employment levels are 297 WTEs above the end of year position prior to the placement of student nurses in 2009. There is a continuing need to displace nursing employment to offset student nurse placements.

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

Hospital	April increases	% increase in April	WTE Variance with ceiling	% variance to ceiling
Rotunda Hospital	15	2.15%	36	5.05%
Coombe Hospital	14	1.87%	71	10.33%
Letterkenny General Hospital	11	0.74%	26	1.77%



Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual April 2009	Growth from Previous Month	Variance from ceiling	% Var
Our Lady's Hospital Cashel	11	15	0	3	29.21%
The Coombe Women's Hospital	691	762	14	71	10.30%
Cavan Hospital	715	774	6	60	8.39%
Our Lady's of Lourdes Hospital	1,280	1,367	5	87	6.83%
Portiuncula Hospital, Ballinasloe	663	706	0	43	6.52%
Ambulance Service (EC)	219	329	-10	110	50.20%

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Regional Hospital Dooradoyle	153,429	53,516	49,825	3,691	7.4%
Sligo General Hospital	117,346	42,361	38,743	3,619	9.3%
Galway College University Hospital	217,293	76,261	72,647	3,614	5.0%
Adelaide & Meath Hospital Tallaght	211,476	74,306	71,635	2,672	3.7%
Mayo General hospital	79,188	29,155	26,514	2,640	10.0%

(Based on actual variance against budget)

Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
St Luke's Hospital	35,712	11,703	12,112	-409	-3.4%
Our Lady's Hospital, Navan	45,295	14,938	15,190	-252	-1.7%
St James's Hospital	357,887	119,188	119,264	-76	-0.1%
Monaghan General Hospital	13,974	7,645	7,625	20	0.3%
Cappagh National Orthopaedic Hospital	28,918	9,850	9,801	49	0.5%

(Based on actual variance against budget)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual April 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital	26	15	-2	-11	-42.21%
Connolly Hospital Blanchardstown	1,238	1,184	1	-54	-4.35%
St Mary's Orthopaedic Hospital	225	217	0	-8	-3.72%
St Joseph's South Tipp General Hospital	793	764	-8	-29	-3.64%
St John's Hospital, Limerick	326	315	-2	-11	-3.43%
Ambulance Service (Midland)	196	147	2	-49	-24.92%

(Based on the percentage variance from ceiling)

NHO Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Inpatient Discharges	604,320	573,360	49,397	49,962	1.1%	191,610	197,790	3.2%	200,437	-1.3%
South Eastern HG	69,570	66,580	5,740	5,628	-2.0%	22,610	22,817	0.9%	23,626	-3.4%
Southern HG	84,209	79,720	6,874	7,109	3.4%	26,368	27,839	5.6%	27,433	1.5%
North Eastern HG	49,576	46,730	3,855	3,989	3.5%	15,229	16,066	5.5%	16,534	-2.8%
Dublin North HG	72,610	69,370	5,897	6,056	2.7%	23,053	23,820	3.3%	24,033	-0.9%
Western HG	108,409	103,860	9,268	9,279	0.1%	34,949	36,149	3.4%	36,480	-0.9%
Mid Western HG	46,418	45,300	3,818	4,101	7.4%	15,318	15,791	3.1%	15,692	0.6%
Dublin Midlands HG	100,952	96,320	8,178	8,576	4.9%	32,105	33,866	5.5%	33,652	0.6%
Dublin South HG	72,576	65,480	5,767	5,224	-9.4%	21,978	21,442	-2.4%	22,987	-6.7%
Day Cases	637,140	647,000	58,852	55,158	-6.3%	216,492	218,087	0.7%	210,081	3.8%
South Eastern HG	37,972	40,660	3,771	3,634	-3.6%	13,711	13,452	-1.9%	12,792	5.2%
Southern HG	99,162	98,720	8,802	8,170	-7.2%	32,261	33,324	3.3%	32,301	3.2%
North Eastern HG	30,026	30,900	2,960	2,403	-18.8%	10,574	10,314	-2.5%	10,250	0.6%
Dublin North HG	93,024	94,480	8,801	8,519	-3.2%	32,425	32,815	1.2%	31,627	3.8%
Western HG	114,118	117,100	10,677	9,903	-7.2%	38,890	39,681	2.0%	37,892	4.7%
Mid Western HG	35,272	35,980	3,343	3,029	-9.4%	12,281	12,866	4.8%	12,011	7.1%
Dublin Midlands HG	79,555	84,190	7,529	6,303	-16.3%	32,105	25,066	-12.4%	24,463	2.5%
Dublin South HG	148,011	144,970	12,969	13,197	1.8%	47,745	50,569	5.9%	48,745	3.7%
Emergency Presentations	1,207,497	1,223,000	100,521	101,827	1.3%	402,082	386,504	-3.9%	397,908	-2.9%
South Eastern HG	172,872	177,250	14,568	14,994	2.9%	58,274	55,470	-4.8%	57,581	-3.7%
Southern HG	139,158	140,790	11,572	11,884	2.7%	46,287	44,770	-3.3%	45,633	-1.9%
North Eastern HG	114,218	114,280	10,171	10,171	0.0%	37,572	37,632	0.2%	37,065	1.5%
Dublin North HG	127,490	128,690	10,577	10,338	-2.3%	42,309	40,314	-4.7%	42,145	-4.3%
Western HG	195,504	200,660	16,493	17,125	3.8%	65,970	64,575	-2.1%	63,276	2.1%
Mid Western HG	114,680	116,750	9,596	9,097	-5.2%	38,384	34,880	-9.1%	38,027	-8.3%
Dublin Midlands HG	216,151	215,900	17,745	17,625	-0.7%	70,981	68,259	-3.8%	72,165	-5.4%
Dublin South HG	127,424	128,680	10,576	10,593	0.2%	42,306	40,604	-4.0%	42,016	-3.4%
Emergency Admissions	368,341	367,000	30,164	31,234	3.5%	120,658	123,757	2.6%	124,038	-0.2%
South Eastern HG	49,779	49,390	4,059	4,103	1.1%	16,238	16,423	1.1%	17,084	-3.9%
Southern HG	40,598	40,290	3,312	3,606	8.9%	13,246	13,894	4.9%	13,600	2.2%
North Eastern HG	36,343	36,050	2,963	2,922	-1.4%	11,852	11,725	-1.1%	11,834	-0.9%
Dublin North HG	36,945	37,690	3,098	3,112	0.5%	12,391	12,642	2.0%	12,576	0.5%
Western HG	83,202	82,580	6,787	7,231	6.5%	27,150	28,454	4.8%	27,698	2.7%
Mid Western HG	27,415	27,280	2,242	2,457	9.6%	8,969	9,513	6.1%	9,311	2.2%
Dublin Midlands HG	58,221	58,200	4,784	4,962	3.7%	19,134	19,705	3.0%	19,913	-1.0%
Dublin South HG	35,838	35,520	2,919	2,841	-2.7%	11,678	11,401	-2.4%	12,022	-5.2%
Outpatient Attendances	3,271,665	3,233,000	294,299	276,588	-6.0%	1,079,108	1,108,645	2.7%	1,089,363	1.8%
South Eastern HG	282,948	281,020	24,432	20,824	-14.8%	92,746	93,414	0.7%	93,348	0.1%
Southern HG	387,685	380,690	33,710	32,443	-3.8%	124,384	132,367	6.4%	124,962	5.9%
North Eastern HG	255,652	247,880	22,479	17,261	-23.2%	83,565	78,802	-5.7%	86,677	-9.1%
Dublin North HG	538,127	536,530	49,453	48,167	-2.6%	179,575	188,423	4.9%	180,124	4.6%
Western HG	438,488	436,120	40,913	37,752	-7.7%	143,026	147,047	2.8%	145,044	1.4%
Mid Western HG	186,112	183,880	16,314	16,840	3.2%	62,255	64,454	3.5%	63,010	2.3%
Dublin Midlands HG	622,471	609,480	56,865	55,227	-2.9%	206,043	213,286	3.5%	207,773	2.7%
Dublin South HG	560,182	557,400	50,133	48,074	-4.1%	187,514	190,852	1.8%	188,425	1.3%

NHO Performance Activity	Outturn 2008	Target 2009	Performance this month			Performance YTD			Activity YTD last year	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Births	73,815	76,880	6,319	6,018	-4.8%	25,276	24,012	-5.0%	23,650	1.5%
South Eastern HG	8,404	8,660	712	593	-16.7%	2,847	2,761	-3.0%	2,699	2.3%
Southern HG	10,652	10,830	890	904	1.6%	3,561	3,555	-0.2%	3,476	2.3%
North Eastern HG	6,291	6,650	547	466	-14.7%	2,186	1,957	-10.5%	1,936	1.1%
Dublin North HG	8,794	9,100	748	737	-1.5%	2,992	2,811	-6.0%	2,647	6.2%
Western HG	11,481	12,080	993	924	-6.9%	3,972	3,676	-7.4%	3,769	-2.5%
Mid Western HG	5,396	5,500	452	499	10.4%	1,808	1,844	2.0%	1,742	5.9%
Dublin Midlands HG	13,653	14,560	1,197	1,151	-3.8%	4,787	4,461	-6.8%	4,426	0.8%
Dublin South HG	9,144	9,500	781	744	-4.7%	3,123	2,947	-5.6%	2,955	-0.3%

Analysis of Performance

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

Context

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

- Combined inpatient and day case activity levels delivered in 2009 are 1.9% higher than planned targets for 2009. This equates to nearly 7,775 more patients treated in 2009 than planned levels.
- Whilst daycase activity increased compared to 2008, 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 specialties 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 and ED attendance levels continue to be lower than in 2008 and emergency admission are equivalent to 2008 levels.
- Although births have increased by 1.5%, they remain 5% below expected levels.

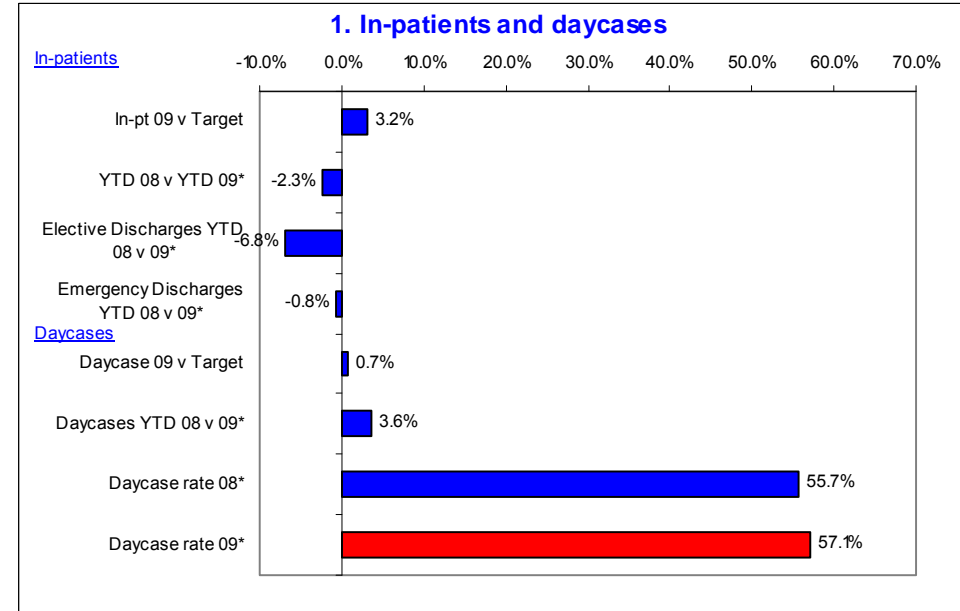
Key data collection changes for 2009

- The Performance Management Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
 - University Hospital Galway and Merlin Park University Hospital have been combined and are now reported as Galway University Hospitals.
 - The collection of consultant led outpatient activity at individual consultant level has been introduced as part of 2009 routine monitoring. The data is anonymised and will provide standard information on not only the numbers of attendances and DNAs, but also the number of clinics held, the time to next available appointments and number of new referrals accepted.
 - 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.

NHO Summary

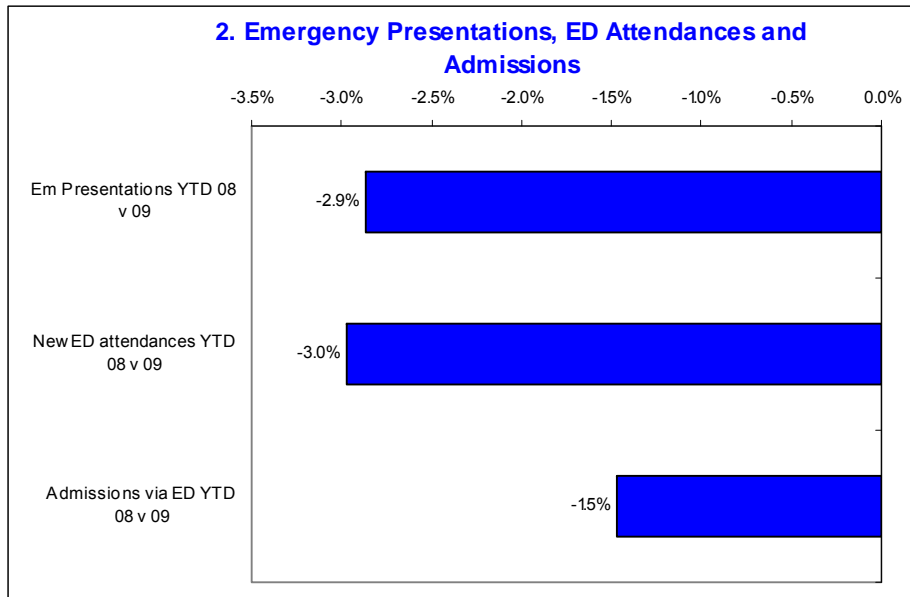
1. Inpatient activity continues below 2008 levels with a reduction of nearly 7% in elective discharges (figure 1). This is in line with service plan objectives and approach. However, inpatient discharges have not reduced as significantly as planned and inpatient levels are still 3% above planned levels. Only a small number of high volume specialities have seen increases in inpatient discharging (neonatology, gastroenterology, respiratory medicine, cardiology, gynaecology, obstetrics, neurosurgery and rheumatology; see figure 4). Reduced discharging levels can be as a result of a combination of planned shifts of patients to a day case environment and reduced capacity within hospitals to schedule elective patients. Day case discharges have increased by 4% compared to 2008 and are just above target levels. The day case rate has positively increased from 55% to 56% but further increases are required. Overall, inpatient waiting lists have reduced by 5% and patients waiting over 6 months have reduced by 23%



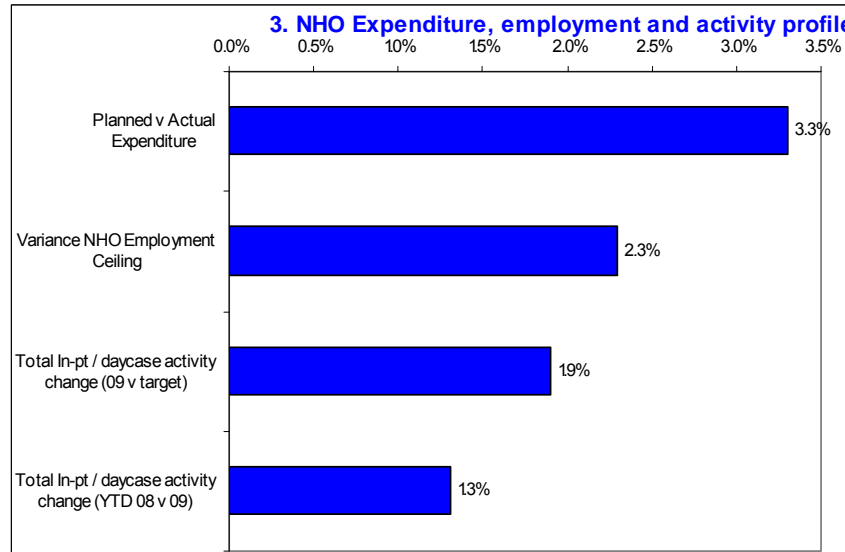
*Excluding specialities of obstetrics, radiotherapy and dialysis.

2. Compared to last year, both emergency presentations to hospitals and new attendances at EDs have decreased by 3%. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are almost equivalent to 2008 but emergency admissions via ED have reduced by 1.5%. This is most likely due to better admission controls, increased numbers of delayed discharges (+25%) and continuing bed reduction. (see Figure 2 on the left)

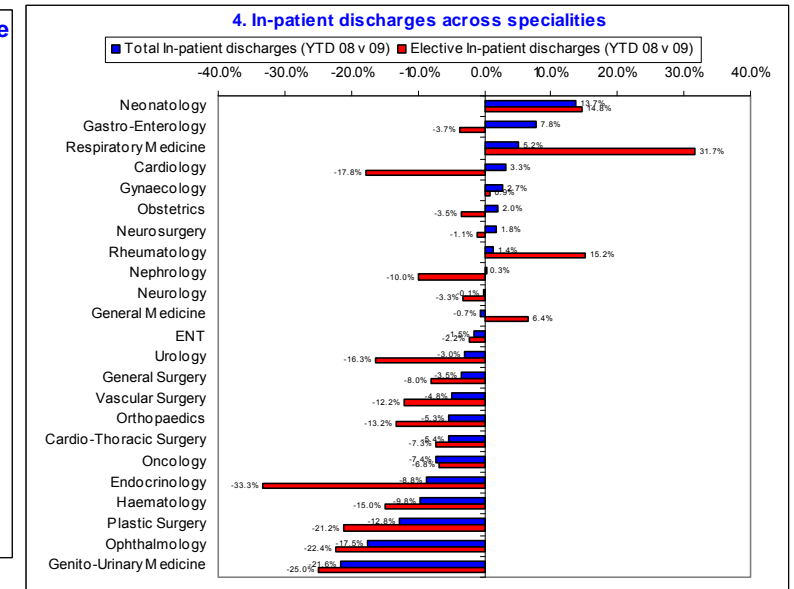
2. Emergency Presentations, ED Attendances and Admissions



3. Overall, the NHO is 3.3% above planned expenditure levels and 2.3% above its employment ceiling. Compared to target levels, hospitals have provided 1.9% more inpatient and daycase treatments (combined) and 1.3% more combined treatments than 2008. (see Figure 3)



4. Across high volume specialities, respiratory medicine, neonatology, rheumatology and general medicine has increased its elective discharging during 2009 (see figure 4). However, all other specialities have reduced elective inpatient work.



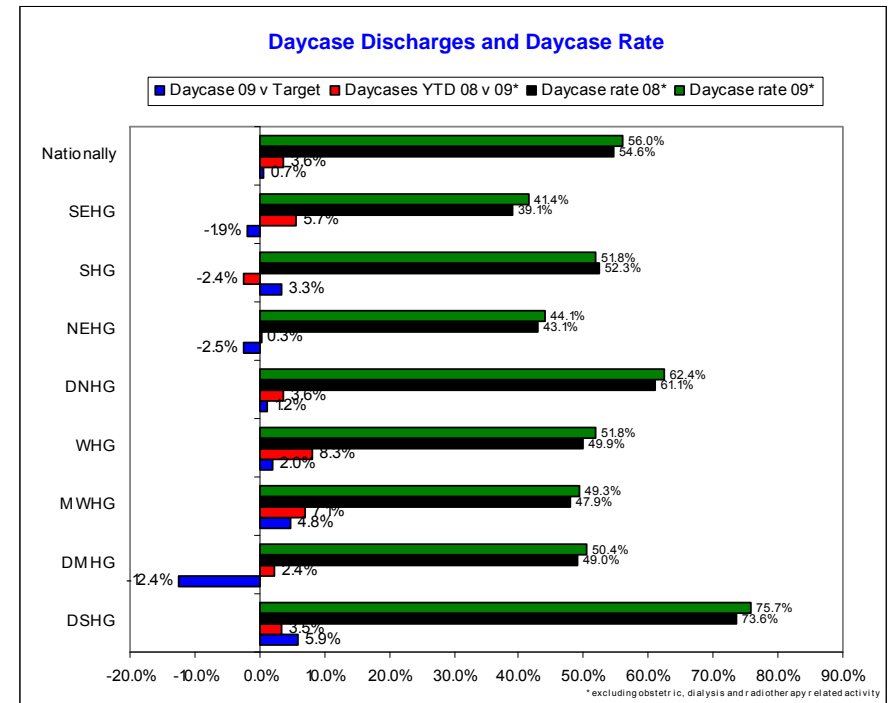
Inpatient and Day Case Activity

Inpatient activity is 3.2% ahead of target and 1.3% lower than 2008 levels. However, because obstetric activity is a demand driven service and anticipated to increase during 2009 a more accurate picture of activity changes can be seen if obstetric activity is separated out. Not including obstetrics, inpatient activity has decreased by 2.3% and elective discharges by 7% (see figure 1). Across networks, the most significant inpatient reductions have been seen in Dublin South (-7%), the South East (-4%) and the North East (-4%). Elective discharges have significantly reduced in the North East (-20%), Dublin South (-15%) and the South East (-12%).

A central component of the service plan is to ensure a shift in the overall emphasis of hospital treatments to a daycare environment. Nationally, daycase activity is almost 1% higher than target levels. The proportion of cases carried out on a daycase basis (compared to an inpatient basis) has increased from 54.6% to 56% as the number of daycases has increased by almost 4% compared to 2008. However, given the need of hospitals to reduce inpatient levels further, there will be a requirement to increase daycase activity and the overall daycase rate to higher levels during 2009. Daycase rates are highest in Dublin South and Dublin North.

Births / Gynaecology

There is a 1.5% increase in births this year to date compared with the same period last year. The Rotunda and Limerick Maternity Hospitals have show increased birth rates of 6% compared to 2008.



Outpatients

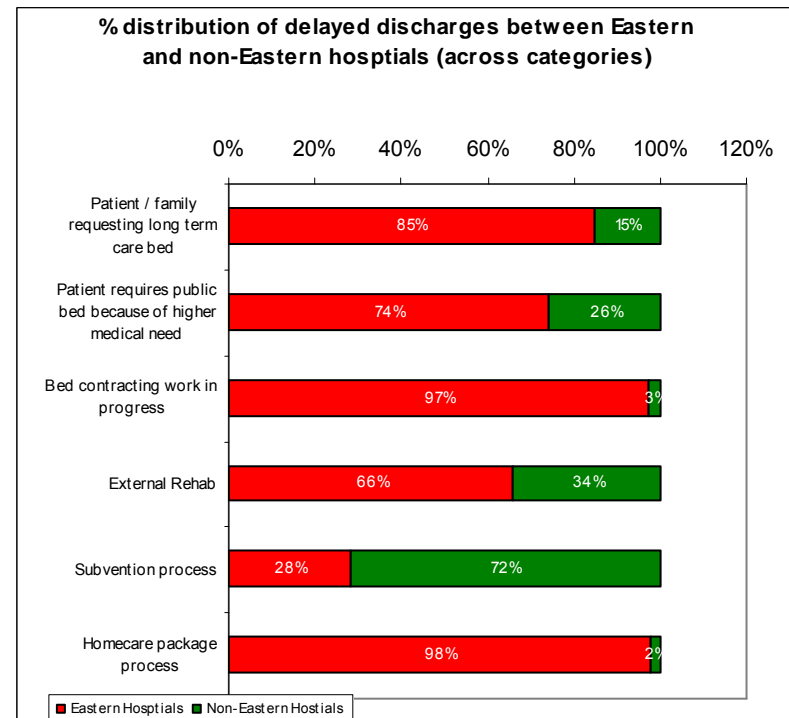
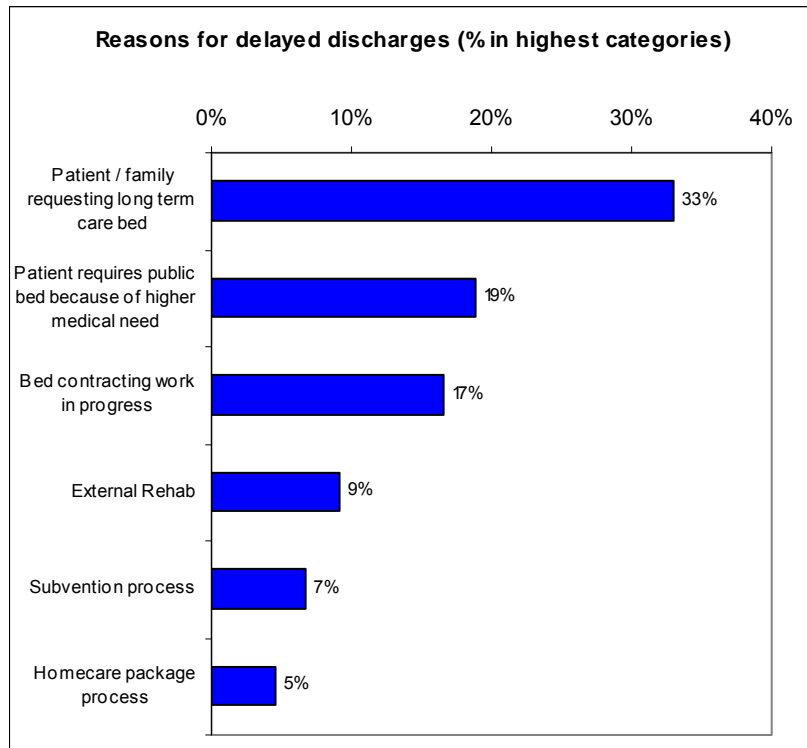
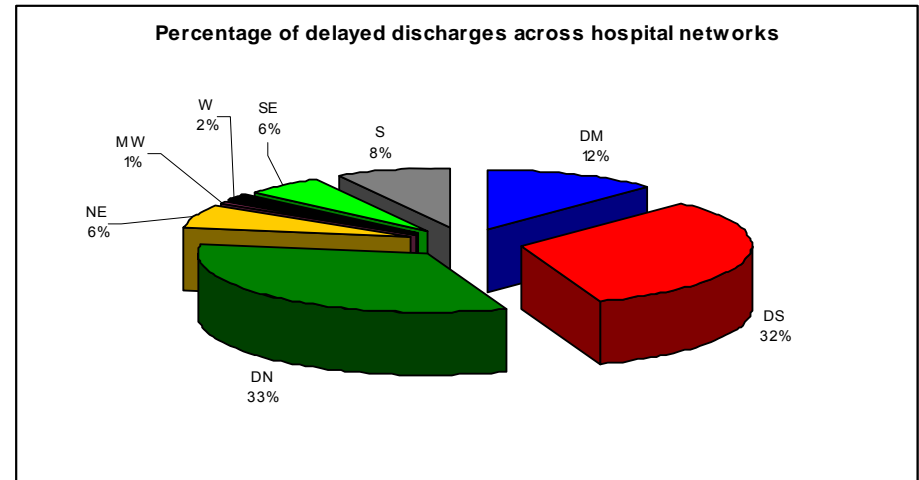
Outpatient activity has increased compared to target and 2008 levels. Nationally, all hospitals are currently working to ensure the capacity of OPD systems to provide increased new attendance appointments is increased. This work is currently on-going.

Delayed Discharges

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

The number of delayed discharges since January 2009 has increased and continues to be high at 893 at the end of April. This compares to averages of 668 and 514 in the last two years. Most delayed discharges are located in the Eastern region with 77% of all delayed discharges associated with the Dublin South, Dublin North and the Dublin Midlands networks. More specifically, 67% of all delayed discharges are located within the 5 DATHs and Connolly combined.

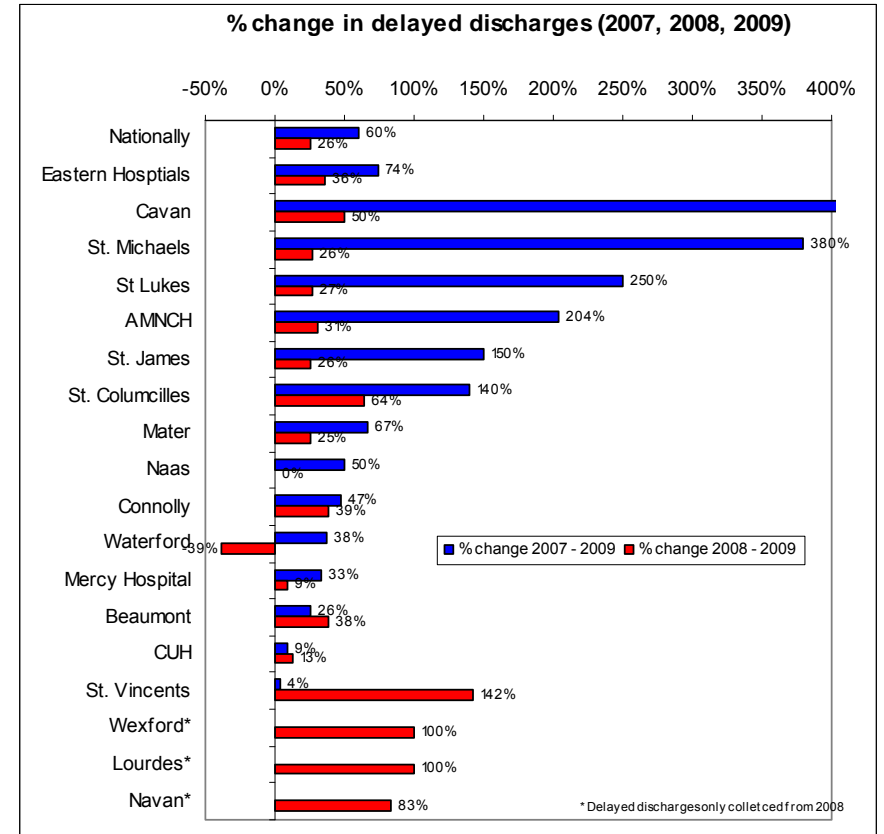
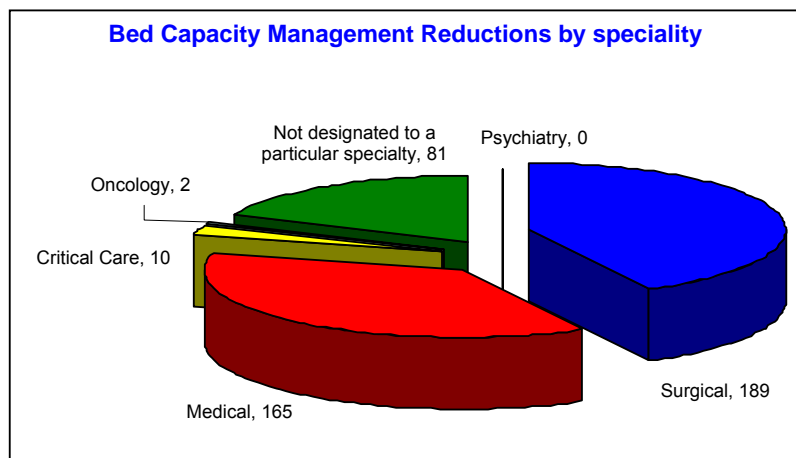
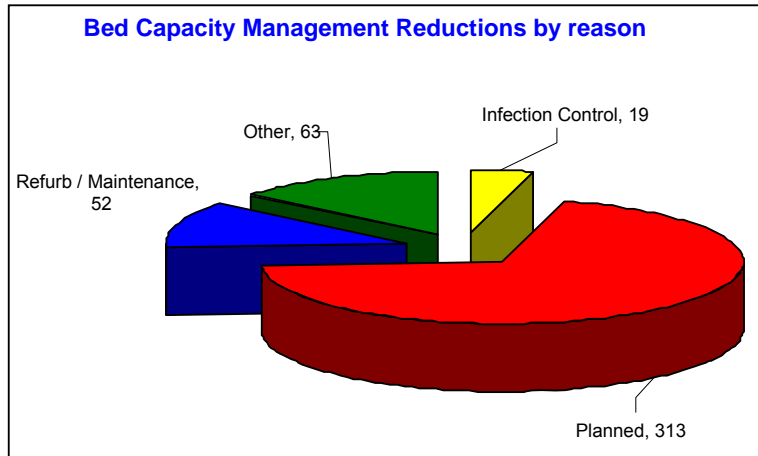
The figure on the right outlines the primary reason for the delayed discharge and what percentage of delayed discharges are located within the Eastern region or outside.



The figure on the right shows the growth (for nearly all hospitals) in delayed discharges since 2007. Hospitals with large numbers of delayed discharges have also seen a growth in the number of delayed discharges (e.g. AMNCH from 25 to 76; St. James from 68 to 170; Mater from 66 to 110). Eastern hospitals have seen a higher growth in delayed discharges compared to the national experience. There is as large a growth in patients under 65 years as patients over 65 years being delayed during discharge. Such younger patients can be delayed due to the need to access rehabilitation options.

Bed Capacity Management

Hospital Bed capacity management and shifting the emphasis to community care is a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions stratified across all hospitals as outlined below.



New Hospital Referrals (0-3 months)

The number of children and adults referred less than 3 months for inpatients was 1,068 and 6,630 respectively and for day cases was 1,256 and 13,126 respectively.

National Waiting lists (+3 months)

The number of children and adults referred more than 3 months for inpatients was 1,160 and 7,125 respectively and for day cases was 1,730 and 7,476 respectively.

Overall, the inpatient waiting list has decreased by 5% compared to 2008 and the number of patients waiting more than 6 months has decreased by 23%.

Winter Initiative Scoring Methodology

Average number of patients per day (*based on average 2pm daily census April 2009)

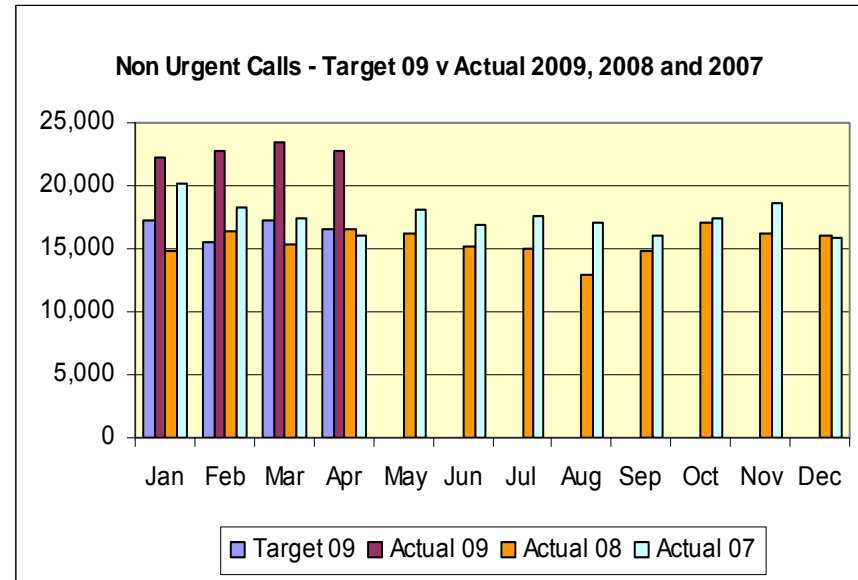
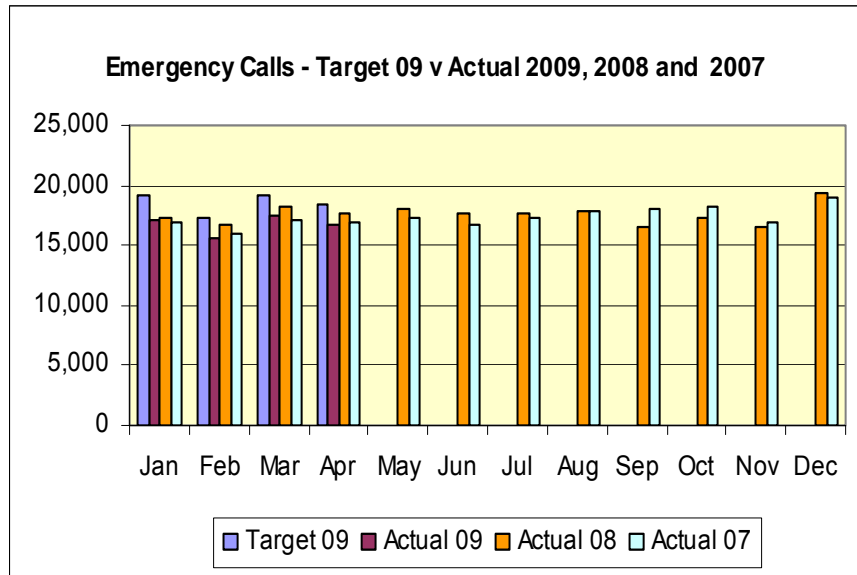
Green 0 patients

Orange < 1 patient

Red ≥ 1 patient

Emergency Department Admission Wait Numbers	Average Daily Emergency Attendance April 09	Average Daily Admissions April 09	0 to 6hrs*	6 to 12hrs*	12 to 24hrs*	> 24hrs*
Midland Regional Hospital - Tullamore	82	17	0	0.0	0.0	0.0
Nenagh General Hospital	33	6	1	0.0	0.0	0.0
Ennis General Hospital	44	5	0	0.0	0.0	0.0
St. Michaels Hospital DLaoire	46	4	1	0.0	0.0	0.0
St. John's Hospital - Limerick	51	6	0	0.0	0.0	0.0
South Infirmary - Victoria Hospital	66	10	0	0.0	0.0	0.0
Louth County Hospital	47	11	0	0.0	0.0	0.0
Letterkenny General Hospital	94	36	1	0.1	0.0	0.0
Sligo General Hospital	105	21	1	0.1	0.0	0.0
Longford/Westmeath Regional Hospital - Mullingar	104	24	1	0.2	0.0	0.0
Kerry General	99	24	0	0.0	0.0	0.0
St Luke's Hospital - Kilkenny	109	26	0	0.1	0.1	0.0
Waterford Regional Hospital	176	45	2	0.2	0.2	0.0
Portiuncula Hospital Ballinasloe	59	20	1	0.0	0.2	0.0
Cavan General Hospital	95	20	0	0.2	0.3	0.0
Mayo General Hospital	93	28	0	0.4	0.3	0.0
South Tipperary General Hospital	104	16	0	0.1	0.3	0.0
Midland Regional Hospital - Portlaoise	112	28	0	0.2	0.4	0.0
St. James Hospital	128	33	3	2.6	1.1	0.0
Cork University Hospital	162	42	2	1.0	1.0	0.0
University Hospital Galway	179	47	3	2.3	3.2	0.0
Regional Hospital - Dooradoyle	175	48	4	1.5	2.1	0.1
Wexford General Hospital	110	21	0	0.5	0.8	0.1
Roscommon County Hospital	42	13	0	0.3	0.2	0.2
Our Lady's Hospital - Navan	58	8	1	1.2	1.0	0.2
Naas General Hospital	73	21	1	2.3	4.4	0.4
Beaumont Hospital	133	31	2	5.8	9.9	0.6
Mercy Hospital	68	14	1	1.2	1.7	0.7
Mater Misericordiae Hospital	122	27	1	1.1	2.2	0.8
St. Columcilles Hospital	57	11	2	2.1	1.5	0.9
St. Vincents Hospital Elm Park	122	24	2	2.0	2.7	1.0
Our Lady of Lourdes	138	26	3	1.4	2.8	1.1
Connolly Hospital - Blanchardstown	91	20	3	3.7	4.0	1.8
Adelaide & Meath Hospital Inc NCH	120	37	2	3.9	7.1	2.4
Nationally	3,299	769	39	35	47.5	10.3

Ambulance



Section 4 – New Service Developments

New service developments are in the planning stage while awaiting sanction to proceed.

Key Result Area	Deliverable 09	Progress in Reporting Period		
PRIMARY CARE				
Immunisations	Full year costs to support the recent extension of the New Primary Childhood immunisation (PCI) schedule (€18m funded in 2008 towards programmes with a full year cost of €30m)	Awaiting sanction to proceed.		
	<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		
MENTAL HEALTH				
Suicide Prevention Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	Awaiting sanction to proceed.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€100,000	-	Q1–Q4	<i>WTEs ytd:</i>
Progressing Vision for Change	Programme 'Your Mental Health' further developed targeting whole population and specifically young people	Awaiting sanction to proceed.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€900,000	-	Q2	<i>WTEs ytd:</i>
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)	Awaiting sanction to proceed.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€500,000	-	Q2	<i>WTEs ytd:</i>
Child and Adolescent	Early intervention services for mental illness further developed (detail in the care group section)	Awaiting sanction to proceed.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€250,000	-	Q2	<i>WTEs ytd:</i>
Child and Adolescent	Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.	Awaiting sanction to proceed.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€1.05m*	35	Q2	<i>WTEs ytd:</i>
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>
	€2.8m (€1.75m once off)	35	-	<i>WTEs ytd:</i>

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

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

Key Result Area	Deliverable 09	Progress in Reporting Period	
NATIONAL CANCER CONTROL PROGRAMME			
Lung Cancer Services	Access to lung cancer surgery in 4 of the centres improved	At planning stage	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€3m	22	Q4
		<i>Funding spent ytd:</i>	0
		<i>WTEs ytd:</i>	Primary notification sought for posts. Form As submitted to NEMU for approval
Prostate Cancer Services	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased	At planning stage	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€3.4m	28	Q4
		<i>Funding spent ytd:</i>	0
		<i>WTEs ytd:</i>	Primary notification sought for posts. Form As submitted to NEMU for approval
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed	At planning stage	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€1m	8	Q4
		<i>Funding spent ytd:</i>	0
		<i>WTEs ytd:</i>	Primary notification sought for 8 posts. Form As submitted to NEMU for approval
National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed	At planning stage	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€1m	8	Q4
		<i>Funding spent ytd:</i>	0
		<i>WTEs ytd:</i>	0
National centre for pancreatic cancer	National centre for pancreatic cancer developed	At planning stage	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>
	€1m	8	Q4
		<i>Funding spent ytd:</i>	0
		<i>WTEs ytd:</i>	0

Key Result Area	Deliverable 09	Progress in Reporting Period			
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.	Contingent on new services being in place			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1m	14	Q4	<i>WTEs ytd:</i>	<i>0</i>
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.	At planning stage			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1.53m	-	Q4	<i>WTEs ytd:</i>	<i>Primary notification sought for GP post to assist in training</i>
Additional Patient transport support	Patient transport support scheme rolled out further.	New services to be in place before additional transport needs will be rolled out			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€500,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
NPRO Capital development plan	Phase 1 construction work continued in Beaumont and St. James's Hospitals	Phase 1 Construction work continues in Beaumont and St. James's. Target completion 2010			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1.7m	12	Q4	<i>WTEs ytd:</i>	<i>Primary notification sought for 10 posts to date. Form As submitted to NEMU for approval</i>
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.	Timescale Q 4			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€870,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€15m	100	-	<i>WTEs ytd:</i>	<i>Primary Notification has been sought for 82 posts to date. Form As submitted to NEMU for approval</i>

Key Result Area	Deliverable 09	Progress in Reporting Period			
INNOVATION					
Innovation Funding	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.

Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
CP 17 Corporate Quality and Safety (Risk)		
Serious Incident Management Reporting	<p>Implementation of incident management policy throughout the organisation and HSE funded health services including:</p> <ul style="list-style-type: none"> • Serious Incident Management Policy, Processes • Guidelines for Conducting Inquiries. • Development of a Serious Incident Database and dissemination of the learning from these serious incidents throughout the system. 	<p>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 April the total number of cases with the Serious Incident Management Team (SIIMT) was 32. This included 27 from PCCC and 5 from NHO. The SIIMT has oversight of these and the list is reviewed and updated after each meeting.</p> <p>Planning for Master classes has commenced.</p>
Commission on patient safety and quality	Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.	Department of Health and Children has established the implementation steering group.
Quality Improvement Plans	<p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <p>(a) Service reviews.</p> <p>(b) Investigations and our internal system analysis recommendations</p>	<p>National Template for Policies, Procedures, Protocols and Guidelines (PPPGs): Pilot of template completed in April 09. Feedback and evaluation currently in progress.</p> <p>Medical Devices Project: 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>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and will be available on line in May 2009.</p>
Corporate Risk Register	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. Internal Audit (Financial) and Quality and Risk Healthcare Audit of Corporate Key Risk Register (as of 31/3/09) commenced by Office of Quality and Risk and Internal Audit.

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below)	Consumer Affairs staff provided training at Induction days on the complaints process
User Involvement	National Strategy for User Involvement implemented.	<p>National guidelines for setting up and running consumer panels drafted.</p> <p>Proposed service user involvement training programme outlined and presented to 'Corporate Learning and Development'. HSEland.ie to be considered as a possible delivery mechanism.</p>

Key Result Area	Deliverable 09	Progress in reporting period
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	Work ongoing for ED and OPD onsite surveys. HSE Information Line evaluation in progress. Discussions are ongoing regarding proposed baseline survey of patients diagnosed with breast cancer.
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	Evaluation of 'Your Service Your Say' concept and webpage report completed. Report on latest developments published in 'The Journal of the Health Management Institute of Ireland'. Presentation on National Strategy for Service User Involvement delivered to Public Health Nurses DML. Promotion of Service User Involvement at Community Level: <ol style="list-style-type: none"> 1. Combat Poverty Agency Joint Funding Initiative site visits currently being completed and 'change hub' forum established as a virtual discussion forum for all projects involved. 2. Rialto Community Health Needs Report by Fatima Regeneration Project launched.

Performance Activity	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints							
No. of complaints	4,891			2,737		1,237	>100%
No. of complaints finalised within 30 working days	2,534			*2,123		627	>100%
HSE National Information Line							
Number of calls received	113,738			51,344		41,680	23%

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

Performance Indicator	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
No. of FOI requests received	4,232			1,735		1,134	53%

Erratum: ytd activity for March report should have read 1,267.

Section 6 – Specific Service Theme on Community Intervention Teams

Introduction

In 2005, the development of Community Intervention Teams (CITs) was initiated as a novel and integrated approach to both care planning and service delivery. This way of working is in line with the HSE's corporate objectives and commitment to support the drive towards local service integration. Our ultimate aim is to make it easy for patients and clients to access all the care they need swiftly and with minimum inconvenience. With integration, the services that patients and clients need and the professionals who provide them, should be well connected together. Delays should be minimised whether one service is required or the advice and care of multiple health and social care professionals is needed.

The growth in population, coupled with increased life expectancy, an increase in the number of people with chronic illness and the current challenges in the provision of adequate bed stock in the acute sector, require a range of responses. The prevention of hospital avoidance and the promotion of capacity building in the community so that patients can be cared for at home in their community, is core to service integration and has, through similar models internationally, demonstrated a reduction in the burden of acute admissions without reducing quality of care or patient satisfaction.

What is the purpose of the CIT service?

The purpose of the CIT service is to provide a rapid response to patients from community services where it is deemed medically suitable that their treatment of care can be provided in a home setting so that:

- Unnecessary referrals to emergency departments (EDs) and/or hospitals can be avoided.
- Patients can be cared for at home in their community, where most prefer to stay.
- Early discharge from hospital can be facilitated.

The development of CITs was as a result of the challenged capacity of mainstream services to provide an immediate response to patients in the community, particularly the elderly and those with a disability, who present with new or enhanced needs.

How does the service work?

CITs consist of teams of health professionals (general nurses, public health nurses, home help services), which can be accessed by participating GPs and EDs. This staffing complement is spread over a seven-day service, between the core hours of 8am and 10pm.

Patient clinical care is determined by the patients GP and/ or hospital Consultant (i.e. IV therapy; IV antibiotics; wound dressings; home support etc). Patients who are medically assessed and deemed to be suitable for care in their own home are referred to the Team who deliver this clinical care to the patient in his/ her own home. Referrals can be made by GPs or hospitals, in particular ED departments and hospital wards. Referrals can also be made from the health professionals in the community.

Following the CITs acute intervention, the transfer of care to generic community services (i.e. GP, Nurse, Home Help etc) will then take place following an assessment of the patient and a decision that this is appropriate. There are currently **four CIT services** nationally. The first CIT was launched in Cork in May 2006, while the Limerick and Dublin North services commenced in early November 2006. The Dublin South service came into operation in mid-December 2006.

Illnesses/ conditions successfully managed through CITs

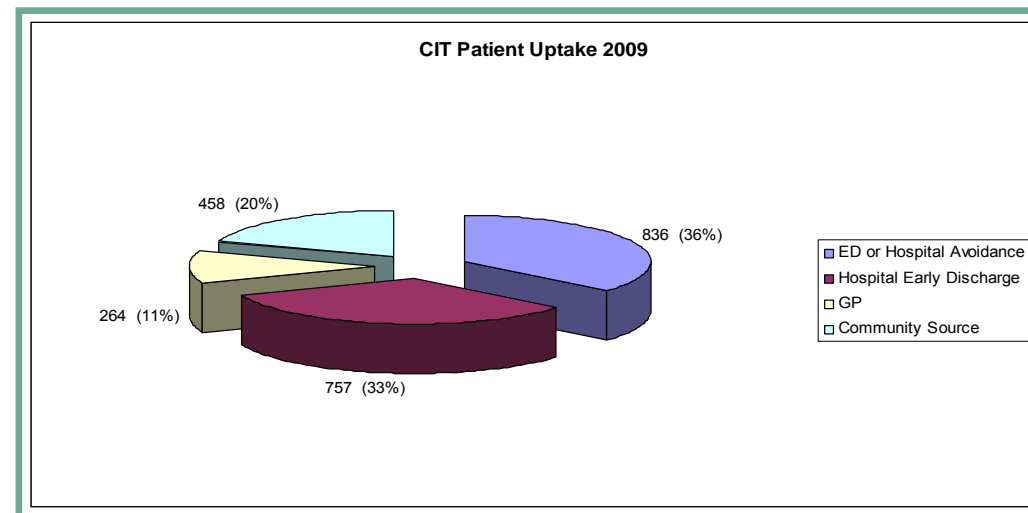
- | | | |
|--|--|---------------------|
| • Falls with fractures or other injuries | • IV therapy | • Re-hydration |
| • Catheter problems | • Chest Infection | • Diabetes |
| • Minor injury | • Exacerbation of asthma/ chronic obstructive pulmonary disease (COPD) | • Pain management |
| • Some palliative care services | • Pneumonia | • Oncology (cancer) |
| • Wound management | | |

How are we doing?

Between January 2007 and December 2008 a total of 8,747 patients were treated by the four CIT services. In 2009 (as at 10th May), a further 2,315 patients were treated. For the first quarter of 2009 1,502 patients were seen compared to 1,410 for the same period last year, an increase of 7%. This is partly as a result of a growth in capacity within the teams, particularly in Dublin, made possible through innovation funding allocated in 2008. This has allowed the CIT service in the greater Dublin area to increase its service to the six acute hospitals and 10 Local Health Offices. This has increased the level of throughput by approximately 40 clients each week since the enhanced service commenced. As well as extending the catchment area of the CITs, the enhanced service has also extended the range of clinical conditions accepted by the service.

A breakdown of referral by source for these 2,315 patients seen between January 1st and May 10th 2009 clearly demonstrates the CIT contribution towards early discharge from hospital and admission avoidance.

- 836 patients (49%) were accepted following referral from EDs or hospital avoidance
- 757 patients (33%) were accepted by CITs on their early discharge from hospital
- 264 patients (11%) were accepted by CITs following referral by their GP
- 458 patients (20%) were accepted by CITs following a referral from the community (for example a Public Health Nurse).



Practical examples of how CIT services meet the objectives of the HSE's Corporate Plan objectives and Transformation Programme:

Unnecessary referrals to EDs and/or hospitals can be avoided:

A patient has a suprapubic –catheter which is either blocked or is leaking - previously this patient had to attend ED for corrective action. Now that CIT nurses are trained to deal with this issue, the CIT service can be provided, saving a trip to ED and the associated disruption to care, potential patient distress and discomfort, and the use of acute hospital resources.

Patients can be cared for at home in their community, where most prefer to stay:

A patient has a leg ulcer which requires daily attention – previously this patient had to stay in hospital to have the ulcer dressed on a daily basis. Now that the CITs provide wound clinics and leg ulcer clinics, this function can now be carried out at the patient's home or in the community, with a consequent improvement in comfort and convenience for the patient and a saving in the acute hospital resource.

Early discharge from hospital is facilitated:

A patient has commenced IV therapy in an acute hospital. Previously this patient's course of treatment could only be managed in hospital, but with the commencement of the CIT service, they can be assessed for home nursing and if deemed suitable, be discharged to the CIT service on I.V. therapy. The remainder of treatment is carried out by the CIT service. For example, since the introduction of this service in Tallaght Hospital in December 2008, 76 clients have been seen by the CIT service which is estimated to have saved 300 bed days.

Accessing the CIT service

The CIT service engages with the acute hospitals by making and receiving phone calls on a regular basis throughout the day to determine suitable clients for the service. There are also weekly meetings with senior managers in each hospital to develop services and ensure that maximum activity is utilised.

GPs are also encouraged to refer patients to the service and are making increasing use of the CITs as appropriate for patients who would otherwise be in hospital. It is expected that the percentages of patients referred by their GPs will rise with the continuing shift from an acute-based model of care to a community-based model.

Where are we going?

Since the establishment of the CIT service in 2005, the teams have engaged in a process of consolidation which has increased capacity and broadened experience.

The HSE has committed to configure Primary, Community and Continuing Care services to deliver optimal and cost effective results.

Since 2005, the HSE has been working to reconfigure resources to provide a significant range of client services within local communities, as close as possible to people's homes, while maintaining high quality and safety standards. The continued focus on the development of Primary Care Teams (PCTs), servicing a defined population within a given network means that the emphasis is on local delivery, met by local multidisciplinary teams and local diagnostic services.

The target for 2009 is to have 210 PCTs in place nationally with a further 100 teams in development. Work continues on the reconfiguration of existing services that support PCTs and expand/ augment services in the community. CITs and PCTs are ideal partners in this process as a range of therapy professionals can be closely associated with members of the CIT team to ensure that integrated care, meeting the needs of patients who are availing of the CIT service, becomes the norm. Implementation of the Extended Working Day Agreement will also have a positive impact on this.

PCTs will strongly complement the work of the established CITs and facilitate the creation of new CITs, better ways of working, improvements in patient outcomes, increased staff and patient satisfaction and value for money. More robust monitoring of activity and performance through improved collection of statistical information is facilitating improved planning and the development of PCTs in areas where CITs are based.

Location of Four Established CITs**CIT Dublin North**

This service operates from 8am to 10pm, seven days a week. The acute hospitals that it services are Beaumont Hospital, Connolly Hospital and Mater Hospital. The community care areas that it covers are Dublin North Central, Dublin North and Dublin North West. (3 LHOs) The service provides a wide range of services including I.V. therapy, minor injury/general nursing and palliative care.

CIT Dublin South

This service operates from 10am to 12 midnight, seven days a week. The acute hospitals that it services are St. James Hospital, St. Vincent's Hospital and Tallaght (AMNCH) Hospital. The community care areas that it covers are Dublin South City, Dublin South West, Dublin West and Dublin South East. (4 LHOs) The service provides a wide range of services including I.V. therapy, wound clinic, general nursing and palliative care. A wound and dressing clinic is provided from the service base in Rathmines.

CIT Limerick

This service operates from 8am until 12 midnight, seven days a week. The acute hospitals which it services are Limerick Regional Hospital, St. Johns Hospital, Croom Orthopaedic Hospital and Milford Hospice. The service operates within a 19 mile radius and the community care areas that the service covers are Limerick, East Limerick and North Tipperary (3 LHOs). The service provides a wide range of services including general nursing, palliative care and anti-coagulation services. Discussions are ongoing with the acute hospitals to introduce a pilot scheme for I.V. therapy.

CIT Cork

This service operates from 8am until 12 midnight, seven days a week. The acute hospitals that it services are Cork University Hospital, Mercy University Hospital, South Infirmary/ Victoria Hospital and Bon Secours Hospital. The service operates within a 10 mile radius and the community care area that the service covers are North Lee and South Lee. (2 LHOs) The service provides a wide range of services including general nursing, palliative care and anti-coagulation. Discussions are ongoing with the acute hospitals to introduce a pilot scheme for I.V. therapy.

Appendix 1 – Vote Data

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

(As at 8th June 2009)

1. Vote Position at 31st May 2009

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

Vote May 2009	REV Allocation	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over Under) €000
Gross Current Expenditure	14,599,588	1,208,119	1,224,964	16,845	6,194,912	6,262,549	67,637
Gross Capital Expenditure	410,263	28,718	45,237	16,519	209,582	226,095	16,513
Total Gross Vote Expenditure	15,009,851	1,236,837	1,270,201	33,364	6,404,494	6,488,644	84,150
Appropriations-in-Aid							
- Receipts collected by HSE	-1,046,988	-106,635	-108,656	-2,021	-370,351	-372,887	-2,536
- Other Receipts	-2,330,275	-105,009	-107,000	-1,991	-557,349	-544,305	13,044
- Total	-3,377,263	-211,644	-215,656	-4,012	-927,700	-917,192	10,508
Net Expenditure	11,632,588	1,025,193	1,054,545	29,352	5,476,794	5,571,452	94,658

Gross current expenditure is €68m over profile (€51m over profile in April).

Appropriations-in-Aid¹ are under profile by €11m (€15m under profile in April).

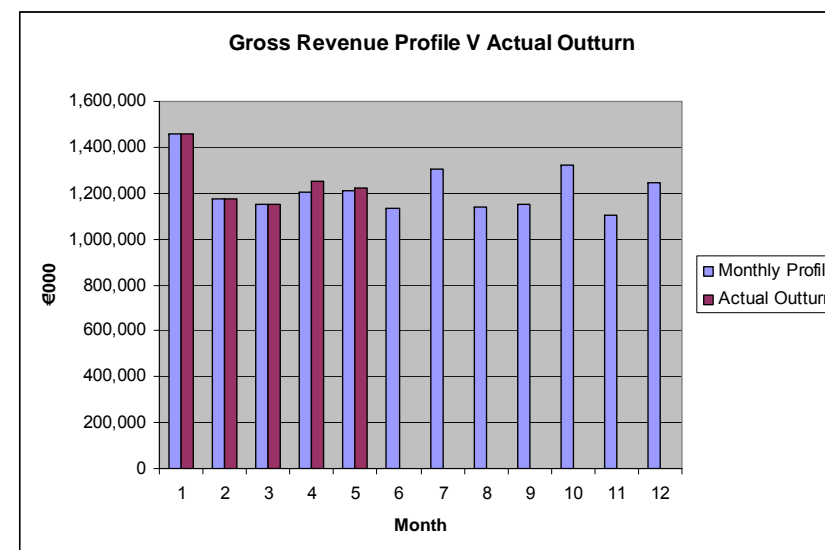
Gross Capital expenditure is €17m over profile (on profile in April).

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

(i) The Vote issues return (against REV Allocation) submitted on 25th May 2009 declared a gross revenue overspend of €66m. Following “go live” of the Vote CRS system, April I&E expenditure has now been reconciled to April Vote expenditure resulting in some minor changes to the April Vote expenditure figures.

(iii) The shortfall in Appropriations in Aid has increased from €8m per the issues return to €11m in the expenditure return. This is due to a shortfall in projected miscellaneous receipts.

¹ Revenue and Capital Appropriations-in-Aid.



3. Capital

Subhead C1 Construction

The HSE is €18.683m ahead of the cumulative cash profile on subhead C1 for the five months ended 31 May 09.

A number of capital projects are ahead of schedule including the community nursing units (7), the completion of the Accident and Emergency Unit at Our Lady of Lourdes Hospital, Drogheda and the construction of the ward element at this hospital. In addition, the HSE has front loaded grant payments on mental health projects to date.

Subhead C3 ICT

ICT cash issues are within profile for the period Jan-May. Past experience shows ICT spend is weighted towards the later part of the year. Therefore 85% of the 2009 allocation is profiled in the period July-Dec.

Subhead B13 Dormant Accounts

Dormant Accounts expenditure is within profile for the period.

4. 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 €97m at 31st May 2009. This is before any potential shortfall in Appropriations in Aid.

5. Emerging Issues by Vote Subhead at end May 2009

- The statutory sector is €45m over profile at 31st May 2009 (€37m over profile in April), the voluntary sector is €25m over profile at 31st May 2009 (€10m over profile in April) and the Medical Card Services and Community Drugs Schemes are €7m over profile at 31st May 2009 (€6m over profile in April). The Long-Stay Repayment Scheme is €9m under profile (€2m under profile in April). 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 €13m under profile due to a shortfall in Social Insurance Refund Receipts (€15m in April). 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 increases in the Health Levies. No information is available at this time in relation to the accuracy of this estimate.
- The cumulative REV profile to 31st May 2009 includes €91m in respect of the pension levy. The return above includes an estimate of €91m in receipts. Arising from the changes announced in the Supplementary Budget in April the budgets for the pension levy have been finalised and notified to the relevant areas. However, 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.

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

(as at 8th May 2009)

1. Vote Revenue Position at 30th April - Based on Revised Estimates Volume (REV) Allocation

The table below is based on the allocation per the REV which was published on 23rd 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
Total Gross Vote Expenditure	15,009,851	1,228,761	1,279,547	50,786	5,167,657	5,218,443	50,786
Appropriations-in-Aid							
- 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
- Total	-3,377,263	-215,182	-200,662	14,520	-716,056	-701,536	14,520
Net Expenditure	11,632,588	1,013,579	1,078,885	65,306	4,451,601	4,516,907	65,306

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

Appropriations-in-Aid² 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 (24th April 2009)

2. (i) The Vote issues return (against REV Allocation) submitted on the 24th April 2009 declared a gross revenue overspend of €30m. The increase in the overspend to €51m arises as actual bank balances at 30th 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) 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.

² Revenue and Capital Appropriations-in-Aid

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 30th 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.

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 finalised.

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 Subhead³ at end April 2009

The statutory sector is €37m over profile at 30th April 2009, the voluntary sector is €10m over profile at 30th April 2009 and the Medical Card Services and Community Drugs Schemes are €6m over profile at 30th 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 30th April 2009 includes 50m in respect of the pension levy. Initial estimates for the receipts collected since 1st 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.

³ Source – Monthly Vote Returns: Responsibility – Vote and Treasury