



Annual Output Statement 2009 For Health Group of Votes

11th June, 2009

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1. Summary Statement – Votes 39, 40 and 41

The overall aim of this Vote Group is to provide health and personal social services to improve the health and well being of the people of Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery and high performance. The money voted goes to the Department of Health and Children (Vote 39), the Health Service Executive (Vote 40), and the Office of the Minister for Children and Youth Affairs (Vote 41).

- The Department of Health and Children has responsibility for the overall organisational, legislative, policy and financial accountability framework for the health sector.
- The Health Service Executive is responsible for the management and delivery of health and personal social services within available resources.
- The Office of the Minister for Children and Youth Affairs brings together functions relating to children and their well being, along with policy functions on Youth Justice and Early Years Education.

This Output Statement is the third of its kind attempting to match outputs and strategic impacts to financial and staffing resources for the financial year. The Statement also reports on outputs achieved for 2008.

No.	Programme	High Level Objective	Impact Indicators
1	Policy and Corporate Support	To provide policy, performance, legislative, planning and governance support to the Minister and Ministers of State, which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.	<ul style="list-style-type: none"> ▪ A modern policy, legislative and regulatory framework; ▪ Responsive high-quality services to the Oireachtas and adherence to statutory and international obligations; ▪ Robust performance management systems which deliver information on inputs (funding and numbers employed) and outputs and outcomes; ▪ Effective cross-sectoral actions which target health determinants and health inequalities; ▪ Improvement in processes dealing with setting and monitoring of standards, managing and learning from serious incidents and prevention and control of infection leading to a safer healthcare environment.
2	Children, Young People and Families	To promote and protect the health and well being of children, young people and families.	<ul style="list-style-type: none"> ▪ Number of children in residential care reduced to not more than 7% in out of home care; ▪ Increase the number and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995; ▪ Improve the quality and efficiency of existing youth work programmes, services and initiatives through the roll out of the Quality Standards Framework; ▪ Number and % of children in care who have an allocated social worker.
3	Primary Care	To ensure the provision of a broad spectrum of integrated, locally-based, accessible services as the first point of contact for people with the health system which, combined with improvements in income, employment, education	<ul style="list-style-type: none"> ▪ Improved management of chronic diseases as evidenced by the roll-out of chronic disease management programmes and the number of people covered by such programmes; ▪ Achievement against target uptake rates (94% in 2009) for all primary childhood immunisations for children at 24 months of age.

		and housing, will deliver significant health improvements and reduce health disparities over the longer term.	<ul style="list-style-type: none"> ▪ No. of Primary Care Teams holding clinical team meetings ▪ 2008 GP Out of Hours contact levels maintained.
4	Acute Hospitals	To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.	<ul style="list-style-type: none"> ▪ % of day case surgeries as a % of all activity (ie day case plus inpatient) for a specified basket of procedures increased to 55% in 2009 (from 52% in 2008) ▪ Average length of stay for all inpatient discharges and deaths decreased to 5.9 days in 2009 (from 6.2 in 2008); ▪ More equitable access for public patients to public hospitals; ▪ Emergency Department turnaround times: all patients treated and discharged or admitted within 6 hours of registration; ▪ Reduction in MRSA Rates.
5	Cancer Control	To reduce cancer incidence, morbidity and mortality relative to other EU countries and to provide quality assured cancer services.	<ul style="list-style-type: none"> ▪ 1 year survival rate for lung cancer; 5 year survival rates for breast, colorectal, prostate and cervical cancer; ▪ Reduction in the number of centres providing services for breast cancer from 13 to 8; ▪ Reduction in the number of centres providing services for lung cancer surgery; prostate cancer and rectal cancer to 4; ▪ % of cases compliant with HIQA standard of 2 weeks for urgent referrals for symptomatic breast cancer (Target 95% in 2009).
6	Disability	To help people with disabilities to achieve their full potential including living as independently as possible.	<ul style="list-style-type: none"> ▪ Appropriate access to specialist health and personal social services for people with a disability; ▪ Assessments of need and service statements provided for children under five in accordance with the Disability Act, 2005.
7	Mental Health	To promote mental health and provide appropriate support to, and interventions for, people with mental health problems.	<ul style="list-style-type: none"> ▪ Progress on implementation of A Vision for Change as evidenced by reports of the Independent Monitoring Group; ▪ A reduction in the levels of suicide by 10% by 2010 (based on 2005 figures) and repeated deliberative self-harm by 5% by 2010 and a further 5% by 2016; ▪ Reduction in number of acute in-patient beds and commensurate development of mental health teams in the community; ▪ Reduction in in-patient re-admission rates to acute units per 100,000 population.
8	Older People	To enhance the quality of life of older people and to support them in their homes and communities and, where this is not possible, to provide them with access to appropriate residential accommodation.	<ul style="list-style-type: none"> ▪ Number of people over 65 in long term residential care (target – no more than 4.5%, reducing to 4% by 2016). Not more than 10% of people over 75 in long term residential care.

2. Total Budget for Ministerial Vote Group - Votes 39, 40 and 41

The spending for the Department, the Health Service Executive and the Office of the Minister for Children and Youth Affairs is financed through Votes 39, 40 and 41, and is funded by the Exchequer and by revenue from approved sources. It is made up as follows:

	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Net Voted expenditure*	1,3538	13,854	12,566	- 9
Appropriations in Aid*	2,622	2,290	3,391	48
Gross Voted Expenditure*	16,160	16,144	15,957	- 1
Non-Voted (State source)				
Total Gross Expenditure				
Of which – Exchequer Pay				
No. of Public Service Employees	111,552.31 ¹			

* As in Revised Estimates Volume

¹ Does not include staff in agencies funded by the DOHC with the exception of Office of the Minister for Children and Youth Affairs; Adoption Board; Office of the Ombudsman for Children; Disability Appeals Office; Health Repayment Scheme Appeals Office.

3. Breakdown of Total Gross Expenditure by Programme

Introduction

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
1. Policy and Corporate Support	264	245	236	-4
DoHC	264	245	236	
2. Children, Young People and Families	1427	1395	1129	-19
HSE	720	667	668	
DoHC	11	10	9	
(OMCYA)	696	718	452	
3. Primary Care	3796	3875	4223	9
HSE	3751	3831	4179	
DoHC	45	44	44	
4 + 5 Acute Hospitals (including Cancer Control)	5592	5756	5670	-2
HSE	5416	5587	5497	
DoHC	176	169	173	
6. Disability	1742	1650	1618	-2
HSE	1733	1640	1610	
DoHC	9	10	8	
7. Mental Health	1190	1110	1076	-3
HSE	1168	1093	1056	
DoHC	22	17	20	
8. Care of Older People	2149	2113	2005	-5
HSE	2142	2108	2000	
DoHC	7	5	5	
Total Gross Programme Expenditure	16,160	16,144	15957	-1

It should be noted that the expenditure by programme does not reflect the full extent of spending on each care group. For example, funding for the programme Care of Older People reflects only the direct expenditure in this area. It takes no account of the substantial expenditure on older people under the programmes Acute Hospitals, Cancer Control and Primary Care. The same applies to the programmes – Disability, Mental Health and Children, Young People and Families.

4. Individual Details for each Programme

Programme 1 – Policy and Corporate Support

To provide policy, performance, legislative, planning and governance support to the Minister and Ministers of State, which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

Key Strategies

- To provide a policy, legislative and regulatory framework that helps protect the interests of service users and supports practitioners in working to the highest standards.
- To support the Minister in her accountability to the Oireachtas and in this regard to develop and refine a system of performance evaluation which helps the Minister to measure the performance of the health system.
- To negotiate and report on the Health Group of Votes and analyse financial and service outturns, including value for money and adherence to governance and accountability standards.
- To progress the overall patient safety agenda through a number of specific internal initiatives and the continued development and strengthening of the role of the Health Information and Quality Authority.
- To develop a strong research capability in the health sector; to ensure the fullest possible involvement by Ireland in the work of the European Union, the World Health Organisation and other international health bodies in the area of health and children and to progress closest possible co-operation with Northern Ireland.

Impact Indicators

- A modern policy, legislative and regulatory framework;
- Responsive high-quality services to the Oireachtas and adherence to statutory and international obligations;
- Robust performance management systems which deliver information on inputs (funding and numbers employed) and outputs and outcomes;
- Effective cross-sectoral actions which target health determinants and health inequalities;
- Improvement in processes dealing with setting and monitoring of standards, managing and learning from serious incidents and prevention and control of infection leading to a safer healthcare environment.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current				
(a) Inquiries, Medical Indemnity and Legal (incl. Hep C)	148	138	137	-1
(b) Research, Science and Technology	53	52	40	-23
(c) International, Information, etc	5	4	5	25
- Capital	13	13	13	0

Administration and other support ¹				
- Pay	35	32	35	9
- Non-Pay	10	6	6	0
Total Gross Programme Expenditure	264	245	236	-4
No. of Staff employed on Programme (whole time equivalents) as at end year	527.31*		522.58* (as at 31 May, 2009)	
<ul style="list-style-type: none"> • Civil Servants • Other public servants 				

*This number is made up of WTEs as follows: core Department 411.56; Office of the Minister for Children and Youth Affairs 63.9; Adoption Board 31.85; Office of the Ombudsman for Children 10.00; Disability Appeals Office 4.00; Health Repayment Scheme Appeals Office 6.00.

Outputs

Area	2008 Output Target	2008 Output Achieved	2009 Output Target
Legislation: No. of Bills published (See appendix 1 for details)	Further progress the legislative programme, including 9 Bills.	Target exceeded. 3 additional Bills enacted and 2 Bills published.	Publish and work towards enactment of 6 Bills and further progress the legislative programme including 8 additional Bills.
Supporting the Minister	Respond to an estimated 6,000 PQs, 8,000 Ministerial representations and 140 Dáil and Seanad Adjournment Debates. Give evidence to meetings of Oireachtas Committees (22 in 2007), and prepare Order of Business notes, briefs, speeches and attend meetings as required.	Target exceeded. 6137 PQs; 8097 Ministerial representations; 118 Adjournments selected. All requests from Oireachtas Committees met. 191 Leader's Question Notes prepared. All requests for speech/briefing material met.	6,000 PQs; 8000 Ministerial representations; 120 Dail and Seanad Debates. Approx. 200 requests for Leader's Questions Notes. Attend meetings of Oireachtas Committees (20). Support work of the Senior Officials Group on Health (8 meetings) and the Cabinet Committee on Health (8 meetings). 1500 briefs, over 500 ministerial speeches, over 200 Press Releases/ Statements and 300 press contacts per week.
Performance Evaluation	Continued monitoring of the HSE National Service Plan 2008. HSE Code of Governance approved.	Target exceeded. Improved cross divisional analyses of HSE monthly reports. Improved Performance Indicators developed on a collaborative basis for National Service Plan 2009. HSE Code of Governance approved. HSE Corporate Plan 2008-2011 approved. A significantly improved HSE	HSE Corporate Plan 2008 – 2011 and HSE National Service Plan 2009 monitored. NSP 2010 approved. Annual Report 2008 laid before both Houses of the Oireachtas.

	National Service Plan 2009 approved. HSE Annual Report and Annual Financial Statement, 2007 laid before the Houses of the Oireachtas.	VFM Framework for the Health Services monitored
Progress on the development of an overall performance framework.	Target achieved. Performance evaluation framework for the health sector progressed, including the development of an information framework under the auspices of the Joint HSE/Department Performance Information Group	Develop a set of Performance Indicators to underpin the Performance Evaluation Framework for the health sector.
HIQA's Corporate Plan 2008-2010 approved and laid before the Oireachtas and its Business Plan for 2008 agreed and monitored.	Target exceeded. HIQA Corporate Plan 2008-10, Business Plan 2008 and Code of Governance approved. System for HSE management of serious incidents finalised and operational and new protocol in place for Department's handling of Patient Safety complaints. In addition, the Report of the Commission on Patient Safety and Quality Assurance was published in August 2008.	HIQA - Business Plan 2009 approved and Annual Report 2008 laid before Oireachtas. Completion and commencement of implementation of National Standards for Prevention and Control of Healthcare Associated Infections. Continued monitoring of healthcare associated infections. Commencement of Protected Disclosure provisions. Commencement of process of implementation of the recommendations of the Report of the Commission on Patient Safety and Quality Assurance, including licensing.
Progress the Data and Statistics Strategy for the Department. Health Statistics Report 08 and Health Statistics – Key Trends 2008 report published. Provision of improved Irish health data (health status, expenditure, resource utilisation, quality of care) to international bodies (e.g. OECD, EU, WHO) for purposes of availability of	Target achieved. The Health Information Inter-Agency Group (HIIAG) was established in 2008 to progress data and information developments and to set strategic direction for information and ICT. Health Statistics Report 08 and Health Statistics – Key Trends 2008 report about to be published. Improved Irish Health Data provided to relevant bodies.	OECD Health Care Quality Indicators data definitions and provision of data completed.

	internationally comparative data on health.		
	Employment control framework reviewed. Effective monitoring of employment levels in 2008. Deployment of numbers employed is integrated with service planning in line with Government priorities and budgetary allocations.	Target exceeded. Employment Control Framework reviewed for 2008 and implemented. Employment levels monitored in 2008. HSE within ceiling for most of 2008, including end year position. Progress made on greater integration between employment control, workforce planning and service planning in 2008. Tracking of 2008 development posts improved.	Employment Control Framework developed and monitored.
Intersectoral Working/Sectoral Policy Formulation	A structured, integrated chronic disease management framework has been developed and the Department will work closely with other Government Departments to address the prevention of chronic disease through the Cabinet Committee on Social Inclusion, Children and Integration.	Target achieved. Inter-sectoral Group on Obesity prevention established. Clinical guidelines for the integrated care of diabetes published. Framework for the development of a diabetic retinopathy screening programme published and pilot programme commenced.	<p>Progress report on the implementation of the Obesity Task Force Report, submitted to Cabinet Committee.</p> <p>Existing medical card eligibility criteria Review.</p> <p>Develop New Oral Health Policy.</p> <p>Publish New Cardiovascular Health Policy.</p> <p>Publish National Nutrition Policy.</p> <p>Progress implementation of palliative care policy.</p> <p>Develop new Positive Ageing Strategy.</p> <p>Formulate Action Plan for Health Research.</p> <p>Statutory Review of Health Sectoral Plan on Disability completed and published.</p>
	Ongoing support and co-ordination of National Children's Strategy Implementation Group (NCSIG) and Children's Services Committees (CSC).	Target achieved. Efficient support of NCSIG delivered. Four CSC workplans submitted; work on draft toolkit, common assessment frameworks, data protection all underway.	

	<p>Ongoing support and management of Prevention and Early Intervention Programme (PEIPC) Formal and informal networking of PEIPC projects and children/young peoples initiatives funded under the Dormant Accounts Jointly Funded Flagship Programme to draw out and share learning on efficacy of new child centred models of intervention.</p>	<p>Target achieved. Successful governance of programme, significant progress on implementation, learning re: procurement/evaluation/community engagement. Highly successful 2 day forum event held in Croke Park in May 2008 to actively support the networking of the many innovations currently taking place in the area of children's services.</p>	
<p>Office for Disability and Mental Health and Office for Older People</p>	<p>Offices established and Cross Department /Agency structures in place.</p>	<p>Target achieved. Offices have been established. Interdepartmental operational structures in place.</p>	

Programme 2 – Children, Young People and Families

To promote and protect the health and well being of children, young people and families.

Key Strategies

- To develop a policy and legislative framework which adequately supports the delivery of effective child care services for the welfare and protection of children and families; and the provision of quality childcare places in line with the National Childcare Investment Programme.
- To improve the lives of children and young people by bringing greater coherence to policy making through research, the involvement of children and young people in the decision making process and the development of models for targeted and rigorously evaluated innovative supports and services through inter-agency collaboration.
- To develop youth work policies and strategies and to support the youth work sector in providing effective non-formal educational and learning opportunities for young people through which they can develop and enhance their personal and social skills and competencies.

Impact Indicators

- Number of children in residential care reduced to not more than 7% in out of home care;
- Increase the number and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995;
- Improve the quality and efficiency of existing youth work programmes, services and initiatives through the roll out of the Quality Standards Framework;
- Number and % of children in care who have an allocated social worker.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	1266	1266	1028	-19
- Capital	123	94	65	-31
Administration and other support ¹				
- Pay	21	19	20	5
- Non-Pay	17	16	16	0
Total Gross Programme Expenditure	1427	1395	1129	-19
HSE	720	667	668	0
DoHC	11	10	9	-10
OMCYA	696	718	452	-37
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		1,010 ²	1,010 ²	0%

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC and OMCYA administrative resources are reflected in Programme 1.

² Employment data based on Dec 08. Data is provisional. Additional Children and Families staff are included in Primary Care staffing. See Section 5 for further details.

Outputs

Programme	2008 Output Target	2008 Output Achieved	2009 Output Target
No. of Children Supported in Residential Care	425 or less	Target achieved. 375	426
No. of Children Supported in Foster Care	4,850 or less	Target achieved. 4,766	4,726
No of child abuse reports responded to	20,000 (approx.)	Data on output 2008 will be available in September, 2009.	Target 2009 will be available in September, 2009
No. of placements of children in care	2,000 (approx.)	Data on output 2008 will be available in September, 2009.	Target 2009 will be agreed in September, 2009
Implementation of standardised referral assessment processes for child protection	To be tested in a number of implementation sites	Target achieved. Implemented in six Local Health Offices	Standardised business processes for child protection will be tested/rolled out in a number of implementation sites
No. of referrals to Springboard Projects	790	Target not achieved. 759	777
No. of referrals to Teen Parent Support Programme	1,200	Target achieved. 1,200	1,200
No. of referrals to Family Welfare Conference	440	Target not achieved. 401	444
No. of Family Welfare Conference Convened	227	Target not achieved. 215	227
No. of additional childcare places approved	11,000	Target not achieved. 7,500	5,000
No of children for whom payments have been made in respect of Early Childcare Supplement	430,000	Target exceeded. 436,000	360,000
Care Planning			Standardised Care Plan implemented
Research and Data			Continued roll-out of the National Longitudinal Study of Children in Ireland. Development of a National Data Strategy for Children.
Involvement of children and young people in decision-making that affects their lives.			Improved operation of, and support for Comhairle na nÓg, Dáil na nÓg and the Inclusion Programme.

Improved support for Play and Recreation			Development and implementation of a youth café programme.
Prevention and Early Intervention Programme			All interventions operational by mid-2009 and associated evaluations commenced soon after.
Children's Services Committees (CSCs)			Proposals for new CSCs evaluated and new sites established.
No. of Facilities and Service Projects supported under the Young People's Facilities and Services Fund*			10 facilities and 167 service projects supported.
Youth Affairs *			Consolidation of provision for youth work services and programmes for approximately 420,000 young people with the aim of maintaining the 2008 level of service provision. Phased implementation of the Quality Standards Framework across the youth work sector.

*Responsibility for the Young Peoples Facilities and Services Fund and Youth Affairs transferred to the OMCYA with effect from 1 January 2009. These functions were the responsibility of the Department of Community, Rural and Gaeltacht Affairs and the Department of Education and Science in 2008.

Programme 3 - Primary Care

To ensure the provision of a broad spectrum of integrated, locally-based, accessible services as the first point of contact for people with the health system which, combined with improvements in income, employment, education and housing, will deliver significant health improvements and reduce health disparities over the longer term.

Key Strategies

- To develop Primary Care Teams and Primary Care Networks in line with the Primary Care Strategy and the targets in Towards 2016;
- To improve the prevention and management of chronic diseases including diabetes, obesity and heart disease;
- To provide patients with reasonable and timely access to drugs and medicines and achieve value for money in the State's drugs bill consistent with patient safety and continuity of supply; and
- To improve the protection of public health by implementing a range of programmes in health promotion, immunisation against infectious diseases, food/water/air safety, screening and emergency planning.

Impact Indicators

- Improved management of chronic diseases as evidenced by the roll-out of chronic disease management programmes and the number of people covered by such programmes;
- Achievement against target uptake rates (94% in 2009) for all primary childhood immunisations for children at 24 months of age;
- No. of Primary Care Teams holding clinical team meetings;
- 2008 GP Out of Hours contact levels maintained.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	3544	3729	4085	9
- Capital	53	46	39	-15
Administration and other support ¹				
- Pay	110	48	48	0
- Non-Pay	89	52	51	-2
Total Gross Programme Expenditure	3796	3875	4223	9
HSE	3751	3831	4179	9
DoHC	45	44	44	0
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		16,325 ²	16,325 ²	0%

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC administrative resources are reflected in Programme 1.

² Employment data based on Dec 08 data. Data is provisional. See Section 5 for further details – the PCCC figure includes Community Care and Primary Care - additional HR reporting centres must be put in place &

populated in certain areas so as to disaggregate staff in other programmes such as Older People, Palliative Care, Children & Families, Disability Services etc. which are currently assigned to community care.

Outputs

Area	2008 Output Target	2008 Output Achieved	2009 Output Target
No. of Primary Care Teams Developed	87 teams from 2006 phase to be progressed to fully-functioning teams. Progress further PCT developments having regard to T2016 commitment and undertake review of the targets.	Target achieved. 93 teams holding clinical team meetings. 298.75 new frontline staff appointed. Reconfiguration of 566 existing staff. A further 117 teams at various stages of development.	210 PCTs in place 100 PCTs in development
Out of Hours GP service contacts	801,000	Target exceeded. 920,132	Maintain 2008 levels.
Chronic Disease Management	HSE will examine DoHC Chronic Disease Framework (published in April, 2008) to ensure that implementation plans are in place.	Target achieved. Clinical guidelines for the integrated care of diabetes published. Framework for the development of a diabetic retinopathy screening programme published and pilot programme commenced.	
General Practitioners – New Contractual Framework	Framework developed. Mechanism for engaging with relevant stakeholders defined and underway.	Target partially achieved. Framework drafted. Government announced on 21 October 2008 its intention to pursue appropriate amendments to Section 4 of the Competition Act 2002 to allow the principal GP representative body to represent its members in negotiations with the HSE & the Department.	Framework finalised. Mechanism for engaging with stakeholders defined, taking account of proposed statutory revisions. It is a matter for the Department of Enterprise, Trade and Employment to progress the issue of pursuing appropriate amendments to Section 4 of the Competition Act 2002.
Immunisation	Implement the revised Primary Childhood Immunisation Programme (PCIP)	Target achieved. Revised PCIP introduced in September 2008.	Maximise immunisation uptakes under PCIP. 88% of children 12 months of age vaccinated 94% of children 24 months of age vaccinated
Immunisation	Commence the Measles Elimination Campaign.	Target not achieved. However, HSE commenced	Commence Measles elimination campaign.

		MMR vaccination campaign in second level schools in April 2009 and provisional data in May shows that there was a 73% uptake among those students who were offered the vaccination. before the summer	
GMS and Community Drugs Schemes			Approx. 70 million prescribed items will be provided to eligible patients in 2009.
GMS and Community Drugs Schemes: No. of persons covered by a GP Visit Card			Approx 142,000 persons covered
GMS and Community Drugs Schemes: No. of persons covered medical cards			More than 1.4m persons covered by medical cards
Pharmacy/drugs	Revised wholesaler arrangements to be implemented with effect from 1 March. New contract framework and associated documentation finalised.	Target not achieved. Revised rates implemented for 6 months, but reversed by High Court.	Examine and recommend appropriate wholesaler rate through Clause 12.1 consultation process on pharmaceutical pricing.
	Mechanism for engaging with relevant stakeholders defined and in progress.	Target partially achieved. Ongoing	To be considered in context of Financial Emergency Measures in Public Interest Act, 2009
Governance	Development of drugs schemes reform agenda, in conjunction with pharmacy contract, and consistent drugs procurement arrangements.	Target achieved. Price cuts under the IPHA and APMI agreements implemented and savings achieved.	Price cuts of 15% from 1/1/09
	A review of the Demand Led Schemes will be carried out.	Target partially achieved. Ongoing.	Review of Demand Led Schemes to be completed.
	Formulate new approaches to prescribing incentivisation in broader context of GP contract review.	Target achieved. Group chaired by Dr M Barry reported in December, 2008 with recommendations on economies in drug usage.	Implementation of recommendations ongoing.

Programme 4 – Acute Hospitals

To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

Key Strategies

- Re-configuration of existing services to ensure the delivery of higher quality and more efficient services;
- Ensuring that acute hospital services are accessible to all members of the community regardless of income or place of residence;
- Ensuring that acute hospital services are integrated with primary, community and continuing care services.

Impact Indicators

- % of day case surgeries as a % of all activity (ie day case plus inpatient) for a specified basket of procedures increased to 55% in 2009 (from 52% in 2008);
- Average length of stay for all inpatient discharges and deaths decreased to 5.9 days in 2009 (from 6.2 in 2008);
- More equitable access for public patients to public hospitals;
- Emergency Department turnaround times: all patients treated and discharged or admitted within 6 hours of registration;
- Reduction in MRSA Rates.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	5044	5183	5172	0
- Capital	270	287	213	-26
Administration and other support ¹				
- Pay	153	156	157	1
- Non-Pay	125	130	128	-2
Total Gross Programme Expenditure	5592	5756	5670	-2
HSE	5416	5587	5497	-2
DoHC	176	169	173	2
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		53,146 ²	53,246 ²	0.1%

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC and administrative resources are reflected in Programme 1.

² Employment data based Dec 08. Data is provisional. Figure for 2008 includes staff in the National Cancer Control Programme. See Section 5 for further details. Figure for 2009 includes 100 WTEs representing 2009 development posts for the Cancer Control Programme.

Outputs

Area	2008 Output Target	2008 Output Achieved	2009 Output Target
No. of In-Patient Discharges	600,000	Target exceeded. 604,239	573,360
No. of Day Case Discharges	590,000	Target exceeded. 637,138	647,000
% of Day Case Surgeries as a % of all activity (day case plus inpatient) for a specified basket of procedures (incl General Surgery, ENT, Ophthalmology)		52%	55%
Average Length of Stay		6.1 days	5.9 days
No. of Bed Days Used		3.6m (approx.)	3.4m
% of Patients inappropriately placed on day of care		35%	30%
% of inappropriate admissions		10%	10%
No. of Out-Patient Attendances	Over 2.7 million	Target exceeded. 3.271 million	3.233 million
A & E Services: No. of people waiting more than 12 hours for admission following decision to admit	No one	Target not achieved. On average 71% (i.e. 24) of the 34 reporting hospitals were fully or substantially compliant with the target.	
Emergency Department Turnaround Times: % of People treated and discharged or admitted within 6 hours of registration			100%
No. of Emergency Department Presentations		1.223m	1.223m
New:Return ratio for non-chronic specialities (eg general surgery, ENT and orthopaedics)			1:2
National Treatment Purchase Fund - in-patient treatments - out-patient appointments	23,500 13,500.	Target exceeded. 23,927 Target not achieved. 12,342	20,875 5,600
Development of National Paediatric Hospital	Development progressed.	Target achieved. Development Board overseeing implementation. Development Brief	

		progressed and key staff appointments in place.	
Review of hospital reconfiguration in the North East	Reconfiguration project progressed.	Target achieved. Implementation plan prepared by HSE and communicated to stakeholders.	
Maternity Services	Review of maternity services in Greater Dublin area completed. Implementation Plan developed to take forward findings of review on a phased basis.	Target achieved. Review completed and findings presented to stakeholders. HSE co-ordinating implementation process.	
No. of Births			76,880
% of Births delivered by Caesarean Section			20% or less
Ambulance Service: No. of emergency calls	214,000	Target not achieved. 210,785	225,000
Ambulance Service: No. of Urgent Calls	63,000	Target not achieved. 61,852	68,000
Ambulance Service: No. of Non-Urgent Calls	192,000	Target not achieved. 186,680	202,000
Ambulance Service: No of new ambulances purchased	65	Target achieved. 51 Emergency Ambulances; 1 Paediatric Retrieval Unit; 10 Intermediate Care Vehicles; 21 Rapid response Vehicles.	

*Emergency – 999/112 calls with immediate response.

Urgent– Commissioned by a medical source, its urgent but not an emergency, the medical source identifies the timeframe for the response (usually 1 hour).

Non Urgent – Routine patient transport and inter-hospital transfers.

Programme 5 – Cancer Control

To reduce cancer incidence, morbidity and mortality relative to other EU countries and to provide quality assured cancer services.

Key Strategies

- To implement the National Strategy for Cancer Control;
- To maximise the prevention of cancer;
- To ensure that patients have equitable access to high quality diagnostic, treatment, palliative and supportive services.

Impact Indicators

- 1 year survival rate for lung cancer; 5 year survival rates for breast, colorectal, prostate and cervical cancer;
- Reduction in the number of centres providing services for breast cancer from 13 to 8;
- Reduction in the number of centres providing services for lung cancer surgery; prostate cancer and rectal cancer to 4;
- % of cases compliant with HIQA standard of 2 weeks for urgent referrals for symptomatic breast cancer (Target 95% in 2009).

Inputs

Financial Tables: *It is not yet possible to identify and quantify expenditure which is specific to cancer services. Accordingly, for this year, Cancer Control expenditure remains within the Acute Services financial tables.*

Outputs

Programme	2008 Output Target	2008 Output Achieved	2009 Output Target
BreastCheck Extension	Extended to Counties in the West and South	Target achieved. Extended to counties in West and South as planned. In 21 out of 26 counties by end 2008.	Screening extended to all remaining counties in the West and South.
Breast Check: No of women screened nationally	Over 90,000	Target exceeded. 90,335	140,000
CervicalCheck	To commence	Target achieved. Commenced 1/9/08	
CervicalCheck: No. of women to be screened based on an 80% target uptake rate	240,000	Target not achieved. 64,931(programme started later than expected).	240,000 (likely to be represented by 300,000 individual smear tests). Proposals developed for alternative smartaker models.
National Cancer Control Programme: transition of services to the designated breast cancer centres	60%	Target exceeded. 80%	100%
National Cancer Control	50%	Target achieved. 50%	90%

Programme: transition of services for site specific cancers other than breast to designated cancer centres			
National Framework for Quality in Cancer Control: Development of Quality Standards	Develop Quality Standards for site specific cancers other than breast	Target partially achieved. Quality Standards developed for Lung and Prostate Cancers. Standards for Brain and Rectal Cancers in the process of development.	Approval of Quality Standards for prostate and lung cancer. Completion of standards for Brain and Rectal cancer.
National Framework for Quality in Cancer Control: Service Plan Performance Indicators			Compliance with National Service Plan, 2009 Performance Indicators.
National Plan for Radiation Oncology: Increase of clinical capacity at St. Luke's Hospital, Dublin	20%	Target achieved. Two new and two replacement Linear Accelerators (LinAcs) provided at St. Luke's bringing total to 8 LinAcs from 6 (25% increase).	
National Plan for Radiation Oncology: Additional radiotherapy capacity	Progress through Public Private Partnership (PPP).	Target achieved. In progress – PPP advisers in position.	Progress development of facilities at St James's and Beaumont. (Phase 1). Public Service Benchmark carried out for PPP projects (Phase 2).
All Ireland-National Cancer Institute Cancer Consortium: No. of patients recruited to cancer clinical trials	1,000	Target exceeded. 917 patients on designated All-Ireland Co-Operative Oncology Research Group (ICORG) studies plus 652 patients on non-designated studies (total of 1,569).	Approx. 880 patients on ICORG studies and 626 patients on non-designated studies (total 1,505)
Subsumation of National Cancer Screening Service (NCSS) and National Cancer Registry into HSE's National Cancer Control Programme (NCCP)			Rationalisation process complete for NCSS to allow for subsumation on 1/1/2010. Rationalisation process well-advanced for National Cancer Registry to allow for subsuming in mid-2010.

Programme 6 – Disability

To help people with disabilities to achieve their full potential, including living as independently as possible.

Key Strategies

- The Government’s Disability Strategy, including the Disability Act 2005 and the provisions of the Department of Health and Children’s Sectoral Plan under the Disability Act.

Impact Indicators

- Appropriate access to specialist health and personal social services for people with a disability;
- Assessments of need and service statements provided for children under five in accordance with the Disability Act, 2005.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	1576	1485	1500	1
- Capital	77	81	33	-59
Administration and other support ¹				
- Pay	49	46	47	2
- Non-Pay	40	38	38	0
Total Gross Programme Expenditure	1742	1650	1618	-2
HSE	1733	1640	1610	-2
DoHC	9	10	8	-20
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		16,333 ²	16,423 ²	0.5%

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC administrative resources are reflected in Programme 1.

² Employment data based on Dec 08 data. Data is provisional. See Section 5 for further details. Figure for 2009 includes 90 WTEs for Disability, representing 2009 development posts.

Outputs

Programme	2008 Output Target	2008 Output Achieved	2009 Output Target
Disability Act 2005: protocols with Department of Education and Science for the referral of children under 5 for education services	Agree protocols.	Target achieved. Protocols agreed.	

Commencement of the Disability Act 2005 and the EPSEN Act 2004 in respect of children aged 5 – 18.	Prepare for parallel commencement of the Disability Act 2005 and the EPSEN Act 2004 in respect of children aged 5-18.	Target achieved. A Cross Sectoral Team comprising officials from the Department, the Department of Education and Science, the HSE and the National Council for Special Education has continued to work towards commencement although it was announced in Budget 2009 that this will be deferred.	
Disability Act 2005: Appointment of Appeals Officer	Arrange for the permanent appointment	Target achieved. Permanent Appeals Officer appointed and took up post on 5 August 2008	
Disability Act 2005: Submission of Annual Report	Annual Report to be submitted to the Minister by the HSE	Target partially achieved. Section 13 Annual Report has been completed and will be submitted to the Minister in due course.	
Disability Act 2005 Health Sectoral Plan	A 2 nd Review of Health Sectoral Plan on Disability will be carried out.	Target not achieved. Given the deferral of the further implementation of the Disability Act 2005 and the Education for Persons with Special Educational Needs Act 2004 and the pending statutory review as provided for in the Disability Act, it was decided not to complete the second Review of the Sectoral Plan.	
Disability Act 2005 Assessment of Need for Children under 5	140 multidisciplinary team posts filled to provide assessment and ongoing intervention services to children with a disability and in particular with reference to implementation of the Disability Act.	Target not achieved. 100.5 posts filled, remainder in train for recruitment.	2,100 assessments commenced and completed within timeline regulations. 1,995 service statements to be completed within timeline regulations.
Specialist services for			

people with an Intellectual disability:			
No. of residential places provided	Provide 200 additional places	Target achieved with the provision of 171 new residential places and 100 enhanced residential places	7,605 in total
No. of respite places provided	53 additional respite residential places	Target achieved with the provision of 50 new and 9 enhanced respite residential places	A total provision of 700 respite residential places
No. of day places provided	467 additional places	Target achieved with the provision of an additional 436 new and 33 enhanced day places	4,185 Sheltered work places
No. in other day services			9,251 day service places
Specialist services for people with a Physical and Sensory Disability:			
No. of residential places provided	80 additional	Target achieved through the provision of an additional 81 new and 23 enhanced residential places	914 total
No. of personal assistant/home support hours provided	200,000 additional	Target not achieved. 197,000 additional	3.2m hours in total
No. of persons with a disability in Rehabilitative training			2,800
No. of claimants in receipt of Domiciliary Care Allowance	This is a demand-led scheme.	23,092	25,000 – Allowance due to transfer to DSFA during 2009
Standards for Residential Services for Adults with Disabilities			Agreement reached with HSE and HIQA to implement standards on a non-statutory basis.
Value for Money & Policy Review (VFMPR) of Disability Services (including Voluntary Agencies)			Commence a VFM&PR of the efficiency and effectiveness of all disability services in the Republic of Ireland. Deliver an interim report by September 2009.

Programme 7: Mental Health

To promote mental health and provide appropriate support to, and interventions for, people with mental health problems.

Key Strategies

- To develop mental health services in line with the recommendations in *A Vision for Change*;
- To develop services to reduce levels of suicide and deliberate self harm in line with *Reach Out* - the Suicide Prevention Strategy.

Impact Indicators

- Progress on implementation of A Vision for Change as evidenced by reports of the Independent Monitoring Group;
- A reduction in the levels of suicide by 10% by 2010 (based on 2005 figures) and repeated deliberative self-harm by 5% by 2010 and a further 5% by 2016;
- Reduction in number of acute in-patient beds and commensurate development of mental health teams in the community;
- Reduction in in-patient re-admission rates to acute units per 100,000 population.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	1078	1011	1008	0
- Capital	52	42	12	-71
Administration and other support ¹				
- Pay	33	31	31	0
- Non-Pay	27	26	25	-4
Total Gross Programme Expenditure	1190	1110	1076	-3
HSE	1168	1093	1056	-3
DoHC	22	17	20	18
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		9,039 ²	9,074 ²	0.3% ²

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC and administrative resources are reflected in Programme 1.

² Employment data based on Dec 08 data. Data is provisional. See Section 5 for further details. Figure for 2009 includes 35 WTEs for Mental Health, representing 2009 development posts.

Outputs

Programme	2008 Output Target	2008 Output Achieved	2009 Output Target
Recruitment of additional	8 CAMHTS	Target partially achieved.	8 in place

Child and Adolescent Mental Health Teams (CAMHTs)	Waiting lists and waiting times targeted.	Recruitment for additional CAMHTs commenced and nearing completion	
	18 additional child and adolescent beds at St. Anne's, Galway; St. Vincent's, Fairview and St. Stephens Hospital Cork.	Target of 18 additional child and adolescent beds partially achieved as follows: <ul style="list-style-type: none"> • 4 beds operational on a needs basis at St. Anne's, Galway; • 6 bed unit completed St. Vincent's, Fairview. • 8 bed interim unit almost completed at St. Stephens Hospital Cork. 	Commission 8 interim beds at St. Stephen's Hospital, Cork and 6 beds in St. Vincent's Fairview.
	Construction commenced on two Units at Cork and Galway	Target not achieved. Construction commenced on 20 bed unit at Bessboro, Cork, early 2009. Contract awarded for 20 bed unit at St. Anne's Galway, early 2009.	Construction completed on 20 bed unit at Bessboro, Cork. Construction commenced on 20 bed unit in Galway.
Adult Mental Health Services: No. of admissions	No of admissions decreased by 1,000, with a corresponding increase in the number of attendances at out-patient clinics.	Activity statistics for 2008 not yet available: HRB report due in November, 2009.	
Reduction of involuntary admissions to Adult Mental Health Services	Work towards reducing involuntary admissions.	Target achieved. 6% reduction.	
Adult Mental Health Services:			Progress closure of psychiatric hospitals. Consistent with 'A Vision for Change', progress the reconfiguration of mental health services to community based settings, with a reduction in reliance on inpatient beds.
Mental Health Act 2001: tribunal hearings held for persons detained under the Mental Health Act 2001	2,250	Target not achieved. 2,096	Over 2,000
Forensic Mental Health	Provide Court Liaison	Target achieved. Court	Maintain Court Liaison

Services: Court Liaison Service	service (for prisoners on remand)	Liaison service at Cloverhill provided.	service at Cloverhill.
Forensic Mental Health Services: No. of psychiatric screenings	3,000	Target exceeded. In excess of 3,247	
Forensic Mental Health Services; No. of full assessments	300	Target exceeded. 641 full assessments, with a further 156 full assessments for District courts.	
Forensic Mental Health Services: No. of prisoners diverted to more appropriate settings	approx 100	Target achieved. 100	100
Forensic Mental Health Services: No. of (consultant led) sessions provided per week to prisons (within reach of Dublin)	20	Target exceeded. 20 consultant provided sessions. In addition many <u>consultant led</u> sessions are provided by senior registrars / registrars, and forensic community psychiatric nurses	18 consultant provided sessions provided
Forensic Mental Health Services: Review and maintenance of prisoners with a mental illness in a stable condition	Review and maintain prisoners with mental illness in a stable condition	Target achieved. 5 extra beds provided	Provide a further 5 beds.
Forensic Mental Health Services: Review of waiting lists for admission to the CMH	Review waiting lists for admission to the CMH.	Target achieved. Average waiting list reduced from 28 to 12 individuals	
Suicide Prevention: Reduce incidences of Suicide and repeated self harm	Targets to reduce Suicide and repeated deliberate self harm progressed.	Target achieved. Steps taken to reduce suicide and repeated self harm progressed as follows; 19 Phase 1 actions completed and 11 Phase 1 actions progressed*	Phase 1 actions completed. Phase 2 actions progressed**

*(Phase 1 actions are outlined in Reach Out – a National Strategy for action on suicide and include the development of online counselling for lesbian, gay, bisexual and transgender young people, development of the 'Please Talk' campaign which promotes help seeking among third level students, consultation with young people to inform the development of an awareness campaign aimed at young people. Work also commenced on Phase 2/3 actions.)

** (Phase 2 actions to be progressed include the development and roll out of an awareness campaign aimed at young people, continued development of the 'Please Talk' campaign. Development, by the National Office for Suicide Prevention, of an easily accessible on-line database of counselling services. Targets to reduce suicide and repeated deliberate self harm monitored.)

Programme 8 – Older People

To enhance the quality of life of older people and to support them in their homes and communities and where this is not possible to provide them with access to appropriate quality long term residential care.

There are just under 468,000 people aged 65 and over in Ireland. There are currently 22,900 older people in long-term residential care nationally. There are approximately 2,400 community support/intermediate care and respite care beds nationally.

Key Strategies

- To develop appropriate home and community based services such as Home Care Packages, Home Help services and day services as a key support for older people;
- To improve the quality and availability of affordable residential care for older people who can no longer live at home;
- To develop a new positive ageing strategy;
- To review *Protecting Our Future the Report of the Working Group on Elder Abuse* so as to inform future policy and action;
- Disestablishment of National Council on Ageing and Older People and mainstreaming of staff into Department.

Impact Indicators

- Number of people over 65 in long term residential care (target – no more than 4.5%, reducing to 4% by 2016).
- Not more than 10% of people over 75 in long term residential care.

Inputs

Programme	2008 €million	Outturn 2008 €million	2009 €million	% Change on Outturn
Programme Expenditure				
- Current	1917	1887	1788	-5
- Capital	132	119	115	-3
Administration and other support ¹				
- Pay	55	58	56	-3
- Non-Pay	45	49	46	-6
Total Gross Programme Expenditure	2149	2113	2005	-5
HSE	2142	2108	2000	-5
DoHC	7	5	5	0
No. of Staff employed on Programme (whole time equivalents) as at end year				
• Civil Servants				
• Other public servants				
		10,309 ²	10,309 ²	0%

* It should be noted that €236m of the 2008 outturn was for repayment of public nursing home charges. In 2009, approximately €80m is allocated for this purpose.

¹ Administrative resources are HSE only and are assigned to each Programme on an indicative basis only. DoHC administrative resources are reflected in Programme 1.

² Employment data based on Dec 08 data. Data is provisional. See Section 5 for further details.

Outputs

Programme	2008 Output Target	2008 Output Achieved	2009 Output Target
No. of home help hours provided	54,500 people benefiting from 11.98m home help hours	Target achieved. 55,366 people benefiting from 11.96m home help hours	54,500 people benefiting from 11.98m home help hours
No. of home care packages provided	9,300 clients in receipt of Home Care Packages (4710 equivalent) with a throughput in excess of 2007 level.	Target achieved. 11,500 people benefiting from 4,607 home care packages.	11,500 (total) people; benefiting from 4,710 home care packages
No. of day care places	21,300	Target achieved. 21,300	21,645
Evaluation of Home Care Packages	Completion of Evaluation	Target not achieved. Request for Tender issued and successful tender selected.	Evaluation completed.
Nursing Home Subvention Payments	Output will depend on implementation of "A Fair Deal".	Payment of subvention to 9,092 (average) clients per month; enhanced subvention to 4,896 (average) per month.	Payment of subvention to 9,100 (average) clients per month; enhanced subvention to 4,900 (average) per month; prepare systems to support introduction of new Fair Deal Nursing Home Support Scheme.
Residential Care Beds – No. of operational Public Beds	525 (bringing the number of additional beds to 860 by end 2009).	Target not achieved. 306 additional public beds operational. 10,419 beds in public long stay facilities	725 additional beds and 439 replacement beds to become operational in 2009.
Nursing Home Inspections	All nursing homes will receive 2 inspections.	Target achieved. 100% inspections completed - 2 inspections per private nursing home (825).	100% inspections completed - 2 inspections per private nursing home (872).
Palliative Care: Average No. treated in specialist			379

inpatient units per month			
Palliative Care: Average No. accessing home care per month			2,933
Palliative Care: Average No. accessing intermediate care per month			103
Palliative Care: Average No. accessing day care per month			315
Health (Repayment Scheme) Act 2006: Implementation of Act			Act effectively implemented: all offers issued under the Health Repayment Scheme.
New Positive Ageing Strategy			Completion of work of Cross Departmental group to develop Positive Ageing strategy. Public consultation process as part of developing positive ageing strategy.
Policy to combat Elder Abuse			Completion of Review 'Protecting Our Future the Report of the Working Group on Elder Abuse'

5. Staffing Numbers

The approved employment ceiling for the HSE for the end of December 2008 was 111,493 wholetime equivalents. Data for public health sector employment at the end of December 2008 is shown in Table 1 below. At December, adjusted health sector employment of 111,001 WTEs (see note 3 below) was 492 WTEs below the end-year ceiling.

Table 1. Staffing by Pillar

Health Service Employment¹ at 31 December 2008					
	Corporate	National Hospitals Office	Population Health	Primary, Community and Continuing Care	Total
Health and Social Care Professionals	36.66	6,318.00	56.96	9,568.11	15,979.73
Management/ Admin ²	2,685.94	8,152.97	307.37	6,821.19	17,967.47
Medical/ Dental	35.61	6,071.00	108.77	1,894.10	8,109.48
Nursing ³	144.76	20,751.86	18.80	17,192.50	38,107.92
Other Patient and Client Care ⁵	11.63	4,773.92	45.79	13,398.81	18,230.15
General Support Staff ⁶	454.18	7,078.19	2.01	5,096.17	12,630.55
Total	3,368.78	53,145.94	539.70	53,970.88	111,025.30
Note ¹ : excludes Home Helps					
Note ² : The majority of staff classified as Management /Administration (estimated at two-thirds) directly support service provision. This includes Medical and Consultant's Secretaries, Out-Patient Departmental Personnel, Ward Clerks, Medical Records Personnel, Telephonists, etc. Management/ Administrative also includes staff in the following categories Payroll, Human Resource Management (including training), Service Managers, IT Staff, General Management Support and Legislative and Information requirements.					
Note ³ : Student nurses are included in the 2008 employment ceiling on the basis of 3.5 students equating to 1 wholetime equivalent. The December 2008 employment level adjusted for student nurses on the above basis is 111,001 WTE.					
Note ⁴ : The methodology under which employment figures are compiled changed during the course of 2007 with the addition of circa 4,000 wte not previously included in subsumed agencies such as the Health Service Executive-EA (HSEA), the Primary Care Reimbursement Service (GMSPB), Health Boards Executive (HeBe) and the Office for Health Management (now part of the HR function) together with many other posts in projects or post previously excluded such as HRBS/PPARS and Value-for-Money posts (all of which are largely in the Management/Administrative stream) together with the inclusion of student nurses and chaplains. This change was undertaken to represent health service employment on a like-for-like basis with employment ceilings and to more accurately represent a reconfigured health service's employment information.					
Note ⁵ : This category includes the following: Community Welfare Officer grades; Attendants/Aides; Care Assistants; Emergency Medical Technician grades; etc.					
Note ⁶ : This category includes the following: Ambulance Officer grades; Domestic; Catering grades; Maintenance grades; Porters; etc.					
Source: Health Service Personnel Census					
All figures are expressed as wholetime equivalents (WTEs)					

Table 2 below sets out the WTEs by programme:

Table 2 – WTEs by Programmes - December 2008

The total of 111,025 is actual outturn at December 2008. Please see notes 1-4 below.

Health Service Personnel Census - Staffing by Programme¹		Medical/ Dental	Nursing	Health and Social Care Professionals	Management/ Admin	General Support Staff	Other Patient and Client Care	Total
NHO²	Acute Hospital Services and Pre-Hospital Emergency Care	6,033	20,631	6,168	8,067	7,004	4,749	52,650
	National Cancer Control Program	38	121	150	86	74	25	496
PCCC^{3, 4}	Primary Care	954	3,433	4,986	3,774	827	2,352	16,325
	Children and Families	15	112	552	163	15	153	1,010
	Mental Health	574	4,961	467	699	1,216	1,121	9,039
	Older People	149	4,206	372	508	1,446	3,627	10,309
	Palliative Care	29	199	54	66	103	127	576
	Social Inclusion	0	0	0	0	0	0	0
	Disability Services	171	4,265	3,134	1,387	1,434	5,943	16,333
	General administration etc.	2	17	4	224	56	76	379
PH	Population Health	109	19	57	307	2	46	540
Corporate	Corporate Functions	36	145	37	2,686	454	12	3,369
Total HSPC		8,109	38,108	15,980	17,967	12,631	18,230	111,025

Note¹: data is provisional and subject to corrections.

Note²: Further revisions to the HSPC are required to show sub-hospital level classifications & to provide the required visibility for the NCCP

Note³: Additional HR reporting centres must be put in place & populated in order to have full visibility.

Note⁴: Includes Community Care, Primary Care - additional HR reporting centres must be put in place & populated in certain areas so as to disaggregate staff in other programmes such as Older People, Palliative Care, Children & Families, Disability Services etc. which are currently assigned to community care.

Appendix 1: Details re: Legislative Programme (Programme 1 – Policy and Corporate Support)

2008 Output Target	2008 Output Achieved	2009 Output Target
<p>Further progress the legislative programme including:</p> <ul style="list-style-type: none"> • Health (Long Term Residential Care Services) Bill* • Adoption Bill • Child Care Bill • Nurses and Midwives Bill • Human Tissue Bill • Dentists Bill • Health Information Bill • Public Health Miscellaneous Provisions Bill • Eligibility for Health & Personal Social Services Bill <p><i>* Name of Bill changed to Health (Nursing Homes Support Scheme) Bill</i></p>	<ul style="list-style-type: none"> • Nursing Homes Support Scheme Bill published in October 2008. • Adoption Bill was presented to Government in December 2008 for approval. • The drafting of the Child Care (Amendment) Bill was well advanced in 2008. • New Bill on health insurance – Health Insurance (Miscellaneous Provisions) Bill published in December. • Public consultation on the Nurses and Midwives Bill completed. • Government approval for general scheme and heads of Human Tissue Bill. • Dentists Bill removed from legislation programme. • Public consultation on Health Information Bill completed. • Options re development of Eligibility for Health & Personal Social Services Bill explored. • Three additional Bills were enacted in 2008: the Mental Health Act 2008, the Health Act 2008 and Voluntary Health Insurance (Amendment) Act 2008. 	<p>Publish and work towards enactment of the:</p> <ul style="list-style-type: none"> • Nursing Homes Support Scheme Bill • Adoption Bill • Health (Miscellaneous Provisions) Bill 2009 • Health Insurance (Miscellaneous Provisions) Bill • Child Care (Amendment) Bill 2009 • Public Health (Tobacco) (Amendment) Bill 2009. <p>Further progress the legislative programme including:</p> <ul style="list-style-type: none"> • Nurses and Midwives Bill • Public Health (Tobacco) (Amendment) (No. 2) Bill 2009 • Human Tissue Bill • Health Information Bill • Public Health (Miscellaneous Provisions) Bill, • Eligibility for Health and Personal Social Services Bill • Child Care (Collection and Exchange of Information) Bill • Mental Health (Amendment) Bill