



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**INTERIM  
PERFORMANCE MONITORING REPORT - May 2008**

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**National Service Plan 2008**

**10<sup>th</sup> July 2008**

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## 1. KEY PERFORMANCE INFORMATION

### Key Performance Summary

Due to the industrial action taken by Impact Trade Union and the directive to its members not to cooperate with performance reporting to HSE Corporate, this report is an **Interim** May 2008 Performance Monitoring Report. The majority of the information contained herein has been estimated or has been obtained from reports / data prior to the escalation of the dispute and the directive that came into effect on 9<sup>th</sup> June 2008. The full May 08 PMR will therefore be completed and backdated when the dispute is resolved.

### PCCC Directorate Overview

PCCC estimated financial expenditure for May 2008 shows a variance of €61.1m against budget of €3.26bn. This equates to a 1.9% variance against budget year-to-date.

The principal contributing factor to the variance continues to be the upward trend in activity around medical cards and other schemes (both community and Primary Care) within the Primary Care Reimbursement Service (PCRS), amounting to an estimated €64.5m.

- Over and above Schemes variance, PCCC services show an estimated favourable variance of €1.2m, demonstrating that PCCC Business Plans are progressing and overall savings are being achieved as part of the PCCC Cost Containment Programme. Savings of €13.5m have been identified to date.
- Data for May shows an increase of 3,691 eligible persons on Medical Cards over the April position. This brings the total number of eligible persons on Medical Cards to 1,306,470. This represents 32.6% of the total population (using Census 2006 data) compared to 29% in April 2007. The current economic downturn is a clear contributor to this growth.
- The cumulative increase for the first four months of the year is 30,292 (an increase of 2%). Corresponding growth for the first five months of 2007 was half that of the first five months of 2008 at 1.2% or 15,895 additional medical cards.
- In addition, claims made in respect of the Long-Term Illness Scheme and the Drugs Payment Scheme continued to show considerable growth this period.

PCCC continues to focus on cost-containment against a backdrop of emerging and competing service pressures and rising costs in energy and demand. Robust monitoring arrangements have been put in place across Local Health Offices to track progress in this regard. A further intensification of the cost containment measures has also commenced.

### NHO Directorate Overview

Estimated financial returns indicate that control processes put in place in the NHO over the first 5 months of the year are still working and achieving the required results. WTE reductions continue to ensure that overall management remains on target.

### Key issues to note for the month include:

- The Trade Union Impact commenced Industrial Action on 21<sup>st</sup> May 2008.
- Progress on the nurses 37.5hr week negotiations: As at 1 April 2008 there is a total of 37,758 WTE nurses & midwives reported in employment control census. 13,144.96 WTE (or 35%) of nurses & midwives, in 134 locations have commenced working a 37.5 hour week following PVG sanction.
- New facilities and a Diabetes IT Management System for the Diabetes and Endocrinology Unit were officially opened in May at Our Lady's Children's Hospital, Crumlin. The hospital treats over 1,300 children annually with diabetes and endocrine problems.
- Mayo General Hospital introduced a new service to manage patients with respiratory conditions. The hospital has set up a Non-Invasive Ventilation (NIV) unit where the respiratory team will treat and monitor these patients. The commissioning project for the new unit was completed on time and patients admitted from Monday 26<sup>th</sup> May.
- A National Strategy for Service User Involvement in the Irish Health Services was launched by Mary Harney TD, Minister for Health and Children on 6<sup>th</sup> May. The Strategy has been drawn up to support a consistent approach to patient and community involvement across the health service. It was produced in consultation with the health Services National Partnership Forum, HIQA, advocacy groups and service users.
- Three ambulance bases in the HSE West have been awarded for their success in Human Resource Development in the FAS Excellence Through People Standard Awards, a best practice model for human resource management. The ambulance bases in Ballina and Belmullet, Co. May and in Boyle, Co. Roscommon received the Excellence Through People standard for their success in Human Resource development.

## Financial Overview

The financial results for May show total expenditure of **€5.548 billion** against a year to date budget of **€5.448 billion** – a deficit of **€99.8 million**.

- Due to the affect of the Impact dispute, data for May 2008 has been estimated. However we believe that the figures shown above are a reasonable representation of the financial situation at the end of May
- Expenditure in May in the pillars was generally static – even though it was a 31-day month and April is only 30 days. This is a sign that expenditure is being contained.
- In light of the full year position which has already been advised to the Board, there has been an intensification of the VFM programme to include additional cost containment directives in order to achieve the required savings to achieve a balanced financial position for the full year. We would expect to see the effect of many of these measures coming through in the June and July data.
- Expenditure in PCCC for May shows an increase of €20.9m. This is primarily focused within the PCRS which exhibited an increase of €17.6m in the month.
- The increase in PCRS expenditure in May was somewhat more than expected for the correction of Easter/Patrick's Day. The upward trend in medical card numbers may be driving this cost and we will need to monitor the schemes to determine if the May expenditure is a recurring trend.
- The variance in PCCC is related to schemes. We know that there is an overrun of €39m on medical cards and €10m on community drugs schemes.

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,546,452	1,916,914	1,855,899	61,015	3.3%
Primary, Community and Continuing Care	7,972,565	3,325,685	3,264,526	61,158	1.9%
National Shared Services	26,767	12,846	10,898	1,949	17.9%
Corporate	708,037	292,598	285,920	6,678	2.3%
Health Repayment Scheme	150,000				
Development & Technical Resources	303,778		30,922	(30,922)	-10.2%
<b>Total</b>	<b>13,707,600</b>	<b>5,548,043</b>	<b>5,448,165</b>	<b>99,878</b>	<b>1.8%</b>

## HR Performance Information

End of May employment data shows a reduction of 214 WTEs over the April Report. The corresponding month last year showed an increase of 95 WTEs. **Due to the affect of the IMPACT dispute some of the data presented has been estimated.** The overall reduction arose from the Statutory Sector recording a reduction of 185 WTEs from the April level, while the NHO Voluntary Hospital Sector reduced by 159 WTEs and the PCCC Voluntary Sector increased by 130 WTEs.

### NHO

**The NHO recorded a reduction of 227 WTEs.** Decreases were seen practically across all the hospitals.

### PCCC

**Overall shows effectively no change from April.** The Statutory Sector of PCCC recorded a reduction of 130 WTEs which was offset by an increase of the same figure in the Voluntary Agencies. The increase in the Voluntary Sector follows a recorded increase of 80 WTEs in April and this sector is now only marginally below its end of year position.

	Ceiling (at 01/01/08)	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
<b>NHO</b>	<b>52,818</b>	<b>-13</b>	<b>52,805</b>	<b>47.36%</b>	<b>52,746</b>	<b>-227</b>	<b>-59</b>	<b>-0.11%</b>
<i>Voluntary</i>	22,721	0	22,721	20.38%	22,747	-159	26	0.11%
<i>Statutory</i>	30,097	0	30,097	26.99%	29,999	-67	-97	-0.32%
<b>PCCC</b>	<b>54,677</b>	<b>50</b>	<b>54,727</b>	<b>49.08%</b>	<b>53,402</b>	<b>0</b>	<b>-1,325</b>	<b>-2.42%</b>
<i>Voluntary</i>	14,891	0	14,891	13.35%	14,873	130	-18	-0.12%
<i>Statutory</i>	39,786	0	39,786	35.68%	38,525	-135	-1,261	-3.17%
<b>Population Health</b>	<b>533</b>	<b>6</b>	<b>539</b>	<b>0.48%</b>	<b>549</b>	<b>-2</b>	<b>10</b>	<b>1.78%</b>
<b>Corporate</b> (includes subsumed agencies)	<b>3,477</b>	<b>-43</b>	<b>3,434</b>	<b>3.08%</b>	<b>3,393</b>	<b>15</b>	<b>-41</b>	<b>-1.21%</b>
<b>Total</b>	<b>111,505</b>	<b>0</b>	<b>111,505</b>	<b>100.00%</b>	<b>110,090</b>	<b>-214</b>	<b>-1,415</b>	<b>-1.27%</b>

### Corporate and Population Health

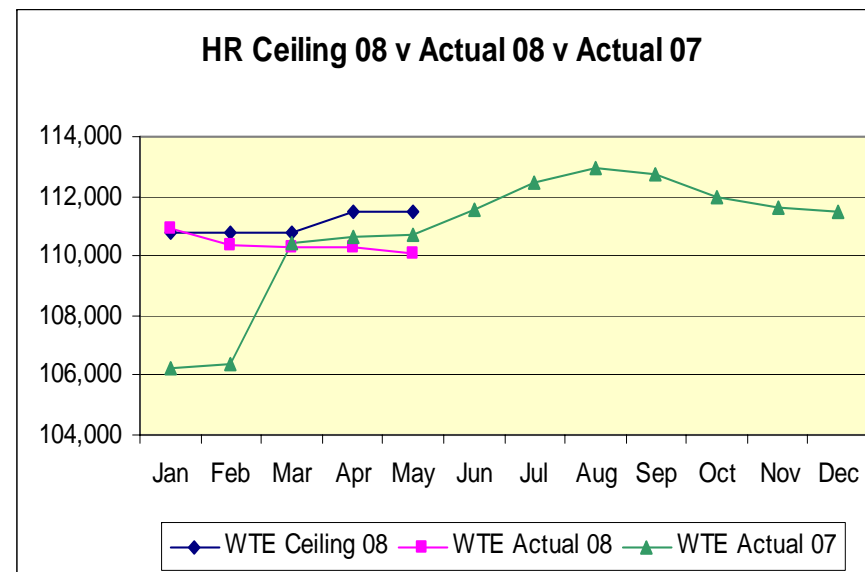
Population Health recorded a small reduction in May, while Corporate reported an increase of 15 WTEs which was due to an under-reporting of WTEs in this function at National Corporate level. It should be stressed that this is not growth in WTEs as these posts have already been in the system for quite some time. There is ongoing clean-up of employment data across National Corporate, Shared Services and staff based in Palmerstown. This work is expected to be completed shortly.

**The level of ceiling compliance at the end of May shows 1,415 WTEs below ceiling or 1.27 % below.** When factoring in the change in student nurse placement, this figure under ceiling is approximately 600 WTEs below the discounted ceiling. NHO is 59 WTEs below the full ceiling (-0.11%), PCCC is 1,325 WTEs below ceiling (-2.42%), Corporate 41 WTEs below ceiling (-1.21%) and Population Health 10 WTEs above (+1.88%). There were a number of transfers of ceilings between the various functions, amending the ceilings at the end of May, NHO down 13 WTEs, PCCC up 50 WTEs, Corporate down 43 and Population Health up 6 WTEs.

Ongoing data clean-up and remapping of the latter two functions will continue to impact on approved employment ceilings across all functions. On a sectoral basis, HSE direct is 1,423 WTEs below ceiling (-1.9%), while the Voluntary Hospitals Sector is 26 WTEs above ceiling (+0.11%) and the Voluntary Sector of PCCC is 18 WTEs below ceiling (-0.12%) at the end of May.

The continuing challenge is to move to a situation of operating employment levels below approved employment ceilings rather than one of operating at or above ceiling, particularly in the context of the need to reconfiguration from NHO and Corporate to PCCC as set out in the letter of sanction and to address lagged developments from 2006 and 2007.

By the end of 2009, the NHO is to operate at / within a ceiling of 51,000 WTEs, 1,805 below its current ceiling and 1,746 WTEs below its current reported employment levels.



## 2. PCCC ACTIVITY PERFORMANCE INFORMATION

### Primary Care

#### GP Visit Cards:

The total number of eligible persons on GP Visit Cards in May is 80,035, a 17% increase over May 07 position (n=68,208). Since January 2008, the number of additional eligible persons on GP Visit Cards has increased by 5% (n=3,941) from 76,094 in January to 80,035 in May. The majority of additional cards (44%; n=1,752) were issued during the April reporting period. A side by side comparison of the number of eligible persons on GP Visit Cards between January and May 2007 Versus January to May 2008 is shown in Graph 1.

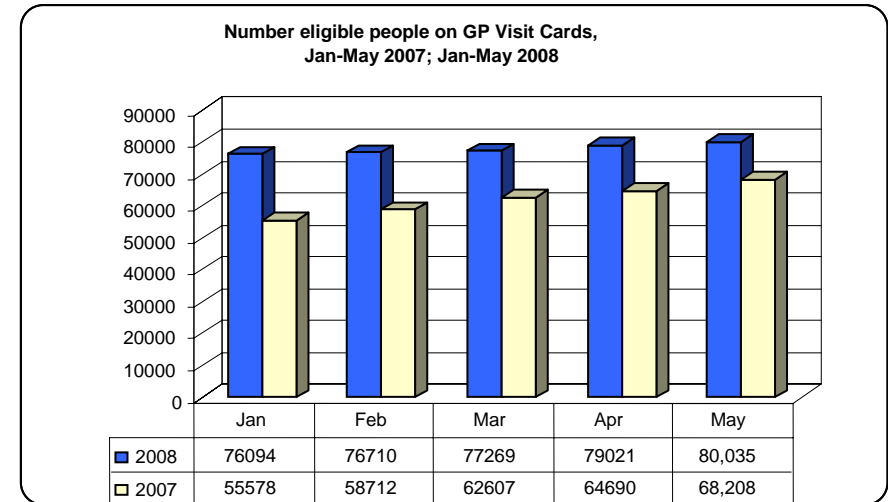
#### Medical Cards:

Data for May show an increase of 3,691 eligible persons on Medical Cards over the April position. The percentage growth over April stands at 0.2%. This brings the total number of eligible persons on Medical Cards to 1,306,470. The cumulative increase for the first five months of the year is 30,292 (an increase of 2% since January 08 position). Corresponding growth for the first five months of 2007 was 15,895 cards or a percentage growth of 1.2%, broadly similar to the first five months of 2008.

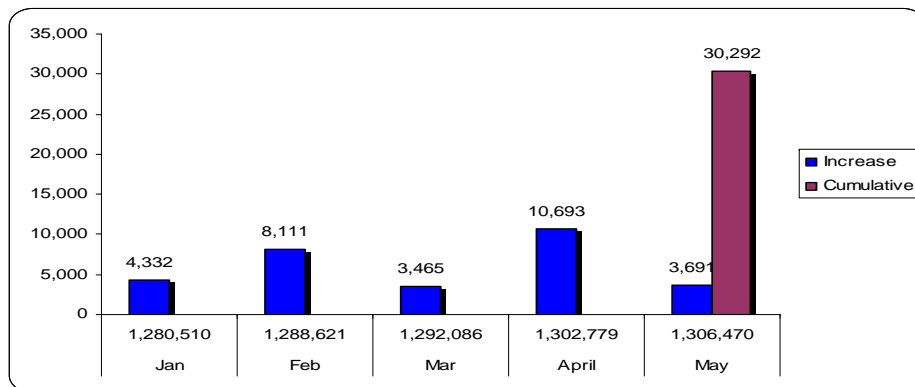
#### Number of Medical Card Items

Projections for the number of medical card items (volume) claimed under the medical card system is estimated at 4,166,883 items in May compared to 4,111,771 for April, an increase of 55,112 items during the month (Source: PCRS).

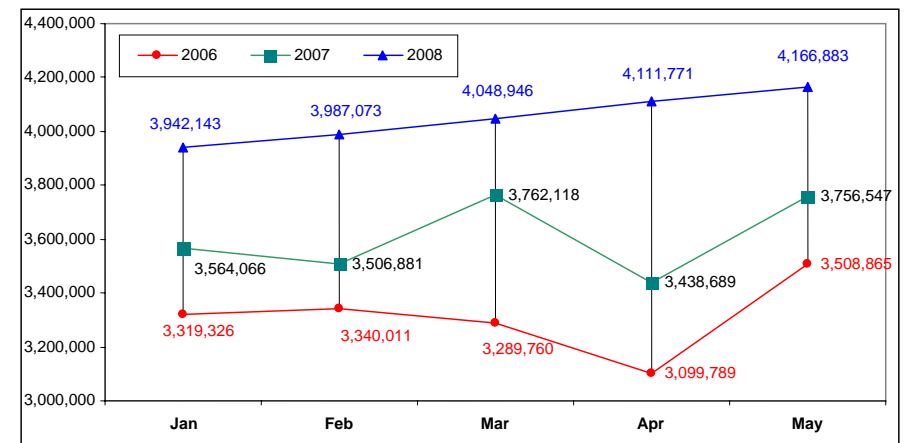
Based on these projections, the mean average number of items for the first five months of the year is 4.05m. This compares to a mean average of 3.6m over the same period last year; and 3.3m for the first five months of 2006. This growth over the past three years is shown in Graph 3.



Graph 1: Number of eligible persons on GP Visit Cards, Jan-May 2007 versus Jan-May 2008



Graph 2: Month on Month Growth in the Number of eligible persons on Medical Cards, Jan-May 2008



Graph 3: No. schemes claimed under Medical Cards system – Jan – May 06,07 and 08

### Schemes

LTI and DPS claims also continue to show considerable growth this period. The number of LTI claims during May increased by 71,467, a 25% increase since April. The actual number of LTI claims during the first five months of 2008 remains above target by 56% (353,566 versus target of 226,250) while the number of DPS claims during the first five months of 2008 was 32% above YTD target (2,340,732 versus target of 1,766,666).

**It should be borne in mind however that when projecting the expected level of claims in 2008, this was based on the best available evidence to us in the third quarter 2007. Actual outturn at December 2007 would suggest that the expected level of claims for 2008 was underestimated. Percentage variance may be skewed as a result.**

### Primary Care Teams

Analysis at End May 2008:

For the 97 teams in development since 2006 (including 10 pilot teams), the end May 2008 position against April 2008 is as follows:

- The percentage of PCTs with initial team members identified has increased from 97% to 98%.
- The percentage of PCTs with new posts in place increased from 54% to 59%.
- The percentage of PCTs with existing staff configured to geographical area increased from 58% to 62%.
- The percentage of PCTs with adequate accommodation for team members in the area remained the same at 31%.
- The percentage of PCTs holding a team development meeting remained the same at 97%.
- The percentage of PCTs with protocols for Clinical Meetings developed increased from 69% to 74%.
- The percentage of PCTs holding regular multi-disciplinary meeting has increased from 72% to 75%.
- The percentage of PCTs with a local protocol for Team Inter-Referrals developed remained the same at 70%.
- The percentage of PCTs with a local protocol for Team Information Sharing developed remained the same at 41%.

### 3. FOCUS ON A SPECIFIC POPULATION - Population Projections 2011 to 2041

#### Introduction

The size and structure of the population, and how it might change over time, is a key factor for the HSE in planning future service configurations. In April 2008, the Central Statistics Office (CSO) published their Population and Labour Force Projections for the period 2011-2041 which can be accessed at:

[http://www.cso.ie/releasespublications/po\\_lab\\_project.htm](http://www.cso.ie/releasespublications/po_lab_project.htm) Further detail can be obtained from [fenton.howell@hse.ie](mailto:fenton.howell@hse.ie), Health Intelligence, Population Health Directorate.

#### What assumptions were made to predict changes to our population?

In compiling the projections the CSO were advised by a range of experts on what assumptions needed to be included in the model to calculate the projections concerning mortality, fertility and migration.

**Mortality:** One mortality assumption was used. The recent improvement in life expectancy will continue so that by 2041 male life expectancy will have risen by almost 10 years from 76.7 years in 2005 to 86.5 years in 2041, and female life expectancy will have risen by nearly 7 years from 81.5 years in 2005 to 88.3 years in 2041.

**Fertility:** Two fertility assumptions are presented. The first one (F1) assumes that the total fertility rate (which equates to the average number of births per woman per year) will decline from the current rate of 1.9 to 1.65 in 2016 and then stabilise at that level. The second one (F2) assumes that the current rate of 1.9 will remain at this level over the period.

**Migration:** Three migration assumptions are presented. M0 assumes net migration will be zero reflecting offsetting inflows and outflows of 20,000 a year. The high scenario (M1) assumes net migration will continue at a high level until 2021 and then moderating to 2041, falling from 60,000 a year to 30,000 a year after 2021. The medium scenario (M2) assumes net migration to continue at more moderate levels, falling from 50,000 a year to 10,000 a year after 2021.

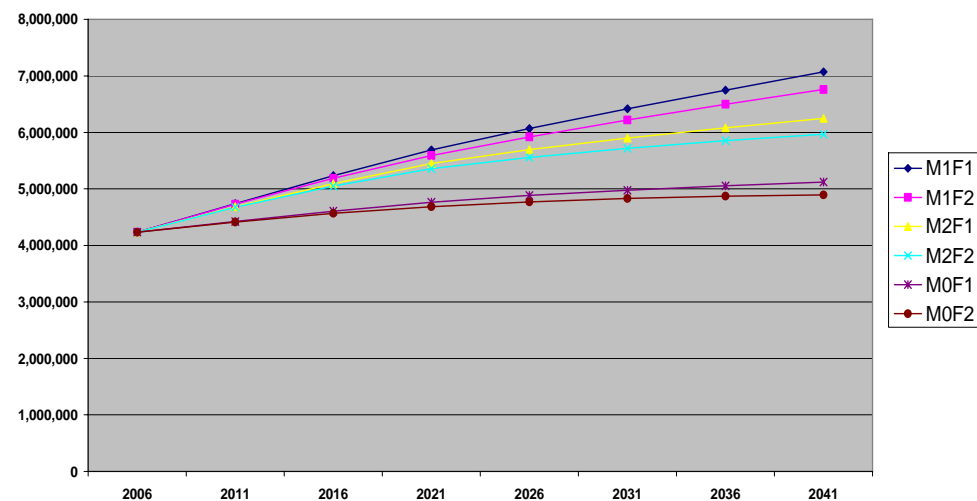
Combining the three migration and two fertility assumptions gives six different scenarios: M1F1- high migration, high fertility, M1F2 – high migration, low fertility, M2F2 – moderate migration, high fertility, M2F1 – moderate migration, low fertility, M0F1 – zero net migration, high fertility and M0F2 - zero net migration, low fertility.

#### What does the CSO predict for Irelands population?

The six different projected populations are shown in Figure 1. Looking to the short term (2011) the projections range from 4.7 million (M1F1 –high migration, high fertility) to 4.4 million (M0F2 – zero migration, low fertility). It is important to note that the estimated population in 2007 is already 4.34 million.

Looking at the medium term, up to 2021, the range is from a high of 5.7 million to a low of 4.7 million in 2041, a gap of 1 million. Looking further ahead to 2041, the gap widens further as the uncertainty increases with a high of 7.1 million to a low of 4.9 million. To put these into perspective, the high projection shows the population growing at an annual rate of 2 per cent, similar to that seen between 2002 and 2006, whilst the low projection shows annual growth at 0.7 per cent to 2021, which is still quite high by European standards. As can be seen from Figure 1, most of the differences are accounted for by the different migration scenarios rather than the fertility assumptions.

Figure 1. Population Projections, 2006-2041, 6 scenarios.





**Projected populations by age group**

Whilst it is projected that there will be an overall increase in the population, it is important to look at how those projections deal with particular age groups.

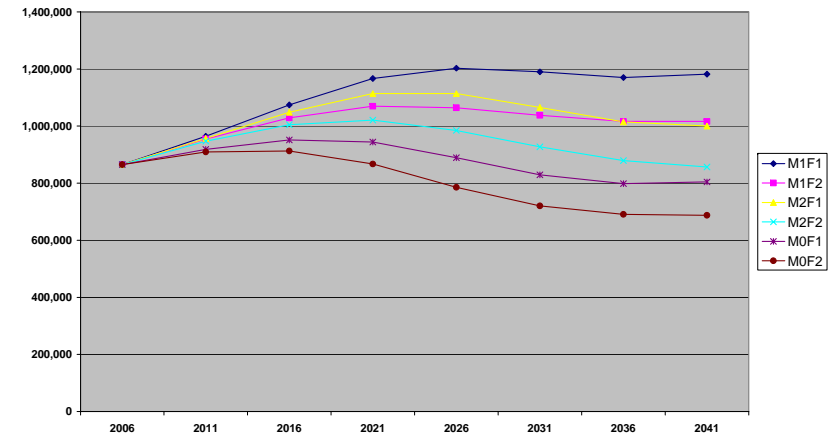
**0-14 year age group**

For the 0-14 year age group (Figure 2), all of the scenarios show a rise in the total numbers up to 2016, some more than others. Thereafter the pattern becomes quite defuse and is impacted both by migration and fertility assumptions. After 2026, all of the scenarios project a decline in the numbers of 0-14 year olds.

**School going age group**

Looking in particular at the school going population and taking an average of the six scenarios, The number of primary school children (5-12 years) will rise varying between 173,00 under M1F1 to an increase between 30,000 and 68,000 using M0 depending on the fertility rate. The numbers of secondary school children (13-18 years) will, under all assumptions, decline until 2011 and will then experience a recovery by 2016 and onwards.

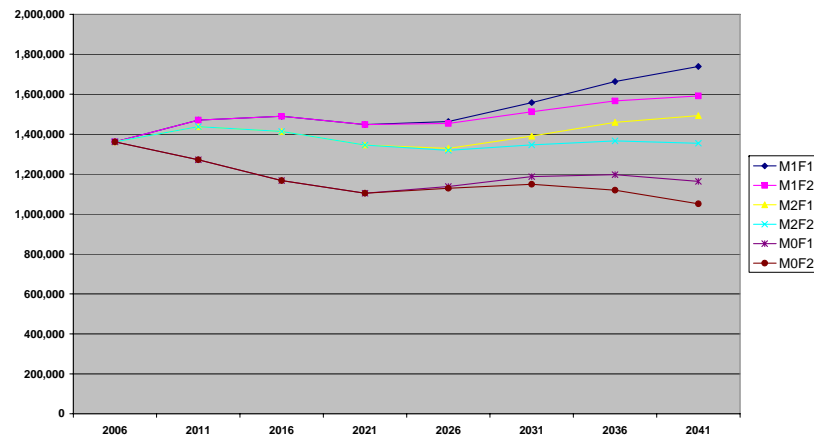
Figure 2. Population Projections, 2006-2041, 0-14 years.



**15-34 year age group**

For the 15-34 year age group (Figure 3), the pattern is quite different with little growth evident from any scenario up to 2026. Indeed if net migration is at zero (M0), there is projected to be an immediate decline in this age group. Of note is the relatively minor role that fertility assumptions play in this scenario until after 2026.

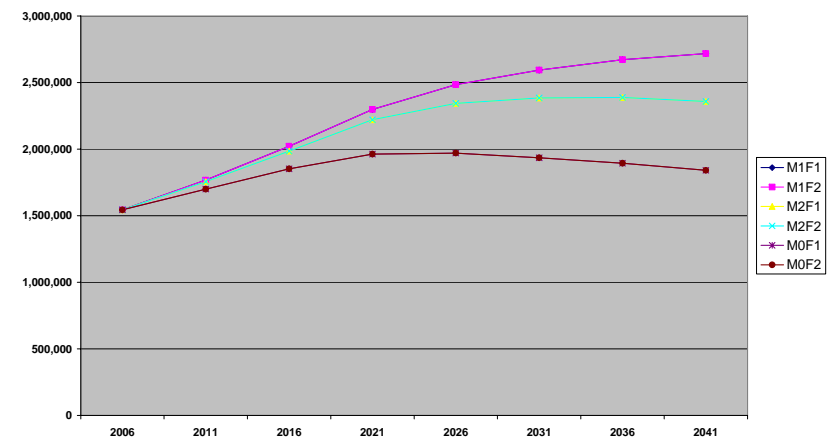
Figure 3. Population Projections, 2006-2041, 15-34 years.



**35-64 year age group**

For the 35-64 year age group (Figure 4) the pattern is quite different again with all scenarios showing substantial growth early on moving from 1.5 million in 2006 to approx 2 million by 2016. Thereafter there is a tail off for the scenario with zero migration, but the other scenarios show a continued rise. It is also clear that variation in fertility assumptions have no impact on this age group as would be expected.

Figure 4. Population Projections, 2006-2041, 35-64 years.



**Over 65 age group**

Finally for the 65+ age group (Figure 5, Table 1) the pattern is again quite distinctive. Irrespective of which scenario is chosen, the end result is almost identical. In the short term (2011) the number of those 65+ will have increased about 16% rising to 40% by 2016. By 2026, the 65+ age group will have doubled and by 2041 it will have more than trebled what it was in 2006.

Looking within the 65+ age group as they are of particular concern, the projections for those aged 65-74, 75-84 and 85+ are also shown. As can be seen all age groups show a rise, however, in percentage terms the 85+ group will increase by over 25% by 2011, over 50% by 2016, nearly 100% by 2021 and by over 400% by 2041.

Figure 5. Population Projections 65+age group and for 65-74, 75-84 and 85+ years

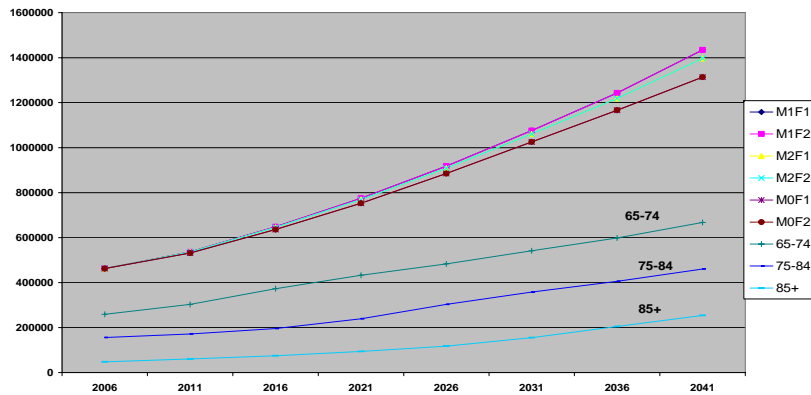


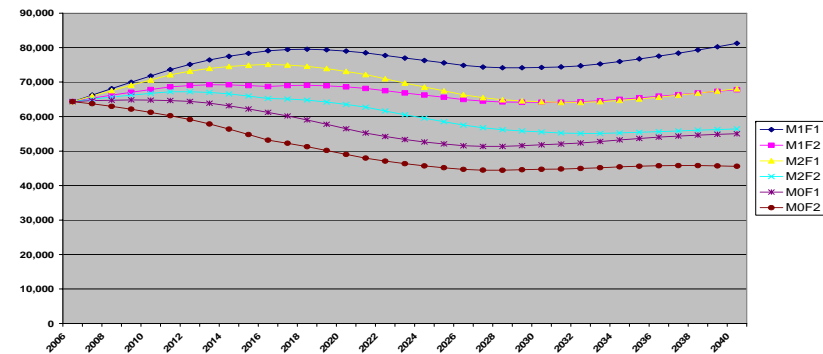
Table 1 Projected older population and percentage change from 2006

	2006	2011	2016	2021	2031	2041
65-74	258,708	302,722	372,758	432,602	541,272	667,087
75-84	155,828	171,461	195,902	239,495	357,756	460,474
85+	47,828	60,313	74,811	93,739	154,901	253,839
All 65+	462,364	534,495	643,471	765,837	1,053,928	1,381,400
Percentage change from 2006						
65-74		17	44	67	109	158
75-84		10	26	54	130	196
85+		26	56	96	224	431
All 65+		16	39	66	128	199

**Births**

The CSO projected the numbers of births expected under each scenario and these are shown in Figure 6. Whilst most scenarios show a slight rise over the next few years (provisional data from 2007 shows that we have exceeded 70,000 births per year), the pattern suggests that births will level off at under 70,000 births per year under moderate migration levels.

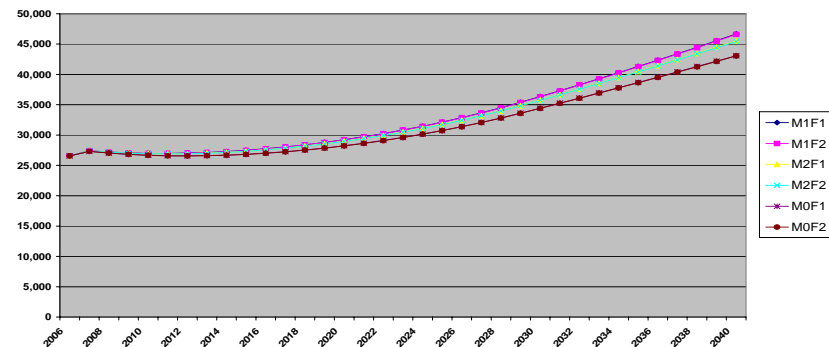
Figure 6 Projected Birth numbers 2006-2040



**Deaths**

It is also interesting to note the projected number of deaths for the period as shown in Figure 7. Even though we expect life expectancy to continue to rise as outlined earlier, the actual number of deaths will also rise as the population grows overall from a steady 27,000 per annum until 2016 after which there will be a continual upward rise in the number of deaths reaching 45,000 per annum by 2041.

Figure 7. Projected Deaths 2006-2040



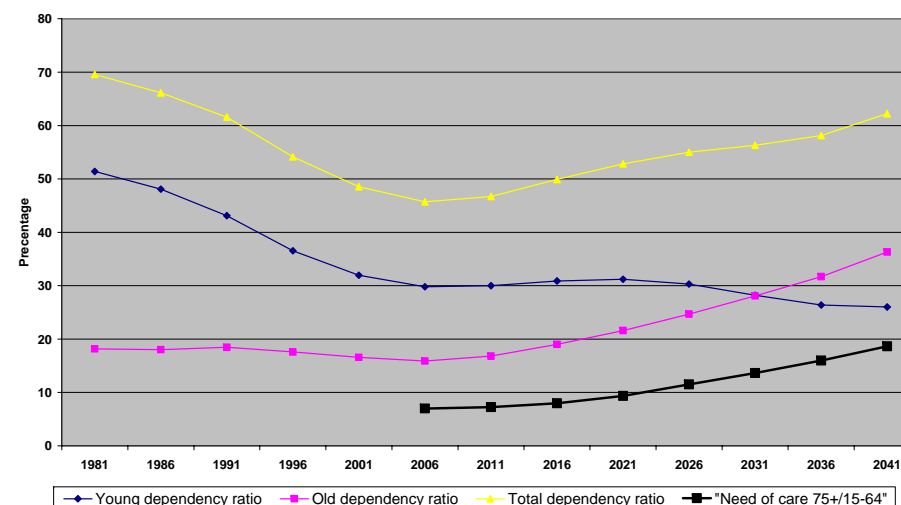
### Dependency Ratios

Of interest are the dependency ratios and how they change over time (Figure 8). The young dependency ratio is the number of children 0-14 divided by the 15-64 population. The old dependency ratio is the number of persons 65+ divided by those 15-64 years, in effect, the working population. They are a measure of the burden that the young and old population place on the working population.

The young dependency ratio is projected to be in the range 28 to 32 per cent up to 2021, thereafter it will decline. On the contrary the older dependency ratio is heading in the opposite direction. It will increase sharply after 2006 and by 2041 will be almost double that of 2006. Both of these impact on the total dependency ratio which has been in decline, but is now projected to increase under all scenarios to reach values of between 57% (M1F2) and 71% (M0F1) by 2041.

It has been argued that it is becoming increasingly inappropriate to use the 65+ population as the numerator for the older dependency ratio given our increased life expectancy and increased capabilities beyond 65 years. Hence there is presented a potential "Need of Care" ratio which looks at the population 75+ divided by the 15-64 year population. This shows a value of 7% in 2006 rising to 8% by 2016 and nearly 20% by 2041.

Figure 8. Dependency Ratios: Young, Old, Total and "Need of Care"



### What are the implications for the HSE?

It is clear that the population will continue to grow for the foreseeable future and at every age group. This will require the HSE to continue to expand its service base right across the health spectrum. The pattern of increasing net migration is expected to continue into the future and will require the HSE to constantly develop health and social care services to a more multi-ethnic mix of cultures.

The projected increase in life expectancy is unlikely to benefit all social groups in society unless existing health inequalities are eliminated. Any comprehensive strategy to reduce avoidable inequalities in health needs to include equality of access to health care. And whilst medical interventions are important, health promotion, the provision of social supports and linking with the non health care sectors must also be part of the way we work

One of the key drivers putting pressure on the HSE in recent years is the growth in the number of births. Whilst the growth previously seen is not expected to continue into the future, nevertheless births will continue to occur at a high rate. By their nature they require a significant input from the HSE in terms of antenatal, obstetrical, neonatal, postnatal and social care in the short term, and in particular early preschool interventions to prevent many of the social problems witnessed in later years. Increasing births also impact on our primary care and immunisation services.

The projected rise in the 5-12 and the 13-18 years age groups underscores the need to plan for enhanced immunisation, primary and social care and in particular interventions to reduce early school leaving.

There is an opportunity now to tackle many of the determinants of health such as lifestyle choices, in the 15-34 year age groups and indeed older age groups, in order to ensure that when they reach into their older years post 2021 they will be healthier and be free of many of the chronic illnesses such as diabetes, heart disease and cancer that are evident today. Ireland has an almost unique opportunity in Europe to tackle the determinants of chronic illness in advance of the natural aging of the population.

There will be substantial growth both in real and percentage terms in the older population, especially the very old population. It will be important to ensure that appropriate primary care and social care services are in place so as to facilitate this important group of our population lead as much of their life disability free and in their own community, be that in their own homes or in variants of social housing.

## 4. HEALTHSTAT - SUMMARY

Following ongoing progress with HealthStat in the NHO, in June the inaugural HealthStat Forum for PCCC was held.

The NHO session of the Forum concentrated on initial analysis and reports from NHO on the issues of Consultant-led Outpatient Clinics and Absenteeism.

- Consultant-led Outpatient Clinics – a presentation was made by NHO on the OPD Service Improvement Programme outlining OPD 2008 targets and OPD improvement strategy. The activity level of new patients being seen by individual consultants per specialty is the key driver to reducing waiting times and DNAs. A detailed proposal was requested from the NHO on ways to clear existing OPD backlog and meet acceptable waiting times for all new patients.
- Absenteeism – a presentation was made that defined many existing characteristics of the current absenteeism situation and listed possible solutions. National HR undertook to provide clear policies to assist line managers in managing absence. A combination of adherence to existing guidelines and consideration of new initiatives was discussed. NHO will discuss with National HR and revert with a concrete action plan.

In July the NHO HealthStat Forum will focus on progress with the issues above and an initial examination of the performance dashboards from the 10 remaining Group B hospitals: Cavan, Louth, Mallow, Merlin Park, Mullingar, Navan, St. Colmcille's, Kerry, Tullamore and Wexford.

The PCCC session examined performance dashboards across a pilot group of 8 LHOs: Cavan Monaghan, Dun Laoghaire, Limerick, Longford Westmeath, North Dublin, North Tipperary East Limerick, South Lee and South Tipperary. The data used was from March 2008 and will update to one month in arrears after the summer break.

The Forum considered the first iteration of HealthStat data for PCCC, identifying a number of systemic and LHO specific issues that arose in the examination of the data.

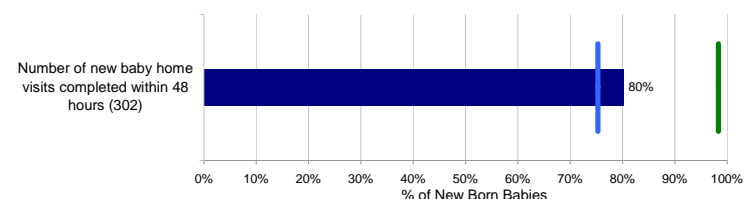
At this early stage in the development of the HealthStat project within PCCC, considerable work is required to ensure the application of standardised definitions across Local Health Offices and that the context for the emerging results is understood.

The graphs below show a sample of some of the data items that were discussed. In July the PCCC HealthStat Forum will again examine the 8 pilot sites using April data.

### Sample metrics from HealthStat PCCC dashboard (illustrative data)

- The dark blue bars represent the data values
- The light blue vertical bars represent the group average
- The green vertical bars represent the best in class (average of top 3)

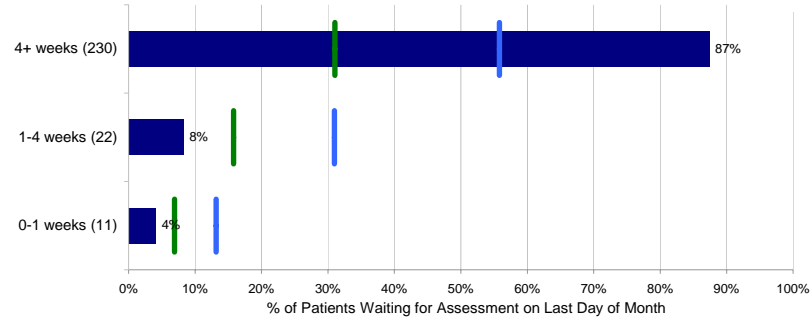
A2 - % of new born babies visited by a PHN within 48 hours of hospital discharge



Source: LHO Frequency: Monthly

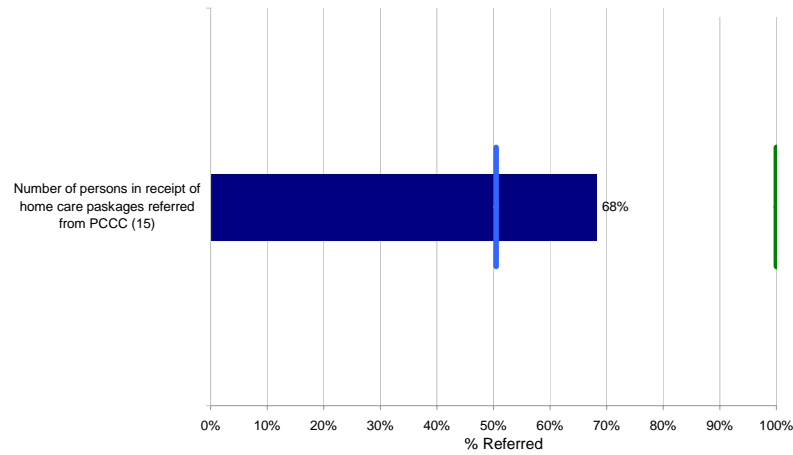
**Illustrative Data Only**

**A4 - % of physiotherapy patients waiting to be seen on the last day of the month, by wait time**



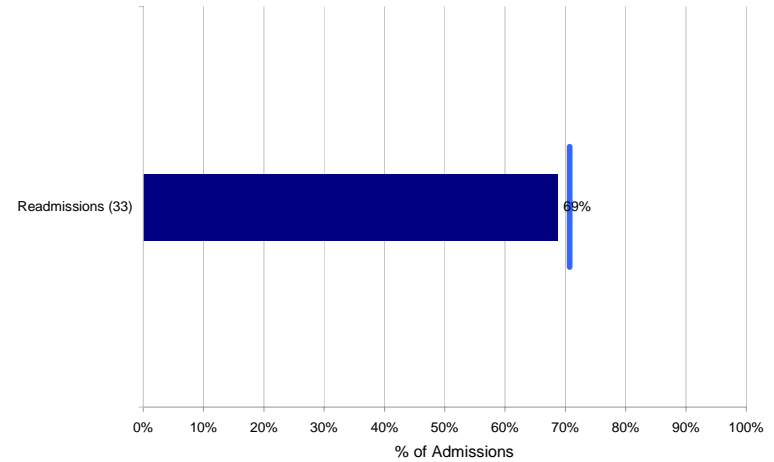
Source: New LHO Form Frequency: Monthly

**I4 - % New Home Care Packages Referred from PCCC**



Source: PCCC PM Returns Frequency: Monthly

**I5 - Number of mental health readmissions as a % of total mental health admissions**



Source: HRB Returns Frequency: Quarterly in arrears

## 5. REPORT ON PROGRESS OF NEW SERVICE DEVELOPMENTS (ADDENDUM)

NB: Progress on the use of development funding are on hold pending further discussion on the HSE financial position.

Focus – Older People	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility																								
<i>Development of home and community based services and supports – Home Care Packages (HCPs)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9d9d9;">Area</th> <th style="background-color: #d9d9d9;">€</th> <th style="background-color: #d9d9d9;">HCPs</th> <th style="background-color: #d9d9d9;">Total</th> </tr> </thead> <tbody> <tr> <td>DML</td> <td>3,333,300</td> <td>120</td> <td>1,352</td> </tr> <tr> <td>DNE</td> <td>3,333,300</td> <td>120</td> <td>1,115</td> </tr> <tr> <td>South</td> <td>1,944,500</td> <td>70</td> <td>1,124</td> </tr> <tr> <td>West</td> <td>1,388,900</td> <td>50</td> <td>1,119</td> </tr> <tr> <td><b>Total</b></td> <td><b>10,000,000</b></td> <td><b>360</b></td> <td><b>4,710</b></td> </tr> </tbody> </table>	Area	€	HCPs	Total	DML	3,333,300	120	1,352	DNE	3,333,300	120	1,115	South	1,944,500	70	1,124	West	1,388,900	50	1,119	<b>Total</b>	<b>10,000,000</b>	<b>360</b>	<b>4,710</b>	<b>Money spent:</b> € Nil	Home care packages funding distribution agreed across the 4 Areas. Implementation of the 2008 allocation awaiting approval. No further progress to report this period.	PCCC
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<b>Total</b>	<b>400,000</b>	<b>220</b>																										
40 WTEs	<b>Total WTEs appointed:</b> 0																											
<i>Sheltered Housing schemes</i>	Targeted Sheltered Housing allocation to fund innovative best practice proposal based in Dublin area 10 WTEs & €1.1m	<b>Total WTEs appointed:</b> <b>Money spent:</b> € Nil	As previously reported, PCCC are currently scoping out options for this for this development and are due to commence in Q2. Implementation of the 2008 allocation awaiting approval. No further progress to report this period.	PCCC																								

5. Report on Progress of New Service Developments (Addendum)

Focus – Older People	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility																						
<i>Day Care/Respite</i>	<p>€1.1m to provide additional Day Care Places</p> <table border="1"> <thead> <tr> <th>Area</th> <th>€</th> <th>Places</th> </tr> </thead> <tbody> <tr> <td>DML</td> <td>200,000</td> <td>62</td> </tr> <tr> <td>DNE</td> <td>200,000</td> <td>62</td> </tr> <tr> <td>South</td> <td>350,000</td> <td>111</td> </tr> <tr> <td>West</td> <td>350,000</td> <td>110</td> </tr> <tr> <td><b>Total</b></td> <td><b>€1,100,000</b></td> <td><b>345</b></td> </tr> </tbody> </table>	Area	€	Places	DML	200,000	62	DNE	200,000	62	South	350,000	111	West	350,000	110	<b>Total</b>	<b>€1,100,000</b>	<b>345</b>	<p><b>Money spent:</b> € Nil</p>	<p>Day care developments are scheduled to commence in Q2. Funding distribution across 4 Areas agreed. Implementation of the 2008 allocation awaiting approval.</p> <p>No further progress to report this period.</p>	PCCC				
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Area	€	Clients Benefiting	Weeks Respite																							
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10 WTEs	<b>Total WTEs appointed: 0</b>																									
<i>Voluntary Groups working in partnership with the HSE</i>	<p>€2 to increase funding allocations to certain Voluntary Groups in areas such as Alzheimers/ Dementia etc.</p>	<p><b>Money spent:</b> € Nil</p>	<p>As previously reported, allocations and priorities for Voluntary groups continue to be finalised.</p> <p>Implementation of the 2008 allocation awaiting approval.</p> <p>No further progress to report this period.</p>	PCCC																						
<i>Elder Abuse: Implementation of health aspects of 'Protecting our Future' HSE policy document on Elder Abuse</i>	<p>€0.3m to undertake a National Publicity Campaign as part of raising awareness of Elder Abuse.</p>	<p><b>Money spent:</b> € Nil</p>	<p>Work continues on a national publicity campaign to raise awareness of Elder Abuse. The campaign will take place in Q3 2008 as part of the HSE's implementation of the health aspects of "Protecting our Future" and will be funded from the 2008 Elder Abuse allocation of €300k.</p> <p>Implementation of the 2008 allocation awaiting approval.</p> <p>No further progress to report this period.</p>	PCCC																						

5. Report on Progress of New Service Developments (Addendum)

Focus – Older People	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>A Fair Deal - new long-term residential care scheme</i>	€110m for the implementation of the introduction of A Fair Deal together with the transition arrangements agreed with the DoHC, pending introduction of legislation.	<b>Money spent:</b> € Nil	Legislation to implement the Fair Deal has not yet been enacted. As agreed with the DoHC an additional 200 long stay beds in private nursing homes have been provided from the €110m. Priorities have been identified. Implementation of the 2008 allocation awaiting approval. No further progress to report this period.	PCCC
			The implementation schedule outlined in the project plan continued during the period.	
<i>Fast Track Bed Initiative</i>	Full year implementation of 860 fast track bed initiative in line with arrangements agreed with DoHC.		Initiative continues to be progressed in line with the agreed schedule. Approval of the 660 WTEs required to operationalise the units is awaited.	PCCC
	660 WTEs	<b>Total WTEs appointed:</b> 0		
Focus – Palliative Care	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Palliative Care Services: Address, on a priority basis, gaps in services and variations in service availability between geographic areas as outlined in the Baseline audits and palliative care plans under development in each Administrative Area and Nationally.</i>	In consultation with Area Development Committees for Palliative Care, €3m provided for the key priority areas for development addressed, including: <ul style="list-style-type: none"> <li>• Multi-Disciplinary Teams</li> <li>• Specialist Palliative Care beds</li> <li>• Home Care</li> <li>• Day Care</li> <li>• Acute Hospital Palliative Care Services</li> </ul> Particular emphasis will be placed upon addressing those parts of the country where relevant services above are relatively poorly provided such as the south east, the midlands, the north east and the west.	<b>Money spent:</b> € Nil	As previously reported, priorities for Palliative Care development monies have been agreed at national level and the number and type of staff agreed. Implementation of the 2008 allocation awaiting approval. No further progress to report this period.	PCCC
	47 WTEs	<b>Total WTEs appointed:</b> 0		



5. Report on Progress of New Service Developments (Addendum)

Focus – Disability Services	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<b>Intellectual Disability</b>				
<b>Residential/Community Care</b>	€15.8m for the provision of 200 additional residential places, to bring the total number of places to 8,462 by end 2008.	<b>Money spent:</b> € Nil	Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period	PCCC
	282 WTEs	<b>Total WTEs appointed:</b> 0	Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period	
<b>Day Care</b>	€9.34m for the provision of 467 additional day places, to bring the total number of places to 25,196 by end 2008.	<b>Money spent:</b> € Nil	Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period	PCCC
	166 WTEs	<b>Total WTEs appointed:</b> 0		
<b>Respite Care</b>	€4.2m for the provision of 53 additional respite places, to bring the total number of places to 4,533 by end 2008.	<b>Money spent:</b> € Nil	Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period	PCCC
	76 WTEs	<b>Total WTEs appointed:</b> 0		
<b>Physical and Sensory Disabilities</b>				
<b>Services for Persons with Physical and Sensory Disability (TP 2.) The 2005-2009 Multi-annual Investment Programme, under the Disability Strategy, provided for the creation of 80 additional residential places per year and 250,000 additional hours of personal assistant / home support.</b>	€4.5m for the provision of 200,000 additional PA / Home Support hours, to bring the total number of hours to 3,200,000 by end 2008.	<b>Money spent:</b> € Nil	Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period	PCCC
	94 WTEs	<b>Total WTEs appointed:</b> 0		

5. Report on Progress of New Service Developments (Addendum)

Focus – Disability Services	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<p><b>Disability Act:</b> <i>Enhance the level and range of multidisciplinary support services to children with intellectual, physical and sensory disabilities and those with autism, with a priority in 2008 on enhancing the assessment and support service for children with disabilities</i></p>	<p>€9.8m for the filling of 140 multidisciplinary team posts to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act.</p>	<p><b>Money spent:</b> € Nil</p>	<p>Allocations and priorities for each Area have been finalised. Implementation of the 2008 allocation awaiting approval. No further progress to report this period</p>	PCCC
	<p>140 WTEs</p>	<p><b>Total WTEs appointed:</b> 0</p>		
Focus – Cancer Control Programme	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<p><b>National Cancer Control Programme (NCCP) (TP 3.9)</b> <i>The cancer control programme will be organised around the transfer of surgical services onto the 8 designated cancer centres, with some cancers being accelerated to be 90% transferred by the end of 2008. Cancer control will roll out a number of specific projects within cancer, develop national guidelines and implement standards based around these guideline. Key posts to create the programme structure will be put in place.</i></p>	<p><b>Implementation of the cancer control strategy - €10m</b> Appointment of key posts into the National Cancer Control Programme Structure which will form the leadership for the programme. The commencement of the transfer of oncology surgeries into the 8 cancer centres – 50% delivery by the end of 2008. Improved access to breast services including mammography, with a proposed transfer of 90% of breast services into the 8 centres by end 2008. Strategy for transferring WTE and capital resources, with a fully developed capital and equipping plan.</p>	<p><b>Money spent:</b> €6.75 M</p>	<p>A total of 37 WTE have now been allocated to symptomatic breast services to aid the development of comprehensive breast units across 8 cancer centres. Primary notification from NEMU to the hospitals. The consultant appointments have been advertised. Further 0.5 WTE was awarded to Limerick re anaesthetics on a cost neutral basis. Further 3 WTE consultant posts gone to the CAU process for approval, primary notification application will follow.</p>	Director of Cancer Programme Director
	<p>35 WTEs (NB: Plus an additional 16 in the letter of approval 4.3.08) Total = 51 WTEs</p>	<p><b>Total WTEs appointed: 40.5</b></p>		
	<p><b>National Plan for Radiation Oncology - €5m</b> Continue increased service delivery in St Luke's Increased delivery of the training</p>	<p><b>Money spent:</b> €5 M</p>	<p>The 5 Consultant radiation oncology posts, suspended due to the consultant contract negotiations in 2007, have now been advertised. A further 5 x consultant appointments for</p>	Director of Cancer Control Programme with Director of the Radiation

5. Report on Progress of New Service Developments (Addendum)

Focus – Cancer Control Programme	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
	programmes throughout 2008. Employment of commissioning staff for the capital developments. Expanded training schemes for all grades of radiation oncology specialised staff.		radiation oncology have been agreed for 2008 each with clerical support. CAU process for these posts is underway. Application has been made for issue of the primary notification of all new 39 WTE posts to the NPRO. 1 WTE principal physicist St Luke's Hospital <b>Agreed assigned to NPRO corporate:-</b> 6 x Specialist Registrar, 6 x Clinical Specialist (Radiation Therapy), 1 x CNM 2, 1 x Principal Physicist, 3 x Senior Physicist, 5 x Basis Grade Physicist, 1 x Senior Dosimetrist, 1 x Senior Engineering Technician, 1 x Service Manager General Manager, 1 x Grade VIII, 7 x Grade IV <b>Total 39 WTE (incl. 1 St. Luke's)</b>	Oncology Plan.
	39 WTEs	<b>Total WTEs appointed: 39</b>		
Focus – Population Health	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Introduction of Pneumococcal and Hepatitis B vaccines into Primary Childhood Immunisation Programme.</i>	€12.152m (Incl VAT*) for the implementation of new PCI schedule and catch-up programme. Ensuring 95% uptake of essential childhood vaccine.	<b>Money spent:</b> € Nil	Contracts signed and vaccine delivery schedule agreed.	Pop Health
<i>Standardisation of current IT systems to allow collection of data for changes to immunisation schedule.</i>	€1.726m for standard process and systems for data capture, scheduling and up-take to support new PCI programmes.	<b>Money Spent:</b> € 14,000	Awaiting costings from areas for agreed revision of vaccine return forms.	Pop Health
	12 WTEs	<b>Total WTEs appointed: 0</b>		
<i>Communications and training.</i>	€1.131m for promotional materials and media campaigns. Health Professional training to support the achievement of 95% uptake of essential childhood vaccines.	<b>Money Spent:</b> € 70,000	Health professional training continuing. Communication materials agreed and with printers	Pop Health
	2 WTEs	<b>Total WTEs appointed: 0</b>	In NEMU process	

5. Report on Progress of New Service Developments (Addendum)

Focus – Population Health	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>MMR campaign for all children 4 – 18 years of age. Ireland is committed to 2010 WHO European strategy to eliminate measles and rubella.</i>	€2.95m for the commencement of Phase 1 of MMR campaign.	<b>Money Spent:</b> € Nil	In NEMU process	Pop Health
	98 WTEs*	<b>Total WTEs appointed:</b> 0		

\*These vaccine cost are estimated as prices are market dependent.

Focus – Other	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Innovative Service Delivery Projects</i>	€12m for the following: Negotiations initiated between DoHC and HSE on agreeing a process on projects that will qualify under this categorisation. Projects communicated and rolled-out.	<b>Money spent:</b> € Nil	Evaluation / Monitoring Committee established. Criteria for project proposals, application form, and application process agreed. Circulated by the committee to service management and identified target groups (EAGs, Transformation, and Achievement Awards etc.) A targeted call for projects has been initiated with closing date of mid June. A multidisciplinary assessment team is being identified to carry out the detailed assessment of the projects against scoring system agreed by the committee.	Office of CEO

# APPENDIX 1

## FINANCE DATA

## Vote 40 - HSE – Vote Expenditure Return at 31<sup>st</sup> May 2008

### 1. Vote Revenue Position at 31<sup>st</sup> May 2008 - Including Long Stay

Revenue Including Long-Stay Special Account	Per Original Profile €000	Expenditure €000	Over / Under €000	%
Gross Expenditure	6,001,644	6,031,128	29,484	0.49
A-in-A	849,837	856,506	6,669	0.78
Net Revenue	5,151,807	5,174,622	22,815	0.44

### 2. Vote Revenue Position at 31<sup>st</sup> May 2008 - Excluding Long Stay

Revenue Including Long-Stay Special Account	Per Original Profile €000	Expenditure €000	Over / Under €000	%
Gross Expenditure	5,874,644	5,934,128	59,484	1.01
A-in-A	849,837	856,506	6,669	0.78
Net Revenue	5,024,807	5,077,622	52,815	1.05

If the emerging trends remain unchecked the projected Revenue vote, overspend at year end amounts to €300m. However, the vote return has been prepared on the assumption that corrective action will be taken to ensure that a balanced vote is achieved at year end.

### 3. Vote Capital Position at 31<sup>st</sup> May 2008

Revenue Including Long-Stay Special Account	Per Original Profile €000	Expenditure €000	Over (Under) €000	%
Gross Expenditure	253,833	246,805	(7,028)	(2.76)
A-in-A	3,733	0	(3,733)	
Net Revenue	250,099	246,805	(3,295)	(1.32)

The Capital Outturn for 2008 is expected to be in line with the Estimate provision.

## HSE Net Expenditure – Summary – by Pillar / Statutory &amp; Voluntary System

HSE NET EXPENDITURE	Current Month				Year to Date		
	Budget 2008 €000s	Actual €000s	Budget €000s	Variance €000s	Actual €000s	Budget €000s	Variance €000s
<b>Statutory</b>							
National Hospitals Office	2,520,024	220,192	210,026	10,165	1,069,815	1,029,396	40,419
Primary, Community and Continuing Care	7,405,064	627,980	611,487	16,493	3,090,806	3,031,699	59,106
Corporate and Shared Services	734,804	63,934	60,017	3,917	305,445	296,818	8,627
<b>Total Statutory</b>	<b>10,659,893</b>	<b>912,106</b>	<b>881,531</b>	<b>30,576</b>	<b>4,466,065</b>	<b>4,357,913</b>	<b>108,152</b>
<b>Voluntary</b>							
National Hospitals Office	2,026,428	172,343	167,630	4,713	847,099	826,503	20,596
Primary, Community and Continuing Care	567,501	49,402	48,875	526	234,879	232,827	2,052
<b>Total Voluntary</b>	<b>2,593,929</b>	<b>221,745</b>	<b>216,506</b>	<b>5,240</b>	<b>1,081,978</b>	<b>1,059,330</b>	<b>22,648</b>
<b>Development &amp; Technical Resources</b>							
National Hospitals Office	4,000						
Primary, Community and Continuing Care	190,200						
Human Resources	11,743		1,408			1,408	(1,408)
Cancer Control Programme	15,000						
Pay, Superannuation & Other Technical Items	82,835		29,514			29,514	(29,514)
<b>Total Development &amp; Technical Resources</b>	<b>303,778</b>	<b>-</b>	<b>30,922</b>	<b>-</b>	<b>-</b>	<b>30,922</b>	<b>(30,922)</b>
<b>Overall Total</b>							
National Hospitals Office	4,546,452	392,535	377,657	14,879	1,916,914	1,855,899	61,015
Primary, Community and Continuing Care	7,972,565	667,382	660,362	17,020	3,325,685	3,264,526	61,158
Corporate and Shared Services	734,804	63,934	60,017	3,917	305,445	296,818	8,627
Health Repayment Scheme	150,000			-			-
Development & Technical Resources	303,778		30,922	(30,922)		30,922	(30,922)
<b>Total HSE Budget</b>	<b>13,707,600</b>	<b>1,133,852</b>	<b>1,128,958</b>	<b>4,893</b>	<b>5,548,043</b>	<b>5,448,165</b>	<b>99,878</b>

# APPENDIX 2

## HR DATA



### National Staff Categorisation WTE data<sup>1</sup>

A major exercise has been underway during April/May to more properly align employment ceilings with financial budgets. This has involved detailed engagement with NHO and PCCC by the NEMU and this re-alignment has now been completed and incorporated in the monthly PMR with effect from the current month. It has involved an assessment of the financial capacity to support employment levels provided for in the allocated ceiling and the sub-allocation of employment ceilings based on the provisions in the 2008 sanction for expenditure. While outlined in more detail below, this has involved allocating increased employment ceilings to hospitals which can sustain them and increases the number of hospitals reported as at or below employment ceiling level. It involves no change in the control environment.

\* Start 2008 approved ceiling is 111,505 and is currently being sub-allocated to Hospitals/Local Health Offices/Voluntary Hospitals and Voluntary Agencies. Reconfiguration targets also being assigned to functions with target dates end of 2009.

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	7.26%	8,006	-18	<i>n/a</i>	<i>n/a</i>
Nursing	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	34.29%	37,753	-156	<i>n/a</i>	<i>n/a</i>
Health & Social Care Professionals	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	14.26%	15,693	10	<i>n/a</i>	<i>n/a</i>
Management/Admin	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	16.26%	17,906	4	<i>n/a</i>	<i>n/a</i>
General Support Staff	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	11.64%	12,810	-79	<i>n/a</i>	<i>n/a</i>
Other Patient and Client Care	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	16.28%	17,921	25	<i>n/a</i>	<i>n/a</i>
<b>Total</b>	<b>111,505</b>	<b>0</b>	<b>111,505</b>	<b>100%</b>	<b>110,090</b>	<b>-214</b>	<b>-1,415</b>	<b>-1.3%</b>

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

Note 2: This table shows break-down by staff category across health services.

### National Staff Categorisation – by Statutory Sector<sup>1</sup>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	7.06%	5,114	-14	<i>n/a</i>	<i>n/a</i>
Nursing	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	34.90%	25,295	-91	<i>n/a</i>	<i>n/a</i>
Health & Social Care Professionals	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	13.32%	9,654	4	<i>n/a</i>	<i>n/a</i>
Management/ Admin	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	17.56%	12,725	-2	<i>n/a</i>	<i>n/a</i>
General Support Staff	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	11.36%	8,235	-31	<i>n/a</i>	<i>n/a</i>
Other Patient and Client Care	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	15.79%	11,447	-51	<i>n/a</i>	<i>n/a</i>
<b>Total</b>	<b>73,893</b>	<b>0</b>	<b>73,893</b>	<b>100.00%</b>	<b>72,470</b>	<b>-185</b>	<b>-1,423</b>	<b>-1.9%</b>

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

<sup>1</sup> Health Service Executive employees only.

National Staff Categorisation – by Voluntary Hospital Sector (NHO)<sup>1</sup>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.85%	2,695	-2	n/a	n/a
Nursing	n/a	n/a	n/a	39.23%	8,924	-80	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.81%	3,141	-4	n/a	n/a
Management/ Admin	n/a	n/a	n/a	16.92%	3,849	-2	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.71%	2,891	-58	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	5.48%	1,246	-14	n/a	n/a
<b>Total</b>	<b>22,721</b>	<b>0</b>	<b>22721</b>	<b>100.00%</b>	<b>22,747</b>	<b>-159</b>	<b>26</b>	<b>0.11%</b>

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

<sup>1</sup> Voluntary Hospitals aligned to NHO.

National Staff Categorisation – by Voluntary Agencies (PCCC)<sup>1</sup>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	1.32%	196	-3	n/a	n/a
Nursing	n/a	n/a	n/a	23.76%	3,534	14	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	19.49%	2,899	10	n/a	n/a
Management/ Admin	n/a	n/a	n/a	8.96%	1,332	8	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.32%	1,684	10	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	35.16%	5,229	90	n/a	n/a
<b>Total</b>	<b>14,891</b>	<b>0</b>	<b>14891</b>	<b>100.00%</b>	<b>14,873</b>	<b>130</b>	<b>-18</b>	<b>-0.12%</b>

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

<sup>1</sup> Non-Health Service Executive Agencies aligned to PCCC

HR WTE data by National Hospitals Office Networks

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.18%	500	0	n/a	n/a
Nursing	n/a	n/a	n/a	42.16%	1,886	-7	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	8.94%	400	-3	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.56%	696	-6	n/a	n/a
General Support Staff	n/a	n/a	n/a	18.32%	819	-7	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	3.84%	172	1.59	n/a	n/a
<b>South Eastern Hospitals Group</b>	<b>4,474</b>	<b>0</b>	<b>4,474</b>	<b>100%</b>	<b>4,472</b>	<b>-22</b>	<b>-2</b>	<b>0.0%</b>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.35%	772	-5	n/a	n/a
Nursing	n/a	n/a	n/a	41.33%	2,809	-20	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	11.19%	761	-6	n/a	n/a
Management/ Admin	n/a	n/a	n/a	14.71%	1,000	-3	n/a	n/a
General Support Staff	n/a	n/a	n/a	16.09%	1,094	-15	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	5.32%	361	-4.75	n/a	n/a
<b>Southern Hospitals Group</b>	<b>6,899</b>	<b>0</b>	<b>6,899</b>	<b>100%</b>	<b>6,797</b>	<b>-54</b>	<b>-102</b>	<b>-1.5%</b>
<b>NHO South</b>	<b>11,373</b>	<b>0</b>	<b>11,373</b>	<b>n/a</b>	<b>11,269</b>	<b>-75</b>	<b>-104</b>	<b>-0.9%</b>
Medical/ Dental	n/a	n/a	n/a	12.42%	409	3	n/a	n/a
Nursing	n/a	n/a	n/a	40.73%	1340	-6	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	8.51%	280	-2	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.03%	495	-2	n/a	n/a
General Support Staff	n/a	n/a	n/a	14.05%	462	-3	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	9.26%	305	-5.16	n/a	n/a
<b>North Eastern Hospitals Group</b>	<b>3,147</b>	<b>0</b>	<b>3,147</b>	<b>100%</b>	<b>3,291</b>	<b>-17</b>	<b>143</b>	<b>4.6%</b>
Medical/ Dental	n/a	n/a	n/a	12.50%	1,101	-4	n/a	n/a
Nursing	n/a	n/a	n/a	39.45%	3,477	6	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.37%	1,178	5	n/a	n/a
Management/ Admin	n/a	n/a	n/a	16.96%	1,495	-3	n/a	n/a
General Support Staff	n/a	n/a	n/a	13.31%	1,173	-5	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	4.42%	389.79	2.11	n/a	n/a
<b>Dublin North East Hospitals Group</b>	<b>8,937</b>	<b>0</b>	<b>8,937</b>	<b>100%</b>	<b>8,813</b>	<b>1</b>	<b>-124</b>	<b>-1.4%</b>
<b>NHO Dublin North East</b>	<b>12,084</b>	<b>0</b>	<b>12,084</b>	<b>n/a</b>	<b>12,104</b>	<b>-16</b>	<b>20</b>	<b>0.2%</b>
Medical/ Dental	n/a	n/a	n/a	12.13%	987	0	n/a	n/a
Nursing	n/a	n/a	n/a	40.74%	3,314	0	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	11.34%	922	0	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.12%	1,230	0	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.93%	1,052	0	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	7.74%	630	0	n/a	n/a
<b>Western Hospitals Group</b>	<b>8,050</b>	<b>0</b>	<b>8,050</b>	<b>100%</b>	<b>8,135</b>	<b>0</b>	<b>85</b>	<b>1.1%</b>
Medical/ Dental	n/a	n/a	n/a	11.42%	370	-1	n/a	n/a
Nursing	n/a	n/a	n/a	42.25%	1,368	3	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	9.81%	318	1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	14.65%	474	0	n/a	n/a
General Support Staff	n/a	n/a	n/a	8.80%	285	-1	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	13.07%	423	0	n/a	n/a
<b>Mid Western Hospitals Group</b>	<b>3,245</b>	<b>0</b>	<b>3,245</b>	<b>100%</b>	<b>3,238</b>	<b>2</b>	<b>-7</b>	<b>-0.2%</b>
<b>NHO – West</b>	<b>11,295</b>	<b>0</b>	<b>11,295</b>	<b>n/a</b>	<b>11,373</b>	<b>2</b>	<b>78</b>	<b>0.7%</b>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.41%	929	-3	n/a	n/a
Nursing	n/a	n/a	n/a	39.30%	3,201	-7	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.46%	1,096	-11	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.16%	1,235	3	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.08%	739	-21	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	11.59%	944	-10	n/a	n/a
<b>Dublin Midlands Hospitals Group</b>	<b>8,012</b>	<b>-13</b>	<b>7,999</b>	<b>100%</b>	<b>8,144</b>	<b>-49</b>	<b>145</b>	<b>1.8%</b>
Medical/ Dental	n/a	n/a	n/a	11.38%	970	2	n/a	n/a
Nursing	n/a	n/a	n/a	38.29%	3,264	-65	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	14.75%	1,257	-3	n/a	n/a
Management/ Admin	n/a	n/a	n/a	16.48%	1,405	-8	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.89%	1,099	-13	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	6.20%	529	-2	n/a	n/a
<b>Dublin South Hospitals Group</b>	<b>8,584</b>	<b>0</b>	<b>8,584</b>	<b>100%</b>	<b>8,523</b>	<b>-89</b>	<b>-61</b>	<b>-0.7%</b>
<b>NHO – Dublin Mid Leinster</b>	<b>16,596</b>	<b>-13</b>	<b>16,583</b>	<b>n/a</b>	<b>16,667</b>	<b>-138</b>	<b>84</b>	<b>0.5%</b>
Medical/ Dental	n/a	n/a	n/a	0.00%	0	0	n/a	n/a
Nursing	n/a	n/a	n/a	0.51%	7	0	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	0.00%	0	0	n/a	n/a
Management/ Admin	n/a	n/a	n/a	4.31%	57	0	n/a	n/a
General Support Staff	n/a	n/a	n/a	24.89%	332	0	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	70.29%	936	0	n/a	n/a
<b>National Ambulance Service</b>	<b>1,305</b>	<b>0</b>	<b>1,305</b>	<b>100%</b>	<b>1,332</b>	<b>0</b>	<b>27</b>	<b>2.1%</b>
<b>Office of the NHO</b>	<b>164</b>							
<b>NHO National Total</b>	<b>52,818</b>	<b>-13</b>	<b>52,805</b>	<b>n/a</b>	<b>52,746</b>	<b>-227</b>	<b>-59</b>	<b>-0.1%</b>

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

**HR WTE Data – Population Health**

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	20.58%	113	-1	n/a	n/a
Nursing	n/a	n/a	n/a	3.28%	18	-2	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	10.75%	59	-1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	56.65%	311	4	n/a	n/a
General Support Staff	n/a	n/a	n/a	0.18%	1	0	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	8.56%	47	-2	n/a	n/a
<b>Total</b>	<b>533</b>	<b>6</b>	<b>539</b>	<b>100%</b>	<b>549</b>	<b>-2</b>	<b>10</b>	<b>1.9%</b>

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

HR WTE Data – Corporate/Others

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	1.01%	34	-1	n/a	n/a
Nursing	n/a	n/a	n/a	4.68%	159	-1	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	1.24%	42	1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	80.22%	2722	28	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.51%	424	-12	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	0.35%	12	0	n/a	n/a
<b>Total</b>	<b>3,477</b>	<b>-43</b>	<b>3,434</b>	<b>100%</b>	<b>3,393</b>	<b>15</b>	<b>-41</b>	<b>-1.2%</b>

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

HR WTE data by PCCC Area

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	3.52%	435	0	n/a	n/a
Nursing	n/a	n/a	n/a	34.76%	4,297	-21	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	17.39%	2,149	6	n/a	n/a
Management/ Admin	n/a	n/a	n/a	11.11%	1,373	6	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.56%	1,428	-13	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	21.67%	2,678	8	n/a	n/a
<b>South</b>	<b>12,677</b>	<b>0</b>	<b>12,677</b>	<b>100%</b>	<b>12,361</b>	<b>-14</b>	<b>-315</b>	<b>-2.5%</b>
Medical/ Dental	n/a	n/a	n/a	3.23%	368	-3	n/a	n/a
Nursing	n/a	n/a	n/a	29.89%	3,399	-19	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	19.56%	2,224	9	n/a	n/a
Management/ Admin	n/a	n/a	n/a	13.72%	1,560	-9	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.38%	1,067	-5	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	24.23%	2,755	-5	n/a	n/a
<b>Dublin North East</b>	<b>11,724</b>	<b>0</b>	<b>11,724</b>	<b>100%</b>	<b>11,373</b>	<b>-31</b>	<b>-351</b>	<b>-3.0%</b>
Medical/ Dental	n/a	n/a	n/a	3.08%	449	0	n/a	n/a
Nursing	n/a	n/a	n/a	33.39%	4,859	3	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	14.49%	2,108	-4	n/a	n/a
Management/ Admin	n/a	n/a	n/a	13.64%	1,984	2	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.35%	1,361	6	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	26.05%	3,791	32	n/a	n/a
<b>West</b>	<b>14,802</b>	<b>37</b>	<b>14,839</b>	<b>100%</b>	<b>14,553</b>	<b>39</b>	<b>-286</b>	<b>-1.9%</b>

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual May 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	3.80%	574	-4	<i>n/a</i>	<i>n/a</i>
Nursing	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	28.83%	4,358	-21	<i>n/a</i>	<i>n/a</i>
Health & Social Care Professionals	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	19.12%	2,891	19	<i>n/a</i>	<i>n/a</i>
Management/ Admin	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	12.37%	1,870	-12	<i>n/a</i>	<i>n/a</i>
General Support Staff	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	9.75%	1,474	9	<i>n/a</i>	<i>n/a</i>
Other Patient and Client Care	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	26.12%	3,948	14	<i>n/a</i>	<i>n/a</i>
<b>Dublin Mid Leinster</b>	<b>15,473</b>	<b>13</b>	<b>15,486</b>	<b>100%</b>	<b>15,115</b>	<b>5</b>	<b>-371</b>	<b>-2.4%</b>
<b>National PCCC</b>	<b>1</b>			<b><i>n/a</i></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b><i>n/a</i></b>
<b>PCCC NATIONAL TOTAL</b>	<b>54,676</b>	<b>50</b>	<b>54,726</b>	<b><i>n/a</i></b>	<b>53,402</b>	<b>-1</b>	<b>-1,324</b>	<b>-2.4%</b>

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

Note 2: The sub-allocations of the approved employment ceiling by Area and by LHO within the overall PCCC ceiling is ongoing and subject to change.

Note 3: There remains a balance of 5 WTEs from the NSP 2006 to be allocated to LHOs which in the interim is held at National PCCC pending decision by National Director.