



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report August 2009

8th October 2009

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Introduction

The HSE Performance Reports for 2009 address the reporting requirements for the organisation to monitor progress against our objectives and commitments in the National Service Plan (NSP) 2009. The report also complies with the reporting requirements to the Minister for Health and Children, as outlined under the Health Act 2004. Each month, additional metrics may be reported in the Performance and Supplementary reports as they are developed and validated.

Each month two reports are produced:

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

Section 10(2) Information

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

- Urgent access to Colonoscopy – the results of a retrospective audit were reported in the May PR. An active programme is ongoing to prioritise patients waiting for urgent colonoscopies in order to meet the 4 week target. A second audit (utilising a similar methodology to the earlier audit) is underway but is taking longer than expected to complete. The data is therefore not available for this report, as previously anticipated, but will be included as soon as it is available.
- Aids and Appliances information (page 4).
- Patient Safety and Hospital Hygiene - a detailed section has been included against specific patient safety and hospital hygiene measures (page 36-39).
- Consultant Contract Implementation and Service Improvements Arising: New measurement systems have been developed in order to fulfil this requirement in the manner agreed under the contract negotiations (i.e. clinical activity adjusted for Casemix). This new measurement programme went live for consultant activity from January 2009 (first report submitted to DoHC on 29th July 2009). It is intended that quarterly summary reports will be prepared and forwarded direct to DoHC, outside of the PR process.

Additional information (as per DoHC request, 9 Dec 2008 Service Plan letter) has been provided on:

- Childcare Information System for Social Workers (page 19)
- Discretionary Medical Cards (and discretionary GP Visit Cards) (page 15-16)

New Service Developments

Following sanction to proceed with implementation (received on 15th June 2009), Section 4 of the PR outlines new developments, with funding allocated as follows:

- NCCP - €15m
- Innovation - €21m (NB: Governance arrangements for €20m of Innovation funding for suitable projects was received on 27th July 2009)
- Older People - €55m
- Disabilities - €7.2m
- Mental Health - €2.8m
- Immunisation - €12m

Balanced Scorecard against NSP 09

Operations

PCCC	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Primary Care					
No. of PCTs – Phase 1 and 2	93	210	127	---	---
No. of PCTs in development - Phase 3	0	100	130	---	---
Community (Demand Led) Schemes					
No. of persons covered by medical cards	1,352,120	1,399,928	1,438,118	3%	1,324,477
Older People					
Total Home Help Hours provided	12,643,677	7,986,400	7,910,124	-1.0%	8,274,326
Persons in receipt of Home Care Packages	8,990	8,700	8,894	2.2%	8,868
National Hospitals Office					
Inpatient	604,320	383,055	396,962	3.6%	398,508
Day case	637,140	430,940	441,542	2.5%	421,527
Births	73,815	51,183	49,441	-3.4%	48,587

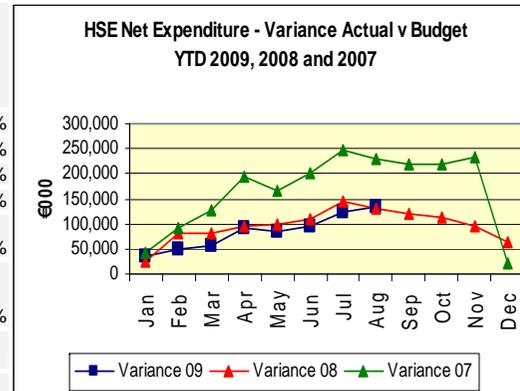
	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5	6.5	6.4	6.4	6.3	6.3	6.3	6.2				

Human Resources

	Ceiling at 01/01/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 31/08/2009	% of Approved Ceiling	Actual Aug 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-483	52,335	46.81%	52,969	-114	634	1.21%
<i>Voluntary</i>	22,721	-236	22,485	20.11%	22,727	-55	242	1.08%
<i>Statutory</i>	30,097	-247	29,849	26.70%	30,242	-59	392	1.31%
PCCC	54,677	-85	54,592	48.83%	53,121	-166	-1,470	-2.69%
<i>Voluntary</i>	14,891	290	15,181	13.58%	15,154	-33	-28	-0.18%
<i>Statutory</i>	39,786	-376	39,410	35.25%	37,968	-133	-1,443	-3.66%
Population Health	533	586	1,119	1.00%	1,104	10	-15	-1.32%
Corporate (inc subsumed agencies)	3,477	-110	3,367	3.01%	3,295	-22	-71	-2.12%
Portion of ceiling to be allocated*	0	389	389	0.37%	0		-389	-100.00%
Total	111,505	296	111,800	100.02%	110,490	-291	-1,311	-1.17%

Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
NHO	4,454,446	3,007,689	2,958,703	48,986	1.7%
PCCC	8,210,485	5,489,967	5,490,558	-591	0.0%
NSS	27,433	17,693	17,304	389	2.3%
Corporate	521,407	415,630	354,999	60,631	17.1%
Population Health	157,190	103,414	104,385	(972)	-0.9%
Health Repayment Scheme	36,000	55,116	36,000	19,116	53.1%
Held Funds	148,639				
Total	13,555,600	9,089,509	8,961,948	127,560	1.4%



Quality

Measure	Target 09 ytd	Actual ytd	% variance Actual v Target ytd
Symptomatic Breast Cancer Services			
No. of cases compliant with HIQA standard of 2 weeks for urgent referrals	6,971	5,774	
No. of non urgent referrals who were offered an appointment within 12 weeks	13,624	10,950	
Ambulance			
No. and % of emergency ambulance calls responded to within 26 minutes	86%	112,300 (83.5%)	-3%
Corporate			
No. of FOI requests received.	---	3,303	---
Total number of complaints received.	---	5,501	---
No. of complaints finalised within 30 working days	---	*4,396	---

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

Section 1 – Key Performance Summary

HSE Overview

The financial position at the 31st August 2009 indicates a deficit of €127.6m. There is a continuing downward trend in employment levels for August with the HSE now 1,311 below its ceiling level. The service provision commitments in the service plan are substantively being delivered with both NHO and PCCC at or very close to targeted provision levels. Hospitals are ahead of target in the key areas of inpatient/ day case activity. The primary drivers of the deficit relate to pension costs running €59m ahead of budget and hospitals (statutory and voluntary) are €48.9m ahead of budget.

The September vote issues figures indicate a gross vote deficit of €161.7m, this is down slightly from the August position. There has been a reduction in the spend on community drugs in September reflecting the pharmacy action in August. The underlying trend will be visible in the October data. The projection to year end is being updated based upon the September vote report which is just becoming available. An updated vote projection using September data will be addressed at the Board meeting.

There is a significant shortfall in Appropriations-in-Aid at 31st August of €125m. This relates primarily to the delay in receipt of monies for the Health Levy. We are following up with the Department of Social Community and Family Affairs. There are a number of key risks in Appropriations-in-Aid to year end, including the health levy, pension levy receipts and UK receipts.

The capital position indicates a deficit of €35.7m against profile in the September vote issues report. This is the subject of ongoing discussion between the HSE and the Department of Health and Children. The 2009 capital plan remains unapproved and as such the HSE remains under Department of Finance embargo regarding contractual commitments beyond December 2009. The HSE continues to work with both Departments of Health and Finance on this issue. It has been acknowledged that the core Capital overspend issue is due to the late (April 09) implementation of a further €30m cut in the 2009 allocation.

The key risks facing the HSE financially to year end include:

- The risk of substantial additional expenditure on community schemes;
- Non – resolution of the capital issues;
- Any potential adverse impact of the court cases relating to advance payments to pharmacists or the challenge to be heard in October to the recent reductions relating to pharmacy;
- Ensuring full funding for any incremental cost of the pandemic including vaccines and the mass vaccination process;
- Shortfall in A-in-As;
- An increase in retirements whether normal or as part of the early retirement scheme;
- Ant potential withdrawal of funding related to the employment moratorium.

The actions being taken include:

- Further measures in NHO to address the issues arising in the West;
- Monitoring of community schemes to address any deficit in the context of a possible supplementary;
- Providing information to the government departments relating to pensions and appropriations in aid issues.

Pandemic (H1N1) 2009

The number of cases of Pandemic (H1N1) cases has been relatively stable for the last few weeks with GP's consultation rates for influenza type illness at 38 per 100,000 in the week ending the 13th September. One hundred and fourteen cases had been hospitalised up to the 17th September with 2 deaths. Of these 114 cases 10 have been admitted to ICU. Children and young adults remain the most affected groups with 74.6% of cases have been less than 35 years of age. However the illness continues to be mild in the majority of cases.

Planning progress

At current levels of Pandemic Activity (Stage 2 response) General Practitioners and Hospitals are managing Pandemic Patients as part of their normal workload. The National Crisis Management Team continues to keep the situation under review and is supporting response. Stockpiles of antivirals and other items required by General Practitioners and Hospitals are being managed.

The main focus of our planning effort remains on the potential for serious outbreak in the autumn/ winter, possibly of a more severe strain of the virus. For the purposes of planning we are assuming that 30% of the Population will become affected at this time. Our plans are therefore focussed on management of the additional pressures that would arise on the HSE during this period, including business continuity and the maintenance of essential services. Additionally plans are being progressed to offer vaccination to the entire Population commencing October of this year.

Progress of planning for a significant wave of infection in the autumn/ winter**Mass Vaccination**

Planning for mass vaccination of the population continues. The logistics involved are enormous. No vaccination programme of this magnitude has ever before been undertaken in the state.

We have contracted with two companies for pandemic vaccine. While delivery schedules are yet to be finalised we have begun to receive small quantities from one of these manufacturers. Licensing of these vaccines is anticipated around the middle of October which then allows us to commence vaccinations. However based on anticipated delivery schedules it will be many months before most of the population will be vaccinated.

Telephone Hotline and Web based support tool

Development of the telephone Hotline and Web based support tool continues. It is anticipated that this tool will be in place by the start of November.

Critical Care and Ventilator capacity

Based on data emerging on Pandemic (H1N1) 2009 internationally it appears that the numbers of patients with Pandemic (H1N1) 2009 who require admission to ICU and ventilation is higher than we expected. We are currently examining ways to optimise our capacity in these areas. Additionally a project has been put in place to identify nursing staff, currently working outside of critical care areas, who have previous experience of work in this area. Work is underway to develop an education programme to up skill them.

Pandemic Costs

The HSE is working with the DoHC in assessing the emerging costs associated with the national response to the pandemic. A small group has been formed to specifically address the financial aspects of pandemic planning and will report to NPHE. The primary costs identified to date are those flagged previously relating to purchase of vaccine. Further work is being undertaken to identify the costs associated with a move to mass vaccination. The HSE anticipates that the net additional cost of responding to the pandemic will be considered by way of a supplementary estimate and does not therefore require any amendment to the service plan at this time.

Updated Information

Daily updated information on Influenza A (H1N1) is available on www.hse.ie including news, advice, information leaflets and detailed questions and answers.

Freephone 1800 9411 00 for up to date recorded information on Influenza A (H1N1) or log onto **www.swineflu.ie**.

Financial Overview -

The overall budget of €13.556 billion is made up of the total HSE Vote of €14.599 billion less an income budget of €1,044m. The financial results for August show total expenditure of €9.089 billion against a year to date budget of €8.962 billion - a deficit of €127.6 million.

Key Messages

- The deficit of €127.6m at the end of August is made up of the following components: -

Statutory hospitals	€41.8m
Local Health Offices	€-2.6m
PCRS and Schemes	€2.4m
Population Health	€-0.9m
Pensions	€65.3m
Other Corporate	€-4.2m
Voluntary Providers	€6.6m
Repayments Scheme	€19.1m
Total	€127.6m

- The pension deficit at the end of August is in line with our full year forecast – a deficit in the order of €80m-€95m depending on the trend in lump sums for the remaining quarter.
- Local Health Offices are operating with a small surplus of €2.6m year to date while Primary Care Schemes are still exhibiting a deficit to the end of August of €15m.
- The NHO statutory hospital deficit of €41.8m arises substantially in the West/North West.
- With the exception of the West / North West Network all other hospital networks have shown reductions in deficit when compared to July and most of these will break even by year end at current trends.

HSE Statutory System

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

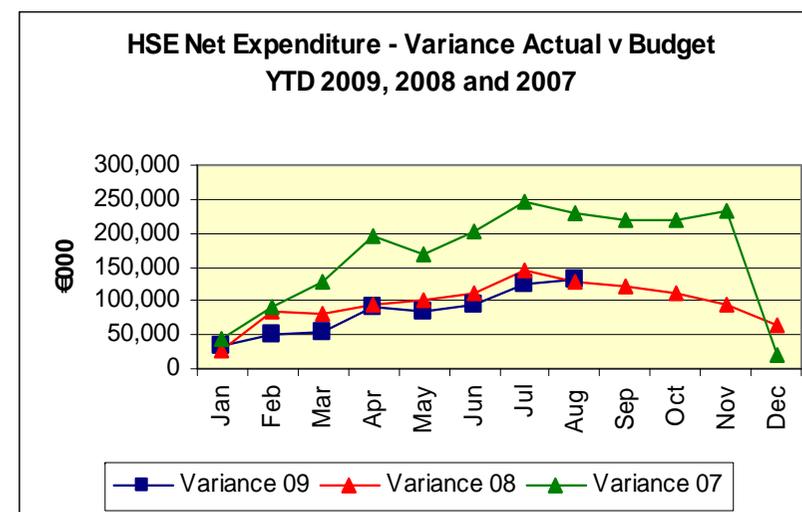
- Statutory €101.8m
- Voluntary €6.6m
- Health Repayment Scheme €19.1m

Aids and Appliances	Approved	YTD			
	Allocation €000	Actual €000	Plan €000	Variance €000	% Variance
South	12,731	6,808	8,479	-1,671	-20%
Dublin North East	15,165	9,853	10,186	-333	-3%
Dublin Mid Leinster	24,555	15,006	16,815	-1,809	-11%
West	10,829	9,715	8,842	873	10%
Total Aids and Appliances	63,280	41,382	44,322	-2,940	-7%

Capital

The cumulative capital cash profile for the period January to August 2009 is €285.255 million. The capital cash draw down for the corresponding period was €321.630 million. The capital draw down was therefore over profile for the period by €36.375 million.

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National Hospitals Office	4,454,446	3,007,689	2,958,703	48,986	1.7%
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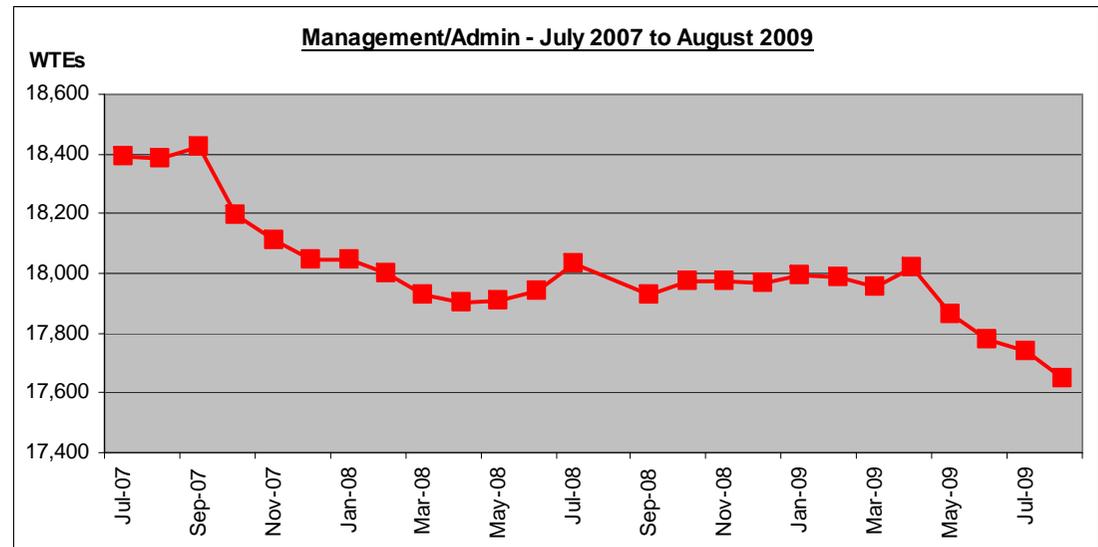
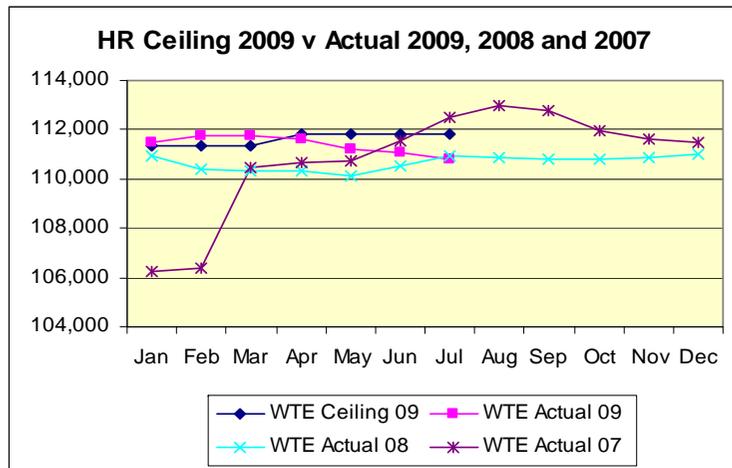


HR Performance Information

End of August employment data shows a decrease of 291 WTEs over the July report. The corresponding month last year showed a decrease of 44 WTEs. In overall terms, the NHO recorded a decrease of 114 WTEs in August with the NHO Statutory Sector recording a decrease of 59 WTEs and the NHO Voluntary Sector decreased by 55 WTEs. PCCC also recorded an overall decrease of 166 WTEs. The PCCC Statutory Sector decreased by 133 WTEs and the Voluntary Sector recorded a decrease of 33 from their July position.

A further 17 2008 addendum posts were filled in August. Out of over 940 posts approved and in process of recruitment, some 144 posts are still to be filled. Management/admin WTEs decreased overall in August by 91 WTEs. There was a reported reduction of 70 Management/admin WTEs in the HSE Statutory Sector, 10 WTEs in the Voluntary PCCC Sector and 11 WTEs in the Voluntary Hospital Sector. At the end of August, this staff category is 318 WTEs below the 2008 end of year position, some 1.77% of a reduction set against the targeted reduction for the year of 3%. It should be noted that there has been a 4.19% reduction in this staff category since its peak in August 2007.

	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 30/08/09	% of Approved Ceiling	Actual August 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
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Portion of ceiling to be allocated*	0	389	389	0.37%	0		-389	-100.00%
Total	111,505	296	111,800	100%	110,490	-291	-1,311	-1.17%



Population Health reported an increase of 10 WTEs in August which is due to an intake of student / trainee Environmental Health Officers and the transfer of Environmental Health Services from PCCC. The appropriate ceiling transfers have not occurred to offset all of this increase in August. However, Population Health is now 1.32% (14.77WTEs) below their employment ceiling. Corporate reported a decrease of 22 WTEs in August. Corporate is currently 2.12% (71 WTEs) below its approved employment ceiling as at the end of August.

Compliance with approved employment ceiling

In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 1,311 WTEs, as at the end of August. As this figure of 111,800 includes adjustments pertaining to 2009 developments yet to be put in place and some further 2008 developments in process, a more appropriate ceiling to measure ceiling compliance against outturn at the end of August is 111,412 WTEs and is thus 922 WTEs or 0.83% within that ceiling.

Based on the current sub-allocation of the overall approved employment ceiling, where 2009 and some 2008 new developments are not included, the NHO is 634 WTEs above ceiling (1.21%), PCCC is 1,470 WTEs below ceiling (-2.69%), Corporate is 71 WTEs below ceiling (-2.12%) and Population Health is 15 WTEs below ceiling (-1.32%). On a sectoral basis, HSE direct is 1,136 WTEs below ceiling (-1.5%), while the Voluntary Hospitals Sector is 242 WTEs above ceiling (1.08%) and the Voluntary Sector of PCCC is 28 WTEs below ceiling (-0.18%).

* Rounding up/down may result in +1 or -1 variance in some cases

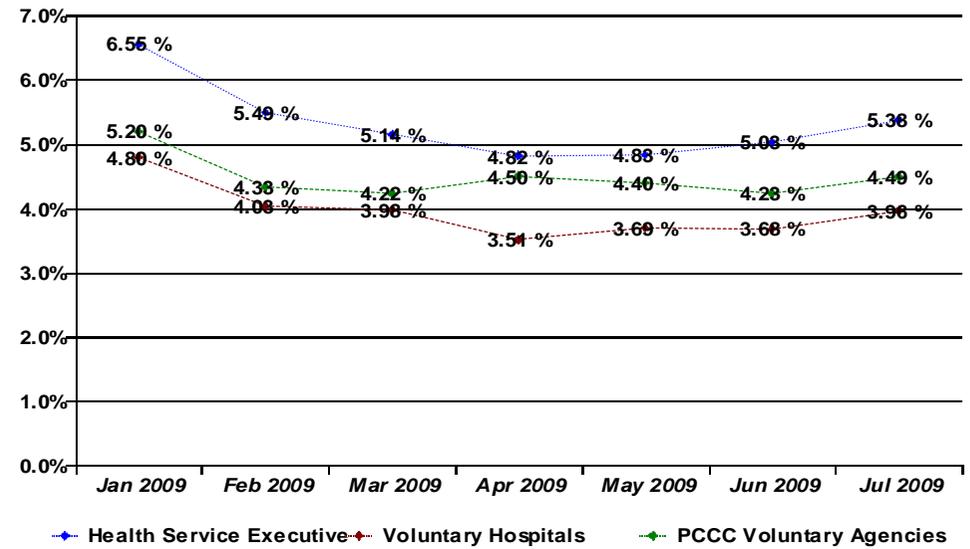
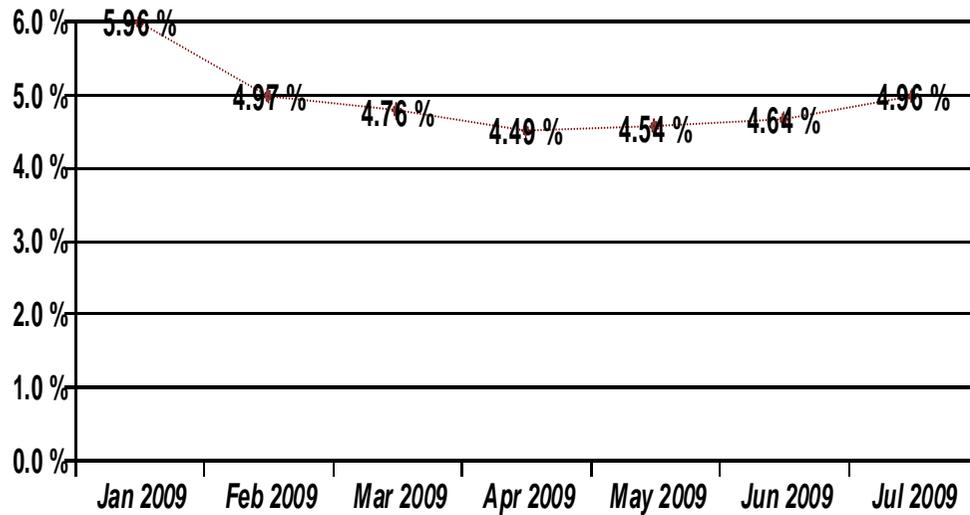
Absenteeism by Sector & Grade Category July 2009

The HSE introduced a national reporting system to measure and monitor absenteeism in early 2008 as one part of its strategy to address absence from work. In order to have consistency and comparability in reporting, both internally and externally to the health services, a standard national definition of a percentage absence rate was set out in a HSE HR Circular issued in February 2008 and is based on the concept of 'lost time rate'. This measures lost time against available time and is expressed as a percentage. **Lost time is any time lost through absences due to certified and uncertified sick leave and unexplained absences.** It does not include absences due to maternity leave, carer's leave or other statutory approved leave. This is similar to measurement used by IBEC and ISME and by many other organisations that monitor and report absenteeism.

Hospitals / LHO's / Voluntary Agencies with the largest percentage variance with their approved employment ceiling at the end of August are as follows:					
Hospital/Local Health Office /Voluntary Agency	Ceiling August	Actual August	Growth in 2009	WTE Ceiling Variance	% Variance
National Ambulance Service	1,305	1,460	62	154	11.8%
Coombe Women's Hospital	691	767	29	76	10.95%
St Vincent's Fairview	215	232	7	17	7.91%
Cavan General Hospital	715	768	0	53	7.43%
Our Lady Of Lourdes, Drogheda	1,270	1,346	-8	76	6.02%

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	YTD
Health Service Executive	6.55 %	5.49 %	5.14 %	4.82 %	4.83 %	5.03 %	5.38 %	5.30 %
Voluntary Hospitals	4.80 %	4.03 %	3.98 %	3.51 %	3.69 %	3.68 %	3.96 %	3.95 %
PCCC Voluntary Agencies	5.20 %	4.33 %	4.22 %	4.50 %	4.40 %	4.23 %	4.49 %	4.48 %
Total	5.96 %	4.97 %	4.76 %	4.49 %	4.54 %	4.64 %	4.96 %	4.89 %

The 2008 National Service Plan had set out an objective to achieve a 10% reduction on absenteeism. The national rate went from a figure of 6.29% in Quarter 1 2008 to 5.58% in Quarter 4, thus exceeding the target. In 2009, the National Director of Human Resources set out a more challenging target of 3.5% and to date some progress has taken place to achieve this. Monthly rates had shown a downward trend from January where the rate was 5.96% to 4.49% in April. Over the last number of months the rate has edged upwards to 4.96% in July.



PCCC Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
PCTs holding clinical mtgs	127	---	---
PCTs in development	130	---	---
No. of contacts with out of hours GP services	584,217	12%	592,986

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,894	2.2%	8,868
Total Home Help Hours provided	*7,910,124	-1.0%	8,274,326
Total no. in receipt of subvention (monthly averages)	9,336	2.6%	9,086

* Validation of OP dataset will be completed by end Oct 09. Expected that this may revise baseline no. HHH's as definitions are uniformly applied nationally.

Mental Health	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of Child and Adolescent Mental Health Teams	54	-1.8%	47

Community (Demand Led) Schemes	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. LTI Claims	611,958	1%	566,893
No. DPS Claims	3,494,968	-16%	3,684,292
No. eligible persons on medical cards	1,438,118	3%	1,324,477

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Total no. of children in care	5,671	6.3%	5,417
Total no. of children in residential care	398	-6.6%	414
Total no. of children in foster care	3,452	8.0%	3,243
Total no. of children in foster care with relatives	1,628	6.4%	1,560
Total no. of children in "Other" care arrangement	193	6.0%	200

Palliative Care (No. on last day of month)	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. patients in specialist inpatient units	323	-15%	375
No. patients accessing home care services	2,917	0%	2,590
No. patients accessing intermediate care in community hospital	115	12%	115
No. patients accessing day care services	262	-17%	343

Social Inclusion (No. on last day of month)	Actual 2009 YTD*	% Var Act v Tar YTD*	Same period 2008
Average no. of clients in methadone treatment	8,934	3.1%	8,727

*Targets were revised in April PR to reflect clients rather than treatments

Disabilities	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
**No. of persons in receipt of Domiciliary Care Allowance (DCA)	24,004	-4%	22,407

** From 1 Sept 09 administration of Domiciliary Care Allowance scheme will transfer to Department of Social and Family Affairs.

NHO Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.6%	-0.4%
Day case attendances	2.5%	4.7%
Outpatient attendances	3.8%	3.2%
Births	-3.4%	1.8%
Emergency presentations*	-2.7%	-2.8%

*Emergency Department presentations = (ED attendances + other emergency attendances from other sources)

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	25.4%	29.4%
• Children>3months	58.9%	59.3%
Daycase - % waiting		
• Adults >6months	13.8%	25.1%
• Children>3months	61.5%	60.3%

National Hospitals Office	Actual YTD	Same Period 2008
Inpatients % Public	75.2%	74.1%
Emergency Calls - % answered <26 mins	83.5%	86.1%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	909	647

Section 2 – VFM

Commentary

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

The total reportable savings against the required €115m for Aug YTD is €49.69m. In terms of the profile for delivery of efficiencies, it may not be expected that Aug YTD would demonstrate approximately 67% of the annual target given that some measures, although actioned, may not impact in demonstrable financial figures until the last quarter. However, there is a slow down in the previous monthly improved rate of saving which will need to be monitored closely. Detailed reports are generated against all VFM adjustments at Directorate level and based on the Aug YTD spend and projecting full year expenditure for 2009:

- VFM 2008 is broadly being maintained in 2009 when the Consultant Contract payment is removed. However, if the increase in the non-pay spend - seen particularly in Drugs&Medicines for the first time in June and repeated in July and August - was to continue in further months, this position may not continue to hold.
- The specific required €115m adjustments may now only be delivered subject to an increased saving in further months. Because of the reduced allocation following the reduced REV, the extent to which projected Vfm savings exceed target in non-pay areas has decreased. This reduces the ability of additional Vfm efficiencies in non-pay categories to compensate for lack of performance in pay-related areas.
- Directorates are reporting that a challenging HR/IR environment is impacting on delivery of planned efficiencies.

VFM	Expected Reduction €m	Aug YTD €m
Non Pay		
T&S	6.200	4.133
Legal	2.000	0.200
Advertising	1.000	0.666
Nurse Tr&Ed	5.000	3.333
Nat. Drugs Formulary	8.000	0.917
Maintenance	3.500	2.333
Service Adjustments/Reconfigs		
Patient Transport	3.670	1.895
Blood Usage	11.800	6.000
Laboratory	2.000	1.333
Reconfig PCCC Admin Processes	6.385	2.739
Reconfig Child Care	10.000	4.732
Disability Providers	10.000	6.549
Pay		
PCCC Mental Health	12.662	5.092
NHO Non Mgt Admin Pay	8.570	5.733
3% Reduction in Mgt Admin	24.213	4.039
Total	115.000	49.69

Non-Pay

Comparing "2008 outturn plus/minus 2009 adjustments" to a projected spend for 2009 based on "Aug YTD expenditure profiled against 2008 spend".

- There is a saving of €4.1m for 'Travel & Subsistence' in Aug and the projected expenditure indicates delivery beyond the required adjustment. However, it should be noted that the recent Govt. agreed reduced mileage rates is reducing the saving available beyond the required adjustment.
- The level of saving for 'Disability', 'Corp. Maintenance', 'Educ & Training', 'Laboratory', 'Patient Transport', and 'Advertising' in August is on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment.
- There is evidence of saving for 'Blood/Blood Products', 'PCCC Admin Processes' and 'Child Care' but the rate of saving will need to increase to deliver the required annual adjustment.
- There are also targeted areas such as 'Legal' and 'Drugs/Medicines' where savings are not sufficiently evident in August YTD

Pay

The current rate of savings would not indicate the 3% reduction in Mgt/Admin in NHO and Corporate being achieved with a challenging HR/IR environment is impacting on delivery of these planned efficiencies. There is financial evidence in the August data when provision is made for the Consultant Contract, at a national level, that the required reductions in NHO Non Mgt/Admin pay costs are taking place. A range of measures are continuing to be applied across the system to assist delivery of these reductions, such as elimination of all Agency personnel in NHO except those approved directly by the Network Manager to maintain adult, paediatric and neonatal critical care, elimination of non-critical overtime in all areas. etc.

PCCC			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936m	
Reduction Achieved ytd		€27.344m	

Support Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		15.064m	
Reduction Achieved ytd		€6.665m	

NHO			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		44.000m	
Reduction Achieved ytd		€15.628m	

Total			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
Reduction Achieved ytd		€49.69m	

Section 3 – Service Delivery

3.1 PCCC

Overview

Overall PCCC financial results for August, show total expenditure of €5.490 billion against a year to date budget of €5.491 billion resulting in a surplus of €0.6m. The main driver of the overall PCCC variance year to date is Schemes. Total Schemes expenditure is €1.983 billion against a year to date budget of €1.980 billion resulting in a €2.5m deficit.

Our VFM / Cost Containment programme continued to show solid performance in August. To date over €27m worth of savings / efficiencies targeted in the Service Plan 2009 have been realised.

PCCC is currently 1,683 WTE below ceiling compared to 1,403 in July 2009. The overall outturn for August shows PCCC at 53,121 which is a decrease of 165 on July figures of 53,286. Overall WTE in PCCC has dropped by 855 WTE since December 2008. The voluntary sector has decreased 252 WTE and statutory sector has decreased by 601 WTE since December 2008.

Other key issues to note this month are:

- Progress continued in the development of the Phase 1 and Phase 2 PCT's (210 in total). The number of PCT's holding clinical team meetings at the end of August is **127 up 2** since July 2009. This represents 60% of the annual target.
- The total number of individuals who are now covered by a medical card is 1,438,118 which represents an **increase of 7,242 (0.5%)** over the July position (1,430,876). The number of cards budgeted for in 2009 has already exceeded its target in the order of 14,288 cards. Activity is currently running at 3% above year to date target of 1,399,928.
- The seasonally adjusted Live Register total increased from 423,400 in July to 428,800 in August, an increase of 5,400 (1.2%).
- There have been over 584,217 contacts with Out of Hours GP services year-to-date. **56%** of these contacts resulted in a consultation at a treatment centre and a further **11%** resulted in a home visit for a patient.
- The number of children in care nationally continues to grow with significant increase in the number of children in foster care which is 6.4% above target. However the proportion of children in residential care decreasing slightly from 398 in August compared to 400 in July.
- Numbers in methadone treatment **up by 3.6%** on the December figure and 2.8% above target.

PCCC Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South	12,567	12,356	-1.7%	812,787	813,709	-0.1%
West	14,798	14,247	-3.7%	867,556	870,897	-0.4%
DML	15,576	15,186	-2.5%	1,038,126	1,037,002	0.1%
DNE	11,561	11,333	-2.0%	785,790	784,020	0.2%
PCRS				1,754,538	1,767,051	-0.7%
Nat. Director Office (including return of Service Plan funding per Minister's letter)	91	---	---	2,794	4,512	38.1%
Primary Care Schemes				228,376	213,366	7.0%
Total	54,592	53,121	-2.7%	5,489,967	5,490,558	0.0%

PCCC Finance Commentary

Including Primary Care Reimbursement Scheme (PCRS), year to date expenditure was **€5.489 billion** compared with a budget of **€5.490 billion** - leading to a positive variance of **€0.5 million**.

The variance on schemes at the end of August is set out on the right:

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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	253,749	179,829	170,334	9,495	5.6%
LHO Laois / Offaly	182,324	126,449	121,798	4,651	3.8%
LHO Dublin West	102,748	71,501	68,412	3,089	4.5%
LHO Wicklow	113,072	78,099	75,312	2,787	3.7%
LHO Kildare / West Wicklow	4,319	71,503	69,400	2,103	3.0%

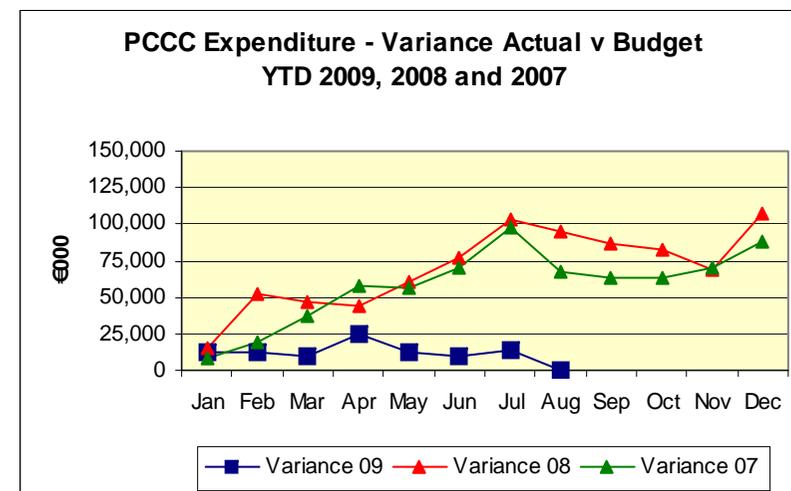
(Based on actual variance against budget)

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

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Dublin South Central	217,639	136,803	141,312	-4,509	-3.2%
Dublin North	221,885	144,970	147,855	-2,885	-2.0%
LHO Sligo / Leitrim	173,796	113,398	115,573	-2,175	-1.9%
LHO Limerick	176,387	115,064	117,167	-2,103	-1.8%
LHO Dublin South City	106,820	70,057	71,152	-1,095	-1.5%

(Based on actual variance against budget)

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,941,026	1,243,076	1,259,427	(16,351)	-1%
Community Schemes	718,710	511,462	507,623	3,839	1%
PCRS Total	2,659,736	1,754,538	1,767,050	(12,512)	-1%
Primary Care Schemes	274,865	228,376	213,366	15,010	7%
Grand Total	2,934,601	1,982,914	1,980,416	2,498	0%



PCCC HR Commentary

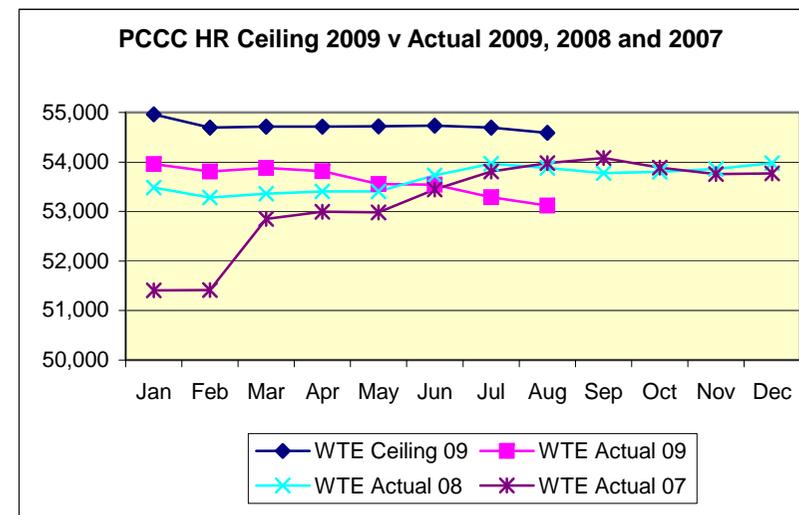
PCCC's approved employment ceiling now stands at **54,592 WTEs** and they are **currently 1,470 WTEs (-2.69%)** below their approved employment ceiling.

PCCC recorded a decrease of 166 WTEs in August. A further 6 WTE 2008 addendum posts were filled in August. Some 685 new 2008 development posts in PCCC have now been filled in areas / agencies encompassed by the approved employment ceiling by the end of August. Some 123 posts remain in process of being filled from the 2008 addendum approved developments.

Local Health Office	Increase in June	Of Which Statutory	Of Which Voluntary	% Increase in August	WTE Variance with Ceiling	% Variance to ceiling
Dublin North West	29.05	2.92	26.13	1.01%	62.82	2.36%
Limerick	15.28	5.03	10.25	0.7%	-43.88	-2.21%
Waterford	9.34	7.38	1.96	0.5%	14.21	0.9%

In addition, specific Voluntary Agencies recorded increases during the month as follows:

- Sunbeam House Services (+11.42 WTEs)
- St Michael's House (+15.66 WTEs)
- Daughters of Charity, Dublin region (+ 26.13 WTEs)
- Brothers of Charity Limerick (+10.25 WTEs)



LHOs with Most Significant Adverse HR Variances

LHO	Ceiling	Actual August 2009	Growth from Previous Month	Variance from ceiling	% Var
Dublin South-West	1,239	1,275	-2.55	36.17	2.9%
Dublin North-West	2,667	2,730	29.05	62.82	2.4%
Dublin North Central	3,161	3,206	5.81	45.53	1.4%
Waterford	1,577	1,591	9.34	14.21	0.9%
Tipperary, South	1,068	1,069	3.7	1.19	0.1%

(Based on the percentage variance from ceiling)

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

LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual August 2009	Growth from Previous Month	Variance from ceiling	% Var
Laois /Offaly	2,292	2,139	-1.73	-152.32	-6.7%
Cork West	2,772	2,813	9.1	-171.55	-6.2%
Cavan/ Monaghan	1,288	1,225	-14.2	-62.91	-4.9%
Louth	1,765	1,685	-58.78	-79.65	-4.5%
Kerry	1,166	1,116	-1.79	-49.91	-4.3%

(Based on the percentage variance from ceiling)

PCCC Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	No. of Primary Care Teams			No. Contacts with Out of Hours GP services			No. LTI claims			No. DPS claims			No. Eligible persons on medical cards		
	Target	Actual	% Var	Target	Actual	% Var	Target*	Actual	% Var	Target*	Actual	% Var	Target	Actual	% Var
South	---	38	---	235,300	254,773	8%	---	---	---	---	---	---	---	---	---
West	---	39	---	133,900	148,817	11%	---	---	---	---	---	---	---	---	---
DNE	---	10	---	85,800	108,951	27%	---	---	---	---	---	---	---	---	---
DML	---	40	---	65,650	71,676	9%	---	---	---	---	---	---	---	---	---
Total		127		520,650	584,217	12%	606,617	611,958	1%	4,168,419	3,494,968	-16%	1,399,928	1,438,118	3%

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

Children and Families Activity YTD	Total No. Children in care			Total No. Children in Residential care			Total No. Children in foster care			Total No. Children in foster care with relatives			Total No. Children in 'Other' care arrangement		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,414	1,605	13.5%	84	79	-6.0%	898	1,028	14.5%	385	422	9.6%	47	76	61.7%
West	1,063	1,093	2.8%	54	33	-38.9%	688	736	7.0%	275	287	4.4%	46	37	-19.6%
DNE	1,347	1,437	6.7%	138	136	-1.4%	716	778	8.7%	446	476	6.7%	47	47	0.0%
DML	1,510	1,536	1.7%	150	150	0.0%	894	910	1.8%	424	443	4.5%	42	33	-21.4%
Total	5,334	5,671	6.3%	426	398	-6.6%	3,196	3,452	8.0%	1,530	1,628	6.4%	182	193	6.0%

Older People Activity YTD	No. of persons in receipt of home care packages			Total No. Home Help Hours Provided			Total No. in receipt of subvention		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,880	1,990	5.9%	2,609,344	2,622,477	0.5%	2,646	2,709	2.4%
West	1,690	1,859	10.0%	2,334,400	2,320,127	-0.6%	3,259	3,329	2.1%
DNE	3,300	3,028	-8.2%	1,605,328	1,569,679	-2.2%	1,337	1,457	9.0%
DML	1,830	2,017	10.2%	1,437,328	1,397,840	-2.7%	1,858	1,841	-0.9%
Total	8,700	8,894	2.2%	7,986,400	7,910,124	-1.0%	9,100	9,336	2.6%

Palliative Care Activity (no. on last day of month)	No. Patients in specialist inpatient / month			No. Patients accessing home care services			No. Patients accessing intermediate care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	66	16%	764	782	2%	31	26	-16%	69	70	1%
West	116	121	4%	850	852	0%	35	44	26%	82	77	-6%
DNE	35	31	-11%	586	622	6%	5	5	0%	56	55	-2%
DML	171	105	-39%	729	661	-9%	32	40	25%	108	60	-44%
Total	379	323	-15%	2,929	2,917	0%	103	115	12%	315	262	-17%

Activity YTD	Mental Health			Social Inclusion (No. on last day of month)			Disabilities		
	No. of Child and Adolescent Mental Health Teams			Average No. Clients in methadone treatment			No. Persons in receipt of Domiciliary Care Allowance		
	Target	Actual	% Var	Target*	Actual*	% Var	Target	Actual	% Var
South	13	11	-15.4%	162	216	33.3%	---	---	---
West	13	12	-7.7%	221	249	12.7%	---	---	---
DNE	12	11	-8.3%	2,984	3,062	2.6%	---	---	---
DML	17	20	17.6%	4,291	4,374	1.9%	---	---	---
Total	55	54	-1.8%	7,658	7,901	3.2%	25,000	24,004	-4%

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

Primary Care

Primary Care Teams: Progress continued in the development of the Phase 1 and Phase 2 PCTs (210 in total). At the end of August, 127 PCTs were holding clinical team meetings. This is an increase of 2 over the July position and represents 60% of the annual target. (*Phase 1 Teams previously referred to as 2006 teams, Phase 2 previously referred to as 2007 teams*). Also currently in development are 130 teams (30% over the annual target 100) from Phase 3. The July position was 132 (the reduction of 2 from the July position is due to the fact that these teams are now holding clinical team meetings). If current trends continue, it is anticipated that the 2009 target will be exceeded.

Patients/Clients with a Care Plan: The total number of patients/clients with a Care Plan in August was 493 patients. This measure represents a baseline figure across the 127 teams holding clinical team meetings at the end of the reporting period. Recording of this information reflects the 'number of patients discussed at the clinical team meeting' and will therefore show variance on a month by month basis. Those patients/clients discussed at clinical team meetings generally relate to patients requiring multi-disciplinary intervention rather than a count of patients seen in the reporting period.

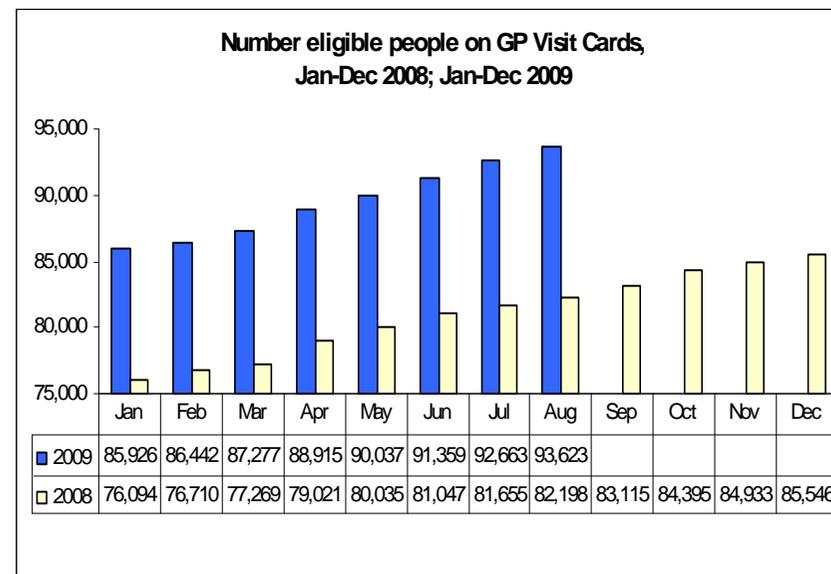
Out of Hours GP Services: During the month of August, 69,607 contacts were made with the service, which represents a decrease of 14% on the contacts made in July 2009 (80,605). This is due to 4 weeks reporting in August against 5 weeks in July. Year to date figure is 584,217 which is 12% above the profiled target of 520,650 and also represents 73% of the annual target. The year to date position is 20% below the same period last year figure of 731,078. A more detailed analysis of the type of contact made with the service outlined below shows that of the 584,217 contacts made, the majority resulted in an attendance at a treatment centre (56%). Attendance at a treatment centre would usually follow initial telephone triage so is a good proxy measure for hospital avoidance via ED attendance. A much smaller number of contacts resulted in a home visit (11%).

Year to Date position is broken down as follows:

Actual YTD	Triage	Treatment Centre	Home Visit	Other
584,217	188,844 (32%)	328,542 (56%)	62,759 (11%)	4,072 (0.7%)

GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during August 2009, up 1.03%, 92,663 in July to 93,623 in August. During August, an additional 960 GP Visit Cards were issued. This represents an increase of 14% from the same period last year (82,198).

Discretionary GP Visit Cards (*Update requested by DoHC*): The total number of discretionary GP Visit Cards issued as at the end of August 2009 was 17,207 compared to 16,264 same period last year. This is an increase of 803 cards (4.9%). However, the volume of discretionary GP Visit Cards issued as a proportion of all GP Visit Cards issued year to date has decreased from 20% at the end of August 2008 to 18.6% at the end of August 2009.

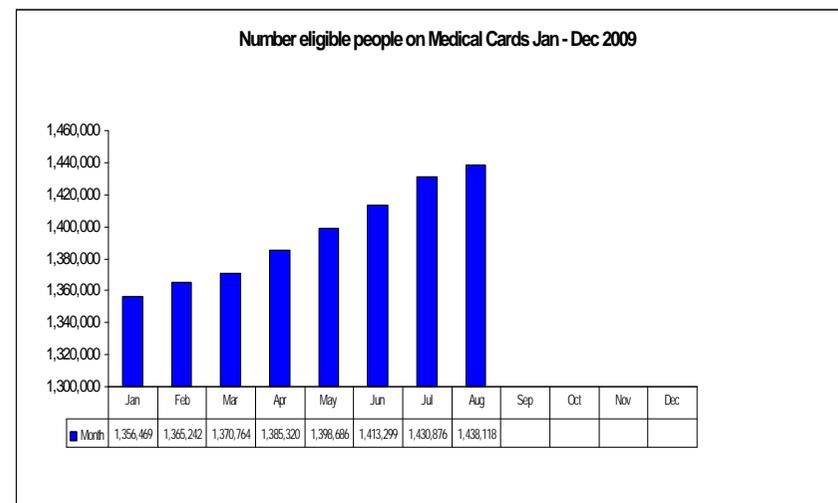


Medical Cards: The total number of individuals who are now covered by a medical card is 1,438,118 (01/9/09). This represents an increase of 7,242 (0.5%) over the 1st August position (1,430,876).

National Service Plan 2009 projected that 1,423,830 medical cards would be issued in 2009 based on a 2008 outturn of 1.342m. However, actual outturn at December 2008 was 1.352m which meant approximately 10,000 additional cards were put into the system prior to January 2009. The number of cards budgeted for in 2009 has already exceeded its target in the order of 14,288 cards. This upward trend is likely to continue.

Clean up exercise: The medical card database clean up exercise initiated in January concluded in May 2009, resulting in 25,458 medical cards being discontinued. Guidelines have been developed and implemented and are being monitored by the Schemes Governance Group.

Discretionary Medical Cards: (*Update requested by DoHC*): The total number of discretionary medical cards issued at the end of August was 79,819 compared to 73,691 in August 2008 (an increase of 8.3%) reflecting in part an increase in the numbers of applications due to the economic downturn. However, the volume of discretionary medical cards issued as a proportion of all medical cards issued year to date at 5.6% has not changed since the end of August 2008.

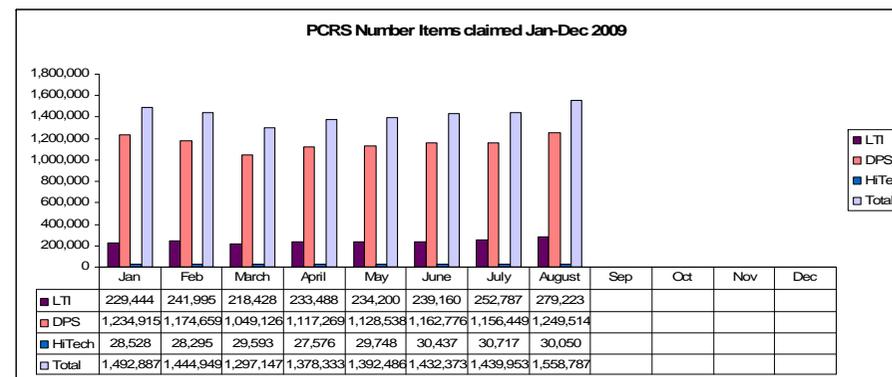
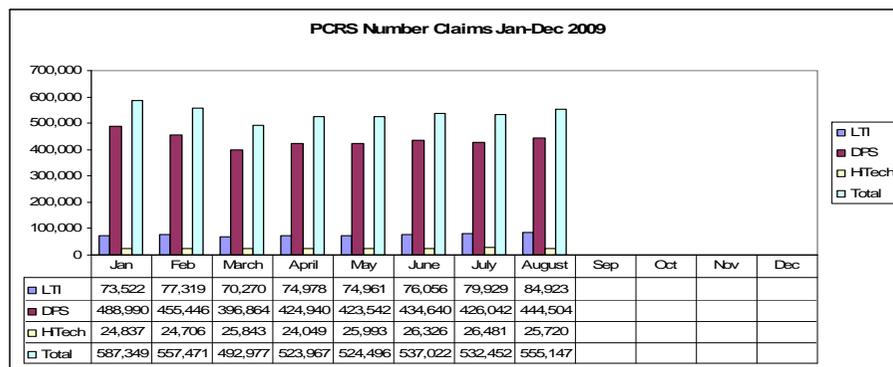


Community (Demand Led Schemes)

Long Term Illness Scheme (LTI): The number of LTI claims made during August was 84,923 (12% above the monthly target of 75,827). This brings the total YTD figure to 611,958, which is 1% above the year to date target of 606,617. Compared to the same period last year (566,893 claims) this represents an increase of 8%. The total number of LTI items in August was 279,223 which is 12% above the monthly target of 228,579.

Drug Payment Scheme (DPS): The number of DPS claims made during August was 444,504 which is 15% below the monthly target of 521,052 and 16% below the year to date target of 4,168,419 (actual year to date figure is 3,494,968). This compares with 3,684,292 claims for the same period last year (YTD) - a reduction of 5%. The total number of DPS items was 1,249,514 which is 6% below the monthly target of 1,328,683.

Hi-Tech: The number of HiTech claims made during August was 25,720 (2% below the monthly target of 26,325). The year to date position (203,955) is 13% above the same period last year (180,326).



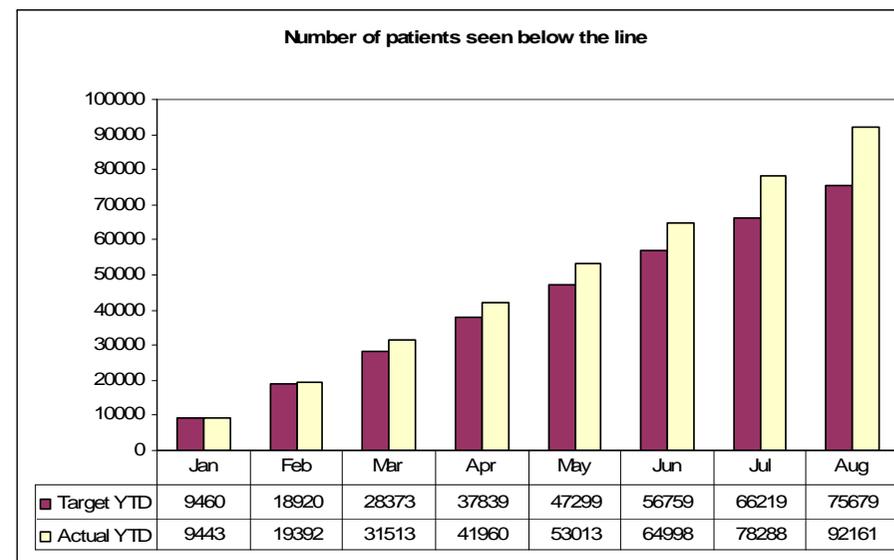
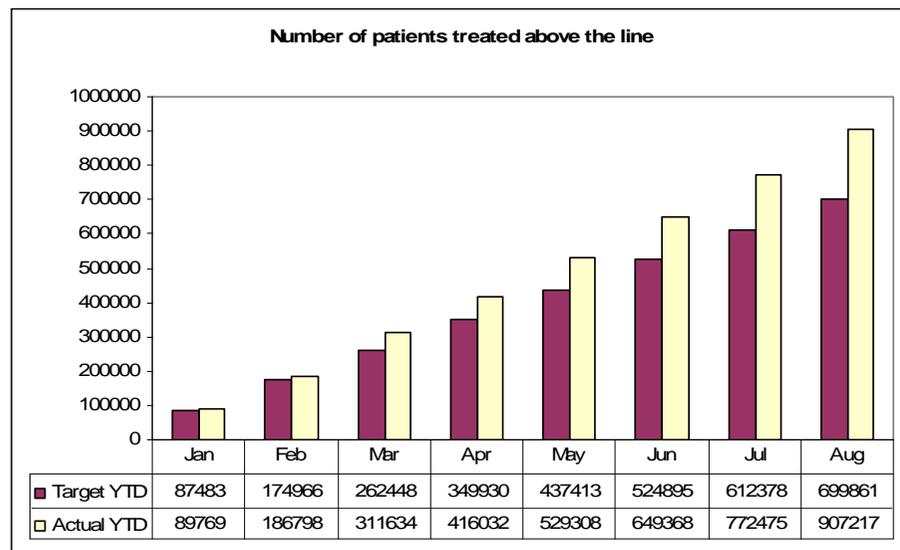
Dental Treatment Services Scheme (DTSS): This scheme has shown substantial growth in the first eight months of 2009. At the end of August 2009 there were 207,356 treatments or 30% more than targeted year to date. The cumulative number of treatments *above the line was 907,217 and the number below the line was 92,161.

*Note: Above the line = routine treatments. Below the line = complex treatments (e.g. root, gum and denture treatments).

An overview of possible reasons for the increased expenditure on both ‘Above the Line Treatments’ and the ‘Below the Line Treatments’ to date are:

- The **volume of patients** newly issued with medical cards. Between June 2007 and June 2009, there has been an increase in the numbers of person’s eligible (974,670 to 1,082,746) for DTSS treatment.
- The **proportional uptake** amongst those eligible may also be increasing. For example, when the end of year figures for December 2007 and December 2008 are compared, which give cumulative statistics, the proportional uptake varied between 26.7% and then 25.9%. If June 2009 is indicative of trends (and it is not always a consistent marker of the same) it would be expected that there will also be an increase in percentage uptake by year end of up to 2%.
- **Increased ease of access to DTSS dental care.** The numbers of contracted DTSS dentists has been continuously increasing between June 2007 and June 2009 (from 1,198 to 1,257) with a rapid increase especially in the last six months (June 2008 1,082 contracts rising to 1,154 in December 2008 and then to 1,257 in June 2009). Some administrative areas have noticed a particular rise (e.g. HSE South where the increase has been from 277 contracted dentists to 292 within the last six months).

A more detailed analysis of these trends is currently being compiled.



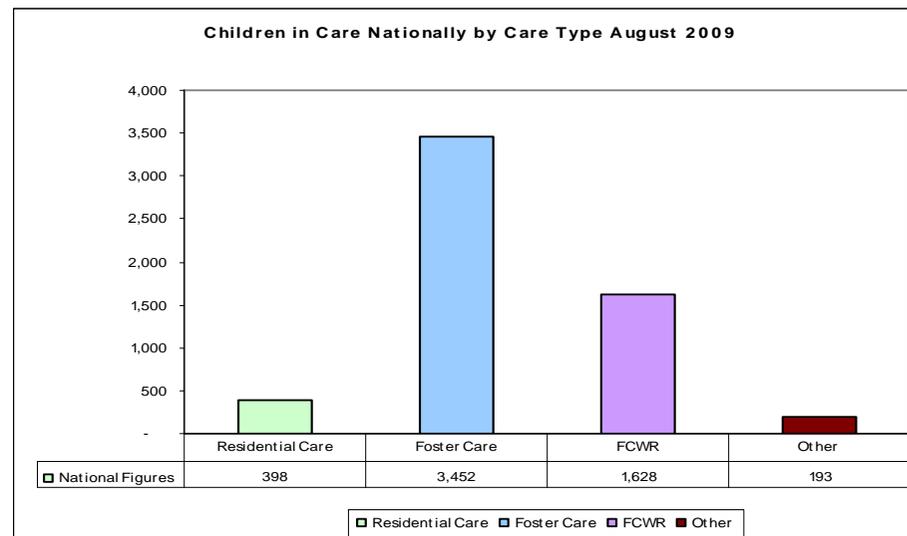
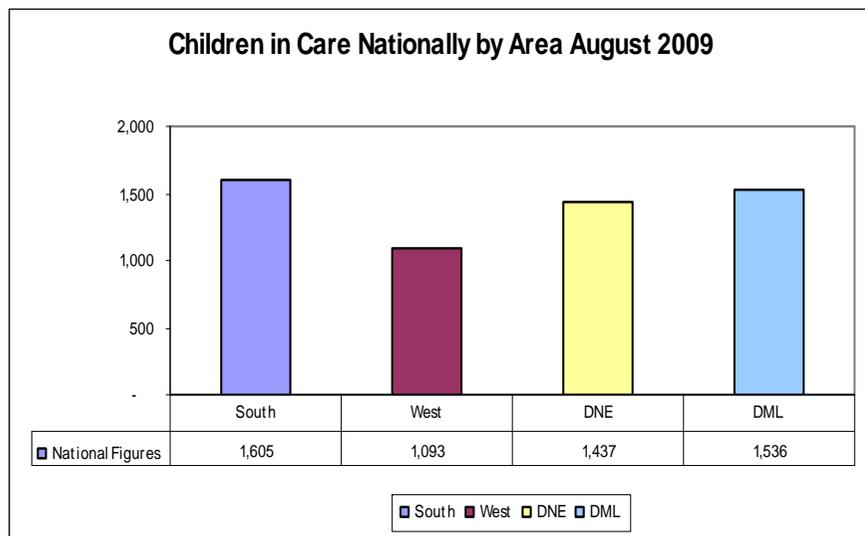
Domiciliary Care Allowances (DCA)

From 1 September 2009 the administration of the scheme (inclusive of new and existing claims) was transferred from the HSE to the Department of Social and Family Affairs (DSFA). From 1 April 2009, the DSFA had taken responsibility for all new applications for Domiciliary Care Allowance.

Children and Families

Child Care: Children in Care

The number of children in care nationally at the end of August 2009 was 5,671 or 4.7% more than same period 2008 (5,417). At an area level, the West has the lowest number of children in care (1,093), accounting for 19% of the national total. The South has the highest proportion at 28% (1,605). DML and DNE come in at 27% and 25% respectively.



Nationally there has been a 5% increase in the number of children in care from the end of January 2009 position (5,396). Local Health Offices have indicated that a variety of factors have contributed to this increase which we will continue to monitor over the coming months. These reasons have been reported on in previous PR reports

This increase in the number of children in care is represented across all care types/ categories.

- There has been a 6.4% increase in the number of children in Foster Care and a 4.4% increase in the number of children in Foster Care with Relatives compared to August 2008.
- The number of children in Residential Care nationally has decreased by 3.9% since the same time last year (398 August 2009 / 414 August 2008). Proportionally this is 7% of the overall number of children in care compared to a year to date target of 8%.
- At an area level HSE South demonstrated an 8.2% (79, 2009) increase over August 2008 figure of 73 children in residential care. This is a 6% decrease against target 2009. Dublin North East and Dublin Mid Leinster continue to exceed the national target of 8%. However, HSE West reported 33 children in residential care a reduction of 32.7% on 08 figures (49).

The above percentages should be interpreted with a certain care due to the low numbers we are reporting.

Approved Foster Carers with an Allocated Social Worker: There is an increase of 0.5% over the July position nationally (August 2009 2,802 / July 2009 2,788).

Pre School Inspections: Pre-school Annual inspections were 2,044 for August 2009 which demonstrates an increase of 42.8% (over target YTD August 2009). Compared to last year, this demonstrates an increase of 21% over the number of inspections carried out (1,690 for 2008).

Childcare Information System for Social Workers (Update requested by DoHC)

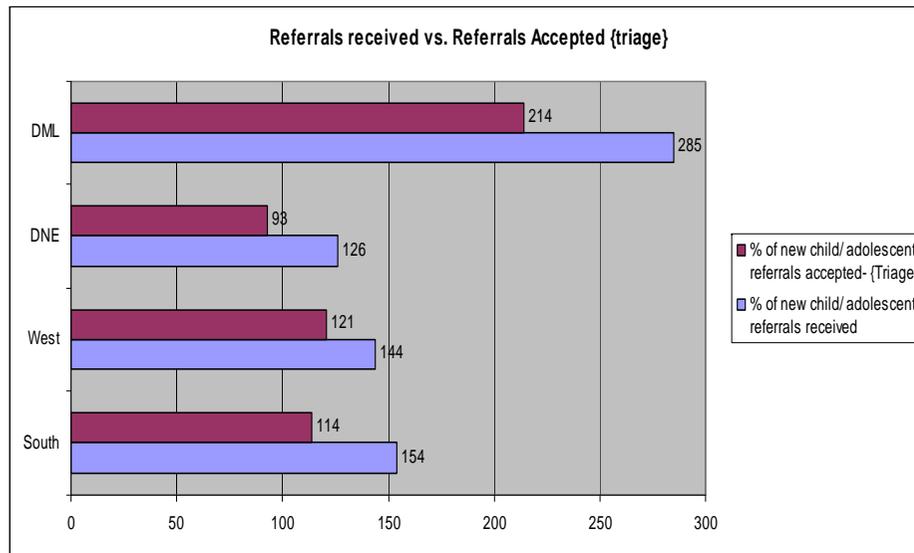
- The consultation exercise has been completed.
- A dedicated project board has been established.
- Proposed business processes i.e. standard operating procedures and forms for Referral & Assessment, Child protection, Child welfare (Family Support), Family Welfare Conference & Children in Care are complete and in the process of being documented. Roll out planned for Q4 2009.

Mental Health

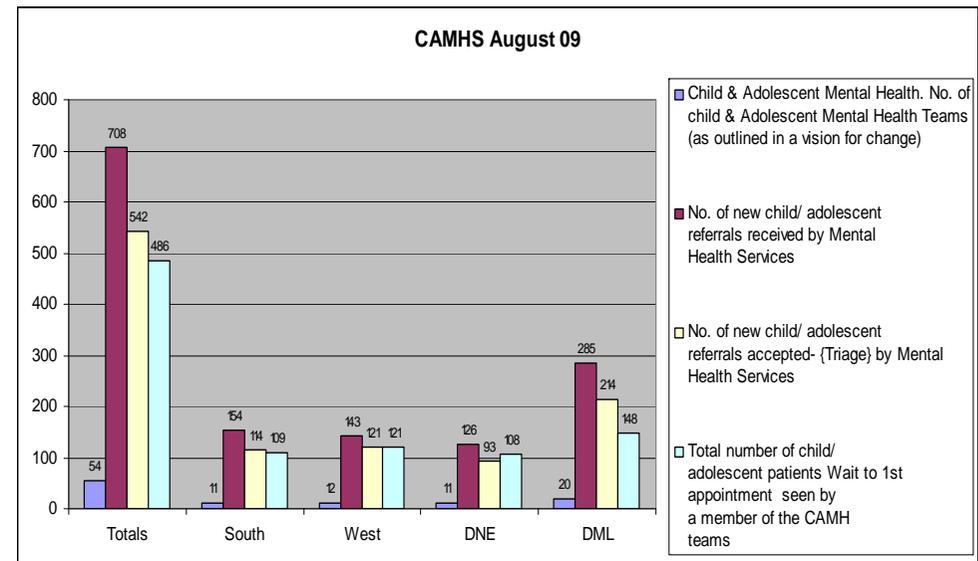
Children & Adolescent Mental Health (CAMH)

Child and Adolescent Mental Health Services are provided in a variety of settings around the country with a total of 54 CAMHS teams serving the various components. These components typically include Community-based Child and Adolescent Teams (x49), Day Hospital Services (x2), Liaison Services (x3) and Inpatient Services.

The 49 Community CAMHS Team provides assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services. The team carries out assessment for referrals to Specialist In-patient, or Day Services and provides training and consultation to other professionals. The majority of cases are managed in a community team setting. The 49 Community CAMHS Teams began collation of a new minimum dataset from 1st July 2009. The results for August are outlined below:



Referrals received: The total number of referrals received during August was 709. Of the 49 teams, 20 are based in the DML who consequently have the highest number of referrals at 285 (40%). The South has 11 Teams and 154 referrals (22%). The West has 12 teams and 144 referrals (20%) and DNE has 11 and 126 referrals (18%).



Referrals accepted: Of the 709 referrals received by the 49 teams during August, upon triage at the referral stage, 542 (76.6%) were accepted for a first appointment. 100 (14.1%) referrals were not accepted and 67 (9.3%) are awaiting a decision. DML has the highest number of referrals accepted at 214 (39.5%). The South had 114 referrals accepted (21%) while the West had 121 (22.3%) referrals accepted and DNE has 93 (17.2%) referrals accepted.

New Cases Wait Time to First Appointment: During the month of August a total of 486 new cases were seen by the 49 Community-based teams. 195 (40%) of New cases were seen within 1 month, with the West having the highest numbers seen within that period with 74 and 383(79%) of all New Cases were seen within 6 months. Dublin Mid Leinster has the highest number of New cases seen within August of 148 (30%). The West had 121(25%) cases, and The South had 109 (23%) and Dublin North East 108 (22%).

Older People

Home Care Packages (HCP's): At the end of August, there were 8,894 clients in receipt of Home Care Packages. The overall number of clients in receipt of a HCP in August is approximately 2.2% above target. The proportion of clients over 65 remains unchanged at 93.7%. Cumulatively the number of new clients at the end of August was 2,062.

Home Help: At the end of August 2009 7,910,124 hours had been provided (1.0% below target).

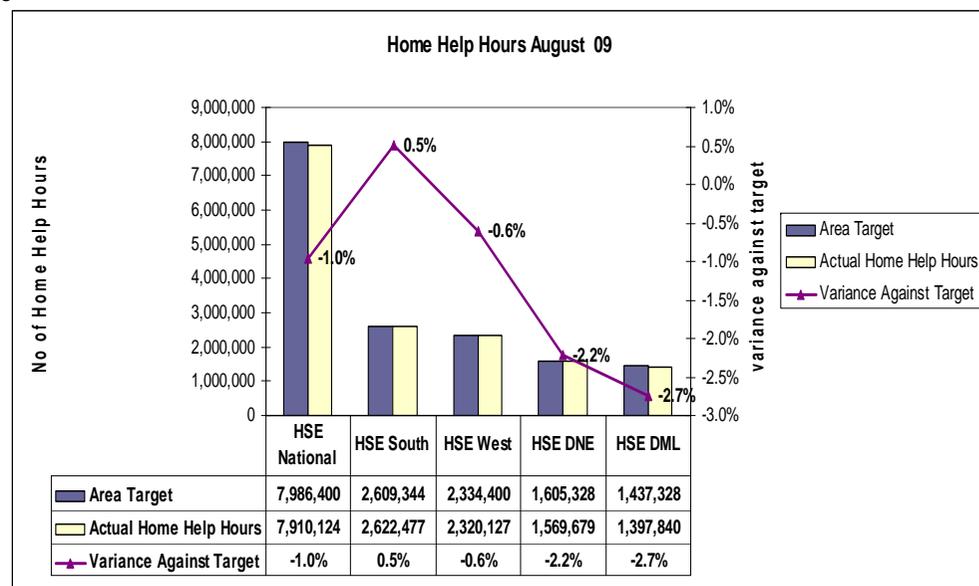
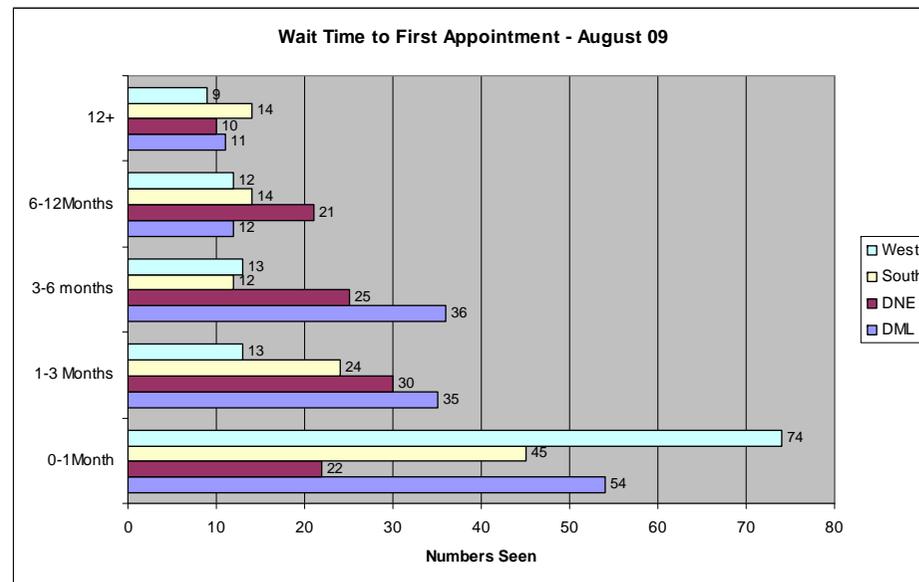
The number of people in receipt of home help hours stood at 53,225 in August (-2.3% below projected target) the same as July.

It should be noted that there is a seasonal dimension to home help hours which reflects the traditional pressures experienced in the first third and last third of the year. The current variance from target reflects this issue. It should also be kept in mind that the broad range of community supports for older persons include Home Care Packages which are currently ahead of target.

Fast Track Bed Initiative (Update requested DoHC)

The Service Plan 2009 provides for 548 additional beds under the Fast Track Initiative and a further 167 additional beds under the National Development Plan. In total, these developments are scheduled to provide an additional 715 beds in 2009. The Service plan also provides for the replacement and or refurbishment of 492 residential care beds in 2009 in order to improve standards to ensure that existing bed stock is maintained. The position at 31st July 2009 is that 50 of the **additional beds** have been delivered - 30 in HSE DML (currently operating as replacement beds pending allocation of additional staff) and 20 in HSE West. Regarding the 68 **replacement beds**, 30 in HSE West and 38 in HSE DML have been delivered.

245 beds were put in place in January / February 2009 as part of the preparations for the Winter campaign this year. Given the level of service pressures on acute hospitals systems, additional beds have been secured from July which will support the system in responding to the current level of need. In this context, a further 270 beds have been provided, giving an overall total of 515 beds.



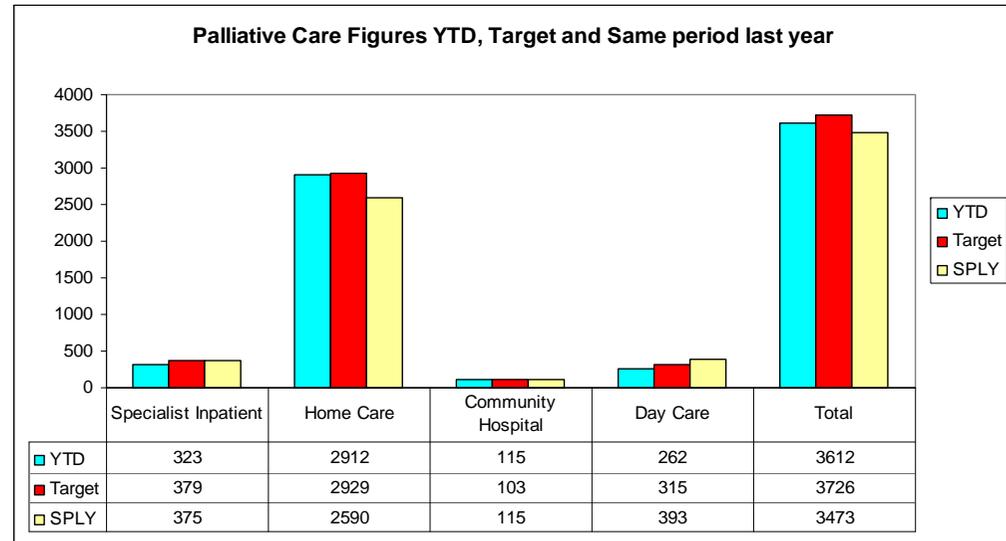
Palliative Care

As of 31st August 2009, the total number of patients accessing palliative care services was 3612. The majority of these patients were in receipt of home care services (2917) accounting for 81% of the level of activity reported for the month. The number of patients in Specialist inpatient units (323) accounted for 9% of the total.

Social Inclusion

Addiction: *(Note: data is reported one month in arrears)*

In July 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 7,901 (3.2% or 1,276 clients above the target figure of 7,658 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board figures), in July, a total of 8,934 clients were treated, which was 3.1% above the target figure of 8,668 for 2009 and 2.4% above July 2008. Nationally there has been a decrease (1.9%) in the numbers of methadone clients in prisons compared to the June figure.



3.2 Acute Hospital Services and Pre-Hospital Emergency Care

Overview

The NHO year to date expenditure was €3.007 billion compared with a budget of €2.958 billion indicating a negative variance of €48.9m. This is a marginal improvement on the previous month however a concerning factor in part is the substantial budgetary over run of €24.4m attributed to the West /North West Hospital Network representing a 5.6% variance to Budget YTD albeit an improvement from 8.1% in January. The Regional Ambulance Service budgetary over run of €4.4m represents a 4.9% variance from Budget YTD.

The Western Hospital Group has identified pay and non pay expenditure reductions supported by cost containment and value for money measures in anticipation that the measures will yield the required savings for breakeven. The National Ambulance Service has identified both pay and non pay as the measures being taken to achieve breakeven at year end.

August saw a further concentration on cost control measures to address the significant overrun in areas of pay and non pay with hospital networks showing reductions in deficit when compared to July this strategy forms part of the remedial measures being taken until year end in order to achieve breakeven position.

HR returns for August shows a continued improvement in variance from ceiling of 634 WTEs (+1.2%) over approved ceiling, compared to previous month July (+1.45%) and June (+1.8%) positions.

NHO performance activity for August shows that inpatient activity is ahead of target 09 by 3.6% but in line with 2008 levels. However there has been a 4.4% in elective discharges. This is reflective of service plan objectives to shift balance of activity from inpatient to day case work. Hospital bed capacity management and shifting the emphasis to community care also continues to be a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions across all hospitals. There were 934 beds (884 inpatient; 50 day beds) unavailable for discharges during August

Daycase discharges have increased by nearly 5% compared to 2008 and are 2.5% above 2009 target levels. Combining inpatient and day case activity year to date suggests that over 24,000 more patients (3%) have been treated in 2009 compared to planned activity levels. A number of measures are being implemented in an attempt to control this growth e.g. hospitals have significantly reduced bed capacity between January and August, with further planned reductions for remainder of the year where required. Where capacity is reduced and / or an increase in service demands, hospitals are working closely with NTPF to ensure appropriate and timely referral for treatment. The number of delayed discharges occupying hospital beds remains high (n=914) this represents an increase of 23% compared to the same period last year, preliminary signs indicate an upsurge in August which may mark the start of a pattern for 2009 and this remains a concern for the NHO.

Birth numbers still continue to be slightly higher than 2008 levels (+1.8%) an additional 854 births have been delivered in 2009 compared to year 2008. Indications are that a number of hospitals continue to experience significant increases in births while others experience a reduction.

Evidence suggests that OPD activity is showing a positive performance in 2009 and is yielding results. The number of new OPD attendances has increased by 6%. This means that in excess of 30,000 new OPD patients have been seen and treated in 2009 compared to 2008. At the same time, hospitals have reduced the new DNA rate from 15.7% to 14.8%, reducing the overall number of OPD appointments that are not kept.

Compared to 2008, emergency admissions to hospitals have only decreased by 0.7% despite emergency presentations decreasing by 3%. This pattern has not been uniform across hospitals, although challenges remain for some hospitals to meet target timeframes for those patients requiring admission. Continued positive improvements in key areas such as discharge planning will significantly assist in this area.

NHO Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
South Eastern HG	4,478	4,437	-0.9%	218,867	214,090	2.2%
Southern HG	6,851	6,810	-0.6%	360,201	357,464	0.8%
North Eastern HG	3,112	3,242	4.2%	189,456	187,688	0.9%
Dublin North HG	8,843	8,853	0.1%	521,377	520,691	0.1%
Western HG	7,992	8,164	2.2%	459,838	435,427	5.6%
Mid Western HG	3,281	3,292	0.3%	165,689	162,464	2.0%
Dublin Midlands HG	7,959	8,202	3.1%	461,151	452,656	1.9%
Dublin South HG	8,485	8,509	0.3%	516,861	516,277	0.1%
Ambulance	1,305	1,460	11.8%	94,767	90,307	4.9%
Nat. Director Office	28	---	-100.0%	19,482	21,640	-10.0%
NATIONAL TOTAL	52,335	52,969	1.20%	3,007,689	2,958,703	1.7%

NHO Finance Commentary

Year to date expenditure in the NHO was €3.007 billion compared with a budget of €2.959 billion – leading to a negative variance of €48.9 million.

The table to the right illustrates the position to the end of August 2009:

Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway College University Hospital	220,382	154,620	147,321	7,299	5.0%
Sligo General Hospital	119,235	84,733	79,568	5,165	6.5%
Mayo General Hospital	80,401	57,343	53,756	3,587	6.7%
Adelaide & Meath Hospital	216,334	147,190	143,707	3,483	2.4%
Waterford Regional Hospital	146,963	100,496	97,598	2,898	3.0%

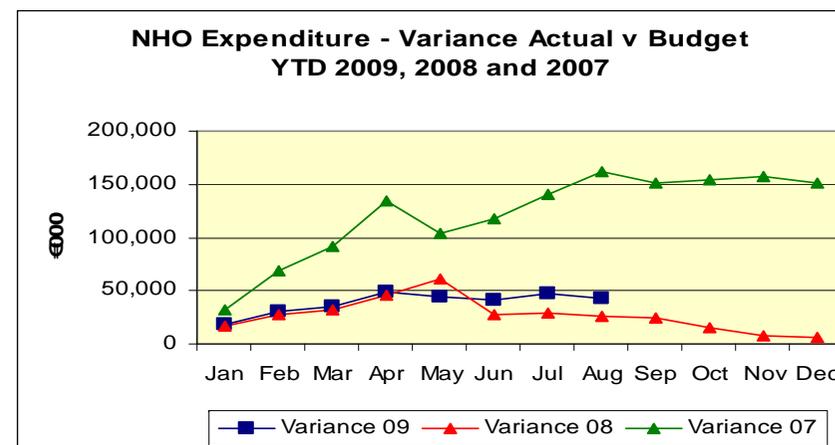
(Based on actual variance against budget)

Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
St Luke's Hospital	36,117	22,701	24,178	-1,477	-6.1%
Beaumont Hospital	272,487	179,278	180,247	-969	-0.5%
Our Lady's Hospital Navan	46,319	30,149	30,841	-692	-2.2%
Our Lady's Hospital for Sick Children	137,091	90,910	91,206	-296	-0.3%
St James's Hospital	364,784	237,927	238,175	-248	-0.1%

(Based on actual variance against budget)

	Approved Allocation €000	YTD			
		Actual	Budget	Variance	
		€000	€000	€000	%
South Eastern Hospitals	320,569	218,867	214,090	4,777	2.2%
Southern Hospitals	535,218	360,201	357,464	2,737	0.8%
West/North Western Hospitals	651,799	459,838	435,427	24,412	5.6%
Mid Western Hospitals	247,662	165,689	162,464	3,226	2.0%
North East Hospitals	281,823	189,456	187,688	1,768	0.9%
Dublin/North Hospitals	784,657	521,377	520,691	686	0.1%
Dublin/Midlands Hospitals	681,863	461,151	452,656	8,495	1.9%
Dublin South Hospitals	783,067	516,861	516,277	584	0.1%
Regional Ambulance Services	135,884	94,767	90,307	4,460	4.9%
Office of the National Director	31,905	19,482	21,640	-2,158	-10.0%
National Hospitals Office Total	4,454,446	3,007,689	2,958,703	48,986	1.7%

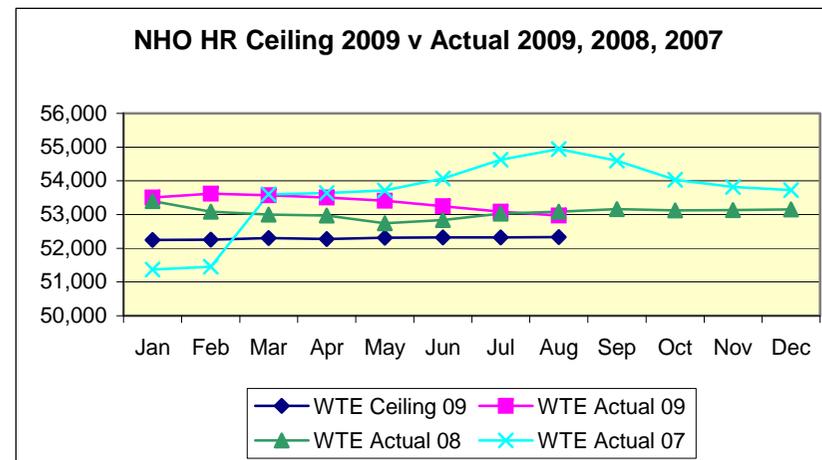


NHO HR Commentary

The National Hospitals Office's employment ceiling stands at 52,335 WTEs. Now 634 WTEs (+1.21%) over their approved ceiling. An extra 10.5 WTE 2008 addendum post was filled in August. Nursing employment levels are 97 WTEs below the end of year position.

There was a further drop of 175 WTEs in nursing recorded in August, which means in overall terms WTEs in this staff category are 152 WTEs below the level at the end of 2008.

Hospital	August increases	% increase in August	WTE Variance with ceiling	% variance to ceiling
Midland Regional Hospital Mullingar	20	2.5%	33.25	4.3%
Mid Western Regional Hospital Limerick	13	0.66%	16.08	0.9%
Midland Regional Hospital Portlaoise	9	1.3%	29.09	4.8%



Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual August 2009	Growth from Previous Month	Variance from ceiling	% Var
Coombe Women's Hospital	691	767	5	76	10.95%
Cavan General Hospital	715	768	-5	53	7.43%
Our Lady of Lourdes (NE)	1,270	1,346	-6	76.49	6.02%
Kerry General Hospital	974	1,026	0.15	51.89	5.33%
Our Lady's Hospital, (Crumlin)	1,550	1,625	1	75.6	4.88%
East Coast Ambulance Service	219	308	-0.5	88	40.38%

(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual August 2009	Growth from Previous Month	Variance from ceiling	% Var
Ely Hospital, Wexford	23	14	-0.4	-9	-38.24%
Our Lady's Hospital (Cashel)	15	14	0	-1	-7.67%
Connolly Hospital (Blanchardstown)	1,238	1173	-4	-66	-5.30%
Orthopaedic Hospital, Kilcreene	90	87	-3	-3	-3.70%
Bantry General Hospital	260	251	4	-9	-3.33%
Midlands Ambulance Service	196	146	1	-49	-25.10%

(Based on the percentage variance from ceiling)

NHO Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Inpatient Discharges	604,320	573,360	49,068	51,447	4.8%	383,055	396,962	3.6%	398,508	-0.4%
South Eastern HG	69,570	66,580	5,665	5,679	0.3%	44,611	44,896	0.6%	46,613	-3.7%
Southern HG	84,209	79,720	6,864	7,092	3.3%	52,827	55,872	5.8%	54,958	1.7%
North Eastern HG	49,576	46,730	4,041	4,158	2.9%	31,199	31,884	2.2%	33,410	-4.6%
Dublin North HG	72,610	69,370	6,013	6,327	5.2%	46,286	48,026	3.8%	48,397	-0.8%
Western HG	108,409	103,860	8,769	9,285	5.9%	69,602	72,514	4.2%	72,651	-0.2%
Mid Western HG	46,418	45,300	3,847	4,044	5.1%	30,314	31,019	2.3%	31,039	-0.1%
Dublin Midlands HG	100,952	96,320	8,153	8,906	9.2%	63,989	68,779	7.5%	67,065	2.6%
Dublin South HG	72,576	65,480	5,717	5,956	4.2%	44,228	43,972	-0.6%	44,375	-0.9%
Day Cases	637,140	647,000	57,499	59,258	3.1%	430,940	441,542	2.5%	421,527	4.7%
South Eastern HG	37,972	40,660	3,611	3611	0.0%	27,344	27,496	0.6%	25,511	7.8%
Southern HG	99,162	98,720	8,558	8743	2.2%	65,263	65,909	1.0%	65,342	0.9%
North Eastern HG	30,026	30,900	2,689	3106	15.5%	20,887	20,829	-0.3%	20,289	2.7%
Dublin North HG	93,024	94,480	8,205	8717	6.2%	63,407	67,407	6.3%	62,400	8.0%
Western HG	114,118	117,100	10,291	10874	5.7%	77,828	81,113	4.2%	75,839	7.0%
Mid Western HG	35,272	35,980	3,177	3007	-5.4%	24,069	23,609	-1.9%	23,472	0.6%
Dublin Midlands HG	79,555	84,190	7,830	7202	-8.0%	56,671	52,255	-7.8%	49,120	6.4%
Dublin South HG	148,011	144,970	13,138	13998	6.5%	95,472	102,924	7.8%	99,554	3.4%
Emergency Presentations	1,207,497	1,223,000	103,871	102,754	-1.1%	814,216	791,866	-2.7%	814,791	-2.8%
South Eastern HG	172,872	177,250	15,054	14,846	-1.4%	118,005	113,517	10.3%	117,945	-3.8%
Southern HG	139,158	140,790	11,958	12,324	3.1%	93,731	92,821	-1.0%	93,410	-0.6%
North Eastern HG	114,218	114,280	9,706	10,979	13.1%	76,082	79,413	4.4%	76,758	3.5%
Dublin North HG	127,490	128,690	10,930	10,643	-2.6%	85,676	82,501	-3.7%	85,452	-3.5%
Western HG	195,504	200,660	17,042	16,977	-0.4%	133,590	132,498	-0.8%	132,343	0.1%
Mid Western HG	114,680	116,750	9,916	8,387	-15.4%	77,727	69,361	-10.8%	77,684	-10.7%
Dublin Midlands HG	216,151	215,900	18,337	17,653	-3.7%	143,736	138,312	-3.8%	145,703	-5.1%
Dublin South HG	127,424	128,680	10,929	10,945	0.1%	85,669	83,443	-2.6%	85,496	-2.4%
Emergency Admissions	368,341	367,000	31,170	33,397	7.1%	244,332	244,215	0.0%	246,019	-0.7%
South Eastern HG	49,779	49,390	4,195	3806	-9.3%	32,882	32,087	-2.4%	33,334	-3.7%
Southern HG	40,598	40,290	3,422	3974	16.1%	26,823	26,755	-0.3%	26,938	-0.7%
North Eastern HG	36,343	36,050	3,062	3151	2.9%	24,000	23,558	-1.8%	24,280	-3.0%
Dublin North HG	36,945	37,690	3,201	4073	27.2%	25,092	24,852	-1.0%	25,104	-1.0%
Western HG	83,202	82,580	7,014	7124	1.6%	54,978	56,443	2.7%	55,360	2.0%
Mid Western HG	27,415	27,280	2,317	2313	-0.2%	18,162	18,077	-0.5%	18,301	-1.2%
Dublin Midlands HG	58,221	58,200	4,943	5683	15.0%	38,747	39,562	2.1%	38,894	1.7%
Dublin South HG	35,838	35,520	3,017	3273	8.5%	23,648	22,881	-3.2%	23,808	-3.9%
Outpatient Attendances	3,271,665	3,233,000	291,324	302,416	3.8%	2,155,721	2,237,105	3.8%	2,167,991	3.2%
South Eastern HG	282,948	281,020	25,158	25053	-0.4%	186,870	189,069	1.2%	188,063	0.5%
Southern HG	387,685	380,690	34,629	34643	0.0%	253,402	259,882	2.6%	254,061	2.3%
North Eastern HG	255,652	247,880	22,057	24189	9.7%	165,576	168,141	1.5%	171,518	-2.0%
Dublin North HG	538,127	536,530	48,502	50473	4.1%	357,488	372,099	4.1%	355,429	4.7%
Western HG	438,488	436,120	38,316	39894	4.1%	288,682	301,324	4.4%	292,834	2.9%
Mid Western HG	186,112	183,880	16,518	17350	5.0%	122,399	129,710	6.0%	123,879	4.7%
Dublin Midlands HG	622,471	609,480	56,017	58782	4.9%	410,954	433,069	5.4%	417,041	3.8%
Dublin South HG	560,182	557,400	50,128	52032	3.8%	370,349	383,811	3.6%	365,166	5.1%

NHO Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Births	73,815	76,880	6,530	6,626	1.5%	51,183	49,441	-3.4%	48,587	1.8%
South Eastern HG	8,404	8,660	736	707	-3.9%	5,765	5,528	-4.1%	5,571	-0.8%
Southern HG	10,652	10,830	920	958	4.2%	7,210	7,330	1.7%	7,055	3.9%
North Eastern HG	6,291	6,650	565	521	-7.8%	4,427	4,004	-9.6%	4,129	-3.0%
Dublin North HG	8,794	9,100	773	802	3.8%	6,058	5,948	-1.8%	5,782	2.9%
Western HG	11,481	12,080	1,026	1,065	3.8%	8,042	7,606	-5.4%	7,675	-0.9%
Mid Western HG	5,396	5,500	467	464	-0.7%	3,662	3,608	-1.5%	3,583	0.7%
Dublin Midlands HG	13,653	14,560	1,237	1,301	5.2%	9,693	9,361	-3.4%	9,010	3.9%
Dublin South HG	9,144	9,500	807	808	0.1%	6,325	6,056	-4.2%	5,782	4.7%

Analysis of Performance

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

Context

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

- Combined inpatient and day case activity levels delivered in 2009 are 3% higher than planned targets for 2009. This equates to over 25,000 more patients treated in 2009, compared to planned levels, and approximately 19,000 more patients compared to 2008.
- Whilst daycase activity has increased compared with 2008, there has been no overall significant reduction in inpatient admissions to effect overall daycase rates. Elective discharges have reduced by 4%, but overall inpatient discharges have only marginally reduced. The ability of hospitals to reduce inpatient admissions is directly related to the level of emergency workload of the hospitals. A number of measures (e.g. development of MAUs, clinical pathways, etc) need to be in place to effect a significant reduction in inpatient admissions. 0
- An OPD service improvement project has been in place since mid 2008. New OPD attendance numbers across a range of high volume specialities have increased.
- Emergency presentations and admissions are demand driven and not within the control of hospitals to limit. Emergency presentation and ED attendance levels continue to be lower than in 2008 and emergency admissions are equivalent to 2008 levels.
- Births have increased by nearly 2% compared to 2008 levels. This equates to an additional 854 births this year to date compared to 2008.

Key data collection changes for 2009

- The Performance Management Unit in the NHO continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
 - University Hospital Galway and Merlin Park University Hospital have been combined and are now reported as Galway University Hospitals.
 - The collection of consultant led outpatient activity at individual consultant level has been introduced as part of 2009 routine monitoring. The data is anonymised and will provide standard information on not only the numbers of attendances but also DNAs. In St. James's Hospital in the speciality endocrinology; a decrease in activity is due to the relocation of phlebotomy services and adjustment in data capture.
 - The difference in St Michael's Inpatient Discharges 'Cumulative % Variance Actual v Target' is due to a change in reporting methodology from St Michael's Hospital after the 2009 target was set.
 - Tullamore Hospital included dialysis treatments in its daycase target for 2009. Dialysis treatments are not included in daycase targets. For Tullamore Hospital, daycase numbers will be significantly below target levels and this will effect the overall daycase target outturn for this network.

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

NHO Summary

Inpatient and Daycase Activity

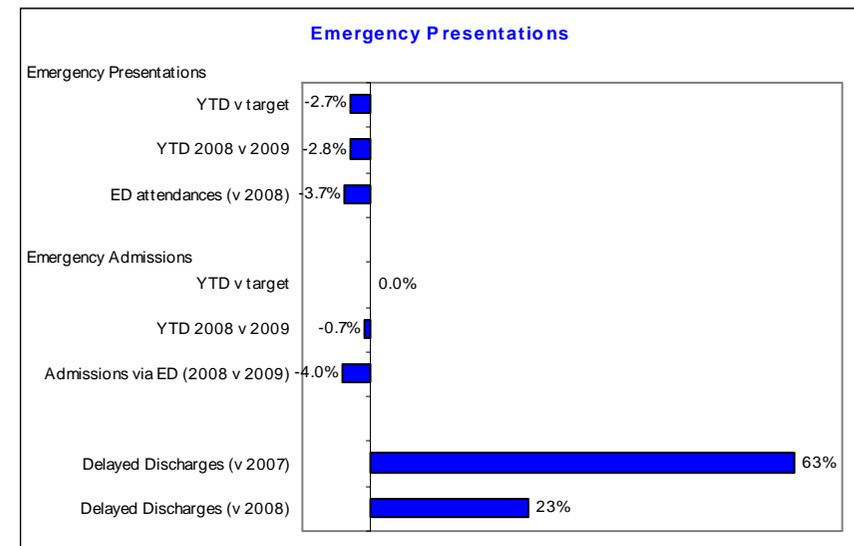
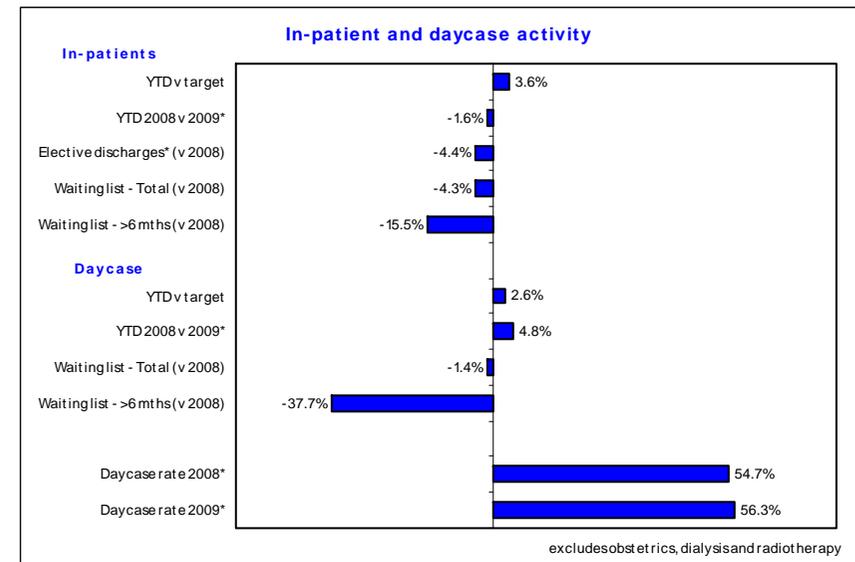
Inpatient Activity continues below 2008 levels with a reduction of over 4% in elective discharges. This is in line with service plan objectives. When counting in-patients and daycases, hospitals have treated over 25,000 more patients than target levels. In parallel, the total number of patients on waiting lists has reduced by 4% and long waiters by 15%. This is due to number of factors including increased referrals of patients to the NTPF and continued validation of waiting lists. Because emergency demand has not reduced significantly, inpatient discharges overall have not reduced as appreciably as planned and remain over 3% above planned levels. Delayed discharges in hospital are at high levels (n= 909) and the number of unavailable beds has stabilised (n= 934). The continued movement of patients to treatment in a daycare environment is also evident. Daycase discharges have increased by nearly 5% compared to 2008 and are 2.5% above target levels. The day case rate has positively increased from 55% to 56%. Overall, daycase waiting lists have reduced slightly compared to the same period in 2008 and long waiters have decreased by 38%.

New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 960 and 6,376 respectively and for day cases was 1,198 and 12,900 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,376 and 7,013 respectively and for day cases was 1,914 and 8,383 respectively. Overall the inpatient waiting list has decreased by 4% and the daycase waiting list by 1%.

Emergency Presentations

Compared to last year, emergency presentations to hospitals and attendances at ED continue to decrease and are almost 3% lower than last years levels. This has been a regular pattern over 2009 and is probably reflective of a number of factors. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are almost equivalent to 2008 levels but emergency admissions via ED have reduced by 4%. This is most likely due to better admission controls, increased numbers of delayed discharges and continuing bed reductions. There were, on average, 909 delayed discharges nationally during August. Delayed discharges have increased by 22% compared to the same period last year and 63% compared to same period 2007.



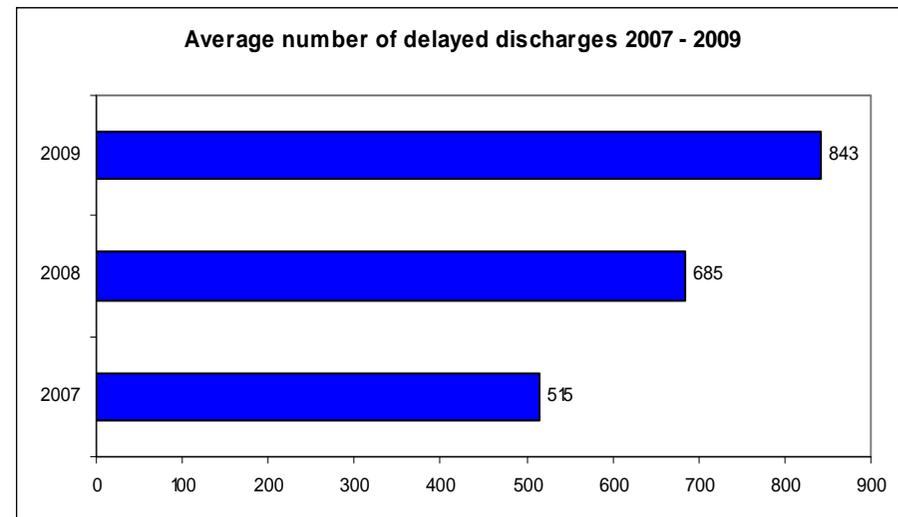
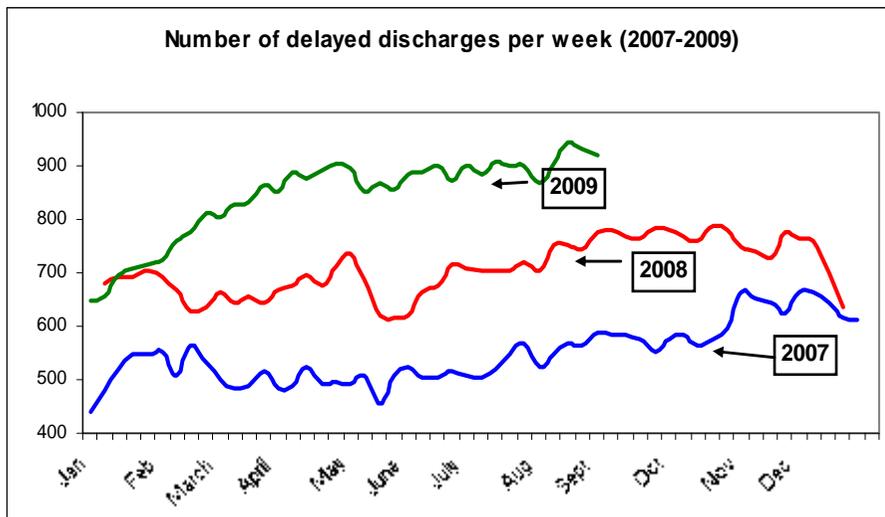
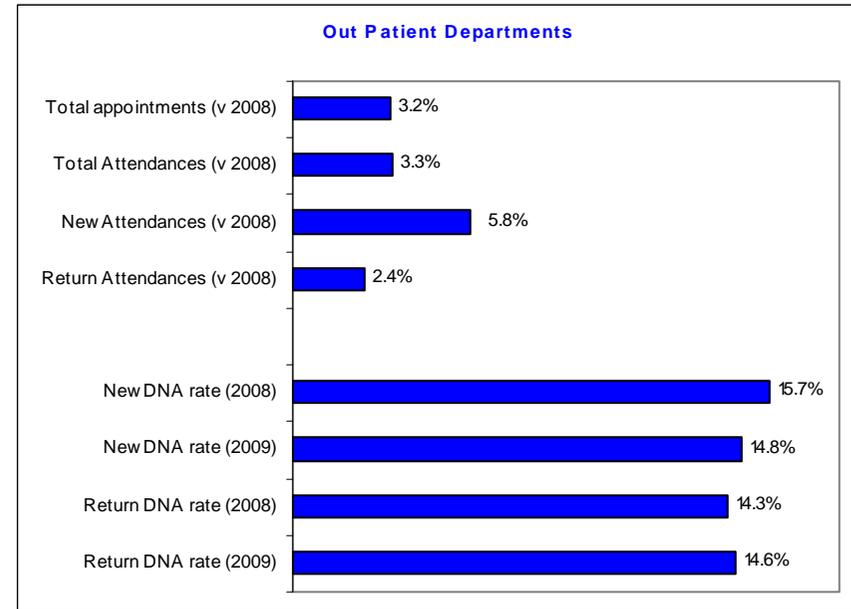
Out Patient Department

OPD activity is showing a positive performance in 2009. The total number of OPD appointments has increased by 3.2% but more importantly the number of new OPD attendances has increased by almost 6%. This means that in excess of 30,000 new OPD patients have been seen and treated in 2009 compared to 2008. At the same time, hospitals have reduced the new DNA rate from 15.7% to 14.8%, reducing the overall number of OPD appointments that are not kept. The HSE has an OPD service improvement project ongoing since mid 2008. This rise in new appointment levels is consistent across many specialities.

Delayed Discharges

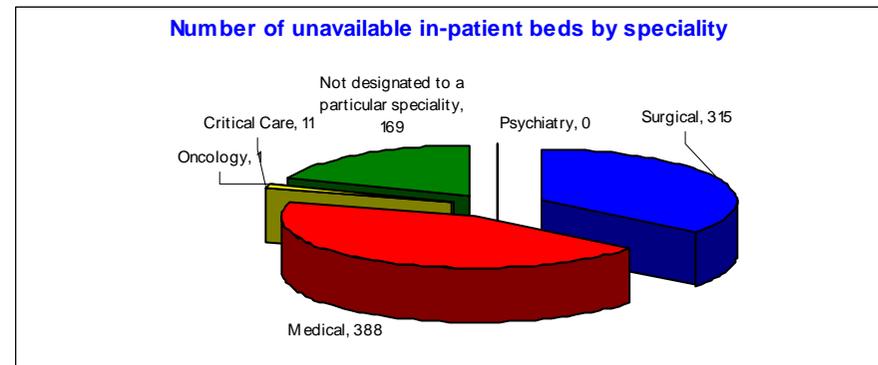
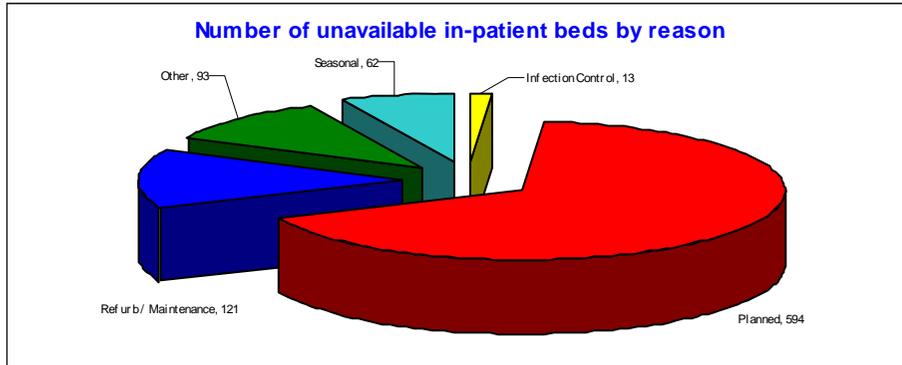
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed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

The number of delayed discharges nationally continues to be high in August at 909 (average for 2009 is 843). As can be seen from the figure below, delayed discharges rose significantly between January and May 2009 but have stabilised since May. In 2008 and 2009, August has marked the beginning of an increase in delayed discharges until November. There are preliminary signs of an upsurge in August 2009 which may mark the start of this pattern in 2009. The actual pattern will not be apparent until next month.



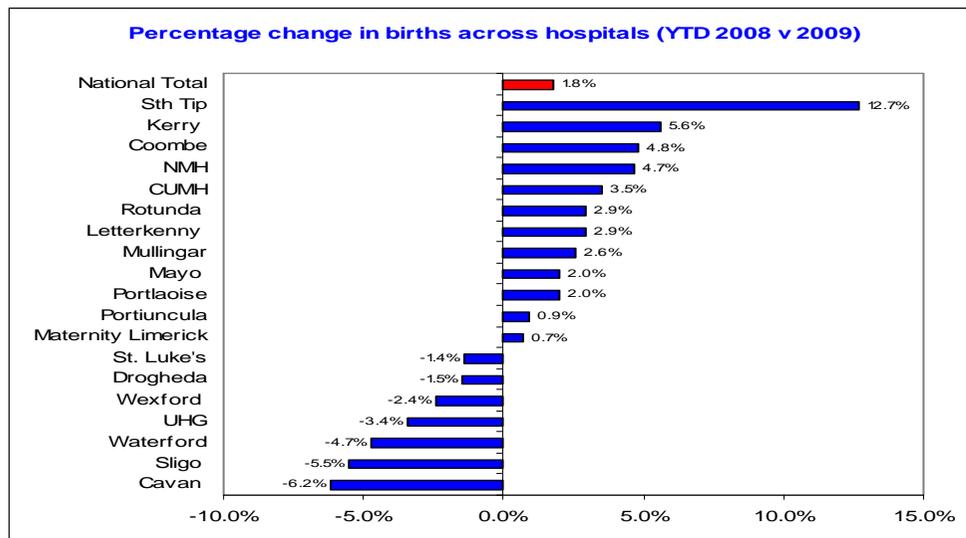
Bed Capacity Management

Hospital Bed capacity management and shifting the emphasis to community care continues to be a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions stratified across all hospitals as outlined below. There were 934 beds (884 inpatient; 50 day beds) unavailable for discharges during August. The National Crisis Management Team (NCMT) have identified 37 critical care beds for use in the event of a H1N1 2009 Pandemic (this would increase the current position of 11 critical care beds to 37).



Births / Gynaecology

Birth numbers still continue to be slightly higher than 2008 levels (+1.8%). An additional 854 births have been delivered in 2009 to date compared to 2008. A number of hospitals are continuing to experience significant increases in birth numbers (e.g. South Tipperary, Kerry, Coombe and Rotunda). Conversely, a number of hospitals are experiencing a reduction in birth numbers (e.g. Cavan, Sligo, Waterford and UHG).



Emergency Department Data

Compared to 2008, emergency admissions to hospitals have only decreased by 0.7%, despite emergency presentations decreasing by 3%. This pattern has not been uniform across hospitals. This pattern of decreased emergency presentations, ED attendances and emergency admissions has been a trend for a number of months during 2009.

Table A shows the complete time of ED visits for August, covering 12 hospitals (Sligo General has been added this month) who between them account for 45% of average daily attendances at the ED. It is gathered by recording the in / out time for all attendances on a 24 hour basis. Tables B and Table C break out the detail for those who were discharged from the ED and those who were admitted from the ED. As can be seen, many hospitals have average ED waiting times of less than the 6 hour access time target (based on all patients or sampling approach).

Green	< 6 hrs	Orange	< 12 hrs	Red	> 12 hrs
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Table A

Hospital Results - based on all ED attendances	Average number of people seen in ED daily	Average hours for complete ED visit.
Portiuncula Hospital	52	2.7
Midland Regional Hospital	81	2.8
Kerry General	89	3.1
Letterkenny General	84	4.0
Regional Hospital Dooradoyle	162	4.5
Adelaide & Meath inc NCH	185	4.6
Cork University Hospital	151	4.9
Mercy Hospital	66	5.8
St Vincents, Elm Park	115	7.2
St James Hospital	122	7.3
Sligo General Hospital	87	8.4
Beaumont Hospital	127	10.6

Table B

Hospitals	Average number of people seen in ED daily who were not admitted	Average hours waiting: Non-Admitted patients
Portiuncula Hospital	38	2.5
Midland Regional Hospital	64	2.4
Kerry General	67	2.1
Letterkenny General	54	5.7
Regional Hospital Dooradoyle	124	4.0
Adelaide & Meath inc NCH	143	4.3
Cork University Hospital	111	4.7
Mercy Hospital	53	3.9
St Vincents, Elm Park	93	7.1
St James Hospital	89	6.4
Sligo General Hospital	68	7.4
Beaumont Hospital	98	6.9

Table C

Hospitals	Average number of people seen in ED daily who were admitted	Average hours waiting: Admitted patients	Average numbers daily waiting more than 24 hours at 2pm (after decision to admit)
Portiuncula Hospital	14	3.4	0.2
Midland Regional Hospital	17	4.3	0.0
Kerry General	22	-	0.0
Letterkenny General	30	3.1	0.0
Regional Hospital Dooradoyle	38	5.9	0.0
Adelaide & Meath inc NCH	42	5.5	0.2
Cork University Hospital	40	5.4	0.0
Mercy Hospital	13	14.5	0.0
St Vincents, Elm Park	22	8.0	0.2
St James Hospital	33	10.2	0.0
Sligo General Hospital	19	-	0.0
Beaumont	29	24.7	0.0

The tables below show the ED data for a sample of attendances over two periods of two hours each, (11am–1pm and 4pm-6pm) each day, in 23 hospitals for January to August. Each person who registers in the ED during these hours is traced back throughout the day to capture the total time they spent in the ED.

Hospital Results Based on 2 x 2 hour daily sample	Table A:		Table B:		Table C:		Data collected at 2pm each day reflecting the average numbers waiting more than 24 hours at that time (after decision to admit)
	Av number of people seen in ED daily	Av hours for complete ED visit for those registered between 11am and 1pm & 4-6pm	Av number of people seen in ED daily who were not admitted	Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and not admitted.	Av number of people seen in ED daily who were admitted	Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and admitted.	
Louth County Hospital	46	1.4	36	1.4	10	-	0.0
St Lukes Hospital – Kilkenny	82	1.7	61	1.5	21	3.7	0.0
St Johns Hospital – Limerick	40	1.8	36	1.6	4	4.7	0.0
Nenagh General Hospital	31	1.8	29	1.7	2	2.4	0.0
St Michaels DLaoire	38	2.0	35	1.9	3	3.3	0.0
Our Ladys Hospital – Navan	48	2.1	38	1.9	10	2.7	0.0
SouthInfirmary – Victoria	61	2.2	51	1.8	10	8.1	0.0
Midland Regional Tullamore	81	2.3	64	2.2	17	3.5	0.0
Mater Misericordiae Hospital	122	2.6	97	2.4	25	7.3	0.5
South Tipperary General	73	2.6	56	1.9	17	5.2	0.0
Waterford Regional Hospital	148	2.7	105	2.0	43	7.8	0.0
Wexford General Hospital	98	2.8	75	2.6	23	4.7	0.3
Roscommon County	37	2.9	27	2.6	10	4.4	0.0
Cavan General Hospital	76	3.1	59	2.6	17	6.7	0.0
Mayo General Hospital	87	3.4	61	3.0	26	9.6	0.0
Sligo General Hospital	87	4.1	68	3.4	19	8.6	0.0
Naas General Hospital	70	9.2	51	6.3	19	21.1	0.1
University Hospital Galway	169	10.5	125	7.4	44	16.5	0.0
Our Lady of Lourdes	126	19.4	99	22.3	27	18.3	0.0
Connolly Hospital	86	23.8	66	25.4	20	22.1	0.0
St Columcilles Hospital	58	25.1	47	26.4	11	23.6	0.3

Ambulance

Emergency Calls

Emergency Call volume is a demand led requirement which results in fluctuations in volume. Thus comparing the figures for August 2009 (17,037) to August 2008 (17,800) shows a variance of -4.4%. While there is an overall decrease, 3 areas: the North East, the East and the South all returned an increase in call volume.

Urgent Calls

Also, on the basis that Urgent Call volume is demand led that results in fluctuations, when comparing August 2009 (4717) to August 2008 (4913) there is a variance of 4%. All areas demonstrated a decrease on the same period last year. However, comparing the year-to-date figures (2009 – 41,185) and (2008 – 41,160) it shows a marginal variance of 0.1%

Non-Urgent Calls

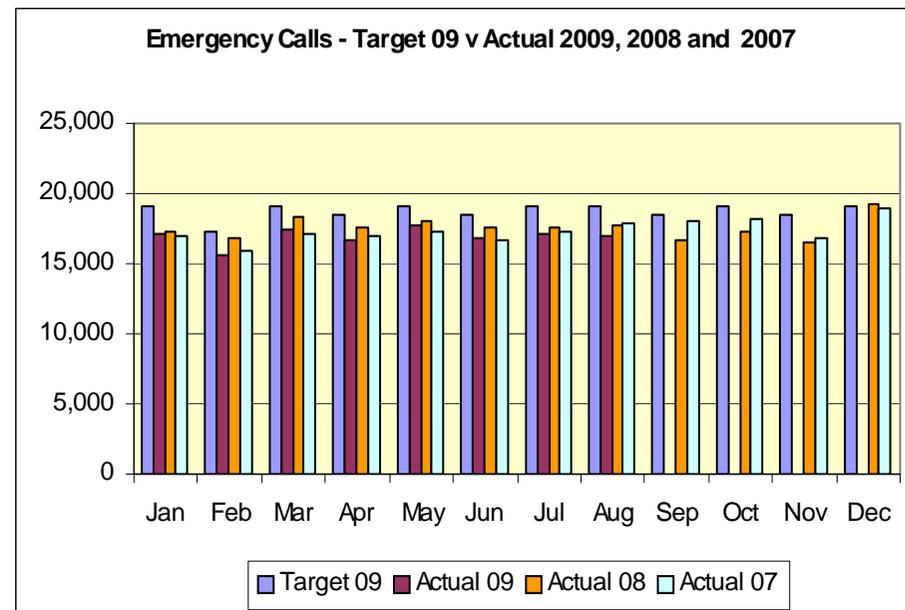
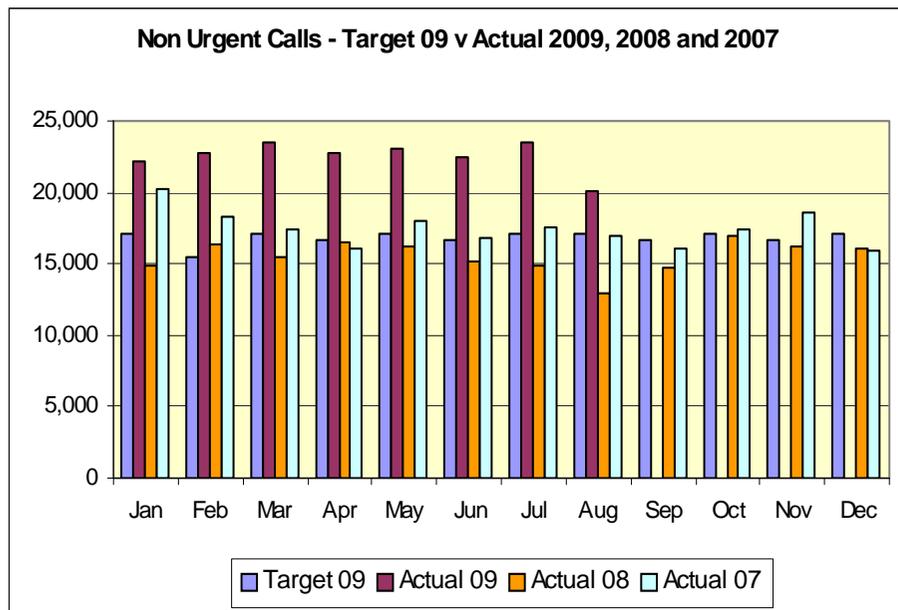
Non-Urgent Call volume is akin to all activity within the pre-hospital setting insofar as it is also a demand led service. When comparing August 2009 (20,104) to August 2008 (12,905) there is an increase in variance of 55.8%, and year to date 2008 to 2009 the variance is 47.2%. As stated in previous months the apparent large increase in activity has is in fact attributable to the recategorising of Non-Urgent activity in 2009 includes activity from the Eastern region that previously was categorised as Community Transport. This is because it is activity provided by ambulance service and not private hire operators (taxi & ambulances) as previously described. Month on month there has been a variance in this category of -14.5%.

Community Transport

This is another demand led service managed by the National Ambulance Service. Activity in this category demonstrates a decrease in activity comparing August year to date 2008 to 2009 of 20.4%. This is explained by the transfer of activity in the Eastern region to the Non-Urgent category.

Response Times

Response time percentages, especially with the 8 and 14 minute bands were improved on all previous months this year. In the 8 minute band there was a noticeable variance on the previous month of 6.1%. The year-to-date trend for all four bands indicates an improvement in performance approaching the designated performance targets for 2009.



Section 4 – New Service Developments

Key Result Area	Deliverable 09	Progress in Reporting Period			
PRIMARY CARE					
Immunisations	Full year costs to support the recent extension of the New Primary Childhood immunisation (PCI) schedule (€18m funded in 2008 towards programmes with a full year cost of €30m)	€250,000 media/communications, €3,000,000 vaccines (6in1 and PCV)			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	Total €3,250,000
	€12m	-	Q1–Q4	<i>WTEs ytd:</i>	1 WTE (Project Manager)

Key Result Area	Deliverable 09	Progress in Reporting Period			
MENTAL HEALTH					
Suicide Prevention Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	Following sanction to proceed, NOSP will now progress this work in Q3.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€100,000
	€100,000	-	Q1–Q4	<i>WTEs ytd:</i>	None
Progressing Vision for Change	Programme 'Your Mental Health' further developed targeting whole population and specifically young people	Initial work carried out in developing a campaign plan and proofing of concepts by consultation groups. Following sanction to proceed, NOSP will now progress this work further in Q3.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€900,000
	€900,000	-	Q2	<i>WTEs ytd:</i>	None
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)	Sanction has been received to progress these developments in 2009. Implementation processes, where they haven't already done so, are due to commence. Recruitment will draw on existing panels of staff where appropriate			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€500,000	-	Q2	<i>WTEs ytd:</i>	
Child and Adolescent	Early intervention services for mental illness further developed (detail in the care group section)	Sanction has been received to progress these developments in 2009. Implementation processes, where they haven't already done so, are due to commence. Recruitment will draw on existing panels of staff where appropriate			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€250,000	-	Q2	<i>WTEs ytd:</i>	
Child and Adolescent	Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.	Sanction has been received to progress these developments in 2009. Implementation processes, where they haven't already done so, are due to commence. Recruitment will draw on existing panels of staff where appropriate.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€1.05m*	35	Q2	<i>WTEs ytd:</i>	
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€1,000,000
	€2.8m (€1.75m once off)	35	-	<i>WTEs ytd:</i>	None

Key Result Area	Deliverable 09	Progress in Reporting Period			
DISABILITY SERVICES					
Disabilities Assessment and Intervention Services	Development and enhancement of assessment and intervention services to children of school going age with disabilities and recruitment of therapy posts to support implementation of the Disability Act. *Costs equivalent to 90 posts	Sanction has been received to progress these developments in 2009. Implementation processes, where they haven't already done so, are due to commence. Recruitment will draw on existing panels of staff where appropriate.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	
	€7.2m*	90	Q3	<i>WTEs ytd:</i>	

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

Key Result Area	Deliverable 09	Progress in Reporting Period			
NATIONAL CANCER CONTROL PROGRAMME					
Lung Cancer Services	Access to lung cancer surgery in 4 of the centres improved	Procurement process commenced to purchase equipment for new rapid access lung clinics.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€600,000
	€3m	22	Q4	<i>WTEs ytd:</i>	10.5 posts in place. Recruitment commenced for other posts to accommodate set up of rapid access diagnostic clinics
Prostate Cancer Services	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased	Two prostate rapid access clinics for prostate services opened in St. James's Hospital and Galway.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€300,000
	€3.4m	28	Q4	<i>WTEs ytd:</i>	2 posts in place. Recruitment commenced for other posts to accommodate set up of rapid access clinics.
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed	National Centre at Beaumont Hospital networked to CUH at planning stage.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	0
	€1m	8	Q4	<i>WTEs ytd:</i>	NEMU has approved filling of 7 posts to accommodate development of cancer neurosurgery network with Beaumont and CUH
National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed	No formal decision made around location of national centre as yet.			
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	0
	€1m	8	Q4	<i>WTEs ytd:</i>	0

Key Result Area	Deliverable 09	Progress in Reporting Period			
National centre for pancreatic cancer	National centre for pancreatic cancer developed		St. Vincent's Hospital has been identified as the national centre for pancreatic surgery. Development of the service is at the planning stage		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1m	8	Q4	<i>WTEs ytd:</i>	<i>0</i>
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.		2 new consultant anaesthetist posts have been approved to support increased activity in oncology		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1m	14	Q4	<i>WTEs ytd:</i>	<i>NEMU has approved filling of 2 posts</i>
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.		GP training and support to aid with cancer referral is being rolled out. Electronic referral forms for symptomatic breast cancer to aid GPs is being piloted		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>€1700</i>
	€1.53m	-	Q4	<i>WTEs ytd:</i>	
Additional Patient transport support	Patient transport support scheme rolled out further.		Patient transport scheme is being further rolled out as services transfer into designated cancer centres.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€500,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
NPRO Capital development plan	Phase 1 construction work continued in Beaumont and St. James's Hospitals		Phase 1 - Construction work continues in Beaumont and St. James's Hospital. Target completion Q4 2010.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€1.7m	12	Q4	<i>WTEs ytd:</i>	<i>NEMU has approved filling of 11 NPRO posts to date.</i>
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.		Timescale Q 4		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€870,000	-	Q4	<i>WTEs ytd:</i>	<i>0</i>
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€15m	100	-	<i>WTEs ytd:</i>	<i>NEMU has approved filling of total of 84.5 posts out of 100. A number of the posts will provide cross cover for lung, prostate and neuro cancers. 12.5 of these posts are in place.</i>

Key Result Area	Deliverable 09	Progress in Reporting Period			
INNOVATION					
Innovation Funding	Delivery of Innovation projects approved by Minister for Health and Children.		Governance arrangements for €20m of Innovation Funding for suitable projects was received on 27 th July 2009. This will be reported on from September via the model agreed between HSE and the Performance Monitoring Evaluation Unit, DoHC.		
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>0</i>
	€21m	-	-	<i>WTEs ytd:</i>	<i>0</i>

Section 5 – Quality and Safety

Patient Safety (update requested by DoHC)

Update on specific Section 10(2) of Health Act 2004 reporting requirement on Patient Safety and Hospital Hygiene – timescales for implementation of recommendations and monthly updates required.

Data relating to quality and safety is reported in Performance Reports (PRs) each month. During the last 18 months, we have put in place a rigorous standardised improvement process in the way we manage and respond to serious incidents.

In response to HIQA's 2008 hygiene services quality review, all 14 poor performing hospitals have developed and are implementing their quality improvement plans. These have been made publicly available by the NHO along with tools to support improvement on <http://www.hse.ie/eng/Publications/services/Hospitals/QIReports>

70 action plans have been developed within PCCC and their implementation is being monitored by local implementation teams (LITs). Hand Hygiene audits have been completed by PCCC in all HSE owned and operated older persons units (where bed numbers are greater than 16), in the first quarter. All mental health facilities (HSE owned and operated where bed numbers exceed 16) are being monitored by local implementation teams.

The MRSA bacteraemia notification rate per 1,000 bed days used was reported in the June PR for the first time.

The implementation of the Quality and Risk Standard self-assessment process including the Quality Improvement Plans will address a number of root causes of serious incidents as outlined in the timelines of the quality Improvement plans. All recommendations from reports / review are the responsibility of the director and service that they refer to.

The HSE Incident Management, Serious Incident Management Policy, Guidelines and Tool Kit to support this outlines the ten stages of systems analysis (stages 8, 9 and 10 outline action plan and evaluation of the action plan as part of the process). This is supported by an education / training programme across the services.

- Q2 2009: A project to standardise complaints and incident investigations has commenced. An expected outcome is a standard investigation methodology.
- Q2 2009: A stocktake, categorisation and follow up of action plans of serious incidents (overseen by the Serious Incident Management Team) has commenced and will align to similar processes in PCCC and NHO.
- Q2 2009: Learning from Serious Incidents – this is a process to share the learning from recent serious incidents. Sessions are in development with planned delivery Q4 to share the learning from the:
- Management of the incident
 - The implementation of the recommendations
 - The role of SIMT policy and guidelines
- Q4 2009: Quality and Risk Healthcare Audit – will carry out an audit to provide assurance to the CEO on the management's assertions on the status of implementation of the recommendations

The report from the Commission on Patient Safety and Quality Assurance was published in August 2008. The Department of Health & Children has set up a Steering Group to drive the implementation of the 134 recommendations in the report.

There are currently 14 projects being undertaken; with the HSE involved in the following projects:

- Project 5: Service User Involvement – lead by Department of Health & Children to involve also service-user involvement strategy group managed by HSE
- Project 6: Health Information – lead by Department of Health & Children to involve also Health Information Inter-agency group with HSE and HIQA
- Project 7: Clinical Audit – lead by the HSE
- Project 8: Adverse Event Reporting – lead by the HSE
- Project 10: Other Health Service Strategies – lead by the HSE
- Project 11: Vocational Healthcare education and Training – lead by the HSE
- Project 14: Credentialing and Privileging – Joint lead by the Medical Council and the HSE

Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
CP 17 Corporate Quality and Safety (Risk)		
Serious Incident Management Reporting	Implementation of incident management policy throughout the organization and HSE funded health services including: <ul style="list-style-type: none"> • Serious Incident Management Policy, Processes • Guidelines for Conducting Inquiries • Development of a Serious Incident Database and dissemination of the learning from these serious incidents throughout the system. 	<p>A working group to facilitate the development of a Standardised Comprehensive Complaints and Incident Investigation Process has been established. Progress includes:</p> <ul style="list-style-type: none"> • Stakeholder analysis and consultation commenced. • Project objectives and plan agreed. • Process mapping completed on nine HSE processes that have investigative elements and work on gap analysis in these processes commenced. <p>Under review at present</p> <p>In development. This is now expected to be completed in Q3.</p> <p>This database is operational and is due to be evaluated during Q3 & Q4</p> <p>As at the end of August, the total number of cases with the Serious Incident Management Team (SIMT) was 28. This included 23 from PCCC and 5 from NHO. The SIMT has oversight of these and the list is reviewed and updated after each meeting.</p>
Commission on patient safety and quality	Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.	The DoHC has established an implementation steering group (<i>see commentary above</i>).
Quality Improvement Plans	Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on <ol style="list-style-type: none"> (a) Service reviews. (b) Investigations and our internal system analysis recommendations 	National Template for Policies, Procedures, Protocols and Guidelines (PPPGs) Evaluation completed and feedback / comments incorporated in the document which has been sent to project commissioner. Work has commenced on one single database that will list all known policies, procedures, protocols and guidelines in use in various parts of the HSE. When finished (estimated end Q4) this database will be available as a resource to all staff in HSE via the intranet.

Key Result Area	Deliverable 09	Progress in reporting period
		<p>Medical Devices Project: All documentation aligned and sent to key stakeholders for consultation. Feedback received and documentation is being amended to reflect this. Expected completion date Q4.</p> <p>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and available on line.</p>
Corporate Risk Register	Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register	<p>The Corporate Risk Register is discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee.</p> <p>Internal Audit (Financial) and Quality and Risk Healthcare Audit of Corporate Key Risk Register is ongoing by the Office of Quality and Risk and Internal Audit.</p>

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below).	<ul style="list-style-type: none"> • Draft Audit forms for complaints and review officers circulated to National Director SIMT, Offices of the National Directors PCCC and NHO.
User Involvement	National Strategy for User Involvement implemented.	<ul style="list-style-type: none"> • Service user panel guidelines steering group meeting organised to finalise report and submit guidelines to HSE print for design. • Development of Service User Involvement training module for service providers ongoing, in collaboration with Picker UK • Guidelines drafted for involving children and young people in health services, consultation process with children currently being conducted. • Consultation process for patient charter ongoing • 57 Volunteers for national advocacy programme in residential care took part in training which is ongoing. • Web-page for information on residential care services under development and due to go live in September 2009 www.myhomefromhome.ie • Values training for Care workers in “Personal Excellence” is the final part of the trilogy and is being rolled out parallel to the advocacy training in each of the 10 pilot sites.
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	<ul style="list-style-type: none"> • Meeting with steering group to discuss patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	<ul style="list-style-type: none"> • Site visits ongoing in respect to the HSE/Combat Poverty Agency Joint Funding Initiative. • Online forum established for all projects linked to the joint funding initiative through www.hseland.ie • Joint funding evaluation bulletin to be published on a monthly basis capturing process learning and will be communicated to all projects and to all LHMs and TDOs • Draft guide for effective community participation in primary care teams is currently being developed and will be consulted upon over the next quarter (supporting action 6.1) • Meeting with steering group to discuss patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO • Site visit to CUH to discuss structure for service user involvement at hospital level.

Performance Activity	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints							
No. of complaints	4,891			5,501		2,722	102%
No. of complaints finalised within 30 working days	2,534			4,396		1,481	197%
No. of FOI requests received	4,231			3,303		2,643	25%
HSE National Information Line							
Number of calls received	113,738			106,793		76,787	39%

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

Section 6 – Specific Service Theme on Renal Services

Introduction

Kidney/Renal disease is a common health problem in Ireland. Chronic kidney disease (CKD) afflicts up to 280,000 citizens, most of whom are unaware of that fact. More significant kidney disease afflicts up to 180,000 citizens which result in a significant risk factor for cardiovascular disease and premature death. The most prominent manifestation of advanced kidney dysfunction is End Stage Kidney Disease (ESKD), requiring long-term dialysis or kidney transplantation.

In Ireland each year approximately 450 people develop end-stage of kidney failure and need treatment to replace their non-functioning kidneys. The main forms of treatment are haemodialysis or peritoneal dialysis. Those on haemodialysis require treatment usually three times per week, many will require this treatment indefinitely or some will receive a kidney transplant. Internationally there is an increase in the demand for treatment of end stage kidney disease predominantly due to the ageing population and the increase in diabetes. In Ireland this is expected to increase by between 5 and 10%. Analysis of national data indicates there will be an annual national increase in haemodialysis dialysis patients of between 20 and 45 per million of the population. Therefore the HSE needs to plan for an annual expansion in dialysis capacity to provide for an additional 85–170 patients each year.

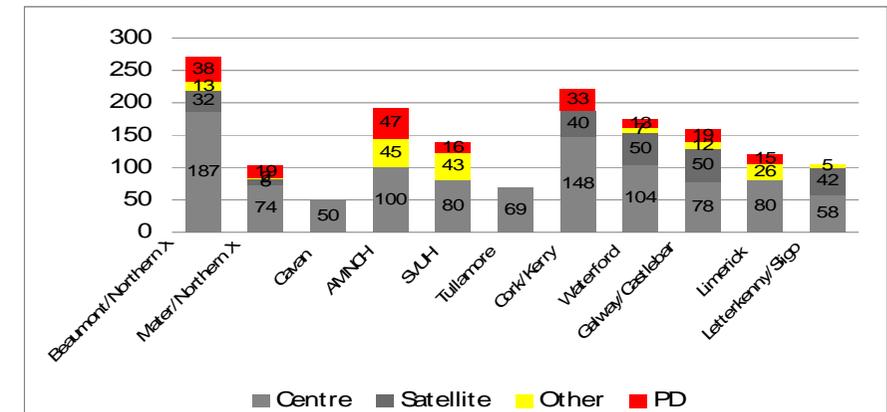
Renal Services Delivery

Renal services in Ireland are currently provided in each of the four HSE Areas: Patients are treated under the care of 11 parent renal units and receive their treatment either in a centre haemodialysis unit or in a satellite haemodialysis unit or in their own home.

All dialysis units liaise with the National renal transplant programme which is based in Beaumont Hospital.

HSE Area	Adult: Parent Renal Units	Satellite Renal Units	PD Programme
HSE Dublin North East	Cavan General		
	Beaumont Hospital Mater Hospital		X X
HSE Dublin Mid Leinster	Tullamore		
	St. Vincent's Hospital AMNCH/Tallaght	Beacon	X X
HSE South	Waterford Regional	Kilkenny	X
	Cork University Hospital	Tralee	X
HSE West	Limerick Regional	Riverside Park	X
	Merlin Park Hospital	Castlebar Parkmore	X
	Letterkenny General	Sligo	

Adult Patients under Supervision by Each of the 11 Renal Units by Dialysis Modality 31/12/08



'Other' relates to satellite units where there is shared/temp. governance arrangement in place

Children Renal Services Delivery

Children with kidney disease are supervised either the Children's University Hospital in Temple Street or Our Lady's University Hospital in Crumlin. Some are treated in-centre but the majority of children receive their treatment at home

What Is the Extent of the Problem?

At present Ireland does not have a National Renal Registry. In the absence of a national renal registry the National Renal Office (NRO) has been undertaking an annual census of activity, including incidence and prevalence in each of the renal units nationally.

The annual renal census (2008) has indicated that there were a total of **3,329** adult patients with End Stage Kidney Disease who required renal replacement therapy (renal transplant, haemodialysis, or peritoneal dialysis). Of these **1,728 (52%)** had a functioning renal transplant, **1,401 (42%)** were on Haemodialysis and a further **200 (6%)** were on peritoneal dialysis.

ESKD patients numbers have gone from 3,143 to 3,329 (+186 patients) in one year. Of these the number with a functioning transplant has increased from 1623 to 1728 (+105) Haemodialysis patients have increased from 1,329 to 1,401 (+72) and peritoneal dialysis patients have increased from 191 to 200 (+9).

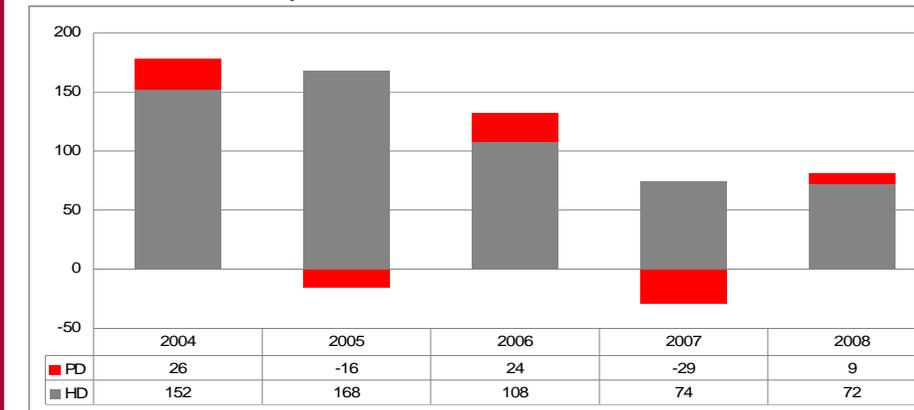
The prevalence of ESKD in the Republic of Ireland is 785 p.m.p: The prevalence of a functioning renal transplant is 408 p.m.p. while the prevalence of haemodialysis is 330 p.m.p. and peritoneal dialysis is 47 p.m.p.

The growth in ESKD between 2007 and 2008 has been 43 p.m.p. 56% of this growth has been in the prevalent transplant population.

The incidence of ESKD in 2008 was 105 p.m.p. 446 patients required long term renal replacement therapy for the first time. 377 (85%) had haemodialysis as their first treatment; 63 (14%) had PD as their first treatment while 6 (1%) received a transplant before the need for dialysis.

	2003	2004	2005	2006	2007	2008
Haemodialysis Patients	826	978	1,146	1,254	1,328	1,402
Peritoneal Dialysis Patients	187	213	197	221	192	200
Total Dialysis Patients	1,013	1,191	1,343	1,475	1,520	1,602
Increase on Previous Year	Actual	178	152	132	45	82
	%	18%	13%	9%	3%	5%

Variation in Growth in Dialysis Prevalence



Trends:

In the five years between 31/12/03 and 31/12/08 total dialysis patients have increased from 1,013 to 1,601 i.e. 58%. The number receiving haemodialysis has increased from 829 to 1,401 – 70% in this five year period. The number receiving peritoneal dialysis has increased from 187-200 (7%).

The increase in dialysis prevalence (haemodialysis and PD) year on year has been variable:

- 178 in 2004
- 152 in 2005
- 132 in 2006
- 45 in 2007
- 82 in 2008

The variation reflects incidence rates, transfer to transplant rates and death rates.

Based on analysis of national data and on the observed increment in prevalent dialysis patients between 2004 and 2007 it has been anticipated there will be an annual national increase in haemodialysis dialysis patients of between 20 and 45 per million of the population. The increment in total dialysis numbers in the last year falls at the lower part of this range (19 p.m.p.)

The National Renal Office predicts that an increase range of 20 and 40 per million of the population can be expected in 2009 (i.e. 85-170). It must be emphasised however that the increase demand is not uniform either in time of presentation or in regional location. Considerable small area variation throughout the country can be anticipated.

Expansion of capacity:

It is acknowledged that there is a shortage of haemodialysis capacity nationally. Units in Beaumont, Limerick, Cork, Galway and Waterford operate extended hours including dialysing patients late into the night and many patients have to travel long distances for their treatment

Over the past three years the HSE has made improvements in tackling the increasing demand for dialysis and addressing the severe overcrowding which has developed in some of the renal units under the most capacity restraints. The HSE has also been working to ensure that where possible patients do not have to travel long distances for treatments and are treated as near to their home as is possible

The expansion of capacity is currently being addressed through a range of initiatives in both the public and private sectors. New dialysis units have been commissioned over the past year which will result in additional extra capacity made available in both the public and private sectors.

The HSE will continue to work to expand capacity for renal patient nationally to accommodate the growth in demand (i.e. 85 – 170 additional patients each year). It is anticipated that expansion in the future will be addressed through a combination of expansion within existing renal units and the establishment of additional contracted satellite units.

Contracted units:

The HSE has been availing of dialysis capacity for public patients in the private sector since 2004.

Early in 2007 the HSE went to tender to establish a panel of suitably qualified providers who can be contracted to provide haemodialysis services when and where an identified need exists. Quality of care, location, time frame for service delivery and value for money are key components of the decision making process.

Contracts are in place with commercial providers in the following regions**North Dublin**

In November 2006 a 16 station satellite unit opened in North Dublin. There are currently 53 patients from Beaumont and the Mater hospitals being treated there. This additional capacity has reduced some of the pressure on both hospitals, particularly the dialysis unit in Beaumont hospital which has reached absolute capacity.

Kilkenny

On the 31st of August 2009 a new satellite dialysis unit opened in Kilkenny. This unit has 16 stations and a capacity for over 64 patients. Prior to the opening of this unit patients have been treated by another contracted provider pending the opening of this new facility. There are currently 52 patients being treated in Kilkenny which provides a local service to patients in the South East who previously had to travel to Dublin or Waterford.

South Dublin

The HSE has had a contract in place with a private dialysis provider since June of 2004. This contract was extended to accommodate growth in demand in the South Dublin region. The unit has a total of 31 dialysis stations, and is now treating 130 patients on behalf of the HSE.

Limerick

The dialysis unit in Limerick has been under considerable pressure. Following an EU tender process the new satellite dialysis unit opened in February of 2009. This facility has the capacity to provide dialysis for up to sixty patients and has relieved the pressure on the regional unit. The opening of this unit ended the unsatisfactory situation where on an interim basis some patients had to travel to Galway to receive dialysis.

Galway

Currently 18 patients are being dialysed in a commercial dialysis unit in Galway. These patients are accommodated there pending agreement on the expansion plans for the West.

As of the end of December 2008 there were a total of 226 patients treated in the contracted units – i.e. 16% of all haemodialysis patients. This equates to 7% of all ESKD patients nationally (which includes patients who have had kidney transplants and who remain under their parent renal unit for ongoing follow up).

Renal Transplantation

Renal transplantation is the optimum treatment for ESKD – it has been established worldwide as a highly effective life saving procedure. However, organ transplantation is limited by the increasing shortage of available organ donors in most European countries. Ireland has a relatively high rate of (deceased) organ donation, the rate is 18.4 per million in 2008 (the European average is 13 to 22 per million population). Despite a relatively high deceased donor organ transplant rate, transplantation has not kept pace with the increased numbers of dialysis patients.

In Ireland 52% of all patients with end stage kidney disease are treated with a functioning renal transplant. This for patients is a very positive feature of the care to those with kidney disease.

To the end of August 2009 a total of 106 cadaveric transplants have been undertaken (in addition to 5 simultaneous kidney and pancreatic transplants).

In 2006 the HSE received funding for the establishment of a Living Donor Programme which is to be based in Beaumont Hospital. (The service has been in existence since 1972 to this but has been enhanced in recent years).

To date in 2009 (end August) a total of 12 living donor transplants have been undertaken.

National Planning – The National Renal Office (NRO)

Earlier this year the HSE established a National Renal Office (NRO) which is responsible for planning, co-ordinating and managing the strategic development of Renal Services across the country. The Office will provide Governance, Integration and Leadership in developing a National Framework for delivering Renal Services in Ireland and will facilitate an immediate integrated focus on a number of priority areas of concern.

The primary role of the National Renal Office is in governance, planning and strategic development. Network Managers/Regional Directors and local Renal Units will continue to maintain operational responsibility for the delivery of Renal Services within their region especially as they relate to the care of individual patients.

The NRO is currently positioned within National Hospital's Office structures, pending HSE organisational restructuring, as a facilitating and integrating entity across the service and support directorates.

Clinical Director:

Dr. Liam Plant, Consultant Renal Physician from Cork University Hospital has been appointed the National Clinical Director of the National Renal Office.

The Office will be supported with input from those with key competencies in clinical, business and organisational support that will provide dedicated input into the planning and operational aspects of this Office.

The immediate priorities for the National Renal Office are:

- Expansion of renal capacity to accommodate growth in demand
- Provision of services closer to patients homes
- Improvement in patient centred care with the closure of night time shifts

It is important that service expansion and development are all based on clinical need, in line with priorities identified by the National Renal Office and adequately address the key considerations of: Capacity, Configuration & Governance.

The strategic vision for Renal Services:

- The patient is central to Renal Services design and delivery. The patient should be fully informed on treatment options and prognosis of kidney disease.
- Services are provided to populations at local level, consistent with safe and effective care and practice.
- Networks of appropriately designed and maintained Renal Units, with adequate inpatient, outpatient, laboratory and radiology facilities, are provided to support patient care in a manner fully integrated with Primary Care and other Community Services.
- Access is available to the most modern diagnostic and treatment equipment.
- Effective governance arrangements exist to ensure that Renal Services are delivered to nationally defined standards.

Funding

In 2009 the NHO has prioritised renal services and made available €5.5m additional funding for renal service developments in 2009. This will enable the HSE to fund the cost of existing contracts with the private sector and will enable the HSE to begin planning for an expansion of facilities nationally to cope with the increasing demand in line with the priorities identified by the National Renal Office.

With the funding provided this year the NHO has prioritised funding for three additional consultants nephrologists for Tullamore, AMNCH (Tallaght) and St. Vincent's University Hospital. It is hoped that these posts will be filled as soon as possible. An additional consultant is due to start in Waterford Regional Hospital in October and recruitment is ongoing for an additional post covering Cork and Kerry.

For further information please contact:

National Renal Office
Telephone (01) 6201662

Appendix 1 – Vote Data

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

(As at 7th October 2009)

1. Vote Position at 30th September 2009

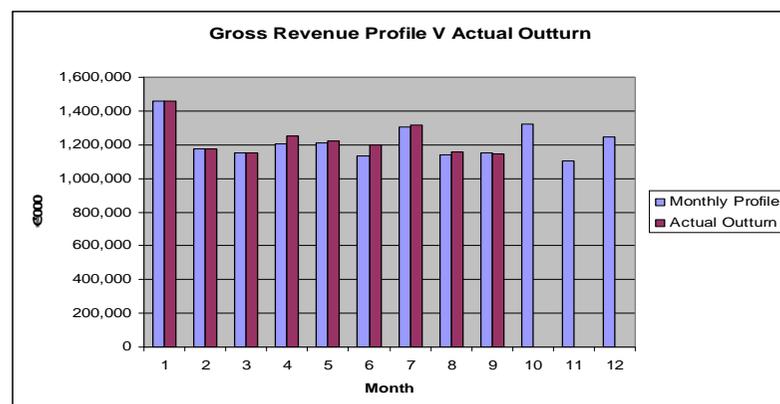
The table below is based on the allocation per the Revised Estimates Volume (REV) which was published on 23rd April 2009.

Vote September 2009	REV Allocation	Monthly Profile €000	Actual Outturn €000	Over (Under) €000	YTD Profile €000	YTD Actual €000	Over (Under) €000
Gross Current Expenditure	14,599,588	1,151,033	1,147,576	-3,457	10,926,740	11,087,844	161,104
Gross Capital Expenditure	410,263	26,643	25,009	-1,634	311,898	346,639	34,741
Total Gross Vote Expenditure	15,009,851	1,177,676	1,172,585	-5,091	11,238,638	11,434,483	195,845
Appropriations-in-Aid							
- Receipts collected by HSE ¹	-1,043,988	-86,487	-88,819	-2,332	-749,192	-718,041	31,151
- Other Receipts	-2,333,275	-184,718	-221,000	-36,282	-1,364,800	-1,238,771	126,029
- Total	-3,377,263	-271,205	-309,819	-38,614	-2,113,992	-1,956,812	157,180
Net Expenditure	11,632,588	906,471	862,766	-43,705	9,124,646	9,477,671	353,025

Gross current expenditure is €161m over profile (€165m over profile in August).

Appropriations-in-Aid² are under profile by €157m (€196m under profile in August).

Gross Capital expenditure is €35m over profile (€36m over profile in August).



¹ Appropriations in Aid for Dormant Accounts included in Other Receipts

² Revenue and Capital Appropriations-in-Aid.

2. Capital

Summary

Jan 2009 to Sept 2009	Profile	Actual Outturn	Over/(Under)
Construction (C1/C2)	€90,154	€39,538	€49,384
ICT (C3)	€6,634	€3,950	(€2,684)
Dormant A/Cs (B13)	€5,110	€3,151	(€1,959)
Total	€311,898	€346,639	€34,741

September 2009	Profile	Actual Outturn	Over/(Under)
Construction (C1/C2)	€1,000	€4,464	€3,464
ICT (C3)	€4,865	€45	(€4,320)
Dormant A/Cs (B13)	€78	€000	(€78)
Total	€6,643	€5,009	(€1,634)

Subhead C.1. Construction

One of the consequences of the slowdown in the construction industry is that contractors can concentrate greater resources on the construction projects in progress. In a number of cases projects are progressing ahead of projection resulting in expenditure on these projects running ahead of profile. This has resulted in contractual commitments projected to be drawn down in 2010 having to be honoured in 2009. Capital projects ahead of schedule include the community nursing units (7), the completion of the Accident and Emergency Unit at Our Lady of Lourdes Hospital, Drogheda and the construction of the ward element at this hospital.

The 2009 individual expenditure projections are under continuous review since the beginning of the year. As part of the formal project approval process each project has been allocated an approved spend limit for the current year. At the outset of 2009 the National Director of Commercial and Support Services withdrew all previous letters of approval and following a review issued new approvals as appropriate.

Since February of this year, no contractual commitment of any value and in relation to any project type can be entered into without prior written approval from the National Director of Commercial and Support Services. Projects are not being progressed beyond their existing stage of contractual commitment. For example projects in Design are being progressed to Tender Stage only. All expenditure other than committed expenditure has been stopped.

The only projects which have received approval to progress since February 2009 are those which are Government priorities. These include:

- Our Ladies Hospital for Sick Children Crumlin – Stem Cell Lab. €2.5m
- Cork University Hospital – Transfer of Diagnostic Breast Services €5.0m
- St. Vincent's Hospital Development Phase 2 €2.0m
- OLOL Drogheda, A&E Department (equipping only) €1.5m
- Mid West Regional Hospital Limerick, Trauma Theatre €1.6m

The amounts detailed above are the projected expenditure on these projects in 2009. Officials from HSE Estates have been in discussion with officials from the Department of Health and Children and the Department of Finance in regard to the year end position and possible use of proceeds of sale of lands to fund mental health projects under “A Vision for Change”.

Subhead C.3. ICT

ICT cash issues are within profile for the period Jan-Sep 09. Past experience shows ICT spend is weighted towards the later part of the year.

Subhead B13 Dormant Accounts

Dormant Accounts cash issues are within profile.

4. Emerging Issues by Vote Subhead at end August 2009

- The statutory sector is €146m over profile at 30th September 2009 (€117m over profile in August).
- The voluntary sector is €21m over profile at 30th September 2009 (€14m over profile in August).
- The Medical Card Services and Community Drugs Schemes are €20m over profile at 30th September 2009 (€61m over profile in August). The decrease is attributable to reduced payments to Pharmacies in September.
- Flu pandemic expenditure to the end of September amounts to €5.584m.
- The Long-Stay Repayment Scheme is €13m under profile (€17m under profile in August).
- Payments to the State Claims Agency are €13m under profile (€10m under profile in August).
- Receipts from Health Contributions are €125m under profile (€162m in August) due to a shortfall in Social Insurance Fund (SIF) receipts (€114m) and receipts from the Revenue Commissioners (€11m). The shortfall includes a deduction of €71m made from 2009 receipts following the completion of the SIF apportionment exercise for 2007 by the Department of Social and Family Affairs (DSFA). The HSE is currently awaiting clarification on the 2007 apportionment exercise and the year end projection from the DSFA.
- Pension levy receipts are under profile by €14m (€15m under profile in August).

5. Year-End Projection

Based on current expenditure patterns the net Revenue deficit is projected to be in the region of €208m. This figure excludes Flu Pandemic expenditure and any potential liability arising from the pharmacy court case in relation to advance payments.

The projection includes a full year estimate of €95m relating to projected costs associated with pension deficits arising in the health system in 2009. We have previously provided the financial information relating to the pensions issue. This projection assumes that the trend to August continues to year end. There is a risk that this could grow depending upon retirement trends to year end. In the absence of any supplementary funding to address this issue, the HSE must now act to address this emerging deficit. The actions we would need to take include reduction in service levels. We can provide detail on these proposed measures. These would include the measures that were avoided earlier in the year.

The projected revenue deficit excludes any shortfall in Appropriations-in-Aid not directly collected by the HSE e.g. SIF.