



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# August 2011

## Performance Report on NSP 2011



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# Introduction

**The Performance Report (PR)** provides an overall analysis of key performance data from Finance, HR, Hospital and Primary & Community Services. The activity data reported is based on Performance Activity and Key Performance Indicators outlined in the NSP 2011.

The PR is used by the Performance Monitoring & Control committee (PMCC), the CEO and the HSE Board to monitor performance against planned activity, as outlined in the NSP, and to highlight areas for improvement. The PR also provides an update to the DoHC on the delivery of the NSP.

**The Supplementary Report** is also produced each month which provides more detailed data on the metrics covered in the Performance Report. This will be expanded quarterly and biannually to report on progress against the Deliverables outlined in NSP 2011.

# Overview of Key Metrics NSP 2011

**Performance Arrows**  
 → Performance maintained within 1%  
 ↑ Performance improved by >1%  
 ↓ Performance deteriorated by >1%

**% Variance**  
 Performance within 5% of target = **Green**  
 Performance between 5-10% of target = **Amber**  
 Performance greater than 10% from target = **Red**

National	Performance Measures	Report Frequency	Outturn 2010	Target (NSP 2011)	Performance YTD			YTD 2011 v YTD 2010		Performance this Month				
					Target YTD	Activity YTD	% var YTD v Tar YTD	Same period last year	% var YTD v YTD 2010	Target this M/Q	Actual last M/Q	Actual this M/Q	Performance Trend v Last Month	% variance Actual this month V Target this M/Q
Primary Care	PCTs: No. holding Clinical Team Meetings	M	348	518	443	386	-12.9%	284	35.9%	443	384	386	↑	-12.9%
	Child Health Developmental Screening at 10 months	M	64.0%	90%	90%	80.5%	-10.6%	55.6%	44.8%	90%	83.3%	82.2%	↓	-8.7%
Acute Care	In-patient discharges	M	588,860	574,400	384,019	392,380	2.2%	389,991	0.6%	45,219	48,804	47,749	↓	5.6%
	Day Case discharges	M	728,269	755,100	498,144	506,440	1.7%	487,969	3.8%	59,543	61,379	63,922	↑	7.4%
	% of patients admitted to hospital within 6 hours of ED registration	M	Not comparable	100%	100%	48.4%	-51.6%	n/a	n/a	100%	47.9%	46.9%	→	-53.1%
	% of patients discharged from hospital within 6 hours of ED registration	M		100%	100%	77.0%	-23.0%	n/a	n/a	100%	77.1%	76.0%	↓	-24.0%
	Elective procedures adults < 6mths, Inpatients	M	74.5%	100%	100%	68.3%	-31.7%	76.2%	-10.4%	100%	70.2%	68.3%	↓	-31.7%
	Elective procedures adults < 6mths, Day Case	M	87.5%	100%	100%	79.1%	-20.9%	86.8%	-8.9%	100%	81.2%	79.1%	↓	-20.9%
	Elective procedures children < 3 mths, Inpatients	M	45.5%	100%	100%	43.8%	-56.2%	40.8%	7.4%	100%	46.4%	43.8%	↓	-56.2%
	Elective procedures children < 3 mths, Day Case	M	51.7%	100%	100%	45.6%	54.4%	45.4%	0.4%	100%	46.0%	45.6%	→	-54.4%
	Average Length of Stay (ALOS) in days	M	6.16	5.6	5.6	6.0	7.1%	6.2	-3.2%	5.6	5.9	6.1	↓	8.9%
	Elective Inpatients: % who had principle procedure conducted on day of admission	M	50%	75%	75%	49%	-35.0%	48%	1.9%	75%	49.0%	49.0%	→	-34.7%
	% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology)	M	70.0%	75%	75%	72%	-3.7%	68%	6.6%	75%	72.0%	72.0%	→	-4.0%
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	M	95.1%	95%	95%	99.2%	4.4%	93.0%	6.7%	95%	99.6%	99.8%	→	5.1%
	Children and Families	% children in care who have a written care plan (Child Care Regs 1995)	M	90.1%	100%	100%	91.9%	-8.1%	n/a	n/a	100%	90.9%	91.9%	→
% children in care who have an allocated Social Worker at the end of the reporting period		M	93.2%	100%	100%	93.1%	-6.9%	n/a	n/a	100%	93.4%	93.1%	→	-6.9%
Mental Health	CAMHS: % new (including re-referred) child / adolescent cases offered first appointment (seen within 3 months)	M	69%	70%	70.0%	61.1%	-12.7%	53.0%	15.3%	70.0%	49.0%	51.0%	↑	-27.1%
	CAMHS: No. of new child / adolescents offered first appointment and seen	M	7,477	7,503	4,915	5,262	7.1%	4,898	7.4%	556	609	689	↑	23.9%
Older Persons	Total no. of Home Help Hours provided for all care groups	M	11,680,516	11,980,000	7,826,960	7,396,137	-5.5%	7,562,824	-2.2%	989,604	951,765	943,531	↓	-4.7%
	Total no. of people in receipt of Home Care Packages per month	M	9,941	10,230	10,230	10,716	4.8%	9,497	12.8%	10,230	10,510	10,716	↑	4.8%
Palliative Care	Palliative Care: Inpatient bed provided within 7 days	M	New 2011	92%	92%	95%	3.30%	96.0%	9.8%	92%	90.0%	95.0%	↑	3.3%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	DML	2,708,764	1,859,220	1,795,242	63,977	3.6%
	DNE	1,921,531	1,321,774	1,275,212	46,563	3.7%
	South	1,895,290	1,302,126	1,271,668	30,458	2.4%
	West	1,982,879	1,370,150	1,323,085	47,065	3.6%
	Care Group / Other Services	36,748	11,270	21,079	-9,809	-46.5%
	Primary Care Reimbursement Service	2,402,909	1,680,263	1,615,940	64,323	4.0%
	Population Health	146,083	90,298	95,132	-4,833	-5.1%
	ISD Regional Sub Total	11,094,203	7,635,101	7,397,358	237,744	3.2%
	Corporate Services & Pensions	441,666	240,555	249,518	-8,963	-3.6%
	National Services	682,639	509,769	502,629	7,140	1.4%
	Held Funds	132,286		44,333	-44,333	
	<b>Total HSE</b>	<b>12,350,795</b>	<b>8,385,425</b>	<b>8,193,838</b>	<b>191,587</b>	<b>2.3%</b>
<b>Deficit after adjusting for post-service plan reduction by DOHC</b>				<b>152,920</b>		
Key Performance Measurement Savings 2011	Target Savings 2011 €000	Actual YTD €000	Target YTD €000	Variance YTD €000	% Var Act v Target	
Community Schemes	424*	135.6	219.0	-83.4	-38%	
VFM Expenditure Reductions	200.0	92.1	124.7	-32.6	-26%	
Exit Scheme and Moratorium **	166.2	109.4	110.8	-1.4	-1.3%	

Human Resources	ISD Region / Other	WTE Dec 2010	Ceiling Aug 2011	WTE Aug 2011	WTE Change since Jul 2011	WTE Change from Dec 2010 to Aug 2011	WTE Variance Aug 2011	% WTE Variance Aug 2011
	DML	31,721	31,141	30,901	-101	-820	-240	-0.77%
	DNE	21,903	21,088	21,004	-66	-899	-85	-0.40%
	South	23,058	22,469	22,242	-70	-815	-227	-1.01%
	West	24,794	24,267	24,074	-100	-720	-193	-0.79%
	National	955	1,090	996	+31	+42	-94	-8.59%
	Portion of Ceiling to be allocated		606				-606	-100.00%
	Other (Corp Services, QCC, PH etc.)	4,049	3,865	3,785	-26	-264	-80	-2.07%
	<b>Total</b>	<b>107,972</b>	<b>106,003</b>	<b>104,511</b>	<b>-340</b>	<b>-3,461</b>	<b>-1,491</b>	<b>-1.41%</b>

\* €10m of this reduction was allocated to hospitals

\*\*The Exit and Moratorium savings are estimated at National level.

# Management Overview Report on Performance

## FINANCE KEY MESSAGES

### September Vote

Gross current vote expenditure is €166m over profile, while Appropriations in Aid collected directly by the HSE are €40m under profile resulting in a net revenue overspend of €206m at the end of September, 2011 (€204m over profile in August). Based upon the current expenditure rate the HSE is projecting a potential vote deficit of €320m. This has improved from a projection of €405m using August data but has not improved sufficiently to deliver a balanced vote by year end. Measures are in place to address this and further measures are being considered. The Board took the decision to meet again in the next ten days to further assess the impact of any additional measures.

There are three months to the end of 2011 and the health system will have to intensely manage cost at every level of hospital and community services to achieve a balanced vote. The HSE is clear that it has accountability to deliver a balanced vote and this has been further emphasised in meetings with the Departments of Public Expenditure and Reform and Health.

### August Finance Key Messages

The financial results for August show total expenditure of €8.385 billion against a year to date budget of €8.193 billion. The reported variance of €191.5m.

- The overall deficit for the health system at the end of August is €152.9m after taking account of the post-service plan revision by the Department of Health. The equivalent July deficit was €189.5m which does demonstrate that expenditure is reducing and the overall monthly deficit has slowed.
- There is still cause for significant concern however, given that there are only 4 months to the end of the year. The rate of expenditure reduction required in the remaining 4 months to achieve additional breakeven is €53.7m. Actions/measures to achieve have been identified since 15 September 2011.
- The HSE must live within the fixed financial envelope provided by government and where non-discretionary services are running ahead of service plan targets, compensations must be found.
- Demand for hospital services is still high and hospitals continue to deliver services at activity levels that are above Service Plan targets. This activity is a factor in hospital deficits of €142.2m at the end of August. Another factor is a shortfall of €21.8m in income billing activity. This is because of some fall in the level of privately-insured individuals, use of private rooms for infection control, historically high targets and in some cases sub-optimal use of private beds.
- Hospitals highlighted in July are a continued concern and will experience cash pressure before the end of the year. These are University Hospital Limerick, Galway University Hospital, AMNCH and Our Lady of Lourdes.
- While new controls for medical agency costs are in place, until all junior doctors from India and Pakistan are in place, the full effect of planned reductions in medical agency costs will not be realised.
- Within community services to the end of August there is a deficit of €45.8m. The deficit is substantially represented by a deficit on childcare services of €47.7m with some other minor compensations. Childcare services are statutorily-based to respond to the needs of children, which drives cost.
- The Primary Care Reimbursement Service is showing a deficit of €64.3m to the end of period. The projected year end deficit is €97m which consists of €58m post service plan reduction and €39m substantially related to timing delays implementing FEMPI changes to achieve drug savings.

## SERVICE DELIVERY KEY MESSAGES

### Overall Activity

Activity continues to grow across the majority of HSE services placing considerable pressures on our resources. The position at the end of August compared to the same period in 2010:

- Emergency admissions were up by an additional 4,871 (+ 2%) in the first 8 months of 2011 over this time last year and remain +3% over expected levels of activity.
- The number of inpatient and day case treatments are up by an additional 20,860 over this time last year and remain +1.6% (+14,268 treatments) over target. However the rate has reduced since June when inpatient and day case activity exceeded target by 2.4%. Hospitals are obliged to bring activity back to plan in locations where service plan targets are being exceeded. In this regard, each Region and each hospital is currently implementing a comprehensive cost reduction programme.
- GP Out of Hours contacts are up by an additional 57,222 (+9.8%). This service plays a very important role in pre-hospital emergency care. The recommendations of the GP Out of Hours Review, 2010 are currently being implemented across the four Regions with a view to driving down costs and achieving greater efficiencies.
- The number of individuals covered by a medical card is up by an additional 111,295 (+7%). There has been an additional 74,100 individuals issued with a medical card since December 2010.

### Emergency Activity

- ED attendances for the first eight months of the year was 739,135 which is 10,416 (-1.4%) less than same period last year. Notwithstanding this small decrease, the number of attendances in August was up by 2,543 over July.
- On the 31 August 2011 the highest peak of ED trolley waits recorded at 8am was 392.
- The Full Capacity Protocol was regularised in early January as part of an overall *Discharge and System Wide Escalation Framework* which takes a balanced approach to improving admission and discharge processes and reducing overcrowding. Since January 14 hospitals have escalated to Full Capacity Protocol on 33 occasions. During August, the Full Capacity Protocol was used on three occasions, twice in Beaumont and once in Wexford. It has been used a further five times during September.

### **Delayed Discharges**

In the last week of August 2011 the number of delayed discharges reported nationally was 827. This is an increase on the position at the end of July (740). The average number of delayed discharges reported through the month of August 2011 was 801, this compares to an average of 652 for August 2010.

### **Urgent colonoscopies**

Census week ending 28<sup>th</sup> August reports 1 patient waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy. The breach was in St John's Limerick. The patient has since been seen on 12<sup>th</sup> September 2011. Plans to reduce the priority 2 waiting list are in place through a specific waiting list initiative.

### **Nursing Home Support Scheme**

At the end of August 2011, 21,897 long term public and private residential places are supported under scheme.

In the first eight months of 2011, 6,700 applications have been received and 4,902 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,777 during the period.

In August there was an additional 329 new entrants to private nursing homes under the NHSS. 900 new applicants received approval for funding on 20<sup>th</sup> September leaving a residual of 900 awaiting approval. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

### **MMR Vaccination Campaign**

During September the HSE began an MMR vaccination campaign in primary schools in north inner city Dublin, in response to the rapid rise in the number of cases of measles in the area over the summer months. There have been 221 cases of measles in Ireland since the start of 2011, with over 85% arising in Dublin primarily in North Dublin City. Approximately two-thirds of cases had not been vaccinated. This is the only protection against measles.



## HUMAN RESOURCES KEY MESSAGES

Health Service employment at the end of August stands at 104,511 WTE which represents a month-on-month decrease of 340 WTE over July.

In terms of employment ceiling compliance, the health sector is 1,491 WTE below the current employment ceiling outturn of 104,511 WTE, versus current ceiling of 106,003 WTE.

ISD accounted for 306 of the decrease of 340 WTE. This was split in the main between Acute Hospital Services -73 WTE and Primary and Community Services -228 WTE.

Overall, the Statutory Sector recorded a decrease of 279 WTE and Primary & Community Services Voluntary Sector recorded a decrease of 63 WTE in August.

All staff categories other than Medical/Dental recorded decreases in August.

- Medical/Dental increased by 36 WTEs with NCHDs increasing by 48 WTEs from level recorded in July. Delayed activation on payroll of NCHDs recruited from India/ Pakistan may understate NCHD WTEs at the present time.
- Nursing fell by 153 WTEs (-0.42%) which means this staff category is 321 WTEs below the level at the end of 2010.
- Management/admin saw a reduction of 27 WTEs (-0.17%) and is 1,901 WTEs below the 2008 end of year position (17,967 WTEs), some 10.58% of a reduction.

Since the end of December, there has been a reduction of 3,461 WTEs as returned in the Health Service Personnel Census. At the end of August the employment levels are 923 WTE below of the end of year target (end of year figure of 105,434).

## ITEMS FOR UPDATE

### **NCHDs**

As of 3<sup>rd</sup> October the Medical Council has registered 231 of the 236 doctors who passed the required examination. The HSE is working to ensure that the newly registered doctors are incorporated into rosters in ways that reduce overtime costs, replace agency or locum arrangements and reduce average NCHD working hours to promote European Working Time Directive compliance.

### **Limerick University Hospital Update**

Three 4 hour stoppages have been held in the ED service of Limerick University Hospital on September 21st, 28th and on October 3rd. These stoppages have resulted in a reduced service to the public and the use of Doctors to carry out routine nursing duties. The stoppage on October 3rd resulted in the cancellation of in patient procedures for 2 people scheduled for treatment for breast cancer and 2 people who were scheduled for treatment for colorectal cancer. Management continue to prepare contingency plans to minimise disruption and ensure safe services in the event of this reoccurring but their response is compromised by the reduction in staffing available during the hours of industrial action. The primary impact of the work stoppages has been in the deferral of elective clinical activity, eg 14 patients have had their day case surgical procedures postponed and 4 inpatient surgical cases had to be cancelled. Alternative arrangements were needed to triage ED attendances and to care for patients in the ED during the work stoppages, for which some emergency cover arrangements were provided by the nursing unions. As of now, the dispute remains unresolved, however, no notification of further work stoppages have been received as of 7<sup>th</sup> October 2011.

### **Dr Steeven's Hospital - Tobacco/Smoking Free Campus**

The HSE's Tobacco Control Framework has set out that all HSE facilities should become completely Smoke Free sites. Dr. Steevens' Hospital will become a Smoke Free Campus with effect from the 17th of October 2011. A policy statement to aid the implementation of this decision is being circulated as well as information leaflets and signage to support the new arrangements, information on smoking cessation services for those who wish to quit will also be available.

# Detailed Finance Report

## Finance

The financial results for August show total expenditure of €8.385 billion against a year to date budget of €8.193 billion. The reported variance of €191.5m is illustrated in the table 1.

- The overall deficit for the health system at the end of August is €152.9m after taking account of the post-service plan revision by the Department of Health. The equivalent July deficit was €189.5m which does demonstrate that expenditure is reducing and the overall monthly deficit has slowed.
- There is still cause for significant concern however, given that there are only 4 months to the end of the year. The rate of expenditure reduction required in the remaining 4 months to achieve additional breakeven of €53.7m, actions/measures have been identified since 15 September 2011.
- The HSE must live within the fixed financial envelope provided by government and where non-discretionary services are running ahead of service plan targets, compensations must be found.
- Demand for hospital services is still high and hospitals continue to deliver services at activity levels that are above Service Plan targets. This activity is a factor in hospital deficits of €142.2m at the end of August. Another factor is a shortfall of €21.8m in income billing activity. This is because of some fall in the level of privately-insured individuals, use of private rooms for infection control, historically high targets and in some cases sub-optimal use of private beds.
- Hospitals highlighted in July are a continued concern and will experience cash pressure before the end of the year. These are University Hospital Limerick, Galway University Hospital, AMNCH and Our Lady of Lourdes.
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- The Primary Care Reimbursement Service is showing a deficit of €64.3m to the end of period. The projected year end deficit is €97m which consists of €58m post service plan reduction and €39m substantially related to timing delays implementing FEMPI changes to achieve drug savings.
- There are four months to the end of 2011 and the health system will have to intensely manage cost at every level of hospital and community services to achieve a balanced budget.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,730,743	2,628,931	2,486,718	142,214	5.7%
Primary & Community	4,777,720	3,224,339	3,178,489	45,849	1.4%
Care Group / Other Services	36,748	11,270	21,079	-9,809	-46.5%
Primary Care Reimbursement Service	2,402,909	1,680,263	1,615,940	64,323	4.0%
Population Health	146,083	90,298	95,132	-4,833	-5.1%
<b>ISD Total</b>	<b>11,094,203</b>	<b>7,635,101</b>	<b>7,397,358</b>	<b>237,744</b>	<b>3.2%</b>
Corporate Services and Pensions	441,666	240,555	249,518	-8,963	-3.6%
National Services	682,639	509,769	502,629	7,140	1.4%
Held Funds	132,286		44,333	-44,333	
<b>Total HSE</b>	<b>12,350,795</b>	<b>8,385,425</b>	<b>8,193,838</b>	<b>191,587</b>	<b>2.3%</b>
<b>Deficit after adjusting for post-service plan reduction by DOHC</b>				<b>152,920</b>	

Year to date expenditure in Hospitals was €2.628 billion compared with a budget of €2.486 billion – leading to an adverse variance of €142.2 million. Table 2 illustrates the position by region.

Community Services within regions have year to date expenditure of €3.224 billion compared with a budget of €3.178 billion – leading to a variance of €45.8m. Table 2 illustrates the position by region.

#### Agency Costs (Table 4)

- Despite the reduction in the unit cost of agency hours, the overall cost of Agency is going up with the average monthly spend on doctors increasing by 39% and the average monthly spend on HCA increasing by 17%. There has been a decrease in nursing agency spend by 7%.
- The increase in Agency hours contracted needs to be addressed to realise the benefit of the cost savings under the contract.

#### Community Demand Led Schemes (Table 5)

The position for the Primary Care Reimbursement Service including primary care schemes is set out in table 5.

Table 2. Hospital Services	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Dublin/ Mid-Leinster	1,311,848	905,910	865,543	40,367	4.7%
Dublin/ North-East	858,150	604,411	570,191	34,220	6.0%
South	759,496	535,078	512,643	22,435	4.4%
West	801,249	583,532	538,340	45,192	8.4%
<b>Total</b>	<b>3,730,743</b>	<b>2,628,931</b>	<b>2,486,717</b>	<b>142,214</b>	<b>5.7%</b>

Table 3. Primary & Community Services	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Dublin/ Mid-Leinster	1,396,915	953,309	929,699	23,610	2.5%
Dublin/ North-East	1,063,381	717,364	705,021	12,343	1.8%
South	1,135,794	767,048	759,025	8,023	1.1%
West	1,181,630	786,618	784,745	1,873	0.2%
<b>Total</b>	<b>4,777,720</b>	<b>3,224,339</b>	<b>3,178,490</b>	<b>45,849</b>	<b>1.4%</b>

Agency Costs Table 4.	Doctors €m	Nurses €m	Care assistants, porters etc €m	Total €m
Average monthly cost 2010	3,871.3	6,395.6	3,859.1	14,125.9
Total cost 2010	46,455.0	76,747.0	46,309.0	169,511.0
Average monthly cost for Jan to Aug 2011	5,387.7	5,972.5	4,514.5	15,874.7
Total cost Aug 2011	43,101.7	47,780.0	36,115.9	126,997.6
<b>Growth after 8 Months</b>	<b>39%</b>	<b>-7%</b>	<b>17%</b>	<b>12%</b>
<b>2011 growth at current levels</b>	<b>18,197.6</b>	<b>- 5,077.1</b>	<b>7,863.9</b>	<b>20,984.5</b>
<i>Nursing for March has been adjusted to take account of the strike</i>				

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,138	1,187,180	1,116,748	70,432	6.3%
Community Schemes	751,772	493,020	499,192	(6,172)	-1.2%
<b>PCRS Total</b>	<b>2,402,910</b>	<b>1,680,200</b>	<b>1,615,940</b>	<b>64,261</b>	<b>4.0%</b>

### \*Community (Demand Led) Schemes

<b>Long Term Illness (M)</b>	<ul style="list-style-type: none"> <li>The number of LTI claims made during August was 72,313 and YTD was 571,636.</li> <li>Compared to same period last year (596,288), this represents a decrease of 4.1%.</li> <li>Total number of LTI items in August was 232,440 and YTD was 1,813,542.</li> <li>Compared to same period last year (1,934,884), this represents a decrease of 6.3%.</li> </ul>
<b>Drug Payment Scheme (M)</b>	<ul style="list-style-type: none"> <li>The number of DPS claims made during August was 265,622 year to date position is 2,213,772</li> <li>Compared with the same period last year (2,644,423), this represents a decrease of 430,651 or 16.3%.</li> <li>Total number of DPS items in August was 829,181; year to date position is 6,793,591. This is 931,050 fewer items (12.1%) included in claims than in the same period in 2010 (7,724,641).</li> </ul>
<b>General Medical Services (GMS) (M)</b>	<ul style="list-style-type: none"> <li>The number of GMS prescriptions reimbursed during August was 1,528,415, a total of 12,347,366 YTD.</li> <li>Compared with the same period last year (11,541,540 prescriptions) there has been an increase of 805,826 (7.0%) prescriptions reimbursed YTD in 2011.</li> </ul>
<b>HiTech (M)</b>	<ul style="list-style-type: none"> <li>The number of HiTech claims made during August was 29,256 year to date 231,177.</li> <li>Compared to same period last year, (220,032 claims) this represents an increase of 11,145 (5.1%).</li> </ul>
<b>Dental Treatment Services Scheme (DTSS) (M)</b>	<ul style="list-style-type: none"> <li>The numbers of routine dental treatments provided YTD is 630,968, 2.3% below planned levels. 27,213 more complex treatments have been provided YTD, 24.3% below planned levels at this stage of the year.</li> </ul>
<b>Community Ophthalmic Scheme (M)</b>	<ul style="list-style-type: none"> <li>The number of adult ophthalmic services provided YTD is 425,493, 2.1% below planned levels. The number of child ophthalmic services provided YTD, through this scheme, is 40,129, 4.9% below planned levels.</li> </ul>

#### \*Community (Demand Led) Schemes

The number of claims in a particular month reflects the activity, on the ground, across the country by persons who are eligible for these services. In summary, there are three components which govern the activity and costs under the Demand Led Schemes:

- The number of persons eligible for services under the various schemes
- The services, drugs medicines and appliances reimbursed under the schemes, and
- The volume of these services, drugs, medicines and appliances provided to clients.

Chart 3

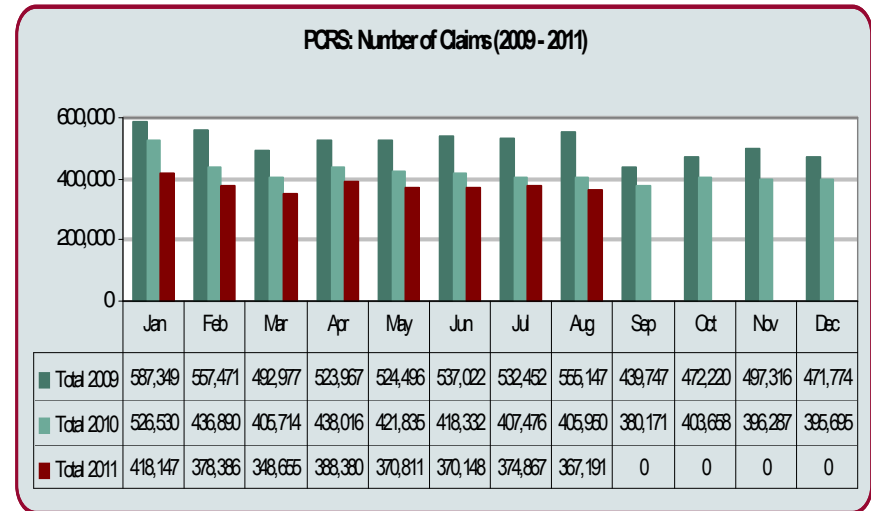
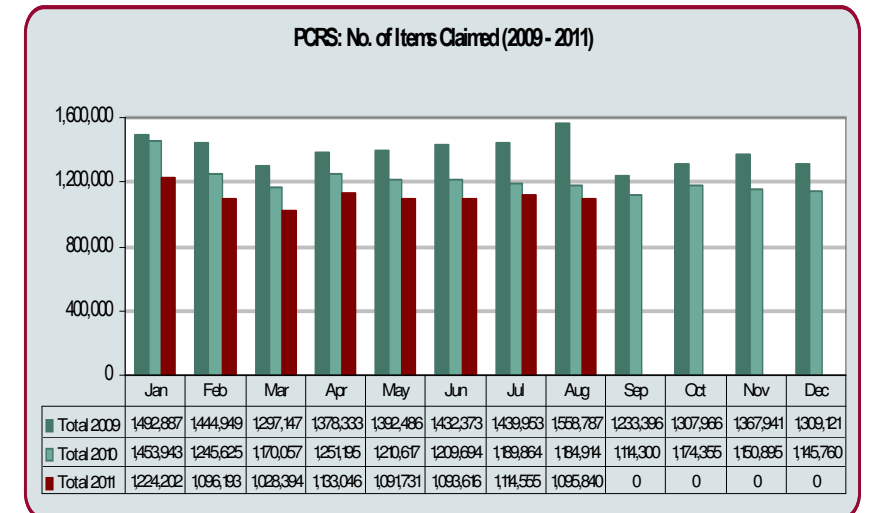


Chart 4



## Value for Money (VFM)

**Key Messages**  
(excluding PCRS and Fair Deal non pay as these are reported separately)

- **€92.16m** in savings was achieved by the end of August against a target of €124.74m i.e. 74% , a reducing saving compared to last month of 93%.
- Savings in some areas previously exceeding the target set and with higher than expected savings are compensating to a reducing extent for underachievement in savings against targets in other areas, such as *Drugs & Medicines* and *X-Ray*.
- There is a need for a significant increased pace of savings in the remaining months to avoid any projected year end shortfall of €50m if August spend is repeated in the remaining months or €80m if the pattern of spend for the remaining months replicates 2010.

### Pay analysis

- **Total Pay** excluding Superannuation, PRSI and Arrears is down compared to year to date 2010 by €47m or 1%, an improved rate of saving compared to July.
- **Fixed Pay**, including Basic, Weekend/Public Holidays and Nights is down by €66m or 1.9%, a reduced rate of saving compared to June but static with July.
- Variable Pay has increased by 7.3% due largely to increases in Locum/Agency, but is a reducing rate of increase compared to previous months.
- The new **agency** contract shows a 25% reduction in the price of Agency Nursing, a 19% reduction in the price of HCA hours and 19% reduction in the price of NCHD hours (covers from March 14<sup>th</sup> to July31st) equivalent to a €9m saving. However, despite the reduction in the cost of agency hours, the overall cost of Agency is going up. Any possible increase in usage of Agency would need to be addressed to realise the benefit of the cost savings under the contract.
- **On Call** costs are showing a further reduction in August, however, the projection for full year 2011 will not deliver the required €5m target. The HR Project Group overseeing the implementation of the revised rosters and rates for On-call Lab services are dealing with the expected cost reductions for each hospital.

### Non Pay analysis

- Although 50% of the non-pay categories are meeting their year to date target and are projected to meet their annual target, there is a further reducing rate of saving this month which is resulting in under achievement of the total required reduction.
- Categories not meeting the YTD target include those with increased costs: *Bloods*, *Medical Gases* and *Vehicle Running Costs*.
- In addition to those categories showing no reduction, overall the current 2011 spend, projected to year end based on repeating August rate of spend, shows the rate of reduction to be insufficient in a number of categories to deliver the full year reduction, such as *Medical & Surgical* and *Office* non-pay costs.
- A significant range of the pricing and supplier engagement related reductions are profiled to be active since April and these need to achieve their targets month on month. At the same time volumes/usage must remain constant to achieve the level of saving required over the year.
- The "Discretionary Spend" headings have an increased rate of saving in both July and August but are still not projected to meet their annual target.

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Aug YTD	Reduction achieved Aug YTD
	€m	€m		€m		€m	€m
	HR and/or CSS-led Reductions		ISD-led Reductions				
<b>Pay</b>							
On Call Services	5	5	Feb-11	0		3.18	3.18
Agency Services (Note 1)	10.1	7	Feb-11	3.06	Jan-11	6.49	0.00
Overtime	11.6	0		11.6	Jan-11	7.72	6.56
Basic & Weekend/Public Holidays/Nights (Note 2)	2.3	0		2.3	Jan-11	1.46	9.94
Nursing - Basic	3.1	0		3.11	Jan-11	2.07	
Management/Admin - Basic	0.7	0		0.71	Jan-11	0.47	
Other – Basic, Allowances	8.9	0		8.92	Jan-11	5.94	
<b>Non Pay</b>							
Medical & Nursing Training & Education. (Note 3)	2.7	2.6	Jan-11	0.14	Jan-11	1.80	1.80
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr-11	1.26	Jan-11	21.67	17.04
Drugs & Medicines	20.9	18	Mar-11	2.94	Jan-11	16.13	24.76
Laboratory Consumables	9.5	8.9	Mar-11	0.6	Jan-11	5.74	-0.17
Blood and Blood Products	2	2	Mar-11	0.02	Jan-11	1.21	-1.87
X-Ray Consumables	1.6	1.6	Mar-11	0.01	Jan-11	0.97	1.51
Medical Gases	1.3	1.3	Mar-11			0.78	0.05
Cleaning & Washing Products and Contracts	3.2	3.1	Apr-11	0.05	Jan-11	1.74	1.94
Energy (Note 4)	1.5	1.5	Apr-11	0.03	Jan-11	0.97	0.00
Catering Products & Contracts	3.1	2.6	Feb-11	0.48	Jan-11	1.77	6.47
Patient Transport Costs	0.8	0.8	Apr-11	0.08	Jan-11	0.47	2.57
Bedding & Clothing	1	1	Mar-11	0.02	Jan-11	0.61	0.40
Vehicle Running Costs	0.2	0.2	Apr-11	0	Jan-11	0.11	-1.03
Office, Stationery, Printing, Equipment etc. (Note 5)	4.9	3.8	Apr-11	1.07	Jan-11	7.01	2.55
Telephony (Note 6)	2.5	2.5	Apr-11				
Insurance (Note 7)	1	1	Jan-11			0.67	0.67
ICT Equipment	2	2	Jun-11	0.02	Jan-11	0.87	-1.16
Legal (Note 8)	5	5	Apr-11			2.78	-0.34

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Aug YTD	Reduction achieved Aug YTD
	€m	€m		€m		€m	€m
		<b>HR and/or CSS-led Reductions</b>		<b>ISD-led Reductions</b>			
Grants to Outside Agencies (Note 10)	3.4	0		3.44	Jan-11	2.29	2.29
Travel & Subsistence	0.1	0		0.12	Jan-11	0.08	0.80
Bad & Doubtful Debts	0.5	0		0.5	Jan-11	0.33	-0.02
GP Grants	0.1	0		0.14	Jan-11	0.09	0.53
Miscellaneous (Note 9)	1.8	0		1.81	Jan-11	1.20	1.20
<b>Review of Rents / Lease Renewals etc.</b>	<b>5</b>	<b>5</b>	Apr-11	Reduction and performance included in Office above			
<b>Logistics and Inventory Management</b>	<b>20</b>	<b>20</b>					
Stock Management (Pharmacy)	6	6	Apr-11	Reduction and performance included in Drugs above			
Stock Management (Non Pharmacy)	8.2	8.2	Apr-11	Reduction and performance included in Medical & Surgical above			
Point of Use Demand Management	0.8	0.8	Apr-11				
Aids and Appliances Recycling	5	5	Apr-11				
<b>Reduce Discretionary Spend</b>	<b>42.2</b>	<b>42.2</b>					
Furniture	11	11	Jan-11			7.33	1.63
Vehicles Purchased	0.7	0.7	Jan-11			0.46	0.05
Maintenance	30.5	30	Jan-11	0.5	Jan-11	20.33	10.81
<b>TOTAL</b>	<b>202.8</b>	<b>160</b>		<b>42.82</b>		<b>124.74</b>	<b>92.16</b>

**Note 1:** Agency national reduction relates to the agreement and implementation of a new national contract for all agency staff. It has been implemented since Mar14th and based on the hours purchased since that date, is showing price savings of 25% in Nursing, 19% for Health Care Assistants and 19% for NCHDs, equivalent to €9m in savings. These savings may not be fully evident in our financial data until the months progress. The ISD led reduction of €3m relates to reduced usage of Agency since the beginning of the year. On the basis of the Aug YTD data, as reported in the Financial Summary of the PR, there is an increased cost for Agency compared to last year and therefore, performance in this table has been set to 0.

**Note 2:** There is a reduction in Basic and Weekend/Public Holiday Pay of over €65m compared to 2010 Aug YTD, however, only the required reductions are recorded in this table as some Basic Pay reductions may also relate to Moratorium and Exit Scheme reductions.

**Note 3:** Education and Training has reduced in expenditure compared to the equivalent period last year by nearly €38m., however, since there was a budget movement to the Dept. of Education & Science of €56m., only the minimum required saving associated with these initiatives is recorded in this table.

**Note 4:** Energy costs have increased by €8.7m compared to the equivalent period last year and although there has been a negotiated price reduction with Bord Gais of €0.852m, this saving is being negated by these overall increases. The rate of increase is reducing in the last four months compared to the first quarter 2011.

**Note 5:** Office Expenses, Rents & Rates costs has experienced increases related largely to new Leasing costs associated with the HSE Primary Care Centres and Cancer Control Programme and which overall are negating higher reductions being delivered by the four regions. The total required reduction is expected to be delivered if the August spend is repeated in the remaining months.

**Note 6:** Telephony costs are coded as part of Office and for information there has been a negotiated price reduction with Eircom over €4m which is being negated by other increases in Office referred to above.

**Note 7:** Insurance costs have increased by €0.154m. compared to the equivalent period last year and although there has been a negotiated price reduction for non-clinical related Insurance securing an annual saving of over €1m., the net overspend in Insurance relates to increases associated with our Clinical Indemnity Scheme which was provided for by an increased budget allocation of €104m. The relevant Insurance expenditure for this reduction is coded in DNE which is showing a reduction of €2.4m.YTD.

**Note 8:** Legal costs have increased overall compared to the equivalent period last year by €0.34m. However, analysis of expenditure related to the new Legal contracting model shows savings of over €2.2m for March to August. The required reduction is expected to be delivered if the current pattern of spend repeats for the remaining months.

**Note 9:** Miscellaneous has reduced in expenditure compared to the equivalent period last year by €8.4m., however, only the minimum required saving associated with these initiatives is recorded in this table.

**Note 10:** Grants to Outside Agencies has reduced in expenditure compared to the equivalent period last year by €12.4m., however, only the minimum required saving associated with these initiatives is recorded in this table.



## Capital

The net capital cash profile for the period Jan-Aug 2011 was €237.518m. The capital cash issued for this period was €204.274m. Sales of Surplus assets amounted to €3.181m.

Capital Vote 2010	Approved Allocation €000	Actual Jan - Aug €000	Profile Jan – Aug €000	Variance Jan - Aug €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	184,869	225,830	40,961
C3 Information Systems and Related Services for Health Agencies	40,000	7,419	8,968	1,549
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	15,167	12,070	-3,097
A in A (Sales of Surplus Assets)	-15,000	-3,181	-9,350	-6,169
<b>Net Capital</b>	<b>377,250</b>	<b>204,274</b>	<b>237,518</b>	<b>33,244</b>

Table 7. Appropriations-in-Aid	Estimate Provision	REV Profile to 31 Aug 2011	Receipts to 31 Aug 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	248,213	193,583	54,630
Superannuation	199,986	132,121	127,935	4,186
Miscellaneous Receipts	151,800	102,700	96,898	5,802
Pension Levy	337,156	224,000	249,087	-25,087
<b>Total</b>	<b>1,064,942</b>	<b>707,034</b>	<b>667,503</b>	<b>39,531</b>

# Detailed Human Resources Report

## Human Resources (HR)

### Level of employment against target

Health Service employment at the end of August stands at 104,511 WTE which represents a month-on-month decrease of 340 WTE over July.

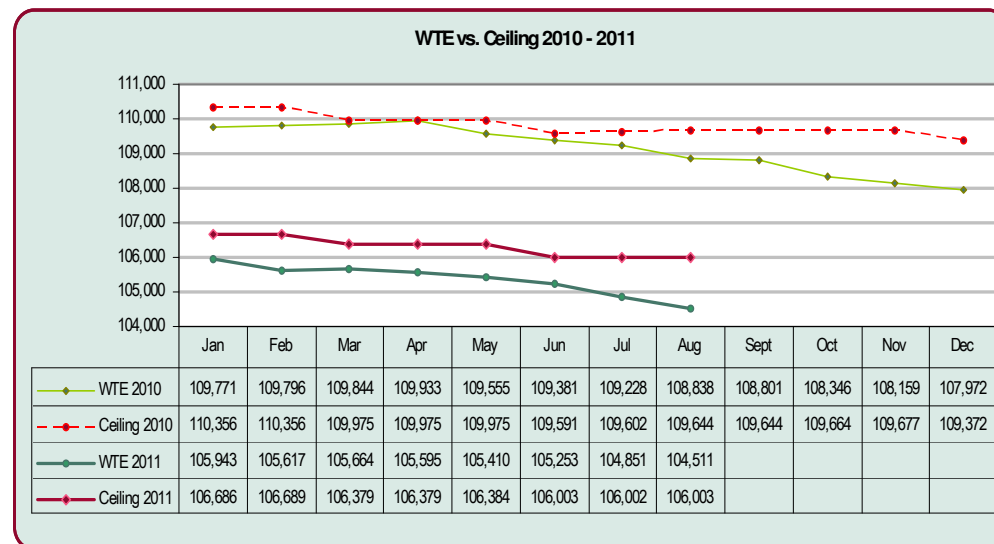
In terms of employment ceiling compliance, the health sector is 1,491 WTE below the current employment ceiling outturn of 104,511 WTE, versus current ceiling of 106,003 WTE.

ISD accounted for 306 of the decrease of 340 WTE. This was split in the main between Acute Hospital Services -73 WTE and Primary and Community Services -228 WTE.

Overall the Statutory Sector recorded a decrease of 279 WTE and Primary & Community Services Voluntary Sector recorded a decrease of 63 WTE in August. The Voluntary Hospital Sector had a marginal increase of 2 WTE.

Since the end of December, there has been a reduction of 3,461 WTEs as returned in the Health Service Personnel Census. At the end of August the employment levels are 923 WTE below of the end of year target (end of year figure of 105,434).

Chart 1



Service Area	WTE Dec 2010	Ceiling Aug 2011	WTE Aug 2011	WTE Change since Jul 2011	WTE Change from Dec 2010 to Aug 2011	WTE Variance Aug 2011	% WTE Variance Aug 2011
Acute Hospital Services	49,318	48,232	48,484	-73	-834	+253	+0.52%
National Cancer Control Programme	764	768	743	-5	-21	-25	-3.27%
Primary and Community Services	52,348	50,834	49,990	-228	-2,358	-843	-1.66%
Portion of Ceiling to be allocated		827	0	+0	+0	-827	-100.00%
Ambulance Services	1,494	1,477	1,509	-8	+15	+32	+2.14%
Corporate	2,989	2,811	2,751	-20	-237	-60	-2.14%
Population Health	1,060	1,054	1,034	-6	-26	-20	-1.90%
<b>Total</b>	<b>107,972</b>	<b>106,003</b>	<b>104,511</b>	<b>-340</b>	<b>-3,461</b>	<b>-1,491</b>	<b>-1.41%</b>

WTEs by Staff Category (Table 3)

- This month Consultant Grades were +19, Combined Therapists - 14, Psychologists -4 and Social Workers -1.
- At the end of August, 22.5 new 2011 service development posts were filled and 53 2008/2009 posts remain to be filled.
- No further Social Worker posts under Children and Families 2010 (Ryan Report) were filled in August. The recruitment process to fill the 64 outstanding social worker posts approved in the National Service Plan 2010 is still ongoing, as is the 60 WTEs development posts set out in the National Service Plan 2011.

All staff categories other than Medical/Dental recorded decreases in August.

- Nursing fell by 153 WTEs (-0.42%) which means this staff category is 321 WTEs below the level at the end of 2010.
- Nursing WTEs do not include the DATHs Nurse Banks. At the end of August the WTE value for the combined five nurse banks was 287 WTEs down 12 WTEs on the levels recorded at the end of July and 93 WTEs from the peak recorded in May.
- Management/admin also saw a reduction of 27 WTEs (-0.17%) and is 1,901 WTEs below the 2008 end of year position (17,967 WTEs), some 10.58% of a reduction.
- Medical/Dental increased by 36 WTEs with NCHDs increasing by 48 WTEs from level recorded in July. Delayed activation on payroll of NCHDs recruited from India/Pakistan may understate NCHD WTEs at the present time.

WTEs by Exempted Grades

Table 2 Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Aug 2011	Variance from Dec 2012 target	WTE Change from last month	Change since Dec 2009	% Change since Dec 2009
Consultants	2,317	<i>not specified</i>	2,468	<i>n/a</i>	+19	+151	+6.51%
Occupational Therapists	1,103	<i>n/a</i>	1,207	<i>n/a</i>	-2	+104	+9.41%
Physiotherapists	1,469	<i>n/a</i>	1,530	<i>n/a</i>	-5	+61	+4.14%
Speech & Language Therapists	776	<i>n/a</i>	849	<i>n/a</i>	-7	+73	+9.36%
Combined therapists	3,348	+380	3,586	-143.00	-14	+237	+7.09%
Psychologists & Counsellors	954	+230	971	-212.00	-4	+18	+1.85%
Social Workers	2,139	+300	2,404	-35.84	-1	+264	+12.35%

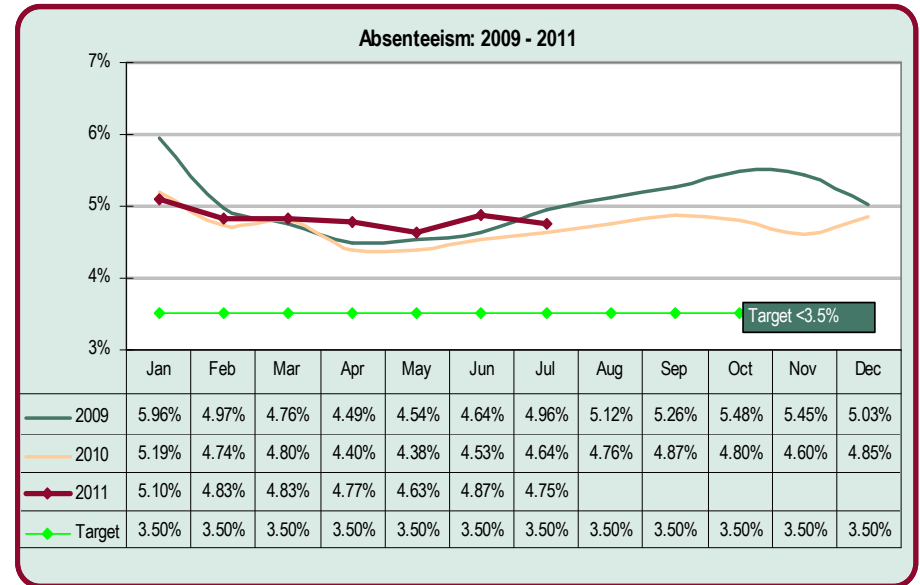
WTEs by Staff Category

Table 3 Staff Category	WTE Dec 2009	WTE Jul 2011	WTE Aug 2011	WTE change since Jul 2011	% change since Jul 2011	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	8,083	7,956	7,992	+36	+0.46%	-91	-1.13%
Nursing	37,466	36,335	36,182	-153	-0.42%	-1,284	-3.43%
Health & Social Care Professionals	15,973	16,227	16,188	-40	-0.24%	+215	+1.35%
Management/ Admin	17,611	16,093	16,066	-27	-0.17%	-1,545	-8.77%
General Support Staff	11,906	10,760	10,698	-63	-0.58%	-1,208	-10.15%
Other Patient & Client Care	18,714	17,480	17,385	-94	-0.54%	-1,329	-7.10%
<b>Total Health Service Staffing</b>	<b>109,753</b>	<b>104,851</b>	<b>104,511</b>	<b>-340</b>	<b>-0.32%</b>	<b>-5,242</b>	<b>-4.78%</b>

## \*Absenteeism

Latest available National Absenteeism data shows that absenteeism for July 2011 was 4.75% - down from 4.87% in June. This is the 2<sup>nd</sup> lowest rate recorded this year with year-to-date standing at 4.83% (The corresponding month in 2010 was 4.64%).

- Combined absenteeism levels have reduced from 5.05% in 2009 to 4.83% for the year to date. This represents a fall of 4.36% on 2009 but an increase of +2.77% on the full year 2010.
- The following Hospitals/Agencies/Functions all returned an absence rate in excess of 6%: Children's Sunshine Home, Limerick Maternity Hospital, Cork Dental Hospital, Ennis General Hospital, Midland Regional Hospital, Portlaoise, Limerick [LHO], Midland Regional Hospital, Mullingar, St. John's Hospital, Limerick, Cavan General Hospital, Bantry General Hospital, Wicklow [LHO], Nenagh General Hospital, Mayo [LHO], Tipperary, South [LHO], Dublin West [LHO], Louth County Hospital, Dundalk, St. Vincent's, Fairview, Sligo Regional Hospital, Limerick Regional Hospital, St. Luke's Hospital, Kilkenny, Letterkenny General Hospital.
- Regional, statutory /non-statutory & Staff Category variations can be seen the summary tables.



\*Absenteeism is reported monthly in arrears.

Staff Category	DML	DNE	South	West	National	Total
Medical /Dental	1.64%	0.62%	1.41%	1.08%	0.00%	<b>1.20%</b>
Nursing	5.26%	4.34%	5.49%	6.66%	1.88%	<b>5.46%</b>
Health & Social Care Professionals	3.22%	2.80%	4.70%	4.74%	2.65%	<b>3.75%</b>
Management Admin	4.05%	4.63%	4.45%	5.21%	4.41%	<b>4.57%</b>
General Support Staff	5.71%	4.88%	6.32%	5.38%	3.90%	<b>5.60%</b>
Other Patient & Client Care	6.36%	4.75%	4.82%	6.30%	1.71%	<b>5.73%</b>
<b>Total</b>	<b>4.60%</b>	<b>3.95%</b>	<b>4.94%</b>	<b>5.51%</b>	<b>4.01%</b>	<b>4.75%</b>

HSE Area	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
DML	5.85%	3.89%	3.37%	<b>4.60%</b>
DNE	4.29%	3.55%	3.52%	<b>3.95%</b>
South	5.04%	4.45%	4.57%	<b>4.94%</b>
West	5.60%	7.08%	4.66%	<b>5.51%</b>
National	4.45%	2.68%		<b>4.01%</b>
<b>Total</b>	<b>5.24%</b>	<b>3.85%</b>	<b>3.87%</b>	<b>4.75%</b>

# Detailed Service Delivery Report

## Overall Activity

Activity continues to grow across the majority of HSE services placing considerable pressures on our resources. The position at the end of August compared to the same period in 2010:

- Emergency admissions were up by an additional 4,871 (+ 2%) in the first 8 months of 2011 over this time last year and remain +3% over expected levels of activity.
- The number of inpatient and day case treatments are up by an additional 20,860 over this time last year and remain +1.6% (+14,268 treatments) over target. However the rate has reduced since June when inpatient and day case activity exceeded target by 2.4%. Hospitals are obliged to bring activity back to plan in locations where service plan targets are being exceeded. In this regard, each Region and each hospital is currently implementing a comprehensive cost reduction programme.
- GP Out of Hours contacts are up by an additional 57,222 (+9.8%). This service plays a very important role in pre-hospital emergency care. The recommendations of the GP Out of Hours Review, 2010 are currently being implemented across the four Regions with a view to driving down costs and achieving greater efficiencies.
- The number of individuals covered by a medical card is up by an additional 111,295 (+7%). There has been an additional 74,100 individuals issued with a medical card since December 2010.

## Emergency Activity

- ED attendances for the first eight months of the year was 739,135 which is 10,416 (-1.4%) less than same period last year. Notwithstanding this small decrease, the number of attendances in August was up by 2,543 over July.
- On the 31 August 2011 the highest peak of ED trolley waits recorded at 8am was 392.
- The Full Capacity Protocol was regularised in early January as part of an overall *Discharge and System Wide Escalation Framework* which takes a balanced approach to improving admission and discharge processes and reducing overcrowding. Since January 14 hospitals have escalated to Full Capacity Protocol on 33 occasions. During August, the Full Capacity Protocol was used on three occasions, twice in Beaumont and once in Wexford. It has been used a further five times during September.

## Urgent colonoscopies

Census week ending 28<sup>th</sup> August reports 1 patient waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy. The breach was in St John's Limerick. The patient has since been seen on 12<sup>th</sup> September 2011. Plans to reduce the priority 2 waiting list are in place through a specific waiting list initiative.

## Nursing Home Support Scheme

At the end of August 2011, 21,897 long term public and private residential places are supported under scheme.

In the first eight months of 2011, 6,700 applications have been received and 4,902 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,777 during the period.

In August there was an additional 329 new entrants to private nursing homes under the NHSS. 900 new applicants received approval for funding on 20<sup>th</sup> September leaving a residual of 900 awaiting approval. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

### MMR Vaccination Campaign

During September the HSE began an MMR vaccination campaign in primary schools in north inner city Dublin, in response to the rapid rise in the number of cases of measles in the area over the summer months. There have been 221 cases of measles in Ireland since the start of 2011, with over 85% arising in Dublin primarily in North Dublin City. Approximately two-thirds of cases had not been vaccinated. This is the only protection against measles.

Table 1 Primary and Community Services by Region	Human Resources				Budget		
	Ceiling Aug 2011	WTE Aug 2011	WTE Change from Dec 2010 to Aug2011	% WTE Variance Aug 2011	Actual €000	Budget €000	% Var
DML	14,743	14,450	-452	-1.98%	953,309	929,699	2.5%
DNE	10,527	10,421	-808	-1.00%	717,364	705,021	1.8%
South	11,780	11,618	-567	-1.37%	767,048	759,025	1.1%
West	13,482	13,247	-593	-1.74%	786,618	784,745	0.2%
National	302	254	+63	16.11%			
<b>Total</b>	<b>50,834</b>	<b>49,990</b>	<b>-2,358</b>	<b>-1.66%</b>	<b>3,224,339</b>	<b>3,178,489</b>	<b>1.4%</b>

Table 2 Hospital Services by Region	Human Resources				Budget		
	Ceiling Aug 2011	WTE Aug 2011	WTE Change from Dec 2010 to Aug 2011	% WTE Variance Aug 2011	Actual €000	Budget €000	% Var
DML	16,398	16,451	-368	+0.32%	905,910	865,543	4.7%
DNE	10,479	10,582	-91	+0.98%	604,411	570,191	6.0%
South	10,549	10,624	-249	+0.71%	535,078	512,643	4.4%
West	10,785	10,827	-126	+0.39%	583,532	538,340	8.4%
National	20			+0.00%			
<b>Total</b>	<b>48,232</b>	<b>48,484</b>	<b>-834</b>	<b>+0.52%</b>	<b>2,628,931</b>	<b>2,486,718</b>	<b>5.7%</b>

# Primary Care

## Primary Care analysis & action points

No. of PCTs holding Clinical Team Meetings (M) (Chart 1)

At the end of August 2011, 386 primary care teams were holding clinical team meeting which is 12.9% below the year to date target of 443.

This is an increase of 2 teams from the July position (384 teams) and also represents a 35.9% increase from same period last year (275 teams)

Child Health Developmental Screening at 10 months (M) (Chart 2)

### Uptake of 7-9 Month Developmental Screening by 10 Months

The NSP 2011 lists a target of 90% of children reaching 10 months of age should have received their developmental health screening on time within 7 to 9 months of age.

Nationally 82.2% of the cohort due to for developmental screening during the month received their screening on time with HSE DNE achieving 93.6% of the cohort screened on time. HSE South reported 89.7%, HSE DML reported 78.2% and HSE West reported 67.8% received their screening on time.

YTD nationally 80.5% of the cohort due for developmental screening received their screening on time.

These figures although returned for reporting in August are reported monthly in arrears and apply to July 2011 figures.

GP Out of Hours (M)

During the month of August 2011, 78,978 contacts were made to the GP OOH service. Activity year to date figure is 641,439 which is -1.6 % below year to date target of 652,085. This is 9.8% above same period last year (584,217).

Breakdown of the nature of contact with the OOH Service:

- 57% - GP Treatment Centre
- 29% - Triage
- 10% - Home Visit
- 4% - Other

Chart 1

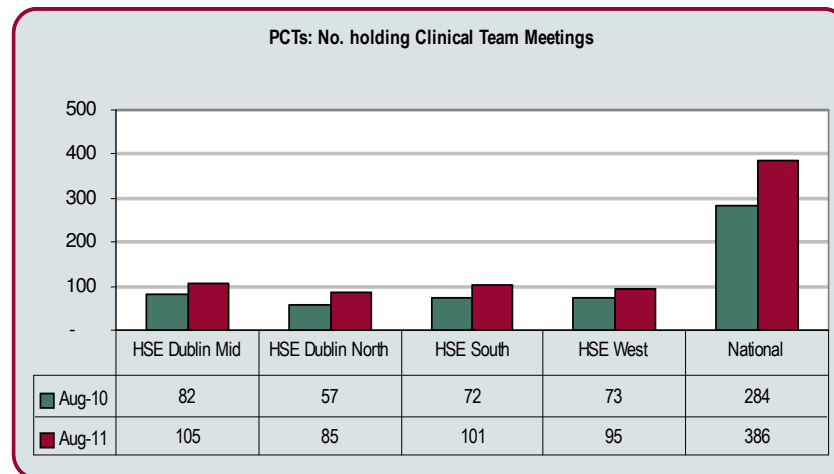
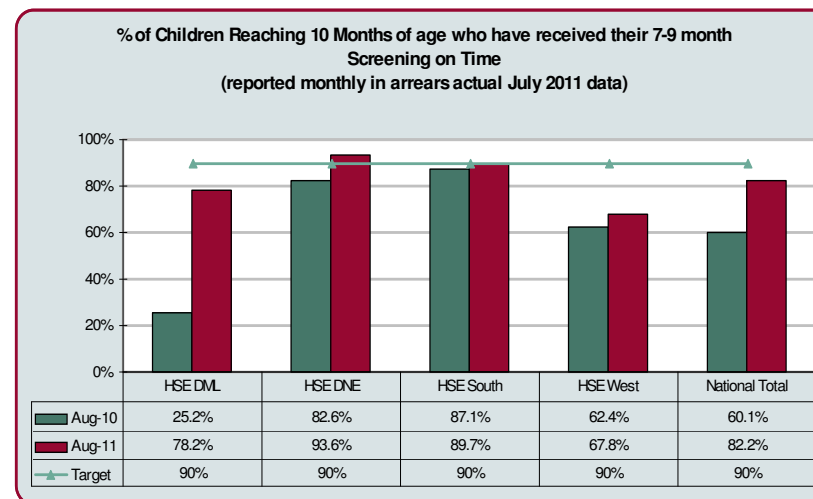


Chart 2



# Acute Services

## Acute Services analysis and action points

<b>Inpatient Discharges (M)</b> (Chart 1)	The number of Inpatient Discharges at the end of August 2011 is 0.6% higher compared to the same period in 2010 and is 2.2% above target for 2011.
<b>Day Case Discharges (M)</b> (Chart 1)	The number of Day Cases at the end of August 2011 is 3.8% higher compared to the same period in 2010 and is 1.7% above target for 2011.
<b>ALOS (M)</b>	Average length of stay in August 2011 was 6.1. A further reduction of 8.9% in ALOS is required in order to achieve the 5.6 target nationally.
<b>Delayed Discharges (M)</b>	In the last week of August 2011 the number of delayed discharges reported nationally was 827. This is an increase on the position at the end of July (740). The average number of delayed discharges reported through the month of August 2011 was 801, this compares to an average of 652 for August 2010.
<b>% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology (M))</b>	This figure is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of June 2011 shows that 72% of the basket of procedures are carried out on a day case basis. This compares to 68% for the previous year and shows an improvement in all 4 regions.

Chart 1

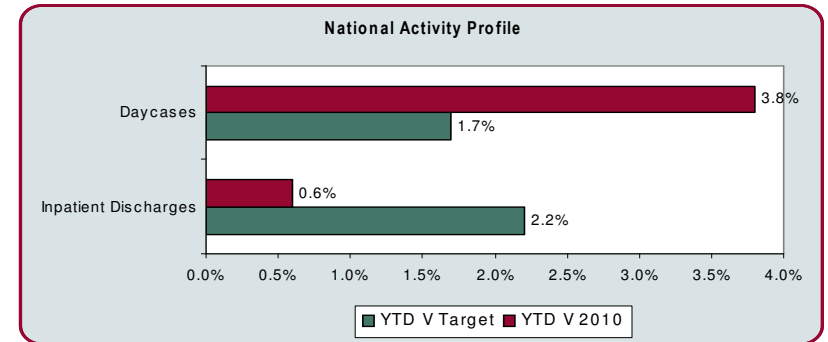


Chart 2

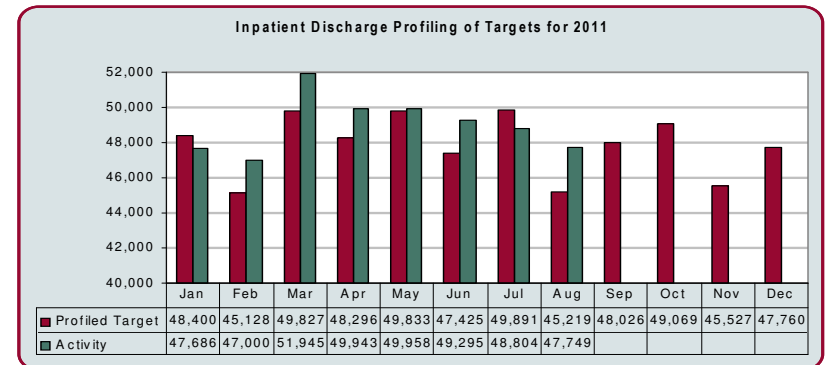
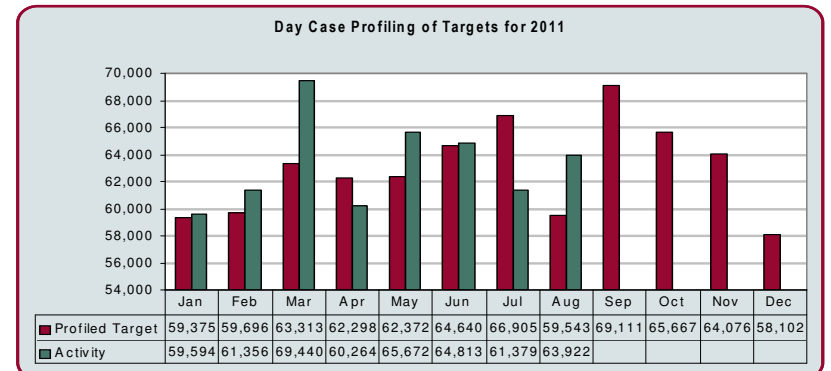


Chart 3





### Acute Services analysis and action points

Elective Procedures adults <6 months, Inpatients (M) (Chart 4)	The percentage of adults waiting less than 6 months on the Inpatient waiting list at the end of August 2011 was 68.3% (this equates to 9,599 of a total list of 14,054 patients waiting less than 6 months for their procedure).
Elective Procedures adults <6 months, Day Case (M) (Chart 4)	The percentage of adults waiting less than 6 months on the Day Case waiting list at the end of August 2011 was 79.1% (this equates to 30,094 of a total list of 38,033 patients waiting less than 6 months for their procedure).
Elective Procedures children <3 months, Inpatients (M) (Chart 5)	The percentage of children waiting less than 3 months on the Inpatient waiting list at the end of August 2011 was 43.8% (this equates to 996 of a total list of 2,273 children waiting).
Elective Procedures children <3 months, Day Case (M) (Chart 5)	The percentage of children waiting less than 3 months on the Day Case waiting list at the end of August 2011 was 45.6% (this equates to 1,145 of a total list of 2,510 children waiting).
% elective inpatients who had principle procedure conducted on day of admission (M)	The percentage of patients who had principle procedure conducted on day of admission is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of June 2011 shows that 49% of patients had their principal procedure on the same day of admission. This compares to 48% for the previous year

Chart 4

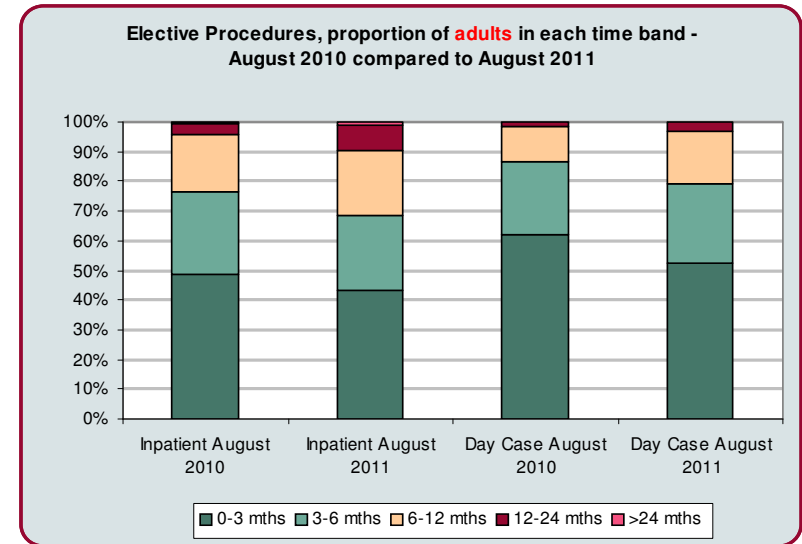
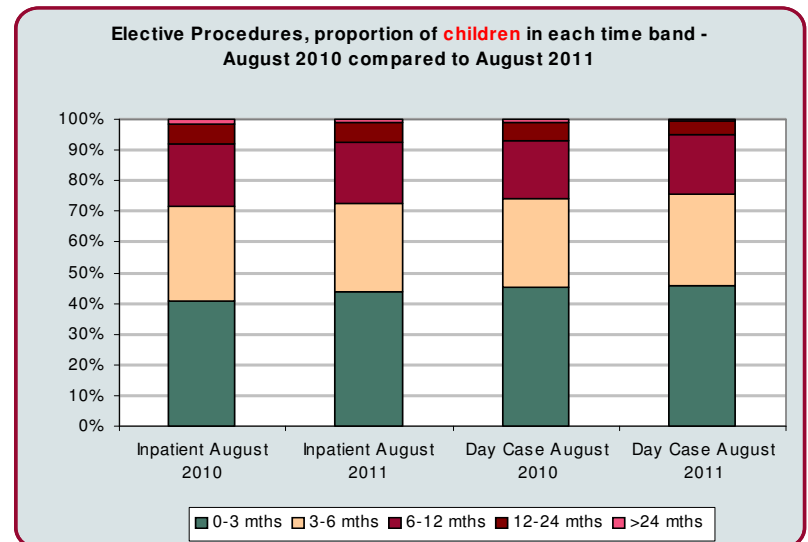


Chart 5



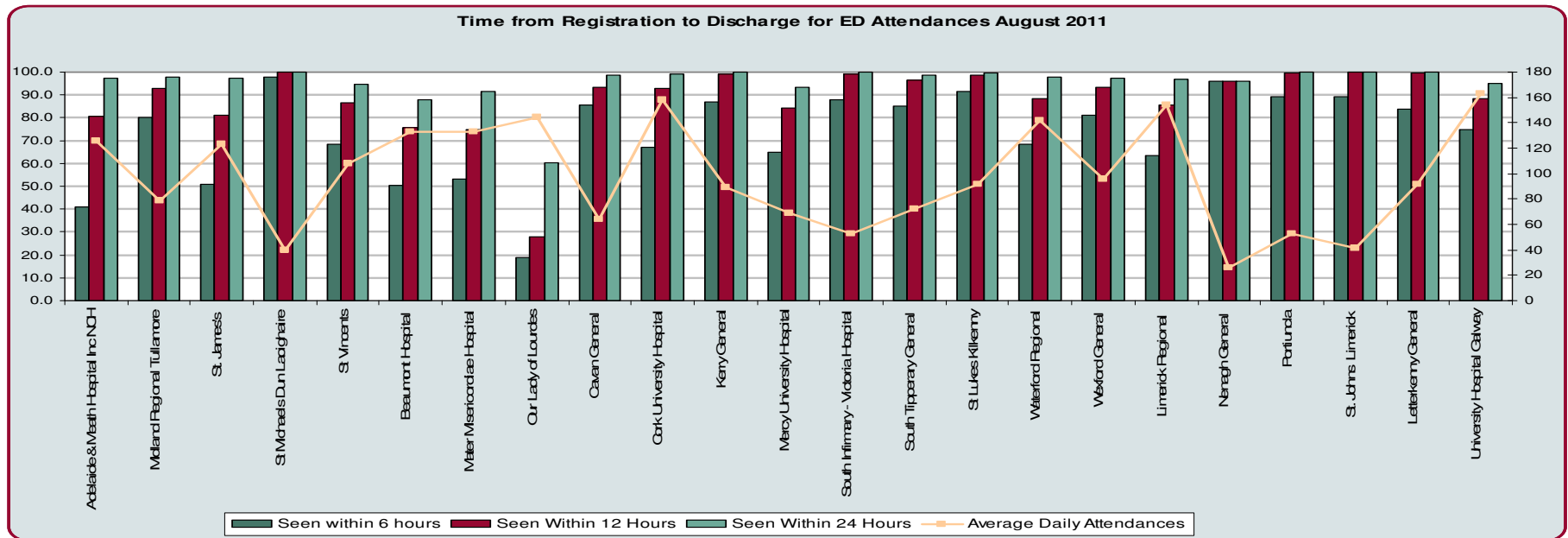
## Acute Services analysis and action points

ED  
Admitted or  
discharged  
<6hrs (M)

Data for August from the data available shows that patients waited on average 5.7 hours in ED from time of arrival to time leaving the department.

The average time for patients who required admission in August was 8.7 hours with 46.9% of patients admitted within 6 hours of their registration in ED.

Data for August also shows that combination of full PET and sampling PET data in the 22 Hospitals that data is available for, 68.2% of patients admitted to or discharged from Hospital spent less than 6 hours in ED from time of arrival to time they left the department.



During 2011, the HSE intends to move to reporting the Patient Experience Time (PET) of all patients attending Emergency Departments. This is progress from the previous method of a combination of using sampling data and aggregating data over a 24 hour period.

This is a significant improvement in measuring the Patient Experience Time compared to previous years. The improved dataset for 2011 means the PET data for 2011 should **not** be compared to PET data reported in the PR in previous to this year.

The new dataset enables a view of average time in ED from arrival to discharge for all patients; admitted patients and those patients that are discharged without requiring admission.

A view is also available of percentages of patients admitted to hospital within 6 hours of ED registration; percentages of patients discharged within 6 hours of ED registration and percentage of patients admitted to hospital or discharged from ED within 6 hours of ED registration.

By the end of August 2011, 17 Hospitals were routinely returning all patient data with a small number continuing to report in sampling format. More Hospitals are expected to move to all patient reporting incrementally through 2011.

# National Ambulance Service

## Pre-Hospital Emergency Care

### Pre - Hospital Emergency Care

Pre hospital emergency care is the emergency care provided to a patient before transfer to a hospital or appropriate healthcare facility. Activity data for this service is reported one month in arrears. Table 1 outlines the response to Echo and Delta calls in the reported month. Echo calls relate to calls where patients are in cardiac or respiratory arrest, this month Echo calls were 1.13% of overall 999 calls. Delta calls refer to patients with life-threatening conditions other than cardiac or respiratory arrest, this month 38.56% of all 999 calls were in this category. Since the beginning of the year 41,891 Category 1 calls (Echo and Delta) have been received.

A first responder is a person, trained as a minimum in basic life support and the use of a defibrillator, who attends a potentially life-threatening emergency. This response may be by the National Ambulance Service or by a community /co-responder based First Responder Scheme which is integrated with the National Ambulance Service.

In line with the national KPIs published by HIQA, the HSE National Ambulance Service is working towards achieving a first response to 75% of emergency ECHO and DELTA calls within 8 minutes or less. To date HIQA have not published a national KPI for the arrival of transporting vehicles at scene. However, the National Ambulance Service has commenced internal reporting on its performance within 19 minutes in line with international norms. This month, 57.69% of ECHO calls were responded to within 8 minutes with over 79% having a patient carrying vehicle at the scene within 19 minutes. 28.96% of Delta calls were responded to within 8 minutes and 69% had a patient carrying vehicle within 19 minutes. The NAS has developed a Performance Improvement Action Plan which has enabled the achievement of an improved trajectory in response time performance in the first six months of 2011. The Plan will continue to be implemented over the coming years with a view to realizing the targets set out in the national standards.

Table 1 National Ambulance Service Performance Activity*	Target 2011	% responded to within timeframe YTD	% Var YTD v. Target YTD	Total Number of Calls YTD	No. responded within timeframe YTD	% responded to within timeframe this month	% Var v. Target y/ls month	Number of calls this month	Number responded to within timeframe
(i) % of Clinical Status 1 <b>ECHO</b> calls responded to by a first responder in <b>7 minutes and 59 seconds</b> or less.	75%	52.74%	-29.68%	1,511	797	57.69%	-23.08%	182	105
(ii) % of Clinical Status 1 <b>Delta</b> calls responded to by a first responder in <b>7 minutes and 59 seconds</b> or less	75%	28.68%	-61.76%	40,380	11,582	28.96%	-61.38%	6,207	1,798
Clinical Status 1 – <b>ECHO</b> calls should have a patient-carrying vehicle at the scene of the incident within <b>18 minutes and 59 seconds</b>	n/a	68.49%	n/a	1,511	1,035	79.12%	n/a	182	144
Clinical Status 1 – <b>DELTA</b> calls should have a patient-carrying vehicle at the scene of the incident within <b>18 minutes and 59 seconds</b>	n/a	66.81%	n/a	40,380	26,981	69.00%	n/a	6207	4,283

\*Information in the table above is reported one month in arrears and refers to July 2011

Table 2 National Ambulance Service Budget	Actual YTD €000	Budget YTD €000	Variance YTD €000
North Leinster	35,820	36,321	-501
West	28,673	27,441	1,232
South	25,108	21,852	3,256
Ambulance College	3,272	1,975	1,297
Office of the National Director	1,676	4,210	-2,534
<b>Total</b>	<b>94,548</b>	<b>91,798</b>	<b>2,750</b>

Table 3 National Ambulance Service HR	Ceiling Aug 2011	WTE Aug 2011	WTE Change from Dec 2010 to Aug 2011	% WTE Variance Aug 2011
North Leinster	617	645	-2	+4.5%
South	405	411	+12	+1.2%
West	455	453	+5	-0.3%
<b>Total</b>	<b>1,477</b>	<b>1,509</b>	<b>+15</b>	<b>+2.1%</b>

# National Cancer Control Programme (NCCP)

## National Cancer Control Programme (NCCP)

Breast Cancer: % of cases compliant HIQA standard of 2 weeks (urgent referral) (M)

- Total number of urgent referrals; and of those the % offered an appointment within 2 weeks – target 95%, Aug reported position is 99.8%.
- Limerick – Non-urgent referrals are being monitored and 3 catch-up clinics have been held.

% Urgent Referrals (offered an appointment within 2 weeks)  
% Non Urgent (offered an appointment within 12 weeks)

	Target	June (Urgent)	June (Non-Urgent)	July (Urgent)	July (Non-Urgent)	Aug (Urgent)	Aug (Non-Urgent)
Beaumont	95%	100.0%	100.0%	97.9%	99.0%	98.60%	100.00%
Mater	95%	100.0%	99.2%	99.3%	99.6%	100.00%	100.00%
St. Vincent's	95%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%
St. James's	95%	100.0%	100.0%	100.0%	99.6%	100.00%	100.00%
Waterford	95%	100.0%	95.7%	100.0%	94.7%	100.00%	98.70%
Cork Uni Hospital	95%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%
Limerick	95%	100.0%	94.8%	100.0%	66.1%	100.00%	63.30%
GUH & L'kenney	95%	100.0%	99.5%	100.0%	98.8%	100.00%	98.10%
GUH	95%	100.0%	99.4%	100.0%	98.1%	100.00%	97.50%

Lung Cancer (Q)

% of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre

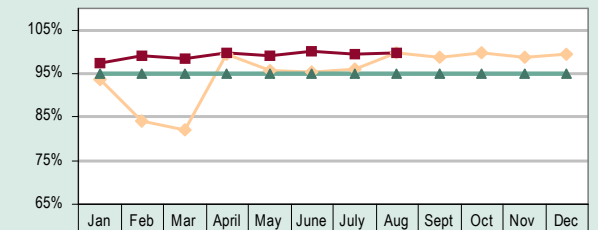
- Total number of attendances at RAC; and of those the % offered an appointment within 10 working days – target 95%, Q2 reported position is 89.7%

\*Limerick service commenced in Jan & are still in establishment mode but showing improvement

\*\*GUH service commenced in March 2011 therefore Q1 data unavailable

Chart 1

Breast Cancer: % of Urgent Referrals offered appointment within 2 weeks (2011 v 2010)



% of patients attending RAC who attended or received an appointment to attend within 10 working days

	Target	Q1 2011	Q2 2011
Beaumont	95%	99.1%	96.7%
Mater	95%	100.0%	100.0%
St. Vincent's	95%	100.0%	100.0%
St. James's	95%	100.0%	100.0%
Waterford	95%	100.0%	100.0%
CUH	95%	69.7%	68.6%
Limerick*	95%	73.2%	86.7%
GUH**	95%	Not Available	73.4%

# Children and Families

## Children and Families

% of children in care who have a written care plan (defined by Child Care Regs 1995) (M) (Chart 1)

### Children in Care with a Written Care Plan

The NSP 2011 target for this metric is 100% of children in care should have a written care plan.

The number of children in care nationally at the end of August 2011 was 6,215 this figure demonstrates a 0.1% increase over previous months figure (6,208).

Of the 6,215 children in care 5,713 (91.9%) had a written care plan in place this demonstrates a 1% increase over July 2011 figures (90.9%) and 2.1% over the January 2011 figure (90.0%).

Of all the care types, children in residential care settings exhibited the highest percentage with a written care plan in place at 96.9% (1.8% increase over previous month).

The breakdown by care type nationally of children in care who had a written care plan in place is as follows:

- Residential Care: 96.9%
- Foster Care: 92.6%
- Foster Care with Relatives: 89.7%
- Other Care Types: 86.4%

% of children in care who have an allocated Social Worker at the end of the reporting period (M) (Chart 2)

### Children in Care with an Allocated Social Worker

The NSP 2011 target for this metric is 100% of children in care should have an allocated social worker.

Nationally at the end of August 2011; 93.1% or 5,789 of all children in care (all care types) had an allocated social worker which demonstrates a 3.1% decrease over last month's figure (93.4%).

Children in residential care settings exhibited the highest percentage of children in care with an allocated social worker at 99.3%

The breakdown by care type nationally of children in care who had an allocated social worker is as follows:

- Residential Care: 99.3%
- Foster Care: 93.3%
- Foster Care with Relatives: 91.2%
- Other Care Types: 94.2%

Chart 1

No. & % of Children in Care with a Written Care Plan

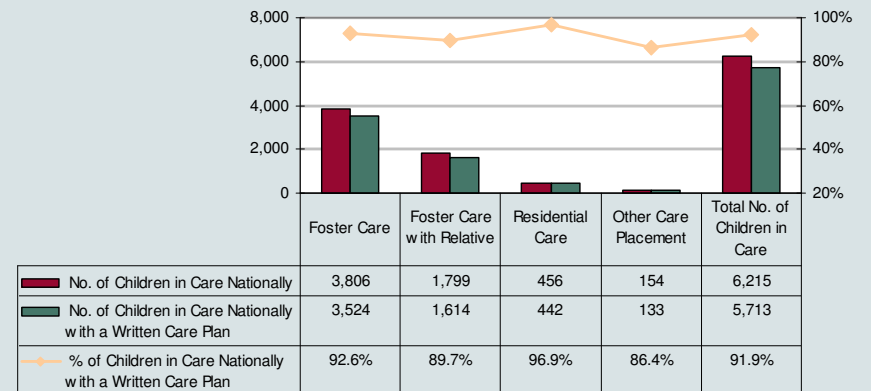
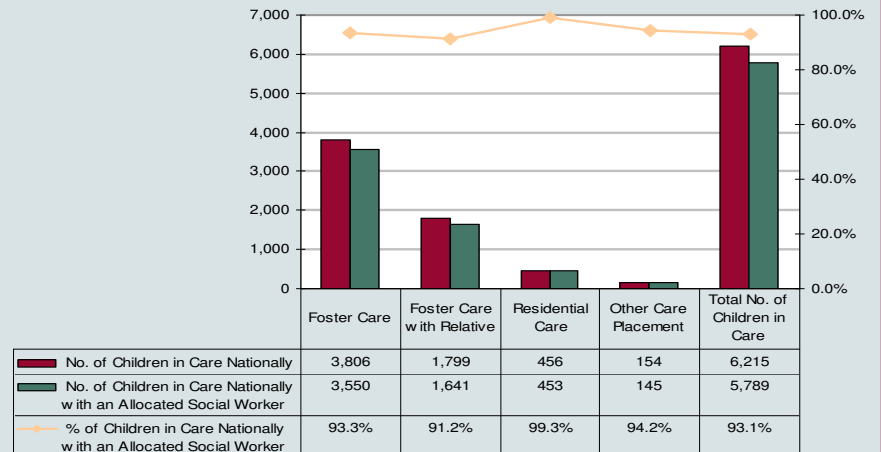


Chart 2

No. & % of Children in Care with an Allocated Social Worker



# Mental Health

## Mental Health

No. of new child / adolescent offered first appointment and seen (M) (Chart 1)

- Total number of Child & Adolescents offered first appointment and seen in August was 689 with activity year to date 7.1% ahead of target.
- The regional view is as follows:
  - DML – 223
  - DNE – 131
  - South – 128
  - West – 207
  - Nationally - 689
- It would be expected that there will be peaks and troughs in activity relating to this metric. However the expectation would be that over the twelve months the target would be met.
- During the summer period there is usually a decrease in the demand on the service and we can see this as there is a decrease in the number of referrals.

% of new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months) (M) (Chart 2)

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New (including re-referred) Cases seen, are to be seen within three month of referral.
- Currently 60% of new (including re-referred) cases were offered an appointment within 3 months of referral, of these 51% of new cases were seen within 3 months with the overall DNA rates running at 12% nationally .
- The regional view for those offered and seen within 3 months is as follows:
  - DML – 50%
  - DNE – 41%
  - South – 57%
  - West – 54%
  - Nationally – 51%

Chart 1

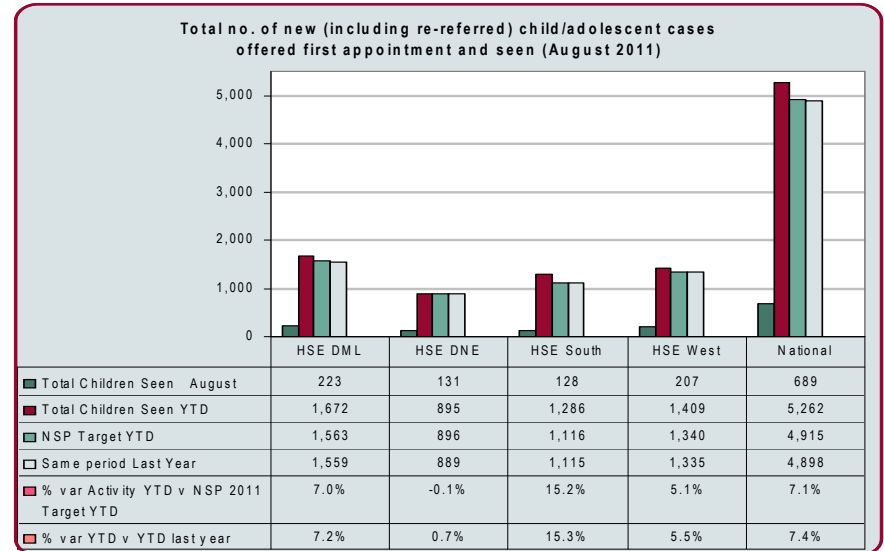
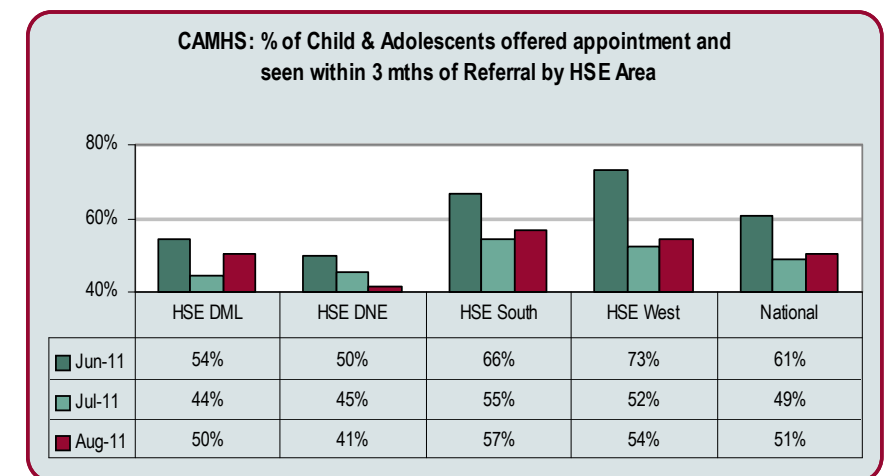


Chart 2



# Older Persons

## Older Persons

Total no. of Home Help Hours provided for all care groups (M)

The variance on activity relating to Home Help Hours in the period Jan to August 2011 (-5.5%). Wide variation noted in the number of Home Help Clients which reflects implementation of agreed definitions within HCP Guidelines. HH hours activity is a better indicator of performance and is close to target

- HSE Dublin Mid Leinster has improved since April from -8.1% to -6.4% in August.
- HSE DNE has improved since April from -18.2% to -2.5% in August. Cavan Monaghan data collection is being refined.
- HSE South has improved since April from -3.8% to -2.9% in August.
- HSE West has improved since April from -12.0% to -9.8% in August.

Total no. of people in receipt of Home Care Packages per month (M)

Again for HCP metrics, implementation of standard definition of HCPs as per Guidelines impacting nationally. Activity in relation to HCP Client numbers is 4.8% above target. This measure of performance needs to be considered along side financial data for the scheme to ensure that the planned level of expenditure is providing the appropriate level of home care packages. The metric, No. of New HCP Clients, is not an effective measure of performance.

Home Help Service Provision 2011								
Area	Home Help Hours		Home Help Clients		No in Receipt of Home Care Package		New HCP Clients (YTD)	
<b>National</b>	7,396,137	-5.5%	50,847	-5.8%	10,716	4.8%	3,738	27.4%
DML	1,331,510	-6.4%	12,184	1.5%	2,686	14.1%	1,057	58.6%
DNE	1,552,793	-2.5%	9,397	-27.2%	3,515	3.8%	1,194	55.7%
South	2,406,986	-2.9%	15,852	7.8%	2,342	-0.1%	736	10.4%
West	2,104,849	-9.8%	13,414	-6.8%	2,173	1.3%	751	-9.9%

Long Term Residential Care (incl. Nursing Home Support Scheme) (M)

At the end of August 2011, 21,897 long term public and private residential places are supported under scheme.

In the first eight months of 2011, 6,700 applications have been received and 4,902 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,777 during the period.

In August there was an additional 329 new entrants to private nursing homes under the NHSS. 900 new applicants received approval for funding on 20<sup>th</sup> September leaving a residual of 900 awaiting approval. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Number of patients in Long Term Residential Care funded beds					
HSE Region	NHSS Public Beds*	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	Total
<b>End Q1</b>	<b>6,100*</b>	<b>11,458</b>	<b>1,940</b>	<b>2,211</b>	<b>21,709</b>
<b>End Q2</b>	<b>6,100*</b>	<b>11,974</b>	<b>1,679</b>	<b>2,049</b>	<b>21,802</b>
DML	1,807	3,033	320	1,051	6,211
DNE	1,093	2,326	291	492	4,202
South	1,582	3,464	401	264	5,711
West	1,618	3,446	545	164	5,773
<b>Total – August 2011</b>	<b>6,100</b>	<b>12,269</b>	<b>1,557</b>	<b>1,971</b>	<b>21,897</b>

Information for the four Regions is the latest available and refers to August 2011. \*Information regarding NHSS Public beds relates to an estimate of 95% bed occupancy

Nursing Home Support Scheme (NHSS) Number of new applicants and patient movement				
Month 2011	No. of new applicants	No. of new patients*	No. of patients Leaving NHSS	Net Increase
January	861	791	493	+298
February	759	822	462	+360
March	1,374	899	328	+571
April	713	669	475	+194
May	858	573	364	+209
June	754	464	351	+113
July	513	355	288	+67
<b>August</b>	<b>868</b>	<b>329</b>	<b>364</b>	<b>-35</b>
<b>Total</b>	<b>6,700</b>	<b>4,902</b>	<b>3,125</b>	<b>1,777</b>
Monthly average YTD	837	612	390	+222

Information on patient movement refers to approved private nursing homes only. \*Refers to patients who have been accepted and placed in long term residential care in the reported month.



# Palliative Care

## Palliative Care

Palliative Care inpatient bed provided within 7 days (M)

The number of patients admitted to a specialist Palliative care inpatient bed in August 2011 was 243, of these 235 were admitted within 7 days of active referral. This equates to 98% of all the admitted patients who were seen within one month.

Area	Percentage & No. within 7 days	Percentage & No. over 7 days
DML	91% (64)	9% (3)
DNE	91% (31)	9% (3)
South	100% (34)	0% (0)
West	97% (106)	3% (2)
<b>National</b>	95% (235)	5% (8)

# Social Inclusion

## Social Inclusion

Total number in methadone treatment (M)

The total number of clients in methadone treatment for the month of August was 9,185, of these 544 were in a prison setting. 8,641 were treated in HSE areas (see breakdown below) This compares to 9,202 for the same period last year.

Clients treated in HSE Area outside prisons	
DML	4,950
DNE	3,042
South	359
West	290
Prisons	544
<b>National</b>	<b>9,185</b>

# Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Public Patients as a % of all elective discharges</b>										
DML	75.9%	80.0%	80.0%	80.6%	0.8%	80.0%	78.0%	-2.5%	75.8%	2.9%
DNE	75.7%	80.0%	80.0%	77.0%	-3.8%	80.0%	76.6%	-4.3%	75.2%	1.9%
South	71.0%	80.0%	80.0%	72.2%	-9.8%	80.0%	71.7%	-10.4%	70.9%	1.1%
West	71.1%	80.0%	80.0%	72.5%	-9.4%	80.0%	70.8%	-11.5%	71.1%	-0.4%
<b>National</b>	<b>73.4%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>76.1%</b>	<b>-4.9%</b>	<b>80.0%</b>	<b>74.5%</b>	<b>-6.9%</b>	<b>73.3%</b>	<b>1.6%</b>
<b>No. of Inpatient Discharged (Inpatient)</b>										
DML	181,047	176,400	13,887	14,897	7.3%	117,933	120,939	2.5%	118,713	1.9%
DNE	110,263	107,700	8,479	9,006	6.2%	72,003	71,425	-0.8%	73,732	-3.1%
South	147,500	144,000	11,336	12,071	6.5%	96,272	100,319	4.2%	97,634	2.8%
West	150,050	146,300	11,517	11,775	2.2%	97,810	99,697	1.9%	99,912	-0.2%
<b>National</b>	<b>588,860</b>	<b>574,400</b>	<b>45,219</b>	<b>47,749</b>	<b>5.6%</b>	<b>384,019</b>	<b>392,380</b>	<b>2.2%</b>	<b>389,991</b>	<b>0.6%</b>
<b>No. of Inpatient Discharged (Day Case)</b>										
DML	265,395	276,700	21,819	23,921	9.6%	182,541	187,488	2.7%	178,112	5.3%
DNE	137,831	143,100	11,284	12,117	7.4%	94,404	94,534	0.1%	92,596	2.1%
South	157,119	163,000	12,853	13,284	3.4%	107,532	107,380	-0.1%	104,879	2.4%
West	167,924	172,300	13,587	14,600	7.5%	113,667	117,038	3.0%	112,382	4.1%
<b>National</b>	<b>728,269</b>	<b>755,100</b>	<b>59,543</b>	<b>63,922</b>	<b>7.4%</b>	<b>498,144</b>	<b>506,440</b>	<b>1.7%</b>	<b>487,969</b>	<b>3.8%</b>
<b>Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months</b>										
DML	81.2%	100.0%	100.0%	70.3%	-29.7%	100.0%	70.3%	-29.7%	78.7%	-10.7%
DNE	73.4%	100.0%	100.0%	74.2%	-25.8%	100.0%	74.2%	-25.8%	75.9%	-2.2%
South	75.3%	100.0%	100.0%	70.2%	-29.8%	100.0%	70.2%	-29.8%	80.2%	-12.5%
West	69.8%	100.0%	100.0%	61.2%	-38.8%	100.0%	61.2%	-38.8%	70.6%	-13.3%
<b>National</b>	<b>74.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>68.3%</b>	<b>-31.7%</b>	<b>100.0%</b>	<b>68.3%</b>	<b>-31.7%</b>	<b>76.2%</b>	<b>-10.4%</b>
<b>Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months</b>										
DML	47.1%	100.0%	100.0%	41.0%	-59.0%	100.0%	41.0%	-59.0%	36.8%	11.4%
DNE	69.6%	100.0%	100.0%	77.6%	-22.4%	100.0%	77.6%	-22.4%	63.6%	22.0%
South	48.1%	100.0%	100.0%	46.4%	-53.6%	100.0%	46.4%	-53.6%	50.1%	-7.4%
West	33.2%	100.0%	100.0%	38.3%	-61.7%	100.0%	38.3%	-61.7%	39.2%	-2.3%
<b>National</b>	<b>45.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>43.8%</b>	<b>-56.2%</b>	<b>100.0%</b>	<b>43.8%</b>	<b>-56.2%</b>	<b>40.8%</b>	<b>7.4%</b>

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Elective Waiting List (Daycase)</b> <b>% Adults awaiting ≤6 months</b>										
DML	95.4%	100.0%	100.0%	92.4%	-7.6%	100.0%	92.4%	-7.6%	94.2%	-1.9%
DNE	88.8%	100.0%	100.0%	78.8%	-21.2%	100.0%	78.8%	-21.2%	87.8%	-10.3%
South	86.1%	100.0%	100.0%	74.2%	-25.8%	100.0%	74.2%	-25.8%	85.0%	-12.7%
West	79.8%	100.0%	100.0%	70.4%	-29.6%	100.0%	70.4%	-29.6%	79.9%	-11.9%
<b>National</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>79.1%</b>	<b>-20.9%</b>	<b>100.0%</b>	<b>79.1%</b>	<b>-20.9%</b>	<b>86.8%</b>	<b>-8.9%</b>
<b>Elective Waiting List (Day Case)</b> <b>% Children awaiting ≤3 months</b>										
DML	48.8%	100.0%	100.0%	43.2%	-56.8%	100.0%	43.2%	-56.8%	42.0%	2.9%
DNE	62.7%	100.0%	100.0%	45.5%	-54.5%	100.0%	45.5%	-54.5%	61.5%	-26.0%
South	51.9%	100.0%	100.0%	55.5%	-44.5%	100.0%	55.5%	-44.5%	44.1%	25.9%
West	58.0%	100.0%	100.0%	45.7%	-54.3%	100.0%	45.7%	-54.3%	54.7%	-16.5%
<b>National</b>	<b>51.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>45.6%</b>	<b>-54.4%</b>	<b>100.0%</b>	<b>45.6%</b>	<b>-54.4%</b>	<b>45.4%</b>	<b>0.4%</b>
<b>% of elective inpatient procedures conducted on day of admission</b>										
DML	63.0%	75.0%	75.0%	56.0%	-25.3%	75.0%	56.0%	-25.3%	58%	-3.6%
DNE	43.0%	75.0%	75.0%	42.0%	-44.0%	75.0%	42.0%	-44.0%	41%	3.7%
South	45.0%	75.0%	75.0%	42.0%	-44.0%	75.0%	42.0%	-44.0%	44%	-4.1%
West	47.0%	75.0%	75.0%	52.0%	-30.7%	75.0%	52.0%	-30.7%	46%	13.9%
<b>National</b>	<b>50.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>49%</b>	<b>-35.0%</b>	<b>75.0%</b>	<b>49%</b>	<b>-35.0%</b>	<b>48%</b>	<b>1.9%</b>
<b>No. of Emergency Admissions</b>										
DML	96,717	94,500	7,722	8,076	4.6%	63,216	66,094	4.6%	63,654	3.8%
DNE	72,863	71,800	5,867	5,768	-1.7%	48,031	45,912	-4.4%	48,780	-5.9%
South	89,840	87,900	7,183	8,013	11.6%	58,801	63,450	7.9%	59,175	7.2%
West	109,611	107,200	8,760	8,976	2.5%	71,712	73,644	2.7%	72,620	1.4%
<b>National</b>	<b>369,031</b>	<b>361,400</b>	<b>29,532</b>	<b>30,833</b>	<b>4.4%</b>	<b>241,761</b>	<b>249,100</b>	<b>3.0%</b>	<b>244,229</b>	<b>2.0%</b>
<b>% Day case Surgeries as a % day case + inpatients for specialised basket procedures</b>										
DML	74.0%	75.0%	75.0%	75.0%	0.0%	75.0%	75.0%	0.0%	72.0%	4.2%
DNE	75.0%	75.0%	75.0%	78.0%	4.0%	75.0%	78.0%	4.0%	74.0%	5.4%
South	62.0%	75.0%	75.0%	65.0%	-13.3%	75.0%	65.0%	-13.3%	60.0%	8.3%
West	69.0%	75.0%	75.0%	72.0%	-4.0%	75.0%	72.0%	-4.0%	67.0%	7.5%
<b>National</b>	<b>70.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>72.3%</b>	<b>-3.7%</b>	<b>75.0%</b>	<b>72%</b>	<b>-3.7%</b>	<b>68%</b>	<b>6.6%</b>
<b>Outpatient Attendances</b>										
DML	<b>Outpatient (OPD):</b> The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. The reforms imply considerable additional work for Outpatient departments and adaptations to hospital computer systems. Due to IT and other constraints, full reporting has not yet taken place. Nonetheless, only data which complies with the OPD reformed data set will be reported in future by the HSE.									
DNE										
South										
West										
<b>National</b>										

# Quality & Safety

## Quality and Patient Safety

<b>Blood Policy (M)</b>	<p><b>Blood Policy</b> The parameters for Platelet usage are within acceptance limits for the year to date with an increase in expected use for the month.</p> <p>The Red Cell parameters are within the expected limits with the exception of Group O Rhesus Negative usage which is above the targets for the month and the year to-date.</p> <p>This equates to an overall issue of red cells to date of 13% O Rh Negative units and 14.15% of issued red cells for this month.</p>
<b>Complaint reviews</b>	<p><b>% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)</b></p> <p>There were 7 reviews received in July, of the 2 that are closed, 0 were closed within the 20 working day timeframe.</p> <p>It is an ongoing challenge to meet the 20 day working day timeframe for the completion of HSE Reviews due to the complex nature of cases and the availability of review officers. Work is ongoing to develop this function.</p>

Quality and Safety								
Performance Activity / KPI	Outturn 2010	Target (NSP 2011)	Target YTD / Profiled	Activity YTD	% var Activity YTD v Target YTD	Target this month	Actual this month	% var V target this month
<b>Blood Policy</b>								
No. of units of platelets ordered in the reporting period	22,750	22,000	14,666	14,709	- 0.3%	1,833	2,019	- 10.1%
% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	1466	654	+ 55.4%	183	64	+ 65%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11%	8,858	10,540	- 19.0%	1,072	1,379	- 28.6%
% of red blood cell units rerouted to hub hospital	New PI 2011	<5%	4,026	3,590	+ 10.8%	487	333	+31.6%
% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2%	1,610	928	+42.4%	195	78	+60%

Performance Activity	Outturn 2010	Target 2011	Target current month	Activity Current month	% var v Target
<b>Complaint Reviews**</b>					
% of reviews conducted and concluded within 20 working days of the request being received	New	75%	5.25	0	-100%

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

\*\*Complaint reviews are reported one month in arrears

## Communications

FOI (M)

### No. of FOI requests received

The number of FOI requests received YTD to end of August is 3830. This represents 97% of the anticipated target for YTD period.

Public Information (M)

### HSE National Information Line

The HSE National Information Line provides members of the public with a single lo-call number **1850 24 1850** which allows them to access health and related social service information. The Information Line operates from 8am to 8pm Monday to Saturday. The number of calls received for August is 11,899 and activity YTD shows the number of calls at 84,111.

### HSE Website usage

Visits to HSE.ie have increased by 23% compared to August 2010, with the average pages views steady at between 3-4 pages per visit.

### Top Content Viewed

Medical & GP Visit Cards, Job search, Staff Home Page, Sligo Hospital, Your guide to Medical Cards, EHIC, Find A Service, Jobs and LHO.

### In Focus – August 2011

#### Children must be vaccinated before travel as Europe sees over 21,000 measles cases and seven deaths this year.

The HSE National Immunisation Office today, 3<sup>rd</sup> August 2011 urged parents to make sure that their children are fully vaccinated against measles following a large pan national outbreak of the disease in Europe.

### QUIT Campaign

The HSE's QUIT Campaign enters its second phase 29<sup>th</sup> August 2011, with TV and radio advertising aiming to encourage more and more smokers to turn their lives around, and QUIT. Early results for the campaign, which began in June, show exciting and positive responses with many choosing to get help and support for their Quit attempt online.

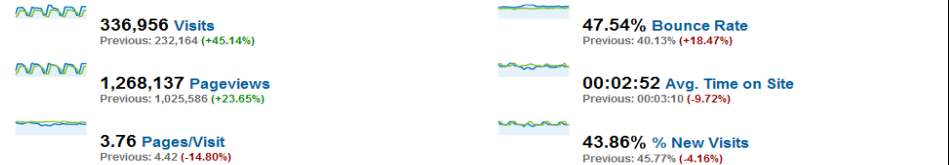
## HSE Website Usage

### Dashboard

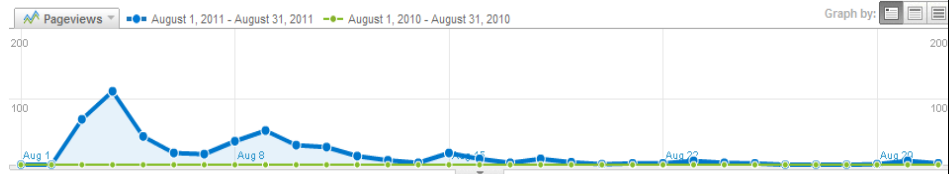
Aug 1, 2011 - Aug 31, 2011  
Comparing to: Aug 1, 2010 - Aug 31, 2010



### Site Usage

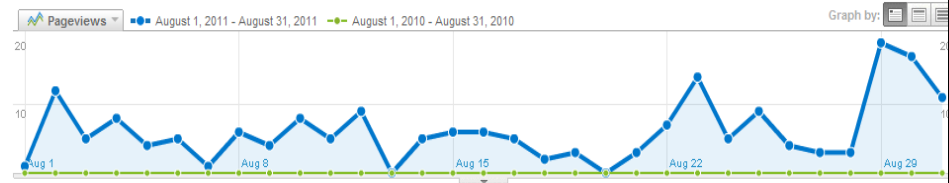


### In Focus Website Usage – Measles Vaccination



This page was viewed 494 times

### In Focus Website Usage – QUIT Campaign



This page was viewed 190 times

## Appendix 1: Vote Data

### Vote 40 - HSE – Vote Expenditure Return at 30<sup>th</sup> September 2011

(As at 7<sup>th</sup> October 2011)

#### 1. Vote Position at 30<sup>th</sup> September 2011

Vote Return - September 2011	Rev 2011	September Monthly Profile €'000	September Actual Outturn €'000	Over (Under) €'000	September YTD Profile €'000	September YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,416,696	1,155,952	1,156,912	960	10,149,479	10,315,352	165,873
Gross Capital Expenditure	377,791	25,522	24,097	(1,425)	272,875	231,578	(41,297)
<b>Total Gross Vote Expenditure</b>	<b>13,794,487</b>	<b>1,181,474</b>	<b>1,181,009</b>	<b>(465)</b>	<b>10,422,354</b>	<b>10,546,930</b>	<b>124,576</b>
<i>Appropriations-in-Aid</i>							
- Receipts collected by HSE	1,065,901	89,174	88,785	(389)	796,208	756,288	(39,920)
- Other Receipts	400,605	14,000	14,000	0	126,000	261,000	135,000
- Capital Receipts	15,541	2,485	2,564	79	11,835	5,745	(6,090)
<b>- Total</b>	<b>1,482,047</b>	<b>105,659</b>	<b>105,349</b>	<b>(310)</b>	<b>934,043</b>	<b>1,023,033</b>	<b>88,990</b>
<b>Net Expenditure</b>	<b>12,312,440</b>	<b>1,075,815</b>	<b>1,075,660</b>	<b>(155)</b>	<b>9,488,311</b>	<b>9,523,897</b>	<b>35,586</b>

#### 2. Comparison to Issues Return

The September return is consistent with the Issues return submitted on 26<sup>th</sup> September 2011.

#### 3. General Commentary

The September vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners and receipts from the UK Department of Health in relation to the Recovery of EU Health Costs.

Gross current vote expenditure is €166m over profile, while Appropriations in Aid collected directly by the HSE are €40m under profile resulting in a **net revenue overspend of €206m** at the end of September, 2011 (€204m over profile in August).

Other revenue appropriations-in-aid are €135m ahead of profile as €135m was received from the UK Department of Health in July 2011. This receipt was not profiled for collection until December 2011.

Gross capital expenditure is €41m under profile, while capital appropriations-in-aid are €6m behind profile.

#### **4. Emerging Issues by Vote Subhead based on REV Allocation**

- The statutory sector, including Fair Deal, is €3m under profile (€11m over profile in August).
- The voluntary sector is €30m over profile (€24m over profile in August).
- The medical card services and community schemes, on a gross basis, is €153m over profile (€134m over profile in August).
- Payments to the Long Stay Repayments Scheme are €4m under profile (€4m under profile in August).
- Service Development expenditure is on profile and will reflect expenditure in line with the PR on a quarterly basis (on profile in August).
- Payments to the State Claims Agency are €10m behind profile (on profile in August).
- Revenue Receipts collected directly by the HSE are €40m behind profile (€39m behind profile in August).
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2011 ahead of profile.

#### **5. Year End Revenue Projection**

Based on the existing cashing rates the projected year end net revenue deficit is in the region of €320m.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

The HSE funding available for community drug schemes was reduced by €58m relating to adjustments made to the vote after the Service Plan was signed off by the Minister. HSE also faces an additional €25m expenditure pressure relating to delays in the signing of the FEMPI orders into effect and an €10m overestimation of the full year impact of FEMPI savings in 2010. As stated previously HSE has no measures place and no capacity to address cost growth in "demand led" schemes. PCRS is already substantially delivering upon a very aggressive savings target of €424m as set out in the Service Plan 2011.

Childcare remains a significant financial issue. While this matter is being addressed by the Director of Childcare Services it is unrealistic to expect that he can recover this level of cost without significant service impact. Supplementary funding will be required to address the shortfall in childcare services many of which are statutorily based.

The current income charging and collection regime with private insurers is not sustainable. HSE is dependent upon improvement in its income collection figures by €100m before year end. Achieving this target will require the active support of the Minister and Department. HSE has made proposals on this matter earlier in the year.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

## 6. Capital Position at 30<sup>th</sup> September 2011

Subhead	Capital 2011 Profile €000	September 2011 Profile €'000	September YTD Actual €'000	Over (Under) €'000
B13- Dormant Accounts	541	485	36	(449)
C1 – Capital - Construction	334,711	249,830	207,441	(42,389)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	25,000	9,540	7,910	(1,630)
C4 – Mental Health	15,000	13,020	16,191	3,171
<b>Total</b>	<b>377,791</b>	<b>272,875</b>	<b>231,578</b>	<b>(41,297)</b>
<b>Gross Capital Expenditure</b>				
D.7 Dormant Accounts	541	485	0	(485)
D.10 Receipts-Disposal of Mental Health Facilities	15,000	11,350	5,745	(5,605)
<b>Net Capital Expenditure</b>	<b>362,250</b>	<b>261,040</b>	<b>225,833</b>	<b>(35,207)</b>

## 7. Capital Commentary

### Subhead - C1/C2 Construction

Expenditure under this subhead is running below profile by €42.389m for the period Jan-Sept 2011. It is anticipated that in line with trends in previous years, capital expenditure will increase in the remaining months of the year resulting in full utilisation of the allocation under Subheads C1/C2.

A number of issues have impacted on capital expenditure to date in 2011. These include;

- A number of constructions companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- The National Paediatric Hospital project had been put on hold pending a review which is now completed.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

### Subhead C3 - ICT

Expenditure under this subhead is running below profile by €1.630m for the period Jan-Sept 2011. It is anticipated that over the coming months expenditure will come into line with profile.

### Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €3.171m for the period Jan-Sept 2011.

### Capital Appropriations in Aid

The value of sale proceeds in the period Jan-Sept 2011 was €5.605m. The profile in regard to sale of surplus assets was €11.350m.



## Vote 40 - HSE – Vote Expenditure Return at 31<sup>st</sup> August 2011

(As at 7<sup>th</sup> September 2011)

### 1. Vote Position at 31<sup>st</sup> August 2011

Vote Return - August 2011	Rev 2011		August Monthly Profile €'000	August Actual Outturn €'000	Over (Under) €'000		August YTD Profile €'000	August YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,416,696		1,061,567	1,073,640	12,073		8,993,527	9,158,440	164,913
Gross Capital Expenditure	377,791		23,804	24,202	398		247,353	207,481	(39,872)
<b>Total Gross Vote Expenditure</b>	<b>13,794,487</b>		<b>1,085,371</b>	<b>1,097,842</b>	<b>12,471</b>		<b>9,240,880</b>	<b>9,365,921</b>	<b>125,041</b>
<b>Appropriations-in-Aid</b>									
- Receipts collected by HSE	1,064,942		88,863	84,601	(4,262)		707,034	667,503	(39,531)
- Other Receipts	401,564		14,000	14,000	0		112,000	247,000	135,000
- Capital Receipts	15,541		2,000	9	(1,991)		9,350	3,181	(6,169)
<b>- Total</b>	<b>1,482,047</b>		<b>104,863</b>	<b>98,610</b>	<b>6,253</b>		<b>828,384</b>	<b>917,684</b>	<b>89,300</b>
<b>Net Expenditure</b>	<b>12,312,440</b>		<b>980,508</b>	<b>999,232</b>	<b>18,724</b>		<b>8,412,496</b>	<b>8,448,237</b>	<b>35,741</b>

### 2. Comparison to Issues Return

The August return is broadly consistent with the Issues return submitted on 25<sup>th</sup> August 2011.

### 3. General Commentary

The August vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners and receipts from the UK Department of Health in relation to the Recovery of EU Health Costs.

Gross current vote expenditure is €165m over profile, while Appropriations in Aid collected directly by the HSE are €39m under profile resulting in a **net revenue overspend of €204m** at the end of August, 2011 (€188m over profile in July).

Other revenue appropriations-in-aid are €135m ahead of profile as €135m was received from the UK Department of Health in July 2011. This receipt was not profiled for collection until December 2011.

Gross capital expenditure is €40m under profile, while capital appropriations-in-aid are €6m behind profile.

#### 4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector including Fair Deal is €11m over profile (€32m over profile in July).
- The voluntary sector is €24m over profile (€16m over profile in July).
- The medical card services scheme, on a gross basis, is €134m over profile (€108m over profile in July).
- Payments to the Long Stay Repayments Scheme are €4m under profile (€3m under profile in July).
- Service Development expenditure is on profile and will reflect expenditure in line with the PR on a quarterly basis (€2m under profile in July).
- Payments to the State Claims Agency are on profile (€2m over profile in July).
- Revenue Receipts collected directly by the HSE are €39m behind profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2011 ahead of profile.

#### 5. Year End Revenue Projection

Based on the existing cashing rates the projected year end net revenue deficit is in the region of €400m.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

The HSE funding available for community drugs schemes was reduced by €58m relating to adjustments made to the vote after the Service Plan was signed off by the Minister. The HSE also faces an additional €25m expenditure pressure relating to delays in the signing of the FEMPI orders into effect and a €10m overestimation of the full year impact of FEMPI savings in 2010. As stated previously, the HSE has no measures in place and no capacity to address cost growth in “demand-led” schemes. PCRS is already substantially delivering upon a very aggressive savings target of €424m as set out in the Service Plan 2011.

Childcare remains a significant financial issue. The projected deficit in childcare has grown to €72m based upon the July expenditure data. While this matter is being addressed by the Director of Childcare Services, it is unrealistic to expect that he can recover this level of cost without significant service impact. Supplementary funding will be required to address the shortfall in childcare services many of which are statutorily based.

The current income charging and collection regime with private insurers is not sustainable. The HSE is dependant upon improvements in its income collection figures by €100m before year end. Achieving this target will require the active support of the Minister and Department. The HSE has made proposals on this matter earlier in the year.

## 6. Capital Position at 31<sup>st</sup> August 2011

Subhead	Capital 2011 Profile €000	August 2011 Profile €'000	August YTD Actual €'000	Over (Under) €'000
B9 - Dormant Accounts	541	485	36	(449)
C1 - Capital - Construction	334,711	225,830	184,869	(40,961)
C2 - Capital – Lottery	2,539	0	0	0
C3 - Capital -Information Systems	25,000	8,968	7,419	(1,549)
C4 - Mental Health	15,000	12,070	15,157	3,087
<b>Total</b>	<b>377,791</b>	<b>247,353</b>	<b>207,481</b>	<b>39,872</b>
<b>Gross Capital Expenditure</b>				
<b>Appropriations-in-Aid</b>				
D.7 - Dormant Accounts	541	0	0	0
D.10 - Receipts-Disposal of Mental Health Facilities	15,000	9,350	3,181	(6,169)
<b>Net Capital Expenditure</b>	<b>362,250</b>	<b>238,003</b>	<b>204,300</b>	<b>(33,703)</b>

## 7. Capital Commentary

### Subhead - C1/C2 Construction

Expenditure under this subhead is running below profile by €40.961m for the period Jan-August 2011. Expenditure in the past three months has been running in excess of profile. It is anticipated that this trend will continue and capital expenditure will increase in the remaining months of the year resulting in full utilisation of the allocation under Subheads C1/C2.

A number of issues have impacted on capital expenditure to date in 2011. These include:

- A number of constructions companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- The National Paediatric Hospital project had been put on hold pending a review which is now completed.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

### Subhead - C3 ICT

Expenditure under this subhead is running below profile by €1.549m for the period Jan-Aug 2011. It is anticipated that over the coming months expenditure will come into line with profile.

### Subhead - C4 Mental Health

Expenditure under this subhead is running ahead of profile by €3.087m for the period Jan-Aug 2011.

### Capital Appropriations in Aid

The value of sale proceeds in the period Jan-Aug 2011 was €3.181m. The profile in regard to sale of surplus assets was €9.350m.