



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

December 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 December Performance Report is the fourth quarterly update for 2011 and includes additional metrics as outlined in the National Service Plan 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.

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

Additional Items of information

- Update of HPV Vaccination Programme – Primary Care section
- Service Level Agreements & Grant Aid Agreements – quarterly update
- National Clinical Programmes – quarterly update
- Service Improvement – Quality and Patient Safety Audit Services
- New Service Developments – quarterly update
- Appendix 1 – Vote Data
- Appendix 2 – Debtors Days

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 outturn 2011 v outturn 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	No. PCTs implementing structured integrated diabetes care	Q	34	57	57	58	1.8%	34	70.0%	57	54	58	↑	1.8%
	No. PCTs that are continuing to implement structured asthma prevention and care	Q	New 2011	16	16	16	0.0%	n/a	n/a	16	16	16	→	0.0%
	PCTs: No. holding Clinical Team Meetings	M	348	518	518	425	-18.0%	348	22.1%	518	411	425	↑	-18.0%
	Visit by PHN within 48 hours of hospital discharge	Q	83.8%	95%	95%	83.6%	-12.0%	83.8%	-0.2%	95%	84.5%	84.7%	→	-10.8%
	Child Health Developmental Screening at 10 months	M	58.1%	90%	90%	82.2%	-8.7%	58.1%	41.5%	90%	86.2%	85.3%	→	-5.2%
Acute Care	In-patient discharges	M	588,432	574,400	574,400	588,623	2.5%	588,432	0.0%	47,759	49,186	49,672	↑	4.0%
	Day Case discharges	M	734,967	755,100	755,100	804,274	6.5%	734,967	9.4%	58,102	72,952	56,561	↓	-2.7%
	% of patients admitted to hospital within 6 hours of ED registration	M	Not comparable	100%	100%	47.2%	-52.8%	n/a	n/a	100%	43.1%	46.1%	↑	-53.9%
	% of patients discharged from hospital within 6 hours of ED registration	M		100%	100%	76.7%	-23.3%	n/a	n/a	100%	76.2%	76.1%	→	-23.9%
	Elective procedures adults < 6mths, Inpatients	M	74.5%	100%	100%	71.6%	-28.4%	74.5%	-3.9%	100%	72.2%	71.6%	→	-28.4%
	Elective procedures adults < 6mths, Day Case	M	87.5%	100%	100%	81.2%	-18.8%	87.5%	-7.2%	100%	81.7%	81.2%	→	-18.8%
	Elective procedures children < 3 mths, Inpatients	M	45.5%	100%	100%	40.5%	-59.5%	45.5%	-11.0%	100%	41.7%	40.5%	↓	-59.5%
	Elective procedures children < 3 mths, Day Case	M	51.7%	100%	100%	49.5%	-50.5%	51.7%	-4.3%	100%	50.0%	49.5%	→	-50.5%
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	M	95.1%	95%	95%	98.6%	3.8%	95.1%	3.7%	95%	94.4%	96.5%	↑	1.6%
	Acute medicine programme	Q	New 2011	12 sites	12	12	0.0%	n/a	n/a	12	6	12	↑	0.0%
	Defined stroke units in place	Q	New 2011	9 sites	6	6	0.0%	n/a	n/a	6	6	6	→	0.0%
Structured heart failure treatment	Q	New 2011	12 hospitals	7	7	0.0%	n/a	n/a	7	6	7	↑	0.0%	
Children and Families	% children in care who have a written care plan (Child Care Regs 1995)	M	90.1%	100%	100%	90.4%	-9.6%	90.1%	0.3%	100%	87.5%	90.4%	↑	-9.6%
	% children in care who have an allocated Social Worker at the end of the reporting period	M	93.2%	100%	100%	92.6%	-7.4%	93.2%	2.7%	100%	92.6%	92.6%	→	-7.4%
Mental Health	No. of CAMHS teams	Q	50	60 by year end	60	61	1.7%	55	10.9%	60	61	61	→	1.7%
Disability	% of disability assessments completed within the timeframes (as per Regs)	Q	21%	100%	100%	23%	-76.8%	21.0%	6.7%	100%	21%	23%	↑	-67.0%
Older Persons	Total no. of Home Help Hours provided for all care groups	M	11,680,516	11,980,000	11,980,000	11,092,436	-7.5%	11,680,516	-5.0%	1,200,151	894,594	1,112,787	↑	-7.3%
Palliative Care	Palliative Care: Inpatient bed provided within 7 days	M	New 2011	92%	92%	94%	2.2%	93.0%	0.9%	92%	85.0%	94.0%	↑	2.2%
Food Safety	Food Safety: high risk premises inspected	Q	New 2011	23,441	23,441	21,010	-10.4%	n/a	n/a	5,860	4,771	4,729	↓	-19.3%

Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Dublin Mid Leinster	2,719,125	2,764,193	2,719,125	45,067	1.7%
Dublin North East	1,940,784	1,964,911	1,940,784	24,127	1.2%
South	1,902,888	1,902,632	1,902,888	-256	0.0%
West	1,997,113	2,032,372	1,997,113	35,259	1.8%
Care Group / Other Services	102,038	18,798	102,038	-83,241	-81.6%
Population Health	146,939	134,528	146,939	-12,411	-8.4%
ISD Regional Sub Total	8,808,888	8,817,433	8,808,888	8,545	0.1%
Primary Care Reimbursement Service	2,502,909	2,517,362	2,502,909	14,453	0.6%
Corporate Services and Pensions	429,838	409,208	429,838	-20,631	-4.8%
National Services	757,159	772,053	757,159	14,894	2.0%
Held Funds	0	0	0	0	
Total HSE	12,498,795	12,516,057	12,498,795	17,262	0.1%
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	243	414	-171	-41%
VFM Expenditure Reductions	202.8	172.4	202.9	-30.5	-15%
Exit Scheme and Moratorium**	187.7	187.2	187.7	-0.5	-0.2%

* €10m of this reduction was allocated to hospitals

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

ISD Region / Other	WTE Dec 2010	Ceiling Dec 2011	WTE Dec 2011	WTE Change since Nov 2011	WTE Change from Dec 2010 to Dec 2011	WTE Variance Dec 2011	% WTE Variance Dec 2011
DML	31,721	31,109	31,002	+235	-720	-107	-0.34%
DNE	21,903	20,958	21,137	+310	-766	+179	+0.85%
South	23,058	22,301	22,067	-50	-990	-234	-1.05%
West	24,794	24,096	23,900	-30	-894	-196	-0.81%
National	955	1,081	1,004	-12	+49	-77	-7.16%
Portion of Ceiling to be allocated		616				-616	-100.00%
Other (Corp Services, QCC, PH etc.)	1,060	1,019	996	-35	-63	-22	-2.19%
Total	107,972	105,434	104,392	+422	-3,580	-1,042	-0.99%

HUMAN RESOURCES

Management Overview Report on Performance

FINANCE KEY MESSAGES

HSE Vote Position at 31st December 2011

The HSE fully expended its vote of €13.56bn in 2011 with net overall expenditure under profile by €50k. Based on the post supplementary profile, the gross current vote expenditure is €4m over profile, appropriations in aid are €36m under profile and gross capital expenditure is €40m under profile.

A Supplementary Estimate of €148m was voted by Government to the HSE at the end of 2011 which included €58m due to the HSE relating to the 2010 exit scheme and a transfer of €40m from the vote of the Department of Health. €100m of this was applied directly to the PCRS sub-head.

December Financial Position – Income & Expenditure

The results for December show a total expenditure of €12.516 billion against a full year budget of €12.499 billion. The overall deficit for the health system on an accruals basis at the end of December is €17.2m, after taking account of this Supplementary Estimate revision.

Hospital services to the end of December are showing a deficit of €125.3m. Within community services to the end of December there is a surplus of €21.1m. The PCRS finished the year with a deficit of €14.4m or 0.6% of its allocation following the application of the supplementary estimate.

2011 was another very challenging year financially for the HSE with a total opening budget reduction of €962m (6.7%) and a net reduction of €683m (4.8%) as a result of €279m of additional planned expenditure. Activity levels above Service Plan were delivered in most areas.

The delivery of such a strong in-year cost management performance against very challenging economic conditions is a significant achievement worthy of note. Whilst each region contributed to the overall balanced vote reflecting proactive management of expenditure throughout 2011, the South is particularly commended for achieving a breakeven position for the year. Similarly, NSP 2011 set very significant expenditure reduction targets for the PCRS which were mainly achieved in the year with an overall reduction in expenditure of **€360m** in 2011. The underlying challenges in hospitals and childcare require to be addressed early in the new year in the context of NSP 2012. The hospitals facing the largest challenge based upon the outturn for 2011 include Tallaght, Limerick, Galway and Portlincula, Letterkenny and Drogheda. While €40m has been provided to Childcare there is still a significant financial challenge to be faced in 2012.

The HSE is now taking immediate action to review the plans of these hospitals to achieve a balanced budget in the context of the NSP 2012 and the recently issued budgets. We recognise that there is a real challenge in maintaining services while meeting the financial targets for 2012 in these hospitals.

January 2012 Vote

The Gross Vote Current Expenditure for 2012 is €13.317 billion. The Gross Current Expenditure for January is €1.321 billion. As the preparation of the REV has not yet been finalised, the monthly profile for January is not yet available. The January Vote Expenditure return is prepared on the basis of cash issued to HSE Services and includes estimates of appropriations-in-aid collected directly by the HSE.

SERVICE DELIVERY KEY MESSAGES

Inpatient & Day Case Discharges

- Inpatient discharges at the end of December was 2.5% (+14,223) more than expected levels of activity but only marginally ahead of 2010 levels (+191). The total number of inpatient discharges to the end of December was 588,623 of which 66.7% (392,894) were emergency cases.
- The number of day cases for 2011 stood at 804,274, 6.5% (+49,174) ahead of targeted activity and 9.4% (+69,307) more than 2010.
- At the end of December inpatients and day cases combined exceeded 1.39 million which is 5.2% (+69,498) more than December 2010.

Inpatient and Day Case Waiting lists

- Demand for elective procedures increased as the number of people listed for procedures grew on average by 22% from June to Dec 2011, compared to the previous year. The end of December 2011 figure was 18% higher (+9,786) than the same period in 2010.
- 11,688 people were waiting more than 6 months (NSP 2011 target) at the end of Dec 2011 compared to 7,402 at the end of Dec 2010, a 47% increase.
- In recognition of the increased demand and pressure on supply in 2011, a primary target list (PTL) was created in August to ensure that, in the first instance, nobody waited more than 12 months for a planned procedure by the end of the year.
- This was achieved in 39 out of 40 hospitals, 372 people were waiting over 12 months at Dec 31st (in the Galway hospitals GUH and Merlin Park) compared to 1,083 at the same period in 2010.

Emergency Activity

- There were 1.168 million emergency presentations during 2011, a decrease of -2.6% on expected levels of activity and -1.1% below 2010 levels.
- Emergency admissions for 2011 amounted to 372,462, exceeding 2010 levels by 0.8% (+2,969).

GP Out of Hours

The number of contacts with GP Out of Hours Services for 2011 was 949,703 and remains 5.6% (+50,514) more than 2010. The number of contacts recorded for December (89,925) was 13.6% higher than the actual monthly average number of contacts for the year (79,142).

Medical Cards

The Medical Card Processing Office at PCRS has processed 953,873 Medical Card applications and reviews and issued 708,832 Medical Cards on foot of these applications since the centralisation process began. Applications are currently being processed at a rate of approximately 20,000 per week.

Following the first six months of the operation of the centralised medical card system, the HSE has established a project to review and further develop the processes and customer service elements of the centralised medical card system and to recommend and implement improvements to existing processes as required.

Primary Care Teams

At the end of December there were 425 Primary Care Teams in operation which is 87% of the revised HSE target of 489. The 425 Primary Care Teams are at various stages of maturity and development. They provide services to a population of over 3.4 million with 3,117 staff members and over 1,592 GPs participating. The governance and management model of Primary Care Teams is currently being reviewed to take account of the models of care proposed under the Programme for Government.

Urgent colonoscopies

Census week ending 25th December reports 2 patients waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy. The breaches were in the Sligo General Hospital and Kerry General Hospital. These patients have since had their procedure.

Nursing Home Support Scheme

At the end of December there were 22,327 people supported under the scheme. Additionally, there were 583 persons whose application was determined to final stage but who were still on the national placement awaiting placement approval. In 2011 there was an additional net increase of 629 people provided for under the scheme. During 2012 it is projected that 23,611 people will be supported under the scheme with a projected net increase of 1,270 persons.

Child and Adolescent Mental Health

During 2011 12,798 referrals were received by the 53 Community Child and Adolescent Mental Health Teams. This represents a 10.8% (+1,248) increase over the number of referrals received in 2010 (11,550).

Uptake of HPV Vaccination Programme for Academic Year 2010/2011

The HSE introduced HPV (Human Papilloma Virus) vaccination in 2010 to protect girls from getting cervical cancer when they are adults. The NSP 2011 set a target of 80% of first and second year girls in second level schools to receive the third dose of HPV Vaccine during the academic year 2010/2011 (the first year of the programme). The vaccination programme involved the administration of 3 doses of HPV vaccine.

The programme which aimed to achieve 80% uptake has been well received with an uptake rate of 82% in its first year. These figures demonstrate an excellent result for the first year of the programme not only in exceeding the target set but in equalling or exceeding uptake achieved in the first year of programmes in other countries such as the UK and Australia.

HUMAN RESOURCES KEY MESSAGES

Health Service employment at the end of December stood at **104,392 WTEs** which represents an increase of 422 WTEs from November and compares with a decrease of 187 WTEs for the same month last year, and a fall of 3,580 WTEs year-to-date.

The recorded increases were driven primarily by the inclusion of the five DATHs Nurse Banks in the main census figure, where an increase of over 300 WTEs have been seen in the staff category of nursing from that recorded in the November Census.

The health sector is 1,042 WTEs below the current approved employment ceiling (end of year figure 105,434) which includes all quarterly reductions for 2011.

The Integrated Services Directorate in overall terms recorded an increase of 453 WTEs, with increases in Acute Hospital Services of 445 WTEs and Primary and Community Services of 20 WTEs.

With the exception of Medical/Dental, all staff categories are below their 2010 levels. Medical/Dental staff category since December 2010 is 235 WTEs (+2.9%). Management/Admin (-7.6%) and General Support Staff (-8.5%) recorded the greatest reductions against an overall reduction of -3.3%, reflecting the impact of the 2010 VER/VRS which targeted both of these staff categories.

NCHDS

- As of 30th January 2012, there are 62 posts in HSE hospitals and agencies which the HSE National Recruitment Service (NRS) has not been able to fill. These posts constitute 2.6% of all HSE NCHD posts and 1.3% of all NCHD posts.
- More than half of the posts which can't be filled via NRS are in two specialities – Emergency Medicine and Psychiatry. An audit of these posts is underway and to date approximately 50% have been identified as currently being filled by locum/agency staff. No service implications arise albeit there is an ongoing cost issue associated with dependence on agency staff.
- Separately, of the 54 NCHDs who sat the examinations for the Medical Supervised Division and passed, 49 of these were registered in time to take up work by 9th January (the NCHD changeover date). A further 5 NCHDs will be registered in the coming weeks.
- This means that the India/Pakistan recruitment process has resulted in 290 doctors taking up work in the Irish health service for the first time. 236 doctors began work following examinations in August and registration in September 2011. A further 49 began work on the 9th January and it is anticipated that the 5 remaining doctors will commence work shortly.
- The NRS, Medical Manpower Managers, Mental Health, administrators and others are reviewing the outcome of the HSE NCHD centralised recruitment process. While nearly 3,500 applications were received, significant concerns remain regarding registration processes and the standard of applicants.

HUMAN RESOURCES KEY MESSAGES

Public Service Pensions – end of “grace period”

The Financial Emergency Measures in the Public Interest [FEMPI][No 2] Act 2009 made provision for a ‘grace period’, during which the calculation of public service pensions would be unaffected by the pay reductions introduced under that act. The ‘grace period’ expires on 29th February, 2012 for all staff. The following tables outline the numbers, age profile, type and location of staff who have opted to retire. Of the 4,217 people (3,730 WTEs*), 2,044 retired between 1st September and 31st January with the remainder due to leave before 29th February**.

Notified intended retirements as of February 10th 2012

Retirements by Care Group Sep 2011 to end Feb 2012

Acute Hospitals	Ambulance Services	Children & Families	Corporate Functions	Disabilities	Elderly Care	Mental Health	Primary Care	Other	Grand Total
1,414	37	62	104	479	573	592	687	269	4,217

The greatest number of retirees are within the nursing category at 1,962. This reflects the fact that nursing is the single largest staff category in the workforce.

Retirements by staff category Sep 2011 to Feb 2012

Area	General Support Staff	Health & Social Care Profs	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	To be Determined	Total
Grand Total	452	404	387	161	1,962	804	47	4,217

Retirements by Type & HSE Region Sep 2011 to Feb 2012 as at 10th Feb 2012

HSE Region	Type of Retirement					Total Headcount of Retirees	Total WTE of Retirees
	CNER (Cost Neutral Early Retirement)	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds		
HSE Dublin Mid Leinster	106	25	254	69	98	552	488.23
HSE Dublin North East	112	58	218	69	69	526	465.24
HSE South	290	104	378	114	168	1054	932.24
HSE West	242	94	469	114	148	1067	943.74
VHSS/NHASS/LGSS/Other	280	1	416	116	205	1018	900.40
Total Headcount of Retirees	1030	282	1735	482	688	4217	3729.85
Total WTE of Retirees	911.01	249.42	1534.57	426.32	608.52		

*Figure derived based on conversion rate experienced in SAP sites, final WTE figures are subject to validation.

**Employees have the option to withdraw their application for retirement up until 29th February, 2012.

Detailed Finance Report

Finance

The results for December show a total expenditure of €12.516 billion against a full year budget of €12.499 billion. The overall deficit for the health system on an accruals basis at the end of December is €17.2m, after taking account of this Supplementary Estimate revision.

Activity levels above Service Plan were delivered in most areas.

The HSE fully expended its vote of €13.56bn in 2011 with net overall expenditure under profile by €50k. Based on the post supplementary profile, the gross current vote expenditure is €4m over profile, appropriations in aid are €36m under profile and gross capital expenditure is €40m under profile.

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Hospital services to the end of December are showing a deficit of €125.3m.

Within community services to the end of December there is a surplus of €21.1m. The PCRS finished the year with a deficit of €14.4m or 0.6% of its allocation following the application of the supplementary estimate.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,770,116	3,895,436	3,770,116	125,319	3.3%
Primary & Community Care Group / Other Services	4,789,794	4,768,672	4,789,794	-21,122	-0.4%
Population Health	102,038	18,798	102,038	-83,241	-81.6%
	146,939	134,528	146,939	-12,411	-8.4%
ISD Total	8,808,888	8,817,433	8,808,888	8,545	0.1%
Primary Care Reimbursement Service	2,502,909	2,517,362	2,502,909	14,453	0.6%
Corporate Services and Pensions	429,838	409,208	429,838	-20,631	-4.8%
National Services	757,159	772,053	757,159	14,894	2.0%
Held Funds	0		0	0	
Total HSE	12,498,795	12,516,057	12,498,795	17,262	0.1%

Table 2. Hospital Services	YTD				
	Approved Allocation €000	Actual €000	Plan €000	Variance €000	%
DML Hospitals	1,318,040	1,349,263	1,318,040	31,222	2.4%
DNE Hospitals	868,707	895,032	868,707	26,325	3.0%
South Hospitals	771,782	789,479	771,782	17,697	2.3%
West Hospitals	811,587	861,661	811,587	50,074	6.2%
Hospitals Total	3,770,116	3,895,436	3,770,116	125,319	3.3%

Table 3. Primary & Community Services	YTD				
	Approved Allocation €000	Actual €000	Plan €000	Variance €000	%
DML	1,401,085	1,414,930	1,401,085	13,845	1.0%
DNE	1,072,078	1,069,879	1,072,078	-2,199	-0.2%
South	1,131,106	1,113,153	1,131,106	-17,953	-1.6%
West	1,185,526	1,170,711	1,185,526	-14,815	-1.2%
Community Total	4,789,794	4,768,672	4,789,794	-21,122	-0.4%

Agency Costs (Table 4)	<p>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 31% in 2011 and the average monthly spend on HCA increasing by 20%.</p> <p>There has been a decrease in nursing agency spend by 7% in 2011.</p> <p>The increase in Agency hours contracted needs to be addressed in 2012 to realise the benefit of the cost savings under the contract.</p>
Community Demand Led Schemes (Table 5)	<p>The Primary Care Reimbursement Service deficit after the application of the once-off Supplementary Estimate is close to breakeven position.</p>

Table 4. Agency Costs	Doctors	Nurses	Care assistants, porters etc	Total
	€m	€m	€m	€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 Dec 2011	5,059.5	5,933.5	4,649.4	15,642.4
Total cost Dec 2011	60,714.5	71,201.4	55,792.8	187,708.7
Growth After 12 months	31%	-7%	20%	11%
2011 growth at current levels	19,319.0	387.8	14,133.2	33,840.1

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,751,138	1,774,215	1,751,138	23,077	1.3%
Community Schemes	751,772	743,148	751,771	(8,623)	-1.1%
PCRS Total	2,502,910	2,517,363	2,502,909	14,454	0.6%

Community Demand Led Schemes – end of year update

At the beginning of 2011, PCRS forecast expenditure of €2,877m being incurred if no actions were taken to reduce expenditure. The outturn was €2,517m indicating an overall reduction in expenditure of **€360m** this year. A number of initiatives were set out in the National Service Plan 2011 and these initiatives generated specific cost reductions totalling **€243m** in 2011. The remaining initiatives progressed during the year related to improving the efficiency and effectiveness of our operations and these initiatives influenced contractor/client behaviour and impacted positively on the resulting demand for services and our financial outturn against budget this year.

Table 5 shows expenditure of €2,517m against a budget of €2,503m resulting in a deficit of **(€14m)** as at the end of December 2011. This deficit can be attributed to growth in demand for services under the Medical Card Scheme.

The delivery of such a strong in-year cost management performance against such challenging economic conditions is a significant achievement. Table 6 shows a breakdown of the savings by each of the initiatives set out in the National Service Plan 2011.

Table 6. YTD December 2011	Savings €m
Full Year Effect of 2010 Schemes	29
Efficiencies and Control including Probity & Fees	51
Full Year 2010 Savings – Prescription Charges	27
Drug Price Reductions	131
Efficiencies in High Tech Drugs	4
Total	243

Community (Demand Led) Schemes

Medical / GP Visit Cards (M)

The number of individuals covered by medical cards continues to rise with 1,694,063 reported at the end of December 2011 (an additional 78,254 since December 2010). This is 4.8% below the December 2011 projected figure of 1,779,585 and 4.8% above the same period last year (1,615,809). The total number of discretionary medical cards in the system at the end of December was 74,281. This compares with 80,524 issued in December 2010. This is a decrease of 6,243 cards (-7.8%). Discretionary medical cards represent 4.4% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of December was 125,657 which is 9.5% below projected figure for end December (138,816). An additional 8,234 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of December was 16,251. This is a 7.1% decrease from the number of cards issued in December 2010 (17,501). Discretionary GP visit cards represent 13% of cards issued year to date.

Chart 1

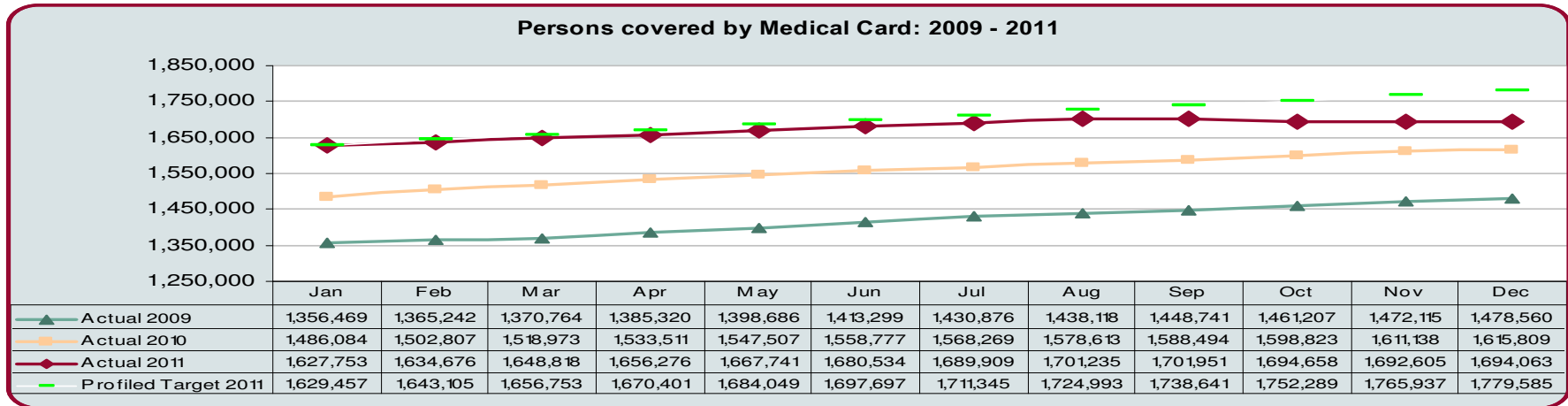
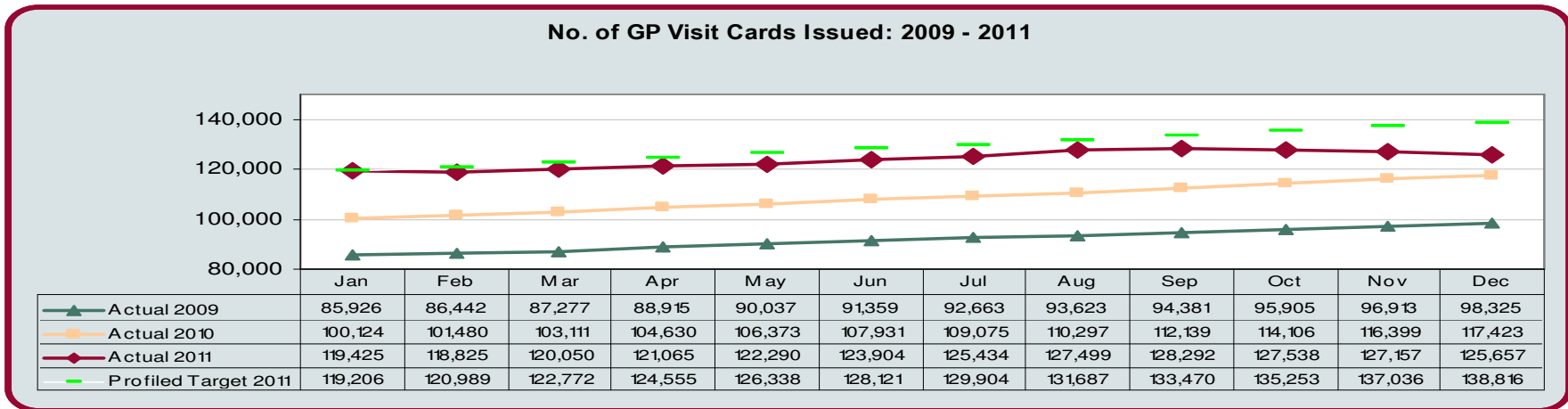


Chart 2



*Community (Demand Led) Schemes

Long Term Illness (M)	<ul style="list-style-type: none"> The number of LTI claims made during December was 74,985 and YTD was 877,397. Compared to same period last year (878,266). This represents a decrease of 0.1%. The total number of LTI items in December was 241,861 and YTD was 2,798,373. Compared to same period last year (2,818,799), this represents a decrease of 0.7%.
Drug Payment Scheme (M)	<ul style="list-style-type: none"> The number of DPS claims made during December was 279,721. The year to date position is 3,269,901. Compared with the same period last year (3,824,612). This represents a decrease of 554,711 or 14.5%. Total number of DPS items in December was 861,038. The year to date position is 10,105,249. This is 1,188,322 fewer items (-10.5%) included in claims than in the same period in 2010 (11,293,571).
General Medical Services (GMS) (M)	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during December was 1,638,734. This represents a total of 18,737,510 YTD. Compared with the same period last year (17,516,396 prescriptions). There has been an increase of 1,221,114 or 7% prescriptions reimbursed YTD in 2011.
HiTech (M)	<ul style="list-style-type: none"> The number of HiTech claims made during December was 36,125 The year to date figure is 432,462. Compared to same period last year, (333,676 claims). This represents an increase of 98,786 (29.6%).
Dental Treatment Services Scheme (DTSS) (M)	<ul style="list-style-type: none"> The numbers of routine dental treatments provided YTD is 974,114, 0.6% below planned levels. 43,253 more complex treatments have been provided YTD, 19.8% below planned levels at this stage of the year.
Community Ophthalmic Scheme (M)	<ul style="list-style-type: none"> The number of adult ophthalmic services provided YTD is 728,453, 1.8% below planned levels. The number of child ophthalmic services provided YTD, through this scheme, is 67524, 1.3% below planned levels.

*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

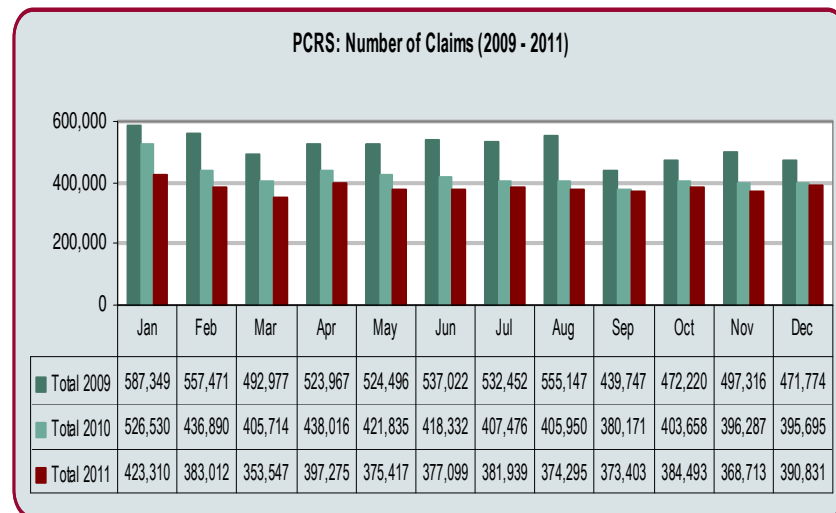
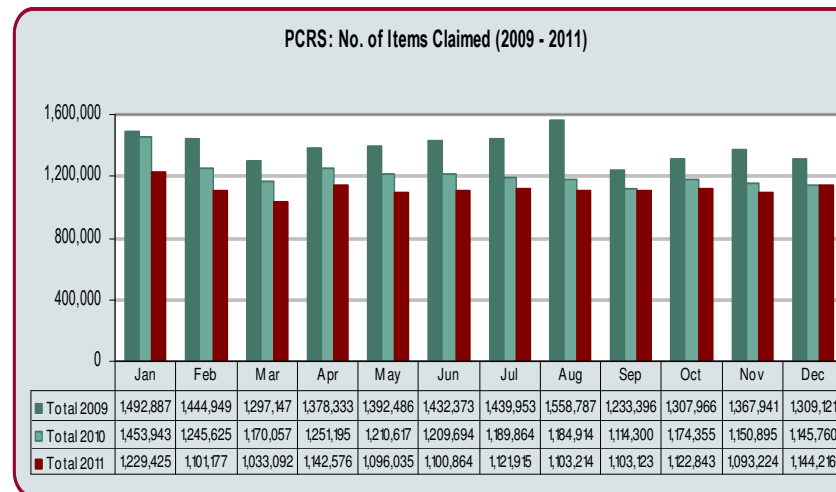


Chart 4



Value for Money (VFM)

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

- **€172.4m** in savings was achieved by the end of December against a target of €202.85m i.e. 85%.
- Shortfalls in the targeted reductions largely relate to Agency and On Call Pay underperformance and some clinical headings such as Laboratory consumables under delivering and also less than the required reduction in expenditure on Furniture & Crockery being achieved.
- Categories with higher than expected savings, e.g. Radiology, are compensating for underachievement in savings against targets in other areas, such as Medical Gases.
- Disimprovement in the rate of spend in December in some categories such as On Call pay, Drugs, T&S and Bad & Doubtful Debts compared to November, has resulted in what was projected then as potential full delivery of the overall required reduction, now resulting in 85% delivery of the target.

Pay analysis.

- **Total Pay** excluding Superannuation, PRSI and Arrears is down compared to year to date 2010 by €91m. or 1.5%.
- **Fixed Pay**, including Basic, Weekend/Public Holidays and Nights is down by €92.5m. or 1.8%.
- **Variable Pay** is broadly static 0.2% growth compared to last year due largely to increases in Locum/Agency negating savings in On Call and Overtime. This is a significantly reducing rate of increase compared to the first half of the year as Agency costs are being further managed.
- The new **agency** contract shows a total 22% reduction in the price of Agency staff including, a 24% reduction in the price of Agency Nursing, a 20% reduction in the price of HCA hours and 19% reduction in the price of NCHD hours (covers from March 14th to Dec 21st) equivalent to a total nearly €17m. saving. Two further staff categories of Allied Health Professionals and Social Care Workers have also reduced by a further €4m. However, despite the reduction in the cost of agency hours, the overall cost of Agency is going up but at a reducing rate of increase.
- **On Call** costs overall are showing a reduction in December however, the full year projected saving will not meet the required €5m. The HR Project Group overseeing the implementation of the revised rosters and rates for On-call Lab services, against which this saving was applied, are reporting reductions of in excess of this amount based on the returns from the reporting hospitals. Other, non laboratory related On Call cost increases are negating these gains and will require further examination.

Non Pay analysis

- Although 65% of the non-pay categories are meeting their year to date target and are projected to meet their annual target, as well as an improved rate of saving in some categories compared to last month such as *X-Ray* and *Bedding&Clothing*, there is still under achievement of the required reduction year to date.
- Categories not meeting the required target include those with increased costs compared to 2010: *Labs, Bloods, Medical Gases, Vehicle Running Costs, Bad & Doubtful Debts, T&S and ICT*
- The full year spend at December, shows that although the rate of reduction is insufficient in these categories to deliver their full year reduction, other categories are compensating for these, such as X-Ray, Catering, Patient Transport etc., where there is over delivery of the required target.
- A significant range of the pricing and supplier engagement related reductions were profiled to be active since April and these needed to achieve their targets month on month. At the same time volumes/usage needed to remain constant to achieve the level of saving required over the year.
- The "Discretionary Spend" headings overall have delivered 82% of the required reduction but Furniture and Vehicles Purchased did not meet their annual target, while Maintenance is projected at the current rate of saving to exceed the targeted full year reduction.

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Nov YTD	Reduction achieved Nov YTD
	€m	€m		€m		€m	€m
	HR and/or CSS-led Reductions		ISD-led Reductions				
Pay							
On Call Services	5.0	5	Feb-11	0		5.00	0.58
Agency Services (Note 1)	10.1	7	Feb-11	3.06	Jan-11	10.06	0.00
Overtime	11.6	0		11.6	Jan-11	11.60	10.48
Basic & Weekend/Public Holidays/Nights (Note 2)	2.3	0		2.3	Jan-11	2.30	15.03
Nursing - Basic	3.1	0		3.11	Jan-11	3.10	
Management/Admin - Basic	0.7	0		0.71	Jan-11	0.71	
Other – Basic, Allowances	8.9	0		8.92	Jan-11	8.92	
Non Pay							
Medical & Nursing Training & Education. (Note 3)	2.7	2.6	Jan-11	0.14	Jan-11	2.70	2.70
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr-11	1.26	Jan-11	38.74	37.93
Drugs & Medicines	20.9	18.0	Mar-11	2.94	Jan-11	26.98	27.02
Laboratory Consumables	9.5	8.9	Mar-11	0.6	Jan-11	9.50	1.07
Blood and Blood Products	2.0	2.0	Mar-11	0.02	Jan-11	2.02	0.80
X-Ray Consumables	1.6	1.6	Mar-11	0.01	Jan-11	1.61	3.28
Medical Gases	1.3	1.3	Mar-11			1.30	0.15
Cleaning & Washing Products and Contracts	3.2	3.1	Apr-11	0.05	Jan-11	3.13	3.33
Energy (Note 4)	1.5	1.5	Apr-11	0.03	Jan-11	1.53	0.00
Catering Products & Contracts	3.1	2.6	Feb-11	0.48	Jan-11	3.08	9.89
Patient Transport Costs	0.8	0.8	Apr-11	0.08	Jan-11	0.83	2.20
Bedding & Clothing	1.0	1.0	Mar-11	0.02	Jan-11	1.02	1.41
Vehicle Running Costs	0.2	0.2	Apr-11	0	Jan-11	0.18	-2.11
Office, Stationery, Printing, Equipment etc. (Note 5)	4.9	3.8	Apr-11	1.07	Jan-11	12.41	13.89
Telephony (Note 6)	2.5	2.5	Apr-11				
Insurance (Note 7)	1.0	1.0	Jan-11			1.00	1.00
ICT Equipment	2.0	2.0	Jun-11	0.02	Jan-11	2.02	-1.69
Legal	5.0	5.0	Apr-11			5.00	4.71

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Nov YTD	Reduction achieved Nov YTD
	€m	€m		€m		€m	€m
Grants to Outside Agencies (Note 10)	3.4	0		3.44	Jan-11	3.44	3.44
Travel & Subsistence	0.1	0		0.12	Jan-11	0.12	-0.44
Bad & Doubtful Debts	0.5	0		0.5	Jan-11	0.50	-5.06
GP Grants	0.1	0		0.14	Jan-11	0.14	6.26
Miscellaneous (Note 9)	1.8	0		1.81	Jan-11	1.81	1.81
Review of Rents / Lease Renewals etc.	5.0	5.0	Apr-11	Reduction and performance included in Office above			
Logistics and Inventory Management	20.0	20.0					
Stock Management (Pharmacy)	6.0	6.0	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	5.0	5.0	Apr-11				
Reduce Discretionary Spend	42.2	42.2					
Furniture	11.0	11.0	Jan-11			11.00	2.73
Vehicles Purchased	0.7	0.7	Jan-11			0.68	-0.06
Maintenance	30.5	30.0	Jan-11	0.5	Jan-11	30.50	32.05
TOTAL	202.8	160.0		42.82		202.9	172.4

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, the new agency contract shows a total 22% reduction in the price of Agency staff including, a 24% reduction in the price of Agency Nursing, a 20% reduction in the price of HCA hours and 19% reduction in the price of NCHD hours (covers from March 14th to Dec 31st) equivalent to a €17m saving. Two further staff categories of Allied Health Professionals and Social Care Workers have also reduced by a further €4m. However, despite the reduction in the cost of agency hours, the overall cost of Agency is going up but at a reducing rate of increase in the last two months. On the basis of the December CRS 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 and Night Pay of nearly €92.5m compared to 2010 Nov 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.

Note3: Education and Training has reduced in expenditure compared to the equivalent period last year by €64.64.15m., 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 €14m compared to 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 was reducing in the third quarter compared to the first quarter 2011, however, there is an increase again in the last quarter.

Note 5: Office Expenses, Rents and Rates costs have experienced increases related largely to new Leasing costs associated with the HSE Primary Care Centres and Cancer Control Programme which overall are negating higher reductions being delivered by the four regions.

Note 6: Telephony costs are coded as part of Office and for information there has been a negotiated price reduction with Eircom over €4m.

Note 7: Insurance costs overall reduced in Sept. for the first month this year and now remains static compared to the equivalent period last year, however, the relevant Insurance expenditure for this negotiated reduction is coded in DNE which is showing a reduction of €2.4m.

Note 8: In September, Legal costs, for the first time this year, decreased overall compared to the equivalent period last year. This decrease has remained in the last quarter with an overall reduction compared to last year of €4.7m. Analysis of expenditure related to the new Legal contracting model shows savings of over €3m for March to November.

Note 9: Miscellaneous has reduced in expenditure compared to the equivalent period last year by €27.7m., 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 €30m., 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-Dec 2011 was €359.711m.

The capital cash issued for this period was € 331.246m. Sales of surplus assets amounted to €6.448m.

Table 6. Capital Vote 2010	Approved Allocation €000	Actual Jan - Dec €000	Profile Jan -Dec €000	Variance Jan - Dec €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	306,083	334,711	28,628
C3 Information Systems and Related Services for Health Agencies	40,000	15,420	25,000	9,580
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	16,191	15,000	-1,191
A in A (Sales of Surplus Assets)	-15,000	-6,448	-15,000	-8,552
Net Capital	377,250	331,246	359,711	28,465

Table 7. Appropriations-in-Aid	Estimate Provision	REV Profile to 31 Dec 2011	Receipts to 31 Dec 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	376,000	328,197	47,803
Superannuation	199,986	199,986	192,465	7,521
Miscellaneous Receipts	151,800	151,800	120,242	31,558
Pension Levy	337,156	337,156	357,621	-20,465
Dormant Accounts	959	959	1,118	-159
Total	1,065,901	1,065,901	999,643	66,258

Detailed Human Resources Report

Human Resources (HR)

Level of employment against target

Health Service employment at the end of December stood at 104,392 WTEs which represents an increase of 422 WTEs from November. It also compares with a decrease of 187 WTEs for the same month last year and a fall of 3,580 WTEs year-to-date.

The recorded increases were driven primarily by the inclusion of the five DATHs Nurse Banks in the main census figure, where an increase of over 300 WTEs have been seen in the staff category of nursing from that recorded in the November Census. DATHs Nurse Bank nursing numbers in December were 370 WTEs, up from 310 WTEs in November. Growth has also been seen in Health Care Assistant numbers, which may be related to the operation of the Nurse Banks, as HCA WTEs increased by 131 WTEs from November across the five hospitals. Also some further growth was seen in the National Ambulance Services, and further staff from former health board companies added to the HSE in December, in addition to the filling of a number of new service development posts and grades with exempted status from the moratorium on recruitment.

The Statutory Sector recorded month-on-month decreases (Statutory Sector -33 WTEs) while the Voluntary Hospital Sector (+446 WTEs), primarily due to the Nurse Banks in the DATHs Hospitals and the Primary & Community Voluntary Sector (+9 WTEs) both showed increases.

The Integrated Services Directorate in overall terms recorded an increase of 453 WTEs, with increases in Acute Hospital Services of 445 WTEs and Primary and Community Services of 20 WTEs.

The health sector is 1,042 WTEs below the current approved employment ceiling (end of year figure 105,434) which includes all quarterly reductions for 2011.

Chart 1

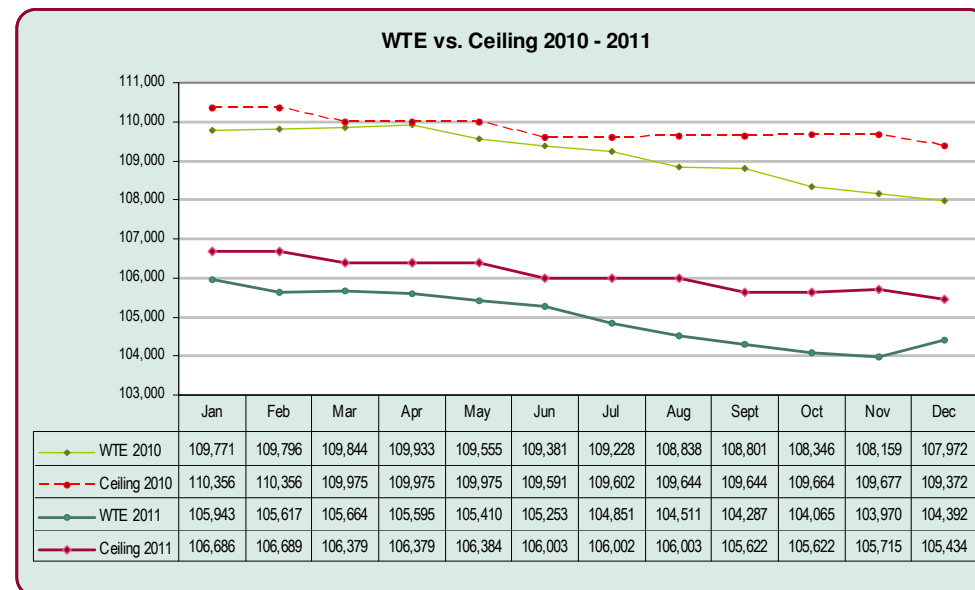


Table 1 Service Area	WTE Dec 2010	Ceiling Dec 2011	WTE Dec 2011	WTE Change since Nov 2011	WTE Change from Dec 2010 to Dec 2011	WTE Variance Dec 2011	% WTE Variance Dec 2011
Hospital Care	49,318	47,880	48,742	+445	-576	+862	+1.80%
National Cancer Control Programme	764	762	722	-12	-42	-40	-5.24%
Primary Care	52,348	50,597	49,645	+20	-2,703	-952	-1.88%
Portion of Ceiling to be allocated		922	0	+0	+0	-922	-100.00%
Ambulance Services	1,494	1,504	1,535	+13	+42	+31	+2.07%
Corporate & Shared Services	2,989	2,749	2,751	-9	-238	+1	+0.05%
Population Health	1,060	1,019	996	-35	-63	-22	-2.19%
Total	107,972	105,434	104,392	+422	-3,580	-1,042	-0.99%

Exempted grades (Table 2)

In relation to “exempted grades”; Social Worker grades increased by 19 WTEs and are now some 261 WTEs above the 2009 levels. No additional Social Worker posts under Children and Families 2010 (Ryan Report) were filled in December; however 14 posts under the National Service Plan 2011 have been filled.

The recruitment process to fill the 64 outstanding social worker posts approved in the National Service Plan 2010 is still ongoing, as are the remaining 46 WTEs development posts set out in the National Service Plan 2011. In addition, Psychologists and Counsellors showed a decrease of 2 WTEs, Physiotherapy +3 WTEs while Occupational Therapists and Speech & Language Therapists fell by 7 WTEs.

With the exception of Medical/Dental, all staff categories are below their 2010 levels. Medical/Dental staff category since December 2010 is 235 WTEs (+2.9%). Management/Admin (-7.6%) and General Support Staff (-8.5%) recorded the greatest reductions, against an overall reduction of -3.3%, reflecting the impact of the 2010 VER/VRS which targeted both of these staff categories.

- Medical/Dental staffing recorded a monthly increase of 6 WTEs (+235 WTEs YTD), with consultants increasing by 9 WTE (+157 WTEs YTD). NCHD numbers reduced by 8 WTEs but still show a growth of 224 WTEs from the end of 2010.
- Nursing increased by 307 WTEs (-601 WTEs YTD), primarily due to the inclusion of the DATHs Nurse Banks, which recorded 370 WTEs as against 310 WTEs in November.
- Health & Social Care Professionals increased by +26 WTEs (-138 WTEs YTD).
- Management/admin WTEs fell by -30 WTEs or -1,318 WTEs YTD. It should be noted that this staff category is now below levels recorded at the establishment of the HSE in 2005 and has reduced by 2,438 WTEs (-13.23%) since its peak in September 2007.
- General Support Staff fell by -62 WTEs or -971 WTEs YTD.
- Other Patient & Client Care increased by 175 WTEs but fell by -787 WTEs YTD. Some of these increases are accounted for by an increase in the subsuming of staff from former Health Board Companies in the returns for the first time, in addition to some growth seen in the Voluntary P&C Sector, which is seasonal in nature, as well as the HCA increases seen across the five DATHs.

WTEs by Staff Category (Table 3)

WTEs by Exempted Grade

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Dec 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>	2,474	<i>n/a</i>	+9	+157	+6.79%
Occupational Therapists	1,103	<i>n/a</i>	1,197	<i>n/a</i>	-4	+94	+8.48%
Physiotherapists	1,469	<i>n/a</i>	1,534	<i>n/a</i>	+3	+65	+4.43%
Speech and Language Therapists	776	<i>n/a</i>	835	<i>n/a</i>	-3	+58	+7.51%
Combined therapists:	3,348	+380	3,565	-163.00	-3	+217	+6.48%
Psychologists & Counsellors	962	+230	1,003	-189.00	-2	+41	+4.21%
Social Workers	2,139	+300	2,400	-39.38	+19	+261	+12.18%

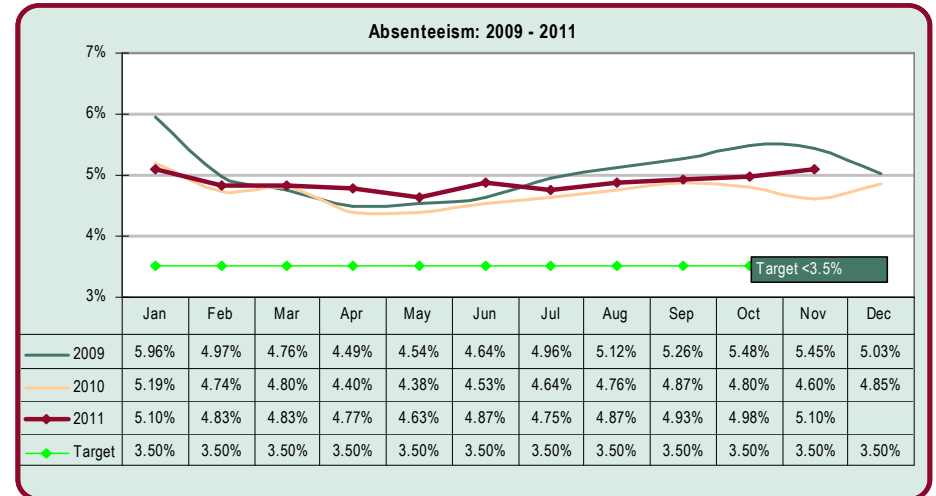
WTEs by Staff Category

Table 3. Staff Category	WTE Dec 2009	WTE Nov 2011	WTE Dec 2011	WTE change since Nov 2011	% change since Nov 2011	WTE change since Dec 2009	% change since Dec 2009
Medical / Dental	8,083	8,325	8,331	+6	+0.07%	+248	+3.07%
Nursing	37,466	35,595	35,902	+307	+0.86%	-1,564	-4.17%
Health & Social Care Professionals	15,973	16,192	16,217	+26	+0.16%	+245	+1.53%
Management/ Admin	17,611	16,013	15,983	-30	-0.18%	-1,627	-9.24%
General Support Staff	11,906	10,512	10,450	-62	-0.59%	-1,456	-12.23%
Other Patient & Client Care	18,714	17,334	17,508	+175	+1.01%	-1,206	-6.44%
Total Health Service Staffing	109,753	103,970	104,392	+422	+0.41%	-5,361	-4.88%

*Absenteeism

- Latest available National Absenteeism data shows that absenteeism for November 2011 was 5.10% - up from 4.98% in October.
- Previously published November figures show 5.78%, 5.05%, 4.70% & 5.10% for 2008, 2009, 2010 and 2011 respectively.
- YTD November stands at 4.88% which is up on the 2010 full year (4.70%) but remain below 2008 (5.76%) and 2009 (5.05%) figures.
- In November 2011, 86.8% absenteeism was certified.
- The following Hospitals, LHO, agencies show the highest rates of absenteeism: Dublin West [LHO], Ennis General Hospital, Midland Regional Hospital, Portlaoise, Limerick Maternity Hospital, Cork Dental Hospital, Cavan General Hospital, Children's Sunshine Home, Midland Regional Hospital, Mullingar, Our Lady's Hospital Navan, Limerick [LHO], Kildare/ West Wicklow [LHO], Regional Orthopaedic, Croom, Midland Regional Hospital, Tullamore, St. Luke's Hospital, Kilkenny, Drug Treatment Centre, St. Patrick's, Kilkenny, Limerick Regional Hospital, Sunbeam House Services, Mayo [LHO], Tipperary, South General Hospital, Wicklow [LHO], Cavan/ Monaghan [LHO], Orthopaedic Hospital Kilcreene, Kare Newbridge, Co Kildare, Tipperary South [LHO], Laois /Offaly [LHO], Coombe Women's Hospital. (all above 6%).
- A management focus continues in this area.

Chart 1



Absenteeism by Staff Category	DML	DNE	South	West	National	Ambulance	Total
Medical /Dental	1.49%	0.84%	1.00%	1.48%	0.23%		1.22%
Nursing	5.33%	5.04%	5.85%	6.77%	1.65%	0.00%	5.72%
Health & Social Care Professionals	3.70%	4.20%	4.65%	4.88%	1.03%		4.19%
Management Admin	5.13%	4.87%	4.79%	5.35%	4.84%	4.85%	5.05%
General Support Staff	6.50%	6.16%	5.67%	5.87%	3.29%	2.42%	6.00%
Other Patient & Client Care	5.81%	5.23%	6.20%	5.42%	0.57%	6.40%	5.72%
Total	4.94%	4.65%	5.18%	5.56%	4.78%	6.17%	5.10%

Absenteeism by HSE Area	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Dublin Mid-Leinster	6.00%	4.23%	4.25%	4.94%
Dublin North-East	5.30%	3.95%	3.73%	4.65%
South	5.31%	4.09%	5.01%	5.18%
West	5.66%	4.51%	4.85%	5.56%
National	5.10%	3.59%		4.78%
Ambulance Services	6.17%			6.17%
Total	5.56%	4.13%	4.39%	5.10%

Detailed Service Delivery Report

Inpatient & Day Case Discharges

- Inpatient discharges at the end of December was 2.5% (+14,223) more than expected levels of activity but only marginally ahead of 2010 levels (+191). The total number of inpatient discharges to the end of December was 588,623 of which 66.7% (392,894) were emergency cases.
- The number of day cases for 2011 stood at 804,274, - 6.5% (+49,174) ahead of targeted activity and 9.4% (+69,307) more than 2010.
- At the end of December inpatients and day cases combined exceeded 1.39 million which is 5.2% (+69,498) more than December 2010.

Inpatient and Day Case Waiting lists

- Demand for elective procedures increased as the number of people listed for procedures grew on average by 22% from June to Dec 2011, compared to the previous year. The end of December 2011 figure was 18% higher (+9,786) than the same period in 2010.
- 11,688 people were waiting more than 6 months (NSP 2011 target) at the end of Dec 2011 compared to 7,402 at the end of Dec 2010, a 47% increase.
- In recognition of the increased demand and pressure on supply in 2011, a primary target list (PTL) was created in August to ensure that, in the first instance, nobody waited more than 12 months for a planned procedure by the end of the year.
- This was achieved in 39 out of 40 hospitals, 372 people were waiting over 12 months at Dec 31st (in the Galway hospitals GUH and Merlin Park) compared to 1,083 at the same period in 2010.

Emergency Activity

- There were 1.168 million emergency presentations during 2011, a decrease of -2.6% on expected levels of activity and -1.1% below 2010 levels.
- Emergency admissions for 2011 amounted to 372,462, exceeding 2010 levels by 0.8% (+2,969).

GP Out of Hours

The number of contacts with GP Out of Hours Services for 2011 was 949,703 and remains 5.6% (+50,514) more than 2010. The number of contacts recorded for December (89,925) was 13.6% higher than the actual monthly average number of contacts for the year (79,142).

Medical Cards

The Medical Card Processing Office at PCRS has processed 953,873 Medical Card applications and reviews and issued 708,832 Medical Cards on foot of these applications since the centralisation process began. Applications are currently being processed at a rate of approximately 20,000 per week.

Following the first six months of the operation of the centralised medical card system, the HSE has established a project to review and further develop the processes and customer service elements of the centralised medical card system and to recommend and implement improvements to existing processes as required.

Primary Care Teams

At the end of December there were 425 Primary Care Teams in operation which is 87% of the revised HSE target of 489. The 425 Primary Care Teams are at various stages of maturity and development. They provide services to a population of over 3.4 million with 3,117 staff members and over 1,592 GPs participating. The governance and management model of Primary Care Teams is currently being reviewed to take account of the models of care proposed under the Programme for Government.

Urgent colonoscopies

Census week ending 25th December reports 2 patients waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy. The breaches were in the Sligo General Hospital and Kerry General Hospital. These patients have since had their procedure.

Nursing Home Support Scheme

At the end of December there were 22,327 people supported under the scheme. Additionally, there were 583 persons whose application was determined to final stage but who were still on the national placement awaiting placement approval. In 2011 there was an additional net increase of 629 people provided for under the scheme. During 2012 it is projected that 23,611 people will be supported under the scheme with a projected net increase of 1,270 persons.

Child and Adolescent Mental Health

During 2011 12,798 referrals were received by the 53 Community Child and Adolescent Mental Health Teams. This represents a 10.8% (+1,248) increase over the number of referrals received in 2010 (11,550).

Uptake of HPV Vaccination Programme for Academic Year 2010/2011

The HSE introduced HPV (Human Papilloma Virus) vaccination in 2010 to protect girls from getting cervical cancer when they are adults. The NSP 2011 set a target of 80% of first and second year girls in second level schools to receive the third dose of HPV Vaccine during the academic year 2010/2011 (the first year of the programme). The vaccination programme involved the administration of 3 doses of HPV vaccine.

The programme which aimed to achieve 80% uptake has been well received with an uptake rate of 82% in its first year. These figures demonstrate an excellent result for the first year of the programme not only in exceeding the target set but in equalling or exceeding uptake achieved in the first year of programmes in other countries such as the UK and Australia.

National Plan for Radiation Oncology (NPRO)

The National Plan for Radiation Oncology (NPRO), which was approved by Government in July 2005, provides the national framework for the development of the national radiation oncology infrastructure for the next 25 years.

The Board was previously briefed that Public Private Partnership (PPP) was the declared procurement method endorsed by the Department of Health. Due to ongoing uncertainty with PPP funding in Ireland, the HSE has been asked to prepare a paper for submission to the Department of Public Expenditure and Reform setting out the case for funding by traditional capital means.

Table 1 Primary and Community Services by Region	Human Resources				Budget		
	Ceiling Dec 2011	WTE Dec 2011	WTE Change from Dec 2010 to Dec 2011	% WTE Variance Dec 2011	Actual €000	Budget €000	% Var
DML	14,773	14,447	-455	-2.21%	1,414,930	1,401,085	1.0%
DNE	10,452	10,363	-867	-0.85%	1,069,879	1,072,078	-0.2%
South	11,688	11,444	-741	-2.09%	1,113,153	1,130,825	-1.6%
West	13,384	13,109	-731	-2.05%	1,170,711	1,185,526	-1.2%
National	300	282	+91	-5.94%			
Total	50,597	49,645	-2,703	-1.88%	4,768,672	4,789,513	-0.4%

Table 2 Hospital Services by Region	Human Resources				Budget		
	Ceiling Dec 2011	WTE Dec 2011	WTE Change from Dec 2010 to Dec 2011	% WTE Variance Dec 2011	Actual €000	Budget €000	% Var
DML	16,315	16,555	-264	+1.47%	1,349,263	1,318,040	2.4%
DNE	10,397	10,774	+100	+3.63%	895,032	868,707	3.0%
South	10,437	10,623	-249	+1.78%	789,479	771,782	2.3%
West	10,712	10,791	-163	+0.74%	861,661	811,587	6.2%
National	20						
Total	47,880	48,742	-576	+1.80%	3,895,436	3,770,116	3.3%

Primary Care

Primary Care analysis & action points

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

At the end of December 2011, 425 primary care teams were holding clinical team meeting which is 18% below the year to date target of 518.

This is an increase of 14 teams from the November position (411 teams) and also represents a 22.1% increase from same period last year (348 teams)

GP Out of Hours (M)

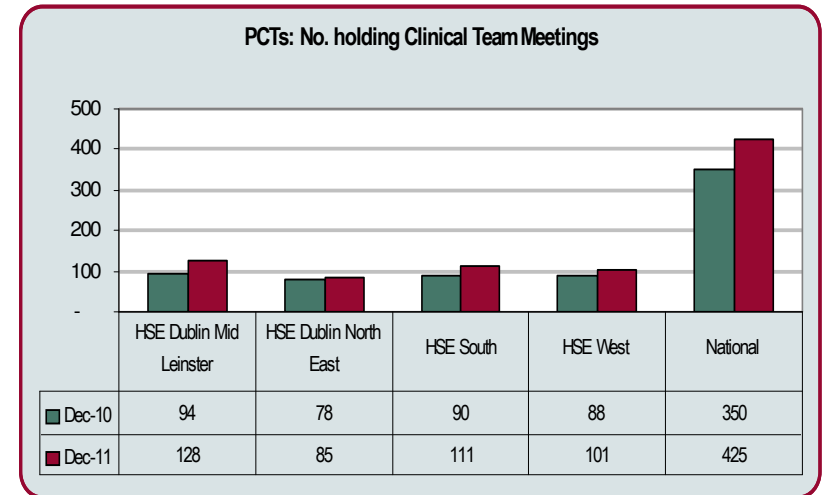
During the month of December 2011, 89,925 contacts were made to the GP OOH service.

Year to date figure is 949,703 which is 1.9% below year to date target of 968,000. This is also 5.6% above same period last year (899,189).

Breakdown of the nature of contact with the OOH Service:

- 61.4% - GP Treatment Centre
- 28.6% - Triage
- 9.2% - Home Visit
- 0.8% - Other

Chart 1



Primary Care (Child Health)

Immunisations (Chart 2 & 3) (Q)

Childhood Immunisation uptake at 12 and 24 months

Immunisation data in December relates to LHO returns for Q3 2011 and has been provided by the Health Protection Surveillance Centre (HPSC).

NSP 2011 Target for uptake of vaccines is 95%.

- For children at 12 months the national uptake for D3, T3, P3, Hib3 and Polio3 is 90.8%.
- At 12 months the national uptake HepB3 is 90.6%.
- At 12 months the national uptake for MenC2 is 90.0%.
- At 12 months the national uptake for PCV2 is 90.2%.
- For children at 24 months the national uptake for D3, T3, P3, Hib3 and Polio3 is 95.6%.
- At 24 months the national uptake for MenC3 is 84.8%.
- At 24 months the national uptake for HepB3 is 95.2%.
- At 24 months the national uptake for MMR1 is 92.5%.

Q3 2011 data, for the cohort at 24 months of age, demonstrates a continued slight reversal of the 2010 decline in the uptake of the recommended three doses of meningococcal serogroup C vaccine noticed in Q1 2011. Uptake of three doses of meningococcal serogroup C was as follows:

- 92.9% Quarter 1 2010
- 91.5% Quarter 2 2010
- 80.1% Quarter 3 2010
- 81.6% Quarter 4 2010
- 83.1% Quarter 1 2011
- 83.3% Quarter 2 2011
- 84.8% Quarter 3 2011

Chart 2

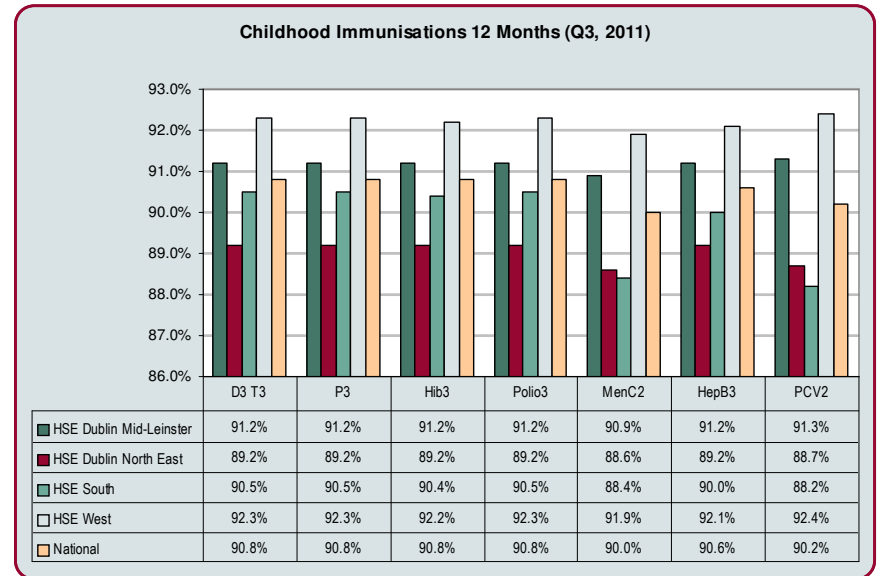
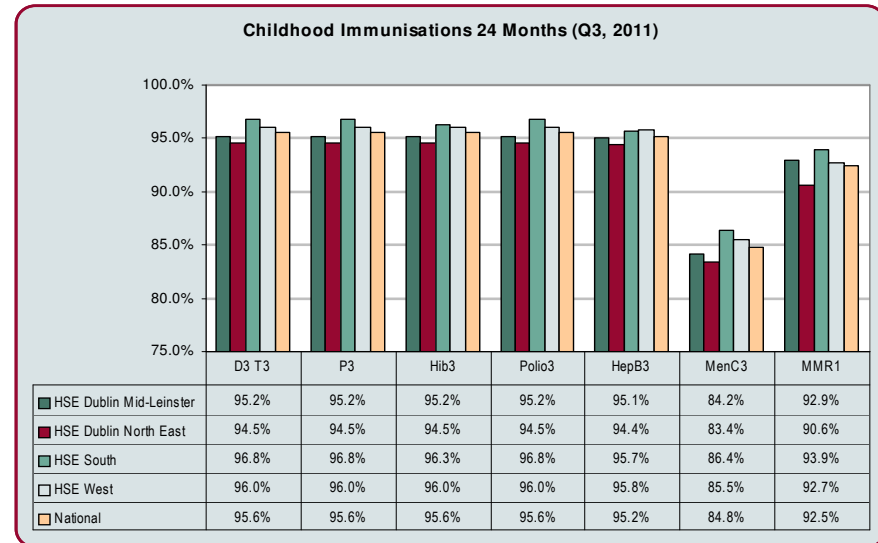


Chart 3



Primary Care (Child Health)

HPV Vaccination Programme
(Academic Year 2010/2011)
(Chart 4) (A)

Uptake of HPV Vaccination Programme for Academic Year 2010/2011

HPV stands for Human Papilloma Virus which is a group of over 100 viruses. Some HPV infections can cause changes in a woman's cervix and lead to cervical cancer. The HSE introduced HPV vaccination in 2010 to protect girls from getting cervical cancer when they are adults. The NSP 2011 set a target of 80% of first and second year girls in second level schools to receive the third dose of HPV Vaccine during the academic year 2010/2011 (the first year of the programme).

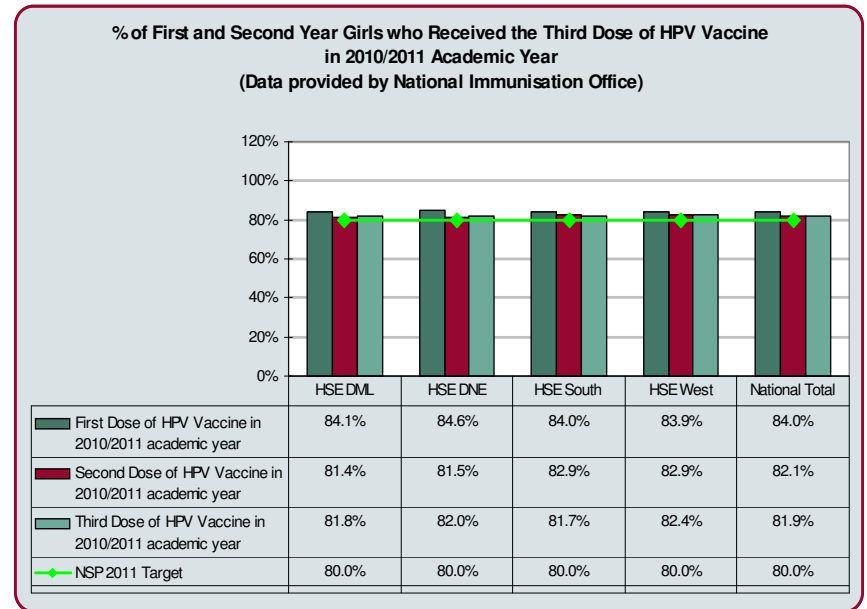
The vaccination programme involved giving girls three doses of HPV vaccine with a two month interval between the first and second dose and a four month interval between the second and third dose (0, 2 and 6 months). The programme targeted 59,235 girls in second level schools as well as those attending special schools or home schooled. Of the 59,235 cohort 48,501 (81.9%) received the third dose of the vaccine.

Nationally the uptake rate for the third dose exceeded the target set with 81.9% of first and second year girls receiving the third dose of the vaccine. HSE West achieved an 82.4% uptake, DNE 82.0% with DML and HSE South coming in at 81.8% and 81.7%. The uptake for the third dose is marginally higher than the uptake for the second dose in DML and DNE reflecting HSE administration of third dose to girls who already received two doses privately.

These figures demonstrate an excellent result for the first year of the programme not only in exceeding the target set but in equalling or exceeding uptake achieved in the first year of programmes in other countries such as the UK and Australia.

This programme will continue for the academic year 2011/2012 with the routine HPV vaccination programme. In addition there will be a catch up programme for all sixth year girls which will continue for the next three years.
(Data provided by National Immunisation Office)

Chart 4



Primary Care (Child Health)

Child Health Developmental Screening at 10 months (Chart 5) (M)

Uptake of 7-9 Month Developmental Screening by 10 Months

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

Nationally 85.3% of the cohort received their screening on time with HSE DNE achieving 91.3%. Screening within the time frame for HSE DML is 89.9%, HSE South is 84.5% and HSE West is 72.0%.

YTD nationally 82.2% due for developmental screening received their screening on time.

These figures although returned for reporting in December are reported monthly in arrears and refer to November 2011 data.

Public Health Nurse 48hour Visit (Chart 6)(Q)

New Born Babies visited by a public Health Nurse (PHN) within 48 Hours

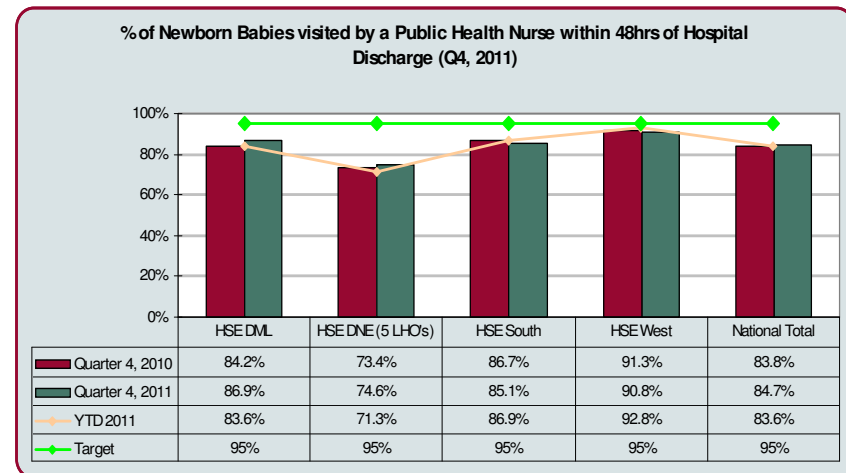
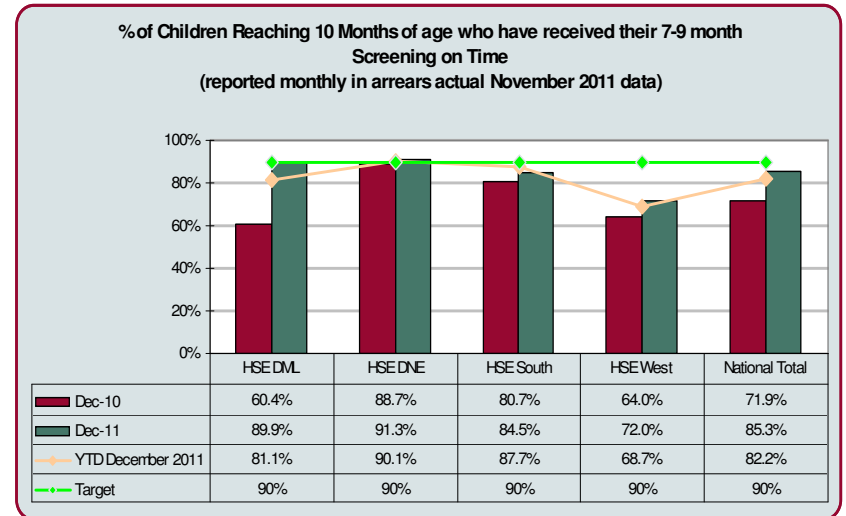
The NSP 2011 target for this metric is 95% of new born babies discharged from a maternity hospital for the first time should receive a visit from a PHN within 48 hours of the hospital discharge.

December 2011 data (Q4 returns) reflects a national compliance figure of 84.7% has been reached. This demonstrates a 1.1% increase over same period 2010 (83.8%).

HSE West demonstrated the highest compliance of 90.8% followed by HSE DML 86.9%. HSE South and HSE DNE (5 LHO's) returned figures of 85.1% and 74.6%.

YTD nationally 83.6% of new born babies discharged from a maternity hospital received a visit from a PHN within 48 hours of a hospital discharge.

Chart 5



Acute Services

Acute Services analysis and action points

Inpatient Discharges (M) (Chart 1 & 2)

The number of Inpatient Discharges at the end of December 2011 is marginally higher compared to full year 2010 and is 2.5% above target for 2011.

Day Case Discharges (M) (Chart 1 & 3)

The number of Day Cases at the end of December 2011 is 9.4% higher compared to the same period in 2010 and is 6.5% above target for 2011. Day Case outturn for 2011 has been affected by a reclassification of day case activity in St. Luke's Hospital, Dublin in line with HIPE/Casemix reporting.

ALOS (M)

Average length of stay in December 2011 was 5.7. A further reduction of 1.8% from the December figure is required in order to achieve the 5.6 target nationally.

% 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 October 2011 shows that 49% of patients had their principal procedure on the same day of admission. This compares to 49% for the previous year.

Chart 1

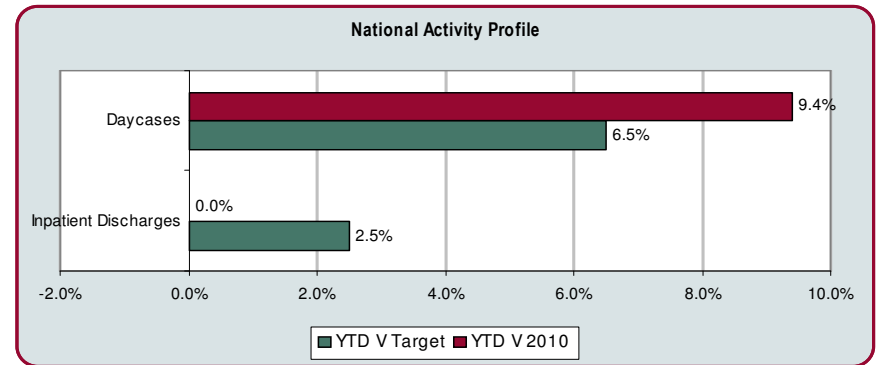


Chart 2

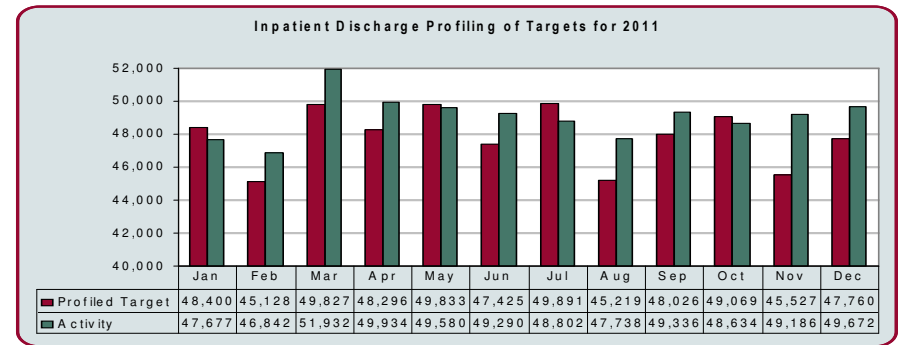
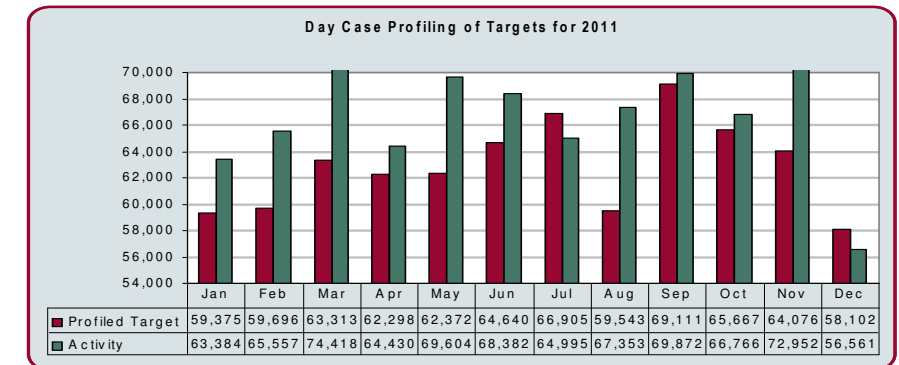


Chart 3



Acute Services analysis and action points

Delayed Discharges (M) Chart 4

In the last week of December 2011 the number of delayed discharges reported nationally was 670. This is a decrease on the position at the end of November (810), but this would be an expected seasonal decrease in December.

The average number of delayed discharges reported through the month of December 2011 was 740, which is again below the average in November 2011 (817) and compares to an average of 603 for December 2010.

% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology) (M)

This figure is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of October 2011 shows that 73% of the basket of procedures are carried out on a day case basis. This compares to 70% for the previous year and shows an improvement in all 4 regions.

Elective Procedures adults <6 months, Inpatients (M) (Chart 5)

The percentage of adults waiting less than 6 months on the Inpatient waiting list at the end of December 2011 was 71.6% (this equates to 9,786 of a total list of 13,672 patients waiting less than 6 months for their procedure).

Elective Procedures adults <6 months, Day Case (M) (Chart 5)

The percentage of adults waiting less than 6 months on the Day Case waiting list at the end of December 2011 was 81.2% (this equates to 33,752 of a total list of 41,554 patients waiting less than 6 months for their procedure).

Elective Procedures children <3 months, Inpatients (M) (Chart 6)

The percentage of children waiting less than 3 months on the Inpatient waiting list at the end of December 2011 was 40.5% (this equates to 843 of a total list of 2,081 children waiting).

Elective Procedures children <3 months, Day Case (M) (Chart 6)

The percentage of children waiting less than 3 months on the Day Case waiting list at the end of December 2011 was 49.5% (this equates to 1,250 of a total list of 2,525 children waiting).

Chart 4

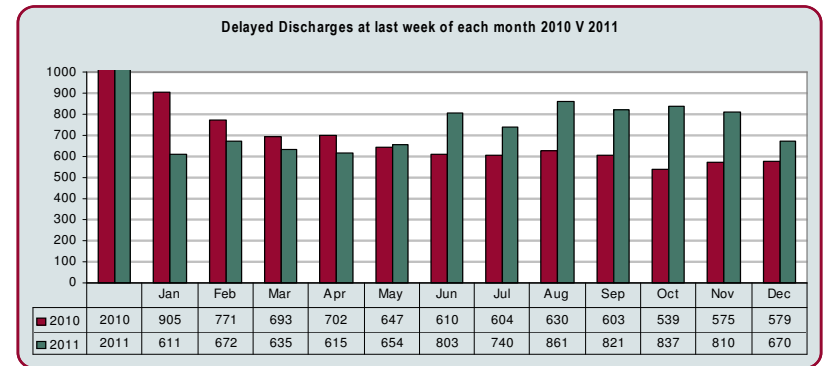


Chart 5

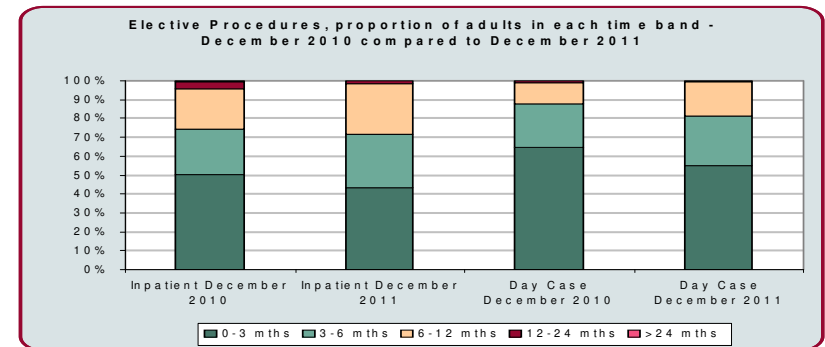
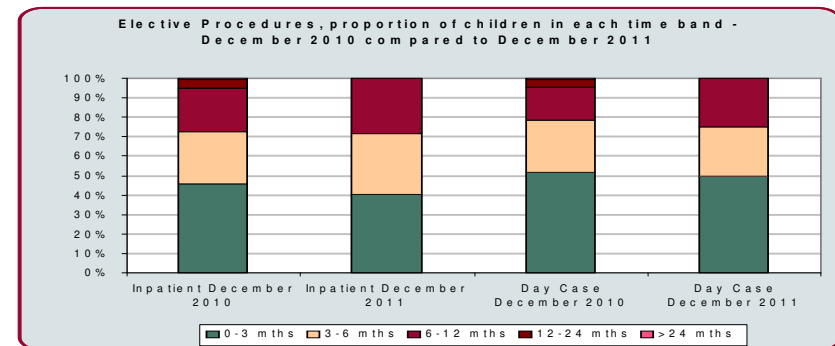
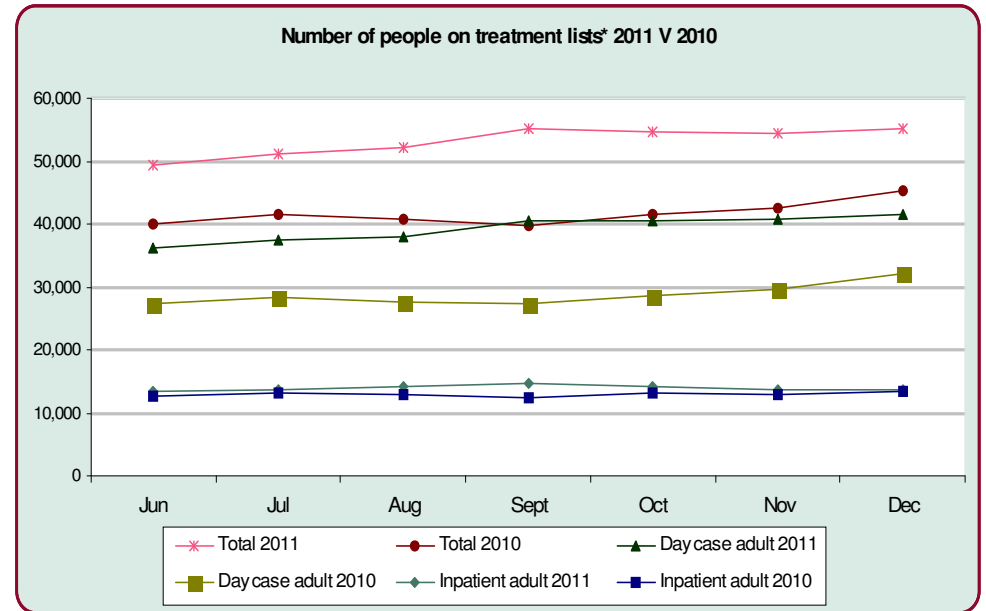


Chart 6



Inpatient and Day Case Waiting Lists

- Demand for elective procedures increased as the number of people listed for procedures grew on average by 22% from June to Dec 2011, compared to the previous year. The end of December 2011 figure was 18% higher (+9,786) than the same period in 2010.
- 11,688 people were waiting more than 6 months (NSP 2011 target) at the end of Dec 2011 compared to 7,402 at the end of Dec 2010, a 47% increase.
- In recognition of the increased demand and pressure on supply in 2011, a primary target list (PTL) was created in August to ensure that, in the first instance, nobody waited more than 12 months for a planned procedure by the end of the year.
- This was achieved in 39 out of forty hospitals, 372 people were waiting over 12 months at Dec 31st (in the Galway hospitals GUH and Merlin Park) compared to 1,083 at the same period in 2010.



*this is based on the number of people reported on the Patient Treatment Register (PTR)

Acute Services analysis and action points

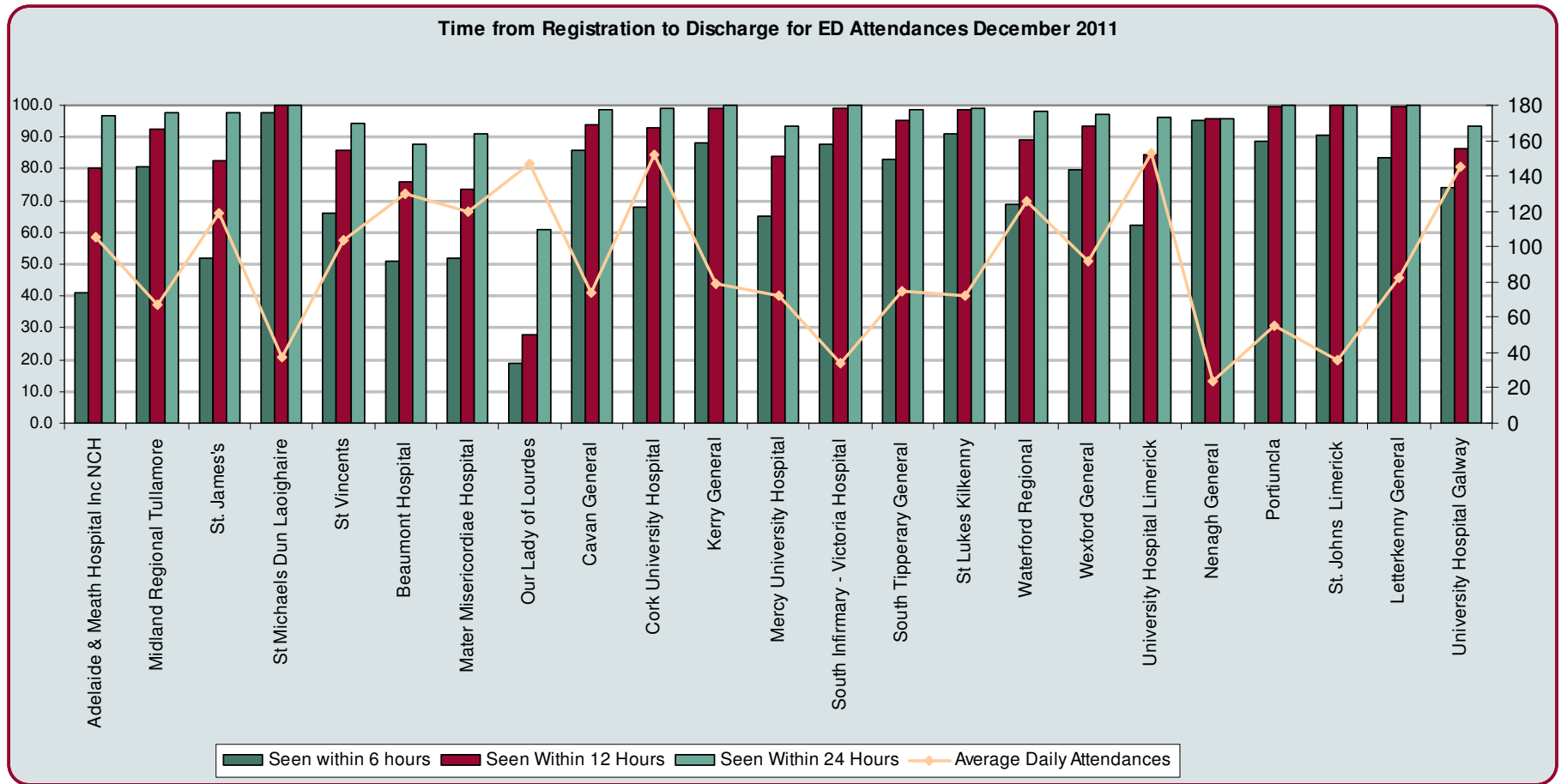
ED
Admitted or
discharged
<6hrs (M)

Data for December from the data available shows that patients waited on average 6.5 hours in ED from time of arrival to time leaving the department.

The average time for patients who required admission in December was 9.8 hours with 46.1% of patients admitted within 6 hours of their registration in ED.

Data for December also shows that combination of full PET and sampling PET data in the 23 Hospitals that data is available for, 67.1% 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.

By the end of December 2011, 17 Hospitals continued to routinely return all patient data with a small number continuing to report in sampling format.



Health Care Associated Infection (HCAI)	
HCAI surveillance data is reported two quarters in arrears as denominator data is collected later than the nominator data. This is received from the BIU and is dependent on bed days returns from hospitals.	
MRSA	<p>MRSA bacteria notification rate per 1,000 bed days used</p> <p>The annual MRSA trend has been downward between 2006 and 2010 when it reached its lowest since surveillance began. In 2011 (to end Q3) while the trend is still downward, this proportion has stabilised.</p>
Antibiotic Consumption	<p>Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital</p> <p>There has been a 6% rise in median usage of antimicrobials from 79.3DDD/100BDU in 2010 (based on full year data) to 84.4 DDD/100BDU for first half of 2011. The median antibiotic consumption rate increased among general and regional/tertiary hospitals but decreased among specialist hospitals.</p> <p>There has been a continued drop in the proportion of a specific set of antibiotics in injectable form (those that could easily be switched to oral) by 0.5% to 6.5%. No change in this as data for second half 2011 is unavailable to date.</p>
Alcohol Hand Rub	<p>Alcohol Hand Rub consumption per 1,000 bed days used</p> <p>Alcohol hand rub (AHR) is a crude proxy measure of hand hygiene. The overall consumption of AHR increased to end Q2 2011 compared to 2010. This may reflect the increased emphasis on hand hygiene and national hand hygiene audit. The overall consumption for Q2 2011 was 29.1 with median of 22.7. AHR usage has doubled since 2006 (median 10.5). No change here as data available to end Q2 for 2011.</p>

Performance Activity Health Care Associated Infection (HCAI)	Outturn 2010	Target 2011	Activity YTD	% var YTD v Target YTD
MRSA bacteraemia notification rate per 1,000 bed days used	0.088	Reduce to 0.085*	0.070	17.6%
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (Outturn 2010 is based on Q3 data)	75.18	76**	84.4	-11.1%
Alcohol Hand Rub consumption per 1,000 bed days used	New	23 litres*	22.7	-1.3%

*per 1,000 bed days

** per 100 bed days

National Ambulance Service

Pre-Hospital Emergency Care

Pre - Hospital Emergency Care

This month, 49.22% of ECHO calls were responded to within 8 minutes with over 72% having a patient carrying vehicle at the scene within 19 minutes. 27.55% of Delta calls were responded to within 8 minutes and almost 68% 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.

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 1.28% of overall 999 calls. Delta calls refer to patients with life-threatening conditions other than cardiac or respiratory arrest, this month 39.72% of all 999 calls were in this category. Since the beginning of the year 67,362 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.

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 this month	Number of calls this month	Number responded to within timeframe
(i) % of Clinical Status 1 ECHO calls responded to by a first responder in 7 minutes and 59 seconds or less.	75%	53.12%	-29.17%	2317	1231	49.22%	-34.37%	193	95
(ii) % of Clinical Status 1 Delta calls responded to by a first responder in 7 minutes and 59 seconds or less	75%	28.45%	-62.10%	65045	18506	27.55%	-63.26%	5973	1646
Clinical Status 1 – ECHO calls should have a patient-carrying vehicle at the scene of the incident within 18 minutes and 59 seconds	n/a	69.61%	n/a	2317	1613	72.53%	n/a	193	140
Clinical Status 1 – DELTA calls should have a patient-carrying vehicle at the scene of the incident within 18 minutes and 59 seconds	n/a	67.31%	n/a	65045	43783	67.65%	n/a	5973	4041

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

Table 2 National Ambulance Service Budget	Actual YTD €000	Budget YTD €000	Variance YTD €000
North Leinster	54,583	54,406	177
West	43,624	41,046	2,578
South	37,414	32,475	4,939
Ambulance College	3,829	4,202	-373
Office of the National Director	2,973	8,835	-5,862
Total	142,422	140,964	1,458

Table 3 National Ambulance Service HR	Ceiling Dec 2011	WTE Dec 2011	WTE Change from Dec 2010 to Dec 2011	% WTE Variance Dec 2011
North Leinster	654	668	+21	+2.16%
South	414	410	+12	-0.98%
West	436	457	+9	+4.81%
Total	1,504	1,535	+42	+2.07%

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%, December reported position 97.0%.
- Limerick – Ongoing issue with radiology capacity. 4 additional clinics scheduled for Jan & 1 for Feb to address numbers waiting.

		% Urgent Referrals (offered an appointment within 2 weeks) % Non Urgent (offered an appointment within 12 weeks)					
	Target	Oct 2011 (Urgent)	Oct (Non-Urgent)	Nov 2011 (Urgent)	Nov (Non-Urgent)	Dec 2011 (Urgent)	Dec (Non-Urgent)
Beaumont	95%	100.0%	99.1%	99.4%	100.0%	100.0%	100.0%
Mater	95%	99.4%	99.6%	100.0%	100.0%	97.5%	99.6%
St. Vincent's	95%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%
St. James's	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Waterford	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CUH	95%	100.0%	99.7%	77.8%	99.7%	100.0%	100.0%
Limerick	95%	95.8%	69.0%	81.9%	67.5%	66.7%	35.5%
GUH & L'kenney	95%	100.0%	86.6%	100.0%	97.0%	100.0%	97.9%
GUH	95%	100.0%	84.1%	100.0%	96.3%	100.0%	96.9%

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%, Q4 reported position is 94.4%.

No. of Rapid Access Diagnostic centres providing services for lung cancers

All eight cancer centres are now providing lung Rapid Access Clinics.

Prostate Cancer (Q)

No. of centres providing services for prostate cancers:

a) 8 Rapid Access Clinics were operational at the end of December – the clinic in CUH will be fully operational in January 2012.

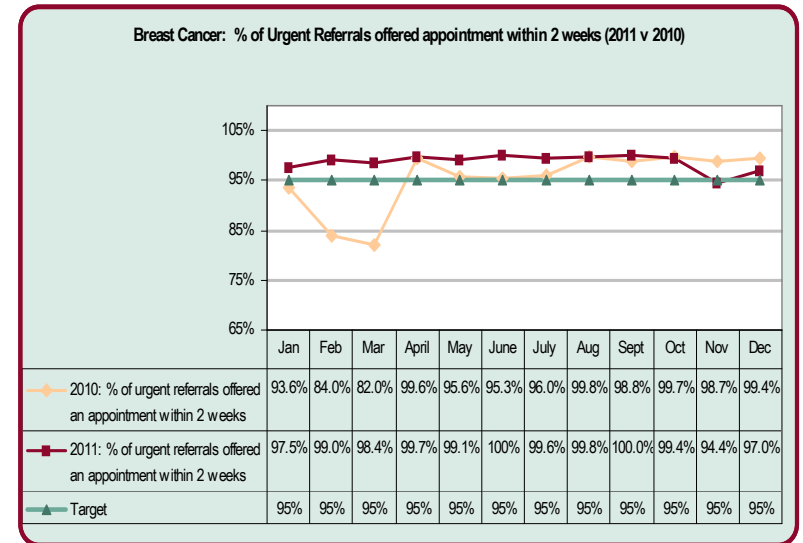
(b) Decision taken to maintain prostate cancer surgery in 6 centres Cork, Galway, Beaumont, Mater, James's and Vincent's.

Rectal Cancer (Q)

No. of centres providing services for rectal cancers

In Q4 2011 there are 13 centres providing services for rectal cancer.

Chart 1



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

	Target	Q1 2011	Q2 2011	Q3 2011	Q4 2011	YTD 2011
Beaumont	95%	99.1%	96.7%	98.0%	100%	98.4%
Mater	95%	100%	100%	97.8%	100%	99.4%
St. Vincent's	95%	100%	100%	100%	100%	100%
St. James's	95%	100%	100%	100%	100%	100%
Waterford	95%	100%	100%	100%	100%	100%
CUH	95%	69.7%	68.6%	64.1%	93.7%	74.7%
UHL	95%	73.2%	86.7%	97.1%	87.7%	87.6%
GUH*	95%	Not Available	73.4%	67.5%	81.5%	69.3%

*GUH service commenced in March 2011 therefore Q1 data unavailable

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 December 2011 was 6,160 and of those children 5,567 (90.4%) had a written care plan in place

Of all the care types children in general foster care settings exhibited the highest percentage with a written care plan in place at 91.3%.

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

- Residential Care: 90.1%
- Foster Care: 91.3%
- Foster Care with Relatives: 88.8%
- Other Care Types: 86.3%

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

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

Nationally at the end of December 2011 92.6% (5,706) of all children in care (all care types) had an allocated social worker.

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

- Residential Care: 97.3%
- Foster Care: 93.3%
- Foster Care with Relatives: 90.0%
- Other Care Types: 93.5%

Chart 1

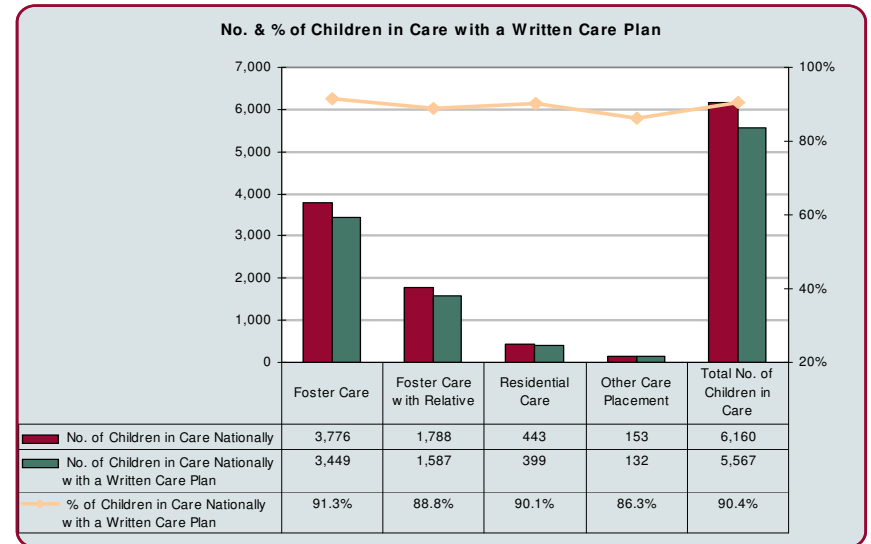
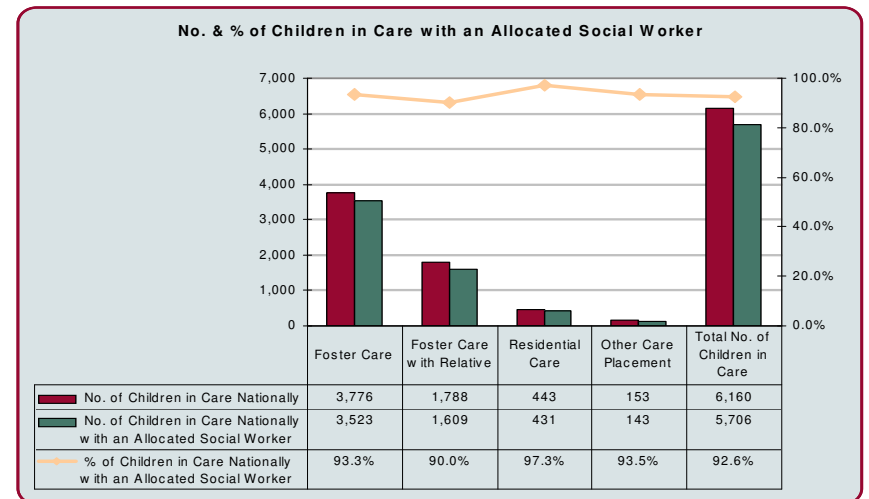


Chart 2



% of children in care for whom a statutory care plan review was due during the reporting period and the review took place (Q) (Chart 3 & 4)

Children in Care for whom a statutory review was due during the reporting period

The NSP 2011 target for this metric is 100% of children in care for whom a review is due during the reporting period should have received the review.

Nationally at the end of December 73.3% of those children due a review during Q4 received the review within the scheduled timeframe.

HSE DNE demonstrated the highest compliance with 91.7% receiving their review on time. HSE West reported 79.8%, HSE South reported 69.3% and HSE DML reported a figure of 60.8%

There was a 1.2% variance increase in the percentage who received a scheduled review within the timeframe in Q4 2011 compared to Q3 returns.

	Q3 2011	Q4 2011	% Variance Q4 v Q3
HSE DML	67.6%	60.8%	-10.1%
HSE DNE	89.2%	91.7%	2.8%
HSE South	68.4%	69.3%	1.3%
HSE West	72.9%	79.8%	9.5%
National	72.4%	73.3%	1.2%

Children within residential care were the highest cohort to receive their review on time with 88.0% receiving their review within the timeframe.

	Q3 2011	Q4 2011	% Variance Q4 v Q3
Residential	81.1%	88.0%	4.6%
Foster Care	73.6%	72.7%	-1.2%
FCWR	73.7%	68.0%	-7.7%
Other	68.9%	84.9%	23.2%
National	72.4%	73.3%	1.2%

Chart 3

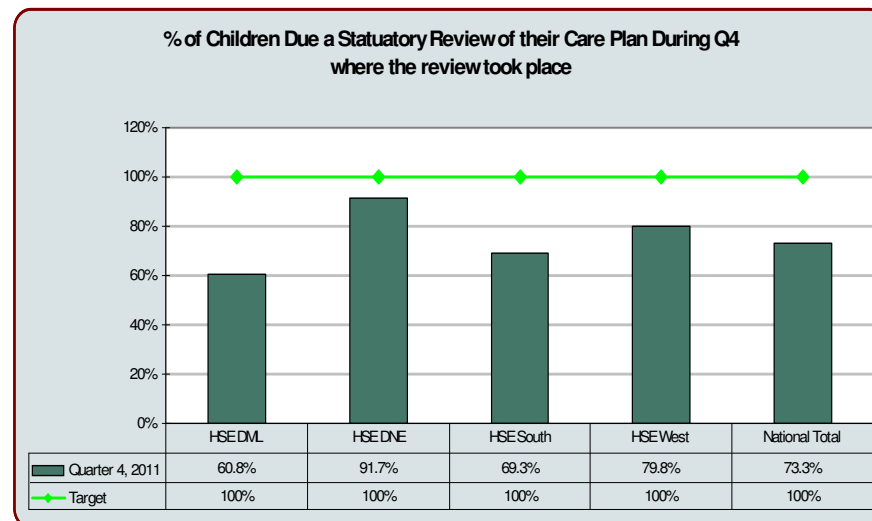
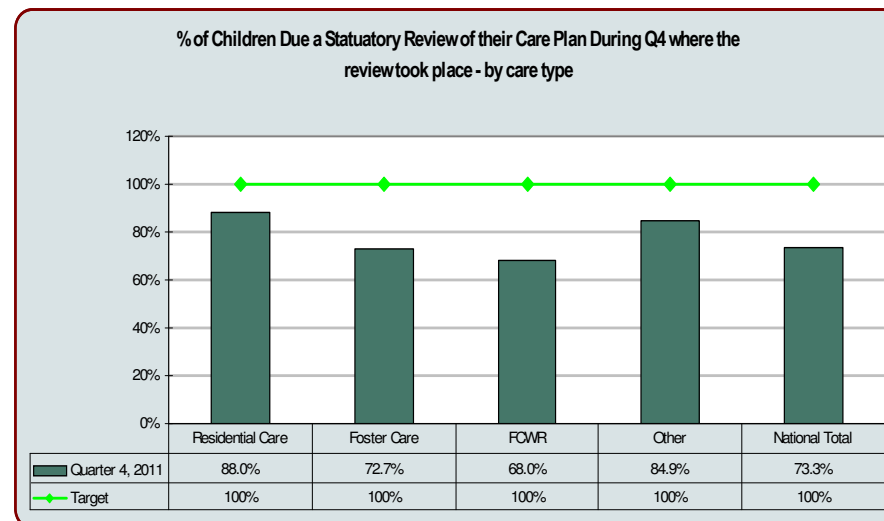


Chart 4



Number and % of Approved Foster Carers with an Allocated Social Worker (Q) (Chart 5)

The NSP 2011 target for this metric is 100% of Approved Foster Carers who have been approved by the Foster Care Panel (Part III of Regulations) should have an allocated social worker.

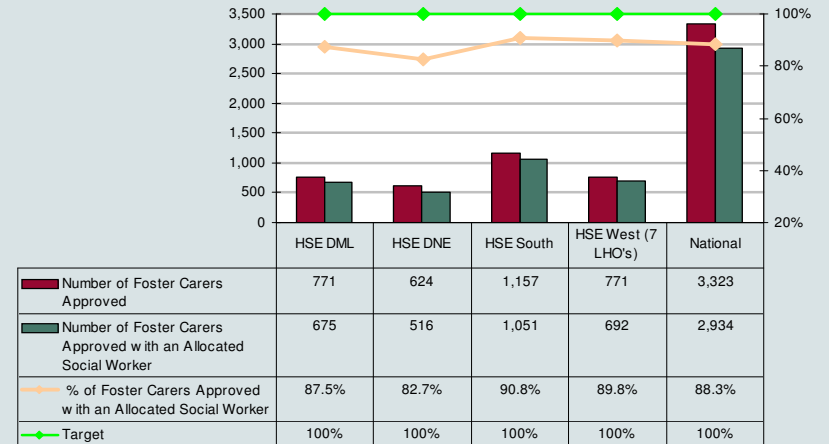
Nationally at the end of December 2011 88.3% (2,934) of Approved Foster Carers had an allocated social worker and this demonstrates a 1.7% variance decrease compared to the Q3 returns.

	Q3 2011	Q4 2011	% Variance Q4 v Q3
HSE DML	87.0%	87.5%	0.6%
HSE DNE	84.3%	82.7%	-1.9%
HSE South	90.9%	90.8%	-0.1%
HSE West	94.8%	89.8%	-5.3%
National	89.8%	88.3%	-1.7%

HSE South demonstrated the highest compliance with 90.8% of approved foster carers have an allocated social worker. HSE West reported 89.8%, HSE DML reported 87.5% and HSE DNE reported a figure of 82.7%.

Chart 5

No and % of Approved Foster Carers with an Allocated Social Worker



Mental Health

Mental Health (Adult)

Admissions (Chart 1)(Q)

- Data presented here is reported quarterly in arrears and is received from the Health Research Board (HRB) and relates to Q3 2011.
- In Q3 2011, there were 3,428 admissions to acute mental health units nationally and 10,581 year to date which is a decrease of 5% on the year to date figure in Q3 2010.
- While the National percentage of readmission is 69% (2,373 or 7,201 year to date) and is a slight decrease (1.4%) on the percentage of readmissions 70% (7,655) on the year to date figure in Q3 2010.

Inpatient services (Q) (Chart 2)

- Number of inpatient places is 26.1 per 100,000 nationally.
- First Admission rates to acute units (that is first ever admission) is 24.9 per 100,000 nationally in Quarter 3 2011 and 26.4 per 100,000 in Q3 2010.
- Inpatient readmission rates to acute units are 56 per 100,000 nationally in Quarter 3 2011 and 60.2 per 100,000 in Q3 2010.
- Median Length of Stay in inpatient facilities is 11 days in Quarter 3 2011 and 10.5 in Q3 2010.
- Rate of involuntary admission is 9.3 per 100,000 nationally in Quarter 3 2011 and 7.9 per 100,000 in Q3 2010.

Self Harm (Annually)

- The Number of repeat deliberate self harm presentations in ED was up 2.3% on the previous year.
- The Number of recorded suicides in 2008* (506) rose by 10.5% from 458 in 2007.

*Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. At the time of publication, 2008 is the most recent year for which data by year of occurrence is available. 506 deaths by suicide occurred in 2008, representing a rate of 11.4 deaths per 100,000 population. Data by year of registration refers to deaths which were registered with the CSO in a particular year. Deaths which occur from an external cause are often not registered in the year in which they occur, as registration happens after an inquest closes. As inquests may not take place until the following calendar year, there is an inevitable delay in registering these deaths. It is important to note that the data by year of registration is provisional and not comparable to data by year of occurrence

Chart 1

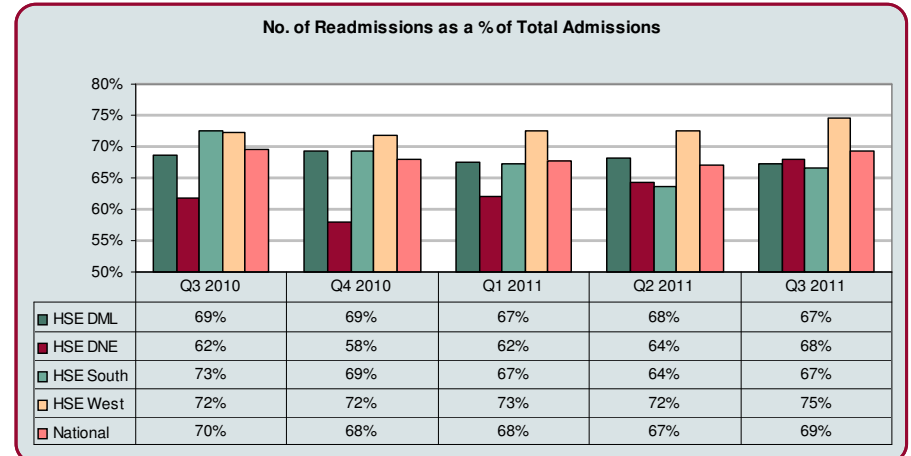
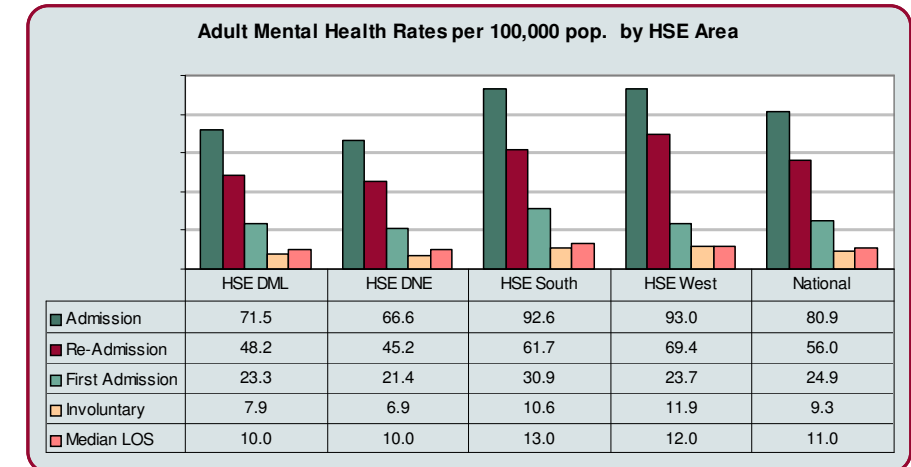


Chart 2

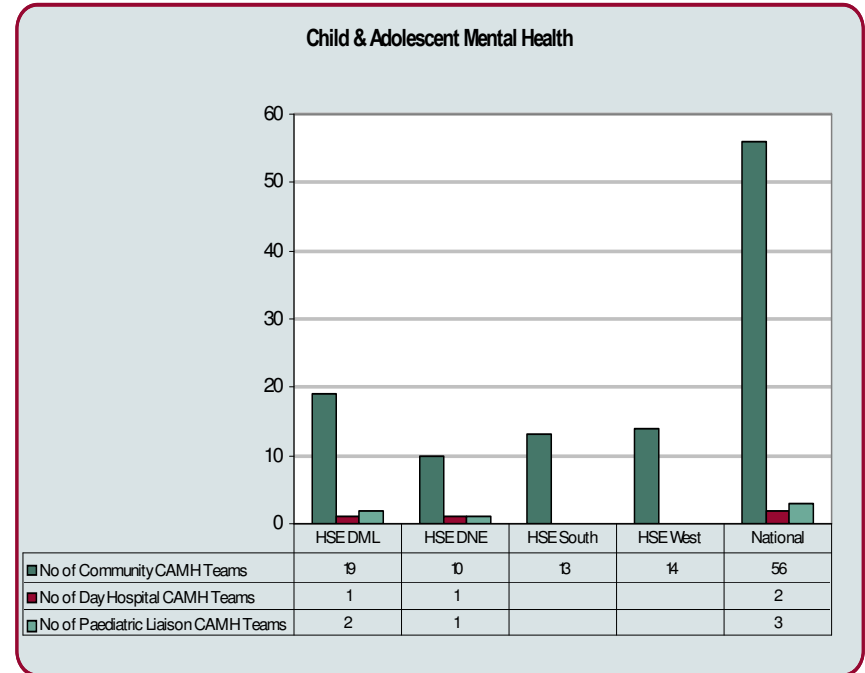


Mental Health (CAMHS)

Child and Adolescent Mental Health (Chart 3) (Q)

- The development of comprehensive Child and Adolescent Mental Health Services (CAMHS) for young people up to the age of 18 years is described in the Department of Health and Children *A Vision for Change* (2006) policy document. CAMHS had been organised until then for young people up to the age of 16 years. Key to this is the development of 99 multidisciplinary CAMHS teams, of which 61 are in place, 56 community teams, 2 day hospital teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 108 beds), mental health intellectual disability teams (a total of 13), substance misuse, eating disorder and forensic services for young people.
- There were 43 Child and Adolescent admissions to HSE Child and Adolescent mental health in-patient units between September and December with a total of 154 admissions to date.
- There were 31 Child and Adolescent admissions to adult HSE mental health inpatient units between September and December with a total of 131 admissions to date.
- In 2011 there were 17 involuntary admissions.
- Data in this report relates to the first line of specialist Child and Adolescent Mental Health Service which is the 56 Community Child & Adolescent Mental Health Teams.
- The regional the 56 Community teams are based as follows:
 - DML – 19
 - DNE – 10
 - South – 13
 - West – 14
- The 56 Community teams received 943 referrals in December (12,798 to date) and almost 11% up on the same period last year.
- Of the number of referrals received in 2011, 8,663 (68%) were accepted as they met the criteria operated by the teams.

Chart 3



No. of new child / adolescent offered first appointment and seen

(M)

Chart 4

- Total number of New Child & Adolescents offered first appointment and seen in December was 576 with 8,114 seen to date (10.3% above target & 8.5% above the same period last year).
- The regional view is as follows:
 - DML – 165
 - DNE – 100
 - South – 123
 - West – 178
 - Nationally – 566

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

(M)

Chart 5

- 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 72% (year to date 62%) of new cases are being seen within 3 months with 69% of new (including re-referred) cases offered an appointment within 3 months and the overall DNA rates is running at 12% nationally.
- The regional view for those seen within 3 months is as follows:

Region	Cases Offered Appointment within 3 Months in December	Cases Offered YTD	Cases Offered Appointment and Seen within 3 Months in December	Cases Offered & Seen YTD
DML	89%	69%	77%	59%
DNE	71%	60%	67%	52%
South	76%	71%	72%	63%
West	74%	73%	71%	69%
Nationally	78%	69%	72%	61%

Chart 4

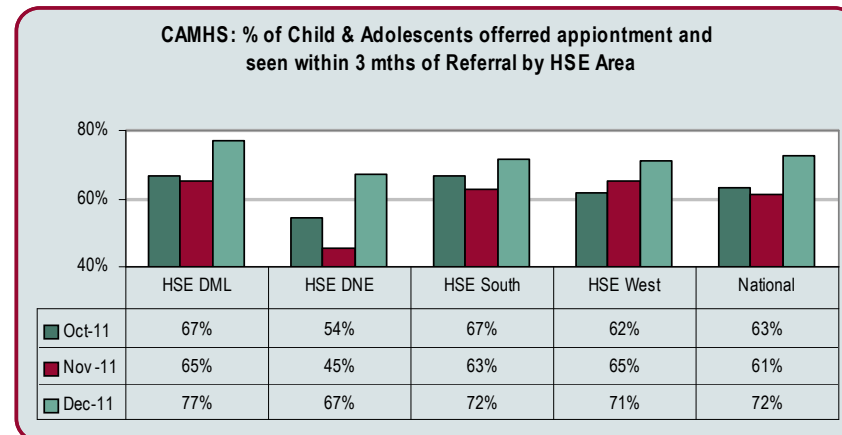
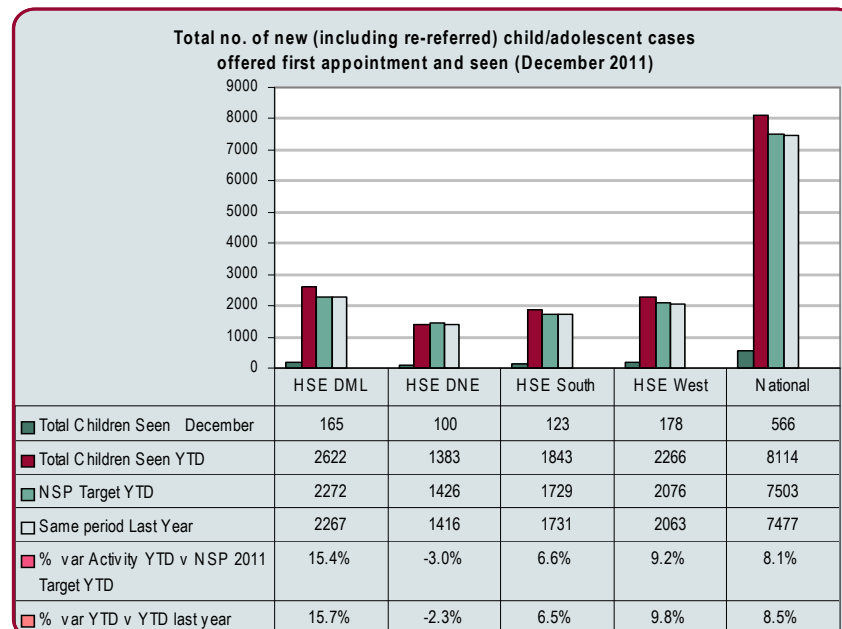


Chart 5



Mental Health (CAMHs)

Children and Adolescent Waiting Lists (Q) Charts 6 & 7

- The key PI set by the Specialist CAMHS Advisory Group is to reduce numbers on waiting list by >5% by end of Q4 2011, with the main focus on reducing those waiting greater than 12 months.
- Total Number on Waiting List at end Quarter 4 2011 by wait time:
 - > < 3 Months = 829 (42%)
 - > 3-6 Months = 358 (18%)
 - > 6-12 Months = 537 (27%)
 - > > 12 Months = 241 (12%)
 - > **Total = 1965**
- The Numbers on the Waiting List has slightly increased by 2% on Q 3 2011 figure of 1897 which would be a normal trend after the summer period, but overall the Waiting List has decreased 21% from the same period last year figure of 2499
- Those waiting > 12 months has continued to decrease 3% on Q 3 2011 and it has decreased 29% from the same period last year figure of 339
- The Number on the Waiting List per Region:
 - > DML = 638
 - > DNE = 304
 - > South = 460
 - > West = 563
 - > **National = 1965**

Chart 6

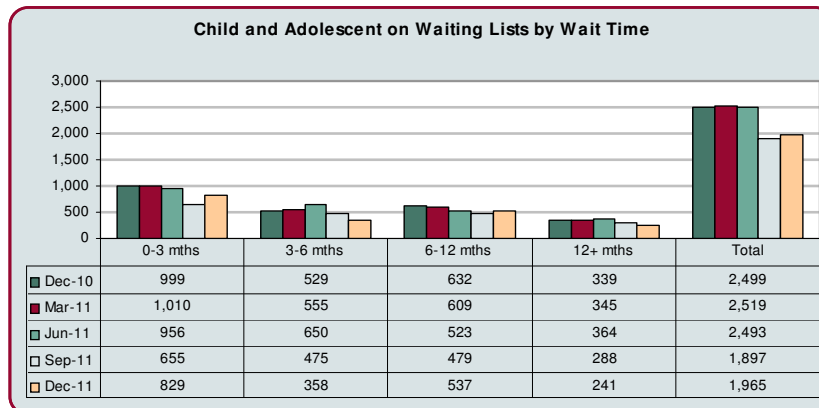
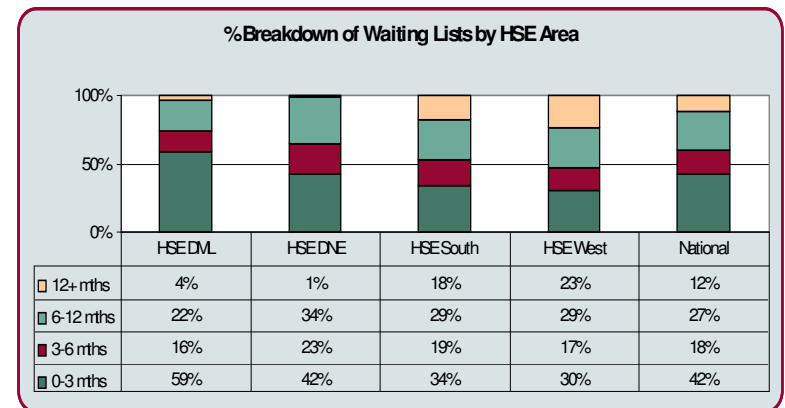


Chart 7



Older Persons

Older Persons

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

There is a -7.5% variance on activity against target relating to Home Help Hours in the period January to December, wide variation is 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 at year end shows the following variances:

- HSE Dublin Mid Leinster is -7.1% below target.
- HSE DNE is -15.6% below target (adjustment in December as a result of an ongoing review).
- HSE South is -3.4% below target.
- HSE West is -6.5% below target.

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

Again for HCP metrics, implementation of a standard definition of HCPs as per Guidelines is impacting nationally. Activity in relation to HCP Client numbers varies considerably across the regions against target. However, 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, and for these figures to be meaningful.

Home Help Service and HCP Scheme 2011								
Area	Home Help Hours		Home Help Clients		No in Receipt of Home Care Package		New HCP Clients (YTD)	
National	11,092,436	-7.5%	50,986	-5.6%	10,968	7.2%	5,740	30.5%
DML	2,006,675	-7.1%	11,902	-0.8%	2,594	10.1%	1,394	39.4%
DNE	2,034,416	-15.6%	9,629	-25.4%	3,652	7.9%	1,774	54.3%
South	3,777,730	-3.4%	15,899	8.2%	2,424	3.4%	1,377	37.7%
West	3,273,615	-6.5%	13,556	-5.9%	2,298	7.1%	1,195	-4.4%

Elder Abuse (Q)

No of Referrals by abuse Type*	YTD Q4 2011	YTD Q4 2010
Physical	305	291
Psychological	867	659
Financial	578	535
Neglect	482	510

In Q4 there were 476 referrals made to the elder abuse service- giving a cumulative total for 2011 of 2,228 referrals. This represented a 5.5% increase in referrals compared to 2010. The decline in referrals in HSE South reported in Q3 of -28.9% has been reduced to -10.4%. There was an increase in the referrals rate in all other areas ranging from 2.4% in HSE West to 34.7% in HSE DNE. This is directly correlated with increase in dedicated staff in this region.

In terms of abuse categories the YTD position relative to last year is presented in the table above - note referrals can have more than one alleged abuse category and more abuse categories are captured in the data that are not reflected in this return for example self-neglect, discrimination, sexual abuse and other. Psychological remains the main alleged abuse type 41.9% followed by financial 28% and neglect 23%.

At this time-point the total number of active cases is 2084, 47% in HSE South, 17% HSE DML, 14% HSE DNE and 22% in HSE West. This measure provides a true indication of caseload variances across regions. Due to the absence of a Dedicated Officer in HSE South to coordinate data there are still a significant number of reviews which most likely would modify this active caseload.

There was a marginal number of cases that did not receive first response within the 4 week timeframe. In total 13, comprising of 5 in HSE South and HSE West 2 in DNE and 1 in DML.

Long Term Residential Care

(incl. Nursing Home Support Scheme) (M)

At the end of December 2011, 22,327 long term public and private residential places are supported under scheme. This includes 183 'saver' places in Section 39 funded voluntary organisations, where the patient was in care at the commencement of the scheme.

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
End Q1	6,100	11,458	1,940	2,211	21,709
End Q2	6,100	11,974	1,679	2,049	21,802
End Q3	5,490	13,301	1,438	1,908	22,137
DML	1,478	3,390	282	1,002	6,152
DNE	984	2,496	256	450	4,186
South	1,576	3,803	329	249	5,957
West	1,359	3,878	462	150	5,849
Total – December 2011	5,397*	13,567	1,329	1,851	22,144

Information for the four Regions is the latest available and refers to December 2011. *Information regarding NHSS Public beds is based on an estimate of 92% bed occupancy.

In 2011, 9,323 applications have been received and 7,007 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 2,559 people placed and in payment in approved private nursing homes during 2011.

In December there was an additional 570 new entrants to private nursing homes under the NHSS. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Nursing Home Support Scheme (NHSS)				
Number of new applicants and patient movement in private nursing homes				
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
August	868	329	364	-35
September	534	651	280	+371
October	470	424	362	+62
November	799	460	317	+143
December	820	570	364	+206
Total	9323	7,007	4,448	2,559
Monthly average YTD	777	584	371	+213

Information on patient movement refers to approved private nursing homes only.

Disabilities

Disability Services

Under 5
Assessments
(Q)

Disability Act Compliance

- Under the Disability Act, 636 Assessment Reports were completed nationally in Quarter 4 2011.
- YTD position is 3,043 which equates to 29.7% compliant. This is an increase of 582 (23.6%) on the same period in 2010.

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 December 2011 was 234, of these 219 were admitted within 7 days of active referral. This equates to 94% of all the admitted patients who were seen within one week.

Area	Percentage & No. within 7 days	Percentage & No. over 7 days
DML	92 (66)	8% (6)
DNE	83% (25)	17% (5)
South	100% (38)	0% (0)
West	96% (90)	4% (4)
National	94% (219)	6% (15)

Social Inclusion

Social Inclusion

Total number in
methadone
treatment (M)

The total number of clients in methadone treatment for the month of November (reported monthly in arrears) was 9,288, of these 559 were in a prison setting. 8,729 were treated in HSE areas (see breakdown below). This compares to 8,720 for the same period last year.

Clients treated in HSE Area outside prisons	
DML	5,003
DNE	3,030
South	391
West	305
Prisons	559
National	9,288

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
Public Patients as a % of all elective discharges										
DML	75.9%	80.0%	80.0%	80.0%	0.0%	80.0%	78.4%	-2.0%	75.9%	3.3%
DNE	75.7%	80.0%	80.0%	78.9%	-1.4%	80.0%	77.0%	-3.8%	75.6%	1.9%
South	71.0%	80.0%	80.0%	70.8%	-11.5%	80.0%	71.6%	-10.5%	71.0%	0.8%
West	71.1%	80.0%	80.0%	71.6%	-10.5%	80.0%	71.1%	-11.1%	71.2%	-0.1%
National	73.4%	80.0%	80.0%	75.5%	-5.6%	80.0%	74.8%	-6.5%	73.4%	1.9%
No. of Inpatient Discharged (Inpatient)										
DML	180,257	176,400	14,667	15,459	5.4%	176,400	182,158	3.3%	180,257	1.1%
DNE	110,012	107,700	8,955	9,305	3.9%	107,700	108,272	0.5%	110,012	-1.6%
South	147,928	144,000	11,973	12,593	5.2%	144,000	149,611	3.9%	147,928	1.1%
West	150,235	146,300	12,164	12,315	1.2%	146,300	148,582	1.6%	150,235	-1.1%
National	588,432	574,400	47,759	49,672	4.0%	574,400	588,623	2.5%	588,432	0.0%
No. of Inpatient Discharged (Day Case)										
DML	267,750	276,700	21,291	22,835	7.3%	276,700	324,650	17.3%	267,750	21.3%
DNE	141,044	143,100	11,011	9,648	-12.4%	143,100	142,102	-0.7%	141,044	0.8%
South	157,320	163,000	12,542	11,285	-10.0%	163,000	160,624	-1.5%	157,320	2.1%
West	168,853	172,300	13,258	12,793	-3.5%	172,300	176,898	2.7%	168,853	4.8%
National	734,967	755,100	58,102	56,561	-2.7%	755,100	804,274	6.5%	734,967	9.4%
Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months										
DML	81.2%	100.0%	100.0%	78.0%	-22.1%	100.0%	78.0%	-22.1%	81.2%	-4.0%
DNE	73.4%	100.0%	100.0%	70.4%	-29.6%	100.0%	70.4%	-29.6%	73.4%	-4.1%
South	75.3%	100.0%	100.0%	79.3%	-20.7%	100.0%	79.3%	-20.7%	75.3%	5.3%
West	69.8%	100.0%	100.0%	63.3%	-36.7%	100.0%	63.3%	-36.7%	69.8%	-9.3%
National	74.5%	100.0%	100.0%	71.6%	-28.4%	100.0%	71.6%	-28.4%	74.5%	-3.9%
Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months										
DML	47.1%	100.0%	100.0%	37.9%	-62.1%	100.0%	37.9%	-62.1%	47.1%	-19.5%
DNE	69.6%	100.0%	100.0%	54.6%	-45.4%	100.0%	54.6%	-45.4%	69.6%	-21.6%
South	48.1%	100.0%	100.0%	50.7%	-49.3%	100.0%	50.7%	-49.3%	48.1%	5.4%
West	33.2%	100.0%	100.0%	36.8%	-63.2%	100.0%	36.8%	-63.2%	33.2%	10.8%
National	45.5%	100.0%	100.0%	40.5%	-59.5%	100.0%	40.5%	-59.5%	45.5%	-11.0%

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
Elective Waiting List (Daycase) % Adults awaiting ≤6 months										
DML	95.4%	100.0%	100.0%	92.8%	-7.2%	100.0%	92.8%	-7.2%	95.4%	-2.7%
DNE	88.8%	100.0%	100.0%	78.0%	-22.0%	100.0%	78.0%	-22.0%	88.8%	-12.2%
South	86.1%	100.0%	100.0%	77.9%	-22.1%	100.0%	77.9%	-22.1%	86.1%	-9.5%
West	79.8%	100.0%	100.0%	77.5%	-22.5%	100.0%	77.5%	-22.5%	79.8%	-2.9%
National	87.5%	100.0%	100.0%	81.2%	-18.8%	100.0%	81.2%	-18.8%	87.5%	-7.2%
Elective Waiting List (Day Case) % Children awaiting ≤3 months										
DML	48.8%	100.0%	100.0%	50.2%	-49.8%	100.0%	50.2%	-49.8%	48.8%	2.9%
DNE	62.7%	100.0%	100.0%	39.3%	-60.7%	100.0%	39.3%	-60.7%	62.7%	-37.3%
South	51.9%	100.0%	100.0%	55.2%	-44.8%	100.0%	55.2%	-44.8%	51.9%	6.4%
West	58.0%	100.0%	100.0%	48.4%	-51.6%	100.0%	48.4%	-51.6%	58.0%	-16.6%
National	51.7%	100.0%	100.0%	49.5%	-50.5%	100.0%	49.5%	-50.5%	51.7%	-4.3%
% of elective inpatient procedures conducted on day of admission										
DML	63.0%	75.0%	75.0%	52.0%	-30.7%	75.0%	52.0%	-30.7%	60%	-13.3%
DNE	43.0%	75.0%	75.0%	49.0%	-34.7%	75.0%	49.0%	-34.7%	42%	16.7%
South	45.0%	75.0%	75.0%	42.0%	-44.0%	75.0%	42.0%	-44.0%	44%	-4.5%
West	47.0%	75.0%	75.0%	53.0%	-29.3%	75.0%	53.0%	-29.3%	48%	10.4%
National	50.0%	75.0%	75.0%	49%	-34.7%	75.0%	49%	-34.7%	49%	0.0%
No. of Emergency Admissions										
DML	96,749	94,500	8,104	8,262	1.9%	86,396	98,885	14.5%	96,749	2.2%
DNE	72,535	71,800	6,157	6,053	-1.7%	65,643	69,167	5.4%	72,535	-4.6%
South	90,180	87,900	7,538	8,230	9.2%	80,361	95,157	18.4%	90,180	5.5%
West	110,029	107,200	9,193	9,193	0.0%	98,007	109,253	11.5%	110,029	-0.7%
National	369,493	361,400	30,992	31,738	2.4%	330,407	372,462	12.7%	369,493	0.8%
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
DML	74.0%	75.0%	75.0%	75.0%	0.0%	75.0%	75.0%	0.0%	74.0%	1.4%
DNE	75.0%	75.0%	75.0%	77.0%	2.7%	75.0%	77.0%	2.7%	75.0%	2.7%
South	62.0%	75.0%	75.0%	67.0%	-10.7%	75.0%	67.0%	-10.7%	62.0%	8.1%
West	69.0%	75.0%	75.0%	74.0%	-1.3%	75.0%	74.0%	-1.3%	69.0%	7.2%
National	70.0%	75.0%	75.0%	73.0%	-2.7%	75.0%	73%	-2.7%	70%	4.3%
Outpatient Attendances	74.0%	75.0%	75.0%	75.0%	0.0%	75.0%	75.0%	0.0%	74.0%	1.4%
DML	Outpatient (OPD): 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										
National										

Service Arrangements and Grant Aid Agreements

Service Arrangements and Grant Aid Agreements

% of agencies with whom the HSE has Service Arrangement / Grant Aid Agreement in place

- Service Arrangements have two parts. Part 1 contains a set of standard clauses and conditions and covers the years 2010/11. Part 2 comprises a set of Schedules covering amongst other things the annual financial, HR, service and quality provisions of the contract. Part 2 is agreed with each agency annually.
- This report relates to the progress in completing and signing Part 2 Schedules for 2011 Service Arrangements and for the signing of Grant Aid Agreements, up to the end of December 2011.
- Since the September Report, additional Service Arrangements to the value of €76m have been signed. Signed Arrangements are now in place for 98.6% of the total funding provided by the HSE to the non statutory sector, this rate compares favourable to the 2010 end of year figures of 92.43% of funding.
- All of the 16 Voluntary Hospitals have signed Service Arrangements in place.
- Significant progress has been made with the non acute sector agencies. Organisations yet to complete the signing process for 2011 have been formally communicated with and the appropriate actions have been taken, resulting in some cases in the cessation of contracts.

% of Agencies with whom the HSE has a Service Arrangement / Grant Agreement in place

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	88.81% (595 facilities)	91.25% (678 facilities)	95.44% (1,380 facilities)	92.6% (1,127 facilities)	97.14% (102 facilities)	92.85% (3,882 facilities)
Acute Sector	100% (4 hosp)	100% (9 hosp)	100% (1 hosp)	100% (2 hosp)		100% (16Hosp)
Total	88.87%	91.36%	95.44%	92.62%	97.14%	92.88%

% of Funding to Agencies with whom the HSE has a Service Arrangement / Grant Agreement in place

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	98.6% (€350,467,894)	98.2% (€538,524,111)	99.8% (€351,230,255)	90.87% (€300,171,286)	98.35% (€13,809,441)	97.13% (€1,554,202,987)
Acute Sector	100% (€509,913,502)	100% (€1,020,562,193)	100% (€19,491,964)	100% (€99,641,000)		100% (€1,649,608,659)
Total	99.42% (€860,381,396)	99.37% (€1,559,086,304)	99.81% (€370,722,219)	92.99% (€399,812,286)	98.35% (€13,809,441)	98.59% (€3,203,811,646)

Quality and Patient Safety

Quality and Patient Safety - Clinical Programmes Update

National Clinical Programmes Update

National Clinical Programmes

The implementation of the clinical programmes has gained good support and has made good progress within the 2011 financial constraints.

At the end of the year

- The Acute Medicine Programme was initiated in twelve sites.
- Stroke Units were opened in five sites with a designated stroke ward in one site and another site ready to open in February, 2012.
- Seven Heart Failure units were active at the end of 2011.
- The Protocol for the management of acute STEMI developed and under consultation with four 24/7 Primary PCI centres identified.
- Four new COPD consultants appointed (Chronic Obstructive Pulmonary Disease)
- Diabetes programme ready for implementation in fourteen sites – awaiting the appointment of the approved podiatrists early 2012.
- Six Regional Epilepsy Centres are identified and resources allocation and recruitment process in place for these posts.
- Six new Dermatologists appointed and seven Neurologists appointed which enables progress to be made to achieve the increase of 30% new dermatology and neurology outpatient attendances.
- Ten Musculo-skeletal clinics in place.
- Model of care for elective surgery signed off and circulated for implementation in 2012.
- Asthma on line Education Programme initiated in a number of sites
- Prospective Funding for four elective Diagnostic Related Groups (DRGs) implemented in seven sites as planned.

A total of 28 posts were filled during 2011 for the Clinical Programmes with the recruitment process well advanced to enable the filling of the remaining agreed posts to take place in early 2012.

Quality and Patient Safety – Service Improvement

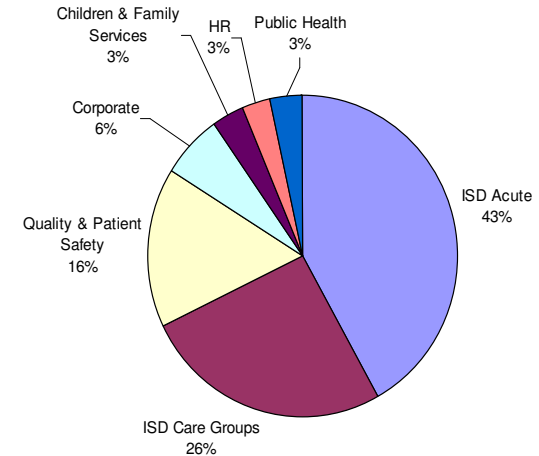
Quality and Patient Safety Audit Services

Quality and Patient Safety Audit continue to develop a structured programme of healthcare audits to promote compliance with national policies, standards and regulations. This in turn supports the harmonisation of emerging corporate and clinical governance structures and contributes to improving the quality and safe delivery of our services.

Since January 2011, 30 audits have been accepted and followed up by Quality and Patient Safety Audit Services. The figures below reflect the distribution of Audit Requests by Directorate / Care Group and by Audit Status.

Each Audit Team consists of 2 – 3 QPS Auditors using an agreed Standard of Practice based on best practice international models. Throughout 2011, the total complement of Auditors available to the QPSA function ranged from 12 to 16; 5 members of the team had periods of extended sick leave / maternity leave ranging from over 2 weeks to 6+ months. Despite the fluctuation of resources, QPSA successfully achieved its 2011 targets:

% of audits, as specified in audit plan, commenced.	Target: 100%	outturn: 100%
% of audits completed within the timelines in audit plan	Target: 75%	outturn: 94%



2011 figures of note include:

- QPSA anticipated commencing 20 Audits in 2011; it has over-achieved this target by commencing 21 Audits.
- QPSA anticipated completing 75% of audits on time. Of the 21 commenced, 17 were scheduled to be completed by year end and the outturn was that 16 (94%) were completed on time.
 - 1 Audit was scheduled to be completed in Dec 2011, but will now be completed in Q1 2012.
 - 4 Audits are scheduled to be completed in Q1 2012, and are progressing to schedule.
- The majority (13: 43%) of Audit Requests were submitted by ISD Acute Hospital Services.
- At least one Audit Request was submitted from each Care Group
- To date, three audits had/have service user involvement; this is a key objective of the QPS Directorate, and will be further enhanced in 2012 as the target will be 50% of all audits to include service user input.
- 9 (30%) of accepted Audit Requests, upon investigation and scoping, were deferred for future assignment. Reasons for deferral include:
 - Audit not timely i.e. request to audit a policy implemented one month previous
 - Audit not appropriate for QPSA i.e. suitable for self-assessment or internal audit
 - Reconfiguration of service concurrent with audit timeframe
 - At request of Audit Requester

Quality and Patient Safety – Service Improvement

Quality and Patient Safety Audit Services

2011 Audit Recommendations

Audit Recommendations are issued as part of each Final Audit Report, and are specified at national, regional, and local level. The Recommendations are made in order to promote compliance with national policies, standards and regulations – thereby improving HSE services and increasing patient safety. The audit recommendations play a significant role in the quality improvement process, to inform management decision making both at national and local level.

Of the Final Reports which issued in 2011, Audit Recommendations were “coded” to identify common themes:

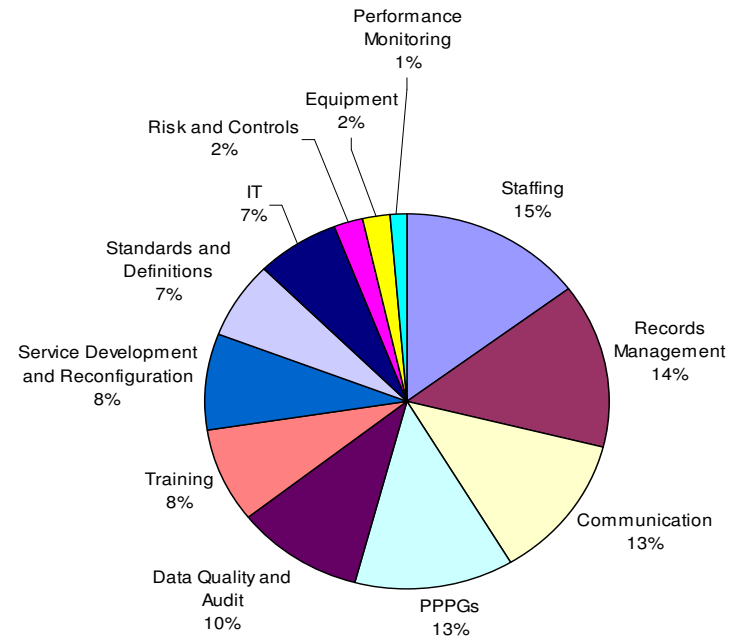
QPSA has established an Audit Recommendation Tracking system to follow up on Audit Recommendations.

This has served to promote and enhance a culture of accountability and best practice, and support the Continuous Quality Improvement ethos of the HSE.

The QPSA Standard of Practice dictates that an Audit Recommendations for each Audit are tracked quarterly until recommendations are completed, or a re-audit commenced.

QPSA has proposed a challenging Audit Plan for 2012, in which it will increase its target number of Audits commenced and Audits completed in the year.

Although it is not anticipated that the QPSA Audit Staffing complement will increase in 2012, improved systems and shared learning within QPSA in 2011 have enabled the function to develop as a more efficient and effective service.



Quality and Patient Safety

Blood Policy (M)	Blood Policy	Blood Policy Performance Activity								
		Outturn 2010	Target 2011	Target YTD	Actual YTD	% Var YTD v Tar YTD	Target this Month	Actual this month	% var V target this month	
	The parameters for Platelet usage are within acceptance limits for the year to date with an increased use for the month.									
	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.									
	This equates to an overall issue of 13.13% O Rh Negative Red Cells for year to date and 12.69% for the current month.									
		No. of units of platelets ordered in the reporting period	22,750	22,000	22,000	22470	-2.14%	1833	2010	-9.66%
		% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	2200	960	+56.36%	183	89	+51.36%
		% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11%	13,329	15914	-19.39%	1168	1348	-15.41%
		% of red blood cell units rerouted to hub hospital	New PI 2011	<5%	6059	5303	+12.48%	531	462	+12.99%
		% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2%	2424	1284	+47.03%	212	84	+60.38%

*Figures are reported one month in arrears

Blood Policy 2011 update	Blood Policy update
	<p>Since the Blood Stock Management Programme was initiated in 2008 the outdateding of red blood cells has decreased each year from 2007 to 2011. Ranging from approximately 10% or 11,000 units in 2007 to just 1,149 or .95% in 2011. The international figures for outdateding range from 2% to 5% approximately. In the period 2008 to 2011 many hospitals achieved a target of less than 0.5% outdateding.</p> <p>The reduction in outdateding is due to :-</p> <ul style="list-style-type: none"> (i) Establishing a realistic minimum/maximum stock level in each hospital. (ii) Defining a suitable ordering schedule (iii) Re-routing of blood products between hospitals through a designated HUB Blood Transfusion Laboratory. <p>In 2010 the re-routing programme was initiated and 4050 units were re-routed at a value of over €1m. In 2011, 5303 units were re-routed, this had a value of approximately €1.3m with over 95% infused.</p> <p>The Platelet stock management programme was initiated in 2011 and has also achieved a reduction from >10% in 2010 to just 4.32% in 2011. Platelet usage and outdateding is expected to reduce further in 2012 with a usage target of 21,500 set for the year, this is challenging given that platelets have a short shelf life (5 days) compared to red blood cells (35 days).</p>

Environmental Health	
Tobacco Control	<p>No. of sales to minors test purchases carried out</p> <p>A total of 258 inspections were carried out YTD. Activity has been carried out in Mayo, Galway, Sligo/Leitrim/West Cavan, Kildare, South City East Dublin, Northern Area Dublin, Wexford, Cavan/Monaghan. The text purchase activity target has been met, with a variance of 225%. However the target is also to have activity in 8 offices (2 per region) by year end. The target has not been met in full (7 offices).</p>
Food Safety	<p>% of the total number of high risk food premises which receive one full programmed inspection</p> <p>The total number of high risk premises is currently 23,441. The total number of inspections carried out YTD of this category of premises is 21,010 which equals 90% of annual target.</p>
Import control	<p>% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation</p> <p>The 100% target was achieved for the year to date. 320 consignments were received of which 320 received the controls required.</p>
International Health Regulations	<p>All designated ports and airports to receive an inspection to audit compliance with the International health Regulations 2005</p> <p>All audits have now been completed.</p>
Cosmetics and Food Product Safety	<p>% achievement with the cosmetic product sampling plan</p> <p>Sample numbers taken exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>
Cosmetics and Food Product Safety	<p>% achievement with the food sampling plan</p> <p>Sample numbers exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>

Health Care Assurance	
Health Care Assurance	<p>% of national audits, as specified in audit plan, commenced</p> <p>As of end Q4 2011, QPSA commenced 21 quality and patient safety audits in 2011. As the 2011 target was to commence 20 audits, QPSA finished ahead of the target and achieved 100%.</p>
	<p>% of national audits completed within the timelines in audit plan</p> <p>As of end Q4 2011, 16 QPSA audits which commenced in 2011 were completed within timeframes indicated in the annual audit plan. As 17 were scheduled to be completed by year end, the outturn is for this KPI is 94%.</p>

Quality and Patient Safety

Complaints (Q)	<p>% of complaints investigated within legislative timeframe</p> <p>A total of 7,066 complaints were received from January 2011 to December 2011 and 5,267 complaints were dealt with informally, withdrawn or dealt with within 30 days at stage 2. Complaints officers recorded 1,183 new complaints in quarter four.</p> <p>The Health Act 2004 (Complaints) Regulations 2006 acknowledges that it is not possible to conclude every investigation within the recommended timeframe and in such cases advises that the complaints officers and review officers should notify relevant individuals of that fact.</p> <p>The reasons for not concluding an investigation within the timeframe are varied and relate in many cases to the often complex nature of complaints and the multiple contacts with parties involved.</p> <p>In 2011, the team in the National Advocacy Unit will be examining ways in which we can continue to support complaints and review officers, updating the Your Service Your Say Policy and Procedures and identifying if the current processes and structures are meeting the needs of the organisation effectively.</p> <p>[Not all complaints are dealt with under Part 9, Health Act 2004. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First.]</p>
Service User Involvement and advocacy	<p>% of primary care Local Implementation Groups with at least 2 community representatives in each LHO</p> <p>8 primary care Local Implementation Groups have at least two community representatives in each LHO</p>
National Advocacy Programme Alliance	<p>250 volunteer advocates have completed the Level 6 FETAC, National Advocacy Programme Alliance programme and received a qualification to date. 100 volunteer advocates completed the training in 2011. Third Age National Advocacy Programme has been appointed as the service provider with responsibility for this programme since 30th September 2011.</p>

Performance Activity	Outturn 2010	Target 2011	Target YTD	Activity YTD	% var YTD v Target YTD
Complaints*					
% of complaints investigated within legislative timeframe based on all complaints received in quarter one 2011	New	75%	5229.5	5267	-0.61%
Performance Activity	Outturn 2010	Target 2011	Target current month	Activity Current month	% var v Target
Complaint Reviews**					
% of reviews conducted and concluded within 20 working days of the request being received	New	75%	16.5	2	-87.8%

*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.

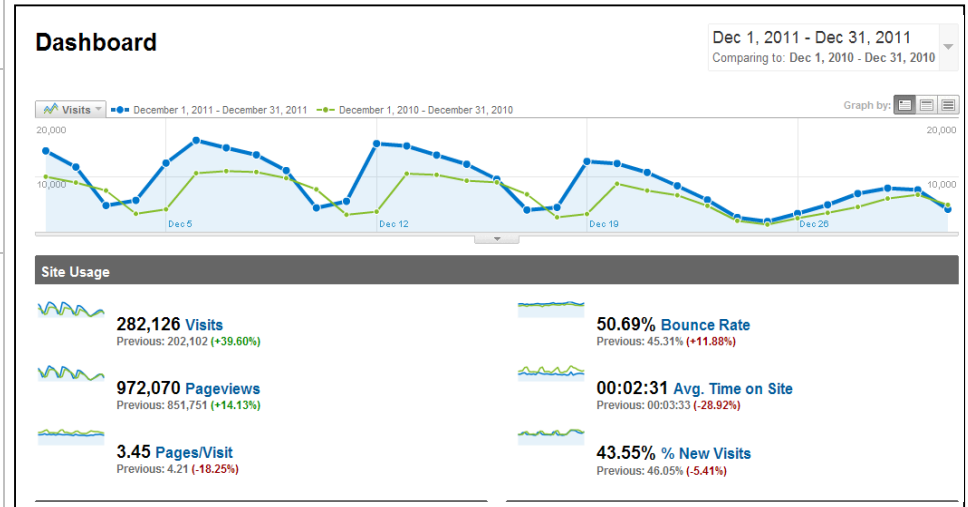
**Complaint reviews are reported one month in arrears

Complaint reviews (M)	<p>% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)</p> <p>There were 22 reviews received in November, of the 4 that are closed, 2 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>
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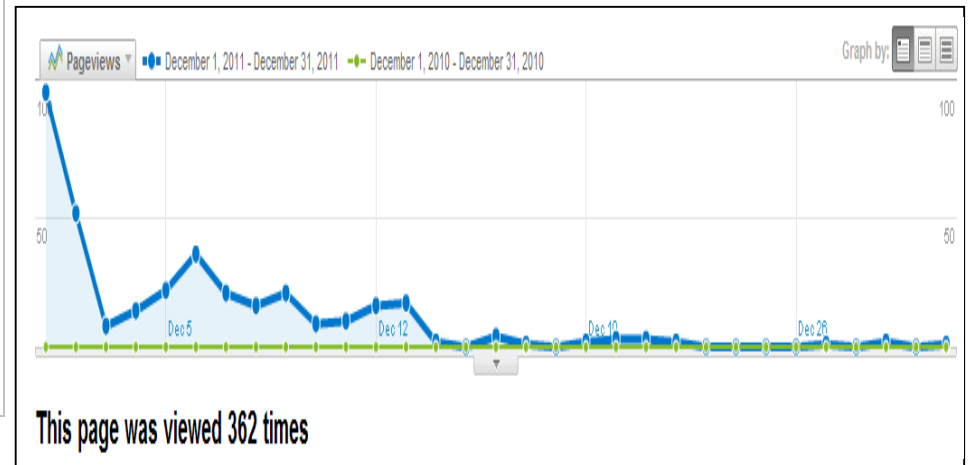
Communications

FOI (M)	<p>No. of FOI requests received</p> <p>The number of FOI requests received to end of December 2011 is 6141. This represents 103% of the anticipated target for 2011.</p>
Parliamentary Questions	<p>% of Parliamentary Questions dealt with within 15 working days</p> <p>The total number of PQs received between October 1st and December 31st 2011 was 924. Overall 786 (85%) of PQs have now been answered and the remaining 138 (15%) of PQs are currently in the process of being responded to.</p>
Public Information (M)	<p>HSE National Information Line</p> <p>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 December is 8,469 and activity YTD shows the number of calls at 129,046.</p> <p>HSE Website Usage</p> <p>Visits to HSE.ie have increased by 14% compared to December 2010, with the average pages views steady at between 3-4 pages per visit.</p> <p>Top Content Viewed</p> <p>Home page, Medical Cards, Job Search, Staff Home Page, Your guide to Medical Cards, Sligo Hospital, Find A Service, Jobs, Contact Us.</p> <p>In Focus – December 2011</p> <p>Third Annual Report of Child and Adolescent Mental Health Services (CAMHS)</p> <p>Thursday 1st December 2011, Minister of State with responsibility for Disability, Equality and Mental Health; Kathleen Lynch, T.D, launched the Health Service Executive's <u>third annual report on Child and Adolescent Mental Health Services (CAMHS)</u>.</p> <p>The graph above shows the visits to this information on the website.</p>

HSE Website Usage



In Focus Website Usage – Third Annual Report of Child and Adolescent Mental Health Services



New Service Developments – December 2011

Service Area	Key Result Area	Deliverable 2011	Funding	Allocated YTD	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
NCCP	Radiation Oncology	Full Year cost of opening new radiation units in Beaumont and St. James	€8m	€4.5 m	€4.5m	0	-	Q4	Beaumont opened in March 2011, James opened in April 2011. €2.4m was allocated to St Lukes Radiation Network, €1.35m was allocated to CUH to support Radiotherapy, .25m was transferred to the GUH to support prostate seed brachytherapy. Additional €.5m for radiotherapy SLA The remaining €3.5m is centrally held in NCCP. The use of this funding is required in 2012 to support the full year costs of the newly opened units Radiotherapy in Beaumont and SJH.
	Theatre/ICU/ Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	€1.5m	€1.5m	28	19	Q4	At the end of December 19 posts were filled. The full amount of the funding was allocated to the relevant cancer centres to support critical care requirements.
	National Screening Service	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013.	€0.5m	€ m	€ m	20	-	Q4	Interviews for these posts were undertaken. This funding will be required in 2012 to support the introduction of the ANP posts which are integral to the introduction of the national colorectal screening programme in 2012.
	Total allocation NCCP			€10m	€6m	€6m	48	19	
Children and Families	Ryan Report	Implementation of the recommendations progressed	€7m	€2.8m	€2.8m	0	0	Q4	The following projects have been funded from the 2.8M allocated to the regions and the national office, counseling services for adult survivors of abuse, an Audit of the diocese catholic church, review of capacity in alternative care services and the implementation of the aftercare policy. The revised Child First guidance manual has been published and launched. A child protection and welfare practice hand book has also been published and launched. The review of the implementation of the Standardised business process has been completed. The audit of staff resources has also being completed in preparation for the disaggregation of Child Protection and Welfare services from the HSE and the establishment of the new children's agency in 2013.
	Social Work Service	Appointment of additional Social Workers	€2m	€ m	€ m	60	14	Q3	As at the 23 rd December 2011, 2 of the 60 additional social workers were filled locally, a further 12 new staff were in post, 7 have had a contract issued and 38 have accepted posts with final clearance being processed.
	Total allocation Children and Families			€9m	€2.8m	€2.8m	60	14	

Service Area	Key Result Area	Deliverable 2011	Funding	Allocated YTD	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
ISD Older Persons	Fair Deal	Deliver additional residential care placements	€6m	€6m	€6m	0	-	Q4	Additional funding has been allocated facilitating the entry of additional people into the scheme.
	Home Care Packages	Enhance home care through additional care packages	€8m	€ 8m	€8m	0	-	Q4	Additional €8m funding distributed to 4 regions in line with Service Plan. Expenditure data on HCP Scheme being collated as part of the implementation phase of HCP Guidelines.
	Long Stay Repayments	Address outstanding claims and close off scheme in 2011.	€12m	€10.5m	€10.5m	0	-	Q4	Vast majority (99%) of claims now completed, with less than 15 claims remaining to be processed. In addition, there are some appeals which are being finalised by scheme's Appeals Officer at present
Total allocation Older Persons			€26m	€24.5m	€24.5m	0	-		
ISD Suicide Prevention	Suicide Prevention	Focus on increasing the number and range of training programmes, improve our response to deliberate self harm presentations, develop our ability to respond in primary care and coordinate and improve our helpline availability.	€1m	€1m	€1m	0	-	Q4	All 24 projects approved have now commenced. SLA's have been agreed and funding allocation process is complete. Full allocation spent.
ISD Disability Services	Disability Services	Address demographic pressures in the provision of Day, Residential, Respite, PA and Home Support services. Funding distributed equitably across Regions based in emerging need.	€10m	€10 m	€ 10m	0	0	Q4	Funding to address demographic pressures in the provision of Day, Residential, Respite and PA were approved and released to the 4 HSE Regions. HSE – DML 2,838,000.00 HSE – DNE 2,272,000.00 HSE – South 2,331,000.00 HSE – West 2,559,000.00
Total			€56m	€44.3m	€44.3m	*108	33		

Appendix 1: Vote Data

Vote 39 - HSE – Vote Expenditure Return at 31st January 2012

(As at 7th February 2012)

1. Vote Position at 31st January 2012

Category	Budget Day Allocation €000	January 2012 Outturn €'000
Gross Current Expenditure	13,317,038	1,321,102
Gross Capital Expenditure	374,000	44,154
Total Gross Vote Expenditure	13,691,038	1,365,256
Appropriations-in-Aid		
- Receipts collected by HSE	1,144,917	83,642
- Other Receipts	400,605	14,000
- Total	1,545,522	97,642
Net Vote Expenditure	12,145,516	1,267,614

2. Comparison to Issues Return

The January Issues return submitted on 26th January 2012 declared gross Revenue expenditure of €1.313bn, gross Capital expenditure of €44m and Appropriations-in-Aid receipts of €97m. Revenue cash issued in the last week of January was €9m higher than estimated.

3. General Commentary

- As the preparation of the 2012 REV has not been finalised no monthly profile is included for January 2012.
- The January 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.
- Expenditure for Long Term Residential Care and Children & Family Services is estimated as actual expenditure is not yet available.

4. Comparison of Gross Revenue Expenditure to January 2011

	Budget Day 2012 Allocation	Actual at 31.1.12	% of Budget Day Allocation
	€000	€000	€000
Voluntary Sector	2,140,565	351,621	16.43%
Statutory Sector including Corporate	8,707,934	739,831	8.50%
PCRS	2,468,539	229,650	9.30%
Total	13,317,038	1,321,102	9.92%

	Final 2011 Estimate	Actual at 31.1.11	% of REV Allocation
	€000	€000	€000
Voluntary Sector	2,240,587	368,634	16.45%
Statutory Sector including Corporate	8,804,570	755,838	8.58%
PCRS	2,519,539	213,251	8.46%
Total	13,564,696	1,337,723	9.86%

5. Capital Position at 31st January 2012

Subhead	Actual at 31.1.2012 €000
C1/C2 – Capital - Construction	44,154
C3 – Capital - Information Systems	0
C4 – Mental Health	0
Total	44,154

Vote Subhead C1/C2 Construction

January expenditure under C1 is €44.154m.

Appropriations in Aid

The value of sale proceeds in the period in January was €0.366m.

Vote 40 - HSE – Vote Expenditure Return at 31st December 2011

(As at 9th January 2012)

1. Vote Position at 31st December 2011 – Post Supplementary Estimate Revenue and Capital Position

	YTD Profile post 2011 Supplementary Estimate €'000	YTD Outturn €'000	Over (Under) €'000
Gross Current Expenditure	13,564,696	13,568,993	4,297
Gross Capital Expenditure	377,791	337,817	(39,974)
Total Gross Vote Expenditure	13,942,487	13,906,810	(35,677)
Appropriations-in-Aid			
- Receipts collected by the HSE	1,065,901	999,643	(66,258)
- Other Receipts	400,605	440,205	39,600
- Capital Receipts	15,541	6,572	(8,969)
-Total	1,482,047	1,446,420	(35,627)
Net Vote Expenditure	12,460,440	12,460,390	(50)

A supplementary estimate of €148m was passed by the Dáil on 8th December 2011. €90m related to deficits in services (Community Drugs Schemes, Acute Hospital Sector and Child Welfare and Protection Services). €58m related to a funding shortfall in 2011 arising from a lower than anticipated update in the Early Retirement and Voluntary Redundancy Schemes implemented at the end of 2010.

2. Comparison to Issues Return

The December issues return submitted on 30th December 2011 is broadly consistent with the December Vote Return. Gross capital expenditure is €10m higher than the issues return while gross revenue expenditure is €9m lower than the issues return.

3. General Commentary

Based on the post supplementary profile, the gross current vote expenditure is €4m over profile (€179m over profile in November); appropriations-in-aid are €36m under profile (€36m under profile in November). Gross capital vote expenditure is €40m under profile (€47m under profile in November).

Net overall expenditure is under profile by €50k.

The above position is based on the actual cash issued to year end and may change as bank balances and suspense account balances are reconciled for the preparation of the Appropriation Account. The final outturn for 2011 will not be available until the 2011 Appropriation Account is prepared.

4. Summary Capital Position by Subhead at 31st December 2011

Subhead	YTD Profile €'000	YTD Outturn €'000	Over / (Under) €'000
B.9 – Dormant Accounts	541	124	(417)
C.1 - Capital	334,711	303,543	(31,168)
C.2 – Capital - Lottery	2,539	2,539	0
C.3 - Info Systems for Health Agencies	25,000	15,420	(9,580)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	15,000	16,191	1,191
Gross Capital Expenditure	377,791	337,817	(39,974)
D.10 – Disposal of Mental Health Facilities	15,541	6,572	(8,969)
Net Capital Expenditure	362,250	331,245	(31,005)

5. Issues by Vote Subhead - Post Supplementary Estimate Revenue Position

- The gross statutory sector is €37m under profile.
- Subhead B5 – Grants to Voluntary and Joint Board Hospitals is €10m under profile.
- Subhead B6 - Medical Card Services and Community Schemes are €59m over profile.
- Subhead B10 - Payments to the Long Stay Repayments Scheme is €2m under profile and Subhead B14 - State Claims Agency is €15m under profile.
- Subhead B12 - Long Term Residential Care is €9m over profile. The outturn for this subhead is estimated and the final outturn will not be available until the December Performance Report is completed.
- A request for virement to transfer savings from other subheads to cover the overspend on medical card and community drugs schemes and long term residential care has been sought from the Department of Finance.

Appendix 2: Gross Debtors Days for Acute Private Charges Debt < 12 months old

Gross Debtor Days for Acute Private Charges Debt less than 12 months old.

The report shows the Acute Hospital Gross Debtors Days for Private Charges Debt that is less than 1 year old at 31st December 2010, at the 30th September 2011 as well as the latest update for 31st December, 2011. The report also shows the Private Charges income for the 12 months ended 31st December 2011 and the corresponding Gross Debtors less than one year as at 31st December 2011. The Debtors numbers are shown before any Bad Debt Provisions. The formula for the Debtor Days metric is (Gross Debtors < 12 months divided by Patient Income for previous 12 months) multiplied by 365 days.

Progress in 2011

A comparison of the annual numbers will show that Debtors Days is two days more than 2010, (135 days in 2011 versus 133 days in 2010). However, it is important to note that there has been a significant movement in the location of the debt. The amount that is within hospital / consultant control has decreased by approximately €20m (equivalent to 16 days) whereas the amounts with insurers for payment has increased by approximately 23m (equivalent to 18 days).

The key actions carried out in 2011 included:

- **Reporting** – More detailed and regular reporting of income targets and actual performance per hospital. Targets were set for each hospital and progress was measured and reviewed on a weekly basis.
- **Monitoring** - Hospital staff, both medical and administrative, are to ensure that private insurance claim forms are both made available to and be signed by consultants as soon as possible after each discharge has taken place. Any delays in this process are monitored at local level and any issues arising are managed locally either by the Clinical Director or Hospital Manager/CEO.
- **Consultant Posts** – Applications by hospitals for appointment of new or replacement consultant posts as Type B must be backed up by a comprehensive plan outlining the hospital's current income position and a comprehensive plan to achieve the national target of 30 days for claims awaiting consultant action if the hospital in question is currently in excess of 30 days.
- **VHI Pilot Scheme** – This scheme, which allows a secondary consultant involved in a case to sign the claim form after a defined period of time, has been extended to a total of thirty hospitals.
- **Electronic Claiming** - The HSE has published a tender for the supply and installation of a Health Insurance Management System for eleven of its largest hospitals. This tender closed on the 3rd February 2012 and it is hoped to commence roll-out by the end of March 2012. The rollout of this electronic system will reduce the administrative effort for both hospitals and consultants by eliminating the use of hardcopy forms and interfacing relevant data from existing systems.
- **eClaims** – The HSE are working with the three primary health insurers and the Department of Health to define and agree a common dataset for transmission between hospitals and insurers.

Focus for 2012

It is important that the momentum built up in the last three months of 2011 is continued in 2012 and that the following items are progressed -

- Rollout the electronic claims management system.
- Work with the consultants who have the highest value of claims outstanding. The value of claims awaiting consultant action for the top 20 consultants ranked by value outstanding at the 31st December 2011 amounted to €9.7m (an average of €485k outstanding per consultant) with the highest individual accounting for approx €1m. Continued weekly focus on targets and actual results for each individual hospital.
- Implement a proposal agreed with Aviva to clear up all pre 2011 claims.
- Work with the Private Health Insurers and the Department of Health to agree the dataset/rule-set for the submission and payment of claims.

Note: Data is still being compiled and checked for a number of hospitals so the data in this table may change.

Gross Debtors Days for private charges debt <12 mths		Income for 12 months ended Dec 2011	Gross Debtors <12 months at Dec 2011	Outturn days at Dec 2010	Previous Qtr Days at Sept 2011	Current Qtr Days at Dec 2011	Variance by days per hospital Qtr 3 v. Qtr 4
TYPE	HOSPITAL			Dec 2010	Sept 2011	Dec 2011	% Var Q3 v. Q4
Statutory	Our Ladys Navan	1,712,559	358,243	68	120	76	44
	St Columcilles General	119,445	26,772	64	56	82	-26
	Roscommon General	3,029,976	710,794	98	68	86	-17
	St. Lukes Hospital Rathgar	5,200,158	1,319,364	135	131	93	39
	Mallow General	2,297,464	653,535	58	94	104	-10
	Cavan General	4,914,946	1,418,199	88	163	105	58
	Nenagh General	2,585,071	803,524	78	129	113	16
	Wexford General	8,984,291	2,837,273	125	120	115	5
	Portiuncla Acute	8,926,319	2,954,198	136	151	121	30
	Sligo General	13,414,654	4,570,336	114	142	124	17
	Galway University/Merlin Park	26,138,088	8,956,071	147	153	125	28
	Letterkenny General	7,793,411	2,687,323	128	162	126	36
	Ennis General	670,502	243,383	103	150	132	18
	Portlaoise General	3,279,430	1,219,373	88	171	136	36
	Mayo General	6,688,849	2,586,834	178	165	141	24
	Cork University	36,199,994	14,467,061	136	130	146	-16
	Regional Limerick	32,894,443	14,053,573	151	161	156	5
	Waterford Regional	20,510,799	8,786,707	188	189	156	33
	Our Lady of Lourdes	14,404,747	6,252,817	151	197	158	39
	Tullamore General	5,945,411	2,849,386	158	165	175	-10
	Mullingar General	4,304,724	2,127,732	154	205	180	25
	South Tipp General, Clonmel	6,122,883	3,032,194	149	193	181	12
	St. Lukes / Kilcreene Kilkenny	8,295,605	4,195,978	164	177	185	-7
	Kerry General	7,087,809	3,592,410	187	142	185	-43
	Connolly Memorial	5,172,847	2,934,134	155	236	207	29
Statutory Total		236,694,425	93,637,214	144	157	144	13
Voluntary	National Maternity Holles St.	14,642,376	2,751,828	80	81	69	12
	St. James's Hospital	32,073,378	6,268,895	58	67	71	-4
	St. Vincent's Elm Park	11,838,805	2,779,654	83	71	86	-15
	Coombe Womens Hospital	11,434,659	2,837,891	106	100	91	9
	Mercy Hospital, Cork	18,827,358	5,611,867	102	146	109	37
	Mater Misericordiae University	14,490,267	4,447,785	186	188	112	76
	South Infirmary - Victoria Hospital	12,076,000	4,014,241	125	140	121	18
	St. John's Limerick	5,507,785	1,881,453	149	134	125	9
	Cappagh National Orthopaedic	2,857,355	977,128	102	99	125	-26
	Royal Victoria Eye & Ear Hospital	3,445,788	1,188,502	95	119	126	-7
	St. Michael's Dun Laoghaire	4,591,947	1,739,489	129	150	138	12
	Adelaide & Meath Tallaght	35,186,632	14,312,446	157	150	148	1
	Our Lady's Hosp for Sick Children Crumlin	13,166,532	5,562,010	136	143	154	-12
	Children's University, Temple Street	6,946,317	3,622,683	189	204	190	14
	Beaumont Hospital	31,342,497	16,529,552	154	206	192	13
Voluntary Total		218,427,696	74,525,424	122	135	125	10
Grand Total		455,122,121	168,162,638	133	146	135	12

