



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# February 2011

# Performance Report on NSP 2011



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# Introduction

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

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

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

# Overview of Key Metrics NSP 2011

Performance within 5% of target = Green  
 Performance between 5% and 10% of target = Amber  
 Performance more than 10% from target = Red

National	Measures	Output 2010	Target (NSP 2011)	YTD 2011 V YTD 2010		Performance YTD			Performance this month		
				Same period last year	%var YTD v YTD 2010	Target YTD	Activity YTD	%var YTD v Tar YTD	Target this MQ	Actual this MQ	%variance V target this MQ
Primary Care	No. of PCTs holding Clinical Team Meetings*	348	518	228	55.7%	364	355	-2.5%	16	7	-56.3%
	Child Health Developmental Screening at 10 months	74.3%	90%	50.2%	55.2%	90%	78%	-13.4%	90%	78.7%	-12.6%
Acute Care	In-patient discharges	588,860	574,400	92,853	1.7%	93,529	94,395	0.9%	45,129	46,877	3.9%
	Day Case discharges	728,269	755,100	114,053	5.1%	119,071	119,830	0.6%	59,696	60,796	1.8%
	% of patients admitted to hospital within 6 hours of ED registration	not comparable	100%	na		100%	47%	-53.3%	100%	50.3%	-49.7%
	% of patients discharged from hospital within 6 hours of ED registration	not comparable	100%	na		100%	73%	-27.1%	100%	76.1%	-23.9%
	Elective procedures adults < 6mths, inpatients	74.5%	100%	76%	-7.2%	100%	71%	-29.4%	100%	70.6%	-29.4%
	Elective procedures adults < 6mths, day case	87.5%	100%	85%	-1.1%	100%	84%	-16.4%	100%	83.6%	-16.4%
	Elective procedures children < 3 mths, Inpatients	45.5%	100%	42%	-5.2%	100%	40%	-60.1%	100%	39.9%	-60.1%
	Elective procedures children < 3 mths, day case	51.7%	100%	41%	9.3%	100%	45%	-55.4%	100%	44.6%	-55.4%
	ALOS	6.13	5.6	na		5.6	6.3	-11.1%	5.6	6.0	7.1%
	% elective inpatients who had principle procedure conducted on day of admission	50%	75%	46%	10.9%	75%	51%	-32.0%	75%	51.0%	-32.0%
	% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology)	70.0%	75%	65%	7.7%	75%	70%	-6.7%	75%	70.0%	-6.7%
Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	95.1%	95%	84%	17.0%	95%	98%	3.4%	95%	99.0%	4.2%	
Children and Families	% children in care who have a written care plan (defined by Child Care Regs 1995)	90.1%	100%	na		100%	88.6%	-11.4%	100%	87.1%	-12.9%
	% children in care who have an allocated Social Worker at the end of the reporting period	94.3%	100%	na		100%	94.1%	-5.9%	100%	95.0%	-5.0%
Mental Health	% new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months)	68%	70%	61%	8.2%	70%	66%	-5.7%	70%	64.0%	-8.6%
	No. of new child/adolescents offered first appointment and seen	7477	7,503	1,093	11.0%	1,250	1,213	-3.0%	625	677	8.3%
Older Persons	Total no. of Home Help Hours provided for all care groups	11,680,000	11,980,000	na							
	Total no. of people in receipt of Home Care Packages per month	9,941	10,230	na							
Palliative Care	Palliative Care inpatient bed provided within 7 days	New 2011	92%	90%	2.2%	92%	92%	0.0%	92%	94.0%	2.2%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,703,059	462,308	442,327	19,981	4.5%
	Dublin North East	1,922,678	326,827	313,011	13,817	4.4%
	South	1,901,178	323,415	313,453	9,961	3.2%
	West	1,987,570	336,946	321,842	15,104	4.7%
	Care Group / Other Services	64,198	6,549	8,782	-2,233	-25.4%
	Primary Care Reimbursement Service	2,402,953	434,380	400,403	33,977	8.5%
	ISD Regional Sub Total	10,981,635	1,890,425	1,799,818	90,607	5.0%
	A Fair Deal 2009 / 2010 Incremental Funding	219,936	61,548	61,548	0	0.0%
	Statutory Pensions	411,883	69,677	65,035	4,643	7.1%
Ambulance	137,377	23,908	21,763	2,145	9.9%	
Corporate Services	30,309	-4,843	3,188	-8,031	-251.9%	
Health Repayment Scheme	12,000	2,799	2,799	0	0.0%	
CIS & Insurance	104,000	8,007	8,007	0	0.0%	
National Cancer Control Programme	108,962	15,860	17,989	-2,129	-11.8%	
QCC / Pop Health	145,436	18,072	23,115	-5,042	-21.8%	
Held Funds	184,256		0	0		
<b>Total HSE</b>	12,335,795	2,085,454	2,003,261	82,192	4.1%	
Key Performance Measurement Savings 2011	Target Savings 2011 €000	Actual YTD €000	Target YTD €000	Variance YTD €000	% Var Act v Tar	
Community (Demand Led) Schemes	424	21.6	21.8	-0.2	-0.8%	
Non pay expenditure	200	26.29	15.8	10.5	66.4%	
Pay and pay related expenditure*	242					

\*New process is currently under review and will be reported at a later stage.

ISD Region / Other	WTE Dec 2010	Ceiling Feb 2011	WTE Feb 2011	WTE Change since Jan 2011	WTE Change from Dec 2010 to Feb 2011	WTE Variance Feb 2011	% WTE Variance Feb 2011
ISD DML	32,195.70	31,716.62	31,758.92	-73.46	-436.78	+42.30	+0.13%
ISD DNE	22,075.06	21,433.92	21,408.68	-35.35	-666.38	-25.24	-0.12%
ISD South	23,456.93	23,156.19	22,824.44	-65.00	-632.49	-331.75	-1.43%
ISD West	25,242.43	25,126.27	24,837.45	-40.03	-404.98	-288.82	-1.15%
ISD National	954.58	1,046.50	941.31	-4.20	-13.27	-105.19	-10.05%
Portion of Ceiling to be allocated		251.90				-251.90	-100.0%
Other [Corp. Services, QCC, PH etc.]	4,047.54	3,957.21	3,845.78	-109.45	-201.76	-111.43	-2.82%
<b>Total</b>	<b>107,972.24</b>	<b>106,688.61</b>	<b>105,616.58</b>	<b>-327.49</b>	<b>-2,355.66</b>	<b>-1,072.03</b>	<b>-1.00%</b>

# Management Overview Report on Performance

## FINANCE KEY MESSAGES

The financial results for February show total expenditure of €2.085 billion against a year to date budget of €2.003 billion. The reported variance is €82.1m. There are significant deficits emerging in the February results most notably in hospitals (€50.2m) and PCRS (€33.9m).

- Many of the targeted procurement-type price savings are planned to take effect from March/April. It will be absolutely critical to see reductions in expenditure in March. Delivery of these savings is owned by the management line and the process is being supported and monitored through a dedicated national process led by the Director of Commercial and Support Services.
- A vital component of Service Plan in 2011 is the delivery of cost reductions in PCRS. These reductions amount to €482m. The deficit in PCRS at the end of February was €34m. Some of this deficit (approx €10m of a reduction of €58m on a full year basis) is related to the adjustment made in the Revised Estimate Volume 2011 published in February which is expected to be addressed further in the letter of sanction. A further €6.6m of the year to date deficit relates to matter for decision outside of the HSE. The delivery of the targeted reduction in schemes is being managed and monitored through PCRS with any necessary escalation being addressed nationally.
- The hospitals deficit at 28<sup>th</sup> February is €50.2m. The position of the hospitals in the mid west is of particular concern given the level of deficits visible. The Director of ISD is addressing these with the RDO and area manager. More generally in hospitals there is evidence of unaffordable volume increase in agency staff – particularly in the area of non-consultant hospital doctors arising from the non-availability of NCHDs. If the experience to February continued for the year we would incur €23m of cost increases over last year. Specialist blood products are showing very strong spend based upon a number of high cost treatments in progress. Energy costs are growing as a reflection of the increasing oil prices.
- Income billing in the areas is contributing €12.5m to the year-to-date deficit. This is a combination of historically high income targets, sub-optimum levels of occupancy, infection control etc. There is also evidence that the surge in emergency activity in the first two months of the year is impacting upon private patients being admitted to private beds.

## SERVICE DELIVERY KEY MESSAGES

Data for the first two months of 2011 has shown hospitals and EDs to be much busier and the level of patient acuity much higher than the same period last year:

- Emergency presentations are up by an additional 4,758 (+2.6%)
- ED attendances are up by an additional 5,341 (+3.1%)
- Emergency Admissions are up by an additional 2,367 (+4%)
- GP Out of Hours contacts are up by an additional 41,970 (+33.1%)

Key activity area	Target YTD	Jan-11	Feb-11	Actual YTD	% var YTD 2011 Actual v Target	Same Period Last Year	% var YTD 2011 v YTD 2010
Emergency Presentations	183,781	95,727	90,325	186,052	1.2%	181,294	2.6%
ED Attendances		95,062	80,350	175,412		170,171	3.1%
Emergency Admissions	60,015	31,958	29,762	61,720	2.8%	59,353	4.0%
Inpatient Discharges	93,529	47,518	46,877	94,395	0.9%	92,853	1.7%
Day Case Activity	119,071	59,034	60,796	119,830	0.6%	114,053	5.1%
Inpatient elective procedure numbers (over targeted time)		5,386	-120	5,266			
Day case elective procedure numbers (over targeted time)		5,438	+ 1569	7,007			
GP Out of Hours contacts	145,808	94,138	74,610	168,748	15.7%	126,778	33.1%

- In spite of these significant increases, day case discharges increased by 5,777 (+5%) over same period last year while inpatient discharges increased by 1,542 (+1.7%) pointing to increased efficiency within the hospital system.
- Further efficiency was noted during February within EDs wherein patients waited an average of 6.2 hours from the time they arrived until they left the ED - an improvement over January when the average time was 8 hours.
- **Escalation Framework:** The ED Escalation Framework has been adopted by all hospitals and local operational plans have been developed to support its implementation. These include a focus on discharges being affected earlier in the day, increasing levels of weekend discharging and improving access to diagnostics. During February Beaumont Hospital utilised the framework to escalate to full capacity protocol wherein additional beds were placed on wards for a short period to accommodate patients and alleviate ED overcrowding. During March an additional 10 hospitals have utilised the framework to escalate to full capacity protocol.

### **GP Out of Hours**

The number of contacts made with GP Out of Hours services between January and February was 168,748 which is 41,970 more than same period last year (+33.1%) and 22,940 ahead of target (+15.7%) Throughout December 2010, January and February 2011 there was an increase in respiratory and influenza like illness which is in line with reported GP consultation rates.

Regional implementation plans are currently being developed in accordance with the findings of the National Review of GP Out of Hours Services, 2010.

### **NCHD**

While a number of SHO and Register posts remain vacant, many of these are being filled by Agency/ Short Term Locums, particularly in Letterkenny, Our Lady of Lourdes and Cavan. The situation continues to be monitored closely. Additional measures are being perused to ensure that critical vacancies are filled in time for the July changeover of NCHD staff, including an external recruitment drive in India and Pakistan.

### **NTPF**

A meeting between ISD and the NTPF is scheduled for 28th March to look at the options around waiting list for paediatrics.

### **Urgent colonoscopies**

All urgent colonoscopies were seen within 28 days for the period under review.

### **Home Support**

The HSE commenced a national review into a sample of home care and home help service provision in late December 2010. This national quality audit continues as a matter of priority and is anticipated to conclude within the next few months.

New National Guidelines in relation to Home Care Packages was introduced in December 2010 which is affecting the mix between Home Help and Home Care Package hours. These national guidelines standardise the definition of Home Help and Home Care Packages across all LHO. As such, data is currently not available for reporting purposes. However, we will provide a cumulative position on Home Help Hours and HCPs at the end of Q1 2011.

### **CAMHs**

Improvement plans are currently being developed locally on how performance is going to be improved for teams not reaching the 70% target in relation to cases offered a first appointment and seen within 3 months.



## HUMAN RESOURCES KEY MESSAGES

- Health Service employment at the end of February is at 105,617 WTE which is 1,072 below the approved employment ceiling. Four quarterly reductions totalling 1,530 will be applied starting in March to the end of the year.
- This is a decrease of 327 WTEs decrease on January staffing levels and a total reduction of 2,356 WTE since the end of December.
- This change since December 2010 includes a reduction of 2,597 WTE as a result of the transfer of the Community Welfare Services (967 WTE) and the Voluntary Early Retirement /Voluntary Redundancy Schemes (1,630 WTE).
- An increase in the Employment Ceiling is being sought of 134 posts in respect of the final VER/VRS figure.
- Recruitment is underway to some key posts as outlined in NSP 2011.
- There has been a reduction of 2,179 WTEs or -11.82% in Management/Admin posts since 2007 and reported Management/Administration employment levels are now close to 2004 levels despite the introduction of significant new approved posts, the subsuming into the HSE of existing staff in external agencies and reporting of some staff excluded from census returns since that time.

## ITEMS FOR UPDATE

### **National Miscarriage Misdiagnosis Review**

The HSE published the report of the National Miscarriage Misdiagnosis Review chaired by independent expert, Prof Ledger during April. The review group examined cases where a diagnosis of miscarriage was made in error and drug or surgical treatment was recommended where subsequent information demonstrated that the pregnancy was viable. The review found that 18 cases of misdiagnosis of miscarriage occurred during the last 5 years (an additional 6 cases were also included from outside the timeframe). Implementation of the recommendations of the review has been initiated by the HSE to ensure measures are in place to minimise the occurrence of a misdiagnosis of miscarriage. The Review Team also identified additional areas for focus including a review of equipment, staffing requirements, education and training, and support for women who suffer a miscarriage.

### **HIQA's report in relation to the quality and safety of services at Mallow General Hospital**

The issues for smaller hospitals raised by the report include:

- The level of senior decision making in medicine and anesthesia on site on call
- The importance of ensuring that smaller hospitals are networked with larger regional centers
- That appropriate surgical workloads are undertaken in smaller hospitals taking into consideration the volume and complexity of each procedure
- More complex intensive care, especially that involving overnight ventilation only occurs in ICU's staffed by in house anesthetist
- That the early warning scores are implemented in all small hospitals
- That hospitals major bypasses all hospitals that do not have the appropriate surgical, orthopaedic and anesthetic staff cover
- That smaller hospitals put in place a system of reporting that will demonstrate to the Regional Director of Operations that the appropriate level of care has been carried out with regard to the staffing capacity and workload volume.

A programme of work is well underway to implement the issues identified in this report and significant progress has been made by HSE South in addressing the issues identified at Mallow Hospital. Improvements such as this are being implemented in the majority of similar sized hospitals throughout the country.

The report makes recommendation in relation to local, regional and national governance and accountability. Significant improvements, approved by the Board of the HSE, have been undertaken in terms of structures and processes over the past eighteen months including:

- The establishment of the Quality and Patient Safety Directorate
- The setting up of the national clinical programmes
- The embedding of Clinical Directors across system
- Ongoing implementation of the National Cancer Control Programme
- Integrating smaller hospitals, such as Mallow, into local hospital networks
- and the appointment of Clinical Directors for Reconfiguration

Learning from other significant incidents has also greatly improved including the development of a quality assurance programmes around pathology and radiology.

We are now establishing an implementation team for full implementation of the recommendations in the Mallow Report with reference to HIQA previous report on Ennis Hospital.

### **Audiology Review**

The HSE published the report of its National Audiology Review Group on Wednesday 13<sup>th</sup> April. The Review was chaired by Professor John Bamford, Honorary Professor of Audiology, University of Manchester. The work undertaken by the Review Group constitutes the most extensive examination to date of Audiology services in Ireland. The Review Group examined Audiology services currently provided to children and adults nationwide and undertook an extensive public consultation and assessed the needs of the population.

It found that better use of existing resources, coupled with additional funding, improved education and training, and that integration of services across hospital and community settings will deliver better value for money and represent a long term investment in providing the best possible care, with improved health and social outcomes for clients.

The Group has developed a comprehensive set of recommendations to address the inconsistencies and inadequacies in Audiology services. Arising from the recommendations of the Review Group, work is now underway to improve access and deliver high quality, consistent Audiology services around the country.

The recommendations made by the National Audiology Review Group (NARG) include:

- The implementation of a National Newborn Hearing Screening Programme
- Improvements in hearing aid and ear mould services
- A restructuring of services and staffing to provide better integrated teams, with enhanced communication between professionals and patients
- The appointment of a national clinical lead for Audiology and four regional clinical leads to deliver the modernisation programme, and to implement new care pathways and improved clinical governance
- A workforce review to confirm the extent of the required uplift of numbers of Audiology professionals
- Establishment of within-country training for Audiology professionals, with professional registration

### **Recruitment of (NCHD) Non Consultant Hospital Doctor**

The HSE are currently reviewing the position in relation to approximately 150 vacancies for Non Consultant Hospital Doctors (NCHD), in many instances these vacancies are filled by locums or by other short-term contractual arrangements.

A current overview of all NCHD posts indicates that, at the next rotation of medical staff in July 2011, there will be need to recruit 450 NCHDs. Steps to attract and retain NCHDs include:

- Increase in structured training.
- International recruitment (India and Pakistan)
- Centralised recruitment to non-training posts
- Assistance with registration requirements for non EU doctors.

#### **Increases in Consultant posts**

- The number of Medical Consultant posts has increased by 25% since 2005 - from 1,947 in 2005 to 2,462 in 2011. Some additional Consultant posts have resulted in the suppression of NCHD posts (as directed in the National Employment Control Framework). At the same time, as part of the doubling of numbers of NCHDs in structured training, the number of Specialist and Senior Registrar posts have increased by 66% - from 691 in July 2005 to 1,039 in July 2010.

#### **Changes in doctors' work practices**

- In 2008, Consultants moved from a contracted 33 hour week delivered 9am-5pm, to a 37 hour week, delivered 8am-8pm with provision for structured weekend working. Similarly, in 2010 NCHDs moved from a core 39 hour week delivered 9am-5pm Monday to Friday to an extended working day, delivered on a five over seven basis.

#### **Croke Park: Agency Staff Contracts**

The HSE understands that some Staff Agencies, who have signed up to new procurement terms for agency service, have encountered resistance from a number of their contracted staff in respect of the new terms. This has led to a gap in agency cover in some locations. The Implementation Body on Croke Park reviewed the issues surrounding the Agency Staffing contracts on the 6<sup>th</sup> April and the issue was referred by this body to the LRC. The HSE had taken a position that it would not engage in an LRC process until the reasons for, and HSE role in, this referral were identified. More clarity has now been received from the Implementation Body and the parties are seeking to fix a date for the LRC meeting.

#### **Service Level Agreements**

As of April 2011 signed documentation is in place covering 99.1% of 2010 funding for those agencies recorded on the National Register of HSE funded agencies. This is up from 92% at the end of 2010.

There is ongoing work with the funded agencies to strengthen governance and service accountability. A review of governance documentation has commenced.

## **National Plan for Radiation Oncology (NPRO) status at April 2011**

### **Introduction**

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. It was agreed by government that Public Private Partnership (PPP) was the best way to secure the totality of this development. The Board would have been briefed on the scope, scale and process to progress this plan previously and most recently by Professor Tom Keane in Dec 2009.

### **Scope of NPRO**

NPRO is under the governance of the Health Service Executive's (HSE) National Cancer Control Programme (NCCP). Radiation oncology facilities developed as part of NPRO will be 'owned' and operated by the HSE as part of the NCCP on all public hospital sites.

Based on the plan the HSE is to procure a network of class-leading facilities in the delivery of radiation oncology services in a number of locations across Ireland. The network will consist of the following centres:

- Four large centres located at St James's Hospital and Beaumont Hospital in Dublin, Cork University Hospital and Galway University Hospitals; and
- Two integrated satellite centres located at Waterford and Limerick that will be networked to Cork and Galway respectively at a regional level

The plan sets to address 3 things a) replacement of existing capacity, b) development of additional capacity to address unmet need (it is estimated that some 60% of all cancer patients require radiotherapy as part of the treatment, at present it is estimated that some 35%<sup>1</sup> of cancer patients are receiving radiotherapy as part of their treatment in Ireland) and c) capacity to meet cancer incidence projections as determined by the cancer registry.

This National network of 6 centres will be delivered by a "design, build, finance and partially operate" by a PPP provider. Costs include services related to all non clinical aspects of the service e.g. building, medical and non medical equipment, facilities management (FM), costs of financing, risk etc. FM includes all aspects of building maintenance and services such as porters, cleaning, helpdesk etc. The PPP provider will be paid by means of an annual unitary charge over the 25 year life of the plan. All clinical services will be provided by the HSE.

**In line with the Department of Finance requirements for the delivery of PPP projects the Board should note the following:**

- The Public Sector Benchmark (PSB) reports which set out the full costs of the PPP for each of the 6 radiation oncology sites has been completed. The reports have been submitted to the DOHC as the sanctioning authority for approval.
- The Shadow Bid Models (SBM) which facilitates the Value for Money (VFM) test to decide if the project should proceed to procurement have also been completed. The NDFA who undertake the VFM test have confirmed the project represents VFM based on the PSB and the SBM comparison.
- The costs associated with the capital developments both PPP and non PPP fall within the capital sum set out in the July 2005 Memorandum to Government of €480million.
- A total project cost has been developed which sets out the full costs associated with providing radiation therapy. This includes full clinical and operating costs.
- The first Unitary Charge will become payable in 2015 assuming approval to proceed to procurement occurs within the next quarter.
- A Memorandum to Government is being prepared by the DOHC as the sanctioning Authority for the approval to proceed to procurement which is the next step in the PPP process.

35% is the best estimate available. The public/private model of provision has made it difficult to gather a full dataset on which to assess more comprehensively the utilisation rate.

# Detailed Finance Report

## Finance

The financial results for February show total expenditure of €2.085 billion against a year to date budget of €2.003 billion. The reported variance of €82.1m is illustrated in table 1.

- There are significant deficits emerging in the February results most notably in hospitals (€50.2m) and PCRS (€33.9m). The hospital deficits are particularly worrying and indicate that very significant measures are required if hospitals are to bring expenditure back in line with available resource in 2011.
- Many of the procurement-type price savings are planned to take effect from March onwards. It will be absolutely critical to see reductions in expenditure in March.
- A vital component of financial breakeven in 2011 will be the capacity of the PCRS system to deliver serious cost reductions in its base. These amount to €482m. The deficit in PCRS at the end of February was €34m.
- There is evidence of volume increase in agency staff – particularly in the area of non-consultant hospital doctors. The planned price reductions for agency are needed to offset the budget cuts which have been applied to the HSE. We cannot afford volume increases. If the experience to February continued for the year we would incur €23m of cost increases over last year.
- Income billing in the areas is contributing €12.5m to the year-to-date deficit. This is a combination of historically high income targets, sub-optimum levels of occupancy, infection control etc.

Year to date expenditure in Hospitals was €655 million compared with a budget of €605 million – leading to an adverse variance of €50 million. Table 2 illustrates the position by region.

Community Services within regions have year to date expenditure of €793.5 million compared with a budget of €784.9 million – leading to a variance of €8.6m, see table 3.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,671,987	655,930	605,729	50,201	8.3%
Primary & Community	4,842,497	793,566	784,904	8,662	1.1%
Care Group / Other Services	64,198	6,549	8,782	-2,233	-25.4%
Primary Care Reimbursement Service	2,402,953	434,380	400,403	33,977	8.5%
<b>ISD Total</b>	<b>10,981,635</b>	<b>1,890,425</b>	<b>1,799,818</b>	<b>90,607</b>	<b>5.0%</b>
A Fair Deal 2009 / 2010 Incremental Funding	219,936	61,548	61,548	-0	0.0%
Statutory Pensions	411,883	69,677	65,035	4,643	7.1%
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Corporate Services	30,309	-4,843	3,188	-8,031	-251.9%
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CIS & Insurance	104,000	8,007	8,007	0	0.0%
National Cancer Control Programme	108,962	15,860	17,989	-2,129	-11.8%
Population Health / QCC	145,436	18,072	23,115	-5,042	-21.8%
Held Funds	184,256		0	0	
<b>Total HSE</b>	<b>12,335,795</b>	<b>2,085,454</b>	<b>2,003,261</b>	<b>82,192</b>	<b>4.1%</b>

Table 2.	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Hospital Services					
DML Hospitals	1,295,907	226,662	211,942	14,720	6.9%
DNE Hospitals	842,331	150,465	140,078	10,387	7.4%
South Hospitals	745,777	134,241	123,801	10,440	8.4%
West Hospitals	787,972	144,561	129,907	14,654	11.3%
<b>Hospitals Total</b>	<b>3,671,987</b>	<b>655,930</b>	<b>605,729</b>	<b>50,201</b>	<b>8.3%</b>

Table 3.	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Primary & Community Services					
DML	1,407,152	235,646	230,385	5,261	2.3%
DNE	1,080,346	176,362	172,932	3,430	2.0%
South	1,155,401	189,173	189,652	(479)	-0.3%
West	1,199,598	192,385	191,935	450	0.2%
<b>Community Total</b>	<b>4,842,497</b>	<b>793,566</b>	<b>784,904</b>	<b>8,662</b>	<b>1.1%</b>

<p><b>A Fair Deal (Table 4)</b></p>	<p>The Nursing Homes Support Scheme (Fair Deal) commenced on the 27th October 2009. A total of 19,569 applications have been received to date and in excess of 77% of these applications have been processed at this stage. In addition 3,040 applications have been received for Ancillary State Support (Nursing Home Loan), of which 2,671 or 88% have been completed.</p> <p>The total funding in 2011 for long term residential care services as defined in the Nursing Homes Support Scheme Act 2009 is €1,011 million (Subhead B12 in Vote 40 refers).</p> <p>At current expenditure levels, the occupancy of HSE homes is critical for growing the scheme during 2011. Integrated Services Directorate have carried out a census of occupancy during March which is currently being finalised. The continued growth of the scheme during 2011 will be dependent on utilising vacated capacity and budget within the public system.</p>
<p><b>Schemes (Table 5)</b></p>	<p>The position for the Primary Care Reimbursement Service including primary care schemes at the end of February is set out in table 5.</p>

Table 4 A Fair Deal	Applicants			% processed within 4 weeks	Budget	
	Applicants from Oct 09	No. applicants this month	No. applicants YTD		Month Actual €000	YTD Actual €000
Dublin / Mid Leinster	5,153	264	702			
Dublin / North East	3,724	157	263			
South	5,255	101	174			
West	5,437	237	481			
<b>Total</b>	<b>19,569</b>	<b>759</b>	<b>1,620</b>	<b>*95%</b>	<b>€79m</b>	<b>€163m</b>

\*Estimate

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,026	275,818	272,263	3,555	1.3%
Community Schemes	751,927	158,563	128,140	30,422	23.7%
<b>PCRS Total</b>	<b>2,402,953</b>	<b>434,381</b>	<b>400,403</b>	<b>33,977</b>	<b>8.5%</b>



## Community (Demand Led) Schemes

### Medical / GP Visit Cards (M)

The number of individuals covered by medical cards continues to rise with 1,634,676 reported at the end of February 2011 (an additional 18,867 since December 2010). This is 0.5% below the February 2011 projected figure of 1,643,105 and 8.8% above the same period last year (1,502,807). The total number of discretionary medical cards in the system at the end of February was 79,899. This compares with 79,457 issued in February 2010, an increase of (0.6%). Discretionary medical cards represent 5% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of February was 118,825 which is 1.8% below projected figure for end February (120,989). An additional 1,402 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of February was 17,229. This is on a par with the number of cards issued in February 2010 (17,215). Discretionary GP visit cards represent 14.5% of cards issued year to date.

Chart 1

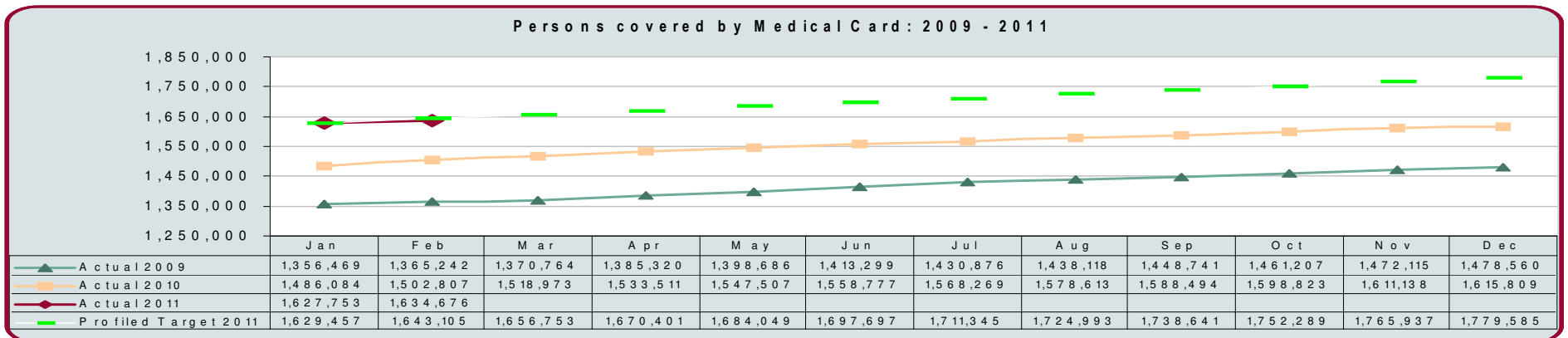
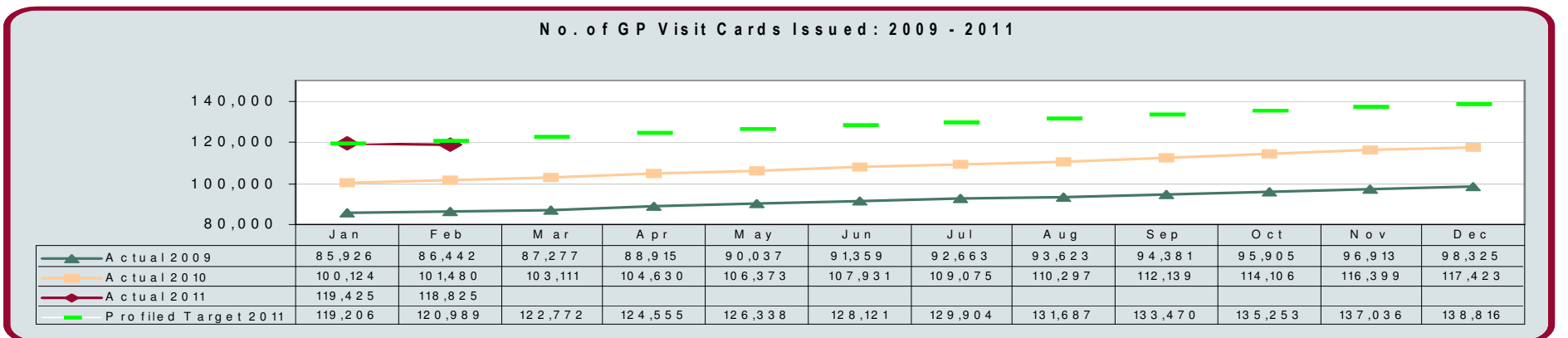


Chart 2



### \*Community (Demand Led) Schemes

<b>Long Term Illness (M)</b>	<ul style="list-style-type: none"> <li>The number of LTI claims made during February was 69,598.</li> <li>Year to date figure (143,480) is 12% below projected target of 163,019.</li> <li>Compared to same period last year (149,451), this represents a decrease of 4.0%.</li> <li>Total number of LTI items in February was 215,879. Year to date figure of 452,775 is 14.5% below the projected target of 529,810.</li> </ul>
<b>Drug Payment Scheme (M)</b>	<ul style="list-style-type: none"> <li>The number of DPS claims made during February was 279,369. Year to date figure of 594,822 is 7.0% below projected figure of 639,377.</li> <li>Compared with the same period last year (758,924), this represents a decrease of 21.6%.</li> <li>Total number of DPS items in February was 846,198 (year to date position of 1,799,979 is 4.9% below the end February projected figure of 1,892,577).</li> </ul>
<b>General Medical Services (GMS) (M)</b>	<ul style="list-style-type: none"> <li>The number of GMS prescriptions reimbursed during February was 1,503,824.</li> <li>Year to date figure of 3,060,673 is 9.8% below the projected figure of 3,394,074.</li> <li>Compared with the same period last year (2,822,591 prescriptions) there has been an increase of 8.4% (571,483)</li> </ul>
<b>HiTech (M)</b>	<ul style="list-style-type: none"> <li>The number of HiTech claims made during February was 29,419 (18.9% below the monthly target of 36,279).</li> <li>Year to date position of 58,231 is 19.7% below projected figure of 72,558.</li> <li>Compared to same period last year, (55,045 claims) this represents an increase of 5.8% (3,186).</li> </ul>
<b>Dental Treatment Services Scheme (DTSS) (M)</b>	<ul style="list-style-type: none"> <li>The numbers of routine treatments are currently 15.1% below target while more complex treatments are 22.7% below target.</li> </ul>
<b>Community Ophthalmic Scheme (M)</b>	<ul style="list-style-type: none"> <li>Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances.</li> <li>Claims by Optometrists and Ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS.</li> <li>The number of adult treatments is currently 21.6% below target while the number of child treatments is 19.1% below target.</li> </ul>

Chart 3

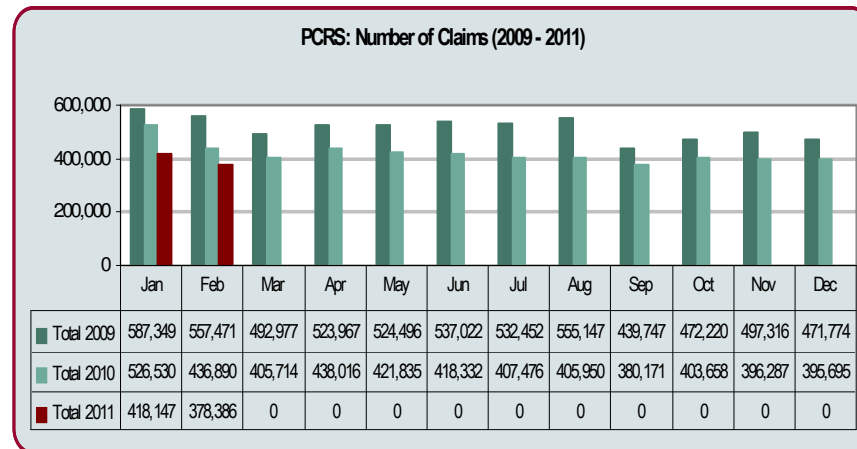
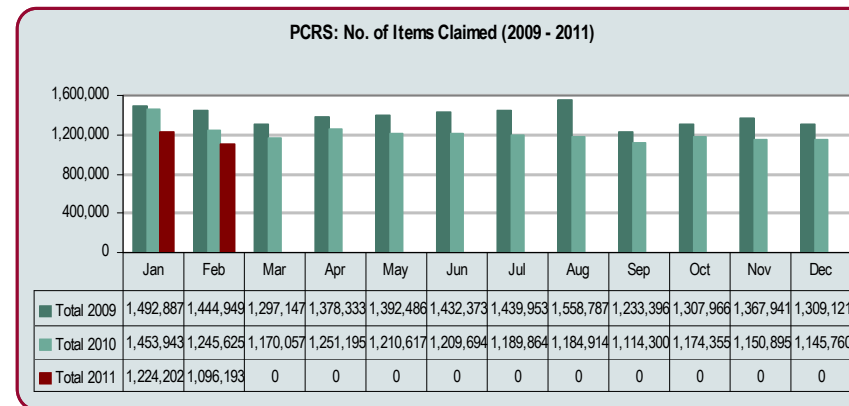


Chart 4



### \*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.

## Value for Money (VFM)

### Key Messages

The February table has been amended since the January report to reflect the break down, within the relevant pay and non-pay categories, of the €40m. non-service impacting cost reductions specified through ISD based on local initiatives across the regions. Please note that:-

- Only €15.8m of the full year €200m. is expected in February 2011 as the reductions are phased depending on the nature of the initiative e.g. Agency cost reduction in Pay will only be expected to be evident from February, whereas Maintenance is expected to deliver each month for 12 months, as are the ISD specified initiatives etc.
- For the first three months of 2010, IR issues impaired the collection of financial data on a monthly basis. Therefore the 2011 performance is measured based on February 2011 Actual Vs Average Jan-April 2010.

In terms of the broad reductions:-

- There is evidence to support the view that the total required €15.8m was delivered in February 2011, with delivery in some items overcompensating for under delivery in others. For example, the cost of Laboratory non-pay is increased in Feb YTD compared to the average of Jan-April 2010, however, X-Ray costs not expected to reduce in the first quarter are already showing a reduced spend compared to 2010.
- On the Pay analysis, it is difficult to present the financial performance specific to each reduction due to the range of initiatives nationally across the multiple pay categories such as Management/Admin and/or Pay Elements such as Overtime etc and also as a result of changes in coding of Agency pay during 2010. However, it can be said that:-
  - Total Pay excluding Superannuation is down compared to year to date 2010 by €27m. or 3%.
  - Fixed Pay, including Basic, Weekend/Public Holidays and Nights is down by €36m. or 4% and
  - Variable Pay, excluding Locum/Agency due to the coding difficulties, is down by 1%.

It is difficult to draw specific conclusions regarding performance on cost reductions based on two months of financial data, however, it is important that these reductions continue to be monitored closely as:-

- Locum/Agency performance is showing an €11m. or 40% increase compared to the equivalent period in 2010 and has been reported as zero in this table due to the change of coding from non-pay to pay during 2010 which may be overstating the increase. There is a significant targeted reduction in these costs and HR are currently developing a detailed monthly monitoring report which will support the required financial reporting.
- There will be a significantly increased requirement for reductions and a resulting increased pace of performance to be evident from March onwards given that
  - a significant range of the pricing and supplier engagement related reductions are profiled to be active by then and also
  - the current reduced discretionary spend initiatives are only performing at approximately half the required rate of reduction.

Value for Money VFM	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start Date	Reduction Required FebYTD	Reduction Achieved FebYTD
Item	€m	€m		€m		€m	€m
		HR and/or CSS-led Reductions		ISD-led Reductions			
<b>Pay</b>							
On Call Services	5.0	5.0	Feb 2011	0		0.42	-0.74
Agency Services	10.1	7.0	Feb 2011	3.06	Jan 2011	1.09	0.00
Overtime	11.6	0		11.60	Jan 2011	1.93	0.84
Basic & Weekend/Public Holidays/Nights	2.3	0		2.30	Jan 2011	0.38	0.38
Nursing	3.1	0		3.11	Jan 2011	0.52	0.52
Management/Admin	0.7	0		0.71	Jan 2011	0.12	0.12
Other	8.9	0		8.92	Jan 2011	1.49	1.49
<b>Non Pay</b>							
Medical and Nursing Training & Education	2.7	2.6	Jan 2011	0.14	Jan 2011	0.45	0.45
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr 2011	1.26	Jan 2011	0.21	4.20
Drugs & Medicines	20.9	18.0	Mar 2011	2.94	Jan 2011	0.49	0.49
Laboratory Consumables	9.5	8.9	Mar 2011	0.60	Jan 2011	0.10	-0.61
Blood and Blood Products	2.0	2.0	Mar 2011	0.02	Jan 2011	0.00	0.19
X-Ray Consumables	1.6	1.6	Mar 2011	0.01	Jan 2011	0.00	0.63
Medical Gases	1.3	1.3	Mar 2011			0.00	0.23
Cleaning & Washing Products and Contracts	3.2	3.1	Apr 2011	0.05	Jan 2011	0.01	0.63
Energy	1.5	1.5	Apr 2011	0.03	Jan 2011	0.13	-3.41
Catering Products & Contracts	3.1	2.6	Feb 2011	0.48	Jan 2011	0.08	2.00
Patient Transport Costs	0.8	0.8	Apr 2011	0.08	Jan 2011	0.01	0.51
Bedding & Clothing	1.0	1.0	Mar 2011	0.02	Jan 2011	0.00	0.00
Vehicle Running Costs	0.2	0.2	Apr 2011	0.00	Jan 2011	0.00	0.03
Office, Stationery, Printing, Equipment etc.	4.9	3.8	Apr 2011	1.07	Jan 2011	0.18	1.04
Telephony	2.5	2.5	Apr 2011				
Insurance	1.0	1.0	Jan 2011			0.17	0.17
ICT Equipment	2.0	2.0	Jun 2011	0.02	Jan 2011	0.00	0.00
Legal	5.0	5.0	Apr 2011			0.00	3.86
Grants to Outside Agencies	3.4	0		3.44	Jan 2011	0.57	2.71
Travel & Subsistence	0.1	0		0.12	Jan 2011	0.02	0.78

<b>Value for Money VFM</b>	<b>Total Reduction Required 2011</b>	<b>Nationally Led Reduction Required 2011</b>	<b>Expected Start Date</b>	<b>Locally Led Reduction Required 2011</b>	<b>Expected Start Date</b>	<b>Reduction Required FebYTD</b>	<b>Reduction Achieved FebYTD</b>
<b>Item</b>	<b>€m</b>	<b>€m</b>		<b>€m</b>		<b>€m</b>	<b>€m</b>
Bad & Doubtful Debts	0.5	0		0.50	Jan 2011	0.08	1.02
GP Grants	0.1	0		0.14	Jan 2011	0.02	2.67
Miscellaneous	1.8	0		1.81	Jan 2011	0.30	2.32
<b>Review of Rents / Lease Renewals etc.</b>	<b>5.0</b>	<b>5.0</b>	Apr 2011	Reduction and performance included in Office above			
<b>Logistics and Inventory Management</b>	<b>20.0</b>	<b>20.0</b>					
Stock Management (Pharmacy)	6.0	6.0	Apr 2011	Reduction and performance included in Drugs above			
Stock Management (Non Pharmacy)	8.2	8.2	Apr 2011	Reduction and performance included in Medical & Surgical above			
Point of Use Demand Management	0.8	0.8	Apr 2011				
Aids and Appliances Recycling	5.0	5.0	Apr 2011				
<b>Reduce Discretionary Spend</b>	<b>42.2</b>	<b>42.2</b>					
Furniture	11.0	11.0	Jan 2011			1.83	0.43
Vehicles Purchased	0.7	0.7	Jan 2011			0.11	0.04
Maintenance	30.5	30.0	Jan 2011	0.50	Jan 2011	5.08	3.34
<b>TOTAL</b>	<b>202.8</b>	<b>160.0</b>		<b>42.82</b>		<b>15.8</b>	<b>26.29</b>

## Capital

The net capital cash profile for the period Jan-Feb 2011 was €68.750m. The capital cash issued for this period was €68.750m. Capital was on profile in Jan-Feb 2011.

Capital Vote 2010	Approved Allocation €000	Actual Feb €000	Profile Feb €000	Variance Feb €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	61,060	61,060	0
C3 Information Systems and Related Services for Health Agencies	40,000	3,320	3,320	0
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	4,370	4,370	0
A in A (Sales of Surplus Assets)	-15,000	0	0	0
<b>Net Capital</b>	<b>377,250</b>	<b>68,750</b>	<b>68,750</b>	<b>0</b>

Table 7. Appropriations-in-Aid	Estimate Provision	REV Profile to 28 Feb 2011	Receipts to 28 Feb 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	56,531	56,531	-
Superannuation	199,986	34,525	34,525	-
Miscellaneous Receipts	153,300	25,800	25,800	-
Pension Levy	337,156	56,000	56,000	-
<b>Total</b>	<b>1,066,442</b>	<b>172,856</b>	<b>172,856</b>	<b>-</b>

Source: Estimate for February 2011. Figures agree with February Vote Expenditure Return.

# Detailed Human Resources Report

## HR

### Level of employment against target

Employment in the Health Service, at the end of February, is 105,617 WTEs. This is 1,072 below the approved employment ceiling, a decrease on January levels of 327 WTEs and a decrease of 2,356 WTE since the end of December 2010.

Factors in these reductions are:

- the transfer of Community Welfare Services (CWS) to the Department of Social Protection (DSP) from the start of January, which totalled 1,036 staff (967 WTEs);
- the impact of the Voluntary Early Retirement /Voluntary Redundancy Schemes (VER/VRS) on Management/Admin and General Support Staff numbers staff categories in which 2,025 staff availed of the schemes. The VER/VRS final figure equates to 1,630 WTEs, down from the original anticipated figure of 1,761 WTEs. The difference is due to an overstatement of the WTE impact and will require an adjustment to the approved employment ceiling to reflect the reality of the VER/VRS impact.

The Feb WTE figures reflect an increase in nursing of a further 138 WTEs (up 299 WTEs from the end of 2010). This takes in to account student nurse placements and nurse recruitment. The takeover of Anochtacht Phobail Teoranta in January and the Office of Tobacco Control in February have also increased reported employment levels year to date.

The Statutory Sector recorded a decrease of 323 WTEs while the Voluntary Hospital Sector recorded an increase of 30 WTEs and the Primary and Community Services Voluntary Sector recorded a decrease of 35 WTEs. The Integrated Services Directorate in overall terms recorded a decrease of 218 WTEs, with decreases in Acute Hospital Services of 46 WTEs and Primary and Community Services of 169 WTEs.

Chart 1

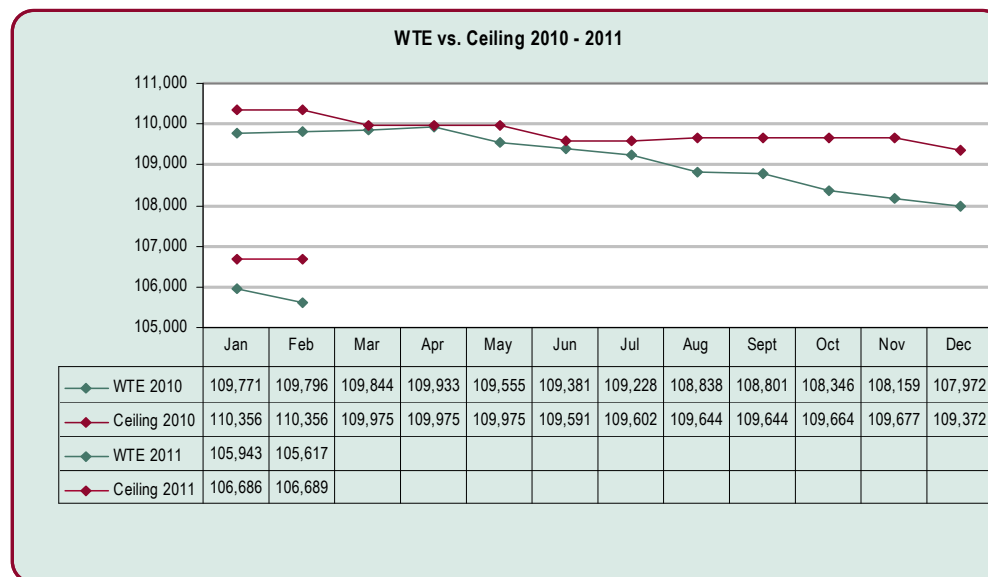


Table 1 Service Area	WTE Dec 2010	Ceiling Feb 2011	WTE Feb 2011	WTE Change since Jan 2011	WTE Change from Dec 2010 to Feb 2011	WTE Variance Feb 2011	% WTE Variance Feb 2011
Acute Hospital Services	49,318	48,666	48,911	-46	-408	+245	+0.50%
Ambulance Services	1,494	1,466	1,478	+1	-16	+12	+0.78%
National Cancer Control Programme	764	724	752	-4	-11	+28	+3.90%
Primary and Community Services	52,349	51,459	50,630	-169	-1,719	-829	-1.61%
Portion of Ceiling to be allocated		416	0	+0	+0	-416	-100.00%
Corporate	2,988	2,892	2,836	-99	-151	-56	-1.94%
Population Health	1,060	1,065	1,010	-11	-50	-55	-5.20%
<b>Total</b>	<b>107,972</b>	<b>106,689</b>	<b>105,617</b>	<b>-327</b>	<b>-2,356</b>	<b>-1,072</b>	<b>-1.00%</b>

**Progress on targeted recruitment (exempted grades)**

- The combined grades with exempted status from the moratorium, including Consultants are 595 WTEs above the 2009 levels.
- **Consultant** numbers increased by 14 WTEs in February and are 78 WTEs above the 2009 levels while NCHDs are 193 WTEs below the end of 2009 levels.
- **Occupational Therapists** increased by 4 WTEs and are 104 WTEs above 2009.
- **Physiotherapists** decreased by 11 WTEs in February, with an overall increase of 73 WTEs since 2009.
- **Speech & Language Therapists** increased by 4 WTEs with an overall increase of 77 WTEs since 2009.
- **Psychologists and Counsellors** increased by 5 WTEs in February and have increased by 24 WTEs since 2009.
- **Social Workers** showed an overall marginal reduction of 3 WTEs and is some 39 WTEs above the 2009 levels outside of 2010 Children and Families approved new posts. A further 1 post was filled in February; there was an overall reduction of 4.5 seen since the end of 2010.

**WTEs by Staff Grouping**

- Nursing has increased by 138 WTEs, due to the intake of student nurses and some nursing recruitment in specialist areas from 2010. The upward impact of student nurse placements should be temporary in nature. In overall term is 1,987 WTEs below the level at the end of March 2009 (moratorium on recruitment) and 664 WTEs below the end of 2009, despite the increase of 299 WTEs seen in 2011.
- Management/Admin reduced by 220 WTEs primarily due to the lagged reporting impact of the VER/VRS from the January recorded levels. Since the peak in this staff category in September 2007, the reduction is 2,179 WTEs or -11.82%. Reported employment levels are now close to 2004 levels despite significant new approved posts, the subsuming into the HSE of existing staff in external agencies and reporting of some staff excluded from census returns at that time.
- General Support Staff and Other Patients and Client Care staff categories reduced by 153 WTEs (-1.39%) and 1 WTE (-0.00%) respectively in February with the former primarily due to the lagged reporting effect of the VER/VRS on that staff category.

**WTEs by Exempted Grade**

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Feb 2011	Variance from Dec 2012 target	WTE Change from last month	Change since Dec 2009	% Change since Dec 2009
Consultants	2,316.86	<i>not specified</i>	2,394.63	<i>n/a</i>	+13.81	+77.77	+3.36%
Occupational Therapists	1,103.01	<i>n/a</i>	1,206.60	<i>n/a</i>	+4.08	+103.59	+9.39%
Physiotherapists	1,468.83	<i>n/a</i>	1,542.16	<i>n/a</i>	-11.03	+73.33	+4.99%
Speech and Language Therapists	776.46	<i>n/a</i>	853.25	<i>n/a</i>	+3.50	+76.79	+9.89%
Combined therapists:	3,348.30	+380	3,602.01	-126.00	-3.45	+253.71	+7.58%
Psychologists & Counsellors	953.61	+230	977.85	-206.00	+4.59	+24.24	+2.54%
Social Workers	2,139.35	+300	2,378.30	-61.05	-2.86	+238.95	+11.17%

**WTEs by Staff grouping**

Table 3. Staff Category	WTE Dec 2009	WTE Jan 2011	WTE Feb 2011	WTE change since Jan 2011	% change since Jan 2011	WTE change since Dec 2009	% change since Dec 2009
Medical / Dental	8,083	8,000	7,951	-49	-0.61%	-132	-1.64%
Nursing	37,466	36,664	36,802	+138	+0.38%	-664	-1.77%
Health & Social Care Professionals	15,973	16,337	16,295	-43	-0.26%	+322	+2.02%
Management/ Admin	17,611	16,463	16,242	-220	-1.34%	-1,368	-7.77%
General Support Staff	11,906	11,030	10,877	-153	-1.39%	-1,029	-8.65%
Other Patient & Client Care	18,714	17,451	17,450	-1	+0.00%	-1,264	-6.75%
<b>Total Health Service Staffing</b>	<b>109,753</b>	<b>105,944</b>	<b>105,617</b>	<b>-327</b>	<b>-0.31%</b>	<b>-4,136</b>	<b>-3.77%</b>



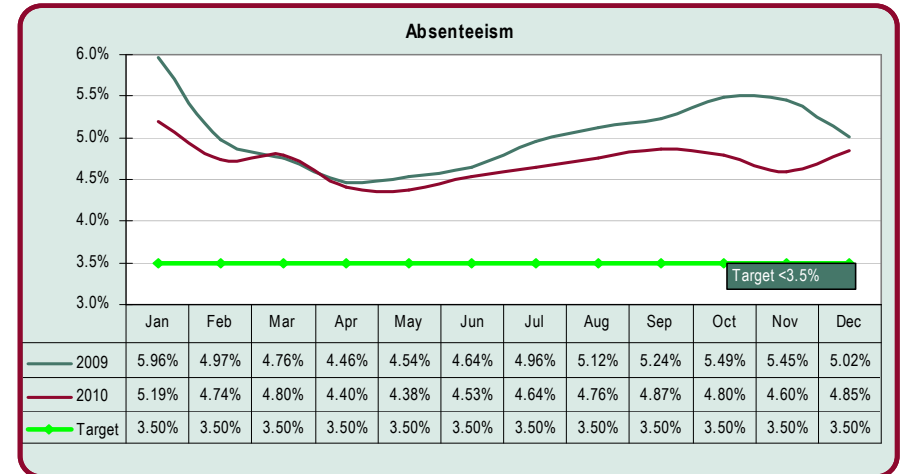
## \*Absenteeism

The current reported position shows absenteeism at 4.85% which is an increase on the previous reported month 4.60%.

A management focus continues in this area to work towards the target of 3.5% during 2011.

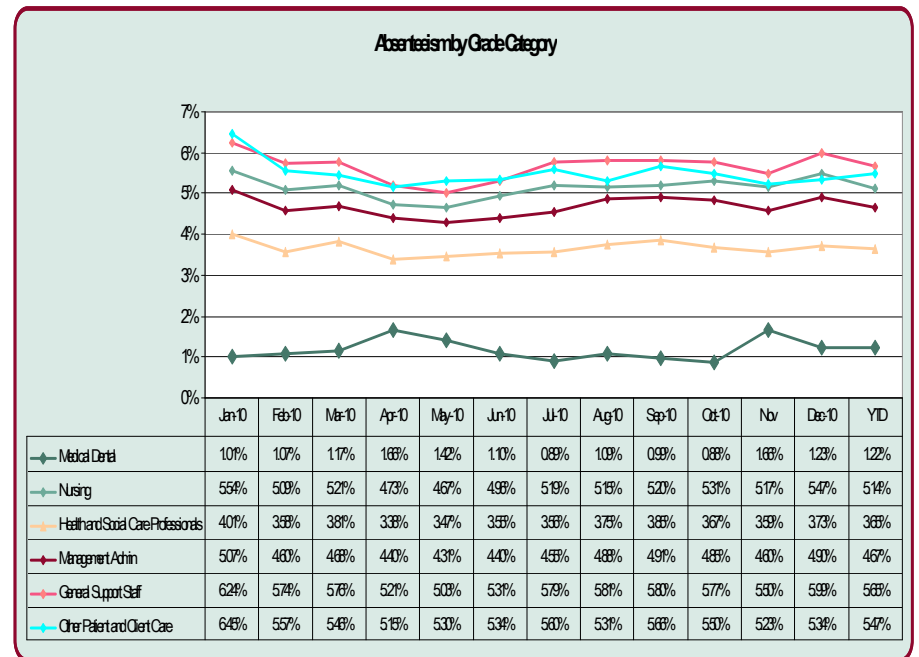
\*Absenteeism is reported in arrears.

Chart 1



Absenteeism	DML	DNE	South	West	National	Total
Acute Hospital Services	4.20%	4.57%	5.83%	5.21%		<b>4.87%</b>
Ambulance Services	6.37%	5.16%	6.13%	7.48%		<b>6.51%</b>
Primary and Community Services	5.08%	4.41%	4.95%	4.79%		<b>4.80%</b>
Corporate	4.68%	2.04%	3.27%	4.27%	6.56%	<b>4.73%</b>
Population Health	3.10%	0.00%		2.80%	4.29%	<b>2.61%</b>
<b>Total</b>	<b>4.56%</b>	<b>4.46%</b>	<b>5.37%</b>	<b>5.00%</b>	<b>6.39%</b>	<b>4.85%</b>

Chart 2



# Detailed Service Delivery Report

Data for the first two months of 2011 has shown hospitals and EDs to be much busier and the level of patient acuity much higher than the same period last year:

- Emergency presentations are up by an additional 4,758 (+2.6%)
- ED attendances are up by an additional 5,341 (+3.1%)
- Emergency Admissions are up by an additional 2,367 (+4%)
- GP Out of Hours contacts are up by an additional 41,970 (+33.1%)

Key activity area	Target YTD	Jan-11	Feb-11	Actual YTD	% var YTD 2011 Actual v Target	Same Period Last Year	% var YTD 2011 v YTD 2010
Emergency Presentations	183,781	95,727	90,325	186,052	1.2%	181,294	2.6%
ED Attendances		95,062	80,350	175,412		170,171	3.1%
Emergency Admissions	60,015	31,958	29,762	61,720	2.8%	59,353	4.0%
Inpatient Discharges	93,529	47,518	46,877	94,395	0.9%	92,853	1.7%
Day Case Activity	119,071	59,034	60,796	119,830	0.6%	114,053	5.1%
Inpatient elective procedure numbers (over targeted time)		5,386	-120	5,266			
Day case elective procedure numbers (over targeted time)		5,438	+ 1569	7,007			
GP Out of Hours contacts	145,808	94,138	74,610	168,748	15.7%	126,778	33.1%

- In spite of these significant increases, day case discharges increased by 5,777 (+5%) over same period last year while inpatient discharges increased by 1,542 (+1.7%) pointing to increased efficiency within the hospital system.
- Further efficiency was noted during February within EDs wherein patients waited an average of 6.2 hours from the time they arrived until they left the ED - an improvement over January when the average time was 8 hours.
- **Escalation Framework:** The ED Escalation Framework has been adopted by all hospitals and local operational plans have been developed to support its implementation. These include a focus on discharges being affected earlier in the day, increasing levels of weekend discharging and improving access to diagnostics. During February Beaumont Hospital utilised the framework to escalate to full capacity protocol wherein additional beds were placed on wards for a short period to accommodate patients and alleviate ED overcrowding. During March an additional 10 hospitals have utilised the framework to escalate to full capacity protocol.

## GP Out of Hours

The number of contacts made with GP Out of Hours services between January and February was 168,748 which is 41,970 more than same period last year (+33.1%) and 22,940 ahead of target (+15.7%) Throughout December 2010, January and February 2011 there was an increase in respiratory and influenza like illness which is in line with reported GP consultation rates.

Regional implementation plans are currently being developed in accordance with the findings of the National Review of GP Out of Hours Services, 2010.

## NCHD

While a number of SHO and Register posts remain vacant, many of these are being filled by Agency/ Short Term Locums, particularly in Letterkenny, Our Lady of Lourdes and Cavan. The situation continues to be monitored closely. Additional measures are being perused to ensure that critical vacancies are filled in time for the July changeover of NCHD staff, including an external recruitment drive in India and Pakistan.

### NTPF

A meeting between ISD and the NTPF is scheduled for 28th March to look at the options around waiting list for paediatrics.

### Urgent colonoscopies

All urgent colonoscopies were seen within 28 days for the period under review.

### Home Support

The HSE commenced a national review into a sample of home care and home help service provision in late December 2010. This national quality audit continues as a matter of priority and is anticipated to conclude within the next few months.

New National Guidelines in relation to Home Care Packages was introduced in December 2010 which is affecting the mix between Home Help and Home Care Package hours. These national guidelines standardise the definition of Home Help and Home Care Packages across all LHO. As such, data is currently not available for reporting purposes. However, we will provide a cumulative position on Home Help Hours and HCPs at the end of Q1 2011.

### CAMHs

Improvement plans are currently being developed locally on how performance is going to be improved for teams not reaching the 70% target in relation to cases offered a first appointment and seen within 3 months.

Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Feb 2011	WTE Feb 2011	WTE Change from Dec 2010 to Feb 2011	% WTE Variance Feb 2011	Actual €000	Budget €000	% Var
DML	14,810	14,649	-253	-1.09%	235,646	230,385	2.3%
DNE	10,708	10,609	-621	-0.93%	176,362	172,932	2.0%
South	11,900	11,737	-449	-1.36%	189,173	189,652	-0.3%
West	13,734	13,446	-394	-2.09%	192,385	191,935	0.2%
National	307	189	-2	-38.52%			
<b>Total</b>	<b>51,459</b>	<b>50,630</b>	<b>-1,719</b>	<b>-1.61%</b>	<b>793,566</b>	<b>784,904</b>	<b>1.1%</b>

Table 2. Hospital Services by Region	Human Resources				Budget		
	Ceiling Feb 2011	WTE Feb 2011	WTE Change from Dec 2010 to Feb 2011	% WTE Variance Feb 2011	Actual €000	Budget €000	% Var
DML	16,435	16,643	-176	+1.26%	226,662	211,942	6.9%
DNE	10,573	10,628	-45	+0.52%	150,465	140,078	7.4%
South	10,687	10,694	-178	+0.07%	134,241	123,801	8.4%
West	10,956	10,946	-8	-0.09%	144,561	129,907	11.3%
National	15			+0.00%			
<b>Total</b>	<b>48,666</b>	<b>48,911</b>	<b>-408</b>	<b>+0.50%</b>	<b>655,930</b>	<b>605,729</b>	<b>8.3%</b>

# Primary Care

## Primary Care analysis & action points

<b>No. of PCTs holding Clinical Team Meetings (M)</b> (Chart 1)	<p>At the end of February 2011, 355 primary care teams were holding clinical team meeting which is 2.5% below the year to date target of 364.</p> <p>This is an increase of 7 teams from the January position (348 teams) and also represents a 55.7% increase from same period last year (228 teams)</p> <p>Of note, further merging of teams will result in a reduced 2011 target to 518 teams.</p>
<b>Child Health Developmental Screening at 10 months (M)</b> (Chart 2)	<p>The NSP 2011 lists a target of 90% of children reaching 10 months of age should have received their developmental health screening on time within 7-9 months of age.</p> <p>Nationally 78.7% of the cohort received their screening on time.</p> <p>HSE DNE reported that 84.5% of those reaching 10 months received their screening on time. HSE South reported 84.4%, HSE DML 75.4% and HSE West returned a figure of 70.3%.</p> <p>These figures although returned for reporting in February are actually reported monthly in arrears and apply to January 2011.</p>
<b>GP Out of Hours (M)</b>	<p>During the month of February 2011, 74,610 contacts were made to the GP OOH service.</p> <p>Year to date figure is 168,748 which is 15.7% above year to date target of 145,808.</p> <p>This is also 33.1% above same period last year (126,778).</p> <p>Breakdown of the nature of contact with the OOH Service:</p> <ul style="list-style-type: none"> <li>&gt; 59% - GP Treatment Centre</li> <li>&gt; 30% - Triage</li> <li>&gt; 10% - Home Visit</li> <li>&gt; 1% - Other</li> </ul>

Chart 1

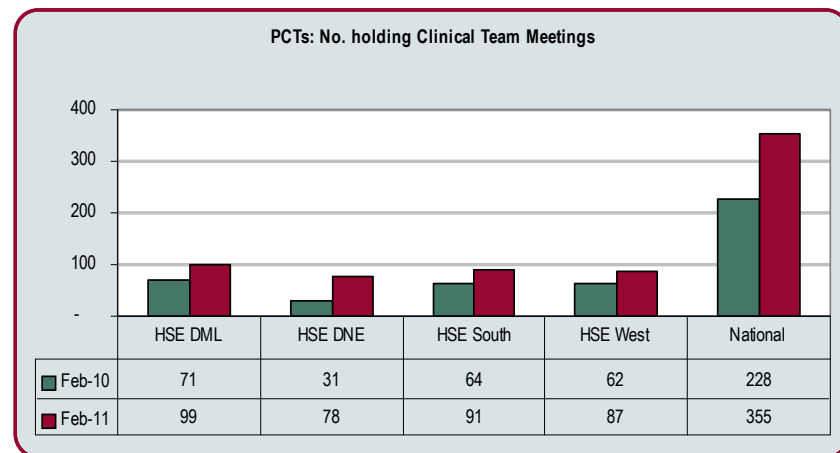
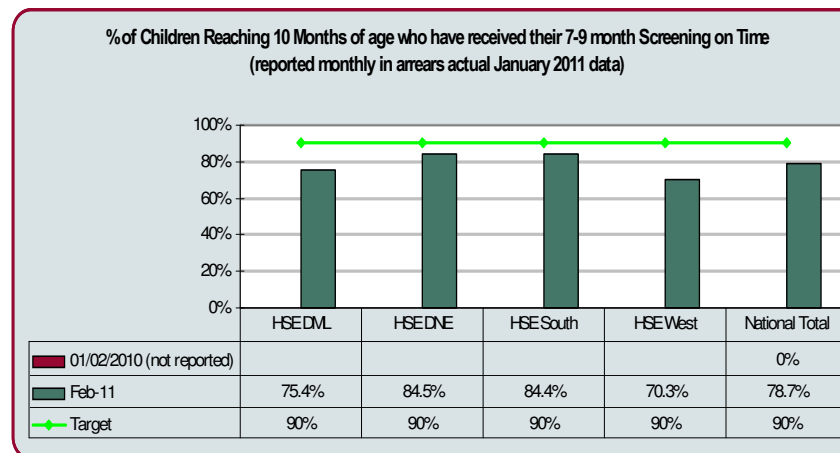


Chart 2



# Acute Services

## Acute Services analysis and action points

<b>Inpatient Discharges (M)</b> (chart 1)	The number of Inpatient Discharges at the end of February 2011 is 1.7% higher compared to the same period in 2010 and is 0.9% above target for 2011.
<b>Day Case Discharges (M)</b> (chart 1)	The number of Day Cases at the end of February 2011 is 5.1% higher compared to the same period in 2010 and is 0.6% above target for 2011.
<b>ALOS (M)</b>	Average length of stay in February 2011 was 6.04 this is an improvement on January when the corresponding figure was 6.3. However, a further reduction of 7.3% in ALOS is required in order to achieve the 5.6 target nationally.
<b>Delayed Discharges (M)</b>	In the last week of February 2011 the number of delayed discharges reported nationally was 671. This is an increase on the position at the end of January (611). Comparison to the position at the end of February 2010 is not available due to incomplete data due to industrial action which began in January 2010. The average number of delayed discharges reported through February 2011 was 647.
<b>% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology) (M)</b>	This figure is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of December 2010 shows that 70% of the basket of procedures are carried out on a day case basis. This compares to 65% for the previous year and shows an improvement in all 4 regions. There has been no change since previously reported last month.

Chart 1

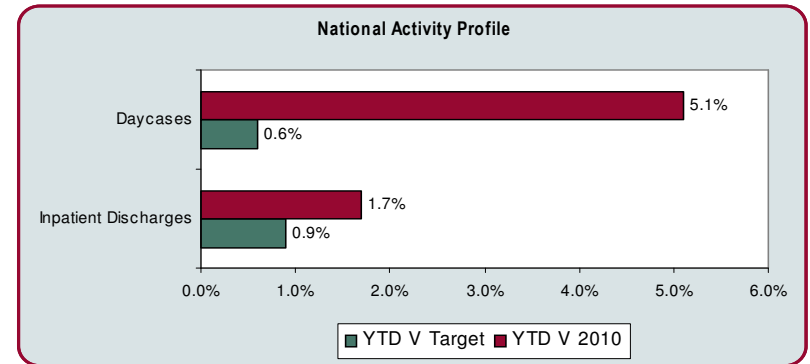


Chart 2

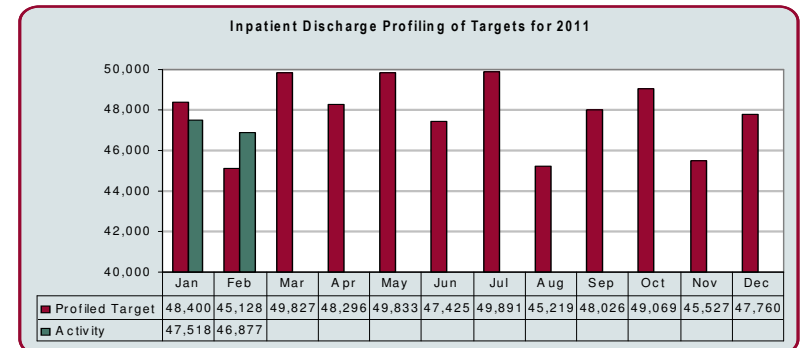
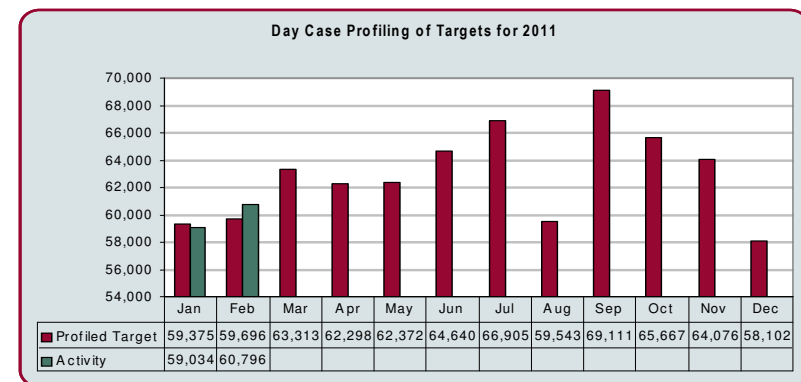


Chart 3



Acute Services analysis and action points	
Elective Procedures adults <6 months, Inpatients (M) (Chart 2)	The percentage of adults waiting less than 6 months on the Inpatient waiting list in February 2011 was 70.6% (this equates to 9,763 of a total list of 13,820 patients waiting less than 6 months for their procedure). This compares to 69.7% for January.
Elective Procedures adults <6 months, Day Case (M) (Chart 2)	The percentage of adults waiting less than 6 months on the Day Case waiting list in February 2011 was 83.6% (this equates to 27,656 of a total list of 33,068 patients waiting less than 6 months for their procedure). This compares to 84.3% for January.
Elective Procedures children <3 months, Inpatients (M)(Chart 3)	The percentage of children waiting less than 3 months on the Inpatient waiting list in February 2011 was 39.9% (this equates to 802 of a total list of 2,011 children waiting). This compares to 40.6% for January.
Elective Procedures children <3 months, Day Case (M)(Chart 3)	The percentage of children waiting less than 3 months on the Day Case waiting list in February 2011 was 44.6% (this equates to 1,284 of a total list of 2,879 children waiting). This compares to 43.2% for January.
% 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 December 2010 shows that 51% of patients had their principal procedure on the same day of admission. This compares to 46% for the previous year and shows an improvement in all 4 regions.

Chart 4

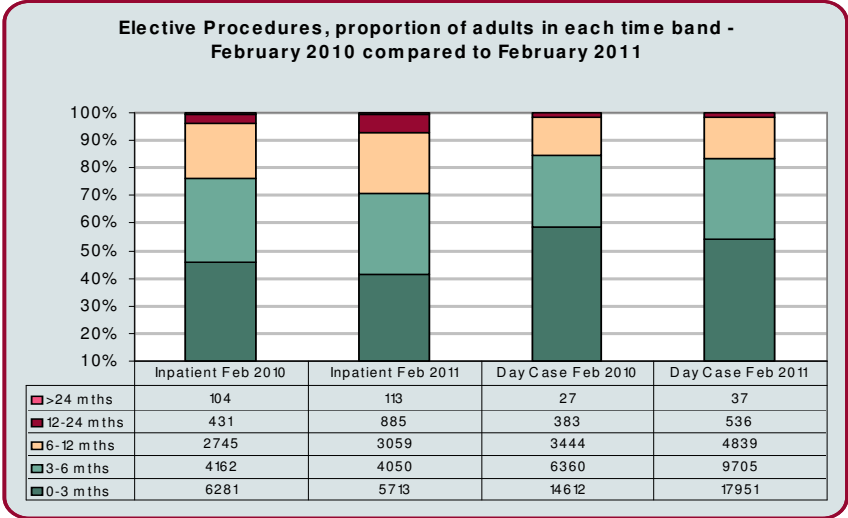
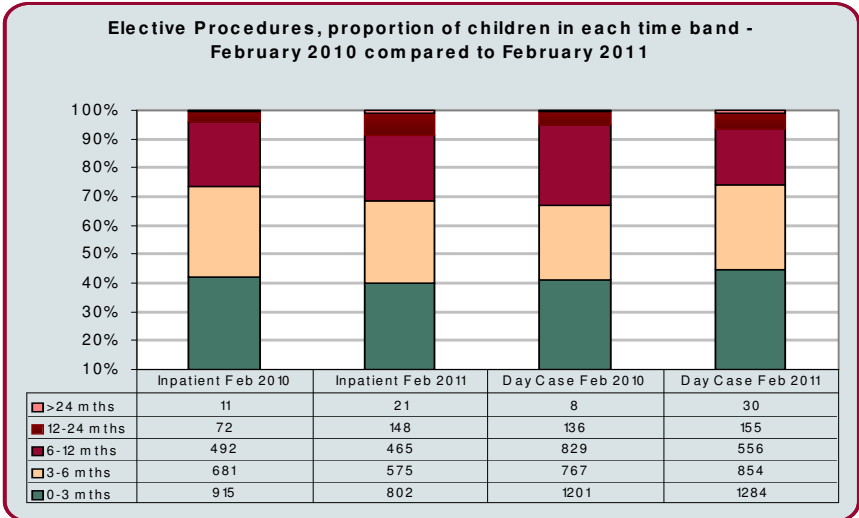


Chart 5



**Acute Services analysis and action points**

ED Admitted or discharged <6hrs (M)

Data for February from the data available shows that patients waited on average 6.2 hours in ED from time of arrival to time leaving the department. This is an improvement on January when the corresponding average time was 8 hours.

The average time for patients who required admission in February was 9.2 hours with 50.3% of patients admitted within 6 hours of their registration in ED (again an improvement on January).

Data for February also shows that in the 20 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.

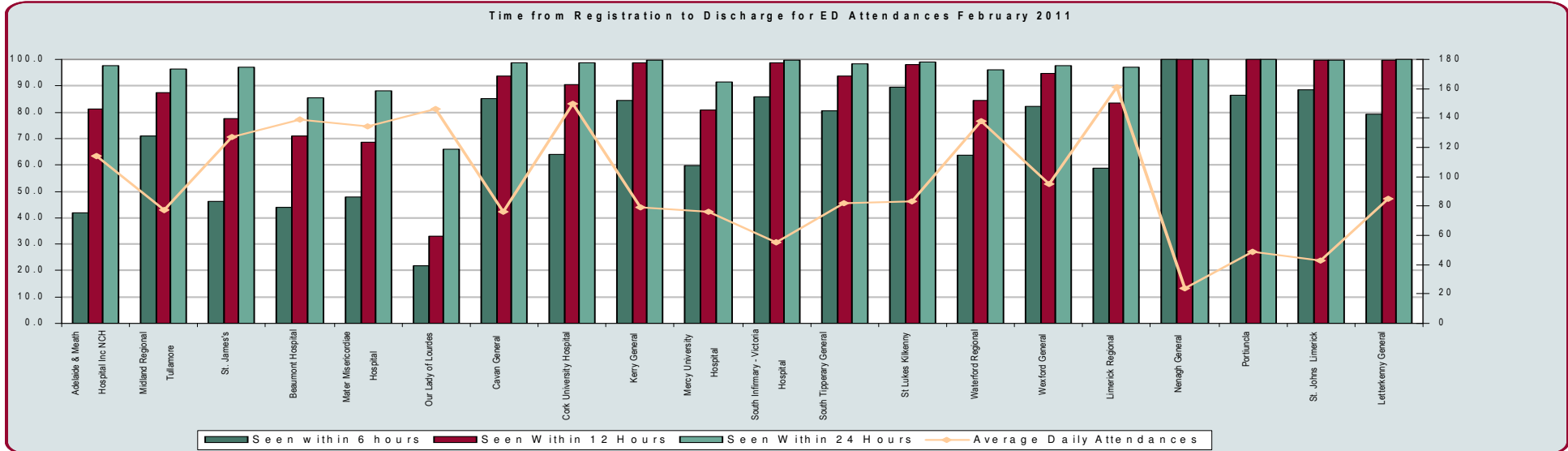
During 2011, the HSE intends to move to reporting the Patient Experience Time (PET) of all patients attending Emergency Departments. This is progress from the previous method of a combination of using sampling data and aggregating data over a 24 hour period.

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

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

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

By the end of February 2011, 16 Hospitals were routinely returning all patient data with a small number continuing to report sampling and the aggregated formats. More Hospitals are expected to move to all patient reporting incrementally through 2011.



# Ambulance

## Ambulance

Table 1 Ambulance Services - HR	Human Resources			
	Ceiling Feb 2011	WTE Feb 2011	WTE Change from Dec 2010 to Feb 2011	% WTE Variance Feb 2011
DML	471	468	-7	-0.72%
DNE	153	172	+0	+12.32%
South	405	393	-6	-3.11%
West	437	446	-3	+1.98%
<b>Total</b>	<b>1,466</b>	<b>1,478</b>	<b>-16</b>	<b>+0.78%</b>

Table 2 Ambulance Services -Budget	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	6,734	6,428	306
DNE	2,420	2,456	-36
South	6,364	5,185	1,179
West	7,110	6,730	380
Ambulance College	1,016	442	573
Office of the National Director	265	522	-257
<b>Total</b>	<b>23,908</b>	<b>21,763</b>	<b>2,145</b>

# National Cancer Control Programme (NCCP)

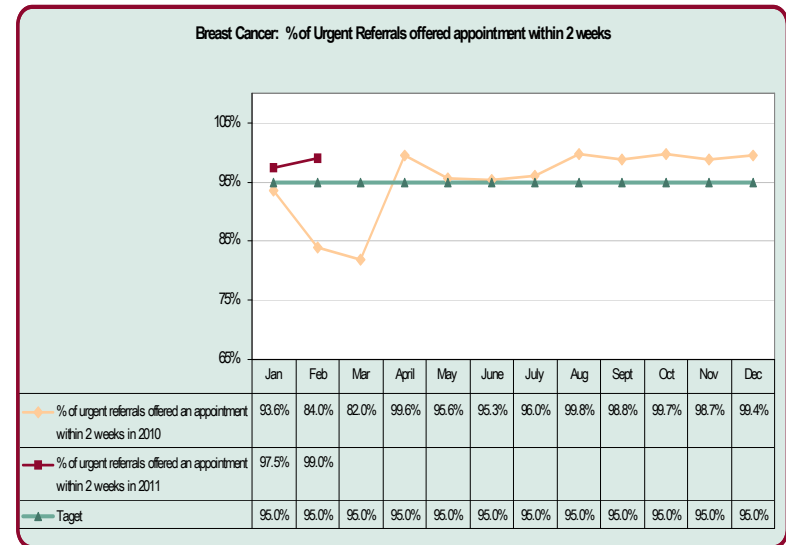
## National Cancer Control Programme (NCCP)

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

Total number of urgent referrals; and of those the % offered an appointment within 2 weeks – target 95%. February reported position is 99.0%.

	Target	% Urgent Referrals (offered an appointment within 2 weeks) % Non Urgent (offered an appointment within 12 weeks)			
		Jan 2011 (Urgent)	Jan (Non-Urgent)	Feb (Urgent)	Feb (Non-Urgent)
Beaumont	95%	96.0%	100.0%	97.0%	100.0%
Mater	95%	100.0%	95.0%	99.0%	97.0%
St. Vincent's	95%	93.0%	100.0%	100.0%	100.0%
St. James's	95%	100.0%	83.0%	99.0%	86.0%
Waterford	95%	100.0%	76.0%	100.0%	58.0%
CUH	95%	94.0%	100.0%	95.0%	100.0%
Limerick	95%	99.0%	93.0%	100.0%	82.0%
GUH & Letterkenny	95%	100.0%	100.0%	100.0%	100.0%
GUH	95%	100.0%	100.0%	100.0%	100.0%

Chart 1





# Children and Families

## Children and Families

% of children in care who have a written care plan (defined by Child Care Regs 1995) (M) (Chart 2)

### Children in Care with a Written Care Plan

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

The number of children in care nationally at the end of February 2011 was 6,015 and of those children 5,239 (87.1%) had a written care plan in place.

Nationally of all the care types; children in Foster Care settings exhibited the highest percentage with a written care plan in place at 87.8%.

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

- Residential Care: 87.3%
- Foster Care: 87.8%
- Foster Care with Relatives: 85.9%
- Other Care Types: 84.0%

*This metric is based returns from 32 LHO's.*

% of children in care who have an allocated Social Worker at the end of the reporting period (M) (Chart 3)

### Children in Care with an Allocated Social Worker

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

Nationally at the end of February 2011 94.6% (5,689) 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: 98.0%
- Foster Care: 95.0%
- Foster Care with Relatives: 92.6%
- Other Care Types: 96.8%

*This metric is based returns from 32 LHO's.*

Chart 1

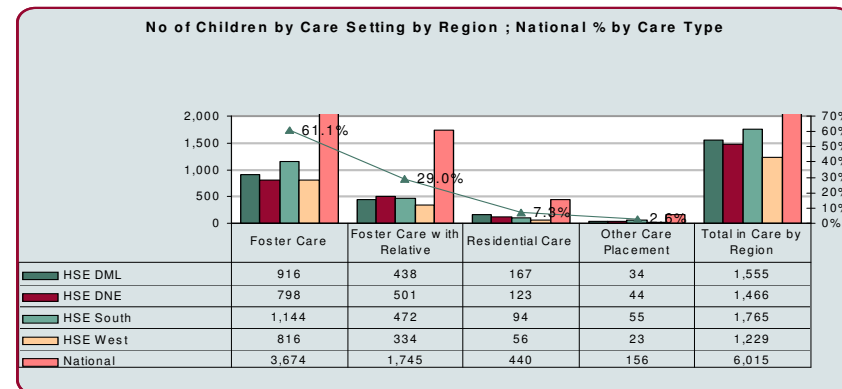


Chart 2

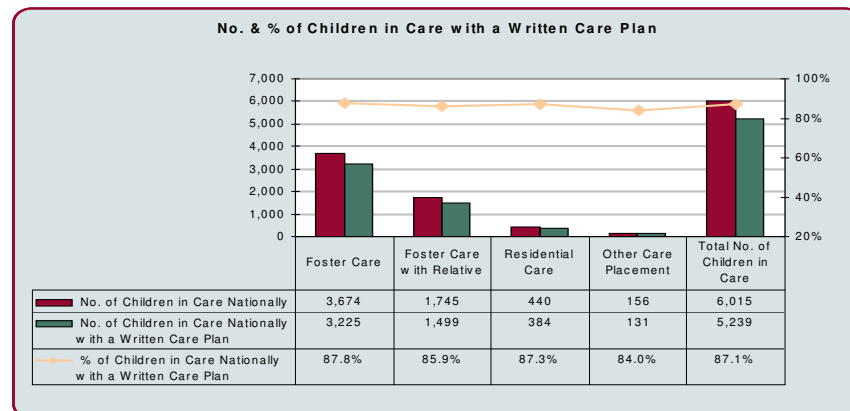
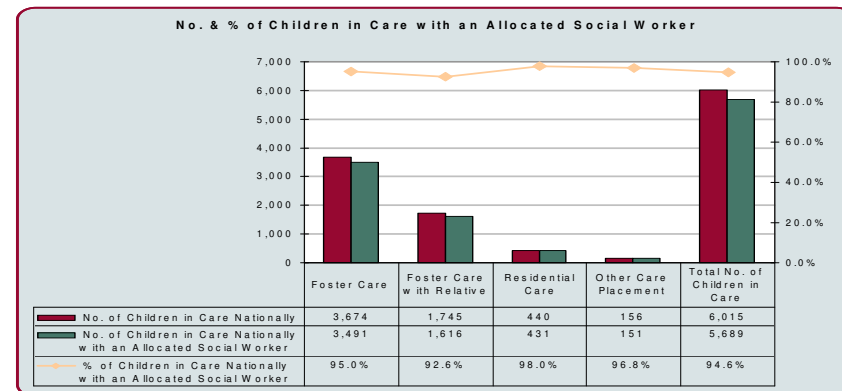


Chart 3



# Mental Health

## Mental Health

% of new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months) (M) (Chart 1)

- Total number of Child & Adolescents offered first appointment and seen in February was 677.
- The regional view is as follows:
  - DML – 204
  - DNE – 121
  - South – 175
  - West – 177
  - Nationally - 677
- It would be expected that there will be peaks and troughs in activity relating to this metric. However the expectation would be that over the twelve months the target would be met.

No. of new child / adolescent offered first appointment and seen (M) (Chart 2)

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of new (including re-referred) cases who are offered a first appointment and seen, are seen within three months of their referral.
- Currently 64% of the new cases (677) who were offered an appointment and seen in February, were within 3 months of referral. Overall DNA rates are running at 8% nationally, taking these in to account 70% of new cases offered an appointment were within 3 months of referral.
- The regional view for those seen within 3 months is as follows:
  - DML – 56%
  - DNE – 60%
  - South – 67%
  - West – 75%
  - Nationally – 64%

Chart 1

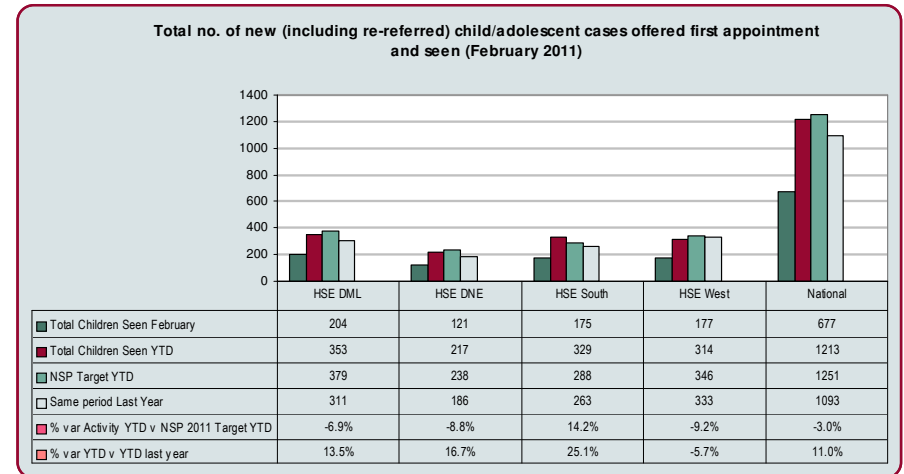
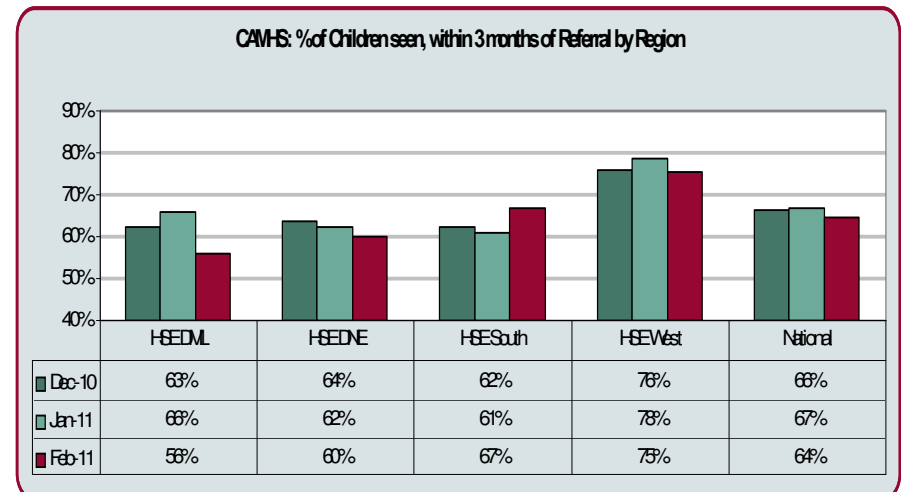


Chart 2



# Older Persons

Older Persons	
Total no. of Home Help Hours provided for all care groups (M)	New National Guidelines in relation to Home Care Packages was introduced in December 2010 which is affecting the mix between Home Help and Home Care Package hours. These national guidelines standardise the definition of Home Help and Home Care Packages across all LHO. As such, data is currently not available for reporting purposes. However, we will provide a cumulative position on Home Help Hours and HCPs at the end of Q1 2011.
Total no. of people in receipt of Home Care Packages per month (M)	As above.
% of complete NHSS applications processed within 4 weeks (M)	This data is dependent on IT system being implemented fully. IT system currently being piloted in two offices.

# 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 February 2011 was 208. Of these, 196 were admitted within 7 days of active referral. This equates to 94% of all the admitted patients.

Area	Percentage & No. within 7 days	Percentage & No. over 7 days
DML	81% (43)	19% (10)
DNE	100% (22)	0% (0)
South	100% (36)	0% (0)
West	98% (95)	2% (2)
<b>National</b>	<b>94% (196)</b>	<b>6% (12)</b>

# Social Inclusion

## Social Inclusion

Total number in methadone treatment (M)

The total number of clients in methadone treatment this month was 9248. Of these 6% were in a prison setting. The remaining clients were represented as follows, DML 54%, DNE 33%, west 3%, South 3%.

Area	Number	%
DML	4,976	54%
DNE	3,089	33%
South	301	3%
West	297	3%
Prisons	585	6%
<b>National</b>	<b>9,248</b>	

# Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Public Patients as a % of all elective discharges</b>										
DML	75.9%	80.0%	80.0%	78.1%	-2.4%	80.0%	77.8%	-2.8%	75.5%	3.0%
DNE	75.7%	80.0%	80.0%	77.1%	-3.6%	80.0%	76.5%	-4.4%	75.2%	1.7%
South	71.0%	80.0%	80.0%	65.1%	-18.6%	80.0%	68.1%	-14.9%	70.3%	-3.1%
West	71.1%	80.0%	80.0%	69.5%	-13.1%	80.0%	70.2%	-12.3%	70.6%	-0.6%
<b>National</b>	<b>73.4%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>72.2%</b>	<b>-9.8%</b>	<b>80.0%</b>	<b>74.0%</b>	<b>-7.5%</b>	<b>72.0%</b>	<b>2.8%</b>
<b>No. of Inpatient Discharged (Inpatient)</b>										
DML	181,047	176,400	13,859	14,359	3.6%	28,723	28,751	0.1%	27,776	3.5%
DNE	110,263	107,700	8,462	8,419	-0.5%	17,537	17,011	-3.0%	17,589	-3.3%
South	147,500	144,000	11,314	12,078	6.8%	23,447	24,325	3.7%	23,236	4.7%
West	150,050	146,300	11,494	12,021	4.6%	23,822	24,308	2.0%	24,252	0.2%
<b>National</b>	<b>588,860</b>	<b>574,400</b>	<b>45,129</b>	<b>46,877</b>	<b>3.9%</b>	<b>93,529</b>	<b>94,395</b>	<b>0.9%</b>	<b>92,853</b>	<b>1.7%</b>
<b>No. of Inpatient Discharged (Day Case)</b>										
DML	265,395	276,700	21,875	22,116	1.1%	43,633	43,945	0.7%	40,825	7.6%
DNE	137,831	143,100	11,313	11,479	1.5%	22,565	22,378	-0.8%	22,058	1.5%
South	157,119	163,000	12,886	12,974	0.7%	25,703	25,710	0.0%	24,750	3.9%
West	167,924	172,300	13,622	14,227	4.4%	27,170	27,797	2.3%	26,420	5.2%
<b>National</b>	<b>728,269</b>	<b>755,100</b>	<b>59,696</b>	<b>60,796</b>	<b>1.8%</b>	<b>119,071</b>	<b>119,830</b>	<b>0.6%</b>	<b>114,053</b>	<b>5.1%</b>
<b>Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months</b>										
DML	81.2%	100.0%	100.0%	79.3%	-20.7%	100.0%	79.3%	-20.7%	71.9%	10.3%
DNE	73.4%	100.0%	100.0%	68.6%	-31.4%	100.0%	68.6%	-31.4%	76.3%	-10.1%
South	75.3%	100.0%	100.0%	71.5%	-28.5%	100.0%	71.5%	-28.5%	85.2%	-16.1%
West	69.8%	100.0%	100.0%	65.3%	-34.7%	100.0%	65.3%	-34.7%	74.2%	-12.0%
<b>National</b>	<b>74.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>70.6%</b>	<b>-29.4%</b>	<b>100.0%</b>	<b>70.6%</b>	<b>-29.4%</b>	<b>76.1%</b>	<b>-7.2%</b>
<b>Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months</b>										
DML	47.1%	100.0%	100.0%	41.1%	-58.9%	100.0%	41.1%	-58.9%	37.3%	10.2%
DNE	69.6%	100.0%	100.0%	58.1%	-41.9%	100.0%	58.1%	-41.9%	49.1%	18.3%
South	48.1%	100.0%	100.0%	41.4%	-58.6%	100.0%	41.4%	-58.6%	63.4%	-34.7%
West	33.2%	100.0%	100.0%	33.3%	-66.7%	100.0%	33.3%	-66.7%	41.2%	-19.2%
<b>National</b>	<b>45.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>39.9%</b>	<b>-60.1%</b>	<b>100.0%</b>	<b>39.9%</b>	<b>-60.1%</b>	<b>42.1%</b>	<b>-5.2%</b>

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Elective Waiting List (Daycase) % Adults awaiting ≤6 months</b>										
DML	95.4%	100.0%	100.0%	94.0%	-6.0%	100.0%	94.0%	-6.0%	92.8%	1.3%
DNE	88.8%	100.0%	100.0%	85.4%	-14.6%	100.0%	85.4%	-14.6%	84.7%	0.8%
South	86.1%	100.0%	100.0%	79.6%	-20.4%	100.0%	79.6%	-20.4%	82.7%	-3.7%
West	79.8%	100.0%	100.0%	75.3%	-24.7%	100.0%	75.3%	-24.7%	78.5%	-4.1%
<b>National</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>83.6%</b>	<b>-16.4%</b>	<b>100.0%</b>	<b>83.6%</b>	<b>-16.4%</b>	<b>84.5%</b>	<b>-1.1%</b>
<b>Elective Waiting List (Day Case) % Children awaiting ≤3 months</b>										
DML	48.8%	100.0%	100.0%	40.3%	-59.7%	100.0%	40.3%	-59.7%	39.1%	3.1%
DNE	62.7%	100.0%	100.0%	56.9%	-43.1%	100.0%	56.9%	-43.1%	24.1%	136.1%
South	51.9%	100.0%	100.0%	54.2%	-45.8%	100.0%	54.2%	-45.8%	44.3%	22.3%
West	58.0%	100.0%	100.0%	48.2%	-51.8%	100.0%	48.2%	-51.8%	55.2%	-12.7%
<b>National</b>	<b>51.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>44.6%</b>	<b>-55.4%</b>	<b>100.0%</b>	<b>44.6%</b>	<b>-55.4%</b>	<b>40.8%</b>	<b>9.3%</b>
<b>% of elective inpatient procedures conducted on day of admission</b>										
DML	63.0%	75.0%	75.0%	63.0%	-16.0%	75.0%	63.0%	-16.0%	57.0%	10.5%
DNE	43.0%	75.0%	75.0%	42.0%	-44.0%	75.0%	42.0%	-44.0%	36.0%	16.7%
South	45.0%	75.0%	75.0%	45.0%	-40.0%	75.0%	45.0%	-40.0%	44.0%	2.3%
West	47.0%	75.0%	75.0%	48.0%	-36.0%	75.0%	48.0%	-36.0%	44.0%	9.1%
<b>National</b>	<b>50.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>51.0%</b>	<b>-32.0%</b>	<b>75.0%</b>	<b>51.0%</b>	<b>-32.0%</b>	<b>46.0%</b>	<b>10.9%</b>
<b>No. of Emergency Admissions</b>										
DML	96,717	94,500	7,691	8,069	4.9%	15,693	16,579	5.6%	15,280	8.5%
DNE	72,863	71,800	5,844	5,474	-6.3%	11,923	11,352	-4.8%	11,783	-3.7%
South	89,840	87,900	7,154	7,414	3.6%	14,597	15,464	5.9%	14,197	8.9%
West	109,611	107,200	8,725	8,805	0.9%	17,802	18,325	2.9%	18,093	1.3%
<b>National</b>	<b>369,031</b>	<b>361,400</b>	<b>29,414</b>	<b>29,762</b>	<b>1.2%</b>	<b>60,015</b>	<b>61,720</b>	<b>2.8%</b>	<b>59,353</b>	<b>4.0%</b>
<b>% Day case Surgeries as a % day case + inpatients for specialised basket procedures</b>										
DML	74.0%	75.0%	75.0%	73.0%	-2.7%	75.0%	73.0%	-2.7%	69.0%	5.8%
DNE	75.0%	75.0%	75.0%	76.0%	1.3%	75.0%	76.0%	1.3%	72.0%	5.6%
South	62.0%	75.0%	75.0%	62.0%	-17.3%	75.0%	62.0%	-17.3%	57.0%	8.8%
West	69.0%	75.0%	75.0%	70.0%	-6.7%	75.0%	70.0%	-6.7%	63.0%	11.1%
<b>National</b>	<b>70.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>70.0%</b>	<b>-6.7%</b>	<b>75.0%</b>	<b>70.0%</b>	<b>-6.7%</b>	<b>65.0%</b>	<b>7.7%</b>
<b>Outpatient Attendances</b>										
DML	<b>Outpatient (OPD):</b> The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. The reforms imply considerable additional work for Outpatient departments and adaptations to hospital computer systems. Due to IT and other constraints, full reporting has not yet taken place. Nonetheless, only data which complies with the OPD reformed data set will be reported in future by the HSE.									
DNE										
South										
West										
<b>National</b>										

# Quality & Safety

## Quality and Safety

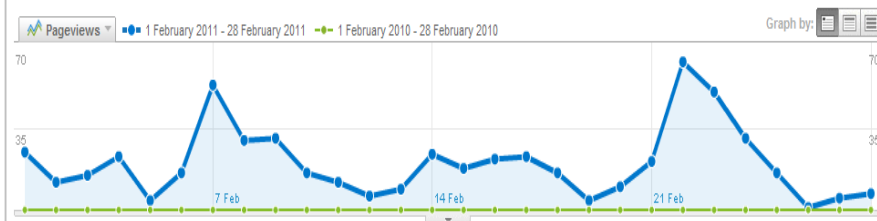
<b>Blood Policy (M)</b>	The number of platelets ordered in the month is 1658 which is a positive performance 9.5% above target. The percentage of platelets outdated, rerouted and returned out of total red blood cells ordered are all performing well against target. However, the number of O Rhesus negative red blood cells per hospital is under performing and will require a management focus.
<b>Complaints (M)</b>	<p><b>% of reviews conducted and concluded within 20 working days of the request being received</b></p> <p>In January 2011 9 reviews were received, of these one review has been completed; however this was completed outside the 20 day target.</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>
<b>FOI (M)</b>	<p><b>No. of FOI requests received</b></p> <p>The number of FOI requests received YTD to end of February is 854. This represents 86% of the anticipated target for the YTD period.</p>
<b>Public Information (M)</b>	<p><b>HSE National Information Line</b></p> <p>The outturn for 2010 was 141,450, in February 11,078 calls were received and activity YTD is 23,458.</p> <p>The National Information Line ensures that service users have ease of access to all health and social service information regardless of geographic location by contacting a single low call number <b>1850 24 1850</b>.</p> <p><b>Web based information</b></p> <p>In February 2011, the HSE and FSAI launched a public relations campaign promoting the need for all babies under 12 months to be given a daily supplement of Vitamin D, see chart.</p>

Blood Policy Performance Activity	Outturn 2010	Target 2011	Target this month	Actual this month	% var v target this month
No. of units of platelets ordered in the reporting period	22,750	22,000	1833	1658	9.5%
% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	<183	83	54.6%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11% 10,544	<1159	1485	-28.1%
% of red blood cell units rerouted to hub hospital	New PI 2011	<5% 10,544	<527	512	2.8%
% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2% 10,544	<210.88	188	10.8%

Target = < stated % of number issued in the current month  
 Figures are reported one month in arrears

### Web based information Vitamin D Supplementation for Infants

In February 2011, the HSE and the FSAI launched a public relations campaign promoting the need for all babies under 12 months to be given a daily supplement of Vitamin D.



**This page was viewed 566 times**

The graph above shows the response to the public relations campaign, with a dramatic increase in visits in response to earlier placed media pieces, and the launch during the week of February 21<sup>st</sup>. Interest in the web page has also been sustained at a higher level post launch than pre launch.

## Appendix 1: Vote Data

### Vote 40 - HSE – Vote Expenditure Return at 28<sup>th</sup> February 2011

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

#### 1. Vote Position at 28<sup>th</sup> February 2011

Category	REV 2011 Profile €000	February 2011 Profile <sup>2</sup> €'000	February 2011 Outturn €'000
Gross Current Expenditure	13,402,237	2,418,728	2,418,728
Gross Capital Expenditure	392,250	68,750	68,750
<b>Total Gross Vote Expenditure</b>	<b>13,794,487</b>	<b>2,487,478</b>	<b>2,487,478</b>
<b>Appropriations-in-Aid</b>			
- Receipts collected by HSE	1,066,442	172,856	172,856
- Other Receipts	400,605	28,000	28,000
- Capital Receipts	15,000	0	0
<b>Total</b>	<b>1,482,047</b>	<b>200,856</b>	<b>200,856</b>
<b>Net Vote Expenditure</b>	<b>12,312,440</b>	<b>2,286,622</b>	<b>2,286,622</b>

#### 2. Comparison to Issues Return

The February return agrees with the Issues return submitted on 22<sup>nd</sup> February 2011.

#### 3. General Commentary

The February 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.

#### 4. Comparison of Gross Revenue Expenditure to February 2010

	REV 2011 Profile €000	Actual at 28.2.11 €000	% of REV Allocation €000
Voluntary Sector	2,240,587	525,379	23.44%
Statutory Sector including Corporate	8,742,111	1,459,847	16.69%
PCRS	2,419,539	433,502	17.91%
<b>Total</b>	<b>13,402,237</b>	<b>2,418,728</b>	<b>18.04%</b>

	REV 2010 Profile €000	Actual at 28.2.10 €000	% of REV Allocation €000
Voluntary Sector	2,496,846	584,048	23.39%
Statutory Sector including Corporate	8,830,793	1,502,024	17.00%
PCRS	2,812,000	445,584	15.84%
<b>Total</b>	<b>14,139,639</b>	<b>2,531,656</b>	<b>17.90%</b>



The revised estimate as published is not in agreement with the Service Plan of the HSE as approved by the Board on the 14<sup>th</sup> December 2010 and the Minister on the 21<sup>st</sup> December and laid before the Houses of the Oireachtas on the 21<sup>st</sup> December. This concern is specifically related to the reduction of €58m in subhead B6 relating to community schemes. You will be aware that HSE is already pursuing very aggressive savings of €424m in the area of community drug schemes. We do not see these additional savings being achieved in subhead B6.

#### 5. Capital Position at 28<sup>th</sup> February 2011

Subhead	Capital 2011 Profile €000	February 2011 Profile <sup>3</sup> €'000	Actual at 28.2.2011 €000
C1 – Capital - Construction	334,711	61,060	61,060
C2 – Capital - Lottery	2,539	0	0
C3 – Capital - Information Systems	40,000	3,320	3,320
C4 – Mental Health	15,000	4,370	4,370
<b>Total</b>	<b>392,250</b>	<b>68,750</b>	<b>68,750</b>

All February 2011 payments are included in the 2011 Capital Plan.