



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

March 2011

**Performance Report on
NSP 2011**



C Contents

Introduction.....	2
Overview of Key Metrics NSP 2011.....	3
Management Overview Report on Performance.....	5
□ Finance Key Messages.....	5
□ Human Resources Key Messages.....	6
□ Service Delivery Key Messages.....	7
Detailed Finance Report.....	10
Detailed Human Resources Report.....	18
Detailed Service Delivery Report.....	21
Primary Care.....	23
Acute Services.....	26
Ambulance.....	29
National Cancer Control Programme (NCCP).....	30
Children & Families.....	32
Mental Health.....	34
Disability Services.....	37
Older Persons.....	38
Palliative Care.....	39
Social Inclusion.....	39
Acute Services: Summary of Key Performance Activity.....	40
Service Arrangements and Grant Aid Agreements.....	42
Quality & Patient Safety.....	43
New Service Developments.....	48
Appendix 1: Vote Data.....	49
Appendix 2: Debtors Day.....	53
Appendix 2: Capital Projects by Programme.....	54

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 March Performance Report is the first 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 will be expanded quarterly and biannually to report on progress against the Deliverables outlined in NSP 2011.

Additional Items this Month

- Service Level Agreements and Grant Aid Agreements – Quarterly update
- Update on National Clinical Programmes, Quality & Patient Safety section
- Service Improvement - Colposcopy Services, Quality & Patient Safety section
- New Service Developments – quarterly update
- Debtors Day – Appendix 2
- Capital Projects by Programme - quarterly update Appendix 3

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	Outturn 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 M/Q	Actual this M/Q	% variance v target this M/Q
Primary Care	No. PCTs implementing structured integrated diabetes care	34	57	new	New	45	64	42.2%	45	64	42.2%
	No. PCTs that are continuing to implement structured asthma prevention and care	16	16	new	New	16	16	0.0%	16	16	0.0%
	No. of PCTs holding Clinical Team Meetings*	348	518	236	55.1%	398	366	-8.0%	34	11	-67.6%
	Visit by PHN within 48 hours of hospital discharge	83.8%	95%	82.0%	0.0%	95%	82.3%	-13.4%	95%	82.3%	-13.4%
	Child Health Developmental Screening at 10 months	74.3%	90%	50.2%	57.0%	90%	78.8%	-12.4%	90%	80.4%	-10.7%
	Childhood vaccination		95%	94.2%	0.0%	95%	94.2%	-0.8%	95%	94.2%	-0.8%
Acute Care	In-patient discharges	588,860	574,400	144,158	1.4%	143,356	146,143	1.9%	49,827	51,748	3.9%
	Day Case discharges	728,269	755,100	180,946	4.2%	182,385	188,526	3.4%	63,313	68,650	8.4%
	% of patients admitted to hospital within 6 hours of ED registration	not comparable	100%	na		100%	49.0%	-51.0%	100%	49.5%	-50.5%
	% of patients discharged from hospital within 6 hours of ED registration	comparable	100%	na		100%	76.0%	-24.0%	100%	78.1%	-21.9%
	Elective procedures adults < 6mths, inpatients	74.5%	100%	75.4%	-6.0%	100%	70.9%	-29.1%	100%	70.9%	-29.1%
	Elective procedures adults < 6mths, day case	87.5%	100%	85.2%	-2.5%	100%	83.1%	-16.9%	100%	83.1%	-16.9%
	Elective procedures children < 3 mths, Inpatients	45.5%	100%	42.6%	-4.0%	100%	40.9%	-59.1%	100%	40.9%	-59.1%
	Elective procedures children < 3 mths, day case	51.7%	100%	43.4%	12.4%	100%	48.8%	-51.2%	100%	48.8%	-51.2%
	ALOS	6.13	5.6	na		5.6	6.2	-9.7%	5.6	6.0	-7.5%
	% elective inpatients who had principle procedure conducted on day of admission	50%	75%	46.0%	10.9%	75%	51.0%	-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%	65.0%	7.7%	75%	70%	-6.7%	75%	70%	-6.7%
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	95.1%	95%	82.0%	19.5%	95%	98.0%	3.2%	95%	98.4%	3.6%
	HCAI management (MRSA) <0.08 per 1,000 bed days	0.081	0.08	na		0.08	0.078	-2.5%	0.08	0.078	-2.5%
Children and Families	% children in care who have a written care plan (defined by Child Care Regs 1995)	90.1%	100%	81.0%	8.0%	100%	87.4%	-12.6%	100%	87.4%	-12.6%
	% children in care who have an allocated Social Worker at the end of the reporting period	93.2%	100%	85.0%	10.0%	100%	93.7%	-6.3%	100%	93.7%	-6.3%
	% children for whom a care plan review was due during the reporting period and the review took place		100%	na		100%	79.0%	-21.0%	100%	79.0%	-21.0%
Mental Health	% new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months)	69%	70%	60.0%	11.7%	70%	67.0%	-4.3%	70%	69.0%	-1.4%
	No. of new child/adolescents offered first appointment and seen	7,477	7,503	1,824	7.9%	1,876	1,969	5.0%	625	756	21.0%
	CAMHS teams inplace	50	60 by year end	50	0.0%	54	0.56	-99.0%	54	56	3.7%
Disability	% of disability assessments completed within the timeframes (as per Regs)	21%	100%	21.0%	-4.7%	47%	20.0%	-57%	47%	20.0%	-57.0%
Older Persons	Total no. of Home Help Hours provided for all care groups	11,680,000	11,980,000	na		2,932,960	2,720,753	-7.2%	982,259	932,998	-5.0%
	Total no. of people in receipt of Home Care Packages per month										
	Elder Abuse: % referrals receiving first response from Senior Case Workers within 4 weeks										
New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Revised data arising out of this exercise is currently being validated and will be published as soon as possible.											
Palliative Care	Palliative Care inpatient bed provided within 7 days	New 2011	92%	93.0%	-3.0%	92%	90.0%	-2.2%	92%	90.0%	-2.2%
Social Inclusion	Methadone treatment commenced for under 18 yrs (within 2 wks)		100%			100%	99.1%	-0.9%	100%	99.1%	-0.9%
Safety	Food Safety: high risk premises inspected	New 2011	100%	new	New	100%	95.0%	-5.0%	100%	95.0%	-5.0%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,709,137	700,988	670,937	30,050	4.5%
	Dublin North East	1,923,787	497,406	474,704	22,702	4.8%
	South	1,902,638	488,683	474,647	14,036	3.0%
	West	1,990,402	513,249	489,986	23,262	4.7%
	Care Group / Other Services	67,073	10,050	16,801	-6,751	-40.2%
	Primary Care Reimbursement Service	2,402,954	623,369	594,613	28,756	4.8%
	ISD Regional Sub Total	10,995,990	2,833,744	2,721,688	112,056	4.1%
	A Fair Deal 2009 / 2010 Incremental Funding	219,936	95,639	80,461	15,178	18.9%
	Statutory Pensions	410,686	100,318	98,765	1,554	1.6%
	Ambulance	137,377	35,558	33,197	2,360	7.1%
	Corporate Services	32,541	245	6,568	-6,322	-96.3%
	Health Repayment Scheme	12,000	4,936	4,936	0	0.0%
	CIS & Insurance	104,000	22,599	22,599	0	0.0%
	National Cancer Control Programme	108,955	24,193	27,481	-3,288	-12.0%
	QCC / Pop Health	137,799	31,998	36,202	-4,204	-11.6%
	Held Funds	176,510		0	0	
	Total HSE	12,335,795	3,149,229	3,031,896	117,333	3.9%
	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	37.9	47.6	-9.7	-20%
VFM expenditure reductions	200	32.0	26.7	5.3	20%	
Pay and pay related expenditure*	242					

HUMAN RESOURCES	ISD Region/ Other	WTE Dec 2010	Ceiling Mar 2011	WTE Mar 2011	WTE Change since Feb 2011	WTE Change from Dec 2010 to Mar 2011	WTE Variance Mar 2011	% WTE Variance Mar 2011
	ISD DML	32,196	31,693	31,744	-15	-452	+51	+0.16%
	ISD DNE	22,075	21,310	21,424	+15	-651	+114	+0.53%
	ISD South	23,457	22,957	22,885	+60	-572	-73	-0.32%
	ISD West	25,242	24,780	24,832	-6	-411	+51	+0.21%
	ISD National	955	1,047	950	+9	-5	-97	-9.27%
	Portion of Ceiling to be allocated		698				-698	-100.0%
	Other [Corp. Services, QCC, PH etc.]	4,048	3,894	3,831	-15	-217	-63	-1.62%
	Total	107,972	106,379	105,664	+48	-2,308	-714	-0.67%

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

Management Overview Report on Performance

FINANCE KEY MESSAGES

The financial results for March show total expenditure of €3.149 billion against a year to date budget of €3.031 billion, this is a reported variance of €117.3m. There is a need for significant additional actions to address the issues that have emerged since the adoption of the service plan and performance against service plan targets.

- Hospital deficits have grown again in March 2011 to €74.2m. While there has been a small slow-down in the rate of deficit, there is no evidence that expenditure levels are reversing sufficiently after one quarter to deliver a balanced result for the year.
- There are emerging issues in hospitals of which agency spend is the most significant. The shortage of junior doctors has resulted in a large growth in agency spend in Q1 despite an overall reduction of 13% in the cost of agency hours for NCHDs. The table shows that 25% more per month was spent on agency doctors in Q1 than the monthly average in 2010. This spend must be driven back out of hospitals to work towards balancing the budget and the effect of not having these doctors and nurses must be addressed. Alternatively other measures must be introduced to find some €30m of savings this year.

Analysis of major categories of agency cost – Quarter 1

	Doctors	Nurses	Care Assistants, porters etc	Total
	€m	€m	€m	€m
Average monthly cost 2010	3,871.3	6,395.6	3,859.1	
Average monthly cost Q1	4,856.3	7,035.0	4,367.7	
Growth	25%	10%	13%	
2011 growth at current levels	12,626.3	8,764.4	6,829.9	28,220.7
Nursing for March has been adjusted to take account of the strike				
Savings of €974,458 have been achieved since the introduction of the new contracted rates in March. However, the volume growth is outweighing this effect.				

Key Performance Measures savings 2011

- Based on the first quarter, €32.0m savings have been achieved against a target of €26.7m. This would leave a further €168m to be delivered. The projected end of year deficit ranges from €30m to €58m depending on substitution which may be achieved.
- The deficit in the Primary Care Reimbursement Service has reduced to €28.7m at the end of the quarter. €14.5m of this deficit relates to the Exit Scheme shortfall of €58m which was applied to PCRS when sufficient numbers did not leave the organisation. The residual deficit of €14.2m for quarter 1 demonstrates considerable delivery of the savings measures outlined in the Service Plan. In the absence of these measures, cuts of €414m would have given rise to a quarter 1 deficit of €103m.
- Pay savings under the moratorium are on target for end of year delivery.
- Income billing in the services is €14.5m behind budget and this is a significant factor in the hospital deficits. A considerable work programme has been operating since 2010 to try to maximise utilisation of private beds, improve access to designated beds etc, however there is still a considerable billing shortfall after Q1.

HUMAN RESOURCES KEY MESSAGES

- Health Service employment at the end of March stands at 105,664 WTE which is 714 below the approved employment ceiling.
- This is an increase on February levels of 48 WTEs and reported staffing levels have fallen by 2,308 WTEs since the end of December.
- The March figure is 229 WTEs above the end of 2011 employment ceiling target. The growth seen in the March data is primarily driven by recruitment of NCHDs and other lagged recruitment of front-line staff.
- The Integrated Services Directorate in overall terms recorded a increase of 48 WTEs, with increases in Acute Hospital Services of 38 WTEs and Primary and Community Services of 18 WTEs.
- Medical/Dental increased by 54 WTEs in March. There was an increase of 14 WTEs in Consultant Grades and 50 WTEs in NCHD grades. The latter increase reflected some lagged recruitment from the end of December where there are some ongoing challenges in recruiting such staff.
- Management/Admin increased by 14 WTEs, with marginal increases across all three sectors. The increases are due primarily to staff returning off career-breaks or unpaid sick and other leaves. Since the peak in this staff category in September 2007, the reduction is 2,179 WTEs or -11.82%.

SERVICE DELIVERY KEY MESSAGES

Data for the first three months of 2011 has shown hospitals and EDs to be busier than the same period last year:

- Emergency presentations are up by an **additional 6,061** (+2.1%)
- ED attendances are up by an **additional 7,118** (+2.7%)
- Emergency Admissions are up by an **additional 3,364** (+3.7%)
- GP Out of Hours contacts are up by an **additional 43,933** (+20.3%)

Key activity area	Target YTD	Jan-11	Feb-11	Mar-11	Actual YTD	% var YTD 2011 Actual v Target	Same Period Last Year	% var YTD 2011 v YTD 2010
Emergency Presentations	288,928	95,727	90,355	103,703	289,785	0.3%	283,724	2.1%
ED Attendances		90,062	85,350	97,753	273,165		266,047	2.7%
Emergency Admissions	90,788	65,041	29,762	33,083	94,803	4.4%	91,439	3.7%
Inpatient Discharges	143,355	99,266	46,877	51,748	146,143	1.9%	144,158	1.4%
Day Case Activity	182,385	59,034	60,842	68,650	188,526	3.4%	180,946	4.2%
Inpatient elective procedure numbers (over targeted time)		5,386	5,266	5,100	5,100			
Day Case elective procedure numbers (over targeted time)		5,438	7,007	7,128	7,128			
GP Out of Hours contacts	240,988	94,138	74,610	91,337	260,085	7.9%	216,152	20.3%

- In spite of these significant increases, day case discharges increased by 7,580 (+4.2%) over same period last year while inpatient discharges increased by 1,985 (+1.4%) pointing to increased efficiency within the hospital system.
- While inpatient elective waiting lists (over targeted time) decreased by 286 between January and March 2011, day case electives (over targeted time) increased by 1,690 over the same period. This was in part due to the need to use day wards to accommodate ED overflows and the consequent need to cancel some elective day case procedures which is part of our Escalation Protocol policy.
- A programme of work in dermatology, rheumatology and neurology which is underway will address some of the waiting list problems (In OPD)

ED 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 April an additional 3 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 over the first quarter was 260,085 which is **43,933** more than same period last year and 19,097 ahead of expected level of activity. As previously stated, this is partly explained by an increase in respiratory and influenza like illness at the end of 2010 and during the first two months of 2011.

NCHD

The centralisation of the recruitment of NCHDs proceeds. 1st and 2nd round offers have been made to candidates and full numbers and locations will not be evident until all offers have been made and returned on the 23rd May. However based on the number and quality of applications significant vacancies will occur and may potentially impact on services in some areas. The situation continues to be monitored closely. To support this workforce shortfall, which is also impacting on other the external recruitment drive in India and Pakistan took place between the 2nd and 14th May 2011. The calibre and expertise of the 400 + doctors that were interviewed provides for a very significant NCHD resource from which the services could gain support. One of the critical issue that remains is that we need to progress the licensing and registration of these doctors to work in Ireland. This is currently been progressed with the Medical council and medical education bodies.

Urgent colonoscopies

Census week ending 27th March there were 2 patients waiting > 28 days for an urgent colonoscopy (Our Lady's Navan). These patients have since been scheduled for procedures.

Long Term Residential Care

Long term residential care including the Nursing Home Support Scheme has a budget of €1.011bn. As at the end of March 2011, 22,129 older people are supported in long term residential care in both public and private nursing home provision. In the first quarter of 2011, 2,994 applications have been received and 2512 new clients have been supported under the NHSS in private nursing homes. This is a net increase of 1,229 during the period. In March alone there was an additional 899 new entrants to private nursing homes under the NHSS, with a net 571 additional clients as 328 people left the scheme. Based on our financial assessment there is no funding available to pay for any further additional capacity. Whilst applications continue to be accepted and processed for the scheme, no new final approvals are being issued at this time. Discussions are ongoing with the DOHC on the funding of the NHSS.

Home Support

New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Revised data arising out of this exercise is currently being validated and will be published as soon as possible.

Human Papilloma Virus

Since the commencement of the HPV programme 56,000 girls have been offered vaccination, of these 80% have taken up the offer of vaccination. This was very successful as an 80% uptake is better than international experience. In September 2011, we will be commencing the catch up programme with the targeting of 6th year students in addition to 1st year cohort.

National Plan for Radiation Oncology (NPRO)status at May 2011

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%¹ 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 has been prepared by the DOHC and it is currently with the Minister for Health. A briefing about the scope of the project has been made to the Minister by NCCP Director.
- A year has elapsed since the NCCP originally submitted the project plan. If further slippage in time occurs then we will be at risk of being unable to meet demand for radiation treatment at a national level over the next five to ten years. The facilities in Galway and Cork will be the most immediately vulnerable, however it is important to emphasise that the entire national programme is dependant on a well developed and implemented capital infrastructure plan.
- If the Memorandum to Government can be promptly addressed and potentially approved for circulation to government departments and then onwards for review by the Cabinet, our recommended approach remains that we wish to proceed with tendering the PPP, once we have government sanction. We have realistic expectations of success, especially in view of the substantial component of radiation therapy equipment in the proposal. Should the decision to proceed be deferred for much longer, the only alternative strategy will be a conventional ten year capital plan, similar in scope and content to the proposal in the PPP. If we proceed in the conventional manner this will inevitably have a major impact on the Health Services Executive and Department of Health Capital Plan and will be challenging in terms of the Department of Finance capital planning. The revenue component will be as previously outlined for the PPP.

¹ 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 March show total expenditure of €3.149 billion against a year to date budget of €3.031 billion. The reported variance of €117.3m is illustrated in the table 1.

- Hospital deficits have grown again in March 2011 to €74.2m at the end of the quarter. While there has been a small slow-down in the rate of deficit, there is no evidence that expenditure levels are reversing sufficiently after one quarter to deliver a balanced result for the year.
- There are emerging issues in hospitals of which agency cost is the most significant. The shortage of junior doctors has resulted in serious growth in agency spend in Q1. 25% more per month was spent on agency doctors in Q1 than the monthly average in 2010. This spend must be driven back out of hospitals to work towards balancing the budget, and the effect of not having these doctors and nurses must be addressed. Alternatively other measures must be introduced to find some €30m of savings this year.
- Income billing in the services is €14.5m behind budget and this is a significant factor in the hospital deficits. A considerable work programme has been operating since 2010 to try to maximise utilisation of private beds, improve access to designated beds etc, however there is still a considerable billing shortfall after Q1.
- Year to date expenditure in Hospitals was €992m compared with a budget of €917.7m – leading to an adverse variance of €74.2 million. Table 2 illustrates the position by region.
- Community Services within regions have year to date expenditure of €1.208 billion compared with a budget of €1.192 billion – leading to a variance of €15.8m.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,677,518	992,001	917,757	74,244	8.1%
Primary & Community	4,848,445	1,208,324	1,192,517	15,806	1.3%
Care Group / Other Services	67,073	10,050	16,801	-6,751	-40.2%
Primary Care Reimbursement Service	2,402,954	623,369	594,613	28,756	4.8%
ISD Total	10,995,990	2,833,744	2,721,688	112,056	4.1%
A Fair Deal 2009 / 2010 Incremental Funding	219,936	95,639	80,461	15,178	18.9%
Statutory Pensions	410,686	100,318	98,765	1,554	1.6%
Ambulance	137,377	35,558	33,197	2,360	7.1%
Corporate Services	32,541	245	6,568	-6,322	-96.3%
Health Repayment Scheme	12,000	4,936	4,936	0	0.0%
CIS & Insurance	104,000	22,599	22,599	0	0.0%
National Cancer Control Programme	108,955	24,193	27,481	-3,288	-12.0%
Population Health / QCC	137,799	31,998	36,202	-4,204	-11.6%
Held Funds	176,510		0	0	
Total HSE	12,335,795	3,149,229	3,031,896	117,333	3.9%

Table 2.	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Hospital Services	€000	€000	€000	€000	
DML Hospitals	1,297,074	341,452	319,669	21,783	6.8%
DNE Hospitals	843,348	228,500	212,223	16,277	7.7%
South Hospitals	746,335	201,940	187,637	14,303	7.6%
West Hospitals	790,762	220,110	198,228	21,882	11.0%
Hospitals Total	3,677,518	992,001	917,757	74,244	8.1%

Table 3.	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Primary & Community Services	€000	€000	€000	€000	
DML	1,412,063	359,535	351,268	8,267	2.4%
DNE	1,080,439	268,906	262,481	6,425	2.4%
South	1,156,303	286,744	287,010	(266)	-0.1%
West	1,199,640	293,139	291,758	1,381	0.5%
Community Total	4,848,445	1,208,324	1,192,517	15,806	1.3%

Long Term Residential Care (incl. NHSS) (Table 4)

Long term residential care including the Nursing Home Support Scheme has a budget of €1.011bn. As at the end of March 2011, 22,129 older people are supported in long term residential care in both public and private nursing home provision. In the first quarter of 2011, 2,994 applications have been received and 2512 new clients have been supported under the NHSS in private nursing homes. This is a net increase of 1,229 during the period. In March alone there was an additional 899 new entrants to private nursing homes under the NHSS, with a net 571 additional clients as 328 people left the scheme.

Based on our financial assessment there is no funding available to pay for any further additional capacity. Whilst applications continue to be accepted and processed for the scheme, no new final approvals are being issued at this time. Discussions are ongoing with the DOHC on the funding of the NHSS.

Table 4 A Fair Deal	Applicants		
	Applicants from Oct 09	No. applicants this month	No. applicants YTD
Dublin / Mid Leinster	5,381	228	930
Dublin / North East	3,859	135	398
South	6,058	803	977
West	5,645	208	689
Total	20,943	1,374	2,994

*Estimate

Table 4 shows the level of activity of applications received to date under the nursing home support scheme. The table shows that since the Nursing Home Support Scheme was introduced the total number of applications, public and private, received is 20,943, however, this figure is not inclusive of patients who occupied publicly funded beds at the commencement of the scheme and who did not choose to avail of the scheme.

Community (Demand Led) Schemes

Community Demand Led Schemes (Table 5)

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

The deficit in the Primary Care Reimbursement Service has reduced to €28.7m at the end of the quarter. €14.5m of this deficit relates to the Exit Scheme shortfall of €58m which was applied to PCRS when sufficient numbers did not leave the organisation. The residual deficit of €14.2m for quarter 1 demonstrates considerable delivery of the savings measures outlined in the Service Plan. In the absence of these measures, cuts of €414m would have given rise to a quarter 1 deficit of €103m.

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,137	437,478	403,874	33,604	8.3%
Community Schemes	751,817	185,891	190,738	(4,847)	-2.5%
PCRS Total	2,402,954	623,369	594,612	28,757	4.8%

Medical / GP Visit Cards (M)

The number of individuals covered by medical cards continues to rise with 1,648,818 reported at the end of March 2011 (an additional 33,009 since December 2010). This is 0.5% below the March 2011 projected figure of 1,656,753 and 8.5% above the same period last year (1,518,973). The total number of discretionary medical cards in the system at the end of March was 79,667. This compares with 79,806 issued in March 2010, a decrease of (0.2%). Discretionary medical cards represent 5% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of March was 120,050 which is 2.2% below projected figure for end March (122,772). An additional 2,627 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of March was 17,119. This is on a 0.2% decrease from the number of cards issued in March 2010 (17,152). Discretionary GP visit cards represent 14.2% of cards issued year to date.

Chart 1

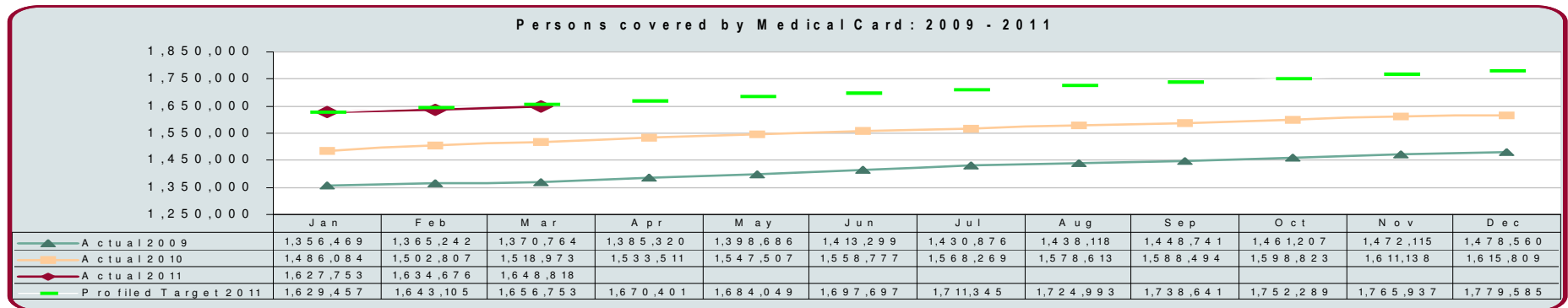
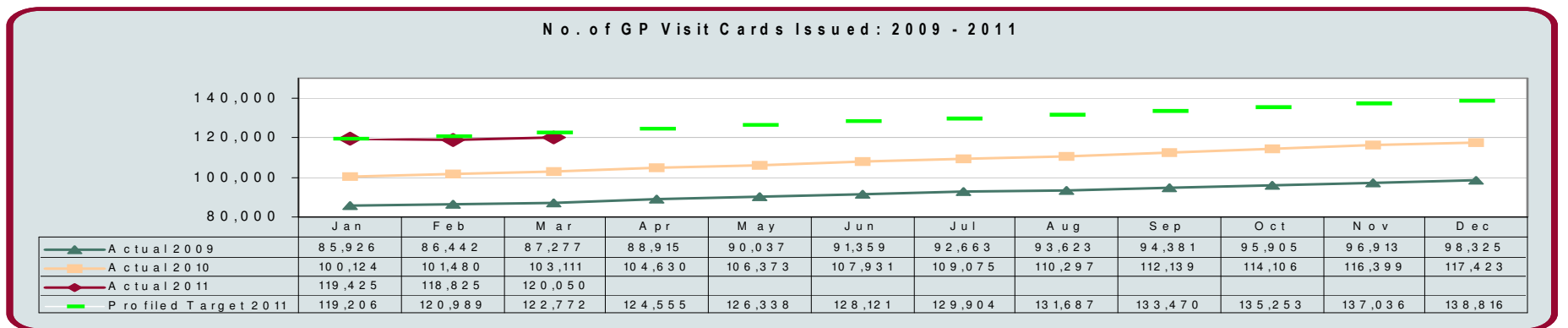


Chart 2



Long Term Illness (M)	<ul style="list-style-type: none"> The number of LTI claims made during March was 66,242. Year to date figure (209,722) is 14.2% below projected target of 244,528. Compared to same period last year (220,065), this represents a decrease of 4.7%. Total number of LTI items in March was 208,566. Year to date figure of 661,341 is 16.8% below the projected target of 794,715.
Drug Payment Scheme (M)	<ul style="list-style-type: none"> The number of DPS claims made during March was 253,955. Year to date figure of 848,777 is 11.5% below projected figure of 959,066. Compared with the same period last year (1,067,036), this represents a decrease of 20.5%. Total number of DPS items in March was 786,347 (year to date position of 2,586,326 is 8.9% below the end March projected figure of 2,838,836).
General Medical Services (GMS) (M)	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during March was 1,458,423. Year to date figure of 4,519,096 is 11.2% below the projected figure of 5,091,111. Compared with the same period last year (4,164,859 prescriptions) there has been an increase of 8.5% (354,237)
HiTech (M)	<ul style="list-style-type: none"> The number of HiTech claims made during March was 28,458 (21.5% below the monthly target of 36,279). Year to date position of 86,689 is 20.3% below projected figure of 108,836. Compared to same period last year, (82,033 claims) this represents an increase of 5.7% (4,656).
Dental Treatment Services Scheme (DTSS) (M)	<ul style="list-style-type: none"> The numbers of routine treatments are currently 8.2% below target while more complex treatments are 25.2% below target
Community Ophthalmic Scheme (M)	<ul style="list-style-type: none"> Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances. 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. The number of adult treatments is currently 13.5% below target while the number of child treatments is 11.7% below target.

***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

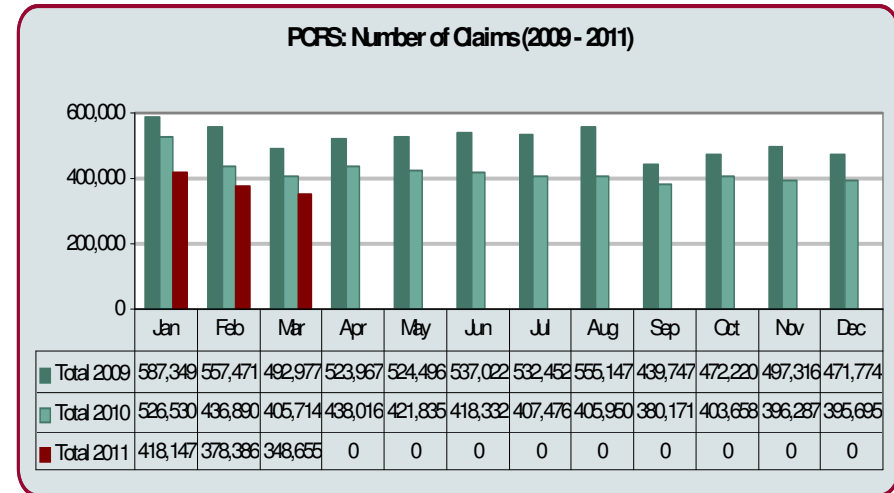
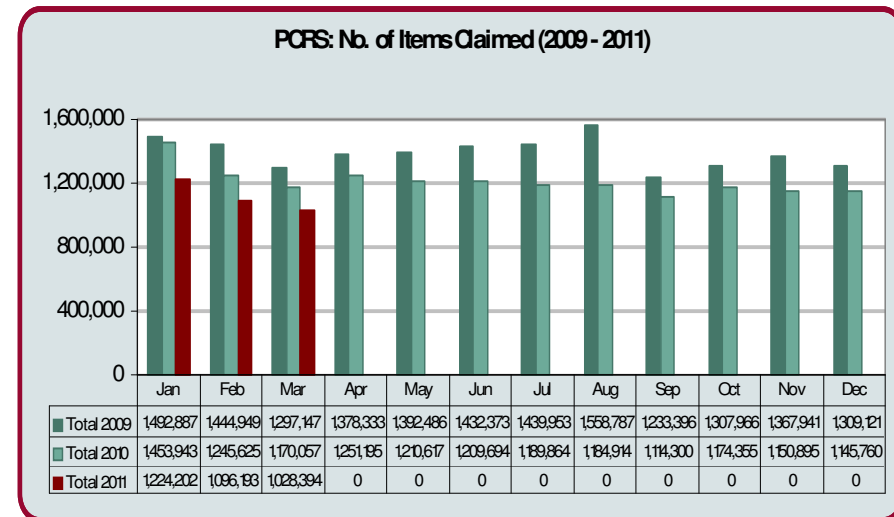


Chart 4



Value for Money (VFM)

Key Messages

The March VFM data (table 1) shows, within the relevant pay and non-pay categories, the nationally led €160m reductions and the locally led €40m. (non-service impacting specified by ISD) cost reductions.

Please note that:-

- Only €26.7m of the full year €200m. is expected in March 2011 as the reductions are phased depending on the nature of the initiative e.g. Legal cost reduction will only be expected to be evident from April, 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 measurement is based on March 2011 Actual Vs Average Jan-April 2010.

In terms of the broad reductions (*excluding PCRS and Fair Deal as these are reported separately*):-

- There is financial evidence that **the total required €26.7m was delivered in March 2011**, delivery in some items compensated for under delivery in others. For example, the cost of Laboratory non-pay has increased in Mar 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 reported that:-
 - Total Pay expenditure excluding Superannuation, PRSI and Arrears is down compared to year to date 2010 by €12m. or nearly 1%
 - Fixed Pay expenditure, including Basic, Weekend/Public Holidays and Nights is down by €26m. or 2% compared to 2010 and
 - Variable Pay has increased compared to 2010 by 7.6% due largely to increases in Locum/Agency

Data relating to the new Agency contract for March 14th to April 26th (6 weeks) shows a 24% reduction in the price of Agency Nursing and a 20% reduction in the price of HCA hours. This rate of reduction is expected to increase in May and beyond for Nursing as the uptake increases. The NCHD data for March 14th to April 18th shows a 13% reduction. The contract has put in place the required price reduction for Agency hours, however, the overall spend of Agency is going up (as is presented in the Key Financial message in the PR). The reductions associated with the reduced contract price will not be evident in the financial data until the April and May data is analysed. Any possible increase in usage of Agency would need to be addressed to realise the benefit of the cost savings under the contract.

On Call spend is reducing at an insufficient rate to deliver the required annual reduction of €5m. The later commencement date of March 1st instead of February 1st may be a contributory factor. The HR established Project Group overseeing the implementation of the revised rosters and rates for On-call Lab services are working through the expected spend reductions for each hospital. It could be expected that there should be increasing performance as the months progress and that underachievement in any specific hospital due to local arrangements may be compensated for through over delivery in other hospitals. This will require further monitoring based on the April YTD figures when the agreement is in place for a longer period and the implementation group can report on any emerging local issues.

On the Non Pay analysis (excluding Demand Management discussed below), the majority of the non-pay categories are performing as required and at this rate of reduction could be projected to deliver the annual required reductions. The exceptions to this are *Laboratory, Bloods, Energy, Bedding & Clothing, Vehicle Running Costs and Office, Rents, Rates*. However, if the current spend is profiled to the 2010 rate of spend, the rate of reduction will be insufficient in a number of categories to deliver the full year reduction e.g. Medical & Surgical requires a full year reduction of €29m. but at the current rate of spend will only deliver a total reduction of €14m. **Therefore, there is a need for increased pace of reductions month on month. A significant range of the pricing and supplier engagement related reductions are profiled to be active by next month and these need to be on target to achieve the level of saving required.**

TABLE 1	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start Date	Reduction Required Mar YTD	Reduction Achieved Mar YTD
	€m	€m		€m		€m	€m
		HR and/or CSS-led Reductions		ISD-led Reductions			
Pay							
On Call Services	5.0	5.0	Feb 2011	0.00		0.81	0.33
Agency Services (Note 1)	10.1	7.0	Feb 2011	3.06	Jan 2011	1.89	0.00
Overtime	11.6	0		11.60	Jan 2011	2.86	1.67
Basic & Weekend/Public Holidays/Nights (Note 2)	2.3	0		2.30	Jan 2011	0.55	3.70
Nursing - Basic	3.1	0		3.11	Jan 2011	0.77	
Management/Admin - Basic	0.7	0		0.71	Jan 2011	0.18	
Other – Basic, Arrears	8.9	0		8.92	Jan 2011	2.20	
Non Pay							
Medical and Nursing Training & Education. (Note 3)	2.7	2.6	Jan 2011	0.14	Jan 2011	0.67	0.67
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr 2011	1.26	Jan 2011	0.31	5.62
Drugs & Medicines	20.9	18.0	Mar 2011	2.94	Jan 2011	2.26	5.61
Laboratory Consumables	9.5	8.9	Mar 2011	0.60	Jan 2011	0.90	-1.31
Blood and Blood Products	2.0	2.0	Mar 2011	0.02	Jan 2011	0.17	0.00
X-Ray Consumables	1.6	1.6	Mar 2011	0.01	Jan 2011	0.14	1.08
Medical Gases	1.3	1.3	Mar 2011			0.11	0.29
Cleaning & Washing Products and Contracts	3.2	3.1	Apr 2011	0.05	Jan 2011	0.01	0.99
Energy (Note 4)	1.5	1.5	Apr 2011	0.03	Jan 2011	0.25	0.00
Catering Products & Contracts	3.1	2.6	Feb 2011	0.48	Jan 2011	0.12	2.29
Patient Transport Costs	0.8	0.8	Apr 2011	0.08	Jan 2011	0.02	0.95
Bedding & Clothing	1.0	1.0	Mar 2011	0.02	Jan 2011	0.09	-0.11
Vehicle Running Costs	0.2	0.2	Apr 2011	0.00	Jan 2011	0.00	-0.14
Office, Stationery, Printing, Equipment etc.	4.9	3.8	Apr 2011	1.07	Jan 2011	0.26	0.69
Telephony	2.5	2.5	Apr 2011				
Insurance (Note 5)	1.0	1.0	Jan 2011			0.25	0.25
ICT Equipment	2.0	2.0	Jun 2011	0.02	Jan 2011	0.00	0.36
Legal	5.0	5.0	Apr 2011			0.00	0.00
Grants to Outside Agencies	3.4	0		3.44	Jan 2011	0.85	1.95
Travel & Subsistence	0.1	0		0.12	Jan 2011	0.03	0.18
Bad & Doubtful Debts	0.5	0		0.50	Jan 2011	0.12	1.47

TABLE 1	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start Date	Reduction Required MarYTD	Reduction Achieved MarYTD
	€m	€m		€m		€m	€m
GP Grants	0.1	0		0.14	Jan 2011	0.03	0.46
Miscellaneous (Note 6)	1.8	0		1.81	Jan 2011	0.45	0.45
Review of Rents / Lease Renewals etc.	5.0	5.0	Apr 2011	Reduction and performance included in Office above			
Logistics and Inventory Management	20.0	20.0					
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				
Reduce Discretionary Spend	42.2	42.2					
Furniture	11.0	11.0	Jan 2011			2.71	0.72
Vehicles Purchased	0.7	0.7	Jan 2011			0.17	0.05
Maintenance	30.5	30.0	Jan 2011	0.50	Jan 2011	7.52	3.82
TOTAL	202.8	160.0		42.82		26.70	32.04

Note 1: Agency national reduction relates to the agreement and implementation of a new national contract for all agency staff. It has been implemented since Mar14th and based on the hours purchased since that date, is showing price savings of over 24% in Nursing, 20% for Health Care Assistants and 13% for NCHDs. These savings will not be evident in our financial data until the April and May data is available. The ISD led reduction of €3m. relates to reduced usage of Agency since the beginning of the year. On the basis of the Mar YTD data, as reported in the Financial Summary of the PR, there is an increased cost for Agency compared to last year and therefore, performance in this table has been set to 0.

Note 2: There is a reduction in Basic and Weekend/Public Holiday Pay of over €25m. compared to 2010 MarYTD, however, only the required reductions are recorded in this table as some Basic Pay reductions may also relate to Moratorium and Exit Scheme reductions.

Note 3: Education and Training has reduced in expenditure compared to the equivalent period last year by nearly €17m., 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. With an expected reduction YTD for DofEd of €13.8m., the relevant reduced spend would be €3m. YTD.

Note 4: Energy costs have increased by €5m. compared to the equivalent period last year and although there has been a negotiated price reduction with Bord Gais of €0.852m, this saving is being negated by these overall increases.

Note 5: Insurance costs have increased by €12m. compared to the equivalent period last year and although there has been a negotiated price reduction for non-clinical related Insurance securing an annual saving of over €1m., the net overspend in Insurance relates to increases associated with our Clinical Indemnity Scheme which was provided for by an increased budget allocation of €104m. The relevant Insurance expenditure for this reduction is coded in DNE which is showing a reduction of €0.374m. YTD.

Note 6: Miscellaneous has reduced in expenditure compared to the equivalent period last year by €4.6m., however, only the minimum required saving associated with these initiatives is recorded in this table.

Capital

Capital

The net capital cash profile for the period Jan-March 2011 was €113.230m. The capital cash issued for this period was €89.111m.

Capital Vote 2010	Approved Allocation €000	Actual Jan - Mar €000	Profile Jan - Mar €000	Variance Jan - Mar €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	78,703	103,630	24,927
C3 Information Systems and Related Services for Health Agencies	40,000	3,320	3,920	600
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	7,088	5,680	-1,408
A in A (Sales of Surplus Assets)	-15,000	0	-2,350	-2,350
Net Capital	377,250	89,111	113,230	21,769

Table 7. Appropriations-in-Aid	Estimate Provision	REV Profile to 28 Feb 2011	Receipts to 28 Feb 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	88,478	78,150	10,328
Superannuation	199,986	50,791	48,990	1,801
Miscellaneous Receipts	153,300	38,700	28,984	9,716
Pension Levy	337,156	84,000	90,881	- 6,881
Total	1,066,442	261,969	247,005	14,964

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

Detailed Human Resources Report

HR

Level of employment against target

Health Service employment at the end of March stands at 105,664 WTE which is 714 below the approved employment ceiling. This is an increase on February levels of 48 WTEs and reported staffing levels have fallen by 2,308 WTEs since the end of December.

The March figure is 229 WTEs above the end of 2011 employment ceiling target. The growth seen in the March data is primarily driven by recruitment of NCHDs and other lagged recruitment of front-line staff.

The Statutory Sector recorded an increase of 85 WTEs while the Voluntary Hospital Sector and the Primary and Community Services Voluntary Sector recorded decrease of 33 WTEs and 5 WTEs respectively.

The Integrated Services Directorate in overall terms recorded a increase of 48 WTEs, with increases in Acute Hospital Services of 38 WTEs and Primary and Community Services of 18 WTEs.

Chart 1

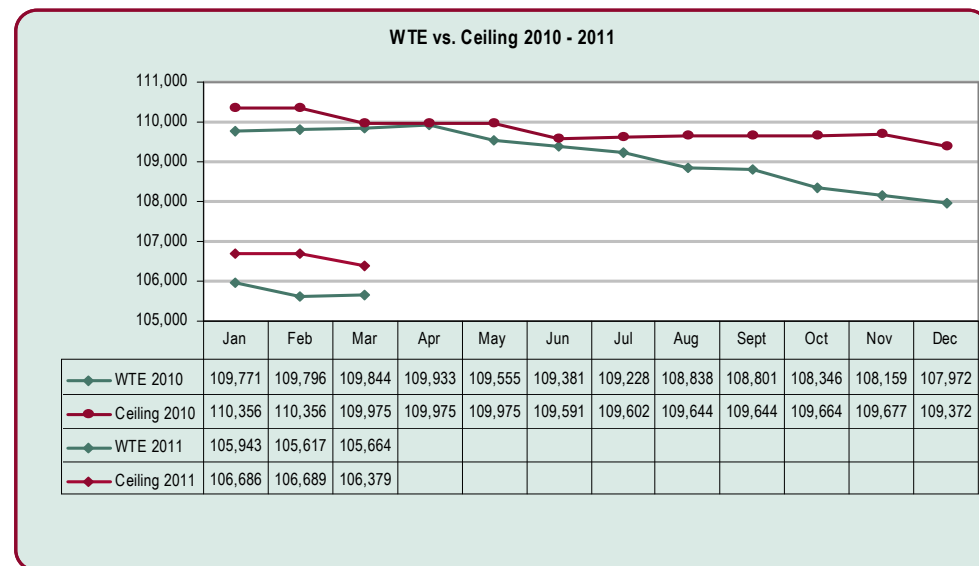


Table 1 Service Area	WTE Dec 2010	Ceiling Mar 2011	WTE Mar 2011	WTE Change since Feb 2011	WTE Change from Dec 2010 to Mar 2011	WTE Variance Mar 2011	% WTE Variance Mar 2011
Acute Hospital Services	49,318	48,446	48,945	+35	-373	+500	+1.03%
Ambulance Services	1,494	1,456	1,480	+2	-14	+23	+1.61%
National Cancer Control Programme	764	721	761	+9	-3	+40	+5.54%
Primary and Community Services	52,349	51,064	50,648	+18	-1,701	-416	-0.82%
Portion of Ceiling to be allocated		798	0	+0	+0	-798	-100.00%
Corporate	2,988	2,837	2,822	-15	-166	-15	-0.54%
Population Health	1,060	1,057	1,009	+0	-51	-48	-4.53%
Total	107,972	106,379	105,664	+48	-2,308	-714	-0.67%

Progress on targeted recruitment (exempted grades)

The combined grades with exempted status from the moratorium, including Consultants are 625 WTEs above the 2009 levels.

- **Social Workers** increased by 6 WTEs and are some 45 WTEs above the 2009 levels outside of 2010 Children and Families approved new posts. There was an overall reduction of 1 WTE seen since the end of 2010 in these grades of staff.
- **Physiotherapists** increased by 6 WTEs in March, with an overall increase of 79 WTEs since 2009.
- **Speech & Language Therapists** increased by 3 WTEs with an overall increase of 79 WTEs since 2009.
- **Occupational Therapists** are at February levels and are 104 WTEs above 2009.
- **Psychologists and Counsellors** increased by 1 WTE in March and have increased by 25 WTEs since 2009.

WTEs by Staff Category

- Medical/Dental increased by 54 WTEs in March. There was an increase of 14 WTEs in Consultant Grades and 50 WTEs in NCHD grades. The latter increase reflected some lagged recruitment from the end of December where there are some ongoing challenges in recruiting such staff.
- Consultant numbers are now 141 WTEs above the March 2009 levels while NCHDs are 243 WTEs below the levels recorded at the start of the moratorium on recruitment.
- Nursing decreased by 20 WTEs. In overall term nursing is 2,007 WTEs below the level at the end of March 2009 (moratorium on recruitment) despite the increase of 279 WTEs seen in 2011.
- Management/Admin increased by 14 WTEs, with marginal increases across all three sectors. The increases are due primarily to staff returning off career-breaks or unpaid sick and other leaves. Since the peak in this staff category in September 2007, the reduction is 2,179 WTEs or -11.82%.

WTEs by Exempted Grade

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Mar 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>	2,408.52	<i>n/a</i>	+13.89	+91.66	+3.96%
Occupational Therapists	1,103.01	<i>n/a</i>	1,206.55	<i>n/a</i>	-0.05	+103.54	+9.39%
Physiotherapists	1,468.83	<i>n/a</i>	1,548.10	<i>n/a</i>	+5.94	+79.27	+5.40%
Speech and Language Therapists	776.46	<i>n/a</i>	856.42	<i>n/a</i>	+3.17	+79.96	+10.30%
Combined therapists:	3,348.30	+380	3,611.07	-117.00	+9.06	+262.77	+7.85%
Psychologists & Counsellors	953.61	+230	978.42	-205.00	+0.57	+24.81	+2.60%
Social Workers	2,139.35	+300	2,384.74	-54.61	+6.44	+245.39	+11.47%

WTEs by Staff Category

Table 3. Staff Category	WTE Dec 2009	WTE Feb 2011	WTE Mar 2011	WTE change since Feb 2011	% change since Feb 2011	WTE change since Dec 2009	% change since Dec 2009
Medical / Dental	8,083	7,951	8,005	+54	+0.68%	-79	-0.97%
Nursing	37,466	36,802	36,782	-20	-0.05%	-684	-1.83%
Health & Social Care Professionals	15,973	16,295	16,295	+0	+0.00%	+322	+2.02%
Management/ Admin	17,611	16,242	16,256	+14	+0.09%	-1,354	-7.69%
General Support Staff	11,906	10,877	10,864	-13	-0.12%	-1,042	-8.76%
Other Patient & Client Care	18,714	17,450	17,463	+13	+0.07%	-1,251	-6.69%
Total Health Service Staffing	109,753	105,617	105,664	+48	+0.05%	-4,089	-3.73%

*Absenteeism

While overall absenteeism remained at levels under 5% since February 2010, the January 2011 figure shows absenteeism at 5.10%. This may in part be due to inclement weather during January. February 2011 shows an improvement at 4.91%.

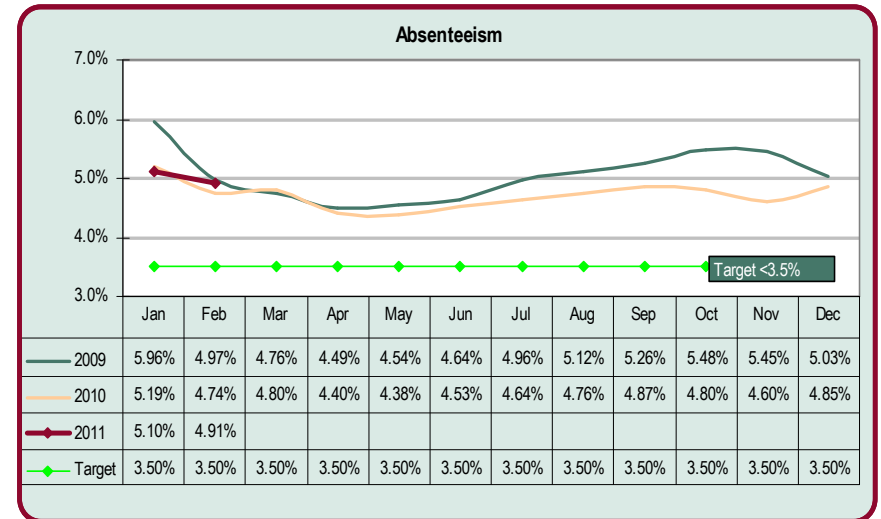
A management focus continues in this area.

*Absenteeism is reported in arrears.

Absenteeism - Jan 2011	DML	DNE	South	West	National	Total
Medical /Dental	0.99%	1.01%	1.26%	1.49%	0.14%	1.15%
Nursing	4.85%	5.20%	6.51%	6.62%	0.93%	5.75%
Health & Social Care Professionals	3.58%	3.47%	4.08%	4.68%	4.64%	3.92%
Management Admin	5.51%	4.83%	4.56%	5.19%	1.47%	4.87%
General Support Staff	5.46%	5.30%	7.21%	5.72%	6.50%	5.98%
Other Patient & Client Care	6.28%	6.46%	5.79%	6.05%	2.55%	6.14%
Total	4.69%	4.77%	5.60%	5.55%	2.76%	5.10%

Absenteeism - Feb 2011	DML	DNE	South	West	National	Total
Medical /Dental	1.09%	1.33%	0.95%	1.64%	0.21%	1.23%
Nursing	4.95%	4.31%	5.94%	6.57%	2.63%	5.45%
Health & Social Care Professionals	3.50%	3.01%	4.10%	4.38%	2.17%	3.69%
Management Admin	4.70%	15.70%	4.89%	5.13%	5.72%	7.30%
General Support Staff	4.89%	5.14%	6.72%	6.67%	5.79%	5.86%
Other Patient & Client Care	6.02%	5.57%	5.21%	6.25%	2.76%	5.82%
Total	4.53%	4.30%	5.13%	5.69%	4.67%	4.91%

Chart 1



Jan 2011	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Dublin Mid-Leinster	5.67%	3.93%	4.42%	0.99%
Dublin North-East	5.37%	4.20%	3.74%	1.01%
South	5.76%	4.00%	5.39%	1.26%
West	5.61%	5.53%	4.99%	1.49%
National	2.42%	3.69%		0.14%
Total	5.56%	4.03%	4.55%	5.10%

Feb 2011	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Dublin Mid-Leinster	5.69%	3.65%	3.96%	1.09%
Dublin North-East	4.88%	3.51%	3.76%	1.33%
South	5.40%	3.35%	4.40%	0.95%
West	5.82%	4.16%	4.60%	1.64%
National	5.33%	3.21%		0.21%
Total	5.50%	3.58%	4.11%	4.91%

Detailed Service Delivery Report

Data for the first three months of 2011 has shown hospitals and EDs to be busier than the same period last year:

- Emergency presentations are up by an **additional 6,061** (+2.1%)
- ED attendances are up by an **additional 7,118** (+2.7%)
- Emergency Admissions are up by an **additional 3,364** (+3.7%)
- GP Out of Hours contacts are up by an **additional 43,933** (+20.3%)

Key activity area	Target YTD	Jan-11	Feb-11	Mar-11	Actual YTD	% var YTD 2011 Actual v Target	Same Period Last Year	% var YTD 2011 v YTD 2010
Emergency Presentations	288,928	95,727	90,355	103,703	289,785	0.3%	283,724	2.1%
ED Attendances		90,062	85,350	97,753	273,165		266,047	2.7%
Emergency Admissions	90,788	65,041	29,762	33,083	94,803	4.4%	91,439	3.7%
Inpatient Discharges	143,355	99,266	46,877	51,748	146,143	1.9%	144,158	1.4%
Day Case Activity	182,385	59,034	60,842	68,650	188,526	3.4%	180,946	4.2%
Inpatient elective procedure numbers (over targeted time)		5,386	5,266	5,100	5,100			
Day Case elective procedure numbers (over targeted time)		5,438	7,007	7,128	7,128			
GP Out of Hours contacts	240,988	94,138	74,610	91,337	260,085	7.9%	216,152	20.3%

- In spite of these significant increases, day case discharges increased by 7,580 (+4.2%) over same period last year while inpatient discharges increased by 1,985 (+1.4%) pointing to increased efficiency within the hospital system.
- While inpatient elective waiting lists (over targeted time) decreased by 286 between January and March 2011, day case electives (over targeted time) increased by 1,690 over the same period. This was in part due to the need to use day wards to accommodate ED overflows and the consequent need to cancel some elective day case procedures which is part of our Escalation Protocol policy.
- A programme of work in dermatology, rheumatology and neurology which is underway will address some of the waiting list problems (In OPD)

ED 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 April an additional 3 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 over the first quarter was 260,085 which is **43,933** more than same period last year and 19,097 ahead of expected level of activity. As previously stated, this is partly explained by an increase in respiratory and influenza like illness at the end of 2010 and during the first two months of 2011.

NCHD

The centralisation of the recruitment of NCHDs proceeds. 1st and 2nd round offers have been made to candidates and full numbers and locations will not be evident until all offers have been made and returned on the 23rd May. However based on the number and quality of applications significant vacancies will occur and may potentially impact on services in some areas. The situation continues to be monitored closely. To support this workforce shortfall, which is also impacting on others, the external recruitment drive in India and Pakistan took place between the 2nd and 14th May 2011. The calibre and expertise of the 400 + doctors that were interviewed provides for a very significant NCHD resource from which the services could gain support. One of the critical issue that remains is that we need to progress the licensing and registration of these doctors to work in Ireland. This is currently been progressed with the Medical council and medical education bodies.

Urgent colonoscopies

Census week ending 27th March there were 2 patients waiting > 28 days for an urgent colonoscopy (Our Lady's Navan). These patients have since been rescheduled for procedures.

Long Term Residential Care

Long term residential care including the Nursing Home Support Scheme has a budget of €1.011bn. As at the end of March 2011, 22,129 older people are supported in long term residential care in both public and private nursing home provision. In the first quarter of 2011, 2,994 applications have been received and 2512 new clients have been supported under the NHSS in private nursing homes. This is a net increase of 1,229 during the period. In March alone there was an additional 899 new entrants to private nursing homes under the NHSS, with a net 571 additional clients as 328 people left the scheme. Based on our financial assessment there is no funding available to pay for any further additional capacity. Whilst applications continue to be accepted and processed for the scheme, no new final approvals are being issued at this time. Discussions are ongoing with the DOHC on the funding of the NHSS.

Home Support

New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Revised data arising out of this exercise is currently being validated and will be published as soon as possible.

Human Papilloma Virus

Since the commencement of the HPV programme 56,000 girls have been offered vaccination, of these 80% have taken up the offer of vaccination. This was very successful as an 80% uptake is better than international experience. In September 2011, we will be commencing the catch up programme with the targeting of 6th year students in addition to 1st year cohort.

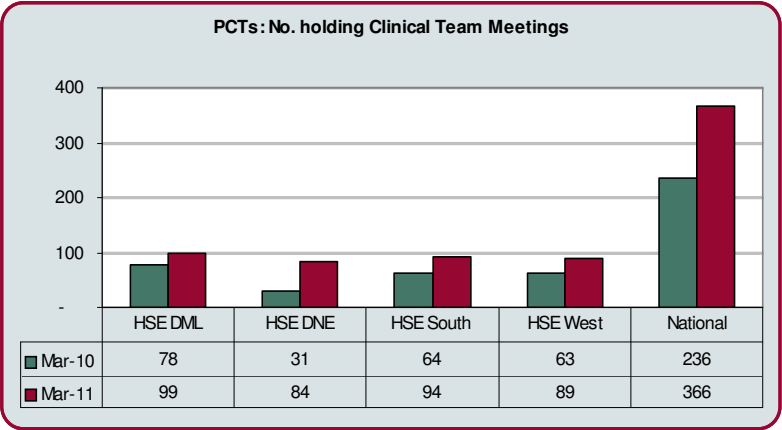
Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Mar 2011	WTE Mar 2011	WTE Change from Dec 2010 to Mar 2011	% WTE Variance Mar 2011	Actual €000	Budget €000	% Var
DML	14,785	14,651	-251	-0.91%	359,535	351,268	2.4%
DNE	10,583	10,602	-628	+0.18%	268,906	262,481	2.4%
South	11,843	11,768	-418	-0.63%	286,744	287,010	-0.1%
West	13,546	13,438	-403	-0.80%	293,139	291,758	0.5%
National	306	189	-2	-38.25%			
Total	51,064	50,648	-1,701	-0.82%	1,208,324	1,192,517	1.3%

Table 2. Hospital Services by Region	Human Resources				Budget		
	Ceiling Mar 2011	WTE Mar 2011	WTE Change from Dec 2010 to Mar 2011	% WTE Variance Mar 2011	Actual €000	Budget €000	% Var
DML	16,439	16,625	-194	+1.13%	341,452	319,669	6.8%
DNE	10,562	10,649	-24	+0.82%	228,500	212,223	7.7%
South	10,621	10,723	-150	+0.96%	201,940	187,637	7.6%
West	10,803	10,948	-5	+1.34%	220,110	198,228	11.0%
National	20			+0.00%			
Total	48,446	48,945	-373	+1.03%	992,001	917,757	8.1%

Primary Care

Primary Care analysis & action points	
No. of PCTs holding Clinical Team Meetings (M) (Chart 1)	<p>At the end of March 2011, 366 primary care teams were holding clinical team meeting which is 8% below the year to date target of 398.</p> <p>This is an increase of 11 teams from the February position (355 teams) and also represents a 55.1% increase from same period last year (236 teams)</p>
GP Out of Hours (M)	<p>During the month of March 2011, 91,337 contacts were made to the GP OOH service.</p> <p>Year to date figure is 260,085 which is 7.9% above year to date target of 240,988.</p> <p>This is also 20.3% above same period last year (216,152).</p> <p>Breakdown of the nature of contact with the OOH Service:</p> <ul style="list-style-type: none"> ➤ 60% - GP Treatment Centre ➤ 29% - Triage ➤ 10% - Home Visit ➤ 1% - Other
Orthodontics (Q)	<p>The number of patients receiving treatment at the end of Q1 is 11,568.</p> <p>The number of patients who have had their treatment completed since 1st January 2011 is 981.</p> <p>This is 2.9% (29) below the same period last year (1,010).</p>

Chart 1



Primary Care (Child Health)

Immunisations (Q)

National Immunisation Uptake Q4, 2010 at 12 and 24 months.

- Immunisation data in March relates to returns for Q4 2010 and has been provided by the Health Protection Surveillance Centre (HPSC).
- For children at 12 months the national uptake for D3, T3, P3, Hib3, Polio3, MenC2, HepB3 and PCV2 is 89%.
- For children at 24 months the national uptake for D3, T3, P3, Polio3, Hib3 is 94%; MenC3 82% and MMR1 90%
- Q4 2010 data, for those at 24 months of age continue to indicate a decline in the uptake of the recommended three doses of meningococcal serogroup C vaccine; uptake of three doses of meningococcal serogroup C was as follows:
 - 93% Quarter 1 2010
 - 91% Quarter 2 2010
 - 80% Quarter 3 2010
 - 82% Quarter 4 2010
- The following reasons could account for the low uptake of this vaccine: Confusion about the number and timing of vaccines following the introduction of the new schedule; lower return of parents for vaccines due at 13 month visit; lack of capacity to follow-up on non attendees due to other service demands; incomplete reporting to local immunisation office of vaccines administered in GP sites.
- Measures are being taken to address this decline, which include; an information campaign to remind Allied Health Professionals and parents of the vaccination schedule and increase awareness of the availability of the vaccine.

Figures are based upon returns from 28 out of 31 LHO's.
(Historically Cork North Lee and South Lee provide a combined figure)

Chart 2

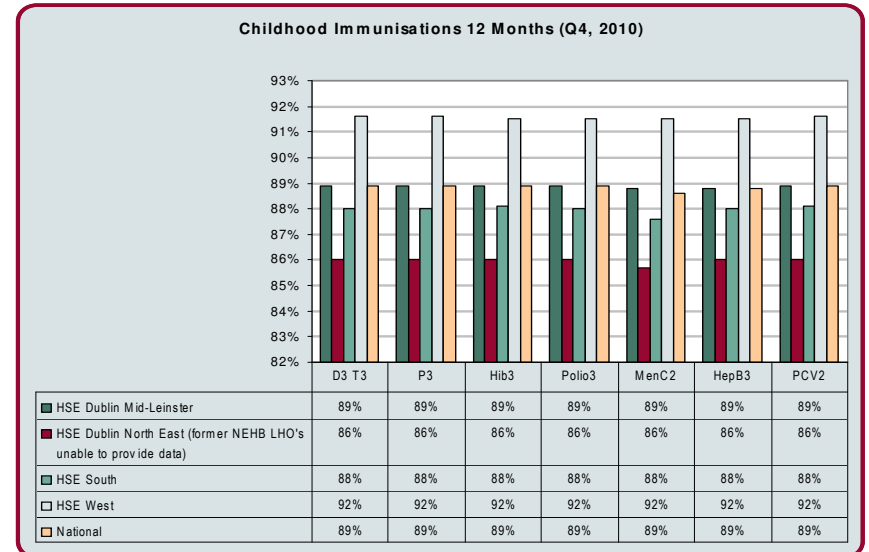
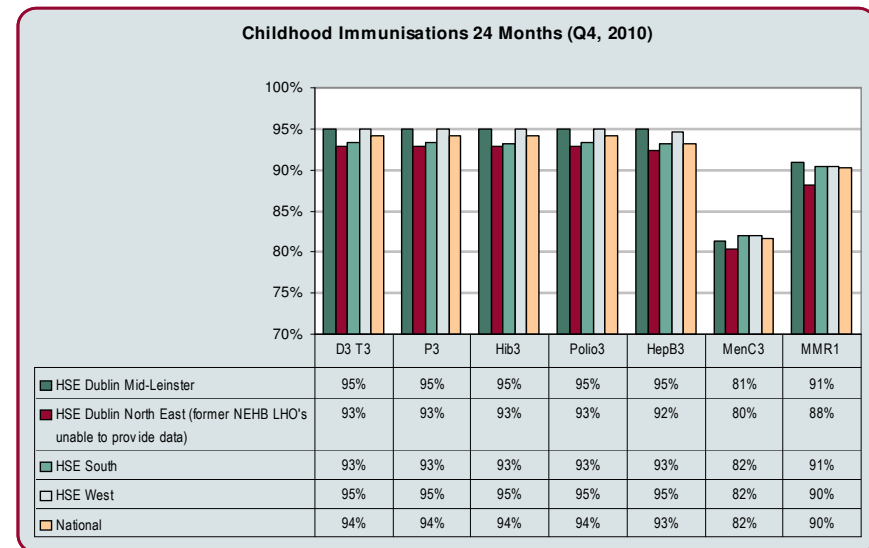


Chart 3



Primary Care (Child Health)

Child Health Developmental Screening at 10 months (M)

Uptake of 7-9 Month Developmental Screening by 10 Months

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

Nationally 80.4% of the cohort received their screening on time with HSE DNE achieving 88.4% of the target. HSE South reported 85.3%, HSE DML reported 81.1% and HSE West reported 65.9% received their screening on time.

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

Figures are based upon returns from 32 out of 32 LHO's.

Public Health Nurse 48hour Visit (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 hospital discharge.

March 2011 (Q1) data reflects a National compliance figure of 82.3% has been reached.

HSE West had demonstrated the highest compliance of 92.3%, followed by HSE South at 89.3%. HSE DML and DNE returned figures of 78.9% and 69.9%.

Figures are based upon returns from 31 out of 32 LHO's

Chart 4

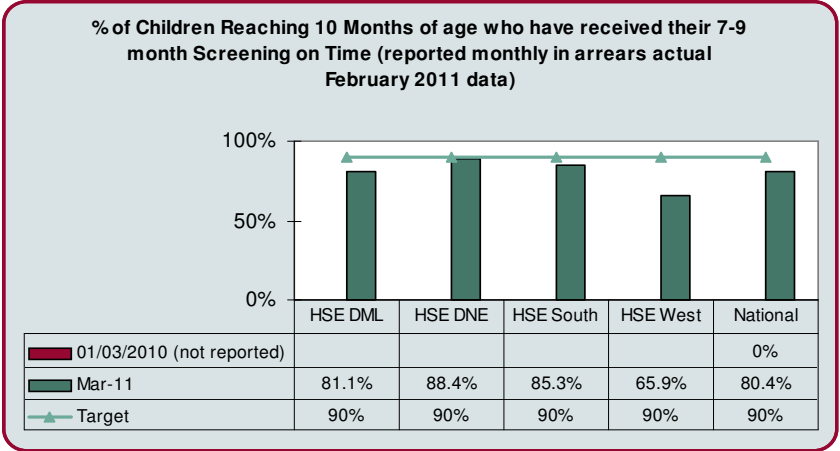
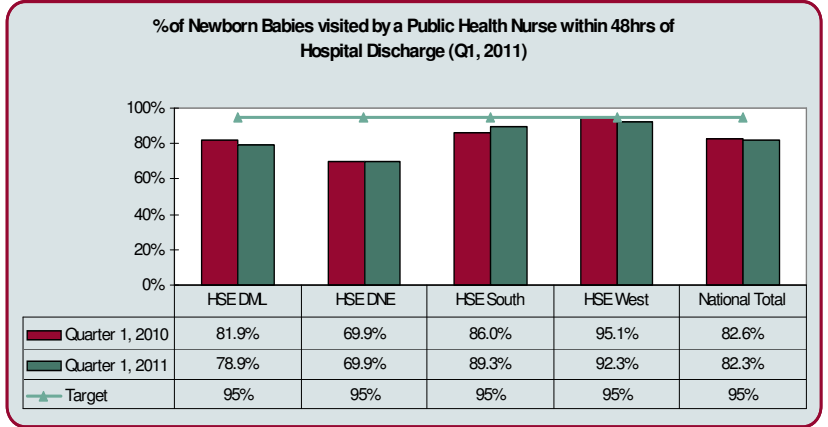


Chart 5



Acute Services

Acute Services analysis and action points

Inpatient Discharges (M) (chart 1)	The number of Inpatient Discharges at the end of March 2011 is 1.4% higher compared to the same period in 2010 and is 1.9% above target for 2011.
Day Case Discharges (M) (chart 1)	The number of Day Cases at the end of March 2011 is 4.2% higher compared to the same period in 2010 and is 3.4% above target for 2011.
ALOS (M)	Average length of stay in March 2011 was 6.02 this is broadly in line with February when the corresponding figure was 6.04. However, a further reduction of 7.5% in ALOS is required in order to achieve the 5.6 target nationally.
Delayed Discharges (M)	In the last week of March 2011 the number of delayed discharges reported nationally was 636. This is a decrease on the position at the end of February (671). 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 March 2011 was 657.
% 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 January 2011 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

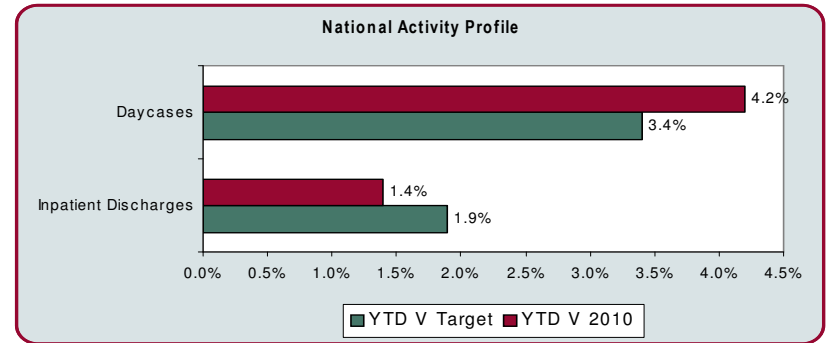


Chart 2

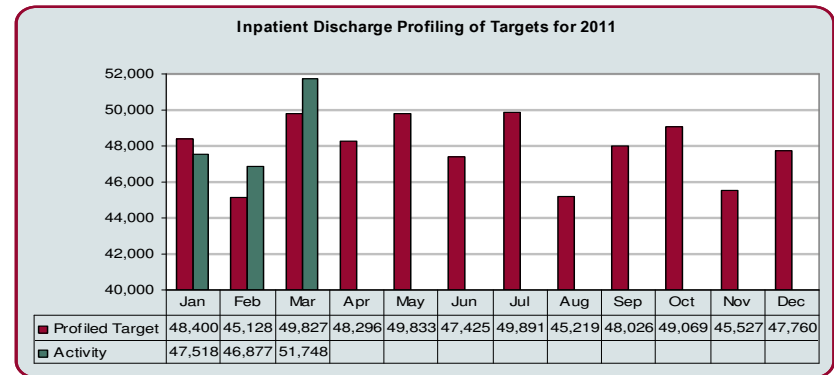
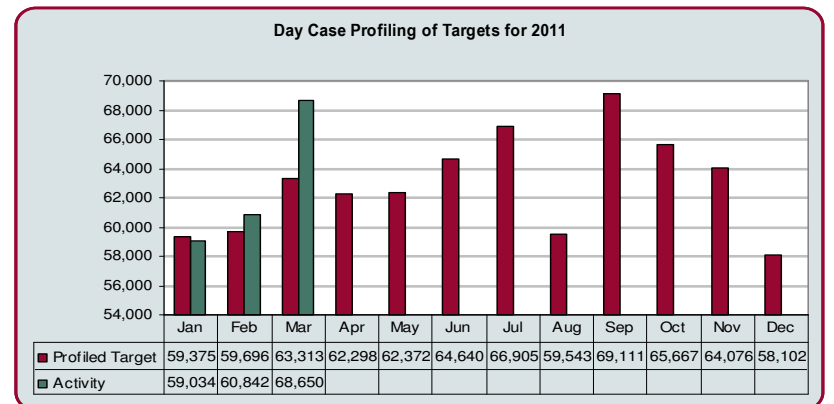


Chart 3



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 March 2011 was 70.9% (this equates to 9,626 of a total list of 13,586 patients waiting less than 6 months for their procedure). This compares to 70.6% for February.
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 March 2011 was 83.1% (this equates to 27,949 of a total list of 33,632 patients waiting less than 6 months for their procedure). This compares to a corresponding figure in February of 83.6%.
Elective Procedures children <3 months, Inpatients (M)(Chart 3)	The percentage of children waiting less than 3 months on the Inpatient waiting list in March 2011 was 40.9% (this equates to 790 of a total list of 1,930 children waiting). This compares to 39.9% reported in February.
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 March 2011 was 48.8% (this equates to 1,380 of a total list of 2,825 children waiting). This compares to February when the corresponding figure was 44.6%.
% 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 January 2011 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. There has been no change since previously reported last month

Chart 4

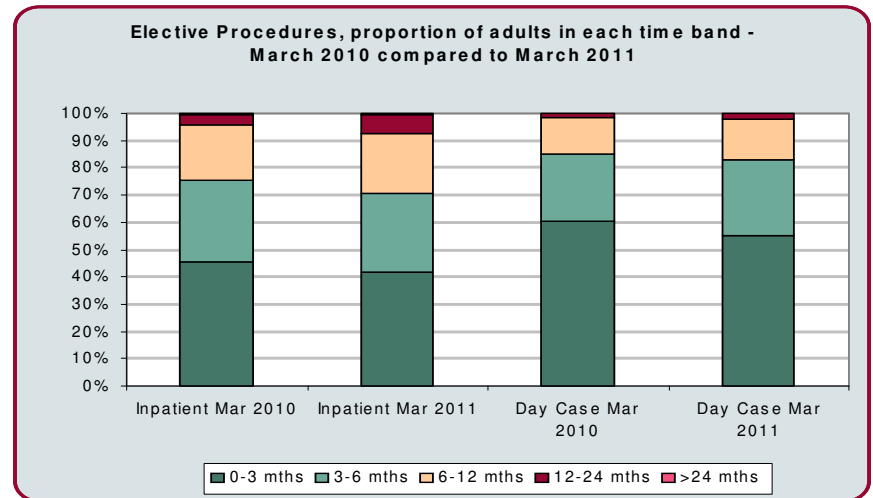
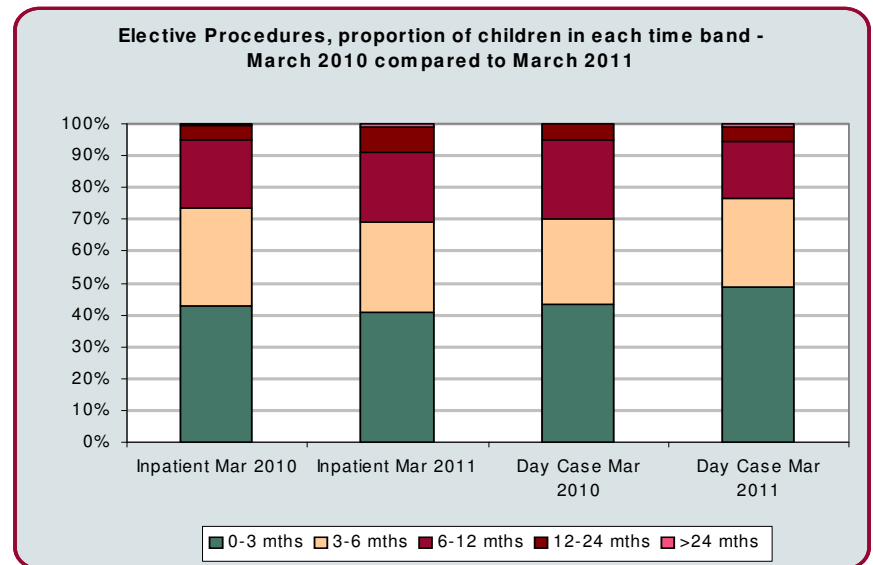


Chart 5



Acute Services analysis and action points

ED Admitted or discharged <6hrs (M)

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.

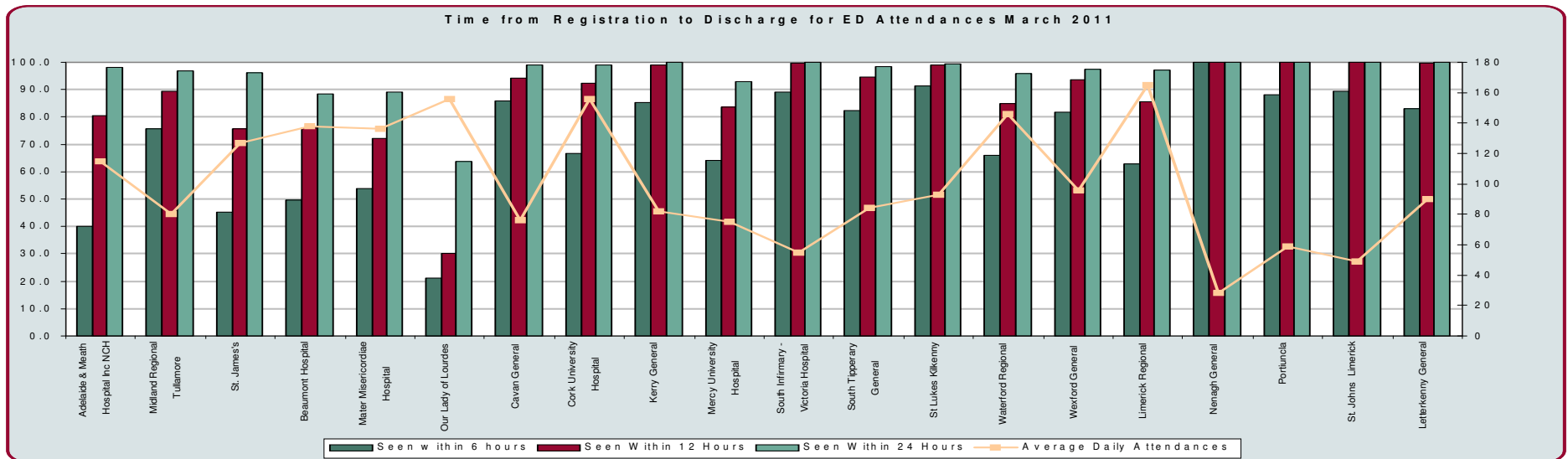
A view is also available of percentages of patients admitted to hospital within 6 hours of ED registration; percentages of patients discharged within 6 hours of ED registration and percentage of patients admitted to hospital or discharged from ED within 6 hours of ED registration

By the end of March 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.

Data for March 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 the same as February but an improvement on January when the corresponding average time was 8 hours.

The average time for patients who required admission in March was 9.4 hours with 49.5% of patients admitted within 6 hours of their registration in ED.

Data for March also shows that combination of full PET, sampling PET and aggregated data in the 20 Hospitals that data is available for, 74.1% 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.



Health Care Associated Infection (HCAI)	
HCAI surveillance data is reported at least two quarters in arrears as denominator data is collected later than the nominator data. This is received from the PMU and is dependent on beddays returns from the hospitals.	
MRSA	<p>MRSA bacteria notification rate per 1,000 bed days used</p> <p>MRSA rates have decreased from 2006 when data collection first began and the percentage of Staph aureus bacteraemia that is MRSA has decreased from 41.9% in 2006 to 24.3% in 2010.</p>
Antibiotic Consumption	<p>Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital</p> <p>Antibiotic consumption data is generally reported annually. There has been a slight increase in the rates for the first two quarters of 2010 but this may be related to the influenza pandemic and increased antimicrobial prescribing. Ongoing antimicrobial stewardship is being put in place in all hospitals and hospital antimicrobial prescribing guidelines have been published at end 2010.</p>
Alcohol Hand Rub	<p>Alcohol Hand Rub consumption per 1,000 bed days used</p> <p>Alcohol hand rub is a crude proxy measure of hand hygiene. To end of Q3 2010, the consumption rate is slightly less than target set but is being kept under review and may reflect how consumption is measured.</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*	0.078	8.2%
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	75.18	76**	76.02	-0.026%
Alcohol Hand Rub consumption per 1,000 bed days used	New	23 litres*	22.4	-2.6%

*per 1,000 bed days

** per 100 bed days

Ambulance

Ambulance

Table 1 Ambulance Services - HR	Human Resources			
	Ceiling Mar 2011	WTE Mar 2011	WTE Change from Dec 2010 to Mar 2011	% WTE Variance Mar 2011
DML	468	468	-7	-0.04%
DNE	152	173	+0	+13.43%
South	405	393	-5	-2.97%
West	431	446	-3	+3.54%
Total	1,456	1,480	-14	+1.61%

Table 2 Ambulance Services -Budget	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	9,552	9,877	-325
DNE	3,904	3,724	180
South	9,410	7,885	1,524
West	10,825	10,241	584
Ambulance College	1,526	675	851
Office of the National Director	340	795	-455
Total	35,558	33,197	2,360

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%, March reported position is 98.4%.
Waterford – One additional breast clinic has been set up on a weekly basis which started on 28th March to remedy Non-Urgent referrals

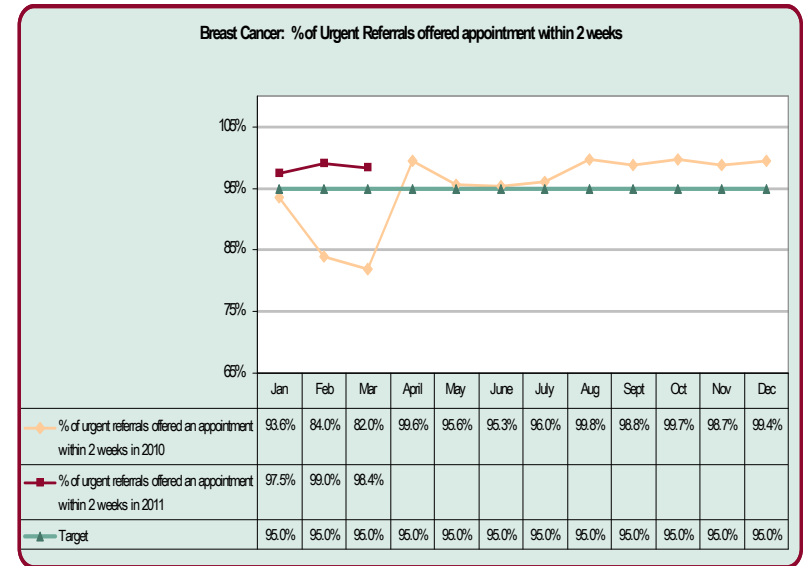
		% Urgent Referrals (offered an appointment within 2 weeks)						% Non Urgent (offered an appointment within 12 weeks)	
	Target	Jan 2011 (Urgent)	Jan (Non-Urgent)	Feb 2011 (Urgent)	Feb (Non-Urgent)	Mar 2011 (Urgent)	Mar (Non-Urgent)		
Beaumont	95%	96.0%	100.0%	97.0%	100.0%	97.5%	100.0%		
Mater	95%	100.0%	95.0%	99.0%	97.0%	100.0%	98.1%		
St. Vincent's	95%	93.0%	100.0%	100.0%	100.0%	98.1%	100.0%		
St. James's	95%	100.0%	83.0%	99.0%	86.0%	100.0%	99.4%		
Waterford	95%	100.0%	76.0%	100.0%	58.0%	100.0%	55.3%		
CUH	95%	94.0%	100.0%	95.0%	100.0%	93.4%	99.3%		
Limerick	95%	99.0%	93.0%	100.0%	82.0%	100.0%	98.0%		
GUH & L'keny	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
GUH	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Lung Cancer (Q)

Attendances at rapid access lung clinic

Number of new attendances at RAC, Q1 reported position is 429 new attendances.

Chart 1



Lung Cancer / New attendances at Rapid Access Lung Clinic

	Target	Q1 2011
Beaumont	New	109
Mater	New	40
St. Vincent's	New	58
St. James's	New	61
Waterford	New	44
CUH	New	76
Limerick*	New	41
GUH**	New	Not Available

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

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

Lung Cancer (Q)	<p>% 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</p> <p>Total number of attendances at RAC; and of those the % offered an appointment within 10 working days – target 95%, Q1 reported position is 91.6%.</p>
Lung Cancer (Q)	<p>No. of Rapid Access Diagnostic centres providing services for lung cancers</p> <p>Eight rapid access diagnostic centres providing services for lung cancers are now in place. This service has now reached target as per the NSP 2011.</p>
Prostate Cancer (Q)	<p>No. of centres providing services for prostate cancers:</p> <p>Rapid Access Diagnostics There are 6 prostate rapid access clinics in place in Q1. The end of year target for this service is 8 centres.</p> <p>Surgery In Q1 there are 7 centres providing surgery services for prostate cancer. The end of year target is 5 centres.</p>
Rectal Cancer (Q)	<p>No. of centres providing services for rectal cancers</p> <p>In the first quarter 2011 there are 13 centres providing services for rectal cancers. The end of year target for this service is 8 centres.</p>

% of patients attending RAC who attended or received an appointment to attend within 10 working days		
	Target	Q1 2011
Beaumont	95%	99.1%
Mater	95%	97.5%
St. Vincent's	95%	100.0%
St. James's	95%	100.0%
Waterford	95%	100.0%
CUH	95%	69.7%
Limerick*	95%	73.2%
GUH**	95%	Not Available

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

**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 March 2011 was 6,081 and of those children 5,314 (87.4%) had a written care plan in place.

Of all the care types children in residential care settings exhibited the highest percentage with a written care plan in place at 92.1%.

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

- Residential Care: 92.1%
- Foster Care: 89.1%
- Foster Care with Relatives: 83.2%
- Other Care Types: 81.4%

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

Children in Care with an Allocated Social Worker

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

Nationally at the end of March 2011 93.7% 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: 96.5%
- Foster Care: 94.0%
- Foster Care with Relatives: 92.6%
- Other Care Types: 92.2%

Chart 1

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

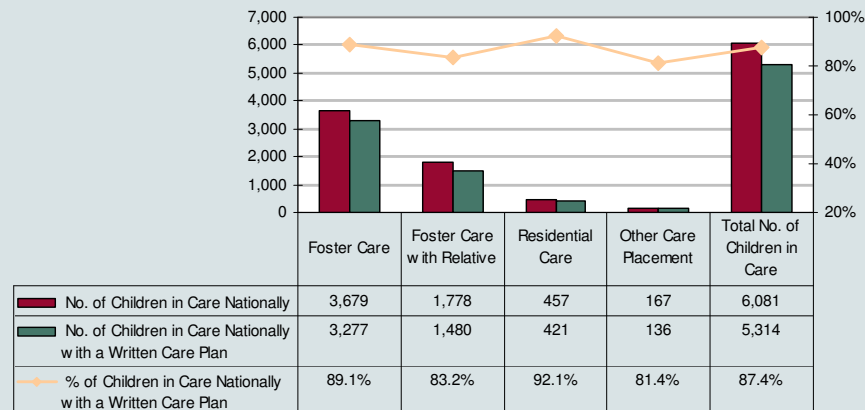
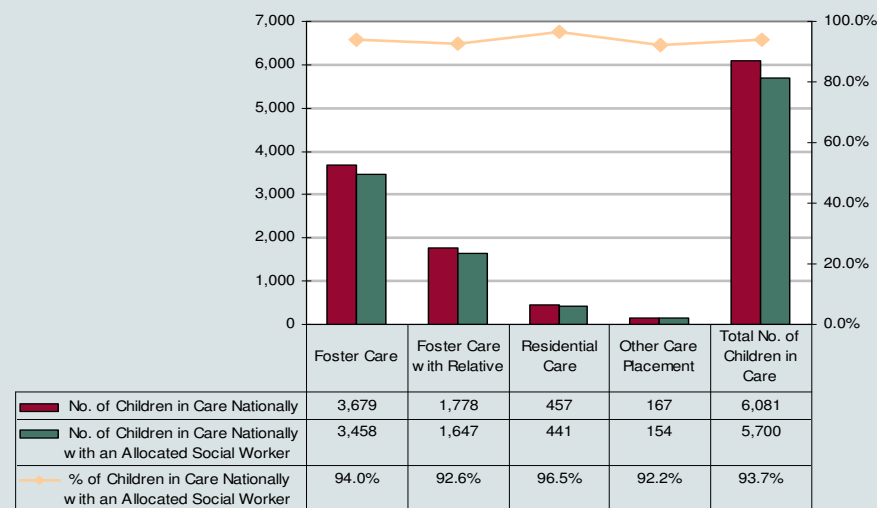


Chart 2

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



% 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)

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 March 79.0% of those children due a review during Q1 received the review within the scheduled timeframe.

HSE DNE demonstrated the highest compliance with 91.9% receiving their review on time. HSE West reported 85.3%, HSE DML reported 74.1% and HSE South reported a figure of 68.0%

Children within residential care were the highest cohort to receive their review on time 85.0%

The breakdown by care type nationally of children in care who received a review within the scheduled time frame is as follows:

- Residential Care: 85.0%
- Foster Care: 79.7%
- Foster Care with Relatives: 79.6%
- Other Care Types: 74.4%

Number and % of Approved Foster Carers with an Allocated Social Worker (Q) (Chart 4)

Number and % of Approved Foster Carers with an Allocated Social Worker

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

Nationally at the end of March 2011 87.8% (2,719) of Approved Foster Carers had an allocated social worker.

The breakdown by HSE Area is as follows:

- HSE DML: 81.1%
- HSE DNE: 79.3%
- HSE South: 94.6%
- HSE West: 91.8%

Chart 3

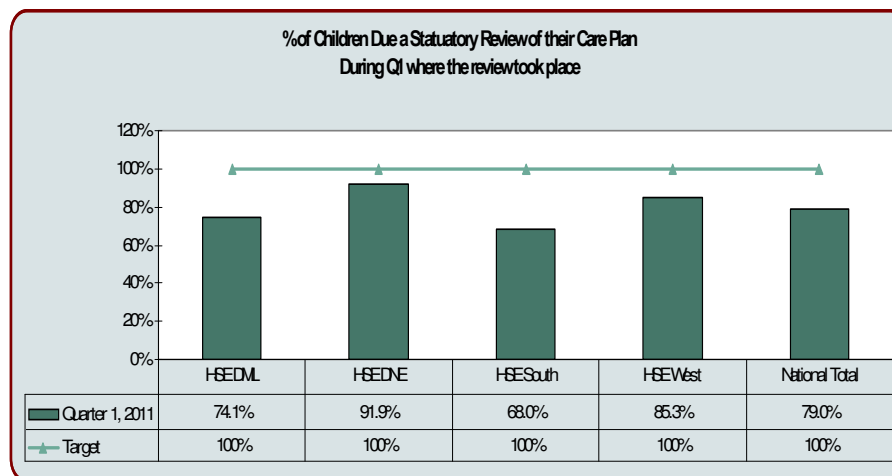
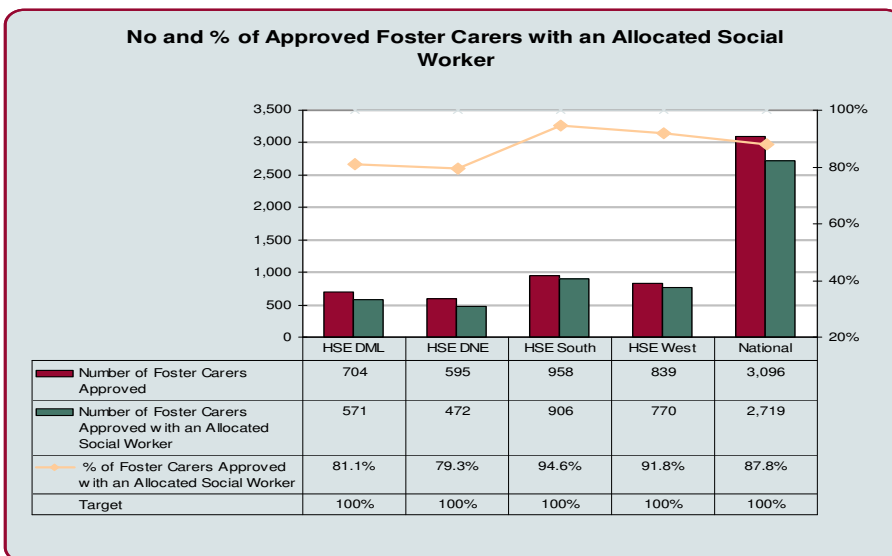


Chart 4



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 Q4 2010*
- In Q4 2010, there were 3,340 admissions to acute mental health units nationally and 14,474 year to date and a decrease of 5% on the number of admissions in 2009.
- While the National percentage of readmission is 68%(2,267) which is the same as the NSP target, and overall in 2010 the percentage of readmissions was slightly up at 69% (9,922)

*Q4 2010 data unavailable for 1 unit in DML

Inpatient services (Q) (Chart 2)

- Number of inpatient places is 28.1 per 100,000 nationally.
- First Admission rates to acute units (that is first ever admission) is 25.7 per 100,000 nationally in Quarter 4 and with an average of 27 per 100,000 overall in 2010.
- Inpatient readmission rates to acute units are 53.6 per 100,000 nationally in Quarter 4 and with an average of 58.6 per 100,000 overall in 2010.
- Median Length of Stay in inpatient facilities is 11 days in Quarter 4 and 11.1 overall in 2010.
- Rate of involuntary admission is 7.6 per 100,000 nationally in Quarter 4 and 8 per 100,000 overall in 2010

Chart 1

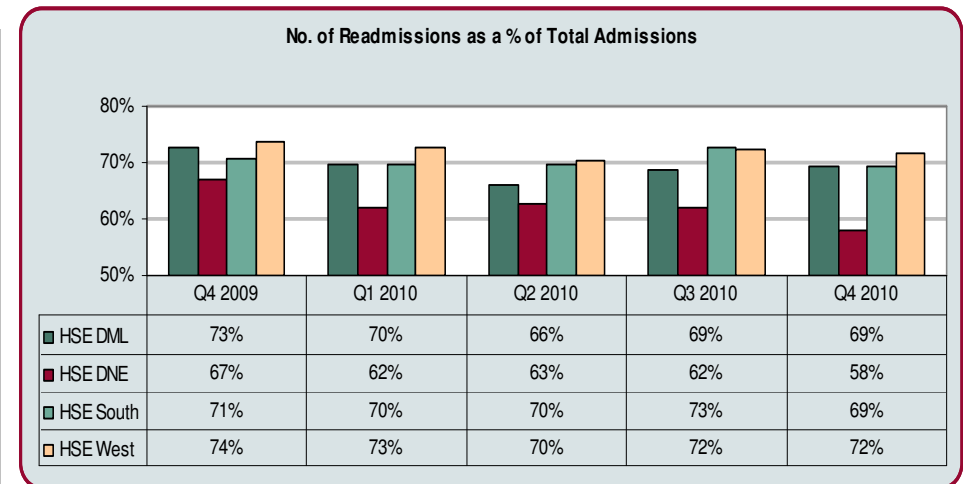
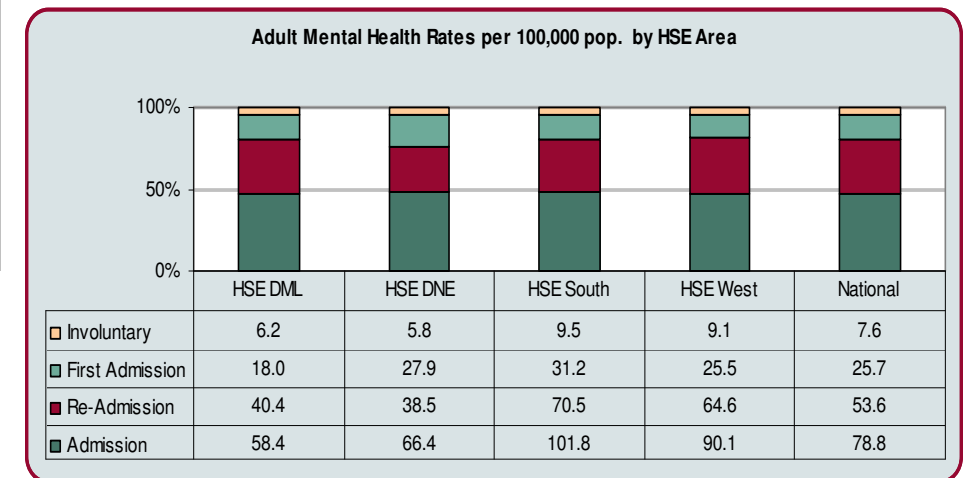


Chart 2



Mental Health (CAMHS)

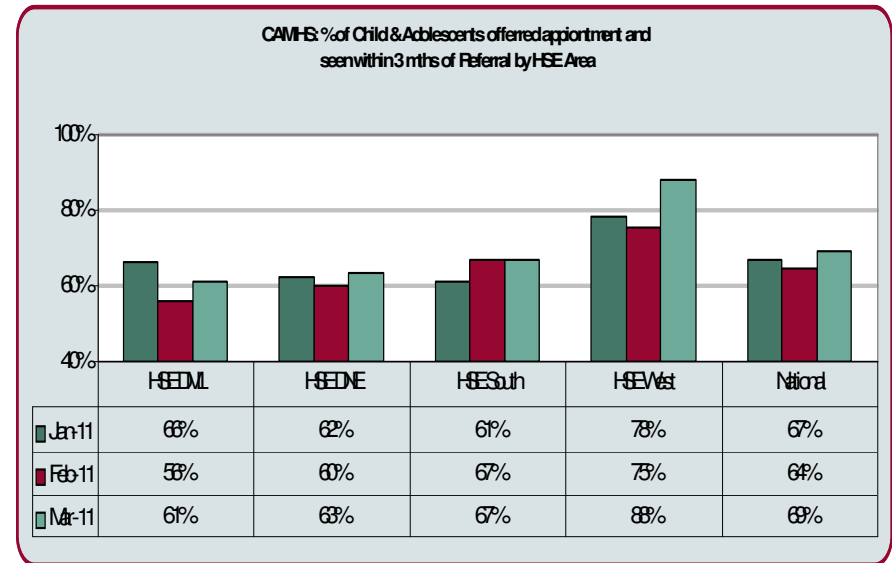
Child and Adolescent Mental Health (Chart 3) (Q)

- 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.
- 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.

No. of new child / adolescent offered first appointment and seen (M) Chart 4

- Total number of Child & Adolescents offered first appointment and seen in March was 756
- The regional view is as follows:
 - DML – 259
 - DNE – 118
 - South – 189
 - West – 190
 - Nationally - 756
- 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.

Chart 3



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 Q1 2011.
- Total Number on Waiting List at end Quarter 1 2011 by wait time:
 - < 3 Months = 1004 (40%)
 - 3-6 Months = 553 (22%)
 - 6-12 Months = 614 (24%)
 - > 12 Months = 346 (14%)
 - Total = 2517
- The Numbers on the Waiting List has slightly increased by 0.7% from the Q 4 2010 figure of 2499 and those waiting > 12 months has also slightly increased 2% from the Q4 2010 figure of 339.
- The Number on the Waiting List per Region:
 - DML = 812 (32%)
 - DNE = 340 (13%)
 - South = 619 (25%)
 - West = 746 (30%)

Chart 5

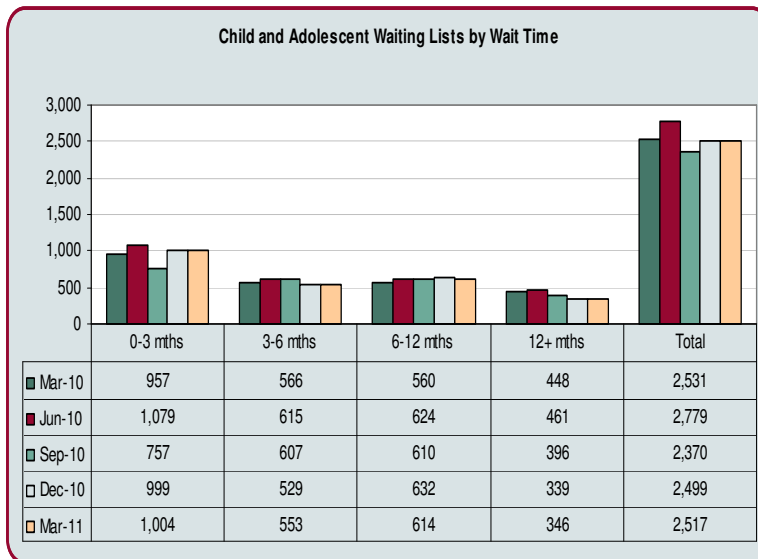
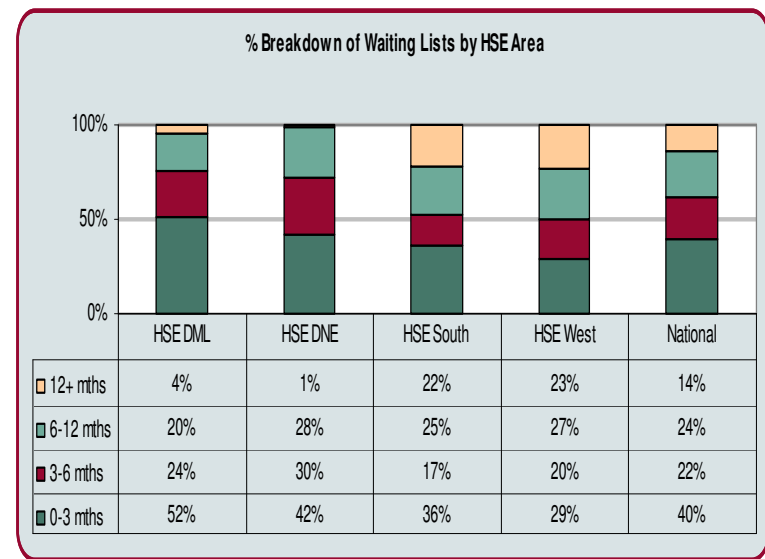


Chart 6



Disability Services

Disability Services

Under 5 Assessments (Q)

Disability Act Compliance

- Under the Disability Act, 739 Assessment Reports were completed nationally in Quarter 1 2011 against a target of 587, thus exceeding it by 26%. This is an increase of 179 (32%) on the same period in 2010.
- The number of Assessment reports that were overdue for completion at the end of Quarter 1 2011 was **828**, a decrease of **46 on quarter 4 2010**.
- The number of assessments completed within the timelines as provided for in the Regulations is at 20% compliance. This reflects a number of difficulties experienced by Assessment Officers including **high rates of application**, prioritisation of intervention over assessment, the effects of the recruitment moratorium and pressure to produce assessments which comply with the Department of Education and Skills (DES) resource allocation model.

The National Disability Unit continues to monitor regional action plans on a weekly basis and has taken a number of additional steps to address the main challenges including dissemination of guidance on streamlining procedures, delivery of targeted training and information sessions and enhanced liaison with National Council for Special Education and National Educational Psychological Service.

Older Persons

Older Persons

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

New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Revised data arising out of this exercise is currently being validated and will be published as soon as possible.

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

Elder Abuse (Q)

Total New referrals are 477 against same period last year of 551. Although at face value this represents a reduction of 19.0% it must be noted that difficulties are being experienced in the HSE South due to the lack of a Dedicated Officer and this is impacting on returns. Ongoing updating of the elder abuse database will see an adjustment to these figures and will be reflected in subsequent reports.

The number of referrals is not the same as the number of abuse types reported, as each referral may include more than one abuse type.

No of Referrals by abuse Type	Q1 2011	Q1 2010
Physical	52 (11.1%)	71 (10.9%)
Psychological	124 (31%)	163 (23.3%)
Financial	90 (19.9%)	113 (17.0%)
Neglect	83 (16.2%)	136 (18.0%)

Note: The percentages do not add up to 100%. This is because there are other abuse types not included in this report (e.g. self-neglect, discrimination, sexual abuse and other).

Total Number of active cases 1,760. This is a new metric for 2011.

The HSE will launch the report on its HSE Elder Abuse Service for 2010 in May this year. This coupled with a new awareness campaign for 2011 should again bring elder abuse into the public domain, assist with recognition and understanding of the issue and ultimately, encourage reporting. As part of the 2011 awareness campaign an elder abuse conference will be held on World Elder Abuse Awareness Day, June 15th and will be hosted by the HSE, the National Centre for the Protection of Older People and UCD in association with the International Network for the Prevention of Elder Abuse (INPEA).

The National Elder Abuse Steering Committee is also progressing work 'behind the scenes' by establishing Working Groups, some with multi-agency membership, to address specific areas and issues. These Groups are involved in drafting protocols for inter-agency co-operation as well as developing policies and procedures to aid HSE staff and those in other agencies and industry sectors to respond effectively to suspected abuse.

These efforts will add to the understanding of abuse, assist older people and those working with older people, in all disciplines, to recognise the signs and symptoms of elder abuse and through appropriate follow-up and referral enable an effective response.

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 March 2011 was 258. Of these, 231 were admitted within 7 days of active referral. This equates to 90% of all the admitted patients.

Area	Percentage & No. within 7 days	Percentage & No. over 7 days
DML	79.4% (58)	20.5% (15)
DNE	94.4% (34)	5.5% (2)
South	100% (42)	0% (0)
West	91% (97)	9% (10)
National	90% (231)	10% (27)

Social Inclusion

Social Inclusion

Total number in methadone treatment (M)

The total number of clients in methadone treatment this month was 9202. Of these 6% were in a prison setting. The remaining clients were represented as follows, DML 54%, DNE 33%, west 3%, South 3%.

Number of clients in Methadone treatment	Number	Percentage
DML	4,942	54%
DNE	3,074	33%
West	297	3%
South	300	3%
Prisons	589	6%
National	9,202	

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%	76.7%	-4.2%	80.0%	77.4%	-3.2%	75.3%	2.8%
DNE	75.7%	80.0%	80.0%	77.1%	-3.7%	80.0%	76.7%	-4.1%	75.2%	2.0%
South	71.0%	80.0%	80.0%	65.0%	-18.7%	80.0%	67.0%	-16.2%	70.4%	-4.8%
West	71.1%	80.0%	80.0%	69.8%	-12.7%	80.0%	70.1%	-12.4%	70.9%	-1.3%
National	73.4%	80.0%	80.0%	71.8%	-10.3%	80.0%	72.7%	-9.2%	72.9%	-0.4%
No. of Inpatient Discharged (Inpatient)										
DML	181,047	176,400	15,302	15,937	4.1%	44,025	44,688	1.5%	43,465	2.8%
DNE	110,263	107,700	9,343	9,321	-0.2%	26,879	26,332	-2.0%	27,316	-3.6%
South	147,500	144,000	12,491	13,192	5.6%	35,939	37,517	4.4%	36,002	4.2%
West	150,050	146,300	12,691	13,298	4.8%	36,513	37,606	3.0%	37,375	0.6%
National	588,860	574,400	49,827	51,748	3.9%	143,355	146,143	1.9%	144,158	1.4%
No. of Inpatient Discharged (Day Case)										
DML	265,395	276,700	23,201	24,667	6.3%	66,833	68,612	2.7%	64,926	5.7%
DNE	137,831	143,100	11,999	13,065	8.9%	34,564	35,443	2.5%	35,105	1.0%
South	157,119	163,000	13,667	14,703	7.6%	39,371	40,459	2.8%	39,226	3.1%
West	167,924	172,300	14,447	16,215	12.2%	41,617	44,012	5.8%	41,689	5.6%
National	728,269	755,100	63,314	68,650	8.4%	182,385	188,526	3.4%	180,946	4.2%
Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months										
DML	81.2%	100.0%	100.0%	81.1%	-18.9%	100.0%	81.1%	-18.9%	70.4%	15.2%
DNE	73.4%	100.0%	100.0%	70.0%	-30.0%	100.0%	70.0%	-30.0%	74.0%	-5.4%
South	75.3%	100.0%	100.0%	69.7%	-30.3%	100.0%	69.7%	-30.3%	84.8%	-17.8%
West	69.8%	100.0%	100.0%	64.9%	-35.1%	100.0%	64.9%	-35.1%	75.7%	-14.3%
National	74.5%	100.0%	100.0%	70.9%	-29.1%	100.0%	70.9%	-29.1%	75.4%	-6.0%
Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months										
DML	47.1%	100.0%	100.0%	39.5%	-60.5%	100.0%	39.5%	-60.5%	35.9%	10.0%
DNE	69.6%	100.0%	100.0%	67.0%	-33.0%	100.0%	67.0%	-33.0%	47.9%	39.9%
South	48.1%	100.0%	100.0%	46.3%	-53.7%	100.0%	46.3%	-53.7%	65.2%	-29.0%
West	33.2%	100.0%	100.0%	34.4%	-65.6%	100.0%	34.4%	-65.6%	46.4%	-25.9%
National	45.5%	100.0%	100.0%	40.9%	-59.1%	100.0%	40.9%	-59.1%	42.6%	-4.0%

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%	93.5%	-6.5%	100.0%	93.5%	-6.5%	93.5%	0.0%
DNE	88.8%	100.0%	100.0%	85.1%	-14.9%	100.0%	85.1%	-14.9%	83.8%	1.6%
South	86.1%	100.0%	100.0%	80.5%	-19.5%	100.0%	80.5%	-19.5%	85.8%	-6.2%
West	79.8%	100.0%	100.0%	73.6%	-26.4%	100.0%	73.6%	-26.4%	79.1%	-7.0%
National	87.5%	100.0%	100.0%	83.1%	-16.9%	100.0%	83.1%	-16.9%	85.2%	-2.5%
Elective Waiting List (Day Case) % Children awaiting ≤3 months										
DML	48.8%	100.0%	100.0%	45.7%	-54.3%	100.0%	45.7%	-54.3%	41.3%	10.7%
DNE	62.7%	100.0%	100.0%	60.6%	-39.4%	100.0%	60.6%	-39.4%	24.8%	144.4%
South	51.9%	100.0%	100.0%	53.9%	-46.1%	100.0%	53.9%	-46.1%	47.9%	12.5%
West	58.0%	100.0%	100.0%	50.4%	-49.6%	100.0%	50.4%	-49.6%	58.8%	-14.3%
National	51.7%	100.0%	100.0%	48.8%	-51.2%	100.0%	48.8%	-51.2%	43.4%	12.4%
% of elective inpatient procedures conducted on day of admission										
DML	63.0%	75.0%	75.0%	62.0%	-17.3%	75.0%	62.0%	-17.3%	57.0%	8.8%
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%	44.0%	-41.3%	75.0%	44.0%	-41.3%	43.0%	2.3%
West	47.0%	75.0%	75.0%	49.0%	-34.7%	75.0%	49.0%	-34.7%	44.0%	11.4%
National	50.0%	75.0%	75.0%	51.0%	-32.0%	75.0%	51.0%	-32.0%	46.0%	10.9%
No. of Emergency Admissions										
DML	96,717	94,500	8,046	8,790	9.2%	23,739	25,369	6.9%	23,662	7.2%
DNE	72,863	71,800	6,114	5,993	-2.0%	18,037	17,345	-3.8%	18,061	-4.0%
South	89,840	87,900	7,484	8,487	13.4%	22,081	23,951	8.5%	21,920	9.3%
West	109,611	107,200	9,128	9,813	7.5%	26,930	28,138	4.5%	27,796	1.2%
National	369,031	361,400	30,772	33,083	7.5%	90,788	94,803	4.4%	91,439	3.7%
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
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%	77.0%	2.7%	75.0%	77.0%	2.7%	72.0%	6.9%
South	62.0%	75.0%	75.0%	63.0%	-16.0%	75.0%	63.0%	-16.0%	58.0%	8.6%
West	69.0%	75.0%	75.0%	70.0%	-6.7%	75.0%	70.0%	-6.7%	63.0%	11.1%
National	70.0%	75.0%	75.0%	70.0%	-6.7%	75.0%	70.0%	-6.7%	65.0%	7.7%
Outpatient Attendances										
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 in relation to the Arrangement 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 the agency annually.
- This report relates to the completion of 2010 Service Arrangements and Grant Agreements for Section 38 and Section 39 Agencies. Data supplied here is for 2010 signed Arrangements (Part 1 2010/11 and Part 2 2010) with a value of **99.13%** of the total funding provided by the HSE to the non statutory sector.
- Significant progress has been made in this area in the last and first quarter. Some of the larger Agencies, particularly in the disability sector were unsigned due to continued concerns with certain clauses within the documentation. Engagement took place to deal with these issues and further communications followed, cumulating in a decision to terminate funding to non compliant organisations. This has resulted in the significant increase in compliance with the signing of documentation.
- Remaining organisations are formally being communicated with concerning the withdrawal of funding. In the case of Grant Aided organisations, funding will no longer be paid prior to completed Grant Aid Agreements being in place.
- As Part 1 of the Service Arrangement is valid until the end of 2011, the funding relationship with these organisations is covered by signed governance documentation. The Part 2 Schedules for 2011 are being discussed with and issued to Agencies during the first quarter of 2011.

% 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	97.98% (678 facilities)	93.17% (737 facilities)	98.12% (1,138 facilities)	96.34% (1,184 facilities)	96.3% (52 facilities)	96.6%(4,009 facilities)
Acute Sector	100% (4 hosp)	100% (9 hosp)	100% (1 hosp)	100% (2 hosp)	100% (1 hosp)	100%(17 Hosp)
Total	97.99%	93.25%	98.12%	96.34%	96.36%	96.62%

% 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	93.57% (€357,000,722)	97.29% (€543,641,794)	99.2% (€351,192,849)	98.25% (€318,963,992)	94.69% (€6,729,815)	98.18% (€1,577,529,172)
Acute Sector	100% (€529,444,565)	100% (€1,069,108,909)	100% (€20,517,857)	100% (€110,079,872)	100% (€32,247,321)	100.00% (€1,761,398,524)
Total	99.42% €886,445,287	99.07% (€1,612,750,703)	99.25% (€371,710,707)	98.69% (€429,043,864)	99.04% (€38,977,136)	99.13% (€3,338,927,696)

Quality and Patient Safety

Quality and Patient Safety

National Clinical Programmes Update

National Clinical Programmes

The National Clinical programmes listed in the 2011 National Service plan are focussed on preparing and planning for implementation. There are a number of key tasks in progress.

(1) Agreement of implementation strategy and governance.

The Senior Management team have agreed to a four track approach to implementation.

- Track 1: Implementation of programmes in sites identified in the programme business cases. The programmes will provide low intensity support to local implementation teams across a large number of sites.
- Track 2: Implementation of the same programme solutions but with intensive implementation support across a small number of sites (4 to 6).
- Track 3: Programme support for smaller hospitals seeking to address identified Safety and Risk issues.
- Track 4: management of issues impacting implementation but which can be only resolved at a national level.

(2) Development of a generic implementation plan.

A generic implementation plan has been developed and piloted to assist sites in planning and managing multiple programme implementations. The plan outlines key steps for setting up local change governance and implementation teams and what are the key tasks that need to be completed in order to implement each programme. Generically the key tasks break down into the following steps:

- Identify local clinical lead
- Agree with National Programme local variations to national clinical model of care
- Establish local quality, access and cost baseline
- Agree local targets
- Sign off local plan with National Programme and Regional Directors of operation
- Establish local clinical governance and accountability
- Establish sustainable means of measurement and reporting
- Standardised model of care
- Completion of post implementation audit by National Clinical Programme

The generic plan will be issued to the system with a supporting information pack. A series of education sessions will be held with local programme management teams to assist them in completing the generic plan. This is due to be completed by mid May.

(3) Establishment of local, regional and national change infrastructure

Implementation roles, responsibilities and governance structures have been signed off by the Senior Management Team. This includes the establishment of local and regional programme co-ordinators. Regional co-ordinators have been identified for three regions and the remaining region is currently undertaking a recruitment process for this role. Local programme managers/coordinators are currently being selected and put in place.

The target is by the end of May a local, regional and national change management infrastructure will be in place to manage and report on the implementation of the national clinical programmes listed in the 2011 service plan.

A range of other National Clinical Programmes that are not listed in the 2011 service plan are either completing their design phase or in the process of being set up e.g. Palliative care, Rehab, Paediatrics etc.

Quality and Patient Safety

Service Improvement Colposcopy Services

Colposcopy Services

Cervical cytology screening aims to reduce the incidence of and mortality from cancer of the cervix. Well-organised population based screening programmes have been proven to be effective.

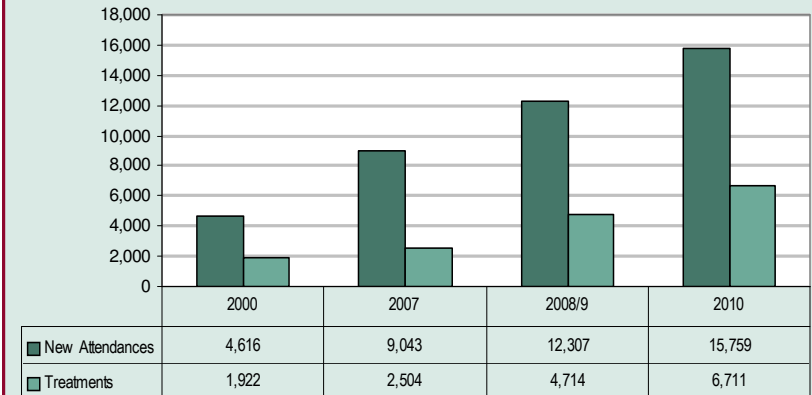
CervicalCheck, the National Cervical Screening Programme was established in Ireland in September 2008. This programme aims to deliver screening at regular intervals to all women living in Ireland aged 25 to 60 years. Quality assurance standards for the programme were published in January 2010 and included standards for colposcopy largely based on those developed by the British Society of Colposcopy and Cervical Pathology (BSCCP). As part of the planning for the delivery of quality assured colposcopy, a gaps analysis was performed in 2007 and additional resources were put in place by the National Cancer Screening Service (NCSS) to establish fifteen selected services. The NCSS, together with local management and the HSE, agreed individualised service improvement plans that included the establishment of an infrastructure to enable the effective audit of performance against the CervicalCheck standards for colposcopy services. The aim was to deliver increased capacity and major improvements in the quality of the services offered to women.

There was a significant increase in the numbers of new patients attending colposcopy services between 2007 and 2010. As well as greater capacity, this reflected the large numbers of women screened with 284,833 women screened in the first year of the CervicalCheck programme from 1 September 2008 to 31 August 2009. Of 28,925 appointments generated, 2,186 women defaulted giving a percentage nationally of 7.6% (target <15%). Ninety five percent of treatments were performed as outpatients using general anaesthetic (target >85%) representing marked improvement when compared to 2000 when 23% of treatments were performed as inpatients under general anaesthetic. The death of television celebrity Jade Goody during 2009 resulted in unprecedented levels of cervical screening which resulted in long waiting times and a waiting list of 1,482 women in the summer of 2009. By January 2011 all waiting lists had been abolished and the average waiting times for colposcopy had reached the target levels of < 2 weeks for urgent cases, < 4 weeks for women with high grade abnormalities and < 8 weeks for women with low grade abnormalities.

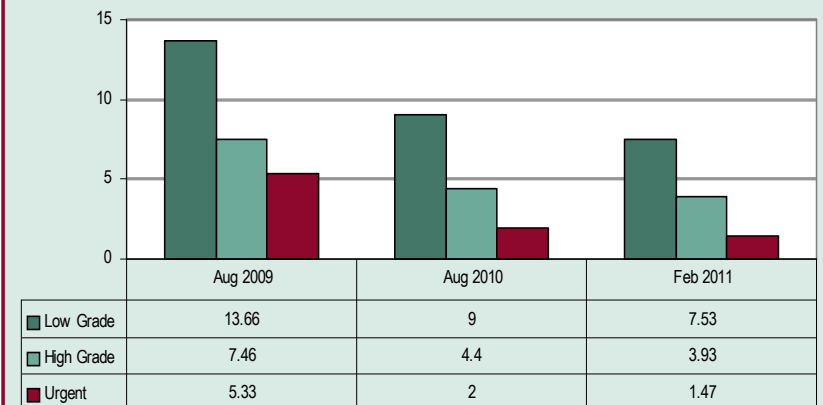
The provision of focused individualised plans with matching resources produced improvements within a short timeframe. The central collection of cytology, histology and colposcopy data has enabled the calculation of national results. Valuable lessons have been learned which should inform opportunities for improvement into the future.

Reference: Poster presentation to British Society of Colposcopy and Cervical Pathology BSCCP, Liverpool 2011, for full presentation see www.Bscpp.co.uk

Activity figures Colposcopy Services 2000-2010



Waiting Times (weeks) for New Referrals to Colposcopy



Quality and Patient Safety

Blood Policy (M)	Blood Policy
	<p>The number of platelets ordered in the month is 1579 which is positive performance 13.9% above target. The percentage of platelets outdated in the month is performing well against target at 60.1% above target.</p> <p>The number of O Rhesus negative red blood cells per hospital is continuing to under perform at -24.7% and a management focus is continuing in this area.</p> <p>The percentage of red blood cells rerouted and red blood cells reordered is continuing to show a positive performance and in particular the % of red blood cells returned out of total red blood cells ordered shows a percentage variance against target of 65.1%.</p>

Blood Policy Performance Activity *Blood Policy reported one month in arrears	Outturn 2010	Target 2011	Target YTD	Actual YTD	% Var YTD v. Tar YTD	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	5,499	5,023	8.7%	1833	1579	13.9%
% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	<549	239	56.5%	<183	73	60.1%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11% 9,301	<3,252	4,246	-30.6%	1,023	1,276	-24.7
% of red blood cell units rerouted to hub hospital	New PI 2011	<5% 9,301	<1,478	1,485	-0.5%	465	461	0.8%
% of red blood cell units returned out of total red blood cell units ordered	1.73% 2,194	<2% 9,301	<591	445	24.7%	<186	65	65.1%

Environmental Health

Tobacco Control	<p>No. of sales to minors test purchases carried out The target for Q1 has been achieved. A total of 61 inspections were carried out.</p>
Food Safety	<p>% of the total number of high risk food premises which receive one full programmed inspection Q1 95%. As the numbers of premises nationally have been divided by 4 to provide a quarterly figure, it is still feasible that the target of 100% of high risk premises may be achieved by year end.</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 Data not available for Q1, this information will be reported in Q2.</p>
Cosmetics and Food Product Safety	<p>% achievement with the cosmetic product sampling plan Sample numbers 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 Q1 99% of the target has been achieved.</p>

Health Care Assurance

Health Care Assurance	<p>% of national audits, as specified in audit plan, commenced</p> <p>100% of healthcare audits as specified in QCCA Audit Programme for Q1 2011 commenced.</p> <p>However, there was a delay in commencing the seven audits scheduled for Q1 because of the recent restructuring of the QCC function and the need to refine the exact requirements of audit requesters. One of key emerging issues from this process was clarification of accountability for implementing the recommendations of completed audits.</p>
Health Care Assurance	<p>% of national audits completed within the timelines in audit plan</p> <p>None of the above audits were due for completion in Q1 however one audit has been completed ahead of schedule. Of the remaining six audits, four are due for completion in Q2 and two in Q3.</p>

Quality and Patient Safety

<p>Complaints (Q)</p>	<p>% of complaints investigated within legislative timeframe A total of 3,281 complaints were recorded as receiving attention during Q1. Complaints officers recorded 2,325 new complaints and there were 956 complaints in progress on 1st January 2011.</p> <p>During quarter one, 1,813 complaints were dealt with informally, withdrawn or dealt with within 30 days at stage 2. 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, the multiple contacts with parties involved to identify and confirm the key items of concern and investigate same, difficulties progressing investigations whilst people are ill or on leave and the absence of IT supports to support the efficient tracking of complaints and generate reminder letters etc. As with all areas of service provision, a minority of individuals may take up a considerable period of time through their behaviour, sometimes unknowingly and at other times with vexatious or malicious intent.</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>Note: 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>
<p>Service User Involvement and advocacy</p>	<p>% of primary care Local Implementation Groups with at least 2 community representatives in each LHO Four primary care Local Implementation Groups have at least 2 community representatives. Please note this does not include a return from one area.</p> <p>Feedback provided from some local health offices advises that the local Community Work Department, (who work in partnership with the community and voluntary sector), are working with the Primary Care Teams to ensure that the needs of the community direct the delivery of the health services in each area. A HSE Community Worker also sits on some Implementation Teams.</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 (2,325)	New	75%	1,743	1813	4%
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%	3.75	3	-20%

*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.

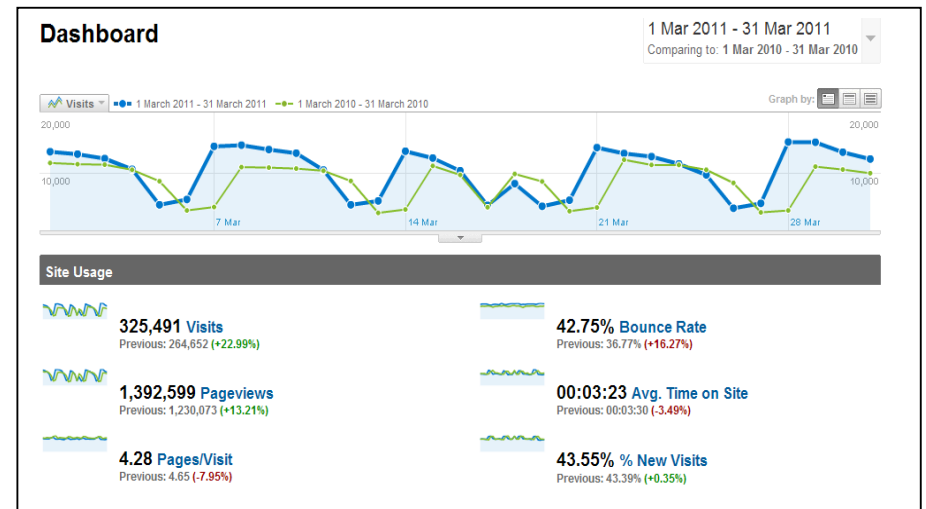
**Complaint reviews are reported one month in arrears

<p>Complaint reviews (M)</p>	<p>% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)</p> <p>There were five reviews received in February, of the four that were closed, three were closed within the 20 working day timeframe.</p>
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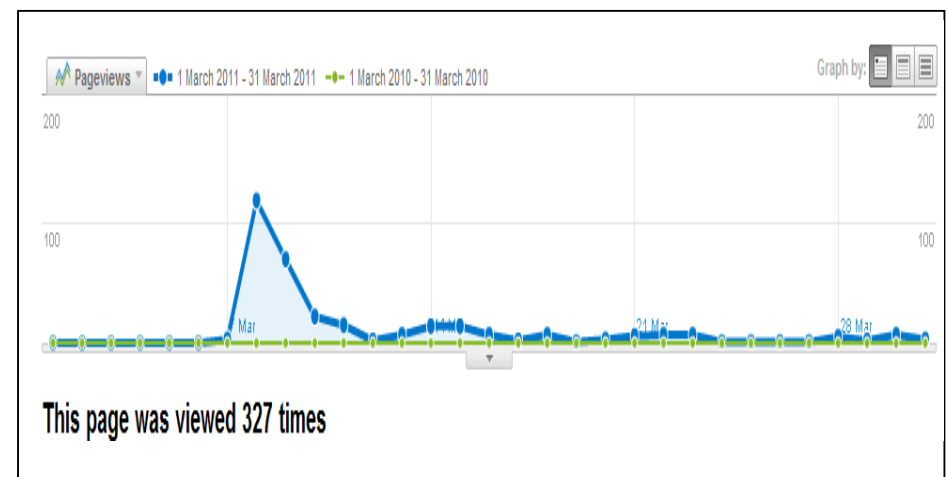
Communications

FOI (M)	<p>No. of FOI requests received</p> <p>The number of FOI requests received YTD to end of March is 1417. This represents 95% of the anticipated target for the YTD period.</p>
Parliamentary Questions	<p>% of Parliamentary Questions dealt with within 15 working days</p> <p>The total number of PQs received between January 1st and March 31st 2011 was 396. Of these, 224 (57%) were answered ("on time") within the 15 day target. Overall 330 (83%) have now been answered and there is an outstanding 66 (17%) awaiting answers, which are currently being processed for reply.</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 actual number of calls received YTD by the National Information Line is 35,349.</p> <p>Web based information</p> <p>Visits to HSE.ie have increased by 23% compared to March 2010, with the average page views steady at between 4-5 pages per visit. Visits to the site came from 180 Countries.</p> <p>Top Content Viewed</p> <p>Sligo Hospital, Jobs, Medical Cards/GP Visit Cards, Staff Home Page, Find A Service, LHO, Maps and Contact Us.</p> <p>March Focus</p> <p>In March 2011, the HSE ran ads on the radio to highlight Quit Smoking campaign trying to encourage people to make Ash Wednesday there day to quit.</p> <p>Ash Wednesday - Make today your day to Quit Smoking</p> <p>The graph shows the response to the public relations campaign, with a dramatic increase in visits in response to placed media pieces.</p>

HSE Website Usage in March



Quit Smoking Campaign



New Service Developments – March 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	€ m	€ m	0	-	Q4	Beaumont opened in March 2011, James due to open in April 2011
	Theatre/ICU/Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	€ m	€ m	28	3	Q1	Submissions received. Hospitals informed of wtes/funds to be allocated as nurses take up duties. Three nurses have been appointed to date.
	National Screening Service	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013.	€0.5m	€ m	€ m	20	-	Q2	Awaiting Primary Notifications
	NCCP	Total allocation	€10m			48	3		
Children and Families	Ryan Report	Implementation of the recommendations progressed	€7m	€ m	€ m	0	-	Q4	Detailed discussions have taken place regarding the composition & distribution of a range of therapeutic posts arising from Ryan. The recruitment process has now commenced. A full Ryan progress report check is in process
	Social Work Service	Appointment of additional Social Workers	€2m	€m	€ m	60		Q3	The 200 social workers allocated in 2010 are fully in place and retention rates being closely monitored. The distribution of the additional 60 posts has been agreed based on a socio-economic weighted formula and recruitment of these commenced.
		Total allocation Children and Families	€9m			60			
ISD Older Persons	Fair Deal	Deliver additional residential care placements	€6m	€6m	€1.5m	0	-	Q4	Additional places provided absorbed the 6m on a full year basis.
		New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Revised data arising out of this exercise is currently being validated and will be published as soon as possible.							
	Long Stay Repayments	Address outstanding claims and close off scheme in 2011.	€12m	€3m	€3m	0	-	Q4	On Target to complete outstanding claims by year end.
	Total allocation Older Persons	€26m	€9m	€11m	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	€ 0 m	€ 0 m	0	-	Q4	Business case being prepared. Criteria agreed, circulated and bids received. 81 bids received and assessment nearing completion. Funded projects expected to begin in June/July 2011.
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	€ m	€ m	0	0	Q4	A business plan is currently being worked up. Funding will be used to address the following areas to provide: Day Services for school leavers/ rehab training and pressures in the Regions regarding residential, respite, emergency places, personal assistance and home support services.
Total			€56m	€9m	€11m	*108	3		

* The wte's outlined are not moratorium exempt

Appendix 1: Vote Data

Vote 40 - HSE – Vote Expenditure Return at 31st March 2011 (As at 7th April 2011)

1. Vote Position at 31st March 2011

Vote Return - March 2011	Rev 2011	March Monthly Profile €'000	March Actual Outturn €'000	Over (Under) €'000	March YTD Profile €'000	March YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,402,237	1,097,499	1,113,433	15,934	3,516,227	3,532,161	15,934
Gross Capital Expenditure	392,250	44,480	20,361	(24,119)	113,230	89,111	(24,119)
Total Gross Vote Expenditure	13,794,487	1,141,979	1,133,794	(8,185)	3,629,457	3,621,272	(8,185)
Appropriations-in-Aid							
- Receipts collected by HSE	1,066,442	89,113	74,149	(14,964)	261,969	247,005	(14,964)
- Other Receipts	400,605	14,000	14,000	0	42,000	42,000	0
- Capital Receipts	15,000	2,350	0	(2,350)	2,350	0	(2,350)
- Total	1,482,047	105,463	88,149	(17,314)	306,319	289,005	(17,314)
Net Expenditure	12,312,440	1,036,516	1,045,645	9,129	3,323,138	3,332,267	9,129

2. Comparison to Issues Return

The March return is broadly consistent with the Issues return submitted on 25th March 2011.

3. General Commentary

The March 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.

Gross current vote expenditure is €16m over profile (on profile in February). Appropriations-in-Aid are €17m under profile (On profile in February). Gross Capital vote expenditure is €24m under profile (on profile in February).

The revised estimate as published is not in agreement with the Service Plan of the HSE as approved by the Board on the 14th December 2010 and the Minister on the 21st December and laid before the Houses of the Oireachtas on the 21st 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 drugs schemes.

4. Emerging Issues by Vote Subhead based on REV Allocation

- As the profile for January and February equates to expenditure for January and February, the net revenue variance above of €31m reflects one month's expenditure position.
- The statutory sector, voluntary sector and medical card services scheme are €20m ahead of profile.
- Payments to the Long Stay Repayments Scheme are on profile.
- Service Development expenditure is at profile and will reflect expenditure in line with the PR on a quarterly basis.
- Payments to the State Claims Agency are €4m behind profile.
- Maintenance Receipts are €10m behind profile.

5. Capital Position at 31st March 2011

Subhead	Capital 2011 Profile €000	March 2011 Profile €'000	March YTD Actual €'000	Over (Under) €'000
C1 – Capital - Construction	334,711	103,630	78,703	(24,927)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	40,000	3,920	3,320	(600)
C4 – Mental Health	15,000	5,680	7,088	1,408
Total	392,250	113,230	89,111	(24,119)
Gross Capital Expenditure				
D.10 Receipts-Disposal of Mental Health Facilities	15,000	2,350	0	(2,350)
Net Capital Expenditure	377,250	110,880	89,111	(21,769)

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

6. Capital Commentary

Subhead C1 and C2 - Construction

Expenditure under this subhead is running behind profile by €24.927m for the first quarter of 2011. Adverse weather conditions in late December 2010 and January 2011 hampered construction progress.

Subhead C3 - ICT

Expenditure under this subhead is running behind profile by €0.600m for the first quarter of 2011. It is anticipated that over the coming months expenditure will come into line with profile.

Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €1.408m for the first quarter of 2011.

Capital Appropriations in Aid

There were no sale proceeds in the first quarter of 2011. The profile in regard to sale of surplus assets was €2.350m. It is expected that there will be a significant level of disposals in Quarter 2.

Vote 40 - HSE – Vote Expenditure Return at 30th April 2011

(As at 9th May 2011)

1. Vote Position at 30th April 2011

Vote Return - April 2011	Rev 2011		April Monthly Profile €'000	April Actual Outturn €'000	Over (Under) €'000		April YTD Profile €'000	April YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,402,237		1,121,105	1,158,931	37,826		4,637,332	4,691,092	53,760
Gross Capital Expenditure	392,250		28,820	24,034	(4,786)		142,050	113,145	(28,905)
Total Gross Vote Expenditure	13,794,487		1,149,925	1,182,965	33,040		4,779,382	4,804,237	24,855
<i>Appropriations-in-Aid</i>									
- Receipts collected by HSE	1,066,442		89,113	81,662	(7,451)		351,082	328,667	(22,415)
- Other Receipts	400,605		14,000	14,000	0		56,000	56,000	0
- Capital Receipts	15,000		1,000	2,549	1,549		3,350	2,549	(801)
- Total	1,482,047		104,113	98,211	(5,902)		410,432	387,216	(23,216)
Net Expenditure	12,312,440		1,045,812	1,084,754	38,942		4,368,950	4,417,021	48,071

2. Comparison to Issues Return

The April return is broadly consistent with the Issues return submitted on 21st April 2011.

3. General Commentary

The April vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners.

Gross current vote expenditure is €54m over profile, while Appropriations in Aid are €22m under profile and capital vote expenditure is €28m under profile resulting in a net vote expenditure figure of €48m over profile at the end of April, 2011.

Excluding capital the net revenue position at 30th April 2011 is therefore **€76m** over profile.

As previously discussed, the revised estimate as published is not in agreement with the Service Plan of the HSE as approved by the Board on the 14th December 2010 and the Minister on the 21st December and laid before the Houses of the Oireachtas on the 21st December. This concern is specifically related to the reduction of €58m in subhead B6 relating to community schemes. We are increasingly concerned at the lack of response to correspondence on this matter issued to the Department.

4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector, voluntary sector and medical card services scheme are €56m ahead of profile.
- Payments to the Long Stay Repayments Scheme are €2m under profile.

- Service Development expenditure is €2m under profile and will reflect the March PR following issue.
- Payments to the State Claims Agency are €2m over profile.
- Maintenance Receipts are €19m behind profile.

5. Capital Position at 30th April 2011

Subhead	Capital 2011 Profile €000	April 2011 Profile €'000	April YTD Actual €'000	Over (Under) €'000
C1 – Capital - Construction	334,711	129,930	98,429	(31,501)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	40,000	4,970	3,432	(1,538)
C4 – Mental Health	15,000	7,150	11,284	4,134
Total	392,250	142,050	113,145	(28,905)
Gross Capital Expenditure				
D.10 Receipts-Disposal of Mental Health Facilities	15,000	3,350	2,549	(801)
Net Capital Expenditure	377,250	138,700	110,596	(28,104)

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

6. Capital Commentary

Subhead C1 and C2 - Construction

Expenditure under this subhead is running below profile by €31.501m for the period January-April 2011. Adverse weather conditions in late December 2010 and January 2011 hampered construction progress.

Subhead C3 - ICT

Expenditure under this subhead is running below profile by €1.538m for the period January -April 2011. It is anticipated that, over the coming months, expenditure will come into line with profile.

Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €4.134m for the period January - April 2011.

Capital Appropriations in Aid

The value of sale proceeds in the period January-April 2011 was €2.549m. The profile in regard to sale of surplus assets is €3.350m.

Appendix 2: Gross Debtors Days for Private & In-Patient Levy Debt < 12 months old

This report shows the Acute Hospital Gross Debtors Days for Private and Inpatient Levy Debt that is less than 1 year old at the end of Mar'10, Jun'10, Sep'10, Dec'10 and Mar'11. The report also shows the Private & Inpatient Levy income for the 12 months ended 31st Mar'11 and the corresponding Gross Debtors less than one year at 31st Mar'11. The Debtors numbers are shown before any Bad Debt Provisions. The formula for the Debtor Days metric is Gross Debtors divided by Patient Income for previous 12 months multiplied by 365 days.

It should be noted that the increase in hospital charges effective 1st January 2011 will have a negative impact on the Debtors Days metric. The reason is that approximately 25% of the previous 12 months income will be at the higher rates whereas more than 25% of the debt outstanding for less than one year will be at the higher rates. This temporary negative effect will diminish as the year progresses.

Progress since December 2010

The process for submitting claims for private charges remains overly complex in that it requires the hospital to collate the entire claim before submitting the hospital's own bill for the accommodation charge. This is inefficient for hospitals as most could issue accommodation bills within a short period of days after discharge. Four hospitals submitted their accommodation bills together with the patients' non clinical data directly upon discharge to the three main private insurers during February 2011. All three insurers refused to reimburse the hospitals in the absence of clinical data and consultant sign-off.

The National Director of Finance has met with all Hospital Accountants & Clinical Directors and has stressed the importance of achieving better income collection. Targets have been set at hospital level based upon the level of debt in each hospital at the 31st December 2010. The target can be achieved by increasing the focus and effort on the collection of debt namely:

- Ask Clinical Directors / Hospital Managers to meet the consultants with the highest outstanding claims and obtain commitment that they will complete forms.
- An emphasis to be placed on following up private insurance claims which have been submitted but not yet settled. Any outstanding queries in relation to such claims should be addressed as a matter of urgency.
- Concentration of effort to be on high value claims
- Agree a more frequent submission schedule with the insurers.
- Ensure use of the "pilot" scheme whereby a secondary consultant involved in a case can sign the claim where the primary consultant has failed to sign in a timely manner for relevant hospitals.
- Ensure that the issue of private income collection is on the agenda of the CEO & Medical Board in each hospital.
- Look at the efficiency of claims management systems in the hospitals and where necessary ensure a proposal for new or updated systems is submitted for consideration.

Failure to collect extra income will increase the need to implement further cost reductions.

Gross Debtor Days for Private Charges & Inpatient Levy <12 mths							Income for 12 months ended	Gross Debtors < 12 months at
Type	Hospital	Mar'10	Jun'10	Sep'10	Dec'10	Mar'11	Mar '11 ('000)	Mar '11' ('000)
Statutory	Monaghan General	110	139	112	42	26	552,560	39,204
	Bantry	100	73	35	84	76	377,827	79,012
	Mallow General	69	85	83	60	93	2,123,548	540,476
	Our Ladys Navan	105	107	73	77	99	1,790,506	484,076
	Kilcreene Orthopaedic	70	90	107	108	100	1,531,263	419,051
	St Columcilles General	122	111	135	112	103	403,812	114,089
	Roscommon General	70	110	91	98	103	3,016,971	854,224
	Wexford General	102	102	94	122	104	7,214,814	2,052,243
	Nenagh General	105	123	130	78	124	1,685,349	572,412
	Sligo General	128	155	141	114	128	12,842,969	4,517,353
	Cork University	110	119	130	133	130	35,291,441	12,566,864
	Portlaoise General	93	98	96	94	137	2,985,299	1,118,609
	Cavan General	114	126	116	103	138	4,062,010	1,539,299
	Ennis General	104	113	88	115	140	761,386	292,802
	Tullamore General	91	103	122	155	146	5,239,568	2,091,951
	Letterkenny General	108	123	120	119	154	6,580,531	2,770,904
	Galway University/Merlin Park	129	145	142	148	159	26,371,193	11,496,877
	Regional Limerick	131	140	148	152	162	32,056,856	14,205,614
	Portiunclua Acute	123	131	133	139	171	7,730,823	3,611,553
	Kerry General	107	113	156	114	175	4,523,857	2,167,303
	South Tipp General, Clonmel	107	145	148	147	176	5,748,182	2,765,632
	Mullingar General	128	103	134	147	179	4,014,306	1,968,191
	Connolly Memorial	145	148	160	151	182	4,881,007	2,437,292
	Mayo General	162	163	174	177	189	7,004,517	3,632,469
	Our Lady of Lourdes	157	176	185	168	195	14,494,392	7,726,924
	Waterford Regional	85	127	153	186	197	18,342,928	9,877,286
	Naas General	118	129	139	166	201	939,339	518,076
Louth County	198	202	182	154	209	997,664	572,114	
St. Lukes Kilkenny	182	207	219	181	217	5,405,661	3,210,571	
Statutory Total		121	135	142	143	157	218,970,576	94,242,471
Voluntary	Rotunda Hospital	55	51	64	47	64	11,632,946	2,033,531
	St. James's Hospital	76	63	81	67	72	31,800,000	6,314,983
	St. Michael's Dun Laoghaire	126	148	119	127	86	3,658,342	865,295
	Royal Victoria Eye & Ear Hospital	115	126	106	97	100	3,054,209	840,578
	National Maternity Holles St.	101	100	95	80	102	13,204,699	3,693,574
	St. Vincent's Elm Park	99	111	111	85	110	11,424,918	3,454,189
	Coombe Womens Hospital	115	71	100	111	119	9,791,363	3,185,157
	South Infirmary - Victoria Hospital, Cork	94	94	99	124	126	13,621,811	4,707,421
	Mercy Hospital, Cork	136	120	113	113	127	17,615,843	6,138,855
	Beaumont Hospital	161	175	181	149	138	29,235,906	11,084,557
	St. Lukes Hospital Rathgar	138	122	123	134	145	5,339,051	2,120,501
	Cappagh National Orthopaedic	61	64	76	137	148	2,502,430	1,011,789
	Adelaide & Meath Tallaght	154	152	167	159	162	34,840,961	15,510,492
	Our Lady's Hosp for Sick Children Crumlin	176	179	209	144	163	8,321,299	3,721,464
	St. John's Limerick	162	166	138	151	183	4,716,951	2,359,087
	Children's University, Temple Street	181	182	184	184	200	6,651,123	3,644,247
Mater Misericordiae University	183	192	211	209	213	12,493,345	7,293,519	
Voluntary Total		126	123	131	122	129	219,905,197	77,979,239
Grand Total		123	129	136	133	143	438,875,773	172,221,710

Appendix 3: Capital Projects by Programme

Sub Programme	Facility	Project Details	Project Completion		Operational		Status Comment	Capital Cost €m			2011 Implications		
			Planned	Current Status	Planned	Current Status		2011	YTD Spend	Total	WTEs	YTD WTEs in Place	Revenue Costs €m
Primary Care													
Dublin Mid Leinster													
Primary Care	Naas, Kildare	To be provided by means of the Primary Care Strategy. By lease agreement.	2010	Complete	Q2	Operational	Operational with HSE Staff, GP's to join in July 2011.	0.35	0.2	0	0		0
Primary Care	Longford	Primary Care Centre. By lease agreement.	2010	Complete	Q2	Q2	Q2	0		0	0		0
Primary Care	Mountmellick	Primary Care Centre. By lease agreement.	2010	Complete	Q1 / Q2	Operational	Operational with HSE staff. GP's to join end April 2011.	0.1	0.1	0	0		0
Dublin North East													
Primary Care	Mulhuddart & Ongar	Primary Care Centre. By lease agreement.	Q1	Complete	Q2	Q2	Q2	0		0	0		0
Acute													
Dublin Mid Leinster													
Infrastructure Upgrade	St. James's	Upgrade of the main, campus wide, electrical distribution to facilitate current developments.	Q1	Complete	Q1	Operational	Complete and operational.	0.433	0.433	0.9	0		0
Maternity	Coombe	Emergency upgrade works	Q1	Complete	Q1	Operational	Complete and operational.	1.392	1.392	6.23	0		0
Dublin North East													
Infrastructure Upgrade	Mater Hospital	Upgrade of Water services, distribution system, etc	Q1	Complete	Q1	Operational	Complete and operational.	0.8	0.6	6.8	0		0
Major Acute	Beaumont	Neurosurgery Upgrade	Q1	Complete	Q2	Q2	Q2	0.5		4.8	0		0
Major Acute	Cappagh Hospital	Provision of 3 Modular Theatres	Q1	Complete	Q1	Operational	Complete and operational.	2.5	1.25	5	0		0
Major Acute	Our Lady of Lourdes Hospital	Medical Assessment Unit	Q1	Complete	Q2	Q2	Q2	0.15	0.15	0.5	0		0

Sub Programme	Facility	Project Details	Project Completion		Operational		Status Comment	Capital Cost €m			2011 Implications		
			Planned	Current Status	Planned	Current Status		2011	YTD Spend	Total	WTEs	YTD WTEs in Place	Revenue costs €m
South													
Major Acute	CUH	PET CT	Q1	Complete	Q1	Not operational	Built but not yet operational. Staff recruitment ongoing.	0.35	0.2	6.85	0		0
Major Acute	CUH	Haemophilia Day Unit	Q1	Complete	Q1	Partially operational.	Built and partially operational. To be fully operational end May 2011.	0.125	0.1	0.25	0		0
Major Acute	CUH	Cardiac Renal Unit – unit is being commissioned on a phased basis with dialysis projected Q2, non-intervention Q4 and fully operational in 2011	Q1	Equipping ongoing	Q4	Q4	Q4	8.2	2	70	0		0
West													
Infection Control	UCH Galway	Upgrade of Air Handling and Ventilation systems to 2 wards to reduce risk of airborne infections.	Q1	Complete	Q1	Operational	Complete and operational.	0.5	0.5	1.5	0		0
Ambulance	Manorhamilton	Ambulance Station Upgrade Refurbishment Manorhamilton	Q1	Complete	Q2	Q2	Q2	0.12	0.13	0.25	0		0
Children and Families													
Dublin North East													
Children and Families (Special care/ High Support)	Coovagh House	Refurbishment of Centre	Q1	Tender stage	Q2	Behind schedule.	Will not be complete until early Q3 2011.	0.4		0.4	0		0
Children and Families	Castlefield Child Residential Unit	Completion of the refurbishment of a residential house for children	Q1	Complete	Q2	Q2	Q2	0.1		0.45	0		0
Mental Health													
Dublin North East													
Mental Health	Blanchardstown	High Support Hostel	Q1	Complete	Q2	Q2	Q2	0.1		0.45	0		0

Sub Programme	Facility	Project Details	Project Completion		Operational		Status Comment	Capital Cost €m			2011 Implications		
			Planned	Current Status	Planned	Current Status		2011	YTD Spend	Total	WTEs	YTD WTEs in Place	Revenue costs €m
South													
Mental Health	Bessboro, Cork	20-Bed Child and Adolescent inpatient Unit	Q4 2010	Complete	Q1	Operational	Complete and operational with 12 beds.	0	0.155	7.4	0		0
Mental Health	Gorey	Day Hospital	Q1	Complete	Q1	Operational	Complete and open 7 days a week.	0.6	0.2	0.8	0		0
West													
Mental Health	Galway	20-Bed Child and Adolescent Inpatient Unit	Q3 2010	Complete	Q1	Operational	Unit open with 12 beds. Will increase to full capacity (20 beds) when additional staff are in place and permission is granted by MHC Inspectorate.	0	0.2	8.4	0		0
Mental Health	Ballinasloe	50 bed CNU Registered with HIQA	Q1	Complete	Q2 / Q3	Q2 / Q3	Q2 / Q3	0		0	0		0
Mental Health	Unit 5, St. Joseph's Hospital, Ennis (Psychiatry for Older People)	Dementia Specific Inpatient unit	Q1		Q2	Q2	Q2	0.1	<i>Note: Capital costs in PPP for PC Centres.</i>	0.5	0		0
Disabilities													
South													
Disability	Cork - Cope Foundation	The development of an 8 bed challenging behavior unit for adults with Intellectual Disability.	Q1 2010	Complete	Q3	Q3	Facility will be utilised for emergency places in Q3 2011.	0		0	0		0
Older Persons													
Dublin Mid-Leinster													
Older Persons	Inchicore	Provision of a new 50 bed Community Nursing Unit on the same campus as the Primary Care Centre. To replace beds in Bru Caoimhin.	Q3 2010	Complete	Q1	Not operational.	ISA managers currently examining alternative plans for unit and decisions will be made on basis of these reviews.	0.6	0.2	9.45	0		0
Older Persons	Clonskeagh	Provision of 94 replacement beds	Q2 2010	Complete	Q1 2011	Not operational.	Subject to HIQA registration Due to open in Q2.	0	0.1	16	0		0

Sub Programme	Facility	Project Details	Project Completion		Operational		Status Comment	Capital Cost €m			2011 Implications		
			Planned	Current Status	Planned	Current Status		2011	YTD Spend	Total	WTEs	YTD WTEs in Place	Revenue costs €m
Older Persons	Riada House, Tullamore, Co. Offaly	Provision of an 20 Bed Unit	Q1 2010	Complete	2011	2011	Dependent on staffing transfers being secured.	0		7.62	0		0
Dublin North East													
Older Persons	St. Joseph's Raheny	Provision of a new 100 bed Community Nursing Unit.	Q3 2010	Complete	Q1	Operational	33 Beds opened Dec 2010 (patients transferred from 'Rockfield'. Remaining beds currently being filled.	0.5	0.27	20.79	0		0
Older Persons	Navan	Provision of a new 50 bed Community Nursing Unit including a Day Hospital and a MH Day Hospital. To replace 30 beds locally.	Q3 2010	Complete	Q1	Partially operational.	MH Day Hospital operational. Older Persons facilities expected to be operational Q2 2011. HIQA inspection has taken place.	0.5	1	12.54	0		0
Older Persons	Fairview	The provision of a new 100 bed Community Nursing Unit at St Vincent's Fairview. 25 patients to be transferred from St. Catherine's Ward, St Vincent's.	Q4 2010	Complete	Q1 / Q2	Partially operational	25 beds opened Mar/Apr to facilitate transfer of patients from St. Ita's Portrane. Expected to be fully operational Q2.	0.5	0.3	16.51	0		0
Older Persons	Incorporated Orthopaedic Hospital, Clontarf	Project incorporates 64 additional rehabilitation beds for older persons including range of support services	Q2 2010	Complete	Q2 2010.	Not operational.	32 beds remaining to open. Not NHSS funded - rehab convalescent facility.	0		15.8	0		0
South													
Older Persons	Tralee	Provide a 50 bed Community Nursing Unit	Q4 2010	Complete	21 replacement beds to open Q1	Not operational.	Awaiting HIQA registration. Union negotiation ongoing.	0		9.7	0		0
Older Persons	Farranlee Rd Cork	Provision of a 100 bed Community Nursing Unit on Farranlee Rd.	Q4 2010	Complete	Q2	Not operational.	Awaiting HIQA registration. Resolution of staff redeployment issues.	0.92	0.6	19.42	0		0
Older Persons	St. Mary's Orthopaedic Hospital	50 Bed CNU	Q3 2010	Complete	Q2	Q2	Q2	0.3	0.1	10.36	0		0
Older Persons	Ballincollig	Provision of a 100 bed Community Nursing Unit in Ballincollig through a managed service under the National Framework Agreement.	Q4 2010	Complete	Q3	Q3	Awaiting HIQA registration Awaiting contract approval request by HSE Board.	0.5	0.45	19.47	0		0

Sub Programme	Facility	Project Details	Project Completion		Operational		Status Comment	Capital Cost €m			2011 Implications		
			Planned	Current Status	Planned	Current Status		2011	YTD Spend	Total	WTEs	YTD WTEs in Place	Revenue costs €m
West													
Older Persons	Swinford	Replacement of the existing bed compliment and refurbishment of the existing facility.	Q4 2010	Complete	Q1	Q1	Complete and operational.	0		4.57	0		0
Older Persons	St. Ita's Newcastlewest	6 additional beds	2009	Equipping	Q4	Q4	Q4	0		2.95	0		0
Older Persons	St. Camillus, Limerick	Refurbishment and provision of additional 6 beds (minor capital)	2008	Complete	Q4	Q4	Q4	0		Completed 2008			
Older Persons	Loughrea	New 100-bed CNU (Phase 1) to replace existing unit Workhouse building. To provide assessment, long-term residential care, respite care, maintenance rehabilitation and care of the terminally ill.	Q1	Complete	Q2	Q2	Q2	1	0.45	17.5	0		0
Palliative Care													
South													
Palliative / Chronic Illness	Marymount Hospice, Cork	24 replacement beds and 20 additional beds.	Q1	Complete	Q2	Q2	HSE co-funded project. Agreement to transfer 24 beds with current level of staff and revenue.	14	3	14	0		0
West													
Palliative / Chronic Illness	St. Ita's, Newcastle West Limerick	Palliative Care Unit (St. Ita's Newcastle). Extension to provide an additional 4 beds and 4 day care places.	Q1 2009	Complete	Day Care operational. Intermediate care beds will need additional and new revenue funding.	Complete and operational.	Complete and operational.	0		1.42	0		0
Social Inclusion													
West													
Social Inclusion	Corporate House, Limerick	Drug & Alcohol Centre	Q1	Complete	Q1	Not operational.	Expected to be operational Q2.	0.4	0.3	1.3	0		0