



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**January 2011**

**Performance Report on  
NSP 2011**



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# Introduction

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

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

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

### **Additional information this month**

December 2010 Debtors Day information is available in Appendix 2.  
Children and Families data complete for all areas.

# Overview of Key Metrics NSP 2011

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

National	Measures	Output 2010	Target (NSP 2011)	YTD 2011 V YTD 2010		Performance this month		
				Same period last year	%var YTD v YTD 2010	Target this M/Q	Actual this M/Q	% variance v target this M/Q
Primary Care	No. of PCTs holding Clinical Team Meetings*	348	519	228	52.6%	348	348	0.0%
	Child Health Developmental Screening at 10 months	74.3%	90%	61.20%	26.1%	90%	77.20%	-14.2%
Acute Care	In-patient discharges	588,860	574,400	47450	1.0%	48,400	47,932	-1.0%
	Day Case discharges	728,269	755,100	54785	7.8%	59,375	59,043	-0.6%
	% of patients admitted to hospital within 6 hours of ED registration	60.0%	100%	na		100%	40.7%	-59.3%
	% of patients discharged within 6 hours of ED registration	na	100%	na		100%	66.6%	-33.4%
	Elective procedures adults < 6mths, inpatients	74.5%	100%	74.6%	-6.6%	100%	69.7%	-30.3%
	Elective procedures adults < 6mths, day case	87.5%	100%	83.2%	1.3%	100%	84.3%	-15.7%
	Elective procedures children < 3 mths, Inpatients	45.5%	100%	38.5%	5.5%	100%	40.6%	-59.4%
	Elective procedures children < 3 mths, day case	51.7%	100%	36.7%	17.7%	100%	43.2%	-56.8%
	ALOS	6.13	5.6	6.8	7.4%	5.6	6.3	-12.5%
	% elective inpatients who had principle procedure conducted on day of admission	50%	75%	46.0%	8.7%	75%	50.0%	-33.3%
	% 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%	70.0%	-6.7%
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	95%	95%	93.6%	4.2%	95%	97.5%	2.6%
	Children and Families	% children in care who have a written care plan (defined by Child Care Regs 1995)	90.1%	100%	Q in 2010		100%	90.0%
% children in care who have an allocated Social Worker at the end of the reporting period		94.3%	100%	Q in 2010		100%	93.7%	-6.3%
Mental Health	% new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months)	78%	70%	71.0%	-4.2%	70%	68.0%	-2.9%
	No. of new child/adolescents offered first appointment and seen	New 2011	7,500	488	5.5%	625	515	-17.6%
Older Persons	Total no. of Home Help Hours provided for all care groups	11.68	11.98	no data				Introduction of the new HCP guidelines is leading to 'transition' issues. Working to address issues identified - view to having complete data for February.
	Total no. of people in receipt of Home Care Packages per month	9,941	10,230	no data				
Palliative Care	Palliative Care inpatient bed provided within 7 days	New 2011	92%	new		92%	95.0%	3.3%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,720,616	234,839	228,145	6,694	2.9%
	Dublin North East	1,935,226	167,367	160,404	6,963	4.3%
	South	1,913,453	168,272	162,839	5,432	3.3%
	West	1,998,604	175,643	169,342	6,301	3.7%
	Care Group / Other Services	69,637	3,073	4,804	-1,731	-36.0%
	Primary Care Reimbursement Service	2,401,697	226,440	198,787	27,654	13.9%
	ISD Regional Sub Total	11,039,232	975,633	924,320	51,313	5.6%
	A Fair Deal 2009 / 2010 Incremental Funding	219,936	30,282	30,282	0	0.0%
	Statutory Pensions	455,233	31,583	31,345	238	0.8%
	Ambulance	137,616	12,750	11,417	1,332	11.7%
	Corporate Services	31,939	-1,363	2,772	-4,135	-149.2%
	Health Repayment Scheme	12,000	965	965	0	0.0%
	CIS & Insurance	104,000	2,816	2,816	0	0.0%
	National Cancer Control Programme	112,754	7,647	9,317	-1,670	-17.9%
	QCC / Population Health	139,852	8,262	12,160	-3,898	-32.1%
	Held Funds	83,234		0	0	
	<b>Total HSE</b>	<b>12,335,795</b>	<b>1,068,575</b>	<b>1,025,394</b>	<b>43,181</b>	<b>4.2%</b>
	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					
Non pay expenditure	200	11.15	7.09	4.05	57%	
Pay and pay related expenditure**	242					

HUMAN RESOURCES	ISD Region / Other	WTE Dec 2010	Ceiling Month 2011	WTE Month 2011	WTE Change since last month	WTE Change from Dec 2010 to Month 2011	WTE Variance Month 2011	% WTE Variance Month 2011
	ISD DML	32,195.70	31,707.11	31,832.38	-363.32	-363.32	+125.27	+0.40%
	ISD DNE	22,075.06	21,432.42	21,444.03	-631.03	-631.03	+11.61	+0.05%
	ISD South	23,456.93	23,157.21	22,889.44	-567.49	-567.49	-267.77	-1.16%
	ISD West	25,242.43	25,125.78	24,877.48	-364.95	-364.95	-248.30	-0.99%
	ISD National	954.58	1,046.50	945.51	-9.07	-9.07	-100.99	-9.65%
	Portion of Ceiling to be allocated		255.90				-255.90	-100%
	Other [Corp. Services, QCC, PH etc.]	4,047.54	3,960.72	3,954.33	-93.21	-93.21	-6.39	-0.16%
	<b>Total</b>	<b>107,972.24</b>	<b>106,685.64</b>	<b>105,943.17</b>	<b>-2,029.07</b>	<b>-2,029.07</b>	<b>-742.47</b>	<b>-0.70%</b>

\*Savings will be reported in February PR – payments are made in arrears

\*\* Savings will be reported in February PR

# Management Overview Report on Performance

## FINANCE KEY MESSAGES

- These are the first available figures for 2011 and it is too early to draw definitive conclusions from them. Trends will be more apparent when the February figures are completed. Early points of note include that spend on variable pay element has risen when compared with the first four months of 2010. This is being impacted by the management of the swine flu outbreak and the surge in A&E attendances in January 2011.
- On an I&E basis the HSE is presenting overall with a deficit of €43.181m as at end of January 2011. The ISD is showing a deficit of €51.313m this is brought back to €43.181m by a current surplus within Corporate Services and NCCP.
- The ISD deficit of €51.313m is made up of Acute Hospitals €24.72m, Primary and Community €.67m and PCRS €27.654m and a small surplus of €1.73m in Care groups.
- The four regions are showing a deficit of €25.391m. Within the four Regions, the hospitals account for the deficit at €24.721m.
- The PCRS is presenting with a deficit of €27.654m. The deficit within PCRS is presenting in GMS Pharmacy Drugs/Medicines and High Tech Drugs/Medicines. Local Community Drug Schemes are in line with budget. Savings in drug costs are being managed over 2011 as part of a planned, phased, cost reduction programme.
- Income is €8.493m behind budget at January. Further analysis is necessary in order to gain an appreciation of where this is occurring.
- Publication of Revised Estimate Volume for 2011 and implications of shortfall of €58m. The Revised Estimate was published on 15<sup>th</sup> February 2011. This included a significant change relating to the provision for subhead B6 “Medical Card Services and Community Schemes”. An amount of €58m has been reduced from the subhead. This is in excess of the savings targeted in this area in the service plan of €424m. This funding is being used to reduce the savings target relating to the exit schemes given the level of uptake of the schemes. HSE does not see additional savings arising in subhead B6 as the targets are already very aggressive. This matter has been raised with the Department of Health. The REV has provided funding to reflect the actual level of savings arising from the exit scheme. The HSE is awaiting receipt of the letter of sanction to the accounting officer which may address these issues further.

## Delivery of National Service Plan 2011

- Implementation of Clinical Programmes. The Clinical programmes have been working on overall implementation governance and have progressed the establishment of local and Regional Programme Offices to co-ordinate and manage the implementation of the Clinical Programmes and the implementation of a status reporting structure that informs both regional and national programme implementation.
- Consultation with FEMPI. Talks are ongoing. The savings expected from these negotiations were based on a full year and the delay in the conclusion of the talks will result in a shortfall in the savings realised over the year. This will require an adjustment to the budget allocation in this area.
- Dental Treatment Services Scheme (DTSS): A High Court judgment was received on the 28<sup>th</sup> February in relation to a case taken against the HSE by a number of dentists. This pertained to a circular issued in April 2010 to give effect to the government decision to reduce the budgetary allocation to the DTSS. In his decision Judge Murphy referred specifically to Section 2 of the Health (Amendment) Number 3 Act, 1996 which obliges the HSE to live within budget whilst having regard to government policy and contractual commitments must be seen in this context. A particularly positive finding is the Judge's decision that Circular 008/2010 is, despite the limitations on treatment, "patient-oriented". This demonstrates the HSE's wish to ensure continuity of treatment despite budgetary restrictions.

## SERVICE DELIVERY KEY MESSAGES

### Acute Demand Management:

Key activity area	Target YTD	Actual YTD	% variance YTD 2011 Actual v Target	% Variance YTD 2011 v YTD 2010
Emergency presentations	94,687	95,653	1.0%	+2.6%
ED attendances	-	89,988	-	+2.7%
Emergency admissions	30,602	32,033	+4.7%	+3.4%
Inpatient discharges	48,400	47,932	-1.0%	+1%
Day case activity	59,375	59,043	-0.6%	+7.8%
Inpatient elective procedure numbers (over targeted time)	-	5,386 (December:4,582)	-	-
Day case elective procedure numbers (over targeted time)	-	6,841 (December:5,438)	-	-
GP Out of Hours contacts	74,929	94,138	+25.6%	+45.7%

- An increase in emergency admissions of 4.7% on targeted activity and 3.4% on last year's activity was noted during January which reversed the trend of the past year where activity had declined marginally.
- In order to cope with increased ED demand and patient acuity levels post Christmas non urgent activity was curtailed to prioritise the emergency demand requirement.
- This resulted in reductions in elective in-patient and day case services in some hospitals and a parallel increase in the numbers on the respective waiting lists over the previous month.
- Notwithstanding this, the levels of day cases are 7.8% up on the same time last year which reflects an overall trend of higher productivity through the acute hospital system.
- **Escalation Framework:** ISD has put in place a framework for managing the flow of patients more swiftly through the hospital. The framework supports the timely implementation of escalation procedures throughout the hospital when it is unable to manage the demand being placed upon it based on agreed trigger points and actions at each site.

### GP Out of Hours

The surge in acute activity experienced during January was replicated in the number of contacts with GP Out of Hours. Nationally 94,138 contacts were made with GP Out of Hours during January against a target of 74,929 (+25.6%). Ddoc in particular experienced a surge in demand during the month (62.6% above target) due to high activity during the first week of January.

### Urgent Colonoscopies

There was one breach in Dooradoyle in relation to urgent colonoscopies seen within 28 days for the period under review. This has since been addressed.



### **Children in Care with a Written Care Plan**

The trend in relation to children in care with a written care plan is steady from 90.1% at the end of December 2010 to 90.0% at the end of January 2011. The four Regions are committed to ensure prompt filling of social work vacancies to maintain and improve on performance capacity. The backfilling of posts is being prioritised through recruitment while vacant posts as a result of maternity and long term sick leave are being filled through agency.

### **Children in Care with an Allocated Social Worker**

Compliance with respect to children in care with an allocated social worker, from 94.3% at the end of December 2010 to 93.7% at the end of January 2011.

### **% New Mental Health (including re-referred) Child/ adolescent Cases Offered First Appointment and Seen**

The percentage of CAMHs patients offered first appointment and seen at the end of January 2011 is 5.5% higher compared to the same period in 2010 but 17.6% below target. This is currently being addressed by ISD.

### **Disability Act Compliance (see page 9 for additional information)**

The number of applications overdue for completion at the end of the month increased by 33 since December and now stands at 898 and DML account for 70% of these. At the end of February an additional 110 of these assessments within DML have been addressed. A number of additional remedial actions are being pursued to target the large backlog of assessment reports that need to be cleared, including the use of private assessors. ISD have put in place a weekly monitoring system to give additional focus to this.

### **Child Health Developmental screening at 10 months**

The percentage of children receiving their developmental health checks on time at 10 months has increased from 74% at the end of December 2010 to 77% at the end of January 2011; however, there are significant variances between Regions.

**Recommendations of the HIQA report on Ennis Hospital :** The HSE has continued its implementation process in 10 key sites based on the recommendations of the HIQA report on Ennis Hospital. The HSE has met with HIQA in relation to the HSE's update on progress and its risk mitigation approach. The HSE will continue to progress implementation of the recommendations in these sites and is enhancing its monitoring approach through the development of targeted performance indicators. The HSE has also undertaken a review of current relevant protocols in these sites and will be working with hospitals to shared best practice approaches across the key sites.

## HUMAN RESOURCES KEY MESSAGES

### WTE

Health Service employment at end-January stands at 105,943 WTE which is -742 below the approved ceiling. Reported staffing levels have fallen by -2,029 WTE since the end-December. Two of the main factors in these reductions were the impact of Community Welfare Services (CWS) transferring to the Department of Social Protection (DSP) from the start of January which totalled 1,036 staff (967 WTEs) and the initial impact of the Voluntary Early Retirement /Voluntary Redundancy Schemes (VER/VRS) on Management/Admin and General Support Staff, staff categories. The full impact of the VER/VRS will not be seen until the February census.

### New Agency Contracting

Rollout of our new agency contracting model continued in January with briefing sessions completed in all four regions and voluntary organisations over the month of February. All contracts are in place during the month of March, apart from one lot for Health Care Attendants which will be retendered in HSE WEST.

### NCHD Vacancies

As of 28<sup>th</sup> February 2011, the health service continues to experience approximately 150 Non Consultant Hospital Doctor (NCHD) vacancies. In many instances these vacancies are filled by locums or by other short-term contractual arrangements. The full extent of NCHD vacancies has changed as a number of NCHD posts have been suppressed to allow introduction of additional Consultant posts.

Following a range of actions to address NCHD vacancies earlier this year, a detailed NCHD Recruitment Project Plan has been implemented to ensure that the shortage of junior doctors and any resulting impact on services is minimised and to ensure patient safety is maintained. Three key actions currently underway and details are available in the HR Detailed Section.

## ITEMS FOR UPDATE

### **Preliminary Meeting with Minister for Health, Dr. James Reilly**

The CEO has had a preliminary meeting with the Minister for Health Dr. James Reilly. Fuller engagement is planned with the Senior Management Team who are scheduled to meet with him in the coming week.

### **Laboratory Medicine Services Modernisation**

As previously advised to Board the HSE has commenced a process of engagement with the MLSA, IMPACT and SIPTU to implement changes to work practices for service delivery arrangements in preparation for full national implementation of the modernisation of Laboratory medicine.

### **Summary of Costs & Workload**

- Clinical Laboratory Services are provided in 44 Hospital Sites.
- Pay & non pay costs amount to €369 million per annum (Pay 55%, Non Pay 45%)
- There are 2,826 WTE employed in providing these services (Core 84%; Non Core 16%)
- Approximately 76 million laboratory test requests are generated annually 74.3m are reported tests/investigations. (In-house 98.6%; Referred 1.4%)

### **Current position**

2 options were developed for consideration after extensive market and staff engagement:

- Option 1 – 2 private cold labs (saving €23.1m/a)
- Option 2 – 6 public cold labs (saving €20.4 m/a)

Option 2 is now being pursued, on condition of moving all lab funding to a fee per item basis, thus ensuring not just the cold lab savings of €20.4m but also hot lab savings of .€5m/a

### **Next Steps**

Identify 6 locations for cold labs and sign agreements with staff & hospital on above terms.

### **Parliamentary Questions**

The total number of PQs received between January 1st and February 28th 2011 was 271. Of these, 160 (59%) were answered within the 15 day target. Overall 242 (89%) have now been answered / completed as of 15th March and there is an outstanding 29 (11%) awaiting answers, these are currently being processed for reply.

# Detailed Finance Report

## Finance

### Key Performance Messages

The financial results for January show total expenditure of €1.068 billion against a year to date budget of €1.025 billion. The reported variance of €43.1m is illustrated in the below table.

Year to date expenditure in Hospitals was €337.6 million compared with a budget of €312.9 million – leading to an adverse variance of €24.7 million. Table 2 illustrates the position by Region.

Table 2. Hospital Services	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
DML Hospitals	1,303,345	115,103	107,946	7,157	6.6%
DNE Hospitals	849,593	77,000	71,510	5,490	7.7%
South Hospitals	753,594	70,123	64,849	5,274	8.1%
West Hospitals	793,314	75,415	68,615	6,800	9.9%
<b>Hospitals Total</b>	<b>3,699,846</b>	<b>337,641</b>	<b>312,920</b>	<b>24,721</b>	<b>7.9%</b>

Community Services within Regions have year to date expenditure of €408 million compared with a budget of €407 million – leading to a variance of €670,000, see table 3.

Table 3. Primary & Community Services	Approved Allocation	YTD			
		Actual	Plan	Variance	%
DML	1,417,271	119,736	120,199	(463)	-0.4%
DNE	1,085,632	90,367	88,893	1,473	1.7%
South	1,159,859	98,149	97,990	159	0.2%
West	1,205,290	100,228	100,727	(499)	-0.5%
<b>Community Total</b>	<b>4,868,052</b>	<b>408,479</b>	<b>407,809</b>	<b>670</b>	<b>0.2%</b>

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,699,846	337,641	312,920	24,721	7.9%
Primary & Community	4,868,052	408,479	407,809	670	0.2%
Care Group / Other Services	69,637	3,073	4,804	-1,731	-36.0%
Primary Care Reimbursement Service	2,401,697	226,440	198,787	27,654	13.9%
<b>ISD Total</b>	<b>11,039,232</b>	<b>975,633</b>	<b>924,320</b>	<b>51,313</b>	<b>5.6%</b>
A Fair Deal 2009 / 2010 Incremental Funding	219,936	30,282	30,282	-0	0.0%
Statutory Pensions	455,233	31,583	31,345	238	0.8%
Ambulance	137,616	12,750	11,417	1,332	11.7%
Corporate Services	31,939	-1,363	2,772	-4,135	-149.2%
Health Repayment Scheme	12,000	965	965	0	0.0%
CIS & Insurance	104,000	2,816	2,816	-0	0.0%
National Cancer Control Programme	112,754	7,647	9,317	-1,670	-17.9%
Population Health / QCC	139,852	8,262	12,160	-3,898	-32.1%
Held Funds	83,234		0	0	
<b>Total HSE</b>	<b>12,335,795</b>	<b>1,068,575</b>	<b>1,025,394</b>	<b>43,181</b>	<b>4.2%</b>

<b>A Fair Deal (Table 4)</b>	<p>The Nursing Homes Support Scheme (Fair Deal) commenced on the 27th October 2009. A total of 18,810 applications have been received to date and in excess of 76% of these applications have been processed at this stage. In addition 2,875 applications have been received for Ancillary State Support (Nursing Home Loan), of which 2,452 or 85% have been completed.</p> <p>The total funding for long term residential care in 2011 is €1,011 million (subhead B12 in Vote 40 refers). This is effectively the budget for the Nursing Homes Support Scheme albeit that transitional arrangements must be facilitated from within the subhead (i.e. people in contract beds and people who choose to remain on subvention).</p> <p>Analysis of the spend on Fair Deal for the month of January 2011 indicates that the €6m provided in the estimate for new places has been fully expended when projected on a full year basis. An analysis is now being undertaken of the capacity to continue to fund Fair Deal placements within the available resources, the conclusions will be referenced in the February PR.</p>
<b>Schemes (Table 5)</b>	<p>The PCRS is presenting with a deficit of €27.654m. The deficit within PCRS is presenting in GMS Pharmacy Drugs/Medicines and High Tech Drugs/Medicines. Local Community Drug Schemes are in line with budget. Savings in drug costs are being managed over 2011 as part of a planned, phased, cost reduction programme.</p>

Table 4 A Fair Deal	Applicants			% processed within 4 weeks	Budget	
	Applicants from Oct 09	No. applicants this month	No. applicants YTD		Month Actual €000	YTD Actual €000
Dublin / Mid Leinster	4,889	438	438			
Dublin / North East	3,567	106	106			
South	5,154	73	73			
West	5,200	244	244			
<b>Total</b>	<b>18,810</b>	<b>861</b>	<b>861</b>			

\*Estimate

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,426	161,393	133,779	27,614	20.6%
Community Schemes	750,271	65,048	65,008	40	0.1%
<b>PCRS Total</b>	<b>2,401,697</b>	<b>226,441</b>	<b>198,787</b>	<b>27,654</b>	<b>13.9%</b>

## Community (Demand Led) Schemes

### Medical / GP Visit Cards (M)

The number of individuals covered by medical cards continues to rise with 1,627,753 reported at the end of January 2011 (an additional 11,944 since December 2010). This is 0.1% below the January 2011 target of 1,629,457 and 9.5% above the same period last year (1,486,084). The total number of discretionary medical cards in the system at the end of January was 80,407. This compares with 79,235 issued in January 2010, an increase of (1.5%). Discretionary medical cards represent 5% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of January was 119,425 which is 0.2% below projected target for end January (119,206). An additional 1,002 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of January was 17,619. This compares with 17,320 cards issued in January 2010, an increase of 290 cards (1.7%). Discretionary GP visit cards represent 15% of cards issued year to date.

Chart 1

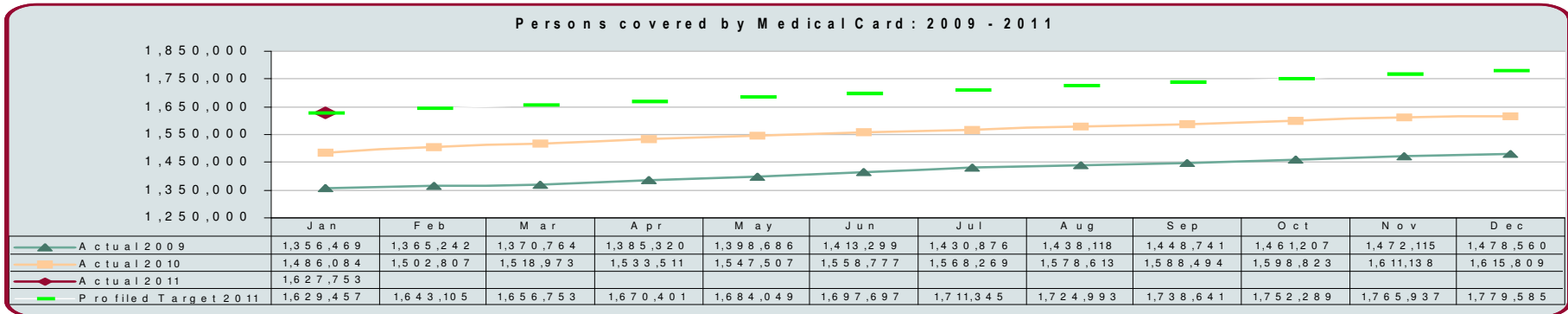
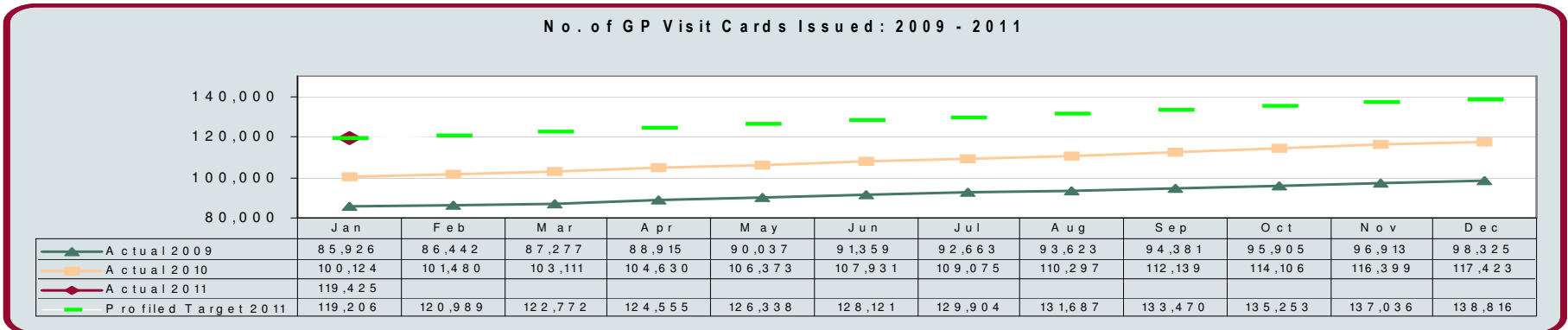


Chart 2



Community (Demand Led) Schemes	
Long Term Illness (M)	<ul style="list-style-type: none"> <li>The number of LTI claims made during January was 73,882 (9.4% below the January target of 81,509).</li> <li>Compared to same period last year (77,167), this represents a decrease of 4.3%.</li> <li>Total number of LTI items in January was 236,896 (10.6% below the January target of 264,905).</li> </ul>
Drug Payment Scheme (M)	<ul style="list-style-type: none"> <li>The number of DPS claims made during January was 315,453 (1.3% below the January target of 319,689).</li> <li>Compared with the same period last year (422,770), this represents a decrease of 25.4%.</li> <li>Total number of DPS items in January was 953,781 (0.8% below the January target of 946,279).</li> </ul>
General Medical Services (GMS) (M)	<ul style="list-style-type: none"> <li>The number of GMS prescriptions reimbursed during January was 1,556,849 (8.3% below the monthly target of 1,697,037).</li> <li>Compared with the same period last year (1,478,433 prescriptions) there has been an increase of 5.3% (78,416)</li> </ul>
HiTech (M)	<ul style="list-style-type: none"> <li>The number of HiTech claims made during January was 28,812 (20.6% below the monthly target of 36,279).</li> <li>Compared to same period last year, (26,593 claims) this represents an increase of 8.3% (2,219).</li> </ul>
Dental Treatment Services Scheme (DTSS) (M)	<ul style="list-style-type: none"> <li>The numbers of routine treatments are currently 23.8% below target while more complex treatments are 22.6% below target.</li> </ul>
Community Ophthalmic Scheme (M)	<ul style="list-style-type: none"> <li>Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances.</li> <li>Claims by Optometrists and Ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS.</li> <li>The number of adult treatments is currently 28.4% below target while the number of child treatments is 28.1% below target.</li> </ul>

Chart 3

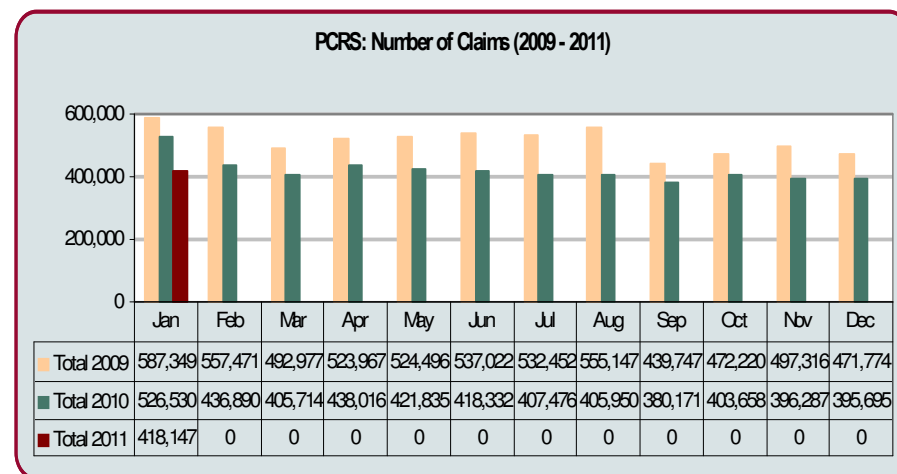
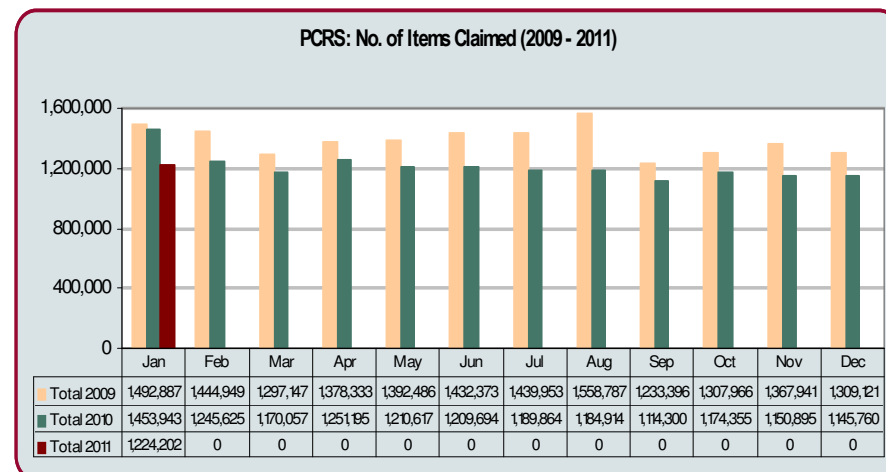


Chart 4



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

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

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

## Value for Money (VFM)

### Key Messages

The following points should be noted in respect of January 2011:-

- Only €7m of the full year €200m. is expected in January 2011 as the reductions are phased depending on the nature of the initiative e.g. Agency cost reduction in Pay will only be expected to be evident from February, whereas Maintenance is expected to deliver each month for 12 months etc.
- For the first three months of 2010, IR issues impaired the collection of financial data on a monthly basis. Therefore the 2011 performance is measured based on January 2011 Actual Vs Average Jan-April 2010.
- In terms of the non-pay reductions, there is evidence to support the view that the €7m was delivered in January 2011, with delivery in some items overcompensating for under delivery in others.
- It is important that these reductions are monitored each month as trends pick up pace during Qtr1.

Item	Reduction Required 2011	Expected Start Date	Reduction Required JanYTD	Reduction Achieved JanYTD
	€m		€m	€m
<b>Laboratory On Call Services</b>	<b>5.0</b>	<b>Feb 2011</b>	<b>0</b>	<b>0</b>
<b>Agency Services</b>	<b>7.0</b>	<b>Feb 2011</b>	<b>0</b>	<b>0</b>
<b>Medical and Nursing Training &amp; Education</b>	<b>2.6</b>	<b>Jan 2011</b>	<b>0.21</b>	<b>1.51</b>
<b>Procurement and Contracts Management</b>	<b>78.7</b>		<b>0.08</b>	<b>2.21</b>
Medical & Surgical Supplies, Contracts & Equipment	23.4	Apr 2011	0	0
Drugs & Medicines	18.0	Mar 2011	0	0
Laboratory Consumables	8.9	Mar 2011	0	0
Blood and Blood Products	2.0	Mar 2011	0	0
X-Ray Consumables	1.6	Mar 2011	0	0
Medical Gases	1.3	Mar 2011	0	0
Cleaning & Washing Products and Contracts	3.1	Apr 2011	0	0
Energy	1.5	Apr 2011	0	0
Catering Products & Contracts	2.6	Feb 2011	0	0
Patient Transport Costs	0.8	Apr 2011	0	0
Bedding & Clothing	1.0	Mar 2011	0	0
Vehicle Running Costs	0.2	Apr 2011	0	0
Office, Stationery, Printing, Equipment etc.	3.8	Apr 2011	0	0
Telephony	2.5	Apr 2011	0	0
Insurance	1.0	Jan 2011	0.08	0.32
ICT Equipment	2.0	Jun 2011	0	0
Legal	5.0	Apr 2011	0	1.89
<b>Review of Rents / Lease Renewals etc.</b>	<b>5.0</b>	<b>Apr 2011</b>	<b>0</b>	<b>0</b>
<b>Logistics and Inventory Management</b>	<b>20.0</b>	<b>Apr 2011</b>	<b>0</b>	<b>0</b>
Stock Management (Non Pharmacy)	8.2		0	0
Point of Use Demand Management	0.8		0	0
Stock Management (Pharmacy)	6.0		0	0
Aids and Appliances Recycling	5.0		0	0
<b>Reduce Discretionary Spend</b>	<b>41.7</b>	<b>Jan 2011</b>	<b>3.47</b>	<b>1.97</b>
Furniture	11.0		0.92	0.27
Vehicles Purchased	0.7		0.06	0.06
Maintenance	30.0		2.50	1.65
<b>Further non-service impacting initiatives</b> (reductions in non-pay headings beyond Procurement reductions until detailed further)	<b>40.0</b>	<b>Jan 2011</b>	<b>3.33</b>	<b>5.46</b>
<b>TOTAL</b>	<b>200.0</b>		<b>7.09</b>	<b>11.15</b>



## Capital

The net capital cash profile for the period Jan 2011 was €52.112m. The capital cash issued for this period was €52.112m. Capital was on profile in Jan 2011.

<b>Table 6.</b>		
<b>2010 Capital Vote Subhead</b>	<b>2010 Approved Allocation</b>	<b>YTD Actual</b>
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	46,635
C3 Information Systems and Related Services for Health Agencies	40,000	2,727
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	2,750
A in A (Sales of Surplus Assets)	-15,000	0
<b>Net Capital</b>	<b>377,250</b>	<b>52,112</b>

<b>Table 7.</b>				
<b>Appropriations-in-Aid</b>	<b>Estimate Provision</b>	<b>REV Profile to 1 Dec 2010</b>	<b>Receipts to 31 Dec 2010</b>	<b>Shortfall / (Surplus)</b>
Maintenance Charges	376,000	24,584	20,673	3,911
Superannuation	199,986	18,259	18,259	-
Miscellaneous Receipts	153,300	12,900	16,811	3,911
Pension Levy	337,156	28,000	28,000	-
<b>Total</b>	<b>1,066,442</b>	<b>83,743</b>	<b>83,743</b>	<b>-</b>

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

# Detailed Human Resources Report

## HR

### Key Performance Messages

Health Service employment at end-January stands at 105,943 WTE which is -742 below the approved ceiling. Reported staffing levels have fallen by -2,029 WTE since the end-December. Two of the main factors in these reductions were the impact of Community Welfare Services (CWS) transferring to the Department of Social Protection (DSP) and the initial impact of the Voluntary Early Retirement /Voluntary Redundancy Schemes (VER/VRS). The overall impact of both of these schemes is of the order of 1,760 WTEs with an estimated two thirds seen in this month's reports. A former Midland Health Board Company was subsumed into HSE DML in January with a WTE impact of 41. The intake of student nurses has also lead to a temporary increase in nursing numbers.

- The Integrated Services Directorate in overall terms recorded a decrease of -1,936 WTEs, with a decrease in combined Acute Hospital Services of -361 WTE, Primary and Community Services fell by -1,550 WTE (-967 of which were in CWS), with National Ambulance Service showing a fall of -17 WTE. Combined figures equate to a fall of 4,558 (-4.88%) since the introduction of the Government moratorium.

Some of the key changes in January are as follows:

- Nursing** has increased by 159 WTEs, primarily due to the intake of student nurses and has had a lower impact than last year. In overall term is 1,445 WTEs below the level at the end of 2008 and 803 WTEs below the end of 2009.
- Management/Admin** has reduced by 839 WTEs primarily due to the impact of the VER/VRS, although some 300 further reductions are expected in future reports due to a lagged reporting effect, as well as transfer of such staff as part of the CWS to the DSP which was just over 200 WTEs. Since the peak in this staff category in September 2007, the reduction is 1,959 WTEs or 10.6%.
- General Support** Staff and Other Patients and Client Care staff categories reduced by 391 WTEs (-3.42%) and 845 WTEs (-4.62%) respectively, with both of the reductions impacted by the VER/VRS and the transfer of CWS to DSP.

Chart 1

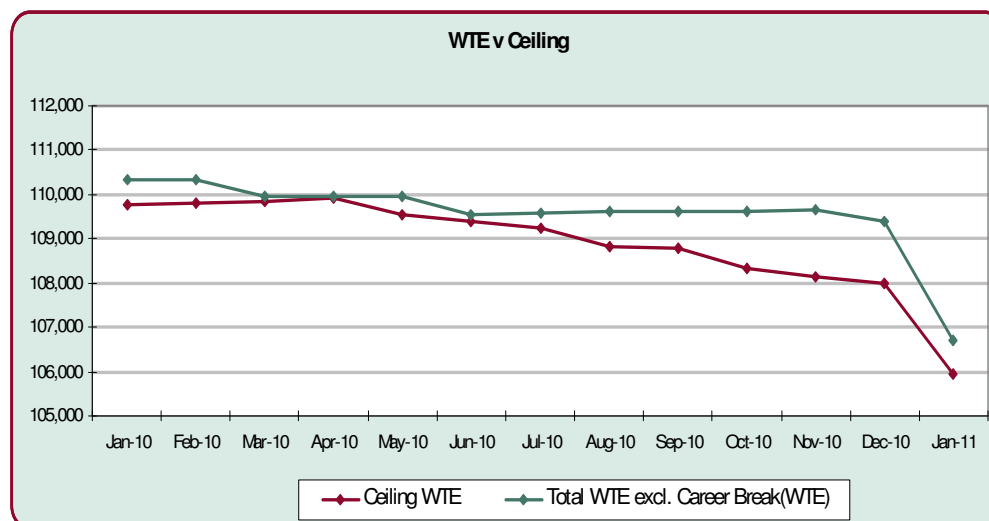


Table 1 Service Area	WTE Dec 2010	Ceiling Jan 2011	WTE Jan 2011	WTE Change since Dec 2010	WTE Change from Dec 2010 to Jan 2011	WTE Variance Jan 2011	% WTE Variance Jan 2011
Acute Hospital Services	49,318	48,466	48,957	-361	-361	+491	+1.01%
Ambulance Services	1,494	1,466	1,476	-17	-17	+10	+0.69%
National Cancer Control Programme	764	724	757	-7	-7	+32	+4.48%
Primary and Community Services	52,349	51,645	50,799	-1,550	-1,550	-846	-1.64%
Portion of Ceiling to be allocated		424		+0	+0	-424	-100.00%
Corporate	2,988	2,899	2,935	-53	-53	+36	+1.25%
Population Health	1,060	1,062	1,019	-41	-41	-43	-4.01%
<b>Total</b>	<b>107,972</b>	<b>106,686</b>	<b>105,943</b>	<b>-2,029</b>	<b>-2,029</b>	<b>-742</b>	<b>-0.70%</b>

Changes since the 2009 baseline figure set by the Department of Health and Children:

- **Social Workers** + 242 WTEs with some 43 of the increase outside of 'Ryan Report' posts. While a further 3 of these posts were filled in January, there was an overall reduction of 4.5 seen since the end of 2010.
- **Physiotherapists** increased by 15 WTEs in January, with an overall increase of 84 WTEs since 2009.
- **Speech & Language Therapists** increased by 11 WTEs with an overall increase of 73 WTEs since 2009.
- **Occupational Therapists** showed a marginal reduction but are still 100 WTEs above the 2009 baseline figures.
- **Psychologists and Counsellors** increased by 4 WTEs in January.

### NCHD Vacancies

Following a range of actions to address NCHD vacancies earlier this year, the HSE has implemented a detailed NCHD Recruitment Project Plan to ensure that the shortage of junior doctors and any resulting impact on services is minimised and to ensure patient safety is maintained. Three key actions currently underway are summarised below:

#### India / Pakistan recruitment

The HSE is working with a number of Consultants, the Forum of Postgraduate Training Bodies and others to recruit NCHDs in India and Pakistan for employment in Ireland commencing in July 2011. It is anticipated that - subject to registration requirements - that this will result in the filling of a large number of existing vacancies.

#### Centralised NCHD recruitment to non-training posts

The HSE advertised in the national press for NCHD posts for July 2011 onwards on Sunday 20<sup>th</sup> February. This week and weekend advertisements are appearing in international journals (such as the BMJ), the international press and on Facebook and other websites. A communication issued to NCHDs, Consultants and other relevant staff on 25<sup>th</sup> February briefing them on the process and related timescales..

#### Liaison with Medical Council re registration requirements

The HSE has also engaged in extensive consultation and dialogue with the Medical Council, Forum of Postgraduate Training Bodies and the Department of Health and Children regarding the Medical Council's requirements for non-EU NCHDs seeking registration to work in Ireland

### WTEs by Exempted Grade

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Jan 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>	2,380.82	<i>n/a</i>	-31.50	+63.96	+2.76%
Occupational Therapists	1,103.01	<i>n/a</i>	1,202.52	<i>n/a</i>	-0.81	+99.51	+9.02%
Physiotherapists	1,468.83	<i>n/a</i>	1,553.19	<i>n/a</i>	+14.84	+84.36	+5.74%
Speech and Language Therapists	776.46	<i>n/a</i>	849.75	<i>n/a</i>	+10.84	+73.29	+9.44%
Combined therapists:	3,348.30	+380	3,605.46	-123.00	+24.87	+257.16	+7.68%
Psychologists & Counsellors	953.61	+230	973.26	-210.00	+4.11	+19.65	+2.06%
Social Workers	2,139.35	+300	2,381.16	-58.19	-4.50	+241.81	+11.30%

### WTEs by Staff grouping

Table 3. Staff Category	Baseline Dec 2009	WTE Dec 2010	WTE Jan 2011	WTE change since Dec 2010	% change since Dec 2010	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	8,083	8,096	8,000	-96	-1.19%	-83	-1.03%
Nursing	37,466	36,502	36,663	+160	+0.44%	-803	-2.14%
Health & Social Care Professionals	15,973	16,355	16,337	-18	-0.11%	+365	+2.28%
Management/ Admin	17,611	17,200	16,463	-738	-4.29%	-1,148	-6.52%
General Support Staff	11,906	11,408	11,030	-378	-3.32%	-876	-7.36%
Other Patient & Client Care	18,714	17,852	17,451	-402	-2.25%	-1,263	-6.75%
<b>Total Health Service Staffing</b>	<b>109,753</b>	<b>107,414</b>	<b>105,943</b>	<b>-1,471</b>	<b>-1.37%</b>	<b>-3,810</b>	<b>-3.47%</b>

# Detailed Service Delivery Report

## Acute Demand Management

Key activity area	Target YTD	Actual YTD	% variance YTD 2011 Actual v Target	% Variance YTD 2011 v YTD 2010
Emergency presentations	94,687	95,653	1.0%	+2.6%
ED attendances	-	89,988	-	+2.7%
Emergency admissions	30,602	32,033	+4.7%	+3.4%
Inpatient discharges	48,400	47,932	-1.0%	+1%
Day case activity	59,375	59,043	-0.6%	+7.8%
Inpatient elective procedure nos (over targeted time)	-	5,386 (December: 4,582)	-	-
Day case elective procedure Nos (over targeted time)	-	6,841 (December: 5,438)	-	-
GP Out of Hours contacts	74,929	94,138	+25.6%	+45.7%

**Emergency presentations:** An increase in emergency presentations of 2.6% on last year's activity was noted during January. While this increase was evident in all regions, HSE South in particular recorded a 6.3% increase over last year's activity

**ED attendances:** Emergency Department attendances were up nearly 3% on last year's activity and again, the largest increase was noted within the HSE South (6.4% above same period last year). Within some hospitals the pressure on Emergency Departments resulted in the use of day case facilities for ED overflow and this had a concomitant effect on the elective day case waiting list due to the cancellation of elective activity.

**Emergency admissions:** An increase in Emergency admissions of 4.7% on targeted activity and 3.4% on last years activity was noted during January which reversed the trend of the past year where activity had declined marginally.

**In-patient discharges:** There were 47,932 inpatient discharges during January which is 1% more than same period last year but 1.0% below targeted activity. In order to cope with increased ED demand and patient acuity levels post Christmas non urgent activity was curtailed to prioritise the emergency demand requirement. This resulted in reductions in elective inpatient and day case services in some hospital and a parallel increase in the numbers on the respective waiting lists over the previous month.

**Day Case Discharges:** Notwithstanding the reductions in non urgent activity during January, the levels of day cases are still another 7.8% up on the same time last year which reflects an overall trend of higher productivity through the acute hospital system.

**% elective inpatients who had principle procedure conducted on day of admission:** 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 November 2010 shows that 50% 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.

**GP Out of Hours:** The surge in acute activity experienced during January was replicated in the number of contacts with GP Out of Hours. Nationally 94,138 contacts were made with GP Out of Hours during January against a target of 74,929 (+25.6%). Ddoc in particular experienced a surge in demand during the month (62.6% above target) due to high activity during the first week of January.

**Urgent Colonoscopies:** There was one breach in Dooradoyle in relation to urgent colonoscopies seen within 28 days for the period under review. This has since been addressed.

**Children in care with a written care plan:** The trend in relation to children in care with a written care plan is steady from 90.1% at the end of December 2010 to 90.0% at the end of January 2011. The four Regions are committed to ensure prompt filling of social work vacancies arising from maternity leave, etc, in order to maintain and improve on performance capacity. The backfilling of any posts are being prioritised while vacant posts as a result of maternity and long term sick leave are being filled through agency.

**Children in care with an Allocated Social Worker:** Compliance in respect to children in care with an allocated social worker, from 94.3% at the end of December 2010 to 93.7% at the end of January 2011.

**% new mental health (including re-referred) child/ adolescent cases offered first appointment and seen:** The percentage of CAMHS patients offered first appointment and seen at the end of January 2011 is 5.5% higher compared to the same period in 2010 but 17.6% below target. This is currently being addressed by ISD.

**Disability Act Compliance:** The number of applications overdue for completion at the end of the month increased by 33 since December and now stands at 898 and DML account for 70% of these. At the end of February an additional 110 of these assessments within DML have been addressed. A number of additional robust remedial actions are being pursued to target the large backlog of assessment reports that need to be cleared, including the use of private assessors. ISD have put in place a weekly monitoring system to give additional focus to this. Significant pressure from schools to produce assessments which comply with the Department of Education and Skills (DES) resource allocation model and delays in DES sending an agreed note to schools to address the issue have significantly impacted on our ability to comply with the timeframes. This is having a negative effect on our reported performance levels. This is reported to be a significant issue in many areas with up to 20% of applications being reported in Dublin North West. ISD made contact with the DES through the DoHC at the end of February resulting in agreement on amendments to the proposed letter to schools and the DES is to issue this imminently. Assessment Officers /assessors are being advised that it is not appropriate for health staff to carry out assessments which are not deemed necessary to identify health needs occasioned by the disability, only educational needs. Initial contact has also been made with the Irish Primary Principals Network with a view to meeting them in March to further explain the procedures involved and their appropriate use.

**Child Health Developmental screening at 10 months:** The percentage of children receiving their developmental health checks on time at 10 months has increased from 74% at the end of December 2010 to 77% at the end of January 2011; however, there are significant variances between Regions. Corrective action plans are being pursued in areas of lower compliance, for example, in DML a Child Health Committee has been set up to give priority focus to this issue on an ISA basis including the pooling of resources.

**Recommendations of the HIQA report on Ennis Hospital :** The HSE has continued its implementation process in 10 key sites based on the recommendations of the HIQA report on Ennis Hospital. The HSE has met with HIQA in relation to the HSE's update on progress and its risk mitigation approach. The HSE will continue to progress implementation of the recommendations in these sites and is enhancing its monitoring approach through the development of targeted performance indicators. The HSE has also undertaken a review of current relevant protocols in these sites and will be working with hospitals to shared best practice approaches across the key sites.

Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Jan 2011	WTE Jan 2011	WTE Change from Dec 2010 to Jan 2011	% WTE Variance Jan 2011	Actual €000	Budget €000	% Var
DML	14,798	14,710	-192	-0.59%	119,736	120,199	-0.4%
DNE	10,706	10,671	-559	-0.33%	90,367	88,893	1.7%
South	11,890	11,760	-426	-1.10%	98,149	97,990	0.2%
West	13,943	13,469	-372	-3.40%	100,228	100,727	-0.5%
National	307	189	-2	-38.52%			
<b>Total</b>	<b>51,645</b>	<b>50,799</b>	<b>-1,550</b>	<b>-1.64%</b>	<b>408,479</b>	<b>407,809</b>	<b>0.2%</b>

Table 2. Hospital Services by Region	Human Resources				Budget		
	Ceiling Jan 2011	WTE Jan 2011	WTE Change from Dec 2010 to Jan 2011	% WTE Variance Jan 2011	Actual €000	Budget €000	% Var
DML	16,438	16,654	-165	+1.31%	115,103	107,946	6.6%
DNE	10,573	10,601	-73	+0.26%	77,000	71,510	7.7%
South	10,693	10,736	-136	+0.40%	70,123	64,849	8.1%
West	10,746	10,967	+13	+2.06%	75,415	68,615	9.9%
National	15			+0.00%			
<b>Total</b>	<b>48,466</b>	<b>48,957</b>	<b>-361</b>	<b>+1.01%</b>	<b>337,641</b>	<b>312,920</b>	<b>7.9%</b>

# Primary Care

## Primary Care analysis & action points

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

December 2010 Performance Report reported that 350 Primary Care Teams were holding Clinical Team Meetings. However, the merging of teams in the West and South has resulted in a reduction of 2 teams overall (348).

The position at the end of January 2011 is the same as December 2010 (348) as no new teams were scheduled to commence clinical team meetings. However, 17 teams are scheduled to commence clinical team meetings by end of February 2011.

As further merging of teams is scheduled throughout 2011, the revised national target for 2011 is 519 (NSP 2011 reported 527).

**GP Out of Hours (M)**

During the month of January 2011, 94,138 contacts were made to the GP OOH service which is 25.6% above the target of 74,929, mainly because of the New Year period and also the bad weather during the month of January.

This is also 45.7% above same period last year (64,602).

Breakdown of the nature of contact with the OOH Service:

- > 58% - GP Treatment Centre
- > 32% - Triage
- > 9% - Home Visit
- > 1% - Other

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

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

Nationally 77.2% of the cohort received their screening on time. HSE South reported that 88.8% of those reaching 10 months received their screening on time. HSE DNE reported 87.5%, HSE West 68.0% and HSE DML returned a figure of 66.5%.

These figures although returned for reporting in January are actually reported monthly in arrears and apply to December 2010.

Chart 1

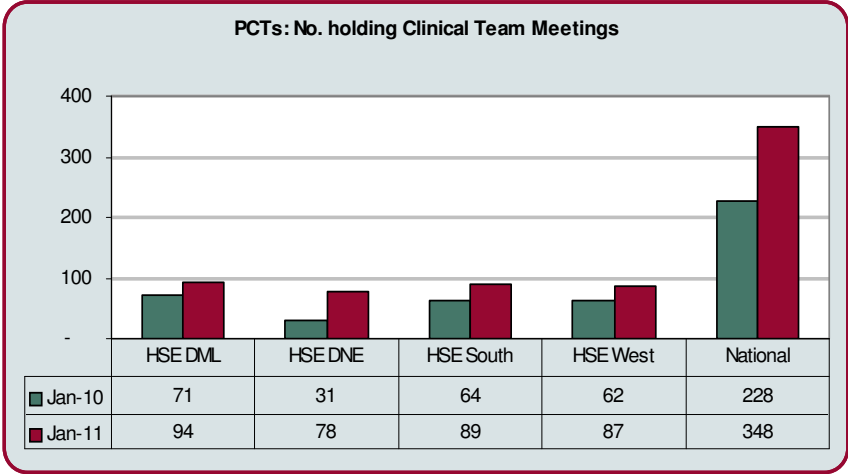
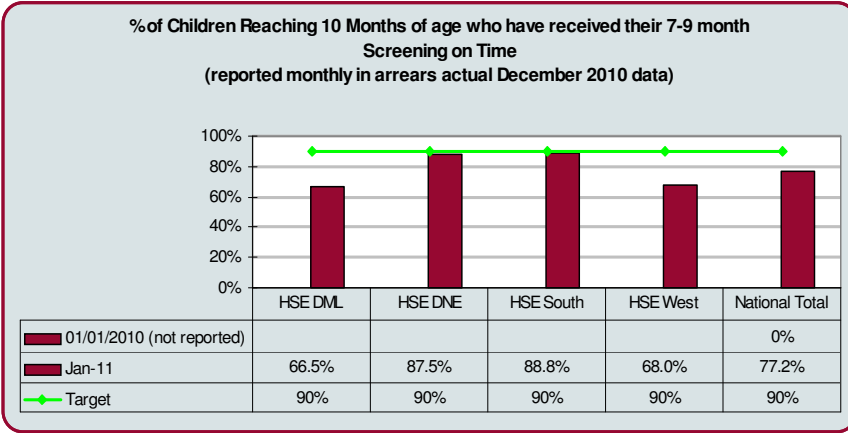


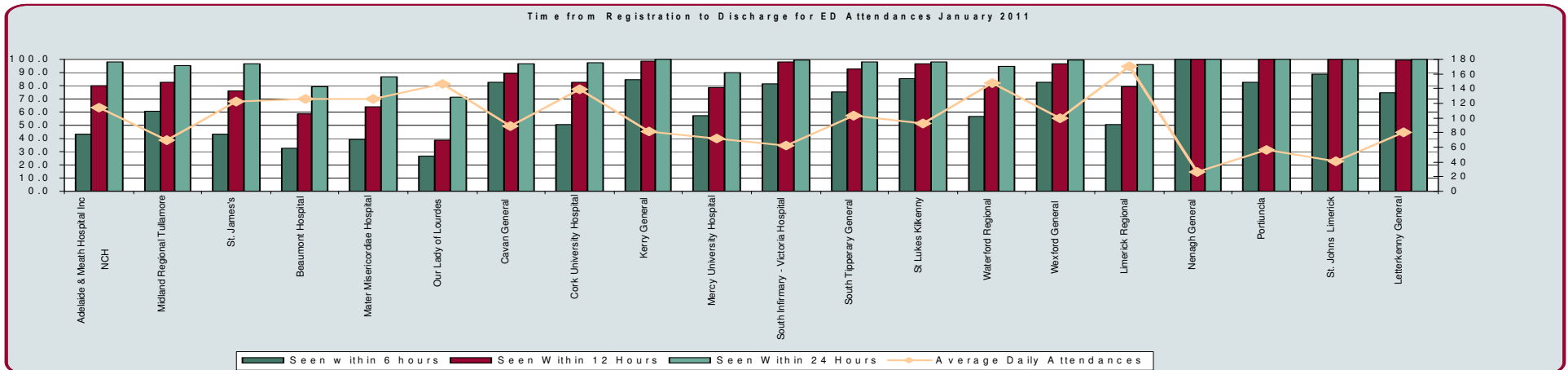
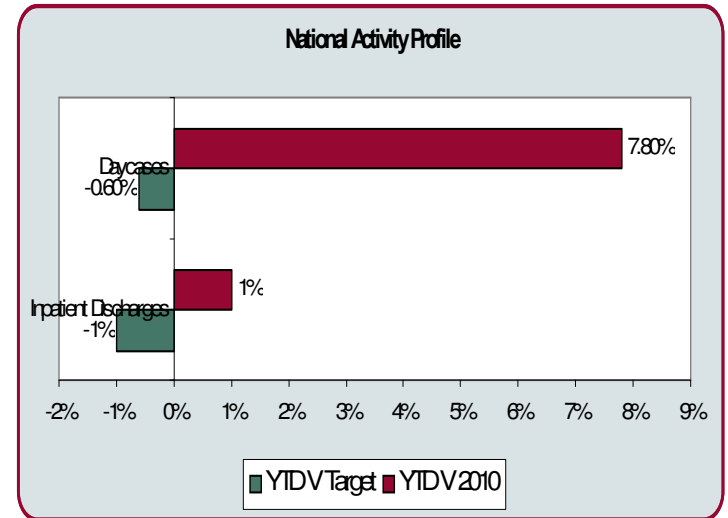
Chart 2



# Acute Services

Acute Services analysis and action points	
<b>Inpatient Discharges (M)(chart 1)</b>	The number of Inpatient Discharges at the end of January 2011 is 1.0% higher compared to the same period in 2010 and is 1% below target for 2011.
<b>Day Case Discharges (M)(chart 1)</b>	The number of Day Cases at the end of January 2011 is 7.8% higher compared to the same period in 2010 and is 0.6% below target for 2011.
<b>ED Admitted or discharged &lt;6hrs (M)</b>	<p>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.</p> <p>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</p> <p>By the end of January 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.</p> <p>Data for January from the data available shows that patients waited on average 8.0 hours in ED from time of arrival to time leaving the department. The average time for patients who required admission was 11.3 hours with 40.7% of patients admitted within 6 hours of their registration in ED. A comparison to the same period last year is not available due to the industrial action last year.</p> <p>Data for January also shows that in the 20 Hospitals that data is available for, 58.8% 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.</p>

Chart 1





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 January 2011 was 69.7% (this equates to 9,558 of a total list of 13,717 patients waiting less than 6 months for their procedure).. This compares to 74.6% for January 2010.
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 January 2011 was 84.3% (this equates to 27,801 of a total list of 32,996 patients waiting less than 6 months for their procedure). This is an improvement on the same period last year when the corresponding figure was 83.2%.
Elective Procedures children <3 months, Inpatients (M)(Chart 3)	The percentage of children waiting less than 3 months on the Inpatient waiting list in January 2011 was 40.6%(this equates to 837 of a total list of 2,064 children waiting). This compares to 38.5% reported in January 2010.
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 January 2011 was 43.2% (this equates to 1,251 of a total list of 2,897 children waiting). This is an improvement on the same period last year when the corresponding figure was 36.7%.
ALOS (M)	Average length of stay in January 2011 was 6.3 this is an improvement on January 2011 when the corresponding figure was 6.8. However, a reduction of 11.1% in ALOS is required in order to achieve the 5.6 target nationally.
% elective inpatients who had principle procedure conducted on day of admission (M)	The percentage of patients who had principle procedure conducted on day of admission is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of November 2010 shows that 50% 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.
% 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 November 2010 shows that 70% of the basket of procedures are carried out on a day case basis. This compares to 65% for the previous year and shows an improvement in all 4 regions.

Chart 2

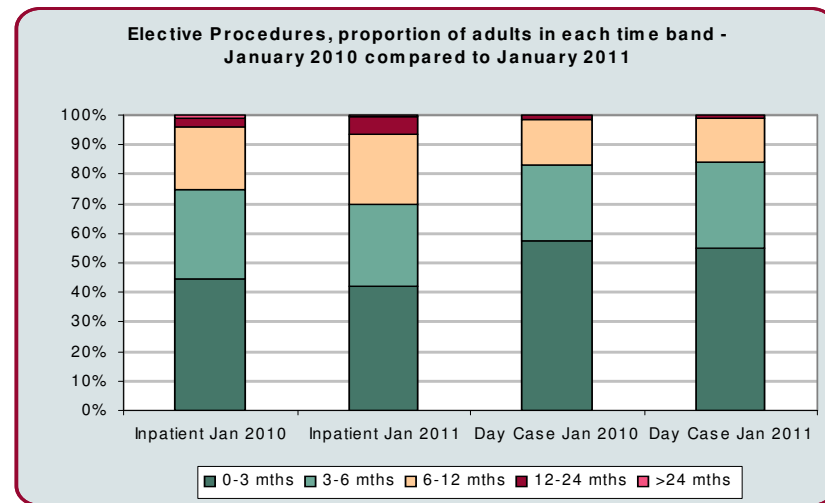
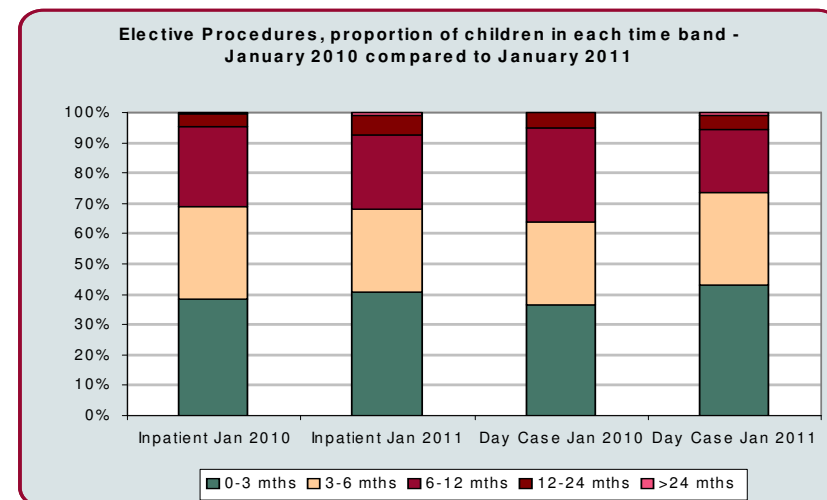


Chart 3





# Ambulance

## Ambulance

Table 1 Ambulance Services - HR	Human Resources			
	Ceiling Jan 2011	WTE Jan 2011	WTE Change from Dec 2010 to Jan 2011	Ceiling Jan 2011
DML	471	468	-6	-0.54%
DNE	153	173	+1	+12.84%
South	405	393	-5	-2.97%
West	437	442	-7	+1.14%
<b>Total</b>	<b>1,466</b>	<b>1,476</b>	<b>-17</b>	<b>+0.69%</b>

Table 2 Ambulance Services -Budget	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	3,673	3,358	315
DNE	1,266	1,284	-18
South	3,426	2,729	697
West	3,777	3,541	236
Ambulance College	544	237	307
Office of the National Director	63	268	-205
<b>Total</b>	<b>12,750</b>	<b>11,418</b>	<b>1,332</b>

# National Cancer Control Programme (NCCP)

## National Cancer Control Programme (NCCP)

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

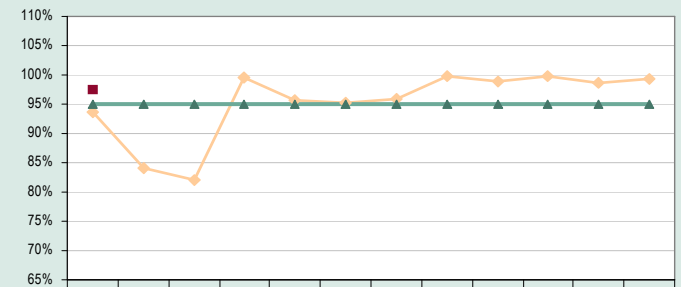
Total number of urgent referrals; and of those the % offered an appointment within 2 weeks – target 95%, January reported position is 97.5%.

Breakdown by hospital;

Beaumont – 96%  
 Mater – 100%  
 St. Vincent's – 93%  
 St. James's – 100%  
 Waterford – 100%  
 CUH – 94%  
 Limerick – 99%  
 GUH & Letterkenny – 100%  
 GUH – 100%

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

Chart 1



—♦— % of urgent referrals offered an appointment within 2 weeks in 2010	93.6%	84.0%	82.0%	99.6%	95.6%	95.3%	96.0%	99.8%	98.8%	99.7%	98.7%	99.4%
—■— % of urgent referrals offered an appointment within 2 weeks in 2011	97.5%											
—▲— Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

# Children and Families

## Children and Families

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

### Children in Care with a Written Care Plan

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

The number of children in care nationally at the end of January was 5,907 and of those children 5,316 (90.0%) had a written care plan in place.

Nationally of all the care types; children in Residential Care settings exhibited the highest percentage with a written care plan in place at 93.2%.

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

- Residential Care: 93.2%
- Foster Care: 90.4%
- Foster Care with Relatives: 88.1%
- Other Care Types: 91.9%

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

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

### Children in Care with an Allocated Social Worker

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

Nationally at the end of January 2011 93.7% (5,536) of all children in care (all care types) had an allocated social worker.

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

- Residential Care: 97.9%
- Foster Care: 94.5%
- Foster Care with Relatives: 90.7%
- Other Care Types: 98.6%

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

Chart 1

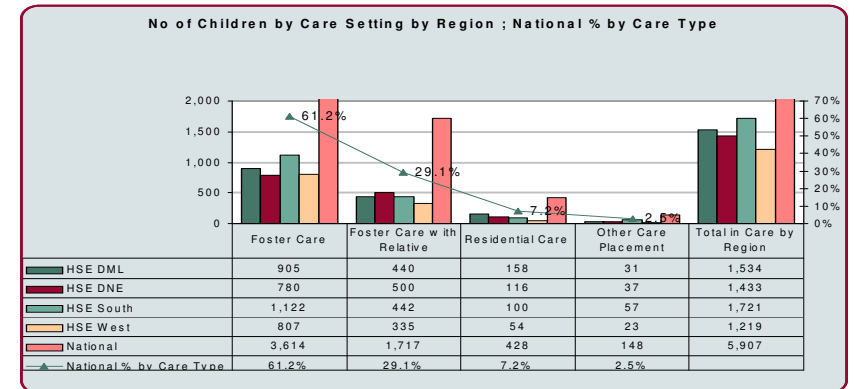


Chart 2

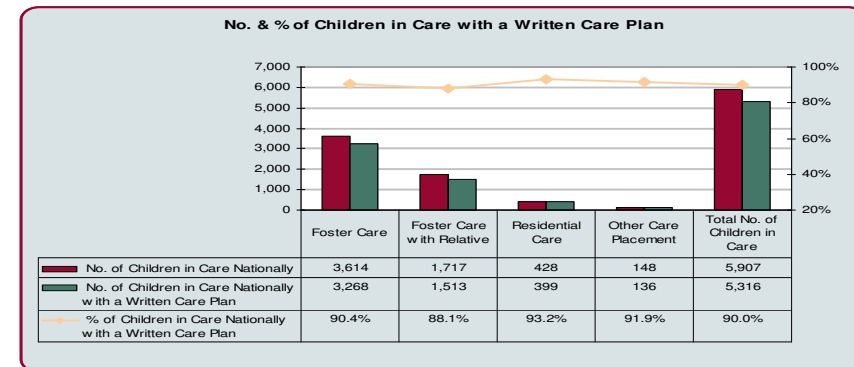
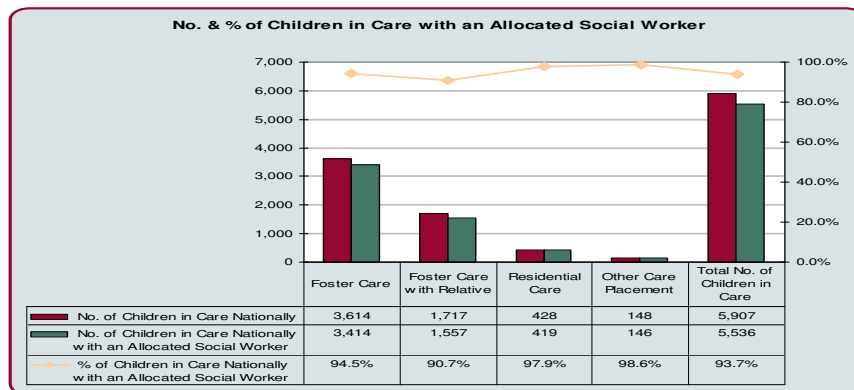


Chart 3



# Mental Health

## Mental Health

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

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New (including re-referred) Cases seen, are to be seen within three months of referral.
- Currently 68%\* of new cases are being seen within 3 months with 73% of new (including re-referred) cases offered an appointment within 3 months and overall DNA rates running at 8% nationally.
- The regional view is as follows:
  - DML – 66%
  - DNE – 62%
  - South – 63%
  - West – 78%
  - Nationally - 68%\*

\* One team data missing

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

- Total number of Child & Adolescents offered first appointment and seen in January was 515\*
- The regional view is as follows:
  - DML – 149
  - DNE – 96
  - South – 133
  - West – 137
  - Nationally - 515\*
- 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.

\* One team data missing

Chart 1

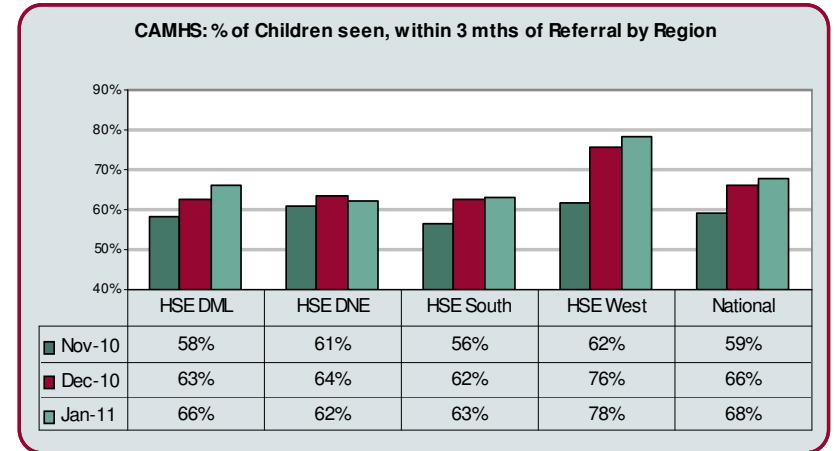
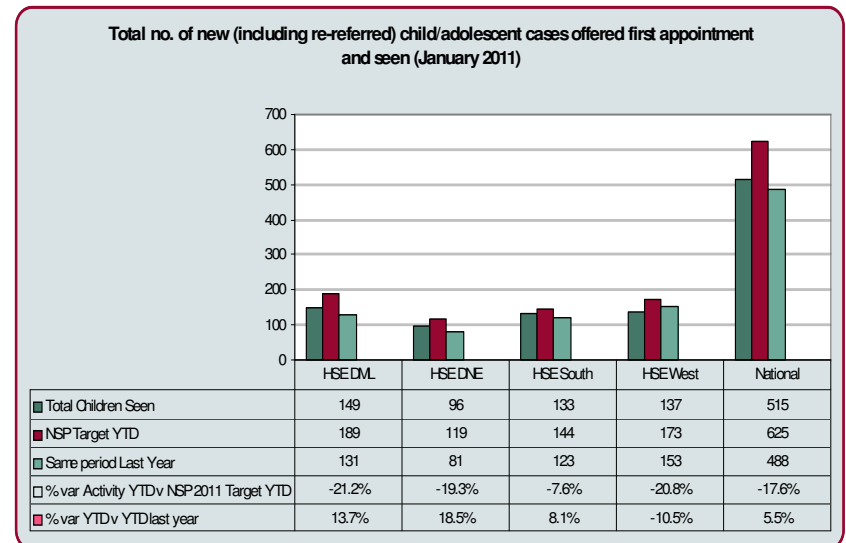


Chart 2



# Older Persons

Older Persons	
Total no. of Home Help Hours provided for all care groups (M)	The introduction of the new HCP guidelines is leading to 'transition' issues which is affecting our ability to collect accurate data at this stage. We are working to address issues identified with a view to having complete data for February.
Total no. of people in receipt of Home Care Packages per month (M)	As above.
% of complete NHSS applications processed within 4 weeks (M)	This data is dependent system being implemented fully. IT system currently being piloted in two offices.

# Palliative Care

Palliative Care																			
Palliative Care inpatient bed provided within 7 days (M)	<p>The number of patients admitted to a specialist Palliative Care inpatient bed in January 2011 was 228. Of these, 216 were admitted within 7 days of active referral. This equates to 95% of all the admitted patients.</p> <table border="1"> <thead> <tr> <th>Area</th> <th>Percentage &amp; No. within 7 days</th> <th>Percentage &amp; No. over 7 days</th> </tr> </thead> <tbody> <tr> <td><b>South</b></td> <td>100% (35)</td> <td>0% (0)</td> </tr> <tr> <td><b>West</b></td> <td>98% (100)</td> <td>2% (2)</td> </tr> <tr> <td><b>DNE</b></td> <td>93% (26)</td> <td>7% (2)</td> </tr> <tr> <td><b>DML</b></td> <td>87% (55)</td> <td>13% (8)</td> </tr> <tr> <td><b>National</b></td> <td>95% (216)</td> <td>5% (12)</td> </tr> </tbody> </table>	Area	Percentage & No. within 7 days	Percentage & No. over 7 days	<b>South</b>	100% (35)	0% (0)	<b>West</b>	98% (100)	2% (2)	<b>DNE</b>	93% (26)	7% (2)	<b>DML</b>	87% (55)	13% (8)	<b>National</b>	95% (216)	5% (12)
Area	Percentage & No. within 7 days	Percentage & No. over 7 days																	
<b>South</b>	100% (35)	0% (0)																	
<b>West</b>	98% (100)	2% (2)																	
<b>DNE</b>	93% (26)	7% (2)																	
<b>DML</b>	87% (55)	13% (8)																	
<b>National</b>	95% (216)	5% (12)																	

# Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Public Patients as a % of all elective discharges</b>										
DML	75.9%	80.0%	80.0%	78.1%	-2.4%	80.0%	78.1%	-2.4%	76.1%	2.6%
DNE	75.7%	80.0%	80.0%	75.8%	-5.3%	80.0%	75.8%	-5.3%	75.5%	0.4%
South	71.0%	80.0%	80.0%	72.4%	-9.5%	80.0%	72.4%	-9.5%	70.1%	3.3%
West	71.1%	80.0%	80.0%	70.8%	-11.5%	80.0%	70.8%	-11.5%	70.0%	1.1%
<b>National</b>	<b>73.4%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>76.0%</b>	<b>-5.0%</b>	<b>80.0%</b>	<b>76.0%</b>	<b>-5.0%</b>	<b>72.9%</b>	<b>4.3%</b>
<b>No. of Inpatient Discharged (Inpatient)</b>										
DML	181,047	176,400	14,864	14,806	-0.4	14,864	14,806	-0.4	14,019	5.6
DNE	110,263	107,700	9,075	8,592	-5.3	9,075	8,592	-5.3	9,042	-5.0
South	147,500	144,000	12,134	12,247	0.9	12,134	12,247	0.9	11,947	2.5
West	150,050	146,300	12,328	12,287	-0.3	12,328	12,287	-0.3	12,442	-1.2
<b>National</b>	<b>588,860</b>	<b>574,400</b>	<b>48,400</b>	<b>47,932</b>	<b>-1.0</b>	<b>48,400</b>	<b>47,932</b>	<b>-1.0</b>	<b>47,450</b>	<b>1.0</b>
<b>No. of Inpatient Discharged (Day Case)</b>										
DML	265,395	276,700	21,758	21,824	0.3	21,758	21,824	0.3	19,664	11.0
DNE	137,831	143,100	11,252	10,913	-3.0	11,252	10,913	-3.0	10,468	4.3
South	157,119	163,000	12,817	12,736	-0.6	12,817	12,736	-0.6	11,968	6.4
West	167,924	172,300	13,548	13,570	0.2	13,548	13,570	0.2	12,685	7.0
<b>National</b>	<b>728,269</b>	<b>755,100</b>	<b>59,375</b>	<b>59,043</b>	<b>-0.6</b>	<b>59,375</b>	<b>59,043</b>	<b>-0.6</b>	<b>54,785</b>	<b>7.8</b>
<b>Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months</b>										
DML	81.2%	100.0%	100.0%	76.8%	-23.2%	100.0%	76.8%	-23.2%	70.2%	9.4%
DNE	73.4%	100.0%	100.0%	68.5%	-31.5%	100.0%	68.5%	-31.5%	75.0%	-8.7%
South	75.3%	100.0%	100.0%	71.1%	-28.9%	100.0%	71.1%	-28.9%	83.7%	-15.1%
West	69.8%	100.0%	100.0%	64.3%	-35.7%	100.0%	64.3%	-35.7%	72.6%	-11.4%
<b>National</b>	<b>74.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>69.7%</b>	<b>-30.3%</b>	<b>100.0%</b>	<b>69.7%</b>	<b>-30.3%</b>	<b>74.6%</b>	<b>-6.6%</b>
<b>Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months</b>										
DML	47.1%	100.0%	100.0%	42.0%	-58.0%	100.0%	42.0%	-58.0%	34.1%	23.2%
DNE	69.6%	100.0%	100.0%	67.2%	-32.8%	100.0%	67.2%	-32.8%	46.5%	44.5%
South	48.1%	100.0%	100.0%	39.2%	-60.8%	100.0%	39.2%	-60.8%	60.5%	-35.2%
West	33.2%	100.0%	100.0%	30.2%	-69.8%	100.0%	30.2%	-69.8%	39.6%	-23.7%
<b>National</b>	<b>45.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>40.6%</b>	<b>-59.4%</b>	<b>100.0%</b>	<b>40.6%</b>	<b>-59.4%</b>	<b>38.5%</b>	<b>5.5%</b>

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Elective Waiting List (Daycase)</b> <b>% Adults awaiting ≤6 months</b>										
DML	95.4%	100.0%	100.0%	93.7%	-6.3%	100.0%	93.7%	-6.3%	90.9%	3.1%
DNE	88.8%	100.0%	100.0%	85.5%	-14.5%	100.0%	85.5%	-14.5%	83.3%	2.6%
South	86.1%	100.0%	100.0%	82.4%	-17.6%	100.0%	82.4%	-17.6%	82.0%	0.5%
West	79.8%	100.0%	100.0%	75.6%	-24.4%	100.0%	75.6%	-24.4%	77.4%	-2.3%
<b>National</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>84.3%</b>	<b>-15.7%</b>	<b>100.0%</b>	<b>84.3%</b>	<b>-15.7%</b>	<b>83.2%</b>	<b>1.3%</b>
<b>Elective Waiting List (Day Case)</b> <b>% Children awaiting ≤3 months</b>										
DML	48.8%	100.0%	100.0%	39.3%	-60.7%	100.0%	39.3%	-60.7%	33.4%	17.7%
DNE	62.7%	100.0%	100.0%	51.1%	-48.9%	100.0%	51.1%	-48.9%	26.7%	91.4%
South	51.9%	100.0%	100.0%	48.5%	-51.5%	100.0%	48.5%	-51.5%	45.9%	5.7%
West	58.0%	100.0%	100.0%	50.3%	-49.7%	100.0%	50.3%	-49.7%	52.4%	-4.0%
<b>National</b>	<b>51.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>43.2%</b>	<b>-56.8%</b>	<b>100.0%</b>	<b>43.2%</b>	<b>-56.8%</b>	<b>36.7%</b>	<b>17.7%</b>
<b>% of elective inpatient procedures conducted on day of admission</b>										
DML	63.0%	75.0%	75.0%	63.0%	-16.0%	75.0%	63.0%	-16.0%	59.0%	6.8%
DNE	43.0%	75.0%	75.0%	43.0%	-42.7%	75.0%	43.0%	-42.7%	36.0%	19.4%
South	45.0%	75.0%	75.0%	45.0%	-40.0%	75.0%	45.0%	-40.0%	43.0%	4.7%
West	47.0%	75.0%	75.0%	47.0%	-37.3%	75.0%	47.0%	-37.3%	44.0%	6.8%
<b>National</b>	<b>50.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>50.0%</b>	<b>-33.3%</b>	<b>75.0%</b>	<b>50.0%</b>	<b>-33.3%</b>	<b>46.0%</b>	<b>8.7%</b>
<b>No. of Emergency Admissions</b>										
DML	96,717	94,500	8,002	8,509	6.3	8,002	8,509	6.3	7,870	8.1
DNE	72,863	71,800	6,080	5,878	-3.3	6,080	5,878	-3.3	6,179	-4.9
South	89,840	87,900	7,443	8,050	8.2	7,443	8,050	8.2	7,474	7.7
West	109,611	107,200	9,077	9,596	5.7	9,077	9,596	5.7	9,461	1.4
<b>National</b>	<b>369,031</b>	<b>361,400</b>	<b>30,602</b>	<b>32,033</b>	<b>4.7</b>	<b>30,602</b>	<b>32,033</b>	<b>4.7</b>	<b>30,984</b>	<b>3.4</b>
<b>% Day case Surgeries as a % day case + inpatients for specialised basket procedures</b>										
DML	74.0%	75.0%	75.0%	74.0%	-1.3%	75.0%	74.0%	-1.3%	69.0%	7.2%
DNE	75.0%	75.0%	75.0%	75.0%	0.0%	75.0%	75.0%	0.0%	71.0%	5.6%
South	62.0%	75.0%	75.0%	62.0%	-17.3%	75.0%	62.0%	-17.3%	57.0%	8.8%
West	69.0%	75.0%	75.0%	70.0%	-6.7%	75.0%	70.0%	-6.7%	63.0%	11.1%
<b>National</b>	<b>70.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>70.0%</b>	<b>-6.7%</b>	<b>75.0%</b>	<b>70.0%</b>	<b>-6.7%</b>	<b>65.0%</b>	<b>7.7%</b>
<b>Outpatient Attendances</b>										
DML	<b>Outpatient (OPD):</b> The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. Due to expanded and reformed metrics, a more full understanding of activity in Consultant delivered OPD Clinics will begin to be available during 2011. The reforms imply considerable additional work for Outpatient departments and adaptations to hospital computer systems. Due to IT and other constraints, full reporting has not yet taken place. Nonetheless, only data which complies with the OPD reformed data set will be reported in future by the HSE.									
DNE										
South										
West										
<b>National</b>										

# Appendix 1: Vote Data

Vote 40 - HSE – Vote Expenditure Return at 31<sup>st</sup> January 2011  
(As at 7<sup>th</sup> February 2011)

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

Category	Budget Day Allocation €000	January 2011 Outturn €'000
Gross Current Expenditure	13,456,395	1,337,723
Gross Capital Expenditure	372,750	52,110
<b>Total Gross Vote Expenditure</b>	<b>13,829,145</b>	<b>1,389,833</b>
<b>Appropriations-in-Aid</b>		
- Receipts collected by HSE	1,054,506	83,743
- Other Receipts	400,605	14,000
<b>- Total</b>	<b>1,455,111</b>	<b>97,743</b>
<b>Net Vote Expenditure</b>	<b>12,374,034</b>	<b>1,292,090</b>

## 2. Comparison to Issues Return

The January Issues return submitted on 25<sup>th</sup> January 2011 declared gross Revenue expenditure of €1.335b, gross Capital expenditure of €56m and Appropriations-in-Aid receipts of €98m.

## 3. General Commentary

- As the preparation of the 2011 REV has not been finalised no monthly profile is included for January 2011.
- The January vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE.

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

	Budget Day 2011 Allocation €000	Actual at 31.1.11 €000	% of Budget Day Allocation €000
Voluntary Sector	2,389,793	368,634	15.43%
Statutory Sector including Corporate	8,588,991	755,838	8.80%
PCRS	2,477,611	213,251	8.61%
<b>Total</b>	<b>13,456,395</b>	<b>1,337,723</b>	<b>9.94%</b>

	REV 2010 Profile €000	Actual at 31.1.10 €000	% of REV Allocation €000
Voluntary Sector	2,496,846	380,652	15.25%
Statutory Sector including Corporate	8,830,793	827,698	9.37%
PCRS	2,812,000	234,333	8.33%
<b>Total</b>	<b>14,139,639</b>	<b>1,442,683</b>	<b>10.20%</b>

## 5. Capital Position at 31<sup>st</sup> January 2011

The Issues report for January slightly over estimated the capital expenditure for the month:

<b>Subhead</b>	<b>Actual at 31.1.2011 €000</b>
C1 – Capital - Construction	46,630
C3 – Capital -Information Systems	2,730
C4 – Mental Health	2,750
<b>Total</b>	<b>52,110</b>

January expenditure figures are generally higher than average due to minor capital projects running late and end of year payments being legitimately held over into the following year.

Capital payments for the last 3 months of 2010 averaged €41.61m per month. The cashing in January 2011 is higher than this but not appreciably so. The spike in payments is due a combination of minor capital cashing late, a number of capital grants to voluntary agencies being held over to 2011, and full credit terms on a number of large payments being fully utilised. Examples include:

Minor Capital Payments	€6.800m
Marymount Hospice	€3.004m
Dublin City Council (Cookstown Way Project)	€2.099m
NIMIS	€3.678m
Ambulance Contract	€2.727m
ICT Microsoft Payment	€2.400m

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



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

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

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

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

### 2. Comparison to Issues Return

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

### 3. General Commentary

The February vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE.

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

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

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

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

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

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

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

## 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 In-Patient Levy Debt that is less than 1 year old at the end of Dec'09, Mar'10, Jun'10, Sep'10 and Dec'10. The report also shows the Private & In-Patient Levy income for the 12 months ended 31<sup>st</sup> Dec'10 and the corresponding Gross Debtors less than one year at 31<sup>st</sup> Dec'10. 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 is worth noting that 91% of the debt is related to private charges and this category of debt has a collection rate of approximately 97%. Therefore we must be careful to encourage better collection rather than incentivising hospitals to reduce their debtor days by writing off collectible debt.

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.

### Private Insurance Initiative Sept 2010 to Dec 2010

#### Aim

The aim of this initiative was to increase the submission of insurance claims to the private insurers by December 2010. The amount of private insurance income outstanding nationally at Sept 2010 was approximately €170.5m and the target was to reduce this by €20m

#### Approach

Targets were set and agreed with each individual hospital and the following actions were carried out -

- Focused on high value outstanding claims awaiting submission. Hospitals were given the opportunity to sign up to a "pilot" VHI scheme which allowed a claim that was 90 days old to be signed by a secondary consultant involved in the case.
- Encouraged Clinical Directors to address issues on an individual basis.
- Placed emphasis on following up private insurance claims which have been submitted but not yet settled (pending).
- Agreed a more frequent submission schedule with the some of the insurers (submit daily) and extended the final submission date for 2010.
- Measured progress and reviewed results on a weekly conference call.

#### Result

The amount owed for Private Income decreased by €19m over the four month period.

#### Long Term Solution - 2011

The HSE will continue to monitor and report on a monthly basis. We are also working on a long term sustainable solution that will involve the re-engineering of the entire Private Insurance Income Collection Process.

Gross Debtor Days for Private Charges & Inpatient Levy <12 mths						Income for 12 months ended Dec'10 ('000)	Gross Debtors < 12 months at Dec'10 ('000)		
Type	Hospital	Dec'09	Mar'10	Jun'10	Sep'10	Dec'10			
Statutory	Monaghan General	90	110	139	112	58	742	118	
	Mallow General	68	69	85	83	61	1,942	325	
	Our Ladys Navan	120	105	107	73	67	1,727	316	
	Nenagh General	83	105	123	130	77	1,444	304	
	Bantry	175	100	73	35	90	301	74	
	Roscommon General	78	70	110	91	91	2,629	657	
	Portlaoise General	121	93	98	96	95	2,845	738	
	St Columcilles General	133	122	111	135	100	370	102	
	Wexford General	114	102	102	94	101	7,567	2,096	
	Cavan General	125	114	126	116	103	3,869	1,092	
	Kilcreene Orthopaedic	81	70	90	107	108	1,500	445	
	Cork University	132	110	119	130	110	36,902	11,087	
	Sligo General	130	128	155	141	110	12,155	3,658	
	Ennis General	88	104	113	88	119	694	226	
	Letterkenny General	107	108	123	120	119	5,321	1,731	
	Portiuncula Acute	135	123	131	133	133	6,829	2,495	
	Naas General	125	118	129	139	137	680	255	
	Galway University/Merlin Park	136	129	145	142	138	24,818	9,412	
	South Tipp General, Clonmel	111	107	145	148	140	5,226	2,007	
	Connolly Memorial	183	145	148	160	143	4,593	1,802	
	Limerick Regional Complex	134	131	140	148	146	30,933	12,409	
	Mullingar General	161	128	103	134	147	3,711	1,496	
	Kerry General	174	107	113	156	152	4,113	1,707	
	Tullamore General	119	91	103	122	155	4,950	2,099	
	Mayo General	155	162	163	174	163	6,467	2,893	
	St. Lukes Kilkenny	169	182	207	219	172	5,322	2,503	
	Waterford Regional	154	85	127	153	174	18,809	8,947	
Our Lady of Lourdes	201	157	176	185	182	14,237	7,107		
Louth County	215	198	202	182	190	1,384	719		
<b>Statutory Total</b>		<b>139</b>	<b>121</b>	<b>135</b>	<b>142</b>	<b>136</b>	<b>212,080</b>	<b>78,821</b>	
Voluntary	Rotunda Hospital	56	55	51	64	47	11,356	1,466	
	Cappagh National Orthopaedic	68	61	64	76	65	4,841	865	
	St. James's Hospital	142	139	121	81	67	30,076	5,531	
	National Maternity Holles St.	106	101	100	95	80	12,795	2,796	
	St. Vincent's Elm Park	83	99	111	111	85	10,444	2,445	
	Royal Victoria Eye & Ear Hospital	117	115	126	106	97	3,116	828	
	Coombe Womens Hospital	64	115	71	100	111	10,825	3,278	
	Mercy Hospital, Cork	131	136	120	113	113	17,201	5,314	
	South Infirmary - Victoria Hospital, Cork	101	94	94	99	124	14,064	4,766	
	St. Michael's Dun Laoghaire	132	126	148	119	127	3,929	1,367	
	St. Lukes Hospital Rathgar	112	138	122	123	134	5,360	1,974	
	Our Ladys Hsp for Sick Children Crumlin	198	176	179	209	144	7,204	2,846	
	Beaumont Hospital	176	161	175	181	149	26,599	10,849	
	St. John's Limerick	175	162	166	138	151	4,219	1,743	
	Adelaide & Meath Tallaght	147	154	152	167	160	33,357	14,582	
	Children's University, Temple Street	183	181	182	184	184	5,869	2,952	
	Mater Misericordiae University	194	183	192	211	209	12,068	6,904	
	<b>Voluntary Total</b>		<b>134</b>	<b>135</b>	<b>131</b>	<b>131</b>	<b>121</b>	<b>213,321</b>	<b>70,504</b>
	<b>Grand Total</b>		<b>137</b>	<b>128</b>	<b>133</b>	<b>136</b>	<b>128</b>	<b>425,401</b>	<b>149,325</b>