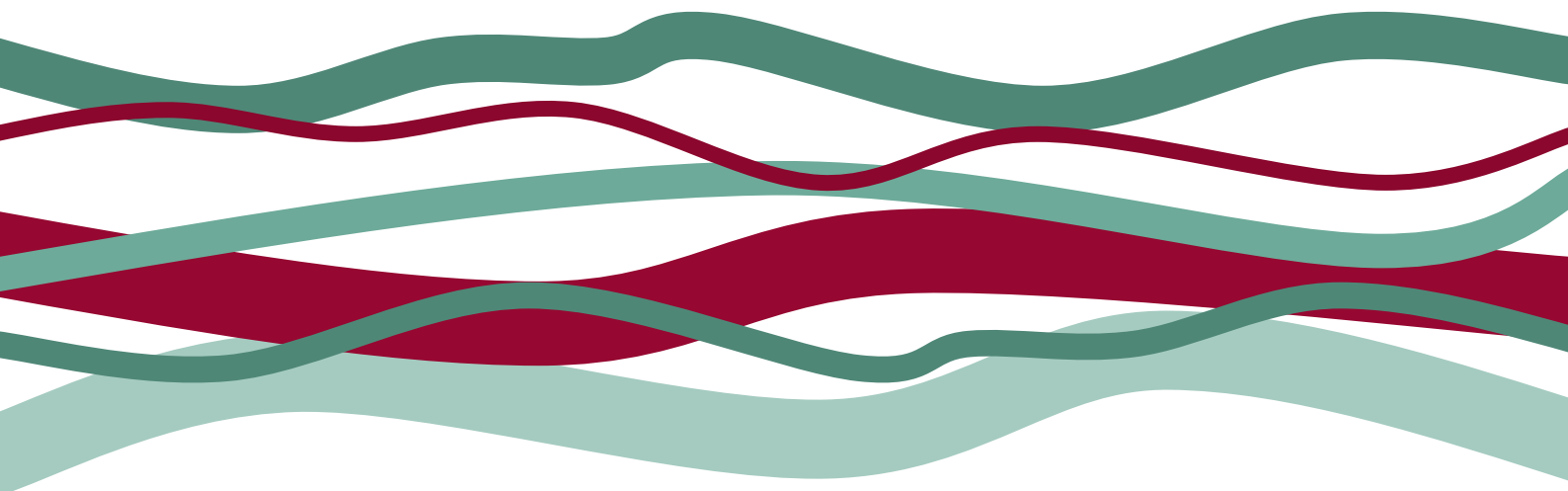




Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Health Service Executive  
June 2012 Performance Report  
National Service Plan 2012





## NSP 2012 Performance Scorecard

Acute Care									
Performance Indicator	Report Frequency (NSP 2012)	Outturn 2011	Target 2012	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Reported this M/Q	% var reported activity v target this M/Q
<b>Quality</b>									
<b>Health Care Acquired Infection (HCAI)</b>									
Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	Q	New 2012	< 0.067	< 0.067	0.071	-6.0%	< 0.067	0.071	-6.0%
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Q	New 2012	< 3.0	< 3.0	2.6	13.30%	< 3.0	2.6	13.30%
<b>Re-Admission</b>									
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	M	New 2012	9.60%	9.60%	11.0%	-14.6%	9.60%	10.0%	-4.2%
<b>Time to Surgery</b>									
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	M	New 2012	95%	95%	82%	-13.7%	95%	82%	-13.7%
<b>Emergency Activity (Unscheduled Care)</b>									
% of all attendees at ED who are discharged or admitted within 6 hours of registration	M	67.50%	95%	95%	66.6%	-29.9%	95%	68.4%	-28.0%
% of patients admitted through the ED within 9 hours from registration	M	New 2012	100%	100%	60.3%	-39.7%	100%	62.8%	-37.2%
<b>Elective Waiting Time (Scheduled Care)</b>									
% of adults waiting more than 9 months for an elective procedure (IP & DC)	M	New 2012	0 by 30th Sept 2012	◆5.4%	5.5%	*-1.9%	5.4%	5.5%	*-1.9%
% of children waiting more than 20 weeks for an elective procedure (IP & DC)	M	New 2012	0 by 30th Sept 2012	◆32.3%	29.7%	*8.0%	32.3%	29.7%	*8.0%
<b>Colonoscopy / Gastrointestinal Service</b>									
No. of people waiting more than 4 weeks for an urgent colonoscopy	M	4	0	0	2		0	2	
% of people waiting over 3 months following a referral for all gastrointestinal (GI) scopes	M	New 2012	0 by 30th Sept 2012	◆37.9%	34.0%	*10.3%	37.9%	34.0%	*10.3%
<b>Average Length of Stay (ALOS)</b>									
*Medical patient average length of stay	M	New 2012	5.8	5.8	7.2	-24.1%	5.8	7.2	-24.1%
<b>Delayed Discharges</b>									
Reduction in bed days lost through delayed discharges	M	New 2012	Reduce by 10%	115,920	121,916	5.2%	19,320	18,860	-2.4%
<b>Cancer Services</b>									
% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	Q	90.4%	95%	95%	85.8%	-9.7%	95%	82.6%	-13.1%
% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	Q	New 2012	90%	90%	56.4%	-37.3%	90%	52.1%	-42.1%
% of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist	Q	New 2012	90%	90%	79%	-12.4%	90%	77.8%	-13.6%
<b>Notes:</b> ◆ Number refers to previous months actual performance not target. * % variance calculated in relation to previous month's activity. * Source: National Casemix Unit									

# NSP 2012 Performance Scorecard

Non Acute Care									
Performance Indicator	Report Frequency (NSP 2012)	Outturn 2011	Target 2012	Performance YTD			Performance this M/Q		
				Target YTD	Activity YTD	% var Activity YTD v Target YTD	Target this M/Q	Actual this M/Q	% var reported activity v target this M/Q
<b>Health Protection</b>									
% of children 24 months of age who have received three doses of 6 in 1 vaccine	Q	New 2012	95%	95%	95.0%	0.0%	95%	95.0%	0.0%
% of children 24 months of age who have received the MMR vaccine	Q	92%	95%	95%	92.7%	-2.4%	95%	92.7%	-2.4%
<b>Child Health</b>									
% of new born babies visited by a PHN within 48 hours of	Q	83.6%	95%	95%	83.4%	-12.2%	95%	82.3%	-13.4%
% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	M	82.2%	95%	95%	85.1%	-10.4%	95%	84.3%	-11.3%
<b>Child Protection and Welfare Services</b>									
% of children in care who have an allocated social worker at the end of the reporting period	M	92.6%	100%	100%	92.4%	-7.6%	100%	92.4%	-7.6%
% of children in care who currently have a written care plan, as defined by <i>Child Care Regulations 1995</i> , at the end of the reporting period	M	90.4%	100%	100%	89.1%	-10.9%	100%	89.1%	-10.9%
<b>Primary Care</b>									
No. of Health and Social Care Networks in development	Q	New 2012	79	Networks to be developed in 2012					
<b>Child and Adolescent Mental Health</b>									
% on waiting list for first appointment waiting > 12 months	Q	12%	0%	0%	14%	>100%	0%	14%	>100%
<b>Disability Services</b>									
No. of PA / home support hours used by persons with physical and / or sensory disability	Q	2,400,275	1.64m	TBC	635,487			635,487	
<b>Older People Services</b>									
% of complete NHSS ( <i>Fair Deal</i> ) applications processed within four weeks	M	New 2012	100%	100%	100%	0.0%	100%	100.0%	0.0%
No. of people being funded under NHSS in long term residential care at end of reporting month	M	New 2012	23,611	22,679	22,815	0.6%	22,679	22,815	0.6%
No. of persons in receipt of a Home Care Package	M	10,968	10,870	10,870	10,108	-7.0%	10,870	10,108	-7.0%
% of elder abuse referrals receiving first response from senior case workers within 4 weeks	Q	98%	100%	100%	98.9%	-1.1%	100%	98.9%	-1.1%
<b>Palliative Care</b>									
% of specialist inpatient beds provided within 7 days	M	94%	91%	91%	88.0%	-3.3%	91%	88.0%	-3.3%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	M	79%	79%	79%	81.1%	2.7%	79%	79.0%	0.0%
<b>Social Inclusion</b>									
Traveller Health – No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) through the Traveller Health Units / Primary Health Care Projects	Q2 & Q4		1,650		3,539			3,539	

## Finance Overview NSP 2012

NSP 2012 Performance Scorecard Resources	Income and Expenditure Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Variance against Budget: Income and Expenditure Total	12,158,782	6,405,771	6,107,059	298,712	4.9%
	Variance against Budget: Pay	6,985,317	3,627,310	3,515,896	111,414	3.2%
	Variance against Budget: Non Pay	7,116,279	3,724,361	3,534,392	189,969	5.4%
	Variance against Budget: Income	(1,942,814)	(945,900)	(943,229)	(2,671)	0.3%
	Vote Key Performance Measurement	REV 2012 '€000	Actual YTD €000	Profile YTD €000	(Under) / Over YTD €000	% Var Act v Tar
	Vote expenditure vs Profile (June)	12,160,933	6,400,313	6,590,069	189,756	2.9%
	Private Patient Income Collection – Cash Received	593,337	214,181	250,168	-35,987	-14%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,466,362	1,302,158	1,245,814	56,343	4.5%
	Dublin North East	1,779,449	952,098	889,144	62,955	7.1%
	South	1,727,694	927,868	879,273	48,595	5.5%
	West*	1,314,997	675,089	661,305	13,784	2.1%
	Galway Hospital Group	291,785	164,740	149,769	14,971	10.0%
	Mid West Hospital Group	206,814	123,766	107,543	16,223	15.1%
	Care Group / Other Services	39,250	11,154	16,107	-4,953	-30.8%
	Population Health	143,517	68,333	69,446	-1,113	-1.6%
	<b>ISD Regional Sub Total**</b>	<b>7,969,867</b>	<b>4,225,206</b>	<b>4,018,401</b>	<b>206,806</b>	<b>5.1%</b>
	Primary Care Reimbursement Service	2,446,627	1,324,382	1,232,030	92,352	7.5%
	Corporate Services and Pensions	540,979	301,001	292,980	8,020	2.7%
	National Services	384,939	177,996	174,004	3,992	2.3%
	Fair Deal (Excluding subvention and contract beds)	816,371	377,186	381,644	-4,458	-1.2%
	Held Funds	78,586		8,000	-8,000	
	<b>Total HSE</b>	<b>12,237,368</b>	<b>6,405,771</b>	<b>6,107,059</b>	<b>298,712</b>	<b>4.9%</b>
* West includes all LHO data for the West Region as well as data from Sligo, Letterkenny and Mayo Hospitals						
**ISD Regional Sub Total includes Child Protection & Welfare Service costs						
	524,045	268,915	252,239	16,676		

### FINANCE KEY MESSAGES

The vote issues report shows an underlying deficit of €253m at the 31<sup>st</sup> July 2012. The report shows a net financial deficit of €123m however this is being artificially reduced by the early receipt of €130m of funds from the UK. This report is appended to the performance report for June.

The expenditure report for June 2012 shows a deficit of €298.7m. The key messages in the report are as follows;

- The Primary Care Reimbursement Service deficit has grown month on month by €27m primarily due an increase in volume usage of PCRS and the non delivery of savings on drug costs anticipated year to date. The deficit reported year to date is €92.4m. Work is being undertaken to examine the cost drivers in this area and will be used to inform further decisions as required to manage schemes costs.

- Service expenditure across the community and hospital sectors is stable but at too high a level. We are not seeing the reductions required to achieve the targets set for cost reduction for July. The details are set out in the financial appendices.
- There is no significant movement in Community services expenditure month on month and expenditure is not exhibiting a downward trend. The Community deficit at the 30<sup>th</sup> June 2012 is €61.5m. Hospital expenditure is also stabilising but not exhibiting the required downward trend. Activity levels remains above target in the hospital sector. The hospitals deficit at the 30<sup>th</sup> June is €151.3m
- Childcare – the deficit in Childcare has risen to €16.6m in June, a €1.2m change when compared to May 2012. This represents a slow down of rate of spend but is not yet sufficient to address outstanding deficit.
- The Fair Deal schemes have a minor surplus at the end of June of €4.4m.

## Human Resources Overview NSP 2012

NSP 2012 Performance Scorecard Resources		WTE Dec 2011	End of Year Ceiling 2012	WTE June 2012	WTE variance against end of year ceiling	% variance against end of year ceiling
	Variance from approved WTE ceiling	104,392	102,100	102,292	+192	0.19%
		Outturn 2011	Target	Actual YTD	Actual reported Month	% variance from target
	Absenteeism rates	5.02%	3.5%	4.95%	4.81%	41.4%

HUMAN RESOURCES	ISD Region / Other	WTE May 2012	Ceiling June 2012	WTE June 2012	WTE variance June 2012	% WTE variance June 2012
	Dublin Mid Leinster	30,531	30,771	30,513	-285	-0.93%
	Dublin North East	20,747	20,249	20,759	+103	+0.50%
	South	21,523	21,822	21,531	-435	-1.98%
	West*	16,283	16,649	16,245	-404	-2.43%
	Galway Hospital Group	3,984	4,005	3,985	-20	-0.50%
	Mid-West Hospital Group	2,982	3,038	2,976	-62	-2.03%
	National	3,158	3,165	3,147	-49	-1.53%
	Portion of Ceiling to be allocated		92		-381	-100.0%
	Other (Corp Services, QCC, PH etc.)	3,134	3,082	3,135	+54	+1.75%
	<b>Total</b>	<b>102,343</b>	<b>103,772</b>	<b>102,292</b>	<b>-1,480</b>	<b>-1.43%</b>

\*Includes LHO data for HSE West as well as data for Sligo, Mayo and Letterkenny Hospitals.

### HUMAN RESOURCES KEY MESSAGES

- The health sector is 1,480 WTEs below the current approved employment ceiling of 103,772 but 192 WTEs above the end of 2012 ceiling target of 102,100.
- June employment shows a fall of 51 WTEs from May and compares with a decrease of 157 WTEs for the same month last year.
- This reduction is in the context of continuing upward growth pressures from contingency recruitment post 29<sup>th</sup> February and ongoing filling of new service developments. The reduction would be much greater however one Primary & Community Voluntary Agency had a temporary reported increase in June due to additional hours to cover summer leave.
- The Statutory Sector and the Voluntary Hospitals recorded a decrease of -49 WTEs and -32 WTEs respectively while the Primary & Community Voluntary Sector recorded increases of 30 WTEs.
- The Integrated Services Directorate in overall terms recorded a decrease of -52 WTEs, with decreases in Acute Hospital Services of 30 WTEs and Primary and Community Services of 10 WTEs.

## Service Delivery Overview NSP 2012

Table 1 Region	Budget			Human Resources			
	Actual €000	Budget €000	% Var	Ceiling June 2012	WTE June 2012	WTE Variance June 2012	% WTE Variance June 2012
<b>DML Total</b>	<b>1,302,158</b>	<b>1,245,814</b>	<b>9.00%</b>	<b>30,771</b>	<b>30,513</b>	<b>-258.14</b>	<b>-0.06%</b>
Acute	670,803	629,972	6.48%	16,087	16,359	272.2	0.01%
Non Acute	631,354	615,842	2.52%	14,684	14,153	-530.34	-0.14%
<b>DNE Total</b>	<b>952,098</b>	<b>889,144</b>	<b>14.80%</b>	<b>20,249</b>	<b>20,759</b>	<b>510.33</b>	<b>0.06%</b>
Acute	452,066	406,705	11.15%	10,122	10,648	525.8	-0.22%
Non Acute	500,032	482,439	3.65%	10,127	10,111	-15.47	0.35%
<b>South Total</b>	<b>927,868</b>	<b>879,273</b>	<b>0.62%</b>	<b>21,822</b>	<b>21,531</b>	<b>-291.12</b>	<b>0.04%</b>
Acute	394,163	370,735	6.32%	10,255	10,463	208.26	0.04%
Non Acute	533,705	508,538	4.95%	11,567	11,068	-499.38	0.03%
<b>West Total</b>	<b>675,090</b>	<b>661,306</b>	<b>2.89%</b>	<b>16,649</b>	<b>16,245</b>	<b>-404.42</b>	<b>-0.24%</b>
Acute (Sligo, Mayo, Letterkenny Hospitals)	147,912	137,391	10.57%	3,654	3,661	6.56	-0.26%
Non Acute	527,178	523,915	0.62%	12,995	12,584	-410.98	-0.23%
Galway Hospital Group	164,740	149,769	10.00%	4,005	3,985	-19.89	0.04%
Mid-West Hospital Group	123,766	107,543	15.09%	3,038	2,976	-61.69	-0.18%
<b>PCRS National</b>	<b>1,324,382</b>	<b>1,232,030</b>	<b>7.5%</b>	<b>1,053</b>	<b>1,006</b>	<b>-46.87</b>	<b>-0.54%</b>

### SERVICE DELIVERY KEY PERFORMANCE POINTS

Acute hospital activity levels remain high. While there was one hospital that did not return some activity data in June, a true reflection taking into account data that has been returned in 2012 and comparing like with like against target and same period last year, Inpatient discharges are 2.7% (7,999 patients) higher than the same period last year and 8.1% (22,528) above the NSP 2012 target. Similarly, day case rates are 2.4% (9,539 patients) higher than the same period at end of June 2011 and 5.0% (19,571) above the NSP 2012 target.

Emergency Admissions to Acute Hospitals are 1.7% (3,186 patients) higher than the same period last year and are 6% (10,782) above target. This is based on 48 out of 49 hospitals. The increase in activity has also been evident in Elective Admissions with an increase of 2.2% (2,058 patients) in the level of Elective Inpatients reported compared to the same period in 2011.

Nationally there were 752 inpatient and 40 day case beds reported closed for the week ending 24<sup>th</sup> June, 2012. The number of beds closed for both inpatient and day case beds has decreased when compared to the same period last year, by 19.6% or 183 inpatient beds and day bed closures has increased by 5 (14%).

At the end of June 5.5% of adults awaiting an elective procedure have been waiting longer than 9 months, an increase of 27 people in the month. 29.7% of children have been waiting longer than the targeted 20 weeks, 149 less than in May. All hospitals continue to work towards the targeted date of 30<sup>th</sup> September.

The following Capital Projects have become operational in Q2:

- St Mary's Unit Mullingar, the upgraded 100 bed community unit for older persons and people with a mental health illness who have continuing care needs;
- Ballyfermot Primary Care and Mental Health centre,
- Clonmel, a 40 bedded residential unit which will provide new accommodation for the residents of St Luke's.



## National Clinical Programmes update

### Emergency Medicine Programme

The Emergency Medicine 'Model of Care' has been launched and circulated. 28 implementation teams are established and plans are agreed for implementation.

### Acute Medicine Programme

Average length of stay (AvLOS) for acute medicine has reduced to 7.2 in June 2012 and readmission rates are reported at 10% against a target of 9.6%.

### Stroke Programme

27 out of 28 hospitals, admitting patients with stroke requiring acute care, now have a stroke unit in place.

### Acute Coronary Syndrome

24/7 Thrombolysis is available in all model 3 and model 4 hospitals, either directly or via bypass protocols. The % of patients with confirmed acute ischaemic stroke, in whom thrombolysis is not contraindicated, who received thrombolysis, has increased from a baseline of 2.4% to 9.5%, which is ahead of the target of 7.5% set for December 2012.

### COPD Programme

There has been a reduction of 18,161 bed days used for COPD patients. This has been facilitated by the reduction in mean length of stay from 8.7 to 7.9 days at June 2012.

The COPD Outreach Programme is available in 6 Acute hospitals with an additional 9 sites planned to be in place by end of the year.

Access to Pulmonary Rehabilitation is available in 37 sites out of a targeted 65 sites (56%), sites refer to both hospital and community settings. Further work is required to target areas without access to a programme and to increase the throughput of each programme.

Full implementation of the plan of the National COPD Programme will be a challenge given the recruitment pause and this may impact on further implementation of the programme.

### Surgery and Anaesthesia Programme

The surgery and anaesthesia programme is focusing on improving bed and theatre utilisation and making surgery safer. This programme is working jointly with the SDU in identifying targets for AvLOS and agreeing the designated surgical beds requirement for all hospitals. The bed capacity modelling is complete. The model of care is being developed.

The Productive Theatre Programme (TPOT) is now activated in 19 sites. The first 5 hospitals where the programme has been activated have achieved productivity savings and once off inventory reduction savings.

### Diabetic Footcare

Diabetic Footcare networks have been established and are operational in 12 sites.

### National Office of Clinical Audit

The National Office of Clinical Audit is now established.

Overall implementation of all programmes continues. There is joint working of the programmes that relate to Unscheduled and Scheduled care with the SDU in DOH. The filling of the approved posts is on-going. Benefits are being achieved from many of the programmes that are in implementation stage.

ACUTE CARE PROGRAMME AREAS

Emergency Care Activity

% of all attendees at ED who are discharged or admitted within 6 hours of registration (M)

% of patients admitted through the ED within 9 hours from registration (M)

Emergency Care Activity*		Target	June Performance	Variance from target
% of all attendees at ED discharged or admitted within 6 hours of registration	National	95%	68.4%	-28%
% of patients admitted through the ED within 9 hours of registration	National	100%	62.8%	-37.2%

\*This information is based on data received from 17 hospitals covering 64% of activity.

No hospital reached the target of 95% of all attendees at ED being discharged or admitted within 6 hours, or 100% of people admitted within 9 hours of registration in June.

The **top performing hospitals**, those who reached a performance level of 80% or above for all attendees being seen within 6 hours, and 90% or above in relation to those who were admitted within 9 hours were St Luke's Kilkenny, Kerry General Hospital, Letterkenny, Portlinculla and St John's Hospital in Limerick.

The **hospitals which faced the greatest challenge** in reaching the 6 hour target for all attendees (reporting a performance at 50% or under) were Tallaght (40.9%) and Mater (45.4%).

The **hospitals which faced the greatest challenge** in reaching the 9 hour target for people admitted (reporting a performance at 30% or under) were the Mater (15.5%) and Beaumont (21.2%).

Elective Waiting Time

Percentage of Adults waiting greater than 9 months for an elective procedure (M)

It is intended that no adults will be waiting greater than 9 months for an elective procedure by 30 September 2012. Hospitals are actively working to reach the September target.

At the end of June, there were 2,950 (Inpatients 1,007 + Day Case 1,943) adults waiting greater than 9 months for an elective procedure. This represents 5.5% of the adult waiting list for elective procedures and shows an increase of 27 patients compared to the position at the end of May.

Percentage of Children waiting greater than 20 weeks for an elective procedure (M)

It is intended that no children will be waiting greater than 20 weeks for an elective procedure by 30 September 2012. Hospitals are actively working to reach the September target.

At the end of June, 1,251 (Inpatients 593 + Day Case 658) children were waiting greater than 20 weeks for an elective procedure. This represents 29.7% of the child waiting list for elective procedures and shows a decrease of 149 patients compared to the position at the end of May.

Colonoscopy / Gastrointestinal Service

No. of people waiting more than 4 weeks for an urgent colonoscopy (M)

Census week ending 24th June reports 2 patients waiting >28 days, from referral, for an urgent (priority 1) colonoscopy. The numbers waiting refer to one hospital only, 2 in Midland Regional Hospital Tullamore. These patients have since had their procedure. All hospitals are actively managing their processes to ensure no breaches are reported.

Number of patients waiting greater than 3 months following a referral for a Gastrointestinal Endoscopy (M)

It is intended that no patient will be waiting greater than 3 months following a referral for a GI Endoscopy by 30th September 2012. Hospitals are actively working to reach the September target. At the end of June, there were 4,322 patients waiting greater than 3 months for a GI Endoscopy. This represents 34% of all patients currently waiting and shows a decrease of 740 patients compared to the position at the end of May.

**Other Acute performance indicators and activity data**

**Time to surgery: % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) (M)**

82% of emergency hip fracture surgery was carried out within 48 hours (pre-op LOS: 0, 1 or 2 days) in June against a target of 95%.

This is reported through HIPE and is based on a rolling 12 month period from July 2011 to June 2012.

**Admission on day of procedure: % elective inpatients who had principle procedure conducted on day of admission (M)**

52% of patients had their principle procedure on the same day as they were admitted against a target of 75%. This compares to 49% for the equivalent reporting period in 2011.

This is reported through HIPE and is based on a rolling 12 month period from July 2011 to June 2012.

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

76% of the chosen basket of procedures were carried out on a day care basis against a target of 75%. This compares to 73% for the equivalent reporting period in 2011.

This is reported through HIPE and is based on a rolling 12 month period from July 2011 to June 2012.

**Medical patient average length of stay (ALOS) (M)**

The National figure for medical inpatient average length of stay (ALOS) from Jan-Jun 2012 is 7.2 days. The target set for the programme post full implementation for ALOS is 5.8 days. The Acute Medicine Programme reviews hospitals according to where they are in the 3 year improvement programme. The timely placement of medical inpatients from Hospitals and the availability of services such as Home Care Packages effects performance in this area.

This is reported through HIPE and is based on June 2012 data.

**Re-admission: % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge (M)**

There was a re-admission rate of 10% for acute medical conditions, to the same hospital within 28 days of discharge. The target for 2012 is 9.6%.

This is reported through HIPE and is based on a rolling 12 month period from July 2011 to June 2012.

**Inpatient Discharges (M)**

48, 594 inpatient discharges were reported in June 2012 (based on 48 of 49 returns). Year to date to end of June 302,051 inpatients have been discharged.

Analysis shows that inpatient discharges are 7.5% above target and 2.2% above last years levels at the end of June. However, a true reflection comparing actual activity versus target activity for those hospitals who returned data in June, inpatient discharges are 8.1% higher than target year to date and 2.7% higher than the same period for 2011.

**Day Case Discharges (M)**

66,429 day cases were reported as discharged in June 2012 (based on 49/50 returns). Year to date to end of June 414,780 day cases have been reported as discharged.

Analysis shows that day cases are 4.6% above target and 2.0% above last years levels at the end of June. However, a true reflection comparing actual activity versus target activity for those hospitals who returned data in June, day cases are 5.0% higher than target year to date and 2.4% higher than the same period last year.

**Delayed discharges: Number of Delayed Discharges and Reduction in bed days lost through delayed discharges (M)**

At the end of June there were 703 inpatients who had completed their acute phase of care and were medically fit for discharge. This is an increase of 31 inpatients on the number reported at the end of May.

18,860 bed days were deemed to have been used in June for patients who had completed their acute phase of care and were medically fit for discharge.

**Bed Closures**

Nationally there were 792 beds reported closed for the week ending 24<sup>th</sup> June 2012, an increase of 97 on the position in May.

- 752 Inpatient beds (935 same period last year)
- 40 Day Case beds (35 same period last year)

OPD Activity

Outpatients (OPD) Activity (M)

The Outpatient Data Quality Programme was introduced in hospitals in January 2011 in order to obtain standardised, defined and robust data relating to Consultant delivered Outpatient services. The objective was to assist in improving the management of demand and of all processes, including referral management.

Referrals: 52,703 referrals were received in June.

Attendances: The following table shows a summary of attendances during the month in the reporting hospitals:

June 2012 Outpatient (OPD) –Attendances							
	OPD New Attendances N	OPD Return Attendances N	OPD New DNA	OPD Return DNA N	OPD New DNA %	OPD Return DNA %	Total DNA %
Total	58,052	135,171	10,895	25,547	15.8	15.9	15.8

Waiting Time Experienced by Patients Seen in June: When waiting time for patients seen in June is examined, high numbers waited less than one month. Urgent referrals are seen promptly and place a significant demand on Outpatient Departments.

Patients Waiting at the end of June: The total number of people waiting is 361,795 the majority of whom (67.5%) are waiting less than twelve months.

June 2012 Outpatient (OPD) - Patients waiting 12 Months or less for a Consultant Outpatient Attendance: (All hospitals except St Michael's & Bantry)						
	0-1 Months	1-2 Months	2-3 Months	3-6 Months	6-12 Months	Total 0-12 Months
Total	43,221	36,980	30,057	65,503	68,759	244,520
% of Total	17.7%	15.1%	12.3%	26.8%	28.1%	100.0%

June 2012 Outpatient (OPD) -Patients waiting 12 Months or more for a Consultant Outpatient Attendance (All hospitals except St Michael's & Bantry)					
	12-24 Months*	24-36 Months	36-48 Months	48+ Months	Total 12-48 + Months
Total	65,003	25,088	10,281	16,903	117,275
% of Total	55.4%	21.4%	8.7%	14.4%	100.0%

OPD: Total Patients waiting for a Consultant Outpatient Attendance			
	Total 0-12 Months	Total over 12 Months	Total
National Total	244,520	117,275	361,795
	67.5%	32.4%	100.0%

Waiting Time by Region: the highest number of patients waiting less than twelve months are in Dublin/ Mid Leinster while the highest number waiting longer than twelve months are in the West.

Waiting Time by Specialty: Six specialties account for high numbers of patients waiting longer than 12 months for an attendance. These are: Orthopaedics; ENT; Ophthalmology; General Surgery; Neurology and Dermatology.

Cancer Services

Breast Cancer (M)

Number of urgent attendances (M)

1,108 people attended the Symptomatic Breast Cancer Services with an urgent appointment in June.

Number of Non-urgent attendances (M)

2,092 people attended the Symptomatic Breast Cancer Services with a non-urgent appointment in June.

No. and % of urgent referrals offered an appointment that falls within 2 weeks (M)

(1,101) 99.4% of people whose referrals were triaged as urgent by the cancer centre were seen within 2 weeks against a target of 95%.

No. and % of non-urgent referrals offered an appointment that falls within 12 weeks (M)

(1,979) 94.6% of people whose referrals were triaged as non-urgent by the cancer centre were seen within 12 weeks against a target of 95%. Waterford – Non-urgent referrals did not make the target due to an increase in referrals also clinics were reduced in June due to annual leave. All early referrals are being seen within 6 weeks. A new family history clinic is being commenced soon which will reduce the routine numbers. Letterkenny and Galway University Hospitals did not make the target due to capacity issues including additional pressures arising from resignations & retirements at the end of June 2012.

% Urgent Referrals (offered an appointment within 2 weeks) and % Non Urgent (offered an appointment within 12 weeks)			
	Target	June 2012 (Urgent)	June (Non-Urgent)
Beaumont	95%	99.3%	100.0%
Mater	95%	100.0%	100.0%
St. Vincent's	95%	100.0%	100.0%
St. James's	95%	100.0%	100.0%
Waterford	95%	100.0%	60.9%
CUH	95%	96.6%	100.0%
Mid Western Regional Hospital Dooradoyle	95%	100.0%	100.0%
GUH & Letterkenny	95%	100.0%	88.7%
GUH	95%	100.0%	85.1%

% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral (Q)

Total number of attendances nationally at lung cancer rapid access clinics for second quarter was 691. The percentage of these patients who attended or offered an appointment within 10 working days was 82.6% (571 patients). The national target is 95% of patients to be seen or offered an appointment.

% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral (Q)

Total number of attendances nationally at prostate cancer rapid access clinics for second quarter was 605. The percentage of these patients who attended or offered an appointment within 20 working days was 52.1% (315 patients). The national target is 90% of patients to be seen or offered an appointment.

The national average is disproportionately impacted by one hospital (UCHG) which is experiencing difficulties in addressing access to prostate RAC in a timely manner. This has been recognised locally and hospital management has agreed to undertake a review of the service to assess the overall capacity of the urology department with a view to redistributing workload and improving timely access.

### Blood Policy

The parameters for Platelet usage are within acceptance limits for the year to date with expected use for the month. The Red Cell parameters are within the expected limits with the exception of Group O Rhesus Negative usage which is above the targets for the month and the year to-date. This equates to an overall issue of 13.09% O Rh Negative Red Cells for year to date and 13.19% for the current month.

Blood Policy Performance Activity	Outturn 2010	Target 2011	Target YTD	Actual YTD	% Var YTD v. Tar YTD	Target this Month	Actual this month	% var V target this month
No. of units of platelets ordered in the reporting period	22,750	21,500	10750	11459	-6.6%	1792	1867	-4.19%
% of units of platelets outdated in the reporting period	New PI 2011	<10%	1075	463	56.93%	179	70	60.89%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11%	6634	7894	-18.99%	1161	1390	-19.72%
% of red blood cell units rerouted to hub hospital	New PI 2011	<5%	3015	1821	39.60%	528	281	46.78%
% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2%	1206	418	65.34%	211	71	66.35%

\*Figures are reported one month in arrears

### Health Inequalities

#### Hospitals

Number of Hospitals implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)

Equity is a key dimension of healthcare quality. The vision for quality and safety in Irish health care, as laid out in the *HIQA National Standards for Safer Better Healthcare*, include dimensions such as patient centredness, equity, effectiveness, efficiency and promoting better health.

Within the context of an agreement with Acute services, the national health inequalities team has formed a partnership with 6 hospitals, the hospitals included are: Letterkenny General Hospital; Sligo General Hospital; Galway Hospitals Group; Midland Regional Hospital, Tullamore; Children's University Hospital Temple Street; The Rotunda Hospital. They are working on areas such as:

- Consultation with management teams and clinical audit teams
- Information giving on the national health and inequalities project and the international evidence base on addressing inequalities in healthcare settings identifying key issues that impact on service delivery such as late outpatient attendances and late presentation for antenatal care.
- Capacity building and training around improving patient attendance for example using the health equity audit tool and improving care pathways.

#### PCTs

Number of PCTs implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)

In partnership with Primary Care management and staff at national, regional and local levels, the national health inequalities team and Health Promotion staff agreed to focus a programme of support that includes consultation, information giving, capacity building and training to the 7 PCTs engaged in a national Community Health Needs Assessment pilot, these include: Shannon PCT; North Clare PCT; Trim PCT; Ashtown Gate PCT Newtownmount-kennedy PCT and Cashel PCT. This agreement will be reviewed in September 2012.

Performance Activity Health Inequalities	Outturn 2011	Target 2012	Activity YTD	% var YTD v Target YTD
Number of Hospitals implementing a structured programme to address health inequalities	New PI 2012	5	6	20%
Number of PCTs implementing a structured programme to address health inequalities	New PI 2012	10	7	-30%



National Ambulance Service

First Responder response times to potential or actual 112 (999) life threatening emergency calls (M)

National Ambulance Service Performance Activity	Target 2012	% responded to within timeframe YTD	% Var YTD v. Target YTD	Total Number of Calls YTD	No. responded within timeframe YTD	% responded to within timeframe this month	% Var v. Target this month	Number of calls this month	Number responded to within timeframe
(i) % of Clinical Status 1 ECHO calls responded to by a first responder in <b>7 minutes and 59 seconds</b> or less.	75%	50.08%	-33.22%	1176	589	51.39%	-31.48%	251	129
(ii) % of Clinical Status 1 Delta calls responded to by a first responder in <b>7 minutes and 59 seconds</b> or less	75%	27.01%	-63.98%	32590	8804	27.96%	-62.72%	6498	1817
Clinical Status 1 – ECHO calls should have a patient-carrying vehicle at the scene of the incident within <b>18 minutes and 59 seconds</b>	80%	69.98%	-12.52%	1176	823	66.53%	-16.83%	251	167
Clinical Status 1 – DELTA calls should have a patient-carrying vehicle at the scene of the incident within <b>18 minutes and 59 seconds</b>	80%	66.98%	-16.27%	32590	21829	68.34%	-14.57%	6498	4441

Note: ECHO calls relate to calls where patients are in cardiac or respiratory arrest, this month ECHO calls were 1.54% of overall 999 calls. DELTA calls refer to patients with life-threatening conditions other than cardiac or respiratory arrest, this month 39.94% of all 999 calls were in this category. In 2012 YTD, 33,766 Category 1 calls (ECHO and DELTA) have been received.

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

The availability, integration and measurement of First Responders is at an embryonic stage in Ireland. NAS does not have access to sufficient numbers of First Responders or access to the technology required to capture the necessary data. In this context, the performance reported is conservative and may not represent all of the patients whom benefit from the arrival of a Community based First Responder. NAS will be working with voluntary groups over the coming years to expand the availability of First Responders and plans to invest in improved technology in 2013.

The NAS developed an action plan which has resulted in improved trajectory in response time performance in 10 of 12 months during 2011. However, as no additional resources are available in 2012, our ability to address the newly agreed national targets will be challenging. The use of emergency ambulances for inter facility transfers continues to be one of the most significant impediments to achieving improvements in transporting vehicle response times.

Table 2. National Ambulance Service Budget	Actual YTD €000	Budget YTD €000	Variance YTD €000
North Leinster	25,930	25,110	821
West	20,255	18,502	1,753
South	17,106	15,039	2,067
Ambulance College	616	1,273	-657
Office of the Assist. National Director	2,157	4,025	-1,867
<b>Total</b>	<b>66,064</b>	<b>63,948</b>	<b>2,115</b>

Table 3. National Ambulance Service HR	Ceiling June 2012	WTE June 2012	WTE Change from Dec 2011 to June 2012	% WTE Variance June 2012
North Leinster	669	686	+19	+2.58%
Southern	408	400	-10	-1.91%
Western	450	448	-10	-0.44%
<b>Total</b>	<b>1,526</b>	<b>1,534</b>	<b>-2</b>	<b>+0.50%</b>

## NON ACUTE CARE PROGRAMME AREAS

### Primary Care

#### No. of patients discussed at Clinical Team Meetings (CTMs) with a multidisciplinary plan of care in place (m)

At the end of June there were 5,310 patients discussed at Clinical Teams Meetings with a multidisciplinary plan of care in place. Of these 1,452 were seen in DML, 932 in DNE, 1,578 patients were seen in the South and 1,348 in the West. A target is to be set for this metric at the end of 2012.

### Child Health

#### % of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age (M)

	Target 2012	June 2012 (data 1 month in arrears)	Cumulative 2012	Cumulative variance from target	Monthly variance from Target
<b>National</b>	95%	95%	84.3%	85.1%	-10.4%
HSE DML	95%	95%	92.3%	88.1%	-7.3%
HSE DNE	95%	95%	93.4%	92.9%	-2.2%
HSE South	95%	95%	86.5%	89.3%	-6.0%
HSE West	95%	95%	62.7%	68.0%	-28.4%

8 LHO have met the target for this metric this month; Dublin South City; Dublin West and Kildare West Wicklow in DML; Meath and Dublin North West in DNE; North Cork and West Cork in the South and Sligo/Leitrim/West Cavan in the West. The LHO with the greatest challenge in performance where 60% or fewer children were seen on time for developmental checks are: Limerick (36.9%); Galway (17.3%) and Roscommon (43.5%) which are currently under review. There was no return from Dublin North Central LHO.

#### % of new born babies visited by a PHN within 48 hours of hospital discharge (Q)

	Target 2012	Quarter 2 2012 Reported data	Cumulative 2012	Cumulative variance from target	Monthly variance from Target
<b>National</b>	100%	82.3%	83.4%	-16.6%	-17.7%
HSE DML	100%	88.6%	87.0%	-13.0%	-11.4%
HSE DNE	100%	70.8%	72.0%	-28.0%	-29.2%
HSE South	100%	84.3%	84.9%	-15.1%	-15.7%
HSE West	100%	79.0%	88.2%	-11.8%	-21.0%

No LHO has met the target for this metric this Quarter.

The LHO with the greatest challenge in performance where 80% or less of the babies discharged for the first time from a maternity hospital and visited by a PHN within 48 hours are in DML Dunlaoghaire (52.6%) and Dublin West (78.2%). In DNE Louth (68.5%); Meath (54.5%) Dublin North West (71.1%) and Dublin North (79.1%). There were no returns for Cavan/Monaghan and Dublin North Central LHO. In the South North Lee (79.4%); and Waterford (77.3%) returned a figure lower than 80%. In the West Limerick (72.6%); Clare (76.5%) and Tipperary North (72.6%) there were no return from Galway; Mayo and Sligo Leitrim.

#### % of children 24 months of age who have received three doses of 6 in 1 vaccine (Q)

Region	Target 2012	June 2012 reported data (data 1 quarter in arrears)	Variance from target
<b>National</b>	95%	95.0%	0.0%
HSE DML	95%	95.7%	0.7%
HSE DNE	95%	93.4%	-1.7%
HSE South	95%	95.5%	0.5%
HSE West	95%	95.1%	0.1%

Data relates to Q1 2012.

20 LHO has met the target for this metric this Quarter in DML Dunlaoghaire (95.3%); Dublin South City (96.3%); Dublin South West (95.3%); Kildare West Wicklow (96.5%); Laois/Offaly (97.4%) and Longford/Westmeath (97.1%). In DNE Louth (95.2%); Dublin North Central (95.7%) and Dublin North (95.5%) reached the target. In the South North/South Lee (95.8%); Kerry (95.8%); South Tipperary (97.2%); Carlow Kilkenny (96.7%); Waterford (95.2%) and Wexford (96.4%) reached the target. In the West Tipperary North (96.7%); Mayo (95.8%) Roscommon (98.1%); Donegal (95.5%) and Sligo/Leitrim (95.6%) reached the target. The compliance rate for all other LHO ranged from 85.3% as the lowest return to 94.7%.



### % of Children 24 months of age who have received the MMR vaccine (Q)

Region	Target 2012	June 2012 reported data (data 1 quarter in arrears)	Variance from target
<b>National</b>	<b>95%</b>	<b>92.7%</b>	<b>-2.4%</b>
HSE DML	95%	93.6%	-1.5%
HSE DNE	95%	91.4%	-3.8%
HSE South	95%	93.5%	-1.6%
HSE West	95%	92.0%	-3.2%

Data relates to Q1 2012.

5 LHO has met the target for this metric this Quarter in DML Laois/Offaly (97.5%) and Longford/Westmeath (96.9%). No LHO in DNE reached the target. In the South Carlow Kilkenny (95.5%) and Wexford (95.7%). In the West Roscommon (96.3%) reached the target.

The compliance rate for all other LHO ranged from 83.5% as the lowest return to 94.7%.

### Child Protection and Welfare Services

### % of children in care who have an allocated social worker at the end of the reporting period (M)

Region	Target 2012	June 2012 reported data	Variance from target
<b>National</b>	<b>100%</b>	<b>92.4%</b>	<b>-7.6%</b>
HSE DML	100%	88.0%	-12.0%
HSE DNE	100%	87.3%	-12.7%
HSE South	100%	98.3%	-1.7%
HSE West	100%	95.0%	-5.0%

Data relates to all care types.

12 LHO have met the target for this metric this month; Dublin South City in DML; Louth and Dublin North in DNE; North Lee, North Cork, West Cork, Kerry, South Tipperary, Carlow/Kilkenny and Wexford in the South and, Donegal, and Sligo/Leitrim/West Cavan in the West.

The LHO with the greatest challenge in performance where 80% or less of the children in care have an allocated social worker are: In DML Kildare West Wicklow (66.2%), Laois Offaly (75.8%); In DNE Dublin North West (68.5%); No LHO in the South or West demonstrated a percentage under 80%.

### % of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995*, at the end of the reporting period (M)

Region	Target 2012	June 2012 reported data	Variance from target
<b>National</b>	<b>100%</b>	<b>89.1%</b>	<b>-10.9%</b>
HSE DML	100%	80.7%	-19.4%
HSE DNE	100%	82.9%	-17.1%
HSE South	100%	96.1%	-3.9%
HSE West	100%	95.6%	-4.4%

Data relates to all care types.

8 LHO's have met the target for this metric this month. Longford/Westmeath in DML; No LHO in DNE reached the target; North Cork, South Tipperary and Carlow/Kilkenny LHO in the South reached the target. In the West Clare, Galway, Donegal and Sligo/Leitrim/West Cavan LHO reached the target.

The LHO with the greatest challenge in performance where 80% or less of the children in care have a written care plan are: In DML Wicklow (57.8%) and Dublin West (46.0%); In DNE Dublin North West (67.1%); No LHO in the South demonstrated a percentage under 80%. In the West, Mayo (78.9%).

Older People Services

% of complete NHSS (Fair Deal) applications processed within four weeks (M)

In June 100% of complete NHSS applications were processed within four weeks. An application is complete when the Nursing Home Support Office has received all of the necessary documentation and information required to make a determination. This includes documentary evidence of all income and assets as well as documentation regarding title of any properties owned.

A care needs assessment determination is also required. This assessment identifies whether the applicant needs long-term residential care services. It is carried out by healthcare professionals e.g. geriatrician, nurse and considers whether the applicant can be supported to continue living at home or whether long-term nursing home care is more appropriate. Applicants must be assessed as needing long-term residential care services to be eligible for State Support or the Nursing Home Loan.

No. of people being funded under NHSS in long term residential care at end of reporting month (M)

At the end of June 2012, 22,815 long term public and private residential places are supported under scheme.

Number of patients who have been approved for Long Term Residential Care funded beds								
Number of patients in Long Term Residential Care funded beds								
HSE Region	NHSS Public Beds	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	No. of 'savers' in Section 39 Units	Total in Payment during Month	Approved but not yet in payment	Overall Total
End Q4 – 2011	4,618	13,567	1,329	1,851	183	21,548	779	22,327
DML	1,423	3,607	232	864	-	6,126	229	6,355
DNE	938	2,597	201	392	17	4,145	174	4,319
South	1,486	3,810	254	217	102	5,869	255	6,124
West	1,375	3,853	365	148	20	5,761	256	6,017
<b>Total – June 2012</b>	<b>5,222</b>	<b>13,867</b>	<b>1,052</b>	<b>1,621</b>	<b>139</b>	<b>21,901</b>	<b>914</b>	<b>22,815</b>

Information for the four Regions is the latest available and refers to June 2012.

Month 2012	No. of new applicants
Total – 2011	9323
January	920
February	964
March	854
April	759
May	927
June	768
<b>Total – 2012</b>	<b>5,192</b>
Monthly average YTD	865

In the first six months of 2012, 5,192 applications have been received and 4,199 new clients have been supported under the NHSS in public and private nursing homes. This was a net increase of 1,099 during the period. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

NHSS: No of New Applicants and Patient movement within approved Private Units			
Month 2012	No. of new patients	No. of patients Leaving NHSS	Net Increase
Total – 2011	7,007	4,448	2,559
January	536	402	+134
February	559	406	+153
March	588	412	+176
April	655	378	+277
May	516	423	+93
June	590	344	+246
<b>Total – 2012</b>	<b>3,444</b>	<b>2,365</b>	<b>+1,079</b>
Monthly average YTD	574	394	+180

Number of new applicants and patient movement (NHSS & Savers) – Designated Public Units			
Month 2012	No. of new patients	No. of patients Leaving NHSS	Net Increase
Total – 2011			
January	n/a	n/a	n/a
February	143	140	+3
March	130	169	-39
April	154	147	+7
May	137	146	-9
June	191	133	+58
<b>Total – 2012</b>	<b>755</b>	<b>735</b>	<b>+20</b>
Monthly average YTD	151	147	+4

No. of persons in receipt of a Home Care Package (M)

The number of people in receipt of a Home Care Package reported in June 2012 was 10,108. This was based on 29 returns (excludes Cavan/Monaghan, Mayo and Roscommon)

Full returns show performance on HCP clients running at +2.8% and new HCP clients at +27.3%

Region	HCP Client Target 2012	HCP clients reported (June 2012)	Variance from target	New HCP Clients Reported YTD	New HCP clients variance from target YTD
National	10,870	10,108	-7.0%	2,983	24.3%
HSE DML	2,662	2,665	0.1%	699	11.8%
HSE DNE**	3,545	3,081	-13.1%	924	68.0%
HSE South	2,425	2,543	4.9%	789	43.5%
HSE West**	2,238	1,819	-18.7%	571	-15.4%

\*\*excludes Cavan/Monaghan, Mayo and Roscommon

No. of home help hours provided for all care groups (excluding provision of hours from HCPs) (M)

The number of home help hours reported in June 2012 cumulatively was 5,014,180. This is based on full returns January to May and 28 returns in June, it excludes Dublin South East, Cavan/Monaghan, Mayo and Roscommon. There is ongoing validation of home help hours data within the voluntary services in DNE. However, the funding commissioned for home help will be fully utilised within the Region. The issue relates to the methodology used to count hours.

Full returns show a performance of -4.1% against target and -0.7% against number of Home Help clients.

Home Help Service Provision 2012				
Area	Home Help Hours	% var Activity YTD v Target YTD	Home Help Clients	
			No.	%
National	5,014,180	-5.8%	44,645	-10.7%
HSE DML	915,149	-1.7%	10,813	-9.9%
HSE DNE	849,945	-17.5%	7,781	-18.0%
HSE South	1,685,930	-6.9%	15,598	3.6%
HSE West	1,563,156	0.7%	10,453	-22.3%

% of elder abuse referrals receiving first response from senior case workers within 4 weeks (Q)

There was a revised submission on quarter 1 total of 578 cases to 647 most notably from HSE South where there has now been a Dedicated Officer appointed.

In Q2 2012 there were 526 referrals made nationally to the elder abuse service. This represents a 2% decline from the same period last year which will be negated when late submissions are inputted and reflected in Q3.

However the YTD position regarding referrals (N=1173) exceeds that for the same period last year, an increased variance of 5%.

In terms of abuse categories the pattern evident in Q2 replicates Q1 psychological remains the main alleged abuse type 30% followed by financial 19%, neglect 16% and physical 11%.

At this time-point the total number of active cases is 1378- there has been a significant drop in active cases in the HSE South this is directly associated with the data clean up which has occurred since the appointment of a Dedicated Officer in this region.

There was only 6 cases that did not receive first response within the 4 week timeframe.

**Palliative Care**

**% of specialist inpatient bed provided within 7 days (M)**

The number of patients admitted to a specialist Palliative Care inpatient bed in June 2012 was 206. Of these, 197 were admitted within 7 days of active referral. This equates to 96% of all the admitted patients who were seen within the month.

**% of home, non-acute hospital, long term residential care delivered by community teams within 7 days (M)**

In June 606 patients received services within 1 month, of these 514 received services within 7 days which equates to 85% of all patients who waited less than 7 days.

Region	<7 days	%
HSE South	154	89%
HSE West	163	91%
HSE DNE	89	79%
HSE DML	108	71%
<b>National</b>	<b>514</b>	<b>88%</b>

**Mental Health**

**Child and Adolescent waiting lists**

At the half year point in 2012 there has been a greater demand on the CAMH service with a 22% increase in the number of referrals accepted in the first six months of the year and a 16% increase on the number of new cases seen when compared to the same period last year.

The Child and Adolescent Mental Health Waiting List is 17% (399 cases) above the projected year end target of 1,799 cases, when taking into account the seasonal peaks and troughs of this metric, the figure has actually reduced by -12% when compared to the same period last year whilst managing the greater demand the service has experienced.

**Greater than 12 months on the waiting list**

71% (41) teams have no patients waiting greater than 12 months on their waiting lists although there are 300 patients waiting greater than 12 months (or 14% of the overall waiting list) when also taking into account the seasonal peaks and troughs of the metric the figure has actually reduced by -18% when compared to the same period last.

7 out of the 17 teams make up 87% (261) of the 300 waiting longer than 12 months with the waiting lists this is comprised of one team in DNE, two teams in the South and four in the West this issue is actively being addressed by the Regional Mental Specialists.

**No. of child / adolescent mental health teams (Q)**

The Number of child / adolescent mental health teams is 63, with the number of community child / adolescent mental health teams now standing at 58 which is 2% ahead of target and 4% ahead of this time last year.

The number of teams in operation has exceeded the target due to the reconfiguration and realignment of teams in the South to meet service demands.

**No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units (M)**

In June there were 11 child / adolescent admissions to HSE child and adolescent mental health inpatient units and overall there was 66 admissions to date, which is a decrease when compared to the 80 admissions up to the same period last year.

Region	June-12	Year to Date	Same period Last Year
HSE DML	3	13	18
HSE DNE	2	17	23
HSE South	0	11	18
HSE West	2	25	21
<b>National</b>	<b>11</b>	<b>66</b>	<b>80</b>

**Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen (M)**

Demand on the Community CAMH Service increased, with 645\* New (including re-referred) Children & Adolescents being offered a first appointment and seen in June which is 16% above the year to date target

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.

\*South data has 93% coverage due to the absence of data from the North Wexford CAMHS Team

Region	June-12	Year to Date	Same period Last Year	% var YTD v YTD last year
HSE DML	205	1336	1226	9%
HSE DNE	88	706	683	3%
HSE South	160	901	1014	-11%
HSE West	192	1637	1041	57%
<b>National</b>	<b>645</b>	<b>4,580</b>	<b>3,964</b>	<b>16%</b>

**No. and % of new / re-referred cases offered first appointment and seen < 3 months (M)**

- 67% of new/re-referred cases are being seen within 3 months, against a target of 70%.
- The regional view on those seen within 3 months is as follows:
  - DML – 149 (56%)
  - DNE – 59 (56%)
  - South\* – 127 (69%)
  - West – 176 (86%)
  - Nationally – 511 (67%)

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.

\*South data has 93% coverage due to the absence of data from the North Wexford CAMHS Team

**No. and % of cases closed / discharged by CAMHS service (M)**

There was 843 new referrals accepted to the CAMH Service in June and there was 1051 (125%) cases closed or discharged also from the service thus giving the service 208 cases less, this ratio would be in line with a normal referrals accepted to cases discharged ratio of 80%.

Region	Referrals accepted	Cases Closed or Discharged	Net Increase or Decrease
HSE DML	285	436	-151
HSE DNE	139	237	-98
HSE South	175	190	-15
HSE West	244	188	56
<b>National</b>	<b>843</b>	<b>1,051</b>	<b>-208</b>

**No. of child / adolescent admissions to HSE Adult mental health inpatient units (Q)**

In Quarter 2 there were 18\* child / adolescent admissions to adult mental health inpatient units and overall there was 48\* admissions to date, which is a decrease when compared to the 67 admissions up to the same period last year.

Region	> 16 years	>17 years	> 18 years	National
Quarter 2 YTD	2*	11*	35*	48*
Same period Last Year	4	17	46	67

\* Provisional data to 1<sup>st</sup> of June not verified by services yet

**Adult Mental Health - No. of admissions to acute inpatient units (Q)**

Adult mental figures are recorded quarterly in arrears and data in this reports relates to Quarter 1 2012.

In Q1 2012 there were 3,511 admissions to acute mental health inpatient units which is a decrease of 6% when compared to the 3,747 admissions in Q1 last year, but however it is inline with NSP target for 2012

Region	Q1 2012	Q 1 2011	Variance
HSE DML	861	943	-9%
HSE DNE	668	718	-7%
HSE South	995	1,102	-10%
HSE West	987	984	0%
<b>National</b>	<b>3,511</b>	<b>3,747</b>	<b>-6%</b>

**Rates of admission to acute inpatient units per 100,000 population (Q)**

In Quarter 1 2012 the following rates per 100,000\* head of population were recorded for admission rates to acute inpatient units. The admission rate increased by 4% when compared with Q1 2011, with first admissions, re-admission and involuntary rates also increased by 2%, 5% and 12% respectively.

\* Q1 2011 data based on Census 2006

Q1 2012 data based on Census 2011 due to availability from CSO

Region	Admission		First Admission		Re-Admission		Involuntary Admission		Acute inpatient beds	
	Q1 12	Q1 11	Q1 12	Q1 11	Q1 12	Q1 11	Q1 12	Q1 11	Q1 12	Q1 11
DML	63.7	75.9	21.8	24.7	41.9	51.2	6.9	6.4	20.5	23.3
DNE	65.6	77.6	25.1	29.5	40.5	48.1	7.4	6.7	20.1	23.8
South	87.8	104.1	28.0	34.1	59.7	70.0	10.1	9.7	26.5	28.4
West	91.0	97.1	25.3	26.6	65.8	70.4	11.4	10.9	25.9	32.7
<b>National</b>	<b>76.5</b>	<b>88.4</b>	<b>24.9</b>	<b>28.6</b>	<b>51.6</b>	<b>59.8</b>	<b>8.8</b>	<b>8.4</b>	<b>23.2</b>	<b>27.8</b>

**Disability Services**

**No. of persons with physical and/or sensory disability benefiting from PA/Home Support hours (Q)**

The national target for the number of persons with physical and or sensory disability benefiting from PA/Home Support hours is 11,571. In June 2012, 3,624 people benefited from PA/Home Support hours. This is broken down as follows;

- DML - 818
- DNE - 509
- South - 1,115
- West - 1,182

**Social Inclusion**

**Total number in methadone treatment (M)**

The total number of clients in methadone treatment in June was 9,437, 6.4% of these clients were in prison.

**Number of clients who receive traveller health screening ( 10% of traveller population) (BIA)**

The total number of travellers who received health awareness screening programmes, is based on 10% of total traveller population, (Breast check, cervical smear screening, men's health screening, blood pressure testing)

These tests are administered through the traveller health care units and primary health care programmes. Nationally there were 3,359 people who were referred. Broken down by region as follows:

- DML - 898
- DNE - 981
- South - 454
- West - 1,206

**Homeless Services (O)**

The number of homeless people who were admitted to homeless emergency accommodation nationally as at the end of March 2012 is 1,063. Of these, 209 availed of the service in DML, 78 in DNE, 449 in the South and 327 in the West.

A new IT system is being implemented for the collection of homeless data and an updated validated position will be available in September.

## Detailed Finance Report

### FINANCE

The expenditure report for June 2012 shows a deficit of €298.7m.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,528,123	1,953,451	1,802,115	151,336	8.4%
Primary & Community	4,258,978	2,192,269	2,130,734	61,535	2.9%
Care Group / Other Services	39,250	11,154	16,107	-4,953	-30.8%
Population Health	143,517	68,333	69,446	-1,113	-1.6%
<b>ISD Total</b>	<b>7,969,867</b>	<b>4,225,206</b>	<b>4,018,401</b>	<b>206,805</b>	<b>5.1%</b>
Primary Care Reimbursement Service	2,446,627	1,324,382	1,232,030	92,352	7.5%
Corporate Services and Pensions	540,979	301,001	292,980	8,020	2.7%
National Services	384,939	177,996	174,004	3,992	2.3%
Fair Deal (Excluding subvention and contract beds)	816,371	377,186	381,644	-4,458	-1.2%
Held Funds	78,586		8,000	-8,000	
<b>Total HSE</b>	<b>12,237,369</b>	<b>6,405,771</b>	<b>6,107,059</b>	<b>298,712</b>	<b>4.9%</b>

There is no significant movement in Community services expenditure month on month and expenditure is not exhibiting a downward trend. The Community deficit at the 30th June 2012 is €61.5m. Hospital expenditure is also stabilising but not exhibiting the required downward trend. Activity levels remains above target in the hospital sector. The hospitals deficit at the 30th June is €151.3m.

The deficit in Childcare has risen to €16.6m in June, a €1.2m change when compared to May 2012. This represents a slow down the rate of spend but is not yet sufficient to address outstanding deficit.

The Fair Deal schemes have a minor surplus at the end of June of €4.4m.

Table 2. Hospital Services	YTD					Table 3. Primary & Community Services	YTD				
	Approved Allocation €000	Actual €000	Plan €000	Variance €000	%		Approved Allocation	Actual	Plan	Variance	%
DML	1,256,522	670,803	629,972	40,831	6.5%	DML	1,209,840	631,354	615,842	15,512	2.5%
DNE	790,289	452,066	406,705	45,362	11.2%	DNE	989,159	500,032	482,439	17,593	3.6%
South	713,467	394,163	370,735	23,429	6.3%	South	1,014,227	533,705	508,538	25,167	4.9%
West	269,246	147,912	137,391	10,521	7.7%	West	1,045,751	527,178	523,915	3,263	0.6%
Galway HG	291,785	164,740	149,769	14,971	10.0%	<b>Total</b>	<b>4,258,978</b>	<b>2,192,269</b>	<b>2,130,734</b>	<b>61,535</b>	<b>2.9%</b>
Mid West HG	206,814	123,766	107,543	16,223	15.1%						
<b>Total</b>	<b>3,528,123</b>	<b>1,953,451</b>	<b>1,802,115</b>	<b>151,336</b>	<b>8.4%</b>						

## Agency Costs

Agency Costs	Doctors	Nurses	Care assistants, porters etc	Paramedical	Central Support	Total
	€000	€000	€000	€000	€000	€000
January 2011 monthly cost	4,134.2	6,953.0	4,205.0	1,667.8	819.6	17,779.6
February 2011 monthly cost	4,968.5	7,076.4	4,215.2	2,268.0	834.8	19,362.9
March 2011 monthly cost	5,465.9	6,317.4	4,682.9	2,173.8	949.2	19,589.2
April 2011 monthly cost	5,534.3	5,232.9	4,524.8	1,923.0	937.2	18,152.2
May 2011 monthly cost	5,425.9	5,595.5	4,595.2	1,705.1	679.3	18,001.1
June 2011 monthly cost	5,313.2	5,056.8	4,929.1	1,797.5	629.4	17,725.9
<b>Total June 2011</b>	<b>30,842.0</b>	<b>36,232.0</b>	<b>27,152.3</b>	<b>11,535.1</b>	<b>4,849.5</b>	<b>110,610.8</b>
Average monthly cost 2011	5,059.5	5,933.5	4,649.4	1,858.1	808.0	18,308.5
<b>Total cost 2011</b>	<b>60,714.5</b>	<b>71,201.4</b>	<b>55,792.8</b>	<b>22,297.7</b>	<b>9,696.0</b>	<b>219,702.4</b>
January 2012 cost	3,625.1	5,708.7	5,392.0	1,769.1	699.1	17,194.0
February 2012 cost	3,346.2	5,878.1	4,030.6	1,794.3	794.0	15,843.3
March 2012 cost	3,929.2	6,656.0	4,468.8	2,170.5	736.6	17,961.1
April 2012 cost	3,288.0	6,659.8	4,610.4	1,668.3	719.8	16,946.4
May 2012 cost	3,305.4	6,432.8	4,574.1	2,142.2	666.1	17,120.6
June 2012 cost	3,954.5	8,949.6	4,854.5	2,364.0	805.5	20,928.1
<b>Total June 2012</b>	<b>21,448.3</b>	<b>40,285.0</b>	<b>27,930.4</b>	<b>11,908.5</b>	<b>4,421.2</b>	<b>105,993.4</b>
Average monthly cost 2012 to date	3,574.7	6,714.2	4,655.1	1,984.7	736.9	17,665.6
<b>Change June 2012 vs average 2011</b>	<b>-29%</b>	<b>13%</b>	<b>0%</b>	<b>7%</b>	<b>-9%</b>	<b>-4%</b>
<b>Change June 2012 vs June 2011</b>	<b>-30%</b>	<b>11%</b>	<b>3%</b>	<b>3%</b>	<b>-9%</b>	<b>-4%</b>
2012 full year estimate using June	43,132.3	81,012.8	56,167.7	23,947.8	8,890.9	213,151.5
Change over prior year using May	-17,582.2	9,811.4	374.9	1,650.2	-805.1	-6,550.8



## Agency Costs

Agency Costs Service Provider by Region	Current Year Approved Allocation	June 12 Actual	June 12 Budget	June 12 Variance	YTD June 12 Actual	YTD June 12 Budget	YTD June 12 Variance
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
Statutory Service Providers	1,896	3,049	201	2,848	14,506	952	13,554
Non Statutory Service Providers	0	387	0	387	1,920	0	1,920
<b>Subtotal - HSE South</b>	<b>1,896</b>	<b>3,437</b>	<b>201</b>	<b>3,236</b>	<b>16,426</b>	<b>952</b>	<b>15,474</b>
Plus: Child Care Costs	0	518	0	518	1,859	0	1,859
<b>Total HSE South including Child Care</b>	<b>1,896</b>	<b>3,955</b>	<b>201</b>	<b>3,754</b>	<b>18,285</b>	<b>952</b>	<b>17,333</b>
Statutory Service Providers	6,533	2,053	1,201	852	9,593	3,322	6,272
Non Statutory Service Providers	0	88	0	88	433	0	433
<b>Subtotal - HSE West</b>	<b>6,533</b>	<b>2,141</b>	<b>1,201</b>	<b>940</b>	<b>10,027</b>	<b>3,322</b>	<b>6,705</b>
Plus: Child Care Costs	-2	54	0	54	235	-1	236
<b>Total HSE West including Child Care</b>	<b>6,532</b>	<b>2,195</b>	<b>1,201</b>	<b>995</b>	<b>10,262</b>	<b>3,321</b>	<b>6,941</b>
Statutory Service Providers	20,959	6,882	2,306	4,576	30,676	10,421	20,256
Non Statutory Service Providers	0	975	0	975	4,716	0	4,716
<b>Subtotal - HSE Dublin North East</b>	<b>20,959</b>	<b>7,858</b>	<b>2,306</b>	<b>5,552</b>	<b>35,393</b>	<b>10,421</b>	<b>24,972</b>
Plus: Child Care Costs	3,341	-186	274	-459	1,638	1,661	-23
<b>Total - HSE Dublin North East including Child Care Costs</b>	<b>24,299</b>	<b>7,672</b>	<b>2,579</b>	<b>5,092</b>	<b>37,031</b>	<b>12,082</b>	<b>24,949</b>
Statutory Service Providers	32,266	3,591	2,690	902	20,621	16,077	4,545
Non Statutory Service Providers	0	2,658	0	2,658	15,692	0	15,692
<b>Subtotal - HSE Dublin Mid Leinster</b>	<b>32,266</b>	<b>6,249</b>	<b>2,690</b>	<b>3,560</b>	<b>36,313</b>	<b>16,077</b>	<b>20,237</b>
Plus: Child Care Costs	1,146	266	94	172	1,183	570	613
<b>Total DML including Child Care Costs</b>	<b>33,412</b>	<b>6,516</b>	<b>2,784</b>	<b>3,732</b>	<b>37,496</b>	<b>16,646</b>	<b>20,850</b>
National Services	3,299	591	270	320	2,919	1,674	1,244
<b>Total excluding Child Care Costs</b>	<b>64,952</b>	<b>20,276</b>	<b>6,668</b>	<b>13,608</b>	<b>101,078</b>	<b>32,446</b>	<b>68,632</b>
<b>Total including Child Care Costs</b>	<b>69,438</b>	<b>20,928</b>	<b>7,035</b>	<b>13,893</b>	<b>105,993</b>	<b>34,676</b>	<b>71,318</b>

**Note:**

- The above data includes accruals in respect of the EU Directive in relation to hire of agency staff

The table below identifies the accruals which HSE Areas have reported to date. Not all HSE areas have separately identified the value of accruals in respect of the EU Directive.

Table 1	June 2012	YTD June 2012
	€'000	€'000
Accruals	2,095	5,974

## Primary Care Reimbursement Scheme

Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,803,507	958,829	908,463	50,366	5.5%
Community Schemes	643,120	365,553	323,567	41,986	13.0%
<b>PCRS Total</b>	<b>2,446,627</b>	<b>1,324,382</b>	<b>1,232,030</b>	<b>92,352</b>	<b>7.5%</b>

The Schemes, including local expenditure, have expenditure of €1,324m versus a budget of €1,232m resulting in an overall deficit of €92m year to date. The National Service Plan 2012 set out the policies, supported by legislative changes, to provide scope for driving further reductions in drug pricing. These initiatives were designed to generate full year savings totalling at least €100m this year. Their delivery is dependent upon agreement with the Irish Pharmaceutical Healthcare Association (IPHA) among others together with the enactment of the requisite legislation by Government.

PCRS is forecasting a full year deficit of approximately €145m for medical card and national community schemes, €59m for local community schemes bringing the overall projected deficit for Schemes to €204m for 2012. Achievement of a breakeven position by year end is at serious risk for the following reasons;

- Increased demand for services** – The number of persons eligible for medical cards has risen from 1,694,063 (as at 1 January 2012) to 1,820,973 (as at 1 July 2012) i.e. growth of +126,910 persons eligible for medical cards year to date. The main part of this increase relates to the on-going exercise in clearing up the backlog of applications from last year which was completed at the end of April 2012 and additional new eligibilities in the first five months of this year. Additionally, year on year the number of items reimbursed on the GMS scheme has grown by +2.220m items.
- Requirement to implement specific savings initiatives totalling €100m** – As stated, a number of policy initiatives agreed with the Department of Health, are included in the National Service Plan 2012. If these savings are not delivered then there will be serious funding implications for the HSE this year.
- Agreement to reimburse ‘new’ drugs** – National Service Plan 2012 did not provide additional funding for the introduction of new drugs during the year. The decision to introduce new drugs creates an additional cost pressure for Schemes which will have to be considered in the context of total Schemes expenditure this year.

## Primary Care Reimbursement Scheme

### Medical Card Processing

HSE PCRS publish a weekly medical card processing report on [www.medicalcard.ie](http://www.medicalcard.ie). As at the week ending of 13 July 2012, 95% of properly completed medical card applications have been processed within the 15 day turnaround. The remaining 5% are being processed. The National Service Plan 15 day turnaround target is 90%.

Medical Cards and GP Visit Cards	DML	DNE	South	West	YTD Total	No. cards same period last year	% variance YTD v. same period last year
Number of people covered by Medical Cards*	450,524	384,666	488,906	496,877	1,820,973	1,680,534	8.4%
Number of people covered by GP visit cards*	28,482	25,627	40,908	36,264	131,281	123,904	6%
<b>Total</b>	<b>479,006</b>	<b>410,293</b>	<b>529,814</b>	<b>533,141</b>	<b>1,952,254</b>	<b>1,804,438</b>	<b>8.2%</b>

\*includes discretionary cards

Claims Reimbursed	No. Claims reimbursed this month	No. claims reimbursed YTD 2012	No. claims same period last year	Variance YTD v. Last year	% variance YTD v. last year
GMS Prescriptions	1,715,049	9,861,833	9,248,033	613,800	6.6%
Long Term Illness Claims	78,484	462,169	426,737	35,432	8.3%
Drug Payment Scheme Claims	269,248	1,583,486	1,674,922	-91,436	-5.5%
Hi-Tech Claims	38,636	222,526	172,828	49,698	28.8%
<b>Total</b>	<b>2,101,417</b>	<b>12,130,014</b>	<b>11,522,520</b>	<b>607,494</b>	<b>5.3%</b>

Items Reimbursed	No. Items reimbursed this month	No. Items reimbursed YTD 2012	No. Items same period last year	Variance YTD v. Last year	% variance YTD v. last year
GMS Items	5,317,811	30,611,070	28,390,737	2,220,333	7.8%
Long Term Illness Items	252,120	1,483,070	1,349,136	133,934	9.9%
Drug Payment Scheme Items	823,931	4,944,770	5,115,937	-171,167	-3.3%
Hi-Tech Items	44,206	255,635	202,109	53,526	26.5%
<b>Total</b>	<b>6,438,068</b>	<b>37,294,545</b>	<b>35,057,919</b>	<b>2,236,626</b>	<b>6.4%</b>

## Capital

The gross capital cash profile for the period Jan-June 2012 was €182.432m. The capital cash issued for this period was €163.488m. Sales of surplus assets amounted to €2.794m.

Capital Vote 2012	2012 Approved Allocation €000			
	€000	€000	€000	€000
C1/C2 Building Equipping and Furnishing of Health Facilities	333,026	153,225	166,872	13,647
C3 Information Systems and Related Services for Health Agencies	40,000	3,438	10,810	7,372
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	8,000	6,377	4,150	-2,227
B15 Children and Families	974	448	600	152
A in A (Sales of Surplus Assets)	-8,000	-2,794	-4,552	-1,758
<b>Net Capital</b>	<b>374,000</b>	<b>160,694</b>	<b>177,880</b>	<b>17,186</b>

**Financial data – Hospital and LHO variances**
**Acute Hospitals ranked on the basis of highest Variance**

Acute Hospitals ranked on the basis of highest Variance	YTD Actual	YTD Budget	Variance	% Variance
Beaumont Hospital	124,510	110,706	13,804	12.5%
Mid-Western Regional Hospital, Dooradoyle	79,923	68,011	11,913	17.5%
Galway University Hospitals	131,357	121,486	9,870	8.1%
Tallaght Hospital	92,423	83,085	9,338	11.2%
Cork University Hospital	130,922	122,636	8,285	6.8%

**Acute Hospitals ranked on the basis of lowest Variance**

Acute Hospitals ranked on the basis of lowest Variance	YTD Actual	YTD Budget	Variance	% Variance
Roscommon County Hospital	9,033	8,461	572	6.8%
Bantry General Hospital	8,631	8,378	253	3.0%
Mallow General Hospital	8,367	8,195	172	2.1%
Mid-Western Regional Hospital, Ennis	9,508	9,353	155	1.7%
Mid- Western Regional Hospital, Nenagh	8,603	8,498	105	1.2%

**LHO ranked on the basis of highest Variance**

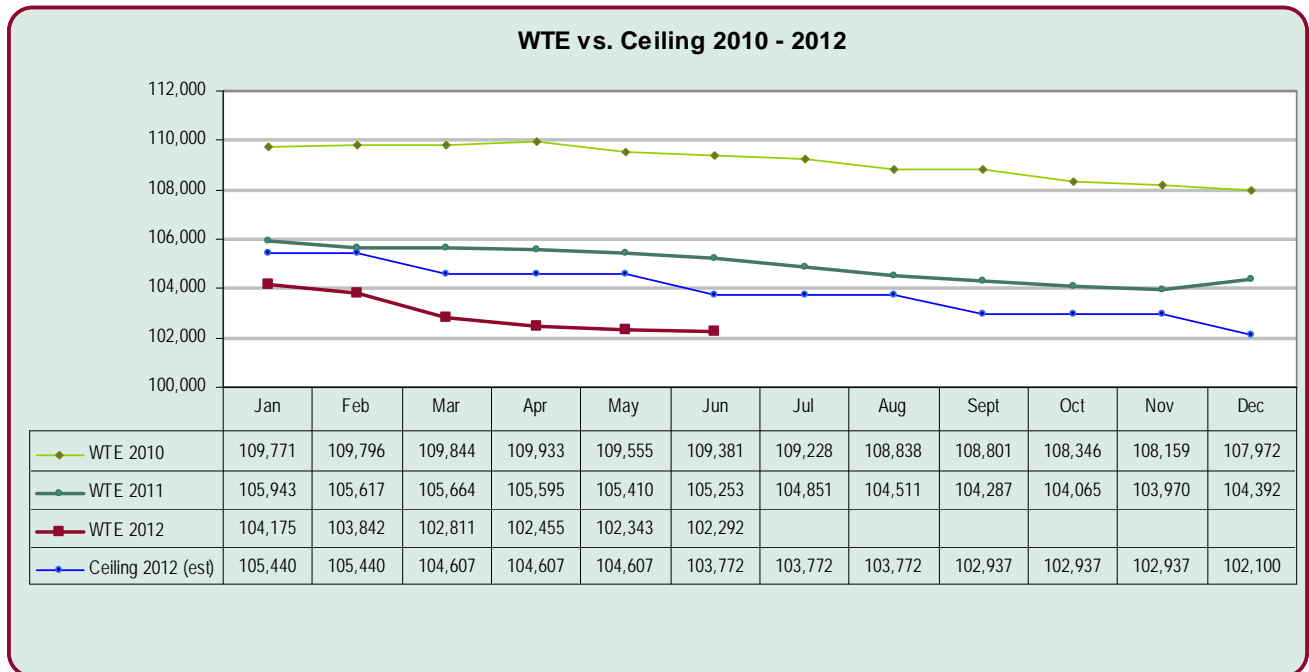
LHO ranked on the basis of highest Variance	YTD Actual	YTD Budget	Variance	% Variance
Dublin North	77,711	67,946	9,766	14.4%
Cork South Lee	56,493	49,529	6,965	14.1%
Dublin West	74,640	68,694	5,946	8.7%
Dublin South-West	27,380	22,355	5,024	22.5%
Waterford	57,305	52,375	4,930	9.4%

**LHO ranked on the basis of lowest Variance**

LHO ranked on the basis of lowest Variance	YTD Actual	YTD Budget	Variance	% Variance
Roscommon	27,804	27,915	-111	-0.4%
Limerick	74,811	75,252	-440	-0.6%
Dublin South City	56,529	57,258	-729	-1.3%
Dun Laoghaire	24,968	26,133	-1,165	-4.5%
Dublin South-East	49,819	51,592	-1,773	-3.4%

# Detailed Human Resources Report

## Human Resources



The health sector is 1,480 WTEs below the current approved employment ceiling of 103,772 but 192 WTEs above the end of 2012 ceiling target of 102,100. June employment shows a fall of 51 WTEs from May.

The Integrated Services Directorate in overall terms recorded a decrease of -52 WTEs, with decreases in Acute Hospital Services of 30 WTEs and Primary and Community Services of 10 WTEs.

Table 1. Service Area	WTE Dec 2011	Ceiling June 2012	WTE June 2012	WTE Change since May 2012	WTE Change from Dec 2011 to June 2012	WTE Variance June 2012	% WTE Variance June 2012
Hospital Care	48,739	47,181	48,090	-30	-648	+909	+1.93%
National Cancer Control Programme	726	743	706	-5	-20	-37	-4.98%
Primary Care	49,641	49,663	48,219	-10	-1,422	-1,444	-2.91%
Ambulance Services	1,535	1,526	1,534	-8	-2	+8	+0.50%
Environmental Health	544	616	607	+2	+63	-10	-1.56%
Portion of Ceiling to be allocated		960	0	+0	+0	-960	-100.00%
Corporate & Shared Services	2,755	2,679	2,719	+2	-35	+41	+1.52%
Population Health	453	403	416	-1	-37	+13	+3.27%
<b>Total</b>	<b>104,392</b>	<b>103,772</b>	<b>102,292</b>	<b>-51</b>	<b>-2,100</b>	<b>-1,480</b>	<b>-1.43%</b>

Human Resources

- Medical/Dental staffing recorded a monthly decrease of 1 WTEs (-89 WTEs in YTD). NCHDs WTEs decreased by 28 WTEs (-49 WTEs in YTD) in June and are 86 WTEs ahead of 2009 levels.
- Nursing had the largest decrease of -50 WTEs, (-922 since end 2011). The reduction seen since the end of 2011 is still less than anticipated arising from 'grace period' retirements and June have been somewhat offset by contingency recruitment post 29<sup>th</sup> February and the continuing failure to fully displace student nurse placements from the start of the year.
- Health & Social Care Professionals decreased by 5 WTEs (-302 WTEs since end 2011).
- Management/admin decreased by 24 WTEs (-181 WTEs since end 2011). It should be noted that this staff category has reduced by 2,620 WTEs (-15.33%) since its peak in September 2007 and are now at levels last seen in April 2004, despite significant subsumed admin staff and the creation of other new posts in this category in the intervening period.
- General Support Staff increased by 8 WTEs (-309 WTEs since end 2011).
- Other Patient & Client Care increased by 22 since May (-298 since end 2011).

Table 2. Staff Category	WTE Dec 2009	WTE May 2012	WTE June 2012	WTE change since May 2012	% change since May 2012	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	8,083	8,244	8,242	-1	-0.02%	+159	+1.97%
Nursing	37,466	35,031	34,980	-50	-0.14%	-2,486	-6.63%
Health & Social Care Professionals	15,973	15,921	15,916	-5	-0.03%	-57	-0.36%
Management/ Admin	17,611	15,826	15,802	-24	-0.15%	-1,808	-10.27%
General Support Staff	11,906	10,133	10,141	+8	+0.08%	-1,766	-14.83%
Other Patient & Client Care	18,714	17,188	17,210	+22	+0.13%	-1,504	-8.04%
<b>Total Health Service Staffing</b>	<b>109,753</b>	<b>102,343</b>	<b>102,292</b>	<b>-51</b>	<b>-0.05%</b>	<b>-7,461</b>	<b>-6.80%</b>

- In relation to "exempted grades"; Consultant WTEs increased by 19 in June. However, they are marginally down on year-to-date primarily due to the impact of grace period retirements but are +196 WTEs since March 2009. Increases in Consultant WTEs seen in recent years have resulted in them now constituting some 2.41% of overall health sector employment, up from 2.01% in 2008.
- Physiotherapists and Speech and Language Therapists both recorded increases of 4 WTEs & 4 WTEs respectively. Occupational Therapist recorded decrease of -7WTEs.
- Social Worker grades recorded an overall increase of 2 WTEs and are some 194 WTEs above the December 2009 levels. The recruitment process to fill the outstanding Ryan Report social worker and therapeutic posts, as provided for in the 2012 National Service Plan, is ongoing. The recruitment process to fill the 64 outstanding posts approved in the National Service Plan 2010 is still ongoing, as are the remaining 2.25 WTEs development posts set out in the National Service Plan 2011. Psychologists and Counsellors are unchanged since May.

Table 3. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE June 2012	Variance from Dec 2012 target	WTE Change from last month	Change since Dec 2009	% Change since Dec 2009
Consultants	2,317	<i>not specified</i>	2,465	<i>n/a</i>	+19	+148	+6.38%
Occupational Therapists	1,103	<i>n/a</i>	1,180	<i>n/a</i>	-7	+77	+7.02%
Physiotherapists	1,469	<i>n/a</i>	1,541	<i>n/a</i>	+4	+73	+4.94%
Speech and Language Therapists	776	<i>n/a</i>	828	<i>n/a</i>	+4	+51	+6.59%
Combined therapists:	3,348	+380	3,549	-179.00	+1	+201	+6.01%
Psychologists & Counsellors	962	+230	959	-233.00	-0	-3	-0.27%
Social Workers	2,139	+300	2,333	-106.32	+2	+194	+9.05%

## Human Resources – Hospital and LHO ceiling variances

### Acute Hospitals ranked on the basis of WTE Variance above Ceiling

Acute Hospitals ranked on the basis of highest WTE Variance with Ceiling	WTE Jun 2012	WTE Change since May 2012	WTE Change from Dec 2011 to June 2012	WTE Variance June 2012	% WTE Variance June 2012
Mater Misericordiae University Hospital	2590	-10	-7	+257	+11.01%
Beaumont Hospital	2929	-13	-25	+169	+6.11%
Tallaght Hospital	2526	+11	-18	+153	+6.46%
Cork University Hospital	3298	+10	+75	+105	+3.30%
Our Lady of Lourdes Hospital	1490	-5	-4	+90	+6.43%

### Acute Hospitals ranked on the basis of WTE variance under Ceiling

Acute Hospitals ranked on the basis of lowest WTE Variance with Ceiling	WTE Jun 2012	WTE Change since May 2012	WTE Change from Dec 2011 to June 2012	WTE Variance June 2012	% WTE Variance June 2012
Louth County Hospital	253	-3	-25	-16	-6.01%
Naas General Hospital	647	+1	-23	-16	-2.35%
St. Columille's Hospital	449	-2	+3	-14	-3.04%
Galway University Hospitals	3048	+6	-40	-14	-0.45%
Mid-Western Regional Hospital, Dooradoyle	1805	-6	-22	-13	-0.73%

### Local Health Offices ranked on the basis of WTE Variance above Ceiling

Local Health Offices ranked on the basis of highest WTE Variance with Ceiling	WTE Jun 2012	WTE Change since May 2012	WTE Change from Dec 2011 to June 2012	WTE Variance June 2012	% WTE Variance June 2012
Dublin North	1496	-3	-17	+14	+0.94%
Donegal	2005	+0	-15	+8	+0.41%
Meath	872	+1	-32	+7	+0.79%
Dublin North Central	803	-1	-8	-3	-0.36%
Dublin West	890	+1	-62	-13	-1.39%

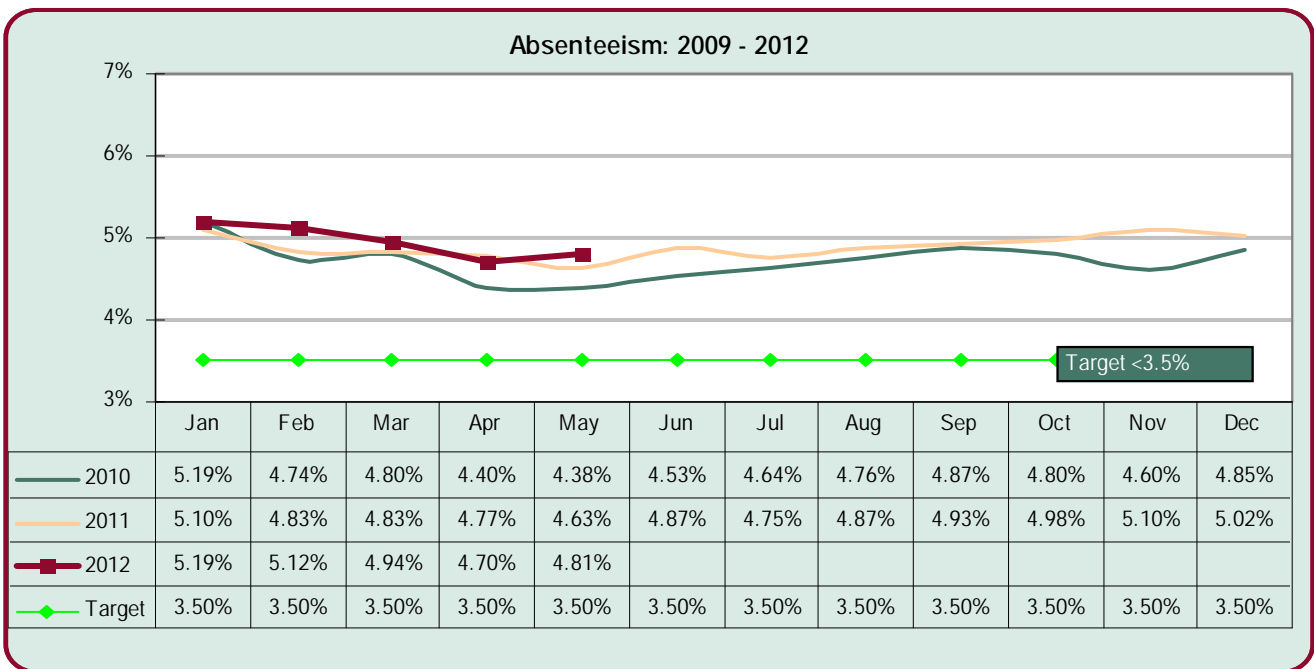
### Local Health Offices ranked on the basis of WTE variance under Ceiling

Local Health Offices ranked on the basis of lowest WTE Variance with Ceiling	WTE Jun 2012	WTE Change since May 2012	WTE Change from Dec 2011 to June 2012	WTE Variance June 2012	% WTE Variance June 2012
Carlow/ Kilkenny	1065	-7	-54	-104	-8.91%
Laois /Offaly	1429	-1	-19	-94	-6.19%
Wicklow	734	-4	-34	-88	-10.69%
Cork South Lee	1105	+6	+0	-79	-6.65%
Longford/ Westmeath	1517	+2	-40	-71	-4.46%

Absenteeism

Latest available National Absenteeism data shows that absenteeism for May 2012 was 4.81% up from 4.70% in April.

- Previously published May figures show 5.85%, 4.54%, 4.38%, 4.63% & 4.95% for 2008, 2009, 2010, 2011 & 2012 respectively.
- In April 2012, 88% absenteeism was certified.
- The following Hospitals, LHO, agencies show the highest rates of absenteeism: Roscommon County Hospital, Tipperary, North/ Limerick, East [LHO], Mid-Western Regional Hospital, Ennis, Our Lady of Lourdes Hospital, Limerick [LHO], St. Patrick's, Kilkenny, St. Luke's General Hospital, Mid-Western Regional Hospital, Dooradoyle, Cavan/ Monaghan [LHO], Waterford [LHO], Waterford [LHO], Mid-Western Regional Maternity Hospital, Sligo Regional Hospital, Dublin West [LHO], Lourdes Orthopaedic Hospital, South Tipperary General Hospital, Louth County Hospital, Clare [LHO], Dun Laoghaire [LHO], Midland Regional Hospital, Portlaoise, Kildare/ West Wicklow [LHO], Midland Regional Hospital, Mullingar, Cheeverstown House all above 6%.
- Regional, statutory /non-statutory & Staff Category variations can be seen the summary tables.



Absenteeism by HSE Area	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Dublin Mid-Leinster	5.27%	3.65%	4.28%	4.41%
Dublin North-East	5.25%	3.96%	4.32%	4.71%
South	5.11%	4.52%	4.82%	5.03%
West	5.29%	2.31%	4.31%	5.15%
National	5.96%	4.18%		5.38%
Ambulance Services	5.39%			5.39%
<b>Total</b>	<b>5.24%</b>	<b>3.80%</b>	<b>4.40%</b>	<b>4.81%</b>

Absenteeism by Staff Category	DML	DNE	South	West	National	Ambulance	Total
Medical /Dental	1.21%	1.03%	1.03%	1.07%	0.00%		1.09%
Nursing	4.73%	5.17%	5.67%	6.16%	5.26%		5.40%
Health & Social Care Professionals	3.77%	3.78%	5.47%	4.57%	4.28%		4.30%
Management Admin	4.43%	4.72%	4.53%	5.06%	7.58%	5.17%	4.77%
General Support Staff	5.59%	5.20%	5.19%	5.18%	4.39%	1.11%	5.29%
Other Patient & Client Care	5.51%	6.05%	5.51%	5.33%	0.03%	5.48%	5.29%
<b>Total</b>	<b>4.41%</b>	<b>4.71%</b>	<b>5.03%</b>	<b>5.15%</b>	<b>5.38%</b>	<b>5.39%</b>	<b>4.81%</b>



## Service Arrangements and Grant Aid Agreements

### Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place (O)

- Significant Progress has been since the May report; 15 of the 16 voluntary Hospitals, have completed Service Arrangements with sign off imminent on the final, St. James.
- While the over all position is somewhat less favourable than at the same time last year, the changes made to the service specification requirements, together with the cost containment issues, in particular with the disability agencies, has increased the negotiation and validation process for the completion of the Service Arrangements. It is envisioned that the majority of larger agencies will have completed by the end of July.
- Service Arrangements have two parts. Part 1 contains a set of standard clauses and conditions and will cover the years 2012/13. Part 2 comprises a set of Schedules covering amongst other things the annual financial, HR, service and quality provisions of the contract. Part 2 is agreed with each agency on an annual basis. Both Part 1 and the initial set or sets of schedules (Part 2) must be completed to have a fully completed Service Arrangement.
- There may be several sets of service schedules for a single part one, at a minimum separate sets of schedules are maintained for each care group, and for each budget area.
- Agencies providing services across care groups, areas and regions will have a more complex contractual relationship than an agency providing a single care group service in a single area.
- The Service Schedules (Part 2) are in the process of being negotiated with agencies, with the completion of Part 1 dependant on the prior completion of these schedules.
- Where Agencies are operational in multi areas the completion date for Part 1 had been targeted as end June as this will require the coordination of all service schedules and is dependant on their completion, however again this is now pushed out to the end of July.
- An implementation plan to cover Agencies in the "For Profit" / Commercial sector not previously covered by Governance Documentation has been agreed, however given the complexity of this sector our previous target date for completion at end of June will not be fully attained. A communication strategy is being developed with information sessions and training scheduled for July. Completion for these agencies will now be concentrated in the third quarter to ensure existing voluntary and community agencies are prioritised. Work is also underway with procurement to establish a working group to examine the services and agencies in this category.  
*The commercial/for profit agencies are not included in the monitoring statistics below.*
- Our Legal Advisors have given assurances that there is an implied continuity of contract, with Agencies that have previously completed Governance documentation, operational until such time as the new Governance Documentation is completed.
- *The funding percentages detailed below will not reflect the totality of funding for 2012 as the register figures are recorded as "not yet known" where negotiations are ongoing with service providers.*

% 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	46.42% (240 facilities)	41.18% (280 facilities)	58.74% (571 facilities)	28.81% (297 facilities)	50.43% (58 facilities)	43.62% (1,446 facilities)
Acute	100% (4 hosp)	88.89% (8 hosp)	100% (1 hosp)	100% (2 hosp)		93.75% (15 hosp)
<b>Total</b>	<b>46.83%</b>	<b>41.8%</b>	<b>58.79%</b>	<b>28.94%</b>	<b>50.43%</b>	<b>43.86%</b>

% 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	43.7% (€139,088,213)	35.64% (€171,842,644)	45.24% (€151,449,962)	5.47% (€16,639,160)	68.21% (€15,073,291)	33.81% (€494,093,270)
Acute	100% (€476,726,571)	69.23% (€675,094,640)	100% (€15,848,626)	100% (€93,384,000)		80.78% (€1,261,053,837)
<b>Total</b>	<b>77.46%</b> <b>(€615,814,784)</b>	<b>58.12%</b> <b>(€846,937,284)</b>	<b>47.71%</b> <b>(€167,298,588)</b>	<b>27.68%</b> <b>(€10,023,160)</b>	<b>68.21%</b> <b>(€15,073,291)</b>	<b>58.07%</b> <b>(€1,755,147,107)</b>

- The regional implementation plans had given the end of April as the due date for the completion of Part 1 & 2 where the Agency is operating in a single area, however the changes to the level of detail required has resulted in this target now being pushed to the end of May, some Agencies are still outstanding with end of July now the target completion date.

## Appendix 1: Acute & Non Acute Finance & HR Detail

Finance YTD/ Human Resources YTD	Finance Actual €'000s	Budget €'000s	Finance Variance €'000s	Finance % Var	Ceiling June 2012	WTE June 2012	WTE Variance June 2012	% WTE Variance June 2012
<b>Dublin Mid-Leinster Acute Services</b>								
Children's University Hospital	40,624	38,458	2,166	5.6%	937	967	+30	+3.22%
Coombe Women & Infants University Hsp	24,486	22,666	1,819	8.0%	748	735	-13	-1.74%
Midland Regional Hospital, Mullingar	29,972	29,090	882	3.0%	744	737	-7	-0.95%
Midland Regional Hospital, Portlaoise	23,369	22,487	882	3.9%	578	594	+16	+2.71%
Midland Regional Hospital, Tullamore	42,226	39,497	2,729	6.9%	932	938	+6	+0.63%
Naas General Hospital	29,749	26,582	3,167	11.9%	662	647	-16	-2.35%
National Maternity Hospital	22,856	20,587	2,269	11.0%	693	724	+31	+4.48%
Our Lady's Children's Hospital	61,648	60,456	1,192	2.0%	1,550	1,603	+52	+3.36%
Royal Victoria Eye & Ear Hospital	10,760	10,154	606	6.0%	263	265	+2	+0.71%
St. Columcille's Hospital	19,689	18,166	1,523	8.4%	463	449	-14	-3.04%
St. James's Hospital	155,999	148,623	7,376	5.0%	3,445	3,455	+10	+0.29%
St. Michael's Hospital	12,948	12,182	766	6.3%	384	391	+7	+1.85%
St. Vincent's University Hospital	103,139	96,432	6,707	7.0%	2,297	2,313	+16	+0.68%
Tallaght Hospital	92,423	83,085	9,338	11.2%	2,373	2,526	+153	+6.46%
<b>Dublin North-East Acute Services</b>								
Beaumont Hospital	124,510	110,706	13,804	12.5%	2,760	2,929	+169	+6.11%
Cappagh National Orthopaedic Hospital	12,581	11,674	907	7.8%	294	299	+5	+1.63%
Cavan General Hospital	35,653	32,346	3,306	10.2%	741	735	-6	-0.81%
Connolly Hospital	43,094	38,418	4,676	12.2%	1,027	1,019	-8	-0.74%
Louth County Hospital	10,046	5,940	4,106	69.1%	269	253	-16	-6.01%
Mater Misericordiae University Hospital	108,724	102,081	6,643	6.5%	2,333	2,590	+257	+11.01%
Monaghan General Hospital	6,317	4,910	1,407	28.7%	151	156	+6	+3.75%
Our Lady of Lourdes Hospital	64,097	56,337	7,760	13.8%	1,400	1,490	+90	+6.43%
Our Lady's Hospital, Navan	20,391	18,987	1,404	7.4%	419	439	+20	+4.79%
The Rotunda Hospital	23,120	20,980	2,141	10.2%	719	733	+14	+1.92%
<b>South Acute Services</b>								
Bantry General Hospital	8,631	8,378	253	3.0%	228	225	-4	-1.55%
Cork University Hospital	130,922	122,636	8,285	6.8%	3,193	3,298	+105	+3.30%
Kerry General Hospital	35,658	33,922	1,736	5.1%	924	949	+24	+2.64%
Mallow General Hospital	8,367	8,195	172	2.1%	223	230	+7	+3.25%
Mercy University Hospital	29,877	27,460	2,417	8.8%	886	939	+53	+6.00%
South Infirmary-Victoria University Hospital	23,875	22,330	1,545	6.9%	767	758	-10	-1.25%
South Tipperary General Hospital	24,316	22,028	2,288	10.4%	687	680	-6	-0.91%
St. Luke's General Hospital	29,094	27,202	1,891	7.0%	787	825	+38	+4.81%
Waterford Regional Hospital	68,922	67,013	1,909	2.8%	1,675	1,674	+0	-0.01%
Wexford General Hospital	26,221	23,378	2,843	12.2%	798	801	+3	+0.32%
<b>West Acute Services</b>								
Galway University Hospitals	131,357	121,486	9,870	8.1%	3,062	3,048	-14	-0.45%
Letterkenny General Hospital	52,792	47,116	5,676	12.0%	1,346	1,353	+7	+0.53%
Mayo General Hospital	40,539	36,270	4,270	11.8%	976	976	+0	+0.00%
Mid-Western Regional Hospital, Dooradoyle	79,923	68,011	11,913	17.5%	1,818	1,805	-13	-0.73%
Mid-Western Regional Hospital, Ennis	9,508	9,353	155	1.7%	226	223	-3	-1.41%
Mid- Western Regional Hospital, Nenagh	8,603	8,498	105	1.2%	231	214	-17	-7.18%
Mid-Western Regional Maternity Hospital	9,602	7,345	2,258	30.7%	302	297	-5	-1.64%
Mid-Western Regional Orthopaedic Hospital	5,373	4,788	584	12.2%	164	156	-8	-4.76%
Portiuncula Hospital	24,350	19,822	4,528	22.8%	646	646	+0	-0.02%
Roscommon County Hospital	9,033	8,461	572	6.8%	283	280	-3	-1.06%
Sligo Regional Hospital	52,046	47,178	4,868	10.3%	1,333	1,333	-1	-0.04%
St. John's Hospital	9,743	8,220	1,523	18.5%	279	270	-9	-3.30%

Finance YTD/ Human Resources YTD	Finance Actual €'000s	Budget €'000s	Finance Variance €'000s	Finance % Var	Ceiling June 2012	WTE June 2012	WTE Variance June 2012	% WTE Variance June 2012
<b>Dublin Mid-Leinster Non-Acute</b>								
Dublin South City	56,529	57,258	-729	-1.3%	1,180	1,153	-27	-2.28%
Dublin South-East	49,819	51,592	-1,773	-3.4%	1,215	1,169	-46	-3.79%
Dublin South-West	27,380	22,355	5,024	22.5%	1,274	1,238	-36	-2.86%
Dublin West	74,640	68,694	5,946	8.7%	2,041	2,005	-36	-1.76%
Dun Laoghaire	24,968	26,133	-1,165	-4.5%	837	811	-25	-3.03%
Kildare/ West Wicklow	63,089	62,599	489	0.8%	1,261	1,252	-9	-0.71%
Laois /Offaly	67,769	63,825	3,944	6.2%	2,036	1,889	-147	-7.22%
Longford/ Westmeath	58,645	56,672	1,973	3.5%	1,789	1,702	-88	-4.90%
Wicklow	40,763	37,589	3,173	8.4%	2,981	2,896	-86	-2.87%
<b>Dublin North-East Non-Acute</b>								
Cavan/ Monaghan	44,936	40,954	3,982	9.7%	1,139	1,120	-19	-1.70%
Dublin North	77,711	67,946	9,766	14.4%	1,482	1,496	+14	+0.94%
Dublin North Central	73,780	70,526	3,254	4.6%	2,582	2,618	+37	+1.41%
Dublin North-West	97,536	95,990	1,546	1.6%	2,478	2,436	-42	-1.70%
Louth	42,633	40,959	1,674	4.1%	1,582	1,570	-11	-0.71%
Meath	37,089	33,656	3,433	10.2%	865	872	+7	+0.79%
<b>South Non-Acute</b>								
Carlow/ Kilkenny	63,793	61,258	2,535	4.1%	1,375	1,268	-107	-7.81%
Cork North	41,743	38,358	3,385	8.8%	852	820	-32	-3.81%
Cork North Lee	51,002	46,343	4,659	10.1%	1,079	1,037	-42	-3.93%
Cork South Lee	56,493	49,529	6,965	14.1%	1,184	1,105	-79	-6.65%
Cork West	107,703	105,437	2,266	2.1%	2,678	2,621	-57	-2.13%
Kerry	48,194	46,012	2,182	4.7%	1,008	942	-66	-6.59%
Tipperary, South	44,431	43,384	1,047	2.4%	954	903	-51	-5.39%
Waterford	57,305	52,375	4,930	9.4%	1,485	1,459	-26	-1.75%
Wexford	44,401	42,987	1,414	3.3%	951	914	-37	-3.92%
<b>West Non-Acute</b>								
Clare	42,843	42,113	730	1.7%	1,073	1,042	-31	-2.89%
Donegal	73,247	71,024	2,223	3.1%	1,997	2,005	+8	+0.41%
Galway	110,963	106,745	4,218	4.0%	2,619	2,536	-83	-3.19%
Limerick	74,811	75,252	-440	-0.6%	1,762	1,667	-95	-5.38%
Mayo	67,306	66,957	349	0.5%	1,404	1,339	-65	-4.66%
Roscommon	27,804	27,915	-111	-0.4%	859	829	-29	-3.43%
Sligo/ Leitrim	66,492	63,793	2,699	4.2%	1,916	1,858	-58	-3.03%
Tipperary, North/ Limerick, East	57,121	56,441	680	1.2%	1,351	1,289	-62	-4.57%

Appendix 2 : Detailed OPD Activity

**Outpatients (OPD) Activity**

The Outpatient Data Quality Programme was introduced in hospitals in January 2011 in order to obtain standardised, defined and robust data relating to Consultant delivered Outpatient services. The objective was to assist in improving the management of demand and of all processes, including referral management.

**Referrals**

A total of 52,703 referrals were recorded during the month of June by the 36 (of 43) hospitals which reported on this metric.

The three hospitals with the highest number of referrals were St James's (4,768) Beaumont (3,894) and Cork University Hospital (3,741). It should be noted that Tallaght Hospital received marginally fewer referrals (3,683).

Full details of referral numbers in each reporting hospital are shown in the Supplementary Report.

**Attendances**

43 hospitals reported a total of 193,223 new and return attendances for June. The following table shows a summary of attendances during the month in the reporting hospitals:

June 2012 Outpatient (OPD) - Attendances							
	OPD New Attendances	OPD Return Attendances	OPD New DNA	OPD Return DNA	OPD New DNA	OPD Return DNA	Total DNA
	N	N	N	N	%	%	%
<b>Total</b>	58,052	135,171	10,895	25,547	15.8	15.9	15.8

**Demand and Supply**

To a certain extent, the balance between the rate at which referrals are received in hospitals and the rate at which new attendance appointments are provided, can be one indication of the balance between supply and demand and also of hospitals' responses to that demand. This balance be expressed as a ratio Referral:New Attendances, where a perfect balance between the two would be 1:1.

The balance between referrals and new attendance numbers can be illustrated by sample data from a number of hospitals and shows the ratio of referrals for every one new attendance.

- Monaghan General Hospital 2.2
- Cappagh Orthopaedic Hospital 1.6
- Midland Regional Hospital, Portlaoise 1.7
- Mercy University Hospital 1.5
- Ennis General Hospital 1.9
- Nenagh General Hospital 2.1

It should be noted that local referral patterns along with high demand for certain specialties are among the factors which may influence this ratio.

Overall, the national ratio in June was 0.9:1. However this ratio is influenced by the number of hospitals which do not report referral numbers.

## Return Attendances

A total of 135,171 Return attendances took place during June. The national target Return:New ratio is 2:1. This ratio is often seen as a measure of a hospital's efficiency in the use of resources. The national ratio overall in the month of June for Return:New Attendances was 2.3:1.

Hospitals which reached or exceeded the national target during the month are shown in the following table:

Outpatient (OPD) - Hospitals reaching and exceeding target Return:New Attendance Ratio of 2:1	
	<i>n:1</i>
<b>HSE Dublin Mid Leinster</b>	
Tallaght	2.0
St Michael's Hospital	1.7
<b>HSE Dublin North/ North East</b>	
Mater University Hospital	1.3
<b>HSE South</b>	
South Tipperary	2.0
St Luke's Hospital Kilkenny	1.7
Wexford General Hospital	1.9
South Infirmary Victoria Hospital	1.7
<b>HSE West</b>	
Mayo General Hospital	1.5
Portiuncula Hospital Ballinasloe	1.1
Roscommon County Hospital	1.9

Less favourable Return:New ratios are seen in a number of hospitals including Ennis General Hospital (4.3:1); Royal Victoria Eye and Ear Hospital (4.1:1) and the Midland Regional Hospital Mullingar (4:1).

## Patients Who Do Not Attend (DNA)

In June, 10,895 patients did not attend a first appointment while 25,547 did not attend second or subsequent appointments. This represents a total of 36,442 (15.9%) patients did not attend (DNA) scheduled appointments. When DNAs of new patients are examined by hospital, the highest percentage new DNA took place in the Royal Victoria Eye and Ear Hospital where the percentage of patients who did not attend a first appointment was 39.5%. The two hospitals in each geographic region with the highest percentage DNA of new patients are as follows:

Hospital	New Attendances % DNA
Our Lady's Children's Hospital	21.6
Royal Victoria Eye and Ear Hospital	39.5
Our Lady's Hospital Navan	29.5
Beaumont Hospital	21.1
Mercy Hospital	19.6
South Infirmary Victoria Hospital	19.6
Ennis General Hospital	22.9
St John's Hospital, Limerick	21.6

The Midland Regional Hospital, Mullingar (18.6%); Connolly Hospital, Blanchardstown (20.1%); South Tipperary General Hospital (18.3%) and Nenagh General Hospital (20.0%) also reported high new DNA rates.

The Supplementary Report shows full Attendance details for all reporting hospitals, including DNA numbers.

**Clinical Programmes: Key Performance Indicators (KPI)**

The national Clinical Programmes have been established in order to improve and standardise care for patients throughout the organisation. The Programmes are bringing together clinical disciplines, enabling them to share innovative solutions to deliver greater benefits to all patients. This is being achieved through focus on Clinical Programmes in key specialties.

Key Performance Indicators were set by the Clinical Programmes for performance in three of these: Dermatology, Neurology and Rheumatology and performance against those indicators are to be reported on a six-monthly basis and are out-turns on these KPIs are shown this month for the first time.

Full month-on-month details can be seen in the Supplementary Report, but the following table provides a summary:

January – June 2012 Outpatients (OPD) - Key Performance Indicators Dermatology, Neurology and Rheumatology			
Specialty	Referrals N	OPD New Attendances N	OPD Referral : New Attendance Ratio (n : 1)
Dermatology	19,625	18,197	1.1
Neurology	8,297	6,982	1.2
Rheumatology	7,197	5,814	1.2

During the period January to June, it can be seen above that high numbers of referrals were received by Dermatology. It can also be seen however that work is underway to maintain a balance between the number of referrals and the number of patients seen.

In addition to the Key Performance indicators shown above, Dermatology has an additional KPI which is the number of patients waiting longer than three months in this specialty, to be reported twice-yearly. There was under-reporting on these numbers in previous months' reports. However, for the month of June, the total numbers reported as waiting in Dermatology in standardised time bands can be seen in the following table:

Specialty	3-6 Month	6-12 Month	12-24 Month	24-36 Month	36-48 Month	48+ Month
Dermatology	4,537	5,232	3,953	1,631	939	4,869

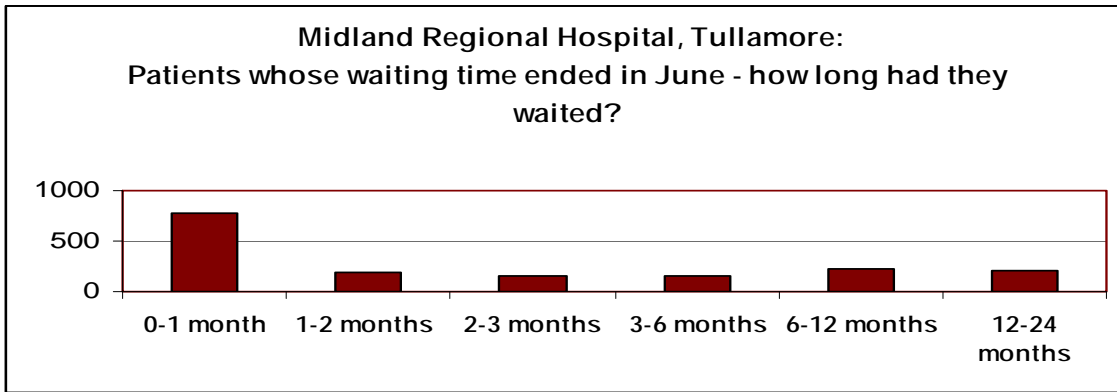
Full reports on these KPIs can be seen in the Supplementary Report.

**Waiting times – Patients who were seen in June – how long had they waited?**

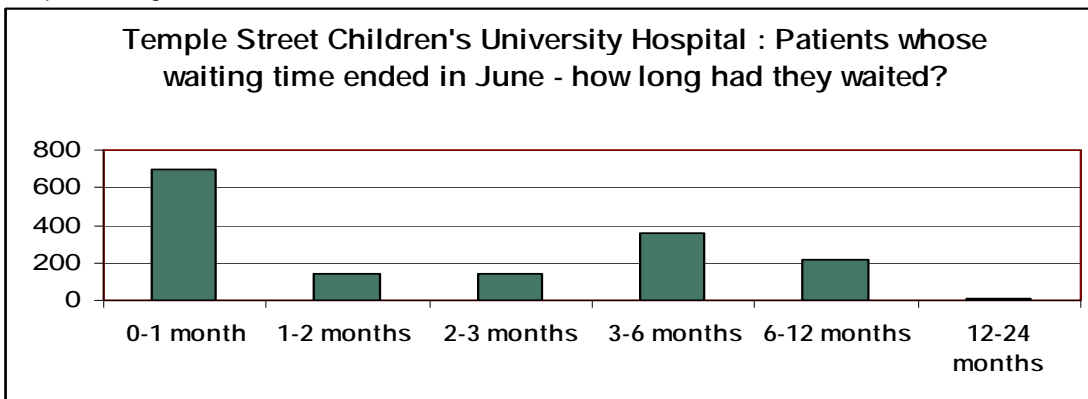
The number of hospitals reporting on this metric for June was twenty four. This data gives an insight into the high demand placed on hospitals by both urgent referrals from Emergency Departments and from general practitioners. It also provides an understanding of the ways in which the response to urgent referrals needs also be combined with chronological management of waiting lists; this is to ensure that "waiting list drift" does not occur, where patients with routine referrals experience long waiting times.

One hospital in each geographic region with long waiting times which reported on this metric has been selected to illustrate this challenge and can be seen in the following charts:

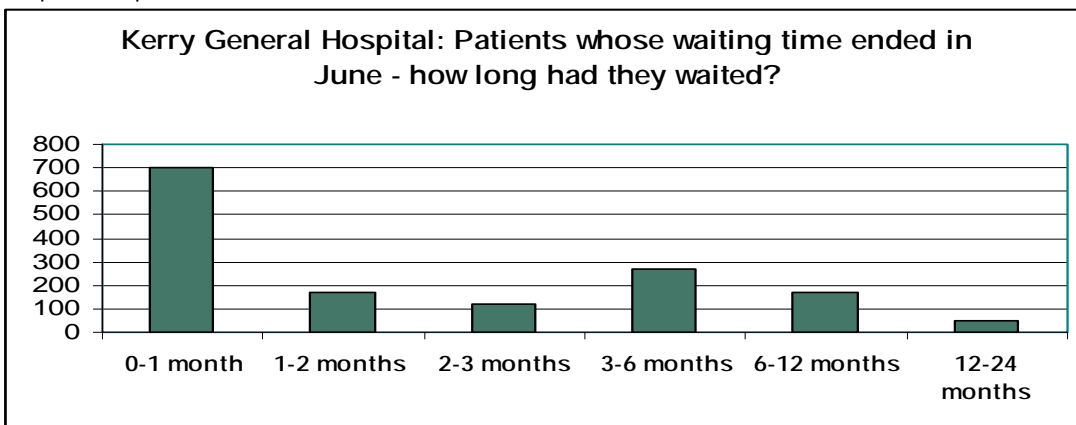
Dublin Mid- Leinster: In Tullamore high numbers of patients who were seen in OPD had waited 0-1 month:



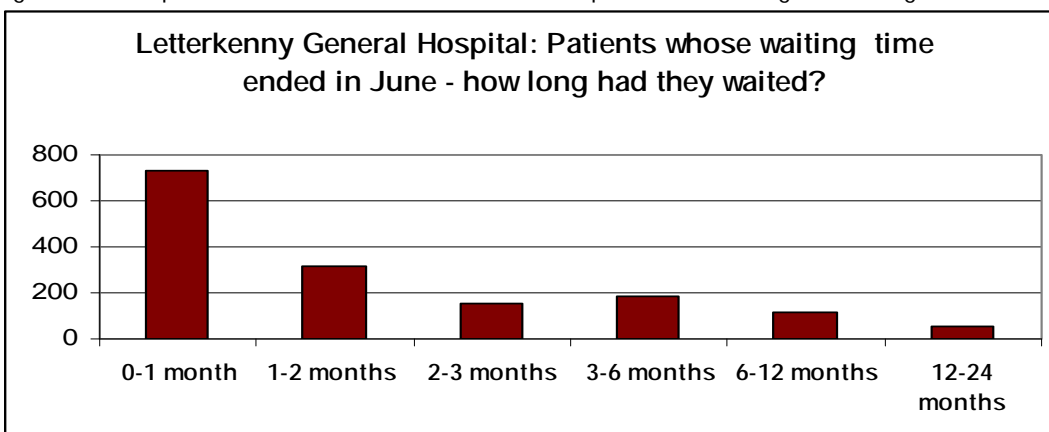
Dublin North-North East: A similar pattern can be seen in the Children's University Hospital, Temple Street with a small exception being seen in the 3-6 month time band:



South: In Kerry, a significantly higher number of patients in the 0-1 month time band completed their waiting time when compared to patients in other time bands:



West: Letterkenny's returns on this metric for the month is consistent with those from other hospitals nationally. A significantly high number of patients in the time band 0-1 month completed their waiting time during the month of June:



Note: for definitional reasons, the numbers of patients whose waiting time has ended will not equate to the number of attendances.



### Patients waiting in June

In June, all hospitals reported waiting times with the exception of Bantry General Hospital and St Michael's Hospital, Dun Laoghaire. Both these hospitals report that IT modifications to enable reporting are either awaited or are underway.

The reporting hospitals recorded that at the end of June, a total of 361,795 patients were waiting for an attendance. The majority of patients 244,520 (67.6%) are waiting less than one year from the date of referral.

### Patients waiting 0-12 months

The following table shows the number of patients who are waiting less than one year in standardised time bands:

June 2012 Outpatient (OPD) - Patients waiting 0-12 months for a Consultant Outpatient Attendance						
	0-1 Months	1-2 Months	2-3 Months	3-6 Months	6-12 Months	Total 0-12 Months
Totals	43,221	36,980	30,057	65,503	68,759	244,520

As can be seen in the following table, the geographic region with the highest number of patients waiting 0-12 months is Dublin Mid-Leinster:

June 2012 Outpatient (OPD) - Total Patients waiting 0-12 months for a Consultant Outpatient Attendance in each region	
	0-12 Months
Dublin Mid Leinster	71,748
Dublin North/ North-East	56,337
South	53,383
West*	63,052

\*UHG: Incomplete.

The two hospitals in each region with the highest numbers of patients waiting less than one year for an attendance are shown in the following table:

Hospital	Total no of patients waiting 0-12 months
Tallaght Hospital	19,579
Midland Regional Hospital Tullamore	10,036
Our Lady of Lourdes Hospital	9,639
Beaumont Hospital*	14,886
Waterford Regional Hospital	15,694
Cork University Hospital	14,115
Galway University Hospital*	19,700
Limerick Regional Hospital, Dooradoyle	11,078

\*Incomplete

These eight hospitals account for 47% of the national total waiting 0-12 months.



### Patients waiting >12 months

When numbers of patients waiting longer than twelve months are examined, the June reports show that a total of 117,275 patients were recorded as waiting more than one year: The following table provides a breakdown of this number in standardised time bands:

June 2012 Outpatient (OPD) - Patients waiting 12 Months or more for a Consultant Outpatient Attendance					
	12-24 Months*	24-36 Months	36-48 Months	48+ Months	Total 12-48 + Months
Totals	65,003	25,088	10,281	16,903	117,275

The two hospitals in each geographic region with the highest numbers of patients waiting longer than twelve months are shown in the following table:

Hospital	Total no of patients waiting 12-48+ months*
Tallaght	4,713
Midland Regional Hospital – Tullamore	3,938
Our Lady of Lourdes Hospital	4,139
Beaumont Hospital	1,825
Waterford Regional Hospital	20,148
Cork South Infirmary, Victoria Hospital	5,524
Galway Hospital Group**	21,228
Limerick Regional Hospital, Dooradoyle	14,196

\*\*UHG: Incomplete.

These eight hospitals account for 64.5% of the national total waiting 12-48+ months.

The Supplementary Report shows the detail of these waiting lists and waiting times by hospital.

### Waiting Time by Specialty

Data is available to report on the numbers waiting by speciality in our hospitals. Just six specialities (Orthopaedics, ENT, Dermatology, General Surgery, Ophthalmology and Urology) account for 86,234 number of patients waiting longer than one year and these represent almost three quarters (73.5%) of the total national number of patients waiting in those time bands for all specialities. The numbers of patients waiting longer than twelve months in those specialities are shown in the following table:

Specialty	Total 12-+ months
Orthopaedics	31,863
ENT	20,051
Dermatology	11,392
General Surgery	9,473
Ophthalmology	7,142
Urology	6,313

### Appendix 3: Gross Debtors Days for Acute Private Charges Debt < 12 months old

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

The report shows the Acute Hospital Gross Debtors Days for Private Charges Debt that are less than 1 year old at the 30<sup>th</sup> June 2012 and the comparative numbers at the 31<sup>st</sup> December 2011. The report also shows Private Charges income for the 12 months ended 30<sup>th</sup> June 2012 and Gross Debtors less than one year at 30<sup>th</sup> June 2012. The Debtors numbers are shown before any Bad Debt Provisions. The formula for the Debtor Days metric is (Gross Debtors < 12 months divided by Patient Income for previous 12 months) multiplied by 365 days.

#### Review of Progress in 2012

The key reason for the increase in Debtors days is the due to the holding / pending of Private Insurance Claims by the Private Health Insurers.

#### Gross Debtor Days for Private Charges < 12 months

Hospital	Category	Income raised for 12 months ended June'12	Gross Debtors <12 months at 30th June'12	Debtor Days 31st Dec 2011	Debtor Days 30th June 2012	Variance in Days
St Columcilles General	Statutory	108,373	23,145	89	78	11.0
Mallow General	Statutory	2,348,963	558,270	104	87	17.3
St. Lukes Hospital, Rathgar	Statutory	4,510,315	1,185,418	110	96	14.1
Roscommon General	Statutory	2,884,988	801,844	86	101	-15.4
Mid Western Regional Maternity	Statutory	4,963,483	1,488,866	88	109	-21.5
Mid Western Regional Orthopaedic	Statutory	4,695,665	1,454,991	89	113	-24.1
Wexford General	Statutory	8,244,042	2,562,786	118	113	4.5
Nenagh General	Statutory	2,572,127	804,412	113	114	-1.2
Cavan / Monaghan	Statutory	4,845,908	1,549,850	110	117	-6.7
Sligo General	Statutory	13,343,883	4,316,586	127	118	8.9
Bantry	Statutory	412,350	138,822	151	123	28.1
Letterkenny General	Statutory	7,332,540	2,620,788	131	130	0.5
Cork University	Statutory	38,122,855	13,907,543	144	133	10.8
Portiuncula Acute	Statutory	8,682,730	3,215,722	121	135	-14.2
Portlaoise General	Statutory	3,506,937	1,388,187	140	144	-4.5
Kerry General	Statutory	7,283,311	2,931,693	184	147	37.1
St. Josephs Clonmel	Statutory	6,289,327	2,546,428	184	148	36.2
Tullamore General	Statutory	6,503,812	2,839,410	178	159	18.6
Louth County	Statutory	533,985	244,482	201	167	33.9
Galway University Hospitals	Statutory	26,809,793	12,500,185	129	170	-41.2
Mayo General	Statutory	7,268,593	3,520,501	148	177	-28.8
Our Lady of Lourdes Drogheda	Statutory	13,259,945	6,466,631	151	178	-27.0
Our Ladys Navan	Statutory	1,383,923	686,498	93	181	-88.1
Mid Western Regional Dooradoyle	Statutory	25,092,480	12,881,012	183	187	-4.4
Waterford Regional	Statutory	21,364,132	11,352,968	156	194	-38.0
St. Lukes Kilkenny / Kilcreene	Statutory	8,798,008	4,828,437	185	200	-15.3
Ennis General	Statutory	812,003	460,708	132	207	-75.1
Mullingar General	Statutory	4,800,293	2,791,866	180	212	-32.3
Connolly Memorial	Statutory	5,427,782	3,191,853	223	215	8.4
Naas General	Statutory	1,194,231	878,268	260	268	-8.4
<b>Statutory Sub-Total</b>		<b>243,396,771</b>	<b>104,138,169</b>	<b>147</b>	<b>156</b>	<b>-9.2</b>
Rotunda Hospital	Voluntary	12,595,655	2,069,415	59	60	-1.0
Coombe Womens Hospital	Voluntary	11,242,106	2,638,967	90	86	4.3
National Maternity Holles St.	Voluntary	14,119,329	3,409,021	69	88	-19.1
Cappagh National Orthopaedic	Voluntary	2,957,320	718,505	125	89	36.3
St. James's Hospital	Voluntary	32,154,476	8,205,848	71	93	-22.1
St. Vincent's Elm Park	Voluntary	12,458,349	3,505,556	86	103	-16.7
Mater Misericordiae University	Voluntary	13,972,643	4,486,256	122	117	4.8
Mercy	Voluntary	17,527,836	5,727,688	122	119	2.7
Royal Victoria Eye & Ear Hospital	Voluntary	3,501,308	1,205,641	126	126	0.3
South Infirmary - Victoria Hospital	Voluntary	13,998,883	5,668,600	121	148	-26.8
St. John's Limerick	Voluntary	5,830,015	2,387,001	133	149	-16.4
Beaumont Hospital	Voluntary	28,770,613	11,988,743	192	152	39.9
Our Lady's Hosp for Sick Children Crumlin	Voluntary	13,709,000	5,995,138	170	160	10.4
St. Michael's Dun Laoghaire	Voluntary	4,529,588	1,982,805	144	160	-15.8
Adelaide & Meath Tallaght	Voluntary	36,303,316	17,273,864	148	174	-25.7
Children's University, Temple Street	Voluntary	7,031,909	4,263,052	189	221	-32.3
<b>Voluntary Sub-Total</b>		<b>230,702,343</b>	<b>81,526,099</b>	<b>124</b>	<b>129</b>	<b>-5.1</b>
<b>Total</b>		<b>474,099,113</b>	<b>185,664,268</b>	<b>135</b>	<b>143</b>	<b>-7.5</b>

Note: The values in the above table are unaudited.

## Appendix 4: Vote Data

### Vote 39 Vote Expenditure Return at 31<sup>st</sup> July 2012

(As at 8<sup>th</sup> August 2012)

#### 1. Vote Position at 31<sup>st</sup> July 2012

Vote Return – July 2012	REV 2012	July Monthly Profile €'000	July Actual Outturn €'000	Over (Under) €'000	July YTD Profile €'000	July YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,332,455	1,070,670	1,116,255	45,585	7,933,006	8,153,805	220,799
Gross Capital Expenditure	382,000	28,050	19,740	(8,310)	210,482	183,228	(27,254)
<b>Total Gross Vote Expenditure</b>	<b>13,714,455</b>	<b>1,098,720</b>	<b>1,135,995</b>	<b>37,275</b>	<b>8,143,488</b>	<b>8,337,033</b>	<b>193,545</b>
<i>Appropriations-in-Aid</i>							
- Receipts collected by HSE	1,144,917	87,013	85,489	(1,524)	642,916	609,664	(33,252)
- Receipts EU Health Costs	220,000	0	130,000	130,000	0	130,000	130,000
- Other Receipts	180,605	14,000	14,000	-	98,000	98,000	-
- Capital Receipts	8,000	36	-	(36)	4,588	2,794	(1,794)
<b>- Total</b>	<b>1,553,522</b>	<b>101,049</b>	<b>229,489</b>	<b>128,440</b>	<b>745,504</b>	<b>840,458</b>	<b>94,954</b>
<b>Net Expenditure</b>	<b>12,160,933</b>	<b>997,671</b>	<b>906,506</b>	<b>(91,165)</b>	<b>7,397,984</b>	<b>7,496,575</b>	<b>98,591</b>

#### 2. Comparison to Issues Return

The July return is broadly consistent with the issues return submitted on 25<sup>th</sup> July 2012.

#### 3. General Commentary

Arising from the current difficulties experienced with Ulster Bank the July vote expenditure figures cannot be confirmed until all bank balances are fully updated and reconciled.

The July vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners and receipts from the UK Department of Health in relation to the recovery of EU health costs. Therefore while the gross expenditure is correct the individual subhead totals in the attached return for Long Term Residential Care (B12) and Children & Family Services (B15) is stated at the profiled amount for the month as actual vote expenditure is not available.

Gross current vote expenditure is €221m over profile, while current appropriations-in-aid collected directly by the HSE are €33m under profile resulting in a **net current overspend of €254m** (€207m at the end of June, 2012).

EU appropriations in aid are €130m ahead of profile as €130m was received from the UK Department of Health in July 2012. This receipt was not profiled for collection until September and December 2012. Other current appropriations-in-aid are on profile.

Gross capital expenditure is €27m under profile and capital appropriations in aid are €2m under profile.

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

- The statutory sector is €44m over profile (€11m over profile in June).
- The voluntary sector is €88m over profile (€89m over profile in June).
- The medical card services and community schemes, on a gross basis, is €120m over profile and on a net basis is €117m over profile (€92m over profile on a net basis in June).
- Pension Lump Sum Payments are €12m under profile. It should be borne in mind that the subhead was not adjusted to reflect the service plan position as agreed by the Minister in consultation with the Minister for Public Expenditure and Reform.(on profile in June). The actual budget in the Service Plan for lump sums is €180m of which €164m relates to statutory system lump sums. The subhead A3 is still stated at €207m for statutory lump sums based upon the Revised Estimate Volume.
- Payments to the State Claims Agency are €19m under profile (€21m under profile in June).

#### 5. Capital Position at 31<sup>st</sup> July 2012

Subhead	REV 2012 Profile €000	July 2012 Profile €'000	July YTD Actual €'000	Over (Under) €'000
B.15. Children & Family Services	974	600	560	(40)
C1 – Capital - Construction	330,487	189,672	172,375	(17,297)
C2 – Capital - Lottery	2,539	0	0	-
C3 – Capital - Information Systems	40,000	15,260	3,916	(11,344)
C4 – Mental Health Facilities	8,000	4,950	6,377	1,427
<b>Gross Capital Expenditure</b>	<b>382,000</b>	<b>210,482</b>	<b>183,228</b>	<b>(27,254)</b>
D.10 Receipts - Disposal of Mental Health and other Health Facilities	8,000	4,588	2,794	(1,794)
<b>Net Capital Expenditure</b>	<b>374,000</b>	<b>205,894</b>	<b>180,434</b>	<b>(25,460)</b>

#### 6. Capital Commentary

Subhead	Variance for Period	Variance as a % of the vote allocation for Jan-July	Expenditure in January- July as a % of the 2012 Allocation
C1/C2 Construction	17.297	9.12%	51.76%
C3 ICT	11.344	74.34%	9.79%
C4 Mental Health	-1.427	-28.84%	79.72%
B15 Children and Families	0.040	6.74%	57.45%
<b>Gross</b>	<b>27.254</b>	<b>12.95%</b>	<b>47.97%</b>
D 10 -Receipts from the disposal of Assets	-1.794	39.09%	34.93%
<b>Net</b>	<b>25.460</b>	<b>12.37%</b>	<b>48.24%</b>

##### C1/C2 Construction

Expenditure in the period Jan-July is under profile for the period by €17.297m. This represents just over 9% of the allocation for the period. While C1/C2 is below profile for the period the allocation is fully committed to projects.

**C3 ICT**

Expenditure in the period Jan-July is 74% below profile for the period and accounts for almost 10% of the total ICT allocation for the year. This is in keeping with the trend in previous years where ICT expenditure is low in the first half of the year.

**C4 Mental Health**

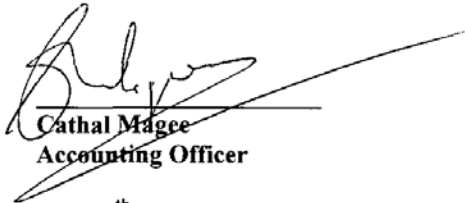
Expenditure in the period Jan-July is €1.427m ahead of profile for the period. These projects are financed from the sales of surplus assets. The profile requirement to receive €8m from disposal of assets is expected to be achieved by year end. However any year end shortfall in sales will be counterbalanced by an equivalent surplus in C1/C2.

**B15 Children and families**

The total allocation for 2012 is €0.974m and has been allocated to three residential care projects. The expenditure for the period is under profile by €0.040m.

**A in A - Sale of Surplus Assets**

Projected sales are behind profile, however almost 35% of the annual target has been achieved in the period to date. The profile requirement to receive €8m from disposal of assets is expected to be achieved by year end.

  
Cathal Magee  
Accounting Officer

Date: 8<sup>th</sup> August 2012



## Vote 39 Vote Expenditure Return at 30<sup>th</sup> June 2012

(As at 6<sup>th</sup> July 2012)

### 1. Vote Position at 30<sup>th</sup> June 2012

Vote Return – June 2012	REV 2012	June Monthly Profile €'000	June Actual Outturn €'000	Over (Under) €'000	June YTD Profile €'000	June YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,332,455	1,096,334	1,129,408	33,074	6,862,336	7,037,550	175,214
Gross Capital Expenditure	382,000	29,820	25,391	(4,429)	182,432	163,488	(18,944)
<b>Total Gross Vote Expenditure</b>	<b>13,714,455</b>	<b>1,126,154</b>	<b>1,154,799</b>	<b>28,645</b>	<b>7,044,768</b>	<b>7,201,038</b>	<b>156,270</b>
<i>Appropriations-in-Aid</i>							
- Receipts collected by HSE	1,144,917	95,155	87,126	(8,029)	555,903	524,175	(31,728)
- Other Receipts	400,605	14,000	14,000	0	84,000	84,000	0
- Capital Receipts	8,000	266	-	(266)	4,552	2,794	(1,758)
<b>- Total</b>	<b>1,553,522</b>	<b>109,421</b>	<b>101,126</b>	<b>(8,295)</b>	<b>644,455</b>	<b>610,969</b>	<b>(33,486)</b>
<b>Net Expenditure</b>	<b>12,160,933</b>	<b>1,016,733</b>	<b>1,053,673</b>	<b>36,940</b>	<b>6,400,313</b>	<b>6,590,069</b>	<b>189,756</b>

### 2. Comparison to Issues Return

The June return is broadly consistent with the issues return submitted on 25<sup>th</sup> June 2012.

### 3. General Commentary

Arising from the current difficulties experienced with Ulster Bank the June vote expenditure figures cannot be confirmed until all bank balances are fully updated by the Ulster Bank.

The June 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. Therefore while the gross expenditure is correct the individual subhead totals in the attached return for Long Term Residential Care (B12) and Children & Family Services (B15) is stated at the profiled amount for the month as actual vote expenditure is not available.

Gross current vote expenditure is €175m over profile, while current appropriations-in-aid collected directly by the HSE are €32m under profile resulting in a **net current overspend of €207m** (€166m at the end of May, 2012).

Other current appropriations-in-aid are on profile.

Gross capital expenditure is €19m under profile and capital appropriations in aid are €2m under profile.

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

- The statutory sector is €11m over profile (€2m over profile in May).
- The voluntary sector is €89m over profile (€73m over profile in May).

- The medical card services and community schemes, on a gross basis, is €96m over profile and on a net basis is €92m over profile (€59m over profile on a net basis in May).
- Pension Lump Sum Payments are on profile (€22m over profile in May).
- Payments to the State Claims Agency are €21m under profile (€19m under profile in May).

## 5. Capital Position at 30<sup>th</sup> June 2012

Subhead	REV 2012 Profile €000	June 2012 Profile €'000	June YTD Actual €'000	Over (Under) €'000
B.15. Children & Family Services	974	600	448	(152)
C1 – Capital - Construction	330,487	166,872	153,225	(13,647)
C2 – Capital - Lottery	2,539	0	0	0
C3 – Capital - Information Systems	40,000	10,810	3,438	(7,372)
C4 – Mental Health Facilities	8,000	4,150	6,377	2,227
<b>Total</b>	<b>382,000</b>	<b>182,432</b>	<b>163,488</b>	<b>(18,944)</b>
<b>Gross Capital Expenditure</b>				
D.10 Receipts - Disposal of Mental Health and other Health Facilities	8,000	4,552	2,794	(1,758)
<b>Net Capital Expenditure</b>	<b>374,000</b>	<b>177,880</b>	<b>160,694</b>	<b>(17,186)</b>

## 6. Capital Commentary

Subhead	Variance for Period	Variance as a % of the vote allocation for Jan-June	Expenditure in January- June as a % of the 2012 Allocation
C1/C2 Construction	13.647	8.18%	46.36%
C3 ICT	7.372	68.20%	8.59%
C4 Mental Health	-2.227	-53.67%	79.72%
B15 Children and Families	0.152	25.41%	45.95%
<b>Gross</b>	<b>18.944</b>	<b>10.38%</b>	<b>42.80%</b>
<b>Receipts</b>	<b>-1.758</b>	<b>38.61%</b>	<b>34.93%</b>
<b>Net</b>	<b>17.186</b>	<b>9.66%</b>	<b>42.97%</b>

### C1/C2 Construction

Expenditure in the period Jan-June is under profile for the period by €13.65m. This represents just over 8% of the allocation for the period.

### C3 ICT

Expenditure in the period Jan-June is 68% below profile for the period and accounts for 8.6% of the total ICT allocation for the year. This is in keeping with the trend in previous years where ICT expenditure is low in the first half of the year.

**C4 Mental Health**

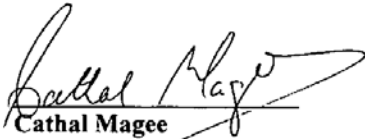
Expenditure in the period Jan-June is €2.23m ahead of profile for the period. This represents almost 54% of the allocation for the period. These projects are financed from the sales of surplus assets. The profile requirement to receive €8m from disposal of assets is expected to be achieved by year end.

**B15 Children and families**

The total allocation for 2012 is €0.974m and has been allocated to three residential care projects. The expenditure for the period is under profile by €0.152m.

**A in A - Sale of Surplus Assets**

Projected sales are behind profile, however almost 35% of the annual target has been achieved in the first 6 months of the year. The profile requirement to receive €8m from disposal of assets is expected to be achieved by year end.

  
Cathal Magee  
Accounting Officer

Date: 6<sup>th</sup> July 2012



### Appendix 5: Capital Projects by Care Group / Programme 2012

Sub Programme	Facility	Project Details	Project Completion		Operational		Comment	Beds (where relevant)		Capital Cost €m			2012 Implications		
			Planned	Current status	Planned	Current status		Additional	Replacement	2012	YTD spend	Total	WTEs	YTD WTEs in place	Revenue Costs €m
<b>Primary Care</b>															
<b>Dublin Mid Leinster</b>															
Primary Care	Longford, Co. Longford	Primary Care Centre, by lease agreement.	Q2	Complete	Q2	Q3 2012	Operational Q3 2012	0	0	0		0	0		0
<b>Dublin North East</b>															
Primary Care	Mulhuddart, Co. Dublin	Primary Care Centre, by lease agreement.	Q2	Progressing	Q2	Q4 2012	Operational Q4 2012	0	0	0		0	0		0
Primary Care	Ashbourne, Co. Meath	Primary Care Centre, by lease agreement.	Q1	Progressing	Q2	Q3 2012	Operational Q3 2012	0	0	0		0	0		0
Primary Care	Drogheda North, Co. Louth	Primary Care Centre, by lease agreement.	Q2	Not progressing	Q3	Not progressing	Not progressing	0	0	0		0	0		0
Primary Care	Ashbourne, Co. Meath	Primary Care Centre, by lease agreement.	Q1	Complete	Q2	Q3 2012	Operational Q3 2012	0	0	0		0	0		0
Primary Care	Kingscourt, Co. Cavan	Primary Care Centre, by lease agreement.	Q2	Complete	Q2	Q2 2012	Partially Operational Q2	0	0	0		0	0		0
Primary Care	Navan, Co. Meath	Primary Care Centre, by lease agreement.	Q2	2013	Q3	2013	Delayed 2013 target	0	0	0		0	0		0
<b>South</b>															
Primary Care	Kenmare, Co. Kerry	Primary Care Centre, by lease agreement.	Q2	Complete	Q2	Q3 2012	Operational Q3 2012	0	0	0		0	0		0
<b>West</b>															
Primary Care	Glenties, Donegal	Primary Care Centre.	Q4 2011	Complete	Q1	Q3 2012	Operational Q3 2012	0	0	0.43		1.72	0		0
<b>Acute</b>															
<b>Dublin Mid Leinster</b>															
Acute	St. Vincent's University Hospital, Dublin	Phase 2 - New clinical building including wards, CF unit and dermatology unit.	Q2	Complete/ come commissioning outstanding	Q2/Q3	Q3 2012	Phased opening Q3 2012	0	100	25.00		30.00	0		0
<b>Dublin North East</b>															
Acute	Mater Misericordiae University Hospital, Dublin	Redevelopment of Mater Adult Hospital on existing site. Includes new ED, OPD, ICU/HDU (36 beds), 12 new theatres, radiology, CSSD; 12 Observation beds (A&E extension) and 120 replacement beds.	Q2	Complete	Q2/Q3	TBC	Phased opening commenced in June 2012	48 (36 ICU/HDU, 12 observation)	120	50.00		205.00	Opening to be considered in light of 2012 funding		

Sub Programme	Facility	Project Details	Project Completion		Operational		Comment	Beds (where relevant)		Capital Cost €m			2012 Implications		
			Planned	Current status	Planned	Current status		Additional	Replacement	2012	YTD spend	Total	WTEs	YTD WTEs in place	Revenue Costs €m
<b>South</b>															
Acute	Kerry General Hospital, Tralee	New ED.	Q2	Complete	Q3	Q3 2012	Phase 1 operational Q2, phase 2 (final phase) operational in Q3 2012)	0	0	2.00		5.90	0		0
Acute	Cork University Hospital	Development of an acute medical assessment unit.	Q4 2011	Complete	Q1	Operational	Operational	13	0	0.75		3.50	0		0
Acute	Cork University Maternity Hospital	Upgrade of existing recovery area to create an emergency obstetric theatre.	Q1	Complete	Q2	Q3 2012	Operational Q3 2012	0	0	0.55		1.00	0		0
<b>West</b>															
Medical Block	Letterkenny General Hospital, Co. Donegal	New medical block including ED (19 bays), acute assessment unit (11 bays) and three 24 bed wards.	Q1	Complete	Q2	Q3 2012	Operational Q3 2012	0	72	2.00		22.00	Opening to be considered in light of 2012 funding		
Paediatric Care	University College Hospital Galway	Upgrade of neonatal department..	Q1	Complete	Q1	Operational	Operational	3	14	0.15		2.68	0		0
Acute	Mayo General Hospital, Castlebar	Upgrade / replacement of fire detection system.	Q1	Complete	Q1	Operational	Operational	0	0	0.12		0.29	0		0
Acute	Mayo General Hospital, Castlebar	Replacement of radiology equipment in ED.	Q2	Complete	Q2	Operational	Operational	0	0	0.30		0.30	0		0
Acute	Sligo General Hospital	Replacement of radiology equipment.	Q1	Complete	Q1	Operational	Operational	0	0	0.10		1.60	0		0
Critical Care	Mid-Western Regional Hospital, Limerick	Provision of a new critical care block (linked directly to the main theatre block), to provide 12 ICU, 14 HDU and 16 CCU bed, (24 beds opening in 2012 - cost neutral).	Q2	Practical Completion July	Q2	Q4 2012	Operational Q4 2012	0	24	17.00		35.00	0		0
<b>Older People</b>															
<b>Dublin Mid Leinster</b>															
Older People	Community Nursing Unit (CNU), Inchicore, Dublin	50 bed CNU.	Q4 2010	Complete	Q1	TBC	Partially operational	0	50	0		10	0		0
Older People/Mental Health	St. Mary's Unit, Mullingar	100 bed community hospital to accommodate replacement beds from the existing unit.	Q2	Complete	Q2	TBC	Opened by Minister 16th July 2012	0	50 TBC (see Mental Health)	*1 (see Mental Health)		*16.50 (see Mental Health)	0		0
<b>South</b>															
Older People	CNU Tralee	50 bed CNU	Q4 2010	Complete	Q1	Q3 2012	Operational Q3 2012	0	29	0		9.40	0		0

Sub Programme	Facility	Project Details	Project Completion		Operational		Comment	Beds (where relevant)		Capital Cost €m			2012 Implications		
			Planned	Current status	Planned	Current status		Additional	Replacement	2012	YTD spend	Total	WTEs	YTD WTEs in place	Revenue Costs €m
<b>Mental Health</b>															
<b>Dublin Mid-Leinster</b>															
Mental Health	Ballyfermot Hostel, Cherry Orchard Hospital, Dublin	New 17 bed low support hostel.	Q1	Complete	Q1	Operational	Operational	17	0	2.19		2.80	0		0
Mental Health	St. Loman's Hostel, Clondalkin Road, Dublin	New 17 bed hostel.	Q1	Complete	Q1	Operational	Operational	17	0	2.37		3.00	0		0
Mental Health	Cherry Orchard Hospital, Ballyfermot, Dublin	New day centre comprising outpatients, adolescents day hospital and administration.	Q1	Complete	Q1	Operational	Operational	0	0	6.40		9.05	0		0
Mental Health	Ballyfermot, Dublin – Primary Care and Mental Health Centre	New Primary Care and Mental Health Centre.	Q2	Complete	Q2	Operational	Operational	0	0	7.70		12.45	0		0
Mental Health	St. Mary's Unit, Mullingar	100 bed community hospital to accommodate replacement beds from St Loman's Psychiatric Hospital for patients with continuing care needs.	Q2	Complete	Q2	Operational	Operational	0	50 TBC (See Older People)	See Older People			0		0
<b>Dublin North East</b>															
Mental Health (Child and Adolescent)	St. Vincent's Hospital, Fairview, Dublin	Phase 2 – provision of 6 additional beds in adolescent unit.	Q2	Complete	Q3	Q3 2012	Operational Q3	6	0	1.00		2.50	Resources provided in NSP 2011		
<b>South</b>															
Mental Health	Clonmel, Co. Tipperary	Provision of a 40 bed residential unit, on the existing site, to accommodate current residents of St Luke's.	Q1	Complete	Q2	Operational	Operational		40	1.00		8.00	0		0
Mental Health	Clonmel, Co. Tipperary	High support hostel.	Q2	Complete	Q2	Q3 2012	Operational Q3	0	12	1.00		1.80	0		0
Mental Health	Clonmel, Co. Tipperary	Day Hospital and accommodation for sector team	Q1	CMHC scheduled for completion in June 2012	Q2	Q3 2012	Operational Q3	0	0	2.00		3.50	0		0
Mental Health	Waterford Regional Hospital	Upgrade Acute Mental Health Unit.	Q1	Complete	Q1	Operational	Complete	0	0	0.80		1.10	0		0
<b>Disability</b>															
<b>Dublin North East</b>															
Disability	Oakridge Day Unit, Daughters of Charity, Blanchardstown, Dublin	Early intervention and assessment unit.	Q2	Complete	Q3		Operational Q3 2012	0	0	0.30		1.90	0		0

