



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

September 2011

Performance Report on NSP 2011



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Introduction

The Performance Report (PR) provides an overall analysis of key performance data from Finance, HR, Hospital and Primary & Community Services. The activity data reported is based on Performance Activity and Key Performance Indicators outlined in the NSP 2011. The September Performance Report is the third quarterly update for 2011 and includes additional metrics as outlined in the National Service Plan 2011.

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

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

Additional Items of information

- Service Level Agreements & Grant Aid Agreements – quarterly update
- Update on National Clinical Programmes, Quality & Patient Safety section
- Service Improvement – Paediatric Neurosurgery Service, Quality & Patient Safety section
- New Service Developments – quarterly update

Overview of Key Metrics NSP 2011

Performance Arrows → Performance maintained within 1% ↑ Performance improved by >1% ↓ Performance deteriorated by >1%	% Variance Performance within 5% of target = Green Performance between 5-10% of target = Amber Performance greater than 10% from target = Red
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National	Performance Measures	Report Frequency	Outturn 2010	Target (NSP 2011)	Performance YTD			YTD 2011 v YTD 2010		Performance this Month				
					Target YTD	Activity YTD	% var YTD v Tar YTD	Same period last year	% var YTD v YTD 2010	Target this M/Q	Actual last M/Q	Actual this M/Q	Performance Trend v Last Month	% variance Actual this month v Target this M/Q
Primary Care	No. PCTs implementing structured integrated diabetes care	Q	34	57	51	54	5.9%	n/a	n/a	51	64	54	↓	5.9%
	No. PCTs that are continuing to implement structured asthma prevention and care	Q	16	16	16	16	0.0%	n/a	n/a	16	16	16	→	0.0%
	PCTs: No. holding Clinical Team Meetings	M	348	518	471	393	-16.6%	294	33.7%	471	386	393	↑	-16.6%
	Visit by PHN within 48 hours of hospital discharge	Q	84.0%	95%	95%	82.9%	-12.7%	84.7%	-2.1%	95%	82.1%	84.5%	↑	-11.1%
	Child Health Developmental Screening at 10 months	M	64.0%	90%	90%	80.9%	-10.1%	55.6%	45.5%	90%	82.2%	84.0%	↑	-6.7%
Acute Care	In-patient discharges	M	588,860	574,400	432,044	441,278	2.1%	440,011	0.3%	48,026	47,739	49,336	↑	2.7%
	Day Case discharges	M	728,269	755,100	567,225	573,239	1.1%	553,645	3.5%	69,111	63,958	66,763	↑	-3.4%
	% of patients admitted to hospital within 6 hours of ED registration	M	Not comparable	100%	100%	47.9%	-52.1%	n/a	n/a	100%	46.9%	44.0%	↓	-56.0%
	% of patients discharged from hospital within 6 hours of ED registration	M		100%	100%	75.7%	-24.3%	n/a	n/a	100%	76.0%	75.0%	→	-25.0%
	Elective procedures adults < 6mths, Inpatients	M	74.5%	100%	100%	67.5%	-32.5%	74.6%	-9.5%	100%	68.3%	67.5%	→	-32.5%
	Elective procedures adults < 6mths, Day Case	M	87.5%	100%	100%	78.4%	-21.6%	86.7%	-9.6%	100%	79.1%	78.4%	→	-21.6%
	Elective procedures children < 3 mths, Inpatients	M	45.5%	100%	100%	39.7%	-60.3%	41.3%	-3.9%	100%	43.8%	39.7%	↓	-60.3%
	Elective procedures children < 3 mths, Day Case	M	51.7%	100%	100%	43.7%	-56.3%	45.4%	-3.7%	100%	45.6%	43.7%	↓	-56.3%
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	M	95.1%	95%	95%	99.3%	4.5%	93.9%	5.8%	95%	99.8%	100.0%	↑	5.3%
	Acute medicine programme	Q	New 2011	12 sites	6	6	0.0%	n/a	n/a	6	0	6	↑	0.0%
	Defined stroke units in place	Q	New 2011	9 sites	6	4	-33.3%	n/a	n/a	3	2	2	→	-33.3%
	Structured heart failure treatment	Q	New 2011	12 hospitals	6	6	0.0%	n/a	n/a	3	3	3	→	0.0%
Children and Families	% children in care who have a written care plan (Child Care Regs 1995)	M	90.1%	100%	100%	91.1%	-8.9%	n/a	n/a	100%	91.9%	91.1%	→	-8.9%
	% children in care who have an allocated Social Worker at the end of the reporting period	M	93.2%	100%	100%	91.0%	-9.0%	n/a	n/a	100%	93.1%	91.0%	↓	-9.0%
Mental Health	No. of CAMHS teams	Q	50	60 by year end	60	61	1.7%	55	10.9%	60	56	61	↑	1.7%
Disability	% of disability assessments completed within the timeframes (as per Regs)	Q	21%	100%	100%	27%	-69.1%	21.0%	45.5%	82%	20%	27%	↑	-67.1%
Older Persons	Total no. of Home Help Hours provided for all care groups	M	11,680,516	11,980,000	8,804,081	8,342,568	-5.2%	8,513,464	-2.0%	977,121	943,905	944,151	↑	-3.4%
Palliative Care	Palliative Care: Inpatient bed provided within 7 days	M	New 2011	92%	92%	93%	1.1%	93.0%	-0.9%	92%	95.0%	93.0%	↓	1.1%
Food Safety	Food Safety: high risk premises inspected	Q	New 2011	23,570	17,677	16,016	-9.4%	n/a	n/a	5,892	5,671	4,771	↓	-19.0%

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,712,641	2,082,717	2,021,137	61,580	3.0%
	Dublin North East	1,925,298	1,481,812	1,438,914	42,898	3.0%
	South	1,898,076	1,457,585	1,426,525	31,060	2.2%
	West	1,990,376	1,534,417	1,489,632	44,785	3.0%
	Care Group / Other Services	36,828	13,081	23,864	-10,783	-45.2%
	Population Health	147,153	102,158	108,629	-6,471	-6.0%
	ISD Regional Sub Total	8,710,372	6,671,769	6,508,700	163,069	2.5%
	Primary Care Reimbursement Service	2,402,898	1,893,111	1,808,745	84,366	4.7%
	Corporate Services and Pensions	428,588	269,035	275,755	-6,720	-2.4%
	National Services	683,311	564,967	517,861	47,106	9.1%
	Held Funds	125,625		84,500	-84,500	
	Total HSE	12,350,795	9,398,882	9,195,561	203,321	2.2%
	Deficit after adjusting for post-service plan reduction by DOH				159,821	
	Key Performance Measurement Savings 2011	Target Savings 2011 €000	Actual YTD €000	Target YTD €000	Variance YTD €000	% Var Act v Target
	Community Schemes*	424	157.5	262.6	-105.1	-40%
	VFM Expenditure Reductions	202.8	116.5	144.2	-27.7	-19.2%
	Exit Scheme and Moratorium **	187.7	139.5	140.8	-1.3	-0.9%

* €10m of this reduction was allocated to hospitals

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

Human Resources	ISD Region / Other	WTE Dec 2010	Ceiling Sept 2011	WTE Sept 2011	WTE Change since Aug 2011	WTE Change from Dec 2010 to Sept 2011	WTE Variance Sept 2011	% WTE Variance Sept 2011
	DML	31,721	31,032	30,847	-54	-874	-184	-0.59%
	DNE	21,903	21,012	20,887	-116	-1,016	-125	-0.59%
	South	23,058	22,388	22,231	-11	-826	-157	-0.70%
	West	24,794	24,182	24,014	-60	-780	-168	-0.69%
	National	955	1,085	1,022	+26	+68	-63	-5.79%
	Portion of Ceiling to be allocated		597				-597	-100.00%
	Other (Corp Services, QCC, PH etc.)	4,049	3,853	3,785	+0	-264	-68	-1.76%
	Total	107,972	105,622	104,287	-224	-3,685	-1,335	-1.26%

Management Overview Report on Performance

FINANCE KEY MESSAGES

October Vote

Gross current vote expenditure is €201m over profile, while Appropriations in Aid collected directly by the HSE are €33m under profile resulting in net revenue overspend of €234m at the end of October, 2011 (€206m over profile in September). Based upon the current expenditure rate the HSE is projecting a potential vote deficit in the region of €300m subject to further cost reduction by service directorates.

The HSE Board met on 24th October to review additional measures required to deliver a balanced vote by year end and agreed to prioritise implementation of the following: seek supplementary funding for shortfall in PCRS allocation; avail of full credit terms with external vendors; accelerate income collection; seek approval for viring of capital surplus and maximise voluntary agencies overdraft level in accordance with the letter of sanction 2009. It was agreed that the measures would only be undertaken to the extent required based upon the actual spend in October, November and December and the extent to which expenditure reductions would be delivered in cash terms through the cost containment plans already in place.

September Financial Position

The financial results for September show total expenditure of €9.398 billion against a year to date budget of €9.207 billion. The reported variance is €203.3m.

- The overall deficit for the health system at the end of September is €159.8m after taking account of the post-service plan reduction by DOH. Given that there are only 3 months to the end of the year, the rate of expenditure reduction required in those 3 months to achieve breakeven is very substantial.
- Demand for hospital services is still high and hospitals continue to deliver services at activity levels that are above Service Plan targets. This activity contributes to hospital deficits of €145.6m at the end of September as well as a shortfall of €22.6m in income billing. This is because of some fall in the level of privately-insured individuals, use of private rooms for infection control, historically high targets and in some cases sub-optimal use of private beds. The hospitals with the most serious financial difficulties are University Hospital Limerick, Galway University Hospitals, Tallaght and Our Lady of Lourdes. Each of these hospitals are facing increasing cash pressures and will continue to do so until year end. The HSE is now working with Tallaght on a weekly basis to ensure stabilisation of their financial position and continuity of services until year end.
- Within community services to the end of September there is a deficit of €34.6m. The deficit is substantially represented by a deficit on childcare services of €53.7m. Other care areas such as homecare services are compensating for this deficit. Childcare services are statutorily-based and are therefore essentially demand led.
- The Primary Care Reimbursement Service is showing a deficit of €84.3m to the end of period. The projected year end deficit is €115m.
- There are three months to the end of 2011 and the health system will have to intensely manage cost at every level of hospital and community services along with tight cash management measures to achieve a balanced budget.

SERVICE DELIVERY KEY MESSAGES

Overall Activity

As indicated in previous months, activity continues to grow across the majority of HSE services placing considerable pressures on our resources.

- Emergency admissions were up by an additional 4,559 (+ 1.7%) in the first 9 months of 2011 over this time last year and remain +2.8% over expected levels of activity (+7,542). The average number of emergency admissions per month is 31,072, over 500 more than same period last year. Hospitals continue to report that patients presenting to ED are more acutely ill, with an increasing elderly cohort who require admission.
- The number of inpatient and day case treatments is up by an additional 20,861 (+2.1%) over this time last year contributing to a 1.5% (+15,218 treatments) over target. The Regions were reminded during October of our legal obligation to break even at year end and the necessity to bring activity back to plan in locations where service plan targets are being exceeded. Activity over and above this level is not funded. Plans to come back in line on a hospital by hospital basis are in place in each Region.
- GP Out of Hours contacts are up by an additional 55,461 (+8.5%) compared to last year. This equates to an approximate average of 1,500 additional contacts per week. The recommendations of the GP Out of Hours Review 2010 continue to be implemented across the four Regions with a view to driving down costs and achieving greater efficiencies.
- The number of individuals covered by a medical card in September is 1,701,951, which is an additional 716 since August. There has been an additional 86,142 individuals issued with a medical card since December 2010.

Emergency Activity

- ED attendances for the first nine months of the year was 830,530 which is 13,062 (-1.5%) less than same period last year. The monthly average number of attendances is 92,281 compared to 93,732 in 2010. Notwithstanding this and as referred to previously, those attending ED are reportedly more acutely ill (as evidenced by higher triage scores) and require admission at a rate higher than 2010 (up 1.7%).
- During September the levels of ED waits was higher than that recorded in September 2010.
- During September, the Full Capacity Protocol was used on 7 occasions in 5 Hospitals (Connolly, Waterford, Drogheda, twice in Beaumont and Galway). It has been used a further 5 times during October to date (three times in Drogheda and once each in both Connolly and Galway).

Nursing Homes Support Scheme

In September, there was an additional 651 new entrants to private nursing homes under the NHSS. Since the beginning of October, approvals are being issued on a weekly basis and 360 new applicants have received approval in the first three weeks of the month. An additional 800 are processed to final stage and are now awaiting release of funding. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Urgent Colonoscopies

Census week ending 25th September 2011 reports 0 patients waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy.

Primary Care Teams

The loss of and non-replacement of therapy and nursing staff is having an impact on the services being delivered by Primary Care Teams. There are currently over 450 posts vacant in Primary Care Teams around the country.

Delayed Discharges

In the last week of October 2011 the number of delayed discharges reported nationally was 809. This is a decrease on the position at the end of September (821). The average number of delayed discharges reported through the month of September 2011 was 839, this compares to an average of 612 for September 2010.

Service Delivery Unit

Arrangements have been put in place for 7 HSE staff to be seconded to the Department of Health to assist in the operation of the Special Delivery Unit (SDU) effective from 1st October 2011.

HUMAN RESOURCES KEY MESSAGES

Health Service employment at the end of September stands at 104,287 WTEs which represents a month-on-month decrease of 224 WTEs over August. The recruitment embargo remains in position for financial reasons.

In terms of employment ceiling compliance, the health sector is 1,335 WTEs below the current employment ceiling – outturn of 104,287 WTEs versus current ceiling of 105,622 WTEs (reflective of the third quarterly reduction for 2011).

Integrated Services Directorate (ISD) accounted for 215 of the decrease of 224 WTEs, this is split between Acute Hospital Services -33 WTEs and Primary and Community Services -183 WTEs.

The Statutory Sector, Voluntary Hospital Sector and Primary & Community Services Voluntary Sector all recorded decreases of 34 WTEs, 104 WTEs and 86 WTEs respectively in September.

All staff categories other than Medical/Dental recorded decreases in September as was the case in August.

- Medical/Dental increased by 150 WTEs with NCHDs increasing by 139 WTEs from level recorded in August, reflecting activation on payroll of further NCHDs recruited from India/Pakistan.
- Nursing fell by 189 WTEs (-0.52%) which means this staff category is 510 WTEs below the end of 2010.
- At the end of September, 29.5 new 2011 service development posts were filled and 57 2008/2009 posts remain to be filled.
- The recruitment process to fill the social worker posts as set out in the National Service Plan 2011 is continuing.

Since the end of December, there has been a reduction of 3,685 WTEs as returned in the Health Service Personnel Census. At the end of September the employment levels are 1,147 WTEs below of the end of year target (end of year figure of 105,434).

In excess of 2,800 requests for “end of grace” period estimates have been received to date.

The impact of the implications of the impending European Working Time Directive for Temporary Agency Workers is currently being assessed. This is likely to take effect in December 2011.

ITEMS FOR UPDATE

NCHDs

A total of 72 vacancies and 128 locum staff in place were identified at the end of September across all hospital sites. Emergency Departments remain a key challenge where there are currently 36 vacant Registrar posts and 9 Locum registrars.

Smaller Hospitals

The draft framework information in relation to smaller hospitals, the required timelines for implementation and consultation/ communications information have been submitted to the DOH. A full update on implementation of the HIQA Ennis/ Mallow reports is currently being prepared.

HIQA

HIQA continue to with their review of Tallaght and also made an unannounced visit to Our Lady of Lourdes Hospital, Drogheda on 12th October, followed by immediate recommendations and a subsequent scheduled visit on 17th October. The RDO and hospital management have prepared a remedial action plan in response to the Authority's findings and submitted this to HIQA on 26th October.

Service Level Agreements

Signed Arrangements are now in place for 97.4% of the total funding provided by the HSE to the non statutory sector. This rate compares favourably to the 2010 end of year figure of 92.43% of total funding provided.

Disability Services – VFM Policy Review

The collection of data across all voluntary and statutory services is now complete and the DOH are progressing the data analysis component of this review with a view to identifying unit costs for services nationally. VFM efficiency savings will be identified once the report is completed, expected at year end.

Detailed Finance Report

Finance

The financial results for September show total expenditure of €9.398 billion against a year to date budget of €9.207 billion. The reported variance is €203.3m as illustrated in the table 1.

- The overall deficit for the health system at the end of September is €159.8m after taking account of the post-service plan reduction by DOH. Given that there are only 3 months to the end of the year, the rate of expenditure reduction required in those 3 months to achieve breakeven is very substantial.

The heading "National Services" in table 1, includes costs such as national ambulance service, pensions and Fair Deal payments from the central office in Tullamore. The variance of €47m in relates to Fair Deal. The increase in this deficit from €5m in August relates to ongoing payments from Tullamore. It is anticipated that this figure will grow to approximately €100m by year end. It will be offset by reductions in contract and subvention spend and in the four areas, additional funding to be received from capital as set out by the Minister mid year (€30m of which €15m is still to be received) and from within the four area budgets based upon actual bed numbers and occupancy for 2011. Ideally the HSE would report Fair Deal on a single line but there is no single reporting system. The overall year end projection of €300m vote expenditure is unaffected by this reporting presentation as the full costs of cashing Fair Deal are included.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,741,632	2,946,678	2,801,023	145,655	5.2%
Primary & Community Care Group / Other Services	4,784,760	3,609,852	3,575,185	34,667	1.0%
	36,828	13,081	23,864	-10,783	-45.2%
Population Health	147,153	102,158	108,629	-6,471	-6.0%
ISD Total	8,710,372	6,671,769	6,508,700	163,069	2.5%
Primary Care Reimbursement Service	2,402,898	1,893,111	1,808,745	84,366	4.7%
Corporate Services and Pensions	428,588	269,035	275,755	-6,720	-2.4%
National Services	683,311	564,967	517,861	47,106	9.1%
Held Funds	125,625		84,500	-84,500	
Total HSE	12,350,795	9,398,882	9,195,561	203,321	2.2%
Deficit after adjusting for post-service plan reduction by DOH				159,821	

Year to date expenditure in Hospitals was €2.946 billion compared with a budget of €2.801 billion – leading to an adverse variance of €145.6 million. Table 2 illustrates the position by region.

- Demand for hospital services is still high and hospitals continue to deliver services at activity levels that are above Service Plan targets. This activity contributes to hospital deficits of €145.6m at the end of September as well as a shortfall of €22.6m in income billing. This is because of some fall in the level of privately-insured individuals, use of private rooms for infection control, historically high targets and in some cases sub-optimal use of private beds.

Community Services within regions have year to date expenditure of €3.609 billion compared with a budget of €3.575 billion – leading to a variance of €34.6m.

- Within community services to the end of September there is a deficit of €34.6m. The deficit is substantially represented by a deficit on childcare services of €53.7m. Other care areas such as homecare services are compensating for this deficit. Childcare services are statutorily-based and are therefore essentially demand led.

Agency Costs (Table 4)

- Despite the reduction in the unit cost of agency hours, the overall cost of Agency is going up with the average monthly spend on doctors increasing by 39% and the average monthly spend on HCA increasing by 18%. There has been a decrease in nursing agency spend by 7%.
- The increase in Agency hours contracted needs to be addressed to realise the benefit of the cost savings under the contract.

Community Demand Led Schemes (Table 5)

The Primary Care Reimbursement Service is showing a deficit of €84.3m to the end of period. The projected year end deficit is €115m.

Hospital Services	YTD				
	Approved Allocation	Actual	Plan	Variance	%
	€000	€000	€000	€000	
DML Hospitals	1,313,582	1,015,761	975,255	40,506	4.2%
DNE Hospitals	858,911	677,512	644,330	33,182	5.1%
South Hospitals	765,086	599,679	576,636	23,043	4.0%
West Hospitals	804,053	653,727	604,802	48,925	8.1%
Hospitals Total	3,741,632	2,946,678	2,801,023	145,655	5.2%

Primary & Community Services	YTD				
	Approved Allocation	Actual	Plan	Variance	%
DML	1,399,059	1,066,956	1,045,881	21,075	2.0%
DNE	1,066,387	804,300	794,584	9,716	1.2%
South	1,132,990	857,906	849,889	8,017	0.9%
West	1,186,323	880,690	884,831	-4,141	-0.5%
Community Total	4,784,760	3,609,852	3,575,185	34,667	1.0%

Agency Costs	Doctors	Nurses	Care assistants, porters etc	Total
	€m	€m	€m	€m
Average monthly cost 2010	3,871.3	6,395.6	3,859.1	14,125.9
Total cost 2010	46,455.0	76,747.0	46,309.0	169,511.0
Average monthly cost for Jan to Sept 2011	5,398.3	5,935.6	4,556.4	15,890.2
Total cost Sept 2011	48,584.3	53,420.0	41,007.4	143,011.7
Growth after Qtr 3	39%	-7%	18%	12%
2011 growth at current levels	18,324.1	- 5,520.3	8,366.5	21,170.3

Nursing for March has been adjusted to take account of the strike

Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,138	1,338,360	1,248,486	89,874	7.2%
Community Schemes	751,761	554,751	560,259	(5,508)	-1.0%
PCRS Total	2,402,899	1,893,111	1,808,745	84,366	4.7%

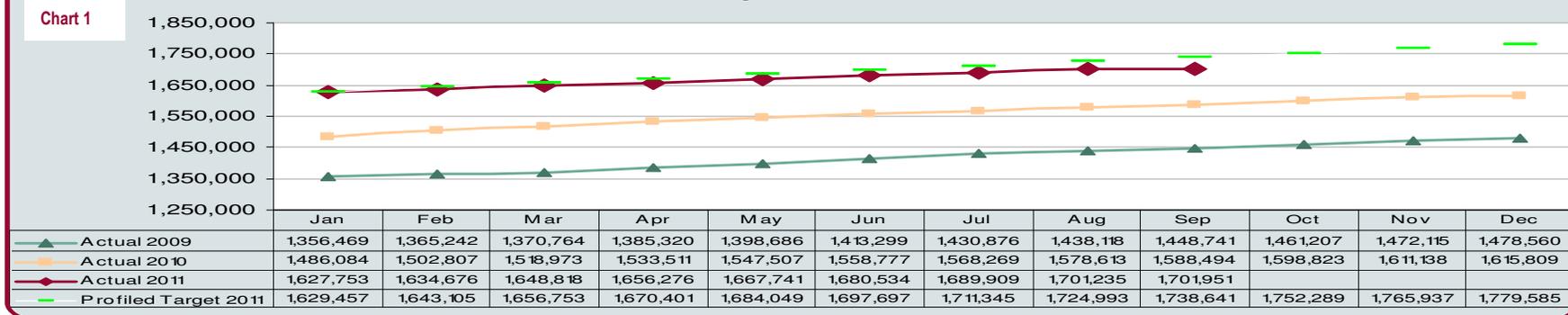
Community (Demand Led) Schemes

Medical / GP Visit Cards (M)

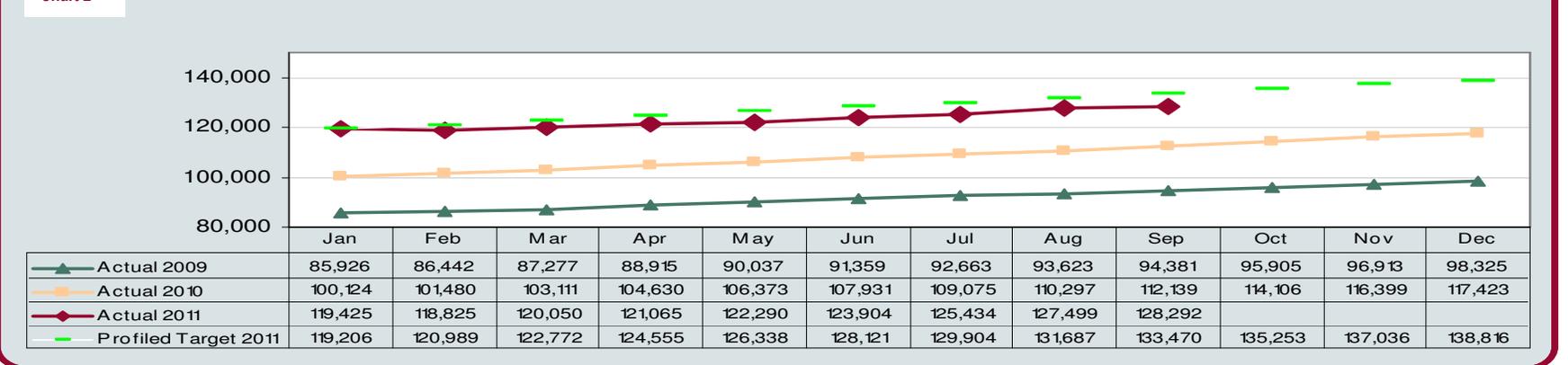
The number of individuals covered by medical cards continues to rise with 1,701,951 reported at the end of September 2011 (an additional 86,142 since December 2010). This is 3.9% below the September 2011 projected figure of 1,738,641 and 7.1% above the same period last year (1,588,494). The total number of discretionary medical cards in the system at the end of September was 77,655. This compares with 80,709 issued in September 2010. This is a decrease of 3,054 cards. (-3.8%). Discretionary medical cards represent 4.6% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of September was 128,292 which is 3.9% below projected figure for end September (133,470). An additional 10,869 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of September was 17,021. This is a 2.2% decrease from the number of cards issued in September 2010 (17,411). Discretionary GP visit cards represent 13.4% of cards issued year to date.

Persons covered by Medical Card: 2009 - 2011



No. of GP Visit Cards Issued: 2009 - 2011



Long Term Illness (M)	<ul style="list-style-type: none"> The number of LTI claims made during September was 75,133 and YTD was 646,769. Compared to same period last year (664,921). This represents a decrease of 2.7%. The total number of LTI items in September was 240,173 and YTD was 2,053,715. Compared to same period last year (2,149,792), This represents a decrease of 4.5%.
Drug Payment Scheme (M)	<ul style="list-style-type: none"> The number of DPS claims made during September was 261,143. The year to date position is 2,474,915. Compared with the same period last year (2,926,988), This represents a decrease of 452,073 or 15.4%. Total number of DPS items in September was 820,581 The year to date position is 7,614,172. This is 976,076 fewer items (11.4%) included in claims than in the same period in 2010 (8,590,248).
General Medical Services (GMS) (M)	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during September was 1,570,918, This represents a total of 13,918,211YTD. Compared with the same period last year (12,959,572 prescriptions). There has been an increase of 958,639 (7.4%) prescriptions reimbursed YTD in 2011.
HiTech (M)	<ul style="list-style-type: none"> The number of HiTech claims made during September was 37,127. The year to date figure is 317,613. Compared to same period last year, (249,005 claims). This represents an increase of 68,608 (27.6%). <p>Note: Following a review of HiTech claims by PCRS, data has been reviewed and changed in the September PR to reflect data previously published from January to August 2011.</p>
Dental Treatment Services Scheme (DTSS) (M)	<ul style="list-style-type: none"> The numbers of routine dental treatments provided YTD is 713,601, 1.8% below planned levels. 30,907 more complex treatments have been provided YTD.
Community Ophthalmic Scheme (M)	<ul style="list-style-type: none"> The number of adult ophthalmic services provided YTD is 527,275, 1.7% below planned levels. The number of child ophthalmic services provided YTD.

***Community (Demand Led) Schemes**

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

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

Chart 3

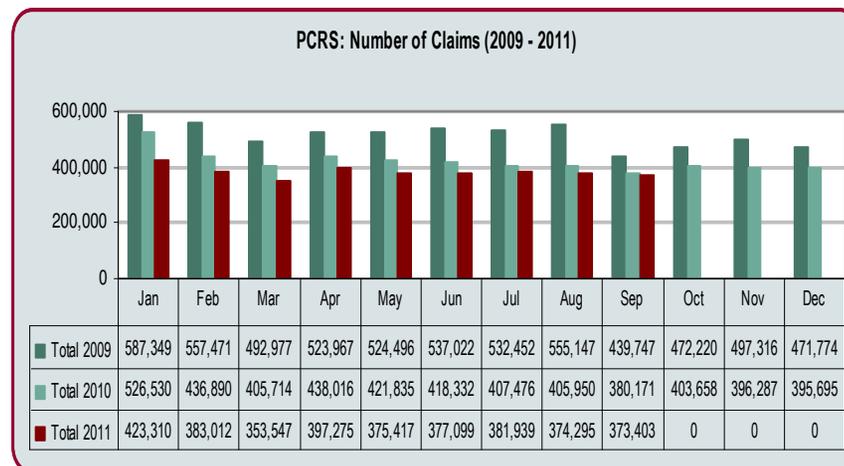
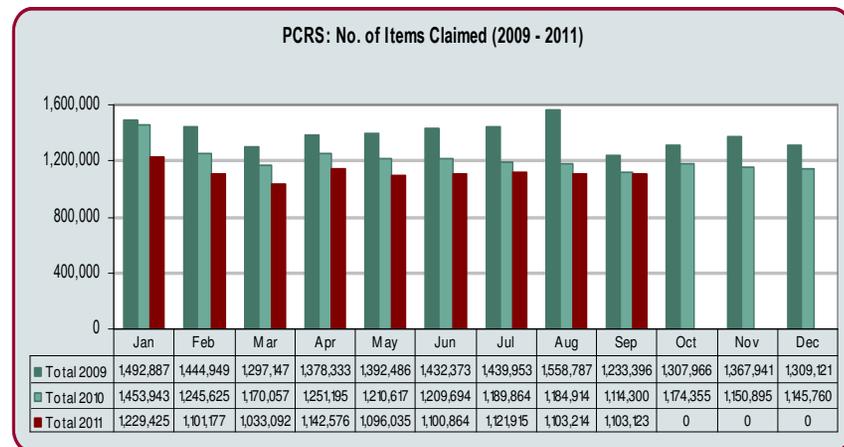


Chart 4



Value for Money (VFM)

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

- **€116.45m** in savings was achieved by the end of September against a target of €144.21m i.e. 81% an increasing saving compared to last month of 74%.
- Savings in some areas previously exceeding the target set and with higher than expected savings are compensating to a reducing extent for underachievement in savings against targets in other areas, such as *Drugs & Medicines* and *Catering*.
- There is a need for an increased pace of savings in the last quarter to avoid any projected year end shortfall of approximately €50m based on the current pattern of spend.

Pay analysis

- **Total Pay** excluding Superannuation, PRSI and Arrears is down compared to year to date 2010 by €47m or 1%, a static rate of saving compared to last month.
- **Fixed Pay**, including Basic, Weekend/Public Holidays and Nights is down by €72m or 1.8%, a reduced rate of saving compared to June but static since July.
- Variable Pay has increased by 4.7% due largely to increases in Locum/Agency, but is a reducing rate of increase compared to previous months.
- The new **agency** contract shows a 25% reduction in the price of Agency Nursing, a 20% reduction in the price of HCA hours and 19% reduction in the price of NCHD hours (covers from March 14th to Sep 30th) equivalent to a €13.75m saving. However, despite the reduction in the cost of agency hours, the overall cost of Agency is going up. Any possible increase in usage of Agency would need to be addressed to realise the benefit of the cost savings under the contract.
- **On Call** costs overall are showing a further reduction in September, and with this increasing rate of saving the projection for full year 2011 will deliver the required €5m adjustment. The HR Project Group overseeing the implementation of the revised rosters and rates for On-call Lab services, against which this saving was applied, are reporting reductions in excess of this amount based on the returns from the currently reporting hospitals and are expecting full delivery as the number of reporting hospitals increases.

Non Pay analysis

- Although 50% of the non-pay categories are meeting their year to date target and are projected to meet their annual target, as well as an improved rate of saving in some categories compared to last month such as *Labs*, *Bloods* and *Medical Gases*, there is still under achievement of the required reduction by 6%.
- Categories not meeting the YTD target include those with increased costs: *Labs*, *Bloods*, *Medical Gases*, *Vehicle Running Costs*, *Office* and *ICT*
- In addition to those categories showing no reduction, overall the current 2011 spend, projected to year end based on repeating September rate of spend, shows the rate of reduction to be insufficient in a number of categories to deliver the full year reduction, such as *Medical & Surgical* and *Office* non-pay costs.
- A significant range of the pricing and supplier engagement related reductions are profiled to be active since April and these need to achieve their targets month on month. At the same time volumes/usage must remain constant to achieve the level of saving required over the year.
- The "Discretionary Spend" headings have an increased rate of saving since July but Furniture and Vehicles Purchased are still not projected to meet their annual target, while Maintenance is projected at the current rate of saving to meet the targeted reduction.

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Sep YTD	Reduction achieved Sep YTD
	€m	€m		€m		€m	€m
	HR and/or CSS-led Reductions		ISD-led Reductions				
Pay							
On Call Services	5	5	Feb-11	0		3.64	3.65
Agency Services (Note 1)	10.1	7	Feb-11	3.06	Jan-11	7.38	0.00
Overtime	11.6	0		11.6	Jan-11	8.67	7.78
Basic & Weekend/Public Holidays/Nights (Note 2)	2.3	0		2.3	Jan-11	1.65	11.04
Nursing - Basic	3.1	0		3.11	Jan-11	2.32	
Management/Admin - Basic	0.7	0		0.71	Jan-11	0.53	
Other – Basic, Allowances	8.9	0		8.92	Jan-11	6.67	
Non Pay							
Medical & Nursing Training & Education. (Note 3)	2.7	2.6	Jan-11	0.14	Jan-11	2.03	2.03
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr-11	1.26	Jan-11	25.92	19.11
Drugs & Medicines	20.9	18	Mar-11	2.94	Jan-11	18.83	32.55
Laboratory Consumables	9.5	8.9	Mar-11	0.6	Jan-11	6.68	0.45
Blood and Blood Products	2	2	Mar-11	0.02	Jan-11	1.41	-0.93
X-Ray Consumables	1.6	1.6	Mar-11	0.01	Jan-11	1.13	1.54
Medical Gases	1.3	1.3	Mar-11			0.91	0.17
Cleaning & Washing Products and Contracts	3.2	3.1	Apr-11	0.05	Jan-11	2.09	2.49
Energy (Note 4)	1.5	1.5	Apr-11	0.03	Jan-11	1.11	0.00
Catering Products & Contracts	3.1	2.6	Feb-11	0.48	Jan-11	2.10	7.02
Patient Transport Costs	0.8	0.8	Apr-11	0.08	Jan-11	0.56	2.32
Bedding & Clothing	1	1	Mar-11	0.02	Jan-11	0.72	0.60
Vehicle Running Costs	0.2	0.2	Apr-11	0	Jan-11	0.14	-1.12
Office, Stationery, Printing, Equipment etc. (Note 5)	4.9	3.8	Apr-11	1.07	Jan-11	8.36	2.66
Telephony (Note 6)	2.5	2.5	Apr-11				
Insurance (Note 7)	1	1	Jan-11			0.75	0.75
ICT Equipment	2	2	Jun-11	0.02	Jan-11	1.16	-1.15
Legal (Note 8)	5	5	Apr-11			3.33	0.00

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Sep YTD	Reduction achieved Sep YTD
	€m	€m		€m		€m	€m
		HR and/or CSS-led Reductions		ISD-led Reductions			
Grants to Outside Agencies (Note 10)	3.4	0		3.44	Jan-11	2.57	2.57
Travel & Subsistence	0.1	0		0.12	Jan-11	0.09	0.63
Bad & Doubtful Debts	0.5	0		0.5	Jan-11	0.37	0.20
GP Grants	0.1	0		0.14	Jan-11	0.10	0.20
Miscellaneous (Note 9)	1.8	0		1.81	Jan-11	1.35	1.35
Review of Rents / Lease Renewals etc.	5	5	Apr-11	Reduction and performance included in Office above			
Logistics and Inventory Management	20	20					
Stock Management (Pharmacy)	6	6	Apr-11	Reduction and performance included in Drugs above			
Stock Management (Non Pharmacy)	8.2	8.2	Apr-11				
Point of Use Demand Management	0.8	0.8	Apr-11				
Aids and Appliances Recycling	5	5	Apr-11	Reduction and performance included in Medical & Surgical above			
Reduce Discretionary Spend	42.2	42.2					
Furniture	11	11	Jan-11			8.25	1.88
Vehicles Purchased	0.7	0.7	Jan-11			0.51	0.02
Maintenance	30.5	30	Jan-11	0.5	Jan-11	22.87	18.65
TOTAL	202.8	160		42.82		144.21	116.45

Note 1: Agency national reduction relates to the agreement and implementation of a new national contract for all agency staff. It has been implemented since Mar14th and based on the hours purchased since that date, is showing price savings of 25% in Nursing, 20% for Health Care Assistants and 19% for NCHDs, equivalent to €13.75m. in savings. These savings are becoming increasingly evident in our financial data as the months progress. The ISD led reduction of €3m relates to reduced usage of Agency since the beginning of the year. On the basis of the Sep YTD data, as reported in the Financial Summary of the PR, there is an increased cost for Agency compared to last year and therefore, performance in this table has been set to 0.

Note 2: There is a reduction in Basic and Weekend/Public Holiday Pay of over €72m compared to 2010 SepYTD, however, only the required reductions are recorded in this table as some Basic Pay reductions may also relate to Moratorium and Exit Scheme reductions.

Note 3: Education and Training has reduced in expenditure compared to the equivalent period last year by €47m., however, since there was a budget movement to the Dept. of Education & Science of €56m., only the minimum required saving associated with these initiatives is recorded in this table.

Note 4: Energy costs have increased by €9.9m. compared to the equivalent period last year and although there has been a negotiated price reduction with Bord Gais of €0.852m, this saving is being negated by these overall increases. The rate of increase was reducing in the third quarter compared to the first quarter 2011, however, there is an increase again in September.

Note 5: Office Expenses, Rents & Rates costs has experienced increases related largely to new Leasing costs associated with the HSE Primary Care Centres and Cancer Control Programme and which overall are negating higher reductions being delivered by the four regions. The total required reduction is expected to be delivered if the September spend is repeated in the remaining months.

Note 6: Telephony costs are coded as part of Office and for information there has been a negotiated price reduction with Eircom over €4m which is being negated by other increases in Office referred to above.

Note 7: Insurance costs overall have reduced for the first month and by €5.1m. compared to the equivalent period last year, however, the relevant Insurance expenditure for this reduction is coded in DNE which is showing a reduction of €2.5m YTD.

Note 8: Legal costs have increased overall compared to the equivalent period last year by €2.2m. However, analysis of expenditure related to the new Legal contracting model shows savings of over €2.2m for March to September and the required reduction is expected to be delivered if the current pattern of spend repeats for the remaining months.

Note 9: Miscellaneous has reduced in expenditure compared to the equivalent period last year by €5.4m., however, only the minimum required saving associated with these initiatives is recorded in this table.

Note 10: Grants to Outside Agencies has reduced in expenditure compared to the equivalent period last year by €15m., however, only the minimum required saving associated with these initiatives is recorded in this table.

Capital

The net capital cash profile for the period Jan-Sept 2011 was €263.040m. The capital cash issued for this period was € 228.361m. Sales of surplus assets amounted to €3.181m.

Capital Vote 2010	Approved Allocation €000	Actual Jan - Sept €000	Profile Jan -Sept €000	Variance Jan - Sept €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	207,441	249,830	42,389
C3 Information Systems and Related Services for Health Agencies	40,000	7,910	9,540	1,630
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	16,191	13,020	-3,171
A in A (Sales of Surplus Assets)	-15,000	-3,181	-9,350	-6,169
Net Capital	377,250	228,361	263,040	34,679

Table 7.				
Appropriations-in-Aid	Estimate Provision	REV Profile to 30 Sept 2011	Receipts to 30 Sept 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	280,160	229,621	50,539
Superannuation	199,986	148,387	143,870	4,517
Miscellaneous Receipts	151,800	115,350	103,739	11,611
Pension Levy	337,156	252,000	279,058	-27,058
Dormant Accounts	959	311	0	311
Total	1,065,901	796,208	756,288	39,920

Detailed Human Resources Report

HR

Level of employment against target

Health Service employment at the end of September stands at 104,287 WTEs which represents a month-on-month decrease of 224 WTEs over August.

In terms of employment ceiling compliance, the health sector is 1,335 WTEs below the current employment ceiling outturn of 104,287 WTEs versus current ceiling of 105,622 WTEs (reflective of the third quarterly reduction for 2011).

Integrated Services Directorate (ISD) accounts for 215 of the decrease of 224 WTEs, this is split between Acute Hospital Services -33 WTEs and Primary and Community Services -183 WTEs.

The Statutory Sector, Voluntary Hospital Sector and Primary & Community Services Voluntary Sector all recorded decreases of 34 WTEs, 104 WTEs and 86 WTEs respectively in September.

At the end of September the employment levels are 1,147 WTEs below of the end of year target (end of year figure of 105,434).

Since the end of December 2010, there has been a reduction of 3,685 WTEs as returned in the Health Service Personnel Census.

Chart 1

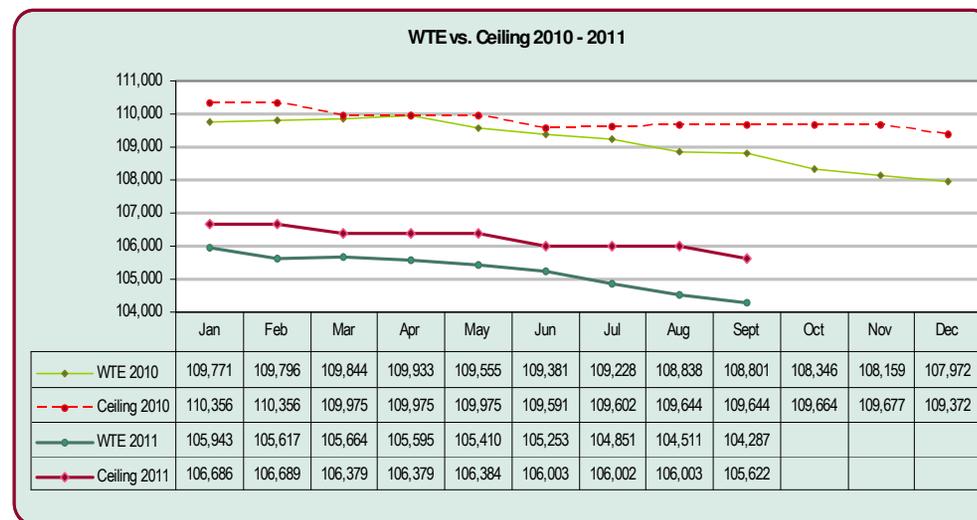


Table 1 Service Area	WTE Dec 2010	Ceiling Sep 2011	WTE Sep 2011	WTE Change since Aug 2011	WTE Change from Dec 2010 to Sep 2011	WTE Variance Sep 2011	% WTE Variance Sep 2011
Acute Hospital Services	49,318	48,043	48,452	-33	-867	+409	+0.85%
Ambulance Services	764	765	744	+1	-20	-21	-2.71%
National Cancer Control Programme	52,348	50,613	49,807	-183	-2,541	-806	-1.59%
Primary and Community Services		876	0	+0	+0	-876	-100.00%
Portion of Ceiling to be allocated	1,494	1,473	1,499	-9	+6	+27	+1.83%
Corporate	2,989	2,805	2,750	-2	-239	-55	-1.96%
Population Health	1,060	1,048	1,035	+2	-24	-13	-1.21%
Total	107,972	105,622	104,287	-224	-3,685	-1,335	-1.26%

Exempted grades (Table 2)

- This month Consultant Grades were +7, Combined Therapists -11, Psychologists +5 and Social Workers -17.
- At the end of September, 29.5 new 2011 service development posts were filled and 57 2008/2009 posts remain to be filled.
- No further Social Worker posts under Children and Families 2010 (Ryan Report) were filled in August. The recruitment process to fill the 64 outstanding social worker posts approved in the National Service Plan 2010 is still ongoing, as is the 60 WTEs development posts set out in the National Service Plan 2011.

WTEs by Staff Category (Table 3)

All staff categories other than Medical/Dental recorded decreases in September as was the case in August.

- Medical/Dental increased by 150 WTEs with NCHDs increasing by 139 WTEs from level recorded in August, reflecting activation on payroll of further NCHDs recruited from India/Pakistan.
- Nursing fell by 189 WTEs (-0.52%) which means this staff category is 2,115 WTEs below the level at the end of 2008 (38,108 WTEs), 1,473 WTEs below the December 2009 outturn (37,466 WTEs), and 510 WTEs below the end of 2010.
- Nursing WTEs does not include the DATHs Nurse Banks. At the end of September the WTE value for the combined five nurse banks was 310 WTEs up 23 WTEs on the levels recorded at the end of August and 70 WTEs below the peak recorded in May.
- Management/admin also saw a reductions of 8 WTEs (-0.05%) and is 1,909 WTEs below the 2008 end of year position (17,967 WTEs), some 10.6% of a reduction.

WTEs by Exempted Grade

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Sep 2011	Variance from Dec 2012 target	WTE Change from last month	Change since Dec 2009	% Change since Dec 2009
Consultants	2,317	<i>not specified</i>	2,475	<i>n/a</i>	+7	+158	+6.83%
Occupational Therapists	1,103	<i>n/a</i>	1,196	<i>n/a</i>	-11	+93	+8.44%
Physiotherapists	1,469	<i>n/a</i>	1,532	<i>n/a</i>	+3	+64	+4.32%
Speech and Language Therapists	776	<i>n/a</i>	847	<i>n/a</i>	-3	+70	+9.02%
Combined therapists:	3,348	+380	3,575	-153.00	-11	+227	+6.77%
Psychologists & Counsellors	962	+230	984	-208.00	+5	+22	+2.26%
Social Workers	2,139	+300	2,386	-53.24	-17	+247	+11.53%

WTEs by Staff Category

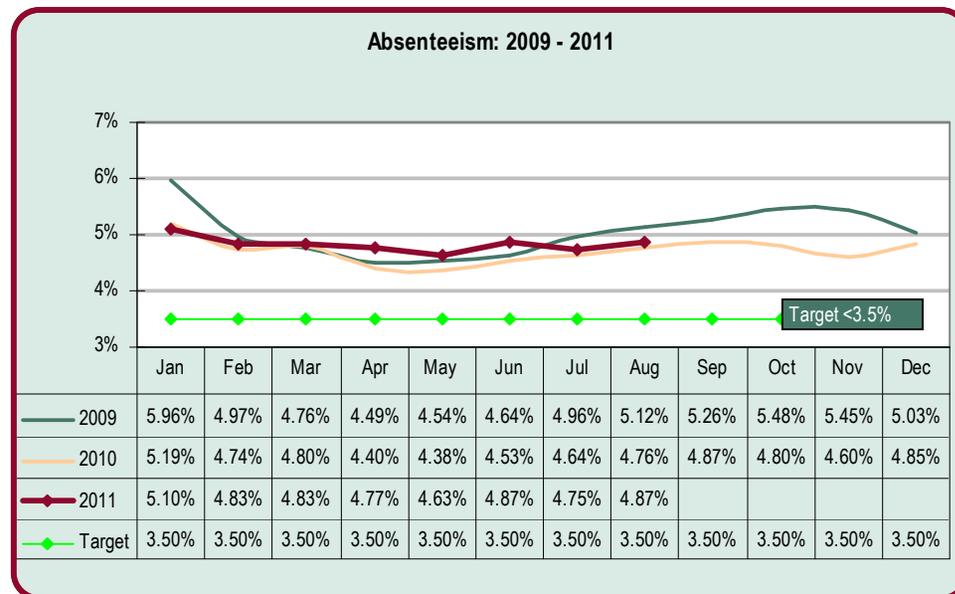
Table 3. Staff Category	WTE Dec 2009	WTE Aug 2011	WTE Sep 2011	WTE change since Aug 2011	% change since Aug 2011	WTE change since Dec 2009	% change since Dec 2009
Medical / Dental	8,083	7,992	8,142	+150	+1.88%	+59	+0.73%
Nursing	37,466	36,182	35,993	-189	-0.52%	-1,473	-3.93%
Health & Social Care Professionals	15,973	16,188	16,165	-23	-0.14%	+192	+1.20%
Management/ Admin	17,611	16,066	16,058	-8	-0.05%	-1,552	-8.81%
General Support Staff	11,906	10,698	10,652	-46	-0.43%	-1,255	-10.54%
Other Patient & Client Care	18,714	17,385	17,276	-109	-0.63%	-1,438	-7.68%
Total Health Service Staffing	109,753	104,511	104,287	-224	-0.21%	-5,466	-4.98%

*Absenteeism

Latest available National Absenteeism data shows that absenteeism for August 2011 was 4.87% up from 4.75% in July.

- YTD August stands at 4.84% which is up on the 2010 full year (4.70%) but remain below 2008 (5.76%) and 2009 (5.05%) figures.
- The following Hospitals/Agencies/Functions all returned an absence rate in excess of 6%: Orthopaedic Hospital, Kilcreene, Children's Sunshine Home, Limerick Maternity Hospital, Nenagh General Hospital, Cork Dental Hospital, Ennis General Hospital, Limerick [LHO], Midland Regional Hospital, Portlaoise, Longford/ Westmeath [LHO], Tipperary, South [LHO], Tipperary, North/ Limerick, East [LHO], Regional Orthopaedic, Croom, Dublin South-East [LHO], Limerick Regional Hospital, Clare [LHO], Kildare/ West Wicklow [LHO], Waterford [LHO], Laois /Offaly [LHO], St. John's Hospital, Limerick, Midland Regional Hospital, Tullamore, Dublin West [LHO], Mayo [LHO], Ambulance Services, Sligo Regional Hospital, Midland Regional Hospital, Mullingar, Tipperary, South General Hospital, Bantry General Hospital, Letterkenny General Hospital.
- Regional, statutory /non-statutory & Staff Category variations can be seen the summary tables.

Chart 1



Absenteeism by Staff Category	DML	DNE	South	West	National	Ambulance	Total
Medical /Dental	1.21%	0.63%	0.99%	1.16%	2.06%		1.04%
Nursing	5.02%	4.38%	5.77%	7.31%	3.69%	0.00%	5.62%
Health & Social Care Professionals	3.70%	3.42%	4.65%	4.85%	1.91%		4.04%
Management Admin	4.42%	4.41%	4.69%	5.89%	5.48%	8.39%	4.93%
General Support Staff	6.34%	5.08%	6.03%	6.28%	4.01%	0.86%	5.93%
Other Patient & Client Care	5.57%	5.25%	5.35%	5.95%	1.17%	6.46%	5.64%
Total	4.66%	4.16%	5.09%	5.58%	3.21%	6.39%	4.87%

Absenteeism by HSE Area	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
Dublin Mid-Leinster	6.01%	3.89%	3.44%	4.66%
Dublin North-East	4.56%	3.73%	3.59%	4.16%
South	5.33%	3.98%	4.16%	5.09%
West	5.58%	6.63%	5.44%	5.58%
National	3.18%	3.30%		3.21%
Ambulance	6.39%			6.39%
Total	5.38%	3.87%	3.99%	4.87%

Detailed Service Delivery Report

Overall Activity

As indicated in previous months, activity continues to grow across the majority of HSE services placing considerable pressures on our resources.

- Emergency admissions were up by an additional 4,559 (+ 1.7%) in the first 9 months of 2011 over this time last year and remain +2.8% over expected levels of activity (+7,542). The average number of emergency admissions per month is 31,072, over 500 more than same period last year. Hospitals continue to report that patients presenting to ED are more acutely ill, with an increasing elderly cohort who require admission.
- The number of inpatient and day case treatments is up by an additional 20,861 (+2.1%) over this time last year contributing to a 1.5% (+15,218 treatments) over target. The Regions were reminded during October of our legal obligation to break even at year end and the necessity to bring activity back to plan in locations where service plan targets are being exceeded. Activity over and above this level is not funded. Plans to come back in line on a hospital by hospital basis are in place in each Region.
- GP Out of Hours contacts are up by an additional 55,461 (+8.5%) compared to last year. This equates to an approximate average of 1,500 additional contacts per week. The recommendations of the GP Out of Hours Review 2010 continue to be implemented across the four Regions with a view to driving down costs and achieving greater efficiencies.
- The number of individuals covered by a medical card in September is 1,701,951, which is an additional 716 since August. There has been an additional 86,142 individuals issued with a medical card since December 2010.

Emergency Activity

- ED attendances for the first nine months of the year was 830,530 which is 13,062 (-1.5%) less than same period last year. The monthly average number of attendances is 92,281 compared to 93,732 in 2010. Notwithstanding this and as referred to previously, those attending ED are reportedly more acutely ill (as evidenced by higher triage scores) and require admission at a rate higher than 2010 (up 1.7%).
- During September the levels of ED waits was higher than that recorded in September 2010.
- During September, the Full Capacity Protocol was used on 7 occasions in 5 Hospitals (Connolly, Waterford, Drogheda, twice in Beaumont and Galway). It has been used a further 5 times during October to date (three times in Drogheda and once each in both Connolly and Galway).

Nursing Homes Support Scheme

In September, there was an additional 651 new entrants to private nursing homes under the NHSS. Since the beginning of October, approvals are being issued on a weekly basis and 360 new applicants have received approval in the first three weeks of the month. An additional 800 are processed to final stage and are now awaiting release of funding. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Urgent Colonoscopies

Census week ending 25th September 2011 reports 0 patients waiting > 28 days, from referral, for an urgent (priority 1) colonoscopy.

Primary Care Teams

The loss of and non-replacement of therapy and nursing staff is having an impact on the services being delivered by Primary Care Teams. There are currently over 450 posts vacant in Primary Care Teams around the country.

Delayed Discharges

In the last week of October 2011 the number of delayed discharges reported nationally was 809. This is a decrease on the position at the end of September (821). The average number of delayed discharges reported through the month of September 2011 was 839, this compares to an average of 612 for September 2010.

Service Delivery Unit

Arrangements have been put in place for 7 HSE staff to be seconded to the Department of Health to assist in the operation of the Special Delivery Unit (SDU) effective from 1st October 2011.

Table 1 Primary and Community Services by Region	Human Resources				Budget		
	Ceiling Sept 2011	WTE Sept 2011	WTE Change from Dec 2010 to Sept 2011	% WTE Variance Sept 2011	Actual €000	Budget €000	% Var
DML	14,692	14,414	-488	-1.89%	1,066,956	1,045,881	2.0%
DNE	10,459	10,368	-862	-0.87%	804,300	794,584	1.2%
South	11,730	11,572	-614	-1.35%	857,906	849,889	0.9%
West	13,431	13,175	-666	-1.91%	880,690	884,831	-0.5%
National	301	279	+88	-7.44%			
Total	50,613	49,807	-2,541	-1.59%	3,609,852	3,575,185	1.0%

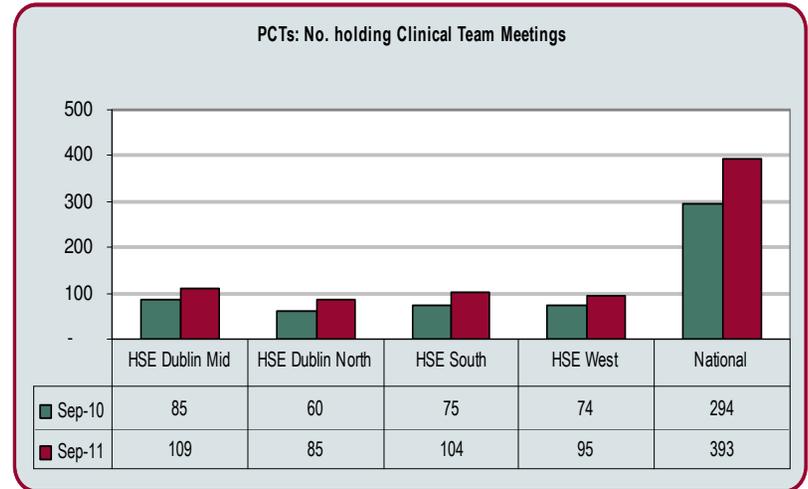
Table 2 Hospital Services by Region	Human Resources				Budget		
	Ceiling Sept 2011	WTE Sept 2011	WTE Change from Dec 2010 to Sept 2011	% WTE Variance Sept 2011	Actual €000	Budget €000	% Var
DML	16,339	16,433	-386	+0.57%	1,015,761	975,255	4.2%
DNE	10,430	10,519	-154	+0.85%	677,512	644,330	5.1%
South	10,502	10,660	-213	+1.50%	599,679	576,636	4.0%
West	10,751	10,840	-114	+0.82%	653,727	604,802	8.1%
National	20			+0.00%			
Total	48,043	48,452	-867	+0.85%	2,946,678	2,801,023	5.2%

Primary Care

Primary Care analysis & action points

No. of PCTs holding Clinical Team Meetings (M) (Chart 1)	<p>At the end of September 2011, 393 primary care teams were holding clinical team meeting which is 16.5% below the year to date target of 471.</p> <p>This is an increase of 7 teams from the August position (386 teams) and also represents a 33.7% increase from same period last year (294 teams)</p>
GP Out of Hours (M)	<p>During the month of September 2011, 65,516 contacts were made to the GP OOH service.</p> <p>Year to date figure is 706,955 which is 2.5% below year to date target of 724,987</p> <p>This is also 8.5% above same period last year (651,494).</p> <p>Breakdown of the nature of contact with the OOH Service:</p> <ul style="list-style-type: none"> ➤ 58% - GP Treatment Centre ➤ 29% - Triage ➤ 10% - Home Visit ➤ 4% - Other

Chart 1



Primary Care (Child Health)

Immunisations (Chart 2 & 3) (Q)

Q2 2011 data, for the cohort at 24 months of age appears to indicate a slight pause in the reverse of the 2010 decline in the uptake of the recommended three doses of meningococcal serogroup C vaccine noticed in Q1 2011. Uptake of three doses of meningococcal serogroup C was as follows:

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

Immunisation data in September relates to LHO returns for Q2 2011 and has been provided by the Health Protection Surveillance Centre (HPSC).

- NSP 2011 Target for uptake of vaccines is 95%.
 - For children at 12 months the national uptake for D3, T3, P3, Hib3 and Polio3, is 90.3%.
 - At 12 months the national uptake HepB3 is 90.2%.
 - At 12 months the national uptake for MenC2 is 89.3%.
 - At 12 months the national uptake for PCV2 is 89.7%.
 - At 24 months the national uptake for D3, T3, P3, Polio3 is 95.0%.
 - At 24 months the national uptake for MenC3 is 83.3%.
 - At 24 months the national uptake for HepB3 is 94.6%.
 - At 24 months the national uptake for MMR1 is 91.5%.
-
- The following reasons could account for the low uptake of this vaccine: Confusion about the number and timing of vaccines following the introduction of the new schedule; lower return of parents for vaccines due at 13 month visit; lack of capacity to follow-up on non attendees due to other service demands; incomplete reporting to local immunisation office of vaccines administered in GP sites.
 - Measures are being taken to address this decline, which include; an information campaign to remind Allied Health Professionals and parents of the vaccination schedule and increase awareness of the availability of the vaccine.

Chart 2

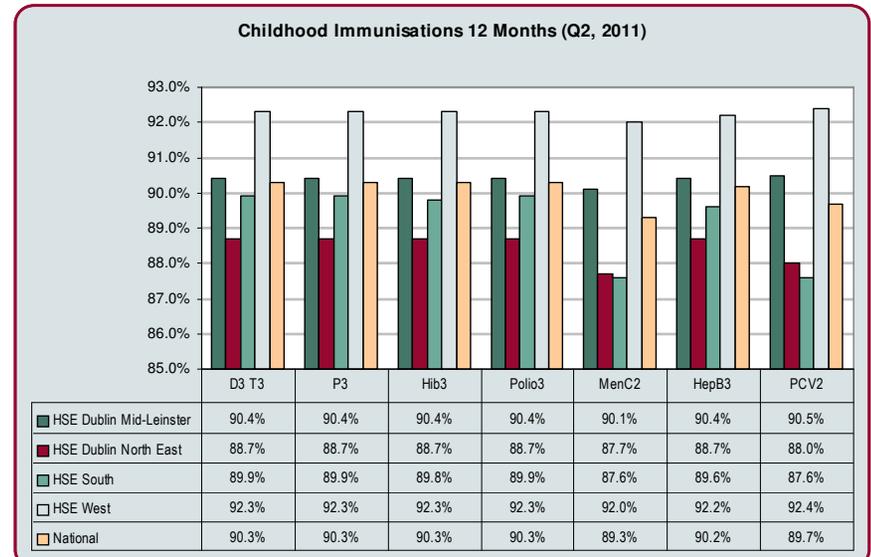
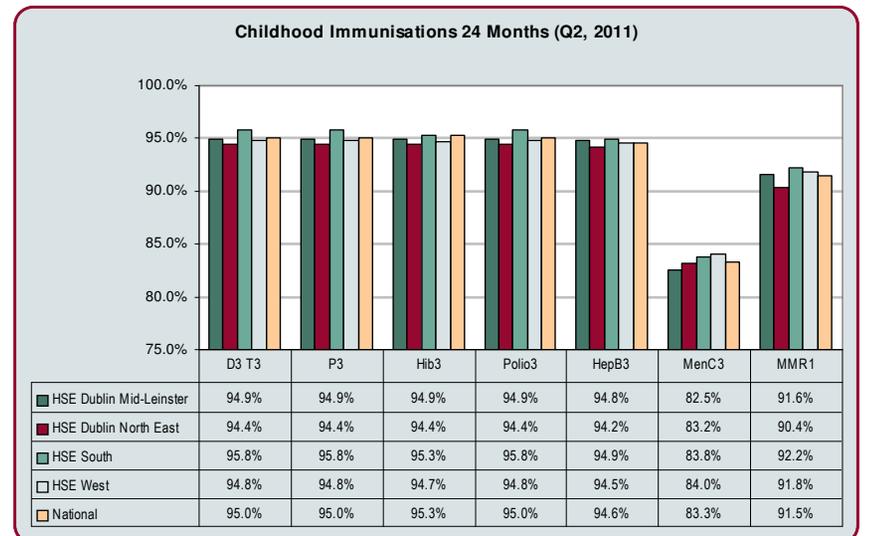


Chart 3



Primary Care (Child Health)

Child Health Developmental Screening at 10 months (Chart 4) (M)

Uptake of 7-9 Month Developmental Screening by 10 Months

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

Nationally 84.0% of the cohort received their screening on time with HSE DNE achieving 92.3% of children receiving their screening within the timeframe. HSE South reported 89.2%; HSE DML reported 81.5% and HSE West reported 71.2% (7 LHO returns) received their screening within the timeframe.

YTD Nationally 80.9% of the cohort of children due for developmental screening received their screening on time.

Public Health Nurse 48hour Visit (Chart 5)(Q)

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

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

September 2011 data (Q3 returns) reflects a National compliance figure of 84.5% has been reached. This demonstrates a 0.2% decrease over same period 2010 (84.7%).

HSE West demonstrated the highest compliance of 93.7% followed by HSE South at 86.9%. HSE DML and HSE DNE returned figures of 86.8% and 71.3%.

YTD Nationally 82.9% of new born babies discharged from a maternity hospital received a visit from a PHN within 48 hours of hospital discharge.

Chart 4

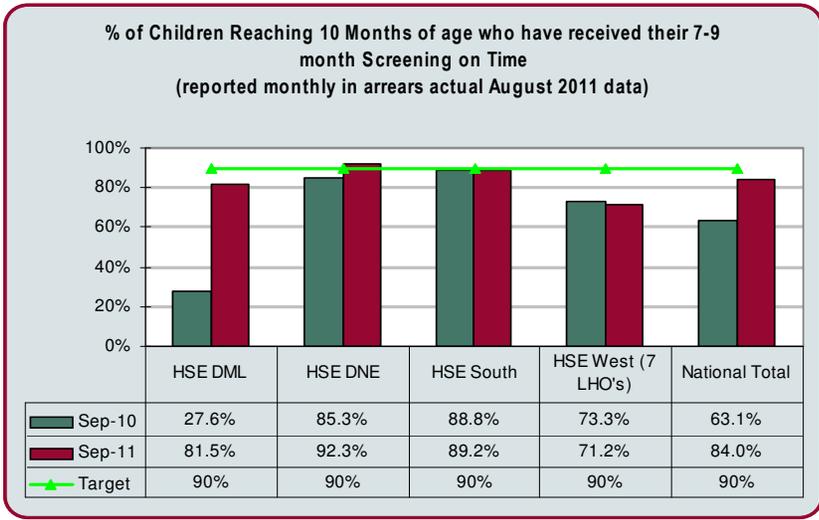
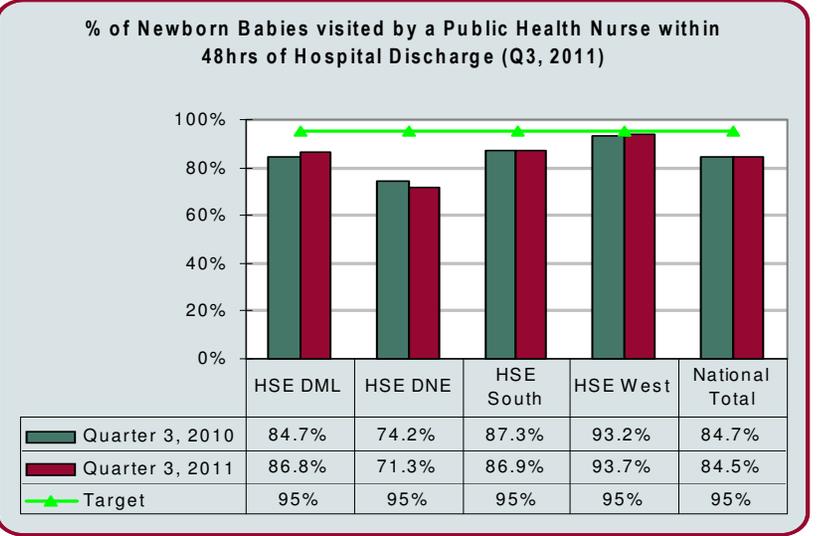


Chart 5



Acute Services

Acute Services analysis and action points

Inpatient Discharges (M) (Chart 1)

The number of Inpatient Discharges at the end of September 2011 is 0.3% higher compared to the same period in 2010 and is 2.1% above target for 2011.

Day Case Discharges (M) (Chart 1)

The number of Day Cases at the end of September 2011 is 3.5% higher compared to the same period in 2010 and is 1.1% above target for 2011.

ALOS (M)

Average length of stay in September 2011 was 5.9. A further reduction of 5.4% in ALOS is required in order to achieve the 5.6 target nationally.

Delayed Discharges (M)

In the last week of September 2011 the number of delayed discharges reported nationally was 821. This is a decrease on the position at the end of August (861). The average number of delayed discharges reported through the month of September 2011 was 839, this compares to an average of 612 for September 2010.

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

This figure is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of July 2011 shows that 72% of the basket of procedures are carried out on a day case basis. This compares to 68% for the previous year and shows an improvement in all 4 regions.

Chart 1

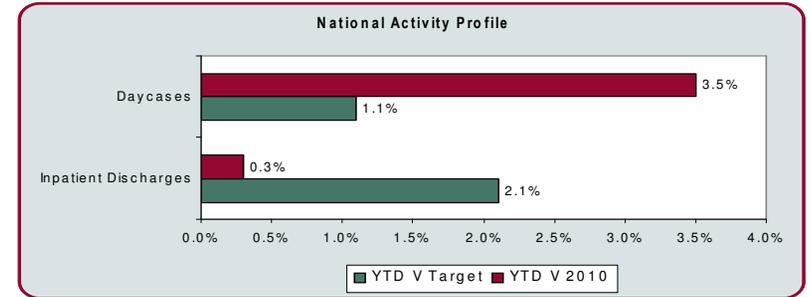


Chart 2

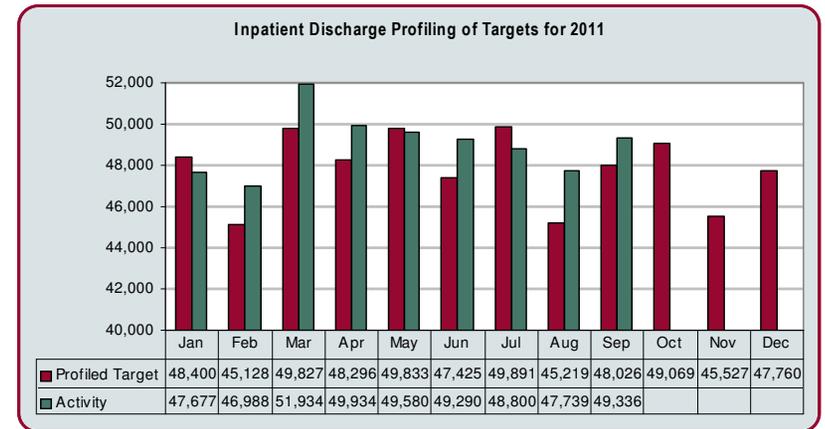
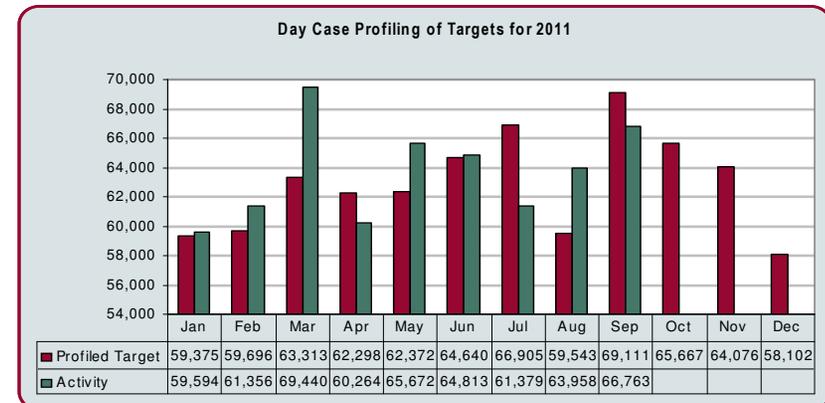


Chart 3



Acute Services analysis and action points

Elective Procedures adults <6 months, Inpatients (M) (Chart 4)

The percentage of adults waiting less than 6 months on the Inpatient waiting list at the end of September 2011 was 67.5% (this equates to 9,851 of a total list of 14,591 patients waiting less than 6 months for their procedure).

Elective Procedures adults <6 months, Day Case (M) (Chart 4)

The percentage of adults waiting less than 6 months on the Day Case waiting list at the end of September 2011 was 78.4% (this equates to 31,807 of a total list of 40,545 patients waiting less than 6 months for their procedure).

Elective Procedures children <3 months, Inpatients (M) (Chart 5)

The percentage of children waiting less than 3 months on the Inpatient waiting list at the end of September 2011 was 39.7% (this equates to 917 of a total list of 2,310 children waiting).

Elective Procedures children <3 months, Day Case (M) (Chart 5)

The percentage of children waiting less than 3 months on the Day Case waiting list at the end of September 2011 was 43.7% (this equates to 1,128 of a total list of 2,584 children waiting).

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

The percentage of patients who had principle procedure conducted on day of admission is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of July 2011 shows that 49% of patients had their principal procedure on the same day of admission. This compares to 48% for the previous year.

Chart 4

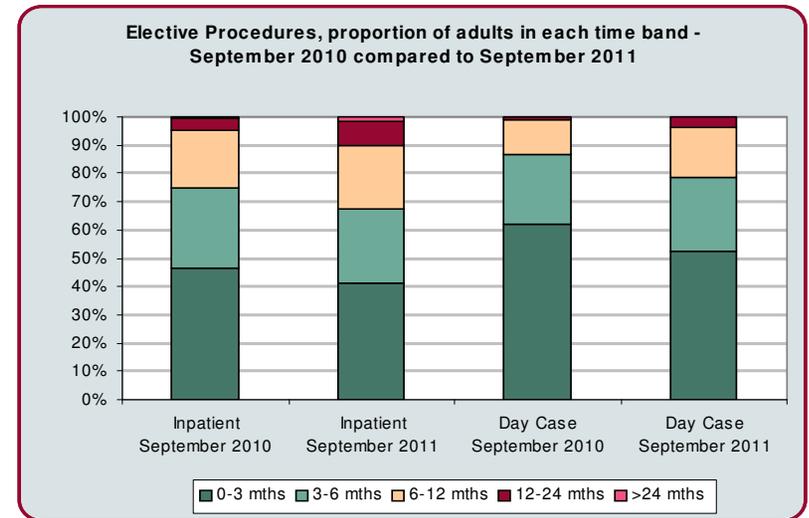
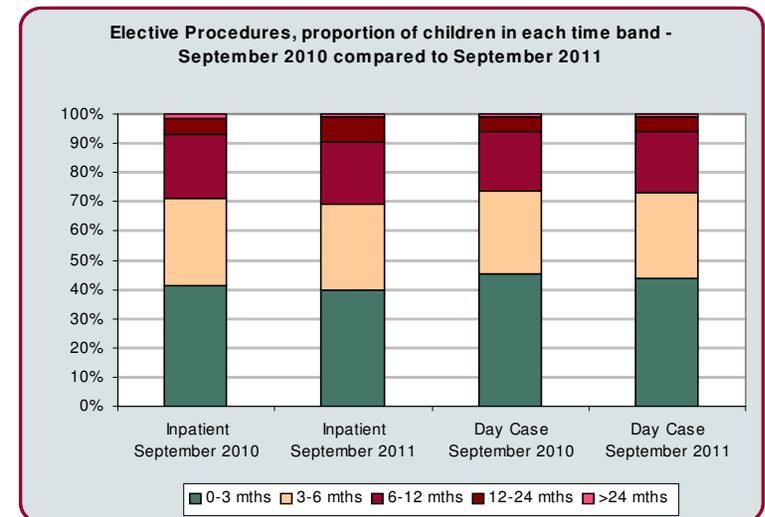


Chart 5



Acute Services analysis and action points

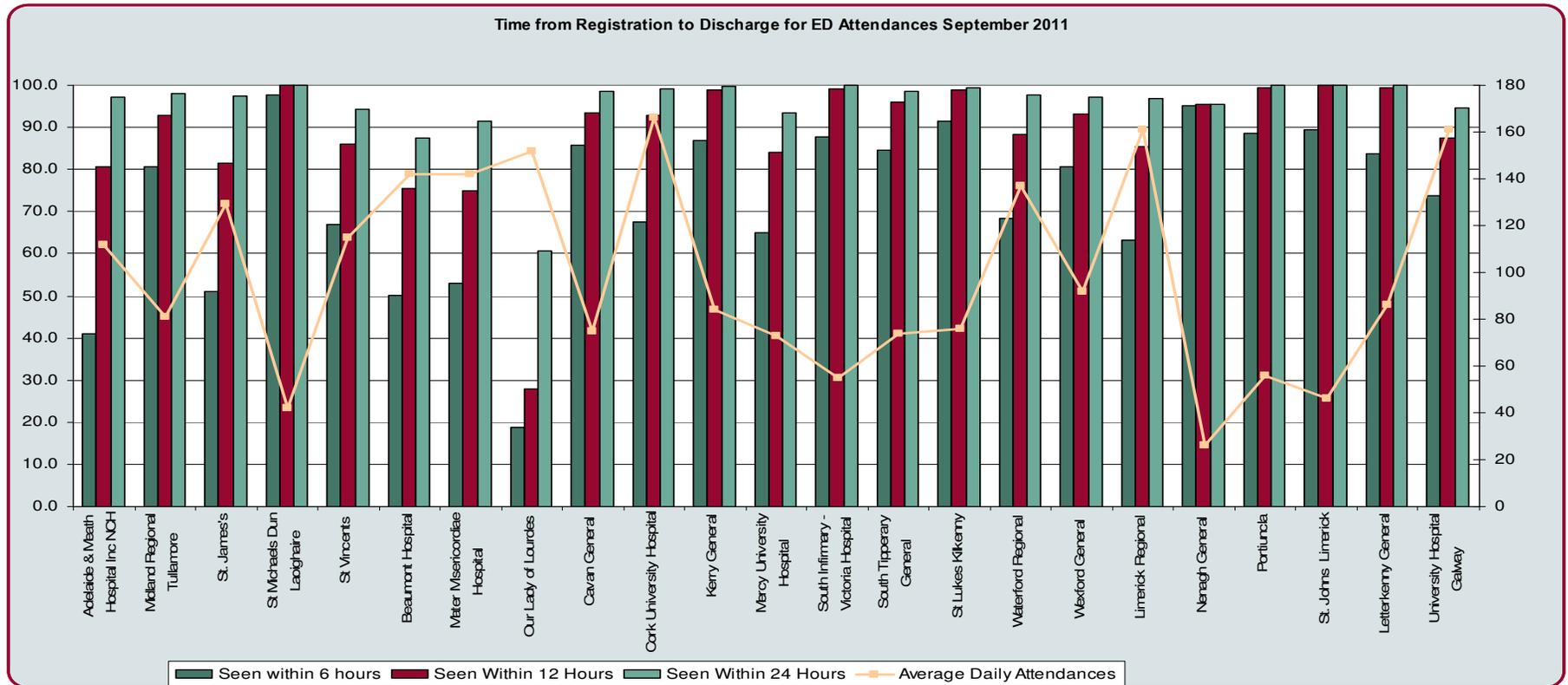
ED
Admitted or
discharged
<6hrs (M)

Data for September from the data available shows that patients waited on average 6.6 hours in ED from time of arrival to time leaving the department.

The average time for patients who required admission in September was 10.5 hours with 44% of patients admitted within 6 hours of their registration in ED.

Data for September also shows that a combination of full PET and sampling PET data in the 23 Hospitals that data is available for, 66.6% of patients admitted to or discharged from Hospital spent less than 6 hours in ED from time of arrival to time they left the department.

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



Health Care Associated Infection (HCAI)	
HCAI surveillance data is reported one quarter in arrears as denominator data is collected later than the nominator data. This is received from the BIU and is dependent on beddays returns from hospitals.	
MRSA	<p>MRSA bacteria notification rate per 1,000 bed days used</p> <p>MRSA rates have decreased from 2006 when data collection first began and the percentage of Staph aureus bacteraemia that is MRSA has decreased from 41.9% in 2006 to 22.9% for Q2 2011.</p>
Antibiotic Consumption	<p>Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital</p> <p>There has been a 6% rise in median usage of antimicrobials from 79.3DDD/100BDU in 2010 (based on full year data) to 84.4 DDD/100BDU for first half of 2011. The median antibiotic rate increased among general and regional/tertiary hospitals but decreased among specialist hospitals.</p> <p>There has been a continued drop in the proportion of a specific set of antibiotics in injectable form (those that could easily be switched to oral) by 0.5% to 6.5%.</p>
Alcohol Hand Rub	<p>Alcohol Hand Rub consumption per 1,000 bed days used</p> <p>Alcohol hand rub is a crude proxy measure of hand hygiene. The overall consumption of alcohol gel has increased to end Q2 2011 compared to 2010. This may reflect the increased emphasis on hand hygiene and national hand hygiene audit. The overall consumption for Q2 2011 was 29.1 with median of 22.7. The activity data will reflect the median consumption. Alcohol gel usage has doubled since 2006 (median 10.5).</p>

All above data refers to Q2 (March 2011).

Performance Activity Health Care Associated Infection (HCAI)	Outturn 2010	Target 2011	Activity YTD	% var YTD v Target YTD
MRSA bacteraemia notification rate per 1,000 bed days used	0.088	Reduce to 0.085*	0.067	+21.2%
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (Outturn 2010 is based on Q3 data)	75.18	76**	84.4	-11.1%
Alcohol Hand Rub consumption per 1,000 bed days used	New	23 litres*	22.7	-1.3%

*per 1,000 bed days

** per 100 bed days

National Ambulance Service

Pre-Hospital Emergency Care

Pre - Hospital Emergency Care

This month, 56.81% of ECHO calls were responded to within 8 minutes with over 73% having a patient carrying vehicle at the scene within 19 minutes. 27.89% of Delta calls were responded to within 8 minutes and over 68% had a patient carrying vehicle within 19 minutes. The NAS has developed a Performance Improvement Action Plan which has enabled the achievement of an improved trajectory in response time performance in the first six months of 2011. The Plan will continue to be implemented over the coming years with a view to realizing the targets set out in the national standards.

Pre hospital emergency care is the emergency care provided to a patient before transfer to a hospital or appropriate healthcare facility. Activity data for this service is reported one month in arrears. Table 1 outlines the response to Echo and Delta calls in the reported month. Echo calls relate to calls where patients are in cardiac or respiratory arrest, this month Echo calls were 1.38% of overall 999 calls. Delta calls refer to patients with life-threatening conditions other than cardiac or respiratory arrest, this month 38.28% of all 999 calls were in this category. Since the beginning of the year 48,235 Category 1 calls (Echo and Delta) have been received.

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

In line with the national KPIs published by HIQA, the HSE National Ambulance Service is working towards achieving a first response to 75% of emergency ECHO and DELTA calls within 8 minutes or less. To date HIQA have not published a national KPI for the arrival of transporting vehicles at scene. However, the National Ambulance Service has commenced internal reporting on its performance within 19 minutes in line with international norms.

Table 1 National Ambulance Service Performance Activity*	Target 2011	% responded to within timeframe YTD	% Var YTD v. Target YTD	Total Number of Calls YTD	No. responded within timeframe YTD	% responded to within timeframe this month	% Var v. Target this month	Number of calls this month	Number responded to within timeframe
(i) % of Clinical Status 1 ECHO calls responded to by a first responder in 7 minutes and 59 seconds or less.	75%	53.26%	-28.98%	1,731	922	56.81%	-24.25%	220	125
(ii) % of Clinical Status 1 Delta calls responded to by a first responder in 7 minutes and 59 seconds or less	75%	28.57%	-61.90%	46,504	13,290	27.89%	-62.81%	6,124	1,708
Clinical Status 1 – ECHO calls should have a patient-carrying vehicle at the scene of the incident within 18 minutes and 59 seconds	n/a	69.09%	n/a	1,731	1,196	73.18%	n/a	220	161
Clinical Status 1 – DELTA calls should have a patient-carrying vehicle at the scene of the incident within 18 minutes and 59 seconds	n/a	66.99%	n/a	46,504	31,155	68.15%	n/a	6124	4,174

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

Table 2 National Ambulance Service Budget	Actual YTD €000	Budget YTD €000	Variance YTD €000
North Leinster	40,280	41,033	-752
West	32,109	30,476	1,633
South	27,952	24,452	3,499
Ambulance College	3,397	2,807	590
Office of the National Director	1,893	4,989	-3,097
Total	105,630	103,757	1,873

Table 3 National Ambulance Service HR	Ceiling Sept 2011	WTE Sept 2011	WTE Change from Dec 2010 to Sept 2011	% WTE Variance Sept 2011
North Leinster	614	631	-16	+2.82%
South	405	411	+13	+1.42%
West	453	457	+9	+0.84%
Total	1,473	1,499	+6	+1.83%

National Cancer Control Programme (NCCP)

National Cancer Control Programme (NCCP)

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

- Total number of urgent referrals; and of those the % offered an appointment within 2 weeks – target 95%, Sep reported position is 100.0%.
- University Hospital Limerick – Further clinic planned in November

% Urgent Referrals (offered an appointment within 2 weeks) % Non Urgent (offered an appointment within 12 weeks)							
	Target	July 2011 (Urgent)	July (Non-Urgent)	Aug 2011 (Urgent)	Aug (Non-Urgent)	Sep 2011 (Urgent)	Sep (Non-Urgent)
Beaumont	95%	97.9%	99.0%	98.7%	100.0%	100.0%	97.1%
Mater	95%	99.3%	99.6%	100.0%	100.0%	100.0%	99.6%
St. Vincent's	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
St. James's	95%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%
Waterford	95%	100.0%	94.7%	100.0%	98.7%	100.0%	99.4%
CUH	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UHL	95%	100.0%	66.1%	100.0%	63.3%	100.0%	81.7%
GUH & L'kenney	95%	100.0%	98.8%	100.0%	98.1%	100.0%	71.5%
GUH	95%	100.0%	98.1%	100.0%	97.5%	100.0%	63.9%

Lung Cancer (Q)

% of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre

Total number of attendances at RAC; and of those the % offered an appointment within 10 working days – target 95%, Q3 reported position is 89.3%

*UHL service commenced in Jan and are still in establishment mode but showing improvement

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

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

Eight rapid access diagnostic centres providing services for lung cancers are now in place. This service has now reached target as per the NSP 2011.

Prostate Cancer (Q)

No. of centres providing services for prostate cancers:

- (a) Rapid Access Diagnostics 6
(b) Surgery 7

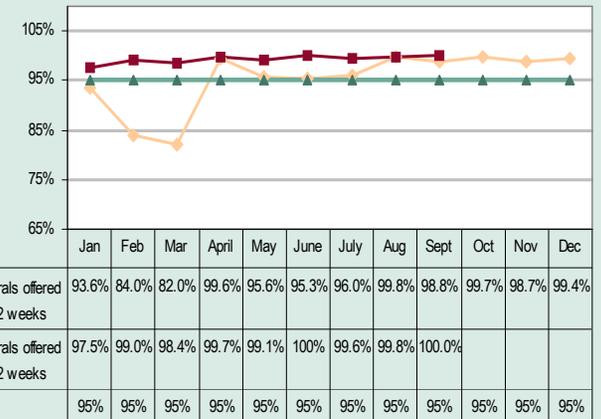
Rectal Cancer (Q)

No. of centres providing services for rectal cancers

In the third quarter 2011 there are 13 centres providing services for rectal cancer.

Chart 1

Breast Cancer: % of Urgent Referrals offered appointment within 2 weeks (2011 v 2010)



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

	Target	Q1 2011	Q2 2011	Q3 2011	Q4 2011
Beaumont	95%	99.1%	96.7%	98.0%	
Mater	95%	100.0%	100.0%	97.8%	
St. Vincent's	95%	100.0%	100.0%	100.0%	
St. James's	95%	100.0%	100.0%	100.0%	
Waterford	95%	100.0%	100.0%	100.0%	
CUH	95%	69.7%	68.6%	64.1%	
UHL*	95%	73.2%	86.7%	97.1%	
GUH**	95%	Not Available	73.4%	67.5%	

Children and Families

Children and Families

% of children in care who have a written care plan (defined by Child Care Regs 1995) (M) (Chart 1)

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

The number of children in care nationally at the end of September 2011 was 5,174 and of those children 4,712 (91.1%) had a written care plan in place. It should be noted that these figures are based upon returns from 27 out of 32 LHO's and that these figures are subject to change when the data is available.

Of all the care types children in residential care settings exhibited the highest percentage with a written care plan in place at 95.9%.

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

- Residential Care: 95.9%
- Foster Care: 91.4%
- Foster Care with Relatives: 89.5%
- Other Care Types: 85.6%

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

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

Nationally at the end of September 2011 91.0% of all children in care (all care types) had an allocated social worker. It should be noted that these figures are based upon returns from 27 out of 32 LHO's and that these figures are subject to change when the data is available.

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

- Residential Care: 98.7%
- Foster Care: 91.2%
- Foster Care with Relatives: 88.1%
- Other Care Types: 93.2%

Chart 1

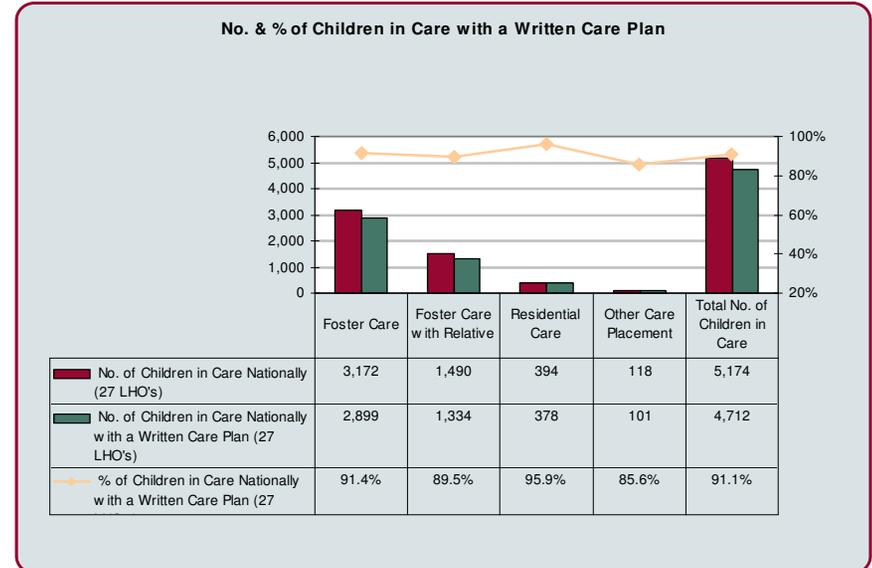
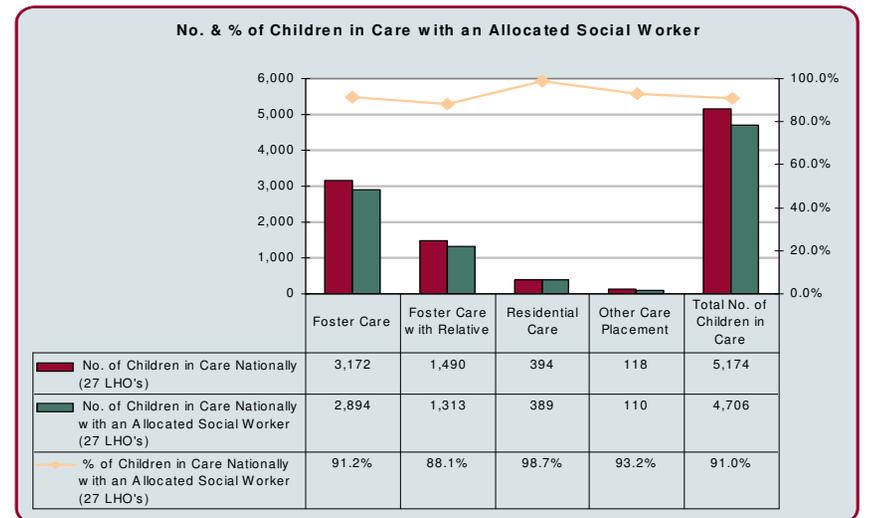


Chart 2



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

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

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

Nationally at the end of September 72.4% of those children due a review during Q3 received the review within the scheduled timeframe.

HSE DNE demonstrated the highest compliance with 89.2% receiving their review on time. HSE West reported 72.9%, HSE South reported 68.4% and HSE DML reported a figure of 67.6%

There was a 8.6% variance decrease in the percentage who received a scheduled review within the timeframe in Q3 2011 compared to Q2 returns.

	Q2 2011	Q3 2011	% Variance Q3 v Q2
HSE DML	76.9%	67.6%	-12.1%
HSE DNE	87.5%	89.2%	1.9%
HSE South	67.2%	68.4%	1.8%
HSE West	86.8%	72.9%	-16.0%
National	79.2%	72.4%	-8.6%

Children within residential care were the highest cohort to receive their review on time with 81.1% receiving their review within the timeframe.

	Q2 2011	Q3 2011	% Variance Q3 v Q2
Residential	92.4%	84.1%	-9%
Foster Care	77.5%	73.6%	-5.0%
FCWR	78.6%	73.7%	-6.2%
Other	73.6%	68.9%	-6.4%
National	79.2%	72.4%	-8.6%

Chart 3

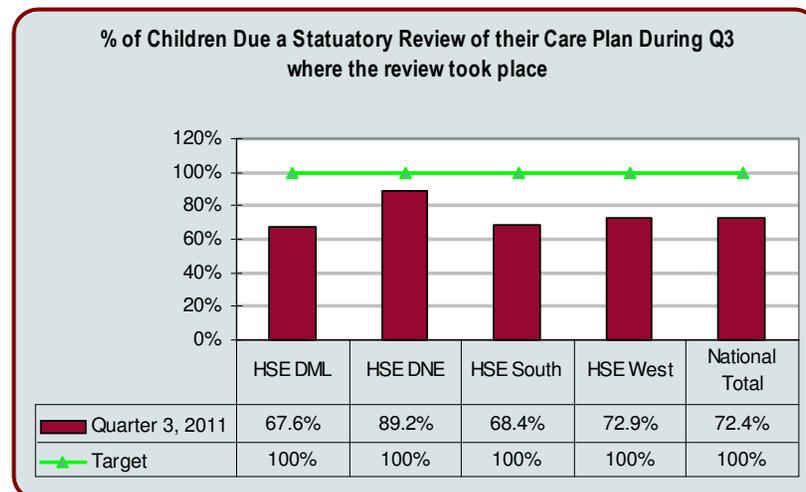
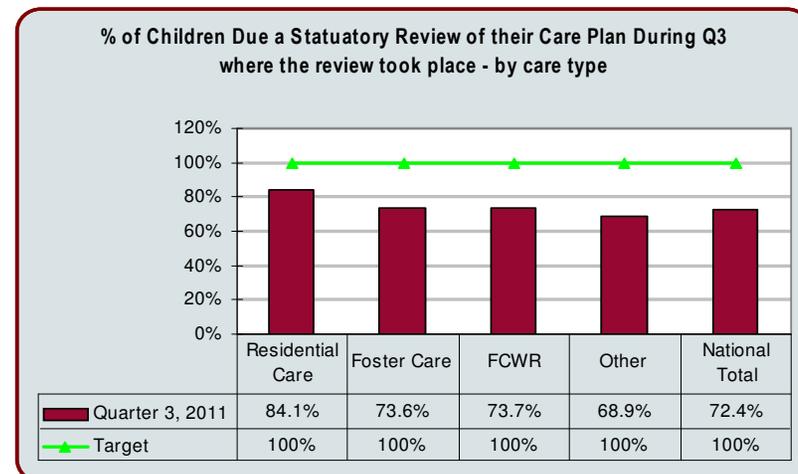


Chart 4



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

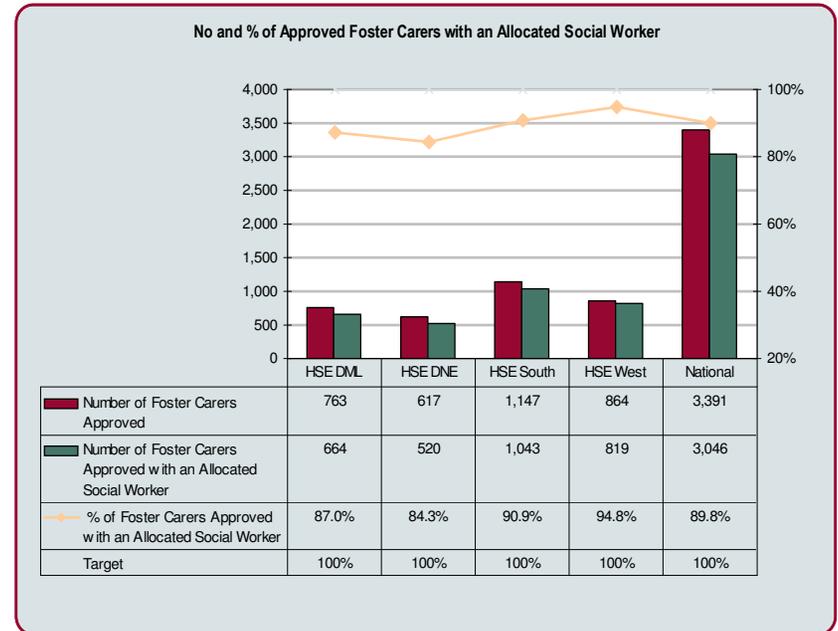
The NSP 2011 target for this metric is 100% of Approved Foster Carers who have been approved by the Foster Care Panel (Part III of Regulations) should have an allocated social worker.

Nationally at the end of September 2011 89.8% (3,046) of Approved Foster Carers had an allocated social worker and this demonstrates a 0.3% variance increase compared to the Q2 returns.

	Q2 2011	Q3 2011	% Variance Q3 v Q2
HSE DML	85.2%	87.0%	2.1%
HSE DNE	83.0%	84.3%	1.6%
HSE South	91.2%	90.9%	-0.3%
HSE West	95.3%	94.8%	-0.5%
National	89.5%	89.8%	0.3%

HSE West demonstrated the highest compliance with 94.8% of approved foster carers have an allocated social worker. HSE South reported 90.9%, HSE DML reported 87.0% and HSE DNE reported a figure of 84.3%.

Chart 5



Mental Health

Mental Health (Adult)

Admissions (Chart 1)(Q)

Data presented here is reported quarterly in arrears and is received from the Health Research Board (HRB) and relates to Q2 2011.

- There were 3,406 admissions to acute mental health units nationally and 7,153 year to date which is a decrease of 4.2% on the year to date figure in Q2 2010.
- The National percentage of readmission is 67 % (2,292 or 4,828 year to date) and is a slight decrease (1.5%) on the percentage of readmissions 68% (5,101) on the year to date figure in Q2 2010.

Inpatient services (Q) (Chart 2)

- Number of inpatient places is 26.8 per 100,000 nationally.
- First Admission rates to acute units (that is first ever admission) is 26.3 per 100,000 nationally in Quarter 2 2011 which is 1.5% below target and 10.2% below Q2 2010 position.
- Inpatient readmission rates to acute units are 54.1 per 100,000 nationally in Quarter 2 2011 which is 11.9% below target and 11.5% below Q2 2010 position.
- Median Length of Stay in inpatient facilities is 11 days in Quarter 2 2011 and remains within target
- Rate of involuntary admission is 8.8 per 100,000 nationally in Quarter 2 which is 12% above target and 3.5% about Q2 2010 position.

Chart 1

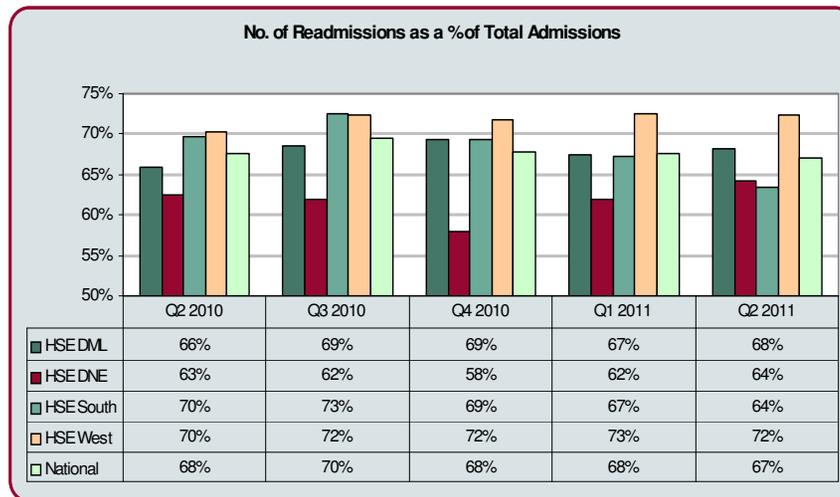
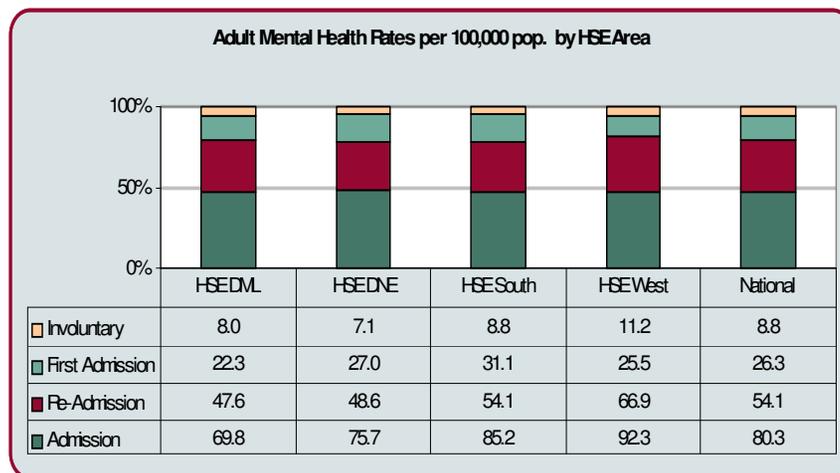


Chart 2

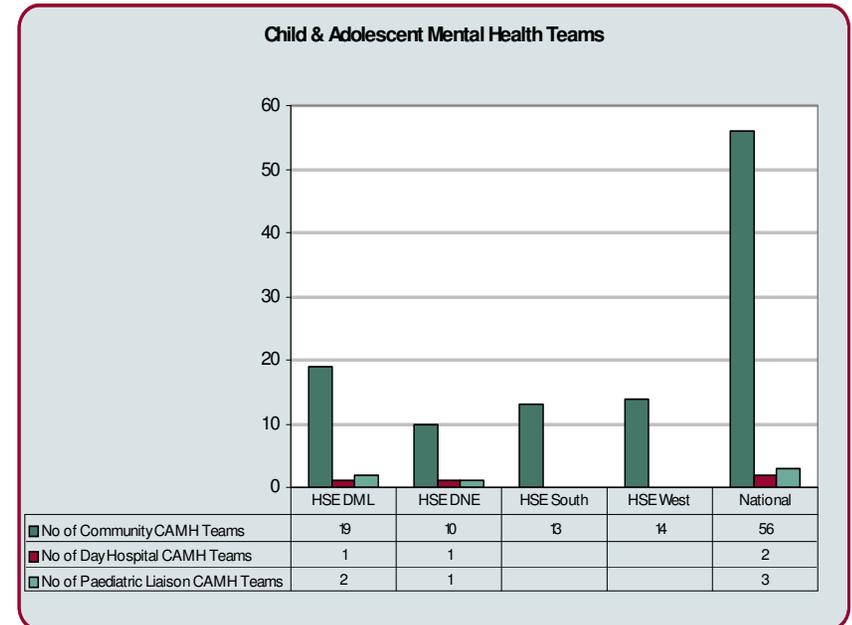


Mental Health (CAMHs)

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

- The development of comprehensive Child and Adolescent Mental Health Services (CAMHS) for young people up to the age of 18 years is described in the Department of Health and Children *A Vision for Change* (2006) policy document. CAMHS had been organised until then for young people up to the age of 16 years. Key to this is the development of 99 multidisciplinary CAMHS teams, of which 61 are in place, 56 community teams, 2 day hospital teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 108 beds), mental health intellectual disability teams (a total of 13), substance misuse, eating disorder and forensic services for young people.
- There are 10 Child and Adolescent admissions to HSE Child and Adolescent mental health in-patient units in September with a total of 110 admissions to date
- There are 33 Child and Adolescent admissions to adult HSE mental health inpatient units between June and September with a total of 100 admissions to date.
- Data in this report relates to the first line of specialist Child and Adolescent Mental Health Service which is the 56 Community Child & Adolescent Mental Health Teams.
- The regional the 56 Community teams are based as follows:
 - DML – 19
 - DNE – 10
 - South – 13
 - West – 14
- The 56 Community teams received 1,008 referrals in September (9,458 to date) and almost 11% up on the same period last year.
- Of the number of referrals received in June, 708 (70%) (6,367 to date) were accepted as they met the criteria operated by the teams.

Chart 3



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

- Total number of Child & Adolescents offered first appointment and seen in September was 707 with 5,963 seen to date (5.9% above target & 6.3% above the same period last year)
- The regional view is as follows:
 - DML – 263
 - DNE – 119
 - South – 122
 - West – 203
 - Nationally - 707
- 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.

% of new mental health (including re-referred) child / adolescent cases offered first appointment (seen within 3 months) (M)
Chart 5

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New (including re-referred) Cases seen, are to be seen within three month of referral.
- Currently 57% (year to date 61%) of new cases are being seen within 3 months with 68% of new (including re-referred) cases offered an appointment within 3 months and overall DNA rates running at 11% nationally.
- The regional view for those seen within 3 months is as follows:

Region	Cases Offered Appointment & seen within 3 Months	Cases Offered Appointment and Seen in September	YTD
DML	66%	52%	56%
DNE	61%	44%	52%
South	70%	67%	63%
West	75%	66%	71%
Nationally	68%	57%	61%

Chart 4

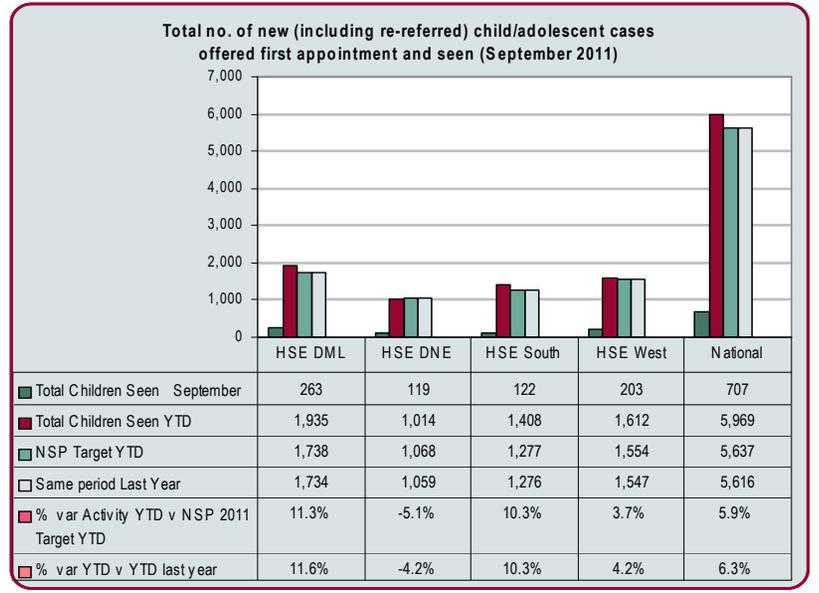
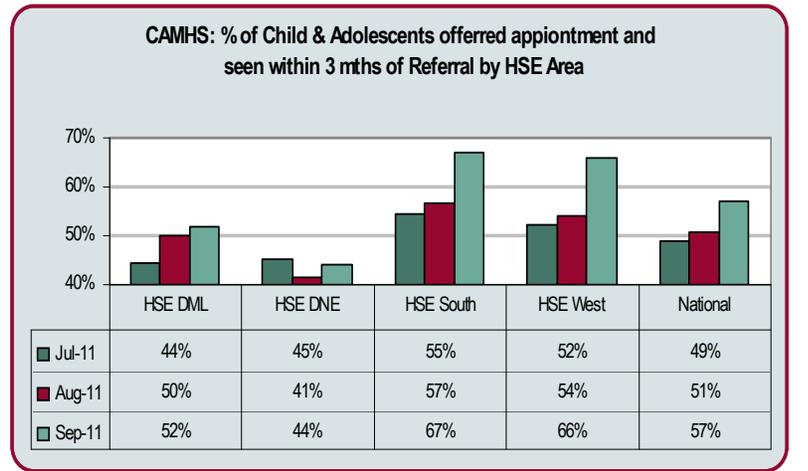


Chart 5



Mental Health (CAMHS)

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

- The key PI set by the Specialist CAMHS Advisory Group is to reduce numbers on waiting list by >5% by end of Q4 2011.
- Total Number on Waiting List at end Quarter 2 2011 by wait time:
 - > < 3 Months = 655 (35%)
 - > 3-6 Months = 475 (25%)
 - > 6-12 Months = 479 (25%)
 - > > 12 Months = 288 (15%)
 - > Total = 1897
- The Numbers on the Waiting List have decreased by 14% on Q2 2011 figure of 2,499 and has also decreased 11% from the same period last year figure of 1,897 and whilst those waiting > 12 months has decreased 12% on Q2 2011 and it has decreased 21.5% from the same period last year figure of 396.
- The Number on the Waiting List per Region:

Region	Total	> 12 months
DML	536	5
DNE	275	3
South	488	104
West	598	176
National	1,897	288

Chart 6

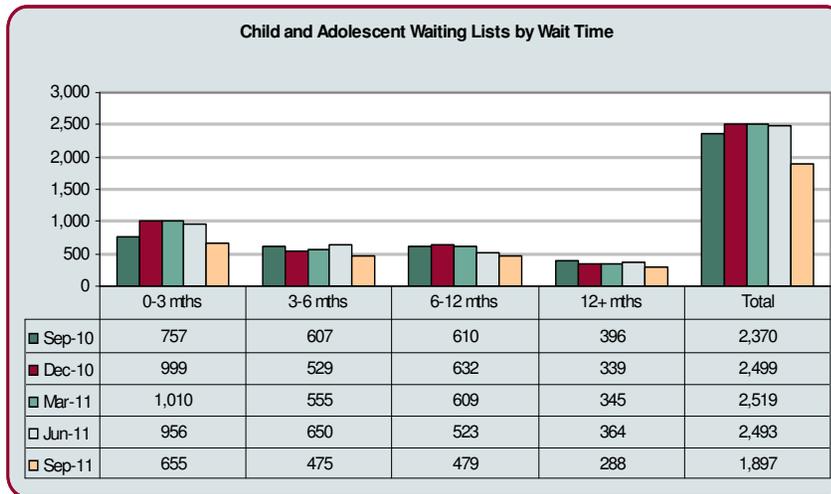
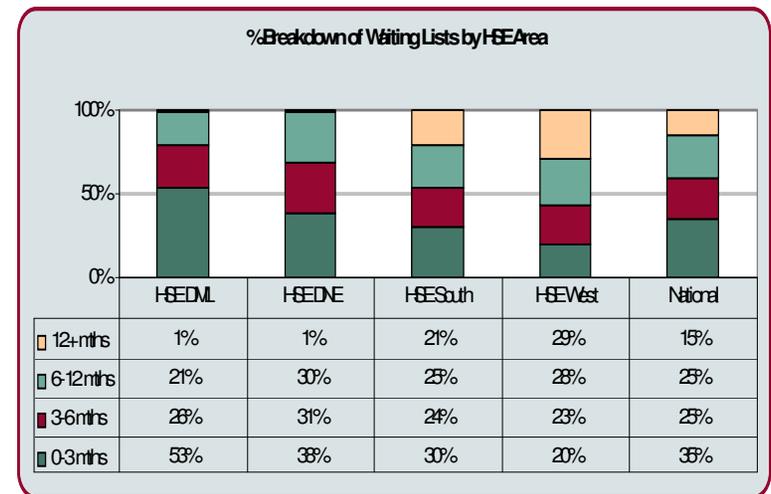


Chart 7



Disability Services

Disability Services

Under 5 Assessments (Q)

Disability Act Compliance

- Under the Disability Act, 815 Assessment Reports were completed nationally in Quarter 3 2011.
- YTD position is 2,407 against expected activity of 1,760, thus exceeding it by 36.8%. This is an increase of 647 (36.8%) on the same period in 2010.
- The number of assessments completed within the timelines as provided for in the Regulations is at 27% compliance. This reflects a number of difficulties experienced by Assessment Officers including:
 - Ensuring that assessors return assessments on time
 - The effects of the recruitment moratorium
 - Non-filling of vacancies caused by maternity and sick leave
 - Prioritisation of intervention over assessment
 - Pressure to produce assessments which comply with the Department of Education and Skills (DES) resource allocation model
 - The complexity and length of process involved in completing an assessment can be a factor.
- This divergence is also due to the emphasis being placed on starting and completing assessments in preference to timelines.

Older Persons

Older Persons

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

There is a -5.2% variance on activity against target relating to Home Help Hours in the period January to September, a very marginal improvement from August. Wide variation noted in the number of Home Help Clients which reflects implementation of agreed definitions within HCP Guidelines. HH hours activity is a better indicator of performance and is close to target.

- HSE Dublin Mid Leinster has improved since April from -8.1% to -6.0% in September.
- HSE DNE has improved since April from -18.2% to -2.6% in September.
- HSE South has improved since April from -3.8% to -2.8% in September.
- HSE West has improved since April from -12.0% to -9.2% in September.

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

Again for HCP metrics, implementation of a standard definition of HCPs as per Guidelines is impacting nationally. Activity in relation to HCP Client numbers is 1.2% above target. This measure of performance needs to be considered along side financial data for the scheme to ensure that the planned level of expenditure is providing the appropriate level of home care packages.

Home Help Service and HCP Scheme 2011								
Area	Home Help Hours		Home Help Clients		No in Receipt of Home Care Package		New HCP Clients (YTD)	
National	8,342,568	-5.2%	51,166	-5.2%	10,752	5.1%	4,222	27.9%
DML*	1,501,946	-6.0%	12,239	2.0%	2,625	11.5%	1,123	49.7%
DNE	1,744,370	-2.6%	9,533	-26.1%	3,510	3.7%	1,328	54.0%
South	2,712,649	-2.8%	15,926	8.3%	2,393	2.0%	888	18.4%
West	2,383,604	-9.2%	13,468	-6.5%	2,224	3.7%	883	-5.8%

* Data includes estimate for Dunlaoghaire September

Elder Abuse (Q)

The total number of active Elder Abuse cases was 1,798, at the end of September. Of these 45% were in HSE South, 16% in HSE DML, 17% in HSE DNE and 22% in HSE West. This gives an indication of caseload variances across regions.

All reported cases, recorded on the database, showed a first response within the 4 week time period.

In Q3 there were 359 overall referrals to the elder abuse service. Referrals in Q1 numbered 620 (revised), and in Q2 532 (revised) giving a cumulative YTD total of 1,511. This represented a 4.7% reduction in the number of referrals on the same period last year; however it should be noted that data from HSE South is incomplete for Q3. DNE has had the greatest increase with a growth in referrals (+39.1%). There has been an increase in dedicated staff in this region.

A breakdown of the main types of abuse referred is included in the table below.

No of Referrals by abuse Type*	YTD Q3 2011	YTD Q3 2010
Physical	232 (11.25%)	234 (10.9%)
Psychological	625 (30.2%)	553 (25.6%)
Financial	402 (19.4%)	405 (18.9%)
Neglect	332 (16.1%)	396 (18.5%)

*Note: Referrals can be included in more than one alleged abuse category. Data (not included in this table) is also captured in relation to self neglect, discrimination, sexual abuse and other.

Long Term Residential Care

(incl. Nursing Home Support Scheme) (M)

At the end of September 2011, 22,155 long term public and private residential places are supported under the scheme.

In the first nine months of 2011, 7,234 applications have been received and 5,553 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 2,148 during the period. In September there was an additional 651 new entrants to private nursing homes under the NHSS. The scheme is taking on new clients within the limits of the resources available, in accordance with the legislation.

Number of patients in Long Term Residential Care funded beds					
HSE Region	NHSS Public Beds*	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	Total
End Q1	6,100*	11,458	1,940	2,211	21,709
End Q2	6,100*	11,974	1,679	2,049	21,802
DML	1,615	3,202**	300	1,034	6,151
DNE	1,036	2,462**	282	480	4,260
South	1,638	3,673**	380	260	5,951
West	1,440	3,665**	527	161	5,793
Total – September 2011	5,729	13,002**	1,489	1,935	22,155

Information for the four Regions is the latest available and refers to September 2011. *Information regarding NHSS Public beds relates to an estimate of 95% bed occupancy.

** Estimated number as Sept. data is not available due to new IT system going live at present.

Nursing Home Support Scheme (NHSS)				
Number of new applicants and patient movement				
Month 2011	No. of new applicants	No. of new patients*	No. of patients Leaving NHSS	Net Increase
January	861	791	493	+298
February	759	822	462	+360
March	1,374	899	328	+571
April	713	669	475	+194
May	858	573	364	+209
June	754	464	351	+113
July	513	355	288	+67
August	868	329	364	-35
September	534	651	280	+371
Total	7,234	5,553	3,405	2,148
Monthly average YTD	804	617	378	+239

Information on patient movement refers to approved private nursing homes only. *Refers to patients who have been accepted and placed in long term residential care in the reported month.

Palliative Care

Palliative Care

Palliative Care inpatient bed provided within 7 days (M)

The number of patients admitted to a specialist Palliative care inpatient bed in September 2011 was 246, of these 228 were admitted within 7 days of active referral. This equates to 93% of all the admitted patients who were seen within one month.

Area	Percentage & No. within 7 days	Percentage & No. over 7 days
DML	85% (63)	15% (3)
DNE	97% (30)	3% (1)
South	100% (41)	0% (0)
West	94% (94)	6% (6)
National	93% (228)	7% (18)

Social Inclusion

Social Inclusion

Total number in methadone treatment (M)

The total number of clients in methadone treatment for the month of September was 9,177, of these 514 were in a prison setting. 8,663 were treated in HSE areas (see breakdown below). This compares to 8,666 for the same period last year

Clients treated in HSE Area outside prisons	
DML	4,971
DNE	3,047
South	359
West	286
Prisons	514
National	9,177

Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
Public Patients as a % of all elective discharges										
DML	75.9%	80.0%	80.0%	78.7%	-1.6%	80.0%	78.1%	-2.4%	75.8%	3.0%
DNE	75.7%	80.0%	80.0%	77.7%	-2.9%	80.0%	76.7%	-4.1%	75.4%	1.7%
South	71.0%	80.0%	80.0%	72.1%	-9.9%	80.0%	71.7%	-10.4%	71.1%	0.8%
West	71.1%	80.0%	80.0%	72.4%	-9.5%	80.0%	71.0%	-11.3%	71.2%	-0.3%
National	73.4%	80.0%	80.0%	75.4%	-5.8%	80.0%	74.6%	-6.8%	73.4%	1.6%
No. of Inpatient Discharged (Inpatient)										
DML	181,047	176,400	14,749	15,404	4.4%	132,682	136,343	2.8%	134,161	1.6%
DNE	110,263	107,700	9,005	9,218	2.4%	81,008	80,643	-0.5%	82,965	-2.8%
South	147,500	144,000	12,040	12,332	2.4%	108,312	112,213	3.6%	110,178	1.8%
West	150,050	146,300	12,232	12,382	1.2%	110,042	112,079	1.9%	112,707	-0.6%
National	588,860	574,400	48,026	49,336	2.7%	432,044	441,278	2.1%	440,011	0.3%
No. of Inpatient Discharged (Day Case)										
DML	265,395	276,700	25,325	24,385	-3.7%	207,866	211,873	1.9%	202,078	4.8%
DNE	137,831	143,100	13,097	12,409	-5.3%	107,501	106,943	-0.5%	104,976	1.9%
South	157,119	163,000	14,919	14,350	-3.8%	122,451	121,766	-0.6%	118,925	2.4%
West	167,924	172,300	15,770	15,619	-1.0%	129,437	132,657	2.5%	127,666	3.9%
National	728,269	755,100	69,111	66,763	-3.4%	567,255	573,239	1.1%	553,645	3.5%
Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months										
DML	81.2%	100.0%	100.0%	70.4%	-29.6%	100.0%	70.4%	-29.6%	77.0%	-8.6%
DNE	73.4%	100.0%	100.0%	72.7%	-27.3%	100.0%	72.7%	-27.3%	75.0%	-3.1%
South	75.3%	100.0%	100.0%	72.0%	-28.0%	100.0%	72.0%	-28.0%	78.3%	-8.0%
West	69.8%	100.0%	100.0%	58.6%	-41.4%	100.0%	58.6%	-41.4%	69.4%	-15.6%
National	74.5%	100.0%	100.0%	67.5%	-32.5%	100.0%	67.5%	-32.5%	74.6%	-9.5%
Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months										
DML	47.1%	100.0%	100.0%	35.4%	-64.6%	100.0%	35.4%	-64.6%	39.2%	-9.7%
DNE	69.6%	100.0%	100.0%	67.7%	-32.3%	100.0%	67.7%	-32.3%	69.4%	-2.4%
South	48.1%	100.0%	100.0%	51.8%	-48.2%	100.0%	51.8%	-48.2%	45.2%	14.6%
West	33.2%	100.0%	100.0%	34.0%	-66.0%	100.0%	34.0%	-66.0%	37.1%	-8.4%
National	45.5%	100.0%	100.0%	39.7%	-60.3%	100.0%	39.7%	-60.3%	41.3%	-3.9%

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
Elective Waiting List (Daycase) % Adults awaiting ≤6 months										
DML	95.4%	100.0%	100.0%	91.4%	-8.6%	100.0%	91.4%	-8.6%	94.2%	-3.0%
DNE	88.8%	100.0%	100.0%	77.2%	-22.8%	100.0%	77.2%	-22.8%	87.1%	-11.4%
South	86.1%	100.0%	100.0%	76.8%	-23.2%	100.0%	76.8%	-23.2%	83.3%	-7.8%
West	79.8%	100.0%	100.0%	70.9%	-29.1%	100.0%	70.9%	-29.1%	81.4%	-12.9%
National	87.5%	100.0%	100.0%	78.4%	-21.6%	100.0%	78.4%	-21.6%	86.7%	-9.6%
Elective Waiting List (Day Case) % Children awaiting ≤3 months										
DML	48.8%	100.0%	100.0%	41.2%	-58.8%	100.0%	41.2%	-58.8%	41.8%	-1.4%
DNE	62.7%	100.0%	100.0%	38.1%	-61.9%	100.0%	38.1%	-61.9%	66.9%	-43.0%
South	51.9%	100.0%	100.0%	49.4%	-50.6%	100.0%	49.4%	-50.6%	45.8%	7.9%
West	58.0%	100.0%	100.0%	47.6%	-52.4%	100.0%	47.6%	-52.4%	51.0%	-6.7%
National	51.7%	100.0%	100.0%	43.7%	-56.3%	100.0%	43.7%	-56.3%	45.4%	-3.7%
% of elective inpatient procedures conducted on day of admission										
DML	63.0%	75.0%	75.0%	55.0%	-26.7%	75.0%	55.0%	-26.7%	58%	-5.2%
DNE	43.0%	75.0%	75.0%	46.0%	-38.7%	75.0%	46.0%	-38.7%	41%	12.2%
South	45.0%	75.0%	75.0%	42.0%	-44.0%	75.0%	42.0%	-44.0%	44%	-4.5%
West	47.0%	75.0%	75.0%	52.0%	-30.7%	75.0%	52.0%	-30.7%	46%	13.0%
National	50.0%	75.0%	75.0%	49%	-34.7%	75.0%	49%	-34.7%	48%	2.1%
No. of Emergency Admissions										
DML	96,717	94,500	7,934	8,149	2.7%	71,151	74,243	4.3%	71,876	3.3%
DNE	72,863	71,800	6,028	5,797	-3.8%	54,060	51,709	-4.3%	54,813	-5.7%
South	89,840	87,900	7,380	7,720	4.6%	66,181	71,170	7.5%	66,760	6.6%
West	109,611	107,200	9,001	8,880	-1.3%	80,713	82,524	2.2%	81,638	1.1%
National	369,031	361,400	30,343	30,546	0.7%	272,104	279,646	2.8%	275,087	1.7%
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
DML	74.0%	75.0%	75.0%	75.0%	0.0%	75.0%	75.0%	0.0%	72.0%	4.2%
DNE	75.0%	75.0%	75.0%	76.0%	1.3%	75.0%	76.0%	1.3%	74.0%	2.7%
South	62.0%	75.0%	75.0%	65.0%	-13.3%	75.0%	65.0%	-13.3%	60.0%	8.3%
West	69.0%	75.0%	75.0%	74.0%	-1.3%	75.0%	74.0%	-1.3%	67.0%	10.4%
National	70.0%	75.0%	75.0%	72.0%	-4.0%	75.0%	72%	-4.0%	68%	5.9%
Outpatient Attendances										
DML	Outpatient (OPD): The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. The reforms imply considerable additional work for Outpatient departments and adaptations to hospital computer systems. Due to IT and other constraints, full reporting has not yet taken place. Nonetheless, only data which complies with the OPD reformed data set will be reported in future by the HSE.									
DNE										
South										
West										
National										

Service Arrangements and Grant Aid Agreements

Service Arrangements and Grant Aid Agreements

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

- Service Arrangements have two parts. Part 1 contains a set of standard clauses and conditions and covers the years 2010/11. Part 2 comprises a set of Schedules covering amongst other things the annual financial, HR, service and quality provisions of the contract. Part 2 is agreed with each agency annually.
- This report relates to the progress in completing and signing Part 2 Schedules for 2011 Service Arrangements and for the signing of Grant Aid Agreements, up to the end of September 2011.
- Since the June Report, additional Service Arrangements to the value of €781m have been signed. Signed Arrangements are now in place for 97.4% of the total funding provided by the HSE to the non statutory sector, this rate compares favourably to 2010 end of year figure of 92.43% of funding.
- All of the 16 Voluntary Hospitals have signed Service Arrangements in place.
- Significant progress has been made with the non acute sector agencies. Organisations yet to sign are either part of an annual cycle which commences in the last quarter, or are being formally communicated with, to complete the signing process for 2011, with some having been informed of the withdrawal of funding, due to continued non compliance.

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

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	92.29% (491 facilities)	88.03% (581 facilities)	89.74% (1,260 facilities)	72.64% (791 facilities)	77.19% (44 facilities)	84.63% (3,167 facilities)
Acute Sector	100% (4 hosp)	100% (9 hosp)	100% (1 hosp)	100% (2 hosp)		100% (16Hosp)
Total	92.35%	88.19%	89.75%	72.69%	77.19%	84.70%

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

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	98% (€346,494,787)	96.47% (€528,248,787)	96.69% (€335,269,814)	85.57% (€268,432,824)	92.36% (€6,145,538)	94.67% (€1,484,591,750)
Acute Sector	100% (€504,733,251)	100% (€1,020,562,193)	100% (€19,491,964)	100% (€98,596,000)		100% (€1,643,383,408)
Total	99.18% (€851,228,038)	98.77% (€1,548,810,980)	96.87% (€354,761,778)	89.02% (€367,028,824)	92.36% (€6,145,538)	97.4% (€3,127,975,158)

Quality and Patient Safety

Quality and Patient Safety – Clinical Programmes

National Clinical Programmes Update

National Clinical Programmes

Implementation plans have been developed for the National Clinical programmes as listed in the 2011 National Service Plan.

Governance and Organisation capacity

Regional co-ordinators are in place in each of the four regions. Local Project Managers are in place for all of the locations implementing the programmes. Engagement sessions between the National Clinical Programmes Support Team and the Regional co-ordinators and Local Project Managers have been held in each of the regions. These sessions included presentation of the national guidelines document to ensure that each Local Project Manager was aware of the national guidelines and governance structures now in place for the delivery of the programmes.

Fortnightly meetings of the National Programme Managers and Regional Co-ordinators are being held which focuses on tracking progress, issue resolution and monitoring of risks. Monthly Inter Directorate meetings are held with status updates being provided on the programmes.

Benefits Tracking and Quality Measures

The exercise to establish a consolidated base of the key performance metrics across the Programmes is progressing. It is agreed between Consultants in Public Health Medicine and the Clinical Leads to develop 3 high level key performance indicators per programme to be used at national level to reflect the most important, evidenced based elements of the programme. A key performance indicator (KPI) template, in line with the HIQA template is being used to support the development and measurement of KPIs. To date eleven of the programmes have identified and agreed their top 3 indicators.

Key Issue – temporary embargo on filling of agreed posts for Clinical Programmes

(1) The recruitment pause of posts for the Clinical Programmes is having a significant impact on the programmes achieving their targets as defined in the service plan. A number of the programmes such as Diabetes, Acute Medicine Programme, Stroke and Heart Failure have a high dependency on these posts being filled as without these resources they cannot implement the change and achieve the deliverables as planned for 2011. Progress is being made in that the recruitment process is continuing and agreement in place for appointments to be made in December.

(2) 17 of the 34 consultant posts for the Acute Medicine Programme were recommended for approval by the Consultant Application Advisory Committee in July. However the approval to proceed for Category B appointments is dependant on the sites supplying further information to demonstrate compliance with the HR/Finance/Clinical criteria defined.

Quality and Patient Safety – Service Improvement

Paediatric Neurosurgery Service

Background

Complex paediatric neurosurgery is undertaken in the Children's University Hospital and Beaumont hospital, with some less complex paediatric neurosurgery undertaken in Cork University Hospital. Prior to 2008 complex neurosurgical care for children was provided on a national basis jointly by the neurosurgical service at Beaumont Hospital in Dublin, the paediatric surgery service at Our Lady's Children's Hospital, Crumlin (OLCHC) and the Children's University Hospital at Temple Street (CUHTS). The service was mixed and access was variable. There were concerns about the sustainability of this service and it was reconfigured on the recommendation of a comprehensive review of paediatric neurosurgical services commissioned by the HSE.

Present services

Today, the new paediatric neurosurgery department is staffed by 4 consultant neurosurgeons with a specific subspecialist interest. They provide 24/7 cover for emergencies and is one of 4 units in the UK and Ireland that provide such a service (Great Ormond Street, Birmingham and Liverpool Children's Hospitals).

Inpatient care is delivered in CUHTS for children under 6 years and in Beaumont Hospital for those aged between 6 and 16 years of age. When surgery is required it is performed by a consultant paediatric neurosurgeon in all but the simplest cases involving older children. This works effectively as a single unit on two sites.

In 2008 44% of surgery was undertaken by a paediatric neurosurgeon and in 2010 89% of surgery was undertaken by a paediatric neurosurgeon. The new paediatric neurosurgery service undertakes the second highest number of operations in the UK and Ireland with 493 operations performed on children under the age of 16 in 2010. A large proportion of operations are carried out on neonates because of Ireland's high incidence of congenital central nervous system anomalies such as spina bifida and hydrocephalus. CUHTS was the busiest neonatal neurosurgery service in Northern Europe in 2010. The special equipment required is available in both Beaumont and CUHTS on a 24/7 basis and is of the highest specification and comparable internationally.

2010 Hospital Activity Stats	Ward Admissions	Ward Bed days	ICU admissions	ICU bed days
CUHTS	370	2343	68	190
Beaumont	292	1436	24	114
Total	662	3779	92	304

Source: Neurosurgery Department Children's University Hospital/Beaumont Hospital

The paediatric neurosurgery service has 2 Clinical Nurse Specialists (CNSs) one of whom is dedicated to the co-ordination of services for spina bifida treatment. There are 25-30 new cases of spina bifida per year treated at CUHTS and the outpatient pathway is under development. A paediatrician with expertise in spina bifida and paediatric neuro-rehabilitation has also been appointed to complement the service in CUHTS, the Central Remedial Clinic and Beaumont Hospital.

Neurosurgery outpatient clinics are held in OLCHC, CUHTS, National Maternity Hospital, Holles Street and the Central Remedial Clinic (CRC) in Clontarf. These are both general and subspecialty neurosurgical clinics held in conjunction with oncology, paediatrics and plastic surgery services.

There are now 848 patients attending CUHTS regularly for outpatient review. It is likely to reach 1,000 by the end of 2011. There are 30 to 50 new referrals per month. The waiting time ranges from 1 week (for urgent cases) to 1 month (routine new review) from the time of receiving the referral letter. It is planned that outreach clinics in the South will commence in the near future. The outpatient pathway is under development and it is envisaged that at least 30 clinics per year will be needed with up to 400 children being managed as outpatients at its peak.

Currently, all children with moderate to severe head injuries are managed by the neurosurgeons. National guidelines for the stabilisation and transfer of children with head injury are in the final draft review stage. Mild head injuries are largely managed in the local paediatric unit.

Quality and Patient Safety - Service Improvement

Paediatric Neurosurgery Service

Treatment of brain tumours is by the multidisciplinary team (MDT) which spans CUHTS, OLCHC and Beaumont. There is a specialist neuro-oncology CNS who coordinates the individual care of each child. There are over 40 new brain tumours referred each year with a similar number of operative procedures. This makes Dublin the busiest unit outside London for neuro-oncology.

Epilepsy surgery is largely managed by the neurology services in OLCHC and CUHTS. When a child is deemed drug resistant they are investigated for possible surgical cause of the seizures and referred to the epilepsy multidisciplinary team service in Beaumont Hospital. Surgery for epilepsy takes place in Beaumont Hospital.

Surgery for spasticity is a new paediatric neurosurgery service that now provides intrathecal baclofen (ITB) for children with severe spasticity (in general due to cerebral palsy). This was not available in Ireland prior to 2009 and children would previously have travelled abroad. Children with severe cerebral palsy are now referred to the spasticity (baclofen) clinic at the CRC in Clontarf. They are assessed there by a specialist team to ascertain if suitable for ITB therapy. To date 11 pumps have been implanted in children with severe spasticity.

Clinical audit, research and national networking

All neurosurgical activity is recorded and held in CUHTS where a monthly morbidity and mortality meeting is held. All operative activity in the UK and Ireland is submitted to the British Paediatric Neurosurgery Audit database for comparison of activity and identifying norms and standards.

There is ongoing clinical research on neurosurgical conditions at CUHTS and current projects include oncology and neural tube defects. CUHTS hosted the annual meeting of the British Paediatric Neurosurgery Group in March 2011 and the annual European Society for Paediatric Neurosurgery training course at the University of Limerick.

Future developments

The recently developed paediatric neurosurgery service has been successful notwithstanding the challenges of providing the service across multiple sites. It provides a 24/7 emergency service and all neurosurgical conditions in children are catered for. There is no longer a need to refer patients abroad for neurosurgical treatment. The service is consultant led and children are seen quickly at the time of their admission by a specialist paediatric neurosurgeon. The service will benefit greatly from moving to the new paediatric hospital where all specialist treatment can be delivered on one site.

Quality and Patient Safety

Blood Policy (M)

Blood Policy

The parameters for Platelet usage are within acceptance limits for the year to date with an increase in 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 13.1% O Rh Negative Red Cells for year to date and 12.9% for the current month.

Blood Policy Performance Activity *Blood Policy reported one month in arrears	Outturn 2010	Target 2011	Target YTD	Actual YTD	% Var YTD v Tar YTD	Target this Month	Actual this month	% var V target this month
No. of units of platelets ordered in the reporting period	22,750	22,000	16,499	16,658	- 0.96%	1,833	1,949	- 6.3%
% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	1,649	747	+54.7%	183	93	+49.2%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11%	10,012	11,897	-18.8%	1,154	1,357	- 17.6%
% of red blood cell units rerouted to hub hospital	New PI 2011	<5%	4,550	4,023	+ 11.6%	525	433	+17.5%
% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2%	1,820	1,014	+44.3%	210	86	+59.0%

*Figures are reported one month in arrears

Environmental Health	
Tobacco Control	<p>No. of sales to minors test purchases carried out</p> <p>A total of 219 inspections have been carried out YTD. Activity has been carried out in Mayo, Galway, Northern Area of Dublin, Wexford, Cavan/Monaghan. The target is to have activity in 8 offices (2 per region) by year end.</p>
Food Safety	<p>% of the total number of high risk food premises which receive one full programmed inspection</p> <p>The total number of high risk premises is currently 23,441. The total number of inspections carried out YTD of this category of premises is 16,016 which equals 68% of annual target. It is still feasible that the target of 100% of high risk premises may be achieved by year end. This data is incomplete for Quarter 3.</p>
Import control	<p>% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation</p> <p>100% of target was achieved year to date. 243 consignments were received of which 243 received the controls required.</p>
International Health Regulations	<p>All designated ports and airports to receive an inspection to audit compliance with the International health Regulations 2005</p> <p>All audits have now been completed.</p>
Cosmetics and Food Product Safety	<p>% achievement with the cosmetic product sampling plan</p> <p>Sample numbers taken exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>
Cosmetics and Food Product Safety	<p>% achievement with the food sampling plan</p> <p>Sample numbers exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>

Health Care Assurance	
Health Care Assurance	<p>% of national audits, as specified in audit plan, commenced</p> <p>As of end Q3 2011, 14 (100%) of healthcare audits as specified in QPSA Audit Programme for 2011, commenced.</p> <p>Another 6 audits were recently assigned to the Audit Teams, but have not yet commenced; it is expected they will commence in Q4 and be completed in Q1 / Q2 (2012) depending on individual audit timeframes and requirements. The additional 6 audits will bring the total number of audits commenced in 2011 to the projected annual target of 20 audits.</p>
	<p>% of national audits completed within the timelines in audit plan</p> <p>As of end Q3 2011, 9 (100%) healthcare audits which commenced in 2011 have been completed, therefore achieving the timeframes indicated in the annual audit plan. Of the 9 completed audits:</p> <ul style="list-style-type: none"> - 4 were completed in Q2 - 5 were completed in Q3 <p>Another 5 audits are in progress and scheduled to be completed in Q4. It is expected these audits will be completed on time, bringing the total number of audits completed to the projected annual target of 14 audits, as per the 2011 QPSA Audit Programme.</p>

Quality and Patient Safety

Complaints (Q)	<p>% of complaints investigated within legislative timeframe</p> <p>A total of 5842 complaints were received from January 2011 to September 2011 and 4431 complaints were dealt with informally, withdrawn or dealt with within 30 days at stage 2.</p> <p>Complaints officers recorded 1478 new complaints in quarter three.</p> <p>The Health Act 2004 (Complaints) Regulations 2006 acknowledges that it is not possible to conclude every investigation within the recommended timeframe and in such cases advises that the complaints officers and review officers should notify relevant individuals of that fact.</p> <p>The reasons for not concluding an investigation within the timeframe are varied and relate in many cases to the often complex nature of complaints, the multiple contacts with parties involved to identify and confirm the key items of concern and investigate same, difficulties progressing investigations whilst people are ill or on leave and the absence of IT supports to support the efficient tracking of complaints and generate reminder letters etc. As with all areas of service provision, a minority of individuals may take up a considerable period of time.</p> <p>In 2011, the team in the National Advocacy Unit will be examining ways in which we can continue to support complaints and review officers, updating the Your Service Your Say Policy and Procedures and identifying if the current processes and structures are meeting the needs of the organisation effectively.</p> <p>[Not all complaints are dealt with under Part 9, Health Act 2004. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First.]</p>
Service User Involvement and advocacy	<p>% of primary care Local Implementation Groups with at least 2 community representatives in each LHO</p> <p>10 Primary Care local implementation groups have at least two community representatives in each LHO.</p>

Performance Activity	Outturn 2010	Target 2011	Target YTD	Activity YTD	% var YTD v Target YTD
Complaints*					
% of complaints investigated within legislative timeframe based on all complaints received in quarter one 2011	New	75%	4,381	4,431	1.14%
Performance Activity	Outturn 2010	Target 2011	Target current month	Activity Current month	% var v Target
Complaint Reviews**					
% of reviews conducted and concluded within 20 working days of the request being received	New	75%	9.7	0	-100%

*Refers to the numbers finalised in the reporting period but this cannot be directly related to the number of complaints received due to rolling timeframe.

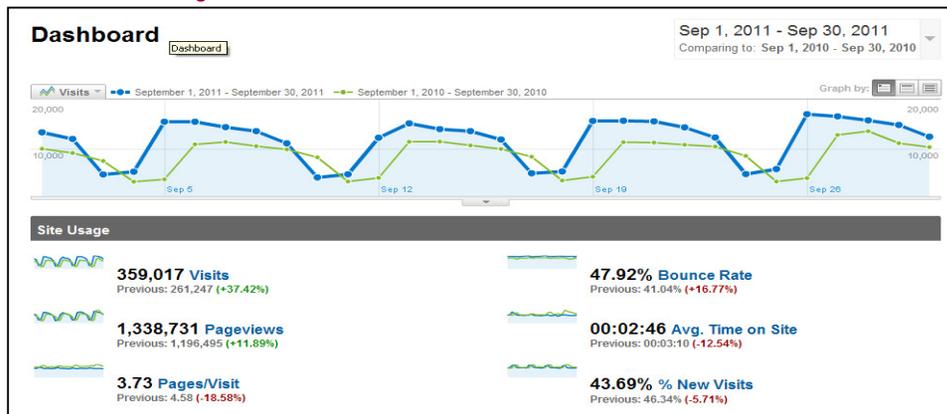
**Complaint reviews are reported one month in arrears

Complaint reviews (M)	<p>% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)</p> <p>There were 13 review requests received in August. Of the 13, 3 were closed as a review could not be carried out, in 2 cases local investigation was not completed and one request was in relation to a private hospital. No reviews were concluded within the 20 working day timeframe.</p> <p>It is an ongoing challenge to meet the 20 day working day timeframe for the completion of HSE Reviews due to the complex nature of cases and the availability of review officers. Work is ongoing to develop this function.</p>
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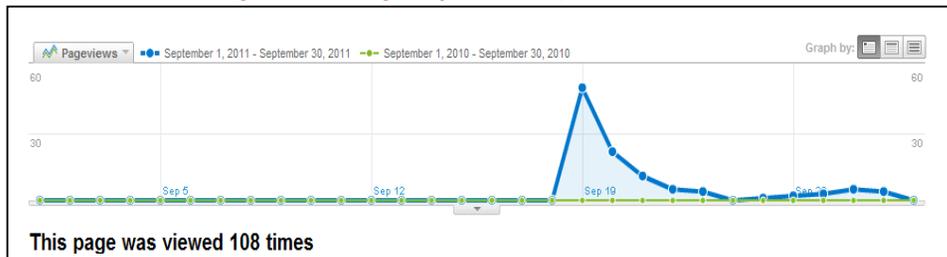
Communications

FOI (M)	<p>No. of FOI requests received The number of FOI requests received YTD to end of September is 4458. This represents 99% of the anticipated target for this YTD period.</p>
Parliamentary Questions	<p>% of Parliamentary Questions dealt with within 15 working days The total number of PQs received between July 1st and September 30th 2011 was 495. Of these, 274 (55%) were answered "on time" within the 15 day target. Overall for July - September 379 (77%) PQs have now been answered and the remaining PQs are currently in the process of being responded to.</p>
Public Information (M)	<p>HSE National Information Line The HSE National Information Line provides members of the public with a single lo-call number 1850 24 1850 which allows them to access health and related social service information. The Information Line operates from 8am to 8pm Monday to Saturday. The number of calls received for September is 12,529 and activity YTD shows the number of calls at 96,640.</p> <p>HSE Website Usage Visits to HSE.ie have increased by 37% compared to September 2010, with the average pages views steady at between 3-4 pages per visit.</p> <p>In Focus – September 2011</p> <p>Crisis Pregnancy Annual Report The HSE Crisis Pregnancy Programme's 2010 Annual Report was launched on 19th September by the Minister for Children and Youth Affairs, Ms Frances Fitzgerald T.D. This is the first Annual Report from the HSE Crisis Pregnancy Programme, (formerly the Crisis Pregnancy Agency), since it transferred to the HSE in January 2010. The Annual Report describes an ambitious portfolio of work delivered by the Programme.</p> <p>Child Protection and Welfare Practice Handbook On 22nd September 2011, Minister for Children, Frances Fitzgerald, launched the HSE's Child Protection and Welfare Handbook developed by the National Office for Children and Family Services, HSE. The Handbook, which is based on the protocols as set out in Children First Guidance 2011 and the collective wisdom and best practice of experts and front line staff, will support the vital work of social workers and other relevant practitioners in dealing with child protection and welfare cases.</p>

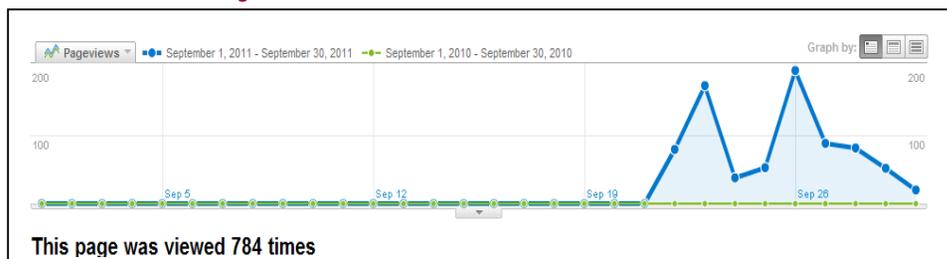
HSE Website Usage



In Focus Website Usage – Crisis Pregnancy Annual Report



In Focus Website Usage – Child Protection and Welfare Practice Handbook



New Service Developments – September 2011

Service Area	Key Result Area	Deliverable 2011	Funding	Allocated YTD	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
NCCP	Radiation Oncology	Full Year cost of opening new radiation units in Beaumont and St. James	€8m	€3.65 m	€1m	0	-	Q4	Beaumont opened in March 2011, James opened in April 2011. €2.4m was allocated to St Lukes Radiation Network, €1m was allocated to CUH to support Radiotherapy, .25m was transferred to the GUH to support prostate seed brachytherapy.
	Theatre/ICU/Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	€1.2m	€1.2m	28	11	Q1	11 posts in place. Permanent filling of remaining posts hit by the moratorium but funds allocated for provision of service.
	National Screening Service	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013.	€0.5m	€ m	€ m	20	-	Q2	Recruitment is underway.
	Total allocation NCCP			€10m	€4.85m	€2.2m	48	11	
Children and Families	Ryan Report	Implementation of the recommendations progressed	€7m	€2.8m	€2.27m	0	0	Q4	The following projects have been funded from the 2.8M allocated to the regions and the national office, counseling services for adult survivors of abuse, an Audit of the diocese catholic church, review of capacity in alternative care services and the implementation of the aftercare policy. The revised child first guidance manual has been published and launched. A child protection and welfare practice hand book has also been published and launched. Monies have been set aside to carry out an audit of staff as part of the disaggregation of services from the HSE, aftercare services and a review of phase one of the standard business process and will be spent by year end.
	Social Work Service	Appointment of additional Social Workers	€2m	€ m	€ m	60	0	Q3	The recruitment of the additional 60 Social work posts is continuing.
	Total allocation Children and Families			€9m	€2.8m	€2.27m	60	-	
ISD Older Persons	Fair Deal	Deliver additional residential care placements	€6m	€6m	€6m	0	-	Q4	Additional funding has been allocated facilitating the entry of an additional 1,700 people into the scheme.
	Home Care Packages	Enhance home care through additional care packages	€8m	€ 8m	€6m	0	-	Q4	Additional €8m funding distributed to 4 regions in line with Service Plan. Expenditure data on HCP Scheme being collated as part of the implementation phase of HCP Guidelines.

Service Area	Key Result Area	Deliverable 2011	Funding	Allocated YTD	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
	Long Stay Repayments	Address outstanding claims and close off scheme in 2011.	€12m	€6m	€6.7m	0	-	Q4	On target to complete outstanding claims by year end.
Total allocation Older Persons			€26m	€20m	€18.7m	0	-		
ISD Suicide Prevention	Suicide Prevention	Focus on increasing the number and range of training programmes, improve our response to deliberate self harm presentations, develop our ability to respond in primary care and coordinate and improve our helpline availability.	€1m	€ .891	€ .891	0	-	Q4	All 24 projects approved have now commenced. SLA's have been agreed and funding allocation process is almost complete. € 891,253 has now been allocated.
ISD Disability Services	Disability Services	Address demographic pressures in the provision of Day, Residential, Respite, PA and Home Support services. Funding distributed equitably across Regions based in emerging need.	€10m	€ m	€ m	0	0	Q4	The National Disability Unit in liaison with Regional Leads for Disability has agreed the allocation of funding on an equitable basis to each of the regions in accordance with an agreed prioritisation and monitoring process.
Total			€56m	€28.54m	€24.06m	*108	11		

Appendix 1: Vote Data

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

(As at 3rd November 2011)

1. Vote Position at 31st October 2011

Vote Return - October 2011	REV 2011		October Monthly Profile €'000	October Actual Outturn €'000	Over (Under) €'000		October YTD Profile €'000	October YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,416,696		1,069,192	1,104,317	35,125		11,218,671	11,419,669	200,998
Gross Capital Expenditure	377,791		27,489	24,980	(2,509)		300,364	256,558	(43,806)
Total Gross Vote Expenditure	13,794,487		1,096,681	1,129,297	32,616		11,519,035	11,676,227	157,192
Appropriations-in-Aid									
- Receipts collected by HSE	1,065,901		88,863	95,395	6,532		885,071	851,683	(33,388)
- Other Receipts	400,605		14,000	14,000	0		140,000	275,000	135,000
- Capital Receipts	15,541		1,000	55	(945)		12,835	5,800	(7,035)
- Total	1,482,047		103,863	109,450	5,587		1,037,906	1,132,483	94,577
Net Expenditure	12,312,440		992,818	1,019,847	27,029		10,481,129	10,543,744	62,615

2. Comparison to Issues Return

The October return is broadly consistent with the Issues return submitted on 24th October 2011. Gross current expenditure is €4m lower than reported in the Issues return as cash issued in the last week of October was less than anticipated.

3. General Commentary

The October 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.

Gross current vote expenditure is €201m over profile, while current appropriations-in-aid collected directly by the HSE are €33m under profile resulting in a **net current overspend of €234m** at the end of October, 2011 (€206m over profile in September).

Other current appropriations-in-aid are €135m ahead of profile as €135m was received from the UK Department of Health in July 2011. This receipt was not profiled for collection until December 2011.

Gross capital expenditure is €44m under profile, while capital appropriations-in-aid are €7m behind profile.

4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector including Fair Deal is €14m over profile (€3m under profile in September).
- The voluntary sector is €35m over profile (€30m over profile in September).
- The medical card services and community schemes, on a gross basis, is €173m over profile (€153m over profile in September). The net overspend is €133m (i.e. after account is taken of surplus appropriations-in-aid).
- Payments to the Long Stay Repayments Scheme are €4m under profile (€4m under profile in September).
- Service Development expenditure is on profile and will reflect expenditure in line with the PR on a quarterly basis (on profile in September).
- Payments to the State Claims Agency are €17m under profile (€10m under profile in September).
- Revenue Receipts collected directly by the HSE are €33m under profile (€40m under profile in September).
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2011 ahead of profile.

5. Year End Revenue Projection

Based on the existing cashing rates the projected year end net revenue deficit is in the region of €300m.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

The return which accompanies this report has been prepared on the basis of a balanced vote at year end. This is based on the assumption that cash deferral plans and/or a supplementary estimate will deliver a balanced vote.

The HSE funding available for community drugs schemes was reduced by €58m relating to adjustments made to the vote after the Service Plan was signed off by the Minister. HSE also faces an additional €25m expenditure pressure relating to delays in the signing of the FEMPI orders into effect and a €10m overestimation of the full year impact of FEMPI savings in 2010. As stated previously, HSE has no measures in place and no capacity to address cost growth in "demand led" schemes. PCRS is already substantially delivering upon a very aggressive savings target of €424m as set out in the Service Plan 2011.

Childcare remains a significant financial issue. While this matter is being addressed by the Director of Childcare Services, it is unrealistic to expect that he can recover this level of cost without significant service impact. Supplementary funding will be required to address the shortfall in childcare services, many of which are statutorily based.

The current income charging and collection regime with private insurers is not sustainable. HSE is dependant upon improvement in its income collection figures by €100m before year end. Achieving this target will require the active support of the Minister and Department. HSE has made proposals on this matter earlier in the year.

6. Capital Position 31st October 2011

Subhead	REV 2011 Profile €000	October 2011 Profile €'000	October YTD Actual €'000	Over (Under) €'000
B.9- Dormant Accounts	541	485	36	(449)
C1 – Capital - Construction	334,711	273,830	232,008	(41,822)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	25,000	12,229	8,323	(3,906)
C4 – Mental Health etc	15,000	13,820	16,191	2,371
Total	377,791	300,364	256,558	(43,806)
Gross Capital Expenditure				
D.7 Dormant Accounts	541	485	0	(485)
D.10 Receipts-Disposal of Mental Health Facilities etc	15,000	12,350	5,800	(6,550)
Net Capital Expenditure	362,250	287,529	250,758	(36,771)

7. Capital Commentary

Subhead C1/C2 - Construction

Expenditure under this subhead is running below profile by €41.822m for the period Jan-Oct 2011. It is anticipated that in line with trends in previous years capital expenditure will increase in the remaining months of the year.

A number of issues have impacted on capital expenditure to date in 2011. These include:

- A number of constructions companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- The National Paediatric Hospital project had been put on hold pending a review which is now completed.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

Subhead C3 - ICT

Expenditure under this subhead is running below profile by €3.906m for the period Jan-Oct 2011.

Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €2.371m for the period Jan-Oct 2011.

Subhead B9 – Dormant Accounts

Expenditure under this subhead is running below profile by €0.449m.

Capital Appropriations-in-Aid

The value of sale proceeds in the period Jan-Oct 2011 was €5.8m. The profile in regard to sale of surplus assets was €12.350m.

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

(As at 7th October 2011)

1. Vote Position at 30th September 2011

Vote Return - September 2011	Rev 2011	September Monthly Profile €'000	September Actual Outturn €'000	Over (Under) €'000	September YTD Profile €'000	September YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,416,696	1,155,952	1,156,912	960	10,149,479	10,315,352	165,873
Gross Capital Expenditure	377,791	25,522	24,097	(1,425)	272,875	231,578	(41,297)
Total Gross Vote Expenditure	13,794,487	1,181,474	1,181,009	(465)	10,422,354	10,546,930	124,576
<i>Appropriations-in-Aid</i>							
- Receipts collected by HSE	1,065,901	89,174	88,785	(389)	796,208	756,288	(39,920)
- Other Receipts	400,605	14,000	14,000	0	126,000	261,000	135,000
- Capital Receipts	15,541	2,485	2,564	79	11,835	5,745	(6,090)
- Total	1,482,047	105,659	105,349	(310)	934,043	1,023,033	88,990
Net Expenditure	12,312,440	1,075,815	1,075,660	(155)	9,488,311	9,523,897	35,586

2. Comparison to Issues Return

The September return is consistent with the Issues return submitted on 26th September 2011.

3. General Commentary

The September 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.

Gross current vote expenditure is €166m over profile, while Appropriations in Aid collected directly by the HSE are €40m under profile resulting in a **net revenue overspend of €206m** at the end of September, 2011 (€204m over profile in August).

Other revenue appropriations-in-aid are €135m ahead of profile as €135m was received from the UK Department of Health in July 2011. This receipt was not profiled for collection until December 2011.

Gross capital expenditure is €41m under profile, while capital appropriations-in-aid are €6m behind profile.

4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector, including Fair Deal, is €3m under profile (€11m over profile in August).
- The voluntary sector is €30m over profile (€24m over profile in August).
- The medical card services and community schemes, on a gross basis, is €153m over profile (€134m over profile in August).
- Payments to the Long Stay Repayments Scheme are €4m under profile (€4m under profile in August).
- Service Development expenditure is on profile and will reflect expenditure in line with the PR on a quarterly basis (on profile in August).
- Payments to the State Claims Agency are €10m behind profile (on profile in August).
- Revenue Receipts collected directly by the HSE are €40m behind profile (€39m behind profile in August).
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2011 ahead of profile.

5. Year End Revenue Projection

Based on the existing cashing rates the projected year end net revenue deficit is in the region of €320m.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

The HSE funding available for community drug schemes was reduced by €58m relating to adjustments made to the vote after the Service Plan was signed off by the Minister. HSE also faces an additional €25m expenditure pressure relating to delays in the signing of the FEMPI orders into effect and an €10m overestimation of the full year impact of FEMPI savings in 2010. As stated previously HSE has no measures place and no capacity to address cost growth in “demand led” schemes. PCRS is already substantially delivering upon a very aggressive savings target of €424m as set out in the Service Plan 2011.

Childcare remains a significant financial issue. While this matter is being addressed by the Director of Childcare Services it is unrealistic to expect that he can recover this level of cost without significant service impact. Supplementary funding will be required to address the shortfall in childcare services many of which are statutorily based.

The current income charging and collection regime with private insurers is not sustainable. HSE is dependent upon improvement in its income collection figures by €100m before year end. Achieving this target will require the active support of the Minister and Department. HSE has made proposals on this matter earlier in the year.

The majority of the procurement and VFM savings which would assist this projection are due to materialise in the latter part of the year. However, the year end forecast will not change until these savings crystallise into a lower cashing rate.

6. Capital Position at 30th September 2011

Subhead	Capital 2011 Profile €000	September 2011 Profile €'000	September YTD Actual €'000	Over (Under) €'000
B13- Dormant Accounts	541	485	36	(449)
C1 – Capital - Construction	334,711	249,830	207,441	(42,389)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	25,000	9,540	7,910	(1,630)
C4 – Mental Health	15,000	13,020	16,191	3,171
Total	377,791	272,875	231,578	(41,297)
Gross Capital Expenditure				
D.7 Dormant Accounts	541	485	0	(485)
D.10 Receipts-Disposal of Mental Health Facilities	15,000	11,350	5,745	(5,605)
Net Capital Expenditure	362,250	261,040	225,833	(35,207)

7. Capital Commentary

Subhead - C1/C2 Construction

Expenditure under this subhead is running below profile by €42.389m for the period Jan-Sept 2011. It is anticipated that in line with trends in previous years, capital expenditure will increase in the remaining months of the year resulting in full utilisation of the allocation under Subheads C1/C2.

A number of issues have impacted on capital expenditure to date in 2011. These include;

- A number of constructions companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- The National Paediatric Hospital project had been put on hold pending a review which is now completed.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

Subhead C3 - ICT

Expenditure under this subhead is running below profile by €1.630m for the period Jan-Sept 2011. It is anticipated that over the coming months expenditure will come into line with profile.

Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €3.171m for the period Jan-Sept 2011.

Capital Appropriations in Aid

The value of sale proceeds in the period Jan-Sept 2011 was €5.605m. The profile in regard to sale of surplus assets was €11.350m.