



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

August 2010
Performance Report on NSP 2010

Easy Access

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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 are based on the Performance Activity and Key Performance Indicators outlined in the NSP 2010.

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. Biannually (June and Dec PR Reports) a report on progress against the Deliverables outlined in NSP 2010 will also be included.

Data Integrity

Data was not available January to May due to an industrial dispute. Every effort is being made to have full coverage of the data to support the metrics. However, caution is required in the interpretation of the performance message as data validation is ongoing and subject to change while the backfill exercise is complete.

Areas of special focus in NSP 2010

- ❑ Fair Deal / NHSS (page 12)
- ❑ Emergency Department – access (page 32)

Additional information and clarifications this month

- ❑ Expanded HR Consultant wte information (page 17)
- ❑ Additional performance activity table in Quality and Clinical Care (page 39)
- ❑ A HR ceiling adjustment has taken place between DNE and DML, wte's for Temple Street Children's hospital (928.6) moved from DNE to DML.

ACCESS	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported perf last month	Reported Perf this month/Q	% Var this mth v Tar YTD	Mthly Perf Trend
	% waiting < 6 hours from registration to discharge in ED: (M)							
	• All patients	88.0%	100%	100%	87%	87.0%	-13%	→
	• Patients who require admission	54.0%	100%	100%	59%	59.8%	-40%	↑
	Public patients as a % of all elective discharges	78.5%	80%	80%	73%	75.2%	-6%	↑
	No. of patients discharged:							
	• Inpatient (M)	595,022	540,933	361,632	343,009	390,784	0	→
	• Day case (M)	675,611	689,310	454,736	427,723	486,795	0	→
	Elective Waiting List - Inpatient (M)							
	• % of adults waiting ≤ 6 months	77.3%	100%	100%	77%	76.2%	-24%	→
	• % of children waiting ≤ 3 months	43.8%	100%	100%	46%	40.8%	-59%	↓
	Elective Waiting List – Day Case (M)							
	• % of adults waiting ≤ 6 months	85.0%	100%	100%	86%	86.8%	-13%	→
	• % of children waiting ≤ 3 months	40.8%	100%	100%	49%	45.4%	-55%	↓
	CAMH: % of new cases seen by ≤ 3 months to first appointment (M)	66.0%	70%	70%	61%	61.0%	-13%	→
	No. of PCTs holding clinical meetings	219	395	315	275	284	0	↓
	% of medical cards issued within 15 working days of complete application (Q)	New	100%				information not available	
	% Fair Deal applications processed ≤ 4 weeks (M)	New	TBD	100%	95%	95.0%	-5.0%	→

FINANCE	Aug Key Performance Measure	Approved allocation ,000	Actual YTD ,000	Budget YTD ,000	Variance YTD €000	% Var Act v Tar
		Dublin Mid Leinster	2,886,742	1,937,525	1,904,734	32,790
	Dublin North East	2,017,002	1,350,492	1,310,420	40,071	3.1%
	South	2,006,981	1,351,595	1,330,427	21,169	1.6%
	West	2,096,545	1,423,366	1,381,372	41,995	3.0%
	Care Group/Other services	95,996	19,986	64,358	-44,372	-68.9%
	technical adjustments	0	0	0	0	0.0%
	ISD regional sub total	9,103,266	6,082,964	5,991,311	91,653	1.5%
	A Fair Deal	152,002	119,260	119,260	0	0.0%
	Schemes	2,784,226	1,781,754	1,811,145	-29,391	-1.6%
	statutory pensions	358,936	198,127	197,588	539	0.3%
	Ambulance	139,866	94,264	93,259	1,005	1.1%
	Corporate Services	103,797	50,166	55,521	-5,355	-9.6%
	Health Repayment Scheme	17,000	13,403	13,403	0	0.0%
	CIS & insurance	65,000	59,805	59,804	0	0.0%
	NCCP	74,463	28,689	29,482	-793	-2.7%
	QCC/Pop Health	228,230	126,917	150,299	-23,382	-15.6%
	Held Funds	73,650	0	7,514	-7,514	-100%
	Total Health Service	13,100,435	8,555,349	8,528,587	26,762	0.3%

Performance Report August 2010

QUALITY	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported perf last month	Reported Perf this month/Q	% Var this mth v Tar YTD	Mthly Perf Trend
		% of children in care who currently have a written care plan (Q)	81%	100%	94%	81.9%	81.9%	-12.9%
	% of children in care who have an allocated social worker (Q)	83%	100%	93%	86.5%	86.5%	-7.0%	→
	% Childhood Immunisation (24 months) (Q)	94%	95%	95%	93.6%	93.6%	-1.5%	→
	MRSA bacteraemia notification rate per 1,000 bed days used (Q)	0.09	5% reduction	5% reduction	0.09	0.09	5.3%	→
	Scheduled access to colonoscopy for urgent referral within 4 weeks (M)	N/A	100%	100%	99.2%	98.3%	-1.7%	→
	% of cases compliant with HIQA standard 2 weeks for urgent referrals (M)	95%	95%	95%	96.0%	99.8%	5.1%	↑
	Ambulance: % of emergency ambulance calls responded to within 14 minutes (M)	59%	63%	63%	58.3%	56.9%	-9.7%	↓
	Procedure Rates: % of elective inpatient procedures conducted on day of admission (M)	44%	75%	75%	48.0%	48.0%	-36.0%	→
	Mental Health: Inpatient readmission rates to acute MH units per 100,000 population (Q)	65.60	66.6	66.6	59	59	-11.0%	→
	Mental Health: no of readmissions as a % of total admissions (Q)	68%	68%	68%	69.0%	69.0%	1.5%	→
	Emergency Activity: No. of emergency admissions (M)	366,960	330,298	220,939	213,998	244,357	10.6%	→
	% day case surgeries as % day case + inpatients for specified basket procedures (Q)	44%	75%	75%	68.0%	68.0%	-9.3%	→
	Numbers of Medical Assessment Units (MAU) (or equivalent) in operation (Q)	N/A	34	17	15	15	-11.8%	→
	ALOS for all inpatient discharges+deaths (M)	6.20	5.6	5.60	5.9	6.10	8.9%	→
	Absenteeism (M)	5.03%	3.50%	3.50%	4.7%	4.65%	32.9%	→

HUMAN RESOURCES	Aug Key Performance Measure	WTE Dec 2009	Ceiling current Month	WTE this month	WTE change from last month	WTE change 2010	Var WTE Vs Ceiling	% Var v Tar this month
		Dublin/Mid Leinster	33,126	32,885	32,887	-140	-238	3
	Dublin/North East	22,554	22,363	22,302	-50	-262	-61	-0.27%
	South	23,819	23,871	23,727	-42	-92	-144	-0.60%
	West	25,847	25,811	25,607	-131	-240	-204	-0.79%
	ISD National	199	381	197	0	-2	-184	-48.36%
	Portion of ceiling to be allocated	0	120	0	0	0	-120	-100.00%
	OTHER	4,200	4,214	4,119	-26	-81	-95	-2.25%
	Total Health Service	109,755	109,644	108,838	-389	-915	-806	-0.73%
	Select Grade Exempted	WTE Dec 2009	Target growth 2012	WTE this month	WTE change from last month	Var from Dec 2012 target	WTE change 2010	% change
	Medical Consultants	2,317	0	2,429	54		112	4.82%
	Occupational Therapists	1,103		1,194	2		91	8.21%
	Physiotherapists	1,469		1,545	-4		77	5.21%
	Speech & Language Therapists	776		833	-6		56	7.22%
	Combined therapists	3,348	380	3,571	-8	-157	223	6.66%
	Psychologists and counsellors	954	230	942	-4	-242	-12	-1.22%
	Social Workers	2,139	300	2,189	1	-250	50	2.34%

Management Overview Report on Performance

Finance

- The financial position for the HSE shows a deficit of €26.7m at the 31st August on an accruals basis. This includes an underlying deficit of €91.6m in services and is being offset by surpluses in community schemes and corporate expenditures. It should be noted that since some surpluses are contained within subheads of the vote other than the main area subheads they may not be automatically available to offset the overall deficit.
- The September Vote issues report indicates a gross revenue under spend against REV profile of €84m but a net revenue vote deficit of €208m against REV profile. The main cause of the net revenue vote deficit is the shortfall in health levy receipts of €367m. It is assumed that any shortfall in external appropriations-in-aid will be rectified by the Department of Finance. Receipts collected directly are €61m behind target and are an area of focussed attention for the HSE.
- Further expenditure reductions in the four areas before year end are required to achieve a balanced vote. Projections on the year end position are conditional on retaining access to the full gross vote and having flexibility to use savings on pensions and demand led schemes.
- Voluntary bodies account for €35.7m of the service deficit. HSE does not have a contractual responsibility to fund deficits in voluntary bodies.
- Breakeven and cost containment plans were prepared by each ISD Region to address the financial challenge in both hospital and community services in 2010. Maintaining patient safety and service levels in line with NSP 2010 are critical in all management plans / decision making in relation to cost containment. In this context the cost containment plans contained a broad range of actions in pay, non pay and income including reductions in overtime, professional fees, travel and subsistence, bed closures and income generation.
 - The West Region continues to present the largest deficit €42m after adjustment for cash collection targets. The particular financial challenge faced by HSE West has resulted in the following cost containment actions being implemented; reducing the working hours of temporary staff, significant curtailments of premium pay such as overtime, bed closures and control of elective activity to service plan levels. Dublin/North East is also over budget with a deficit of €40m. It is necessary to continue to pursue further cost reduction measures.
 - The actions underway and proposed in the West and North East are essential to achieving a balanced position at year end and to achieve a maintainable spend level by year end. The actions set out in the business plans for the other regions also require continued and intensified execution. These measures will take into account the service levels agreed in the NSP including action to ensure that home help services are increased to deliver to the full service plan commitment.
- There is an under spend on the gross vote capital programme of €90m at 30th September. The objective is to fully expend the capital programme. The specific provision relating to mental health of €50m which is funded from Appropriations in Aid income generated from the sale of surplus assets, is currently behind profile. Approximately €10m of sale of land have been agreed to date and the first proceeds should begin to be realised in the near future. It is anticipated that the final value of the proceeds of the sale of surplus assets will match expenditure in mental health capital projects subhead.

Service Delivery

• Acute Demand Management

Key activity areas	Target YTD	Actual YTD	% Variance YTD 2010 Actual v Target	% Variance YTD 2010 v YTD 2009
Emergency Admissions	220,939	244,357	+10.6	-0.1
OPD attendances	2,291,993	2,377,488	+3.7	+5.5
Inpatient Discharges	361,632	390,784	+8.1	--1.4
Day Cases	454,736	486,795	+7.0	+10
Average Length of Stay	5.6	6.2	+11.0	-1.0
Public/Private	80%	73.4	-8.3	+5.0

The NSP 2010 details a reduction of emergency admissions, inpatient discharges and average length of stay within acute services. August figures show that activity in these areas is decreasing, as planned, from the 2009 position but it is ahead of the 2010 Service Plan targets. The NSP also details an increase in OPD attendances and day-cases and our performance report in August shows these is up in terms of 2009 activity and ahead of 2010 NSP targets.

Elective Procedures

At the end of August there are 45,899 listed for elective procedures as reported on the National Treatment Register. Of these, 78.8% (36,198 referrals) are within the targeted time for treatment: i.e. children 3 months and adults 6 months.

2,946 children (6.5%) are waiting over the targeted 3 months and 6,755 (16.6%) adults are waiting over the targeted 6 months. This is a total of 9,701 (21% of all referrals) waiting more than the targeted time. Demand for elective procedures has increased by 14% (5,779) in August 2010 compared to August 2009. This extra demand is for adult day case procedures.

Home Help

The variance against target has been reduced for both the total number of Home Help hours (6.4% in July to 5.2% in August) and persons in receipt of Home Care Packages (2% in July to 0.7% in August). Responses from the regions indicate that this narrowing of the variance against target will likely continue to year end.

Fair Deal

At present, based on payments to date under the scheme, it is envisaged that there is sufficient funding available to meet the scheme's requirement in the current year.

Social workers

48.5 of the 200 Social workers being recruited for the implementation of the Ryan Report were in post by the end of August and plans are in place for the remainder before year end.

Implementation of 3 policies from the Task Force Report

Work continues on rolling out the three policies of the Task Force Report (i.e). Official HSE Policy Responsibilities & Information for All Staff on Child Protection Issues; Official HSE Policy on Social Work Duty System; Official HSE Policy Child Protection Conferences 2010) which are required to be implemented at local level. Progress reports are currently being prepared by each Local Health Office. In relation to Child Protection, a Self-Assessment Audit Tool is being finalised so that this important area is standardised across the country and that the necessary quality / services assurances are in place and working adequately.

Service Delivery

Foster care

Nationally 78.4% of approved foster carers have a link social worker in August 2010. Shortfalls against the target have been mainly attributed to prioritising the allocation of social workers to children in care. Significant improvements are expected with the recruitment of new social workers from Q4 2010.

Progress in relation to the implementation of foster care action plans continues in order to address compliance with statutory requirements. Options include the temporary reassignment of staff from other social work responsibilities, temporary recruitment of professionally qualified agency social work staff and commissioning of suitable private agencies to undertake the backlog of Care Plans.

As a follow on to HIQA inspections improvement plans in relation to children in foster care in place and submitted to HIQA. Follow up visits by HIQA have been scheduled for November 2010 and all LHMs are ensuring that adequate preparation for these visits are in place.

Disability

Under the Disability Act, 940 Assessment Reports were overdue for completion at end August. Dublin Mid Leinster has a particular challenge in this area of performance and 676 (72%) relate to this region. All Regions have submitted significant action plans at LHO level to address deficits (for example, pooling of resources and purchasing private assessors to reduce the backlog).

Symptomatic Breast Disease Services

There is overall compliance with the HIQA standards on both urgent and routine referrals. 99.8% of urgent referrals were seen within two weeks, against the target of 95%, and 98% of routine referrals were seen within 12 weeks against the target of 95%.

Urgent Colonoscopies

In the week ending 29th August 2010, 95.8% of those referred for urgent colonoscopy were offered an appointment within 28 days. In the week ending 3rd October 2010, 98.3% of those referred for urgent colonoscopy were offered an appointment within 28 days.

Consultants Contract

To date, a total of 296 Consultants have been written to by Clinical Directors/Hospital Managers regarding the need for them to address excessive levels of private practice. In August 2010 the HSE instructed employers to notify those Consultants who remained in breach after the relevant period had elapsed that they were now required to remit the required funds to the employer for placement in a research and study fund. Further letters regarding remittance of fees have been sent to 36 Consultants in circumstances where the HSE considers that the level of private work being done has been significantly in excess of this level, ie 50% or greater, for an extended period.

Human Resources

- Overall the employee ceiling at the end of August is 108,838 WTEs, a reduction of 389 WTEs on July and 915 WTEs from the start of the year.
- The sector is now operating at 806 WTEs below our current approved employment ceiling. There are 2 further ceiling reductions of 380 WTEs before year end.
- We have a further reduction of 780 WTEs to achieve by the end of the year in order that we can complete the filling of approved service development and demographic service pressures as set out in the National Service plan.
- Accordingly, the assessment is that we are on target at this time to be operating within the end-of-year ceiling as it is expected that the final four months will show further reductions in overall employment levels.
- We will also have made good progress in recruitment to key positions in line with NSP 2010.
- For 2010, while Medical/ Dental staffing shows a marginal decrease of -0.41% (-33), there is an increase of +112 (4.82%) in the number of medical consultants with a corresponding decrease in NCHD numbers -3.11% (-149).
- Other notable changes since year-end include the following:
 - Social Workers +50 (2.34%)
 - Physiotherapists +77 (5.21%)
 - Occupational therapy +91 (8.21%)
 - Speech & Language Therapists +56 (7.22%)
 - Nursing is down -333 (-0.89% - this change is influenced by *student nurses on placement*).
 - Management & Administrative -322 (-1.83%)
 - General Support -238 (-2.00%)
 - Other Patient & Client Care -137 (0.73%)
- As of 12th September 2010, approximately 165 of 4,638 Non Consultant Hospital Doctor (NCHD) posts are reported as vacant. These represent vacancies with critical service implications. Many of these posts have been filled by locums or other short-term contractual arrangements. All the vacant posts are in non-training settings. In relation to training posts, information available to the HSE indicates a fill rate for training posts in excess of 99%. Vacancies remain disproportionately located in small to medium-size hospitals in non-training posts and concentrated in six areas - Emergency Medicine, Anaesthesia, General Surgery, Orthopaedic Surgery, General Medicine and Paediatrics. A NCHD project team is in place ahead of the next intake of NCHD's in January.

Items for Update

Childcare

The recruitment process for a national lead for childcare is continuing.

HIQA Ennis report

HIQA have requested an update on the implementation of the recommendations contained in the report of the investigation into the quality and safety of services and supporting arrangements provided by the HSE at Mid-Western Regional Hospital Ennis. A comprehensive response has been provided to this request.

SKILL programme

An audit of the Skill Programme administrative expenditure has been carried out by the HSE. This internal audit report is now in the public domain and was the subject of discussion at the PAC on October 7th.

Public Accounts Committee (PAC) meeting Oct 7th

The PAC agenda for the meeting on October 7th included the following: C&AG Special Report 70, Health Service Executive Emergency Departments; 2008 Annual Report C&AG, Chapter 40, Dublin Ambulance Service; HSE internal Audit, SKILL programme.

Implementation amendment Health Care Act

The HSE is working to meet the requirements as a result of changes to the Health Amendment Act including the reporting of serious incidents to the DoHC.

Croke Park

The initial meeting of the Health Sector implementation body on Croke Park meets on Wed 6th Oct. We have identified a number of specific transformation agenda items that we will table immediately at national, regional and local levels. One specific area is in the Management/Administration Grades – where we will review the Clerical/Administration grades in the context of the requirement to deliver more cost effective services with lower staffing ratios. The review will explore the current management administration structures to ensure that the existing layers of management match the requirement that decision making is appropriately placed in the organisation. The review will be considered in the context of exploring voluntary exit provisions (para 1.5 of the PSA refers) and the opportunities for redeployment across the wider public sector (para 1.7 of the PSA refers).

National Standards for Safer, Better Healthcare, HIQA

The National Standards for Safer, Better Healthcare have been published by HIQA for consultation.

HSE Planning

Initial meetings have been held with the DoHC regarding the budget outlook and one year and three year planning is the subject of ongoing discussions.

Parliamentary Questions

The total number of PQs received between January and July 2010 was 1,406. 604 of these (43%) were answered within the 15 day target. Non- answering of PQs was one of the actions of the industrial dispute. Overall, 1054 have now been answered and there is an outstanding 477 unanswered, 125 of which relate to 2009. This is currently the focus of management attention.

Finance Report

Finance

Key Performance Messages

The financial results for August show total expenditure of €8.555 billion against a year to date budget of €8.528 billion. The reported deficit is €26.7m is illustrated in table 1.

The most significant messages in the August results are:-

- The overall year to date deficit of €26.7m includes material surpluses within the Primary Care Reimbursement Service and the Quality and Clinical Directorate in addition to some contingency funding.
- The regional August financial position illustrated in table 2 is €136,025m.
- Hospital deficits are €108.2m to the end of August, a marginal improvement when compared to the July position of €109.7m.
- Regional Community Services are reporting a deficit to the end of August of €27.7m which is an improvement of €3m in the month.
- There is a continued shortfall in income billing within the Areas (table 2).
- At the end of the period pensions remain within allocated budget.
- The Capital expenditure in August is €42.233m behind profile; however we are confident that the full capital allocation will be drawn down by the year end.

The breakdown of the year to date variance in the regions between Statutory and Voluntary is as follows:

Statutory	€100.2	Voluntary	€35.7	Total	€ 136
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Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Hospital Services	3,998,934	2,757,740	2,649,441	108,299	3.9%
Primary & Community Care Group / Other Services	5,008,336	3,305,238	3,277,512	27,726	0.8%
Technical Adjustment - Income	95,996	19,986	64,358	-44,372	-222.0%
	0	0	0	0	
ISD Total	9,103,266	6,082,964	5,991,311	91,653	1.5%
Primary Care Reimbursement Service	2,784,226	1,781,754	1,811,145	-29,391	-1.6%
A Fair Deal 2009 / 2010 Incremental Funding	152,002	119,260	119,260	0	0.0%
Statutory Pensions	358,936	198,127	197,588	539	0.3%
Ambulance	139,866	94,264	93,259	1,005	1.1%
Corporate Services	103,797	50,166	55,521	-5,355	-10.7%
Health Repayment Scheme	17,000	13,403	13,403	0	0.0%
CIS & Insurance	65,000	59,805	59,804	0	0.0%
National Cancer Control Programme	74,463	28,689	29,482	-793	-2.8%
Population Health / QCC	228,230	126,917	150,299	-23,382	-18.4%
Held Funds	73,650		7,514	-7,514	
Total HSE	13,100,435	8,555,349	8,528,587	26,762	0.3%

8 months to August 2010

Table 2.	Actual €000s	Budget €000s	Variance €m	%
Pay	4,159,306	4,111,783	47,523	1.2%
Nonpay	2,552,692	2,497,419	55,273	2.2%
Income	(649,020)	(682,249)	33,229	-4.9%
Regions total	6,062,978	5,926,953	136,025	2.3%

Table 3.	Approved allocation 2010	Actual YTD	Budget YTD	Variance YTD €000	% Var Act v Tar
DML	2,886,742	1,937,525	1,904,734	32,790	1.7%
DNE	2,017,002	1,350,492	1,310,420	40,071	3.1%
South	2,006,981	1,351,595	1,330,427	21,169	1.6%
West	2,096,545	1,423,366	1,381,372	41,995	3.0%

Integrated Services Directorate (ISD)	Hospital Services & Primary and Community Services
	<p>Year to date expenditure in Hospitals was €2.757 billion compared with a budget of €2.649 billion – leading to an adverse variance of €108.2 million. Table 4 illustrates the position by Region to the end of August 2010.</p> <p>Community Services within Regions have year to date expenditure of €3.30 billion compared with a budget of €3.277 billion – leading to a variance of €27m (see table 5).</p>
Schemes (Table 6)	<p>There has been no significant change in the financial position for medical cards/community Schemes, which are operating with a surplus.</p>
Aids & Appliances (Table 7)	<p>Table 7 shows information by region regarding Aid and Appliances. In DNE and DML, the significant adverse variance occurs because the A&A budgets were traditionally charged to the Hardship Scheme. Funding for the Hardship Scheme was extracted at the start of 2010 for transfer to the PCRS. The costs, however, still reside in the local cost centres. The actual expenditure between 2009 and 2010 in both areas is consistent.</p>

Table 4. Hospital Services	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Dublin Mid Leinster Hospitals	1,423,594	960,393	939,842	20,551	2.2%
Dublin North East Hospitals	903,372	621,754	596,701	25,053	4.2%
South Hospitals	818,722	560,824	544,515	16,309	3.0%
West Hospitals	853,247	614,769	568,383	46,385	8.2%
Hospitals Total	3,998,934	2,757,740	2,649,441	108,299	4.1%

Table 5. Primary & Community Services	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Dublin Mid Leinster	1,463,148	977,131	964,892	12,239	1.3%
Dublin North East	1,113,630	728,738	713,720	15,018	2.1%
South	1,188,260	790,771	785,911	4,860	0.6%
West	1,243,298	808,598	812,988	(4,391)	-0.5%
Community Total	5,008,336	3,305,238	3,277,512	27,726	0.8%

Table 6. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,929,144	1,235,115	1,249,004	(13,889)	-1.1%
Community Schemes	855,081	546,639	562,141	(15,502)	-2.8%
Total	2,784,225	1,781,754	1,811,145	(29,391)	-1.6%

Table 7. Aids & Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Dublin Mid Leinster	6,222	8,478	4,135	4,343	105%
Dublin North East	776	10,865	507	10,358	2043%
South	11,506	5,825	7,341	(1,516)	-21%
West	5,131	5,570	5,523	47	1%
Total	23,635	30,738	17,506	13,232	76%

Integrated Services Directorate (ISD)	Hospital Services & Primary and Community Services
Capital (Table 8)	<p>The Capital expenditure in August is €42.233m behind profile; however we are confident that the full capital allocation will be drawn down by the year end. To date 40% of the minor capital allocation has been held in reserve as a budgetary control mechanism will now be released. A number of projects which are currently running behind budget are gaining momentum and will be back on schedule by year end.</p> <p>The cumulative capital cash profile for the period Jan to Aug 2010 is €271.519m. The capital cash draw down for the corresponding period was €201.709m. The capital draw down was therefore under profile for the period by €69.810m.</p> <p>Construction (C1/C2) Expenditure under this subhead is running below profile by €48.399m for the period Jan-Aug. Progress on most construction projects has been sluggish with progress behind original cash flow projects on nearly all projects.</p> <p>ICT (C3) Expenditure under this subhead is running below profile by €12.696m for the period Jan-Aug.</p> <p>Mental Health (C4) Expenditure under this subhead is running below profile by €8.464m for the period Jan-Aug. A level of caution is being exercised in terms of incurring expenditure due to the fact that A in As are behind profile.</p> <p>Dormant Accounts (B13) On target.</p> <p>Capital Appropriations in Aid A in A's are behind target by €27.577m. Sales of assets valued at €10m have been agreed and it is anticipated these will be closed by year end.</p>

Table 8.	2010 Approved Allocation	YTD Actual	YTD Allocation	YTD Variance
2010 Capital Vote Subhead				
C1/C2 Building Equipping and Furnishing of Health Facilities	346,792	184,313	232,712	48,399
C3 Information Systems and Related Services for Health Agencies	40,000	1,434	14,130	12,696
C4 Mental Health and other Health Facilities Funded from the	50,000	13,036	21,500	8,464
Dormant Accounts	7,000	2,926	3,177	251
A in A	-65,800	-3100	-30,677	-27,577
Net Capital	377,992	198,609	240,842	42,233

Table 9.	Estimate Provision	REV Profile to 31st August 2010	Receipts to 31st August 2010	Shortfall / (Surplus)
Appropriations-in-Aid				
Maintenance Charges	376,000	242,994	200,872	42,122
Superannuation	205,000	135,112	134,381	731
Miscellaneous Receipts	167,000	111,329	82,021	29,308
Pension Levy	341,206	224,885	237,838	- 12,953
Total	1,089,206	714,320	655,112	59,208

LHOs with most significant Favourable Financial Variances

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Limerick	173,600	111,853	115,116	-3,263	-2.8%
LHO Kildare / West Wicklow	190,607	118,478	120,472	-1,994	-1.7%
LHO Sligo / Leitrim	160,480	104,750	106,462	-1,712	-1.6%
LHO 8 Dublin North	204,493	134,899	136,030	-1,132	-0.8%
LHO North Cork	94,753	62,462	63,244	-781	-1.2%

LHOs with most significant Adverse Financial Variances

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO 6 Dublin North	169,031	118,195	112,446	5,749	5.1%
LHO Galway	248,249	164,473	160,449	4,024	2.5%
LHO Donegal	166,965	113,332	110,290	3,042	2.8%
LHO Dublin West	98,553	68,329	65,616	2,713	4.1%
LHO Dublin South West	87,327	60,168	58,140	2,028	3.5%

Hospitals with most significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Louth County Hospital	28,384	18,716	19,151	-435	-2.3%
Ennis General Hospital	20,497	13,673	13,758	-85	-0.6%
Bantry General Hospital	18,595	12,362	12,424	-62	-0.5%
Kerry General Hospital	75,186	50,621	50,624	-3	0.0%
Nenagh General Hospital	18,553	12,515	12,446	69	0.6%

Hospitals with most significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Galway College University Hospital	259,764	187,604	175,495	12,109	6.9%
Regional Hospital Dooradoyle	145,292	109,062	97,285	11,777	12.1%
The Adelaide & Meath Hospital	191,230	133,497	126,242	7,256	5.7%
Our Lady of Lourdes Hospital	100,970	75,039	69,120	5,919	8.6%
Mater Misericordiae University Hospital	217,975	152,165	146,252	5,913	4.0%

A Fair Deal 2010
(Table 10)

The Nursing Homes Support Scheme (Fair Deal) commenced on the 27th October 2009. In the period up to the end of August 14,914 applications have been received by the HSE since the scheme commenced. 10,677 or 72% of all applications received have been fully processed and a decision has issued to the applicant.

The information received from the NHSOs is that once all of the information that is required to process an application has been received - 95% of such applications are processed within 4 weeks (as stated on the balanced scorecard).

The total funding for long term residential care in 2010 is €979 million (subhead B12 in Vote 40 refers). This is effectively the budget for the Nursing Homes Support Scheme albeit that transitional arrangements must be facilitated from within the subhead (i.e. people in contract beds and people who choose to remain on subvention). The additional allocation of €152m received in 2010 for the Nursing Homes Support Scheme is included in the €979m Vote allocation.

At present, and based on payments to date under the scheme, it is envisaged that there is sufficient funding available to meet the scheme's requirement in the current year, this is also based on subvention and contract bed savings which are planned to be allocated to the Fair Deal central unit.

Superannuation
Benefits 2010
Payment Report
August
(Retirement)
(Table 11)

The ongoing dependencies between retirements and achievement of moratorium savings will need to be closely monitored in the context of the removal of €150m from the services in 2010.

Table 10 A Fair Deal	Applicants			% processed within 4 weeks	Budget	
	Applicants from Oct 09	No. applicants this month	No. applicants YTD		Month Actual €000	YTD Actual €000
Dublin / Mid Leinster	3,825	356	2,567	PR detail by RDO will be available in Q4.	€82m	€653m
Dublin / North East	2,787	95	1,754			
South	3,933	464	2,494			
West	4,369	235	2,847			
Total	14,914	1,150	9,662			

*Estimate

Table 11 Superannuation Benefits 2010 Payment Report (Retirement)	2010 Headcount Retirees Paid		*Payments (e.g. Lump Sums & Death Gratuities)	
	Month	YTD	€000 Month	€000 YTD
Dublin Mid Leinster	31	187	975	11,075
Dublin North East	40	198	2,090	13,663
South	37	371	3,354	21,985
West	66	316	3,383	17,268
Corporate	7	60	303	2,698
Total	181	1,132	10,106	66,689

*The financial table is all lump sums charged in 2010, some of these relate to late 2009 retirements. In addition in the vote, significant lump sums from 2009 were cashed at the start of the year.

Value for Money (VfM) Jan – July 2010

Key Messages

- The required Year to Date (YTD) total adjustment has been delivered and the full year VfM projection indicates delivery of the full adjustment when profiled to last year's rate of expenditure for the remaining months.
- There is sufficient over delivery in headings such as Education & Training, Travel & Subsistence etc. to compensate for under or non delivery in areas such as Computers, Laboratory etc.
- Medical & Surgical has shown significant improvement since last month and there is continued improvement from mid-year reports in Maintenance and Computers with either an increased rate of saving or a reducing overspend.
- However, there is a reducing or static rate of saving in X-Ray, Legal, Travel & Subsistence and Patient Transport.
- The areas that will need continuing attention at regional and local level relate to YTD performance in headings such as Laboratory and Computers.

Item	Adjustment Total	Adjustment YTD	Reduction YTD
	€m	€m	€m
Medical & Surgical Supplies	10.3	6.88	5.37
Payments to Voluntary Providers	10.0	6.66	6.66
Insurance	10.0	6.66	6.66
Drug Cost Management	9.3	6.20	6.20
Energy Management and Costs	9.7	6.46	5.93
Office Expenses and Administrative Overheads	7.8	5.19	3.48
Maintenance	6.5	4.30	1.32
Legal	5.0	3.33	1.38
Patient transport	4.3	2.86	0.83
Catering	4.2	2.77	5.34
Laboratory	4.0	2.68	0.00
Travel and Subsistence	3.5	2.33	5.51
Professional Services - reduced rates and usage	2.4	1.61	1.61
Child Care Placements	3.1	2.05	2.05
Agency Fees and Costs	1.4	0.93	0.93
Computer costs	2.6	1.72	0.00
Cleaning / washing	2.5	1.68	1.28
Blood / Blood Products	2.3	1.53	6.64
Improved management of Security costs	1.5	1.00	1.00
X-Ray / Imaging	0.8	0.53	0.89
Medical Gases	0.8	0.53	1.16
Banking Costs	0.6	0.37	0.52
Improved income collection in Non Acute facilities	0.5	0.33	0.33
Education and Training	0.3	0.20	2.43
Furniture, Crockery	0.2	0.13	0.20
Bedding and clothing	0.1	0.09	1.29
Other miscellaneous non-pay reductions	2.3	1.53	1.53
TOTAL	106.0	70.57	70.57

Human Resources Report

HR

Key Performance Messages

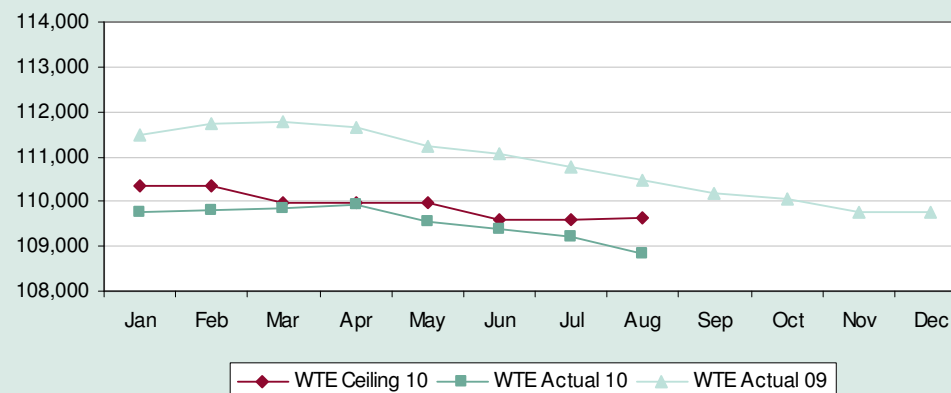
- Overall outturn at the end of August is 108,838 WTEs, a reduction of 389 WTEs on July and 915 WTEs from the start of the year.
- The sector is now operating at 806 WTEs below our current approved employment ceiling.
 - We have a further reduction of 780 WTEs to achieve by the end of the year in order that we can complete the filling of approved service development and demographic service pressures as set out in the National Service plan.
 - Accordingly, the assessment is that we are on target at this time to be operating within the end-of-year ceiling as it is expected that the final four months will show further reductions in overall employment levels.
 - We will also have made good progress in recruitment to key positions in line with NSP 2010.
 - For 2010, while Medical/ Dental staffing shows a marginal decrease of -0.41% (-33). However, there is an increase of +112 (4.82%) in the number of medical consultants with a corresponding decrease in NCHD numbers -3.11% (-149).
 - Other notable changes since year-end include the following:
 - Social Workers +50 (2.34%)
 - Physiotherapists +77 (5.21%)
 - Occupational therapy +91 (8.21%)
 - Speech & Language Therapists +56 (7.22%)
 - Nursing is down -333 (-0.89% - this change is influenced by *student nurses on placement*).
 - Management & Administrative -322 (-1.83%)
 - General Support -238 (-2.00%)
 - Other Patient & Client Care -137 (0.73%)

Integrated Services Directorate (ISD)

Acute Services & Primary and Community Services

- ISDs employment ceiling stands at 105,430 and it is now 711 WTEs (0.67%) below their approved ceiling.
- However, as can be seen from the HR tables a number of sectors continue to operate above their employment ceiling and despite a 476 WTE fall in 2010 Acute Hospital Services remain 477 (+0.89%) above ceiling. Ambulance Services are 85 (+6.17%) above ceiling. Primary & Community Services are -644 (1.21%) WTE below ceiling.
- A further 13 2008/2009 addendum/new service development/HRB posts were filled in August. Out of the total number of 2008/2009 posts approved and in process of recruitment, some 120 of these posts are still to be filled.

Chart 1 HR Ceiling 2010 v Actual 2010 and 2009



Service Area	WTE Dec 2009	Ceiling Aug 2010	WTE Aug 2010	WTE Change since Jul 2010	WTE Change from Dec 2009 to Aug 2010	WTE Variance Aug 2010	% WTE Variance Aug 2010
Hospital Services	51,019	50,096	50,543	-143	-476	+447	+0.89%
Ambulance Services	1,465	1,371	1,455	-1	-10	+85	+6.17%
Community Services	53,068	53,364	52,720	-219	-348	-644	-1.21%
Portion of Ceiling to be allocated		599		+0	+0	-599	-100.00%
Corporate	3,118	3,121	3,034	-22	-84	-87	-2.79%
Population Health	1,082	1,093	1,085	-5	+3	-8	-0.73%
Total	109,753	109,644	108,838	-389	-915	-806	-0.73%

HR

- HSE direct is 542 WTEs (-0.75%) below ceiling, while the Acute Voluntary Hospitals Sector is 264 WTEs (+1.19%) above ceiling, and the Community Services Voluntary Sector is 71 WTEs below ceiling (0.48%).
- An additional 41.5 social work posts issued under the Ryan Report were filled in August. This brings the total number of Ryan Report posts in place YTD to 48.5. Employment contracts have been signed for further posts. The total allocation of 200 Ryan Report social work posts are on track to be filled by year end.

Hospital Services with Most significant Adverse WTE HR Variances	WTE Aug 2010	WTE Change since Jul 2010	WTE Change from Dec 2009 to Aug 2010	WTE Variance Aug 2010	% WTE Variance Aug 2010
Galway University Hospital	3,223	-13	-35	+174	+5.76%
Mater Misericordiae Hospital	2,616	-3	-12	+87	+3.47%
Our Lady's Hospital, (Crumlin)	1,630	-18	-13	+54	+3.44%
Limerick Regional Hospital	1,886	+8	+20	+51	+2.75%
Cork University Hospital	3,293	-1	+36	+49	+1.49%
Hospital Services with Most significant Favourable WTE HR Variances	WTE Aug 2010	WTE Change since Jul 2010	WTE Change from Dec 2009 to Aug 2010	WTE Variance Aug 2010	% WTE Variance Aug 2010
St. James's Hospital	3,638	-5	-69	-78	-2.14%
Our Lady of Lourdes (NE)	1,313	+10	+67	-73	-5.04%
Cavan General Hospital	770	-2	-15	-26	-3.28%
Nenagh General Hospital	256	-5	-13	-24	-8.99%
St. John's Hospital Limerick	314	+1	-23	-23	-7.24%
LHOs with Most significant Adverse WTE HR Variances	WTE Aug 2010	WTE Change since Jul 2010	WTE Change from Dec 2009 to Aug 2010	WTE Variance Aug 2010	% WTE Variance Aug 2010
Dublin South-West	889	-10	+19	+37	+4.21%
Dublin West	924	-4	+34	+37	+3.99%
Tipperary, North/ Limerick, East	726	+6	-2	+25	+3.57%
Meath	962	-8	+33	+33	+3.42%
Dublin North Central	1,255	+2	-1	+22	+1.82%
LHOs with Most significant Favourable WTE HR Variances	WTE Aug 2010	WTE Change since Jul 2010	WTE Change from Dec 2009 to Aug 2010	WTE Variance Aug 2010	% WTE Variance Aug 2010
Sligo/ Leitrim	1,720	-26	-40	-113	-6.29%
Louth	1,132	+2	-48	-70	-6.03%
Wicklow	836	-12	-36	-50	-5.87%
Limerick	1,441	-12	+0	-84	-5.48%
Clare	1,004	+0	-2	-58	-5.44%

Staff Category change since Dec 2009	Dublin Mid-Leinster	Dublin North-East	South	West	National	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	+12	-15	-29	-5	+3	-33	-0.41%
Nursing	-89	-92	-72	-80	-1	-333	-0.89%
Health & Social Care Professionals	+49	+70	-1	+23	+8	+149	+0.93%
Management/ Admin	-93	-71	-27	-109	-22	-322	-1.83%
General Support Staff	+2	-83	-83	-74	-1	-238	-2.00%
Other Patient & Client Care	-136	-76	+89	-21	+8	-137	-0.73%
Total change since Dec 2009	-255	-266	-123	-266	-5	-915	-0.83%

Exempted Staff Group change since Dec 2009	Dublin Mid-Leinster	Dublin North-East	South	West	National	WTE change since Dec 2009	% change since Dec 2009
Clinical Engineering	-5	-2	+5	-2	+2	-3	-0.73%
Dosimetrists	+0		+1	+0		+1	+8.60%
Emergency Medical Technicians	+0	-3	+2	-6		-7	-0.59%
Occupational Therapists	+17	+25	+21	+27		+91	+8.21%
Physiotherapists	+26	+26	+8	+17		+77	+5.21%
Speech and Language Therapists	+15	+14	+11	+16		+56	+7.22%
Social Workers	+11	+29	+2	+8		+50	+2.34%
Psychologists & Counsellors	-13	-3	+3	+2	+0	-12	-1.22%

Other Key Staff Group change since Dec 2009	Dublin Mid-Leinster	Dublin North-East	South	West	National	Total Change	% change since Dec 2009
Consultant Anaesthesia	+10	-1	+0	+3		+11	+3.25%
Consultant Dentistry	+0	+0	+1	+0		+1	+7.52%
Consultant Emergency Medicine	+3	+1	-1	+3	+1	+7	+13.99%
Consultant Medicine	-18	+11	+5	+8		+6	+1.08%
Consultant Obstetrics & Gynaecology	+0	+1	+0	+1		+3	+2.15%
Consultant Paediatrics	+21	+0	+1	+4	+1	+27	+24.05%
Consultant Pathology	+3	+1	+0	+3		+7	+4.29%
Consultant Psychiatry	+2	+3	+6	+9		+19	+5.38%
Consultant Radiology	+2	+3	+3	+1	+3	+13	+6.15%
Consultant Surgery	+7	+2	+0	+7		+16	+3.92%
Consultant, Other	+0	+1				+2	+15.07%
NCHDs	-48	-41	-23	-36	-1	-149	-3.11%
Physicists	+3	+0	+0	-1	+1	+2	+1.80%
Pre-registration Nurse Students	+202	+119	+138	+203		+663	+862.66%
Public Health Nursing	+1	+2	+1	-14		-10	-0.62%
Radiation Therapists	-1		-4	-6		-11	-8.59%
Social Care Grades	-10	+5	-14	-24	+1	-42	-1.25%
Therapy Aides/Assistants	+2	+1	-1	-5		-3	-2.43%
Staff Midwives	-1	-12	-15	-82		-110	-9.78%
Staff Nurse [Intellectual Disability]	-4	+37	-5	-9		+20	+1.37%
Staff Nurse [Psychiatric]	-2	-38	-15	-37		-92	-2.40%
Staff Nurses [General/ Children's]	-217	-154	-107	-71	+0	-549	-2.66%

Note: some changes in consultant specialty are reflective of corrections in paediatric hospital locations e.g. consultant surgeon to consultant paediatric surgeon.

Source: Health Service Personnel Census excluding Home Helps

*National refers to NPRO (National Plan Radiation Oncology)

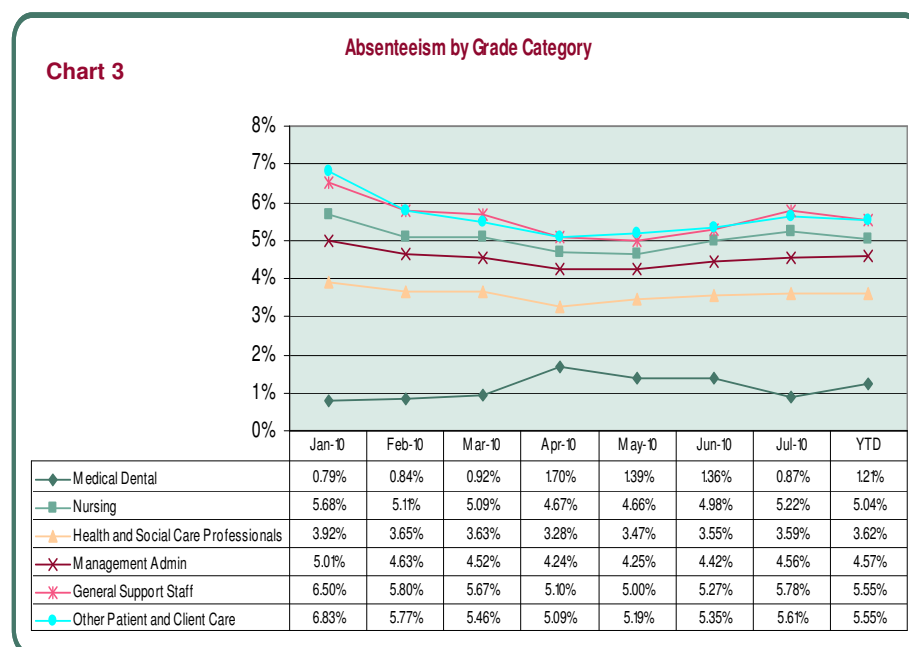
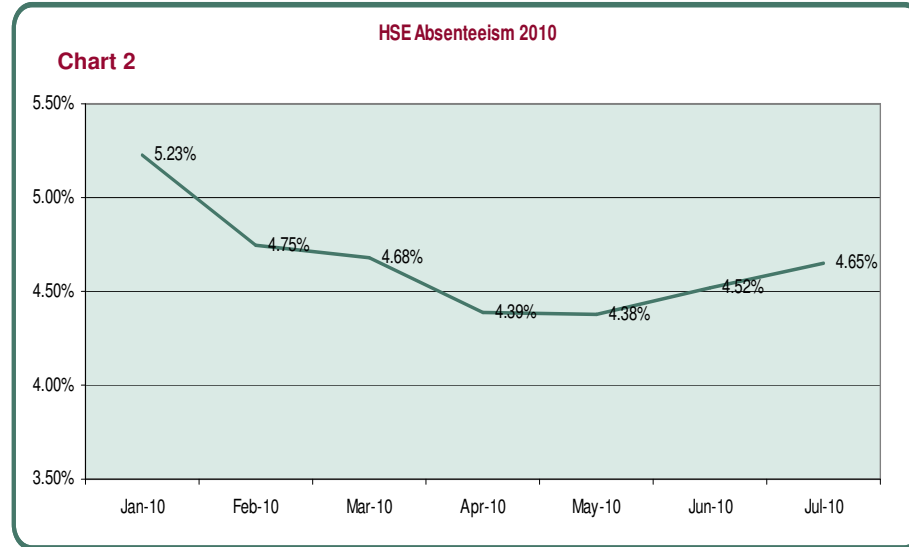
Absenteeism (reported a month in arrears)

- 2010 combined absenteeism (statutory and voluntary services) levels stand at 4.65% YTD – showing a decrease on 2009 (5.03% overall). Monthly data is as follows:

Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
5.23%	4.75%	4.68%	4.39%	4.38%	4.52%	4.65%

- For 2010 agencies have been requested to sub-divide absenteeism so as to allow for reporting in terms of certified & uncertified absence. However many agencies have yet to comply with this request at present.

	Hospital Services	Ambulance Services	Primary & Community Services	Corporate	Population Health	Total
DML	4.06%	7.23%	5.35%	5.03%	4.39%	4.62%
DNE	3.87%	0.048	4.54%	3.18%	2.49%	4.19%
South	5.03%	7.35%	4.85%	4.77%	9.32%	5.02%
West	4.92%	7.05%	4.46%	3.84%	7.29%	4.70%
National			6.12%	5.89%		5.94%
Total:	4.42%	6.91%	4.79%	4.67%	6.31%	4.65%



Service Delivery Report

Key Messages

Financial Management

To ensure a strong and continued focus on financial management, each region's performance review meeting maintained a continued emphasis on the effectiveness of cost containment strategies to date and the breakeven measures required for the remainder of 2010. Cost containment measures have been implemented in each region and concentrate on a spectrum of pay and on-pay related measures. There has been positive traction on many of these measures in each region. However, significant challenges remain. ISD continued to give particular focus to the financial situation in the West with further engagement with senior management at all levels of the system. The acute sector is reporting significant pressures against budgets due to a fall in income and increased cost pressures (e.g. oncology drug spending).

NCHDs

Non Consultant Hospital Doctors (NCHD) - Beginning in January 2010 the HSE initiated a range of measures to address NCHD issues. The NCHD situation is being monitored very closely at national & regional level. There will be service related issues emerging in quarter 4 and in January 2011 that will require significant management oversight. As of 12th September 2010, approximately 165 of 4,638 Non Consultant Hospital Doctor (NCHD) posts are reported as vacant. These represent vacancies with critical service implications. Vacancies remain disproportionately located in small to medium-size hospitals in non-training posts and concentrated in six areas - Emergency Medicine, Anaesthesia, General Surgery, Orthopaedic Surgery, General Medicine and Paediatrics. Significant management issues remain at Letterkenny, Drogheda, Tullamore, Mullingar, Tralee and Bantry.

Emergency Department

Emergency Departments: The NSP objective in 2010 was to decrease emergency admissions by the introduction of MAUs and other admission avoidance programmes. The total number of emergency admissions is similar to 2009 levels and 1% higher than target levels. Although nationally, the number of emergency admissions is similar to 2009, there are hospitals where emergency admission activity rates have significantly increased and this is placing pressure on the hospital ED and generally on bed capacity. Examples include Wexford (+8%), Tullamore (+8%), Limerick Regional (+6%) and Drogheda (+5%). ISD is continuing its weekly monitoring process of EDs to ensure corrective actions are in place where service pressures are emerging. Nationally, ED admission waits during August increased for both the 12-24 hour (+27%) and 24+ hour (+44%) waiting time categories. However, there were significant reductions in the South in 24+ hour waits but DNE and the West registered overall increases. Using the current sampling approach to patient experience times, the average time from registration to admission has decreased from 9.5 hours to 7.9 hours with the percentage of patients admitted within the target time of 6 hours increasing from 58% to 60%.

Childcare

Nationally 78.4% of approved foster carers have a link Social worker in August 2010. Regionally, progress is most apparent in Dublin North East who is the only Region at or ahead of Q3 target, while Dublin Mid Lenister has the lowest level of compliance at 65.8% compliance compared to Q3 target of 93%. Notwithstanding this, as at August 2010 nine Local Health Offices are achieving 100% compliance while twelve LHOs are achieving between 90-100% compliance.

HIQA Inspections

Improvement plans for Dublin North West, Dublin North Central and Dublin North LHOs in relation to children in foster Care were submitted to HIQA. Follow up visits by HIQA have been scheduled for November 2010 and all LHMs are ensuring that adequate preparation for these visits are in place.

Key Messages

Foster Care

Progress in relation to the implementation of foster care action plans continues in order to address compliance with statutory requirements.

Implementation of 3 policies from the Task Force Report

Work continues on rolling out the three policies of the Task Force Report (i.e. Official HSE Policy Responsibilities & Information for All Staff on Official HSE Policy Child Protection Conferences 2010) which are required to be implemented at local level. Progress reports are currently being prepared by each Local Health Office. In relation to Child Protection, a Self-Assessment Audit Tool is being finalised so that this important area is standardised across the country and that the necessary quality /services assurances are in place and working adequately.

Disability Act Compliance

Under the Disability Act, 940 Assessment Reports were overdue for completion at end August and 676 (72%) relate to Dublin Mid Lenister alone. All Regions, but particularly DML have submitted significant action plans at LHO level to address deficits (for example, pooling of resources and purchasing private assessors to reduce backlog). There was a significant improvement in August in the backlog specifically in DML. The impact of the implementation of action plans will not be evident in the data until Q4 2010.

Services for Older People

The variance against target has been reduced for both the total number of Home Help hours (6.4% in July to 5.2% in August) and persons in receipt of Home Care Packages (2% in July to 0.7% in August). Responses from the regions indicate that this narrowing of the variance against target will likely continue to year end. Provision of increased service activity in these areas has been profiled for the forthcoming winter period.

Daycase Rates

Significant progress on improving daycase rates is being made. Nationally, hospitals are now delivering 10% more daycases than 2009 and 7% more than planned levels. Currently daycase rates across Hospitals (as measured by the basket of 24 procedures) show that twenty one (50%) of hospitals are already achieving a rate of 70% or greater. Only eight hospitals (20%) are achieving a daycase rate of less than 50%.

Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Current Month	WTE Current Month	WTE Change from Dec 2009 to Aug 2010	% WTE Var Aug 2010	Actual €000	Budget €000	% Var
DML	15,143	15,000	-132	-0.94%	977,131	964,892	1.3%
DNE	11,194	11,263	-100	+0.61%	728,738	713,720	2.1%
South	12,265	12,288	+10	+0.19%	790,771	785,911	0.6%
West	14,430	13,973	-125	-3.17%	808,598	812,988	-0.5%
National	333	197	-2	-40.90%			
Total	53,364	52,720	-348	-1.21%	3,305,238	3,277,512	0.8%

Table 2. Hospital Services by Region	Human Resources				Budget		
	Ceiling Current Month	WTE Current Month	WTE Change from Dec 2009 to Aug 2010	% WTE Var Aug 2010	Actual €000	Budget €000	% Var
DML	17,304	17,438	-105	+0.77%	960,393	939,842	2.2%
DNE	10,789	10,874	-158	+0.78%	621,754	596,701	4.2%
South	10,988	11,041	-102	+0.48%	560,824	544,515	3.0%
West	10,990	11,191	-110	+1.83%	614,769	568,383	8.2%
National	26			+0.00%			
Total	50,096	50,543	-476	+0.89%	2,757,740	2,649,441	4.1%

Primary & Community Services Overview

Primary Care analysis & action points

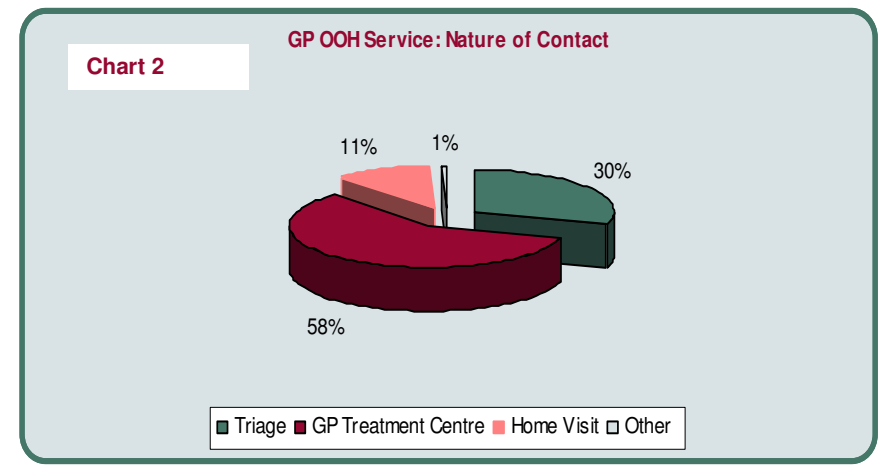
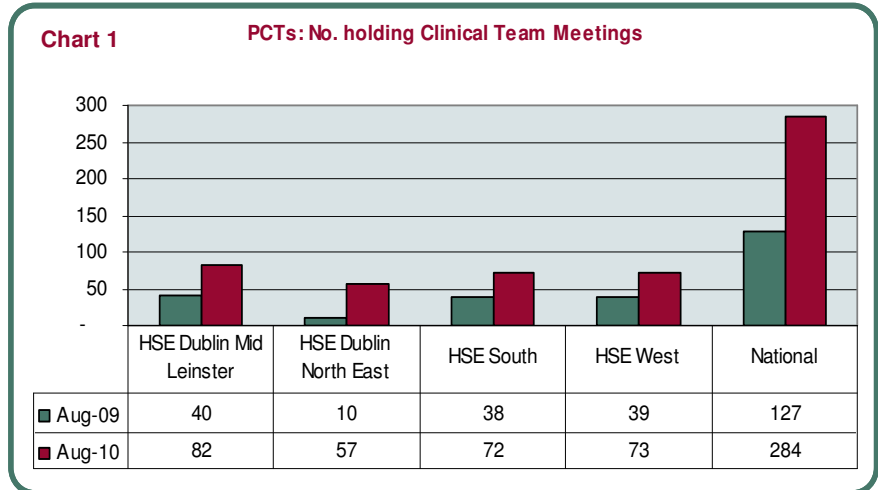
Primary Care Team (PCT's) (Chart 1) (M)

- Primary Care Teams**
- Overall there was slow progress in relation to the development of Primary Care Teams during the month relative to target, with an additional 9 teams in place nationally holding clinical team meetings.
 - As at August 2010 there are 284 teams holding clinical team meetings in total against a Q3 target of 335 teams.
 - Notwithstanding this year to date deficit, all Regions are forecasting that the year end target of 395 PCTs holding clinical team meetings will be achieved, with this additionality spread over the last two quarters of the year.
 - DML are flagging an issue in relation to the capacity of PHNs to attend clinical team meetings in the context of the moratorium. This is currently being examined further.

- Clients with a Care Plan**
- Year to date cumulative figure from January to August 2010 is 4,488 (however, January to May figures incomplete due to industrial action).
 - Actual August figure is 815, an increase of 48 since July 2010).

GP Out of Hours (Chart 2) (M)

- During the month of August 2010, 78,784 contacts were made to the GP OOH service. This represents an increase of 18,139 contacts to the service from July 2010 activity, due to the August bank holiday and also a five week reporting period in August.
- Year to date figure is 588,600 which is in line with the projected activity of 587,900 and 1% above the same period last year (584,217).
- Chart 2 provides a breakdown of the nature of contact with the OOH Service.



Community (Demand Led) Schemes

Medical / GP Visit Cards
(Chart 3 & 4)
(M)

The number of individuals covered by medical cards continues to rise with 1,578,613 reported at the end of August 2010 (an additional 100,053 since December 2009). In August there were 4,053 more persons covered by a Medical Card than projected target (0.3%). The total number of discretionary medical cards in the system at the end of August was 81,022. This compares with 79,799 issued in August 2009, an increase of 1,223 (1.6%). Discretionary medical cards represent 5.1% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of August is 110,297 which is 1% above projected target for end August (109,064). An additional 11,972 cards have been issued since December 2009. The total number of discretionary GP visit cards in the system at the end of August was 17,423. This compares with 17,333 cards issued in August 2009, an increase of 90 cards (0.6%). Discretionary GP visit cards represent 16% of cards issued year to date.

Chart 3

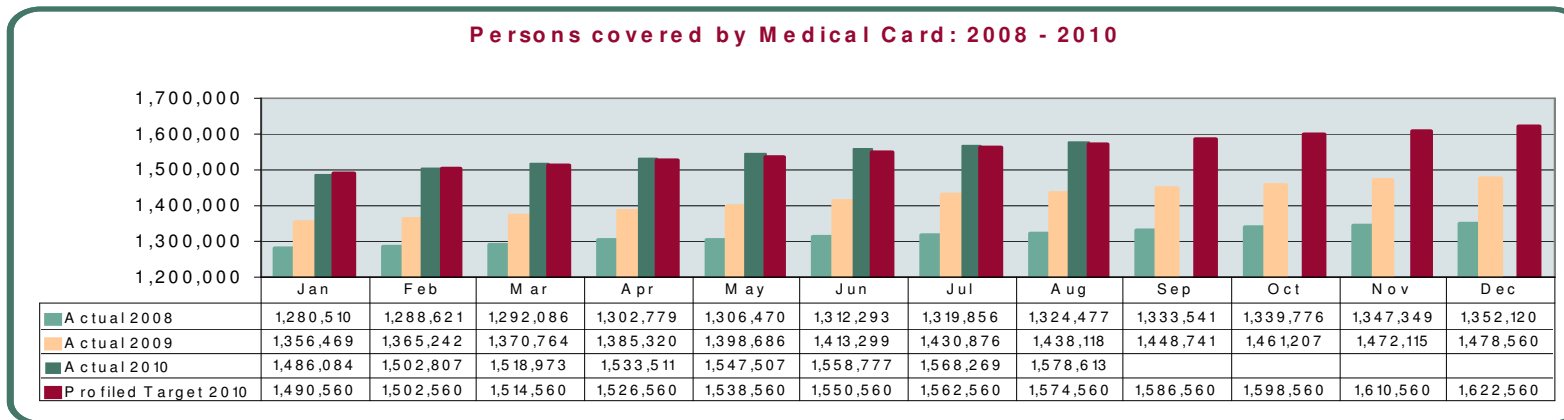
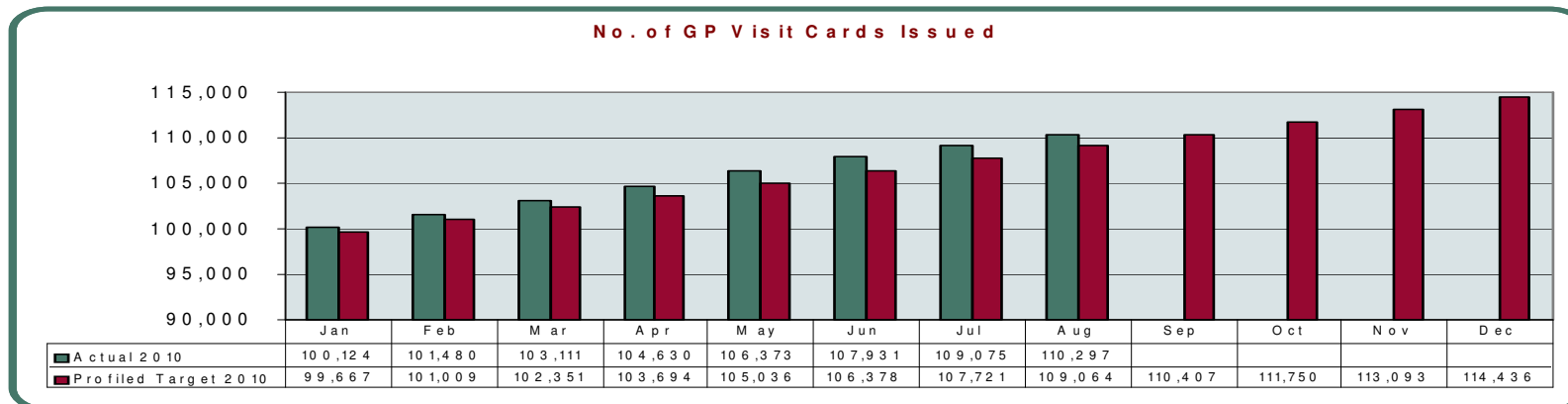
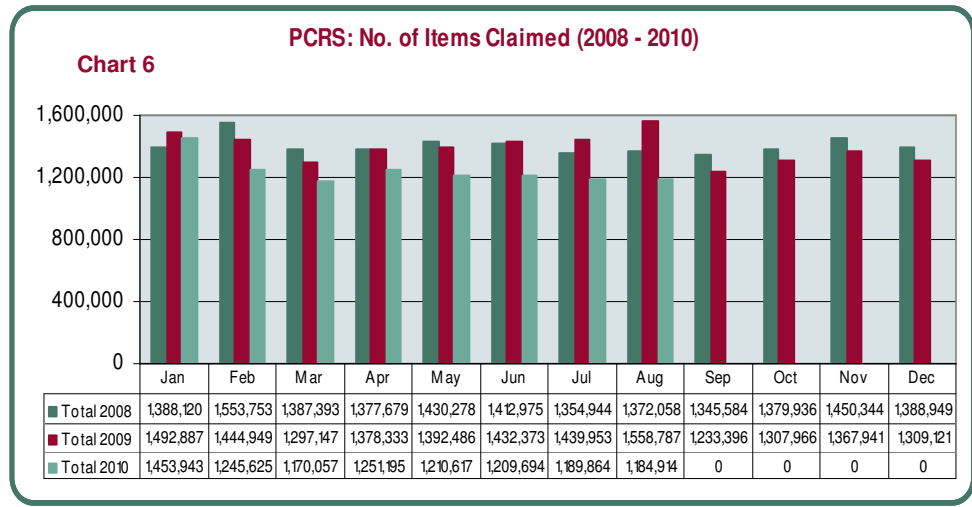
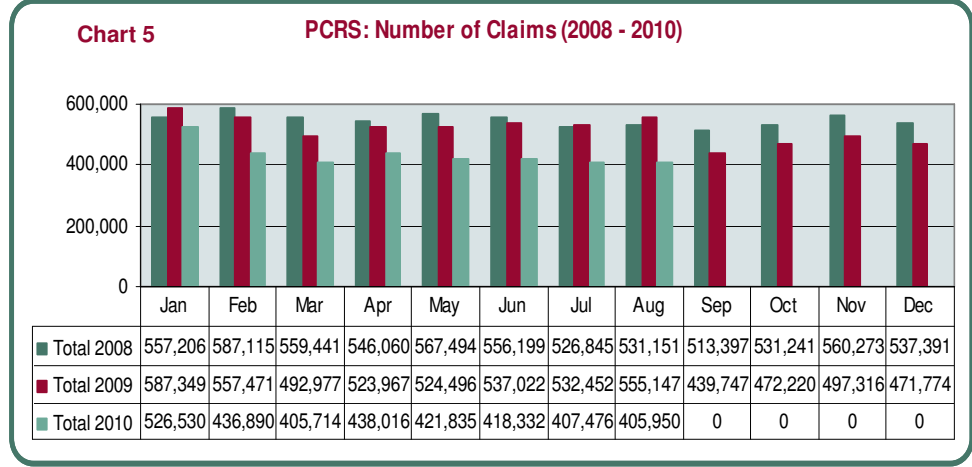


Chart 4



*** Community (Demand Led) Schemes**

<p>Long Term Illness (Chart 5 & 6) (M)</p>	<ul style="list-style-type: none"> The number of LTI claims made during August was 73,591 (18% below the monthly target of 90,388). The total YTD figure is 596,288 (18% below the projected YTD figure of 723,104). Compared with the same period last year (611,958 claims) there has been a decrease of 3%. Total number of LTI Items in August was 232,651 (19% below the monthly target of 287,434).
<p>Drug Payment Scheme (Chart 5 & 6) (M)</p>	<ul style="list-style-type: none"> The number of DPS claims made during August was 304,850 (27% below the monthly target of 419,182). The total YTD figure is 2,644,423 (21% below the YTD target of 3,353,456). Compared with the same period last year (3,494,968 claims) there has been a decrease of 141,512 (24%). Total number of DPS items in August was 920,307 (19% below the monthly target of 1,135,982).
<p>General Medical Services (GMS) (M)</p>	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during August was 1,482,578 (3.5% below the monthly target of 1,537,103). The total YTD figure is 11,541,540 (6% below the YTD target of 12,296,824). Compared with the same period last year (11,063,735 prescriptions) there has been an increase of 477,805 (4%).
<p>HiTech (M)</p>	<ul style="list-style-type: none"> The number of HiTech claims made during August was 27,509 (14% below the monthly target of 31,944). The total YTD figure is 220,032 (14% below the YTD target of 255,552). Compared to same period last year, (203,955 claims) this represents an increase of 8% (16,077).
<p>Dental Treatment Services Scheme (DTSS) (M)</p>	<ul style="list-style-type: none"> Funding of the DTSS has been limited in view of the current public finances and the 60% increase in expenditure over the past five years. In 2009, an estimated €88m was spent on the DTSS compared with €63m in 2008. The numbers of routine treatments are currently 43% in excess of target while more complex treatments are 27% above target. A clinical governance group is and a circular issued to the system in April 2010 setting out new arrangements. A number of Dentists, supported by the IDA, have challenged these new arrangements and the matter is scheduled to be heard in the High Court in December 2010. Notwithstanding, the new arrangements have been implemented and the growth in expenditure is being managed in line with the Government decision.
<p>Community Ophthalmic Scheme (M)</p>	<ul style="list-style-type: none"> Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances. Claims by Optometrists and Ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS. The number of adult treatments is currently 4% below target while the number of children treatments is 7% below target.



*The number of claims in any 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.

Since January 2009, the number of persons registered on the medical card database has increased in absolute terms by some 216,149.

Children and Families

Family Support Services (M)

Family Welfare Conferences (Referrals)

- The total numbers of referrals to FWC nationally end August 2010 is 310. This is -2.3% off target to date (317). Although it is a 3% increase over same period last year (301).

Family Welfare Conferences (Convened)

- The total number of FWC convened to end August 2010 is 179. This is -1.6% against NSP Target to date of 182 and a 2.3% increase over same period last year (175).

Number of Springboard Family Referrals

- The total number of family referrals to Springboard projects at end of August 2010 is 757. This is a 14.5% increase over NSP 2010 target YTD of 661 and a 10.5% increase over same period last year (685).

Residential and Foster Care (M) (Chart 7 & 8)

- The total number of children in care at the end of August 2010 was 5,856 nationally (see Chart 7). This demonstrates a 3.2% increase over the same period last year (5,674).
- There were 419 children nationally in Residential Care at end of August 2010. These children account for 7.2% of all children in care and this figure demonstrates a 5% increase over same period last year 399 (7%).
- Although the numbers of children in care over all care types have increased trends continually indicate that the percentage of children in residential care has remained constant at 7% in line with NSP target 2010. DML and DNE report the highest proportion of children in residential care at 11% and 8% respectively; this is however directly related to the numbers of residential centers located within these areas.

Foster Carers (M)

The 2010 target for foster carers with an allocated social worker is 100%. Nationally the number of foster carers with an allocated social worker at the end of August 2010 is 78.4% which is -2.3% over same period last year (80.3%). August data shows low compliance in many LHOs in relation to our statutory duties to ensure all approved foster carers have an allocated / link social worker (2010 Target 100%). Nationally 78.4% of approved foster carers have a link social worker in August 2010 compared to 80.3% in August 2009. Regionally, progress January 2010 since is most apparent in Dublin North East while Dublin Mid Leinster are lagging behind with a compliance level of 65.8% compared to Q3 target of 93%. Shortfalls within Local Health Offices have, in the main been attributed to giving preference to the allocation of social workers to children in care pending new social workers coming on stream under Ryan.

Chart 7 No and % of Children by Care Setting

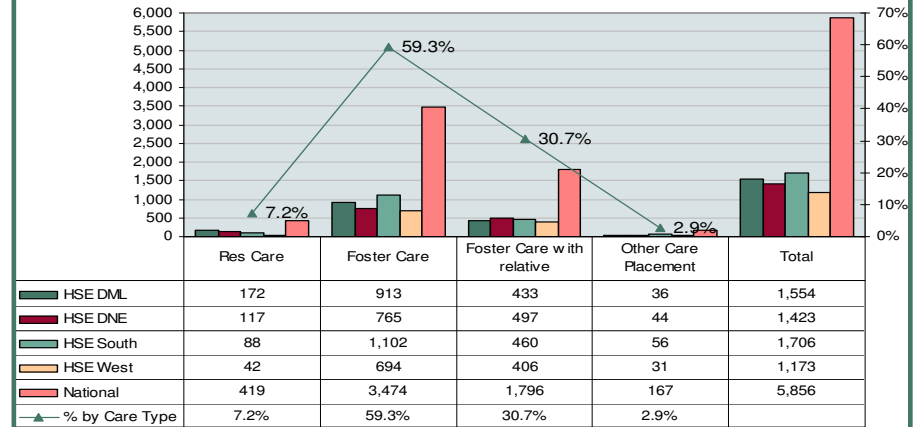
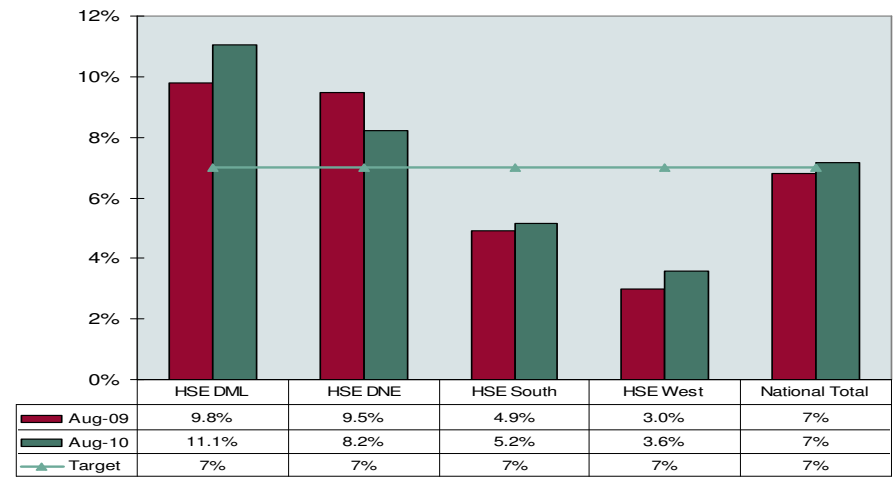


Chart 8 Children in Residential Care as a % of all Children in Care



Children and Families	
Foster Carers	<p>HIQA Inspections</p> <p>Improvement plans for Dublin North West, Dublin North Central and Dublin North LHOs in relation to children in foster Care were submitted to HIQA. Follow up visits by HIQA have been scheduled for November 2010 and all LHMs are ensuring that adequate preparation for these visits are in place.</p>
Pre-School Inspections / Visits (M)	<p>The number of notified current operational pre-school centres who have received an annual inspection to end of August 2010 is 1,996. This is -2.4% over same period last year (2,044).</p>
Children & Families	<p>Implementation of Recommendations of the National Foster Care Audit</p> <p>Progress in relation to the implementation of Foster care action plans continues in order to address compliance with Statutory requirements. Methodologies to address current deficits include, inter alia, the temporary reassignment of staff from other social work responsibilities, temporary recruitment of professionally qualified agency social work staff and commissioning of suitable private agencies to undertake the backlog of Care Plans utilising professionally qualified social workers.</p> <p>Implementation of 3 policies from the Task Force Report</p> <p>Work continues on rolling out the three policies of the Task Force Report (i.e. Official HSE Policy Responsibilities & Information for All Staff on Child Protection Issues; Official HSE Policy on Social Work Duty System; Official HSE Policy Child Protection Conferences 2010) which are required to be implemented at local level. Progress reports are currently being prepared by each Local Health Office.</p> <p>In relation to Child Protection, a Self-Assessment Audit Tool is being finalised so that this important area is standardised across the country and that the necessary quality / services assurances are in place and working adequately.</p>

Mental Health

Admissions (Chart 9) (M)

Data in the August PR relates to Q1 2010.

- In Q1 2010, there were 3,640 admissions to acute mental health units nationally. While the National percentage of readmission is 69% (1% over target of 68%), it is a reduction of 1.6% on Q4 2009.
- Q1 2010 data has now been validated to reflect a full return from all acute units

Admissions to HSE CAMH Units (Q)

- Providing data returns in relation to admissions based on age (less than 16, 17, 18 years of age) are a new inclusion for 2010.
- Work is underway in their development.

Inpatient services (Q)

**Change from July PR due to validation.*

- Data in the August PR relates to Q1 2010.
- Number of inpatient places is 28.2 per 100,000 nationally.
- *First Admission rates to acute units (that is first ever admission) is 26.6 per 100,000 nationally.
- *Inpatient readmission rates to acute units are 59.3 per 100,000 nationally.
- *Median Length of Stay in inpatient facilities is 12 days.
- Rate of involuntary admission is 6.8 per 100,000 nationally.

Child and Adolescent Mental Health (Chart 10) (M)

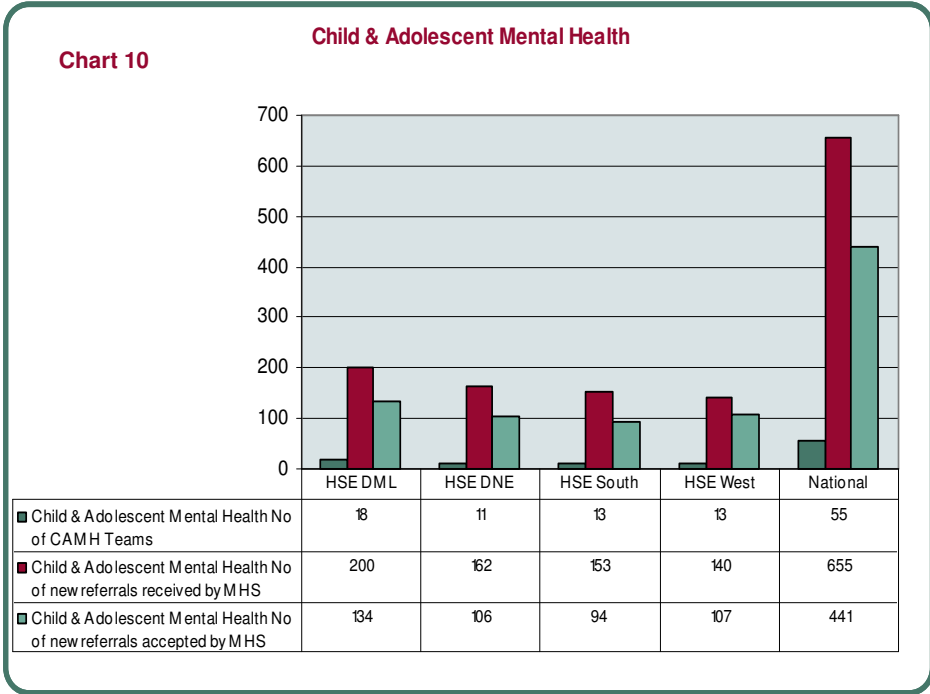
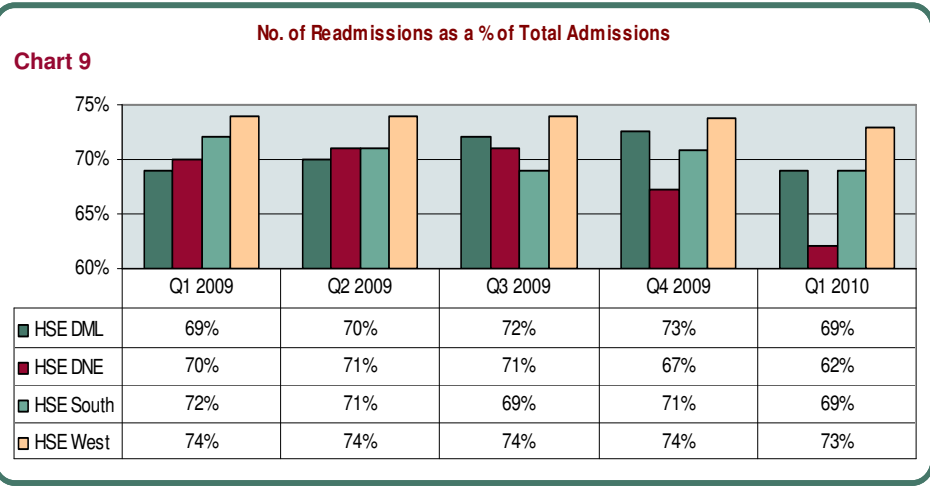
- The 55 CAMH Teams are made up of the following:
 - 50 Community Child & Adolescent Mental Health Teams
 - 2 Day Hospital Teams
 - 3 Paediatric Teams

This report relates to the roll out of the CAMHS minimum data set which was developed and began reporting from July 2009 for the 50 Community Child & Adolescent Mental Health Teams.

Referrals / Patients Seen (M)

- No. of new child / adolescent referrals received by Mental Health Services is 655.
- No. of new child / adolescent Referrals accepted by Mental Health Services is 441 (67%).
- No. of new child / adolescent seen by a member of a Community CAMH Team is 543.

During the summer months there is usually a decrease in demand on the service and we can see this as there is a decrease in the number of referrals from last month.



Mental Health

Children & Adolescent Wait Time to First Appointment with CAMH(M) (Chart 11 & 12)

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New Cases are to be seen within three months. Currently 61% of new cases are being seen within 3 months for the month of August. This decrease is due to demand.
- New Cases seen by wait time to first appointment should be seen within three months:
 - 0-1 Month = 241 (44%)
 - 1-3 Months = 91 (17%)
 - 3-6 Months = 78 (14%)
 - 6-12 Months = 65 (12%)
 - > 12 Months = 68 (13%)

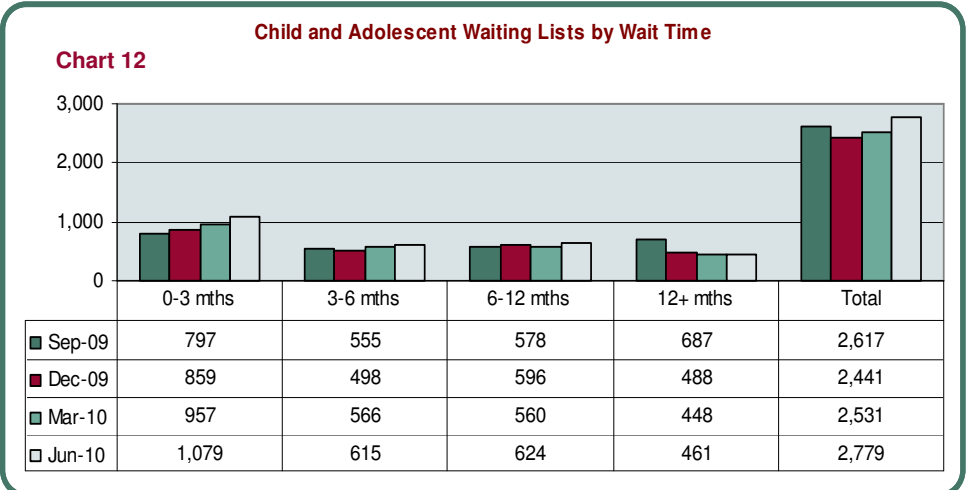
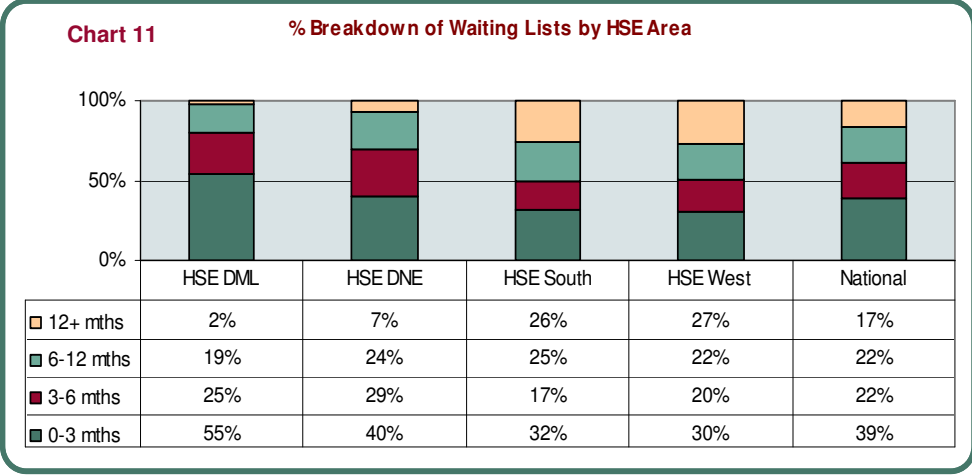
Currently 61% of new cases are being seen within this timeframe which demonstrates a decrease of 10% over the July position. This decrease has been mainly attributed to priority focus being given by CAMHS Teams to reduce the overall waiting lists during the summer period.

Disability

Under 5 Assessments (Q)

Disability Act Compliance

Under the Disability Act, 940 Assessment Reports were overdue for completion at end August and 676 (72%) relate to Dublin Mid Lenister alone. All Regions, but particularly DML have submitted significant action plans at LHO level to address deficits (for example, pooling of resources and purchasing private assessors to reduce backlog). There was a significant improvement in August in the backlog specifically in DML. The impact of the implementation of action plans will not be evident in the data until Q4 2010.



Older People

Home Help Hours & HCP's (M)

The August data for Home Helps and Home care Packages for Services for Older People highlights improvements from a national perspective. There has been an increase in the number of Home Help Hours provided from 924,605 in July, to 940,967 in August, and an increase in the number of persons receiving Home Care Packages from 9,416 in July, to 9,544 in August. The variance against target has been reduced for both the total number of Home Help hours (6.4% in July to 5.2% in August) and persons in receipt of Home Care Packages (2% in July to 0.7% in August). Responses from the regions indicate that this narrowing of the variance against target will likely continue to year end. Provision of increased service activity in these areas has been profiled for the forthcoming winter period.

There are however a number of factors that should be considered when examining these data returns.

Deviations from targets may be due to:

- Seasonal shifts in demand for Home Help may have contributed to shortfalls against target – it is anticipated that shortfalls will be addressed via increased activity in the autumn/winter months
- Several LHO's have undertaken a review of home help services which has resulted in changes in classification of Home Help hours. These LHO variances have contributed to regional target shortfalls
- Delays in receipt of HCP development monies in various LHO's meant additionality could not be delivered – monies have now been received and relevant LHO's expect to meet targets by year end and will be in a position to meet increased seasonal demands
- Targets for HCP new clients are based on an average value of €525 per package/client. In reality, price of HCPs may vary greatly therefore client targets may be exceeded.

All deviations from agreed targets for home help/HCP activity have been brought to the attention of the Regional Directors of Operations, with a view to addressing/increasing activity in the second half of the year, to ensure agreed Service Plan targets 2010 are met.

Area	% Variance From Target August 2010			
	Home Help Hours	Home Help Clients	No in Receipt of Home Care Package	Total Number of New HCP Clients (YTD)
National	-5.2%	-1.6%	-0.7%	13.1%
DML	-6.1%	-1.4%	4.9%	19.3%
DNE	-2.9%	-2.4%	-9.9%	15.0%
South	-2.7%	2.6%	10.7%	82.9%
West	-8.9%	-5.4%	-3.1%	-26.1%

Older People

Subvention (M)	<ul style="list-style-type: none"> ▪ The Nursing Home Support Scheme (Fair Deal) commenced in October 2009. This has replaced the subvention scheme. ▪ Numbers in receipt of subvention are reducing and will continuously reduce over time as clients transfer to the NHSS, or cease using the service. ▪ This is reflected in the reduction in numbers. At the end of December 2009 there were 8,823 people in receipt of subvention. The August position of 3,217 shows a decrease of 64% on December, and against same period last year 9,330, a reduction of 66%.
Public Beds (M)	<p>The number of 'public residential care beds' originally referred to in NSP 2010 was established prior to the commencement of the NHSS. This figure included homes in receipt of Sect 39 funding from the HSE, and homes where less than 24 hour nursing cover was provided.</p> <p>Since the commencement of the NHSS, the HSE can no longer fund long stay residential care under Sect 39 – the only funding mechanism for long stay care is the NHSS. Each of these units now must negotiate their prices independently with the NTPF – so they are no longer considered 'public units'. Also, the NHSS only funds units where 24 hour nursing care is provided – so these beds have been removed from the register. The number of HSE/Sect 38 beds, where 24 hour nursing is provided was 9,598 as of August 2010..</p>
A Fair Deal (M)	<ul style="list-style-type: none"> ▪ The Nursing Homes Support Scheme(NHSS) or 'A Fair Deal' commenced on 27 October 2009. Two types of financial support available under the Fair Deal / NHSS; State Support and Ancillary Support (Nursing Home Loan). <p>State Support</p> <ul style="list-style-type: none"> ▪ A total of 14,914 applications have been received to date and over 72% of these applications have been processed at this stage. <p>Ancillary State Support (Nursing Home Loan)</p> <ul style="list-style-type: none"> ▪ Over 2,146 applications have been received for this scheme. ▪ An IT system is currently being developed to provide more detail in this area.

Palliative Care

Specialist Palliative Care (M) (Chart 14)

- Backfill of January to May 2010 data is nearing completion. During the backfill process evidence showed that an audit of West returns was needed. This statistical review is now complete and the new amended figures are outlined.
- The figure of 323 patients in Specialist inpatient units is collated from the four regions. i.e. DML – 88, DNE – 41, South – 61 & WEST – 133.

Social Inclusion

Methadone Treatment (M) (Chart 15)

Chart 15 shows that there is a high level of usage in DML and DNE, this is compared to low activity in the South and West. To address this issue the HSE is developing additional methadone facilities in Dundalk, Drogheda, Gorey, Wexford, Waterford, Kilkenny, Cork, Tralee and Limerick to address waiting lists in these locations. The services outside of the area are being developed for two reasons.

- The demand for Methadone and counselling services has significantly increased nationwide in past years and one in four clients in need of addiction services are from outside the greater Dublin area. Outside the greater Dublin area there are waiting lists for treatment which can now be provided for with greater efficiency.
- Outside the greater Dublin area infrastructural supports were needed to assist the primary care teams and specialist networks to provide addiction services for clients. Most service users relied heavily on the local GP for services and in many cases this was not a practical option. Going forward the primary care teams and specialist supports will be able to provide more appropriate services in conjunction with the local GP's.

Chart 14

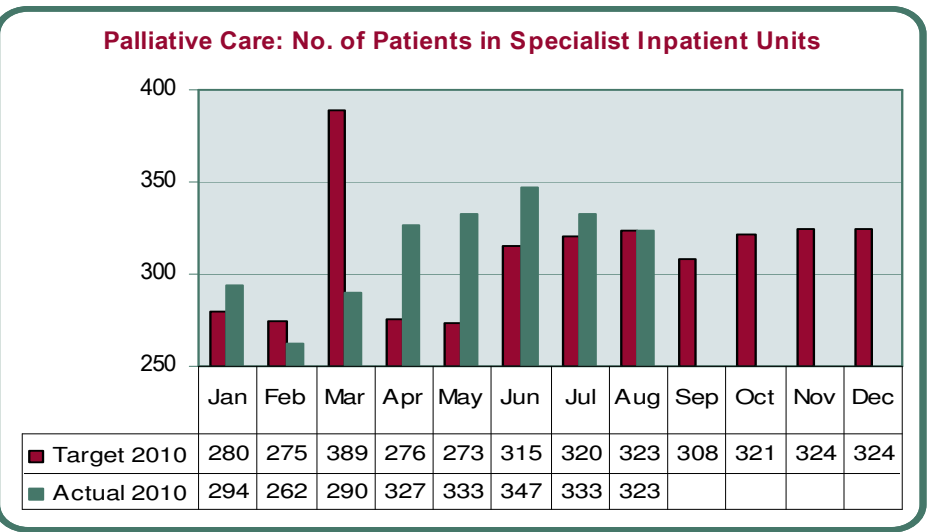
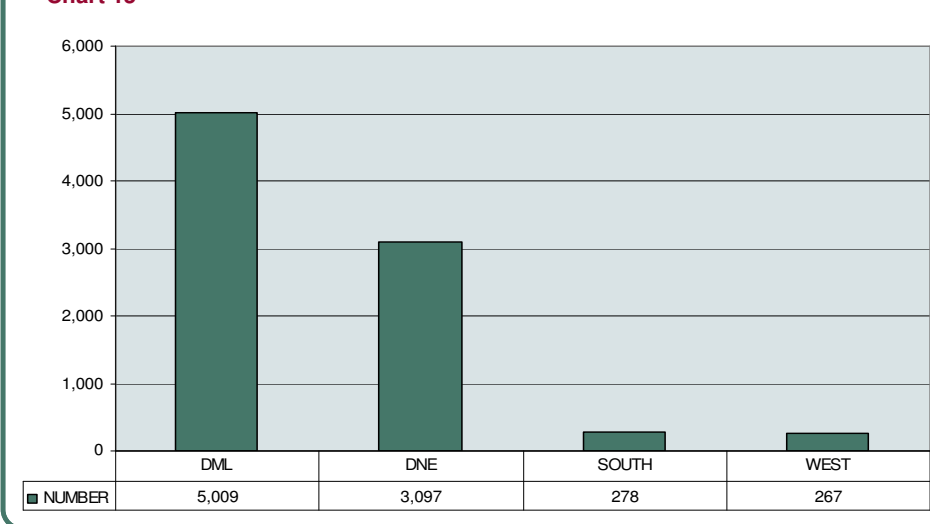


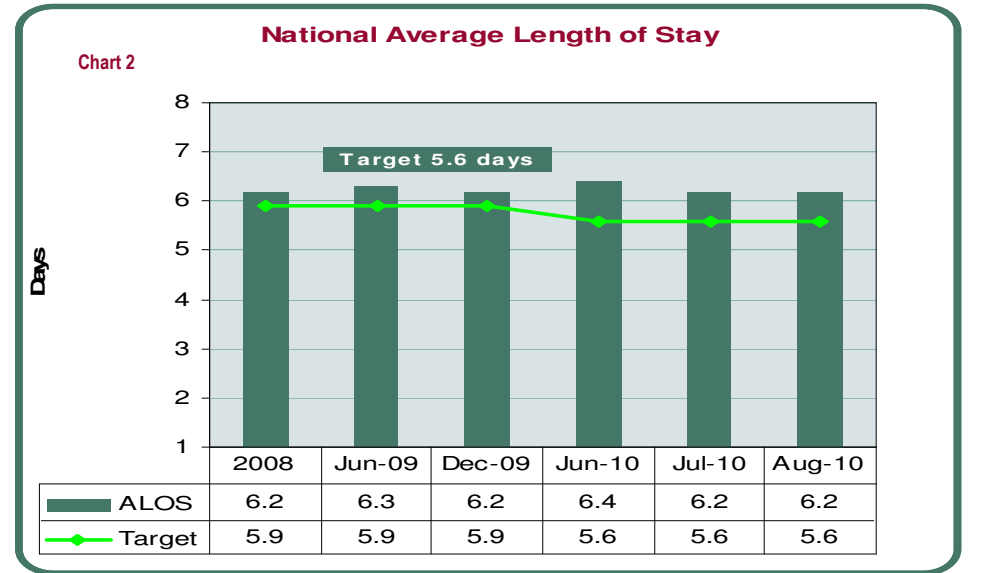
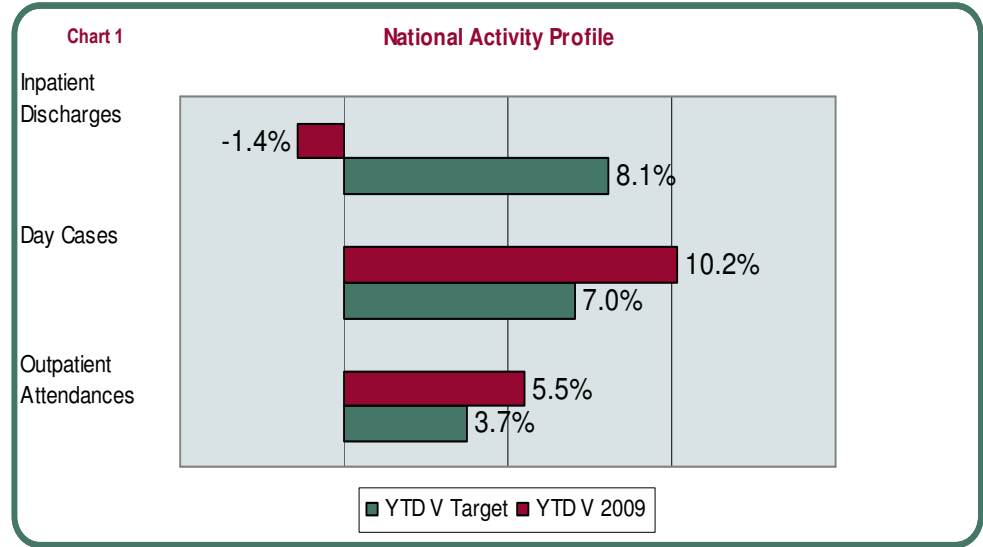
Chart 15 Number of clients in Methadone treatment per HSE Area



Hospital Services Overview

Hospital Services analysis and action points

<p>Elective Non Elective admissions and Public / Private Discharges (M) (Chart 1)</p>	<p>The number of Inpatient Discharges has decreased by 1.4% compared to the same period in 2009 and is 8.1% above target for 2010.</p> <p>The percentage of Elective Inpatient admissions has decreased marginally compared to the same period last year 32.6% for the period January – August compared to 33.3% for the same period in 2009.</p> <p>The percentage of public inpatients discharged in the same period has increased from 75.2% in 2009 to 77.2% this year.</p> <p>July showed a reduction in in-patient levels of 1.9%. In August (for the first time this year), in-patient levels were above last year's level. At this stage of the year, in-patient levels would have to significantly decrease to come in line with target levels.</p>
<p>Average Length of Stay (ALOS) (M) (Chart 2)</p>	<p>Average length of stay for the month of August is 6.1. The cumulative position shows that the average length of stay has decreased marginally in 2010, down from 6.3 in 2009 to 6.2 for the period January – August 2010.</p>
<p>Delayed Discharges (M)</p>	<p>In the last week of August 2010 the number of delayed discharges reported nationally was 630. This is an increase on the position at the end of July (604) but a significant decrease on the numbers reported at the end of August 2009 which was 919.</p> <p>The average number of delayed discharges reported through August 2010 was 652. As above this showed a slight increase on July (596) but a significant drop on the same month last year (914).</p> <p>Delayed discharge information is still being back filled following the industrial action earlier this year so a year to date average for 2010 is not available at this time.</p> <p>In 2010 the categories of Delayed Discharges have changed compared to previous years with the introduction of Fair Deal, so while comparisons can be made to total figures for previous years it is not possible to compare reasons for delays.</p>
<p>Bed Days Used (M)</p>	<p>The number of bed days used has decreased by 2.4% in 2010 compared to 2009.</p>
<p>Occupancy Rates (M)</p>	<p>Percentage occupancy nationally has increased compared to last year (86.8% compared to 85.6% in 2009).</p>
<p>Day Cases (M)</p>	<p>Significant progress on improving daycase rates is being made. Nationally, hospitals are now delivering 10% more daycases than 2009 and 7% more than planned levels. Currently daycase rates across Hospitals (as measured by the basket of 24 procedures) show that twenty one (50%) of hospitals are already achieving a rate of 70% or greater. Only eight hospitals (20%) are achieving a daycase rate of less than 50%.</p>



Acute Services analysis and action points

Day of Procedure (M) Day of Surgery admission rates have increased in all regions compared to the same period last year. Over the 12 month rolling period to the end of June the national figure for day of surgery admission rates was 48% compared to 45% for the previous rolling 12 months.

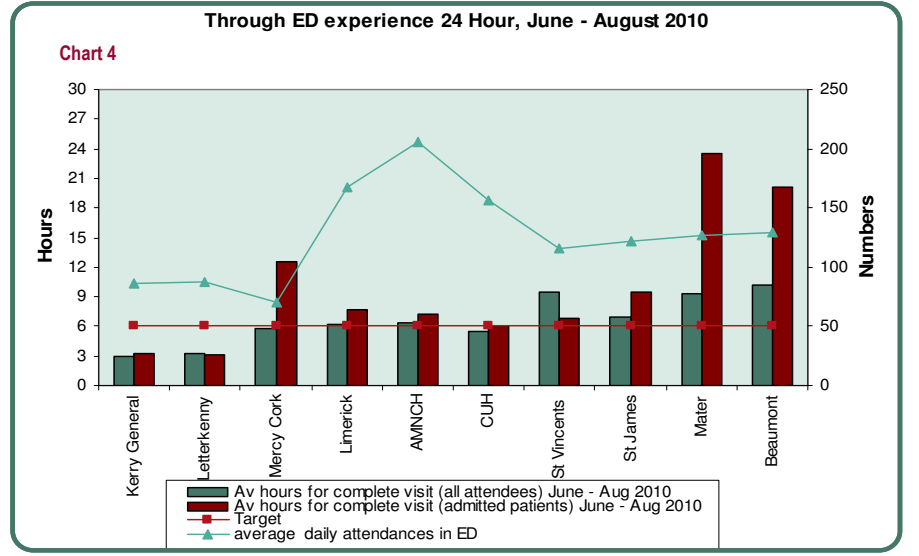
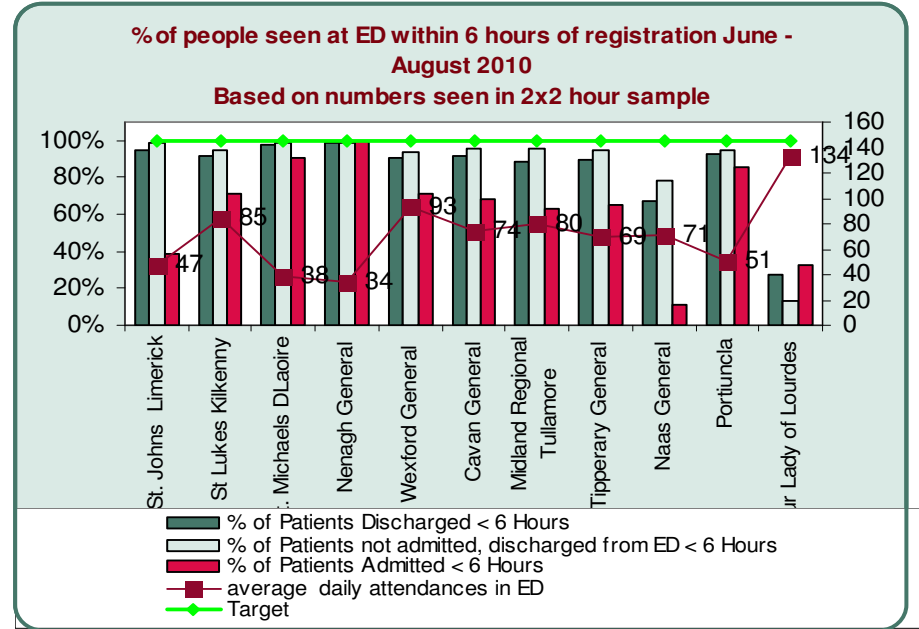
Emergency Admissions (M) Emergency presentations are up on last year (0.6%) and are broadly in line with expected levels for 2010(-0.1%). Emergency admissions are 0.1% up on last year and 10.6% above expected levels for 2010. The majority of Hospitals are reporting increases against expected levels for this year. There are hospitals where emergency admission activity rates have significantly increased and this is placing pressure on the hospital ED and generally on bed capacity. Examples include Wexford (+8%), Tullamore (+8%), Limerick Regional (+6%) and Drogheda (+5%). ISD continue to monitoring the performance level of each ED on a weekly basis to ensure appropriate corrective actions are escalated where significant pressures emerge.

Emergency Department Turnaround Times (M) (Chart 3 & 4) There are 2 views of patient experience time in Emergency Departments. Chart 3 shows data relating to 11 Hospitals (25% of average daily ED attendances) indicating that 94.1% of all patients attending ED and 59.4% of patients who were admitted were through ED within 6 hours from time of registration.

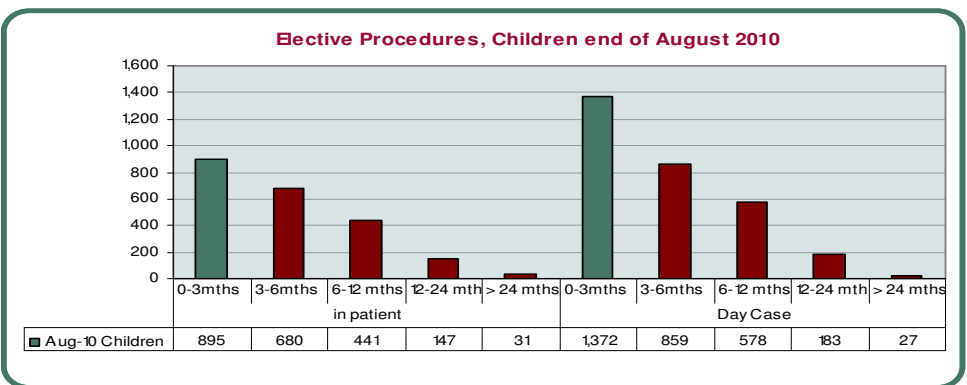
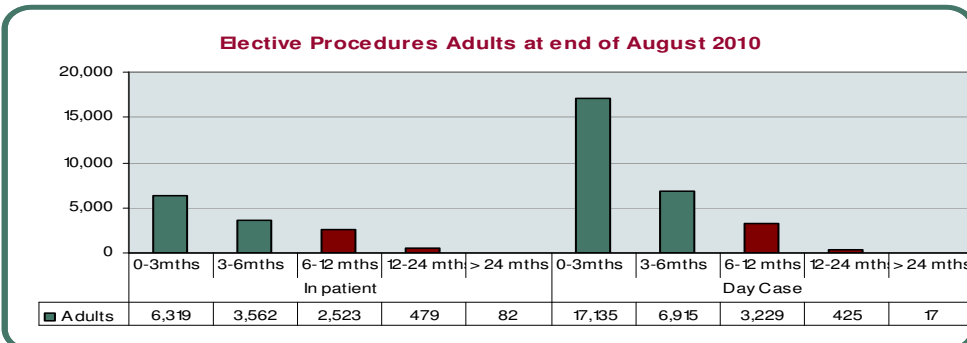
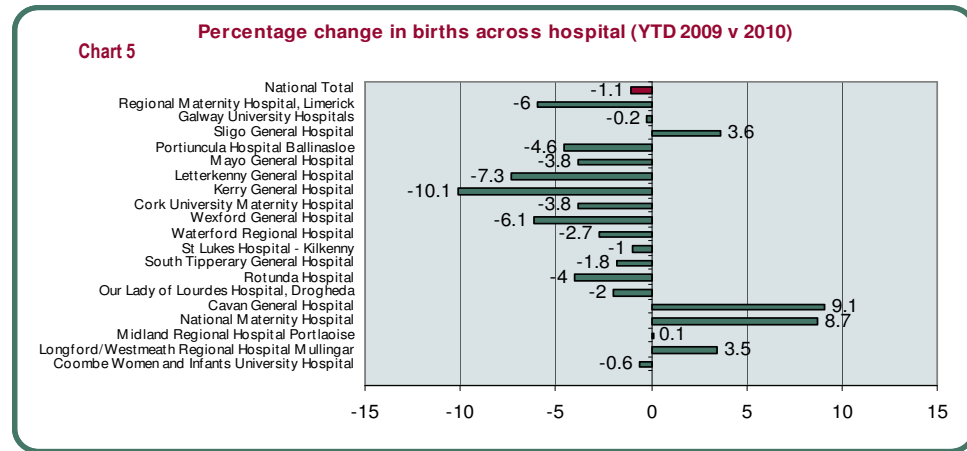
Chart 4 gives a view of average time spent in ED for all patients. The number of Hospitals reporting is 10 which relates to 41% coverage of national ED attendances.

The NSP objective in 2010 was to decrease emergency admissions by the introduction of MAUs and other admission avoidance programmes. The total number of emergency admissions is similar to 2009 levels and 1% higher than target levels. Although nationally, the number of emergency admissions is similar to 2009, there are hospitals where emergency admission activity rates have significantly increased and this is placing pressure on the hospital ED and generally on bed capacity. Examples include Wexford (+8%), Tullamore (+8%), Limerick Regional (+6%) and Drogheda (+5%). ISD is continuing its weekly monitoring process of EDs to ensure corrective actions are in place where service pressures are emerging. Nationally, ED admission waits during August increased for both the 12-24 hour (+27%) and 24+ hour (+44%) waiting time categories. However, there were significant reductions in the South in 24+ hour waits but DNE and the West registered overall increases. Using the current sampling approach to patient experience times, the average time from registration to admission has decreased from 9.5 hours to 7.9 hours with the percentage of patients admitted within the target time of 6 hours increasing from 58% to 60%.

Chart 3



Outpatients (OPD) (M)	<p>Outpatient activity continues to grow with an increase of 5.5% compared to last year and attendances are currently 3.7% above target.</p> <p>New Dna rates are 14.1% and return Dna rates 14.5% for January – August 2010, this compares to 14.7% and 14.6% respectively for the same period in 2009.</p> <p>A further positive note is that the number of New attendances at Outpatient departments has increased by almost 68,000 (11.3%) compared to last year, this is reflected in an improvement in the overall New : Return ratio to 1 : 2.5 in 2010.</p>
Births (Chart 5 & 6) (M)	<p>The number of births is marginally lower than the same period last year (1.1%) and is showing a 2.1% decrease against expected levels for 2010.</p>
Elective Procedures (Position at the end of August 2010)	<p>Elective Procedures:</p> <ul style="list-style-type: none"> At the end of August there are 45,899 listed for elective procedures as reported on the National Treatment Register. Of these, 78.8% (36,198 referrals) are within the targeted time for treatment: i.e. children 3 months and adults 6 months. 2,946 children (56.5%) are waiting over the targeted 3 months and 6,755 (16.6%) adults are waiting over the targeted 6 months. This is a total of 9,701 (21% of all referrals) waiting more that the targeted time. Demand for elective procedures has increased by 13% (5,779) in August 2010 compared to August 2009. The additional demand is n the area of adult day case procedures.



Bed Capacity Management (M)
(Chart 10 & 11)

Hospital Bed capacity management and shifting the emphasis to community care continues to be a key objective for the HSE. Bed capacity management plans are achieved through planned bed reductions stratified across all hospitals as outlined below. There were 1,044 beds (1,019 inpatient; 25 day beds) unavailable for discharges at the end of August. Comparative figures for the end of July show there were 966 beds (927 inpatient, 39 day beds) unavailable for discharges.

Colonoscopy Services (M)

- In the week ending 29th August 730 were on a current referral list for urgent colonoscopy. 699 (95.8%) are within 28 days of referral and 31 (19 in Louth, 7 in St. Johns Hospital Limerick and 5 in Regional Hospital Dooradoyle) are outside the 28 day target.
- Mayo General Hospital did not provide returns for this week. Their last reported position showed 0 people waiting over 28 days for an urgent colonoscopy.

Position for week ending 3rd October 2010:

- In the week ending 3rd October 846 were on a current referral list for urgent colonoscopy. 832 (98.3%) are within 28 days of referral and 14 (1 in Roscommon County Hospital, 1 in Sligo General Hospital, 4 in the Mid-West Regional Hospital, Dooradoyle and 8 patients in St John's Hospital Limerick.) are outside the 28 day target.
- There are no hospitals outstanding

Consultants Contract

To date, a total of 296 Consultants have been written to by Clinical Directors/Hospital Managers regarding the need for them to address excessive levels of private practice. In August 2010 the HSE instructed employers to notify those Consultants who remained in breach after the relevant period had elapsed that they were now required to remit the required funds to the employer for placement in a research and study fund. Further letters regarding remittance of fees have been sent to 36 Consultants in circumstances where the HSE considers that the level of private work being done has been significantly in excess of this level, ie 50% or greater, for an extended period.

A review is currently underway of the national presentation of the Consultant Contract measurement.

Chart 10

Number of unavailable in-patient beds by reason

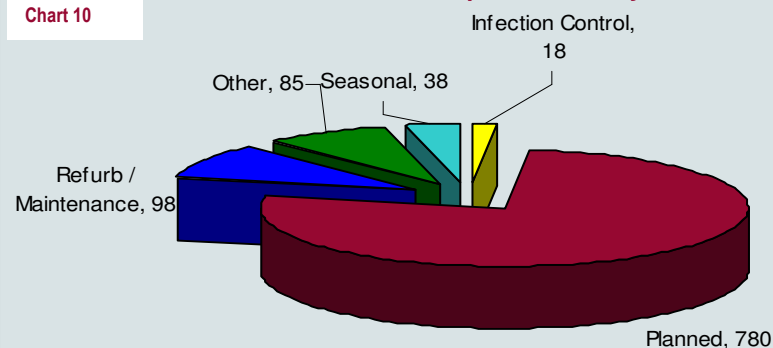
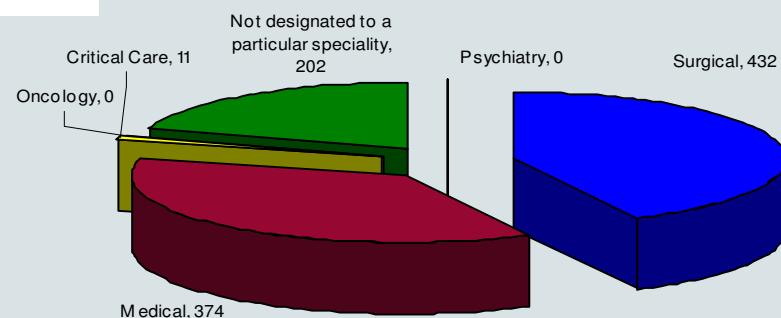


Chart 11

Number of unavailable in-patient beds by speciality



Ambulance	
Human Resources / Budget	<ul style="list-style-type: none"> National Ambulance Service (NAS) current ceiling position under review in consideration of posts put in place for reconfiguration and Labour Relations Commission adjudication in relation to Relief Factor. The National Ambulance Service (NAS) is currently 1% over budget. Current financial performance will result in a substantive breakeven position in 2010.
Total no. of ambulance transfers (Table 3) (M)	<p>Emergency Ambulance Calls When compared to July there is an additional approximately 700 calls on August, which can be termed as a 4% increase approximately. The variance against target and the same period the year before remain constant and similar to most previous months.</p> <p>Urgent Ambulance Calls Urgent calls fell by approximately 3% on the previous month. The situation with the variances is a similar overview to that stated for Emergency calls.</p> <p>Non-Urgent Calls Call volume has remained virtually the same as the previous month. The variance against target has dropped slightly (thus moving closer to target) and similarly when measured against the same period last year.</p> <p>Community Transport Call volume decreased slightly on the month previous and there was a corresponding decrease in both variance percentages.</p>
Response Times (M) (Chart 1)	An anomaly has been discovered in the data submitted from one area, which has now been corrected. It means that all response time figures since the start of the year have had to be adjusted. In the vast majority of cases is has resulted in only minor adjustments of less than 1%. In August it appears that the general trend of improving variances have been reversed, however, taking into account the mentioned corrections and a distinct increase in emergency call volume response time activity can in fact be considered better than previous months.

Table 1. Ambulance Services	Human Resources			
	Ceiling Current Month	WTE Current Month	WTE Change from Dec 2009 to Aug 2010	% WTE Var Aug 2010
DML	438	449	-1	+2.57%
DNE	136	165	-5	+21.59%
South	406	398	+1	-1.87%
West	391	443	-5	+13.18%
Total	1,371	1,455	-10	+6.17%

Table 2 Ambulance Services	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	27,166	25,099	2,067
DNE	9,973	7,620	2,353
South	24,765	21,778	2,987
West	27,959	23,967	3,991
Ambulance College	3,494	774	2,721
Office of the National Director	907	14,022	-13,115
Total	94,264	93,260	1,005

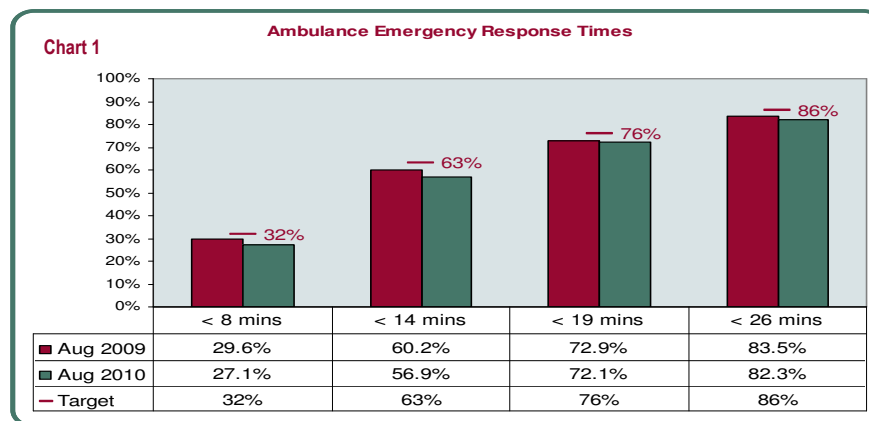


Table 3	Outturn 09	Target 10	Target YTD	Actual this Month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Total no. of Ambulance Transfers								
Emergency Calls	205,444	205,000	136,479	17,502	137,801	1.0%	135,570	1.6%
Urgent Calls	61,435	62,000	41,277	5,004	39,649	-4.0%	41,184	-3.7%
Non Urgent Calls	265,186	188,000	125,162	21,381	172,125	37.5%	180,520	-4.7%
Community Transport	338,132	280,000	186,411	29,341	240,380	29.0%	222,740	7.9%

Hospital Services: summary of key performance activity

Hospital Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Public Patients as a % of all elective discharges										
DML	71.2	80	80	78.2	-2.3	80	76.0	-5.0	71.2	6.8
DNE	73.2	80	80	74.7	-6.6	80	75.2	-6.0	73.4	2.5
South	69.0	80	80	72.9	-8.9	80	70.8	-11.5	68.4	3.5
West	67.9	80	80	72.9	-8.8	80	71.1	-11.1	67.4	5.5
National	70.2	80	80	75.2	-6.0	80	73.4	-8.3	69.9	5.0
No. of Inpatient Discharged (Inpatient)										
DML	176,985	160,527	12,888	14,924	15.8	106,511	119,525	12.2	117,404	1.8
DNE	114,020	103,690	8,223	8,992	9.3	69,727	73,732	5.7	75,020	-1.7
South	149,441	135,824	10,716	11,859	10.7	91,221	97,619	7.0	100,356	-2.7
West	154,576	140,952	10,919	11,946	9.4	94,173	99,908	6.1	103,533	-3.5
National	595,022	540,993	42,747	47,721	11.6	361,632	390,784	8.1	396,313	-1.4
No. of Inpatient Discharged (Day Case)										
DML	241,682	246,936	20,063	22,186	10.6	162,190	177,443	9.4	158,790	11.7
DNE	133,820	134,785	10,312	11,114	7.8	89,380	92,596	3.6	85,043	8.9
South	141,387	144,847	11,385	12,771	12.2	95,482	104,879	9.8	93,201	12.5
West	158,722	162,742	12,893	12,883	-0.1	107,684	111,877	3.9	104,722	6.8
National	675,611	689,310	54,653	58,954	7.9	454,736	486,795	7.0	441,756	10.2
Elective Waiting List (Inpatient) % Adults awaiting ≤6 months										
DML	72.9	100	100	78.7	-21.3	100	78.7	-21.3	68.8	14.5
DNE	79.1	100	100	75.9	-24.1	100	75.9	-24.1	74.8	1.4
South	85.2	100	100	80.2	-19.8	100	80.2	-19.8	84.2	-4.8
West	74.9	100	100	70.6	-29.4	100	70.6	-29.4	73.8	-4.3
National	77.3	100	100	76.2	-23.8	100	76.2	-23.8	74.6	2.2
Elective Waiting List (Inpatient) % Children awaiting ≤3 months										
DML	42.1	100	100	36.8	-63.2	100	36.8	-63.2	35.5	3.6
DNE	39.4	100	100	63.6	-36.5	100	63.6	-36.5	56.2	13.1
South	58.8	100	100	50.1	-49.9	100	50.14	-49.9	69.3	-27.6
West	44.3	100	100	39.2	-60.8	100	39.2	-60.8	40.2	-2.4
National	43.8	100	100	40.8	-59.2	100	40.8	-59.2	41.1	-0.8

Hospital Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Elective Waiting List (Daycase) <i>% Adults awaiting ≤6 months</i>										
DML	90.0	100	100	94.2	-5.8	100	94.2	-5.8	90.4	4.3
DNE	86.0	100	100	87.8	-12.2	100	87.8	-12.2	86.2	1.9
South	85.4	100	100	85.0	-15.0	100	85.0	-15.0	88.0	-3.4
West	79.8	100	100	79.9	-20.1	100	79.9	-20.1	81.3	-1.7
National	85.0	100	100	86.8	-13.3	100	86.8	-13.3	86.2	0.7
Elective Waiting List (Day Case) <i>% Children awaiting ≤3 months</i>										
DML	36.2	100	100	42.0	-58.1	100	42.0	-58.1	32.6	28.7
DNE	41.2	100	100	61.5	-38.6	100	61.5	-38.6	52.6	16.8
South	53.4	100	100	44.1	-55.9	100	44.1	-55.9	53.0	-16.8
West	54.7	100	100	54.7	-45.4	100	54.7	-45.4	54.8	-0.2
National	40.8	100	100	45.4	-54.6	100	45.4	-54.6	38.5	17.9
% of elective inpatient procedures conducted on day of admission										
DML		75	75	62	-17.3	75	62	-17.3	57	8.8
DNE		75	75	40	-46.7	75	40	-46.7	33	21.2
South		75	75	45	-40.0	75	45	-40.0	44	2.3
West		75	75	45	-40.0	75	45	-40.0	42	7.1
National	44	75	75	48	-36.0	75	48	-36.0	45	6.7
No. of Emergency Admissions										
DML	93,946	84,348	6,660	8,003	20.2	56,063	63,654	13.5	62,522	1.8
DNE	73,886	66,366	5,311	6,109	15.0	44,847	48,658	8.5	48,139	1.1
South	87,930	80,710	6,583	7,336	11.4	54,010	59,175	9.6	58,842	0.6
West	111,198	98,874	7,624	8,822	15.7	66,020	72,870	10.4	74,520	-2.2
National	366,960	330,298	26,178	30,270	15.6	220,939	244,357	10.6	244,023	0.1
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
DML	33	75	75	72	-4.0	75	72	-4.0	68	5.9
DNE	56	75	75	74	-1.3	75	74	-1.3	71	4.2
South	44	75	75	60	-20.0	75	60	-20.0	56	7.1
West	41	75	75	67	-10.7	75	67	-10.7	61	9.8
National	44	75	75	68	-9.3	75	68	-9.3	64	6.3
Outpatient Attendances										
DML	1,314,753	1,292,922	101,685	112,310	10.4	862,367	914,170	6.0	862,820	6.0
DNE	764,975	758,418	59,432	63,173	6.3	510,525	535,821	5.0	519,869	3.1
South	672,605	686,696	52,130	59,908	14.9	455,923	475,350	4.3	439,688	8.1
West	642,344	656,846	54,068	58,600	8.4	463,178	452,147	-2.4	431,034	4.9
National	3,394,677	3,394,882	267,316	293,991	10.0	2,291,993	2,377,488	3.7	2,253,411	5.5

National Cancer Control Programme (NCCP)

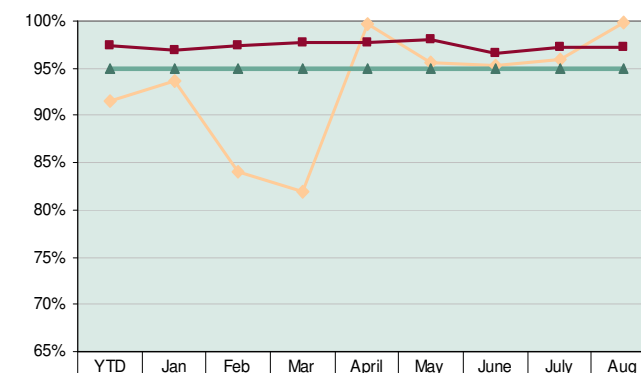
National Cancer Control Programme (NCCP)

Symptomatic Breast Cancer Services (Chart 1) (M)

- PI 1: Total number of urgent referrals; and of those No. and % offered an appointment within 2 weeks – target 95%, August reported position is 99.8%.
- PI 2: Total number of non urgent referrals; and of those No. and % offered an appointment with 12 weeks – target 95%, July reported position is 98.0%.
- PI 3: Total no. of patients newly diagnosed in the cancer centre; and of those no. and % discussed at MDM – target 100%, July reported position is 100%.
- PI 4: No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out. Target 100%, July reported position is 100%.

Chart 1

Breast Cancer, urgent and non-urgent



	YTD	Jan	Feb	Mar	April	May	June	July	Aug
% of urgent referrals offered an appointment within 2 weeks	91.6%	93.6%	84.0%	82.0%	99.6%	95.6%	95.3%	96.0%	99.8%
% of non-urgent referrals offered an appointment within 12 weeks	97.4%	96.9%	97.4%	97.7%	97.8%	98.1%	96.6%	97.2%	97.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Quality & Clinical Care (QCC)

Quality and Safety

Blood Policy (Table 3) (M / Q)

New PI for 2010:
Blood program has been set up to consolidate work/initiatives and directives in the areas of Blood and Tissue.

Continued gains have been made in blood utilisation in July and maintain the trend of the first two quarters of 2010.

Table 3 Red Blood Cells	2010 YTD
No. of units ordered	74818
No. units outdated/returned	1276
Target rate of outdates/returns (%)	3%
Actual rate of outdates/returns (%)	1.7%

Performance Activity	Outturn 09	Target 10	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints (Jan-June)						
No. of complaints	7,984		4,069		4,261	4%
No. of complaints finalised within 30 working days	6,326		735		3,371	78%
Complaint Reviews (Jan-June)						
No. of Reviews (HSE)			106			
No. of Reviews (Non-HSE)						
FOI Requests (Jan-June)						
No. of FOI requests received	4,879		1,402		2,519	44%
HSE National Information Line (Jan-June)						
Number of calls received	167,645		12,614		11,626	8.5%

New Service Developments – August 2010

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
Quality and Clinical Care	H1N1 Pandemic	Costs associated with H1N1 pandemic.	€55m		0		Q1–Q4	
Children and Families	Ryan Report	Implementation of recommendations progressed (<i>dependent upon allocation arriving in the REV</i>)	€14.27m		265 (all moratorium exempt)	48.5	Q1–Q4	An additional 41.5 social work posts issued under the Ryan Report were filled in August. This brings the total number of Ryan Report posts in place YTD to 48.5. Employment contracts have been signed for further posts. The total allocation of 200 Ryan Report social work posts are on track to be filled by year end.
Older People	A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need.	€97m	€119.2m	0		Q1–Q4	This includes 2009 €55m and 2010 €97m = total of €152m €152m A total of 14,914 applications have been received to date
	Home Care Support	To support the increase in demand for Home Care Packages.	€10m	€5m	0		Q1–Q4	€3m has gone to both DML and DNE €2m has gone to both the South and West. 3254 new clients provided with HCP service YTD
Demand Led Schemes	DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m		0		Q1–Q4	The total number of persons with Medical Cards is 1,578,613. The number of persons with GP Visit Cards is 110,297.
National Cancer Control Programme	Cancer Services	Support the further development of cancers services nationally, including services for National Programme for Radiation Oncology.	€20m	€14.6m	79	0	Q4/2011	Prioritisation of 79 NCCP WTE agreed. Remaining funding will be allocated in Q3/Q4. End of Aug €6.6m funding allocated mainly to cancer centres to support medical oncology and cancer theatre pressures. €4m given to population health for the distribution of the cervical cancer vaccine and €4m allocated to the new radiotherapy network for operational costs for the proposed new radiotherapy units due to open in Beaumont and St. James's. €1m allocated to private radiotherapy services in Waterford

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
Innovation Financed Reconciliation will be reported in Sept PR	Innovation Funding	Delivery of suitable projects that demonstrate innovation in service delivery:				80		
		<ul style="list-style-type: none"> Disability and Mental Health Services 	€3m	€2.25m			Q4	This allocation of €3m is the statutory funding for a joint initiative with Atlantic Philanthropies in a joint Innovation Fund. The fund is intended to provide grants for projects in mental health and disability to “support the transition from institutional to person centre models of care. 51 projects have been successful in the application process managed by Genio (formerly The Person Centre). Under a service arrangement the HSE has paid €2.25m YTD to Genio to manage the grant application process, to administer the grants and to evaluate the projects, as directed by the Department of Health and Children.
Innovation		<ul style="list-style-type: none"> Child Welfare Information System 	€1m	€0				
		<ul style="list-style-type: none"> Community Intervention Teams 	€3m	€0				The creation of new CIT is currently at development stage. The locations of 9 CIT (including expansion of 3 existing CIT) have been identified and a framework document is nearing completion to assist in the roll out of these and future CIT
		<ul style="list-style-type: none"> Quality and Clinical Care Programmes 	€10m	€0				Enable three of the National Clinical programs solutions – Draw down expected by Q4 in relation to: (1) Surgery (2) Acute Medicine (3) Out Patients
Total			€443.27	€142.00	424	48.5		

Appendix 1: Vote Data

Vote 40 - HSE – Vote Expenditure Return at 31st August 2010 (As at 7th September 2010)

1. Vote Position at 31st August 2010

	REV 2010 Estimate	August Profile €'000	August Outturn €'000	Over (Under) €'000	YTD Profile €'000	YTD Outturn €'000	Over (Under) €'000
Gross Current	14,139,639	1,117,704	1,121,353	3,649	9,526,778	9,446,785	(79,993)
Gross Capital	443,792	34,650	13,336	(21,314)	276,519	201,708	(74,811)
Total Gross Vote	14,583,431	1,152,354	1,134,689	(17,665)	9,803,297	9,648,493	(154,804)
Appropriations-in-Aid							
- Other Receipts	2,899,844	210,088	150,000	(60,088)	1,561,086	1,339,495	(221,591)
- Receipts collected by HSE	1,089,206	86,794	77,228	(9,566)	714,320	655,113	(59,207)
- Capital Receipts	65,800	8,900	0	(8,900)	30,677	1,146	(29,531)
- Total	4,054,850	305,782	227,228	(78,554)	2,306,083	1,995,754	(310,329)
Net Expenditure	10,528,581	846,572	907,461	60,889	7,497,214	7,652,739	155,525

2. Comparison to Issues Return

The August issues return submitted on 25th August 2010 is broadly consistent with the August vote return with the exception of Appropriations-in-Aid. The estimated receipt from the Social Insurance Fund was based on the REV profile of €196m. The actual amount paid over was €136m.

3. General Commentary

Gross current vote expenditure is €80m under profile (€84m under profile in July); appropriations-in-aid are €310m under profile (€232m under profile in July). Gross Capital vote expenditure is €75m under profile (€53m under profile in July).

4. Capital Position at 31st August 2010

Subhead	YTD Profile €'000	YTD Outturn €'000	Over / (Under) €'000
B.9- Dormant Accounts	3,177	2,926	(251)
C.1 - Capital	232,712	184,315	(48,397)
C.3 - Info Systems for Health Agencies	14,130	1,434	(12,696)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	26,500	13,033	(13,467)
Gross Capital Expenditure	276,519	201,708	(74,811)

D.7 – Dormant Account	3,177	972	(2,205)
D.10 – Disposal of Mental Health Facilities	27,500	174	(27,326)
Net Capital Expenditure	245,842	200,562	(45,280)

C1/C4 Construction

The under spend on construction projects in the first 8 months of this year is influenced by the following;

1. Progress on most construction projects has been sluggish with progress behind original cash flow projections on nearly all projects.
2. New construction has been slow to commence once the contractor has been appointed (possibly due to delays in main contractors negotiations with sub-contractors prior to appointment).
3. Exercise of caution in entering into new contractual commitments.
4. Delays in equipping completed facilities.

Subheads C1 and C4 are behind profile. However a full review of the cash flow projections on all projects has been completed and it is projected that subhead C1 can be fully drawn down by year end. It is anticipated that subhead C4 will be €20m under profile at year end.

Subhead C4 is funded from Appropriations in Aid income generated from the sale of surplus assets which is currently behind profile. Approx €10m of sales of land have been agreed to date and the first proceeds should begin to be realised in the near future. It is anticipated that the final value of the proceeds of the sale of surplus assets will match expenditure in subhead C4.

C3 ICT

ICT Capital drawdown to date is running behind profile. The reason for this is that key project deliverables have not been reached and therefore vendors are not due to be paid.

In addition, a substantial number of projects once approved are dependant on completion of a formal procurement process in compliance with regulations. This can take several months and introduces a delay at the early stages of most new projects.

In addition, several of these projects are waiting on a formal national procurement framework process as approved by CMOD.

5. Emerging Issues by Vote Subhead based on REV Allocation

- The gross statutory sector including the medical card services scheme is €101m under profile and the voluntary sector is €5m under profile.
- Gross receipts from the Social Insurance Fund at 31st August 2010 amounted to €1,038bn as against the profile of €1,395bn resulting in a shortfall of €357m. The receipts take into account the adjustment of €77m for the purported overpayment to the HSE in 2009.
- Payments to the Long Stay Repayments Scheme are on profile.
- Payments to State Claims Agency are €14m over profile.
- Expenditure on Service Developments is €12m over profile.
- Expenditure on the Flu Pandemic amounted to €34m to 31st August 2010.
- Maintenance receipts are €42m under profile and miscellaneous receipts are €29m under profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.

The HSE faces a major financial challenge in 2010 having removed €409m from service budgets reflecting moratorium savings of €103m, a value for money target of €106m and €200m for the purposes of providing for growth in pension costs due to the unusually high patterns of retirements. The underlying spend rate in the HSE needs to be reduced to reflect these budget reductions. Delivery of a balanced vote is contingent upon action to reduce expenditure levels for the remainder of the year. The revenue Vote shows a positive balance at the end of August 2010. However, the ability to maintain this position depends on the HSE having flexibility to use emerging savings on pensions and demand led schemes to support services.

6. Reconciliation of Net Revenue Vote Expenditure to Net I&E Expenditure at 31st July 2010

The table below sets out a high level reconciliation between net revenue expenditure as reported in the July Vote Expenditure report and the net I&E expenditure as reported in the July PR¹.

Vote Position	Yearly Profile €'000	Per July Profile €'000	YTD July Expenditure €'000	(Surplus)/ Deficit €'000
Gross Revenue Allocation per REV	14,139,639	8,409,075	8,325,432	(83,643)
Less:				
A-in-A - Maintenance	-376,000	-211,495	-178,464	33,031
A-in-A - Superannuation	-205,000	-119,582	-118,103	1,479
A-in-A - Miscellaneous	-167,000	-97,413	-71,955	25,458
A-in-A - Pension Levy	-341,206	-199,036	-209,363	(10,327)
Net Revenue Vote Allocation	13,050,433	7,781,549	7,747,547	(34,002)
Net I&E Allocation	13,050,435	7,443,938	7,479,100	35,162
I&E Overspend at 31st July 2010				35,162
Difference in I&E and Vote Profile to 31st July 2010				(339,105)
Difference in I&E and Vote Outturn to 31st July 2010				268,447
Net Revenue Vote Underspend at 31st July 2010				(35,496)
Note 1 - Adjusted I&E Expenditure to 31st July	€'000			
I&E Expenditure	7,479,100			
Overdrafts / 2009 Allocation	171,000			
Nursing Education	40,000			
Pandemic/Stock Movements/Prepayments	30,000			
Adjusted I&E Expenditure	7,720,100			
Net Revenue Expenditure	7,747,547			
Difference	-27,447			

The primary reason for the large difference between vote profile and outturn and the corresponding I&E amounts is that approximately €171m was paid to voluntary organisations to clear their overdrafts at 31st December 2009 and to cash out 2009 amounts due. This is a vote charge in January 2010 but has no effect on I&E budget or expenditure. Other reconciling items relate to Nursing Education payments of €40m and H1N1 Pandemic expenditure and stock/prepayment movements of €30m which was accrued in 2009 but cashed in 2010. Excluding these amounts Vote expenditure is €27m ahead of I&E Expenditure.

In addition to the above factors, other profiling and budget issues arise as follows:-

- the Vote profile to 31st July is higher than the I&E profile due to the fact that the REV profile for January and February was based on actual vote expenditure in this period while the I&E profile was based on budgeted expenditure,
- the I&E profile, while identical to the REV profile in aggregate, contains significantly more service development and held funds in the latter months of 2010 compared to the REV profile.

Vote 40 - HSE – Vote Expenditure Return at 30th September 2010(As at 7th October 2010)**1. Vote Position at 30th September 2010**

	REV 2010 Estimate	September Profile €'000	September Outturn €'000	Over (Under) €'000	YTD Profile €'000	YTD Outturn €'000	Over (Under) €'000
Gross Current	14,139,639	1,156,834	1,148,922	(7,912)	10,683,613	10,595,707	(87,906)
Gross Capital	443,792	39,680	24,857	(14,823)	316,199	226,565	(89,634)
Total Gross Vote	14,583,431	1,196,514	1,173,779	(22,735)	10,999,812	10,822,272	(177,540)
Appropriations-in-Aid							
- Other Receipts	2,899,844	209,788	200,246	(9,542)	1,770,874	1,539,741	(231,133)
- Receipts collected by HSE	1,089,206	92,967	91,442	(1,525)	807,287	746,555	(60,732)
- Capital Receipts	65,800	7,500	1,954	(5,546)	38,177	3,100	(35,077)
- Total	4,054,850	310,255	293,642	(16,613)	2,616,338	2,289,396	(326,942)
Net Expenditure	10,528,581	886,259	880,137	(6,122)	8,383,474	8,532,876	149,402

2. Comparison to Issues Return

The September issues return submitted on 24th September 2010 is broadly consistent with the September vote return.

3. General Commentary

Gross current vote expenditure is €88m under profile (€80m under profile in August); appropriations-in-aid are €327m under profile (€310m under profile in August). Gross Capital vote expenditure is €90m under profile (€75m under profile in August).

4. Capital Position at 30th September 2010

Subhead	YTD Profile €'000	YTD Outturn €'000	Over / (Under) €'000
B.9- Dormant Accounts	4,577	2,926	(1,651)
C.1 - Capital	260,712	207,012	(53,700)
C.3 - Info Systems for Health Agencies	18,910	1,725	(17,185)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	32,000	14,902	(17,098)
Gross Capital Expenditure	316,199	226,565	(89,634)
D.7 – Dormant Account	3,177	2,926	(251)
D.10 – Disposal of Mental Health Facilities	35,000	174	(34,826)
Net Capital Expenditure	278,022	223,465	(54,557)

C1/C4 Construction

The under spend on construction projects in the first 9 months of this year is influenced by the following;

5. Progress on most construction projects has been sluggish with progress behind original cash flow projections on nearly all projects.
6. New construction has been slow to commence once the contractor has been appointed (possibly due to delays in main contractors negotiations with sub-contractors prior to appointment).
7. Exercise of caution in entering into new contractual commitments.
8. Delays in equipping completed facilities.

Subheads C1 and C4 are behind profile. However a full review of the cash flow projections on all projects has been completed and it is projected that subhead C1 can be fully drawn down by year end. It is anticipated that subhead C4 will be €20m under profile at year end.

Subhead C4 is funded from Appropriations in Aid income, generated from the sale of surplus assets which is currently behind profile. Approx €10m of sales of land have been agreed to date and the first proceeds should begin to be realised in the near future. It is anticipated that the final value of the proceeds of the sale of surplus assets will match expenditure in subhead C4.

C3 ICT

ICT Capital drawdown to date is running behind profile. The reason for this is that key project deliverables have not been reached and therefore vendors are not due to be paid.

In addition, a substantial number of projects once approved are dependant on completion of a formal procurement process in compliance with regulations. This can take several months and introduces a delay at the early stages of most new projects.

In addition, several of these projects are waiting on a formal national procurement framework process as approved by CMOD.

5. Emerging Issues by Vote Subhead based on REV Allocation

- The gross statutory sector including the medical card services scheme is €103m under profile and the voluntary sector is €11m under profile.
- Gross receipts from the Social Insurance Fund at 30th September 2010 amounted to €1,224m as against the profile of €1,590m resulting in a shortfall of €367m. The receipts take into account the adjustment of €77m for the purported overpayment to the HSE in 2009.
- Payments to the Long Stay Repayments Scheme are €2m over profile.
- Payments to State Claims Agency are €15m over profile.
- Expenditure on Service Developments is €9m over profile.
- Expenditure on the Flu Pandemic amounted to €35m to 30th September 2010.
- Maintenance receipts are €45m under profile and miscellaneous receipts are €30m under profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.

The HSE faces a major financial challenge in 2010 having removed €409m from service budgets reflecting moratorium savings of €103m, a value for money target of €106m and €200m for the purposes of providing for growth in pension costs due to the unusually high patterns of retirements. The underlying spend rate in the HSE needs to be reduced to reflect these budget reductions. Delivery of a balanced vote is contingent upon action to reduce expenditure levels for the remainder of the year. The revenue Vote shows a positive balance at the end of September 2010. However, the ability to maintain this position depends on the HSE having flexibility to use emerging savings on pensions and demand led schemes to support services.

6. Reconciliation of Net Revenue Vote Expenditure to Net I&E Expenditure at 31st August 2010

The table below sets out a high level reconciliation between net revenue expenditure as reported in the August Vote Expenditure report and the net I&E expenditure as reported in the August PR².

Vote 40 - Health Service Executive

Net Revenue Vote/Net Revenue I&E Relationship at 31st August 2010

Vote Position	Yearly Profile €'000	Per August Profile €'000	YTD August Expenditure €'000	Surplus/ (Deficit) €'000	
Gross Revenue Allocation per REV	14,139,639	9,526,778	9,446,785	(79,993)	
Less:					
A-in-A - Maintenance	-376,000	-242,994	-200,872	42,122	
A-in-A - Superannuation	-205,000	-135,112	-134,381	731	
A-in-A - Miscellaneous	-167,000	-111,329	-82,022	29,307	
A-in-A - Pension Levy	-341,206	-224,885	-237,838	(12,953)	
Net Revenue Vote Allocation	13,050,433	8,812,458	8,791,672	(20,786)	
Net I&E Allocation	13,100,435	8,528,587	8,555,349	26,762	
I&E Overspend at 31st August 2010				26,762	
Difference in Outturn to 31st August 2010				236,323	See Note 1
Difference in Profile to 31st August 2010				-283,871	See Note 2
Net Revenue Vote Underspend at 31st August 2010				-20,786	

Note 1 - Vote Expenditure v I&E Expenditure @ 31st August

Category	Gross Expenditure €'000	A-in-A €'000	Net Vote Expenditure €'000	Performance Report €'000	Difference €'000
Statutory	5,834,325	-575,007	5,259,318	5,217,943	41,375
PCRS	1,810,001	-15,350	1,794,651	1,781,754	12,897
Voluntary	1,802,459	-64,756	1,737,703	1,555,652	182,051
Net I&E Allocation	9,446,785	-655,113	8,791,672	8,555,349	236,323

Note 2 - REV Profile v I&E Budget @ 31st August

Category	Gross REV Profile €'000	A-in-A Profile €'000	Net Vote Revenue Profile €'000	I&E Budget €'000	Difference €'000
Statutory	5,845,524	-638,099	5,207,425	5,197,531	9,894
PCRS	1,873,546	-15,350	1,858,196	1,811,145	47,051
Voluntary	1,807,708	-60,871	1,746,837	1,519,911	226,926
Net I&E Allocation	9,526,778	-714,320	8,812,458	8,528,587	283,871

The primary reason for the large difference between vote profile and outturn and the corresponding I&E amounts is that approximately €171m was paid to voluntary organisations to clear their overdrafts at 31st December 2009 and to cash out 2009 amounts due. This is a vote charge in January 2010 but has no effect on I&E budget or expenditure. Other reconciling items relate to Nursing Education payments of €40m and H1N1 Pandemic expenditure and stock/prepayment movements of €30m which was accrued in 2009 but cashed in 2010.

In addition to the above factors, other profiling and budget issues arise as follows:-

- the Vote profile to 30th September is higher than the I&E profile due to the fact that the REV profile for January and February was based on actual vote expenditure in this period while the I&E profile was based on budgeted expenditure,
- the I&E profile, while identical to the REV profile in aggregate, contains significantly more service development and held funds in the latter months of 2010 compared to the REV profile.