



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Performance Report December 2009

11th February 2010

Contents

Introduction	ii
Balanced Scorecard against NSP 09.....	1
Section 1 – Key Performance Summary.....	2
Section 2 – VFM	9
Section 3 – Service Delivery	11
3.1 Primary & Community Services	11
3.2 Hospital Services and Pre-Hospital Emergency Care	22
Section 4 – New Service Developments	36
Section 5 – Quality and Safety	40
Section 6 – HealthStat.....	44
Appendix 1 – Vote Data.....	45

Introduction

The HSE Performance Reports for 2009 address the reporting requirements for the organisation to monitor progress against our objectives and commitments in the National Service Plan (NSP) 2009. The report also complies with the reporting requirements to the Minister for Health and Children, as outlined under the Health Act 2004. Each month, additional metrics may be reported in the Performance and Supplementary reports as they are developed and validated.

Each month two reports are produced:

- **The Performance Report (PR)** outlines an analysis of key performance data, including financial, HR resources and activity levels, at a corporate, network (Hospital Services) and area (Primary & Community Services) level, providing summary information for the Performance Monitoring and Control Committee (PMCC), CEO, Management Team and Board to efficiently and effectively manage the organisation.
- **The Supplementary PR Report** provides additional, more detailed data by Care Group / Hospital following the same integrated format as the NSP 09, as requested by the Department of Health and Children (DoHC). This includes performance activity, indicators, capital, new service developments and finance data. As our systems and processes improve, it will also feature WTE care group data. Twice a year, in June and December, progress against the actions / deliverables outlined in the NSP 09 feature by Care Group.

Section 10(2) Information

Additional reporting under Section 10(2) of the Health Act 2004 was requested for 2009. Some of these require additional collection / data definitions / reporting systems to be established.

- Urgent access to Colonoscopy: A weekly audit is now in place. Urgent Colonoscopy report is included on page 34 of this months PR.
- Aids and Appliances information not available due to current industrial action.
- Consultant Contract Implementation and Service Improvements Arising: New measurement systems have been developed in order to fulfil this requirement in the manner agreed under the contract negotiations (i.e. clinical activity adjusted for Casemix). This new measurement programme went live for consultant activity from January 2009 (first report submitted to DoHC on 29th July 2009). A summary report on Consultant Private Practice Measurement is included on page 35 of this PR.

New Service Developments

Following sanction to proceed with implementation (received 15 June 2009), Section 4 of PR outlines new developments with funding allocated as follows:

- NCCP - €15m
- Innovation - €21m (NB: Governance arrangements for €20m of Innovation funding for suitable projects was received on 27th July 2009)
- Older People - €55m
- Disabilities - €7.2m
- Mental Health - €2.8m
- Immunisation - €12m

Balanced Scorecard against NSP 09

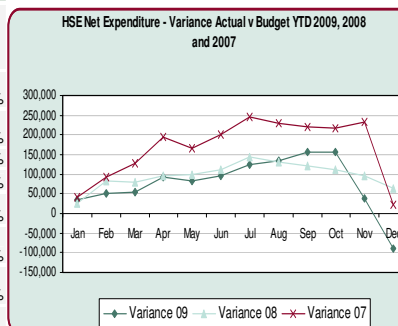
Operations

Primary & Community Services	Outturn 08	Target 09 ytd	Actual 09 ytd	% Var Act v Tar ytd	Same period 08
Primary Care					
No. of PCTs – Phase 1 and 2	93	210	222	---	---
No. of PCTs in development - Phase 3	0	100	184	---	---
Community (Demand Led) Schemes					
No. of persons covered by medical cards	1,352,120	1,423,830	1,478,560	4%	1,352,120
Older People					
Total Home Help Hours provided	12,643,677	11,980,000	11,970,323	-0.1%	12,643,677
Persons in receipt of Home Care Packages	8,990	8,700	8,959	3.0%	8,990
Hospital Services					
Inpatient	601,134	573,360	593,359	3.5%	601,134
Day case	629,758	647,000	674,949	4.3%	629,758
Births	73,815	76,880	74,602	-3.0%	73,815

	Target 08	Target 09	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALOS	6.2	5.9	6.5	6.5	6.4	6.4	6.3	6.3	6.3	6.2	6.2	6.2	6.2	6.2

Finance

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Dublin/Mid Leinster Region	3,025,270	3,019,918	3,025,270	(5,353)	-0.2%
Dublin/North East Region	2,255,236	2,256,355	2,255,236	1,119	0.0%
South Region	2,192,397	2,193,348	2,192,397	951	0.0%
West Region	2,309,785	2,328,706	2,309,786	18,920	0.8%
Schemes	2,951,379	2,874,778	2,951,378	(76,600)	-2.6%
Ambulance	148,063	143,946	148,063	(4,117)	-2.8%
Corporate Services/Pensions	483,966	535,940	483,966	51,974	10.7%
Population Health	207,487	189,234	207,487	(18,253)	-8.8%
Health Repayment Scheme	80,000	79,418	80,000	(582)	-0.7%
Held Funds	58,517	0	58,517	(58,517)	-100.0%
Total	*13,712,101	13,621,643	13,712,100	-90,457	-0.7%



*The budget increased to reflect the provision by Government of supplementary funding for the flu pandemic, pension lump sums & other minor items. New budget of €13.712 billion (HSE Vote of €14.738 billion less an income budget of €1.026).

Human Resources

	Ceiling at 01/01/08	2008 new Service developments YTD and internal transfers	Amended Ceiling 30/11/2009	% of Approved Ceiling	Actual Dec 2009	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Dublin/Mid Leinster	32,070	56	32,126	28.74%	31,699	-1	-427	-1.33%
Dublin/North East	23,808	-267	23,541	21.06%	23,370	106	-171	-0.73%
South	24,050	-115	23,934	21.41%	23,422	-44	-512	-2.14%
West	26,098	0	26,098	23.34%	25,398	-72	-699	-2.68%
ISD National	164	-105	60	0.05%	0	0	-60	-100.00%
ISD Regional sub total	106,189	-431	105,759	94.60%	103,889	-11	-1,869	-1.77%
Schemes	161	-9	152	0.14%	198	12	46	29.99%
Ambulance Services	1,305	31	1,336	1.20%	1,466	0	130	9.70%
ISD	107,656	-408	107,247	95.93%	105,553	1	-1,694	-1.58%
Corporate	3,316	-103	3,213	2.87%	3,117	4	-96	-2.99%
Population Health	533	587	1,120	1.00%	1,082	-21	-37	-3.33%
Portion of Ceiling to be allocated		220	220	0.20%	0	0	-220	-100.00%
Total Staffing	111,505	295	111,800	100%	109,753	-16	-2,047	-1.83%

Quality

Measure	Target 09 ytd	Actual ytd
Symptomatic Breast Cancer Services		
No. of cases compliant with HIQA standard of 2 weeks for urgent referrals	10,735	9,413
No. of non urgent referrals who were offered an appointment within 12 weeks	21,256	17,763
Ambulance		
No. and % of emergency ambulance calls responded to within 26 minutes	86%	83.1%
Corporate		
No. of FOI requests received.	---	4,879
Total number of complaints received.	---	7,984
No. of complaints finalised within 30 working days	---	6,326

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

Section 1 – Key Performance Summary

HSE Overview

There are a number of key points for noting in the PR for December 2009 as follows;

- The HSE has substantially delivered upon its Service Plan 2009 commitments in terms of services, employment levels and funding.
- The vote return for December is indicating a small surplus overall of €4m
- The HSE is now 2,047 below its employment ceiling for 2009 having seen an ongoing reduction in the numbers employed during 2009
- Service delivery in hospitals is 3-4% ahead of target
- The HSE has achieved its targeted savings of €115m set at the start of the year

This document sets out the detailed delivery of the HSE against the Service Plan targets for 2009 on a full year basis.

Pandemic (H1N1)

HSE action in response to Pandemic (H1N1) 2009 now reflects the end of the first wave and the expectation of more waves. This performance report refers to activity as of 20th January 2010. Daily updated information on Influenza A (H1N1) is available on www.hse.ie including news, advice, information leaflets and detailed questions and answers. Freephone 1800 94 11 00 for up to date recorded information on Influenza A (H1N1).

Overview

The number of Pandemic (H1N1- Swine Flu) cases has seen a reduction in the last couple of months with GP's consultation rates for influenza type illness at 15.9 per 100,000 in the week ending the 20th January 2010. This level is below the threshold level being used to define a Pandemic wave. However there is no room for complacency as new cases are still occurring and based on previous pandemics more waves of infection can be expected.

HSE pandemic work is now focused on preparing for the next wave and completion of this phase of the vaccination campaign. Approximately 800,000 people have been vaccinated to date and it is intended to continue with this programme for all identified groups until the end of March 2010. The current focus is on vaccination of schoolchildren and uptake rates in this group remain high.

Significant numbers of nurses, doctors and other staff has been redeployed from across all parts of the health services to the swine flu vaccination program. While every effort has been made to minimise the disruption to existing services it is unavoidable that some services will be postponed. Examples of existing services impacted are school immunisation programs, BCG clinics and the processing time for medical cards.

Financial Overview

The financial results for December show total expenditure of €13.621 billion against an annual budget of €13.712 billion – a surplus of €90.46 million.

The key messages from 2009 are as follows:-

- Breakeven achieved on the vote
- Surplus result in Income & Expenditure terms versus budget
- Significant funding removed from service budgets to fund pensions and schemes
- Major growth in medical cards, however effect of the Financial Emergency Measures Bill has meant that not all the budget applied to schemes was required and a year end surplus has arisen. The cash payment of arrears on the 'Hickey' case means there is not a surplus on the vote.
- Considerable achievement of cost control in all areas of the organisation – the only area with a material budget overrun for 2009 was the West hospitals.
- Final budgetary overrun on pensions was €64m however this was offset somewhat by savings by corporate functions.
- Population Health surplus arising from timing of vaccine purchases for the Pandemic.
- Some funds remained unallocated at year end – for example Fair Deal.

HSE Statutory System

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

- Statutory €(26.2m)
- Voluntary €(5.2m)

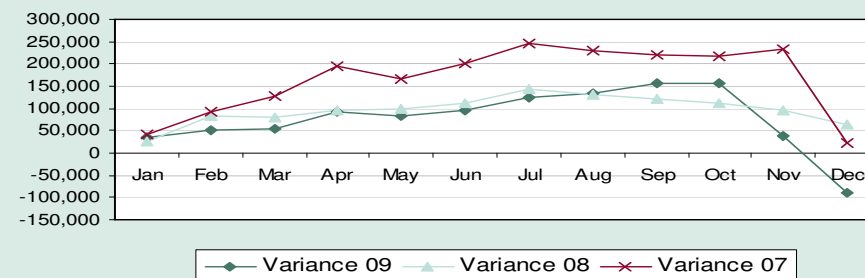
Aids and Appliances

	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	% Variance
Dublin Mid Leinster					
Dublin North East					
South					
West					
Total Aids and Appliances		Data not available due to current industrial action			

Section 1 – Key Performance Information

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Dublin/Mid Leinster Region	3,025,270	3,019,918	3,025,270	(5,353)	-0.2%
Dublin/North East Region	2,255,236	2,256,355	2,255,236	1,119	0.0%
South Region	2,192,397	2,193,348	2,192,397	951	0.0%
West Region	2,309,785	2,328,706	2,309,786	18,920	0.8%
Schemes	2,951,379	2,874,778	2,951,378	(76,600)	-2.6%
Ambulance	148,063	143,946	148,063	(4,117)	-2.8%
Corporate Services/Pensions	483,966	535,940	483,966	51,974	10.7%
Population Health	207,487	189,234	207,487	(18,253)	-8.8%
Health Repayment Scheme	80,000	79,418	80,000	(582)	-0.7%
Held Funds	58,517	0	58,517	(58,517)	100.0%
Total	13,712,101	13,621,643	13,712,100	-90,457	-0.7%

HSE Net Expenditure - Variance Actual v Budget YTD 2009, 2008 and 2007



Capital

The cumulative capital cash profile for the period January to December 2009 is €442.763 million. The capital cash draw down for the corresponding period was €433.609 million. The capital draw down was therefore under profile for the period by €9.154 million.

HR Performance Information

The HR Data used here is based on Health Service Personnel Census (HSPC) and employment monitoring reports as at the end of December 2009.

Analysis of reported change in November report

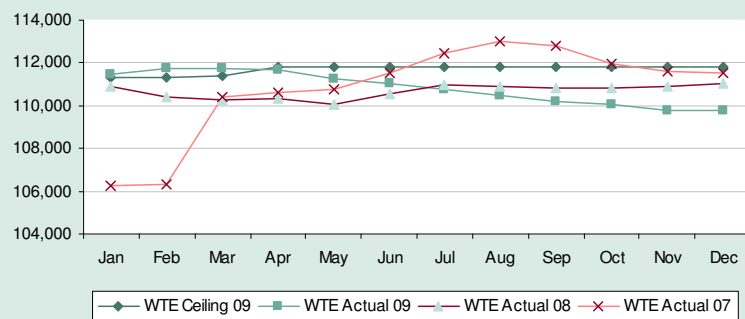
The end of December employment census shows a decrease of 16 WTEs over the November Report. The corresponding month last year showed an increase of 122 WTEs. The Voluntary Acute Hospital Sector recorded an increase by 37 WTEs, the Primary and Community Services Voluntary Sector increased by 89 WTEs, while the Statutory Sector recorded a decrease of 142 WTEs.

Year to date the HSE has reduced WTEs by 2,047 including the 16 WTEs reduced in December. Reducing employment levels are driven by both the cost containment and moratorium measures which have been put in place across the health services throughout 2009. Overall some hospitals, services and agencies recorded increases in December and year-on-year. The full list of these settings which have reported growth in December are reported in separate tables. Regional Directors of Operations and other service managers have been circulated with detailed census reports which show changes to individual agency by staff category.

Management administration WTEs decreased in overall terms in December by 17 WTEs. There was made up of an increase of 16 management/administrative grades in the HSE statutory sector, a decrease of 6 WTEs in the Primary and Community Services Voluntary sector and 27 WTEs in the Voluntary Acute Hospital Sector. Schemes (PCRS) reported a 10 WTE increase in the grade of clerical officer. At the end of December, this staff category is 357 below the 2008 end of year position, some 1.98% of a reduction set against the targeted reduction for the year of 3%. It should be noted that there has been a 4.4% reduction in this staff category since its peak in 2007. the current restrictions on recruitment in relation to management administration grades need to be maintained in order to achieve the 3% target reduction in as short a time frame as possible and planned action is required by those agencies/hospitals and services who are currently not achieving the reduction.

	Ceiling at 1/1/08	2008 New service developments and internal transfers	Amended Ceiling 30/12/09	% of Approved Ceiling	Actual Dec 09	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
HSE	28,791	-175	28,616	25.60%	28,345	-96	-271	-0.95%
Voluntary Hospitals	22,721	-33	22,688	20.29%	22,674	37	-14	-0.06%
Acute Hospital Services	51,513	-208	51,304	45.89%	51,019	-59	-285	-0.56%
HSE	39,786	-596	39,190	35.05%	37,604	-41	-1,586	-2.91%
Primary & Community Services Voluntary Agencies	14,891	374	15,265	13.65%	15,266	89	1	0.01%
Primary & Community Services	54,677	-222	54,455	48.71%	52,870	48	-1,584	-2.91%
Schemes	161	-9	152	0.14%	198	12	46	29.99%
Ambulance Services	1,305	31	1,336	1.20%	1,466	0	130	9.70%
ISD	107,656	-408	107,247	95.93%	105,553	1	-1,694	-1.58%
Corporate	3,316	-103	3,213	2.87%	3,117	4	-96	-2.99%
Population Health	533	587	1,120	1.00%	1,082	-21	-37	-3.33%
<i>Portion of Ceiling to be allocated</i>		<i>220</i>	<i>220</i>	<i>0.20%</i>	<i>0</i>	<i>0</i>	<i>-220</i>	<i>-100.00%</i>
Total Staffing	111,505	295	111,800	100%	109,753	-16	-2,047	-1.83%

HR Ceiling 2009 v Actual 2009, 2008 and 2007



Management & Administrative Staffing: Year - on Year



Section 1 – Key Performance Information

There was a further drop of 74 WTEs in nursing recorded in December, which means in overall WTE terms this staff category is now 642 WTEs below the level at the end of 2008. The recorded reduction in nursing since March is 1,323 WTEs, but some of this reduction needs to be offset by some non-displacement at that time of staff nurses required to allow for student nurse placements in the earlier part of the year. In the first quarter of 2009, nursing in fact showed an increase of 535 WTEs from the end of December 2008.

Acute hospitals overall record a reduction of 59 WTEs. However some hospitals recorded an increase in the December period, the hospitals which recorded the largest increases are:

Acute Hospital	December increase	% increase in December	WTE Ceiling variance	% variance to ceiling
AMNCH, Tallaght	37	1.47%	-4	-0.15%
Mater Misericordiae Hospital	29	1.10%	29	1.11%
Our Lady's Hospital Navan	12	2.42%	7	1.50%
Waterford Regional Hospital	12	.65%	-15	-0.82%

Primary and Community Services recorded an increase of 48 WTEs from November. Some of these increases relate to new approved posts being filled and posts with delegated sanction to be filled. the LHOs which recorded the largest increases are listed in the table below:

LHO	Increase in Dec	Of Which Statutory	Of Which Voluntary	% increase	WTE Ceiling Variance	% variance to ceiling
Louth	40	18	22	2.36%	-48	-2.71%
Cavan/Monaghan	35	35	0	0.64%	-35	-2.74%
Wicklow	19	0	19	0.60%	-9	-0.29%
Cork West	14	27	-13	0.50%	48	1.72%
Sligo/Leitrim	10	-1	11	0.48%	-125	-5.76%

The ISD's employment ceiling stands at 107,247 WTEs and it is now 1,694 WTEs (1.58%) below their approved ceiling. An extra 16 WTEs and 51.85 WTEs in 2008/2009 addendum/new service development posts were filled in Acute Hospitals and in Primary and Community Services respectively in December. Some 883 new 2008/2009 development posts in the ISD have now been filled in Areas/ Agencies encompassed by the approved employment ceiling by the end of December. Some 197 posts remain in process of being filled from the 2008/2009 addendum/new approved developments. Primary and Community Services showed an increase of 48 WTEs from November.

In addition, a number of Voluntary Agencies recorded significant increases during the month as follows: St John of God's - North East Services Drumcar and Eastern Region +22 WTE and +19 WTE respectively, Brothers of Charity, Southern Region +12 WTE, Brothers of Charity, Limerick +11 WTE and Cregg House +11 WTE.

Population Health reported a decrease of 21 WTEs in December. Population Health is now 3.33%% (37 WTEs) below their employment ceiling. Corporate reported an increase of 3 WTEs in December. Corporate is currently 3.05%% (98 WTEs) below its approved employment ceiling as at the end of December.

Compliance with approved employment ceiling

In overall terms the Health Services is within the notified approved employment ceiling of 111,800 WTEs by some 2,047 WTEs (-1.83%) as at the end of December. As this figure of 111,800 includes adjustments pertaining to 2009 developments yet to be put in place and some further 2008 developments in process, a more appropriate ceiling to measure ceiling compliance against outturn at the end of December is 111,580 WTEs and is thus 1,827 WTEs or 1.64% within that ceiling. It should be noted that there is a quantum of posts in the recruitment process in grades with delegated sanction from the general moratorium on recruitment, as well as some sanctions provided by the Department of Health and Children/Department of Finance in respect of non-delegated grades/posts. When these are coupled with the outstanding 2008/2009 development posts in the recruitment process but not yet activated, this figure currently is assessed as being of the order of over 700 WTEs should be added to the December outturn when considering performance against approved employment ceiling.

Based on the current sub-allocation of the overall approved employment ceiling, where 2009 and some 2008 new developments are not included, the Acute Hospital Service for the first time is now -285 WTEs (-0.56%) below ceiling, Community Services are 1,584 WTEs (-2.91%) below ceiling, National Ambulance Service is 130 WTEs (9.70%) above ceiling, thus the ISD in overall terms is 1,694 WTEs (-2.91%) below ceiling. Corporate is 96 WTEs (-2.99%) below ceiling, and Population Health is 37 WTE (3.33%) above ceiling. On a sectoral basis, HSE direct is 1,815 WTEs (-2.47%) below ceiling, while the Acute Voluntary Hospitals Sector is 14 WTEs (+0.06%) below ceiling, and the Community Services Voluntary Sector is 1 WTEs above ceiling (0.01%).

The Acute Hospitals/ Community Services Agencies/LHOs with the largest percentage variance with their approved employment ceiling at the end of December are as follows:

Agency/Hospital/Function	Ceiling Dec	Actual Dec	Growth in 2009	WTE Ceiling Variance	% Variance
Primary Care Reimbursement Services	152	198	48	46	29.99%
National Ambulance Service	1,336	1,466	68	130	9.70%
Cavan General Hospital	715	770	3	56	7.81%
Brothers of Charity Clare	168	179	1	11	6.66%
Cope Foundation	790	838	23	48	6.03%
St John of God Drumcar	566	594	-17	28	4.88%
Rotunda Hospital	717	752	18	34	4.81%

Absenteeism by Sector November 2009

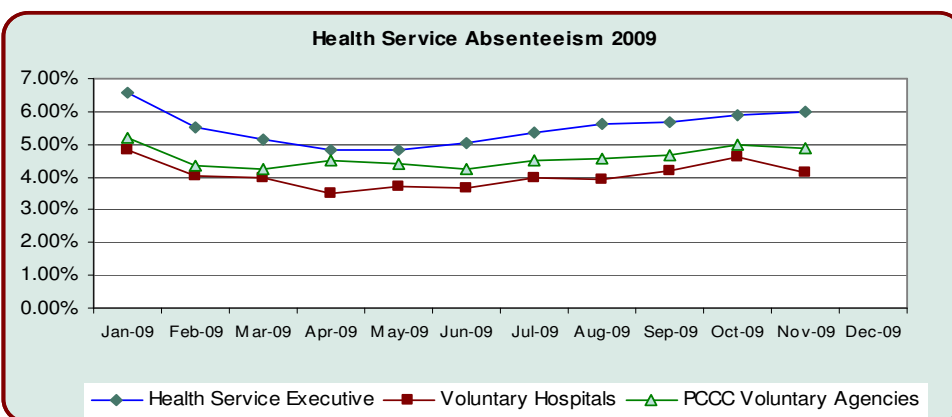
Absence due to illness is a normal incidence of working life. However, from the viewpoint of service delivery, predictable patterns of attendance and low levels of absence are fundamental to managing workflow and ensuring the efficient and timely delivery of services.

The HSE has measured and monitored absenteeism nationally since early 2008 as one part of its strategy to address absence from work. In order to have consistency and comparability in reporting a standard national definition of a percentage absence rate was set out based on the 'lost time rate'. This measures lost time against available time and is expressed as a percentage. **Lost time is any time lost through absences due to certified and uncertified sick leave and unexplained absences.** It does not include absences due to maternity leave, carer's leave or other statutory approved leave. This corresponds to measurements used by IBEC and ISME and by many other organisations that monitor and report absenteeism.

The national rate has fallen from 6.29% in Q1 2008 to a low of 4.49% in April 2009 thus maintaining and exceeding the initial 2008 Service Plan target of a 10% reduction. However, each month from May-09 to Oct-09s exhibited marginal increases with November seeing a marginal reversal with headline figures falling from 5.49% to 5.45% in overall terms. While, it is not possible to provide explanations on the causes of absenteeism nationally it is important to point out that this period coincides with the national H1N1 pandemic and the start of the winter period.

The current target set by the National Director of Human Resources to reduce the rate to 3.5% is more demanding with stabilisation and reduction towards this goal from the current 5% mark presenting a further challenge.

Sector	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	YTD
Health Service Executive	6.55%	5.49%	5.14%	4.82%	4.83%	5.03%	5.38%	5.61%	5.69%	5.88%	5.98%		5.48%
Voluntary Hospitals	4.80%	4.03%	3.98%	3.51%	3.69%	3.68%	3.96%	3.94%	4.20%	4.60%	4.12%		4.05%
PCCC Voluntary Agencies	5.20%	4.33%	4.22%	4.50%	4.40%	4.23%	4.49%	4.56%	4.66%	4.97%	4.89%		4.61%
Total	5.96%	4.97%	4.76%	4.49%	4.54%	4.64%	4.96%	5.12%	5.24%	5.49%	5.45%		5.06%



Primary & Community Services Activity Performance Information

Primary Care	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
PCTs holding clinical mtgs	222	---	---
PCTs in development	184	---	---
No. of contacts with out of hours GP services	931,305	16%	920,132

Older People	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of persons in receipt of care packages	8,959	3.0%	8,990
Total Home Help Hours provided	11,970,323	-0.1%	12,643,677
Total no. in receipt of subvention (monthly averages)	8,823	-3.0%	9,092

* Validation of OP dataset will be completed by end Oct 09. Expected that this may revise baseline no. HHH's as definitions are uniformly applied nationally.

Mental Health	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. of Child and Adolescent Mental Health Teams	55	0.0%	47

Community (Demand Led) Schemes	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. LTI Claims	895,868	-2%	862,882
No. DPS Claims	4,983,192	-20%	5,435,421
No. eligible persons on medical cards	1,478,560	4%	1,352,120

Children and Families	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
Data not available due to staff redeployment.			

Palliative Care (No. on last day of month)	Actual 2009 YTD	% Var Act v Tar YTD	Same period 2008
No. patients in specialist inpatient units	292	-23%	286
No. patients accessing home care services	2,714	-7%	2,954
No. patients accessing intermediate care in community hospital	82	-20%	136
No. patients accessing day care services	280	-11%	265

Social Inclusion (No. on last day of month)	Actual 2009 YTD*	% Var Act v Tar YTD*	Same period 2008
Average no. of clients in methadone treatment	9,062	4.5%	8,714

*Targets were revised in April PR to reflect clients rather than treatments

Acute Services Activity Performance Information

National Hospitals Office	% Var Act v Tar YTD	% Var YTD v YTD 2008
Inpatient discharges	3.5%	-1.3%
Day case attendances	4.3%	7.2%
Outpatient attendances	3.1%	1.9%
Births	-3.0%	1.1%
Emergency presentations*	-3.3%	-2.1%

*Emergency Department presentations = (ED attendances + other emergency attendances from other sources)

National Hospitals Office	Actual 2009	Actual 2008
National Waiting Lists		
Inpatients - % waiting		
• Adults >6months	22.6%	24.0%
• Children>3months	56.2%	55.8%
Daycase - % waiting		
• Adults >6months	15.0%	18.1%
• Children>3months	59.2%	54.9%

National Hospitals Office	Actual YTD	Same Period 2008
Inpatients % Public		
Emergency Calls - % answered <26 mins	83.1%	84.3%

National Hospitals Office	Dec 2008	Actual YTD	Same period 2008
Delayed Discharges	702	783	702

Section 2 – VFM

Commentary

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and take into account that as well as the requirement to continue to deliver economic efficiencies started in 2007/8, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment. A target of €115m has been set by the DoHC for specific economies and efficiencies and sub-allocated by Directorate. Monthly monitoring and reporting of delivery of these efficiencies, as well as other required HSE efficiencies, is carried out at national and Directorate level for specific measures. A small number of these measures are only reportable quarterly due to availability of data, such as expenditure on Advertising etc. However, the majority of measures are reported based on comparison of Year To Date (YTD) Expenditure to Outturn 2008 plus / minus 2009 adjustments, available through our financial systems and/or local Directorate Area / Network reports consolidated nationally.

The total reportable savings against the required €115m for Dec YTD is €78m. or two-thirds of the adjustment

There has been a continued improvement on the rate of saving since the slow down for some adjustments mid year. Detailed reports are generated against all VFM adjustments at Directorate level and based on the Dec YTD spend:

- VFM 2008 is being maintained for both pay and non-pay in 2009 when the cost associated with the Consultant Contract is removed. The increased rate of spend in Drugs and Medicines from June to August reversed in September and October and although increasing in November and December the rate of increase is below previous years. The final quarter of 2010 showed overall non-pay at its lowest average monthly spend since Oct 2007.
- The required €115m adjustments may not have been delivered in full for all specific headings, however, **the overall adjustment has been delivered through performance beyond adjustments in some headings such as Advertising, Laboratory etc. and performance in other non Vfm specified but reportable headings such as Catering, X-Ray, Energy etc..**
- Directorates have been reporting that a challenging HR/IR environment has impacted on delivery of planned efficiencies. However, despite the decreased allocation following the revised REV reducing the extent to which projected Vfm savings exceeded target in non-pay areas in order to compensate for lack of performance in pay-related areas, there is financial evidence of this having being delivered.

	Expected Reduction €m	Dec YTD €m
Non Pay		
T&S	6.200	6.200
Legal	2.000	0.300
Advertising	1.000	1.000
Nurse Tr&Ed	5.000	4.642
Nat. Drugs Formulary	8.000	2.933
Maintenance	3.500	3.500
Service Adjustments/Reconfigs		
Patient Transport	3.700	3.700
Blood Usage	11.800	9.810
Laboratory	2.000	2.000
Reconfig PCCC Admin Processes	6.385	6.385
Reconfig Child Care	10.000	6.189
Disability Providers	10.000	9.457
Pay		
PCCC Mental Health	12.662	7.177
NHO Non Mgt Admin Pay	8.570	8.570
3% Reduction in Mgt Admin	24.213	6.089
Total	115.000	77.892

Non-Pay

Comparing "2008 outturn plus/minus 2009 adjustments" to a spend for 2009 based on "Dec YTD expenditure profiled against 2008 spend".

- There is a saving beyond €6.2m for 'Travel & Subsistence', however, it should be noted that the recent Govt. agreed reduced mileage rates reduced the saving available beyond the required adjustment.
- The level of saving for 'Laboratory', 'Patient Transport', 'Maintenance', 'Advertising', 'PCCC Admin Processes' and 'Disability' are on target for the required adjustment and the projected expenditure indicates delivery beyond the required adjustment for some headings.
- There is evidence of saving for 'Blood/Blood Products', 'Nurse Training & Education' and 'Child Care' but the rate of saving has not delivered the full required annual adjustment.
- There are also targeted areas such as 'Legal' and 'Drugs/Medicines' where savings are not sufficiently evident at Dec YTD

Pay

There is strong delivery of non-management/admin pay reductions in the hospitals when account is taken of the costs associated with the consultant contract and also, over half the target has been reached in Community Mental Health pay reductions. The rate of savings would indicate two-thirds of the 3% reduction in Mgt/Admin being achieved in Community Services and but there is no financial evidence of the required delivery in hospitals or corporate.

Community Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	320	55.936m	
<i>Reduction Achieved ytd</i>		€41.670m	

Support Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	83	4.670	10.394
		15.064m	
<i>Reduction Achieved ytd</i>		€9.642m	

Acute Hospital Services			
VFM Budget Reductions			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	227	19.913	24.087
		44.000m	
<i>Reduction Achieved ytd</i>		€26.580m	

Total			
	WTEs	Pay €m	Non-Pay €m
<i>Proposed Reduction in Resource v Actual</i>	630	115m	
<i>Reduction Achieved ytd</i>		€77.892m.	

Section 3 – Service Delivery

3.1 Primary & Community Services

Overall primary and community service financial results for December show total expenditure of €5.348 billion against a year to date budget of €5.360 billion resulting in a favourable variance of €11.7m, which can be attributed to continuing strong cost management performance across the four Regions. Our VFM / Cost Containment programme continued to show solid performance in November. Over €41m worth of savings / efficiencies targeted in the Service Plan 2009 have been realised.

As previously reported, in order to deliver on the strategic direction set out in the National Service Plan 2009, business plans were put in place to reduce WTE numbers employed in existing services in order to create the required headcount to fill priority posts for which funding has been received under demographic heading but for which no headcount was provided.

Key activity highlights this month are identified below:

- A further 36 Primary Care Teams held clinical team meetings during the month of December, bringing the national position to 222 teams achieving this milestone and exceeding the national target set for 2010.
- During the month of December, 104,105 contacts were made with the out of hour's service, an increase of 41% on the November position, largely attributable to poor weather conditions over the Christmas period.
- The number of eligible persons on medical cards continued to grow during the month of December with the number of individuals covered now standing at 1.479m. This represents a growth of over 6,000 within the month and puts the HSE over 54,000 above its anticipated level of provision for 2009.
- The number of discretionary cards is up 5% (79,625 holding discretionary cards) when compared to the same period last year.
- The DTSS scheme outturn for 2009 finished 34% ahead of its planned number of treatments for 2009. As previously reported, this is attributed to the current economic situation seeing more people using public dental services.
- 78% of new cases seen in the month of December within the Child and Adolescent Mental Health Services were seen within 3 months of referral.

Primary & Community Services Resources

Area	WTE			Finance		
	Ceiling	Actual	% Var	Actual €000	Budget €000	% Var
Dublin/Mid Leinster	15,447	15,132	-2.04%	1,550,280	1,553,097	-0.2%
Dublin/North East	11,569	11,362	-1.79%	1,182,165	1,182,389	0.0%
South	12,592	12,279	-2.49%	1,272,418	1,273,948	-0.1%
West	14,815	14,097	-4.85%	1,343,617	1,350,746	-0.5%
Unallocated posts	32	0	-100.00%			
Total	54,455	52,870	-2.91%	5,348,479	5,360,180	-0.2%

Primary & Community Services Finance Commentary

Community Services within Regions have year to date expenditure of €5.348 billion compared with a budget of €5.360 billion – leading to a favourable variance of €11.7m.

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Total	2,951,378	2,874,779	2,951,378	(76,000)	-2.6%

LHOs with Most Significant Adverse Financial Variances (excluding Primary Care Schemes)

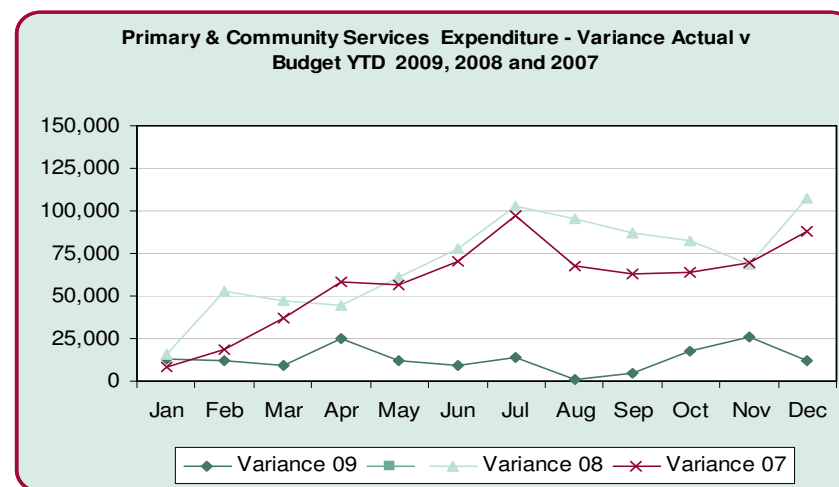
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO Galway	274,999	279,805	274,999	4,806	1.7%
LHO 6 Dublin North West	180,530	182,943	180,530	2,414	1.3%
LHO Donegal	185,027	186,825	185,027	1,798	1.0%
LHO Mayo	170,663	172,275	170,663	1,612	0.9%
LHO Waterford	137,434	138,195	137,434	761	0.6%

(Based on actual variance against budget)

LHOs with Most Significant Favourable Financial Variances (excluding Primary Care Schemes)

LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
LHO 8 Dublin North	223,235	217,822	223,235	-5,413	-2.4%
LHO Limerick	184,522	180,541	184,522	-3,981	-2.2%
LHO Cavan Monaghan	119,762	117,538	119,762	-2,224	-1.9%
LHO Sligo / Leitrim	174,130	172,104	174,130	-2,026	-1.2%
LHO West Cork	242,644	241,166	242,644	-1,479	-0.6%

(Based on actual variance against budget)



Primary & Community Services HR Commentary

The Integrated Services Directorate in overall terms recorded an increase of 1 WTE, with the reduction in Acute Hospital Services of 59 WTEs offset by increases in Primary and Community Services of 48 WTEs and Primary Care Reimbursement Service by 12 WTEs. A further 75 2008/2009 addendum/new service development/HRB posts were filled in December. Out of the total number of 2008/2009 posts approved and in process of recruitment, some 197 of these posts are still to be filled. These posts activated since the previous monthly report in addition to the filling of posts with delegated sanction partially account for the reduced reduction in employment levels seen over the previous number of months.

Local Health Office	Increase in Nov	Of Which Statutory	Of Which Voluntary	% Increase in October	WTE Variance with Ceiling	% Variance to ceiling
Carlow/Kilkenny	13	16	-2	0.95%	-38	-2.56%
Galway	9	9	0	0.32%	-121	-4.11%
Mayo	6	6	0	0.42%	-79	-5.03%
Waterford	8	3	6	1.31%	-3	-0.21%

LHO with Most Significant Adverse HR Variances

LHO	Ceiling	Actual October 2009	Growth from Previous Month	Variance from ceiling	% Var
Cork West LHO	2,779	2,827	14	48	1.72%

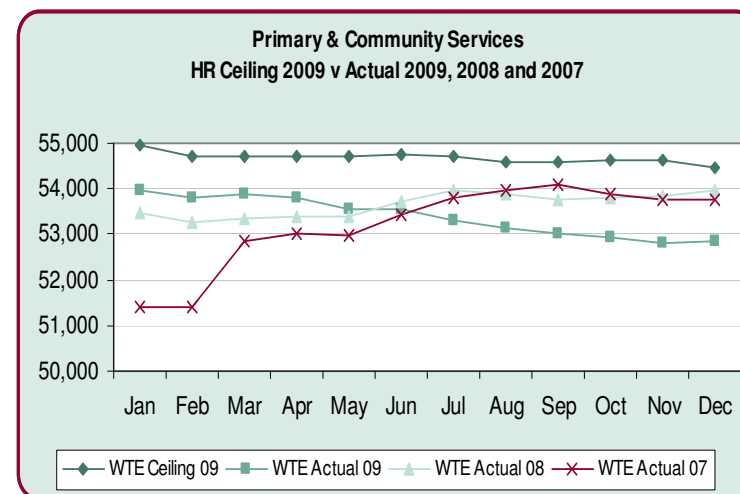
(Based on the percentage variance from ceiling)

Note: Lagged ceiling adjustments are contributing to this adverse variance.

LHOs with Most Significant Favourable HR Variances

LHO	Ceiling	Actual October 2009	Growth from Previous Month	Variance from ceiling	% Var
Limerick LHO	2,043	1,900	-1	-144	-7.03%
Kerry LHO	1,171	1,099	-14	-72	6.17%
Sligo/Leitrim LHO	2,176	2,051	10	-125	-5.76%
Clare LHO	1,254	1,184	-12	-70	-5.61%
Laois/Offaly LHO	2,215	2,099	2	-116	-5.23%

(Based on the percentage variance from ceiling)



Primary & Community Services Performance Activity

Activity YTD	Primary Care						Community (Demand Led) Schemes								
	No. of Primary Care Teams			No. Contacts with Out of Hours GP services			No. LTI claims			No. DPS claims			No. Eligible persons on medical cards		
	Target	Actual	% Var	Target	Actual	% Var	Target*	Actual	% Var	Target*	Actual	% Var	Target	Actual	% Var
South	---	66	---	362,000	404,278	12%	---	---	---	---	---	---	---	---	---
West	---	61	---	206,000	233,454	13%	---	---	---	---	---	---	---	---	---
DNE	---	26	---	132,000	177,414	34%	---	---	---	---	---	---	---	---	---
DML	---	69	---	101,000	116,159	15%	---	---	---	---	---	---	---	---	---
Total	---	222	---	801,000	931,305	16%	909,926	895,868	-2%	6,252,629	4,983,192	-20%	1,423,830	1,478,560	4%

*these targets were revised in April and are now evident in this PR

Children and Families Activity YTD	Total No. Children in care			Total No. Children in Residential care			Total No. Children in foster care			Total No. Children in foster care with relatives			Total No. Children in 'Other' care arrangement		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var

Data not available due to staff redeployment.

Older People Activity YTD	No. of persons in receipt of home care packages			Total No. Home Help Hours Provided			Total No. in receipt of subvention		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	1,880	1,976	5.1%	3,914,000	4,089,947	4.5%	2,646	2,635	-0.4%
West	1,690	1,885	11.5%	3,502,000	3,427,571	-2.1%	3,259	3,292	1.0%
DNE	3,300	2,979	-9.7%	2,408,000	2,361,666	-1.9%	1,337	1,157	-13.5%
DML	1,830	2,119	15.8%	2,156,000	2,091,140	-3.0%	1,858	1,739	-6.4%
Total	8,700	8,959	3.0%	11,980,000	11,970,323	-0.1%	9,100	8,823	-3.0%

Palliative Care Activity (no. on last day of month)	No. Patients in specialist inpatient / month			No. Patients accessing home care services			No. Patients accessing intermediate care in community hospitals			No. Patients accessing day care services		
	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var	Target	Actual	% Var
South	57	63	11%	764	764	0%	31	26	-16%	69	71	3%
West	116	115	-1%	850	914	8%	35	39	11%	82	85	4%
DNE	35	27	-23%	586	408	-30%	5	7	40%	56	49	-13%
DML	171	87	-49%	729	628	-14%	32	10	-69%	18	75	-31%
Total	379	292	-23%	2,929	2,714	-7%	103	82	-20%	315	280	-11%

Activity YTD	Mental Health			Social Inclusion (No. on last day of month)		
	No. of Child and Adolescent Mental Health Teams			Average No. Clients in methadone treatment		
	Target	Actual	% Var	Target*	Actual*	% Var
South	13	12	-7.7%	162	253	56.2%
West	13	12	-7.7%	221	263	19.0%
DNE	12	11	-8.3%	2,984	3,064	2.7%
DML	17	20	17.6%	4,291	4,463	4.0%
Total	55	55	0.0%	7,658	8,043	5.0%

Analysis of Performance (Note: Area level PCCC data is to be found in the Supplementary Document)

Primary Care

Primary Care Teams: Progress continued in the development of the Phase 1 and Phase 2 PCTs. At the end of December, 222 PCTs were holding clinical team meetings. This is an increase of 36 over the November position (6% above the annual target of 210). The 36 new teams came on stream in the following locations:

- South – 9 teams
- West – 18 teams
- DNE – 3 teams
- Dublin ML – 6 teams

Phase 1 Teams (previously referred to as 2006 teams), Phase 2 Teams (previously referred to as 2007 teams). Also currently in development are 184 teams from Phase 3 (same as November position but 84% above target of 100).

Patients/Clients with a Care Plan: The total number of patients / clients with a Care Plan in December was 944 patients. This measure was reported for the first time in May 2009 (610 patients) and represents a baseline figure across the 222 teams holding clinical team meetings at the end of the reporting period. Recording of this information reflects the 'number of patients discussed at the clinical team meeting' and will therefore show variance on a month by month basis. Those patients / clients discussed at clinical team meetings generally refer to patients requiring multi-disciplinary intervention rather than a count of patients seen in the reporting period. Year to Date cumulative figure from May to December 2009 is 5,622 (data is now reported cumulatively in the Supplementary Report).

Orthodontic Service: Data on the numbers of people receiving treatment and who have had their treatment completed during the reporting period was included for the first time in Q1 2009. The number of patients receiving treatment at the end of Q4 is 18,830, which represents an increase of 3% from the updated Q3 figure of 18,329. (Q3 reported as 16,392 based on 8 out of 9 area returns). The number of people with completed treatments since 1 January 2009 has increased by 50% from 3,196 in Q3 (updated figure) to 4,803 in Q4 (this is a year to date cumulative figure).

Out of Hours GP Services: During the month of December, 104,105 contacts were made with this service, (an increase of 41% on November 2009 or 73,732 contacts). This substantial increase is due to the Christmas holiday period and the inclement weather conditions up to the New Year. Year to date figure is 931,305 which is 16% above the annual target of 801,000. The year end position is also 1% above the same period last year figure of 920,132. A more detailed analysis of the type of contact made with the service outlined below shows that of the 931,305 contacts made during 2009, the majority resulted in an attendance at a treatment centre (56%). Attendance at a treatment centre would usually follow initial telephone triage so is a good proxy measure for hospital avoidance via ED attendance. A much smaller number of contacts resulted in a home visit (10%).

Year to Date position is broken down as follows:

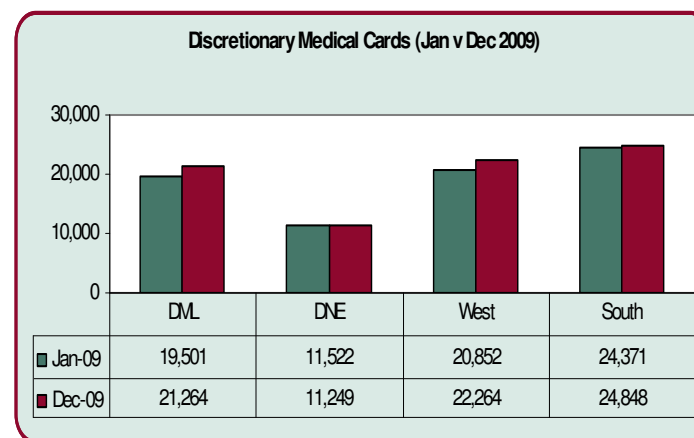
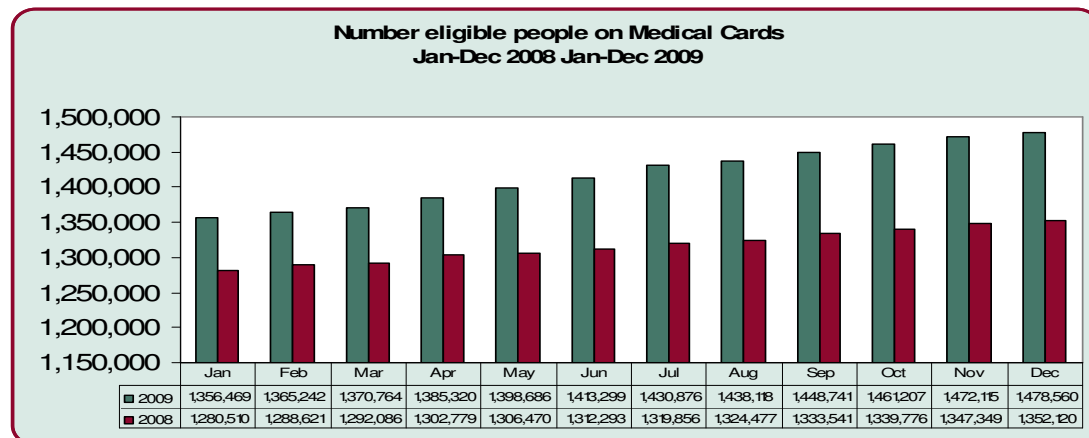
Total Contact 2009	Triage	Treatment Centre	Home Visit	Other
931,305	304,110 (33%)	523,698 (56%)	97,028 (10%)	6,469 (0.7%)

Public Health Nurses (PHNs) assigned to Primary Care Teams (PCTs): The percentage of PHNs assigned to PCTs was first reported in Q2 2009 with a baseline figure of 47% (626). This has increased to 100% (1,203) in Q4 2009 and represents significant progress in this area. The figure is derived from the number of PHNs assigned to teams as a percentage of the total number available for reconfiguration to teams.

Community (Demand Led Schemes)

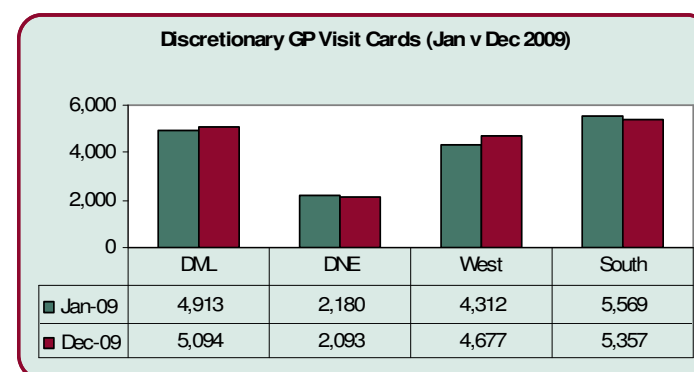
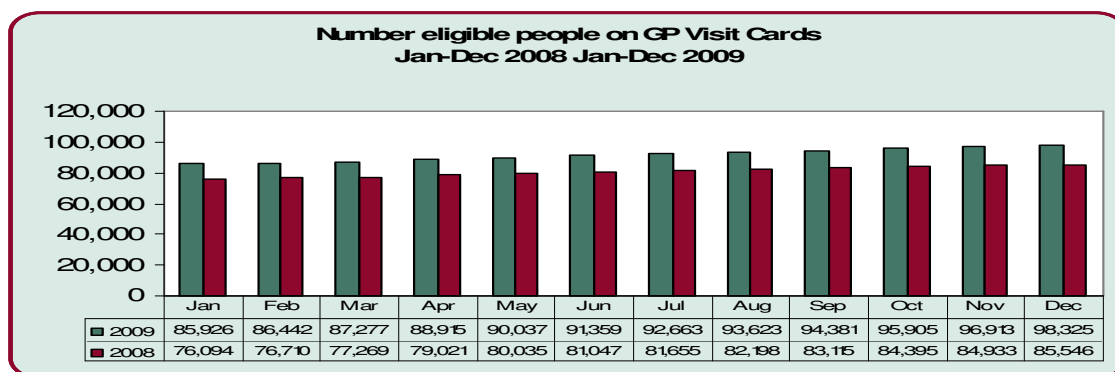
Medical Cards: The total number of individuals who are now covered by a medical card stands at 1,478,560 (1/01/10). This represents an increase of 6,445 (0.4%) over the 1st Dec position (1,472,115). NSP 2009 projected that 1,423,830 medical cards would be issued in 2009 (based on 2008 outturn of 1.342m cards). However, actual outturn at Dec 2008 was 1.352m which meant approximately 10,000 additional cards were put into the system prior to Jan 2009. The number of cards budgeted for in 2009 has exceeded its target by 4% (54,730 cards). This is an increase of 9% above the same period last year (1,352,120).

Discretionary Medical Cards: Total number of discretionary medical cards in the system at the end of Dec was 79,625 (increase of 5% on the Dec 2008 position). However, the volume of discretionary medical cards issued as a proportion of all medical cards issued year to date, at 5.4% remains the same as the end of Nov 2009.



GP Visit cards: Sustained growth in the number of eligible persons on GP Visit Cards continued during Dec 2009 (up by 1,412 cards or 1.4%, since Nov). The total number of GP Visit Cards issued in 2009 was 98,325 and represents an increase of 15% from the same period last year (85,546).

Discretionary GP Visit Cards: Total number of discretionary GP Visit Cards issued as of the end of Dec 2009 was 17,221 (up by 356 or 2% on Dec 2008). However, the volume of discretionary GP Visit Cards issued as a proportion of all GP Visit Cards issued year to date has decreased from 19.7% at the end of Dec 2008 to 17.5% at the end of Dec 2009.



Long Term Illness Scheme (LTI): The number of LTI claims made during December was 71,830 (5% below the monthly target of 75,827). This brings the total YTD figure to 895,868 (2% below the annual target of 909,926). Compared to the same period last year (862,882 claims) this represents an increase of 4%.

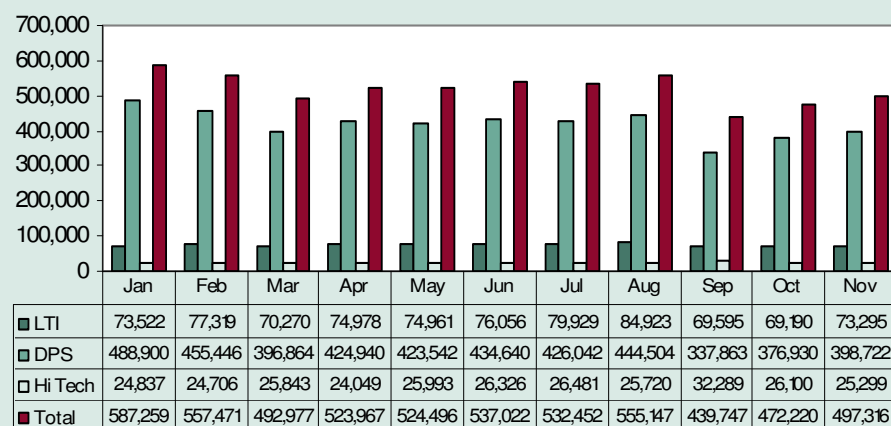
The total number of LTI items in December was 230,432 (0.8% above the monthly target of 228,579).

Drug Payment Scheme (DPS): The number of DPS claims made during December was 374,709 (28% below the monthly target of 521,052 and 20% below the annual target of 6,252,629). Claims are also down 8% when compared with same period last year (2009 claims 4,983,192 / 2008 claims 5,435,421).

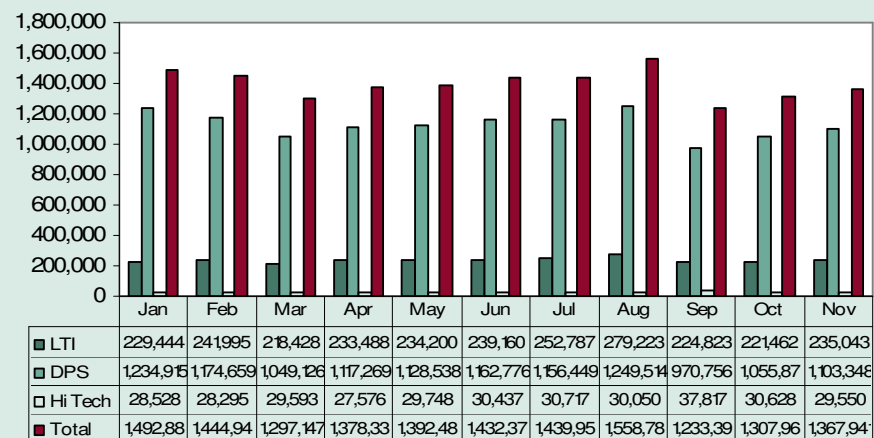
The total number of DPS items was 1,049,189 (21% below the monthly target of 1,328,683).

Hi-Tech: The number of HiTech claims made during December was 25,235 (4% below the monthly target of 26,325). The year to date position (312,878) is 14% above the same period last year (275,510).

PCRS Number Claims Jan-Dec 2009

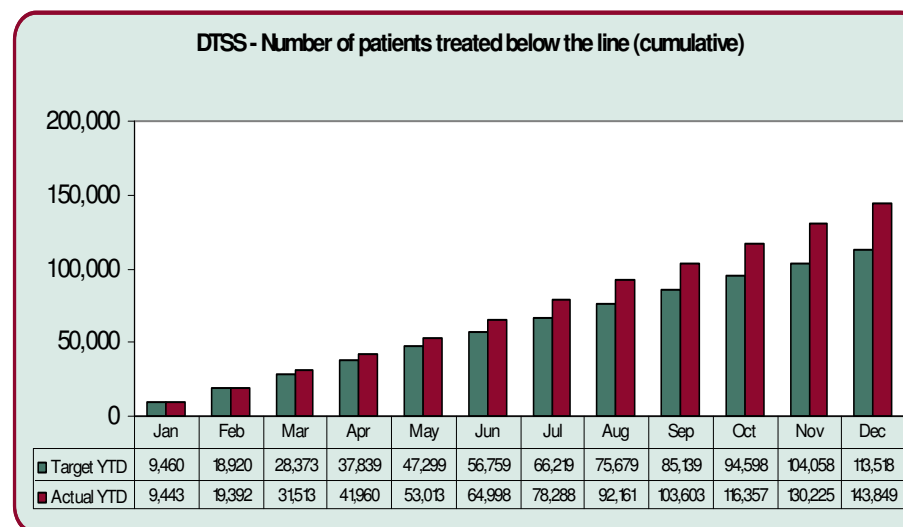
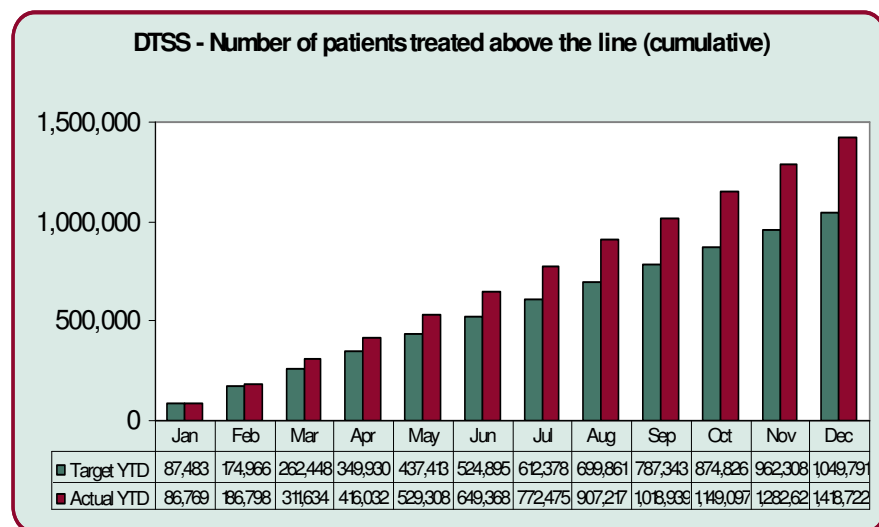


PCRS Number Items claimed Jan-Dec 2009



Dental Treatment Services Scheme (DTSS): The DTSS scheme is a demand led scheme and due to the current economic situation, more people are using public dental services. This service has shown substantial growth in 2009 (399,262 or 34% treatments more than targeted year to date). At the end of December 2009, the cumulative number of treatments above the line was 1,418,722 and the number below the line was 143,849.

*Note: Target Year to Date = 2009 Full Year Target divided by 12 and multiplied by the appropriate number of months (i.e. 12 for December)
Above the line = Routine Treatments. Below the Line = Complex Treatments (e.g. root, gum and denture treatments)*



Children and Families

Data not available due to staff redeployment.

Children & Adolescent Mental Health

Child and Adolescent Mental Health Services are provided in a variety of settings around the country with a total of 55 services made up as follows:

- Community-based Child and Adolescent Teams (x50)
- Day Hospital Services (x2),
- Liaison Services (x3)

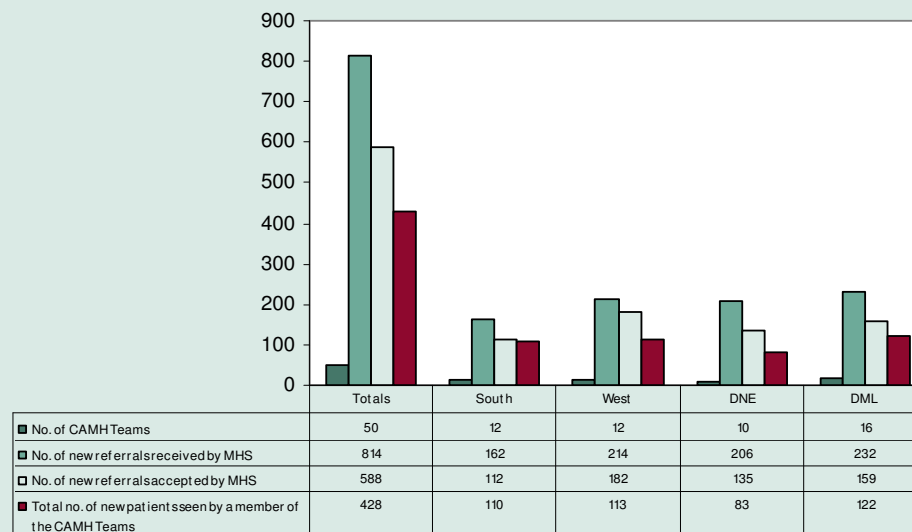
These 55 services provide assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services. These services carry out assessments for referrals to Specialist In-patient or Day Services and provide training and consultation to other professionals. The majority of cases are managed in a community team setting.

Total referrals received: The total number of referrals received by the 50 CAMH Teams during December was 814 or an average of 16.3 referrals per team. Of the 50 teams, 16 are based in DML who had 232 referrals in December (average 14.5 referrals per team). The South has 12 Teams and 162 referrals (average of 13.5 per team). The West has 12 teams and 214 referrals (average of 17.8 per team) and DNE has 10 teams and 206 referrals (average of 20.6 per team).

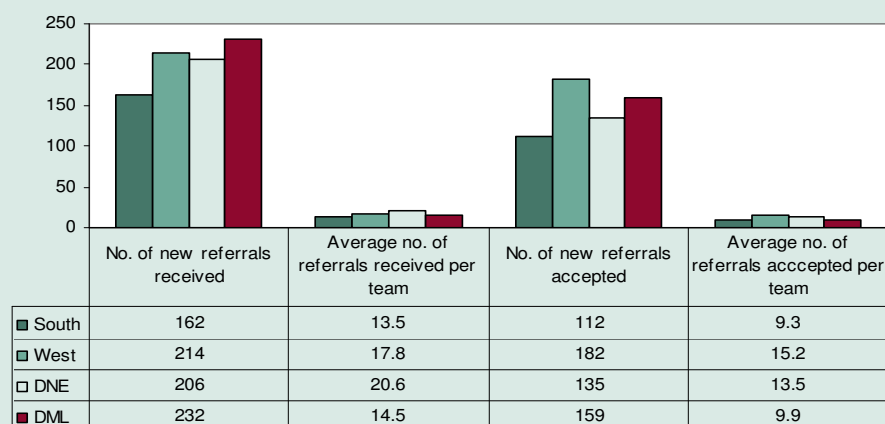
Referrals Accepted: Of the 814 referrals received by the 50 teams during December, upon triage at the referral stage, 588 (72 %) were accepted for a first appointment. 133 (17%) referrals were not accepted and 93 (11%) are awaiting a decision.

The West has the highest number of referrals accepted at 182 (22.4%). DML had 159 referrals accepted (19.5%). DNE had 135 (16.6%) referrals accepted and The South has 112 (13.8%) referrals accepted.

Child & Adolescent Mental Health



Referrals Received vs. Referrals Accepted



New Cases Seen (Wait Time to First Appointment): All Community CAMHS teams screen referrals received. Those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen. A total of 428 new cases were seen in the month of December. 49% (n=210) of new cases were seen within 1 month of referral, 29% (122) within 1 to 3 months. 9% (38) of new cases had waited between 3 and 6 months, 5% (21) had waited between 6 and 12 months and 9% (37) had waited more than 1 year to be seen.

Note: Any comparison of individual CAMHS Teams must note that CAMH Teams are composed of varying numbers of team members throughout the Country.

Mental Health (Mental Health performance indicators here are reported quarterly in arrears)

Total Admissions & Re-admissions to acute units: In Q3 2009 there were 3,892 admissions to acute mental health units nationally. This is 165 fewer patients (-2.1%) than were admitted in the same period last year.

While the overall number of admissions has fallen compared to same period last year, the proportion of re-admissions has remained the same at 71% in Q3 2009 vs. Q3 2008 (3% above 2009 target of 68%). Readmission rates however have decreased from 88.8 per 100,000 populations in Q2 2008 to 65.5 per 100,000 population in Q3 2009

First Admissions: In Q3 2009 there were 1113 first admissions to acute mental health units nationally. This is 48 fewer patients (2.1%) than were admitted in the same period last year.

Length of Stay: The median length of stay in inpatient facilities has slightly increased from 11 days in Q3 2008 to 12 days in Q3 2009. The target for 2009 is 12 days.

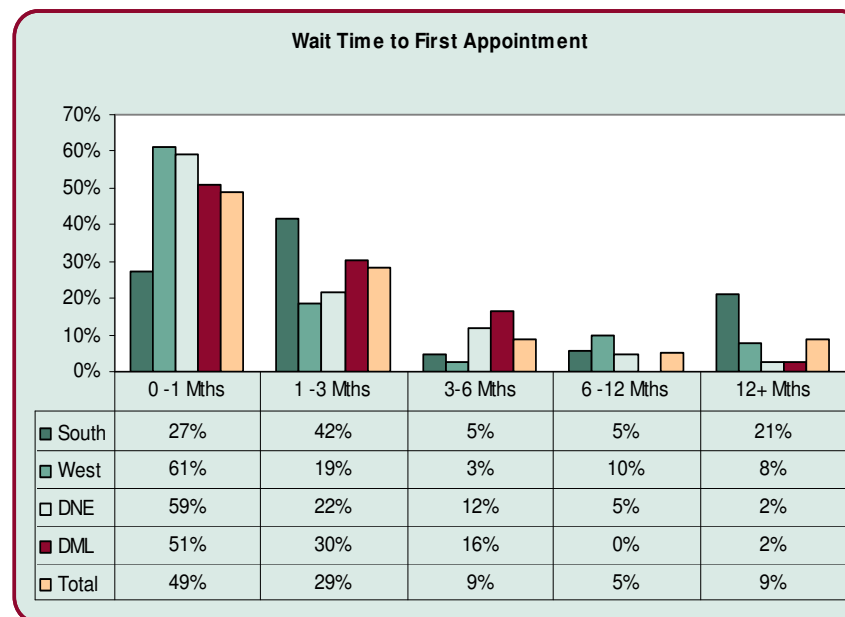
Involuntary Admissions: The total number of involuntary admissions during Q3 2009 was 358 (9.2% of total admissions) compared to 364 (9% of total admissions) in Q3 2008. The annual target for 2009 is to reduce the total number of involuntary admissions by 1%. We will continue to monitor this throughout the year.

Disabilities

Day Services: The dataset for disability services went live on 1 July 2009. While the number of persons in Rehabilitative Training is being reported at present, it is anticipated that data to support reporting on Sheltered Services and Other Day Services will be available for reporting from Q1 2010. A census of the quantum of services / places available was compiled retrospectively as on 30 June 2009. A further census was carried out in December 2009.

Under 5 Assessments: (U5 Assessments performance indicators reported quarterly in arrears).

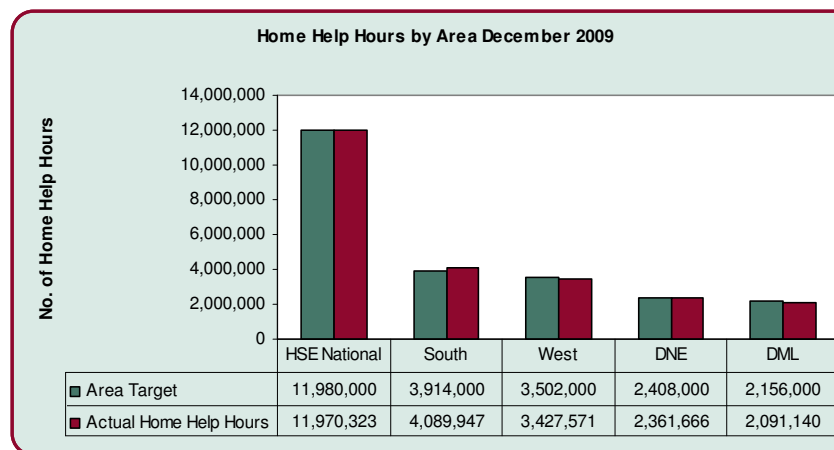
The number of requests for assessments for Under 5s has decreased since Q2 (Q2 647 / Q3 555), a decrease of 14% this Quarter. This is however a demand led service and difficult to predict. Fluctuations in the number of applications received are inevitable. The number of assessments completed within the timelines as provided for in the regulations has increased from 23% in Q2 to 27% in Q3. New revised guidelines have been issued to assessors which have streamlined the process and should result in an improved completion rate within the timelines in 2010.



Older People

Home Care Packages (HCPs): At the end of December there were 8,959 clients in receipt of Home Care Packages (approximately 3% above target). The proportion of clients over 65 is 93%. Cumulatively the number of new clients at the end of December was 3,117. Note the Evaluation of Home Care Packages Report commissioned by the DoHC was published at the start of December. In view of the recommendations arising from this report an audit and re evaluation of HCP services will be undertaken in 2010 which supersedes the intended audit of the Older Person Minimum Data Set which due to be undertaken in 2009.

Home Help: At the end of December 2009, 11,970,323 hours had been provided (0.1% below target). The number of people in receipt of home help hours stood at 53,791 in December (1.3% below projected target).

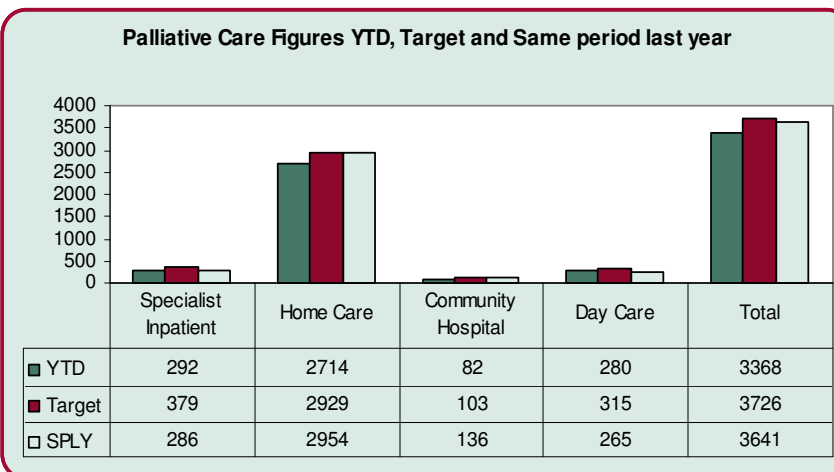


Palliative Care

As of 31st December 2009, the total number of patients accessing palliative care services was 3368. The majority of these patients were in receipt of home care services (2714) accounting for 80% of the level of activity reported for the month. The number of patients in Specialist inpatient units (292) accounted for 8.7% of the total.

Social Inclusion

Addiction: *Data is reported one month in arrears.* In November 2009, the total number of clients in receipt of Methadone treatment in HSE Areas was 8,043 (5% above the Target figure of 7,658 for 2009). Nationally (includes HSE Areas, Prisons and Drug Treatment Centre Board (DTCB) figures), in November, a total of 9,062 clients were treated, which was 4.5% or 394 clients above the Target figure of 8,668 for 2009 and 4% above November 2008. Nationally there has been no change in the numbers of methadone clients in prisons compared to the October figure. Overall there is an increase (7.8% over the November figure 2008) in the number of methadone clients in prisons.



3.2 Acute Services and Pre-Hospital Emergency Care Overview

Finance

Year to date expenditure in Acute Services for 2009 was €4.449 billion, compared with a budget of €4.422 billion, leading to an adverse variance at end of December of €27.3m. The Western Hospital group accounted for €26m of this overspend in spite of strict budgetary controls introduced in mid year. Further targeted control measures will be required in 2010 in order to rectify the situation.

HR

The Acute hospitals (including the ambulance service) were under ceiling by 151 WTE at end of December 2009. This reflects the continuing pattern of reduction in staffing levels arising from the moratorium on recruitment in early 2009. The most notable reductions in the overall numbers are taking place in relation to clerical/administrative staffing and nursing. Absenteeism levels have improved overall during the course of 2009 but continue to exceed targeted levels. Addressing this issue, particularly for front line staff where replacement costs are high, remains a key priority for 2010.

Activity

- Overall the number of ED admission waits decreased in December by 18% compared to the same period in 2008. The number of admission waits over 24 hours decreased by 35% compared to 2008.
- The combined inpatient and day case activity for 2009 was ahead of target by 3.9% overall. Inpatient numbers were down on 2008 levels by 1.3% and day case activity increased by 7.2%, which although in excess of target, is welcome evidence of the shift in emphasis from inpatient care to day case activity. This approach is the subject of renewed attention in 2010.
- OPD activity overall is ahead of target by 3.1% and is 1.9% higher compared with 2008. The impact of the OPD service improvement programme is beginning to be seen in the focus on new attendances compared to reviews.
- The number of births exceeded 2008 levels (by 1%), however, the pace of growth in the birth rate has slowed in 2009. An additional 787 deliveries occurred in 2009 overall compared to 2008, with significant increases recorded in South Tipperary, Kerry, Letterkenny and the Coombe.
- The number of delayed discharge patients for the week of 28th December was 733. This is down considerably from the mid year high of 945 recorded in August 2009. There were 1,499 beds (1,415 inpatient; 84 day beds) unavailable for discharges during December. This is a significant rise on previous month and is due to seasonal closures over the Christmas period.

- The waiting times for urgent Colonoscopies are now being reported on a monthly basis, and this item is included as a key performance indicator for 2010. 10.4% of those on referral for urgent colonoscopy (59 people) are waiting more than 28 days for an urgent Colonoscopy procedure in the week ending 17th January 2010 based on returns for 30 Hospitals.

HSE AREA	Acute Hospital Services			Ambulance Services			Finance		
	WTE Ceiling	Actual	% Variance Actual to Ceiling	WTE Ceiling	Actual	% Variance Actual to Ceiling	Actual €000	Budget €000	% Var
Dublin/ Mid-Leinster	16,679	16,567	-0.67%	445	450	1.19%	1,469,638	1,472,173	-0.2%
Dublin/ North-East	11,972	12,007	0.30%	139	170	22.42%	1,074,191	1,072,847	0.1%
South	11,342	11,143	-1.76%	349	397	13.71%	920,930	918,449	0.3%
West	11,282	11,301	0.17%	404	449	10.98%	985,088	959,039	2.7%
Unallocated posts	28	0	-100.00%						
Total	51,304	51,019	-0.56%	1,336	1,466	9.70%	4,449,847	4,422,509	0.6%

- The compliance rates across consultants with public: private mix continued to be a focus in December. It is acknowledged that many hospitals have already focused on their performance obligations in this area and are in contact with consultants with excessive rates outside of their contract. The HSE is continuing to work with all hospitals to notify consultants with breaches in contract rates.

Acute Services Finance Commentary

Year to date expenditure in Hospitals was €4.449 billion compared with a budget of €4.422 billion – leading to an adverse variance of €27.3 million. The table below illustrates the position to the end of year – with the West hospitals clearly leading to the variance.

The table to the right illustrates the position to the end of December 2009:-

Hospitals with Most Significant Adverse Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
Galway College University Hospital	240,531	247,560	240,531	7,029	2.9%
Sligo General Hospital	119,685	124,746	119,685	5,062	4.2%
Mayo General Hospital	87,552	91,048	87,552	3,496	4.0%
Our Lady of Lourdes Hospital	108,115	111,558	108,115	3,443	3.2%
Portiuncula Acute Hospital	51,988	55,317	51,988	3,329	6.4%

(Based on actual variance against budget)

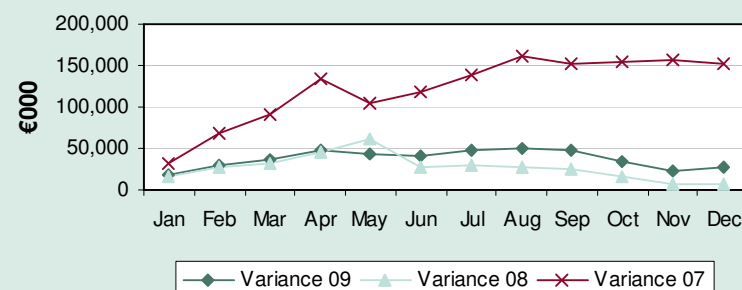
Hospitals with Most Significant Favourable Financial Variances

Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	%
St Vincent's University Hospital	233,528	230,358	233,528	-3,170	-1.4%
St James's Hospital	365,927	363,632	365,927	-2,295	-0.6%
St Luke's Hospital	36,660	35,143	36,660	-1,517	-4.1%
Regional Hospital Dooradoyle	163,872	162,511	163,872	-1,361	-0.8%
Our Ladys Hospital Navan	46,325	45,327	46,325	-998	-2.2%

(Based on actual variance against budget)

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance	
				€000	%
Dublin Mid Leinster Hospitals	1,472,173	1,469,638	1,472,173	(2,535)	-0.2%
Dublin North East Hospitals	1,072,847	1,074,191	1,072,847	1,343	0.1%
South Hospitals	918,449	920,930	918,449	2,481	0.3%
West Hospitals	959,039	985,088	959,039	26,049	2.7%
Hospitals Total	4,422,509	4,449,847	4,422,509	27,338	0.6%

Acute Services Expenditure - Variance Actual v Budget
YTD 2009, 2008 and 2007



Acute Services HR Commentary

The Integrated Services Directorate in overall terms recorded an increase of 1 WTE, with the reduction in Acute Hospital Services of 59 WTEs offset by increases in Primary and Community Services of 48 WTEs and Primary Care Reimbursement Service by 12 WTEs. A further 75 2008/2009 addendum/new service development/HRB posts were filled in December. Out of the total number of 2008/2009 posts approved and in process of recruitment, some 197 of these posts are still to be filled. These posts activated since the previous monthly report in addition to the filling of posts with delegated sanction partially account for the reduced reduction in employment levels seen over the previous number of months.

Hospital	December Increases	% increase in November	WTE Variance with ceiling	% variance to ceiling
Wexford General Hospital;	16	1.79%	-20	-2.20%
St Vincent's Elm Park	7	.29%	96	4.05%
Rotunda Hospital	5	.64%	34	4.70%

Hospitals with Most Significant Adverse HR Variances

Hospital	Ceiling	Actual December 2009	Growth from Previous Month	Variance from ceiling	% Var
Cavan General Hospital	715	770	4	56	7.81%
Rotunda Hospital	717	752	1	34	4.81%
Galway University Hospital	3,095	3,223	-10	128	4.13%
Children's Hospital, Temple St	939	976	3	36	3.87%
Our Lady of Lourdes (NE)	1,275	1,313	6	38	3.01%

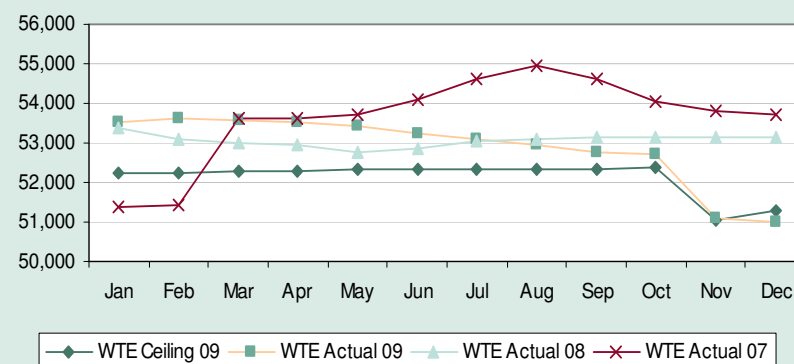
(Based on the percentage variance from ceiling)

Hospitals with Most Significant Favourable HR Variances

Hospital	Ceiling	Actual December 2009	Growth from Previous Month	Variance from ceiling	% Var
Monaghan General Hospital	236	196	-20	-41	-17.17%
Connolly Hospital Blanchardstown	1,240	1,152	0	-88	-7.10%
Nenagh General Hospital	274	256	-1	-19	-6.75%
Tipperary South General Hospital	790	759	-4	-31	-3.92%
Bantry General Hospital	260	251	-3	-9	-3.47%

(Based on the percentage variance from ceiling)

Hospital Services
HR Ceiling 2009 v Actual 2009, 2008, 2007



Acute Services Performance Activity	Performance this month					Performance YTD			Activity YTD last year	
	Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Inpatient Discharges	601,134	573,360	48,275	48,028	-0.5%	573,360	593,359	3.5%	601,134	-1.3%
South Eastern HG	69,570	66,580	5,566	5,491	-1.3%	66,580	67,091	0.8%	69,570	-3.6%
Southern HG	84,209	79,720	6,753	6,519	-3.5%	79,720	82,350	3.3%	84,209	-2.2%
North Eastern HG	49,576	46,730	4,042	4,046	0.1%	46,730	47,141	0.9%	49,576	-4.9%
Dublin North HG	72,610	69,370	5,911	5,755	-2.6%	69,370	72,143	4.0%	72,610	-0.6%
Western HG	108,409	103,860	8,653	8,786	1.5%	103,860	108,835	4.8%	108,409	0.4%
Mid Western HG	46,418	45,300	3,842	3,572	-7.0%	45,300	45,741	1.0%	46,418	-1.5%
Dublin Midlands HG	100,952	96,320	8,191	8,316	1.5%	96,320	102,446	6.4%	100,952	1.5%
Dublin South HG	69,390	65,480	5,317	5,543	4.3%	65,480	67,612	3.3%	69,390	-2.6%
Day Cases	629,758	647,000	47,850	52,347	9.4%	647,000	674,949	4.3%	629,758	7.2%
South Eastern HG	37,972	40,660	2,827	3288	16.3%	40,660	41,872	3.0%	37,972	10.3%
Southern HG	99,162	98,720	7,526	7915	5.2%	98,720	99,515	0.8%	99,162	0.4%
North Eastern HG	30,026	30,900	1,895	2291	20.9%	30,900	31,014	0.4%	30,026	3.3%
Dublin North HG	93,024	94,480	6,802	8064	18.6%	94,480	106,820	13.1%	93,024	14.8%
Western HG	114,118	117,100	9,065	9537	5.2%	117,100	123,356	5.3%	114,118	8.1%
Mid Western HG	35,272	35,980	2,676	2719	1.6%	35,980	35,366	-1.7%	35,272	0.3%
Dublin Midlands HG	72,173	84,190	6,073	6765	11.4%	84,190	81,779	-2.9%	72,173	13.3%
Dublin South HG	148,011	144,970	10,986	11768	7.1%	144,970	155,227	7.1%	148,011	4.9%
Emergency Presentations	1,207,497	1,223,000	103,871	97,090	-6.5%	1,223,000	1,182,481	-3.3%	1,207,497	-2.1%
South Eastern HG	172,872	177,250	15,054	13,549	-10.0%	177,250	168,327	-5.0%	172,872	-2.6%
Southern HG	139,158	140,790	11,958	11,495	-3.9%	140,790	139,079	-1.2%	139,158	-0.1%
North Eastern HG	114,218	114,280	9,706	9,667	-0.4%	114,280	118,323	3.5%	114,218	3.6%
Dublin North HG	127,490	128,690	10,930	10,044	-8.1%	128,690	123,003	-4.4%	127,490	-3.5%
Western HG	195,504	200,660	17,042	15,904	-6.7%	200,660	196,504	-2.1%	195,504	0.5%
Mid Western HG	114,680	116,750	9,916	9,281	-6.4%	116,750	105,180	-9.9%	114,680	-8.3%
Dublin Midlands HG	216,151	215,900	18,337	17,126	-6.6%	215,900	208,651	-3.4%	216,151	-3.5%
Dublin South HG	127,424	128,680	10,929	10,024	-8.3%	128,680	123,414	-4.1%	127,424	-3.1%
Emergency Admissions	368,341	367,000	31,170	31,448	0.9%	367,000	365,603	-0.4%	368,341	-0.7%
South Eastern HG	49,779	49,390	4,195	4,126	-1.6%	49,390	48,043	-2.7%	49,779	-3.5%
Southern HG	40,598	40,290	3,422	3,477	1.6%	40,290	39,887	-1.0%	40,598	-1.8%
North Eastern HG	36,343	36,050	3,062	3,224	5.3%	36,050	35,547	-1.4%	36,343	-2.2%
Dublin North HG	36,945	37,690	3,201	3,105	-3.0%	37,690	36,982	-1.9%	36,945	0.1%
Western HG	83,202	82,580	7,014	7,317	4.3%	82,580	84,888	2.8%	83,202	2.0%
Mid Western HG	27,415	27,280	2,317	2,122	-8.4%	27,280	26,310	-3.6%	27,415	-4.0%
Dublin Midlands HG	58,221	58,200	4,943	5,062	2.4%	58,200	59,214	1.7%	58,221	1.7%
Dublin South HG	35,838	35,520	3,017	3,015	-0.1%	35,520	34,732	-2.2%	35,838	-3.1%
Outpatient Attendances	3,271,665	3,233,000	229,847	241,119	4.9%	3,233,000	3,334,585	3.1%	3,271,665	1.9%
South Eastern HG	282,948	281,020	20,238	19,739	-2.5%	281,020	284,781	1.3%	282,948	0.6%
Southern HG	387,685	380,690	27,197	27,573	1.4%	380,690	387,900	1.9%	387,685	0.1%
North Eastern HG	255,652	247,880	16,951	17,928	5.8%	247,880	251,339	1.4%	255,652	-1.7%
Dublin North HG	538,127	536,530	38,658	39,522	2.2%	536,530	542,874	1.2%	538,127	0.9%
Western HG	438,488	436,120	30,752	32,078	4.3%	436,120	451,264	3.5%	438,488	2.9%
Mid Western HG	186,112	183,880	13,511	13,508	0.0%	183,880	191,080	3.9%	186,112	2.7%
Dublin Midlands HG	622,471	609,480	41,296	45,440	10.0%	609,480	647,811	6.3%	622,471	4.1%

Acute Services Performance Activity				Performance this month			Performance YTD			Activity YTD last year	
		Outturn 2008	Target 2009	Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2008	% variance YTD v YTD 08
Dublin South HG		560,182	557,400	41,244	45,331	9.9%	557,400	577,536	3.6%	560,182	3.1%
Births		73,815	76,880	6,530	6,365	-2.5%	76,880	74,602	-3.0%	73,815	1.1%
	South Eastern HG	8,404	8,660	736	765	4.0%	8,660	8,392	-3.1%	8,404	-0.1%
	Southern HG	10,652	10,830	920	881	-4.2%	10,830	10,922	0.8%	10,652	2.5%
	North Eastern HG	6,291	6,650	565	569	0.7%	6,650	6,093	-8.4%	6,291	-3.1%
	Dublin North HG	8,794	9,100	773	714	-7.6%	9,100	8,913	-2.1%	8,794	1.4%
	Western HG	11,481	12,080	1,026	967	-5.7%	12,080	11,451	-5.2%	11,481	-0.3%
	Mid Western HG	5,396	5,500	467	435	-6.9%	5,500	5,455	-0.8%	5,396	1.1%
	Dublin Midlands HG	13,653	14,560	1,237	1,209	-2.2%	14,560	14,059	-3.4%	13,653	3.0%
	Dublin South HG	9,144	9,500	807	825	2.2%	9,500	9,317	-1.9%	9,144	1.9%

Analysis of Performance

Acute Services performance activity is reported at Network level in tabular format in this report, and detailed by hospital in the Supplementary PR.

Context

Activity targets for 2009 have been set within the context of controlling elective workloads, conversion of further inpatient work to day case and a focus on reducing patient length of stay.

- Combined inpatient and day case activity levels delivered in 2009 are 3.9% higher than planned targets for 2009. This equates to over 34,000 more patients treated in 2009 compared to 2008.
- Whilst daycase activity increased compared to 2008, there has been only a slight reduction in inpatient admissions to effect overall daycase rates. Elective discharges have reduced by 7% but overall inpatient discharges have only reduced by 1.3% compared to last year. The ability of hospitals to reduce inpatient admissions is directly related to the level of emergency workload of the hospitals.
- The number of long waiting In-patient and daycase patients has significantly decreased compared to the same period 2008 due to a number of initiatives including focused referral of these patients to the NTPF, prioritisation of this patients for in house treatment and validation of waiting lists.
- An OPD service improvement project has been in place since mid 2008. Overall, new OPD attendance numbers have increased by 4.8% and overall appointment capacity has also increased.
- Emergency presentations and admissions are demand driven and not within the control of hospitals to limit. Emergency presentation and ED attendance levels continue to be lower than in 2008 and emergency admission are broadly in line with 2008 levels.
- Births have increased by 1.1% compared to 2008 levels. These equates to 787 additional births in 2009 compared to 2008. In a number of hospitals, birth numbers have significantly increased throughout 2009.

Key data collection changes for 2009

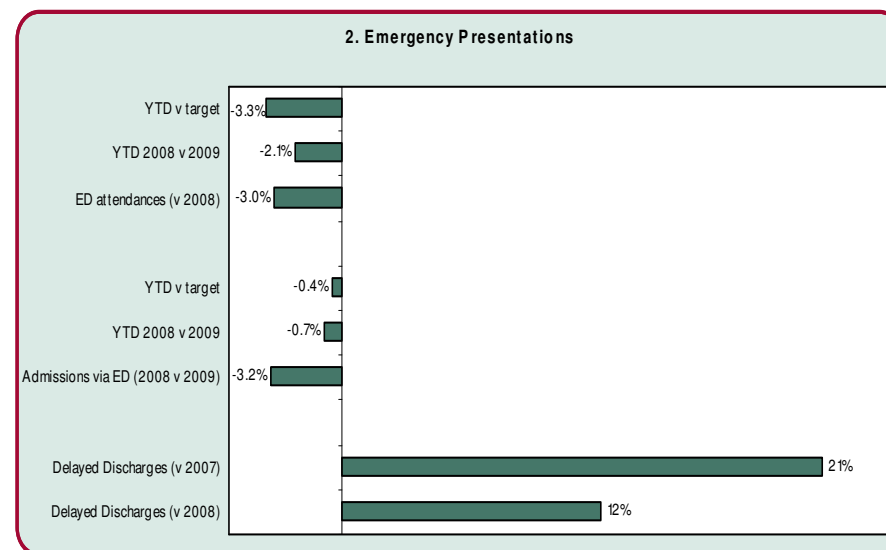
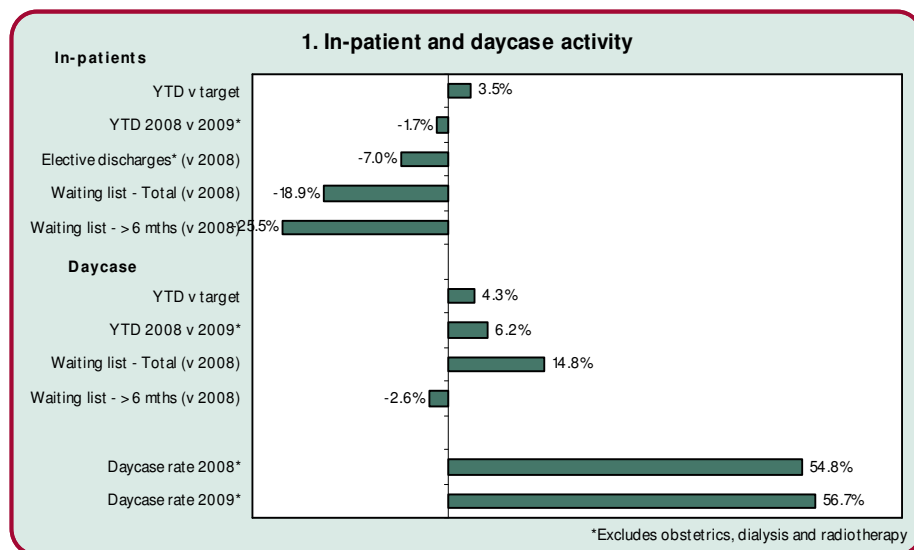
- The Performance Management Unit in the Acutes continued to work with all hospitals during 2008 on improving and standardising data collection. A number of key data collection changes are being implemented for 2009. These are:
 - University Hospital Galway and Merlin Park University Hospital have been combined and are now reported as Galway University Hospitals.
 - The collection of consultant led outpatient activity at individual consultant level has been introduced as part of 2009 routine monitoring. The data is anonymised and will provide standard information on not only the numbers of attendances but also DNAs. In St. James's Hospital in the speciality endocrinology a decrease in activity is due to relocation of phlebotomy services and adjustment in data capture.
 - The difference in St Michael's Inpatient Discharges 'Cumulative % Variance Actual v Target' is due to a change in reporting methodology from St Michael's Hospital after the 2009 target was set.
 - Tullamore Hospital included dialysis treatments in its daycase target for 2009. Dialysis treatments are not included in daycase targets. For Tullamore Hospital, daycase numbers will be significantly below target levels and this will effect the overall daycase target out turn for this network.
 - The Coombe hospital has reclassified some of their daycase that were previously coded as OPD visits and are also now including data not previously submitted.
 - Connolly Hospital has suspended the collection of Patient Experience Time sampling data. The data previously provided was found not to have face validity when compared to

internal comparisons. Information will not be included going forward until the full patient experience time system is implemented (due Q1 2010).

In 2009, the monthly targets for Inpatient Discharges, Day Cases and OPD attendances have been profiled using overall target for 2009 and applying the apportionment of 2008 activity by month to the 2009 targets. In previous years, the monthly and year to date targets were calculated by simply using the cumulative number of days elapsed year to date as a fraction of the total days in the year.

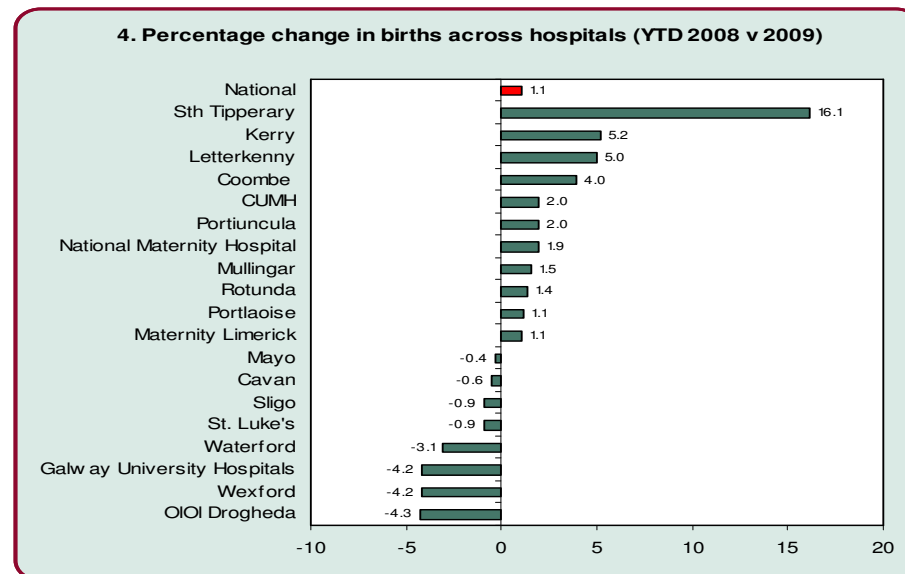
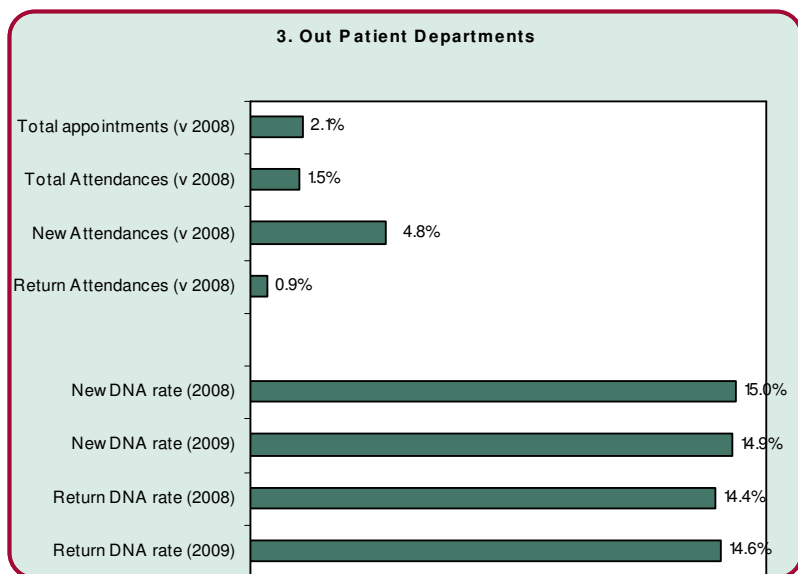
Acute Summary

- The trend of reduced overall in-patient activity and reduced elective in-patient activity continued in December (Figure 1). This is in line with service plan objectives and approach to increase daycase rates by target elective in-patient reductions. Using this approach, hospitals have treated over 34,000 additional patients compared to 2008. In parallel, the total number of patients on in-patient waiting lists has reduced by almost 19% and long waiters by over 25%. Because emergency admission demand has not reduced significantly, inpatient discharges overall have not reduced as significantly as planned and remain 3.5% above planned levels. While the introduction of continuing care options resulted in reduction of delayed discharge levels have in previous months from high levels of 945 in August, there have been some decreases since then and during December the number of delayed discharges was 783. The number of unavailable beds has also continued to decrease since August, however due to seasonal closures during December the number of beds unavailable for use was 1,499. The continued movement of patients to treatment in a daycare environment is also evident. Daycase discharges have increased by 7.2% compared to 2008 and are now 4.3% above target levels. The day case rate has positively increased from 54.8% to 56.7%. Overall, daycase waiting lists have increased by 14.8% compared to the same period in 2008 but those waiting over 6 months have decreased by over 2.6%.



- Compared to last year, emergency presentations to hospitals and attendances at ED have decreased. Emergency admissions from all sources (ED, inter-hospital referrals, via OPD, etc) are 0.7% lower than reported levels in 2008. At the end of December, there were 783 delayed discharges nationally. This represents a 12% increase compared to the same period last year (Figure 2) and a 17% reduction since August.

3. OPD activity is showing a positive performance in 2009 (Figure 3). The total number of OPD appointments has increased by 2.1% but most importantly the number of new OPD attendances has increased by 4.8%. The HSE has an OPD service improvement project ongoing since mid 2008. This rise in new appointment levels is consistent across many specialities.



Births / Gynaecology

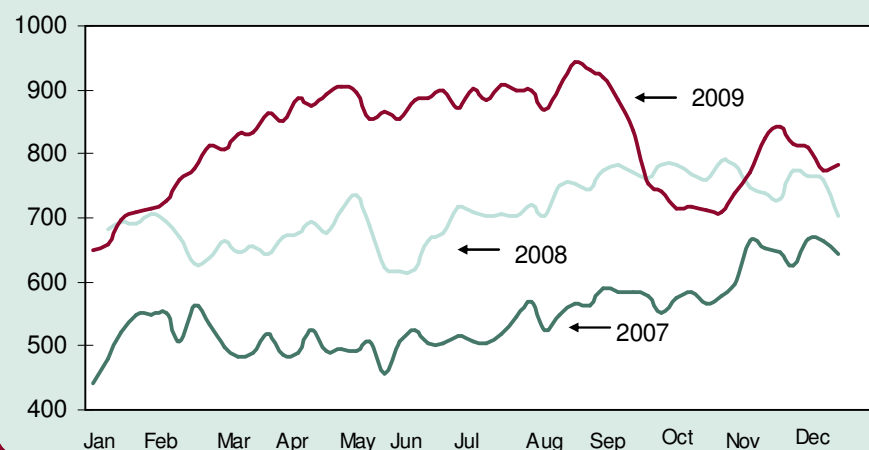
Birth numbers are higher than 2008 levels (+1.1%; Figure 4). 787 additional births were delivered in 2009 compared to 2008. A number of hospitals are continuing to experience significant increases in birth numbers (e.g. South Tipperary, Letterkenny, Kerry, Coombe, etc). Conversely, a number of hospitals are experiencing a reduction in birth numbers (e.g. OLOI, Wexford and Galway Hospitals).

Delayed Discharges

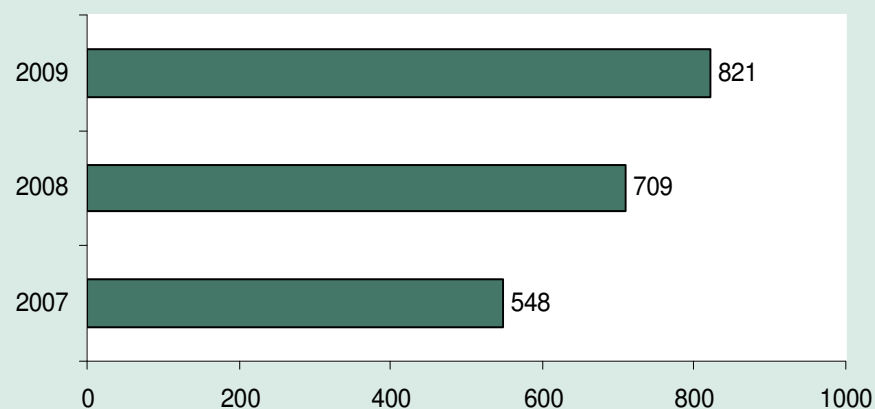
Delayed discharge information is collected from 37 hospitals (i.e. the general adult acute hospitals) but not from maternity, paediatric or single speciality hospitals. It should be noted that the term “national” in this section does not refer to all hospitals nationally but only to hospitals where delayed discharge information is collected.

The number of delayed discharges nationally showed a slight decrease in December compared to November and also remains lower than the peak of 945 reported in August. The number of delayed discharges at the last full week of reporting in December was 733. Figure 5a and 5b below illustrates the year to date trends. The year to date delayed discharge average is higher than 2008 and 2007.

5a. Number of delayed discharges per week (2007-2009)



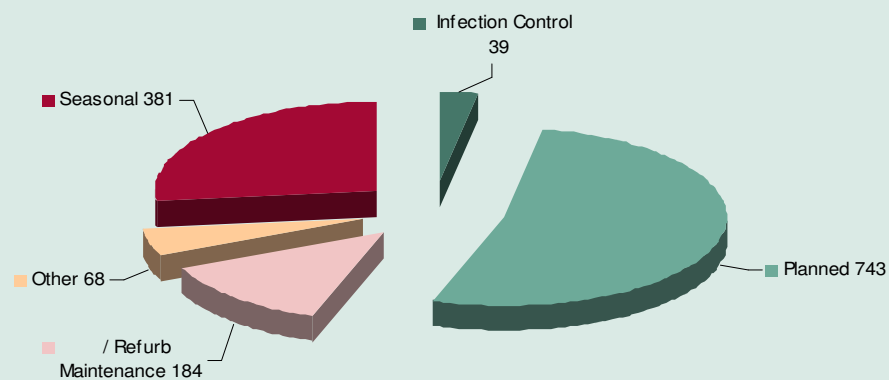
5b. Average number of delayed discharges 2007-2009*



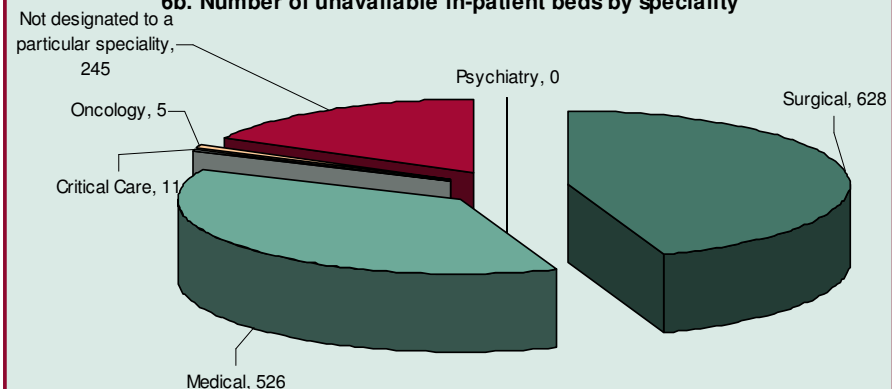
Bed Capacity Management

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 1,499 beds (1,415 inpatient; 84 day beds) unavailable for discharges at the end of December. This figure peaked towards the end of December with planned seasonal closures for the Christmas period. These beds have begun to re-open through January 2010 and are now at those levels reported prior to Christmas period.

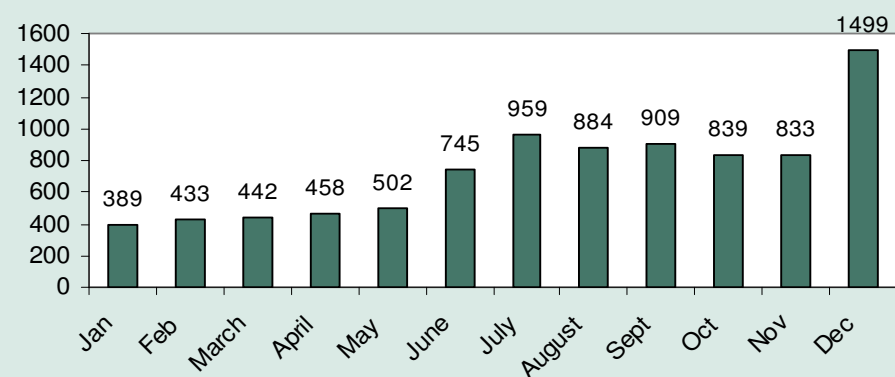
6a. Number of unavailable in-patient beds by reason



6b. Number of unavailable in-patient beds by speciality



6c. Number of unavailable beds across hospital - 2009



Waiting Lists

New Hospital Referrals (0-3 months): The number of children and adults referred less than 3 months for inpatients was 1,041 and 6,866 respectively and for day cases was 1,215 and 15,052 respectively.

National Waiting lists (+3 months): The number of children and adults referred more than 3 months for inpatients was 1,337 and 6,253 respectively and for day cases was 1,763 and 9,164 respectively.

Emergency Presentations and Emergency Department Data

Compared to 2008, emergency admissions to hospitals have only decreased by 0.7% despite emergency presentations decreasing by over 2%. This pattern has not been uniform across hospitals. This pattern of decreased emergency presentations, ED attendances and emergency admission has been a trend for a number of months during 2009.

Table A shows **the complete time from registration to admission/discharge for ED visits for** December, covering 11 hospitals who between them account for over 38% of average daily attendances at the ED. It is gathered by recording the in / out time for all attendances on a 24 hour basis. Tables B and Table C break out the detail for those who were discharged from the ED and those who were admitted from the ED. As can be seen, many hospitals have average ED waiting times of less than the 6 hour access time target (based on all patients or sampling approach).

Green	< 6 hrs	Orange	< 12 hrs	Red	> 12 hrs
-------	---------	--------	----------	-----	----------

Table A

Hospital Results - based on all ED attendances	Average number of people seen in ED daily	Average hours for complete ED visit.
Regional Hospital, Dooradoyle	191	5.3
Kerry General	76	2.6
Portiuncula Hospital Ballinasloe	53	3.1
Midland Regional Hospital - Tullamore	73	2.9
Letterkenny General Hospital	80	4.0
Adelaide & Meath Hospital Inc NCH	117	6.0
Mercy Hospital	71	4.6
Cork University Hospital	152	6.2
St. James Hospital	120	8.7
St. Vincent's Hospital Elm Park	111	9.3
Beaumont Hospital	125	12.7

Table B

Hospitals	Average number of people seen in ED daily who were not admitted	Average hours waiting: Non-Admitted patients
Regional Hospital, Dooradoyle	145	4.7
Kerry General	54	2.3
Portiuncula Hospital Ballinasloe	35	2.8
Midland Regional Hospital - Tullamore	53	2.9
Letterkenny General Hospital	47	6.2
Adelaide & Meath Hospital Inc NCH	83	5.8
Mercy Hospital	55	5.8
Cork University Hospital	111	6.2
St. James Hospital	84	7.1
St. Vincent's Hospital Elm Park	85	9.4
Beaumont Hospital	90	7.9

Table C

Hospitals	Average number of people seen in ED daily who were admitted	Average hours waiting: Admitted patients	Average numbers daily waiting more than 24 hours at 2pm (after decision to admit)
Regional Hospital, Dooradoyle	46	6.9	0.0
Kerry General	22	3.2	0.0
Portiuncula Hospital Ballinasloe	18	3.7	0.2
Midland Regional Hospital - Tullamore	20	2.9	0.0
Letterkenny General Hospital	33	3.2	0.0
Adelaide & Meath Hospital Inc NCH	34	6.2	1.0
Mercy Hospital	16	4.2	0.9
Cork University Hospital	41	6.3	0.2
St. James Hospital	36	12.7	0.0
St. Vincent's Hospital Elm Park	26	7.7	0.2
Beaumont Hospital	35	26.1	0.7

The tables below show the ED data for a sample of attendances over two periods of two hours each, (11am–1pm and 4pm–6pm) each day, in 19 hospitals for **January to December**. Each person who registers in the ED during these hours is traced back throughout the day to capture the total time they spent in the ED.

Hospital Results Based on 2 x 2 hour daily sample	Table A:		Table B:		Table C:		Data collected at 2pm each day reflecting the average numbers waiting more than 24 hours at that time (after decision to admit)
	Av number of people seen in ED daily	Av hours for complete ED visit for those registered between 11am and 1pm & 4-6pm	Av number of people seen in ED daily who were not admitted	Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and not admitted.	Av number of people seen in ED daily who were admitted	Av hours for complete ED visit for those registered between 11am and 1pm and 4-6pm and admitted.	
Louth County Hospital	43	1.4	33	1.4	10	0.0	0.0
St Luke's Hospital - Kilkenny	101	1.9	79	1.7	22	4.0	0.0
Nenagh General Hospital	28	2.1	25	2.0	3	2.6	0.0
St. John's Hospital - Limerick	40	2.0	36	1.8	4	4.8	0.0
St. Michaels Hospital DLaoire	36	2.2	33	2.0	3	4.0	0.0
Our Lady's Hospital - Navan	56	2.1	45	2.1	11	2.4	0.0
South Infirmary - Victoria Hospital	72	2.2	61	1.8	11	8.1	0.0
Mater Misericordiae Hospital	110	2.4	85	2.3	25	7.1	0.1
Waterford Regional Hospital	148	2.5	103	1.9	45	7.7	0.0
South Tipperary General Hospital	92	2.8	75	2.1	17	5.6	0.0
Wexford General Hospital	96	3.1	76	2.7	20	5.2	0.1
Roscommon County Hospital	38	2.9	28	2.6	10	4.4	0.0
Cavan General Hospital	92	3.3	71	2.6	21	7.6	0.0
Mayo General Hospital	81	3.7	56	3.5	25	6.4	0.1
Sligo General Hospital	99	4.1	76	3.4	23	8.6	0.1
Naas General Hospital	64	8.8	45	6.2	19	20.1	0.1
Galway University Hospitals	163	10.5	113	7.4	50	16.5	0.0
Our Lady of Lourdes	121	17.8	91	21.7	30	16.7	0.0
St. Columcille's Hospital	57	25.1	46	26.4	11	23.6	1.0

URGENT COLONOSCOPY MONTHLY OVERVIEW

10.4% of those on referral for urgent Colonoscopy (59 people) are waiting more than 28 days for an urgent Colonoscopy procedure in the week ending 17th January 2010. This has risen from 8.3% (48 people) in December.

Of the 30 Hospitals who reported on their Colonoscopy service, 10 Hospitals currently have people waiting more than the 28 day target.

81.4% of those waiting are in 4 hospitals South Infirmary – Victoria Hospital (16), Mater Misericordiae (13), Kerry General (12) and NWRH, Dooradoyle (7), all other hospitals have less than 4 people waiting.

Hospitals	Figures waiting over 28 days week ending	Change from previous month
South Infirmary – Victoria Hospital, Cork	16	+9
Mater Misericordiae Hospital	13	+9
Kerry General Hospital	12	+11
MWRH, Dooradoyle, Limerick	7	No data received

***No response received from the following hospitals:** Portiuncula, St. Johns Limerick, St. James', Naas General, Mercy University and Mallow General.

Summary Report on Consultant Private Practice Measurement – Update for November 2009 (April – June 2009 Activity Period) – Consultant with new (2008) Contract											
SOUTH	*Total no. of Consultants	Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		WEST	*Total no. of Consultants	Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)	
		Inpatients	Day Case	Inpatients	Day Case			Inpatients	Day Case	Inpatients	Day Case
Cork University Hospital	173	50.96%	55.77%	79.81%	66.35%	Letterkenny General Hospital	50	89.29%	78.57%	100.00%	89.29%
St Mary's Orthopaedic Hospital		86.67%	46.67%	93.33%	66.67%	Sligo General Hospital	57	84.62%	61.54%	94.87%	84.62%
Mercy Hospital	38	30.00%	37.00%	21.00%	16.00%	Roscommon County Hospital	14	100.00%	100.00%	100.00%	100.00%
Mallow General Hospital	8	44.44%	33.33%	66.67%	44.44%	Portiuncula Hospital	18	40.00%	70.00%	90.00%	80.00%
Kerry General Hospital	36	66.67%	76.19%	90.48%	90.48%	UCH Galway	170	49.23%	72.31%	67.99%	78.46%
South Infirmary – Victoria Hsp	30	45.00%	55.00%	65.00%	55.00%	Merlin Park Regional Hospital	Inc in UCH Galway	75.00%	83.33%	83.33%	87.50%
Bantry Hospital	8	100.00%	100.00%	100.00%	100.00%	Mayo General Hospital	37	69.57%	52.17%	82.61%	65.22%
Wexford General Hospital	25	64.29%	64.29%	100.00%	78.57%	Mid Western Regional Hospital Dooradoyle	108	30.91%	30.91%	43.64%	40.00%
Waterford Regional Hospital	79	58.73%	55.56%	87.30%	74.60%	Mid Western Maternity Hospital	Inc in MWRH Dooradoyle	20.00%	100.00%	30.00%	100.00%
St Lukes General Hsp Kilkenny	31	50.00%	85.71%	85.71%	92.86%	Croom Orthopaedic Hospital	Inc in MWRH Dooradoyle	14.29%	21.43%	21.43%	21.43%
Lourdes Orthopaedic Kilkenny	Included in WRH					Mid Western Reg Hsp Ennis	8				
South Tipp General Hospital	24	50.00%	70.00%	95.00%	75.00%	Mid Western Reg Hsp Nenagh	14	55.56%	66.67%	88.89%	88.89%
						St Johns Hospital	11	0%	60.00%	20.00%	80.00%
DUBLIN NORTH EAST	*Total no. of Consultants	Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)		DUBLIN MID LEINSTER	*Total no. of Consultants	Proportion of Consultants within Contract Ratio (case mix adjusted)		Proportion of Consultants within Contract Ratio +10% (case mix adjusted)	
		Inpatients	Day Case	Inpatients	Day Case			Inpatients	Day Case	Inpatients	Day Case
Louth County Hospital	9	50.00%	50.00%	87.50%	56.25%	AMNC Hospital Tallaght	96	Data Under Review			
Our Lady of Lourdes Hospital	55	50.00%	63.16%	86.84%	76.32%	Coombe Womens Hospital	28	Awaiting Data Under New Format			
Our Lady's Hospital	27	70.59%	58.82%	94.12%	76.47%	Our Lady's Hsp for Sick Children	70	52.24%	40.30%	74.63%	58.21%
Monaghan General Hospital	7	100.00%	66.67%	100.00%	83.33%	Naas General Hospital	18	100.00%	100.00%	100.00%	100.00%
Cavan General Hospital	34	75.00%	87.50%	75.00%	100.00%	Midland Regional Hsp Mullingar	28	81.25%	68.75%	93.75%	75.00%
Mater Misericordiae Hospital	110	75%	86%	86.00%	94.00%	Midland Regional Hsp Tullamore	38	Awaiting Data Under New Format			
Beaumont Hospital	135	58.23%	78.48%	74.68%	89.87%	Midland Regional Hsp Portlaoise	21	78.57%	64.29%	92.86%	78.57%
Connolly Hospital	44	95.83%	91.67%	100.0%	100.0%	St Vincent's Hospital Elm Park	101	83.33%	91.00%	93.52%	94.44%
Rotunda Hospital	26	Awaiting Data Under New Format				St Michael's Dunlaoghaire	7				100.00%
Children's University Hsp Temple St	49	77.05%	52.46%	90.16%	72.13%	St Colmcilles Hsp Loughlinstown	24	100.00%	100.00%	100.00%	100.00%
Cappagh National Ortho Hsp	13	86.00%	32.00%	95.00%	47.00%	National Maternity Hospital Holles Street	24	42.90%	42.90%	67.90%	64.30%
The above figures are unaudited however a Hospital by Hospital audit is currently underway. *This represents the number of Consultants not WTEs. Please note that Consultants may work in more than one hospital.						Royal Victoria Eye & Ear	19	23.08%	23.08%	46.15%	38.46%
						St James's Hospital	146	74.73%	92.31%	87.91%	97.80%

Ambulance

Call Activity Analysis

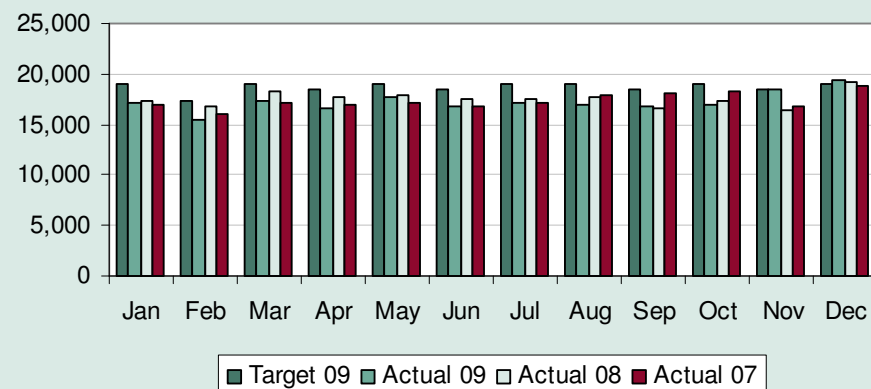
Emergency Call activity in Dec 09 is down on the same period last year showing a variance of -2.5% and remaining within a range of -1% to -5%. Urgent Call activity indicates a slight variance of -0.7% on the same period last year and within a range of -2% to 3.6% for the year. Lower call volume may be attributable to increased day ward service capability in the acute sector.

Non-Urgent and Community Transport – Because changes have been made to the criteria in recording these figures when reviewed as a combined figure they show a YTD variance of 2.58%. Provision of demand led services such as oncology and haemodialysis results in significant increase in non-urgent activity year on year. The issue is currently under analysis nationally.

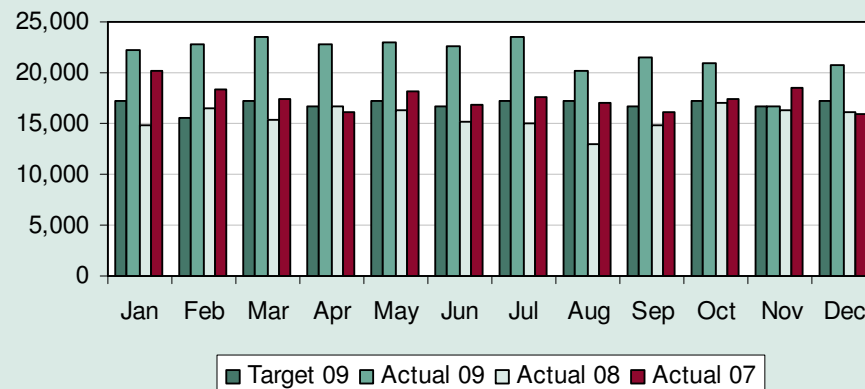
Response Time % Analysis

Response times were considerably affected by both the demand on services and the severe weather effects impeding road traffic and travel. The variances across the four time bands compared to the previous month; -11.4%; -8.9%; -8.2%; -6.8% respectively, are indicative.

Emergency Calls - Target 09 v Actual 2009, 2008 and 2007



Non Urgent Calls - Target 09 v Actual 2009, 2008 and 2007



Section 4 – New Service Developments

Key Result Area	Deliverable 09	Progress in Reporting Period
PRIMARY CARE		
Immunisations	Full year costs to support the recent extension of the New Primary Childhood immunisation (PCI) schedule (€18m funded in 2008 towards programmes with a full year cost of €30m).	
	<i>Funding</i>	<i>Funding spent ytd:</i>
	€12m	WTEs ytd:
		<i>Funding spent ytd:</i> Total €3,250,000
		<i>WTEs ytd:</i> 1 WTE (Project Manager)
MENTAL HEALTH		
Suicide Prevention Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	
	<i>Funding</i>	<i>WTE</i>
	€100,000	-
		<i>Timescale</i>
		Q4
Programme 'Your Mental Health' further developed targeting whole population and specifically young people		Funding of €100k has been allocated to Console for bereavement services. Pilot work is ongoing and will be developed in 2010 as a model of good practice which can be used by other agencies providing bereavement services.
		<i>Funding spent at 31/12/09</i> €100,000
		<i>WTEs ytd:</i> -
		The campaign was launched on 12 th October 2009. The programme included;
		<ul style="list-style-type: none"> • Development of a website www.letsomeoneknow.ie. • Development of a dedicated and moderated Bebo page. • Production of an advertisement for use in appropriate TV channels and in the cinema. • Outdoor advertising near schools • A national attitude survey 'Young People and Mental Health' available on www.nosp.ie
		(Advertising material will be available for use in TV and cinema in 2010 and beyond subject to NOSP resources).
		Co Branding arrangements have been entered into with 13 organisations to promote positive mental health projects within the youth sector. Each organisation will deliver its own message to its target group.
		<i>Funding spent ytd:</i> €900,000
		<i>WTEs ytd:</i> -
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)	
	<i>Funding</i>	<i>Funding</i>
	€900,000	€900,000
		€500,000 once off funding was allocated for a variety of service user and carer initiatives in 2009.
		All allocated monies have been spent on a range of initiatives including;
		<ul style="list-style-type: none"> • National Service User Executive electoral process • Development of a Recovery Assessment Tool • Explanation of the Collaborative Leadership Course • Development of a Service User Information pack • Development of an accredited course in partnership with DCU and ICGP to provide skills for primary care practitioners to manage mental health needs within the primary care context
		<i>Funding spent ytd:</i> €500,000
		<i>WTEs ytd:</i> -

Key Result Area	Deliverable 09			Progress in Reporting Period	
	Early intervention services for mental illness further developed(detail in the care group section)			€250,000 once off funding was allocated to DETECT. <i>(DETECT aims to provide a service for individuals experiencing first episode psychosis and their families living in Cluain Mhuire, Elm Mount, Newcastle and St John of God Hospital services). This early intervention service to continue their work in 2009.</i>	
	Funding	WTE	Timescale	Funding spent ytd:	€250,000
	€250,000	-	Q2	WTEs ytd:	-
Child and Adolescent	Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.			29 posts have now been recruited. The remaining posts are in the process of being recruited and will be in place in early 2010.	
	Funding	WTE	Timescale	Funding spent ytd:	€450,000 (information from WEST outstanding. €300,000 in DNE not drawn down from PCCC Corporate).
	€1.05m*	35	Q2	WTEs ytd:	29
	Funding	WTE	Timescale	Funding spent ytd:	?
TOTAL	€2.8m (€1.75m once off)	35	-	WTEs ytd:	29

Key Result Area	Deliverable 09	Progress in Reporting Period	
DISABILITY SERVICES			
Disabilities Assessment and Intervention Services	Development and enhancement of assessment and intervention services to children of school going age with disabilities and recruitment of therapy posts to support implementation of the Disability Act.* Costs equivalent to 90 posts.	A National Recruitment Campaign to fill the 90 posts took place during 2009. The position as of 31st December 2009 is as follows: <ul style="list-style-type: none">45.85 posts in place8.65 start date agreed19.80 have accepted posts (awaiting Garda clearance, etc)15.70 in train (to be readvertised due to panels running out, etc) 90 posts TOTAL A number of national panels went live in late December and offers are being made to successful candidates. Other posts will need to be re advertised and this is currently underway.	
Funding	WTE	Timescale	Funding spent ytd:
€7.2m*	90	Q4	€3.6m to be spent by end of 2009
			WTEs ytd
			45.85 (in place)

Key Result Area	Deliverable 09	Progress in Reporting Period
OLDER PEOPLE SERVICES		
A Fair Deal and Associated Work	In conjunction with the National Treatment Purchase Fund (NTPF) and DoHC, national implementation of the new nursing home support scheme - 'A Fair Deal', following approval by the Oireachtas	<p>The Nursing Home Support Scheme commenced on the 27th October 2009. Significant work was undertaken in preparation for the scheme. Work continues to ensure a national standardised approach to the implementation of the scheme.</p> <p>As of 31 Dec 2009, 5,226 applications have been received and 1,608 'determinations' issued (HSE decision on</p>

Key Result Area	Deliverable 09			Progress in Reporting Period	
				appropriate amount to be paid by individual).	
	Funding	WTE	Timescale	Funding spent ytd:	€10m (approx)
	€55m	-	Q1–Q4	WTEs ytd:	-
Key Result Area	Deliverable 09			Progress in Reporting Period	
INNOVATION					
Innovation Funding	Delivery of Innovation projects approved by Minister for Health and Children.			Governance arrangements for €20m of Innovation Funding for suitable projects were received on 27 th July 2009. This will be reported on from September via the model agreed between HSE and the Performance Monitoring Evaluation Unit, DoHC.	
	Funding	Funding spent ytd:	Funding spent ytd:	Funding spent ytd:	€15,369,063m allocated in 2009 as follows: <ul style="list-style-type: none">• PCCC - €2.8m• NHO - €.99m• Pop Health - €.12m• North East €7m• Corporate €.14m• Transformation Programme 1 - €.2m• Reconfiguration MW - €2m• Reconfiguration South - €2m Unallocated funds in 2009 - €5.63m
	€21m	WTEs ytd:	WTEs ytd:	WTEs ytd:	0
Key Result Area	Deliverable 09			Progress in Reporting Period	
NATIONAL CANCER CONTROL PROGRAMME					
Lung Cancer Services	Access to lung cancer surgery in 4 of the centres improved			Equipment purchased for lung cancer centres. Rapid Access clinics open in Beaumont, Vincent's St. James's and Waterford	
	Funding	WTE	Timescale	Funding spent ytd:	Funding allocated to cancer centres
	€3m	22	Q4	WTEs ytd:	Primary Notifications approved for all new posts. 19 posts in place. Recruitment in process to accommodate set up of remaining rapid access diagnostic clinics
Prostate Cancer Services	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased			Three prostate rapid access clinics opened - St. James, Galway and St.Vincents	
	Funding	WTE	Timescale	Funding spent ytd:	Funding allocated
	€3.4m	28	Q4	WTEs ytd:	Primary Notifications approved for all new posts. 15 posts in place. Recruitment in process to accommodate set up of rapid all access clinics.
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed			National centre at Beaumont Hospital networked to CUH being at planning stage	
	Funding	WTE	Timescale	Funding spent ytd:	Funding allocated to Beaumont and CUH
	€1m	8	Q4	WTEs ytd:	3 posts in place. Recruitment in process for neurosurgical lead consultant to accommodate development of cancer neurosurgery network with Beaumont and CUH.
National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed			Decision on location of national centre deferred.	
	Funding	WTE	Timescale	Funding spent ytd:	Funding allocated towards other developments within SP 2009
	€1m	8	Q4	WTEs ytd:	Wtes allocated on other developments within SP 2009

Key Result Area	Deliverable 09			Progress in Reporting Period	
National centre for pancreatic cancer	National centre for pancreatic cancer developed			St. Vincent's Hospital has been identified as the national centre for pancreatic surgery. Development of the service is at planning stage.	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>Funding allocated to St. Vincent's</i>
	€1m	8	Q4	WTEs ytd:	Primary notification approved for 8 posts
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.			2 new consultant anaesthetist posts approved to support increased activity in oncology. Primary notifications approved for nursing post. 2 posts in place	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>Funding allocated to cancer centres</i>
	€1m	14	Q4	WTEs ytd:	Recruitment in process
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.			GP training and support to aid with cancer referral and surveillance is taking place nationally. GP symptomatic breast referral form has been piloted and evaluated and is in use. Electronic referral form being piloted. Referral forms and guidelines for GPs for lung and prostate cancer complete	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>Funding allocated</i>
	€1.53m	-	Q4	WTEs ytd:	0.6 GP in place in HSE
Additional Patient transport support	Patient transport support scheme rolled out further.			Patient transport further rolled out as services transfer into designated cancer centres.	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	€500,000
	€500,000	-	Q4	WTEs ytd:	0
NPRO Capital development plan	Phase 1 construction work continued in Beaumont and St. James's Hospitals			Phase 1 Construction work continues in Beaumont and St. James's. Target completion last Q 2010	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	<i>Funding allocated</i>
	€1.7m	12	Q4	WTEs ytd:	NEMU has approved filling of 12 NPRO posts to date. 2 posts in place
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.			Timescale Q 4	
	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	0
	€870,000	-	Q4	WTEs ytd:	0
TOTAL	<i>Funding</i>	<i>WTE</i>	<i>Timescale</i>	<i>Funding spent ytd:</i>	0
	€15m	100	-	WTEs ytd:	NEMU has approved filling of total of 100 posts. A number of the posts provide cross cover for lung, prostate, neuro and pancreatic cancers so it is difficult to be precise across individual developments. Overall 39 of the approved posts are in place with remainder at recruitment stage. All funding was allocated to cancer patients in cancer centres and oncology units

Section 5 – Quality and Safety

We are committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan. While quality is implicit and embedded in the delivery of all our services and is reflected in the deliverables we have set ourselves in NSP 09, this section focuses on some key organisational measures against which we will measure our progress in 2009.

Addressing quality and safety through:

Key Result Area	Deliverable 09	Progress in reporting period
CP 17 Corporate Quality and Safety (Risk)		
Serious Incident Management Reporting	<p>Implementation of incident management policy throughout the organization and HSE funded health services including:</p> <ul style="list-style-type: none"> • Serious Incident Management Policy, Processes • Guidelines for Conducting Inquiries. • Development of a Serious Incident Database • Dissemination of the learning from these serious incidents throughout the system. 	<p>A working group to facilitate the development of a Standardised Comprehensive Complaints and Incident Investigation Process has been established. Progress includes:</p> <ul style="list-style-type: none"> • Stakeholder consultation in progress • Project objectives and plan agreed. • Process mapping completed • Development of documentation such as "Standardised Comprehensive Compliant Incident Investigation process continuing <p>Under review at present. This is now expected to be completed in Q1 2010</p> <p>In development. This is now expected to be completed in Q1 2010</p> <p>This database is operational some minor additions included</p> <p>Master Classes on Adverse Incidents for 2010</p> <p>3 further sessions planned - 18th February 2010, 17th June 2010 and 13th October 2010</p> <p>As at the end of December, the total number of cases with the Serious Incident Management Team (SIMT) was 27. The SIMT has oversight of these and the list is reviewed and updated after each meeting.</p>
Commission on patient safety and quality	Implementation of recommendations of the Report of the Commission on Patient Safety and Quality.	<p>The DoHC has established an implementation steering group. A number of project groups are established which will draft project plans.</p> <p>Adverse Event Project plan has been developed. The 'as is' situation in Irish Healthcare being determined. Consultation with Key Stakeholders commenced.</p>
Quality Improvement Plans	<p>Implementing of the Quality Improvement Plans to address the recommendations from the HIQA reports on</p> <p>(a) Service reviews.</p> <p>(b) Investigations and our internal system analysis recommendations</p>	<p>National Template for Policies, Procedures, Protocols and Guidelines (PPPGs) The document is now available on the intranet web pages of Quality and Risk. The link is http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/PPPG_Document_Development_and_Inventory/OQR029_HSE_Procedure_for_developing_Policies,_Procedures,_Protocols_and_Guidelines.pdf</p> <p>The inventory (list) of all known available policies, protocols, procedures and guidelines is also available on the intranet pages of Quality and Risk. This inventory includes name of the policy and contact name and e-mail address (where known or available) The link is: http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/PPPG_Document_Development_and_Inventory/OQR029_HSE_Procedure_for_developing_Policies,_Procedures,_Protocols_and_Guidelines.pdf</p>

Key Result Area	Deliverable 09	Progress in reporting period
		<p>and _Risk/PPPG_Document_Development_and_Inventory/PPPG_Inventory_200912.pdf</p> <p>Medical Devices Project:</p> <p>Documentation available on intranet site of Quality and Risk. Links are:</p> <p>http://hsenet.hse.ie/HSE_Central/Office_of_the_CEO/Quality_and_Risk/Documents/OQRO30_HSE_Medical_Devices_Equipment_Management_Best_Practice_Guidance.pdf</p> <p>E-Learning Packages to support implementation of Quality & Risk: E-learning package on Systems Analysis training completed and available on line</p>
Quality and Risk Framework	<p>Implementation of Quality & Risk Framework including a Quality and Risk Management Standard</p> <ul style="list-style-type: none"> Numbers and percentage of hospitals who have completed self- Assessments and developed associated action plans 	<p>All Hospitals (100%) operated or funded by the NHO have now completed self-assessment and developed associated action plans.</p> <p>Progress monitoring arrangements are being developed</p>
Risk Register	<p>Risk Assessment and Development of Risk Registers in line with HSE policy and guidance across NHO and PCCC including:</p> <ul style="list-style-type: none"> Numbers and percentage of Hospitals with Registers 	<p>Development of hospital level risk registers is ongoing.</p> <p>Progress monitoring arrangements are being developed</p>
Corporate Risk Register	Monitoring and auditing of Quality Improvement Plans based on Corporate Key Risk Register	<p>The Corporate Risk Register is discussed monthly by the Performance Monitoring and Control Committee and quarterly by the Risk Committee. Internal Audit (Financial) and Quality and Risk Healthcare Audit of Corporate Key Risk Register completed in October 2009. New Corporate Risk Register was developed in December 2009 under the direction of the Director of Quality & Clinical Care</p>
Response to HIQA's 2008 Hygiene Services Quality Review	<p>Co-ordinate a response to HIQA's 2008 Hygiene Services Quality Review</p> <ul style="list-style-type: none"> Number and percentage of poor performers who have received peer to peer support to develop QIP Target 100% Number and percentage of poor performers who have developed and are implementing QIP. Target 100% Number and percentage of poor performers who have completed implementation of QIP. Target 100% Number and Percentage of poor performers who have self-assessed and reported. improvement versus HIQA assessment 2008 	<p>Poor performing hospitals (n=14) have all met with ND NHO and Lead of the NHO's Patient Safety and Healthcare Quality Unit to discuss 2008 results.</p> <p>14/14 (100%) hospitals have received peer-to-peer support.</p> <p>14/14 (100%) hospitals have developed and are implementing their quality improvement plans. These have been made publicly available by the NHO along with tools to support improvement http://www.hse.ie/eng/Publications/services/Hospitals/QIPreports</p> <p>Implementation of these quality improvement plans is ongoing in the 14 hospitals</p> <p>Progress reports for Q2 received from all hospitals.</p> <p>Progress reports for Q3 received from all hospitals.</p> <p>11/14 of hospitals are on track with implementation of Quality Improvement Plans, those who are not on track have escalated issues to Network Managers.</p>

Key Result Area	Deliverable 09	Progress in reporting period
	<ul style="list-style-type: none"> Target 100% 	<p>Hygiene Self Assessments have been completed by hospitals and have been collated nationally.</p> <p>HIQA are currently externally reviewing on reporting on hygiene services in a sample of HSE operated or funded hospitals. By the end of 2009, HIQA had reassessed 6 of the 14 hospitals identified above. Improvement was noted in 4/6 hospitals. Hospitals without improvement have developed plans to address issues and will be monitored by the Integrated Services Directorate.</p>
Implementation of National Standards for the Control and Prevention of Healthcare Associated Infection	<p>Support the implementation of the National Standards for the Control and Prevention of Healthcare Associated Infection:</p> <ul style="list-style-type: none"> Develop a self-assessment tool for use by hospitals (Q2) Deliver 4 Regional self-assessment training workshops (Q3) Number and percentage of hospitals that have completed self assessment and developed action plan (Q4) 	<p>Self Assessment tool developed.</p> <p>Four regional self-assessment training workshops held in June/July 2009.</p> <p>Hospitals have completed self-assessment and quality improvement planning. A national-level self-assessment was completed by the HSE HCAI Governance Group. Information is being collated and a national report will be developed by the Quality and Clinical Care Directorate which will now lead on ongoing implementation</p>

Supporting consumer care through:

Key Result Area	Deliverable 09	Progress in reporting period
Complaints	Managing Complaints – progress update and inclusion of statistics (table below).	<p>Work ongoing on Evaluation of Your Service Your Say Policy & Procedure: Consumer Affairs representatives attended Research Ethics Committee meeting on 1st December 2009 in respect to evaluation of Your Service Your Say. Ethics approval granted subject to minor changes in wording. Survey to go live on intranet in January 2010..</p>
User Involvement	National Strategy for User Involvement implemented	<p>Development of Service User Involvement training module for service providers ongoing, in collaboration with Picker UK (Action 6.3)</p> <p>Consultation process for patient charter ongoing (Action 4.1).</p> <p>Guidance resource for community participation and primary care in its final draft and is to be presented to the subgroup in January 2010 for sign off.</p> <p>Meeting with Anne McFarlane and Mary De Bruin, Centre for Service User Involvement, NUIG, to forge networking and partnership opportunities.</p> <p>Training completed for the Cork group of Volunteer Advocates and final testimonials are currently being requested prior to FETAC 6 accreditation. An Open evening took place for the South Dublin Volunteers who are due to commence training on the 19/01/10. Training of volunteer advocates to take place in 2010 in Kerry (February), Mayo/ Roscommon (March).</p> <p>Information website www.myhomefromhom.ie to go live on 8th January 2010. NAPA hopes to encourage further population of this site as a result. Phase two of the project to commence by June 2010.</p> <p>To date 158 sites from the private sector, 24 sites from the public sector and 14 sites from the</p>

Key Result Area	Deliverable 09	Progress in reporting period
		<p>Voluntary sector have uploaded their information to the website www.myhomefromhome.ie and this information has been verified. .</p> <p>Training in “Personal Excellence” continued to be rolled out to the remainder of the pilot sites.</p> <p>A meeting of the National Advocacy Programme Alliance took place on the 15th December. Governance of NAPA discussed and a proposal was made to have the programme evaluated early in 2010 before further expansion of the programme.</p>
Customer satisfaction surveys	Repeat customer satisfaction surveys undertaken.	<p>Work ongoing on patient satisfaction survey in association with ISQSH and evidence of good service user involvement practice throughout the NHO.</p> <p>Pilot satisfaction survey of patients with primary care teams ongoing. First draft of report due early February 2010. 50% response rate to date.</p> <p>Consumer Affairs representatives attended Research Ethics Committee meeting on 1st December 2009 in respect to evaluation of Your Service Your Say. Ethics approval granted subject to minor changes in wording. Survey to go live on intranet in January 2010.</p>
Service user participation	Service user participation promoted through use of consumer panels, questionnaires, etc.	<p>Site visits ongoing in respect to the HSE/Combat Poverty Agency Joint Funding Initiative.</p> <p>Ongoing support being provided to the National Audiology Review Process association with the Department of General Practice, NUI Galway.</p>
FOI, data protection, statutory and non-statutory appeals	FOI, data protection, statutory and non-statutory appeals No and % of FOI requests (table below) which are processed within required timelines (target for 09 is that 65% are answered within 20 working days).	See Table below

Performance Activity	Outturn 08	Target 09	Target YTD	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints							
No. of complaints	4,891			7,984		4,250	88%
No. of complaints finalised within 30 working days*	2,534			6,326		2,534	150%
No. of FOI requests received	4,231			4,879		4,231	15%
HSE National Information Line							
Number of calls received	113,738			167,645		113,738	47%

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

Section 6 – HealthStat – Update at Q4 2009

HealthStat is designed to promote high performance, foster performance accountability at all levels of management and support the institutionalisation of continuous improvement in health service delivery and has been in operation since the start of 2008. Performance data is gathered from existing sources and, where necessary, newly requested from the service delivery end to reflect operational performance with respect to Access, Integration and Resources (AIR). The resulting data is displayed in a performance dashboard of graphics that enable a connected story of health service delivery and facilitate comparison with targets, standards and between units. Some metrics concentrate on the patient journey (e.g. waiting times for different episodes of care) whilst others are focussed on internal efficiency of health service delivery (e.g. Average Length of Stay, Day Case rates, AHP activity, Radiology activity, OPD Clinic performance).

Monthly performance dashboards are circulated for analysis and brought to the HealthStat Forum where the CEO and HealthStat team, together with National Directors of Integrated Services, Corporate Planning & Corporate Performance, Quality & Clinical Care, Finance, HR and Communications, meet with local clinical and operational service management to discuss performance and agree actions for improvement.

HealthStat in the public domain

HealthStat results are published on www.hse.ie pages that include downloads of HealthStat targets, a HealthStat user guide, overall performance traffic lights for 29 hospitals, performance dashboards for those hospitals in pdf format and comparative charts for selected metrics.

Updated information is published at the end of each calendar month. HealthStat maintains an open relationship with the media, sharing information to ensure factual reporting wherever possible. HealthStat has committed to a rollout of HealthStat to all hospitals and across Local Health Offices during 2009.

Hospital HealthStat Dashboard Progress Report

- A formal review of the hospital dashboards took place in December 2009. There were representatives from a number of hospitals in attendance. The current set of metrics was reviewed and suggestions on enhancements and refinements were made. Feedback was positive and the concluding consensus was that it was a very worthwhile exercise and should be done more often.
- Progress on incorporating additional/outstanding hospitals into HealthStat is underway.
- There continues to be a month on month increase in the number of hospitals showing significant improvement across a number of metrics (e.g., elective waits; waits for OPD consultant led clinics; access to diagnostics; day case rates and day of procedure admission rates).
- Absenteeism rates although showing signs of sustained improvement earlier in the year slipped across a number of hospitals in Q4 2009.
- Whilst areas of excellence are evident across many hospitals the figures also indicate some specific challenges for action within other hospitals.

HealthStat PMR update for Q4 2009

The fourth quarter of 2009 continued to be strongly focused for HealthStat.

- The format of the monthly forum changed with the new integrated services structure: hospital managers/clinical directors and local health managers from the same HSE region are now invited to attend the Forum meeting together. This integrated approach facilitates a more informed regional perspective and discussion on performance.
- In addition to maintaining collection and preproduction of monthly data relating to already established HealthStat metrics there was additional focus on further refinement and development of additional metrics to enhance our organisations focus on performance.

Local Health Office (LHO) HealthStat Dashboard Progress Report

- The LHO dashboards continue to be in pilot phase and are on track for movement of the January 2010 data into the public domain in March 2010.
- Several new/revised metrics and targets are now in place (e.g., Speech & Language Therapy, Occupational Therapy, Child & Adolescent Mental Health, Adult Mental Health and Child Protection).
- HealthStat and ISD / Care Group Managers are working on the development of outstanding metrics and suitable targets where there are none currently in place.

Appendix 1 – Vote Data

Vote 40 - HSE – Vote Expenditure Return at 31st January 2010

(As at 5th February 2010)

1. Vote Position at 31st January 2010

Category	Proposed REV Allocation €000	January 2010 Outturn €'000
Gross Current Expenditure	14,139,639	1,442,683
Gross Capital Expenditure	436,792	38,687
Total Gross Vote Expenditure	14,576,431	1,481,370
Appropriations-in-Aid		
- Receipts collected by HSE	1,089,206	90,767
- Other Receipts	2,952,344	66,658
- Total	4,041,550	157,425
Net Vote Expenditure	10,534,881	1,323,945

2. Comparison to Issues Return

The January Issues return submitted on 25th January 2010 declared gross Revenue expenditure of €1.446b, gross Capital expenditure of €35m and Appropriations-in-Aid receipts of €332m.

The reduction in Appropriation-in-Aid receipts of €174m compared to the Issues return arises as the Issues return estimated receipts of €170m from the Social Insurance Fund. No receipts were subsequently received in January. The HSE received €110m on 3rd February in respect of January 2010. I understand that the Budget Day estimate of €2.4b is under review in the context of the preparation of the Revised Estimates Volume.

3. General Commentary

- As the preparation of the 2010 REV has not been finalised no monthly profile is included for January 2010. The attached return has been prepared on the basis of the proposed regional subhead structure.
- The January vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of appropriations-in-aid collected directly by the HSE.
- Expenditure on the flu pandemic amounted to €19m in January 2010.

4. Comparison to 2009

The table below compares cash issued by Corporate HSE in January 2010 to January 2009.

Category	Jan-09	Jan-10	Movement	%
Voluntary Hospitals	391,817	372,098	-19,719	-5.03%
Dublin North East	143,907	127,657	-16,250	-11.29%
Dublin Mid Leinster	148,315	137,754	-10,561	-7.12%
South	215,467	210,998	-4,469	-2.07%
West	231,364	199,685	-31,679	-13.69%
Corporate Areas	17,698	73,727	56,029	316.58%
PCRS	231,000	220,000	-11,000	-4.76%
Total Cash Issued	1,379,568	1,341,919	-37,649	-2.73%
<i>Plus</i>				
HSE A-in-A	50,609	90,764	40,155	79.34%
Movement in Bank / Suspense	29,000	10,000	-19,000	
Gross Revenue Outturn	1,459,177	1,442,683	-16,494	-1.13%

The reasons for the reduction in cash issued in January 2010 compared to January 2009 are varied and require further analysis. Some points to note are:

- There were 5 Thursdays in January 2009 compared to 4 in January 2010.
- The cash drawdown in January 2010 reflects the introduction of the pension levy in March 2009 and the public sector pay cuts implemented from 1st January 2010.
- The increase of €56m in cash issued to corporate areas arises due to expenditure of €19m on the flu pandemic and expenditure of €40m on nursing education which in 2009 was paid in February.
- Excluding corporate areas, cash issued in Jan 2010 was €94m less than January 2009. However as January 2009 had an extra payroll day than January 2010 additional reductions in the cash burn rate will be required to achieve a balanced vote in 2010.

Vote 40 HSE - Vote Expenditure Return at 31st December 2009

(as at 8th January 2010)

1. Vote Position at 31st December 2009 - Post Supplementary Estimate - Revenue and Capital Position

Vote	Supplementary Estimate €'000	Monthly Profile €'000	Actual Outturn €'000	Over (Under) €'000	YTD REV Supplementary Profile €'000	YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	14,738,088	1,386,061	1,211,104	(174,957)	14,738,088	14,690,176	(47,912)
Gross Capital Expenditure	442,763	68,005	32,967	(35,038)	442,763	433,635	(9,128)
Total Gross Vote Expenditure	15,180,851	1,454,066	1,244,071	-209,995	15,180,851	15,123,811	-57,040
<i>Appropriations-in-Aid</i>							
Receipts collected by HSE	-1,025,988	-85,109	-114,403	(29,294)	-1,025,988	-1,009,027	16,961
Other Receipts (Revenue)	-2,261,275	-397,635	-492,974	(95,339)	-2,261,275	-2,227,243	34,032
Other Receipts (Capital)	-7,000	0	-1,849	(1,849)	-7,000	-5,000	2,000
Total	-3,294,263	-482,744	-609,226	(126,482)	-3,294,263	-3,241,270	52,993
Net Expenditure	11,886,588	971,322	634,845	(336,477)	11,886,588	11,882,541	(4,047)

General Commentary

Based on the **post supplementary REV profile**, the gross current expenditure is €48m under profile. Appropriations-in-Aid are **under** profile by €53m. Gross Capital issues are **under** profile by €9m.

The above position is based on the actual cash issued to year end and may change as bank balances and suspense account balances are reconciled for the preparation of the Appropriation Account. The final outturn for 2009 will not be available until the 2009 Appropriation Account is prepared.

2. Emerging Issues by Subhead

- The statutory sector, including long term residential care, is under profile by €64m;
- Voluntary Hospitals are €25m over profile;
- Medical Card Schemes are €7m under profile;
- Flu Pandemic Revenue expenditure at 31st December 2009 was under profile by €28m (revenue);
- The Long Stay Repayments Scheme is on profile;
- Payments to State Claims Agency are €1.2m under profile;
- Pension Levy Receipts are under profile by €2.5m;
- Payments to Hepatitis C Insurance Scheme are €1.13m under profile;

- Receipts from the health contributions are €34.246m under profile due to a shortfall in Social Insurance Receipts (SIF) and Revenue Commissioners levies.

3. Vote Expenditure Return v Vote Issues Return (18th December 2009)

The Vote Issues return submitted on 18th December 2009 declared a net excess vote of €34m. This arose as, at that time, Health Contributions from the Revenue Commissioners and the Social Insurance Fund were unexpectedly €34m behind profile. In the period 18th December to 31st December cash requests from the individual HSE areas were less than anticipated in the Issues return. This arose primarily as expenditure on the Flu Pandemic and Fair Deal was less than expected. Additional receipts were also collected from the VHI due to recent initiatives undertaken by the HSE.

4. Capital Position

Summary

Jan 09 to Dec 09	Profile €'000	Outturn €'000	Over/(Under) €'000
Construction (C1/C2)	420,763	416,568	(4,195)
ICT (C3)	15,000	12,067	(2,933)
Dormant A/Cs (B13)	7,000	5,000	(2,000)
Total	442,763	433,635	(9,128)

Construction (C1/C2)

This subhead shows a surplus of €4.195m. This is accounted for by a surplus of €4.943m on the H1N1 element of the overall allocation and a small deficit on the main construction projects of €0.721m.

ICT (C3)

ICT is showing a surplus of €2.933m. Due to receipt of approvals later in the year than anticipated it was not possible to fully spend this allocation in 2009.

Dormant Accounts (B13)

Dormant Accounts cash issues were €2m under profile for the year. This will be balanced by a similar shortfall in A in A for Dormant Accounts.

