



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

October 2010
Performance Report on NSP 2010

Easy Access

Public Confidence

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Introduction

The Performance Report (PR) provides an overall analysis of key performance data from finance, HR, Hospital and Primary & Community Services. The activity data reported is based on the Performance Activity and Key Performance Indicators outlined in the NSP 2010.

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

A Supplementary Report is also produced each month which provides more detailed data on the metrics covered in the Performance Report. Biannually (June and Dec PR Reports) a report on progress against the Deliverables outlined in NSP 2010 will also be included.

Areas of special focus in NSP 2010

- ❑ Fair Deal / NHSS (page 17)
- ❑ Emergency Department – access (page 32)

Additional information and clarifications this month

- ❑ New comparative view of absenteeism - 2009 & 2010
- ❑ New Debtors Day report included (Appendix 2)
- ❑ HSE Achievement Awards 2010 (Appendix 3)

Balanced Scorecard

ACCESS	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported perf last month	Reported Perf this month/Q	% Var this mth v Tar YTD	Perf Trend v last mth
		% waiting < 6 hours from registration to discharge in ED:* (M)						
	· All patients	88.0%	100%	100%	63.7%	60.6%	-39.4%	↓
	Public patients as a % of all elective discharges	78.5%	80%	80%	74.4%	73.6%	-8.0%	→
	No. of patients discharged:							
	· Inpatient (M)	595,022	540,933	453,078	440,910	490,851	8.3%	↑
	· Day case (M)	675,611	689,310	577,386	552,263	612,619	6.1%	→
	Elective Waiting List - Inpatient (M)							
	• % of adults waiting ≤ 6 months	77.3%	100%	100%	74.6%	75.3%	-24.7%	→
	• % of children waiting ≤ 3 months	43.8%	100%	100%	41.3%	43.4%	-56.6%	↓
	Elective Waiting List – Day Case (M)							
	• % of adults waiting ≤ 6 months	85.0%	100%	100%	86.7%	86.9%	-13.1%	→
	• % of children waiting ≤ 3 months	40.8%	100%	100%	45.4%	46.3%	-53.7%	→
	CAMH: % of new cases seen by ≤ 3 months to first appointment (M)	66.0%	70%	70%	63.0%	65.0%	-7.1%	↑
	No. of PCTs holding clinical meetings	219	395	354	294	316	-10.7%	↓
	% of medical cards issued within 15 working days of complete application (Q)	New	100%			information not available		
	% Fair Deal applications processed ≤ 4 weeks (M)	New	TBD	100%	95.0%	95.0%	-5.0%	→

Arrows Explained

- Arrows relate to performance trend against target last month compared to performance trend against target this month.
- Trends allow a differential of 1% in monthly comparisons
- = Performance being maintained ↑= Performance has improved ↓= Performance has deteriorated

QUALITY	Key Performance Measure	Outturn 2009	Target 2010	Target YTD 2010	Reported perf last month	Reported Perf this month/Q	% Var this mth v Tar YTD	Perf Trend v last mth
		% of children in care who currently have a written care plan (Q)	81%	100%	100%	88.3%	88.3%	-11.7%
	% of children in care who have an allocated social worker (Q)	83%	100%	100%	92.2%	92.2%	-7.8%	→
	% Childhood Immunisation (24 months) (Q)	94%	95%	95%	93.6%	93.6%	-1.5%	→
	MRSA bacteraemia notification rate per 1,000 bed days used (Q)	0.09	5% reduction	5% reduction	0.09	0.09	0.0%	→
	Scheduled access to colonoscopy for urgent referral within 4 weeks (M)	N/A	100%	100%	98.6%	99.3%	-0.7%	→
	% of cases compliant with HIQA standard 2 weeks for urgent referrals (M)	95%	95%	95%	98.8%	99.7%	4.9%	→
EFFICIENCY	Ambulance: % of emergency ambulance calls responded to within 14 minutes (M)	59%	63%	63%	56.8%	57.3%	-9.0%	→
	Procedure Rates: % of elective inpatient procedures conducted on day of admission(M)	44%	75%	75%	49.0%	49.0%	-34.7%	→
	Mental Health: Inpatient readmission rates to acute MH units per 100,000 population (Q)	65.60	59.0	59.0	60	60	2.1%	→
	Mental Health: no of readmissions as a % of total admissions (Q)	72%	68%	68%	66.0%	66.0%	-6.3%	→
	Emergency Activity: No. of emergency admissions (M)	366,960	330,298	275,361	275,423	306,886	11.4%	→
	% day case surgeries as % day case + inpatients for specified basket procedures (Q)	44%	75%	75%	68.0%	69.0%	-8.0%	↑
	Numbers of Medical Assessment Units (MAU) (or equivalent) in operation (Q)	N/A	34	17	15	15	-11.8%	→
	ALOS for all inpatient discharges+deaths (M)	6.20	5.6	5.60	5.9	6.00	7.1%	↓
	Absenteeism (M)	5.03%	3.50%	3.50%	4.8%	4.70%	34.3%	→

Key Performance Measurement	Approved Allocation	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	€000				
Dublin Mid Leinster	2,891,206	2,420,960	2,397,783	23,177	1.0%
Dublin North East	2,018,592	1,686,843	1,660,964	25,879	1.6%
South	2,008,874	1,687,817	1,672,557	15,260	0.9%
West	2,091,215	1,767,171	1,734,946	32,225	1.9%
Care Group / Other Services	80,660	21,195	67,393	-46,198	-68.6%
Primary Care Reimbursement Service	2,784,181	2,223,114	2,263,913	-40,799	-1.8%
ISD Regional Sub Total	11,874,728	9,807,101	9,797,556	9,545	0.1%
A Fair Deal 2009 / 2010 Incremental Funding	214,002	202,635	202,635	0	0.0%
Statutory Pensions	355,936	248,329	247,803	526	0.2%
Ambulance	139,904	116,909	116,725	184	0.2%
Corporate Services	106,958	75,420	75,783	-363	-0.5%
Health Repayment Scheme	17,000	18,867	17,000	1,867	11.0%
CIS & Insurance	65,000	62,867	62,867	0	0.0%
National Cancer Control Programme	61,899	40,024	44,612	-4,588	-10.3%
QCC / Population Health	222,005	134,192	154,971	-20,779	-13.4%
Held Funds	43,004		7,555	-7,555	-100.0%
Total HSE	13,100,435	10,706,345	10,727,507	-21,162	-0.2%

FINANCE

ISD Region / Other	WTE Dec 2009	Ceiling Oct 2010	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
ISD DML	32,646.03	32,341.15	32,324.18	-43.04	-321.85	-16.97	-0.05%
ISD DNE	22,563.80	22,321.32	22,143.29	-76.37	-420.51	-178.03	-0.80%
ISD South	23,818.78	23,823.17	23,492.24	-153.24	-326.54	-330.93	-1.39%
ISD West	25,846.64	25,751.33	25,337.77	-173.57	-508.87	-413.56	-1.61%
ISD National	687.52	1,114.45	959.97	-11.84	+272.45	-154.48	-13.86%
Portion of Ceiling to be allocated		104.39				-104.39	-100.00%
Other [Corp. Services, QCC, PH etc.]	4,190.13	4,208.14	4,088.68	+2.79	-101.45	-119.46	-2.84%
Total	109,752.90	109,663.95	108,346.13	-455.27	-1,406.77	-1,317.82	-1.20%
Select Grade Exempted	WTE Dec 2009	Target Growth to 2012	WTE Oct 2010	Variance from Dec 2012 target	WTE Change from last month	WTE Change 2010	% Change 2010
Consultants	2,316.86	<i>not specified</i>	2,435.01	<i>n/a</i>	-4.30	+118.15	+5.10%
Occupational Therapists	1,103.01	<i>n/a</i>	1,205.51	<i>n/a</i>	+7.52	+102.50	+9.29%
Physiotherapists	1,468.83	<i>n/a</i>	1,540.04	<i>n/a</i>	-10.36	+71.21	+4.85%
Speech and Language Therapists	776.46	<i>n/a</i>	827.85	<i>n/a</i>	-3.03	+51.39	+6.62%
Combined therapists:	3,348.30	+380	3,573.40	-155.00	-5.87	+225.10	+6.72%
Psychologists & Counsellors	953.61	+230	949.31	-234.00	+0.63	-4.30	-0.45%
Social Workers	2,139.35	+300	2,307.48	-131.87	+70.19	+168.13	+7.86%

HUMAN RESOURCES

Management Overview Report on Performance

FINANCE

Finance Key Messages:

- The overall health system is achieving a small surplus against budget although there are significant financial pressures in hospitals.
- Services within the hospitals are running at a deficit of €92m (2.7%) which is a reduction on the September deficit. Services within the community are running a small deficit of €5m. These deficits are being offset by savings in other parts of ISD – most significantly in the Primary Care Reimbursement Service. The West continues to show underlying improvement in its cost management.
- To deliver a balanced vote the HSE assumes it will continue to have access to its gross vote and that the only funding to be withdrawn would be for H1N1 surpluses or time related savings on 2010 developments.
- Income billing within hospitals/community has improved month on month. This relates to both public and private billing and at the end of October 2010 the deficit was €35.6m.
- HSE has estimated that the time related savings for service developments in 2010 are €30m.
- Acute patient debtors day at September 2010 shows the Acute Hospital Gross Debtors Days for Private and In-Patient Levy Debt that is less than 1 year old at end of Dec'09, Mar'10, Jun'10 and Sep'10. The report also shows the Private & In-Patient Levy income for the 12 months ended 30th Sept'10 and the corresponding Gross Debtors less than one year at 30th Sept'10 which amounts to €163m. Detailed information on debtors days is available in Appendix II.
- The Supplementary estimate for health was taken on the 30th November 2010.
- The HSE has proposed to DOHC changes to the current arrangements for charging and collecting income with a view to simplifying the process and achieving a better outcome for the HSE.
- The HSE has held discussions with the IPHA with a view to achieving a reduction in the price of drugs. We expect this will lead to savings in 2011.

SERVICE DELIVERY

Hospital Activity

In patient discharges are 1.3% (6,293) lower than 2009, with a 9% (50,895) increase in day case activity. This is in line with the policy to shift from in-patient to day case.

Emergency Departments

The figure for percentage of patients admitted to hospital or discharged from ED within 6 hours was 63.7% in September, the corresponding figure for October is 60.6%. There are five ED centres below this average performance: Adelaide & Meath, St James, Beaumont, Mater, Our Lady's of Lourdes, Drogheda. The average performance for the other ED centres, with these hospitals removed, is 75% of people seen within 6 hours.

Waiting Lists

At the end of December 2009, 77.3% of all adults were waiting less than 6 months and 43.8% of children within 3 months for in-patient procedures. In October, this has fallen slightly for adults (75.3%) and remains the same for children (43.4%). The aim of the HSE is to ensure the provision of treatment access is based on clinical need first and time waiting for treatment second. Those patients waiting longer than the target times may be due to procedures with higher clinical need being prioritised for a HSE or NTPF referral. A meeting with the NTPF has been scheduled for the 1st December to focus on long waiting children.

Out-patients

Outpatient activity continues to grow with an increase of 6.0% (48,441) compared to last year and attendances are currently 4.2% above target. The rate of non attendance at clinics (DNA) is 14% for both new appointments and return appointments.

New attendances are 762,616 year to date in 2010, an increase of 73,351 (+10.6%) on the same period in 2009 (689,265). 3 regions have registered new attendance increases of 12% or over which is very positive given the need to decrease OPD waiting lists.

An OPD performance improvement project has commenced bringing together the work of CPCP, ISD and QCCD. Progress on initiatives will be reported at a later date.

Colonoscopy

Week ending 22nd October, 835 patients were on a current referral list for urgent colonoscopy. 829 (99.3%) are within 28 days of referral and the remaining 6 have scheduled appointments.

Childcare

The Roscommon Child Care Case Report was published on 27th October. The HSE has already commenced the recommended audit of current practice of chronic neglect cases. This is the beginning of a wider national process which is required from this and other issues where we have the benefit of learning. A similar process will commence in two other LHO areas shortly and national audit (such as that into foster care) has become an integral part of our quality assurance and improvement programme.

Home Help & Home Care Packages

While overall the number of Home Help Hours provided is -5% (9,333,706 actual YTD))below the year to date target it is anticipated that as demand for Home Help increases in the winter the target of 11.98m hours for 2010 will be met, and the number of persons in receipt of home help will be achieved . The number in receipt of Home Care Packages is 1.9% above target at October including 'new' (459) clients. This will be closely monitored for the remainder of the year.

HPV Programme

The HSE National HPV vaccination programme began in mid September 2010. For the first year of the programme all girls (58,000) in 1st and 2nd year of all 575 secondary schools are being offered the 3 dose schedule of the HPV vaccine by HSE vaccination teams. The first doses have been implemented nationally and 46,783 girls have received it. The HSE vaccination teams are planning to commence the second dose of vaccine in mid November and the third dose is scheduled for March 2011.

Approved Foster Carers with an Allocated/ Link Social Worker

Nationally 82.2% of approved foster carers have an allocated social worker at the end of October 2010 compared to 80.9% for the same period last year demonstrating a 1.6% increase. A total of 15 LHO are now achieving between 90%-100% compliance. ISD is targeting further improvements in this area as additional social workers come on stream during Q4.

Disability Services

Disability Act Compliance: Under the Disability Act, 781 Assessment Reports were overdue for completion at the end of October compared to 848 in September and 940 in August. While the impact of corrective action plans implemented in each Region is beginning to show traction, the full impact will not be evident until the end of the year.

HUMAN RESOURCES

Human Resources Key Messages

- Health Service at end-October stands at 108,346 WTE which is **-1,318** below the approved ceiling of 109,664. Staffing has fallen by -455 WTE since the end-September or -1,407 since the beginning of the year.
- The Statutory Sector (HSE) recorded -395 WTE decrease while the Voluntary Acute Hospital Sector recorded a decrease of just -7 WTE and the Primary and Community Services Voluntary Sector decreased by 77 WTE.
- The Integrated Services Directorate in overall terms recorded a decrease of -458 WTEs, with a decrease in combined Acute Hospital Services of -305 WTE, National Ambulance Service shows an increase of +13 WTE and Primary and Community Services fell by -156 WTE. This equates to a fall -0.42% in the month or -1.28% in 2010 and -3.06% (-3,424 WTE) since the introduction of the Government moratorium.
- Accordingly, the assessment is that we are on target at this time to be operating within the end-of-year ceiling as it is expected that the final three months will show further reductions in overall employment levels.
- For 2010, we also have made good progress in recruitment to key positions in line with NSP.
 - While Medical/ Dental staffing shows an increase of +0.45% (+37), there is an increase of +118 (5.10%) in the number of medical consultants. However September see a partial reversal in the reduction of NCHD numbers with an increase of +29 WTE (+0.62%) reducing the fall in 2010 to -85WTE (-1.77%).
 - Nursing is down -796 WTE (-2.1%) –this change is influenced by student nurses on placement.
- A further 5 2008/9 posts were filled in October (105 outstanding) together with +29 Social Work posts, sanctioned under the Ryan Report and it expected that all 200 posts will be filled in 2010. Arising out of some back-filling of existing SW posts to fill these positions coupled with retirements and resignations there has been considerable additional SW numbers recruited beyond the simple WTE increase shown in the PR.
- Combined absenteeism levels have reduced from 5.03% in 2009 to 4.70% for the year to September. This represents a fall of 6.93% on 2009 or 18.40% on 2008 (5.76%). A rate below 5% has been maintained since January 2010. However, September has seen a further marginal increase to 4.87% with each sector (statutory & non-statutory) and each region, with the exception of HSE South showing an increase and an analysis of this data indicates that a substantial majority (in the order of 85%) is certified by medical practitioners.

ITEMS FOR UPDATE

Government 4 year plan Health 2012 – 2014

Savings of €746m are identified for Health current expenditure in 2011 across the 3 health votes. Additional savings of €680 million will need to be implemented in the Health area by 2014. The main focus will be on protecting essential healthcare services, and continuing to achieve efficiencies in pay and non-pay costs, including through changes in the way services are delivered (e.g. by making increasing use of the day-care procedures and reducing average lengths of stay and better bed management).

Voluntary Early Retirement Scheme and Voluntary Severance Scheme Announcement

At the closing date of November 19th a total of 9,500 estimates had been given to employees and this materialised into with a total number of applications of 3,775. The applications fell approx 2:1 for VRS/VER with about 70% coming from the Management / Admin grades.

The position at Dec 6th is that out of the 3,775 total applications, 806 have withdrawn leaving 2,969 employees of which 1,778 are in the Management / Admin & 1,191 Sp Staff.

Arrangements are in place for the processing of VSR and VER payments through normal payroll close off dates in December. This is now at the limits of its processing capacity and if required accounts payable will be used.

There is ongoing risk assessment on the implementation of the schemes. The highest risks currently are:

- Failure to make payments within the timeframe;
- Inaccurate calculations leading to errors in payments.

A high level service impact assessment for Corporate and each Region is also underway. A detailed assessment will be completed by 15th December, 2010. Essentially the scheme should not have any impact on services. Where issues appear this risk will be actively managed.

An enormous amount of work has already been completed, involving an enormous effort from the staff involved. However some target dates have slipped and others will pose major challenges. All efforts to manage within the schedule laid out are being made.

NCHD

Further to the update provided last month all regions are developing action plans to address potential shortfalls in recruitment of NCHD for January, nevertheless there are significant challenges to maintain services in January.

Transfer of Community Welfare Function to Dept of Social Protection from 1/01/2011

The protocol developed by the conjoint management team provides for the secondment of the full cohort of CWS staff (Superintendents /Community Welfare officers /Coordinators /Clerical /Admin and Portering grades) with effect from the 1st January next. The secondment will be for a period of nine months, during which time all outstanding I.R. issues will be resolved. At the end of this period all CWS staff will become civil servants and will be fully integrated into the Department of Social Protection (DSP). While all staff will remain as HSE employees

for the duration of the secondment responsibility for the management of the service will transfer to the Department of Social Protection. The HSE will continue to administer the service (payroll, travel expenses etc) and this arrangement will cease from the end of the secondment period. The staffs organisations are currently holding consultation meetings with staff across the country. However, both DSP and HSE teams continue to plan for the transfer of the service from 1st January next.

HSE Achievement Awards 2010 Winners List (detailed winners list outlined in Appendix 3)

The HSE Achievement Awards are designed to identify and generate innovation across the health sector, were held in association with Quest Diagnostics in the Mansion House on the 25th November 2010.

HSE South Reconfiguration

A plan that sets out how acute hospital services in Cork and Kerry are to be reorganised was published on the 22nd November 2010.

National Surgical Centre for Pancreatic Cancer

The new HSE/NCCP National Surgical Centre for Pancreatic Cancer has officially opened at St Vincent's University Hospital, Dublin. Incorporating a networked satellite unit at Mercy Hospital, Cork, (with surgery to be transferred into the designated cancer centre in Cork University Hospital early next year) the National Centre has successfully transferred all pancreatic cancer surgery from the multiplicity of hospitals that had been providing the service over 12 months ago.

New Cardiac Renal Centre at CUH

Cork University Hospital's new €85m Cardiac Renal Centre was officially opened during October. The service will initially transfer at the existing level of service within CUH with additional services due to transfer during November 2010.

Dungarvan Community Hospital

Dungarvan Community Hospital was officially opened during October. The new 32 bed unit replaces the existing St Vincent's District Hospital and links with the existing long-term care and rehabilitation services provided at St Joseph's Hospital.

HIQA Registration of Dingle Community Nursing Unit

A Certificate of Registration for the new HSE Community Nursing Unit in Dingle, Co. Kerry was issued by HIQA during October 2010 for 46 beds as sought by the HSE in the NSP 2010. This allows for the transfer of the existing 43 bed compliment, plus an additional three beds to two of the three wards in the new Hospital as planned.

Parliamentary Questions

2,056 PQs have been received between January and October 2010. 984 of these (48%) were answered within the 15 day target. Non-answering of PQs was one of the actions of the industrial dispute during the first half of the year. Overall, 1,837 (89%) have now been answered and there are an outstanding 219 unanswered. This is currently the focus of management attention.

Finance Report

Finance

Key Performance Messages

The financial results for October show total expenditure of €10.706 billion against a year to date budget of €10.727 billion. The reported favourable variance of €21.1m is illustrated in the table 1.

- The overall health system is achieving a small surplus against budget although there are significant financial pressures in hospitals.
- Services within the hospitals are running at a deficit of €92m (2.7%) which is a reduction on the September deficit. Services within the community are running a small deficit of €5m. These deficits are being offset by savings in other parts of ISD – most significantly in the Primary Care Reimbursement Service. The West continues to show underlying improvement in its cost management.
- To deliver a balanced vote the HSE assumes it will continue to have access to its gross vote and that the only funding to be withdrawn would be for H1N1 surpluses or time related savings on 2010 developments.
- Savings in Quality & Clinical Care/Population Health are primarily due to the late commencement of programmes of care for 2010 as well as some savings on vaccines.
- At the end of the October, pensions still remain within allocated budget. The announcement of the voluntary redundancy and retirement schemes may have an impact on the payment of normal pension lump sums in November/December and the budgetary impact of this will have to be reviewed.
- Work relating to the voluntary redundancy and retirement scheme is ongoing and it is anticipated that funding for these payments will be provided during November 2010 by way of supplementary estimate.
- Income billing within hospitals/community has improved month on month. This relates to both public and private billing and at the end of October 2010 the deficit was €35.6m

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	4,030,981	3,429,742	3,337,971	91,771	2.7%
Primary & Community	4,978,906	4,133,050	4,128,279	4,771	0.1%
Care Group / Other Services	80,660	21,195	67,393	-46,198	218.0%
Primary Care Reimbursement Service	2,784,181	2,223,114	2,263,913	-40,799	-1.8%
ISD Total	11,874,728	9,807,101	9,797,556	9,545	0.1%
A Fair Deal 2009 / 2010 Incremental Funding	214,002	202,635	202,635	-0	0.0%
Statutory Pensions	355,936	248,329	247,803	526	0.2%
Ambulance	139,904	116,909	116,725	184	0.2%
Corporate Services	106,958	75,420	75,783	-363	-0.5%
Health Repayment Scheme	17,000	18,867	17,000	1,867	9.9%
CIS & Insurance	65,000	62,867	62,867	0	0.0%
National Cancer Control Programme	61,899	40,024	44,612	-4,588	-11.5%
Population Health / QCC	222,005	134,192	154,971	-20,779	-15.5%
Held Funds	43,004		7,555	-7,555	
Total HSE	13,100,435	10,706,345	10,727,507	-21,162	-0.2%

Integrated Services Directorate (ISD)	Hospital Services & Primary and Community Services
	<p>Year to date expenditure in Hospitals was €3.429 billion compared with a budget of €3.337 billion – leading to an adverse variance of €91.7 million. The table 3 illustrates the position by Region to the end of October 2010.</p> <p>Community Services within Regions have year to date expenditure of €4.133 billion compared with a budget of €4.128 billion – leading to a variance of €4.7m (table 4).</p>
Schemes	There has been no significant change in the financial position which is operating with a surplus.

Table 3. Hospital Services	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Dublin Mid Leinster Hospitals	1,431,670	1,196,896	1,182,124	14,772	1.2%
Dublin North East Hospitals	912,600	770,677	753,441	17,236	2.3%
South Hospitals	827,635	701,619	687,940	13,679	2.0%
West Hospitals	859,077	760,549	714,465	46,084	6.5%
Hospitals Total	4,030,981	3,429,742	3,337,971	91,771	2.7%

Table 4. Primary & Community Services	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Dublin Mid Leinster	1,459,536	1,224,064	1,215,659	8,405	0.7%
Dublin North East	1,105,993	916,167	907,523	8,644	1.0%
South	1,181,239	986,198	984,617	1,581	0.2%
West	1,232,138	1,006,622	1,020,480	(13,859)	-1.4%
Community Total	4,978,906	4,133,050	4,128,279	4,771	0.1%

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,929,144	1,551,839	1,559,773	(7,934)	-0.5%
Community Schemes	855,037	671,275	704,140	(32,864)	-4.7%
Total	2,784,181	2,223,115	2,263,913	(40,799)	-1.8%

Table 6. Aids & Appliances	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
HSE Total	23,866	41,900	18,993	22,908	121%

Integrated Services Directorate (ISD)	Hospital Services & Primary and Community Services
Capital	<p>The net capital cash profile for the period Jan to Oct 2010 was €305.993m. The capital cash draw down less appropriations in aid for this period was €280.351m. The net capital position is that capital is under profile for the period by €25.642m</p> <p>Construction (C1/C2) Expenditure under this subhead is running below profile by €47.642m for the period Jan-Oct. Progress on most construction projects has been sluggish to date with progress behind original cash flow projects on nearly all projects. However momentum is picking up and it is expected that this allocation will be drawn down by year end.</p> <p>ICT (C3) Expenditure under this subhead is running below profile by €19.637m for the period Jan-Oct.</p> <p>Mental Health (C4) Expenditure under this subhead is running below profile by €19.510m for the period Jan-Oct. However this allocation can only be drawn down if a similar amount is realised from sale of assets. Approximately €9.5m will be realised from sale of surplus assets (see A in A) and the expenditure on the Mental Health Investment Programme over an above this amount will be funded from C1/C2 above.</p> <p>Dormant Accounts (B13) On target.</p> <p>Appropriations in Aid A in A's are behind target by €43.161m. Potential asset sales valued at €9.577m have been identified and it is anticipated a major element of these may be closed by year end.</p>

2010 Capital Vote Subhead	2010 Approved Allocation	YTD Actual	YTD Allocation	YTD Variance
C1/C2 Building Equipping and Furnishing of Health Facilities	346,792	260,707	288,712	28,005
C3 Information Systems and Related Services for Health Agencies	40,000	2,144	21,781	19,637
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	50,000	18,490	38,000	19,510
Dormant Accounts	7,000	2,926	4,577	1,651
A in A	-65,800	-3,916	-47,077	-43,161
Net Capital	377,992	280,351	305,993	25,642

Appropriations-in-Aid	Estimate Provision	REV Profile to 1 Oct 2010	Receipts to 31 Oct 2010	Shortfall / (Surplus)
Maintenance Charges	376,000	308,992	268,770	40,222
Superannuation	205,000	170,056	167,303	2,753
Miscellaneous Receipts	167,000	139,161	93,222	45,939
Pension Levy	341,206	283,045	308,015	24,970
Total	1,089,206	901,254	837,310	63,944

Source: Vote CRS at 30th September 2010 and estimate for October 2010. Figures agree with October Vote Expenditure Return.

LHOs with most significant Favourable Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Limerick	174,248	139,540	144,977	-5,436	-3.7%
LHO 8 Dublin North	207,952	169,316	173,021	-3,705	-2.1%
LHO Sligo / Leitrim	160,048	130,693	133,382	-2,688	-2.0%
LHO Cavan Monaghan	108,752	88,111	89,085	-974	-1.1%
LHO Dublin South	96,569	80,013	80,448	-434	-0.5%

LHOs with most significant Adverse Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Galway	243,461	206,103	200,544	5,559	2.8%
LHO 6 Dublin North	177,644	150,829	147,795	3,034	2.1%
LHO Donegal	166,679	139,507	138,118	1,388	1.0%
LHO Dublin South West	89,191	75,265	74,287	978	1.3%
LHO Longford / Westmeath	140,374	117,811	116,911	901	0.8%

Hospitals with most significant Favourable Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Monaghan General Hospital	16,917	13,427	14,161	-735	-5.2%
National Maternity Hospital	47,115	38,209	38,648	-439	-1.1%
Louth County Hospital	27,728	22,569	22,775	-206	-0.9%
Ennis General Hospital	20,497	16,951	17,082	-132	-0.8%
St Luke's Hospital	35,112	28,364	28,488	-124	-0.4%

Hospitals with most significant Adverse Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Galway College University Hospital	263,916	232,435	218,687	13,749	6.3%
Regional Hospital Dooradoyle	148,176	134,120	122,763	11,357	9.3%
Mater Misericordiae University Hospital	220,412	189,046	183,220	5,826	3.2%
The Adelaide & Meath Hospital	192,474	164,679	159,675	5,005	3.1%
Sligo General Hospital	105,003	91,506	87,474	4,032	4.6%

**A Fair Deal
(Table 9)**

The Nursing Homes Support Scheme (Fair Deal) commenced on the 27th October 2009. A total of 16,474 applications have been received to date and over 74% of these applications have been processed at this stage. In addition 2,426 applications have been received for Ancillary State Support (Nursing Home Loan), of which nearly 1,906 or 78% have been completed.

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

At present, and based on payments to date under the scheme, it is envisaged that there is sufficient funding available to meet the scheme's requirement in the current year, this is also based on estimated subvention and contract bed savings being realised and allocated for expenditure on Fair Deal.

Table 9 A Fair Deal	Applicants			% processed within 4 weeks	Budget	
	Applicants from Oct 09	No. applicants this month	No. applicants YTD		Month Actual €000	YTD Actual €000
Dublin / Mid Leinster	4220	215	2747	PR detail by RDO will be available in Q4.	€82m	€816m
Dublin / North East	3119	238	1848			
South	4524	92	2993			
West	4611	100	2989			
Total	16474	645	10577	*95%		

*Estimate

Value for Money (VfM)

Key Messages

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

Item	Adjustment Total	Adjustment YTD	Reduction YTD
	€m	€m	€m
Medical & Surgical Supplies	10.3	8.60	10.60
Payments to Voluntary Providers	10.0	8.33	8.33
Insurance	10.0	8.33	8.33
Drug Cost Management	9.3	7.75	7.75
Energy Management and Costs	9.7	8.08	6.19
Office Expenses and Administrative Overheads	7.8	6.49	2.80
Maintenance	6.5	5.38	5.59
Legal	5.0	4.16	0.00
Patient transport	4.3	3.58	1.05
Catering	4.2	3.46	6.87
Laboratory	4.0	3.35	0.00
Travel and Subsistence	3.5	2.92	5.23
Professional Services - reduced rates and usage	2.4	2.02	2.02
Child Care Placements	3.1	2.57	2.57
Agency Fees and Costs	1.4	1.17	1.17
Computer costs	2.6	2.15	0.48
Cleaning / washing	2.5	2.11	2.52
Blood / Blood Products	2.3	1.92	3.92
Improved management of Security costs	1.5	1.25	1.25
X-Ray / Imaging	0.8	0.67	2.59
Medical Gases	0.8	0.67	1.49
Banking Costs	0.6	0.46	0.99
Improved income collection in Non Acute facilities	0.5	0.42	0.42
Education and Training	0.3	0.25	2.29
Furniture, Crockery	0.2	0.17	0.33
Bedding and clothing	0.1	0.11	1.59
Other miscellaneous non-pay reductions	2.3	1.92	1.92
TOTAL	106.0	88.29	88.29

Human Resources Report

HR

Key Performance Messages

Health Service at end-October stands at 108,346 WTE which is **-1,318** below the approved ceiling of 109,664. Staffing has fallen by -455 WTE since the end-September or -1,407 since the beginning of the year.

The Statutory Sector (HSE) recorded -395 WTE decrease while the Voluntary Acute Hospital Sector recorded a decrease of just -7 WTE and the Primary and Community Services Voluntary Sector decreased by 77 WTE. The Integrated Services Directorate in overall terms recorded a decrease of -458 WTEs, with a decrease in combined Acute Hospital Services of -305 WTE, National Ambulance Service shows an increase of +13 WTE and Primary and Community Services fell by -156 WTE. This equates to a fall -0.42% in the month or -1.28% in 2010 and -3.06% (-3,424 WTE) since the introduction of the Government moratorium.

Accordingly, the assessment is that we are on target at this time to be operating within the end-of-year ceiling as it is expected that the final three months will show further reductions in overall employment levels.

For 2010, we also have made good progress in recruitment to key positions in line with NSP

- While Medical/ Dental staffing shows an increase of +0.45% (+37), there is an increase of +118 (5.10%) in the number of medical consultants. However September see a partial reversal in the reduction of NCHD numbers with an increase of +29 WTE (+0.62%) reducing the fall in 2010 to -85WTE (-1.77%).
- Nursing is down -796 WTE (-2.12%) –this change is influenced by student nurses on placement.
- Other notable changes since year-end include the following:
- Social Workers +168 (+7.86%) in 2010 with 70 WTE added in September alone.
- Physiotherapists +71 (4.85%) in 2010 [however a fall of -10 WTE was recorded in September]
- Occupational therapists +102 (9.2961%)
- Speech & language therapists +51 (6.22%) [a fall of -3 WTE in September]

Chart 1

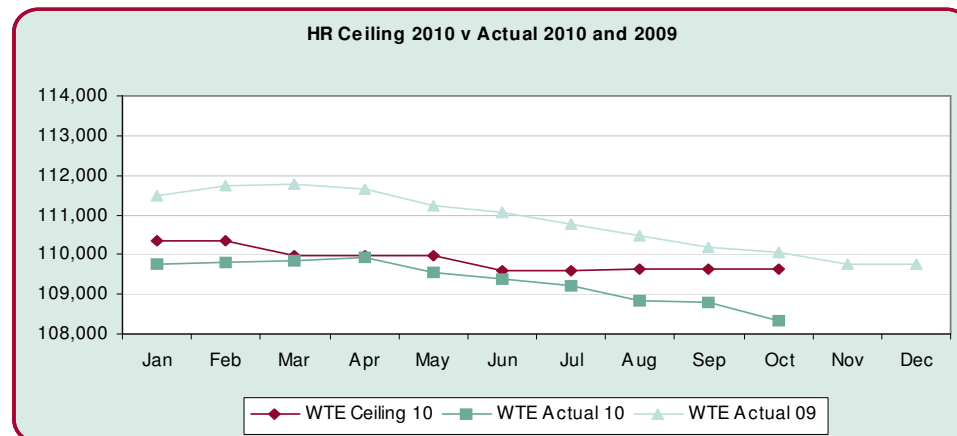


Table 1 Service Area	WTE Dec 2009	Ceiling Oct 2010	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
Hospital Services	50,540	49,440	49,563	-305	-977	+123	+0.25%
Ambulance Services	1,465	1,463	1,474	+13	+9	+11	+0.78%
National Cancer Programme	490	740	764	-11	+275	+24	+3.29%
Community Services	53,068	53,343	52,456	-156	-613	-888	-1.66%
Portion of Ceiling to be allocated		469		+0	+0	-469	-100.00%
Corporate	3,108	3,120	3,001	+2	-106	-118	-3.80%
Population Health	1,082	1,088	1,087	+1	+5	-1	-0.10%
Total	109,753	109,664	108,346	-455	-1,407	-1,318	-1.20%

- Management & Administrative -233 (-1.33%) [Note: the addition of NCSS to reporting skews this figure and the actual decrease can be viewed as -357 WTE or 2.02%]
- General Support -386 (-3.25%)
- Other Patient & Client Care -389 (-1.76%)

A further 5 2008/9 posts were filled in October (105 outstanding) together with +29 Social Work posts, sanctioned under the Ryan Report and it expected that all 200 posts will be filled in 2010. Arising out of some back-filling of existing SW posts to fill these positions coupled with retirements and resignations there has been considerable additional SW numbers recruited beyond the simple WTE increase shown in the PR.

Table 2					
LHOs with Most significant Adverse WTE Variances	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
Dublin West	953	-2	+29	+33	+3.54%
Meath	998	-8	+36	+33	+3.44%
Dun Laoghaire	703	+19	+23	+19	+2.76%
Tipperary, North/ Limerick, East	716	-6	-10	+18	+2.62%
Dublin South-West	892	-6	+3	+19	+2.16%

Table 3					
LHOs with Most significant Favourable WTE Variances	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
Louth	1076	-7	-56	-81	-7.01%
Clare	987	-4	-17	-71	-6.73%
Limerick	1420	-11	-21	-102	-6.67%
Wicklow	799	+2	-37	-51	-6.03%
Sligo/ Leitrim	1690	+9	-31	-95	-5.34%

Table 4					
Hospitals with Most significant Adverse WTE Variances	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
Galway University Hospital	3129	-43	-94	+130	+4.32%
Our Lady's Hospital, (Crumlin)	1635	+7	+5	+71	+4.51%
Children's Hospital, Temple Street	991	+30	+15	+62	+6.71%
St. Vincent's Hospital	2472	+3	+16	+59	+2.47%
Rotunda Hospital, (Dublin)	750	+1	-2	+47	+6.68%

Table 5					
Hospitals with Most significant Favourable WTE Variances	WTE Oct 2010	WTE Change since Sep 2010	WTE Change from Dec 2009 to Oct 2010	WTE Variance Oct 2010	% WTE Variance Oct 2010
Our Lady of Lourdes (NE)	1361	-18	+48	-93	-6.40%
St. James's Hospital	3539	-17	-99	-90	-2.47%
Cavan General Hospital	751	-3	-19	-30	-3.81%
Letterkenny General Hospital	1396	-20	-43	-26	-1.84%
Nenagh General Hospital	241	-1	-14	-24	-9.10%

Staff Category	WTE Dec 2009	WTE Sep 2010	WTE Oct 2010	WTE change since Sep 2010	% change since Sep 2010	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	8,083	8,094	8,120	+26	+0.32%	+37	+0.45%
Nursing	37,466	36,966	36,670	-296	-0.80%	-796	-2.12%
Health & Social Care Professionals	15,973	16,213	16,274	+61	+0.38%	+301	+1.89%
Management/ Admin	17,611	17,389	17,377	-12	-0.07%	-233	-1.33%
General Support Staff	11,906	11,637	11,520	-117	-1.01%	-386	-3.25%
Other Patient & Client Care	18,714	18,502	18,385	-117	-0.63%	-329	-1.76%
Total Health Service Staffing	109,753	108,801	108,346	-455	-0.42%	-1,407	-1.28%

Exempted Staff Group change since Dec 2009	Dublin Mid-Leinster	Dublin North-East	South	West	National	WTE change since Dec 2009	% change since Dec 2009
Clinical Engineering	+0	-2	+2	-2	+4	+1	+0.31%
Dosimetrists			+2	-1	-2	-1	-11.86%
Emergency Medical Technicians	+20	-3	+0	-3		+14	+1.12%
Occupational Therapists	+31	+24	+22	+25		+102	+9.29%
Physiotherapists	+23	+25	+1	+24	-2	+71	+4.85%
Speech and Language Therapists	+11	+10	+8	+22		+51	+6.62%
Social Workers	+33	+66	+42	+27	+0	+168	+7.86%
Psychologists & Counsellors	-15	-3	+7	+6	+0	-4	-0.45%

Other Key Staff Group change since Dec 2009	Dublin Mid-Leinster	Dublin North-East	South	West	National	WTE change since Dec 2009	% change since Dec 2009
NCHD	-31	-33	-10	-21	+10	-85	-1.77%
Consultant Anaesthesia	+6	-1	-3	+3	+4	+9	+2.77%
Consultant Dentistry	+0	+0	+1	+0		+1	+7.52%
Consultant Emergency Medicine	+0	+1	-1	+4		+4	+7.60%
Consultant Medicine	-21	+14	+3	+7	+0	+3	+0.49%
Consultant Obstetrics & Gynaecology	+0	+1	-2	+1		+0	-0.40%
Consultant Paediatrics	+21	-2	+0	+3	+1	+22	+19.86%
Consultant Pathology	+2	+2	+4	-1	+4	+11	+6.24%
Consultant Psychiatry	+2	+5	+3	+2		+12	+3.41%
Consultant Radiology	+3	+5	+0	+2	+17	+28	+13.43%
Consultant Surgery	+7	+4	-1	+8	+6	+25	+5.89%
Consultant, Other	+2	+1			+0	+4	+38.27%
Physicists	+4	+1	+1	-1	+3	+6	+4.69%
Pre-registration Nurse Students	+68	+4	+80	+54		+205	+267.12%
Public Health Nursing	+1	+9	-5	-8		-3	-0.18%
Radiation Therapists			-5	-4	+4	-5	-3.98%
Social Care Grades	-32	-18	-18	-35	+1	-101	-2.99%
Therapy Aides/Assistants	-2	+2	-1	-3		-5	-3.31%
Staff Midwives	+7	-13	-13	-54		-73	-6.48%
Staff Nurse [Intellectual Disability]	+3	+38	-7	-13		+21	+1.43%
Staff Nurse [Psychiatric]	-1	-41	-15	-47		-104	-2.74%
Staff Nurses [General/ Children's]	-206	-170	-183	-137	-15	-710	-3.44%

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

*Absenteeism

- Combined absenteeism levels have reduced from 5.03% in 2009 to 4.70% for the year to September. This represents a fall of 6.93% on 2009 or 18.40% on 2008 (5.76%). A rate below 5% has been maintained since January 2010.
- However, September has seen a further marginal increase to 4.87% with each sector (statutory & non-statutory) and each region, with the exception of HSE South, showing an increase.
- These figures put the Health Services generally in-line with the upper quartile figure reported by ISME for large organisations in the private sector and available information for other large public organisation. These rates are below figures reported by Department of Health & Social Services in Northern Ireland.
- Absenteeism through illness is a normal incidence of working life and an analysis of this data indicates that a substantial majority (in the order of 85%) is certified by medical practitioners.
- There is a comprehensive set of management tools and robust engagement on absenteeism with staff, with the objective of ensuring the necessary supports and interventions are available to reduce the impact of non-attendance to the delivery of services and to assist staff return to work in a timely and effective manner in both the interests of staff and services.

*Absenteeism is reported monthly in arrears.

Table 6 Absenteeism levels August 2010	Acute Services	Ambulance Services	Primary and Community Services	Corporate	Population Health	National Cancer Control Programme	Total
DML	4.19%	6.51%	5.21%	4.81%	3.18%		4.66%
DNE	4.52%	4.91%	4.79%	3.58%	1.75%		4.62%
South	5.15%	6.65%	5.02%	5.36%	5.70%		5.12%
West	5.04%	6.86%	4.88%	4.73%	5.16%		4.98%
National			7.19%	9.85%		4.96%	7.35%
Total:	4.66%	6.47%	4.99%	5.98%	3.86%	4.96%	4.87%

Chart 2

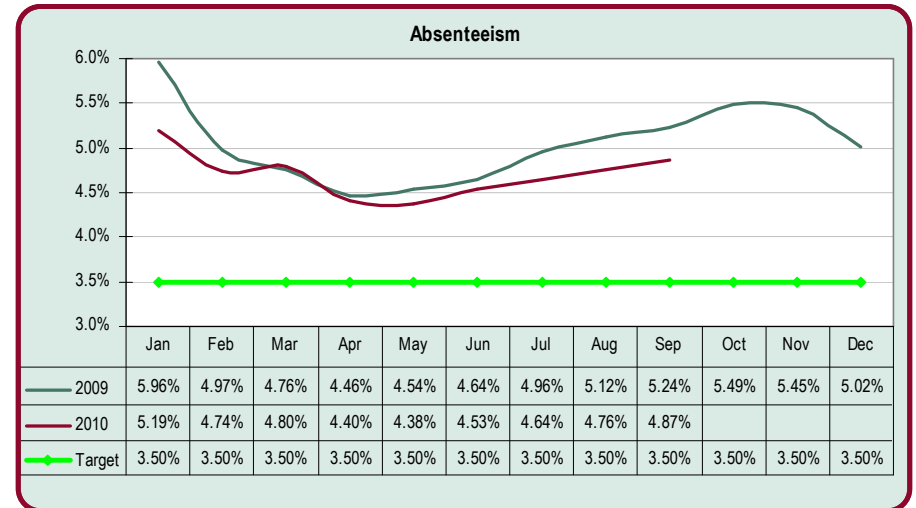
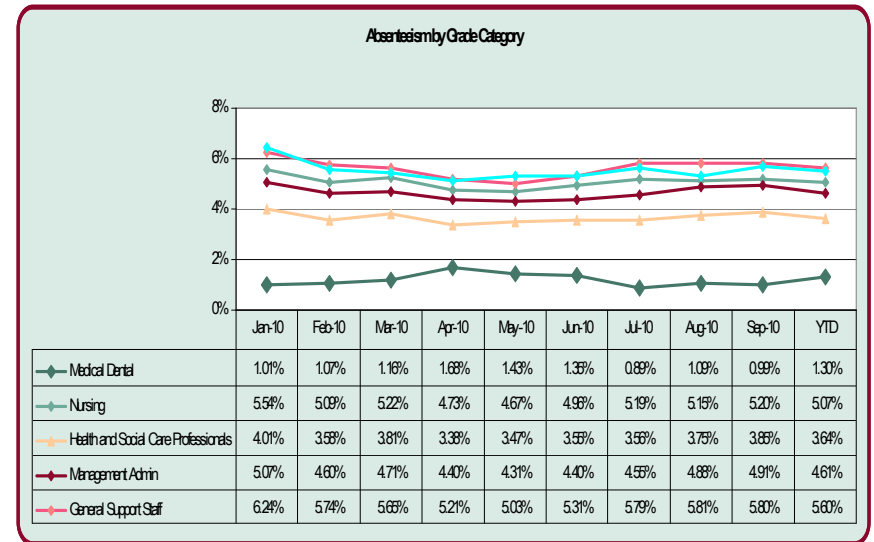


Chart 3



Service Delivery Report

Key Messages

Hospital Activity

In patient discharges are 1.3% (6,293) lower than 2009, with a 9% (50,895) increase in day case activity. This is in line with the policy to shift from in-patient to day case.

Emergency Departments

The figure for percentage of patients admitted to hospital or discharged from ED within 6 hours was 63.7% in September, the corresponding figure for October is 60.6%. There are five ED centres below this average performance: Adelaide & Meath, St James, Beaumont, Mater, Our Lady's Drogheda. The average performance for the other ED centres with these hospitals removed is 75% of people seen within 6 hours.

Waiting Lists

At the end of December 2009, 77.3% of all adults were waiting less than 6 months and 43.8% of children within 3 months for in-patient procedures. In October, this has fallen slightly for adults (75.3%) and remains the same for children (43.4%). The aim of the HSE is to ensure the provision of treatment access is based on clinical need first and time waiting for treatment second. Those patients waiting longer than the target times may be due to procedures with higher clinical need being prioritised for a HSE or NTPF referral. A meeting with the NTPF has been scheduled for the 1st December to focus on long waiting children.

Out-patients

Outpatient activity continues to grow with an increase of 6.0% (48,441) compared to last year and attendances are currently 4.2% above target. The rate of non attendance at clinics (DNA) is 14% for both new appointments and return appointments.

New attendances are 762,616 year to date in 2010, an increase of 73,351 (+10.6%) on the same period in 2009 (689,265). 3 regions have registered new attendance increases of 12% or over which is very positive given the need to decrease OPD waiting lists.

An OPD performance improvement project has commenced bringing together the work of CPCP, ISD and QCCD. Progress on initiatives will be reported at a later date.

Colonoscopy

Week ending 22nd October, 835 patients were on a current referral list for urgent colonoscopy. 829 (99.3%) are within 28 days of referral and the remaining 6 have scheduled appointments.

Childcare

The Roscommon Child Care Case Report was published on 27th October. The HSE has already commenced the recommended audit of current practice of chronic neglect cases. This is the beginning of a wider national process which is required from this and other issues where we have the benefit of learning. A similar process will commence in two other LHO areas shortly and national audit (such as that into foster care) has become an integral part of our quality assurance and improvement programme.

Key Messages

Home Help & Home Care Packages

While overall the number of Home Help Hours provided is -5% (9,333,706 actual YTD) below the year to date target it is anticipated that as demand for Home Help increases in the winter the target of 11.98m hours for 2010 will be met, and the number of persons in receipt of home help will be achieved. The number in receipt of Home Care Packages is 1.9% above target at October including 'new' (459) clients. This will be closely monitored for the remainder of the year.

HPV Programme

The HSE National HPV vaccination programme began in mid September 2010. For the first year of the programme all girls (58,000) in 1st and 2nd year of all 575 secondary schools are being offered the 3 dose schedule of the HPV vaccine by HSE vaccination teams. The first doses have been implemented nationally and 46,783 girls have received it. The HSE vaccination teams are planning to commence the second dose of vaccine in mid November and the third dose is scheduled for March 2011.

Approved Foster Carers with an Allocated/ Link Social Worker

Nationally 82.2% of approved foster carers have an allocated social worker at the end of October 2010 compared to 80.9% for the same period last year demonstrating a 1.6% increase. A total of 15 LHO are now achieving between 90%-100% compliance. ISD is targeting further improvements in this area as additional social workers come on stream during Q4.

Disability Services

Disability Act Compliance: Under the Disability Act, 781 Assessment Reports were overdue for completion at the end of October compared to 848 in September and 940 in August. While the impact of corrective action plans implemented in each Region is beginning to show traction, the full impact will not be evident until the end of the year.

Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Oct 2010	WTE Oct 2010	WTE Change from Dec 2009 to Oct 2010	% WTE Variance Oct 2010	Actual €000	Budget €000	% Var
DML	15,101	14,952	-180	-0.99%	1,224,064	1,215,659	0.7%
DNE	11,252	11,243	-120	-0.08%	916,167	907,523	1.0%
South	12,272	12,190	-89	-0.67%	986,198	984,617	0.2%
West	14,386	13,876	-221	-3.55%	1,006,622	1,020,480	-1.4%
National	333	196	-3	-41.20%			
Total	53,343	52,456	-613	-1.66%	4,133,050	4,128,279	0.1%

Hospital Services by Region	Human Resources				Budget		
	Ceiling Oct 2010	WTE Oct 2010	WTE Change from Dec 2009 to Oct 2010	% WTE Variance Oct 2010	Actual €000	Budget €000	% Var
DML	16,767	16,904	-160	+0.82%	1,196,896	1,182,124	1.2%
DNE	10,773	10,736	-296	-0.34%	770,677	753,441	2.3%
South	10,941	10,906	-237	-0.32%	701,619	687,940	2.0%
West	10,934	11,017	-284	+0.76%	760,549	714,465	6.5%
National	26			+0.00%			
Total	49,440	49,563	-977	+0.25%	3,429,742	3,337,971	2.7%

Primary & Community Services

Primary & Community Care analysis & action points

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

Primary Care Teams

- As at October 2010, 316 teams are holding clinical team meetings which indicate an increase of 22 teams since September 2010. This is 118% above the same period last year (145 teams) and 11% below the year to date target of 354.
- A further 211 teams are in varying stages of development (this is a reducing figure as teams commence clinical team meetings).

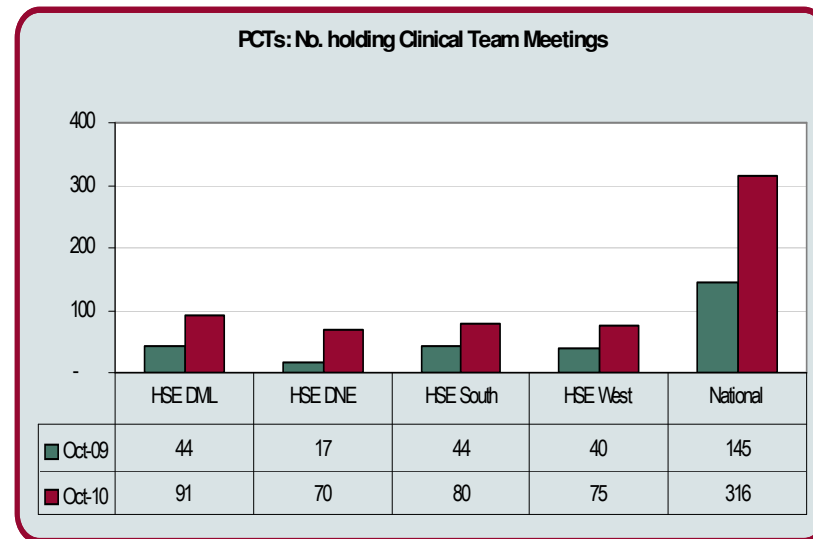
Clients with a Care Plan

- The number of patients/clients with a care plan developed during October 2010 is 870. This is defined as the number of patients discussed at a clinical team meeting, generally those requiring multi-disciplinary care.
- The year to date cumulative figure from January to October 2010 is 6,173 (however, January to May figures incomplete due to industrial action).

GP Out of Hours (M)

- During the month of October 2010, 67,006 contacts were made to the GP OOH service.
- Year to date figure is 718,500 which is 1% below the projected activity of 722,860 and 5% below the same period last year (753,468).
- Breakdown of the nature of contact with the OOH Service:
 - 59% - GP Treatment Centre
 - 29% - Triage
 - 11% - Home Visit
 - 1% - Other

Chart 1



Community (Demand Led) Schemes

Medical / GP Visit Cards (Chart 2 & 3) (M)

The number of individuals covered by medical cards continues to rise with 1,598,823 reported at the end of October 2010 (an additional 120,263 since December 2009). In October there were 263 more persons covered by a Medical Card than year to date projected target (1,598,560). The total number of discretionary medical cards in the system at the end of October was 80,618. This compares with 78,948 issued in October 2009, an increase of (2.1%). Discretionary medical cards represent 5% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of October is 114,106 which is 2% above projected target for end October (111,750). An additional 15,781 cards have been issued since December 2009. The total number of discretionary GP visit cards in the system at the end of October was 17,506. This compares with 16,850 cards issued in October 2009, an increase of 656 cards (3.8 %). Discretionary GP visit cards represent 15.3% of cards issued year to date.

Chart 2

Persons covered by Medical Card: 2008 - 2010

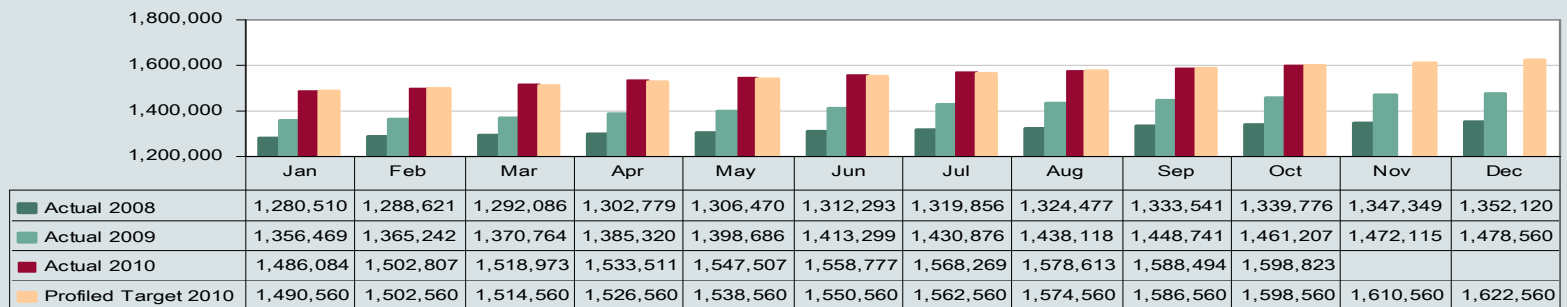
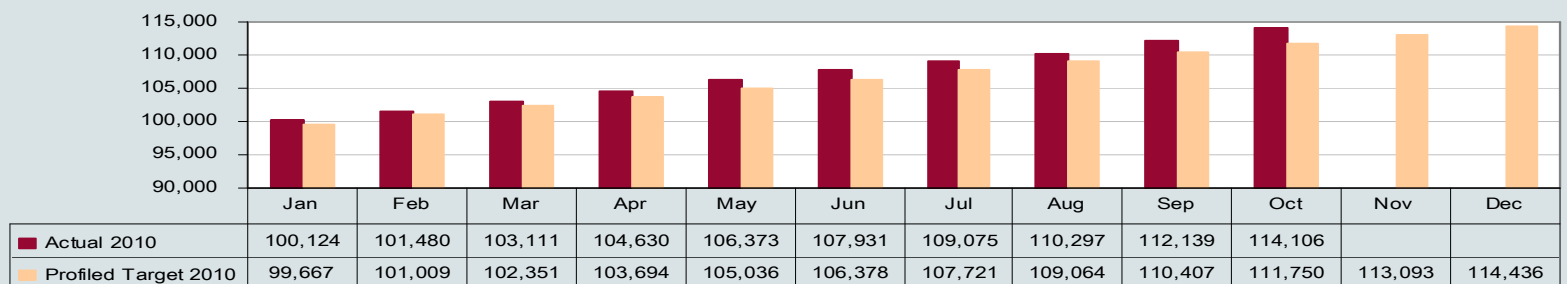


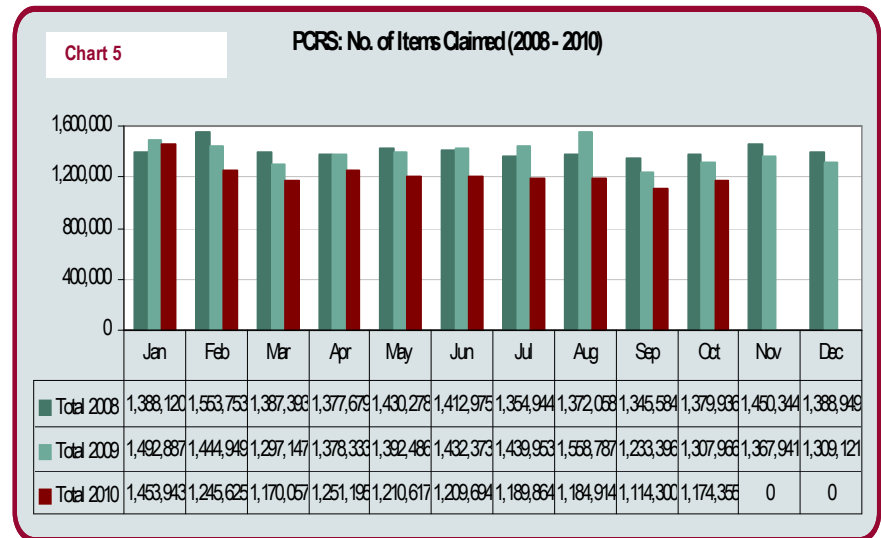
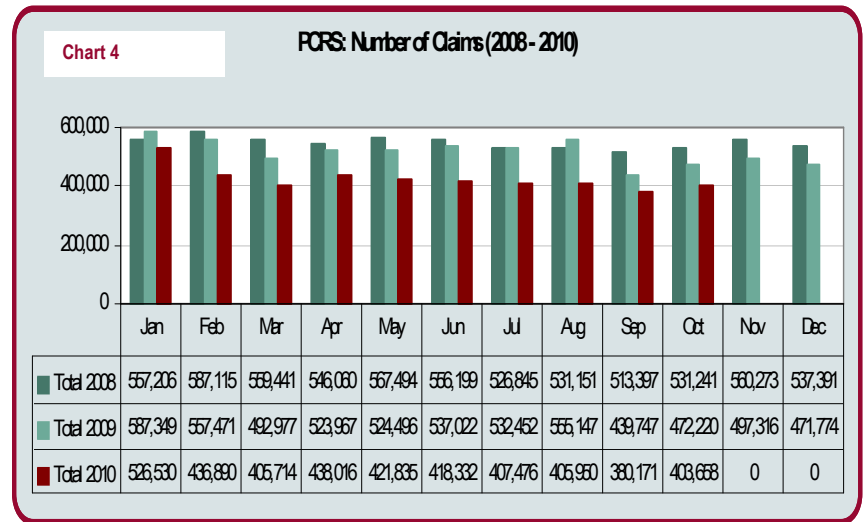
Chart 3

No. of GP Visit Cards Issued



***Community (Demand Led) Schemes**

<p>Long Term Illness (Chart 4&5) (M)</p>	<ul style="list-style-type: none"> The number of LTI claims made during October was 71,765 (21% below the monthly target of 90,388). The total YTD figure is 736,686 (18% below the projected YTD figure of 903,880). Compared with the same period last year (750,743 claims) there has been a decrease of 2%. Total number of LTI Items in October was 225,317(22% below the monthly target of 287,434).
<p>Drug Payment Scheme (Chart 4&5) (M)</p>	<ul style="list-style-type: none"> The number of DPS claims made during October was 303,996 (27% below the monthly target of 419,182). The total YTD figure is 3,230,984 (23% below the YTD target of 4,191,820). Compared with the same period last year (4,209,761 claims) there has been a decrease of 978,777 (23%). Total number of DPS items in October was 916,577 (19% below the monthly target of 1,135,982).
<p>General Medical Services (GMS) (M)</p>	<ul style="list-style-type: none"> The number of GMS prescriptions reimbursed during October was 1,580,492 (2.8% above the monthly target of 1,537,103). The total YTD figure is 14,540,064 (5% below the YTD target of 15,371,030). Compared with the same period last year (13,651,488 prescriptions) there has been an increase of 888,576 (7%).
<p>HiTech (Chart 4&5) (M)</p>	<ul style="list-style-type: none"> The number of HiTech claims made during October was 27,897 (12.6% below the monthly target of 31,944). The total YTD figure is 276,902 (13% below the YTD target of 319,437). Compared to same period last year, (262,344 claims) this represents an increase of 6% (14,558).
<p>Dental Treatment Services Scheme (DTSS) (M)</p>	<ul style="list-style-type: none"> The numbers of routine treatments are currently 32% in excess of target while more complex treatments are 12% above target.
<p>Community Ophthalmic Scheme (M)</p>	<ul style="list-style-type: none"> Under this scheme, adult medical cardholders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles and or appliances. Claims by Optometrists and Ophthalmologists are paid by the PCRS. Claims for spectacles provided under the Children's Scheme are also paid by the PCRS. The number of adult treatments is currently 1% below target while the number of children treatments is 5% below target.



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

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

Children and Families

Family Support Services (M)

Family Welfare Conferences (Referrals)

- The total numbers of referrals to FWC nationally end October 2010 is 390. This is -1.7% off target to date (397). However it is a 2.1% increase over same period last year (382).

Family Welfare Conferences (Convened)

- The total number of FWC convened to end October 2010 is 226. This is -0.7% against NSP Target to date of 228 and a 5.6% increase over same period last year (214).

Number of Springboard Family Referrals

- The total number of family referrals to Springboard projects at end of October 2010 is 937. This demonstrates a 13.3% increase over NSP 2010 target YTD of 827 and a 2.2% increase over same period last year (917).

(figures for the above metrics are based on returns from 31 out of 32 LHO's)

Residential Care (Chart 6 & 7) (M)

- The total number of children in care at the end of October 2010 was 5,682 nationally.
- Nationally there were 418 children in Residential Care on the last day of October 2010. These children account for 7.4% of all children in care and this number of children demonstrates a 7.2% increase over same period last year (390 (6.9%.)
- Although the numbers of children in care over all care types have been increasing; trends continually indicate that the percentage of children in residential care as a proportion of all care types has remained constant at 7% in line with NSP target 2010.
- DML and DNE continue to report the highest proportion of children in residential care at 11.1% and 7.9% respectively; this however is directly related to the numbers of residential centres located within these areas.

(figures for the above metrics are based on returns from 31 out of 32 LHO's)

Foster Carers with an Allocated Social Worker (M)

- Returns for October demonstrate a national figure of 82.2% of approved foster carers have an allocated social worker set against a NSP2010 target of 100%. This is a 1.6% increase over the same period last year (80.9%).
- Regionally for October HSE South reported 86.5% have an allocated social worker with 7 out of 9 LHO's reaching the target. HSE West report 85.1% of approved foster carers have an allocated social worker with 2 out of 7 LHO reaching the target (1 LHO not returned). HSE DNE report 83.4% with 1 LHO reaching target and HSE DML report 71.7% with 3 LHO's reaching target.

(figure for the above metric is based on returns from 31 out of 32 LHO's)

Chart 6

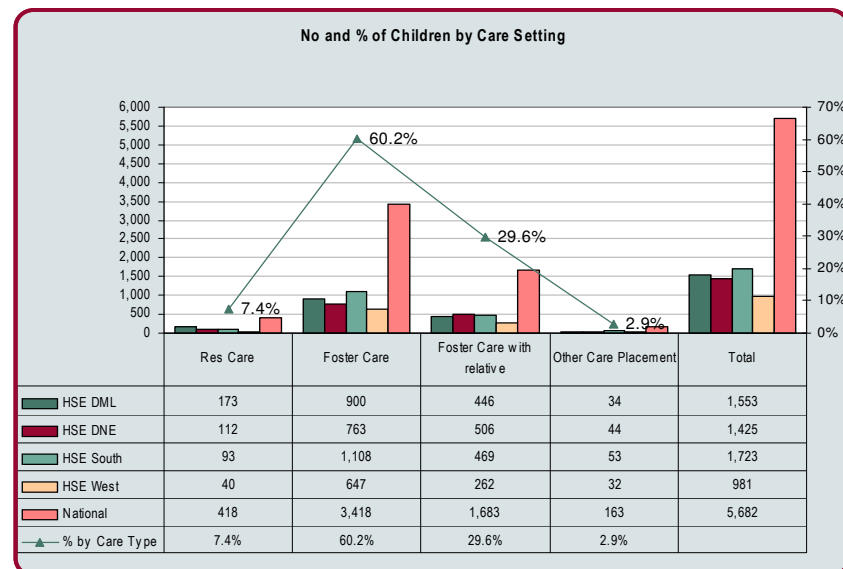
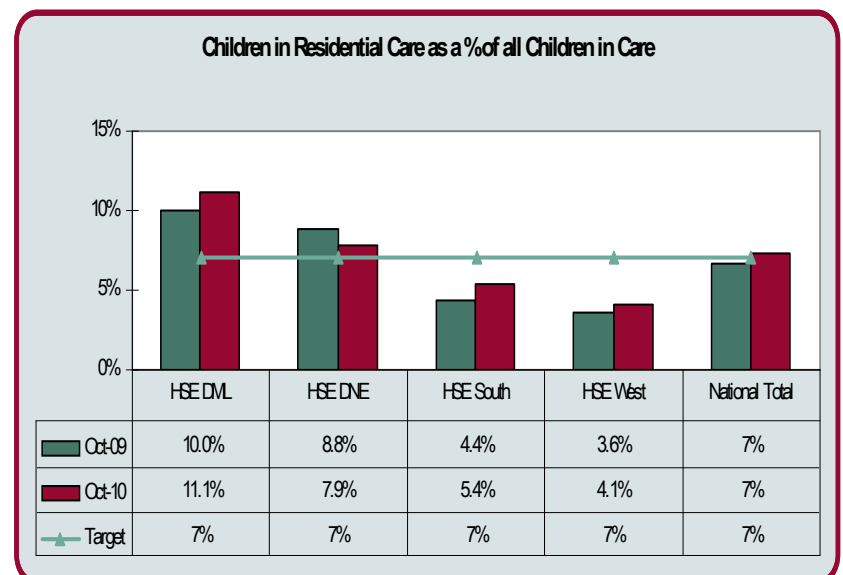


Chart 7



Children and Families

Children in care with an Allocated Social Worker (Chart 8) (M)

The NSP 2010 target for this metric state that 100% of children in care should have an allocated social worker. This metric has historically been collected on a quarterly basis, however; October 2010 is the first time that this metric has been collected monthly so a comparison to same period last year is not possible. Nationally the percentage overall figure encompassing all care types is 91.9% compared to 92.2% reported for Q3 (Sept 2010).

The breakdown by care type Nationally is as follows:

- Residential Care: 95.0%
- Foster Care: 93.0%
- Foster Care with Relatives: 89.1%
- Other Care Types: 90.8%

Children in Care with Allocated Social Worker (all care types) by HSE Area is as follows:

- HSE DML: 91.5%
- HSE DNE: 86.0%
- HSE South: 95.2%
- HSE West: 95.3% (7 out of 8 LHO's)

(figure for the above metric is based on returns from 31 out of 32 LHO's)

Pre-School Inspections / Visits (Chart 9) (M)

- The number of notified current operational pre-school centres that have received an annual inspection up to the end of October 2010 is 2,537.
 - This figure demonstrates a 1.5% decrease over same period last year (2,576).
 - The figure represents nationally a 31.5% increase over the NSP 2010 figure of 1,930
 - This figure compared to the overall number of notified current operational pre-schools Q4 2009 (5,090) represents and inspection rate of 49.8%
- (figure for the above metric is based on returns from 31 out of 32 LHO's, there were also no inspections carried out in Roscommon LHO due to maternity leave)*

Chart 8

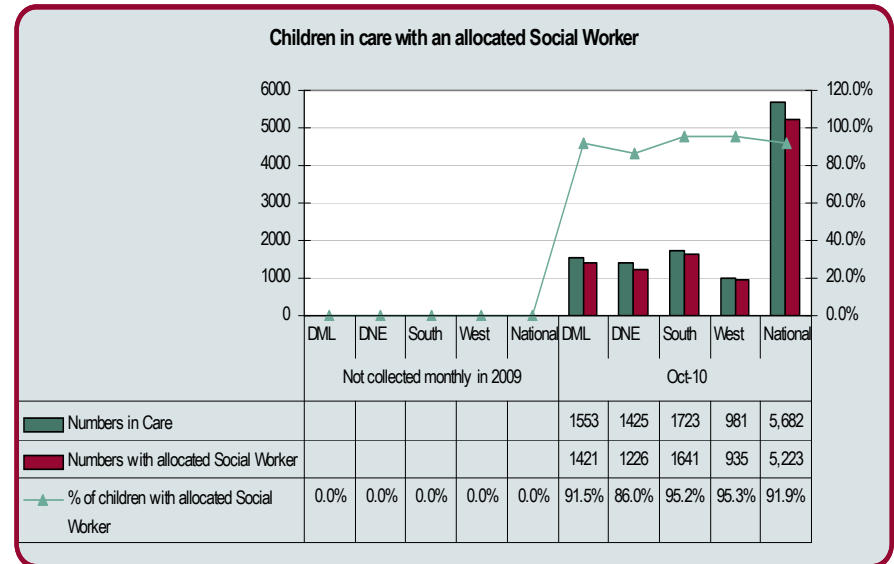
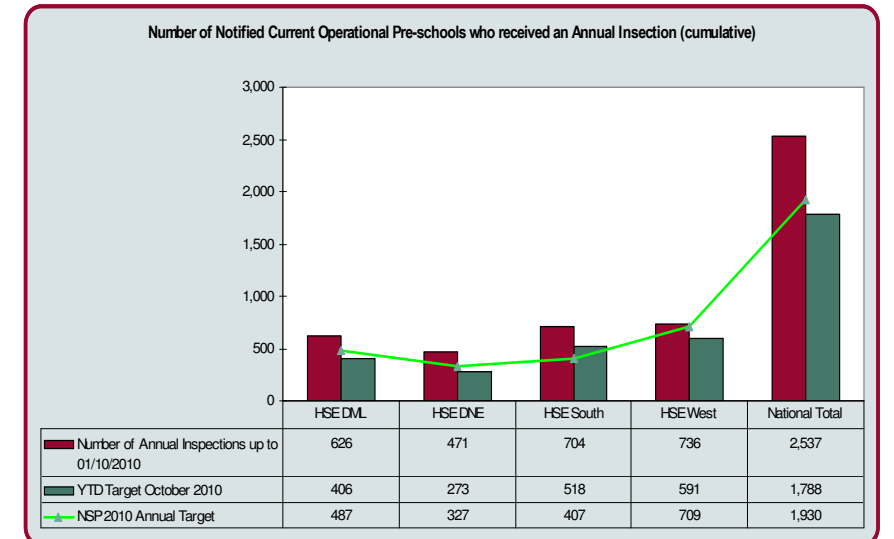


Chart 9



Mental Health

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

- The 55 CAMH Teams are made up of the following:
 - 50 Community Child & Adolescent Mental Health Teams
 - 2 Day Hospital Teams
 - 3 Paediatric Teams
- This report relates to the roll out of the CAMHS minimum data set which was developed and began reporting from July 2009 for the 50 Community Child & Adolescent Mental Health Teams.

Referrals / Patients Seen (M)

- No. of new child / adolescent referrals received by Mental Health Services is 1045.
- No. of new child / adolescent Referrals accepted by Mental Health Services is 704 (67%).
- No. of new child /adolescent seen by a member of a Community CAMH Team is 636.

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

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New Cases are to be seen within three months. Currently 65% of new cases are being seen within 3 months.
- New Cases seen by wait time to first appointment:
 - 0-1 Month = 295 (46%)
 - 1-3 Months = 118 (19%)
 - 3-6 Months = 79 (12%)
 - 6-12 Months = 82 (13%)
 - > 12 Months = 62 (10%)

Disability

Under 5 Assessments (M)

Disability Act Compliance

At the end of October, there were 781 assessments overdue for completion compared to a figure of 940 at the end of August. This represents a fall of 159 or 17%. This improvement in the national picture is largely accounted for by improvements in the two HSE Regions which have historically shown the highest overdue figures. HSE DML has shown an improvement of 119 or 18% since August and HSE South has shown an improvement of 34 or 20% in the same time period.

Chart 10

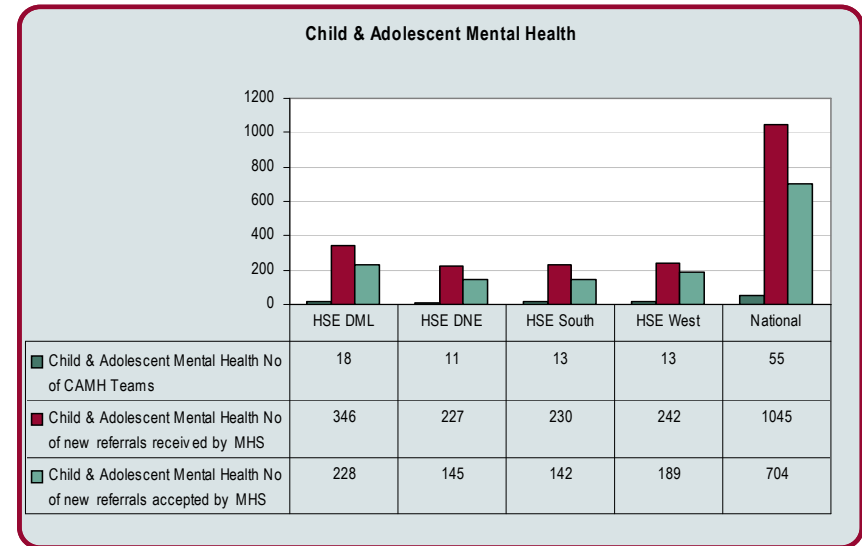
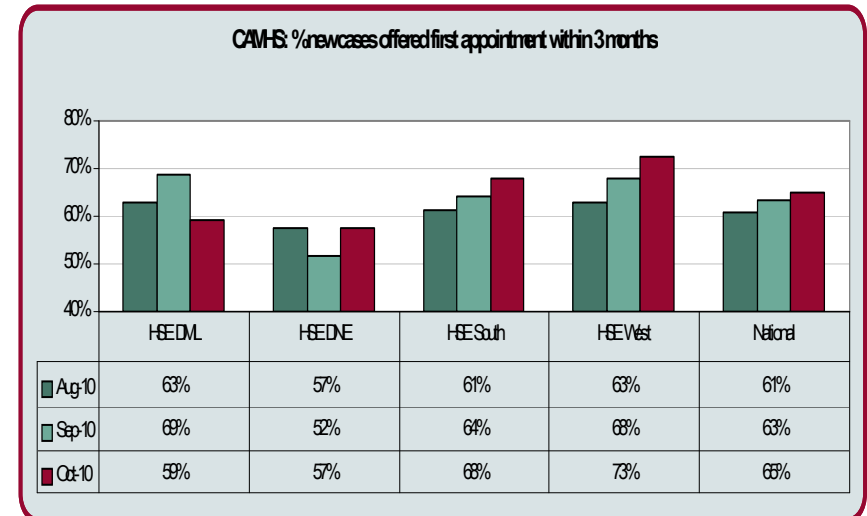


Chart 11



Older People

Home Help Hours & HCP's (M)

While overall the number of Home Help Hours provided is -5% (9,333,706 actual YTD) below the year to date target it is anticipated that as demand for Home Help increases in the winter the target of 11.98m hours for 2010 will be met, and the number of persons in receipt of home help will be achieved. The number in receipt of Home Care Packages is 1.9% above target at October including 'new' (459) clients. This will be closely monitored for the remainder of the year.

**Targets for HCP new clients are based on an average value of €525 per package/client. In reality, price of HCP may vary greatly therefore client targets may be exceeded.*

% Variance From Target October 2010				
Area	Home Help Hours	Home Help Clients	No in Receipt of Home Care Package	Total Number of New HCP Clients (YTD)
National	-5.0%	-1.1%	1.9%	19.5%
DML	-4.8%	-3.4%	6.6%	21.3%
DNE	-2.5%	0.5%	-7.2%	18.4%
South	-2.3%	2.4%	7.1%	84.5%
West	-9.7%	-4.1%	6.7%	-13.2%

Subvention (M)

- The Nursing Home Support Scheme (Fair Deal) commenced in October 2009. This has replaced the subvention scheme.
- Numbers in receipt of subvention are reducing and will continuously reduce over time as clients transfer to the NHSS, or cease using the service.
- This is reflected in the reduction in numbers. At the end of December 2009 there were 8,823 people in receipt of subvention. The October position of 2,882 shows a decrease of 67% on December, and against same period last year 9,397, a reduction of 69%.

Public Beds (M)

- Since the commencement of the NHSS, the HSE can no longer fund long stay residential care under Section 39.
- The only funding mechanism for long stay care is the NHSS, where 24 hour nursing care is provided. Each of these units now must negotiate their prices independently with the NTPF – so they are no longer considered 'public units'.
- Due to staff moratorium and resource issues all beds originally designated as new beds have been re-designated as replacement beds. All New/additional beds opening is contingent on additional resources being made available however replacement beds will be replaced mostly on a like for like basis.
- The September return reports 8,770 beds.

Older People

A Fair Deal (M)

- The Nursing Homes Support Scheme(NHSS) or 'A Fair Deal' commenced on 27 October 2009. Two types of financial support available under the Fair Deal / NHSS; State Support and Ancillary Support (Nursing Home Loan).

State Support

- A total of 16,474 applications have been received to date including 645 new applications in October.

Ancillary State Support (Nursing Home Loan)

- Over 2,426 applications have been received for this scheme.
- An IT system is currently being developed to provide more detail in this area. Three of the Nursing Home Support Offices along with the Central Unit in Tullamore went live on the new system from the 27th October 2010 and it is planned that the remaining offices will go live on a phased basis in the new year.

Palliative Care

Specialist Palliative Care (M) (Chart 13)

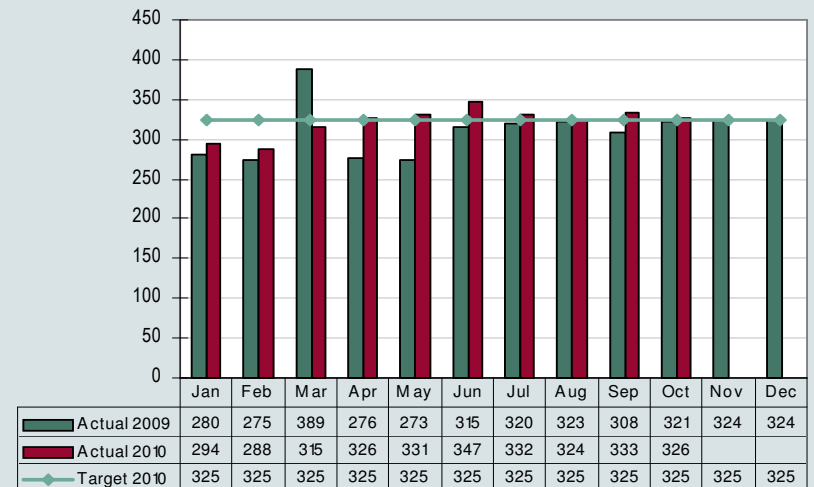
- 31 of the 32 LHO's have returned for Specialist Inpatient services and Home care services.
- The figure of 326 patients in Specialist inpatient units is collated from the four regions. i.e. DML – 95, DNE – 40, South – 64 & WEST – 127.

Home Care (M)

- In Palliative Home Care services 2885 availed of the service. Of these 571 were new clients.
- Of the 2885 clients 627 came from DML, 546 came from DNE, 855 came from the South and 857 from the West.

Chart 13

Palliative Care: No of Patients in Specialist Inpatient Units



Social Inclusion

Methodone
Treatment (M)
(Chart 19)

Development of National Substance Misuse Strategy

HSE representatives continue to actively participate in the Working Group preparing the National Substance Misuse Strategy which remains on target for completion in Q4.

Implementation of the National Homeless Strategy

- Work on progressing the actions contained in the NHAP continue with the prime target of eliminating long term homelessness and the need to sleep rough by year end.
- The 9 Regional Homeless Consultative Forums have been established.
- The action plans in respect of the individual Forums have been completed in Q3. The implementation blueprints which are a more detailed and specific pathways to enable the action plans to be implemented will be completed in Q4
- The HSE code of practice for integrated discharge planning code is under review by the HSE

Draft arrangements agreed for provision of psychological support and referral & care pathways will be drafted for workshop.

Ethnic Minority Services - *Progress the implementation of the National Intercultural Strategy and develop performance indicators to support the identification of HSE progress in the rollout of the strategy.*

- Draft arrangements agreed for provision of psychological support and referral & care pathways will be drafted for workshop

Framework in place to address the health related actions of Ireland's national action plan against female genital mutilation

Progress maintained; awaiting outcome of consultations and anticipated legislation.

- Submission on proposed legislation made to DoHC by HSE SI in Q3

Traveller Health *All Ireland Traveller Health Study (AITHS) Traveller Primary Health Care Project*

- The AITHS is completed and was launched by Mary Harney in September.
 - A HSE National Traveller Health Forum will be convened before the end of the year

Hospital Services

Hospital Services analysis and action points	
Elective Non Elective and Public / Private Discharges (M)	<p>The number of Inpatient Discharges has decreased by 1.3% compared to the same period in 2009 and is now 8.3% above target for 2010.</p> <p>The percentage of Elective Inpatient admissions has decreased marginally compared to the same period last year 32.6% for the period January – October compared to 33.3% for the same period in 2009.</p> <p>The percentage of public inpatients discharged in the same period has increased from 75.4% in 2009 to 77.2% this year, this is unchanged from end of September position.</p>
Average Length of Stay (ALOS) (M) (Chart 2)	<p>Average length of stay for the month of October is 6.0. The cumulative position shows that the Average length of stay has decreased marginally in 2010, down from 6.24 in 2009 to 6.16 for the period January – October 2010.</p>
Bed Days Used (M)	<p>The number of bed days used has decreased by 2.6% in 2010 compared to 2009. This is unchanged from the position at the end of September.</p>
Occupancy Rates (M)	<p>Percentage occupancy nationally has increased compared to last year (90% compared to 89.3% in 2009).</p>
Day Cases (M)	<p>Day cases continue to grow and are now running 9.1% higher compared to the same period last year. The Service Plan had targeted an increase on last year's outturn with a shift from inpatient to day case work and day cases are now running 6.1% ahead of target at the end of October.</p>
Day of Procedure (M)	<p>Day of Surgery admission rates have increased in all regions compared to the same period last year. Over the 12 month rolling period to the end of July the national figure for day of surgery admission rates was 49% compared to 45% for the previous rolling 12 months</p>

Chart 1

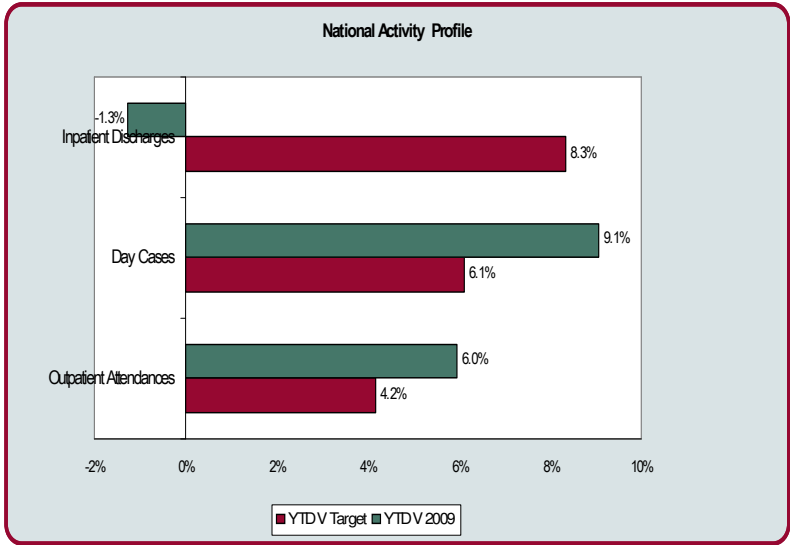
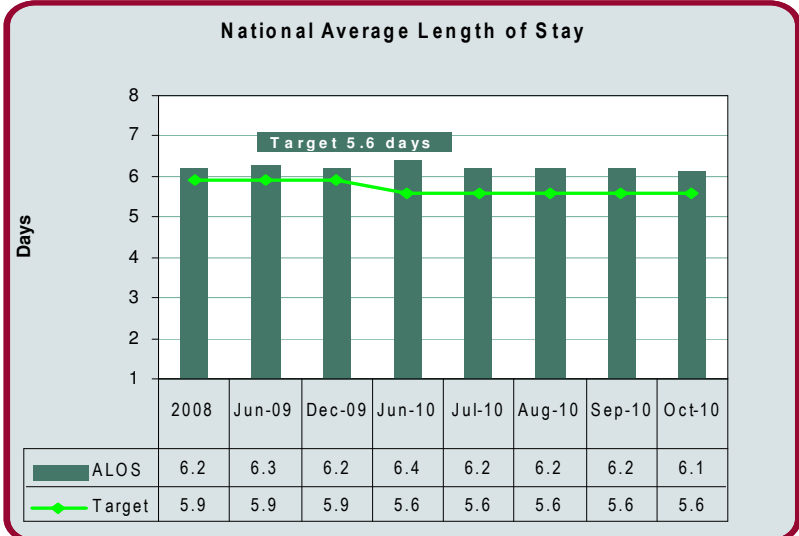


Chart 2



Acute Services analysis and action points

Emergency Department (M)

Emergency presentations are up on last year (0.5%) and are broadly in line with expected levels for 2010(-0.1%).

Emergency admissions are 0.4% up on last year and 11.4% above expected levels for 2010. The majority of Hospitals are reporting increases against expected levels for this year.

Emergency Department Turnaround Times (M) (Chart 3)

There are currently 2 methods being used to collect information relating to patient experience time in ED. The first is a sample of attendances over two periods of two hours each, (11am–1pm and 4pm–6pm) each day(post industrial action, the number of Hospitals reporting is 11 which relates to 25% coverage of national ED attendances) 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. This method enables a view of how many people were treated within specific times.

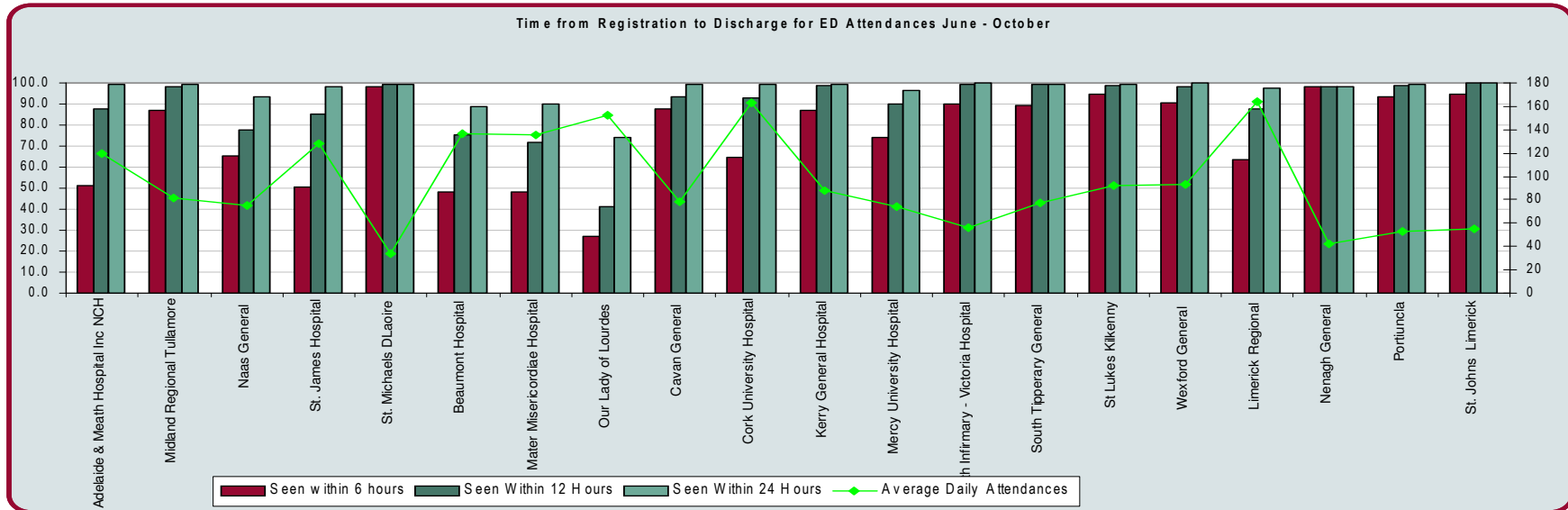
The second method is gathered by recording the time for all attendances over a 24 hour period. However, this data is not as detailed as the method above and is aggregated for all patients.

In the interim, it has been possible to partially combine the data from both methods above to show the percentage of patients admitted to Hospital or discharged from ED within 6;12 and 24 hours of ED registration. This new view is available for 20 Hospitals this number will increase over the coming months. A similar expanded view of Hospitals is not yet possible for categories of patients admitted or those discharged without admission at this point in time.

The figure for percentage of patients admitted to Hospital or discharged from ED within 6 hours was 63.7% in September, the corresponding figure for October is 60.6%.

Chart 3 shows the combined view of 20 hospitals of patients admitted to Hospital or discharged from ED within 6;12 and 24 hours of ED registration.

Chart 3



Acute Services analysis and action points

<p>Outpatients (OPD) (M)</p>	<p>Outpatient activity continues to grow with an increase of 6.0% compared to last year and attendances are currently 4.2% above target.</p> <p>New and return Dna rates are both at 14.0% for the period January – October 2010, this compares to 14.7% for new dna's and 14.6% for return dna's for the same period in 2009.</p> <p>The number of New attendances at Outpatient departments is in excess of 78,000 (10.2%) more than last year, this is reflected in an improvement in the overall New : Return ratio in 2010.</p>
<p>Births (M)</p>	<p>The number of births is marginally lower than the same period last year (0.5%) and is showing an 1.1% decrease against expected levels for 2010.</p> <p>October has seen the second highest number of births reported this year (6,418). This follows on from the highest number reported in September (6,491).</p>
<p>Elective Procedures (Position at the end of October 2010) (Chart 4 & 5)(M)</p>	<p>Elective Procedures:</p> <ul style="list-style-type: none"> At the end of October there are 46,466 listed for elective procedures as reported on the National Treatment Register. Of these, 79.2% (36,837 referrals) are within the targeted time for treatment: i.e. Children 3 months and adults 6 months. 2,668 children (54.9%) are waiting over the targeted 3 months and 6,961 (16.7%) adults are waiting over the targeted 6 months. This is a total of 9,629 (20.7% of all referrals), down from 9,641 in September, waiting more than the targeted time. Demand for elective procedures has increased by 14.8% (5,998) in October 2010 compared to October 2009.
<p>Colonoscopy Services (M)</p>	<ul style="list-style-type: none"> Week ending 22nd October, 835 patients were on a current referral list for urgent colonoscopy. 829 (99.3%) are within 28 days of referral and the remaining 6 have scheduled appointments.

Chart 4

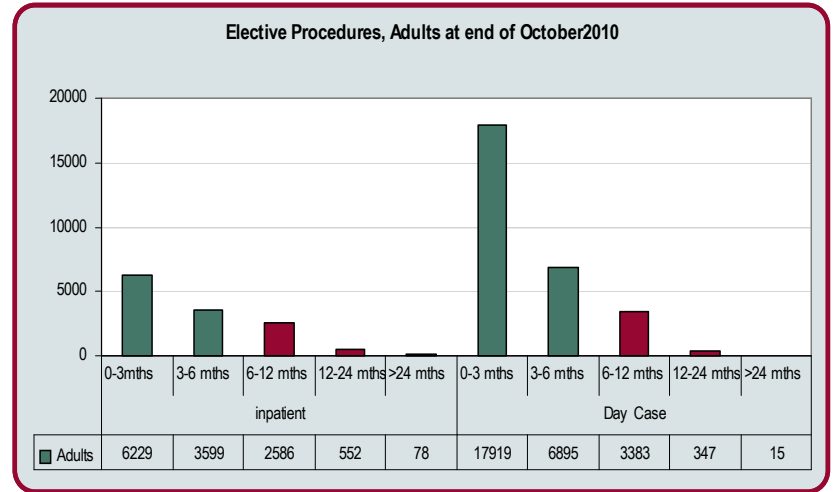
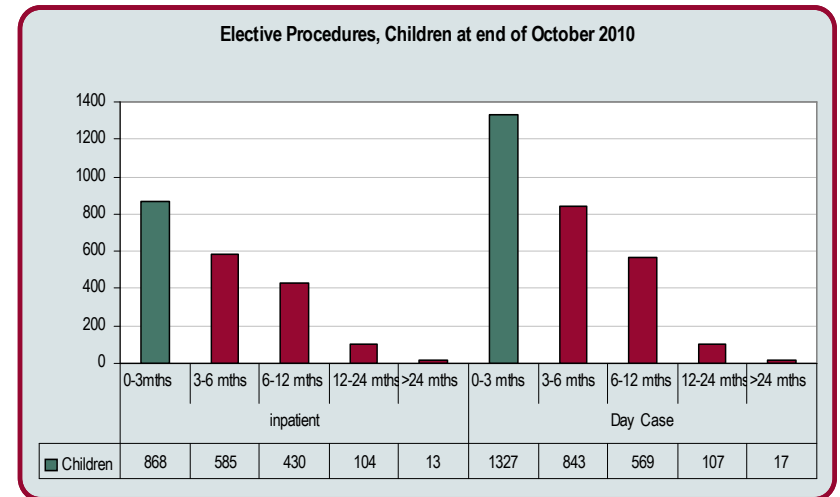
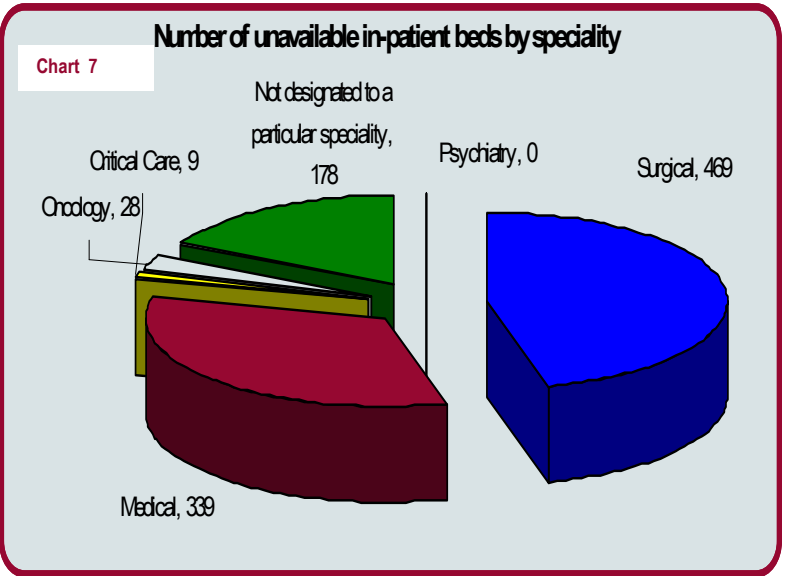
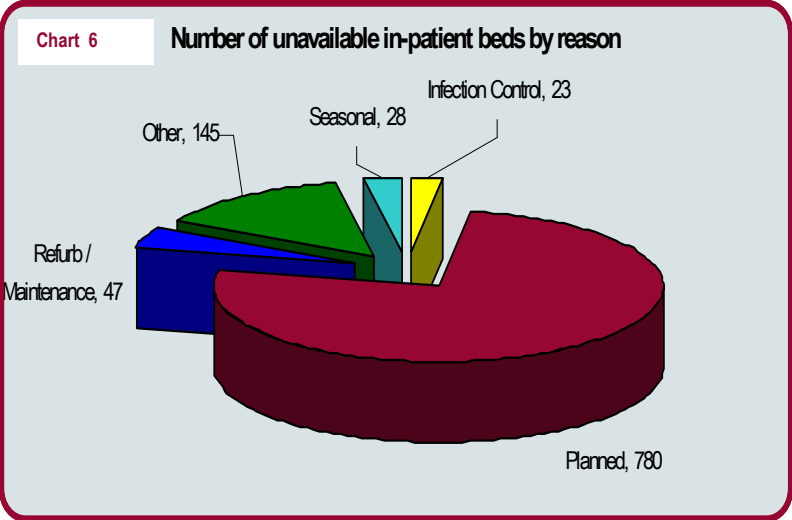


Chart 5



<p>Bed Capacity Management (M) (Graph 6 & 7)</p>	<p>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 1,045 beds (1,023 inpatient; 22 day beds) unavailable for discharges at the end of October, a decrease on the end of September when there were 1,147 beds (1,137 inpatient, 10 day beds) unavailable for discharges. Comparative figures for October 2009 show there were 839 beds (780 inpatient, 59 day beds) unavailable.</p>
<p>Delayed Discharges (M)</p>	<p>In the last week of October 2010 the number of delayed discharges reported nationally was 539. This is a decrease on the position at the end of September (603) and a significant decrease on the numbers reported at the end of October 2009 which was 708.</p> <p>The average number of delayed discharges reported through October 2010 was 570. As above this showed a decrease on average for September 2010 (612) and on October 2009(713).</p> <p>Delayed discharge information is still being back filled following the industrial action earlier this year so a year to date average for 2010 is not available at this time.</p> <p>In 2010 the categories of Delayed Discharges have changed compared to previous years with the introduction of Fair Deal, so while comparisons can be made to total figures for previous years it is not possible to compare reasons for delays.</p>



Ambulance	
Human Resources / Budget	<ul style="list-style-type: none"> National Ambulance Service (NAS) current ceiling position under review in consideration of posts put in place for reconfiguration and Labour Relations Commission adjudication in relation to Relief Factor. The National Ambulance Service (NAS) is currently 0.2% over budget. Current financial performance will result in a substantive breakeven position in 2010.
Total no. of ambulance transfers (Table 3) (M)	<p>Emergency Ambulance Calls Compared to September the variance is -3.5%. Cumulatively the variance of activity to target has decreased indicate a levelling out of activity; and that applies to year to date variance to last year.</p> <p>Urgent Ambulance Calls Call volume in this category has remained static. The variance against target has diminished, which means that after January volume dropped to below target but has steadily moved towards it.</p> <p>Non-Urgent Calls When compared to September Non - urgent calls also show a variance to target of -3.5%. The variance against target and comparing to same time last year indicate that activity level is steadily moving towards target.</p> <p>Community Transport In all respects Community transport figures remain very close to what they were in September.</p>
Response Times (M) (Chart 1)	For response times within the 8 Minutes time band the variance against target was exactly the same as September. In all other time bands variances differed +/- by only 0.1%. However, year-to-date variances show greater divergence which is attributable to an overall volume increase in call volume of approximately 10%.

Table 1 Ambulance Services	Human Resources			
	Ceiling Oct 2010	WTE Oct 2010	WTE Change from Dec 2009 to Oct 2010	% WTE Variance Oct 2010
DML	473	469	+19	-1.00%
DNE	154	165	-5	+7.03%
South	405	396	-1	-2.02%
West	431	444	-4	+3.11%
Total	1,463	1,474	+9	+0.78%

Table 2 Ambulance Services	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	33,493	31,624	1,869
DNE	12,375	9,330	3,045
South	30,443	27,005	3,438
West	35,001	29,967	5,034
Ambulance College	4,574	2,989	1,585
Office of the National Director	1,021	15,810	-14,788
Total	116,909	116,725	184

Chart 1

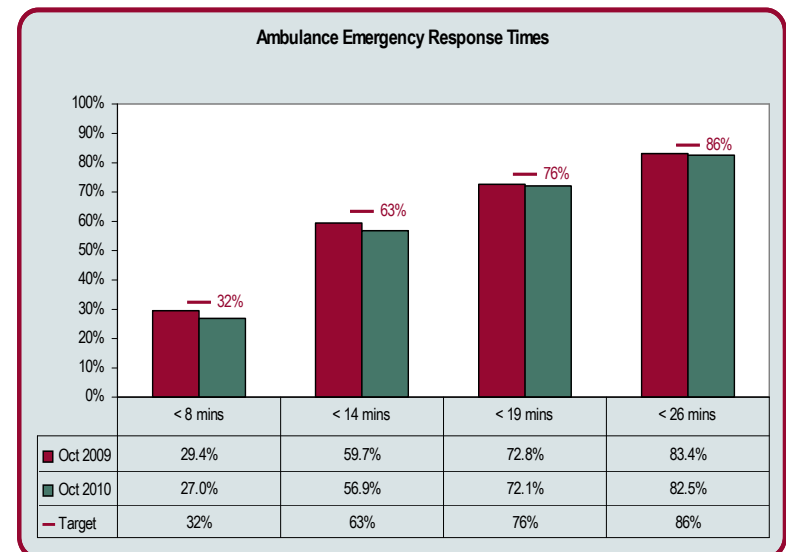


Table 3	Outturn 09	Target 10	Target YTD	Actual this Month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Total no. of Ambulance Transfers								
Emergency Calls	205,444	205,000	170,740	16,863	172,274	0.9%	169,317	1.7%
Urgent Calls	61,435	62,000	51,638	5,022	49,715	-3.7%	50,906	-2.3%
Non Urgent Calls	265,186	188,000	156,581	22,561	218,024	39.2%	223,060	-2.2%
Community Transport	338,132	280,000	233,205	30,276	301,359	29.2%	278,998	8.0%

Hospital Services: summary of key performance activity

Hospital Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Public Patients as a % of all elective discharges										
DML	71.2	80	80	76.2	-4.8	80	75.9	-5.1	71.4	6.3
DNE	73.2	80	80	76.6	-4.3	80	75.5	-5.6	73.4	2.9
South	69.0	80	80	71.5	-10.6	80	71.0	-11.3	68.7	3.3
West	67.9	80	80	70.0	-12.5	80	71.1	-11.1	67.8	4.9
National	70.2	80	80	73.6	-8.0	80	73.4	-8.2	70.2	4.6
No. of Inpatient Discharged (Inpatient)										
DML	176,985	160,527	13,940	15,621	12.1	133,940	150,698	12.5	147,651	2.1
DNE	114,020	103,690	8,729	9,123	4.5	87,101	92,088	5.7	94,001	-2.0
South	149,441	135,824	11,480	12,590	9.7	113,906	122,755	7.8	125,314	-2.0
West	154,576	140,952	12,057	12,607	4.6	118,131	125,310	6.1	130,178	-3.7
National	595,022	540,993	46,206	49,941	8.1	453,078	490,851	8.3	497,144	-1.3
No. of Inpatient Discharged (Day Case)										
DML	241,682	246,936	21,560	22,548	4.6	206,199	223,895	8.6	201,869	10.9
DNE	133,820	134,785	11,844	11,186	-5.6	113,730	116,162	2.1	108,306	7.3
South	141,387	144,847	12,272	12,754	3.9	120,871	131,679	8.9	117,984	11.6
West	158,722	162,742	14,178	13,867	-2.2	136,586	140,883	3.1	133,565	5.5
National	675,611	689,310	59,854	60,355	0.8	577,386	612,619	6.1	561,724	9.1
Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months										
DML	72.9	100	100	76.9	-23.1	100	76.9	-23.1	69.9	10.0
DNE	79.1	100	100	75.7	-24.3	100	75.7	-24.3	78.0	-2.9
South	85.2	100	100	78.7	-21.3	100	78.7	-21.3	84.7	-7.1
West	74.9	100	100	71.0	-29.0	100	71.0	-29.0	73.3	-3.1
National	77.3	100	100	75.3	-24.7	100	75.3	-24.7	75.7	-0.5
Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months										
DML	42.1	100	100	43.8	-56.2	100	43.8	-56.2	36.4	20.3
DNE	39.4	100	100	67.0	-33.0	100	67.0	-33.0	51.5	30.1
South	58.8	100	100	45.0	-55.0	100	45.0	-55.0	60.0	-25.0
West	44.3	100	100	34.8	-65.2	100	34.8	-65.2	38.7	-10.1
National	43.8	100	100	43.4	-56.6	100	43.4	-56.6	39.7	9.3

Hospital Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Elective Waiting List (Daycase) <i>% Adults awaiting ≤6 months</i>										
DML	90.0	100	100	94.1	-5.9	100	94.1	-5.9	89.7	4.9
DNE	86.0	100	100	87.7	-12.3	100	87.7	-12.3	85.8	2.2
South	85.4	100	100	83.7	-16.3	100	83.7	-16.3	88.3	-5.2
West	79.8	100	100	81.3	-18.7	100	81.3	-18.7	82.3	-1.2
National	85.0	100	100	86.9	-13.1	100	86.9	-13.1	86.1	0.9
Elective Waiting List (Day Case) <i>% Children awaiting ≤3 months</i>										
DML	36.2	100	100	42.2	-57.8	100	42.2	-57.8	30.6	37.9
DNE	41.2	100	100	76.1	-23.9	100	76.1	-23.9	52.1	46.1
South	53.4	100	100	50.2	-49.8	100	50.2	-49.8	55.3	-9.2
West	54.7	100	100	51.9	-48.1	100	51.9	-48.1	50.7	2.4
National	40.8	100	100	46.3	-53.7	100	46.3	-53.7	36.7	26.2
% of elective inpatient procedures conducted on day of admission										
DML		75	75	62	-17.3	75	62	-17.3	58	6.9
DNE		75	75	42	-44.0	75	42	-44.0	34	23.5
South		75	75	44	-41.3	75	44	-41.3	44	0.0
West		75	75	46	-38.7	75	46	-38.7	42	9.5
National		75	75	49	-34.7	75	49	-34.7	45	8.9
No. of Emergency Admissions										
DML	93,946	84,348	7,087	8,321	17.4	70,063	80,197	14.5	79,057	1.4
DNE	73,886	66,366	5,443	6,025	10.7	55,674	60,838	9.3	60,280	0.9
South	87,930	80,710	6,607	7,598	15.0	67,160	74,358	10.7	73,168	1.6
West	111,198	98,874	8,513	9,188	7.9	82,463	91,493	10.9	93,146	-1.8
National	366,960	330,298	27,650	31,132	12.6	275,361	306,886	11.4	305,651	0.4
% Day case Surgeries as a % day case + inpatients for specialised basket procedures										
DML		75	75	73	-2.7	75	73	-2.7	68	7.4
DNE		75	75	74	-1.3	75	74	-1.3	71	4.2
South		75	75	60	-20.0	75	60	-20.0	56	7.1
West		75	75	68	-9.3	75	68	-9.3	62	9.7
National		75	75	69	-8.0	75	69	-8.0	64	7.8
Outpatient Attendances										
DML	1,314,753	1,292,922	109,501	111,213	1.6	1,088,229	1,145,804	5.3	1,088,763	5.2
DNE	764,975	758,418	62,334	64,469	3.4	639,653	670,088	4.8	647,283	3.5
South	672,605	686,696	58,532	59,868	2.3	576,416	602,073	4.5	555,827	8.3
West	642,344	656,846	56,612	56,948	0.6	580,446	587,154	1.2	544,431	7.8
National	3,394,677	3,394,882	286,979	292,498	1.9	2,884,745	3,005,119	4.2	2,836,304	6.0

National Cancer Control Programme (NCCP)

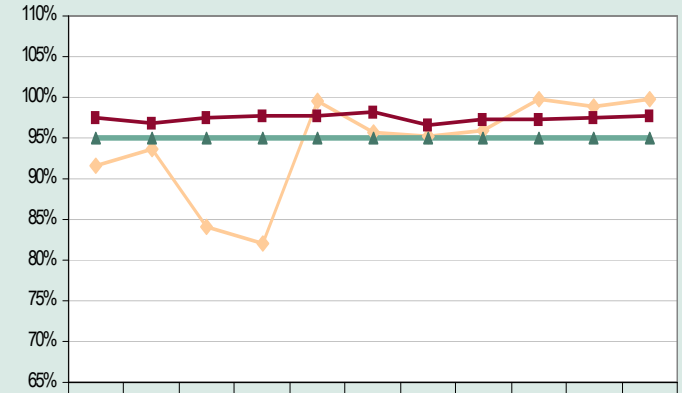
Chart 1

National Cancer Control Programme (NCCP)

Symptomatic Breast Cancer Services (Chart 1) (M)

- PI 1: Total number of urgent referrals; and of those No. and % offered an appointment within 2 weeks – target 95%, October reported position is 99.7%.
- PI 2: Total number of non urgent referrals; and of those No. and % offered an appointment with 12 weeks – target 95%, October reported position is 97.7%.
- PI 3: Total no. of patients newly diagnosed in the cancer centre; and of those no. and % discussed at MDM – target 100%, October reported position is 100%.
- PI 4: No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out. Target 100%, October reported position is 100%.

Breast Cancer, urgent and non-urgent



	YTD	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct
◆ % of urgent referrals offered an appointment within 2 weeks	91.6%	93.6%	84.0%	82.0%	99.6%	95.6%	95.3%	96.0%	99.8%	98.8%	99.7%
■ % of non-urgent referrals offered an appointment within 12 weeks	97.4%	96.9%	97.4%	97.7%	97.8%	98.1%	96.6%	97.2%	97.2%	97.4%	97.7%
▲ Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Quality & Clinical Care (QCC)

Quality and Safety

Blood Policy (Table 3 & 4) (M / Q)	<p>Maintaining trend for Year to Date</p> <p>However, reduced activity at hospitals due to short notice of operation cancellations / ward closures / reduced services (budget constraints) may effect outdating of blood / platelet stock at hospital level over the coming months.</p>
Service User Involvement (M)	<p>% of hospitals or hospital networks that have established service user panels</p> <p>The concept of service user involvement had not been standardised or evaluated in Ireland to date. Service user panels are one method of engagement which may not be appropriate for all situations and locations. For this reason two approaches were taken in 2010:</p> <ul style="list-style-type: none"> • Key hospital personnel were identified and participated in 3 sets of workshops in each of the 4 areas focussing on appropriate methodologies (including service user panels, surveys, focus groups). • The Advocacy Unit has developed and made available a guide to the different methods of engagement and when to use them, "Service User Involvement Methods A Guidance Document" <p>% of hospitals or hospital networks that have completed patient satisfaction surveys</p> <p>Service User experience survey commenced in October 2010 in 27 participating hospitals. Survey being conducted by ISQSH in association with the HSE.</p> <p>% of PCTs with engagement with the local community</p> <p>As the concept of service user involvement had not been standardised or evaluated in Ireland as approach was agreed as follows:</p> <p>The 'Joint Community Participation in Primary Care Funding Initiative' was designed to support and enable disadvantaged communities and groups to participate in local primary care teams. Nineteen community projects in partnership with the HSE using different methods showed how community participation can be of benefit to the ongoing development of Primary Care Teams. An evaluation of the methods of involvement used by the 19 projects was completed in 2010. The learning from this evaluation will be used in the development of Primary Care Teams in the future.</p>

Table 3 Red Blood Cells		2010 YTD
No. of units ordered	95,111	
No. units outdated/returned	1628	
Target rate of outdates/returns (%)	3%	
Actual rate of outdates/returns (%)	1.71%	

QCC – Complaints, FOI, HSE National Information Line	
Complaints (M)	The total number of complaints received YTD to October 2010 is 7,179. Of these 5,896 were finalised within 30 working days. This is an increase on the numbers finalised within 30 days for the same period last year. Complaint numbers have increased from same period last year.
FOI (M)	There have been 4,570 FOI requests received YTD to October 2010. Of these over 4,200 relate to personal information requests.
HSE National Information Line (M)	National Information Line shows the number of calls received is 11,390.

Performance Activity	Outturn 09	Target 10	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Complaints						
No. of complaints	7,984		7,179		6,865	105%
No. of complaints finalised within 30 working days	6,326		5,896		5,414	109%
Complaint Reviews						
No. of Reviews (HSE)						
No. of Reviews (Non-HSE)						
FOI Requests						
No. of FOI requests received	4,879		4,570		4,114	114%
HSE National Information Line						
Number of calls received	167,645		11,390		14,745	77%

New Service Developments – October 2010

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
Quality and Clinical Care	H1N1 Pandemic	Costs associated with H1N1 pandemic.	€55m	€36m	0	-	Q1–Q4	The savings related to H1N1 provision in 2010 is estimated at €15m based upon expenditures year to date.
Children and Families	Ryan Report	Implementation of recommendations progressed (<i>dependent upon allocation arriving in the REV</i>)	€14.27m	€3.7m*	265 (all moratorium exempt)	177	Q1–Q4	<p>An additional 29 social work posts issued under the Ryan Report were filled in October. This brings the total number of Ryan Report posts in place YTD to 177. Out of the 265 posts 220 are being prioritized due to existing funding allocations, 200 of these relate to Social Work posts. The remaining 20 posts have also been identified and primary notifications have issued to commence the recruitment process.</p> <p>* Note the figure attributed to the year-to-date spend refers specifically to the approximate costs of Social Workers recruited since June 2010 (estimated at €3.7m - YTD Oct.) as part of the Ryan Service Development allocation. Significant additional costs have also been incurred within the Children and Families services as part of the ongoing implementation of the Ryan Report. An exercise to determine the level of spend in each Region has now been undertaken.</p>
Older People	A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need.	*€97m	€203m	0	-	Q1–Q4	<p>*The funding of €214m includes €55m received in 2009 and €97m received in 2010 plus €62m additional funding which materialised from reductions in contract bed and subvention spend. The expenditure of €203m to date in regard to the funding received in 2010 under the Nursing Homes Support Scheme have been expended on payments of State Support and Ancillary State Support for clients residing in Private Nursing Homes approved under the scheme. At present, and based on payments to date under the scheme, it is envisaged that there is sufficient funding available to meet the scheme's requirement in the current year, this is also based on estimated subvention and contract bed savings being realised and allocated for expenditure on Fair Deal. A total of 16,474 applications have been received to date under the scheme with 74% of applications now processed.</p>

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
	Home Care Support	To support the increase in demand for Home Care Packages.	€10m	€7.5m	0	-	Q1–Q4	€3m has gone to both DML and DNE €2m has gone to both the South and West. 3,839 new clients provided with HCP service YTD – approx €7.5m spend to Sept 2010.
Demand Led Schemes	DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m	€200m	0	-	Q1–Q4	The total funding for demand led services has increased by €230m. This funding has aided the provision of medical cards as well as GP visit cards.
National Cancer Control Programme	Cancer Services	Support the further development of cancer services nationally, including services for the National Programme for Radiation Oncology.	€20m	€13m	79	0	Q4/2011	Prioritisation of 79 NCCP WTEs has been agreed and are in process of recruitment. All funding has been allocated; €8m funding has been allocated mainly to cancer centres to support medical oncology and cancer theatre pressures. €4m transferred to population health for the distribution of the cervical cancer vaccine. €4m transferred to the new radiotherapy network for operational costs for the new radiotherapy units due to open in December in St. James's and Beaumont. €4m has been allocated to private radiotherapy services in the Southern Region and in Limerick.
Innovation 2010	Innovation Funding	Delivery of suitable projects that demonstrate innovation in service delivery:						
		<ul style="list-style-type: none"> Disability and Mental Health Services 	€3m	€3m		-	Q4	<p>On 9th December 2009, John Moloney T.D., Minister of State with responsibility for Equality, Disability and Mental Health announced that an Innovation Fund of €3m had been provided in the 2010 HSE Vote in respect of disability and mental health. This funding was allocated to The Person Centre (now the Genio Trust) for allocation to projects, which support people with disabilities and mental health difficulties to live full lives in the community.</p> <p>The funding of €3m has been allocated through the HSE and a Service Level Agreement (SLA) exists, detailing the governance and accountability arrangements relating to this funding. €3m 51 projects have been successful in the application process managed by Genio (formerly The Person Centre).</p>
		<ul style="list-style-type: none"> Child Welfare Information System 	€1m	€0		-		A proposal to develop a standardised record management and record keeping system for children files in social work departments is currently with the DOHC.
		<ul style="list-style-type: none"> Community Intervention Teams 	€3m	€1.4m		-	Q4	<p>The development of new CITs is continuing with the expansion of existing CITs underway. Some existing CITs have expanded the geographical area covered and are offering enhanced services e.g. IV antibiotic service in Dublin North and Limerick. A number of defined hospital avoidance programmes are being developed and formalised.</p> <p>A framework document to assist in the roll out of these and future CIT has been developed and is currently being finalised.</p>
		<ul style="list-style-type: none"> Quality and Clinical Care Programmes 	€10m	€0	80	-	Q4	<p>Funding for new Consultants and Structured On Call for the National Clinical programs.</p> <p>Enable program solutions – Draw down expected by Q4 in relation to:</p> <ul style="list-style-type: none"> Surgery (2) Acute Medicine (3) Out Patients
Total			€443.27	€467.6	424	177		

Note: HSE has estimated that the time related savings for service developments in 2010 are €30m

Appendix 1: Vote Data

Vote 40 - HSE – Vote Expenditure Return at 30th November 2010

(As at 7th December 2010)

1. Vote Position at 30th November 2010

	REV 2010 Estimate	November Profile €'000	November Outturn €'000	Over (Under) €'000	YTD Profile €'000	YTD Outturn €'000	Over (Under) €'000
Gross Current	14,139,639	1,135,587	1,122,491	(13,096)	12,952,222	12,857,184	(95,039)
Gross Capital	443,792	41,107	38,970	(2,137)	394,176	323,236	(70,940)
Total Gross Vote	14,583,431	1,176,694	1,161,461	(15,233)	13,346,398	13,180,420	(165,978)
Appropriations-in-Aid							
- Other Receipts	2,899,844	460,979	403,166	(57,813)	2,441,941	2,151,907	(290,034)
- Receipts collected by HSE	1,089,206	88,794	89,083	289	990,048	926,393	(63,655)
- Capital Receipts	65,800	7,500	0	(7,500)	54,577	3,916	(50,661)
- Total	4,054,850	557,273	492,249	(65,024)	3,486,566	3,082,216	(404,350)
Net Expenditure	10,528,581	619,421	669,212	49,791	9,859,832	10,098,204	238,372

The November expenditure return is based on the Revised Estimates Volume allocation. A supplementary estimate of €595m (of which €250m was provided for the 2010 exit schemes) was passed by Dáil Éireann on 2nd December 2010. This supplementary estimate will be reflected in the December expenditure return.

2. Comparison to Issues Return

The November issues return submitted on 24th November 2010 is broadly consistent with the November vote return. Gross current expenditure is €5m lower than the issues return arising from a payment to the State Claims agency which was expected to be paid in November but was not paid until early December. Capital expenditure is €5m higher than the issues return as claims from the HSE administrative areas were €5m higher than expected in the last week in November. Appropriations-in-Aid are €25m higher than the issues return arising from additional Health Contribution receipts received from the Social Insurance Fund (SIF) and the Revenue Commissioners.

3. General Commentary

Gross current vote expenditure is €95m under profile (€82m under profile in October); appropriations-in-aid are €404m under profile (€339m under profile in October). Gross capital vote expenditure is €71m under profile (€69m under profile in October).

4. Capital Position at 30th November 2010

Subhead	YTD Profile €'000	YTD Outturn €'000	Over / (Under) €'000
B.9- Dormant Accounts	5,877	2,926	(2,951)
C.1 - Capital	314,712	294,802	(19,910)
C.2 – Capital - Lottery	1,000	0	(1,000)
C.3 - Info Systems for Health Agencies	28,587	3,008	(25,579)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	44,000	22,500	(21,500)
Gross Capital Expenditure	394,176	323,236	(70,940)
D.7 – Dormant Account	4,577	2,926	(1,651)
D.10 – Disposal of Mental Health Facilities	50,000	990	(49,010)
Net Capital Expenditure	339,599	319,320	(20,279)

Subhead C1 - Construction

The under spend on construction projects in the first 11 months of this year is influenced by the following;

1. Tenders received this year continue to be below the projected tender estimates.
2. Throughout most of the year to date, progress on construction projects has been sluggish with progress behind original cash flow projections on nearly all projects. However, in the months of October and November, there was a significant increase in the cash drawdown indicating an increase in activity.
3. Due to budgetary (revenue) constraints, the HSE have been slower than usual in opening new facilities this year. This impacts on the equipping of buildings. A number of examples of this are OLOL Drogheda Emergency Department and Ward Block, the Residential Disability Unit at St Ita's Portrane and the Community Nursing Units in general. However, all of these are now being equipped and the majority will be open by year end.
4. A number of the major projects are currently behind profile and will not now draw down their full allocation in 2010. These include;
 - National Integrated Medical Imaging System (will underspend by €5m)
 - National Paediatric Hospital (will underspend by €7m)
 - Mater Adult Redevelopment (will underspend by €3m)
 - CUH Cardiac Renal Project (will underspend by €4m)

Subhead C4 - Mental Health Infrastructure

Approximately €25m of the €50m C4 allocation will be drawn down this year. This underspend is due to:

- MH Development programme was only finalised in February of this year and launched by the Junior Minister on 1st March.
- We have been very cautious in entering into MH contractual commitments this year as it always appeared very unlikely that €50m could be raised this year from sale of assets.

Subhead C3 - ICT

ICT Capital draw down to date is running behind profile. The reasons for this are as follows:

1. Key project deliverables have not been reached and therefore vendors cannot be paid until good and services are delivered.

2. Over 60% of currently approved ICT projects are dependant on completion of a formal procurement process in compliance with HSE, Irish and EU regulations. This takes several months and introduces a delay at the early stages of these projects.

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

5. Emerging Issues by Vote Subhead based on REV Allocation

- The gross statutory sector including the medical card services scheme is €86m under profile and the voluntary sector is €2m under profile.
- Health Contribution receipts from the Social Insurance Fund and the Revenue Commissioners at 30th November 2010 amounted to €1,811m as against a profile of €2,222m resulting in a shortfall of €411m. The Supplementary Estimate reduced the estimate provision by €422m. In order to breakeven on this subhead in 2010 receipts totalling €199m are required from the SIF in December. The SIF estimate that receipts in the range €200m-€205m will be paid to the HSE in December.

Month	Profile	Receipts	Variance
January	2,657	2,657	0
February	220,000	220,000	0
March	195,788	137,000	-58,788
April	195,788	146,000	-49,788
May	195,788	130,000	-65,788
June	195,788	140,000	-55,788
July	195,788	129,000	-66,788
August	195,788	136,000	-59,788
September	195,788	186,076	-9,712
October	195,788	195,000	-788
November	433,479	388,979	-44,500
Total to 30th November	2,222,440	1,810,712	-411,728
December REV Profile	208,999		
Supplementary Estimate	-422,000		
Post Supplementary Estimate	2,009,439		

- Payments to the Long Stay Repayments Scheme are €2m over profile.
- Payments to State Claims Agency are €9m over profile.
- Expenditure on Service Developments is €18m under profile.
- Expenditure on the Flu Pandemic amounted to €35m to 30th November 2010.
- Maintenance receipts are €41m under profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.
- The net revenue Vote shows a small positive balance at the end of November 2010. However, the ability to maintain this position following the supplementary estimate depends on the HSE having flexibility to use emerging savings on pensions and demand led schemes.

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

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

Vote Position	Yearly Profile €'000	Per Oct Profile €'000	YTD Oct Expenditure €'000	Surplus/ (Deficit) €'000	
Gross Revenue Allocation per REV	14,139,639	11,816,635	11,734,693	-81,942	
Less:					
A-in-A - Maintenance	-376,000	-308,992	-268,770	40,222	
A-in-A - Superannuation	-205,000	-170,056	-167,303	2,753	
A-in-A - Miscellaneous	-167,000	-139,161	-93,222	45,939	
A-in-A - Pension Levy	-341,206	-283,045	-308,015	-24,970	
Net Revenue Vote Allocation	13,050,433	10,915,381	10,897,383	-17,998	Per Oct Vote
Net I&E Allocation	13,100,435	10,727,507	10,706,345	-21,162	Per Oct PR
I&E Underspend at 31st October 2010				-21,162	
Difference in Outturn to 31st October 2010				191,038	
Difference in Profile to 31st October 2010				-187,874	
Net Revenue Vote Underspend at 31st October 2010				-17,998	

1. Vote Expenditure v I&E Expenditure @ 31st October 2010

Category	Gross Expenditure €'000	A-in-A €'000	Net Vote Expenditure €'000	Performance Report €'000	Difference €'000
Statutory	7,313,956	-731,529	6,582,427	6,543,814	38,613
PCRS	2,257,531	-20,183	2,237,348	2,223,114	14,234
Voluntary	2,163,206	-85,598	2,077,608	1,939,417	138,191
Net I&E Allocation	11,734,693	-837,310	10,897,383	10,706,345	191,038

2. Rev Profile v I&E Budget @ 31st October 2010

Category	Gross REV Profile €'000	A-in-A Profile €'000	Net Vote Revenue Profile €'000	I&E Budget €'000	Difference €'000
Statutory	7,297,017	-795,473	6,501,544	6,547,605	-46,061
PCRS	2,329,621	-20,183	2,309,438	2,263,913	45,525
Voluntary	2,189,997	-85,598	2,104,399	1,915,989	188,410
Net I&E Allocation	11,816,635	-901,254	10,915,381	10,727,507	187,874

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

(As at 5th November 2010)

1. Vote Position at 31st October 2010

	REV 2010 Estimate	October Profile €'000	October Outturn €'000	Over (Under) €'000	YTD Profile €'000	YTD Outturn €'000	Over (Under) €'000
Gross Current	14,139,639	1,133,022	1,138,986	5,964	11,816,635	11,734,693	(81,942)
Gross Capital	443,792	36,871	57,701	20,830	353,070	284,266	(68,804)
Total Gross Vote	14,583,431	1,169,893	1,196,687	26,794	12,169,705	12,018,959	(150,746)
Appropriations-in-Aid							
- Other Receipts	2,899,844	210,088	209,000	(1,088)	1,980,962	1,748,741	(232,221)
- Receipts collected by HSE	1,089,206	93,967	90,755	(3,212)	901,254	837,310	(63,944)
- Capital Receipts	65,800	8,900	816	(8,084)	47,077	3,916	(43,161)
- Total	4,054,850	312,955	300,571	(12,384)	2,929,293	2,589,967	(339,326)
Net Expenditure	10,528,581	856,938	896,116	39,178	9,240,412	9,428,992	188,580

2. Comparison to Issues Return

The October issues return submitted on 26th October 2010 is broadly consistent with the October vote return.

3. General Commentary

Gross current vote expenditure is €82m under profile (€88m under profile in September); appropriations-in-aid are €339m under profile (€327m under profile in September). Gross Capital vote expenditure is €69m under profile (€90m under profile in September).

4. Capital Position at 31st October 2010

Subhead	YTD Profile €'000	YTD Outturn €'000	Over / (Under) €'000
B.9- Dormant Accounts	4,577	2,926	(1,651)
C.1 - Capital	288,712	260,707	(28,005)
C.3 - Info Systems for Health Agencies	21,781	2,144	(19,637)
C.4 - Building & Equipping of Mental Health & Other Health Facilities	38,000	18,489	(19,511)
Gross Capital Expenditure	353,070	284,266	(68,804)
D.7 – Dormant Account	4,577	2,926	(1,651)
D.10 – Disposal of Mental Health Facilities	42,500	990	(41,510)
Net Capital Expenditure	305,993	280,350	(25,643)

C.1 Construction

The under spend on construction projects in the first 10 months of this year is influenced by the following;

- Tenders received this year continue to be below the projected tender estimates.
- Throughout most of the year to date progress on construction projects has been sluggish with progress behind original cash flow projections on nearly all projects. However in the month of October, there was a significant increase in the cash drawdown indicating an increase in activity.
- Due to budgetary (revenue) constraints, the HSE have been slower than usual in opening new facilities this year. This impacts on the equipping of buildings. A number of examples of this are OLOL Drogheda Emergency Department and Ward Block, the Residential Disability Unit at St Ita's Portrane and the Community Nursing Units in general. However all of these are now being equipped and the majority will be open by year end.
- A number of the major projects are currently behind profile and will not now draw down their full allocation in 2010. These include;
 1. National Integrated Medical Imaging System (will underspend by €5m)
 2. National Paediatric Hospital (will underspend by €7m)
 3. Mater Adult Redevelopment (will underspend by €3m)
 4. CUH Cardiac Renal Project (will underspend by €4m)

C.4 Mental Health Infrastructure

Approximately €25m of the €50m C.4 allocation will be drawn down this year. This underspend is due to:

- MH Development programme was only finalised in February of this year and launched by the Junior Minister on 1st March.
- We have been very cautious in entering into MH contractual commitments this year as it always appeared very unlikely that €50m could be raised this year from sale of assets.

Sales of assets valued at over €10m have been agreed to date and it is hoped that the transactions can be completed by year end. The difference between the expenditure on MH Projects (Subhead C4) and sale of assets (Subhead D10) can be met from the underspend on the major projects listed above (all in Subhead C1).

C3 ICT

ICT Capital draw down to date is running behind profile. The reasons for this are as follows:

1. Key project deliverables have not been reached and therefore vendors cannot be paid until good and services are delivered.
2. Over 60% of currently approved ICT projects are dependant on completion of a formal procurement process in compliance with HSE, Irish and EU regulations. This takes several months and introduces a delay at the early stages of these projects.
3. In addition, several of these projects are waiting on a more complex, national procurement framework process as approved by CMOD.

▪ Emerging Issues by Vote Subhead based on REV Allocation

- (1) The gross statutory sector including the medical card services scheme is €71m under profile and the voluntary sector is €27m under profile.

- (2) Gross receipts from the Social Insurance Fund at 31st October 2010 amounted to €1,419m as against the profile of €1,786m resulting in a shortfall of €367m. The receipts take into account the adjustment of €77m for the purported overpayment to the HSE in 2009.

Month	Profile	Receipts	Variance
Jan	0	0	0
Feb	220,000	220,000	0
Mar	195,788	137,000	-58,788
Apr	195,788	146,000	-49,788
May	195,788	130,000	-65,788
Jun	195,788	140,000	-55,788
Jul	195,788	129,000	-66,788
Aug	195,788	136,000	-59,788
Sep	195,788	186,000	-9,788
Oct	195,788	195,000	-788
Subtotal	1,786,304	1,419,000	-367,304
Nov	281,576		
Dec	195,790		
Total	2,263,670		

- (3) Payments to the Long Stay Repayments Scheme are €1m over profile.
- (4) Payments to State Claims Agency are €13m over profile.
- (5) Expenditure on Service Developments is €2m over profile.
- (6) Expenditure on the Flu Pandemic amounted to €35m to 31st October 2010.
- (7) Maintenance receipts are €40m under profile.
- (8) Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.

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

- **Reconciliation of Net Revenue Vote Expenditure to Net I&E Expenditure at 30th September 2010**

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

Vote Position	Yearly Profile €'000	Per September Profile €'000	YTD September Expenditure €'000	Surplus/ (Deficit) €'000	
Gross Revenue Allocation per REV	14,139,639	10,683,613	10,595,707	-87,906	
Less:					
A-in-A - Maintenance	-376,000	-275,493	-230,232	45,261	
A-in-A - Superannuation	-205,000	-152,584	-150,668	1,916	
A-in-A - Miscellaneous	-167,000	-125,245	-94,633	30,612	
A-in-A - Pension Levy	-341,206	-253,965	-271,022	-17,057	
Net Revenue Vote Allocation	13,050,433	9,876,326	9,849,152	-27,174	
Net I&E Allocation	13,100,435	9,616,211	9,624,434	8,223	
I&E Overspend at 30th September 2010				8,223	
Difference in Outturn to 30th September 2010				224,718	See Note 1
Difference in Profile to 30th September 2010				-260,115	See Note 2
Net Revenue Vote Underspend at 30th September 2010				-27,174	

Note 1 - Vote Expenditure v I&E Expenditure @ 30th September

Category	Gross Expenditure €'000	A-in-A €'000	Net Vote Expenditure €'000	Performance Report €'000	Difference €'000
Statutory	6,564,905	-651,352	5,913,553	5,871,925	41,628
PCRS	2,030,023	-18,165	2,011,858	2,004,031	7,827
Voluntary	2,000,779	-77,038	1,923,741	1,748,478	175,263
Net I&E Allocation	10,595,707	-746,555	9,849,152	9,624,434	224,718

Note 2 - REV Profile v I&E Budget @ 30th September

Category	Gross REV Profile €'000	A-in-A Profile €'000	Net Vote Revenue Profile €'000	I&E Budget €'000	Difference €'000
Statutory	6,571,421	-716,706	5,854,715	5,858,893	-4,178
PCRS	2,099,713	-18,165	2,081,548	2,040,361	41,187
Voluntary	2,012,479	-72,416	1,940,063	1,716,957	223,106
Net I&E Allocation	10,683,613	-807,287	9,876,326	9,616,211	260,115

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

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

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

Appendix 2: Gross Debtors Days for Private & In-Patient Levy Debt < 12 months old

This report shows the Acute Hospital Gross Debtors Days for Private and In-Patient Levy Debt that is less than 1 year old at the end of Dec'09, Mar'10, Jun'10 and Sep'10. The report also shows the Private & In-Patient Levy income for the 12 months ended 30th Sept'10 and the corresponding Gross Debtors less than one year at 30th Sept'10. The Debtors numbers are shown before any Bad Debt Provisions. The formula for the Debtor Days metric is (Gross Debtors divided by Patient Income for previous 12 months) multiplied by 365 days.

It is worth noting that 91% of the debt is related to private charges and this category of debt has a collection rate of approximately 97%. Therefore we must be careful to encourage better collection rather than incentivising hospitals to reduce their debtor days by writing off or provisioning private insurance debt.

Electronic claims management, which is in operation in St. James's Hospital has had a significant positive impact on collection timeframes and has helped to eliminate many of the reasons cited for delayed payments or non payment of accounts. Electronic capture of information has led to more efficient management of the back-up data associated with claims and allows for easy regeneration of claims deemed lost or not received by the insurer. However, the process as it is currently configured remains overly complex in that it requires the hospital to collate the entire claim before submitting the hospital's own bill for the accommodation charge. This is inefficient for hospitals as most could issue accommodation bills within a short period of days after discharge.

Interim Initiative to Dec'10

The HSE are pursuing an interim initiative to reduce the amount outstanding before year end. This involves –

- Focusing on the backlog of outstanding claims that are awaiting submission
- Placing an emphasis on following up private insurance claims which have been submitted but not yet settled. Any outstanding queries in relation to such claims are being addressed as a matter of urgency
- Weekly reporting and monitoring versus agreed targets

Long Term Solution

The HSE are working on a long term sustainable solution that will involve the re-engineering of the entire Private Insurance Income Collection Process.

Gross Debtor Days for Private & Inpatient Levy Debt <12 months old							
Type	Hospital	Dec 09	Mar 10	Jun 10	Sept 10	Income for the 12 mts ended Sept 10 ('000)	Gross Debtors at Sept 10 ('000)
Statutory	Bantry	175	100	73	35	556	54
	Our Ladys Navan	120	105	107	73	1,878	377
	Mallow General	68	69	90	83	2,102	480
	Ennis General	88	104	113	88	802	192
	Roscommon General	78	70	110	91	2,539	635
	Wexford General	114	102	102	94	8,008	2,070
	Portlaoise General	121	93	98	96	3,150	829
	Kilcreene Orthopaedic	81	64	68	107	1,610	473
	Monaghan General	90	110	139	112	821	252
	Cavan General	125	114	126	116	3,858	1,228
	Letterkenny General	107	108	123	120	5,671	1,871
	Tullamore General	119	91	103	122	5,050	1,687
	Cork University	132	110	119	130	38,219	13,561
	Nenagh General	83	105	123	130	1,377	489
	Portlunula Acute	135	123	131	133	6,550	2,388
	Mullingar General	161	128	103	134	3,554	1,308
	St Columcilles General	133	122	111	135	281	104
	Naas General	125	118	129	139	658	251
	Sligo General	130	128	155	141	11,159	4,317
	Galway College University /Merlin Park	136	129	145	142	26,047	10,126
	South Tipp General, Clonmel	111	107	145	148	5,540	2,253
	Regional Limerick	134	131	140	148	31,845	12,955
	Waterford Regional	154	85	127	153	19,412	8,120
	Kerry General	174	107	113	156	4,731	2,024
	Connolly Memorial	183	145	148	160	4,967	2,179
	Mayo General	155	162	163	174	6,325	3,018
	Our Lady of Lourdes, Drogheda	201	157	176	185	13,259	6,702
	Louth County	215	198	202	188	1,992	1,028
	St. Lukes Kilkenny	169	181	204	216	6,017	3,559
	Statutory Total		139	121	135	142	217,978
Voluntary	Rotunda Hospital	56	55	51	64	11,428	2,001
	Cappagh National Orthopaedic	68	61	64	76	2,756	576
	National Maternity Holles St.	106	101	100	95	13,265	3,456
	South Infirmary - Victoria Hospital, Cork	101	94	94	99	13,624	3,699
	Coombe Womens Hospital	64	115	71	100	10,755	2,960
	St. Vincent's Elm Park	83	99	111	111	10,774	3,262
	Mercy Hospital, Cork	131	136	120	113	17,622	5,452
	St. James's Hospital	142	139	121	114	29,645	9,269
	Royal Victoria Eye & Ear Hospital	117	115	126	116	3,405	1,084
	St. Michael's Dun Laoghaire	132	126	148	119	4,952	1,619
	St. Lukes Hospital Rathgar	112	138	122	123	5,143	1,730
	St. John's Limerick	175	162	166	138	4,425	1,676
	Adelaide & Meath Tallaght	147	154	152	167	32,814	14,971
	Beaumont Hospital	170	161	175	181	25,030	12,416
	Children's University, Temple Street	183	181	182	184	6,114	3,091
	Our Lady's Hosp for Sick Children Crumlin	198	176	179	209	6,634	3,797
	Mater Misericordiae University	194	183	192	211	13,499	7,815
	Voluntary Total		133	135	131	136	211,886
Grand Total		136	128	133	139	429,864	163,402

Appendix 3 : HSE Achievement Awards 2010 Winners List

Derek Dockery Award for Overall Best Project

- Wexford General Hospital Site Infection Surveillance Service

Overall Runners Up

- Balance Matters for Older People, HSE Local Health Office Dublin North Central Physiotherapy Service
- “Anyone Can Eat” Tube Weaning Programme, Our Lady’s Children’s Hospital, Crumlin

HSE Dublin North East Regional Awards

- Winner: Balance Matters for Older People, HSE Local Health Office Dublin North Central Physiotherapy Service (also runner up of overall award)
- Runner Up: Respiratory Passport for patients with COPD, Beaumont Hospital

HSE South Regional Awards

- Winner: Site Infection Surveillance Service Wexford General Hospital (also winner of overall award),
- Runner Up: West Cork Falls Prevention Service Regional, Bantry General Hospital and West Cork Primary Continuing and Community Care

HSE Dublin Mid Leinster Regional Awards

- Winner: The “Anyone Can Eat” Tube Weaning Programme, Our Lady’s Children’s Hospital, Crumlin (also runner up of overall award)
- Runner Up: Kildare West Wicklow School Support Team, DML HSE Disability Services

HSE West Regional Awards

- Winner: Regional Anaesthetic Facility, Galway University Hospitals
- Runner Up: When Nature Calls Managing Incontinence in Roscommon, Local Health Office Roscommon

Special Commendation Awards

- Conversation Partner Scheme, South Lee Community Speech and Language Therapy
- COPE Galway Community Catering
- Men’s Health and Wellbeing Programme, Community Services, Local Health Office, Dublin North Central.