



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

September 2010
Performance Report on NSP 2010

Easy Access

Public Confidence

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C Contents

Introduction	1
Balanced Scorecard	2
Management Overview Report on Performance	4
○ Finance	4
○ Service Delivery	5
○ HR	7
○ Items for update	9
Finance Report	11
Human Resources Report	17
Service Delivery Report	20
□ Primary and Community	22
□ Service Level Agreements	35
□ Hospital Services	36
National Cancer Control Programme (NCCP)	46
Quality and Clinical Care (QCC)	47
New Service Developments	49
Appendix 1: Vote Data	51

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 15)
- ❑ Emergency Department – access (page 37)

Additional information and clarifications this month

- ❑ Additional information on Palliative Care (Home Care) services.
- ❑ New view on ED Turnaround Times
- ❑ New view on Consultant Contract.

Balanced Scorecard

	Key Performance Measure	Outturn	Target	Target YTD	Reported	Reported	% Var this	Perf
		2009	2010	2010	perf last month	Perf this month/Q	mth v Tar YTD	Trend v last mth
ACCESS	% waiting < 6 hours from registration to discharge in ED:* (M)							
	• All patients	88.0%	100%	100%	87%	63.7%	-36.3%	
	Public patients as a % of all elective discharges	78.5%	80%	80%	75%	74.4%	-7.0%	→
	No. of patients discharged:							
	• Inpatient (M)	595,022	540,933	406,872	390,784	440,910	8.4%	↑
	• Day case (M)	675,611	689,310	517,532	486,795	552,263	6.7%	↑
	Elective Waiting List - Inpatient (M)							
	• % of adults waiting ≤ 6 months	77.3%	100%	100%	76%	74.6%	-25.4%	↓
	• % of children waiting ≤ 3 months	43.8%	100%	100%	41%	41.3%	-58.7%	→
	Elective Waiting List – Day Case (M)							
	• % of adults waiting ≤ 6 months	85.0%	100%	100%	87%	86.7%	-13.3%	→
	• % of children waiting ≤ 3 months	40.8%	100%	100%	45%	45.4%	-54.6%	→
	CAMH: % of new cases seen by ≤ 3 months to first appointment (M)	66.0%	70%	70%	61%	63.0%	-10.0%	↑
	No. of PCTs holding clinical meetings	219	395	335	284	294	-12.2%	↓
	% of medical cards issued within 15 working days of complete application (Q)	New	100%				information not available	
% Fair Deal applications processed ≤ 4 weeks (M)	New	TBD	100%	95%	95.0%	-5.0%	→	

*It is not possible to trend performance this month as this information reflects the expanded data from 11 to 20 hospitals bringing in some of the largest ED hospitals. See page 37 for details.

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

	Key Performance Measure	Outturn	Target	Target YTD	Reported	Reported	% Var this	Perf
		2009	2010	2010	perf last month	Perf this month/Q	mth v Tar YTD	Trend v last mth
QUALITY	% of children in care who currently have a written care plan (Q)	81%	100%	100%	81.9%	88.3%	-11.7%	↑
	% of children in care who have an allocated social worker (Q)	83%	100%	100%	86.5%	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	-2.9%	→
	Scheduled access to colonoscopy for urgent referral within 4 weeks (M)	N/A	100%	100%	98.3%	98.6%	-1.4%	→
	% of cases compliant with HIQA standard 2 weeks for urgent referrals (M)	95%	95%	95%	99.8%	98.8%	4.0%	→
	Ambulance: % of emergency ambulance calls responded to within 14 minutes (M)	59%	63%	63%	56.9%	56.8%	-9.8%	→
EFFECENCY	Procedure Rates: % of elective inpatient procedures conducted on day of admission(M)	44%	75%	75%	48.0%	49.0%	-34.7%	↑
	Mental Health: Inpatient readmission rates to acute MH units per 100,000 population (Q)	65.60	66.6	66.6	59	60	9.6%	↑
	Mental Health: no of readmissions as a % of total admissions (Q)	68%	68%	68%	69.0%	66.0%	2.9%	↑
	Emergency Activity: No. of emergency admissions (M)	366,960	330,298	247,710	244,357	275,423	11.2%	↑
	% day case surgeries as % day case + inpatients for specified basket procedures (Q)	44%	75%	75%	68.0%	68.0%	-9.3%	→
	Numbers of Medical Assessment Units (MAU) (or equivalent) in operation (Q)	N/A	34	17	15	15	-11.8%	→
	ALOS for all inpatient discharges+deaths (M)	6.20	5.6	5.60	6.1	5.90	5.4%	↑
Absenteeism (M)	5.03%	3.50%	3.50%	4.6%	4.76%	-36.0%	→	

Key Performance Measurement	Approved Allocation	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	€000				
Dublin Mid Leinster	2,891,815	2,179,196	2,147,173	32,023	1.5%
Dublin North East	2,019,956	1,515,405	1,478,123	37,282	2.5%
South	2,010,079	1,516,870	1,496,548	20,322	1.4%
West	2,103,172	1,595,610	1,556,004	39,607	2.5%
Care Group / Other Services	96,514	18,563	64,614	-46,050	-71.3%
Primary Care Reimbursement Service	2,784,213	2,004,031	2,040,361	-36,330	-1.8%
ISD Regional Sub Total	11,905,748	8,829,675	8,782,822	46,853	0.5%
A Fair Deal 2009 / 2010 Incremental Funding	152,000	150,008	150,008	0	0.0%
Statutory Pensions	358,936	222,384	221,803	580	0.3%
Ambulance	139,866	105,383	104,735	647	0.6%
Corporate Services	105,003	59,779	65,275	-5,496	-8.4%
Health Repayment Scheme	17,000	17,298	17,000	298	1.8%
CIS & Insurance	65,000	61,905	61,905	0	0.0%
National Cancer Control Programme	67,359	33,366	34,116	-750	-2.2%
QCC / Population Health	227,244	144,637	170,092	-25,455	-15.0%
Held Funds	62,278		8,454	-8,454	-100.0%
Total HSE	13,100,435	9,624,434	9,616,211	8,223	0.1%

FINANCE

ISD Region / Other	WTE Dec 2009	Ceiling Sept 2010	WTE Sept 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Var Sept 2010	% WTE Var Sept 2010
ISD Dublin/Mid Leinster	32,646.03	32,349.15	32,367.22	-45.00	-278.81	18.07	0.06%
ISD Dublin/North East	22,563.80	22,291.32	22,219.66	-81.98	-344.14	-71.66	-0.32%
ISD South	23,818.78	23,809.78	23,645.48	-81.64	-173.30	-164.30	-0.69%
ISD West	25,846.64	25,745.33	25,511.34	-95.23	-335.30	-233.99	-0.91%
ISD National	687.52	1,121.45	971.81	286.96	284.29	-149.64	-13.34%
Portion of ceiling to be allocated		109.75				-109.75	-100%
Other (Corp. Services, QCC, PH etc)	4,190.13	4,208.14	4,085.89	-20.08	-104.24	-122.25	-2.91%
Total	109,752.90	109,634.92	108,801.40	-36.97	-951.50	-833.52	-0.76%
Select Grade Exempted	WTE Dec 2009	Target Growth to 2012	WTE Sep 2010	Variance from Dec 2012 target	WTE Change from last month	WTE Change 2010	% Change 2010
Consultants	2,316.86	not specified	2,439.31	n/a	10.72	122.45	5.29%
Occupational Therapists	1,103.01	n/a	1,197.99	n/a	4.41	94.98	8.61%
Physiotherapists	1,468.83	n/a	1,550.40	n/a	5.05	81.57	5.55%
Speech & Language Therapists	776.46	n/a	830.88	n/a	-1.65	54.42	7.01%
Combined therapists	3,348.30	380	3,579.27	-149.00	7.81	230.97	6.90%
Psychologists & Counsellors	953.61	230	948.68	-235.00	6.72	-4.93	-0.52%
Social Workers	2,139.35	300	2,237.29	-202.06	47.85	97.94	4.58%

HUMAN RESOURCES

Management Overview Report on Performance

FINANCE

- The overall health system is substantially achieving breakeven against budget.
- Services within hospitals are running at a deficit of €102m and services within the community are running with a deficit of €27m. These deficits are being offset by savings in other areas – most significantly in the Primary Care Reimbursement Service and in Quality & Clinical Care.
- There is evidence of improvement in cost control of the Western hospitals, based on management action and the September results the forecast full year deficit is reduced from €49m to €40m.
- As part of overall breakeven for the full year, 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 and 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 period, pensions still remain within allocated budget. The HSE is not in a position to predict the level of normal retirements which will arise in quarter 4. Current trends indicate that the volume of lump sum payments for 2010 related to normal retirements will be higher than budgeted, however this should be offset by the lower than expected cost of lump sums for the cohort of staff who have retired.
- There is a continued shortfall in income billing within hospitals/community. This relates to both public and private billing and at the end of September 2010 the deficit was €43.4m or 6%.

SERVICE DELIVERY

Acute Demand Management

The NSP 2010 details a reduction of emergency admissions, inpatient discharges and average length of stay within acute services. September figures show that activity in these areas is decreasing, as planned, from the 2009 position but it is ahead of the 2010 Service Plan targets. In-patient discharges are 8% ahead of target and daycases are 11%.

Emergency Departments

The HSE is currently putting in place the infrastructure to measure ED performance by patient experience time (from patient registration to discharge) compared to the current method of measuring ED admission waits (i.e. time from decision to admit to discharge). The patient experience time system shows that 64% of patients were discharged or admitted to hospital within 6 hours of initial registration. ED admission wait performance in many hospitals has remained positive during September 2010. However, some hospitals are under significant pressure at present. For patients waiting more than 12 hours compared to the same period in 2009, ED admission wait performance has decreased in Mayo, AMNCH, Connolly, Mercy, Limerick, Cavan and Naas. Contributing factors include reduced capacity and continuing delayed discharges. ISD has put in place an enhanced performance monitoring process with RDOs and this process will be targeting hospitals with significant admission wait breaches. Targeted initiatives will be outlined next month. The impact of further bed closures for cost containment purposes may be significant for the forthcoming winter period.

National the ED admission waits have improved by 16.7% compared to 2009 for > 12 hour waits. Similarly, ED admission waits have improved by 23% since 2009 for patients >24 hours.

Elective Procedures

At the end of September there are 44,773 listed for elective procedures as reported on the National Treatment Register. Of these, 78.5% (35,132 referrals) are within the targeted time for treatment: 2,840 children (56.3%) are waiting over the targeted 3 months and 6,801 (16.6%) adults are waiting over the targeted 6 months. This is a total of 9,641 (21.5% of all referrals), down from 9,701 in August, waiting more than the targeted time. Demand for elective procedures has increased by 9.7% (4,322) in September 2010 compared to September 2009.

Urgent Colonoscopies

In the week ending 26th September 809 patients were referred for urgent colonoscopy. 800 (98.6%) are within 28 days of referral and 9 are outside the 28 day target. In CUH the breach patient had a scheduled appointment for the 27/09/10. In St. Johns, the current on-going breaches are due to summer capacity reduction and the region is currently working on alternative arrangements. In Limerick Regional two patients have late September scheduled appointments.

Childcare

- **Written Care Plans:** Nationally there are 5,631 children in HSE care and 4,974 (88.3%) of these have written care plans. A total of 21 LHOs are now achieving between 90%-100% compliance.
- **Children in Care with an Allocated Social Worker:** Nationally 92% of all children in care have an Allocated Social Worker at the end of Q3 2010 compared to 86% at the end of Q3 2009. All four Regions have shown significant improvement since Q3 2009 with HSE West demonstrating the greatest relative improvement from 69.8% in Q3 2009 to 93% in Q3 2010. A total of 22 LHOs are now achieving between 90%-100% compliance. ISD is ensuring that with the additional appointed social workers in Q3 and Q4, further improvements will be seen in this area.
- **Approved Foster Carers with a Link Social Worker:** Nationally there are 3,137 approved foster carers in September and 2,547 (81.2%) of these have an allocated Link Social Worker compared with 78.4% in August. ISD is ensuring that with the additional appointed social workers in Q3 and Q4, further improvements will be seen in this area.

Disability Services

- The Knockamann Resource Centre was fully commissioned during September. This development forms a crucial part in progressing national policy in effecting the transfer of clients with intellectual disabilities currently in psychiatric hospitals to more appropriate accommodation
- **Disability Act Compliance:** Under the Disability Act, 848 Assessment Reports were overdue for completion at end September compared to 940 in August. A specific national improvement plan is in place in ISD but the full impact of corrective action plans will not be evident until Q4 2010.

Home Help & HCPs

- The variance against target has remained static for the total number of Home Help hours (5.2% in August to 5.3% in September) and has reduced for persons in receipt of Home Care Packages (0.7% in August to 0.5% in September). Responses from a number of regions indicate that this narrowing of the variance against target will likely continue to year end with increased numbers of hours allocated over the winter months and/ or through the absorption of home help hours into HCPs or vice versa.

Mental Health Services

- In Dublin North East the Pine Unit opened during September which resulted in the closure of 2 wards in St. Brendan's Hospitals. This development forms an important part in progressing national policy in transferring long stay mental health clients to more appropriate accommodation and is an area that the HSE has been trying to progress for many years.

HUMAN RESOURCES

- Health Service at end-September stands at 108,801 WTE which is **-834** below the approved ceiling of 109,634. The addition of the National Cancer Screening Service (NCSS) to census reporting this month meant that an additional 258 posts are included and the reported reduction is therefore 37 WTEs on August and 952 WTEs from the start of the year.
- The Voluntary Acute Hospital Sector recorded a decrease of 91 WTEs, the Primary and Community Services Voluntary Sector decreased by 71 WTE, while the Statutory Sector recorded an increase of 125 WTEs (*inflated by the inclusion of NCSS*).
- The Integrated Services Directorate in overall terms recorded a decrease of 17 WTEs, with a decrease in Acute Hospital Services (incl the National Ambulance Service) of 194 WTEs and a decrease in Primary and Community Services of 109 WTEs.
- 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.
- We will also have made good progress in recruitment to key positions in line with NSP 2010.
 - For 2010, while Medical/ Dental staffing shows an increase of +0.13% (+11), there is an increase of +122 (5.29%) in the number of medical consultants with a corresponding decrease in NCHD numbers -2.38% (-114). Other notable changes since year-end include the following:
 - Social Workers +98 (4.58%)
 - Physiotherapists +82 (5.55%)
 - Occupational therapy +95 (8.61%)
 - Speech & Language Therapists +54 (7.01%)
 - Nursing is down -500 (-1.33% - this change is influenced by student nurses on placement).
 - Management & Administrative -222 (-1.26%) [Note: the addition of NCSS has added 124 WTE in August so the actual decrease can be viewed as -346WTE]
 - General Support -269 (-2.26%)
 - Other Patient & Client Care -212 (-1.13%)
- A further 10 2008/9 posts were filled in September (110 outstanding) together with +99.5 Social Work posts, sanctioned under the Ryan Report, bringing the YTD total for SW to 148 and it is 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 some 92 retirements or resignations there has been considerable additional SW numbers recruited beyond the simple WTE increase shown in the PR.
- Engagements with the IHCA were held on the 29th of October to continue discussions regarding the public/private mix and change of contracts process. The meeting was constructive and positions were clarified with regard to both issues.

- 2010 combined absenteeism levels stand at 4.67% YTD – showing a decrease on 2009 (5.03% overall). A rate below 5% has been maintained since January 2010.
- Monthly data is as follows:

Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
5.19%	4.74%	4.79%	4.40%	4.38%	4.52%	4.64%	4.76%

- Agencies have been requested to sub-divide absenteeism so as to allow for reporting in terms of certified & uncertified absence and it is hoped that absenteeism can be categorised on this basis going forwards. The principal cause of absence is, of course, illness and an initial analysis of this data indicates that a substantial majority (in the order of 85%) is certified.

NCHD Recruitment

- At the 3rd of November 2010 approximately 165 of 4,638 Non Consultant Hospital Doctor (NCHD) posts are reported as vacant presenting significant service implications. Many of these posts have been filled by locums or other short-term contractual arrangements. All the vacant posts are in non-training settings. Information available to the HSE in September indicates a fill rate for NCHD training posts in excess of 99%.

Vacancies remain disproportionately located in small to medium-size hospitals in non-training posts and concentrated in six areas - Emergency Medicine, Anaesthesia, General Surgery, Orthopaedic Surgery, General Medicine and Paediatrics.

Posts will be advertised to existing staff, locally, to agency staff nationally and internationally and on a broader international basis by the end of November.

Involving the relevant postgraduate training body in a regional recruitment process is also being explored.

Other key short-term actions including Medical recruitment agencies, International training and restructuring training rotations are underway.

ITEMS FOR UPDATE

Engagement with HIQA – Standards (QCCC)

Consultation is underway across the National Directorates on the (HIQA) National Standards for Better, Safer Healthcare a response will be provided by November 4th.

ESRI – Resource Allocation (Finance/CPCP)

The report of the Expert Group on Resource Allocation was the subject of a conference at the ESRI. The recommendations of the report have been presented at the Audit Committee. The Minister is bringing the report to government for consideration and is indicating strong support for the recommendations contained therein.

HSE is now working on the implementation of the recommendations of the report with the Department of Health and Children. The report highlighted the need to address the allocation of resources nationally on a population needs adjusted basis and was supportive of the work being undertaken by the HSE in developing patient level costing. HSE will be flagging a move to allocating resources on a population basis in the Service Plan 2011. Work on this has already commenced.

Public Service Agreement 2010 – 2014 (Croke Park)

- A Health Sectoral Implementation Body (HSIB) has been established comprising of representatives from senior management and trade unions. An independent chair, Mr. Pat Harvey, has been appointed. The HSIB has met on two occasions to date, 6 and 20 October 2010.
- The Health Sector Action Plan has been submitted to the National Implementation Body and was considered at that forum on 18 October 2010. The Implementation Body has acknowledged the substantive list of identifiable actions for delivery and has requested that the Action Plan be reviewed at the end of this year in light of decisions taken by the Government in the context of the Estimates and the forthcoming Budget.
- Regional implementation groups have been put in place comprising of the Regional Directors of Operations, the Assistant National Director of Human Resources, a Clinical Director, a Finance representative and senior regional officials nominated by the health sector trade unions. The first Regional Committee meeting took place in HSE South on 28 October 2010 and will be attended by the Chair of the HSIB. Regional Committee meetings in Dublin HSE Mid Leinster, HSE West and HSE North East will take place over the coming weeks.

Tallaght Hospital Review (Hayes Report)

- The Hayes report was published on the 4th November 2010.

Waterford Review

- This case is currently under legal review with a view for publication at the earliest opportunity.

Roscommon Review

Following significant legal interventions this report was published on the 27th of October 2010. Very serious deficiencies were identified in the system and a plan to implement the recommendations has been defined.

One of the significant recommendations is a national audit of neglect cases. This has already commenced in Roscommon and two other areas. Workshops are also being arranged with Principal Social Workers to ensure that the learning from this report is taken on board, and practice improvements are enhanced.

Update on Budget 2011

Board members will be aware that the Budget will be delivered by the Minister for Finance on the 7th December.

HSE is continuing to prepare for the implementation of significant budget reductions in 2011. We are engaging in scenario planning including assessing the potential to drive savings out of the back office and procurement while also assessing the capacity to grow our income billed and collected. HSE is also in an ongoing dialogue with the Department of Health and Children with regard to the likely scale of reductions to be addressed in 2011. Board members will be aware that the Minister has flagged reductions between €600m and €1,000m in 2011.

Voluntary Early Retirement Scheme and Voluntary Severance Scheme Announcement

The Minister for Health and Children, Ms. Mary Harney T.D announced that the Government has provided up to €400m for two targeted incentivised exit schemes for management, administrative and support staff in the health services.

The schemes are:

1. Voluntary Early Retirement Scheme targeted at staff aged over 50 years of age
2. Voluntary Severance Scheme targeted at management, administrative and support staff grades.

These schemes are designed to achieve a permanent reduction in the numbers employed in these grades of the health services from 1 January 2011 and help to maintain essential front-line services.

As of 4 November, over 6,100 health sector staff had submitted an estimate request, 70% of whom are from management / clerical ranks and 30% from support staff. Closing dates for processing the applications and acceptance is the 30th November.

Parliamentary Questions

The total number of PQs received between January and September 2010 was 1,583. 709 of these (45%) were answered within the 15 day target. Non- answering of PQs was one of the actions of the industrial dispute. Overall, 1,368 have now been answered and there is an outstanding 245 unanswered, 30 of which relate to 2009. This is currently the focus of management attention.

Finance Report

Finance

Key Performance Messages

The financial results for September show total expenditure of €9.624 billion against a year to date budget of €9.616 billion. The reported deficit is €8.2m as illustrated in table 1.

- The overall health system is substantially achieving breakeven against budget.
- Services within hospitals are running at a deficit of €102m and services within the community are running with a deficit of €27m. These deficits are being offset by savings in other areas – most significantly in the Primary Care Reimbursement Service and in Quality & Clinical Care.
- There is evidence of improvement in cost control of the Western hospitals, based on management action and the September results; the forecast full year deficit is reduced from €49m to €40m.
- As part of overall breakeven for the full year, the HSE assumes it will continue to have access to it's gross vote and that the only funding to be withdrawn would be for H1N1 surpluses or time related savings and 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 period, pensions still remain within allocated budget. The HSE is not in a position to predict the level of normal retirements which will arise in quarter 4. Current trends indicate that the volume of lump sum payments for 2010 related to normal retirements will be higher than budgeted, however this should be offset by the lower than expected cost of lump sums for the cohort of staff who have retired.
- There is a continued shortfall in income billing within hospitals/community. This relates to both public and private billing and at the end of September 2010 the deficit was €43.4m or 6%.

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

Category	Amount (€)
Statutory	€ 97.7
Voluntary	€31.5
Total	€ 129.2

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	4,012,529	3,092,987	2,990,923	102,065	3.3%
Primary & Community Care Group / Other Services	5,012,493	3,714,093	3,686,925	27,168	0.7%
Primary Care Reimbursement Service	96,514	18,563	64,614	-46,050	-248.1%
ISD Total	2,784,213	2,004,031	2,040,361	-36,330	-1.8%
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National Cancer Control Programme	65,000	61,905	61,905	-0	0.0%
Population Health / QCC	67,359	33,366	34,116	-750	-2.2%
Held Funds	227,244	144,637	170,092	-25,455	-17.6%
Total HSE	13,100,435	9,624,434	9,616,211	8,223	0.1%

Table 2.	9 months to September 2010			
	Actual €000s	Budget €000s	Variance €m	%
Pay	4,673,174	4,629,899	43,275	0.9%
Non Pay	2,864,060	2,821,532	42,527	1.5%
Income	(730,153)	(773,583)	43,430	-5.6%
Regions Total	6,807,081	6,677,848	129,233	1.9%

Integrated Services Directorate (ISD)	Hospital Services & Primary and Community Services
	<p>Year to date expenditure in Hospitals was €3.092 billion compared with a budget of €2.990 billion – leading to an adverse variance of €102 million. Table 3 illustrates the position by Region to the end of September 2010.</p> <p>Community Services within Regions have year to date expenditure of €3.714 billion compared with a budget of €3.686 billion – leading to a variance of €27.1m (Table 4).</p>
Schemes (Table 5)	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	Plan	Variance	%
		€000	€000	€000	€000
Dublin Mid Leinster Hospitals	1,424,358	1,078,797	1,059,365	19,432	1.8%
Dublin North East Hospitals	908,246	695,155	675,169	19,986	3.0%
South Hospitals	822,758	631,399	615,011	16,389	2.7%
West Hospitals	857,167	687,637	641,378	46,259	7.2%
Hospitals Total	4,012,529	3,092,987	2,990,923	102,065	3.4%

Table 4. Primary & Community Services	Approved Allocation	YTD			
		Actual	Plan	Variance	%
		€000	€000	€000	€000
Dublin Mid Leinster	1,467,456	1,100,399	1,087,808	12,591	1.2%
Dublin North East	1,111,710	820,250	802,954	17,296	2.2%
South	1,187,321	885,470	881,537	3,933	0.4%
West	1,246,005	907,974	914,626	(6,652)	-0.7%
Community Total	5,012,493	3,714,093	3,686,925	27,168	0.7%

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,929,144	1,391,768	1,407,930	(16,162)	-1.1%
Community Schemes	855,068	612,263	632,429	(20,166)	-3.2%
Total	2,784,212	2,004,031	2,040,360	(36,328)	-1.8%

Table 6. Aids & Appliances	Approved Allocation €000	YTD			
		Actual	Plan	Variance	%
		€000	€000	€000	€000
HSE Total	23,966	35,463	17,003	18,459	109%

Integrated Services Directorate	Hospital Services & Primary and Community Services
Capital (Table 7)	<p>The net capital cash profile for the period Jan to Sept 2010 was €278.022m. The capital cash draw down less appropriations in aid for this period was €223.465m. The net capital position is that capital is under profile for the period by €54.557m.</p> <p>Construction (C1/C2) Expenditure under this subhead is running below profile by €53.700m for the period Jan-Sept.</p> <p>Major capital projects that are currently behind profile will draw down their 2010 allocation by year end, for example, the National Programme Radiation Oncology (NPRO) and the Mater Adult Hospital. The remaining unallocated minor capital (€20m) will be allocated during October. A number of new projects addressing infrastructural risk in the major acute hospitals will also be funded between now and the end of year.</p> <p>ICT (C3) Expenditure under this subhead is running below profile by €17.185m for the period Jan-Sept. ICT spend for 2010 continues to lag early projections. A number of significant projects that were previously sanctioned were subsequently put on hold because of a requirement to review an alternative approach to how these projects would be implemented. Some of the remaining projects that have been sanctioned are progressing slower than originally anticipated.</p> <p>Mental Health (C4) Expenditure under this subhead is running below profile by €17.098m for the period Jan-Sept. However this allocation can only be drawn down if a similar amount is realised from sale of assets. Approximately €7m 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>Capital Appropriations in Aid A in A's are behind target by €35.077m. Potential asset sales valued at €7m have been identified and it is anticipated a major element of these may be closed by year end.</p>

Table 7.	2010 Approved Allocation	YTD Actual	YTD Allocation	YTD Variance
2010 Capital Vote Subhead				
C1/C2 Building Equipping and Furnishing of Health Facilities	346,792	207,012	260,712	53,700
C3 Information Systems and Related Services for Health Agencies	40,000	1,725	18,910	17,185
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	50,000	14,902	32,000	17,098
Dormant Accounts	7,000	2,926	4,577	1,651
A in A	-65,800	-3,100	-38,177	-35,077
Net Capital	377,992	223,465	278,022	54,557

Table 8.	Estimate Provision	REV Profile to 30 Sept 2010	Receipts to 30 Sept 2010	Shortfall / (Surplus)
Appropriations-in-Aid				
Maintenance Charges	376,000	275,493	230,232	45,261
Superannuation	205,000	152,584	150,668	1,916
Miscellaneous Receipts	167,000	125,245	94,632	30,613
Pension Levy	341,206	253,965	271,022	- 17,057
Total	1,089,206	807,287	746,554	60,733

Source: Vote CRS at 31st August 2010 and estimate for September 2010. Figures agree with September Vote Expenditure Return.

LHOs with most significant Favourable Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO Limerick	173,992	125,666	130,257	-4,591	-3.5%
LHO Sligo / Leitrim	160,849	117,483	119,692	-2,209	-1.8%
LHO 8 Dublin North	205,271	151,415	153,523	-2,108	-1.4%
LHO Dublin South City	101,074	74,515	75,570	-1,055	-1.4%
LHO Cavan Monaghan	112,862	79,367	79,666	-299	-0.4%

LHOs with most significant Adverse Financial Variances					
LHO	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
LHO 6 Dublin North	169,467	133,308	126,816	6,492	5.1%
LHO Galway	248,637	185,570	180,217	5,354	3.0%
LHO Donegal	167,592	126,945	124,035	2,910	2.3%
LHO Dublin West	99,099	76,418	74,118	2,300	3.1%
LHO Longford / Westmeath	139,352	105,799	103,552	2,247	2.2%

Hospitals with most significant Favourable Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Cappagh Orthopaedic Hospital	26,263	19,844	20,000	-155	-0.8%
Bantry General Hospital	18,633	13,921	13,938	-17	-0.1%
Ennis General Hospital	20,497	15,405	15,341	64	0.4%
Kilcreene Orthopaedic Hospital	6,217	4,673	4,599	74	1.6%
St Luke's Hospital	34,221	25,722	25,577	146	0.6%

Hospitals with most significant Adverse Financial Variances					
Hospital	Allocation €000	Actual YTD €000	Budget YTD €000	Variance €000	% Var
Galway College University Hospital	263,320	209,764	195,270	14,494	7.4%
Regional Hospital Dooradoyle	147,482	121,581	109,498	12,083	11.0%
Mater Misericordiae University Hospital	218,573	170,494	164,215	6,280	3.8%
The Adelaide & Meath Hospital	191,455	148,767	142,859	5,908	4.1%
Portiuncula Acute Hospital	47,952	38,942	34,373	4,569	13.3%

**A Fair Deal 2010
(Table 9)**

The Nursing Homes Support Scheme (Fair Deal) commenced on the 27th October 2009. A total of 15,829 applications have been received to date and over 73% of these applications have been processed at this stage. In addition 2,296 applications have been received for Ancillary State Support (Nursing Home Loan), of which nearly 1,747 or 76% 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 subvention and contract bed savings which are planned to be allocated to the Fair Deal central unit.

**Superannuation
Benefits 2010
Payment Report
August
(Retirement)
(Table 10)**

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

Table 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	4,005	180	2,747	PR detail by RDO will be available in Q4.	€81m	€734m
Dublin / North East	2,881	94	1,848			
South	4,432	499	2,993			
West	4,511	142	2,989			
Total	15,829	915	10,577			

*Estimate

Table 10 Superannuation Benefits 2010 Payment Report (Retirement)	2010 Headcount Retirees Paid		*Payments (e.g. Lump Sums & Death Gratuities)	
	Month	YTD	€000 Month	€000 YTD
Dublin Mid Leinster	26	213	1,503	12,579
Dublin North East	41	239	1,107	14,769
South	64	435	3,377	25,362
West	59	375	3,493	20,761
Corporate	7	67	276	2,974
Total	197	1,329	9,756	76,445

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

Value for Money (VFM) Jan – July 2010

Key Messages

- The required Year to Date (YTD) total adjustment has been delivered and the full year VFM projection indicates delivery of the full adjustment when profiled to last year's rate of expenditure for the remaining months.
- There is sufficient over delivery in headings such as Education & Training, Travel & Subsistence etc. to compensate for under or non delivery in areas such as Laboratory, Maintenance etc.
- Medical & Surgical and Legal have shown significant improvement since last month and there is continued improvement from mid-year reports in Computers, Legal and Patient Transport with an increased rate of saving.
- However, there is a reducing or static rate of saving in Office, Travel & Subsistence, Maintenance and Energy.
- 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	7.73	7.36
Payments to Voluntary Providers	10.0	7.48	7.48
Insurance	10.0	7.48	7.48
Drug Cost Management	9.3	6.96	6.96
Energy Management and Costs	9.7	7.26	5.87
Office Expenses and Administrative Overheads	7.8	5.83	3.48
Maintenance	6.5	4.83	0.00
Legal	5.0	3.74	4.80
Patient transport	4.3	3.22	1.15
Catering	4.2	3.11	5.94
Laboratory	4.0	3.01	0.00
Travel and Subsistence	3.5	2.62	5.20
Professional Services - reduced rates and usage	2.4	1.81	1.81
Child Care Placements	3.1	2.31	2.31
Agency Fees and Costs	1.4	1.05	1.05
Computer costs	2.6	1.93	0.02
Cleaning / washing	2.5	1.89	1.75
Blood / Blood Products	2.3	1.72	4.72
Improved management of Security costs	1.5	1.12	1.12
X-Ray / Imaging	0.8	0.60	1.44
Medical Gases	0.8	0.60	1.36
Banking Costs	0.6	0.41	0.66
Improved income collection in Non Acute facilities	0.5	0.37	0.37
Education and Training	0.3	0.22	3.38
Furniture, Crockery	0.2	0.15	0.27
Bedding and clothing	0.1	0.10	1.55
Other miscellaneous non-pay reductions	2.3	1.72	1.72
TOTAL	106.0	79.25	79.25

Human Resources Report

HR

Key Performance Messages

- Health Service at end-September stands at 108,801 WTE which is **-834** below the approved ceiling of 109,634. The addition of the National Cancer Screening Service (NCSS) to census reporting this month meant that an additional 258 posts are included and the reported reduction is therefore 37 WTE on August and 952 WTEs from the start of the year.
- The Voluntary Acute Hospital Sector recorded a decrease of 91 WTEs, the Primary and Community Services Voluntary Sector decreased by 71 WTE, while the Statutory Sector recorded an increase of 125 WTEs (*inflated by the inclusion of NCSS*).
- The Integrated Services Directorate in overall terms recorded a decrease of 17 WTEs, with a decrease in Acute Hospital Services (incl the National Ambulance Service) of 194 WTEs and a decrease in Primary and Community Services of 109 WTEs.
- 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.
- We will also have made good progress in recruitment to key positions in line with NSP 2010.
 - For 2010, while Medical/ Dental staffing shows an increase of +0.13% (+11), there is an increase of +122 (5.29%) in the number of medical consultants with a corresponding decrease in NCHD numbers -2.38% (-114).
 - Other notable changes since year-end include the following:
 - Social Workers +98 (4.58%)
 - Physiotherapists +82 (5.55%)
 - Occupational therapy +95 (8.61%)
 - Speech & Language Therapists +54 (7.01%)
 - Nursing is down -500 (-1.33% - this change is influenced by student nurses on placement).

Chart 1

HR Ceiling 2010 v Actual 2010 and 2009

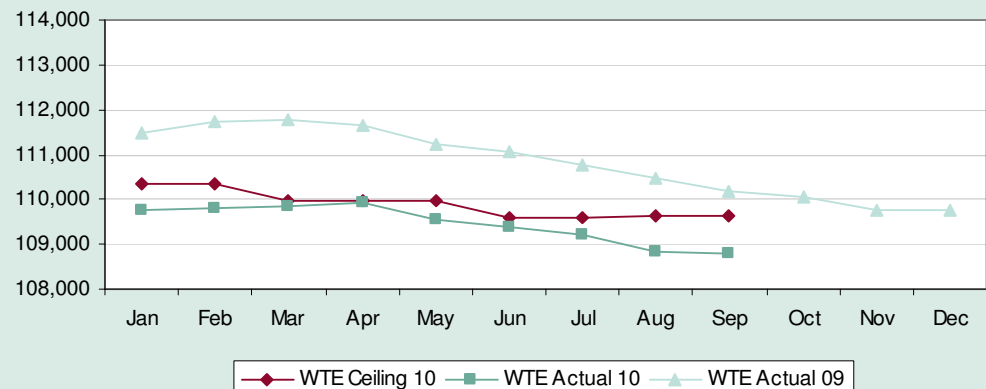


Table 1 Service Area	WTE Dec 2009	Ceiling Sep 2010	WTE Sep 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Variance Sep 2010	% WTE Variance Sep 2010
Hospital Services	50,540	49,418	49,868	-200	-672	+450	+0.91%
Ambulance Services	1,465	1,463	1,461	+6	-4	-2	-0.12%
National Cancer Control Programme	490	741	775	+287	+286	+34	+4.61%
Community Services	53,068	53,287	52,611	-109	-457	-676	-1.27%
Portion of Ceiling to be allocated		518		+0	+0	-518	-100.00%
Corporate	3,108	3,120	2,999	-22	-108	-120	-3.86%
Population Health	1,082	1,088	1,087	+2	+4	-2	-0.17%
Total	109,753	109,635	108,801	-37	-952	-834	-0.76%

- Management & Administrative -222 (-1.26%) [Note: the addition of NCSS has added 124 WTE in August so the actual decrease can be viewed as -346WTE]
- General Support -269 (-2.26%)
- Other Patient & Client Care -212 (-1.13%)

A further 10 2008/9 posts were filled in September (110 outstanding) together with +99.5 Social Work posts, sanctioned under the Ryan Report, bringing the YTD total for SW to 148 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 some 92 retirements or resignations there has been considerable additional SW numbers recruited beyond the simple WTE increase shown in the PR.

NCHD Recruitment

At the 3rd of November 2010 approximately 165 of 4,638 Non Consultant Hospital Doctor (NCHD) posts are reported as vacant presenting significant service implications. Many of these posts have been filled by locums or other short-term contractual arrangements. All the vacant posts are in non-training settings. Information available to the HSE in September indicates a fill rate for NCHD training posts in excess of 99%.

Vacancies remain disproportionately located in small to medium-size hospitals in non-training posts and concentrated in six areas; Emergency Medicine, Anaesthesia, General Surgery, Orthopaedic Surgery, General Medicine and Paediatrics.

Posts will be advertised to existing staff, locally, to agency staff nationally and internationally and on a broader international basis by the end of November. Involving the relevant postgraduate training body in a regional recruitment process is also being explored.

Other key short-term actions including Medical recruitment agencies, International training and restructuring training rotations are underway.

Table 2					
Hospitals with Most significant Adverse WTE Variances	WTE Sep 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Variance Sep 2010	% WTE Variance Sep 2010
Galway University Hospital	3172	-16	-51	+172	+5.75%
Mater Misericordiae Hospital	2575	-29	-41	+67	+2.68%
Our Lady's Hospital, (Crumlin)	1628	+10	-2	+63	+4.04%
Limerick Regional Hospital	1896	-10	+10	+50	+2.72%
Cork University Hospital	3319	-10	+26	+49	+1.51%
Table 3					
Hospitals with Most significant Favourable WTE Variances	WTE Sep 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Variance Sep 2010	% WTE Variance Sep 2010
Our Lady of Lourdes (NE)	1379	-1	+66	-74	-5.11%
St. James's Hospital	3556	-13	-82	-71	-1.96%
Cavan General Hospital	755	-1	-16	-26	-3.39%
Nenagh General Hospital	243	+0	-13	-23	-8.55%
Ennis General Hospital	250	+0	-22	-22	-8.01%

Table 4					
LHOs with Most significant Adverse WTE Variances	WTE Sep 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Variance Sep 2010	% WTE Variance Sep 2010
Meath	1007	+12	+45	+44	+4.53%
Dublin West	955	-3	+31	+34	+3.74%
Tipperary, North/ Limerick, East	722	-1	-4	+25	+3.64%
Dublin South-West	898	-9	+9	+26	+2.97%
Dublin North Central	1258	+4	+3	+17	+1.38%
Table 5					
LHOs with Most significant Favourable WTE Variances	WTE Sep 2010	WTE Change since Aug 2010	WTE Change from Dec 2009 to Sep 2010	WTE Variance Sep 2010	% WTE Variance Sep 2010
Louth	1083	-1	-49	-72	-6.23%
Clare	991	-11	-13	-66	-6.22%
Wicklow	797	-3	-39	-53	-6.22%
Limerick	1431	-10	-10	-90	-5.94%
Sligo/ Leitrim	1680	+0	-40	-104	-5.81%

HR

Action is being considered to ensure adequate NCHD cover in all hospitals including the following:

Adjusting the standard NCDH job offer from;

- 6 months contract to a single hospital site – little or no ability to move NCHD.
- Single hospital site – often in a small-medium sized hospital – no rotation
- Service only – no training.
- NCHD pays visa, registration, accommodation or other costs associated with post
- Post branded as 'Portlaoise SHO' or 'Tralee Registrar'

To the following;

- 2 year contract of employment – to one of the four HSE Areas;
- Placement for 6 months of this period of employment in a large regional centre or complex tertiary service setting;
- Participation in a Professional Development / Professional Competence Scheme certified by the relevant postgraduate medical training body;
- Funding support to meet visa, registration, accommodation or other costs associated with the post.

In 2011, the number of training posts will increase from 3,600 to approximately 3,750. This will mean that over 80% of NCHD will be in recognised structured rotational training posts as compared to 39% in 2007.

Staff Category	WTE Dec 2009	WTE Aug 2010	WTE Sep 2010	WTE change since Aug 2010	% change since Aug 2010	WTE change since Dec 2009	% change since Dec 2009
Medical/ Dental	8,083	8,050	8,094	+44	+0.55%	+11	+0.13%
Nursing	37,466	37,133	36,966	-167	-0.45%	-500	-1.33%
Health & Social Care Professionals	15,973	16,122	16,213	+91	+0.56%	+240	+1.50%
Management/ Admin General Support Staff	17,611	17,289	17,389	+100	+0.58%	-222	-1.26%
Other Patient & Client Care	11,906	11,668	11,637	-31	-0.26%	-269	-2.26%
Total Health Service Staffing	109,753	108,838	108,801	-37	-0.03%	-951	-0.87%

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	+2	+0	-0.12%
Dosimetrists			+1	+0	+0	+1	+6.68%
Emergency Medical Technicians	+6	-4	+1	-4		-1	-0.10%
Occupational Therapists	+28	+22	+23	+22		+95	+8.61%
Physiotherapists	+26	+27	+6	+23	+0	+82	+5.55%
Speech and Language Therapists	+11	+11	+11	+20		+54	+7.01%
Social Workers	+20	+46	+20	+13	-1	+98	+4.58%
Psychologists & Counsellors	-10	-4	+3	+5	+0	-5	-0.52%

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
NCHDs	-45	-32	-21	-29	+13	-114	-2.38%
Consultant Anaesthesia	+4	-2	-2	+3	+4	+6	+1.80%
Consultant Dentistry	+0	+0	+1	+0		+1	+7.52%
Consultant Emergency Medicine	+1	+1	-1	+4	+1	+5	+10.29%
Consultant Medicine	-18	+11	+4	+4	+0	+1	+0.25%
Consultant Obstetrics & Gynaecology	+1	+2	-1	+1		+3	+2.34%
Consultant Paediatrics	+21	-1	+0	+5	+1	+25	+22.23%
Consultant Pathology	+3	+1	+2	+2	+4	+11	+6.63%
Consultant Psychiatry	+2	+5	+8	+7		+21	+6.05%
Consultant Radiology	+2	+3	+0	+1	+16	+22	+10.91%
Consultant Surgery	+5	+2	+1	+8	+6	+23	+5.55%
Consultant, Other	+1	+1			+0	+2	+22.02%
Physicists	+3	+1	+0	-2	+4	+7	+5.10%
Pre-registration Nurse Students	+130	+45	+111	+181		+466	+607.32%
Public Health Nursing	+3	+4	-4	-16		-13	-0.84%
Radiation Therapists			-4	-6	-1	-11	-8.96%
Social Care Grades	-21	-6	-14	-33	+1	-73	-2.15%
Therapy Aides/Assistants	+0	+2	-1	-6		-6	-4.16%
Staff Midwives	+5	-15	-12	-52		-73	-6.51%
Staff Nurse [Intellectual Disability]	-7	+34	-5	-7		+15	+1.01%
Staff Nurse [Psychiatric]	+2	-41	-7	-37		-83	-2.17%
Staff Nurses [General/ Children's]	-212	-158	-135	-120	-2	-626	-3.03%

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

Source: Health Service Personnel Census excluding Home Helps

*National refers to NPRO (National Plan Radiation Oncology)

* Absenteeism

- 2010 combined absenteeism (statutory and voluntary services) levels stand at 4.67% YTD – showing a decrease on 2009 (5.03% overall). A rate below 5% has been maintained since January 2010.
- Monthly data is as follows:

Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
5.19%	4.74%	4.79%	4.40%	4.38%	4.52%	4.64%	4.76%

- Agencies have been requested to sub-divide absenteeism so as to allow for reporting in terms of certified & uncertified absence and it is hoped that absenteeism can be categorised on this basis going forward. The principal cause of absence is, of course, illness and an initial analysis of this data indicates that a substantial majority (in the order of 85%) is certified.

* Absenteeism is reported monthly in arrears

	Hospital Services	Ambulance Services	Primary & Community Services	Corporate	Population Health	Total
DML	4.19%	8.40%	4.63%	4.89%	3.39%	4.43%
DNE	4.13%	5.24%	4.51%	1.72%	3.12%	4.29%
South	5.47%	8.24%	5.17%	5.08%	8.92%	5.38%
West	4.94%	7.00%	4.78%	4.48%	6.96%	4.89%
National			7.13%	8.16%	0.75%	7.50%
Total:	4.62%	7.52%	4.78%	5.28%	4.95%	4.76%

HSE Absenteeism 2010

Chart 2

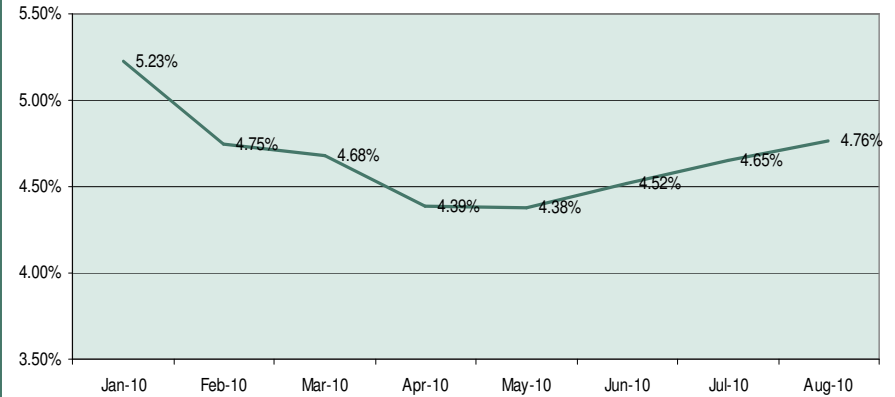
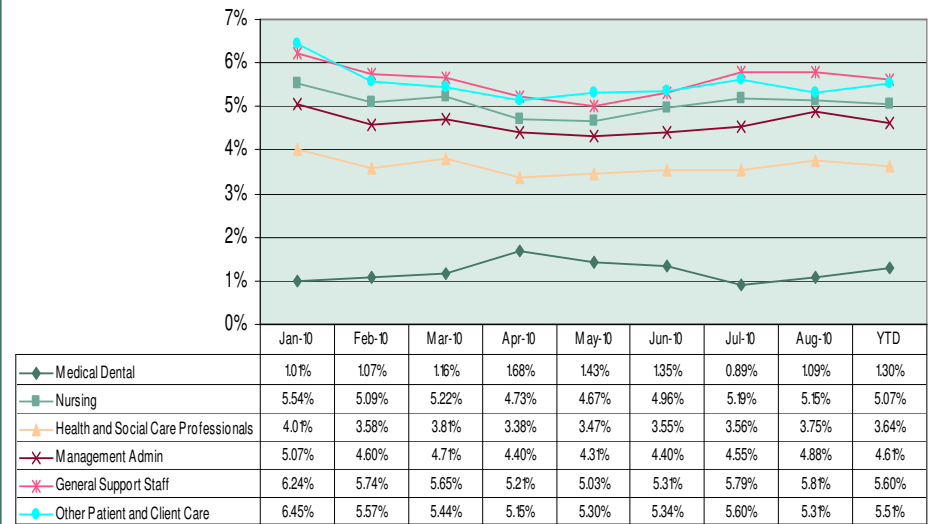


Chart 3

Absenteeism by Grade Category



Service Delivery Report

Key Messages

Acute Demand Management

The NSP 2010 details a reduction of emergency admissions, inpatient discharges and average length of stay within acute services. September figures show that activity in these areas is decreasing, as planned, from the 2009 position but it is ahead of the 2010 Service Plan targets. In-patient discharges are 8% ahead of target and daycases are 11%.

Emergency Departments

The HSE is currently putting in place the infrastructure to measure ED performance by patient experience time (from patient registration to discharge) compared to the current method of measuring ED admission waits (i.e. time from decision to admit to discharge). The patient experience time system shows that 64% of patients were admitted or discharged to hospital within 6 hours of initial registration. ED admission wait performance in many hospitals has remained positive during September 2010. However, some hospitals are under significant pressure at present. For patients waiting more than 12 hours compared to the same period in 2009, ED admission wait performance has decreased in Mayo, AMNCH, Connolly, Mercy, Limerick, Cavan and Naas. Contributing factors include reduced capacity and continuing delayed discharges. ISD has put in place an enhanced performance monitoring process with RDO and this process will be targeting hospitals with significant admission wait breaches. Targeted initiatives will be outlined next month. The impact of further bed closures for cost containment purposes may be significant for the forthcoming winter period.

Nationally the ED admission waits have improved by 16.7% compared to 2009 for > 12 hour waits. Similarly, ED admission waits have improved by 23% since 2009 for patients >24 hours.

Elective Procedures

At the end of September there are 44,773 listed for elective procedures as reported on the National Treatment Register. Of these, 78.5% (35,132 referrals) are within the targeted time for treatment: 2,840 children (56.3%) are waiting over the targeted 3 months and 6,801 (16.6%) adults are waiting over the targeted 6 months. This is a total of 9,641 (21.5% of all referrals), down from 9,701 in August, waiting more than the targeted time. Demand for elective procedures has increased by 9.7% (4,322) in September 2010 compared to September 2009.

Urgent Colonoscopies

In the week ending 26th September 809 patients were referred for urgent colonoscopy. 800 (98.6%) are within 28 days of referral and 9 are outside the 28 day target. In CUH the breach patient had a scheduled appointment for the 27/09/10. In St. Johns, the current on-going breaches are due to summer capacity reduction and the region is currently working on alternative arrangements. In Limerick Regional two patients have late September scheduled appointments.

Childcare

- **Written Care Plans:** Nationally there are 5,631 children in HSE care and 4,974 (88.3%) of these have written care plans. A total of 21 LHO are now achieving between 90%-100% compliance.
- **Children in Care with an Allocated Social Worker:** Nationally 92% of all children in care have an Allocated Social Worker at the end of Q3 2010 compared to 86% at the end of Q3 2009. All four Regions have shown significant improvement since Q3 2009 with HSE West demonstrating the greatest relative improvement from 69.8% in Q3 2009 to 93% in Q3 2010. A total of 22 LHOs are now achieving between 90%-100% compliance. ISD is ensuring that with the additional appointed social workers in Q3 and Q4, further improvements will be seen in this area.
- **Approved Foster Carers with a Link Social Worker:** Nationally there are 3,137 approved foster carers in September and 2,547 (81.2%) of these have an allocated Link Social Worker compared with 78.4% in August. ISD is ensuring that with the additional appointed social workers in Q3 and Q4, further improvements will be seen in this area.

Key Messages

Disability Services

- The Knockamann Resource Centre was fully commissioned during September. This development forms a crucial part in progressing national policy in effecting the transfer of clients with intellectual disabilities currently in psychiatric hospitals to more appropriate accommodation.
- Disability Act Compliance:** Under the Disability Act, 848 Assessment Reports were overdue for completion at end September compared to 940 in August. A specific national improvement plan is in place in ISD but the full impact of corrective action plans will not be evident until Q4 2010.

Home Help & HCPs

- The variance against target has remained static for the total number of Home Help hours (5.2% in August to 5.3% in September) and has reduced for persons in receipt of Home Care Packages (0.7% in August to 0.5% in September). Responses from a number of regions indicate that this narrowing of the variance against target will likely continue to year end with increased numbers of hours allocated over the winter months and/ or through the absorption of home help hours into HCP or vice versa.

Mental Health Services

- In Dublin North East the Pine Unit opened during September which resulted in the closure of 2 wards in St. Brendan's Hospital. This development forms an important part in progressing national policy in transferring long stay mental health clients to more appropriate accommodation and is an area that the HSE has been trying to progress for many years.

Table 1. Primary & Community Services by Region	Human Resources				Budget		
	Ceiling Sep 2010	WTE Sep 2010	WTE Change from Dec 2009 to Sep 2010	% WTE Variance Sep 2010	Actual €000	Budget €000	% Var
DML	15,098	14,980	-152	-0.78%	1,100,399	1,087,808	1.2%
DNE	11,241	11,263	-99	+0.20%	820,250	802,954	2.2%
South	12,236	12,254	-25	+0.15%	885,470	881,537	0.4%
West	14,380	13,918	-179	-3.21%	907,974	914,626	-0.7%
National	333	197	-2	-40.90%			
Total	53,287	52,611	-457	-1.27%	3,714,093	3,686,925	0.7%

Table 2. Hospital Services by Region	Human Resources				Budget		
	Ceiling Sep 2010	WTE Sep 2010	WTE Change from Dec 2009 to Sep 2010	% WTE Variance Sep 2010	Actual €000	Budget €000	% Var
DML	16,778	16,933	-131	+0.92%	1,078,797	1,059,365	1.8%
DNE	10,754	10,793	-239	+0.36%	695,155	675,169	3.0%
South	10,927	10,995	-149	+0.62%	631,399	615,011	2.7%
West	10,934	11,148	-153	+1.96%	687,637	641,378	7.2%
National	26			+0.00%			
Total	49,418	49,868	-672	+0.91%	3,092,987	2,990,923	3.4%

Primary & Community Services Overview

Primary Care analysis & action points

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

Primary Care Teams

- As at September 2010, 294 teams are holding clinical team meetings which indicate an increase of 10 teams since August 2010. This is against a target of 335 teams YTD. This is 118% above the same period last year (135 teams).
- A further 233 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 established for September 2010 is 815. 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 September 2010 is 5,303 (however, January to May figures incomplete due to industrial action).

Orthodontics (Q)

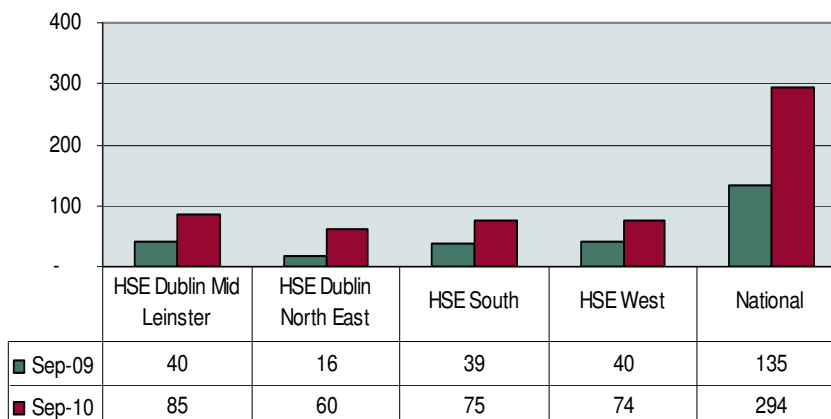
- The number of patients receiving treatment at the end of Q3 is 17,245 which represents an increase of 810 (5%) since the end of Q2 (16,435). When comparing to the same period last year, there is a 5% increase (853).
- The number of patients who have had their treatment completed since 1st January 2010 is 3,951 at the end of September 2010. This is 34% above the same period last year (2,958).

GP Out of Hours (Chart 2) (M)

- During the month of September 2010, 62,910 contacts were made to the GP OOH service.
- Year to date figure is 651,494 which is in line with the projected activity of 654,456 and 2% below the same period last year (668,113).
- Breakdown of the nature of contact with the OOH Service:
 - 59% - GP Treatment Centre
 - 29% - Triage
 - 11% - Home Visit
 - 1% - Other

PCTs: No. holding Clinical Team Meetings

Chart 1



Primary Care analysis & action points

Immunisations (Q) (Chart 2 & 3)

National Immunisation Uptake Q2, 2010 at 12 and 24 months

- Immunisation data in September relates to returns for Q2 2010 reported quarterly in arrears which have been provided by the HPSC.
- At 12 months the National Uptake for D3, T3, P3, Hib3, Polio3, MenC2, HepB3 and PCV2 is 89%.
- Former SHB and MHB LHO data is not available as they have moved to a new IT system and are currently developing and testing reports for extracting data.
- At 24 months the National Uptake for D3, T3, Polio3 is 94%: Hib3 93%: MenC3 92% and MMR1 90%
- Former MHB LHO data is not available as they have moved to a new IT system and are currently developing and testing reports for extracting data.
- This data reflects the work carried out by health care professionals and allied staff in promoting immunisation and following up with parents of unimmunised children to encourage vaccination.
- These achievements need to be built upon in order to reach the 95% target rate for all vaccines nationally.

Child Health / Developmental Screening (Q)

Uptake of 7-9 Month Developmental Screening by 10 Months

- The target associated for this metric is 90%, the target demonstrates that nationally a 63.5% compliance rate. This is broken down regionally by HSE South 86.9%, HSE DNE 77.5%, HSE West 54.3% and DML 39.7%. When comparing regions, the following has to be taken into account:
 - Delivery of service - screening is sometimes by AMO only (particularly in DML) in other cases by PHN or a combination of both. A review is to be undertaken to ensure that a combination of AMO and PHN services are used to deliver the service.

Public Health Nurse 48 hour Visit (Q)

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

- The NSP 2010 target for this metric is 100%. September (Q3) data reflects a National compliance figure of 85.1% has been reached. HSE West has demonstrated the highest compliance rate of 91.8%. HSE South 88.2%, HSE DML 83.1% and DNE 78.1 %.

Childhood Immunisations 12 Months (Q2, 2010)

Chart 2

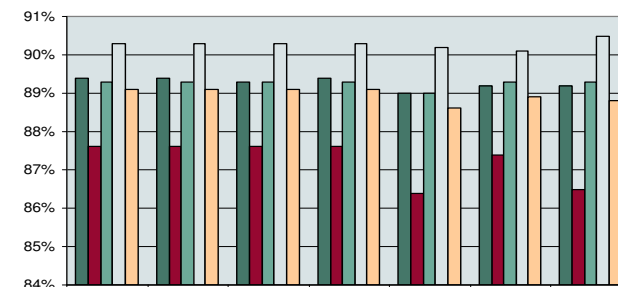
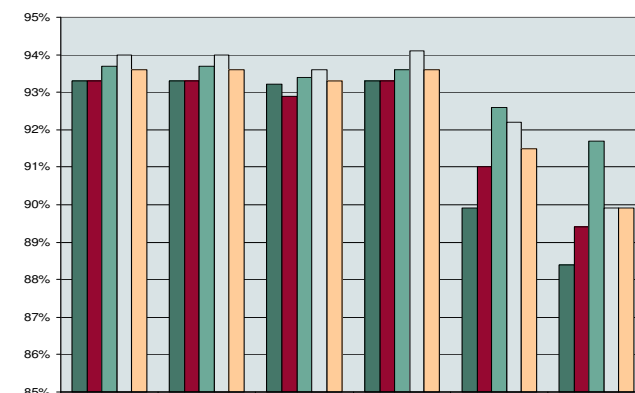


Chart 3

Childhood Immunisations 24 Months (Q2, 2010)



Community (Demand Led) Schemes

Medical / GP Visit Cards (Chart 4 & 5) (M)

The number of individuals covered by medical cards continues to rise with 1,588,494 reported at the end of September 2010 (an additional 109,934 since December 2009). In September there were 1,934 more persons covered by a Medical Card than projected target (0.12%). The total number of discretionary medical cards in the system at the end of September was 80,709. This compares with 79,871 issued in September 2009, an increase of (1.05%). Discretionary medical cards represent 5.1% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of September is 112,139 which is 2% above projected target for end September (110,407). An additional 13,814 cards have been issued since December 2009. The total number of discretionary GP visit cards in the system at the end of September was 17,411. This compares with 17,293 cards issued in September 2009, an increase of 118 cards (0.7 %). Discretionary GP visit cards represent 16% of cards issued year to date.

Chart 4

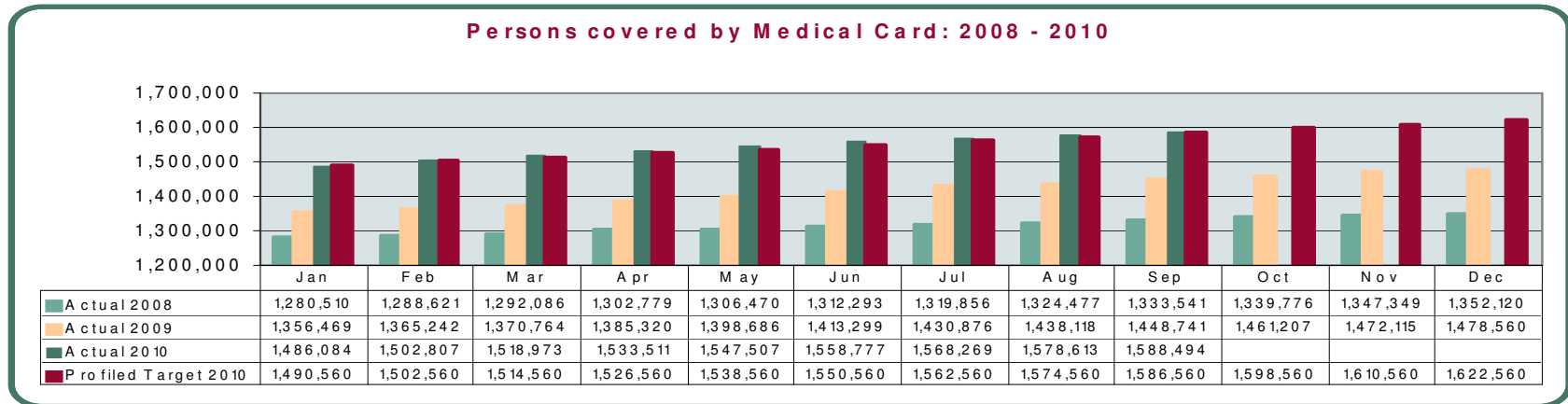
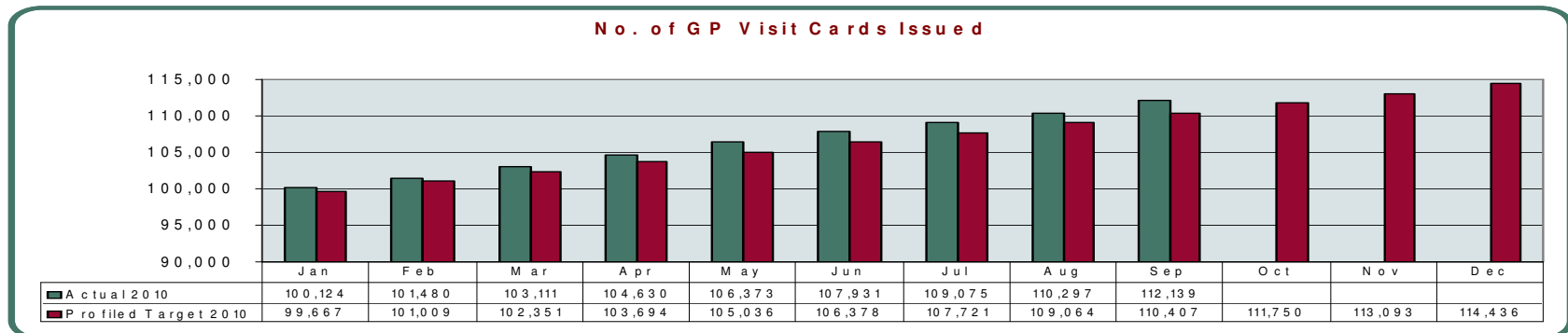


Chart 5

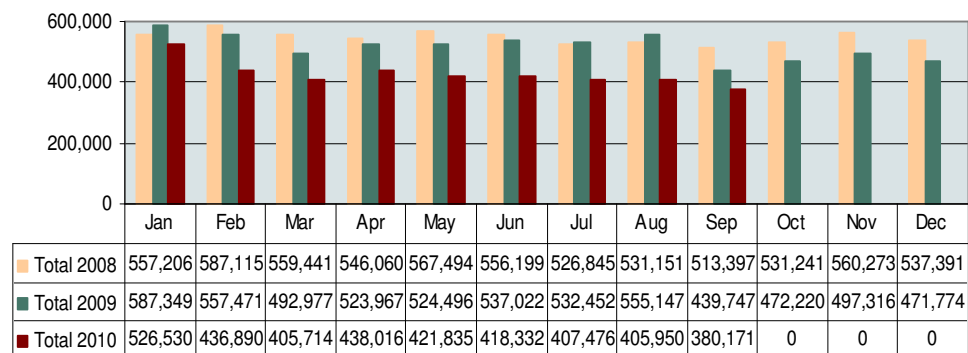


* Community (Demand Led) Schemes

Long Term Illness (M)	<ul style="list-style-type: none"> • The number of LTI claims made during September was 68,633 (24% below the monthly target of 90,388). • The total YTD figure is 664,921 (18% below the projected YTD figure of 813,492). Compared with the same period last year (681,553 claims) there has been a decrease of 2%. • Total number of LTI Items in September was 214,908 (25% below the monthly target of 287,434).
Drug Payment Scheme (M)	<ul style="list-style-type: none"> • The number of DPS claims made during September was 282,565 (33% below the monthly target of 419,182). • The total YTD figure is 2,926,988 (22% below the YTD target of 3,772,638). Compared with the same period last year (3,832,831 claims) there has been a decrease of 905,843 (24%). • Total number of DPS items in September was 865,607 (24% below the monthly target of 1,135,982).
General Medical Services (GMS) (M)	<ul style="list-style-type: none"> • The number of GMS prescriptions reimbursed during September was 1,418,032 (7.7% below the monthly target of 1,537,103). • The total YTD figure is 12,959,572 (6% below the YTD target of 13,833,927). Compared with the same period last year (12,264,055 prescriptions) there has been an increase of 695,517 (6%).
HiTech (M)	<ul style="list-style-type: none"> • The number of HiTech claims made during September was 28,973 (9% below the monthly target of 31,944). • The total YTD figure is 249,005 (13% below the YTD target of 287,494). Compared to same period last year, (236,244 claims) this represents an increase of 5% (12,761).
Dental Treatment Services Scheme (DTSS) (M)	<ul style="list-style-type: none"> • The numbers of routine treatments are currently 37% in excess of target while more complex treatments are 19% above target. • Both treatments are an improvement on the August position.
Community Ophthalmic Scheme (M)	<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 3% below target while the number of children treatments is 6% below target.

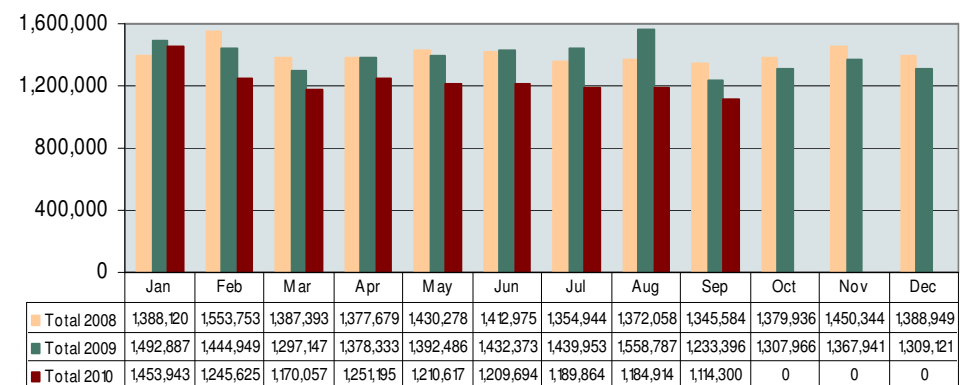
PCRS: Number of Claims (2008 - 2010)

Chart 6



PCRS: No. of Items Claimed (2008 - 2010)

Chart 7



*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 September 2010 is 352. This is -1.4% off target to date (357). Although it is a 3.8% increase over same period last year (339).

Family Welfare Conferences (Convened)

- The total number of FWC convened to end September 2010 is 200. This is -2.3% against NSP Target to date of 205 and a 3.1% increase over same period last year (194).

Number of Springboard Family Referrals

- The total number of family referrals to Springboard projects at end of September 2010 is 864. This demonstrates a 16.1% increase over NSP 2010 target YTD of 744 and an 8% increase over same period last year (800).

Teen Parent Support Programme

- Nationally there were 796 active cases at the end of September 2010 (Q3). This is down 30.6% against NSP Target of 1,147 and -25.7% against same period last year (1,072).
- This figure (796) only takes into account those “active” cases at the end of the quarter and not cases closed before quarter end. It should be noted that since January 466 TPSP cases have been closed. This relates to 1,262 cases having been supported since January.

Residential and Foster Care (M) (Chart 8 & 9)

- The total number of children in care at the end of September 2010 was 5,631 nationally (see Chart 9). This demonstrates a 0% increase over the same period last year (5,630) although it should be noted that data reflects 31 out of 32 LHO returns.
- There were 410 children nationally in Residential Care at end of September 2010. These children account for 7.3% of all children in care and this figure demonstrates a 4.3% increase over same period last year 393 (7%).
- DML and DNE report the highest proportion of children in residential care at 11.1% and 7.8% respectively; this is however directly related to the numbers of residential centres located within these areas.

Chart 8

No and % of Children by Care Setting

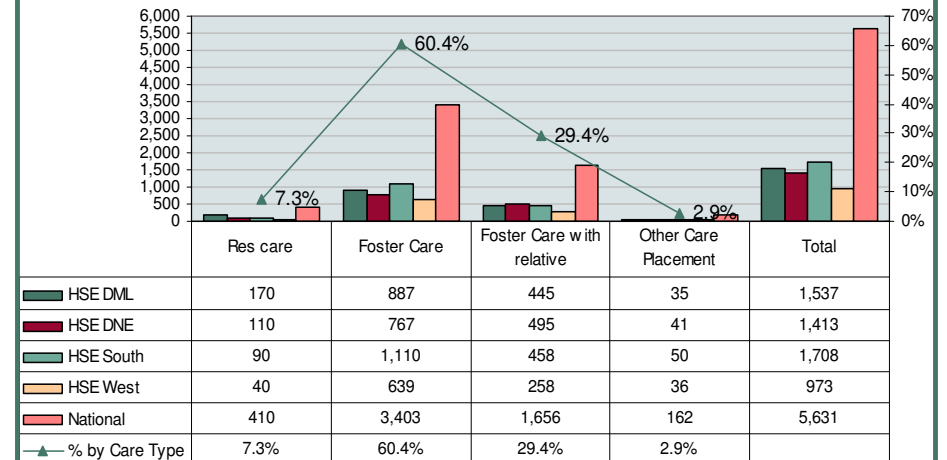
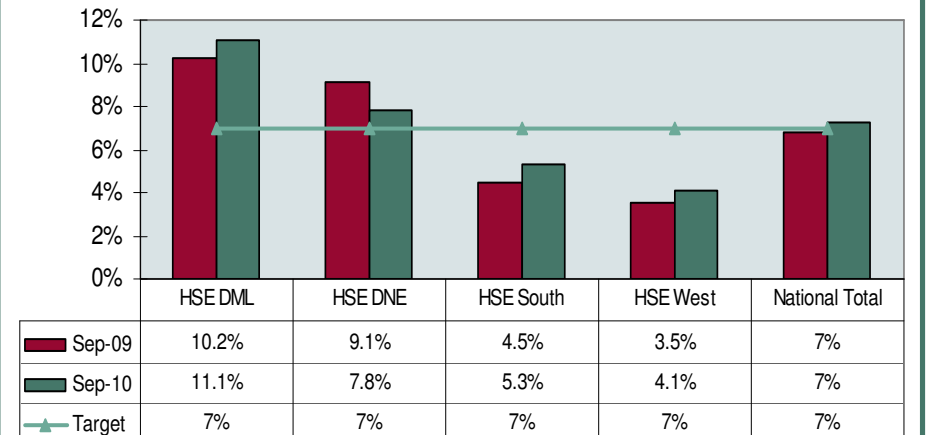


Chart 9

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



Children and Families

Foster Carers (M)

- September monthly data demonstrates that a national figure of 81.2% of approved foster carers have an allocated social worker against a NSP 2010 target of 100%.
- This is a -0.5% over the same period last year (81.6%). This figure relates to 31 LHO returns out of 32.
- Regionally for September HSE South reported 87.8% have an allocated social worker with 7 out of 9 LHOs reaching the target. HSE DNE report 85.8% with 1 LHO reaching target. HSE West 74.4% with 1 LHO reaching target (based on 7 out of 8 LHOs) and HSE DML report 73.6% with 4 LHOs reaching target.

Care Planning and Allocated Social Worker (Q) (Chart 10 & 11)

Care Planning

- The number of children in care at the end of Q3 2010 who have a written care plan is 4,974. This figure relates to 31 LHO returns out of 32.
- Children in residential care exhibited the highest percentage with a plan in place at 92% while Foster Care with relatives recorded the lowest % rate of 86.1%
- Three Regions have shown some improvement since the end of Q3 2009 with HSE South demonstrating the greatest relative improvement from 79% to 86% at end Q3 2010.
- Dublin Mid Leinster is the only Region to show a decrease in the level of compliance, from 89% at the end of Q3 2009 to 85.4% at the end of Q3 2010. Corrective action plans to address this gap in DML are being actively pursued at LHO level, including the pooling of social work resources to draw up care plans for those who do not currently have them

Children in Care with an Allocated Social Worker

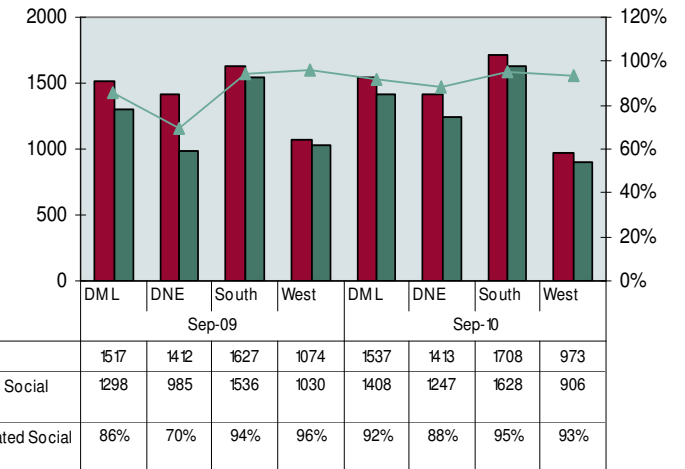
- Nationally 92% of all children in care have an Allocated Social Worker at the end of Q3 2010 compared to 86% at the end of Q3 2009.
- All four Regions have shown significant improvement since Q3 2009 with HSE West demonstrating the greatest relative improvement from 69.8% in Q3 2009 to 93% in Q3 2010.
- A total of 22 LHOs are now achieving between 90%-100% compliance.
- ISD is ensuring that with the additional appointed social workers in Q3 and Q4, further improvements will be seen in this area.
- The breakdown by care type nationally is as follows:
 - Residential Care: 96.1%
 - Foster Care: 92.8%
 - Foster Care with Relatives: 89.9%
 - Other Care Types: 92.0%

Pre-School Inspections / Visits (M)

- The number of notified current operational pre-school centres who have received an annual inspection to end of September 2010 is 2,285 (-0.4% over same period last year, 2,295).
- This figure relates to 31 LHO returns out of 32.

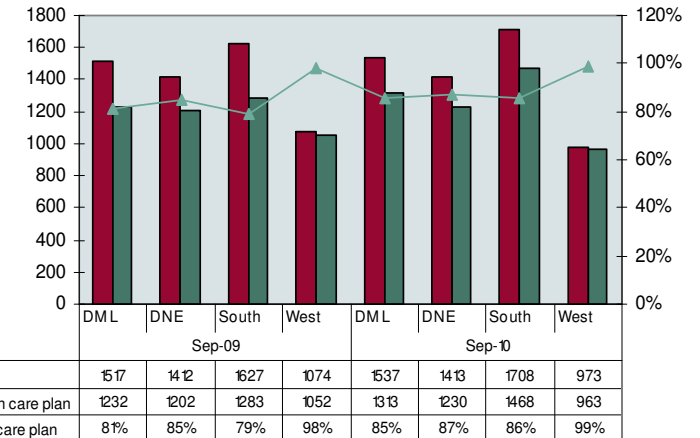
Children in care with an allocated Social Worker

Chart 10



% of Children in care with a Written Care Plan

Chart 11



Mental Health

Admissions (Chart 12) (Q)

- Data presented here relates to Q2 2010, is in provisional format and is subject to change whilst validation is ongoing.
- In Q2 2010, there were 3,777 admissions to acute mental health units nationally and 7417 year to date a reduction of -4.2% on the same period last year.
- While the National percentage of readmission is 66% (2% below the target of 68%) and is a reduction of 3% on Q1 2010 (outlined in Chart 11).

Admissions to HSE CAMH Units (Q)

- Providing data returns in relation to admissions based on age (less than 16, 17, 18 years of age) are a new inclusion for 2010.
- Data presented here relates to January to August data and is in provisional format and is also subject to change whilst validation is ongoing.
- A total of 146 Children / Adolescents were admitted to HSE CAMH units from January to August:
 - > < 16 years = 74
 - > < 17 years = 41
 - > < 18 years = 31

Children / Adolescents admitted to adult HSE mental health service (Q)

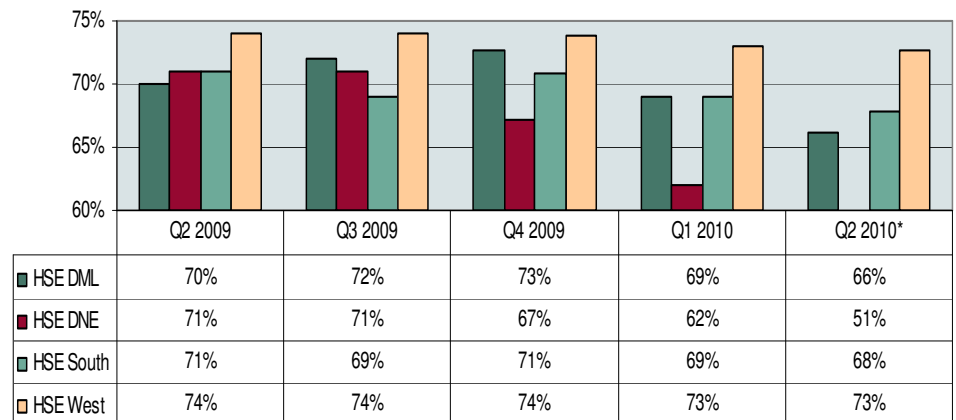
The vast majority of children receive their mental health care in their own community. Over 6,000 children and adolescents are using Child & Adolescent community mental health services in Ireland. On average 400 children and adolescents (under 18s) are admitted to mental health acute inpatient beds annually.

As of 1st December 2010 the HSE is legally obliged to ensure that no child under the age of 16 years should be admitted to an adult inpatient unit. Provisional figures for 2010 to end August indicate that there have been 100 admissions of children under 18 years to HSE adult units, of which 10 relate to children/ adolescents under 16 years. A further 33 relate to adolescents under 17 years and 57 are under 18 years.

The majority of children and adolescents are admitted to designated CAMHS inpatient facilities. The imperative for a clinician when a child presents is to ensure the safety of the child and in certain circumstances that may require admission to an adult unit in the best interest of the child to stabilise the situation pending admission to a CAMHs unit.

Currently there are 32 Child and Adolescent Mental Health Inpatient Beds (for children under 18) with the new units in Bessboro and Galway scheduled to open in November 2010 bringing the capacity to 52 by end 2010.

Chart 12 No. of Readmissions as a % of Total Admissions



Mental Health	
Inpatient services (Q)	<ul style="list-style-type: none"> Data in the September PR relates to Q2 2010 provisional data. Number of inpatient places is 28.2 per 100,000 nationally. First Admission rates to acute units (that is first ever admission) is 28.6 per 100,000 nationally. Inpatient readmission rates to acute units are 60.2 per 100,000 nationally. Rate of involuntary admission is 7.6 per 100,000 nationally.
Child and Adolescent Mental Health (Chart 13) (M)	<ul style="list-style-type: none"> The 55 CAMH Teams are made up of the following: <ul style="list-style-type: none"> ➤ 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)	<ul style="list-style-type: none"> 1067 new child / adolescent referrals received by Mental Health Services. 745 (70%) new child / adolescent referrals accepted by Mental Health Services. 718 new child / adolescents seen by a member of a Community CAMH Team.
Children & Adolescent Wait Time to First Appointment with CAMH (M) (Chart 14)	<ul style="list-style-type: none"> The key PI set by the Specialist CAMHS Advisory Group is that 70% of New Cases are to be seen within three months. Currently 63% of new cases are being seen within 3 months. New Cases seen by wait time to first appointment: <ul style="list-style-type: none"> ➤ 0-1 Month = 317 (44%) ➤ 1-3 Months = 138 (19%) ➤ 3-6 Months = 80 (11%) ➤ 6-12 Months = 101 (14%) ➤ > 12 Months = 82 (12%)

Chart 13

Child & Adolescent Mental Health

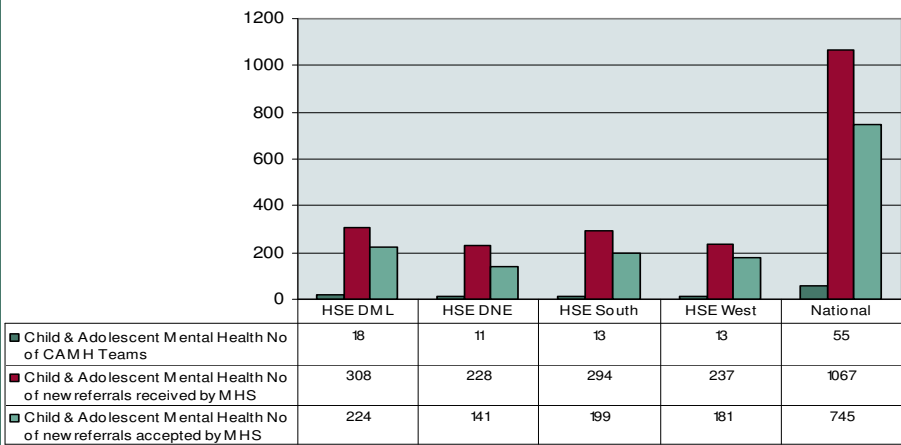
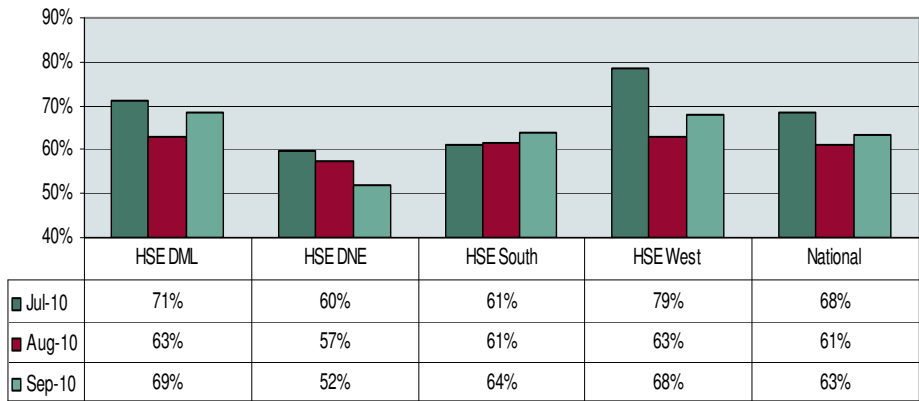


Chart 14

CAMHS: % of Children seen within 3 mths of Referral by HSE Area



Mental Health

Children and Adolescent Waiting Lists (Q) (Chart 15 & 16)

- The key PI set by the Specialist CAMHS Advisory Group is to reduce numbers on waiting list by >5% by end of Q4 2010.
- Total Number on Waiting List at end quarter 3 by wait time:
 - > 3 Months = 757 (32%)
 - > 3-6 Months = 607 (25%)
 - > 6-12 Months = 610 (26%)
 - > 12 Months = 396 (17%)
 - Total = 2370
- Numbers on the waiting list have decreased by -8% on Q2 and -3% since Q1 2010

Chart 15

% Breakdown of Waiting Lists by HSE Area

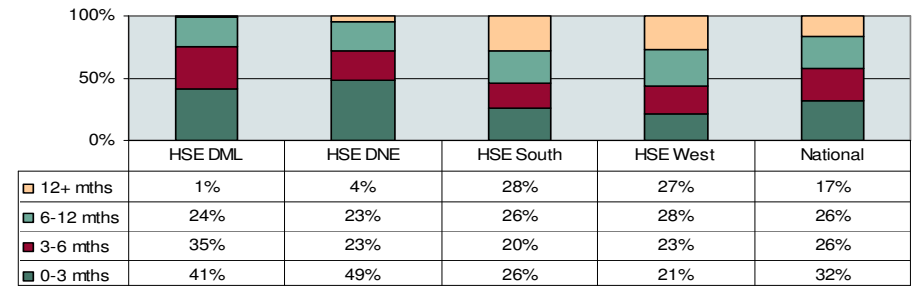
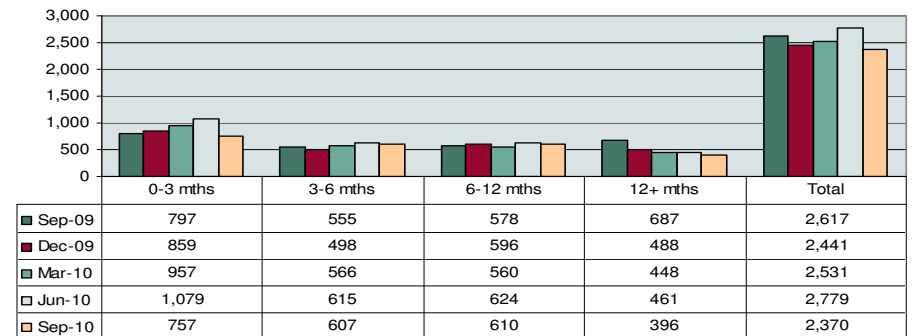


Chart 16

Child and Adolescent Waiting Lists by Wait Time



Disability

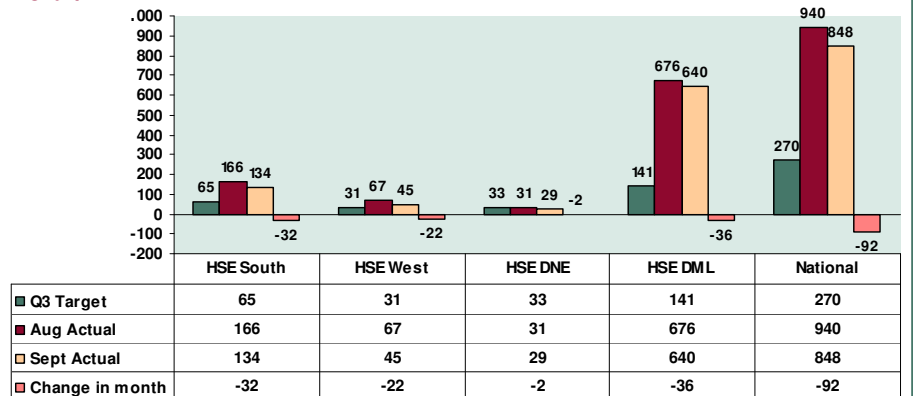
Under 5 Assessments (Chart 17) (Q)

Disability Act Compliance

- Under the Disability Act, 848 Assessment Reports were overdue for completion at the end of September with 640 (75%) relating to Dublin Mid Leinster.
- Nationally, there has been a decrease of 10% in the number of Assessments overdue compared to August with improvements in all Regions.
- All Regions, but particularly DML, have submitted significant action plans at LHO level to address deficits (for example, pooling of resources and purchasing private assessors to reduce backlog). The impact of the implementation of action plans will not be evident in the data until Q4 2010.
- Overall there has been a drop in the order of 92 applications in the month (36 of these relate to DML). It is anticipated that further improvements will be most evident at the end of Q4 when the effect of regional and LHO-specific corrective action plans are realised.

Chart 17

No. of Applications Overdue for Completion to Stage 2 at the end of Sept 2010



Older People

Home Help Hours & HCP's (M)

- The variance against target has remained static for the total number of Home Help hours (5.2% in August to 5.3% in September) and has reduced for persons in receipt of Home Care Packages (0.7% in August to 0.5% in September).
- Responses from a number of regions indicate that this narrowing of the variance against target will likely continue to year end with increased numbers of hours allocated over the winter months and/ or through the absorption of home help hours into HCPs or vice versa.
- YTD to the end of September, there have been 8,375,142 home help hours delivered against a target of 8,842,099.
- Currently there are 51,972 people in receipt of home help.
- There has been an increase in the number of persons in receipt of Home Care Packages* from 9,544 in August to 9,658 in September resulting in an increase in new HCP from 462 in August to 499 in September.
- Seasonal shifts in demand for Home Help may have contributed to shortfalls against target. It is anticipated that shortfalls will be addressed via increased activity in the autumn / winter months. All deviations from agreed targets for activity have been brought to the attention of the Regional Directors of Operations, with a view to addressing / increasing activity to ensure agreed Service Plan targets 2010 are met.

**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 September 2010				
Area	Home Help Hours	Home Help Clients	No in Receipt of Home Care Package	Total Number of New HCP Clients (YTD)
National	-5.3%	-4.6%	0.5%	15.8%
DML	-5.8%	-3.2%	5.8%	19.2%
DNE	-3.0%	-1.2%	-8.9%	15.1%
South	-2.5%	-9.6%	9.6%	71.9%
West	-9.5%	-3.9%	4.9%	-13.4%

Subvention (M)

- The Nursing Home Support Scheme (NHSS / 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 September position of 2,910 shows a decrease of 67% on December, and against same period last year 9,386, a reduction of 69%.

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 15,829 applications have been received to date including 915 new applications in September.

Ancillary State Support (Nursing Home Loan)

- Over 2,146 applications have been received for this scheme.
- An IT system is currently being developed to provide more detail in this area.

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.

Elder Abuse (Q)

- Data in relation to Elder Abuse referrals is now available in the supplementary report.
- The number of referrals received nationally YTD stands at 1389.
- Breakdown as to the form of abuse is as follows:
 - 204 (15%) Physical Abuse
 - 363 (26%) Financial Abuse
 - 328 (24%) Psychological Abuse
 - 344 (25%) Neglect
 - *Note: The percentages do not add up to 100%. This is because there are other abuse types not included in this report (e.g. self-neglect, discrimination, sexual abuse and other).*
- As of September 2010, all areas now have a Dedicated Officer however, vacancies still exist for Senior Case Workers.

Palliative Care

Specialist Palliative Care (M) (Q) (Chart 18)

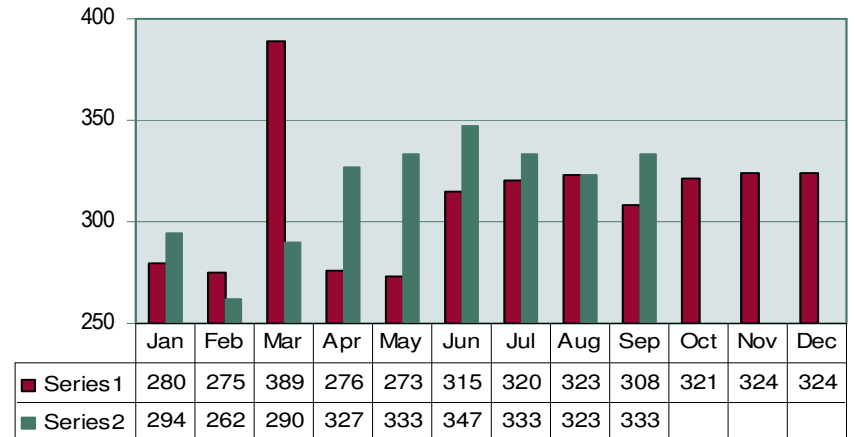
- 333 patients were treated in Specialist Inpatient Units.
- Breakdown as follows:
 - 100 - DML
 - 35 – DNE
 - 64 – South
 - 134 - West
- Data breakdown by age bands in relation to numbers of new patients and wait times for specialist inpatient unit and home care services is available in the Supplementary Report.

Home Care (M)

- 2,921 persons availed of domiciliary based specialist palliative care. Of these, 597 were new clients.
- Breakdown of the 2921 clients:
 - 627 – DML
 - 572 – DNE
 - 830 – South
 - 892 - West

Chart 18

Palliative Care: No. of Patients in Specialist Inpatient Units



Social Inclusion

Methodone Treatment (M) (Chart 19)

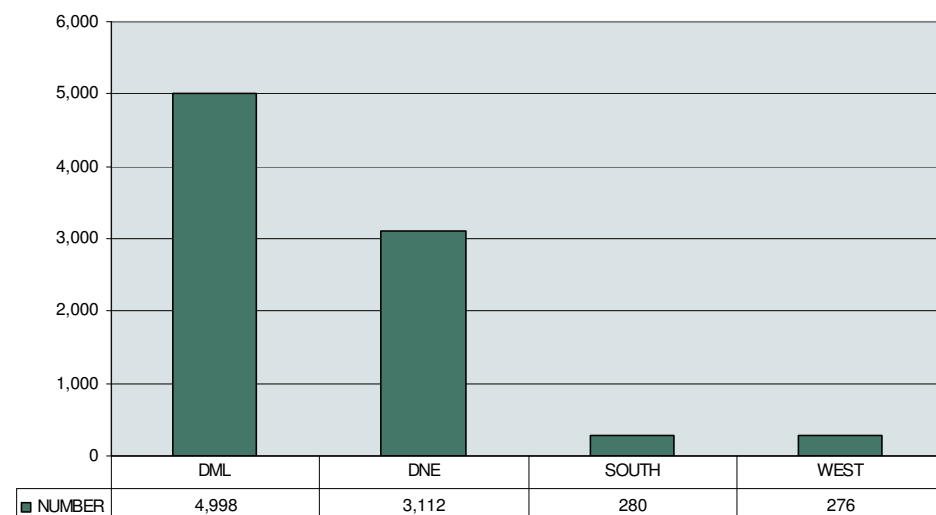
- The Review of the Methadone Treatment Protocol is at an advanced stage and will be completed at the end of October. There were 70 submissions and the team held consultations across the country.
- The Review will address a range of issues such as GP Contracts, audits, integration with the Rehabilitation Framework, Clinical governance and others.

Additional Methadone Services in targeted areas

- On 1 September there were 9217 people on methadone. There were 464 on waiting lists (4.8% of the total cohort). There were no under 18s on waiting lists.
- In general, the waiting list for services in the Dublin area was approximately one month and there were 112 people waiting. This is generally in line with the recommended waiting time of one month.
- Due to the rapid increase in heroin consumption outside Dublin, a number of pressure points have emerged where waiting lists and times have increased.
- The HSE are addressing this as follows:

Location	Progress
Cork	2 new clinics in 2010 have reduced the waiting lists from 83 to 14 and waiting time to under one month. A clinic for North Cork city in Heron House to facilitate clients in the north city was delayed due to a planning appeal to An Bord Pleanála. This appeal was rejected in Sept 10 and the clinic will now be progressed.
Tralee	New clinic opened in Sept 10 to facilitate clients from Kerry. When fully operational this will eliminate the Cork/Kerry waiting list
Kilkenny	Clinic facility being renovated and will open in the first week in October. When fully operational this will address the waiting list for Carlow.
Waterford	Clinic facility being renovated and will be opened before the end of the year. In conjunction with new Wexford clinics this will address waiting lists for the existing Waterford clinic
Wexford	New clinic opened which will be expanded
Gorey	Clinic facility completed but HSE was unable to access the facility due to Planning complaints.
Limerick City	Clinic facility being renovated and will be completed in November. This will address waiting lists in the Mid West region
Dundalk	Clinic facility completed and Level 2 GP is being recruited
Drogheda	Clinic is completed and Level 2 GP is being recruited. This will combine with the Dundalk clinic to address waiting lists in this area
Midlands Region	HSE identifies the need for new clinics at Tullamore and Mullingar and have developed the Methadone teams to support these. Facilities have been identified but will require capital funding.
Prisons	IPS and HSE have discussed the development of new clinics in prisons with the view to achieving best integration with community based services.

Chart 19 Number of clients in Methadone treatment per HSE Area



Service Level Agreements

Service Level Agreements (SLAs)

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

- Data supplied here is inclusive of Service Arrangements and Grant Agreements for Section 38 and Section 39 Agencies. The HSE National heading relates to St. Luke's and the Irish College of General Practitioners programmes (e.g. Heart Watch). St. Luke's has transferred into the HSE in August 2010.
- Service Level Agreements with a value of **75.66%** of the total funding provided by the HSE to the non statutory sector have been signed to date.
- The initial focus for 2010 has been on achieving sign up by the Acute non statutory service providers. This has now been completed.
- The focus is now on the non acute sector, particularly on the larger Section 38 Agencies with funding over €10m.
- The West has focused on high value contracts during September and significant improvement is expected in October.
- Significant progress has been made in this area in the last quarter.

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

	DNE	DML	WEST	SOUTH	HSE National	% SLAs against planned target of 100%
Non Acute Sector	43.96% (244 facilities)	64.11% (468 facilities)	69.94% (819 facilities)	64.69% (678 facilities)	0% (0 facilities)	62.95%
Acute Sector	100% (4 hosp)	100% (9 hosp)	100% (1 hosp)	100% (2 hosp)	0% (1 hosp)	*94.12%
Total	44.36%	64.55%	69.97%	64.76%	0.00%	63.10%

* St Luke's is outstanding

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

	DNE	DML	WEST	SOUTH	HSE National	% SLAs against planned target of 100%
Non Acute Sector	43.47% (€151,549,042)	74.84% (€416,139,786)	22.48% (€78,078,550)	44.34% (€132,290,076)	0% (facilities)	50.15%
Acute Sector	100% (€529,444,565)	100% (€1,069,108,909)	100% (€20,517,857)	100% (€106,618,180)**	0% (1 hosp)	*98.17%
Total	77.55%	91.39%	26.81%	59%	0.00%	75.66%

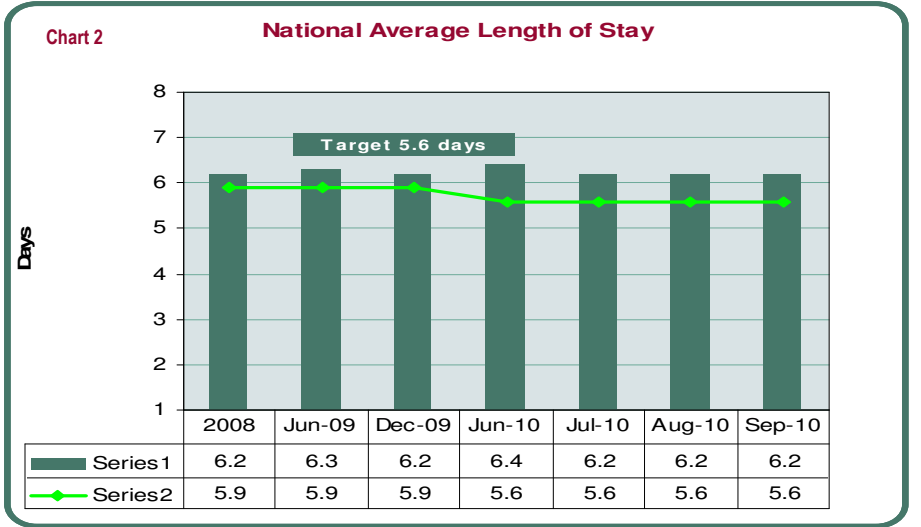
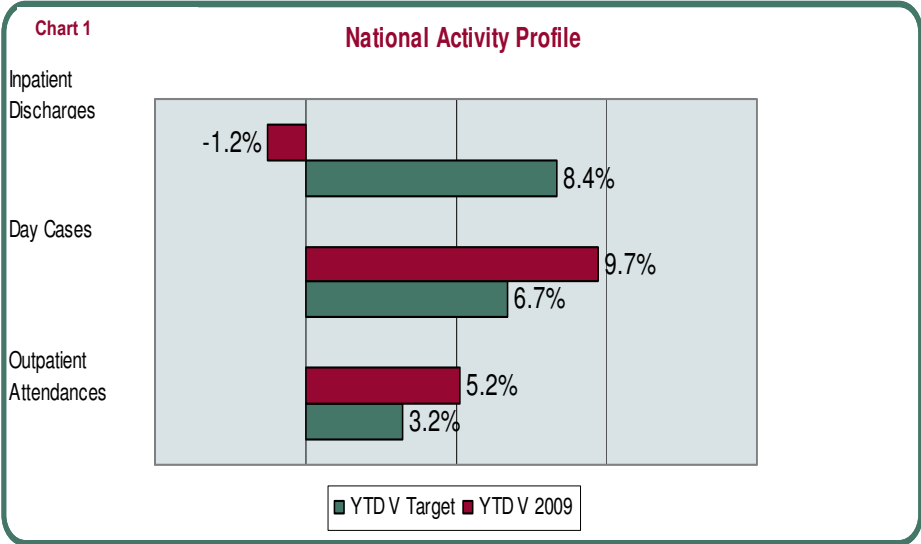
*St Luke's is outstanding

** South is an accurate financial position as the June figure was an estimate

Hospital Services Overview

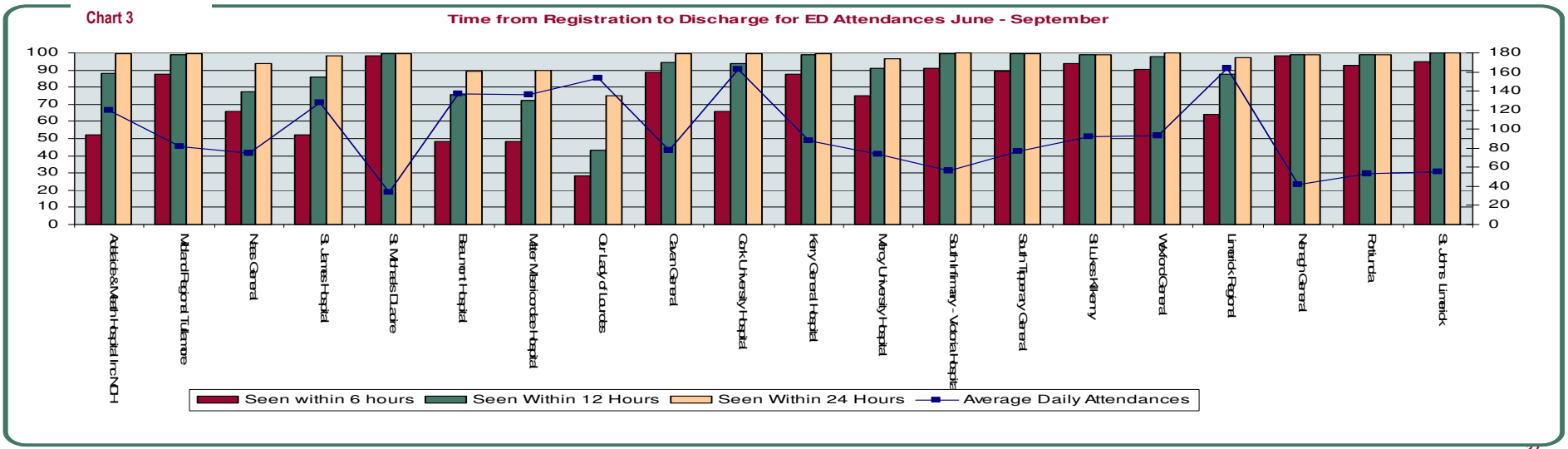
Hospital Services analysis and action points

Elective Non Elective admissions and Public / Private Discharges (M) (Chart 1)	The number of Inpatient Discharges has decreased by 1.2% compared to the same period in 2009 and is now 8.4% above target for 2010.
	The percentage of Elective Inpatient admissions has decreased marginally compared to the same period last year 32.6% for the period January – August compared to 33.4% for the same period in 2009.
	The percentage of public inpatients discharged in the same period has increased from 75.4% in 2009 to 77.2% this year.
Average Length of Stay (ALOS) (M) (Chart 2)	Average length of stay for the month of September is 5.9. The cumulative position shows that the average length of stay has decreased marginally in 2010, down from 6.3 in 2009 to 6.2 for the period January – September 2010.
Delayed Discharges (M)	<p>In the last week of September 2010 the number of delayed discharges reported nationally was 603. This is a decrease on the position at the end of August (630) and a significant decrease on the numbers reported at the end of September 2009 which was 742.</p> <p>The average number of delayed discharges reported through September 2010 was 612. As above this showed a decrease on average for August 2010 (652) and on September 2009(742).</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>
Bed Days Used (M)	The number of bed days used has decreased by 2.6% in 2010 compared to 2009.
Occupancy Rates (M)	Percentage occupancy nationally has decreased compared to last year (90.1% compared to 90.4% in 2009).
Day Cases (M)	Day cases continue to grow and are now running 9.7% 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 6.7% ahead of target at the end of September.

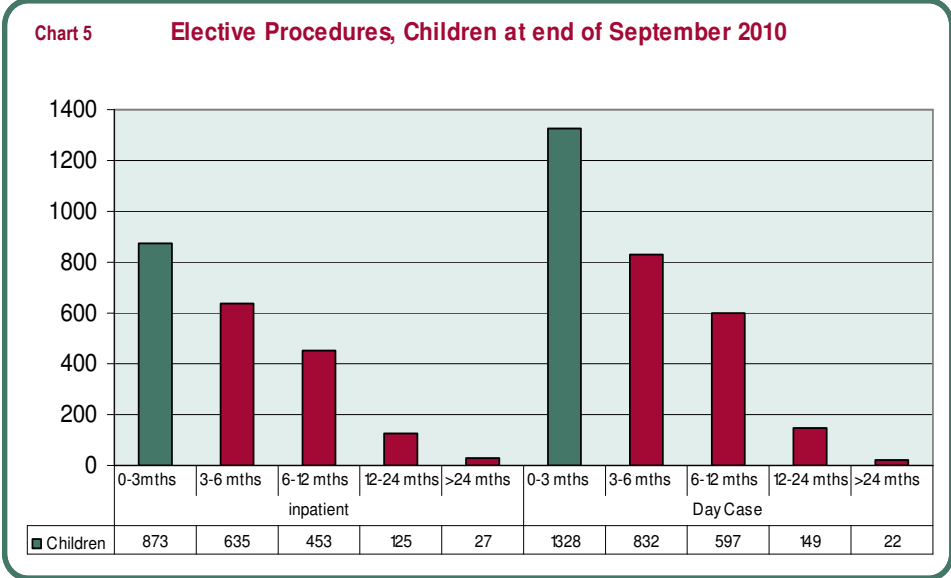
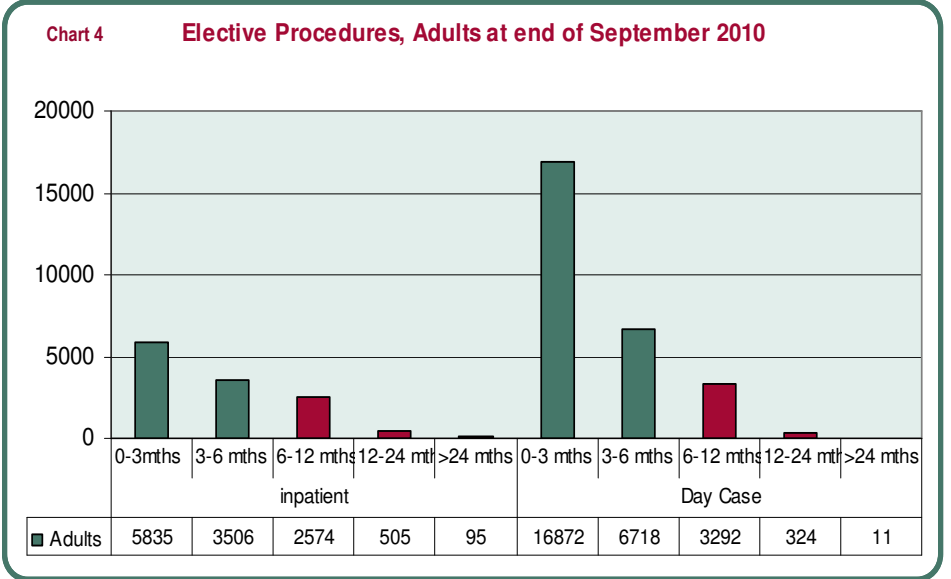


Acute Services analysis and action points

Day of Procedure (M)	Day of Surgery admission rates have increased in all regions compared to the same period last year. Over the 12 month rolling period to the end of July the national figure for day of surgery admission rates was 49% compared to 45% for the previous rolling 12 months
Emergency Department (M)	Emergency presentations are up on last year (0.7%) and are broadly in line with expected levels for 2010(0.1%). Emergency admissions are 0.7% up on last year and 11.2% 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. It is planned to expand the patient level collection of waiting time in ED in the coming months, in the interim the data from both methods above have been partially combined 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. It is hoped that the numbers of hospitals included will be increased for next months report. A similar view of Hospitals is not possible for categories of patients admitted or those discharged without admission at this point in time. While the figure for percentage of patients admitted to Hospital or discharged from ED within 6 hours was 87.5% in August, the introduction of some of the larger hospitals has led to a decrease to 63.7% in September. 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.



Outpatients (OPD) (M)	<p>Outpatient activity continues to grow with an increase of 5.2% compared to last year and attendances are currently 3.2% above target.</p> <p>New Dna rates are 14.2% and return Dna rates 14.5% for January – September 2010, this compares to 14.7% and 14.5% respectively for the same period in 2009.</p> <p>The number of New attendances at Outpatient departments remains at almost 68,000 (9.7%) more than last year, this is reflected in an improvement in the overall New : Return ratio to 1 : 2.5 in 2010.</p>
Births (M)	<p>The number of births is marginally lower than the same period last year (0.8%) and is showing an 1.3% decrease against expected levels for 2010.</p> <p>September has seen the highest number of births reported this year (6,481)</p>
Elective Procedures (Position at the end of September 2010) (Chart 4 & 5)	<p>Elective Procedures:</p> <ul style="list-style-type: none"> At the end of September there are 44,773 listed for elective procedures as reported on the National Treatment Register. Of these, 78.5% (35,132 referrals) are within the targeted time for treatment: i.e. Children 3 months and adults 6 months. 2,840 children (56.3%) are waiting over the targeted 3 months and 6,801 (16.6%) adults are waiting over the targeted 6 months. This is a total of 9,641 (21.5% of all referrals), down from 9,701 in August, waiting more than the targeted time. Demand for elective procedures has increased by 9.7% (4,322) in September 2010 compared to September 2009. There are some waiting list increases across hospitals due to a variety of factors. These include maternity leave of consultants (e.g. Crumlin) where locum cover is difficult to source. Some elements of the waiting list comprise surgical circumcisions. In such situations, other clinically prioritised cases may be referred to the NTPF. Lastly, with a focus on increased new appointment capacity across hospitals generally, there is an expectation of a higher volume of referrals from OPD clinics for procedures (particularly from OPD into daycase waiting lists).



<p>Bed Capacity Management (M) (Chart 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 1,147 beds (1,137 inpatient; 10 day beds) unavailable for discharges at the end of September, an increase on the end of August when there were 1,044 beds (1,019 inpatient, 25 day beds) unavailable for discharges. Comparative figures for September 2009 show there were 909 beds (865 inpatient, 44 day beds) unavailable.</p>
<p>Colonoscopy Services (M)</p>	<ul style="list-style-type: none"> In the week ending 26th September 809 patients were referred for urgent colonoscopy. 800 (98.6%) are within 28 days of referral and 9 (6 in St. Johns Hospital Limerick, 2 in Regional Hospital Dooradoyle and 1 in Cork University Hospital) are outside the 28 day target. AMNCH did not provide returns for this week. Their last reported position showed 0 people waiting over 28 days for an urgent colonoscopy.
<p>Consultants Contract</p>	<p>Consultant Contract report</p> <p>The purpose of the national monthly summary report is to indicate, at a hospital level, the compliance levels of the 2008 consultant contract holders (b and b* group). The compliance data contained in the summary report is generated by the hospital HIPE system. Some issues in relation to the number of consultants included in each hospital (consultants may work in more than one hospital and be counted more than once) and the method of aggregating the figures are still being worked through.</p> <p>While the national report gives some guide to the level of compliance at hospital level the management of adherence to the contract happens within the hospital. A report is generated each month which indicates the level of public and private practice by consultant. This is used by the Clinical Director and/or the Hospital Manager to discuss and address performance where necessary.</p> <p>12 hospitals report the proportion of consultants within contract for in-patient service as being greater than 90%, 8 hospitals report the proportion of consultants within contract for day-case as being greater than 90%.</p> <p>Performance trend</p> <p>Inpatient: Out of the 43 hospitals reporting 23 are showing improvement on the last reported position, 7 have remained the same and 13 are recording a downward performance trend.</p> <p>Day Case: out of the 43 hospitals reporting 17 are showing an improvement on the last reported position, 6 remain the same and 20 are recording a downward performance trend.</p>

Chart 6

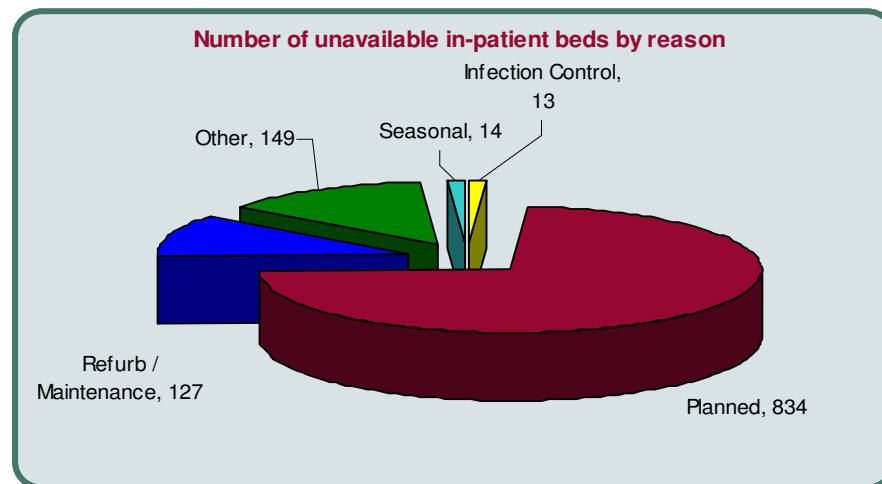
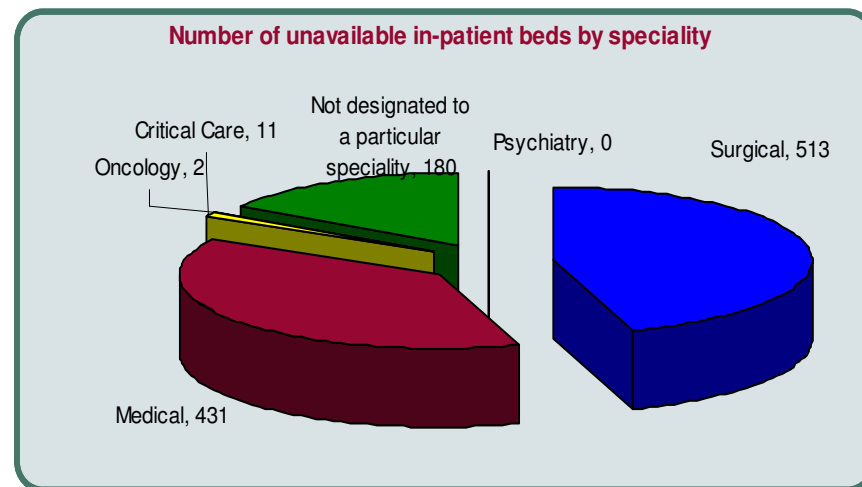


Chart 7



Summary Report on Consultant Private Practice Measurement

DUBLIN Mid Leinster November 2009- January 2010 Activity Period							
Hospital	*Number of Consultants on B or B* contract	Proportion within Contract Ratio (case mix adjusted)				Trend IP	Trend DC
		In Patients		Day Case			
		Nov - Jan	Sept - Nov	Nov - Jan	Sept - Nov		
Adelaide & Meath & National Children's Hospital, Tallaght	89	na	73.0%	na	70.0%	na	
Coombe Women & Infants University Hospital	38	IP public discharges 82.6%	IP public discharges 84.98%	Dc public discharges 83.64%	Dc public discharges 85.06%	na	
Naas General Hospital	16	94.00%	100.00%	94.00%	100.00%	↑	↑
Midland Regional Hospital, Mullingar	16	88.24%	81.25%	70.59%	62.50%	↓	↓
Midland Regional Hospital, Tullamore	32	48.00%	26.92%	50.00%	30.00%	↓	↓
Midland Regional Hospital, Portlaoise	9	86.00%	76.92%	14.00%	69.23%	↓	↑
St. Vincent's, Elm Park	150	75.50%	88.03%	92.30%	93.16%	↑	→
St. Michael's, Dun Laoghaire	41	100.00%	100.00%	100.00%	100.00%	→	→
St. Colmcille's Hospital, Loughlinstown	31	100.00%	100.00%	100.00%	100.00%	→	→
National Maternity Hospital, Holles Street	28	50.00%	82.00%	64.00%	89.00%	↑	↑
Royal Victoria Eye & Ear	15	30.77%	35.71%	53.85%	64.29%	↑	↑
St. James's Hospital	110	75.00%	80.00%	91.00%	89.00%	↑	↓

DUBLIN NORTH EAST: November 2009- January 2010 Activity Period							
Hospital	*Number of Consultants on B or B* contract	Proportion within Contract Ratio (case mix adjusted)				Trend IP	Trend DC
		In Patients		Day Case			
		Nov - Jan	Sept - Nov	Nov - Jan	Sept - Nov		
Louth County Hospital	18	60.00%	43.75%	60.00%	56.25%	↓	↓
Our Lady of Lourdes Hospital, Drogheda	37	68.42%	69.44%	78.95%	77.78%	↑	↓
Our Lady's Hospital, Navan	16	68.75%	81.25%	50.00%	56.25%	↑	↑
Cavan General Hospital	22	100.00%	100.00%	81.20%	77.78%	→	↓
Monaghan General Hospital	Part of Cavan	100.00%	100.00%	50.00%	50.00%	→	→
Mater Misericordiae University Hospital	Not Received	68.18%	Not Received	91.82%	Not Received		
Beaumont Hospital	66	65.06%	75.86%	80.72%	85.06%	↑	↑
Connolly Hospital	36	92.31%	92.59%	96.15%	92.59%	→	↓
**Rotunda Hospital	23		See Footnote		See Footnote		
Cappagh National Orthopaedic Hospital	29	73.91%	76.19%	65.22%	85.71%	↑	↑

** Rotunda Hospital are not in a position to provide summarised data

WEST: November 2009- January 2010 Activity Period							
Hospital	*Number of Consultants on B or B* contract	Proportion within Contract Ratio (case mix adjusted)				Trend IP	Trend DC
		In Patients		Day Case			
		Nov - Jan	Sept - Nov	Nov - Jan	Sept - Nov		
Letterkenny General Hospital	64	83.87%	90.32%	83.87%	80.65%	↑	↓
Sligo General Hospital	50	87.50%	92.68%	75.00%	78.05%	↑	↑
Roscommon County Hospital	10	100.00%	100.00%	100.00%	100.00%	→	→
Portiuncula Hospital	11	77.78%	22.22%	55.56%	66.67%	↓	↑
University College Hospital, Galway	78.5	63.89%	54.69%	75.00%	78.13%	↓	↑
Merlin Park Regional Hospital	Included in UCHG	82.14%	78.57%	78.75%	75.00%	↓	↓
Mayo General Hospital	31.5	47.83%	Awaiting Response	56.52%	Awaiting Response		
Mid Western Regional Hospital Dooradoyle	58	22.73%	29.58%	37.88%	45.07%	↑	↑
Mid Western Maternity Hospital	6.5	30.00%	46.67%	30.00%	66.67%	↑	↑
Croom Orthopaedic Hospital	6	8.33%	7.69%	8.33%	7.69%	↓	↓
Mid Western Regional Hospital Ennis	7	72.73%	90.91%	90.91%	90.91%	↑	→
Mid Western Regional Hospital Nenagh	9	80.00%	100.00%	70.00%	66.67%	↑	↓
St. Johns Hospital	5	20.00%	0%	60.00%	40.00%	↓	↓

SOUTH: November 2009- January 2010 Activity Period							
Hospital	*Number of Consultants on B or B* contract	Proportion within Contract Ratio (case mix adjusted)				Trend IP	Trend DC
		In Patients		Day Case			
		Nov - Jan	Sept - Nov	Nov - Jan	Sept - Nov		
Cork University Hospital	151	51.70%	50.33%	54.42%	46.36%	↓	↓
St. Mary's Orthopaedic Hospital	19	36.84%	31.58%	52.63%	31.58%	↓	↓
Mercy Hospital	Not Received		Not Received		Not Received		
Mallow General Hospital	7	50.00%	57.14%	25.00%	42.86%	↑	↑
Kerry General Hospital	28.5	71.43%	85.71%	90.48%	76.71%	↑	↓
South Infirmary- Victoria Hospital	25	60.00%	64.00%	64.00%	68.00%	↑	↑
Bantry Hospital	6	98.00%	100.00%	98.00%	100.00%	↑	↑
Wexford General Hospital	19	73.00%	80.00%	60.00%	73.30%	↑	↑
Waterford Regional Hospital	66.5	69.12%	66.67%	51.47%	46.38%	↓	↓
St. Luke's General Hospital, Kilkenny	20	43.00%	35.30%	79.00%	88.20%	↓	↑
Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny	Part of Waterford Reg. Hosp	66.67%	66.67%	66.67%	50.00%	→	↓
South Tipperary General Hospital, Clonmel	19	48.00%	54.60%	72.00%	68.20%	↑	↓

Summary Report on Consultant Private Practice Measurement – June 2010

PAEDIATRIC HOSPITALS: November 2009- January 2010 Activity Period

Hospital	*Number of Consultants on B or B* contract	Proportion within Contract Ratio (case mix adjusted)				Trend IP	Trend DC
		In Patients		Day Case			
		Sept - Nov	Nov - Jan	Sept - Nov	Nov - Jan		
Our Lady's Hospital for Sick Children, Crumlin	95	56.00%	69.74%	49.33%	44.74%	↑	↓
Children's University Hospital, Temple Street	64	80.95%	89.06%	85.71%	79.69%	↑	↓

* Type B Consultants are comprised of two cohorts of Consultants – firstly, those Consultants in place when Consultant Contract 2008 was offered who accepted a Type B Contract. They may engage in on-site private practice up to a maximum of 30% and retain access to off-site outpatient private practice; secondly, new entrants on a Type B Contract since July 2008 who may engage in on-site private practice up to a maximum of 20% and who have no access to off-site private practice.

Type B* Consultants are Consultants in Emergency Medicine or Category II Contract holders in place when Consultant Contract 2008 was offered who accepted a Type B* Contract. They may engage in on-site private practice up to a maximum of 30% and retain access to off-site outpatient and inpatient private practice.

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 0.6% 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 Emergency Call volume decreased marginally on the previous month, but the variance against target remain in-line with previous months, but show a slight variance increase (0.5%) on the same period last year.</p> <p>Urgent Ambulance Calls Urgent call volume was very similar to the previous month and the variances are following a similar pattern remaining slightly below target and the totals for the same time last year.</p> <p>Non-Urgent Calls Non-urgent call volume registered an increase of just under 10% on the previous month, and is the largest single monthly figure in 2010. However, the variance comparing year-to-date against the same period last year support the trend of continuing reduction overall in call volume.</p> <p>Community Transport Community Transport call volume increased by just under 5% on the previous month. Although all areas registered some increase on the previous month the single largest increase was in the North East which was attributable to the recommencement of the Drumcar service after the summer.</p>
Response Times (M) (Chart 1)	Compared to the previous month the percentage of calls within 8 Minutes decreased. This is partly attributable to the significant increase in non-urgent calls. Response times within the other 3 time bands remain constant when measured against previous months.

Table 1 Ambulance Services	Human Resources			
	Ceiling Sep 2010	WTE Sep 2010	WTE Change from Dec 2009 to Sep 2010	% WTE Variance Sep 2010
DML	473	455	+5	-3.88%
DNE	154	164	-6	+6.53%
South	405	397	+0	-1.81%
West	431	445	-4	+3.22%
Total	1,463	1,461	-4	-0.12%

Table 2 Ambulance Services	Budget		
	Actual €000	Budget €000	Var YTD €000
DML	30,112	28,193	1,919
DNE	11,202	8,564	2,638
South	27,619	24,409	3,210
West	31,479	26,930	4,549
Ambulance College	4,006	899	3,107
Office of the National Director	965	15,741	-14,776
Total	105,382	104,735	647

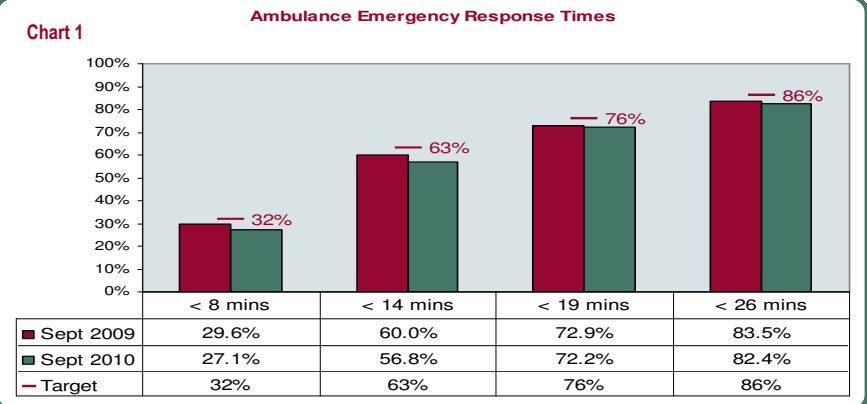


Table 3	Outturn 09	Target 10	Target YTD	Actual this Month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
Total no. of Ambulance Transfers								
Emergency Calls	205,444	205,000	153,329	17,477	155,411	1.4%	152,268	2.1%
Urgent Calls	61,435	62,000	46,373	5,063	44,693	-3.6%	45,941	-2.7%
Non Urgent Calls	265,186	188,000	140,614	23,329	195,518	39.0%	202,059	-3.3%
Community Transport	338,132	280,000	209,425	30,702	271,083	29.4%	252,048	7.5%

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	76.5	-4.3	80	75.9	-5.1	71.5	6.1
DNE	73.2	80	80	76.8	-4.0	80	75.4	-5.7	73.4	2.8
South	69.0	80	80	72.7	-9.2	80	71.0	-11.3	68.6	3.5
West	67.9	80	80	71.7	-10.3	80	71.2	-11.0	67.8	5.0
National	70.2	80	80	74.4	-7.0	80	73.4	-8.2	70.2	4.6
No. of Inpatient Discharged (Inpatient)										
DML	176,985	160,527	13,489	15,552	15.3	120,000	135,077	12.6	132,285	2.1
DNE	114,020	103,690	8,644	9,233	6.8	78,371	82,965	5.9	84,442	-1.7
South	149,441	135,824	11,206	12,546	12.0	102,426	110,165	7.6	112,683	-2.2
West	154,576	140,952	11,902	12,795	7.5	106,074	112,703	6.2	117,030	-3.7
National	595,022	540,993	45,241	50,126	10.8	406,872	440,910	8.4	446,440	-1.2
No. of Inpatient Discharged (Day Case)										
DML	241,682	246,936	22,449	23,904	6.5	184,639	201,346	9.0	180,766	11.4
DNE	133,820	134,785	12,506	12,380	-1.0	101,886	104,976	3.0	96,983	8.2
South	141,387	144,847	13,117	14,046	7.1	108,599	118,925	9.5	106,005	12.2
West	158,722	162,742	14,724	15,139	2.8	122,408	127,016	3.8	119,690	6.1
National	675,611	689,310	62,796	65,469	4.3	517,532	552,623	6.7	503,444	9.7
Elective Waiting List (Inpatient) % Adults awaiting ≤6 months										
DML	72.9	100	100	77.0	-23.0	100	77.0	-23.0	69.9	10.2
DNE	79.1	100	100	75.0	-25.0	100	75.0	-25.0	76.3	-1.7
South	85.2	100	100	78.3	-21.7	100	78.3	-21.7	83.7	-6.5
West	74.9	100	100	69.4	-30.6	100	69.4	-30.6	73.0	-4.9
National	77.3	100	100	74.6	-25.4	100	74.6	-25.4	74.9	-0.4
Elective Waiting List (Inpatient) % Children awaiting ≤3 months										
DML	42.1	100	100	39.2	-60.8	100	39.2	-60.8	35.5	10.4
DNE	39.4	100	100	69.4	-30.6	100	69.4	-30.6	57.0	21.8
South	58.8	100	100	45.2	-54.8	100	45.2	-54.8	64.8	-30.2
West	44.3	100	100	37.1	-62.9	100	37.1	-62.9	38.3	-3.1
National	43.8	100	100	41.3	-58.7	100	41.3	-58.7	40.0	3.2

Hospital Services Activity	Outturn 2009	Target 2010	Performance this Month			Performance YTD			Activity YTD v 2009	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% variance Actual v Target YTD	Actual 2009	% Variance YTD v YTD 2009
Elective Waiting List (Daycase) <i>% Adults awaiting ≤6 months</i>										
DML	90.0	100	100	94.2	-5.8	100	94.2	-5.8	90.0	4.7
DNE	86.0	100	100	87.1	-12.9	100	87.1	-12.9	85.4	2.0
South	85.4	100	100	83.3	-16.7	100	83.3	-16.7	87.7	-5.0
West	79.8	100	100	81.4	-18.6	100	81.4	-18.6	81.4	0.0
National	85.0	100	100	86.7	-13.3	100	86.7	-13.3	85.7	1.2
Elective Waiting List (Day Case) <i>% Children awaiting ≤3 months</i>										
DML	36.2	100	100	41.8	-58.2	100	41.8	-58.2	30.1	38.9
DNE	41.2	100	100	66.9	-33.1	100	66.9	-33.1	42.8	56.3
South	53.4	100	100	45.8	-54.2	100	45.8	-54.2	55.8	-17.9
West	54.7	100	100	51.0	-49.0	100	51.0	-49.0	54.6	-6.6
National	40.8	100	100	45.4	-54.6	100	45.4	-54.6	36.0	26.1
% of elective inpatient procedures conducted on day of admission										
DML		75	75	62	-17.3	75	62	-17.3	57	8.8
DNE		75	75	41	-45.3	75	41	-45.3	33	24.2
South		75	75	45	-40.0	75	45	-40.0	44	2.3
West		75	75	45	-40.0	75	45	-40.0	42	7.1
National		75	75	49	-34.7	75	49	-34.7	45	8.9
No. of Emergency Admissions										
DML	93,946	84,348	6,914	8,222	18.9	62,976	71,876	14.1	69,711	3.1
DNE	73,886	66,366	5,384	6,033	12.1	50,231	54,691	8.9	54,153	1.0
South	87,930	80,710	6,543	7,585	15.9	60,553	66,760	10.3	65,970	1.2
West	111,198	98,874	7,931	8,888	12.1	73,951	82,096	11.0	83,738	-2.0
National	366,960	330,298	26,772	30,728	14.8	247,710	275,423	11.2	273,572	0.7
% 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	68	-9.3	75	68	-9.3	64	6.3
Outpatient Attendances										
DML	1,314,753	1,292,922	116,362	118,490	1.8	978,729	1,018,994	4.1	973,756	4.6
DNE	764,975	758,418	66,795	71,804	7.5	577,320	604,785	4.8	586,855	3.1
South	672,605	686,696	61,961	66,712	7.7	517,884	542,062	4.7	499,402	8.5
West	642,344	656,846	60,657	63,358	4.5	523,834	515,505	-1.6	489,810	5.2
National	3,394,677	3,394,882	305,775	320,364	4.8	2,597,767	2,681,346	3.2	2,549,823	5.2

National Cancer Control Programme (NCCP)

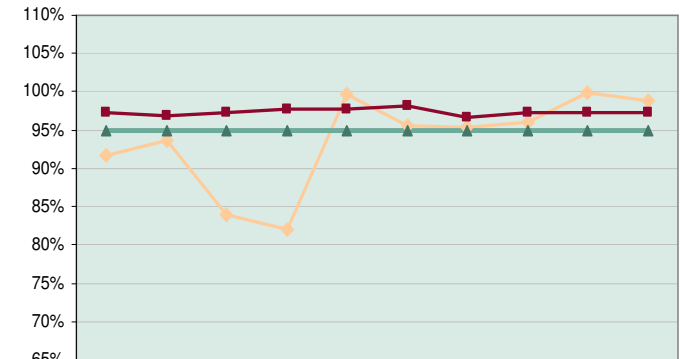
National Cancer Control Programme (NCCP)

Symptomatic Breast Cancer Services (Chart 1) (M)

- PI 1: Total number of urgent referrals; and of those No. and % offered an appointment within 2 weeks – target 95%, September reported position is 98.8%.
- PI 2: Total number of non urgent referrals; and of those No. and % offered an appointment with 12 weeks – target 95%, September reported position is 97.4%.
- PI 3: Total no. of patients newly diagnosed in the cancer centre; and of those no. and % discussed at MDM – target 100%, September 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%, September reported position is 100%.

Chart 1

Breast Cancer, urgent and non-urgent



	YTD	Jan	Feb	Mar	April	May	June	July	Aug	Sept
—◆— % 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%
—■— % 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%
—▲— Target	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	
MRSA (Table 1) (Q)	<p>Q3 2009 87 (26%) of 336 S aureus were MRSA MRSA has decreased by almost 30% since 2006 to end 2009.</p> <p>Both the 2009 and 2010 Q1 & Q2 data show the continuation of this decrease in MRSA of over 40% since 2006</p>
Antibiotic Consumption (Table 2) (BA)	<p>Complete data for 2007 and 2008 shows a decrease in hospital antimicrobial consumption and an increase in the number of hospitals providing the data. (Table.2)</p> <p>The data for 2009 shows the continuation of the favourable trend of a reduction in antibiotic usage.</p>
Blood Policy (Table 3 & 4) (M / Q)	<p>Maintaining trend for year to date. However reduced activity at hospitals due to short notice / closures / reduced service (budget constraints) may effect outdating of blood stock at hospital level over the coming months.</p>

Table 1	No. of Staph Aureus	% MRSA	MRSA rate / 1,000 bed days
2006	1,358	42	0.16
2007	1,337	38.5	0.14
2008	1,240	34	0.12
2009	1,309	27.1	0.09
2010 Q1 & Q2	675	26.1	0.088

Table 2 Hospital category	2007		2008		2009	
	Rate DDD/100 BDU	Number of hospitals	Rate DDD/100 BDU	Number of hospitals	Rate DDD/100 BDU	Number of hospitals
General	81.57	21	78.51	25	78.95	25
Regional	85.14	8	78.95	9	77.84	9
Tertiary	54.24	7	44.96	8	42.87	8
	80.10	36	76.39	42	75.18	42

Table 3 Red Blood Cells	2010 YTD
No. of units ordered	84410
No. units outdated/returned	1465
Target rate of outdates/returns (%)	3%
Actual rate of outdates/returns (%)	1.73%

Table 4 Platelets	2009 (equivalent period)	2010 YTD
No. of units of platelets ordered	16524	15222
Target reduction (%)		3%
Actual reduction (%)		7.8%

QCC – Complaints, FOI, HSE National Information Line

Complaints (Q)	There is a significant reduction in the number of complaints finalised within 30 working days. Data on reviews collected 6 monthly.
FOI (Q)	There have been 4003 FOI requests received YTD to September 2010. Of these over 3600 relate to personal information requests.
HSE National Information Line (Q)	National Information Line shows the number of calls received at 12,595. This is in line with calls received in the previous year.

QCC – Service User Involvement

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> <ol style="list-style-type: none"> 1. 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). 2. 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 to take place 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>
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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		5,821		6,207	-6.2%
No. of complaints finalised within 30 working days	6,326		1,107		4,903	-77.5%
Complaint Reviews						
No. of Reviews (HSE)						
No. of Reviews (Non-HSE)						
FOI Requests						
No. of FOI requests received	4,879		4,003		3,770	-6.2%
HSE National Information Line						
Number of calls received	167,645		12,595		12,882	-2.2%

New Service Developments – September 2010

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
Quality and Clinical Care	H1N1 Pandemic	Costs associated with H1N1 pandemic.	€55m		0	-	Q1–Q4	
Children and Families	Ryan Report	Implementation of recommendations progressed (<i>dependent upon allocation arriving in the REV</i>)	€14.27m	€1.065m*	265 (all moratorium exempt)	148	Q1–Q4	An additional 99.5 social work posts issued under the Ryan Report were filled in September. This brings the total number of Ryan Report posts in place YTD to 148. Out of the 265 posts 220 are being prioritized due to existing funding allocations. *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 €1.065m - YTD Sept) 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 (agency social workers and other initiatives). Much of this was in lieu of the recruitment of Social Workers to the 200 permanent posts. An exercise to determine the level of spend in each Region is being undertaken by the Office of the Assistant National Director, Children and Families and will be reported in next month's Performance Report.
Older People	A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need.	€97m	€150m	0	-	Q1–Q4	This includes 2009 €55m and 2010 €97m = total of €152m. The expenditure of €150m to date in regard to the additional monies received for 2010 on top of the monies received in 2009, 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. A total of 15,829 applications have been received to date under the scheme with 73% of applications now processed.
	Home Care Support	To support the increase in demand for Home Care Packages.	€10m	€5m	0	-	Q1–Q4	€3m has gone to both DML and DNE €2m has gone to both the South and West. 3748 new clients provided with HCP service YTD.
Demand Led Schemes	DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m	-	0	-	Q1–Q4	The total funding for demand led services has increased by €230m. This funding has aided the provision of 1,588,494 medical cards as well as 112,139 GP visit cards YTD to September 2010.

Service Area	Key Result Area	Deliverable 2010	Funding	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
National Cancer Control Programme	Cancer Services	Support the further development of cancer services nationally, including services for the National Programme for Radiation Oncology.	€20m	€19.66m	79	-	Q4/2011	Prioritisation of 79 NCCP WTEs has been agreed. The remaining €0.333m funding will be allocated in Q4. At the end of September €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. €1.666m has been allocated to private radiotherapy services in Waterford and 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	€2.25m		-	Q4	This allocation of €3m is the statutory funding for a joint initiative with Atlantic Philanthropies in a joint Innovation Fund. The fund is intended to provide grants for projects in mental health and disability to "support the transition from institutional to person centre models of care. 51 projects have been successful in the application process managed by Genio (formerly The Person Centre). Under a service arrangement the HSE has paid €2.25m YTD to Genio to manage the grant application process, to administer the grants and to evaluate the projects, as directed by the Department of Health and Children.
		<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 (€2m allocated by ISD)	€428,000		-	Q4 (Full €2m committed to be spent by year end.)	The creation of new CITs is currently at development stage 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. A framework document to assist in the roll out of these and future CIT has been developed and is currently at consultation stage.
		<ul style="list-style-type: none"> Quality and Clinical Care Programmes 	€10m	€0	80	-	Q4	Funding for new Consultants and Structured On Call for the National Clinical programs. Enable program solutions – Draw down expected by Q4 in relation to: (1) Surgery (2) Acute Medicine (3) Out Patients
Total			€443.27	€178.4	424	148		

Appendix 1: Vote Data

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

(As at 7th October 2010)

1. Vote Position at 30th September 2010

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

2. Comparison to Issues Return

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

3. General Commentary

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

5. Capital Position at 30th September 2010

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

C1/C4 Construction

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

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

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

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

C3 ICT

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

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

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

5. Emerging Issues by Vote Subhead based on REV Allocation

- The gross statutory sector including the medical card services scheme is €103m under profile and the voluntary sector is €11m under profile.
- Gross receipts from the Social Insurance Fund at 30th September 2010 amounted to €1,224m as against the profile of €1,590m resulting in a shortfall of €367m. The receipts take into account the adjustment of €77m for the purported overpayment to the HSE in 2009.
- Payments to the Long Stay Repayments Scheme are €2m over profile.

- Payments to State Claims Agency are €15m over profile.
- Expenditure on Service Developments is €9m over profile.
- Expenditure on the Flu Pandemic amounted to €35m to 30th September 2010.
- Maintenance receipts are €45m under profile and miscellaneous receipts are €30m under profile.
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2010 ahead of profile.

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

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

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

Vote 40 - Health Service Executive

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

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

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

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

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

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

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

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

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

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;

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 month of October, 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)

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.

5. Emerging Issues by Vote Subhead based on REV Allocation

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

- 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		

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

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

6. 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.

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