



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**June 2011**

**Performance Report on  
NSP 2011**



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# Introduction

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

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

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

#### **Additional Items of information**

- Service Level Agreements & Grant Aid Agreements – Quarterly Update
- Update on National Clinical Programmes, Quality & Patient Safety section
- Service Improvement – Blood Stock Management Quality & Patient Safety section
- New Service Developments – Quarterly update

# Overview of Key Metrics NSP 2011

<b>Performance Arrows</b>
➔ Performance maintained within 1%
⬆ Performance improved by >1%
⬇ Performance deteriorated by >1%
<b>% Variance</b>
Performance within 5% of target = <b>Green</b>
Performance between 5-10% of target = <b>Amber</b>
Performance greater than 10% from target = <b>Red</b>

National	Performance Measures				Performance YTD			YTD 2011 V YTD 2010		Performance this Month					
	Report Frequency	Outturn 2010	Target (NSP 2011)	Target YTD	Activity YTD	% var YTD v Tar YTD	Same period last year	% var YTD v YTD 2010	Target this M/Q	Actual last M/Q	Actual this M/Q	Performance Trend v Last Month/Quarter	% variance Actual this month v Target this M/Q		
Primary Care	No. PCTs implementing structured integrated diabetes care	Q	34	57	48	61	27.1%	n/a	n/a	48	64	61	⬇	27.1%	
	No. PCTs that are continuing to implement structured asthma prevention and care	Q	16	16	16	16	0.0%	n/a	n/a	16	16	16	➔	0.0%	
Primary Care	PCTs: No. holding Clinical Team Meetings	M	348	518	431	383	-11.1%	267	43.4%	431	377	383	⬆	-11.1%	
	Visit by PHN within 48 hours of hospital discharge	Q	84.0%	95%	95%	82.0%	-13.7%	84%	-2.0%	95%	82.3%	82.1%	➔	-13.6%	
Acute Care	Childhood vaccination at 24 months	Q		95%	95%	95%	0.0%	94%	1.4%	95%	94%	95.0%	➔	0.0%	
	Defined stroke units in place	Q	New 2011	9 sites	3	2	-33.3%	n/a	n/a	3	0	2		-33.3%	
	Structured heart failure treatment	Q	New 2011	12 hospitals	3	1	-66.6%	n/a	n/a	3	0	1		-66.6%	
	In-patient discharges	M	588,860	574,400	288,909	295,970	2.4%	292,346	1.2%	47,424	49,957	49,448	⬇	4.3%	
	Day Case discharges	M	728,269	755,100	371,695	381,105	2.5%	365,935	4.1%	64,641	65,638	64,813	⬇	0.3%	
	% of patients admitted to hospital within 6 hours of ED registration	M	Not comparable	100%	100%	48.5%	-51.5%	n/a	n/a	100%	47.2%	47.4%	➔	-52.6%	
	% of patients discharged from hospital within 6 hours of ED registration	M		100%	100%	77.0%	-23.0%	n/a	n/a	100%	77.0%	77.2%	➔	-22.8%	
	Elective procedures adults < 6mths, Inpatients	M	74.5%	100%	100%	68.7%	-31.3%	74.7%	-8.0%	100%	68.7%	68.7%	➔	-31.3%	
	Elective procedures adults < 6mths, Day Case	M	87.5%	100%	100%	80.5%	-19.5%	86.5%	-6.9%	100%	81.0%	80.5%	➔	-19.5%	
	Elective procedures children < 3 mths, Inpatients	M	45.5%	100%	100%	46.8%	-53.2%	45.2%	3.5%	100%	47.1%	46.8%	➔	-53.2%	
	Elective procedures children < 3 mths, Day Case	M	51.7%	100%	100%	47.4%	-52.6%	48.0%	-1.3%	100%	49.1%	47.4%	⬇	-52.6%	
	Breast Cancer: % cases compliant HIQA standard of 2 weeks (urgent referral)	M	95.1%	95%	95%	99.0%	4.2%	95.3%	3.9%	95%	99.1%	100%	➔	5.3%	
	Children and Families	% children in care who have a written care plan (Child Care Regs 1995)	M	90.1%	100%	100%	90.9%	-9.1%	87.2%	9.2%	100%	91.3%	90.9%	➔	-9.1%
		% children in care who have an allocated Social Worker at the end of the reporting period	M	93.2%	100%	100%	93.4%	-6.6%	87.5%	11.7%	100%	93.9%	93.4%	➔	-6.6%
% children for whom a care plan review was due during the reporting period and the review took place		Q		100%	100%	79.5%	-20.5%	n/a	n/a	100%	79%	79.2%	➔	-20.8%	
Disability	CAMHS No of teams in place	Q	50	60 by year end	54	56	3.7%	50	12.0%	54	56	56	➔	3.7%	
	% of disability assessments completed within the timeframes (as per Regs)	Q	21%	100%	64%	20%	-68.6%	21.0%	31.1%	64%	20%	20.0%	-	-68.8%	
Older Persons	Total no. of Home Help Hours provided for all care groups	M	11,680,516	11,980,000	5,857,540	5,490,709	-6.3%	n/a	n/a	970,153	920,847	928,833	⬆	-6.0%	
Safety	Food Safety: high risk premises inspected	Q	New 2011	23,426	11,713	11,245	-4.0%	New	n/a	5,856	5,574	5,671	⬆	-3.2%	

FINANCE	Key Performance Measurement	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
	Dublin Mid Leinster	2,702,326	1,396,609	1,339,138	57,470	4.3%
	Dublin North East	1,926,450	992,526	954,034	38,492	4.0%
	South	1,896,497	979,935	948,636	31,300	3.3%
	West	1,985,781	1,031,873	987,754	44,119	4.5%
	Care Group / Other Services	34,893	7,947	15,519	-7,572	-48.8%
	Primary Care Reimbursement Service	2,402,942	1,258,588	1,204,915	53,673	4.5%
	Population Health	146,610	64,223	67,826	-3,602	-5.3%
	ISD Regional Sub Total	11,095,499	5,731,702	5,517,822	213,880	3.9%
	Corporate Services and Pensions	444,485	181,038	185,438	-4,400	-2.4%
	National Services	681,619	385,992	368,162	17,830	4.8%
	Held Funds	129,192		19,000	-19,000	
	<b>Total HSE</b>	<b>12,350,795</b>	<b>6,298,733</b>	<b>6,090,422</b>	<b>208,311</b>	<b>3.4%</b>
Deficit after adjusting for post-service plan reduction by DOHC				<b>179,311</b>		
Key Performance Measurement Savings 2011	Target Savings 2011 €000	Actual YTD €000	Target YTD €000	Variance YTD €000	% Var Act v Target	
Community Schemes	424*	97.1	142.4	-45.3	-32%	
VFM Expenditure Reductions	200	92.7	85.6	7.1	8.3%	
Exit Scheme and Moratorium **	166.0	80.7	83.0	2.3	2.7%	

\* €10m of this reduction was allocated to hospitals

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

Human Resources	ISD Region / Other	WTE Dec 2010	Ceiling Jun 2011	WTE Jun 2011	WTE Change since May 2011	WTE Change from Dec 2010 to Jun 2011	WTE Variance Jun 2011	% WTE Variance Jun 2011
	DML	32,196	31,598	31,595	-45	-601	-3	-0.01%
	DNE	22,075	21,239	21,346	-24	-729	+107	+0.50%
	South	23,456	22,865	22,773	-29	-683	-92	-0.40%
	West	25,242	24,716	24,742	-37	-501	+26	+0.11%
	National	955	1,089	964	+0	+10	-125	-11.50%
	Portion of Ceiling to be allocated		632				-632	-100.00%
	Other (Corp Services, QCC, PH etc.)	4,049	3,864	3,834	-22	-215	-30	-0.78%
	<b>Total</b>	<b>107,972</b>	<b>106,003</b>	<b>105,253</b>	<b>-157</b>	<b>-2,719</b>	<b>-749</b>	<b>-0.71%</b>

# Management Overview Report on Performance

## FINANCE KEY MESSAGES

The financial results for June show total expenditure of €6.298 billion against a year to date budget of €6.090 billion. This is a reported variance of €208.3m.

- Hospital deficits at the end of June are €124m. There has been no improvement in the underlying rate of expenditure in June.
- Within community services at the half year, there is a deficit of €31m in childcare and €11m in older persons services. These deficits substantially account for the half year deficit of €47m.
- Income billing shortfalls in the services account for €21.8m of the deficits – mainly in hospitals.
- Pay growth in 2011 is attributable to a number of factors including: recruitment, increments, full year effect of 2010 costs and recruitment of more costly staff arising from the exemption process as part of the moratorium.
- Agency staffing has been highlighted as a concern for some months and while there has been a retraction in expenditure on nursing agency, the cost of employing agency doctors is 33% up on the same period last year, due to unavailability of NCHDs.

## SERVICE DELIVERY KEY MESSAGES

### Emergency Activity

- Emergency Department attendances for June stood at 91,410 (555,883 year to date), considerably less than the high number of 96,554 reported for May. The monthly average is now 92,647 compared to 92,967 last month.
- Data for June shows that patients waited an average of 6.3 hours in ED from time of arrival to time of leaving the department. The average time for patients who required admission was 9.3 hours with a total of 47.4% being admitted within the 6 hour target.
- Emergency admissions continue to exceed expected levels of activity and now stand at 188,301 – 6,249 more than planned (+3.4%) and 4,893 (+32.7%) more than same period last year. Emergency admissions account for 69% of all admissions year to date.

### Overall hospital activity

Overall hospital activity has grown significantly since 2010 which saw 1,317,129 people treated as either an inpatient or day case.

- Year to Date, the number of people treated as either an inpatient or day cases stood at 677,075 at the end of June. This is an increase of 18,794 (+2.8%) compared to same period last year. All hospitals have been instructed to realign activity levels with National Service Plan targets in order to control spend for the remainder of the year.
- Inpatient treatment was provided to 295,970 patients which is 7,061 over expected levels of activity (+2.4%) and 3,624 (+1.2%) more than June 2010 levels.
- Day Case treatment was provided to 381,105 people which is 9,410 (2.5%) over planned activity levels and an increase of 67,423 in the month. At the end of June, day cases outnumbered inpatient cases by 85,135 and this trend is set to continue with the monthly average running at 63,518 (compared to 62,736 last month). Day cases are significantly up on June 2010 levels of activity in the order of 15,170 (4.1%).
- Inpatient elective waiting lists (over targeted time) remain at approx 5,300. We will need to monitor this carefully as the Regions bring activity back in line with National Service Plan targets, given that approximately 70% of admissions/ discharges are non-electives and with occupancy levels in excess of 91%.
- Day case electives over targeted time increased by 1,609 since January 2011. Children waiting over targeted time (3 months) has declined by 228 while adults (over 6 months) has increased by 1,837.

### Urgent colonoscopies

Census week ending 19<sup>th</sup> June reports 5 patients waiting > 28 days, from referral, for an urgent colonoscopy:

- 3 in St John's Hospital Limerick, all 3 patients have now been treated. They waited 13, 18 and 20 days after the deadline.
- 2 in Mid Western Regional Hospital Dooradoyle, both patients have been offered appointments.

### **Primary Care Teams**

At the end of Q2 383 Primary Care Teams were in operation compared to a year to date target of 431. However, an additional 26 Teams were holding multidisciplinary clinical meetings between HSE Staff without GPs. The 383 Primary Care Teams in place provide services for over 3 million of a population with 2,890 staff members and over 1,466 GPs participating.

The number of PCT implementing structured diabetes care is 61 which is running ahead of the full year target of 57. However, the number of clients partaking in these structured programmes of care is 19.5% below expected levels.

### **PHN Visits to newborn babies within 48 hours of hospital discharge**

At the end of Q2 82% of newborn babies were visited by a PHN within 48 of their discharge from hospital. The pending review of community nursing will explore the variations of performance between and within Regions, including an examination of whether this service should be designated as an 'essential' weekend service.

### **Disability Act Compliance**

At the end of Q2 the percentage of disability assessments completed within the timeframes specified in the Regulations continues to be disappointingly low at 20%. A number of issues continue to prevail which are impacting on compliance levels. The HSE are working with the Department of Health and Children to identify additional measures that may help to improve performance.

### **Nursing Home Support Scheme**

At the end of May 2011, 22,161 long term public and private residential places are supported under the scheme. In the first five months of 2011, 4,563 applications have been received and 3,754 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,632 during the period. In May there was an additional 573 new entrants to private nursing homes under the NHSS, with a net 209 additional clients as 364 people left the scheme. Since the scheme reopened on 13<sup>th</sup> June and the 1,100 applications awaiting final approval are being dealt with in strict chronological order. At present, applicants with decision dates to June 13<sup>th</sup>, 2011 have been approved for funding. The scheme is taking on new clients within the limits the resources available, in accordance with the legislation.

### **Elder Abuse**

At the end of Q2 a total of 1,057 referrals had been made to the elder abuse service, of these 460 were received between April and June. The corresponding total for same period last year was 1,073. Psychological abuse accounts for 29% of these referrals which is significantly higher than the 18% reported last year. Financial abuse on the other hand has reduced from 26% to 19% of all referrals.

### **Children & Families**

From 2010 – Jun 2011 the number of children in care increased from 5,727 to 6,175 an increase of 7%. There has been a very significant increase in the number of guardian ad litem with full counsel representation leading to expensive court orders.



## HUMAN RESOURCES KEY MESSAGES

Health Service employment at the end of June stands at 105,253 WTE which is 750 below the approved employment ceiling.

This is a decrease on May levels of 157 WTE and reported staffing levels have fallen by 2,719 WTE since the end of December.

The June figure is 181 WTE below the end of 2011 employment ceiling target of 105,434.

The Integrated Services Directorate in overall terms recorded a decrease of 134 WTE, with decreases in Acute Hospital Services of 77 WTE and Primary and Community Services of 60 WTE

Some of the key changes in June are as follows:

- Nursing decreased by 115 WTE In overall term nursing is 2,280 WTE below the level at the end of March 2009 (moratorium on recruitment) despite the increase of 6 WTES seen to date in 2011.
- Management/Admin decreased by 49 WTE since the peak in this staff category in September 2007, the reduction is 2,253 WTE or -12.22%.
- Other Patient and Client Care increased by 50 WTE in June. This increase related to the payment of holiday pay to relief staff in some of the Voluntary Primary and Community Services agencies.
- Implementation of the recruitment pause - requests for exemptions have been received and will be forensically examined in the context of WTE and Break Even plans.

# Detailed Finance Report

## Finance

The financial results for June show total expenditure of €6.298 billion against a year to date budget of €6.090 billion. The reported variance of €208.3m is illustrated in table 1.

- Hospital deficits at the end of June are €124m. There has been no improvement in the underlying rate of expenditure in June.
- Within community services at the half year, there is a deficit of €31m in childcare and €11m in older persons services. These deficits substantially account for the half year deficit of €47m.
- Income billing shortfalls in the services account for €21.8m of the deficits – mainly in hospitals.
- Pay is contributing significantly to the overall budgetary overrun. The HSE lost significant staff through the Exit Scheme in 2010 however many of those were low-paid support and administration staff. By contrast, recruitment in 2011 is in higher-paid therapists, consultants and other exempt posts. This has the effect of making the pay base more expensive – even where the headcount effect is neutral.
- Agency staffing has been highlighted as a concern for some months and while there has been a retraction in expenditure on nursing agency, the cost of employing agency doctors is 33% up on the same period last year. The HSE can not afford this cost.

Year to date expenditure in Hospitals was €1.980 billion compared with a budget of €1.855 billion – leading to an adverse variance of €125.2 million. Table 2 illustrates the position by region.

Community Services within regions have year to date expenditure of €2.420 billion compared with a budget of €2,374 billion - leading a variance of €46.1m, see table 3.

Table 1.	Approved Allocation €000	Actual YTD €000	Budget YTD €000	Variance YTD €000	% Var Act v Tar
Acute Hospital Services	3,731,213	1,980,368	1,855,115	125,253	6.8%
Primary & Community Care Group / Other Services	4,779,841	2,420,575	2,374,447	46,128	1.9%
Primary Care Reimbursement Service	34,893	7,947	15,519	-7,572	-48.8%
Population Health	2,402,942	1,258,588	1,204,915	53,673	4.5%
<b>ISD Total</b>	<b>11,095,499</b>	<b>5,731,702</b>	<b>5,517,822</b>	<b>213,880</b>	<b>3.9%</b>
Corporate Services and Pensions	444,485	181,038	185,438	-4,400	-2.4%
National Services	681,619	385,992	368,162	17,830	4.8%
Held Funds	129,192		19,000	-19,000	
<b>Total HSE</b>	<b>12,350,795</b>	<b>6,298,733</b>	<b>6,090,422</b>	<b>208,311</b>	<b>3.4%</b>
<b>Deficit after adjusting for post-service plan reduction by DOHC</b>				<b>179,311</b>	

Table 2.	Approved Allocation €000	YTD			
		Actual €000	Plan €000	Variance €000	%
Hospital Services					
DML Hospitals	1,308,392	680,496	644,633	35,863	5.6%
DNE Hospitals	856,359	454,599	427,135	27,464	6.4%
South Hospitals	762,792	403,164	381,582	21,583	5.7%
West Hospitals	803,671	442,109	401,766	40,343	10.0%
<b>Hospitals Total</b>	<b>3,731,213</b>	<b>1,980,368</b>	<b>1,855,115</b>	<b>125,253</b>	<b>6.8%</b>

Table 3.	Approved Allocation	YTD			
		Actual	Plan	Variance	%
Primary & Community Services					
DML	1,393,934	716,113	694,505	21,607	3.1%
DNE	1,070,091	537,927	526,899	11,028	2.1%
South	1,133,705	576,771	567,054	9,717	1.7%
West	1,182,110	589,764	585,988	3,776	0.6%
<b>Community Total</b>	<b>4,779,841</b>	<b>2,420,575</b>	<b>2,374,447</b>	<b>46,128</b>	<b>1.9%</b>

### Agency Costs (Table 4)

The new agency contract shows a 24% reduction in the unit price of Agency Nursing, a 18.7% reduction in the unit price of Home Care Attendant hours and 21.4% reduction in the unit price of NCHD hours (covers from March 14<sup>th</sup> to June 5th).

- However, despite the reduction in the unit cost of agency hours, the overall cost of Agency is going up with the average monthly spend on doctors increasing by 33% and the average monthly spend on HCA increasing by 17%. There has been a decrease in nursing agency spend by 2%.
- The increase in Agency hours contracted needs to be addressed to realise the benefit of the cost savings under the contract.

### Community Demand Led Schemes (Table 5)

The position for the Primary Care Reimbursement Service including primary care schemes is set out in table 4.

Table 4. Agency Costs	Doctors	Nurses	Care assistants, porters etc	Total
	€m	€m	€m	€m
Average monthly cost 2010	3,871.3	6,395.6	3,859.1	14,125.9
Average monthly cost for Jan to June 2011	5,140.3	6,291.1	4,525.4	15,956.9
<b>Growth after Qtr 2</b>	<b>33%</b>	<b>-2%</b>	<b>17%</b>	<b>13%</b>
<b>Growth after Qtr 1</b>	<b>25%</b>	<b>10%</b>	<b>13%</b>	<b>15%</b>
<b>2011 growth/(reduction) at current levels</b>	<b>15,229.1</b>	<b>- 2,769.7</b>	<b>7,995.6</b>	<b>20,455.0</b>

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

Table 5. Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,651,138	887,136	828,463	58,674	7.1%
Community Schemes	751,804	371,452	376,452	(5,000)	-1.3%
<b>PCRS Total</b>	<b>2,402,942</b>	<b>1,258,588</b>	<b>1,204,915</b>	<b>53,673</b>	<b>4.5%</b>

## Community (Demand Led) Schemes

### Medical / GP Visit Cards (M)

The number of individuals covered by medical cards continues to rise with 1,680,534 reported at the end of June 2011 (an additional 64,725 since December 2010). This is 1.0% below the June 2011 projected figure of 1,697,697 and 7.8% above the same period last year (1,558,777). The total number of discretionary medical cards in the system at the end of June was 78,676. This compares with 81,021 issued in June 2010, a decrease of 2,345 (2.3%). Discretionary medical cards represent 4.7% of cards issued year to date.

The number of individuals covered by GP Visit Cards at the end of June was 123,904 which is 3.3% below projected figure for end June (128,121). An additional 6,481 cards have been issued since December 2010. The total number of discretionary GP visit cards in the system at the end of June was 16,887. This is a 4.1% decrease from the number of cards issued in June 2010 (17,618). Discretionary GP visit cards represent 13.6% of cards issued year to date.

Chart 1

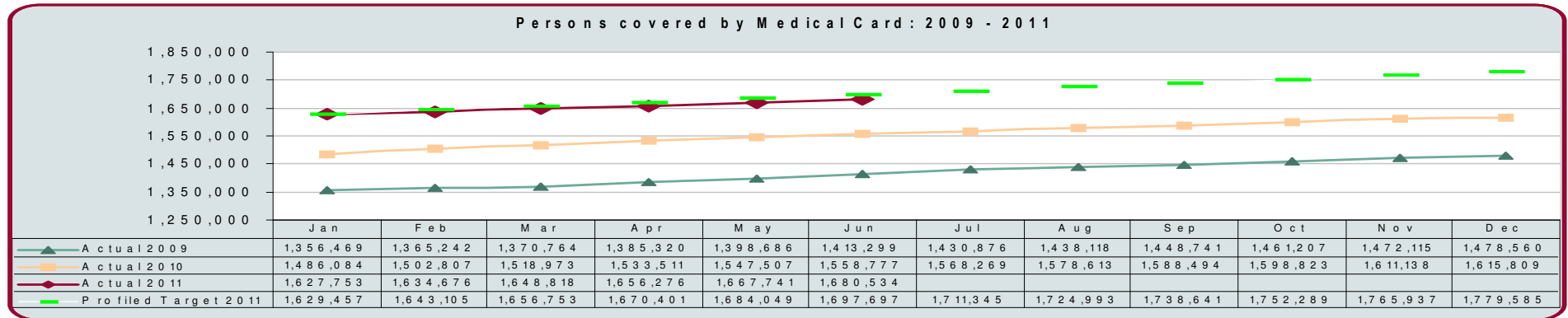
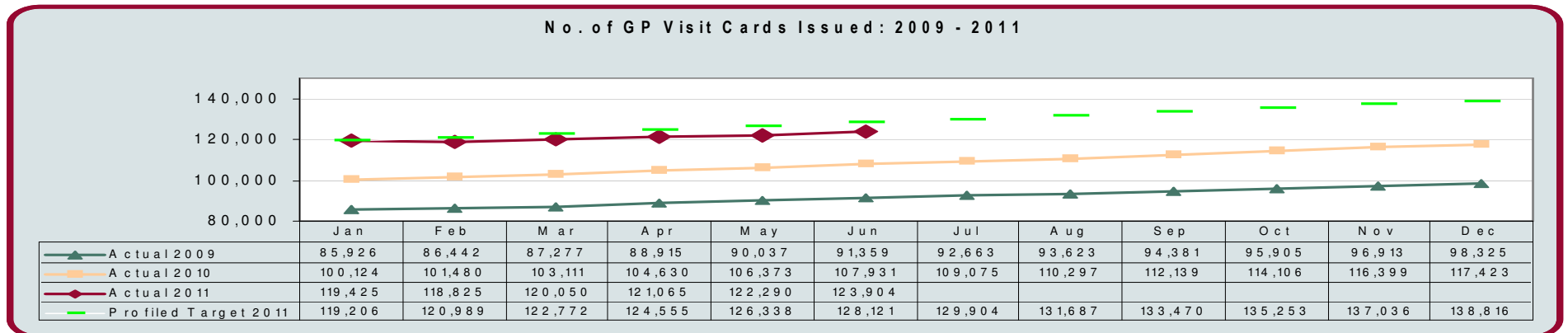


Chart 2



<b>Long Term Illness (M)</b>	<ul style="list-style-type: none"> <li>The number of LTI claims made during June was 71,201 and YTD was 426,737.</li> <li>Compared to same period last year (448,085), this represents a decrease of 4.8%.</li> <li>Total number of LTI items in June was 226,538 and YTD was 1,349,136.</li> <li>Compared to same period last year (1,460,821), this represents a decrease of 7.6%.</li> </ul>
<b>Drug Payment Scheme (M)</b>	<ul style="list-style-type: none"> <li>The number of DPS claims made during June was 270,451, year to date position is 1,674,922.</li> <li>Compared with the same period last year (2,034,082), this represents a decrease of 359,160 or 17.7%.</li> <li>Total number of DPS items in June was 833,700 year to date position is 5,115,937. This is 771,728 fewer items (13.1%) included in claims than in the same period in 2010 (5,887,665).</li> </ul>
<b>General Medical Services (GMS) (M)</b>	<ul style="list-style-type: none"> <li>The number of GMS prescriptions reimbursed during June was 1,559,780, a total of 9,248,033 YTD.</li> <li>Compared with the same period last year (8,583,077 prescriptions) there has been an increase of 664,956 (7.7%) prescriptions reimbursed YTD in 2011.</li> </ul>
<b>HiTech (M)</b>	<ul style="list-style-type: none"> <li>The number of HiTech claims made during June was 28,496, year to date 172,868.</li> <li>Compared to same period last year, (165,150 claims) this represents an increase of 7,718 (4.7%).</li> </ul>
<b>Dental Treatment Services Scheme (DTSS) (M)</b>	<ul style="list-style-type: none"> <li>The numbers of routine dental treatments provided YTD is 465,729, 3.9% below planned levels. 20,019 more complex treatments have been provided YTD, 25.7% below planned levels at this stage of the year.</li> </ul>
<b>Community Ophthalmic Scheme (M)</b>	<ul style="list-style-type: none"> <li>The number of adult ophthalmic services provided YTD is 312,565, 4.1% below planned levels. The number of child ophthalmic services provided YTD, through this scheme, is 30,048, 5.0% below planned levels.</li> </ul>

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

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

Chart 3

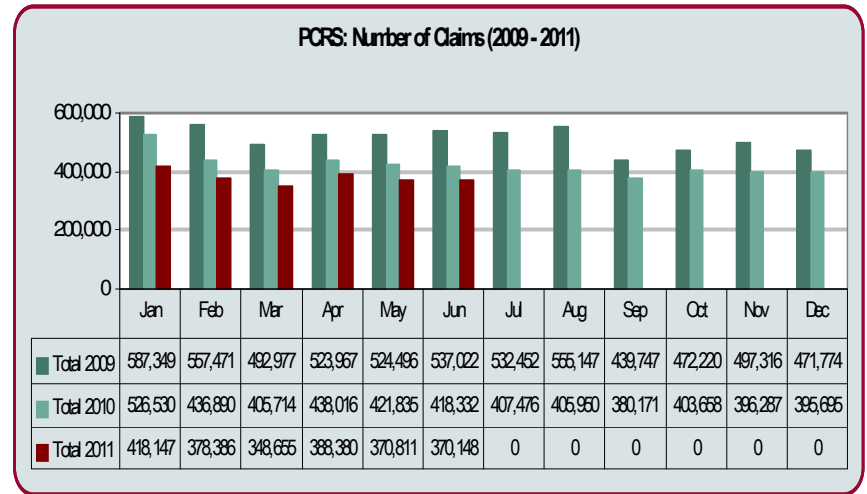
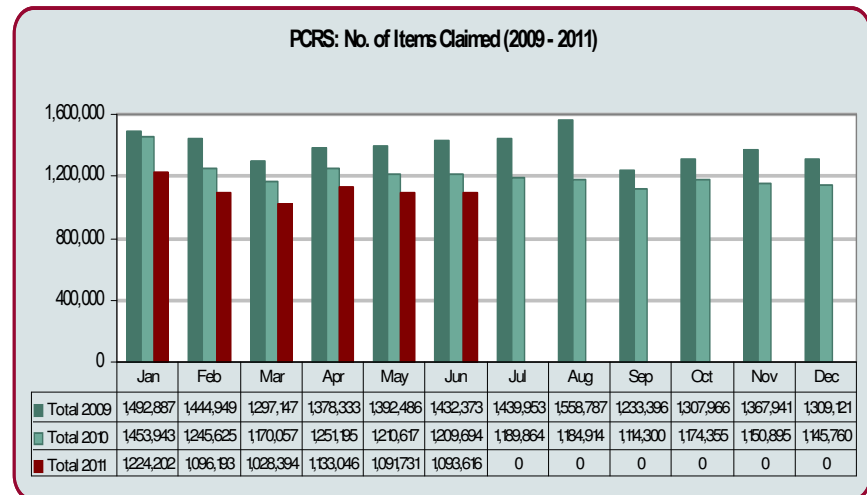


Chart 4



## Value for Money (VFM)

### Key Messages

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

€92.72m in savings was achieved by the end of June against a target of €85.58m.

- Savings in some areas exceed the target set and these higher than expected savings compensate for underachievement in savings against targets in other areas.
- There is a need for a significant increased pace of savings month on month to avoid any projected year end shortfall of up to €80m.

### Pay analysis

- **Total Pay** excluding Superannuation, PRSI and Arrears is down compared to year to date 2010 by €55m. or 1.8%, an increased rate of saving compared to May
- **Fixed Pay**, including Basic, Weekend/Public Holidays and Nights is down by €82m. or 3%
- Variable Pay has increased by 7.7% due largely to increases in Locum/Agency, but is a reducing rate of increase compared to previous months.
- The new **agency** contract shows a 24% reduction in the unit price of Agency Nursing, a 18.7% reduction in the unit price of HCA hours and 21.4% reduction in the unit price of NCHD hours (covers from March 14<sup>th</sup> to June 5th). The increase in Agency hours contracted needs to be addressed to realise the benefit of the cost savings under the contract.
- **On Call** costs are showing a further reduction in June at an increasing rate and at this current rate of reduction will deliver 85% of the €5m target. The HR Project Group overseeing the implementation of the revised rosters and rates for On-call Lab services are detailing with the expected cost reductions for each hospital.

### Non Pay analysis

- Over 50% of the non-pay categories are meeting their year to date target and are projected to meet their annual target.
- Categories not meeting the YTD target include those with increased costs: *Laboratory, Office, Energy, Bedding, T&S and Vehicle Running Costs*.
- Overall the current 2011 spend, profiled to the 2010 rate of spend, shows the rate of reduction to be insufficient in a number of categories to deliver the full year reduction, such as OnCall Pay or Cleaning & Washing non-pay costs.
- A significant range of the pricing and supplier engagement related reductions are profiled to be active since April and these need to achieve their targets month on month. At the same time volumes/usage must remain constant to achieve the level of saving required over the year.
- The "Discretionary Spend" headings have a reduced and/or static rate of saving since the April report and therefore, would not be projected to meet their annual target.

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Jun YTD	Reduction achieved Jun YTD
	€m	€m		€m		€m	€m
	HR and/or CSS-led Reductions			ISD-led Reductions			
<b>Pay</b>							
On Call Services	5	5	Feb-11	0		2.27	2.11
Agency Services (Note 1)	10.1	7	Feb-11	3.06	Jan-11	4.70	0.00
Overtime	11.6	0		11.6	Jan-11	5.75	4.14
Basic & Weekend/Public Holidays/Nights (Note 2)	2.3	0		2.3	Jan-11	1.09	7.40
Nursing - Basic	3.1	0		3.11	Jan-11	1.54	
Management/Admin - Basic	0.7	0		0.71	Jan-11	0.35	
Other – Basic, Allowances	8.9	0		8.92	Jan-11	4.42	
<b>Non Pay</b>							
Medical & Nursing Training & Education. (Note 3)	2.7	2.6	Jan-11	0.14	Jan-11	1.35	1.35
Medical & Surgical Supplies, Contracts and Equipment	24.7	23.4	Apr-11	1.26	Jan-11	13.13	19.40
Drugs & Medicines	20.9	18	Mar-11	2.94	Jan-11	10.67	35.07
Laboratory Consumables	9.5	8.9	Mar-11	0.6	Jan-11	3.86	0.87
Blood and Blood Products	2	2	Mar-11	0.02	Jan-11	0.81	1.04
X-Ray Consumables	1.6	1.6	Mar-11	0.01	Jan-11	0.64	1.24
Medical Gases	1.3	1.3	Mar-11			0.52	0.86
Cleaning & Washing Products and Contracts	3.2	3.1	Apr-11	0.05	Jan-11	1.05	1.35
Energy (Note 4)	1.5	1.5	Apr-11	0.03	Jan-11	0.70	0.00
Catering Products & Contracts	3.1	2.6	Feb-11	0.48	Jan-11	1.11	4.04
Patient Transport Costs	0.8	0.8	Apr-11	0.08	Jan-11	0.29	1.80
Bedding & Clothing	1	1	Mar-11	0.02	Jan-11	0.41	0.09
Vehicle Running Costs	0.2	0.2	Apr-11	0	Jan-11	0.07	-0.84
Office, Stationary, Printing, Equipment etc.(Note 5)	4.9	3.8	Apr-11	1.07	Jan-11	4.31	2.10
Telephony (Note 6)	2.5	2.5	Apr-11				
Insurance (Note 7)	1	1	Jan-11			0.50	0.50
ICT Equipment	2	2	Jun-11	0.02	Jan-11	0.29	-0.72
Legal (Note 8)	5	5	Apr-11			1.67	-1.84

	Total Reduction Required 2011	Nationally Led Reduction Required 2011	Expected Start Date	Locally Led Reduction Required 2011	Expected Start date	Reduction Required Jun YTD	Reduction achieved Jun YTD
	€m	€m		€m		€m	€m
		HR and/or CSS-led Reductions		ISD-led Reductions			
Grants to Outside Agencies (Note 10)	3.4	0		3.44	Jan-11	1.71	1.71
Travel & Subsistence	0.1	0		0.12	Jan-11	0.06	-0.45
Bad & Doubtful Debts	0.5	0		0.5	Jan-11	0.25	0.71
GP Grants	0.1	0		0.14	Jan-11	0.07	0.76
Miscellaneous (Note 9)	1.8	0		1.81	Jan-11	0.90	0.90
<b>Review of Rents / Lease Renewals etc.</b>	<b>5</b>	<b>5</b>	Apr-11	Reduction and performance included in Office above			
<b>Logistics and Inventory Management</b>	<b>20</b>	<b>20</b>					
Stock Management (Pharmacy)	6	6	Apr-11	Reduction and performance included in Drugs above			
Stock Management (Non Pharmacy)	8.2	8.2	Apr-11	Reduction and performance included in Medical & Surgical above			
Point of Use Demand Management	0.8	0.8	Apr-11				
Aids and Appliances Recycling	5	5	Apr-11				
<b>Reduce Discretionary Spend</b>	<b>42.2</b>	<b>42.2</b>					
Furniture	11	11	Jan-11			5.50	1.19
Vehicles Purchased	0.7	0.7	Jan-11			0.34	0.02
Maintenance	30.5	30	Jan-11	0.5	Jan-11	15.25	7.92
<b>TOTAL</b>	<b>202.8</b>	<b>160</b>		<b>42.82</b>		<b>85.58</b>	<b>92.72</b>

**Note 1:** Agency national reduction relates to the agreement and implementation of a new national contract for all agency staff. It has been implemented since Mar14th and based on the hours purchased since that date, is showing price savings of 25% in Nursing, 19% for Health Care Assistants and 25% for NCHDs. These savings may not be fully evident in our financial data until the months progress. The ISD led reduction of €3m relates to reduced usage of Agency since the beginning of the year. On the basis of the Jun YTD data, as reported in the Financial Summary of the PR, there is an increased cost for Agency compared to last year and therefore, performance in this table has been set to 0.

**Note 2:** There is a reduction in Basic and Weekend/Public Holiday Pay of over €82m compared to 2010 Jun YTD, however, only the required reductions are recorded in this table as some Basic Pay reductions may also relate to Moratorium and Exit Scheme reductions.

**Note 3:** Education and Training has reduced in expenditure compared to the equivalent period last year by nearly €32m., however, since there was a budget movement to the Dept. of Education & Science of €56m., only the minimum required saving associated with these initiatives is recorded in this table. With an expected reduction YTD for DofEd of €27.8m., the relevant reduced spend could be €4.2m. YTD.

**Note 4:** Energy costs have increased by €6.9m compared to the equivalent period last year and although there has been a negotiated price reduction with Bord Gais of €0.852m, this saving is being negated by these overall increases. The rate of increase is reducing in the last three months compared to the first quarter 2011.

**Note 5:** Office Expenses, Rents & Rates costs has experienced increases related largely to new Leasing costs associated with the HSE Primary Care Centres and Cancer Control Programme and which overall are negating higher reductions being delivered by the four regions

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

**Note 7:** Insurance costs have increased by €2.34m. compared to the equivalent period last year and although there has been a negotiated price reduction for non-clinical related Insurance securing an annual saving of over €1m., the net overspend in Insurance relates to increases associated with our Clinical Indemnity Scheme which was provided for by an increased budget allocation of €104m. The relevant Insurance expenditure for this reduction is coded in DNE which is showing a reduction of €2.1m YTD.

**Note 8:** Legal costs have increased overall compared to the equivalent period last year, however at June, there was a reduction of €1.04m relating to the newly agreed Legal contract and the current increases may relate to increased invoicing pre the new contract start date and increased child care costs.

**Note 9:** Miscellaneous has reduced in expenditure compared to the equivalent period last year by €5.6m., however, only the minimum required saving associated with these initiatives is recorded in this table.

**Note 10:** Grants to Outside Agencies has reduced in expenditure compared to the equivalent period last year by €10.5m., however, only the minimum required saving associated with these initiatives is recorded in this table.



## Capital

The net capital cash profile for the period Jan-June 2011 was €191.300m. The capital cash issued for this period was €157.959m. Sales of surplus assets amounted to €3.065m.

Capital Vote 2010	Approved Allocation €000	Actual Jan - Jun €000	Profile Jan – Jun €000	Variance Jan - Jun €000
C1/C2 Building Equipping and Furnishing of Health Facilities	337,250	141,872	180,030	38,158
C3 Information Systems and Related Services for Health Agencies	40,000	4,803	7,770	2,967
C4 Mental Health and other Health Facilities Funded from the Sale of Surplus Assets	15,000	11,284	9,850	-1,434
A in A (Sales of Surplus Assets)	-15,000	-3,065	6,350	-3,285
<b>Net Capital</b>	<b>377,250</b>	<b>154,894</b>	<b>191,300</b>	<b>36,406</b>

Table 7.				
Appropriations-in-Aid	Estimate Provision	REV Profile to 30 Jun 2011	Receipts to 30 Jun 2011	Shortfall / (Surplus)
Maintenance Charges	376,000	184,319	151,881	32,438
Superannuation	199,986	99,589	93,914	5,675
Miscellaneous Receipts	153,300	77,400	65,202	12,198
Pension Levy	337,156	168,000	187,316	-19,316
<b>Total</b>	<b>1,066,442</b>	<b>529,308</b>	<b>498,313</b>	<b>30,995</b>

Source: Vote CRS at 31 May 2011 and estimate for June 2011. Figures agree with June Vote Expenditure Return.

# Detailed Human Resources Report

## HR

### Level of employment against target

Health Service employment at the end of June stands at 105,253 WTE which is 750 below the approved employment ceiling.

This is a decrease on May levels of 157 WTEs and reported staffing levels have fallen by 2,719 WTEs since the end of December.

The June figure is 181 WTEs below the end of 2011 employment ceiling target of 105,434.

Both the Statutory Sector and the Voluntary Hospitals Sector recorded decreases of 158 WTEs and 37 WTEs respectively, while the Primary and Community Services Voluntary Sector increased by 38 WTEs.

The Integrated Services Directorate in overall terms recorded a decrease of 134 WTEs, with decreases in Acute Hospital Services of 77 WTEs and Primary and Community Services of 60 WTEs.

Chart 1

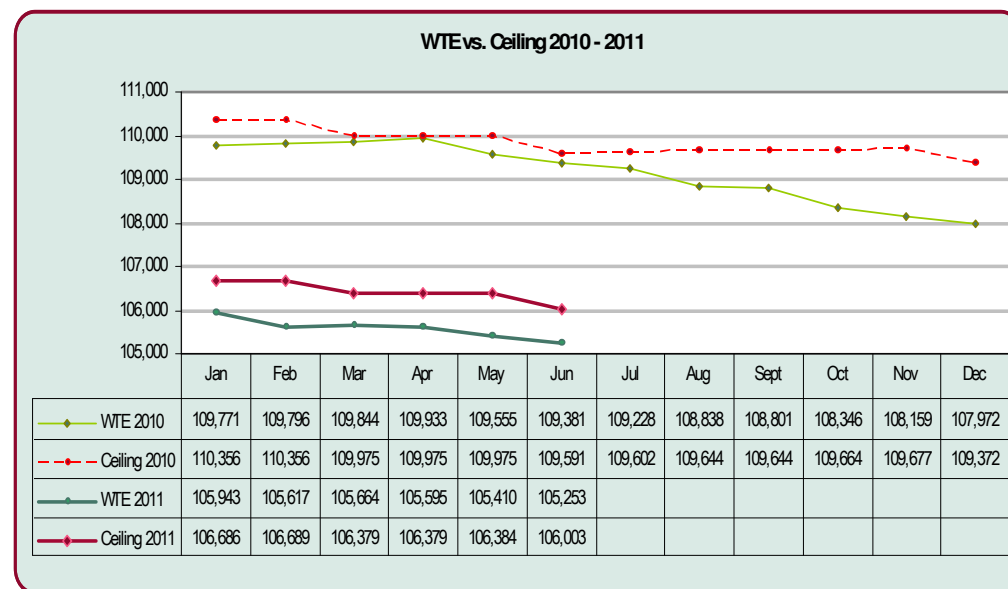


Table 1 Service Area	WTE Dec 2010	Ceiling Jun 2011	WTE Jun 2011	WTE Change since May 2011	WTE Change from Dec 2010 to Jun 2011	WTE Variance Jun 2011	% WTE Variance Jun 2011
Acute Hospital Services	49,318	48,225	48,793	-77	-526	+568	+1.18%
Ambulance Services	1,494	1,477	1,511	+13	+18	+34	+2.30%
National Cancer Control Programme	764	765	747	-10	-16	-18	-2.30%
Primary and Community Services	52,348	50,841	50,368	-60	-1,980	-473	-0.93%
Portion of Ceiling to be allocated		830	0	+0	+0	-830	-100.00%
Corporate	2,989	2,811	2,788	-15	-201	-24	-0.84%
Population Health	1,060	1,052	1,046	-8	-14	-6	-0.62%
<b>Total</b>	<b>107,972</b>	<b>106,003</b>	<b>105,253</b>	<b>-157</b>	<b>-2,719</b>	<b>-749</b>	<b>-0.71%</b>

### Exempted grades (Table 2)

Notable changes on the 2009 baseline figure set by the Department of Health and Children in respect of grades with exempted status from the general moratorium on recruitment, with growth targets are;

- The combined grades with exempted status from the moratorium, including Consultants are 659 WTEs above the 2009 levels.
- Occupational Therapists decreased by 2 WTEs in June and remain 112 WTEs above 2009 levels.
- Physiotherapists decreased by 7 WTEs in June, with an overall increase of 77 WTEs since 2009.
- Speech & Language Therapists were unchanged in June and are 75 WTEs ahead of end of 2009 levels.
- Psychologists and Counsellors decreased by 3 WTE in June and have increased by 16 WTEs since 2009.
- Social Workers decreased by 1 WTE in June and are now some 64 WTEs above the 2009 levels outside of 2010 Children and Families approved new posts. An increase of 17 WTE has been seen since the end of 2010 in these grades of staff.

### WTEs by Staff Category (Table 3)

Some of the key changes in June are as follows:

- Nursing decreased by 115 WTEs. In overall term nursing is 2,280 WTEs below the level at the end of March 2009 (moratorium on recruitment) despite the increase of 6 WTES seen to date, in 2011.
- Management/Admin decreased by 49 WTEs. Since the peak in this staff category in September 2007, the reduction is 2,253 WTEs or -12.22%.
- Other Patient and Client Care increased by 50 WTEs in June. This increase related to the payment of holiday pay to relief staff in some of the Voluntary Primary and Community Services agencies.

### WTEs by Exempted Grade

Table 2. Selected Exempted Key Groups	WTE Dec 2009	Target Growth to 2012	WTE Jun 2011	Variance from Dec 2012 target	WTE Change from last month	Change since Dec 2009	% Change since Dec 2009
Consultants	2,317	<i>not specified</i>	2,437	<i>n/a</i>	-3	+120	+5.18%
Occupational Therapists	1,103	<i>n/a</i>	1,205	<i>n/a</i>	-2	+102	+9.28%
Physiotherapists	1,469	<i>n/a</i>	1,541	<i>n/a</i>	-7	+72	+4.91%
Speech and Language Therapists	776	<i>n/a</i>	851	<i>n/a</i>	+0	+75	+9.66%
Combined therapists:	3,348	+380	3,598	-131.00	-9	+249	+7.45%
Psychologists & Counsellors	954	+230	980	-204.00	-3	+26	+2.78%
Social Workers	2,139	+300	2,403	-36.17	-1	+264	+12.33%

### WTEs by Staff Category

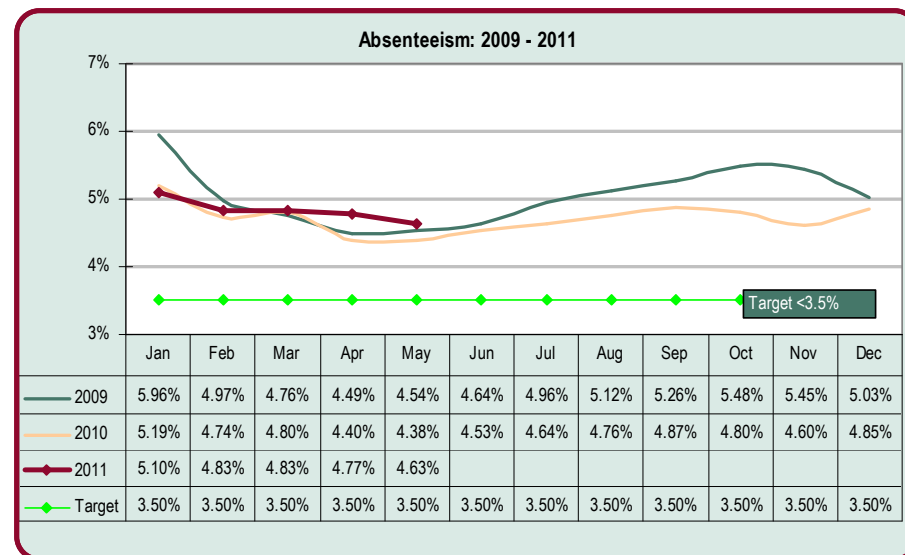
Table 3. Staff Category	WTE Dec 2009	WTE May 2011	WTE Jun 2011	WTE change since May 2011	% change since May 2011	WTE change since Dec 2009	% change since Dec 2009
Medical / Dental	8,083	8,070	8,054	-17	-0.21%	-30	-0.37%
Nursing	37,466	36,624	36,509	-115	-0.31%	-957	-2.55%
Health & Social Care Professionals	15,973	16,312	16,282	-29	-0.18%	+310	+1.94%
Management/ Admin	17,611	16,218	16,169	-49	-0.30%	-1,441	-8.18%
General Support Staff	11,906	10,770	10,774	+4	+0.04%	-1,132	-9.51%
Other Patient & Client Care	18,714	17,415	17,465	+50	+0.28%	-1,249	-6.68%
<b>Total Health Service Staffing</b>	<b>109,753</b>	<b>105,410</b>	<b>105,253</b>	<b>-157</b>	<b>-0.15%</b>	<b>-4,499</b>	<b>-4.10%</b>

## \*Absenteeism

Latest available National Absenteeism data shows that absenteeism for May 2011 was 4.63% - down from 4.77% in April (May figures for 2010 were 4.38%).

- Combined absenteeism levels have reduced from 5.05% in 2009 to 4.84% for the year to date. This represents a fall of 4.16% from 2009 but an increase of +2.97% on the full year 2010.
- The following Hospitals/Agencies/LHOs all returned an absence rate in excess of 6%: Children's Sunshine Home, Tipperary, South [LHO], Midland Regional Hospital, Mullingar, Ennis General Hospital, Dublin West [LHO], Nenagh General Hospital, Tipperary, South General Hospital, Mayo [LHO], Dublin South-West [LHO], Limerick [LHO], Ambulance [Dublin North-East], Limerick Maternity Hospital, St John's Hospital Limerick, St Vincent's Fairview, Wicklow [LHO], Sligo Regional Hospital, Longford/Westmeath [LHO], Tipperary North/Limerick East [LHO] and Laois/Offaly [LHO].
- Regional, statutory /non-statutory & Staff Category variations are also reported and a management focus continues in this area.

Chart 1



\*Absenteeism is reported in arrears.

Staff Category	DML	DNE	South	West	National	Total
Medical /Dental	1.50%	0.62%	1.86%	0.95%	0.05%	<b>1.24%</b>
Nursing	4.99%	3.90%	5.45%	6.43%	2.90%	<b>5.22%</b>
Health & Social Care Professionals	3.18%	3.05%	3.65%	4.46%	2.22%	<b>3.51%</b>
Management Admin	3.98%	4.56%	3.89%	4.94%	2.27%	<b>4.28%</b>
General Support Staff	5.23%	5.31%	5.08%	6.20%	4.98%	<b>5.42%</b>
Other Patient & Client Care	5.46%	5.38%	5.13%	5.91%	4.06%	<b>5.50%</b>
<b>Total</b>	<b>4.50%</b>	<b>3.99%</b>	<b>4.64%</b>	<b>5.43%</b>	<b>2.31%</b>	<b>4.63%</b>

HSE Area	Health Service Executive	Voluntary Hospitals	Voluntary Agencies P&C Services	Total
DML	5.67%	3.65%	3.81%	<b>4.50%</b>
DNE	4.28%	3.46%	3.94%	<b>3.99%</b>
South	4.74%	3.72%	4.43%	<b>4.64%</b>
West	5.53%	6.92%	4.44%	<b>5.43%</b>
National	1.75%	3.07%		<b>2.31%</b>
<b>Total</b>	<b>5.07%</b>	<b>3.63%</b>	<b>4.08%</b>	<b>4.63%</b>

# Detailed Service Delivery Report

## Emergency Activity

- Emergency Department attendances for June stood at 91,410 (555,883 year to date), considerably less than the high number of 96,554 reported for May. The monthly average is now 92,647 compared to 92,967 last month.
- Data for June shows that patients waited an average of 6.3 hours in ED from time of arrival to time of leaving the department. The average time for patients who required admission was 9.3 hours with a total of 47.4% being admitted within the 6 hour target.
- Emergency admissions continue to exceed expected levels of activity and now stand at 188,301 – 6,249 more than planned (+3.4%) and 4,893 (+32.7%) more than same period last year. Emergency admissions account for 69% of all admissions year to date.

## Overall hospital activity

Overall hospital activity has grown significantly since 2010 which saw 1,317,129 people treated as either an inpatient or day case.

- Year to Date, the number of people treated as either an inpatient or day cases stood at 677,075 at the end of June. This is an increase of 18,794 (+2.8%) compared to same period last year. All hospitals have been instructed to realign activity levels with National Service Plan targets in order to control spend for the remainder of the year.
- Inpatient treatment was provided to 295,970 patients which is 7,061 over expected levels of activity (+2.4%) and 3,624 (+1.2%) more than June 2010 levels.
- Day Case treatment was provided to 381,105 people which is 9,410 (2.5%) over planned activity levels and an increase of 67,423 in the month. At the end of June, day cases outnumbered inpatient cases by 85,135 and this trend is set to continue with the monthly average running at 63,518 (compared to 62,736 last month). Day cases are significantly up on June 2010 levels of activity in the order of 15,170 (4.1%).
- Inpatient elective waiting lists (over targeted time) remain at approx 5,300. We will need to monitor this carefully as the Regions bring activity back in line with National Service Plan targets, given that approximately 70% of admissions/ discharges are non-electives and with occupancy levels in excess of 91%.
- Day case electives over targeted time increased by 1,609 since January 2011. Children waiting over targeted time (3 months) has declined by 228 while adults (over 6 months) has increased by 1,837.

## Urgent colonoscopies

Census week ending 19<sup>th</sup> June reports 5 patients waiting > 28 days, from referral, for an urgent colonoscopy:

- 3 in St John's Hospital Limerick, all 3 patients have now been treated. They waited 13, 18 and 20 days after the deadline.
- 2 in Mid Western Regional Hospital Dooradoyle, both patients have been offered appointments

## Primary Care Teams

At the end of Q2 383 Primary Care Teams were in operation compared to a year to date target of 431. However, an additional 26 Teams were holding multidisciplinary clinical meetings between HSE Staff without GPs. The 383 Primary Care Teams in place provide services for over 3 million of a population with 2,890 staff members and over 1,466 GPs participating.

The number of PCT implementing structured diabetes care is 61 which is running ahead of the full year target of 57. However, the number of clients partaking in these structured programmes of care is 19.5% below expected levels.

## PHN Visits to newborn babies within 48 hours of hospital discharge

At the end of Q2 82% of newborn babies were visited by a PHN within 48 of their discharge from hospital. The pending review of community nursing will explore the variations of performance between and within Regions, including an examination of whether this service should be designated as an 'essential' weekend service.

### Disability Act Compliance

At the end of Q2 the percentage of disability assessments completed within the timeframes specified in the Regulations continues to be disappointingly low at 20%. A number of issues continue to prevail which are impacting on compliance levels. The HSE are working with the Department of Health and Children to identify additional measures that may help to improve performance.

### Nursing Home Support Scheme

At the end of May 2011, 22,161 long term public and private residential places are supported under the scheme. In the first five months of 2011, 4,563 applications have been received and 3,754 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,632 during the period. In May there was an additional 573 new entrants to private nursing homes under the NHSS, with a net 209 additional clients as 364 people left the scheme. Since the scheme reopened on 13<sup>th</sup> June and the 1,100 applications awaiting final approval are being dealt with in strict chronological order. At present, applicants with decision dates to June 13<sup>th</sup>, 2011 have been approved for funding. The scheme is taking on new clients within the limits the resources available, in accordance with the legislation.

### Elder Abuse

At the end of Q2 a total of 1,057 referrals had been made to the elder abuse service, of these 460 were received between April and June. The corresponding total for same period last year was 1,073. Psychological abuse accounts for 29% of these referrals which is significantly higher than the 18% reported last year. Financial abuse on the other hand has reduced from 26% to 19% of all referrals.

### Children & Families

From 2010 – June 2011 the number of children in care increased from 5,727 to 6,175 an increase of 7%. There has been a very significant increase in the number of guardian ad litem with full counsel representation leading to expensive court orders.

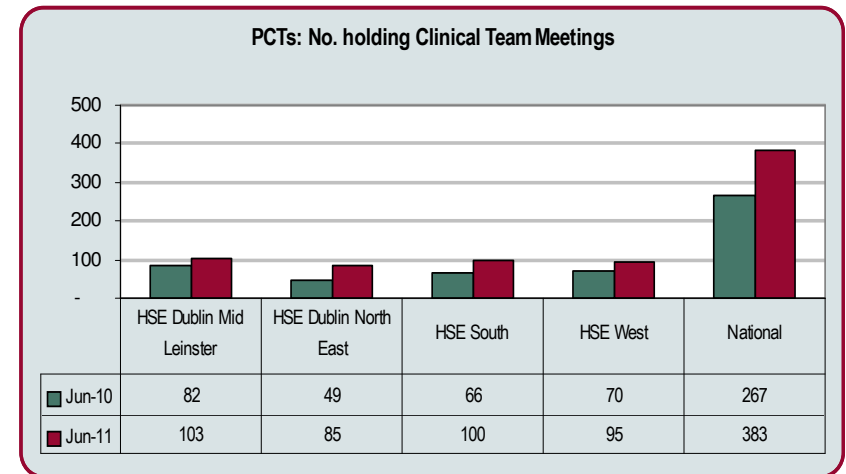
Table 1 Primary and Community Services by Region	Human Resources				Budget		
	Ceiling Jun 2011	WTE Jun 2011	WTE Change from Dec 2010 to Jun 2011	% WTE Variance Jun 2011	Actual €000	Budget €000	% Var
DML	14,742	14,558	-345	-1.25%	716,113	694,505	3.1%
DNE	10,530	10,558	-671	+0.27%	537,927	526,899	2.1%
South	11,782	11,674	-511	-0.92%	576,771	567,054	1.7%
West	13,482	13,362	-478	-0.89%	589,764	585,988	0.6%
National	305	217	+26	28.80%			
<b>Total</b>	<b>50,841</b>	<b>50,368</b>	<b>-1,980</b>	<b>-0.93%</b>	<b>2,420,575</b>	<b>2,374,447</b>	<b>1.9%</b>

Table 2 Hospital Services by Region	Human Resources				Budget		
	Ceiling Jun 2011	WTE Jun 2011	WTE Change from Dec 2010 to Jun 2011	% WTE Variance Jun 2011	Actual €000	Budget €000	% Var
DML	16,390	16,546	-273	+0.95%	680,496	644,633	5.6%
DNE	10,476	10,615	-58	+1.33%	454,599	427,135	6.4%
South	10,561	10,701	-172	+1.33%	403,164	381,582	5.7%
West	10,778	10,930	-23	+1.41%	442,109	401,766	10.0%
National	20			+0.00%			
<b>Total</b>	<b>48,225</b>	<b>48,793</b>	<b>-526</b>	<b>+1.18%</b>	<b>1,980,368</b>	<b>1,855,115</b>	<b>6.8%</b>

# Primary Care

Primary Care analysis & action points	
<b>No. of PCTs holding Clinical Team Meetings (M) (Chart 1)</b>	<p>At the end of June 2011, 383 primary care teams were holding clinical team meeting which is 11.1% below the year to date target of 431.</p> <p>This is an increase of 6 teams from the May position (377 teams) and also represents a 43.4% increase from same period last year (267 teams)</p>
<b>GP Out of Hours (M)</b>	<p>During the month of June 2011, 89,873 contacts were made to the GP OOH service.</p> <p>Year to date figure is 500,673 which is 3.0% above year to date target of 486,025.</p> <p>This is also 11.5% above same period last year (449,171).</p> <p>Breakdown of the nature of contact with the OOH Service:</p> <ul style="list-style-type: none"> <li>➤ 60% - GP Treatment Centre</li> <li>➤ 29% - Triage</li> <li>➤ 10% - Home Visit</li> <li>➤ 1% - Other</li> </ul>
<b>Orthodontics (Q)</b>	<p>Number of Patients receiving treatment at the end of Q2 is 13,318.</p> <p>The number of patients who have had their treatments completed since 1<sup>st</sup> January 2011 is 1,664 this is 37% (994) below the same period last year (2,658).</p>

Chart 1



## Primary Care (Child Health)

### Immunisations (Chart 2 & 3) (Q)

#### National Immunisation Uptake Q1, 2011 at 12 and 24 months.

- Immunisation data in June relates to returns for Q1 2011 and has been provided by the Health Protection Surveillance Centre (HPSC).
- NSP 2011 Target for uptake of vaccines is 95%.
- For children at 12 months the national uptake for D3, T3, P3, Hib3, Polio3, and HepB3 is 90%.
- For children at 12 months the national uptake for MenC2 is 89.1%.
- For children at 12 months the national uptake for PCV2 is 89.3%.
- For children at 24 months the national uptake for D3, T3, P3, Polio3 is 94.8%:
- For children at 24 months the national uptake for MenC3 is 83.1%
- For children at 24 months the national uptake for HepB3 is 94.5%
- For children at 24 months the national uptake for MMR1 is 91.1%
- Q1 2011 data, for the cohort at 24 months of age appears to indicate a slight reverse of the 2010 decline in the uptake of the recommended three doses of meningococcal serogroup C vaccine; uptake of three doses of meningococcal serogroup C was as follows:
  - 93% Quarter 1 2010
  - 91% Quarter 2 2010
  - 80% Quarter 3 2010
  - 82% Quarter 4 2010
  - 83.1% Quarter 1 2011
- The following reasons could account for the low uptake of this vaccine: Confusion about the number and timing of vaccines following the introduction of the new schedule; lower return of parents for vaccines due at 13 month visit; lack of capacity to follow-up on non attendees due to other service demands; incomplete reporting to local immunisation office of vaccines administered in GP sites.
- Measures are being taken to address this decline, which include; an information campaign to remind Allied Health Professionals and parents of the vaccination schedule and increase awareness of the availability of the vaccine.

Chart 2

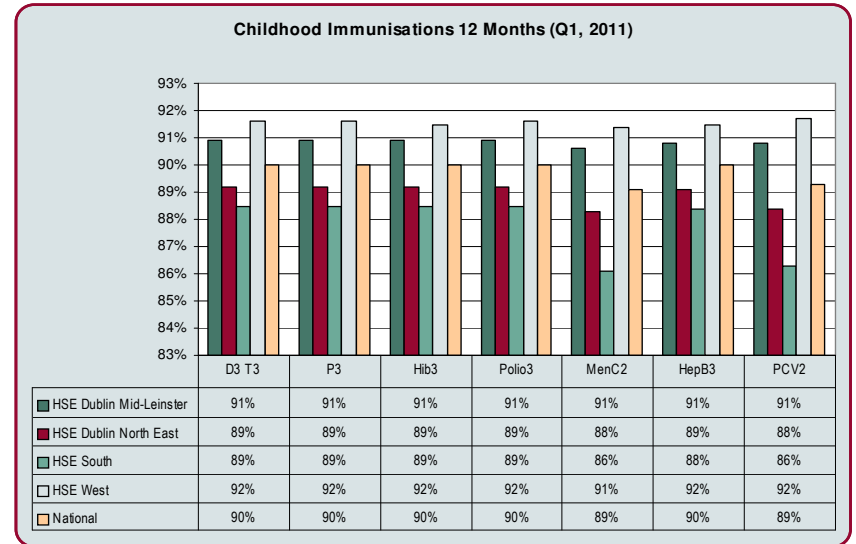
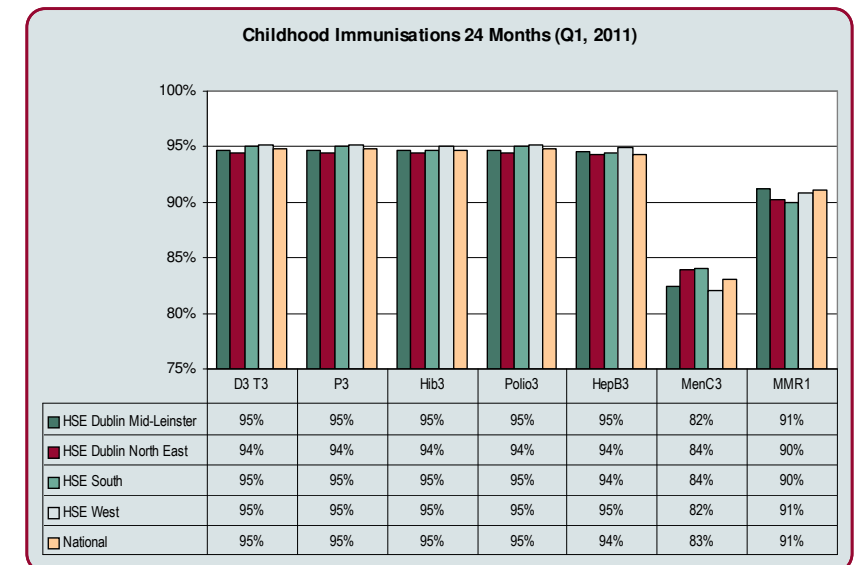


Chart 3





## Primary Care (Child Health)

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

#### Uptake of 7-9 Month Developmental Screening by 10 Months

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

Nationally 81.7% of the cohort received their screening on time with HSE DNE achieving 90.9% of the target. HSE South reported 85.8%, HSE DML reported 83.5% and HSE West reported 60.9% (6 LHO returns) received their screening on time.

These figures although returned for reporting in June are reported monthly in arrears and apply to May 2011.

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

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

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

June 2011 data (Q2 returns) reflects a National compliance figure of 82.1% has been reached. This demonstrates a 1% increase over same period 2010 (81.3%)

HSE West had demonstrated the highest compliance of 92.7% (5 LHO returns), followed by HSE South at 88.2%. HSE DML and DNE returned figures of 82.8% and 70.2%.

Chart 4

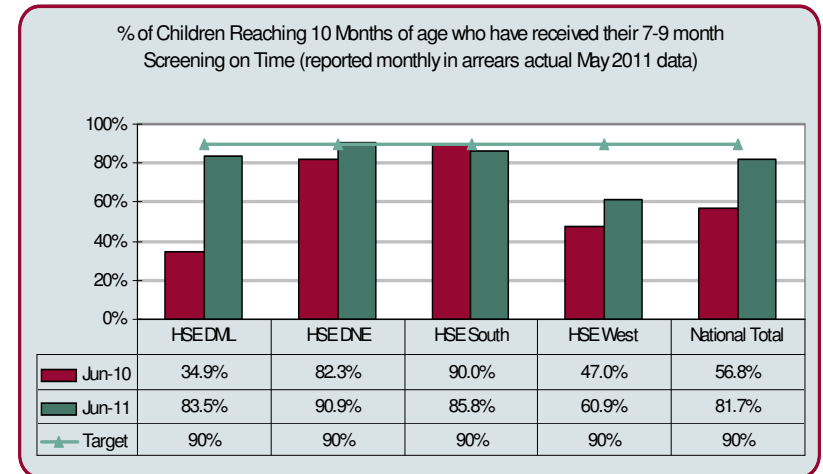
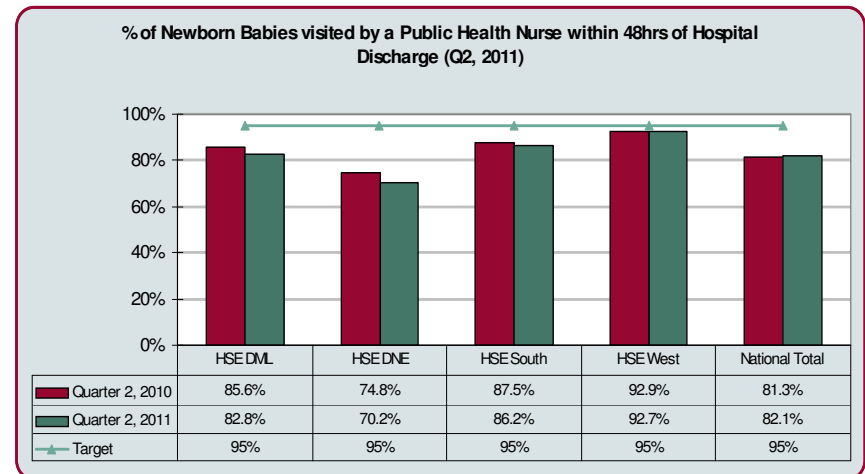


Chart 5



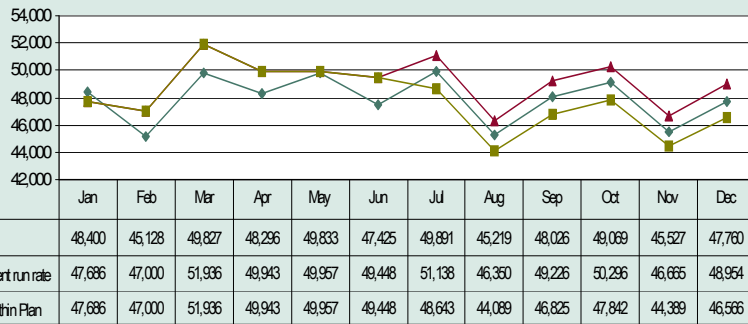
# Acute Services

## Acute Services analysis and action points

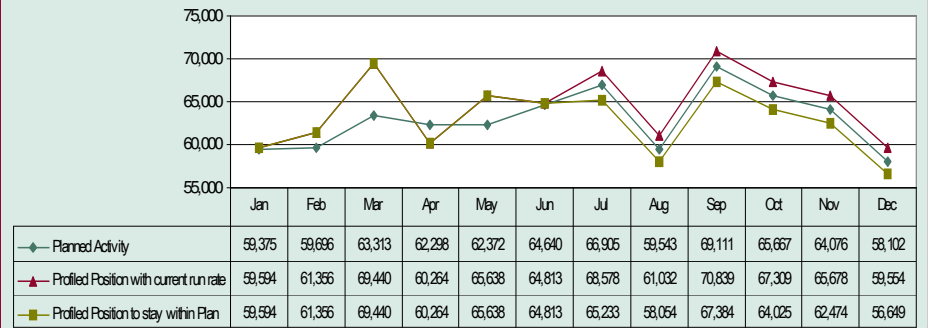
### Inpatient / Day Case Discharges (M)

The table below shows the expected activity in acute services, the current activity profiled to show the run rate for the first six months of the year continued to year end and profiled to show what is required to bring that activity back to stay within planned levels.

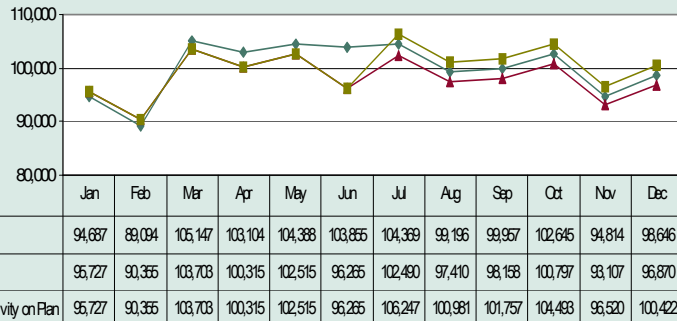
### In-Patient Discharges 2011



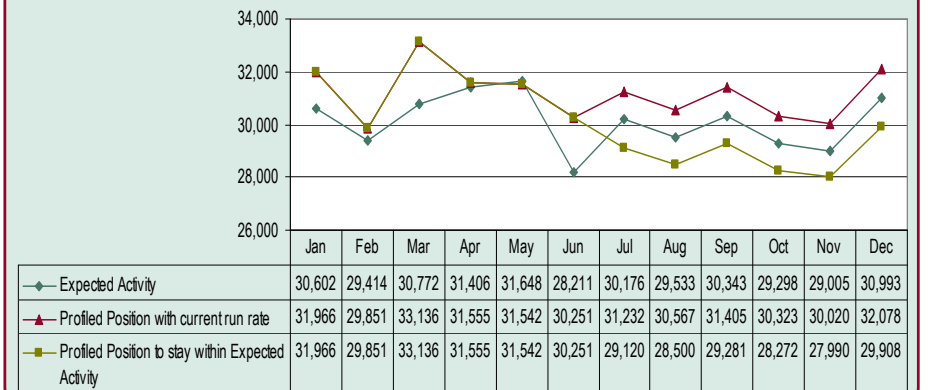
### Day-Case Discharges 2011



### Emergency Presentations 2011



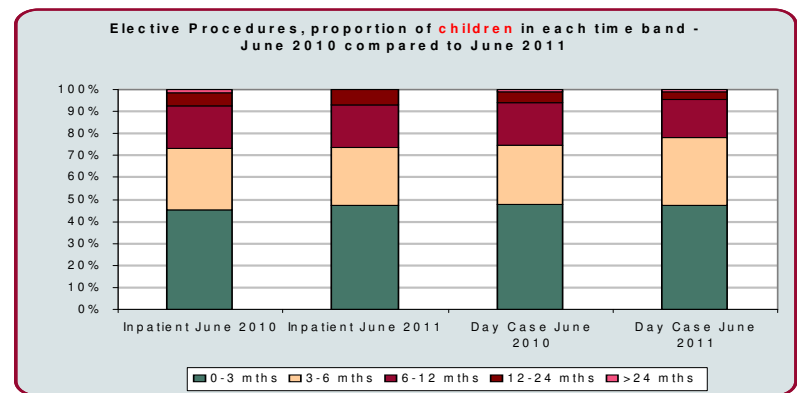
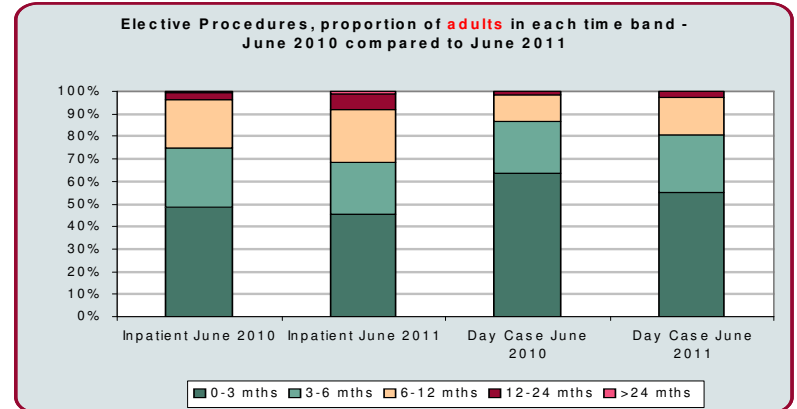
### Emergency Admissions 2011



## Acute Services analysis and action points

<b>ALOS (M)</b>	Average length of stay in June 2011 was 5.9. A further reduction of 5.4% in ALOS is required in order to achieve the 5.6 target nationally.
<b>Delayed Discharges (M)</b>	In the last week of June 2011 the number of delayed discharges reported nationally was 804. This is an increase on the position at the end of May (654). The average number of delayed discharges reported through the month of June 2011 was 752.
<b>% day case surgeries as a % of day case + inpatient for specified basket of procedures (General Surgery, ENT, Ophthalmology) (M)</b>	This figure is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of June 2011 shows that 71% of the basket of procedures are carried out on a day case basis. This compares to 67% for the previous year and shows an improvement in all 4 regions.

<b>Elective Procedures adults &lt;6 months, Inpatients (M)</b>	The percentage of adults waiting less than 6 months on the Inpatient waiting list at the end of June 2011 was 68.7% (this equates to 9,171 of a total list of 13,351 patients waiting less than 6 months for their procedure).. This is the same percentage as May's PR.
<b>Elective Procedures adults &lt;6 months, Day Case (M)</b>	The percentage of adults waiting less than 6 months on the Day Case waiting list at the end of June 2011 was 80.5% (this equates to 29,076 of a total list of 36,108 patients waiting less than 6 months for their procedure). This compares to a corresponding figure at the end of May of 81.0%.
<b>Elective Procedures children &lt;3 months, Inpatients (M)</b>	The percentage of children waiting less than 3 months on the Inpatient waiting list at the end of June 2011 was 46.8% (this equates to 955 of a total list of 2040 children waiting). This is a marginal improvement from 47.1% reported at the end of May.
<b>Elective Procedures children &lt;3 months, Day Case (M)</b>	The percentage of children waiting less than 3 months on the Day Case waiting list at the end of June 2011 was 47.4% (this equates to 1,279 of a total list of 2,697 children waiting).
<b>% elective inpatients who had principle procedure conducted on day of admission (M)</b>	The percentage of patients who had principle procedure conducted on day of admission is calculated using a 12 month rolling period of HIPE data. The most recent data available up to end of June 2011 shows that 49% of patients had their principal procedure on the same day of admission. This compares to 48% for the previous year



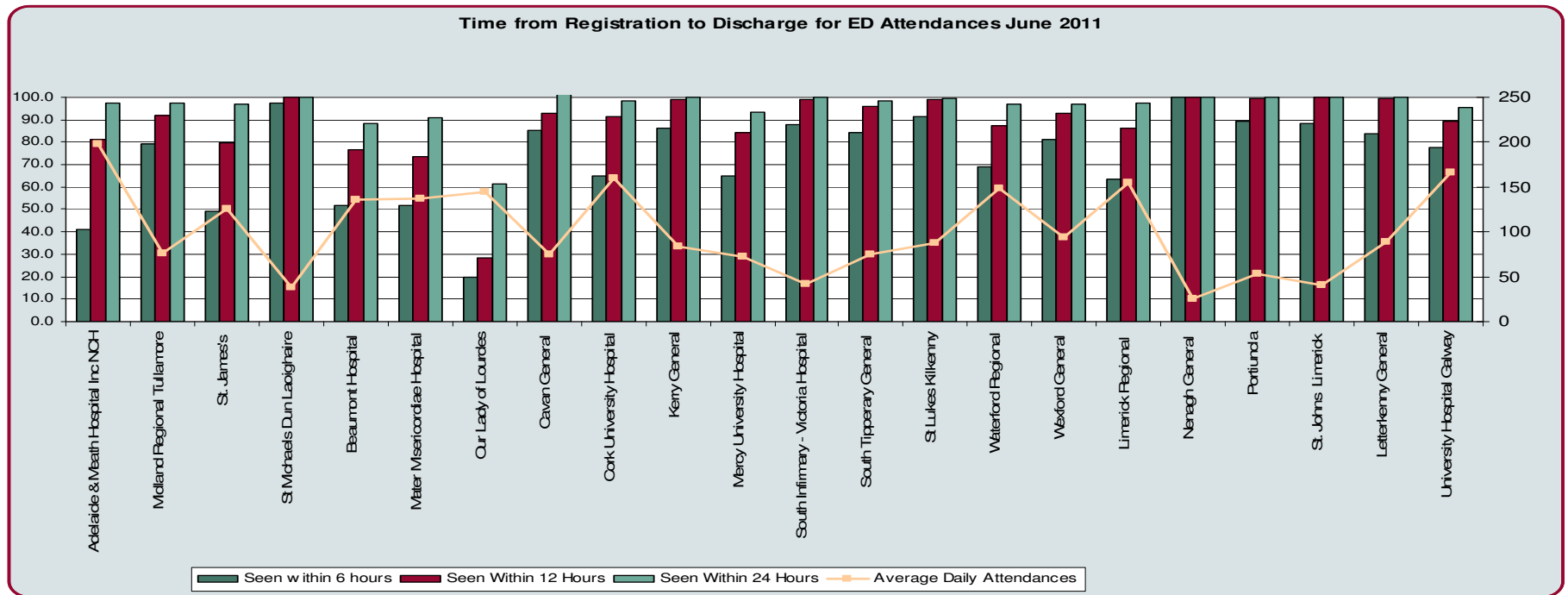
## Acute Services analysis and action points

ED  
Admitted or  
discharged  
<6hrs (M)

Data for June from the data available shows that patients waited on average 6.3 hours in ED from time of arrival to time leaving the department.

The average time for patients who required admission in June was 9.3 hours with 47.4% of patients admitted within 6 hours of their registration in ED.

Data for June also shows that combination of full PET and sampling PET data in the 22 Hospitals that data is available for, 69.4 of patients admitted to or discharged from Hospital spent less than 6 hours in ED from time of arrival to time they left the department.



**Note:** During 2011, the HSE intends to move to reporting the Patient Experience Time (PET) of all patients attending Emergency Departments. This is progress from the previous method of a combination of using sampling data and aggregating data over a 24 hour period.

This is a significant improvement in measuring the Patient Experience Time compared to previous years. The improved dataset for 2011 means the PET data for 2011 should **not** be compared to PET data reported in the PR in previous to this year.

The new dataset enables a view of average time in ED from arrival to discharge for all patients; admitted patients and those patients that are discharged without requiring admission.

A view is also available of percentages of patients admitted to hospital within 6 hours of ED registration; percentages of patients discharged within 6 hours of ED registration and percentage of patients admitted to hospital or discharged from ED within 6 hours of ED registration

### Health Care Associated Infection (HCAI)

HCAI surveillance data is reported at least two quarters in arrears as denominator data is collected later than the nominator data. This is received from the PMU and is dependent on bed days returns from the hospitals.

<b>MRSA</b>	<p><b>MRSA bacteria notification rate per 1,000 bed days used</b></p> <p>MRSA rates have decreased from 2006 when data collection first began and the percentage of Staph aureus bacteraemia that is MRSA has decreased from 41.9% in 2006 to 24.3% in 2010.</p>
<b>Antibiotic Consumption</b>	<p><b>Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital</b></p> <p>Antibiotic consumption data is generally reported annually. There has been a slight increase in the rates for the first two quarters of 2010 but this may be related to the influenza pandemic and increased antimicrobial prescribing. Ongoing antimicrobial stewardship is being put in place in all hospitals and hospital antimicrobial prescribing guidelines have been published at end 2010.</p>
<b>Alcohol Hand Rub</b>	<p><b>Alcohol Hand Rub consumption per 1,000 bed days used</b></p> <p>Alcohol hand rub is a crude proxy measure of hand hygiene. To end of Q3 2010, the consumption rate is slightly less than target set but is being kept under review and may reflect how consumption is measured.</p>

Performance Activity Health Care Associated Infection (HCAI)	Outturn 2010	Target 2011	Activity YTD	% var YTD v Target YTD
MRSA bacteraemia notification rate per 1,000 bed days used	0.088	Reduce to 0.085*	0.078	<b>+8.2%</b>
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	75.18	76**	76.02	<b>-0.026%</b>
Alcohol Hand Rub consumption per 1,000 bed days used	New	23 litres*	22.4	<b>-2.6%</b>

\*per 1,000 bed days

\*\* per 100 bed days

## Ambulance

### Ambulance

Ambulance Services HR	Ceiling Jun 2011	WTE Jun 2011	WTE Change from Dec 2010 to Jun 2011	% WTE Variance Jun 2011
DML	466	491	+16	+5.38%
DNE	151	173	+1	+14.33%
South	405	398	+0	-1.79%
West	455	450	+1	-1.20%
<b>Total</b>	<b>1,477</b>	<b>1,511</b>	<b>+18</b>	<b>+2.30%</b>

Ambulance Services Budget	Actual YTD €000	Budget YTD €000	Variance YTD €000
DML	19,257	19,626	-369
DNE	7,619	7,488	130
South	19,138	16,496	2,642
West	21,594	20,599	995
Ambulance College	2,794	1,357	1,437
Office Assistant Nat Director	1,124	2,223	-1,099
<b>Total</b>	<b>71,526</b>	<b>67,789</b>	<b>3,737</b>

# National Cancer Control Programme (NCCP)

## National Cancer Control Programme (NCCP)

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

Total number of urgent referrals; and of those the % offered an appointment within 2 weeks – target 95%, June reported position is 100.0%.  
Waterford – One additional breast clinic has been set up on a weekly basis which started on 28<sup>th</sup> March to remedy Non-Urgent referrals.

	Target	Apr (Urgent)	Apr (Non-Urgent)	May (Urgent)	May (Non-Urgent)	June (Urgent)	June (Non-Urgent)
Beaumont	95%	100.0%	99.0%	97.2%	100.0%	100.0%	100.0%
Mater	95%	100.0%	97.2%	99.3%	99.4%	100.0%	99.2%
St. Vincent's	95%	99.4%	99.6%	100.0%	100.0%	100.0%	100.0%
St. James's	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Waterford	95%	100.0%	55.4%	100.0%	81.5%	100.0%	95.7%
Cork Uni Hospital	95%	98.5%	99.6%	97.2%	100.0%	100.0%	100.0%
Limerick	95%	100.0%	99.1%	100.0%	70.4%	100.0%	94.8%
GUH & Letterkenny	95%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
GUH	95%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%

Lung Cancer (Q)

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

Total number of attendances at RAC; and of those the % offered an appointment within 10 working days – target 95%, Q2 reported position is 91.5%

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

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

Prostate Cancer (Q)

**No. of centres providing services for prostate cancers:**

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

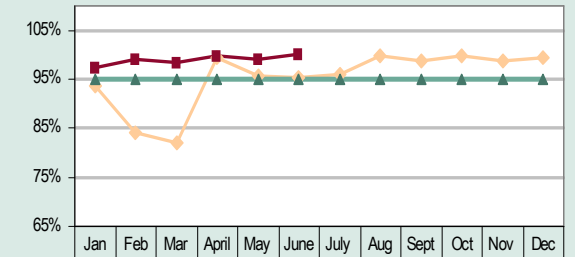
Rectal Cancer (Q)

**No. of centres providing services for rectal cancers**

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

Chart 1

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



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

	Target	Q1 2011	Q2 2011
Beaumont	95%	99.1%	96.7%
Mater	95%	97.5%	100.0%
St. Vincent's	95%	100.0%	100.0%
St. James's	95%	100.0%	100.0%
Waterford	95%	100.0%	100.0%
CUH	95%	69.7%	Not Available
Limerick*	95%	73.2%	86.7%
GUH**	95%	Not Available	70.3%

\*Limerick service commenced in Jan & are still in establishment mode but showing improvement

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

# Children and Families

## Children and Families

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

### Children in Care with a Written Care Plan

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

The number of children in care nationally at the end of June 2011 was 6,175 and of those children 5,613 (90.9%) had a written care plan in place.

Of all the care types children in residential care settings exhibited the highest percentage with a written care plan in place at 94.2%.

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

- Residential Care: 94.2%
- Foster Care: 91.8%
- Foster Care with Relatives: 88.7%
- Other Care Types: 85.2%

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

### Children in Care with an Allocated Social Worker

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

Nationally at the end of March 2011 93.4% of all children in care (all care types) had an allocated social worker.

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

- Residential Care: 99.6%
- Foster Care: 93.8%
- Foster Care with Relatives: 90.7%
- Other Care Types: 94.4%

Chart 1

No. & % of Children in Care with a Written Care Plan

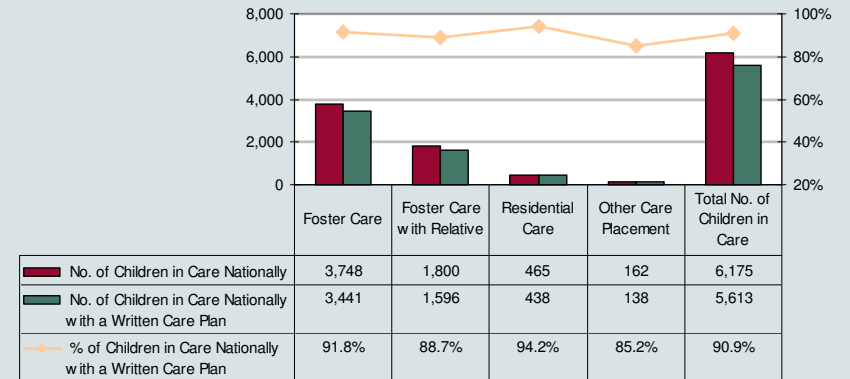
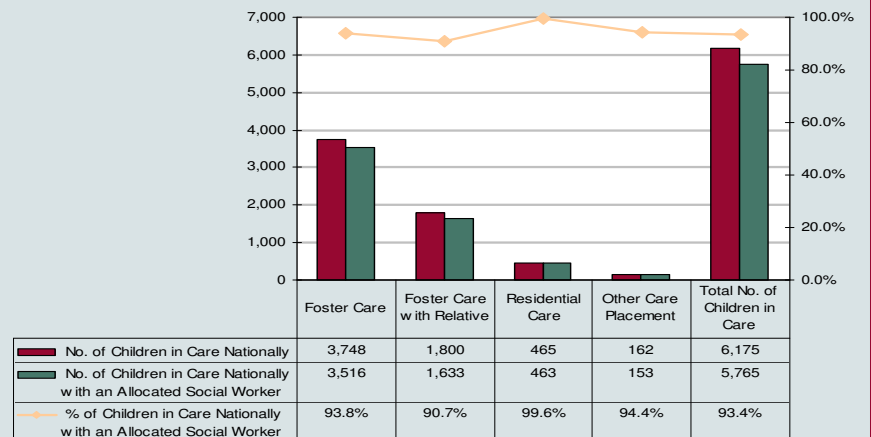


Chart 2

No. & % of Children in Care with an Allocated Social Worker



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

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

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

Nationally at the end of June 79.2% of those children due a review during Q2 received the review within the scheduled timeframe.

HSE West demonstrated the highest compliance with 90.3% receiving their review on time (data relates to 5 LHO's). HSE DNE reported 87.7%, HSE DML reported 77.8% and HSE South reported a figure of 64.6%

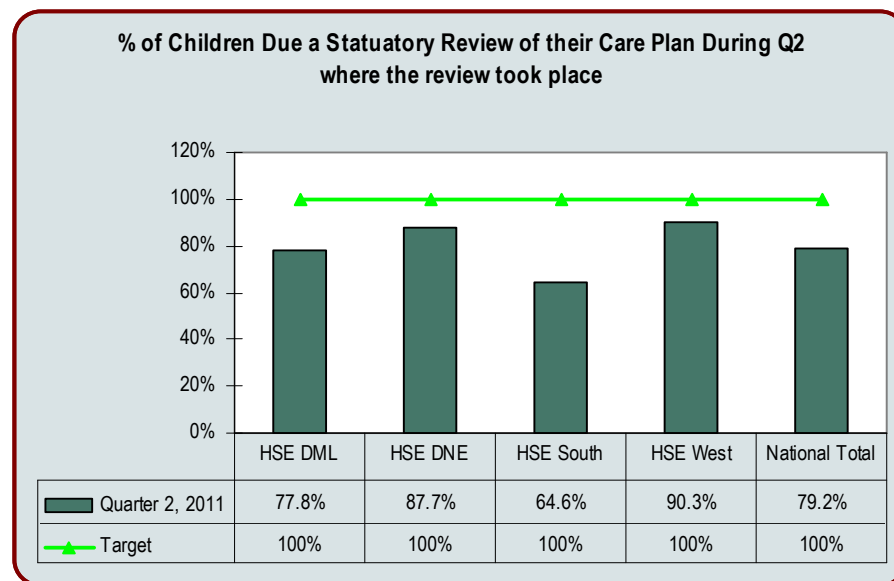
There was a 0.3% variance increase in the numbers who received a scheduled review within the timeframe in Q2 2011 compared to Q1 returns.

	Q1 2011	Q2 2011	% Variance Q2 v Q1
HSE DML	74.1%	77.8%	5.0%
HSE DNE	91.9%	87.7%	-4.6%
HSE South	68.0%	64.6%	-5.0%
HSE West	85.3%	90.3%	5.9%
National	79.0%	79.2%	0.2%

Children within residential care were the highest cohort to receive their review on time with 95.3% receiving their review within the timeframe. This demonstrates a 12.1% variance increase compared to Q1 returns.

	Q1 2011	Q2 2011	% Variance Q2 v Q1
Residential	85.0%	95.3%	12.1%
Foster Care	79.7%	76.8%	-3.6%
FCWR	79.6%	78.2%	-1.8%
Other	74.4%	73.6%	-1.1%

Chart 3





Number and % of Approved Foster Carers with an Allocated Social Worker (Q) (Chart 4)

**Number and % of Approved Foster Carers with an Allocated Social Worker**

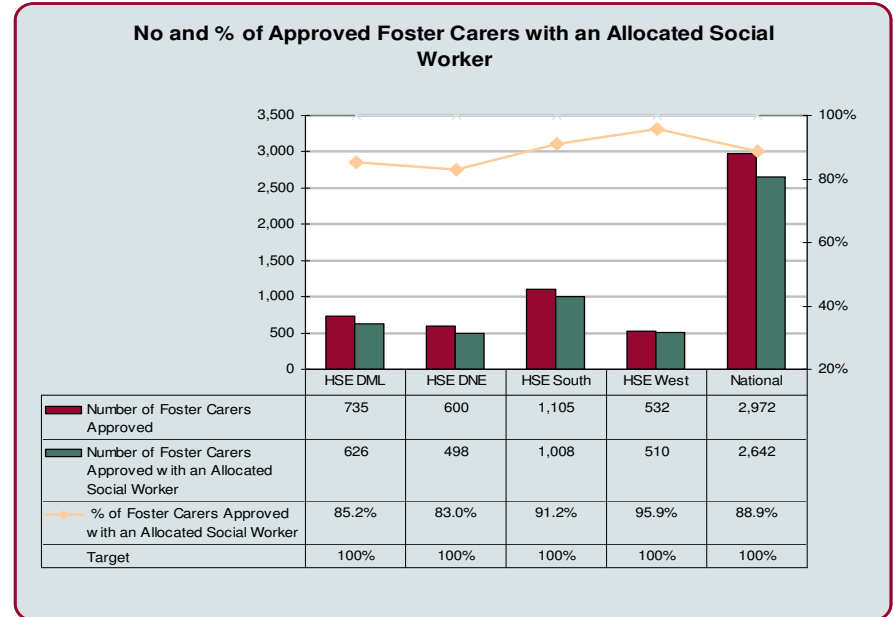
The NSP 2011 target for this metric is 100% of Approved Foster Carers approved by the Foster Care Panel (Part III of Regulations) should have an allocated social worker.

Nationally at the end of June 2011 88.9% (2,642) of Approved Foster Carers had an allocated social worker. And this demonstrates a 1.3% variance increase compared to the Q1 returns.

	Q1 2011	Q2 2011	% Variance Q2 v Q1
HSE DML	81.1%	<b>85.2%</b>	5.1%
HSE DNE	79.3%	<b>83.0%</b>	4.7%
HSE South	94.6%	<b>91.2%</b>	-3.6%
HSE West	91.8%	<b>95.9%</b>	4.5%
National	87.8%	<b>88.9%</b>	1.3%

HSE West demonstrated the highest compliance with 95.9% of approved foster carers have an allocated social worker (data relates to 5 LHO's). HSE South reported 91.2%, HSE DML reported 85.2% and HSE DNE reported a figure of 83.0%

Chart 4



# Mental Health

## Mental Health (Adult)

### Admissions (Chart 1)(Q)

- Data presented here is reported quarterly in arrears and is received from the Health Research Board (HRB) and relates to Q1 2011.
- In Q1 2011, there were 3,747 admissions to acute mental health units nationally and is a slight increase of 2.9% on the number of admissions in Q1 2010
- While the National percentage of readmission is 68% (2,536) and is a slight decrease (1.4%) on the percentage of readmissions 69% (2,588) in Q1 2010.

### Inpatient services (Q) (Chart 2)

- Number of inpatient places is 27.8 per 100,000 nationally.
- First Admission rates to acute units (that is first ever admission) is 28.6 per 100,000 nationally in Quarter 1 2011 and 26.8 per 100,000 overall in Q1 2010.
- Inpatient readmission rates to acute units are 59.6 per 100,000 nationally in Quarter 1 2011 and 59.3 per 100,000 overall in Q1 2010.
- Median Length of Stay in inpatient facilities is 10.5 days in Quarter 1 2011 and 11.5 in Q1 2010.
- Rate of involuntary admission is 8.4 per 100,000 nationally in Quarter 1 2011 and 7.9 per 100,000 in Q1 2010

Chart 1

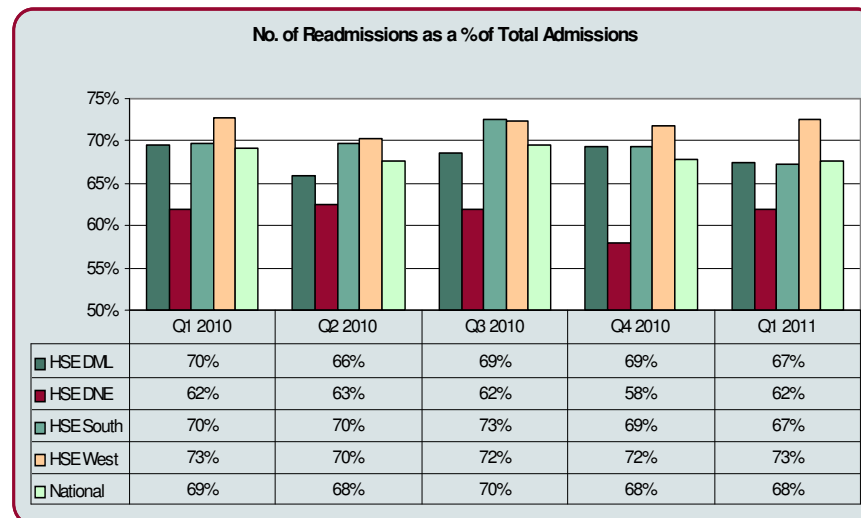
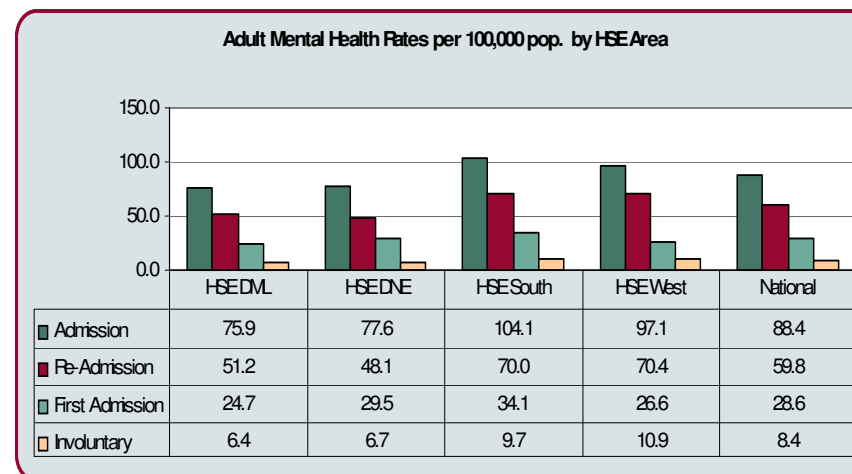


Chart 2

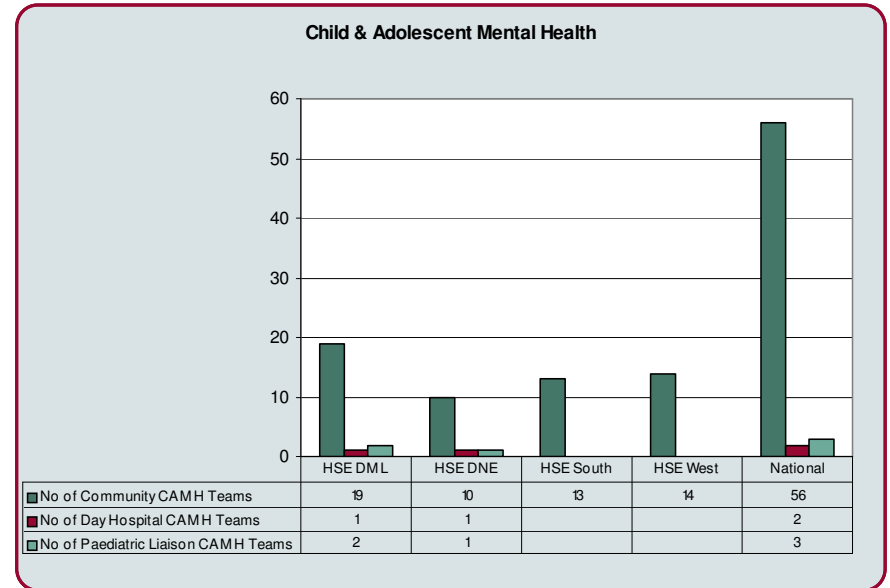


## Mental Health (CAMHS)

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

- The development of comprehensive Child and Adolescent Mental Health Services (CAMHS) for young people up to the age of 18 years is described in the Department of Health and Children *A Vision for Change* (2006) policy document. CAMHS had been organised until then for young people up to the age of 16 years. Key to this is the development of 99 multidisciplinary CAMHS teams, of which 61 are in place, 56 community teams, 2 day hospital teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 108 beds), mental health intellectual disability teams (a total of 13), substance misuse, eating disorder and forensic services for young people.
- There were 16 Child and Adolescent admissions to HSE Child and Adolescent mental health in-patient units in June with a total of 78 admissions to date.
- There were 22 Child and Adolescent admissions to adult HSE mental health inpatient units in June with a total of 67 admissions to date.
- Data in this report relates to the first line of specialist Child and Adolescent Mental Health Service which is the 56 Community Child & Adolescent Mental Health Teams.
- The regional the 56 Community teams are based as follows:
  - DML – 19
  - DNE – 10
  - South – 13
  - West – 14
- The 56 Community teams received 1,043 referrals in June (6,783 to date) and almost 13% up on the same period last year.
- Of the number of referrals received in June, 707 (4,517 to date) were accepted as they met the criteria operated by the teams.

Chart 3



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

- Total number of Child & Adolescents offered first appointment and seen in June was 638 with 3,964 seen to date (5.4% above target & 5.7% above the same period last year)
- The regional view is as follows:
  - DML – 195
  - DNE – 118
  - South – 150
  - West – 175
  - Nationally - 638
- It would be expected that there will be peaks and troughs in activity relating to this metric. However the expectation would be that over the twelve months the target would be met.

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

- The key PI set by the Specialist CAMHS Advisory Group is that 70% of New (including re-referred) Cases seen, are to be seen within three month of referral.
- Currently 61% of new cases are being seen within 3 months with 70% of new (including re-referred) cases offered an appointment within 3 months and overall DNA rates running at 11% nationally.
- The regional view for those seen within 3 months is as follows:
  - DML – 54%
  - DNE – 50%
  - South – 66%
  - West – 73%
  - Nationally – 61%

Chart 4

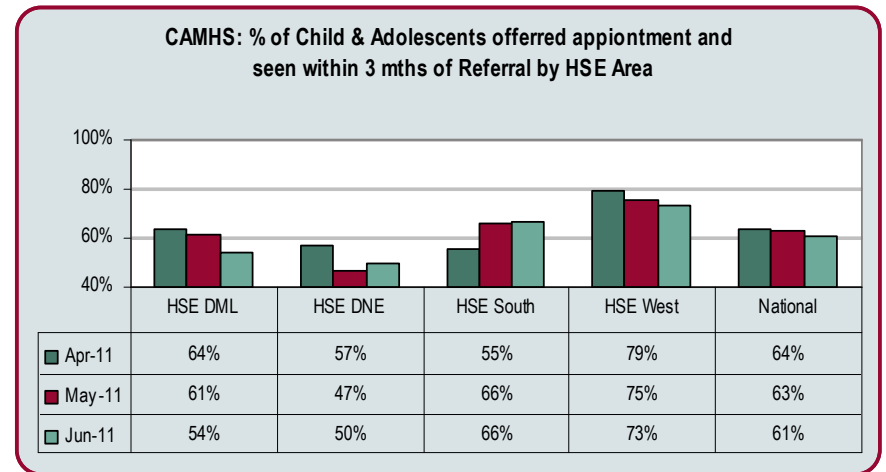
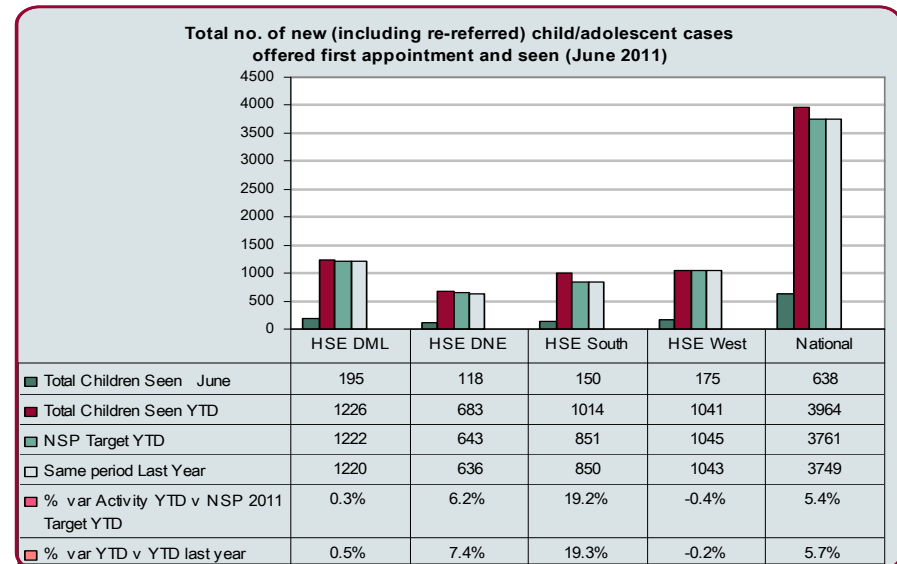


Chart 5



## Mental Health (CAMHS)

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

- The key PI set by the Specialist CAMHS Advisory Group is to reduce numbers on waiting list by >5% by end of Q1 2011.
- Total Number on Waiting List at end Quarter 1 2011 by wait time:
  - < 3 Months = 956 (40%)
  - 3-6 Months = 650 (22%)
  - 6-12 Months = 523 (24%)
  - > 12 Months = 364 (14%)
  - Total = 2493
- The Numbers on the Waiting List has slightly decreased by 1% from the Q 1 2011 figure of 2517 and have decreased 5% from the same period last year figure of 2779 and whilst those waiting > 12 months has slightly increased 3% from the Q 4 2010 figure of 346 it has decreased 12% from the same period last year figure of 461
- The Number on the Waiting List per Region:
  - DML = 757
  - DNE = 401
  - South = 561
  - West = 774

Chart 6

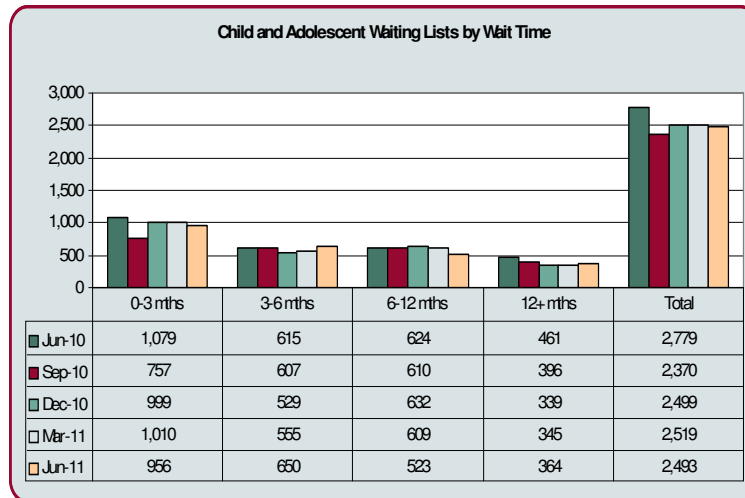
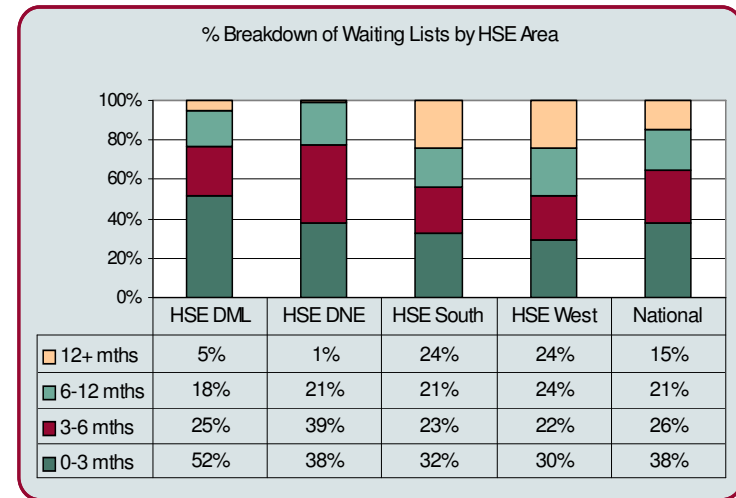


Chart 7



# Disability Services

## Disability Services

### Under 5 Assessments (Q)

#### Disability Act Compliance

- Under the Disability Act, 853 Assessment Reports were completed nationally in Quarter 2 2011.
- YTD position is 1,592 against a target of 1,173, thus exceeding it by 35.7%. This is an increase of 444 (38.7%) on the same period in 2010.
- The number of assessments completed within the timelines as provided for in the Regulations is at 20% compliance. This reflects a number of difficulties experienced by Assessment Officers including:
  - Ensuring that assessors return assessments on time
  - The effects of the recruitment moratorium
  - Non-filling of vacancies caused by maternity and sick leave
  - Prioritisation of intervention over assessment
  - Pressure to produce assessments which comply with the Department of Education and Skills (DES) resource allocation model
  - The complexity and length of process involved in completing an assessment can be a factor.

This divergence is also due to the emphasis being placed on starting and completing assessments in preference to timelines.

# Older Persons

## Older Persons

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

A total of 5,490,709 (-6.3% of home help planned activity) home help hours have been provided year to date to approximately 51,800 clients.

- Dublin Mid Leinster has provided 977,893 home help hours for all care groups, which is 76,085 hours less than their expected level of activity. (-7.2%)
- DNE has provided 1,149,579 hours which is 44,434 hours below their target (-3.7%) An exercise to refine data collection is ongoing in Cavan/Monaghan.
- The South has provided 1,797,800 hours for the first six months of this year which is 61,932 hours below target (-21%) should be -3.3%
- RDO West has provided 1,565,438 hours which is 184,562 hours below target. (-10.5%)

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

While all four regions are currently running below planned levels of activity, increased provision of home support hours during the winter months will bring performance back in line with the targets set out in the service plan 2011.

Nationally the number of people in receipt of a home care package at the end of June is 10,487 which is 2.5% over planned level of activity. 2 regions have exceeded their target. They are DML at 14.2% and DNE at 1.1%. The South and West have not reached their target which now stands at -3% and -2%

Home Help Service Provision 2011

Area	Home Help Hours		Home Help Clients		No in Receipt of Home Care Package		New HCP Clients (YTD)	
<b>National</b>	5,490,709	-6.3%	51,312	-5.0%	10,487	2.5%	2,862	30.1%
DML	977,893	-7.2%	12,037	0.3%	2,689	14.2%	882	76.4%
DNE	1,149,579	-3.7%	10,182	-21.1%	3,421	1.1%	904	57.2%
South	1,797,800	-3.3%	15,752	7.2%	2,275	-3.0%	530	6.0%
West	1,565,438	-10.5%	13,341	-7.4%	2,102	-2.0%	546	-12.6%

## Elder Abuse (Q)

In Q2 there was 460 referrals made to the elder abuse service- Q1 was revised from 477 to 597 giving a cumulative total of 1,057 referrals. This represented a 2.9% decrease on the same period last year. The variance was greatest in HSE DML and HSE South. The lack of a Dedicated Officer in HSE South is undoubtedly impacting on the referrals in this area.

The following table provides a comparative position regarding abuse categories- note referrals can have more than one alleged abuse category and more abuse categories are captured in the data that are not reflected in this return for example self-neglect, discrimination, sexual abuse and other. There was a marked decrease in the number of cases having a financial dimension

No of Referrals by abuse Type	Q2 2011	Q2 2010
Physical	158 (10.9%)	162(11%)
Psychological	416(28.7%)	269(18.3%)
Financial	279(19.3%)	381(25.9%)
Neglect	230(15.9%)	261(17.8%)

Total Number of active cases 1,760-45% in HSE South, 17% HSE DML, 16% HSE DNE and 24% in HSE West. This measure provides a true indication of caseload variances across regions.

The true impact of World Elder Abuse Awareness Day and associated events in June 2011 will be quantified in Q3.

Long Term Residential Care

(incl. Nursing Home Support Scheme) (M)

Data in respect of Fair Deal is reported 1 month in arrears. At the end of May 2011, 22,161 long term public and private residential places are supported under the scheme. In the first five months of 2011, 4,563 applications have been received and 3,754 new clients have been supported under the NHSS in private nursing homes. This was a net increase of 1,632 during the period. In May there was an additional 573 new entrants to private nursing homes under the NHSS, with a net 209 additional clients as 364 people left the scheme. As the scheme was operating close to its financial limit, on the 13th May a decision was taken not to issue final approvals for the Fair Deal scheme but to continue to receive and process all applications up to final approval stage. The scheme reopened on 13<sup>th</sup> June and the 1,100 applications awaiting final approval are being dealt with in strict chronological order. At present, applicants with decision dates to June 13<sup>th</sup>, 2011 have been approved for funding. The scheme is taking on new clients within the limits the resources available, in accordance with the legislation.

Number of patients in Long Term Residential Care funded beds					
HSE Region	NHSS Public Beds*	No. of patients in NHSS Private	No. of patients on Subvention	No. of patients in Contract Beds	Total
End Quarter 1	6,470	11,458	1,940	2,211	22,079
<b>DML</b>	1,909	2,844	367	1,134	6,254
<b>DNE</b>	1,158	2,211	318	523	4,210
<b>South</b>	1,672	3,434	446	281	5,833
<b>West</b>	1,710	3,372	604	178	5,864
<b>Total</b>	<b>6,449</b>	<b>11,861</b>	<b>1,735</b>	<b>2,116</b>	<b>22,161</b>

Information for the four Regions is the latest available, reported one month in arrears and refers to May 2011

\*Information regarding NHSS Public beds relates to bed numbers not patients, there has been consistently 95% occupancy

Nursing Home Support Scheme (NHSS)					
Number of new applicants and patient movement					
Month 2011	No. of new applicants	No. of new patients*	No. of patients Leaving NHSS	Net Increase	
January	861	791	493	+298	
February	759	822	462	+360	
March	1,374	899	328	+571	
April	713	669	475	+194	
May	856	573	364	+209	
<b>Total YTD</b>	<b>4,563</b>	<b>3,754</b>	<b>2,122</b>	<b>+1,632</b>	
Monthly average YTD	913	751	424	+326.4	

Information on patient movement refers to approved private nursing homes only

\*Refers to patients who have been accepted and placed in long term residential care in the reported month



# Acute Services: summary of key performance activity

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Public Patients as a % of all elective discharges</b>										
DML	75.9%	80.0%	80.0%	77.7%	-2.9%	80.0%	77.6%	-3.0%	75.6%	2.6%
DNE	75.7%	80.0%	80.0%	76.9%	-3.9%	80.0%	76.5%	-4.4%	75.4%	1.5%
South	71.0%	80.0%	80.0%	62.1%	-22.4%	80.0%	66.3%	-17.1%	70.5%	-6.0%
West	71.1%	80.0%	80.0%	69.8%	-12.8%	80.0%	70.1%	-12.4%	70.9%	-1.1%
<b>National</b>	<b>73.4%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>71.0%</b>	<b>-11.3%</b>	<b>80.0%</b>	<b>72.5%</b>	<b>-9.4%</b>	<b>73.1%</b>	<b>-0.8%</b>
<b>No. of Inpatient Discharged (Inpatient)</b>										
DML	181,047	176,400	14,564	15,393	5.7%	88,725	91,186	2.8%	88,739	2.8%
DNE	110,263	107,700	8,892	8,997	1.2%	54,170	53,363	-1.5%	55,420	-3.7%
South	147,500	144,000	11,889	12,363	4.0%	72,428	75,602	4.4%	72,963	3.6%
West	150,050	146,300	12,079	12,695	5.1%	73,585	75,819	3.0%	75,224	0.8%
<b>National</b>	<b>588,860</b>	<b>574,400</b>	<b>47,424</b>	<b>49,448</b>	<b>4.3%</b>	<b>288,909</b>	<b>295,970</b>	<b>2.4%</b>	<b>292,346</b>	<b>1.2%</b>
<b>No. of Inpatient Discharged (Day Case)</b>										
DML	265,395	276,700	23,687	23,901	0.9%	136,205	140,729	3.3%	132,486	6.2%
DNE	137,831	143,100	12,250	11,855	-3.2%	70,440	70,827	0.5%	69,784	1.5%
South	157,119	163,000	13,954	13,706	-1.8%	80,236	80,987	0.9%	78,487	3.2%
West	167,924	172,300	14,750	15,351	4.1%	84,814	88,562	4.4%	85,178	4.0%
<b>National</b>	<b>728,269</b>	<b>755,100</b>	<b>64,641</b>	<b>64,813</b>	<b>0.3%</b>	<b>371,695</b>	<b>381,105</b>	<b>2.5%</b>	<b>365,935</b>	<b>4.1%</b>
<b>Elective Waiting List (Inpatient) % Adults awaiting ≤ 6 months</b>										
DML	81.2%	100.0%	100.0%	72.3%	-27.7%	100.0%	72.3%	-27.7%	73.2%	-1.2%
DNE	73.4%	100.0%	100.0%	73.3%	-26.7%	100.0%	73.3%	-26.7%	74.6%	-1.7%
South	75.3%	100.0%	100.0%	67.0%	-33.0%	100.0%	67.0%	-33.0%	83.3%	-19.6%
West	69.8%	100.0%	100.0%	63.5%	-36.5%	100.0%	63.5%	-36.5%	70.0%	-9.3%
<b>National</b>	<b>74.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>68.7%</b>	<b>-31.3%</b>	<b>100.0%</b>	<b>68.7%</b>	<b>-31.3%</b>	<b>74.7%</b>	<b>-8.0%</b>
<b>Elective Waiting List (Inpatient) % Children awaiting ≤ 3 months</b>										
DML	47.1%	100.0%	100.0%	44.8%	-55.2%	100.0%	44.8%	-55.2%	41.0%	9.3%
DNE	69.6%	100.0%	100.0%	65.9%	-34.1%	100.0%	65.9%	-34.1%	64.0%	3.0%
South	48.1%	100.0%	100.0%	50.1%	-49.9%	100.0%	50.1%	-49.9%	62.1%	-19.3%
West	33.2%	100.0%	100.0%	43.3%	-56.7%	100.0%	43.3%	-56.7%	40.7%	6.4%
<b>National</b>	<b>45.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>46.8%</b>	<b>-53.2%</b>	<b>100.0%</b>	<b>46.8%</b>	<b>-53.2%</b>	<b>45.2%</b>	<b>3.5%</b>

Acute Services Activity	Outturn 2010	Target 2011	Performance this Month			Performance YTD			Activity YTD v 2010	
			Target this month	Actual this month	% variance v target this month	Target YTD	Actual YTD	% Variance Actual v Target	Same period last year	% Variance YTD V YTD 2010
<b>Elective Waiting List (Daycase)</b> <b>% Adults awaiting ≤6 months</b>										
DML	95.4%	100.0%	100.0%	92.6%	-7.4%	100.0%	92.6%	-7.4%	94.0%	-1.5%
DNE	88.8%	100.0%	100.0%	81.5%	-18.5%	100.0%	81.5%	-18.5%	86.5%	-5.8%
South	86.1%	100.0%	100.0%	77.5%	-22.5%	100.0%	77.5%	-22.5%	85.3%	-9.1%
West	79.8%	100.0%	100.0%	70.9%	-29.1%	100.0%	70.9%	-29.1%	80.8%	-12.3%
<b>National</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.5%</b>	<b>-19.5%</b>	<b>100.0%</b>	<b>80.5%</b>	<b>-19.5%</b>	<b>86.5%</b>	<b>-6.9%</b>
<b>Elective Waiting List (Day Case)</b> <b>% Children awaiting ≤3 months</b>										
DML	48.8%	100.0%	100.0%	45.4%	-54.6%	100.0%	45.4%	-54.6%	43.9%	3.4%
DNE	62.7%	100.0%	100.0%	48.1%	-51.9%	100.0%	48.1%	-51.9%	55.3%	-13.0%
South	51.9%	100.0%	100.0%	53.3%	-46.7%	100.0%	53.3%	-46.7%	58.1%	-8.3%
West	58.0%	100.0%	100.0%	49.0%	-51.0%	100.0%	49.0%	-51.0%	55.4%	-11.6%
<b>National</b>	<b>51.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>47.4%</b>	<b>-52.6%</b>	<b>100.0%</b>	<b>47.4%</b>	<b>-52.6%</b>	<b>48.0%</b>	<b>-1.3%</b>
<b>% of elective inpatient procedures conducted on day of admission</b>										
DML	63.0%	75.0%	75.0%	58.0%	-22.7%	75.0%	58.0%	-22.7%	56%	3.6%
DNE	43.0%	75.0%	75.0%	41.0%	-45.3%	75.0%	41.0%	-45.3%	39%	5.1%
South	45.0%	75.0%	75.0%	43.0%	-42.7%	75.0%	43.0%	-42.7%	43%	0.0%
West	47.0%	75.0%	75.0%	49.0%	-34.7%	75.0%	49.0%	-34.7%	45%	8.9%
<b>National</b>	<b>50.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>49.0%</b>	<b>-34.7%</b>	<b>75.0%</b>	<b>49.0%</b>	<b>-34.7%</b>	<b>47%</b>	<b>4.3%</b>
<b>No. of Emergency Admissions</b>										
DML	96,717	94,500	7,377	8,055	9.2%	47,604	49,947	4.9%	47,684	4.7%
DNE	72,863	71,800	5,605	5,641	0.6%	36,169	34,644	-4.2%	36,687	-5.6%
South	89,840	87,900	6,861	7,570	10.3%	44,279	47,705	7.7%	44,364	7.5%
West	109,611	107,200	8,368	8,985	7.4%	54,001	56,005	3.7%	54,673	2.4%
<b>National</b>	<b>369,031</b>	<b>361,400</b>	<b>28,211</b>	<b>30,251</b>	<b>7.2%</b>	<b>182,052</b>	<b>188,301</b>	<b>3.4%</b>	<b>183,408</b>	<b>2.7%</b>
<b>% Day case Surgeries as a % day case + inpatients for specialised basket procedures</b>										
DML	74.0%	75.0%	75.0%	74.0%	-1.3%	75.0%	74.0%	-1.3%	71.0%	4.2%
DNE	75.0%	75.0%	75.0%	77.0%	2.7%	75.0%	77.0%	2.7%	74.0%	4.1%
South	62.0%	75.0%	75.0%	63.0%	-16.0%	75.0%	63.0%	-16.0%	60.0%	5.0%
West	69.0%	75.0%	75.0%	72.0%	-4.0%	75.0%	72.0%	-4.0%	66.0%	9.1%
<b>National</b>	<b>70.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>71.0%</b>	<b>-5.3%</b>	<b>75.0%</b>	<b>71.0%</b>	<b>-5.3%</b>	<b>67.0%</b>	<b>6.0%</b>
<b>Outpatient Attendances</b>										
DML	<b>Outpatient (OPD):</b> The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. The reforms imply considerable additional work for Outpatient departments and adaptations to hospital computer systems. Due to IT and other constraints, full reporting has not yet taken place. Nonetheless, only data which complies with the OPD reformed data set will be reported in future by the HSE.									
DNE										
South										
West										
<b>National</b>										

# Service Arrangements and Grant Aid Agreements

## Service Arrangements and Grant Aid Agreements

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

- Service Arrangements have two parts. Part 1 contains a set of standard clauses and conditions and covers the years 2010/11. Part 2 comprises a set of Schedules covering amongst other things the annual financial, HR, service and quality provisions of the contract. Part 2 is agreed with each agency annually.
- This report relates to the progress in completing and signing Part 2 Schedules for 2011 Service Arrangements and Grant Aid Agreements, up to the end of June 2011.
- Since the May Report, additional Service Arrangements to the value of €547m have been signed. Signed Arrangements are now in place for 73.29% of the total funding provided by the HSE to the non statutory sector.
- 14 of the 16 Voluntary Hospitals have signed and the remaining 2 hospitals have been communicated with to state that funding will have to be stopped unless signed Service Arrangements are in place.
- Progress also continues to be made with the non acute sector agencies. Organisations who have yet to sign are being formally communicated with, concerning the withdrawal of funding.
- The renewal of Grant Aid Agreements occurs throughout the year, depending on the renewal date for those Agreements.
- Note: Beaumont Hospital signed their Service Arrangement in July. 100% of the agencies and the funding in Dublin North East Acute Sector are now covered by Service Agreements. This brings the total funding covered by service agreements in Dublin North East to 95.37% and the National total funding covered by service agreements to 80.41%.

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

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	77.08% (417 facilities)	65.19% (440 facilities)	73.25% (764 facilities)	34.07% (354 facilities)	82.61% (38 facilities)	60.20% (2,013 facilities)
Acute Sector	75% (3 hosp)	88.89% (8 hosp)	100% (1 hosp)	100% (2 hosp)		87.5% (14 Hosp)
<b>Total</b>	<b>77.06%</b>	<b>65.50%</b>	<b>73.28%</b>	<b>34.20%</b>	<b>82.61%</b>	<b>60.33%</b>

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

	DNE	DML	WEST	SOUTH	HSE National (Outside Regional Structure)	% SLAs against planned target of 100%
Non Acute Sector	88.78% (€315,348,260)	82.85% (€451,822,857)	56.87% (€195,830,336)	45.48% (€140,611,115)	90.4% (€5,580,666)	71.09% (€1,109,193,234)
Acute Sector	54.79% (€276,566,297)	82.71% (€844,124,193)	100% (€19,491,964)	100% (€97,963,000)		75.37% (€1,238,145,454)
<b>Total</b>	<b>68.83% (€591,914,557)</b>	<b>82.76% (€1,295,947,050)</b>	<b>59.18% (€215,322,300)</b>	<b>58.60% (€238,574,115)</b>	<b>90.4% (€5,580,666)</b>	<b>72.29% (€2,347,338,688)</b>

# Quality and Patient Safety

## Quality and Patient Safety Update

### Quality and Patient Safety Directorate

Earlier this year the Quality and Clinical Care Directorate separated into two national Directorates with two National Directors with specific focus on clinical programmes and patient safety.

- The Directorates are **Clinical Strategy and Programmes** and **Quality and Patient Safety**. The management of Directorate general business and a number of specific support functions is shared by both Directorates

### Quality and Patient Safety Directorate

Established this year to ensure high quality safe services are designed and delivered to patients and clients. The Directorate is committed to a multi-agency approach being taken under the auspices of the Patient Safety First initiative to ensure high-quality care is available to all patients and clients. The Directorate is focused on the development and implementation of safe quality healthcare where all service users receive high quality treatment at all times, are treated as individuals with respect and dignity, are involved in their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed and are treated/cared for in a safe environment, based on best international practice.

The Health Information and Quality Authority has completed the development of standards for healthcare that will become the National Standards when approved by the Minister for Health. The HSE has developed, and continues to develop, Codes of Practice and Guidelines for service delivery to support and supplement National Standards under the HSE Quality, Safety and Risk Framework.

The Directorate is developing a function to support the system deliver on standards. The focus is on building capacity within the service and functional arms of the organisation to deliver on the quality and patient safety agenda by providing support, documented guidance, education, training and direct assistance to enable local service providers demonstrably improve the safety and quality of care provided to patients/service user.

The Directorate is also developing a Monitoring function to provide a process and framework by which QPS Directorate will plan and monitor the performance of service providers across all sectors of the HSE against national standards/compliance requirements, recommendations from internal/external reports and to use these processes to inform the development and review of patient safety initiatives and quality indicators

### Clinical Strategy and Programmes

The **Clinical Strategy and Programmes Directorate** has been established to improve and standardise patient care throughout the organisation by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of HSE services.

The directorate has established a number of National Clinical Programmes. The Programmes are based on three main objectives:-

- To improve the quality of care we deliver to all users of HSE services
- To improve access to all services
- To improve cost effectiveness

The programmes cover a range of clinical areas with a view to reducing the lengthy out patients' waiting lists around the country and improving standards of care in all key health specialties. A *Local Implementation Guidance Pack* has been designed to support service providers in the co-ordination and implementation of the National Clinical Programmes at a hospital level.

## Quality and Patient Safety

### National Clinical Programmes Update

#### **National Clinical Programmes**

The National Clinical programmes listed in the 2011 National Service plan are focussed on preparing and planning for implementation. There are a number of key tasks in progress.

#### **(1) Communications**

A series of Clinical Strategy Programme road shows communicating the scope, philosophy and deliverables of the Programmes has now been completed in DNE and DML. In HSE South the South East area has also been completed. Road shows will be completed in remaining areas over the course of the summer. Overall the road shows have been characterised by a marked level of enthusiasm for the Programme demonstrated by the multidisciplinary audiences who have been invited to them by the respective RDOs.

An Implementation Guidance Pack was issued via the RDOs week ending 17 June and is now also available via [www.hse.ie](http://www.hse.ie). This Guidance Pack sets out the key process deliverables as part of implementation and aims to ensure a reasonable degree of consistency about implementation on a national basis while recognising that the pace and sequencing of delivery must be tailored to each situation.

#### **(2) Organisational Capacity**

The organisational capacity of the Programmes is being enhanced through the identification of additional Programme Managers; increased involvement by Public Health Specialists; and by the appointment of a Lead Director of Nursing to the Acute Medicine Programme.

Organisation capability is being enhanced by improved coordination processes and by the introduction of new Programme level reporting systems for each Programme that has a Programme Manager in place. One of the key purposes is to ensure that Programmes do not operate or become silo based.

The Governance structure now in place provides for weekly meetings of the National Programme Support Team, Fortnightly meetings of the Programme Managers and Regional co-ordinators and monthly meetings of the Inter Directorate Group. The Fortnightly 1:1 meetings with the National Clinical Leads still continue.

#### **(3) Benefits Tracking and Quality Measures**

An exercise is now underway to establish a consolidated base of the key performance metrics across the Programmes. This exercise is due to be completed before the end of July and will be of benefit to the corporate reporting processes of the HSE, the delivery of consistency across the Programmes and for the integration of the key data drivers of quality as described by the Programmes in the data approach of the SDU.

## Quality and Patient Safety

### Service Improvement – Blood Stock Management Overview

Over the past number of years we have seen many positive changes take place with regard to the collection, storage, distribution and use of blood and tissue products. All involved laboratories and hospitals worked alongside the Irish Medicines Board (IMB) and the Irish National Accreditation Board (INAB) in order to reach full compliance with the new EU Directives. Through the implementation of these new directives, along with considerable changes in stock management systems, there have been major reductions in product outdating resulting in considerable savings to the HSE.

In 2009 the Blood Stock Management programme was initiated. Its main objective was to establish optimum stock levels, reduce outdating and encourage re-routing. All hospital ordering patterns were evaluated. The Blood Stock Management system was put in place to supply hospitals with their optimum stock levels and effectively re-route blood before it becomes outdated. The table below shows the effectiveness of the Blood Stock Management Programme.

Year	Outdating	Cost €	Savings on previous year €
2007	10%	2,700,000	-
2008	4.78%	1,669,410	1,030,590
2009	2.58%	922,320	797,090
2010	1.76%	548,500	373,820

Further saving of €1 million was achieved in 2010 whereby a total of 4050 units were re-routed to Hub laboratories instead of allowing them to outdate. In effect, this saved the HSE €2 million as a result of the reduced outdating and re-ordering. Almost 95% of all blood units re-routed were used.

Following the successful implementation of the Blood Stock Management programme, expansion to incorporate platelet ordering and outdating was introduced and has been effective since Jan 2011.

### Blood Policy (M)

#### Blood Policy

The parameters for Platelet usage are within acceptance limits for the year to date with a slight increase in expected use for the month.

The Red Cell parameters are within the expected limits with the exception of Group O Rhesus Negative usage which is above the targets for the month and the year to date.

Blood Policy Performance Activity *Blood Policy reported one month in arrears	Outturn 2010	Target 2011	Target YTD	Actual YTD	% Var YTD v. Tar YTD	Target this Month	Actual this month	% var V target this month
No. of units of platelets ordered in the reporting period	22,750	22,000	11,000	10,715	+2.59%	1,833	1,906	-4%
% of units of platelets outdated in the reporting period	New PI 2011	<10% 2,200	1100	482	+56.18%	<183	81	+56%
% usage of O Rhesus negative red blood cells per hospital	New PI 2011	<11% 10,233	6670	7935	-18.96%	1126	1,295	-15%
% of red blood cell units rerouted to hub hospital	New PI 2011	<5% 10,233	3032	2808	+7.38%	512	390	+24%
% of red blood cell units returned out of total red blood cell units ordered	1.76% 2,194	<2% 10,233	1213	769	+36.6%	205	111	+46%

\*Figures are reported one month in arrears

<b>Environmental Health</b>	
<b>Tobacco Control</b>	<p><b>No. of sales to minors test purchases carried out</b></p> <p>A total of 154 inspections were carried out YTD. Activity has been carried out in Mayo, Northern Area, Wexford, Cavan/Monaghan. The target is to have activity in 8 offices by year end.</p>
<b>Food Safety</b>	<p><b>% of the total number of high risk food premises which receive one full programmed inspection</b></p> <p>The total number of high risk premises is currently 23425. The total number of inspections of this category of premises is 11245. As the numbers of premises nationally have been divided by 4 to provide a quarterly figure, it is still feasible that the target of 100% of high risk premises may be achieved by year end.</p>
<b>Import control</b>	<p><b>% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation</b></p> <p>The 100% target was achieved for the year to date.</p>
<b>International Health Regulations</b>	<p><b>All designated ports and airports to receive an inspection to audit compliance with the International health Regulations 2005</b></p> <p>Three of seven audits completed to date. The remainder of the audits are planned for Qtr 3 and Qtr 4.</p>
<b>Cosmetics and Food Product Safety</b>	<p><b>% achievement with the cosmetic product sampling plan</b></p> <p>Sample numbers taken exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>
<b>Cosmetics and Food Product Safety</b>	<p><b>% achievement with the food sampling plan</b></p> <p>Sample numbers exceeded those set out in the sampling plan; therefore the target of 100% has been achieved nationally.</p>

<b>Health Care Assurance</b>	
<b>Health Care Assurance</b>	<p><b>% of national audits, as specified in audit plan, commenced</b></p> <p>100% of healthcare audits as specified in QPSA Audit Programme for Q2 2011 commenced.</p> <p>There was, however, a delay in commencing several of the audits due to ongoing restructuring of the QPSA (formerly QCCA) function since 1 Jan. This has included:</p> <ul style="list-style-type: none"> <li>▪ Refinement of the QPSA Standard of Practice, based on international evidence and Q1 experience of Level II Assurance in the HSE.</li> <li>▪ Ongoing communication as to the function of QPAS across senior management, including clarification of standard operating procedures for requesting and participating in a Level II Audit.</li> <li>▪ Ongoing clarification of accountability for implementing the recommendations of completed audits.</li> <li>▪ Recently implemented tracking procedure for monitoring the implementation of recommendations from completed audits.</li> </ul>
<b>Health Care Assurance</b>	<p><b>% of national audits completed within the timelines in audit plan</b></p> <p>Thus far, 100% of completed audits (4) achieved the timeframes indicated in audit plan.</p> <p>Of the seven audits which commenced in Q1:</p> <ul style="list-style-type: none"> <li>▪ 4 were completed either on time or ahead of schedule in Q2</li> <li>▪ 1 is scheduled to be completed in Q3, and is on target to achieve completion on time</li> <li>▪ 1 was due to be completed in Q2, but will be completed in Q3. Site reports are complete and the final report will issue in August.</li> <li>▪ 1 was due to be completed in Q2; an interim report was issued and the audit has been suspended by the Director QPSA</li> </ul> <p>Of the six audits scheduled to commence in Q2:</p> <ul style="list-style-type: none"> <li>▪ 3 are pending sign-off on their audit plan. The remaining 3 are signed-off and have commenced; it is expected they will be completed within timelines indicated in audit plan</li> </ul>

## Quality and Patient Safety

<p>Complaints (Q)</p>	<p><b>% of complaints investigated within legislative timeframe</b></p> <p>A total of 4333 complaints were recorded as receiving attention during quarter two. Complaints officers recorded 1436 new complaints and there were 1813 complaints in progress on 1<sup>st</sup> April 2011.</p> <p>Due to staff shortages in Dublin North East it has not been possible to collect full statistical data on complaints handled in June 2011.</p> <p>The Health Act 2004 (Complaints) Regulations 2006 acknowledges that it is not possible to conclude every investigation within the recommended timeframe and in such cases advises that the complaints officers and review officers should notify relevant individuals of that fact.</p> <p>The reasons for not concluding an investigation within the timeframe are varied and relate in many cases to the often complex nature of complaints, the multiple contacts with parties involved to identify and confirm the key items of concern and investigate same, difficulties progressing investigations whilst people are ill or on leave and the absence of IT supports to support the efficient tracking of complaints and generate reminder letters etc. As with all areas of service provision, a minority of individuals may take up a considerable period of time through their behaviour, sometimes unknowingly and at other times with vexatious or malicious intent.</p> <p>In 2011, the team in the National Advocacy Unit will be examining ways in which we can continue to support complaints and review officers, updating the Your Service Your Say Policy and Procedures and identifying if the current processes and structures are meeting the needs of the organisation effectively.</p> <p>[Not all complaints are dealt with under Part 9, Health Act 2004. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First.]</p>
<p>National Advocacy Programme Alliance</p>	<p>20 volunteer advocates completed the Level 6 FETAC, National Advocacy Programme Alliance programme and received a qualification during the period 1<sup>st</sup> January 2011 to 30<sup>th</sup> June 2011.</p>
<p>Service User Involvement and advocacy</p>	<p><b>% of primary care Local Implementation Groups with at least 2 community representatives in each LHO</b></p> <p>3 primary care Local Implementation Groups have at least 2 community representatives in each LHO</p>

Performance Activity	Outturn 2010	Target 2011	Target YTD	Activity YTD	% var YTD v Target YTD
<b>Complaints*</b>					
% of complaints investigated within legislative timeframe based on all complaints received in quarter one 2011 (2,325)	New	75%	3,349	3,249	-2.99%
Performance Activity	Outturn 2010	Target 2011	Target current month	Activity Current month	% var v Target
<b>Complaint Reviews**</b>					
% of reviews conducted and concluded within 20 working days of the request being received	New	75%	20	3	-80%

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

\*\*Complaint reviews are reported one month in arrears

### Complaint reviews (M)

#### **% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)**

There were 20 reviews received in May, of the 5 that are closed, 3 were closed within the 20 working day timeframe.

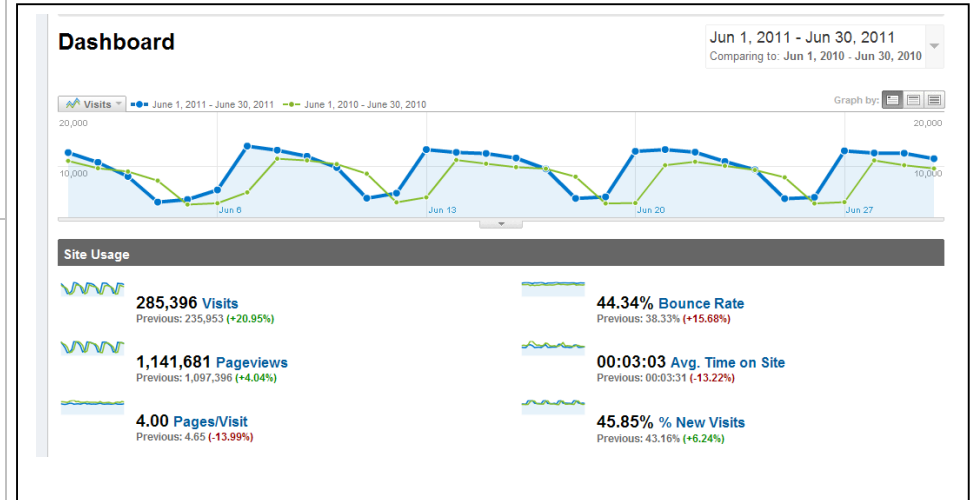
It is an ongoing challenge to meet the 20 day working day timeframe for the completion of HSE Reviews due to the complex nature of cases and the availability of review officers. Work is ongoing to develop this function.



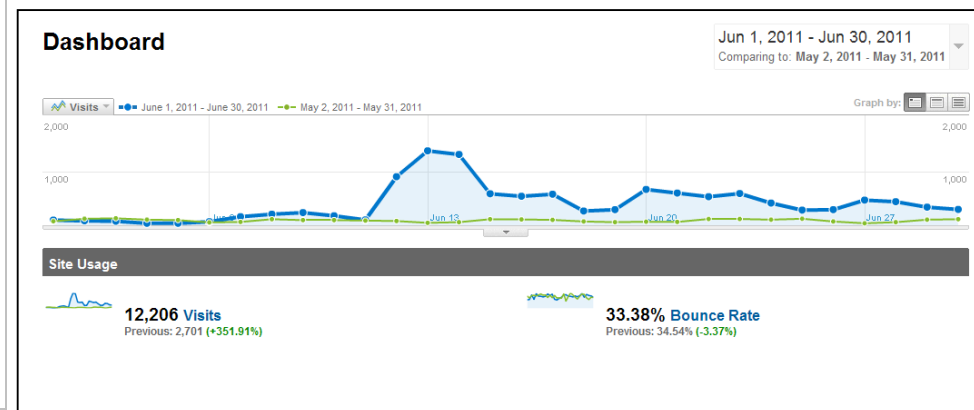
## Communications

FOI (M)	<p><b>No. of FOI requests received</b></p> <p>The number of FOI requests received YTD to end of June is 2669. This represents 90% of the anticipated target for the YTD period.</p>
Parliamentary Questions	<p><b>% of Parliamentary Questions dealt with within 15 working days</b></p> <p>The total number of PQs received between April 1st and June 30th 2011 was 700. Of these, 416 (59%) were answered ("on time") within the 15 day target. Overall for April - June 564 (81%) PQs have now been answered and there is an outstanding 136 (19%) awaiting answers, which are currently being processed for reply.</p>
Public Information (M)	<p><b>HSE National Information Line</b></p> <p>The HSE National Information Line provides members of the public with a single lo-call number <b>1850 24 1850</b> which allows them to access health and related social service information. The Information Line operates from 8am to 8pm Monday to Saturday. The number of calls received for June is 11,044 and activity YTD shows the number of calls at 66,663.</p> <p><b>HSE Website usage</b></p> <p>Visits to HSE.ie have increased by 20% compared to June 2010, with the average pages views steady at between 4-5 pages per visit.</p> <p><b>In Focus – June 2011</b></p> <p><b>QUIT – new HSE Campaign to encourage smokers to QUIT</b></p> <p>There are around 1 million smokers in Ireland, and 1 in every 2 smokers will die of a tobacco related disease. The HSE's new QUIT campaign highlights this stark fact and aims to encourage many of those 1 million smokers to quit. The campaign launched on June 13 and has seen a strong positive response, with high numbers of visits to the website and over 6,000 joining the campaign on Facebook. The campaign will be ongoing later in 2011.</p> <p>The graph above shows a dramatic increase in visits to <a href="http://www.quit.ie">www.quit.ie</a> following the campaign launch in mid June 2011.</p>

## HSE Website Usage



## QUIT – new HSE Campaign to encourage smokers to QUIT



## New Service Developments – June 2011

Service Area	Key Result Area	Deliverable 2011	Funding	Allocated YTD	Spend YTD	WTE	WTEs in place YTD	Timescale	Progress in the reporting period.
NCCP	<b>Radiation Oncology</b>	Full Year cost of opening new radiation units in Beaumont and St. James	€8m	€ m	€ m	0	-	Q4	Beaumont opened in March 2011, James opened in April 2011. Awaiting allocation transfer to operational account St. Lukes network.
	<b>Theatre/ICU/Support</b>	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	€ m	€ m	28	3	Q1	Primary notifications issued. Recruitment underway.
	<b>National Screening Service</b>	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013.	€0.5m	€ m	€ m	20	-	Q2	Primary Notifications issued. Recruitment underway.
	<b>Total allocation NCCP</b>		<b>€10m</b>			<b>48</b>	<b>3</b>		
Children and Families	<b>Ryan Report</b>	Implementation of the recommendations progressed	€7m	€ m	€ m	0	-	Q4	Detailed discussions have taken place regarding the composition & distribution of a range of therapeutic posts arising from Ryan. The recruitment process has been implemented and the posts are in the process of being filled. A full Ryan progress report has been submitted to the Minister in July 2011.
	<b>Social Work Service</b>	Appointment of additional Social Workers	€2m	€m	€ m	60		Q3	The 200 social workers allocated in 2010 are now in place. The recruitment of the additional 60 Social work posts has commenced.
	<b>Total allocation Children and Families</b>		<b>€9m</b>			<b>60</b>	<b>-</b>		
ISD Older Persons	<b>Fair Deal</b>	Deliver additional residential care placements	€6m	€6m	€6m	0	-	Q4	Demand for NHSS has exceeded projections, with additional 1,600+ private residential care placements funded to end May 2011.
	<b>Home Care Packages</b>	Enhance home care through additional care packages	€8m	€ 0m	€ 2m	0	-	Q4	Update outlined below.
	New National Guidelines for Home Care Packages have been introduced. These standardise the definition of Home Help and Home Care Packages for the first time. Data arising out of this exercise is not directly comparable therefore with 2010 data. While HH hours are showing as below 'target', HCP activity is above 'target' - Overall 'home support' hours (ie HH and HCP hours combined are above 2010 activity levels).								
	<b>Long Stay Repayments</b>	Address outstanding claims and close off scheme in 2011.	€12m	€6m	€4.4m	0	-	Q4	On target to complete outstanding claims by year end.
	<b>Total allocation Older Persons</b>		<b>€26m</b>	<b>€12m</b>	<b>€10.4m</b>	<b>0</b>	<b>-</b>		
ISD Suicide Prevention	<b>Suicide Prevention</b>	Focus on increasing the number and range of training programmes, improve our response to deliberate self harm presentations, develop our ability to respond in primary care and coordinate and improve our helpline availability	€1m	€ 0 m	€ 0 m	0	-	Q4	24 projects approved and will begin in July. Funding being made available July/August.
ISD Disability Services	<b>Disability Services</b>	Address demographic pressures in the provision of Day, Residential, Respite, PA and Home Support services. Funding distributed equitably across Regions based in emerging need.	€10m	€ m	€ m	0	0	Q4	The National Disability Unit in liaison with Regional Leads for Disability have agreed the allocation of funding on an equitable basis to each of the regions in accordance with an agreed prioritisation and monitoring process. The regions are currently collating the required information for draw down of funding which is scheduled for early August.
<b>Total</b>			<b>€56m</b>	<b>€12m</b>	<b>€10.4m</b>	<b>*108</b>	<b>3</b>		

# Appendix 1: Vote Data

## Vote 40 - HSE – Vote Expenditure Return at 30<sup>th</sup> June 2011

(As at 7<sup>th</sup> July 2011)

### 1. Vote Position at 30<sup>th</sup> June 2011

Vote Return - June 2011	Rev 2011	June Monthly Profile €'000	June Actual Outturn €'000	Over (Under) €'000	June YTD Profile €'000	June YTD Actual €'000	Over (Under) €'000
Gross Current Expenditure	13,402,237	1,092,403	1,128,282	35,879	6,786,033	6,888,541	102,508
Gross Capital Expenditure	392,250	29,420	26,537	(2,883)	197,650	157,959	(39,691)
<b>Total Gross Vote Expenditure</b>	<b>13,794,487</b>	<b>1,121,823</b>	<b>1,154,819</b>	<b>32,996</b>	<b>6,983,683</b>	<b>7,046,500</b>	<b>62,817</b>
<b>Appropriations-in-Aid</b>							
- Receipts collected by HSE	1,066,442	89,113	87,479	(1,634)	529,308	498,314	(30,994)
- Other Receipts	400,605	14,000	14,000	0	84,000	84,000	0
- Capital Receipts	15,000	2,000	270	(1,730)	6,350	3,065	(3,285)
<b>- Total</b>	<b>1,482,047</b>	<b>105,113</b>	<b>101,749</b>	<b>(3,364)</b>	<b>619,658</b>	<b>585,379</b>	<b>(34,279)</b>
<b>Net Expenditure</b>	<b>12,312,440</b>	<b>1,016,710</b>	<b>1,053,070</b>	<b>36,360</b>	<b>6,364,025</b>	<b>6,461,121</b>	<b>97,096</b>

### 2. Comparison to Issues Return

The June return is broadly consistent with the Issues return submitted on 24<sup>th</sup> June 2011.

### 3. General Commentary

The June vote expenditure return is prepared on the basis of cash issued to HSE areas and includes estimates of suspense account movements and appropriations-in-aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners.

Gross current vote expenditure is €103m over profile, while revenue Appropriations in Aid are €31m under profile. Capital vote expenditure is €40m under profile and capital Appropriations in Aid are €3m under profile resulting in a net vote expenditure figure of €97m over profile at the end of June, 2011.

Excluding capital the net revenue position at 30<sup>th</sup> June 2011 is therefore **€134m** over profile (€96m over profile at 31<sup>st</sup> May, 2011).

### 4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector including Fair Deal is €5m over profile.
- The voluntary sector is €16m over profile.
- The medical card services scheme is €89m over profile.
- Payments to the Long Stay Repayments Scheme are €2m under profile.

- Service Development expenditure is €2m under profile and will reflect expenditure in line with the PR on a quarterly basis.
- Payments to the State Claims Agency are €3m under profile.
- Revenue Receipts collected directly by the HSE are €31m under profile.

## 5. Year-End Revenue Projection

Based on the existing cash burn rates the projected year-end net revenue deficit is in the region of €400m (It should be noted that the net revenue overspend of €134m at 30<sup>th</sup> June 2011 is in effect 4 months deficit as the Jan and Feb profile was based on actual spend to 28<sup>th</sup> February).

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

The current end of year projection for PCRS is that there will be a deficit of €130m including the €58m and €32m relating to timing of the implementation of FEMPI and the overestimation of the full year impact of 2010 FEMPI reductions. HSE has no plans in place to address either of these amounts as in the case of the €58m it post dates the approval of the Service Plan by the Minister. It is anticipated that in the event of a deficit existing to this level on schemes at year end it will be addressed separately.

The summary net cash position at 30<sup>th</sup> June 2011 by sector is as follows:

Category	Total Cash Available <sup>1</sup>	To 30th June	% to 30th June 2011	% of Cash Used at 30th June 2010
Statutory	7,997,432	4,088,919	51.13%	48.85%
PCRS	2,221,041	1,168,781	52.62%	49.79%
Voluntaries	2,105,323	1,153,681	54.80%	55.21%
Long-Stay	12,000	7,000	58.33%	40.00%
<b>Total</b>	<b>12,335,796</b>	<b>6,418,381</b>	<b>52.03%</b>	<b>50.13%</b>

## 6. Capital Position at 30<sup>th</sup> June 2011

Subhead	Capital 2011 Profile €000	June 2011 Profile €'000	June YTD Actual €'000	Over (Under) €'000
C1 – Capital - Construction	334,711	180,030	141,872	(38,158)
C2 – Capital – Lottery	2,539	0	0	0
C3 – Capital -Information Systems	40,000	7,770	4,803	(2,967)
C4 – Mental Health	15,000	9,850	11,284	1,434
<b>Total</b>	<b>392,250</b>	<b>197,650</b>	<b>157,959</b>	<b>(39,691)</b>
<b>Gross Capital Expenditure</b>				
D.10 Receipts-Disposal of Mental Health Facilities	15,000	6,350	3,065	(3,285)
<b>Net Capital Expenditure</b>	<b>377,250</b>	<b>191,300</b>	<b>154,894</b>	<b>(36,406)</b>

<sup>1</sup> The net revenue cash available is equivalent to the net revenue vote less revenue a-in-a not collected directly by the HSE e.g. UK receipts and excise duties on tobacco.

## **7. Capital Commentary**

### **Subhead - C1/C2**

Expenditure under this subhead is running below profile by €38.158m for the period Jan-June 2011.

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

- The severe cold weather in December 2010 and January 2011 hampered construction and impacted on payments in February and subsequent months.
- A number of construction companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- The National Paediatric Hospital project has been put on hold pending a review.
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the Mater Adult Project, MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

### **Subhead – C3 ICT**

Expenditure under this subhead is running below profile by €2.967m for the period Jan-June 2011. It is anticipated that over the coming months expenditure will come into line with profile.

### **Subhead – C4 Mental Health**

Expenditure under this subhead is running ahead of profile by €1.434m for the period Jan-June 2011.

### **Capital Appropriations in Aid**

The value of sale proceeds in the period Jan-June 2011 was €3.065m. The profile in regard to sale of surplus assets was €6.350m.

## July Vote Issues Figures

### Vote 40 HSE – Vote Issues at 31<sup>st</sup> July 2011

(as at 25<sup>th</sup> July 2011)

#### 1. Revenue Position at 31<sup>st</sup> July 2011

Revenue	Per REV 2011 Profile	Issues	Over / (Under)	%
Gross Revenue Expenditure	7,931,960	8,085,300	153,340	1.93%
<i>Appropriations in Aid</i>				
- Receipts collected by HSE	618,171	582,902	(35,269)	-5.70%
- Other Receipts	98,000	233,000	135,000	137.75%
<b>Total Appropriations in Aid</b>	<b>716,171</b>	<b>815,902</b>	<b>99,731</b>	<b>13.92%</b>
<b>Net Revenue Expenditure</b>	<b>7,215,789</b>	<b>7,269,398</b>	<b>53,609</b>	<b>0.74%</b>

#### 2. Capital Position at 31<sup>st</sup> July 2011

Capital	Per REV 2011 Profile	Issues	Over / (Under)	%
Gross Capital	223,549	175,457	(48,092)	-21.51%
Appropriations-in-Aid	7,350	3,170	(4,180)	-56.87%
<b>Net Capital Expenditure</b>	<b>216,199</b>	<b>172,287</b>	<b>(43,912)</b>	<b>-20.31%</b>

#### 3. General Commentary

July issues are based on cash issued to areas, including an estimate for cash disbursements for the last week in July, and estimates of appropriations in aid collected directly by the HSE. Other receipts are actual receipts from the Revenue Commissioners and receipts from Recovery of EU Health Costs.

Gross revenue issues are €153m over profile, while revenue appropriations-in-aid collected directly by the HSE are €35m behind profile resulting in a **net revenue overspend of €188m** at the end of July 2011 (€137m over profile in June).

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

Gross capital issues are €48m under profile, while capital appropriations-in-aid are €4m under profile.

#### 4. Emerging Issues by Vote Subhead based on REV Allocation

- The statutory sector, voluntary sector and the medical card services scheme are €155m over gross profile (€111m over profile at the end of June).
- Payments to the Long Stay Repayments Scheme are €3m under profile (€2m under profile at the end of June).
- Payments to the State Claims Agency are €1m over profile (€3m under profile at the end of June).
- Receipts of €135m in respect of Recovery of UK Health Costs were received in July 2011 ahead of profile.

#### 5. Appropriations-in-Aid

Subhead	Description	Profile €'000	Actual Receipts €'000	Over/(Under) €'000
D.2	Recovery of EU Health Costs	0.000	-135.000	135.000
D.3.	Receipts from Excise Duties on Tobacco	-98.000	-98.000	0
D.4	Ophthalmic Services Scheme	0	0	0
D.5	Dental Treatment Services Scheme	0	0	0
D.6	Maintenance Receipts	-216.266	-169.327	(46.939)
D.8	Superannuation Receipts	-115.855	-111.430	(4.425)
D.9	Miscellaneous Receipts	-90.050	-83.877	(6.173)
D.11	Pension Levy - HSE Employees & Voluntary Agencies	-196.000	-218.268	22.268
D.10	Receipts: Disposal Mental Health Facilities	-7.350	-3.170	(4.180)
	<b>Total</b>	<b>-723.521</b>	<b>-819.072</b>	<b>95.551</b>

#### 6. Capital Commentary

##### Subhead C1 and C2 - Construction

Expenditure under this subhead is running below profile by €48.338m for the period Jan-July 2011. A number of issues have impacted on capital expenditure to date in 2011. These include;

- The severe cold weather in December 2010 and January 2011 hampered construction and impacted on payments in February and subsequent months.
- A number of constructions companies have encountered financial difficulties which, in turn, have impacted on the completion of construction (Letterkenny ED & Ward Block project) and the settlement and payment of final accounts (CUH Cardiac Renal).
- The National Paediatric Hospital project has been put on hold pending a review.
- Progress on a number of major projects has been sluggish to date in 2011 and have fallen behind profile. These include the Mater Adult Project, MWRH Limerick Critical Care project and Waterford Regional Hospital ED project.
- Some projects are encountering delays between the appointment of a contractor and the commencement of construction. These delays may be due to the provision of the Bond or prolonged main contractor/sub-contractor negotiations.

##### Subhead C3 - ICT

Expenditure under this subhead is running below profile by €2.116m for the period Jan-July 2011. It is anticipated that over the coming months expenditure will come into line with profile.

##### Subhead C4 - Mental Health

Expenditure under this subhead is running ahead of profile by €2.362m for the period Jan-July 2011.

##### Capital Appropriations- in-Aid

The value of sale proceeds in the period Jan-July 2011 was €3.170m. The profile in regard to sale of surplus assets was €7.350m.