



PAC-R-754

Correspondence 3A.5
Meeting – 06/12/2012

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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27th November 2012

Ms. Niamh Maguire,
Committee Secretariat,
Committee of Public Accounts,
Leinster House,
Dublin 2



Dear Ms. Maguire,

I refer to your correspondence of 13th November 2012 regarding our attendance at the recent Public Accounts Committee meeting and your request for information on a number of follow up issues that arose during the course of the meeting.

Please find here under for the attention of the Committee the HSE responses to the issues raised.

I trust this information is of assistance.

Yours Sincerely,

Ray Mitchell
Assistant National Director
Parliamentary & Regulatory Affairs

**HSE Responses to issues for follow up
from meeting of PAC held on 8th November 2012**

1) A breakdown, by grade, of the cost of on-call payments made in 2011

Response:

Breakdown by grade category of the cost of on-call payments in 2011

Staff Category	On-Call	Total Pay €	On-Call as % of Total Pay Costs
Nursing	10,094,755	2,266,588,613	0.45%
Support Staff	3,675,436	1,290,418,041	0.28%
Medical/Dental	14,875,198	1,134,904,987	1.31%
Management Admin	857,293	807,156,948	0.11%
Health & Social Care Professionals	52,349,204	885,777,909	5.91%
TOTAL	81,851,887	6,384,846,498	1.28%

Note: Includes Pay costs for the Statutory and Voluntary Sector

2) A breakdown of the cost of overtime paid to nurses and consultants in 2011 and as a percentage of the total overtime bill

Response:

OVERTIME PAID NURSES, CONSULTANTS, NCHDs & OTHERS IN 2011 AS A % OF THE TOTAL OVERTIME BILL									
CONSULTANTS O/T		NURSES O/T		NCHD (O/T)		OTHER STAFF O/T		TOTAL STAFF O/T*	
€	% of Total O/T	€	% of Total O/T	€	% of Total O/T	€	% of Total O/T	€	% of Total O/T
905,578.65	0.54%	31,888,462.68	18.98%	96,805,912.26	57.62%	38,393,849.04	22.85%	167,993,802.63	100

**A reconciling difference exists between the values extracted from payroll and the value on the AFS for 2011 due to the net closing accruals.*

3) A breakdown of on-call and sessional allowances by grade paid by the HSE in 2011

Response:

A breakdown of the on-call payments by grade category is provided in Question 1. The information requested on sessional payments is not captured as a separate item in the Financial Accounting reporting system in the same way as the other pay elements. Our Payroll Departments are currently conducting an exercise to capture this information, which will be provided to the Committee as soon as possible.

4) A breakdown, by category of consultant contract A, B or B*, of the 59 Clinical Directors in receipt of the Clinical Directors Allowance as per table "HSE Allowances Review – Information for Public Accounts Committee

Response:

Please find breakdown list of Clinical Directors by Contract Type attached as Appendix 1.

5) Confirmation of the number of payrolls operated by the HSE

Response:

Nine central payroll departments process payroll for HSE employees and pensioners. The PPARS SAP system processes payroll in three HSE areas.

6) A list of hospitals where the processing of consultants' private insurance forms is outstanding. The number of forms outstanding and the value of claims outstanding per hospital to be included

Response:

Hospitals are currently in the critical phase for submission of Private Insurance Claims to the Private Health Insurers. The last two weeks of November are the most important weeks of the year as claims submitted to the private insurers in this period will be processed and paid in 2012 thereby greatly assisting the cash position of hospitals to year end.

The current paper based claims process is inefficient and requires significant effort from patient accounts staff, hospital support staff and consultants. This manual process is being replaced by an electronic claims process that is currently live in six hospitals with another three scheduled to go live by year end. At that stage over 50% of all hospitals claims will be electronic. The implementation effort to further hospitals will continue in 2013. Electronic claiming, though more efficient, will still require input from consultants.

Whilst there has been an improvement of 20% in the value of "Claims awaiting Consultant Action" over the last twelve months, there are still a number of consultants with significant backlogs and this distorts what could be a much

better position. The HSE intend to proceed with the proposal set out in the document "Consultants – Implementing the Public Service Agreement" that was issued by the Labour Relations Commission on the 17th September 2012. Section 5 (vii) (a) notes –

"A commitment from all Consultants to fully complete and sign private insurance forms within 14 days of receipt of all the relevant documentation."

The HSE has written to all consultants requesting a very significant additional effort between now and the end of November so that:

- **All forms currently** for signing are completed and submitted no later than **30th November** and
- As many as possible of the forms sent for signing in the next 2 weeks are completed and submitted no later than the **30th November**

From 1st December onwards, we have requested that all consultants comply with the general requirement to complete and sign all forms within 14 days of them being presented.

The table hereunder (Appendix 2) shows the quantity and value of "Claims Awaiting Primary Consultant Action" at the 31st Oct 2012. All hospitals will have some level of "Claims Awaiting Consultant Actions" as hospitals create their bill when the patient is discharged. It is important to state that the level of debt outstanding should be viewed in context with the size of the hospital.

The HSE and the Department of Health are also finalising agreements with the three main private health insurers to accelerate income collection in 2012.

Appendix 2 -

Claims Awaiting Primary Consultant Action - 31st October 2012

Hospital	Region	Quantity	Value
Mullingar General	DML	1,104	1,351,070
Naas General	DML	28	112,738
Portlaoise General	DML	179	497,593
St Columcilles General	DML	58	20,719
Tullamore General	DML	802	1,179,489
Adelaide & Meath Tallaght	DML	1,343	2,696,234
Children's University, Temple Street	DML	752	1,249,670
Coombe Womens Hospital	DML	384	1,202,459
National Maternity Holles St.	DML	337	831,741
Our Lady's Hosp for Sick Children Crumlin	DML	1,667	2,066,539
Royal Victoria Eye & Ear Hospital	DML	474	639,605
St. James's Hospital	DML	1,581	3,948,236
St. Michael's Dun Laoghaire	DML	45	237,977
St. Vincent's Elm Park	DML	258	817,629
Cavan General	DNE	325	440,749
Connolly Memorial	DNE	151	972,136
Louth County	DNE	170	110,800
Our Lady of Lourdes Drogheda	DNE	827	2,113,809
Our Ladys Navan	DNE	92	120,160
Beaumont Hospital	DNE	1,331	3,506,364
Cappagh National Orthopaedic	DNE	89	118,286
Mater Misericordiae University	DNE	196	1,186,317
Rotunda Hospital	DNE	218	965,729
Galway University Hospitals	Galway/Roscommon	2,626	5,193,126
Portiuncula Acute	Galway/Roscommon	1,093	1,660,784
Roscommon General	Galway/Roscommon	19	12,703
St. John's Limerick	Mid-Western	415	1,198,560
Ennis General	Mid-Western	225	174,249
Nenagh General	Mid-Western	168	204,776
Mid Western Regional Dooradoyle	Mid-Western	5,102	10,593,459
Mid Western Regional Maternity	Mid-Western	316	1,109,264
Mid Western Regional Orthopaedic	Mid-Western	194	489,792
St. Luke's Hospital, Rathgar	NCCP	116	691,763
Bantry	South	22	61,410
Cork University	South	2,398	4,796,287
Kerry General	South	740	827,621
Mallow General	South	120	105,128
St. Joseph's Clonmel	South	578	1,128,313
St. Luke's Kilkenny	South	859	1,395,867
Waterford Regional	South	1,399	2,802,348
Wexford General	South	331	643,971
Mercy University	South	1,397	2,794,743
South Infirmary - Victoria Hospital	South	1,428	3,033,455
Letterkenny General	West	99	196,995
Mayo General	West	985	1,006,568
Sligo General	West	746	1,358,012
Total		33,788	67,865,242

Note: A number of hospitals include all claims that are yet to be submitted in the above category.

7) A note on the payment of a travel and subsistence allowance to staff employed by the HSE. Total amount paid in respect of this allowance and amount paid by breakdown of staff grade to be included

Response: to follow

8) A note on the number of "Blue Light Vehicles" utilised by the ambulance service in the HSE

Response:

The Health Service Executive currently employs 58 Officers at different grades within the National Ambulance Service to manage the approx. 1450 staff located in 111 locations nationally. These Officers principally work in the areas of Operations, Fleet, Logistics and Estate, Control and Performance, Education and Competency Assurance, and Quality, Safety and Risk. There are currently 49 vehicles ranging in age from 2 to 12 years old available nationally to these grades to fulfil the various duties associated with their roles and responsibilities.

Under the Major Emergency Management Framework 2006, the National Ambulance Service is defined as a Principal Emergency Service. Consequently, Officers are required to respond to and fulfil various roles as set out in the Health Service Executive Major Emergency Plans. In previous years, Officers used personally owned vehicles and received travel expenses to cover the cost of same.

In the context of current Health and Safety and Road Traffic legislation and the uncontrolled nature of the emergency services working environment, it would be unacceptable for the Health Service Executive to request staff to respond to any emergency or serious untoward incident in a personally owned vehicle. In addition to these primary roles, Officers are required to provide an emergency response to serious untoward incidents such as:

- A. Any Road Traffic Collision involving a National Ambulance Service vehicle
- B. Any physical assault involving a member of staff while on duty
- C. To allow for clinical/operational supervision depending on the needs of the service
- D. To enable specialist medical teams to be deployed into the pre-hospital environment when required
- E. Any staff member injured while on duty
- F. Prolonged entrapment or rescue of patients
- G. Any incident involving the transfer of a Category III Infectious case
- H. Any incident with three or more ambulance attending
- I. Any chemical or biological incident requiring the mobilization of a Special Operations Unit
- J. Complaint from a patient or public about a staff member
- K. Any report of lost or stolen controlled drugs (Morphine)
- L. Notification of Medicines Recall from Pharmacy Service
- M. Outbreak of Fire on National Ambulance Service premises
- N. Outbreak of Fire on National Ambulance Service vehicle
- O. Break in on National Ambulance Service premises

The above list is not exhaustive. In the context of a 24/7 emergency service, these incidents or major emergencies can occur in any part of the country and at any time.

Additionally, the majority of Officers hold Advanced Paramedic and Paramedic qualifications. As these vehicles generally hold an Automated External Defibrillator (AED) and/or other medical equipment, many Officers respond to emergencies during and off duty hours. Such off duty work is carried out on a good will basis, i.e. no payment.

We can advise that as state owned vehicles, the Health Service Executive does not pay any insurance premium or road tax. The average mileage of these vehicles can range from 14000 to 25000 km/annum.

The average cost per vehicle including all running costs, subject to model variance is approximately 24 cent/km. This compares more than favourably with the normal travel rates applying in the public service where staff are required to use their own vehicles.

9) A note on position and any concerns of the HSE in respect of the level of salaries, allowances & expenses paid to staff employed in the voluntary sector

Response:

The Committee will be aware that in mid 2012 the Chief Executive Officer of the HSE requested an audit of Section 38 Agencies in the Voluntary Sector with regard to the remuneration of senior managers employed or contracted by those Agencies. This process is ongoing and as already advised to the Committee is nearing completion. The Report on the findings will be published and made available to the Committee.

The HSE is satisfied that the majority of allowances paid in the Voluntary Sector are in line with the approved allowances as detailed on the Department of Health's Consolidated Pay Scales. The Committee will be aware that we responded in detail on those allowances at our meeting on 8th November 2012. A process to identify site specific allowances in the Voluntary Sector has been concluded and is being submitted to the Department of Public Expenditure and Reform. From the information available to date the additional allowances identified are mainly paid to Care and Support Staff and the cost is not significant in the context of the overall spend on pay in the sector.

Members will be aware that the HSE's funding arrangement with the Voluntary Sector is operated on a Service Level Agreement basis. In this regard all agencies are required to work within the parameters set by Government on pay policy and terms and conditions. This relationship is managed closely through our four Regional Directors of Operations to ensure that the level of salaries, allowances and expenses paid to staff employed in the Voluntary Sector is in keeping with Government policy.

Acute Clinical Directors

	Hospital Groups	Clinical Director	Hospital_Name	Contract Type
North East	1 Louth Meath Hospital Group	Dr Dominic O'Brannagain, Consultant Physician in Palliative Medicine	Our Lady of Lourdes Hospital	Type B
	2 Regional remit	Dr Alan Finan, Consultant Paediatrician	Cavan General Hospital	Type B
	3 Cavan Monaghan Hospital Group	Dr James Hayes, Consultant Physician	Cavan General Hospital	Type B
Dublin North	4 Beaumont (Incl. the National Rehabilitation Hospital)	Dr Paul Brennan	Beaumont	Type B*
	5 Mater Misericordiae Hospital (Incl. Cappagh National Orthopaedic Hospital)	Prof J Conor O'Keane, Consultant Histopathologist	Mater Misericordiae University Hospital	Type B*
	6 Rotunda Hospital	Dr Peter McKenna, Consultant Gynaecologist and Obstetrician	Rotunda Hospital	Type B
	7 Connolly Hospital	Mr Trevor Duffy, Consultant Rheumatologist	Connolly Hospital	Type B*
Dublin South	8 St. James' Hospital	Prof JB Walsh	St. James's Hospital	Type B
	9 SVUH (Incl. St. Michaels), St. Colmcilles,RVEEH	Prof Michael Keane	St. Vincent's Hospital	Type B* - academic
	10 National Maternity, Holles Street	Dr Peter Boylan, Consultant Obstetrician & Gynaecologist	National Maternity Hospital	Type B
Dublin Midlands	11	Mr. Martin Feeley, Consultant Vascular Surgeon Lead CD	AMNCH	Type B
	12	ADMInCH Tallaght	AMNCH	Category 1
	13		AMNCH	Type B
	14		AMNCH	Type B
	15 Naas General Hospital	Dr Catherine Collum, Consultant Radiologist	Naas General Hospital	Type A
16	Midland Regional Hospital at Tuilamore	Mr Sean Johnston	Midland Regional Hospital	Type B

	Hospital Groups	Clinical Director	Hospital_Name	Contract Type
17	Midland Regional Hospital at Mullingar	Dr Shu Hoashi, Consultant Endocrinologist	Midland Regional Hospital	Type B
18	Midland Regional Hospital at Portlaoise	Dr John Connaughton, Consultant Physician	Midland Regional Hospital	Type B
19	Coombe Women's Hospital	Dr Chris Fitzpatrick Consultant Obstetrician & Gynaecologist	Coombe Women and Infants University Hospital	Type B
20	Waterford Regional Hospital	Dr Rob Landers, Consultant Histopathologist	Waterford Regional Hospital	Type B
21	Wexford General Hospital	Dr Colm Quigley, Consultant Physician	Wexford General Hospital	Type B
22	St. Luke's Hospital, Kilkenny	Dr Garry Courtney, Consultant Physician	St. Luke's General Hospital	Type B
23	South Tipperary General Hospital	Dr Amir Majeed, Consultant Anaesthetist	South Tipperary General Hospital	Type B
24	CUH (Incl. Mallow & Bantry)	Professor Richard Greene, Consultant Obstetrician & Gynaecologist	Cork University Hospital Group	Type B - academic
25	Kerry General Hospital, Tralee	Dr Richard Liston, Consultant Physician	Kerry General Hospital	Type B
26	South Infirmary/Victoria Hospital	Mr Neil O Donovan	South Infirmary Victoria University Hospital	Type B
27	Mercy University Hospital	David Kerins	Mercy University Hospital	Type B
28		Professor Pierce Grace, Lead CD	Mid-Western Regional Hospital	Type B
29		Dr Con Cronin, CD Medicine	Mid-Western Regional Hospital	Type B
30	Mid-western Regional Hospital	Dr Brian Kenny, CD Diagnostics	Mid-Western Regional Hospital	Category 1

	Hospital Groups	Clinical Director	Hospital_Name	Contract Type
31		Dr Roy Philip, CD Maternal and Child Health	Mid-Western Regional Hospital	Type B
		Dr John Kennedy, CD Perioperative	Mid-Western Regional Hospital	Type B
West/Nor th-west		Vacant - LEAD CD	GRUHG	
		Dr Pat Nash, CD Medicine	GRUHG	Type B*
		Dr Ray McLoughlin, CD Radiology	GRUHG	Type B*
		Dr Damien Griffen, CD Lab	GRUHG	Type B
37	Galway Roscommon University Hospital Group	Dr Geraldine Gaffney, CD Women and Children	GRUHG	Academic - Full-time (Category 1)
38		Mr Karl Sweeney, CD Surgery	GRUHG	Category 2
39		Dr Paul Naughton, CD Theatre Anaesthetics and Critical Care	GRUHG	Category 2
40		Dr Michael Brassil	Portiuncula and Roscommon Hospital	Type B
41	Mayo General Hospital, Castlebar	Dr Michael O'Neill, Consultant Paediatrician	Mayo General Hospital	Type B
42	Sligo General Hospital	Dr Paul Mullaney, Consultant Ophthalmologist	Sligo General Hospital	Type B
43	Letterkenny Hospital	Dr Paul O'Connor, Consultant Anaesthetist	Letterkenny General Hospital	Type B
Other Clinical Directors	Paediatrics	Dr Colm Costigan	OLHSC/CUH	Type B

Mental Health Clinical
Directors

Area	Remit	Clinical Director	Name	Churchtown Day Hospital	Newcastlewest,	Co. Limerick	Contract Type
West	1	Limerick Mental Health Services Located at Churchtown Day Hospital	Dr John O'Mahoney (A/Clinical Director)	Churchtown Day Hospital	Newcastlewest,	Co. Limerick	Type A
	2	Sligo Mental Health Services Located at Ballyvinnan Sligo	Dr Owen Mulligan Consultant Psychiatrist (Adult)	Sligo Mental Health Services	Ballyvinnan	Sligo	Type A
	3	Galway Mental Health Services Located at St Brigid's Hospital Ballinasloe	Laura Mannion				Type A
South	4	North Lee/North Cork Adult Mental Health Services Located at North Lee	Dr Maeve Rooney Consultant Psychiatrist (Adult)	St. Michael's Unit	Mercy University Hospital	Cork	Type A
	5	South Lee/WestCork/Kerry Adult Mental Health Located at South Lee	Dr Eamon Moloney Clinical Director	Department of Psychiatry,	Cork University Hospital,	Wilton, Cork.	Type A
	6	Waterford/Wexford	Dr Noel Sheppard Consultant Psychiatrist	Department of Psychiatry,	Waterford regional Hospital,	Dunmore Road, Waterford.	Type A
DNE	7	Carlow/Kilkenny	Dr Francis Kelly Consultant Psychiatrist	Department of Psychiatry,	St. Luke's Hospitals,	Kilkenny	Type A
	8	North Dublin Mental Health Located at St Ita	Dr. Mary Cosgrave Consultant Psychiatrist (Old Age)	St Ita's Hospital,	Portrane	Co. Dublin	Type A
	9	Cavan/Monaghan	Feargal Leonard				Type A
DML	10	Louth/Meath	Amir Niazi	Clonard House, Market Square,	Navan,	Co. Meath	Type A
	11	North West Dublin/Dublin North Central	Dr Margo Wrigley Consultant Psychiatrist (Old Age)	Department of Psychiatry,	Mater Misericordiae University Hospital,	Dublin 7	Type A
	12	Wicklow Adult Mental Health Service located at Newcastle Hospital	Dr Justin Brophy Clinical Director	Newcastle Hospital	Greystones,	Co. Wicklow	Type A
	13	Dublin West, South West Adult Mental health Service located in St Lomans Palmerstown	Dr Ian Daly Clinical Director	St Loman's Hospital,	Palmerstown,	Dublin 20	Type A
	14	Laois Offaly Mental Health Located in Portlaoise	Dr Maurice Gervin Clinical Director	St. Fintan's Hospital,	Portlaoise	co. Laois	Type A
	15	National Forensic Mental Health Located at Central Mental Hospital Dundrum	Dr Harry Kennedy Clinical Director	Central Mental Hospital	Dundrum	Dublin 14	Category 1