



Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Saolta University Health Care Group
Operational Plan 2016



SAOLTA UNIVERSITY HEALTH CARE GROUP MISSION STATEMENT

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

OUR VISION STATEMENT

Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.

OUR GUIDING VALUES

Respect - we aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.

Compassion - we will treat patients and family members with dignity, sensitivity and empathy.

Kindness - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.

Quality – we seek continuous quality improvement in all we do, through creativity, innovation, education and research.

Learning - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfill their potential.

Integrity - through our governance arrangements and our value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.

Team Working – we will engage and empower our staff, sharing best practice and strengthening relationships with our partners and patients to achieve our Mission.

Communication - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.

These values shape our strategy to create an organisational culture and ethos to deliver high quality and safe services for all we serve and that staff are rightly proud of.

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Foreword

I am pleased to present the 2016 Operational Plan for the Saolta University Health Care Group.

Early in 2015 the HSE launched the Corporate Plan which set out the HSE's ambition for the health services over the three years 2015-2017 under the following headings

- Promoting health and wellbeing as part of everything we do
- Providing fair, equitable and timely access to quality, safe health services
- Fostering a culture that is honest, compassionate, transparent and accountable
- Engaging, developing and valuing our workforce to deliver the best possible care and services
- Managing resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Our Operational Plan is in keeping with the five key goals set out in the HSE plan and focuses on delivering a high quality health service for the patients we serve and outlines the actions which we will take to deliver on our goals over the year.

The 2016 Operational Plan is based on the priorities outlined in the National Service Plan, HSE 2016. However, it also reflects the ongoing work of the Saolta Group in areas such as governance and service configuration. It also outlines the planned activities for the year for the Group based on the resources allocated to us. The plan prioritises the delivery of safe care and aims to deliver an equivalent volume of activity as 2015.

The Group was allocated a budget of €656m for 2016. This is an increase of €13m on last year's allocation. While the financial position is not yet finalised it is anticipated that the Group will be faced with a financial challenge of over €40m for 2016.

In order to address the potential deficit, the Group will have to control its cost base firmly. In particular our financial control on the Pay Bill headcount will be critical. We will all need to manage our activity as part of the Activity Based Funding (ABF) model, while ensuring that quality and patient safety is at the forefront.

While we cannot eliminate risk within a health care environment, in delivering this plan we will promote the reduction of risk to service users, the public and staff by implementing best practice risk management processes aligned with national policies. This will include the strengthening of our quality and risk management systems.

I look forward to working with all of our staff (over 8,000 across all sites), with our Board and with the broader HSE and Health Services to continue our development as a hospital group and to deliver safer, better hospital services to the people of the West and Northwest within the allocated resources.

Kind Regards



**Mr Maurice Power,
Chief Executive Officer,
Saolta University Health Care Group**

Saolta University Health Care Group

Introduction

Saolta University Health Care Group serves the population of counties Galway, Donegal, Leitrim, Sligo, Mayo, Roscommon and adjoining areas. As of the last quarter of 2015, Saolta University Health Care Group had over 8,000 whole time equivalent employees across seven sites.

Saolta University Health Care Group

2016 Budget €656m

Saolta University Health Care Group expanded in September 2013 but the Hospital Group has been in place for over 4 years since its' establishment in January 2012.

The Group is comprised of the following hospitals:

Letterkenny University Hospital

Sligo University Hospital

Mayo University Hospital

Roscommon University Hospital

Galway University Hospitals (UHG & MPUH)

Portiuncula University Hospital

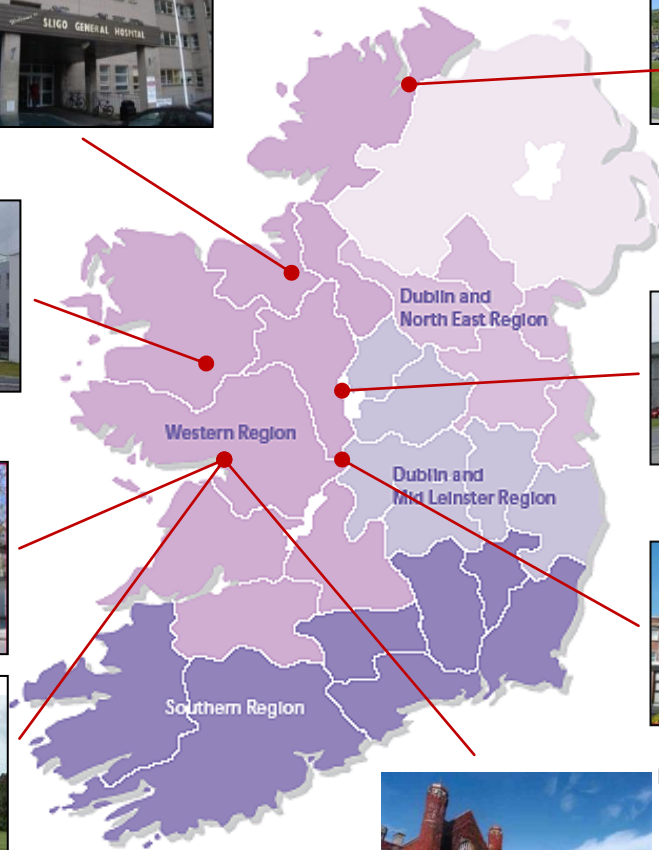
The Saolta Group is closely aligned with its Academic Partner *NUI Galway*

Sligo University Hospital



Letterkenny University Hospital

Mayo University Hospital



Roscommon University Hospital

University Hospital Galway



Portiuncula University Hospital

Merlin Park University Hospital



NUI Galway

The establishment of the Saolta University Health Care Group is part of a national programme of reform of the health services and the development of the hospital group is key to the delivery of improved services to the population of the region. While Saolta University Health Care Group is more advanced in its development than most of the other hospital groups nationally; there is a need to further develop its governance model and advance full integration of services across the group of hospitals. The Saolta Group will continue to contribute positively to the reform programme throughout 2016 aligned with our vision and mission.

Table 1.1: Saolta University Health Care Group Hospitals

Hospital	Acronym	Size	Inpatient beds	Staffing October 2015	Staffing December 2015
Galway University Hospitals (University Hospital Galway & Merlin Park University Hospital)	GUH	Model 4	646	3,249	3,361
Letterkenny University Hospital	LUH	Model 3	326	1,392	1,425
Sligo University Hospital	SUH*	Model 3	279	1,476	1,492
Mayo University Hospital	MUH	Model 3	281	1,028	1,026
Portiuncula University Hospital	PUH	Model 3	198	670	671
Roscommon University Hospital	RUH	Model 2	63	281	285

*SUH also governs Our Lady's Hospital Manorhamilton

The Group provides a full range of acute hospital services and its annual activity in 2015 was:

- 191,651 Emergency Department (ED) attendances with 58,482 ED admissions
- 5,118 Urgent Care Centre attendances in RUH
- 113,017 inpatients
- 174,399 day cases
- 586,829 outpatient attendances including consultant, nurse and HSCP lead clinics.
- 9,574 births

Demographics

The population of the region served by the Saolta Group in 2011 was 703,684 accounting for 15.3% of the national population. The population in the region is expected to increase by approximately 0.81% to 709,383 in 2016 and by 3.2% to 726,201 in 2021.

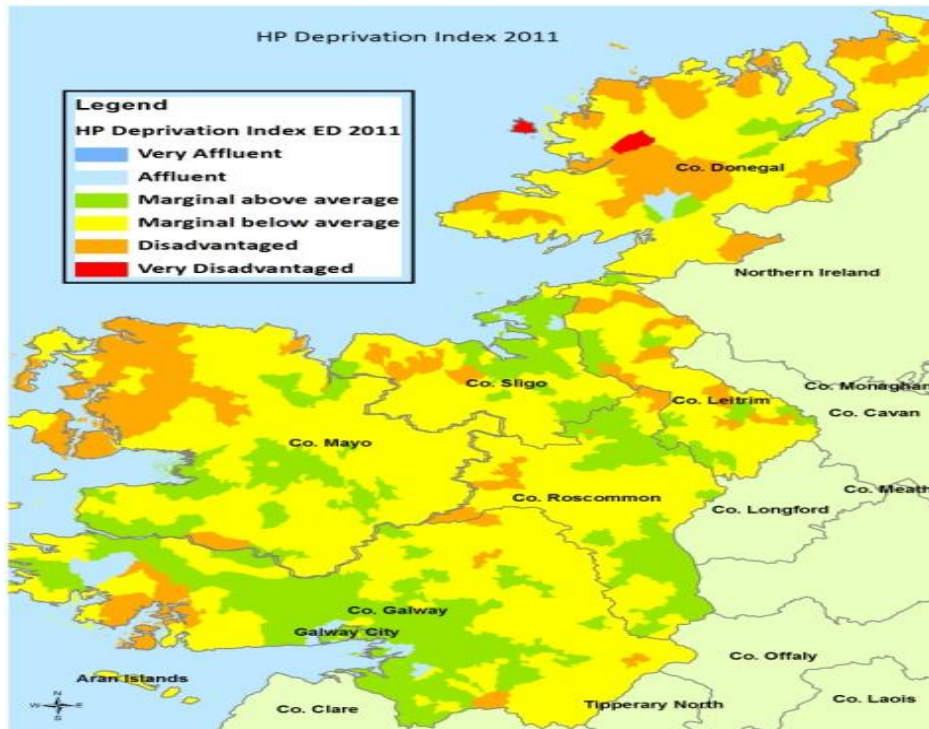
The population is mainly rural with over 70% of the community residing in rural locations (rising to 90% in Leitrim). The western seaboard areas are sparsely populated with poor access, infrastructure and with high levels of deprivation. The areas of lowest population density include west county Donegal, west county Mayo and west county Galway. Donegal Local Authority area has the second highest levels of deprivation nationally.

Galway, Mayo and Donegal are the three counties in the region with a population greater than 100,000 people.

The region has a large geographical area representing 32% of the geographical area of the Republic of Ireland with counties Galway, Mayo and Donegal ranking 2nd, 3rd and 4th in terms of area.

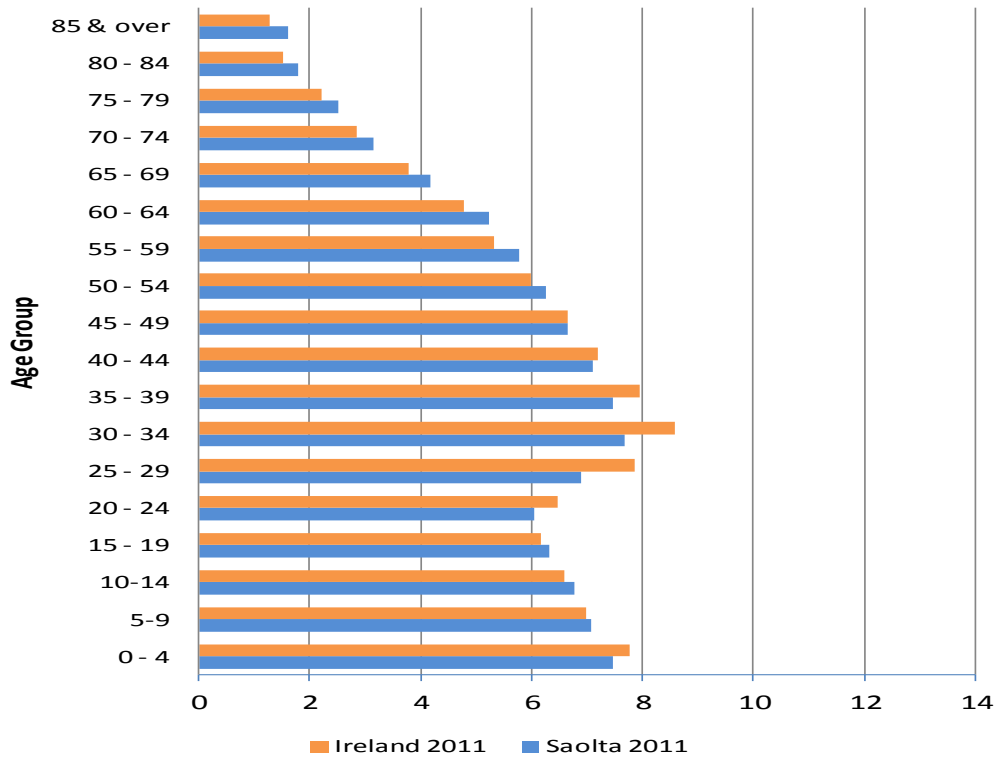
Over 7,300 people live on islands in the region. Although many of these islands are connected to the mainland by causeways /bridges, a common feature of many of these islands is poor road infrastructure, poor access to public transport and considerable distance from emergency departments.

The average age dependency ratio for the region (ratio of dependents to the working age population) is 34.7%; the average age dependency ratio for the state is 33%. The main urban populations are concentrated in Galway city, Sligo, Letterkenny and Castlebar.



The age profile from Census 2011 is similar to the national age profile with a slightly higher proportion of those aged 65 and over at 93,204 or 13.2% of the population compared to national average of 12.4%.

Using CSO national population projections in 2016 it is predicted that 13.3% of the national population will be 65 years and over and that this will increase to 15% in 2021, meaning that 108,930 people in the region will be aged over 65 years.



In 2014 adults aged 65 years and over represented 12.7% of the population nationally but used 53.3% of total hospital in-patient bed days and approximately 36% of day case and same day bed days.

22% of Emergency Department attendances in the 20 adult hospitals for which data were available in 2014 were in the 65-84 age group and 5% of attendances were those aged 85 years and over.

It is predicted that from 2014 to 2016 Emergency Department attendances will have increased by 6% for adults aged 65-84 and by 8% for those aged 85 years and over.

The implications of the population aged 65 years and older is that the demand for health services will grow disproportionately faster as health service utilisation by those aged 65 and over is greater than that of the general population. Chronic disease mainly manifests itself in this age group and is contributing to increased demand for services.

Access

Access to clinical services continues to be a very significant challenge for the Saolta Group. These challenges are manifested in trolley waits in our EDs, OP and IP/ Day case waiting lists and waiting lists for access to diagnostics primarily radiological modalities.

Unscheduled Care

Delays in access to inpatient beds for patients presenting to the five Emergency Departments in our hospital group is the single biggest risk for the Saolta University Health Care Group.

As stated previously, Emergency Department (ED) attendances will increase for adults aged 65-84 in 2016 and also for those aged over 85 years, while there will be a corresponding drop in the 17-64 year age group. As the burden of care and severity of illness increases with age this will place an increase in ED demand, both in volume and also in complexity.

We are committed to improving our access for our emergency admissions and patients attending our Emergency Departments, through reducing the numbers of patients on trolleys awaiting admission to a bed while also improving our ED patient experience times in line with national targets. The areas of focus will be: strong governance, increasing bed capacity, a key focus on patient experience times, patient pathways, access to diagnostics, increased early morning and weekend discharges, clear escalation plans for each site and increasing efficiency at all levels. We will work closely with the Community Health Areas to improve patient admission and discharge pathways.

We will have a particular focus on patients aged 75 years and over waiting on trolleys and on patients awaiting admission for more than 24 hours to make measurable improvements.

Scheduled Care (Inpatient and Outpatient) Waiting Lists

The Group starts 2016 with very significant inpatient and outpatient waiting lists notwithstanding the significant work and progress made in 2015 in relation to the national waiting time targets. We have an unmet demand reflected in our waiting lists and waiting times. Nationally the number of patients waiting across all specialities for outpatient appointments is increasing, with total OPD waiting lists increasing by 29% in the period January 2014 to the end of February 2015. Large increases have been experienced in numbers waiting for Otolaryngology (ENT), Orthopaedics, Dermatology, Ophthalmology and Urology. This has been mirrored in the Saolta Group. At the same time the waiting list for procedures also continue to grow.

The Group will continue to work on maximising capacity across the hospitals in relation to both inpatient and outpatient services and will continue to improve processes and integrated working using all available resources to meet national targets (Appendix 11)

Cancer Services

We have made significant progress with regard to access to a range of cancer services including symptomatic breast, Rapid Access Lung (RAL) and Rapid Access Prostate (RAP). We will continue to work in 2016 to build and sustain those service improvements for cancer patients. This includes improved access, high quality diagnostics, building service capacity including radiotherapy involving our cross border partners in Altnegalvin, developing the MDM functionality. We will continue to undertake joint research with our Academic partner NUI Galway and improve our IT systems across the Group to achieve best practice key performance indicators in line with the National Cancer Control Programme.

Diagnostics

Significant improvements are required in relation to diagnostic waiting times across the Group particularly in relation to MRI, Ultrasound and CT Scans and this will continue to be a key area of focus in 2016 which will require review and a capacity planning approach to meet service demands.

Human Resources

At the end of 2015, Saolta University Health Care Group had over 8,000 whole time equivalent employees across seven sites and an average monthly staff turnover of 0.48%. While staffing levels have improved over the last year, the hospitals in the Group remain challenged to deliver the quality of service that our patients deserve and expect. A request has been submitted under the terms of the Pay Bill Management Control mechanisms for a range of essential posts to enable our hospitals to maintain existing service levels and deliver required service developments. There are significant staffing difficulties on all hospital sites. Of particular concern is our ability to recruit medical staff at consultant and NCHD levels, particularly in Letterkenny University Hospital and Portlincula University Hospital, theatre nursing in UHG, midwifery staff on all maternity sites and radiographers on all sites.

The Saolta Employment Control Committee oversees all applications for replacement staff. A key part of its function is to alleviate the need for agency and overtime costs where at all possible. This focus will remain in place for 2016 and will be supported by Executive, Directorate and General Management. The Saolta Group will continue to build on the very significant progress made in absence management over the past three years. The Group has had an absenteeism rate below 4% for ten of the past twelve months and is now consistently close to the national target level of absence of 3.5% with a running monthly average of 3.87% (twelve month period January to December 2015).

Finance

The Saolta University Health Care Group has received €656m funding for 2016. The 2016 budget is framed somewhat differently to the block Group funding received in the past. Funding in 2016 is based on Activity Based Funding (ABF). Each of our hospitals, apart from Roscommon University Hospital has been funded based on the national average price for a weighted unit of inpatient and day-case activity. The projected activity for 2016, on which the funding is based, has been calculated using the 12 months to the 31st October 2015 with minor adjustments for some services charges. Based on budget allocation and maintaining activity at 2015 levels, the Group will be very challenged in 2016 and there will be a continued focus on controlling costs and achieving cost savings.

Quality

Quality of service and patient safety are central to everything we have been trying to achieve across the Saolta Group over the last three years. Over recent years, a group wide approach to management of quality and patient safety has been developed under the remit of the Chief Clinical Director. This approach will continue to be supported throughout 2016.

Target Activity Levels 2016

1.2: Table. Saolta Group planned activity 2016

We will need to manage our activity as part of the Activity Based Funding (ABF) model and we will aim to deliver the equivalent volume of activity provided in 2015. We plan to roll out Q pulse in Mayo, Sligo and Letterkenny in the first half of 2016. This will allow the Group to report in a composite consistent way on Quality & Performance issues.

Category	Saolta 2016 Target Activity
Births	9,703
Daycases	185,300
ED Presentations	213,000
ED Admissions (inc AMU)	92,537
Inpatients	111,927
Outpatients (Consultant Led)	478,675
UCC (RUH only)	6,000

See **Appendix 1** for Saolta Individual Hospital Activity 2015

See **Appendix 11** for Key Performance Indicators including Access Performance Targets for 2016

Saolta University Health Care Group Priorities 2016		Lead	Timeline
1	Group Restructuring / Integration	CCD	Q4
2	Achieve Key Patient Access Targets: Unscheduled Care a) Emergency Department (ED) Patient Experience Time (PET) 6hr / 9 hr / >74yrs admitted or discharged within 9 hrs targets b) Trolley waits in ED c) Implement National Ambulance Turnaround times & monthly monitoring	CCD / COO	Ongoing
3	Achieve Key Patient Access Targets: Scheduled Care a) Inpatient waiting list targets b) Outpatient waiting list targets c) Diagnostic waiting list	COO	Ongoing
4	Reviews a) Implement recommendations of ED and Cardiology review b) Complete Urology /Haematology reviews & implement recommendations	CCD	Q4
5	Develop and Implement an Integrated Group Clinical & Business Strategy	CEO/ CCD	Q3 - Q4
6	Develop and maintain relationships with key Strategic Partners a) Community Health Organisations b) General Practitioners c) Academic Partners d) Cooperation and Working Together (Cross border) e) Western Health & Social Care Trust & Altnagelvin Hospital f) Charitable Organisations g) Private Hospitals	CEO	Ongoing
7	Implement National Safer Better Health Care Standards and Policies Procedures Guidelines across the Group and monitor implementation of quality improvement plans.	CEO / COO / CDON	Q4
8	Progress next phase of Activity Based Funding while maximising funding within the resources available in our hospitals	CFO	Q4
9	Appoint Group IT Director and Implement IS Strategy	CEO / CFO	Q2
10	Continue implementation of HR Strategy (2014 – 2018) a) Deliver appropriate and timely recruitment through the Workforce Plan and enhance attractiveness of Saolta to improve staff retention b) Enable further roll out of the Clinical Directorate structure, incorporating better staff communication, engagement, attendance, succession management and talent development c) Promote Healthy Ireland through the Saolta Implementation Plan	DHR	Q4
11	Implement robust Audit Programme and ensure learning from audits, Serious incidents and local complaint reviews.	Audit Committee / Qualsec	Ongoing
12	Deliver Key Capital Projects / Physical Infrastructure upgrades a) Endoscopy Roscommon b) 75 bed Ward Block GUH c) Radiation Oncology d) Medical Devices / Equipment replacement	COO	Ongoing
13	Implement National Clinical Guidelines across acute hospitals in Group a) Sepsis b) Clinical Handover Maternity & Acute c) PEWS	CCD / CDON	Q2
14	Ensure control and prevention with compliance with targets of healthcare associated infections/AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA <i>National Standards for the Prevention and Control of Healthcare Associated Infections</i> .	CDON / COO	Ongoing
15	Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including PUH maternity review	CCD	Ongoing
16	Ensure the appropriate staff are appraised of the Children First Act and their duties and responsibilities. Provide training to relevant staff in conjunction with Children First development officers. Implement the policy on Safe-guarding Vulnerable Persons at Risk of Abuse in conjunction with Social Care Division	CDON	Ongoing
17	Develop and Implement Research Strategy for the Group	CAO	Q4

Improving Quality and Reforming Service Delivery

Leadership and Governance for Quality and Safety

- Continue to embed Group wide strategies for managing quality and risk i.e. Quality and Safety Executive Committee; Serious Incident Management Team; complaint, incident and risk process flow diagrams.
- Improve staffing, particularly senior expertise, available to quality and safety departments.
- Seek to appoint project lead for facilitating implementation of standards and recommendations
- Continue to provide education on systems analysis investigation and invest in quality improvement education programme in partnership with Royal Colleges and IHI.
- Review governance of quality and safety and resource requirements to effectively manage through Directorates
- Seek to appoint project lead to work with Chief Academic Officer on structuring and learning from audit (policy compliance and clinical audit)
- Review findings from person-centred research that the Group was involved in during 2015, derive recommendations and implement.

Safe care

- Further embed the identification of risks (using the Q Pulse system) and escalation to Site / Directorate and Group risk registers.
- Improve the process to review implementation of the recommendations from completed incident reviews at the Serious Incident Management Team meetings.
- Support the Specialty Leads / Directorates to implement NCEC National Clinical Guidelines
- Continue to implement, control and prevent of HCAs / antimicrobial resistance (AMR) in accordance with HCAI standards across through the Group and site based Infection Control committees.

Effective care

- Women's and Children's Directorate to continue to oversee implementation of recommendations from maternity reviews and to implement recommendations from reviews that are currently underway.
- All five maternity units to report and publish monthly maternity safety statements
- Seek to appoint a project lead to drive review and development of Group policies, procedures, protocols and guidelines.
- Review clinical services across the Group to develop a strategy for safe, sustainable, staffed, effective care.

Health Service Reform

- To continue through 2016 to work on the Hospital Group Implementation Project in association with Systems Reform Group and PwC.
- To further progress joint working with Academic Partner, NUI Galway.

Service User Experience

At present the Patient Advice and Liaison Service (PALS) is only available in one of the Group's hospitals - Galway University Hospitals (GUH). In 2016 we hope to extend this service into all hospitals within Saolta University Health Care Group. This will enable us to respond to our service users concerns and to work proactively to improve the patients experience by promoting a culture of professionalism, kindness, respect and partnership. PALS will also continue to participate nationally with the Acute Hospitals division in the development of a national systematic approach to measuring patient experience in 2016.

The Caring Behaviours Assurance System (CBAS-I) is an evidence based system for enabling and assuring the delivery of person centred health care. This programme has been rolled out and evaluated in four hospitals in the Saolta Group in 2015 through the Nursing Midwifery Planning and Development Units (NMPDU). In early 2016 CBAS-I. It will be introduced in SUH and LUH.

Leaders for Compassionate Care: The Florence Nightingale Foundation Programme in Ireland for Clinical Nurse and Midwife Managers was introduced nationally and will be rolled out in the Saolta Group in 2016.

The Patient Council is now established. The Council meets regularly and has agreed that the patient's voice would be best represented by having Patient Council representation on appropriate non-clinical committees across the Group. In 2016 we plan to extend their representation at hospital committee level. Hospital visiting policies and staff communication with patients are areas of focus for the Patient Council in 2016.

A Health Literacy Committee has been established in GUH in collaboration with NUI Galway. The purpose of the committee is to create a health literacy friendly organisation in GUH with plans to extend this across the Group.

The first Schwartz Rounds in an acute setting in Ireland will take place in February in 2016 in GUH with a plan to facilitate monthly rounds. The Schwartz Rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which staff can share their stories and offer support to one another.

Sage (third age advocacy) is a national independent advocacy service for older people. In 2016 this service will be piloted in GUH.

Saolta University Health Care Group is the first hospital group in the state to develop an implementation plan to promote health and wellbeing under the Healthy Ireland programme framework 2013-2025. Launched in October 2014, the Saolta Healthy Ireland Implementation Plan 2015-2017, is well underway with a strategic group, a steering group and an implementation group delivering the necessary initiatives and changes through 59 Healthy Ireland strategic actions.

The Saolta Group's approach is to build on existing good practices, identify areas for improvement and implement actions to reduce the burden of chronic disease while improving patient and staff wellbeing. Local implementation groups are in place across the group in addition to a number of sub-groups. We are collaborating with key stakeholders and seeking engagement with community agencies which can enable our agenda of better health and wellbeing for all.

Operational Framework

Financial Plan

The Saolta University Health Care Group has received **€656m** funding for 2016. The 2016 budget is framed somewhat differently to the block Group funding received in the past. Funding in 2016 is calculated on Activity Based Funding (ABF). Each of our hospitals, with the exception of Roscommon University Hospital, has been funded based on the National average price for a weighted unit of inpatient and day-case activity. The projected activity for 2016, on which the funding is based, has been calculated using the 12 months to the 31st October 2015 with minor adjustments for some services charges.

Funding of ED, OPD and similar services are remaining with the block grant method of funding. With the introduction of the Activity Based Funding (ABF), 2016 will be a transition year to this method of funding for the Hospitals and will require an entirely different approach to reviewing our costs, reporting and managing our activity and funding. As the year progresses and more information becomes available and finance develops its reporting requirements, it is hoped each hospital will be fully informed on how it is performing against this new funding method.

Financial Position

2015

The financial position for 2015 shows a deficit of €23m for the year. The Group received a supplementary budget of €29m at the end of 2015. Increased numbers of patient attending as inpatients, day-cases, ED and our requirements to address our waiting list numbers impacted on our finances. Associated patient costs both in pay and non pay increased.

2016

Analysing the spending patterns, employment levels and expected demands on our service, for the latter part of 2015, initial forecasts for 2016 indicate that the Saolta Group is facing a €45m deficit. This will be a major challenge for the Group in reducing the forecast in line with national HSE expectations.

Emerging Issues

With our 2016 activity and associated funding set at 2015 levels all our hospitals will be required to control costs and contribute to an overall reduction in costs as required in the new funding model.

The National Acute Services have placed emphasis on three areas of financial control

1. Volumes/Activity
2. Employment Control
3. Income

As the ABF funding model is based on activity levels the Group are required to control the 2016 activity in line with funded activity level, detailed below.

In managing our employment levels cognisance must be taken of activity levels, approved service developments and clinical risks within the hospital services.

Over the last number of years, hospitals in the Group have experienced a growth in agency staff numbers in all staff categories. The Group is confident that initiatives to engage staff as HSE directly employed staff will show savings in the premium payments required to engage agency staff. Staffing levels for 2016 must remain at 2015 levels apart from approved service developments

The Group will face significant challenges in achieving our assigned income budget and associated debt management. Various initiatives at Group and hospital level will be put in place to bridge the gap to attain the 2016 budget levels.

2016 Revenue Budget

1.3: Table Saolta Group Revenue Budget (Provisional Figures)

	€000
ABF Revenue	533,473
Block Grant (OPD, ED etc)	232,455
Total Expenditure Revenue/Budget 2016	765,929
Income Budget 2016	-110,377
Net Budget 2016	655,552

1.4: Budget and actual Comparison 2015 vs. 2016

	Projected 2015 €000	Budget 2015 * €000	Provisional Budget 2016 €000
Pay	530,954	514,129	500,026
Non-pay	259,454	252,653	265,903
Total Expenditure	790,408	766,782	765,929
Income	-94,672	-94,053	-110,371
Net Expenditure	695,736	672,729	655,552

* Includes €29m supplementary budget received at year end

1.5: Activity Target – Funded under Activity Based Funding 2016

(Funded level of activity will differ from Operational Plan levels because of the historic basis of the funded activity levels)

Hospital Name	Inpatients		Day-cases	
	Cases	Weighted Unit	Cases	Weighted Unit
Portiuncula (PUH)	12,918	8,541	9,250	10,424
Galway (GUH)	37,179	40,902	86,947	78,964
Mayo (MUH)	18,732	13,975	23,850	20,935
Letterkenny (LUH)	23,041	16,224	27,341	25,707
Sligo (SUH)	18,386	14,724	30,980	36,524
Group Total	110,256	94,366	178,368	172,554

Workforce Plan

The Saolta Group has improved its staffing position from a point where there was almost a 15% reduction in staffing levels to a situation in 2015 where we increased our whole time equivalent (WTE) numbers of staff by 461 from January to December 2015. This is a very welcome development which will assist greatly in improving performance and patient experiences while also raising staff morale and reducing levels of stress. While the staffing level has increased, there has also been a strong message from the HSE that very strict controls must be put in place this year to control staffing at current levels and to seek to reduce where it is safe to do so.

Reducing Agency and Overtime Costs

Work continues on reducing engagement of agency staff where at all possible. There are also significant efforts being made to reduce the use of overtime although in some circumstances, this option provides better value than using agency. The trend in agency hours over 2015 was slightly downward though there will continue to be challenges in respect of medical grades and support staff in some hospitals. This is as a result of recruitment difficulties in the case of medical grades and challenges in retaining support staff. Employees on the Intern Scheme for Support Staff have been converted to full HSE contracts and this has reduced reliance on agency to an extent. We have also converted nurses recruited on the Graduate Programme and have offered permanent posts to newly graduating nurses and midwives.

Public Service Stability Agreements 2013-18

The Saolta Group implemented all three of the Public Service Agreements to date, commencing recently on the terms of the Lansdowne Road Agreement (LRA). A significant investment of HR staff time and energy went into implementation and the cost savings which were envisaged continue to materialise. We will continue to implement the LRA to its conclusion.

In 2016, as per the Final Agreement for Transfer of Tasks under Nursing/Medical Interface Section of the Haddington Road Agreement the following tasks will transfer from medical to nursing staff in line with associated National Framework and Task Transfer Verification Process (December 17th 2015):

- Peripheral cannulation
- Phlebotomy
- Intra Venous drug administration — first dose; including in the appropriate setting
- Nurse led delegated discharge of patients.

Workforce Planning

A Workforce Plan is in preparation at the moment and this will inform the most effective and efficient model of recruitment for the Group to date. All retirements and foreseeable resignations will be core to this plan as will the limited operational plan/development posts and recruitment to those areas which are of highest priority (for example, medical posts in certain hospitals, radiographers, midwives, theatre nurses, ED staff). The Group Employment Control Committee will continue to evaluate applications for replacement posts while the Executive's performance meetings with the directorates and hospital management teams will consider applications for new posts and for agency conversions. The Saolta Group's 2016 recruitment process will be greatly influenced by the budget allocated to the Group and the Pay Bill Management Control process which is going to be rigorously applied in 2016.

European Working Time Directive

The Group is very focused on achieving compliance with all aspects of the European Working Time Directive and has made significant inroads in most areas. The 24 hour parameter, while not an actual requirement under the directive is frequently in the 90%-95% range and we are also substantially achieving the 48 hour parameter with challenges remaining in respect of certain specialties which we are continuously seeking to resolve. The breaks, rest intervals between shifts and access to annual leave aspects have all been complied with.

Recruitment

There continues to be challenges in respect of recruitment of certain grades and some of these arise due to national and international demand exceeding supply. However, we also have retention challenges which require further examination internally and we are in the process of setting up a sub-group to look for solutions to the retention of staff in one area in particular. We have an exit Interview process which is designed to provide the employer with insight on what measures could be put in place to retain staff. Having a talented, skilled and young workforce whose reputation in other health care jurisdictions is very high, and who wish to enjoy other life experiences, also impacts on retention.

Attendance and Absence Management

Attendance management has been very robust in the Group and we have achieved consistent improvements in our absence levels since drafting and implementing an Attendance Management Action Plan in 2013. The Saolta Group's absence level has been below 4% for ten of the last twelve months and the Group's running twelve month average rate is 3.87% compared to the national average of 4.21% and acute services at 3.80%. Four of the six individual hospitals are averaging under 4% while the other two are gradually reducing their average over time. Our absence levels compare favourably with international rates (NHS in the UK included).

Employee Engagement

The Saolta Group's Employee Engagement process continues with much work being done at individual hospital sites in response to our 'Have Your Say' survey in late 2013 and our associated road shows. The Executive, together with members of the Board and Clinical Directors will hold a further road show in spring 2016 which will update staff on the progress to date in relation to the changes identified by our survey. There will be an update on progress from each site submitted to the Executive Council and the Board.

Health and Safety at Work


The Saolta Group continues to prioritise health and safety at work. There are challenges in respect of delivering certain Health and Safety training and fire drills, manual handling, safe handling of chemical and hazardous materials and operating machinery are priority. The area of health and safety at work is in need of considerable investment, as is the area of staff well-being.

Education and Training

- Develop infrastructure support for post-graduate trainees.
- Improve residence and support facilities for NCHDs.
- Work with NUI Galway in the development of space in the Comerford building refurbishment with aim to develop post-graduate offices and library/reading room.
- Engage with and support NUI Galway medical school in development of academies across hospital group.
- Expand and develop post-graduate multidisciplinary education simulation learning programme.
- Develop post-graduate programmes.
- Engage with RCPI to develop QI programme and culture.
- Roll out SpR Pilot QI programme.
- Review and develop clinical audit programme across the hospital group.
- Develop audit structures.
- Provide necessary tools and supports for career development.
- Develop strategy for HSCP education and training (including CME).
- Consider options for advanced non physician clinical training with engagement with nursing and HSCPs.


Delivery of Services

Saolta Key Priorities and Actions to Deliver on Goals in 2016

 Promote Better Health and Wellbeing as part of everything we do so that people will be healthier		
Priority Area	Action 2016	Target/Date
Healthy Ireland Implementation Plan	Promote a healthy lifestyle for patients and staff, reduce incidence of disease and support best management of chronic diseases such as diabetes, COPD and coronary heart disease through the development and phased implementation of hospital group Healthy Ireland plans.	Ongoing
	<p>Saolta Healthy Ireland Objectives in 2016 include:</p> <ul style="list-style-type: none"> - Maintenance of 2015 activity levels. - Publication of a health and wellbeing training plan for staff. - Full implementation of the HSE calorie posting and vending policies. - Increasing the uptake of the flu vaccine. - Development and delivery of a stress control programme for staff. - Pilot BMI (body mass index) patient initiative across all sites. - The establishment of a research base for Healthy Ireland. - Production of a Healthy Ireland annual report. - Promotion of operation transformation physical activity initiatives. - Progression of active travel initiatives across all sites. - An increase in healthy Ireland branding, communication and promotion of initiatives. - Progression of our partnerships with Health Promotion and Improvement West, NUI Galway, Smarter Travel Workplaces, Dept. Of Public Health, HSE West, the National Health and Wellbeing Division, RCSI Hospital Group. - Continue work of Saolta Group Steering Committee and Local Hospital Site Implementation Groups. 	Q1-Q4
	Increase the number of hospital frontline staff trained in brief intervention.	Q1-Q4
	Achieve and maintain Tobacco free Campus across all sites.	ongoing
	Achieve Baby Friendly accreditation across sites.	ongoing
	Continue the Arts in health programme across the Group.	ongoing

<p>Improving Patient and Staff Wellbeing</p>	<p>Implement the Healthy Workplace Policy and support initiatives to encourage staff to look after their own health and wellbeing.</p> <p>Build on existing good practices, identify areas for improvement and implement actions to reduce the burden of chronic disease while improving patient and staff wellbeing.</p> <p>Implement an action plan to meet national standards for Nutrition and Hydration of patients across the Group.</p> <p>Implement National Guideline for the <i>Identification and Management of under nutrition in Acute Hospital settings (when published)</i>.</p> <p>Implement Mobility Management Plans (MMP) across the all sites.</p> <p>Increase staff resilience through training on managing/controlling stress and how to use it to their advantage.</p> <p>Deliver training for managers and staff in building the tangible skills of resilience through cognitive behavioural techniques.</p> <p>Deliver training to increase interpersonal effectiveness and enable productive interactions thereby improving staff morale.</p> <p>Carry out risk assessments of environmental workplace stressors to aid in the prevention of stress.</p> <p>Support staff to receive mindfulness training.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Patient Experience</p>	<p>Continue to implement Public Patient Involvement Strategy with the establishment of PALS in all Saolta hospitals.</p> <p>Continue to support and embed the Patient Council across the Saolta Group Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across acute services.</p> <p>Use patient insight to inform quality improvement initiatives and investment priorities.</p> <p>Support and extend the Caring Behaviours Assurance system across all hospitals in the Saolta Group.</p> <p>Create a health literacy friendly organisation across all hospitals in the group.</p> <p>Sage (third age advocacy) the national independent advocacy service for older people - will be piloted in GUH in 2016.</p> <p>Undertake Patient Experience Surveys in all hospitals on a phased basis within available resources.</p> <p>Support the implementation of the HSE Open Disclosure National Guidelines.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

Retinal Screening Service	Support the continued development of the National Diabetic Retinal Screening Programme and achieve relevant KPIs to enable early detection of changes that could affect sight.	Ongoing
Healthcare Associated Infections	Ensure control, prevention and compliance with targets of healthcare associated infections/AMR in accordance with HCAI standards across the Group with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA National Standards for the Prevention and Control of Healthcare Associated Infections.	Ongoing
	Implementation of HIQA Antimicrobial Assessment Recommendations across sites	Ongoing
	Commence monthly reporting of key performance indicators on the number of patients colonised with multi-drug resistant organisms (MDRO) that cannot be isolated in single rooms or cohorted with dedicated toilet facilities.	Ongoing
	Monthly reporting of hospital acquired Staph Aureus bloodstream infection and hospital acquired new cases of C - difficile infection.	Ongoing
	Continue focus on Hand Hygiene training and monitor/audit compliance across all sites.	Ongoing
	Continue Implementation of Saolta Hospitals Hygiene Audit electronic tool to monitor standards across all sites.	Ongoing

 Provide fair, equitable and timely access to quality, safe health services that people need		
Priority Area	Action 2016	Target/Date
Key Capital Projects /Physical Infrastructure	Open Endoscopy Unit at Roscommon University Hospital.	Q2
	Continue development of 75 bedded Hospital block UHG.	Q1-Q4
	Progress Radiation Oncology project enabling works on UHG Site.	Q1-Q4
	Progress Capital funding for development of 50 bedded Block in PUH.	Q1-Q4
	Upgrade of fabric and fire compartmentation works at Sligo University Hospital.	Q1-Q4
	Continue restoration works post flood in Letterkenny University Hospital.	Q1-Q4
	Progress expansion and upgrade of existing endoscopy suite in Mayo University Hospital.	Q1-Q4
	Work in Partnership with NUI Galway to commission Medical Academies on all sites.	Ongoing
	Continue to seek additional funding to support increased ICU capacity.	Q1-Q4

	<p>Continue to upgrade Infrastructure to meet hygiene standards within available resources.</p> <p>Progress design of Blood & Tissue Establishment & Integrated Medical Sciences Laboratory.</p> <p>Progress other funded projects across the Hospital Group sites.</p> <p>Maximise equipment replacement full funding to address key replacements across sites and seek future funding.</p> <p>Address key plant/maintenance requirements e.g. boilers, electrical on hospital sites.</p> <p>Energy Management - Develop further initiatives/efficiencies to create cost savings in energy usage.</p> <p>Progress to Stage 2 design for new ED/Surgical Block – Sligo University Hospital.</p> <p>Progress design for new diabetic centre in Sligo Hospital.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Access</p> <p>Scheduled Care</p>	<p>Work on sustainable plans to achieve and maintain national waiting list targets using available resources across the Group. (Appendix 11)</p> <p>Improve performance in relation to scheduled care by ensuring active management of waiting lists for inpatient and day case procedures and reduce waits of over 8 months by strengthening operational and clinical governance structures including:</p> <ul style="list-style-type: none"> • Monitoring of Chronological scheduling. • Adherence to NTPF guidelines in relation to scheduling of patients for surgery. • Commence monitoring of Scheduled waiting list cancellation rate. <p>Work to achieve sustainability plan for maintaining waiting list performance, to achieve National Targets (Appendix 11) and ensure that there is a key focus so that no patient is waiting >18 months.</p> <p>Build theatre capacity in terms of staffing resources.</p> <p>Progress acute surgical unit aligned with emergency theatre on UHG site.</p> <p>Further develop pre admission assessment service across Group.</p>	<p>Q1-Q4</p> <p>Ongoing</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Outpatient Improvement Programme</p>	<p>Continue to roll-out the outpatient reform programme with an emphasis on the new minimum dataset, improved pathways of care and efficiency measures through the outpatient services performance improvement programme.</p> <ul style="list-style-type: none"> • Work with national initiatives for example in MSK and Dermatology out-patient pathways. • Ophthalmology and neurology out-patients pathways of care to be commenced. • Finalise roll-out of e-referrals (Phase 1) to all hospitals. • Initiate formal audits of outpatient services, as per OP KPIs. • Develop an Outpatient Patient Satisfaction Tool. • Review and update protocol for the management of outpatient services. 	<p>Q1-Q4</p>

	<p>University Hospital (MPUH) site.</p> <p>Continue to support Cardiology PCI service.</p> <p>Support DEXA services.</p> <p>Examine requirements to expand the diabetes in pregnancy programme across the Group.</p> <p>Seek to progress development of a respiratory support unit in GUH.</p> <p>Further Develop the acute stroke service.</p> <p>Review and update consultant work plans.</p> <p>Continue Sligo Community Cardiac Investigations project in 2016 through joint funding arrangement with CHO Service.</p> <p>Meet colorectal screening KPIs across all sites.</p>	<p>Q1-Q4</p> <p>Q1-Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Maternity Services	<p>Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including:</p> <ul style="list-style-type: none"> • Implement recommendations from PUH Maternity Review (when published). • Make key appointments as recommended via national / local reviews. • Commence implementation of the National Maternity Strategy <ul style="list-style-type: none"> • Implement the Maternity Charter which will be informed by the Maternity Strategy. • All 5 units to report and publish monthly maternity safety statements. • Appoint Directors of Midwifery to all maternity units. • Implement the recommendations of midwifery workforce planning study (Birthrate Plus). • Develop maternity clinical network within the hospital group in line with National Strategy • Plan and develop the provision of equitable access to antenatal anomaly screening in all Maternity Units. • Develop bereavement specialist teams in all Maternity Units. • Seek to address infrastructure needs across sites. 	<p>Q3-Q4</p> <p>Q1-Q4</p> <p>Q4</p> <p>Q2-Q4</p> <p>Q1-Q3</p> <p>Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2-Q4</p> <p>Q1-Q4</p>
Quality	<p>Continue to embed Group wide strategies for managing quality and risk i.e. Quality and Safety Executive Committee; Serious Incident Management Team; complaint, incident and risk process flow diagrams.</p> <p>Improve staffing, particularly senior expertise, available to quality and safety departments.</p> <p>Seek to appoint project lead for facilitating implementation of standards and recommendations</p>	<p>Q1-Q4</p> <p>Q2</p> <p>Q1-Q4</p>


Continue to provide education on systems analysis investigation and invest in quality improvement education programme in partnership with Royal Colleges and IHI.	Q1-Q4
Review governance of quality and safety and resource requirements to effectively manage through Directorates.	Q1-Q4
Seek to appoint project lead to work with Chief Academic Officer on structuring and learning from audit (policy compliance and clinical audit).	Q2-Q4
Review findings from person-centred research undertaken in 2015 and develop and implement recommendations.	Q2-Q4
Continue to implement the National Standards for Safer Better Healthcare in Acute Hospitals (NSSBHC).	Q1-Q4
Complete follow up assessments against NSSBHC in all hospitals in the Group and update action plans to address any gaps identified.	Q1-Q4
All hospitals in the Group will report and publish monthly hospital patient safety statement when implemented nationally.	Q4
Seek to appoint a project lead to drive review and development of Group policies, procedures, protocols and guidelines.	Q1-Q4
Further embed the identification of risks (using the Q Pulse system) and escalation to Site / Directorate and Group risk registers.	Q1-Q4
Improve the process to review implementation of the recommendations from completed incident reviews at the Serious Incident Management Team meetings.	Q1-Q4
Support the Specialty Leads / Directorates to implement NCEC National Clinical Guidelines.	Q1-Q4
Further develop processes and governance structures in the Saolta Group which support the management of Serious Reportable Events (SREs) and Serious Incidents (SIs).	Q1-Q4
<ul style="list-style-type: none"> • Continue defined patient safety and quality framework in all hospitals in the Group that address: <ul style="list-style-type: none"> • Patient advocacy • Complaints • Incident management and response • Service improvement 	Q1-Q4
<ul style="list-style-type: none"> • Patient advocacy • Complaints • Incident management and response • Service improvement 	Q1-Q4
<p>Continue implementation of the National Clinical Guidelines:</p> <ul style="list-style-type: none"> • Communication (Clinical Handover) in Maternity Services, <ul style="list-style-type: none"> ○ National Clinical Guideline No. 5. • Communication (Clinical Handover) in Acute and Children's Hospital Services, National Clinical Guideline No. 11. • Sepsis Management, National Clinical Guideline No. 6 <ul style="list-style-type: none"> ○ Hospital Group Sepsis ADON will complete a gap analysis of the 	Q1-Q4

	<p>implementation of the guideline in each Hospital.</p> <ul style="list-style-type: none"> ○ Sepsis Leads will develop an action plan informed by GAP analysis for implementation of the Guideline in each Hospital Group. ○ Develop performance indicators that will provide assurance of compliance with the Guideline. <p>Develop self-audit schedules and follow-up action plans in each of the hospitals in the Group for:</p> <ul style="list-style-type: none"> ● NEWS ● IMEWS ● PEWS <p>Work with National Implementation Reporting of additional indicators of Safe Care with the measurement of adverse events monthly in relation to:</p> <ul style="list-style-type: none"> ● Postoperative wound dehiscence, ● In-hospital fractures ● Foreign body left during procedure ● Pressure Ulcer Incidence/Falls Prevention <p>Continue to develop the Group's capacity to respond to Category 4 (e.g. Ebola) type threats.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
<p>Care Pathways</p>	<p>Improve integrated care pathways for those patients that require access to long-term care and to primary care services in order to reduce the number of delayed discharges through developing a system wide approach in conjunction with the CHOs.</p> <p>Implement integrated care pathways across all hospitals in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for patients with :</p> <ul style="list-style-type: none"> ● COPD, ● asthma, ● heart failure ● diabetes <p>Work with national implementation plan for targeted hip ultrasound screening programme for infants at increased risk of developmental dysplasia of hip (DDH).</p> <p>Support the phased implementation of the policy, when published on Trauma Networks for Ireland within existing resources.</p> <p>Continue to work with the National Renal Office to:</p> <ul style="list-style-type: none"> ● Increase the number of patients accessing Renal Home Therapy (Peritoneal Dialysis and Home Haemodialysis) treatments. 	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>


Research	<p>Develop and Implement Research Strategy for the Group. Clinical and healthcare research includes research to improve patient care and outcomes as well as research to improve hospital systems, efficiency and productivity. More recently it includes research into clinical learning environments, healthcare workers' well being and performance.</p> <p>Complete External Clinical Research Consultative Review.</p> <p>Restructuring of the Research Ethics Committee (REC) and ensuring oversight and integration of various committees across the group.</p> <p>Promote Clinical Audit and Quality Improvement.</p> <p>Develop Post Graduate Academic Office. There is a requirement for an academic hub within the institution to integrate research and educational activities for post-graduate employees. We will be working with NUI Galway to develop a space in the refurbishment for the Comerford Building (Master Academy) to include space allocated for post-graduate academic activities.</p> <p>Clinical Research Facility Galway. Ensure a sustainable funding mechanism is agreed between CRFG, NUIG and Saolta University Health Care Group to support the work of this facility going forward.</p> <p>Seek to establish a Health Professions Education Research Centre (HPERC) to improve the clinical learning environment for all healthcare professionals.</p> <p>Develop a Health and Social Care Professionals Academic Strategy. Support interdisciplinary research involving HSCP's. Foster a culture of work based HSCP Research and audit.</p> <p>Provide supports to encourage HSCP Research and audit.</p>	<p>Ongoing to Q4</p> <p>Q1-Q3</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q4</p> <p>Q1-Q4</p> <p>Q4</p> <p>Q2-Q3</p> <p>Q1-Q4</p>
Organ Donation Adult Retrieval	<p>Actively work with key staff to increase donation and transplant rates.</p> <p>Continue development of Critical Care Retrieval Service with appointment of key staff to lead this programme.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p>
Cancer Services	<p>Continue the implementation of the National Medical and Haemo-Oncology Programmes.</p> <p>Continue the implementation of the Breast and Prostate national guidelines on the diagnosis, staging and treatment of these cancers and others as agreed nationally e.g. Lung.</p> <p>Improve rapid access services for patients where there is a high index of suspicion of prostate or lung cancer.</p> <p>Improve access for cystoscopy to assist with early diagnosis and treatment of cancer.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>

	Continue to monitor access to urgent and non urgent breast cancer services and support initiatives.	Q1-Q4
	Appoint 2 nd Breast Surgeon LUH	Q1-Q4
	Further progress development of evidence based national guidelines, treatment protocols, quality and safety policies for safe drug delivery, technology review processes for oncology drugs and the introduction of a nationally funded oncology drug and molecular tests budget.	Q1-Q4
	Continue to support and enhance Medical and Surgical Oncology Services.	Q2-Q4
	Ensure integrated Palliative Care structures across the Group. Optimise service provision for adult palliative care including end of life care.	Q1-Q4
	Implement the findings of the Haematology Review completed across Group.	Q1-Q4
	Seek to augment specialist nursing staff including RANPs and CNSs to address the growing volume of new patients and increased treatment options available for patients presenting with cancer.	Q1-Q4
	Facilitate nursing staff participation in education, training and development to specialise in cancer nursing and progress to Advanced Nurse Practitioners.	Q1-Q4
	Plan for increased capacity of ambulatory haematology/oncology day care in UHG centre.	Q1-Q4
	Work to address waiting lists for lung cancer patients.	Q1-Q4
	Progress implementation of Radiation Oncology Information System (OIS) MOSAIQ to medical oncology across all sites in line with national role out.	Q1-Q4
	Complete the development and implementation of an audit plan of national guidelines for breast, lung, prostate, colorectal, hepatobiliary and gynaecology cancers.	Q1-Q4
	Implementation of the recommendations of the GUH Multidisciplinary Meeting (MDM) review 2015 completed.	Q1-Q4
	Work with NCCP on the implementation on the implementation on the anticipated Cancer Strategy 2016-2025.	Q1-Q4
Enhanced Radiation Oncology Services	Enhance Radiation Oncology Services Progress advance replacement of CT scanner. Continue to seek approval for advance replacement of 1/2 linear accelerators (LINAC). Progress Radiation Oncology project enabling works on UHG Site. Maintain progress on the implementation of National Plan for Radiation Oncology (NPRO) – Phase 2 Capital Build. Progress with the recruitment of key personnel for commissioning new facility. Progress the cross border Altnagelvin Radiotherapy Service.	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q4

Northern Ireland Collaboration	Progress North West Cardiology Cross border Service delivering Primary PCI with Altnagelvin Hospital	Q2
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 Foster a culture that is honest, compassionate, transparent and accountable		
Priority Area	Action 2016	Target/Date
Governance	<p>Continue integration of the hospital group structure across all Saolta hospital sites.</p> <p>Develop the Saolta Strategic plan in conjunction with Systems Reform Group. Consolidate arrangements between the Saolta Group's Academic Partners as per Reform Programme.</p> <p>Comply with recommendations from local and systemic audit recommendations in accordance with HSE Internal Audit procedures.</p> <p>Implement a robust audit programme and ensure learning from audits, serious incidents and local complaint reviews.</p> <p>Review and update Service level Agreements with all external agencies as appropriate.</p> <p>Implement recommendations of PUH maternity review when completed.</p> <p>Assign Hospital Group Lead for Emergency Management. Work with the emergency management function of the HSE, to ensure emergency planning and crisis management structures across hospitals continues to develop.</p>	<p>Q1-Q4</p> <p>Q2</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Accountability	<p>Foster a culture of honesty, compassion and patient centred care by:</p> <ul style="list-style-type: none"> • Ongoing education and training of staff • Audit of care • Response to feedback and complaints • Investigation of all incidents, implement learning from outcomes and implementation of improvement plans <p>Progress Clinical Directorate Governance Model.</p> <p>Develop Performance Management Framework within the Group incorporating Clinical Directorate structures.</p> <p>Continue Executive quality and safety walkabouts on all sites 2016. Monitor implementation of all actions arising from audits.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Strategic Partners	<p>Develop and maintain relationships with key Strategic Partners</p> <ol style="list-style-type: none"> a. Community Health Organisations b. General Practitioners c. Academic Partners 	Q1-Q4

	<ul style="list-style-type: none"> d. Cooperation and Working Together (Cross border) e. Western Health & Social Care Trust and Altnagelvin Hospital f. Charitable Organisations g. Private Hospitals h. Local Authorities 	
Protection of Children and Vulnerable Persons	<p>Ensure the appropriate staff are aware of the Children First Act and their duties and responsibilities.</p> <p>Provide training to relevant staff in conjunction with Children First development officers.</p> <p>Implement the policy on Safe-guarding Vulnerable Persons at Risk of Abuse in conjunction with CHO.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Annual Reports	Publication of reports.	Q2

	Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them	
Priority Area	Action 2016	Target/Date
Human Resources Planning	Implement the National People Strategy 2015-2018 within Saolta Group.	Q1-Q4
	Implement the Saolta HR Strategy.	Q1-Q4
	Deliver appropriate and timely recruitment through the Workforce Plan to improve staff retention and to underpin proactive recruitment of key posts.	Q1-Q4
	Continue management and maintenance of downward trajectory in relation to absenteeism.	Q1-Q4
	Continue focus on staff development programmes through enhanced learning and development opportunities.	Q1-Q4
	Provide HR support to the evolving Clinical Directorate structure.	Q1-Q4
	Continue succession management initiatives covering all grades of staff.	Q1-Q4
	Develop a structure to promote staff working internationally.	Q1-Q4
	Continue engagement with staff representative bodies through the Joint Union Management Forum.	Q1-Q4
	Continue to seek improvements to HR Information and Operational systems.	Q1-Q4
Support improved capacity within acute hospitals by right-sizing staffing levels through recruitment and retention of staff and facilitating an expansion of the role of care professionals within current resources.	Q1-Q4	

EWTD	Achieve higher compliance levels with the European Working Time Directive in all Hospitals across the Group and provide reports on; <ul style="list-style-type: none"> • Maximum 24 hour shift • Maximum 48 hour week 	Q1-Q4
Pay-bill Management and Control	Ensure compliance with the Pay-Bill Management and Control Framework by providing a Saolta Group compliance statement to verify that the conditions of the Pay-Bill Management and Control HSE National Framework have been adhered as set out by the HSE National Leadership Team memorandum dated 13 th March 2015.	Q1-Q4
Employee Engagement Process	Implement priorities derived from the employee engagement process across all sites.	Q1-Q4
Employee Recognition System	Continue with staff recognition awards and other national recognition awards.	Q4
Nursing Services	Update Saolta Group Strategy for Nursing and Midwifery.	Q1-Q4
	Appoint Directors of Midwifery across Group hospitals.	Q1-Q4
	Develop a Nursing and Midwifery Manpower Plan in conjunction with the Chief Nursing Officer.	Q1-Q4
	Establish the key role of Nursing and Midwifery at national level working with the Chief Directors of Nursing and Midwifery from the established Groups.	Q1-Q4
	Develop an ethos of lifelong learning for nursing and midwifery with our academic partners.	Q1-Q4
	Develop succession plans /Future Leaders Programme, CNM/CMM.	Q1-Q4
	Roll out of the national sepsis policy in Saolta.	Q1-Q4
	Continue implementation of the Healthy Ireland Programme.	Q1-Q4
	Work with HR to retain Nurses/Midwives.	Q1-Q4
	Implementation of Paediatric Early Warning Score in the Saolta Group.	Q1-Q4
	Leaders for Compassionate Care: The Florence Nightingale Foundation Programme in Ireland for Clinical Nurse and Midwife Managers introduced nationally will be rolled out in the Saolta Group in 2016.	Q1-Q4
	Commence Schwartz Rounds pilot programme in GUH.	Q1-Q4
	Support the National phase 1 pilot of, the framework on staffing and skill mix for nursing, related to general and specialist medical and surgical care in acute hospitals in conjunction with the Office of the Nursing and Midwifery Services.	Q1-Q4
	Monitor and report through the Office of the Nursing and Midwifery Services: <ul style="list-style-type: none"> • The number of nurses registered to prescribe medicinal products • The number of nurses registered to prescribe ionising radiation. 	Q1-Q4



Manage resources in a way that delivers best health outcomes improves people's experience of using the service and demonstrates value for money

Priority Area	Action 2016	Target/Date
Finance	<p>Group will focus on Performance Management during 2016 to control costs.</p> <p>Strengthen finance structure at Group and Hospital level.</p> <p>Succession planning and development of existing financial talent within the organisation.</p> <p>Continue implementation of financial governance framework. Implementation of business financial support model for the Saolta Group in line with the financial reform programme.</p> <p>Continue upgrade of Claimsure system in all hospital. Completed by LUH and MUH in 2015.</p> <p>To develop a business plan and obtain funding for the implementation of an integrated Group wide HR/Payroll systems in conjunction with HBS.</p> <p>Develop and implement a system wide Financial Management Information platform through the Group Finance Forum and assigned accountants support.</p> <p>Develop a finance strategy in line with the needs of a hospital directorate structure.</p> <p>The Saolta Group will seek approval to assign a procurement specialist team to ensure that the national savings targets are achieved.</p> <p>Continue to develop the internal audit function and enhance the peer review programme commenced in 2015.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Activity Based Funding	<p>Money Follows the Patient (MFTP)/ABF, focus on data quality and availability, throughout all data collection systems within the hospitals including financial and HR systems.</p> <p>Progress the next phase of Activity Based Funding while maximising funding within the resources available in Saolta Group's hospitals.</p> <p>ABF/MFTP developments of steering groups and local implementation groups to ensure full advantage is taken of the ABF funding model.</p> <p>All hospitals will complete HIPE coding within 30 days.</p>	<p>Ongoing</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
ICT	<p>Appoint Group IT Director.</p> <p>Implement Saolta ICT Strategy.</p>	<p>Q2</p> <p>Q1-Q4</p>

	<p>Progress transition from a paper based Medical Records System to an Electronic System that will improve access to patient records and also reduce the high costs associated with the paper based system / EDRM Project- commencing in GUH.</p> <p>Revise Group ICT organisation structure to reflect national IT organisation.</p> <p>Seek to progress PAS/EPR with further assessment required.</p> <p>Introduce NIMIS RIS-PACS into Letterkenny University Hospital and integrate NIMIS to GUH RIS-PACS.</p> <p>Letterkenny University Hospital and Sligo University Hospital to introduce Order Comms to NIMIS.</p> <p>Continue to progress the GUH/Mayo University Hospital/Roscommon University Hospital Lab Server Replacement.</p> <p>National Medical Oncology Clinical Information System (MOCIS) – GUH/Mayo University Hospital have been identified as the lead Saolta sites for new Medical Oncology Clinical Information System to commence in 2016.</p> <p>OPD Self Registration to be procured and rolled out to Saolta Hospitals.</p> <p>Saolta – Letterkenny University Hospital – Altnagelvin link - electronic communication to progress to support the cross border Radiotherapy initiative for Donegal patients.</p> <p>ED Information system – discussions ongoing regarding the procurement of a national system.</p> <p>Continue work with National ICT on developing an improvement plan to address ICT Data Network infrastructure deficits across the Group.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q2-Q4</p> <p>Q1-Q4</p> <p>Q4</p> <p>Q4</p> <p>Q1-Q4</p>
Performance Monitoring	<p>Implement structure of site specific performance monitoring meetings and review and augment existing performance management reporting.</p> <p>Develop Group Business Intelligence Unit supporting the ongoing management of services.</p>	<p>Q1 - Q2</p> <p>Q1-Q4</p>
Surgery Improvements NQAIS	<p>Continue to monitor and measure surgical activity across all hospitals through increased use of the National Quality Assurance Information System (NQAIS) Surgery.</p> <ul style="list-style-type: none"> • Improve day of surgery admission rates for all hospitals. • Improve day case rate for laparoscopic cholecystectomy. • Reduction in bed day utilisation by acute surgical admissions who do not have an operation in all hospitals. • Collaborate with the Primary Care Division in relation to the transfer of appropriate minor surgery procedures to be undertaken in the primary care setting. • Identify minor surgical procedures currently undertaken in theatre that could be undertaken in other hospital settings such as procedure room or OPD. • Ensure that all procedures are carried out in the most appropriate clinical setting and are coded accurately. 	<p>Q1-Q4</p>

Acute Medicine NQAIS	<p>Continue the development and implementation of NQAIS medicine:</p> <ul style="list-style-type: none"> • Adopt a quality improvement approach to the further development and roll-out of the system to Saolta hospitals in conjunction with HSE Health Intelligence Unit. • Provide training and education on NQAIS Medicine to key staff in the Saolta Hospitals. • Provide support and advice to Clinical Directors and Senior Managers in the application of the system. 	<p>Q1 Q1-Q4 Q1-Q4 Q1-Q4</p>
NQAIS	Continue the roll out of the NQAIS-NAHM (National Audit of Hospital Mortality) Module to all hospitals.	Q1-Q4
Transport	Work on the consolidation of transport services across the Group.	Q1- Q4

Appendices

Appendix 1: Saolta Individual Hospital Activity 2015 (based on PAS data)

It is intended that 2016 Activity will match 2015 outturn

Hospital	GUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Births	2987	2974	2521	-0.44%	17.97%
Daycases	86285	89204	85834	3.38%	3.93%
ED Presentations	62100	61269	62146	-1.34%	-1.41%
ED Admissions	15653	15448	15184	-1.31%	1.74%
Inpatients	38336	37626	38248	-1.85%	-1.63%
Outpatient	245134	258083	245123	5.28%	5.29%

Hospital	SUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Births	1401	1356	1401	-3.21%	-3.21%
Daycases	25015	25088	25015	0.29%	0.29%
ED Presentations	33630	34861	33630	3.66%	3.66%
ED Admissions	13783	14140	13783	2.59%	2.59%
Inpatients	17661	18275	17661	3.48%	3.48%
Outpatient	107116	120954	107116	12.92%	12.92%

Hospital	RUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Daycases	6129	7153	6096	16.71%	17.34%
Inpatients	1979	1737	1980	-12.23%	-12.27%
Outpatient	15437	16541	15432	7.15%	7.19%
UCC\MIU	4650	5118	4704	10.06%	8.80%

Hospital	LUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Births	1677	1754	1677	4.59%	4.59%
Daycases	17683	19301	17584	9.15%	9.76%
ED Presentations	34093	36587	34118	7.32%	7.24%
ED Admissions	10631	11363	10314	6.89%	10.17%
Inpatients	21143	23257	21113	10.00%	10.15%
Outpatient	77326	75974	57812	-1.75%	31.42%

Hospital	PUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Births	1983	1882	1983	-5.09%	-5.09%
Daycases	10131	9500	8425	-6.23%	12.76%
ED Presentations	23814	24419	23835	2.54%	2.45%
ED Admissions	8432	8313	8437	-1.41%	-1.47%
Inpatients	13061	13149	13066	0.67%	0.64%
Outpatient	47415	51698	49590	9.03%	4.25%

Hospital	MUH
Month	December
Year	2015

Category	Previous Activity 2014	Current Activity 2015	Target Activity 2015	Variance year on year	Variance vs. target
Births	1738	1608	1738	-7.48%	-7.48%
Daycases	22359	24153	22359	8.02%	8.02%
ED Presentations	33704	34515	33704	2.41%	2.41%
ED Admissions	8710	9218	8710	5.83%	5.83%
Inpatients	19051	18973	19051	-0.41%	-0.41%
Outpatient	64946	63579	64946	-2.10%	-2.10%

Appendix 11: Performance Indicator Suite

System-Wide

System-Wide				
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
Budget Management including savings				
Net Expenditure variance from plan (within budget)	M	≤ 0%	To be reported in Annual Financial Statements 2015	0.33%
Pay – Direct / Agency / Overtime				
Non-pay	M	≤ 0%		0.33%
Income	M	≤ 0%		0.33%
Acute Hospitals private charges – Debtor Days – Consultant Sign-off	M	New PI 2016	New PI 2016	90% @ 15 days by 31/12/16
Acute Hospitals private income receipts variance from Actual v Plan	M	New PI 2016	New PI 2016	≤ 5%
Capital				
Capital expenditure versus expenditure profile	Q	New PI 2016	New PI 2016	100%
Audit				
% of internal audit recommendations implemented by due date	Q	New PI 2016	New PI 2016	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	New PI 2016	New PI 2016	95%
Service Arrangements / Annual Compliance Statement				
% of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
HR				
% absence rates by staff category	M	3.5%	4.19%	≤ 3.5%
% variation from funded staffing thresholds	M	New PI 2016	To be reported in Annual Report 2015	≤ 0.5%
EWTD				
< 24 hour shift (Acute and Mental Health)	M	100%	96%	100%
< 48 hour working week (Acute and Mental Health)	M	100%	78%	95%

System-Wide				
Indicator	Reporting Frequency	NSP 2015 Expected Activity / Target	Projected Outturn 2015	Expected Activity / Target 2016
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	New PI 2016	New PI 2016	15% increase
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	New PI 2016	New PI 2016	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	62%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	New PI 2016	New PI 2016	90%
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	New PI 2016	To be set in 2016

Hospital Care

Acute Hospitals				
Service Area	New/ Existing KPI	Reporting Frequency	Expected Activity/ Targets 2016	
Activity			Saolta Healthcare Group	
Discharges Activity [∞]				
Inpatient Cases	Existing	Monthly	111,927	
Inpatient Weighted Units	New PI 2016	Monthly	96,030	
Day Case Cases [∞] (includes Dialysis)	New PI 2016	Monthly	185,300	
Day Case Weighted Units (includes Dialysis)	New PI 2016	Monthly	181,503	
Total inpatient and day case Cases [∞]	New PI 2016	Monthly	297,227	
Shift of day case procedures to Primary Care	New PI 2016	Monthly		
Emergency Care				
- New ED attendances	Existing	Monthly	182,833	
- Return ED attendances	Existing	Monthly	10,146	
- Other emergency presentations	Existing	Monthly	21,249	
Inpatient Discharges <i>(Note this section previously detailed Inpatient Admissions but has been modified to align with HIPE data which is discharge based)</i>				
Emergency Inpatient Discharges	New	Monthly	77,214	
Elective Inpatient Discharges	New	Monthly	16,591	
Maternity Inpatient Discharges	New	Monthly	18,122	
Outpatients				
Total no. of new and return outpatient	Existing	Monthly	478,675	

Acute Hospitals				
Service Area	New/ Existing KPI	Reporting Frequency	Expected Activity/ Targets 2016	
Activity			Saolta Healthcare Group	
attendances				
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	New PI 2016	Monthly	1 : 2	
Births Total no. of births	Existing	Monthly	9,703	

∞Discharge Activity in Divisional Operational Plan target 2016 are based on Activity Based Funding (ABF) and weighted unit (WU) activity supplied by HPO. Dialysis activity is included in ABF day cases and WU. Discharge Activity in NSP 2016 was based on data submitted by hospitals to BIU.

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
Inpatient, Day Case and Outpatient Waiting Times				
% of adults waiting < 15 months for an elective procedure (inpatient and day case)	Existing	Monthly	90%	95%
% of adults waiting < 8 months for an elective procedure (inpatient and day case)	Existing	Monthly	66%	70%
% of children waiting < 15 months for an elective procedure (inpatient and day case)	New PI 2016	Monthly	95%	95%
% of children waiting < 20 weeks for an elective procedure (inpatient and day case)	Existing	Monthly	55%	60%
% of people waiting < 15 months for first access to OPD services	New PI 2016	Monthly	90%	100%
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly	85%	85%
Colonoscopy / Gastrointestinal Service				
% of people waiting < 4 weeks for an urgent colonoscopy	Existing	Monthly	100%	100%
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	52%	70%
Emergency Care and Patient Experience Time				
% of all attendees at ED who are discharged or admitted within 6 hours of registration	Existing	Monthly	67.8%	75%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	Existing	Monthly	81.3%	100%
% of ED patients who leave before completion of treatment	Existing	Quarterly	<5%	<5%
% of all attendees at ED who are in ED < 24 hours	New PI 2016	Monthly	96%	100%
% of patients 75 years or over who were admitted or discharged from ED within 9 hours	New PI 2016	Monthly	New PI 2016	100%
Patient Profile aged 75 years and over				
% of patients attending ED > 75 years of age **	Existing	Monthly	12.6%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 6 hours of registration **	Existing	Monthly	32.0%	95%
Acute Medical Patient Processing				
% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	Existing	Monthly	65.5%	75%
Access to Services				
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	Existing	Monthly	79.8%	90%
Ambulance Turnaround Times				
% of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	New 2015	Monthly	New 2015	95%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
Health Care Associated Infections (HCAI) Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used	Existing	Quarterly	0.054	< 0.055
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Existing	Quarterly	2.1	< 2.5
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	Existing	Bi- Annual	86.4	
Alcohol Hand Rub consumption (litres per 1,000 bed days used)	Existing	Bi- Annual	28	
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Existing	Bi- Annual	87.2%	90%
Hospital acquired S. Aureus bloodstream infection/10,000 BDU **	New PI 2016	Monthly	New PI 2016	<1
Hospital acquired new cases of C. difficile infection/ 10,000 BDU **	New PI 2016	Monthly	New PI 2016	<2.5
Percentage of current staff who interact with patients that have received mandatory hand hygiene training in the rolling 24 month **	New PI 2016	Monthly	New PI 2016	100%
Percentage of patients colonized with multi-drug resistant organisms (MDRO) that can not be isolated in single rooms or cohorted with dedicated toilet facilities as per national MDRO policy **	New PI 2016	Monthly	New PI 2016	0%
Adverse Events Postoperative Wound Dehiscence – Rate per 1,000 inpatient cases aged 16 years+ **	Existing	Monthly	Data not available Q4 2015	TBC
In Hospital Fractures – Rate per 1,000 inpatient cases aged 16 years+ **	Existing	Monthly	Data not available Q4 2015	TBC
Foreign Body Left During Procedure – Rate per 1,000 inpatient cases aged 16 years+ **	Existing	Monthly	Data not available Q4 2015	TBC
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	93%	> 95%
Average Length of Stay Medical patient average length of stay (contingent on < 500 delayed discharges)	Existing	Monthly	7.2	7.0
Surgical patient average length of stay	Existing	Monthly	5.5	5.2
ALOS for all inpatient discharges excluding LOS over 30 days	Existing	Monthly	4.6	4.3
ALOS for all inpatients **	Existing	Monthly	5.5	5.0
Outpatients (OPD) New attendance DNA rates **	Existing	Monthly	12.9%	12%
Dermatology OPD No. of new Dermatology patients seen **	Existing	Monthly	41,732	41,700
New: Return Attendance ratio **	Existing	Monthly	1:2	1:2

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
Rheumatology OPD No. of new Rheumatology patients seen **	Existing	Monthly	13,818	13,800
New: Return Attendance ratio **	Existing	Monthly	1:4	1:4
Neurology OPD No. of new Neurology patients seen **	Existing	Monthly	16,994	16,900
New: Return Attendance ratio **	Existing	Monthly	1:3	1:3
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit **	Existing	Quarterly	67.8%	50%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Existing	Quarterly	12.1%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Existing	Quarterly	53.7%	50%
Heart Failure Rate (%) re-admission for heart failure within 3 months following discharge from hospital **	Existing	Quarterly	6.7%	20%
Median LOS for patients admitted with principal diagnosis of acute decompensated heart failure **	Existing	Quarterly	7	6
% patients with acute decompensated heart failure who are seen by HF programme during their hospital stay **	Existing	Quarterly	85.8%	80%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Existing	Quarterly	83%	85%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	Existing	Quarterly	68.4%	80%
Surgery % of elective surgical inpatients who had principal procedure conducted on day of admission	Existing	Monthly	69.4%	75%
% day case rate for Elective Laparoscopic Cholecystectomy	Existing	Monthly	38.3%	> 60%
Reduction in bed day utilisation by acute surgical admissions who do not have an operation **	Existing	Monthly	10% Reduction	5% Reduction
Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	Existing	Monthly	84.5%	95%
Surgery Scheduled waiting list cancellation rate **	New PI 2016	Monthly	New PI 2016	New PI 2016
Hospital Mortality Standardised Mortality Rate (SMR) for inpatient deaths by hospital and clinical condition **	Existing	Annual	Not Yet Reported	TBC

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
Re-admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	Existing	Monthly	10.8%	10.8%
% of surgical re-admissions to the same hospital within 30 days of discharge	Existing	Monthly	2.0%	< 3%
% of all medical admissions via AMAU **	New PI 2016	Monthly	New PI 2016	35%
Medication Safety No. of medication incidents (as provided to the State Claims Agency) in acute hospitals reported as a % of bed days	Existing	Quarterly	0.12%	≤0.12%
Patient Experience % of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population	Existing	Annual	Not yet reported	100%
Dialysis Modality Haemodialysis patients Treatments Δ **	Existing	Bi-Annual	271,638-275,226	288,096 - 295,428
Home Therapies Patients Treatments **	Existing	Bi-Annual	86,300 -87,161	90,647-93,259
Delayed Discharges No. of bed days lost through delayed discharges	Existing	Monthly	225,250	< 183,000
No. of beds subject to delayed discharges	Existing	Monthly	577	< 500
HR – Compliance with EWT D European Working Time Directive compliance for NCHDs - < 24 hour shift	Existing	Monthly	98%	100%
European Working Time Directive compliance for NCHDs - < 48 hour working week	Existing	Monthly	75%	95%
National Early Warning Score (NEWS) % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Existing	Quarterly	100%	100%
% of all clinical staff who have been trained in the COMPASS programme	Existing	Quarterly	63.6%	> 95%
Irish Maternity Early Warning Score (IMEWS) % of maternity units / hospitals with full implementation of IMEWS	Existing	Quarterly	100%	100%
% of hospitals with implementation of IMEWS for pregnant patients	Existing	Quarterly	78%	100%
% of hospitals with implementation of PEWS (Paediatric Early Warning Score) **	New PI 2016	Quarterly	New PI 2016	100%
Clinical Guidelines % of maternity units / hospitals with implementation of the guideline for clinical handover in maternity services	New PI 2016	Quarterly	New PI 2016	100%
% of acute hospitals with implementation of the guideline for clinical handover	New PI 2016	Quarterly	New PI 2016	100%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
National Standards				
% of hospitals who have commenced second assessment against the NSSBH	New PI 2016	Quarterly	New PI 2016	95%
% of hospitals who have completed first assessment against the NSSBH	Existing	Quarterly	80%	100%
% maternity units which have completed and published Maternity Patient Safety Statements and discussed at Hospital Management Team each month	New PI 2016	Monthly	New PI 2016	100%
% of Acute Hospitals which have completed and published Patient Safety Statements and discussed at Hospital Management Team each month **	New PI 2016	Monthly	New PI 2016	100%
No. of nurses prescribing medication	New PI 2016	Annual	New PI 2016	100
No. of nurses prescribing ionising radiation (x-ray)	New PI 2016	Annual	New PI 2016	55
COPD				
Mean and median LOS (and bed days) for patients admitted with COPD **	Existing	Quarterly	7.6	7.6
			5	5
% re-admission to same acute hospitals of patients with COPD within 90 days **	Existing	Quarterly	27%	24%
No. of acute hospitals with COPD outreach programme **	Existing	Quarterly	15	18
Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	Existing	Bi- Annual	27 Sites	33 Sites
Asthma				
% nurses in secondary care who are trained by national asthma programme **	New PI 2016	Quarterly	New PI 2016	70%
No. of asthma emergency inpatient bed days used **	New PI 2016	Quarterly	New PI 2016	3% Reduction
No. of asthma emergency inpatient bed days used by <6 year olds **	New PI 2016	Quarterly	New PI 2016	5% Reduction
Diabetes				
Number of lower limb amputations performed on Diabetic patients **	Existing	Annual	Not Yet Reported	≤488
Average length of stay for Diabetic patients with foot ulcers **	Existing	Annual	Not Yet Reported	≤17.5 days
% increase in hospital discharges following emergency admission for uncontrolled diabetes. **	New PI 2016	Annual	New PI 2016	≤10%
Epilepsy				
Reduction in median LOS for epilepsy inpatient discharges **	New PI 2016	Quarterly	New PI 2016	2.5
% reduction in the number of epilepsy discharges **	Existing	Quarterly	11.4%	10% Reduction
Blood Policy				
No. of units of platelets ordered in the reporting period **	Existing	Monthly	21,000	21,000
% of units of platelets outdated in the reporting period **	Existing	Monthly	<5%	<5%
% usage of O Rhesus negative red blood cells **	Existing	Monthly	<14%	<14%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
% of red blood cell units rerouted **	Existing	Monthly	<4%	<4%
% of red blood cell units returned out of total red blood cell units ordered **	Existing	Monthly	<1%	<1%
Reportable events % of hospitals that have processes in place for participative engagement with patients about design, delivery & evaluation of health services **	New PI 2016	Annual	Data not due to be reported until Q2 2016	100%
Outpatients (OPD) % of Clinicians with individual DNA rate of 10% or less **	New PI 2016	Monthly	New PI 2016	70%
Ratio of compliments to complaints **	New PI 2016	Monthly	New PI 2016	TBC
National Cancer Control Programme				
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to symptomatic breast clinics	Existing	Monthly	16,800	16,800
No. of non urgent attendances presenting to Symptomatic Breast clinics **	Existing	Monthly	23,500	24,000
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals **	Existing	Monthly	16,100	16,000
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	Existing	Monthly	96%	95%
Number of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (No. offered an appointment that falls within 12 weeks) **	Existing	Monthly	19,300	22,800
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	Existing	Monthly	82%	95%
Clinic Cancer detection rate: no. of new attendances to clinic, triaged as urgent, which have a subsequent diagnosis of breast cancer **	Existing	Monthly	>1,100	>1,100
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of breast cancer	Existing	Monthly	11%	>6%
Lung Cancers No. of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,300	3,300
Number of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres **	Existing	Monthly	2,800	3,135
% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	Existing	Monthly	86%	95%
Clinic Cancer detection rate: Number of new attendances to clinic, triaged as urgent, that have a	Existing	Monthly	>825	>825

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
subsequent diagnosis of lung cancer **				
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of lung cancer	Existing	Monthly	29%	>25%
Prostate Cancer				
No. of centres providing surgical services for prostate cancers **	Existing	Monthly	8	7
No. of patients attending the rapid access clinic in cancer centres	Existing	Monthly	2,600	2,600
Number of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres **	Existing	Monthly	1,630	2,340
% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	Existing	Monthly	62%	90%
Clinic Cancer detection rate: Number of new attendances to clinic that have a subsequent diagnosis of prostate cancer **	Existing	Monthly	>780	>780
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of prostate cancer	Existing	Monthly	38%	>30%
Radiotherapy				
No. of patients who completed radical radiotherapy treatment (palliative care patients not included) **	Existing	Monthly	4,900	4,900
No. of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care **	Existing	Monthly	4,153	4,410
% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Existing	Monthly	84%	90%
Rectal				
No. of centres providing services for rectal cancers **	Existing	Monthly	13	8

** KPIs included in Divisional Operational Plan only

Δ Dialysis data includes all hospitals, contracted units and Home therapies

Quality and Access Indicators of Performance

Quality	Expected Activity / Target 2016
<p>Service User Experience</p> <ul style="list-style-type: none"> Complaints <p>Safe Care</p> <ul style="list-style-type: none"> Serious Reportable Events Safety Incident Reporting % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals % of maternity units / hospitals with implementation of IMEWS % of hospitals with implementation of IMEWS for pregnant patients % maternity units which have completed and published Maternity Patient Safety Statements at Hospital Management Team each month <p>Healthcare Associated Infections (HCAI)</p> <ul style="list-style-type: none"> Rate of MRSA blood stream infections in acute hospital per 1,000 bed day used Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used <p>Colonoscopy / Gastrointestinal Service</p> <ul style="list-style-type: none"> % of people waiting < 4 weeks for an urgent colonoscopy <p>Effective Care</p> <p>Stroke</p> <ul style="list-style-type: none"> % of patients with confirmed acute ischaemic stroke who receive thrombolysis % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit <p>Acute Coronary Syndrome</p> <ul style="list-style-type: none"> % STEMI patients (without contraindication to reperfusion therapy) who get PPCI <p>Re-admission</p> <ul style="list-style-type: none"> % emergency re- admissions for acute medical conditions to the same hospital within 28 days of discharge % of surgical re-admissions to the same hospital within 30 days of discharge <p>Surgery</p> <ul style="list-style-type: none"> % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) % day case rate for Elective Laparoscopic Cholecystectomy % of elective surgical inpatients who had principal procedure conducted on day of admission <p>Emergency Care and Patient Experience Time</p> <ul style="list-style-type: none"> % of all attendees at ED < 24 hours % of patients 75 years or over who were admitted or discharged from ED within 9 hours 	<p><i>System-wide Pls. See PI appendix</i></p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>< 0.055</p> <p>< 2.5</p> <p>100%</p> <p>9%</p> <p>50%</p> <p>85%</p> <p>10.8%</p> <p>< 3%</p> <p>95%</p> <p>> 60%</p> <p>75%</p> <p>100%</p> <p>100%</p>
<p>Symptomatic Breast Cancer Services</p> <ul style="list-style-type: none"> Clinical Detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of breast cancer. <p>Lung Cancers</p> <ul style="list-style-type: none"> Clinical Detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of lung cancer. <p>Prostate Cancers</p> <ul style="list-style-type: none"> Clinical Detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of prostate cancer. 	<p>> 6%</p> <p>> 25%</p> <p>> 30%</p>

Access	Expected Activity / Target 2016
Discharge Activity ∞	
• Inpatient Cases	111,927
• Inpatient Weighted Units	
• Daycase Cases	185,368
• Daycase Weighted Units	
Outpatients	
• No. of new and return outpatient attendances	
• Outpatient attendances – New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	1:2
Inpatient, Day Case and Outpatient Waiting Times	
• % of adults waiting < 15 months for an elective procedure (inpatient and day case)	95%
• % of adults waiting < 8 months for an elective procedure (inpatient and day case)	70%
• % of children waiting < 15 months for an elective procedure (inpatient and day case)	95%
• % of children waiting < 20 weeks for an elective procedure (inpatient and day case)	60%
• % of people waiting < 15 months for first access to OPD services	100%
• % of people waiting < 52 weeks for first access to OPD services	85%
Colonoscopy / Gastrointestinal Service	
• % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	70%
Emergency Care and Patient Experience Time	
• % of all attendees at ED who are discharged or admitted within 6 hours of registration	75%
• % of all attendees at ED who are discharged or admitted within 9 hours of registration	100%
• % of ED patients who leave before completion of treatment	< 5%
Delayed Discharges	
• No. of bed days lost through delayed discharges	
• No. of beds subject to delayed discharges	
Acute Medical Patient Processing	
• % of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	75%
Symptomatic Breast Cancer Services	
• No. of patients triaged as urgent presenting to symptomatic breast clinics	
• % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals.	95%
• % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (<i>% offered an appointment that falls within 12 weeks</i>)	95%
Lung Cancers	
• No. of patients attending the rapid access lung clinic in designated cancer centres	
• % of patients attending the lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres.	95%
Prostate Cancers	
• No. of patients attending the rapid access prostate clinics in cancer centres	
• % of patients attending the prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre.	90%
Radiotherapy	
• % of patients undergoing radical treatment who commenced treatment within 15 working days of being deemed ready to be treated by radiation oncologist (palliative care patients not included).	90%

∞ Discharge Activity in Divisional Operational Plan target 2016 are based on ABF and weighted unit (WU) activity supplied by HPO. Discharge Activity in NSP 2016 was based on data submitted by hospitals to BIU

Appendix 111: Saolta University Healthcare Group Whole Time Equivalents October 2015

Hospital	WTE Dec 14	WTE Oct 15	Medical / Dental	Nursing	Health & Social Care	Mgt/ Admin	General Support Staff	Patient & Client Care
Galway University Hospitals	3,164	3,249	549	1,271	443	497	277	213
Letterkenny General Hospital	1,367	1,392	157	542	133	205	216	140
Mayo General Hospital	983	1,028	158	456	112	155	48	100
Portiuncula Hospital	656	670	80	286	65	112	72	55
Roscommon County Hospital	275	281	26	102	23	55	61	15
Sligo Regional Hospital	1,379	1,476	203	580	169	196	218	110
Other	35	28		7	1	20		
Saolta University Healthcare Group	7,858	8,125	1,172	3,244	947	1,240	891	632

Appendix 1V: Saolta Capital Developments

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2016 Implications	
						2016	Total	WTE	Rev Costs €m
Saolta Hospital Group									
Sligo Regional Hospital	Upgrade of boiler plant and boiler room.	Q4 2016	Q4 2016	0	0	1.70	2.30	0	0.00
	New Medical Education Centre.	Q3 2015	Q12016	0	0	0.15	2.40	0	0.00
Sligo Regional Hospital	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works.	Phased 2016	Phased 2016	0	0	0.40	1.26	0	0.00
Galway University Hospital	Interim emergency ward to replace 17 beds lost due to the construction of the clinical ward block and the creation of 18 additional beds within vacated areas to address service difficulties.	Q4 2015/Q1 2016	Q1 2016	18	17	0.70	2.20	0	0.00
Galway University Hospital (contd.)	New clinical block to provide replacement ward accommodation. Initial phase is provision of a 75 bed block.	Q4 2016	Q1 2017	0	75	10.00	17.60	0	0.00
Letterkenny General Hospital, Co. Donegal	New medical education centre.	Q1 2016	Q2 2016	0	0	0.30	2.00	0	0.00
	Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by Insurance).	Q4 2016	Q1 2017	0	0	2.00	2.70	0	0.00
	Restoration and upgrade of central staff changing facility, damaged in 2013 flood.	Q4 2016	Q4 2016	0	0	1.51	2.11	0	0.00
	Restoration and upgrade of mortuary damaged in 2013 flood (part-funded by Insurance).	Q4 2016	Q1 2017	0	0	0.00	0.23	0	0.00
	Restoration and upgrade of underground service	Q4 2016	Q4 2016	0	0	0.01	2.46	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2016 Implications	
						2016	Total	WTE	Rev Costs €m
	duct (and services) damaged in 2013 flood.								
	Restoration and upgrade of laboratory department damaged in 2013 flood.	Q4 2015	Q1 2016	0	0	0.22	1.84	0	0.00
Mayo General Hospital, Castlebar, Co. Mayo	Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift.	Q4 2016	Q4 2016	0	0	1.50	1.80	0	0.00
Roscommon County Hospital	Provision of endoscopy unit.	Q4 2015	Q1 2016	0	2	0.26	5.48	0	0.00

NATIONAL CANCER CONTROL PROGRAMME

Altnagelvin Hospital, Londonderry	Provision of additional radiation oncology facilities (part funded by the National Development Plan).	Q3 2016	Q4 2016	0	0	8.00	19.00	0	0.00
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Appendix V: Schedule of Executive Council Meetings 2016

Frequency: Monthly

Time: 9 a.m. – 11.30 a.m.

Date	Venue
Wednesday, 27 th January	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 24 th February	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 30 th March	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 27 th April	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 25 th May	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 29 th June	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 27 th July	Boardroom, Ground Floor, Nurses Home Building, UHG
NO AUGUST MEETING	
Wednesday, 28 th September	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 26 th October	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 30 th November	Boardroom, Ground Floor, Nurses Home Building, UHG
NO DECEMBER MEETING	

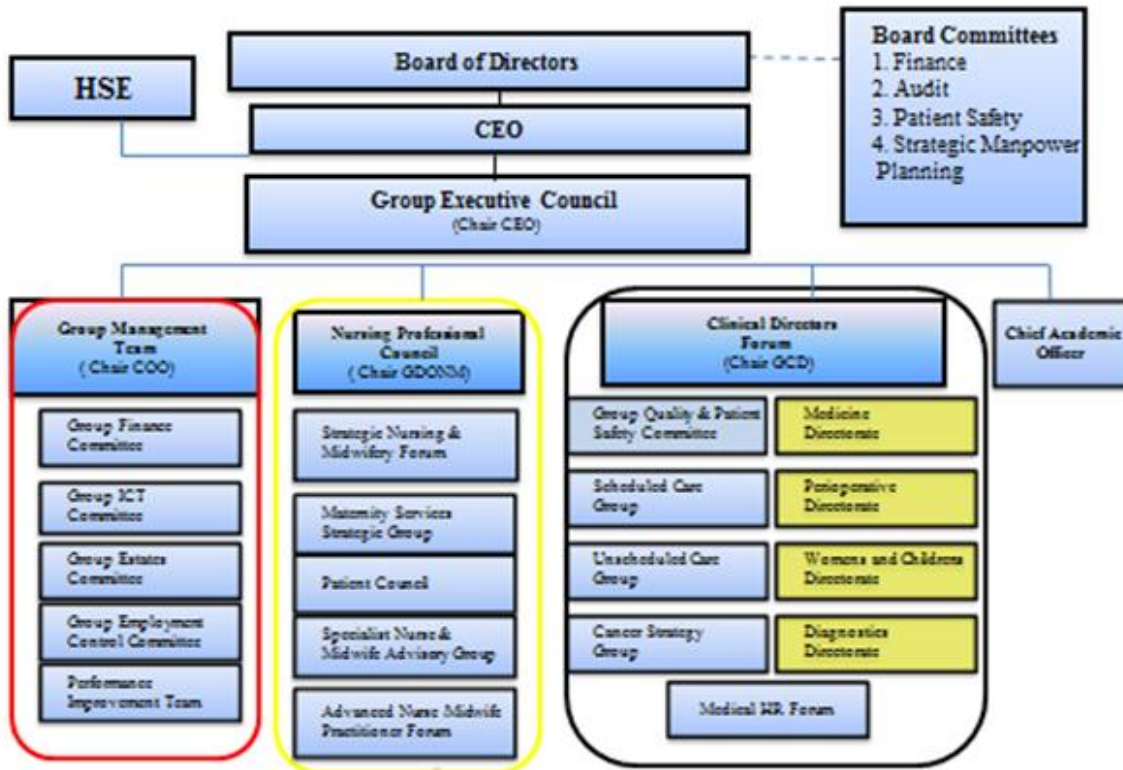
Appendix V1: Schedule of Board Meetings 2016

Date	Location	Time
No January Board Meeting		
Wednesday 10 February	Board Room- Mayo University Hospital	2pm - 4pm
Wednesday 9 March	Board Room - University Hospital Galway	4pm – 6pm
Wednesday 13 April	Board Room - Portiuncula University Hospital	2pm – 4pm
Wednesday 11 May	Public Board Meeting – Letterkenny Venue TBC	12md - 2pm
Wednesday 8 June	Board Room – University Hospital Galway	4pm - 6pm
Wednesday 13 July	Board Room – Roscommon University Hospital	4pm - 6pm
No August Board Meeting		
Wednesday 14 September	Board Room - Sligo University Hospital	2pm – 4pm
Wednesday 12 October	Public Board Meeting – Staff Restaurant UHG	4pm - 6pm
Wednesday 9 November	Board Development Day – Venue TBC	1pm – 5pm
Wednesday 14 December	Board Room – University Hospital Galway	4pm - 6pm

If there is a need for further special meetings or amendments to dates they will be arranged in Consultation with the Chairperson

There are no Board Meetings during the month of January and August

Appendix V11: Group Governance Structure



Appendix V111 : Board of Saolta University Health Care Group

Non Executive Directors

- Dr John Killeen, Interim Chair (JK)
- Ms Phyllis MacNamara, Non Executive Director (PMN)
- Dr Brendan Day, Non Executive Director (BD)
- Mr Gerry McManus, Non Executive Director (GMM)
- Ms Sharon Moohan, Non Executive Director (SM)
- Mr Colam O Neill, Non Executive Director (CON)
- Mr Zubair Javeed, Non Executive Director (ZJ)
- Dr Jim Browne, Non Executive Director (JB)

Executives in attendance at Board Meetings

- Mr Maurice Power, Chief Executive Officer (MP)
- Ms Ann Cosgrove, I/Chief Operating Officer (AC)
- Mr Tony Baynes, I/Chief Financial Officer (AB)
- Ms Jean Kelly, I/ Chief Director of Nursing and Midwifery (JK)
- Dr Pat Nash, Chief Clinical Director (PN)
- TBA ,I/ Head of Corporate Development ()

HSE Mission Vision Statement





Saolta University Health Care Group Operational Plan 2016