



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Saolta University Health Care Group Operational Plan

2017



Building a Better Health Service

CARE COMPASSION TRUST LEARNING

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Foreword

I am pleased to present the 2017 Operational Plan for the Saolta University Health Care Group.

The 2017 Operational Plan is based on the priorities outlined in the National Service Plan, HSE 2017, 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 delivered in 2016.

The Group was allocated a budget of €820m (gross) for 2017. The Group will continue 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, delivering this plan will aim to reduce 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.

Two projects will form part of the Saolta Programme for Service Improvement (SPSI) in 2017. The Integrated Governance Project - which will review and propose a model for enhanced governance / directorate structures across the group, with the aim of ensuring that this structure will improve the integration of hospitals and ultimately services to patients, and the Clinical Services Strategy Project which will inform the further development of our services and set out the group wide clinical priorities.

Key to this is moving from a purely a site based management structure, to one that (with enhanced clinical input) operates in an integrated way across the group. It is imperative that we have clinical strategies in place which will inform the further development of our services. We will have a high level clinical strategy agreed by mid 2017.

Risks to the delivery of the Saolta Operational Plan

- Increased demand for services beyond the funded levels
- Control over pay and staff numbers at the same time as managing specific safety, regulatory, demand and practice driven pressures, while seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high demand areas and specialties
- Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service
- Managing the scale of change required to support new models of service delivery and structures while supporting innovation
- Our capacity to invest in and maintain our infrastructure and address critical risks resulting from ageing medical equipment and physical infrastructure
- Our ability to meet the demand for new drug approvals within funded levels

I look forward to working with all of our staff, 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 our allocated resources.

Kind Regards



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

Saolta University Health Care Group

Introduction

The Saolta University Health Care Group was established in August 2013 and is comprised of a model 4 hospital University Hospital Galway, four model 3 hospitals Mayo, Portiuncula, Sligo and Letterkenny University Hospitals and two model 2 hospitals Roscommon and Merlin Park. The Group has 1,874 beds, employs over 8,500 staff and has a budget of €820m (gross) for 2017.

The Saolta Group is unique in a number of aspects. We were one of the first groups established originally as GRUHG in 2012. We are comprised only of statutory hospitals and we provide care to a clearly defined geographical population– over a quarter of the country from Galway to Donegal, a population of 709,487. Other counties such as Clare, Limerick, Westmeath, North Tipperary, Longford and Cavan also attend Saolta Hospitals and accounted for 45,000 attendances in 2015.

The Group is comprised of the following hospitals:

The diagram features a map of Ireland divided into four regions: Western Region, Dublin and North East Region, Dublin and Mid Leinster Region, and Southern Region. Red lines connect specific points on the map to photographs of the following hospitals:

- Sligo University Hospital**: Located in the Northern part of the map.
- Letterkenny University Hospital**: Located in the North West part of the map.
- Mayo University Hospital**: Located in the Western Region.
- University Hospital Galway**: Located in the Western Region.
- Merlin Park University Hospital**: Located in the Southern Region.
- Roscommon University Hospital**: Located in the Dublin and North East Region.
- Portiuncula University Hospital**: Located in the Dublin and Mid Leinster Region.
- NUI Galway**: Located in the Southern Region.

We have a strong relationship with our key academic partner – NUI Galway and have recently opened medical academies in Letterkenny, Sligo and Mayo. The clinical research facility in UHG is a critical piece of infrastructure which provides the platform to develop new and innovative treatments, therapies and technologies.

We work closely with our community colleagues in CHO 1 and 2. We have close links with Altnagelvin Hospital in Derry and this has delivered tangible benefits to our patients – where the primary PCI service is now operational and the new radiotherapy service opened in December 2016 providing services to the patients of Donegal.

The group provides a comprehensive programme of cancer care and we work collaboratively with the NCCP. The cancer programme is delivered through the clinical structures from Galway to Letterkenny (satellite centre).

The basis for the establishment of hospital groups was to facilitate improved patient care pathways by integrating hospitals into cohesive networks. Our principal objective in the Saolta Group is to provide timely access for all our patients to high quality, standardised, safe, sustainable, and adequately staffed services in hospitals as close to the patient's home as is clinically appropriate. To maximize all our hospital sites, we are currently developing a Group clinical services strategy which will be completed in 2017.

Our current governance structure is a hybrid of hospital site based management teams and cross-site clinical based directorate structures. To enhance our governance structures, we are working on a significant project to develop a clinically led cross-site governance structure, which will improve patient care and outcomes.

Over the past 12 months, Saolta University Health Care Group has engaged with the Programme for Health Service Improvement in the Pre-Mobilisation phase of the National Reform Programme. We have concluded our review of reform initiatives and group-wide service improvements, and as a result have identified two priority projects that incorporate our enabling functions and can be commenced immediately, on the condition that we can recruit experienced resources. The two projects that will form part of the Saolta Transformation Programme are:

Saolta Integrated Governance Project - To review and propose a model for enhanced governance / directorate structures across the group, with the aim of ensuring that this structure will improve the integration of hospitals and ultimately services to patients once implemented. This model proposes the development of Group wide Clinical Business Units (CBUs) which will be accountable to the Executive Management Team and Saolta Board. These CBUs will be responsible for the management of their respective sub specialities across the hospital group and will be supported by the corporate services such as IT, HR, Finance and Quality and Safety.

Saolta Clinical Services Strategy Project - This project will set out the development of clinical services strategies and agreed policies both within and across CBUs. This will inform the further development of our services and set out the group wide clinical priorities. Work has commenced in agreeing a process and template and it is anticipated that we will have overarching clinical strategies documented by mid 2017.

The Saolta non-statutory board, which had been in place for the last four years, has recently come to the end of its term. The Chairman was recently appointed and the process is ongoing to appoint new Board members. Although non statutory, it took responsibility for ensuring that the Group was achieving its objectives and effectively managing its resources and maintained a strong emphasis on patient care and safety.

Saolta University Health Care Group is advanced in its development however 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 2017 aligned with our vision and mission.

Demographics

The Saolta area is comprised of six counties (Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal) with a population in 2016 of 709,487 which is 14.9% of the national population. (www.cso.ie)

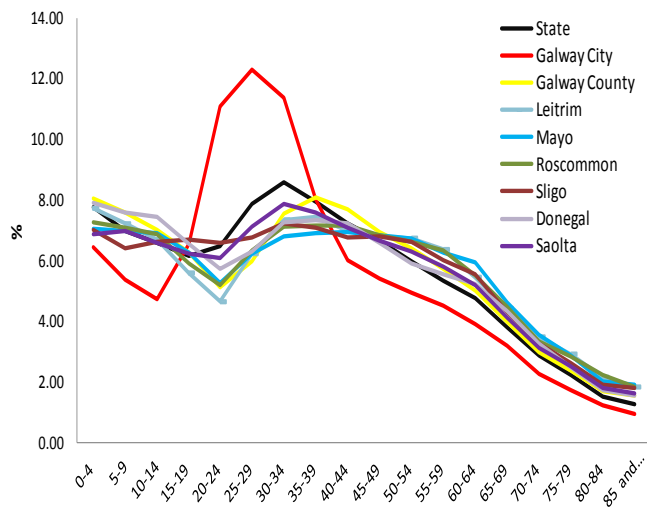
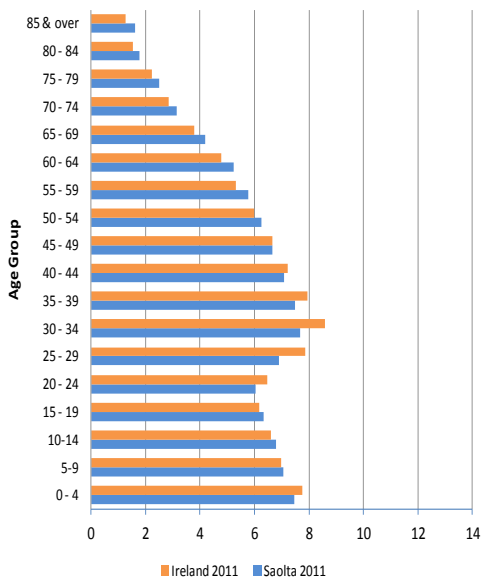
Galway County is the most populous county with a population of 179,048 while Leitrim is the least populous with a population of 31,972 (www.cso.ie CSO Census 2011).

2016 figures and change since 2011 Census.

	Population 2011	Population 2016	Actual change since previous census	Percentage change since previous census	2016 County area as percent of 2016 state population
State	4588252	4757976	169724	3.7	
Galway City	75529	79504	3975	5.3	1.67
Galway County	175124	179048	3924	2.2	3.76
Leitrim	31798	31972	174	0.6	0.67
Mayo	130638	130425	-213	-0.2	2.74
Roscommon	64065	64436	371	0.6	1.35
Sligo	65393	65357	-36	-0.1	1.37
Donegal	161137	158755	-2382	-1.5	3.34
Total Saolta	703684	709497	5813	0.8	14.91

Age

The age profile for the region is similar to the national profile, with the exception of Galway city which has a higher proportion of those in the 15-39 age categories and lower proportion of those in the 0-14 and over 40 years groups. The age dependency rate (i.e. the number of 0-14 age groups and those aged over 65 as a proportion of the rest of the population) for all areas excluding Galway city is higher than the national average of 33% with Leitrim, Donegal, Mayo, Galway county and Roscommon all having a dependency rates over 35%. (www.cso.ie Census 2011)

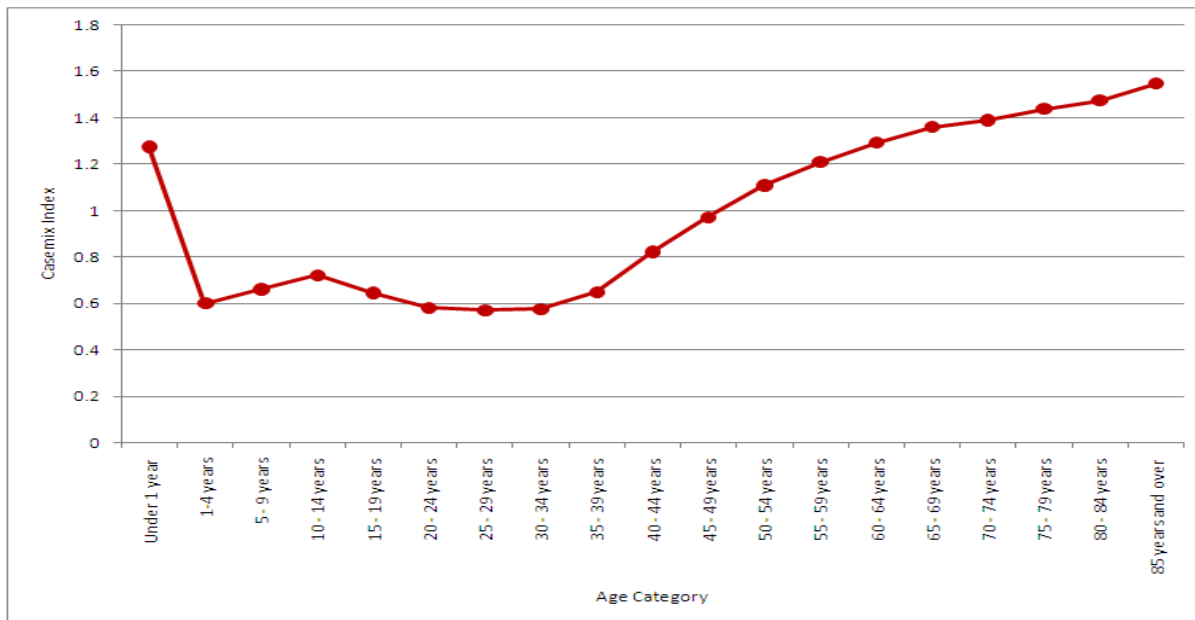


Impact on services of ageing population in 2017

A total cost pressure of 1.7% is predicted for Acute Hospitals in 2017 over 2016. In addition there will be an average annual demographically driven cost pressure of approximately 1.85% from 2015 to 2022, with a rising rate reflecting the acceleration in population ageing over the period.

We know that the relative cost of inpatient treatment increases with age as shown below.

Graph 1 - Relative cost of in-patient treatment by age category 2015



Source: Healthcare Pricing Office (HPO)

The table below shows how our health services needs to adjust to the needs of our older population. We know that additional older persons will present at emergency departments in 2017, they will require out-patient appointment services and they will need inpatient care with day-case procedures.

	2015	2016	2017
65 and over			
Population	604,825	624,183	643,985
% of the population	13.0%	13.3%	13.6%
Adult In-patient bed days used	54.0%	54.0%	55.0%
Adult Day-cases	37.0%	39.0%	40.0%
85 and over			
Population	67,062	69,873	72,457
% of the population	1.4%	1.5%	1.5%
Adult In-patient bed days used	14.0%	15.0%	15.0%
Adult Day-cases	3.1%	3.2%	3.3%

The service focus will require additional resources in the system in 2017.

Table 1 below shows the impact by hospital due to the population being 1 year older. The national increase is equivalent to 1.7% of the existing cost base.

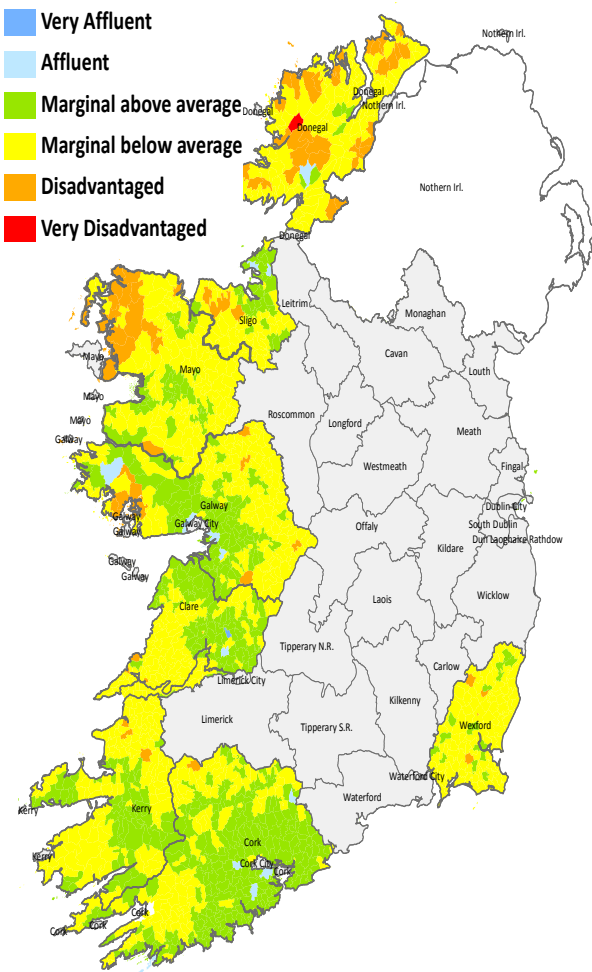
Draft - subject to final verification						
Estimates of the Projected % Change due to Pure Demographic Effect						
				2015	2016	2017
				ABF	Year on Year % Change	
Saolta	401	Roscommon	No	0.0%	2.3%	2.4%
	403	Portlincula	Yes	0.0%	1.2%	1.3%
	404	UCHG	Yes	0.0%	1.8%	1.9%
	405	Mayo	Yes	0.0%	1.8%	1.8%
	601	Letterkenny	Yes	0.0%	1.7%	1.8%
	602	Sligo	Yes	0.0%	1.9%	1.9%
	All			0.0%	1.8%	1.8%

Density and Deprivation

The region consists of some of the most rural and most deprived areas nationally mainly associated with the western seaboard. Leitrim has a population density of 19 people per square kilometre and Mayo has a density of 25 people per square kilometre. This has a direct impact on deprivation levels. The Trutz Haas deprivation index is a composite measure based on Census 2011. Donegal is ranked 33rd out of 34 making it the second most deprived county in Ireland, and Mayo, Leitrim and Roscommon are ranked 23rd, 22nd and 20th respectively.

Galway city is the third most affluent area nationally. (www.cso.ie and www.pobal.ie Census 2011 and Trutz Haas Deprivation Index)

Deprivation Index 2011



Persons per KM²



Overview of Saolta Group Hospitals

Table: Saolta University Health Care Group Hospitals

Hospital	Acronym	Size	Inpatient beds
Galway University Hospitals (University Hospital Galway & Merlin Park University Hospital)	GUH	Model 4 Model 2	655
Letterkenny University Hospital	LUH	Model 3	331
Sligo University Hospital	SUH*	Model 3	281 OLH - 44
Mayo University Hospital	MUH	Model 3	306
Portiuncula University Hospital	PUH	Model 3	194
Roscommon University Hospital	RUH	Model 2	63

*SUH also governs Our Lady's Hospital Manorhamilton

* Model 4 Hospital: Admits undifferentiated acute medical patients including tertiary referred patients. Level 4 Hospitals have a category 3 or 3S ICU on site, a Medical Assessment Unit which is open on a continuous basis (24 hours, every day of the year) and an ED, including a CDU on site.

* Model 3 Hospital: Admits undifferentiated acute medical patients. Level 3 Hospitals have an Acute Medical Assessment Unit and an ED on site. The hospital has a category 1 or 2 ICU.

* Model 2 Hospital: Provides inpatient and outpatient care for differentiated, low-risk medical patients, who are not likely to require full resuscitation.

	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
1	<p>Achieve Key Patient Access Targets: Unscheduled Care</p> <p>Emergency Care and Patient Experience Time</p> <p>% of all attendees at ED who are discharged or admitted within 6 hours of registration - Target 75%</p> <p>% of all attendees at ED who are discharged or admitted within 9 hours of registration (goal is 100% performance with a target of ≥ improvement in 2017 against 2016 outturn) – Target 100%</p> <p>% of all attendees at ED who are in ED < 24 hours- Target 100%</p> <p>% of patients attending ED aged 75 years and over – Target 13%</p> <p>% of all attendees aged 75 years and over at ED who are discharged or admitted within 6 hours of registration- Target 95%</p> <p>% of patients 75 years or over who were admitted or discharged from ED within nine hours of registration- Target 100%</p> <p>% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration- Target 100%</p> <p>Ambulance Turnaround Times</p> <p>% 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) – Target 95%</p>	CCD	Ongoing
2	<p>Achieve Key Patient Access Targets: Scheduled Care</p> <p>Inpatient, Day Case and Outpatient Waiting Times</p> <p>% of adults waiting < 15 months for an elective procedure (inpatient) - Target 90%</p> <p>% of adults waiting < 15 months for an elective procedure (day case) – Target 95%</p> <p>% of children waiting < 15 months for an elective procedure (inpatient) – Target 95%</p> <p>% of children waiting < 15 months for an elective procedure (day case) – Target 97%</p> <p>% of people waiting < 52 weeks for first access to OPD services – Target 85%</p> <p>% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled - Target 90%</p> <p>Elective Scheduled care waiting list cancellation rate - Target TBC</p> <p>Colonoscopy / Gastrointestinal Service</p> <p>Number of people waiting greater than 4 weeks for access to an urgent colonoscopy – Target 0</p> <p>% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD – Target 70%</p>	COO	Ongoing
3	<p>Service Reviews</p> <p>Ensure implementation plans are in place for the following</p> <p>a) ED review</p> <p>b) Orthopaedic Review</p> <p>c) Haematology Review</p> <p>d) Histopathology review</p>	CCD	Q4
4	<p>Improving Access (by increasing efficiencies, streamlining processes and maximising capacity through GUH GE project)</p> <p>a) Patient Flow Improvement Projects x 6 to be completed.</p> <p>b) Improve access to GI endoscopy by developing guidelines and providing support via the endoscopy clinical programme.</p>	CCD	Q4
5	<p>Group Clinical Strategy</p> <p>a) Complete Group Clinical strategy</p>	CEO/ CCD	Q2 – Q3 Q4

	b) Complete Site and corporate functions Strategies		
6	Develop and Implement Group Integration Project a) Obtain Executive approval to progress with an agreed Governance model b) Wide stakeholder engagement on the agreed model c) Plan for implementation of the first phase CBU in early 2018	CEO/ CCD	Q3 - Q4
7	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/ COO/ CCD	Ongoing
8	Deliver Key Capital Projects / Physical Infrastructure upgrades.	COO	Ongoing
9	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) Further promote Healthy Ireland through the Saolta Healthy Ireland Implementation and Training Plans d) Implement the actions required from the National and Saolta Employee Engagement surveys.	DHR	Q4
10	Finance Progress next phase of Activity Based Funding while maximising funding within the resources available in our hospitals	CFO	Q4
11	Group ICT a) Appoint E Health Director. b) Progress implementation of Group-wide PAS EDRM project, MOCIS, UCIS NIMIS LUH	COO	Q1 Ongoing Q2
12	Quality & Patient Safety Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including PUH maternity review and Orthopaedic review.	CCD	Q1
13	National Standards. 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
14	Governance and Delivery of Quality Care a) Improve compliance with the use of the sepsis screening tools and national Clinical Guideline (No. 6) Sepsis Management and (No. 5) Clinical	GCD/ DON/ Qualsec	Ongoing

	<p>Handover in Maternity Services.</p> <p>b) Continue to develop a system to report hospital patient safety statements in conjunction with Hospital Group CEOs and Clinical Directors.</p> <p>c) Implement robust programmes of audit and ensure there is group-wide learning from audits, serious incidents and local complaints reviews.</p>		
15	<p>Prevention of HCAI</p> <p>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>.</p>	CDON / COO	Ongoing
16	<p>Cancer Services</p> <p>a) Implement the recommendations of the performance improvement plan for the rapid access clinics for breast, prostate and lung cancers.</p> <p>b) Roll out the medical oncology clinical information system on a phased basis across the Group.</p>	GCD	Q3
17	<p>Group Research Strategy.</p> <p>Complete research strategy review and implement recommendations.</p>	CAO	Q4
18	<p>Nursing</p> <p>a) Update the Saolta Nursing Strategy in line with the group Clinical Strategy.</p> <p>b) Develop a nursing and midwifery manpower plan in conjunction with the Chief Nursing Officer.</p> <p>c) Promote and improve service user experience via national patient experience survey, CBAS, PALS, HMNI, Schwartz Rounds, Hospice-friendly initiatives.</p> <p>d) Recruitment to Patient Council.</p> <p>e) Roll out of national bereavement standards across all sites.</p>	CDON	Q4

Access

Access to clinical services continues to be a very significant challenge for the Saolta Group despite all efforts to maximise use of available resources to change the services. These challenges are manifested in trolley waits in our EDs, Outpatient and Inpatient/ Day case waiting lists and waiting lists for access to diagnostics primarily radiological modalities.

Unscheduled Care

Access is the single biggest challenge in our group with delays being experienced by patients presenting to the five Emergency Departments in our hospital group. Emergency Department (ED) presentations have increased by 5% nationally at the end of 2016 when compared with the same period in 2015 with a similar increase in emergency admissions. This has an impact on bed availability for elective activity.

Emergency Department (ED) attendances will increase for adults aged 65-84 in 2017 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, patient flow, implementation of actions identified by GE Healthcare Fimamore in the GUH patient flow project, 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 CHOs 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.

The development of the hospital group has added to capacity challenges in Galway in particular. Galway requires additional inpatient bed capacity to meet its dual requirement to provide timely access to tertiary services for the group while providing secondary care to the people of Galway and Roscommon. A new 75 bed ward block is due to open in 2017 – it is primarily much needed modern replacement beds but will provide additional capacity of one ward. Galway also urgently needs a new ED, but there is also a requirement to look at the long term solution for acute hospital services in Galway and consider the future development of the hospital. Ultimately, the physical constraints presented by the UHG site mean that plans for developments into the future must include a new hospital on a site such as Merlin Park.

Mayo University Hospital has an identified capacity deficit and both short term temporary solutions and long term permanent solutions are being reviewed. There are also developments required in other sites particularly in Sligo University Hospital and Portlincula University Hospital. Further investment in infrastructure will ensure that we can sustainably address the unacceptable delays in access to urgent inpatient and outpatient care.

Due to the change in the referral / flow patterns from the Saolta hospitals a key element of our clinical strategy will be ensuring the bidirectional flow of patients. This will involve the transfer of non-tertiary care from the model 4 hospital to other sites in the group which will free up vital capacity.

Scheduled Care (Inpatient and Outpatient) Waiting Lists

Our inpatient/day case and outpatient waiting lists present an ongoing significant challenge for the group across a number of specialties and sites. GUH accounts for approximately half of the Group's waiting lists. We are implementing a variety of measures to reduce the numbers of patients waiting and the length of time they wait, these include validating existing lists, moving activity between hospitals, running additional clinics, new appointments to key specialties and the development of health and social care professionals and nurse led clinics.

The Group starts 2017 with very significant inpatient and outpatient waiting lists. 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. This has been mirrored in the Saolta Group. At the same time the waiting list for procedures also continue to grow. The Group will progress a demand and capacity analysis in relation to outpatient services and will implement the outpatient strategy commencing in 2017.

Cancer Services

The Cancer Programme for the Saolta University Health Care Group is based at University Hospital Galway Cancer Centre with a satellite centre in Letterkenny University Hospital. The service is supported by site specific multidisciplinary teams across the region. The publication of the new National Cancer Strategy 2016-2025 will provide strategic direction and leadership for cancer services nationally and across the continuum of care, from diagnosis, treatment, to appropriate follow-up and support, in both the hospital and community setting.

The main area of focus will continue to be the diagnosis and treatment of cancer. Further progress will be made in the consolidation of surgical oncology services within the Saolta Group into the cancer centres to ensure that optimal treatment is provided and outcomes are improved. Service improvements will be underpinned by evidence, best practice and continued development and implementation of new clinical guidelines in line with the National Cancer Control Programme. Services will be monitored against agreed performance parameters. Saolta University Health Care Group will develop a Cancer Implementation Plan 2017 – 2022 in line with the National Cancer Strategy and the Saolta Group Clinical Strategy.

Saolta 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 2017 to build and sustain those service improvements for cancer patients. This includes improved access, high quality diagnostics, and building service capacity including radiotherapy (involving our cross border partners in Altnagelvin). We hope to enhance our haematology oncology day ward facility thus improving our inpatient capacity at GUH and continue to develop the MDM functionality across the Saolta Group. We will continue to drive the Research Programme with our Academic Partner NUI Galway and improve our IT systems across the Saolta Group to enhance our data collection and validation systems 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 2017 which will require review and a capacity planning approach to meet service demands.

Human Resources

The Saolta University Health Care Group will continue to implement the Group and the National (People Strategy) Human Resources Strategies in 2017.

The focus of the Human Resources function will be to support the delivery of direct services to patients through the employment and retention of staff within available resources and in compliance with national health policy as articulated by the Health Service Executive.

While challenged by the Pay-bill Management and Control Framework, the Human Resources function will collaborate with key stakeholders in endeavouring to make the appropriate decisions which best support patient care. This will also incorporate facilitating an expansion of the role of care professionals within current resources through developing skills and knowledge in a learning organisation.

The continued management and maintenance of the downward trend of staff absenteeism will be an ongoing priority along with the provision of Employee Support and Occupational Health Services.

The Human Resources function will seek to develop good working relationships with Staff Representative Organisations.

Moving towards full compliance with the European Working Time Directive will also be a priority for the Group, incorporating more consultant-delivered services into the future.

Implementing the Healthy Workplace Policy and supporting initiatives to encourage staff to look after their own health and wellbeing will also be to the fore, incorporating the development of local Implementation Groups with action plans aimed at achieving the targets set out in the Group's Healthy Ireland Implementation Plan.

This extends to promoting healthy lifestyle for patients and the community at large. Particular attention will be focused on increasing the number of hospital frontline staff trained in brief intervention. Areas of attention also include promoting an increased uptake of the seasonal flu vaccination by hospital staff, the implementation of the HSE Policy on Calorie Posting in all hospitals and the further development of staff exercise opportunities.

A range of succession management initiatives are underway covering all grades of staff and the Group is keen to continue to plan for future leadership needs on all of our sites.

The Group will continue its Employee Engagement Process through the implementation of learning from the 2016 Group and National surveys. Recognition of the efforts of staff will also remain a high priority for the Group into the future.

Workforce Plan

Saolta recognises and acknowledges its people as its most valuable assets and key to service delivery in 2017. The People Strategy 2015 – 2018 “Leaders in People Services” underpins the wider health reform. It focuses on people services for the whole of the health services with the ultimate goal of delivering safer better healthcare. This is being achieved through leadership driving cultural change, enabled by staff engagement, workforce planning and adopting a partnering approach. The strategy is underpinned by a commitment to value and support the workforce.

The following are the HR priorities as identified in the National Service Plan for 2017:

1. **Pay-Bill Management & Control** - Compliance with the framework and the requirement for Hospital Groups to operate within the funded pay envelope continues to be a key priority for the Acute Hospital Division for 2017 alongside the management of risk and service implications. The monitoring of the funded workforce plans is a recurring agenda item of the monthly performance meetings held under the Performance and Accountability Framework. The Division is also partnering with National HR through the National Coordination Group.
2. **Workforce Planning** - The development of funded workforce plans at both Hospital and Group level requires alignment to the on-going review of skill mix requirements alongside effective staff deployment to manage workforce changes that are necessary in support of service delivery. The Division and Hospital Groups are partnering with HR Workforce Planning, Analytics, & Informatics in relation to the development of workforce planning and resourcing knowledge, skills and capability of local HR Managers and Service Managers.
3. **Staff Engagement** - All acute hospital employees are encouraged to complete staff surveys to ensure that their views are considered to create circumstances where everyone’s opinion can make a difference in providing guidance on what can be done to improve services, both from the service user and staff perspective. There is also a need to take action based on survey findings.
4. **Workplace Health and Wellbeing** - The implementation of the ‘Healthy Ireland in the Health Services’ Policy is a priority to encourage staff to consider their own health and wellbeing to ensure a resilient and healthy workforce.
5. **EWTD (European Work Time Directive)** - Through the forum of the National EWTD Verification and Implementation Group, the Division continues to work collaboratively with Irish Medical Organisation (IMO), the Department of Health (DOH) and other key stakeholders to work towards the achievement of full compliance with the EWTD. The Division also collaborates with the DOH, the IMO and the National HR to facilitate a Learning Day to obtain progress to date from different experiences in relation to the implementation of measures in support of compliance.

In 2017 detailed work plans across the following themes; Leadership and Culture; Staff Engagement; Learning and Development; Workforce Planning; Evidence and Knowledge; Performance; Partnering, and; Human Resource Professional Services are being further developed with a particular focus on leadership development and e-HRM, in addition to the work plans commenced in 2016.

Service User Experience

- Work with the HSE, HIQA and the Department of Health on piloting of the National Patient Experience Survey in Saolta in 2017
- Continue the work of the health literacy committee, with the launch of the revised health literacy policy for Saolta.
- Work with the waiting list office on the revision of the content of outpatient department letters to ensure they are health literacy friendly and this work will be rolled out across the group.
- Consider the development of a Group Charter that underpins the Saolta values but is tangible and practical in its approach.
- 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 to all seven sites in Saolta and will be evaluated in 2017.
- The Patient Council has 15 members on various non clinical committees across the group. In 2017 the plan is to expand that number.
- The Schwartz Rounds pilot in GUH will be complete in 2017 the next step is to introduce Schwartz rounds on all sites in Saolta.
- Roll out 'Hello my name is campaign' across the Group.
- Establish Patient Liaison Teams on all sites.
- Continue to support Hospice Friendly Initiatives across the group

Healthy Ireland

- Maintain 2016 activity levels.
- Maintain compliance with HSE calorie posting and vending policies and audit same.
- Continue to promote and increase flu vaccine uptake.
- Delivery and assessment of stress control programme for staff, their families and the wider community.
- Develop a research platform for health and wellbeing activity.
- Produce an annual report of activity.
- Report on the implementation of the HSE staff health and wellbeing incentive scheme
- Expansion of the Arts programmes across the Group.
- Provision of training for Saolta choirs.
- Completion of hospital walks initiative.
- Conduct research into flu uptake across Saolta.
- Continue to implement Smarter Travel Workplace programmes
- Expand health and wellbeing partnership programme, in particular with CHO 1 and 2.
- Implementation of the HSE behaviour change framework and MECC (making every contact count) approach.
- Advocate for an increase in resources to support delivery and expansion of health and wellbeing activity, in particular health and wellbeing hospital leads and smoking cessation officers
- Delivery of 2-4 Motivational Interviewing courses to staff
- Improvement in smoke free campus compliance
- Promotion of staff health and wellbeing training plan
- Act as a resource for other hospital groups and CHO's
- Support the national division in progressing health and wellbeing indicators in HIPE

Finance

Financial Plan

The Saolta University Health Care Group has received €710.5m funding for 2017. Funding in 2017 is calculated using Activity Based Funding (ABF) and a Block allocation. 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 2017, on which the funding is based, has been calculated using the 12 months to the 31st August 2016 with minor adjustments for some services charges.

Funding of ED, OPD and similar services are remaining with the block grant method of funding.

2017

Analysing the spending patterns, employment levels and expected demands on our service, for the latter part of 2016 initial forecasts for 2017 indicate that the Saolta Group is facing a deficit challenge and emphasis will be focused on containing costs and growing income during the year. In this respect the data from activity based funding will form part of the review to bring costs into line with equivalent Hospitals Nationwide.

Emerging Issues

With our 2017 activity and associated funding set at 2016 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 2017 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.

The Group hospitals over the last number of years have experienced a growth in agency staff numbers for all staff categories. The Group are confident that initiatives to engage staff as HSE directly employed staff will show savings in the premium payments required to engage agency staff. Staff levels for 2017 must remain at 2016 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 2017 budget levels.

2017 Revenue Budget

1.1: Table Saolta Group Revenue Budget

	€000
Total Expenditure Revenue / Budget 2017	820221
Income Budget 2017	109770
Net Budget 2017	710451

Improving Quality and Reforming Service Delivery

Leadership and Governance for Quality and Safety

The Acute Hospital Division will prioritise the establishment of a robust governance and accountability structure for Quality and Patient Safety within the Division during 2017. The division will work with the Hospital Groups to develop a model for patient safety and quality.

The Saolta Group will also prioritise the governance and accountability structure for Quality and Patient Safety programmes during 2017 in line with national priorities.

The aim is to further enhance and build capacity of QPS departments across the Hospital Group and at hospital level and to focus on the following key areas of development:

- 1. The Division will continue to implement the Framework for Quality Improvement and National Patient Safety Programmes in partnership with NCSP, QAV and QID in the following areas:**
 - HCAI
 - Decontamination
 - Medication Safety
 - Pressure Ulcers to Zero
 - Sepsis and Early Warning Scores/ Systems
 - Falls Prevention
 - Clinical Handover
 - Quality and Safety Governance e.g. Board on Board Initiative
- 2. Improve Risk and Patient Safety incident management**
 - Improve overall response to safety incidents by further developing processes and systems for managing, investigating, reviewing and learning from incidents
 - Continue to put in place measures to improve reporting
 - Implement revised Integrated Risk Management policy
- 3. Develop capacity to listen and learn from patients, public and staff**
 - Support and provide HSE project management for 2017 Patient Experience Programme- joint initiative with HIQA and Department of Health
 - Roll out when developed the patient safety culture survey project
 - Continue implementation and embed a culture of Open Disclosure across all services
- 4. Quality and Safety Performance Monitoring and Reporting**
 - Strengthen QPS monitoring and surveillance to ensure Patient Safety areas for improvement are identified and learning is shared
 - Continue to publish monthly Maternity Safety Statements. Commence monthly Hospital Safety Statement monthly Reporting
 - Support the Hospital Group in the development of clinical and healthcare audit programme.
- 5. Quality Improvement Programmes**
 - Improve structures and processes for implementing Quality Improvement programme.
 - Improve sharing across the Group of best practice and learning from safety incidents, standards and recommendations.

Performance and Accountability Framework

The Performance and Accountability Framework (PAF) sets out the process by which the National Divisions and Hospital Groups are accountable for improving their performance under four domains; **Access** to services, the **Quality and Safety** of those Services, doing this within the **Financial Resources** available and by effectively harnessing the efforts of the **Workforce**.

Accountability Structure

There are five main layers of accountability in the HSE

1	Service Managers and the CEOs of Section 38
2	Hospital Group CEOs to the relevant National Directors
3	National Directors to the Director General
4	The Director General to the Directorate
5	The Directorate to the Minister

The Accountable Officers have delegated responsibility and accountability for *all aspects* of service delivery across the four domains outlined above. The Framework outlines what is expected of them and what happens if targets are not achieved. In this context, the individual hospital managers also have a responsibility for proactively identify issues of underperformance, to act upon them promptly and, to the greatest extent possible, to avoid the necessity for escalation. This performance review process is monitored and scrutinised by National Performance Oversight Group (NPOG) on behalf of the Director General and the Directorate in fulfilling their accountability responsibilities.

Service Arrangements will continue to be the contractual mechanism governing the relationship between the HSE and Section 38 Agencies¹ to ensure delivery against targets.

Performance management process

Each level of management has a core responsibility to manage the delivery of services for which they have responsibility. This process involves;

- Keeping performance under constant review
- Having a monthly performance management process in place that will include formal performance meetings with their next line of managers
- Agreeing and monitoring actions at performance meetings to address underperformance
- Taking timely corrective actions to address any underperformance emerging
- Implementing a full Performance Improvement or Recovery Plan where significant and sustained underperformance has been identified and remedial actions have been unsuccessful.

A formal escalation process can be applied at both the organisation and the individual level where there is continued underperformance following monitoring and support. This can result in senior managers responsible for particular services attendance at relevant Oireachtas Committees to account for service delivery, quality and financial performance issues.

The full text of Performance and Accountability Framework is available at www.hse.ie.

Implementing National HSE Saolta Priorities 2017

Priority Area	Priority Actions	Lead	CP Goal	Date
Governance and Compliance	Embed robust structures within the hospital group to facilitate effective managerial and clinical governance which will provide direct support to the smaller hospitals in the groups.	Saolta and AHD	2	Q1-Q4
Governance	<p>Progress 'The Saolta Programme for Service Improvement' (SPSI) of which there are two projects:</p> <ul style="list-style-type: none"> • Integrated Governance Project, and • Clinical Services Strategy Project. <p>Develop and implement an integrated group clinical and business strategy.</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 reviews as completed spinal orthopaedic, PUH maternity, ED etc.</p> <p>Work with the emergency management function of the HSE, to ensure emergency planning and crisis management structures across hospitals continues to develop.</p> <p>Appoint E Health Director</p> <p>Develop Group Consumer and Parliamentary Affairs Division</p>	Saolta	3	Q1-Q4
Accountability	<p>Performance management process</p> <p>Each level of management has a core responsibility to manage the delivery of services for which they have responsibility. This process involves;</p> <ul style="list-style-type: none"> ▪ Keeping performance under constant review ▪ Having performance management process in place with the hospital sites ▪ Agreeing and monitoring actions at performance meetings to address underperformance ▪ Taking timely corrective actions to address any underperformance emerging ▪ Implementing a full Performance Improvement or Recovery Plan where significant and sustained underperformance has been identified and remedial actions have been unsuccessful. 	Saolta	3	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	<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 Integration project .</p> <p>Develop Performance Management Framework within the Group incorporating Clinical Directorate structures.</p> <p>Continue Executive quality and safety walkabouts on all sites 2017.</p> <p>Monitor implementation of all actions arising from audits.</p>			
Strategic Partners	<p>Develop and maintain relationships with key Strategic Partners</p> <ul style="list-style-type: none"> ▪ Community Health Organisations ▪ General Practitioners ▪ Academic Partners ▪ Cooperation and Working Together (Cross border) ▪ Western Health & Social Care Trust and Altnagelvin Hospital ▪ Charitable Organisations ▪ Private Hospitals ▪ Local Authorities 	Saolta	3	Q1-Q4
Annual Reports	Consolidate publication of reports across Group.	Saolta	3	Q1-Q4
Control and Prevention of HCAIs	<p>Strengthen Group Infection Prevention and Control to drive improvement and monitor compliance with targets of HCAIs / AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.</p> <p>Implementation of HIQA Antimicrobial Assessment Recommendations across sites</p> <p>Monthly reporting of hospital acquired Staph Aureus bloodstream infection and hospital acquired new cases of C - difficile infection.</p> <p>Continue focus on Hand Hygiene training and monitor/audit compliance across all sites.</p>	Saolta and AHD	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	<p>Continue Implementation of Saolta Hospitals Hygiene Audit electronic tool to monitor standards across all sites</p> <p>Develop Group Drugs & Therapeutics Governance structures</p> <p>Monitor CPE across group hospitals</p>			
Critical Care	<p>Improve access to adult critical care services in the 'hub' hospitals of the hospital group to meet sub regional, regional and national critical care requirements of complex, multi-speciality and severely ill patients.</p> <p>Transplant Services :Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure across the Group</p> <p>Develop adult and paediatric retrieval across group</p>	Saolta and AHD	2	Q1-Q4
Key Capital Projects /Physical Infrastructure	<p>Progress design of replacement ED GUH.</p> <p>Progress replacement of end of life Cath Labs in GUH and managed service for additional Cath Lab GUH/SUH</p> <p>Progress of Blood & Tissue Establishment & Integrated Medical Sciences Laboratory GUH upon grant of planning permission.</p> <p>Complete AMHU enabling work and convene Radiation Oncology development by end of 2017.</p> <p>Secure Capital funding for development of 50 bedded replacement Block in PUH.</p> <p>Replace Interventional Suite SUH</p> <p>Provision of a Diabetic Centre to facilitate the commencement of a paediatric insulin pump service SUH</p> <p>Progress ED/Surgical Block – Sligo University Hospital.</p> <p>Continue restoration works post flood in Letterkenny University Hospital.</p> <p>Progress additional capacity MUH to address capacity deficit</p> <p>Progress Rehab Unit RUH</p> <p>Continue to upgrade infrastructure to meet hygiene standards within available resources.</p>	Saolta	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
Increase Capacity /Improve services in acute hospitals	<ul style="list-style-type: none"> Newly Commissioned Units: 			
	Open new 75 ward block in Galway University Hospital	Saolta	2	Q1-Q2
	<ul style="list-style-type: none"> Unscheduled Care: 			
	Implement the ED Task Force report recommendations	Saolta SDU ED Taskforce	2	Q1-Q4
	Target a 5% improvement in PET (moving towards a 100% target).			Q1-Q4
	<p>Work with GE in National Pilot relating to the Patient Flow Integrated Care Programme in UHG.</p> <p>Full implementation of Saolta Winter Resilience and Escalation plans 2016/2017 aimed at alleviating pressures on the hospitals across all sites over the winter period.</p> <p>Provide additional capacity as per Winter Initiative 2016/2017:</p> <ul style="list-style-type: none"> Additional 30 Medical Beds GUH. Implementation of the Care of the Older Person Programme - Develop frail elderly pathway across Group to maximise all aspects of care. Further develop Early Supported Discharge - Stroke Programme across the Group. Work with AHD in relation to additional capacity MUH <p>Implementation of Special Delivery Unit recommendations to expedite patient discharge and early discharge planning.</p> <p>Utilisation of clearly defined algorithms/pathways for effective discharge of patients to the appropriate setting.</p> <p>Improve weekend discharging across the Group.</p> <p>Continue meetings with Community Healthcare Offices to ensure optimisation of short stay beds, CIT, IHCP, long term care packages, convalescence / transitional beds and delayed discharges.</p> <p>Increase utilisation of OPAT service across the Group.</p>			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Eliminate ED waiting times of > 24hours for patients > 75 years. Continue monitoring of Ambulance turnaround times and increase TAT in line with national targets			Q1-Q4
	Implement the recommendations of Group wide ED review. PUH Progress Trauma By Pass (subject to resourcing)	Saolta	2	Q1-Q4
	<p>▪ Scheduled Care:</p> <p>Work with the National Treatment Purchase Fund (NTPF), in relation to the funding of €15m allocated to the NTPF, to implement waiting list initiatives, to reduce waiting times and provide treatment to those patients waiting longest. Seek to undertake as much activity as possible in house.</p>	Saolta	2	Q1-Q4
	Waiting list management: actively manage waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including chronological scheduling to ensure no patient is waiting longer than 18 months and achieve targets for those waiting <15months.			Q1-Q4
	<p>Complete and submit to AHD 2017 sustainable plans to achieve and maintain national waiting list targets using available resources across the Group.</p> <p>Build theatre capacity in terms of staffing resources.</p> <p>Further develop pre admission assessment service across Group.</p> <p>Strengthen Group support for waiting list management</p>			
	OPD :			
	<p>Implement the Strategy for Design of Integrated Outpatient Services 2016-2020 on a phased basis in collaboration with the outpatient services performance improvement programme.</p> <p>Undertake capacity and demand analysis in relation to outpatients GUH.</p> <p>Strengthen GUH support for OPD management</p>	Saolta and OPIP	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Diagnostics :			
	Review and identify increased access to diagnostics across the Group Ensure robust system is in place for follow up of diagnostic Investigations. Complete Laboratory procurement of key equipment for a number of sites across the Group. Progress 2 nd MRI scanner GUH	Saolta	2	Q1-Q4
	Clinical Services:			
	Develop and Implement an Integrated Group Clinical & Business Strategy. Implement recommendations of ED, Cardiology, Urology, Haematology, Micro and histo reviews as completed Continue to seek approval for development of Endoscopy/ Day Services on Merlin Park University Hospital (MPUH) site. Continue to support Cardiology PCI service. Support Dexa services through recruitment of key staff. Seek to progress development of a respiratory support unit in GUH. Further Develop the acute stroke service and early supported stroke discharge service. Develop Chronic Pain programme Implement changes to clinical services arising from Patient Flow Improvement Project (PFIP /GE) Review and update consultant work plans. Continue Sligo Community Cardiac Investigations project in 2017 through joint funding arrangement with CHO Service. Meet colorectal screening KPIs across all sites. Support Specialty Quality Improvement programmes (SQIP) of Endoscopy Histopathology and Radiology	Saolta	2	Q1-Q4
	Work with Endoscopy Clinical Programme to improve access to GI endoscopy across the Group JAG Accreditation PUH	Endoscopy Programme	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Provide dialysis in hospitals across the Group, contracted units and in the home at 2016 funded levels	Renal Programme and Saolta	2	Q1-Q4
Maternity Services	Provide high level co-ordination of maternity, gynaecology and neonatal services across the Group and continue the implementation of the Maternity Strategy including the development of clinical maternity networks across the Hospital Group	Saolta / Women and Infants Health Prog	2	Q1-Q4
	Publish maternity safety statements for all maternity units/ hospitals.			Q1-Q4
	Improve access to antenatal anomaly screening in all Maternity Units			Q1-Q4
	Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across all maternity units.			Q1-Q4
	Continue the development of the Irish Maternity Indicator System (IMIS) Audit to facilitate assessment of quality of care in maternity services.			Q1-Q4
	Support implementation of phase 1 targeted hip ultrasound screening for infants at risk of developmental dysplasia of the hip		2	Q1-Q4
	Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines		2	Q1-Q4
	Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including: <ul style="list-style-type: none"> ▪ Implement recommendations from PUH Maternity Review (when published). ▪ Make key appointments as recommended via national / local reviews. ▪ Appoint Group Director of Midwifery & Appoint Directors of Midwifery to all maternity units. ▪ Implement the recommendations of midwifery workforce planning study (Birthrate Plus) when rolled out nationally with relevant resources. ▪ Develop bereavement specialist teams in all Maternity Units. ▪ Continue to seek resources to support maternity and neonatal services ▪ Support development of RAADP across Group 	Saolta	2	Q1-Q4
	Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines	Saolta	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
Quality and Patient Safety	Build Quality and Patient Safety capacity and capability at hospital group and divisional level to support Quality Improvement initiatives	Saolta and AHD	2	Q1-Q4
	Monitor and support implementation of National Standards for Safer Better Healthcare			
	Support the development and implementation of a quality and safety framework and programmes across the hospital groups.			Q1-Q4
	Continue to embed a culture of open disclosure.			Q1-Q4
	Develop Group wide Clinical / Healthcare Audit Programme			
	Improve overall response to safety incidents (reporting and investigation).			Q1-Q4
	Implement revised Integrated Risk Management policy			Q1-Q4
	Improve compliance with the use of the sepsis screening tools Develop plans for the implementation of National Clinical Guideline – No. 5 Communication (Clinical Handover) in Maternity Services, No. 6 Sepsis Management and the Communication (Clinical Handover) Guideline.			Q1-Q4
	Co-operate with Quality Improvement Division in the Preventing VTE (blood clots) in Hospital Patients Improvement Collaborative”	Saolta and AHD	2	Q1-Q4
	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.	Saolta and AHD	2	Q1-Q4
	Appoint group 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.			
	Appoint project lead to support Chief Academic Officer on structuring and learning from audit (policy compliance and clinical audit).			
	Review findings from person-centred research undertaken and develop and implement recommendations.			
	Further embed the identification of risks (using the Q Pulse system) and escalation to Site / Directorate and Group risk registers.			

Priority Area	Priority Actions	Lead	CP Goal	Date
	<p>Continue to Improve the process of reviewing the implementation of the recommendations from completed incident reviews at the Serious Incident Management Team meetings.</p> <p>Support the Specialty Leads / Directorates to implement NCEC National Clinical Guidelines.</p> <p>Continued development of 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>			
Research	<p>Develop and Implement Research Strategy for the Group.</p> <p>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’ wellbeing and performance.</p> <p>Restructuring of the Research Ethics Committee (REC) and ensuring oversight and integration of various committees across the group.</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. Work 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>	Saolta	3	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	<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>			
Cancer Services and the National Cancer Control Programme	Work with the DoH and other stakeholders on the implementation of the National Cancer Strategy 2016-2025.	Saolta and NCCP	2	Q1-Q4
	Saolta Group will develop a cancer implementation plan 2017-2022 in line with the National Cancer Strategy			Q1-Q4
	Group will work with NCCP on service developments such as cancer prevention, early diagnosis, survivorship and performance monitoring against agreed KPIs across the Group .			Q1-Q4
	NCCP will work with the Hospital Group to implement the recommendations of the KPI quality improvement plan for the Rapid Access Clinics Breast, Prostate and Lung Cancers.			Q1-Q4
	Roll out the Medical Oncology Clinical Information System on a phased basis (MOCIS) across the Group in line with Saolta ICT plan .			Q1-Q4
Engage with the NCCP in relation to the reimbursement of funding for high cost oncology drugs across the Saolta Group.	Q1-Q4			
	Progress Radiotherapy Oncology services for cancer patients GUH (Implications of Phase II NPRO developments Galway)	Saolta and NCCP	2	Q1-Q4
	NCCP will continue to support the implementation of cancer clinical guidelines for the major cancer sites	Saolta and NCCP	2	Q1-Q4
Cancer Services	<p>Improve access to diagnostics to assist with early diagnosis and treatment of cancer.</p> <p>Continue to monitor access for urgent and non urgent breast cancer services and support initiatives.</p> <p>Continue to monitor access to Rapid Access Lung & Rapid access Prostate Services</p> <p>Appoint 2nd Breast Surgeon LUH</p>	Saolta	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	<p>Appoint Oncologist LUH</p> <p>Continue to support and enhance Medical and Surgical Oncology Services across the Group.</p> <p>Ensure integrated Palliative Care structures across the Group.</p> <p>Optimise service provision for adult palliative care including end of life care.</p> <p>Implement the recommendations of the Haematology Review completed across Group.</p> <p>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 and surviving cancer.</p> <p>Facilitate nursing staff participation in education, training and development to specialise in cancer nursing and progress to Advanced Nurse Practitioners.</p> <p>Progress the development of increased capacity of ambulatory haematology/oncology day care in UHG centre.</p> <p>Complete the development and implementation of an audit plan of national guidelines for breast, lung, prostate, colorectal, hepatobiliary and gynaecology cancers.</p>			
Human Resources	People Strategy 2015-2018			
	Implement the People Strategy 2015–2018 within acute hospitals.	Saolta	4	Q1-Q4
	<p>Implement the Saolta HR Strategy.</p> <p>Continue management and maintenance of absenteeism.</p> <p>Provide HR support to the evolving Clinical Directorate structure.</p> <p>Continue engagement with staff representative bodies through the Joint Union Management Forum.</p> <p>Continue to seek improvements to HR Information and Operational systems.</p> <p>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.</p>	Saolta	4	Q1-Q4

	Workforce Planning:			
	Support Phase 1 of the Framework for staffing and skill-mix for nursing in general and specialist medical and surgical care in acute hospitals when rolled out nationally.	Saolta	4	Q1-Q4
	Support the workforce planning process for Phase 2 of the Framework relating to Emergency Care.			
	Deliver appropriate and timely recruitment through the Workforce Plan to improve staff retention and to underpin proactive recruitment of key posts.			
	Continue focus on staff development programmes through enhanced learning and development opportunities.			
	Continue succession management initiatives covering all grades of staff.			
	Employee Engagement:			
	Use learning from the recently completed employee survey to shape organisational values and ensure that the opinions of staff are sought and heard.	Saolta	4	Q1-Q4
	Employee Recognition System			
	Continue with staff recognition awards and other national recognition awards.			
	European Working Time Directive (EWTD):			
	Implement and monitor compliance with the EWTD	Saolta	4	Q1-Q4
	Reduce the reliance on agency and locum cover across the Group with conversion of short term agency into WTE			
Nursing Services	Update Saolta Group Strategy for Nursing and Midwifery in line with Clinical Services Strategy.	Saolta	4	Q1-Q4
	Appoint Directors of Midwifery across Group hospitals.			
	Develop a Nursing and Midwifery Manpower Plan in conjunction with the Chief Nursing Officer.			
	Establish the key role of Nursing and Midwifery at national level working with the Chief Directors of Nursing and Midwifery from the established Groups.			
	Develop an ethos of lifelong learning for nursing and midwifery with our academic partners.			
	Develop succession plans /Future Leaders Programme, CNM/CMM.			
	Continued Roll out of the national sepsis policy in Saolta.			
	Work with HR to retain Nurses/Midwives.			

	<p>Further roll out of the Leaders for Compassionate Care: The Florence Nightingale Foundation Programme in Ireland for Clinical Nurse and Midwife Managers introduced nationally.</p> <p>Monitor and report through the Office of the Nursing and Midwifery Services:</p> <ul style="list-style-type: none"> ▪ The number of nurses registered to prescribe medicinal products ▪ The number of nurses registered to prescribe ionising radiation. 			
National Policy Compliance	Children First			
	<p>Implementation of Children First by the Hospital Groups with support from the Children First National Office; and the delivery of Children First training programmes for hospital staff.</p> <p>Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office.</p>	Saolta	3	Q1-Q4
	Patient Feedback			
	<p>Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across acute services and use patient insight to inform quality improvement initiatives and investment priorities which will include the completion of Patient Experience Surveys in all acute hospitals on a phased basis within available resources</p>	Saolta and AHD	3	Q1-Q4
Patient Experience	<p>Work with the HSE, HIQA, DOH on piloting of the National Patient Experience Survey in Saolta in 2017</p>	Saolta	4	Q1-Q4
	<p>Continue the work of the health literacy committee, with the launch of the revised health literacy policy for Saolta.</p>			
	<p>Work with the waiting list office in GUH on the revision of the wording of outpatient department letters to ensure they are health literacy friendly this work will be rolled out across the group.</p>			
	<p>Consider the development of a group nursing charter that underpins the Saolta values but is tangible and practical in its approach.</p> <p>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 to all 7 sites in Saolta and will be evaluated in 2017.</p>			

	<p>The Patient Council has 15 members on various non clinical committees across the group. In 2017 the plan is to expand that number.</p> <p>The Schwartz Rounds pilot in GUH will be complete in 2017. Next step is to introduce Schwartz rounds on all sites in Saolta.</p> <p>Roll out 'Hello my name is campaign' across the Group.</p> <p>Establish Patient Liaison Teams on all sites.</p> <p>Continue to support Hospice Friendly Initiatives across the group</p>			
Workplace Health & Wellbeing: Healthy Ireland				
	<p>Implement <i>Healthy Ireland in the Health Services National Implementation Plan 2015–2017</i> across hospital group.</p> <p>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.</p> <p>Saolta Healthy Ireland Objectives in 2017 include:</p> <ul style="list-style-type: none"> ▪ Maintenance of 2016 activity levels. ▪ Maintain compliance with HSE calorie posting and vending policies and audit same. ▪ Continue to promote and increase flu vaccine uptake. ▪ Delivery and assessment of stress control programme for staff, their families and the wider community. ▪ Develop a research platform for health and wellbeing activity. ▪ Produce an annual report of activity. ▪ Report on the implementation of the HSE staff health and wellbeing incentive scheme ▪ Expansion of the Arts programmes across the group. ▪ Provision of training for Saolta choirs. ▪ Completion of hospital walks initiative. ▪ Conduct research into flu uptake across Saolta. ▪ Continue to implement Smarter Travel Workplace programmes ▪ Expand health and wellbeing partnership programme, in particular with CHO 1 + 2. ▪ Implementation of the HSE behaviour change framework and MECC (making every contact count) approach. ▪ Advocate for an increase in resources to support delivery and expansion of health and wellbeing 	Saolta	1	Q1-Q4

	<p>activity, in particular health and wellbeing hospital leads and smoking cessation officers</p> <ul style="list-style-type: none"> ▪ Delivery of 2-4 Motivational Interviewing courses to staff ▪ Improvement in smoke free campus compliance 			
Improving Patient and Staff Wellbeing	<p>Implement an action plan to meet national standards for Nutrition and Hydration of patients across the hospital sites.</p> <p>Implement National Guideline for the <i>Identification and Management of under nutrition in Acute Hospital settings (when published)</i>.</p>			
	<ul style="list-style-type: none"> ▪ Tobacco Free Ireland 			
	<ul style="list-style-type: none"> ▪ Complete self audit of Tobacco free Campus using ENSH online audit tool when resources appointed 	Saolta	1	Q1-Q4
	<ul style="list-style-type: none"> ▪ Complete planned <i>Brief Intervention Training sessions for Smoking Cessation</i> in line with existing programme and rollout of <i>Making every contact count</i> and <i>Generic Brief intervention Training</i> schemes by H&Wb Division. ▪ Increase the number of hospital frontline staff trained in brief intervention. 	Saolta	1	Q1-Q4
	<ul style="list-style-type: none"> ▪ Self Management of Chronic Diseases 			
	Support the Implementation of the Self-Management Support (SMS) framework in all hospital groups on a phased basis	Saolta and AHD	1	Q1-Q4
	Achieve Baby Friendly accreditation across sites.	Saolta	1	Q1-Q4
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.	Saolta	2	Q1-Q4
Finance/ HR	Manage and maintain processes in place at Group level to govern the oversight of Internal Audit recommendations.	Saolta and AHD	3	Q1-Q4
	Employment Controls			
	Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services.	Saolta	3	Q1-Q4
Finance	Activity based funding	Saolta	5	Q1-Q4
	Support the next phase of ABF programme as per ABF Implementation Plan 2015-2017.	Saolta	5	Q1-Q4

	Ensure hospital activity and patient data is reported within 30 days	Saolta	5	Q1-Q4
	Hospital groups and hospitals to ensure billing is appropriate and current and that bed maps are accurate.	Saolta	3	Q1-Q4
	Implement recommendations of “ Patient Income Process Review” (GT June 2016)	Saolta and AHD	3	Q1-Q4
	Implement the provisions of the Irish Pharmaceutical Healthcare Association Framework Agreement on the Pricing and Supply of New Medicines.	Saolta and AHD	3	Q1-Q4
	<p>Continued Group focus on Performance Management during 2017 to control costs.</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 hospitals.</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>	Saolta	5	Q1-Q4
Performance Monitoring	<p>Further Improve structure of site specific performance monitoring meetings and review and augment existing performance management reporting.</p> <p>Continued development of Group Business Intelligence Unit supporting the ongoing management of services.</p>	Saolta	5	Q1-Q4
ICT	<p>Implement Saolta ICT Strategy and action plan.</p> <p>Progress Group PAS and EDRM GUH Project</p> <p>Appoint E Health director</p>	Saolta	5	Q1-Q4

	<p>Complete NIMIS RIS-PACS in Letterkenny University Hospital and integrate NIMIS to GUH RIS-PACS.</p> <p>Progress OPD Self Registration in pilot site.</p> <p>Continue work with National ICT on developing an improvement plan to address ICT Data Network infrastructure deficits across the Group.</p>			
Information Management	Support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine.	Saoltad AHD	5	Q1-Q4
	Support the development of TARN to evaluate the care of trauma patients.			Q1-Q4
Transport	Work on the consolidation of transport services across the Group.	Saolta	5	Q1-Q4

Appendix 1 Finance

Budget Allocation 2017

Saolta Group	Net Budget 2017 €'000's
Galway University Hospital	300,725
Sligo University Hospital	116,784
Letterkenny University Hospital	120,351
Mayo University Hospital	90,623
Portiuncula University Hospital	60,199
Roscommon University Hospital	22,013
Group HQ	(245)
Saolta	710,451

Appendix 2 Human Resources

HR Data as per December 2016

Service Area	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16
Galway University Hospitals	594.8	1,297	451.1	503.5	270.8	250.9	3,368
Letterkenny General Hospital	173.8	554.8	141	214	218.6	166.2	1,469
Mayo General Hospital	157.4	448.8	125.5	151.8	51.8	97.1	1,032
Portiuncula Hospital	101.2	292.4	76.1	109.1	72.5	54	705.2
Roscommon County Hospital	28.1	112	23.6	55	63.3	13.8	295.8
Sligo Regional Hospital	211.2	600.8	173	204.1	225.7	126.9	1,542
HQ	1	13.2	1	30.7			45.9
Saolta	1,268	3,319	991.4	1,268	902.7	709.1	8,457

Appendix 3: Performance Indicator Suite

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
Budget Management including savings				
Net Expenditure variance from plan (within budget)	M	0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Pay – Direct / Agency / Overtime				
Non-pay	M	0.33%		≤ 0.1%
Income	M	0.33%		≤ 0.1%
Capital				
Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit				
% of internal audit recommendations implemented by due date	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	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%
Workforce				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD				
< 24 hour shift (Acute and Mental Health)	M	100%	97%	100%
< 48 hour working week (Acute and Mental Health)	M	95%	82%	95%
Health and Safety				

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% 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	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%
HR ® Number of nurses and midwives with authority to prescribe medicines	Annual	New PI 2017	New PI 2017	up to 940
Number of nurses and midwives with authority to prescribe Ionising Radiation (X-Ray)	Annual	New PI 2017	New PI 2017	Up to 310

® The expected Activity/target 2017 for this KPI is a national target i.e. inclusive of all divisions

Acute Hospitals											
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016		Expected Activity/ Targets 2017						
Activity				Saolta Healthcare Group	RUH	PUH	UCHG	MUH	LUH	SUH	National Target
Beds Available Inpatient beds **	Existing	Monthly	10,643								10,681
Day Beds / Places **	Existing	Monthly	2,150								2,150
Discharges Activity ∞ Inpatient Cases	Existing	Monthly	635,414	113,553	1,805	12,649	37,056	18,691	24,857	18,495	640,627
Inpatient Weighted Units	Existing	Monthly	632,282	97,717	1,795.2	8097.6	41,846.3	14,160	16,480.9	15,336.6	639,487
Day Case Cases∞ (includes Dialysis)	Existing	Monthly	1,044,192	197,796	7,186	9,489	88,231	26,455	32,294	34,141	1,062,363
Day Case Weighted Units (includes Dialysis)	Existing	Monthly	1,030,918	187,390	8,398	10,047.4	78,115.6	24,569.1	29,340.8	36,918.6	1,028,669
Total inpatient and day case Cases∞	Existing	Monthly	1,679,606	311,349	8,991	22,138	125,287	45,146	57,151	55,413.6	1,702,990
Emergency Inpatient Discharges	Existing	Monthly	424,659	78,764	945	8,391	22,609	14,285	18,606	13,928	429,872
Elective Inpatient Discharges	Existing	Monthly	94,587	16,820	860	586	8,807	2,122	2,065	2,380	94,587
Maternity Inpatient Discharges	Existing	Monthly	116,168	17,969		3,672	5,640	2,284	4,186	2,187	116,168
Emergency Care											
- New ED attendances	Existing	Monthly	1,141,437	191,997		24,315	59,447	36,721	38,084	33,430	1,168,318
- Return ED attendances	Existing	Monthly	94,483	10,893		1,167	3,142	1,232	1,901	3,451	94,225
- Injury Unit attendances Ω	New PI 2017	Monthly	81,141	5,075	5,075						81,919

Acute Hospitals											
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016		Expected Activity/ Targets 2017						
Activity				Saolta Healthcare Group	RUH	PUH	UCHG	MUH	LUH	SUH	National Target
- Other emergency presentations	New PI 2017	Monthly	49,029	14,994		790	1,159		2,932	10,113	48,895
Births: Total no. of births	Existing	Monthly	63,420	9,438		1,797	3,013	1,632	1,690	1,306	63,247
OPD: Total no. of new and return outpatient attendances	Existing	Monthly	3,342,981	526,054	18,168	41,955	250,024	60,019	63,810	92,078	3,340,981
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	1:2.4	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	96%	100%
Dialysis Δ Number of Haemodialysis patients treated in Acute Hospitals **	New PI 2017	Bi-Annual	New PI 2017	170002
Number of Haemodialysis patients treated in Contracted Centres **	New PI 2017	Bi-Annual	New PI 2017	81,900 – 83,304
Number of Home Therapies dialysis Patients Treatments **	Existing	Bi-Annual	89,815	90,400 – 98,215
Outpatient New OPD attendance DNA rates **	Existing	Monthly	12.7%	12%
% of Clinicians with individual OPD DNA rate of 10% or less **	Existing	Monthly	36.5%	50%
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	88.1%	90%
% of adults waiting < 15 months for an elective procedure (day case)	Existing	Monthly	92.2%	95%
% of children waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	93%	95%
% of children waiting < 15 months for an elective procedure (day case)	Existing	Monthly	96.8%	97%
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly	84.3%	85%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	Existing	Monthly	75.8%	90%
Elective Scheduled care waiting list cancellation rate)**	Existing/ amended	Monthly	TBC	TBC
Colonoscopy / Gastrointestinal Service Number of people waiting greater than 4 weeks for access to an urgent colonoscopy	New PI 2017	Monthly	0	0
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	51.5%	70%
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within 6 hours of registration	Existing	Monthly	68%	75%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
% of all attendees at ED who are discharged or admitted within 9 hours of registration (goal is 100% performance with a target of \geq improvement in 2017 against 2016 outturn)	Existing	Monthly	81.5%	100%
% of ED patients who leave before completion of treatment	Existing	Monthly	5.2%	<5%
% of all attendees at ED who are in ED < 24 hours	Existing	Monthly	96.5%	100%
% of patients attending ED aged 75 years and over **	Existing	Monthly	11.4%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	Existing	Monthly	44.5%	95%
% of patients 75 years or over who were admitted or discharged from ED within nine hours of registration	Existing	Monthly	62.2%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	New PI 2017	Monthly	New PI 2017	100%
Ambulance Turnaround Times % of ambulances that have a time interval of \leq 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	Existing	Monthly	93.4%	95%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	Existing	Monthly	4.6	4.3
ALOS for all inpatients **	Existing	Monthly	5.4	5
Medical Medical patient average length of stay	Existing	Monthly	6.8	6.3
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Existing	Monthly	63.7%	75%
% of all medical admissions via AMAU	Existing	Monthly	35%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	New PI 2017	Monthly	New PI 2017	11.1%
Surgery	Existing	Monthly	5.3	5.0

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Surgical patient average length of stay				
% of elective surgical inpatients who had principal procedure conducted on day of admission	Existing	Monthly	72.5%	82%
% day case rate for Elective Laparoscopic Cholecystectomy	Existing	Monthly	43.6%	> 60%
Percentage bed day utilisation by acute surgical admissions who do not have an operation**	Existing	Monthly	37.8%	35.8%
% of emergency hip fracture surgery carried out within 48 hours	Existing	Monthly	86.7%	95%
% of surgical re-admissions to the same hospital within 30 days of discharge	Existing	Monthly	2.1%	< 3%
Delayed Discharges				
No. of bed days lost through delayed discharges	Existing	Monthly	200,774	< 182,500
No. of beds subject to delayed discharges	Existing	Monthly	630	< 500 (475)
Health Care Associated Infections (HCAI)				
% 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	89.2%	90%
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	New PI 2017	Monthly	New PI 2017	< 1/10,000 Bed days used
Rate of new cases of Hospital acquired C. difficile infection	New PI 2017	Monthly	New PI 2017	< 2/10,000 Bed days used
Mortality				
Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition **	Existing/ Modified	Annual	Data Not Yet Available	N/A
Quality				
Rate of slip, trip or fall incidents for as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
Medication Safety				
Rate of medication error incidents as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Patient Experience % of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population	Existing	Annual	TBC	100%
National Early Warning Score (NEWS) % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Existing	Quarterly	96%	100%
% of all clinical staff who have been trained in the COMPASS programme	Existing	Quarterly	64.5%	> 95%
% of hospitals with implementation of PEWS (Paediatric Early Warning System) **	Existing	Quarterly	N/A	100%
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	84%	100%
Clinical Guidelines % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	New PI 2017	Quarterly	New PI 2017	100%
% of acute hospitals with an implementation plan for the guideline for clinical handover	New PI 2017	Quarterly	New PI 2017	100%
National Standards % of hospitals who have completed first assessment against the NSSBH	Existing	Quarterly	90%	100%
% of hospitals who have commenced second assessment against the NSSBH	Existing	Quarterly	50%	95%
% maternity units which have completed and published Maternity Patient Safety Statement and discussed same at Hospital Management Team meetings each month	Existing	Monthly	100%	100%
% of Acute Hospitals which have completed and published Patient Safety Statements and discussed at Hospital Management Team each month **	Existing	Monthly	N/A	100%
Patient Engagement % of hospitals that have processes in place for participative engagement with patients about design, delivery & evaluation of health services **	Existing	Annual	N/A	100%
Ratio of compliments to complaints **	Existing	Quarterly	1:1	2:1

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Stroke				
% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit **	Existing	Quarterly	56.2%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Existing	Quarterly	10.5%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Existing	Quarterly	65.9%	90%
Acute Coronary Syndrome				
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Existing	Quarterly	89.7%	90%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	Existing	Quarterly	70.8%	80%
COPD				
Mean and median LOS for patients admitted with COPD **	Existing	Quarterly	7.7 5	7.6 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	Quarterly	29	33
Asthma				
% nurses in secondary care who are trained by national asthma programme **	Existing	Quarterly	1.3%	70%
Number of bed days used by all emergency in-patients with a principal diagnosis of asthma**	Existing/ amended	Quarterly	11,394	3% Reduction
Number of bed days used by emergency inpatients < 6 years old with a principal diagnosis of asthma**	Existing/ amended	Quarterly	1,650	5% Reduction
Diabetes				
Number of lower limb amputations performed on Diabetic patients **	Existing	Annual	449	<488
Average length of stay for Diabetic patients with foot ulcers **	Existing	Annual	17.4	≤17.5 days
% increase in hospital discharges following emergency admission for uncontrolled diabetes. **	Existing	Annual	Data Not Available Until Q1 2017	≤10% increase

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Blood Policy				
No. of units of platelets issued in the reporting period **	Existing	Monthly	20,704	21,000
% of units of platelets outdated in the reporting period **	Existing	Monthly	5.1%	<5%
% of O Rhesus negative red blood cell units issued **	Existing	Monthly	13.3%	<14%
% of red blood cell units rerouted **	Existing	Monthly	3.4%	<4%
% of red blood cell units outdated out of a total of red blood cell units issued**	Existing	Monthly	0.5%	<1%
HR – Compliance with EWTD				
European Working Time Directive compliance for NCHDs - < 24 hour shift	Existing	Monthly	97.1%	100%
European Working Time Directive compliance for NCHDs - < 48 hour working week	Existing	Monthly	81%	95%
Symptomatic Breast Cancer Services				
No. of patients triaged as urgent presenting to symptomatic breast clinics	Existing	Monthly	19,502	18,000
No. of non urgent attendances presenting to Symptomatic Breast clinics **	Existing	Monthly	23,266	24,000
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of two weeks for urgent referrals **	Existing	Monthly	17,348	17,100
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	Existing	Monthly	89%	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	18,468	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	79.4%	95%
Clinic Cancer detection rate: no. of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer **	Existing	Monthly	1,841	> 1,100
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Existing	Monthly	11%	> 6%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Lung Cancers				
Number of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,372	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	2,796	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	81.2%	95%
Clinic Cancer detection rate: Number of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer **	Existing	Monthly	1,030	> 825
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer	Existing	Monthly	32.4%	> 25%
Prostate Cancer				
Number of patients attending the rapid access prostate clinic in cancer centres	Existing	Monthly	2,626	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	1,366	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	52%	90%
Clinic Cancer detection rate: Number of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer **	Existing	Monthly	1,058	> 780
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of prostate cancer	Existing	Monthly	41.5%	> 30%
Radiotherapy				
No. of patients who completed radical radiotherapy treatment (palliative care patients not included) **	Existing	Monthly	5,088	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	4,394	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	Existing	Monthly	86.4%	90%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
patients not included)				

*** KPIs included in Divisional Operational Plan only*

∞Discharge Activity is based on Activity Based Funding (ABF) and weighted unit (WU) activity supplied by HPO. Dialysis treatments in Acute Hospitals are included in same.

These indicators are dependent upon the type and volume of services being provided and the underlying level of demand. We commit to continually improving our performance and many targets are set to stretch achievement therefore there may be a performance trajectory to full compliance. (footnote as per NSP 2017)

Appendix 4 Capital Projects

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
ACUTE SERVICES									
Saolta University Health Care Group									
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2017	Q3 2017	0	0	1.10	2.30	0	0.00
	Provision of a neuroscience facility in Malloway House, The Mall, Sligo Town (HSE owned). Funded by the North West Neurology Institute	Q1 2017	Q1 2017	0	0	0.05	0.05	0	0.00
	Provision of a Diabetic Centre to facilitate the commencement of a paediatric insulin pump service	Q3 2017	Q3 2017	0	0	0.05	0.65	0	0.00
	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works	Phased 2017	Phased 2017	0	0	0.33	1.33	0	0.00
University Hospital Galway	New clinical block to provide replacement ward accommodation. Initial phase is provision of a 75 bed block	Q1 2017	Q1 2017	0	75	1.75	17.85	0	1.00
Letterkenny University Hospital, Co. Donegal	Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by insurance)	Q3 2017	Q3 2017	0	0	2.00	2.70	0	0.00
	Restoration and upgrade of underground service duct (and services) damaged in 2013 flood	Q4 2017	Q4 2017	0	0	1.40	2.46	0	0.00
Mayo University Hospital	Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift	Q1 2017	Q1 2017	0	0	0.09	1.80	0	0.00