Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# Ireland East Hospital Group Operational Plan

## 2017

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

# IEHG Operational Plan 2017

## Introduction

The Ireland East Hospital Group (IEHG) was established in January 2015 and is the largest and most complex of the hospital groups. Comprising 11 hospitals (6 voluntary and 5 statutory), IEHG spans eight counties and four Community Health Organisations (CHOs), and has a gross annual expenditure of in excess of €1billion. The group provides a wide range of acute and elective inpatient and outpatient services across 11 hospital sites and provides services on three levels; those serving local catchment areas, specialist services delivered to regional populations and quaternary services delivered nationally.

| | 2017 Available Budget €m | | 2016 Closing Budget €m |
|---|---|---|---|
| IEHG | Net allocation under ABF | €873.041 | 872.695 |
| | | | |

IEHG's ambition is *"to be the national leader in healthcare delivery, with a strong international reputation, improving the quality of healthcare and better patient outcomes through education, training, research and innovation for the 1.1million people we serve".* To achieve this ambition we have developed a ten-point framework programme, which will see IEHG established as an independent hospital group, with an Academic Health Sciences Centre as its core.

'Our mission is to deliver improved healthcare outcomes for the 1.1 million people we serve'

A core objective of the IEHG is to develop an Academic Health Sciences Centre, where education and research contribute to patient care and wellbeing. Internationally, such centres have scored well ahead of non-academic centres for patient outcomes and safety. AHSCs attract leading healthcare professionals and offer excellent training, adopt new technologies and health systems improvements rapidly, and participate in a global effort to advance healthcare. The IEHG builds on the Dublin Academic Medical Centre, an incorporated not-for-profit partnership established in 2007 between UCD and its two affiliated university hospitals, MMUH and SVUH, placing the DAMC at the heart of its network of hospitals and associated Community Health Organisations.

The role of UCD is vitally important to the academic clinical science initiative. Generations of doctors, nurses and allied health professionals who are graduates of UCD provide the core clinical competencies in our hospitals. This, we believe, provides the building blocks to achieve academic clinical science status which is internationally recognised as providing the best outcomes not just for patients but for teaching and research as well as early adoption of up to date treatment modalities. UCD/IEHG have appointed a Chief Academic Officer which is pivotal to the integration of academia, research and innovation with the model of service delivery across the Group.

**Key facts:**

- Largest of the Hospital Groups with UCD as the academic partner
- 11 hospitals, 6 of which are voluntary,
- Overlaps with 4 Community Health Organisations

- Serving a population of 1.1m people with 10,800 staff
- Gross expenditure of >€1bn
- Large number of national specialist services (CF, transplantation, metabolics, Extracorporeal life support (ECLS), and complex critical care)
- Large cancer service (including the national centre for pancreatic cancer, neuroendocrine tumours and only provider of Heated Intraperitoneal Chemotherapy (HIPEC) – a service repatriated from the UK)
- Strong engagement with primary, community and continuing care

### IEHG: Structure, Governance and Relationships

IEHG consists of six voluntary hospitals and five statutory (HSE) hospitals. The six voluntary hospitals are for the purposes of the Health Act 2004 funded by the HSE as five Section 38 agencies (St. Michael's Hospital (SMH) and St. Vincent's University Hospital (SVUH) are part of one legal entity). Two voluntary hospitals (National Maternity Hospital (NMH) and Royal Victoria Eye and Ear Hospital) are constituted by legislation or charter (where established prior to 1922). The Mater Misericordiae Hospital (MMUH) and the St. Vincent's Hospital Group (SVHG) (the legal entity holding SVUH, SMH and its private hospital) are companies incorporated under the Companies Act 2014 and are also registered charities. This presents some unique challenges to our Group as each of these entities have their own corporate governance arrangements, and legal obligations. The current arrangement whereby the Hospital Groups have been established on an administrative basis gives rise to a number of challenges, primarily around accountability and governance, and primary legislation is required to mitigate these risks. Governance challenges are further compounded by the lack of a single employing authority.

The Group Chief Executive has delegated authority to manage Hospitals within the Group under the *Health Act 2004*. In respect of Voluntary Hospitals this authority is operated through the Service Arrangement. The Group CEO is accountable for the Groups planning and performance in line with the Performance and Accountability Framework of the HSE. This Operational Plan sets out the quantum of services which can be delivered by the Group within available resources. All targets and performance criteria adopted in the plan are reported monthly through this framework.

Independent public hospitals ("voluntary hospitals") are funded by the Group Chief Executive through Section 38 of the Health Act 2004 pursuant to authority delegated from the Director-General of the Health Service. Within the architecture of the health service and subject to rules and regulations applicable to Section 38 agencies, voluntary hospitals are autonomous and their governors or directors are legally responsible for service delivery.

IEHG will continue to address demographic and demand driven cost pressures in 2017. An estimated increase of 1.7% in costs associated with increasing population and age profile is predicted for acute hospitals in 2017 above those experienced in 2016. In addition, an increase of 5% in ED presentations is evident at the end of 2016 compared with the same period in 2015. The Group will monitor this activity closely and manage the potential impact on elective services.

## Priorities for 2017

1. **Pay bill Management -** Operate within pay-bill and headcount strategies
2. **Unscheduled Care** - Manage ED waiting times (PET & Trolleys) through the delivery of IEHG Unscheduled Care Transformation Programme

3. **Scheduled Care** - Manage waiting lists in line with HSE targets (capacity)
4. **Quality and Risk** - Develop a strong platform for quality and patient safety which will instigate a best in class quality and safety culture around patients and associated services across the Group.
5. **Framework Programme** - Progress the work to transition IEHG into an integrated health system
6. **Clinical Services Redesign:** continue to transform, re-organise, rationalise, expand, develop and integrate clinical services across the Group to meet community and population needs and expectations at catchment, regional, supra regional and national levels
7. **Capacity Modeling**: Development of a Bed and Theatre capacity model for the Group.
8. **Integration**: Integrate with CHO partners and further develop GP integration with our hospitals.The formation of IEHG enables the coalescence of a broad range of clinical services across 11 hospitals combined with the cutting edge research and academia of University College Dublin (UCD).
9. **Organisational Design**: Ensure the Hospital Group has a clear structure to provide and deliver quality care through the implementation of a Directorate Model which will include Clinical Academic Directorates and Clinical Directorates.
10. **Cancer**: Delivery of the Work Programme for the Clinical Academic Directorate in Cancer which will enhance the strategic alignment of research, health education and patient care and the translation of cutting edge research and innovation for measurable gains for patients. Support the roll out of the new cancer strategy
11. **Workforce Development**: Develop a best-in-class talent workforce which is engaged and committed and continuously challenges and drives Group and system functioning.
12. **Workforce Planning**: Implement a comprehensive Workforce Plan across the Group based on current and predicted service needs
13. **Leadership**: Implement a Leadership Development Programme for the leaders of our 11 hospitals
14. **Finance**: Delivery of Financial reporting by the 9th day post close (6 days less than currently delivered) and develop balance sheets for all statutory hospital.
15. **HIPE**: Improve HIPE coding across the Group.
16. **National Programmes**: Support the Implementation of National Policy Programmes: Cancer Strategy, Maternity Strategy. Healthy Ireland.

## Risks to delivery of Operational Plan

There are several risks associated with the delivery of the IEHG Operational Plan. In identifying potential risks to the delivery of this operational plan, it is acknowledged that while every effort will be made to mitigate these risks it will however not be possible to eliminate them in full.

The shortfall in the 2017 allocation is the most significant risk to IEHG's ability to deliver high quality safe care in line with the National Service Plan. Further details on the finance related risks are outlined in the finance section below. The clinical risks arise from an inability to provide appropriate timely access to service and to support optimal staffing levels. These risks include:

- Competing demands for admission to inpatient beds
- Increase in delayed discharges
- Controlling growth in activity levels particularly for demand led services
- Shortfall in critical care capacity
- Lack of legislation to establish the Hospital Group as a legal entity
- IR/HR challenges
- Lack of funding to replace ageing infrastructure and equipment particularly in laboratory and radiology services

Cost containment measures may impact each hospital's ability to address the growing demand for services and curtail new developments. These measures may also impact the Groups ability to manage waiting lists within the target times and increase access times for core services, all of which may impact on patient safety, access to services and staff morale.

## Quality and Patient Safety

The Acute Hospital Division will prioritise the establishment of a robust governance and accountability structure for Quality and Patient Safety programmes within the Division during 2017.

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

1. IEHG will work with the HSE to 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

   Specifically, IEHG will develop and validate a suite of nursing metrics, with a particular focus on medication safety and error mitigation; falls and pressure injury prevention and education; recognition of the deteriorating patient and appropriateness of response; and adequacy of clinical handover at key points in patient care. In addition to infection control indicators, hospital quality performance will be assessed by collating and comparing mortality indicators, hospital wide safe practice indicators (VTE prevention, haemovigilance), nursing outcome-indicators, risk indicators and audit outcomes.

IEHG quality and risk framework is underpinned by a research and development function which looks to validate existing practices and seeks to identify best quality and risk strategies against international standards.

2. **Quality and Safety Committee structures will be supported to:**
   - Revise our existing risk register and broaden the scope of identifiable risks
   - Enhance the QPS engagement through a range of initiatives including walk-arounds; board-on-board with quality; increased participation in clinical registries; and identification and agreement on speciality-specific metrics.
   - Identify a quality tool to rate practice against National Standards (HIQA)
   - Ensure that board members, executives and managers are equipped with the necessary skills to best use data and intelligence to make judgements on organisational performance.
   - Extend QPS function and education to the NCHD population with white belt training, opportunities with postgraduate degrees and exposure to QI as part of intern induction.
   - Identify and implement a group-wide audit function which aligns with our strategic priorities
   - Develop a centralised repository of policies, procedures and guidelines
   - Informing the safety and risk profile associated with potential service re-design and development

3. **Improve Risk and Patient Safety incident management**
   - Improve overall response to safety incidents by developing and streamlining processes and systems for managing, investigating, reviewing and learning from incidents
   - Continue to put in place measures to improve reporting
   - Implement revised Risk Management policy
   - Develop a risk/incident standardisation framework to include risk origins, impacts and contributory factors; trigger questions for reporting and analysis of incidents; dissemination of learnings from SRE's etc.
   - Continue to put in place measures to improve reporting. Seek approval to host a pilot project in "point of occurrence entry" into NIMS as part of the NIMS phase 2 project.
   - Develop a Group Risk Management Strategy. Implement a Risk Management policy and write an annual risk summary report.
   - Develop and implement a complaints management program as part of an integrated risk management initiative.

4. **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 DOH
   - Develop and Implement a patient experience survey as part of the USC Transformation Project
   - Develop project plan and lead the patient safety culture survey project
   - Continue to implement and embed a culture of Open Disclosure across all services
   - Strengthen surveillance to ensure Patient Safety areas for improvement are identified and learning shared

## Cancer Services

The National Cancer Control Programme will lead the implementation of the upcoming new cancer strategy 2016-2025 in the HSE. This will involve providing leadership 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 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 of further National Clinical Guidelines. Services will be monitored against agreed performance parameters.

IEHG has established a Cancer Academic Directorate which has provided for convergence of the considerable expertise of the two cancer centres located in St. Vincent's University Hospital and the Mater Misericordiae University Hospital into a single function operating across two sites. The critical mass created by the convergence will allow IEHG to be at the forefront in providing preventative care, treatment, clinical research, cancer genetics and adolescent cancer services and will enable the Group to respond positively to the new Cancer Strategy when published. The Cancer Clinical Academic Directorate will provide comprehensive, integrated cancer services and care for the Ireland East Hospital Groups' catchment population and will embed our academic partner UCD in the programme. It will improve the range, quality and access of cancer services to the 1.1 million people served by the Group, with the new Directorate caring for more cancer patients than any other Hospital Group.

A primary function in bringing together both cancer centres is the coordination of efficient and optimal MDTs across all sites. These MDTs include patients from both public and private sectors across both campuses with the aim of optimising patient care and learning in both cancer centres.

The cancer CAD will:

- Continue to deliver care for patients treated for cancer within the Group.
- Treat over 50% of all breast cancer screening through the two Breast Check clinics within the Group, the national breast screening programme.
- Promote the National Centres for Sarcomas and Neuroendocrine tumours
- Support the National Centre for Spinal surgery for advanced treatment of metastatic tumours.
- Expand the cytoreductive surgery and heated intraperitoneal chemotherapy service – this is the only centre providing this treatment in Ireland.
- Enhance the national transplant services for heart, lung, liver and pancreas

## Operational Framework – Key Priorities

**Development of a Group Strategic Plan:**

The Group has developed a corporate plan which presents the operational priorities for the Group over the next three years (2016 -2018) and each priority is aligned to our framework programme. This plan demonstrates how the Group will develop from a disparate group of 11 hospitals and university partner into an integrated Academic Health Sciences Centre.

During 2017 IEHG will progress the Group Strategic Plan for service configuration and integration for the delivery of patient services. The development of academic health centres will be a central model of the group structure. The clinical service redesign currently underway will result in the realignment of services between the model 4 and model 2 hospitals.

**Organisational Design**: A further programme of work is underway to transform, re-organise, rationalise, expand, develop and integrate clinical services across the Group to meet community and population needs and expectations at catchment, regional, supra regional and national levels.

The redesign work with the Group aims to improve access targets in both scheduled and unscheduled care. The Unscheduled Care Programme transformation along with the development of the Local Integrated Care Committees (LICCs) will assist in managing attendances and improving process efficiencies. The improved utilisation of capacity in the model 2 hospitals will reduce surgical time and enhance Primary Targeting List (PTL) compliance.

**Unscheduled Care:** During winter 2016/2017 IEHG will commence roll out of its 3-year Unscheduled Care Transformation Programme. This is an evidenced based Lean process improvement programme whose main goal is to improve the safety and experience for all patients and staff in the unscheduled care pathway and in parallel, maximise efficiency.

The programme involves mapping processes from the emergency department to inpatient wards to discharge destination and will redesigning practices to deliver a more efficient and timely service. The programme will improve the quality and efficiency of service delivery resulting in sustained performance improvement and the creation of a Lean culture across the IEHG hospitals.

Operationally the programme focuses on process improvement in 4 patient journey pathways:

1. Emergency Care
2. Assessment and Decision
3. Bed Flow
4. Post-acute Care

Participating hospitals will undertake rapid improvement events in each of the 4 pathways. A suite of key performance indicators covering patient safety, patient outcomes, patient and staff experience, efficiency and governance have been developed to align with the programme outcomes.

New winter initiative funding will provide opportunities for IEHG to improve the delivery of unscheduled care during the winter period. Funding has been provided to ensure the capacity opened for winter 2015/6 will remain open and resources have been provided to support additional capacity and senior decision makers in Mullingar and to facilitate the expansion of minor injuries at Smithfield. These hospital measures will be supported by the additional social care funding which is aimed at reducing delayed discharges across the group. Cumulatively these measures will contribute to achieving winter targets set by HSE.

# Operational Framework – Financial Plan

**Introduction**

The Letter of Determination received from the HSE on 11th January 2017 provides €873.041m for the provision of Acute Services by the IEHG in 2017.

| IEHG | 2017 Budget Available €M | 2016 Final Budget €M |
|---|---|---|
| Gross Budget | 1,089.274 | 1,083.181 |
| Income Budget | 216.061 | 210.486 |
| **Net Budget** | **873.213** | **872.695** |
| Transfer Library Budget | 0.172 | 0.000 |
| Net Budget | **873.041** | **872.695** |

## Budget 2017

The notified 2017 budget allocated to the IEHG is €873.041m. The final 2016 Budget for the IEHG was €872.695m. This represents an increase of €0.346m or 0.04%. The 2017 Budget provides €23.983m for some known cost increases but also includes total reductions of €17.295m for first charge from prior year, Reversal of 2016 Once-off funding, efficiency savings target and savings expected to be achieved from the IPHA Agreement.

In order to facilitate the setting of both Pay and Non Pay budgets within the envelope of funding made available to the IEHG, it will require robust Cost Control and Containment Plans on an individual hospital basis immediately. Developing and implementing such a Financial Plan will be the focus of the Hospital Group in the weeks following the publication of the Operations Plan.

## Budget 2017 and Existing Level of Service

The cost of maintaining existing services increases each year due to a variety of factors including:

1. Impact of National Pay Agreements.
2. Increases on drugs and other clinical non pay costs
3. Demographic factors.
4. Additional costs in relation to 2016 developments
5. Deferred costs in 2016 to achieve the financial outturn.
6. Inflation related price increases

## Approach to Financial Challenge 2017

Delivering the level of services included in our ABF Allocation, as safely and effectively as possible, within the overall limit of available funding will remain a critical area of focus and concern for 2017. Our Group CEO, Hospital Managers and other senior managers across the Group will face specific challenges in respect of ensuring the type and volume of safe services are delivered within the resource available.

The growing level of emergency presentations, ageing profile of our patients and the growing use and cost of drugs and medical technologies and retention of staff are just some of the pressures that impact on our services each year.

In particular it should be noted that the funding of unavoidable pay-related costs such as increments are not fully funded for 2017. The application of a first charge of €4.549m or 0.5% and an efficiency target of €3.500m or 0.4% to our allocation for 2017 and the adjustment of 2016 once-off funding of €6.281m or 0.72% will prove challenging and further consideration will need to be given to these adjustments.

The above must be taken in the context that the IEHG remains the most cost efficient hospital group with an ABF transition reduction adjustment of €14.289m being applied to the national average price being paid for our services.

Our approach to dealing with the financial challenge will include:

1. Governance – Continued focus on budgetary control through our performance meetings with each hospital.
2. Pay – Managing the Pay and Numbers Strategy 2017 with each of our hospitals
3. Non Pay – Implement targeted cost containment programmes for specific high growth categories
4. Income – Endeavour to sustain and improve where possible the level of income generation achieved in 2016. There is an amount of €6.974m allocated to the Group which represents the acute hospital historic accelerated income target which we will seek to manage on a cash basis until a longer term solution is available.
5. Activity – Control of activity will be a focus of 2017 together with the further development of ABF model to identify services where cost reductions may be possible.

When account is taken of the 2016 cost of services, known cost growth, approved service developments and initial cost saving measures, a financial challenge remains to be addressed. The Group is conscious of the ongoing considerable challenges faced by staff in managing increasing demands within an environment of fiscal constraint, challenging budgets and higher expectations. Notwithstanding the cost reduction measures implemented in recent years, the Group will continue to impose a number of measures to control costs, reduce waste and improve efficiency aimed at minimising any impact on clinical services. There is however limited scope to manage within the allocated funding without risk of compromising service delivery.

Options to address the financial challenge are being considered as part of the service planning process and there will be ongoing discussions with hospitals and the HSE during the year to align activity levels to the funding available. Cost containment measures may impact the ability of hospitals to address the growing demand for services, delivery of new developments and impact the management of waiting lists within the target times and increase access times to core services, potentially impacting patients.

## Risks to the Delivery of the Operations Service Plan 2017

There are a number of risks to the successful delivery of 2017 Plan. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or achievement of targeted performance. Particular management focus will be required to mitigate risk in the following areas:

- Increased demand for services beyond the funded levels
- Meeting the level of changing needs and emergency presentations and responding to increasing levels of demand for unscheduled care services
- Regulatory requirements in hospital services which must be responded to within the limits of the revenue and capital funding available
- Control over pay and staff numbers at the same time as managing specific safety, regulatory, demand driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high-demand areas and specialties.
- Delivery of savings in respect of the first charge and efficiency target given the recognised ABF position of the IEHG.
- 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 and reorganisation across the Group.
- 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
- The scale of financial management required across a demand led service environment particularly when there is a lack of data visibility across the Group
- Financial stability – recognise de-stabling issues as they arise and implement appropriate financial planning to mitigate the impact
- Income – delivering the income target given a downward trend in patients presenting with private health insurance towards the end of 2016.
- Ability to respond to significant spikes in demand given that hospitals normally operate at full capacity.

## Capital

There is a very small provision for capital infrastructure for the IEHG in the 2017 NSP. The allocation is insufficient to deal with the necessary infrastructural improvements required across all hospitals in the Group and is insignificant given the Asset base of the Group.

The minor capital allocation has not yet been notified to the Group. This will be considered at a future date.

# Operational Framework – Workforce Plan

At the end of December 2016 there are 10,971 employees (whole time equivalents) employed across the Group providing acute hospital services to 1.1m people through an emerging organisation of 11 hospitals. As the largest Hospital Group in the country it is essential we have a connected, committed, productive and engaged workforce working together to deliver world class healthcare through the provision of a patient-focused, quality health service that is accessible and sustainable for all patients receiving or needing care within our Group.

The Strategic Framework developed for IEHG has set out a very challenging agenda for all Hospitals and Services in the Group over the period 2015 – 2017. These strategic objectives are supported through the alignment of the operational priorities in our Corporate Plan 2016 – 2018 thereby ensuring we deliver on the mission and vision set for the Group. Key to delivering on these strategic ambitions is the willingness of our staff to engage in this significant change management programme which will see Clinical Service Reconfiguration and Redesign to meet the current and future needs of our patients.

Recognising the vital role all our employees will play in the achievement of the Group goals IEHG is committed to develop, value and support all employees and create a workplace that fosters a culture of high trust, openness and continuous professional development. Recognising the need for leadership and support at every level in the organisation we will seek to improve our performance, optimise our workforce and develop further as a learning organisation. In this regard we will align our efforts to the objectives of 'The People Strategy 2015 – 2018' developed for the entire health service.

The following are the HR priorities for 2017:

1. **Pay-Bill Management and Control** - The requirement for IEHG to operate within the funded pay envelope in line with the Pay and Numbers Strategy for 2017 will be a key focus and challenge across the Group in 2017. We will seek to meet these commitments while prioritising quality patient care and the management of risk and safety and service implications.

2. **Leadership and Development Strategy –** Work has been well advanced during 2016 on the development and planned implementation in early 2017 of a Leadership and Management Development Programme for the leaders of our 11 Hospitals and the IEHG Executive Team. This programme has been developed through an agreed competency framework and a programme of co-designed supportive interventions based on the equivalent of an MBA experience for senior executives supported by University College Dublin, through the development of Collective Leadership research study to be implemented across the Group. This Programme will be augmented through further development interventions provided through the HSE's Future Leaders Programme in early 2017.

3. **Workforce Planning -** The development of and implementation of a comprehensive funded workforce plan for all hospitals in the Group is an immediate priority. These plans will be based on current and predicted services needs that will be informed by evidenced based clinical care pathways and staff deployment.

4. **Staff Engagement** – Numerous studies and reports have documented the correlation between patient outcomes and an engaged workforce. It is essential therefore that leaders at every level in our hospitals across the Group take action to actively engage employees so they deliver safer and better quality health care to patients and service users. To support this aim employee engagement improvement plans will be developed for each hospital in the Group through common initiatives that supports team working; enhances communication; demonstrates employee value; maximises employee potential and embraces diversity. Data will be gathered from employees in each hospital through a staff survey/cultural audit to be conducted in early 2017 and the results of this analysis will be used to develop these plans. Feedback from the health sector staff survey conducted in late 2016 will also be included.

5. **Workplace Health & Wellbeing -** The positive benefits of a healthy workforce and healthy workplace is acknowledged and supported by IEHG. Recognising the challenges facing our staff to maintain a healthy work/life balance, our objective through our dedicated Healthy Ireland Plan is to create a culture of health and wellbeing by supporting our staff to look after their own health and wellbeing both in the workplace and at home in their community. There are many staff focused health and wellbeing initiatives underway in all 11 hospitals across the Group. We will continue to support these initiatives and will provide leadership and commitment to empower staff at all levels in the organisation to take personal responsibility, working in partnership with colleagues, to ensure that we develop from a healthy workplace to a healthy organisation.

   Our combined efforts will be evidenced in the engagement and attendance levels of our staff and their overall health and wellbeing. Our work will be underpinned by best practice HR policies and procedures in support of staff health and wellbeing, aligned to our People Strategy priorities and our Corporate Plan 2016 – 2018 and the implementation of the forthcoming health sector wide Healthy Workplace Policy.

6. **EWTD (European Work Time Directive)** - IEHG continues to work collaboratively with each of the 11 hospitals to assist and support all hospitals in the Group in the performance, implementation and compliance with EWTD. An EWTD Forum has been established across the Group to identify and develop areas of good practice that can be shared across the Group as appropriate. In addition work is on-going to develop measures/initiatives to support each Hospital to reach compliance e.g. NCHD recruitment, retention and training. As part of our Data Analytics development we will be developing a Dashboard of the key EWTD metrics across the Group in 2017, which will assist in highlighting trends and the areas/hospitals requiring attention/additional resources, and present this information to the IEHG Executive Team

## 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 Accountabilty Structure**

There are five main layers of acccountabilty 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 responsibilty and accountabillity 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 Agencies[1] 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 organsiation 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.

[1] The HSE Acute Hospitals Division provides funding to 16 Voluntary Hospitals, known as Section 38 Agencies for the delivery of a range of healthcare services.

## Implementing Priorities 2017

| Priority Area | Priority Actions | Lead | CP Goal | Date |
|---|---|---|---|---|
| Implementation of Maternity Strategy | Provide high level co-ordination of maternity, gynaecology and neonatal services across the country and continue the implementation of the Maternity Strategy including the development of clinical maternity networks across the Hospital Groups | All hospitals with maternity facilities | 2 | Q1-Q4 |
| | Publish maternity safety statements for all maternity units/ hospitals. | | | Q1-Q4 |
| | Roll-out the Maternal and Newborn Clinical Management System (MN-CMS) in the National Maternity Hospital) and commence phase 2 preparation and roll-out. | | | Q1-Q4 |
| | Improve access to antenatal anomaly screening in all Maternity Units | | | Q1-Q4 |
| | Progress plans for the relocation of the National Maternity Hospital. | | | Q1-Q4 |
| | Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across the four IEHG 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 | All hospitals with maternity facilities | 2 | Q1-Q4 |
| | Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines | All hospitals with maternity facilities | 2 | Q1-Q4 |
| Governance and Compliance | Embed robust structures within the hospital groups to facilitate effective managerial and clinical governance which will provide direct support to the smaller hospitals in the groups. | All hospitals | 2 | Q1-Q4 |
| | Establish robust clinical governance and directorate structures in Level 2 hospitals. | IEHG | | |
| Quality and | Build Quality and Patient Safety capacity and capability at hospital group and divisional level to | IEHG | 2 | Q1-Q4 |

| Priority Area | Priority Actions | Lead | CP Goal | Date |
|---|---|---|---|---|
| Patient Safety | support Quality Improvement initiatives | | | |
| | 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 | | | Q1-Q4 |
| | 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 | | | Q1-Q4 |
| | 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. | IEHG | 2 | Q1-Q4 |
| | Co-operate with Quality Improvement Division in the Preventing VTE (blood clots) in Hospital Patients Improvement Collaborative" | IEHG | 2 | Q1-Q4 |
| Control and Prevention of HCAIs | Ensure governance structures are in place in each hospital to drive improvement and monitor compliance with targets for HCAIs / AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms. | IEHG – sepsis lead | 2 | Q1-Q4 |
| Cancer Services and the National Cancer Control Programme | Work with the NCCP and other stakeholders on the implementation of the upcoming National Cancer Strategy 2016-2025, to continue the reorganisation of cancer services. | Cancer Academic Directorate with the NCCP | 2 | Q1-Q4 |
| | Work with the NCCP to implement the recommendations of the KPI quality improvement plans for the Rapid Access Clinics Breast, Prostate and Lung Cancers. | | | Q1-Q4 |

| Priority Area | Priority Actions | Lead | CP Goal | Date |
|---|---|---|---|---|
| | Support the roll out the Medical Oncology Clinical Information System (MOCIS) in the IEHG systemic anticancer therapy hospital sites. | | | Q1-Q4 |
| | Embed the IEHG Cancer Directorate | | | Q1-Q4 |
| Increase capacity/ improve services in acute hospitals | **Newly Commissioned Units:** | | 2 | |
| | Fully open Kilkenny new development | IEHG/St. Luke's | | Q1-Q4 |
| | Fully open Wexford New development | IEHG Wexford General | | Q1-Q4 |
| | **Unscheduled Care:** | All Hospitals with SDU & ED Taskforce | 2 | Q1-Q4 |
| | Implement the ED Task Force report recommendations | | | Q1-Q4 |
| | Target a 5% improvement in PET. | | | Q1-Q4 |
| | Implement the winter initiative 2016/2017 aimed at alleviating pressures on the hospital system over the winter period. | | | Q1-Q4 |
| | Eliminate ED waiting times of> 24hours for patients > 75 years. | | | Q1-Q4 |
| | Co-operate with the roll-out of the Integrated Care Programme for Older People as appropriate, in acute hospital demonstrator sites | | | Q1-Q4 |
| | Roll out Rapid Improvement Events in EDs | | 2 | Q1-Q4 |
| | **Scheduled Care:** | IEHG – Scheduled Care Lead | 2 | Q1-Q4 |
| | 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 | | | |
| | 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< 15 months.. | | | Q1-Q4 |

| Priority Area | Priority Actions | Lead | CP Goal | Date |
|---|---|---|---|---|
| | Implement the Strategy for Design of Integrated Outpatient Services 2016-2020 on a phased basis under the direction of the outpatient services performance improvement programme. | IEHG with OPIP | 2 | Q1-Q4 |
| | Implement guidelines developed by the Endoscopy Clinical Programme and improve access to GI endoscopy | IEHG with Endoscopy lead | 2 | Q1-Q4 |
| | **Transplant Services:** | | 2 | Q1-Q4 |
| | Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure | IEHG with ODTI | | Q1-Q4 |
| | Complete the transition of the pancreatic transplant programme from Beaumont Hospital to St. Vincent's University Hospital. | IEHG/SVUH | 2 | Q1-Q4 |
| | **National Services:** | IEHG | 2 | Q1-Q4 |
| | Prepare for the implementation of the policy on **Trauma Systems** for Ireland. | | | Q1-Q4 |
| | Support the roll-out the model of care of Hereditary **Haemachromatosis** and the model of care for Therapeutic Phlebotomy in association with primary care services. | | | Q1-Q4 |
| | Increase access to the **weight management** programme and to **bariatric surgery** within IEHG | IEHG; SVUH and SCH | 2 | Q1-Q4 |
| Human Resources | **People Strategy 2015-2018** | | | |
| | Implement the People Strategy 2015–2018 within acute hospitals. | IEHG | 4 | Q1-Q4 |
| | **Workforce Planning:** | | | |
| | Support the pilot and further implement Phase 1 of the Framework for staffing and skill-mix for nursing in general and specialist medical and surgical care in acute hospitals. | IEHG | 4 | Q1-Q4 |
| | Support the workforce planning process for Phase 2 of the Framework relating to Emergency Care. | IEHG | 4 | Q1-Q4 |
| | **Employee Engagement:** | | | |
| | Use learning from the cultural audit and employee survey to be implemented across the Group in early 2017 to shape organisational values and ensure that the opinions of staff are sought and heard. | IEHG | 4 | Q1-Q4 |

| | | | | |
|---|---|---|---|---|
| | **Workplace Health & Wellbeing:** | | | |
| | Implement the 'Healthy Ireland in the Health Services' Policy supporting initiatives to encourage staff to look after their own health and wellbeing ensuring we have a resilient and healthy workforce | IEHG and all hospitals | 4 | Q1-Q4 |
| | Improve influenza vaccine uptake rates amongst staff in frontline settings | All IEHG hospitals | 4 | Q1-Q4 |
| | **European Working Time Directive (EWTD):** | | | |
| | Implement and monitor compliance with the EWTD | IEHG | 4 | Q1-Q4 |
| National Policy Compliance | **Children First** | | | |
| | 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.<br>Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office. | IEHG with Children First National Office | 3 | Q1-Q4 |
| | **Patient Feedback** | | | |
| | 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 | All IEHG Hospitals | 3 | Q1-Q4 |
| | **Internal Audit** | | | |
| | Ensure that processes are in place at Group level to govern the oversight of Internal Audit recommendations. | IEHG | 3 | Q1-Q4 |
| Finance/ HR | **Employment Controls** | | | |
| | Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services. | IEHG | 3 | Q1-Q4 |
| | **Activity based funding** | | | |
| | Support the next phase of ABF programme as per ABF Implementation Plan 2015 – 2017. | IEHG | 5 | Q1-Q4 |
| | Ensure hospital activity and patient data are reported within 30 days | All IEHG Hospitals | 5 | Q1-Q4 |
| Patient Charges | Ensure compliance with the terms of the "MOU between the HSE, named hospitals and VHI Insurance DAC" (March 2016) | IEHG | 3 | Q1-Q4 |
| | Hospital groups and hospitals to ensure billing is appropriate and current and that bed maps are | IEHG | 3 | Q1-Q4 |

| | | | | |
|---|---|---|---|---|
| | accurate. | | | |
| Medicines Management | Implement the provisions of the Irish Pharmaceutical Healthcare Association Framework Agreement on the Pricing and Supply of New Medicines. | IEHG | 3 | Q1-Q4 |
| Information Management | Continue to support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine and roll out of training. | IEHG | 5 | Q1-Q4 |
| | Support the continued development of the Irish National Orthopaedic Register. | | | Q1-Q4 |
| | Support the development of TARN to evaluate the care of trauma patients | | | Q1-Q4 |
| Health and Wellbeing | **Healthy Ireland** | | | |
| | Implement *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* across all hospital groups with local implementation of Hospital Group plans on a phased basis. Develop local HI implementation plans within all hospitals | IEHG | 1 | Q1-Q4 |
| | **Tobacco Free Ireland** | | | |
| | Develop reporting system for Nicotine Replacement Therapy prescribing rates | IEHG with H&WB priority lead | 1 | Q1-Q4 |
| | Complete self-audit of Tobacco free Campus | IEHG | 1 | Q1-Q4 |
| | Complete planned *Brief Intervention Training sessions for Smoking Cessation* in line with existing programme and rollout of *Making every contact count* and *Generic Brief intervention Training* schemes by H&WB Division. | IEHG | 1 | Q1-Q4 |
| | **Self-Management of Chronic Diseases** | | | |
| | Support the Implementation of the Self-Management Support (SMS) framework in all hospital groups on a phased basis | IEHG | 1 | Q1-Q4 |

# Appendix 1 Finance

## Will be issued post budget to the Group

A summary of the allocation is outlined in the following table:

| Details | €M | €M |
|---|---|---|
| ABF Funding | | **715.086** |
| Block Grant | | **367.328** |
| **Total ELS Funding** | | **1,082.414** |
| **Funding Reductions:** | | |
| First Charge | -4.539 | |
| 2016 Once-off | -6.281 | |
| IPHA Savings | -2.804 | |
| Efficiency Savings | -3.500 | |
| Transfer of Library Service | -0.171 | **-17.295** |
| **Additional Funding:** | | |
| 2017 Pay Related Increases | 14.616 | |
| FYC of 2016 Developments | 3.050 | |
| Winter Initiative | 1.265 | |
| Demographic Funding | 5.052 | **23.983** |
| **Gross Budget** | | **1,089.102** |
| **Income Target** | | **-216.061** |
| **Net Allocation** | | **873.041** |

# Appendix 2 Human Resources

## Total WTE Dec 2016

| Service Area | Medical/ Dental | Nursing | Health & Social Care | Management/ Admin | General Support Staff | Patient & Client Care | WTE Dec 16 |
|---|---|---|---|---|---|---|---|
| Cappagh National Orthopaedic Hospital | 42.5 | 133.8 | 55.3 | 53 | 50.8 | 28.1 | **363.5** |
| Mater Misericordiae University Hospital | 442.9 | 1,123 | 406.9 | 399.5 | 273.1 | 209.9 | **2,855** |
| Midland Regional Hospital, Mullingar | 133 | 311.9 | 118.1 | 135.6 | 43.8 | 129.7 | **872** |
| National Maternity Hospital | 88.8 | 387 | 58.9 | 122.1 | 121.8 | 27 | **805.6** |
| Our Lady's Hospital, Navan | 70.3 | 179.8 | 52.2 | 64.6 | 21.3 | 106.3 | **494.5** |
| Royal Victoria Eye & Ear Hospital | 51.2 | 97.1 | 14.1 | 54.2 | 26.7 | 8.2 | **251.5** |
| St. Columcille's Hospital, Loughlinstown | 39.9 | 143.2 | 52.8 | 66.4 | 51.9 | 47.9 | **401.9** |
| St. Luke's Hospital, Kilkenny | 137.1 | 390.4 | 86.7 | 125.1 | 188.1 | 62.1 | **989.6** |
| St. Michael's Hospital | 37.7 | 156.5 | 42.3 | 62.5 | 53.9 | 27.2 | **380** |
| St. Vincent's University Hospital | 402.5 | 928.6 | 379.5 | 417.3 | 307.3 | 199.3 | **2,634** |
| Wexford General Hospital | 126.1 | 348.9 | 53.1 | 129.6 | 196.2 | 61.3 | **915.2** |
| HQ | | 1 | | 6.8 | | | **7.8** |
| **Ireland East** | **1,572** | **4,201** | **1,320** | **1,637** | **1,335** | **906.9** | **10,971** |

# Appendix 3: Performance Indicator Suite – DOP

| System-Wide | | | | |
|---|---|---|---|---|
| **Indicator** | **Reporting Frequency** | **NSP 2016 Expected Activity / Target** | **Projected Outturn 2016** | **Expected Activity / Target 2017** |
| **Budget Management including savings**<br>**Net Expenditure variance from plan (within budget)**<br>Pay – Direct / Agency / Overtime | M | 0.33% | To be reported in Annual Financial Statements 2016 | ≤ 0.1% |
| Non-pay | M | 0.33% | | ≤ 0.1% |
| Income | M | 0.33% | | ≤ 0.1% |
| **Capital**<br>Capital expenditure versus expenditure profile | Q | 100% | 100% | 100% |
| **Audit**<br>% 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**<br>% 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**<br>% 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**<br>< 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**<br>% of complaints investigated within 30 working days of being acknowledged by the complaints officer | M | 75% | 75% | 75% |
| **Serious Reportable Events**<br>% 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**<br>% 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 ®**<br>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** | | | | Ireland East Hospitals Group | Cappagh | SCH | SLHK | Mater | MRHM | OLHN | NMH | RVE&E | SVUH | WGH | SMH | Na |
| **Beds Available** Inpatient beds ** | Existing | Monthly | 10,643 | | | | | | | | | | | | | |
| Day Beds / Places ** | Existing | Monthly | 2,150 | | | | | | | | | | | | | |
| **Discharges Activity∞** Inpatient Cases | Existing | Monthly | 635,414 | 132,328 | 2,564 | 6,554 | 17,537 | 20,168 | 20,362 | 6,559 | 16,438 | 2,260 | 19,786 | 16,617 | 3,483 | |
| Inpatient Weighted Units | Existing | Monthly | 632,282 | 136,141 | 5,677.6 | 3,065.8 | 11,128.5 | 37,978.2 | 11,292.9 | 6,058.3 | 10,450.5 | 2361 | 33,396.2 | 11,426.6 | 3,305.8 | |
| Day Case Cases∞ ( includes Dialysis) | Existing | Monthly | 1,044,192 | 191,054 | 6,703 | 2,674 | 10,120 | 55,287 | 10,349 | 5,233 | 3,541 | 10,942 | 70,833 | 9,171 | 6,201 | |
| Day Case Weighted Units ( includes Dialysis) | Existing | Monthly | 1,030,918 | 204,794 | 9,097.9 | 4,317.6 | 9,671 | 58,883.2 | 10,192.4 | 7,879.3 | 4,425.2 | 19,630.80 | 63,198.1 | 10,561.4 | 6,937.5 | |
| Total inpatient and day case Cases∞ | Existing | Monthly | 1,679,606 | 323,382 | 9,267 | 9,228 | 27,657 | 75,455 | 30,711 | 11,792 | 19,979 | 13,202 | 90,619 | 25,788 | 9,684 | |
| Emergency Inpatient Discharges | Existing | Monthly | 424,659 | 86,726 | | | 14,193 | 16,056 | 11,664 | 5,370 | 2,173 | 674 | 15,518 | 12,770 | 2,2289 | |
| Elective Inpatient Discharges | Existing | Monthly | 94,587 | 18,163 | 2,542 | 557 | 541 | 4,066 | 893 | 1,187 | 554 | 1,586 | 4,194 | 849 | 1.194 | |
| Maternity Inpatient Discharges | Existing | Monthly | 116,168 | 27,439 | | | 2,803 | 46 | 7,805 | 2 | 13,711 | | 74 | 2,998 | | |
| **Emergency Care** - New ED attendances | Existing | Monthly | 1,141,437 | 245,491 | | | 38,167 | 58,487 | 31,222 | 18,708 | | | 50,464 | 33,351 | 15,092 | |
| - Return ED attendances | Existing | Monthly | 94,483 | 21,308 | | | 4,210 | 3,120 | 3,470 | 1,944 | | | 1,641 | 4,030 | 2,893 | |
| - Injury Unit attendances Ω | New PI 2017 | Monthly | 81,141 | 6,571 | | 6,571 | | | | | | | | | | |
| - Other emergency presentations | New PI 2017 | Monthly | 49,029 | 10,165 | | | 6,329 | | | | | | | | | |
| **Births:** Total no. of births | Existing | Monthly | 63,420 | 14,608 | | | 1,620 | | 2,090 | | 9,097 | | | 1,801 | | |

| Acute Hospitals | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service Area** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** | | | | | | | | | | | | |
| **Activity** | | | | **Ireland East Hospitals Group** | **Cappagh** | **SCH** | **SLHK** | **Mater** | **MRHM** | **OLHN** | **NMH** | **RVE&E** | **SVUH** | **WGH** | **SMH** | **Na** |
| **OPD:** Total no. of new and return outpatient attendances | Existing | Monthly | 3,342,981 | 762,596 | 8,035 | 12,747 | 33,410 | 242,201 | 51,752 | 31,851 | 126,518 | 42,115 | 154,139 | 40,772 | 19,056 | |
| 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 | 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**<br>HIPE Completeness – Prior month: % of cases entered into HIPE | Existing | Monthly | 96% | 100% |
| **Dialysis** Δ<br>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**<br>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**<br>% 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**<br>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**<br>% 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 ≥ 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**<br>% 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) | Existing | Monthly | 93.4% | 95% |
| **Length of Stay**<br>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**<br>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**<br>Surgical patient average length of stay | Existing | Monthly | 5.3 | 5.0 |
| % of elective surgical inpatients who had principal procedure conducted on day of admission | Existing | Monthly | 72.5% | 82% |

| Acute Hospitals | | | | |
|---|---|---|---|---|
| **Service Area – Performance Indicator** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** |
| % 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**<br>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)**<br>% 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**<br>Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition ** | Existing/ Modified | Annual | Data Not Yet Available | N/A |
| **Quality**<br>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**<br>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 |
| **Patient Experience**<br>% of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population | Existing | Annual | TBC | 100% |
| **National Early Warning Score (NEWS)**<br>% of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals | Existing | Quarterly | 96% | 100% |

| Acute Hospitals | | | | |
|---|---|---|---|---|
| **Service Area – Performance Indicator** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** |
| % 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)**<br>% 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**<br>% 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**<br>% 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**<br>% 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 |
| **Stroke**<br>% 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**<br>% STEMI patients (without contraindication to reperfusion therapy) who get PPCI | Existing | Quarterly | 89.7% | 90% |

| Acute Hospitals | | | | |
|---|---|---|---|---|
| **Service Area – Performance Indicator** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** |
| % of reperfused STEMI patients (or LBBB) who get timely PPCI | Existing | Quarterly | 70.8% | 80% |
| **COPD**<br>Mean and median LOS for patients admitted with COPD ** | Existing | Quarterly | 7.7<br>5 | 7.6<br>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**<br>% 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**<br>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 |
| **Blood Policy**<br>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**<br>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% |

| Acute Hospitals | | | | |
|---|---|---|---|---|
| **Service Area – Performance Indicator** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** |
| **Symptomatic Breast Cancer Services**<br>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% |
| **Lung Cancers**<br>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**<br>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 | Existing | Monthly | 1,366 | 2,340 |

| Acute Hospitals | | | | |
|---|---|---|---|---|
| **Service Area – Performance Indicator** | **New/ Existing KPI** | **Reporting Frequency** | **National Projected Outturn 2016** | **Expected Activity/ Targets 2017** |
| appointment within 20 working days of receipt of referral in the cancer centres ** | | | | |
| % 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**<br>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 patients not included) | Existing | Monthly | 86.4% | 90% |

*** 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 due to complete in 2017

| Facility | Project details | Project Completion | Fully Operational | Additional Beds | Replace-ment Beds | Capital Cost €m | | 2017 Implications | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 2017 | Total | WTE | Rev Costs €m |
| **ACUTE SERVICES** | | | | | | | | | |
| **Ireland East Hospital Group** | | | | | | | | | |
| Wexford General Hospital | Provision of an early pregnancy assessment unit, a foetal assessment unit and a urodynamics laboratory (co-funded by the Friends of Wexford Hospital) | Q4 2017 | Q4 2017 | 0 | 0 | 0.10 | 1.31 | 0 | 0.00 |