UL Hospitals Group Operational Plan 2018

Ospidéil OL
UL Hospitals

Working together, caring for you

Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt

Goal 1 Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Contents

UL Hospitals Group

UL Hospital Group

University of Limerick (UL) Hospital Group is comprised of a group of six hospitals functioning collectively as a single hospital system in the Mid-West of Ireland. The six sites include:

Ennis Hospital

University Maternity Hospital Limerick

Nenagh Hospital

Croom Orthopaedic Hospital

University Hospital Limerick

St. John's Hospital, Limerick

University Hospital Limerick (UHL), one of eight designated cancer centres in the country, is the Model 4 hospital for the region and has a full 24/7/365 Emergency Department and critical care service. Emergency and complex surgeries are for the most part undertaken at UHL. The hospital is the hub for Ennis Hospital, Nenagh Hospital and St. John's Hospital which manage the majority of their local population through their medical assessment units, local injury units and inpatient beds. Patients who require access to critical and complex care are seen at University Hospital Limerick and either stabilised and transferred or admitted to UHL as required.

Croom Hospital is the dedicated Orthopaedic hospital for adults and children in the Mid-West region whilst also accepting the transfer of orthopaedic patients from UL hospital for post-acute care. In addition to Orthopaedic services, Rheumatology and Pain Management services are also provided. University Maternity Hospital Limerick (UMHL), being one of the largest maternity hospitals outside Dublin, has up to 5,000 births a year and the sole provider of obstetrical, midwifery and Level 3 Neonatal Intensive Care to the Mid-West region.

UL Hospitals Group Operational Plan 2018

The 2018 Operational Plan for UL Hospitals Group sets out the type and volume of health care services to be provided throughout the year, having regard for the available funding. Services continue to be delivered in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality services continue to increase. The growing cost of delivering core services is such that we face a very significant financial challenge in 2018 in maintaining the existing level of overall activity, to which we are fully committed. To this end, we are conscious that maintaining services and driving improvements in patient safety and quality remain over-riding priorities across the health sector, and all savings and efficiency measures will be assessed with these priorities in mind.

For 2018, our objective is to maintain quality, deliver good outcomes and recognise that there are opportunities, even in a constrained financial environment, to provide excellent health care services to the population of the Mid-West of Ireland.

Risks to delivery of UL Hospitals Group Operational Plan 2018

Some risks to our ability to deliver the level and type of service include:

- In the case of some services, given that the HSE is the statutory public provider and the realities around the relatively fixed nature of certain costs, there is a requirement to respond to clinical need even if this exceeds what can be supported by any level of realistic efficiencies coupled with the available funding.
- Delivering a volume of activity, driven by need, which is beyond funded levels.
- Sustaining a level of service in areas where the nature of the response is such that activity cannot be stopped or spend avoided, such as emergency services in our hospitals.
- Progressing at scale and pace for the required transformation agenda within the funding levels available.
- Meeting the regulatory requirements in the hospital services, within the limits of the revenue and capital available and without impacting on planned service levels.
- Responding to urgent safety concerns and emergencies such as carbapenemase-producing enterobacteriaceae (CPE). We will work with the Health Service Executive and Department of Health to mitigate this risk, including how to manage emerging resource implications.
- Meeting new drug costs.
- Effectively managing our workforce including recruitment and retention of a highly skilled and qualified workforce, required rationalisation of the use of agency personnel and staying within our pay budget.
- Working within the constraints posed by limitations to clinical, business financial and human resource (HR) systems.
- Investing in and maintaining our infrastructure, addressing critical risks resulting from ageing medical equipment and physical infrastructure, and adhering to health and safety regulations.

UL Hospitals Group CEO's Priorities 2018

No.	Priority Actions	Sponsor	Owner	Completion Date
1.	'Governance Through Transformation' – further develop Balanced Scorecards with Directorates and Executives incorporating KPI's and Performance monitoring - to ensure Quality & Patient Safety.	CEO/COO	Exec Team Directorates General Mangers Head of Governance	Quarter 4
2.	HCAI- Continue best practise standards with a focus on: - Hand Hygiene - Dress code - CPE - Environmental Hygiene	CDONM COO/CCD	GM,CD& DONS Directorates	Quarter 1-4
3.	Work with University of Limerick to develop Health Sciences Academy. Once established progress Academic Health Science Centre. Improve Research & Educational Opportunities.	CEO	CAO/CCD/ CDONM/ Head of Strategy	Quarter 3
4.	Commence Year 1 implementation of Corporate Strategy 2018-2020 UL Hospitals under 4 headings; - Clinical Transformation - Education, Research & Innovation - Digital Health - Collaboration & Alliances	CEO	Exec & Dir Teams	Quarter 1-4
5.	Work with the Board of UL Hospitals and implement specific priorities set by Chair & Board Directors.	CEO	Exec & Members of Board	
6.	Review of Model 2 Hospitals to increase Ambulatory Care, Day Surgery and further service provision as part of overall UL Hospitals operational plans.	CEO	Exec & Directorates	Quarter 2-4
7.	Implement Improvement Plans related to National Patient Experience Survey specific to UL Hospitals	CEO	CDONM/ CCD	Quarter 2
8.	Commence Planning for future Health Service Realignment as defined in Sláintecare Report.	Board/ CEO	CEO	Quarter 2

No.	Priority Actions	Sponsor	Owner	Completion Date
9.	Progress Capital Development Planning for acute bed capacity. - 96 Bed Block - Elective Surgery Bed Capacity at Croom & St John's Hospitals. - Critical Care Bed Capacity Development	CEO	COO/ CDONM/ CCD/DHR	Quarter 1-4
10.	Continue to implement: - National Maternity Strategy - National Cancer Strategy In line with UL Hospitals Service Development.	CEO	Executive & Directorate Team	Quarter 1-4
11.	Continue focus on Unscheduled Care through Improvement processes, SAFER Patient Flow Bundles & Ambulatory Pathways at UHL.	CEO/COO	Directorates	Quarter 1-4
12.	Improve on Achievements with Scheduled Care Waiting Lists with specific focus on Outpatients & specific Inpatient Long Waits.	CEO/COO	Directorates	Quarter 1-4
13.	Progress Value For Money processes further to ensure Financial Accountability. Develop Value Improvement Programme of work to achieve further efficiencies.	CEO/CFO	Executive & Directorates	Quarter 1-4

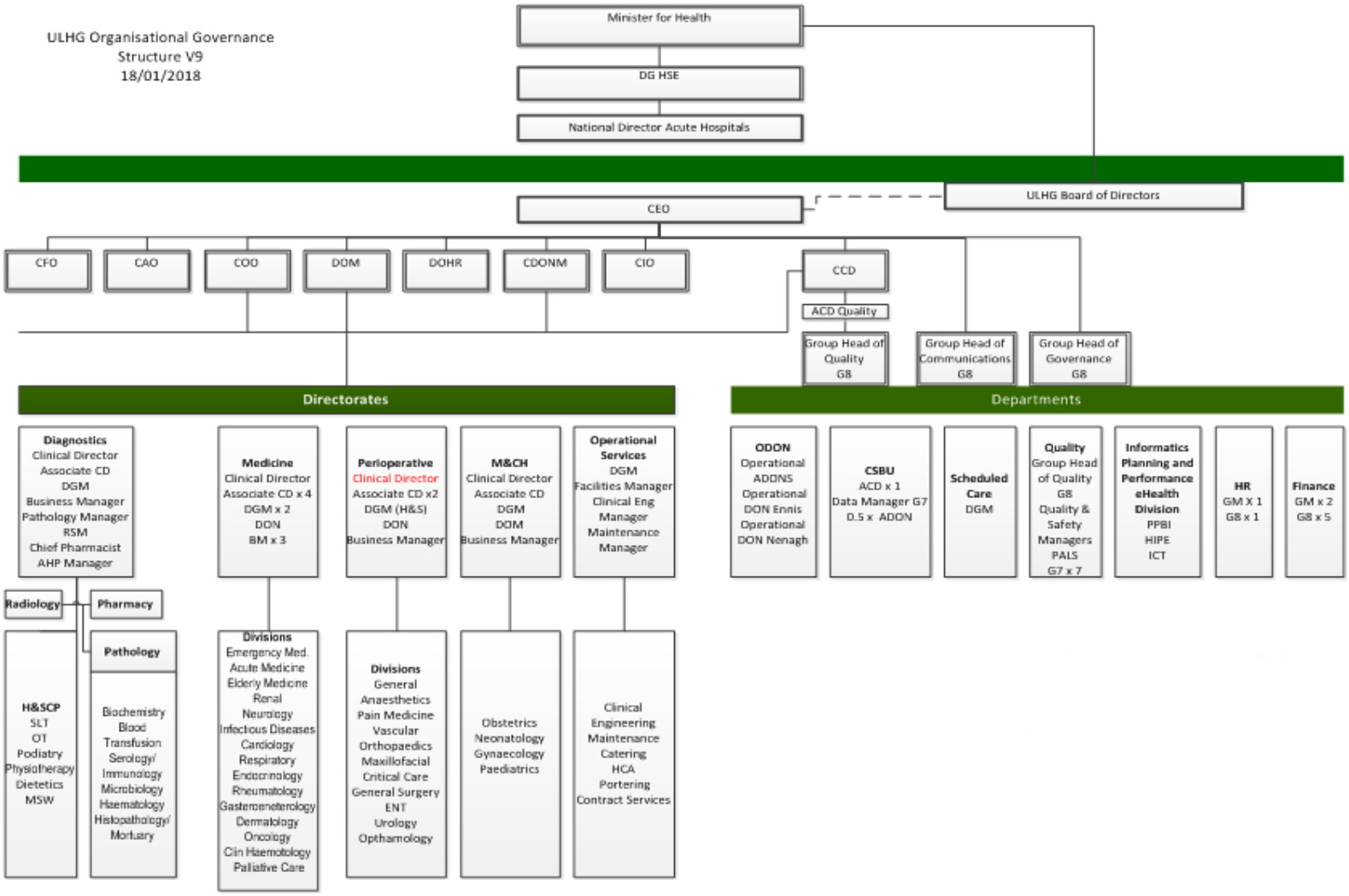
Governance UL Hospitals

The hospitals in Ireland are organised into seven Hospital Groups (HGs). Each Group Chief Executive has full legal authority to manage the Group delegated to them under the Health Act 2004 in line with National Service Plan (NSP) 2018 and allocated Group budgets. The UL Hospitals Group Operational Plan 2018 is aligned with the NSP and the Acute Hospitals Division overarching Operational Plan.

The Group Chief Executives report to the National Director for Acute Services and are accountable for their planning and performance under the Performance and Accountability Framework of the HSE. All targets and performance criteria adopted in the service plan and the divisional Operational Plan will be reported through this framework.

UL Hospitals is governed by a Board and an Executive Management Team led by a CEO who reports to the Acute Hospitals Division HSE and to the Board of UL Hospitals. Our services are delivered across the six sites under the leadership of five directorates namely, Medicine Directorate, Perioperative Directorate, Diagnostic Directorate, Maternal and Child Health Directorate and Operational Services Directorate. Each Directorate is led by a team of staff bringing Clinical, Managerial and Financial expertise together to provide quality driven safe services, focused on the experience and outcomes for the patient.

Organisational Chart



Ospidéil OL
UL Hospitals

Colette Cowan CEO ULHG

Noreen Spillane COO ULHG

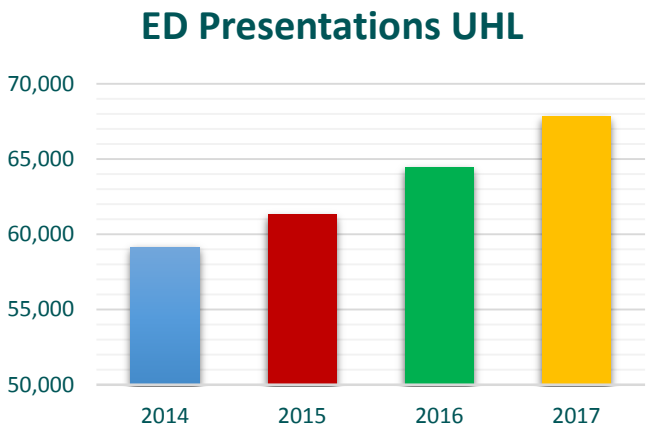
2017 Activity

Unscheduled Care

On the 29th May 2017, one of Ireland's largest and most advanced Emergency Department opened in University Hospital Limerick. The opening of this new ED, over three time the size of the old department, marked a major milestone for UL Hospitals Group and has been transformational in terms of our ability to deliver emergency care to patients in a dignified space, respecting their privacy. The new ED, includes cutting edge diagnostics such as a unique track-mounted 128-slice CT scanner and dedicated triage and isolation rooms. The department is laid out in pods with individual treatment rooms. There are separate areas for major injuries, minor injuries, resuscitation and diagnostics - and a dedicated space for paediatric patients with separate triage, waiting and treatment areas.

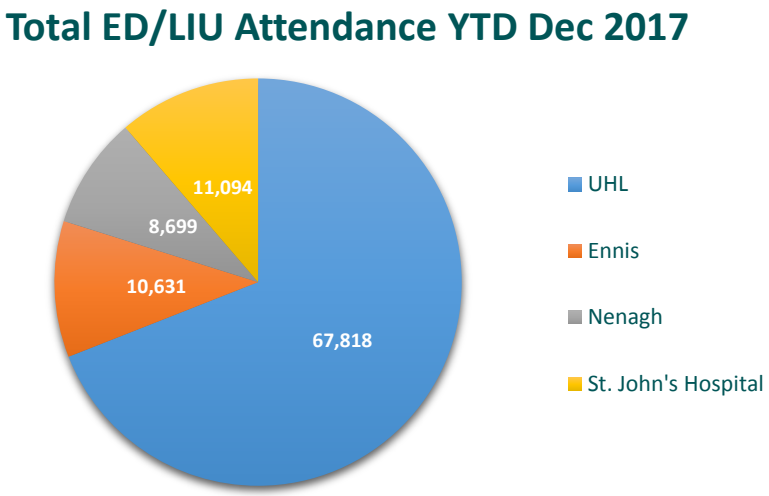
Whilst the new ED does not solve our problems of bed capacity or reduce the number of admitted patients waiting on trolleys, it has greatly improved the patient experience in terms of dignity and privacy. An Unscheduled Care Committee has been established since the onset of the new ED with key objectives of reviewing and improving process and patient flow issues and promoting and developing a programme of integrated care with community services.

In addition, a new short-stay medical unit which has capacity for 17 admitted patients in the area of the old ED opened on the 18th September 2017.



2017 saw nearly 68,000 presentations to the ED. This represents an increase of 5.2% on the previous year.

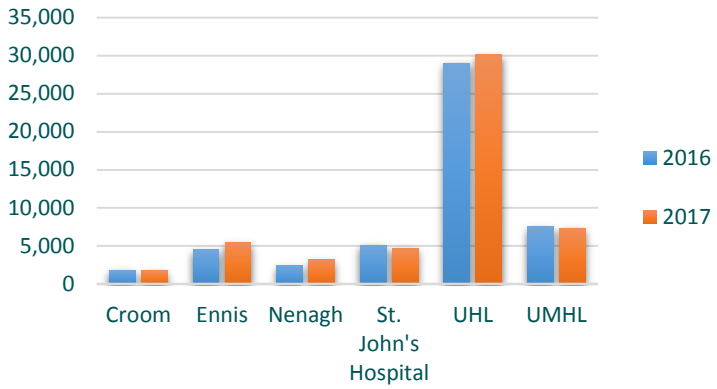
Local Injury Units (LIUs) account for approximately 31% of all emergency presentations for the Group. Attendances to date in 2017 (December YTD) have increased by 8.3% when compared to the same period last year.



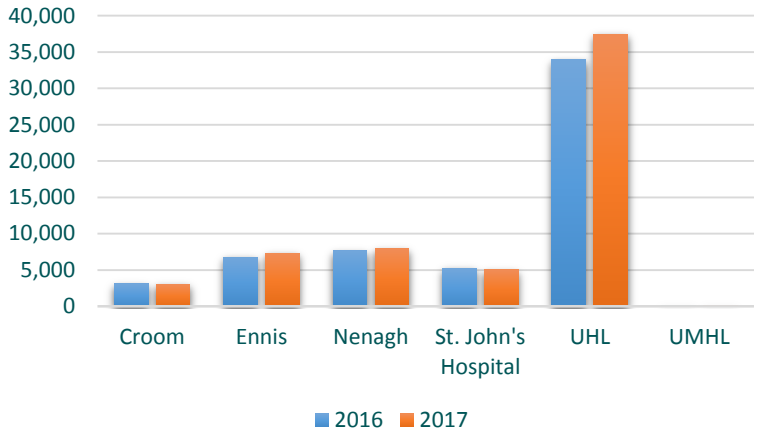
Scheduled Care

Inpatient discharges across the Group to date in 2017 (YTD December) with an outturn of nearly 52,300 have increased by over 4.1% when compared to the same period in 2016.

Inpatient Discharges



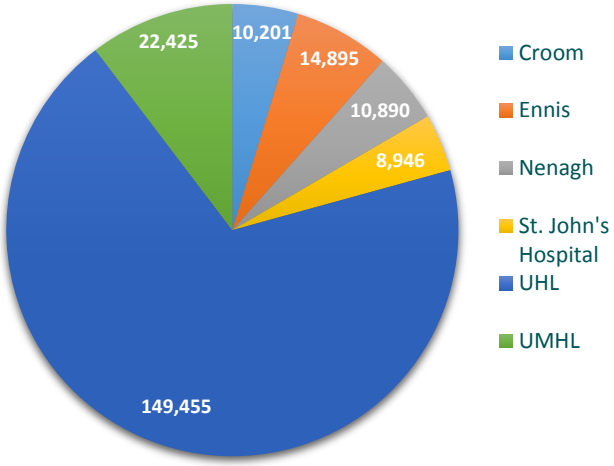
Day Cases



Day case activity has also shown a significant growth to date, an increase of 7.3% when compared to the same period last year (YTD December 2016).

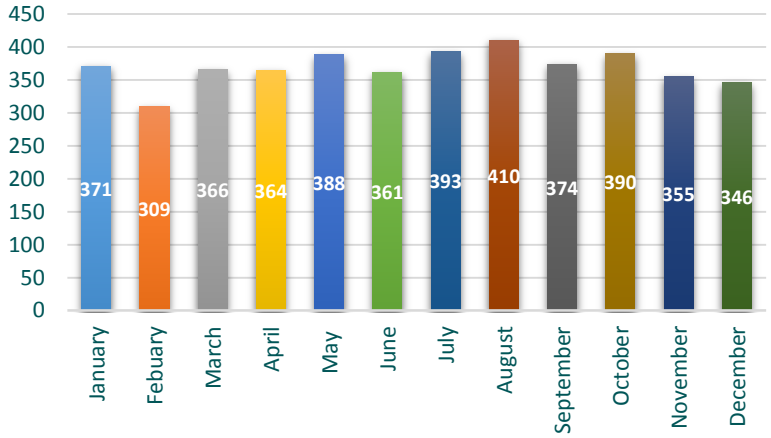
Outpatient attendances year to date 2017 (December) across UL Hospitals Group are standing in excess of 216,000.

OPD Attendances



Outside of the main maternity centre in Dublin, University Maternity Hospital Limerick (UMHL) is one of the busiest sites with over 4,400 births December year to date 2017.

Births UMHL 2017



Section 1: Key Reform Themes

Section 1: Introduction and Key Reform Themes

The HSE National Service Plan (NSP) 2018 sets out the type and volume of health and social care services which the HSE expects to deliver over the coming year. It has regard to available funding, planning assumptions agreed with or planned by the Department of Health (DoH) and what can be delivered by realistic and achievable measures to improve the economy, efficiency and effectiveness of our services during 2018. NSP 2018 provides details on the size and nature of our population, the needs of patients and clients and how these are changing. The plan also sets out the current services that are in place to respond to these needs, the issues and challenges with these services and the opportunities for improvement. UL Hospitals Group, consequently will align itself to similar priorities and initiatives throughout 2018 with the objective of maintaining the provision of a safe, quality and effective patient centred care by recognising that there are opportunities even in times of financial constraint to provide continuing excellent health care services.

It is however important to note that as we look to the future, it is likely to prove very challenging for health and social care services in Ireland, including acute hospital setting such as UL Hospitals Group, to secure the additional annual funding increases that would be required each year sufficient to allow:

(i) the existing arrangements and approaches to service delivery to expand at the pace required necessary to respond to the increasing needs of our population; and

(ii) the population to have access to the latest models of care, evidence-based technologies, drugs and devices.

In addition, there is a growing need to maintain or replace our current infrastructure and equipment. It will be more important than ever that we add momentum to the good work already underway across our Hospital Group while at the same time securing value for money, achieving maximum benefit from the available financial, staffing and infrastructure resources.

Key reform themes

Consistent with the need to improve the health of the population, and to radically reshape where and how services are provided, the HSE shall be pursuing four key reform themes during 2018 and beyond, namely:

1. Improving population health.
2. Delivering care closer to home.
3. Developing specialist hospital care networks.
4. Improving quality, safety and value.

Section 2: Our Population

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According to the 2016 Census, there are just over 4.7m people living in Ireland, an increase of approximately 4% (nearly 170,000 people) since 2011. Our population is growing older, with the number of people aged 65 years and over increasing from 11% in 2011 to 13% in 2016. The national age profile particularly impacts on emergency services and as populations grow and age so too does the demand for acute hospital services. Life expectancy at birth in Ireland has increased and is above the EU average of 80.6 years (*Source: Eurostat*). People are living longer through medical advances and technology along with an increased knowledge and focus on health and general well-being. The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates. According to the European Commission, ageing is one of the greatest social and economic challenges for all countries and by 2025 more than 20% of Europeans will be 65 or over with a particular rapid increase in the numbers of those aged 80 and above. Based on 2016 CSO figures and trend analysis, forecasts tell us that the number of people aged over 65 in Ireland will increase by a further 18% to 753,000 in the next five years and similarly adults aged 85 years and over is projected to increase by approximately 4% annually.

Life expectancy and health status

The challenge remains to adapt health care services, settings and models of care to adequately meet the needs of an ageing population whilst providing a safe, dignified and patient centred service at all times within allocated budgets. In addition, chronic diseases (Cardiovascular disease, Cancer, Stroke, Respiratory Disease and Diabetes) are on the rise with population projections indicating that by 2021 a further 94,580 people will have at least one chronic condition (*Tilda, 2010*) representing a 20% increase. However, due to heightened awareness, a strong leaning towards more active and healthy lifestyles along with continuing focused clinical and academic research, survivorship of chronic diseases in Ireland is also increasing which is a positive and welcome transition.

Health inequalities

The Hospital Group serves a socially diverse population including Limerick City which is the most deprived local authority nationally with 36.8% of its inhabitants either very disadvantaged or disadvantaged (*Health Profile 2015 Limerick City*). In sharp contrast to this, Limerick County is ranked as the eight most affluent local authority area nationally with 54% of its population either being marginally above affluence or affluent (*Health Profile 2015 Limerick County*).

Population	Persons 2011	Persons 2016	Actual change 2011-2016	% change 2011-2016
Limerick City & County	191,809	194,899	3,090	1.6%
Co. Tipperary	158,754	159,553	799	0.5%
Co. Clare	117,196	118,817	1,621	1.4%
Mid-West	467,759	473,269	5,510	1.2%
Ireland	4,588,252	4,761,865	173,613	3.8%

There is a strong link between poverty, socio-economic status and health. In 2014, 11% of children experienced consistent poverty *(Survey in Income and Living Conditions (SILC) 2014, Central Statistics Office (CSO))*.

Life expectancy is greater for professional workers compared to the unskilled. This pattern has increased since the 1990s (*Layte R, Banks J., Socioeconomic differentials in mortality by cause of death in the Republic of Ireland, 1984–2008; European Journal of Public Health, 2016)*.

Death rates are two times higher for those who only received primary education compared to those with third level education. If economic mortality differentials were eliminated, it would mean 13.5m extra years of life for Irish people *(Burke S, Pentony S., Eliminating Health Inequalities, A Matter of Life and Death; Think- thank for Action on Social Change, 2011)*.

Homeless

Nationally, latest figures indicate that over 8,000 people are homeless, with more than a third of these being children. The total number of people homeless rose by 25% from July 2016 to July 2017 *(Department of Housing, Planning and Local Government; Homeless Report, July 2017).*

Travellers and Roma

The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 *(CSO, 2016).* Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over.

The estimated Roma population is between 3,000 and 5,000 (*Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021)*.

Healthy Ireland Framework

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, lack of exercise and obesity. They are also related to inequalities in our society. The *Healthy Ireland* framework sets out a comprehensive and co-ordinated plan to improve health and wellbeing over the coming years. This is being actively implemented across all areas of the HSE.

Section 3: Building a Better Health Service

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A key priority for the health service including UL Hospitals Group in 2018 is to develop an agreed strategic position with the Acute Hospitals Division (AHD) and with our partners, in the interests of building a better health service, designed to meet the needs of our population which represents higher value care, in terms of return on the money invested in health. A number of initiatives are underway that will lay the necessary foundations for developing a more sustainable health service into the future. A number of these transformational programmes will continue in 2018, with a focus on:

- Building a leadership culture and enabling and supporting staff to live our values and further embed them in our working lives – Care, Compassion, Trust and Learning.
- Transformation through our workforce: *Health Services People Strategy 2015-2018*.
- Prevention through Healthy Ireland implementation and improved care management for patients with chronic conditions.
- Clinical leadership and clinical models of care, particularly care for the frail elderly and patient flow from community services to hospitals and vice versa.
- Higher rates of efficiency growth across key service areas.
- Addressing serious information and knowledge management gaps in the healthcare system, and the creation of a research and development function.
- Enabling and supporting change in our delivery systems.

Care, Compassion, Trust and Learning – Our culture and our values

Within our hospital services, staff, managers, patients and service users are engaged in many formal and informal activities to improve the way we lead and act with staff and service users to ensure that the culture of our services is aligned with our core values. A significant challenge for all parts of healthcare is to nurture cultures that ensure the delivery of continuously improving, high quality, safe and compassionate healthcare. Two nationally supported approaches to building leadership capacity and embedding values in practice will be further prioritised in 2018.

Our Patient Council, which was launched in 2016, will continue to work in partnership with UL Hospitals Group to identify current and future opportunities to enhance the care experience for patients, families and caregivers.

Values in Action

Values in Action is a behaviour based culture change programme designed to create better working environments for our staff and deliver better experiences to patients and service users. It is based on the understanding that, every day, many of our health service staff live by the core values of Care, Compassion, Trust and Learning. Sometimes this is very visible, sometimes it is not. In June 2016 a project team of staff from UL Hospitals Group and Mid-West Community Healthcare came together with national colleagues to begin a journey to shape a culture where our values would become a way of life and visible in our everyday actions and interactions. Throughout 2018, we will continue to sustain these behaviors and values to promote a culture that we are proud of.

UL Hospitals Group Staff Recognition Awards

The inaugural UL Hospitals Group Staff Recognition Awards were held during 2016 and this has since become an annual event. It is seen as a welcome and important opportunity to highlight the many achievements in the previous year, be it through excellent care, ground breaking research, innovations in practice, more efficient ways of working, improving the patient experience and much more.

Transformation through our workforce: Health Services People Strategy 2015-2018

Through our *Health Services People Strategy 2015-2018*, we recognise the vital role of staff at all levels in addressing the many challenges in delivering health services. Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management is the responsibility of all leaders, managers and staff. Priorities in 2018 include:

- Continuation of the 'CEO Roadshows' which allows all UL Hospitals Group an opportunity to meet with our CEO and be updated on the progress of key priorities and initiatives.
- Operationalise the *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017* across the health services.
- Support *Healthy Ireland* and the Workplace Health and Wellbeing Unit to manage staff, support services and ensure that policies and procedures are designed to enable staff to maximise their work contributions and work life balance.
- Introduce performance management systems in areas of the public health sector where these are not already in place.

Leadership Academy

Leadership is the most influential factor in shaping organisational culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental. 2017 marked a year that established the Leadership Academy which was rolled out at a national level across the HSE. The Leadership Academy is a strategic investment in developing staff at all levels so that a better, more patient-focused, more efficient and compassionate health service can be developed. It is envisaged that in 2018 a further two group of participants will be enrolled for both of the two flagship programmes and evaluating the work of the Academy to ensure it is meeting its objectives.

As part of UL Hospitals Group ongoing academic relationship with the University of Limerick, a total of 30 participants from across the Group have been involved in a collaborative action based research program to promote succession planning and leadership development. This research study takes a holistic approach to all aspects of leadership and will continue throughout 2018.

Healthy Ireland: Chronic disease prevention and management

The projections of future utilisation of healthcare show us that a strong and comprehensive response to chronic diseases is required. A national policy framework and health service implementation plan is already in place, Healthy Ireland in the Health Services - Implementation Plan 2015-2017, and the HSE has developed an Integrated Care Programme for the Prevention and Management of Chronic Disease to prioritise this work. Both of these will continue to be progressed in 2018.

National Clinical and Integrated Care Programmes

In 2018, the national clinical and integrated care programmes are focused on developing new integrated care models and pathways to ensure safe, timely, efficient healthcare which is provided as close to home as possible. The work of the national clinical programmes and integrated care programmes is interdependent. The associated priorities and actions have been selected to generate improvements as set out below.

Delivering care closer to home

Design new community-based models to provide improved care and outcomes for service users, close to their home and at the lowest level of complexity that is deemed safe, and redesign care from traditional secondary care models to community-based models.

Integrated Care Programme for Children

This programme aims to improve the way in which healthcare services are designed and delivered to children and their families. The programme will also work with key stakeholders to design an implementation plan for the national model of care for paediatric healthcare services, within existing resource levels.

Integrated Care Programme for Older Persons

This programme is building on local initiatives to incrementally develop pathways for older people across primary and secondary care, especially those with more complex care needs.

Integrated Care Programme for Patient Flow

This programme is developing a standardised approach to managing patient flow in a number of areas including urgent and emergency care, scheduled care, outpatients and community healthcare. The programme will develop a plan to support the reorganisation of urgent and emergency care in line with best outcomes and the best experience for patients.

Develop Specialist Hospital Care Networks

In parallel with the requirement to shift less complex acute care from hospital to community settings, there is a need to ensure that the secondary and tertiary care sectors are able to deliver the complex, specialised

and emergency care that will be required by patients. The provision of integrated care is a key element of this model of care.

Improving performance, efficiencies and effectiveness

The Performance and Accountability Framework has been enhanced in 2018 in line with new governance arrangements and organisational changes in the HSE. It sets out the process by which the National Divisions and Hospital Groups (including UL Hospitals Group) that performance will be managed across Access to and Integration of services, the Quality and Safety of those services, achieving this within specific Finance, Governance and Compliance requirements, and by effectively harnessing the efforts of our Workforce.

Research and Development

Health research is essential to generate new knowledge to inform evidence-based practice. Knowledge and learning are also key requirements for effective change and transition planning for the health services in Ireland.

A research and development function nationally is being established within the health services to support the delivery of key actions originally set out in the *Action Plan for Health Research 2009-2013*. The appointment of a research and development lead is a key component of this development. The aim is to foster a research culture within our health services by providing an enabling governance framework, increasing the integration of research into health service delivery, strengthening research networks and developing our research capacity.

UL Hospitals Group has forged very strong links with its academic teaching partner, the University of Limerick. The opening of the Clinical Education and Research Centre on the main hospital campus, now houses teaching and research facilities, a substantial lecture theatre and state of the art medical library. This, along with other initiatives such as pioneering robotic surgery, has greatly raised the profile of UL Hospitals Group as a centre of teaching and learning excellence. Both this local expertise and facility have allowed such prestigious events as the 25th Anniversary Sylvester O'Halloran Scientific Symposium to be held.

Section 4: Quality & Safety

Section 4: Quality and Safety

Introduction

The HSE places significant emphasis on the quality of services delivered and on the safety of those who use them. A three-year National Safety Programme to develop and oversee the implementation of national safety priorities and initiatives across all parts of the health system is continuing and UL Hospitals Group will work accordingly to deliver on national patient safety priorities.

The National Patient Safety Programme

Insufficient attention to patient safety is a leading cause of harm across healthcare systems worldwide. It impacts on health outcomes causing increased morbidity, temporary or permanent disability and sometimes even death. The safety of patients and service users is therefore the number one priority for the health service and UL Hospitals Group.

The National Patient Safety Programme aims to continue the work already undertaken in supporting improvements in patient and service user safety across the entire health system to ensure changes are integrated into the 'business as usual' activities of individual services.

The programme aims to:

- Improve the quality of the experience of care including quality, safety and satisfaction.
- Implement targeted national patient safety initiatives and improvements in the quality of services (e.g. preventing healthcare associated infection (HCAI); use of anti-microbials and anti-microbial resistance (AMR); addressing sepsis, falls, pressure ulcers and medication errors; clinical handover; and recognising and responding to deteriorating patients including the use of Early Warning Score systems.
- Respond to the public health emergency by monitoring and managing CPE.
- Build the capacity and capability in our services to improve quality and safety and improve the response of the healthcare system when things go wrong.
- Put in place appropriate governance for patient safety across our services.
- Strengthen quality and safety assurance, including audit.

ULHG priorities 2018

- Role out education and training for proactive management of Risk
- Review Governance of management of incidents and role of local and group SIMT in line with new incident framework
- Implementation of new incident management framework, which involves a proportional response to category of incident and level of harm.
- Development of Clear Governance for management of HCAI

Service user involvement and experience

A key focus will be to listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved. Key priorities for 2018 include:

- Implement the National Patient Experience Survey in acute hospitals and maternity services (including UL Hospitals Group).
- Use the feedback received from the National Patient Experience Survey and the Patient Narrative Project: Your Voice Matters to inform health service priorities and actions throughout our Hospital Group.
- Involve patients and family members in the design, delivery and evaluation of services through the National Patient Forum, Patients for Patient Safety Ireland, and focus groups with the Patient Representative Panel. ULHG will continue to work with our Patient Council.
- Ensure that the information gathered through the HSE's feedback system 'Your Service Your Say', the National Appeals Service Office and the Confidential Recipient are used to inform health service priorities and actions across our Hospital Group.
- Implement the national complaints system.

ULHG priorities 2018

- Patient Council meetings held - committee membership increased - Nutrition, Signage, End of Life, Patient Flow, and Literacy.
- Recruit new members for Patient Council.
- UL Hospitals Group Patient and Public Participation Strategy to be launched.
- Implement QIPs for National Patient Experience Survey.
- Further development of patient feedback system including, web access for patients and further development of reports.
- Increase and develop Volunteer Roles.
- Roll-out of education to Service Users and Staff in relation to Your Service Your Say Policy.

Improving the quality and safety of services

Improving quality and safety requires the HSE to further build the capacity and capability of frontline services to implement the *Framework for Improving Quality in our Health Service*. Key priorities nationally for 2018 which will incorporate UL Hospitals Group include:

- Nationally further develop quality and safety teams across CHOs, Hospital Groups and the NAS.
- Provide resources and toolkits to staff to support them in implementing the *Framework for Improving Quality in our Health Service.*
- Promote the continuous development of quality improvement skills amongst all staff through use of the *Improvement Knowledge and Skills Guide, 2017*.

- Deliver leadership education programmes through the Diploma in Leadership and Quality in Healthcare for multi-disciplinary teams, and the Executive Clinical Leadership course for Clinical Directors.
- Roll out the culture of person-centredness programme across all services.
- Implement quality and patient safety committees across all services to drive quality improvement and patient safety.
- Develop and use quality profiles and specialty quality programmes.
- Develop the capacity and capability for staff engagement to maximise the contribution of staff to improving quality.
- Use results from the patient safety culture survey to ensure continued staff engagement in improving quality.

ULHG priorities 2018

- Development of teams for after action review.
- Further support engagement with CHO with joint management of adverse events and complaints.
- Quality improvement committee to continue lunch time session.
- Complaint officer training and review training scheduled.
- Develop Governance structures for QIPs.

Maintaining standards and minimising risk

Robust quality and patient safety systems and processes, that are an integral part of the day to day operations of healthcare delivery, are essential to maintain standards of care, identify areas for improvement, support learning and responses when things go wrong, and manage risk. Key priorities nationally for 2018 include:

- Support the development and implementation of National Clinical Effectiveness Committee (NCEC) clinical guidelines and audits.
- Develop a Quality Assurance Framework and further develop national clinical audits, healthcare audits and specialty quality programmes.
- Further develop the capability to report, manage, investigate, disseminate and implement learning from safety incidents that occur.
- Increase our analytical capacity to understand quality and service user safety, including the development and use of quality profiles.
- Expand the activity of the National Independent Review Panel.
- Roll out assisted decision-making and open disclosure processes.

ULHG priorities 2018

- Capacity and Capability review in line with local governance process & national review
- Development of multidisciplinary systems analysis framework
- Development of local department reports on QPS activity
- Development of risk registers to align escalation and de-escalation protocols

Section 5: Service Delivery

Section 5: Service Delivery

Services Provided

Acute services include emergency care, urgent care, short term stabilisation, scheduled care, trauma, acute surgery, critical care and pre-hospital care for adults and children. The UL Hospitals Group, continually works to improve access to scheduled and unscheduled care, ensuring quality and patient safety within the allocated budget. Hospital Groups provide the structure to deliver an integrated hospital network of acute care in each geographic area, the Mid-West in our case.

The hospitals have a key role in improving the health of the population by providing a range of services from brief intervention training and self-management support, offering advice and support in staying well, to optimising care pathways for patients admitted with exacerbations of chronic diseases, to reducing length of stay, accelerating return to usual health and supporting an integrated approach with GPs in the long term surveillance of patients who have had cancer. Healthy lifestyle choices are promoted across a range of paediatric, maternity and adult services, aimed at avoidance of ill health and best management of conditions such as asthma, COPD and diabetes.

Early detection of disease is central to optimising patient outcomes and the acute hospitals continue to support the delivery of screening services for bowel and breast cancer and follow-up care for cervical screening in line with the National Screening Service. The National Women and Infants' Health Programme (NWIHP), National Cancer Control Programme (NCCP), and the NAS work closely with the acute hospitals and lead the strategic development of these services.

Issues and opportunities

- Challenge in addressing increased demand in terms of the number of patients presenting to hospital and the complexity of their conditions.
- Lack of bed capacity. A bid to build an additional 96 bed block on the UHL site has been submitted to the Department of Health and approval has been granted for funding of the design stage of the build.
- Lack of single room availability, in particular for patients with HCAIs and when available, on discharge, these beds must be closed for deep cleaning further impacting the patient flow.
- Initiatives undertaken in UL Hospitals Group such as the LEAF project which aims at promoting earlier discharges and saw the introduction of the Hospital Discharge Lounge which facilitates the freeing up of beds within wards for admitted patients.
- The Unscheduled Care Group and associated QIP has been established within UL Hospitals Group to focus on the Emergency Care pathway, monitor the patient flow and work collaboratively with our Older persons' Services and Primary Care colleagues. A key focus in 2018 will be on improving access to emergency care and continuing the on-going work to reduce trolley waits and improve ED performance.
- Improve access times to inpatient, day case elective procedures and outpatient consultations by implementing waiting list action plans and following the National Treatment Purchase Fund (NTPF) roll-out of the *National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol.*

- The provision of specialist services within acute hospitals such as UL Hospitals Group remains a priority for the HSE in terms of responding the increasing complexity of presentations and advances in medical technology and interventions.
- The *National Cancer Strategy 2017-2026* was published in 2017 and support for the implementation of its recommendations will address some of the current deficits in cancer services nationally. Details of the NCCP's priorities can be seen further in the plan.
- Meeting increased demand for urgent colonoscopy waiting times, urgent GI endoscopy waiting times and targeting significant reductions in overall waiting lists and efficiencies remains a key focus into 2018.
- Ensuring that services for children are managed in an integrated way, including improving paediatric access, are key challenges for acute services. The new children's hospital, when completed, will transform general paediatric and emergency care for children. Ensuring maximum benefit for patients from the health service's expenditure on medicines and allowing new effective medicines to be adopted in the future.

Implementing priorities 2018 in line with Corporate Plan goals

Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier

Improve patient and staff health and wellbeing by implementing *Healthy Ireland Plans*

Priority	Accountable	Timeline
Develop and implement clinical guidelines for under-nutrition and an acute hospital food and nutrition policy.	ULHG	Q1-Q4
Continue implementing Healthy Ireland plans in the Hospital Groups.	ULHG	Q1-Q4
Improve staff uptake of the flu vaccine.	ULHG	Q1-Q4
Prioritise the implementation of Making Every Contact Count in all care settings.	ULHG	Q1-Q4
Progress the implementation of the Diabetes chronic disease demonstrator Projects in the Group	ULHG	Q1-Q4

Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need

Increase critical care capacity

Priority	Accountable	Timeline
Commence monitoring of time from decision to admit to admission to Intensive Care Unit	ULHG	Q1-Q4

Improve the provision of unscheduled care

Priority	Accountable	Timeline
Improve pathways for care of older people living with frailty in acute hospitals in association with the Integrated Care Programme for Older Persons.	ULHG	Q1-Q4
Continue to ensure that no patient remains over 24 hours in ED.	ULHG	Q1-Q4
Continue to implement measures to address seasonal increase and reduce delayed discharges in association with community healthcare.	ULHG	Q1-Q4
Support the continued roll-out of the Integrated Care Programme for Patient Flow.	ULHG	Q1-Q4
Generate improved capacity by improving internal efficiencies and more appropriate bed usage by reducing length of stay, early discharge and improving access to diagnostics.	ULHG	Q1-Q4

Improve the provision of scheduled care

Priority	Accountable	Timeline
Continue to improve day of surgery rates and increase ambulatory services as clinically appropriate.	ULHG	Q1-Q4
Monitor length of stay and opportunities for improvement using NQAIS	ULHG	Q1-Q4
Reduce waiting times for all patients and particularly those waiting over 15 months on outpatient and inpatient / day case waiting lists by implementing waiting list action plans.	ULHG	Q1-Q4
Develop a plan to address waiting lists challenges in Orthopaedics and Ophthalmology.	ULHG	Q2-Q4
Improve efficiencies relating to inpatient and day case activity by streamlining processes and maximising capacity in acute hospitals.	ULHG	Q1-Q4
Work with the NTPF to implement the *National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management Protocol.*	ULHG	Q1-Q4
Work with the NTPF to develop and implement a waiting list action plan for 2018.	ULHG	Q1-Q4
Work with the clinical programmes to complete a suite of pathways of care at condition-level, through the Outpatient Services Performance Improvement Programme.	ULHG	Q1-Q4
Implement the findings and recommendations of the NTPF special audit to drive process and performance improvement in scheduled care.	ULHG	Q1-Q4
Further develop GP referral guidelines and standardised pathways, supported by efficient electronic referral systems.	ULHG	Q1-Q4
Assist with the roll out the national validation project for inpatient, day case and outpatient waiting lists.	ULHG	Q1-Q4
Work with National Radiology Programme to establish national vetting criteria for radiology diagnostic tests.	ULHG	Q1-Q4
Continue to work with the NTPF to develop a national dataset and waiting list for CTs, MRIs and Ultrasounds	ULHG	Q1-Q4

Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

Ensure quality and patient safety

Priority	Accountable	Timeline
Facilitate initiatives which promote a culture of patient partnership including the next phase of the National Patient Experience Survey.	ULHG	Q1-Q4
Monitor and control HCAIs.	ULHG	Q1-Q4
Continue to develop robust governance structures at hospital, group and national level to support management of HCAI / AMR.	ULHG	Q1-Q4
Collate information on incidence of CPE and associated infection control measures including use of screening guidelines and appropriate accommodation of patients.	ULHG	Q1-Q4
Review assessment process for National Standards for Safer Better Healthcare and develop guidance to support monitoring and compliance against same.	ULHG	Q1-Q4

Enhance medicines management

Priority	Accountable	Timeline
Collaborate with AHD with the further enhancement medicines management, improve equitable access to medicines for patients and continue to optimise pharmaceutical value through the Acute Hospitals Drugs Management Programme with a focus on the use of biosimilars.	ULHG	Q1-Q4
Collaborate with AHD on the implementation of the Report on the Review of Hospital Pharmacy, 2011 (McLoughlin Report) with a focus on the development of pharmacist roles to improve and enhance medication safety, and implement HIQA medication safety reports.	ULHG	Q1-Q4
Work with AHD to advance the reimbursement of (Enzyme Replacement Therapy (ERT) through PCRS to ensure equitable access for all patients.	ULHG	Q1-Q4
Contribute to the audit of Neurology Drug Use and Guidelines with particular focus on Tysabi for Multiple Sclerosis treatment	ULHG	Q1-Q4

Implement Children First

Priority	Accountable	Timeline
Commence implementation of the *Children First Act 2015* including mandatory training for staff as appropriate.	ULHG	Q1-Q4

Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Support and progress the policies and initiatives of the Office of the Chief Nursing Officer, DoH and European Directives on working hours

Priority	Accountable	Timeline
Extend and roll out nationally the Phase 1 Framework for Staffing and Skill Mix for Nursing in General and Specialist Medical and Surgical Care in acute hospitals within the allocated resources as appropriate.	ULHG	Q1-Q4
Implement a pilot for the Phase 2 Framework for Staffing and Skill Mix for Nursing in emergency care settings as appropriate.	ULHG	Q1-Q4

Priority	Accountable	Lead
Enhance the training and development of Advanced Nurse Practitioners in association with DOH and NMPDU.	ULHG	Q1-Q4
Continue to improve compliance with the European Working Time Directive with particular focus on the 24 and 48 hour targets.	ULHG	Q1-Q4

Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

On-going monitoring and performance management of financial allocations in line with the Performance and Accountability Framework

Priority	Accountable	Lead
Monitor and control hospital budgets and expenditure in line with allocations.	ULHG	Q1-Q4
Identify and progress realistic and achievable opportunities to improve economy efficiency and effectiveness	ULHG	Q1-Q4
Secure reductions in cost and or improvements in efficiency of services currently provided	ULHG	Q1-Q4
Continue the next phase of ABF including the incentivised scheme for elective laparoscopic cholecystectomy.	ULHG	Q1-Q4
Ensure compliance with the memorandum of understanding between the HSE and VHI in conjunction with National Finance.	ULHG	Q1-Q4
Progress implementation of the recommendations of the Patient Income Review which will focus on training, standardisation of processes and measurement of improvements in billing and collection by hospitals.	ULHG	Q1-Q4

Health and Wellbeing Services

Health and wellbeing is about helping our whole population to stay healthy and well by focusing on prevention, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing.

As part of the promotion of health and wellbeing, a number of national services are provided. The national screening service provides population-based screening programmes for BreastCheck, CervicalCheck, Bowelscreen and Diabetic RetinaScreen. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes.

The environmental health service protects the health of the population by taking preventative actions and enforcing legislation in areas such as tobacco, food, alcohol, sunbeds and water fluoridation.

The health promotion and improvement service provides a range of preventative health education and training services, focused on positively influencing the key lifestyle determinants of health such as smoking, alcohol, sexual health, healthy eating and physical activity.

The public health service protects our population from threats to their health and wellbeing through its provision of national immunisation and vaccination programmes, national infectious disease monitoring and health screening.

UL Hospitals Group published a Healthy Ireland Implementation Plan 2016-2019 in June 2016 following staff consultations and communication roadshows. The plan has been published on the HSE and UL Hospitals websites. Many key actions contained within the plan are in progress with some already delivered. Examples include the formation of a group-wide flu vaccine committee which oversaw the roll out of a peer vaccinator model. An educational module on breast-feeding was introduced for Paediatric medical staff and several patient education events and screenings were held. One of the pillars of Health and Wellbeing is the importance of promoting and maintaining staff health. Several physical activities across the sites within the Group were organized along with events to highlight the significance of positive mental health. Work will continue throughout 2018 to capitalize on the positive results already achieved in terms of education and initiatives to further inform both patients and staff of the benefits of keeping healthy and well.

ULHG Priorities 2018

- Continue the third year of Healthy Ireland Implementation at UL Hospitals Group. Review progress on the actions contained within the UL Hospitals Implementation Plan at Healthy Ireland Steering committee quarterly. Support the Healthy Ireland committees on all hospital sites and ensure that all hospital sites have an annual plan in place.

Implementing ULHG priorities 2018 in line with Corporate Plan goals

- Report all progress on Healthy Ireland Implementation to the Hospital Executive Leadership Team using Project Vision with the support of the PMO.
- Progress the development of the group-wide Sports & Social Club in 2018
- Continue to engage staff in resilience and stress management programmes
- Work towards all hospitals sites reaching the 40% national target for uptake of flu vaccine
- Communicate the launch of Making Every Contact Count training to staff on all sites and ensure that training targets are achieved
- Continue to roll out standardised measurement and documentation off BMI in all out-patient patient records
- Agree a standardised obesity care pathway for all patients identified within out-patient services in UHL in collaboration with Mid-West Community Healthcare
- Re-launch the group-wide Tobacco Free Campus policy and ensure that smoking staff are supported to quit.
- Begin a national pilot in Croom Hospital using the Work Positive screening tool for workplace stress and agree approved actions.
- Launch staff bike shelters on four hospital sites and continue to link with Limerick Smarter Travel for active travel supports
- Hold a staff summer physical activity event in collaboration with Mid-West Community Healthcare
- Engage staff from across all represented cultures in the workforce with a staff multicultural celebration event in Q1
- Provide staff health screening opportunities in collaboration with the national H&WB Division and the Irish Heart Foundation.

Cancer Services

The population aged over 65 years is estimated to more than double in the 25 years between 2011 and 2036. This ageing of the population will drive a large increase in the number of new cancer cases, with the number of new patients receiving chemotherapy expected to increase by between 42% and 48% in the period from 2010 to 2025.

Services for the treatment of cancer include surgery, radiotherapy and systemic anti-cancer therapy (SACT). The majority of, but not all, cancer surgery now takes place in the designated cancer centres, UHL being one. As part of the new *National Cancer Strategy 2017-2026*, initiatives will be set up across the continuum of care, from diagnosis and treatment, to appropriate follow-up and support, in both the hospital and community setting across the four strategy goals:

- Reduce the cancer burden through cancer prevention and early detection.
- Provide optimal care in the most appropriate setting and in a timely manner.
- Maximise patient involvement and quality of life, especially for those living with and beyond cancer, through psycho-oncology services, survivorship care plans and cancer care guidelines and initiatives.
- Enable and assure change, aligned with desired outcomes.

Priorities 2018

- Develop a comprehensive implementation plan for the *National Cancer Strategy 2017-2026* and continue the implementation of the strategy.
- Improve the quality of cancer services through evidence-based enhancement of patient care
- Develop a cancer prevention and early detection function in the NCCP.
- Develop cancer survivorship and psycho-oncology services.
- Support the enhancement of funding programmes for the best available cancer drug treatments, and support hospitals in meeting the continuing burden of drug costs and in implementing quality initiatives in cancer care.
- Commence the implementation of the Medical Oncology Clinical Information System (MOCIS)
- Support the development of workforce planning, in line with the *National Cancer Strategy 2017-2026*.

Implementing priorities 2018 in line with Corporate Plan goals

Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier

Develop cancer survivorship and psycho-oncology services

Priority	Accountable	Timeline
Link with other stakeholder agencies to implement survivorship model and psycho-oncology service across the cancer centres.	ULHG	Q3-Q4
Develop a national implementation plan for cancer survivorship under the guidance of the NCCP.	ULHG	Q4

Develop a cancer prevention and early detection function in the NCCP

Priority	Accountable	Timeline
Follow the Launch Cancer Prevention and Early Detection Network and be guided by its development and implementation of a national plan which includes research stream in conjunction with Healthy Ireland, Voluntary Agencies and academic partners	ULHG	Q4

Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need

Implement the *National Cancer Strategy 2017-2026*

Priority	Accountable	Timeline
Introduce standard SACT documentation across hospitals providing SACT services such as UL Hospitals Group.	ULHG	Q3-Q4

Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

Improve the quality of cancer services

Priority	Accountable	Timeline
Work with the NCCP and AHD to implement the recommendations of the performance improvement plan for breast, prostate and lung cancer rapid access clinics and other rapid access cancer services with the appointment of additional posts in each cancer centre and the support of critiical developments for radiology/pathology services as appropriate.	ULHG	Q1-Q4
Support the roll-out of the medical oncology clinical information system (including multi-disciplinary meeting module) on a phased basis across the 26 SACT hospital sites.	ULHG	Q1-Q4

Women and Infants' Health

The National Women and Infants' Health Programme (NWIHP) was established in January 2017 to lead the management, organisation and delivery of maternity, benign gynaecology and neonatal services, strengthening these services by bringing together work that is currently undertaken across primary, community and acute care. It aims to ensure equity of access for women and their families to high quality, nationally consistent, woman-centred maternity care.

The NWIHP has developed an implementation plan for the *National Maternity Strategy 2016-2026* (NMS) which was launched in October 2017. The implementation plan sets out over 230 actions to achieve the strategic priorities of the NMS. The NMS is a 10-year strategy and, while all the actions are important, the programme is prioritising anomaly scanning, the commencement of implementing the new model of care, and quality and safety for 2018.

The new model of integrated, multi-disciplinary care, introduced by the NMS, comprises three care pathways – supported, assisted and specialised. Developing teams of community midwives will ensure that women who have a normal risk pregnancy can avail of the supported care pathway in their own community.

Priorities 2018

- Quality and safety: Establish a Serious Incident Management Forum in each Hospital Group.
- Model of care: Establish the community midwifery model.
- Anomaly scanning: Ensure anomaly scanning is available to all women attending ante-natal services.
- Health and wellbeing: Develop a bespoke Make Every Contact Count programme.
- Obstetric anaesthetics: Pilot the anaesthetics model of care.
- Maternal and Newborn Clinical Management System (MN CMS): Roll out MN CMS.
- Online resource: Develop an online resource for maternity services.
- Benign gynaecology services: Develop a national plan for benign gynaecology.

Implementing priorities 2018 in line with Corporate Plan goals

Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier

Develop a bespoke Make Every Contact Count programme

Priority	Accountable	Timeline
Commence the process of adopting pathways developed for women, who have an identified need from the Make Every Contact Count programme.	ULHG	Q4 2018

Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need

Ensure anomaly scanning is available to all women attending antenatal services

Priority	Accountable	Timeline
Each maternity network will provide access for clinically appropriate women, where an anomaly scanning service is not available locally.	ULHG	Q3 2019

Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

Priority	Accountable	Timeline
Support the establishment of maternity networks in UL Hospitals Group to provide governance and leadership for maternity services	ULHG	Q2 2018
Oversee the establishment of maternity specific Serious Incident Management Teams in UL Hospitals Group with additional teams to ensure every serious incident is appropriately reviewed. Dedicated Quality and Patient Safety resource will be allocated to each network	ULHG	Q2 2018

Section 6: Improving Value

Section 6: Improving Value

Health and social care systems around the world are under increasing pressure due to growing and ageing populations, increases in chronic disease, rising costs of specialist drugs and therapies, and slow funding recovery from the 2008 global financial crisis. Given wider competing pressures on Government funding, there is an onus on the health and social care system to drive efficiencies, productivity and value from its existing funding base. Value will be judged in terms of improvement of services and service user experience alongside evidence of economy, efficiency and effectiveness.

While there are a number of opportunities to secure improved value that are within the remit and role of the HSE to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the DoH and other stakeholders.

Recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive **Value Improvement Programme**.

Scope and key themes

The Value Improvement Programme will be a single over-arching programme, but with three broad priority themes:

Priority theme 1: Improving value within existing services

Within this theme, the HSE will identify realistic and achievable opportunities to improve economy, efficiency and effectiveness prioritised within, but not restricted to, the specific service areas that have the greatest financial challenges in 2018 i.e. acute hospitals (including UL Hospitals Group), disability services, older persons' services and primary care. The overriding aim will be to secure reductions in the costs and / or improvements in the efficiency of the services that are currently provided to patients in these and other areas.

Priority theme 2: Improving value within non-direct services

Within this theme, we will identify realistic and achievable opportunities to reduce the costs of corporate and other overhead-type costs that exist at national and local level across our health and social care services. The idea is to identify opportunities to reduce expenditure, thereby maximising the resources available for direct service user activities.

Priority theme 3: Strategic value improvement

Strategic changes will be identified that are required to ensure that, from 2018 and thereafter, the resources available to health and social care in Ireland are prioritised and committed to in a way that will ensure the best outcomes for service users i.e. strategic changes required to ensure alignment between funding and the costs of service delivery.

The Programme, under these themes will seek to improve services while also seeking to mitigate the operational financial challenge for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services. The main financial challenges across service areas and targeted value improvement are as follows:

Service Area	VIP Priority Theme 1	VIP Priority Theme 2	VIP Priority Theme 3
Acute Hospitals	€46m		
Disability	€15m		
Older Persons	€9m		
Primary Care	€7m		
Other / whole of system (to be identified)		€119m	€150m
Total	**€ 77m**	**€119m**	**€150m**

Work streams

Across the three priority themes that make up the Value Improvement Programme, all realistic and achievable changes to service delivery – both operationally and strategically – will be considered. This will encompass the full continuum of services, to include those directly provided by the HSE, as well as those provided through section 38 and 39 providers and other voluntary and private contractors.

Initial proposed work streams will include:

- Service redesign
- Workforce
- Pharmacy and procurement
- Unscheduled care and integration
- Health Business Services and other corporate expenditure
- Effective care
- Operational and clinical efficiency.

These work streams will be added to over the course of the programme.

Delivering the programme

For each priority theme and the associated projects, appropriate governance arrangements will be established, with national leads appointed from within the HSE Leadership Team, and from CHO Chief Officers and Hospital Group CEOs. Across the entirety of the Value Improvement Programme, appropriate clinical involvement and leadership will be critical to success.

Within the Office of the Chief Operations Officer, a dedicated Performance Management Unit, will be established. This unit will be the prime source of support to the Value Improvement Programme and will be appropriately prioritised and resourced consistent with the significance of this role. The projects under this programme will have annual targets and will be measured under a consistent, robust national methodology. Progress in meeting these targets will be reviewed and reported on a quarterly basis.

Section 7: Finance

Section 7: Finance

The UL Hospitals Group budget for 2018 is €308.561m.

- Gross Budget Allocation - €378.655m
- Income Budget Allocation – (€70.094m)
- Net Budget Allocation - €308.561m

Directorate / St. John's Hospital	Net 2017 Budget €'m	Net 2018 Budget €'m
Diagnostics	€49.123	€50.945
Peri-Operative Care	€63.640	€65.059
Medicine	€80.866	€86.894
Maternal & Child Health	€27.098	€28.302
Operational Services	€32.165	€32.792
Shared Services	€18.002	€25.457
St. John's Hospital	€18.875	€19.112
Net Budget*	**€291.264**	**€308.561**

Gross Allocation under ABF €378.655m and Income Budget €70.094m

UL Hospitals Group approach to financial challenges 2018

The 2018 Allocation of €308.561m compares to a final 2017 allocation of €291.264m

The main components of the 2018 Allocation are funding for:

1. Existing Level of Service.

   The cost increases relating to maintaining this level of service include:

   - Incremental costs of developments commenced during 2017.
   - Impact of national pay agreements (primarily public sector-wide).
   - Increases in drugs and other clinical non-pay costs including health technology innovations.
   - Inflation- related price increases.
   - Additional costs associated with demographic factors.

2. Pay Rate Funding.

   This relates to funding for increases in pay costs associated with the L.R.A Lansdowne Road Agreement and other pay pressures. This increase does not allow for increases in staff numbers.

3. Demographics and Inflation.

   Allocation increases to offset inflation cost increases, excluding Drugs and pressures as a result of changing Demographic in population aging and birth.

4. The original 2018 allocation does not include funding for developments. Any notification of developments will require a consequent increase in the allocations.

The Group will face a financial challenge in 2018 in delivering services which meet the needs of the population in a safe manner, whilst taking account of realistic opportunities to maximise efficiencies.

The Group will work with the HSE in addressing the financial challenge as a Value Improvement Programme is established.

The Value Improvement Programme will have three priority themes:

1. Improving value within existing services
2. Improving value within non-direct service areas
3. Strategic value improvement

Section 8: Workforce

Section 8: Workforce

The Health Services People Strategy 2015 – 2018

The *Health Services People Strategy 2015-2018* was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. It recognises the vital role of staff at all levels in addressing the many challenges in delivering health services and acknowledges its people as its most valuable assets and key to service delivery. The strategy is underpinned by a commitment to engage, develop, support and value the workforce. Key priorities in 2018 include:

- Implementation of strategy:
  - Progress to the next phase of implementation of the strategy, building on progress to date.
  - Build on evidence of what is working well and use this data to inform future developments.
  - Enhance connections and foster collaboration.
- Change management:
  - Deliver the *Health Services Change Model 2nd Edition* and accompanying literature review.
  - Put in place a range of accessible supports to further enhance organisational and change management capacity.
- HR operating model: Work with HR business partners, national HR services and HR shared services in an integrated manner to support people managers across the service delivery areas.
- Collective leadership: Continue to build and enhance leadership development, capacity and capability through the Health Service Leadership Academy.
- Empowerment and engagement: Undertake the third staff survey and further develop and implement staff engagement and staff health and wellbeing programmes in response to what staff are saying.
- Team working: Prioritise developing a team-working action plan in line with the strategy, in recognition of the importance of teams in the delivery of health and social care interventions.
- Diversity, equality and inclusion (DEI): Ensure a planned, systematic approach to the mainstreaming of DEI in employment in the HSE.
- Performance and outcomes: Introduce performance management systems in areas of the public health sector where these are not already in place.
- Recognising performance and achievement: Continue the annual HSE Achievement Awards to recognise, celebrate, and share endeavours and examples of excellence across the health services. UL Hospitals Group holds its annual Staff recognition awards.
- Workforce planning: Operationalise the *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017* across the health services.
- Upgrade and further enhance the capability of HSELanD.
- Support the planning, development and implementation of the National Integrated Staff Records and Payroll Programme.
- Monitor and support the implementation of the Pay and Staffing Strategy 2018.
- Implement and operationalise the Staff Health and Wellbeing Strategy that was launched in 2017.

- Occupational Health and Safety Management: Improve organisational compliance by increasing capacity and capability of health and safety functions, at national level and across the service delivery organisations.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2018 Pay and Staffing Strategy is a continuation of the 2017 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery organisation level. These plans are required to:

- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Comply strictly with public sector pay policy and public sector appointments.
- Identify further opportunities for pay savings to allow for reinvestment purposes in the health sector workforce and to address any unfunded pay cost pressures.
- Ensure Hospital Group CEOs have delegated authority to manage their pay and staffing requirements.

Pay and staff monitoring, management and control, at all levels, will be further enhanced in 2018 in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to ensuring full pay budget adherence at the end of 2018.

An integrated approach, with service managers being supported by HR and Finance, will focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce.

Public Service Stability Agreement 2018 - 2020

The Public Service Stability Agreement, which represents an extension of the Lansdowne Road Agreement, was negotiated between government and unions in 2017 and will continue until December 2020. It provides for the continuation of the phased approach towards pay restoration, targeted primarily at low-paid personnel, as well as providing a number of general pay adjustments in the course of the Agreement. The Agreement builds on the provisions of previous agreements to support reform and change in the health services. The HSE will support the work of the Public Service Pay Commission as established under the Agreement.

Workforce Planning

The DoH published *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning* in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. The HSE will support work to commence the operationalisation of the framework for the health sector in 2018.

Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of nursing and midwifery staff in light of identified shortages.

Strategic Review of Medical Training and Career Structure (MacCraith Report)

The outstanding recommendations of this report will continue to be implemented and, in particular, the issue of friendly flexible working arrangements will, service dependent, be supported. The negotiations on the task transfer initiative will be concluded and implementation of revised work practices prioritised.

Further action will be taken to advance streamlined training, protected training time and measures to support recruitment and retention. Remedial and risk mitigation actions will be taken in respect of consultants that do not hold registration on the 'Specialist Division'.
The HSE will consider findings of the report, when published, concerning public health physicians, arising from recommendation 3.5 as set out in the MacCraith Report.

Enhancing Nursing and Midwifery Services

Strategic leadership and workforce development for nursing and midwifery to meet the health and wellbeing needs of the population is supported by education and training, safe clinical evidence-based practice, a consistent and standardised approach and avoidance of duplication of effort, while supporting legal and regulatory requirements at all levels. Key priorities in 2018 include:

- Develop and test innovative approaches to leadership, professional development and advancing nursing and midwifery professional practice.
- Expand implementation of the Caring Behaviours System for Ireland to additional sites.
- Support and progress initiatives through engagement with the Chief Nursing Officer's Office, DoH, including the roll-out of the Framework for Staffing and Skill Mix for Nursing (phase 1 and 2) and the advanced nurse practitioner and community nursing projects.
- Progress the development of nursing and midwifery performance indicators in line with the DoH framework. This includes implementing the Nursing and Midwifery Quality Care-Metrics system nationally on an incremental basis.
- Provision of:
  - A minimum of 1,500 postgraduate education programmes for nurses and midwives.
  - Education to increase to 1,030 the number of nurses and midwives with authority to prescribe medicines.
  - Education to increase to 340 the number of nurses and midwives with authority to prescribe ionising radiation (x-ray).
- Implement the Nursing and Midwifery Agreement.
  - Provide six national foundation education programmes for nurses in critical care, surgical pre-assessment, acute medicine unscheduled care, frailty, emergency care and anaesthetic recovery room nursing.
  - Commission a national education programme to prepare 130 nurses for advanced practitioner roles.
  - Expand the public health nurse (PHN) sponsorship programme to 150 nurses.
  - Expand the sponsorship for healthcare workers to train as nurses to 30 places, incorporating both academic fees and salaries.

- Develop a national framework and establish an online resource to support and guide professional development planning for all nurses and midwives.
- Expand education provision by centres of nursing and midwifery.
- Establish a nursing postgraduate entry programme.

Health and Social Care Professions

Health and Social Care Professions (HSCP) refers to approximately 25 professions who provide services and interventions in diagnosis, therapy and social care, impacting on the health, wellbeing and quality of life of people. HSCP accounts for approximately 17,000 of the health service workforce and includes therapists, social workers, psychologists, radiographers, medical scientists and dietitians among others.

The services in which they work include acute hospital, community and primary care, mental health, older persons', disability and residential services. Key priorities in 2018 include:

- Continue to implement the priority actions outlined in the *HSCP Education and Development Strategy 2016-2019*.
- Strengthen and support evidence-based, integrated HSCP practice, including input to clinical and integrated care programmes.
- Drive quality improvement and efficiencies by extending HSCP scope of practice as appropriate.

European Working Time Directive

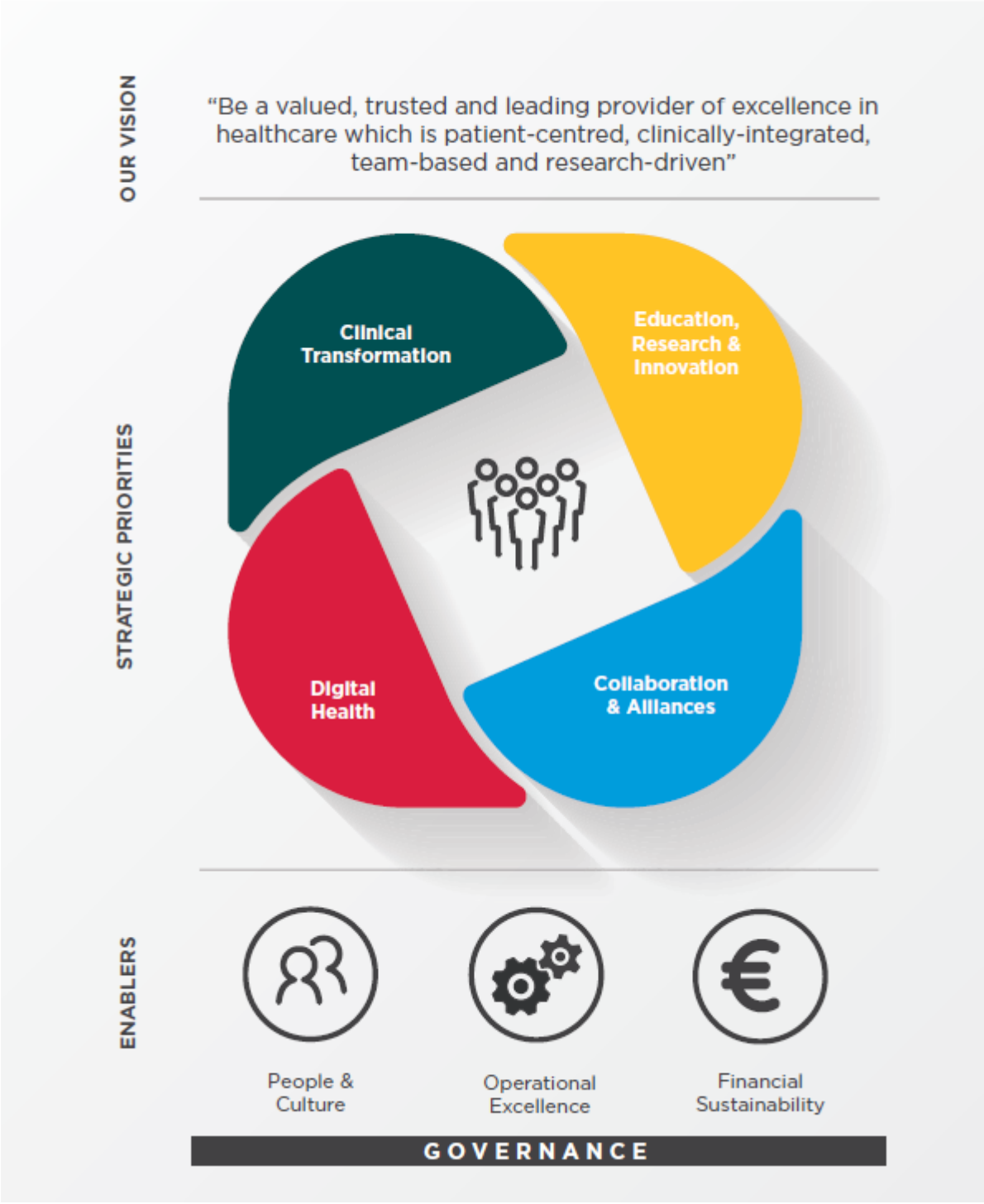
The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for both non-consultant hospital doctors (NCHDs) and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Section 9: ULHG Corporate Strategy

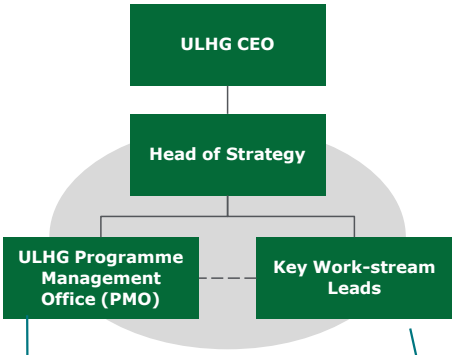
Section 9: ULHG Corporate Strategy

Working Together, Caring for the Mid-West provides the Strategic context for the corporate development of UL Hospitals Group over the period 2018 -2022.

Everyday UL Hospital Group strives to be a valued, trusted and leading provider of excellence in our healthcare. Our vision is to continue building on this so that we are patient-centred, clinically-integrated, team-based and research driven. The Corporate Strategy 2018-2022 provides us with a clear roadmap to deliver this vision.



Implementation Overview (1/2)



Implementation Structure

- CEO has ultimate responsibility for implementation of the five-year strategy
- Day-to-day implementation and oversight responsibility rests with the Head of Strategy
  - Head of Strategy reports to the CEO
- The ULHG PMO has dedicated / ring-fenced capacity to support implementation objectives (with specifics agreed re role / function)
- Senior ULHG staff are assigned lead responsibility for the implementation of key work-streams (e.g. digital health programmes)

Collective Responsibility:

- It is proposed that a high-level ULHG Accountability Framework be introduced to support the successful implementation of the strategic plan
- Successful implementation will be dependent on work-stream leads to oversee the completion of actions assigned as per agreed timeframes and resources allocated

PMO:

- It is envisaged that the ULHG PMO will have wide-ranging application beyond the 2018 – 2022 Corporate Strategy
- It is also envisaged however (and recommended) that it has ring-fenced capacity to support the overall strategy implementation process

Role of the PMO (re corporate strategy):

- Facilitate the development and management of project plans to accompany all work-streams
- Introduce of PMO methods and tools
- Provision of project management training re methods / tools to key relevant ULHG staff
- Support establishment of project governance structures and appropriate resource planning
- Introduction of resources to facilitate reusability and traceability requirements

Implementation Overview (2/2)

Implementation Plan:
The Implementation Plan to accompany the Strategic Plan will be structured around the following:

Four Layers:

- Strategic Priority (4 in total within the Strategic Plan)
- Objectives underpinning each Priority
- Key work-streams
- Actions to progress a given work-stream
- Each of the four layers drills down a greater level of detail

Components:

- Action item
- Timeframe for completion
- Start date
- End date
- Assigned responsibility
- Status of action (on-target, behind schedule, completed, etc)
- Interdependencies

Implementation / Progress Monitoring Approach:

- Implementation plan is linked to a report summary detailing the status of work-streams / key actions (e.g. on target, delayed, completed, etc)
- PMO reviews this on an on-going basis
- Summary dashboard is produced from this and circulated to the ULHG Executive and the ULHG Board – it may also be an appropriate means to update the HSE Acute Hospitals Directorate

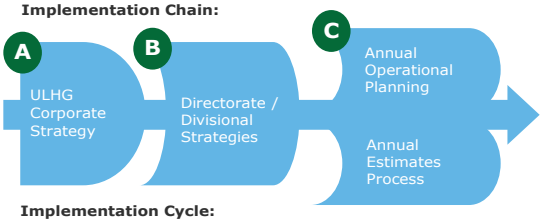
It is also recommended that the implementation process is complemented by the following:

Communications Approach: ongoing communications tailored for and directed at key constituents such as staff, patients / service users, external partners, etc

Quality Assurance: the Head of Strategy should have overarching responsibility to ensure that deliverables produced to support the implementation process are of the requisite quality

Change Management: change programmes to support the successful implementation of all key work-streams should be designed and managed by appropriately qualified staff

Implementation Chain:



Implementation Cycle:

On an annual basis, ULHG will take stock of implementation progress and upon reviewing the status of associated work programmes (taking account of any delays, slippages, adjustments, etc), will update the implementation plan and commit to a revised version as necessary / applicable

Appendices

Appendix 1: HR Information

University Limerick Hospitals by Staff Category: Dec 2017	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support	Patient & Client Care	Total
University Limerick Hospitals	**504**	**1,559**	**388**	**646**	**331**	**547**	**3,974**
Croom Hospital	20	68	2	19	16	40	164
Ennis Hospital	14	103	22	42	16	30	226
Nenagh Hospital	15	105	14	37	15	50	236
St. John's Hospital	25	125	22	67	36	27	303
University Hospital Limerick	401	945	325	436	225	363	2,695
University Maternity Hospital	29	212	3	37	24	37	342
Other		1		7			8

Appendix 2: Scorecard and Performance Indicator Suite

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection (<1 per 10,000 bed days used)
		Rate of new cases of hospital acquired C. difficile infection (<2 per 10,000 bed days used)
		No. of new cases of CPE
	Urgent Colonoscopy within four weeks	No. of people waiting > four weeks for access to an urgent colonoscopy
	Surgery	% of emergency hip fracture surgery carried out within 48 hours
Access and Integration	**Delayed Discharges**	No. of beds subject to delayed discharges
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting <15 months for an elective procedure (inpatient)
		% of adults waiting <15 months for an elective procedure (day case)
		% of children waiting <15 months for an elective procedure (inpatient)

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
		% of children waiting <15 months for an elective procedure (day case)
		% of people waiting <52 weeks for first access to OPD services
	Cancer	Breast cancer: % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals
		Lung Cancer: % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres
		Prostate cancer: % of patients attending prostate rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres
		% 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)
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (total expenditure)
		Gross expenditure variance from plan (pay + non-pay)
		% of the monetary value of service arrangements signed
	Governance and Compliance	Procurement - expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	**EWTD**	<48 hour working week
	Attendance Management	% absence rates by staff category
	Funded Workforce Plan	Pay expenditure variance from plan

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	Croom Hospital	Ennis Hospital	Nenagh Hospital	St. John's Hospital	University Hospital, Limerick	University Maternity Hospital, Limerick	ULHG Expected Activity/ Target 2018	National Expected Activity/ Target 2018**
Discharge Activity Inpatient Cases	640,627	634,815	1,665	5,285	2,995	4,617	29,801	7,398	51,761	633,786
Inpatient Weighted Units	639,487		2,953	2,332	1,758	3,563	27,351	4,900	42,857	635,439
Daycase Cases (includes dialysis)	1,062,363	1,049,851	3,025	7,141	7,640	5,250	37,071	112	60,239	1,056,880
Day Case Weighted Units (includes dialysis)	1,028,669		5,192	7,628	9,696	6,899	39,381	140	68,935	1,026,007
Total inpatient & day cases	**1,702,990**	**1,684,666**	**4,690**	**12,426**	**10,635**	**9,867**	**66,872**	**7,510**	**112,000**	**1,690,666**
Emergency Inpatient Discharges	429,872	430,995	364	5,061	2,589	2,927	25,806	912	37,659	430,859
Elective Inpatient Discharges	94,587	92,172	1,301	222	406	1,690	3,855	14	7,488	91,427
Maternity Inpatient Discharges	116,168	111,648		2			140	6,472	6,614	111,500
Inpatient Discharges ≥ 75 years	New NSP 2018	New NSP 2018	343	1,905	1,035	1,414	5,883		10,580	119,166
Day case discharges ≥ 75 years	New NSP 2018	New NSP 2018	277	1,043	803	483	7,569		10,175	183,538
Emergency Care - New ED attendances	1,168,318	1,177,362					62,830		62,830	1,178,977
- Return ED attendances	94,225	97,238					3,632		3,632	97,371
Injury Unit attendances	81,919	91,463		11,039	8,832	11,217			31,088	91,588
Other emergency presentations	48,895	48,642								48,709
Births Total number of births	63,247	61,720						4,449	4,449	61,720
Outpatients Number of new and return outpatient attendances	3,340,981	3,324,615	10,139	15,094	11,166	9,136	151,259	22,942	219,737	3,337,967

** Activity targets in the Operational Plan differ slightly (0.03%-0.8%) from those published in NSP 2018 following analysis by Health Pricing Office based on a later version of the national HIPE file

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Beds Available In-patient **	10,681	10,771	10,857
Day Beds / Places **	2,150	2,239	2,239
Outpatient Attendances - New : Return Ratio (excluding obstetrics, warfarin and haematology clinics)	1 : 2	1 : 2.5	1 : 2
Activity Based Funding (MFTP) model HIPE Completeness - Prior month: % of cases entered into HIPE	100%	93%	100%
Dialysis Number of haemodialysis patients treated in Acute Hospitals **	170002	168,337	168,337
Number of haemodialysis patients treatments treated in Contracted Centres **	81,900 – 83,304	82,000	92,500
Number of Home Therapies dialysis Patients Treatments **	90,400 – 98,215	85,000	93,750
Outpatients (OPD) New OPD attendance DNA rates **	12%	13.5%	12%
Inpatient & Day Case Waiting Times % of adults waiting <15 months for an elective procedure (inpatient)	90%	82.70%	90%
% of adults waiting <15 months for an elective procedure (day case)	95%	89.30%	95%
% of children waiting <15 months for an elective procedure (inpatient)	95%	82.50%	90%
% of children waiting <15 months for an elective procedure (day case)	97%	85.30%	90%
% of people waiting < 52 weeks for first access to OPD services	85%	74.30%	80%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	90%	76.30%	90.00%
Elective Scheduled care waiting list cancellation rate **	TBC	1.70%	1%
Colonoscopy / Gastrointestinal Service Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	0	0

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	70%	51.90%	70%
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration	75%	66.80%	75%
% of all attendees at ED who are discharged or admitted within nine hours of registration	100%	81.30%	100%
% of ED patients who leave before completion of treatment	<5%	5%	<5%
% of all attendees at ED who are in ED <24 hours	100%	96.90%	100%
% of patients attending ED aged 75 years and over **	13%	11.70%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	95%	44.30%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	100%	63%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	100%	92.50%	100%
Ambulance Turnaround Times % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	95%	92.60%	95%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	4.3	4.7	4.3
ALOS for all inpatients **	5	5.3	5
Medical Medical patient average length of stay	6.3	6.8	≤6.3
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	75%	63.80%	75%
% of all medical admissions via AMAU	45%	33.70%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	11.10%	11.00%	≤11.1%

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Surgery Surgical patient average length of stay	5	5.3	≤5.0
% of elective surgical inpatients who had principal procedure conducted on day of admission	82%	74.70%	82%
% day case rate for Elective Laparoscopic Cholecystectomy	> 60%	45.70%	>60%
Percentage bed day utilisation by acute surgical admissions who do not have an operation **	35.80%	38.00%	35.80%
% of emergency hip fracture surgery carried out within 48 hours	95%	84.90%	95%
% of surgical re-admissions to the same hospital within 30 days of discharge	<3%	2%	≤3%
Delayed Discharges Number of bed days lost through delayed discharges	</=182,500	</=193,661	</=182,500
Number of beds subject to delayed discharges	<500 (475)	563	500
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	<1/10,000 BDU	0.7	<1/10,000 BDU
Rate of new cases of Hospital acquired C. difficile infection	<2/ 10,000 BDU	2.4	<2/ 10,000 BDU
Number of new cases of CPE	New KPI 2018	New KPI 2018	Reporting to commence in 2018
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	New KPI 2018	New KPI 2018	100%
% of acute hospitals implementing the national policy on restricted anti-microbial agents	New KPI 2018	New KPI 2018	100%
Mortality Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition	New KPI 2018	New KPI 2018	N/A
Quality Rate of slip, trip or fall incidents as reported to NIMS that were classified as major or extreme	Reporting to commence in 2017	0.01	NA

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Rate of medication incidents as reported to NIMS that were classified as major or extreme	Reporting to commence in 2017	0.01	NA
Patient Experience % of Hospitals Groups conducting annual patient experience surveys amongst representative samples of their patient population	100%	To be reported in Jan 2018	100%
National Early Warning Score (NEWS) % of Hospitals with implementation of NEWS in all clinical areas of acute Hospitals and single specialty hospitals	100%	98%	100%
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	New NSP KPI 2018	New NSP KPI 2019	100%
Quality % of acute hospitals with an implementation plan for the guideline for clinical handover	100%	TBC	100%
% of Hospitals who have completed second assessment against the NSSBH	100%	27%	100%
% of Acute Hospitals which have completed and published monthly hospital patient safety indicator report	New NSP KPI 2018	New NSP KPI 2018	100%
Ratio of compliments to complaints **	2:1	Data not available	2:1
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	New NSP KPI 2018	New NSP KPI 2018	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	9%	12%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	90%	65%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	90%	TBC	90%

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
% reperfused STEMI patients (or LBBB) who get timely PPCI	80%	TBC	80%
COPD median LOS for patients admitted with COPD **	New KPI 2018	New KPI 2018	5 days
% re-admission to same acute hospitals of patients with COPD within 90 days **	24%	25%	24%
Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	33 sites	29 sites	33 sites
Asthma % nurses in secondary care who are trained by national asthma programme **	70%	1.30%	70%
Diabetes Number of lower limb amputation performed on Diabetic patients **	<488	513	<488
Average length of stay for Diabetic patients with foot ulcers **	≤17.5 days	15.8	≤17.5 days
% increase in hospital discharges following emergency admission for uncontrolled diabetes **	≤10% increase	4%	≤10% increase
National Women and Infants Health Programme **Irish Maternity Early Warning Score (IMEWS)** % of maternity units/ hospitals with implementation of IMEWS	100%	100%	100%
% of hospitals with implementation of IMEWS	100%	94.30%	100%
Clinical Guidelines % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	100%	Data not available	100%
% Maternity Units which have completed and published Maternity Patient Safety Statements and discussed at Hospital Management team/ Hospital Group/ NWIHP meetings each month	100%	100%	100%
ICU Access The % of patients admitted within one hour of a decision to admit **	New KPI 2018	New KPI 2018	50%
The % of patients admitted within four hours of a decision to admit **	New KPI 2018	New KPI 2019	80%

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
HIP Fracture % of patients with hip fracture who have surgery within 48 hours from first presentation **	New KPI 2018	New KPI 2019	85%
Rate of Hospital Acquired Venous thromboembolism (VTE, blood clots)	New KPI 2018	New KPI 2018	TBC
Colonoscopy Number of paediatric patients waiting greater than 2 weeks for access to an urgent colonoscopy **	New KPI 2018	New KPI 2018	0
Number of adult patients waiting greater than 4 weeks for access to an urgent colonoscopy **	New KPI 2018	New KPI 2018	0
Number of paediatric patients waiting greater than 2 weeks for access to an urgent oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	0
Number of adult patients waiting greater than 4 weeks for access to an urgent oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	0
% of paediatric patients waiting > 6 weeks following a referral for a routine colonoscopy or oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	70%
% of adult patients waiting < 13 weeks following a referral for a routine colonoscopy or oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	70%

** denotes Operational Plan KPI only, all others are also in National Service Plan 2018

National Cancer Control Programme KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Symptomatic Breast Cancer Services Number of patients triaged as urgent presenting to symptomatic breast clinics	18000	19,000	19600
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	17100	14,060	18620
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	95%	74%	95%
Number of Non-urgent attendances presenting to Symptomatic Breast clinics	24000	22,500	22500
Number 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 (Number offered an appointment that falls within 12 weeks)	22800	16,200	21375
% 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)	95%	72%	95%
Clinical detection rate: Number of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer	>1,100	1,960	1,176
% of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	>6%	10%	>6%
Lung Cancer Number of patients attending the rapid access lung clinic in designated cancer centres	3300	3,600	3700
Number of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	3135	2,880	3515
% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	80%	95%

National Cancer Control Programme KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Clinical detection rate: Number of new attendances to clinic, that have a subsequent primary diagnosis of lung cancer	>825	1,160	925
% of new attendances to clinic, that have a subsequent primary diagnosis of lung cancer	>25%	32%	>25%
Prostate Number of patients attending the prostate rapid access clinic in the cancer centres	2600	3,000	3100
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	2340	1800	2790
% 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	90%	60%	90%
Clinical detection rate: Number of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	>780	1100	930
% of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	>30%	37%	>30%
Radiotherapy Number of patients who completed radical radiotherapy treatment (palliative care patients not included)	4900	5200	5200
Number 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)	4410	3900	4680
% 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)	90%	75%	90%

Appendix 3: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2016 / 2017 and will be operational in 2018; 2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Acute Hospital Services									
UL Hospitals Group									
St. John's Hospital, Co. Limerick	Upgrade of hospital wide fire detection and alarm system and emergency lighting to facilitate current and future developments	Q4 2017	Q1 2018	0	0	0.08	0.88	0	0
University Hospital Limerick	Reconfiguration of recently vacated ED to create an medical short stay unit	Q4 2018	Q1 2019	17	0	0.60	1.00	30	1.4
Ennis Hospital, Co. Clare	Phase 1a of the redevelopment of Ennis General Hospital - consists of the fit out of vacated areas in the existing building to accommodate physiotherapy and pharmacy (complete) and the reconfiguration of layouts and the provision of a viewing room.	Q4 2017	Q1 2018	0	0	0.05	1.32	0	0
Nenagh Hospital, Co. Tipperary	Part 2 - Refurbishment of vacated space, support accommodation for 16 single rooms and 4 double rooms (part funded by the Friends of Nenagh Hospital)	Q3 2018	Q4 2018	0	0	0.90	4.79	0	0