Acute Hospital Division

Operational Plan 2015

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Acute Hospitals Priorities

Acute Hospitals

- Progress the appointment of Hospital Group Management Teams
- Development of Hospital Group Strategic Plans
- Work with Social Care Division to address to reduce the reliance on acute hospitals and decrease the number of delayed discharges.
- Roll out the phased implementation of the Activity Based Funding model
- Progress the development of a national model of care for maternity services
- Integrate paediatric services across the three children's hospitals
- Continue to roll out the Irish Healthcare Redesign Programme

National Clinical Strategy and Programmes

- Commence the development of Integrated Care Programmes
- Continue to implement national clinical models of care with a particular focus on the frail elderly
- Particular focus on implementation of national sepsis guidelines and national roll out of stroke telemedicine—TRASNA

National Cancer Control Programme

- Continue to implement the strategy for cancer control in Ireland
- Expand radiation oncology services to accommodate demand
- Enhance services in relation to medical oncology, surgery oncology and hereditary cancer

System Wide Priorities

- Improve quality and patient safety with a focus on:
  - Service user experience
  - Development of a culture of learning and improvement
  - Patients, service users and staff engagement
  - Medication management, and reduction of healthcare associated infections
  - Serious incidents, reportable events, complaints and compliments
- Implement Quality Patient Safety and Enablement Programme
- Implement the Open Disclosure policy
- Implement a system wide approach to managing delayed discharges
- Continue to implement the Clinical Programmes
- Develop and progress integrated care programmes
- Implement *Healthy Ireland*
- Implement *Children First*
- Deliver on the system wide Reform Programme

Contents

Introduction

The implementation of the Government's decision to reorganise the acute hospital system is a key priority in the reform of acute hospitals. The Hospital Groups will continue to develop and progress the recommendations and associated governance and management arrangements of the report *The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts.* There are forty eight acute hospitals that form the seven Hospital Groups that provide the broad range of inpatient, outpatient, emergency and diagnostic services providing acute services for a population of almost 4.6m.The analysis of demographic change shows that Ireland is ageing faster than the rest of Europe. It is this growth in ageing which has the highest impact on demand for services. Activity based funding data indicates that complexity of cases is rising. The demographic profile of emergency admissions supports the demographic trend that the very elderly (85 years and over) population is growing by about 4.5% per annum in recent years with the use of hospital bed days by the very elderly (85 years and over) up on average over 6% between 2011 and 2013. One of the challenges facing the acute hospitals is that current capacity in community services is insufficient to meet growing demands associated with demographic pressures and which gives rise to inappropriate levels of admission to and delayed discharges from acute hospitals. This in turn negatively impacts on costs and key performance indicators in acute hospitals, in particular where elective work is concerned.

In 2015 the main priority areas of focus to improve patient outcomes and experience are:

- Progress the appointment of Hospital Group Management Teams and the development of Hospital Group Strategic Plans.
- Roll out the phased implementation of the Activity Based Funding (Money Follows the Patient) model. This covers inpatient and day case work in hospitals.
- Work with the Social Care Division to begin to address the issue of delayed discharges.
- Integrate paediatric services across the three children's hospitals.
- Progress the development of a national model of care for maternity services.
- Progress the implementation of the Major Trauma Network Implementation Plan within current resources.
- Progress the priorities of the National Cancer Control Programme.
- National Clinical Strategy and Programmes commence development of Integrated Care Programmes

For 2015, the Capital Plan 2015-2019 includes progression of the Children's Hospital, the National Plan for Radiation Oncology and the relocation of the National Maternity Hospital. Provision has also been made to progress projects that support the National Clinical Programmes and the national reconfiguration of acute hospital services.

Funding

The letter of determination received by the HSE on 31st October 2014 provides an increase of €625m or 5.4% in funding for 2015, bringing the total notified net revenue budget to €12,131m with a further €35m initially held by the Department of Health in respect of 2015 Mental Health priorities. In comparison to 2014 the 2015 budget is a more realistic budget albeit it will require exceptional management focus to deliver break even in 2015. Within this the Acute Hospital Division has been given a more realistic budget with which comes greater responsibility to manage expenditure within the confines of an existing level of service thus ensuring that expenditure does not grow beyond the budget which has been provided. While we have been able to largely align 2015 funding to 2014 costs much of the additional resource to do this has been provided to the HSE on a once-off basis and will be provided to hospitals on a once-off basis. In order to improve our chances of securing recurring funding to replace this in 2016 and to build from there our hospitals will need to live within budget in 2015.

The projected 2014 deficit for the Acute Hospital Division is €267.9m giving rise to a 2014 projected spend and opening base for 2015 of €4,033.9m before minimum savings required as per the HSE national service plan. While this represents a very welcome 6.2% increase on the 2014 budget it requires 2015 spend to be limited to approximately 99.2% of 2014 projected spend despite pressures on costs.

Accountability Framework

The HSE recognises that continually strengthening accountability and good governance within the HSE is of critical importance. The accountability framework being introduced in 2015 sets out the means by which the Acute Hospital Division will be held to account for performance in relation to the quality and safety of services, financial resources, access to services and by effectively harnessing the efforts of its overall workforce. NSP2015 outlines this framework as a detailed insert embedded in the plan. A Performance Agreement will be the basis for how the National Director for Acute Hospital Division will be accountable to the Director General, setting out the core performance expectations, accountability arrangements and escalation and intervention measures that will be put in place. Key priorities of the above four dimensions of this agreement will be captured in a Balanced Score Card set out later in this plan.

The new Accountability Framework describes in detail the means by which the HSE and in particular Hospital Groups will be held to account in 2015 for their efficiency and control in relation to service provision, patient safety, finance and human resources. Outcomes, services and key performance indicators (KPI's) are used to measure hospital performance towards achieving the desired health outcomes. KPI's also provide a means to communicate to the users/public how hospitals are performing. 2015 sees the introduction of a formal escalation, support and intervention process for underperforming hospitals which will include a range of sanctions for significant or persistent underperformance.

Health Service Reform

2015 is an important year in the ongoing reform of the HSE, with a particular focus on a) key infrastructural changes such as Hospital Groups and Community Healthcare Organisations; b) service improvements in areas such as integrated care and specific specialist services; and c) strategic enablers such as the individual health identifier.

The following are the key reform programmes being progressed:

- Establish and develop **Hospital Groups**, including Children Hospital Group.
- Establish and develop **Community Healthcare Organisations**.
- Develop clinically led; multidisciplinary, service user centred **Integrated Models of Care Programmes**. This will also involve the alignment of key enablers including ICT, HR and Finance.
- Continue to develop and implement ICT reform in line with the eHealth Strategy under the leadership of the Chief Information Officer, who takes up position in December 2014.
- Continue to develop and implement the reform of Human Resource Management.
- Continue to develop and implement activity-based funding.
- Develop and implement the new finance operating model.
- Develop and incrementally implement the individual health identifier.
- Continue to develop service-specific reform programmes within the Divisions.
- Continue to embed health and wellbeing goals and key performance indicators throughout all reform programmes.

The National Cancer Control Programme

Since its establishment in 2007, the National Cancer Control Programme (NCCP) has been steadily implementing cancer policy as outlined in *A Strategy for Cancer Control in Ireland 2006* using a programmatic approach to the management of hospital and community based cancer services across geographical locations and traditional institutional boundaries. Accountability for service delivery and expenditure has continued to rest with the designated cancer centres. The NCCP will continue to implement the strategy for cancer control in Ireland and to plan, support and monitor the delivery of cancer services nationally.

National Clinical and Integrated Care Programmes

National Clinical Strategy and Programmes will commence the development of Integrated Care Programmes (ICPs) in 2015 that will provide the framework for the management and delivery of health services which will ensure that patients and clients receive a continuum for preventative, diagnostic, care and support services, according to their needs over time and across different levels of the health system.

The supporting models of care will incorporate cross service, multi-disciplinary care and support which will facilitate the maintenance of health and the delivery of appropriate high quality, evidence based care, delivered in a coordinated manner which feels seamless to the user. The ICPs will be underpinned by proactive management of interfaces between stakeholders to reduce barriers to integration and allows for cohesive care provision across a continuum of services. The introduction of national integrated care models aims to achieve:

- Patient centric care that addresses the growing complexity of patient needs by responding to the multiple conditions of users in a coordinated fashion;
- Address the changing demand for care (population ageing);
- Recognise that health and social care outcomes are interdependent;
- Lead to better system efficiency (through targeted care and resources, reductions in “bottlenecks” and gaps in care pathways); and
- Improve the quality and continuity of care.

The CSPD have identified an initial five ICPs, which meet the defined principles of an ICP. These ICP’s will be established on a phased basis and are as follows:

1. Integrated Care Programme for Patient Flow;
2. Integrated Care Programme for Children;
3. Integrated Care Programme for Maternity;
4. Integrated Care Programme for Older People; and
5. Integrated Care Programme for the prevention and management of Chronic Disease.

These ICP’s will work with the existing clinical programmes and other key enablers such as Finance, HR and ICT to ensure that ICP’s are aligned and can deliver seamless patient centric services.

Irish Hospital Redesign Programme

The Acute Hospital Division supported by the Special Delivery Unit (SDU) is looking to drive improvement, transformation and sustainability of scheduled, urgent and emergency care performance in Irish hospitals, through sponsorship and delivery of a collaborative change programme. The purpose of the Irish Hospital Redesign Programme (IHRP) is to improve performance across the balanced scorecard in Irish hospitals:

- Patient and carer experience and staff satisfaction.
- Patient flow and access to Scheduled and Unscheduled Care
- High quality clinical outcomes safely delivered
- Improved operational efficiency for service delivery within the allocated budget.

The programme will support local change and innovation and raise national standards through the use of redesign and improvement methodology. This will engage frontline staff and hospital management's local knowledge and commitment to improvement as well as provision of external expertise with a proven track record in redesign and improvement methodology in hospital settings.

The programme combines the expertise from within the hospital and with the external perspective that is brought by SDU and the National Clinical Strategy and Programmes.

The engagement team will work through a four phase approach:

1. Diagnostic: to review and understand challenges and opportunities within the hospital
2. Solution design: to identify clear and pragmatic projects that will have an impact across the four aims and will be delivered during the implementation phase
3. Implementation: to support the hospital in delivering the identified projects
4. Review: to understand the impact of the solutions and learning to take to the next site

Work in this regard has commenced with Tallaght Hospital in 2014 and will continue into 2015.

Integrated Approach to Delayed Discharges

In response to the growing challenge of providing services to an aging population, and to address delayed discharges, an integrated care approach will be implemented across the continuum of care inclusive of home, community, hospital and residential services. In 2015, €25m is being provided to augment the response to these challenges across the country and particularly in the Dublin Area where the problem is most acute.

Service Areas	Programme for Government €	Expected Delivery 2015
NHSS (long stay residential care)	€10m	300 places
Short Stay beds in Dublin area	€8m	115 beds
Home Care Packages	€5m	600 additional people
Community Intervention Teams	€2m	4 teams
Total	**€25m**	

The Acute Hospital and Social Care Divisions are working together to put in place solutions designed to reduce the volumes of elderly attending the Emergency Department, reduce their admission rate and facilitate their egress from the hospital as soon as they are medically fit. Delayed discharges increased by 24% in 2014 when compared with 2013. While this is a significant resource, the €25m will not be sufficient to address the issue of delayed discharges; however, we expect it will allow us to demonstrate over a short period the benefit of targeted investment in this area.

Healthy Ireland

During 2013, *Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025* was published. It sets out a population approach to enable people to live healthier lives.

The Acute Hospital Division will work with the Health and Wellbeing Division to advance the shared goal of improved health and wellbeing through action on the broader determinants of health, including health promotion, resilience building and addressing the physical health needs of patients and supporting them to lead healthier lives.

Children First Implementation

The Health Service's responsibilities for the protection and welfare of children are outlined in *Children First: National Guidance for the Protection and Welfare of Children.* A *Children First* Implementation Plan was developed in 2014 which sets out the key actions required to maintain and enhance the delivery of services in line with *Children First.* High level actions include a review and re-issue of the HSE Child Protection and Welfare Policy, a training strategy to support staff in meeting their individual responsibilities to promote and protect the welfare of children, a communication plan to ensure staff are kept informed of developments in respect of Children First including the Children First Bill 2014 and a quality assurance framework. The plan applies to all HSE services and to all providers of services that receive funding from the HSE such as agencies that receive funding under section 38 and 39 service level agreements.

A National *Children First* Lead has been appointed and a HSE Children First Oversight Committee established, together with Children First implementation groups at Division and Area levels. In 2015 these Groups will communicate and activate the HSE Child Protection Policy, training strategy, communications strategy and quality assurance framework within their respective areas. Implementation of Children First will be led out by the Primary Care Division, with each National Director retaining responsibility for implementation and compliance in their Division and service area. Progress reports on the implementation of the plan will be submitted to the Health Sector Children First Oversight Group during 2015.

Potential Risks to the Delivery of the Plan

The Acute Hospital Division acknowledges that the following will need close management as we seek to implement this operational plan.

- The budget and staffing assigned to Acute Hospital Division provides for an expected level of service demand. There is a risk that continued demographic pressures and increasing demand for services will be over and above the planned levels thus impacting on the ability to deliver services.
- The significant requirement to reduce agency and overtime expenditure may affect service delivery
- The rising number of delayed discharges impacting on bed capacity with resultant cancellation of elective services
- The capacity to recruit and retain a highly skilled and qualified medical and clinical workforce to deliver the desired model of care.
- Pay cost growth which has not been funded.
- Cash risk related to the requirement to reach agreement with the private health insurers in relation to a set of revised payment terms.
- Risks associated with the delivery of procurement and other savings.

.

We will actively monitor and assess all of these and other risks that emerge as 2015 proceeds and while every effort will be made to mitigate the risks, it may not be possible to eliminate them in full.

Quality and Patient Safety

Introduction

The Acute Hospitals Division is committed to delivering high quality, evidence based, safe effective and person centered care. At this time of significant change in structures and practices within the Acute Hospitals Division, we will support Hospital Group Boards in their efforts to develop their governance and board effectiveness to support the delivery of patient centred, safe, effective and high quality care. This will embed structures and processes that guarantee leadership at all levels within the Acute Hospitals Division in progressing quality and patient safety and is accountable for it.

Quality improvement, quality assurance and verification, will underpin the HSE approach to quality and patient safety in 2015, as is essential in times of constrained resources and change.

Quality improvement and patient safety is everybody's business and must be embedded in all work practices across all services. This will continue to be a key focus in 2015 through a collaborative approach with the Quality Improvement Division to achieve the following:

- Setting clear targets and delivery objectives for patient safety and quality improvements across all services.
- Having mechanisms in place to measure the patient's personal experience.
- Enabling a framework for engaging with patients, service users and their advocates.
- Quality improvement and patient safety being routinely monitored through key performance indicators.
- Enabling and developing a culture of learning and improvement.
- The implementation of an enhanced quality assurance framework.
- The development of appropriate quality profiles to measure and support improvement of quality and patient safety at service level. In the Acute Hospitals Division we recognise that quality of healthcare consists of care that is
    - Person centred
    - Safe
    - Effective
    - Supports better health and wellbeing for patients, staff and our community

The National Hospitals Division will also work with Quality Improvement Division to develop the framework for implementation of hospital patient safety statements. The patient safety statement is a powerful tool that will be made available to the public by hospitals in order to provide public assurance that services provided are safe. It uses available data to inform on activity trends in a healthcare unit and focuses the attention on areas that are both performing well and areas that are underperforming. However, data needs to be analysed on a regular basis by those who have the capacity to interpret the data wisely and to implement necessary change for better patient outcomes. The collection of this simple information should then be translated into rates for trend analysis that are monitored over time. Having this analysis not only informs on patient safety and early warning of a system failure but may also give useful feedback on the impact of any new interventions in a service.

The *National Standards for Safer Better Healthcare* help to set public, provider and professional expectations and enable everyone involved in healthcare to play a vital part in safeguarding patients, and deliver continuous improvement in the quality of care provided.

We will continue to work with the Hospital Groups to support their progress in implementing the national standards and improving their performance against standards.

We will continue to work with HIQA to support frontline services to drive quality improvement whilst ensuring that the overall burden of regulation and standards are managed in a coherent fashion. We will seek assurance that standards, report recommendations and recommended policies / guidelines developed by the HSE are implemented. We are focussing on achieving the above standards in an environment that is safe for our staff.

The Acute Hospital Division uses a balanced scorecard approach of access, safety, finances and workforce to the measurement of performance of hospitals. It uses a number of performance indicators to look at performance in terms of service delivery and quality.

Strategic Priorities for 2015

Person Centred Care

- Develop strong partnerships with patients to achieve meaningful input into planning, delivery and management of health services to improve patient experience and outcomes. All hospitals should conduct an annual patient experience survey amongst representative samples of their patient population and use the feedback to inform and improve services.
- Quality Indicators for Patient Experience, to a significant degree, can be accomplished through ongoing Patient Satisfaction Surveys, which can be conducted in each site. This performance indicator is a key metric for 2015.

Effective Care

- Continue the implementation of the National Early Warning Score (NEWS), Irish Maternity Early Warning Score (IMEWS) and training in the COMPASS programme. All acute hospitals must show that they are using the process which is designed to improve early recognition and take action to care for deteriorating patients.
- Continue implementation of the Irish Maternity Early Warning Score (IMEWS) in all maternity hospitals and maternity units. This tool must also be implemented in acute settings other than maternity units for pregnant women when they present.
- Ensure that patients are responded to and cared for in the appropriate settings including:
    - Reducing the number of patients on trolleys in ED
    - Reducing the number of patients in ED > 6 hours with those > 24 hours not tolerated
    - Reducing the number of delayed discharges
- Continue implementation of the National Clinical Effectiveness Committee guidelines—implement the Sepsis Management National Clinical Guideline in hospitals. This will be supported by the Sepsis National Clinical Lead.
- Implement National Clinical Guideline No. 5 Communication (Clinical Handover) in Maternity Services
- Implement the recently published National Surgical Clinical Programme (NCPS) guidelines on ambulatory care. The NCPS and the Special Delivery Unit have identified significant, unrealised and potential efficiencies which could be gained by performing elective ambulatory surgery in the most appropriate location that also meets better standards of care for patients.

Safe Care

- Continue quality improvement programmes in the area of Healthcare Associated Infections (HCAI) and implementation of the national guidelines HIQA Prevention and Control of Healthcare Associated

Infections (PHCAI) standards for Methicillin-Resistant Staphyloccus Aureus (MSRA), Closdridium Difficile and Antimicrobial stewardship. Rates of cases in hospitals are included on the Balanced Scorecard.

- Continue implementation of National Clinical Guideline No. 2 Prevention and Control of MRSA
- Continue implementation of National Clinical Guideline No. 3 Management of Clostridium difficile Infection in Ireland
- Continue quality improvement in Medication Management and Safety through enhancing evidence based prescribing and optimising patient safety through a reduction in medication related adverse events.
- All hospitals must implement the HSE Open Disclosure Policy and ensure that all staff attend training and workshops.

Improving Quality

Work with the Quality Improvement Division to develop, test and agree quality indicators for NSP 2016. Indicators being developed in 2015 include Pressure Ulcer Incidence and Falls Prevention which are being piloted and it is expected to be reported from all hospitals by 3rd quarter in 2015.

- Work with QI Division to develop a programme focused on the improvement of nutrition and hydration.
- Work with QI Division to progress QI programmes in other priority areas e.g. Medication Management and Safety, Pressure Ulcer Incidence & Prevention, Falls Prevention, Strengthening of Governance& Accountability Arrangements, Implementation of the HCAI Standards.
- The Acute Hospitals Division and the National Ambulance Service will develop a performance indicator in relation to clinical handover of patients in ED. It is anticipated that this indicator will be reported by year end 2015 for all hospitals.
- Hospital Groups must develop and undertake quality improvement audits.

Assurance and Verification

- All Hospital Groups should implement measurable performance indicators and outcome measures for quality and risk.
- Development of quality and risk performance standards
- Implement the National Adverse Events Management System (NAEMS) across all hospitals.

Key Performance Indicators (KPIs)

Performance Indicator		Expected Activity / Target 2015
National Standards for Safer Better Healthcare		
Healthcare Standards	Implementation and action plan for NSSBH	Qtr
Person Centred Care		
Service User Engagement	All Hospital Groups to have a plan in place on how they will implement their approach to patient user partnership and engagement	Phased over 2015
Effective Care		
National Clinical Effectiveness Committee National Guidelines	% of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single speciality hospitals	100%
Reduction in Delayed Discharges	Delayed Discharges: ○ Reduction in bed days lost ○ Reduction in the number of people whose discharge is delayed	10% reduction 15% reduction
ED Experience	% of all attendees who are in ED >24 hours	0%

Performance Indicator		Expected Activity / Target 2015
Hospital Mortality Data	Hospital Standardised Mortality Rates	To be reported
Quality Improvement Audits	Number of audits completed	20
Safe Care		
Healthcare Associated Infections	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	<2.5
Medication Safety	% of medication errors reported (as measured through the States Claims Agency)	Target to be determined in 2015
Implementation of recommendations	Assurance framework in place and used in all acute hospitals to monitor implementation of priority report recommendations.	100%
Quality Assurance		
Serious Reportable Events	% of serious Reportable Events being notified within 24 hours to designated officer	99%
	% of mandatory investigations commenced within 48 hours of event occurrence	90%
	% mandatory investigations completed within 4 months of notification of event occurrence	90&
Reportable Events	% of events being reported within 30 days of occurrence to designated officer	95%
Health and Wellbeing		
Healthcare Worker Vaccination	Flu vaccine take up by healthcare workers in hospitals	40%
Governance for Quality and Safety		
	Quality and Safety committees across all Divisions and Hospital Groups	

Finance

Introduction

2015 Budget €m	
Acute Hospitals	3,999.9
NCCP	15.1
TOTAL:	**4,015.0**

The letter of net non-capital expenditure dated 31st October received by the HSE references an additional €625m in funding. The letter indicates a provision of €12,131m which is €590m or 5.1% up on 2014 plus a further €35m for mental health bringing the total potential funding to €12,166m or an increase of 5.4%. The Acute Hospital Division share of the total HSE funding amounts to €3,999,9m which represents a 6.2%increase in budget but requires us to reduce overall costs in 2015 by a 0.8% compared to projected 2014 final expenditure levels.

The HSE Vote is being disestablished from the 1st January 2015 and being amalgamated with the Vote of the Department of Health. This brings with it a number of changes including the introduction of a 'first charge' whereby any over run from 2015 onwards will fall to be dealt with by the HSE in the following year. This places further emphasis on the need for all hospitals to operate within the available resource limit in 2015, or face the prospect of having to deal with any over run as a first charge on their resources the following year.

Incoming Deficit

The funding provided in 2015 will enable the HSE to deal with the 2014 level of unfunded costs. Service deficits from 2014 will be funded but this will not be at 100% in all cases. This will reflect the fact that an element of 2014 should not recur in 2015. This primarily relates to the level of agency cost growth during 2014 which it is not intended to fully fund in 2015. The 2014 Acute Hospital Division deficit brought forward to be funded once off in 2015 is €267.9m. The setting of more realistic budgets for 2015 has required a 'zero base' approach to be taken to ensure that any residual surplus funds are allocated to the ongoing support of services and therefore cannot be utilised to generate new spend in 2015 or thereafter.

Existing Level of Service (ELS)

ELS in general refers to services already in place or commenced during the year but which will rise in 2015.This can relate to the extra costs in a full year of a newly opened or expanded service, including costs associated with newly recruited staff who were not on the payroll for the full 12 months of 2014. ELS funding of €23.9m relates to the Acute Hospital Division.

Cost Pressures

Table 2, Appendix 1 sets out the funding being provided to off-set a number of unavoidable cost pressures, This includes costs associated with renal dialysis, maternity services, spina bifida services, hip screening, diabetes clinical programme developments in relation to podiatry services and to support growth of new cancer drugs.

Programme for Government Priorities

Within the envelop of programme of Government Priorities (€134.1m) there is a provision of €25m (table 1) allocated to Social Care Division to commence an initiative to address patients whose discharge from acute hospitals is delayed due to lack of capacity within our community support services. The Acute Hospital, Social

Care and Primary Care Divisions are developing a systems wide approach to discharge from hospital with the necessary supports required.

Table: 1

Service Areas	Programme for Government €	Expected Delivery 2015
NHSS (long stay residential care)	€10m	300 places
Short Stay beds in Dublin area	€8m	115 beds
Home Care Packages	€5m	600 additional people
Community Intervention Teams	€2m	4 teams
Total	**€25m**	

Savings and Targets

For the Acute Hospital Division to deliver within allocated resources requires the achievement of a minimum of €130m of savings, increasing to a maximum of €150m which is dependent on the responsiveness of hospitals to avoid further growth in the latter part of 2014 and to bring costs downwards to more manageable levels going into 2015. As is illustrated in table 2 a minimum of €74m of additional savings measures will have to be found in order to bring the acute system to a balanced budgetary position by the end of 2015. €22m of this is targeted to come from further agency and overtime savings with the remaining minimum €52m to be addressed by other measures. Hospital groups will identify the necessary additional measures with input from the division across a range of headings, including but not limited to:

- Activity management in respect of less urgent electives utilising Activity Based funding information
- Additional non pay savings including procurement and logistics
- Improved income generation
- Further pay measures including:
    - Pay increment mitigation
    - Reducing unfunded staffing levels
    - Increased agency and overtime savings for sites with highest 2014 growth.

Table 2: Savings Targets

Savings Targets	Range €M	Range €M
Agency and Overtime	18	18
Procurement Savings	23	23
EU/ED and other Income	10	10
Clinical Audit	5	5
Sub total - Acute element of Minimum Savings per NSP 15	**56**	**56**
Other additional required savings to breakeven		
Further Agency and Overtime savings	22	22
Other required savings to achieve breakeven	52	72
Sub total - additional measures	**74**	**94**
Total	**130**	**150**

Pay and Pay Related Savings including Agency and Overtime

In 2015 there will be a significant additional focus on all pay costs which includes costs related to directly employed staff, overtime and agency staff. Despite the system and data constraints the HSE will begin to take a more integrated approach to the management of all staffing costs. The initial focus is on the acute hospitals and this will involve setting limits on the costs and WTE for each category of staff in 2015 moving to hours when practical.

Financial Risk Areas

The Acute Hospital Division will need to operate within the planned cost level for 2015 in order for the HSE to deliver a breakeven position and there is extremely limited scope to address any over run in one area by compensating under spends in another area. All of the required savings carry their own achievement risk and such level of savings presents a significant challenge for the division.

Activity Based Funding

The new Activity Based Funding (Money Follows the Patient) of hospital services commenced in 38 hospitals during 2014 with the setting of activity targets for inpatient and day-case work. The system is complex and is being carefully implemented on a phased basis, working with colleges and the Hospital Groups. A Strategic Framework and Implementation Plan has been prepared and will be rolled out in 2015. As part of the development of the ABF programme, the HSE will design pricing structures to move appropriate work from inpatient to day case setting.

During 2015 considerable work will be undertaken to determine the reasons why hospitals may be operating at a cost above the national average. This will include recognition of 'structural disadvantage' such as remote locations. Appropriate quality of care is also a critical factor in price determination. However, in order for ABF to begin the journey towards average prices from 2016, hospitals operating above the average price (apart from structural and other factors) will have to bring their unit costs down and will lose funding as the transition adjustments are phased out. This is known as the convergence pathway.

Clearly the quality of HIPE coding and accurate unit-costs are critical components underpinning ABF, as is the ICT infrastructure. The 2015 Service Plan provides some funding for investment in these key building blocks for the system.

In parallel with the financial benchmarking work and evaluation, the HPO will continue to work with the hospitals to develop a classification system for outpatient clinics.

Table: 3 Hospital Group Budget 2015

Hospital Group Summary	Budget 2015			
	Pay	NonPay	Income	Net
	€ 000's	€ 000's	€ 000's	€ 000's
RCSI Hospital Group	544,697	209,745	(144,330)	610,113
Dublin Midlands Hospital Group	639,904	298,535	(189,354)	749,085
Dublin East Hospital Group	685,484	288,895	(189,704)	784,676
South/ South West Hospital Group	584,070	257,928	(156,717)	685,282
Saolta Hospital Group	502,767	229,581	(94,745)	637,603
University of Limerick Hospital Group	205,166	107,655	(58,670)	254,152
Childrens Hospital Group	197,365	72,548	(50,705)	219,208
Regional /National	25,238	34,558	(13)	59,783
Total	**3,384,691**	**1,499,446**	**(884,237)**	**3,999,900**

Note 1: In NSP2014 the key budget figures per division were presented on a gross (Pay and Non pay - vote) basis. The HSE vote is being disestablished from the 1st January 2015 and being amalgamated with the vote of the Department of Health. Accordingly for 2015 and future years the HSE will receive a letter of net non-capital expenditure. In this plan the budget figures are presented on a net basis (Pay and Non Pay less Income – accruals based expenditure).

Note 2: Indicative levels of NCSS funding has been included in the hospital budgets shown for 2015. The NCSS will engage with the relevant hospitals and it will set activity levels and final budget levels in the early part of the year with funding dependent on safe delivery of NCSS targets in 2015.

Workforce

Introduction

The staff of the health services continue to be its most valuable resource. Staff are central to improvement in patient care, productivity and performance. A culture of compassionate care and a sense of belonging among staff will create and embed an organisation-wide approach to delivering a high quality, effective and safe service to our patients and clients.

Recruiting and retaining motivated and skilled staff is a key objective in 2015. This has to be delivered in an environment of significant reform and against a backdrop of significant reductions in the workforce over the past seven years, longer working hours, reductions in take-home pay and other changes in the terms and conditions of employment for staff. The effective management of the health services' workforce will underpin the accountability framework in 2015. This requires that the HSE has the most appropriate workforce configuration to deliver health services in the most cost effective and efficient manner to maximum benefit.

The role of Human Resources (HR), working across the health system, will be to ensure that the organisation and the workforce has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service while at the same time ensuring a consistent experience of HR is delivered by a unified HR function.

Reducing Agency and Overtime Costs

Funding levels in 2015, and the extent to which they roll over into 2016, are contingent upon the hospitals being able to control costs within its funding envelope. Specific savings targets have been identified for Acute Hospitals Division in the 2015 National Service Plan an initial €40m of which relates to agency and overtime savings. There will be a requirement for each Hospital Group, and consequently each individual Hospital, to demonstrate, in detail, the actions that they are taking to control and reduce overall pay expenditure, including agency and overtime expenditure. The Acute Hospital Division has assigned responsibility for monitoring performance against pay targets to senior staff from within the division. This team will also be engaging with individual hospitals to examine their resource profiles, including rostered hours, and approval procedures in relation to utilisation of agency and overtime. The team will be required to bring forward proposals for improvement in resource utilisation and will be reporting on individual hospital performance against pay expenditure limits.

Given the scale of the challenge it will be necessary to ensure that there is rapid engagement in early January to agree 2015 projected costs and measures with Hospital Groups/ hospitals. These measures will need to be quickly put in place so that the hospital system reaches an affordable level of cost by the middle of February as otherwise the adjustment if spread over a shorter period to year end will be too great.

Projections*	WTE
Nurse grads brought onto payroll	220
New grads/ interns to replace agency	488
Rollover savings to offset agency	230
Conversion from agency to staff	323
Agency reductions	225

The Haddington Road Agreement

Significant savings have been enabled by the Haddington Road Agreement (Public Service Stability agreement 2013-2016) and it's continuing flexibility measures will continue to extract cost and reduce the overall cost base in health service delivery in the context of the reform and reorganisation of the HSE as set out in *Future Health* and the Public Service Reform Plans of 2011 and 2013. It will continue to assist clinical and service managers to more effectively manage their workforce through the flexibility measures it provides.

Attendance Management and Absence Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the significant progress made over recent years in improving attendance levels. The performance target for 2015 remains at 3.5% absence rate.

European Working Time Directive

The HSE is committed to maintaining and progressing compliance with the requirements of the European Working Time Directive (EWTD) for NCHDs. Key performance indicators in each case include:

- Maximum average 48 hour week
- 30 minute breaks
- 11 hour daily rest / equivalent compensatory rest
- 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest
- A maximum 24 hour shift

To date, progressing EWTD compliance for NCHDs has required introduction of revised rosters for both NCHDs and Consultants, changes to medical, nursing and midwifery, and other work practices, redeployment of staff and, in those settings where these have been implemented but not secured full compliance, targeted recruitment and allocation of resources. These measures are almost complete and in 2015 the focus will be on achieving full EWTD compliance by reallocation of clinical tasks to the most appropriate member of staff, introduction of electronic time and attendance systems and reorganisation of acute services, supported by new management structures for hospitals services being progressed under Hospital Groups.

In some settings, large-scale changes to existing acute hospital services are required to achieve full compliance and the HSE is committed to engaging and consulting with staff as they are progressed, including with the Irish Medical Organisation (IMO) under the auspices of the Labour Relations Commission. In addition, the joint national group, comprising the HSE, Department of Health and IMO established in 2013 will continue to oversee verification and implementation of agreed measures. Separately, the HSE will continue national publication of current and cumulative compliance with a maximum 24 hour shift and EWTD requirements and ensure best practice in achieving compliance is replicated nationally.

To support EWTD compliance for NCHDs, the HSE is also working with the DoH and other stakeholders to progress recommendations of the Strategic Review of Medical Training and Career Structure (MacCraith Report).

Operational Service Delivery

Acute Hospitals

The Acute Division key actions include a range of measures driven by National Clinical Strategy and Programmes to develop Integrated Care Programmes (ICP). These ICPs are core to operational service delivery and reform and there will be a particular focus on patient flow for the frail elderly. Clinical models of care will be further implemented to improve quality, promote and enhance an integrated approach to patient flow, chronic disease prevention and management and address demographic pressures through development of national clinical programmes.

Actions 2015

Strategic Priority		
Improve patient safety and quality in acute hospitals		
Priority Area	**Actions 2015**	**Target / Expected Activity 2015**
National Early Warning Score (NEWS) implemented in all hospitals	100% of hospitals with full implementation of NEWS in all clinical hospitals and single speciality hospitals	Q1
Implementation of Irish Maternity Early Warning Score (IMEWS)	– 100% of maternity hospitals/ maternity units with full implementation of IMEWS – 100% of acute hospitals with implemented use of IMEWS for pregnant women	Q1 Q1
National Standards for Safer Better Heathcareself assessments	Hospitals commenced first assessment against the standards. The HSE will continue to work with the hospital groups to support their progress in implementing the national standards and improving their performance against standards. Hospitals develop implementation plan to address improvements identified	Q2 Q3
Medication safety	Hospitals ensure all medication errors reported (as reported by the States Claims Agency)	Ongoing
HSE and HIQA Report into the maternal death in Galway University Hospital **Continue to implement the recommendations of the Report of the Chief Medical Officer into HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006to date) and HSE Portlaoise Reports**	The HSE National Maternity Implementation Group will continue to oversee and ensure recommendations of the HSE / HIQA reports are progressed in a timely and effective manner The National Maternity Group has developed necessary implementation plans, having regard to recommendations of HSE, HIQA and other relevant maternity reviews, including the CMO report "HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006 – date)". A number of work streams have been established and will continue in 2015 to progress the work of this group including those related to: – Multidisciplinary Education and Training – Bereavement Support – Perinatal Infection	 Ongoing

	– Quality Assurance	
Midland Regional Hospital Portlaoise	Continue implementation of the broader actions required in 2015 to address the wider services at Portlaoise	q1
Healthcare Associated Infections (HCAI)	▪ Ensure control and prevention of HCAIs/AMR, with a particular focus on antimicrobial stewardship and multi-resistant organisms, which will be underpinned by the implementation of HIQA Prevention and Control of Healthcare Associated Infections (PHCAI) standards. ▪ KPI's relating to MRSA, Clostridium Difficile measured and reported on a quarterly basis with a target of monthly reporting by mid year. ▪ Development of KPI on the number of patients colonized with multi-drug resistant organisms (MDRO) that cannot be isolated in single rooms or cohorted, with dedicated toilet facilities as per national MDRO policy.	Ongoing Ongoing Q4
Safe Surgery	Measurement of adverse events monthly in relation to: ▪ Postoperative would dehiscence, ▪ In hospital fractures ▪ Foreign body left during procedure	Ongoing
National Clinical Guidelines (NCG)	Implementation of NCG: ▪ No 5 Communication (Clinical Handover) in Maternity Services ▪ NCG No 6 Sepsis Management	Q1 Q2
National Adverse Events Management System (NAEMS)	▪ Ensure that all adverse events are reported using NAEMS ▪ Implementation of remedial actions when required ▪ Develop and manage Risk Register at Hospital Group level and escalation of appropriate risks to Acute Hospital Division	Ongoing
National Quality Information Systems (NQAIS) and National Office of Clinical Audit (NOCA)	In order to improve the quality and efficiency of all hospital clinical services continue to support: ▪ National Surgical Clinical Programme to monitor and measure surgical activity across all hospitals using NQAIS ▪ Acute Medicine Clinical Programme in developing NQAIS to test and monitor medical activity across all hospitals and set standards ▪ Support the Emergency Medicine Programme in developing NQAIS-ED	Ongoing
Patient Safety Statement	▪ Patient Safety Safety Statement for all acute hospitals completed	Q1
Hospital Mortality	Standardised Mortality Rate for inpatient deaths by hospital and clinical condition will be reported. Data is currently being validated and is expected to report monthly mid 2015.	Q2
Organ Donation and Transplant Ireland	▪ Organ Donation and Transplant Ireland will continue to implement the new national structures to enhance the provision of organ donation and transplantation in Ireland. ▪ Develop and test KPI's for the service in 2015 for implementation in 2016	Q4 Q4

	▪ Put in place the relevant nursing and medical posts to develop the service ▪ Undertake 300 Organ transplants in 2015	Q3 Q4
Rare Disease Registry	Develop a national registry for rare disease	Q1
Quality Improvement Division	The Acute Hospital Division will work with the Quality Improvement Division: ▪ To develop, test and set targets for quality indicators for 2016 ▪ Develop a comprehensive, timely and reliable report that describes the quality and safety of the services provided in each Hospital Group and the actions taken to improve those services where required. ▪ Develop a programme focussed on the improvement of nutrition and hydration	Q4 Q4 Q4
Staff Health and Wellbeing	Improve influenza vaccine uptake rates amongst staff in frontline acute services	Q4
Safeguarding Vulnerable Persons at Risk of Abuse	Work in collaboration with the Social Care Division to implement the national policy on Safeguarding Vulnerable Persons at Risk of Abuse. Awareness and training in this policy will be a feature of its implementation in 2015	Q4

Strategic Priority

Access to Services

Priority Area	Actions 2015	Target / Expected Activity 2015
Improve access to services in relation to waiting times for scheduled care, and emergency or unscheduled care in public hospitals, including outpatient and diagnostic services	▪ Continue implementation of the OPD Programme across all hospitals ▪ Commence monitoring and reporting waiting lists for diagnostic services in 2015 ▪ The HSE is committed to publishing waiting lists at consultant and specialty level. A pilot exercise is underway in one of the major teaching hospitals whereby waiting list data is being shared between consultants. The findings from the pilot exercise will be evaluated and inform the requirementsfor national implementation in early 2015.	Ongoing Q1 Q2
Reduce waiting times for scheduled and unscheduled care with priority for those waiting the longest	▪ Adhere to the NTPF guidelines in relation to the scheduling of patients for surgery ▪ Chronological scheduling will be monitored and reported in 2015.	Ongoing Q1
Reduce the number of Delayed Discharges	Develop a system wide approach, in conjunction with the National Clinical Strategy Programmes for discharge pathways with a particular emphasis on the frail elderly. The menu of options to be deployed to support the initiative is based on the experience gained previously including the €5m supplementary funding initiative in 2014. Key elements of the	Ongoing Q1

	initiative will be: ▪ Commencement and readiness of the process in Dec 2014 to maximise the effect at peak demand of the winter period particularly in January 2015 ▪ Provision of funding on a named person basis in as far as possible to provide a high level of accountability and follow up across service provision ▪ Ensure that resources already provided across services are utilised to the maximum effect so that this initiative provides 'added value' ▪ Oversight from the Social Care, Acute Hospital and Primary Care Divisions by way of ongoing monitoring and clarity and agreement on performance across the system ▪ Develop an integrated care model supported by the initiative in key locations.	Q1 Q1 Q1 Q1-Q2 Ongoing
Day Case Surgery	Increase the conversion of elective inpatient surgery to day case surgery by: ▪ Implementation of the care pathway for the Management of Day Case Laparoscopic Cholecystectomy (National Clinical Programme in Surgery) >60% ▪ Implementation of the criteria for day case surgery of HIQA Health Technology Assessments for: – Varicose Veins – Tonsillectomy – Groin Hernia (inguinal or femoral) Progress the movement of day cases to minor operation procedures as recommended in the Comptroller and Auditor General Report on Managing Elective Day Surgery. The National Surgery Clinical Programme to develop and test additional day case indicators for implementation in 2016	Q1-Q2 Q1 Q4 Q4
Patient Experience Time (PET)	▪ Each Hospital/ Hospital Group ensure that appropriate systems and processes are in place so that quality and safety is maintained at all times in ED's including internal efficiencies so that admission delays are minimised. ▪ Actively plan for on-going pressures particularly for the potential peak points. ▪ On-going review of hospital Escalation Plans to ensure plans are robust and appropriate for the possible scenarios that may arise ▪ Progress reconfiguration measures that will better enable hospitals to respond as a group to potential peak periods. Plans should include Social Care and Primary Care Divisions. ▪ In 2015 the Acute Hospital Division will commence monthly monitoring and reporting of: – patients >75 years attending ED – % of patients ages >75yrs at Ed who are discharged or admitted within 6 hours of	Ongoing Q1-Q2 Ongoing

	registration – % of patients ages >75yrs at Ed who are admitted within 6 hours of registration	
Ambulance Services	▪ Ensure that ambulances have a time interval of < 30 minutes from arrival in ED to when the ambulance crew declares readiness to accept another call in line with targets set. ▪ Acute Hospital and the National Ambulance Service will develop a performance indicator in relation to clinical handover of patients in ED that will be based on the NCEC Clinical Handover Guideline.	Q1 Q4
Major Emergency Plans	The Acute Hospital Division will also work with the Health and Wellbeing Division in their development, maintenance and exercising of Major Emergency plans in each Hospital and for each hospital site and ensures coordination of planning and response arrangements with other Divisions at national and local level.	Q4

Strategic Priority

Acute Hospital Reform Programme and Enhance Service Developments

Priority Area	Actions 2015	Target / Expected Activity 2015
Maternity (€2m)	Finalise the development of a managed clinical network between the Coombe Women and Infant University Hospital and the Midland Regional Hospital Portlaoise	Q1
	Undertake national maternity service improvements including: ▪ Appointment of six additional Consultant Obstetricians in line with HIQA Galway Report recommendations, (MRHP, MRHM, WUH, Wexford, Letterkenny, Sligo) ▪ Undertake a review and evaluation of maternity services nationally ▪ Implementation of a national model of care for maternity services ▪ Establish an Maternity Office in the Acute Hospital Division	Q2-Q3 Q2 Q3 Q1
	Address midwifery workforce informed by the recommendations of the Midwifery Workforce Project (BirthRate Plus) to be completed Q1.	Q2
	Address service deficits in relation to: – Service for DDH in Coombe Women and Infant's University Hospital – Senior midwifery staffing in St Luke's Kilkenny – Sonographers in St Luke's,PortiunculaHospital	

Hospital groups	▪ Fully implement the seven Hospital Group constructs	Q4
	▪ Management Teams for each group in place with responsibility for performance, outcomes, operating within budget and employment limits, with quality and patient safety at the core of business	Q1
	▪ Hospital Groups develop and submit strategic plans by end of 2015 to set out how the Groups will provide high quality, safe, integrated patient care in a cost efficient manner.	Q3
	▪ Hospital Groups develop and commence implementation of Healthy Ireland implementation plans	Q4
	▪ Finalise implementation of the *Smaller Hospitals Framework* to ensure that all hospitals irrespective of size work together in an integrated way to meet the needs of patients and staff with an increased focus on small hospitals managing routine or planned care locally and more complex care managed in the larger hub hospitals.	Q2
Strengthening financial accountability, HR planning and overall performance	Commence implementation of hospital budgets based on the Activity Based Funding (Money Follows the Patient) model and block funding for a number of acute hospitals. 2015 represents a 'conversion year' for Activity Based Funding.	Q1
	In 2015 the Health Pricing Office will : – Determine the reasons why hospitals may be operating at a cost above the national average – Develop a classification system for outpatient clinics	Q2
	▪ Hospital Groups to review and strengthen budgetary management systems and income collection	Ongoing
	▪ Address medical, nursing and midwifery recruitment and retention to vacant posts	Ongoing
	▪ Ensure compliance with European Working Time Directive through skill mix, rostering and reorganisation with a particular focus on further improvement to comply with the 48 hour week	Ongoing
	The Irish Hospital Redesign Programme (IHRP) (€1.603m)aims to improve performance across the balanced scorecard in acute hospitals and will be rolled out to acute hospitals throughout 2015. The programme will combine the expertise within the hospital, Special Delivery Unit and National Clinical Programmes to: ▪ Improve patient and carer experience and staff satisfaction. ▪ Improve patient flow and access to Scheduled and Unscheduled Care ▪ High quality clinical outcomes safely delivered ▪ Improve operational efficiency for service delivery within the allocated budget. The programme has been designed to support the service delivering significant and crucially sustainable change to reduce waiting lists and delays across the total patient journey in the improvement in core process flows consolidating the work of the	Q4

	Special Delivery Unit to date. The programme is currently being implemented in Tallaght Hospital	
National Cochlear Implant Service	Full implementation of bilateral implant service for all children and adults	Q1

Strategic Priority

Service Developments

Priority Area	Actions 2015	Target / Expected Activity 2015
Review of Laboratory Services	Implement the review of laboratory services including microbiology reference laboratories	Q3
Scoliosis for Children	▪ A comprehensive solution will be put in place in 2015 maximising the utilisation of all the available orthopaedic capacity including workforce, beds and theatres across the children's hospitals, Cappagh Hospital and Tallaght Hospital to increase the numbers of scoliosis surgeries undertaken. ▪ Particular focus will be on level of complexity and age so that the right surgery in the right place is undertaken. ▪ Care pathways for the transition of adolescents to adult services need to be agreed and formalised	Q1 Ongoing Q3
Spinal Surgery	▪ Further enhance spinal surgery through the provision of degenerative spinal surgery service in Tallaght Hospital to meet service demands. ▪ The appointment of an orthopaedic surgeon with affiliation to the National Spinal Trauma Centre in Mater University Hospital will provide for up to 100 cases of degenerative spinal surgery a year to be undertaken in Tallaght Hospital. This will address current waiting list issues.	Q1
Emergency Spinal Trauma	Ensure emergency trauma theatre availability 24/7 in Mater Misercordiae University Hospital with the provision of nursing staff and anaesthetist.	Q1
Spina Bifida Services (€0.350m)	Improve services for paediatric spina bifida in the Children's University Hospital. This includes additional orthopaedic and radiology consultants, physiotherapy and occupational therapy so as to address multidisciplinary service needs.	Q2
Children's Hospital Group	Continue to progress integration of paediatric services across the three children's hospitals with a strategic plan to identify services and timelines to achieve for 2015- 2016.	Q1
Acute Forensic Service for Children	Develop a responsive, structured and organised service for child sexual assault (Acute Forensic Service) for Dublin East and Dublin Mid Leinster regions with the appointment of a nurse specialist to coordinate the service. (Children's Hospital Group)	Q1

ICT Project Support	▪ Further roll-out of the Patient Administration System in University of Limerick Hospital Group ▪ Deployment of the national build of the National Maternal and New Born Clinical Management System and roll-out of initial site at Cork University Hospital ▪ Roll-out of the National Electronic Blood Tracking System (phase 3) which will record all patient related events at the patient's bedside from transfusion sample to fate of unit ▪ Finalisation of the national contract and national build of the National Laboratory Information System (MedLIS) and deployment of initial sites ▪ Continued roll-out of the Radiology Quality Assurance System ▪ Initial deployment of the e-rostering solution in the Saolta University Health Care Group, Letterkenny site Support the roll-out of the Radiiology PACS system (NIMIS)	Q4 Q4 Q4 Q4 Q4 Q4 Q4

Strategic Priority

National Clinical Strategy Programmes

Priority Area	Actions 2015	Target / Expected Activity 2015
Diabetes	▪ Provide podiatry services for diabetics presenting with urgent foot problems (Letterkenny General Hospital, University Limerick Hospital, Mayo General Hospital, Navan Hospital, Our Lady of Lourdes Hospital, Midland Regional Hospital Tullamore, Roscommon Hospital, Kerry General Hospital).(€0.400m) ▪ Implement Phase 2 of the provision of insulin pump therapy to children under five years with type 1 diabetes. Appointment of Diabetic Nurse Specialists (Our Lady's Children's Hospital, Sligo Hospital, Tallaght Hospital 1 WTE each), Dietician (Our Lady's Children's Hospital, Cork University Hospital 0.5 WTE each), Consultant Paediatrician (Galyway University Hospital, Limerick University Hospital 0.5 WTE each)	Q1 Q2
Renal Dialysis (€2.55m)	▪ Address the increase in the number of patients accessing dialysis. ▪ Appoint Additional Consultant Nephrologists for Tallaght Hospital, Children's University Hospital and Mater University Hospital	Q1 Q1
Acute Medicine Programme	▪ Increase opening hours of Acute Medical Assessment Units (AMAUs) to seven days per week in St Vincent's University Hospital, Mater Misericordia University Hospital and Cork University Hospital. ▪ The appointment of consultant geriatrician to each	Q2 Q2

	AMU should work with existing Medicine of the Elderly departments and Emergency Departments to maximise access of such patients to Acute Medical Admission Units.	
Orthopaedic and Trauma Programme	▪ Additional orthopaedic surgeons (2 WTE) to address service needs. – Galway University Hospital—Spinal orthopaedic Surgeon – Cork University Hospital—Orthopaedic Surgeon with special interest in paediatrics ▪ Progress the implementation of the Major Trauma Network Implementation Plan within current resources.	Q2 Q4
Urgent and Emergency Care	▪ Additional ED consultants so that implementation of an Integrated Care Pathway for patient flow and prioritise work streams that will enable the health system to see patients in the right place by the right service in a timely manner. (Kerry, Sligo, MRHT, Wexford)	Q2
Transport Medicine Programme	▪ Continue implementation of paediatric retrieval to a Monday – Friday daytime basis. ▪ Commence adult service on a phased basis in Galway and Cork ▪ Implement a national transport medicine education programme with the appointment of a Clinical Education Facilitator.	Q2 Q2 Q1
National Sepsis Workstream (€0.308m)	▪ Support hospital groups to create awareness and support the implementation of the national clinical guideline on recognition and management of sepsis. (€0.308m) Appointment of 4WTE to support the implementation of the Sepsis Guidelines.	Q2
Neonatology	Target hip ultrasound screening of infants at increased risk of developmental dysplasia of hip (DDH). Appointment of 6 WTE ultrasonographers (1WTE to each Hospital Group)	Q2
Stroke Clinical Programme (national roll-out of TRASNA)	Hub hospitals to provide telemedicine support to model 2 and 3 hospitals. Additional Consultant Stroke Physicians (3WTE) with a specific requirement to participate in on-call emergency stroke duty and requirement to contribute in a leadership role to the development, monitoring, reporting, and provision of telemedicine service for stroke to named other hospitals within the Hospital group, in close cooperation with other medical personnel, particularly senior Geriatrician and neurologist colleagues. A minimum of 2 named hospitals (excluding base hospital) will be supported by stroke telemedicine within the Group.	Q2

Quality and Patient Safety

Quality and patient safety are key components in the delivery of an integrated cancer control programme. The NCCP has established a number of quality and safety initiatives to improve the delivery of cancer care which will continue during 2015.

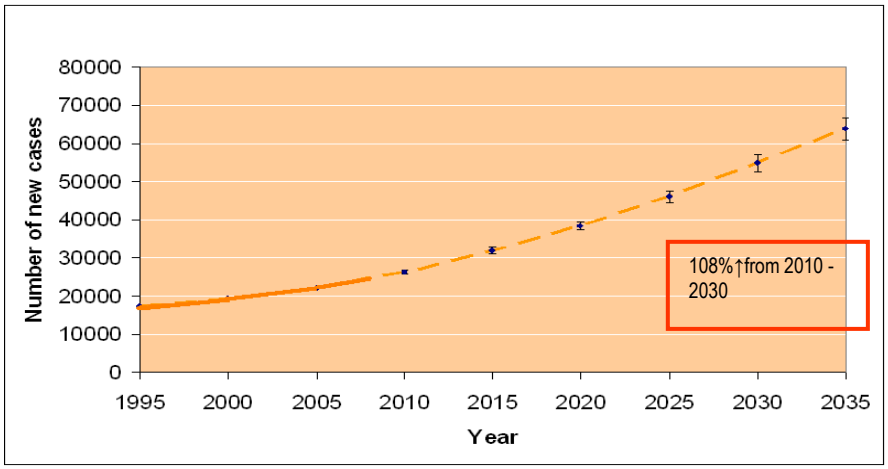
- Since 2010 the NCCP has delivered annual Audit Quality & Risk (AQR) forums for breast cancer. This was further extended in 2014 and breast, prostate, lung and pancreas AQR forums will be held in 2015. In addition national Radiation and combined Medical and Haemato-oncology meetings are annual events.
- Tumour groups: Five national expert tumour groups (breast, lung, prostate, gastrointestinal and gynaecological cancers) have been established to drive and guide the development of national evidence based clinical practice guidelines. The work of the groups has been developing well and the breast and prostate tumour groups have completed recommendations for national adoption. This work will continue for the next number of years.
- Audit and annual reports: National specialist cancer services including pancreatic, upper gastro-intestinal and neuro-oncology services are required to produce annual reports outlining performance and activity within the services.
- The NCCP has also introduced a national oncology drug management system which is directly linked to the development of nationally agreed drug protocols.
- National treatment protocols have been developed for all new cancer drugs introduced since 2012 and national protocols are in development for existing oncology drugs

Strategic Priority		
National Cancer Control Programme		
Priority Area	**Actions 2015**	**Target / Expected Activity 2015**
National Medical and Haemato-Oncology Programmes	Progress multidisciplinary human resources planning, development of evidence based national guidelines, treatment protocols, quality and safety policies for safe drug delivery, technology review processes for oncology drugs and the introduction of a nationally funded oncology drug and molecular tests budget. (Funding for the Oncology Drugs Management System and growth in chemotherapy costs has been committed under PCRS.) – Recruit two additional consultant medical oncologists. (€0.098m) – Recruit two additional specialist oncology nurses. (€0.119m)	Ongoing Q4 Q4
Surgical Oncology Services	▪ Centralise oncology surgical services to the eight designated Cancer Centres to maintain continued improvements in diagnosis, surgery and multi-disciplinary care. ▪ Recruit additional consultant urologist in South/South West	Ongoing Q4

	Hospitals Group. (€0.031m)	
Expand Radiation Oncology services(radiotherapy resources to accommodate demand)	▪ Commission additional linear accelerator capacity in St. Luke's Hospital and progress expansion plans for longer term capacity in the Eastern Region. ▪ Recruit paediatric radiation oncologist for St. Luke's Radiation Oncology Network and Our Lady's Children's Hospital, Crumlin. (€0.031m)	Ongoing Q4
Develop Community Oncology services	▪ Support and deliver cancer education and training programmes in the community. ▪ Pilot and Implement a Survivorship Patient Treatment Summary and Long-term Care Plan	Ongoing Q3
Progress quality initiatives	Complete the development and implementation/audit plan of national guidelines for breast, lung, prostate, colorectal, hepatobilary and gynaecology cancers.	Ongoing
Enhance Hereditary Cancer services	Establish a national hereditary cancer service and support access to identification of genetic risk and surveillance in well population at risk. (€0.095m)	Q4
Further support the eight Designated Cancer Centres and Letterkenny satellite within current resources.	▪ Continue to centralise oncology surgical services in line with national policy to maintain continued improvements in diagnosis, surgery and multi-disciplinary care. ▪ Support existing national networks for site specific cancers and develop networks for gynaecological and neuro-endocrine tumours and for sarcomas.	Ongoing
Address Quality and Safety Standards and Deliver Quality Care in the Community	▪ Progress the work of national expert Tumour Groups comprising expert leads in relevant clinical disciplines to develop and promulgate national clinical practice guidelines. Collaborate with all stakeholders to ensure public, patient, and professional policies, safety, and standards are nationally developed and maintained across the scope of cancer services. ▪ Develop professional staff knowledge, through education, research and collaboration with relevant colleges and educational bodies. Develop primary careskills in prevention, diagnosis, care, and follow up to facilitate safe, high quality care in the community. ▪ Progress the development of GP referral guidelines and pathways to facilitate early diagnosis of cancer. Participate in national groups to address chronic disease and health promotion initiatives. Develop a comprehensive survivorship programme to address communication issues and information needs of both cancer survivors and healthcare professionals. ▪ Identify programme national lead for Patient / Service Engagement in line with recommendations of the Office of Quality and Patient Safety.	Ongoing Ongoing Q4 Q4

Summary of Service Quantum

The National Cancer Registry of Ireland (NCRI) predicts that a total of 22,360 people will be treated for cancer in 2015. On average 80% of these people will be treated in the public system.



Improving Performance Management

The NCCP monitors a number of Key Performance Indicators (KPIs) relating to cancer activity and access each month. A number of these are published in the HSE Quarterly Performance Assurance Reports and all KPIs are reviewed monthly at the NCCP Executive. Remedial action to address any performance issues is undertaken in conjunction with the relevant designated cancer centre.

In addition, during 2014, the NCCP rolled out a full suite of quality indicators for lung, rectal and prostate cancers across all eight cancer centres. The Programme developed and introduced a new single performance indicator for wait times for elective cancer surgeries to indicate when there are serious problems for patients in accessing surgical services. This will be piloted in 2015.

Balanced Scorecard Acute Services

Quality and Safety (monthly)

Surgery
- % day case for Elective Laparoscopic Cholecystectomy (M) (>60%)

Time to Surgery
- % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS 0,1,2) (M) (95%)

Cancer Services
- **Symptomatic breast**: % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals (M) (95%)
- **Lung:** % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres (M) (95%)

Serious Reportable Events
- % compliance with the HSE Safety Incident Management Policy for Serious Reportable Events

Reportable events
- % of events being reported within 30 days of occurrence to designated officer (95%)

Complaints
- % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%)

Quality and Safety (quarterly and bi-annually)

Reducing Healthcare Acquired Infection
- Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q) (<2.5)
- Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (B) (83)

Acute Coronary Syndrome
- % STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) (85%)

National Early Warning Score (NEWS)
- % of hospitals with full implementation of NEWS in all clinical areas. (Q) (100%)

Irish Maternity Early Warning Score
- % of maternity units/ hospitals with full implementation of IMEWS (Q) (100%)

Access

Inpatient waiting times
- % of adults waiting < 8 months for an elective procedure (M) (100%)
- % of children waiting < 20 weeks for an elective procedure (M) (100%)

Outpatients
- % of people waiting < 52 weeks for first access to OPD services(M) (100%)
- Outpatient attendances- New : Return Ratio (M) (1 : 2)

Emergency Care and Patient Experience Time
- % of all attendees at ED who are discharged or admitted within 6 hours of registration (M) (95%)
- % of all attendees at ED who are discharged or admitted within 9 hours of registration (M) (100%)
- % of all attendees at ED who are in ED > 24 hours (M) (0%)

Surgery
- % of elective surgical inpatients who had principal procedure conducted on day of admission (M) (70%)

Colonoscopy / Gastrointestinal Service
- % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD (M) (100%)
- % of people waiting < 4 weeks for an urgent colonoscopy (M) (100%)

Delayed Discharges
- % reduction of people subject to delayed discharges (M) (15%)

Ambulance Turnaround Times
- % of ambulances that have a time interval of < 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available) (M) (100%)

ALOS for all inpatients
- ALOS for all inpatient discharges excluding LOS over 30 days (M) (4.3)

Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre (M) (90%)

Radiotherapy: % 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) (M) (90%)

Finance

Budget Management including savings

Net Expenditure variance from plan (budget) – YTD andProjected to year end (M)

- Pay - Direct / Agency / Overtime

Human Resources

Human Resources Management

Absence
- % and cost of absence rates by staff category (M) (3.5%)

- Non-pay (including procurement savings)
- Income
- Acute Hospital private charges income and receipts

Service Arrangements/ Annual Compliance Statement

- % of number and amount of the monetary value of Service Arrangements signed (M)
- % and number of Annual Compliance Statements signed (Annual, reported in June)

Capital

- Capital expenditure measured against expenditure profile (Q)

Key Result Areas – Governance and Compliance (Development focus in 2015)

Internal Audit (Q)

- No of recommendations implemented, against total number of recommendations (Q)

Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)

- Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling

Staffing levels and Costs

- Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%)
- Turnover rate and stability index
- New development posts filled

Compliance with European Working Time Directive (EWTD)

- < 24 hour shift (M) (100%)
- < 48 hour working week (M) (100%)

Key Result Areas – for development in 2015

- **Work force and action plan**
- **Culture and Staff engagement**
- **Learning and development**

Appendix 1: Financial Tables

Table: 1 ELS Funding

Service Initiative	€m
Acute Hospital Services (posts and other running costs)	23.9
Totals:	**23.9**

Table: 2 Funded Cost Pressures

Service Initiative	Assigned 2015 €m
Renal Dialysis	2.55
Spina Bifida	0.35
Maternity Services	2.0
Hip Screening	0.3
Totals:	**5.2**

Table 3: Programme for Government Funding 2015

Initiative	Funding 2015 €m
Delayed Discharges: Social Care Services/Acute Services/ Primary Care Services	
Develop a discharge pathway for those patients that require access to long-term care services in order to reduce the number of delayed discharges in hospitals *	25
Totals:	**€25**

Table 4: Prioritised Initiatives

Initiatives	€m
Acute Hospitals Service	
Activity Based Funding (MFTP - HPO and Hospitals including costing capacity)	0.596
Activity Based Funding(MFTP - HPO and Hospitals including coding and audit capacity)	0.625
Medical Workforce Oversight Group	0.200
Redesign and Improvement Initiatives	1.603
Total	**3.024**
National Cancer Control Programme (Acute Hospitals)	
New Drugs and support growth	0.098
Paediatric Radiation Oncologist	0.031
Hereditary Cancer Surveillance	0.095
Urology Consultant	0.031
CNS /ANP medical oncology	0.119
Clinical Strategy and Programmes (Acute Hospitals)	
Integrated programmes - Government / change management	0.667
National Sepsis Workstream	0.308

Table 5

Acute Hospital Division Budget 2015 Summary

Acute Hospital Division	Final 2015 Budget for Distribution			
Hospital	Pay	NonPay	Income	Net
	€ 000's	€ 000's	€ 000's	€ 000's
Beaumont Hospital	223,881	99,204	(80,587)	242,498
Our Lady's of Lourdes Hospital	113,685	36,662	(20,834)	129,513
Connolly Hospital Blanchardstown	73,701	27,284	(13,958)	87,027
Cavan General Hospital	63,087	24,178	(8,895)	78,369
Louth County Hospital	14,320	5,636	(925)	19,031
Monaghan General Hospital	5,623	2,305	(5)	7,922
Rotunda Hospital	50,400	14,477	(19,125)	45,752
RCSI Hospital Group	***544,697***	***209,745***	***(144,330)***	***610,113***
St. James's Hospital	248,781	149,632	(85,627)	312,786
St. Lukes Hospital Rathgar	32,493	13,177	(4,668)	41,002
Adelaide & Meath Hospital Tallaght (Acute)	152,780	62,725	(55,935)	159,570
Midland Regional Hospital Tullamore	63,298	31,868	(11,818)	83,349
Naas General Hospital	44,406	15,774	(5,703)	54,476
Midland Regional Hospital Portlaoise	46,197	10,581	(7,027)	49,751
Coombe Women's & Infants' Hospital	51,950	14,777	(18,577)	48,151
Dublin Midlands Group	***639,904***	***298,535***	***(189,354)***	***749,085***
Mater Misericordiae University Hospital	183,281	101,747	(63,864)	221,165
St Vincent's University Hospital	169,688	84,209	(49,145)	204,752
Midland Regional Hospital Mullingar	52,212	15,659	(9,994)	57,876
St. Luke's Kilkenny	52,149	12,308	(10,346)	54,110
Wexford General Hospital	49,600	11,910	(10,657)	50,853
National Maternity Hospital Holles Street	50,013	13,379	(18,311)	45,081
Our Lady's Hospital Navan	32,442	12,203	(3,520)	41,125
St. Columcilles General Hospital	28,117	7,574	(1,415)	34,276
St. Michael's Dun Laoghaire	23,881	8,908	(8,848)	23,941
Cappagh National Orthopaedic Hospital	24,166	13,088	(8,238)	29,016
Royal Victoria Eye & Ear Hospital	19,935	7,911	(5,366)	22,480
Dublin East Group	***685,484***	***288,895***	***(189,704)***	***784,676***

Indicative levels of NCSS funding has been included in the hospital budgets shown for 2015. The NCSS will engage with the relevant hospitals and it will to set activity levels and final budget levels in the early part of the year with funding dependent on safe delivery of NCSS targets in 2015.

Acute Hospital Division **Hospital**	Final Budget for Distribution			
	Pay	NonPay	Income	Net
	€ 000's	€ 000's	€ 000's	€ 000's
Cork University Hospital	226,447	102,125	(63,944)	264,628
Waterford University Hospital	109,385	61,463	(24,368)	146,480
Kerry General Hospital	59,500	23,057	(13,374)	69,183
Mercy University Hospital, Cork	64,905	25,321	(25,820)	64,406
South Tipp General Hospital	45,878	12,411	(8,320)	49,970
South Infirmary - Victoria Hospital	43,708	22,249	(16,171)	49,786
Bantry General Hospital	15,033	3,512	(1,620)	16,925
Mallow General Hospital	15,161	4,334	(2,244)	17,251
Kilcreene Orthopaedic Hospital	4,054	3,457	(858)	6,653
South/South West Group	***584,070***	***257,928***	***(156,717)***	***685,282***
Galway/Merlin Park University Hospital	199,201	113,663	(45,897)	266,967
Sligo General Hospital	91,154	34,413	(18,000)	107,567
Letterkenny General Hospital	86,756	31,901	(9,215)	109,443
Mayo General hospital	64,350	28,832	(9,437)	83,746
Portiuncula Hospital	45,154	16,053	(9,184)	52,023
Roscommon County Hospital	16,152	4,718	(3,013)	17,857
Saolta Hospital Group	***502,767***	***229,581***	***(94,745)***	***637,603***
Limerick University Hospital	132,464	77,327	(38,076)	171,715
Ennis General Hospital	13,750	4,739	(1,955)	16,534
Nenagh General Hospital	12,668	4,960	(2,400)	15,228
St. John's Limerick	18,775	7,376	(6,757)	19,394
Maternity Hospital Limerick	18,420	6,089	(5,441)	19,068
Regional Orthopaedic Hospital Croom	9,089	7,164	(4,041)	12,212
University of Limerick Group	***205,166***	***107,655***	***(58,670)***	***254,152***
Children's University Hospital	70,422	31,195	(13,840)	87,776
Our Lady's Children's Hospital	108,543	37,671	(30,160)	116,055
Adelaide & Meath Hospital Tallaght (Paediatric)	18,400	3,682	(6,705)	15,377
Childrens Hospital Group	***197,365***	***72,548***	***(50,705)***	***219,208***
Regional / National Services/Central	25,238	34,558	(13)	59,783
Total Acute Hospitals Division	***3,384,691***	***1,499,446***	***(884,237)***	***3,999,900***

Note 2: Indicative levels of NCSS funding has been included in the hospital budgets shown for 2015. The NCSS will engage with the relevant hospitals and it will to set activity levels and final budget levels in the early part of the year with funding dependent on safe delivery of NCSS targets in 2015.

Table:6

Acute Hospital Division Hospital *	Funded Pay Analysis				
	Direct	Agency	Overtime	Pensions	Total Pay
	€ 000's	€ 000's	€ 000's	€ 000's	€ 000's
Beaumont Hospital	189,208	7,032	13,564	14,077	223,881
Our Lady's of Lourdes Hospital	101,113	8,268	4,304	0	113,685
Connolly Memorial Hospital	66,449	3,297	3,955	0	73,701
Cavan Monaghan General Hospital	52,276	8,426	2,384	0	63,086
Louth County Hospital	14,173	105	42	0	14,320
Monaghan General Hospital	5,306	276	40	0	5,623
Rotunda Hospital	44,474	397	1,845	3,685	50,401
RCSI Hospital Group	***473,001***	***27,801***	***26,134***	***17,762***	***544,697***
St. James's Hospital	211,526	10,190	11,156	15,908	248,780
St. Lukes Hospital Rathgar	27,979	3,610	906	0	32,495
Adelaide & Meath Hospital Tallaght (Acute only)	132,103	1,006	7,425	12,244	152,778
Midland Regional Hospital Tullamore	57,825	3,239	2,232	0	63,296
Naas General Hospital	40,920	1,939	1,547	0	44,405
Regional Hospital Portlaoise	40,937	3,469	1,792	0	46,197
Coombe Women's & Infants' Hospital	43,045	2,557	1,727	4,619	51,948
Dublin Midlands Group	***554,335***	***26,008***	***26,784***	***32,771***	***639,898***
Mater Misericordiae University Hospital	157,137	1,491	12,193	12,460	183,281
St Vincent's University Hospital	141,266	6,461	10,446	11,516	169,689
Regional Hospital Mullingar	46,744	3,512	1,955	0	52,211
St. Luke's Kilkenny	48,456	1,243	2,450	0	52,150
Wexford General Hospital	47,925	173	1,502	0	49,600
National Maternity Hospital Holles Street	43,360	76	2,068	4,511	50,015
Our Lady's Hospital Navan	28,089	3,587	765	0	32,442
St. Columcilles General Hospital	24,663	3,093	361	0	28,117
St. Michael's Dun Laoghaire	20,786	0	1,206	1,889	23,881
Cappagh National Orthopaedic Hospital	21,159	599	593	1,815	24,166
Royal Victoria Eye & Ear Hospital	15,031	377	821	3,705	19,935
Dublin East Group	***594,616***	***20,612***	***34,362***	***35,896***	***685,486***

* Pay budgets breakdown for hospitals are indicative and may change following engagement with hospitals.

Acute Hospital Division	Funded Pay Analysis				
Hospital	Direct	Agency	Overtime	Pensions	Total Pay
	€ 000's	€ 000's	€ 000's	€ 000's	€ 000's
Cork University Hospital	213,646	1,928	10,873	0	226,447
Waterford Regional Hospital	99,277	4,586	5,522	0	109,384
Kerry General Hospital	55,953	2,165	1,382	0	59,500
Mercy University Hospital, Cork	55,156	4,015	2,140	3,594	64,905
South Tipp General Hospital	41,146	1,848	2,885	0	45,879
South Infirmary - Victoria Hospital	38,286	1,412	986	3,024	43,708
Bantry General Hospital	12,902	1,826	305	0	15,033
Mallow General Hospital	13,005	1,867	289	0	15,161
Kilcreene Orthopaedic Hospital	3,867	39	148	0	4,054
South/ South West Group	***533,237***	***19,687***	***24,529***	***6,618***	***584,071***
					0
Merlin Park / University Hospital Galway	188,950	112	10,140	0	199,202
Sligo General Hospital	86,997	55	4,103	0	91,155
Letterkenny General Hospital	81,829	1,968	2,961	0	86,758
Mayo General hospital	60,756	585	3,009	0	64,350
Portiuncula Hospital	39,692	3,674	1,787	0	45,154
Roscommon County Hospital	15,082	336	733	0	16,152
Saolte Hospital Group	***473,306***	***6,729***	***22,734***	***0***	***502,770***
Limerick University Hospital	120,410	6,849	5,205	0	132,464
Ennis General Hospital	10,923	2,596	232	0	13,751
Nenagh General Hospital	10,553	1,870	244	0	12,668
St. John's Limerick	14,874	1,271	224	2,405	18,775
Limerick Maternity Hospital	17,723	285	413	0	18,420
Regional Orthopaedic Hospital Croom	8,218	106	765	0	9,089
University of Limerick Group	***182,702***	***12,977***	***7,084***	***2,405***	***205,168***
Children's University Hospital	62,347	713	2,909	4,454	70,423
Our Lady's Children's Hospital	99,172	100	4,183	5,088	108,543
Adelaide & Meath Hospital Tallaght (Paediatric only)	17,334	139	927	0	18,400
Childrens Hospital Group	***178,853***	***952***	***8,020***	***9,542***	***197,367***
Regional / National Services/Central	25,234				25,234
Total Acute Hospitals Division	***3,015,283***	***114,767***	***149,647***	***104,994***	***3,384,691***

Appendix 2: HR Information

Acute Services Division by staff category (as of September 2014)[1]									
Hospital	Employment Control Framework 2014 basis[1]								
Staff Category	Medical/ Dental	Nursing	Health & Social Care Professionals	Management / Admin	General Support Staff	Other Patient / Client Care	Total WTE	Projected Outturn Dec 2014	end-2014 employment ceiling[2]
Cappagh National Orthopaedic Hospital	42.04	122.11	42.29	45.78	48.44	14.06	**314.72**	313.46	303.70
Mater Misericordiae University Hospital	386.05	1,057.21	369.78	371.16	268.15	142.15	**2,594.50**	2,584.10	2,401.86
Midland Regional Hospital, Mullingar	110.33	249.80	92.90	108.62	41.26	110.61	**713.52**	710.66	676.51
National Maternity Hospital	72.52	366.90	48.99	110.77	104.67	23.50	**727.35**	724.44	680.25
Our Lady's Hospital, Navan	46.23	182.72	44.79	58.41	19.26	65.28	**416.69**	415.02	401.15
Royal Victoria Eye & Ear Hospital	52.16	94.18	13.14	54.55	34.42	9.25	**257.70**	256.67	245.99
St. Columcille's Hospital	36.79	133.87	54.93	64.75	54.52	29.17	**374.03**	372.53	368.72
St. Luke's General Hospital	113.64	350.41	61.42	108.81	151.36	27.15	**812.79**	809.53	767.29
St. Michael's Hospital	34.40	155.42	46.05	59.38	54.22	20.88	**370.35**	368.87	351.00
St. Vincent's University Hospital	384.54	889.37	350.40	358.79	272.26	124.80	**2,380.16**	2,370.62	2,181.13
Wexford General Hospital	105.79	310.19	42.13	126.88	169.31	37.17	**791.47**	788.30	737.97
Dublin East	**1,384.49**	**3,912.18**	**1,166.82**	**1,467.90**	**1,217.87**	**604.02**	**9,753.28**	**9,714.19**	**9,115.56**
Coombe Women & Infants University Hospital	74.00	333.61	59.68	112.64	126.22	43.46	**749.61**	746.61	691.59
Midland Regional Hospital, Portlaoise	64.38	216.40	52.59	72.60	19.87	143.41	**569.25**	566.97	526.20
Midland Regional Hospital, Tullamore	106.56	346.96	106.11	109.03	58.01	176.17	**902.84**	899.22	862.85
Naas General Hospital	74.17	232.32	94.19	84.80	25.76	125.77	**637.01**	634.46	589.47
St. James's Hospital	471.67	1,395.49	578.86	499.84	323.80	234.85	**3,504.51**	3,490.47	3,266.00
St. Luke's Hospital, Rathgar	36.64	72.30	152.18	73.45	58.10	29.09	**421.76**	420.07	390.31
Tallaght Hospital	327.15	793.03	373.88	392.63	236.86	147.78	**2,271.33**	2,262.23	2,102.69
other Acute Services		1.00		15.84	1.00		**17.84**	17.77	16.33
Dublin Midlands	**1,154.57**	**3,391.11**	**1,417.49**	**1,360.83**	**849.62**	**900.53**	**9,074.15**	**9,037.78**	**8,445.43**
Beaumont Hospital	468.41	1,076.22	434.18	490.49	389.66	169.12	**3,028.08**	3,015.94	2,764.93
Cavan General Hospital	95.12	352.25	76.12	101.90	78.73	54.57	**758.69**	755.65	684.13
Connolly Hospital	149.53	379.62	117.28	123.04	120.42	71.68	**961.57**	957.72	910.15
Louth County Hospital	8.00	68.65	23.32	48.74	66.85	20.33	**235.89**	234.94	217.60
Monaghan General Hospital	1.00	38.61	15.25	20.29	13.48	27.06	**115.69**	115.23	116.37
Our Lady of Lourdes Hospital	262.31	659.45	133.06	208.83	167.35	68.74	**1,499.74**	1,493.73	1,355.81
The Rotunda Hospital	72.65	344.97	56.01	124.56	121.42	29.44	**749.05**	746.05	686.95
other Acute Services			1.00	0.80			**1.80**	1.79	1.43
Dublin North East	**1,057.02**	**2,919.77**	**856.22**	**1,118.65**	**957.91**	**440.94**	**7,350.51**	**7,321.05**	**6,737.36**
Bantry General Hospital	19.84	98.15	21.37	21.45	17.52	40.83	**219.16**	218.28	211.93
Cork University Hospital	499.53	1,463.74	429.18	386.20	480.73	106.64	**3,366.02**	3,352.53	3,095.73
Kerry General Hospital	116.67	407.82	83.17	113.86	152.71	19.49	**893.72**	890.14	850.55
Lourdes Orthopaedic Hospital	7.00	35.54		4.53	18.14		**65.21**	64.95	67.17
Mallow General Hospital	18.55	97.52	15.43	31.23	6.00	45.99	**214.72**	213.86	213.82
Mercy University Hospital	142.40	380.94	120.30	157.70	101.27	87.89	**990.50**	986.53	886.49
South Infirmary-Victoria University Hospital	66.46	273.18	68.83	162.21	104.52	38.38	**713.58**	710.72	657.54
South Tipperary General Hospital	101.84	302.62	52.31	105.72	86.00	26.50	**674.99**	672.28	628.22
University Hospital Waterford	256.00	649.03	211.60	251.57	202.05	55.02	**1,625.27**	1,618.76	1,514.71
other Acute Services		0.82	1.00	11.40			**13.22**	13.17	11.52
South/ South West	**1,228.29**	**3,709.36**	**1,003.19**	**1,245.87**	**1,168.94**	**420.74**	**8,776.39**	**8,741.22**	**8,137.67**
Children's University Hospital	136.83	371.15	174.05	188.85	60.42	38.80	**970.10**	966.21	905.42
Our Lady's Children's Hospital	200.70	670.70	262.56	242.81	141.69	85.18	**1,603.64**	1,597.21	1,499.73
Tallaght Paediatric Hospital	46.46	98.58	2.84	29.39	1.00	3.12	**181.39**	180.66	190.62
The Children's Hospital Group	**383.99**	**1,140.43**	**439.45**	**461.05**	**203.11**	**127.10**	**2,755.13**	**2,744.09**	**2,595.77**
Croom Hospital	17.50	66.05	2.00	14.64	9.77	34.27	**144.23**	143.65	143.81
Ennis Hospital	9.85	96.00	20.82	33.82	13.07	32.62	**206.18**	205.35	205.31
Nenagh Hospital	8.00	85.83	13.16	29.14	8.77	34.11	**179.01**	178.29	176.92
St. John's Hospital	17.35	109.22	22.50	59.16	35.73	23.72	**267.68**	266.61	250.71
University Maternity Hospital	26.88	188.28	2.00	24.66	23.35	29.14	**294.31**	293.13	284.78
University Hospital Limerick, Dooradoyle	303.45	763.39	258.53	281.13	145.86	189.90	**1,942.26**	1,934.48	1,770.65
other Acute Services				18.85			**18.85**	18.77	12.21
University of Limerick	**383.03**	**1,308.77**	**319.01**	**461.40**	**236.55**	**343.76**	**3,052.52**	**3,040.29**	**2,844.39**
Galway University Hospitals	517.76	1,234.93	421.53	482.03	275.33	201.60	**3,133.18**	3,120.62	2,915.21
Letterkenny General Hospital	152.60	513.83	132.07	201.60	221.67	131.08	**1,352.85**	1,347.43	1,265.44
Mayo General Hospital	145.84	443.00	102.59	150.32	46.94	94.23	**982.92**	978.98	907.31
Portiuncula Hospital	74.25	282.97	65.81	108.59	70.51	49.74	**651.87**	649.26	611.18
Roscommon County Hospital	30.33	98.64	23.55	54.79	57.49	8.65	**273.45**	272.35	256.44
Sligo Regional Hospital	183.87	531.50	154.90	191.35	210.62	92.24	**1,364.48**	1,359.01	1,258.36
other Acute Services		10.52		15.93			**26.45**	26.34	5.19
West/ North West	**1,104.65**	**3,115.39**	**900.45**	**1,204.61**	**882.56**	**577.54**	**7,785.20**	**7,754.00**	**7,219.13**
other Acute Services	1.85	2.00	0.60	17.90			**22.35**	22.26	21.88
Palliative Care	28.89	246.15	71.66	60.19	85.56	113.68	**606.13**	603.70	573.73
SD Posts								-	126.58

Appendix 3: Performance Indicators

Acute Hospitals											
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015							
				Ireland East Hospitals Group	Dublin Midlands Hospitals Group	RCSI Hospitals Group, Dublin North East	South/ South West Hospitals Group	University of Limerick Hospitals	Saolta Healthcare Group	Children's Hospital Group	National Target
Beds Available Inpatient beds	Existing	Monthly	10,514	2,160	2,013	1,577	1,997	680	1,766	321	**10,514**
Day Beds / Places	Existing	Monthly	1,990	403	330	346	342	142	361	66	**1,990**
Discharges Activity Inpatient	Existing	Monthly	644,428	130,769	101,427	99,263	129,999	47,068	111,026	24,196	**643,748**
Day Case	Existing	Monthly	804,212	168,446	158,492	117,466	160,371	44,085	147,947	27,509	**824,317**
Emergency Care - New ED attendances	Existing	Monthly	1,104,131	234,566	177,829	156,256	192,864	55,399	179,006	108,211	**1,104,131**
- Return ED attendances	Existing	Monthly	84,042	18,942	11,199	13,469	20,548	4,359	10,288	5,236	**84,042**
- Other emergency presentations	Existing	Monthly	89,276	13,027	3,332	6,924	20,299	25,889	19,555	249	**89,276**
Inpatient Admissions No. of emergency admissions	Existing	Monthly	451,157	89,880	68,435	70,938	85,631	28,886	90,418	16,969	**451,157**
Elective Inpatient Admissions	Existing	Monthly	100,653	17,266	14,057	10,642	26,276	10,275	13,921	7,537	**99,973**
Outpatients Total no. of new and return outpatient attendances	Existing	Monthly	3,189,749	707,822	600,347	475,882	567,180	223,190	465,045	150,284	**3,189,749**
Outpatient Attendances - New : Return Ratio	Existing	Monthly	1 : 2.6	1 : 2	1 : 2	1 : 2	1 : 2	1 : 2	1 : 2	1 : 2	**1 : 2**
Births Total no. of births	Existing	Monthly	66,705	15,078	10,599	14,059	12,674	4,470	9,825	-	**66,705**
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting < 8 months for an elective	Existing	Monthly	75%	100%	100%	100%	100%	100%	100%	100%	**100%**

Acute Hospitals											
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015							
				Ireland East Hospitals Group	Dublin Midlands Hospitals Group	RCSI Hospitals Group, Dublin North East	South/ South West Hospitals Group	University of Limerick Hospitals	Saolta Healthcare Group	Children's Hospital Group	National Target
procedure (inpatient)											
% of adults waiting < 8 months for an elective procedure (day case)	Existing	Monthly	75%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of children waiting < 20 weeks for an elective procedure (inpatient)	Existing	Monthly	50%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of children waiting < 20 weeks for an elective procedure (day case)	Existing	Monthly	60%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly		100%	100%	100%	100%	100%	100%	100%	**100%**
Colonoscopy / Gastrointestinal Service % of people waiting < 4 weeks for an urgent colonoscopy	Existing	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
%of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	60%	100%	100%	100%	100%	100%	100%	100%	**100%**
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within 6 hours of registration	Existing	Monthly	66%	95%	95%	95%	95%	95%	95%	95%	**95%**
% of all attendees at ED who are discharged or admitted within 9 hours of registration	Existing	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of ED patients who leave before completion of treatment	Existing	Monthly	5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	**<5%**
% of all attendees at ED who are in ED > 24 hours	Existing	Monthly	3.5%	0%	0%	0%	0%	0%	0%	0%	**0%**
Patient Profile aged 75 years and over % of patients attending ED > 75 years of age	New 2015	Monthly	New 2015								**TBC**
% of all attendees aged over 75 years at ED who are discharged or admitted within 6 hours of registration	New 2015	Monthly	New 2015								**95%**
% of all attendees aged over 75 years at ED who are admitted within 6 hours of registration	New 2015	Monthly	New 2015								**100%**

Acute Hospitals											
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015							
				Ireland East Hospitals Group	Dublin Midlands Hospitals Group	RCSI Hospitals Group, Dublin North East	South/ South West Hospitals Group	University of Limerick Hospitals	Saolta Healthcare Group	Children's Hospital Group	National Target
Acute Medical Patient Processing % of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	Existing	Monthly	61%	95%	95%	95%	95%	95%	95%	95%	**95%**

Acute Hospitals				
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015
Access to Services % of routine patients chronologically scheduled	New 2015	Monthly	New 2015	**90%**
Ambulance Turnaround Times % of ambulances that have a time interval of < 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	New 2015	Monthly	New 2015	**100%**
Health Care Associated Infections (HCAI) Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used	Existing	Quarterly	0.06	**< 0.057**
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	Existing	Quarterly	1.9	**< 2.5**
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	Existing	Bi- Annual	84.4	**83**
Alcohol Hand Rub consumption (litres per 1,000 bed days used)	Existing	Bi- Annual	29.3	**25**
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Existing	Bi- Annual	86.2%	**90%**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
Hospital acquired S. aureus bloodstream infection/10,000 BDU	New 2015	Monthly	New 2015	**TBC**
Percentage of current staff who interact with patients that have received mandatory hand hygiene training in the rolling 24 month	New 2015	Monthly	New 2015	**100%**
Adverse Events Postoperative Wound Dehiscence – Rate per 1,000 inpatient cases aged 16 years+	New 2015	Monthly	TBC	**TBC**
In Hospital Fractures – Rate per 1,000 inpatient cases aged 16 years+	New 2015	Monthly	TBC	**TBC**
Foreign Body Left During Procedure – Rate per 1,000 inpatient cases aged 16 years+	New 2015	Monthly	TBC	**TBC**
% of claims received by State Claims Agency that should have been reported previously as an incident	New 2015	Quarterly	TBC	**TBC**
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	90%	**> 95%**
Average Length of Stay Medical patient average length of stay	Existing	Monthly	6.8	**5.8**
Surgical patient average length of stay	Existing	Monthly	5.2	**5.1**
ALOS for all inpatients	Existing	Monthly	5.3	**5.0**
ALOS for all inpatient discharges excluding LOS over 30 days	Existing	Monthly	4.5	**4.3**
Outpatients (OPD) New attendance DNA rates	Existing	Monthly	13%	**12%**
Dermatology OPD No. of new Dermatology patients seen	Existing	Monthly	40,600	**40,215**
New: Return Attendance ratio	Existing	Monthly	1 : 2	**1 : 2**
Rheumatology OPD No. of new Rheumatology patients seen	Existing	Monthly	13,060	**13,500**
New: Return Attendance ratio	Existing	Monthly	1 : 4	**1 : 4**
Neurology OPD	Existing	Monthly	16,600	**15,400**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
No. of new Neurology patients seen				
New: Return Attendance ratio	Existing	Monthly	1 : 3	**1 : 3**
% Discharges which are Public Inpatient	Existing	Monthly	80%	**80%**
Day Case	Existing	Monthly	80%	**80%**
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Existing	Quarterly	66%	**50%**
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Existing	Quarterly	11.1%	**9%**
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Existing	Quarterly	57.6%	**66%**
Heart Failure Rate (%) re-admission for heart failure within 3 months following discharge from hospital	Existing	Quarterly	20%	**20%**
Median LOS for patients admitted with principal diagnosis of acute decompensated heart failure	Existing	Quarterly	8	**6**
% patients with acute decompensated heart failure who are seen by HF programme during their hospital stay	Existing	Quarterly	94.8%	**80%**
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Existing	Quarterly	85.1%	**85%**
% reperfused STEMI patients (or LBBB) who get timely a) PPCI or	Existing	Quarterly	70.7%	**80%**
b) thrombolysis	Existing	Quarterly	36.6%	**80%**
Mean and Median LOS and bed days for: a) STEMI	Existing	Quarterly	4	**4**
b) non -STEMI	Existing	Quarterly	4	**6**
Surgery % of elective surgical inpatients who had principal	Existing	Monthly	64%	**70%**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
procedure conducted on day of admission				
% day case rate for Elective Laparoscopic Cholecystectomy	New 2015	Monthly	New 2015	**> 60%**
% of bed day utilisation by acute surgical admissions that do not have a surgical primary procedure	New 2015	Monthly	New 2015	**5% Reduction**
Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	Existing	Monthly	82%	**95%**
Hospital Mortality Standardised Mortality Rate (SMR) for inpatient deaths by hospital and clinical condition	Existing	Annual	Not yet reported	**TBC**
Re-admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	Existing	Monthly	11%	**9.6%**
% of surgical re-admissions to the same hospital within 30 days of discharge	Existing	Monthly	2%	**< 3%**
Medication Safety % of medication errors reported (as measured through the State Claims Agency)	New 2015	Quarterly	New 2015	**TBC**
Patient Experience % of hospitals conducting annual patient experience surveys amongst representative samples of their patient population	Existing	Annual	Not yet reported	**100%**
Dialysis Modality Haemodialysis Patient Treatments	Existing	Bi-Annual	247,104 – 248,040	**251,004 – 254,124**
Home Therapies Patient Treatments	Existing	Bi-Annual	80,979 – 89,734	**85,060 – 94,440**
Total no. of dialysis Patient Treatments	Existing	Bi-Annual	328,083 – 337,774	**336,064 – 348,564**
Delayed Discharges % reduction in bed days lost through delayed discharges	Existing	Monthly	1.4% reduction	**10% reduction**
% reduction of people subject to delayed discharges	Existing	Monthly	24% Increase	**15% reduction**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
HR – Compliance with EWTD < 24 hour shift	Existing	Monthly	95%	**100%**
< 48 hour working week	Existing	Monthly	63%	**100%**
National Early Warning Score (NEWS) % of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Existing	Quarterly	100%	**100%**
% of all clinical staff who have been trained in the COMPASS programme	Existing	Quarterly	45%	**> 95%**
Irish Maternity Early Warning Score (IMEWS) % of maternity units / hospitals with full implementation of IMEWS	New 2015	Quarterly	New 2015	**100%**
% of hospitals with implementation of IMEWS for pregnant patients	New 2015	Quarterly	New 2015	**100%**
National Standards % of hospitals who have commenced first assessment against the NSSBH	Existing	Quarterly	Not yet reported	**95%**
% of hospitals who have completed first assessment against the NSSBH	Existing	Quarterly	Not yet reported	**95%**
COPD Mean and median LOS (and bed days) for patients with COPD	Existing	Quarterly	7.7 5	**7.8** **5**
% re-admission to same acute hospitals of patients with COPD within 90 days	Existing	Quarterly	25%	**24%**
No. of acute hospitals with COPD outreach programme	Existing	Quarterly	15	**15**
Access to structured Pulmonary Rehabilitation Programme in Local Health Area	Existing	Bi- Annual	87%	**63%**
Access to structured Pulmonary Rehabilitation Programme in acute hospital services	Existing	Bi- Annual	22 Sites	**28 Sites**
Asthma % nurses in primary and secondary care who are trained by national asthma programme	Existing	Annual	Not Yet Reported	**70%**
No. of asthma inpatient bed days used	Existing	Quarterly	-9%	**10% Reduction**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
No. of deaths caused by asthma annually	Existing	Annual	Not Yet Reported	**< 50**
Diabetes % change in lower limb amputation from Diabetes	Existing	Annual	Not Yet Reported	**40%**
% Change in hospital discharges for foot ulcers in diabetes	New 2015	Annual	40%	**100%**
Epilepsy % reduction in median LOS for epilepsy inpatient discharges	Existing	Quarterly	0%	**10% Reduction**
% reduction in the number of epilepsy discharges	Existing	Quarterly	19%	**10% Reduction**
Blood Policy No. of units of platelets ordered in the reporting period	Existing	Quarterly	21,178	**21,178**
% of units of platelets outdated in the reporting period	Existing	Quarterly	< 8%	**< 8%**
% usage of O Rhesus negative red blood cells	Existing	Quarterly	< 11%	**< 11%**
% of red blood cell units rerouted to hub hospital	Existing	Quarterly	< 5%	**< 5%**
% of red blood cell units returned out of total red blood cell units ordered	Existing	Quarterly	<1%	**<1%**
Service Arrangements / Annual Compliance Statement				
% and amount of monetary value of Service Arrangements signed	New 2015	TBA	New 2015	**100%**
% and number of Service Arrangements signed	New 2015	TBA	New 2015	**100%**
% and number of Annual Compliance Statements signed	New 2015	TBA	New 2015	**100%**
Complaints				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	New 2015	TBA	New 2015	**75%**
Serious Reportable Events				
% of Serious Reportable Events being notified within 24 hours to a designated officer	New 2015	Monthly	New 2015	**95%**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
% of mandatory investigations commenced within 48 hours of event occurrence	New 2015	Monthly	New 2015	**95%**
% of mandatory investigations completed within 4 months of notification of event occurrence	New 2015	Monthly	New 2015	**95%**
Reportable Events				
% of Serious Reportable Events being notified within 24 hours to a designated officer	New 2015	Monthly	New 2015	**95%**
System Wide - Quality and Patient Safety				
Quality and Patient Safety				
Service User Engagement	New 2015	In Development		
Quality and Safety Committees	New 2015	Quarterly	New 2015	**100%**
Health & Wellbeing				
Flu vaccination take up by hospital workers	New 2015	Quarterly	New 2015	**40%**
National Cancer Control Programme				
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to symptomatic breast clinics	Existing	Monthly	16,555	**16,000**
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	Existing	Monthly	95%	**95%**
Clinic cancer detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of breast cancer	New 2015	Monthly	New 2015	**>6%**
Lung Cancers No. of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,108	**3,000**
% of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	Existing	Monthly	87%	**95%**
Clinic cancer detection rate: % of new attendances to clinic that have a subsequent diagnosis of lung cancer	New 2015	Monthly	New 2015	**>25%**

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
Prostate Cancers No. of patients attending the rapid access clinic in the cancer centres	Existing	Monthly	2,535	**2,500**
% of patients attending the prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	Existing	Monthly	46%	**90%**
Clinic cancer detection rate: % of new attendances to clinic that have a subsequent diagnosis of prostate cancer	New 2015	Monthly	New 2015	**>30%**
Radiotherapy No. of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Existing	Monthly	3,708	**4,700**
% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Existing	Monthly	90%	**90%**
In Development				
Pressure Ulcer Incidence				
The Nursing and Midwifery Division will lead, in partnership with the Quality Improvement Division, the development of a performance indicator on 'pressure ulcer incidence' with the aim of reporting by Q3 2015.	New 2015	Monthly	New 2015	**TBC**
Falls Prevention				
The Quality Improvement Division will lead, in partnership with the Nursing and Midwifery Division, the development of a performance indicator on 'falls prevention with the aim of reporting by Q3 2015.	New 2015	Monthly	New 2015	**TBC**
Outpatient Services % of referrals clinically prioritised within 5 working		Monthly	New 2015	

Acute Hospitals				
Service Area	**New/ Existing KPI**	**Data Timing**	**National Projected Outturn 2014**	**Targets Expected Activity 2015**
days of receipt	New 2015			**95%**
% of Clinicians with individual DNA rate of 10% or less	New 2015	Monthly	New 2015	**90%**
% of referrals received that contain at a minimum the HIQA MDS for OP	New 2015	Quarterly	New 2015	**Q1 – Q2 : 50%** **Q3 – Q4 : 75%**
HCAI Number of patients colonized with multi-drug resistant organisms (MDRO) that can not be isolated in single rooms or cohorted with dedicated toilet facilities as per national MDRO policy within 24 hours of laboratory detection of MDRO (in the case of newly-identified cases), or immediately on admission to hospital (in the case of previously identified cases	New 2015	Monthly	New 2015	**0**
Finance Variance against Budget: Income and Expenditure	Existing	Monthly	To be reported in Annual Financial Statements 2014	**< 0%**
Variance against Budget: Income collection / Pay / Non Pay / Revenue and Capital Vote	Existing	Monthly		**< 0%**
HR Rates of absence	Existing	Monthly	4.45%	**3.5%**
Variance from HSE Workforce ceiling	Existing	Monthly	2.95% 2,780	**< 0%**

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2013/2014 but not operational, projects due to be completed and operational in 2015 and also projects due to be completed in 2015 but not operational until 2016

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
ACUTE DIVISION									
RCSI Hospital Group, Dublin North East									
Beaumont Hospital, Dublin	Renal transplant unit (phase 2)	Q4 2015	Q1 2016	0	24	2.20	5.00	0	0
	Provision of a second catheterisation laboratory	Q4 2015	Q1 2016	0	0	0.00	1.54	0	0
Connolly Hospital, Blanchardstown, Dublin	Upgrade of existing radiology department (phase 1)	Q4 2015	Q1 2016	0	0	1.50	5.00	0	0
	Expansion of urology unit	Q2 2015	Q4 2015	0	0	0.21	0.95	0	0
Rotunda Hospital, Dublin	Electrical distribution system upgrade and completion of the boundary wall, stabilisation works and mortuary upgrade	Q2 2015	Q2 2015	0	0	0.80	1.45	0	0
Dublin Midlands Hospital Group									
Tallaght Hospital - AMNCH	Reconfiguration and upgrade to the adult and paediatric Emergency Department (ED) to provide additional cubicle space, additional resus accommodation, rapid access and additional triage; also upgrade to endoscopy suite	Q1 2015	Q2 2015	0	0	1.00	4.50	0	0
The Children's Hospital Group									
Children's University Hospital, Temple Street, Dublin	Interim works including an ECG room, admissions unit, cochlear implant / audiology facility, rapid access clinic in ED, endoscopy and radiology upgrade	Phased in 2015	Phased in 2015	0	0	1.00	5.37	0	0
Dublin East Group									
National Maternity Hospital, Holles Street, Dublin	Repair works to roof and relocation of the neo-natal ICU	Q4 2014	Q1 2015	0	25	1.00	5.00	0	0
Wexford General Hospital	Upgrade and replacement of fire detection and alarm systems, emergency lighting and passive fire protection works	Q4 2015	Q4 2015	0	0	0.99	3.90	0	0
Our Lady's Hospital, Navan, Co. Meath	Construction of new ED	Q4 2014	Q1 2015	0	0	0.00	1.00	0	0
St. Luke's Hospital, Kilkenny	Redevelopment phase 1 and 2: Construction of new ED, medical assessment unit (MAU), day service including endoscopy (including medical education unit)	Q1 2015	Q2/Q3 2015	11	14	0.95	20.25	0	0
Cappagh National Orthopaedic Hospital	Provision of a recovery unit to serve the theatre department (co-funded with Cappagh)	Q4 2015	Q4 2015	0	0	0.50	0.50	0	0

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
ACUTE DIVISION *contd.*									
South / South West Hospital Group									
Cork University Hospital	MRI and CT project	Q4 2014	Q1 2015	2	0	0.00	3.71	0	0
	Development of an acute MAU (phased development)	Q4 2015	Q4 2015	0	23	1.20	2.99	0	0
Cork University Maternity Hospital	Upgrade of ED	Q2 2015	Q3 2015	0	0	0.10	0.10	0	0
Mercy University Hospital, Cork	Replacement / upgrade of boiler and heating controls	Q2 2015	Q2 2015	0	0	0.28	1.00	0	0
South Infirmary University Hospital, Cork	Ophthalmology outpatient department (OPD) relocation	Q4 2014	Q1 2015	0	0	1.20	2.50	0	0
Kerry General Hospital, Tralee	Blood science project - extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q4 2015	Q4 2015	0	0	0.15	0.70	0	0
South Tipperary General Hospital, Clonmel	Extension of radiology department to accommodate a CT and future MRI	Q4 2015	Q4 2015	0	0	0.80	1.48	0	0
Waterford University Hospital	Cystic fibrosis unit	Q2 2015	Q2 2015	0	4	0.08	0.63	0	0
	Upgrade of theatre air handling units (AHUs)	Q2 2015	Q2 2015	0	0	0.20	0.40	0	0
Bantry General Hospital, Co. Cork	MAU to enable reconfiguration of acute hospital services	Q1 2015	Q2 2015	8	0	0.45	1.15	0	0
Saolta University Health Care Group									
Letterkenny General Hospital, Co. Donegal	Restoration and upgrade of the catering department damaged in 2013 flood. Part funded by Insurance.	Q1 2015	Q1 2015	0	0	0.52	1.02	0	0
	Restoration and upgrade of the laboratory department damaged in 2013 flood. Part funded by Insurance.	Q2 2015	Q3 2015	0	0	0.87	1.37	0	0
	Restoration and upgrade of the underground service duct (and services). Funded by insurance only.	Q4 2015	Q4 2015	0	0	0.00	0.00	0	0
	New medical education centre (to be funded by NUIG)	Q4 2015	Q4 2015	0	0	0.00	0.00	0	0
Galway University Hospital	Clinical research centre	Q4 2014	Q1 2015	0	0	0.00	0.41	0	0
	Upgrade of maternity unit	Q1 2015	Q1 2015	0	0	0.20	0.45	0	0
Merlin Park University Hospital, Galway	Upgrade of orthopaedic theatre AHUs and theatre plant (including new plant room)	Q3 2015	Q3 2015	0	0	0.49	0.93	0	0
Mayo General Hospital, Castlebar	Cystic fibrosis outpatient unit	Q4 2014	Q1 2015	0	0	0.00	0.20	0	0
Roscommon County Hospital	Provision of endoscopy unit	Q4 2015	Q4 2015	0	2	2.90	5.48	0	0
Sligo General Hospital	New medical education centre (to be funded by NUIG)	Q3 2015	Q4 2015	0	0	0.00	0.00	0	0
	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works	Q2 2015	Q2 2015	0	0	0.55	0.91	0	0
	Upgrade of boiler plant and boiler room	Q4 2015	Q4 2015	0	0	0.70	0.95	0	0
	Design and dignity scheme (palliative care / chronic illness)	Q1 2015	Q1 2015	0	0	0.25	1.43	0	0
University of Limerick Hospital Group									
Limerick University Hospital	Final fit out of underground car park	Q1 2015	Q1 2015	0	0	1.20	2.59	0	0

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
ACUTE DIVISION *contd.*									
University of Limerick Hospital Group*contd..*									
Nenagh Hospital, Co. Tipperary	Provision of 2 new theatres adjacent to the existing theatre department plus the upgrade of existing space	Q4 2014	Q1 2015	2	0	0.13	6.23	0	0
Ennis Hospital, Co. Clare	Local injuries unit	Q3 2015	Q4 2015	0	0	0.50	1.17	0	0