



# UCC

Coláiste na hOllscoile Corcaigh, Éire  
University College Cork, Ireland



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# South/South West Hospital Group Operational Plan

## 2017



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# Operational Plan 2017

## South/South West Hospital Group

### Introduction

The demand for acute hospital services continues to increase in line with a growing and ageing population. The South/South West Hospital Group continue to implement *Securing the Future of Smaller Hospitals: A Framework for Development*. This will 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 hospitals.

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

The South/South West Hospital Group aims to provide safe, quality, effective patient centred care to all service users.

The South/South West Hospital Group comprises of nine acute hospitals operating across the counties of Cork, Kerry, Waterford, Tipperary and Kilkenny. The Group serves a population of approximately 1.2million and provides a wide range of inpatient, day case and ambulatory care services. The group has 2,139 inpatient beds and 382 day beds.

The nine hospitals under the group are:

- Cork University Hospital/Cork University Maternity Hospital
- University Hospital Waterford
- University Hospital Kerry
- Mercy University Hospital
- South Tipperary General Hospital
- South Infirmary-Victoria University Hospital
- Bantry General Hospital
- Mallow General Hospital
- Lourdes Orthopaedic Hospital, Kilcreene

The primary academic partner for the group is University College Cork.

The Group has two major cancer centres in Cork University Hospital and University Hospital Waterford and three trauma centres in Cork University Hospital, University Hospital Waterford and

University Hospital Kerry. It has three model three hospitals in University Hospital Kerry, Mercy University Hospital and South Tipperary General Hospital and two elective hospitals in the South Infirmar-y-Victoria University Hospital and Lourdes Orthopaedic Hospital, Kilcreene. It also has two smaller hospitals in Bantry General Hospital and Mallow General Hospital.

The South/South West Hospital Group has a Chairperson and is awaiting the appointment of an interim Board of Directors. A Group Leadership Team is in place, which is led by the Group Chief Executive Officer.

## Priorities for 2017

- Embed robust governance structures within the Hospital Group in line with the development of HG Strategic Plan.
- Increase Critical Care Capacity.
- Enhance and build Quality and Patient Safety capacity.
- Improve inpatient flow with continued focus on delayed discharges in partnership with social care services, CHO's and Primary Care.
- Continue to work closely with our colleagues in the CHO's on the Integrated Care Programmes. This includes the holding of regular meetings with CHO's in our Hospital Group.
- Continue to develop a system for reporting Hospital Quality & Safety Indicators in conjunction with the Hospital CEOs and Clinical Directors.
- Continue to improve patient experience times in emergency departments.
- Improve access to urgent and planned care by increasing efficiencies, streamlining processes and maximising capacity in hospitals.
- Implement the Maternity Strategy as appropriate.
- Implement the new Cancer Strategy as appropriate.
- Ensure that the Hospital Group safely and effectively manages its services within available funding.

## Risks to Delivery of Services

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

- Capacity to effectively support leadership and staff for quality and safety improvements.
- Capacity to meet increasing in-patient care needs with competing waiting list, emergency department and tertiary referral demands.
- Capacity to effectively support the group clinical directorate management teams (x4) to give effect in the first instance to the maternity strategy.
- Service risks related to limited critical care capacity will continue in 2017 despite a service development allocation of 2 additional critical care beds for 2017.
- Mitigating risks depends on safe staffing levels and the capacity to maintain safe levels with challenges in recruitment & retention to all hospitals but particularly Model 3 & 2 continues.
- Capacity to effectively meet diagnostic demands within the group's acute hospitals and in partnership with community healthcare organisations.

- Capacity to effectively integrate services to address the current over-reliance on acute services so that the right care is delivered at the right time, first time.
- Capacity to meet demand for services within available funding.
- Regulatory requirements in hospital services which must be responded to within the limits of the revenue and capital funding available
- Control over pay and staff numbers while at the same time managing specific safety, regulatory, and demand driven pressures.
- Managing within the limitations of our clinical business information, financial and HR systems to support an information driven health service.
- Capacity to provide measurement for assurance and improvement of the quality & safety of services in the absence of accurate, reliable and consistent quality & safety information across all hospital sites.
- Managing the scale of change required to support new models of service delivery and structures while supporting innovation and reorganisation across the Group.
- Capacity to invest in and maintain our physical infrastructure.
- Capacity to invest in and replace ageing medical equipment.
- Our ability to meet the demand for new drug approvals within funded levels.
- Financial stability – recognise de-stabing issues as they arise and implement appropriate financial planning to mitigate the impact.
- Capacity to deliver on income target.

## Cancer Services

The National Cancer Control Programme will lead the implementation of the new pending cancer strategy in the HSE. This will involve providing leadership across the continuum of care, from diagnosis, treatment, to appropriate follow-up and support, in both the hospital and community setting.

The main area of focus will continue to be the diagnosis and treatment of cancer. Further progress will be made in the consolidation of surgical oncology services into the cancer centres to ensure that optimal treatment is provided and outcomes are improved. Service improvements will be underpinned by evidence, best practice and continued development of further National Clinical Guidelines. Services will be monitored against agreed performance parameters.

## Integrated Care

The South/South West Hospital Group will continue to work closely with colleagues in the Community Healthcare Organisations to address waiting times for patients in line with the ED Taskforce report.

Implementation of the Integrated Care Programmes will also continue to ensure safe and efficient delivery of services for all our patients.

## Quality and Patient Safety

The South/South West Hospital Group will prioritise the establishment of a robust governance and accountability structure for Quality and Patient Safety within the Hospital Group during 2017.

The Hospital Group will work to develop an operating model for patient safety and quality.

The aim is to further enhance and build capacity of QPS departments across the Hospital Group and at hospital level and to focus on supporting the four domains of quality – Person centred; Effective; Safe; and Better Health & Wellbeing. In line with the HSE *Framework for Improving Quality*, the Group aims to make changes that will lead to better patient outcomes, better experience of care and the continued development and supporting of staff in delivering quality care. The Group will continue to support the following key areas of development:

**1. Continue to implement the Framework for Quality Improvement and National Patient Safety Programmes in partnership with NCSP, QAV and QID in the following areas:**

- HCAI
- Decontamination
- Medication Safety
- Pressure Ulcers to Zero
- Sepsis and Early Warning Scores/ Systems
- Falls Prevention
- Clinical Handover
- Quality and Safety Governance

**2. Improve Risk and Patient Safety incident management**

- Improve overall response to safety incidents by developing and streamlining processes and systems for managing, investigating, reviewing and learning from incidents
- Continue to put in place measures to improve reporting

**3. Develop capacity to listen and learn from patients, public and staff**

- Support the 2017 Patient Experience Programme- joint initiative with HIQA and DOH
- Continue implementation and embed a culture of Open Disclosure across all services

**4. Quality and Safety Performance Monitoring and Reporting**

- Strengthen QPS monitoring and surveillance to ensure Patient Safety areas for improvement are identified and learning is shared
- Continue to publish monthly Maternity Safety Statements. Commence reporting monthly Hospital Quality & Safety Indicators.

## Operational Framework – Financial Plan

### Introduction – Budget 2017

The South/South West Hospital Group has received in 2017 a Gross Budget Allocation of €940.227m and an Income Target of €193.410m, giving a net allocation of €746.817m

	2017 Available Budget	2017 Income Target
<b>SSWHG</b>	<b>€940.227m</b>	<b>€193.410m</b>

#### This allocation includes:

- €11.938m for some known pay cost increases under LRA/HRA, Task Transfer and Increments
- €2.599m for increased Emergency and Day case Activity, and some monies to support the increased cost of Specialising, Growth in GP Testing, Private Dialysis and FYC of Approved Developments.

#### It also includes total reductions of:

- €0.471m - for First Charge from prior year, Reversal of 2016 Once-off funding- €3.535m, Efficiency Savings Target - €2.700m and Savings expected to be achieved from the IPHA Agreement - €2.759m.

#### This allocation does not include:

- ED nurses full-year-cost.
- New services NSP €5m.
- €4m (National) for cancer drugs – new spend – for which there is particular guidance.
- €1.7m (National) for blood price-growth.
- €10m (National) for essential new posts to be agreed with AHD

### Budget 2017 and Existing Level of Service

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

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

## Approach to Financial Challenge 2017

Delivering the level of services included in our ABF Allocation, as safely and effectively as possible, within the overall limit of available funding remains a critical area of focus and concern for 2017. Our Group CEO, Hospital Managers and other senior managers across the Group will face specific challenges in respect of ensuring that the type and volume of safe services are delivered within the resource available. We will require robust Cost Control and Containment Plans on an individual hospital basis immediately. Developing and implementing such a Financial Plan is the key focus of the Hospital Group.

It should be noted that the SSWHG has again performed positively under the 2016 Benchmarking exercise with an ABF transition reduction adjustment of €13.302m being applied to the national average price being paid for our services. In order to recognise performance in the benchmarking process we received a 10% uplift equivalent to €1.3m. It is recognised that ABF is in its infancy and that there are considerable requirements to improve clinical coding and DRG costing. We as a Group have achieved improvements in both of these areas during 2016 and will continue to develop the ABF model in all sites during 2017.

When account is taken of the 2016 cost of services, known cost growth, approved service developments, efficiency targets and initial cost saving measures, a financial challenge remains to be addressed.

In order to manage our Financial Challenge effectively during 2017 we will continue to focus on:

- Governance - Budgetary control through our on-going engagement with all our hospital Management Teams and through our Hospital Performance Meetings.
- Pay – Managing our Pay and Numbers Strategy 2017 with each of our hospitals through our well established SSWHG Pay Bill Management Control Process
- Non-Pay – implementation and management of SMART cost containment initiatives for specific high growth areas and to achieve greater efficiencies.
- Income – Continue to maximise income generation by ensuring that we have robust processes in place in all hospitals. It should be noted that the Group have received a recognised stretch accelerated target of €8.2m which needs to be managed pending a national/regional solution.
- Activity - given that we are now funded based on a defined activity target, the Group will be establishing a process to effectively manage this target against the actual performed in order to live within the funded envelope. We will use the activity based funding model progressively as part of the performance management process with the hospitals.
- Reprioritisation – consideration will be given to opportunities to reprioritise existing activities where relevant.

The Group is conscious of the ongoing considerable challenges faced by staff in managing increasing demands within an environment of fiscal constraint, challenging budgets and higher expectations. Notwithstanding the cost reduction measures implemented in recent years, the



Group will endeavour to live within the funding envelope by ensuring ongoing monitoring and controlling of costs, monitoring hospitals cost containment/efficiency plans, while at the same time endeavouring to minimise any impact on clinical services. There is however limited scope to manage within the allocated funding without risk of compromising service delivery.

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

## Operational Framework – Workforce Plan

The South/South West Hospital Group recognises and acknowledges its people as its most valuable assets and key to service delivery in 2017. The People Strategy 2015 – 2018 “Leaders in People Services” underpins the wider health reform. It focuses on people services for the whole of the health services with the ultimate goal of delivering safer better healthcare. This is being achieved through leadership driving cultural change, enabled by staff engagement, workforce planning and adopting a partnering approach. The strategy is underpinned by a commitment to value and support the workforce. In particular, the role of HR Director has been established as the link between National HR, the HR Leads in each hospital and the Acute Hospitals Division.

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

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

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

## Performance and Accountability Framework

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

### Accountability Structure.

There are five main layers of accountability in the HSE

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

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

Service Arrangements will continue to be the contractual mechanism governing the relationship between the HSE and Section 38 Agencies<sup>1</sup> to ensure delivery against targets.

### Performance management process

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

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

A formal escalation process can be applied at both the organisation and the individual level where there is continued underperformance following monitoring and support. This can result in senior managers responsible for particular services attendance at relevant Oireachtas Committees to account for service delivery, quality and financial performance issues. The full text of Performance and Accountability Framework is available at [www.hse.ie](http://www.hse.ie).

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

## Implementing Priorities 2017

Priority Area	Priority Actions	Lead	CP Goal	Date
Critical Care	Establish a Critical Care Network to develop appropriate care pathways across the group of hospitals for critical care and deteriorating patients to ensure right care, right time and right place within current (and future) resources	SSWHG and AHD	2	Q1-Q4
	Safe retrieval and transfer			Q1-Q4
	Review of anaesthetic capacity and development of in-hospital rapid response medical emergency teams			Q1-Q4
	Increase the number of available critical care beds at CUH x 2 beds			Q2-Q4
Implementation of Maternity Strategy	Establish a clinical directorate for Women and Children	SSWHG	2	Q1
	Provide high level co-ordination of maternity, gynaecology and neonatal services across the Hospital Group and continue the implementation of the Maternity Strategy including the development of clinical maternity networks.	SSWHG / Women and Infants Health Prog		Q1-Q4
	Continue to publish maternity safety statements for all maternity units/ hospitals.			Q1-Q4
	Roll-out the Maternal and Newborn Clinical Management System (MN-CMS) in phase 1 hospitals (Cork University Maternity & University Hospital Kerry) and commence phase 2 preparation and roll-out.			Q1-Q4
	Development of Group-wide Maternity Services Directorate Team			Q1-Q4
	Development of care pathways for obstetrics, gynaecology and neonatology patients across hospitals			Q1-Q4
	Improve access to antenatal anomaly screening in all Maternity Units. Improve theatre access for emergency caesarean sections			Q1-Q4
	Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across all maternity units.			Q1-Q4
	Continue the development of the Irish Maternity Indicator System (IMIS) Audit to facilitate assessment of quality of care in maternity services.			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Support implementation of phase 1 targeted hip ultrasound screening for infants at risk of developmental dysplasia of the hip		2	Q1-Q4
	Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines		2	Q1-Q4
<b>Governance and Compliance</b>	Embed robust structures within the hospital group to facilitate effective managerial and clinical governance which will provide direct support to the smaller hospitals in the group.	SSWHG and AHD	2	Q1-Q4
	Develop group Model/Framework (structure and processes) for effective governance for Quality & Safety across hospital group in line with existing and transitioning accountability for quality & safety – Board / Leadership/ Group Directorate(s) / EMBs / Hospital Directorates			Q1-Q4
	Develop Hospital / Group performance monitoring & reporting of Q&S			Q1-Q4
	Develop group wide audit and compliance monitoring programme			Q1-Q4
<b>Quality and Patient Safety</b>	Build Quality and Patient Safety capacity and capability at hospital group and hospital level to support Quality Improvement initiatives	SSWHG and AHD	2	Q1-Q4
	Build capacity & capability at hospital and group directorate level to effectively support quality & safety			Q1-Q4
	With academic partner develop a suite of training opportunities and methods for staff in leadership, in quality improvement methodologies, in data analysis including interrogating audit data, in sustainability & reliability, in team working, in disruptive behaviour etc.			Q1-Q4
	Monitor and support implementation of National Standards for Safer Better Healthcare			Q1-Q4
	Develop a group wide approach to support quality improvement programmes (particularly front line projects) and their implementation that also improves compliance with NSSBHC			Q1-Q4
	Support the development and implementation of a quality and safety framework and programmes across the hospital group.			Q1-Q4
	Improve overall response to safety incidents (reporting and investigation).			Q1-Q4
	Implement revised Integrated Risk Management policy			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Commence monthly reporting of Hospital Quality & Safety Indicators			Q1-Q4
	Continue to embed the culture of open disclosure.			Q1-Q4
	Improve compliance with the use of the sepsis screening tools. Develop plans for the implementation of National Clinical Guideline – No. 5 Communication (Clinical Handover) in Maternity Services, No. 6 Sepsis Management and the Communication (Clinical Handover) Guideline. EWS / MEWS / PEWS – escalation / SBAR Communication / Safer Medications / Pressure Ulcers to Zero / Nutrition & Hydration			Q1-Q4
	Develop Group Wide Clinical Audit Programme to measure patient outcomes against clinical care programmes, NCEC guidelines, NOCA audits and QI programmes in Histopathology, radiology and endoscopy			Q1-Q4
	With academic partner explore international experience to develop measurement & analysis tools to support better patient outcomes and improved analysis of complaints, reviews, claims etc.			Q1-Q4
	Co-operate with Quality Improvement Division in the Preventing VTE (blood clots) in Hospital Patients Improvement Collaborative”	SSWHG and AHD	2	Q1-Q4
Patient Participation	Implement a strategic approach for patient participation across the hospital group to include improved methods for patient’s to raise concerns; for staff to address concerns; for patient advocacy and for patient /volunteer involvement in improvements for patients			Q1-Q4
Control and Prevention of HCAIs	Ensure governance structures are in place in the Hospital group to drive improvement and monitor compliance with targets for HCAIs / AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.	SSWHG and AHD	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
Cancer Services and the National Cancer Control Programme	Work with the DoH and other stakeholders on the implementation of the National Cancer Strategy, which will consist of continued reorganization of cancer services. Improvement in optimal care across the cancer continuum.	SSWHG and NCCP	2	Q1-Q4
	NCCP will continue to lead on service developments such as cancer prevention, early diagnosis, survivorship and performance monitoring against agreed KPIs across all eight designated cancer centres.			Q1-Q4
	NCCP will work with the Hospital group to implement the recommendations of the KPI quality improvement plan for the Rapid Access Clinics Breast, Prostate and Lung Cancers.			Q1-Q4
	Work with the AHD and NCCP on the roll out the Medical Oncology Clinical Information System on a phased basis (MOCIS) across the systemic anticancer therapy hospital sites.			Q1-Q4
	NCCP will continue optimal care with continued medical oncology drug cost funding for the Growth in drug costs with the cancer centres.			Q1-Q4
	NCCP will continue to support expansion of radiotherapy services for cancer patients (Implications of Phase II NPRO developments – Cork)	SSWHG and NCCP	2	Q1-Q4
	NCCP will continue to support the implementation of cancer clinical guidelines for the major cancer sites	SSWHG and NCCP	2	Q1-Q4
Increase capacity/ improve services in acute hospitals	Continue to strengthen collaborative workings with associated CHO's on all Integrated Care Pathways	SSWHG	2	Q1-Q4
	<b>Unscheduled Care:</b>	SSWHG	2	Q1-Q4
	Implement the ED Task Force report recommendations	SDU ED Taskforce		Q1-Q4
	Target a 5% improvement in PET (moving towards a 100% target).			Q1-Q4
	Implement the winter initiative 2016/2017 aimed at alleviating pressures on the hospital system over the winter period.			Q1-Q4
	Eliminate ED waiting times of > 24hours for patients > 75 years.			Q1-Q4
	Co-operate with the roll-out of the Integrated Care Programme for Older People as appropriate, in	SSWHG		

Priority Area	Priority Actions	Lead	CP Goal	Date
	acute hospital demonstrator sites			
	<b>Scheduled Care:</b>			
	Work with the National Treatment Purchase Fund (NTPF), in relation to the funding of €15m allocated to the NTPF, to implement waiting list initiatives, to reduce waiting times and provide treatment to those patients waiting longest	SSWHG	2	Q1-Q4
	Waiting list management: actively manage waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including chronological scheduling to ensure no patient is waiting longer than 18 months and achieve targets for 15 months.			Q1-Q4
	Implement the recommendations of the Independent Clinical Review of Provision of a Second Catheterisation Laboratory at University Hospital Waterford (Herity Report)	SSWHG and AHD	2	Q2-Q4
	Implement the Strategy for Design of Integrated Outpatient Services 2016-2020 on a phased basis under the direction of the outpatient services performance improvement programme.	SSWHG and OSPIP	2	Q1-Q4
	Endoscopy Clinical Programme to develop guidelines and provide support to improve access to GI endoscopy	Endoscopy Programme	2	Q1-Q4
	Provide dialysis in hospitals, contracted units and in the home at 2016 funded levels	Renal Programme and SSWHG	2	Q1-Q4
	<b>Transplant Services:</b>	SSWHG	2	Q1-Q4
	Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure			Q1-Q4
	<b>Children's Services</b>			
	Continue to support the paediatric consultant delivered services pilot project in University Hospital Waterford	SSWHG ICP	2	Q1-Q4
	<b>National Services:</b>	SSWHG	2	Q1-Q4
	Prepare for the implementation of the policy on <b>Trauma Systems</b> for Ireland.			Q1-Q4
	Roll-out the model of care of Hereditary <b>Haemochromatosis</b> and the model of care for Therapeutic Phlebotomy in association with primary care services.			Q1-Q4



Human Resources	<b>People Strategy 2015-2018</b>			
	Implement the People Strategy 2015–2018 within acute hospitals.	SSWHG	4	Q1-Q4
	<b>Workforce Planning:</b>			
	Support the pilot and further implement Phase 1 of the Framework for staffing and skill-mix for nursing in general and specialist medical and surgical care in acute hospitals.	SSWHG	4	Q1-Q4
	Support the workforce planning process for Phase 2 of the Framework relating to Emergency Care.	SSWHG	4	Q1-Q4
	<b>Employee Engagement:</b>			
	Use learning from the employee survey to shape organisational values and ensure that the opinions of staff are sought and heard.	SSWHG	4	Q1-Q4
	<b>Workplace Health &amp; Wellbeing:</b>			
	Implement the 'Healthy Ireland in the Health Services' Policy supporting initiatives to encourage staff to look after their own health and wellbeing ensuring we have a resilient and healthy workforce.	SSWHG	4	Q1-Q4
	Improve influenza vaccine uptake rates amongst staff in frontline settings	SSWHG	4	Q1-Q4
	<b>European Working Time Directive (EWTD):</b>			
	Implement and monitor compliance with the EWTD	SSWHG	4	Q1-Q4
National Policy Compliance	<b>Children First</b>			
	Implementation of Children First by the Hospital Group with support from the Children First National Office; and the delivery of Children First training programmes for hospital staff. <ul style="list-style-type: none"> <li>▪ Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office.</li> </ul>	SSWHG	3	Q1-Q4
	<b>Patient Feedback</b>			
Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across acute services and use patient insight to inform quality improvement initiatives and investment priorities which will include the completion of Patient Experience Surveys in all acute hospitals on a phased basis within available resources	SSWHG and AHD	3	Q1-Q4	

	<b>Internal Audit</b>			
	Ensure that processes are in place at Hospital Group level to govern the oversight of Internal Audit recommendations.	SSWHG and AHD	3	Q1-Q4
<b>Finance/ HR</b>	<b>Employment Controls</b>			
	Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services.	SSWHG	3	Q1-Q4
	<b>Activity based funding</b>	SSWHG	5	Q1-Q4
	Support the next phase of ABF programme as per ABF Implementation Plan 2015 – 2017.	SSWHG	5	Q1-Q4
	Ensure hospital activity and patient data is reported within 30 days	SSWHG	5	Q1-Q4
<b>Patient Charges</b>	Ensure compliance with the terms of the “MOU between the HSE, named hospitals and VHI Insurance DAC” (March 2016)	SSWHG and AHD	3	Q1-Q4
	Hospital Group and hospitals to ensure billing is appropriate and current and that bed maps are accurate	SSWHG and AHD	3	Q1-Q4
<b>Medicines Management</b>	Implement the provisions of the Irish Pharmaceutical Healthcare Association Framework Agreement on the Pricing and Supply of New Medicines.	SSWHG and AHD	3	Q1-Q4
<b>Information Management</b>	Support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine.	SSWHG and AHD	5	Q1-Q4
	Support the continued development of the Irish National Orthopaedic Register.			Q1-Q4
	Support the development of TARN to evaluate the care of trauma patients.			Q1-Q4
<b>Health and Wellbeing</b>	<b>Healthy Ireland</b>	SSWHG	1	Q1-Q4
	Implement <i>Healthy Ireland in the Health Services National Implementation Plan 2015–2017</i> across the Hospital Group with local implementation of Hospital plans on a phased basis.	SSWHG	1	Q1-Q4
	<b>Tobacco Free Ireland</b>			
	Develop reporting system for Nicotine Replacement Therapy prescribing rates	SSWHG	1	Q1-Q4
	Complete self audit of Tobacco free Campus using ENSH online audit tool	SSWHG	1	Q1-Q4
	Complete planned <i>Brief Intervention Training sessions for Smoking Cessation</i> in line with existing programme and rollout of <i>Making every contact count</i> and <i>Generic Brief intervention</i>	SSWHG	1	Q1-Q4

	<i>Training</i> schemes by Health & Wellbeing Division.			
	<b>Self Management of Chronic Diseases</b>			
	Support the Implementation of the Self-Management Support (SMS) framework in all hospitals on a phased basis	SSWHG and AHD	1	Q1-Q4

# Appendix 1 Finance

Table 1: Net 2017 Budget -

Hospital Group	ABF Revenue (note 1)	Special Purpose Payments (Note 2)	Income Targets	Total
	€ 000s	€ 000s	€ 000s	€000s
<b>Cork University Hospital</b>	349,945	3,941	(79,871)	274,015
<b>Mallow General Hospital</b>	20,075	302	(3,573)	16,803
<b>Bantry General Hospital</b>	20,670	190	(3,612)	17,248
<b>University Hospital Kerry</b>	92,259	716	(14,716)	78,259
<b>Mercy University Hospital</b>	96,556	1,681	(24,557)	73,680
<b>South Infirmary-Vic University Hospital</b>	69,411	734	(18,484)	51,661
<b>University Hospital Waterford</b>	194,004	2,546	(29,947)	166,603
<b>South Tipperary General Hospital</b>	64,502	1,074	(9,354)	56,222
<b>Kilcreene Orthopaedic Hospital</b>	7,664	49	(1,086)	6,627
<b>SSWHG</b>	13,526	381	(8,209)	5,697
<b>Total</b>	<b>928,612</b>	<b>11,614</b>	<b>(193,409)</b>	<b>746,817</b>

## Notes

1. ABF Revenue in this table includes total of DRG based revenue plus adjustments for tertiary referral, high cost oncology drug, agency pay, transition plus block grant.
2. Special purpose payments include LRA/HRA, Task Transfer, ED/Winter Plan 2016, new prioritised initiatives and other service cost pressures less efficiency and IPHA Targets, net of Library Services Costs.
3. The above figures are subject to change based on National alterations.

# Appendix 2 Human Resources

## South/South West WTE December 2016

Service Area	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16
Bantry General Hospital	20.1	108.3	26.2	23.7	20.7	54.3	<b>253.2</b>
Cork University Hospital	545	1,491	517	448.6	509.9	152.3	<b>3,663</b>
Lourdes Orthopaedic Hospital	8	35.2		4.2	19.6		<b>67.1</b>
Mallow General Hospital	24.5	96.8	17.8	36.8	6.9	46.3	<b>229</b>
Mercy University Hospital	145.4	419.8	128.5	159.7	113.8	113.6	<b>1,081</b>
South Infirmary-Victoria University Hospital	70.9	276.5	69.6	171.4	103.4	38.2	<b>730.1</b>
South Tipperary General Hospital	120.6	325.2	64.2	125.6	89.5	52.1	<b>777.2</b>
University Hospital Kerry	144	427.7	100.1	136.8	155.2	29.9	<b>993.6</b>
University Hospital Waterford	303.5	678.5	230.3	296.1	198	66	<b>1,772</b>
HQ		5.9		12.3			<b>18.2</b>
<b>South/ South West</b>	<b>1,382</b>	<b>3,865</b>	<b>1,154</b>	<b>1,415</b>	<b>1,217</b>	<b>552.6</b>	<b>9,585</b>

# Appendix 3: Performance Indicator Suite – DOP

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

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
<b>Health and Safety</b> No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
<b>Service User Experience</b> % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
<b>Serious Reportable Events</b> % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	90%
<b>Safety Incident reporting</b> % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%
<b>HR</b> <sup>®</sup> Number of nurses and midwives with authority to prescribe medicines	Annual	New PI 2017	New PI 2017	Up to 940
Number of nurses and midwives with authority to prescribe Ionising Radiation (X-Ray)	Annual	New PI 2017	New PI 2017	Up to 310

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

Acute Hospitals															
Service Area	New/Existing KPI	Reporting Frequency	National Projected Outturn 2016		Expected Activity/ Targets 2017										
Activity				BGH	CUH	CUMH	KOH	MGH	MUH	SIVUH	STGH	UHK	UHW	South/ South West Hospitals Group	National Target
<b>Beds Available</b> Inpatient beds **	Existing	Monthly	10,643											2139	10,681
Day Beds / Places **	Existing	Monthly	2,150											382	2,150
<b>Discharges Activity</b> <sup>∞</sup> Inpatient Cases	Existing	Monthly	635,414	4509	44697		918	4405	10620	5504	12732	15127	21133	119,645	640,627
Inpatient Weighted Units	Existing	Monthly	632,282	2929.3	48589.5		1849.6	2403.3	12406.6	8106.6	9545.9	11376.8	22314.2	119522	639,487
Day Case Cases <sup>∞</sup> ( includes Dialysis)	Existing	Monthly	1,044,192	2,435	76,789	300	1,459	4,895	22,478	33,794	7,463	19,717	43,036	212,366	1,062,363
Day Case Weighted Units ( includes Dialysis)	Existing	Monthly	1,030,918	2652.2	61470		2726.8	6462.3	23828.4	36944.1	7871.5	19935.2	49165	211,056	1,028,669
Total inpatient and day case Cases <sup>∞</sup>	Existing	Monthly	1,679,606	6,944	121786		2377	9300	33098	39298	20195	34844	64169	332,011	1,702,990
Emergency Inpatient Discharges	Existing	Monthly	424,659	4,315	27,031			3,967	8,249	1,030	9,460	10,727	15,248	80,027	429,872
Elective Inpatient Discharges	Existing	Monthly	94,587	189	6,546		918	438	2,371	4,474	1,188	1,515	2,916	20,555	94,587
Maternity Inpatient Discharges	Existing	Monthly	116,168	5		11,120					2,084	2,885	2,969	19,063	116,168
<b>Emergency Care</b> - New ED attendances	Existing	Monthly	1,141,437		64,333				30,478		26,983	32,229	47,592	201,615	1,168,318



Acute Hospitals															
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016		Expected Activity/ Targets 2017										
Activity				BGH	CUH	CUMH	KOH	MGH	MUH	SIVUH	STGH	UHK	UHW	South/ South West Hospitals Group	National Target
- Return ED attendances	Existing	Monthly	94,483		4,988				3,191		4,367	3,380	7,481	23,407	94,225
- Injury Unit attendances Ω	New PI 2017	Monthly	81,141	4,791				6,181	16,237					27,209	81,919
- Other emergency presentations	New PI 2017	Monthly	49,029		8				385		10,279	1,796	347	12,815	48,895
<b>Births:</b> Total no. of births	Existing	Monthly	63,420			7,519					1,059	1,406	1,925	11,909	63,247
<b>OPD:</b> Total no. of new and return outpatient attendances	Existing	Monthly	3,342,981	8,473	186,606	40,061	4,315	11,736	40,019	72,359	30,184	56,364	154,365	604,482	3,340,981
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	1:2.4											1:2	1:2

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
<b>Activity Based Funding (MFTP) model</b> HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	96%	100%
<b>Dialysis Δ</b> Number of Haemodialysis patients treated in Acute Hospitals **	New PI 2017	Bi-Annual	New PI 2017	170002
Number of Haemodialysis patients treated in Contracted Centres **	New PI 2017	Bi-Annual	New PI 2017	81,900 – 83,304
Number of Home Therapies dialysis Patients Treatments **	Existing	Bi-Annual	89,815	90,400 – 98,215
<b>Outpatient</b> New OPD attendance DNA rates **	Existing	Monthly	12.7%	12%
% of Clinicians with individual OPD DNA rate of 10% or less **	Existing	Monthly	36.5%	50%
<b>Inpatient, Day Case and Outpatient Waiting Times</b> % of adults waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	88.1%	90%
% of adults waiting < 15 months for an elective procedure (day case)	Existing	Monthly	92.2%	95%
% of children waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	93%	95%
% of children waiting < 15 months for an elective procedure (day case)	Existing	Monthly	96.8%	97%
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly	84.3%	85%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	Existing	Monthly	75.8%	90%
Elective Scheduled care waiting list cancellation rate)**	Existing/ amended	Monthly	TBC	TBC
<b>Colonoscopy / Gastrointestinal Service</b> Number of people waiting greater than 4 weeks for access to an urgent colonoscopy	New PI 2017	Monthly	0	0
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	51.5%	70%
<b>Emergency Care and Patient Experience Time</b> % of all attendees at ED who are discharged or admitted within 6 hours of registration	Existing	Monthly	68%	75%
% of all attendees at ED who are discharged or admitted within 9 hours of registration (goal	Existing	Monthly	81.5%	100%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
is 100% performance with a target of ≥ improvement in 2017 against 2016 outturn)				
% of ED patients who leave before completion of treatment	Existing	Monthly	5.2%	<5%
% of all attendees at ED who are in ED < 24 hours	Existing	Monthly	96.5%	100%
% of patients attending ED aged 75 years and over **	Existing	Monthly	11.4%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	Existing	Monthly	44.5%	95%
% of patients 75 years or over who were admitted or discharged from ED within nine hours of registration	Existing	Monthly	62.2%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	New PI 2017	Monthly	New PI 2017	100%
<b>Ambulance Turnaround Times</b> % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	Existing	Monthly	93.4%	95%
<b>Length of Stay</b> ALOS for all inpatient discharges excluding LOS over 30 days	Existing	Monthly	4.6	4.3
ALOS for all inpatients **	Existing	Monthly	5.4	5
<b>Medical</b> Medical patient average length of stay	Existing	Monthly	6.8	6.3
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Existing	Monthly	63.7%	75%
% of all medical admissions via AMAU	Existing	Monthly	35%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	New PI 2017	Monthly	New PI 2017	11.1%
<b>Surgery</b> Surgical patient average length of stay	Existing	Monthly	5.3	5.0
% of elective surgical inpatients who had principal procedure conducted on day of	Existing	Monthly	72.5%	82%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
admission				
% day case rate for Elective Laparoscopic Cholecystectomy	Existing	Monthly	43.6%	> 60%
Percentage bed day utilisation by acute surgical admissions who do not have an operation**	Existing	Monthly	37.8%	35.8%
% of emergency hip fracture surgery carried out within 48 hours	Existing	Monthly	86.7%	95%
% of surgical re-admissions to the same hospital within 30 days of discharge	Existing	Monthly	2.1%	< 3%
<b>Delayed Discharges</b>				
No. of bed days lost through delayed discharges	Existing	Monthly	200,774	< 182,500
No. of beds subject to delayed discharges	Existing	Monthly	630	< 500 (475)
<b>Health Care Associated Infections (HCAI)</b>				
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Existing	Bi- Annual	89.2%	90%
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	New PI 2017	Monthly	New PI 2017	< 1/10,000 Bed days used
Rate of new cases of Hospital acquired C. difficile infection	New PI 2017	Monthly	New PI 2017	< 2/10,000 Bed days used
<b>Mortality</b>				
Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition **	Existing/ Modified	Annual	Data Not Yet Available	N/A
<b>Quality</b>				
Rate of slip, trip or fall incidents for as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
<b>Medication Safety</b>				
Rate of medication error incidents as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
<b>Patient Experience</b>				
% of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population	Existing	Annual	TBC	100%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
<b>National Early Warning Score (NEWS)</b> % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Existing	Quarterly	96%	100%
% of all clinical staff who have been trained in the COMPASS programme	Existing	Quarterly	64.5%	> 95%
% of hospitals with implementation of PEWS (Paediatric Early Warning System) **	Existing	Quarterly	N/A	100%
<b>Irish Maternity Early Warning Score (IMEWS)</b> % of maternity units / hospitals with full implementation of IMEWS	Existing	Quarterly	100%	100%
% of hospitals with implementation of IMEWS for pregnant patients	Existing	Quarterly	84%	100%
<b>Clinical Guidelines</b> % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	New PI 2017	Quarterly	New PI 2017	100%
% of acute hospitals with an implementation plan for the guideline for clinical handover	New PI 2017	Quarterly	New PI 2017	100%
<b>National Standards</b> % of hospitals who have completed first assessment against the NSSBH	Existing	Quarterly	90%	100%
% of hospitals who have commenced second assessment against the NSSBH	Existing	Quarterly	50%	95%
% maternity units which have completed and published Maternity Patient Safety Statement and discussed same at Hospital Management Team meetings each month	Existing	Monthly	100%	100%
% of Acute Hospitals which have completed and published Patient Safety Statements and discussed at Hospital Management Team each month **	Existing	Monthly	N/A	100%
<b>Patient Engagement</b> % of hospitals that have processes in place for participative engagement with patients about design, delivery & evaluation of health services **	Existing	Annual	N/A	100%
Ratio of compliments to complaints **	Existing	Quarterly	1:1	2:1
<b>Stroke</b> % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit **	Existing	Quarterly	56.2%	90%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Existing	Quarterly	10.5%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Existing	Quarterly	65.9%	90%
<b>Acute Coronary Syndrome</b> % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Existing	Quarterly	89.7%	90%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	Existing	Quarterly	70.8%	80%
<b>COPD</b> Mean and median LOS for patients admitted with COPD **	Existing	Quarterly	7.7 5	7.6 5
% re-admission to same acute hospitals of patients with COPD within 90 days **	Existing	Quarterly	27%	24%
No. of acute hospitals with COPD outreach programme **	Existing	Quarterly	15	18
Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	Existing	Quarterly	29	33
<b>Asthma</b> % nurses in secondary care who are trained by national asthma programme **	Existing	Quarterly	1.3%	70%
Number of bed days used by all emergency in-patients with a principal diagnosis of asthma**	Existing/ amended	Quarterly	11,394	3% Reduction
Number of bed days used by emergency inpatients < 6 years old with a principal diagnosis of asthma**	Existing/ amended	Quarterly	1,650	5% Reduction
<b>Diabetes</b> Number of lower limb amputations performed on Diabetic patients **	Existing	Annual	449	<488
Average length of stay for Diabetic patients with foot ulcers **	Existing	Annual	17.4	≤17.5 days
% increase in hospital discharges following emergency admission for uncontrolled diabetes. **	Existing	Annual	Data Not Available Until Q1 2017	≤10% increase
<b>Blood Policy</b> No. of units of platelets issued in the reporting period **	Existing	Monthly	20,704	21,000
% of units of platelets outdated in the reporting period **	Existing	Monthly	5.1%	<5%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
% of O Rhesus negative red blood cell units issued **	Existing	Monthly	13.3%	<14%
% of red blood cell units rerouted **	Existing	Monthly	3.4%	<4%
% of red blood cell units outdated out of a total of red blood cell units issued**	Existing	Monthly	0.5%	<1%
<b>HR – Compliance with EWTD</b>				
European Working Time Directive compliance for NCHDs - < 24 hour shift	Existing	Monthly	97.1%	100%
European Working Time Directive compliance for NCHDs - < 48 hour working week	Existing	Monthly	81%	95%
<b>Symptomatic Breast Cancer Services</b>				
No. of patients triaged as urgent presenting to symptomatic breast clinics	Existing	Monthly	19,502	18,000
No. of non urgent attendances presenting to Symptomatic Breast clinics **	Existing	Monthly	23,266	24,000
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of two weeks for urgent referrals **	Existing	Monthly	17,348	17,100
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	Existing	Monthly	89%	95%
Number of attendances whose referrals were triaged as non- urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (No. offered an appointment that falls within 12 weeks) **	Existing	Monthly	18,468	22,800
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	Existing	Monthly	79.4%	95%
Clinic Cancer detection rate: no. of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer **	Existing	Monthly	1,841	> 1,100
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Existing	Monthly	11%	> 6%
<b>Lung Cancers</b>				
Number of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,372	3,300
Number of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres **	Existing	Monthly	2,796	3,135

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	Existing	Monthly	81.2%	95%
Clinic Cancer detection rate: Number of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer **	Existing	Monthly	1,030	> 825
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer	Existing	Monthly	32.4%	> 25%
<b>Prostate Cancer</b> Number of patients attending the rapid access prostate clinic in cancer centres	Existing	Monthly	2,626	2,600
Number of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres **	Existing	Monthly	1,366	2,340
% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	Existing	Monthly	52%	90%
Clinic Cancer detection rate: Number of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer **	Existing	Monthly	1,058	> 780
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of prostate cancer	Existing	Monthly	41.5%	> 30%
<b>Radiotherapy</b> No. of patients who completed radical radiotherapy treatment (palliative care patients not included) **	Existing	Monthly	5,088	4,900
No. of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care **)	Existing	Monthly	4,394	4,410
% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	Existing	Monthly	86.4%	90%

\*\* KPIs included in Divisional Operational Plan only

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

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



# Appendix 4 Capital Projects

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
<b>ACUTE SERVICES</b>									
<b>South / South West Hospital Group</b>									
Cork University Hospital	Paediatric outpatient department	Q4 2016	Q1 2017	0	0	0.30	9.40	0	0.00
	Laboratory Development – Extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)	Q2 2017	Q2 2017	0	0	1.75	2.20	0	0.00
	Provision of a helipad	Q4 2017	Q1 2018	0	0	0.64	1.80	0	0.00
University Hospital Waterford	New decontamination unit	Q2 2017	Q3 2017	0	0	1.20	2.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment of existing Operation Theatre Fabric	Q1 2017	Q1 2017	0	0	0.50	0.50	0	0.00
South Tipperary General Hospital	Extension to radiology department	Q4 2016	Q1 2017	0	0	0.48	2.30	0	0.00

**Building a Better Health Service**

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