

RCSI HOSPITALS GROUP



RCSI Hospitals Group	2016 Available Budget €m	2015 Net Outturn €m
Total Spend	625.178	652.545
Percentage Difference		-3.9%

Introduction

RCSI Hospitals Group was established in 2015.

The Group comprises of the following hospitals:

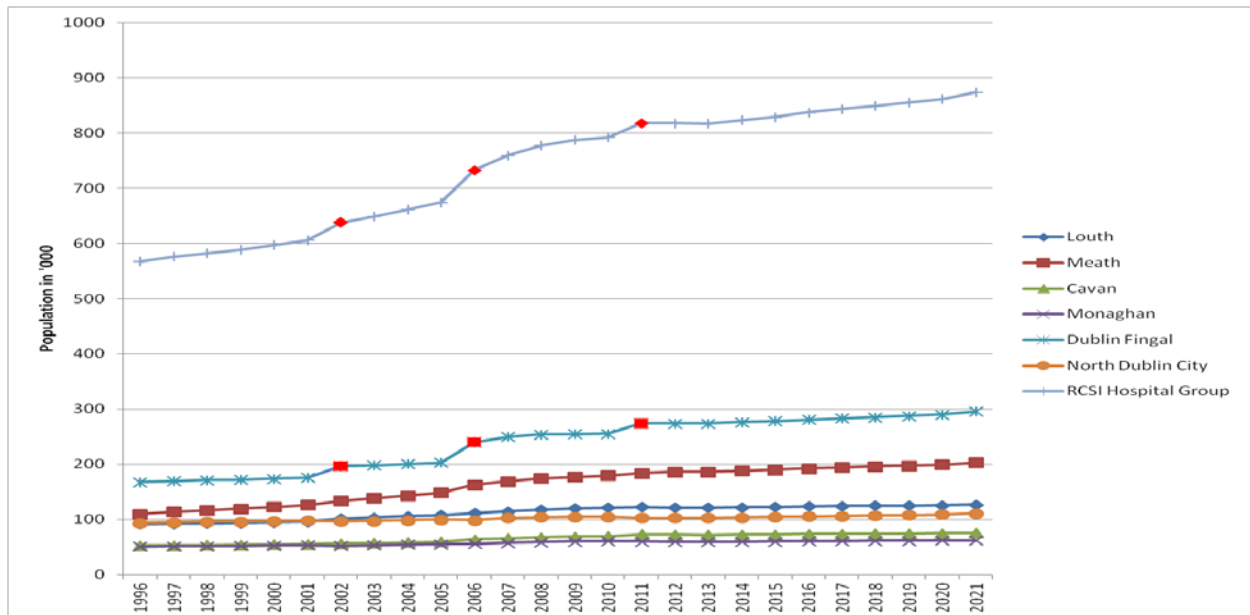
- Beaumont Hospital
- Connolly Hospital
- Cavan and Monaghan Hospital
- Our Lady of Lourdes Hospital
- Louth County Hospital
- Rotunda Hospital

The Academic Partner for the Group is the Royal College of Surgeons in Ireland (RCSI).

The RCSI Hospitals Group serves populations in five counties – North Dublin, Meath, Louth, Cavan and Monaghan. The area stretches from the north banks of the River Liffey in Dublin City Centre, north to the border with Northern Ireland, and west to the border with County Donegal. It comprises urban, rural and commuter belt areas, and covers approximately 6,817 square kilometres in total. There is considerable variation in population density from a low of 39 persons per square kilometre in Cavan to a high of 4,139 persons per square kilometre in north Dublin city.

The actual, estimated and projected population for the RCSI catchment area from 1996 to 2021 (for our general hospital services) are displayed in Figure 1. The population has grown rapidly from 567,753 in 1996 to 817,522 in 2011, an increase of 44%. The population of the RCSI catchment area is due to increase to approximately 875,000 by 2021 (see Figure 1). For maternity services our catchment area is bigger and our population is projected to grow from 1 million in 2011 to 1.1 million in 2021.

Figure 1: Actual, Estimated and Projected Population for RCSI Hospitals Catchment Area, 1996-2021



A wide range of emergency, diagnostic, treatment and rehabilitation services are provided across these, supported by a workforce of 8,130 staff. Our aim is to provide high quality and safe care underpinned by the development of a single effective corporate and clinical governance structure.

Our focus in developing our operational plan has encompassed:

- Having patients at its centre
- Striving to integrate all present services
- Development of appropriate patient pathways
- Integration with community services through working with the three CHOs associated with the population served by the RCSI group.
- Being informed by the latest best practice
- Underpinned by risk awareness and a quality improvement focus

The Group will finalise its Strategic Plan for 2016 – 2018 in 2016 with the focus on improving clinical performance in scheduled and unscheduled care and in the development of clinical networks and delivery systems to improve access to excellent care in accordance with the HIQA National Standards for Safer Better Healthcare and in alignment with the National Committee on Clinical Excellence, the National Clinical Programmes and the National Cancer Control Programme Guidelines.

The following operational plan is predicated on the understanding that there are significant risks inherent in operationalising this plan. The Group acknowledges the shared risks inherent in the extent of the savings targets and the assumptions underpinning them.

Finance Plan

The RCSI Hospitals Group net allocation for 2016 is €625.178m. This represents a 3.9% reduction versus 2015 outturn.

ACUTE SERVICES	
2016 BUDGET €M	
RCSI HOSPITALS GROUP	625.178

Existing Level of Service / cost pressures

In addition to the existing 2015 cost base the Group will experience ‘price’ effect increases in the following areas:-

- National pay agreements - €3.2m
- Loss of pension related income due to National pay agreements - €3.3m
- Public pay policy requirements such as increments - €3.8m
- Supplier price increases, inflation and drug cost pressures - €6.7m

VFM Targets

Acute Hospitals Division (AHD) procurement savings target for 2016 is €9.9m – pro rata the RCSI Group proportion of this would be €1.5m.

Acute Hospitals Division VFM / Efficiency targets for 2016 are €5.1m – RCSI Group proportion of this would be €0.8m.

Acute Hospitals Division set historic private income-collection and market share growth targets to be addressed in 2016 – requires a growth in RCSI Group income of €1.9m.

New Agreed Service Developments

New agreed service developments 2016 and full year impact of developments initiated in 2015:

- OLOL Drogheda – Four bedded Surgical Assessment Unit and Twelve inpatient beds in Modular Unit - €1.9m funding confirmed
- Connolly Hospital 16 inpatient beds and day area for surge capacity, medical emergency and benign urology and gynecology – €1.1m funding confirmed
- Transfer of renal dialysis services to Beaumont Hospital during 2015 - €2.7m funding confirmed
- Louth Hospital Refurbishment of ward and opening of 8 additional inpatient beds as Medical Rehab unit – €20k funding for transitional care beds confirmed
- Beaumont Hospital – winter initiative funding of St Joseph’s day hospital extension to 5 days per week - €740k funding confirmed
- Beaumont Hospital Hybrid Vascular Theatre – anticipated one third funding by Acute Hospitals Division as discussed and agreed with National Director AHD - €0.5m funding confirmed
- Epilepsy Service Beaumont – fund a Neuropsychologist and 0.5 WTE Consultant Neurologist for the epilepsy programme €0.2m; posts agreed and funding to be released when staff appointed
- Beaumont Living Donor Programme – 2 Consultant posts €0.5m posts agreed and funding to be released when staff appointed

- OLOL Podiatrist – diabetes programme €50k funding confirmed
- Consultant Perinatal pathologist Rotunda - €0.2m funding confirmed
- Implementation of Director of Midwifery for Cavan/Monaghan and OLOL posts as per Portlaoise Report - HIQA Recommendation 5 - €0.16m Posts agreed and funding to be released when staff appointed

Operational Framework – Workforce Plan

The RCSI Group recognises and acknowledges its staff as its most valuable resource and key to service delivery. Recruiting and retaining motivated and skilled staff is a high priority for the Group as specialist skills deficits put at risk delivery of services. The RCSI Group will continue to actively recruit using local, national and international approaches and continue to development and progress workforce planning initiatives to support delivery of quality and safe care.

The RCSI Group will continue to focus on further reductions in the cost and reliance on agency staff and overtime through progressing implementation of such initiatives as redeployment, skill mix review, and changes in work practices including the establishment of staff banks and implementation of the Final Agreement for Transfer of Tasks under Nursing/Medical Interface Section of the Haddington Road Agreement. Significant change initiatives will be managed through the RCSI Hospitals Joint Union Management Forum.

The RCSI Group absenteeism target remains at 3.5%. Management and staff will continue to focus on all measures to enhance the capacity to address and manage effectively absenteeism levels, support people managers in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supporting environment.

The Group will continue to work collaboratively with all key stakeholders to work towards the achievement of full compliance with the EWTD.

The Group will continue to actively engage with staff and will continuously seek to identify opportunities to involve more staff in planning and decision making.

The Group has implemented a new Employment Control Process with effect from 1st February. All new starters and replacement posts will be reviewed weekly by the Group Employment Control Committee with decisions made on the basis of available pay budget, funding and risk.

Accountability Framework

The HSE's Accountability Framework sets out the process by which the Hospital Group will be held to account for performance in relation to Access to services, the Quality and Safety of those Services, doing this within the Financial resources available and by effectively harnessing the efforts of its overall Workforce.

The RCSI Group Chief Executive reports to the National Director for Acute Services and is accountable for the Group’s planning and performance under the accountability framework of the HSE. All targets and performance criteria adopted in the service plan will be reported through this framework.

The five levels of accountability (i.e. who is calling who to account) set out in the Framework are described below:

Level 1 Accountability:	<ul style="list-style-type: none"> ▪ The HSE’s accountability through the Directorate to the Minister for Health
Level 2 Accountability:	<ul style="list-style-type: none"> ▪ The Director General’s accountability to the Directorate
Level 3 Accountability:	<ul style="list-style-type: none"> ▪ National Director accountability to the Director General
Level 4 Accountability:	<ul style="list-style-type: none"> ▪ RCSI Hospitals Group CEOs accountability to National Director Acute Hospitals.
Level 5 Accountability:	<ul style="list-style-type: none"> ▪ Louth Group, Cavan/Monaghan Hospitals and Connolly Hospital, General Managers’ accountability to the RCSI Hospitals Group CEO. ▪ Beaumont Hospital and Rotunda hospital (Section 38 funded agencies) are required to complete a service level Agreement (SLA) and a formal Annual Compliance Statement with the RCSI Group

Operational plan for Quality and Patient Safety

Quality and Safety of patient care is at the heart of the operational plan of the RCSI Group

The quality and Safety components of the Plan seek to support;

- An environment which is both clean and safe for patients and staff.
- Patients are nourished and hydrated to support their recovery.
- Signs of deterioration of patients are identified and acted on appropriately and early.
- Compliance with quality and safety standards set by organisations such as the HIQA, HSE, Health and Safety Authority (HSA) and other authorised bodies.
- Implementation of National Incident Management System (NIMS) across the group and using the PDSA cycle utilise and share learnings from information collated.
- Compliance with risk management systems and develop a 'ward to board or executive' feedback from those systems to drive safety improvements across the group.
- An open learning culture where there are systematic processes in place at clinical team, department, directorate and corporate levels for reviewing complaints, PALS issues, claims, incidents and near misses to identify trends, inform risk registers, inform business planning objective, identify lessons, share lessons and improve services.
- Development and commencement of a plan to progress implementation of open disclosure.

Patient engagement: Listening to patients and their families and carers is an integral part of a culture of continuous learning and is a critical mechanism for providing early warnings, assurance in relation to the quality of our services and an indication of the priorities for quality improvement. A patient engagement strategy and implementation plan will be developed.

New Service Initiatives

Beaumont Hospital

Extension of the Care of the Elderly Day Hospital to a 5 day service

Beaumont Hospital Hybrid Vascular Theatre

Full year impact of transfer of renal dialysis services to Beaumont Hospital during 2015

Epilepsy Service – fund a Neuropsychologist and 0.5 WTE Consultant Neurologist for the epilepsy programme

Living Donor Programme – 2 Consultant posts

OLOL

Four bedded Surgical Assessment Unit and Twelve inpatient beds in Modular Unit supporting unscheduled care opened in Q 4 2015

Community Geriatrician and multidisciplinary team being recruited to support care of the elderly community pathway

Podiatrist – diabetes programme

Louth County Hospital

Refurbishment of ward and opening of 8 additional transitional care beds

Connolly Hospital

Utilisation of 16 inpatient beds and day area for surge capacity for medical emergency and benign Urology and Gynaecology Services

Rotunda Hospital

Consultant Paediatric Histopathologist Rotunda

RCSI Hospital Group

Implementation of Director of Midwifery for Cavan/Monaghan and OLOL posts as per Portlaoise Report - HIQA Recommendation 5

Neonatal hip screening and SEPSIS ADON

Capital Expenditure

Below table contains the full list of Capital Infrastructure for 2016:

Capital Infrastructure 2016		
Project	Hospital	2016 Capital Cost €m
Emergency Lighting	Cavan	0.45
Radiology Upgrade	Connolly	0.25
St Damien's ward renal transplant unit	Beaumont	0.50
Renal Dialysis Unit	Beaumont	6.50
Autoclave replacement	Beaumont	0.60
CF Project	Cavan	0.75
Phase 2 Block	Drogheda	9.00
Total		18.05

Access

The Acute Hospitals Division has set overall reduced activity targets for the RCSI Hospitals Group in comparison to 2015 outturn. Detailed below are the net value movements in inpatient and day case discharges notified to the Group.

RCSI Hospitals Group - Activity Plan 2016										
Hospital	Actual 2015	Target 2016	(Weighted units target 2016)	Target decr. 2016 v 2015	%	Actual 2015	Target 2016	(Weighted units target 2016)	Target decr. 2016 v 2015	%
	Inpatient Discharges					Day case discharges				
Beaumont	24,058	22,704	40,111	(1,354)	(6%)	84,759	83,202	74,401	(1,557)	(2%)
Cavan General	17,149	17,569	11,507	420	2%	17,470	17,115	19,638	(355)	(2%)
Connolly	14,182	12,186	12,576	(1,996)	(14%)	11,488	11,167	14,258	(321)	(3%)
Louth County	113	115	124	2	2%	10,539	10,519	12,914	(20)	(0%)
Monaghan						4,265	4,435		170	4%
OLOL Drogheda	27,320	27,855	20,014	535	2%	8,951	8,761	7,742	(190)	(2%)
Rotunda	14,116	14,778	10,617	662	5%	10,795	10,659	9,502	(136)	(1%)
Total	96,938	95,207	94,949	(1,731)	(2%)	148,267	145,858	138,455	(2,409)	(2%)

Note: Actual 2015 activity is BIU data and target for 2016 is HIPE data

Each hospital within RCSI Hospitals Group is committed to progressing the achievement of the Scheduled care targets having regard to the available funding:

- The target for % of adults waiting < 15 months for elective procedure (inpatient and day case) is 95%
- The target for % of adults waiting < 8 months for elective procedure (inpatient and day case) for is 70%
- The target for % of children waiting <15 months for elective procedure (inpatient and day case) is 95%


- The target for % of children waiting < 20 weeks for elective procedure (inpatient and day case) is 60%
- The target for % of people waiting <15 months for first access to OPD services is 100%
- The target for % of people waiting < 52 weeks for first access to OPD services is 85%
- Colonoscopy / Gastrointestinal Service
- The target for % of people waiting < 4 weeks for an urgent colonoscopy 100%
- The target for % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD is 70%

In addition the Hospital Group is committed to sharing capacity and workload in order that patients receive the earliest possible appointment/treatment regardless of their geographic location.


Each hospital within RCSI Hospitals Group is also committed to progressing the achievement of the unscheduled care targets:

- The target for % of all attendees at ED who are discharged or admitted within 6 hours of registration is 75%
- The target for % of all attendees at ED who are discharged or admitted within 9 hours of registration is 100%
- The target for % of ED patients who leave before completion of treatment is <5%
- The target for % of all attendees at ED who are in ED < 24 hours is 100%
- The target for % of patients 75 years or over who were admitted or discharged from ED within 9 hour is 100%

RCSI Key Priorities and Actions to Deliver on Goals in 2016

 Promote Better Health and Wellbeing as part of everything we do so that people will be healthier		
Priority Area	Action 2016	Target/Date
Reducing health inequalities	Creating an environment where every sector of society can play its part.	
Health Ireland	Promoting healthy lifestyle for patients and staff, reduce incidence of disease and support best management of chronic diseases such as diabetes, COPD and coronary heart disease through the development and phased implementation of hospital group <i>Healthy Ireland</i> plans.	Q1-Q3
	Complete Healthy Ireland Plan	Q2
	Increase the number of hospital frontline staff trained in brief intervention.	Q1-Q4
	Promote increased uptake of seasonal flu vaccination by hospital staff.	Q1-Q4


	Support mothers of new-born babies to initiate and maintain breast feeding. Implementation of the HSE Policy on Calorie Posting in all hospitals.	Ongoing Q1-Q4
Healthcare Associated Infections	Ensure control and prevention with compliance with targets of healthcare associated infections/AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA <i>National Standards for the Prevention and Control of Healthcare Associated Infections</i> .	Ongoing
	Commence monthly reporting of key performance indicators on the number of patients colonised with multi-drug resistant organisms (MDRO) that cannot be isolated in single rooms or cohorted with dedicated toilet facilities.	Ongoing
	Monthly reporting of hospital acquired S Aureus bloodstream infection and hospital acquired new cases of C difficile infection	Ongoing

 Provide fair, equitable and timely access to quality, safe health services that people need		
Priority Area	Action 2016	Target/Date
Winter Initiative	In Beaumont Hospital <ul style="list-style-type: none"> Extend Elderly Day Hospital to 5 day service. Cohort patients to specialty wards realigning 35 beds to Medicine. Implement Frail elderly pathway from ED to Specialist Geriatric ward. Enable patient specific pathways. 	Q1 Q1 Q1
	In Our Lady of Lourdes Hospital <ul style="list-style-type: none"> 4 bed Surgical Assessment Unit and 12 inpatient beds in Modular Unit supporting unscheduled care. The Integrated Care Programme for Older Persons will commence in OLOL supported by Community Geriatrician and team to be recruited In Louth County <ul style="list-style-type: none"> Refurbishment and opening of 8 additional inpatient beds as Medical Rehab unit. In Connolly Hospital <ul style="list-style-type: none"> Utilisation of 16 beds for medical emergency and benign urology and gynaecology. Improve performance in relation to unscheduled care by continuing to implement the Emergency Department Task Force report recommendations in conjunction with the Acute Hospitals Division and Community Healthcare Organisations with the purpose of all patients being admitted or discharged from ED within 9 hours.	
Maternity	<ul style="list-style-type: none"> Commence implementation of the National Maternity 	Q1-4


	<p>Strategy</p> <ul style="list-style-type: none"> • Report and publish monthly maternity patient safety statement • Progress implementation of the Maternity Charter as informed by the Maternity Strategy • Commence implementation of the midwifery workforce planning study (Birth-rate Plus) as guided in the Maternity Strategy • Commence planning and development of the provision of equitable access to antenatal anomaly screening in all Maternity Units in the context of emerging clinical maternity networks • Appoint Directors of Midwifery to Our Lady of Lourdes Hospital and Cavan General Hospital • Progress development of bereavement services in all maternity units • Continue and develop the commitment to sharing capacity and expertise in order that Maternity patients receive the earliest possible and most appropriate treatment regardless of their geographic location. • Progress development of Maternity clinical networks. • Progress maternity service developments in Cavan/Monaghan as recommended by Flory Action Plan. • Progress the relocation of the Rotunda Maternity Hospital. • Implement Phase 1 of the Maternal and New-born Clinical Management System at Rotunda Hospital. • Implement Perinatal pathology project Rotunda. 	<p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p>
Living Donor Programme	Recruitment of consultant staff for the Living Donor Programme at Beaumont Hospital	Ongoing
Cochlear Implant Programme	Expand phase 2 of Cochlear Implant programme at Beaumont Hospital	Q2
Scheduled Care	<p>Improve performance in relation to scheduled care by ensuring active management of waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including:</p> <ul style="list-style-type: none"> • Chronological scheduling • Adherence to NTPF guidelines in relation to scheduling of patients for surgery • Monitor the number of patients who have had their surgery cancelled for non-clinical reasons and offered another surgery date within 28 days 	Ongoing
Out Patient Improvement Programme	<p>Continue to roll-out the outpatient reform programme with an emphasis on the new minimum dataset, improved pathways of care and efficiency measures through the outpatient services performance improvement programme.</p> <ul style="list-style-type: none"> • Monitor and report new to review patient attendances to 	Q1-Q4

	<p>OPD as a subset of all attendances</p> <ul style="list-style-type: none"> Implement HTA's with GPs where appropriate 	
Quality	The newly established Quality & Safety Directorate of the RCSI Hospitals Group will progress the following goals in 2016:	
	Complete a dynamic analysis of risk across the RCSI Hospitals Group which identifies and stratifies risk under the headings capability, capacity and culture. The analysis will describe risks and link each risk to the National Standards for Safer Better Healthcare (NSSBH). Controls will be identified for each risk and proactive, monitored quality improvement plans will be put in place.	End Q3
	Complete a review of the Quality and Safety functions in each Hospital of the RCSI Group, identifying areas for improvement as part of this review.	End Q4
	Standardise the processes for Serious Reportable Events (SREs) and Serious incidents (SIs) across the RCSI Hospital Group.	End Q3
	Standardise the Risk Register Process within the RCSI Hospital Group in line with HSE Policy.	End Q4
	Standardise the complaints process within the RCSI Group in line with the HSE Policy, Your Service, Your Say	End Q4
	Ensure each Hospital has an implementation plan in place against the recommendations from the HIQA review of nutrition and hydration in public acute hospitals	End Q3
	<p>Continue support and commitment to the process of development, implementation and monitoring of National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines.</p> <p>Ensure implementation of and the development of self-audit schedules and follow-up action plans in each of the relevant Hospitals for:</p> <ul style="list-style-type: none"> NEWS IMEWS PEWS Sepsis Management as per National Clinical Guideline No. 6 	End Q4
	<p>Commence Reporting of additional indicators of Safe Care with the measurement of adverse events monthly in relation to:</p> <ul style="list-style-type: none"> Postoperative wound dehiscence, In hospital fractures Foreign body left during procedure Pressure Ulcer Incidence/Falls Prevention Medication Management 	As per HSE Guidance
	Care Pathways	Improve integrated care pathways for those patients that require access to long-term care and to primary care services in order to


	<p>reduce the number of delayed discharges through developing a system wide approach in conjunction with national clinical strategy and programmes and the CHOs</p> <p>Progress implementation of integrated care pathways across all hospitals in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for patients with :</p> <ul style="list-style-type: none"> • COPD, • asthma, • heart failure • diabetes 	Q1-Q4
Ambulance Service	<p>Agree with all the EDs in the Group, a performance indicator which will monitor time taken for clinical handover of patients in ED that will be based on the National Ambulance Handover Protocol for the Handover of Ambulance Patients in EDs and differentiates between completion of clinical handover and the time ambulance crew are available for next call, in conjunction with NAS.</p>	Q1-Q4
Organ Donation	<p>Utilising the role of CMN3 Organ Donation Educator for the RCSI Group to continue to develop an improved organ donation process and seek to increase number of donors</p>	Q1-Q4
Cancer Services	<p>Continue to improve rapid access services for patients where there is a high index of suspicion of prostate or lung cancer.</p> <p>Continue to improve access for patients attending Symptomatic Breast Disease services who are triaged as non-urgent within a 12 week timeframe.</p> <p>Continue to support improvements in diagnosis, medical oncology, radiation oncology, surgery and multi-disciplinary care for cancer</p> <p>Progress to implementation the National Clinical Guideline – No. 7 Diagnosis, Staging and Treatment of Patients with Breast Cancer and the National Clinical Guideline – No. 8 Diagnosis, Staging and Treatment of Patients with Prostate Cancer.</p> <p>Progress appointment of funded Advanced Nurse Practitioners to support delivery of cancer services.</p>	

 Foster a culture that is honest, compassionate, transparent and accountable		
Priority Area	Action 2016	Target/ Date
Governance	<p>Complete Hospital Group Strategic Plan.</p> <p>Support the appointment of Hospital Group Board</p>	<p>Q2</p> <p>Ongoing</p>
Patient	Implement plans to build the capacity and governance structures	Q1-Q4

Experience	needed to promote a culture of patient partnership across RCSI Group Use patient insight to inform quality improvement initiatives and investment priorities Seek to undertake Patient Experience Surveys in some acute hospitals on a phased basis within available resources.	Q1-Q4 Q3-Q4
Protection of Children and Vulnerable Persons	Progress implementation of <i>Children First Guidelines</i>	Q1-Q4

 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them		
Priority Area	Action 2016	Target/Date
Joint Management Forum	Continue to meet with Unions in this forum to improve IR and integrate the Group	Ongoing
Engagement Strategy	Establish Staff Consultation and engagement strategy	Q2
Future Leaders Programme	Continue to support future leaders programme reviewing impact of same	Ongoing
Electronic Rostering	Review Electronic Rostering project ongoing in Beaumont and consider potential implementation options for Electronic Rostering across RCSI Group.	Q1-Q4
People Strategy 2015-2018	Work with HR HSE to commence and progress the People Strategy 2015-2018 within the group Supporting improved capacity within acute hospitals by right-sizing staffing levels through recruitment and retention of staff and facilitating an expansion of the role of care professionals where appropriate. Support implementation of the Healthy Workplace Policy and support initiatives to encourage staff to look after their own health and wellbeing.	Q1-Q4 Q1-Q4 Q1-Q4
Nursing Services	Support phase 1 pilot of the framework on staffing and skill mix for nursing related to general and specialist medical and surgical care in acute hospitals in conjunction with the Office of the Nursing & Midwifery Services Promote , monitor and report <ul style="list-style-type: none"> • Nurses registered to prescribe medicinal products • Nurses registered to prescribe ionising radiation. 	Q1-Q4 Q1-Q4
EWTD	Progress initiatives to support compliance with the European Working Time Directive within all Hospital Groups and provide reports on;	Q1-Q4

	<ul style="list-style-type: none"> • Maximum 24 hour shift • Maximum 48 hour week 	
National Guidelines on Accessible Health and Social Care Services	Work with services to ensure that they are examining their services for accessibility, in line with the national guidelines.	
Health Business Services	Acute Hospitals continue to collaborate with Health Business Services to embed and adapt the HBS customer relationship model	
Pay-bill Management and Control	Ensure compliance with the Pay-bill Management and Control Framework by providing a Hospital Group compliance statement to verify that the conditions of the Pay-Bill Management and Control HSE National Framework has been adhered as set out by the HSE National Leadership Team memorandum dated 13 th March 2015.	Q1-Q4

 Manage resources in a way that delivers best health outcomes improves people's experience of using the service and demonstrates value for money		
Priority Area	Action 2016	Target/Date
Financial Systems	Embedding strong governance structure to support the move towards Trust status	Ongoing
Activity Based Funding	<p>Move to the next phase of transition to an Activity Based Funding model of funding hospital activity with the initial focus on inpatient and day cases.</p> <p>All hospitals complete HIPE coding within 30 days</p>	Q1-Q4
Surgery Improvements NQAIS	<p>Continue to monitor and measure surgical activity across all hospitals using the National Quality Assurance Information System (NQAIS) Surgery.</p> <ul style="list-style-type: none"> • Improve day of surgery admission rates for all hospitals • Improve day case rate for laparoscopic cholecystectomy • Reduction in bed day utilisation by acute surgical admissions who do not have an operation in all hospitals • Identify minor surgical procedures currently undertaken in theatre that could be undertaken in other hospital settings such as procedure room or OPD 	Q1-Q4
NQAIS-Mortality	Support the roll out of the NQAIS-NAHM (National Audit of Hospital Mortality) Module to RCSI group.	Q1-Q4

Appendix 1: RCSI Group Budget 2016

RCSI Hospitals Group	Gross Expenditure Budget	Additional Gross Exp. Budget (Note 1)	Income Budget	Total
	€,000	€,000	€,000	€,000
Beaumont	336,225	2,412	(85,853)	252,784
Connolly	104,743	577	(15,171)	90,149
LOL Drogheda	149,879	1,001	(19,988)	130,892
Louth	21,169	73	(1,067)	20,175
Cavan	88,582	570	(9,720)	79,432
Monaghan	8,060	14	(63)	8,011
Rotunda	64,891	707	(19,613)	45,985
RCSI Group	500	7		507
Total	774,049	5,361	(151,475)	627,935

Note 1: Additional Gross expenditure budget comprises Lansdowne Road Agreement and pay increment funding

Appendix 2: HR Information

Hospital Group	WTE Dec 14	WTE Oct 15	Medical/ Dental	Nursing	Health and Social Care Professionals	Management/ Admin	General Support Staff	Patient and Client Care
Beaumont	3,095	3,224	482	1,123	469	499	418	233
Cavan General	831	915	112	365	105	142	82	109
Connolly	1,017	1,098	160	400	138	151	130	119
Louth County	249	270	9	77	26	52	68	37
Monaghan General	116	113	1	35	18	18	14	27
Our Lady of Lourdes	1,559	1,758	310	684	178	284	185	118
Rotunda	747	752	76	343	59	124	124	26
Total RCSI HG	7,614	8,130	1,150	3,027	993	1,270	1,021	669

Appendix 3: Performance Indicators

Acute Hospitals				
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2015	Expected Activity/ Targets 2016
Activity				RCSI Hospitals Group, Dublin North East
Beds Available				
Inpatient beds **	Existing	Monthly	10,503	
Day Beds / Places **	Existing	Monthly	2,024	
Discharges Activity[∞]				
Emergency Inpatient Discharges	New	Monthly	408,879	62,681
Elective Inpatient Discharges	New	Monthly	95,430	9,838
Maternity Inpatient Discharges	New	Monthly	116,890	22,686
Inpatient Weighted Units	New PI 2016	Monthly	623,627	94,948
Day Case Cases [∞]	New PI 2016	Monthly	1,013,718	145,858
Day Case Weighted Units	New PI 2016	Monthly	1,010,025	138,455
Total inpatient and day case Cases [∞]	New PI 2016	Monthly	1,634,923	241,065
Shift of day case procedures to Primary Care	New PI 2016	Monthly	New PI 2016	
Emergency Care				
- New ED attendances	Existing	Monthly	1,102,680	154,305
- Return ED attendances	Existing	Monthly	94,948	13,258
- Other emergency presentations	Existing	Monthly	94,855	6,709
Inpatient Admissions				
No. of inpatient emergency admissions	Existing	Monthly	443,948	67,898
Elective Inpatient Admissions	Existing	Monthly	102,463	10,501
Outpatients				
Total no. of new and return outpatient attendances	Existing	Monthly	3,242,424	477,568
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	New PI 2016	Monthly	New PI 2016	1 : 2
Births				
Total no. of births	Existing	Monthly	65,977	13,583