Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Children's Hospital Group Operational Plan

Healthier children and young people throughout Ireland

2017

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Children's Hospital Group Values, Vision and Mission Statements

In living our values we will deliver services that are:
Child-centred
Compassionate
Progressive

and we will act with:
Respect
Excellence and
Integrity

Our Vision is:
Healthier children and young people throughout Ireland

Our Mission is:
To promote and provide child-centred, research-led and learning informed healthcare, to the highest standards of safety and excellence, in partnership with each other, with children, young people and their families through a network of children's services in Ireland.

Operational Plan 2017
Children's Hospital Group

Introduction

The Children's Hospital Group Board was established on an administrative basis by the Minister for Health in August 2013. The Children's Hospital Group consists of Our Lady's Children's Hospital, Crumlin, Temple Street Children's University Hospital and the National Children's Hospital at Tallaght Hospital and is one of seven hospital groups established as part of the acute health sector reform programme. The Group Chief Executive has dual reporting to the Interim National Director for Acute Services, as well as, to the Children's Hospital Group Board and is accountable for planning and performance of paediatric services in Dublin in line with the HSE's Performance and Accountability Framework. All targets and performance criteria adopted in the service plan and included in the service arrangement with each hospital will be reported through this framework.

Acute hospital services will continue to respond to demographic and demand driven cost pressures in 2017. An estimated increase nationally of 1.7% in costs associated with increasing population and age profile is predicted for acute hospitals in 2017 compared with 2016. In addition, an increase in ED presentations of 5% is evident at the end of 2016, compared to the same period in 2015. The CHG will monitor this activity as it relates to the children's hospitals closely and manage the potential impact on elective services.

The Children's Hospital Group aims to promote and provide child-centred, research-led and learning informed healthcare to the highest standards of safety and excellence, in partnership with each other, with children, young people and their families through a network of children's services in Ireland.

The three children's hospitals provide a range of secondary services for children in the greater Dublin area (Dublin City and County, Wicklow, Kildare and Meath) in addition to tertiary and quaternary paediatric services for the rest of the country, with some specialties provided on an all island basis. National specialties provided include children's childhood cancers and blood disorders, cardiac diseases, major burns, neurosurgery, cystic fibrosis, clinical genetics, rheumatology, paediatric ophthalmology, craniofacial, the national meningococcal laboratory, the national centre for inherited metabolic disorders and the national new-born screening centre. The

Group continues to develop a single, all-island clinical network for paediatric congenital heart disease, to ensure that all children on the island will have access to the highest standard of congenital cardiac care. The Group has multiple academic partners and is planning for an integrated paediatric academic health sciences network to provide paediatric research and innovation as well as paediatric professional education and training in the Irish health service.

Demographics*

The birth rate has continued to fall with a 3% decrease predicted amongst those less than one year – a trend that is projected to decrease further. There are over 1.2 million children aged 17 years and under and the rate of population increase is projected to decline in this age group. Nevertheless Ireland had the highest percentage of children in the European Union representing over a quarter of our population (25.6%) in comparison with the EU average of 18.8%. In 2022 that projection is likely to have reduced slightly to 25.4%. Between 2016 and 2017 the population of children aged five years and younger is projected to decrease by 2% while the population of 5 – 19 year olds is projected to increase by 2%.

Policy change in July 2015 in relation to access to General Practice (GP) care without fees at the point of use was introduced for all children under 6 years of age. The impact of the introduction is visible but not yet measurable across services.

* *Planning for Health, Trends and Priorities to inform Health Services Planning, HSE, May 2016.*

Trends*

For paediatric patients the likelihood of admission decreases with increasing age with highest admission rates in those aged under 1 year of age. According to Patient Experience Time (PET) data 51% of all children aged under 1 attended Emergency Departments in their first year of life as new patients. PET data for Temple Street Children's University Hospital and Our Lady's Children's Hospital Crumlin have only been returned since August 2014; therefore comparisons between 2014 and 2015 and predictions for 2017 are not possible as the data are not yet stable enough for these purposes.

Other pertinent trends are

- the increase to 5.8% (2014) in the prevalence of low birth weight slightly from 5.3% (2010)
- 25% of children aged 3, 5 and 9 years are overweight or obese
- 13% of children experience consistent poverty.

* *Health in Ireland Key Trends 2015, Department of Health*

Priorities for 2017

- Improve access to urgent and planned care by increasing efficiencies, streamlining processes and maximising capacity in hospitals
- Implement full year plan of service developments funded in 2016
- Workforce planning, staffing, integration and change management plans to open Paediatric OPD & Urgent Care services at Connolly Hospital in 2018
- Commence implementation of the National Model of Care for Paediatrics and Neonatology
- Commence main construction contracts for new children's hospital and satellite centres
- Legislation for new legal entity for paediatric services in Dublin enacted by Oireachtas and Senate
- Drive improvement and maintain compliance with targets for healthcare associated infections (HCAI/AMR)
- Continued roll-out of the all-island Congenital Cardiology Disease Network plan for 2017
- Facilitate patient, family and staff involvement in the Children's Hospital Programme
- Enhance and build capacity of quality and patient safety across hospitals in the Hospital Group
- Continue to develop a system to report indicators of safety in conjunction with Acute Hospital Division, Group Clinical Director and the Director of Quality and Patient Safety
- Contribute to the advancement of national clinical leadership for early warning systems and clinical handover in collaboration with clinical strategy and programmes and quality improvement services
- Implement continued roll-out of the Clinical Directorate structure in hospitals in the Hospital Group

The services outlined in this operational plan are based on those agreed in the National Service Plan 2017. Whilst acknowledging that the financial challenges are significant, substantial cost control and cost reduction by hospitals will be required with a focus on controlling the total pay and non- pay costs, as well as maximising income for 2017 (see Appendices 1 and 2).

Across the hospitals in the group there are access challenges in specific specialities, specifically in ENT, orthopaedics, dermatology, ophthalmology, cardiology, urology, rheumatology and clinical genetics. These challenges will remain for 2017 as no service development funding was received in 2017 to address clinical risk or access challenges. Similarly within the HSE, developing palliative care for children and the development of a children's ambulance service will also be the

focus of work with relevant stakeholders during 2017. Activity targets are included in "Appendix 3, Key Performance Indicators".

The Group is working closely with the HSE Clinical Strategy and Programmes, the Integrated Care Programmes and the National Clinical Leads for the National Model of Care for Paediatrics and Neonatology to ensure existing and future services align with the approved national model of care.

Monthly performance meetings to monitor signed Service Arrangements in line with the Performance and Accountability Framework will continue with the three children's hospitals in relation to the quality and safety of services, access to those services, by effectively harnessing the efforts of its overall workforce and by doing this within the financial resources available. The Group will work with the three children's hospitals in their integration and transition to a new legal entity in advance of the physical move to the new Paediatric OPD and Urgent Care Centres and the new children's hospital.

In addition, the Children's Hospital Group is the client for the new children's hospital capital project, the largest capital investment in healthcare. It will ensure that the new hospital and satellite centres are designed to enable future paediatric services to be delivered as efficiently and effectively as possible. The Children's Hospital Group continues to implement a comprehensive Children's Hospital Programme to deliver on the Children's Hospital Group Board's key remits in terms of its integration programme, ICT Programme and its remit as client for the new children's hospital and satellite centres.

Cancer Services

The National Cancer Control Programme will lead the implementation of the new cancer strategy in the HSE (on publication by Department of Health). 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 and the Children's Hospital Group will work with the National Cancer Control Programme in particular on the development of adolescent and young adult's cancer services which will be outlined in the updated cancer strategy.

Quality and Patient Safety

The Children's Hospital Group will develop a robust governance and accountability structure for Quality and Patient Safety (QPS) during 2017. The Group Director of Quality and Patient Safety will lead on this work across the Group. The aim is to further enhance and build capacity of QPS

departments across the hospitals in the Group and to focus on the following key areas of development:

1. The Children's Hospital Group will work with the Acute Hospital Division to continue to implement the Framework for Quality Improvement and National Patient Safety Programmes in partnership with Hospital Groups, Community Healthcare Organisations, NCSP, QAV and QID in the following areas:
    - HCAI/AMR
    - Decontamination
    - Medication Safety
    - Pressure Ulcers to Zero
    - Early Warning Scores/ Systems
    - Clinical Handover
    - Quality and Safety Governance e.g. Board on Board Initiative
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
    - Implement revised Integrated Risk Management policy
3. Develop capacity to listen and learn from patients, public and staff
    - Support and provide HSE project management for 2017 Patient Experience Programme- joint initiative with HIQA and DOH
    - Develop project plan and lead the patient safety culture survey project
    - 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
    - Commence monthly Indicators of Safety monthly reporting
    - Work with the Acute Hospitals Division in the development of clinical and healthcare audit programmes.

Operational Framework – Financial Plan

Introduction

The Children's Hospital Group 2017 net allocation amounts to €263.364m, inclusive of funding for opening run rate deficit and national pay awards but excluding new prioritised initiatives.

Table 1 CHG Budget 2016/2017

Children's Hospital Group	2017 Budget Available €M	2016 Final Budget €M
Our Lady's Children's Hospital Crumlin	138.158	135.149
Temple Street Children's University Hospital	94.863	94.618
National Children's Hospital at Tallaght Hospital	*16.188	18.707
Subtotal	**249.209**	**248.474**
Children's Hospital Programme & Group HQ	14.155	3.227
Total Net Budget	**263.364**	**251.701**

* *Per budget figure formally advised to CHG by HPO, however, will be subject to revision by HPO when reconciliation of CHG/DMHG budget split is finalised*

Note: At time of going to press, €2M uplift to National Children's Hospital at Tallaght Hospital Allocation has been agreed with HPO further to reconciliation between DMHG and CHG budgets.

Budget 2017

The notified 2017 budget allocated to the Children's Hospital Group is €263.364m. The final 2016 Budget for the Children's Hospital Group was €251.701. This represents an increase of €11.663m or 4.63%, €10.928m of which is the targeted investment in the Childrens' Hospital Programme, in particular to fund ICT enhancements and new projects in the three hospitals to support better cross hospital and in preparation for the opening of the satellite centres with hospital services receiving an overall increase of €0.735m or 0.3%.

The 2017 Budget provides €11.647m for some known cost increases but also includes total reductions of €7.390m for first charge from prior year, reversal of 2016 once-off funding, efficiency savings target and savings expected to be achieved from the IPHA Agreement.

In order to facilitate the setting of both Pay and Non Pay budgets within the envelope of funding made available to the Children's Hospital Group, it will require robust Cost Control and Containment Plans on an individual hospital basis immediately. Developing and implementing such a Financial Plan will be the focus of the Hospital Group in the weeks following the publication of the 2017 Operational Plan.

Budget 2017 and Existing Level of Service

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

- Impact of National Pay Agreements
- Increases on drugs and other clinical non pay costs
- Demographic factors
- Additional costs in relation to 2016 developments
- Deferred recruitment of posts in 2016 to achieve the financial outturn
- Inflation related price increases

Approach to Financial Challenge 2017

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

The growing level of emergency presentations, increasing acuity and complexity of our patients, the growing use and cost of drugs and medical technologies and our ability to attract and retain staff are just some of the pressures that impact on our services each year.

In particular, it should be noted that the funding of unavoidable pay-related costs, such as increments, are not fully funded for 2017. The application of a first charge of €2.637m or 1.0% and an efficiency target of €1.200m or 0.5% to our allocation for 2017 and the adjustment of 2016 once-off funding of €2.826m or 1.1% will prove challenging and further consideration will need to be given to these adjustments.

The above must be taken in the context that the Children's Hospital Group remains cost efficient with an ABF transition reduction adjustment of €1.271m being applied to the national average price being paid for our services.

Our approach to dealing with the financial challenge will include:

1. Governance – Continued focus on budgetary control through our performance meetings based on signed service arrangements with each hospital.
2. Pay – Managing the Pay and Numbers Strategy 2017 by each of our hospitals.
3. Non Pay – Implement targeted cost containment programmes for specific high growth categories.
4. Income – Endeavour to sustain and improve where possible the level of income generation achieved in 2016. There is an amount of €1.587m allocated to the Group which represents the acute hospital historic accelerated income target which we will seek to manage on a cash basis until a longer term solution is available.
5. Activity – Control of activity will be a focus of 2017 together with the further development of ABF model to identify services where cost reductions may be possible.

When account is taken of the 2016 cost of services, known cost growth, approved service developments and initial cost saving measures, a financial challenge remains to be addressed. The Group is conscious of the on-going 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 hospitals and the Group will continue to implement a number of measures to control costs, reduce waste and improve efficiency aimed at minimising any impact on clinical services. There is however limited scope to manage within the allocated funding without risk of compromising safe clinical service delivery.

Options to address the financial challenge are being considered as part of the service planning process and there will be on-going discussions with hospitals and the HSE during the year to align activity levels to the funding available. Cost containment measures may impact the ability of hospitals to address the existing demand for services, delivery of new developments and impact the management of waiting lists within the target times and increase access times to core services, potentially impacting patients. The maintenance of safe patient services may be impacted by the challenges in the 2017 NSP with regard to pay and staff numbers and challenging income targets.

Risks to the Delivery of the Operations Service Plan 2017

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

- Increased demand for services beyond the funded levels.
- Meeting the level of changing needs and emergency presentations and responding to increasing levels of demand for unscheduled care services.
- Regulatory requirements in hospital services which must be responded to within the limits of the revenue and capital funding available.
- Control over pay and staff numbers at the same time as managing specific safety, regulatory and demand-driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high-demand areas and specialties, e.g. theatre and ICU.
- Delivery of savings in respect of the first charge and efficiency target given the recognised ABF position of the Children's Hospital Group.
- Managing within the limitations of our clinical business information, financial and HR systems to support an information driven health service.
- Managing the ability to support new models of service delivery and structures while supporting innovation and reorganisation across the Group.
- Our capacity to invest in and maintain our infrastructure and address critical risks resulting from ageing medical equipment and physical infrastructure.
- Our ability to meet the demand for new drug approvals within funded levels.
- The scale of financial management required across a demand led service environment particularly when there is a lack of data visibility across the Group.
- Financial stability – recognise de-stabling issues as they arise and implement appropriate financial planning to mitigate the impact.
- Income – delivering the income target given a downward trend in patients presenting with private health insurance towards the end of 2016.
- Ability to respond to significant spikes in demand given that hospitals normally operate at full capacity.
- Unique to the Children's Hospital Group is the implementation of the Children's Hospital Programme, a significant investment and change management programme to:
    - Progress the integration of the three independently governed hospitals to a new single legal entity at the end of 2017
    - Mobilise the ICT projects required in 2107 to support opening the satellite centres and
    - Act as client for the capital project to build the new children's hospital and satellite centres.

The quantum of effort to support the Children's Hospital Programme could impact on the delivery of the Operational Plan unless adequately supported.

Capital

There are no capital projects due to complete in the three Children's Hospital Group hospitals during 2017 The minor capital allocation has not yet been notified to the Group. This will be considered at a future date.

Operational Framework – Workforce Plan

The Children's Hospital Group recognises and acknowledges its people as its most valuable resource and key to service delivery and reform. Recruiting and retaining motivated and skilled staff is a high priority for the Hospital Group as specialist skills deficits within health care pose a serious threat to the delivery of services and many workforce planning initiatives are in progress to address these concerns. 2017 will see a focus on the Children's Hospital Group's "People Strategy" which is being developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The recent appointment of the Group's Director of Strategic HR and Organisational Change will significantly enhance this objective. This strategy will be underpinned by a commitment to engage, develop, value and support our people, thereby creating a culture of high trust between management and employees, supporting the achievement of performance and safe clinical services. Through supporting and facilitating continuous professional development and learning, embracing leadership and teamwork and accepting and managing change, service delivery and performance will improve.

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. The Division is also partnering with National HR through the National Coordination Group.

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. The HSE Acute Hospitals Division and Hospital Groups are partnering with HR Workforce Planning, Analytics and Informatics in relation to the development of workforce planning and resourcing knowledge, skills and capability of local

HR Managers and Service Managers, this data is being used to build on CHG workforce planning activities undertaken in 2016.

3. **Staff Engagement -** All Acute Hospital employees are encouraged to complete in Staff Surveys 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. The CHG is building staff engagement into its People Strategy as way of developing staff employee commitment and attraction practices. This is being done via a range of People interventions that will support integration and transformation.

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. **European Working Time Directive (EWTD) -** Through the forum of the National EWTD Verification and Implementation Group, the Division 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 Acute Hospitals 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.

6. 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.

The CHG 2017 People, Change and Transformation plans for 2017 are set out across six themes and address the following key areas:

Operating Model for Services (2017-2021)

- The Operating Model enables the CHG programme to plan and build a consistent and coordinated view on how the hospital is to be configured across a number of dimensions: its context, its services, governance, performance management, organisation structure, business and system architecture. The existing end state Operating Model is being further developed followed by development of interim models for key staging posts in the programme of work, in particular, for when the legislation for the new single legal entity is commenced on 1 January 2018.

Organisational Design

- Organisational design is defined as the way that *structure, roles, capability and resources* are designed to deliver the strategy and operating model blueprint. It is the formal system of accountability that defines key positions and enables the efficient allocation of resources to support business outcomes. Following the timeline for clinical integration the organisation design will be the main driver for developing the detailed workforce profile for 2018 – 2021.

Workforce Planning

- In the first instance this work stream is concerned with establishing the Demand and Supply profile for resources from 2018-2021 and beyond. The analysis takes account of resource gaps that may exist, level of impact and contingency plans as appropriate. Aligned to this is consideration of key retention initiatives and a compelling Employee Value Proposition for the workforce.

Employee Relations (ER)

- Through a cross hospital working group developing a framework through which collective consultation with representative bodies can take place in an efficient and effective manner. The group will consult on key ER issues associated with the programme, taking into account their level of impact on the workforce, driving clarity with respect to what is happening when and the key ER components that need to be in place for the change to happen.

Organisational Development

- In the first instance this area of work is focussed on enabling the establishment of a shared culture across the Children's Hospital Group and supporting the forming and development of efficiency and effective teams at all levels across the new organisation. Longer term

focus will be on understanding and co-ordinating the learning and development needs for staff as a result of changes in role or working practices as a result of the programme.

Change Management

- Focussed on building awareness, understanding and advocacy for the planned changes as well as creating meaningful opportunities to influence and co-create the future design of the new children's hospital as centre of an integrated clinical network for paediatrics. A key aim is to ensure staff are ready for the changes, take ownership themselves and are supported appropriately when the changes occur.

Performance and Accountability Framework

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

Accountabilty Structure

There are five main layers of accountabilty in the HSE

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

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

Service Arrangements will continue to be the contractual mechanism governing the relationship between the HSE and Section 38 Agencies[1] to ensure delivery against targets.

Performance management process

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

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

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

A formal escalation process can be applied at both the organsiation and the individual level where there is continued underperformance following monitoring and support. This can result in senior managers responsible for particular services attendance at relevant Oireachtas Committees to account for service delivery, quality and financial performance issues.

The full text of Performance and Accountabililty Framework is available at www.hse.ie.

Implementing National Priorities 2017 – CHG input

Priority Area	Priority Actions	Lead	CP Goal	Date
Governance and Compliance	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 groups.	CHG and AHD	2	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.	CHG	2	Q1-Q4
Quality and Patient Safety	Build Quality and Patient Safety capacity and capability at Hospital Group and divisional level to support Quality Improvement initiatives Monitor and support implementation of National Standards for Safer Better Healthcare	CHG and AHD	2	Q1-Q4
	Support the development and implementation of a quality and safety framework and programmes across the Hospital Groups.			Q1-Q4
	Continue to embed the culture of open disclosure.			Q1-Q4
	Develop Group wide Clinical / Healthcare Audit Programme			Q1-Q4
	Improve overall response to safety incidents (reporting and investigation).			Q1-Q4
	Implement revised Integrated Risk Management policy			Q1-Q4
	Commence reporting of monthly Indicators of Safety reporting			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.			Q1-Q4
Cancer Services and the National Cancer Control Programme	Work with the DoH and other stakeholders on the implementation of the National Cancer Strategy when published, which will consist of continued reorganization of cancer services. Improvement in optimal care across the cancer continuum.	CHG and NCCP	2	Q1-Q4
Improve Acute	**Unscheduled Care:**	CHG	2	Q1-Q4

Services	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
	Scheduled Care:	CHG	2	
	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			Q1-Q4
	Improve 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 targets for those waiting < 15months are achieved as far as is possible within the constraints			Q1-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.	CHG and OPIP	2	Q1-Q4
	Transplant Services:	CHG	2	Q1-Q4
	Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure			Q1-Q4
	Children's Services	AHD and CHG	2	
	Support the development of a governance structure and implementation plan for the national models of care for paediatric and neonatal healthcare services, in collaboration with the Integrated Care Programmes			Q1-Q4
	Improve capacity of Paediatric Scoliosis Services in Our Lady's Children's Hospital to address waiting lists with continued efforts to recruit specialist staff funded from 2016 NSP.			Q1-Q4
	Continue development of 2016 service developments, i.e. Emergency Medicine, Child Sexual Abuse services & Orthopaedic OPD fracture clinics			Q1-Q4
	Improve access and commence integration of services in the Children's Hospitals Group			Q1-Q4
	Develop Neonatal Intensive Care and Anaesthesia services to meet service demands in the Children's Hospitals.			Q1-Q4
	Continue the development of an All Island Paediatric Cardiology Service in conjunction with			Q1-Q4

	health partners in Northern Ireland.			
	National Services:	CHG	2	Q1-Q4
	Support the phased implementation of the policy on **Trauma Systems** for Ireland.			Q1-Q4
	Commence the planning of a **National Genetic and Genomic Medicine** Network service which will operate on a hub and spoke basis.			Q1-Q4
Human Resources	**People Strategy 2015-2018**			
	Implement the People Strategy 2015–2018 within acute hospitals.	CHG	4	Q1-Q4
	Workforce Planning:			
	Employee Engagement:			
	Use learning from the employee survey to shape organisational values and ensure that the opinions of staff are sought and heard.	CHG	4	Q1-Q4
	Workplace Health & Wellbeing:			
	Implement the 'Healthy Ireland in the Health Services' Policy supporting initiatives to encourage staff to look after their own health and wellbeing ensuring we have a resilient and healthy workforce	CHG	4	Q1-Q4
	Improve influenza vaccine uptake rates amongst staff in frontline settings	CHG	4	Q1-Q4
	European Working Time Directive (EWTD):			
	Implement and monitor compliance with the EWTD	CHG	4	Q1-Q4
National Policy Compliance	**Children First**			
	Implementation of Children First by the Hospital Groups with support from the Children First National Office; and the delivery of Children First training programmes for hospital staff. Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office.	CHG	3	Q1-Q4
	Patient Feedback			
	Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across acute services and use patient insight to inform quality improvement initiatives and investment priorities which will include the completion of Patient Experience Surveys in all acute hospitals on a phased basis within available resources	CHG and AHD	3	Q1-Q4
	Internal Audit			

	Ensure that processes in place at Group level to govern the oversight of Internal Audit recommendations.	CHG and AHD	3	Q1-Q4
Finance/ HR	**Employment Controls**			
	Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services.	CHG	3	Q1-Q4
	Activity based funding	CHG	5	Q1-Q4
	Support the next phase of ABF programme as per ABF implementation plan - 2017.	CHG	5	Q1-Q4
	Ensure hospital activity and patient data is reported within 30 days	CHG	5	Q1-Q4
Patient Charges	Ensure compliance with the terms of the "MOU between the HSE, named hospitals and VHI Insurance DAC" (March 2016)	CHG and AHD	3	Q1-Q4
	Hospital groups and hospitals to ensure billing is appropriate and current and that bed maps are accurate.	CHG and AHD	3	Q1-Q4
Medicines Management	Implement the provisions of the Irish Pharmaceutical Healthcare Association Framework Agreement on the Pricing and Supply of New Medicines.	CHG and AHD	3	Q1-Q4
Information Management	Support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine.	CHG and AHD	5	Q1-Q4
	Support the development of trauma audit (TARN) as applicable to paediatrics which evaluates the care of trauma patients.			Q1-Q4
Health and Wellbeing	**Healthy Ireland**	CHG	1	Q1-Q4
	Implement *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* across all hospital groups with local implementation of Hospital Group plans on a phased basis.	CHG	1	Q1-Q4
	Tobacco Free Ireland			
	Complete planned *Brief Intervention Training sessions for Smoking Cessation* in line with existing programme and rollout of *Making every contact count* and *Generic Brief intervention Training* schemes by H&Wb Division.	CHG	1	Q1-Q4
	Self-Management of Chronic Diseases			
	Support the Implementation of the Self-Management Support (SMS) framework in all hospital groups on a phased basis	CHG and AHD	1	Q1-Q4

Appendix 1 Finance

Table 1 CHG Budget 2016/2017

Children's Hospital Group	2017 Budget Available €M	2016 Final Budget €M
Our Lady's Children's Hospital Crumlin	138.158	135.149
Temple Street Children's University Hospital	94.863	94.618
National Children's Hospital at Tallaght Hospital	*16.188	18.707
Subtotal	**249.209**	**248.474**
Children's Hospital Programme & Group HQ	14.155	3.227
Total Net Budget	**263.364**	**251.701**

** Per budget figure formally advised to CHG by HPO, however, will be subject to revision by HPO when reconciliation of CHG/DMHG budget split is finalised*

Note: At time of going to press, €2M uplift to National Children's Hospital at Tallaght Hospital Allocation has been agreed with HPO further to reconciliation between DMHG and CHG budgets.

Appendix 2 Human Resources –

Childrens' Hospital Group WTE December 2016

Service Area	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16
Temple Street Children's University Hospital	152.7	395.5	191.1	237.7	60.1	41.7	**1,079**
Our Lady's Children's Hospital, Crumlin	217.5	688.1	291.3	261.7	147.4	89.5	**1,696**
National Children's Hospital at Tallaght Hospital	48.3	105.7	3	35.1	1	3.5	**196.5**
HQ				3			**3**
Group Total	**418.5**	**1,189**	**485.4**	**537.4**	**208.5**	**134.7**	**2,974**

Appendix 3: Performance Indicator Suite

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Budget Management including savings **Net Expenditure variance from plan (within budget)** Pay – Direct / Agency / Overtime	M	0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	0.33%		≤ 0.1%
Income	M	0.33%		≤ 0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented by due date	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
Workforce % absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD < 24 hour shift (Acute and Mental Health)	M	100%	97%	100%
< 48 hour working week (Acute and Mental Health)	M	95%	82%	95%
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%
HR ® Number of nurses and midwives with authority to prescribe medicines	Annual	New PI 2017	New PI 2017	Up to 940
Number of nurses and midwives with authority to prescribe Ionising Radiation (X-Ray)	Annual	New PI 2017	New PI 2017	Up to 310

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

Acute Hospitals								
Service Area	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**				
Activity				**Children's Hospital Group**	**CUHTS**	**Tallaght Paed**	**OLCHC**	**National Target**
Beds Available Inpatient beds **	Existing	Monthly	10,643					10,681
Day Beds / Places **	Existing	Monthly	2,150					2,150
Discharges Activity∞ Inpatient Cases	Existing	Monthly	635,414	26,365	8,086	6,514	11,765	640,627
Inpatient Weighted Units	Existing	Monthly	632,282	30,160	9,375	3,230	17,555	639,487
Day Case Cases∞ (includes Dialysis)	Existing	Monthly	1,044,192	28,598	7,633	2,462	18,503	1,062,363
Day Case Weighted Units (includes Dialysis)	Existing	Monthly	1,030,918	36,722	10,157.1	3,371.5	23,192.9	1,028,669
Total inpatient and day case Cases∞	Existing	Monthly	1,679,606	54,963	15,719	8,976	30,268	1,702,990
Emergency Inpatient Discharges	Existing	Monthly	424,659	19,889	6,043	5,702	8,144	429,872
Elective Inpatient Discharges	Existing	Monthly	94,587	6,476	2,043	812	3,621	94,587
Emergency Care - New ED attendances	Existing	Monthly	1,141,437	118,532	51,126	32,170	35,236	1,168,318
- Return ED attendances	Existing	Monthly	94,483	6,272	1,357	2,114	2,801	94,225
- Other emergency presentations	New PI 2017	Monthly	49,029	300		300		48,895
	Existing	Monthly	3,342,981	159,203	64,202	23,276	71,725	3,340,981

Acute Hospitals								
Service Area	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**				
Activity				**Children's Hospital Group**	**CUHTS**	**Tallaght Paed**	**OLCHC**	**National Target**
OPD: Total no. of new and return outpatient attendances								
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	1:2.4	1:2	1:2	1:2	1:2	1:2

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	96%	100%
Dialysis Δ Number of Haemodialysis patients treated in Acute Hospitals **	New PI 2017	Bi-Annual	New PI 2017	170002
Number of Haemodialysis patients treated in Contracted Centres **	New PI 2017	Bi-Annual	New PI 2017	81,900 – 83,304
Number of Home Therapies dialysis Patients Treatments **	Existing	Bi-Annual	89,815	90,400 – 98,215
Outpatient New OPD attendance DNA rates **	Existing	Monthly	12.7%	12%
% of Clinicians with individual OPD DNA rate of 10% or less **	Existing	Monthly	36.5%	50%
Inpatient, Day Case and Outpatient Waiting Times				
% of children waiting <15 months for an elective procedure (inpatient)	Existing	Monthly	93%	95%
% of children waiting < 15 months for an elective procedure (day case)	Existing	Monthly	96.8%	97%
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly	84.3%	85%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	Existing	Monthly	75.8%	90%
Elective Scheduled care waiting list cancellation rate)**	Existing/ amended	Monthly	TBC	TBC
Colonoscopy / Gastrointestinal Service Number of people waiting greater than 4 weeks for access to an urgent colonoscopy	New PI 2017	Monthly	0	0
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	51.5%	70%
Emergency Care and Patient Experience Time % 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 is 100% performance with a target of ≥ improvement in 2017 against 2016 outturn)	Existing	Monthly	81.5%	100%
% of ED patients who leave before completion of treatment	Existing	Monthly	5.2%	<5%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
% of all attendees at ED who are in ED < 24 hours	Existing	Monthly	96.5%	100%
Ambulance Turnaround Times % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	Existing	Monthly	93.4%	95%
Length of Stay 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
Delayed Discharges No. of bed days lost through delayed discharges	Existing	Monthly	200,774	< 182,500
No. of beds subject to delayed discharges	Existing	Monthly	630	< 500 (475)
Health Care Associated Infections (HCAI) % compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Existing	Bi- Annual	89.2%	90%
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	New PI 2017	Monthly	New PI 2017	< 1/10,000 Bed days used
Rate of new cases of Hospital acquired C. difficile infection	New PI 2017	Monthly	New PI 2017	< 2/10,000 Bed days used
Mortality Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition **	Existing/ Modified	Annual	Data Not Yet Available	N/A
Quality Rate of slip, trip or fall incidents for as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
Medication Safety Rate of medication error incidents as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
Patient Experience % 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**
PEWS % of hospitals with implementation of PEWS (Paediatric Early Warning System) **	Existing	Quarterly	N/A	100%
% of acute hospitals with an implementation plan for the guideline for clinical handover	New PI 2017	Quarterly	New PI 2017	100%
National Standards % 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%
% of Acute Hospitals which have completed and published Patient Safety Statements and discussed at Hospital Management Team each month **	Existing	Monthly	N/A	100%
Patient Engagement % 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
Asthma % nurses in secondary care who are trained by national asthma programme **	Existing	Quarterly	1.3%	70%
Number of bed days used by all emergency in-patients with a principal diagnosis of asthma**	Existing/ amended	Quarterly	11,394	3% Reduction
Number of bed days used by emergency inpatients < 6 years old with a principal diagnosis of asthma**	Existing/ amended	Quarterly	1,650	5% Reduction
Diabetes % increase in hospital discharges following emergency admission for uncontrolled diabetes. **	Existing	Annual	Data Not Available Until Q1 2017	≤10% increase
Blood Policy No. of units of platelets issued in the reporting period **	Existing	Monthly	20,704	21,000
% of units of platelets outdated in the reporting period **	Existing	Monthly	5.1%	<5%
% of O Rhesus negative red blood cell units issued **	Existing	Monthly	13.3%	<14%
% of red blood cell units rerouted **	Existing	Monthly	3.4%	<4%
% of red blood cell units outdated out of a total of red blood cell units issued**	Existing	Monthly	0.5%	<1%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
HR – Compliance with EWTD 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%

** *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

No capital projects are due for completion in 2017 in Children's Hospital Group