



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Dublin Midlands Hospital Group Operational Plan 2017



**Building a Better Health Service**

CARE COMPASSION TRUST LEARNING

# Executive Summary

## Introduction

Dublin Midlands Hospital Group (DMHG) Chief Executive has full legal authority to manage the group delegated to her under the Health Act 2004 in line with NSP 2017 and allocated Group budget. In this context DMHG operational plan for 2017 is aligned with the Acute Hospitals Division overarching Operational Plan. Services delivered under the auspices of DMHG Operational Plan are in accordance with the funding allocation received for 2017.

	2017 Gross Allocation €m	2017 Income Target €m	2017 Net Allocation €m
DMHG	1,039.17	212.64	826.52

The seven hospitals in the DMHG Hospital Group include:

- St. James's Hospital
- The Adelaide & Meath Hospital, Tallaght
- Midland Regional Hospital Tullamore
- Naas General Hospital
- The Coombe Womens and Infants University Hospital
- Midland Regional Hospital Portlaoise
- St. Luke's Radiation Oncology Network

Trinity College Dublin is our academic partner.

The Group provides a full range of acute hospital services, womens' and childrens' services and specialised oncology care and its annual activity in 2016 was in the region of:

- 198,849 ED attendances
- 97,171 Inpatients
- 209,087 Day cases
- 625,232 Outpatient attendances
- 9,785 Births

## Developments and Challenges 2017

The financial framework of the 2017 National Service Plan contains "stretched" targets in relation to cost containment and income generation. DMHG will apply our full management capability in delivering on both the quality of clinical care and resource targets. The 2017 funding allocation to the DMHG has challenges:

The allocation for 2017 has challenges and the Group will work with its constituent hospitals to address these while having regard to population demographics and growth in service demands.

DMHG will continue to support the delivery of quality services and compliance with the HIQA National Standards for Better and Safer Healthcare across our hospitals in 2017.

## Strategic Planning

The DMHG is concluding the development of a multi-year strategic plan which focuses on developing clinical networks and pathways across hospitals and between hospitals and our primary and community care partners. The aim is to provide timely access to high quality care in the appropriate location for our patient population. There will be a particular focus on care of the frail elderly, critical care capacity, cancer services, access to urology services and spinal surgery, women's' and children's' services and integrated care priorities.

Our strategic planning includes engagement with our hospitals, the Community Health Organisations 7 and 8, our academic partner Trinity College Dublin, the HSE National Divisions and the National Clinical Programmes.

## Clinical Strategy and Programmes

One of the most significant areas of reform is the development of integrated care across all services. This is a long term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in our care. Provision of care, which is provided by all Hospital Group and CHOs and the National Ambulance Service must be integrated by providing better and easier access to services which are close to where people live.

Service re-organisation is being planned to ensure that they are delivered in the most appropriate and effective way as part of the HSE Programme for Health Service Improvement (PHSI). In this context DMHG will continue our work with Clinical Strategy and Programmes to progress the establishment, enablement and delivery of new models of care and integrated care programmes.

Tallaght Hospital is one of the pioneer sites for implementation of the Integrated Care Programme for Older Persons in partnership with the Social Care Division together with other agencies and Divisions as appropriate. The purpose of the Integrated Care Programme for Older Persons is to augment primary and secondary care services for older people in the community enabling a shift from a model of acute, hospital-based episodic care to a model that reflects increased co-ordination and care planning based on the needs of the older person. Given the ageing demographics there is an urgent need to build capacity in the provision of healthcare services that can meet this change in the model in both community and acute services.

## Risks to the delivery of the Operational Plan

In identifying the risks to the delivery of this Operational Plan within resources available, it is acknowledged that while every effort will be made to mitigate these risks, it may not be possible to eliminate them in full. Identified risks include:

- The impact of increased demand for services beyond the planned and funded levels arising from changes in demographics and consumer expectations.
- Capacity to control activity volumes to the targeted level under ABF.
- Ability to contain activity to 2016 levels for emergency care and urgent and routine elective treatments.
- The capacity to recruit and retain a highly skilled and qualified medical, nursing, midwifery, allied health professionals and clinical workforce.
- The recruitment challenges are driving a dependency on locums and agency staff which not only impacts on continuity of service but increases pay cost.
- The significant requirement to reduce agency and overtime expenditure given the scale and complexity of the task.
- Capacity to achieve pay and non-pay cost control at the level required with increasing demand for services.

- Capacity to achieve income target and collect income.
- Financial risks associated with the approval of new drugs and the control of existing drugs at or below 2016 funded levels.
- Risks associated with the delivery of targeted procurement savings.
- Management of the scale of reform and change required to support new evolving models of service delivery and drive innovation.
- Severe shortage of capital adversely impacts our ability to address new models of care and existing demands.
- The limitations of our clinical, business information, financial and HR systems.

## Conclusion

Dublin Midlands Hospital Group will work with colleagues across the Group together with all other internal and external stakeholders to deliver optimum services for our patients within the resources available whilst at the same time ensuring that quality and patient safety remains a key priority.



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**Dr. Susan O'Reilly MB, Bch, BAO, FRCPC, FRCPI, Chief Executive Officer Dublin Midlands Hospital Group**

# Introduction

The demand for acute hospital services continues to increase in line with a growing and ageing population. The Hospital Groups continue to implement the *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.

Acute hospital services 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, an increase in ED presentations of 5% is evident at the end of 2016, compared to the same period in 2015. The division will monitor this activity closely and manage the potential impact on elective services.

Acute hospital services aims to provide safe, quality, effective patient centred care to all service users.

## Priorities for 2017

- Embed robust structures within the Hospital Group to provide direct support to the smaller hospitals in the group in line with development of Hospital Group strategic plans
- Enhance and build capacity of quality and patient safety across hospitals
- Continue to develop a system to report hospital safety statements in conjunction with Hospital Group CEOs and Clinical Directors
- Improve compliance with the use of the sepsis screening tools and national Clinical Guideline No. 6 Sepsis Management and No. 5 Clinical Handover in Maternity Services.
- Aim to provide timely access to high quality care in the appropriate location for our patient population. There will be a particular focus on care of the frail elderly, critical care capacity, cancer services, access to urology services and spinal surgery, womens' and childrens' services and integrated care priorities.
- Continue to support our acute hospitals and work with the community health organisation to manage growth in scheduled and unscheduled care

## Cancer Services

The National Cancer Control Programme will lead the implementation of the new 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.

## Quality and Patient Safety

The DMHG will continue to prioritise the establishment of a robust governance and accountability structure for Quality and Patient Safety programmes during 2017. The aim is to further enhance and build capacity of Quality and Patient Safety Departments at both hospital and HG level. DMHG will focus on the following key areas of development:

1. Leadership and Governance for Quality and Safety
  - Operationalise the DMHG Quality Council
  - Continue to develop the walk round culture in DMHG
  - Commence implementation of quality profiles and agree with hospitals the Quality Improvement Indicators to be monitored in 2017.
  - Expand the implementation of the Productive Series in hospitals in DMHG in 2017.
2. DMHG will continue to implement the National Clinical Effectiveness Guidelines including:
  - Sepsis and Early Warning Scores/ Systems
  - Clinical Handover
3. DMHG will continue to implement nationally agreed Nursing and Midwifery Metrics in 2017 with a specific focus on
  - Pressure Ulcers to Zero
  - Falls Prevention
4. DMHG will focus on Quality Improvement and National Patient Safety Programmes in the following areas:
  - Decontamination
  - Medication Safety
  - HCAI
5. Improve Risk and Patient Safety Incident Management
  - Continue to enhance openness and transparency in all engagements around adverse events.
  - Continue to work with AHD and QAVD to improve overall response to safety incidents in the development and streamlining of processes and systems for managing, investigating, reviewing and learning from incidents.
  - Continue to put in place measures to improve reporting
  - Implement revised Risk Management Policy and facilitate training.
6. Develop capacity to listen and learn from patients, public and staff
  - Work with AHD in relation to the Patient Experience Programme- joint initiative with HIQA and DOH in 2017
  - Develop project plan and implement the patient safety culture survey project in conjunction with AHD
  - Continue implementation and embed a culture of Open Disclosure across all services
  - Strengthen surveillance to ensure Patient Safety areas for improvement are identified and learning shared

7. Quality and Safety Performance Monitoring and Reporting
  - Continue to publish monthly Maternity Safety Statements. Continue to work with Acute Hospitals Division in relation to the publication of monthly Hospital Safety Statements.
  - Work with Acute Hospital Division in the development of clinical and healthcare audit programmes

## Operational Framework – Workforce Plan

The Acute Hospital Division and Dublin Midlands 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

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 Hospital Group for 2017 alongside the management of risk and service implications. The Hospital Group Paybill Monitoring and Control Group will continue its work and the monitoring of the funded workforce plans is a recurring agenda item of the monthly performance meetings held under the Performance and Accountability Framework and the monthly joint HR / Finance meetings with the seven hospitals in the Hospital 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 Division and Hospital Groups are partnering with HR Workforce Planning, Analytics, & Informatics in relation to the development of workforce planning and resourcing knowledge, skills and capability of local HR Managers and Service Managers.

The Hospital Group continues to implement the recommendations of Birth-rate Plus (a tool for maternity services to calculate the number of clinically active midwives required to deliver a safe high quality service).

3. **Staff Engagement** - All Acute Hospital employees are encouraged to complete 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 the findings from the 2016 survey once available.

The Hospital Group continues to engage with trade unions and staff representative bodies on a regular basis through an established Forum, the purpose of which is to provide a forum for managers and union officials to share information on significant issues, developments or events which impact on the services provided by the Dublin Midlands Hospital Group, the people served by the Dublin Midlands Hospital Group or staff working within the Dublin Midlands Hospital Group

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. The Hospital Group has established a Healthy Ireland Steering Group and will develop and launch its Healthy Ireland Implementation Strategy in the Q3 2017.

5. **EWTD (European Work Time Directive)** - 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 Hospital Group has established a Group Medical Manpower position to be responsible for the overview and management of medical manpower requirements of the Dublin Midlands Hospital Group and will contribute to the strategic development of medical manpower services across the Group including compliance with the EWTD.
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 at national level with a particular focus on leadership development and e-HRM, in addition to the work plans commenced in 2016. The DMHG HR agenda will be aligned to these national workplans.

## Operational Framework – Financial Plan

DMHG Financial Allocation				
	Pay	Non-Pay	Income	Total
<b>SJH</b>	260,701,660	175,081,340	(103,697,951)	<b>332,085,049</b>
<b>Tallaght</b>	168,209,764	75,807,236	(52,496,197)	<b>191,520,803</b>
<b>Coombe</b>	58,564,475	13,045,525	(16,526,625)	<b>55,083,375</b>
<b>Naas</b>	50,705,488	16,221,702	(8,711,941)	<b>58,215,250</b>
<b>Portlaoise</b>	54,753,196	9,296,804	(6,576,277)	<b>57,473,723</b>
<b>Tullamore</b>	71,532,228	34,817,772	(13,378,961)	<b>92,971,039</b>
<b>SLRON</b>	32,026,534	14,084,466	(5,115,423)	<b>40,995,577</b>
<b>HQ</b>	2,415,589	1,904,411	(6,143,406)	<b>(1,823,407)</b>
<b>Total</b>	<b>698,908,934</b>	<b>340,259,255</b>	<b>(212,646,781)</b>	<b>826,521,409</b>

## 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 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 (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 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).

## Implementing Priorities 2017

Priority Area	Priority Actions	Lead	CP Goal	Date
Governance and Compliance	Continue to embed robust structures within the hospital groups to facilitate effective managerial and clinical governance which will provide direct support to the smaller hospitals in the groups.	DMHG AHD	2	Q1-Q4
MRH Portlaoise	Continue the implementation of the recommendations of HIQA report for MRHP. Progress the planning for the implementation of the Action Plan for a New Model of Clinical Service Delivery in the DMHG, subject to policy approval by the Department of Health. Enhance medical assessment unit and day case activity upon completion of capital development at MRHP.	DMHG AHD		Q1-Q4
Control and Prevention of HCAIs	Ensure governance structures are in place in Hospital Groups 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.	DMHG AHD	2	Q1-Q4
Service Developments	Prepare for the implementation of the policy on <b>Trauma Systems</b> for Ireland.			Q1-Q4
Increase capacity/ improve services in acute hospitals	<b>Newly Commissioned Units:</b>			
	Open Phase 2 of the Medical Assessment Unit at Midland Regional Hospital Portlaoise in Q4.	DMHG	2	Q4
	Commission MRI Unit at Tullamore Hospital.			Q1-Q3
	Support the recruitment of additional staff for the phased increase in Radiation Oncology Services at St Lukes' Hospital, Rathgar associated with commissioning of new linear accelerators.			Q1-Q2
	<b>Unscheduled Care:</b>			
Implement the ED Task Force report recommendations.	DMHG	2	Q1-Q4	

Priority Area	Priority Actions	Lead	CP Goal	Date
	Target a 5% improvement in PET (moving towards a 100% target).	SDU ED Taskforce		Q1-Q4
	Implement the winter initiative 2016/2017 aimed at alleviating pressures on the hospital system over the winter period. Focus on development of pathways for 12 bed Short Stay Unit at Tullamore Hospital. Continued focus on patient flow pathways (Rapid Access and Discharge Lounge in Naas) Development of integrated care steering committee between the Group and relevant Community Health Organisation 7 and 8 respectively. Focus on the development of the patient pathways and opening the new Medical Assessment Unit at the MRH Portlaoise. Develop a Model of Care Proposal for expansion of rehabilitation services in Laois/Offaly in conjunction with Community Health Organisation 8. Implementation of the Model for Integrated Care Programme for Older Persons at Tallaght Hospital in association with local CHO, Clinical Strategy and Programmes and Social Care Division. Progress development of Frailty Intervention Therapy Team (FITT) and additional telemetry units in St. James's Hospital ED.			Q1-Q4
	Reduce ED waiting times of >24hours for patients >75 years. Co-operate with the roll-out of the Integrated Care Programme for Older People, as appropriate, in acute demonstrator sites.			Q1-Q4
	<b>Scheduled Care:</b>			
	Work with the National Treatment Purchase Fund (NTPF), in relation to the funding of €15m allocated to implement waiting list initiatives, to reduce waiting times and provide treatment to those patients waiting longest.	DMHG	2	Q1-Q4
	Waiting list management: actively manage waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures	DMHG	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	including chronological scheduling to ensure no patient is waiting longer than 18 months and achieve targets for those waiting <15 months.			
	Implement the Strategy for Design of Integrated Outpatient Services 2016-2020 on a phased basis under the guidance of the outpatient services performance improvement programme.	DMHG OPIP	2	Q1-Q4
	Collaborate with National Endoscopy Clinical Programme to develop guidelines and provide support to improve access to GI endoscopy.	Endoscopy Programme	2	Q1-Q4
	<b>Renal:</b>			
	Provide dialysis in hospitals, contracted units and in the home at 2016 funded levels.	Renal Programme DMHG	2	Q1-Q4
Human Resources	<b>People Strategy 2015-2018</b>			
	Implement the People Strategy 2015–2018 within acute hospitals.	DMHG	4	Q1-Q4
	<b>Workplace 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.	DMHG	4	Q1-Q4
	Support the workforce planning process for Phase 2 of the Framework relating to Emergency Care.	DMHG	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.	DMHG	4	Q1-Q4
	<b>Workplace Health and 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	DMHG	4	Q1-Q4	

Priority Area	Priority Actions	Lead	CP Goal	Date
	resilient and healthy workforce.			
	Improve influenza vaccine uptake rates amongst staff in frontline settings	DMHG	4	Q1-Q4
	<b>European Working Time Directive (EWTD):</b>			
	Implement and monitor compliance with the EWTD.	DMHG	4	Q1-Q4
National Policy Compliance	<b>Children First:</b>			
	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.	DMHG/ Children First National Office	3	Q1-Q4
	Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office.	DMHG/ Children First National Office	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	DMHG AHD	3	Q1-Q4
	<b>Internal Audit:</b>			
Ensure that processes in place at Group level to govern the oversight of Internal Audit recommendations.	DMHG AHD	3	Q1-Q4	
Finance/ HR	<b>Employment Controls:</b>			
	Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services.	DMHG	3	Q1-Q4
Finance	<b>Activity Based Funding:</b>			

	Support the next phase of ABF programme as per ABF implementation Plan 2015-2017.	DMHG	5	Q1-Q4
	Ensure hospital activity and patient data is reported within 30 days.	DMHG	5	Q1-Q4
Patient Charges	Ensure compliance with the terms of the “MOU between the HSE, named hospitals and VHI Insurance DAC” (March 2016).	DMHG AHD	3	Q1-Q4
	Hospital groups and hospitals to ensure billing is appropriate and current and that bed maps are accurate.	DMHG 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.	DMHG AHD	3	Q1-Q4
Information Management	Support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine.	DMHG AHD	5	Q1-Q4
	Support the continued development of the Irish National Orthopaedic Register.			
	Support the development of TARN to evaluate the care of trauma patients.			
	The development of an Information Management Strategic Plan through the recently established Group ICT Committee.			
Health and Wellbeing	<b>Healthy Ireland:</b>			
	Implement <i>Healthy Ireland in the Health Services National Implementation Plan 2015–2017</i> across all hospital groups with local implementation of Hospital Group plans on a phased basis.	DMHG	1	Q1-Q4
	<b>Tobacco Free Ireland:</b>			
	Complete self-audit of tobacco free Campus using ENSH online audit tool.	DMHG	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 Training</i> schemes by H&Wb Division.	DMHG	1	Q1-Q4
<b>Self-Management of Chronic Diseases:</b>				

	Support the Implementation of the Self-Management Support (SMS) framework in all hospital groups on a phased basis.	DMHG and AHD	1	Q1-Q4
Maternity Services	Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including:			
	<ul style="list-style-type: none"> <li>Commence implementation of the National Maternity Strategy.</li> </ul>			Q1-Q4
	<ul style="list-style-type: none"> <li>All maternity units in the Group to report and publish monthly maternity patient safety statement.</li> </ul>			Ongoing
	<ul style="list-style-type: none"> <li>Implement the Maternity Charter which will be informed by the Maternity Strategy.</li> </ul>			Q2-Q4
	<ul style="list-style-type: none"> <li>Implement the recommendations of the midwifery workforce planning study (Birthrate Plus 2015).</li> </ul>			Ongoing
	<ul style="list-style-type: none"> <li>Focus on demand and capacity workforce planning for undergraduate and postgraduate midwives inclusive of retention strategy for new graduates.</li> </ul>			Ongoing
	<ul style="list-style-type: none"> <li>Target sustainable recruitment strategies for experienced midwives for medium and long-term planning consistent with Birthrate Plus 2015.</li> </ul>			Ongoing
	<ul style="list-style-type: none"> <li>Embed development of maternity clinical network.</li> </ul>			Ongoing
	<ul style="list-style-type: none"> <li>Participate in the planning and development for the provision of equitable access to antenatal anomaly screening in maternity services in the context of emerging clinical maternity network.</li> </ul>			Q1-Q4
	<ul style="list-style-type: none"> <li>Embed development of bereavement specialist service.</li> </ul>			Ongoing
	Progress plans for the relocation of Coombe Maternity Hospital to St. James's site.			Q1-Q4
	Continue to establish the Coombe/MRH Portlaoise maternity network and recruit appropriate specialty staff as funded.			Q1-Q4
	Provide focussed nurse specialist support to work with the prenatal specialists within the network.			Q1-Q4
	Continue implementation of hip ultrasound screening for infants at risk of developmental dysplasia of the hip			2
Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines			2	Ongoing

Integrated Care Programme for Older Persons	Continue implementation of the Model for Integrated Care Programme for Older Persons at Tallaght Hospital in association with local CHO 7, Clinical Strategy and Programmes and Social Care Division and develop a similar model in CHO 8.			Q1-Q4
Healthcare Associated Infections	Ensure compliance with Nationally agreed infection prevention and control performance indicators with a particular focus on antimicrobial stewardship, and monitoring and control measures for: <ul style="list-style-type: none"> <li>• Surgical Site Infection;</li> <li>• Multi-Resistant Organisms; and</li> <li>• Clostridium Difficile.</li> </ul> This must be underpinned by the implementation of HIQA National Standards for the Prevention and Control of Healthcare Associated Infections.			Ongoing
	Monthly reporting of hospital acquired S Aureus bloodstream infection and hospital acquired new cases of C difficile infection.			Ongoing
	Comply with standards for hand hygiene training and education every two years. Monitor compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool.			Ongoing
Quality and Patient Safety	Build Quality and Patient Safety capacity and capability at hospital group and hospital level to support Quality Improvement and Quality Assurance and Verification initiatives.	DMHG AHD	2	Ongoing
	Monitor and support implementation of National Standards for Safer Better Healthcare.	DMHG AHD	2	Ongoing
	Support the development and implementation of a quality and safety framework and programmes across the hospital groups.	DMHG AHD	2	Q1-Q4
	Continue to embed a culture of open disclosure.	DMHG AHD	2	Q1-Q4
	Develop Group wide Clinical / Healthcare Audit Programme.	DMHG AHD	2	
	Improve overall response to safety incidents (reporting and investigation).	DMHG AHD	2	Q1-Q4

	Implement revised Integrated Risk Management policy.	DMHG AHD	2	Q1-Q4
	Continue to publish monthly Maternity Safety Statements. Plan for further monthly Hospital Safety Reporting.	DMHG AHD	2	Q1-Q4
	Improve compliance relating to the use of 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.	DMHG AHD	2	Q1-Q4
	Co-operate with Quality Improvement Division in the Preventing VTE (blood clots) in Hospital Patients Improvement Collaborative.	DMHG AHD	2	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, which will consist of continued reorganisation of cancer services and improvement in optimal care across the cancer continuum.	DMHG 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.	DMHG	2	Q1-Q4
	NCCP will work with the Hospital Groups to implement the recommendations of the KPI quality improvement plan for the Rapid Access Clinics Breast, Prostate and Lung Cancers.	NCCP	2	Q1-Q4
	Roll out the Medical Oncology Clinical Information System on a phased basis (MOCIS) across the 26 systemic anticancer therapy hospital sites.	DMHG	2	Q1-Q4
	NCCP will continue optimal care with continued medical oncology drug cost funding for the Growth in drug costs with the cancer centres.	NCCP	2	Q1-Q4
	NCCP will continue to support expansion of radiotherapy services for cancer patients (Implications of Phase II NPRO developments – St Luke’s).	DMHG NCCP	2	Q1-Q4
	NCCP will continue to support the implementation of cancer clinical guidelines for the major cancer sites.	DMHG NCCP	2	Q1-Q4

# Appendix 1 Finance

<b>DMHG Financial Allocation 2017</b>				
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<b>Tallaght</b>	168,209,764	75,807,236	(52,496,197)	<b>191,520,803</b>
<b>Coombe</b>	58,564,475	13,045,525	(16,526,625)	<b>55,083,375</b>
<b>Naas</b>	50,705,488	16,221,702	(8,711,941)	<b>58,215,250</b>
<b>Portlaoise</b>	54,753,196	9,296,804	(6,576,277)	<b>57,473,723</b>
<b>Tullamore</b>	71,532,228	34,817,772	(13,378,961)	<b>92,971,039</b>
<b>SLRON</b>	32,026,534	14,084,466	(5,115,423)	<b>40,995,577</b>
<b>HQ</b>	2,415,589	1,904,411	(6,143,406)	<b>(1,823,407)</b>
<b>Total</b>	<b>698,908,934</b>	<b>340,259,255</b>	<b>(212,646,781)</b>	<b>826,521,409</b>

# Appendix 2 Human Resources

## Dublin Midland Hospital Group WTE December 2016

Hospital	Medical/ Dental	Nursing	Health & Social Care	Manage ment	General Support Staff	Patient & Client Care	Total
Coombe Womens' & Infants' University Hospital	83	323	61	128	129	54	779
Midland Regional Hospital Portlaoise	75	250	62	97	23	161	668
Midland Regional Hospital Tullamore	121	374	130	135	59	193	1,012
Naas General Hospital	87	243	112	94	32	133	701
St. James's Hospital	508	1,450	603	538	330	365	3,793
St. Luke's Hospital, Rathgar	41	77	209	91	64	42	524
Tallaght Hospital	336	936	413	449	246	198	2,579
<b>Dublin Midlands Hospitals</b>	<b>1,251</b>	<b>3,653</b>	<b>1,590</b>	<b>1,532</b>	<b>883</b>	<b>1,146</b>	<b>10,055</b>

Also Corporate WTEs of 14.5

# DOP Appendix 3: Performance Indicator Suite - DOP

## System-Wide

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> 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%
<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>HR</b>				
% absence rates by staff category	M	≤ 3.5%	3.9%	≤ 3.5%
% variation from funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
<b>EWTD</b>				
< 24 hour shift (Acute and Mental Health)	M	100%	99%	100%
< 48 hour working week (Acute and Mental Health)	M	95%	70%	95%
<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	Q	New PI	New PI	Actual

## System-Wide

Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
occurring		2017	2017	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

## Hospital Care

Acute Hospitals												
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017								
Activity				NGH	SLRON	SJH	Tallaght	Coombe	MRHT	MRHP	Dublin Midlands Hospitals Group	National Target
Beds Available Inpatient beds **	Existing	Monthly	10,643									10,681
Day Beds / Places **	Existing	Monthly	2,150									2,150
Discharges Activity <sup>∞</sup> Inpatient Cases	Existing	Monthly	635,414	9,908	1,296	23,581	18,689	19,872	12,170	12,031	97,547	640,627
Inpatient Weighted Units	Existing	Monthly	632,282	8,894	2,943	46,338	26,487	10,493	11,504	6,917	113,576	639,487
Day Case Cases <sup>∞</sup> ( includes Dialysis)	Existing	Monthly	1,044,192	8,617	67,328	51,124	46,185	8,722	35,353	6,192	223,521	1,062,363
Day Case Weighted Units ( includes Dialysis)	Existing	Monthly	1,030,918	8,639	26,082	51,943	48,726	7,320	31,206	5,541	179,457	1,028,669
Total inpatient and day case Cases <sup>∞</sup>	Existing	Monthly	1,679,606	18,525	68,624	74,705	64,874	28,594	47,523	18,223	321,068	1,702,990
Emergency Inpatient Discharges	Existing	Monthly	424,659	9,273	124	18,225	14,759	1,416	9,615	6,782	60,194	429,872
Elective Inpatient Discharges	Existing	Monthly	94,587	623	1,172	5,336	3,836	731	2,554	496	14,748	94,587
Maternity Inpatient Discharges	Existing	Monthly	116,168	12	-	20	94	17,725	1	4,753	22,605	116,168
Emergency Care - New ED attendances	Existing	Monthly	1,141,437	26,437	-	47,308	43,792	-	31,625	33,902	183,064	1,168,318

Acute Hospitals												
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017								
Activity				NGH	SLRON	SJH	Tallaght	Coombe	MRHT	MRHP	Dublin Midlands Hospitals Group	National Target
- Return ED attendances	Existing	Monthly	94,483	2,023	-	1,730	5,387	-	1,794	3,430	14,364	94,225
- Injury Unit attendances $\Omega$	New PI 2017	Monthly	81,141	-	-	-	-	-	-	-	-	81,919
- Other emergency presentations	New PI 2017	Monthly	49,029	-	-	-	273	-	-	2,880	3,153	48,895
<b>Births:</b> Total no. of births	Existing	Monthly	63,420	-	-	-	-	8,198	-	1,476	9,674	63,247
<b>OPD:</b> Total no. of new and return outpatient attendances	Existing	Monthly	3,342,981	55,004	20,251	210,218	125,162	121,489	71,748	40,806	644,678	3,340,981
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	1:2.4	1:4.2	1:5.4	1:2.6	1:3.4	1:2.1	1:2.6	1:4.9	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</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 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%
% 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 6 hours AMAU registration	Existing	Monthly	63.7%	75%
% of all medical admissions via AMAU	Existing/ amended	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 admission	Existing	Monthly	72.5%	82%
% 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	Existing/ amended	Monthly	37.8%	35.8%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
operation**				
% 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%
<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%

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
% 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>Reportable events</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%
% 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%

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

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
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 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
% 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%
Number of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,372	3,300
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>	Existing	Monthly	2,626	2,600

Acute Hospitals				
Service Area – Performance Indicator	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Expected Activity/ Targets 2017
Number of patients attending the rapid access prostate clinic in cancer centres				
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 Infrastructure

*This appendix outlines capital projects that were completed in 2015 / 2016 but not operational, projects due to be completed and operational in 2017 and projects due to be completed in 2017 but not operational until 2018*

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
<b>Dublin Midlands Hospital Group</b>									
Midland Regional Hospital, Tullamore	Provision of a replacement MRI and additional ultrasound	Q2 2017	Q3 2017	0	0	3.04	5.43	0	0.00
<b>NATIONAL CANCER CONTROL PROGRAMME</b>									
St. Luke's Radiation Oncology Network, Dublin	Provision of interim facilitates, (phase 2 – radiation/oncology project)	Q2 2017	Q2 2017	0	0	2.02	8.35	13.5	0.18