

Operational Plan 2017

RCSI Hospital Group

1. Introduction

RCSI Hospital Group was established in 2015 comprising the following hospitals:

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

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

RCSI Hospital Group	Budget 2017	outturn 2016
	€M	€M
Net Total	686.2	685.4
Increase Year on Year		0.8
		0.1%
Key challenges 2017		
		€M
Pay policy pressures		13.8
Efficiency savings target		10.8
Increased income target		8.9

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

Residents of neighbouring areas such as South Dublin and Kildare also access hospitals for secondary care and maternity services. Beaumont Hospital, which is the largest hospital in the group, in addition to providing emergency and acute Secondary Care services to the local community is also a designated Cancer Centre, the Regional Treatment Centre for Ear, Nose and Throat and Gastroenterology and also the National Referral Centre for Neurosurgery and Neurology, Renal Transplantation, and Cochlear Implantation - as such treating patients from all parts of the country.

- The RCSI catchment area has experienced rapid population expansion in recent years, growing from approximately 640,000 in 2002 to 817,522 in 2011.
- This population growth is projected to continue, reaching almost 875,000 by 2021.
- Provisional preliminary data from Census 2016 suggests that the population in the catchment area has now reached approximately 864,000.
- The catchment covers a large area, including urban, rural and commuter areas, each presenting different challenges for service delivery.
- The area includes a relatively young population, with 10% of the population aged 65 and over, compared with 11.7% nationally.
- Some areas within the catchment include higher proportions of older people. In particular, in the area around Beaumont hospital (Dublin North Outer City), 15.4% of the population are aged 65 and over, while Cavan and Monaghan each have approximately 12% of the population aged 65+.

- Older people in the RCSI catchment area were less likely to be living alone, relative to other catchment areas. However, almost a third of older adults in Dublin City live alone, compared with less than a quarter in Meath and Fingal.
- Levels of deprivation in the area were low relative to other Hospital Group catchment areas, with 37% of the population living in areas which are classified in the top 3 deciles of deprivation. This compares with the most deprived catchment area, West/North West, where 49% of the population live in areas in the top 3 deciles of deprivation.
- However, there were sharp contrasts in deprivation across areas. In Louth, 68% of the population live in areas classified as being in the top 3 deciles of deprivation, compared with only 22% of the population in Fingal.
- Levels of good or very good self-rated health among the total population, and older people, varied across the catchment, with better health reported in Fingal and Meath, and worse health in Dublin City, Louth and Monaghan.
- GP provision is low in the RCSI catchment area, particularly in Meath, Cavan and Monaghan. This may lead to increased hospital activity which would be more appropriately carried out in a community setting and increased numbers of hospitalisations which could have been avoided with higher primary care provision.

A wide range of emergency, diagnostic, treatment and rehabilitation services are provided across these, supported by a workforce of 8,447 WTE staff (**December 2016** census). Our aim is to provide high quality and safe care underpinned by the development of a single effective corporate and clinical governance structure.

Our focus in developing our operational plan has encompassed:

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

The Group will finalise its Strategic Plan for 2017 – 2019 in 2017 with the focus on improving clinical performance in scheduled and unscheduled care and in the development of clinical networks and delivery systems to improve access to excellent care in accordance with the HIQA National Standards for Safer Better Healthcare and in alignment with the National Committee on Clinical Excellence, the National Clinical Programmes and the National Cancer Control Programme Guidelines.

The operational plan is predicated on the understanding that there are significant risks inherent in operationalising this plan. Of particular concern is the Income Stretch target of €8.9m (**outlined in section 2 below**). As instructed non-delivery of this target, in the absence of potential to significantly increase private patient throughput, will not result in reduction of expenditure or curtailment of services.

Recent pronouncements by the Health Insurers aimed at reducing private health insurance usage in public hospitals will reduce patient income potential. Insurers have advised of the intention to reduce the two week grace period to allow patients to be accommodated in a nursing home to 1 week. This change will have a negative income impact on hospitals, particularly where there are delayed discharges.

2. Finance Plan

The RCSI Hospital Group net allocation for 2017 is €686.2m (assuming receipt of agreed Service Development funding as detailed below). This represents a 0.1% increase versus 2016 outturn.

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	€M	€M
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		€M
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In addition to the existing 2016 cost base the Group will experience cost effect additionality in the following areas:-

- National pay agreements including increments - €13.8m
- Budget provided assumes non – pay costs will remain at 2016 outturn
- Efficiency savings target set for the Group €10.8m including:
 - General efficiency savings €3m
 - ABF Deduction €1.6m due to ABF benchmarking performance below average (10% of actual gain)
 - First charge €0.9m based on 2016 performance v budget
 - Once off deductions of funding €3.3m provided in 2016 is deducted.
 - The National IPHA agreement is expected to deliver price savings of €2m

Notified Income budget is €8.9m increase v 2016 outturn, and includes an accelerated income target of €5m and income stretch target €1.71m.

- High risk of non-delivery of this target resulting in cash flow problems for Voluntary hospitals at an early stage
- Private patient increases over and above the current public / private mix will result in increased non-pay costs
- Non-delivery of the target cannot be offset by reduction of expenditure or curtailment of services
- Recent pronouncements by the Health Insurers aimed at reducing private health insurance usage in public hospitals will reduce patient income potential
- Insurers have advised of the intention to reduce the two week grace period to allow patients to be accommodated in a nursing home to 1 week. This change will have an income impact on hospitals, particularly where there are delayed discharges.

Projection above is predicated on following assumptions:

1. Assumed receipt of WRC ED agreement funding €1.6m
2. Pension funding - any excess over budget (2016 outturn less €1.448m) will be separately funded

3. Beaumont Cochlear Implant Service - €144k once off deduction to be reinstated in 2017 and Mater Private cases to be billed on a fee per case basis to HSE
4. Various secondments / back fill - €506k deduction as once off to be funded in 2017 or review status of agreements
5. Excludes new National HR instructions, agreements or circulars including Consultant pay negotiations

Service Developments 2016 /2017

Hospital	Service Development / Posts	2017 FUNDING REQUIREMENT €,000
Beaumont	Dermatologist	117
Beaumont	Consultant in Infectious Diseases	117
Beaumont	Plastic Surgery service	394
Beaumont	Neurology - Supporting Thrombectomy Service	87
Beaumont	Epilepsy Program Consultant	58
Total – agreed Reserve funding Beaumont		773
Rotunda - 3 x Obstetrician / Gynaecologist and 2 x Anaesthetist		375
Beaumont	Radiology Ultrasound	188
Beaumont	Consultant Urologist / Transplant Surgeon / Living Donor Programme	117
Beaumont	National Hep C Treatment Program	216
Rotunda	Perinatal Histopathologist	117
Cavan & OLOL	Director of Midwifery - Portlaoise HIQA review	143
Beaumont	Hybrid Theatre	500
Total other Developments		1,281
Total Service Development funding due 2017		2,429

Funded developments 2016 / 2017 included in the Budget projection as follows:

Hospital	Service Development / Posts	2017 FUNDING REC'D €'000
Cavan & OLOL	Midwifery workforce plan – 25 midwives Rotunda and 3 midwives Cavan	991
Beaumont	Taskforce on staffing and skill mix for nursing – 17 nurses (3 wards)	928
Beaumont	Additional bed capacity	955

Service developments 2017 yet to start for which funding will be required for progression

Hospital	Development / Posts	2017 FUNDING REQUIREMENT €,000
Beaumont	Rockfield - Commencement of the development of “Complex Discharge” Facility (31 beds) – segregated unit on Beaumont campus, thereby freeing up acute beds (opening April 2017)	940
Rotunda / Cavan / OLOL	Commencement of Foetal scanning service (anomaly scan) for OLOL / Cavan with Consultant work force shared with the Rotunda (operational June 2017) – 4 consultants in place half year	487
OLOL	Progression of Phase II capital development – 81 beds / 5 theatres	1,200
Cavan	2nd emergency obstetric theatre available out of hours in Cavan, as per Dr Colm Henry letter 8/12/2016	200
Group	HPO funded posts HIPE / ABF	379
All	Laboratory Modernisation Implementation of MEDLIS system across all sites (€0.6m – 8 medical scientists, clerical grade 4)	
All	Increase Radiology Capacity: <ul style="list-style-type: none"> • PET scanner situated in Beaumont Hospital (€3.7m – revenue cost not until 2018) • 2nd CT scanner for OLOL (€2.0m) • MRI situated at Connolly (€2.3m - revenue cost not until 2018) 	
All	Pharmacy Modernisation <ul style="list-style-type: none"> • Enhanced Aseptic Compounding service for RCSI Group (tbc) • IT system and Robotic dispensing machines (tbc) • Specialty pharmacist oncology, antimicrobial, medication safety (€0.3m – 5 pharmacists). 	

3. Capital Expenditure

Capital expenditure proposed programme, cost €99.3m:

RCSI GROUP - CAPITAL PLAN 2017		€m
Beaumont	New ED	23.5
Beaumont	Rockfield - 31 bedded transitional care & reenablement unit to facilitate early discharge	3.7
Beaumont	HDU redevelopment	2.1
Beaumont	Cochlear Service	1.6
Beaumont	Hybrid theatre (€0.6m funded by Group)	1.6
Beaumont	Air handling services - 3 years	1.0
Beaumont	Cystic Fibrosis 20 Bed unit	10.0
Beaumont	Portocabin replacement programme - capacity for admin services	2.0
Beaumont	Day of surgery Assessment unit	1.2
Beaumont	Neuro ICU upgrade	2.1
Beaumont	Fire alarm & emergency lighting replacement - €1m p.a.	1.0
Beaumont	Theatre lights 3 years	0.5
Cavan	ED - development of resuscitation area	0.2
Connolly	Radiology dept (includes CT)	5.5
Connolly	Ward refurbishment	0.4
Connolly	Pathology lab	2.5
Group	Minor capital - clinical and infrastructure risk rated	1.5
Group	General Hospital Maintenance	1.5
Group	CSSD service on Connolly site	13.0
Group	Programme of Ward upgrade per ward	2.0
Group	Management of Legionella risk /HIQA	1.5
LOL	Phase 2 theatre fit out and ward fit out	16.0
LOL	Upgrading and expansion of Neonatal ICU	0.5
Rotunda	Modular build - theatre & NICU	4.5
		99.3

The RCSI Group new and replacement equipment programme 2017, cost €23.2m:

RCSI GROUP - EQUIPMENT 2017		€m
Pet CT	Beaumont	3.7
Group	Equipment Replacement	12.0
LOL	2nd CT	2.0
Cavan	engineering replacement prog	0.5
	Decontamination washer for theatre St Josephs	0.2
	MRI situated at Connolly	2.3
Group	Bed Pan Washer Replacement Programme	2.5
		23.2

ICT Requirement:

Beaumont

1. Wireless infrastructure - €1m
2. Network core upgrade - €0.3m
3. Single Sign Tool (Joint submission with Temple Street Hospital) - €0.2m
4. Upgrade of telephony equipment in St Joseph's - €0.2m
5. PC Refresh x 300 - €0.2m
6. Upgrade the current salaries system (Northgate) to an integrated system with HR - €0.4m
7. Pharmacy System Replacement - €0.2m
8. Firewall Infrastructure replacement and five year managed service - TBC
9. Five year managed service for Telephony Equipment and move to IP - TBC
10. Six new servers to replace servers coming to end of life - TBC

4. Workforce Plan

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

The RCSI Group will focus on further reductions in the cost of, and reliance on, agency staff and overtime through the progression and implementation of such initiatives as redeployment, skill mix review, and changes in work practices including the establishment of staff banks. Significant change initiatives will be managed through the RCSI Hospital's Joint Union and Management Forum (JUMF).

The RCSI Group has also convened a Group Recruitment and Retention Working Group (GRRWG) to explore and implement initiatives to maximise the recruitment of new staff into the Group and to minimise the number of staff that choose to leave.

RCSI Group will implement the findings of National Pilot on Staffing and Skill Mix as agreed by the National Steering Group. Beaumont 3 designated wards approval for 27 nurses; OLOL (2 wards) awaiting result of review.

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

The Group will continue to work collaboratively with all key stakeholders to work towards the achievement of full compliance with the EWTD. The Group will continue to actively engage with staff and will continuously seek to identify opportunities to involve more staff in planning and decision making. The Group Employment Control Process will continue in 2017. All new starters and replacement posts will be reviewed weekly by the Group Employment Control Committee with decisions made on the basis of available pay budget, funding and risk.

5. Accountability Framework

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

The RCSI Group Chief Executive reports to the National Director for Acute Services and is accountable for the Group's planning and performance under the accountability framework of the HSE. All targets and performance criteria adopted in the service plan will be reported through this framework. The five levels of accountability (i.e. who is calling who to account) set out in the Framework are described below:

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

6. Access

Detailed below are the net movements in inpatient and day case discharges for the Group.

RCSI Hospital Group - Activity Plan 2017										
Hospital	Actual	Target	(Weighted	Target	Actual	Target	(Weighted	Target	Actual	Target
	2016	2017	units target	Decr. 2017		2016	2017	units target		Decr. 2017
			2017)	v 2016	%			2017)	v 2016	%
	Inpatient Discharge					Day Case Discharge				
Beaumont	24,582	24,654	41,717	72	0%	86,095	86,183	76,828	88	0%
Cavan General	16,874	16,785	11,682	(89)	(1%)	17,651	17,362	15,987	(289)	(2%)
Connolly	14,006	13,828	14,233	(178)	(1%)	12,512	12,609	14,624	97	1%
Louth County	111	116	122	5	5%	10,590	10,681	12,180	91	1%
Monaghan	2	1	0	(1)	0%	2,873	3,243	2,940	370	13%
OLOL Drogheda	31,488	31,484	21,598	(4)	(0%)	9,122	9,274	8,717	152	2%
Rotunda	14,707	14,772	10,061	65	0%	11,446	11,946	10,969	500	4%
Total	101,770	101,640	99,414	(130)	(0%)	150,289	151,298	142,245	1,009	1%

** Actual 2016 data base is the 12 months ending 30 Nov 2016

7. RCSI Key Priorities and Actions to Deliver on Goals in 2017

 Promote Better Health and Wellbeing as part of everything we do so that people will be healthier		
Priority Area	Action 2017	Target/Date
Reducing health inequalities	Creating an environment where every sector of society can play its part.	
Health Ireland	Promoting healthy lifestyle for patients and staff, reduce incidence of disease and support best management of chronic diseases such as diabetes, COPD and coronary heart disease through the phased implementation of hospital group <i>Healthy Ireland</i> plans.	ongoing
	Increase the number of hospital frontline staff trained in brief intervention.	ongoing
	Promote increased uptake of seasonal flu vaccination by hospital staff.	Q1-Q4
	Support mothers of new-born babies to initiate and maintain breast feeding.	Ongoing
Healthcare Associated Infections	Implementation of a programme of resilience training and support for staff	Q1-Q4
	Ensure control and prevention with compliance with targets of healthcare associated infections/AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA <i>National Standards for the Prevention and Control of Healthcare Associated Infections</i> .	Ongoing
	Commence monthly reporting of key performance indicators on the number of patients colonised with multi-drug resistant organisms (MDRO) that cannot be isolated in single rooms or cohorted with dedicated toilet facilities.	Ongoing
	Monthly reporting of hospital acquired S Aureus bloodstream infection and hospital acquired new cases of C difficile infection	Ongoing

 Provide fair, equitable and timely access to quality, safe health services that people need		
Priority Area	Action 2017	Target/Date
Bed Capacity and Demand Initiative	Beaumont Hospital: <ul style="list-style-type: none"> • Rockfield development 	Q1
	Our Lady of Lourdes Hospital: <ul style="list-style-type: none"> • Phase II development 	Q4

	<ul style="list-style-type: none"> • The Integrated Care Programme for Older Persons • Work with CHOs to ensure appropriate settings of care for patients. <p>Connolly Hospital:</p> <ul style="list-style-type: none"> • Frail Elderly pathway <p>Improve performance in relation to unscheduled care by continuing to implement the Emergency Department Task Force report recommendations in conjunction with the Acute Hospitals Division and Community Healthcare Organisations</p>	Q1
Maternity	<ul style="list-style-type: none"> • Continue implementation of the National Maternity Strategy • Report and publish monthly maternity patient safety statement • Progress implementation of the Maternity Charter as informed by the Maternity Strategy • Continue implementation of the midwifery workforce planning study (Birth-rate Plus) as guided in the Maternity Strategy • Progress the development of the provision of equitable access to antenatal anomaly screening in all Maternity Units in the context of emerging clinical maternity networks Appoint Director of Midwifery to Cavan General Hospital • Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death • Continue and develop the commitment to sharing capacity and expertise in order that Maternity patients receive the earliest possible and most appropriate treatment regardless of their geographic location. • Progress the relocation of the Rotunda Maternity Hospital. • Continue implementation of Phase 1 of the Maternal and New-born Clinical Management System at Rotunda Hospital. • Prepare Cavan and Our Lady of Lourdes Hospital for next phase of New-born Clinical Management System • Development of a foetal scanning service (OLOL/Cavan) 	Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4
Living Donor Programme	Recruitment of consultant staff for the Living Donor Programme at Beaumont Hospital	Ongoing
Endoscopy	Continue RSCI Group insourcing programme for Endoscopy to support the achievement of national targets for routine (13 weeks).	
Cochlear Implant Programme	Continue phase 2 of Cochlear Implant programme at Beaumont Hospital	Q2

Scheduled Care	Improve performance in relation to scheduled care by ensuring active management of waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including: <ul style="list-style-type: none"> • Chronological scheduling • Adherence to NTPF guidelines in relation to scheduling of patients for surgery • Monitor the number of patients who have had their surgery cancelled for non-clinical reasons and offered another surgery date within 28 days • Continued regular validation exercises to be completed 	Ongoing
Out Patient Improvement Programme	Continue to roll-out the outpatient reform programme with an emphasis on the new minimum dataset, improved pathways of care and efficiency measures through the outpatient services performance improvement programme. <ul style="list-style-type: none"> • Monitor and report new to review patient attendances to OPD as a subset of all attendances • Implement HTA's with GPs where appropriate 	Q1-Q4
<u>Quality:</u>	Establish RCSI Hospital Group Metrics for publication on the RCSI Hospital Group Website to provide the public with information and assurance on the quality and safety of services across the Group.	End Quarter 1
Metrics	Establish an RCSI Hospital Group set of Quality and Safety Metrics which are utilised by each Hospital and the Hospital Group to monitor and improve patient safety.	End Quarter 1
Quality Management System	Implementation of Group wide Quality Management System to support <ul style="list-style-type: none"> • Ongoing use of metrics at Hospital and Group Level. • Aid in standardising policies, guidelines and processes • Assist in preparing the Hospital and Group for external monitoring and licencing. • Support shared learning • Support in implementation of National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines. • Monitoring implementation of and the development of self-audit schedules and follow-up action plans in each of the relevant Hospitals for: <ul style="list-style-type: none"> ➤ NEWS ➤ IMEWS ➤ PEWS ➤ Sepsis Management as per National Clinical Guideline No. 6 	
Complaints	Establish an RCSI Group Complaints Manager Forum reporting into the Group Quality and Safety Committee.	End Quarter 1

	Commence training across the Hospital Group to support implementation of the RCSI Group Complaints Policy.	End Quarter 3
Serious Reportable Events, Serious Incidents, Incident Reporting & Management	Develop a model to support staff during serious incident occurrence and investigation.	
	Establish a Hospital Group Process which enables individual Hospitals to validate data from the National Incident Management System (NIMS) to ensure the severity rating is appropriate. This project will focus on maternity data for 2017.	
	Establish a Hospital Group Quality & Safety Hospital Leads Forum.	
Nutrition and Hydration in public acute hospitals	Ensure each Hospital continues to progress actions identified against the recommendations from the HIQA review of nutrition and hydration in public acute hospitals	End Q3
Care Pathways	<p>Improve integrated care pathways for those patients that require access to long-term care and to primary care services in order to reduce the number of delayed discharges through developing a system wide approach in conjunction with national clinical strategy and programmes and the CHOs</p> <p>Progress implementation of integrated care pathways across all hospitals in collaboration with the Integrated Programme for Prevention and Management of Chronic Disease for patients with :</p> <ul style="list-style-type: none"> • COPD • asthma • heart failure • diabetes 	<p>Q1-Q4</p> <p>Q1-Q4</p>
Ambulance Service	All the EDs in the Group, to monitor performance indicator for the Handover of Ambulance Patients in EDs	Q1-Q4
Organ Donation	Utilising the role of CMN3 Organ Donation Educator for the RCSI Group to continue to develop an improved organ donation process and seek to increase number of donors	ongoing
Cancer Services	<p>Continue to deliver rapid access services for patients where there is a high index of suspicion of prostate or lung cancer.</p> <p>Continue to deliver access for patients attending Symptomatic Breast Disease services who are triaged as non-urgent within a 12</p>	

	<p>week timeframe.</p> <p>Continue to support improvements in diagnosis, medical oncology, radiation oncology, surgery and multi-disciplinary care for cancer</p> <p>Progress to implementation the National Clinical Guideline – No. 7 Diagnosis, Staging and Treatment of Patients with Breast Cancer and the National Clinical Guideline – No. 8 Diagnosis, Staging and Treatment of Patients with Prostate Cancer.</p> <p>Progress appointment of funded Advanced Nurse Practitioners to support delivery of cancer services.</p>	
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 Foster a culture that is honest, compassionate, transparent and accountable		
Priority Area	Action 2017	Target/Date
Governance	Complete Hospital Group Strategic Plan Support the appointment of Hospital Group Board	Q1 Ongoing
Patient Experience	Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across RCSI Group Use patient insight to inform quality improvement initiatives and investment priorities - Publish key performance metrics	Q1-Q4 Q1
Protection of Children and Vulnerable Persons	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.	Q1-Q4

 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them		
Priority Area	Action 2017	Target/Date
Joint Management Forum	Continue to meet with Unions in this forum to improve IR and integrate the Group	Ongoing
Engagement Strategy	Establish Staff Consultation and engagement strategy	Q2
Future Leaders Programme	Continue to support future leaders programme reviewing impact of same	Ongoing

Electronic Rostering	Review Electronic Rostering project ongoing in Beaumont and consider potential implementation options for Electronic Rostering across RCSI Group.	Q1-Q4
People Strategy 2015-2018	<p>Work with HR HSE to commence and progress the People Strategy 2015-2018 within the group</p> <p>Supporting improved capacity within acute hospitals by right-sizing staffing levels through recruitment and retention of staff and facilitating an expansion of the role of care professionals where appropriate.</p> <p>Support implementation of the Healthy Workplace Policy and support initiatives to encourage staff to look after their own health and wellbeing.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>
Nursing Services	<p>Support phase 2 pilot of the framework on staffing and skill mix for nursing related to general and specialist medical and surgical care in acute hospitals in conjunction with the Office of the Nursing & Midwifery Services</p> <p>Promote , monitor and report</p> <ul style="list-style-type: none"> • Nurses registered to prescribe medicinal products • Nurses registered to prescribe ionising radiation. • Continue to develop Advanced nursing roles 	<p>Q1-Q4</p> <p>Q1-Q4</p>
EWTD	<p>Progress initiatives to support compliance with the European Working Time Directive within all Hospital Groups and provide reports on;</p> <ul style="list-style-type: none"> • Maximum 24 hour shift • Maximum 48 hour week 	Q1-Q4
National Guidelines on Accessible Health and Social Care Services	Work with services to ensure that they are examining their services for accessibility, in line with the national guidelines.	
Health Business Services	Acute Hospitals continue to collaborate with Health Business Services to embed and adapt the HBS customer relationship model	
Pay-bill Management and Control	Ensure compliance with the Pay-bill Management and Control Framework by providing a Hospital Group compliance statement to verify that the conditions of the Pay-Bill Management and Control HSE National Framework has been adhered as set out by the HSE National Leadership Team memorandum dated 13 th March 2015.	Q1-Q4

 Manage resources in a way that delivers best health outcomes improves people's experience of using the service and demonstrates value for money		
Priority Area	Action 2017	Target/Date
Financial Systems	Embedding strong governance structure to support the move towards Trust status	Ongoing
Activity Based Funding	<p>Move to the next phase of transition to an Activity Based Funding model of funding hospital activity with the initial focus on inpatient and day cases.</p> <p>All hospitals complete HIPE coding within 30 days</p>	Q1-Q4
Surgery Improvements NQAIS	<p>Continue to monitor and measure surgical activity across all hospitals using the National Quality Assurance Information System (NQAIS) Surgery.</p> <ul style="list-style-type: none"> • Improve day of surgery admission rates for all hospitals • Improve day case rate for laparoscopic cholecystectomy • Reduction in bed day utilisation by acute surgical admissions who do not have an operation in all hospitals • Identify minor surgical procedures currently undertaken in theatre that could be undertaken in other hospital settings such as procedure room or OPD • Fast track surgical migration to Cavan and Connolly 	Q1-Q4
NQAIS-Mortality	Support the roll out of the NQAIS-NAHM (National Audit of Hospital Mortality) Module to RCSI group.	Q1-Q4

Appendix 1: HR Information

Hospital Group	WTE Dec 15	WTE Dec 16	Medical/ Dental	Nursing	Health & Social Care Professionals	Management / Admin	General Support Staff	Patient & Client Care
Beaumont	3,255	3,367	509	1,181	491	526	423	236
Cavan General	927	913	121	367	101	140	76	109
Connolly	1,127	1,190	167	458	148	159	129	129
Louth County	276	278	5	85	26	55	65	42
Monaghan General	114	108	1	33	17	17	13	27
Our Lady of Lourdes	1,774	1,766	321	681	179	263	185	138
The Rotunda	757	811	96	346	67	134	131	36
Other	6	15	-	1	1	13	-	-
Totals RCSI Hospitals Group	8,235	8,447	1,219	3,153	1,031	1,305	1,021	717

Appendix 2: Performance Indicators

Acute Hospitals					
Service Area	New/ Existing KPI	Reporting Frequency	National Projected Outturn 2016	Outturn 2016	Expected Activity/ Targets 2017
Activity	RCSI Hospitals Group				
Beds Available					
Inpatient beds	Existing	Monthly	10,643		
Day Beds / Places	Existing	Monthly	2,150		
Discharges Activity **					
Inpatient Cases	Existing	Monthly	635,414	101,770	101,640
Inpatient Weighted Units	Existing	Monthly	632,282	98,957	99,414
Day Case Cases (includes Dialysis)	Existing	Monthly	1,044,192	150,289	151,298
Day Case Weighted Units (includes Dialysis)	Existing	Monthly	1,030,918	144,856	142,245
Total inpatient and day case Cases	Existing	Monthly	1,679,606	252,059	252,938
Emergency Inpatient Discharges	Existing	Monthly	424,659	69,434	69,560
Elective Inpatient Discharges	Existing	Monthly	94,587	9,834	9,921
Maternity Inpatient Discharges	Existing	Monthly	116,168	22,502	22,159
Emergency Care					
- New ED attendances	Existing	Monthly	1,141,437	167,306	167,096
- Return ED attendances	Existing	Monthly	94,483	14,066	13,822
- Injury Unit attendances Ω	New PI 2017	Monthly	81,141		15,646
- Other emergency presentations	New PI 2017	Monthly	49,029	7,375	7,468
Births: Total no. of births	Existing	Monthly	63,420	13,444	13,177
OPD: Total no. of new and return outpatient attendances	Existing	Monthly	3,342,981	495,021	507,354
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	01:02	01:03	01:02

** Discharge Data base is the 12 months ending 30

Nov 2016