Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Children's Hospital Group Operational Plan

Healthier children and young people throughout Ireland

2018

The Children's Hospital Group Values, Vision and Mission were developed and agreed as part of the cultural analysis process with each of the three children's hospitals in 2015

In living our Values we will be

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.

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Foreword from the Chief Executive Officer

The first Children's Hospital Group Board was established on an administrative basis by the Minister for Health in August 2013 with the second new Board appointed in October 2017. 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 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.

In addition, in 2018 it is expected that the Children's Hospital Group will be established on a statutory footing and the three children's hospitals and the Group will transition to a new single legal entity and physically move into the new children's hospital (2022) as the single location providing national tertiary/quaternary paediatric services or highly specialised paediatric care, some on an all-island basis as well as secondary care for the greater Dublin area. The Children's Hospital Group will continue to progress the Children's Hospital Programme with the support of the Acute Hospital Division of the HSE, the Integrated Care Programme for Children and other stakeholders to achieve the required reform.

2018 will be a challenging and exciting year for the Children's Hospital Group as the Children's Hospital Group Board is legally established to govern paediatric services in the greater Dublin area and the key focus will continue to be the safety of our patients, the quality of clinical care, managing our financial and personnel resources and ensuring improvements in access to scheduled and unscheduled care.

In 2017, the hospitals in the Children's Hospital Group saw over 112,600 new ED attendances, 53,200 total inpatients and day cases and over 144,600 new and return outpatient attendances. We are committed to delivering the targeted levels of activity for 2018 as detailed in Appendix 3.

Risks to the Delivery of the Operations Service Plan 2018

There are a number of risks to the successful delivery of 2018 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.

- 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 are low levels of data visibility across the Group.
- Financial stability – recognise de-stabilizing issues as they arise and implement appropriate financial planning to mitigate the impact.
- 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 transition of the three independently governed hospitals to a new single legal entity during 2018
    - Mobilise the ICT projects required to support opening the Paediatric Outpatients and Urgent Care Centre at Connolly Hospital in 2019 and
    - Act as client for the capital project to build the new children's hospital and two Paediatric Outpatients and Urgent Care Centres.

We will continue to work with each of our hospitals and our colleagues in the HSE and the Department of Health to deliver our commitments as laid out in this operational plan both in relation to service delivery and the reform programme to continue to deliver improved services to the children and young people we serve.

Eilish Hardiman
Group Chief Executive

Operational Plan 2018

Children's Hospital Group

Introduction and Key Reform Themes

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.

The Children's Hospital Group is challenged in relation to children with complex conditions requiring long inpatient stays and the resultant impact on available bed capacity for other acute admissions and scheduled care. In addition, there are delays accessing appropriate placements in child and adolescent mental health and disability services for those children whose acute treatment is completed which leads to delayed discharges. Pressure on bed capacity is also impacted on by the lack of single occupancy rooms for infection control measures in our existing infrastructure which is a significant pressure point during the busy winter period. The Children's Hospital Group will continue to work with the Acute Hospital Division as well as mental health and primary care and disability services to reduce length of stay and improve pathways of care for those with complex conditions.

Improving access times to inpatient, day case elective procedures and outpatient consultations is a constant challenge which the Children's Hospital Group along with other acute hospitals in the system experience; we will continue to work with our colleagues in the Acute Hospital Division as it addresses this challenge by implementing waiting list action plans and by working

with the National Treatment Purchase Fund (NTPF) to drive the roll-out of the *National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol.* The acute hospitals will optimise capacity to undertake additional NTPF elective surgery cases. Specific focus will be placed on reducing numbers waiting greater than 9 months by the end of June 2018 compared to those waiting greater than 9 months at the end of June 2017. A targeted approach to reducing clinically urgent long waiters by NTPF and HSE will include a review of the longest waiters on a case by case basis with particular emphasis on Orthopaedics and Ophthalmology. Additional pressure areas in paediatrics include ENT, cardiology, respiratory and colonoscopy and GI scope wait times.

Specific focus on implementing a sustainable plan for paediatric orthopaedics including scoliosis in 2018 is a priority for the Children's Hospital Group and the Acute Hospital Division and we will work with the HSE and other stakeholders to deliver the implementation of the service developments in 2018 to stabilise and enhance this service.

Ensuring that services for children are managed in an integrated way, including improving paediatric access, are key challenges for acute services. The Paediatric Outpatient and Urgent Care Centres will transform general paediatric and emergency care for children. A key milestone in the Children's Hospital Programme (CHP) is the planned opening of the new Paediatric Outpatient and Urgent Care Centre at Connolly Hospital in mid 2019. The programme will support the development of an integrated clinical network for paediatrics across the health system as the system works towards developing outreach and regional services across the country in advance of moving services into the new Children's Hospital by 2021. This is supported by the national model of care for paediatrics and neonatology, as set out by the Integrated Care Programme for Children, of a single integrated national service for paediatrics.

Other specialist national services will be supported in 2018 including:

- Investment in spina bifida services in particular improved access to urology services in Temple Street Children's University Hospital.
- The development of the National Genetics and Genomics Service to which the Children's Hospital Group will contribute as appropriate.

Additional support is provided for

- All Island Cardiology
- Orthopaedic/Trauma services
- ENT/Complex Airways
- Transgender Services
- Children's Hospital Integration
- Cardiology Pulmonary Valve Procedures

The Children's Hospital Group will continue to work as appropriate with the Acute Hospitals Division to contribute to the key reform themes of:

- Improving population health
- Delivering care closer to home
- Developing specialist hospital care networks
- Improving quality, safety and value.

National Cancer Control Programme

The National Cancer Control Programme leads the implementation of the new cancer strategy in the HSE. This involves 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 adults' cancer services and contributing to the development of the survivorship programme

Services for the treatment of cancer include surgery, radiotherapy and systemic anti-cancer therapy (SACT), which includes medical oncology and haemato-oncology. The majority of, but not all, cancer surgery now takes place in the designated cancer centres. Our Lady's Children's Hospital, Crumlin is the designated cancer centres for paediatrics.

Integrated Care Programme for Children

The Children's Hospital Group will continue to work with the Integrated Care Programme for Children as it completes the design of the screening programme for infants at risk of developmental dysplasia of the hip, continues the development of an integrated care pathway for children with neuromuscular disorders and costing the implementation plan for the national model of care for paediatric healthcare services, within existing resource levels. Work will also continue on developing clinical paediatric key performance indicators with the Integrated Care Programme and the Acute Hospital Division.

National Women and Infants' Health Programme (NWIHP)

The Children's Hospital Group will collaborate with the National Women and Infants' Health Programme as appropriate during 2018 on mutual service issues.

Priorities for 2018

Progress new service developments in the following areas:

- Spina Bifida services in Temple Street Children's University Hospital.
- All Island Cardiology
- Orthopaedic/Trauma services
- ENT/Complex Airways
- Transgender Services
- Children's Hospital Integration
- Cardiology Pulmonary Valve Procedures
- Additional priorities are:
- Improve the provision of unscheduled care and scheduled care maximising the resources available.
- Continue to progress the new Children's Hospital development including the Paediatric Outpatient and Urgent Care Centres.
- Implement full year plan of those service developments funded in 2017
- Workforce planning, staffing, integration and change management plans to open Paediatric OPD & Urgent Care services at Connolly Hospital

- 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) including CPE.
- Continued roll-out of the all-island Congenital Cardiology Disease Network plan for 2018
- 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 the Clinical Directorate structure in hospitals in the Hospital Group

Section 2: Our Population*

Age and Health Status

Although the number of births in Ireland has decreased by 15.4 per cent between 2008 and 2016, Ireland has one of the highest birth rates in the European Union with 14.6 per 1,000 population (NPRS, 2017).

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%.

According to the 2016 Census, there are just over 4.7m people living in Ireland, an increase of approximately 4% (nearly 170,000 people) since 2011.

Over 344,000 births and 148,000 deaths have been registered since Census 2011, resulting in a natural increase in our population of over 196,000. A quarter of the population are children aged 0-17 years. Nationally, latest figures indicate that over 8,000 people are homeless, with more than a third of these being children. The total number of people homeless rose by 25% from July 2016 to July 2017 (Department of Housing, Planning and Local Government; Homeless Report, July 2017).

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. 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.

The *State of the Nations Children's Report: Ireland 2016* presents the following overview of child health in Ireland:

- 61.6% of all child deaths in 2015 occurred in the period of infancy
- The number of Traveller children increased by 30.3% between 2006 and 2011
- The number of foreign national children increased by 49.5% between 2006 and 2011
- Almost 6% of the child population in Ireland have a disability
- The percentage of low birth weight babies increased slightly between 2011 and 2015, from 5.4% in 2011 to 5.9% in 2015. (National Perinatal Reporting System, 2015).
- Almost half of the total hospital discharges of children in 2015 were children aged under five years (Hospital In-Patient Enquiry, 2015).
- The percentage of children aged seven years classified as being in the 'normal' weight category increased by three percentage points over the period 2010–2012 (WHO European Childhood Obesity Surveillance Initiative, 2012).
- The percentage of children who reported smoking cigarettes every week decreased from 11.6% in 2006 to 5.3% in 2014 (HBSC Survey, 2014).

- The percentage of children aged 10–17 who reported never smoking cigarettes increased from 59.8% in 2002 to 84.2% in 2014 (HBSC Survey, 2014).
- The percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days decreased from 18.3% in 2010 to 10% in 2014 (HBSC Survey, 2014).
- The percentage of children aged 10–17 who reported never having had an alcoholic drink increased from 47.2% in 2006 to 58.3% in 2014 (HBSC Survey, 2014).
- In 2015, there were 14 suicides of children aged 10–17 (Vital Statistics, Central Statistics Office, 2015).
- In 2015, 2.5 times as many girls as boys presented at hospital emergency departments following self-harm (National Self-Harm Registry Ireland, 2015).

Section 3: Building a Better Health Service

The services outlined in this operational plan are based on those agreed in the National Service Plan 2018. 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 2018 (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, MRI/ultrasound wait times and clinical genetics. While there has been investment in orthopaedics, and ENT in 2018, long term sustainable investment is required for the remaining specialty areas to address these challenges. 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 Outpatients 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 Irish healthcare. It will ensure that the new hospital and paediatric outpatient and urgent care 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 paediatric outpatient and urgent care centres.

Section 4: Quality and Safety

Introduction

The Children's Hospital Group places significant emphasis on the quality of services delivered and on the safety of those who use them. A three-year National Safety Programme to develop and oversee the implementation of national safety priorities and initiatives across all parts of the health system is continuing and we will work with the Acute Hospital Division as it collaborates with the HSE Quality Improvement Division (QID), Quality Assurance and Verification (QAV) and the National Patient Safety Office to deliver on national patient safety priorities.

The National Patient Safety Programme

Insufficient attention to patient safety is a leading cause of harm across healthcare systems worldwide. It impacts on health outcomes causing increased morbidity, temporary or permanent disability and sometimes even death. The safety of patients and service users is therefore the number one priority for the health service.

The National Patient Safety Programme aims to continue the work already undertaken in supporting improvements in patient and service user safety across the entire health system to ensure changes are integrated into the 'business as usual' activities of individual services.

The programme aims to:

- Improve the quality of the experience of care including quality, safety and satisfaction.
- Implement targeted national patient safety initiatives and improvements in the quality of services (e.g. preventing healthcare associated infection (HCAI); use of anti-microbials and anti-microbial resistance (AMR); addressing sepsis, falls, pressure ulcers and medication errors; clinical handover; and recognising and responding to deteriorating patients including the use of Early Warning Score systems.
- Respond to the public health emergency by addressing CPE.
- Build the capacity and capability in our services to improve quality and safety and improve the response of the healthcare system when things go wrong.
- Put in place appropriate governance for patient safety across our services.
- Strengthen quality and safety assurance, including audit.

In association with the Acute Hospitals Division we will continue to:

Enhance and build capacity of Quality Patient Safety (QPS) structure and function across the Group

Incident and Risk Management

- Continue to embed robust risk and incident management process
- Avail of on-going training and support Groups for front line staff in relation to integrated Risk Management policy procedures and guidelines.

- Work with the AHD on the implementation of the HSE Incident Management Policy Framework (2017) across the Group in 2018
- Continue to work with the AHD to ensure reporting of all incidents on the National Incident *Management* System in a timely manner – including the notification of all serious incidents serious reportable events in line with policy.
- Continue driving a culture of open disclosure including availing of training and information for open disclosure

Performance Monitoring and Assurance

- Continue to embed the process for monitoring of the implementation of recommendations from national reports
- Co-operate with the AHD to monitor and support ongoing publication of Hospital Patient Safety Indicator Reports

National Standards for Safer Better Health Care (NSSBHC)

- Co-operate with the review of the NSSBHC self-assessment process to maximise quality improvement, value, and outcomes.
- Co-operate with the development and the use of the QA&I Tool to support self-assess against the national standards

Patient, Public and Staff Participation and feedback

- Work with the AHD as it undertakes the National Patient Experience survey programme
- Co-operate with the AHD in the development of the staff patient safety culture survey for Acute Hospitals
- Continue to Involve patients and family members in the design, delivery and evaluation of services.

Patient Safety and Quality Improvement

Through quality and risk surveillance activity (risk information/incidents/reviews/best evidence) and engagement with our hospitals, identify areas for improvement and prioritise patient safety programmes for the Group.

- Support the Implementation of Quality Improvement Framework and the National Patient Safety Programmes and SQI Programmes etc.
- Implementation of Deteriorating Patient Recognition & Response Improvement Programme, including Sepsis and Early Warning Systems.
- Implementation of Quality and Patient Safety walk-rounds and Schwartz rounds
- Participate to support the National Nutrition Policy development group
- Participate and support the work of the National Public Health Emergency Team
    - (NPHET) for Carbapenem producing Enterobacteriaceae (CPE) as appropriate
- Continue to report incidence of *Staphylococcus aureus, C. difficile and CPE* infections in accordance with performance assurance protocols.
- Co-operate with the AHD as it establishes monitoring systems for implementation of screening policy for CPE and use of restricted antimicrobials.

The Children's Hospital Group, in addition to contributing to the national agenda in Quality and Patient Safety, will continue to develop a robust governance and accountability structure for Quality and Patient Safety (QPS) during 2018. 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 function across the hospitals in the Group and to focus on the following key areas of development:

- Continue implementation and embed a culture of Open Disclosure across all services
- 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.
- Work closely with the existing hospitals and boards to ensure patient safety in relation to Children's Hospital Programme activities, e.g. legal establishment of the new entity and transition planning.
- Ensure alignment of patient safety policies and develop the corporate CHG Risk Register in advance of legal establishment
- Continue developing quality improvement initiatives across the Group with a focus in 2018 on
    - Adverse drug events causing harm
    - Peripheral IV injury
    - Unexpected admissions/ transfer to PICU/ HDU

Section 5: Service Delivery

Implementing priorities 2018 in line with Corporate Plan goals

Corporate Plan Goal 1: Promote health and wellbeing as part of everything we do so that people will be healthier

Improve patient and staff health and wellbeing by implementing *Healthy Ireland* plans

Priority	Accountable	Date
Develop and implement clinical guidelines for under-nutrition and an acute hospital food and nutrition policy.	AHD and CHG	Q1-Q4
Continue implementing *Healthy Ireland* plans in the Hospital Groups.	CHG	Q1-Q4
Continue to Improve staff uptake of the flu vaccine.	AHD and CHG	Q1-Q4
Prioritise the implementation of Making Every Contact Count in all care settings.	AHD and CHG	Q1-Q4

Corporate Plan Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need

Improve the provision of unscheduled care

Continue to ensure that no patient remains over 24 hours in ED.	CHG	Q1-Q4
Continue to implement measures to address seasonal increase and reduce delayed discharges in association with community healthcare.	AHD, SC & CHG	Q1-Q4
Generate improved capacity by improving internal efficiencies and more appropriate bed usage by reducing length of stay, early discharge and improving access to diagnostics	CHG	Q1-Q4

Improve the provision of scheduled care

Continue to improve day of surgery rates and increase ambulatory services as clinically appropriate.	CHG	Q1-Q4

Monitor length of stay and opportunities for improvement using NQAIS	CHG	Q1-Q4
Reduce waiting times for all patients and particularly those waiting over 15 months on outpatient and inpatient / day case waiting lists by implementing waiting list action plans.	AHD and CHG	Q1-Q4
Develop a plan to address waiting lists challenges in Orthopaedics and Ophthalmology	AHD and CHG	Q1-Q4
Improve efficiencies relating to inpatient and day case activity by streamlining processes and maximising capacity in acute hospitals.	AHD and CHG	Q1-Q4
Work with the NTPF to implement the *National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management Protocol.*	AHD and CHG	Q1-Q4
Work with the NTPF to develop and implement a waiting list action plan for 2018.	AHD and CHG	Q1-Q4
Implement the findings and recommendations of the NTPF special audit to drive process and performance improvement in scheduled care.	CHG	Q1-Q4
Work with the clinical programmes to complete a suite of pathways of care at condition-level, through the Outpatient Services Performance Improvement Programme (OSPIP).	OSPIP and CHG	Q1-Q4
Further develop GP referral guidelines and standardised pathways, supported by efficient electronic referral systems.	OSPIP and CHG	Q1-Q4
Roll out the national validation project for inpatient, day case and outpatient waiting lists.	CHG	Q1-Q4
Work with National Radiology Programme to establish national vetting criteria for radiology diagnostic tests.	AHD, CHG CSPD	Q1-Q4
Continue to work with the NTPF to develop a national dataset and waiting list for CTs, MRIs and Ultrasounds	AHD , CHG NTPF	Q1-Q4
Additional Pulmonary Valve Cardiology Procedures will be provided to address demand in OLCHC	AHD & CHG	Q1-Q4

Continue to implement the new Children's Hospital development including the Paediatric Outpatient and Urgent Care Centres

Implement the new Children's Hospital Programme	CHG	Q1-Q4
Continue to develop of the all-island paediatric cardiology service.	CHG	Q1-Q4
Continue to improve access to paediatric orthopaedics expanding ambulatory and inpatient services for trauma and elective demand	CHG	Q1-Q4
Continue to develop the new model of care for Paediatric Orthopaedics, supported by the recommendations of the Scoliosis Co-Design Group which is underpinned by the development of a standardised pathway of care for children and adolescents with scoliosis which will be evidence-based and patient-centred.	CHG	Q1-Q4
Continue the development of urology services for children with spina bifida with the appointment of additional consultant and health and social care professionals.	CHG	Q1-Q4
Recruit additional consultants for paediatric ENT services	CHG	Q1-Q4

Develop and improve national specialties

Work with the Acute Hospital Division as it commences development of the National Genetics and Genomic Network with the progression of the recruitment of a Clinical Director.	AHD & CHG	Q1-Q4
Continue to support the implementation of National Strategies for Cancer Services, Women and Infant Health and National Ambulance Services	CHG, NCCP WIHP & NAS	Q1-Q4

Corporate Plan Goal 3: Foster a culture that is honest, compassionate, transparent and accountable

Ensure quality and patient safety

Facilitate initiatives which promote a culture of patient partnership including next phase of the National Patient Experience Survey.	AHD and CHG	Q1-Q4
Monitor and control HCAIs in line with guidance documents	AHD and CHG	Q1-Q4
Continue to develop robust governance structures at hospital, group and	AHD	Q1-Q4

national level to support management of HCAI / AMR.	and CHG	
Collate information on incidence of CPE and associated infection control measures including use of screening guidelines and appropriate accommodation of patients	AHD and CHG	Q1-Q4
Work with the AHD as it reviews assessment process for National Standards for Safer Better Healthcare and develop guidance to support monitoring and compliance against same	AHD and CHG	Q1-Q4

Enhance medicines management

Further enhance medicines management, improve equitable access to medicines for patients and continue to optimise pharmaceutical value through the Acute Hospitals Drugs Management Programme with a focus on the use of biosimilars.	AHD and CHG	Q1-Q4
Commence implementation of the Report on the Review of Hospital Pharmacy, 2011 (McLoughlin Report) with a focus on the development of pharmacist roles to improve and enhance medication safety, and implement HIQA medication safety reports.	AHD and CHG	Q1-Q4
Advance the reimbursement of (Enzyme Replacement Therapy (ERT) through PCRS to ensure equitable access for all patients.	AHD and CHG	Q1-Q4

Implement Children First

Work with AHD as it commences implementation of the *Children First Act 2015* including mandatory training for staff as appropriate	AHD and CHG	Q1-Q4

Corporate Plan Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Support and progress the policies and initiatives of the Office of the Chief Nursing Officer, DoH and European Directives on working hours

Enhance the training and development of Advanced Nurse Practitioners in association with DOH and NMPDU	AHD and CHG	Q1-Q4
Continue to improve compliance with the European Working Time Directorate	AHD	Q1-Q4

with particular focus on the 24 and 48 hour targets	and CHG	

Corporate Plan Goal 5: Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

On-going monitoring and performance management of financial allocations in line with the Performance and Accountability Framework

Monitor and control hospital budgets and expenditure in line with allocations.	AHD and CHG	Q1-Q4
Identify and progress realistic and achievable opportunities to improve economy efficiency and effectiveness	AHD and CHG	Q1-Q4
Secure reductions in cost and or improvements in efficiency of services currently provided	AHD and CHG	Q1-Q4
Continue the next phase of ABF including the incentivised scheme for elective laparoscopic cholecystectomy.	AHD and CHG	Q1-Q4
Ensure compliance with the memorandum of understanding between the HSE and VHI in conjunction with National Finance.	AHD and CHG	Q1-Q4
Progress Phase 2 of the Hospital Income Review which will focus on training, standardisation of processes and measurement of improvements in billing and collection of income by hospitals.	AHD and CHG	Q1-Q4

Section 6: Improving Value

Recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive **Value Improvement Programme**. The Children's Hospital Group will work with the Acute Hospitals Division on the various work streams as appropriate:

- Service redesign
- Workforce
- Pharmacy and procurement
- Unscheduled care and integration
- Health Business Services and other corporate expenditure
- Effective care
- Operational and clinical efficiency.

Key objectives and outputs

It is expected that the Value Improvement Programme will ensure a rigorous, consistent, national, multi-year approach to:

- The identification of existing areas of cost / expenditure that are of limited benefit to delivering core DoH / HSE objectives, with a view to ending or significantly reducing same.
- The identification of existing areas of activity that are of value but which could be delivered for lower total cost (economy).
- The identification of existing areas of activity that is of value but could deliver higher throughput from existing resources (efficiency).
- The identification of existing areas of activity that is of value but could deliver greater value (e.g. better outcomes for patients) from existing resources (effectiveness).

The benefit of this programme will be that all of the resources available to the HSE, both existing and new, will be used more effectively each year to deliver on population health needs.

A range of initiatives will to be prioritised to improve the quality of care for patients and deliver better value for money, including ensuring maximum benefit for patients from the health service's expenditure on medicines and allowing new effective medicines to be adopted in the future. The Acute Hospital Drugs Management Programme has a number of initiatives underway and in development, aimed at achieving efficiency through procurement practices, closer scrutiny of outcomes and maximising the use of drugs with proven cost effectiveness such as biosimilars. In particular, in order to ensure affordability of medicines into the future, value from patent-expired medicines must be maximised and the Children's Hospital Group will work with the Acute Hospital Division in the delivery of these initiatives as appropriate.

When account is taken of the 2017 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 with a focus on corporate costs and 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.

Section 7: Finance

Introduction

The Children's Hospital Group 2018 net allocation amounts to €288.306m.

Table 1 CHG Budget 2017/18

Budget	OLCH Crumlin €m	Temple Street CUH €m	NCH Tallaght €m	Children's Hospital Programme €m	Total 2018 €m	Total 2017 €m
Gross	175.466	114.443	25.853	22.697	338.460	327.698
Income	(27.633)	(16.118)	(6.403)	-	(50.154)	(46.569)
Net	147.833	98.325	19.450	22.697	288.306	281.129

Note 1 - Budgets per HSE Rosetta system.

Note 2 - Budgets include Superannuation and Pension Levy.

Note 3 - Budgets are subject to change during allocation windows throughout the year.

Budget 2018

The notified 2018 budget allocated to the Children's Hospital Group is €288.306m. The final 2017 Budget for the Children's Hospital Group was €281.129m. This represents a year on year increase of €7.177m or 2.55%. An allocation of €7.7m in respect of the targeted investment in the Children's 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, is held by the Department of Health for allocation to approved projects during 2018. This represents a total investment of €30.397m in the Childrens' Hospital Programme for 2018.

The HSE has set out a value improvement programme in Chapter 7 of the Service Plan 2018. All hospital groups are required to make savings/contain growth equivalent to 1% of the net budget for 2018. The Children's Hospital Group also recognises the requirement to actively partake in the 'systematic assessment' of all overhead expenditure and upon completion of this assessment, targets will be determined for the entire HSE.

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 2018 Operational Plan.

Budget 2018 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 2018 developments
- Deferred recruitment of posts in 2018 to achieve the financial outturn
- Inflation related price increases
- Particular challenges to achieve income targets due to the decrease in patients utilising their private health insurance

Approach to Financial Challenge 2018

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 2018. 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 addition, income targets will prove challenging to achieve and further consideration will need to be given to these adjustments.

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 – Management of the Pay and Numbers Strategy 2018 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 2018.
5. Activity – Control of activity will be a focus of 2018 together with the further development of ABF model to identify services where cost reductions may be possible.

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 2018 NSP with regard to pay and staff numbers and challenging income targets.

Section 8: Workforce

The Health Services People Strategy 2015-2018

We are committed to putting people at the heart of everything we do, delivering high quality safe healthcare to our service users, communities and wider population. The *Health Services People Strategy 2015-2018* was developed in recognition of the vital role our workforce plays in delivering safer better healthcare. We recognise the vital role of staff at all levels in addressing the many challenges in delivering health services and the strategy, which extends to the entire health sector workforce, is underpinned by the commitment to engage, develop, value and support the workforce. The strategy provides the anchor to support HR developments throughout the system. Some key priorities for the Group in conjunction with our colleagues in Acute Hospitals in 2018 include:

- **Staff Health and Wellbeing** - implement and operationalise the Staff Health and Wellbeing Strategy 2017.
- **Staff Engagement –** encourage participation in the 3rd staff survey and further develop and implement staff engagement and staff health and wellbeing programmes in response to findings.
- **Pay and Staffing Strategy** – monitor and support the implementation of the Pay and Staffing Strategy 2018.
- **Workforce Planning** - operationalise the *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning, 2017*.
    - **New Children's Hospital -** progress the development of Workforce Plans for the new Children's Hospital and Paediatric Outpatient and Urgent Care Centre.
    - **Quality & Patient Safety Function** – in consultation with the National Quality Improvement Division develop the Operating Model to support the development and enhancement of the Quality & Patient Safety function at both Acute Hospital and Hospital Group level.
    - **Human Resources Function -** in consultation with National Human Resources, develop the Operating Model to support the development and enhancement of the Human Resources function at both Acute Hospital and Hospital Group level.
- **Public Service Stability Agreement 2018 – 2020** - supports reform and change in Acute Hospitals, which will be further supported by the delivery of the Health Services Change Model 2nd Edition alongside the establishment of a range of accessible supports to further enhance organisational and change management capacity.
- **European Working Time Directive** – Acute Hospitals remain committed to maintaining and progressing compliance with the requirements of the European Working Time Directive.

Staff Health & Wellbeing

The implementation of the 'Staff Health and Wellbeing Strategy 2017' alongside the 'Healthy Ireland in the Health Services' Policy are key priorities, supporting initiatives to encourage staff to look after their own health and wellbeing ensuring we have a resilient and healthy workforce within the Group.

Staff Engagement

Another key priority is to encourage participation of all Acute Hospital staff in the survey on engagement to ensure that their views are sought out and are listened to; creating circumstances where everyone's opinion counts and can make a difference, guiding us on what we can do to make our services better, both for our service users and for staff. Coupled with this is the need to take further actions based on the survey findings.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available. The Group CEO has the delegated authority to manage their pay and staffing requirements.

Pay and Staffing Strategy 2018 and Funded Workforce Plans

The 2018 Pay and Staffing Strategy is a continuation of the 2017 strategy, central to which is compliance with allocated pay expenditure budgets. Overall pay expenditure, which is made up of direct employment costs, overtime and agency, will continue to be robustly monitored, managed and controlled to ensure compliance with allocated pay budgets as set out in annual funded workforce plans. These plans are required to:

- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.
- Comply strictly with public sector pay policy and the Code of Practice: Appointment to Positions in the Civil Service & Public Service.
- Identify further opportunities for pay savings to allow for reinvestment purposes in the health sector workforce and to address any unfunded pay cost pressures.

Pay and staff monitoring, management and control, at all levels, will be further enhanced in 2018 in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to ensuring full pay budget adherence at the end of 2018. An integrated approach, with management across Acute Hospitals being supported by HR and Finance, will focus on reducing and / or controlling pay costs, including agency and overtime, and implementing cost containment plans, in addition to maximising the performance and productivity of the health workforce.

Workforce Planning

The Department of Health published a *National Strategic Framework for Health Workforce Planning – Working Together for Health* in 2017, providing an integrated, dynamic and multi-disciplinary approach to workforce planning at all levels of the health service. We will support work to commence the operationalisation of the framework across Acute Hospitals in 2018. The implementation will also be guided by the relevant themes and work streams of the *Health Services People Strategy 2015-2018*, in conjunction with the Programme for Health Service Improvement. Particular attention will be directed to the further development of measures to support the sourcing, recruitment, and retention of staff categories where critical skills shortages have been identified.

Public Service Stability Agreement 2018 - 2020

The Public Service Stability Agreement, which represents an extension of the Lansdowne Road Agreement, was negotiated between government and unions in 2017 and will continue until December 2020. The Agreement builds on the provisions of previous agreements and enables reform and change in the health services.

European Working Time Directive

Acute Hospitals are committed to maintaining and progressing compliance with the requirements of the European Working Time Directive. Through the forum of the National EWTD Verification and Implementation Group, the Division continues to work collaboratively with Irish Medical Organisation, the Department of Health and other key stakeholders to work collectively towards the achievement of full compliance with the EWTD. The Division is also partnering with the Department of Health, the Irish Medical Organisation alongside National HR to facilitate a further Learning Day in 2018 to outline progress achieved to date alongside sharing the learning from different experiences in relation to implementation of measures across Acute Hospitals in support of compliance.

Side-by-side with the *Health Services People Strategy 2015-2018* detailed work plans have been developed across the priority outcome areas. In 2018, these work plans will be further developed and rolled out, with a particular focus on the key priorities identified for Acute Hospitals, in addition to the work plans already commenced during in 2017.

Children's Hospital Programme

The CHG 2018 People, Change and Transformation plans 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.

Appendix 1: Financial Information

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Appendix 2: HR Information

Children's Hospitals by Staff Category: Nov 2017	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support	Patient & Client Care	Total
Children's Hospitals	**444**	**1,207**	**513**	**593**	**201**	**140**	**3,098**
Children's University Hospital	156	397	203	252	56	46	**1,108**
Our Lady's Children's Hospital	234	704	307	297	145	89	**1,776**
Tallaght Paediatric Hospital	55	106	3	35	1	5	**205**
other				9			**9**

Appendix 3: Scorecard and Performance Indicator Suite and Activity Targets

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection (<1 per 10,000 bed days used)
		Rate of new cases of hospital acquired C. difficile infection (<2 per 10,000 bed days used)
		No. of new cases of CPE
	Urgent Colonoscopy within four weeks	No. of people waiting > four weeks for access to an urgent colonoscopy

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	**Delayed Discharges** **Emergency Department Patient Experience Time**	No. of beds subject to delayed discharges
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of children waiting <15 months for an elective procedure (inpatient)
		% of children waiting <15 months for an elective procedure (day case)
		% of people waiting <52 weeks for first access to OPD services
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (total expenditure)
		Gross expenditure variance from plan (pay + non-pay)
		% of the monetary value of service arrangements signed
	Governance and Compliance	Procurement - expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Workforce	**EWTD**	<48 hour working week
	Attendance Management	% absence rates by staff category
	Funded Workforce Plan	Pay expenditure variance from plan

Acute Hospital Division , 2018 KPIs			
KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	National Expected Activity/ Target 2018
Beds Available			
In-patient **	10,681	10,771	10,857
Day Beds / Places **	2,150	2,239	2,239
Outpatient Attendances - New : Return Ratio (excluding obstetrics, warfarin and haematology clinics)	1:2	1:2.5	1:2
Activity Based Funding (MFTP) model			
HIPE Completeness - Prior month: % of cases entered into HIPE	100%	93%	100%
Dialysis			
Number of haemodialysis patients treated in Acute Hospitals **	170,002	168,337	168,337
Number of haemodialysis patients treatments treated in Contracted Centres **	81,900 – 83,304	82,000	92,500
Number of Home Therapies dialysis Patients Treatments **	90,400 – 98,215	85,000	93,750
Outpatients (OPD)			
New OPD attendance DNA rates **	12%	13.5%	12%
Inpatient & Day Case Waiting Times			
% of children waiting <15 months for an elective procedure (inpatient)	95%	82.50%	90%
% of children waiting <15 months for an elective procedure (day case)	97%	85.30%	90%
% of people waiting < 52 weeks for first access to OPD services	85%	74.30%	80%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	90%	76.30%	90.00%
Elective Scheduled care waiting list cancellation rate **	1.7%	1.70%	1%

Colonoscopy / Gastrointestinal Service			
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	70%	51.90%	70%
Number of paediatric patients waiting greater than 2 weeks for access to an urgent colonoscopy **	New KPI 2018	New KPI 2018	0
Number of paediatric patients waiting greater than 2 weeks for access to an urgent oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	0
% of paediatric patients waiting > 6 weeks following a referral for a routine colonoscopy or oesophago-gastroduodenoscopy (OGD) endoscopy **	New KPI 2018	New KPI 2018	70%
Emergency Care and Patient Experience Time			
% of all attendees at ED who are discharged or admitted within six hours of registration	75%	66.80%	75%
% of all attendees at ED who are discharged or admitted within nine hours of registration	100%	81.30%	100%
% of ED patients who leave before completion of treatment	<5%	5%	<5%
% of all attendees at ED who are in ED <24 hours	100%	96.90%	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)	95%	92.60%	95%
Length of Stay			
ALOS for all inpatient discharges excluding LOS over 30 days	4.3	4.7	4.3
ALOS for all inpatients **	5	5.3	5
Medical			
Medical patient average length of stay	6.3	6.8	≤6.3
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	11.10%	11.00%	≤11.1%
Surgery			
Surgical patient average length of stay	5	5.3	≤5.0

% of elective surgical inpatients who had principal procedure conducted on day of admission	82%	74.70%	82%
Percentage bed day utilisation by acute surgical admissions who do not have an operation **	35.80%	38.00%	35.80%
% of surgical re-admissions to the same hospital within 30 days of discharge	<3%	2%	≤3%
Delayed Discharges			
Number of bed days lost through delayed discharges	≤182,500	≤193,661	≤182,500
Number of beds subject to delayed discharges	<500 (475)	563	500
Patient Experience			
% of Hospitals Groups conducting annual patient experience surveys amongst representative samples of their patient population	100%	To be reported in Jan 2018	100%
National Early Warning Score (NEWS)			
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	New NSP KPI 2018	New NSP KPI 2018	100%
Asthma			
% nurses in secondary care who are trained by national asthma programme **	70%	1.30%	70%
Diabetes			
% increase in hospital discharges following emergency admission for uncontrolled diabetes **	≤10% increase	4%	≤10% increase
Quality			
Rate of slip, trip or fall incidents as reported to NIMS that were classified as major or extreme	Reporting to commence in 2017	0.01	NA
Rate of medication incidents as reported to NIMS that were classified as major or extreme	Reporting to commence in 2017	0.01	NA
% of acute hospitals with an implementation plan for the guideline for clinical handover	100%	TBC	100%
% of Hospitals who have completed second assessment against the NSSBH	100%	27%	100%
% of Acute Hospitals which have completed and published monthly hospital patient safety indicator report	New NSP KPI 2018	New NSP KPI	100%

		2018	
Ratio of compliments to complaints **	2:1	Data not available	2:1
CPE			
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	<1/10,000 BDU	0.7	<1/10,000 BDU
Rate of new cases of Hospital acquired C. difficile infection	<2/ 10,000 BDU	2.4	<2/ 10,000 BDU
Number of new cases of CPE	New KPI 2018	New KPI 2018	Reporting to commence in 2018
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	New KPI 2018	New KPI 2018	100%
% of acute hospitals implementing the national policy on restricted anti-microbial agents	New KPI 2018	New KPI 2018	100%

** denotes Operational Plan KPI only, all others are also in National Service Plan 2018

Children's Hospital Group Activity Targets 2018

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	Children's University Hospital Temple Street	National Children's Hospital at Tallaght Hospital	Our Lady's Children's Hospital, Crumlin	CHG Expected Activity/ Target 2018	National Expected Activity/ Target 2018**
Discharge Activity Inpatient Cases	640,627	634,815	7,504	6,315	11,350	25,169	633,786
Inpatient Weighted Units	639,487		8,677	3,327	17,738	29,742	635,439
Daycase Cases (includes dialysis)	1,062,363	1,049,851	7,648	2,169	18,220	28,037	1,056,880
Day Case Weighted Units (includes dialysis)	1,028,669		10,327	3,258	23,203	36,788	1,026,007
Total inpatient & day cases Cases	**1,702,990**	**1,684,666**	**15,152**	**8,484**	**29,570**	**53,206**	**1,690,666**
Emergency Inpatient Discharges	429,872	430,995	5,529	5,696	7,895	19,120	430,859
Elective Inpatient Discharges	94,587	92,172	1,975	619	3,455	6,049	91,427
Emergency Care - New ED attendances	1,168,318	1,177,362	46,139	29,968	33,670	109,776	1,178,977
- Return ED attendances	94,225	97,238	2,650	2,250	2,789	7,689	97,371
Other emergency presentations	48,895	48,642		269		269	48,709
Outpatients Number of new and return outpatient attendances	3,340,981	3,324,615	56,942	18,675	67,260	142,877	3,337,967

** Activity targets in the Operational Plan differ slightly (0.03%-0.8%) from those published in NSP 2018 following analysis by Health Pricing Office based on a later version of the national HIPE file

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2016 / 2017 and will be operational in 2018; 2) are due to be completed and operational in 2018; or 3) are due to be completed in 2018 and will be operational in 2019

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2018 Implications	
						2018	Total	WTE	Rev Costs €m
Acute Hospital Services									
Children's Hospital Group									
Our Lady's Children's Hospital (Crumlin), Dublin	Upgrade of services to the existing PICU	Q1 2018	Q1 2018	0	0	0.25	0.50	0	0