



RCSI HOSPITALS
OSPIDÉIL RCSI

RCSI Hospital Group Operational Plan 2018

Contents

1. Introduction	3
2. Financial Summary.....	3
3. Population Health	3
4. Financial Plan	5
5. Capital Expenditure.....	7
6. Workforce Plan	8
7. Accountability Framework.....	8
8. RCSI Key Priorities and Actions to Deliver on Goals in 2018.....	9
9. Appendix 1: HR WTE	14
10. Appendix 2: Performance Indicators.....	15

1. Introduction

RCSI Group established in 2015 comprises the following hospitals:

- Beaumont
- Connolly
- Cavan
- Monaghan
- Our Lady of Lourdes, Drogheda
- Louth County
- Rotunda

Academic Partner:

- Royal College Surgeons Ireland

2. Financial Summary

RCSI Hospital Group - Financial Summary 2018			
Gross pay & non pay	€M	Incr.	%
2017 Outturn	€862.7		
2018 Budget	€867.3	€4.7	0.5%
2018 Determined Projection (1)	€892.1	€24.8	2.9%

Note 1: Determined Projection is a forecast level of expected pay and non-pay expenditure for 2018 as advised by HSE; Excludes pension net costs and patient income.

The operational plan is predicated on the understanding that there are significant financial risks inherent in activation. Of particular concern are the following issues:

- Utilisation of a Determined Projection value (€24.8m) in addition to base line budget
- Projected Income deficit €13m and associated direction to take no action to reduce expenditure to offset continuing fall in private income
- activity targets set in 2017 for 2018 have not factored in current increased emergency patient attendances experienced across the RCSI HG - current 5% increase 2018/2017 (**Appendix 2**)

The Group will continue to work as a single acute delivery model across multiple sites using all available capacity with continued migration of available capability to available capacity across 7 sites thereby ensuring optimal clinical usage.

3. Population Health

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 8,777 WTE staff (**December 2017** 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.
- Work with General Practitioners to avoid hospital admission and support planned managed hospital discharge.
- Being informed by the latest best practice
- Underpinned by risk awareness and a quality improvement focus

The Group's continued focus is 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.

4. Financial Plan

Financial risk

The RCSI Hospital Group net budget allocation for 2018 is €731.5m, a €4.6m (0.6%) reduction v outturn 2017. The Determined Projection (DP) 2018 is €756.3m, €24.8m (2.9%) above budget ^(note 1). The DP is a forecast level of expected pay and non-pay expenditure for 2018 as advised by HSE.

(Note 1: DP pay and non-pay expenditure forecast per HSE, plus income and pensions budgets)

The financial risks inherent in the Operational Plan are of particular concern:

- Utilisation of a Determined Projection value (€24.8m) in addition to base line budget
- Projected Income deficit €13m and associated direction to take no action to reduce expenditure to offset continuing fall in private income risks renders further deficit likely

Additional Cost Pressures 2018

In addition to the existing 2017 cost base the Group will experience significant cost pressures in 2018, in particular:

- Impact of National Pay Agreements (€26m) - some unavoidable pay-related costs such as increments, Employer PRSI changes and National HR instructions are not fully funded and will impact on the ability to break even.
- The full year impact of Service developments commenced in 2017 increases pay expenditure by €8.5m (table 1 below)

TABLE 1: SERVICE DEVELOPMENTS 2017 - IMPACT 2018	
	€ ,000
Phase II OLOL - 1 ward 29 beds (full year)	3,823
Beaumont 20 additional beds	2,057
U/s Screening Prog.Dysplasia Hip Infants - OLOL	38
Regional Fetal Medicine service	853
Beaumont / OLOL - 2 X CNM 2 Safe Staffing	114
Pilot taskforce on staffing - nursing phase 1	57
Connolly - Nursing Project officer DOH	67
National Endoscopy Pilot 3 X CNM2	139
DOM Cavan	85
Group DON (appointed Nov 17)	92
ABF funded posts	291
Beaumont Living Donor consultant	225
Consultant geriatrician - Beaumont	225
Neurologist Connolly - replacement	220
ENT consultant OLOL	220
TOTAL	8,506

- The continuing fall off in private patient income (€13m budget deficit) causes significant concerns. The instruction to take no action to address patient income shortfall presents budgetary and cash flow issues for Group Hospitals. Ongoing pronouncements by the Health Insurers aimed at reducing private health insurance usage in public hospitals will continue to reduce patient income potential.

There are a number of additional financial risks to the successful delivery of 2018 operational plan. Every effort will be made to manage these risks and to deliver VFM whilst delivering safe and effective care.

- Non-pay financial impact of increasing emergency activity
- Under investment in capital infrastructure and addressing critical risks resulting from ageing medical equipment and physical infrastructure
- Our ability to meet the demand for new drug approvals within funded levels
- Assumption that any new National HR instructions, agreements or circulars including Consultant pay negotiations will be funded
- RCSI Statutory hospitals are dependent on National Procurement (HBS) to generate and deliver savings and additionally price pressure is evident

Value for Money

In order to deliver VFM within the available budget the RCSI Group continues to implement controls and set individual hospital savings targets. There is a Group employment control process in place which meets weekly to review all new and replacement staff requests. New posts require approval of RCSI HG CEO. Each hospital has a Value Improvement Plan in place which is reviewed monthly by the Group. All discretionary non-pay expenditure is approved in advance by Group CFO as being within budget.

Service Developments 2018

New service developments to commence in 2018, not included in this forecast are as follows:

SERVICE DEVELOPMENTS 2018		€,000
Phase II OLOL – 1 ward 29 beds (Mar 2018)		3,539
Phase II OLOL – 1 ward 24 beds (Sept 2018)		2,896
Phase II OLOL – ED extension (May 2018)		755
Rotunda Perinatal Mental Health – (0.6 Con&CNS)		150
TOTAL SERVICE DEVELOPMENTS 2018		7,340

5. Capital Expenditure

Capital programme commencing and ongoing 2018 cost €127.2m and replacement equipment €19.5m:

RCSI GROUP - CAPITAL REQUIREMENT 2018		€'000
Beaumont	New ED	28.0
Beaumont	Rockfield - 21 beds expansion project	4.2
Beaumont	Modular build - 30 beds expansion project	3.8
Beaumont	HDU redevelopment	2.1
Beaumont	Cochlear service	0.6
Beaumont	Hybrid theatre	1.6
Beaumont	Air handling service - 3 years	1.2
Beaumont	Cystic Fibrosis 22 bed unit	11.0
Beaumont	Portocabin replacement programme - admin	2.4
Beaumont	DOSA unit	1.6
Beaumont	Neuro ICU upgrade	2.3
Beaumont	Fire and lighting upgrade	1.1
Beaumont	Theatre lights - 3 years	0.5
Beaumont	Neuro Interventional Radiology (Thrombectomy)	2.2
Beaumont	Fabric upgrade (windows, screens) 4 years	1.5
Cavan	ED - resuscitation area	0.2
Cavan	Mental Health	5.0
Connolly	Radiology dept incl CT	5.5
Connolly	Ward refurbishment	0.5
Connolly	Pathology lab	3.0
Connolly	OPD dept refurbishment	0.8
Connolly	Modular build - 30 beds expansion project	3.8
Connolly	Emergency theatres	2.2
Connolly	Reconfigure community beds - 20 beds	0.4
Group	Minor capital - infrastructure risk	1.5
Group	General maintenance	1.5
Group	CSSD on Connolly	14.0
Group	Programme of ward upgrades per annum	2.0
Group	Legionella risk / HIQA	1.8
OLOL	Phase II theatre and ward fit	16.0
OLOL	Neonatal unit expansion	0.5
Rotunda	Modular build NICU & theatre	4.5
Total		127.2
RCSI GROUP - EQUIPMENT REQUIREMENT 2018		
Group	Equipment replacement programme	12.0
OLOL	2nd CT	2.0
Cavan	Engineering replacement programme	0.5
Beaumont	Decontamination washer - theatre / St Josephs	0.2
Connolly	MRI	2.3
Group	Bed pan washer replacement	2.5
Total		19.5

6. Workforce Plan (appendix 1)

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. Significant change initiatives will be managed through the RCSI Hospital's Joint Union and Management Forum (JUMF).

RCSI Group continues to be a pilot site for The Taskforce on Staffing and Skill Mix for Nursing. The Group Recruitment and Retention working group will continue to explore and implement initiatives to maximise the recruitment of new staff and to minimise staff turnover.

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 2018. 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, service requirement and risk.

7. 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:	- 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
Level 2 Accountability:	- RCSI Hospitals Group CEOs accountability to National Director Acute Hospitals.
Level 3 Accountability:	- National Director accountability to the Director General
Level 4 Accountability:	- The Director General's accountability to the Directorate
Level 5 Accountability:	- The HSE's accountability through the Directorate to the Minister for Health

	<ul style="list-style-type: none"> - Ward 3 (24 beds) - 5 Operating Theatres <p>Connolly Hospital</p> <ul style="list-style-type: none"> - Modular Build (30 Beds) - Upgrade residential unit (20 beds) <p>Monaghan Hospital</p> <ul style="list-style-type: none"> - Rehabilitation unit (5 beds) <p>Expand Operating Theatre capacity.</p> <ul style="list-style-type: none"> - Maximise theatre capacity in Beaumont and St Joseph’s hospital ensuring all theatre open and working. - Continue to develop complex urology surgery in Beaumont. - Continue implementation of The Integrated Care Programme for Older Persons supported by Consultant Geriatrician for community care pathway and Orthogeriatrician in Louth Hospitals. - Work with CHOs to ensure appropriate settings of care for patients - Meaningful Behaviours project in Louth County to support patients reaching full potential in rehab and step down. - Implement nurse lead re-enablement project in Cavan Hospital. <p>Connolly Hospital:</p> <ul style="list-style-type: none"> - Frail Elderly pathway supported by The Integrated Care Programme for Older Persons <p>Improve performance in relation to scheduled care by ensuring active management of waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including:</p> <ul style="list-style-type: none"> - Chronological scheduling - Adherence to NTPF guidelines in relation to scheduling of patients for surgery - Monitor the number of patients who have had their surgery cancelled for non-clinical reasons and offered another surgery date within 28 days - Continue to improve day of surgery rates and increase ambulatory services as clinically appropriate - Monitor length of stay and opportunities for improvement using NQAIS <p>Continued validation project for inpatient, day case and outpatient waiting lists.</p> <p>Monitor and manage waiting list for CTs, MRIs and Ultrasounds.</p> <p>Develop Benign Gynaecological service for Group.</p>	<p>Q3</p> <p>Ongoing</p> <p>Q1-Q3</p> <p>Q1-3</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Q2-Q4</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Maternity	<ul style="list-style-type: none"> - Continue implementation of the National Maternity Strategy - Continue implementation of the midwifery workforce planning study (Birth-rate Plus) - Continue to develop the service to allow equitable access to antenatal anomaly screening in all Maternity Units in the context of emerging clinical maternity networks. - Continue and develop the commitment to sharing capacity and expertise in order that Maternity patients receive the earliest 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

	<p>possible and most appropriate treatment regardless of their geographic location.</p> <ul style="list-style-type: none"> - Implementation of Neonatal transport Programme with the appointment of Neonatologist to Rotunda - Rotunda Maternity Hospital capacity; <ul style="list-style-type: none"> - Progress Modular build for Theatre and Neonatal ICU - Progress plans to relocate Rotunda to Connolly campus. - 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 - Enhance perinatal mental Health service with appointment of consultant and CMS. 	<p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q1-4</p>
Living Donor	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. Continue to maximise the capacity across the group with active management of referral processes and waiting lists.	Ongoing
Cochlear Implant Programm	Continue phase 2 of Cochlear Implant programme at Beaumont Hospital	Q2
Out Patient Improvement Programme	<p>Continue to roll-out the outpatient reform programme with an emphasis on the new minimum dataset, improved pathways of care and efficiency measures through the outpatient services performance improvement programme.</p> <ul style="list-style-type: none"> - Monitor and report new to review patient attendances to OPD as a subset of all attendances - Implement HTA's with GPs where appropriate <p>Maximise potential for OPD physical capacity to support waiting list management. Implement Beaumont Hospital OPD expansion plans.</p> <p>Maximise Outpatient physical capacity in Monaghan and Louth county</p>	<p>Q1-Q4</p> <p>Q2</p>
Quality Metrics	<p>Continue to develop 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.</p> <p>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.</p>	End Q1
Quality Management System	<p>Implementation of Group wide Quality Management System to support</p> <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 	End Q1

Complaints	<p>schedules and follow-up action plans in each of the relevant Hospitals for:</p> <ul style="list-style-type: none"> - NEWS - IMEWS - PEWS <p>Sepsis Management as per National Clinical Guideline No. 6</p> <p>Establish an RCSI Group Complaints Manager Forum reporting into the Group Quality and Safety Committee.</p> <p>Continue training across the Hospital Group to support implementation of the RCSI Group Complaints Policy. Continue training across the Hospital Group to support implementation of the RCSI Group Complaints Policy.</p>	<p>End Q1</p> <p>Ongoing</p>
Serious Reportable Events, Serious Incidents, Incident Reporting & Management	<p>Develop a model to support staff during serious incident occurrence and investigation.</p> <p>Implement use of After Action Reviews.</p> <p>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.</p>	<p>Ongoing</p>
Nutrition and Hydration in public acute	<p>Ensure each Hospital continues to actions recommendations from the HIQA review of nutrition and hydration in public acute and implement best practices in food and nutrition for patients in hospitals.</p>	<p>Ongoing</p>
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	<p>All the EDs in the Group, to monitor and manage performance indicator for the Handover of Ambulance Patients in EDs</p>	<p>Q1-Q4</p>
Organ Donation	<p>Utilising the role of CMN3 Organ Donation Educator for the RCSI Group to continue to develop an improved organ donation process and seek to increase number of donors</p>	<p>Ongoing</p>
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 week timeframe.</p> <p>Continue to support improvements in diagnosis, medical oncology, radiation oncology, surgery and multi-disciplinary care for cancer</p>	<p>Ongoing</p>

 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 Facilitate initiatives which promote a culture of patient partnership including next phase of the National Patient Experience Survey.	Q1-Q4 Q1-4
Protection of Children and Vulnerable Persons	Implementation of the <i>Children First Act 2015</i> including mandatory training for staff as appropriate.	Ongoing

 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them		
Priority Area	Action 2018	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 for RCSI Hospital Group staff.	Ongoing
Electronic Rostering	Continue to support the implementation of an Electronic Rostering project in Beaumont and Rotunda and consider potential implementation options for Electronic Rostering across RCSI Group.	Q1-Q4
People Strategy 2015-2018	Work with HR HSE to commence and progress the People Strategy 2015-2018 within the group Supporting improved capacity within acute hospitals by right-sizing staffing levels through recruitment and retention of staff and facilitating an expansion of the role of care professionals where appropriate. Support implementation of the Healthy Workplace Policy and support initiatives to encourage staff to look after their own health and wellbeing.	Q1-Q4 Q1-Q4 Q1-Q4 Q2
Nursing Services	Support phase 1 pilot of the Framework for staffing and skill mix for Nursing in General and Specialist Medical and Surgical Care related to general and specialist medical and surgical care within the allocated resources. Enhance the training and development of Advanced Nurse Practitioners in association with DOH and NMPDU Promote , monitor and report	Q1-Q4 Q1-Q4

	<ul style="list-style-type: none"> - Nurses registered to prescribe medicinal products - Nurses registered to prescribe ionising radiation. 	
EWTD	Progress initiatives to support compliance with the European Working Time Directive within all Hospital Groups and provide reports on; <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 all hospitals and services to ensure that they are examining their services for accessibility, in line with the national guidelines.	
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
Financil Systems	Embedding strong governance structure to support the move towards Trust status	Ongoing
Activity Based Funding	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. All hospitals complete HIPE coding within 30 days	Q1-Q4
Surgery Improvement s NQAIS	Continue to monitor and measure surgical activity across all hospitals using the National Quality Assurance Information System (NQAIS) Surgery. <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 - Continue to develop surgical pathways of care across hospitals in group i.e. plastics Beaumont/Connolly, vascular Beaumont/Louth Hospitals. - Continue insourcing initiatives in Group. 	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 WTE

WTE December 2017	Beaumont Hospital	Cavan Hospital	Connolly Hospital	Louth Hospital	Monaghan Hospital	Our Lady of Lourdes Hospital	Rotunda Hospital	Total RCSI Dec 2017
Medical	533	134	181	5	1	328	103	1,285
Nursing	1,248	369	469	91	36	758	363	3,334
Allied Health Professions	492	104	160	30	19	188	68	1,061
Administration	570	140	165	53	16	270	136	1,350
Patient and client care	230	109	132	41	27	138	39	716
General Support staff	428	75	128	58	13	187	123	1,012
Total WTE	3,501	931	1,235	278	112	1,869	832	8,758

Appendix 2: Performance Indicators

KPI Title 2018	RCSI Outturn 2017	Beaumont Hospital	Cavan Hospital	Connolly Hospital	Louth Hospital	Monaghan Hospital	Our Lady of Lourdes Hospital	Rotunda Hospital	RCSI Target 2018
Discharge Activity									
Inpatient Cases	102,402	24,405	16,969	15,144	73	1	31,816	14,247	102,655
Inpatient Weighted Units		42,837	11,010	14,252	69	0	21,295	9,768	99,231
Day case Cases (includes dialysis)	156,234	87,645	18,061	14,375	8,912	3,612	9,546	9,345	151,496
Day Case Weighted Units (includes dialysis)		75,910	17,099	16,785	10,099	3,329	9,149	7,046	139,417
Total inpatient & daycase Cases	258,636	112,050	35,030	29,519	8,985	3,613	41,362	23,592	254,151
Emergency Inpatient Discharges	69,562	18,634	12,275	13,323			23,431	2,131	69,794
Elective Inpatient Discharges	10,904	5,766	1,054	1,796	73	1	1,344	445	10,479
Maternity Inpatient Discharges	21,936	5	3,640	25			7,041	11,671	22,382
Inpatient Discharges ≥ 75 years	18,175	6,459	3,595	3,197	2		4,753	20	18,026
Day case discharges ≥ 75 years	27,524	17,508	4,571	1,427	1,356	431	1,662	19	26,974
Emergency Care									
- New ED attendances	174,821	51,931	29,693	35,869			55,238		172,731
- Return ED attendances	13,776	3,971	3,437	2,635			4,440		14,483
Injury Unit attendances	15,632				11,435	4,706			16,141
Other emergency presentations	6,342	572	5,765				0		6,337
Births									
Total number of births	13,064		1,637				3,046	8,454	13,137
Outpatients									
Number of new and return outpatient	499,366	161,945	35,614	66,975	19,641	11,960	100,090	109,259	505,482