Saolta University Health Care Group Operational Plan 2018

Saolta

Saolta Vision

> *Our Vision is to be a leading academic Hospital Group, providing excellent integrated patient-centred care delivered by skilled caring staff.*

Saolta Group Guiding Principles

To work in partnership with patients and other healthcare providers across the continuum of care:

- To deliver high quality, safe, timely, and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.

- To deliver integrated services across the Saolta Group Hospitals with clear lines of responsibility, accountability and authority whilst maintaining individual hospital site integrity.

- To continue to develop and improve our clinical services supported by education, research and innovation in partnership with NUI Galway and other academic partners.

- To recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.

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Foreword from the Chief Executive Officer

I am pleased to present the 2018 Operational Plan for the Saolta University Health Care Group.

There are a number of key strategic developments planned for the Group this year including the completion of our Group Strategy for 2018-2023, the implementation of our new Clinical Governance Framework, the implementation of a number of key ICT developments such as Group PAS, SAP Financials and Electronic Document Management system (Evolve) and the rollout of the GE Patient Flow Improvement Project across the Group. We will also progress with our capital developments and complete the Options Appraisal for Acute Services in Galway in 2018. A key focus for the group in 2018 is to ensure the recommendations from the PUH maternity review will be implemented. The operational plan also sets out the targeted activity figures for the Group and for each hospital under the various patient classifications. It is intended that the Saolta Group will deliver similar levels of activity to 2017, with some additional capacity in hospitals where bed numbers have increased due to winter funding. The Saolta 2018 plan also outlines the key operational priorities for the Group in 2018. Many of these priorities are ongoing operational objectives such as meeting the national targets for unscheduled and scheduled care, and ensuring we meet the acute services KPIs set as outlined in the National Service Plan. I look forward to working closely with all of you to ensure that we deliver on all of our priorities in the coming year.

The plan sets out the 2018 budget for the Saolta Group which is €863m. This is an increase on our 2017 budget and represents a 2.6% increase on our final budget for 2017. While the increase is welcomed, the vast majority of the funding is to cover full year costs of developments in 2017 and additional costs associated with national pay agreements. The current projection for 2018 is showing a significant potential deficit on budget. To achieve the financial target for 2018 will be extremely challenging and will require the Group to monitor closely our expenditure and ensure we have tight controls in place.   The Group will target cost savings in areas that will not impact patient services or compromise patient care. This will be difficult but essential in the current financial climate.

 I wish to acknowledge the significant improvement in the Group's ABF funding that sees an incremental budget growth of €23m on the 2017 ABF allocation. This is due to the tremendous work done by our Finance and HIPE Units throughout last year and the results of their efforts have resulted in a very positive budgetary outcome. Once again, in 2018, we will continue to drive improved recording and coding of patient activity right across the Group so we can maximise our ABF allocation on a sustainable annual basis as we move towards full implementation of the national ABF budgetary model.

The Group was pleased with the results from the National Patient Experience Survey carried out in May 2017 where we achieved the highest overall Hospital Group rating. We are now focusing on the implementation of Quality Improvement Plans in the areas where our patients were less than satisfied. These include their experience in ED, catering/food/nutrition, communications while in hospital, communications and support on discharge and some infrastructural issues.

Responding to urgent safety concerns and emergencies such as CPE will be a key priority for Saolta in 2018 and we will work with the National Public Health Emergency Team to mitigate the risk, including managing the emerging resource implications. It is also critical that as a Group, we strive to maximise our compliance with hand hygiene and ensure that we do all we can to stop the spread of infection in our hospitals.

We are fully committed to maintaining existing levels of activity in 2018; however the increasing cost of delivering our core services is a significant financial challenge. Patient safety and quality remain our overriding objectives, and addressing the financial challenges we may face will be risk assessed against these core objectives. The HSE National Plan refers to the introduction and implementation of Value Improvement Programmes targeting significant opportunities to address the financial challenge. It is expected that as a Group, we will be involved in many of these

Programmes and I have signalled our support nationally to be involved where relevant. The three major themes within the VIP are improving value within existing services; improving value within non-direct services and strategic value improvements.

It is expected that in the coming year we will see more focus on the recently published *Sláintecare Report* and its recommendations. It signals a new direction of travel in relation to eligibility, delivery and funding of our health services. The Saolta Group looks forward to working with the HSE and the Department of Health in developing an implementation plan for *Sláintecare.*

In late 2017, the Minster for Health announced the membership of the Board of Directors for the Saolta Group. On behalf of the Group, I extend a warm welcome to our new Directors and look forward to working with the Board and our Chair, Dr John Killeen, over their term of appointment to make our Group stronger and to continue to provide hospital services that are safe, high quality and patient centred.

Finally, our workforce is our most important resource and our Operational Plan outlines the key initiatives from our HR Strategy to help ensure that our employees are supported and given the opportunity to develop within the Saolta Group. Our staff have shown, through the HSE Achievements Awards and our own Saolta Staff Recognition Awards, their commitment and contribution to the Group and the provision of services to our patients in the West/North West of Ireland. I look forward to working with all our staff, the Board, our partners in CHO1 and CHO2, our academic partner NUI Galway, and the wider HSE in delivering on the Operational Plan for 2018.

Risks to delivery of Operational Plan 2018

There are some risks to our ability to deliver the level and type of service as set out in the operational plan, including:

- Delivering a volume of activity, driven by need, which is beyond funded levels.
- Sustaining a level of service in areas where the nature of the response is such that activity cannot be stopped or spend avoided, e.g. emergency services in hospitals.
- Progressing at scale and pace the required transformation integration agenda within the funding levels available.
- Meeting the regulatory requirements for hospital services, within the limits of the revenue and capital available and without impacting on planned service levels.
- Responding to urgent safety concerns and emergencies such as carbapenemase-producing enterobacteriaceae (CPE). We will work with the National Public Health Emergency team to mitigate this risk, including how to manage emerging resource implications.
- Meeting new drug costs.
- Effectively managing our workforce including recruitment and retention of a highly skilled and qualified workforce, required rationalisation of the use of agency personnel and staying within our pay budget.
- Working within the constraints posed by limitations to clinical, business, financial and human resource (HR) systems.
- Investing in and maintaining our infrastructure, addressing critical risks resulting from ageing medical equipment and physical infrastructure, adhering to health and safety regulations and addressing clinical service accommodation capacity deficits.

Maurice Power,
Chief Executive Officer

Section 1: Introduction and Key Reform Themes

Saolta Hospitals

The Saolta University Health Care Group is comprised of the following hospitals:
Galway University Hospitals (University Hospital Galway (UHG) & Merlin Park University Hospital (MPUH))
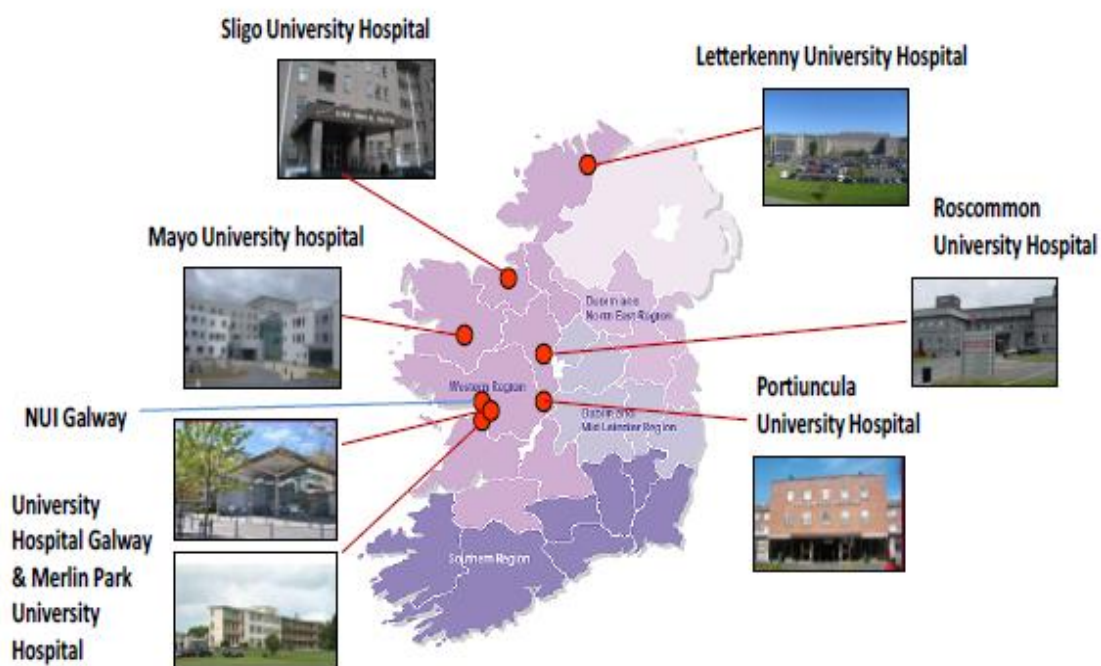Letterkenny University Hospital (LUH)
Mayo University Hospital (MUH)
Portiuncula University Hospital (PUH)
Roscommon University Hospital (RUH)
Sligo University Hospital (SUH)
The Saolta Group is closely aligned to its Academic Partner *NUI Galway*

Directorates

There are 5 Clinical Directorates in the Saolta Group

Medical

Perioperative

Women's and Children's

Radiology

Laboratory

Key national reform themes

Consistent with the need to improve the health of the population and to radically reshape where and how services are provided, the four key national reform themes are

1. Improving population health.
2. Delivering care closer to home.
3. Developing specialist hospital care networks.
4. Improving quality, safety and value.

The Saolta Hospital Group will focus primarily on developing specialist hospital care networks and improving the quality, safety and value themes in 2018.

Developing specialist hospital care

In parallel with the requirement to shift less complex acute care from hospital to community settings, there is a need to ensure that the secondary and tertiary care sectors are able to deliver the complex, specialised and emergency care that will be required by patients. The development of the Saolta Group strategy and the Group integration project will provide the foundation for this in a very real way.

Improving quality, safety and value

In the context of the very significant financial and operational pressures faced by health and social care services, it is essential that we ensure a relentless focus on improving quality, safety and delivering better value care. We must continually seek to improve the quality of care and outcomes for patients, ensuring that care is safe, effective, person-centred, timely, efficient and equitable.

Improving population health

In line with the national PHSI and recommendations within Sláintecare, there will be an increased focus on provision of care as close to home and at the lowest level of complexity that is deemed safe, moving away from historical secondary care model to the provision of community based models. As set out in the National Service Plan, this will require considerable investment in community services and clearly established close working practices between community and secondary care.

Our population profile informs us that people are living longer and indeed within our catchment area, we have a high proportion of older persons (>65years). This is expected to increase by a further 23% by 2023. If the models of service delivery do not change, this will place additional unsustainable pressures on hospital services.

During 2018 Saolta will work closely with CHO1 and CHO2 to develop a programme of work, to progress the implementation of the national Integrated Care Programmes for Older Persons and Chronic Disease Programmes.

This will be underpinned by the Saolta/CHO1/CHO2 population health profile which sets out the incidence within disease grouping, risk and lifestyle factors. A more detailed analysis – (Planning for Health – 2018-2023 and to 2028) will be developed in collaboration with Population Health which will support integrated approach to population planning across both CHOs and Acute Services.

Section 2: Our Population

Saolta is unique in a number of aspects. It is comprised only of statutory hospitals and it provides care to a clearly defined geographical population– covering over a quarter of the country spread from Galway to Donegal. The Saolta area comprises the counties of Donegal, Sligo, Leitrim, Galway, Mayo and Roscommon.

Population

 According to the 2016 Census the population of the area was 709,880 an increase of 0.9% over the 2011 Census. However, as some patients attending Saolta are outside of these counties there is an estimated population of 730,513 (Health Finder https://finder.healthatlasireland.ie/).   The largest increase in population was in Galway City (3139 or 4.2%) and Galway County (4266 a 2.4%) whilst Donegal had a decrease of 1.2% (-2382). The population of Saolta constitutes 14.9% of the whole population.

Table 1. Population Saolta 2016. Source: Census of Ireland 2016 www.cso.ie

County	Population 2016	Population Change2011-2016	% Change 2011-2016	Population % of National Population
Galway City	78668	3139	4.2	1.7
Galway County	179390	4266	2.4	3.8
Leitrim	32044	246	0.8	0.7
Mayo	130507	-131	-0.1	2.7
Roscommon	64544	479	0.7	1.4
Sligo	65535	142	0.2	1.4
Donegal	159192	-1945	-1.2	3.3
Saolta	709880	6196	0.9	14.9
State	4761865	173613	3.8	

The region has some of the least populated counties in the State (Sligo, Leitrim and Roscommon), and overall the population in the region has stayed static since Census 2011. The population in the region is expected to grow by approximately 1.6% (11,706) between 2016 and 2021 (based on CSO M2F2 Population Projections –www. cso.ie).

Fig. 1 Population Density 2016 by County and % Population Change 2011-2016. Source: Census of Ireland 2016 www.cso.ie
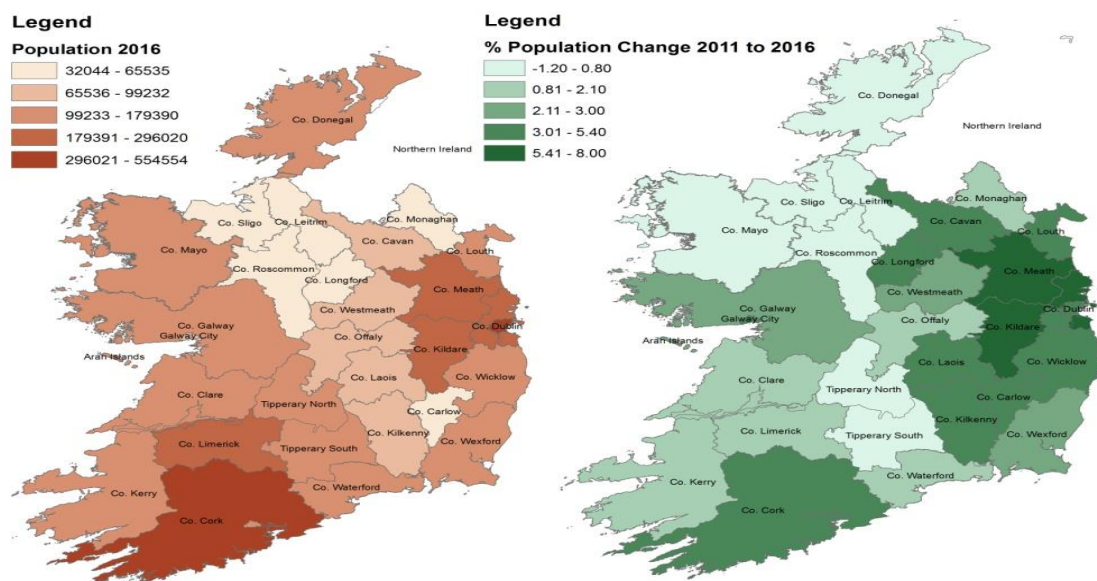
Age

The age profile for Saolta from Census 2016 shows that the area has a higher proportion of those aged 65 plus (15.3% compared to a national figure of 13.4%). The greatest increases were in the older age groups, particularly those aged 60-79 (+17,113 a 67% increase in this age group since 2011). The greatest decrease was in the 20-39 age group (-22,632 a -47% decrease since 2011).

Fig. 2 & 3. Population Pyramid % by 5 year Age Group and % of Population by Age Group in Saolta by 20 year age groups.   Source: www.cso.ie
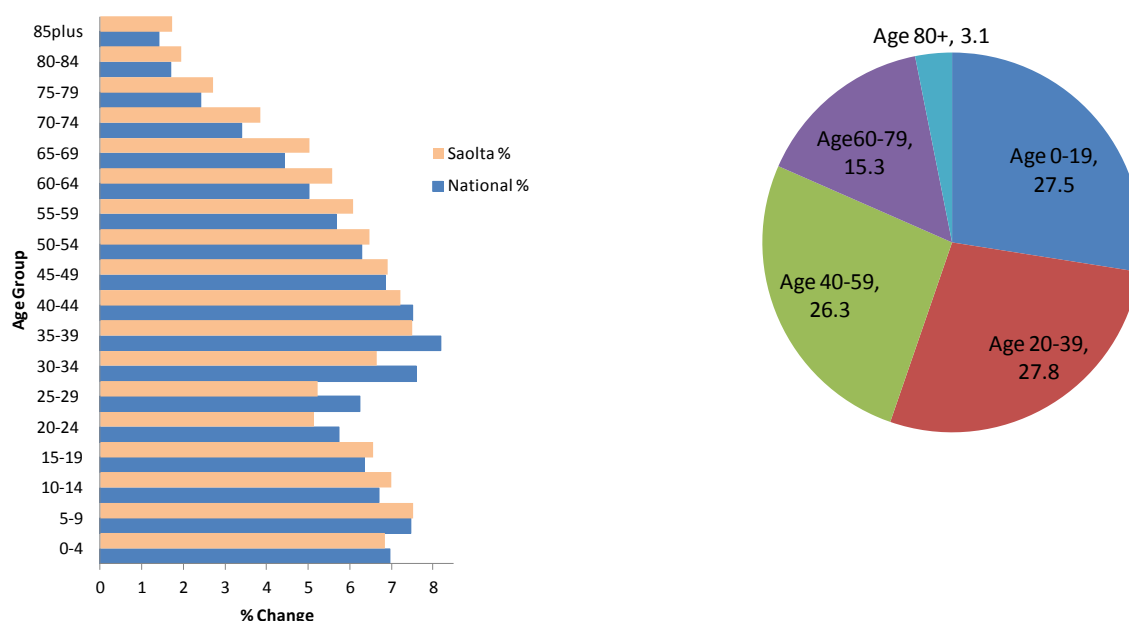
There are large regional variations in age, Galway City has a very different profile to the other Saolta counties with a much higher population in the 15-39 year age group and a lower child and elderly population, whilst all other counties have higher than national rates in the 55 years and older age groups.

Fig. 4. Population % by 5 year Age Group by County.   Source: www.cso.ie
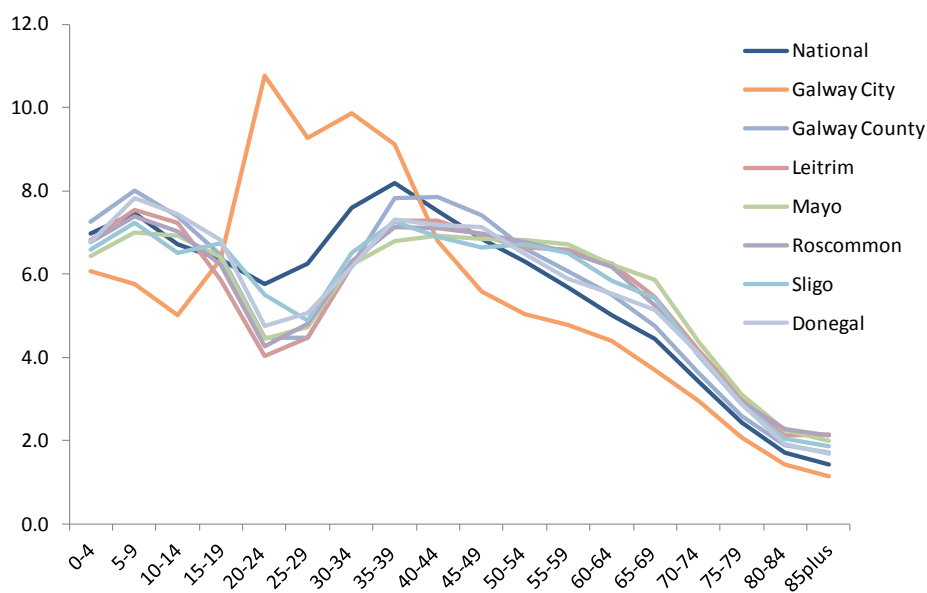
Vulnerable Populations

Travellers, homeless and migrant populations are at risk groups with lower life expectancy, poorer health outcomes and with an increased likelihood of chronic disease.

Saolta has a large Traveller population of 7,236 or 10.9 per 1,000 population (national rate 6.6). Galway City and County have the second and third highest rates nationally at 21.2 (1606) and 14.9 (2640) respectively - Longford has the highest at 25.7 per 1,000.

Table 2. Traveller Population 2016. Source: Census of Ireland 2016 www.cso.ie

	Irish Travellers	Irish Travellers per 1,000 population
State	30987	6.6
Galway City	1606	21.2
Galway County	2640	14.9
Leitrim	203	6.4
Mayo	1299	10.1
Roscommon	516	8.1
Sligo	386	6
Donegal	586	3.8
Saolta	7713	10.9

Homeless figures for November 2017 (Department of Housing Planning & Local Government http://www.housing.gov.ie/) show that there were 266 homeless adults in the Saolta region (167 males and 99 females) of whom 74% (199) were in Galway. Of the 266, 104 were in Private Emergency Accommodation, 34 in Supported Temporary Accommodation, 14 in Temporary Emergency Accommodation and 16 in other accommodation.

Deprivation

The Deprivation Index based on Census 2016 shows that Donegal is the second most deprived Local Authority area nationally; Mayo, Leitrim and Roscommon are ranked 23rd, 22nd and 20th respectively. Galway Co. is the 10th most affluent and Galway City is the 3rd. The deprivation Index map below shows that in the region there are high levels of disadvantaged particularly in Belmullet, Achill, South Connemara and in Donegal County.
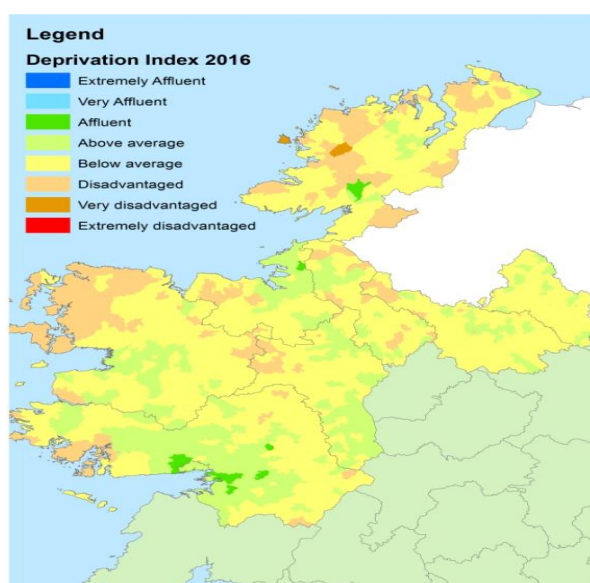
Disability

The level of self reported disability in the Saolta area is 96,964 or 13.66% of population (national 13.51%). Within the region there is a clear demonstration of the link between disability, age and deprivation. Galway City and County have lower levels of disability than the national rate and all other counties in the region have levels higher than the national rate.

Table 3. Self Reported Disability 2016. Source: Census of Ireland 2016 www.cso.ie

	Total persons	Total persons with a disability	% Persons with disability
National	4761865	643131	13.51
Galway City	78668	10133	12.88
Galway County	179390	22523	12.56
Leitrim	32044	4486	14.00
Mayo	130507	17977	13.77
Roscommon	64544	9313	14.43
Sligo	65535	9577	14.61
Donegal	159192	22955	14.42
Saolta	709880	96964	13.66

Key Messages

- Saolta has a stable population base population with the only growth in Galway City and County.
- Saolta has a rapidly ageing population, County Mayo in particular.
- Saolta has specific areas of deprivation mainly in Donegal and around the western seaboard.

Section 3: Building a Better Health Service

Saolta University Health Care Group Priorities 2018

Group Strategy
Finalise, publish and commence with Implementation of Group Strategy

Group Integration
Progress work on Integration Project and establish CBU for Women & Children and Cancer in early 2018.

Achieve Key Patient Access Targets: Unscheduled Care
(including Ambulance Turnaround Times)

1. Trolleys - no more than 40 on any given day
2. > 24 PET - no patients waiting greater than 24 hours for admission to a bed from ED
3. > 75yo >9hr - compliance of 85% across the group of over 75 years old waiting less than 9 hours for admission to bed from ED
4. Delayed Discharges - no more than 56 delayed discharges across the Group at any one time
5. 20% of weeks discharges at the weekend
6. 20% of discharges before 11am each day
7. Compliance with 91% target for Ambulance Turnaround within one hour. No ambulances waiting greater than 2 hours

Achieve Key Patient Access Targets: Scheduled Care
Identify achievable targets in relation to National Inpatient, Daycase, OPD, Scope and Diagnostic activity maximising all available capacity.

Quality & Safety
Finalise governance structures for Quality & Safety for 2018 to include Risk Management, Clinical Audit, Standards, Policies, QualSec, Drugs & Therapeutics, Health & Safety and Infection Control.

Cancer
Roll out of Cancer Clinical Business Unit
Achieve national mandated KPI's
Implement Recommendations from National Cancer Strategy.
Maximise Altnagelvin Radiation Oncology.

Maternity
     Roll out of Maternity Clinical Business Unit
     Implement Maternity Strategy
     Implement recommendations of Maternity review PUH

HCAI Compliance
Achieve improvement and monitor compliance with targets of HCAIs/AMR with particular focus on implementation of CPE screening guidelines

Develop Nursing & Midwifery Strategy to address retention and recruitment

Patient Experience
Enhance Patient Experience in all Group hospitals through engagement and feedback at all levels. Develop and implement an Action Plan to address areas requiring input identified on National Patient Experience Survey.

Establishment of Group Business Intelligence Unit
Create integrated informatics for activity, quality and outcome information to monitor and plan our services.

Implement Key ICT Priorities

1. Appoint e-Health Director
2. Progress implementation of the following key systems in 2018 in line with ICT action plan.
   - Group PAS
   - Evolve (GUH)
   - MOCIS (UHG & MUH)
3. Address key ICT infrastructural risks on identified hospital sites.

Finance
1. Monitor and control hospital budgets and expenditure in line with allocations.
2. To develop a reporting platform for the changing Clinical Business Unit/Directorate structure.
3. Implementation of Financial Stabilisation systems.

Deliver on key Capital Developments
1. Complete Options Appraisal for GUH.
2. Progress funded key Capital Projects across all sites.
3. Continue to seek capital funding for identified infrastructural deficits and developments.
4. Maximise Equipment Replacement Programme funding for all sites.

Freedom of Information/General Data Protection Regulations
Develop action plan to meet requirement in relation to new Data Protection Regulations which come into effect May 2018.

The Saolta Programme for Health Service Improvement

The National Programme for Health Service Improvement (PHSI) was established at the end of 2015 to drive activities related to service reform and in particular transformational and sustainable improvements in services.   It is the single overarching body coordinating the efforts of a wide-reaching range of service improvement programmes and projects arising out of Department of Health, Health Service Executive (HSE) and Health Information and Quality Authority (HIQA) strategies, frameworks, policies, reviews and recommendations reports.

This national programme consists of eighteen major programmes covering Service Design / Improvement, Service Delivery and Enabling Services and is supported by a network of programme management offices at national and local level including each Hospital Group (HG) and Community Health Organisation (CHO))

For 2018 some of the key focus areas agreed for the PHSI at national level are -

- Building strategic certainty in 2018 – including development of a comprehensive, integrated health service transformation and delivery plan, fully aligned with and in support of the forthcoming *Sláintecare* implementation plan.
- Healthy Ireland – chronic disease prevention and management
- National Clinical and Integrated Care Programmes – including the Integrated Care Programme for older persons, children, patient flow.
- Delivering care closer to home – including the design of community –based models to provide improved care and outcomes for service users, close to their home and at the lowest level of complexity that is deemed safe.
- Develop specialist hospital care networks- including the redesign of acute services to meet the long term needs of the population, providing timely access to the right services regionally and nationally that consistently deliver best clinical outcomes.
- Improving performance efficiencies and effectiveness – including the development of a national Performance Management Unit.
- Implementing e Health Ireland
- Enabling and supporting sustainable and enduring change

The Saolta Programme Management Office was established during 2017. While the national programme sets out a number of key focus areas, within the Saolta Group there are clearly identified projects underway/planned as key priorities for the PMO for 2018. These are as follows:

1. Progress Saolta Integrated Governance Programme
2. Development of the Saolta University Health Care Group Strategy 2018-2023
3. Other projects including:-
   a. Implementation of the recommendations outlined in the Review of Emergency Medicine Services.
   b. Implementation of the recommendations outlined in the Review of Haematology Services
   c. HG/CHO joint working to include Population Health Planning and the implementation of the Integrated Care Programmes (older persons/chronic disease/patient flow).

Saolta Integrated Governance Programme

The focus of this project is on developing clearer structures across the Saolta Group Hospitals to improve the integration of our services/hospitals and ultimately drive safer/ better services for our patients.

This new structure will bring decision making closer to the patient and create more straightforward clinical journeys between specialties and hospitals. It will also mean that everyone will be much clearer about who is responsible and accountable for services and it will allow us to use our resources in our hospitals in a better way. Underpinning this, is the development of Clinical Business Units (CBUs) which will enable specialties work closely together to improve patient pathways, treatments, and ultimately care outcomes for patients.

As an initial trial of concept, the new governance structure for Women's and Children's and Cancer Clinical Business Units will be implemented during 2018. The achievement of this requires a full assessment of the current structures/ways of working (i.e. operating models) within these services across the Saolta Hospitals and agreement of both future configuration and target operating models going forward. Detailed work is ongoing in both Clinical Business Units led by Group wide working groups co-ordinated by the PMO.

Key to the success of the CBUs is ensuring that each CBU is supported by HR, ICT/IS (with timely and accurate performance reporting), Finance and Quality and Patient Safety. This will mean changes in the way that services have historically been delivered and will require a concerted focus during 2018.

Saolta University Health Care Group Strategy 2018-2023

In parallel and closely linked to the Saolta Integrated Governance Project is the development of a Saolta Group Strategy (2018-2023). Work has taken place during 2017 to agree the Saolta Vision and Guiding Principles:-

Vision Statement

Our Vision is to be a leading academic Hospital Group, providing excellent integrated patient-centred care delivered by skilled caring staff.

Saolta Group Guiding Principles

To work in partnership with patients and other healthcare providers across the continuum of care:

1. To deliver high quality, safe, timely, and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.
2. To deliver integrated services across the Saolta Group Hospitals with clear lines of responsibility, accountability and authority whilst maintaining individual hospital site integrity.
3. To continue to develop and improve our clinical services supported by education, research and innovation in partnership with NUI Galway and other academic partners.
4. To recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.

The Saolta University Health Care Group Strategy is core to the HG integration and will:

- Outline a clear vision for delivery of clinical services across all hospitals within the Saolta Group
- Set an evidence based roadmap for the way forward whilst ensuring safe, staffed and sustainable services across the Saolta Group for each speciality making the best use of all resources on each site.

This strategy will be crucial to the future development of Saolta Group's clinical and corporate services and will set out a clear plan to allow us meet the future needs of our community. We are working closely with our colleagues in Population Health and CHOs as part of this project with the development of a Saolta Population Health Profile during Quarter 1 as well as more detailed analysis planned throughout 2018 in collaboration with the CHOs 1 and 2.

This process to date has provided us as a hospital group, with the opportunity for the first time to examine the services provided at group level, rather than at individual hospital level. The value of looking at particular services on a group-wide basis is that we can see the many examples of good practice, identify potential overlaps, gaps or inconsistencies which are not obvious when looking at one hospital. It has also enabled us to look at catchment areas, access, referral routes, clinical pathways, risks, infrastructure, and resources from a hospital group perspective. At the end of this process there will be 41 individual group-wide clinical strategies in place that will set the development priorities for specialties within each CBU for the next 5 years. Service development will be prioritised at clinical directorate level. We are also considering how our corporate functions such as HR, Finance, Information Systems and Quality and Patient Safety need to support these clinical objectives. The Saolta Group Strategy (2018 - 2023) is due to be completed by end of Quarter 1 2018.

Other Key Projects for 2018:-

Implementation of the recommendations outlined in the Saolta Review of Emergency Medicine Services

Implementation of the recommendations outlined in the Saolta Review of Haematology Services

HG/CHO joint working to include Population Health Planning and the implementation of the Integrated Care Programmes.

Saolta are committed to further implementing the Healthy Ireland policy, the National Clinical and Integrated Care Programmes and will implement key recommendations of National strategies and programmes.

Section 4: Quality and Safety

Introduction

The Quality and Patient Safety function underwent further restructuring during 2017 which will enhance our capacity to develop and expand quality and patient safety initiatives during 2018. The appointment of a Clinical Director for Quality and Patient Safety provides the high level leadership that is required The appointment of project leads in the areas of National Quality Standards, Clinical Audit and Policies, Procedures and Guidelines Governance were essential to ensure that progress continues and further initiatives can be implemented.

The Quality Improvement Forum has been established to provide impetus and direction to quality improvement activities and to ensure that recommendations and learning from national and local review reports are translated into meaningful improvements in the area of service delivery. This forum currently meets bi-monthly and acts as a focus for sharing good practice across the Group and for the identification of quality improvement initiatives where the potential for cross-site collaboration can be realised. The first initiative has been the establishment of a Falls Prevention Collaborative which will examine the current approach to falls assessment and prevention across the different hospitals in the Group. The work will culminate in the identification of best practice in this area and the development of a group-wide Falls Prevention Policy. The QPS directorate will publish a quarterly newsletter to highlight ongoing quality and safety related initiatives and to celebrate the work that continues across many areas. The potential for developing a dedicated Quality and Safety section on the Saolta Group website is also being actively explored and further progress will be made during early 2018.

Members of the Saolta QPS team were directly involved in the CoDesign Group that developed the National Incident Management Framework which will be launched in Quarter 1 of 2018. This will involve extensive education and training across the Group and will allow for more effective and efficient review of patient safety incidents. The Serious Incident Management Team is also supporting the pilot project for the introduction of After Action Review with two groups of facilitators to be trained in Quarter 1.

The National Patient Safety Programme

The National Patient Safety Programme aims to build on existing work in supporting improvements in patient safety across the Irish health services. The HSE Service Plan identifies programme aims including the following;

Improve the quality of the experience of care including quality, safety and satisfaction.

The Saolta Group was among the best performers in the National Patient Experience Survey with the largest participation rate and high degrees of satisfaction with the services provided. The QPS Directorate is central to the Group's effort to improve the standard and safety of services through the implementation of quality improvement plans in response to clinical audits and incident reviews and the establishment of initiatives to improve medication safety, falls prevention and pressure ulcer prevention.

Implement targeted national patient safety initiatives (e.g. preventing healthcare associated infection, 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.

The enhancement of the group-based governance structures in the form of Saolta Infection Prevention and Control Committee (IPCC) and the Drugs and Therapeutics Safety Committees (DTSC) will provide the coordinated approach that is vital to progress a number of these initiatives. The education and awareness programmes in the use of Early Warning Scores are well established and falls and pressure ulcer collaborative projects have also been established on a number of sites. Further work is required in 2018 in developing and embedding a structured approach to clinical handover in line with national guidance.

Build the capacity and capability of services to improve quality and safety and the organisation's response when things go wrong.

The serious incident management process has been modified to streamline the response when an incident occurs and to improve the quality of incident reviews. The launch of the National Incident Management Framework will provide additional approaches to the review of incidents and reemphasise the importance of involving patients and their families more directly in the review process.

There have been significant improvements in the numbers of staff who have completed education in Open Disclosure across sites. The education programme will be further enhanced by the increase in the number of staff who have now completed the train the trainer facilitators course.

Put in place appropriate governance for patient safety across health services.

The creation of the Quality and Patient Safety Directorate and appointment of a Clinical Director who is a member of the Executive Council will ensure that quality and safety are represented at the highest levels of corporate governance. The existing quality governance structures are enhanced by the group- wide Infection Prevention and Control Committee, the Drugs and Therapeutic Committee and the establishment of the Quality Improvement Forum.

Strengthen quality and safety assurance, including clinical audit.

The appointment of a Group Clinical Audit Coordinator has already succeeded in re-establishing clinical audit structures at Galway University Hospitals and in developing a more coordinated approach at existing sites. The Clinical Audit Policy has been drafted and will be submitted to the executive for ratification in Quarter 1. Targeted education and training for multidisciplinary groups will also be expanded in early 2018 and online supports will be developed.

Service User Involvement

National Patient Experience Survey

Following the encouraging results of the survey across the hospitals of the Group, the next step is to develop approaches that effectively address areas where improvement is required. This is already the focus of a coordinated effort across the Group which will be continued and expanded upon in 2018.

Involve patients and family members in the design, delivery and evaluation of services through the National Patient Forum, Patients for Patient Safety Ireland, and focus groups with the Patient Representative Panel.

The Group has already been successful in identifying patient representatives to participate in a number of hospital and group-wide committees. The Patient Forum/Councils, Patient Experience Committee and End of Life Care Committees each have a number of patient or public representatives among the membership. The Health Literacy Group at GUH is working towards the development of patient information leaflets and hospital signage that more effectively meets the needs of service users.

Consumer Feedback

The launch of the updated Your Service Your Say Policy in late 2017 provides an ideal opportunity to train and update staff members in the management of service user feedback. There is a renewed emphasis on the resolution of complaints at the point of occurrence and the concept of a 'no wrong door' when it comes to addressing patients and families concerns. There will be a wide ranging education and awareness programme for all staff during Quarter 1 and targeted training for Complaints and Consumer Services staff.

Maintaining standards and minimising risk

The prospect of hospital licensing in 2021 has focused attention on the importance of demonstrating compliance with national standards. The appointment of a Group Standards Coordinator has resulted in the establishment of group-wide working groups to ensure that a common and sustainable approach is in place to ensure compliance with standards. The National Standards Working Group was established in late 2017 and will explore ways in which the requirements to demonstrate compliance can be achieved.

Section 5: Service Delivery

Service Delivery

Both the Saolta clinical strategy and integration project, which will reconfigure our governance structures to focus on service delivery along integrated group wide clinical care pathways, will ensure the optimal use of all our resources across the group and will ensure that patients are treated at the most appropriate location based for their clinical care needs.

There are six hospitals in Saolta University Health Care Group operating across seven sites with a total bed accommodation of 1986 beds and a budget of €863m. A wide range of emergency, diagnostic, treatment and rehabilitation services are provided on these sites serving a population of over 709,880 people. The Group employs 8,674 staff.

Table 1.1: Saolta University Health Care Hospital Sites

Hospital	Acronym	Size	Beds
Galway University Hospital (University Hospital Galway & Merlin Park University Hospital)	UHG MPUH	Model 4 Model 2	635 52
Letterkenny University Hospital	LUH	Model 3	330
Sligo University Hospital Our Lady's Hospital Manorhamilton	SUH OLHM	Model 3 Model 2	333 43
Mayo University Hospital	MUH	Model 3	331
Portiuncula University Hospital	PUH	Model 3	I99
Roscommon University Hospital	RUH	Model 2	63

Table 1.2: Saolta Activity (August 2016 –Sept 2017)

Saolta Activity	Total
Emergency Department (ED) new attendances	191,394
Injury Unit attendances in RUH	6,502
Inpatients	113,064
Day cases	189,571
Outpatient attendances	509,603
Births	8,999

As the population continues to grow and age, there will be increasing demand for acute services that are responsive to life-threatening emergencies, acute exacerbation of chronic illnesses and many routine health problems that will require prompt action. Each year, the population aged 65 years and over increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over. The total population growth in Ireland for 2017-2018 is projected at 0.8% (39,691 people). During this time, the number of adults aged 65 years and over is projected to increase by 3.4% (21,943 people) and the number of adults over 85 years is projected to increase by 3.6% (2,513 people). As individuals age, the likelihood of developing chronic diseases or cancer, requiring acute hospital care, increases. Acute services continue to optimise the management of chronic diseases and older persons' care in conjunction with primary and older persons' services to help patients avoid hospital, wherever possible, and receive quality care at home.

There has been an increase of 26.5% in hospital discharges of patients over 65 years of age between 2011 and 2016. The demographic trends show that demand for acute hospital services is increasing year on year and has a cost increase implication of 1.7% for 2018, without taking into account any new developments or treatments.

Services provided

Acute services include emergency care, urgent care, short term stabilisation, scheduled care, trauma, acute surgery, cancer, critical care and pre-hospital care for adults and children. Hospitals continually work to improve access to scheduled and unscheduled care, ensuring quality and patient safety within the allocated budget.

The hospitals have a key role in improving the health of the population by providing a range of services from brief intervention training and self-management support, offering advice and support in staying well, to optimising care pathways for patients admitted with exacerbations of chronic diseases, to reducing length of stay, accelerating return to usual health and supporting an integrated approach with GPs where possible. Healthy lifestyle choices are promoted across a range of paediatric, maternity and adult services, aimed at avoidance of ill health and best management of conditions such as asthma, COPD and diabetes.

Early detection of disease is central to optimising patient outcomes and the acute hospitals continue to support the delivery of screening services for bowel and breast cancer, diabetic retinal screening and follow-up care for cervical screening in line with the National Screening Service.

The National Women and Infants' Health Programme (NWIHP), National Cancer Control Programme (NCCP), and the NAS work closely with the acute hospitals and lead the strategic development of these services.

Issues and opportunities

The increase in funding for acute hospital services in recent years is welcome. In 2018 Saolta will face a significant financial challenge in meeting essential demand, maintaining and where possible, improving quality, and containing costs.

Patients expect to be cared for in the most appropriate environment and in an efficient manner, therefore acute services are increasingly provided in ambulatory settings as clinically appropriate. Acute hospitals

are therefore challenged in addressing **increased demand** in terms of the number of patients presenting to hospitals and the complexity of their conditions. In addressing this challenge, acute hospitals continue to support initiatives which improve GP access to diagnostics and specialist opinion, to ensure that acute referrals are clinically appropriate. Currently, there is an over reliance on hospital-based care.

Management of **bed capacity** is challenged by the large number of delayed discharges in hospitals across the group and in particular among patients who require rehabilitation, younger adults requiring complex care and those with disability and residential care needs, particularly children, and cases of homelessness. Pressure on bed capacity is also impacted by the need for single room accommodation, in particular for patients with HCAIs. We are utilising bed capacity at maximum efficiency by reducing time spent in hospital by patients, and by monitoring patient flow along scheduled and unscheduled care pathways. Additional bed capacity was provided (26 beds UHG) in December 2017 in line with the winter planning programme to address some of the demand for inpatient beds. However there are proposals across a number of Saolta hospital sites for additional ED accommodation and ward accommodation.

Improving access times to inpatient, day case elective procedures and outpatient consultations is a constant challenge which the service is continuing to address 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 Group hospitals will optimise capacity to undertake in sourcing of NTPF elective surgery cases. A key focus in 2018 will be on improving access to emergency care and continuing the on-going work to reduce trolley waits and improve ED patient experience

Saolta hospitals continue to implement measures to improve **unscheduled care** includes patient flow improvement projects, improving acute medicine and emergency surgical pathways, increased access to diagnostics via weekend lists, increased focus on early morning and weekend discharges, ensuring the presence of senior clinical decision makers and close ties with the CHO to improve admission and discharge pathways. There will be a targeted focus on frail elderly pathways in 2018.

Metrics/KPIs and Patient Experience Times are in place to monitor our unscheduled care activity with a particular focus on patients aged over 75 years of age waiting admission and on patients awaiting admission for more than 24 hours.

Saolta University Health Care Group continues to strive for timely access for patients to safe, sustainable health care services in terms of emergency care, inpatient, day case and outpatient services as well as diagnostic services. Patient experience times and waiting time targets have all been set and are monitored continually.

UHG GE Patient Flow Project: Our patient flow improvement projects are assisting with reviewing current practices to identify where improvements to access can be made, for example streamlining processes, new pathways and protocols to maximise capacity via patient flow and ward based cohorting, introduction of a medical admission ward and improved discharge planning.

The cohorting project commenced in early December, 2017 across UHG with the aim of ensuring that all patients were being cared for in the right specialty ward. This project will continue throughout 2018.

GUH has also introduced additional supports to allow for improved access via the introduction of a medical admission ward to take patients from the ED and transfer them to their appropriate specialty ward within 72 hours.

The design phase for the new ED department in UHG will also commence in 2018 and requirements for additional AMU/ED capacity in Mayo University Hospital will be pursued.

All sites have various improvement projects relating to unscheduled care; patient flow and patient flow processes; hospital discharge planning;, additional capacity; community discharge pathways; extended diagnostics; senior decision making and performance measurement. The Clinical Strategies also include actions to improve the management of unscheduled care which will be implemented as soon as possible.

Inpatient/day case and outpatient **scheduled care** waiting lists figures remain a challenge across the Saolta Group. In early 2018 administrative validation of waiting lists will be undertaken to ensure that all patients waiting over 12 months by end of July 2018 will be validated. Proposals for insourcing options related to specific specialities and sites will be reviewed and negotiated with the NTPF in first quarter 2018.

It is acknowledged that the associated pressures of theatre access, bed space, unscheduled care and financial challenges are significant however additional funding and resources in nursing, clerical and support staff to support the high level of activity across the Group would assist in reducing both our OPD and IPDC waiting lists. Theatre capacity in Galway/Roscommon/Mayo will be reviewed to ensure that all capacity is optimally used and that the appropriate activity is being undertaken on the appropriate site.

Providing **specialist services** within Group hospitals remains a priority as we respond to increasing complexity of presentations and advances in medical technology and interventions. The Group plan to compete it clinical service strategy in early 2018 which will give direction to clinical service delivery across sites for the coming years.

The *National Cancer Strategy 2017-2026* was published in 2017 and support for the implementation of its recommendations will address some of the current deficits in cancer services nationally.

Meeting increased demand for urgent **colonoscopy waiting times, urgent GI endoscopy waiting times** and targeting significant reductions in overall waiting lists and efficiencies is a key focus for Saolta Group in 2018. The endoscopy programme undertook a review of services nationally in 2017 in order to identify capacity within a targeted set of priority hospitals. This will be a particular focus for 2018.

A range of initiatives need 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. Saolta has a number of initiatives both underway and in development, which are aimed at achieving efficiency through procurement practices, closer scrutiny of outcomes and maximising the use of drugs with proven cost effectiveness such as biosimilars.

Implementing priorities 2018 in line with Corporate Plan goals

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

Priority	Priority Action	Timeline	Lead
Improve the Provision of unscheduled care	**Saolta Priorities (in additional to National Priorities ref appendix)** *see metric table below*	Ongoing 2018	CCD
	Improve pathways for care of older people living with frailty in acute hospitals in association with the Integrated Care Programme for Older Persons.	Q1-Q4	CCD
	Continue to implement measures to address seasonal increase and reduce delayed discharges in association with community healthcare.	Q1-Q4	
	Support the continued roll-out of the Integrated Care Programme for Patient Flow.	Q1-Q4	
	Generate improved capacity by improving	Q1-Q4	

Metric table (within Priority Action cell):

Metric	Overall Group level targets (Individual sites have specific targets)
8am trolley count	Max of 40 trolleys / day - incremental plans to achieve target (Target 40 is the "red" TrolleyGAR number)
24 hour breaches	Zero tolerance
>75yo <9hr PET	85% compliance
Weekend discharges	20% of full week discharges at weekends
Early discharges	20% of days discharges before 11am
Delayed Discharges	Below 48 DD at any one time (MPUH rehab patients removed)
Ambulance Turnaround times	91% turnaround within 1 hour (incremental plan to reach 91% over next 6 months); no ambulances delayed greater than 2 hours

	internal efficiencies and more appropriate bed usage by reducing length of stay, early discharge and improving access to diagnostics		
Winter Planning	In line with winter funding received :- 26 additional beds UHG to remain operational and support cohorting Extended diagnostics Extended support services Improved discharge planning Integrated discharge planning with CHO areas	Q1-Q4	
	MUH Improve ED capacity access Plan for development of medium term modular build which will encompass additional ED capacity and AMU.	Q4 into 2019	GM
	AMAU **MUH** Plan to enhance AMAU services subject to approval of additional capacity listed above. **PUH** Extend the opening hours of the Acute Medical Assesment Unit.	Q1 – Q4	GM
	Monitor length of stay and opportunities for improvement using NQAIS	Q1 – Q4	GM
	In delivery of Scheduled and Unscheduled care the needs of the Island Population are taken into consideration.	Q1 – Q4	Saolta Group
Improve the provision of scheduled care	Identify achievable targets in relation to National Inpatient, Daycase, OPD, Scope and Diagnostic activity maximising all available capacity. **Inpatient, Day Case and Outpatient Waiting Times** 90% of adults waiting <15 months for an elective procedure (inpatient) 95% of adults waiting <15 months for an elective	Ongoing 2018	COO

	procedure (day case)		
	90% of children waiting <15 months for an elective procedure (inpatient)		
	90% of children waiting <15 months for an elective procedure (day case)		
	80% of people waiting <52 weeks for first access to OPD services		
	No/0 patients waiting < 4 weeks for access to Urgent Colonoscopy		
	70% of people waiting < 13weeks following referral for routine colonoscopy or OGD		
	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.	Q1 – Q4	COO / GMs
	Improve efficiencies relating to inpatient and day case activity by streamlining processes and maximising capacity in each site.		
	Group to actively manage waiting lists by strengthening operational and governance structures including on-going validation, chronological scheduling and adherence to National Protocols.		
	Each site to develop proposals for insourcing that can be achieved in 2018 for a number of specialties.		
	Work with the NTPF to develop and implement a waiting list action plan for 2018 incorporating insourcing and outsourcing.		
	Implement the national validation project for all inpatient, day case and outpatient waiting lists.		
	Work with the NTPF to implement the *National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management Protocol.*		
	Continue to transfer appropriate activity /long waiters to the different sites GUH/PUH/RUH/MUH		
	Implement the findings and recommendations of the NTPF special audit to drive process and performance improvement in scheduled care.		

	Work with the clinical programmes to complete pathways of care at condition-level, through the Outpatient Services Performance Improvement **Programme (Urology,ENT).**		
	Continue to improve day of surgery rates and increase ambulatory services as clinically appropriate.		
Deliver on key Capital Developments	Progress funded key Capital Projects across all sites. Continue to seek capital funding for identified infrastructural deficits and developments. Maximise Equipment Replacement Programme funding for all sites. Maximise minor capital health and safety funding allocated **GUH** Complete Options Appraisal, long term vision for Model 4 Hospital in Galway. Progress design of replacement ED /Maternity Block GUH Progress replacement of end of life Cath Labs and seek approval for 3rd hybrid Cath lab in GUH and fixed lab in Sligo. Progress Blood & Tissue Establishment & Integrated Medical Sciences Laboratory GUH Complete enabling work and commence Radiation Oncology development by end of 2018. Urgent provision of temporary/replacement Orthopaedic Theatres in Merlin Park Progress 2nd MRI scanner GUH Continue to seek approval for development of Endoscopy/ Day Services block on Merlin Park University Hospital (MPUH) site. Develop Brief for Ambulatory Care development in Merlin Park **RUH** Appointment of Design Team to progress design and planning of approved 20 bedded rehabilitation Unit.	Ongoing 2018	COO / GM / Estates Facilities Manager

	Review CSSD requirement in context of PUH service in the first instance. **SUH** Upgrade of boiler plant and boiler room Progress to the next stage the diabetic centre to facilitate the commencement of a paediatric insulin pump service. Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works Complete Interventional Radiology Suite & Barium Swallow/X-ray multipurpose room upgrade Progress New ED/Surgical Block to next phase Progress Upgrade of CSSD **PUH** **50 bedded replacement ward block -** Secure capital funding to progress the enabling works and the building of the 50 bedded replacement ward block in 2018. **Mortuary -** Secure funding to address the urgent upgrading and refurbishment of the hospital mortuary to include the bereavement suite and clinical pathology areas. **Radiology -** Progress with refurbishment of Room 3 Interventional Suite in Radiology. **MUH** Obtain approval to progress enabling and design work for ED / AMAU Mobile and modular build. Completion of the upgrading of the lifts in the main foyer and plan for the replacement of the lifts in the 1090 building. Progress Mortuary Upgrade design and works Upgrade of the HSSD Upgrading and reconfiguration of the oncology Aseptic drug preparation and purchase of an		

	isolator. Progress with the finalising for the Hospital DCP brief to secure a design team in 2018. Finalise Brief for a ward block development. **LUH** Restoration and upgrade of underground service duct (and services) damaged in 2013 flood Continuation of Radiology Rebuild Project Commission Interim CT & MRI Units (Jan/Feb) Obtain approval for refurbishment of Mortuary (subject to confirmation of funding). Completion of Lift Upgrade Develop brief for capital submission for Renal Unit extension Continue works to address Environmental Hygiene Standards		
Develop and improve national specialties	Additional Transcatheter Aortic Valve Implantation (TAVI) will be provided to address demand in the following site GUH	Q1 – Q4	Medical Directorate
National Strategies	Continue to support the implementation of National Strategies for Cancer Services, Women and Infant Health and National Ambulance Services	ongoing	Exec Team
National Screening Programmes	Continue to support : Breast Check Continuation of Bowel Screen Programme Continuation of Diabetic Retinal Screen Programme Skin Cancer Surveillance Programme Cervical Screening	ongoing	Exec Team
Patient Experience	Implementation of action plan to address areas identified in the NPES including the following: The Caring Behaviours Assurance System (CBAS-I) is an evidence based system for enabling and assuring the delivery of person centred health care. This programme will	Q1 – Q4	QPS Directorate / CDON

continue to be rolled out in each site in 2018.

Improve patient experience of the Emergency Department.

Improve hospital Food and nutrition for patients.

Improve privacy for Patients whilst being cared for on the ward and improving patient experience at night.

Roll out of PALs across all sites

Provide more accessible health information to patients during stay and on discharge.

Prepare written information on discharge planning for patient and families.

Continue the work of the health literacy committee currently working with the waiting list office in GUH on the revision of the wording of outpatient department letters to ensure they are health literacy friendly this work will be rolled out across the group.

Continue to support Schwartz Rounds and 'Hello my name is campaign'

Priority	Priority Action	Timeline	Lead
Medical Directorate	<u>**Acute Medicine:**</u> Implement Group's Bi –Directional Flow policy. Continue to refine and strengthen Medical cohorting at GUH by adjusting on-call arrangements to optimise efficiencies in how patients are managed in medical services <u>**Bariatric Medicine**</u> Support the development of a comprehensive bariatric medicine/surgery service across the group <u>**Cardiology**</u> Progress with replacement of the 2 cath labs in Galway Progress the implementation of the recommendations of the Northwest Cardiology	Q1 – Q4	CD/ACD

	review ("Henry report") and specifically progress the development of a cath lab in Sligo		
	Dermatology Development of ANP role in Dermatology across the group		
	Geriatrics Services Further develop frail elderly pathways across the group. Further develop the acute stroke service and early supported discharge for stroke services. Develop an integrated care pathway with CHO1 and CHO2 around elderly care. Progress development of ambulatory care centre in cooperation with CHO2. To develop orthogeriatric services across the group, with the necessary specialist input.		
	Neurology Enhance the current EEG service to facilitate more timely access to this diagnostic service		
	Renal Services. Develop plan to expand Haemo-dialysis capacity across the group (in particular GUH and LUH) Seek to develop ANP role in Renal Services		
	Respiratory Support the development of a respiratory support unit on GUH Site.		
	Rheumatology Progress with the transfer of Dexa Service Support the development of OPD service in MUH		

Cancer services	Work with the Saolta Project Management Office (PMO) to develop and implement a new Governance Model for Cancer Services for the Saolta Group. The development of an integrated Academic and CBU with appropriate Governance and fiscal responsibility for delivery of cancer care is now feasible.	Q1 – Q4	Caner Lead / Business Manager
	Creation of a functional Multidisciplinary Programme for all cancer patients in our region. This will involve a gap analysis for each individual cancer site and an action plan for implementation of our new model to include cancer information and data acquisition.		
	Prioritise the support and development of our Histopathology and Molecular Pathology programmes to ensure timely and appropriate multidisciplinary decision making.		
	Continue to implement the recommendations of the NCCP Performance Improvement Plan for the Rapid Access Programmes in Symptomatic Breast, Prostate and Lung cancers.		
	Engage with the NCCP in the implementation of the Medical Oncology Clinical Information System (MOCIS) at UHG & MUH		
	Develop enhanced IT/IS solutions for capturing and reporting cancer activity.	Q1 – Q4	Caner Lead / Business Manager
	Continue to implement the Cross Border Radiation Oncology Service Level Agreement with Altnagelvin Hospital in Derry		
	Develop cancer survivorship and psycho-oncology services		
	Implement Recommendations from National Cancer Strategy.		

Perioperative Care Directorate	Review consultant surgical and anaesthetic services between GUH, PUH and RUH to ensure an integrated sustainable service for all 3 sites	Q1 – Q4	CD/ACD
	Develop the 2 plus 2 model for Anaesthesia across the Model 3 hospitals, in particular to facilitate dedicated consultant anaesthetic cover for maternity services.		
	Quality of care improvement initiatives – elective surgical Kaizen 4 for Galway		
	Plan to develop services across the group to include Pain, PSP service, Head and Neck Oncology - HANO programme and Oral and Maxillofacial Surgery		
	Continued development of Cardiothoracic Services at GUH/Group in particular theatre access.		
	Introduce Robot (GUH) to improve core clinical value and improved patient outcomes through enabling more minimally invasive surgery and enhance clinical and strategic value.		
	Continue to expand theatre capacity – nursing/anaesthesia (GUH)		
	Complete Group Theatre Review		
	Provision of Modular temporary orthopaedic theatre MPUH (GUH)		
	Plan the development of Radiofrequency Ablation Service (Barretts Oesophagus)		
	Work with waiting list leads on group Inpatient and outpatient waiting list management)		
	Agree clear plan for group urology services in particular their provision in the Northwest		
	Increase critical care capacity Commence monitoring of time from decision to admit to admission to Intensive Care Unit	Q1 – Q4	CD/ACD
	PUH Transfer 1 bed CCU to ICU		

	Develop a business case for the expansion of ICU bed numbers in LUH SUH & MUH		
	Develop ICU ICT across group Develop SI consultant expertise across Group		
	Support national Transport/retrieval programme		
Laboratory Directorate	All departments to maintain ISO15189 INAB accreditation and also Blood Tissue and GMP Establishment licensing by the HPRA	Q1-4	Laboratory Managers
	Maintain and if possible improve on turn-around-times in all departments.	Q3	
	Review workload and resources in Histopathology and develop plan to address INAB Accreditation in Galway	Q1- 4	
	Implement recommendations of Haematology and histopathology reviews.	Q1-4	
		Q1 2018	
	Biochemistry repatriation of tests to MUH from GUH		
	Plan to develop Group Peri-natal Pathology Services		
	Blood Sciences Project The Blood Sciences project tendering process for GUH, PUH and RUH is now complete and installation and validation will begin in 2018. Immunology and Haematology will be installed in early 2018 while Clinical Biochemistry will also begin in early 2018 but will not be complete until Q4 2018. This project has the potential to generate saving for the future.		

Radiology Directorate	**Increase capacity to match demand** and reduce waiting times for our patients: Matching capacity to demand will continue to be a key focus in 2018, in particular for MRI, CT and Ultrasound. A demand/capacity review of MRI across Saolta group was completed in 2017. For 2018 a review of IR services is due to be completed in Q2, a review of CT and Ultrasound is due to be completed by Q3. To increase capacity in 2018 a mobile 2nd MRI in GUH will be progressed and a 2nd Ultrasound in PUH will be leased. Weekend MRI scanning to continue in GUH and MUH as staffing levels allow. Filling of vacant radiographer and radiologist posts will also allow increased capacity, as well as saving costs by reducing agency costs. Seek to augment radiologist support for RUH and GUH. Developing Capacity in MPUH by developing OPD/Ambulatory care. Continue to highlight the urgent need to **Integrate NIMIS and Legacy Agfa RIS/PACS systems** in 2018 **Replace ageing equipment to prevent service interruption.** Undertake a group wide review of current equipment utilisation and requirements (Q3), with focus on future-proofing the needs of the group while allowing rationalisation where required. **Improve GP access to Diagnostics** Continue to strengthen our links with community. Work collaboratively with CHOs and GPs to plan improved access for GPs to diagnostic services thus reducing patient waiting times and reduce unnecessary attendances at ED and OPD. US service to commence in PCC in Castlebar, under governance of MUH radiology dept. Q3 Mammography service to be moved to PCC in Castlebar, under governance of GUH SBU. Q4 **Staff Training/Education** Commencement of radiography student placements in LUH, MUH, SUH. Q1 Expanded Radiography Student placements in GUH. Q1	Q1 – Q4	CD/ACD

| | Continued training of radiographers in various modalities eg MRI, US, CT, IR, Cardiac, and Nuclear Medicine at all hospitals. Develop all of our teams by encouraging participation in Kaizen and Lean initiatives and in audit activities.

Develop a business case for specialist input required to oversee and develop Paediatric radiology services and support the paediatric national programme.

Establish a reporting network to reduce reliance on locum cover
With 4 hospitals now on NIMIS a cohort of radiologists may assist with reporting of radiology studies where backlogs occur. Will reduce locum costs and improve quality.

GUH:
Progress tender for 2nd MRI scanner.
Continue weekend insourcing MRI lists.
Continue filling vacant posts.
Expand capacity in US.
Progress development of IR services MPUH to support reducing length of stay, reduce requirements for beds in GUH and improve access.

RUH:
Replace Radiology equipment - 2 digital rooms, one to include fluouroscopy.
Recruit additional radiologist (GUH/RUH post).
Continue filling vacant posts.

PUH:
Progress refurbishment of IR/fluouro suite.
Secure 2nd US service to reduce waiting list.
Continue filling vacant posts.

MUH:
Progress US service in PCC Moneen, Castlebar, under governance of MUH radiology.
Progress relocation of mammography service to PCC Moneen, under governance of GUH Symptomatic Breast Service.
Develop business case for 2nd CT.
Continue filling vacant posts.
Redevelop internal structure of department to allow for radiologist reporting offices and facilitate recovery of patients after IR procedures. | | |

	SUH: Continue filling vacant posts. Complete development of IR suite. Secure funding for replacement C-arm. **LUH:** Continue filling vacant posts. Commission interim CT and MRI to facilitate Radiology dept rebuild post flood. Develop business case for additional nursing staff to support IR.		
Women's and Children's	Ensure **anomaly scanning** is available to all women attending antenatal services. The recruitment and training requirements will mean that this will take some time to ensure 100% of women are provided with access to an anomaly scan. Each maternity network will provide access for clinically identified women, where a service is not available locally.	Q1 – Q4	CD/ACD
	Support the establishment of a maternity network in the Saolta hospital group to provide governance and leadership for maternity services	Q1 – Q4	CD/ACD
	Implement SIMT in our maternity network. The team will ensure every serious incident is reviewed. This will require a dedicated Q&S resource	Q1 – Q4	CD/ACD
	Implement the recommendations from the PUH maternity review.	Q1 – Q4	CCD / CD/ ACD

		To develop the Fetal Medicine Service in the Group in conjunction with progressing a comprehensive, sustainable obstetric ultrasound service across the Group	Q1 – Q4	CD/ACD
		Develop a business case for the for the expansion of the Neonatal Unit and progress the Special Care Baby Units in each of the spoke sites to support this model (see also the Neonatology Clinical Strategy).		
		PUH, LUH, SUH, MUH:		
		Improve bidirectional flow pathways, i.e. in-utero transfers / ex-utero transfers and repatriation from the hub centre		
		Develop business case for additional staffing to achieve staffing norms.		
		Develop Midwifery-led / Supported Care Services across the Group		CD/ACD
		Develop additional midwifery-managed or midwifery-led models of care, in accordance with the National Maternity Strategy for women who are normal risk in pregnancy	Q4 2018	
		At each site, develop a community midwife service which will provide continuity of care to women in all stages of pregnancy such as a TEAM Midwifery Model:	Q4 2018	
		Progress extended clinical roles for Midwives in the Group (Phlebotomy, Cannulation and Perineal Suturing) in keeping with the Haddington Road agreement.	Q4 2018	
		Progress the introduction of Advanced Midwife Practitioner in each site to provide clinical leadership for the supported model of care.	Q4 2018	
		Progress Bereavement and pregnancy loss specialist service with a CMS/CMM2 on each site	Q4 2018	
		Develop business case or interim development of 2nd theatre GUH		
			Q1 – Q4	CD/ACD

	Ambulatory Gynaecology service Develop an Ambulatory Gynaecology service at the UHG site including physical facility reconfiguration; this will also accommodate Early Pregnancy service. Seek to augment staffing and equipment for this service. **Urogynaecology** - Develop business case for additional staffing to achieve staffing norms. **Gynaecology Oncology** Improve capacity and access to gynaecology oncology services within Saolta Develop a business case to identify the necessary resources required to progress this service. Each unit in Saolta to have a high-risk antenatal clinic for Fetal Maternal medicine with an identified lead Consultant to provide a dedicated high-risk or specialised pathway.	Q4 2018 Q4 2018 Q4 2018 Q4 2018	
	Develop business case for Saolta fertility / IVF / Onco fertility service	Q1 – Q4	CD/ACD
	To provide a dedicated Paediatric Neurology service in line with the Paediatric Clinical Care Program.	Q1 – Q4	CD/ACD
	Develop ANP post for Paediatrics - business Plan to be developed with NMPDU	Q3	DOM
	Develop a business plan for a paediatric Respiratory/ Neurology CNS UHG	Q4	CNM111 / Business Manager
	Develop further screening for Diabetes for pregnant mothers	Q2	ACD
	Improve the provision of Insulin Pumps for Diabetic Children New Paediatric Endocrinologist to take post in 2018	Q3	CD/ CNM111

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

Priority	Priority Action	Timeline	Lead
Governance / Group Integration	Progress the Development and implementation of Integrated Clinical Governance structure Progress work on Integration Project and establish CBU for Women & Children and Cancer in early 2018.	Ongoing 2018	CEO & CCD

	Complete Target Operating model (how services will operate in the future) across Hospital Group.
	
	Implement Women's and Children's and Cancer Clinical Business Units.
	
	    a. Agree CBU support processes with Enabling Functions (Finance/HR/BIU/QPS)
	    b. Develop Service Level Agreement process
	    c. Appoint CBU Management Team
	
	Embed robust structures within Saolta HG to facilitate effective managerial and clinical governance.
		Q3
		
		Q4
		
		Q4
			Group Chief Clinical Director

Saolta Clinical Strategy 2018-2023	Complete & Implement an integrated clinical and corporate strategy for Saolta Group 2018-2023.	By Q2	Group Chief Clinical Director
Emergency Medicine Project	Prioritise and Implement recommendations from Emergency Medicine Review	Ongoing Q 1- 4	Group Chief Clinical Director
Haematology Review	Prioritise and Implement recommendations from Haematology Review	Ongoing Q 1- 4	Group Chief Clinical Director
Saolta /CHO 1 _CHO 2 Joint working	Develop an agreed programme for joint working with CHOs 1 & 2 focused on integrated care programmes and provision of care close to home where appropriate and safe.	Ongoing Q 1- 4	CEO/ Group Chief Clinical Director
Population Health Planning	Complete Saolta Population profile In collaboration with CHOs 1 & 2 / Population Health Dept, commence process of more detailed analysis - Planning for Health – 2018-2023 and to 2028)	Q1 Q2 – ongoing	Group Chief Clinical Director
Enhancing North South Co-	Continue to work with NWHST in relation to Cardiology and Radiotherapy SLA	Ongoing	

Operation	Work with CAWT to progress cross border initiatives.	2018	COO
FOI/GDPR	Develop action plan to meet requirement in relation to new Data Protection Regulations which come into effect May 2018 and identify resources required for same.	Ongoing 2018	COO
Quality & Safety	Finalise governance structures for Quality & Safety for 2018 to include Risk Management, Clinical Audit, Standards, Policies, QualSec, Drugs & Therapeutics, Health & Safety and Infection Control.	Ongoing 2018	CCD
	Development of Group Falls Policy Continue EWS Training Support Pressure Ulcer Collaborative	Q2 Ongoing Q3	Chair Falls Collaborative Onsite Trainers
	Establish Patient Forum across sites	Q3	Hospital Managers QPS Managers
	Implementation of Incident Management Framework. Implement After Action Review for incidents and events	Q1-Q4	Clinical Director QPS & Group QPS Manager Group QPS Manager
	Establish Standards Steering Group Expand Open Disclosure Training using in house trainers Expand Clinical Audit support across all sites	Q1 Q2 Q4	National Standards Coordinator Group QPS Manager/ QPS Coordinators Group QPS Manager Group Clinical Audit Coordinator
	Facilitate initiatives which promote a culture of patient partnership including next phase of the National Patient Experience Survey.	Q1 – Q4	QPS Directorate / CDON
HCAI	Monitor and control HCAIs in line with guidance documents	On going	IPC
	Continue to develop robust governance structures at hospital, group and national level to support management of HCAI / AMR.		

	Collate information on incidence of CPE and associated infection control measures including use of screening guidelines and appropriate accommodation of patients		
	Increased Education and Awareness sessions for staff Increased emphasis on Hand Hygiene and Cleaning and prevention of spread HIQA Hygiene Quality Improvement Plans and we have Anti-Microbial resistance activities, continue restriction on Meropenem. Ensure control and prevention with compliance with targets of healthcare associated infections/AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA *National Standards for the Prevention and Control of Healthcare Associated Infections*. Address High Risk Infrastructural issues related to HIQA Hygiene Standards. Utilization of 75 bed single room block for isolation facilities in GUH.		
Enhance medicines management	Strengthen Drugs and Therapeutics governance across the Group.	On going	COO
	Promote further use of biosimilars		
	Seek to progress replacement pharmacy dispensing systems		
Implement Children First	Commence implementation of the *Children First Act 2015* including mandatory training for staff as appropriate	On going	CDON
Consultants Contract	Monitor compliance with Consultants Contract across the Group	ongoing	DHR /CCD

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

Priority	Priority Action	Timeline	Lead
Support and progress the policies and initiatives of the Office of the Chief Nursing Officer, DoH and European Directives on working hours	Implement a pilot for the Phase 2 Framework for Staffing and Skill Mix for Nursing in emergency care settings as appropriate.	Q 1-Q4	CDON /CADON / DON
Enhancing Nursing and Midwifery Services	Update the Saolta Nursing Strategy in line with the group Clinical Strategy. Complete overview of Nursing WTE in each hospital and following analysis develop a 5 year nursing and midwifery manpower plan for Saolta. Support the ongoing development of Candidate Advanced Nurse Practitioners to improve clinical outcomes, standards and quality of care in the management of patients with specific conditions/illnesses. Ensure roll out of Transfer of Tasks continues to be embedded in each site and provide support and guidance on same. Appoint Clinical Education Facilitators in Specialist areas such as ED and ICU. Develop Peri-operative Nurse Foundation Course to ensure development of core skills in this area and to attract new nurse graduates to this specialist division. Development of Enhanced Care policy and education on same across the Group. Continuous drive for ongoing recruitment. CNM Development programme to incorporate Leadership, Coaching, Accountability, Team performance, Conflict management	Q 1-Q4	CDON /CADON / DON

	Work continues on Implementation of Sepsis and CBAS and EWS programmes Continue to embed Nursing Metrics at ward level with increased focus on action planning related to metrics. Continue with Nutrition & Hydration Committees to support patients with the development of a QIP following the recent results of the National Patient Experience Survey.		
Health and Social Care Professions	Provide and support all feasible learning and development opportunities for Health and Social Care Professionals in 2018. Develop HSCP Strategy 2018 – 2021	Q1 – Q4	GDHR
Chief Academic Officer	**Strategic Review of Medical Training and Career Structure (MacCraith Report)** Work with the office of the CAO and associated stakeholders in implementing the recommendations of the MacCraith Report. Provide HR support to the evolving Clinical Directorate structure. **Doctor Trainee** Engage with sites and develop quality improvement plan for Medical Council Inspection report Review and improve local NCHD induction Develop an implementation strategy to address issues of non clinical care (i.e. professionalism) including consenting, handover, clinical incident reporting and open disclosure. This will require close liaison with clinical directorates. Work with clinical directorates to improve handover Embed training committee structures **Medical Trainers:** Develop train the trainer activities for Consultants	Q1 – Q4	GDHR /CAO

	Inter-professional learning: Develop a strategy to progress simulated learning and develop a business case for the support resources required. Develop a strategy for simulation outlining key resources including infrastructure to facilitate the sustainable delivery of simulation in areas of clinical skills, professionalism, inter-professional learning, and patient safety issues. **Research** Agree implementation plan for the report on Review of Research Governance in Saolta Develop a research and development office with remit to support research development, enhance research governance including developing research policy, ethics, capturing data, and monitoring compliance. Work with academic partner to develop research support officer in NUIG Award 3 year academic clinician award for Saolta.		
The Workforce Position / Plan	Develop a coherent and sustainable Workforce Plan. Continue good management of staff attendance. Support 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 within current resources.	Q1	Group Director of Human Resources (GDHR)
The *Health Services People Strategy*	Implement the People Strategy across the Saolta Hospitals. Implement the Saolta HR Strategy. Use learning from the Saolta and National	Q1 – Q4	GDHR

	Employee surveys to shape organisational values and ensure that the opinions of staff are sought and heard.		
Pay and Staffing Strategy 2018 and Funded Workforce Plans	Implement the Pay and Numbers Strategy at Group level and oversee the application of it at hospital level with other key stakeholders.	Q1 – Q4	GDHR
Public Service Stability Agreement 2018 - 2020	Implement the terms of the Public Service Stability Agreement in full at local level in collaboration with union counterparts.	Q1 – Q4	GDHR

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

Priority	Priority Action	Timeline	Lead
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.	monthly	CFO
Improving Value	Continue to focus on initiatives that will drive quality of care and value for money.	Q1 – Q4	GMs
	Identify and progress realistic and achievable opportunities to improve economy efficiency and effectiveness	Q1-Q4	Exec Team
	Secure reductions in cost and or improvements in efficiency of services currently provided	Q1-Q4	Exec Team
Finance	Support the next phase of ABF including the incentivised scheme for elective laparoscopic cholecystectomy and hip replacement.	Q1 – Q4	CFO/Medical Directorate
	Progress implementation of the recommendations of the Patient Income Review which will focus on training, standardisation of processes and measurement of improvements in billing and collection by hospitals.	Q1 – Q4	Hospital FMs/GMs
	Engage with National Procurement to achieve compliance with NFR's on all hospital purchasing contracts. To achieve compliance with all Audit recommendations from Internal, External, Systemic & local reports. To develop a reporting platform for the Directorate structure.	Ongoing 2018	CFO

	Develop further Financial and associated reporting to Group, National & Local stakeholders through the BIU, Financial Stabilisation projects as assigned, HIPE, ABF, WTE, Work Force Planning in association with HR and enhance monthly reporting. Capture & report on cost savings initiatives across the Group. Develop, encourage and foster CCP's with individual Departments with an emphasis on sharing of the benefits for patients and staff.		
	Complete review of patient accounts process & procedures to identify efficiencies in process.	Q1-Q4	Finance Managers
	Review and reduce hospital debt including compliance with national framework.	Q1-Q4	Finance Managers
	Review hospital income sources and seek to increase where feasible.	Q1-Q4	Finance Managers
	Finance department to ensure billing is appropriate, current and that bed maps are accurate.	Q1-Q4	Finance Managers
	Online and automatic phone payments of patient bills to be finalised and go live.	Q1-Q4	Finance Managers
	Review feasibility of a time and attendance system for use by staff to monitor and track & reduce overtime costs.	Q1-Q4	Finance Managers
	Determine and put in place financial reporting requirements for directorates & HMT	Q1-Q4	Finance Managers
	Determine and put in place HIPE & ABF reporting requirements for directorates & HMT.	Q1-Q4	Finance Managers
	Determine Reporting requirements for Public/Private split of consultant admissions.	Q1-Q4	Finance Managers & Medical Manpower Manager
Performance Monitoring / Accountability	Focus on Performance Management during 2018 to control costs across the hospital.	Q1-Q4	Finance Managers

Transport	Work on the consolidation of transport services across the Group.	Q1-Q4	Transport Business Manager
Establishment of Group BIU	To produce a widely consulted, evidenced position paper with recommendations by end of Quarter 1 2018.	Q1	CEO
ICT	Implement Saolta ICT Strategy	Ongoing	COO
	Appoint eHealth Director	Q2 2018	CEO
	Implement Group PAS (supporting Group wide business strategy) commencing in Q1 2018 to go live in first sites in 2019	2 years – 2018/19	COO
	Implement Kainos Evolve Electronic Medical Record in GUH – first specialty live Q2 2018 – other to follow	2 years	GM GUH
	Implementation of Medical Oncology Clinical Information System in GUH/MUH in Q2 2018 – live Q4 2018 and Q1 2019	1 year	COO
	Go live OPD Self Registration system in GUH/MUH Q1 2018	Q1/Q2 2018	IS Mgr GUH
	Address ICT Infrastructure deficits in GUH/PUH	Ongoing	COO
	Implement pilot Q Pulse environmental audit tool and evaluate	Q1-Q4	IS Mgrs
	Address RUH Telephony system	Q1-Q4	IS Mgr RUH
	MUH Launch Wi-Fi	Q1-Q4	IS Mgr MUH
	Develop BI plans for Saolta as part of IT 3 year plan - working with national and local teams	Ongoing	GCD office
GDPR	Develop action plan. Implement policies and procedures to ensure compliance with GDPR regulations due May 2018.	Q1-Q4	Saolta Group

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

Priority	Priority Action	Timeline	Lead
Healthy Ireland	Continue implementing *Healthy Ireland* plan across the Hospital Group. Maintain compliance with HSE calorie posting and vending policies and audit same. Continue to promote and increase flu vaccine uptake Delivery and assessment of stress control programme for staff, their families and the wider community Expand health and wellbeing partnership programme, in particular with CHO 1 + 2 Implementation of the HSE behaviour change framework and MECC (making every contact count) approach Maintain and develop the HI aspect of the Saolta website Develop a communications strategy for HI Support the Bariatric medicine function of the Saolta group including the funding of the MILIS programme and software to enhance patient care. Support patients to stop smoking through dedicated smoking cessation officers and the national Quit.ie service Continue to monitor compliance with smoke free campus Completion of hospital walks initiative. Continue to implement Smarter Travel Workplace programmes Promote awareness of local and national health and wellbeing campaigns through the use of visual screens in high footfall areas. Expand lunchtime mindfulness sessions to all	Q1-Q4	Group HI lead /HR /CDON

	Sites. Implement recommendations from the National physical activity policy in the workplace by promoting various supports on site, i.e. bike to work scheme, maps of existing hospital walks, step challenge, and run commutes. Launch "Free Fruit Friday" in GUHs, with the aim of supporting staff, patients and visitors in healthy lifestyle choices. Promote staff participation in "Operation Transformation", in association with RTE, Healthy Ireland, the HSE, Safe food and Sports Ireland. Continue to implement the infant feeding policy for maternity and neonatal services in our maternity units. Continue implementation of the Arts Programme with agreed initiatives on sites Increase staff participation in Hospital Choirs SUH to work with Sligo County Council and An Taisce to progress initiatives associated with the Green Campus application Support SUH submission to IHF for healthy hearts and active at work awards Develop and implement clinical guidelines for under-nutrition and an acute hospital food and nutrition policy. Progress the implementation of the Asthma and COPD chronic disease demonstrator projects in the Group		

Section 6: Improving Value

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**.

Scope and key themes

The Value Improvement Programme will be a single over-arching programme, but with three broad priority themes:

Priority theme 1: Improving value within existing services

Priority theme 2: Improving value within non-direct service areas

Priority theme 3: Strategic value improvement

The main financial challenges across service areas and targeted value improvement are as follows:

Service Area	VIP Priority Theme 1	VIP Priority Theme 2	VIP Priority Theme 3
Acute Hospitals	€46m		
Disability	€15m		
Older Persons	€9m		
Primary Care	€7m		
Other / whole of system (to be identified)		€119m	€150m
Total	**€ 77m**	**€119m**	**€150m**

Saolta will support and mitigate in all theme progress, but specifically in theme 1 we will target improvements in the following areas

Procurement
Agency
Transport
Blood Sciences / Lab Projects
ICT Contract / Q Pulse
Drugs
Non direct non pay costs

Section 7: Finance

Section 7: Finance

Budget 2018

The Saolta University Health Care Group has received a Net Budget of €760m for 2018. As in previous years the funding for 2018 is calculated using the Activity Based Funding (ABF) and a block grant for services other than inpatient and day cases i.e. ED, OPD etc.

The 2018 funded activity levels will be based on historical activity from 2016 – 2017.

 The ABF Model, on which the 2018 Budget for inpatient and daycase funding is based, showed a marked improvement in 2017 in that all the Group Hospitals (apart from RUH which is outside this model) now compare favourably with other Hospitals across the country from a cost perspective. The 2018 Budget shows a positive ABF adjustment for the Group of €5m (2017 negative €16m).

In 2017, the Group had an adverse spending budget of €29m and this has not been funded in 2018. The reasons for this variance were patient demand exceeding projected activity levels and associated patient costs and staffing, drug costs, bad debt provisions as a result of external arrangements with Health Insurers, agency staffing costs and price inflation.

Emerging Issues

An initial review of the 2018 allocation indicates the group is facing a significant financial challenge this year and there will be a focus placed on expenditure levels, employment control, income generation, patient activity levels and cost containment plans.

These particular areas of focus will form the basis of the Financial Control Program, National Acute Services reporting, Hospital monthly financial performance reporting, critical analysis and issue resolution during the year.

Budget and actual comparison 2017 vs. 2018

	2017 Act €000	*Budget 2018 €000*
Pay	580,529	595,995
Non-pay	286,664	267,689
Gross Expenditure	867,193	863,684
Income	105,684	104,357
Net Expenditure	**761,509**	**759,327**

Section 8: Workforce

Section 8: Workforce

The Workforce Position/Plan/Pay and Staffing Strategy 2018 and Funded Workforce Plans

Saolta will pursue the priorities as identified in the National Service Plan for 2018:

The Pay and Numbers Strategy – Saolta will comply with the framework and the requirement for Hospital Groups to operate within the funded pay envelope which continues to be a key priority for the Acute Hospital Division for 2018 alongside the management of risk and service implications. The monitoring of the funded workforce plans is a standing agenda item on the Saolta hospital performance meetings held under the Performance and Accountability Framework. The WTE growth in Saolta in 2017 clearly indicates compliance with the strategy and will underpin our approach in 2018.

Workforce Planning - The development of funded workforce plans at both Hospital and Group level requires alignment to the on-going review of skill mix requirements, alongside effective staff deployment to manage workforce changes that are necessary in support of service delivery. Work in this specialised area of HR requires expert resources and cooperation with the Acute Hospitals Division and the HR Workforce Planning, Analytics and Informatics section of National HR. The development of workforce planning and resourcing knowledge, skills and capability must be a priority from a national perspective to enable Group and local HR leaders, and Service Managers, to deliver an informed and sustainable Plan based on an agreed methodology and solid theoretical and operational foundations.

The Health Services People Strategy

The Saolta University Health Care Group will continue to implement the Group (2014-2018) and the National ("Leaders in People Services" 2015 – 2018) Human Resources Strategies throughout 2018. It is envisaged that Saolta will work exclusively to the National HR strategy from 2019 onwards.

The Human Resources function's focus will continue to be to support the delivery of services to patients through the recruitment, employment and retention of the best staff within available resources, while complying with the Health Service Executive's Pay and Numbers Strategy and national health policy.

We will continue to collaborate with key stakeholders in endeavouring to make the appropriate personnel decisions which best support patient care. We will work towards expanding the roles of care professionals within current resources, through developing skills and expertise in a learning organisation, harnessing the wealth of knowledge and expertise that our staff have, and accessing all supporting resources outside of the Group.

Public Service Stability Agreement 2018 - 2020

The Human Resources function will continue to develop good working relationships with Staff Representative Organisations on an individual basis with the separate unions and also through the Group's Joint Union Management Forum (JUMF) which is in its fifth year of existence, a measure of the commitment from both the employer and the unions to this cooperative approach. This will include implementing the terms of the Public Service Stability Agreement at local level in collaboration with our union counterparts.

Strategic Review of Medical Training and Career Structure (MacCraith Report)/ EWTD

Saolta continues to move towards full compliance with the European Working Time Directive – a priority for all of our hospitals. We continue to record high levels of compliance though it must be acknowledged that this comes at a cost with Agency engagement an essential vehicle for ensuring our Non-Consultant Hospital Doctors are working within the challenging parameters.

We are focusing on the recommendations of the MacCraith Report and expanding Medical Education through the Chief Academic Officer's department in collaboration with key internal and external stakeholders.

Staff Engagement

Saolta has pioneered Group Staff Engagement having completed the first cycle in 2013 to 2016 and are now embarked in cycle 2 from 2016 to 2019. We want to improve the staff experience as an employee so that the consequent, evidence-based improvements to patient care can be achieved.

The Group will continue its Employee Engagement Process through the implementation of learning from the 2016 Group and National surveys. Recognition of the efforts of staff remains a high priority for Saolta both now and into the future.

Health and Social Care Professions (HSCPs)

The Group is keen to continue to plan for future leadership needs on all of our sites and is closely linked to the National Leadership, Education and Development service in pursuit of such opportunities. One aspect of this is our willingness to pilot any and all learning and development opportunities for Health and Social Care Professionals which might arise from the LED. Additionally, the Group has committed to supporting appropriate continuing professional development opportunities for HSCPs in 2018.

Other

Our Managing Attendance Plan will continue to be implemented and our ongoing efforts to sustain the improving trend of staff attendance at work will remain a priority. We will endeavour to provide Employee Support and Occupational Health Services to the highest possible quantum and standards, though we will rely on the National Health and Wellbeing function to provide the essential resources which are not available within the Group.

Appendices

Appendix 1: Activity Table

KPI Title 2018	National Expected Activity/ Target 2017	National Projected Outturn 2017	CHG	DMHG	IEHG	RCSI	Saolta	SSWHG	ULHG	National Expected Activity/ Target 2018 **
Acute Hospitals Division , 2017-2018 Targets										
Discharge Activity **Inpatient Cases**	640,627	634,815	25,169	96,063	128,763	102,655	113,064	116,311	51,761	633,786
Inpatient Weighted Units	639,487		29,742	113,316	133,328	99,231	99,558	117,406	42,857	635,439
Daycase Cases (includes dialysis)	1,062,363	1,049,851	28,037	224,486	190,679	151,496	189,571	212,372	60,239	1,056,880
Day Case Weighted Units (includes dialysis)	1,028,669		36,788	179,423	207,394	139,417	181,041	213,009	68,935	1,026,007
Total inpatient & day cases	**1,702,990**	**1,684,666**	**53,206**	**320,549**	**319,442**	**254,151**	**302,635**	**328,683**	**112,000**	**1,690,666**
Emergency Inpatient Discharges	429,872	430,995	19,120	60,758	85,625	69,794	79,792	78,111	37,659	430,859
Elective Inpatient Discharges	94,587	92,172	6,049	13,452	18,328	10,479	15,878	19,753	7,488	91,427
Maternity Inpatient Discharges	116,168	111,648		21,853	24,810	22,382	17,394	18,447	6,614	111,500
Inpatient Discharges ≥ 75 years	New NSP 2018	New NSP 2018		17,404	25,949	18,026	23,736	23,471	10,580	119,166
Day case discharges ≥ 75 years	New NSP 2018	New NSP 2018		35,890	36,309	26,974	36,801	37,389	10,175	183,538
Emergency Care - New ED attendances	1,168,318	1,177,362	109,776	183,497	261,520	172,731	191,394	197,229	62,830	1,178,977
- Return ED attendances	94,225	97,238	7,689	14,570	23,108	14,483	10,938	22,951	3,632	97,371
Injury Unit attendances	81,919	91,463			7,976	16,141	6,502	29,880	31,088	91,588
Other emergency presentations	48,895	48,642	269	3,280	11,862	6,337	14,927	12,033		48,709
Births **Total number of births**	63,247	61,720		9,511	13,959	13,137	8,999	11,665	4,449	61,720
Outpatients **Number of new and return outpatient attendances**	3,340,981	3,324,615	142,877	645,177	732,421	505,482	509,603	582,671	219,737	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 2: HR Information

Saolta Healthcare Hospitals by Staff Category: Dec 2017	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support	Patient & Client Care	Total
Saolta Healthcare Hospitals	**1,317**	**3,390**	**1,024**	**1,294**	**895**	**754**	**8,674**
Galway University Hospitals	605	1,316	478	506	264	258	**3,427**
Letterkenny University Hospital	181	568	148	216	229	180	**1,523**
Mayo University Hospital	166	452	127	151	52	120	**1,066**
Portiuncula University Hospital	120	308	77	110	76	54	**745**
Roscommon University Hospital	26	115	22	57	67	17	**304**
Sligo University Hospital	217	619	170	209	207	126	**1,548**
other	1	11	2	46			**60**

Appendix 3: Scorecard and Performance Indicator Suite

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
	Surgery	% of emergency hip fracture surgery carried out within 48 hours
Access and Integration	Delayed Discharges	No. of beds subject to delayed discharges
		% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration

Acute Hospitals Scorecard

Scorecard Quadrant	Priority Area	Key Performance Indicator
	Emergency Department Patient Experience Time	% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting <15 months for an elective procedure (inpatient)
		% of adults waiting <15 months for an elective procedure (day case)
		% 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
	Cancer	Breast cancer: % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals
		Lung Cancer: % of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres
		Prostate cancer: % of patients attending prostate rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres

Acute Hospitals Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
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
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 KPI's			
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 **	170002	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 adults waiting <15 months for an elective procedure (inpatient)	90%	82.70%	90%
% of adults waiting <15 months for an elective procedure (day case)	95%	89.30%	95%
% 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			
Number of people waiting greater than 4 weeks for an urgent colonoscopy	0	0	0
% 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 adult patients waiting greater than 4 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
Number of adult patients waiting greater than 4 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%

% of adult patients waiting < 13 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%
% of patients attending ED aged 75 years and over **	13%	11.70%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	95%	44.30%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	100%	63%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	100%	92.50%	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 medical patients who are discharged or admitted from AMAU within six hours AMAU registration	75%	63.80%	75%
% of all medical admissions via AMAU	45%	33.70%	45%
% 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%
% day case rate for Elective Laparoscopic Cholecystectomy	>60%	45.70%	>60%
Percentage bed day utilisation by acute surgical admissions who do not have an operation **	35.80%	38.00%	35.80%
% of emergency hip fracture surgery carried out within 48 hours	95%	84.90%	95%
% 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

Mortality			
Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition	New KPI 2018	New KPI 2018	N/A
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 NEWS in all clinical areas of acute Hospitals and single specialty hospitals	100%	98%	100%
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	New NSP KPI 2018	New NSP KPI 2018	100%
Stroke			
% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	New NSP KPI 2018	New NSP KPI 2018	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	9%	12%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	90%	65%	90%
Acute Coronary Syndrome			
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	90%	TBC	90%
% reperfused STEMI patients (or LBBB) who get timely PPCI	80%	TBC	80%

COPD			
**median LOS for patients admitted with COPD **	New KPI 2018	New KPI 2018	5 days
**% re-admission to same acute hospitals of patients with COPD within 90 days **	24%	25%	24%
**Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	33 sites	29 sites	33 sites
Asthma			
**% nurses in secondary care who are trained by national asthma programme **	70%	1.30%	70%
Diabetes			
**Number of lower limb amputation performed on Diabetic patients **	<488	513	<488
**Average length of stay for Diabetic patients with foot ulcers **	≤17.5 days	15.8	≤17.5 days
**% increase in hospital discharges following emergency admission for uncontrolled diabetes **	≤10% increase	4%	≤10% increase
ICU Access			
**The % of patients admitted within one hour of a decision to admit **	New KPI 2018	New KPI 2018	50%
**The % of patients admitted within four hours of a decision to admit **	New KPI 2018	New KPI 2018	80%
Hip Fracture			
** % of patients with hip fracture who have surgery within 48 hours from first presentation **	New KPI 2018	New KPI 2018	85%
Rate of Hospital Acquired Venous thromboembolism (VTE, blood clots)	New KPI 2018	New KPI 2018	TBC
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 2018	100%
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%
National Women and Infants Health Programme			
Irish Maternity Early Warning Score (IMEWS)			

% of maternity units/ hospitals with implementation of IMEWS	100%	100%	100%
% of hospitals with implementation of IMEWS	100%	94.30%	100%
Clinical Guidelines			
% of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	100%	Data not available	100%
% Maternity Units which have completed and published Maternity Patient Safety Statements and discussed at Hospital Management team/ Hospital Group/ NWIHP meetings each month	100%	100%	100%
National Cancer Control Programme			
Symptomatic Breast Cancer Services			
Number of patients triaged as urgent presenting to symptomatic breast clinics	18000	19,000	19600
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	17100	14,060	18620
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of 2 weeks for urgent referrals	95%	74%	95%
Number of Non-urgent attendances presenting to Symptomatic Breast clinics	24000	22,500	22500
Number of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for Non-urgent referrals (Number offered an appointment that falls within 12 weeks)	22800	16,200	21375
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls	95%	72%	95%

within 12 weeks)			
Clinical detection rate: Number of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer	>1,100	1,960	1,176
% of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	>6%	10%	>6%
Lung Cancer			
Number of patients attending the rapid access lung clinic in designated cancer centres	3300	3,600	3700
Number of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	3135	2,880	3515
% of patients attending lung rapid access clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	80%	95%
Clinical detection rate: Number of new attendances to clinic, that have a subsequent primary diagnosis of lung cancer	>825	1,160	925
% of new attendances to clinic, that have a subsequent primary diagnosis of lung cancer	>25%	32%	>25%
Prostate			
Number of patients attending the prostate rapid access clinic in the cancer centres	2600	3,000	3100
Number of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	2340	1800	2790
% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	90%	60%	90%

Clinical detection rate: Number of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	>780	1100	930
% of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer	>30%	37%	>30%
Radiotherapy			
Number of patients who completed radical radiotherapy treatment (palliative care patients not included)	4900	5200	5200
Number of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	4410	3900	4680
% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	90%	75%	90%

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

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									
Saolta University Health Care Group									
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2018	Q3 2018	0	0	1.20	2.30	0	0
University Hospital Galway	Medium temp hot water system upgrade/replacement Phase 1	Q1 2018	Q1 2018	0	0	0.20	0.50	0	0
	Provision of a new IT room for the hospital	Q2 2018	Q2 2018	0	0	0.35	0.50	0	0
Letterkenny University Hospital, Co. Donegal	Refurbish / upgrade CSSD	Q4 2017	Q1 2018	0	0	0.05	0.70	0	0
Mayo University Hospital	Replacement of lifts in main concourse.	Q4 2017	Q1 2018	0	0	0.08	0.70	0	0

Appendix 5: Saolta Organisational Structure

Board of Directors

Finance Committee
Audit Committee
Patient Safety committee
Strategic Manpower Planning

HSE — Chief Executive Officer

Executive Council

Chief Operating Officer
- GM Forum
- Group Estates
  - Medical equipment replacement committee
- Scheduled Care
- Infection Control Committee
- Drugs and Therapeutics Committee
- ICT Forum

Group Director of Nursing
- Nursing Forums
- Patient Council

Chief Clinical Director
- QUALSEC
  - Medication Safety committee
  - SIMT
- Unscheduled Care
- Cancer Forum
- Medical HR Forum
- Directorates
  - Medicine
  - Periop
  - W&C
  - Radiology
  - Laboratories
  - Quality & Safety

Group Director of HR
- HR Forum
- Employment Control Committee
- Joint Union Management Forum
- Healthy Ireland Implementation

Chief Financial Officer
- Finance Forum

Chief Academic Officer
- Research Forum

Group E-Health Director
- TBA

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