West / North West Hospitals Group Service Plan 2014

Contents

Introduction

The West / North West Hospitals Group (WNWHG) incorporates Letterkenny General Hospital, Sligo Regional Hospital, Mayo General Hospital, Galway University Hospitals, Roscommon Hospital and Portiuncula Hospital Ballinasloe. This Group came into existence on 29 July 2013 following the announcement of Hospital Groups for the country in May of last year.

This is the first annual Service Plan produced for the West / North West Hospitals Group and seeks to set out the type and volume of acute hospital services that will be provided to the people of the West and Northwest of Ireland, within the funding that has been allocated to us.

This is also the first annual Service Plan produced since the publication of the HIQA 'Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar'.

Our commitment to ensuring that we deliver high quality and safe patient care will underpin our approach to service delivery in 2014 and is at the core of this plan.

We face many challenges in the delivery of this plan, not least of which is the overall reduction in the level of funding provided to the West / North West Hospitals Group. The total allocation to the Group for 2014 is €593.4m: this represents a reduction of €16.4m over 2013. The context for this reduction in allocation is a growing demand for hospital services fuelled by growth and changes in population structure, an increase in the number of adults being diagnosed with and treated for a range of chronic diseases and advances in medical technologies.
In addition to the reduction in allocation, the hospitals in the Group face cost pressures and funding shortfalls of €32m. This means that the funding challenge for 2014 will total €48m for the group.
Our approach to budget management will be to maximise the financial resources available to the hospitals Group while minimising the impact of the overall budgetary reduction on patients and front line services. In order to do this we will need to achieve the full benefit of the targeted national savings of €50m in areas such as procurement, shared services and value for money as outlined in the National Service Plan. We will also need to maximise our capacity to generate and collect patient related income and we will need to implement the provisions of the Haddington Road Agreement in full, in order to achieve the anticipated pay related savings.

Delivering Hospital Services

All hospitals in the Group achieved the 8 month waiting time target (adult) for inpatients and day cases in 2013. This target will be maintained in 2014. We will also maintain a maximum wait time of 20 weeks for our inpatient and day case

paediatric waiting list and a maximum wait time of 13 weeks for endoscopy procedures in each hospital throughout the year.

The waiting time for an outpatient appointment in the West / North West Hospitals Group was reduced to a maximum wait time of 12 months in all but two of our hospitals. During 2014 the 12 month target will be achieved by all specialties in all hospitals and maintained throughout the year. The reduction in 2013 was achieved through various initiatives including referral to external hospitals.

From the beginning of 2014, all Emergency Departments in the West / North West Hospitals Group will measure the Patient Experience time in the ED and will seek to achieve the national 9 hour and 6 hour targets to the greatest possible extent. In addition to this, we will continue to record the number of patients awaiting admission at 8am and at other key times during the day and strive to continue to reduce the overall numbers of patients awaiting admission on each site.

The West / North West Hospitals Group has performed well over recent years with regard to the delivery of the Cancer Service key performance indicators. In 2014 we will continue to achieve high levels of performance in the Symptomatic Breast Service, the Rapid Access Lung Service, the Radiation Oncology Service and the Medical Oncology Service. We will continue to focus on improving Compliance with the key performance indicator for the Rapid Access Prostate Service. The National Cancer Control Programme has set very challenging targets for cancer services across the country and, in particular, theatre access for cancer patients will be a key measure for 2014.

The roll out of the National Colorectal Screening Programme was a very important service development during 2013. This year, we will undergo the JAG accreditation process in Portiuncula Hospital Ballinasloe in the first half of 2014 and seek to develop this as a centre for colorectal screening also.

Approach to Service Delivery in 2014

Our approach to the delivery of hospital services since the formation of the Galway and Roscommon University Hospitals Group in January 2012 has been to maximise the benefits to our patients from being part of a hospitals group. This approach will continue throughout 2014 with the expanded West / North West Hospitals Group.

In addition to minimising the administrative overhead, operating as a Group allows us to transfer work to where we have resources and vice versa. This approach has been particularly effective in helping us to achieve the inpatient waiting list target and in reducing diagnostic waiting times during 2013. Last year we developed a Service Level Agreement for the delivery of inpatient and day case surgery between Roscommon Hospital and Galway University Hospitals (GUH). This will be repeated in 2014 and we will look to adopt the same approach between Mayo General Hospital and GUH. It is anticipated that this approach will also help to free up theatre capacity in GUH to deal with surgical workload more appropriate to that site. In a similar vein we will continue to develop our approach to outpatient waiting list management, through the centralisation of the referral process for Galway, Portiuncula and Roscommon and through the greater use of information technology.

Throughout 2013, the Group worked closely with a number of private hospitals on the delivery of inpatient and outpatient waiting list targets. This will be a feature of our approach to waiting list management in 2014 also. In addition a SLA will

be developed with the Galway Clinic. We will continue to exploit leading edge technology and treatments such as Robotic Surgery, Transcatheter Aortic Valve Implantation (TAVI) and so on.

Partnership

One of the key recommendations of the 'Higgins Report', published in May 2013, was that each hospital group would link with an Academic Partner. There has been a long standing partnership between NUI Galway and the hospitals in the West. This partnership will develop further with the appointment of a Chief Academic Officer to the Executive Council of the WNWHG, the development of the Clinical Research Facility/Translational Research Facility (CRF/TRF) on the Galway site and the development of other academic facilities in Mayo, Portiuncula, Sligo and Letterkenny.

Our close association with NUI Galway has also opened the door for the Group to partner with industry in the development and testing of new products. This will be an exciting and challenging dimension to this partnership over the coming years.

The Group has also established formal partnerships for learning and exchange with Northumbria Health Care Trust and North Shore Long Island Hospitals in New York. We will work with our international partners as we progress to become the first Hospital Trust in the country and we will work to establish a Centre for Learning and Innovation in the West of Ireland that will embed a culture of Leadership, Open Communication, Research and Lifelong Learning. We will also look to establish international partnerships in Australia and develop exchange programmes to recruit and retain Non-Consultant Hospital Doctors and Nursing staff.

It will be critical to service delivery that we continue to partner with the broader health services administered under the directorates for primary care, mental health, children and family services, population health and shared services.

We will continue to work closely with voluntary organisations which play a key role in supporting and delivering services. These organisations include Cancer Care West, Croí, Strange Boat (organ donation awareness), the Irish Cancer Society and the Cystic Fibrosis Association among others.

Governance

During 2013 significant changes were made to the governance arrangements applying to the Hospitals in the West and Northwest of the Country. The Galway and Roscommon University Hospitals Group had been established the previous year and the governance arrangements at Board level were only beginning to be bedded down during 2013 when the announcement of the expansion of the Hospital Group was made by the Minister for Health, Dr James Reilly.

During 2014 the governance arrangements at Board level including sub-committees dealing with patient safety and finance will be consolidated. Further changes at the level of Clinical Director will be implemented in full during 2014. These include the appointment of four Clinical Directors across the Group to cover the areas of Women's and Children's Services, Medicine, Perioperative and Diagnostics. Associate Clinical Directors will be appointed in each of these areas as well, ensuring a geographical coverage of clinical leadership on each site. The Board holds 10 meetings annually (Appendix 5 and 9) and Executive Council and Clinical Director Forum meet monthly (Appendix 6 and 7).

The 'Higgins Report', published in May 2013, recommended that each hospital group conduct a review of the services delivered by each hospital in the group within 12 months of being established. The Group has already commenced this process in respect of Cardiology and Maternity Services. The outcomes of these reviews will be considered and brought forward for implementation in 2014. Reviews of the Urology and Orthopaedic Services will commence in 2014.

In addition we will actively promote the concept of a hospital service for the West of Ireland which embraces the approach of regional self sufficiency in respect of all hospital services. One aspect of this promotion will be the rebranding of the West / North West Hospitals Group as a single entity working to become the first Hospital Trust in the country.

Quality Focus

One of the key planks of our approach to ensuring patient safety in our hospitals and continuously improving the quality of the services we deliver has been the establishment of robust governance arrangements. An expanded Board to support the delivery of services across the expanded Group is now in place. In the middle of 2013 a Patient Safety Sub-committee of the Board was established chaired by Dr Brendan Day, non-Executive Director. This committee receives monthly reports directly from the Group Clinical Director. The Quality and Patient Safety Executive Committee has also now been established. The work of both these groups will be bedded down during 2014. In addition to maximising our performance with regard to key performance indicators relating to Emergency Departments, waiting lists, endoscopy and cancer there will also be a particular focus on each hospital site on infection prevention and control. The Group will aim to achieve the national target that 100% of all staff working with patients will have received appropriate Hand Hygiene training by the end of the first quarter of 2014.

HIQA Standards

During 2013, the hospitals in the Group commenced the process of completing a self-assessment against HIQA standards. This process will be completed for each site during 2014 and where appropriate, quality improvement plans will be put in place.

An implementation group has been established to oversee the implementation of the recommendations of the HIQA review of the maternal death at GUH, the HSE internal review into the circumstances surrounding this death and the recommendations of the coroner. The work of this group will be co-ordinated closely with the work of the national implementation team and will cover each maternity unit in the group.

Human Resources

The West / North West Hospitals Group has a total staffing complement of 7,624.

During 2014 we will roll out our HR Strategy across the Group which will focus on valuing the staff that we currently have, attempting to attract the brightest and best staff across the world to our hospitals and ensuring that we work with our staff to continuously improve the services we currently deliver. This strategy is essential because ultimately it leads to improving our patients' experience and outcome.

A full implementation of the Haddington Road Agreement will take place during 2014. This is viewed as a key enabler in terms of managing retirements and staff reductions, service changes and cost containment. During 2014 we will be aiming to bring the actual staffing levels back into line with the ceiling allocated to us.

The recruitment of particular grades of staff continues to be a HR challenge and a challenge to service delivery. These grades include, theatre and critical care nursing, particularly in Sligo and Galway, Non-Consultant Hospital Doctors in a range of areas and locations, mammography trained radiographers, technicians and others. The recruitment of these scarce grades will be a focus of our HR strategy for the Hospitals Group.

We will introduce executive coaching for senior managers and a development programme for Clinical Directors and Associate Clinical Directors. These, along with a Front-Line Managers course, the Clinical Nurse/Midwifery Managers programme and the Future Leaders succession management initiative will place us well in developing key personnel to meet the challenges by the significant change agenda we face.

Finance

Galway University Hospitals has been put forward as a model for the establishment of 'Money follows the Patient' (MFTP) across the country. In preparation for this, significant work has been done with HIPE coding to bring it up to date. We moved from a position of being six months behind in coding early in 2013 to being 10 weeks behind in the final quarter. Further progress will be required in 2014 in order to implement the MFTP pilot.

Capital Developments

Despite the difficult funding position generally, it was possible to advance capital developments on all sites during 2013. This will continue during 2014. In addition, we availed of significant levels of minor capital and equipment replacement monies last year. We were notified early in 2013 of the levels of funding that would be available for these purposes. This was key to optimising the use of all available resources to deal with our highest equipping priorities and greatest risks. We will adopt the same approach in 2014 and have already begun the process of planning our expenditure in advance of notification of the actual allocation.

The redevelopment of Letterkenny General Hospital post flooding will continue during 2014. Planned developments such as the rebuild of Diagnostics, the kitchen, upgrading of vacant ward spaces, the expansion of endoscopy, development of CCU, relocation of medical oncology, and the development of a Medical Academy will be dealt with as part of this process.

Planning permission was received during 2013 for the development of a new endoscopy facility in Roscommon Hospital. This project will proceed to tender and construction during 2014 and will be completed in 2015. Work in relation to the development of the Rehab ward and Hospice unit is ongoing.

In Galway, works have commenced on the Clinical Research/ Translational research facility being built in partnership with NUI Galway. In addition to this, planning permission was received during 2013 to develop a 75 bed, 3 storey ward block on the site of UHG. This project will progress to construction during 2014, for completion in 2015. In addition, it is hoped to progress the development of a rehabilitation ward in Merlin Park and to complete the development of the 2 tier

car park to the rear of the UHG site. It is hoped that we will proceed to design and planning permission for the development of a 50 bed ward block in Portiuncula Hospital Ballinasloe.

Risks to the Delivery of the Service Plan

Given the significant financial challenges facing the Group, some of the key risks to the delivery of the plan are set out below. While every effort will be made to mitigate these risks, it will not be possible to eliminate them in full.

- Continued implementation of the Reform Programme requires a clear road map for the changes to be implemented in 2014 and beyond. Building the organisational capacity to deliver this change, effective planning will be essential to ensuring the overall governance and stability of services across the Group in the midst of these changes.
- Continued demographic pressures and the increasing demand for services over and above the planned levels for 2014.
- In the absence of significant capital investment to bring public long stay residential care facilities in line with HIQA standards, there may be a reduction in residential care capacity with a resulting increase in long term patients in hospital, and increased hospital waiting times.

Conclusion

It is acknowledged that the plan has been formulated in the context of what will be one of the most financially challenging years yet faced. The implications of the combined budget reductions and additional savings targets mean that a specific financial management strategy is required in 2014, the aim of which will be to ensure that the impact of the budgetary challenge on services is kept to a minimum.

It will be very challenging in 2014 to fully meet all of the growing demands being placed on the Group.

Implementation of the Group Reform Programme will also be a key priority for 2014. In this context the work of the National Clinical Programmes will also be progressed to ensure that real improvements in the way we deliver our services continue to be implemented. This important work will be supported by the continued implementation of the *Haddington Road Agreement*, which will afford us the opportunity to achieve greater efficiencies across all of our services.

Finally, while 2014 will be a very challenging year on many fronts, it will be with the commitment and dedication of all our staff that the WNWHG will be able to meet these challenges and to deliver high quality services to the people who depend on them.

WNWHG Service Priorities 2014 - In Summary

No	Priority	Lead Officer	Timescale
1.	Group Configuration / Integration	Bill Maher/Pat Nash	Q4- 2015
2.	Develop Group Strategy / Application to Trust Status	Bill Maher	Q4 -2014
3.	Develop Primary Care Centre in Mayo and Galway	Bill Maher / Colette Cowan / Ann Cosgrove	Q4 -2015
4.	Develop Centre for Learning and Innovation	Bill Maher / Colette Cowan / Anthony O Regan	Q1- 2015
5.	Deliver Letterkenny Rebuild Programme	Bill Maher / Sean Murphy	Q4 – 2014
6.	Implement Maternity Services Review	Bill Maher /Geraldine Gaffney	Q4 – 2014
7.	Meet HIQA Standards	Pat Nash	Ongoing
8.	Implement Northwest Cardiology recommendations	Bill Maher / Donal Reddan	Q3 -2014
9.	Implement 'Money Follows The Patient'	Maurice Power	Q4-2015
10.	Meet national targets for trolley waits	Pat Nash	Ongoing
11.	Meet waiting list targets: 12 month outpatient; 8 month adult inpatient; 20 Weeks paediatric inpatient; and 13 weeks scopes	Tony Canavan/Colette Cowan	Ongoing
12.	Develop branding strategy and website	Tony Canavan	Q4- 2014
13.	Identify opportunities for cross border collaboration	Bill Maher	Ongoing
14.	Achieve financial breakeven	Maurice Power	Q4 -2014
15.	Deliver the Haddington Road Agreement recommendations	John Shaughnessy	Q4- 2014
16.	Develop CEO Awards Scheme for patient quality and innovation	Bill Maher/Noel Daly	Q3 -2014
17.	Further develop International partnerships	Noel Daly/Bill Maher	Q4 -2014
18.	Develop Group Foundation	Noel Daly/John Killeen	Q4 -2014
19.	Develop Orthopaedic Network / Urology Network	Pat Nash/ Paul Naughton	Q4 -2014
20.	Develop and Launch HR Strategy	John Shaughnessy	Q2 - 2014

WNWHG Achievements 2013 - At a Glance

Governance

- Development of West / North West Hospitals Group August 2013
- Performance management culture and structure rolled out to all six hospitals to support the new governance structure for the expanded Group.
- Performance Management Methodology for Executive Council Members - 10 + 5 objectives.
- GRUHG Board appointed 29 January 2013.
- WNWHG Board enlarged 17 September 2013.
- Group Clinical Director appointed January 2013.
- GUH General Manager appointed January 2013.
- Academic Medical Centre/Partnerships formed – Appointment of Chief Academic Officer.
- Clinical and Corporate Governance Framework approved by the Board February 2013.
- Developed Mission Statement for the Group.
- Committee Structures Formed:
    - Finance Committee.
    - Audit and Governance Committee.
    - Group Quality and Patient Safety Committee.
- Development of Group Nursing Strategy.
- Group Annual Report 2012.
- Strategic Plan for Public and Patient Involvement 2013 – 2015.
- Initiated Development of Group Foundation, November 2013.
- Initiated engagement with local Private Hospitals.

Partnerships

- Partnership and Innovation Conference held in November 2013.
- Northshore Long Island Hospitals New York.
- Northumbria Healthcare Trust England.
- Cystic Fibrosis Association.
- Strange Boat Foundation.

Quality and Patient Safety

- Developing Quality and Safety Management - Group Quality Risk Manager appointed September 2013.
- Commenced Implementation of HIQA Standards.
- Implementing Clinical Programmes - particular focus on the Clinical Audit, Surgery and Anaesthesia National Clinical Programme, Acute Medicine Programme.
- Development of Q Pulse.

Maternal Death

- Commenced Implementation of HSE Review Recommendations.
- Commenced Implementation of Coroners Recommendations, April 2013.
- Commenced Implementation of HIQA Recommendations, October 2013.

Operations

- Achieved Waiting list target:
    - 8 month adult inpatient/day case;
    - 20 weeks paediatrics inpatient/day case;
    - 13 weeks scopes by November 2013.
- Validation of OPD waiting lists. Achieved 12 month OPD waiting list target by December 2013.
- Initiated chronic illness project with Cystic Fibrosis Organisation (in line with 'Future Health - A Strategic Framework for Reform of the Health Service 2012 – 2015').
- Smaller Hospitals Framework - Enhanced Status of Roscommon County Hospital as a level 2 hospital.
- Led the recovery and redevelopment programme for Letterkenny General Hospital following flooding July 2013.
- Commenced review of maternity services as part of Group configuration.
- Completed Northwest Cardiology Review.

Human Resources

- Haddington Road Agreement – Implementation commenced July 2013.
- Succession Planning/Future Leaders Programme commenced.
- EWTD achieved in Galway University Hospitals.
- Staff engagement survey initiated.

Estates

- Initial approval to progress Interim Ward Block at GUH and PHB.
- Capital approval for Rehabilitation ward at MPUH.
- Capital approval for the enabling works for the National Plan for Radiation Oncology (NPRO) at GUH.
- Agreed Cystic Fibrosis Unit developments at MGH and GUH.
- Renal Unit refurbishment and upgrade at MGH.
- Upgrade of HSSD / Endoscopy at PHB
- Capital Approval for Endoscopy at Roscommon.
- Approval to develop Specialist Rehabilitation Unit Roscommon.
- Development of Hospice Facility Roscommon in cooperation with Mayo/Roscommon Hospice Foundation.
- New Waiting area and treatment space for paediatrics in the Emergency Department and improved Minor Injuries Unit at SRH.
- New CT scanner installed at SRH in December 2013.
- Completion of hospital road infrastructure and additional car parking space to prepare for the new Surgical/ED Block Development at SRH.
- Rebuild commenced at Letterkenny.
- Replacement of essential equipment.
- Infrastructural Improvements in water, heating and electricity.

Cancer

- Development and launch of the first Annual Report for Cancer Services.
- Irish Cancer Society funding of €250,000 secured for scope equipment.
- Expansion of Colorectal Screening – GUH and RH now established as screening centres.

Quality and Patient Safety

Quality and patient safety are the responsibility of all staff, and are core to service provision.

Quality and patient safety goals will be delivered by a combination of strong governance and clinical leadership with clear accountability for the service delivered.

The voice of the patient and the voice of staff will be central to all that we set out to achieve.

The 'National Standards for Safer Better Healthcare (2012)' outline to the public what can be expected from their healthcare services, while also outlining to service providers what is expected of them. Our commitment to implementing these standards will ensure improvements for service users by creating a common understanding of what makes a good, safe, health service. Improving quality and delivering safe services is implicit and embedded in the delivery of all our services.

The key focus areas for quality and patient safety in 2014 are:

- Commitment to supporting the development of an open and transparent culture with defined accountability for quality and safety.
- Support implementation of the 'National Standards for Safer Better Healthcare'.
- Development of Service User Focus Groups and Patient Councils.
- Open Disclosure – implement new policy.
- Clear governance and accountability for quality and safety at all levels of the Group.
- Establish a Patient Experience Measurement (PEM) and Patient Advise and Liaison Service (PALS).
- The WNWHG is leading out on a Generic Patient Experience Survey for Maternity Services with the National Advocacy Unit.
- Supporting quality improvement throughout the Group to improve outcomes and reduce patient harm.
- Ensuring that standards, policies and guidelines are understood and appropriately implemented.
- The development and use of a comprehensive set of quality and safety indicators to measure the quality and safety of our services and take appropriate action to improve poor performance including medication safety, healthcare associated infections (HCAI) and the national early warning scores (NEWS,IMEWS and PEWS).
- Continued development of the controls assurance process that requires all managers to provide assurance on their accountabilities for clinical services to the same level as is required for financial accountability.
- Q Pulse rollout across all hospitals in the Group.

Clinical Effectiveness

The implementation of the clinical effectiveness agenda, which the Group considers a key component of patient safety and quality, is a key priority. The incorporation of national and international best available evidence promotes healthcare that is up to date, effective and consistent. Quality assured national clinical guidelines and national clinical audit are quality improvement processes which are critical elements of the clinical effectiveness agenda.

The approach to delivering results will focus particularly on working with, and supporting, front-line staff. The people who deliver our services will be central to identifying and implementing collaborative approaches to improving healthcare quality. This will support and complement the work of the clinical programmes.

The Group will continue to work effectively with all stakeholders including the regulators to influence collective efforts to build on good practice, eradicate poor practice and improve the quality of care. This will ensure a system wide approach to learning from serious incidents in a timely, appropriate manner with clear ownership and accountability for implementation of recommendations within Group and local structures.

In 2014 significant new quality indicators will be developed, measured, reported, and the outcomes acted on to improve services. The list in Appendix 2 reflects some of the key quality measures that will be reported and / or developed in 2014.

In 2014 we will focus on the Quality and Patient Safety areas:

- Access in relation to emergency department (ED) / outpatient department (OPD) / admission.
- Clinical performance.
- Compliance with specific diagnosis / treatment care pathways and patient care protocols.
- Hospital mortality.
- Healthcare Associated Infection (HCAI).
- Medication management.
- Training and development.
- Implementation of Recommendations of Coroner/ HSE/ HIQA in relation to Maternal Death.
- Roll out of NEWS, IMEWS and PEWS.

Operating Framework 2014

The Funding Position

Hospitals	2013 Spend	HRA Savings 2013	Adj 2013 Spend	Less Once off Costs 2013	Starting Point 2014	Add Emerging Pressures	Less Savings HRA (full Year)	Forecast Expenditure 2014	Budget 2014	Forecast Deficit 2014
Galway University Hospital	280.3	2.5	282.8	6.1	276.7	9.0	5.0	280.6	261.2	-19.4
Letterkenny General	111.7	0.9	112.6	7.9	104.6	1.5	1.7	104.4	98.1	-6.3
Sligo Regional	106.1	1.0	107.1	0.2	106.9	2.4	1.9	107.4	96.8	-10.6
Mayo General	83.6	0.8	84.4	0.2	84.2	0.7	1.6	83.3	76.3	-6.9
Portiuncula	49.7	0.4	50.1	-0.2	50.3	4.2	0.8	53.7	43.6	-10.1
Roscommon	17.8	0.2	18.0	0.1	17.9	0.9	0.3	18.5	17.4	-1.1
WNWH Group	**649.2**	**5.7**	**654.9**	**14.4**	**640.5**	**18.6**	**11.4**	**647.7**	**593.4**	**-54.3**

Financial Position

The West / North West Hospitals Group received funding of €593.4m for 2014; this reflects a reduction of €16.4m or 2.7% on last year. The table above outlines the budget received by each hospital and the projected expenditure. Our forecasted expenditure is based on 2013 spend and is adjusted for service developments, emerging pressures and national budget targets such as HRA, Income Legislation and Employment Control. After adjusting for these, the potential deficit for 2014 is €54m.

Emerging Issues

Pay-related

We estimate the total HRA savings on an annual basis will be in the region of €11m against a budget reduction of €18m, this is adding a significant deficit challenge to the Group.

A serious financial situation is emerging with regard to medical agency staffing cost. We have seen a monthly increase of approximately €0.5m in the cost of hiring agency staff in the second half of 2013. The trend for 2014 is already showing little sign of improvement; this may result in a cost pressure of approximately €4m for 2014. As a result there is little scope for further savings in this area. The total forecasted spend for agency in 2014 is €16m. We have developed a number of recruitment plans to address this and these will be progressed as a priority in 2014.

Nonpay

We estimate that there will be a rise in nonpay expenditure largely due to increases in patient activity. Increased pressure in the Emergency Department during the winter months will hamper our ability to maximise income, and at the same time put increased pressure on our pay and nonpay expenditure. Other factors outside our control that will impact on our nonpay expenditure include price inflation, technology advances and demand-led services.

Income

The income legislation which was enacted with effect from 01 January 2014 will have a significant impact on income generation. This will have to be factored into our financial planning throughout the year.

The main factors driving a reduction in income generation relate to a decrease in accommodation rates, little scope for additional income due to the restriction on billing elective patients and lower additional demand for private accommodation in some of our level 2 hospitals as well as our lack of single room accommodation which is often prioritised for infection control patients.

Cost Containment

In 2013, despite the challenges in terms of patient activity and meeting service targets our specific cost containment plans delivered savings of €5m. For 2014 the Group will put in place a cost containment plan to address the forecasted financial challenge. Our plans will follow on from initiatives commenced in 2013; we will be introducing additional measures relating to Group synergies and efficiency opportunities. All hospitals and Group Clinical Directors will support cost containment plans.

Procurement

For 2014, we are working up a Group Procurement Plan with the support of National Procurement and this will form the basis for some of our cost reduction initiatives. Many of the initiatives will examine possible savings relating to Group procurement synergies and price consolidation for drugs and medical and surgical supplies. We are also tendering for a number of high cost service contracts including catering and cleaning contracts in GUH, MGH and PHB.

Finance Reform Programme

The Finance Reform programme was established following a number of reports that highlighted the challenges within the current financial management system. The fundamental changes in healthcare heralded by 'Future Health – A Strategic Framework for Reform of the Health Service 2012 - 2015' have amplified the need to address these challenges. Phase 1 of the programme is now complete and this included the development of a new Finance Operating Model (FOM). Phase 2 began in December 2013 and a key element is to secure the necessary approval to procure a new financial management system for the health service to underpin the new FOM.
The West / North West Hospital Group will play a pivotal role in its implementation.

W/NWHG Finance Priorities 2014

- Implement a financial governance framework across the 6 hospitals.
- Recruit additional senior finance personnel at group and hospital level where necessary.
- Continue roll out of Activity Based Costing (ABC) system to all hospitals.
- Continue roll out of Claimsure to all hospitals.
- Develop business plan for implementation of an integrated hospital wide HR/Payroll system.
- Seek opportunity to be the first group to implement new financial system.
- Develop and implement a system wide Financial Management Information platform using Share point.
- To procure a EDM solution for the Group.
- Develop a finance strategy and cost containment plan to assist the Group in addressing the financial challenge.
- Engage with National Shared Services in the provision of services to the Group.
- Develop Internal Audit function.
- Implement Money Follows the Patient (MFTP).

Money Follows the Patient (MFTP)

The Money Follows the Patient (MFTP) programme commenced on 01 January 2014 in the country's 38 hospitals participating in Casemix. MFTP involves moving away from block grant budget to a new system where hospitals are paid for the actual level of activity undertaken.

How it works:

- Hospitals will receive their full budget in 2014 as part of the normal budgetary process.
- A major element of their budget will be 'earmarked' as MFTP. The amount to be earmarked will be determined based on inpatient and day case work. The balance of the budget will be regarded as a normal block grant. For example our budget is €593m, €486m of this is 'earmarked' for price and volume analysis under the MFTP system, leaving €107m for non MFTP services.
- The MFTP component of the budget will be analysed on a quarterly basis.
- The target MFTP activity figures are computed with adjustments from our 2012 activity levels.

Human Resources (HR)

Our Workforce

The staff of the West / North West Hospitals Group - nurses, clinicians, health and social care professionals, clerical, administrative and general support staff - continues to be its most valuable resource. Without them, it would not be possible to deliver the wide range of services delivered every day across the Group. The WNWHG is committed to ensuring a culture where the work of staff is valued and understood by the communities served. Fundamental therefore to the reform of the Group through the clinical programmes or the structural reforms, is the requirement to continue building the expertise and skills of staff at all levels in leadership, process change and management. This will remain a focus in 2014.

This development of the workforce will take place against the backdrop of the Group requirement to implement the range of pay and productivity measures under the Haddington Road Agreement. .All managers will be expected to review their current service delivery models to maximise the provisions of the Agreement to ensure that services are delivered in the most cost effective and efficient manner.

The delivery of high quality healthcare is dependent on the quality of all staff who work in the Group. Improving quality and patient safety is supported by the HR function through workforce planning focused on staff competence, staff training and performance management. Working collaboratively and effectively with all relevant stakeholders, HR will play a central role in a number of key organisational design and development deliverables to ensure the success of the Health Reform Programme.

To achieve these objectives HR will support the organisation to ensure:

- Implementation of change will support and enhance the delivery of high-quality, safe and sustainable services.
- Appropriate governance arrangements are in place at all times during the process.
- Structural reforms will not lead to duplication or the creation of unnecessary management tiers or numbers.
- A clear focus on the development and improvement of frontline services.
- Support for the services in the delivery of performance management / improvement.
- A high level of collaboration and consultation with stakeholders, including the staff associations, on the design and implementation of the Group structures.

Change impacts on every aspect of our culture, i.e. the way we work, the way we relate to each other and how we plan and deliver services for the benefit of patients, service users and local communities. To support this change there will be standardisation, streamlining and integration of the HR Functions across the Group.

A key strategic focus for HR in the short and medium term will be to ensure the objectives of the reform programme are delivered, as required, against a backdrop of ever decreasing financial and human resources in a standardised, efficient and effective manner in line with Government policy.

The Workforce Position

Hospitals will work towards maintaining staff numbers within our allotted WTE Ceiling in 2014 (Appendix 1) and will continue to provide all relevant statistics relating to Employment Control to the HSE on request.

WNWHG HR priorities are to:

- Reduce absenteeism to national target of 3.5%.
- Implementation of the Haddington Road Agreement.
- Reduce staffing costs in agency and overtime.
- Evaluate roster efficiency possibilities.
- Implement performance management – requires national assistance in bringing about agreement with the unions.
- Stay within WTE ceiling target.
- Increase flexibility among the staff body.
- Manage reduced staffing and skill loss effectively.
- Improve staff support programmes.
- Improve management skills at the front line.
- Continue succession planning through Future Leaders Programmes, CNM/CMM Development Programmes, Clinical Directorate Management Programmes and other staff development initiatives.
- Implement changes identified through the Employee Engagement Survey.
- Develop and implement a Staff Recognition and Reward Programme.
- Develop in-house learning and development programmes on each site.
- Launch the HR Strategy.

The reduction in employment in 2014 will be managed through: natural turnover (retirements and resignations) and such other targeted measures; a targeted redundancy programme; the Incentivised Career-Break Scheme; and the grace period retirement option up to the end of August 2014. All schemes will be implemented, taking into consideration the need to protect frontline services.

There will be a focused approach to the management of the staffing resource in order to deliver on the service objectives of this plan, while controlling payroll and related costs. The Haddington Road Agreement is the key enabler to further reduce the cost of labour, deliver cost reductions and payroll savings and to manage the change agenda in 2014.

The pay and productivity provisions set out in this Agreement were implemented in WNWHG effective from 01 July 2013. The group will continue to work with managers at all levels to maximise the provisions of the Agreement and to ensure that all measures are identified and implemented at the earliest possible time.

The HR Strategy

Our HR strategy is essential because ultimately it informs how we can improve the patients' experience and outcome. It is the base-line for how we meet our service delivery targets, how we prioritise the allocation of staff, and how we ensure we are attracting, developing and retaining the best. Our obligation to give the public the best service we can within our funding and scope of practice is worthy of careful planning and consideration. It is our staff who give that service, and the HR Strategy exists to support staff. The final Draft of the Group HR Strategy will be presented to the Executive Council and the Board for approval in Quarter 2, 2014. The Strategy will inform HR developments up to 2018.

European Working Time Directive

The Group is committed to the full implementation of the European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs) by end 2014. This will require introduction of revised rosters for both NCHDs and Consultants, changes to medical, nursing and other work practices, reallocation of clinical tasks to the most appropriate member of staff and redeployment of staff. In addition, in some settings, achieving full compliance will require reorganisation of services. Such reorganisation will be aligned with changes underway to the governance and management of the Group and the implementation of the Smaller Hospital Framework.

In the period to and including January 2014, the management of compliance will focus on the elimination of continuous shifts in excess of 24 hours and the related allocation of resources to recruitment, redeployment and other required measures. EWTD Implementation Groups will be established in each hospital to progress change.

General Recruitment

The recruitment of particular grades of staff continues to be a HR challenge and a challenge to service delivery. These grades include, theatre and critical care nursing, particularly in Galway, NCHDs in a range of areas and locations, mammography trained radiographers, technicians and others. The recruitment of these scarce grades will be a focus of our HR strategy for the Group.

Absence Management

Management of absenteeism will again be a key focus for 2014 as we aim to achieve the national target level of 3.5%. We continue to focus on all measures to address attendance rates more effectively, taking a multi-faceted approach to tackling absenteeism focusing on maximising attendance, providing support structures for staff and addressing any inappropriate use of sick leave schemes.

The Group Action Plan on Attendance Management will be implemented in 2014. The plan focuses on target setting and measurement, standardised absence recording and reporting, enhancing and strengthening the Attendance Management Policy, supporting Line Managers and Employee Support Services. The objective of all these actions is to enhance the hospitals' capacity to address and manage more effectively absenteeism levels, support people managers

in better managing the issue, while also supporting staff regain fitness to work and resume work in a positive and supportive environment as well as of course the key objective of reducing the impact and cost of absenteeism.

Workforce Planning

The necessary reduction in the size of the health workforce must be accompanied by planning for the future needs of the service. The effective management of our human resources requires an approach to workforce planning and development that includes recruiting and retaining the right mix of staff, training and up-skilling the workforce, providing for professional and career development and creating supportive and healthy workplaces.
The Professional Council for Nursing and Midwifery are collating a Strategic Workforce Plan that will reflect the current workforce and vision for the future of Nursing and Midwifery for the Group from 2014 onwards.
The WNWHG is involved nationally on a workforce plan for Maternity Services that is reviewing skill mix, education, best practice measurements that will inform our work in our five Maternity Units.

Training and Development

The changing management structures below the Directorate will begin to be rolled out in 2014 and this will require significant leadership development and support for these emerging management teams, in addition to other training and development needs of the workforce. This is critical to the delivery of 'Future Health - A Strategic Framework for Reform of the Health Service 2012 – 2015' in supporting the emerging new structures and management teams and supporting change across the workforce in 2014.

Due to the current financial situation of the HSE there is a real risk to the continuing professional development of staff in the Group's Hospitals, maintaining staff skill levels and associated morale in a climate of such pronounced retraction will prove increasingly difficult. This is the challenge we face for 2014 and we plan to establish a Learning and Development Steering Committee for WNWHG. This initiative is designed to enhance the quality and coordination of all education within the hospitals and to share expertise and training services. It will also facilitate supporting service provision through cooperation and collaboration.

In addition mandatory training programmes in Manual Handling (patient and non-patient), Fire safety training, Non-violent Crisis Intervention, Data Protection and Managing Attendance will be implemented.

Management Development

The Group has placed a particular focus for the medium term on a number of major management development programmes. These include the Clinical Nurse and Midwifery Development Programme. The first Programme was delivered in 2013 over an 11 month period to 24 managers from Galway University Hospitals. An external evaluation has informed our next programme which will be delivered in 2014 across the 7 Hospitals sites to ward managers and will take cognisance of the feedback received to address the needs of the team. The Future Leaders programme has been

completed by two cohorts of staff with preparation for the third cohort currently underway. It is envisaged that these, and other programmes, will be expanded over the coming year.

National Diploma in Quality and Leadership in Healthcare

The Group has also supported 18 staff to date to attend the National Quality and Leadership Programme in the Royal College of Physicians in Ireland and there are a further three applications submitted for the next intake. This programme is designed to develop creative and practical solutions to service issues, it is multi-disciplinary in membership and attempts to bring together the necessary skill and experience sets to ensure success. There is a commitment to accessing places on this Programme over the coming years as we aspire to avail of the international and national expertise which can promote better quality and leadership within the Group.

Clinical Directorate Management Programme

The Group's Clinical Director Development Programme is designed to assist the Clinicians who are assuming roles as Group Clinical Directors and Associate Clinical Directors through both theoretical and experiential training in areas of management with which they are unlikely to be familiar.

The bespoke programme will focus on key areas which will develop the participants individually and also as a team as they relate specific content areas to their Clinical Directorate. Case studies, group work emphasising interaction and sharing of knowledge amongst participants form the nucleus of the programme. There is also a specific focus on engaging staff, executing performance and envisaging success. There will be action learning elements which are work related and designed to provide consistent management processes for the development of the Clinical Directorates. The programme will lead to the HMI Certificate in Clinical Directorate Leadership and is being submitted to regulatory bodies for Continuing Professional Development status.

A Multi Disciplinary Team Development Programme is also planned for one Directorate this year. This will assist with Team Development, creating synergies and a focus within the Directorate.

Employee Engagement

Staff views on a variety of 'people areas' have been sought at this point of the Group's evolution. This is a critical part of the Human Resources agenda as we seek to engage meaningfully with our staff.

We aim to:

- Understand the main concerns of staff currently.
- Ask how aware they are of the Group's structure and vision.
- Ask what they see as essential matters for them as employees.
- Invite their suggestions to management as the best approach to meet their needs.
- Establish what our staff need to know more about.

- Hear what they need to tell us.
- Increase the support that our staff feels they receive from management.
- Get their views on planning for the future.

The results of the survey will inform and shape our strategy and an Action Plan will be developed to respond to staff concerns and feedback.

The survey was carried out in autumn 2013 and covered all six sites in the Group. It sought a representative sample of views across all grades and disciplines. It was professionally collated, analysed, interpreted and reported upon. The survey will inform management in its decisions and every effort will be made to implement actions in the short-term while planning for the longer-term responses.

The survey is planned on a longitudinal basis as we hope to conduct a corresponding exercise in 2015 to establish what has been achieved, what requires further attention and what new needs have arisen.

Operational Service Delivery

West / North West Hospitals Group

Summary of Service Delivery

- There are 6 hospitals in the WNWHG with a bed complement of 1,724. A wide range of emergency, diagnostic, treatment and rehabilitation services are provided on these sites serving a population of 703,684 (see population table on the next page).
- Planned levels of scheduled care treatments will be reduced in 2014 relative to 2013 (see table below). Associated national access wait time target for adult patients has been set at 8 months.
- There are over 195,000 thousand attendances at the five Emergency Departments each year; with over 110,000 inpatient admissions.
- Across the five maternity units, there are around 10, 200 births each year.

Planned Group Activity 2014

Group Service Plan Target

Category	2013 Activity	2014 Target	Variance
Births	10223	10223	0.0%
Day cases	158379	153628	-3.0%
ED attendances	195843	195843	0.0%
Inpatients	110924	110289	-0.6%
Outpatient	519603	519603	0.0%
Urgent Care Centre	4276	4276	0.0%

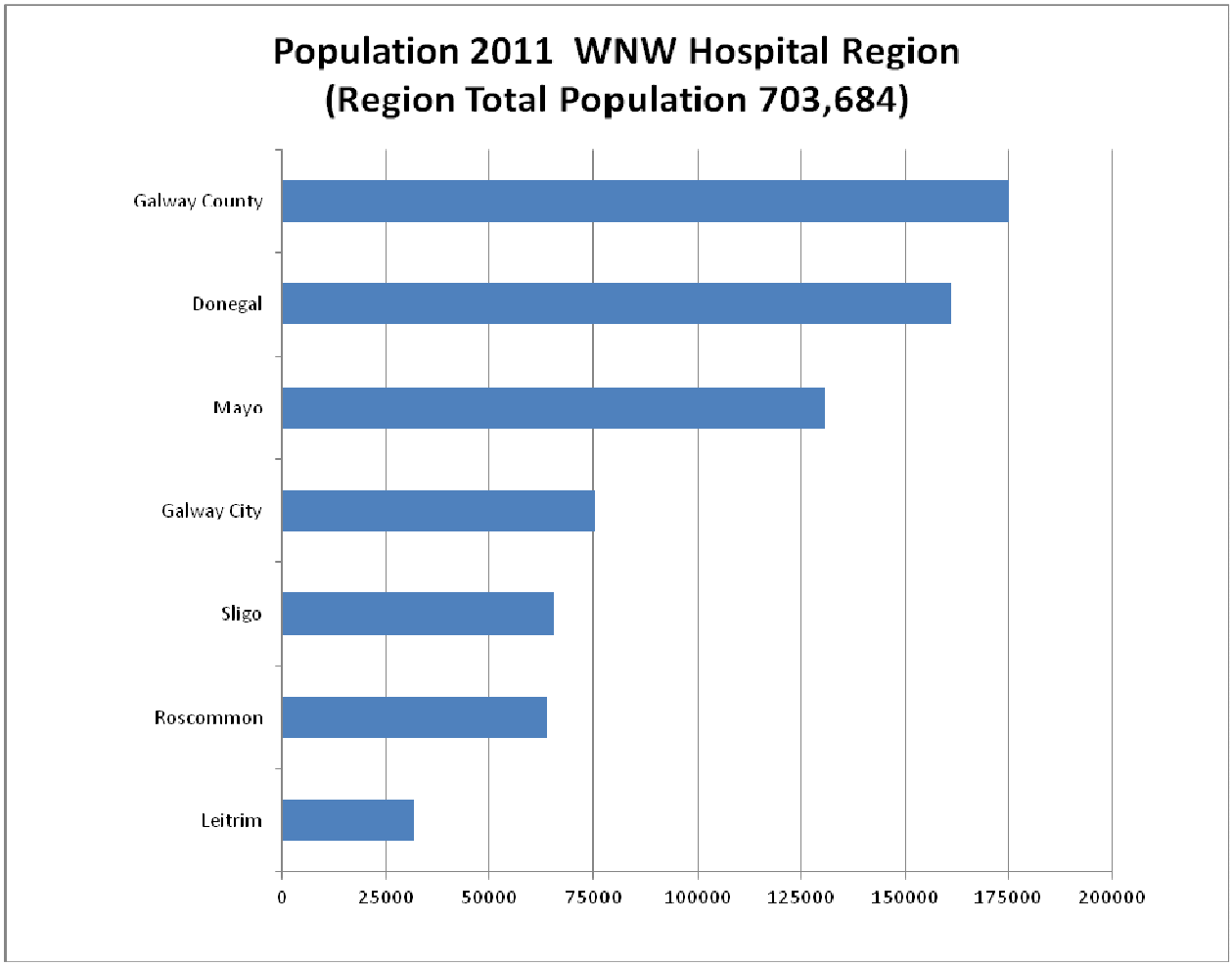
Patient Activity by Hospital

Hospital	Births	Day cases	ED attendances	Inpatients	Outpatients	Urgent Care Centre
GUH	3141	79133	63827	38528	232489	0
PHB	2052	8050	23861	12376	48246	0
SRH	1543	24597	42096	17387	102039	0
MGH	1697	19154	34194	19522	61154	0
LGH	1790	17517	31865	20452	60233	0
RH	0	5177	0	2024	15442	4276
Group	10223	153628	195843	110289	519603	4276

We will manage the agreed service level activity through the development of individual hospital service plans with a strong focus on Group integration. We will review service provision on each site and where appropriate reconfigure services within our overall bed base.

Our aim is to transfer elective inpatient, day case and outpatient activity where we can from GUH to the other hospitals in the Group, and to prioritise tertiary activity in GUH.

WNWHG Region Population Table



Key Priorities with Actions to Deliver in 2014

- Enhance access to services in relation to waiting times for emergency or unscheduled care, and scheduled care in public hospitals, including outpatient and diagnostic services.

    - No adult will wait more than 8 months for an elective procedure (either inpatient or day case).
    - No child will wait more than 20 weeks for an elective procedure (either inpatient or day case).
    - No person will wait longer than 52 weeks for an OPD appointment.
    - No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy or OGD (see Appendix 3).

- Progress Outpatient (OPD) Quality Improvement Programme, particularly in relation to necessary data integrity and operational control.
- Target additional capacity in areas which continue to experience increased service demand, particularly in the areas of access across ED, inpatient, day care and OPD services.
- Implement a model of integrated care through strategic reform.
- Continue to implement the Small Hospitals Framework.
- Target necessary patient centred improvements in maternity care.
- Utilise best models of financial allocation and human resource planning.
- Review Urology and Orthopaedics across the Group.

Key Indicators of Performance

Performance Indicator	Expected Activity / Target 2014
Access **Inpatient and Day Case Waiting Times** - No. of adults waiting > 8 months for an elective procedure (inpatient) - No. of adults waiting > 8 months for an elective procedure (day case) - No. of children waiting > 20 weeks for an elective procedure (inpatient) - No. of children waiting > 20 weeks for an elective procedure (day case)	0
Colonoscopy / Gastrointestinal Service quality indicator - No. of people waiting > 4 weeks for an urgent colonoscopy - No of people waiting > 13 weeks following a referral for routine colonoscopy or OGD	0
Emergency Care - % of all attendees at ED who are discharged or admitted within 6 hours of registration - % of all attendees at ED who are discharged or admitted within 9 hours of registration - Reduction of trolley waits	95% 100% 10%
HIQA Tallaght Report - No. of patients who re-attend the ED with the same clinical condition within 7 days - No. of patients being cared for in inappropriate care - % of patients who leave the ED without completing their treatment	< 5% < 5% < 5%
Outpatients (OPD) No. of people waiting longer than 52 weeks for OPD appointment	0
Quality and Patient Safety **Healthcare Associated Infections** Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly)	< 0.057
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used)	25
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	90%
Patient Experience % of hospitals conducting annual patient experience surveys amongst representative samples of their patient population	100%

Performance Indicator	Expected Activity / Target 2014
Acute Medical Patient Processing % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%
Surgery % of elective surgical inpatients who had principal procedure conducted on day of admission	85%
Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%
Hospital Mortality Standardised Mortality Rate (SMR) for inpatient deaths by hospital and clinical condition	National average or lower
Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%
% of surgical re-admissions to the same hospital within 30 days of discharge	< 3%
Medication Management % of medication errors causing harm / no harm / death reported to CIS – as a % of bed days or population	Hospital variance with national baseline
Delayed Discharges - Reduction in bed days lost through delayed discharges - Reduction in no. of people subject to delayed discharges	10% reduction
Operational Control **Compliance with EWTD** - < 24 hour shift - < 48 hour working week	100% 100%
National Early Warning Score (NEWS) % of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	95%
% of all clinical staff who have been trained in the COMPASS programme	> 95%
National Standards % of hospitals who have commenced first assessment against the NSSBH	95%
% of hospitals who have completed first assessment against the NSSBH	95%
MFTP % of HIPE coding episodes completed within 30 days of discharge	> 95%

National Cancer Control Programme (NCCP)

Since its establishment in 2007, the NCCP has been steadily implementing cancer policy as outlined in 'A Strategy for Cancer Control in Ireland, 2006' using a programmatic approach to the management of hospital and community based cancer services across geographical locations and traditional institutional boundaries.

Key Priorities with Actions to Deliver in 2014

- Implement the national medical oncology and haemato-oncology programme comprising multidisciplinary human resources, evidence based national guidelines, treatment protocols, quality and safety policies for safe drug delivery, technology review processes for oncology drugs, and related molecular tests and the introduction of a nationally funded oncology drug budget. Support the development of a national plan for treatment-related molecular testing.
- Develop a Group Cancer Drug Management Programme.
- Improve collation / data collection across the Group.
- Multi Disciplinary Team augmentation.
- Ensure timely access to theatre.
- Enhance Performance in Rapid Access Prostate Service.
- Implement NCCP elective surgery KPI across the Group.
- Address Quality and Safety Standards.
    - Collaborate with all stakeholders to ensure public, patient, and professional policies, safety standards are developed and maintained across the scope of cancer services.
    - Develop professional staff knowledge, through education, research and collaboration with relevant colleges and educational bodies.
    - Participate in national groups to address chronic disease and health promotion initiatives.
    - Develop a comprehensive survivorship programme to address communication issues and information needs of both cancer survivors and healthcare professionals.

Key Indicators of Performance

Performance Indicator / Activity	Expected Activity / Target 2014	Performance Indicator / Activity	Expected Activity / Target 2014
Symptomatic Breast Cancer Services No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals.	95%	**Prostate Cancers** No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%
Lung Cancers No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	95%	**Radiotherapy** No. and % 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%
Medical Oncology For patients receiving their first cycle of intravenous systemic therapy in the day ward setting, the timeline between the date of receipt of the finalised treatment plan in the day ward and the administration of the first cycle of intravenous systemic therapy will not exceed 15 working days.	TBA	**Elective Cancer Surgery Waiting Times** Surgical intervention in a patient with a diagnosis of primary invasive cancer should be performed in a timely manner The total number of patients diagnosed with a primary invasive cancer who had a surgical intervention in the reporting month ▪ The minimum interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The maximum interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The mean interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The median interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery	TBA

Palliative Care Service

Palliative care is an approach that improves the quality of life of patients, and their families, facing the challenges associated with life-limiting illness. The WNWHG will continue to work towards the implementation of the recommendations contained in national policy / strategic documents.

The vision for the future is that palliative care will be a gradual and natural increasing component of care from diagnosis to death. We will ensure that patients with a life-limiting condition, and their families, can easily access a level of high quality palliative care service that is appropriate to their needs, regardless of age, care setting, or diagnosis.

Key Priorities with Actions to Deliver in 2014

- Ensure service provision for adult palliative care by addressing service gaps.
- Develop the quality, efficiency and effectiveness of generalist and specialist palliative care services through process and quality improvements.

Key Indicators of Performance

Performance Indicator	Expected Activity / Target 2014
Inpatient Units - Waiting Times Specialist palliative care inpatient bed provided within 7 days	94%

Estates and Capital Programmes

- **Letterkenny General Hospital -** rebuild post flooding include:
  - Rebuild of ED, Diagnostics and kitchen,
  - The upgrading of vacant ward spaces,
  - The expansion of endoscopy,
  - Relocation of medical oncology,
  - Development of CCU, and
  - The development of a Medical Academy will be dealt with as part of this process.
- **Roscommon Hospital**
  - Planning permission was received during 2013 for the development of a new endoscopy facility in Roscommon Hospital. This project will proceed to tender and construction during 2014 and will be completed in 2015. Work in relation to the development of the Rehab ward and Hospice unit is ongoing.
  - Work in relation to the development of a Western Regional Specialist Rehabilitation Unit is ongoing.
  - Work in relation to the development of an 8-Bed Palliative Care Unit in conjunction with Mayo/Roscommon Hospice Foundation is ongoing.
  - The development of surgical day services at the hospital will continue during 2014, including increasing services available in the Ambulatory Care and Diagnostic Centre (ACAD) by opening it over 5 days and recruiting additional staff.
- **Portiuncula Hospital Ballinasloe**
  - Development of 50 bed ward block will be progressed.
- **Sligo Regional Hospital**
  - Appointment of Design Team for New ED/Surgical Block.
  - Major upgrade of CSSD – commencement in 2014.
  - Mortuary development.
  - Plans are in place to develop the medical education and training facility. This project will progress to construction during 2014, for completion in 2015.
- **Mayo General Hospital**
  - Completion of the Cystic Fibrosis Building.
  - Upgrading of Endoscopy Suite.
  - Upgrading of laminar flow in Theatres.
  - Upgrading of Emergency Department.
  - Development of a Medical Academy.
- **Galway University Hospitals**
  - Works have commenced on the Clinical Research/ Translational research facility being built in partnership with NUI Galway.
  - Planning permission has been received during 2013 to develop a 75 bed, 3 storey ward block on the site of UHG. This project will progress to construction during 2014, for completion in 2015.
  - Progress the development of a rehabilitation ward in Merlin Park.
  - Complete the development of the 2 tier car park to the rear of the UHG site.
  - Progress plans for ED development.
- An equipment replacement programme will take place on all sites.

Information and Communication Technology

Information and Communication Technology (ICT) together with the wider information and informatics agenda are critical to the success of the Programme for Government and the health reform agenda, including enactment of essential legislation such as the Health Identifiers Bill. ICT is a key enabler of the patient safety and quality agenda in terms of data management and quality improvement measures across a range of areas.

ICT will support hospital groups in 2014 by improving ICT services. A number of significant service supporting projects will be advanced in 2014 including: implementing approved hospital clinical systems, deployment of the medical laboratory information system on hospital sites, the deployment of corporate systems including the health insurance claims management system, and a single integrated financial system.

The WNWHG will develop an Information Management and Technology (IM&T) Strategy, to ensure the alignment of IM&T initiatives and investment with the Groups overall business strategies and priorities. It will provide a strategic framework for IM&T developments within the Group and will function as an alignment guide for the organisation in the development of IM&T plans.

Electronic Document Management

Patient records across the Group are almost wholly managed in paper form. The continued reliance on hardcopy paper documents consumes headcount, building space, time and money. A flexible, agile, regional care service requires the ability to immediately access patient information at the point of care which paper cannot deliver .The Group Management Team anticipate that more efficient hospital services can be delivered on a much lower cost base by improved management of patient documents and processes. A business case for Electronic Medical Records was developed and approved by Department of Finance in February 2014. The steering committee which is a national committee (Chaired by COO Tony Canavan) will now procure the system and scanning services.

The Electronic Document Management solution will move the Group from a paper based system to a paper light system and is a significant move towards the electronic patient record. The project is a significant change management challenge and will require engagement from all parties who work with case notes.

Key Priorities with Actions to Deliver in 2014

- Develop the Group Information Management and Technology Strategy working with Department of Health System Reform Unit and Shared Services.
- Ensure Group has a leading role in National ICT Strategy.
- Development of Group ICT function.
- Procure and implement the Electronic Document Management System for medical records.
- Invest in our ICT Infrastructure and continue to make submissions for funding in line with Group priorities.
- Develop Group-Wide Management Information Systems.

Appendices

Appendix 1: HR Information

Breakdown by Hospital

Service	WTE Dec 2012	WTE Sept 2013	Adjusted Ceiling Sept 2013	Outturn Dec 2013	Ceiling 1 Jan 2014
GUH	3027	3085	2970	3082	2937
Portiuncula	646	644	634	646	628
Roscommon	278	273	271	270	268
Mayo	974	961	951	959	943
Sligo	1324	1334	1317	1329	1307
Letterkenny	1360	1335	1332	1377	1321
Total	**7609**	**7632**	**7475**	**7624**	**7404**

Divisional breakdown by staff category

December 2013	Medical / Dental	Nursing	Health and Social Care	Manage-ment / Admin.	General Support Staff	Other Patient and Client Care	Other	Total
GUH	488	1204	412	494	276	204	5	3082
Portiuncula	75	277	66	110	70	50		646
Roscommon	30	96	23	54	59	9		270
Mayo	136	431	95	153	63	81		959
Sligo	171	525	147	194	204	88		1329
Letterkenny	147	508	130	197	222	134		1337
Total	**1047**	**3041**	**873**	**1202**	**894**	**566**	**5**	**7624**

Appendix 2: Quality and Patient Safety Indicators

Acute Division		
Performance Targets	**NSP 2013 Target**	**Target 2014**
Complaints (Quarterly) % of complaints investigated within legislative timeframe		75%
HIQA Tallaght Report (Quarterly) % of patients who leave the ED without completing their treatment	< 5%	< 5%
No. of patients who re-attend the ED with the same clinical condition within 7 days	New PI 2014	< 5%
No. of patients being cared for in inappropriate care	New PI 2014	< 5%
Medication Management (Quarterly) % of medication errors causing harm / no harm / death reported to CIS – as a % of bed days or population	New PI 2014	To be established
Healthcare Associated Infections Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly)	< 0.060	< 0.057
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Quarterly)	< 2.5	< 2.5
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (Bi-annually)	83.7	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used) (Bi-annually)	25	25
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool (Bi-annually)	90%	90%
Time to hip surgery (in hours) (Monthly) % of emergency hip fracture surgery carried out within 48 hrs (pre-op LOS: 0,1 or 2)	95%	95%
Hospital Mortality (Annually) Standard mortality rate for inpatient deaths by hospital and clinical condition	New PI 2014	National average or lower
Patient Experience (Annually) % of hospitals conducting annual patient experience surveys amongst representative samples of their patient population	New PI 2014	100%
National Early Warning Score (NEWS) (Quarterly) % of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	New PI 2014	95%
% of all clinical staff who have been trained in the COMPASS programme	New PI 2014	>95%
National Standards (Quarterly) % of hospitals who have commenced first assessment against the NSSBH	New PI 2014	95%
% of hospitals who have completed first assessment against the NSSBH	New PI 2014	95%
System Wide – PIs in development		
Performance areas: Data detail, collection and targets in development in 2014		
Patient Experience		
HCAI		
Medication Management		
Patient falls incidence No. of patients (in all settings) who have a new fall per month (rate graded as per health service Risk Matrix impact table by 1,000 bed days)		
Pressure ulcers incidence No. of patients who develop a new pressure ulcer (Grade 2-4) per month		
Acute Division – PIs in development		
Performance areas being developed through CompStat with the aim of reporting from Quarter 2		
In-Hospital Fractures Rate of in-hospital fractures for patients aged 16 years and over		
Rate of in-hospital fractures for patients aged under 16 years		
Accidental Puncture or Laceration Rate of accidental puncture or laceration for patients aged 16 years and over		

Rate of accidental puncture or laceration for patients aged under 16 years
Foreign body left during procedure Rate of foreign body left during procedure for patients aged 16 years and over
Rate of foreign body left during procedure for patients aged under 16 years
Post operative wound dehiscence Rate of postoperative wound dehiscence for patients aged 16 years and over
Rate of postoperative wound dehiscence for patients aged under 16 years
Transfusion reaction Transfusion reaction for patients aged 16 years and over
Transfusion reaction for patients aged under 16 years
Performance areas: Data detail, collection and targets in development in 2014
GP Referral Triage % of GP referrals to OPD triaged within the 0-7 days target
Post Operative PE / DVT
Post Operative Haemorrhage / Haematoma
Post Operative Respiratory Failure
Post Operative Sepsis
Patient Observations

Appendix 3: Performance Measures 2014

Acute Division			
Expected Service Activity	**2013 Activity**	**Expected Activity 2014**	**Variance**
Activity (Monthly)			
Expected no. of inpatient	110924	110289	-0.6%
Expected no. of day case	158379	153628	-3.0%
Emergency Care			
- ED attendances	195843	195843	0.0%
Outpatient attendances	519603	519603	0.0%
Urgent Care Centre	4276	4276	0.0%
Expected no. of births	10223	10223	0.0%
Performance Targets	**NSP 2013 Target**		**Target 2014**
Inpatient and Day Case Waiting Times (Monthly)			
No. of adults waiting > 8 months for an elective procedure (inpatient)	0		0
No. of adults waiting > 8 months for an elective procedure (day case)	0		0
No. of children waiting > 20 weeks for an elective procedure (inpatient)	0		0
No. of children waiting > 20 weeks for an elective procedure (day case)	0		0
Colonoscopy / Gastrointestinal Service (Monthly)			
No. of people waiting > 4 weeks for an urgent colonoscopy	0		0
No. of people waiting > 13 weeks following a referral for routine colonoscopy or OGD	0		0
Emergency Care (Monthly)			
% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%		95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		100%
Reduction of trolley waits	New PI 2014		10%
HIQA Tallaght Report (Quarterly)			
No. of patients who re-attend the ED with the same clinical condition within 7 days	New PI 2014		< 5%
No. of patients being cared for in inappropriate care	New PI 2014		< 5%
% of patients who leave the ED without completing their treatment	< 5%		< 5%
Outpatients (OPD) (Monthly)			
No. of people waiting longer than 52 weeks for OPD appointment	0		0
Acute Medical Patient Processing (Monthly)			
% of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration	95%		95%
ALOS (Monthly)			
Medical patient average length of stay	5.8		5.8
Surgical patient average length of stay	5.3		5.3
ALOS for all inpatients	5.6		5.6
ALOS for all inpatient discharges excluding LOS over 30 days	4.5		4.5
Stroke Care (Bi-annually)			
% of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	9%		9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	50%		50%
Acute Coronary Syndrome (Quarterly)			
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		70%
Surgery (Monthly)			
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		85%
Time to Surgery (Monthly)			
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		95%
Hospital Mortality (Annually)			
Standardised Mortality Rate (SMR) for inpatient deaths by hospital and clinical condition	New PI 2014		National average or lower

Re-Admission (Monthly) % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%	9.6%
% of surgical re-admissions to the same hospital within 30 days of discharge	< 3%	< 3%
Medication Management (Quarterly) % of medication errors causing harm / no harm / death reported to CIS – as a % of bed days or population	New PI 2014	Hospital variance with national baseline
Delayed Discharges (Monthly) Reduction in bed days lost through delayed discharges	10% reduction	10% reduction
Reduction in no. of people subject to delayed discharges	10% reduction	10% reduction
Healthcare Associated Infections Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly)	< 0.060	< 0.057
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Quarterly)	< 2.5	< 2.5
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (Bi-annually)	83.7	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used) (Bi-annually)	25	25
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool (Bi-annually)	90%	90%
Patient Experience (Annually) % of hospitals conducting annual patient experience surveys amongst representative samples of their patient population	New PI 2014	100%
Compliance with EWTD (Monthly) - < 24 hour shift - < 48 hour working week	New PI 2014	100% 100%
National Early Warning Score (NEWS) (Quarterly) % of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	New PI 2014	95%
% of all clinical staff who have been trained in the COMPASS programme	New PI 2014	> 95%
National Standards (Quarterly) % of hospitals who have commenced first assessment against the NSSBH	New PI 2014	95%
% of hospitals who have completed first assessment against the NSSBH	New PI 2014	95%
MFTP % of HIPE coding episodes completed within 30 days of discharge	New PI 2014	> 95%
Palliative Care		
Performance Targets	**NSP 2013 Target**	**Target 2014**
Paediatric Services (Monthly) Total no. of children in the care of the Children's Outreach Nursing service	New PI 2014	New PI 2014
Inpatient Units – Waiting Times (Monthly) Specialist palliative care inpatient bed provided within 7 days	92%	94%
National Cancer Control Programme		
Performance Targets	**NSP 2013 Target**	**Target 2014**
Symptomatic Breast Cancer Services (Quarterly) No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals	95%	95%
Lung Cancers (Quarterly) No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	95%	95%
Prostate Cancers (Quarterly) No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%	90%
Radiotherapy (Quarterly) No. and % 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%	90%

Medical Oncology (Quarterly) For patients receiving their first cycle of intravenous systemic therapy in the day ward setting, the timeline between the date of receipt of the finalised treatment plan in the day ward and the administration of the first cycle of intravenous systemic therapy will not exceed 15 working days.	TBA	TBA
Elective Cancer Surgery Waiting Times (Quarterly) Surgical intervention in a patient with a diagnosis of primary invasive cancer should be performed in a timely manner The total number of patients diagnosed with a primary invasive cancer who had a surgical intervention in the reporting month ▪ The minimum interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The maximum interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The mean interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery ▪ The median interval in calendar days between date of the surgical intervention and the date that the patient with a primary invasive cancer diagnosis was booked for surgery	TBA	TBA
Finance/ HR Division		
Performance Targets	**NSP 2013 Target**	**Target 2014**
Finance (Monthly) Variance against Budget: Income and Expenditure	≤ 0%	≤ 0%
Variance against Budget: Income collection / Pay / Non Pay / Revenue and Capital Vote	≤ 0%	≤ 0%
HR (Monthly) Absenteeism rates	3.5%	3.5%
Variance from approved WTE ceiling	≤ 0%	≤ 0%

Appendix 4: Capital Infrastructure

This appendix outlines capital projects due to be completed and operational in 2014 and also projects due to be completed in 2014 but not operational until 2015.

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTE	Rev Costs €m
West / North West Hospitals Group	Letterkenny General Hospital	Emergency works (following flooding) *(Costs to be recouped from insurance company)*	Phased completion throughout 2014	Phased opening from 2014	0	0	1.90	4.36	0	0
		OPD expansion (orthopaedics, ante-natal and pharmacy)	Q1	Q2	0	0	1.00	1.24	0	0
		Construction of medical education and training facility	Q4	Q4	0	0	0	0	0	0
	Mayo General Hospital	Renal unit refurbishment and upgrade	Q1	Q1	0	0	0.10	1.80	0	0
	Merlin Park University Hospital	Rehabilitation Ward	Q4	Q4	0	25	1.20	1.20	0	0
	University Hospital Galway	Upgrade of campus wide utility infrastructure to facilitate other major developments	Q4 2013	Q1	0	0	0.80	4.59	0	0
		Modular ward block (75 beds)	Q4	Q4	0	75	8.00	8.00	0	0
		Clinical research facility	Q4	Q4	0	0	0.85	0.85	0	0
	Roscommon Hospital	Provision of endoscopy unit	Q4	Q1 2015	0	2	2.29	3.10	0	0
	Sligo Regional Hospital	Construction of medical education and training facility	Q4	Q4	0	0	0	0	0	0
West / North West Hospitals Group	Letterkenny General Hospital	Oncology day unit expansion*	*	*	0	1	1.90	4.36	0	0
		*Plans for relocation of oncology day ward, Letterkenny delayed arising from recent flooding of ED. It is not possible at this time to indicate when the relocation will be completed.								

Appendix 5: Schedule of Board Meetings 2014

Frequency: **Monthly**
Time: **2hrs**

Date	Location	Time
Tuesday 18 February	Croí House, Newcastle Road, Galway	08.30 -10.30
Thursday 13 March	Board Room Portiuncula Hospital, Ballinasloe	08.30 -10.30
Tuesday 15 April	Board Room Letterkenny Hospital, Letterkenny	TBC
Tuesday 13 May	Public Board Meeting Abbey Hotel, Roscommon	16.30 – 18.30
Tuesday 01 July	Board Room Sligo Regional Hospital, Sligo	TBC
Tuesday 02 September	Public Board Meeting – Mayo (GMIT TBC)	TBC
Wednesday 08 October	Board Development Day Knockranny House Hotel Westport, Mayo	14.00 -17.00
Thursday 09 October	Annual Conference (TBC)	08.00 – 17.00
Tuesday 04 November	Board Room Portiuncula Hospital, Ballinasloe	08.30 -10.30
Tuesday 09 December	Board Room University Hospital Galway	08.30 -10.30

If there is a need for further special meetings or amendments to dates they will be arranged in Consultation with the Chairperson.

There are no Board Meetings in January, June or August 2014.

Appendix 6: Schedule of Executive Council Meetings 2014

Frequency: **Monthly**
Time: **9am – 11.30am**

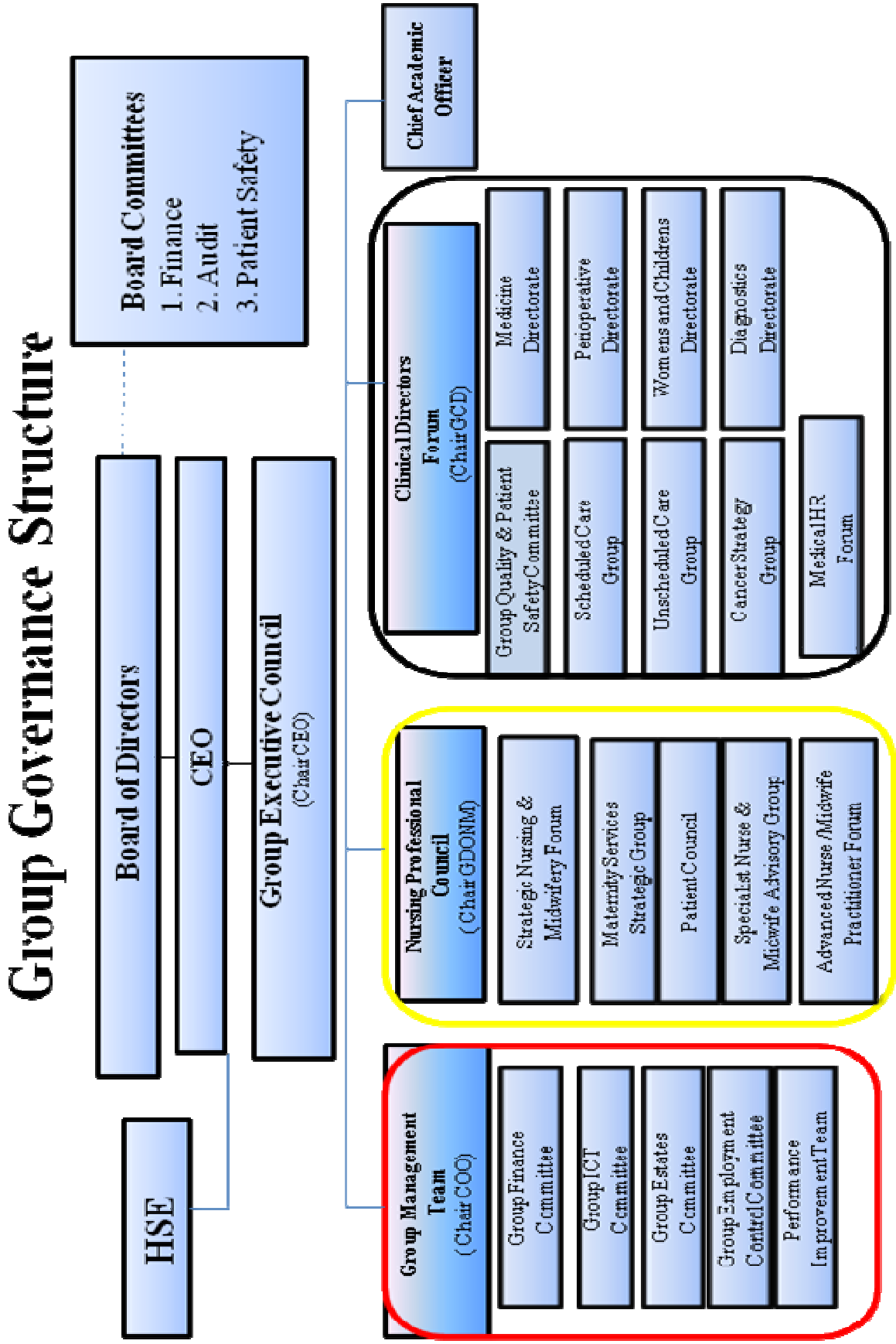
Date	Location
Wednesday 29 January	Board Room University Hospital Galway
Wednesday 26 February	Board Room University Hospital Galway
Wednesday 26 March	Board Room University Hospital Galway
Wednesday 30 April	Board Room University Hospital Galway
Wednesday 28 May	Board Room University Hospital Galway
Wednesday 25 June	Board Room University Hospital Galway
Wednesday 30 July	Board Room University Hospital Galway
No August meeting	
Wednesday 24 September	Board Room University Hospital Galway
Wednesday 29 October	Board Room University Hospital Galway
Wednesday 26 November	Board Room University Hospital Galway
No December meeting	

Appendix 7: Clinical Directors Forum Meetings 2014

Frequency: **Monthly**
Time: **4.30pm – 6.00pm**

Date	Location
Wednesday 15 January	Board Room University Hospital Galway
Wednesday 12 February	Board Room University Hospital Galway
Wednesday 12 March	Board Room University Hospital Galway
Wednesday 16 April	Board Room University Hospital Galway
Wednesday 14 May	Board Room University Hospital Galway
Wednesday 11 June	Board Room University Hospital Galway
Wednesday 16 July	Board Room University Hospital Galway
Wednesday 13 August	Board Room University Hospital Galway
Wednesday 10 September	Board Room University Hospital Galway
Wednesday 15 October	Board Room University Hospital Galway
Wednesday 12 November	Board Room University Hospital Galway
Wednesday 17 December	Board Room University Hospital Galway

Appendix 8: Group Governance Structure



Appendix 9: Board of the West / North West Hospitals Group

Board of the West / North West Hospitals Group
Back row: Dr John Killeen, non-Executive Director; Dr Jim Browne, non-Executive Director; Zubair Javeed, non-Executive Director; Gerry McManus, non-Executive Director; Dr Pat Nash, Group Clinical Director; Colam O'Neill, non-Executive Director; Maurice Power, Group CFO.
Front row: Fiona McHugh, Head of Corporate Development; Sharon Moohan, non-Executive Director; Bill Maher, Group CEO; Noel Daly, Group Chairman; Colette Cowan, Group Chief Director of Nursing and Midwifery; Phyllis MacNamara, non-Executive Director; Dr Brendan Day, non-Executive Director.