Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Service Plan
Plean Seirbhís

2015

HE

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Content

1.0 Introduction and Context (Service Provision)

Saolta University Health Care Group (formerly West North West Hospitals Group) was established in 2012. Initially comprising Galway University Hospital (University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe and Roscommon Hospital. Following the Higgins Report[1] the Group expanded to include three additional hospitals - Mayo General, Sligo Regional and Letterkenny General Hospitals on 01 August 2013. The formal line governance is directly to the Health Service Executive (HSE) with the Hospital Group Board functioning on an administrative basis.

See Appendix 5 – Schedule of Board Meetings 2015 including two public meetings
See Appendix 6 – Group Governance Structure
See Appendix 7 – Board of Saolta University Health Care Group

There are six hospitals in Saolta University Health Care Group operating across seven sites with a total bed accommodation of 1,700 beds and a budget of circa €594m. A wide range of emergency, diagnostic, treatment and rehabilitation services are provided on these sites serving a population of over 700,000 people. The Group employs approximately 7,500 staff. **Table 1.1** below sets out the six acute sites composition.

Table 1.1: Saolta University Health Care Hospital Sites

Hospital	Acronym	Size	Inpatient beds	Staffing	Academic Partners
Galway University Hospital (University Hospital Galway & Merlin Park University Hospital)	GUH	Model 4	705	3,082	NUIG
Letterkenny General Hospital	LGH	Model 3	308	1,337	NUIG, RCSI, LIT
Sligo Regional Hospital	SRH	Model 3	262	1,329	NUIG
Mayo General Hospital	MGH	Model 3	273	957	NUIG, GMIT
Portiuncula Hospital Ballinasloe	PHB	Model 3	170	646	NUIG, UL
Roscommon Hospital	RH	Model 2	63	270	NUIG

The Group provides a full range of acute hospital services and its annual activity in 2014 was in the region of:

- 187,362 Emergency Department (ED) attendances with 57,214 ED admissions
- 4,650 Urgent Care Centre attendances in RH
- 111,254 inpatients
- 165,892 day cases
- 540,024 outpatient attendances
- 9,553 births

Our Clinical Directorate Model of service delivery is currently being implemented and rolled out across all acute hospital sites. This includes the appointment of four Clinical Directors across the Group for: Women's and Children's Services, Medicine, Perioperative and Diagnostics. Associate Clinical Directors are in process of being appointed in each of these areas ensuring a geographical

Saolta University Health Care Group is fully committed to integrating seamlessly as a Hospital Group over the coming years to become a Trust, a separate legal entity on a statutory basis. Our aim is to develop a single effective corporate and clinical governance structure providing high quality, safe and timely patient care. This is one of the key criteria that will enable the Group to attain Trust status. As a Trust, Saolta will earn the right to further develop and manage all resources in a cohesive and collaborative manner; to respond to the needs of our patients; building on excellent foundations already insitu and fulfilling the Group role as a leading Health Care Provider in acute health service delivery in Ireland.

Hospital Group Mission Statement: Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

[1] Higgins 2013: The Establishment of Hospital Groups as a transition to Independent Hospital Trusts, Department of Health

2.0 Foreword

I am very pleased to present the 2015 Service Plan for the Saolta University Healthcare Group. This document outlines the planned activities for the year for the Group based on the resources allocated to us. As with each other year the 2015 Service Plan is based on the priorities outlined in the National Service Plan, HSE 2015. However, it also reflects the ongoing work of the Saolta Group in areas such as governance and service configuration.

Resources

The Saolta Group has been allocated €637,603m for overall service provision during 2015. This represents a significant uplift (€36.5m) on 2014's allocation or 5.9%. This uplift is based on the outturn for the group last year and as such is most welcome. However, we face many challenges this year in the form of growing patient care costs, in particular costs associated with drugs and medical and surgical supplies. We continue to face challenges with regard to income generation and collection and while national agreements have helped in the management of pay costs there are significant challenges associated with the dependency on agency staffing in some areas of the service. We have been working hard over recent years to retender some of our larger contracts including catering and cleaning. We have also tried to standardize pricing of medical and surgical supplies across the hospitals. We expect these initiatives to yield some savings this year. It is critical that we make every effort to remain within budget allocation for 2015 and to demonstrate financial control, month on month.

We start the year with 7,857 staff (WTE) working across the group. This is our most significant resource. Over the last number of years we have steadily reduced absenteeism due to sick leave amongst staff. Our rate of absenteeism is now at 4.04% (31.12.2014) up from 3.37% in October 2014. It is critical that we maintain this position throughout 2015 if we are to contain costs and maintain service delivery levels.

Staffing levels have increased slightly across the group and while this is good in itself and is a direct response to service demands and patient safety we need to monitor and control this carefully in 2015. It is critical that we have sufficient staff in place to deliver services safely across the group. However, this must be achieved within the allocated resources.

Service Delivery

The single biggest risk to the organisation is the problem of patients awaiting admission on a trolley in our five emergency departments across the group. We have seen an increase in attendances at some of our EDs during the year. Critically, however, we have also noted an increase in the numbers of patients admitted on an emergency basis. This growth is reflected in the numbers of patients awaiting admission on trollies in our EDs. We know that there aren't any ready-made solutions to this issue and that it must be tackled on a long term basis as well as on a localized short term basis. We will continue to manage the performance of our hospitals with regard to Patient Experience Time (PET) in the Emergency Department (ED). We made progress in this regard during the last 12 months and we need to continue this progress in the context of increasing demands on all of our services.

The Minister for health has set new access performance targets for Inpatient and Outpatient waiting list management. Under the new targets, the timelines are now that no adult should wait greater than 18 months for inpatient / day case care or an outpatient appointment, with a further reduction thereafter to no greater than 15 months by the end of 2015.

While the hospitals in the Saolta Group have performed well with regard to waiting lists in recent years, the demands on our services continue to grow. In addition to managing our outpatient and Inpatient waiting lists we will also focus on access to diagnostic services across the group. We have made significant strides forward over the last five years in terms of access to cancer services. In particular access to Rapid Access Lung Services and Rapid Access Prostate Services have shown improvements throughout 2014. However, this is an area that requires further work and goes to the heart of good patient care.

We will implement specific initiatives with regard to prostate surgery in partnership with the Galway Clinic, Trans Aortic Valve Insertion (TAVI) with regard to interventional cardiology in GUH and access to Primary Percutaneous Coronary Intervention (PCI) service for Donegal patients in Altnagelvin Hospital. We will progress the implementation of a Continuous Subcutaneous Insulin Infusion (CSII) Therapy service for suitable children with Type 1 Diabetes.

We will pursue a policy of decentralisation of services from GUH in order to deal with the issues of congestion on that site. There is potential in all of our other hospitals sites to develop appropriate capacity in areas such as outpatients, intermediate surgery, day case surgery and diagnostics. We will pursue these opportunities vigorously in order to decompress the GUH site and to create capacity and capability for the services that absolutely must be delivered there.

Governance

We will continue to develop the Directorate Structures during 2015. We will finalise a trial of the proposed management model in the first half of the year and then evaluate it in terms of the managerial demands of our hospital group.

We will continue to work on Quality and Patient Safety structures across the group. The appointment of Clinical Directors and Associate Clinical Directors across the group will be key to this as will the roll out of robust reporting tools.

The unique relationship between the Hospital Group and the University will be developed during the year with a number of joint appointments and in particular the opening of the new Clinical Translational Research Facility (CTRF) building on the campus of GUH. The challenge in 2015 will be to integrate and extend the mutual research agendas of the hospital group and the National University Ireland Galway (NUIG). The appointment of the Chief Academic Officer (CAO) is very important to this relationship. We will also work with the university to ensure that the training and education experience offered by the School of Health Sciences is of the highest achievable standard.

Infrastructure

During 2015 we will complete a number of crucial building projects that will impact significantly on the nature and type of service delivered in each location.

In Roscommon, we hope to complete the building of the Endoscopy unit in Mid Summer with the aim being to commission it in the third quarter of 2015. This is a very significant and positive development for the hospital and the group and we eagerly await its opening.

As mentioned above we also hope to commission the new CTRF building jointly with NUIG in Q2. We are aiming to complete academy developments in Letterkenny, Sligo, Mayo and Portiuncula in Q3. We will complete the Cystic Fibrosis unit in Mayo General in Q2 of the year. This is being developed jointly with the CF association in Mayo.

We will also commence a number of projects including the development of the three storey ward block at GUH and the two storey ward block at Portiuncula. While both of these will bring service pressures during construction they are critical to safe delivery of quality patient care on both sites.
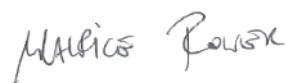
We will commence the roll out of an Electronic Document Management system in GUH during 2015. This is a very exciting development with the potential to fundamentally change the way we deliver care. It will address a number of resource and even Health and Safety issues but critically, it will give us the capacity to move patient related information around the organisation in a seamless fashion.

Conclusion

Our budget allocation represents a significant improvement on 2014. However, it still leaves us with a number of financial and service pressures to manage.

I look forward to working with all of our 7,857 staff, on each site, with our Board and with the broader HSE and Health Services to continue our development as a hospital group and to deliver safer, better hospital services to the people of the West and North of Ireland within the resources allocated to us.

Kind Regards

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Mr Maurice Power,
A/Chief Executive Officer,
Saolta University Health Care Group

3.0 Saolta University Health Care Group Priorities for 2015

	Priority	Lead	Timeline
1	Group Reconfiguration / Integration	Pat Nash	Q4, 2015
2	Achieve Key Patient Access Targets: a. Emergency Department (ED) Patient Experience Time (PET) targets b. Trolley waits in ED c. Inpatient waiting list targets d. Outpatient waiting list targets	Pat Nash Tony Canavan	Ongoing Q4 , 2015
3	Implement Quality and Safety Governance Structure including Clinical Audit Structure and group wide approach to Policies across the Group	Pat Nash	Q4 , 2015
4	Develop and Implement Group Wide Clinical Strategies: a. Orthopaedics e. Haematology b. Urology f. Microbiology c. Emergency medicine g. Interventional Radiology d. Cardiology	Maurice Power/ Pat Nash	Q3 / Q4 2015
5	Develop and maintain relationships with key Strategic Partners a. Community Health Organisations b. General Practitioners c. NUIG National University Galway d. Northumbria Foundation Trust e. Long Island Jewish Group f. Cooperation and Working Together (Cross border) g. Western Health & Social Care Trust & Altnagelvin Hospital	Maurice Power	Ongoing
6	Commence implementation of Group Strategy over 5 year period and 1	Maurice Power	2015-2020
7	Progress next phase of Money Follows The Patient and Achieve Financial Breakeven	Tony Baynes	Q4 , 2015
8	Commence implementation of Information Communications Technology (ICT) Strategy	Maurice Power	Q4, 2015
9	Continue implementation of HR Strategy (2014 – 2018)	John Shaughnessy	Q4, 2015
10	Implement Memorandum of Understanding in collaboration with HSE/DOH	Maurice Power/Chair	Q1, 2015
11	Further Develop Group Foundation	John Killeen	Ongoing
12	Ensure Compliance with Audit Programme	Audit Committee	Ongoing
13	Deliver Key Capital Projects	Tony Canavan	Ongoing
14	Implement the Sepsis Management National Clinical Guidelines across acute hospitals in Group	Jean Kelly	Q2, 2015
15	Continue Quality Improvement Programmes in the area of Healthcare Associated Infections (HCAI) & implementation of the national guidelines HIQA Prevention and Control of Healthcare Associated Infections (PHCAI) standards	Jean Kelly Tony Canavan	Ongoing
16	Continue to implement recommendations of the Report of the Chief Medical Officer into HSE Midland Regional Hospital,Portlaoise Perinatal Deaths and HSE Portlaoise Reports	Pat Nash	Ongoing
17	Implement the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse	Tony Canavan	Ongoing
18	Implement National Ambulance Turnaround times & monthly monitoring	Tony Canavan	Ongoing

4.0 Saolta University Health Care Group Achievements 2014 – at a Glance

- First CEO Awards Ceremony for the Group 07.11.2014
- Saolta's absence level has been below 4% for three successive months and absence in October 2014 was 3.37%, the first time the Group has dipped below the national target
- Second Annual Conference 09.10.2014
- Launch of Groups new identity "Saolta University Health Care Group" 09.10.2014
- Healthy Ireland Implementation Plan launch in conjunction with Dr Stephanie O'Keeffe 09.10. 2014
- Board Development Day 08.10. 2014
- Employee Engagement Roadshows during the month of September 2014
- Launch of Group Patient Council 25 .08.2014
- Saolta Foundation Strategy Plan 2014 - 2017 approved by Board 28.07.2014
- Legislation Summit to manage the transition from Group to Trust 27.06.2014
- First meeting of the Strategic Manpower Committee 27.05.2014
- HIQA Standards Workshop 26.06.2014
- Launch of West North West Hospitals Group Annual Report 2013 13.05.2014
- Flood Management Strategy as part of Letterkenny General Hospital (LGH) Rebuild Programme Published 03.06.2014
- Group Service Plan 2014 compiled and adopted by Board 13.03.2014
- Saolta University Health Care Group Procurement Plan 2014 approved by Board 18.02.2014
- Launch of West North West Hospitals Group Website 18.02.2014 as part of the Groups Communication Strategy
- Launch and commencement of roll out of the Group's Human Resources Strategy (2014 – 2018)
- Succession Management and Development Programmes in Nursing/Midwifery, Clinical Directorate Development Programmes
- Future Leaders programme – cohort 2 and 3, 22 staff have undergone the RCPI 'Diploma in Leadership and Quality in Health Care' (from which some innovative service improvements have evolved), commenced planning of a Development Programme for Clerical/Administrative Staff.
- Site Specific Learning and Development Programmes in five acute hospitals across the Group in 2014
- The continuing Implementation of the Haddington Road Agreement in respect of Additional Hours, Incremental Credit freezes (stage 2)
- Commencment of Clinical Research Facility Building GUH
- LGH Rebuild Project progressed

5.0   Quality and Patient Safety

Quality improvement and patient safety is everybody's business and must be embedded in all work practices across all services in the Group. This will continue to be a key focus in 2015 through a collaborative approach with the Quality Improvement Division and Acute Hospitals Division at a national level to achieve the following:

- Setting clear targets and delivery objectives for patient safety and quality improvements across all services
- Having mechanisms in place to measure the patient's personal experience
- Enabling a framework for engaging with patients, service users and their advocates
- Quality improvement and patient safety being routinely monitored through key performance indicators
- Enabling and developing a culture of learning and improvement
- The implementation of an enhanced quality assurance framework
- The development of appropriate quality profiles to measure and support improvement of quality and patient safety at service level. In the Acute Hospitals Division we recognise that quality of healthcare consists of care that is

    - Person centred
    - Safe
    - Effective
    - Supports better health and wellbeing for patients, staff and our community

Therefore a Quality and Safety Profile should provide a comprehensive description across these four domains.

5.1 Quality and Patient Safety Achievements 2014

- Unscheduled Care – High impact changes in collaboration with Special Delivery Unit across acute sites including: Governance Group set up in March 2014 with targeted implementation plan, Navigation hub in operation across sites, Community Intervention Team (CIT) newly set up and rolled out, Intensive Home Care Packages (IHCP) implementation in October 2014, Bi Directional Conference 22.10.2014.
- Governance – Associate Clinical Directors appointed across acute hospital sites
- Integration - GP engagement: liaison group, newsletter, study days, communication strategy completed; acute hospital site visits by Chief Clinical Director
- Engagement with Clinical Programmes: Diabetic Retinal Screening (DRS) Programme started, Surgery Programme visit, Paediatrics and Neonatology visit, Ortho and Trauma visit (SRH), NOCA Major Trauma Audit involvement, NOCA mortality audit involvement, Medical Transport Team Visit in Q4 2014
- Quality &Safety – Group risk register, policies, incident reviews, systems analysis training, group risk register, drafting of Q&S Framework
- Standards – HIQA standards Committee (Portiuncula Hospital Ballinasloe) established and Quality Improvement Plans (QIP's) developed
- Medical Manpower – strategic Medical Manpower Committee established
- Maternity Services - Maternity recommendations review, Maternity Service Strategy Group (MSSG) database developed in Q4 2014

- Other: Clinical Information Management Service (CIMS) training, Clinical Directors Leadership Programme (CDLP) started, extra escalation beds opened in SRH

5.2 Key Priorities with Actions to Deliver in 2015

- **Organisational Reconfiguration with Directorate establishment**
    - Four Directorates set up including Peri-operative, Women's and Children, Medicine and Diagnostics
    - Two remaining Directorates to be finalised
    - Clinical Directors Leadership Programme (CDLP) advancement
    - Performance appraisal development

    Q1 2015

- **Unscheduled Care Improvements**
    - Identify lead for Unscheduled Care based in GUH with a group wide remit to improve patient flow
    - Review patient flow and improve processes and care pathways
    - Draft policy for bidirectional flow arising from transfer criteria from specialties
    - Continue and progress joint working relations with Primary Continuing Community Care (PCCC)
    - Conduct Appropriateness Evaluation Protocol (AEP) of patients in bed accommodation
    - Work proactively with Ambulance Services to implement the Ambulance Bypass policy and assist to improve Ambulance Turnaround Times including Non Urgent Transportation review   Q1 2015

- **Frail Elderly Service**
    - Progress initiative resource requirement through the Employment Control Committee and appoint Frail Elderly Assessment Team (FEAT)
    - Define frail elderly care pathway including continued timely access to bed accomodation

    Q1 2015

- **Emergency Medicine Programme (EMP)** and Implementation of recommendations including establishing project group to implement the Emergency Department Information System across acute sites.

- **Clinical Service Reviews and Planning** in the following:

Orthopaedics (Spinal Surgery)	Urology	Microbiology	Cardiology
ICU / Medical Transport	NCP	Histopathology	Haematology
Interventional Radiology	Breast	ENT	Neonatal
Rheumatology	Renal		

    - Meet with relevant Consultants / Leads, review / draft business cases for service reconfiguration / service development. Identify key strategic / operational requirements and progress these in a timely manner   Q2 2015

- **Metal on Metal Reviews** (MoM): Start / progress screening clinics.

- GP Liaison via study days, quarterly newsletter and GP health mail. Continue with Liaison group, study days & newsletter production and circulation   Q1 2015

- Work collaboratively with the **National Clinical Strategy and Programmes** (Clinical Care Programmes) to develop Integrated Care Programmes (ICP). To include:
    - Acute Medicine Programme (AMP)
    - National Elective Surgery Programme (NQAIS)
    - National Clinical Programme for Older People (NCPOP)
    - National Office of Clinical Audit (NOCA)
    - Pediatrics
        - Arrange further visits in 2015 and plan to work collectively to introduce emergent best practices.
        - NQAIS – to arrange access and training and embed data use in appropriate forums

    Q1 2015

- Improve completion of claims documentation including ongoing monitoring / communication with individuals regarding top ten outstanding claims   Q1 2015

- Reduce rates of hospital acquired infections, through improved hand hygiene practices, antimicrobial stewardship, infrastructural upgrades / developments   Q1 2015

5.3 Key Quality and Safety Priorities with Actions to Deliver in 2015

- Incident Management and recommendations and QIP process / Serious Incident Management Team/ PHCAI's standards
  - Define processes using available ICT technology and finalise policies
  - Implement and audit compliance   Q1 2015

- HIQA standards implementation
  - Oversight of implementation through governance structure (HIQA Standards Committee) and audit of compliance   Q1 2015

- Maternity standards implementation (HSE, HIQA reports, Coroner) and Oversight of implementation through governance structure (MSSG) and audit of compliance   Q1 2015

- Implement appropriate national policies, protocols and standards as they are published (e.g. Sepsis guidelines, Prevention and Control of Healthcare Associated infections, Safeguarding Vulnerable Persons at Risk of Abuse)
  - Review National Policies and identify mechanism for implementing and measuring / monitoring compliance ongoing ongoing

- Q Pulse roll-out throughout group (full functionality) – project plan to be implemented and rolled out

- Directorates managing risk
  - Q Pulse implementation to manage this
  - Q&S staff aligned and operational
  - Development of Directorate Risk Registers   Q2 2015

- Clinical Audit: Appoint Lead for audit / policies management with remit of rationalising and reviewing all Group policies (clinical and process) and audit compliance
  - Advertise and appoint on acting bases pending permanent process
  - Introduce a system for ensuring implementation of key policies and auditing compliance (e.g. Sepsis Management policy)   Q2 2015

5.4 Acute Hospitals Operational Plan / Actions 2015

Strategic Priority
Improve patient safety and quality in across hospitals

Priority Area	Actions 2015	Target / Expected Activity 2015
National Early Warning Score (NEWS) implemented in all hospitals	100% of hospitals with full implementation of NEWS in all clinical hospitals and single speciality hospitals	Q1
Implementation of Irish Maternity Early Warning Score (IMEWS)	- 100% of maternity hospitals/ maternity units with full implementation of IMEWS - 100% of acute hospitals with implemented use of IMEWS for pregnant women	Q1 Q1
National Standards for Safer Better Heathcare self assessments	Hospitals commenced first assessment against the standards. The HSE will continue to work with the hospital groups to support their progress in implementing the national standards and improving their performance against standards. Hospitals develop implementation plan to address improvements identified	Q2 Q3
Medication safety	Hospitals ensure all medication errors reported (as reported by the States Claims Agency)	Ongoing

Priority Area	Actions 2015	Target / Expected Activity 2015
HSE and HIQA Report into the maternal death in Galway University Hospital	The HSE National Maternity Implementation Group will continue to oversee and ensure recommendations of the HSE/HIQA reports are progressed in a timely and effective manner	Ongoing
Continue to implement the recommendations of the Report of the Chief Medical Officer into HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006 to date)	The National Group has developed necessary implementation plans, having regard to recommendations of HSE, HIQA and other relevant maternity reviews, including the CMO report "HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006 – date)". A number of work streams have been established and will continue in 2015 to progress the work of this group including those related to: - Multidisciplinary Education and Training - Bereavement Support - Perinatal Infection - Quality Assurance	Ongoing
Healthcare Associated Infections (HCAI)	- Ensure control and prevention of HCAIs/AMR, with a particular focus on antimicrobial stewardship and multi-resistant organisms, which will be underpinned by the implementation of HIQA Prevention and Control of Healthcare Associated Infections (PHCAI) standards. - KPI's relating to MRSA, Clostridium Difficile measured and reported on a quarterly basis with a target of monthly reporting by mid year. - Development of KPI on the number of patients colonized with multi-drug resistant organisms (MDRO) that cannot be isolated in single rooms or cohorted, with dedicated toilet facilities as per national MDRO policy.	Ongoing

Safe Surgery	- Measurement of adverse events monthly in relation to:
	  - Postoperative wound dehiscence,
	  - In hospital fractures
	  - Foreign body left during procedure
		Ongoing

National Clinical Guidelines (NCG)	Implementation of NCG: - No 5 Communication (Clinical Handover) in Maternity Services - NCG No 6 Sepsis Management	Q4
National Adverse Events Management System (NAEMS)	- Ensure that all adverse events are reported using NAEMS - Implementation of remedial actions when required - Develop and manage Risk Register at Hospital Group level and escalation of appropriate risks to Acute Hospital Division	Ongoing
National Quality Information Systems (NQAIS) and National Office of Clinical Audit (NOCA)	In order to improve the quality and efficiency of all hospital clinical services continue to support: - National Surgical Clinical Programme to monitor and measure surgical activity across all hospitals using NQAIS - Acute Medicine Clinical Programme in developing NQAIS to test and monitor medical activity across all hospitals and set standards - Support the Emergency Medicine Programme in joining NQAISc	Ongoing
Hospital Mortality	Standardised Mortality Rate for inpatient deaths by hospital and clinical condition will be reported. Data is currently being validated and is expected to report monthly mid 2015.	Q2
Staff Health and Wellbeing	Improve influenza vaccine uptake rates amongst staff in frontline acute services	Q4

6.0 Operating Framework 2015

6.1 The Financial Position

The Saolta Group received funding of €637.6m for 2015; this reflects an increase of €36.5m or 5.9% on last year. **Table 6.1.1** below outlines the budget received and the projected expenditure. Our forecasted expenditure is based on 2014 run rates and is adjusted for service developments, emerging pressures and nationally set targets.

6.1.1: Table funding position

Hospitals	(A) 2014 Spend	(B) Run Rate Pressures	(C) Emerging Pressures	(D) Anticipated Savings	(A+B+C+D) Forecast Expenditure Savings	Budget 2015
Galway University Hospital	275,249	3,200	8,378	12,606	274,221	269,031
Letterkenny General Hospital	110,636	2,100	3,298	3,199	112,835	107,486
Sligo Regional Hospital	109,580	1,000	3,017	4,062	109,535	105,708
Mayo General Hospital	84,746	500	2,181	2,260	85,167	83,337
Portiuncula Hospital Ballinasloe	55,732	750	1,395	2,669	55,208	51,716
Roscommon Hospital	18,096	200	270	581	17,985	17,794
Group HQ	3,168		20	0	3,188	2,531
Saolta Group	**657,207**	**7750**	**18,559**	**25,377**	**658,139**	**637,603**

6.1.2 Emerging Issues / Nationally Set Targets

Pay-related: While the increase in the 2015 budget is welcomed and will help the Group fund some of the service deficits from 2014 and earlier years, significant challenges remain in all categories of expenditure, which will require rigorous monitoring and an assigned targeted savings plan to achieve breakeven. One such area is agency costs, where we are required to make savings of €15m. The 2015 Budget requires a reduction of 142 of the 197 agency staff employed, 67 of the 142 are to be converted to directly employed staff, a net loss in agency staff of 75. The savings we anticipate from this exercise is €4.6m as against the HSE targeted saving of €15m. This must be carried out as far as possible without impacting on direct patient care.

During 2014 and early 2015 the Group have given commitments on additional Consultant staff, Nursing staff for development of services and additional staff to address issues raised from reviews of existing services, examples are Maternity services and ED pressures. The Group will require an additional €1.2m to fund these commitments in 2015. Other pay related issues including, Restdays, incremental pay costs and the full year effect of 2014 hires will impact in 2015 to value of €10.7m.

Nonpay: The 2015 nonpay allocation represents 97.3% of the 2014 expenditure levels. The Group has been allocated savings of approximately €5m as part of the 2015 Budget process. The majority

of these savings will be made through procurement, other factors outside our control will impact on our expenditure including price inflation, technology advances and demand led services. Negotiating with drug companies and other suppliers will be a key factor in driving our nonpay assigned savings.

Income: The income budget in 2015 equates to the out turn for 2014 (approx €95m) and this is a welcome development. In order for Hospitals to reach their income targets, it is essential that agreements with the Private Health Insurance Companies assist us in invoicing according to legislation. Furthermore these agreements should allow timely submissions of private insurance claims, agree strict payment terms to reduce debt outstanding and provide against debt greater than 12 months.

Cost Containment: In 2014, despite the challenges in terms of patient activity and meeting service target our specific cost containment plans delivered savings of €1m. In 2015 the Group will see the benefit of prior year work in cost containment in particular in our Cleaning and Catering contracts.

Procurement: Significant cost savings of €5m have been assigned to Procurement and the Group will be requesting that National Procurement assigns relevant resources to the Group to assist in achieving these allocated Procurement savings in price uniformity across the Group and price reductions secured nationally.

Finance Reform Programme: The Group will be pro-actively participating in the Finance Reform Programme particularly in the areas of

- Service Planning, Budgeting & Cost Containment
- Performance Management & Accountability
- Finance Strategy, Service Support and Specific Interventions
- A New Operating Model for Finance
- Money Follows the Patient

6.1.3 Saolta Finance Priorities 2015

- Continue implementation of financial governance framework. Implementation of business financial support model for Saolta

- Recruit additional senior finance personnel at group and hospital level. Succession planning and development of existing financial talent within the organisation

- ABF/MFTP development of steering groups and local implementation groups to ensure readiness for roll out ABF funding model

- Continue roll out of Claimsure to all hospitals, completed RH & PHB in 2014

- To develop a business plan and obtain funding for the implementation of an integrated Group wide HR/Payroll system in conjunction with Health Business Services

- Develop and implement a system wide Financial Management Information platform through the Group Finance Forum

- Develop a finance strategy in line with hospital Directorate structure

- Group to seek approval to assign a procurement specialist team to ensure that the national savings targets are achieved

- Continue to develop Internal Audit function, establish a peer review programme to review all relevant audit issues on a monthly basis

- Money Follows the Patient (MFTP), focus on data quality and availability throughout all data collection systems within the hospital, including financial and HR systems and patient data systems

- Income and debt collection remain a priority for the Group, various initiatives to be implemented in 2015 including establishment of MOU with private insurance companies to assist with timely payment of invoices

- Continuation of Group priority to enable accurate and timely production of key financial and activity data. Working with all hospitals to plan for short, medium and long term needs for Business Intelligence
- OPD Self Registration – procurement ongoing
- Direct Payment System – on-line payments for patients

6.1.4 Money Follows the Patient (MFTP)

At a national level a strategic framework and national implementation plan has been laid out for Activity based funding (Money follows the patient) for 2015. From 2016 Hospitals will be funded based on agreed activity levels at the average national price for the bundle of services delivered. 2015 is designed as conversion year which allow hospitals and groups to understand the nature of future funding issues.

6.1.5 Key MTPF Priorities with Actions to Deliver in 2015

- Represent Saolta on national MFTP steering group ensuring our ability to influence the direction of future funding model
- Contribute to national outpatient clinic classification system definitions
- Establish MFTP structure requirements at group and individual hospital levels
- Identify gaps in availability and accuracy of current data and develops plans to overcome current deficits
- Develop strategies to ensure that HIPE coding is carried out in a timely manner and is of the highest quality
- Provide education and training to all staff on the roll out of MFTP
- Examines ways that MFTP information can be used by clinicians and managers to improve service delivery
- Plan the use of MFTP budgets for the generation of hospital and cost centre budgets

6.2 Human Resources (HR)

The Saolta Group has a total staffing complement of 7,857 WTEs (headcount 9,109 November 2014). During 2015 we will continue to 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. Our focus will be on enhancing staff support services so they can cope with the stresses of increasing demand and complexity. We will also develop a focused plan for our workforce needs as we attempt to anticipate turnover in a more structured and proactive way.

6.2.1 Human Resource Achievements 2014

- Launch of the Group's Human Resources Strategy (2014 – 2018) and commencement of its roll out.
- Saolta's average absence level of 4.39% since inception compared to Group absence levels of:
  - 5.16% in January 2012
  - 5.70% in January 2013
  - 4.96% in January 2014.
  - The Group's twelve month running average is 4.17% compared to Acute Services nationally at 4.65% YTD. In November, the Group has been below 4% for four successive months and absence in October was 3.37%, the first time the Group has dipped below the national target.
- All acute hospitals across the group are trending very well. Over the past year, MGH has been very close to (+0.10%) or below the national target on 9 occasions, GUH on 5, RH on 4, SRH on

2, LGH on one and PHB on one occasion. The Group's data is particularly positive when it is seen in the context of research which indicates that the occupational exposure to absence-causing factors in the health sector is considerably higher than in most other sectors and industries. Coupled with what is acknowledged to be a challenging target of 3.5%, the Group's performance is very laudable and a credit to all involved – Staff, Line Managers, General Managers, Occupational Health services, Human Resource departments and Employee Support services.

- Succession Management and Development Programmes in Nursing/Midwifery, Clinical Directorate Development Programmes, Future Leaders programme – cohort 1 completed in 2014, cohorts 2 progressed and cohort 3 commenced. 22 staff have undergone the RCPI 'Diploma in Leadership and Quality in Health Care' (from which some innovative service improvements have evolved) and planning of a Development Programme for Clerical/Administrative Staff commenced.

- There were site specific Learning and Development Programmes in five of the six hospitals in 2014.

- The Implementation stage of the Staff Engagement Programme is underway through Local Implementation Groups in each hospital.

- Improvements in recruitment continue with an International Recruitment Campaign for Theatre and Critical Care Nurses and the development of Location-specific Promotional Booklets for each site which set out the attractions, services, facilities and benefits of working in Letterkenny, Sligo and Galway etc.

- Staff Retention success – our turnover rates (both on an NCHD inclusive (1.12% - 1.64%) and NCHD exclusive (0.27% - 0.81%) basis) are very satisfactory and this data-only measure reflects very positively on the Group.

- The Joint Union Management Forum (JUMF) in association with eight unions continues to develop as part of our sharing and dissemination of information agenda and in the interests of maximising collaboration with staff representative organisations.

- The CEO Awards for Patient Quality and Innovation took place on the 7th November 2014 in the Clayton Hotel with staff from all sites travelling to receive acknowledgement for their commitment, professionalism and innovation. Over 100 nominations were received. There were seven categories and four nominations from each in receipt of an award on the night. There was a tangible sense of pride among the recipients and the event was of great value from a morale point of view. This was a very important gesture in terms of lifting staff spirits after the challenges of the last six years.

- The continuing Implementation of the Haddington Road Agreement in respect of Additional Hours, Incremental Credit freezes (stage 2), Senior Staff

6.2.2 Key HR Priorities with Actions to Deliver in 2015

- Implement the next stages of the Group's Human Resources Strategy
- Maintain downward trend in Absences
- Continue with the range of Staff Development Programmes and expand further in 2015
- Manage staffing levels in a safe fashion
- Continue the Employee Engagement programme through to implementation of priorities
- Drive the Healthy Ireland Implementation Programme
- Develop a Workforce and Retention Plan to facilitate proactive recruitment and retain skilled staff
- Continue to work proactively with unions in promoting strong employee relations
- Enhance Human Resource Key Performance Indicators and Performance Management across the Group
- Support the Clinical Directorates from a HR perspective
- Seek improved and integrated HR/Finance/MIS systems for the Group

The HR Strategy: A progress report on the implementation of the Human Resources Strategy (2014 – 2018) has been submitted to the Board of Directors. This addresses all 14 Key Action Points and highlights challenges as well as progress.

European Working Time Directive: The Group has worked very hard on implementing the 24 hour parameter of the EWTD with a 95.52% compliance rate in November and a range throughout the year of 93.80% to 97.10% and an average rate of 95.11%.
There is compliance with the Breaks, the 11 hour daily rest/equivalent compensatory rest and the 35 hour weekly/59 hour fortnightly/compensatory rest requirements.
The 48 hour parameter remains challenging with a range of 60% - 65% being achieved.

General Recruitment: A Recruitment Report for 2014 has been completed and the following are the key statistics:

- The Employment Control Committee received 1,291 applications.
- Excluding Medical grades, 304 staff left and 22 took a career creak
- 513 staff were hired, rehired and 25 returned from a career break
- Net increase in staff was 212 (headcount) or 177 WTEs (add December before finalising)
- Recruitment was done by both the National Recruitment Service (41% of total) and the Group's
- Recruitment and Retention team (59%).

See Appendix 1 for breakdown of WTE Staff by Hospital across Saolta University Health Care Group

Absence Management: An Attendance Management Action Plan was developed and implemented in 2014 and the results have been very positive (see Achievements). It is hoped we can sustain the significant improvements throughout 2015 and continue to progress to a monthly average close to the very challenging 3.50% target.

Workforce Planning: The development of a Group Workforce Plan is progressing with a rough first draft nearing completion. It will reflect the nature of the business the Group is engaged in, our 'customer base', planned developments, relationships with other stakeholders and the financial situation of the Group.

Our plan is underway in respect of maximising the use of our existing workforce through less obvious components to a Workforce Plan like our Site Learning and Development Programmes; our Performance Management efforts; the various Succession Planning programmes completed, underway and planned; possible service reconfigurations which may arise following key reviews and employee engagement and motivation.

We need to be able to forecast demand - estimate the number and mix of employees that each site will require in the future, based on projections in relation to future workload and the likely competencies and skill sets needed to meet those requirements.

Other aspects of our Workforce Plan include improvements in technology or making changes in the way we do business. We will also work with the Workforce Planning, Analysis and Informatics (WPAI) unit of the HR Directorate on a national approach.

Training and Development: To date, there have been developments in respect of improving access to information on site-based education and development opportunities and six sites had a Learning and Development Programme in 2014. Most of our sites have also made some funding available to staff to attend conferences, seminars and courses as relevant to their roles and service need. This is the first sign of staff development in that particular regard for a number of years but the amount spent falls well short of the recommended minimum of 3%-4% of budget. Support for formal academic programmes continues to be available for certain categories of staff more so than others (Nursing and Medical for example).

A number of development initiatives took place in 2014 with a focus on Leadership and Succession Management. The Group will continue to seek opportunities to build further Staff Development capacity in the Group.

Management Development

- Management Development was delivered through the following programmes:
- The Group's CNM/CMM programme
- Participation of Group Nursing Managers in the 'Leading in Uncertain Times' national programme
- Cohort one of the Future Leaders Programme (FLP) has completed its work with eleven staff graduated 2014
- Cohort two of commenced in November 2013 with a further eleven participants and they will complete their programme by March 2015
- Cohort three commenced in December 2014
- A Development Programme for Clerical/Administrative Staff is also in the early stages of planning. It is hoped that NUIG will be able to create a syllabus which can be delivered through blended learning at an affordable cost which we can make available to some of the staff who fall into this category. Consideration is also being given to attempting to collaborate with the Institute of Technology in Letterkenny if there is a viable demand and the capacity to meet it in the area.
- The Foundations in Financial Management Programme devised by the Group's Management Accountants has been very well received by all who attended to date. This four module programme was developed to fill the gaps in service managers' understanding of basic financial concepts and reports.

National Diploma in Quality and Leadership in Healthcare: Twenty two Group staff have completed the RCPI 'Quality and Leadership' diploma to date.

Clinical Directorate Management Programme: The Clinical Directors Leadership Programme commenced during 2014 and will continue through Spring 2015 while the Medical Directorate Leadership Team Development programme commenced in December.

Employee Engagement: The Employee Engagement Road Show to promote the HR Strategy and the working of the Group and Board took place on all sites in September. Presentations were very well received by the staff who attended (approximately 350 in total) with lots of positive dialogue at each event but also a lot of useful critique of how some aspects of our business are conducted. More roads shows are planned for spring 2015.

Following on from the Roadshow, the General Managers established Local Implementation Groups (LIGs) to progress the priorities identified in the survey from a Group and site-specific perspective. LIGs are underway now in Sligo, Galway, Ballinasloe, Letterkenny and Castlebar. The Roscommon LIG will meet on the 16th of January. They will develop a cohesive work programme and action plan to give expression to the priorities identified. Regular communication and engagement will be required in 2015 to outline progress on implementation on each site.

7.0 Operational Service Delivery

7.1 Saolta University Health Care Group Activity and Planning

The agreed service level activity as outlined in **table 7.1.1** below will be managed through the performance improvement teams across all acute sites; there will be rigorous checks in place plus a strong focus on Group integration to improve over all hospital productivity. Saolta will continue to work towards maximising the delivery of services while at the same time ensuring that quality and patient safety remains at the core of daily operations. We will continue to review service provision across all acute sites in the group and where appropriate reconfigure services as necessary.

7.1.1: Table Saolta Group Activity 2014 vs. Saolta Group planned activity 2015

Category	2014 Activity	2015 Target	Variance
Births	9,553	9,553	0.0%
Daycases	165,892	165,000	-0.5%
ED Presentations	187,362	187,500	0.1%
ED Admissions	57,214	55,500	-3.0%
Inpatients	111,254	111,000	-0.2%
Outpatient	540,024	540,000	0.0%
UCC	4,650	4,700	1.1%

See Appendix 8 for breakdown of Saolta Group planned activity by Hospital for 2015
See Appendix 2 for Key Performance Indicators including Access Performance Targets for 2015

7.1.2 National Acute Hospitals Operational Plan / Actions 2015

Strategic Priority Access to Services

Priority Area	Actions 2015	Target / Expected Activity 2015
Improve access to services in relation to waiting times for scheduled care, and emergency or unscheduled care in public hospitals, including outpatient and diagnostic services	- Continue implementation of the OPD Programme across all hospitals - Commence monitoring and reporting waiting lists for diagnostic services in 2015	Ongoing Q1
Reduce waiting times for scheduled and unscheduled care with priority for those waiting the longest	- Adhere to the NTPF guidelines in relation to the scheduling of patients for surgery - Commence monitoring and reporting waiting lists for diagnostic services in 2015	Ongoing Q1

Priority Area	Actions 2015	Target / Expected Activity 2015
Reduce the number of Delayed Discharges	Develop a system wide approach, in conjunction with the National Clinical Strategy Programmes to discharge pathways with a particular emphasis on the frail elderly. The menu of options to be deployed to support the initiative is based on the experience gained previously including the €5m supplementary funding initiative in 2014. key elements of the initiative will be: - Commencement and readiness of the process in Dec 2014 to maximise the effect at peak demand of the winter period particularly in January 2015 - Provision of funding on a named person basis in as far as possible to provide a high level of accountability and follow up across service provision - Ensure that resources already provided across services are utilised to the maximum effect so that this initiative provides 'added value' - Oversight from the Social Care, Acute Hospital and Primary Care Divisions by way of ongoing monitoring and clarity and agreement on performance across the system - Develop an integrated care model supported by the initiative in key locations.	Ongoing Q1 Q1 Q1 Q1 Q1 - Q2 Ongoing

Day Case Surgery	Increase the conversion of elective inpatient surgery to day case surgery by:
	- Implementation of the care pathway for the Management of Day Case Laparoscopic Cholecystectomy (National Clinical Programme in Surgery) >60%
	- Implementation of the criteria for day case surgery of HIQA Health Technology Assessments for:
	  - Varicose Veins
	  - Tonsillectomy
	  - Groin Hernia (inguinal or femoral)
	The National Surgery Clinical Programme to develop and test additional day case indicators for implementation in 2016
		Q1-Q2
		
		Q1
		
		Q4

Patient Experience Time (PET)	- Each Hospital/ Hospital Group ensure that appropriate systems and processes are in place so that quality and safety is maintained at all times in ED's including internal efficiencies so that admission delays are minimised. - Actively plan for on-going pressures particularly for the potential peak points. - On-going review of hospital Escalation Plans to ensure plans are robust and appropriate for the possible scenarios that may arise - Progress reconfiguration measures that will better enable hospitals to respond as a group to potential peak periods. Plans should include Social Care and Primary Care Divisions	Ongoing Q1-Q2
Ambulance Services	- Ensure that ambulances have a time interval of < 30 minutes from arrival in ED to when the ambulance crew declares readiness to accept another call in line with targets set. - Acute Hospital and the National Ambulance Service will develop a performance indicator in relation to clinical handover of patients in ED that will be based on the NCEC Clinical Handover Guideline.	Q1 Q4

At a national level, The Acute Hospitals Division will be working collaboratively with the National Clinical Strategy and Programmes to develop Integrated Care Programmes (ICP). These ICPs are core to operational service delivery and reform and there will be a particular focus on patient flow for the frail elderly. Clinical models of care will be further implemented to improve quality, promote and enhance an integrated approach to patient flow, chronic disease prevention and management and address demographic pressures through development of national clinical programmes.

Together with the Acute Hospital Division, Saolta University Health Care Group will consider the use of a balanced scorecard approach of access, safety, finances and workforce to the measurement of performance of hospitals. This uses a number of performance indicators to look at performance in terms of service delivery and quality. **See Appendix 9** - Balanced Score Card.

7.2 Nursing

With over 3,500 nurses employed in Saolta University Health Care Group nursing continues to lead out on quality initiatives that have a direct impact on the patient experience.

7.2.1 Nursing Achievements 2014

- The establishment of the Patient Advise and Liaison Service and the Implementation of the Public Patient Involvement Strategy in GUH.
- Continued succession planning through Future Leaders Programmes, CNM/CMM Development Programmes, and other staff development initiatives
- The implementation of the National Early Warning Score in accordance with the HSE Guiding Framework and Policy for the National Early Warning Score System to Recognise and Respond to Clinical Deterioration.
- The implementation of the maternity early warning scoring system (IMEWS).
- The Development of a Critical Care Network for Nursing & Midwifery across Saolta.
- The establishment of a robust Specialist Nurse Forum.
- The Framework for Healthy Living as part of Healthy Ireland Strategy was launched by Ms Colette Cowan.

7.2.2 Key Priorities with Actions to Deliver in 2015

- To work closely with the NMPDU and CNME to develop a strategy for the on-going professional education of the nursing staff in Saolta.
- To Work with the CEO and Clinical Directors to progress the development of the Directorates.
- Nursing will continue to work nationally with the Chief Nursing Officer to help finalise the framework for Workforce planning for Nursing and Support Staff.
- Implement Public Patient Involvement Strategy across the group with the appointment of Patient Advise Liaison Officers across the sites.   Further develop the PALS already in place to become a proactive service instead of a reactive service.
- Align further Advance Nurse Practitioner and Clinical Nurse Specialists Role development with the Directorates.
- Ensure the roll-out of national clinical guideline on sepsis to all nursing staff in the group
- Develop a consistent approach to nurse development across the group.
- Continue to align the education needs of our nurse with our academic partners.

These are just some of the key priorities for Nursing in 2015. The on-going recruitment and retention of nurses in order to deliver a safe level of service to our patients will continue.

7.3 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. Accountability for service delivery and expenditure rests with the designated cancer centres. To this end, there is an extensive programme of cancer care delivered to the population of the North West of Ireland via our Cancer Centre. The delivery of modern cancer care is a major enterprise involving a diverse group of specialists across a variety of clinical disciplines.

Multidisciplinary care for cancer patients is now the norm and the extensive contribution made by individuals and disciplines, including Radiology, Pathology, Medical Oncology, Radiation Oncology, Surgery, Nursing and other healthcare professions, to the functioning of multidisciplinary teams cannot be underestimated. Capturing the complex and varied nature of cancer care in a backdrop of a major academic hospital and its affiliated regional institutions is a challenge. The development of a Cancer Information Team at GUH is an important step forward in the development of Cancer Services across the region. The team draws information from several existing internal and national data sources. It is envisaged that the cancer information team will be expanded to include data staff from all of the Group hospitals in 2015.

International programmes of cancer care are organised around a physical infrastructure that enhances patient flow, facilitates multidisciplinary working and improves outcomes. There is a compelling argument for the development of a comprehensive Cancer Centre in our region. A Cancer Centre will allow structured multidisciplinary team work, database integration, access to therapy, expansion of cancer research programmes and improved patient outcomes to be achieved. It will enhance the patient experience and facilitate same day access to diagnostics in the early phase and state of the art treatments later in the pathway of care. The aim of our Cancer Strategy Group is to develop a Cancer Centre over the next decade. This report highlights the need for such a centre and defines the roadmap.

7.3.1 Cancer Centre Achievements 2014

- The National Cancer Screening Service already in place in GUH and SRH was enhanced with the addition of RGH. LGH started screening in December 2014. PHB is now working towards JAG accreditation.
- Construction on the Health Research Board / HSE /NUI Galway-funded Clinical and Translational Research Facility due for completion in February 2015

7.3.2 Key Priorities with Actions to Deliver in 2015

- Continue the implementation of the National Medical and Haemo-Oncology Programmes.
- Progress Group Multidisciplinary HR planning, development of evidence based national guidelines, treatment protocols, quality and safety policies for safe drug delivery, technology review processes for oncology drugs and the introduction of a nationally funded oncology drug and molecular tests budget
- Enhance Medical Oncology Services
  - Recruit additional consultant medical oncologists and specialist nursing staff including ANP's and CNS's to address the growing volume of new patients and increased treatment options available for patients presenting with cancer.

- Enhance Surgical Oncology Services
    - Centralise oncology surgical services to the designated Cancer Centre to maintain continued improvements in diagnosis, surgery and multi-disciplinary care.
- Enhance Radiation Oncology Services
    - Maintain progress on the implementation of National Plan for Radiation Oncology (NPRO) – Phase 2 Capital Build.
- Progress implementation of Oncology Information System (OIS) MOSAIQ in GUH and roll out to medical oncology across all group sites.
- Maintain Community Oncology Services in collaboration with NUIG.
    - Support and deliver cancer education and training programmes in the community.
- Progress quality initiatives
    - Complete the development and implementation of an audit plan of national guidelines for breast, lung, prostate, colorectal, hepatobilary and gynaecology cancers.

7.3.3 Key Indicators of Performance

Performance Indicator / Activity	Expected Activity /Target 2015	Performance Indicator / Activity	Expected Activity /Target 2015
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to Symptomatic Breast Clinics		**Prostate Cancers** No. of patients attending the rapid access clinic in the cancer centres	
% 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%	% of patients attending the prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	90%
Clinic cancer detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent diagnosis of breast cancer	> 6%	Clinic cancer detection rate: % of new attendances to clinic that have a subsequent diagnosis of prostate cancer	> 30%
Lung Cancers No. of patients attending the rapid access clinic in designated cancer centres		**Radiotherapy** No. 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)	
% of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	95%	% 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%
Clinic cancer detection rate:% of new attendances to clinic that have a subsequent diagnosis of lung cancer	> 25%	* % of mandatory investigations commenced within 48 hours of event occurrence *%of mandatory investigations completed within 4 months of notification of event	90% 90%
Serious Reportable Events * % of serious reportable Events being notified within 24 hours to designated officer	99%		

7.4 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-threatening illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and management of pain and other physical, psychosocial and spiritual problems.

The vision for the future is that palliative care will be a gradual and natural increasing component of care from diagnosis to death. The goal is to 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

7.4.1 Key Priorities with Actions to Deliver in 2015

- 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
- Ensure integrated palliative care structures are in place

7.4.2 Indicators of Quality Performance

Performance Indicator / Activity	Expected Activity /Target 2015	Performance Indicator / Activity	Expected Activity /Target 2015
Inpatient Units – Waiting Times Specialist palliative care inpatient bed provision within 7 days	98%	**Serious reportable Incidents** %compliance with the HSE Safety Incident Management Policy for Serious Reportable Events * % of serious reportable Events being notified within 24 hours to designated officer * % of mandatory investigations commenced within 48 hours of event occurrence * % of mandatory investigations completed within 4 months of notification of event occurrence	99% 90% 90%

7.5 Information and Communication Technology

Saolta University Healthcare Group business objectives will require a set of ICT capabilities that:

- Enable and support collaborative patient care and safety
- Support the Clinical and Business functions across the Group
- Enable innovative services and potential for continuous improvement both internally and externally
- Support an effective and efficient working environment for Saolta staff

In light of the business strategy and the breadth of new opportunities and technologies available, Saolta will require investments in new and enhanced ICT capabilities in the coming years to achieve the above goals.

7.5.1 Key Priorities with Actions to Deliver in 2015

- Continue to develop and implement ICT reform in line with the eHealth Strategy under the leadership of the Chief Information Officer
- Complete Group ICT Strategy – Q1 2015
- Participate in the development and ongoing roll out of National ICT projects such as the National Maternal and New Born Clinical Management System, National Lab System (Medlis)
- Implement Group Data Quality Strategy
- Procure Group Electronic Document and Records Management system and implement in GUH initially
- Procure & implement Oncology Information System - significant upgrade of existing system
- Unscheduled Care Information System – business case to be developed for national project – Q1 2015
- Roll out of National Imaging Management Information System (NIMIS) and I – Clinical Manager (ICM) throughout the Group
- NIMIS and ICM- LGH August 2015, SRH Oct 2015, ICM- MGH and PHB Dec 2015, NIMIS and ICM-GUH June 2016
- Continuation of Group priority to enable accurate and timely production of key HIPE, Financial and Activity data, particularly to support Money Follows the Patient programme
- Working with all hospitals to plan for short, medium and long term needs for Business Intelligence
- GUH Wi-Fi – to be formally launched for patients in Q1, 2015 to be followed across all acute sites
- Procure OPD Self Registration system – develop national shortlist Q1 and local procurement Q2
- Progress Direct Payment System – on-line payments for patients
- Laboratory System – Hardware upgrade at both GUH and SRH
- Continue development of iCM Order Communications in SRH and LGH
- Deploy e-rostering in LGH (national)
- Microsoft Project Upgrade – upgrading PCs and Servers – by April 2015
- 4000 Pcs across Saolta and > 250 servers

7.6 Estates and Capital Programmes

7.6.1 Key Capital Priorities with Actions to Deliver in 2015

Portiuncula Hospital Ballinasloe (PHB)
- Progression of design process for replacement 50 bedded ward block

Roscommon Hospital (RH)
- New Endoscopy Unit completion
- Completion of Spatial Strategy for the site to inform future developments.

Mayo General Hospital (MGH)
- Cystic Fibrosis Day unit completion
- Medical Academy build completion
- Progress Endoscopy Upgrade Project

University Hospital Galway (UHG)
- Completion of Medical Gasses Project Maternity UHG
- Completion and commissioning of Clinical Research facility (joint project with NUIG, the building encompassing both Clinical Research Facility and Translational Research Facility)
- Commence build on a three storey 75 bedded ward block
- Commence design process on Replacement Blood & Tissue Establishment
- Progression of Design & Dignity grant aided Project St. Monica's Ward

Merlin Park University Hospital (MPUH)
- Completion of Ventilation project Orthopaedic Theatres MPUH
- Relocation of Cardiac Rehab Services to Nurses Home MPUH
- Refurbish / Prepare hospital ground for new Rehab facility

Sligo Regional Hospital (SRH)
- NUIG Medical Academy build completion
    - Progress to stage 2 of design process for New Surgical / ED Block: Design team appointed 12.2014
- Upgrade of hospital CSSD
- Progress the development of the Interventional Radiology Suite
- Upgrade of the Coronary Care Unit
- Completion of Mortuary Upgrade
- 1940 roofs and windows Replacement Project
- Progress Acute Mental Health Unit development

Letterkenny General Hospital (LGH)
- Medical Academy build completion (NUIG)
- Completion of Rebuild Project following Major Floor 2013 to include
    - Restoration and upgrade of the catering department damaged
    - Restoration and upgrade of the laboratory department damaged
    - Restoration and upgrade of the underground service duct and services
    - Flood Prevention Works

See Appendix 3 – Saolta Group Capital Infrastructure

Note: An equipment replacement programme is taking place across all sites in 2015

Appendices

1: HR Information

2014	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
GUH	3,105	3,139	3,145	3,150	3,145	3,158	3,135	3,182	3,192	3,195	3,202	3,208
LGH	1,340	1,348	1,355	1,353	1,352	1,346	1,348	1,360	1,362	1,350	1,357	1,357
MGH	956	978	980	976	979	970	964	981	984	985	971	983
PHB	648	652	651	652	655	651	652	643	652	652	654	656
RH	270	272	272	273	268	269	272	275	273	273	273	275
SRH	1,328	1,340	1,356	1,352	1,360	1,363	1,349	1,360	1,364	1,365	1,370	1,378
Saolta	7,648	7,729	7,759	7,756	7,776	7,760	7,721	7,801	7,828	7,820	7,825	7,857

Break down of WTE Staff by Hospital

Appendix 2: Key Performance Indicators

Performance Indicator / Activity	Expected Activity /Target 2015	Performance Indicator / Activity	Expected Activity /Target 2015
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) **Acute Medical Patient Processing** % of medical patients who are discharged or admitted from AMAU within 6 hrs of registration **Ambulance Turnaround Times** % of ambulances that have a time interval at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	New PI 2015	**Stroke Care** % of patients with confirmed acute ischaemic stroke who receive thrombolysis % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	9% 66%
		Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	85%
Colonoscopy / Gastrointestinal Service quality indicator - % of people waiting < 4 weeks for an urgent colonoscopy - % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	100%	**Surgery** % of elective surgical inpatients who had principal procedure conducted on day of admission. % day case rate for Elective Laproscopic Cholecystectomy %of bed day utilisation by acute surgical admissions that do not have a surgical primary procedure.	70% > 60% 5% reduction
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 - % of patients who leave ED without completing their treatment - % of all attendees at ED who are in ED > 24 Hours	95% 100% < 5% 0%	**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	To be reported
ALOS Medical patient ALOS Surgical patient ALOS ALOS for all inpatients ALOS for all inpatient discharges excluding LOS > 30 days	5.8 5.1 5.0 4.3	**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%
Outpatients (OPD) % of people waiting < 52 weeks for first access to OPD services	100%	**Medication Safety** % of medication errors reported (as measured through the State Claims Agency)	New PI 2015
Healthcare Associated Infections Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly)	< 0.057	**Delayed Discharges** - % reduction in bed days lost through delayed discharges - % reduction in no. of people subject to delayed discharges	10% reduction 15% reduction
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5	**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	100%
		% of all clinical staff who have been trained in the COMPASS programme	> 95%

Appendix 2: Continued

Performance Indicator / Activity	Expected Activity /Target 2015
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%
Activity Based Funding (MFTP) Model	
HIPE completeness – Prior month: % of cases entered to HIPE	> 95%

Performance Indicator / Activity	Expected Activity /Target 2015
Irish Maternity Early Warning Score (IMEWS) % of maternity Units / hospitals with full implementation of IMEWS % of hospitals with implementation of IMEWS for pregnant patients	100% 100%
National Standards % of hospitals who have commenced first assessment against the NSSBH	95%
% of hospitals who have completed first assessment against the NSSBH	95%
Adverse Events Postoperative Wound Dehiscence – Rate per 1,000 inpatient cases aged 16 years + In Hospital Fractures – Rate per 1,000 inpatient cases aged 16 years + % of claims received by State Claims Agency that should have been reported previously as an incident **Serious Reportable Events** % compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	New PI 2015

Appendix 3: Capital Infrastructure

This appendix outlines capital projects that were completed in 2013/2014 but not operational, projects due to be completed and operational in 2015 and also projects due to be completed in 2015 but not operational until 2016

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m 2014	Capital Cost €m total	2014 Implications WTE	2014 Implications Rev cost €m
Letterkenny General Hospital, Co. Donegal	Restoration and upgrade of the catering department damaged in 2013 flood. Part funded by Insurance	Q1 2015	Q1 2015	0	0	1.48	1.87	0	0
	Restoration and upgrade of the laboratory department damaged in 2013 flood. Part funded by Insurance	Q2 2015	Q3 2015	0	0	1.00	1.37	0	0
	Restoration and upgrade of the underground service duct (and services)	Q4 2015	Q4 2015	0	0	1.00	1.93	0	0
	Flood Prevention Works	Q4 2015	Q4 2015	0	0	0.11	1.12	0	0
	New medical education centre (to be funded by NUIG)	Q4 2015	Q4 2015	0	0	0.16	0.35	0	0
Galway University Hospitals	Modular ward block (75 beds)	Q1 2015	Q2 2015	0	75	2.00	4.00	0	0
	Clinical research centre	Q4 2014	Q1 2015	0	0	2.00	21.30	0	0
	Upgrade of maternity unit	Q1 2015	Q1 2015	0	0	0.20	0.45	0	0
Merlin Park University Hospital, Galway	Upgrade of orthopaedic theatre AHUs and theatre plant (including new plant room)	Q3 2015	Q3 2015	0	0	0.49	0.93	0	0
Mayo General Hospital, Castlebar	Cystic fibrosis outpatient unit	Q4 2014	Q1 2015	0	0	0	0.20	0	0
Roscommon County Hospital	Provision of endoscopy unit	Q4 2015	Q4 2015	0	2	2.36	5.48	0	0
Sligo General Hospital	New medical education centre (to be funded by NUIG)	Q3 2015	Q4 2015	0	0	0	2.00	0	0
	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works	Q2 2015	Q2 2015	0	0	0.55	0.91	0	0
	Upgrade of boiler plant and boiler room	Q4 2015	Q4 2015	0	0	0.80	0.95	0	0
	Design and dignity scheme (palliative care / chronic illness)	Q1 2015	Q1 2015	0	0	0.25	1.43	0	0

Appendix 4: Schedule of Executive Council Meetings 2015

Frequency: Monthly
Time: 0930 hrs – 1130hrs

Date	Venue
Wednesday, 28th January	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 25th February	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 25th March	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 29th April	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 27th May	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 24th June	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 29th July	Boardroom, Ground Floor, Nurses Home Building, UHG
NO AUGUST MEETING	
Wednesday, 30th September	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 28th October	Boardroom, Ground Floor, Nurses Home Building, UHG
Wednesday, 25th November	Boardroom, Ground Floor, Nurses Home Building, UHG
NO DECEMBER MEETING	

Appendix 5: Schedule of Board Meetings 2015

Frequency: Monthly

Date	Location	Time
Tuesday 13 January	Board Room – Roscommon Hospital	2pm - 4pm
Tuesday 10 February	Board Room –UHG	4pm - 6pm
Tuesday 10 March	Board Room – Mayo General Hospital	2pm – 4pm
Wednesday 15 April	Board Room – Portiuncula Hospital	9am – 11am
Tuesday 12 May	Public Board Meeting – Sligo Venue TBC	9am – 11am
Tuesday 9 June	Board Room – Letterkenny Hospital	8am -10am
Tuesday 7 July	Board Room – UHG	4pm - 6pm
NO AUGUST BOARD MEETINGS		
Wednesday 9 September	Board Room – UHG	4pm - 6pm
Wednesday 14 October	Public Board Meeting – Portiuncula Venue TBC	9am -11am
Wednesday 11 November	Board Development Day – Venue TBC	1pm – 5pm
Wednesday 9 December	Board Room – Roscommon Hospital	2pm – 4pm

Appendix 6: Group Governance Structure
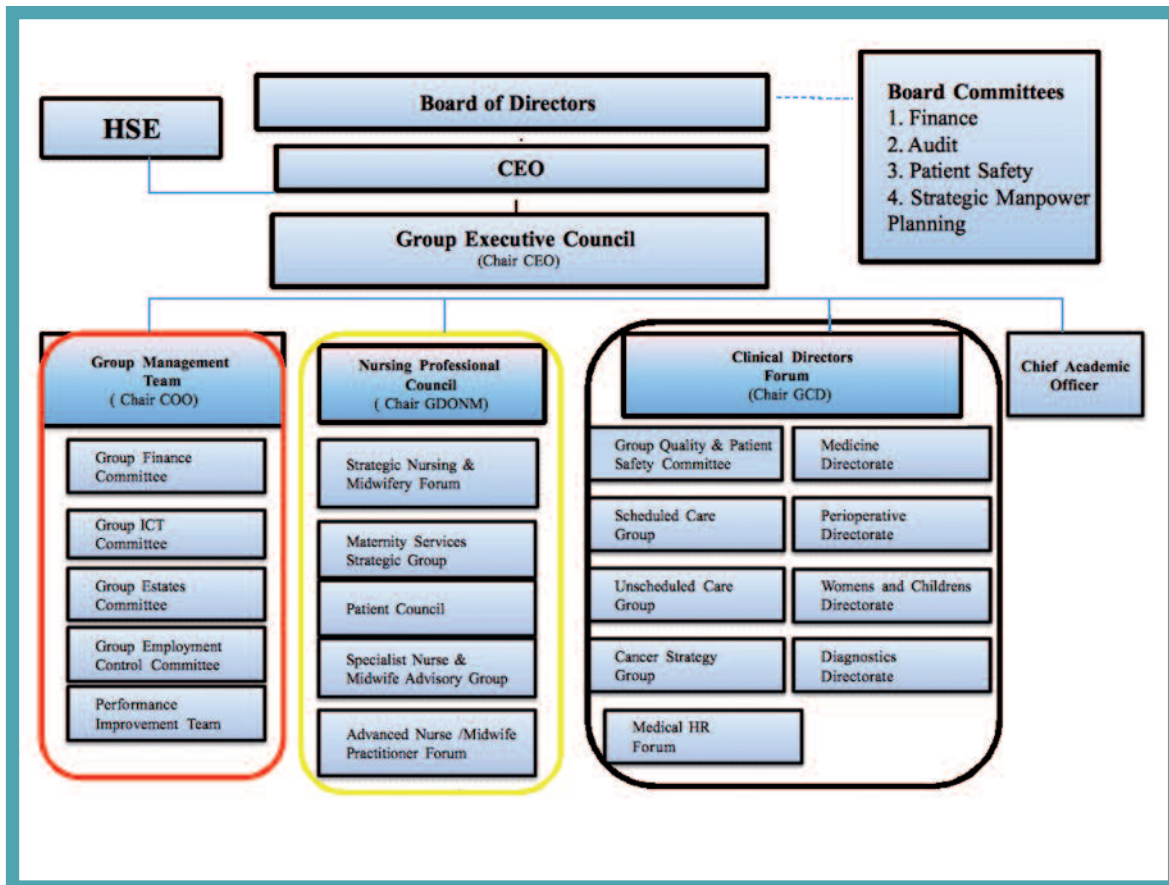
Appendix 7: Board of Saolta University Health Care Group

Non Executive Directors

Dr John Killeen, Interim Chair (JK)

Ms Phyllis MacNamara, Non Executive Director (PMN)

Dr Brendan Day, Non Executive Director (BD)

Mr Gerry McManus, Non Executive Director (GMM)

Ms Sharon Moohan, Non Executive Director (SM)

Mr Colam O Neill, Non Executive Director (CON)

Mr Zubair Javeed, Non Executive Director (ZJ)

Dr Jim Browne, Non Executive Director (JB)

Executives in attendance at Board Meetings

Mr Maurice Power, A / Chief Executive Officer (MP)

Mr Tony Canavan, Chief Operating Officer (TC)

Mr Tony Baynes, A / Chief Financial Officer (AB)

Ms Jean Kelly, A / Chief Director of Nursing and Midwifery (JK)

Dr Pat Nash, Chief Clinical Director (PN)

Ms Fiona McHugh, Head of Corporate Development (FMH)

Appendix 8: Saolta Patient Activity Targets by Hospital 2015

GUH Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	2754	2754	0.0%
Daycases	86285	85821	-0.5%
ED Presentations	62100	62146	0.1%
ED Admissions	15653	15184	-3.0%
Inpatients	38336	38248	-0.2%
Outpatient	245134	245123	0.0%

SRH Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	1401	1401	0.0%
Daycases	25015	24880	-0.5%
ED Presentations	33630	33655	0.1%
ED Admissions	13783	13370	-3.0%
Inpatients	17661	17621	-0.2%
Outpatient	107116	107111	0.0%

RH Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	0	0	0.0%
Daycases	6129	6096	-0.5%
Inpatients	1979	1974	0.2%
Outpatient	15437	15436	0.0%
UCC	4650	4700	1.1%

LGH Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	1677	1677	0.0%
Daycases	17679	17584	-0.5%
ED Presentations	34093	34118	0.1%
ED Admissions	10631	10313	-3.0%
Inpatients	21161	21113	-0.2%
Outpatient	57815	57812	0.0%

PHB Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	1983	1983	0.0%
Daycases	8425	8380	-0.5%
ED Presentations	23835	23853	0.1%
ED Admissions	8437	8184	-3.0%
Inpatients	13066	13036	-0.2%
Outpatient	49590	49588	0.0%

MGH Service Plan Target

Category	2014 Activity	2015 Target	Variance
Births	1738	1738	0.0%
Daycases	22359	22239	-0.5%
ED Presentations	33704	33729	0.1%
ED Admissions	8710	8449	-3.0%
Inpatients	19051	19008	-0.2%
Outpatient	64932	64929	0.0%

Appendix 9: Balanced Score Card

Quality and Safety (monthly)

Surgery
- % day case for Elective Laparoscopic Cholecystectomy (M) (>60%)

Time to Surgery
- % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS 0,1,2) (M) (95%)

Cancer Services
- **Symptomatic breast:** % of attendances whose referrals are triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals (M) (95%)
- **Lung:** % of patients attending lung rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres (M) (95%)

Serious Reportable Events
- % compliance with the HSE Safety Incident Management Policy for Serious Reportable Events

Reportable events
- % of events being reported within 30 days of occurrence to designated officer (95%)

Complaints
- % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%)

Quality and Safety (quarterly and bi-annually)

Reducing Healthcare Acquired Infection
- Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used (Q) (<2.5)
- Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital (B) (83)

Acute Coronary Syndrome
- % STEMI patients (without contraindication to reperfusion therapy) who get PPCI (Q) (85%)

National Early Warning Score (NEWS)
- % of hospitals with full implementation of NEWS in all clinical areas. (Q) (100%)

Irish Maternity Early Warning Score
- % of maternity units/ hospitals with full implementation of IMEWS   (Q) (100%)

Access

Inpatient waiting times
- % of adults waiting < 8 months for an elective procedure (M) (100%)
- % of children waiting < 20 weeks for an elective procedure (M) (100%)

Outpatients
- % of people waiting < 52 weeks for first access to OPD services (M) (100%)
- Outpatient attendances- New : Return Ratio (M) (1 : 2)

Emergency Care and Patient Experience Time
- % of all attendees at ED who are discharged or admitted within 6 hours of registration (M) (95%)
- % of all attendees at ED who are discharged or admitted within 9 hours of registration (M) (100%)
- % of all attendees at ED who are in ED > 24 hours (M) (0%)

Surgery
- % of elective surgical inpatients who had principal procedure conducted on day of admission (M) (70%)

Colonoscopy / Gastrointestinal Service
- % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD (M) (100%)
- % of people waiting < 4 weeks for an urgent colonoscopy (M) (100%)

Delayed Discharges
- % reduction of people subject to delayed discharges (M) (15%)

Ambulance Turnaround Times
- % of ambulances that have a time interval of < 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available) (M) (100%)

ALOS for all inpatients
- ALOS for all inpatient discharges excluding LOS over 30 days (M) (4.3)

Prostate: % of patients attending prostate rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre (M) (90%)

Radiotherapy: % 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) (M) (90%)

Appendix 9: Continued

Finance	Human Resources
Budget Management including savings **Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)** - Pay - Direct / Agency / Overtime - Non-pay (including procurement savings) - Income - Acute Hospital private charges income and receipts **Service Arrangements/ Annual Compliance Statement** - % of number and amount of the monetary value of Service Arrangements signed (M) - % and number of Annual Compliance Statements signed (Annual, reported in June) **Capital** - Capital expenditure measured against expenditure profile (Q) **Key Result Areas – Governance and Compliance (Development focus in 2015)** **Internal Audit (Q)** - No of recommendations implemented, against total number of recommendations (Q) **Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)** - Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling	**Human Resources Management** **Absence** - % and cost of absence rates by staff category (M) (3.5%) **Staffing levels and Costs** - Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) - Turnover rate and stability index - New development posts filled **Compliance with European Working Time Directive (EWTD)** - < 24 hour shift (M) (100%) - < 48 hour working week (M) (100%) **Key Result Areas – for development in 2015** - **Work force and action plan** - **Culture and Staff engagement** - **Learning and development**

LGH

SRH

MGH

RH

PHB

GUH MPUH

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